



# Nursing Home and Assisted Living Facilities Evacuation Planning Table-top Exercise

January 28, 2015



# Welcome and Introductions

## Today's Exercise Co-Leaders:

- Kay Aaby, Critical Healthcare Facilities Coordinator, Maryland Emergency Response System (MDERS) of the National Capital Region (NCR)
- Lt. Robert Tobin, EMS, Montgomery County Fire and Rescue Services



# Our Partners – Thank You!



**Public Health**  
Prevent. Promote. Protect.





# Program Schedule

TIME	EVENT
8:30 AM	Registration and Continental Breakfast
9:00 AM	Welcome Remarks
9:05 AM	Speaker J. David Weidner, Director of Emergency Preparedness, Health Care Association of New Jersey (HCANJ)
9:50 AM	Speaker Q&A Session
10:05 AM	Exercise Overview
10:10 AM	Setting the Scene – Video Don't Sweat It: Advanced Preparation
10:20 AM	Decision Making -- Video Don't Sweat It: Deciding to Evacuate
10:30 AM	Table-top Exercise – Scenario and Facilitated Discussion
11:10 AM	Table-top Debrief
11:50 AM	Closing Remarks
12:00 PM	Adjourn

# Administrative Items

- Cell Phones
- Fire Exits
- Breaks/Restrooms
- Beverages





# Planning

- Emergency operational planning is best performed by a team
- Collaboration between nursing home/assisted living facilities, community partners, and first responders, ensures improved coordination of our efforts and integration of plans
- Today's exercise is designed to explore opportunities to improve existing emergency evacuation plans and operations



# Objectives

- Enhance Nursing Home and Assisted Living Facility staff's familiarity with existing evacuation plans
- Identify existing gaps in Nursing Home and Assisted Living Facility evacuation plans through discussion
- Develop follow-up action items for Nursing Home and Assisted Living Facility staff in order to address gaps in plans.



# Exercise Approach

- Be Empowered!
- Get Engaged!
- Grow Your Evacuation Planning “Toolbox!”





# Guest Speaker

J. David Weidner, MPH, REHS, MEP, CEM  
Director, Emergency Preparedness  
Health Care Association of New Jersey (HCANJ)

- Responsible for all-hazards emergency preparedness, exercise design and planning, emergency communications and response supporting over 400 long term care facilities across New Jersey
- Graduate of FEMA's Master Exercise Practitioner and Certified Emergency Manager

# Implementation of Lessons Learned Irene vs. Sandy HCANJ's Response and Support Operations to Long Term Care


Fire and Rescue Services  
Maryland Emergency Response System (MDERS)  
Maryland Emergency Management Agency (MEMA)  
Department of Health and Human Services, Licensing and Regulatory Services

January 28, 2015

J. David Weidner, MPH, REHS, MEP, CEM  
Director, Emergency Preparedness  
Health Care Association of New Jersey


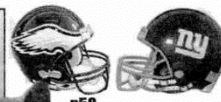



# “All Hazards Preparedness”

WEATHER:  **SUNNY!** High 82 Low 62 f 50¢

**High School Field Hockey Preview**  
**INSIDE TODAY**

**Hamilton's Septemberfest**  
**INSIDE TUESDAY**

 **The Trenton**  **MONDAY**

**SQUIRREL  
TERRORIZES  
199 SENIORS**

**Bugger rodent causes power outages, mass evacuations: p3**

ent on rescue personnel      am      Apartments      eip vacuate      .srupted po      er yes      (Brian McCarthy photo)



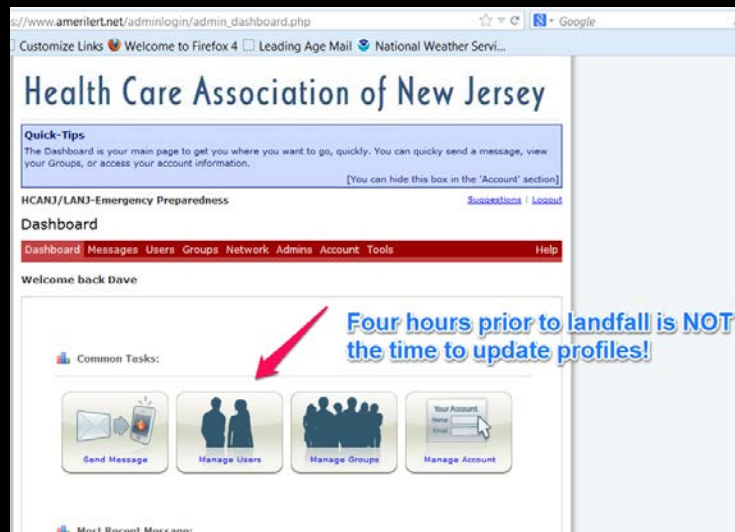
# COMPLACENCY

APATHY COMES BEFORE CALAMITY. LOOK IT UP.

