NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE

NEW YORK CITY PEDIATRIC DISASTER HEALTHCARE PREPAREDNESS TOOLKIT

After Action Report/ Improvement Plan Hospital X NICU Evacuation Full-Scale Exercise

Completed June 2018

NYC Health

New York City Pediatric Disaster Coalition
Healthcare Facility NICU Evacuation Full-Scale Exercise
After Action Report/Improvement Plan

Prepared for:

Hospital X
4802 Tenth Avenue
Brooklyn, NY 11219

Developed by:

New York City Pediatric Disaster Coalition
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City of New York
Department of Health and Mental Hygiene (DOHMH),
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4. For more information about the exercise, please consult the following point of contact (POC): info@pediatricdisastercoalition.org.

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Executive Summary

Executive Summary

Background

Since 2008, the New York City (NYC) Pediatric Disaster Coalition (PDC) has been engaged in extensive grant-funded disaster planning efforts to prepare NYC hospitals to manage pediatric surge and evacuation events likely the result of a mass casualty man-made event or natural disaster. These disaster planning efforts have been developed with the support of a federal grant provided by the New York City Department of Health and Mental Hygiene (DOHMH), Office of Emergency Preparedness and Response (OPER), and made possible by the Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR).

These ongoing efforts have further demonstrated New York City's commitment to ensure public safety through collaborative partnerships that will prepare it to respond to any emergency.

The NYC PDC conducted a series of seminars and tabletop training exercises (TTXs) for HCF leadership at one selected hospital to improve their facility-based NICU evacuation knowledge and capabilities. As a follow-up to the seminar and TTX, the selected HCFs participated in follow-up NICU Evacuation Full-Scale Exercises (FSEs).

The NYC PDC conducted *Hospital X (HX) NICU Evacuation Full-Scale Exercise*. Input, advice and assistance was provided by the HX FSE Planning Team, which followed guidance set forth by the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

This After Action Report (AAR)/Improvement Plan (IP) has been developed following the conduct of the *HX NICU Evacuation FSE*.

HX NICU Evacuation FSE & After Action Report/Improvement Plan

The purpose of the *HX NICU Evacuation FSE* was to provide participants with an opportunity to evaluate current response concepts, plans, and capabilities in response to an event that would cause the NICU to evacuate.

The overall goal of the *HX NICU Evacuation FSE* was to assess the capability of *HX*, in the context of a NICU Evacuation scenario, to:

- Evacuate NICU patients
- Establish and operate an alternate care site
- Secondary triage of patients
- Effectively communicate internally and externally

This exercise incorporated scenario-driven, operations-based activities, which challenged participants to employ the facility's approved NICU Evacuation Plan during an evacuation event. The *HX NICU Evacuation FSE* assessed the following components of Hospital X's evacuation management preparedness and NICU Evacuation Plan:

- Notification of an evacuation event in the NICU
- Patient evacuation triage decisions
- Internal and external communications

- Resource management
- Parent/guardian notification
- Patient movement
- Patient care

This NICU Evacuation FSE AAR/IP contains an overview of the FSE's structure, including an exercise event synopsis, as well as a description of the FSE evaluation process, detailed findings and recommendations, and an improvement plan matrix intended to assist the HCFs to make decisions to expand or improve their NICU Evacuation Plan.

During the HX NICU Evacuation FSE, HX fully met the exercise objectives established by the HX FSE Planning Team.

Key Strengths

HX demonstrated significant preparedness achievements for NICU Evacuation, including:

- Knowledge of the HX NICU Evacuation Plan, policies and procedures
- Operationalization of newly established temporary staging and triage space for evacuated patients
- Ability to safely conduct the rapid evacuation of 21 NICU patients

Areas for Improvement

Exercise evaluators identified general areas for improvement in the NICU Evacuation Plan and hospital procedures including, but not limited to:

- Emergency notifications
- Communication between NICU staff and with the Command Center
- Patient tracking
- Patient triage
- Securing the temporary staging area(s) from unauthorized persons and concerned family

