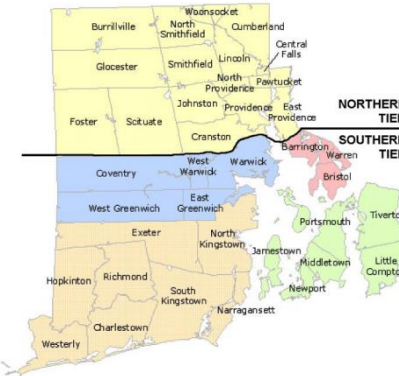


Rhode Island

Long Term Care Mutual Aid Plan (LTC-MAP)



2018 Rhode Island Long Term Care Mutual Aid Plan (RI LTC-MAP) Regional Facility Evacuation After-Action Report/Improvement Plan

Southern Region – June 20, 2018
Northern Region – June 21, 2018

Date: November 1, 2018



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PREFACE

This full-scale exercise was designed for the Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP) and developed through a contract between Rhode Island Department of Health (RIDOH) and Russell Phillips & Associates (RPA), a JENSEN HUGHES Company. Both RPA, a JENSEN HUGHES Company, and RIDOH produced the materials for the exercise, including this After-Action Report (AAR), which follows guidance set forth in the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

The focus of this year's exercise centered on the role of a Disaster Struck Facility (DSF). To this end, each participating LTC-MAP member served as a DSF in the exercise. Both LTC-MAP regions (North and South) exercised on their assigned date, providing an opportunity for all participating LTC-MAP members to practice and test their internal emergency operations plans, along with components of the LTC-MAP. As an element of this, RPA, a JENSEN HUGHES Company, and RIDOH conducted several onsite visits to LTC-MAP members to ensure all components of the exercise were being fulfilled, as well as to identify best practices and areas for improvement in the LTC-MAP system and members' internal responses.

This exercise was one in a series of annual exercises conducted for the Rhode Island LTC-MAP to promote familiarity of the LTC-MAP system within the long-term care and assisted living communities and to test components and processes of that system.

This exercise was designed to comply with the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation §483.75(m)(2) that requires facilities to conduct periodic reviews of their disaster procedures. Conducting and evaluating this exercise also provided an opportunity for RIDOH and the Healthcare Coalition of Rhode Island (HCRI) to fulfill requirements of the Hospital Preparedness Program's (HPP) Health Care Preparedness and Response Capabilities, which serve as focal points of many of RIDOH's and HCRI emergency preparedness and response activities:

Capability 1: Foundation for Health Care and Medical Readiness

Objective 4, Activity 1: Promote Role-Appropriate National Incident Management System Implementation

Objective 4, Activity 2: Educate and Train on Identified Preparedness and Response Gaps

Objective 4, Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations

Objective 4, Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements

Objective 4, Activity 5: Evaluate Exercises and Responses to Emergencies

Objective 4, Activity 6: Share Leading Practices and Lessons Learned

Conducting and evaluating this exercise also allowed RIDOH and HCRI the opportunity to fulfill requirements of one of the Centers for Disease Control and Prevention's (CDC's) Public Health Preparedness Capabilities:

Capability 1: Community Preparedness

Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts

*Note: These were not the capabilities that were **tested** through exercise play, which are identified in the "Exercise Overview" section.*

HANDLING INSTRUCTIONS

1. The title of this document is the 2018 RI LTC-MAP Regional Facility Evacuation Full-Scale Exercise After-Action Report with Improvement Plan.
2. Information gathered in this AAR is designated as For Official Use Only (FOUO) and should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the RIDOH and RPA, a JENSEN HUGHES Company, is prohibited.
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4. For questions or to request additional information about this AAR, please refer to the exercise points-of-contact listed on the following pages.

