

Connecticut Division of Emergency
Management and Homeland Security
Region 3

Multi-Year Training and Exercise Plan
2014-2016



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This document has been updated with all current information available, all subsequent additions, deletions, or amendments to this document shall be noted in the table below.

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Preface

The U.S. Department of Homeland Security (USDHS), National Preparedness Directorate, requires that every State and Urban Area conduct a Multiyear Training and Exercise Plan Workshop (TEPW) annually. Connecticut's Division of Emergency Management and Homeland Security (DEMHS) Region 3 meets this requirement for the Capitol Region Urban Area and the Region's Urban Area Security Initiative (UASI) grant (FY 2008-2010). Region 3 has pursued a coordinated Urban Area Security Strategy (UASS) that combines enhanced planning, new equipment purchases, innovative training, and realistic exercises to strengthen regional emergency preparedness and response capabilities. Training and exercises play a crucial role in this strategy, providing the Region with a means of attaining, practicing, validating, and improving new capabilities. The intent of the Capitol Region Council of Government (CRCOG), who oversees grant funding for DEMHS Region 3, is to continue to maintain this training plan even as grant funding dwindles, as long as personnel resources are available.

The Regional training and exercise programs are administered by the Capitol Region Council of Governments (CRCOG), in coordination with State agencies, local jurisdictions, and local emergency response agencies. The training and exercise agenda laid out in this plan is binding for regional response agencies desiring to receive reimbursement for approved training and exercises under the State of Connecticut reimbursement program. The agenda helps prepare Region 3 and the State of Connecticut to optimally address both the natural and technical hazards that it faces.

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Purpose

The purpose of the Multi-Year Training and Exercise Plan is to provide regional guidance that is focused on training and exercises. It is a living document intended to be updated and refined every two-three years. Comprehensive annual training and exercise schedules are updated continuously, as needed, with the current training and exercise activities. The Plan provides a roadmap for the Region to accomplish the training and exercise priorities described in the strategy. Each priority may be linked to recent After-Action Report (AAR) results, the Regional Capabilities Assessment, NIMS compliance, or the core capabilities. Included in the Multi-Year Training and Exercise Plan is the comprehensive training and exercise schedule, which provides graphic illustrations of the proposed activities scheduled for the plan duration.. These schedules represent the natural progression of training and exercises that should take place in accordance with the building-block approach.

The Plan also provides a mechanism, via the Training and Exercise Planning Workgroup (TEPW) to collaborate at the Regional/Local level on essential training and exercise activities. Training and exercise activities are essential to validate capabilities. With an emphasis on validating how well we meet the Core Capabilities, the Region can easily support the local, Regional, State and even Federal level across all mission areas; Prevention, Protection, Mitigation, Response and Recovery. By supporting these efforts, and the processes outlined in the various Frameworks, the Region becomes an integral component of the Whole Community which is relied upon to address the risks posed by all of the threats and hazards our citizen's face.

Program Priorities

- Support regional collaboration at all levels.
- Institutionalize Effective Regional Planning, Training and Exercise Processes.
- Implement the National Incident Management System and support the National Preparedness System component Validating Capabilities¹.
- Enhance regional collaboration and preparedness by supporting the regional capability building efforts outlined in the Urban Area Security Strategy and Regional Capabilities Assessment, and MMRS and Citizen Corps programs.

The original Region 3 training and exercise program supported the building of capabilities outlined in the Capitol Region Council of Governments Regional Capability Assessment Summary Report dated December 24, 2009 and updated report dated July 11, 2011. These reports identified the capabilities needed to be addressed from the regional perspective. Core Capabilities and their definitions were introduced in the first edition of the *National Preparedness Goal* which was published in September 2011, and replaced the concept of Target Capabilities. Those Core Capabilities are now the focus of the training plan and they will be addressed to the extent possible with diminished grant funding.

AAR/IP items are important in that they are feedback related to evaluations of regional capabilities that are incorporated into the regional training and exercise plan. Regional exercises

¹ Department of Homeland Security, *National Preparedness System*, November 2011

and their associated AAR/IPs help us to fine tune the specific capability related elements needing work. As such, they are critical to our building block approach in developing regional capabilities.

A central theme to the Capitol Region's approach to training and exercises is that all emergencies are local. Members of local communities make up our regional teams and can respond with regional teams when tasked and available. Our efforts in the regional program therefore provide as much assistance as possible for local jurisdictions and agencies within the region. However, local jurisdictions must understand this does not include items appropriately addressed by local agencies for a local response. For example, local jurisdictions must develop and exercise local plans that provide for public safety in their community, such as the process for activating a local EOC, or ensuring the ability to communicate among local public safety departments and their dispatch systems.

Another key aspect of the regional program is to develop exercises in accordance with HSEEP principles and guidelines. This program provides a sound background for exercise development and helps gain eligibility for grant funding in support of exercises.

Regional team/program development is focused on sustaining/developing the following priorities:

NIMS/ICS Training, Regional Communications, Regional Emergency Support Plans, Regional HAZMAT Team, MMRS/RESF-8 programs, Capitol Region Medical Reserve Corps, Region 3 Incident Management Team, Region 3 RESF13 CBRNE Response Teams, Community Emergency Response Teams (CERT) and Citizen Preparedness Programs.

The Public Health community maintains a similar but separate Multi-Year Training and Exercise Plan to support Regional Public Health initiatives coordinated by the Connecticut Association of Directors of Health. Close coordination to integrate training and exercises for the Region is a standard practice.

Multi-Year Training and Exercise Schedule

The Multi-Year Training and Exercise Schedule is a living document. Go to www.crcog.org to view each yearly schedule.

Training and Exercise Resources

Requests for regional training and exercises may be submitted to Cheryl Assis, CRCOG's Director of Public Safety and Homeland Security. Support may be very limited due to the decrease in Federal grant funding.

Reimbursement for training may also be provided if funds are available. Refer to the CREPC Training Reimbursement Policy and Form at http://www.crcog.org/homeland_sec/drills.html.

The Connecticut Division of Emergency Management and Homeland Security has training personnel and an exercise director. Check with the DEMHS Regional Coordinator to obtain assistance from these resources. In addition, check the DEMHS training calendar at <http://www.ct.gov/demhs/ical/calendar.asp> for training opportunities.

The Connecticut Department of Public Health provides many training opportunities on their TRAIN Connecticut web site ct.train.org. Registration is required to use this site.

Instructors Qualifications/Expectations

Quality instruction is the *key* to a successful emergency management training program and the safety of its students. Whether Instructor/Facilitators teach at their own agency, or around the region and state, they have the responsibility to ensure that quality instruction is presented. Regardless of where the event is presented and whether it is presented for five or fifty participants, the responsibility of the Instructor/Facilitator remains the same.

