Exercise Guide for Participants

Regional Coordinating Center (RCC): St. John’s Home

Resident Accepting Facilities (RAFs): Aaron Manor
Crest Manor
Fairport Baptist Home
Friendly Home, The
Living Center at the Highlands
Hill Haven
Maplewood Nursing Home
Penfield Place
St. Ann’s Care Center at Cherry Ridge

Avon Nursing Home
Conesus Lake Nursing Home
Livingston County Center for Nursing & Rehab

Hornell Gardens

Leroy Village Green

V.A. Medical Center

Absolut Care of Gasport
Briody Health Care Facility
Elderwood at Wheatfield
Newfane Rehab & Healthcare Center
Niagara Hospice House
Niagara Rehabilitation and Nursing Center
Odd Fellow & Rebekah Rehabilitation & HCC
Orleans Community Health
Our Lady of Peace Nursing Care Residence
Schoellkopf Health Center

Northgate Manor

Hospice of Orleans, Inc.
Orchard Manor, Inc.
The Villages of Orleans Health & Rehabilitation
Telephone Exercise Only:  
Ashton Place  
Clark Meadows  
DePaul Horizon  
Quail Summit  
Seneca Lake Terrace  
Bickford Home for Adults  
Parkwood Heights  
Terrace at Newark, The  
Brentland Woods  
Clinton Crest Manor  
Applegate Manor  
Briarwood Manor  
Brookdale Niagara Memory Care  
Cloverhill Adult Residence  
Elderwood Assisted Living at Wheatfield  
Heritage Manor of Lockport  
Lockport Presbyterian Home  
Mount View Assisted Living, Inc.  
Willows, The  
Brookdale Senior Living Sterling House Niagara

CONFERENCE CALL:  
Was held October 21, 2016 10:00 AM

SCENARIO: Two large Skilled Nursing Facilities (SNFs) are forced to evacuate due to a loss of commercial power, and loss of emergency generator in the aftermath of an ice storm that has swept through the region. Therefore, the Western New York Mutual Aid Plan (WNYMAP) and the Greater Rochester Mutual Aid Plan (GRMAP) have been activated, and residents will be distributed to member facilities.

SKILLED NURSING FACILITIES will participate as Resident Accepting Facilities (RAFs).

The ADULT CARE FACILITIES will participate by answering the phone when called, and by providing information to the LTC Coordinating Center (RCC).

At least six GRMAP STEERING COMMITTEE MEMBERS will report to the LTC Regional Coordinating Center as RCC RESPONDERS. WNYMAP STEERING COMMITTEE MEMBERS are invited to act as observers at RAF sites, or drive to Rochester to assist at the LTC-RCC.

MOCK RESIDENTS: This year, it is the responsibility of each RAF to arrange for volunteer mock residents (4-12 people) for the functional portion of the exercise. We recommend either using staff or other volunteers as mock residents. The mock residents will not be leaving your facility. They will be with you when the exercise begins, and will be brought into your facility through your intake / triage process to represent arriving evacuated residents from the Disaster Struck Facility.
eFINDS:
- The NYSDOH eFINDS system WILL be used during this exercise.
- Each RAF must have at least one staff member with an eFINDS “role” on HCS.
- Please plan on using PRACTICE ONLY mode for the exercise.
- Refer to WRHEPC.URMC.EDU for a copy of the eFINDS Quick Action Guide and other useful eFINDS tools. (Look under the eFINDS / Evacuations tab.)
- The eFINDS operation will be named “WRECKIT 2016 EXERCISE.” 11/01/2016, WRECKIT 2016, WESTERN REGION

FOCUS OF EXERCISE: The focus of this particular exercise is the full evacuation of two simulated Disaster Struck Facilities (DSFs) that will create an opportunity for all participating WNYMAP and GRMAP members in the region to effectively:

- Practice and test their plans to be Resident Accepting Facilities (RAFs)
- Manage an influx of residents.
- Have the Long Term Care Coordinating Center assist and coordinate appropriate resident placement from the Simulated DSF to the RAFs.
- Participate in the NYSDOH sponsored regional WRECKIT 2016 Exercise

BASIC SCHEDULE ON THE DAY OF THE EXERCISE:

8:00am RPA Controllers arrive at the LTC Regional Coordinating Center / Disaster Struck Facility (DSF) Sim-Cell to review and setup.