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EXERCISE OVERVIEW

Exercise Name	2018 Full-Scale Exercises: All Members Exercised as Disaster Struck Facilities (DSFs) Exercise Plan
Exercise Dates	Southern Region – June 20, 2018 8:30am – 12:45pm Northern Region – June 21, 2018 8:30am – 12:45pm
Exercise Scope	<p>In this year’s exercise, all Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP) members participated as Disaster-Struck Facilities that had been impacted by a tropical storm. Resident Accepting Facilities were simulated by the exercise controllers. This allowed members the opportunity to test not only elements of the LTC-MAP, but also their own internal emergency plans. Components of the LTC-MAP and internal plans that were tested include:</p> <ul style="list-style-type: none">• Activation of facility command centers;• Reporting operational status;• Completion of Transportation Evacuation Surveys;• Activation and setup of internal holding areas;• Matching residents to available Resident Accepting Facility beds; and• Submission of the “Resident/Medical Record/Staff/Equipment” tracking sheet to RIDOH. <p>While evacuation of DSFs were notional, all members received a request to complete their Transportation Evacuation Survey using real information from their current censuses. Members were also asked to simulate the evacuation of their floor(s) using at least two of their staff members or other volunteers to act as mock residents. This helped members test their internal evacuation plans.</p> <p>Minimal activity occurred at RIDOH’s Department Operations Center (DOC). Personnel who normally operate in the DOC, specifically RIDOH and HCRI personnel, partnered with RPA, a JENSEN HUGHES Company, consultants to conduct visits to LTC-MAP</p>

members' facilities/communities during the exercise. They were able to observe their internal responses and identify best practices and potential areas for improvement to the LTC-MAP.

Even though RIDOH's DOC was not fully operational, LTC-MAP members were asked to submit completed Resident/Medical Record/Staff/Equipment tracking sheets to RPA, a JENSEN HUGHES Company, after matching evacuating residents with available beds at simulated Resident Accepting Facilities. Information pertaining to open beds in the region, as well as the beds' categories of care, were given during exercise play.

Mission Area(s)

Response

Public Health Preparedness Capabilities and Healthcare System Preparedness Capabilities with Associated Objectives/ Functions

The capabilities listed below, as identified in the Public Health Preparedness (PHP) Capabilities issued by the Centers for Disease Control and Prevention (CDC) in 2011, as well as the Health Care Preparedness and Response (HCPR) Capabilities, National Guidance for Healthcare System Preparedness, published in November 2016, provide the foundation for development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate performance of the following capabilities and their associated critical tasks:

HCPR Capability 1: Foundation for Health Care and Medical Readiness
Objective 2, Activity 2: Assess Regional Health Care Resources

HCPR Capability 2: Health Care and Medical Response Coordination
Objective 2, Activity 3: Utilize Communications Systems and Platforms
Objective 3, Activity 1: Identify and Coordinate Resource Needs during an Emergency
Objective 3, Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

HCPR Capability 3: Continuity of Health Care Services Delivery
Objective 6, Activity 1: Develop and Implement Evacuation and Relocation Plans
Objective 6, Activity 2: Develop and Implement Evacuation Transportation Plans

HCPR Capability 4: Medical Surge
Objective 2, Activity 2: Implement Out-of-Hospital Medical Surge Response

