[Enter Your Facility Name] [Enter Special Pathogen Disease] Patient Transportation Exercise

After-Action Report/Improvement Plan

[Enter date]

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise; users are encouraged to add additional sections as needed to support their own organizational needs.

# Exercise Overview

| **Exercise Name** | [Insert special pathogen name] Patient Transportation Exercise |
| --- | --- |
| **Exercise Date** | [Indicate the date of the exercise] |
| **Scope** | This exercise is a drill planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters]. |
| **Mission Area(s)** | Prevention, Protection, Mitigation, and Response |
| **Core Capabilities** | Foundation for Health Care and Medical Readiness – The community’s health care organizations have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources. Health Care and Medical Response Coordination – Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events. Continuity of Health Care Service Delivery – Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.[Foundation for Health Care and Medical Readiness, Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery, and Medical Surge][[1]](#footnote-1) |
| **Objectives** | 1. Determine the [amount of time] it takes for [insert EMS agency] to respond to facility, don Personal Protective Equipment (PPE) and be ready to receive patient for transportation.
2. Assess [insert facility location name] staff’s adherence to don appropriate PPE for a patient with [insert special pathogen name] [insert target timeframe if applicable].
3. Assess [insert facility location name] staff’s ability to notify facility leadership and activate emergency plans and procedures [insert target timeframe if applicable].
4. Assess [insert facility location name] staff’s ability to implement appropriate infection control precautions to minimize exposure to [insert pathogen name].
5. Assess [insert facility location name] ability to conduct coordination with [insert EMS agency], [insert receiving facility], and local public health department.
6. Assess [insert facility location name] ability to coordinate patient transfer with [insert EMS agency].
7. Assess [insert facility location name] waste management process [insert target timeframe if applicable].
 |
| **Threat or Hazard** | Emerging Infectious Disease - [insert name of special pathogen] |
| **Scenario** | A [insert actor age]-year-old [male/female] arrives at the [insert location] of [insert facility name] with clinical symptoms of [insert special pathogen clinical symptoms] and recent travel history to [insert relevant country]. The patient is determined to need transportation to the Special Pathogen Treatment Center (SPTC) or Regional Emerging Special Pathogen Treatment Center (RESPTC). |
| **Sponsor** | [Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable] |
| **Participating Organizations** | [Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required.] |
| **Point of Contact** | [Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor)] |

# Analysis of Core Capabilities

Aligning exercise objectives and core 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 core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

| Objective | Core Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| Determine the [amount of time] it takes for [insert EMS agency] to respond to facility, don Personal Protective Equipment (PPE) and be ready to receive patient for transportation. | Foundation for Health Care and Medical Readiness |  |  |  |  |
| Assess [insert facility location name] staff’s adherence to don appropriate PPE for a patient with [insert special pathogen name] [insert target timeframe if applicable]. | Foundation for Health Care and Medical Readiness |  |  |  |  |
| Assess [insert facility location name] staff’s ability to notify facility leadership and activate emergency plans and procedures [insert target timeframe if applicable].  | Health Care and Medical Response Coordination |  |  |  |  |
| Assess [insert facility location name] staff’s ability to implement appropriate infection control precautions to minimize exposure to [insert pathogen name].  | Health Care and Medical Response Coordination |  |  |  |  |
| Assess [insert facility location name] ability to conduct coordination with [insert EMS agency], [insert receiving facility], and local public health department.  | Health Care and Medical Response Coordination |  |  |  |  |
| Assess [insert facility location name] ability to coordinate patient transfer with [insert EMS agency]. | Health Care and Medical Response Coordination |  |  |  |  |
| Assess [insert facility location name] waste management process [insert target timeframe if applicable].  | Health Care and Medical Response Coordination |  |  |  |  |
| **Ratings Definitions:*** Performed without Challenges (P): The targets and critical tasks associated with the core 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 core 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 core 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 core capability were not performed in a manner that achieved the objective(s).
 |

Table 1. Summary of Core Capability Performance

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

## Objective 1: Determine the [amount of time] it takes for [insert EMS agency] to respond to facility, don Personal Protective Equipment (PPE) and be ready to receive patient for transportation

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

## Core Capability: [insert core 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.]

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.]

