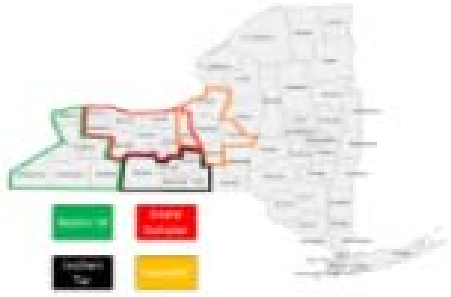
SOUTHERN TIER MUTUAL AID PLAN (LTC-MAP)

REGIONAL FACILITY EVACUATION & RESOURCE / ASSET SUPPORT *FULL-SCALE EXERCISE* SEPTEMBER 15, 2021



AFTER ACTION REPORT & IMPROVEMENT PLAN

Report Date: December 15, 2021

Report Prepared By:

JENSEN HUGHES

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EXERCISE OVERVIEW

Exercise Name	**2021 Southern Tier Mutual Aid Plan (LTC-MAP) Regional Facility Evacuation & Resource / Asset Support Full-Scale Exercise**
Exercise Date	Wednesday, September 15, 2021, 9:00am - 12:30pm
Scope	This Full-Scale Exercise was planned for Wednesday, September 15, 2021, for all Southern Tier Mutual Aid Plan (LTC-MAP) Member Facilities. Exercise play was limited to the scope of the exercise. The emphasis of this exercise was to implement the LTC-MAP and to provide practice, as well as opportunity to improve the plan, with a focus on the MAP Web-Based technology system, emergency reporting, resident evacuation, communications, and the ability of Resident Accepting Facilities (RAFs) to manage an influx of residents. This included the Regional Coordinating Center operations to support the event. This exercise began with the necessary evacuation of one Disaster Struck Facility (DSF). The DSF was controlled by a Jensen Hughes team member to drive exercise play and provide manufactured information that suits the exercise needs (types, number of residents, etc.). The DSF provided real-time information to the Regional Coordinating Center and the RAFs, including clinical information and hand-off discussions, Resident Evacuation Tracking Sheets (identifying what residents were evacuating where), and other information, as necessary. All plan members participating therefore, acted as RAFs other than the one identified DSF. These members were expected to communicate with the DSF and/or the RCC during the preparation, evacuation, and final relocation of the mock (paper) residents. RAFs received, via an e-mail message, all the necessary information on the residents and when they arrived. All participating facilities were expected to complete a Facility After Action Report and Improvement Plan documenting their participation. All participating plan members, in addition to being a DSF or RAFs, had the opportunity, through exercise-provided injects, to test their internal plans due to escalating situations affecting their facilities.
Mission Area(s)	Response

2017-2022 Health Care Preparedness and Response Capabilities with associated Objectives	The capabilities listed below, as identified in the 2017-2022 Health Care Preparedness and Response Capabilities, published in November 2016, provided the foundation for development of the exercise objectives and scenario. The purpose of this exercise was to measure and validate performance of the following capabilities and their associated critical tasks: **HCP&RC Capability 2:** Health Care and Medical Response Coordination Objective 2: Utilize Information Sharing Procedures and Platforms Objective 3: Coordinate Response Strategy, Resources, and Communications **HCP&RC Capability 3:** Continuity of Health Care Service Delivery Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation **HCP&RC Capability 4:** Medical Surge Objective 2: Respond to a Medical Surge
Threat or Hazard	Extreme weather emergency: Torrential rains and winds are being experienced in multiple communities resulting in downed trees, structural damage, loss of normal power, and unreliable generator power with some facilities.
Scenario	High winds and rain impacted nursing homes and assisted living communities. The evacuation of one facility took place. "Mock Paper Residents" were evacuated to other facilities due to internal flooding, building structural damage, unreliable generator power, and loss of commercial street power.
Sponsor	**Southern Tier Mutual Aid Plan (LTC-MAP)**
Participating Organizations	**Participating Organizations** Jensen Hughes, Inc. Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSFs & RAFs) Southern Tier MAP RCC: Chemung County Nursing Facility, Elmira, NY Southern Tier MAP DSF: Elderwood at Waverly, Waverly, NY Resident Accepting Facilities (identified in Appendix C: Facility Participation Report)

