# 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)*
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| *Healthcare System Capabilities:* * Foundation for Health Care and Medical Readiness
* Health Care and Medical Response Coordination
* Continuity of Health Care Service Delivery
* Medical Surge

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# 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). |
| OrganizationalCapability Target | Task CompletedYES 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:**  |
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| **Objective 2:**  | Evaluate ability to notify staff and patient family members of ID incident. |
| OrganizationalCapability Target | Task CompletedYES 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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| **Organization/Jurisdiction:**  | **E-mail:**  |
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| **Objective 3:**  | Evaluate just-in-time PPE don / doff training resources and PPE availability for Facility. |
| OrganizationalCapability Target | Task CompletedYES 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. |
| OrganizationalCapability Target | Task CompletedYES 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:**  |
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| **Objective 5:**  | Evaluate facility ability to notify regional partners (LPH, Coalition Partners’, Others) |
| OrganizationalCapability Target | Task CompletedYES 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
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