**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:** |  |

|  |  |
| --- | --- |
| **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:** |

