# 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 | | | | | | | |
| Organizational  Capability Target | Task Completed  YES 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]. | | | | | | | |
| Organizational  Capability Target | Task Completed  YES 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] | |  | |
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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] | | | | | | | |
| Organizational  Capability Target | Task Completed  YES NO Not  Observed | | | Associated Critical Tasks | | Evaluator Observation Notes and Explanation of Rating | | Target Rating |
|  | 🞐 | 🞐 | 🞐 | [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] | | | | | | | |
| Organizational  Capability Target | Task Completed  YES 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] | |  | |
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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 | | | | | | | |
| Organizational  Capability Target | Task Completed  YES NO Not  Observed | | | Associated Critical Tasks | | Evaluator Observation Notes and Explanation of Rating | | Target Rating |
|  | 🞐 | 🞐 | 🞐 | [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] | | | | | | | |
| Organizational  Capability Target | Task Completed  YES NO Not  Observed | | | Associated Critical Tasks | | Evaluator Observation Notes and Explanation of Rating | | Target Rating |
|  | 🞐 | 🞐 | 🞐 | [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] | | | | | | | |
| Organizational  Capability Target | Task Completed  YES NO Not  Observed | | | Associated Critical Tasks | | Evaluator Observation Notes and Explanation of Rating | | Target Rating |
|  | 🞐 | 🞐 | 🞐 | [Insert Critical Task(s) per protocols or plans] | |  | |  |
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