



READY – SET – GetOut
Tabletop Exercise

May 26, 2010

AFTER ACTION
REPORT/IMPROVEMENT PLAN

FINAL

July 20, 2010

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EXECUTIVE SUMMARY

Long term care facilities must embrace and expand upon their knowledge of emergency management methodologies (National Incident Management System (NIMS) / Incident Command System (ICS) that are congruent with their external healthcare, public health, homeland security and emergency management partners with whom they may be required to work in conjunction with during a local or catastrophic public health event. Unfortunately, as demonstrated during recent large scale disasters within the United States, the functional needs of long term care facilities have not always been incorporated as part of local, state and regional disaster response systems.

This exercise is tangible evidence of the Health Care Association of New Jersey's (HCANJ) commitment to ensure the safety of our membership, their facilities, staff, and visitors through education and the development of collaborative partnerships that will help prepare them to respond to any emergency, whether natural or man-made.

The Health Care Association of New Jersey's in-house fire and resident evacuation exercise, Ready Set GetOut, was developed to test HCANJ member facility's Citizen (Resident) Evacuation and Shelter-in-Place capabilities. The exercise planning team was composed of subject matter experts in long term care, public health emergency preparedness, and emergency medical services (EMS) including the NJDHSS, HCANJ and the Somerset Medical Center. The exercise planning team emphasized the importance of creating a challenging, realistic scenario that might easily be identified as a vulnerability within any long term care facility. Since the vast majority of the players participating in this exercise have had no prior experience in discussion-based exercises and due to the short time period allowed for the exercise, it was important that the design of this exercise draw out and identify facility weaknesses in a positive manner, as well as, encourage our member facilities to become more active in the exercise process. The target capability of Citizen (Resident) Evacuation and Shelter-in-Place was specifically chosen due to recent evacuation events occurring within long term care facilities across New Jersey.

Based on the exercise planning team's deliberations, the following objectives were developed for READY-SET-GetOut:

- **Objective 1:** Examine the ability of HCANJ's membership to implement an internal emergency management system during an evacuation event.
- **Objective 2:** Examine HCANJ facility resources (human, equipment, mutual aid) that are essential to ensure the safe and efficient evacuation of residents and companion animals during an emergency evacuation event.
- **Objective 3:** Explore the internal and external communications systems and networks that will be needed to facilitate an emergency evacuation event.

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

Major Strengths

The major strengths identified during this exercise are as follows:

- All participating facilities have an emergency management plan and recognized immediate emergency priority as “life safety”.
- Immediate command and control was established prior to outside agency assistance and transfer of Incident Command to fire department.
- Long term care facilities are familiar with their local Office of Emergency Management and have established pre-event relationships.
- Long term care facilities were excited about their participation in the exercise process and to use this and future exercises as a learning opportunity.

Primary Areas for Improvement

Throughout the exercise, several opportunities for improvement in our HCANJ member facilities ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- Incident Command System (ICS) training for administrators and support staff is inconsistent and the specific tasks, roles and responsibilities of healthcare workers who may be involved in an emergency event need to be more clearly defined.
- Tracking and identification of residents from the time of initial evacuation of the resident’s room through to the receiving facility may be improved by the use of room evacuation door tags, red resident evacuation envelopes, and/or EMS triage tags.
- Emergency communications need to be addressed by augmenting internal communications abilities via equipment such as handheld radios and externally by pre-identification of specific Public Information Officer (PIO) within facility plans, prepared scripts to address media and pre-recorded telephone hotline announcements so that consistent messages can be delivered to outside sources.

This exercise met all pre-established objectives related to the identification of internal emergency manage systems, evaluation equipment/processes, internal/external communication systems and as indicated by player feedback, provided an excellent baseline for the establishment of HCANJ’s exercise program. Most encouraging was the fact that HCANJ members who participated in the exercise not only indicated that the exercise was a positive learning experience, but also expressed an increased interest in the HCANJ’s emergency preparedness program.

