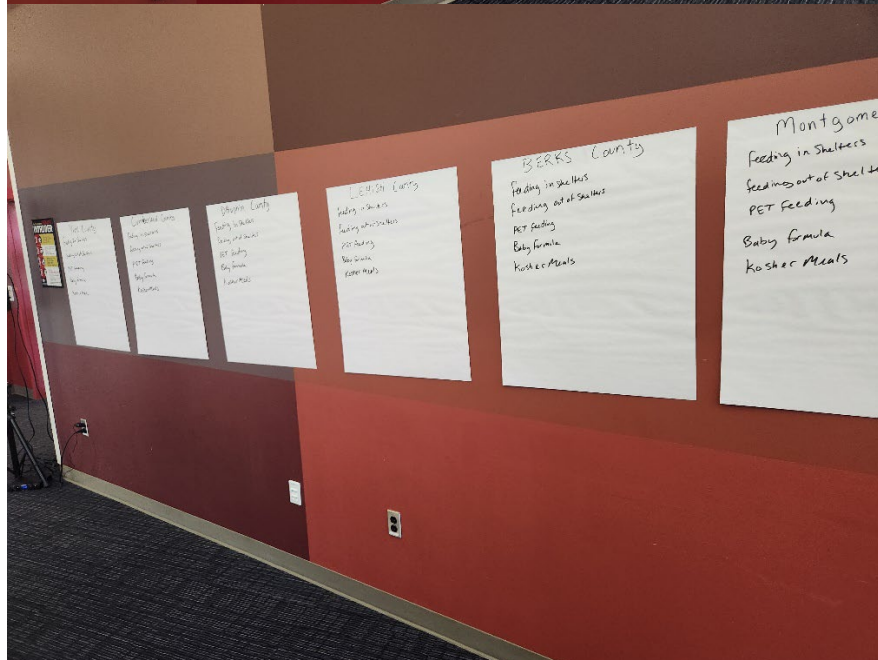
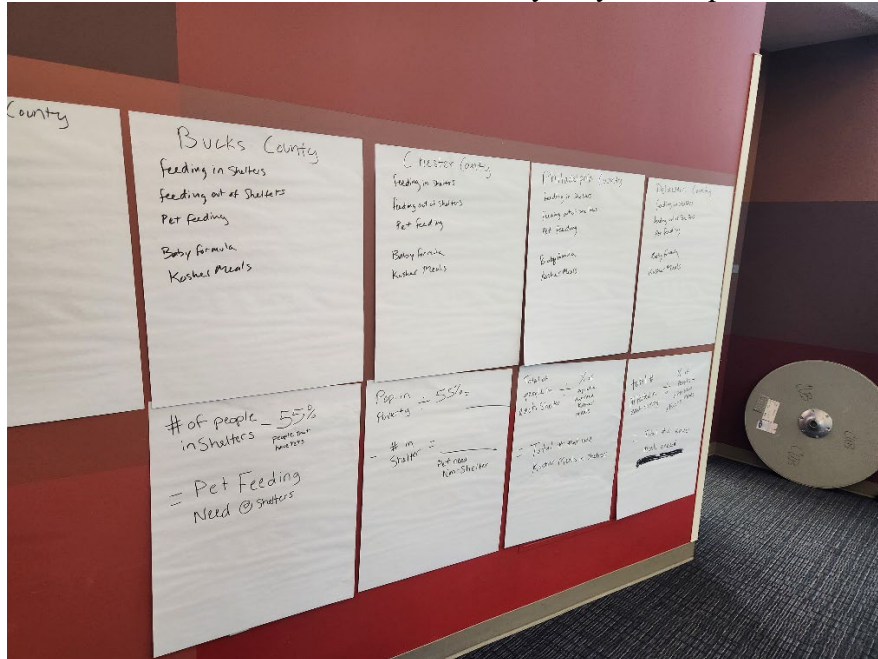


# Observations – Michael Prasad, CEM®

## Hotwash/AAR items

### Feeding Task Force

- I observed the Feeding Task Force on Day 2 (Wednesday). They already displayed - up on the walls - the county-level (the Commonwealth's level for AHJ) unmet support needs, which as shown below consistently only had requests for baby formula.



- This task force never dealt with any breastfeeding or mixed feeding solutions during this exercise, via any of the pre-planning, pre-exercise training, and pre-exercise material provided.

## Sheltering Task Force

- I observed the Sheltering Task force on Day 2 work through a single inject for a request for a breast pump at a shelter. I was unclear as to the flow of where the request went and how, but it landed at the Red Cross, who attempted to purchase locally at a big-box store. There was no inventory available there, so the Red Cross reverted request back to the County AHJ and that is where the inject remained when PAUSEEX was declared in the late afternoon.