How do we do things better?

# Ten Things From Irene

- ✓ HCANJ's Amerilert System should include Social Media (Facebook, Twitter) and website integration
- ✓ Amerilert accounts require routine updates
- ✓ Alternative emergency operations center site needed
- ✓ Director needs redundant email



# Ten Things From Irene

- ✓ Response personnel require R&R
- ✓ LTCs require additional ICS training
- ✓ Rumor control is important

# Ten Things From Irene

- ✓ Communications processing is critical, but is a challenge
- ✓ Help us – Help you! - Provide all facility information when providing situational awareness!

TXT MESSAGE: “Hi Dave – We have no power”

- ✓ Bed availability information is invaluable



# Irene vs. Sandy

## Impact on NJ Health Care Continuum

### Irene

#### Power loss

- 11 Acute Care Hospitals
- 1 FQHC
- 2 Pediatric Day Care Facilities
- **58 Long Term Care Facilities!**

#### Evacuations (Full & Partial)

- 4 Acute Care Facilities
- 1 FQHC

### Sandy

#### Power loss

- 36 Acute Care Hospitals
- 1 Rehabilitation Hospital
- **200 Long Term Care Facilities!**
  - **137 SNF**
  - **63 AL**

#### Evacuations (Full & Partial)

- 2 Acute Care Facilities

# SOME PERSPECTIVE



- **820 Miles** - Sandy's size in miles, more than double the landfall size of Hurricanes Isaac and Irene combined.
- Barely a CAT 1 at landfall!

# We Do Have a history!

The hurricane isn't coming anywhere near here but I say we evacuate anyway.