Exercise Overview

Exercise Overview

The HX NICU Evacuation FSE was attended by 86 participants of the HX staff and other NYC hospitals, which included 38 exercise players, 19 observers and 15 members of the Exercise Staff and FSE Planning Team. The NICU Evacuation FSE was held at HX, 4802 Tenth Avenue, Brooklyn, NY 11219, in multiple locations:

- Hospital Command Center: 977 48th Street – Basement Conference Room
- NICU: Hallway right outside of NICU
- NICU Short Term Evacuation Staging Area: Lobby of Main Building

Exercise Goals & Objectives

The purpose of the *HX NICU Evacuation FSE* was to provide participants with an opportunity to evaluate current response concepts, plans, and capabilities in response to an event that would cause the NICU to evacuate.

The overall goal of the *HX NICU Evacuation FSE* was to assess the capability of HX, in the context of a NICU evacuation scenario, to:

- Evacuate NICU patients
- Establish and operate an alternate care site
- Secondary triage of patients
- Effectively communicate internally and externally

The *HX NICU Evacuation FSE* Planning Team selected objectives that focused upon evaluating emergency response procedures, identifying areas for improvement, and achieving a collaborative attitude. This exercise focused upon the following objectives:

- **Assess the ability** of NICU leadership to identify there is a problem that could cause an evacuation, the scope of the problem and notification to the next level of authority within 10 minutes of an incident.
- **Assess the ability** of staff to identify patients who require evacuation within the institution and those that require transport to another level 3 facility.
- **Evaluate** the internal and external communications of the hospital.
- **Assess the availability and management** of resources as it pertains to staffing, supplies and equipment in a no-notice evacuation event.
- **Assess the ability** of staff to notify parents of the hospital's evacuation, their child's disposition and where they will be evacuated to.
- **Assess the ability** of staff to move patients from NICU to the staging rea.

Target Capabilities

The capabilities listed below were selected by the *HX NICU Evacuation FSE* Planning Team to provide the foundation for development of the exercise objectives and scenario:

- Communications
- Critical Resource Logistics and Distribution
- Planning

Exercise Structure

Limitations to Exercise Scope

- Exercise play did not involve live patient care
- Exercise Staff controlled/evaluated for NICU Evacuation-related activities only

Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted.

During this exercise, the following exercise design-based assumptions applied:

- Exercise communication and coordination was limited to the participating exercise locations.
- Communications occurred in real-time using standard equipment and systems
- The hospital needed to balance exercise play with real-world emergencies and all exercise participants understood that real-world emergencies would have taken priority

During this exercise, the following scenario-based assumptions applied:

- The NICU was experiencing a smoke condition which turned into a fire in the NICU
- HX's current census was 21 NICU patients

The following exercise artificialities applied:

- All communications and activities from external entities were notionalized
- Patients were notionalized through the use of life-sized mannequins

Scenario Information

This section provides a brief synopsis of the scenario presented to the players.

Zero Hour:

- Hospital X's NICU is experiencing a smoke condition in Room B.
- The smoke condition turned into a fire in the NICU.
- The short term evacuation staging area becomes unsafe due to FDNY not knowing where the fire is spreading to.

Evaluation Process

Evaluation Process

To conduct their evaluation, Controller/Evaluators referenced the Exercise Evaluation Guide and Exercise Evaluation Criteria, which were designated specifically for the HX NICU Evacuation FSE.

Controller/Evaluators from NYC PDC and HX were tasked to observe and document the actions and the decisions of players, but did not participate in discussions or answer questions, unless key to execution of the exercise.

Exercise Evaluation Criteria

Controller/Evaluators evaluated HX NICU Evacuation FSE by applying the following Exercise Evaluation Criteria that had been pre-established by the FSE Planning Team:

Objective 1: Assess the ability of NICU leadership to identify there is a problem that could cause an evacuation, the scope of the problem and notification to the next level of authority within 10 minutes of an incident.

