[INSERT YEAR] STATEWIDE

MEDICAL AND HEALTH EXERCISE

AFTER ACTION REPORT


# PREFACE

The [Insert Year] California Statewide Medical and Health Exercise (SWMHE) is sponsored by the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA).

This AAR follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). The AAR is a tool for use in evaluating the exercise and developing improvement plans. See [Appendix E] for a listing of agency/event acronyms. All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current jurisdictional directives.

## [CUSTOMIZING THE AAR]

[Throughout this document, there are opportunities for customization by jurisdiction/organization/facility planners. This document serves as a template guidance document. This document, and particularly the objectives, strengths, and areas for improvement, should be modified to reflect the unique characteristics of your region and participants. Bracketed text (e.g., [your jurisdiction]) is provided to aid with location-specific tailoring. These should be removed or modified as appropriate prior to finalizing this document. Exercise planners can insert their customized language and then remove the highlight and brackets. After tailoring the document to your jurisdiction/organization/facility, be sure to update the Table of Contents by right clicking on them and selecting “update field”].

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# EXERCISE OVERVIEW

|  |  |
| --- | --- |
| **Exercise Name** | [Insert Year] California Statewide Medical and Health Exercise (SWMHE)  |
| **Exercise Date** | [Insert Jurisdiction/Organization/Facility’s Exercise Date] |
| **Scope** | This exercise is planned for [Jurisdiction/Organization/Facility] to take place at [insert exercise date and time] at [insert exercise location]. The [Insert Year] SWMHE Program is a progressive exercise program comprised of a series of training exercises tied to a set of common program priorities. After Action Meetings should be completed within 60 days of the. |
| **Mission Area(s)** | [Insert mission area(s)] |
| **Capabilities** | [Based on the capabilities selected for your exercise, whether you are using Public Health Emergency Preparedness (PHEP), Health Care Preparedness and Response Capabilities[[2]](#footnote-2), or National Core Capabilities (or a combination), please list them here. These should be selected based on your objectives and requirements for the exercise] * [Public Health, Healthcare, and Emergency Medical Services (Core)]
* [Operational Communications (Core)]
* [Planning (Core)]
* [Public Information and Warning (Core)]
* [Mass Care Services (Core)]
* [Foundation for Health Care and Medical Readiness (Health Care Preparedness and Response Capabilities)]
* [Health Care and Medical Response Coordination (Health Care Preparedness and Response Capabilities)]
* [Information Sharing (PHEP)]
* [Emergency Public Information and Warning (PHEP)]
* [Community Recovery (PHEP)]
 |
| **Objectives** | [For sample objectives, please refer to the Objectives template documents for Ambulance, Behavioral Health, Community Clinics, Coroner/Medical Examiner, Emergency Medical Services (EMS) Agencies, Fire, Hospitals, Law Enforcement, Long Term Care Facilities, Offices of Emergency Management, and Public Health]* [Insert the objectives selected by the Jurisdiction/Organization/Facility]
 |
| **Threat or Hazard** | [Insert threat or hazard] |
| **Scenario** | [Insert scenario] |
| **Sponsor** | The [Insert Year] SWMHE Exercise is sponsored by the California Department of Public Health and the California Emergency Medical Services Authority in collaboration with response partners representing local health departments, public safety and healthcare facilities across California. |
| **Participating Organizations** | [Insert participating organizations here and in the appendices]  |

# ANALYSIS OF CAPABILITIES

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

**Table 1: Summary of Capability Performance**

| **Objective** | Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| [I. Objective ] | [A. Capability] |  |  |  |  |
| [II. Objective ] | [B. Capability] |  |  |  |  |
| [III. Objective ] | [C. Capability] |  |  |  |  |
| [IV. Objective ] | [D. Capability] |  |  |  |  |
| **Ratings Definitions:*** **P-** Performed without Challenges: The 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.
* **S-** Performed with Some Challenges: The 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. However, opportunities to enhance effectiveness and/or efficiency were identified.
* **M-** Performed with Major Challenges: The tasks associated with the capability were completed in a manner that achieved the objective(s), but the demonstrated performance had a negative impact on the performance of other activities and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
* **U-** Unable to be Performed: The tasks associated with the capability were not performed in a manner that achieved the objective(s).
 |

The following sections provide an overview of the performance related to each exercise objective and associated capability tested during the exercise, highlighting strengths and areas for improvement.

The following is an example of how the following section may be completed:

## [I. OBJECTIVE]

Activate the Department Operations Center (DOC) within 30 minutes of Incident notification per activation guidelines found in the emergency operations plan (EOP).

