**AFTER ACTION REPORT FOR EMERGENCIES / DISASTERS**

**Instructions**: Complete this report following every activation—testing or actual emergency--of your agency’s Emergency Preparedness Plan. The agency/hospice must include a roundtable discussion including leadership, department leads and critical staff who can identify and document lessons learned and necessary improvements. Place completed report in Emergency Program Manual. Keep documents for at least 4 years for examination, as requested, by State Survey personnel.

|  |  |
| --- | --- |
| **Provider Location:**  | **Date(s) of disaster/emergency:** |
| **Type of emergency, disaster or drill:*** Actual emergency or disaster
* Full-scale individual facility exercise
* Full-scale community-based exercise
* Table-top exercise (see *Table Top Exercise form*)
* Mock disaster drill
 |
| **Nature of emergency or disaster (actual or testing):** |

|  |  |
| --- | --- |
| **Topics of Discussion** | **Results of Discussion** |
| How was emergency plan expected to be implemented (i.e. what parts of your emergency plan did you activate—contact with staff and patients, evacuation of patients, etc.)? |  |
| What actually happened during the emergency/disaster? |  |
| What went well? |  |

|  |  |
| --- | --- |
| What improvements/changes need to be implemented? |  |
| Timeline for incorporation of changes/improvements |  |

**Date of After Action Meeting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Attendees** | **Title** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |