

# Family Reunification Center (FRC) Functional Exercise

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## After-Action Report/Improvement Plan (AAR/IP) Thursday, July 23, 2026

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 OVERVIEW

<b>Exercise Name</b>	Family Reunification Center (FRC) Functional Exercise
<b>Exercise Date</b>	Thursday, July 23, 2026
<b>Scope</b>	<p>The FRC exercise is a functional exercise for Hospital Preparedness Program (HPP) fund recipients.</p> <p>Exercise activities will be conducted at HPP hospitals and will involve each facility identifying a safe and secure location to use as their reunification area.</p> <p>There will be no actual movement of patients. The exercise will last three hours to ensure all tasks are completed.</p> <p>Play will take place in the live ReddiNet and FRC systems.</p>
<b>Focus Area(s)</b>	Response
<b>Capabilities</b>	<p>Capability 1. Foundation for Health Care and Medical Readiness</p> <p>Capability 2. Health Care and Medical Response Coordination</p> <p>Capability 3. Continuity of Health Care Service Delivery</p> <p>Capability 4. Medical Surge</p>
<b>Goals</b>	<ul style="list-style-type: none"> <li>• Improve the user experience of the FRC application through additional hands-on training.</li> <li>• Activation of FIC/FRC plans, to include identifying areas in or near the facility to use for family reunification, and to clearly define roles and responsibilities for staff assigned to that area.</li> <li>• Develop and/or implement processes to ensure the FRC application is utilized during an activation of the FIC/FRC plan.</li> <li>• Engage stakeholders to ensure that everyone understands their role in disaster response and reunification efforts.</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Each participating hospital will activate their respective FIC/FRC plan within 15-minutes of notification.</li> <li>• Each participating hospital will identify an area in-or-near their facility to use for family reunification within 15-minutes of plan activation.</li> <li>• Each participating hospital to clearly define roles and responsibilities of staff assigned to FIC/FRC area during the incident.</li> <li>• 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.</li> </ul>
<b>Threat/Hazard</b>	Reunification following a disaster

<b>Scenario</b>	A large-scale multi-casualty incident (MCI) has occurred at a Summer Olympic event near your hospital, and multiple athletes have been transported to hospital emergency departments throughout the county. Your emergency department has received six (6) patients by ambulances including one (1) athlete. The other five (5) patients were spectators. You have a total of six (6) patients from the incident in your emergency department. The athlete that arrived at your emergency department by ambulance is either unresponsive or can only recall his first name, last name, and age. The patient has no identification or cell phone and cannot recall family contact information. The patient is otherwise stable in the delayed category.
<b>Sponsor</b>	Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program
<b>Participating Organizations</b>	<ul style="list-style-type: none"> <li>• Los Angeles County EMS Agency</li> <li>• ReddiNet, a service of HASC</li> <li>• HPP Hospitals</li> <li>• Los Angeles County Office of Emergency Management</li> <li>• Los Angeles County Department of Mental Health</li> </ul>
<b>Point of Contact</b>	Darren Verrette Disaster Program Manager Los Angeles County Emergency Medical Services Agency 10430 Slusher Drive Santa Fe Springs, CA 90670

## ANALYSIS OF CAPABILITIES

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	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (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.

## [Objectives and Core Capabilities]

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

### [Objective 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.]

### [Objective 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 23, 2026.

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