Interoperable Communications (IOC) Drill

After-Action Report/Improvement Plan

DATE

**This After-Action Report should be maintained for three years with other facility documentation for the CMS Emergency Preparedness Rule, and made available for review upon request of site surveyors.**

# Exercise Overview

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| --- | --- |
| **Exercise Name** | **Interoperable Communications Drill** |
| **Exercise Dates** | DATE THAT REGION CONDUCTS EXERCISE |
| **Scope** | This is a regional drill, planned for approximately three hours on DATE. Partners will include hospitals, local health departments, home care agencies, adult care facilities, nursing homes, hospice, and community health centers.  |
| **Objectives** | 1. Demonstrate the ability to use a primary and back-up communications system (internet – including VOIP, radio, cellular, and satellite) to communicate with coalition partners (LHD, hospitals, EMS, EM, and other partners).
2. Complete the NYSDOH Health Commerce System (HCS) Health Emergency Response Data System (HERDS) survey within the timeframe outlined in the IHANS alert.
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| **Point of Contact** | [Insert the name, title, agency, address, phone number, and email address of the primary exercise POC, or individual who wrote the After-Action Report.] |

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

**Objective 1:** Demonstrate the ability to use a primary and back-up communications system (internet – including VOIP, radio, cellular, and satellite) to communicate with coalition partners (LHD, hospitals, EMS, EM, and other partners).

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1:

Add additional **Strengths**, as appropriate.

### Areas for Improvement

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

Area for Improvement 1:

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide short summary of why the full capability level was not achieved.

Add Additional Areas for Improvement if needed

**Suggested Corrective Action (s):**

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**Objective 2:** Complete the NYSDOH Health Commerce System (HCS) Health Emergency Response Data System (HERDS) survey within the timeframe outlined in the IHANS alert.

### Strengths

The full capability level can be attributed to the following strengths:

**Strength 1:**

Add additional Strengths, as appropriate.

### Areas for Improvement

Area for Improvement 1:

Add Additional Areas for Improvement if needed

**Suggested Corrective Action (s):**