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name

Ready – SET -GetOut

Type of Exercise

Discussion Based – Tabletop Exercise - TTX

Exercise Start Date

May 26, 2010 – 9:00am

Exercise End Date

May 26, 2010 – 12:30pm

Duration

3.5 hours

Location

4 AAA Drive – Suite 203, Hamilton, New Jersey 08691

Sponsor

Health Care Association of New Jersey

Grant funding provided under the auspices of the New Jersey Department of Health and Senior Services (NJDHSS), United States Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO), Division of National Healthcare Preparedness Programs (DNHPP) Hospital Preparedness Program (HPP)

Program

Healthcare Association Emergency Preparedness Program

Mission

Response

Capabilities

Citizen (Resident) Evacuation and Shelter-In-Place

Scenario Type

Internal facility fire requiring the complete evacuation of a long term care facility

Exercise Planning Team Leadership

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Participating Organizations

Cranbury Center, Juniper Village at Chatham, Hamilton Continuing Care Center, Park Place, White House Healthcare & Rehabilitative Center, Bey Lea Village, Leisure Chateau, Courthouse Convalescent Center, Southern Ocean Center, Delaire Nursing & Convalescent Center, Arcadia Nursing & Rehabilitation, King Manor & Rehabilitation, NJAHS, Home Care Association of New Jersey, Rutgers University-Voorhees Transportation Center, Burlington County College – Center for Public Health Preparedness, Robert Wood Johnson University Hospital-New Brunswick, Robert Wood Johnson Hospital-Hamilton, Somerset Medical Center, Somerset Medical Center

Number of Participants

Players - 20

Evaluators - 4

Facilitators - 4

Observers - 2

SECTION 2: EXERCISE DESIGN SUMMARY

Exercise Purpose and Design

At least one long term care facility within the state of New Jersey required resident evacuation in the months just prior to the creation of this exercise. This real life event and the associated challenges identified by HCANJ facilities who received evacuees, were the precursor for the creation of the READY-SET-GetOut tabletop. The primary purpose of this exercise was to introduce HCANJ member facilities to the exercise process, especially since the vast majority of our membership had never participated in the Homeland Security Exercise and Evaluation Program. However, the exercise was also developed to build upon previous grant year educational workshop opportunities presented at HCANJ, including: Incident Command System 100, Incident Command System 200, National Incident Management System 700, and Risk Communications. Moreover, the specific areas of improvement that were identified during the exercise will be utilized to build upon future emergency preparedness grant program initiatives through the continuous improvement process.

The Exercise Director solicited the assistance of subject matter experts including healthcare partners with expertise in long term care, emergency medical services, public health, and exercise design. The exercise design team helped to ensure that the scenario, the event timeline, and expected observable actions were clearly defined, technically accurate and achievable, given the established time parameters of the exercise.

Exercise Objectives, Capabilities, and Activities

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that were derived from the Target Capabilities List (TCL). The capability listed below form the foundation for the organization of all objectives and observations in this exercise. As this was the first tabletop exercise that most facilities had opportunity to participate in, the objective of READY-Set-GetOut was to assess only a single target capability from the Target Capabilities List, **Citizen (Resident) Evacuation and Shelter-In-Place**.

***Capability Description:** Citizen (Resident) evacuation and shelter-in-place is the capacity to prepare for, ensure communication of, and immediately execute the safe and effective sheltering-in-place of an at-risk population (and companion animals), and/or the organized and managed evacuation of the at-risk population (and companion animals) to area of safe refuge in response to a potentially dangerous environment. In addition, the capability involves the safe reentry of the population where feasible.*

Participation in this exercise allowed member facilities to evaluate and validate their internal emergency management plans, policies and procedures. Within the context of these plans policies and procedures, the exercise design team decided to examine the ability of HCANJ's long term care facilities to meet the following objectives:

- **Objective 1: Examine the ability of long term care facilities to implement an internal emergency management system (Incident Command System) during an emergency evacuation event.**
 - **Activity 1:** In response to a hazardous condition within a long term care facility, initiate and implement a clear command and control structure and establish first emergency event priority as resident “life safety”.
 - **Activity 2:** Determine if the fire safety procedures routinely implemented within long term care facilities can be improved upon.
 - **Activity 3:** Establish a clear transfer of incident command to appropriate response authority upon arrival on site and establish authority to initiate resident evacuation.

