Emergency Preparedness:
Toolkit Resources

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Emergency Preparedness Toolkit
Training and Testing

The facility must develop and implement a process for training and testing of the emergency preparedness plan in accordance to requirements. The training plan should be based on the risk assessment, emergency plan, policies and procedures, communication plan and in collaboration with local emergency management system partners. The training and testing must be completed annually as described in the regulations.

Training should encompass the facility's emergency preparedness education plan, consistent with expected roles including, but not limited to:
- facility leadership
- facility staff
- vendors/contractors
- volunteers
- service providers
- and other applicable stakeholders.

Training of the emergency preparedness plan must be conducted initially to all new and existing staff, annual review and updates, and as needed based upon outcomes of testing and emergency situations. The facility must document the training and results of staff knowledge of the training.

Testing of the training of the plan allows the facility to evaluate the effectiveness of the training as well as the overall emergency preparedness program. The facility must conduct annually-including unannounced staff drills -full-scale community-based exercise or, if not accessible, facility-based AND additional exercise (either 2nd full-scale or tabletop w/ facilitator designated to challenge the EP). Additionally the facility must analyze response to and maintain documentation of drills, tabletop exercises, and emergency events – revise E-Plan as needed. *Contact local emergency management system headquarters for assistance with the exercises and drills.

Appendix Z of the State Operations Manual (SOM) further explains the Training and Testing Program associated with Emergency Preparedness should incorporate the following:
- Develop an emergency preparedness training and testing program based on the emergency plan, risk assessment, and communication plan
- Provide annual training on all emergency preparedness policies and procedures
- Participate annually in two exercises, one of which must be a full-scale community-based exercise
  - Full scale exercise: any operations-based exercise (drill, functional, or full-scale exercise) that assesses a facility's functional capabilities by simulating a response

to an emergency that would impact the facility's operations and their given community
- o Typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements
- o NOT synonymous with FEMA or Homeland Security Exercise and Evaluation Program (HSEEP) full-scale exercise
- o When a community-based full-scale exercise is not available, the provider may conduct a facility-based exercise.

In S&C 17-21-ALL, CMS also recommends the following:

"In order to meet these requirements, we strongly encourage providers and suppliers to seek out and to participate in a full-scale, community-based exercise with their local and/or state emergency agencies and health care coalitions and to have completed a tabletop exercise by the implementation date. We realize that some providers and suppliers are waiting for the release of the interpretive guidance to begin planning these exercises, but that is not necessary nor is it advised. Providers and suppliers that are found to have not completed these exercises, or any other requirements of the Final Rule upon their survey, will be cited for non-compliance.

"While providers and suppliers are encouraged to partner with local and state emergency agencies and health care coalitions to conduct full-scale community exercises, not all agencies and coalitions will have the ability or resources to engage with all providers and suppliers. Therefore, we understand that a full-scale, community-based exercise may not always be possible for some providers and suppliers. In such cases, we expect those who have been unable to complete a full-scale exercise by November 15, 2017 to complete an individual facility-based exercise and document the circumstances as to why a full-scale, community-based exercise was not completed. The documentation should include what emergency agencies and or health care coalitions the provider or supplier contacted to partner in a full-scale community exercise and the specific reason(s) why a full-scale exercise was not possible."

If a provider experiences an emergency that activates their emergency plan, they are exempt from the requirement for a community-based full-scale exercise for one year following the event.

Each facility should also check state-based Emergency Preparedness requirements related to drills and exercises. Each facility must be in compliance with both sets of regulations.

Additional Information and Resources

Testing and Exercises

Facilities should conduct testing and exercises to evaluate the effectiveness of the preparedness program, make sure employees know what to do, and find any missing parts. There are many benefits to testing and exercises:

- Train personnel; clarify roles and responsibilities
- Reinforce knowledge of procedures, facilities, systems, and equipment
- Improve individual performance as well as organizational coordination and communications
- Evaluate policies, plans, procedures, and the knowledge and skills of team members
- Reveal weaknesses and resource gaps
- Comply with local laws, codes, and regulations
- Gain recognition for the emergency management and business continuity program

Testing the Plan

When you hear the word "testing," you probably think about a pass/fail evaluation. You may, however, find that there are parts of your preparedness program that will not work in practice. Consider a recovery strategy that requires relocating to another facility and configuring equipment at that facility.

