

# Interoperable Communications (IOC) Drill

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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

<b>Exercise Name</b>	<b>Interoperable Communications Drill</b>
<b>Exercise Dates</b>	<b>DATE THAT REGION CONDUCTS EXERCISE</b>
<b>Scope</b>	This is a regional drill, planned for approximately three hours on <b>DATE</b> . Partners will include hospitals, local health departments, home care agencies, adult care facilities, nursing homes, hospice, community health centers, and End-Stage Renal Disease Center.
<b>Objectives</b>	<ol style="list-style-type: none"><li>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).</li><li>2. Complete the NYSDOH Health Commerce System (HCS) Health Emergency Response Data System (HERDS) survey within the timeframe outlined in the IHANS alert.</li></ol>
<b>Point of Contact</b>	<b>[Insert the name, title, agency, address, phone number, and email address of the primary exercise POC, or individual who wrote the After-Action Report.]</b>

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):**