The responsibilities for a CREPC Instructor/Facilitator include, but are not limited to:

- Maintaining a safe and organized classroom setting;
- Maintaining instructional quality for every event presented;
- Ensuring current, recognized subject matter/curriculum is being taught;
- Advising participants on techniques and skills that make classroom performance safe and effective;
- Conducting field and/or practical exercises that test classroom learning under appropriate supervision;
- Ensuring proper testing procedures are followed and student exams are appropriately proctored;
- Ensuring accurate documentation is completed for all training sessions and submitted in a timely fashion to the CREPC Training and Exercise coordinator; and
- Providing a safe learning environment for the students whether in the classroom or in the field

Any Instructor hired to teach NIMS Incident Command System training shall comply with the recommendations from the NIMS Center for the guidelines for qualification to instruct an ICS training program.

The CREPC Training Coordinator will research and assure that all instructor's or trainers meet the minimum requirements based on mandates, regulations, or best practices prior to hiring that instructor/Trainer. That proof will be kept on file with the CREPC Training Coordinator.

Training Records

Records for all training conducted by the CRCOG for and on behalf of local jurisdictions shall be maintained for 6 years from the date of completion of training. Records may be destroyed at that time. The records shall include the training conducted, those conducting the training and their qualifications, and those attending the training along with any certifications of completion of training.

Appendix A: National, State and Regional Priorities

National Priorities

NOTE: This information is from the National Preparedness Guidelines September 2007 (NOTE: The 2007 Guidelines are the current version.

“Above and beyond its own mission and four main areas of supporting responsibility, DHS believes that the eight National Priorities as identified in the *National Preparedness Guidelines* are instrumental in guiding our State, local, tribal, and territorial, stakeholders in meeting the Nation’s most urgent needs. The eight National Priorities include the following:

- Expand Regional Collaboration
- Implement the National Incident Management System and *National Response Framework*
- Implement the *National Infrastructure Protection Plan*
- Strengthen Information Sharing and Collaboration Capabilities
- Strengthen Interoperable and Operable Communications Capabilities
- Strengthen CBRNE Detection, Response, and Decontamination Capabilities
- Strengthen Medical Surge and Mass Prophylaxis Capabilities
- Community Preparedness: Strengthening Planning and Citizen Capabilities”

State Priorities

The State of Ct DEMHS has established the following goals;

- GOAL ONE: Strengthen the capabilities of emergency responders in identifying and responding to an all-hazards incident
- GOAL TWO: Strengthen local, regional and state incident response and contingency plans for all-hazards events
- GOAL THREE: Improve critical incident management and response through the implementation and use of the National Incident Management System (NIMS)
- GOAL FOUR: Secure each town's leadership commitment and adequate sustainable funding for emergency management and homeland security capabilities
- GOAL FIVE: Enhance a statewide telecommunications infrastructure and protocol that will allow for timely efficient and cost effective communications
- GOAL SIX: Enhance public safety through hardening of critical infrastructure sectors
- GOAL SEVEN: Maintain and Enhance the State's Training Program for all-hazards preparedness
- GOAL EIGHT: Strengthen information collection, analysis and sharing systems to prevent and mitigate terrorism incidents
- GOAL NINE: Strengthen the State of Connecticut's resiliency through coordination with response and recovery partners
- GOAL TEN: Engage the general public, educational systems, non-governmental organizations and private sector in all-hazards prevention, planning, response and recovery

DEMHS Region 3 Target Capability Priorities

NOTE: Region 3 Priorities were identified, by Target Capability, as part of the Regional Capabilities Assessment Project. Below are listed the top 10 priorities. Refer to the Regional Capability Assessment Summary Report, December 24, 2009 for further details.

- Onsite Incident Management
- Emergency Operations Center Management
- Community Preparedness and Participation
- Communications
- Critical Resource Logistics and Distribution
- Public Safety and Security Response
- Intelligence/Information Sharing and Dissemination
- Mass Care
- Emergency Public Information and Warning
- Volunteer Management and Donations

Whole Community Approach

During the update to the Capabilities Assessment in 2011 the Region became aware of a new approach to emergency preparedness. As relayed to CRCOG in the “Summary of Recent Trends in U.S. Department of Homeland Security Federal Emergency Management Agency Policy and Guidance” deliverable dated April 18, 2011, FEMA is in the midst of a significant paradigm shift in which it is stressing a new concept in preparedness activities. In its current incarnation, the Whole Community Framework establishes broad capabilities for local communities in response to a catastrophic event. In addition, each of these capabilities is accompanied by a series of metrics designed to gauge success. In conjunction with the newly issued Presidential Policy Directive 8 (PPD-8), Tetra Tech (CRCOG’s Capability Assessment contractor) believes these metrics will play an increasing role in not only assessing regional capabilities, but justifying and qualifying for federal homeland security funding. CRCOG will identify any changes to our approach and incorporate any changes needed regarding training and exercises.

Appendix B: Target Capabilities List

Common Target Capabilities

- Planning
- Communications
- Citizen Preparedness and Participation
- Risk Management

Prevent Mission Area Target Capabilities

- Information Gathering and Recognition of Indicators and Warnings
- Intelligence Analysis and Production
- Intelligence/Information Sharing and Dissemination
- Law Enforcement Investigation and Operations
- Chemical, Biological, Radiological, Nuclear, and High-Yield Explosives (CBRNE) Detection

Protect Mission Area Target Capabilities

- Critical Infrastructure Protection (CIP)
- Epidemiological Surveillance and Investigation
- Food and Agriculture Safety and Defense
- Public Health Laboratory Testing

Respond Mission Area Target Capabilities

- Animal Health Emergency Support
- Citizen Protection: Evacuation and/or Shelter-In-Place Protection
- Critical Resource Logistics and Distribution
- Emergency Public Information and Warning
- Environmental Health
- Emergency Operations Center (EOC) Management
- Explosive Device Response Operations
- Fatality Management
- Firefighting Operations/Support
- Isolation and Quarantine
- Mass Care (Sheltering, Feeding, and Related Services)
- Mass Prophylaxis
- Medical Supplies Management and Distribution
- Medical Surge
- Onsite Incident Management
- Public Safety and Security Response
- Responder Safety and Health
- Triage and Pre-Hospital Treatment
- Urban Search and Rescue (USAR)
- Volunteer Management and Donations
- Weapons of Mass Destruction (WMD)/Hazardous Materials (HazMat) Response and Decontamination

Recover Mission Area Target Capabilities

- Economic and Community Recovery
- Restoration of Lifeline
- Structural Damage and Mitigation Assessment

Appendix C: Core Capabilities from the National Preparedness Goal, September 2011

Table 1: Core Capabilities by Mission Area³

Prevention	Protection	Mitigation	Response	Recovery
Planning				
Public Information and Warning				
Operational Coordination				
Forensics and Attribution Intelligence and Information Sharing Interdiction and Disruption Screening, Search, and Detection	Access Control and Identity Verification Cybersecurity Intelligence and Information Sharing Interdiction and Disruption Physical Protective Measures Risk Management for Protection Programs and Activities Screening, Search, and Detection Supply Chain Integrity and Security	Community Resilience Long-term Vulnerability Reduction Risk and Disaster Resilience Assessment Threats and Hazard Identification	Critical Transportation Environmental Response/Health and Safety Fatality Management Services Infrastructure Systems Mass Care Services Mass Search and Rescue Operations On-scene Security and Protection Operational Communications Public and Private Services and Resources Public Health and Medical Services Situational Assessment	Economic Recovery Health and Social Services Housing Infrastructure Systems Natural and Cultural Resources

³ Planning, Public Information and Warning, and Operational Coordination are core capabilities common to all mission areas.