9:00am Volunteer mock residents arrive at RAFs.

9:00am **START EX:** Exercise commences via the HCS message.

9:05am DSF Sim-Cell contacts the LTC Regional Coordinating Center.

9:10am LTC Regional Coordinating Center begins to locate open beds and transportation for entire census of DSF. RAFs prepare to receive residents:
- Establish Intake or Triage area
- Establish a Surge area

9:20am RAFs start receiving calls from the DSF Sim-Cell stating Paper “Mock Residents” are en route. Clinical Handoffs commence with the RAFs.

9:30am Volunteer Mock Residents begin to be triaged and processed at RAFs

10:45am To support the influx of residents, the RAF should have completed:
- Clinician discussions with the DSF (Clinical Handoffs)
- Conducting Staff Call Backs
- Contacting Vendors for supplies and equipment
- “Closing the Loop” – Confirm receipt of the Residents via the LTC Regional Coordinating Center

11:00am **END EX:** Exercise concludes via a HCS message

11:15am All exercise participants to join the Hot Wash/Conference Call with their internal team. **Dial In # 1-563-999-2010 Access Code 125143#**

12:00pm Exercise concludes
BEFORE EXERCISE ASSIGNMENTS: (Complete by November 1, 2016)

1. Review appropriate emergency plans, the contents of your MAP binder, and exercise support documents.

2. RAFs should consider having staff on all shifts complete Resident Emergency Evacuation Forms as an in-service exercise prior to the exercise. These forms will NOT be used in the exercise.

3. Review the following in the written MAP and be sure they are up to date:
   - Facility Information, specifically:
     - Facility address, phone and fax numbers
     - Send corrections to sbarry@phillipsllc.com
   - Contact information for (at a minimum):
     - The e-mail address, office, cell, and home numbers for the Administrator, Director of Nursing and Facilities Manager
     - Send corrections to sbarry@phillipsllc.com.
   - LTC Beds:
     - Check your categories of care
     - Send corrections to sbarry@phillipsllc.com
   - Equipment and Supplies / Vendors:
     - Review your own listing in the Equipment and Supplies Chart section of the written MAP and check for accuracy. (Send corrections to sbarry@phillipsllc.com)
     - Review the WNY Suppliers and Distributors section of the written MAP. (Send corrections to sbarry@phillipsllc.com)
     - Review your own in-house listing of critical suppliers. At a minimum, you should have your critical vendors readily available (Generator Repair, Generator Fuel, Food, Medical Supplies, Commercial Transportation Provider and Bed Vendor)
ALL RESIDENT ACCEPTING FACILITIES (RAFs) SHOULD DO THE FOLLOWING:

1. **Evaluators:** Have one (1) to two (2) evaluators (staff member, EMS, Fire Department representative or other) at the resident drop-off / intake point and the RAF Command Center and have them evaluate the process of receiving the residents and assess what communication takes place internally and with external agencies, the LTC Regional Coordinating Center and the DSF Sim-Cell.

2. **The Day of Your Exercise:**
   a. Be prepared to do emergency reporting when your facility is contacted by the LTC-RCC.
   b. RAFs should expect multiple phone calls during the exercise.
   c. NYSDOH plans to send out at least one HCS / IHANS message during the exercise. RAFs should confirm receipt in the usual fashion.
   d. Please ensure that your facility’s information in the Commerce System is up to date prior to the exercise.

3. **Activate your facility Incident Command Center:** On the day of the exercise:
   a. Assemble your team
   b. Establish communications with the LTC Regional Coordinating Center and the DSF Sim-Cell as needed.