## Objective 2: Assess [insert facility location name] staff’s adherence to don appropriate PPE for a patient with [insert special pathogen name] [insert target timeframe if applicable]

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

## Core Capability: [insert core 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.]

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.]

## Objective 3: Assess [insert facility location name] staff’s ability to notify facility leadership and activate emergency plans and procedures [insert target timeframe if applicable]

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

## Core Capability: [insert core 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.]

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.]

## Objective 4: Assess [insert facility location name] staff’s ability to implement appropriate infection control precautions to minimize exposure to [insert pathogen name]

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

## Core Capability: [insert core 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.]

## Objective 5: Assess [insert facility location name] ability to conduct coordination with [insert EMS agency], [insert receiving facility], and local public health department

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

## Core Capability: [insert core 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.]

## Objective 6: Assess [insert facility location name] ability to coordinate patient transfer with [insert EMS agency]

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

## Core Capability: [insert core 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.]

## Objective 7: Assess [insert facility location name] waste management process [insert target timeframe if applicable]

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

## Core Capability: [insert core 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 IP has been developed specifically for [enter your facility name] as a result of [insert special pathogen] Patient Transportation Exercise conducted on [insert date].

| **Objective** | **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[2]](#footnote-2)** | **Primary Responsible Organization** | **Organization POC** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Determine the [amount of time] it takes for [insert EMS agency] to respond to facility, don Personal Protective Equipment (PPE) and be ready to receive patient for transportation  | 1. [Area for Improvement] | [Corrective Action 1]  |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
|  |

| **Objective** | **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[3]](#footnote-3)** | **Primary Responsible Organization** | **Organization POC** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Assess [insert facility location name] staff’s adherence to don appropriate PPE for a patient with [insert special pathogen name] [insert target timeframe if applicable] | 1. [Area for Improvement] | [Corrective Action 1]  |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
|  |

| **Objective** | **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[4]](#footnote-4)** | **Primary Responsible Organization** | **Organization POC** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Assess [insert facility location name] staff’s ability to notify facility leadership and activate emergency plans and procedures [insert target timeframe if applicable] | 1. [Area for Improvement] | [Corrective Action 1]  |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
|  |

| **Objective** | **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[5]](#footnote-5)** | **Primary Responsible Organization** | **Organization POC** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Assess [insert facility location name] staff’s ability to implement appropriate infection control precautions to minimize exposure to [insert pathogen name] | 1. [Area for Improvement] | [Corrective Action 1]  |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
|  |

| **Objective** | **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[6]](#footnote-6)** | **Primary Responsible Organization** | **Organization POC** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Assess [insert facility location name] ability to conduct coordination with [insert EMS agency], [insert receiving facility], and local public health department. | 1. [Area for Improvement] | [Corrective Action 1]  |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
|  |

| **Objective** | **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[7]](#footnote-7)** | **Primary Responsible Organization** | **Organization POC** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Assess [insert facility location name] waste management process [insert target timeframe if applicable] | 1. [Area for Improvement] | [Corrective Action 1]  |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
|  |

| **Objective** | **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[8]](#footnote-8)** | **Primary Responsible Organization** | **Organization POC** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Assess [insert facility location name] ability to coordinate patient transfer with [insert EMS agency] | 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

|  |
| --- |
| Participating Organizations |
| **Federal**  |
|  |
|  |
|  |
|  |
| **State** |
|  |
|  |
|  |
|  |
| **City** |
|  |
|  |
|  |
| **Partner Agencies** |
|  |
|  |
|  |
|  |
|  |
|  |

1. 2017-2022 Health Care Preparedness and Response Capabilities: https://aspr.hhs.gov/HealthCareReadiness/guidance/Documents/ASPR-Preparedness-Response-Capabilities-FactSheet-508.pdf [↑](#footnote-ref-1)
2. Capability Elements are: Planning, Organization, Equipment, Training, or Exercise. [↑](#footnote-ref-2)
3. Capability Elements are: Planning, Organization, Equipment, Training, or Exercise. [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)
5. Capability Elements are: Planning, Organization, Equipment, Training, or Exercise. [↑](#footnote-ref-5)
6. [↑](#footnote-ref-6)
7. Capability Elements are: Planning, Organization, Equipment, Training, or Exercise. [↑](#footnote-ref-7)
8. [↑](#footnote-ref-8)