somee\_cards

© DESPAIR.COM

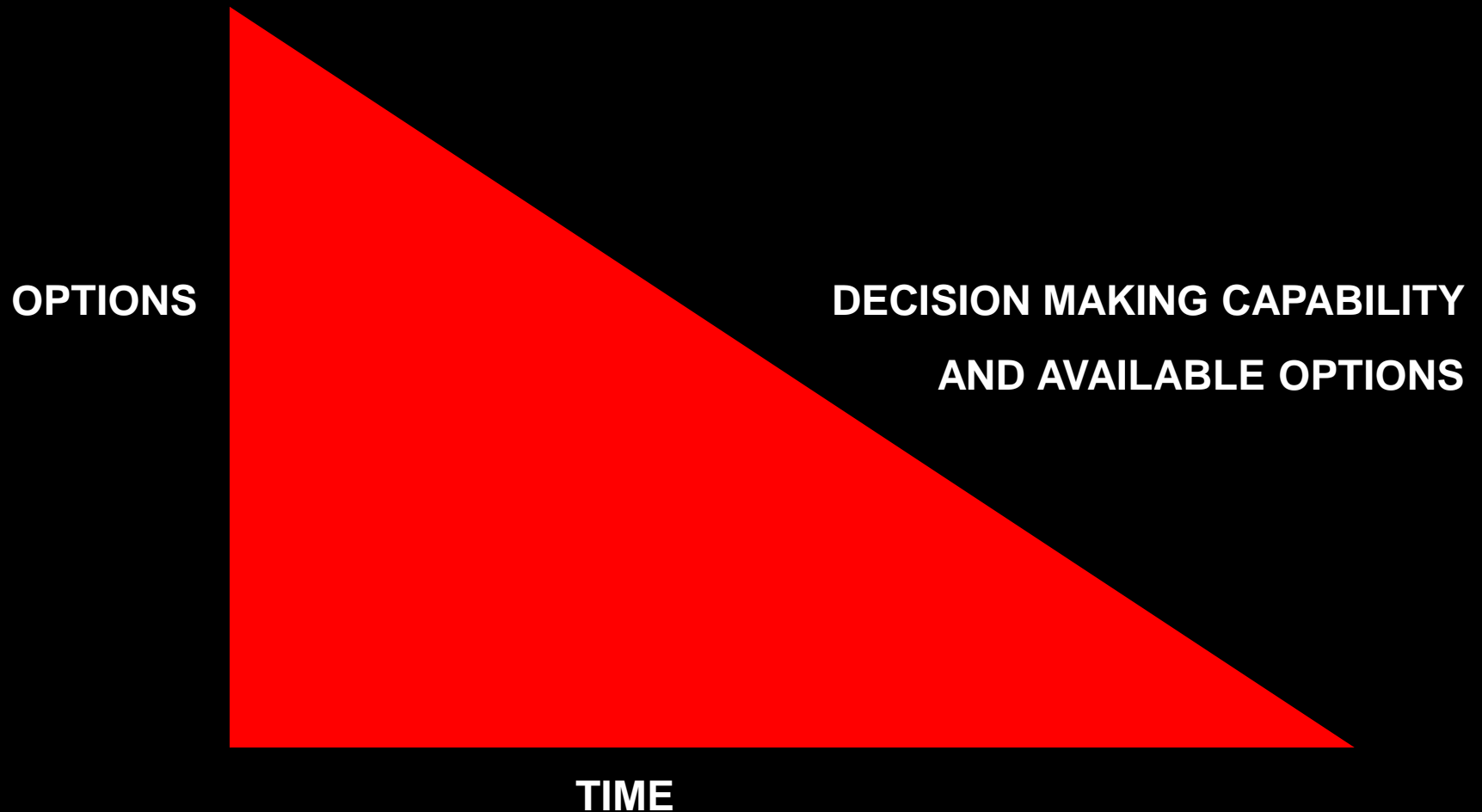


# INDECISION

THE MARK OF THE LEADER IS THE ABILITY TO MAKE DECISIONS.  
THE MARK OF THE SURVIVOR IS KNOWING WHEN NOT TO.

# Decisional Space

What is it?

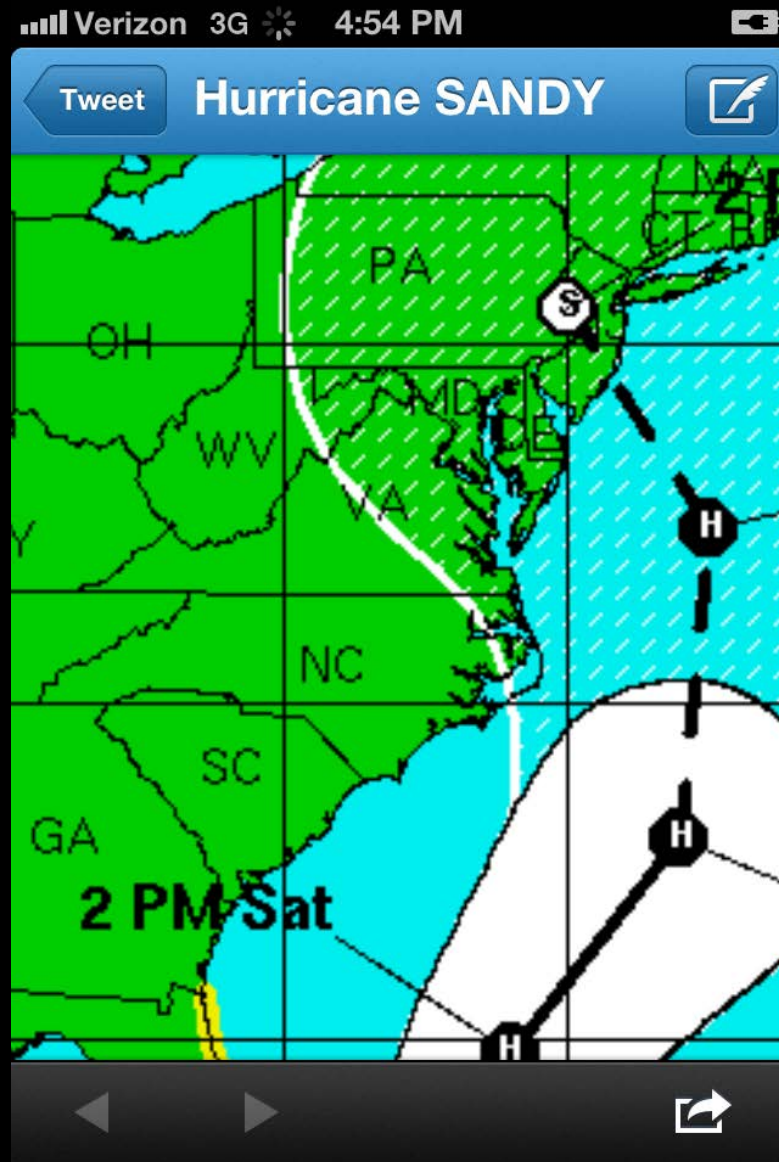




# INSIGHT

WHEN THE GOING GETS TOUGH, THE TOUGH GET GOING.  
THE SMART LEFT A LONG TIME AGO.