4. **Utilize your internal Influx of Residents / Surge Guidelines:** (For your convenience, an Influx of Residents / Surge Guideline is attached to this email.)
   a. Base this exercise on the current snapshot of your facility on the day of the exercise. Use your actual census for that day.
   b. To create additional capacity, review if any residents are prepared for discharge, review open space available and ensure, at minimum, you can accept the pre-agreed number of residents (10% of your licensed beds).
   c. If you are able to accept an additional substantial number of residents above the 10% (greater than 3), due to open beds, please inform the evacuating facility.
   d. **Forms:**
      i. Use the Influx of Residents Log and cross reference that against the Patient / Medical Record & Equipment Tracking Sheet you receive via email from the DSF Sim-Cell. These documents can be found in the written MAP.
      ii. RAFs should fax or email an Influx of Residents Log (see the written MAP if you need a copy) to the RCC. The RCC email address is rochmap@gmail.com Please note that this address is monitored ONLY during exercises and real life events.
   e. Initiate staff call-back to support the arriving residents.
   f. All communications begin and end with THIS IS A DRILL.
5. **Establish an Intake / Triage Area:** Fully set-up the area where you would take in residents as they arrive at your facility. Identify the staffing and equipment necessary to support the area. The objective of this area is to:
   a. Clinically assess residents as they arrive
   b. Review all medical records
   c. Identify:
      i. Medical Diagnoses
      ii. Current Medications and last administration
      iii. Allergies
      iv. Mental Status
      v. Mobility
      vi. Special Precautions
   d. Photograph areas and send to rochmap@gmail.com Please note that this address is monitored ONLY during exercises and real life events.
      i. In the subject line enter your facility name
   e. **Medical Records:** Start a new chart for the resident. Walk through this process to ensure your clinical team is clear on how you would accomplish this and complete a chart for each mock resident to test and review the process. Recommend doing 3-5 full chart process to test your influx capabilities.

6. **Establish an Influx / Surge area:** Identify options to transform non-sleeping areas into temporary shelter areas where surge beds may be established to provide temporary sleeping and resident care. Consider the following areas:
   a. Activity Rooms
   b. Lounges
   c. Dining Rooms
   d. Auditoriums
   e. Meeting Rooms
   f. Photograph area and send to rochmap@gmail.com Please note that this address is monitored ONLY during exercises and real life events.
      i. In the subject line enter your facility name
   g. Once you have identified your surge / influx area, consider completing Attachment D – Command Center Tool from the *Influx of Residents / Surge Guideline* that is attached to this email. If you choose to do this, once complete keep with your Disaster Plan.

7. **Staff, Equipment, Supplies and Resources:** There is a Questionnaire attached to this email. This is provided for the internal review process each organization should go through. This review will support the approach to determine what resources will be necessary to provide care for residents in surge locations (see #3). Below are the groups your facility should consider working with. You do not have to activate these, but review this internally for your process to ensure you can handle the incoming residents (All communications begin and end with THIS IS A DRILL). The Questionnaire provides an outline for your internal discussion and how to accomplish the exercise tasks.
   a. Communicate with your facility’s suppliers on resources to surge or other needs for resources & assets (test your vendors).
   b. Be prepared to respond to additional HCS messages or from the LTC Regional Coordinating Center for requesting specific equipment, supplies or staff.
8. **Communication Responsibilities**: Ensure notification to the LTC Regional Coordinating Center to verify the receipt of groups of residents following their arrival.

9. **Review your Credentialing and Privileging Policy**: Review the credentialing and privileging policy to ensure appropriate oversight if staff were to arrive from the DSF.  
   a. If you don’t have a policy, review this process and detail how your team would manage this.

10. **Mutual Aid Plan Binder**: Ensure you have one hard copy of the Mutual Aid Plan printed and in the facility Command Center or another accessible location.  
    a. Education should take place internally on the plan for leadership positions and those who could answer incoming calls.

11. **Community Involvement**: Consider inviting local agencies to your facility to observe and support the Mutual Aid Plan efforts. This includes the Fire Department, Emergency Manager, and EMS.

12. **Onsite Evaluators**: There will be evaluators who will be going to one (1) to two (2) facilities during the exercise. These evaluators will consist of Steering Committee Members and/or RPA Staff. The objective of their evaluation is to:  
    a. Determine the level of your participation  
    b. Review the internal areas that you established  
       i. Command Center  
       ii. Intake Area  
       iii. Influx / Surge Area

Be sure that you document the event by uploading photos and filling out the questionnaire

**Questionnaire**: In order for any exercise to be successful, we need to identify our successes and weaknesses. Please complete your **Questionnaire and email your photos by Friday, November 4, 2016**.

**IMPORTANT**: When communicating with any outside group during the exercises, please be sure to begin and end all transmissions with the phrase: **“This is a drill.”**