

# *Delaware Health Care Facilities Association*

726 Loveville Road, Suite 3000  
Hockessin, Delaware 19707-1536  
Phone: (302) 235-6895 Fax: (302) 239-4214

**Program:** *Emergency Preparedness 2019 Tabletop Exercise (Severe Weather) for LTC Facilities*  
**Date:** *Thursday, November 7th, 2019*  
**Place:** *Maple Dale Country Club-180 Maple Dale Circle, Dover, DE 19904*  
**Registration:** *8:15-8:50 a.m.*  
**Welcome:** *8:50-9:00 a.m.*  
**Program Time:** *9:00 a.m. - 11:15 a.m.*  
**Program Sponsor:** *Delaware Health Care Facilities Association & Office of Health Facilities Licensing & Certification*

**Speaker Information:** *J. David Weidner, MPH, REHS, MEP, CEM*

J. David Weidner serves as the Director of Emergency Management for the Health Care Association of New Jersey. Mr. Weidner is responsible for all-hazards emergency preparedness, exercise design and planning, emergency communications and response in support of over 400 long term care facilities across New Jersey. He is a graduate of FEMA's Master Exercise Practitioner Program, a Certified Emergency Manager and a New Jersey Registered Environmental Health Specialist. Mr. Weidner earned a Bachelor's of Science (BS) in Public Health Administration from Rutgers University, and his Master of Public Health (MPH) in Environmental Health from West Chester University of Pennsylvania.

**Course Information & Objectives:**

The CMS Emergency Preparedness regulations became effective November 15, 2016. ***Tabletop Exercises and Participation in Drills are required mandatory on a yearly basis.*** These detailed requirements are applicable to many Medicare and Medicaid participating providers, and in particular to Nursing Homes/Skilled Nursing Facilities. The overarching message from CMS is loud and clear...it is essential that health care leadership integrate emergency management into their daily functions and values. The workshop includes a facilitated tabletop exercise designed to prepare your facility in gaining compliance with the CMS's Emergency Preparedness Testing requirements.

*9:00- 11:15 a.m.*

**Tabletop Exercise**

*The purpose of this tabletop exercise is to provide participants with an opportunity to evaluate their long-term care facility current capabilities to respond to a severe weather event. This exercise will focus on the implementation and coordination of internal emergency management plans, policies and procedures, critical decision making, communications capabilities and your ability to manage a "novel" event.*

*Within the context of your individual plans, policies and procedures and the listed core capabilities below, this exercise will provide the following:*

- Facilitated discussions related to healthcare facilities plans, policies and procedures for medical surge during a severe weather event.*
- Includes a facilitated "hotwash", to assist attendees in conducting their facility specific after action report/improvement plans.*

*This program is geared to **Skilled Nursing Facility and ALF Administrators, DONs and Director of Facility Management.** **(4.0 Educational Credits** have been requested for this conference applicable to licensing requirements for Delaware's Board of Nursing and the NAB. **We will not be able to accept walk-ins for this event. Event is limited to SNFs and ALFs only. Please register and pay by 10/21/2019. NHAs must provide their NAB ID # in order for DHCFA to upload your attendance to their website. No Walk-Ins can be permitted.***

Delaware Health Care Facilities website: [www.dhcfa.org](http://www.dhcfa.org)

November 7<sup>th</sup>, 2019 Educational Conference Registration Form

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Facility Name: \_\_\_\_\_ Member ( ) Non-Member ( )

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registration is limited to 3 per facility**, (Additional names will go on a waiting list and accommodated as space allows). Registration and payment must be received by 10/21/19. The Administrator, DON, and Facility Management Director in SNFs must attend to ensure that key positions in the building responsible for your emergency preparedness plans receive this important training. The training is designed to prepare your facility to be in compliance with the CMS's Table Top Emergency Preparedness Rule requirement that became effective November 15, 2016.

**Cost is \$55.00 per member attendee and 70.00 per non-member attendee and includes light refreshments.**

**This training will not be repeated. Please bring your facility Emergency Preparedness Plan with you.**

<u>Attendee's Name (Please PRINT legibly)</u>	<u>Position</u>	<u>NAB ID # or NSG. License #</u>	<u>Cost</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
<b><u>Total:</u></b>			<b>\$ _____</b>

**Method of Payment:**

Check Enclosed ( )

**Please Make Your Checks Payable to:**

Delaware Health Care Facilities Association

726 Loveville Road, Suite # 3000

Hockessin, Delaware 19707-1536

Phone: (302) 235-6895 Secure Fax: (302) 239-4214

Credit Card Payment: ( ) Visa ( ) MasterCard ( ) American Express ( ) Discover Card

#: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ - For your security, please provide the 3 or 4 digit code from the signature line on the back of your credit card.

Month / Year

Card Holder - First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Fax Number: (Please ONLY Provide if receipt is requested) \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Receipt to be kept on file unless otherwise requested. If receipt is requested, it will be sent to the number provided above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Persons arriving late or leaving early cannot receive partial credit. Please send your completed registration form and CCard or check made payable to the address listed above or by email to [assistant@dhcfa.org](mailto:assistant@dhcfa.org). **Registration Closes October 21, 2019.** For your convenience you may fax your registration form and CCard payment to: (302) 239-4214. Also, please bring an extra sweater or layer of clothing as often times the meeting room temperatures fluctuate. Thank You!

PLEASE mail or email or fax your registration along with payment to Pam Cohen at [assistant@dhcfa.org](mailto:assistant@dhcfa.org)