- **Objective 2: Evaluate the available resources (human, equipment, mutual aid) that are essential to ensure the safe and efficient evacuation of residents and companion animals during an emergency evacuation event.**
 - **Activity 1:** Determine the number and types of evacuation equipment and resources that the facility would require to accomplish safe evacuation of residents and companion animals.
 - **Activity 2:** Determine what MOU-MOAs have been pre-established with transportation resources and receiving sites.
 - **Activity 3:** Determine the means by which evacuated residents, as well as associated medical equipment, medicines and personal belongings can be tracked, managed and accounted throughout the evacuation process.

- **Objective 3: Explore the internal and external communication systems and networks that will be employed during an emergency evacuation event.**
 - **Activity 1:** Determine the means by which facility healthcare workers are notified of an evacuation order and establish how internal communications can be sustained throughout the facility during an emergency event resulting in a loss of power.
 - **Activity 2:** Establish the need to validate employee “call-down” phone lists for recall assistance during an emergency event.
 - **Activity 3:** Identify facility and/or corporate Public Information Officer and evaluate differences in risk communication strategies for addressing resident, family and staff concerns.

Scenario Summary

The Ready Set GetOut tabletop exercise was organized into three separate modules; each

designed to introduce and elicit a specific response from players who consisted of long term care facility administrators, nursing and support staff. Twenty (20) players, representing 12 different skilled nursing and assisted living facilities engaged in this discussion-based exercise. Players were encouraged to respond to each section of the scenario as specified within their facility specific emergency management plan. Interactive discussion and evaluation was ensured by pairing three groups of facilities (players) with a facilitator and an evaluator.

Module 1: “Do You Smell Something?”

The exercise was initiated by providing a brief overview of a fictitious three story long term care facility housing 150 residents. Thirty (30) of the residents reside on a specialized unit for patients with Alzheimer’s disease. In addition, the facility houses a 35 bed subacute unit which serves medically complex residents during their rehabilitative courses. Weather conditions were established as typical for the spring season within New Jersey – sunny, clear and 72F.

Employees of the facility had just arrived on site to begin work when a small fire within a basement electrical control panel creates a smoke condition that activates fire detection and suppression systems throughout the building. All electrical service to the facility is lost. Law enforcement and fire personnel arrive on scene and establish incident command. Life safety issues are established as first priority for residents.

Module 2: “Lose It Or Lose It!”

This module establishes the decision making process required to either evacuate the facility or shelter-in-place and the appropriateness of a unified command. Stress levels begin to elevate for both residents and staff. Internal and external information management decisions developed as news media soon learn of the event and arrive on location to cover the incident. At the same time family members arrive on location or call the facility to inquire about their loved ones.

Module 3: “Which Way Did She Go?”

The decision to evacuate the facility has been authorized and commences even as the facility is still without power. Residents become agitated due to the smoke condition throughout the building and while searching for one of the facility companion animals, one resident inadvertently exits the building, becomes disoriented thereby initiating a “Code Gray” or resident elopement alert. The need for tracking and accountability of residents, medicines, medical equipment and companion animals, as well as, medical triage and evacuation prioritization are then established.

SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercised objectives, activities, and observations. In this section, objectives are organized by observations and associated activities. The exercise objectives of READY SET GetOut are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

Objective 1:

Objective Summary: Examine the ability of long term care facilities to implement an internal emergency management system (Incident Command System) during an emergency evacuation event.

Activity 1.1: In response to a hazardous condition within a long term care facility; initiate and implement a clear command and control structure and establish first emergency event priority as resident “life safety”.

Observation 1.1: Players indicated that there is a clear and concise chain of command that has been established within their organization and which is denoted within their emergency management plans; however they were not all familiar with the Incident Command System. All players recognized “life safety” as the first priority during any emergency event and demonstrated a profound dedication to ensuring the safety and security of the residents they serve.