> Can equipment at the alternate facility be configured in time to meet the planned recovery time objective?
> Can alarm systems be heard and understood throughout the building to warn all employees to take protective action?
> Can members of emergency response or business continuity teams be alerted to respond in the middle of the night?

Testing is necessary to determine whether or not the various parts of the preparedness program will work.

Exercises

Exercising the preparedness program helps to improve the overall strength of the preparedness program and the ability of team members to perform their roles and to carry out their responsibilities. There are several different types of exercises that can help facilities evaluate their program and its capability to protect residents, employees, property, business operations, and the environment.

Exercise Programs

Being prepared to respond to and recover from emergencies is a challenge. Most communities have plans in place that specify how to respond to a variety of disasters and emergencies. Testing those emergency plans is important. By exercising emergency plans, participants can identify areas that work well and those that need improvement. Lessons learned from exercises can be used to revise operational plans and provide a basis for training to improve proficiency in executing those plans.

There are several types of exercises that are used in emergency management. Those exercises include tabletops, functional and full-scale exercises.

Tabletop Exercise

A tabletop exercise simulates an emergency situation in an informal, stress-free environment. The participants, usually people on a decision-making level, gather around a table to discuss general problems and procedures in the context of an emergency scenario. The focus is on training and familiarization with roles, procedures, or responsibilities.

Functional Exercise

The functional exercise simulates an emergency in the most realistic manner possible, short of moving real people and equipment to an actual site. As the name suggests, its goal is to test or evaluate the capability of one or more functions in the context of an emergency event. Controllers and simulators inject messages to exercise participants via telephone, fax, and written copy.

Full-Scale Exercise

Full-Scale Exercise - A full-scale exercise is as close to the real thing as possible. It is a lengthy exercise which involves numerous agencies participating and using the equipment and personnel that would be called upon in a real event. The full-scale exercise may be held at several locations. Firefighters may rescue "victims", police block traffic, EMS transfer "victims" to area hospitals, etc. Usually the Emergency Operations Center is also activated in the exercise.

Resident and Resident Representative/Family Training

Unique to long-term care is the requirement that residents, their family members, resident representatives, and personal caregivers receive information regarding the facility's Emergency Plan.

SAMPLE

The following guidance is adapted from CMS and the Wisconsin Ombudsman Program brochure for residents of facilities scheduled for closure.

Emergency Plan: Prior to any emergency, ask about and become familiar with the facility's emergency plan, including:

- Location of emergency exits
- How alarm system works and modifications for individuals who are hearing and/or visually impaired
- Plans for evacuation, including:
    - How residents/visitors requiring assistance will be evacuated, if necessary
    - How the facility will ensure each resident can be identified during evacuation (e.g., attach identification information to each resident prior to evacuation)
    - Facility's evacuation strategy
    - Where they will go
    - How their medical charts will be transferred
    - How families will be notified of evacuation
- Will families be able to bring their loved one home rather than evacuating, which is often less traumatic than a move to a new facility?
- How family members can keep the facility apprised of their location and contact information (e.g., address, phone number, e-mail address), so the facility will be able to contact them, and family members will be able to check with the facility to meet their loved one following an emergency
- How residents and the medicines and supplies they require will be prepared for the emergency, have their possessions protected and be kept informed during and following the emergency
- How residents (if able) and family members can be helpful (for example, should family members come to the facility to assist?)
- How residents, who are able, may be involved during the emergency, including their roles and responsibilities. Note: It is important for staff to know each resident personally, and whether involving him/her in the emergency plan will increase a sense of security or cause anxiety.. For example, residents may have prior work or personal experience that could be of value (health care, emergency services, military, amateur ham radio operators, etc.) Provide the opportunity for residents to discuss any fears and what actions may help to relieve their anxiety (e.g., a flashlight on the bed, water beside the bed, etc.).

Helping Residents in a Relocation: Suggested principles of care for relocated residents include:

- Encourage the resident to talk about expectations, anger, and/or disappointment
- Work to develop a level of trust
- Present an optimistic, favorable attitude about the relocation

- Anticipate that anxiety will occur
- Do not argue with the resident
- Do not give orders
- Do not take the resident's behavior personally
- Use praise liberally
- Be courteous and kind
- Include the resident in assessing problems
- Encourage family participation
- Ensure staff in the receiving facility introduce themselves to residents

Employees' Family Emergency Preparedness Training

Employees are the most valuable resource during an emergency situation. Hazards affecting their community place additional stress on them.