# Thursday's NWS Call - Really?



# Evacuations

**Irene**

27

2,000

**Sandy**

13

1,746



# Effect of Evacuation

- “Relative to the two years before the storm, there was a 2.8 percent increase in death at 30 days and a 3.9 percent increase in death at 90 days for residents with severe dementia who evacuated for Hurricane Gustav, controlling for resident demographics and acuity.”

# Why Did We Evacuate?

1. Emergency management advised LTCs to evacuate
  - During Irene – Entire counties were under mandatory evacuation orders
2. LTC administrators recognized storm surge potential or had a previous history of flooding
  - (NWS predicted >12 inches of rain)
3. Generator failure

# HCANJ Communications

## Irene

- 890 Emails
- 48 Amerilert messages

## Sandy

- 3,000 Emails on two separate email accounts
- 126 Amerilert messages
- 25 emergency messages via Constant Contact
- 47 Twitter messages
- Unknown quantity of TXT messages
- Direct integration with HCANJ website and Facebook
- Monitoring of Ham Radio

# Pre-Land Fall Operations

- Distribution of NWS Weather briefings
- Compiled pre-storm LTC bed availability (important)
- Evacuation and decompression
- Distributed internet resources for travel, power company info, weather, and generator rental companies
- New accounts into our Amerilert system?
- Personal preparedness

HURRICANE CENTRAL

# SANDY POWER OUTAGES



# Sandy's Landfall

- First priority – Conduct HCANJ Headquarters and personnel property damage assessment – Is everyone OK?
- Electricity! Power sources are critical for office equipment, but useless without internet!
- How does HCANJ's emergency management operations continue to support our members?
- What capabilities do we currently have? How do we sustain them? iPhones, iPads, office battery backup used for iPhone charges



- Over 8.1 million power outages
- Storm surge – 4-9 feet – Monmouth/Middlesex Counties
- Rainfall – 5-11 inches
- 820 Miles covered with tropical-force winds
- > \$50 Billion in damages
- 147 Deaths (Atlantic Basin/72 in mid-Atlantic and Northeastern US.

Source –  
([http://www.nhc.noaa.gov/data/tcr/AL182012\\_Sandy.pdf](http://www.nhc.noaa.gov/data/tcr/AL182012_Sandy.pdf))

# LTC Impact



Waterview Nursing Home – Cedar Grove



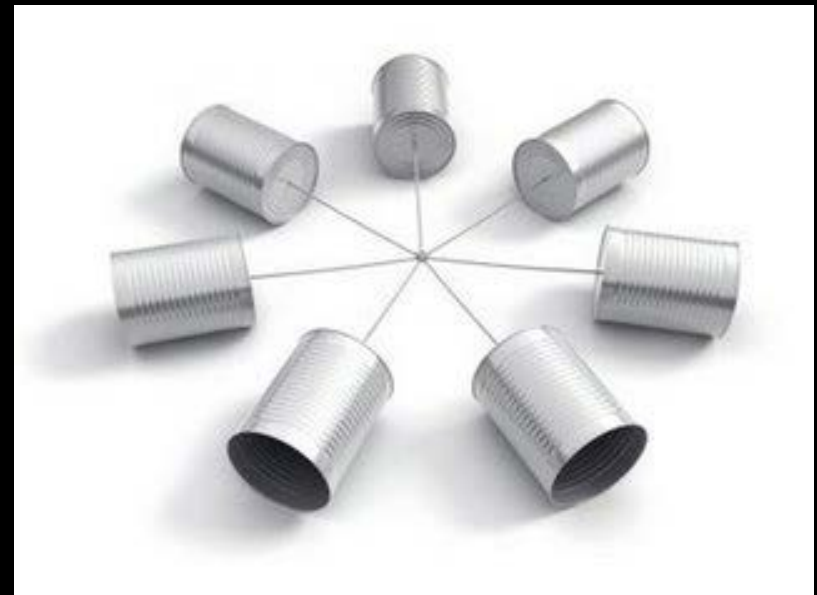
# HCANJ Office Impact

- HCANJ Headquarters sustained damage from falling tree
- HCANJ Headquarters lost office power **13** times impacting both cable and internet services
- Majority of HCANJ staff lost power, cable/internet services



