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| --- | --- |
| **After Action Report – DRAFT** | |
| Date of Event: | Type of Disaster: Community  Internal  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Planned Event  Actual Event | Date reviewed by Emergency Management Committee or Manager: |
| Person(s) responsible for completing the summary of information: Philip Niemer | |

|  |  |
| --- | --- |
| **Auditors** | **Areas or Activities Monitored** |
|  |  |
|  |  |

**Type of Exercise:**

**Scenario:**

**Measurable Performance Expectations for the Six Critical Areas**

|  |  |
| --- | --- |
| **1. Communications**  *Items to consider*   * + Activation of emergency management all hazards command structure   + Notification of appropriate members of peri-operative, surgical and anesthesia services   + Communication with the media, suppliers, patient families   + Internal communications | Satisfactory  Unsatisfactory  NA |
| ***Comments from staff debriefing and auditors:*** |
| 1. **Resources and Assets**   *Items to consider*   * + Additional resources located and addressed before receiving patients (stocking-up)   + Plan for the replenishment of medical, non-medical, and pharmaceuticals supplies   + Need for staff and staff family support addressed   + Stockpile inventories accessed | Satisfactory  Unsatisfactory  NA |
| ***Comments from staff debriefing and auditors:*** |
| 1. **Safety and Security**   *Items to consider*   * + Internal and external security maintained   + Outside agencies identified in the facility during emergency operations   + Handling of hazardous materials   + Patients susceptible to “wandering” identified and monitored during emergencies   + Traffic external to the facility managed | Satisfactory  Unsatisfactory  NA |
| ***Comments from staff debriefing and auditors:*** |
| **4. Staff Responsibilities**  *Items to consider*   * + Staff awareness of their roles and responsibilities as defined in the influx or department specific disaster policy   + Communication with Licensed Independent Practitioners regarding their roles and to whom they report during emergency operations   + Methods to identify authorized personnel during the emergency | Satisfactory  Unsatisfactory  NA |
| ***Comments from staff debriefing and auditors:*** |
| **5. Utilities Management**  *Items to consider*   * + Alternate means of electricity, water for drinking and patient care or water for equipment and sanitation   + Adequate fuel for building operations & transportation functions   + Alternate means for other essential utilities, i.e. ventilation, med gas/vacuum, elevators, etc | Satisfactory  Unsatisfactory  NA |
| ***Comments from staff debriefing and auditors:*** |
| **6. Patient Clinical & Support Activities**  *Items to consider*   * + Scheduling, triage, assessment, treatment, admission, transfer, discharge, & evacuation.   + Needs of special populations i.e. pediatric, geriatric, & disabled   + Plans for personal hygiene & sanitation needs Plans for mortuary services   + Plans for documenting & tracking patient’s clinical information | Satisfactory  Unsatisfactory  NA |
| ***Comments from staff debriefing and auditors:*** |
| **7. Infection Prevention Activities**  *Items to consider*   * + Infection Prevention controls in place.   + Recommendations for Infection Prevention   + Plans for infectious outbreak   + Plans for documenting isolation & tracking patient’s clinical information | Satisfactory  Unsatisfactory  NA |
| ***Comments from staff debriefing and auditors:*** |
| **8. Information Technology**  *Items to consider*   * + Plans for IT Disaster Recovery   + Alternate vendors   + Red Phones   + Red Computers   + Downtime Forms   + Downtime Instructions   + System upgrades | Satisfactory  Unsatisfactory  NA |
| ***Comments from staff debriefing and auditors:*** |

**How was this event rated according to the identified on the Community Hazard Vulnerability Analysis (CHVA)?**

*Top Five Risk Occurrence/Response*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Risk Occurrence** |  |  | **Risk Response** |  |
| 1 |  | 60% | 1 |  | 67% |
| 2 |  | 58% | 2 |  | 63% |
| 3 |  | 51% | 3 |  | 61% |
| 4 |  | 49% | 4 |  | 60% |
| 5 |  | 49% | 5 |  | 58% |