Analysis: Pursuant to New Jersey Department of Health & Senior Services (NJDHSS) and Medicare & Medicaid Services (CMS) the participants in this exercise have all developed emergency plans, policies and procedures that define leadership in charge of their long term care facility during an emergency event. However, a formalized incident command structure that is congruent with the incident command system and which clearly denotes tasks, roles and job responsibilities during an emergency event were commonly indicated as an area of improvement. The incident command system is recognized by police, fire, emergency medical services, public health and other health care entities. Long term care, as an active member of the New Jersey Cooperative Engagement Health Response System (NJ CEHRS) must be more fully integrated into the incident command system.

Recommendations: Administrators, key decision makers, support staff and health care workers within HCANJ’s long term care community require more training in the Incident Command System. Although offered online via the Federal Emergency Management Agency’s Independent Study Program at <http://training.fema.gov/IS/crslist.asp>, ICS must be further promoted and integrated into HCANJ’s educational curriculum. Job action sheets corresponding with the Nursing Home Incident Command System, which specifically identify tasks to be performed during an emergency should be provided as an online resource for HCANJ membership.

- Provide 2 hour G402 Incident Command System (ICS) for Executives/Senior Officers during HCANJ's annual conference.
- Provide one day training course on Incident Command System/National Incident Management System.
- Further develop HCANJ's emergency preparedness web page to incorporate Nursing Home Incident Command System Job Action Sheets.

Activity 1.2: Determine if the fire safety procedures routinely implemented within long term care facilities can be improved upon.

Observation 1.2: Many participants indicated that although they conduct routine fire safety drills, staff within some long term care facilities do not understand the seriousness of these drills, primarily because of the likelihood of occurrence. Current fire safety procedures for identification of evacuated resident rooms indicate that staff place a pillow, rolled sheet or towel outside of rooms upon inspection to indicate that a resident's has been evacuated after all doors are closed. Participants discussed the potential for use of alternative means of identifying evacuated rooms.

Analysis: The reality that fire safety drills, possibly due to their frequency, may in fact, induce staff complacency is problematic and can best be addressed by ensuring that administrative personnel demonstrate a strong commitment to emergency preparedness and overall fire safety. The intent and scope of frequent fire drills must be to ensure continued familiarity with fire safety procedures so that they become second nature if there is the need to operationalize during a real emergency.

Recommendations: Individual administrators must take a leadership role in assuring that fire safety drills and exercises are conducted in a manner that will demonstrate the sheer importance that fire safety plays, not only for the safety of residents, but also for staff, family and visitors of the facility. The use of evacuation door tags, as a primary means of identification or as a means of augmenting existing procedures that commonly use items such as pillows, sheets and towels should be investigated.

- HCANJ should provide additional fire safety information and education programs to administrative personnel.
- HCANJ should develop further "hands-on" evacuation training drills/exercises.
- Investigate the functionality of plastic evacuation door hangers to replace or supplement existing means of identification of resident's rooms that have been evacuated and ensure that all staff are appropriately trained and educated in the use of these identifiers.

Activity 1.3: Establish a clear transfer of incident command to appropriate response authority upon arrival on site and establish authority to initiate resident evacuation.

Observation 1.3: All participants recognized that there would be a transfer of incident command upon the arrival of the local fire department. Although the evacuation of the long

term care facility would not be an ideal situation and would be avoided if possible in favor of a safely implemented shelter-in-place option, participants clearly recognized the fire department's authority to commission an evacuation of their facility. Moreover, participants overwhelmingly expressed that they had pre-established professional relationships or were familiar with the appropriate contacts within their local office of emergency management. The potential for a 'unified command' structure during an evacuation event was discussed since the initial incident commander (administrator) would be most familiar with special needs of the facility and would be considered a subject matter expert with intimate knowledge of the facility and the needs of its residents.

Analysis: Emergencies are most commonly addressed on the local level. However, during larger scale emergencies involving multiple agencies or during regional events, expansion of pre-disaster relationships could improve response.

Recommendations: Long term care facilities may become more involved in regional emergency management, healthcare and public health initiatives through participation in New Jersey's Regional Medical Coordination Center program and the New Jersey Office of Homeland Security & Preparedness Healthcare & Public Health Sector Working Group.

