# Exercise Evaluation Guide

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| *Exercise Name:* CMHPC ID Fall 2019 Exercise  *Exercise Date:* [Insert exercise date] | *Organization/Jurisdiction:*  [Insert organization or jurisdiction] | *Venue:*  [Insert venue name] |
| **Response** | | |
| *Exercise Objectives*   * *Evaluate the Facility’s ability to identify and provide isolation care for a person under investigation (PUI).* * *Evaluate ability to notify staff and patient family members of ID incident.* * *Evaluate just-in-time PPE don / doff training resources and PPE availability for Facility.* * *Evaluate the Facility’s ability to receive information from their coalition on the quantity and location of PPE supply.* * *Evaluate facility ability to notify regional partners (LPH, Coalition Partners’, Others)* | | |
| *Healthcare System Capabilities:*   * Foundation for Health Care and Medical Readiness * Health Care and Medical Response Coordination * Continuity of Health Care Service Delivery * Medical Surge | | |

# Ratings Definitions

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| **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). |

| **Exercise Name:** | | | | | **Evaluator Information:** | | **Name:** | |
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| **Organization/Jurisdiction:** | | | | | **E-mail:** | |
| **Exercise Date:** | | | | | **Phone:** | |
| **Objective 1:** | Evaluate the Facility’s ability to identify and provide isolation care for a person under investigation (PUI). | | | | | | | |
| Organizational  Capability Target | Task Completed  YES NO Not  Observed | | | Associated Critical Tasks | | Evaluator Observation Notes and Explanation of Rating | | Target Rating |
|  | 🞐 | 🞐 | 🞐 | Ability to identify an infectious disease patient:  Exposure criteria:   * Signs/symptoms compatible with Influenza | |  | |  |
| 🞐 | 🞐 | 🞐 | Ability to isolate an infectious disease patient:   * Patient provided with mask * Patient hand hygiene * Staff dons mask * Staff hand hygiene | |  | |
| 🞐 | 🞐 | 🞐 | * Patient isolation * Infection control measures taken (e.g., infection control precaution signs posted) * Initiation of alert/notification protocol | |  | |
| 🞐 | 🞐 | 🞐 | All **personnel** use appropriate PPE based on patient’s clinical status. | |  | |
| 🞐 | 🞐 | 🞐 | Patient room is equipped with: (Check all that apply)   * Private room with bathroom or bedside commode. * Room has been evaluated for patient and staff safety (slips, trips, sharp edges, etc.). | |  | |
| 🞐 | 🞐 | 🞐 | Patient room large enough accommodate patient, equipment, and personnel. (Consider staffing model). | |  | |
| 🞐 | 🞐 | 🞐 | There are SOPs for all personnel:   * Entering patient room * Exiting patient room * Passing supplies into or out of patient room * Moving from one patient room to another * Moving items between patient rooms | |  | |
| 🞐 | 🞐 | 🞐 | Strategies are implemented (patient-staff, patient-family, interdisciplinary round) to limit essential personnel entry into patient room. Patient rooms are equipped with a window/video system to allow direct observation of patient care. | |  | |

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| **Organization/Jurisdiction:** | | | | | **E-mail:** | |
| **Exercise Date:** | | | | | **Phone:** | |
| **Objective 2:** | Evaluate ability to notify staff and patient family members of ID incident. | | | | | | | |
| Organizational  Capability Target | Task Completed  YES NO Not  Observed | | | Associated Critical Tasks | | Evaluator Observation Notes and Explanation of Rating | | Target Rating |
|  | 🞐 | 🞐 | 🞐 | The facility has an EOP specific to notification including:   * Staff * Patient Families | |  | |  |

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| **Exercise Date:** | | | | | **Phone:** | |
| **Objective 3:** | Evaluate just-in-time PPE don / doff training resources and PPE availability for Facility. | | | | | | | |
| Organizational  Capability Target | Task Completed  YES NO Not  Observed | | | Associated Critical Tasks | | Evaluator Observation Notes and Explanation of Rating | | Target Rating |
|  | 🞐 | 🞐 | 🞐 | Based on maximum bed capacity, the facility has adequate supply of:   * Staff/Provider PPE   + Gloves   + Masks   + Respirators   + Gowns | |  | |  |

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| **Organization/Jurisdiction:** | | | | | **E-mail:** | |
| **Exercise Date:** | | | | | **Phone:** | |
| **Objective 4:** | Evaluate the Facility’s ability to receive information from their coalition on the quantity and location of PPE supply. | | | | | | | |
| Organizational  Capability Target | Task Completed  YES NO Not  Observed | | | Associated Critical Tasks | | Evaluator Observation Notes and Explanation of Rating | | Target Rating |
|  | 🞐 | 🞐 | 🞐 | Contact the coalition regarding the quantity and location of personal protective equipment (PPE) supply within 8 hours of a patient arrival at a coalition member facility | |  | |  |

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| **Organization/Jurisdiction:** | | | | | **E-mail:** | |
| **Exercise Date:** | | | | | **Phone:** | |
| **Objective 5:** | Evaluate facility ability to notify regional partners (LPH, Coalition Partners’, Others) | | | | | | | |
| Organizational  Capability Target | Task Completed  YES NO Not  Observed | | | Associated Critical Tasks | | Evaluator Observation Notes and Explanation of Rating | | Target Rating |
|  | 🞐 | 🞐 | 🞐 | The affected institution has an EOP that specifically addresses the notification of the Coalition Partners;   * HMAC * LPH * MDH * EMS * Other Coalition Partners | |  | |  |