Preparing employees to prepare themselves and their families in advance is key to families effectively confronting and recovering from a disaster. Encourage staff to create a family emergency plan that includes a communication plan, evacuation plan, and a disaster supplies kit.

The emergency plan should address how family members will contact one another, where they will meet if they are not together, safely shutting off utilities, and care of pets.

When developing an emergency plan for one's family, it is also prudent to find out about emergency plans at work, daycare, and school (the places family members might be during an emergency.)

Once all the necessary information is gathered, family members should get together to discuss the information to put in the plan. Also discuss the types of disasters that are most likely to occur in the area. Explain what to do in each case and plan accordingly. Practice the plan at least twice a year and update the plan as information changes and issues arise.

A Family Emergency Plan form and other resources are available at:
http://www.emergencypreparednessessentials.org/images/family-emergency-planning.pdf.

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Exercise Design Checklist

Adapted from: *Tool for Evaluating Core Elements of Hospital Disaster Drills*.
AHRQ Publication No. 08-0019, June 2008

Working Exercise Title:_____

Exercise Planning Team Members

Name	Phone	Email	Organization

I. Scope of Exercise: who will participate, what, where, when?

A. Select the type of exercise is your hospital performing? (Check one.)

1.   ___ Tabletop Exercise (discussion-based exercise, appropriate for 96 hr discussion)

    ___ Full Scale Exercise (operations-based exercise in real time)

    ___ Other (specify): _____

2.   ___ Single Facility   ___ Community-wide

    Other_____

B. Determine what the exercise scenario will include?
    (Check all that apply.) (This is based on the Hazard Vulnerability Assessment)
    (Hospital Incident Command System (HICS) reference documents can be found at
    www.emsa.ca.gov/HICS, select appendix H.)

Type of Hazard	Explanation

C. Identify the main objectives (also known as target capabilities or critical areas) to be evaluated during the exercise? (Check all that apply.)

Target Capabilities or Critical Areas	Included and Observed
Decontamination	
Sheltering in place	
Incident command	
Communication and information flow	
Staffing	
Triage	
Evacuation	
Security	
Resident Records	
Evacuation	

D. Determine the levels of activity will be included in the exercise? (Check all that apply.)

Levels of Activity Included in Exercise	Included and Observed
Incident Command activated	
Simulated Communication	
Lock down	
Communications	
Supplies and Services requested	
Utility failures	
Triage of victims	
Partial evacuation	
Simulated clinical procedures performed	
Victim transport	
Tracking resource availability	
Tracking of residents, staff	

E. Determine who will participate.

Participants	Active	Passive
Administration		
Management Team		
Residents		
Local EMS		
Volunteers		
Law Enforcement		
State agency(ies) (specify)		
Federal agency(ies) (specify):		
Hospital/health systems(s)		
Media		
Ambulance service		

1. Identify who will control (manage) the actual exercise:_____

2. Identify who will evaluate the exercise:_____

3. Identify the expected number of victims: _____
   Identify who will arrange for victims?_____

4. When will the exercise occur?
   a. Proposed date:_____
   b. Proposed start time: _____
   c. Estimated length of the exercise: _____
   d. Proposed location(s) of the exercise: _____

II. Main Exercise Objectives (Based on Hazard Vulnerability Assessment and items corrected in previous exercises.)

Simple (straightforward, easy to read);
Measurable (specific and quantifiable);
Achievable (within the time of the exercise);
Realistic (is the scenario is likely to occur);
Task-oriented (some observable action taken: Incident Command should be set up within 10 minutes of notification.)

A. Communications

     a._____

     b._____

B. Resources

     a._____

     b._____

C. Safety and Security

     a._____

     b._____

D. Staff Roles and Responsibilities

     a._____

     b._____

E. Utilities

     a._____

     b._____

F. Resident Care

     a._____

     b._____

VI. Identify the major and detailed events in chronological order.
(The script that moves the action and provides information to drive objectives known as the master sequence of events list or MSEL).
     Note: The Incident Command grids from the HICS website
     (www.emsa.ca.gov/HICS,Appendix H) may be helpful.