Points of Contact

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Acronyms

BLS:	Basic Life Support (Ambulance)
DSF:	Disaster Struck Facility
EMS:	Emergency Medical Services
HCP&RC:	Health Care Preparedness & Response Capabilities
JH:	Jensen Hughes
NHICS:	Nursing Home Incident Command System
RCC:	Regional Coordinating Center
RAF:	Resident Accepting Facility

EXECUTIVE SUMMARY

MAJOR STRENGTHS

The major strengths identified during this exercise are as follows:

- **Plan Member Facility Command Centers.** LTC-MAP members took this full-scale exercise as an opportunity to stand up their internal leadership / incident management team and setup a command center within their facilities. Some plan members took the opportunity to invite and work with community partners. Local Fire Departments, EMS, Emergency Management Directors and Local Health Departments were onsite in some member's command centers to help manage the simulated disaster, build relationships, and work together.

Photo: DSF Command Center – Elderwood at Waverly, Waverly, NY

- **Facility based After Action Report and Improvement Plan.** To assist LTC-MAP Members with compliance to the Centers for Medicare & Medicaid Services (CMS) new regulations, Jensen Hughes developed a Facility After Action Report and Improvement Plan. If plan members completed the after action section and developed an improvement plan, they will meet their requirement of participation in a Full-Scale Exercise. In addition, a plan wide After Action Report is provided and documents the members exercise participation, strengths, and areas for improvement.

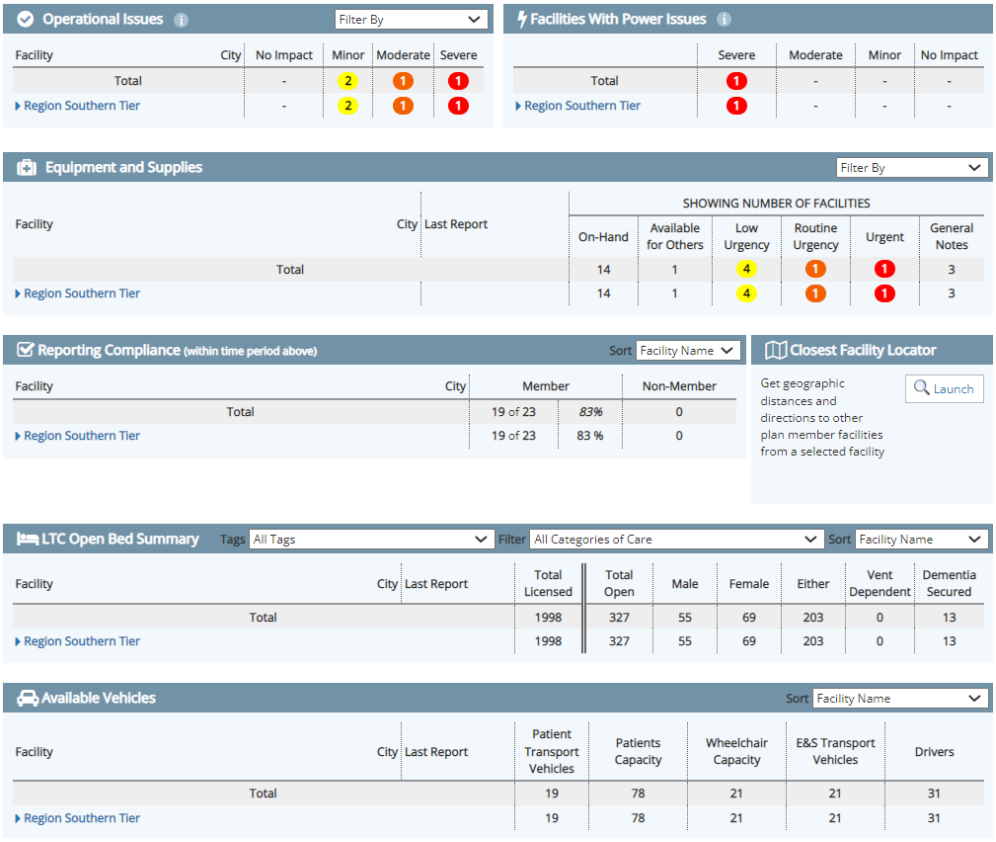
- **Disaster Carts.** Based on tools previously provided by the Mutual Aid Plan, it was great to see during this exercise that members have started to design and implement "disaster carts". There is a lot to store and have readily available in an emergency, such as Incident Command Center binders, MAP forms, eFINDS equipment and general emergency preparedness equipment. Members are embracing the opportunity to better organize their supplies and emergency equipment to be in a "ready-state" to respond to disasters.

