[Name of Agency/Coalition]

[Exercise / Real Incident Name]

After-Action Report / Improvement Plan 2017-2022

[Date Published]

# Exercise / Incident Description

| **Topic** | Response |
| --- | --- |
| **Exercise or Incident Name** | [Insert the formal name of exercise, which should match the name in the document header.] |
| **Exercise or Incident Dates** | [Indicate the start and end dates of the exercise.] |
| **Scope** | This exercise is a [exercise type], planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters]. |
| **Mission Area(s)** | [Indicate the mission area(s) using the following term(s): Prevention, Protection, Mitigation, Response, and/or Recovery] |
| **HPP Capabilities and Objectives** | [List the HPP capability being exercised.] |
| **Exercise** **Objectives** | [List exercise objectives.] |
| **Threat or Hazard** | [List the threat or hazard (e.g. natural/hurricane, technological/radiological release)] |
| **Scenario or Incident Description** | [Insert a brief overview of the exercise scenario including the impacts (2-3 sentences)] |
| **Sponsor** | [Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable] |
| **Participating Organizations** | List the participants by organization type (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies) in Appendix B.  |
| **Point of Contact** | [Insert the name, title, agency, address, phone number, and email address of the primary POC (e.g., exercise director)] |

# Executive Summary

Required: If this AAR/IP is for a response to a real incident, include a description of the role of the agency in the response.

Optional: If this is an exercise, you may add an exercise summary or delete this section.

# Analysis of HPP Capabilities

Alignment of exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned capabilities and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

**Table 1 Summary of Capability Performance**

The following sections provide an overview of the performance related to each exercise or incident objective and the associated HPP Capability, highlighting strengths and areas for improvement.

| Exercise Objective | HPP Capability  | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| [Objective 1] | [Capability] |  |  |  |  |
| [Objective 2] | [Capability] |  |  |  |  |
| [Objective 3] | [Capability] |  |  |  |  |

**Ratings Definitions:**

* Performed without Challenges (P): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
* Performed with Some Challenges (S): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
* Performed with Major Challenges (M): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
* Unable to be Performed (U): The targets and critical tasks associated with the capability were not performed in in a manner that achieved the objective(s).

## HPP Capability # – [List HPP Capability] *e.g. Capability 4-Medical Surge*

**Functions and Tasks/Resource Elements demonstrated (from the HPP Capabilities):**

HPP Objective [#]: [Official description]

Actvity [#]: [Official description]

Actvity [#]: [Official description]

Actvity [#]: [Official description]

Actvity [#]: [Official description]

HPP Objective [#]: [Official description]

Actvity [#]: [Official description]

Actvity [#]: [Official description]

Actvity [#]: [Official description]

Actvity [#]: [Official description]

**Exercise Objective 1:** [List the first exercise/incident objective]

**Gap Addressed**: [This is the reason why this objective was included for this exercise. The source may be a previous corrective action, an ongoing requirement to sustain response capability, an issue of concern from the agency hazard and vulnerabilities assessment, or a recognized gap in a procedure or plan.]

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

**Strengths**

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

**Strength 1:** [Observation statement]

**Strength 2:** [Observation statement]

**Strength 3:** [Observation statement]

**Areas for Improvement**

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

**Area for Improvement 1:** [Observation statement - This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

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

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

**Recommendations:** [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength, without corresponding recommendations, insert “None.]

1. [Complete description of recommendation]
2. [Complete description of recommendation]
3. [Complete description of recommendation]

**Area for Improvement 1:** [Observation statement]

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

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

**Recommendations:** [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength, without corresponding recommendations, insert “None.]

1. [Complete description of recommendation]
2. [Complete description of recommendation]
3. [Complete description of recommendation]

**Exercise Objective 2:** [List a second exercise/incident objective associated with this Capability if applicable.]

**Gap Addressed**: [This is the reason why this objective was included for this exercise. The source may be a previous corrective action, an ongoing requirement to sustain response capability, an issue of concern from the agency hazard and vulnerabilities assessment, or a recognized gap in a procedure or plan.]

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

**Strengths**

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

**Strength 1:** [Observation statement]

**Strength 2:** [Observation statement]

**Strength 3:** [Observation statement]

**Areas for Improvement**

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

**Area for Improvement 1:** [Observation statement.]

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

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

**Recommendations:** [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength, without corresponding recommendations, insert “None.]