1. Any staff member from the NICU recognizes the smell of smoke and immediately pulls the fire alarm
2. Any staff member from the NICU dials 33 and notifies the operator of the condition in the NICU
3. The Operator will put out a HICS 1
4. Fire Brigade initiates a HICS 2

Objective 2: Assess ability of staff to move patients from the NICU to the staging area.

1. Staff follow the appropriate route out of the NICU to the staging area which is (needs to be explained and can be done by a tracer)
2. All patients are evacuated in a crib, isolette or evacuation basket
3. Information Specialist within the NICU checks off each patient on their summary sheet as they leave the NICU and communicates that patient movement to the designated staff in the staging area
4. Clerical staff in the staging area marks off that the patient has arrived in the staging area
5. Upon completion of the evacuation the clerical staff within the NICU and the one in the staging area reconcile their lists
6. Parents that are in the NICU at the time of the evacuation are allowed to be evacuated with their child
7. When all patients are evacuated from the NICU to the alternate staging area the evacuation leader communicates the completion to the Command Center

Objective 3: Assess availability and management of resources as it pertains to staffing, supplies and equipment in a no-notice evacuation event.

1. Upon notification of a smoke condition the charge nurse will organize the staff within the NICU and tell them of their roles and responsibilities
2. Upon completion of the evacuation the attending and the designated nurse in the NICU will take an assessment of available equipment and supplies available to use for the evacuation and make note of what extra supplies are needed

3. The Command Center in coordination with the staging area will coordinate what supplies and staff are needed
4. Upon notification of a HICS 2 respiratory therapy will respond directly to the staging area
5. Upon notification of a HICS 2 Social Work will set up the Hospital X Chapel to be used as a place for parents to be briefed and taken care of
6. Upon notification of a HICS 2 Engineering will bring and set up extension cords and power strips to the staging area
7. Upon notification of a HICS 2, Security will cordon off staging area and reroute traffic

Objective 4: Evaluate the internal and external communications of the hospital.

1. Upon completion of the evacuation, NICU staff in the staging area will notify the command center of the number and acuity of the patients that have been evacuated to the staging area
2. Upon staff being notified that the Incident Command Center has been stood up, staff from the NICU will call the Command Center with any equipment, supplies and staffing needs
3. Upon notification of the HICS 2 the Incident Commander will notify Security that the Lobby of the Main Building needs to be cordoned off to be used as a staging area and that all traffic needs to be rerouted as to not disrupt the evacuation
4. Command Center will communicate situational awareness during the evacuation and after the evacuation
5. NICU staff in the staging area will communicate situational awareness during the evacuation and after the evacuation

Objective 5: Assess the ability of staff to identify patients who require evacuation within the institution and those that require transport to another level 3 facility.

1. Upon patients reaching the alternate staging area staff huddle and discuss each individual patients disposition and where they should be moved to
2. Individual triage decisions are communicated to the Command Center
3. The Command Center notifies triage destination of what patient(s) they will be receiving
4. Individual triage decisions are communicated to the nurse and attending that are caring for that patient
5. Individual triage decisions are communicated to the clerical staff for patient tracking purposes

Objective 6: Assess the ability of staff to notify parents/guardians of the NICU's evacuation, their child's disposition and where they will be evacuated to.

1. The clerical staff will give the Senior Social Worker a list of patients within the NICU at the time of the evacuation
2. Admitting will give Security a list of patients and authorized visitors for that patient
3. Social workers will call all parents/guardians and give them basic information
4. Socials workers offer services to any parent that comes in or calls in regarding their child
5. Security tracks all authorized visitors entering and leaving the staging area by checking ID's against their list and having them sign in and out

Detailed Findings and Recommendations

This section identifies the successes and areas for improvement and includes recommendations and corrective actions.

Objective 1: Assess the ability of NICU leadership to identify there is a problem that could cause an evacuation, the scope of the problem and notification to the next level of authority within 10 minutes of an incident.