- **Triage / Intake & Surge Areas Identified and Set up.** Some members successfully identified and set up triage / intake and surge areas. These internal plans were the result of members implementing LTC-MAP provided plans and lessons learned from previous exercises. This process helped members visualize how the setup process would be performed, what the staff requirements and supply / equipment needs would be in a true emergency. Some members took photos of their triage / intake

and surge areas to demonstrate what the identified areas would look like in an actual emergency to better enable them to reproduce them in an actual incident.

Photo: Triage/ Intake Area & wander-guard application – The Manor at Bethany Village, Horseheads, NY

- **Ability of the Regional Coordinating Center (RCC) to assist the DSF.** The primary objective of the Regional Coordinating Center was to identify open beds based on their Categories of Care, identify transportation resources that were available by plan members and track all resident movement from the DSF to the RAFs. During this exercise the staff at the Regional Coordinating Center was successful in utilizing the web-based incident management tool dashboard feature to quickly scrutinize data to support the evacuating facility and those with other operational issues.



Operational Issues — Filter By

Facility	City	No Impact	Minor	Moderate	Severe
Total		-	2	1	1
Region Southern Tier		-	2	1	1

Facilities With Power Issues

	Severe	Moderate	Minor	No Impact
Total	1	-	-	-
Region Southern Tier	1	-	-	-

Equipment and Supplies — Filter By

Facility	City	Last Report	SHOWING NUMBER OF FACILITIES: On-Hand	Available for Others	Low Urgency	Routine Urgency	Urgent	General Notes
Total			14	1	4	1	1	3
Region Southern Tier			14	1	4	1	1	3

Reporting Compliance (within time period above) — Sort: Facility Name

Facility	City	Member		Non-Member
Total		19 of 23	83%	0
Region Southern Tier		19 of 23	83 %	0

Closest Facility Locator

Get geographic distances and directions to other plan member facilities from a selected facility

Launch

LTC Open Bed Summary — Tags: All Tags; Filter: All Categories of Care; Sort: Facility Name

Facility	City	Last Report	Total Licensed	Total Open	Male	Female	Either	Vent Dependent	Dementia Secured
Total			1998	327	55	69	203	0	13
Region Southern Tier			1998	327	55	69	203	0	13

Available Vehicles — Sort: Facility Name

Facility	City	Last Report	Patient Transport Vehicles	Patients Capacity	Wheelchair Capacity	E&S Transport Vehicles	Drivers
Total			19	78	21	21	31
Region Southern Tier			19	78	21	21	31

PRIMARY AREAS FOR IMPROVEMENT

Throughout the exercises, opportunities for improvement were identified to enhance the ability of the LTC-MAP members to respond and assist during an incident. The primary areas for improvement are as follows:

- **Plan Member Participation Report:** The CMS regulations that took effect on November 15, 2017, state that Nursing Homes are to participate in a full-scale exercise each year. Jensen Hughes developed a Facility Participation Report to document the facilities degree of participation in these full-scale exercises. The following benchmarks were established to document each facility's level of participation:

  1. Completion of Emergency Reporting:
     - Within the first 30 minutes of plan activation
     - By the end of the exercise (2.5 hours from plan activation)
     - Did not complete
  2. Entered Generator information and Vendors on the LTC-MAP website
  3. Submitted Photos of the activated areas: Command Center, Triage / Intake and Surge areas

