

# 2022 Cross Regional LTC- MAP Full-Scale Exercise

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Exercise Plan  
May 12, 2022

The Exercise Plan (ExPlan) gives elected and appointed officials, observers, media personnel, and players from participating organizations information they need to observe or participate in the exercise. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the ExPlan.

## EXERCISE OVERVIEW

### Exercise Name

2022 Cross Regional LTC-MAP Full-Scale Exercise

### Exercise Dates

Thursday, May 12, 2022

### Scope

This exercise is a full-scale exercise planned for 8 hours between the Near Southwest and Far Southwest Regional Healthcare Coalitions and their respective Regional Healthcare Coordination Centers (RHCCs). There will be one designated Skilled Nursing Facility (SNF) playing as the Disaster Struck Facility (DSF), and a to-be-determined number of SNFs playing as Resident Accepting Facilities (RAFs).

### Mission Area(s)

Response

### Core Capabilities

#### ASPR/HPP:

- Health Care and Medical Response Coordination
- Plan for and Coordinate Healthcare Evacuation and Relocation
- Continuity of Healthcare Service Delivery

#### FEMA:

- Operational Communications
- Operational Coordination
- Public Health/ and Medical Service
- Planning
- Critical Transportation

### Objectives

1. Evaluate the ability of a Disaster Struck Facility to complete and utilize Long-Term Care Mutual Aid Plan (LTC MAP) evacuation forms or an electronic record transfer for each resident during a facility evacuation.
2. Assess the ability of a Long-Term Care Facility to conduct a “slow out” evacuation utilizing transportation assets from LTC MAP partners for residents that do not require ALS or BLS transport, in coordination with the RHCCs.
3. Demonstrate the ability of the participating RHCCs to coordinate Long-Term Care Facility bed availability during a single-facility evacuation.
4. Evaluate the ability of the evacuating facility, accepting facilities, and RHCC to accurately track residents throughout the evacuation process.
5. Evaluate the ability of both evacuating and accepting facilities to provide timely updates to their respective RHCC when requested or necessary.

<b>Exercise Name</b>	2022 Cross Regional LTC-MAP Full-Scale Exercise
<b>Threat or Hazard</b>	Severe weather with the potential of widespread flooding impacting life-safety systems at a SNF.
<b>Scenario</b>	Anticipation of severe weather causing flooding & long-term disruptions to critical components/systems at a SNF located on the border of two healthcare coalition regions requiring a “slow-out” evacuation.
<b>Sponsor</b>	Virginia Healthcare Emergency Management Program
<b>Participating Organizations</b>	Virginia Hospital and Healthcare Association, Near Southwest & Far Southwest Regional Healthcare Coalitions. For a full list of participating agencies see Appendix B.
<b>Point of Contact</b>	<p><b>Mary Kathryn Alley</b>, MVP Coordinator, NSPA  (540) 541-0315, <a href="mailto:mkalley@vaems.org">mkalley@vaems.org</a></p> <p><b>Monica McCullough</b>, Training &amp; Exercise Coordinator, NSPA  (540) 529-9649, <a href="mailto:mmccullough@vaems.org">mmccullough@vaems.org</a></p> <p><b>Alayna Hubble</b>, MVP Coordinator, FARSW  (276) 696-1907, <a href="mailto:farswrhcc@bvu.net">farswrhcc@bvu.net</a></p>

## GENERAL INFORMATION

### Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

Exercise Objective	ASPR (HPP) Capability	FEMA Capability
1. Evaluate the ability of a Disaster Struck Facility to complete and utilize Long-Term Care Mutual Aid Plan (LTC MAP) evacuation forms or an electronic record transfer for each resident during a facility evacuation.	<ul style="list-style-type: none"> <li>✚ Health Care and Medical Response Coordination</li> <li>✚ Plan for and Coordinate Healthcare Evacuation and Relocation</li> <li>✚ Continuity of Healthcare Service Delivery</li> </ul>	<ul style="list-style-type: none"> <li>✚ Planning</li> </ul>
2. Assess the ability of a Long-Term Care Facility to conduct a “slow out” evacuation utilizing transportation assets from LTC MAP partners for residents that do not require ALS or BLS transport, in coordination with the RHCCs.	<ul style="list-style-type: none"> <li>✚ Plan for and Coordinate Healthcare Evacuation and Relocation</li> </ul>	<ul style="list-style-type: none"> <li>✚ Operational Coordination</li> <li>✚ Public Health and Medical Services</li> <li>✚ Critical Transportation</li> </ul>
3. Demonstrate the ability of the participating RHCCs to coordinate Long-Term Care Facility bed availability during a single-facility evacuation.	<ul style="list-style-type: none"> <li>✚ Health Care and Medical Response Coordination</li> <li>✚ Plan for and Coordinate Healthcare Evacuation and Relocation</li> </ul>	<ul style="list-style-type: none"> <li>✚ Operational Coordination</li> </ul>
4. Evaluate the ability of the evacuating facility, accepting facilities, and RHCC to accurately track residents throughout the evacuation process.	<ul style="list-style-type: none"> <li>✚ Health Care and Medical Response Coordination</li> <li>✚ Plan for and Coordinate Healthcare Evacuation and Relocation</li> <li>✚ Continuity of Healthcare Service Delivery</li> </ul>	<ul style="list-style-type: none"> <li>✚ Operational Communications</li> </ul>