Appendix D: Exercise Types

Discussion-Based Exercises

Discussion-based exercises are normally used as a starting point in the building-block approach to the cycle, mix, and range of exercises. Discussion-based exercises include seminars, workshops, tabletop exercises (TTXs), and games. These types of exercises typically highlight existing plans, policies, mutual-aid agreements (MAAs), and procedures. Thus, they are exceptional tools for familiarizing agencies and personnel with current or expected jurisdictional capabilities. Discussion-based exercises typically focus on strategic, policy-oriented issues; operations-based exercises focus more on tactical response-related issues. Facilitators and/or presenters usually lead the discussion, keeping participants on track while meeting the objectives of the exercise.

Seminars

Seminars are generally used to orient participants to, or provide an overview of, authorities, strategies, plans, policies, procedures, protocols, response resources, or concepts and ideas. Seminars provide a good starting point for jurisdictions that are developing or making major changes to their plans and procedures.

Workshops

Workshops represent the second tier of exercises in the Homeland Security Exercise and Evaluation Program (HSEEP) building-block approach. Although similar to seminars, workshops differ in two important aspects: participant interaction is increased, and the focus is on achieving or building a product (such as a plan or a policy). Workshops provide an ideal forum for the following:

- Building teams
- Collecting or sharing information
- Obtaining consensus
- Obtaining new or different perspectives
- Problem solving of complex issues
- Testing new ideas, processes, or procedures
- Training groups in coordinated activities

In conjunction with exercise development, workshops are most useful in achieving specific aspects of exercise design such as the following:

- Determining evaluation elements and standards of performance
- Determining program or exercise objectives
- Developing exercise scenario and key events listings

A workshop may be used to produce new standard operating procedures (SOPs), Emergency Operations Plans (EOPs), MAAs, Multi-Year Exercise Plans, and Improvement Plans (IPs). To be effective, workshops must be highly focused on a specific issue, and the desired outcome or goal must be clearly defined.

Tabletop Exercises (TTXs)

TTXs involve senior staff, elected or appointed officials, or other key personnel in an informal setting, discussing simulated situations. This type of exercise is intended to stimulate discussion of various issues regarding a hypothetical situation. It can be used to assess plans, policies, and procedures or to assess types of systems needed to guide the prevention of, response to, and recovery from a defined incident. TTXs are typically aimed at facilitating understanding of concepts, identifying strengths and shortfalls, and/or achieving a change in attitude. Participants are encouraged to discuss issues in depth and develop decisions through slow-paced problem solving rather than the rapid, spontaneous decision-making that occurs under actual or simulated emergency conditions. In contrast to the scale and cost of operations-based exercises and games, TTXs can be a cost-effective tool when used in conjunction with more complex exercises. The effectiveness of a TTX is derived from the energetic involvement of participants and their assessment of recommended revisions to current policies, procedures, and plans. TTX methods are divided into two categories: basic and advanced. In a basic TTX, the scene set by the scenario materials remains constant. It describes an event or emergency incident and brings discussion participants up to the simulated present time. Players apply their knowledge and skills to a list of problems presented by the facilitator, problems are discussed as a group, and resolution is generally agreed on and summarized by the leader. In an advanced TTX, play focuses on delivery of pre-scripted messages to players that alter the original scenario. The exercise facilitator usually introduces problems one at a time in the form of a written message, simulated telephone call, videotape, or other means. Participants discuss the issues raised by the problem, using appropriate plans and procedures. TTX attributes may include the following:

- Achieving limited or specific objectives
- Assessing interagency coordination
- Conducting a specific case study
- Examining personnel contingencies
- Familiarizing senior officials with a situation
- Participating in information sharing
- Practicing group problem solving
- Testing group message interpretation

Operations-Based Exercises

Operations-based exercises represent the next iteration of the exercise cycle; they are used to validate the plans, policies, agreements, and procedures solidified in discussion-based exercises. Operations-based exercises include drills, functional exercises (FEs), and full-scale exercises (FSEs). They can clarify roles and responsibilities, identify gaps in resources needed to implement plans and procedures, and improve individual and team performance. Operations-based exercises are characterized by actual response, mobilization of apparatus and resources, and commitment of personnel, usually over an extended period of time.

Drills

A drill is a coordinated, supervised activity usually used to test a single specific operation or function in a single agency. Drills are commonly used to provide training on new equipment, develop or test new policies or procedures, or practice and maintain current skills.

Functional Exercises (FEs)

The FE is designed to test and evaluate individual capabilities, multiple functions or activities within a function, or interdependent groups of functions. FEs are generally focused on exercising the plans, policies, procedures, and staffs of the direction and control nodes of the Incident Command System (ICS) and Unified Command (UC). Generally, incidents are projected through an exercise scenario with event updates that drive activity at the management level. Movement of personnel and equipment is simulated. The objective of the FE is to execute specific plans and procedures and apply established policies, plans, and procedures under crisis conditions, within or by particular function teams. An FE simulates the reality of operations in a functional area by presenting complex and realistic problems that require rapid and effective responses by trained personnel in a highly stressful environment. Attributes of an FE include the following:

- Evaluating Emergency Operations Centers (EOC), headquarters, and staff
- Evaluating functions
- Examining inter-jurisdictional relationships
- Measuring resource adequacy
- Reinforcing established policies and procedures

Full-Scale Exercises (FSE)

The FSE is the most complex step in the exercise cycle. FSEs are multi-agency, multi-jurisdictional exercises that test many facets of emergency response and recovery. They include many first responders operating under the ICS or UC to effectively and efficiently respond to, and recover from, an incident. An FSE focuses on implementing and analyzing the plans, policies, and procedures developed in discussion-based exercises and honed in previous, smaller, operations-based exercises. The events are projected through a scripted exercise scenario with built-in flexibility to allow updates to drive activity. It is conducted in a real-time, stressful environment that closely mirrors a real incident. First responders and resources are mobilized and deployed to the scene where they conduct their actions as if a real incident had occurred (with minor exceptions). The FSE simulates the reality of operations in multiple functional areas by presenting complex and realistic problems requiring critical thinking, rapid problem solving, and effective responses by trained personnel in a highly stressful environment. Other entities that are not involved in the exercise, but that would be involved in an actual incident, should be instructed not to respond. An FSE provides an opportunity to execute plans, procedures, and MAAs in response to a simulated live incident in a highly stressful environment. Typical FSE attributes include the following:

- Activating personnel and equipment
- Allocating resources and personnel
- Analyzing memorandums of understanding (MOUs), SOPs, plans, policies, and procedure
- Assessing equipment capabilities
- Assessing inter-jurisdictional cooperation
- Assessing organizational and individual performance
- Demonstrating interagency cooperation
- Exercising public information systems
- Testing communications systems and procedures

The level of support needed to conduct an FSE is greater than needed during other types of exercises. The exercise site is usually extensive with complex site logistics. Food and water must be supplied to participants and volunteers. Safety issues, including those surrounding the use of props and special effects, must be monitored.

