

This instrument is designed to assess the emergency response capabilities required to respond to a **Hazardous Material exercise**. To create this type of tool and customize it to your own exercise objective, you can use our Exercise Evaluation Database Tool by visiting: <http://www.lampsdatabase.com/>

Observed Agency/Entity Name: _____

For the evaluator, please answer the following questions about **your** training or experience:

1. Length of time you have been involved directly or indirectly in emergency preparedness activities? _____
2. Number of public health or emergency preparedness trainings you attended in the past year: _____
3. Have you been formally trained in the incident command system (ICS)? Yes No
4. Did you attend a training/exercise in the past year on:

Hazardous Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	Decontamination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	CHEMPACK	<input type="checkbox"/> Yes <input type="checkbox"/> No

Number of **hazardous material exercises** (discussion-based or operations-based) attended in past three years: _____

Using a scale ranging from 1 (little or no expertise) to 5 (extensive expertise), do you feel that the **participants** (either directly observed or called during the exercise) from the agency you evaluated were able to adequately represent their facility's expertise in:

Area of Expertise	Score
Representation of senior management perspective and decision making	1 2 3 4 5
Knowledge of entity resources and capabilities	1 2 3 4 5
Specialty expertise within the agency (hazardous materials, security, etc.)	1 2 3 4 5
Knowledge of existing emergency plans and procedures	1 2 3 4 5
Contacts and interpersonal relationships to others outside of the agency	1 2 3 4 5
Information management	1 2 3 4 5
Knowledge of CHEMPACK program	1 2 3 4 5
Decontamination	1 2 3 4 5

1. Demonstrate ability to maintain situational awareness, receive appropriate notifications and act on initial incident information

Response Element	Checklist of Actions (check all boxes and fill in spaces as appropriate)	Specific Data for exercise (Additional information specific to the exercise is listed in this column)	Overall performance (1 = Unsatisfactory performance, 5 = Good performance, 10 = Excellent performance)
On-scene assessment of initial population affected	<input type="checkbox"/> Yes <input type="checkbox"/> No Named plan/procedures to estimate number and location of persons affected by the incident <input type="checkbox"/> Yes <input type="checkbox"/> No Named plan /procedure to identify signs and symptoms of persons exposed <input type="checkbox"/> Yes <input type="checkbox"/> No Named plan /procedures to determine the agent or cause of the incident		1 2 3 4 5 6 7 8 9 10
Notification of appropriate agencies of a hazardous material incident	<input type="checkbox"/> Yes <input type="checkbox"/> No Identified <u>how</u> entities would be notified of a hazardous materials incident or potential incident <input type="checkbox"/> Yes <input type="checkbox"/> No Identified <u>who</u> would be responsible for notifying appropriate agencies of a hazardous materials incident <input type="checkbox"/> Yes <input type="checkbox"/> No Identified <u>what</u> agencies should be notified of a hazardous materials incident		1 2 3 4 5 6 7 8 9 10
Decision to activate EOP	<input type="checkbox"/> Yes <input type="checkbox"/> No Clear trigger(s) for decision to activate EOP <input type="checkbox"/> Yes <input type="checkbox"/> No Discussed/identified <u>who</u> would make decision (Specify: _____) <input type="checkbox"/> Yes <input type="checkbox"/> No Communicated clearly to all relevant parties that plan had been activated <input type="checkbox"/> Yes <input type="checkbox"/> No Discussed/identified risks involved in the decision to activate EOP <input type="checkbox"/> Yes <input type="checkbox"/> No Discussed/identified timeframe for initial activation of EOP <input type="checkbox"/> Yes <input type="checkbox"/> No Discussed/identified the potential need to phase the activation of EOP <input type="checkbox"/> Yes <input type="checkbox"/> No Discussed ability to adjust to changing conditions		1 2 3 4 5 6 7 8 9 10
Initial internal dissemination of information	<input type="checkbox"/> Yes <input type="checkbox"/> No Discussed <u>who</u> would develop information <input type="checkbox"/> Yes <input type="checkbox"/> No Discussed <u>what</u> information would be disseminated to internal partners <input type="checkbox"/> Yes <input type="checkbox"/> No Discussed <u>when and how</u> information would be disseminated to appropriate internal parties per existing protocols or procedures		1 2 3 4 5 6 7 8 9 10
Initial external dissemination of	<input type="checkbox"/> Yes <input type="checkbox"/> No Identified appropriate key external stakeholders/ partners for information dissemination	How is regional awareness maintained?:	1 2 3 4 5 6 7 8 9 10