Issue: Fire alarm was not appropriately activated

Analysis: The initial response to the notification that there was a smell of smoke in Room B of the NICU resulted in an RN pulling the emergency door release alarm thinking that it was the fire alarm. This action did cause a loud alarm to sound within the NICU, however it did not result in the activation of the fire brigade. Additionally, a NICU nurse immediately turned off the oxygen to the entire unit. This critical action was not relayed to the charge nurse or other staff. Thereafter, the charge nurse directed staff to pull the fire alarm. This task was not performed in a manner in which the alarm would activate (the pull box was not engaged completely), therefore it did not cause the appropriate response within the hospital. Due to the alarm not being pulled effectively the hospital was not able to appropriately respond to the event.

Recommendation:

1. Re-train the NICU staff as to where the fire alarms are located within the NICU, how to properly engage them and how to confirm they have been activated.
2. Explicitly state within the NICU Evacuation Plan the procedures regarding turning off the oxygen in the NICU and who to communicate with that it has been completed

Issue: HICS was never activated

Analysis: The hospital operator was never contacted to initiate the HICS 1. A player in the NICU did call the Command Center with the notification of a smoke condition but it should be noted that in a real event the initial notification should be given to the hospital operator which will send out a HICS 1 causing the Command Center to stand up. The Fire Brigade was also never activated due to the fact that there was no fire alarm pulled.

Recommendation:

3. Explicitly state within the NICU Evacuation Plan that someone should immediately dial 33 to state the threat and that person should confirm with the leader of the evacuation that the hospital has been notified
4. State within the NICU Evacuation Plan that the Command Center may be unavailable for the first 15-20 minutes of an evacuation.

Objective 2: Assess ability of staff to move patients from the NICU to the staging area

Issue: Patient tracking

Analysis: During the initial evacuation it was noted by an evaluator that the NICU clerk was the one to initiate patient tracking as patients left the NICU but was only able to give charts for the patients, not write down where they were going or who with. A nurse also tried to bypass the NICU clerk stating that she had to leave quickly and could not stop. An Information Specialist

was never assigned to the lobby to check off patients as they arrived but a patient representative assumed that role and was able to mark off patients as they went through the double doors. There was no observation that the NICU Clerk and the Patient Representative coordinated their lists of patients to make sure that all patients were accounted for. Once all patients were evacuated to the lobby the Command Center was never notified of the completion of the evacuation nor that all patients were accounted for. Patients were moved a twice after the initial evacuation and it was not observed that patients were being tracked or that the Command Center was aware of where patients had been transported to. It was observed in the "NICU Annex" that the Charge Nurse did ask for a head count.

Recommendation:

5. In-service staff on the importance of patient tracking when leaving any area and entering another area even during a serious evacuation and reconciling patient lists and communicating that information to the evacuation leader
6. Add into the plan the communication that should be had between the Command Center and the staging area regarding the completion of the evacuation and which patients were evacuated

Objective 3: Assess the availability and management of resources as it pertains to staffing, supplies and equipment in a no-notice evacuation event.

Issue: Not all staff were included in initial huddle in NICU

Analysis: Upon notification of the smell of smoke in Room B some of the staff in the NICU responded to the notification before listening to instruction from the Charge Nurse as was noted earlier. The Charge Nurse did hold a brief huddle with the staff and assign someone to pull the alarm and call 33 but some staff were observed being left out including those in the Transition Room as well as the NICU Clerk.

Recommendation:

7. In-service staff on the importance of following the direction of the Evacuation Leader to create a coordinated response
8. Create a checklist for the Evacuation Leader of all actions that need to happen upon notification of an event to make sure that all appropriate actions are taken

Objective 4: Evaluate the internal and external communications of the hospital

Issue: Lack of situational awareness regarding severity of fire condition

Analysis: The Charge Nurse and Command Center were in communication regarding movement of patients and staffing and equipment needs. The Command Center did feel like they were lacking situational awareness regarding the actual severity of the fire condition. That situational awareness was missing due to the fact that the initial notification of a fire was never properly received so there was no Fire Brigade available to update them.