  During the exercise some facilities fully participated and met many of the benchmarks that were established. 83% (19/23) of the plan member facilities completed emergency reporting using the online web-based emergency reporting system within the first thirty minutes or by the end of the exercise. Jensen Hughes will continue to monitor plan member reporting participation with the Nursing Homes and Assisted Living Communities in future exercises and reporting drills and look to identify opportunities to improve overall reporting. 48% (11/23) of the plan member facilities received and responded to the injects and sent in photos of their established areas during the exercise. The overall level of participation was attributed to several factors: leadership changes, contact information not current on the LTC-MAP website, facilities not receiving the LTC-MAP e-mail messages to complete their reporting and some facilities simply chose not to participate in the exercise due to the ongoing COVID-19 Pandemic with localized outbreaks in facilities and continued staffing challenges. Reference Appendix C for the Plan Member Participation Report.

- **Resident Placement Confusion:** Better communication between the Regional Coordinating Center and the DSF must be made to ensure a smooth resident placement process. When a facility is being evacuated, a challenge can be ensuring the Regional Coordinating Center and the DSF are not calling the same RAFs. During this exercise, as members were entering their emergency status online, both the Regional Coordinating Center and the DSF were calling the same RAFs, which caused some confusion due to duplication of efforts. In addition, by exercise design, there were several simulated "waves" of evacuated residents. The first was a simulated wave of evacuated residents that was sent to all RAFs via LTC-MAP e-mail. Some of the facilities did not receive this wave most likely due to lack of current e-mail addresses in the system or their e-mail server / firewalls blocking the

e-mail. The second wave of evacuated residents came from the identified DSF. Only RAFs selected by either the DSF or the Regional Coordinating Center received the second wave of evacuated residents. This caused confusion amongst the RAFs as to the exact number of residents they would be receiving. The Regional Coordinating Center has a script for the responders to utilize when contacting the DSF to facilitate accurate information gathering to determine what actions have already been taken by the DSF and what specific resources and assets support are needed. Continued training and exercises with the RCC team will focus on using the script to ensure this process is hard-wired into the RCC protocols.

ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent classification for evaluation that transcends individual exercises to support preparedness reporting and trend analysis.

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

HCP&RC Capability 2: Health Care and Medical Response Coordination

Objective 2: Utilize Information Sharing Procedures and Platforms

Activity 3: Utilize Communications Systems and Platforms

Associated Actions:

- Ensure ongoing communication capability throughout the disaster (exercise) by employing redundant systems (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2-way communications, and the LTC-MAP website).

Strengths:

The capability level can be attributed to the following strengths:

Strength 1: Standing Up the Plan. The DSF initiated activation of the plan by calling the RCC and requesting activation. The RCC subsequently activated the incident on the LTC-MAP web-based management system and sent e-mail notification messages to all plan members contacts. The LTC-MAP e-mail system worked well for those facilities that received them.

Strength 2: LTC-MAP Web-Based Management System – Emergency Reporting System. The efficiency of time with the newly implemented web-based management system was significant as compared to the prior process of RCC responders having to place phone calls to all RAFs to determine open beds and transportation. Additionally, the prior approach would require the RCC team to then spend significant time collating the collected data to determine the most appropriate resources and assets for the DSF.

Areas for Improvement:

Area for Improvement 1: Key Contacts have not been updated.

Reference: Regional Coordinating Center Controller, RAFs EEGs

Analysis: This year has been a learning process for all LTC-MAP members with the introduction of the web-based management system and new processes for maintaining facility planning data including contact information for key facility personnel (Administrators / Executive Directors, Directors of Nursing / Resident Care Directors

and Maintenance Directors). Many plan members have not accessed the LTC-MAP website and input the basic facility planning data including current contacts. If plan member facilities do not have current contacts listed, then they will not receive the e-mail alert messages when the plan is activated. See Appendix D, Quick Reference Guide – Updating Facility Contacts.

Area for Improvement 2: Communications Strategies – "Closing the Loop".