We gratefully acknowledge the US Centers for Disease Control and Prevention (CDC) for the funding support for this project.

information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed <u>who</u> would develop information Discussed <u>what</u> information would be disseminated to external partners Discussed <u>when and how</u> information would be disseminated to appropriate external stakeholders/ partners per existing protocols or procedures Discussed mechanism in place to provide feedback and/or follow-up information, if needed	_____ _____ _____ Prompt: If not observed, ask how and what information would be developed and disseminated	
Conduct incident action planning (IAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified person responsible for IAP Identified incident goals and objectives Identified strategies and tactics to meet incident objectives		1 2 3 4 5 6 7 8 9 10
Identification or assessment of flow of information to leadership	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed <u>how and from whom</u> information would be obtained Discussed <u>what</u> information should be relayed to EOC/UC Discussed <u>how</u> information would be relayed to EOC/UC	What information should be relayed to DPH? _____ _____ _____	1 2 3 4 5 6 7 8 9 10
Coordination and maintenance of information sharing across responding agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified relevant agencies, entities and officials to be included in the information sharing framework Identified an effective and technologically sufficient process for sharing information Discussed/identified how to ensure information is verified, accurate and up-to-date Discussed/identified how to maintained a common operating picture for real time information sharing with all participating agencies at all levels to ensure all entities are working from the same information Discussed/identified how to establish a schedule or procedure for obtaining updates from participating agencies Identified a template to use to obtain relevant information from all entities	List who they included in their information sharing: _____ _____ _____ _____	1 2 3 4 5 6 7 8 9 10

Please fill out the following section:

1. What successes and challenges did you observe in the ability to assess initial information and obtain additional critical information, to delineate clear triggers for decision to activate plan and then to disseminate this information internally, and to identify how the ICS within the hospital is integrated with ICS of first responders and other response partners? **(please describe 3 successes and 3 challenges)**

2. What actions or changes do you think could be taken to enhance the ability to assess and obtain any additional information, to define clear triggers for decision to activate plan and then to disseminate this information internally, and to better enhance the coordination of the ICS of the hospital with first responders and other response partners?: **(please describe 3 actions or changes)**

2. Demonstrate ability to request, activate, and receive/transport CHEMPACK assets

Response Element	Checklist of Actions (check all boxes and fill in spaces as appropriate)	Specific Data for exercise (Additional information specific to the exercise is listed in this column)	Overall performance (1 = Unsatisfactory performance, 5 = Good performance, 10 = Excellent performance)
Identification and determination of what countermeasures are best suited and available for the incident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Named plan /procedures to determine appropriate countermeasures needed Named plan /process to communicate information of countermeasures needed to appropriate personnel		1 2 3 4 5 6 7 8 9 10
Request of CHEMPACK assets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Assessed extent to which additional assets are needed (before request for CHEMPACK) Understood <u>trigger</u> to request CHEMPACK assets (i.e. when to request assets) Understood <u>who can request</u> CHEMPACK assets Knew <u>who to call</u> to request CHEMPACK assets Understood procedure to document and acknowledge CHEMPACK request		1 2 3 4 5 6 7 8 9 10
Allocation of CHEMPACK assets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Understood what assets would <u>stay at host hospital</u> Understood what assets would <u>go to non-host hospital and to the scene</u>		1 2 3 4 5 6 7 8 9 10
Release/receipt of CHEMPACK assets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Understood <u>who</u> will release/receive CHEMPACK assets Understood <u>where</u> CHEMPACK assets will be staged/received within your facility/site Understood <u>who</u> will be notified when assets are received Understood plan/procedures to ensure CHEMPACK release/receiving staging area is secure		1 2 3 4 5 6 7 8 9 10
Transport of	<input type="checkbox"/> Yes <input type="checkbox"/> No Understood <u>who</u> is responsible for the		1 2 3 4 5 6 7 8 9 10

We gratefully acknowledge the US Centers for Disease Control and Prevention (CDC) for the funding support for this project.

