



COUNTY OF SAN DIEGO

DISASTER PREP 2017



A QUICK OVERVIEW



- **Information review – CMS requirements**
- **HVA, COOP, EOP,**
- **ICS – useful and practical / overview and why to use**
- **Exercise types and requirements**

EVENT OBJECTIVES



- **Help increase understanding of and eliminate confusion regarding the new CMS disaster preparedness regulations.**
- **Provide tools to aid in making disaster preparation and compliance for the regulations easier to accomplish.**
- **Strengthen collaborations and partnerships between local Long Term Care (LTC) facilities as well as with other community partners.**
- **Provide the opportunity to have participated in one of the two mandatory exercises necessary to be completed by November 16 2017* (note on this) in order to be in compliance with new regulations.**



WHY THE NEW REGS?



DISASTER PREPAREDNESS MANDATES



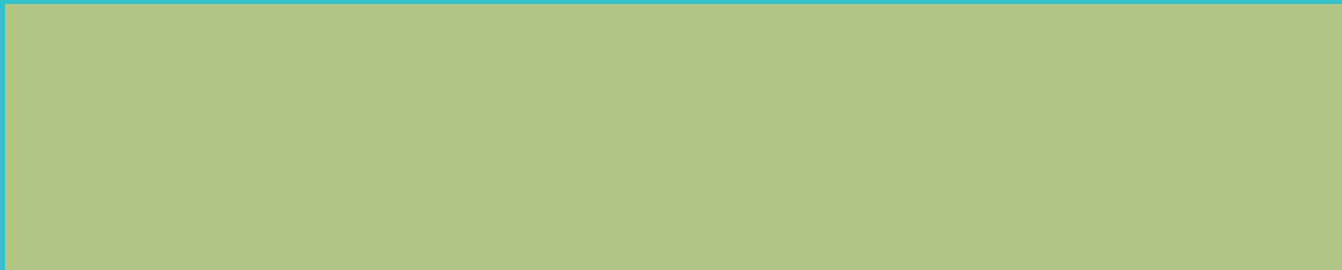
LIVE WELL
SAN DIEGO

FIRST.....WHY THESE REGULATIONS?

- **Past disasters and lessons learned.**
- **The need for mitigation in advance rather than chaotic response during**
- **Assure Provision of safety and security to our residents**
- **Fix things found during exercises before they become problems in a disaster response**



CMS RULES SUMMARY



CMS FINAL RULE SUMMARY



California Association of Health Facilities SNF Emergency Preparedness CMS Final Rule Summary



Section	Major Provisions	Notes	Resources
Part 483.73 Emergency Plan: Comply with all Fed, state, and local emergency preparedness requirements. Establish and maintain an EP program that meets the requirements of this section. Include but not be limited to following elements:	(1). Based on and include facility and community based risk assessment utilizing an all- hazards approach including missing residents	New requirement: Facility specific risk assessment, incorporating the community based risk assessment Not limited to types of hazards in local area Also care –related, equipment/power failures, cyber and communication attacks	<p>Tool for risk analysis http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides.aspx https://asprtracie.hhs.gov/technical-resources/3/Hazard-Vulnerability-Risk-Assessment/0</p> <p>Contact Local authorities for info on community risks</p> <ul style="list-style-type: none"> • Hospital Preparedness Program Coordinator • Office of Emergency Services • Fire or Emergency Medical Services • Local Public health <p>An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters.</p> <p>This approach is specific to the location of the provider or supplier and considers the particular types of hazards most likely to occur in their areas.</p> <p>Comprehensive planning guide tool http://cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/DisasterPlanningGuide.aspx</p>
(a) Reviewed and updated annually	(2). Strategies to address events	Emergency operations plan has	In-depth procedures for identified risks Tools for specific hazards

CMS CHANGES A QUICK LOOK



CMS CHANGES SUMMARY - 1

1. **Facility Hazards Vulnerability Assessment (HVA) using community based assessment guidelines (need to also have resident specific and service specific risks) (P1)**
2. **Facility EOP (Emergency Operations Plan) – tied to risk assessment (P1-2)**
3. **Continuity of Operations with succession planning (COOP) (P2)**
4. **Participation with local officials, integrated response, communication/contacts channels, participation in planning and appropriate documentation of this (SD Model) (P2-3)**
5. **Policies and Procedures based on risk assessment (staffing, supplies, storage, shelter in place, surge, evacuation, etc.) (P3)**



CMS CHANGES SUMMARY - 2

6. Annual policy reviews and updates – specifically addressing food, water, medical and pharmaceutical supplies. (if stockpiled how to store, & access control) (P3)
 - Medication stockpile and resupply (P3)
 - Alternate sources of energy (maintain temp, emergency lighting, Fire detection, sewage and waste) (P3-4)
 - Staff and resident tracking system – Emergency Operations Plan (EOP) On duty staff and residents that are relocated and sheltered. (P4)
 - Safe evacuation – (EOP) (P4-5)
 - The means to shelter in place (P5)
 - Preserve resident confidentiality (Maintain HIPAA) – reflect risk assessment (P5)
 - Use of volunteers (staffing) (P5-6)



CMS CHANGES SUMMARY - 3

6. Annual policy reviews and updates – (Cont.)

- Arrangements with other LTC to receive residents (EOP) – MOU (P6)
- Role of LTC in care provision in ACS (alternate care site) (P6)

7. Communication plan - contact lists (staff, families, vendors, physicians, LTCs, L&C, Ombudsman, local emergency prep) alternate means of communication (radios, satellite phones etc.) patient info sharing (grab and go packet) (P7-9)

- Bed availability polls P&P (P9)
- Info transfer P&P (info logs EOP templates) (P9)
- Method of sharing P&P (to whom by whom – what is appropriate) (P9)



CMS CHANGES SUMMARY - 4

8. **Develop training and testing for emergency preparedness (P&P and documentation – for all new and existing staff and volunteers under service contracts)**
 - **At least annual training with documentation – with staff demo of knowledge (P10)**
 - **Testing with conduction of exercises annually including unannounced drills (P10)**
 - **Participate in community based full scale exercise (*or facility based if community based not available*) – work with local authorities to include elements that are relevant for SNF participation (P11)**
 - **Conduct additional exercise within the year (*full-scale* or tabletop) – using formal exercise scenario with facilitator or second community FSE – analyzing response and revising facility EOP with gap mitigation learned during exercise. (from AAR) (P12)**



CMS CHANGES SUMMARY - 5

9. Emergency & standby power requirements (P12-14)

- New Structure and/or renovated generator requirements
- Generator inspection, testing and maintenance requirements
- Fuel source requirements (storage vs. vendors)

10. Integration and collaboration with unified preparedness program (SD Model) (P14-15)



HAZARDS VULNERABILITY ASSESSMENT (HVA)





HAZARDS VULNERABILITY ASSESSMENT

Vulnerability assessment samples below – the more comprehensive, the better able to address facility-specific vulnerabilities and work toward their mitigation. (Samples)