	<p>PHP Capability 6: Information Sharing <u>Function 3:</u> Exchange information to determine a common operating picture</p> <p>PHP Capability 10: Medical Surge <u>Function 1:</u> Assess the nature and scope of the incident</p>									
<p>Threat or Hazard</p>	<p>Tropical Storm</p>									
<p>Scenario</p>	<p>A tropical storm caused localized flooding, power outages, and structural damage to all nursing homes and assisted living communities in Rhode Island. With the threat of another tropical storm coming up the coast in the next 72 hours, all LTC-MAP members were forced to evacuate their facilities or communities.</p>									
<p>Sponsor</p>	<p>Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP) Funded by: Rhode Island Department of Health (RIDOH) through the Public Health Emergency Preparedness Cooperative Agreement provided by the Centers for Disease Control and Prevention and CMS Civil Monetary Penalty Funds provided by the RI Executive Office of Health and Human Services</p>									
<p>Participating Organizations</p>	<table border="1"> <thead> <tr> <th data-bbox="423 1230 1373 1266">Participating Agencies and Organizations</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 1272 1373 1377">The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital Association of Rhode Island [HARI])</td> </tr> <tr> <td data-bbox="423 1383 1373 1451">All long-term care facilities and assisted living communities in Rhode Island</td> </tr> <tr> <td data-bbox="423 1457 1373 1524">Local fire departments, EMS, and emergency management officials</td> </tr> <tr> <td data-bbox="423 1530 1373 1566">RPA, a JENSEN HUGHES Company</td> </tr> <tr> <td data-bbox="423 1572 1373 1608">Rhode Island Assisted Living Association</td> </tr> <tr> <td data-bbox="423 1614 1373 1650">LeadingAge Rhode Island</td> </tr> <tr> <td data-bbox="423 1656 1373 1692">Rhode Island Health Care Association</td> </tr> <tr> <td data-bbox="423 1698 1373 1734">Rhode Island Long-Term Care Ombudsman</td> </tr> </tbody> </table>	Participating Agencies and Organizations	The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital Association of Rhode Island [HARI])	All long-term care facilities and assisted living communities in Rhode Island	Local fire departments, EMS, and emergency management officials	RPA, a JENSEN HUGHES Company	Rhode Island Assisted Living Association	LeadingAge Rhode Island	Rhode Island Health Care Association	Rhode Island Long-Term Care Ombudsman
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Rhode Island Assisted Living Association										
LeadingAge Rhode Island										
Rhode Island Health Care Association										
Rhode Island Long-Term Care Ombudsman										

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Acronyms

CMS:	Centers for Medicare and Medicaid Services
DOC:	Department Operations Center
DSF:	Disaster Struck Facility
EMD:	Emergency Management Director
EMS:	Emergency Medical Services
HCRI:	Healthcare Coalition of Rhode Island
LTC-MAP:	Long Term Care Mutual Aid Plan
RAF:	Resident Accepting Facility
RIDOH:	Rhode Island Department of Health

ANALYSIS OF CORE CAPABILITIES

The following section provides an overview of the performance related to each exercise objective and associated capability, highlighting strengths and areas for improvement.

HCPR Capability 2: Health Care and Medical Response Coordination

- **Objective 2, Activity 3: Utilize Communications Systems and Platforms**
- **Objective 3, Activity 1: Identify and Coordinate Resource Needs during an Emergency**

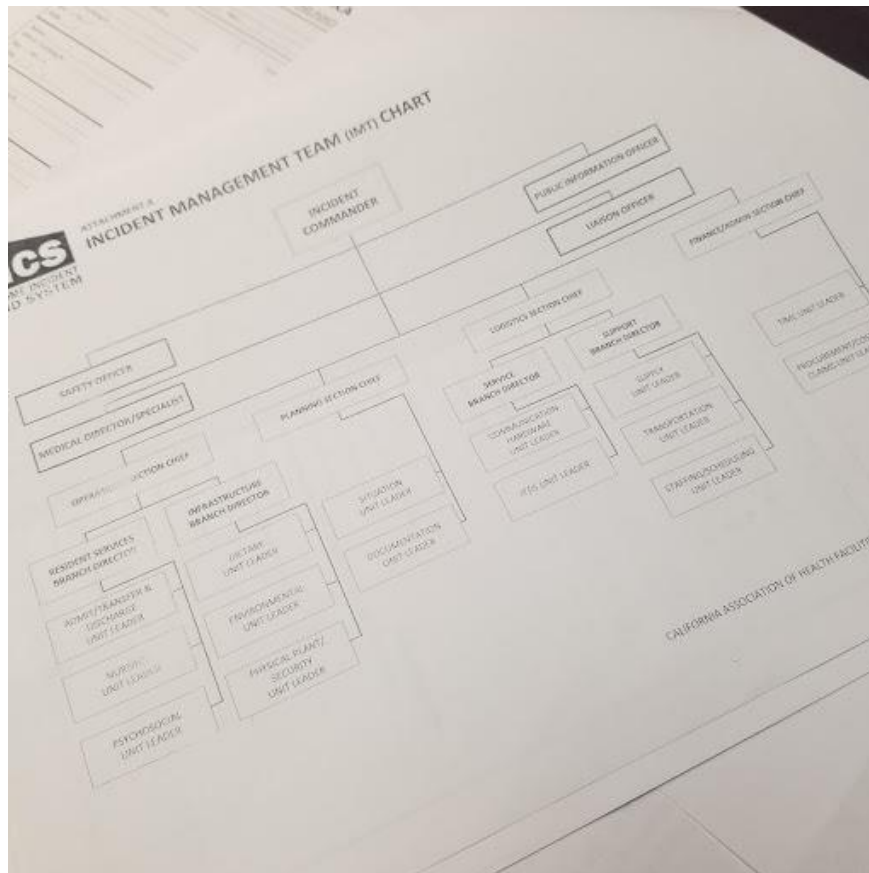
Strength 1: Key Incident Command System (ICS) Roles.