Recommendation: No recommendation, the root cause of the lack of communication was the lack of the alarm being pulled to activate the hospital's fire brigade, which would have provided situational awareness to the Command Center.

Issue: Staff had trouble with communication systems

Analysis: During the hotwash, players commented that they were having trouble communicating between themselves as well as with the Command Center. When calling the Command Center the phone would often ring and not be picked up. It was suggested that at least the team leaders of the evacuation and the Command Center be given walkie talkies to allow for better communications.

Recommendation:

9. Consider the use of walkie talkies in emergency situations
10. Consider having an Incident Command Liaison in the staging area to gather situational awareness and assess and communicate resource needs back to the Command Center

Objective 5: Assess the ability of staff to identify patients who require evacuation within the institution and those that require transport to another level 3 facility

Issue: Triage decisions were not properly communicated

Analysis: After the evacuation to the Lobby the MD did communicate to the Command Center the need for two patients to be evacuated to Lutheran Hospital which was completed. Upon notification that the Lobby would only be able to be used for 30 minutes the NICU staff immediately began to move patients back towards the ramp to go to Ambulatory Surgery without first notifying the Command Center. The Command Center was notified a while later that 17 patients had been moved to Ambulatory Surgery. Upon notification that Ambulatory Surgery was not free for patients to be evacuated to the Command Center coordinated the NICU Annex as an appropriate place to move patients to and relayed that information to the NICU staff. Triage decisions were then made to move patients to Aaron 6 but the Command Center never notified Aaron 6 that the patients were coming. Overall patients were moved to their designated areas and taken care of regardless of the communication issues.

Recommendation:

11. Make it clear in the NICU Evacuation Plan the flow of communications for triage decisions

Objective 6: Assess the ability of staff to notify parents/guardians of the NICU's evacuation, their child's disposition and where they will be evacuated to

Issue: Unauthorized personnel in patient care areas

Analysis: Security was tasked with cordoning off all areas that patients would be in and redirecting traffic so unauthorized personnel could not get through for parents/guardians, staff and outsiders. The area was cordoned off from the view of the entrance of the main building but parents and a reporter got through security without being authorized on multiple occasions.

Recommendation:

11. Revise in the plan the importance of giving security a list of authorized personnel and family members that are allowed into patient care areas
12. More security guards should be deployed for an event to help with traffic control

Conclusion

Conclusion

The purpose of the *HX NICU Evacuation FSE* was to provide participants with an opportunity to evaluate current response concepts, plans, and capabilities in response to an event that would cause the NICU to evacuate.

The HX NICU Evacuation FSE demonstrated that staff has enhanced their NICU Evacuation planning, preparedness and operational capabilities to manage an actual event. The focused participation of HX's FSE Planning Team directly contributed to HX's level of preparation for and highly successful performance in the exercise.

While preparing for and following this exercise, HX has increased its level of preparedness and operational capacity and capability to respond to an event causing the need for the NICU to evacuate.

Implementation of the provided recommendations, together with the ongoing improvement process within HX's emergency management program, will continue to enhance and maintain the HX's readiness for a NICU evacuation event.

Improvement Plan

Improvement Plan

On the following pages is a list of additional preparedness activities identified by HX's participants and the joint NYC PDC/HX evaluation team to enhance HX's NICU Evacuation Plan. NYC PDC recommends that these efforts to enhance HX's NICU Evacuation Plan continue to be managed and integrated as part of the HX's ongoing Emergency Preparedness Program.