- HCANJ's Director, Emergency Preparedness will provide membership with information related to LTC participation in quarterly MCC Advisory Council Meetings.
- HCANJ's Director, Emergency Preparedness will provide membership with information related to participation within NJOHSP – Sector Working Group.

Objective 2:

Objective Summary: Evaluate the available resources (human, equipment, mutual aid) that are essential to ensure the safe and efficient evacuation of residents and companion animals during an emergency evacuation event.

Activity 2.1: Determine the number and types of evacuation equipment and resources that the facility would require to accomplish safe evacuation of residents and companion animals.

Observation 2.1: Multi-story long term care facilities often do not have resident evacuation equipment that is specifically designed to enable the safe and efficient movement of medically frail and non-ambulatory individuals during emergency events whereby elevators are rendered inoperable. Additionally, depending on the time of day in which an event occurs, in-house staffing shortages may further exacerbate problems associated with a safe, efficient and timely resident evacuation. Facility emergency management plans typically do not provide specifics related to the care of companion animals.

Analysis: Participants in this exercise represented a dozen different long term care facilities across New Jersey, each with their own logistical challenges in terms of resident evacuation equipment, staff availability and the on site presence of companion animals.

Many multi-story long term care facilities indicated that they did not possess equipment (such as Paraslyde, Med Sleds, Stryker Chairs, etc.) in order to efficiently evacuate residents from their building and often would have to rely on “old school” methods of resident movement including wrapping residents in sheets and blankets and then physically carrying them down stairwells if elevators were not viable. The timing of an emergency event would have a significant impact on the ability of a long term care facility to fully evacuate. This fact emphasizes the importance of establishing pre-existing MOUs/MOAs with other healthcare facilities who might offer assistance during an emergency event and ensuring that personnel databases are routinely updated.

Recommendations: Long term care facilities, especially those occupying multiple levels of a building, would benefit greatly by investing in specific equipment designed to enable them to physically evacuate residents in a more safe, efficient and effective manner.

- Investigate regional healthcare facility grant funding opportunities that provide for equipment that can be utilized on site during emergency events and/or long term care facilities should specifically budget for this equipment.
- Establish new or validate existing MOUs/MOAs with other healthcare agencies who may provide personnel/equipment assistance during an emergency event.
- Establish relationships with County Animal Response Teams and further refine emergency plans to address the sheltering needs of facility companion animals.

Activity 2.2: Determine what MOU/MOAs have been pre-established with transportation resources and receiving sites.

Observation 2.2: All long term care facilities have established specific MOU/MOAs with local transportation companies.

Analysis: Although it is vitally important to have pre-established MOU/MOAs with local transportation companies, during a large scale regional emergency event that impacts multiple healthcare facilities, access to transportation resources may be limited.

Recommendations: Although state resources during a large scale regional event (i.e. EMS Task Force/ MCC Regional Caches) may indeed offer support, long term care facilities should strive to become self sufficient in order to alleviate stress on the healthcare system and to help ensure expedient transportation of their residents.

- Long term care facilities should review existing and establish new contracts/agreements (MOUs/MOAs) with service providers outside of their specific locality, outside of their public health region, and with transportation providers from other states.

Activity 2.3: Determine the means by which evacuated residents, as well as associated medical equipment, medicines and personal belongings can be tracked, managed and accounted throughout the evacuation process.

Observation 2.3: Players indicated that a better means of gathering specific items related to patient medical history, medications, and essential personal belongings was needed prior to evacuation. Resident tracking was typically completed by the use of a “resident roster” and the use of name tags.

Analysis: An improved means of preparing for the evacuation of residents is needed so that all essential items can be easily gathered and residents identified in an expeditious manner.