Reference: Regional Coordinating Centers Controller, RAFs EEGs

Analysis: Accountability of all relocated residents is paramount in an evacuation situation. The primary method for "Closing the Loop" between the DSF, RAFs and the Regional Coordinating Center was fax technology, by exercise design. An option that was tested in this exercise was scanning / e-mailing to the Regional Coordinating Center. Many of the RAFs experienced difficulty in sending the Influx Logs via fax due to overall call volume and faxes not going through. Scanning of the Influx Logs and sending via e-mail went through one hundred percent of the time. Further exploration of an e-mail address to use for the LTC-MAP and how the responder teams would have access to it needs to occur. Additional approaches may include pdf attachments on the incoming e-mails being deposited to a specific location where they may be retrieved from the web-based management system (e.g., on the ERS dashboard).

HCP&RC Capability 2: Health Care and Medical Response Coordination

Objective 3: Coordinate Response Strategy, Resources, and Communications

Activity 1: Identify and Coordinate Resource Needs during an Emergency

Activity 2: Coordinate Incident Action Planning during an Emergency

Activity 4: Communicate with the Public during an Emergency

Associated Actions:

- Demonstrate the ability of the RCC to match evacuating residents with appropriate bed types at RAFs using the categories of care found within the LTC-MAP in a timely and effective manner.
- RCC coordinates the requests of equipment from the DSFs and RAFs with the assistance of the Healthcare Coalitions, community partners and plan members.
- Demonstrate effective response and evacuation coordination by RCC, DSF and RAFs personnel through the use of an Incident Command System structure.
- Utilize the Incident Action Planning (IAP) Quick Guide to develop an IAP for each facility's command center.
- All plan members to develop and submit a press statement on their actions as it pertains to the exercise.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Clinical Placement. Throughout the exercise, the responders at the Regional Coordinating Center utilized the dashboard and reports within the LTC-MAP website to identify the proper receiving facilities based on resident mobility, clinical diagnosis and identified RAFs Categories of Care.

Areas for Improvement

Area for Improvement 1: Use of the Incident Command System by plan members.

Reference: RAF EEGs

Analysis: Evaluators, community partners and plan members themselves, noted a lack of familiarity and comfort using a formal or informal Incident Command System (ICS). The DSF and Regional Coordinating Center needed prompting by the controllers to establish Incident Action Plans (IAPs) to assist in managing the incident. The California Association of Health Facilities has developed the Nursing Home Incident Command System (NHICS) program. Members need to adopt an Incident Command Structure consistent with that used in their local community. The NHICS follows the basic framework outlined in the National Incident Management System (NIMS) and is consistent with most community Incident Command Systems. The NHICS program, charts, Job Action Sheets, Forms, and instructional tools are all available online at the California Association of Health Facilities (CAHF) website at: https://www.cahfdisasterprep.com/nhics.

Area for Improvement 2: Command Center Layout.

Reference: RAF EEGs

Analysis: Proper setup and location of the facility Incident Command Center was lacking in some RAF member's facilities. Facility Incident Command Centers help the leadership stay on task and focus on ensuring the incident response is effective and efficient. Phone calls, resident placement decisions, resident tracking, and overall management of the emergency is conducted from the command centers. Members should have a checklist of items regarding how to setup and function their internal command center and thresholds for when to activate them, as part of their internal Emergency Operations Plan (EOP) or Disaster Plan. See Appendix G, Quick Reference Guide – Facility Incident Command Center.

Area for Improvement 3: Incident Action Plan.

Reference: Controllers / RAF EEGs

Analysis: DSF and RAFs were challenged to create an Incident Action Plan (IAP) during the initial phases of the exercise. Developing and documenting a formal Incident Action Plan (IAP) is a critical step in the beginning of incident response. Typically

accomplished by the Incident Command Team, the IAP drives the decision making, determining strategy and tactics, and assigning tasks / actions for each operational period. Having this plan "up front and center" (e.g., displayed on a white board, ICS form or other method), throughout a disaster, will keep the team on track and focused. Jensen Hughes has provided a guide to assist in developing the IAP. See Appendix H, Nursing Home Incident Command System (NHICS) Incident Action Plan (IAP) Quick Start (NHICS Form 200). We recommend this tool becomes part of every facilites Emergency Operations Plan and Command Center tool kit as it can assist in the development and documentation of the Incident Action Plan, thereby keeping your team on task in managing the event.