EVENT	PROBABILITY	RISK	PREPAREDNESS	TOTAL						
	3=HIGH	5=LIFE THREAT								
	2=MEDIUM	4=HEALTH/SAFETY	3=POOR							
	1=LOW	3=HIGH DISRUPTION	2=FAIR	PXXXP						
	0=NONE	2=MODERATE DISRUPTION	1=GOOD							
		1=LOW DISRUPTION	2010 HAZARD AND VULNERABILITY ASSESSMENT TOOL							
		0= NO DISRUPTION	Safety Management							
GROUP #1 - NATURAL EVENTS			EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)					RISK
Hurricane Winds				Likelihood this will occur	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE
Tornado				Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	
Severe thunderstorm			SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = Moderate 2 = Moderate 3 = Low or none	0 - 100%
Snow fall			Musculoskeletal Injuries related to patient handling	3	3	2	2	2	0	61%
Blizzard			Staff falls - outside, snow or ice	3	3	2	2	2	1	61%
Ice storm			Bloodborne pathogen exposures	3	3	2	1	2	2	56%
Earthquake			Injury from walking into glass wall / main hospital entry	2	3	2	1	2	3	48%
Temperature extremes			Exposure to sewage due to plumbing issues	2	2	2	3	2	1	37%
Drought			Staff falls - in facility due to flooring / mats	2	2	2	1	2	1	30%
Flood, external			Helicopter Accident	1	3	3	3	2	1	24%
Wild fire			Confrontation with moose	1	3	3	2	1	1	24%
Landslide			Staff falls - in facility due to egress lighting	1	3	2	3	1	1	19%
Nuclear power plant incident			Staff falls - in facility due to		3	2	1	2	1	17%
Dam failure					3	2	1	2	1	0
				2.80	2.20	1.90	1.80	1.30	0.80	38%
				RISK = PROBABILITY * SEVERITY						
				0.38	0.63	0.60				

http://www.cahfdownload.com/cahf/dpp/HVA_NorthCarolina20_AllHazardEmergPlan.xls

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EVENT	PROBABILITY	RISK	PREPAREDNESS	TOTAL
	3=HIGH	5=LIFE THREAT		
	2=MEDIUM	4=HEALTH/SAFETY	3=POOR	
	1=LOW	3=HIGH DISRUPTION	2=FAIR	PXRXP
	0=NONE	2=MODERATE DISRUPTION	1=GOOD	
		1=LOW DISRUPTION	N/A= NOT APPLICABLE	
		0= NO DISRUPTION		
GROUP #1 - NATURAL EVENTS				
Hurricane Winds				
Tornado				
Severe thunderstorm				
Snow fall				
Blizzard				
Ice storm				
Earthquake				
Temperature extremes				
Drought				
Flood, external				
Wild fire				
Landslide				
Nuclear power plant incident				
Dam failure				

HOW DOES THIS TOOL WORK? HOW TO SCORE?

EVENT	PROBABILITY	RISK	PREPAREDNESS	TOTAL
	3=HIGH	5=LIFE THREAT		
	2=MEDIUM	4=HEALTH/SAFETY	3=POOR	
	1=LOW	3=HIGH DISRUPTION	2=FAIR	PXRXP
	0=NONE	2=MODERATE DISRUPTION	1=GOOD	
		1=LOW DISRUPTION	N/A- NOT APPLICABLE	
		0= NO DISRUPTION		
GROUP #1 - NATURAL EVENTS				
Hurricane Winds				



Probability

- 0 = Does not apply (Blizzards in SoCal)
- 1 = Once in a lifetime (Hail in SoCal)
- 2 = Once in 50 years (Flooding from storm cell)
- 3 = Long overdue (the "Big One" earthquake)

Risk

- 0 = No disruption (does not apply)
- 1 = Low disruption (operations affected; critical depts functioning)
- 2 = Moderate disruption (one or more critical depts affected)
- 3 = High disruption (operations nearly stopped but still providing safe care)
- 4 = Health/safety (facility cannot provide standards of care)
- 5 = Life threat (immediate evacuation required)

Preparedness

- N/A = Does not apply
- 1 = Good (Facility trains all new staff and exercises portions of Emergency Operations Plan annually)
- 2 = Fair (Facility trains staff once a year on this threat)
- 3 = Poor (Emergency Operations Plan contains a policy & procedure for this hazard)

**PROBABILITY X
RISK X
PREPAREDNESS**

= HAZARD SCORE



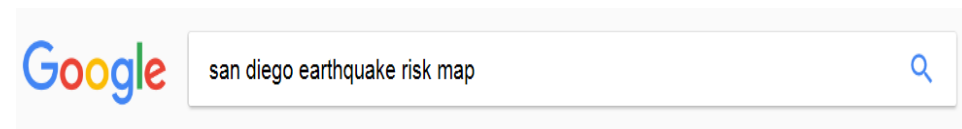
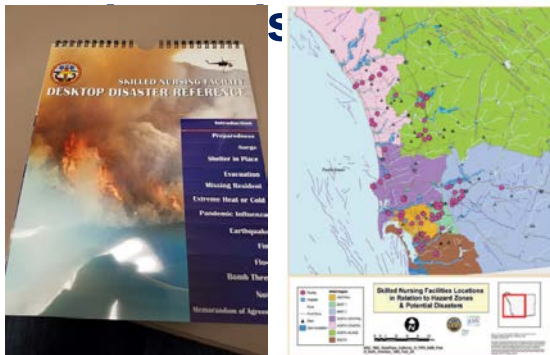
HOW TO COMPLETE YOUR HVA



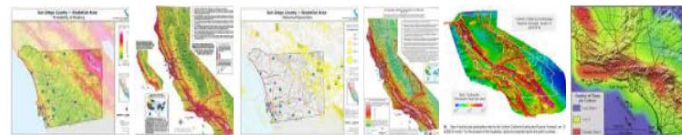


1. RESEARCH YOUR COMMUNITY'S HAZARDS

- Hazards maps in flip books (location of nearby potential



Images for san diego earthquake risk map



- Geographic history in area (fire, flood, etc.)
- Weather history
- Check with other in-kind facilities in your immediate area, as well as hospitals, water districts, etc.



2. GATHER FACILITY DEPT. LEADERS

Do an overview of each department and interview leaders regarding what challenges different hazards would pose to their operations.



- Is the department critical to providing safe resident care?
 - If critical – what systems does it need to operate (IT, electric, water)?
 - Can the dept. be shut down temporarily and staff reassigned to more emergent tasks?
- **KEEP IN MIND**
- These questions can also form the foundation of your Continuity of Operations Plan (COOP), which goes hand in hand with your Emergency Operations Plan (EOP).



3. ANALYZE AND SCORE YOUR SPECIFIC HAZARDS

Once you've gathered your information you can identify your top 3-5 hazards.....

Are they internal?

- IT, Electrical fire, Active Shooter, etc.



Or are they external?

- Power outage, wildfire, civil unrest, etc.



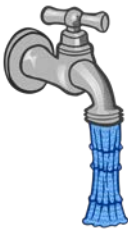
COMPLETING YOUR HVA



4. ANALYZE CRITICAL SYSTEMS RELATED TO YOUR TOP 3-5 HAZARDS

You've ranked your top hazards. Now you need to think about:

- Systems that could be affected during these hazardous events
- Systems needed to respond to the emergency itself
- Your supply chain. Who or what are you going to rely on to fulfill some of these requirements? Do you think your vendors / resupply partners will be able to help you if many others have the same needs?





5. PRIORITIZE STAFF'S TRAINING NEEDS

1. Focus on top 3-5 hazards when training staff – in this order of

- Life safety threats
- Interruption of facility operations
- Business system failure
- Legal liability/exposure

2. Use priority list when creating tabletop and functional/full-scale exercises.

3. Put a log in your EOP and document your training sessions and exercises (and keep all training documents in an easy to find location)

4. Train ALL staff, contracted employees, volunteers, and st

100%



COMPLETING YOUR HVA



MITIGATION

What are some examples of mitigation?

- **PPE**
- **Redundant communication systems**
- **Practice! Practice! Practice!**
- **Protective devices, alarms**
- **Construction upgrades/changes**
- **Reduce hazard, or remove it**
- **Relocation, or retrofitting**



Just remember – your EOP must reflect your population's unique needs so mitigation should do the same.



6. IMPLEMENT MITIGATION PROCEDURES

Mitigation planning establishes short and long-term actions used to eliminate or reduce the impact of hazards.

Examples of mitigation:





“COOP”

“Continuity of Operations Planning”



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COOP



WHAT IS THE PURPOSE OF DEVELOPING A COOP?