*CHVA Ratings*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMMUNITY HAZARD VULNERABILITY ASSESSMENT TOOL** | **PROBABILITY** | | **HUMAN IMPACT** | **PROPERTY IMPACT** | **BUSINESS IMPACT** |
| Likelihood of future occurrence and facility response | | Percentage of population likely to be injured or killed under an average occurrence of the hazard | Percentage of properties likely to be affected under an average occurrence of the hazard | Percentage of businesses likely to be affected under an average occurrence of the hazard |
| 0 = N/A (implausible) 1 = Low (0-1 event / 30 years) 2 = Moderate (2-3 events / 30 years) 3 = High (4+ events / 30 years) | | 0 = N/A (no impact expected) 1 = Low (<1% affected) 2 = Moderate (1-10% affected) 3 = High (>10% affected) | 0 = N/A (no impact expected) 1 = Low (<1% affected) 2 = Moderate (1-10% affected) 3 = High (>10% affected) | 0 = N/A (no impact expected) 1 = Low (<1% affected) 2 = Moderate (1-10% affected) 3 = High (>10% affected) |
|
|  | **Occurrence** | **Response** |  | | |
|  | 3 | 1 | 1 | 1 | 2 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MITIGATION** | | **PREPAREDNESS** | | **RESPONSE** | | **RECOVERY** | | **RISK Occurrence** | **RISK Response** |
| **Internal (Jurisdic-tional)** | **External (Region/ State)** | **Internal (Jurisdic-tional)** | **External (Region/ State)** | **Internal (Jurisdic-tional)** | **External (Region/ State)** | **Internal (Jurisdic-tional)** | **External (Region/ State)** | Relative threat (increases with percentage) | Relative threat (increases with percentage) |
| 1 = Substantial 2 = Moderate 3 = Limited or none | 1 = Substantial 2 = Moderate 3 = Limited or none | 1 = Substantial 2 = Moderate 3 = Limited or none | 1 = Substantial 2 = Moderate 3 = Limited or none | 1 = Substantial 2 = Moderate 3 = Limited or none | 1 = Substantial 2 = Moderate 3 = Limited or none | 1 = Substantial 2 = Moderate 3 = Limited or none | 1 = Substantial 2 = Moderate 3 = Limited or none | 0 - 100% | 0 - 100% |
|
| 2 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | **49%** | **16%** |

Does this event needed to be added to the CHVA tool?  Yes  No If yes, what should be added? (Insert here)

**How was this event rated according to the 96 Hour Sustainability Grid?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Hours of Operation Capabilities** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Resources (Limiting Factor)** |  |  | **Day 1** | |  |  |  |  |  | **Day 2** | |  |  |  |  | **Day 3** | |  |  |  |  | **Day 4** | |  |  |
| **Hour** | **1** | **4** | **8** | **12** | **16** | **20** | **24** | **28** | **32** | **36** | **40** | **44** | **48** | **52** | **56** | **60** | **64** | **68** | **72** | **76** | **80** | **84** | **88** | **92** | **96** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

This event was not rated according to the 96 hour sustainability grid.

**Comparing this drill to the past drills/events, what was noticeably improved or deficient?**

**What strengths were observed during the event?**



**What weaknesses were observed during the event?**

**Other comments:**

**Follow Up**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Follow Up** | | **Action Plan/Interim Measures** | **Person/Department Responsible** | **Anticipated**  **Completion Date** | **Risk Rating 0-3** |
| **Location/ Date** |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Interim Measures Required Yes  No

*Children’s Hospital Colorado (CHCO) defines interim measures as urgent actions that must be resolved timely to reduce the imminent risk of irreparable harm to the facility and/or those individuals located in the facility. If interim measures are required, a risk rating of 3, these will be noted in the AAR and on this form.*

**Notes relating to required interim measures:**

|  |  |  |
| --- | --- | --- |
| **Staff Debriefing** | | |
| **Name** | **Title** | **Emergency Positions** |
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