Recommendations: Similar to “Go-Bags” that are recommended as part of personal preparedness, a ‘Go-Bag’ for residents should be pre-established that contains basic personal items required in the event of a facility evacuation. The use of American Health Care Association “red evacuation envelopes” specifically designed for evacuation events and which are pre-printed with space for the basic information that should go with a resident in an evacuation including allergies, photo, and facility emergency contact information should be investigated. These envelopes not only have value during an emergency evacuation, but also provide an opportunity to talk with residents and their families, at the time of admission, about a facility’s emergency evacuation plan. Additionally, in order to remain congruent with pre-existing patient tracking protocols established within New Jersey, the use of New Jersey’s Emergency Medical Services Disaster Triage Tags will help pre-establish a tracking system that is commonly recognized by first responders.

- HCANJ to procure “Red Evacuation Envelopes”, provide training on their use, and encourage members to utilize similar or identical system.
- HCANJ will procure and encourage use of New Jersey Emergency Medical Services Disaster Triage Tags and provide training on their use.

Objective 3:

Objective Summary: Explore the internal and external communications systems and networks that will be employed during an emergency evacuation event.

Activity 3.1: Determine the means by which healthcare workers are notified of an evacuation order and establish how internal communications can be sustained throughout the facility during an emergency event resulting in a loss of power.

Observation 3.1: There is a heavy reliance on “traditional” means of internal communications within long term care facilities including the use of overhead announcement systems, cell phones and blackberry devices. Additionally, there were few facilities that indicated that they had handheld radio communications capabilities. A significant number of facilities indicated that they did not have internal radio communications capabilities.

Analysis: Although cell phones, land based phone lines and blackberry devices can

indeed provide a means of communications within facilities, they also have the potential to present considerable challenges in relaying immediate situational awareness concerning a specific event as it occurs within a building. Additionally, there may be instances where catastrophic emergency events could render these means of communication inoperable. Internal response coordination within a long term care facility during an evacuation event might be significantly hampered without the means of communication devices that ensure effective communications throughout all areas of a building.

Recommendations: Long term care facilities should consider the investment in handheld radio devices that are capable of communications throughout all areas of their building.

- Purchase handheld radio equipment that is capable of supporting internal communications, exercise and train all personnel on their use.
- Facility emergency plans should specifically address internal communications systems capabilities and how these systems would be impacted during a catastrophic utility failure.

Activity 3.2: Establish the need to validate employee “call-down” phone lists for recall assistance during an emergency event.

Observation 3.2: Players indicated that their operations typically maintain a “call-down” phone list containing all important employment and business contact phone numbers.

Analysis: Database management often presents challenges in accuracy as personnel, phone contact information, and email contact information often changes.

Recommendations: The importance of maintaining accurate database information is important. Validating the accuracy of this data to ensure that additional facility specific human resources can be contacted during an emergency should not linger until an actual emergency event.

- Administrators should maintain redundant digital and hard copy listings of essential personnel contact information.
- Call down list validation should be conducted to verify contact information accuracy.

Activity 3.3: Identify facility and/or corporate Public Information Officer and evaluate differences in risk communication strategies for addressing resident, family and staff concerns.

Observation 3.3: It was recognized that there would be differences in communications strategies employed to address the concerns of residents, family, staff and the media. Healthcare workers within long term care facilities take great pride in their ability to meet the specific physical and mental health needs of their residents and in their ability to assure the families of their residents that they are being well provided for. However, many of the plans

and policies discussed during the exercise do not specifically identify an individual who would be designated as a Public Information Officer, within the Incident Command System structure, who is authorized to speak on behalf of their facility.

Analysis: The delivery of clear, concise and accurate information during an emergency event is imperative to ensure that information is managed properly. This issue is critical during an emergency event and is complicated by the different needs of the stakeholders involved. The integration of a designated Public Information Officer, congruent with the Incident Command System, helps to clarify this issue and places direct responsibility for collection, verification, coordination, and dissemination of accurate, assessable, and timely information on this individual.

Recommendations: Individual facilities need to make specific provisions within their emergency management plans to clearly specify who is authorized to speak on behalf of their organization.