FSE controllers ensure that participants' behavior remains within predefined boundaries. Simulation Cell (SIMCELL) controllers continuously inject scenario elements to simulate real events. Evaluators observe behaviors and compare them against established plans, policies, procedures, and standard practices (if applicable). Safety controllers ensure all activity is executed within a safe environment.

Appendix E: Lesson Learned September 2013

Vernon, CT Full Scale Exercise – IMPACT! 2013

Topic: Regional support to local exercises; coordination of resources from the Region

Overview:

- This was a local exercise which was supported by the Capitol Region by providing support for exercise planning, document development, facilitation of exercise planning meetings and Controller/Evaluator training with the following objectives:
 - Assist locals in determining level effort needed to perform critical tasks in exercise planning and conduct
 - Provide an opportunity for local agencies to become more familiar with the Homeland Security Exercise Evaluation Program (HSEEP)
 - Building confidence in HSEEP as a process.
- The intent was to provide subject matter expertise to local jurisdictions for exercise planning and the critical tasks associated with moving from the exercise planning stage to actual exercise conduct.
- Exercise planning support was assigned to contracted support staff through the Capitol Region Council of Governments. Assigned staff member assumed the role of Exercise Director at the request of the local Exercise Planning Team.
- There was little identified as gaps in overall exercise planning, however areas for improvement were noted as to dissemination of exercise information and stakeholder participation, as well as suggestions for improving response which can be added to exercise planning objectives in the future.

Recommendations:

1. Ensure all anticipated exercise participants with major roles (as identified within specific plans being tested) are invited to provide agency representation on the Exercise Planning Team (EPT).
2. Ensure exercise planning information is efficiently and effectively shared with stakeholders, as well as participating agencies where appropriate.
3. Local exercise planning teams should assign lead evaluator and controller roles to individuals involved in the planning process, and therefore very familiar with the exercise intent and design. Exercise Planning Team members should be locally based thus having the necessary higher level of ownership to the exercise from the beginning of the exercise design through the improvement planning process. This does not exclude contracted exercise support.
4. Tasks assigned to volunteer controllers and evaluators, and any other expectations of them, should be agreed upon well in advance of the exercise.
5. Exercise planning teams must provide orientation and exercise schedules (with back up dates) and exercise documents well in advance of the exercise to volunteer controllers and evaluators in order for them to be prepared. These SMEs are often not just willing to help, but very excited and passionate about their role. However, they may have other responsibilities with a higher priority than the local exercise that they do not “own”. It is the EPT’s job to prepare the volunteers for success as much as possible by providing key dates

and documents. Provide specific instructions for gathering exercise feedback to allow the planning team to complete the after action report.

6. Ways of compensating evaluators/controllers should be explored in advance.
7. Simple methods of showing the local jurisdiction's appreciation should be considered. Notes of thanks from local chief elected officials often motivate the individuals volunteering to support the local exercise.
8. Continue to develop a regional cadre of exercise support subject matter experts.
9. Determine training needs, or potential gaps in response, to meet exercise objectives where appropriate.

Appendix F: Lesson Learned October 2013

Windsor Locks, CT Full Scale Exercise – Up, Up and Aware 2013

Topic: Regional support to local exercises; coordination of resources from the Region

Overview:

- This was a local exercise which was supported by the Capitol Region by providing support for exercise planning, document development, facilitation of exercise planning meetings and Controller/Evaluator training with the following objectives:
 - Assist locals in determining level effort needed to perform critical tasks in exercise planning and conduct
 - Provide an opportunity for local agencies to become more familiar with the Homeland Security Exercise Evaluation Program (HSEEP)
 - Building confidence in HSEEP as a process.
- The intent was to provide subject matter expertise to local jurisdictions for exercise planning and the critical tasks associated with moving from the exercise planning stage to actual exercise conduct.
- Exercise planning support was assigned to contracted support staff through the Capitol Region Council of Governments. Assigned staff member assumed the role of Exercise Director at the request of the local Exercise Planning Team.
- There was little identified as gaps in overall exercise planning, however areas for improvement were noted as to dissemination of exercise information and stakeholder participation, as well as suggestions for improving response which can be added to exercise planning objectives in the future.

The Town of South Windsor was not evaluated during this exercise, but provided significant resources to set up the scenario and facilitate an effective exercise. Their resources, participation and response are greatly appreciated.

The following capabilities were exercised:

- **RESF-5 Duty Officer** ability to perform routine emergency functions, such as, monitor incidents, activate Regional plans, deploy necessary resources, coordinate with DEMHS Region 3 and provide follow on incident support,
- **CT-IMT 3** ability to respond to a large scale Regional incident, establish IMT operations with newly Homeland Security Grant purchased equipment, and support a local jurisdiction in managing a large scale incident (to include incident command and control functions) for two operational periods,
- **CT Chapter of the American Red Cross** ability to support a large scale incident feeding with newly purchased feeding trailers, and establish family reunification with the intent of providing orientation/training of the program to Regional leaders,

- ***GetReadyCapitolRegion.org*** campaign (including website, Twitter and Facebook) ability to support citizen preparedness by alerting users of the exercise and soliciting participation in a survey related to the program,
- **RESF-2/RID Team (Regional Incident Dispatch Team)** ability to support incident response operations by establishing and supporting interoperable communications, and
- **CR-MRC (Capitol Region Medical Reserve Corps)** ability to integrate into a large scale regional response and support medical operations.

Scenario:

A tornado strikes the Town of South Windsor, Ct causing extensive damage to infrastructure, municipal buildings, residences and businesses. Numerous casualties are generated by the tornado and collapsed structures must be searched. The objectives focus on the initial response, call for resources followed by the management of the incident by the Region 3 Incident Management Team, CT-IMT 3, and the Capitol Region Medical Reserve Corps.

This exercise is sponsored by the Capitol Region Council of Governments and is funded with Homeland Security Funds from the 2010 Urban Area Security Initiative Grant.