- Identify essential personnel, functions, vendors and service needed to ensure that business operations can continue.
 - Includes information such as:
 - Essential Personnel
 - Essential Functions
 - Critical Resources
 - Vital Records/IT Data Protection
 - Alternate Facility Identification and Location
 - Financial Resources



PURPOSE

- Identify and prioritize key hazards that could affect operations, and outline preparedness and mitigation activities.
- **Includes Preparedness/Response information such as:**
 - Hazard identification and assessment
 - Employee education and training
 - Drills and Exercises timelines and plans for your business
 - First Aid Kits
 - Evacuation Procedures/Event specific procedures (i.e.; Fire, etc.)
 - Shelter in place procedures/Staff notification



COOP



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PLAN DEVELOPMENT – SHARE WITH KEY STAFF!!

The most effective plans are those that are developed collaboratively with input from all leaders in the facility, as well as in consultation with local level emergency management professionals.



COOP



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COOP PLAN DEVELOPMENT CHECKLIST

CONTINUITY OF OPERATIONS PLAN DEVELOPMENT CHECKLIST	
INITIAL PLANNING	
<input type="checkbox"/>	Assemble Planning Team (Administrators, Department Directors, Key Staff, etc.)
<input type="checkbox"/>	Establish mission, team responsibilities and time frame for development of plan
<input type="checkbox"/>	Gather existing emergency plans and documents for plan coordination
COOP PLAN DEVELOPMENT	
<input type="checkbox"/>	Complete Facility Profile
<input type="checkbox"/>	Conduct Hazard Vulnerability Assessment
<input type="checkbox"/>	Identify Essential Functions
<input type="checkbox"/>	Identify Essential Personnel
<input type="checkbox"/>	Identify Critical Resources
<input type="checkbox"/>	Identify Key Vendors and Supplies
<input type="checkbox"/>	Identify Alternate Facility Locations
<input type="checkbox"/>	Discuss Emergency Communications Procedures within facility
<input type="checkbox"/>	Outline Alert and Notification Procedures (chain of communication)
<input type="checkbox"/>	Identify Key Contacts Notification Procedures
<input type="checkbox"/>	Discuss Information Technology Protocols within facility
<input type="checkbox"/>	Complete Computer Hardware and Software Inventory (including tablets)
<input type="checkbox"/>	Record the facilities' Information Technology Security methods
<input type="checkbox"/>	Record all facility/organization vital records (legal documents, HR documents, etc.)
ADDITIONAL PLANNING ELEMENTS	
<input type="checkbox"/>	Develop any Standard Operating Procedures that need to be addressed as a result of the COOP Plan (any new HR policies, operations procedures, incident specific guides such as pandemic influenza, etc.)
<input type="checkbox"/>	Develop a training schedule for management and key staff on COOP Plan procedures
<input type="checkbox"/>	Include copies of vendor/supplier continuity of operations plan as an Appendix to your facility COOP Plan
<input type="checkbox"/>	Identify funding mechanisms in the event that billing cycles are interrupted (i.e. lines of credit, emergency petty cash, account receivable plans with key vendors)



COOP – WHAT SHOULD BE INCLUDED?



FACILITY PROFILE

Facility Name:			
Facility Type:			
Mailing Address:			
Physical Address (if different from above):			
Phone:		Fax:	
Primary contact person able to discuss emergency plans:			
Name:			
Phone:		Email:	
Backup contact person #1 able to discuss emergency plans:			
Name:			
Phone:		Email:	
Does the facility care for OR have the ability to care for special populations, for example, residents on ventilators, dialysis, with dementia, mobility impairments, etc.?			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please list the special populations:			
Average Daily Census:			
Licensed Capacity: <i>Please indicate the capacity of your facility based upon licensing.</i>			
Surge Capacity: <i>Please indicate the maximum number of residents which could be accommodated by your facility with appropriate waivers or flexes.</i>			
Number of staff (full time equivalents):			
Does your facility have a back-up generator?			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, is your facility wired to receive a back-up generator?			
			<input type="checkbox"/> Yes <input type="checkbox"/> No

HVA

EVENT 1	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK 6
	PROBABILITY 2	HUMAN IMPACT 3	PROPERTY IMPACT 4	BUSINESS IMPACT 5	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
National Hazards					
Flood					
Earthquake					
Fire					
Wildland/ Urban Fire					
Severe Weather					
Other (specify)					



MAINTAINING ESSENTIAL FUNCTIONS

- Essential functions are those that provide vital services and sustain your organization's economic base. **FEMA** defines them as **“Those functions that cannot be interrupted for more than 12hours/must be resumed within 30days”**; however given the health status of residents in LTC facilities, many essential services determined may have a lower threshold.
- The essential functions you list should encompass the key activities which your organization fulfills on a day-to-day bases, considering your most essential and time sensitive functions required to care for your residents and run your facility.



ESSENTIAL FUNCTIONS RESTORATION TIMELINE

- Every essential function below is provided a priority listed from A-D. The higher priority is simply a function of the time in which it must be completed, and does not reflect a level of its importance. See below:

ESSENTIAL PROGRAMS/SERVICES RESTORATION PRIORITIES		
Priority	Description	Restoration Timeframe
A	Critical Impact on Health and Safety, Business Operations or Client Services	These programs or services must be restored within 0-5 hours
B	High Impact on Health and Safety, Business Operations or Client Services	These programs or services must be restored within 5-24 hours
C	Moderate Impact on Health and Safety, Business Operations or Client Services	These programs and services must be restored within 24- 72 hours
D	Low Impact on Health and Safety, Business Operations or Client Services	These programs or services can be restored within 72 hours to 2 weeks

CREATING AN ESSENTIAL FUNCTIONS CHECKLIST

- Consider essential functions and priority programs and services to prioritize in your planning. Below are some examples (also included on worksheet provided)
 - Administration
 - Medical Services
 - Client/Resident Services
 - Facility Operations
 - Dietary Services
 - Business Operations
 - Specific Departments





CREATING ESSENTIAL PERSONNEL LIST

- Essential personnel are staff members that are designated by the Administration to be critical to the continuation of key operations (essential function) and services in the event of a COOP activation.
- Consider essential functions positions below:
 - Those that oversee facility operations/ and alternatives
 - Those in key positions that provide Medical Services
 - Those that provide Client/Resident Services
 - Dietary service providers/operations
 - Business Operations (finance, etc.)

TWO MAIN CRITICAL RESOURCES FOR ESSENTIAL FUNCTIONS

■ Human Resources

- Prepared, safety trained employees and leaders (list who is trained for what process)

■ Physical Resources

- Vital records
- Essential Equipment
- Supply Chains
- Financial resources to procure (food, medicine, medical supplies, also cash for emergency supply, equipment procurement, and payroll)





KEY VENDORS						
Name of Vendor	Description of Product or Service	What Activity or Task Does this Vendor Support?	Restoration Time Frame? Priority A, B, C, or D?	Are there multiple vendor supporting this service?	Have you identified a back-up vendor for this service?	Can this vendor satisfy your restoration timeframe?
ESSENTIAL FUNCTION:						
ESSENTIAL FUNCTION:						



ALTERNATE FACILITY / LOCATION-CONDENSE OPS

- Partner facilities not in harms way
 - Collect and keep point of contact and location information up to date.
- Pre-agreements
 - Partnerships with other facilities
 - Evacuations and Surge activity requirements
 - MOAs
- Client care Operations form – create a needs form to maintain ops
- Facility Business Operations form – create a needs form to maintain ops
- Transportation issues/plans/agreements



Evacuation Plan

-Run and run as fast as you can.
Just like you do during closing time.