# Communications

- Catastrophic loss of redundant communications including landlines, cell phones, fax, email, and internet
- What did this mean for HCANJ?
  - LTCs either could NOT report impacts
  - OR
  - LTCs reported impact
  - BUT
  - HCANJ could NOT receive or send emails due to cable outage



# Redundancy

## (What was the work around?)

- The skies darkened outside of my house
- My house lost power
- Emails piled up in my "outbox"

### **BUT**

- I could still use my iPhone to access the internet and Amerilert!
- I used Amerilert to notify our members of Email server issue
- Immediate conversion to Gmail
- Ability to advise OEM and HCC restored
- I still needed a means to charge my phone – (my truck office)
- Use of office battery power back ups for charging at night

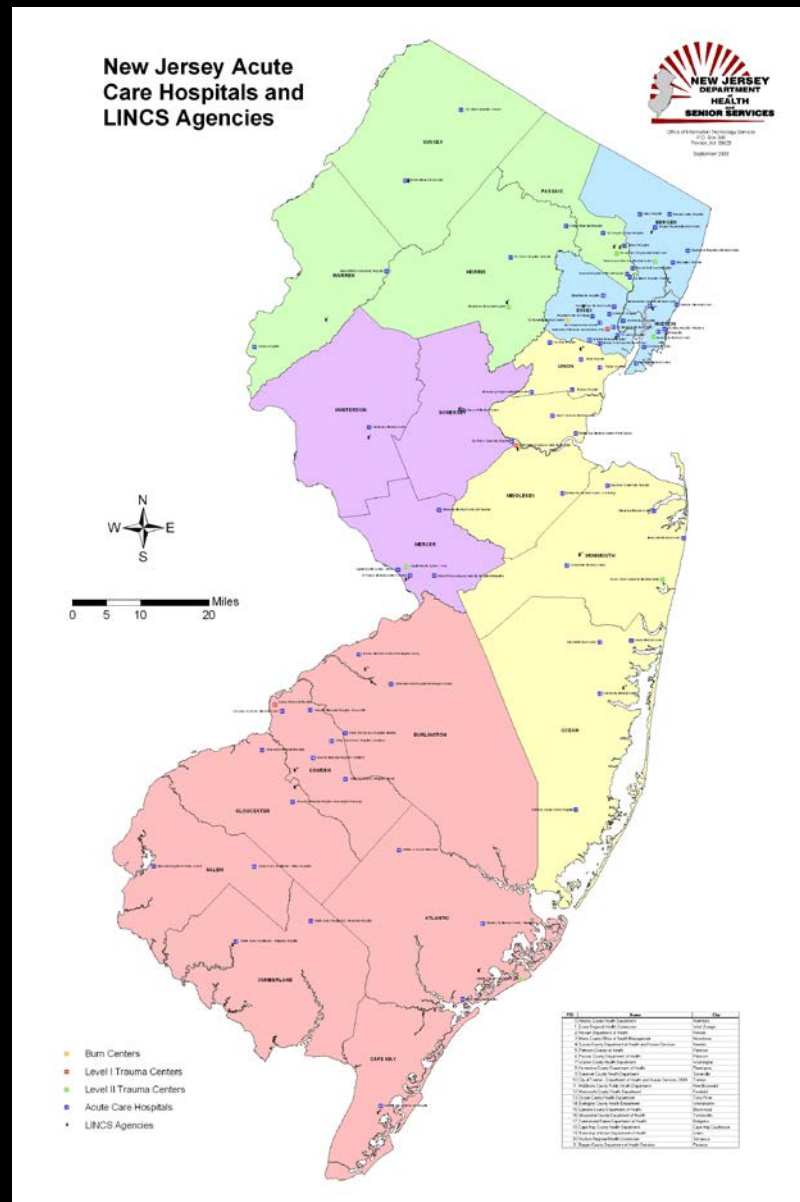
# Problems

- I still had 75 emails to convert – causing notification delays
- All of my contacts were not readily available in Gmail
- OEM and HCC partners didn't have my Gmail address
- Emergency management and LTC stakeholders continued to send information to [Dave@hcanj.org](mailto:Dave@hcanj.org)
- When HCANJ's email server was restored – my inbox became flooded with emails that had to be cross referenced

## AND

- The emails in my outbox were then "sent" causing confusion for situational awareness with response partners
- Emergency management and LTC stakeholders also had their email servers compromised – when they got back on line – additional confusion of situational awareness occurred.
- Facilities reverted to TXT messaging without providing identifiers in their message – "Who are you!?"