VII.   **Complete the After Action Report and Improvement Plan**
The After Action Report identifies the strengths and opportunities for improvement from the exercise. The After Action Report modified for hospitals is available in the WI Trac Knowledgebase, Exercise Section, Lesson 7 documents. www.witrac.org

After Action Report/Improvement Plan Instructions and Templates – CMS

After action reports and improvement plans are part of the testing and training process. AARs help facilities to assess their response to the exercise and determine necessary improvement activities which specifically outline how and when improvement will be made to address those identified by the exercise evaluation and ARRs.

Below is the link to resources and tools that can be modified to meet your facility's specific needs. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Templates-Checklists.html

Enter Organization Name

Health Care Provider
After Action Report/Improvement Plan

Enter Full Name of Exercise or Event

Prepared by

Prepared for

Date(s) of Exercise or Event

Publication Date

TABLE OF CONTENTS

Executive Summary

The *Executive Summary* section should be used to briefly describe all of the information contained in the following sections of the After Action Report/Improvement Plan (AAR/IP) to highlight the report and assist partnering agencies in striving for preparedness excellence. The overview should discuss why the exercise was conducted, the exercise objectives, a list of the agencies that participated, and what target capabilities (select capabilities from Target Capabilities List included on pages 3-4 terms from the Health Care Provider AAR/IP Instruction packet), activities and scenarios were used to achieve those objectives. All of these areas will be discussed in more detail in subsequent sections of the AAR/IP.

Enter a brief overview of the exercise
Enter the capabilities tested by the exercise (reference Targeted Capabilities List on pages 3-4 of AAR/IP Instruction packet)
•
Enter the major strengths identified during the exercise (include the top 3 strengths, at a minimum)
•

Enter areas for improvement identified during the exercise, including recommendations (include the top 3 areas, at a minimum)
•
Describe the overall exercise as successful or unsuccessful, and briefly state the areas in which subsequent exercises should focus
•

Section 1: Exercise/Event Overview

The *Exercise Overview* section should be used to briefly describe the following:

- The specific details of the exercise or event
- The agencies and organizations that participated in the exercise or event
- How the exercise or event was structured
- How the exercise or event was implemented and carried out

Exercise/Event Name: _____

Exercise/Event Start Date: _____

Exercise/Event End Date: _____

Duration (insert the total length of the exercise or event in terms of days or hours, as appropriate): _____

Type of Exercise/Event Completed:
Check the type of exercise completed, as listed below (see key terms included on pages 4-5).

Discussion-Based Exercise
☐ Seminar   ☐ Workshop ☐ Tabletop   ☐
Games

Operations-Based Exercise
☐ Drill   ☐ Full-Scale Exercise
☐ Functional Exercise

Emergency Event

☐ Event

Capabilities: List the appropriate targeted capabilities of the exercise/event (refer to AAR/IP Instruction Packet, pages 3-4, TCL capabilities identified in red, e.g., medical surge, isolation & quarantine, etc.):

Scenario: Describe the exercise scenario type (e.g., flood, hurricane, etc.)

Location:

Partners: List all partners, contractors, supporting/co-sponsoring organizations:

-

Participants: List all individual participating organizations or agencies

-

Number of Participants:

List the total number of:

- Players:

- Victim role players:

- Controllers:

- Evaluators:

- Facilitators:

- Observers:

Section 2: Exercise Design Summary

Exercise Purpose and Design: *Briefly summarize why the exercise was conducted and what the participants hoped to learn. Include a brief history of how the exercise was organized, designed, funded, etc.*

Exercise Objectives and Capabilities: *List the exercise objectives followed by the capabilities for each objective. The number of objectives and capabilities will vary based on the scope of the exercise and the number of participating agencies.*

Scenario Summary: *This section should summarize the scenario or situation initially presented to players, subsequent key events introduced, and the time in which these events occurred. For a table-top exercise, this section should outline the scenario used and/or modules presented to the participants.*

Analysis of Critical Objectives Performance

- The *Analysis of Critical Objectives Performance* section reviews performance of the individual objectives and tasks. This section should provide the most detail regarding each behavior or action at the core of the observation. Each objective identified to be performed for the simulated event defined by the scenario should be discussed.

- Those objectives and tasks that were **performed as expected** require only a short write up that describes how the task was performed. For objectives and tasks that were **not performed** as expected, describe what did or did not happen and the root causes for the variance from the plan, established procedures, or agreements.

- This section should indicate if the variance from expected performance resulted in an improved response, which may result in a recommendation that plans or procedures be changed.

- **Recommendations** for improvement should be presented for these tasks. Innovative approaches that were used should be highlighted and described.

- **Please reference the Exercise Evaluation Guide (EEG) for each capability** at https://hseep.dhs.gov/pages/1002_EEGLi.aspx.

Below is the recommended format for presenting each Capability

Capability - Identify the capability from the Targeted Capabilities List:	Summary of Observation:
• **Objective:** Align the capability to specific objective	
• **Activity:** List the activity and reference critical tasks from the EEG	
• **Task:** Reference the critical task from the EEG (please see applicable EEG posted at https://hseep.dhs/gov/pages/1002_EEGLi.aspx):	
• **Analysis**	
• **Recommendation:** Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as strength, without corresponding recommendations, insert "None."	

SECTION 3: IMPROVEMENT PLAN

This Improvement Plan (IP) should include the top three key recommendations and corrective actions (at a minimum) identified in the Critical Objectives Performance section. Insert additional rows to the table if more than three recommendations and corrective actions have been identified.

Capability	Top 3 Observations	Top 3 Recommendations	Corrective Action Description	Responsible Facility	Facility POC	Start Date	Completion Date
	Observation 1	Recommendation 1					
	Observation 2	Recommendation 2					
	Observation 3	Recommendation 3					

Capability	Top 3 Observations	Top 3 Recommendations	Corrective Action Description	Responsible Facility	Facility POC	Start Date	Completion Date
	Observation 1	Recommendation 1					
	Observation 2	Recommendation 2					
	Observation 3	Recommendation 3					

Capability	Top 3 Observations	Top 3 Recommendations	Corrective Action Description	Responsible Facility	Facility POC	Start Date	Completion Date
	Observation 1	Recommendation 1					
	Observation 2	Recommendation 2					
	Observation 3	Recommendation 3					

Section 4: Conclusion

This section is a conclusion for the entire document, and should be used as a summary of all the sections of the AAR/IP. The Conclusion should include the following:

- Participants demonstrated capabilities
- Lessons learned
- Top 3 recommendations (at a minimum)
- Summary of what steps should be taken to ensure that the concluding results will help to further refine plans, procedures and training for this type of incident.

APPENDIX A: ACRONYMS

Any acronym used in the AAR/IP should be listed alphabetically and spelled out.

ACRONYMS	
Acronym	**Meaning**

APPENDIX B: LESSONS LEARNED (Optional)

While the After Action Report/Improvement Plan includes recommendations which support development of specific post-exercise corrective actions, exercises may also reveal lessons learned which can be shared with the broader health care and homeland security audience. The Department of Homeland Security (DHS) maintains the Lessons Learned Information Sharing (LLIS.gov) system as a means of sharing post-exercise lessons learned with the emergency response community, including health care providers. All are welcome to use this website, which provides jurisdictions and organizations the opportunity to nominate lessons learned from exercises for sharing on LLIS.gov.

For reference, the following are the categories and definitions used in LLIS.gov:

- **Lesson Learned:** Knowledge and experience, positive or negative, derived from actual incidents, such as the 9/11 attacks and Hurricane Katrina, as well as those derived from observations and historical study of operations, training, and exercises.

- **Best Practices:** Exemplary, peer-validated techniques, procedures, good ideas, or solutions that work and are solidly grounded in actual operations, training, and exercise experience.

- **Good Stories:** Exemplary, but non-peer-validated, initiatives (implemented by various jurisdictions) that have shown success in their specific environments and that may provide useful information to other communities and organizations.

- **Practice Note:** A brief description of innovative practices, procedures, methods, programs, or tactics that an organization uses to adapt to changing conditions or to overcome an obstacle or challenge.

Exercise Lessons Learned: *Insert an account of any lessons learned. If the account is being nominated for inclusion in the DHS LLIS.gov system (optional), include a statement to that effect:*

APPENDIX C: PARTICIPANT FEEDBACK SUMMARY (Optional)

Following is a sample Participant Feedback Form, which should be distributed to the exercise participants at a post-exercise session. If the Participant Feedback From is used, include a summary of the feedback received through the form in the Exercise Design Summary.