COOP



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ALTERNATE FACILITY FORM

ALTERNATE FACILITY AND LOCATION				
ALTERNATE LOCATION				
NAME:		<input type="text"/>		
STREET ADDRESS:		<input type="text"/>		
CITY:	<input type="text"/>	STATE:	<input type="text"/>	ZIP: <input type="text"/>
TELEPHONE NUMBER:	<input type="text"/>	IS THERE A PRE-AGREEMENT IN PLACE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
POINT OF CONTACT				
CONTACT NAME:		<input type="text"/>		
EMAIL ADDRESS:		<input type="text"/>		
TELEPHONE NUMBER:	<input type="text"/>	ALTERNATE NUMBER:	<input type="text"/>	
SITE ASSESSMENT				
HOW MANY RESIDENTS CAN THIS FACILITY ACCOMMODATE?		SUPPLIES THAT WOULD BE NEEDED?		
<input type="text"/>		<input type="text"/>		
NUMBER AND TYPE OF STAFF TO WORK HERE:		SUPPLIES ALREADY IN PLACE?		
<input type="text"/>		<input type="text"/>		
REQUIRED TIME TO SET UP OPERATIONS:		<input type="text"/>		
OTHER CONSIDERATIONS:		<input type="text"/>		
▪ POSSIBLE HAZARDS IN THE AREA		<input type="text"/>		
▪ POTENTIAL PERSONNEL ISSUES		<input type="text"/>		
▪ POTENTIAL TRANSPORTATION ISSUES		<input type="text"/>		



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EMERGENCY COMMUNICATIONS

MUST INCLUDE STRATEGIES FOR COMMUNICATION WITH:

- Local Emergency management authorities
- Local emergency responders (police, fire, EMSs)
- Facility staff/residents
- Residents' families
- Other local health care facilities
- Regulatory/licensing agencies
- Suppliers/vendors
- Others (parent company, etc.)



DEVISE BACKUP STRATEGIES FOR COMMUNICATIONS:

- Two-way radios, satellite phones, ham radio operator, social media with rumor control.



COOP



STAFF NOTIFICATION

HOW AND WHO TO NOTIFY STAFF?

- Staff phone tree/automated system/e-mail, etc.
- Staff responsibility when notified
- Staff responsibility for notification of staff
- Backup plans
- Up to date contact list – (Who has updating responsibilities?)
- See sample page provided.



COOP



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TAKE PICTURES AND LOG SERIAL AND MODEL NUMBERS

- Log equipment and hardware serial and model numbers.
- Scan and record warranties as well as receipts for equipment purchases
- Staff responsibility for notification of staff
- Backup plans
- Up to Date contact list – (Who has updating responsibilities?)
- See sample page provided.
- INFORMATION BACKUP AND SECURITY
- Should be done as ongoing process, but is crucial before business interruption
- ID Critical records, customer data, legal and lease documents (store offsite?)

??



THE EMERGENCY OPERATIONS PLAN “EOP”





WHY, WHAT, HOW, WHO.....

Plan Review

- Why do I need an EOP?
- What is an EOP?
- Building an EOP
- EOP Effectiveness
- Responsibility
- Review
- Resources

WHY AN EMERGENCY OPERATIONS PLAN? (EOP)




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WHY

An Emergency Operations Plan is developed in order to:

- Protect residents and staff
- Provide a safe environment
- Protect your livelihood
- Meet CMS standards
- Maintain and protect reputation

A black and white portrait of Winston Churchill, looking slightly to the side with a serious expression.

*He who fails to plan
is planning to fail.*

- Winston Churchill

WHY AN EOP?



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WHY (CONT.)

CMS REQUIREMENT:

- Must develop and maintain an *all-hazards* based plan based upon the risks and vulnerabilities discussed in HVA (*All hazards* – is an integrated approach to emergency preparedness that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters. It is specific to location of provider and considers types of hazards most likely to occur in the area)
 - EOP can guide your organization's response to disasters
 - Update EOP annually for each site
 - EOP must include at least
 - Incident Command System (ICS) to reflect who is in charge
 - Supplies an Equipment to support effective disaster response and recovery
 - Making provisions for patient tracking and vulnerable populations

WHAT IS AN EMERGENCY OPERATIONS PLAN (EOP)?



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WHAT?

An Emergency Operations Plan:

- Describes:
 - Who will do what
 - When it will be done
 - What resources are needed, and
 - What authority allows this to be done
 - Before, during, and immediately after an emergency
 - How will it be assessed for effectiveness
- The EOP provides the structure and processes that the organization utilizes to respond to and recover an incident.



SUCCESS

In order to be successful the EOP must incorporate the following elements:

- Plan provides overview of how organization will organize and coordinate response and recovery activities)
- Executive Summary
 - Introduction/ Overview of purpose, development process,
- Track Change Form
- Organizational Approval
 - Did the stakeholders review and approve of these processes
- Documentation/ Tracking of multidisciplinary team
 - Ensure stakeholders, administrators and subject matter experts involved in the development

BUILDING A SUCCESSFUL EOP (CONT)



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SUCCESS

In order to be successful the EOP must incorporate the following elements:

- Incident Command System (ICS) – Command and control
 - FEMA Free courses Online
 - IS 100, 200, 700
 - Center for Domestic Preparedness (CDP) - free distant learning (Anniston, AL)
- Hazard Vulnerability Assessment (or Analysis) (HVA)
- Emergency Communications Plan
 - Who communicates what to who and how
 - Documents community partners
- Employee Preparedness
- Roles and Responsibilities



SUCCESS

- Annexes explain how particular functions are organized and implemented)
 - Coordinators
- Appendices provide short concise guidance on how to recognize and initiate a response to the priority hazards from the HVA- including initiating ICS organization and developing an Incident Action Plan (IAP)
 - Procedures
 - Evacuation
 - Shelter in Place
 - Power Outage
- Attachments
 - Mutual Aid Agreements/ Memorandum Of Understanding
 - Manuals



EFFECTIVENESS

- Training and testing (with documentation)
 - Ongoing training
 - Ensure all staff, volunteers, and leadership (Board) are trained.
 - Tracking
 - Drills and exercises
 - Required by CMS
 - Train and perform exercises with community partners
 - Annually

HOW DO I ENSURE THE EOP IS EFFECTIVE?



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HOW?

Ensure effectiveness of EOP:

- By testing the plan with drills and exercises
- By Developing 'reflex' responses. This can be done by slowly implementing changes into day to day processes that will aid in creating an organized easy and successful disaster response. (When responding by doing what is already done daily, there is less likely to be confusion)
- By Mitigating those tasks or items discovered as 'gaps' during drills to ensure they are replaced with skills and replacement items to form 'strengths'.
- By ensuring that the staff is personally disaster prepared and able to respond as they were trained to do during a disaster.

WHO IS RESPONSIBLE FOR THE EOP?



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WHO?

- Development and training of the EOP

- Administration

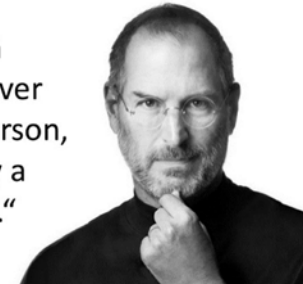
- Leadership

- Management

- Implementation

- All staff, including volunteers, leadership, and Administration

"Great things in business are never done by one person, they're done by a team of people."
- Steve Jobs





WHY, WHAT, HOW, WHO...