# New Jersey Public Health Regions





# NJDOH - HCC



# HCANJ's HCC Mission

- Serve as direct LTC liaison to NJ Department of Health and NJ Office of Homeland Security and Preparedness
- Assist with resource requests
- Work with local and county OEMs
- Prevent potential LTC evacuations
- Troubleshooting for healthcare continuum
- Garner and distribute bed availability
- Continued distribution of situational awareness

What was needed?

Who needed it?

Where do you get it?

When do you really need it?



- Power
- Fuel – gasoline and diesel
- Transportation
- Beds
- Linens
- Water – (due to boil water advisories)
- Basic Situational Awareness – Planning purposes
- Oxygen
- Generators
- Healthcare workers (ER nurses)
- Pharmaceuticals (Shelters)
- Just a place to “plug in”

# Staffing

- Healthcare workers (all) needed gasoline for transportation
- LTC Healthcare workers were NOT eligible for prioritization of fuel at depot stations, but hospital doctors and nurses were
- Healthcare workers are still (in our home rule state) not always recognized as “essential personnel” by law enforcement (although there was not a statewide travel ban)

# LTC Generators

- Most LTCs within New Jersey have them (Average - 287KW) but, are they sufficient to safely shelter in place?
  - Answer – “Yes”
- Not really designed to function for extended periods of time – many breakdowns!
- Decreased availability of replacements and parts
- Fueling issues

# Beds

- What is the definition of “bed”?
  - Licensed? Surge?
- Bed availability to support decompression and potential surge
- What are the expectations? Staff, supplies, food, water etc...
- How is bed availability best communicated?
- What are the problems? Reimbursement?

# LTC Critical Response Issues and Areas for Improvement

- LTCs did not anticipate power loss for extended period of time COUPLED with shortage of fuel supplies
- There is no “priority” restoration of electricity – unrealistic expectations
- Lack of fuel for employee vehicles
- LTC workers not always recognized as “essential personnel” by OEM

# LTC Critical Response Issues and Areas for Improvement (cont'd)

- LTCs did not anticipate a catastrophic loss of communications – many lacked redundant means of communication
- TXT message identifiers and reporting protocols were not followed
- Failure to provide information when reporting issues via email slowed response system efforts

# LTC Critical Response Issues and Areas for Improvement (cont'd)

- LTCs did not maintain their Amerilert account information up-to-date
- Some critical LTC staff were not familiar with facility emergency plans
- NJDOH regulatory reporting hotline did not function at all times

# HCANJ Areas for Improvement

- Three deep personnel do not have intimate knowledge of healthcare/public health emergency management protocols
- HCANJ headquarters are not provided with an emergency generator – Cost!
- HCANJ server indicates when power is out, but not when cable service is out ( redundant cable provider to be procured with 2014 HPP funding)
- HCANJ Outlook contacts are not readily accessible in Gmail



# HCANJ Areas for Improvement (cont'd)

- Amerilert system limited to only 3 facility email addresses – (since expanded to 6)
- Extended operational periods created high stress on personnel
- Initial confusion on reporting of healthcare issues via NJDOH Medical Coordination Center facilities – (Don't change the plan at the 11<sup>th</sup> hour!)

# Other Areas for Improvement (cont'd)

- NJDOH data analysis and collection hindered effective troubleshooting and response with the HCC
- Unclear operational period objectives
- Inconsistent use of Incident Command System
- HCANJ's Emergency Management Plan was "approved" internally, but had never been formally reviewed and commented upon by NJDOH (plan indicated need to utilize space within the Health Command Center for response operations in support of members)

# Conclusion

- Don't wait till the 11<sup>th</sup> hour – plan now
- Pre-event relationships
- Recognize the importance of LTCs with coalitions
- LTCs need to speak the language of ICS
- Educate/train
- Exercise
- Develop event AAR/IP and follow up
- Redundancy is key
- Maintain and communicate situational awareness