PARTICIPANT FEEDBACK FORM		
Exercise Name:		Exercise Date:
Participant Name:		Agency Name:
Role: ☐ Player ☐ Observer	☐ Facilitator	☐ Evaluator
Part I: Recommendations and Corrective Actions		
1. Based on the exercise today and the tasks identified, list the top 3 strengths and/or areas that need improvement.		
2. Is there anything you saw in the exercise that the evaluator(s) might not have been able to experience, observe and record?		
3. Identify the corrective actions that should be taken to address the issues identified above. For each corrective action, indicate if it a high, medium or low priority.		
4. Describe the corrective actions that relate to your area of responsibility. Who should be assigned responsibility for each corrective action?		
5. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.		

Part II – Exercise Design and Conduct: Assessment					
Please rate on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.					
PARTICIPANT ASSESSMENT					
Assessment Factor	Strongly Agree			Strongly Disagree	
The exercise was well structured and organized.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
The facilitator/controller kept the exercise on target.	1	2	3	4	5
The exercise documentation provided to assist in preparing for and participating in the exercise was useful.	1	2	3	4	5
Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5
The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5
This exercise allowed my health care facility to practice and improve priority capabilities.	1	2	3	4	5
After this exercise, I believe my health care facility is better prepared to successfully deal with the scenario that was exercised.	1	2	3	4	5
Part III - Participant Feedback					
Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.					

APPENDIX D: EXERCISE EVENTS Synopsis (Optional)

The *Exercise Events Synopsis* section is optional for HSEEP compliance. If completing this section, it should provide a narrative overview of the scenario used to facilitate the exercise actions taken by the players to respond to the simulated event (similar to the Hospital Incident Command System HICS-214 form). If completing present the **general timeline of events** that happened at each site. The synopsis provides a means of looking at the ramifications of the cause and effect of specific actions on others actions taken by other players and on the overall response.

The "Exercise Events Synopsis" should include a narrative of the synopsis, the modules for the exercise, and a timeline of events for each element of play.

APPENDIX E: EXERCISE EVENTS SUMMARY TABLE (Optional)

In formulating its analysis the evaluation team may assemble a timeline of key exercise events. The evaluation team may find value in including a timeline as an appendix to their report. If so, this section should summarize what actually happened during the exercise in a timeline table format. Focus of this section is on what inputs were actually presented to the players and what actions the players took during the exercise. Successful development of this section is aided by the design, development and planning actions of the exercise design team. Prior to the exercise, the exercise design team should have developed a timeline of anticipated key events.

An example of the format for the Exercise Events Summary Table is presented below:

EXERCISE EVENTS SUMMARY			
Date	Time	Scenario Event	Event/Action

Purpose:

The Centers for Medicare & Medicaid Services (CMS), Survey and Certification Group has developed this *Health Care Provider After Action Report/Improvement Plan (AAR/IP)* template with the assistance of the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response, the U.S. Department of Homeland Security (DHS), and the CMS Survey and Certification Emergency Preparedness Stakeholder Communication Forum.

The AAR/IP is intended to be a voluntary, user-friendly tool for health care providers to use to document their performance during emergency planning exercises and real emergency events to make recommendations for improvements for future performance. The AAR/IP template is modeled after the DHS Homeland and Security Exercise and Evaluation Program (HSEEP) Vol. III AAR/IP, issued in February 2007. CMS does not mandate use of this AAR/IP template; however thorough completion of the template complies with current HSEEP requirements and any CMS requirements for provider exercise documentation. DHS, HHS, CMS, nor any other agency or entities thereof, do not assume any responsibility for the accuracy, completeness, or usefulness of any information disclosed in report, nor does completion of the AAR/IP indicate a provider has met all Federal regulatory emergency preparedness requirements.

Background:

CMS Survey &Certification Emergency Preparedness Initiative
Following the devastating experiences by health care facilities during Hurricanes Katrina and Rita, the Centers for Medicare & Medicaid Services (CMS) Survey and Certification (S&C) Group established a series of internal working groups, with representatives from the CMS Central and Regional Offices, to develop updated emergency preparedness policies and procedures that effectively address S&C essential functions. The recommendations from the working groups are being integrated into the larger CMS and HHS national plans to provide preparation guidance for S&C essential business functions.

In addition, it makes prudent and cost-effective business sense for health care providers to be proactive in their emergency planning efforts. Robust emergency planning, including exercises, will not only help providers comply with their regulatory requirements of Federal, State and local oversight agencies, it can also help the business to recover from financial losses, loss of market share, damages to equipment, or business interruption. Effective emergency planning can also help to reduce exposure to civil or criminal liability during a disaster, enhance a facility's image and credibility with employees, customers, suppliers and the community, and reduce insurance premiums.

