



[insert facility/agency name] Response
[Hazard/Incident] [Real World or
Exercise Type]

After-Action Report / Improvement Plan

[Date Published]

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EXECUTIVE SUMMARY

Required Section:

If this AAR/IP is for a response to a real incident, describe the hazard and include a description of the role of the facility/agency in the response.

- Date:
- Time:
- Location:
- Real incident or exercise (drill, tabletop, full scale, or functional)
- Brief description of the Hazard/Incident and the role of the agency in the response
- Summary of best practices and challenges identified by the ICS group
- Briefly describe the conclusions and recommendations, as outlined in the improvement plan. Briefly describe the resources needed to make the improvements. Include a reference to Appendix A. Improvement Plan for a complete description of corrective action items.

Table 1 Summary of Performance

The following sections provide an analysis of the performance related to the incident objectives, highlighting strengths and areas for improvement. Use the [Performance Ratings Definitions](#) table to determine the Performance Rating.

Response Objectives	Performance Rating (P, S, M, or U)
Objective 1:	Individual Rating:
Objective 2:	Individual Rating:
Objective 3:	Individual Rating:
Strengths [The following areas are identified as strengths which support achieving the objectives.]	
1.	
2.	
3.	
Areas for Improvement [The following areas require improvement to achieve the objective .]	
1.	
2.	
3.	
4.	
Health Equity Impacts (optional) [Provide a brief description (paragraph style) of the positive and negative health equity impacts on populations of color and/or those with access or functional needs. Include a short bullet list of examples for both positive and negative impacts.]	
Innovations [Provide a brief description (paragraph style) of any identified innovations that may be incorporated into current day-to-day practices or future response efforts.]	
References: [List any relevant plans, policies, procedures, regulations, or laws applicable to the response work for which this capability applies.]	
Analysis: [Provide a summary of why the full objective was not achieved- (for objectives that received a rating less than “Performed Without Challenges”).]	
Recommendations: [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the team. If the observation was identified as a strength, without corresponding recommendations, insert “None.”]	
1.	
2.	
3.	
4.	

Performance Ratings Definitions

Use the following ratings system, in the table below, to determine the level of performance of each objective. The ratings are defined as follows:

- * **Performed without Challenges (P):** The functions and critical tasks 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 functions and critical tasks 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 functions and critical tasks 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. 9.
- * **Unable to be Performed (U):** The functions and critical tasks were not performed in in a manner that achieved the objective(s).

AAR/IP SUBMITTED BY: _____

DATE _____

AGENCY REPRESENTATIVE: _____

DATE _____

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed by the Minnesota Department of Health for facilities/agencies. Use for continuous improvement after a real-world event or exercise.

Problem Statement/Area Needing Improvement	Corrective Action (Based on Recommendation identified in the AAR)	POC/Agency	Start Date	Projected Completion Date
Objective 1. [list objective 1 here from the table on page 4]				
Obj. 1.1. [Area for Improvement]	[Corrective Action 1.1.1]			
	[Corrective Action 1.1.2]			
	[Corrective Action 1.1.3]			
Obj 1.2. [Area for Improvement]	[Corrective Action 1.2.1]			
	[Corrective Action 1.2.2]			
Obj 1.3. [Area for Improvement]	[Corrective Action 1.3.1]			
	[Corrective Action 1.3.2]			
	[Corrective Action 1.3.3]			
Objective 2. [list objective 2 here from the table on page 4]				
Obj 2.1. [Area for Improvement]	[Corrective Action 2.1.1]			
	[Corrective Action 2.1.2]			
Obj 2.2. [Area for Improvement]	[Corrective Action 2.2.1]			
	[Corrective Action 2.2.2]			
	[Corrective Action 2.2.3]			
Obj 2.3 [Area for Improvement]	[Corrective Action 2.3.1]			
	[Corrective Action 2.3.2]			

Problem Statement/Area Needing Improvement	Corrective Action (Based on Recommendation identified in the AAR)	POC/Agency	Start Date	Projected Completion Date
Objective 3.				
Obj 3.1. [Area for Improvement]	[Corrective Action 3.1.1]			
	[Corrective Action 3.1.2]			
	[Corrective Action 3.1.3]			
Obj 3.2. [Area for Improvement]	[Corrective Action 3.2.1]			
	[Corrective Action 3.2.2]			
Objective 4.				
Obj 4.1. [Area for Improvement]	[Corrective Action 4.1.1]			
	[Corrective Action 4.1.2]			
	[Corrective Action 4.1.3]			
Obj 4.2. [Area for Improvement]	[Corrective Action 4.2.1]			
	[Corrective Action 4.2.2]			
Objective 5.				
Obj 5.1. [Area for Improvement]	[Corrective Action 5.1.1]			
	[Corrective Action 5.1.2]			
	[Corrective Action 5.1.3]			
Obj 5.2. [Area for Improvement]	[Corrective Action 5.2.1]			
	[Corrective Action 5.2.2]			
	[Corrective Action 5.2.3]			

APPENDIX B: RESPONSE PARTICIPANTS

State and Local Government

1. [List state and/or local government organizations that participated in the exercise; organizations might include LHDs, CHBs, Emergency Management, State Health Department, etc. If there were no participating state and/or local government organizations, delete this section.]
- 2.

Non-Government Partners

1. [List non-government partners that participated in the exercise; partners might include EMS, Hospitals, LTC Facilities, Community Health Centers, Red Cross, Salvation Army, etc. If there were no participating non-government partners, delete this section.]
- 2.

Federal Partners

1. [List federal partners that participated in the exercise; partners might include CDC, ASPR, FEMA, etc. If there were no participating federal partners, delete this section.]
- 2.

Additional Comments

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