Improvement Plan

Improvement Plan

Improvement Plan Matrix

Recommendation	Improvement Action Description	Responsible Person/ Department	Start Date	Completion Date
1. Re-train the NICU staff as to where the fire alarms are located within the NICU, how to properly engage them and how to confirm they have been activated.			[Enter start date]	[Enter completion date]
2. Explicitly state within the NICU Evacuation Plan the procedures regarding turning off the oxygen in the NICU			[Enter start date]	[Enter completion date]
3. Explicitly state within the NICU Evacuation Plan that someone should immediately dial 33 to state the threat and that person should confirm with the leader of the evacuation that the hospital has been notified			[Enter start date]	[Enter completion date]
4. State within the NICU Evacuation Plan that the Command Center may be unavailable for the first 15-20 minutes of an evacuation.			[Enter start date]	[Enter completion date]
5. In-service staff on the importance of patient tracking when leaving any area and entering another area even during a serious evacuation and reconciling patient lists and communicating that information to the evacuation leader			[Enter start date]	[Enter completion date]
6. Add into the plan the communication that should be had between the Command Center and the staging area regarding the completion of the evacuation and which patients were evacuated			[Enter start date]	[Enter completion date]
7. In-service staff on the importance of following the direction of the Evacuation Leader to create a coordinated response			[Enter start date]	[Enter completion date]
8. Create a checklist for the Evacuation Leader of all actions that need to happen upon notification of an event to make sure that all appropriate actions are taken			[Enter start date]	[Enter completion date]
9. Consider the use of walkie talkies in emergency situations			[Enter start date]	[Enter completion date]
10. Consider having an Incident Command Liaison in the staging area to gather situational awareness and assess and communicate resource needs back to the Command Center			[Enter start date]	[Enter completion date]
11. Make it clear in the NICU Evacuation Plan the flow of communications for triage decisions			[Enter start date]	[Enter completion date]
12. Revise in the plan the importance of giving security a list of authorized personnel and family members that are allowed into patient care areas			[Enter start date]	[Enter completion date]
13. More security guards should be deployed for an event to help with traffic control			[Enter start date]	[Enter completion date]

List of Acronyms

Definition	Acronym
AAR/IP	After Action Report/Improvement Plan
ASPR	Office of the Assistant Secretary for Preparedness and Response (HHS)
C/E	Controller/Evaluator
EEG	Exercise Evaluation Guide
CC	Command Center
FSE	Full-Scale Exercise
HCF	Healthcare Facility
HHS	U.S. Department of Health and Human Services
HSEEP	Homeland Security Exercise & Evaluation Program
IC	Incident Commander
HX	Hospital X
MSEL	Master Scenario Events List
NICU	Neonatal Intensive Care Unit
NYC DOHMH	New York City Department of Health and Mental Hygiene
NYC PDC	New York City Pediatric Disaster Coalition
OEPR	Office of Emergency Preparedness and Response (NYC DOHMH)

After Action Report/ Improvement Plan

After Action Report/Improvemen

[Exercise Name]

After Action Report/Improvement Plan

[Date]

The After Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

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HSEEP-DD07

Exercise Overview

Exercise Name	[Insert the formal name of exercise, which should match the name in the document header]
Exercise Name	[Indicate the start and end dates of the exercise]
Scope	This exercise is a [exercise type], planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters].
Mission Area(s)	[Prevention, Protection, Mitigation, Response, and/or Recovery]
Core Capabilities	[List the core capabilities being exercised]
Objectives	[List exercise objectives]
Threat or Hazard	[List the threat or hazard (e.g. natural/hurricane, technological/ radiological release)]
Scenario	[Insert a brief overview of the exercise scenario, including scenario impacts (2-3 sentences)]
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.

Table 1. Summary of Core Capability Performance

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
[Objective 1]	[Core capability]				
[Objective 2]	[Core capability]				
[Objective 3]	[Core capability]				
[Objective 4]	[Core capability]				

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).

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

Analysis of Core Capabilities (Continued)

[Objective 1]

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

[Core Capability 1]

Strengths

The [choose one] 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.]

[Core Capability 2]

Strengths

The [choose one] 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 [choose one] as a result of [Exercise Name] conducted on [Date of Exercise] .

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
		[Corrective Action 2]					
		[Corrective Action 3]					
	2. [Area for Improvement]	[Corrective Action 1]					
		[Corrective Action 2]					

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Appendix B: Exercise Participants

Participating Organizations
Federal
State
[Jurisdiction A]
[Jurisdiction B]