Exercise Objective	ASPR (HPP) Capability	FEMA Capability
5. Evaluate the ability of both evacuating and accepting facilities to provide timely updates to their respective RHCC when requested or necessary.	<ul style="list-style-type: none"> <li>✚ Health Care and Medical Response Coordination</li> <li>✚ Plan for and Coordinate Healthcare Evacuation and Relocation</li> <li>✚ Continuity of Healthcare Service Delivery</li> </ul>	<ul style="list-style-type: none"> <li>✚ Operational Coordination</li> </ul>

**Table 1. Exercise Objectives and Associated Core Capabilities**

## Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- **Simulators.** Simulators are control staff personnel who role-play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.

- **Media Personnel.** Some media personnel may be present as observers, pending approval by the sponsor organization and the Exercise Planning Team.

*\*Note: Some of the above roles may not be applicable during this exercise*

## Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation.

### Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.
- Regional healthcare coalitions have socialized procedures for the operationalization of the Long-Term Care Mutual Aid Plan prior to the exercise, to include the conduct of Drills or Tabletop Exercises.

### Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating exercise organizations and the two regional RHCCs.
- Residents will be represented by inflatable manikins with a mock resident record assigned to each inflatable. No actual residents or their private patient information will be involved in exercise play.

## EXERCISE LOGISTICS

### Safety

Each participating facility should assign someone to monitor the safety of exercise play. Exercise participant safety takes priority over exercise events. If you encounter an emergency that requires assistance, use the phrase “**real-world emergency.**” Anyone who observes a participant who is seriously ill or injured should immediately notify their supervisor and contact emergency services (911), if warranted. All facilities should be mindful of their respective organizational safety policies.

### Fire Safety

Standard fire and safety regulations relevant to the participating SNFs and RHCCs will be followed during the exercise.

### Emergency Medical Services

In the event of a real-world medical emergency, the participants at the impact location will coordinate with local emergency medical services in the event of a real-world emergency.

- For SNFs, the facility’s established protocols for medical emergencies should be followed.
- For RHCCs, the impacted RHCC’s established protocols for medical emergencies should be followed.
- Any exercise participants, controllers, observers, or evaluators experiencing a medical emergency while driving or in-transit between locations should call 9-1-1 immediately.

### Site Access

#### Security

Each facility should manage their own entry control per their policies. “Exercise In Progress” signage will be provided and should be utilized at entrances and common areas for optimum visibility for residents, vendors, families and guests for the day of the exercise.

#### Media/Observer Coordination

Participating Organizations may have media contact during the exercise and should plan accordingly. Exercise participants should be advised of media and/or observer presence.

#### Exercise Identification

Exercise staff may be identified by badges and/or vests to clearly display exercise roles. Refer to your Emergency Operations Plan for specific instructions, if applicable.

## POST-EXERCISE AND EVALUATION ACTIVITIES

### Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

### Hot Wash

At the conclusion of exercise play, RHCC staff will facilitate a Hot Wash to allow participants to discuss strengths and areas for improvement noted during the exercise. The Hot Wash will start at approximately 4:30pm and should not exceed 30 minutes.

### Staff and Evaluator Debriefing

Following the Hot Wash, staff and evaluators will discuss an overview of their observed functional areas and discuss strengths and areas for improvement for RHCC operations and coordination.

### Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities. Interested participating facilities may utilize a participant feedback form template to obtain feedback from their staff members for after-action documentation purposes.

## Evaluation

### Exercise Evaluation Guides

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the exercise and compile the After-Action Report (AAR).