### [A. Capability]

Emergency Operations Coordination (PHEP)

#### Strengths

The [full or partial] capability level attributes to the following strengths:

Strength 1: The DOC was activated and staffed in an efficient manner with adequate resources for operations.

Strength 2: Communications and information exchanges flowed efficiently between DOC team members.

Strength 3: Signage within the DOC helped move people and supplies to where they needed to be with little confusion.

#### Areas for Improvement

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

Area for Improvement 1: Facility Emergency Operations Plan 2017 should be updated to reflect current plans and procedures and act as a viable resource for newer employees.

Reference: Facility Emergency Operations Plan 2017.

Analysis: While all team members performed their roles and responsibilities in a knowledgeable and efficient manner, newer procedures were not reflected in the current Facility Emergency Operations Plan. An appointed position should be assigned responsibility for this task on a monthly/quarterly/yearly basis.

## [I. OBJECTIVE]

[Insert objective]

### [A. Capability]

[Insert capability]

#### Strengths

The [full or partial] capability level attributes 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]

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]

### [B. Capability]

#### 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]

# APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan has been developed specifically for the California Department of Public Health, the Emergency Medical Services Authority, and [insert jurisdiction/organization/facility] as a result of the annual SWMHE conducted on [date of exercise].

| **Observation** | **Corrective Action** | **Primary Responsible Organization** | **Organization****POC** | **Start** **Date** | **Completion** **Date** |
| --- | --- | --- | --- | --- | --- |
| 1. [Area for Improvement] | [Corrective Action 1]  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |
| 1. [Area for Improvement] | [Corrective Action 1]  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |
| 1. [Area for Improvement] | [Corrective Action 1]  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |

# APPENDIX B: EXERCISE PARTICIPANTS

| NAME | ORGANIZATION |
| --- | --- |
| **Federal** |
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| **State** |
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| **[Jurisdiction A]** |
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| **[Jurisdiction B]** |
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# APPENDIX C: PARTICIPANT FEEDBACK

**Note**: To create rating percentages, tally the amount of times each rating was selected per assessment factor (i.e., 20 people circled 5 for the first assessment factor) then divide that number by the total
number of feedback forms received or total number of participants that provided an answer for that assessment factor.

This table represents consolidated feedback from all forms received. This information is based on a total of [insert number here] usable feedback forms.

| RATING SATISFACTION OF EXERCISE |
| --- |
| **Assessment Factor** | StronglyDisagree(1) | **Disagree****(2)**  | **Neutral****(3)** | **Agree****(4)**  | **StronglyAgree****(5)** |
| [Pre-exercise briefings were informative and provided the necessary information for my role in the exercise] | 0% | 0% | 0% | 0% | 0% |
| [The exercise scenario was plausible and realistic] |  |  |  |  |  |
| [Exercise participants included the right people in terms of level and mix of disciplines] |  |  |  |  |  |
| [Participants were actively involved in the exercise] |  |  |  |  |  |
| [Exercise participation was appropriate for someone in my field with my level of experience/training] |  |  |  |  |  |
| [The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations] |  |  |  |  |  |
| [The exercise provided the opportunity to address significant decisions in support of critical mission areas] |  |  |  |  |  |
| [After this exercise, I am better prepared to deal with the capabilities and hazards addressed] |  |  |  |  |  |
| [I would participate in future exercises of this type] |  |  |  |  |  |

## SELECT PARTICIPANT FEEDBACK

* [Insert select, representative quotes from participant feedback forms, controller notes, and other materials and discussions following the exercise]
* [Participant Quote]
* [Participant Quote]

# APPENDIX D: SCHEDULE

**[Note:** Jurisdictions/Organizations/Facilities should fill in and adjust the following timeline, breaks, etc.]

| **TIME** | **PERSONNEL** | **ACTIVITY** | **LOCATION** |
| --- | --- | --- | --- |
| **[Date of Pre-Exercise Activities]** |
| [Time] | Exercise (FE) Controllers, Evaluators, & Staff | * Controller & Evaluator Orientation Briefing
 | [Location] |
| [Time] | FE Controllers & Staff | * Set up Control Cell and walk-through the exercise site(s)
 | [Location] |
| [Time] | All FE Players | * Player Briefing
 | [Location] |
| **[Date of Exercise]** |
| [Time] | Controllers & FE Staff | * Check-in for final instructions and communications check
 | [Location] |
| [Time] | Media | * Media Briefing
 | [Location] |
| [Time] | Very Important Persons & Selected FE Staff | * VIP Briefing
 | [Location] |
| [Time] | All Participants | * Safety/Player Briefing
 | [Location] |
| [Time] | All | * All participants in starting positions
 | [Location] |
| [Time] | **All** | * **Exercise Starts**
 | [Location] |
| [Time] | **All** | * **Exercise Ends**
 | [Location] |
| Immediately following the FE | All | * Venue Hot Washes
* Turn in all Participant Feedback Forms
 | [Location] |
| [Time] | Controllers & Evaluators | * Controller/Evaluator Debrief
 | [Location] |
| **[Date of Post-Exercise Activities]** |
| [Time] | Controllers, Evaluators, and Exercise Planning Team members | * After Action Meeting
 | [Location] |