Major Strengths

- Effective planning and mobilization of American Red Cross (ARC) resources.
- ARC coordination between volunteers, ARC management, and suppliers.
- ARC food and beverage services were excellent.
- CT-IMT 3 has a large cache of equipment for response operations, planning and incident management.
- IMT response suffered from several logistics issues during set up that continued into the operational periods. Many problems were overcome by an ambitious, can do attitude by the Logistics Section.
- The RID Team is well equipped and well trained.
 - RID Team member organizations supported the exercise, providing qualified staff personnel and CP-4 (Enfield), CP-8(Newington), CP-17 (Bristol), CP-12 (South Windsor), and the Capital Region Chiefs of Police Association (CRCOPA) Comms 2 Communications Cache truck.
- The RID Team identified incident communications requirements and asserted their Team capabilities to facilitate effective interoperable communications.
- The CR-MRC staff did an excellent job of covering their responsibilities in spite the limited number of personnel. The quality of medical care provided was outstanding.

- CR-MRC staff consistently had identification badges with their credentials listed. They also had vests that identified roles. Perfectly done. Triage and treatment areas were also clearly marked with signs.
- CR-MRC facilities and equipment provided an environment and capability suitable for the tasked mission.

Major Areas for Improvement

- ARC feeding on the first day of operations did not include vegetarian or other special feeding requirements.
- The ARC establishment of a mass care reception center was not fully addressed initially. On the next day the center was established and a 1-800 number was established, but it was not published.
- Incident Command and Leadership
 - The Agency Administrator's briefing, a key to maintaining the schedule, started late due to IMT activities.
 - IMT leaders did not understand that they had command of the incident in conjunction with the South Windsor Unified Command. They failed to clarify or effectively organize and work together in a Unified Command fashion.
 - Incident objectives were never validated. Turned over objectives were just restated.
 - Team leaders did not provide a Commander's Intent to planners, resulting in gaps in guidance needed to successfully plan and manage the incident.
 - The IC (Day 2) focused on technical issues rather than command or leadership issues.
- IAP Development
 - The Planning P was not followed, ICS forms were not used, incomplete, or, not correlated/validated. No tactics meeting was conducted. IAPs were incomplete. Available software for IAP development was not used.
 - Several staffing issues were not resolved, for example, no OSC was assigned resulting in problems with managing the incident and tracking ongoing operations.
- Incident Management
 - No Operations Section Chief was assigned, leaving OSC tasks to the IC.
 - A Staging Manager was not assigned.
 - Resource ordering process was ill defined and not tracked.
 - The designed Communications Plan was not utilized/implemented.
 - The Operational Period Briefing was incomplete.
- The RID Team initially provided an incomplete communications plan to the IMT which was accepted.

- The RID Team was not notified of operational periods and the IMT did not coordinate the tasking of RID resources for the next operational period.
- The CR-MRC initially did not recognize the value of additional communications assets and declined RID assistance. MRC leadership was over tasked and unable to utilize the RID resources effectively.
- RID Team establishing communications with the DEMHS Region 3 office was attempted several times without success.
- The RID Team was unable to connect all CPs with phone service on Day 2. On Day 3 the RID Team was able to connect CP-4 and CP-8 phone systems.
- The RID Team assigned to CP-8 had difficulty hearing the radio (no audio) and was not able to correct the problem using existing checklists and other documents. They contacted the COML who quickly solved the problem by realigning improper master switch settings.
- CR-MRC Logistics/Administration
 - MRC tents were set up by exercise and NEDTC staff because there were no available MRC personnel on the day set up was to occur, despite promoting the exercise months in advance of the exercise date. Personnel resources were limited in all areas.
 - Medical tent HVAC was not available and players/patients were cold. Some medical equipment also did not function properly in cold weather.
 - There was some difficulty in keeping track of patients being discharged.
- There was uncertainty about what resources were in staging and how they were accessed, and how the MRC requests ambulances and other resources.
 - Provisions for oxygen were inadequate.
 - MRC IDs were not always visible. Some personnel wore vests with roles labeled on the back. In one case a provider was labeled as a nurse, was being asked to provide care within the nursing scope, but was not a nurse.
- CR-MRC Integration of Operations
 - Communications/coordination of MRC operations was lacking.
 - Mechanisms for ordering supplies and obtaining resources were never resolved.
 - MRC Command Staff was over tasked in the areas of integration, resource management and operational coordination in the established ICS structure, in part due to limited personnel resources.

Capability Summary

RESF-5 Duty Officers - Duty Officers effectively made notifications and got the exercise started. Several new Duty Officers received valuable training during the exercise.

CT-IMT 3 - The IMT deployed equipment and personnel to the exercise with limited capability. Not enough team members participated in the exercise to effectively manage the incident and develop the IAPs. Basic IMT procedures were not followed and the result was the development of marginal IAPs. Effective Leadership was lacking to build participation for the exercise, and during the exercise. The IMT did not recognize their role in the Unified Command with South Windsor and subsequently did not perform their operational duties as desired.

CT Chapter of the American Red Cross effectively fed all participants and exercise staff. The desired level of learning about the ARC reunification process was not achieved.

GetReadyCapitolRegion.org campaign (including website, Twitter and Facebook) made a notification and 52 individuals responded to the survey. Valuable information was gathered.

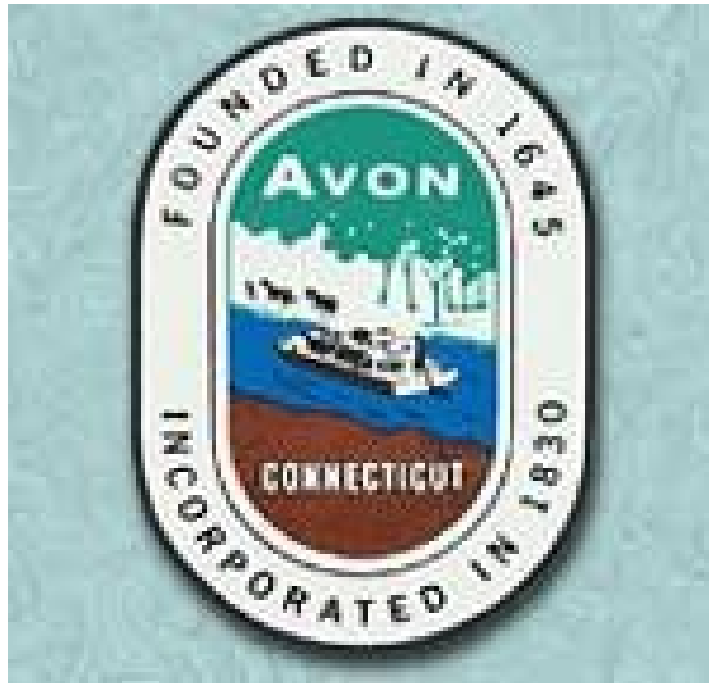
The RESF-2/RID Team (Regional Incident Dispatch Team) response to the exercise was admirable. Personnel and resources were available to support the exercise response and a great deal of learning was accomplished by the team. The Team demonstrated the full capability to accomplish all assigned tasks.

