|  |  |  |
| --- | --- | --- |
| [Incident/ Exercise/ Event Name] – After Action Report | [Pick the date]  [Year] | |
| [Author of the AAR] Report Completed: [Date] | | [Facility Name] |

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EXPLANATION OF TERMS

*Examples:*

AAR After Action Report

CMS Centers for Medicaid/Medicare

EPP Emergency Preparedness Program

EOP Emergency Operations Plan

FSX Full Scale Exercise

HPP Hospital Preparedness Program

HSEEP Homeland Security Exercise Evaluation Program

HVA Hazard Vulnerability Assessment

IC Incident Command

ICS Incident Command System

IP Improvement Plan

MHOAC Medical Health Operational Area Coordinator

NIMS National Incident Management System

OEM Office of Emergency Management

PIO Public Information Officer

TTX Table Top Exercise

INTRODUCTION

*Include brief synopsis of incident here.*

Sequence of events:

*Include detailed sequence of events here, if available.*

AFTER ACTION REPORT OVERVIEW

This report is a compilation of information from the different departments and staff who participated in the response to [*list incident/exercise/event here]*. The information was gathered by [*list departments here and various sources of information for the report]*

The recommendations in this AAR should be viewed with considerable attention to the needs for providing safe care to residents. Each department should review the recommendations and determine the most appropriate action and time needed for implementation.

The issues outlined in this AAR will be addressed in the Improvement Plan and will list corrective actions to complete. This Improvement Plan will serve as a summary of the AAR and as a guide for corrective action over the course of the following year’s training program for staff.

***Incident Overview:***

*[Insert incident/exercise/event location here]*

***Duration:***

*[Insert incident/exercise /event time]*

***Focus*** *(Check appropriate area(s) below)****:***

🞏 Prevention

🞏 Response

🞏 Recovery

🞏 Other

***Activity or Scenario*** *(Check appropriate area(s) below)****:***

🞏 Fire

🞏 Severe Weather

🞏 Hazardous Material Release

🞏 Bomb Threat

🞏 Medical Emergency

🞏 Power Outage

🞏 Evacuation

🞏 Lockdown

🞏 Special Event

🞏 Exercise/Drill

🞏 Other

***Location:***

*[Insert incident/exercise/event location here]*

***Participating Organizations:***

*[Insert organizations here]*

STRENGTHS

*List strengths here.*

AREAS OF IMPROVEMENT

*List Areas of Improvement here.*

RECOMMENDATIONS

*List Recommendations here.*

CONCLUSION AND NEXT STEPS

*Insert Conclusion here.*