CHEMPACK assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	transport of CHEMPACK assets to non-host hospital and/or to the scene Understood <u>how</u> CHEMPACK assets are transported to non-host hospital and/or to the scene		
Tracking of CHEMPACK assets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified <u>who</u> is responsible for tracking CHEMPACK assets Has system for tracking <u>real time</u> resource availability and usage of CHEMPACK assets		1 2 3 4 5 6 7 8 9 10

We gratefully acknowledge the US Centers for Disease Control and Prevention (CDC) for the funding support for this project.

Please fill out the following section:

1. What successes and challenges did you observe in the ability to request, activate, and track CHEMPACK assets: **(please describe 3 successes and 3 challenges)**

2. What actions or changes do you think could be taken to enhance the ability to request, activate and track CHEMPACK assets: **(please describe 3 actions or changes)**

3. Decontamination, triage and management of contaminated or potentially contaminated patient.

Response Element	Checklist of Actions (check all boxes and fill in spaces as appropriate)		Specific Data for exercise (Additional information specific to the exercise is listed in this column)	Overall performance (1 = Unsatisfactory performance, 5 = Good performance, 10 = Excellent performance)
Security and hospital access controls	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Named plan /procedures to implement access controls Named plan /procedures to control traffic flow Conduct crowd control		1 2 3 4 5 6 7 8 9 10
Decision to activate decontamination plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Clear trigger for decision to activate mass decon plan Discussed/identified who would make the decision Communicated decision to all parties that mass decon plan had been activated		1 2 3 4 5 6 7 8 9 10
Identification of contaminated patients/visitors/staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Named plan /procedures to identify who is contaminated Named plan /procedures to handle contaminated patients who present to hospital/entity before decon is set-up Named plan /procedures to handle contaminated patients who have already entered the hospital, if it occurs Named plan /procedures to identify staff potentially exposed to contaminated patients who self presented or are in the hospital		1 2 3 4 5 6 7 8 9 10
Set-up for decontamination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Location for mass decon which is safe and appropriate Ability to decon in all conditions (hot, cold, rain, snow etc) Set-up of clearly marked/identified hot, warm and cold zones Estimate of how long it would take to set-up decon (MDU) (Specify: _____(mins))	What type of area is used for mass decontamination (i.e. MDU use)? (check all that apply) <input type="checkbox"/> Covered designated outdoor decontamination area <input type="checkbox"/> Open outdoor decontamination area <input type="checkbox"/> Designated indoor decontamination room (Specify no. of rooms _____) <input type="checkbox"/> Other (Specify _____)	1 2 3 4 5 6 7 8 9 10

We gratefully acknowledge the US Centers for Disease Control and Prevention (CDC) for the funding support for this project.

			Is the time estimate to set-up an MDU based on full-scale exercise experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Staffing levels for decontamination			Time it takes to be ready to decontaminate your first patient (time for staff to respond, set-up unit, don PPE): _____ (in minutes) Is this based on full-scale exercise experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5 6 7 8 9 10
Routing of non-contaminated patients, staff and visitors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Developed process/procedure to determine if an individual coming to the hospital was contaminated or not contaminated Have designated location where staff may enter building Identified location for non-contaminated visitors to enter the building Described how this would be communicated to visitors Identified location for non-contaminated patients to enter the building Identified how this would be communicated to patients and arriving EMS personnel		1 2 3 4 5 6 7 8 9 10
Pre-decontamination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Named plan /procedures to implement triage/screening area to identify potentially exposed/contaminated persons who need medical stabilization (i.e., respiratory support, CV support) Able to apply triage tag to patient that will survive decon Have ability to maintain basic medical care for seriously ill patients who are awaiting decon Have 4 season-appropriate holding area for patients awaiting decon Have prepared, accessible messaging to instruct patients how to disrobe and how proceed through decon (signage, recorded announcements)		1 2 3 4 5 6 7 8 9 10
Decontamination area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Named plan /procedures to assist patients throughout decon, as needed Named plan /procedures for labeling and handling of personal belongings Named plan /procedures to decon ambulatory patients	Total number of patients your entity can decon/hr: _____ Number of ambulatory patients your entity can decon/hr: _____ Number of non-ambulatory patients your entity can decon/hr: _____	1 2 3 4 5 6 7 8 9 10

We gratefully acknowledge the US Centers for Disease Control and Prevention (CDC) for the funding support for this project.

