**Shiver Me Timbers!**

**Long Term Care/**

**Home Health & Hospice**

**Earthquake Exercise**

After-Action Report/Improvement Plan

[Date of Exercise]

Updated as of (date)

# **Exercise Overview**

| **Exercise Name** | Shiver Me Timbers! LTC, HH & H Earthquake Exercise | |
| --- | --- | --- |
| **Exercise Date** | Intended to run in conjunction with annual Great Shakeout exercise on October 17th at 10:17am, though may be scheduled for any other time of the year as well | |
| **Purpose** | Long Term Care facilities and Home Health Agencies to test readiness for earthquake response for their facilities, staff and patients | |
| **Scope** | This is an in-person, flex-time exercise depending on the segment(s) chosen, designed to be implemented by individual facilities or agencies. The Northwest Healthcare Response Network may participate upon request | |
| **Parameters** | This exercise is flexible, allowing individual facilities to choose their level of participation and scheduling to test their readiness for exercise response within their own organizations. | |
| **Capabilities** | **\*CMS Emergency Preparedness:** Community Participation  **\*\*Capability 2:** Health Care and Medical Response Coordination  **\*\*Capability 3:** Continuity of Health Care Service Delivery | |
| **Objectives** | 1. In advance of an earthquake staff understand and describe their job responsibilities and personal preparedness during an earthquake. 2. Staff locate and validate emergency resources and supplies available to them within the department or facility. 3. Facility interacts with community support partners regarding facility status and resource or support needs as a part of validating preparedness procedures. 4. Staff and residents verbalize and/or demonstrate their response actions during and immediately following an earthquake. 5. Staff report their status of OK/ Not OK, their location and impact at the location immediately following an earthquake. 6. Leadership accounts for all staff, residents, others under their care, visitors, and/or vendors who may be onsite or on duty and assesses impact to the facility immediately following an earthquake. 7. Leadership shares facility, staffing and resident status and immediate resource needs with NWHRN and/or local emergency response partners within one hour following an earthquake. 8. Staff and Leadership assess preparation to evacuate patients and staff to safer locations in the aftermath of an earthquake, with consideration for medical, environmental, nutritional and sanitary needs and notification to families. 9. Facility has an up to date emergency operations plan as per their regulatory requirements and Leaders demonstrate use of the plan immediately following an earthquake. | |
| **Objectives specific to NWHRN** | 1. NWHRN Duty Officer and/or HECC activates in response to the earthquake and prepares to receive status reports from healthcare facilities. 2. NWHRN Duty Officer and/or HECC accounts for all participating healthcare facilities and documents essential elements of information. | |
| **Threat/Hazard** | Earthquake and Aftershocks | |
| **Scenario** | Significant Seismic Earthquake Activity has been felt throughout the region with aftershocks highly likely. Facilities and community infrastructure may have damage as a result. | |
| **Exercise Segments** | 1. Staff Job Responsibilities and Readiness Discussion 2. Staff Response to Earthquake Shaking 3. Facility Leadership Response to Earthquake Shaking 4. After The Shaking Stops – Evacuation Preparation   Participants choose to implement individual Segments or combine Segments together for a more extensive exercise. | |
| **Sponsor** | NWHRN Long Term Care Advisory Committee | |
| **Participants** | Long Term Care facilities that choose to participate  Home Health agencies that choose to participate  NWHRN HECC Support Team | |
| **Functional Groups within each organization** | 1. Leadership and Management 2. Frontline staff 3. Residents or others under care 4. Facilities or Operations 5. Community Partners | |
| **Points of Contact** | Add Name and contact information for facility exercise coordinator | Kelly Hill  Deputy Director, NWHRN  Kelly.Hill@nwhrn.org |

\* CMS Updated Guidance in Emergency Preparedness – Appendix Z of the State Operations Manual

<https://www.cms.gov/files/document/qso-21-15-all.pdf>

\*\* ASPR Health Care Preparedness and Response Capabilities for Health Care Coalitions

