

Capitol Region Emergency Planning Committee  
RESF-8 Health and Medical – Long Term Care Facilities Planning  
**Meeting**  
*June 3, 2010*  
Duncaster, 40 Loeffler Road, Bloomfield CT

Attendance was taken on forms that were collected and are retained at the CRCOG office.

The meeting opened at 11:02 a.m.

**After Action Report and Improvement Plan:** Scott Aronson of Russell Phillips and Associates facilitated the meeting. He reviewed the tabletop exercise held on May 4 at Rentschler Field. A complete written After Action Report will be prepared and distributed to the group later. A matrix was distributed that outlined action needed to close the gap between the current planning and the responses demonstrated at the exercise. This was reviewed as a work plan for the group to prepare in advance of the next exercise – or an actual event. The following discussion follows the numbered items in the matrix. (Note, the numbers reflect back to identified issues raised. Not all issues were significant to be included in the matrix hence there are some gaps in the numbering.)

1. **ICS:** Each facility needs to identify its staffing structure for managing an emergency following the guidelines national Incident Command System (ICS). In this standardized process, each position has identified titles and written Job Action Sheets to guide people in their roles. Functionally, this will facilitate communications and support between facilities and coordinating centers. Once each facility has an identified staffing structure for ICS, key individuals should take appropriate training courses to support this way of managing an emergency. Eventually, all staff members should take ICS courses. Mr. Best from Public Health Preparedness stated he would explore the possibility of funding to support such ICS courses. It was also suggested that awarding CEU credits for this effort would motivate attendance. The LTCF Steering Committee should establish the baseline training courses requested. The Capitol Region Council of Government can provide support.
2. **Education:** The LTC-MAP website has been revised to expedite the location of critical data during an emergency. By mid July, the final Mutual Aid Plan will be printed and distributed. Training programs are needed to educate staff in using the LTC-MAP website, and the activation of the plan. A focus is needed on communication procedures within a disaster struck facility, and between multiple facilities and the coordination center.
4. **Media:** Each facility needs to appoint a Public Information Officer (PIO) and reinforce that all contacts with the media be focused on that person. This will be addressed in more detail through ICS training programs.

6. **Transportation Assets:** DEMHS made the observation at the exercise the group needs to clarify how to request transportation resources from the correct agency. The LTCF coordinating center staff should work with DEMHS to resolve this issue.
7. **Internal Facility Notification Process:** Leadership and staff require training on what to do (following their plan) when notified there is an emergency in another facility.
8. **Everbridge Notification / Activation Process:** The steering committee should work to formally launch this system for all LTCF during this summer. One task for the steering committee was identified – print out the call up lists for all facilities and identify those with few names or with names readily identified as out of date. From this, update the call up lists to be entered into the Everbridge System as it is set up.
10. **Tracking sheets, display boards, patient care and medical forms, equipment tracking and disaster tags:** Staff in all facilities need training on how to fill out and use the tracking sheets and tags during an emergency. To further develop this capability, the initial printing of tracking sheets and disaster tags will be funded by CREPC. Tracking boards or printing of enlarged Excel™ sheets as poster boards cannot be reimbursed with CREPC funding sources. Other funding sources need to be identified.
12. **Bar code labels:** These should be consistent with the SMART Tags used by EMS at mass casualty incidents. DEMHS is now developing a bar code protocol for use in emergencies. This protocol also needs to be considered.
13. **“Top Ten List”:** Each facility should develop a list of the top ten facilities that will receive patients if they have to be evacuated. This is especially important if any such facilities are located outside of Region 3 and require separate mutual aid agreements to be negotiated. (All facilities within Region 3 will be covered by the signed acceptance of the plan.) These data sheets listing pre-determined receiving facilities should be reviewed by the steering committee.
14. **Steering Committee / LTC Coordination Center:** The task force should start transitioning from the planning activities to date toward a maintenance oversight role for the future. From the working group, it is suggested that up to twelve people be selected who can respond to the LTC Coordination Center. From these, four individuals should be identified and listed as on call primary responders to the center for specified dates. Another group of four individuals should then be named as a backup team.
17. and 18. **Influx of Patients / Surge Capacity:** By next fall, working with Russell Phillips and Associates effort to detail the equipment and staffing is needed to accomplish 110% capacity. A new document, added later, will define the requirements and procedures to notify DPH to invoke the 110% capacity status with its authority. This document will be compatible with Massachusetts’ program. Work then is needed to customize the tool provided in the plan for each facility to meet the needs of the waiver.