### After-Action Report

All participating Organizations should complete the After Action Report Survey located at [www.nspal.org/lcmap](http://www.nspal.org/lcmap) no later than Tuesday, May 31<sup>st</sup> by close of business. The information received will be collated and included in the Cross Regional After Action Report that will be submitted by the Regional Healthcare Coalitions to the Virginia Healthcare Emergency Management Program. Each facility should also complete their own internal AAR for best practices and/or for regulatory purposes. An AAR template is available at [www.nspal.org/lcmap](http://www.nspal.org/lcmap) for those interested.

The AAR summarizes key information related to exercise evaluation. The AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise



name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC.

## Improvement Planning

Improvement planning is the process by which the observations recorded in the AAR are resolved through the development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program. Facilities may utilize this improvement plan template for their documentation purposes; [www.nspal.org/lcmap](http://www.nspal.org/lcmap)

The improvement plan (IP) identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from the organizations participating in the exercise, and discussed and validated during the AAR.

## PARTICIPANT INFORMATION AND GUIDANCE

### Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement [“**Exercise Exercise Exercise**”]

### Players Instructions

Players should follow certain guidelines before, during, and after the exercise to ensure a safe and effective exercise.

#### Before the Exercise

- Gather and review appropriate organizational plans, procedures, and exercise support documents including the Long Term Care Mutual Aid Plan, MOU’s, all forms needed for exercise play and any other supporting documentation.
- Please post “Exercise In Progress” signage at entrances and common areas for optimum visibility
- All facilities should have a sign in sheet available to document all staff who are participating in the exercise

#### During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Utilize the Virginia Healthcare Alerting & Status System (VHASS) for exercise instructions and updates throughout the event
- **EXERCISE HELPLINE:** If you do not understand the scope of the exercise, or have any questions pertaining to the exercise call: *1-415-655-0002, Access Code: 2315 819 5332*
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise’s trusted agents to balance realism with safety and to create an effective learning and evaluation environment.
- All exercise communications will begin and end with the statement “**Exercise Exercise Exercise.**” This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency. On the other hand, this also prevents any confusion should a ‘real world emergency’ arise.

- When you communicate with the RHCC's identify your yourself and your organization and the nature of your request.
- Document your activities throughout the event. This creates a timeline and sequence of events to assist you in your AAR documentation process.
- Be sure to send your completed LTC MAP triplicate forms in a timely manner to your respective RHCC's.

### After the Exercise

- Participate in the Hot Wash at approximately 4:30pm onsite at your Facility via the WebEx Link:  
<https://nspa1.webex.com/nspa1/j.php?MTID=mc32dd7a063d1e1939cf655aaf1946ec0>
- Complete the After Action Report Survey by Tuesday, May 31<sup>st</sup> close of business. The Survey link can be found at [www.nspa1.org/lcmap](http://www.nspa1.org/lcmap) This form allows you to comment candidly on emergency response activities and exercise effectiveness.
- Compile all exercise documentation for your internal AAR processes and/or regulatory compliance. Once you have completed your facilities AAR send it to your Regional Healthcare Coalition for review and collaboration with the Regional AAR.

## Appendix A: Exercise Schedule

Event	Date & Time	Location	Participants
Initial Planning Meeting	Monday, March 28 <sup>th</sup> at 10:00am	WebEx	All interested participants
Follow Up Planning Meeting	Monday, April 11 <sup>th</sup> at 10:00am	WebEx	All interested participants
VHASS Training	Monday, April 25 <sup>th</sup> at 10:00am	WebEx & VHASS.org	Exercise Players
Full Scale Exercise	Thursday, May 12 <sup>th</sup> from 9:00am-5:00pm	WebEx, VHASS.org, onsite at LTC facilities across the NSPA/Far Southwest Healthcare Coalition Regions	Exercise Players
After Action Review Survey	Due by Tuesday, May 31 <sup>st</sup>	<a href="http://www.nspa1.org/lcmap">www.nspa1.org/lcmap</a>	Exercise Players