The EOP:

- Built for safety and security
 - And to comply with regulations
- Provides structure and organization to respond to and recover from incidents that affect day to day operations
- Developed using existing processes, documents and templates and by implementing change when needed
- Developed by Stakeholder, Leaders Subject Matter Experts
- Implemented by everyone in the organization
- Training and Exercises must involved everyone in the organization
 - Volunteers, Staff, Leadership, Stakeholders



INCIDENT COMMAND, RESPONSES IN EVENTS, INCIDENTS AND EXERCISES



MANAGEMENT BY OBJECTIVES

Effective incident objectives:

- Specific with stated goals to be accomplished
- Measureable and include a standard and timeframe
- Attainable and reasonable
- In accordance with the IC's authorities
- Evaluated to determine effectiveness of strategies and tactics



FUNDAMENTAL PIECES OF A SUCCESSFUL RESPONSE

- Incident Objectives – state what will be accomplished
- Strategies – establish the general plan or direction for accomplishing the incident objectives
- Tactics – specify how the strategies will be executed
- Examples of each



KEY ELEMENTS

An IAP covers an *operational period* (discuss) and includes:

- What must be done.
- Who is responsible.
- How information will be communicated.
- What should be done if someone is injured.

FEMA – ICS ORGANIZATION CHART



CHART CAN EXPAND AND CONTRACT AS NEEDED

INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name: 	2. Operational Period: Date From: Date To: Time From: Time To: 		
3. Organization Chart			
<div style="display: flex; justify-content: space-around; align-items: flex-start;"><div style="text-align: center;"><div style="border: 1px solid black; padding: 5px; width: 150px; margin: 0 auto;">Incident Commander(s)</div><div style="display: flex; justify-content: center; margin-top: 10px;"><div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 5px;">Operations Section Chief</div><div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 5px;">Staging Area Manager</div></div><div style="display: flex; flex-direction: column; align-items: center; margin-top: 10px;"><div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 5px;">Liaison Officer</div><div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 5px;">Safety Officer</div><div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 5px;">Public Information Officer</div></div></div><div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><div style="display: flex; justify-content: space-around; margin-bottom: 10px;"><div style="border: 1px solid black; width: 100px; height: 30px;"></div><div style="border: 1px solid black; width: 100px; height: 30px;"></div><div style="border: 1px solid black; width: 100px; height: 30px;"></div><div style="border: 1px solid black; width: 100px; height: 30px;"></div></div><div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Planning Section Chief</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Resources Unit Ldr.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Situation Unit Ldr.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Documentation Unit Ldr.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Demobilization Unit Ldr.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"></div></div><div style="width: 45%;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Logistics Section Chief</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Support Branch Dir.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Supply Unit Ldr.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Facilities Unit Ldr.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Ground Spt. Unit Ldr.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Service Branch Dir.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Comms Unit Ldr.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Medical Unit Ldr.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Food Unit Ldr.</div></div></div><div style="width: 45%;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Finance/Admin Section Chief</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Time Unit Ldr.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Procurement Unit Ldr.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Comp./Claims Unit Ldr.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Cost Unit Ldr.</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"></div></div></div></div></div>			
ICS 207	IAP Page 	4. Prepared by: Name: Position/Title: Signature: Date/Time: 	

Forms available
free on FEMA
website

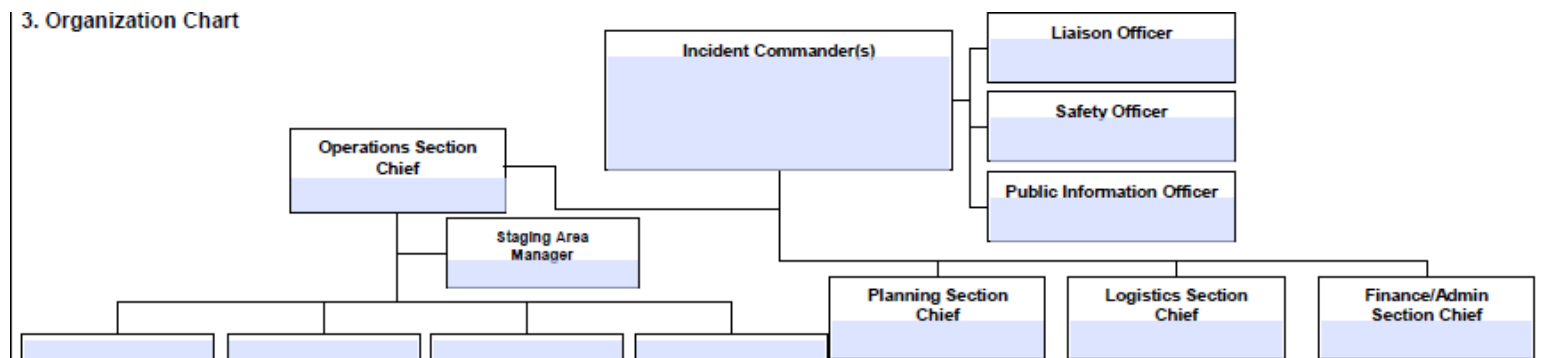
<https://training.fema.gov/emiweb/is/icsresource/assets/ics%20forms/ics%20form%20207,%20incident%20organization%20chart.pdf>

COMMAND STAFF



THE LEAD ROLES

The lead roles are known as the 'command staff'. Each has a designated job to do and designated person to report to and persons that report to them (staying within 'span of control') – discuss



The four 'chief' roles are **Operations**, **Planning**, **Logistics**, and **Finance**.

Think of them as:

the Doers

the thinkers

the getters

the payers



IC AND SECTION CHIEFS

IC – Has overall incident management responsibility delegated by agency executive.
Develops objectives that guide incident response and recovery. Approves IAP.

OPS Chief – Responsible to IC for direct management of all incident-related operational activities. Establishes tactical objectives for each operational period. Has direct involvement in the preparation of the IAP.

Plans Chief – Responsible for maintaining resource status.

- Maintains and displays situation status.
- Prepares IAP.
- Develops alternative strategies.
- Provides documentation services.
- Prepares 'Demobilization Plan'.
- Provides primary location for Tech support assigned to incident.
- Looks beyond current and into next operational period and anticipates potential problems or events.



SECTION CHIEFS (CONT)

Logs Chief – The logistics section is divided into service and support branches and is responsible for all service and support requirements including:

- Communications
- Medical support to incident personnel
- Food for incident personnel
- Supplies, facilities, and ground support

Finance Chief – Section is established when incident management activities require finance and other administrative support services. Handles claims related to property damage, injuries, or fatalities at the incident.

- Units include Time, Procurement, Compensation, Claims, and Cost

IMPORTANCE OF CHAIN OF COMMAND



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WHAT HAPPENS IF NOT FOLLOWED:

*Chain of command in ICS does not necessarily follow chain of authority in the workplace.

*It is necessary to keep key personnel who may be needed for their authoritative role (making key financial and other necessary decisions) should not assume the IC role but should make themselves available as a resource to the IC, for information and key decision making.

***If chain of command is broken or span of control is not followed, a controlled environment can quickly get out of control with too many leaders and not enough workers or too many different answers to the same questions.**

*Consistency is the key to a successful, controlled, effective response.

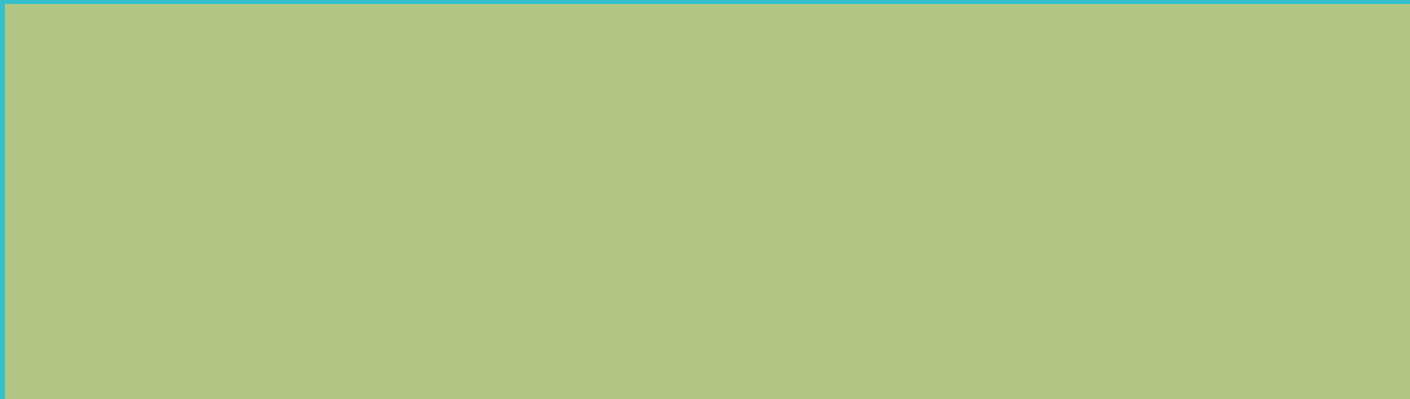
NURSING HOME INCIDENT COMMAND SYSTEM

This system (NHICS) has been developed more recently than existing systems such as FEMA ICS, or Hospital ICS (HEICS), and was developed due to the importance of all healthcare responders being on the same page.