<https://aspr.hhs.gov/HealthCareReadiness/guidance/Documents/Health-Care-Preparedness-and-Response-Capabilities-for-Health-Care-Coalitions.pdf>

# **Executive Summary**

(Add synopsis of exercise and segments that were exercise)

High level strengths observed include:

* (list strength)
* (list strength)
* (list strength)
* (list strength)

High level areas for improvement include:

* (list area for improvement)
* (list area for improvement)
* (list area for improvement)
* (list area for improvement)

# **Analysis of Capabilities**

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned capabilities, aligned segments and performance ratings for each capability as observed during the exercise and determined by the evaluation team. Rating definitions are detailed below the table.

| **Exercise Objective** | **Core Capability\*** | **Segments** | **Without Challenge (P)** | **Some Challenges (S)** | **Major Challenges (M)** | **Unable to view or Not Tested (U, NA)** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. In advance of an earthquake staff understand and describe their job responsibilities and personal preparedness during an earthquake. | **Capability 3:** Continuity of Health Care Service Delivery | 1 |  |  |  |  |
| 2. Staff locate and validate emergency resources and supplies available to them within the department or facility. | **Capability 3:** Continuity of Health Care Service Delivery | 1 |  |  |  |  |
| 3. Facility interacts with community support partners regarding facility status and resource or support needs as a part of validating preparedness procedures. | **CMS Emergency Preparedness:** Community Participation | 1  2  3  4 |  |  |  |  |
| 4. Staff and residents verbalize and/or demonstrate their response actions during and immediately following an earthquake. | **Capability 3:** Continuity of Health Care Service Delivery | 2 |  |  |  |  |
| 5a. Staff report their status of OK/ Not OK, their location and impact at the location immediately following an earthquake. | **Capability 2:** Health Care and Medical Response Coordination | 2 |  |  |  |  |
| 5b. Staff report their status of OK/ Not OK, their location and impact at the location immediately following an earthquake. | **Capability 3:** Continuity of Health Care Service Delivery | 2 |  |  |  |  |
| 6a. Leadership accounts for all staff, residents, others under their care, visitors, and/or vendors who may be onsite or on duty and assesses impact to the facility immediately following an earthquake. | **Capability 2:** Health Care and Medical Response Coordination | 3 |  |  |  |  |
| 6b. Leadership accounts for all staff, residents, others under their care, visitors, and/or vendors who may be onsite or on duty and assesses impact to the facility immediately following an earthquake. | **Capability 3:** Continuity of Health Care Service Delivery | 3 |  |  |  |  |
| 7. Leadership shares facility, staffing and resident status and immediate resource needs with NWHRN and/or local emergency response partners within one hour following an earthquake. | **Capability 2:** Health Care and Medical Response Coordination | 3 |  |  |  |  |
| 8a. Staff and Leadership assess preparation to evacuate patients and staff to safer locations in the aftermath of an earthquake, with consideration for medical, environmental, nutritional and sanitary needs and notification to families. | **Capability 2:** Health Care and Medical Response Coordination | 4 |  |  |  |  |
| 8b. Staff and Leadership assess preparation to evacuate patients and staff to safer locations in the aftermath of an earthquake, with consideration for medical, environmental, nutritional and sanitary needs and notification to families. | **Capability 3:** Continuity of Health Care Service Delivery | 4 |  |  |  |  |
| 9a. The facility has an up to date emergency operations plan as per their regulatory requirements and Leaders demonstrate use of the plan immediately following an earthquake. | **Capability 2:** Health Care and Medical Response Coordination | 3, 4 |  |  |  |  |
| 9b. The facility has an up to date emergency operations plan as per their regulatory requirements and Leaders demonstrate use of the plan immediately following an earthquake. | **Capability 3:** Continuity of Health Care Service Delivery | 3, 4 |  |  |  |  |

Ratings Definitions:

**Performed without Challenges (P):** The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws.

**Performed with Some Challenges (S):** The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations or laws.

**Performed with Major Challenges (M):** The gargets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

**Unable to be Performed (U) or Not Applicable (NA):** The targets and critical tasks associated with the capability were not performed in a manner that achieved the objectives. Or the capability was not applicable because the segment for objective was not tested as a part of the planned exercise.

