**Real Event or Exercise:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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| **Exercise/Event Name:** |  | **Type**:  Tabletop  Functional  Full Scale  Real Event |
| **Date & Location:** |  |
| **Emergency Planning Team Primary Point of Contact:** | **Name:** | **Organization:** |
| **Phone:** | **Email:** |
| **Capabilities Tested:** | Community/Healthcare System Preparedness  Community/Healthcare System Recovery  Emergency Operations Coordination  Emergency Public Info. and Warning  Fatality Management  Information Sharing  Mass Care  Medical Countermeasure Dispensing | Medical Material Management and Distribution  Medical Surge  Non-Pharmaceutical Interventions  Public Health Laboratory Testing  Public Health Surveillance and Epidemiological Investigation  Responder Safety and Health  Volunteer Management |
| **Scenario Type:** | Critical Infrastructure Failure  Cybersecurity  CBRNE (Chemical, Biological, Radiological, Nuclear, Explosive)  Foreign Animal Disease  HazMat  Medical Surge | Natural Hazard/Weather  Workplace Violence/Active Shooter  Highly Communicable Disease  Novel Outbreak  Pandemic  Biohazard Waste  Other: |
| **Basic Infection Control Activities Affected by This Scenario:** | Cleaning Protocols  Hand Hygiene  Personal Protective Equipment | Transmission-Based Precautions  Safe Food and Drink Distribution  Other: |
| **Participating Organizations:** |  | |

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| **Scenario Summary:**  *Provide a brief overview of the exercise scenario. The full exercise scenario (e.g., Situation Manual, Master Scenario of Events List, etc.), exercise timeline, and/or other documents may be attached as separate documents.* |  | | | |
| **Objectives and Discussion of those Objectives:** |  | | | |
| **Major Strengths:** |  | | | |
| **Major Areas of Improvement:** |  | | | |
| **Improvement Plan:**  *The IP is used to determine what actions will be taken to increase a specific capability. Include at least* ***3*** *corrective actions.* | **Capability Recommendation:** | **Corrective Action:** | **Primary Responsible Personnel/Dept.:** | **Target Completion Date:** |
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| **Capability Recommendation:** | **Corrective Action:** | **Primary Responsible Personnel/Dept.:** | **Target Completion Date:** |
| **Analysis:**  *Specify if and why objectives were achieved or not achieved.* |  | | | |
| **Completed By:** | **Name:** | | **Organization:** | |
| **Phone:** | | **Email:** | |