S&C Emergency Preparedness Stakeholder Communication Forum
In September 2006, CMS kicked off a forum for discussing a variety of emergency preparedness issues. Stakeholders were invited to participate in the forum to discuss, communicate and disseminate emergency preparedness information. The stakeholders include a broad array of perspectives, and representatives include the following:

- State Survey Agencies (SAs)
- Accreditation organizations
- Health care provider associations
- Patient and resident advocates

- Quality and safety organizations
- Other Department of Health and Human Services (HHS) operating divisions

S&C Emergency Preparedness Website
CMS established the Survey and Certification Emergency Preparedness Website to provide SAs, health care providers and other partners with "one-stop-shopping" to obtain emergency preparedness information. The Website includes separate pages for SAs, health care providers, and resources. Useful tools, resources, and links to other relevant Federal emergency preparedness websites are posted on the S&C Emergency Preparedness Website.

Public health emergency declaration information and new documents are posted on the Website on a regular basis. Helpful tools, such as emergency preparedness checklists for SAs and health care providers have been developed with the input from national experts and stakeholders.

These tools provide many helpful tips for developing an effective and robust emergency planning and response process that go beyond the minimum regulatory requirements. The S&C Emergency Preparedness Website can be accessed at: http://www.cms.hhs.gov/SurveyCertEmergPrep/

AAR/IP Template Instructions for Health Care Providers:

CMS developed this *Health Care Provider After Action Report/Improvement Plan* (AAR/IP) template to provide a voluntary, user-friendly tool with an organized, thorough approach for gathering details on emergency preparedness exercises and real emergency events to identify areas that may need further improvement. Completion of the CMS AAR/IP template meets any CMS exercise documentation requirements. The *Health Care Provider After Action Report/Improvement Plan* template also meets requirements for hospitals or other health care providers wishing to ensure their compliance with the Hospital Preparedness Program (HPP) and HSEEP requirements. There are several components marked "Optional" that are not mandatory for HPP or HSEEP compliance.

This AAR/IP template is based on the U.S. Department of Homeland and Security Exercise and Evaluation Program (HSEEP) Vol. III, issued in February 2007, which includes guidelines that are focused towards emergency management agencies and other governmental/non-governmental agencies. The HSEEP is a capabilities and performance-based exercise program that provides a standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning.

For more information, resources and tools regarding the Department of Homeland Security's Exercise and Evaluation Program, including HSEEP policy guidance and training opportunities, please see the HSSEP Website, which can be accessed at: https://hseep.dhs.gov/pages/1001_HSEEP7.aspx

Key Terms

- **Capability:** A Capability is the means to achieve a measurable outcome through the performance of Critical Tasks under specified conditions to target levels of performance. A Capability may be delivered with any combination of properly planned, organized, equipped, trained, and exercised personnel that achieves the desired outcome. Each Capability has one corresponding Emergency Evacuation Guide (EEG) posted at https://hseep.dhs.gov/pages/1002_EEGLi.aspx.

- **Activity:** Within each Capability, Activities are groupings of Tasks with similar overall purpose that usually provide an output or outcome, which is often a required input or initial starting point for another Activity. In the AAR/IP, Activity performance will form the basis for your exercise observations.

- **Task:** In the EEGs, Tasks represent the expected individual actions of response personnel participating in the exercise. They provide the basis for evaluation, as they allow an observer the ability to indicate whether an action has been fully completed, partially completed, not completed, or is not applicable to the exercise.

- **Performance Measure**: Many Tasks are followed by corresponding Performance Measures. Performance Measures consist of a prescribed action and a quantifiable indicator (usually expressed as a time, percentage, or other quantity). Performance Measures should be recorded to supplement your evaluation, as they record more than the simple completion or non-completion of Tasks.

- **Observation Key:** Observation Keys are listed as sub-bullets for each Task and are intended to aid less experienced exercise evaluators to identify important indicators for execution of each Task. They are not intended to be inclusive of all actions to be taken by responders. Rather, they enhance the usability of EEGs as universal evaluation guides.

