Family Reunification Center (FRC) Functional Exercise

After-Action Report/Improvement Plan (AAR/IP) Thursday, July 25, 2024

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives and preparedness doctrine 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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EXERCISE **O**VERVIEW

| Exercise Name | Family Reunification Center (FRC) Functional Exercise | | | |
|------------------|---|--|--|--|
| Exercise Date | Thursday, July 25, 2024 | | | |
| Scope | The FRC exercise is a functional exercise for Hospital Preparedness Program (HPP) fund recipients. There will be no actual movement of patients. The exercise will last three hours. The exercise will allow end-users (players) to test accessing the FRC system, data entry, data gathering, and information sharing to support family reunification efforts. | | | |
| Focus Area(s) | Mitigation, Response | | | |
| Capabilities | Capability 1. Foundation for Health Care and Medical Readiness Capability 2. Health Care and Medical Response Coordination Capability 3. Continuity of Health Care Service Delivery Capability 4. Medical Surge | | | |
| Goals | Improve the user experience of the FRC application through additional hands-on training. Activate the FIC/FRC plan, to include identifying an area in or near your facility to use for family reunification, and to clearly define roles and responsibilities for staff assigned to that area. Develop and/or implement processes to ensure the FRC application is utilized during an activation of the FIC/FRC plan. Engage stakeholders to ensure that everyone understands their role in disaster response and reunification efforts. | | | |

| Objectives | Each participating hospital will activate their respective FIC/FRC plan within 15-minutes of notification. Each participating hospital will identify an area in-or-near their facility to use for family reunification within 15-minutes of plan activation. Each participating hospital to clearly define roles and responsibilities of staff assigned to FIC/FRC area during the incident. Each participating hospital to develop and/or implement processes to ensure the FRC application is utilized during the activation of their respective FIC/FRC plan for conducting reunification efforts. |
|--------------------------------|---|
| Threat/Hazar d | Reunification following a disaster |
| Scenario | A large-scale multi-casualty incident (MCI) has occurred, and multiple patients have been transported to hospital emergency departments throughout the county. Your facility has received one (1) patient via ambulance. Five (5) additional patients have self-dispatched to your facility by private auto and walked-into the emergency department. You have a total of six (6) patients from the incident in your emergency department. The patient that arrived by ambulance is initially amnestic to the incident and is only able to provide first name, age, and DOB. The patient is otherwise stable in the delayed category. The patient has no identification or cell phone and cannot recall family contact information. The other patients who self-dispatched are stable and require observation only. |
| Sponsor | Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program |
| Participating Organizations | Los Angeles County EMS Agency, Hospital Association of Southern California / ReddiNet, recipient Hospitals of HPP funds, and others tasked with FRC end-user responsibilities |
| Point of Contact | [Name] [Title/Position] [Agency/Department/Facility] [Address] |

ANALYSIS OF **C**APABILITIES

Aligning exercise objectives and 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 capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

| Objective | Capability | Performe d without Challeng es (P) | Performe d with Some Challeng es (S) | Performe d with Major Challeng es (M) | Unable to be Performe d (U) |
|-----------------|----------------|---|--|---|--------------------------------------|
| • [Objective 1] | • [Capability] | • | • | • | • |
| • [Objective 2] | • [Capability] | • | • | • | • |
| • [Objective 3] | • [Capability] | • | • | • | • |
| • [Objective 4] | • [Capability] | • | • | • | • |

Table 1. Summary of Core Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the 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 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 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 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 capability, highlighting strengths and areas for improvement.

[Objective 1]

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

[Capability 1]

Strengths

The [full or partial] 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.]

[Capability 2]

Strengths

The [full or partial] 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 is developed specifically for [Organization or Jurisdiction] as a result of the **Family Reunification Center Exercise** conducted on **July 25, 2024.**

| Capability | Issue/Area for Improveme nt | Corrective Action | Capabilit y Element | Primary Responsible Organization | Organization POC | Start Date | Completion Date |
|--|---------------------------------------|-------------------------|---------------------------|--|---------------------|------------|--------------------|
| Capabili ty 1: [Capability Name] | • 1. [Area for Improvemen t] | • [Corrective Action 1] | | • | • | • | • |
| Capabili ty 1: [Capability Name] | • 1. [Area for Improvemen t] | • [Corrective Action 2] | | • | • | • | • |
| Capabili ty 1: [Capability Name] | • 2. [Area for Improvemen t] | • [Corrective Action 1] | | • | • | • | • |
| Capabili ty 1: [Capability Name] | • 2. [Area for Improvemen t] | • [Corrective Action 2] | | • | • | • | • |
| Capabili ty 2: [Capability Name] | • 1. [Area for Improvemen t] | • [Corrective Action 1] | | • | • | • | • |
| Capability Name | • 1. [Area for Improvemen t] | • [Corrective Action 2] | | • | • | • | • |

| Capability | Issue/Area for Improveme nt | Corrective Action | Capabilit y Element | Primary Responsible Organization | Organization POC | Start Date | Completion Date |
|--|--------------------------------------|-------------------------|---------------------------|--|---------------------|------------|--------------------|
| Capabili ty 2: [Capability Name] | • 2. [Area for Improvemen t] | • [Corrective Action 1] | | • | • | • | • |
| • Capabili ty 2: [Capability Name] | • 2. [Area for Improvemen t] | • [Corrective Action 2] | | • | • | • | • |

APPENDIX B: EXERCISE PARTICIPANTS

| Participating Organizations |
|------------------------------|
| County |
| [County Participant] |
| [County Participant] |
| [County Participant] |
| City |
| [City Participant] |
| [City Participant] |
| [City Participant] |
| [Jurisdiction A] |
| [Jurisdiction A Participant] |
| [Jurisdiction A Participant] |
| [Jurisdiction A Participant] |
| [Jurisdiction B] |
| [Jurisdiction B Participant] |
| [Jurisdiction B Participant] |
| [Jurisdiction B Participant] |