- Long term care facilities should designate a Public Information Officer who is authorized to speak on behalf of their organization and incorporate this designation within their emergency management plans.
- Long term care facilities should develop pre-crisis scripts/message that can be referenced quickly during an emergency. These scripts could be utilized to provide information to the media or uploaded as a phone message when needed and should also be incorporated as part of their emergency management plan.
- Long term care facilities should investigate “turn-key” solutions for public notification during emergency events, so that concerned individuals who place phone calls to a facility’s main phone number will all receive the same message, to help alleviate stress on the facility’s staff during an emergency event, and to direct inquires to alternative locations (websites, receiving facilities, emergency management) if required and as dictated by the nature of the emergency.

SECTION 4: CONCLUSION

The READY-SET-GetOut tabletop exercise is the first emergency exercise conducted by the HCANJ. This discussion based exercise proved successful as a means of educating participants about the importance of exercising their internal plans, procedures and protocols in response to an emergency event within their operations. This exercise establishes a baseline for the development of a robust emergency preparedness exercise program.

The Improvement Plan enclosed herein focuses on three primary capability elements including:

- **Training/Education** – program development to educate and train members on ICS/NIMS principles
- **Equipment**– procurement of additional resources for use during emergency event
- **Planning** – Refinement of existing emergency plans to address identified gaps

The success of HCANJ’s emergency preparedness program hinges on active participation and input from our membership, so that our organization can assist our members in preparing for, responding to, and recovering from emergencies that impact their residents, staff, and family. It is the responsibility of each participating organization to reflect on the analyses and recommendations contained herein and to further develop improvements to their own emergency management plans.

HCANJ recognizes that the in order to be further successful with our preparedness efforts, we must “harvest” the collective ideas of our membership. To address this need, HCANJ will create an Emergency Preparedness Collaborative (HCANJ-EPC) work group to help identify where gaps exist in our collective emergency response capabilities, explore the best means of eliminating these gaps, and establish the most effective means of protecting the members we serve. Thus, this After Action Report and the completion of our subsequent Improvement Plan are contingent upon joint partnerships which we will seek to expand upon both internally within our respective organizations, but also externally with our healthcare, public health, homeland security and emergency management partners.

APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan has been developed specifically for HCANJ membership as a result of the READY SET GetOut tabletop exercise conducted on May 26, 2010. These recommendations draw on both the After Action Report and the After Action Conference.

Table A.1 *Improvement Plan Matrix*

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Capability: Onsite Incident Management	LTC facilities are not all familiar with the use and implementation of the Incident Command System (ICS) during an emergency event.	Provide additional ICS training and education	Provide member administrators with basic ICS 100/NIMS 700 training	Training	Joint venture between HCANJ and individual member facilities	HCANJ	7/1/10	6/30/11
	Staff unfamiliar with ICS Roles	Distribute Nursing Home ICS job action sheets	Revise Emergency Management Plans to incorporate ICS job action sheets for Nursing Homes	Planning	Individual member facilities	Individual Admins	7/14/10	8/15/10

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Capability: Citizen (Resident) Evacuation/ Shelter-in-Place	Augment available resources that might be required in the event of an evacuation	Investigate individual evacuation facility equipment needs including increased internal/external communications capabilities.	Provide HCANJ members with "red evacuation envelopes" and evacuation door tags	Equipment	HCANJ/Individual member facilities	HCAN-Dir, EP and Individual Admins	7/1/10	6/30/11
	MOUs/MOAs need to be developed further outside of local area	Review internal emergency management plans	Augment current MOUs/MOA's with transportation providers, facilities and partners outside of local area that can provide service during regional catastrophic event.	Planning	Individual member facilities	Admin	7/14/10	8/15/10

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Capability: Citizen (Resident) Evacuation/ Shelter-in-Place	Current fire safety procedures/drills need expansion	Conduct additional exercises to allow LTC facilities to become more familiar with evacuation procedures/protocols	Additional exercises targeted to LTC facility evacuation including TTX and training exercise	Training	HCANJ	HCANJ-Dir, EP and Admin	7/1/10	6/30/10
	Resident identification during an evacuation should be congruent with EMS response agencies	Utilize NJ Disaster Triage Tags during resident evacuations	Procure a universally recognized means by which residents may be identified during an evacuation event	Equipment	HCANJ	HCANJ-Dir, EP and Admin	7/1/10	6/30/10

