## Part I: General Information

Please enter your responses in the form field.

| Participant Information |
| --- |
| Name (OPTIONAL): |
| Facilities represented: |

Please circle the appropriate selection.

| Number of Exercises Previously Participated in: | 0 | 1 – 5 | 6 – 10 | 11 – 15 | 16+ |
| --- | --- | --- | --- | --- | --- |

Please circle the appropriate selection.

| Exercise Role: | Player | Facilitator/ Controller | Observer | Evaluator |
| --- | --- | --- | --- | --- |

## Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement, 2 indicating disagreement, 3 indicating neutral, 4 indicating agree, and 5 indicating strong agreement.

| Assessment Factor | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- |
| Pre-exercise briefings were informative and provided the necessary information for my role in the exercise. | 1 | 2 | 3 | 4 | 5 |
| The exercise scenario was plausible and realistic. | 1 | 2 | 3 | 4 | 5 |
| Exercise participants included the right people in terms of level and mix of disciplines. | 1 | 2 | 3 | 4 | 5 |
| Participants were actively involved in the exercise. | 1 | 2 | 3 | 4 | 5 |
| Exercise participation was appropriate for someone in my field with my level of experience/training. | 1 | 2 | 3 | 4 | 5 |
| The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations. | 1 | 2 | 3 | 4 | 5 |
| The exercise provided the opportunity to address significant decisions in support of critical mission areas. | 1 | 2 | 3 | 4 | 5 |
| After this exercise, I am better prepared to deal with capabilities and hazards addressed. | 1 | 2 | 3 | 4 | 5 |

## Part III: Participant Feedback

Please rate, on a scale of 1 to 5, your overall assessment/observation of the exercise objectives provided, with 1 indicating strong disagreement, 2 indicating disagreement, 3 indicating neutral, 4 indicating agree, and 5 indicating strong agreement.

| Assessment Factor | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- |
| 1. Evaluate the Facility’s ability to identify and provide isolation care for a person under investigation (PUI). | 1 | 2 | 3 | 4 | 5 |
| 1. Evaluate ability to notify staff and patient family members of ID incident. | 1 | 2 | 3 | 4 | 5 |
| 1. Evaluate just-in-time PPE don / doff training resources and PPE availability for Facility. | 1 | 2 | 3 | 4 | 5 |
| 1. Evaluate the Facility’s ability to receive information from their coalition on the quantity and location of PPE supply. | 1 | 2 | 3 | 4 | 5 |
| 1. Evaluate facility ability to notify regional partners (LPH, Coalition Partners, Others) | 1 | 2 | 3 | 4 | 5 |

1. Based on your facility actions and your opinions (not the results of the hotwash), list the top three strengths you identified.
2. Based on your facility actions and your opinions (not the results of the hotwash), list the top areas you identified that need improvement.