ICS – shares common language, common goals, and common organizational roles so multidisciplinary responders can all know who to ask for, what to say, and what each is trying to accomplish.



EXERCISE DEVELOPMENT AND DESIGN RATIONALE



What is an exercise?



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WHAT IS IT?

- The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of guiding principles for exercise programs
- HSEEP exercise and evaluation doctrine is flexible, adaptable, and is for use by stakeholders across the whole community and is applicable for exercises
- Common Approach:
 - to exercise program management,
 - design and development, conduct,
 - evaluation, and
 - improvement planning.

National Preparedness Goal



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- The National Preparedness Goal identified five mission areas, in which it groups the 32 core capabilities (the distinct critical elements needed to achieve the goal).
- Prevention
- Protection
- Mitigation
- Response
- Recovery

Exercise Requirements - HSEEP



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- Although CMS is not requiring 100% HSEEP compliance Clinics will still need to satisfy certain performance requirements:
 - Conducting two annual Exercises (incl. 1 FSE)
 - Documentation of and meetings for planning and developing of Exercises as well as conducting them
 - Documentation of staff training including volunteer staff
 - Developing and submitting a After-Action Report/Improvement Plan (AAR/IP). Tracking and implementing corrective actions identified in the AAR/IP.

Preparedness Cycle



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Building Block Approach



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DISCUSSION BASED EXERCISES



Tabletop Exercise (TTX). A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures.

Building Block Approach



OPERATIONS BASED EXERCISES



Drill.

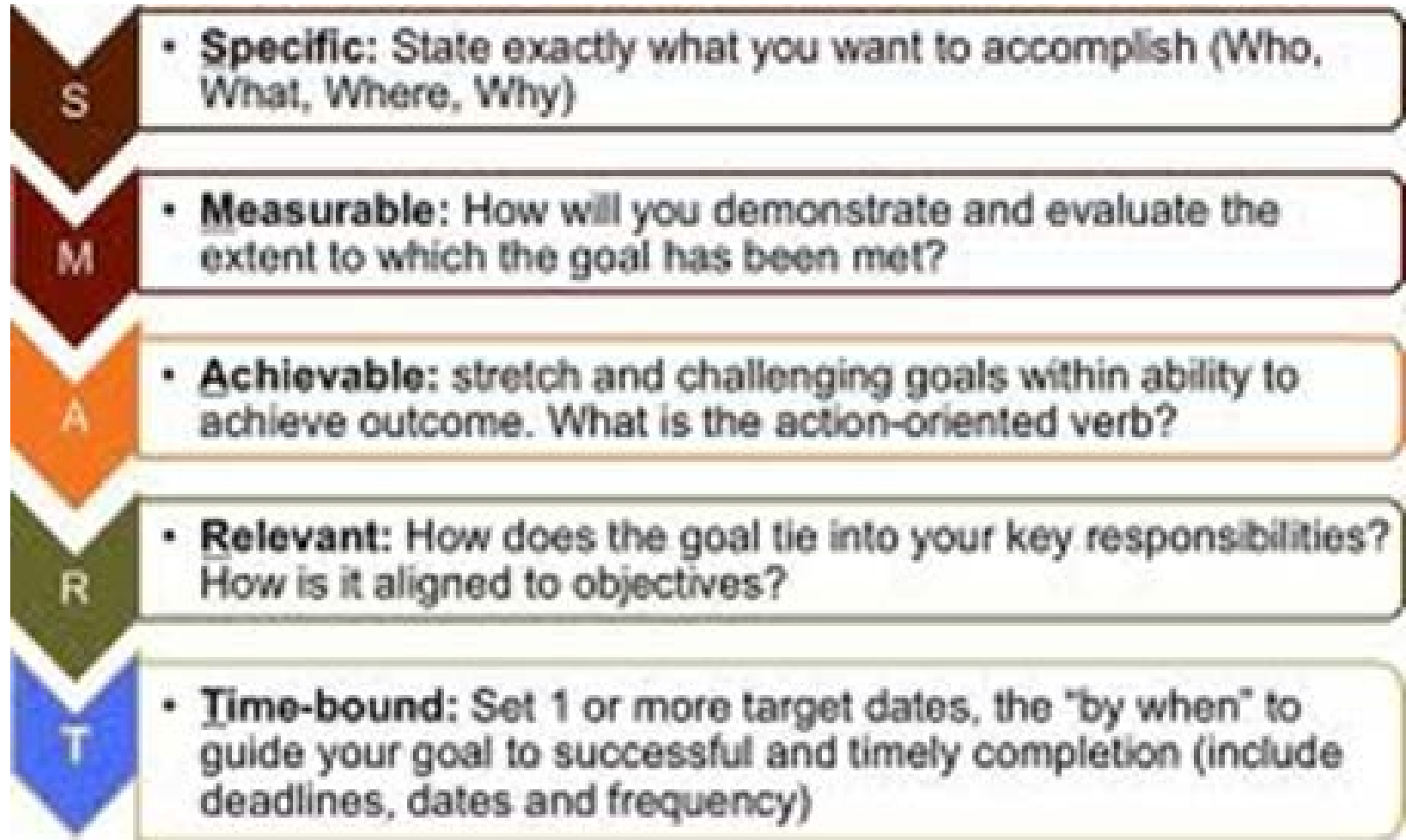
A drill is a coordinated, supervised activity usually employed to test a single, specific operation or function within a single entity (e.g., a fire department conducts a decontamination drill).

Full-Scale Exercises (FSE). A full-scale exercise is a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., joint field office, emergency operation centers, etc.) and "boots on the ground" response (e.g., firefighters decontaminating mock victims).