The CR-MRC (Capitol Region Medical Reserve Corps) demonstrated outstanding medical treatment capability, but needs to address logistics requirements and their ability to integrate into a large scale regional response.

Conclusion

Engagement to deliver the desired capability was lacking in some areas in *Up, Up & Aware* and attention is needed to establish mechanisms for sustaining the desired regional capabilities. The RID Team was engaged and responded well. By comparison, RID personnel responses are funded while others rely on volunteerism. Regional leadership is at a crossroads and needs to engage now to establish what CREPC related capabilities will look like as Homeland Security funding is drastically reduced. No one wants to see the investments go to waste, but there seem to be limited efforts to define the future given the current known constraints in funding and available volunteer resources. Operational and strategic level thinking would benefit the long run, and perhaps help to identify where limited funding should be spent to facilitate sustainment of the desired capabilities. Stipends for key team leaders, or other regional strategies such as teaming with Federal/State/local funded organizations may be necessary to continue to utilize the current investments. Whatever the solution is, it should not be left to chance.

Town of Avon
After-Action Report-Exercise
April 2, 2014



Listing of Topics

- Exercise Overview
- Expectations
- Objectives of the Exercise
- Positive Take-aways
- Recommendations
- Additional Information

- Exercise Overview:

The intent of this exercise was to activate the Town of Avon's Emergency Operations Center, and to exercise and evaluate the Town's Continuity of Government Plan. Concurrently, the Farmington Valley Health District, which provides services to 10 communities wished to utilize this exercise to introduce themselves and services to the community. Also to recognize in this exercise scenario the impact of this "pandemic" would impact the other communities they serve, as well as the entire State of Connecticut. This exercise was developed in coordination with the Town of Avon Emergency Management Director and the Farmington Valley Health District Director and Staff. A pandemic flu tabletop exercise, as approved by the US Department of Homeland Security, was utilized as a foundation for this exercise. Injects for the exercise were formatted to reflect available resources that would typically be utilized with a mutual aid/automatic response. Additionally, State-wide activation plans that would be coordinated through the State Operations Center, and facilitated through the State Department of Public Health were utilized as well. Individual Town Departments, Non-Governmental agencies/organizations (NGO's) other governmental officials, and private contractors participated in this

exercise. While all the individual disciplines provided an action taken in response to the exercise injects were notational, it provided realistic response shortfalls and impacts to the community.

This exercise brought together non- traditional disciplines which normally may not be utilized in a traditional emergency response. What participants recognized is that many disciplines brought resources (people and information) that can be utilized in any type of response within Avon.

- Expectations: - were solicited from attendees before the beginning of the exercise
 - Increased Networking
 - Inter-Agency Coordination
 - Increase Awareness of Multi-Hazard Operations
 - Ability to Multi-Task due to Personnel Staffing Issues
 - Documentation Process
 - Increased awareness of self- expectations (personal and professional development)
- Objectives of the Exercise:- while these maybe considered Incident Action Plan Objectives, these objectives functioned as exercise objectives.
 - Provide for the safety and protection of the responders and the public.
 - Provide response and incident management oversight for the overall situation across the entire jurisdiction.
 - Contain the spread of influenza as much as practical and provide treatment to infected persons.
 - Establish and maintain emergency morgue services.

- Secure mobile corpse refrigeration units.
- Create and maintain effective coordinate efforts between the hospitals, responders, public agencies and NGOs in response to this incident.
- Work closely with the EOC to balance the response to the emergency and other critical emergency response capabilities throughout the jurisdiction. The EOC will continue to oversee the non-flu related responses.
- Maintain accurate cost records and establish a cost sharing procedure to maintain the integrity and separation of private and public funds.
- Positive Take-Aways:- These were discussed in an open forum as part of the de-brief of the exercise.
 - Coordination Efforts
 - Working Through the Scenario Process
 - Additional Practice on how the ‘whole’ operational/coordination process works
 - Enhance individual’s expertise on how they contribute to the coordination process
 - Utilization of ICS Forms

- Enhanced individual's increased awareness
- Recommendations:- Solicited from individuals as part of the de-brief.
 - Update Towns Emergency Operations Plan- include pre-planning process (i.e. are inoculations up to date) update and ensure accuracy of information to the public and town employees
 - Class on ICS Terminology and Forms
 - Streamlining Command/Chain of Command/Unity of Command
 - Public Outreach/Education
 - Training in Skill Sets
 - Facility for EOC?
 - Partners- who are they Faith Based and NGO's
 - The 4 C's
 - Command
 - Control
 - Coordination
 - Communication
 - Develop a training plan to implement recommendations

- Additional Information:

The Town is committed to reviewing and updating their Continuity of Government Plan. Additionally additional training was identified as a need that participants recognized a need for specific NIMS/ICS training. The tenants of ICS training are applicable at the local, county, state, tribal and federal level. This mandated training is integral to the “Whole Community” concept emphasized by FEMA.

By having a multi-discipline, multi-agency trained workforce within a community it increases the capabilities to provide a resilient community that can be self- sustaining for the first 48-72 hours+ of a disaster.

A definitive improvement plan, with realistic timelines is a work product that can be developed with input from all involved in the exercise.



Pandemic Flu Planning Checklist for Individuals & Families

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1. To plan for a pandemic:

- ☐ Store a two week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- ☐ Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- ☐ Have nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- ☐ Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- ☐ Volunteer with local groups to prepare and assist with emergency response.
- ☐ Get involved in your community as it works to prepare for an influenza pandemic.

2. To limit the spread of germs and prevent infection:

- ☐ Teach your children to wash hands frequently with soap and water, and model the current behavior.
- ☐ Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
- ☐ Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.



www.pandemicflu.gov



3. Items to have on hand for an extended stay at home:

Examples of food and non-perishables	Examples of medical, health, and emergency supplies
<ul style="list-style-type: none"><input type="checkbox"/> Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups<input type="checkbox"/> Protein or fruit bars<input type="checkbox"/> Dry cereal or granola<input type="checkbox"/> Peanut butter or nuts<input type="checkbox"/> Dried Fruit<input type="checkbox"/> Crackers<input type="checkbox"/> Canned juices<input type="checkbox"/> Bottled water<input type="checkbox"/> Canned or jarred baby food and formula<input type="checkbox"/> Pet food<input type="checkbox"/> Other nonperishable foods	<ul style="list-style-type: none"><input type="checkbox"/> Prescribed medical supplies such as glucose and blood-pressure monitoring equipment<input type="checkbox"/> Soap and water, or alcohol-based (60-95%) hand wash<input type="checkbox"/> Medicines for fever, such as acetaminophen or ibuprofen<input type="checkbox"/> Thermometer<input type="checkbox"/> Anti-diarrheal medication<input type="checkbox"/> Vitamins<input type="checkbox"/> Fluids with electrolytes<input type="checkbox"/> Cleansing agent/soap<input type="checkbox"/> Flashlight<input type="checkbox"/> Batteries<input type="checkbox"/> Portable radio<input type="checkbox"/> Manual can opener<input type="checkbox"/> Garbage bags<input type="checkbox"/> Tissues, toilet paper, disposable diapers

PandemicFlu.gov

AvianFlu.gov

A Guide for Individuals and Families

Appendix H: Region 3 Training and Exercise Planning Workgroup Coordination of Exercises Policy

Scope:

This policy applies to all DEMHS Region 3 participating towns, agencies and Regional Emergency Support Functions. Exercises in the context of this policy include all types of exercises, drills, TTXs, etc.