- **Target Capabilities:** The Target Capability List (TCL) is comprised of 37 different capabilities, which address response capabilities, immediate recovery, selected prevention and protection mission capabilities, as well as common capabilities such as planning and communications that support all missions. For these capabilities, local jurisdictions and States are the lead in conjunction with Federal and private sector support. See the following list of target capabilities (**capabilities that are relevant to health care providers are displayed in red):**

Target Capabilities List
Common Capabilities
1. Planning
2. Communications
3. Risk Management
4. Community Preparedness & Participation
5. Intelligence & Information Sharing & Dissemination
Prevent Mission Capabilities
6. Information Gathering & Recognition of Indicators & Warnings
7. Intelligence Analysis & Production
8. Counter-Terror Investigation & Law Enforcement
9. Chemical, Biological, Radiological, Nuclear Explosives (CBRNE) Detection
Protect Mission Capabilities
10. Critical Infrastructure Protection
11. Food & Agriculture Safety & Defense
12. Epidemiological Investigation Surveillance & Investigation
13. Laboratory Testing

Respond Mission Capabilities

14. Onsite Incident Management
15. Emergency Operations Center (EOC) Management
16. Critical Resource Logistics & Distribution
17. Volunteer Management & Donations
18. Responder Safety and Health
19. Emergency Public Safety & Security
20. Animal Disease Emergency Support
21. Environmental Health
22. Explosive Device Response Operations
23. Fire Incident Response Support
24. Weapons of Mass Destruction (WMD) & Hazardous Materials Response & Decontamination
25. Citizen Evacuation & Shelter-In-Place
26. Isolation and Quarantine
27. Search & Rescue (Land-Based)
28. Emergency Public Information & Warning
29. Emergency Triage and Pre-Hospital Treatment
30. Medical Surge
31. Medical Supplies Management & Distribution
32. Mass Prophylaxis
33. Mass Care (Sheltering, Feeding, and Related Services)
34. Fatality Management

Recover Mission Capabilities

35. Structural Damage Assessment
36. Restoration of Lifelines
37. Economic & Community Recovery

The Target Capability List identified above are currently under review, and changes are likely to occur in the near future. For more information, see FEMA's website at: www.fema.gov/pdf/government/training/tcl.pdf

Exercise Types

There are seven types of exercises defined within HSEEP, each of which is either discussions-based or operations-based.

Discussions-based Exercises familiarize participants with current plans, policies, agreements and procedures, or may be used to develop new plans, policies, agreements, and procedures. Types of Discussion-based Exercises include:

- *Seminar:* A seminar is an informal discussion, designed to orient participants to new or updated plans, policies, or procedures (e.g., a seminar to review a new Evacuation Standard Operating Procedure).

- *Workshop:* A workshop resembles a seminar, but is employed to build specific products, such as a draft plan or policy (e.g., a Training and Exercise Plan Workshop is used to develop a Multi-year Training and Exercise Plan).

- *Tabletop Exercise (TTX):* A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures.

- *Games:* A game is a simulation of operations that often involves two or more teams, usually in a competitive environment, using rules, data, and procedure designed to depict an actual or assumed real-life situation.

Operations-based Exercises validate plans, policies, agreements and procedures, clarify roles and responsibilities, and identify resource gaps in an operational environment. Types of Operations-based Exercises include:

- *Drill:* A drill is a coordinated, supervised activity usually employed to test a single, specific operation or function within a single entity (e.g., a nursing home conducts an evacuation drill).

- *Functional Exercise (FE):* A functional exercise examines and/or validates the coordination, command, and control between various multi-agency coordination centers (e.g., emergency operation center, joint field office, etc.). A functional exercise does not involve any "boots on the ground" (i.e., first responders or emergency officials responding to an incident in real time).

- *Full-Scale Exercise (FSE):* A full-scale exercise is a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., joint field office, emergency operation centers, etc.) and "boots on the ground" response (e.g., firefighters decontaminating mock victims).

Note: Health care providers may also use the AAR/IP to document real life emergency events.

Completing the AAR/IP Template

Health care providers may customize or personalize the CMS *Health Care Provider AAR/IP* template to best meet their needs; however if hospitals or other providers wish to ensure compliance with the Hospital Preparedness Program and HSEEP requirements, the template sections must not be modified and each section (except for those sections marked "optional") must be completed in its entirety.

To personalize or customize the AAR/IP template, additional graphics, such as logos, pictures and background colors may be added to the cover. The document should be labeled as "Draft" on the cover page and in the header/footer of all versions except the final AAR/IP.

If the AAR/IP contains graphics, figures, or tables, they should be numbered and listed in the Table of Contents section (e.g., Figure 1, Table 1, etc.).