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

# **Individual Objectives and Capabilities Assessment**

**Objective 1:** In advance of an earthquake staff understand and describe their job responsibilities and personal preparedness during an earthquake.

**Objective 1 Capability 3:** Continuity of Health Care Service Delivery

**Strengths**

The (full or partial) capability level can be attributed to the following strengths:

**Strength 1**: (observation statement)

**Strength 2**: (observation statement)

**Strength 3**: (observation statement)

**Areas for Improvement**

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

**Area for Improvement 1**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Area for Improvement 2**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Objective 2:** Staff locate and validate emergency resources and supplies available to them within the department or facility.

**Objective 2 Capability 3:** Continuity of Health Care Service Delivery

**Strengths**

The (full or partial) capability level can be attributed to the following strengths:

**Strength 1**: (observation statement)

**Strength 2**: (observation statement)

**Strength 3**: (observation statement)

**Areas for Improvement**

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

**Area for Improvement 1**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Area for Improvement 2**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Objective 3:** Facility interacts with community support partners regarding facility status and resource and support needs as a part of validating preparedness procedures.

**Objective 3 Capability:** CMS Emergency Preparedness Community Participation

**Strengths**

The (full or partial) capability level can be attributed to the following strengths:

**Strength 1**: (observation statement)

**Strength 2**: (observation statement)

**Strength 3**: (observation statement)

**Areas for Improvement**

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

**Area for Improvement 1**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Area for Improvement 2:** (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Objective 4:** Staff and residents verbalize and/or demonstrate their response actions during and immediately following an earthquake.

**Objective 4 Capability 3:** Continuity of Health Care Service Delivery

**Strengths**

The (full or partial) capability level can be attributed to the following strengths:

**Strength 1**: (observation statement)

**Strength 2**: (observation statement)

**Strength 3**: (observation statement)

**Areas for Improvement**

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

**Area for Improvement 1**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Area for Improvement 2**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Objective 5:** Staff report their status of OK/ Not OK, their location and impact at the location immediately following an earthquake.

**Objective 5 Capability 2:** Health Care and Medical Response Coordination

**Strengths**

The (full or partial) capability level can be attributed to the following strengths:

**Strength 1**: (observation statement)

**Strength 2**: (observation statement)

**Strength 3**: (observation statement)

**Areas for Improvement**

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

**Area for Improvement 1**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Area for Improvement 2:** (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Objective 5 Capability 3:** Continuity of Health Care Service Delivery

**Strengths**

The (full or partial) capability level can be attributed to the following strengths:

**Strength 1**: (observation statement)

**Strength 2**: (observation statement)

**Strength 3**: (observation statement)

**Areas for Improvement**

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

**Area for Improvement 1**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Area for Improvement 2**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Objective 6:** Leadership accounts for all staff, residents, others under their care, visitors, and/or vendors who may be onsite or on duty and accesses impact to the facility immediately following an earthquake.

**Objective 6 Capability 2:** Health Care and Medical Response Coordination

**Strengths**

The (full or partial) capability level can be attributed to the following strengths:

**Strength 1**: (observation statement)

**Strength 2**: (observation statement)

**Strength 3**: (observation statement)

**Areas for Improvement**

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

**Area for Improvement 1**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Area for Improvement 2:** (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Objective 6 Capability 3:** Continuity of Health Care Service Delivery

**Strengths**

The (full or partial) capability level can be attributed to the following strengths:

**Strength 1**: (observation statement)

**Strength 2**: (observation statement)

**Strength 3**: (observation statement)

**Areas for Improvement**

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

**Area for Improvement 1**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Area for Improvement 2**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Objective 7:** Leadership shares facility, staffing and resident status and immediate resource needs with NWHRN and/or local emergency response partners within one hour following an earthquake.