Goal:

To coordinate the participation of Region 3 jurisdictions, agencies and Regional Emergency Support Functions (ESF) in scheduled exercises so as to maximize productive participation, ensure an effective Region 3 exercise program, and prevent overtaxing regional resources.

Strategies:

The Region 3 Training and Exercise Planning Workgroup (T&EPW) shall:

1. Identify all proposed exercises within Region 3 on the Region 3 Training and Exercise Schedule
2. Assist in identifying the goals and objectives of each proposed exercise to determine its value to participating agencies
3. Identify common interests and objectives among regional exercises
4. Encourage a higher level of participation while managing the number of regional exercises
5. Eliminate unnecessarily high demand for participation in exercises leading to a dilution of assets and interest
6. Coordinate proposed regional exercises with private, state, NGO and federal exercises

Policy:

1. The T&EPW recommends that regional stakeholders participate in an exercise at least once every six months to validate plans and policies.
2. Participating entities that wish to conduct a drill or exercise will complete an *Intent to Exercise* form to ensure effective local, regional and state coordination.
3. The T&EPW will review requests according to the above stated goal and strategies and make recommendations to continue as described in the Intent to Exercise form, or, combine the exercise with an existing planned or proposed exercise. Exercises will be added to the Region 3 Training and Exercise Schedule.
4. If Regional agencies or assets are requested to participate in a proposed exercise, the T&EPW may recommend or not recommend Regional participation based on the proposed goals and objectives of the exercise and the overall assessment of the value of the proposed exercise based on Regional exercise program requirements. The final decision to conduct an

exercise or to participate in an exercise remains with the individual community or agency based on their specific exercise requirements.

5. Some exercises will be regionally sponsored and some sponsored by other agencies (CT DPH, DEMHS or hospitals for example). Every attempt will be made to support all exercises on the Regional exercise calendar.
6. All proposed exercises will be developed in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) principles.
7. All proposed exercises will evaluate the standing target capability of Communications and utilize the Communications Exercise Evaluation Guide for all CREPC-sponsored exercises.
8. All CREPC-sponsored exercises will incorporate special needs considerations to the extent possible.
9. Overtime/backfill reimbursement *may* be available in accordance with Homeland Security grant guidelines for HSEEP compliant exercises. Entities seeking reimbursement must notify CRCOG as soon as possible to ensure proper reimbursement coordination.
10. It is understood that participation in any exercise is dependent on the actual, real time events occurring on the day of the exercise. Any participating agency may withdraw from an exercise if that agency's presence is required elsewhere for an actual emergency.

2014 Region 3 Training and Exercise Schedule

2014												
The 2014 program includes implementing improvement plans, exercising according to regional priorities, and sustaining the NIMS compliance training effort and Regional Teams.												
	J	F	M	A	M	J	J	A	S	O	N	D
Region 3 Known Exercises and Drills	Exercises											
	Epi-Support Strike Team TTX (ESF-8)	Comms drill- with CRI component (ESF-8)	Avon/Farmington Valley Health District Tabletop Exercise (Avon)	Manchester Glendonbury MRC SNS Drill Apr 17 Statewide SNS Exercise April 21-25	Comms drill- with CRI component (ESF-8)	Epi-support Strike team FSE (ESF-8)	Comms drill- with CRI component (ESF-8)				Comms drill- with CRI component (ESF-8)	
STANDARD REGIONAL NIMS/ICS TRAINING PROGRAM INCLUDES: Quarterly ICS 300, 400 training; Semi-Annual ICS 100, 200, IS 700												
NOTE: The preferred method of ICS-100/200 and IS-700/800 is On-Line at http://training.fema.gov/IS/crslist.asp												
G-191		TBD			TBD			TBD			TBD	
ICS-400 As Needed		Quarterly Training			Quarterly Training			Quarterly Training			Quarterly Training	
ICS-300 As Needed	Quarterly Training				Quarterly Training			Quarterly Training			Quarterly Training	
ICS-200	Region 3 Strategy is to complete these courses on line. Go to http://training.fema.gov/IS/crslist.asp to take courses.											
ICS-100	Region 3 Strategy is to complete these courses on line. Go to http://training.fema.gov/IS/crslist.asp to take courses.											
IS-700	Region 3 Strategy is to complete these courses on line. Go to http://training.fema.gov/IS/crslist.asp to take courses.											
IS-800	Region 3 Strategy is to complete these courses on line. Go to http://training.fema.gov/IS/crslist.asp to take courses.											

2014 Region 3 Training and Exercise Schedule

Regional Emergency Support Function Related Training												
Month->	J	F	M	A	M	J	J	A	S	O	N	D
ESF-1												
ESF-2												
ESF-3												
ESF-4												
ESF-5												
ESF-6												
ESF-7												
ESF-8	Monthly 1 st Wed	Monthly 1 st Wed	Monthly 1 st Wed	Monthly 1 st Wed	Monthly 1 st Wed	Monthly 1 st Wed	Monthly 1 st Wed	Monthly 1 st Wed	Monthly 1 st Wed	Monthly 1 st Wed	Monthly 1 st Wed	Monthly 1 st Wed
8/EMS												
ESF-8/ Public Health	Monthly 1 st Friday Epi surge training	Monthly 1 st Friday	Monthly 1 st Friday	Monthly 1 st Friday RSP Plan training	Monthly 1 st Friday TAR	Monthly 1 st Friday TAR	Monthly 1 st Friday	Monthly 1 st Friday	Monthly 1 st Friday	Monthly 1 st Friday	Monthly 1 st Friday	Monthly 1 st Friday
ESF-8/ Hospital												
ESF-8/ LTC	See annual Training Plan below.											
ESF-9	2 nd Sat 4 th Sun	2 nd Sat 4 th Sun	2 nd Sat 4 th Sun	2 nd Sat 4 th Sun	2 nd Sat 4 th Sun	2 nd Sat 4 th Sun	2 nd Sat 4 th Sun	2 nd Sat 4 th Sun	2 nd Sat 4 th Sun	2 nd Sat 4 th Sun	2 nd Sat 4 th Sun	2 nd Sat 4 th Sun
ESF-10												
ESF-11												
ESF-12												
ESF-13												
ESF-14												
ESF-15												
ESF-16												
ESF-19												
ESF-20												
ESF-21												