1. [Complete description of recommendation]
2. [Complete description of recommendation]
3. [Complete description of recommendation]

**Area for Improvement 2:** [Observation statement]

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

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

**Recommendations:** [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength, without corresponding recommendations, insert “None.]

1. [Complete description of recommendation]
2. [Complete description of recommendation]
3. [Complete description of recommendation]

## HPP Capability # – [List HPP Capability]

**Functions and Tasks/Resource Elements demonstrated (from the HPP Capabilities):**

HPP Objective [#]: [Official description]

Actvity [#]: [Official description]

Actvity [#]: [Official description]

Actvity [#]: [Official description]

Actvity [#]: [Official description]

HPP Objective [#]: [Official description]

Actvity [#]: [Official description]

Actvity [#]: [Official description]

Actvity [#]: [Official description]

Actvity [#]: [Official description]

 **Exercise Objective 1:** [List the first exercise/incident objective]

**Gap Addressed**: [This is the reason why this objective was included for this exercise. The source may be a previous corrective action, an ongoing requirement to sustain response capability, an issue of concern from the agency hazard and vulnerabilities assessment, or a recognized gap in a procedure or plan.]

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

**Strengths**

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

**Strength 1:** [Observation statement]

**Strength 2:** [Observation statement]

**Strength 3:** [Observation statement]

**Areas for Improvement**

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

**Area for Improvement 1:** [Observation statement - This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

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

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

**Recommendations:** [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength, without corresponding recommendations, insert “None.]

1. [Complete description of recommendation]
2. [Complete description of recommendation]
3. [Complete description of recommendation]

**Area for Improvement 2:** [Observation statement]

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

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

**Recommendations:** [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength, without corresponding recommendations, insert “None.]

1. [Complete description of recommendation]
2. [Complete description of recommendation]
3. [Complete description of recommendation]

**Exercise Objective 2:** [List a second exercise/incident objective associated with this Capability if applicable.]

**Gap Addressed**: [This is the reason why this objective was included for this exercise. The source may be a previous corrective action, an ongoing requirement to sustain response capability, an issue of concern from the agency hazard and vulnerabilities assessment, or a recognized gap in a procedure or plan.]

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

**Strengths**

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

**Strength 1:** [Observation statement]

**Strength 2:** [Observation statement]

**Strength 3:** [Observation statement]

**Areas for Improvement**

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

**Area for Improvement 1:** [Observation statement.]

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

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

**Recommendations:** [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength, without corresponding recommendations, insert “None.]

1. [Complete description of recommendation]
2. [Complete description of recommendation]
3. [Complete description of recommendation]

**Area for Improvement 2:** [Observation statement]

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

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

**Recommendations:** [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength, without corresponding recommendations, insert “None.]

1. [Complete description of recommendation]
2. [Complete description of recommendation]
3. [Complete description of recommendation]

[Continue listing additional capabilities and objectives using this format]

AAR/IP submitted by: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix A: Improvement Plan

This IP has been developed specifically for [LHD, THD, HCC, MDH] as a result of [Exercise/Incident/Event Name] conducted on [date].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[1]](#footnote-1)** | **POC/Agency** | **Start Date** | **Completion Date** |
|  **HPP Capability 1: [Capability Name]** |
| 1. [Area for Improvement] | [Corrective Action 1]  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |
| **HPP Capability 2: [Capability Name]** |
| 1. [Area for Improvement] | [Corrective Action 1]  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |
| **Capability 3: [Capability Name]** |
| 1. [Area for Improvement] | [Corrective Action 1]  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |

# Appendix B: Exercise Participants

| Participating Organizations (insert rows as needed) |
| --- |
| **State & Local Government (LHDs, CHBs, Emergency Management, State Health Department, etc.).**  |
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| **Non-government Partners (EMS, Hospitals, LTC Facilities, Community Health Centers, Red Cross, Salvation Army, etc.)** |
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| **Federal Partners (CDC, ASPR, FEMA, etc.)** |
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### Additional Information/Comments

[Please provide any additional information or comments as indicated.]

1. Capability Elements are: Planning, Skills/Training, Equipment/Technology

Please submit a copy of this AAR/IP to health.hpp@state.mn.us [↑](#footnote-ref-1)