# Exercise Evaluation Guide

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| *Exercise Name:* CMHPC HCID Fall 2019 Exercise  *Exercise Date:* [Insert exercise date] | *Organization/Jurisdiction:*  [Insert organization or jurisdiction] | *Venue:*  [Insert venue name] |
| **Response** | | |
| *Exercise Objectives:*   1. Evaluate the Facility’s ability to identify and provide isolation care for a person under investigation (PUI). 2. Evaluate EMS capabilities and determine the most appropriate method for transportation (e.g., air versus ground.) 3. Evaluate just-in-time PPE don / doff training resources and PPE availability for Facility. 4. Evaluate the Facility’s ability to receive information from their coalition on the quantity and location of PPE supply. 5. Evaluate planning for risk mitigation (e.g., waste management.). | | |
| *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). |
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| **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 a highly infectious disease patient:  Exposure criteria:   * Signs/symptoms compatible with Ebola * Travel History | |  | |  |
| 🞐 | 🞐 | 🞐 | Ability to isolate a highly infectious disease patient:   * Patient provided with mask * Patient hand hygiene * Staff dons mask * Staff hand hygiene | |  | |
| 🞐 | 🞐 | 🞐 | * Patient isolation in AIIR Room or other * 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.). * Negative pressure isolation room with air changes per hour. * Each patient room has an anteroom or space. | |  | |
| 🞐 | 🞐 | 🞐 | 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. | |  | |
| 🞐 | 🞐 | 🞐 | In proximity to the patient room, there are designated areas for:   * Personnel changing * PPE donning * PPE doffing * Personnel showering | |  | |
| 🞐 | 🞐 | 🞐 | The space for donning and doffing properly marked, including designated clean and contaminated areas. | |  | |
| 🞐 | 🞐 | 🞐 | Donning and Doffing areas incorporate: (Check all that apply)   * There are place(s) for sitting * Signs prompting donning and doffing * Full length mirror * Supplies for disinfection of reusable PPE * Hand hygiene * PPE removal waste containers/storage containers | |  | |

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| **Exercise Date:** | | | | | **Phone:** | |
| **Objective 2:** | Evaluate EMS capabilities, and determine the most appropriate method for transportation (e.g., air versus ground.) | | | | | | | |
| Organizational  Capability Target | Task Completed  YES NO Not  Observed | | | Associated Critical Tasks | | Evaluator Observation Notes and Explanation of Rating | | Target Rating |
|  | 🞐 | 🞐 | 🞐 | The Regional Transport Plan or CONOPS is activated and appropriate method of patient transport is discussed with health department, EMS, and receiving facility, including:   * Patient clinical status * Wet or dry patient * Origin of patient transfer * Destination of patient transfer * Route * Length of transport and patient care handoff | |  | |  |

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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 |
|  | 🞐 | 🞐 | 🞐 | HPP 16 A.C. Proportion of facilities that have received coalition-funded training (Goal: 75%) | |  | |  |
| 🞐 | 🞐 | 🞐 | Based on maximum bed capacity, the facility has adequate supply of:   * Medical devices (e.g. PPE) * Medical instruments (e.g. ventilators) * Management and storage of waste | |  | |

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| **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 |
|  | 🞐 | 🞐 | 🞐 | HPP 15 A.C. Proportion of facilities that receive information from their coalition on the quantity and location of personal protective equipment (PPE) supply within 8 hours of a patient under investigation’s arrival at a coalition member facility (Goal: = 100%) | |  | |  |

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| **Objective 5:** | Evaluate planning for risk mitigation (e.g., waste management.). | | | | | | | |
| Organizational  Capability Target | Task Completed  YES NO Not  Observed | | | Associated Critical Tasks | | Evaluator Observation Notes and Explanation of Rating | | Target Rating |
|  | 🞐 | 🞐 | 🞐 | A **log** is maintained of all the personnel who enter any potentially contaminated space or handle potentially infectious materials. The log includes sufficient information to assign exposure categories (e.g. high risk, some risk, low-risk). | |  | |  |
|  | 🞐 | 🞐 | 🞐 | There is a protocol in place for suspected Category A waste handling and removal. | |  | |  |