2014 Region 3 Training and Exercise Schedule

Acronyms

AHIMT – All Hazards Incident Management Team CERT – Community Emergency Response Team CONOPS - Concept of Operations COML - Communications Unit Leader CRCOG - Capitol Region Council of Governments CREPC – Capitol Region Emergency Planning Committee DEMHS – Division of Emergency Management and Homeland Security DESPP - Department of Emergency Services and Personal Protection EMS – Emergency Medical Service ESF - Emergency Support Function FE – Functional Exercise FPC - Final Planning Conference FSE – Full Scale Exercise HSEEP – Homeland Security Exercise and Evaluation Program	ICS – Incident Command System IMT – Incident Management Team (Same as AHIMT for this app) IPC - Initial Planning Conference MPC - Mid-Term Planning Conference MRC – Medical Reserve Corps NIMS – National Incident Management System POC – Point of Contact RID - Regional Incident Dispatch RCC - Regional Coordination Center RESP - Regional Emergency Support Plan T&EPW – Training and Exercise Planning Workgroup TTX – Table Top Exercise UASI – Urban Area Security Initiative
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Connecticut Long Term Care Mutual Aid Plan (LTC-MAP)

Sessions are designed to assist existing members to better familiarize themselves with the LTC-MAP activation protocols and actions of members in a disaster. All members are invited to observe the Steering Committee meetings and Orientation meetings. As a State wide collaborative effort, schedules for all Regions are shown.

January 2014

Regional Steering Committee Meetings

1/14: Region 5: 9:00 – 10:30 AM
 1/15: Region 3: 1:30 – 3:00 PM
 1/15: Region 4: 9:00 – 10:30 AM
 1/28: Region 1: 1:30 – 3:00 PM

March 2014

Connecticut Statewide Steering Committee Meeting (Regional LTC-MAP Reps / DPH /DEMHS / DSS / Key Regional Partners)

- *By Invitation Only*

2014 Region 3 Training and Exercise Schedule

3/11: 2:00 – 4:00 PM, LeadingAge CT (860-828-2903), 1340 Worthington Ridge Berlin, CT 06037

Regional Steering Committee Meetings & LTC Coordinating Center Training: (Emergency Reporting Drill prior to Steering Committee Meetings)

3/25: Region 5: 9:00 – 11:00 AM, Masonicare at Newtown, 139 Toddy Hill Road, Newton

3/25: Region 1: 1:00 – 3:00 PM, Lord Chamberlain, 7003 Center Street, Stratford

3/26: Region 3: 9:00 – 11:00 AM, Duncaster (Aquatics Entrance), 40 Loeffler Rd, Bloomfield

3/26: Region 4: 1:30 – 3:30 PM, Groton Regency Center, 1145 Poquonnock Road, Groton

April 2014

Annual LTC-MAP Education Meetings by Region (Required meeting for all Members)

Emergency Reporting Drill during the month of April

4/28: Region 4: 1:00–4:00 PM, Avalon Health Center at Stone Ridge, 186 Jerry Browne Road, Mystic

4/29: Region 3: 8:30–11:30 AM, Northeast Utilities Conference Center, 107 Selden St., Berlin

4/29: Region 5: 1:00–4:00 PM, B'Nai Israel of Southbury, 444 Main St North, Southbury

4/30: Region 1: 9:00 AM–12:00 PM, Edgehill Health Center, 122 Palmers Hill Rd, Stamford

May 2014

Regional Steering Committee Meetings & Exercise Planning Conference Calls:

5/20: Region 5: RSC Meeting, 9:00 – 10:00 AM, Masonicare at Newtown, 139 Toddy Hill Road, Newton, CT; Conference Call, 10:00 – 11:00 AM

5/20: Region 1: RSC Meeting, 1:00 – 2:00 PM, Lord Chamberlain, 7003 Center Street, Stratford, CT; Conference Call, 2:00 – 3:00 PM

5/21: Region 3: RSC Meeting, 9:00 – 10:00 AM, Location TBD (either Jerome Home in New Britain or Duncaster in Bloomfield); Conference Call, 10:00 – 11:00 AM

5/21: Region 4: RSC Meeting, 1:30 – 2:30 PM, Groton Regency Center, 1145 Poquonnock Road, Groton, CT; Conference Call, 2:30 – 3:30 PM

2014 Region 3 Training and Exercise Schedule

June 2014

Regional Disaster Exercises – Evacuation of multiple facilities – All LTC-MAP members will participate

6/9: Region 5: 12:30 PM – 4:30 PM
6/10: Region 1: 8:30 AM – 12:30 PM
6/11: Region 3: 8:30 AM – 12:30 PM
6/12: Region 4: 8:30 AM – 12:30 PM

August 2014

Emergency Reporting Drill (AM) – All members

Date: Unannounced

September 2014

Regional Steering Committee Meetings & LTC Coordinating Center Training:

(Emergency Reporting Drill prior to Steering Committee Meetings)

9/16: Region 5: 9:00 – 11:00 AM, Masonicare at Newtown, 139 Toddy Hill Road, Newton
9/16: Region 1: 1:00 – 3:00 PM, Lord Chamberlain, 7003 Center Street, Stratford
9/17: Region 3: 9:00 – 11:00 AM, Duncaster, (Aquatics Entrance), 40 Loeffler Rd, Bloomfield
9/17: Region 4: 1:30 – 3:30 PM, Groton Regency Center, 1145 Poquonnock Road, Groton

November 2014

Regional Steering Committee Meetings & Orientation Session (open to all members): (Emergency Reporting Drill prior to Steering Committee Meetings)

11/18: Region 5: RSC Meeting, 9:00 – 10:30 AM / Orientation Session, 10:30 – 11:30 AM

Location: Masonicare at Newtown, 139 Toddy Hill Road, Newton, CT

11/18: Region 1: RSC Meeting, 1:00 – 2:30 PM / Orientation Session, 2:30 – 3:30 PM

Location: Lord Chamberlain, 7003 Center Street, Stratford, CT

11/19: Region 3: RSC Meeting, 9:00 – 10:30 AM / Orientation Session, 10:30 – 11:30 AM

Location: TBD (either Jerome Home in New Britain or Duncaster in Bloomfield)

11/19: Region 4: RSC Meeting, 1:30 – 3:00 PM / Orientation Session, 3:00 – 4:00 PM

Location: Groton Regency Center, 1145 Poquonnock Road, Groton, CT