More members than previous years stated they implemented some level of ICS. Members have been taught that ICS can and should be used during disasters that affect their facilities. LTC-MAP members focused on key positions and worked with municipal partners to establish unified command.

Throughout the exercise, it was clear that most participating members had some form of incident management structure, including assignments for Incident Commander, Operations Section Chief, Logistics Section Chief, and Planning Section Chief. This is a positive step for the LTC-MAP. In previous exercise years, these positions were not filled.

Below: West View Nursing & Rehabilitation Center Leadership assigning ICS Roles.





Above: St. Elizabeth Home using ICS during full-scale exercise

Strength 2: Disaster Notification.

Facilities utilized various technological platforms to notify staff of the disaster and to recall staff to achieve optimal staffing levels. Many of the members used internal call trees or vendor-supplied electronic systems to call back additional staff to help manage the incident. Should an event like this occur, members will want to ensure their staffing levels are managed appropriately early in the response. Several members also contacted residents' families to alert them to the situation and to determine if certain residents could be sent home, in lieu of relocating to an RAF. (Note: Because this was an exercise, facilities used this opportunity to validate families' contact information. It was made clear on calls that this was an exercise, not a real-world evacuation.) Electronic systems used included VoiceFriend, Nixle, and others.

Strength 3: Setting up Holding Areas.

During the hotwash call, many of the LTC-MAP members described how they fully set up their holding areas with appropriate staffing, equipment, and medical supplies, which was a first-time experience for many of them, as most of these members have never

evacuated due to an emergency or during an exercise. These facilities and communities now have a better understanding of where to set up their holding areas and the time it will take to do so.

One facility purchased large plastic bins to place resident belongings in. These included clothes, eyewear, hearing aids, charts, medication, and other essential items. This facility purchased bins for all residents. The same facility is also working on a proper labeling system for each bin and resident.



Below are pictures of various holding areas:



Above: Roberts Health Centre Holding Area



Above: Kent Regency Holding Area

Area for Improvement 1: Incident Action Plan.

LTC-MAP members did not all fully develop an Incident Action Plan.

Reference: DSF Observers

Analysis: During onsite visits to eleven DSFs, observers noted that many members did not completely develop an Incident Action Plan (IAP). Although RPA, a JENSEN

HUGHES Company, provided an Incident Action Plan package on the website as a resource to members, many members did not have a clear understanding of how to implement such a plan or the reason for developing it.

Developing and documenting an IAP is a critical step in any incident response, as it can be used to drive the decision making and actions for any operational period. Having this plan “front and center” (e.g., displayed on a white board, formal form, or other method; see photo below) throughout a response can help keep the responding team on track and focused. RPA, a JENSEN HUGHES Company, has provided a guide to assist members in developing IAPs. This Quick Start guide can be a valuable addition to members’ Emergency Operations Plans.