**Objective 7 Capability 2:** Health Care and Medical Response Coordination

**Strengths**

The (full or partial) capability level can be attributed to the following strengths:

**Strength 1**: (observation statement)

**Strength 2**: (observation statement)

**Strength 3**: (observation statement)

**Areas for Improvement**

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

**Area for Improvement 1**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Area for Improvement 2:** (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Objective 8:** Staff and Leadership assess preparation to evacuate patients and staff to safer locations in the aftermath of an earthquake, with consideration for medical, environmental, nutritional and sanitary needs and notification to families.

**Objective 8 Capability 2:** Health Care and Medical Response Coordination

**Strengths**

The (full or partial) capability level can be attributed to the following strengths:

**Strength 1**: (observation statement)

**Strength 2**: (observation statement)

**Strength 3**: (observation statement)

**Areas for Improvement**

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

**Area for Improvement 1**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Area for Improvement 2:** (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Objective 8 Capability 3:** Continuity of Health Care Service Delivery

**Strengths**

The (full or partial) capability level can be attributed to the following strengths:

**Strength 1**: (observation statement)

**Strength 2**: (observation statement)

**Strength 3**: (observation statement)

**Areas for Improvement**

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

**Area for Improvement 1**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Area for Improvement 2**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Objective 9:** The facility has an up to date emergency operations plan as per their regulatory requirements and leaders demonstrate use of the plan immediately following an earthquake.

**Objective 9 Capability 2:** Health Care and Medical Response Coordination

**Strengths**

The (full or partial) capability level can be attributed to the following strengths:

**Strength 1**: (observation statement)

**Strength 2**: (observation statement)

**Strength 3**: (observation statement)

**Areas for Improvement**

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

**Area for Improvement 1**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Area for Improvement 2:** (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Objective 9 Capability 3:** Continuity of Health Care Service Delivery

**Strengths**

The (full or partial) capability level can be attributed to the following strengths:

**Strength 1**: (observation statement)

**Strength 2**: (observation statement)

**Strength 3**: (observation statement)

**Areas for Improvement**

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

**Area for Improvement 1**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

**Area for Improvement 2**: (observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.)

**Reference**: (list any relevant plans, policies, procedures, regulations)

**Analysis**: (Provide a root cause analysis or explanation of what the gap or problem was and what some of the causes might be.)

# **Appendix A: Improvement Plan**

This IP is developed specifically for (Organization) detailing observations made during (Exercise Name), and (segments) exercised on (date of exercise).

Every issue / improvement statement will have improvements that fit into one or more of the Capability Element categories listed below. As Improvements are identified document the capability element that best fits given the definitions below:

~Improvement Capability Elements: Planning, Organizing, Equipping, Training, Exercising.

**Planning**: Plans, policies, procedures, processes, standard operating procedures

**Organizing**: Individual teams, organizational structures & communication within organization including partner organizations

**Equipping**: Equipment, supplies and resources

**Training**: Relevant content and frequency for those in response roles

**Exercising**: Exercises and actual incidents to demonstrate, evaluate, and improve ability to meet core capabilities

Capability 2: Health Care and Medical Response Coordination

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| --- | --- | --- | --- | --- | --- | --- |
| **Issue / Area for Improvement** | **Improvement Action** | **~Capability Element** | **Primary Responsible Entity** | **Entity Point of Contact** | **Start Date** | **Update-as-of or Completion Date** |
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Capability 3: Continuity of Health Care Service Delivery

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| **Issue / Area for Improvement** | **Improvement Action** | **~Capability Element** | **Primary Responsible Entity** | **Entity Point of Contact** | **Start Date** | **Update-as-of or Completion Date** |
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Capability: CMS Emergency Preparedness Community Participation

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| **Issue / Area for Improvement** | **Improvement Action** | **~Capability Element** | **Primary Responsible Entity** | **Entity Point of Contact** | **Start Date** | **Update-as-of or Completion Date** |
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# **Appendix B: Exercise Participants**

Below are the roles, responsibilities, units, departments or outside partners that were represented during the exercise: (Add list)

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