# APPENDIX E: ACRONYMS

|  |  |
| --- | --- |
| AAM | After Action Meeting |
| AAR | After Action Report |
| AAR/IP | After Action Report / Improvement Plan |
| AFN | Access and Functional Needs |
| C/E | Controller/Evaluator |
| CAHAN | California Health Alert Network |
| CAHF | California Association of Health Facilities |
| Cal OES | California Governor's Office of Emergency Services |
| Cal OSHA | California Division of Occupational Safety and Health |
| CBO | Community Based Organizations |
| CCLHO | California Conference of Local Health Officers |
| CDPH | California Department of Public Health |
| CERT | Community Emergency Response Team |
| CHA | California Hospital Association |
| C/ME | Coroner/Medical Examiner |
| CPCA | California Primary Care Association |
| CHHS | California Health and Human Services Agency |
| DHS | Department of Homeland Security  |
| DOC | Department Operations Center |
| ED | Emergency Department |
| EEG | Exercise Evaluation Guide |
| EHD | Environmental Health Department |
| EMS | Emergency Medical Services |
| EMSA | Emergency Medical Services Authority |
| EMSAAC | Emergency Medical Services Administrators Association of California |
| EOC | Emergency Operation Center |
| EOM | California Public Health and Medical Emergency Operations Manual |
| EOP | Emergency Operations Plan |
| EPO | California Department of Public Health Emergency Preparedness Office |
| ETA | Estimated Time of Arrival |
| ExPlan | Exercise Plan |
| FAC/FIC | Family Assistance Center / Family Information Center |
| FBI | Federal Bureau of Investigation |
| FE | Functional Exercise |
| FEMA  | Federal Emergency Management Agency |
| FOUO | For Official Use Only |
| FSE | Full Scale Exercise |
| HAZMAT | Hazardous Materials |
| HCC | Hospital Command Center |
| HICS | Hospital Incident Command System |
| HIPAA | Health Insurance Portability and Accountability Act |
| HPP | Hospital Preparedness Program |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| IAP | Incident Action Plan |
| ICS | Incident Command System |
| IP | Improvement Plan |
| JIC | Joint Information Center |
| JIS | Joint Information System |
| JRIC | Joint Regional Intelligence Center |
| JTTF | Joint Terrorism Task Force |
| LEMSA | Local Emergency Medical Services Authority |
| LHD | Local Health Department |
| MCI | Mass Casualty Incident |
| MHCC | Medical and Health Coordination Center |
| MHOAC | Medical/Health Operational Area Coordinator Program  |
| MOU | Memorandum of Understanding |
| MRC | Medical Reserve Corps |
| MSEL | Master Scenario Events List |
| NGO | Non-governmental organization |
| NHICS | Nursing Home Incident Command System |
| NIMS | National Incident Management System |
| OA | Operational Area |
| OEM | Office of Emergency Management |
| OES  | California Governor’s Office of Emergency Services  |
| PHEP | Public Health Emergency Preparedness  |
| POC | Point of Contact |
| PPE  | Personal Protective Equipment |
| RDMHC | Regional Disaster Medical Health Coordinator |
| RDMHS | Regional Disaster Medical Health Specialist |
| REOC | Regional Emergency Operation Center |
| SEMS | Standardized Emergency Management System |
| SimCell | Simulation Cell |
| SitMan | Situation Manual |
| SME | Subject Matter Expert |
| SWMHE | Statewide Medical and Health Exercise |
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1. . After tailoring the document to your jurisdiction/organization/facility, be sure to update the Table of Contents by right clicking on it and selecting “update field”. [↑](#footnote-ref-1)
2. . The Health Care Preparedness and Response Capabilities were released by the Assistant Secretary for Preparedness and Response (ASPR) in December of 2016. They replace the 2011 – 2016 Hospital Preparedness Program (HPP) capabilities. [↑](#footnote-ref-2)