Area for Improvement 2: Local Emergency Contact Information.

Some members did not have established relationships with and/or contact information for their municipal emergency management directors (EMDs) or other key contacts.

Reference: DSF Observers / Hotwash Call

Analysis: In any disaster, it is important for LTC-MAP members to contact their municipal EMD, who can help find key resources like buses, cots, fans, or other items to assist a DSF. Furthermore, when power is lost, the name, phone number, and account information to the power company must be readily available. The Emergency Manager / Power Company Information quick reference, developed by RPA, a JENSEN HUGHES Company, can help keep key contact information handy.

HCPR Capability 3: Continuity of Health Care Services Delivery

- **Objective 6, Activity 1: Develop and Implement Evacuation and Relocation Plans**
- **Objective 6, Activity 2: Develop and Implement Evacuation Transportation Plans**

Strength 1: Updated Evacuation Site.

Fifteen (15) LTC-MAP members updated their evacuation sites via the LTC-MAP website either during or after the exercises. This demonstrates the positive steps facilities and communities are taking to ensure they have potential evacuation sites identified and planned for.

Area for Improvement 1: Incomplete Transportation Evacuation Survey.

Not all LTC-MAP members completed the Transportation Evacuation Survey during the exercises.

Reference: LTC-MAP Website

Analysis: Part of the exercise’s intent was to provide all LTC-MAP members an opportunity to complete Transportation Evacuation Surveys based on real resident information. This survey helps determine proper modes of transportation LTC-MAP members will require to safely evacuate their respective facilities. Only 37% (56 out of 154) of all LTC-MAP members completed this task during the exercises.

Transportation Requirements

Sort By: Created Date

[+ Add a Transportation Survey](#)
[Printable List](#)
[Instructions](#)
[Refresh](#)
 Most Recent Update: 21 Jun 2018 3:05:15 PM

Level of Care / Area	Total Patients	Transportation Requirements										Special Needs				Notes	
		CCT	CCT - NICU	CCT - PICU	CCT - Bariatric	ALS	ALS - Bariatric	BLS	BLS - Bariatric	Chair Car / Wheelchair	Chair Car / Wheelchair - Bariatric	Normal Means - Bus / Car	Continuous O ₂	Vent	Medical Equipment (unable to discontinue)		Dementia Secured
	93	0	0	0	0	0	0	10	2	31	0	50	2	0	2	46	
Nursing Ho... 110 bed nursing facility	93	0	0	0	0	0	0	10	2	31	0	50	2	0	2	46	-

Area for Improvement 2: Emergency Evacuation Forms.

LTC-MAP members were unaware of the location of Emergency Evacuation Forms.

Reference: RPA, a JENSEN HUGHES Company

Analysis: After the exercises, RPA, a JENSEN HUGHES Company, received several phone calls and emails regarding where to find the triplicate forms that were provided during the rollout of the LTC-MAP several years ago. This may be due to change in leadership and/or buildings. All members should have the following forms readily available:

- Emergency Evacuation Forms
- Resident/MR/Staff/Equipment Tracking Sheet Forms
- Influx Logs

Area for Improvement 3: Community Partners not Familiar with LTC-MAP.

Reference: DSF Observers

Analysis: Ensuring appropriate response partners are aware of expected actions during an evacuation is critical. The LTC-MAP is designed to not only assist with resident placement and any immediate needs or resources, but also to ease the burden on local community partners such as fire departments and EMS, who may be overwhelmed responding to a disaster-struck municipality. LTC-MAP members should reach out to their community partners to secure engagement in future trainings and exercises, so that when a disaster does occur, these essential partners are familiar with the actions the facility plans to take.

Area for Improvement 4: DSFs With Multiple Floors Not Prepared for a Vertical Evacuation.