Area for Improvement 4: Categories of Care identified in the LTC-MAP website.

Reference: Regional Coordinating Centers Controller

Analysis: There were multiple occasions where the Regional Coordinating Center was trying to place residents and when cross checking the Categories of Care between the DSF and RAF it was noted the potential RAF did not have their Categories of Care data completed in their facility planning data tabs on the web-based management system. See Appendix E, for a Quick Reference Guide on updating the facility's Categories of Care.

Area for Improvement 5: Maps for the Regional Coordinating Center.

Reference: Regional Coordinating Center Controller

Analysis: There were multiple occasions when the Regional Coordinating Center responders were trying to place residents from the DSF to the closet RAF. In addition, deployment of resources, such as available transportation, is better enabled with a poster sized map where the Regional Coordinating Center responders are able to identify the RAFs and their proximity to the DSF. In some cases, there are closer facilities in neighboring regions / plans than a farther distance from within the same region / plan. Having a map that details all the healthcare facilities in the region, their facility types, and the location of the Regional Coordinating Center would be instrumental to informing decision making in the RCC. In addition, the web-based management system dashboard has a Closest Facility Locator Tool as one of the available widgets in the dashboard. As the RCC responders are new to using the ERS dashboard, most were not familiar with that feature. Just-in-time education on the use of the ERS dashboard occurred in the RCC to familiarize all the responders with the available features, filters, and resource identification tools.

Area for Improvement 6: Steering Committee / Responders for the RCC.

Reference: Regional Coordinating Center Controller

Analysis: For the Regional Coordinating Center (RCC) to function effectively, a minimum of 4-6 Steering Committee Members / Responders needs to be present. This

minimum number of Responders will allow the team to divide up the tasks of the RCC into various groups, such as:

- RCC Commander / Manager
- Monitoring the ERS Dashboard for operational issues
- Following up on non-reporting facilities
- Point of Contact(s) for the DSF(s)
- Identifying critical resources such as open beds and transportation for the Disaster Struck Facility(s)

Due to various reasons, the participation of Steering Committee Members / Responders at the RCC was minimal during the exercise. Ongoing recruitment and training of RCC Responders will be an improvement opportunity and goal for the LTC-MAP going into 2022.

HCP&RC Capability 3: Continuity of Health Care Service Delivery

Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation

Activity 1: Develop and Implement Evacuation and Relocation Plans

Activity 2: Develop and Implement Evacuation Transportation Plans

Associated Actions:

- Ensure that 100% of LTC-MAP activated members provide Emergency Reporting within the timeline established.
- DSF prepares and coordinates the evacuation of their residents, using an Incident Command System structure, coordination with their local authorities and establishing an efficient holding / evacuation area. Communicate with RAFs as appropriate.
- RCC coordinates transportation resources needed by the DSF based on the current transportation/evacuation survey of DSF residents.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Overall DSF Evacuation and Transportation Plan. The success of the Long Term Care Mutual Aid Plan rests in the ability of the Disaster Struck Facility to activate the plan, RCC responders to stand up the Regional Coordinating Center and plan members to receive a notification message enabling them to report their status of available open beds and transportation to support the DSF. With the use of the web-based incident management system, efficiencies of time were realized as plan members were able to rapidly report their status and RCC responders were able to determine appropriate open beds and transportation at Resident Accepting Facilities very quickly. Through the use of the Incident Action Planning process, the RCC was able to organize their objectives, priorities, determine strategies and tactics, and assign tasks to RCC personnel. By the end of the exercise, the overall evacuation and transportation plan for

the DSF was determined and communicated to the DSF as simulated evacuations were underway to the RAFs.

Strength 2: Family Involvement. Many of the plan members informed residents and families of the exercise they were participating in. This was a chance for resident and families to see how the facility and community would handle such an event. CMS requirements specify that facilities must have a communication plan on how facilities will communicate with families before, during and after a disaster. This provided a good opportunity to develop those plans and detail how communications will take place and by what means.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: LTC-MAP Member Emergency Reporting.

