Once the exercise is completed, please make a copy of this form for your records and provide this form to the Sr. Controller/Evaluator at your location. Please use as many of these forms as necessary to effectively document exercise play and complete your evaluations.

**\*\*\*PLEASE WRITE LEGIBLY\*\*\***

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| **Evaluator**  **Name:** | | | **Location/Assignment:** | | |
| **Quick Reference** | **Notes** | | | | |
| ***Exercise Goals/Objectives:***   * Assess the ability of local healthcare organizations within the Health Care Coalition of Orange County (HCCOC) to share emergent information with internal and external stakeholders, ensuring communication feedback from the Orange County Health Care Agency Operations Center. * Assess the capability of healthcare organizations within the HCCOC to identify the need and request various logistical resources (e.g., personnel, supplies and equipment) through identified channels of coordination. * [List any Organization-specific exercise objectives.]   ***Best Practice/Strength Identification:***   * Did everyone maintain situational awareness and were resources effectively managed in support of response objectives? * Did players perform tasks efficiently and in accordance with plans/procedures? * Was there an environment of open communications, team work, and cooperation? * Were proactive steps taken to ensure public health and/or safety, treat the injured, address business continuity, or recovery? * Were decisions made using vetted information and with the input of relevant experts? * Was an innovative approach used to solve a problem? * Did a position or team perform above and beyond expectations? | **Time** |  | | **Strength?[[1]](#footnote-1)** | **Issue?[[2]](#footnote-2)** |
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| ***Issue Identification:***   * Were plans, procedures, and forms accurately used/followed? * Were players aware of their roles, responsibilities, and authorities? * Was any information/communication missed, misinterpreted, or confused? * Were there any communication dissemination or equipment failures? * Was there an undue delay in performing an essential task or making a decision? * Did an essential task not get completed? * Did any unauthorized decisions get made? * Were decisions based on assumptions? * Were any information/resource requests not satisfied? * Would the public, staff, patients, visitors, customers, or other stakeholders have suffered undue harm as a result of a particular action or delay?   ***Capture Issue Details:***   * What happened? * What was supposed to happen? * If there is a difference, why? * What is the impact of that difference? * What should be learned from this? * Who should be responsible for correcting this issue? When? | **Time** |  | | **Strength?[[3]](#footnote-3)** | **Issue?[[4]](#footnote-4)** |
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| ***REMEMBER:***   * Be sure all activities are being performed safely. Stop or interrupt activities that endanger players. Contact the Sr. Controller/Evaluator to pause or terminate the exercise if necessary. * Mastering the process may be more important than the resulting decisions/outcomes. * Evaluate plans, organization, equipment, systems, and past trainings, NOT individuals. * Identify both strengths and areas needing improvement. * Use your own expertise and knowledge of organization, County, and State plans, emergency management/response concepts, medical/health practices, crisis communications, etc. * Direct any comments/questions to the Senior Controller/Evaluator at your location. * Do not engage in casual conversation with players or coach them (unless instructed by the Senior Controller/Evaluator). | | **Time** |  | **Strength?[[5]](#footnote-5)** | **Issue?[[6]](#footnote-6)** |
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| **Notes** | | | | | |
| **Time** |  | | | **Strength?[[7]](#footnote-7)** | **Issue?[[8]](#footnote-8)** |
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| **Notes** | | | | | |
| **Time** |  | | | **Strength?[[9]](#footnote-9)** | **Issue?[[10]](#footnote-10)** |
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1. Strength? – Check the box if the notes are associated with a significant strength/best practice you identified. [↑](#footnote-ref-1)
2. Issue? – Check the box if the notes are associated with a significant issue/area requiring improvement you identified. [↑](#footnote-ref-2)
3. Strength? – Check the box if the notes are associated with a significant strength/best practice you identified. [↑](#footnote-ref-3)
4. Issue? – Check the box if the notes are associated with a significant issue/area requiring improvement you identified. [↑](#footnote-ref-4)
5. Strength? – Check the box if the notes are associated with a significant strength/best practice you identified. [↑](#footnote-ref-5)
6. Issue? – Check the box if the notes are associated with a significant issue/area requiring improvement you identified. [↑](#footnote-ref-6)
7. Strength? – Check the box if the notes are associated with a significant strength/best practice you identified. [↑](#footnote-ref-7)
8. Issue? – Check the box if the notes are associated with a significant issue/area requiring improvement you identified. [↑](#footnote-ref-8)
9. Strength? – Check the box if the notes are associated with a significant strength/best practice you identified. [↑](#footnote-ref-9)
10. Issue? – Check the box if the notes are associated with a significant issue/area requiring improvement you identified. [↑](#footnote-ref-10)