Reference: DSF Controllers

Analysis: The evacuation of multi-story buildings can be challenging. Many members suggested their local fire departments or EMS would take on this responsibility. While it may be true that they can be of assistance, their availability may be limited in large-scale disasters. Members should, therefore, develop and maintain robust full building evacuation plans that address how to move residents vertically should the elevators not be operational, with or without external assistance. This plan should be tested in drills and exercises regularly. Inviting Fire Departments and EMS to these drills and exercises is strongly encouraged.

PHP Capability 6: Information Sharing

- **Function 3: Exchange information to determine a common operating picture**

Area for Improvement 1: Plan Member Participation.

LTC-MAP members' participation declined since past years.

Reference: RPA, a JENSEN HUGHES Company

Analysis: The new CMS rule, *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*, which took effect on November 15, 2017, states that nursing homes must conduct at least one full-scale exercise per year. Given this regulatory change, it was anticipated that there would be a higher rate of nursing home participation in the 2018 exercises. RPA, a JENSEN HUGHES Company, developed a Facility Participation Report for all members to use to document their participation and facility-specific lessons learned in this full-scale exercise.

In the expected action guide provided to LTC-MAP members for the 2018 exercises, the following benchmarks were established to document a facility's participation:

- Completion of Emergency Reporting:
 - Within 30 minutes, as requested
 - By the end of the exercise (2.5 hours from LTC-MAP activation)
 - Did not complete
- Submitted response regarding how to transport most complex resident
- Submitted response on transferring of electronic medical records
- Submitted response on transferring of medication to resident accepting facility (RAF)
- Submitted photos of the following areas:
 - Command Center
 - Resident Movement

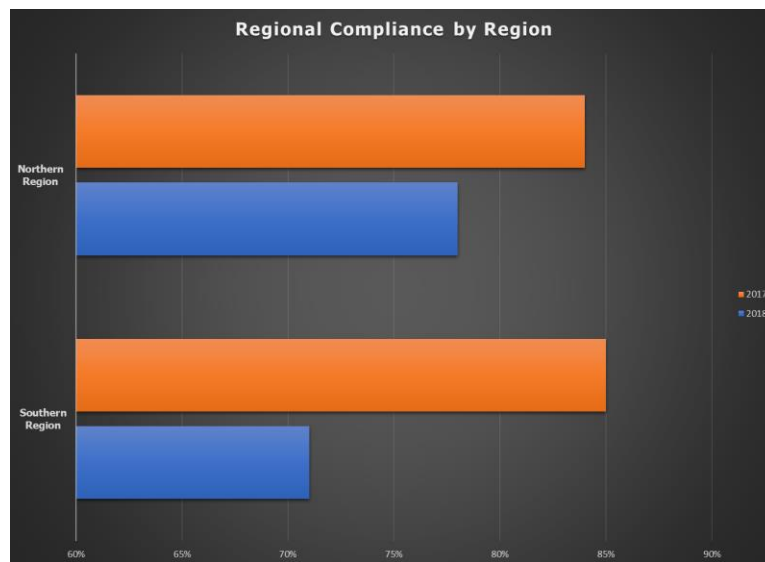
- Holding Area
 - Updated Transportation Evacuation Survey on the LTC-MAP website
 - Participated on the post-exercise conference call

More detailed information can be found within the Facility Participation Report attached to this report or at www.mutualaidplan.org/ri under documents.

In 2017, 84% reported (both regions) during the exercise. This includes nursing homes, as well as assisted living communities. In 2018, combined total for emergency reporting for both regions was 75%. This includes nursing homes, as well as assisted living communities. That is a decrease of overall emergency reporting of 9%.

For the Southern Region, 85% of total members reported in 2017. In 2018, only 71% of all members conducted their emergency reporting. The Northern Region had 84% in 2017, compared to 78% this year.