# References

Brown, L., Dosa, D., Thomas, K., Hyer, K., Feng, Z., & Mor, V. (2012). The effects of evacuation on nursing home residents with dementia. *American Journal of Alzheimer's Disease and Other Dementias*, 12 (406)

Retrieved from <http://aja.sagepub.com/content/27/6/406>

Roundtable Discussion: Hurricane Sandy Response, Ocean County, January 23, 2013

Retrieved from

[http://www.state.nj.us/health/commiss/documents/speech/sandy\\_roundtable\\_discussion.pdf](http://www.state.nj.us/health/commiss/documents/speech/sandy_roundtable_discussion.pdf)

# Thank You!

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609-890-8700

[Dave@hcanj.org](mailto:Dave@hcanj.org)

Let's hang out sometime  
during the brief period  
between apocalyptic  
death storms.



som<sup>ee</sup>cards



# Q & A Session

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dave@hcanj.org



# Exercise Overview

- Video 1: Setting the Scene – *Don't Sweat It: Advanced Preparation*
- Video 2: Decision Making – *Don't Sweat It: Deciding to Evacuate*
- Table-top Scenario and Facilitator-led Discussion
- Debrief Session



# Roles and Responsibilities

- **Players:** respond to scenario based on knowledge, current plans and expertise
- **Facilitators:** moderate the discussion; identify a group note-taker/debrief spokesperson
- **Evaluators:** document key discussion items





# Ground Rules

- No fault exercise
- Don't fight the scenario
- Keep focused and respectful
- On-schedule
- Real-world emergency
- Use **ONLY** current policies and plans



# Assumptions & Artificialities

During the exercise, the following apply:

- Scenario is plausible
- No “hidden agenda” or trick questions
- All players receive information at the same time
- Discussion and decision-making should be informed, first by active plans, policies and procedures.

