**[Incident/ Exercise/ Event Name] – After Action Report
[Date of exercise]**

[Facility Name]
[Author of the AAR]
Report completed: mm/dd/yyyy

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# Explanation of Terms

Examples

| **Acronym** | **Definition** |
| --- | --- |
| AAR | After Action Report |
| CMS | Centers for Medicaid/Medicare |
| EPP | Emergency Preparedness Program |
| EOP | Emergency Operations Plan |
| FSE | 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 |
| 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 Organziations:

*[Insert organizations here]*

# Strengths

*List strengths here*

# Areas of Improvement

*List areas of improvement here*

# Recommendations

*List recommendations here*

# Conclusion and Next Steps

*Insert conclustions here*