Some factors that may have contributed to this decline in participation is addition of assisted living communities being added to the plan, leadership change within buildings, not having enough key contacts listed under the “Contacts” tab within the website, and outdated contact information (e.g., change in phone numbers, emails). Inaccurate contact information can cause facilities to miss notifications related to both exercises and real-world incidents.



During this exercise, it was noted that more nursing homes participated than last year. Facilities that participated did so at a higher level and many met the benchmarks that were established via the expected action guide provided to all LTC-MAP members. However, there is always room for improvement. As noted last year as well, there was a

low percentage of assisted living communities that participated. RPA, a JENSEN HUGHES Company, will review strategies to improve participation among the assisted living communities in 2019. Please reference Appendix C for the Plan Member Participation Report by region.

Area for Improvement 2 : Incident Command Center Communications.

Reference: DSF Observers

Analysis: Area for Improvement 3: It was noted on the hotwash conference calls and by DSF Controllers that facilities struggled to identify the location of Command Centers and the supplies and equipment that should be available within them. To clarify this issue, RPA, a JENSEN HUGHES Company, developed a reference guide that details the recommended equipment that should be placed in members' Command Centers.

Area for Improvement 3: Facilities Lacking a Robust Recovery Plan.

Reference: DSF Observers / DSF Onsite Evaluators / Hotwash Conference Call

Analysis: It was noted that not all LTC-MAP members had a robust Recovery Plan. It is highly recommended that all facilities engage in a contract with at least one restoration company prior to an emergency to ensure that restoration services can be provided should a disaster impact the facility/community. RPA, a JENSEN HUGHES Company, would further recommend that members develop a Recovery Plan that includes considerations related to structural and utility stability, life safety functions, vital consumable materials, and more.

CONCLUSION

Each year, the RI LTC-MAP offers training, drills, and exercises to ensure all LTC-MAP members are aware of how to handle an internal or external disaster that may require resident relocation. Many important strengths were identified in this year's LTC-MAP exercises, highlighting the continued maturation of Rhode Island's ability to respond through the LTC-MAP.

During this year's exercise, observers and evaluators noticed an even stronger presence of community partners, such as local fire departments, Red Cross representatives, local emergency managers, and others.

Furthermore, many of the members utilized the Incident Command System in some form to coordinate their internal responses (e.g., wearing vests, establishing positions within the Incident Command System, using the ICS 202 form).

Areas of potential improvement were identified in the exercises. In the 2018 exercises, there was a 10% decrease in emergency reporting throughout both days. Many of the members did update key information like contacts, transportation surveys, and generator information in the LTC-MAP system. Those LTC-MAP members who participated in the hotwash conference calls stated they were successful with setting up and managing their internal holding areas.

Along with efforts to increase emergency reporting in future drills and exercises, the LTC-MAP will continue to focus on resident tracking and ensuring proper placement of the residents to RAFs. Throughout this year's exercises, LTC-MAP members were given a choice of two or three mock RAFs to which they had to relocate their residents. Each mock RAF had a list of open beds and various categories of care. Each LTC-MAP member properly identified where to send each of the residents based on the type of care that was given at each mock RAF.

Another tool valuable to ensure a coordinated response is the development of an Incident Action Plan (IAP). Typically accomplished by the Facility Incident Command Team, the IAP drives the decision making and actions for any operational period. Having the IAP "front and center" (e.g., displayed on a white board, form, or other method) throughout a response will keep the team on track and focused. It was observed at several sites that members had not fully developed these IAPs. RPA, a JENSEN HUGHES Company, has developed guidance to help members accomplish this in the future.

To assist LTC-MAP members in complying with the new CMS Emergency Preparedness Rule, RPA, a JENSEN HUGHES Company, developed a Facility After-

Action Report and Improvement Plan template. If properly completed and documented by the facility, this will meet facilities' requirement to participate in a full-scale exercise.

The LTC-MAP will continue to build off of each year's exercises with the goal of strengthening members' collective ability to effectively manage such a disaster. Disasters can happen at any time, and members must remain in a constant state of readiness.