# Exercise Evaluation Guide

| **Exercise Name:**  | **Evaluator Information:** | **Evaluator 1:**  |
| --- | --- | --- |
| **Organization/Jurisdiction:**  | **Evaluator 2:**  |
| **Exercise Date:**  |  |
| Ratings Definitions |
| **Rating** | **Definition** |
| **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 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 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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| **Organization/Jurisdiction:**  | **E-mail:**  |
| **Exercise Date:**  | **Phone:**  |
| **Objective 1:**  | Determine the [amount of time] it takes for [insert EMS agency] to respond to facility, don Personal Protective Equipment (PPE) and be ready to receive patient for transportation |
| OrganizationalCapability Target | Task CompletedYES NO Not  Observed | Associated Critical Tasks | Evaluator Observation Notes and Explanation of Rating | Target Rating |
| Foundation for Health Care and Medical Readiness |  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |

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| **Objective 2:**  | Assess [insert facility location name] staff’s adherence to don appropriate PPE for a patient with [insert special pathogen name] [insert target timeframe if applicable]. |
| OrganizationalCapability Target | Task CompletedYES NO Not  Observed | Associated Critical Tasks | Evaluator Observation Notes and Explanation of Rating | Target Rating |
| Foundation for Health Care and Medical Readiness |  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |

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| **Objective 3:**  | Assess [insert facility location name] staff’s ability to notify facility leadership and activate emergency plans and procedures [insert target timeframe if applicable] |
| OrganizationalCapability Target | Task CompletedYES NO Not  Observed | Associated Critical Tasks | Evaluator Observation Notes and Explanation of Rating | Target Rating |
|  |  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |

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| **Objective 4:**  | Assess [insert facility location name] staff’s ability to implement appropriate infection control precautions to minimize exposure to [insert pathogen name] |
| OrganizationalCapability Target | Task CompletedYES NO Not  Observed | Associated Critical Tasks | Evaluator Observation Notes and Explanation of Rating | Target Rating |
|  |  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |

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| **Organization/Jurisdiction:**  | **E-mail:**  |
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| **Objective 5:**  | Assess [insert facility location name] ability to conduct coordination with [insert EMS agency], [insert receiving facility], and local public health department |
| OrganizationalCapability Target | Task CompletedYES NO Not  Observed | Associated Critical Tasks | Evaluator Observation Notes and Explanation of Rating | Target Rating |
|  |  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |

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| **Objective 6:**  | Assess [insert facility location name] ability to coordinate patient transfer with [insert EMS agency] |
| OrganizationalCapability Target | Task CompletedYES NO Not  Observed | Associated Critical Tasks | Evaluator Observation Notes and Explanation of Rating | Target Rating |
|  |  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |

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| **Objective 7:**  | Assess [insert facility location name] waste management process [insert target timeframe if applicable] |
| OrganizationalCapability Target | Task CompletedYES NO Not  Observed | Associated Critical Tasks | Evaluator Observation Notes and Explanation of Rating | Target Rating |
|  |  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |
|  🞐 |  🞐 |  🞐 | [Insert Critical Task(s) per protocols or plans] |  |