Reference: Hotwash Conference Calls / Regional Coordinating Center Controller

Analysis: When disasters occur, it is important to capture critical information pertaining to facility operational issues, open beds, available transportation and other resources within the affected and neighboring regions / plans. The established emergency reporting benchmarks were within the first 30 minutes, within 2.5 hours (the exercise time frame) or no report. See Appendix C for the detailed facility compliance. There are several explanations for why emergency reporting may have not been completed by some facilities. Examples include: the facility contacts did not get the message to report, the facility contacts do not know how to complete emergency reporting, and the facility contacts were distracted by other exercise or real-world events and neglected to complete the online emergency reporting. To facilitate increasing facility institutional knowledge on emergency reporting, Jensen Hughes has provided a Quick Reference Guide – How to Complete Emergency Reporting (see Appendix F).

HCP&RC Capability 4: Medical Surge

Objective 2: Respond to a Medical Surge

Activity 2: Implement Out-of-Hospital Medical Surge Response

Associated Objectives:

- Ensure that RAFs properly implement their influx of resident's plans, including establishing an influx /surge area, utilizing the plan tools to document the arrival and placement of evacuated residents.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: New Charts. Upon receiving the mock residents, many of the RAFs created a new chart for each resident. This proved to be beneficial to the RAFs as it made it easier for them to place the resident into a room and immediately start a Care Plan.

Strength 2: RAFs Triage / Intake Areas. A component of the process for Resident Accepting Facilities (RAFs), is to set up a triage / intake area at the RAFs. Incoming evacuated residents are processed through this area and a number of functions are performed including a resident wellness check, assessing of vital signs, reviewing of medical records and transfer paperwork that came with the resident and assigning a specific area within the facility for the resident to stay. Many facilities took advantage of the exercise to physically setup their triage / intake areas and appropriately staffed the areas with clinical and non-clinical staff. Evidence of this was verified in the photos that facilities took and sent into the lead exercise controller.

Area for Improvement

The following area requires improvement to achieve the full capability level:

Area for Improvement 1: RAFs Surge Areas.

Reference: RAFs EEGs

Analysis: While some RAFs setup appropriate areas for surge capacity, many struggled with setting them up efficiently and effectively. There are specific minimum space parameters as well as staffing requirements and distance from the nearest nurse's station. To enhance the Long Term Care Mutual Aid Plan (LTC-MAP) members in developing their surge capacity plans, a Triage / Surge Capacity Development Guide needs to be developed. We recommend that all MAP members review and implement the guidelines and develop a hard-wired triage / intake and surge capacity plan.

CONCLUSION

There were many strengths identified in these exercises by both plan members and the Regional Coordinating Center.

Every year we educate, drill and exercise to ensure all LTC-MAP members are aware of how to handle an internal or external disaster that may or may not require resident relocations. With that comes challenges to not only to a DSF but also RAFs regarding managing staff, residents, families, and media all while maintaining a safe environment and continuity of care for all residents.

During this exercise we noticed the presence of community partner's involvement during the exercises in their Command Centers. Local emergency managers, local health directors, emergency medical services directors and regional healthcare coalition partners participated across all regions during the exercises. Many plan members took advantage of the exercises to reach out to their local community partners to begin or continue building good working relationships.

Many plan members utilized the Nursing Home Incident Command system in some form (e.g., wearing vests, establishing positions within the Incident Command System, using the various forms).

All LTC-MAP members need to continue to work toward the goal of completing their emergency reporting in a timely manner. Along with reporting compliance, the LTC-MAP continues to focus on resident tracking and consistent communication between the DSF and the Regional Coordinating Center. We understand that during disasters there are many challenges and requests the DSF and Regional Coordinating Centers encounter. Through the use of a designated Point of Contact from the Regional Coordinating Center and regular briefings with the DSF, the responder teams are able to stay on task, accomplish established operational period objectives and respond accordingly to the various resource requests from the DSF.

We continue to build off of each year's exercises with the goal of strengthening the members' knowledge and confidence level of how to effectively manage a disaster. Disasters can happen at any time and members must remain in a constant state of readiness.