19. **Payer Process:** Finalize with DPH and DSS the process for discharge and admitting or emergency transfers of patients to ensure the payer process agreed upon. Currently, one proposal is that a transfer can take place with a delay in a formal discharge / admission for up to 3 days. One issue was identified – if payment to the originating facility is pending, the receiving facility will not be paid. Another issue was discussed – any facility that has short term beds might be told by the DPH Ombudsman that a transfer to a short term bed must be held there long term. Orally, this was discussed with the DPH Ombudsman, and assurance was given this would not happen.
22. **Exercises:** Planning is needed to conduct future exercises at 9 month intervals. A process exists for documenting completion of the previous Implementation Plan and for setting the objectives for the next exercise before it is conducted.
23. **Best Practices “Go Kit”:** each facility should prepare a “Go Kit” with specified contents.
24. **Recovery –Securing your evacuated facility:** Each facility should plan in advance on how the vacant buildings and grounds will be provided security after all patients and staff have moved to other locations.
25. **Participation with Fire, EMS, and Emergency Management Officials:** At the regional and local level, more people need to become involved. Scheduling of local and regional meetings are recommended. Offering tours to focus on internal areas will enhance awareness and encourage discussion with these local officials.
26. **GIS MAP of Nursing Homes:** Printing and distribution of maps showing the location of the facility, entrances from different streets, holding, loading and unloading areas would be helpful. The identification of mailing addresses as well as latitudinal and longitudinal coordinates would help those using GPS devices.
27. **WebEOC:** Facilities should participate in the state’s information and communication management system: WebEOC. This will enhance operational information sharing during any emergency or disaster. It was suggested that the steering committee approach CREPC Region 3 Emergency Support Function (ESF) – 8 to begin this planning.
28. **Printing Hard Copies of Manuals:** Once all the documentation has been completed, printed copies of the plan will be distributed.
29. **Signing of Memoranda of Agreement:** This is due to be completed by August 31.

**Where do we go from here?**

The first operational need will be to set up a short term communications network to notify all facilities when there is an event within Region 3. Before Everbridge can fulfill that role, telephone trees and/or e-mail networks should be developed.

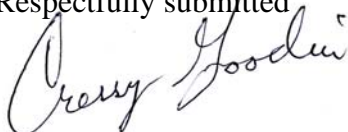
Another need is to agree to what extent facilities can use the operational guidelines in the mutual aid plan before it is approved and authorized.

A third need was identified – provision of ongoing fiscal support to maintain the mutual aid system into the future. A budget would need to be developed to support training, equipment for the coordination center, resupply of tracking forms, disaster tags, etc. Revenue sources could then be identified including a yearly assessment for each facility perhaps as little as \$200 or less. Or perhaps charges could be assessed for awarding CEU credits for training. Finally, there is the need to identify the fiscal management of such funds. Would a separate non profit corporation - 501(c)(3) be worth the trouble to qualify for grants and outside funding? Perhaps negotiating for status as a subgroup to CREPC ESF-8? Joining with other local, state or national non profit or for profit organizations might be a better choice. More discussion on this is needed.

The meeting adjourned at 12:30 p.m.

The next meeting is tentatively scheduled for Thursday, June 24, 2010.

Respectfully submitted



Cressy Goodwin  
Recorder