	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Named plan /procedures to decon non-ambulatory patients Named plan /procedures to decon the physically and cognitively impaired patient Named plan /procedures to decon children	Are these estimates based on full-scale exercise experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-decontamination triage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to unify streams of hazmat and non-hazmat patients who require medical care (i.e. event-related and non-event ED patients) Able to document and track decontamination status		1 2 3 4 5 6 7 8 9 10
Responder safety and health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Safety officer is always identified Trained and competent person selects appropriate PPE for response Appropriate use of PPE is monitored throughout the response Medical surveillance and monitoring (for exposure, injuries or illness) of responding personnel is monitored pre, during and post decontamination efforts	Time it takes staff to put on all PPE (for decon) and be ready to interact with patients: _____ (mins)	1 2 3 4 5 6 7 8 9 10

Please fill out the following section:

1. What successes and challenges did you observe in the ability to triage, decontaminate and manage contaminated or potentially contaminated patients as well as maintain normal patient care operations: **(please describe 3 successes and 3 challenges)**

2. What actions or changes do you think could be taken to enhance the ability to triage, decontaminate and manage contaminated or potentially contaminated patients as well as maintain normal patient care operations: **(please describe 3 actions or changes)**

4. Demobilization and recovery

Response Element	Checklist of Actions (check all boxes and fill in spaces as appropriate)	Specific Data for exercise (Additional information specific to the exercise is listed in this column)	Overall performance (1 = Unsatisfactory performance, 5 = Good performance, 10 = Excellent performance)
Pre-planning actions needed to enhance recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No Developed processes and criteria for identifying and prioritizing key recovery actions <input type="checkbox"/> Yes <input type="checkbox"/> No Identified <u>who</u> has the authority to make the decision to transition back to normal operations <input type="checkbox"/> Yes <input type="checkbox"/> No Identified process that ensures public participation and awareness <input type="checkbox"/> Yes <input type="checkbox"/> No Initiated recovery planning well before incident response terminated		1 2 3 4 5 6 7 8 9 10
Implementation of recovery plan after hazardous material incident	<input type="checkbox"/> Yes <input type="checkbox"/> No Implemented recovery plan at the appropriate time <input type="checkbox"/> Yes <input type="checkbox"/> No Dedicated sufficient personnel and resources to the recovery effort <input type="checkbox"/> Yes <input type="checkbox"/> No Implemented plan for waste management and removal <input type="checkbox"/> Yes <input type="checkbox"/> No Planned for restocking supplies and equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Identified how staff would be notified of transition to normal operations		1 2 3 4 5 6 7 8 9 10
Public information during recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No Identified plan to manage public information expectations during recovery <input type="checkbox"/> Yes <input type="checkbox"/> No Communicated recovery process and progress to the public		1 2 3 4 5 6 7 8 9 10
Demobilization of CHEMPACK assets	<input type="checkbox"/> Yes <input type="checkbox"/> No Identified <u>who</u> takes custody of unused CHEMPACK assets and understands where they are stored in the hospital <input type="checkbox"/> Yes <input type="checkbox"/> No Identified <u>who</u> takes custody of unused CHEMPACK assets in the field and understands where they are stored		1 2 3 4 5 6 7 8 9 10
Hospital based ED recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No Identified <u>who</u> has authority to re-open ED and hospital <input type="checkbox"/> Yes <input type="checkbox"/> No Identified <u>how</u> decision to re-open ED would be made <input type="checkbox"/> Yes <input type="checkbox"/> No Identified how decision to re-open ED would be communicated to EMS and the public		1 2 3 4 5 6 7 8 9 10

We gratefully acknowledge the US Centers for Disease Control and Prevention (CDC) for the funding support for this project.

Please fill out the following section:

- 1. What successes and challenges did you observe in the ability to recover from a hazardous material incident: (please describe 3 successes and 3 challenges)**

- 2. What actions or changes do you think could be taken to enhance the ability to recover from a hazardous material incident: (please describe 3 actions or changes)**