# Exercise Start - Scenario

Please open your SITMAN to pg. 11



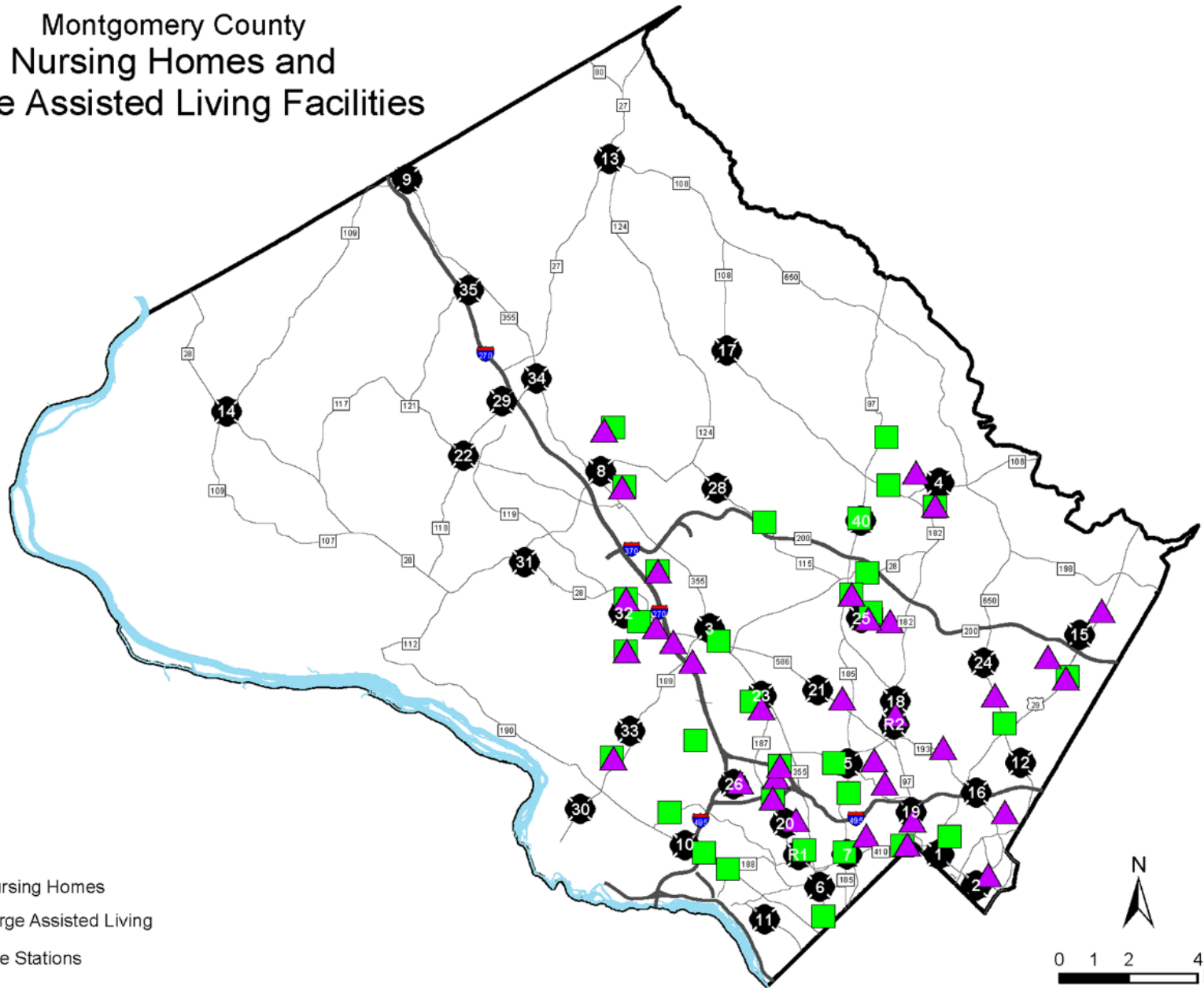


# Focus Questions and Discussion

## SitMan, pg. 12

- Based on the information provided, participate in the discussion concerning the issues raised in the scenario.
- Identify any critical issues, challenges, gaps in emergency evacuation plans and/or questions that should be addressed at this time.

# Montgomery County Nursing Homes and Large Assisted Living Facilities





# Debrief Session

- Each table to share 1 or 2 of your identified issues/challenges and associated corrective actions and policies/procedures to update
- Try not to repeat issues/challenges already shared by a previous group if possible



# Next Steps

**AFTER ACTION REPORT (AAR)/Improvement Plan (IP)** will be developed from the following forms:

## **Participant/Player**

- Please fill out **APPENDIX B: Participant Scenario Discussion Feedback** (yellow sheet)
- Please fill out **APPENDIX C: Participant Assessment of Exercise Design** (blue sheet)

## **Facilitator/Evaluator Only**

- Please fill out **APPENDIX D: Facilitator/Evaluator Feedback** (green sheet)
- Please fill out **APPENDIX E: Evaluator Scenario Discussion Feedback** (orange sheet)





**REGISTER TODAY  
FOR THE  
CITIES READINESS INITIATIVE (CRI):  
CLOSED POINT-OF-DISPENSING (POD)  
PARTNER TABLE-TOP EXERCISE**




**DATE:** TUESDAY, FEBRUARY 24, 2015

**TIME:** 8:30 AM - REGISTRATION  
9:00 AM TO 12:00 PM - TABLE-TOP EXERCISE  
TO INCLUDE FACILITATED DISCUSSIONS ON NOTIFICATIONS, BULK DISTRIBUTION AT THE CLOSED POD SITE, AND PLANNING FOR CLOSED POD DISPENSING.

**PLACE:** SILVER SPRING CIVIC BUILDING AT VETERANS PLAZA, GREAT HALL SOUTH ONE VETERANS PLACE SILVER SPRING, MD 20910

**OBJECTIVE:** TO DISCUSS KEY PLANNING ISSUES RELATED TO CLOSED POD EXERCISES THAT ARE LIKELY TO ARISE DURING A PUBLIC HEALTH EMERGENCY.



Hosted by:  
Montgomery County  
Department of Health and  
Human Services  
Public Health Services  
Public Health Emergency  
Preparedness and Response Program

**CLICK HERE  
TO SEND AN EMAIL  
TO REGISTER  
BY 2/9/2015**

**Registration Contact:**  
Kathy Schoonover  
Nurse Administrator, DHHS,  
Montgomery County  
Phone: 240-777-3832  
kathy.schoonover@montgomery-  
countymd.gov





# Final Thoughts and Thank You!

- Get your Certificate of Completion to your facilitator by submitting your APPENDIX C: Participant Assessment of Exercise Design & Conduct (blue form)
- Use your free parking voucher; if you didn't get one, pick one up at the registration table on the way out
- Guest speaker David Weidner, HCANJ
- VisArts of Rockville