## Overall Exercise-Related Observations

- Many players were confused as to which ‘day’ it was in play, in the exercise. On Real World Day 2, for example, an inject came over to the Feeding Task Force about how much pet food was available, through player agencies. Knowing which day in the scenario everyone is on, and what artificialities from the SimCell (donations received from outside of the AHJ, commodities on hand at SLTT disaster warehouses, third-party/vendor inventory available to the AHJ, etc.) were quantified – would have helped tremendously. I did not observe the Pennsylvania CRCC<sup>1</sup> group to see if they were monitoring any feeding logistical support needs via a common system/platform/dashboard which aggregates all of the assets noted above. A number of states<sup>2</sup> have *donations management platforms* which can manage these aspects<sup>3</sup> for SLTTs.
- It would have been extremely helpful for observers/evaluators who are focused on specific MSEL injects (and their impact on the existing planning, organizing, equipping, and training) to
  - Know when those injects are being distributed (i.e., be notified by the local controller when they ‘arrive’)
  - Know in advance where the inject is being distributed to (Feeding, Pets, Sheltering, DAFN, etc.).
- As with many large-scale exercises – the experience and SME knowledge level of the players varies. I observed a large number of conversations where the AHJs – including Commonwealth level players – did not know the financial and legal remedies for unmet needs.
  - For example, the waiver types for SNAP: does it allow for lactation counseling (PAS) for non-recipients of SNAP benefits?
  - Could TANF funding be used for any infant/toddler feeding support?
  - How is feeding supported to licensed facilities, which may have infants/toddlers, via third-party transportation and/or vendor food? What about DV shelters? Group Homes?
- And even as a learning environment (it is always valuable to be training while exercising, in my opinion), the pediatric feeding concern questions *were not asked*. For example, the Feeding Task Force had a FEMA Public Assistance financial expert in come into the room to answer questions – but no one asked about the potential reimbursement to the State (and pass-thru to the counties) for DME, CMS, and PAS associated with the emergency protective measure of feeding (even when ‘nudged’ to make this ask). This is not yet a set of trees in the forest that Feeding Task Force members are seeing.

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<sup>1</sup> <https://www.pema.pa.gov/Response/Internal-Operations/CRCC/Pages/default.aspx>

<sup>2</sup> <https://helpnknow.communityos.org/donations>

<sup>3</sup> <https://www.pema.pa.gov/Recovery/VOAD/Pages/default.aspx>

## Improvement Plan items

Awareness and recognition that any pediatric feeding challenges – or even just supporting the existing feeding choices that families made, before the disaster happened - is a mass care feeding problem, and not an individual health concern, is key. The current model of reviewing issues related to breastfeeding challenges in a shelter/fixed feeding site is currently performed as a ‘one-off’ review by the onsite health professional, through a C-MIST<sup>4</sup> framework process. The awareness of a family who has an infant/toddler needs to start through identifying *potential* challenges from the initial intake process at the shelter registration point. **This is because time is of the essence in both identifying the potential for a pediatric feeding challenge, and the logistics involved in a healthy resolution. These problems must be resolved in minutes, not days.**

Codifying the pre-exercise work which was done in early 2024 (workshops, tabletop exercises, etc.) into the future planning, organizing, equipping, training, and exercising for both this set of jurisdictions in the Commonwealth - as well as the templated model for other states, territories, tribal nations, and local jurisdictions - will benefit those jurisdictions, and of course our children most of all.

| Core Capability                        | Issue/Area for Improvement  | Corrective Action  | Capability Element <sup>5</sup> |
|--|---|--|---------------------------------|
| Core Capability:<br>Mass Care Services | Need to fully support breastfeeding needs for families at mass care sites | AHJs need to review their MC FF plans for all three elements of breastfeeding support, including validation of PA Cat B eligibility.   | Planning                        |
|  |   | AHJs need to work through PAS staffing issues for lactation counseling, to be available to everyone equitably.   | Organizing                      |
|  |   | AHJs need to logistically pre-stage DME and CMS needed for urgent availability at MC FF sites.   | Equipping                       |
|  |   | AHJs need to amend training for shelter and support staff towards feeding choices by families, over defaulting to commercial formula only.   | Training                        |
|  | Need to revise exercise injects   | Change flow of MSEL items to encourage pre-staging DME and CMS, work through PAS support (onsite vs telehealth, or both). Build in logistics supply chain issues – including lack of staffing - to exercise contingency planning elements, which must be urgently addressed. | Exercising                      |

<sup>4</sup> [https://www.naccho.org/uploads/downloadable-resources/NACCHO\\_Aging-and-Functional-Needs-Planning-FINAL.pdf](https://www.naccho.org/uploads/downloadable-resources/NACCHO_Aging-and-Functional-Needs-Planning-FINAL.pdf)

<sup>5</sup> Capability Elements are Planning, Organizing (Staffing), Equipping (Logistics), Training, or Exercising.