SMART OBJECTIVES



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Sample Objectives



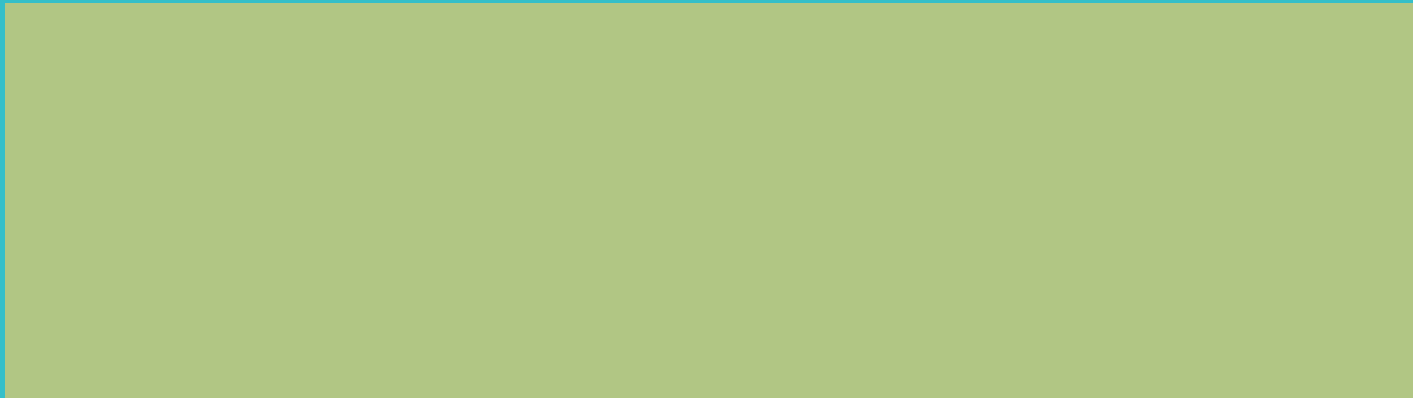
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- **OBJECTIVE ONE**
 - Activate the Nursing Home Incident Command System (NHICS) and Emergency Operations Plan (EOC) within 60 minutes of notification of a Mass Casualty Incident (MCI).
- **OBJECTIVE TWO**
 - Activate medical surge plan within 60 minutes of notification of an MCI.
- **OBJECTIVE THREE**
 - Ensure that a resource management system is in place that enables the facility to obtain and maintain the staff, supplies, and equipment that are needed to respond during an MCI
- **OBJECTIVE FOUR**
 - Maintain communications with jurisdictional partners utilizing at least one redundant form of communications during the exercise to maintain situational awareness and support response.
- **OBJECTIVE FIVE**
 - Procedures are in place to assess resource requirements for mental/behavioral health support and to provide such support during medical surge incidents to staff, patients, and families
- **OBJECTIVE SIX**
 - Begin patient movement and internal patient tracking procedures upon arrival of first patient.

??



BUILD YOUR OWN EXERCISE



DISCUSSION BASED EXERCISE TIMELINE



EXERCISE FOUNDATION



Exercise Foundation	Task	Materials	Timeline (Approximately)
	Develop Exercise Budget	Budget Format	5 months before exercise
	Identify Exercise Planning Team Members	Organization Chart/List of Planning Team Members*	5 months before exercise

EXERCISE FOUNDATION



Exercise Foundation	Task	Materials	Timeline (Approximately)
	Develop Exercise Budget	Budget Format	5 months before exercise
	Identify Exercise Planning Team Members	Organization Chart/List of Planning Team Members*	5 months before exercise

Initial Planning Meeting/ Conference (IPM/IPC)	Task	Materials	Timeline (Approximately)
	Develop Initial Planning materials	<ul style="list-style-type: none"> • IPC presentation • Agenda *** • Sign-In Sheets *** • Invitations • Read-ahead Packet • Participating agency List *** 	3 to 4 weeks before IPC
	Send IPC invitations and read-ahead packet to Exercise Planning Team	<ul style="list-style-type: none"> • Invitations • Read-ahead Packet 	2 to 3 weeks before IPC
	Finalize IPC Materials	<ul style="list-style-type: none"> • IPC Presentation • Agenda*** • Sign-in sheets *** • Master Task List 	3 Days before IPC
	Conduct IPC	2-6 hours	3 months before exercise
	Provide Minutes to Exercise Planning Team	IPC Minutes ***	7 to 9 days after IPC

FINAL PLANNING MEETING



Final Planning Conference/ Meeting	Task	Materials	Timeline (Approximately)
	Develop draft Situation Manual (SitMan)	<ul style="list-style-type: none"> Draft SitMan* 	2 weeks before FPC
	Finalize FPC materials	<ul style="list-style-type: none"> FPC Presentation Agenda* Master task list Sign-in sheet* Draft SitMan* 	1 week before FPC
	Conduct FPC	<ul style="list-style-type: none"> 2-6 Hours 	6 weeks before exercise
	Conduct walkthrough of Exercise site facilities		Following conclusion of FPC
	Provide FPC minutes to Exercise Planning Team	<ul style="list-style-type: none"> FPC minutes* 	7 to 9 days after FPC

CONDUCT EXERCISE



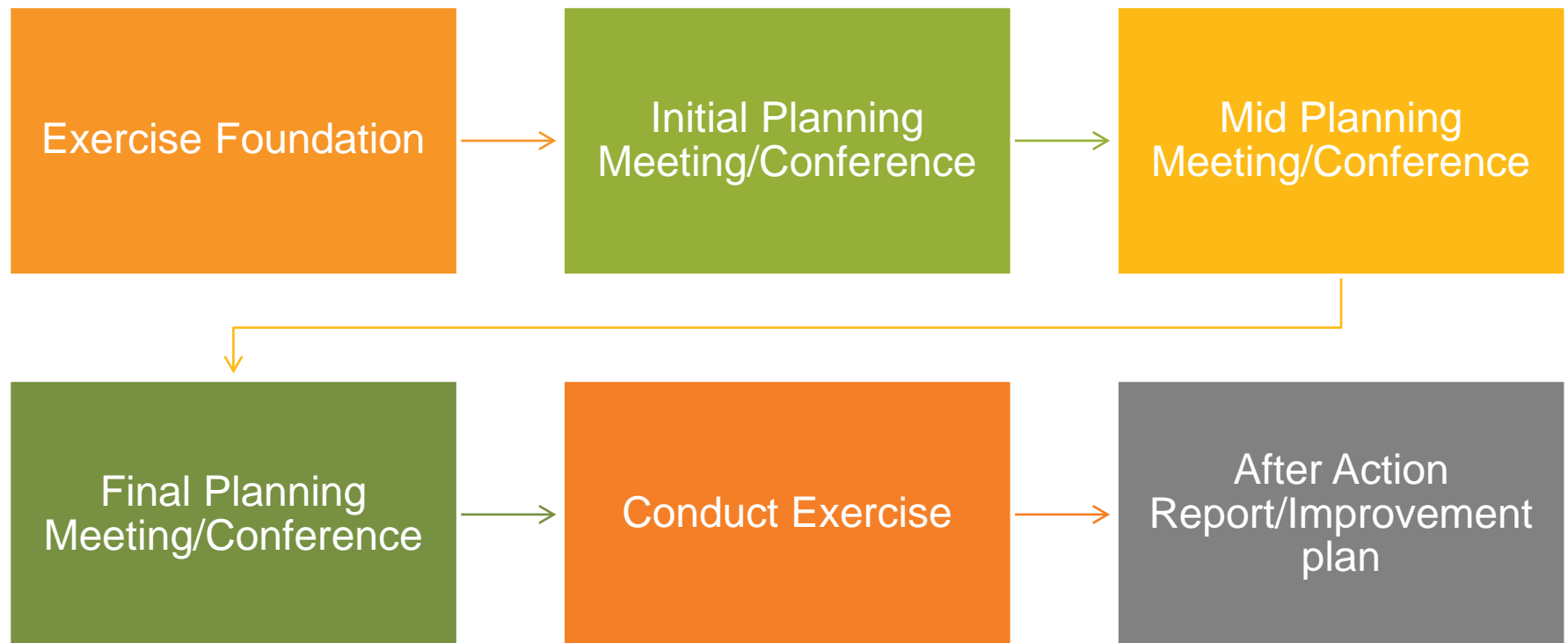
Conduct Exercise	Task	Materials	Timeline (Approximately)
	Finalize SitMan and exercise presentation	<ul style="list-style-type: none"> SitMan* Presentation* 	10 days before exercise
	Set Up Facility and review presentation	<ul style="list-style-type: none"> Presentation* Room layout 	1 day before the exercise
	Conduct Exercise	<ul style="list-style-type: none"> Presentation* SitMan* Sign-In Sheets* Badges 	Exercise
	Conduct Hot Wash/Debriefing	<ul style="list-style-type: none"> Participant feedback forms* 	Immediately after exercise