## Appendix B: Exercise Participants

Participating Organizations
<b>State</b>
Virginia Department of Emergency Management (VDEM)
Virginia Department of Health (VDH)
Virginia Hospital & Healthcare Association (VHHA)
<b>Regional Healthcare Coalitions</b>
Far Southwest Healthcare Coalition (FSHC)
Near Southwest Preparedness Alliance (NSPA)
<b>Long Term Care Facilities</b>
Abingdon Health and Rehab Center
Alleghany Health and Rehab Center
Appomattox Health and Rehab Center
Bland County Nursing and Rehab
Blue Ridge Therapy Connection
Brandon Oaks Nursing & Rehab Center
Brian Center Health and Rehab – Fincastle
Carrington Place at Wytheville
Clinch Valley Medical Center LTC
Francis Marion Manor Health and Rehab
Galax Health and Rehab Center
Grayson Health and Rehab Center
Gretna Health and Rehab Center
Heartland Healthcare Center Lynchburg
Heritage Hall Big Stone Gap
Heritage Hall Blacksburg
Heritage Hall Clintwood
Heritage Hall Grundy
Heritage Hall Laurel Meadows
Heritage Hall Rich Creek
Highland Ridge Rehab Center
Kroontje Center at Warm Hearth
Lee Health and Rehab Center
Liberty Ridge Health and Rehab Center
Maple Grove Rehab and Care Center
Mountain View Regional Hospital LTC
Mulberry Creek Nursing and Rehab Center
Nova Health and Rehab
Pulaski Health and Rehab Center

Radford Health and Rehab Center
Rehab Center and Memory Care at Bristol
Richfield Retirement Community Recovery and Care
Riverside Health and Rehab Center
Rural Retreat Care Center
Southwestern Virginia Mental Health Institute LTC
Springtree Health and Rehab Center
Stratford Healthcare Center
Virginia Veterans Care Center
Westminster Canterbury of Lynchburg
Woodlands Health and Rehab Center
Wythe County Community Hospital
Wythe County Community Hospital LTC
<b>Hospitals</b>
Carilion Tazewell Community Hospital
Clinch Valley Medical Center
Russell County Hospital
Southwestern Virginia Mental Health Institute
Wythe County Community Hospital
<b>Health Districts</b>
Cumberland Plateau Health District
Lenowisco Health District
Mt. Rogers Health District
Roanoke Alleghany Health District
<b>Other</b>
Giles County Emergency Management
Southwestern Virginia Medical Reserve Corp

## Appendix C: Communications Plan

All written and recorded communications will start and end with the statement “Exercise Exercise Exercise.”

### PLAYER COMMUNICATIONS

**Drill communications do not interfere with real-world emergency communications.** Players use routine organization communications systems. Additional communication assets may be made available as the drill progresses. Each venue or organization coordinates its internal communication networks and channels.

### PARTICIPANT INSTRUCTIONS

In the weeks leading up to the exercise, participants will receive a list of roles & responsibilities for their participation and all contact information that will be needed for day

### RESOURCES

- **WebEx**
  - **Link:**<https://nspa1.webex.com/nspa1/j.php?MTID=mc32dd7a063d1e1939cf655aaf1946ec0>
  - **Phone Line:** 1-415-655-0002 | access code: 2315 819 5332
- **Virginia Healthcare Alerting & Status System (VHASS)**
  - [www.vhass.org](http://www.vhass.org)
  - **Event Name:** *2022 Cross Regional LTC MAP Exercise*
- **Regional Healthcare Coordination Centers**
  - **Near Southwest Region (Near Southwest Preparedness Alliance)**
    - **Non-Emergency Phone Number:** 1-415-655-0002 | access code: 2315 819 5332
    - **Email:** [nswrhcc@gmail.com](mailto:nswrhcc@gmail.com)
    - **RHCC Emergency Hotline:** 1-866-679-7422
  - **Far Southwest Region (Southern Virginia Hospital Preparedness Commission)**
    - **Non-Emergency Phone Number:** 1-415-655-0002 | access code: 2315 819 5332
    - **Email:** [farswrhcc@bvu.net](mailto:farswrhcc@bvu.net)
    - **RHCC Emergency Hotline:** 1-855-581-7800

## Appendix D: Acronyms

Acronym	Term
DHS	U.S. Department of Homeland Security
DSF	Disaster-Struck Facility
ExPlan	Exercise Plan
HSEEP	Homeland Security Exercise and Evaluation Program
LTC-MAP	Long-Term Care Mutual Aid Plan
RAF	Resident-Accepting Facility
RHCC	Regional Healthcare Coordination Center
SNF	Skilled Nursing Facility
VHEMP	Virginia Healthcare Emergency Management Program
VHHA	Virginia Hospital and Healthcare Association
AAR	After Action Report
IP	Improvement Plan
EEG	Exercise Evaluation Guide
NSPA	Near Southwest Preparedness Alliance