After Action Report (AAR)/ Improvement Plan	Task	Materials	Timeline (Approximately)
	Develop draft AAR/IP	<ul style="list-style-type: none"> Hot wash minutes Participant feedback forms* Draft AAR/IP* 	3 weeks after exercise
	Send draft AAR/IP to sponsor agency and Exercise Planning Team	<ul style="list-style-type: none"> Draft AAR/IP* 	4 weeks after exercise
After Action Conference	Conduct (or participate in) After Action Conference	<ul style="list-style-type: none"> Presentation Agenda* Sign-in sheets* IP matrix* Draft AAR/IP* 	5 weeks after exercise
Final AAR/IP	Finalize ARR/IP and distribute to sponsor agency and Exercise Planning Team	<ul style="list-style-type: none"> Final ARR/IP* 	2 months after exercise
	Share lessons learned, best practices, and successes identified in final AAR/IP	<ul style="list-style-type: none"> Final ARR/IP* 	2 months after exercise

OPERATIONS BASED EXERCISE TIMELINE



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EXERCISE FOUNDATION



Exercise Foundation	Task	Materials	Timeline (Approximately)
	Develop Exercise Budget	Budget Format	7 months before exercise
	Identify Exercise Planning Team Members	Organization Chart/List of Planning Team Members*	7 months before exercise

Initial Planning Meeting/ Conference (IPM/IPC)	Task	Materials	Timeline (Approximately)
	Develop Initial Planning materials	<ul style="list-style-type: none"> • IPC presentation • Agenda* • Sign-In Sheets* • Invitations • Read-ahead Packet • Participating agency List* 	3 to 4 weeks before IPC
	Send IPC invitations and read-ahead packet to Exercise Planning Team	<ul style="list-style-type: none"> • Invitations • Read-ahead Packet 	2 to 3 weeks before IPC
	Finalize IPC Materials	<ul style="list-style-type: none"> • IPC Presentation • Agenda* • Sign-in sheets* • Master Task List 	3 Days before IPC
	Conduct IPC	2-6 hours	6 months before exercise
	Provide Minutes to Exercise Planning Team	<ul style="list-style-type: none"> • IPC Minutes* 	11 days after IPC

Mid Planning Conference/ Meeting	Task	Materials	Timeline (Approximately)
	Develop draft Exercise Plan (ExPlan)	<ul style="list-style-type: none"> Draft ExPlan* 	30 days before FPC
	Develop draft Master Scenario Events List (MSEL)	<ul style="list-style-type: none"> Draft MSEL* 	Minimum 5 days before MPC
	Finalize MPC materials	<ul style="list-style-type: none"> Draft ExPlan* Draft MSEL* FPC Presentation Agenda* Sign-in sheet* Project Management Timeline 	5 days before MPC
	Conduct MPC	<ul style="list-style-type: none"> 4-6 Hours 	3 months before exercise
	Conduct walkthrough of Exercise site facilities		Following conclusion of MPC
	Provide MPC minutes to Exercise Planning Team	<ul style="list-style-type: none"> MPC minutes* 	14days after MPC

SAMPLE MASTER SCENARIO EVENTS LIST



<i>Exercise Time</i>	<i>Inject #</i>	<i>From</i>	<i>To</i>	<i>Message</i>	<i>Expected Outcome/ Actions</i>
0900	1	SIMCELL	ALL PLAYERS	STARTEX	Exercise begins
0915	2	SIMCELL	Hospitals	The NYSDOH is requesting that all hospitals complete a HERDS survey of current bed availability within one hour.	<ul style="list-style-type: none"> • Hospitals receive IHANS notification • Hospitals complete HERDS survey within one hour and submit to NYSDOH

Final Planning Conference/ Meeting	Task	Materials	Timeline (Approximately)
	Finalize ExPlan	<ul style="list-style-type: none"> ExPlan* 	Minimum 75 days before FPC
	Develop draft Controller and Evaluator (C/E) Handbook	<ul style="list-style-type: none"> Draft C/E Handbook* 	Minimum 10 days before FPC
	Develop media/public information documentation	<ul style="list-style-type: none"> Media/public information documentation 	Minimum 10 days before FPC
	Develop draft communications plan	<ul style="list-style-type: none"> Draft communications plan 	Minimum 10 days before FPC
	Finalize FPC materials	<ul style="list-style-type: none"> Media/ public information documentation Draft C/E Handbook* Draft communications plan* Draft MSEL* ExPlan* FPC Presentation Agenda* Sign-in sheet* 	Minimum 5 days before FPC

Final Planning Conference/ Meeting	Task	Materials	Timeline (Approximately)
	Conduct FPC	<ul style="list-style-type: none"> Media/ public information documentation Draft C/E Handbook* Draft communications plan* Draft MSEL* ExPlan* FPC Presentation Agenda* Sign-in sheet* Project management timeline 	Minimum 6 weeks before exercise
	Finalize C/E assignments	C/E Assignments	Prior to conclusion of FPC
	Finalize assembly area handout	Assembly area handout	Prior to conclusion of FPC
	Provide FPC minutes to Exercise Planning Team	<ul style="list-style-type: none"> FPC minutes* 	2 days after FPC

Exercise Conduct	Task	Materials	Timeline (Approximately)
	Distribute ExPlan to participating agencies and/or organizations	<ul style="list-style-type: none"> ExPlan* 	25 days before exercise
	Conduct C/E training/briefing and distribute Controller Packet and Evaluator Packet	<ul style="list-style-type: none"> Presentaion Controller Packet and Evaluator Packet (C/E Handbook, MSEL, communications plan, C/E assignments) * 	Minimum 1 day before exercise
	Set Up Facility	<ul style="list-style-type: none"> None 	1 day before the exercise
	Conduct Exercise participant briefings (and moulage, if applicable)	<ul style="list-style-type: none"> Actor Brief Actor Wavier Forms Sign-in sheets* Badges Triage/symptom tags* Player Brief* Media/observer brief 	Just prior to start of Exercise
	Conduct exercise	<ul style="list-style-type: none"> All Exercise documents 	Day of Exercise



Exercise Conduct	Task	Materials	Timeline (Approximately)
	Conduct Hot Wash/Debriefing	<ul style="list-style-type: none">Participant feedback forms*	Immediately after exercise
	Conduct C/E debrief	<ul style="list-style-type: none">C/E debrief presentation	Maximum 1 day after exercise
	Provide hot wash minutes, C/E debrief minutes, and Participant Feedback Forms to exercise planning team	<ul style="list-style-type: none">Hot wash minutesC/E debrief minutes*Participant Feedback Forms*	3-4 days after exercise

After Action Report (AAR)/ Improvement Plan (IP)	Task	Materials	Timeline (Approximately)
	Develop draft AAR/IP	<ul style="list-style-type: none"> Draft AAR/IP* 	2-3 weeks after exercise
	Send draft AAR/IP to sponsor agency and Exercise Planning Team	<ul style="list-style-type: none"> Draft AAR/IP* 	4 weeks after exercise
After Action Conference	Conduct After Action Conference	<ul style="list-style-type: none"> Presentation Agenda* Sign-in sheets* IP matrix Draft AAR/IP* 	5 weeks after exercise
Final AAR/IP	Finalize ARR/IP and distribute to sponsor agency and Exercise Planning Team	<ul style="list-style-type: none"> Final ARR/IP 	2 months after exercise
	Share lessons learned, best practices, and successes identified in final AAR/IP	<ul style="list-style-type: none"> Final ARR/IP* 	2 months after exercise
	Track Improvements	<ul style="list-style-type: none"> Final AAR/IP* 	Continuous, with annual reviews



ANY QUESTIONS?



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OR COMMENTS?

WE HAD A WONDERFUL TIME!!! WE HOPE YOU DID TOO!

