


**PRA Operational Concepts**

*At the end of this session participants will be familiar with:*

- Incident authority
- ICS utilizations
- Transportation operations
- Mutual aid protocols



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**PRA Operational Concepts**

**PRA Organization and Command**

- Managed by ICS
- IC: Generally the hospital director or designated representative
- Establish command: the first arriving person usually assume IC until relinquished to a more appropriate individual



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**PRA Operational Concepts**

**Key ICS Position**

- PRC Director: Appointed and responsible for day-to-day operation and readiness of the PRC
- Establish and maintain positive relationships with Secondary Support Centers (SSC) and military installations
- Ensure and maintain support of government agencies, volunteer organizations, and others within the immediate area IAW medical center VA-DoD Contingency Plan



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**PRA Operational Concepts**

**PRC Coordinator**

- *Ensure day-to-day operation and readiness of the PRC*
- *Develop ongoing working relationships with SSC and ISC*
- *Ensure PRC staff and others designated to augment the PRC staff annually receive detailed education and training on their specific duties*
- *Develop, exercise, and evaluate local PRA Plan*
- *Ensure PRT is developed for each PRA, and each PRT remains viable through training and exercises*

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**PRA Operational Concepts**

**PRC Coordinator**

- *Assume administrative responsibility for DoD patients arriving in the PRA*
- *Ensure a tracking summary for each arriving patient is completed*
- *Maintain the location and status of each patient receiving definitive care in the PRA*
- *Coordinate fiscal information to support processing of financial claims reimbursement*
- *Assist in coordinating the return of DoD patients who require en route medical care*



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**PRA Operational Concepts**

**Medical Operations**

- *ALS and BLS providers have the responsibility and authority for individual patient management under the authority of the Health & Safety Code, (section 2.5, chapter 5, section 1798.6)*



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**PRA Operational Concepts**

**Medical Triage**

- *All victims shall be evaluated using the START method of medical triage*
- *Primary triage needs to be completed ASAP*



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**PRA Operational Concepts**

**Treatment Areas**

- *Once primary triage is completed, patients may be moved by Litter Bearer Teams to a safe, secure, and easily accessible treatment area for secondary triage, treatment, and transport*



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**PRA Operational Concepts**

**Establish ASAP**

- *Unless a hazardous environment exists, treatment areas need to be established prior to moving the patients or casualties*



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**PRA Operational Concepts**

**Separate Treatment Areas**

- *It is important for the IC to establish separate treatment areas, isolate the Minor Treatment Area from the Immediate and Delayed Treatment Areas and the Morgue to a secure area*



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**PRA Operational Concepts**

**Medical Control**

- *On scene medical control is coordinated by the Medical Group Supervisor or designee and the VAMC*



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**PRA Operational Concepts**

**Medical Supplies**

- *Medical supplies will be managed by the Medical Supplies Manager*
- *Medical supplies may be augmented by the hospitals, using ambulances to transport supplies on their return to the PRA*

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**PRA Operational Concepts**

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**Ambulance Requests**

- *All request for ambulances for Incident use shall be directed to EMS dispatch Center. On-scene personnel shall request all resources through the Incident Commander*



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**PRA Operational Concepts**

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**Mutual Aid**

- *Mutual Aid ambulances will be directed to the Ambulance Staging Area, unless otherwise directed*
- *Ambulances shall be assigned and committed to the PRA until released by the IC*
- *IC may utilize the EMS Dispatch Center to announce release from the PRA*



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**PRA Operational Concepts**

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**Hospital Contact**

- *Ambulance shall communicate with the receiving hospital by radio (and/or cell phone) and notify the designated receiving hospital of the following:*
  - *Number of patients on board*
  - *Triage tag# and triage category*
  - *Approximate age*
  - *Chief complaint/injury*
  - *ETA to facility*




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**PRA Operational Concepts**

**Ambulance Supplies**

- *Ambulance should off-load medical supplies/equipment not needed while transporting patients at the treatment area with the Medical Supply Manager/Logistics Officer*



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**PRA Operational Concepts**

**Job Functions**

- *Functions, duties, and tasks to be accomplished by persons in assigned positions will be defined in ICS organizational checklist*

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**PRA Operational Concepts**

**Resource Requests**

- *All additional resources needed will be requested through the IC*
- *Request shall be directed to the EOC from the Primary Reception Area*



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 **PRA Operational Concepts** 

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**Community Support for  
PRC/PRA**

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 **PRA Operational Concepts** 

**Operational Aspects of  
Developing Community Support**

*Day to Day Activities*  
*versus*  
*Reception Center Operations - PRC*

- *Day to Day - plans, training, reports, exercises, exchange ideas*
- *PRC - preparing and conducting patient moving operations*

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 **PRA Operational Concepts** 

**Developing Community Support**

*PRC Goal*

*An orderly, efficient reception operation that triages and treats incoming patients, moves them to the right hospital quickly, and knows where they are a day later*

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 **PRA Operational Concepts** 

**Developing Community Support**

*Why do you need them?*

- *You need people and logistics*
- *You need the medical community to know what to expect*
- *You can't afford to do it alone*
- *To better serve the patient !!!*

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 **PRA Operational Concepts** 

**Developing Community Support**

*Why do they need you?*

- *NDMS members required to exercise*
- *TRICARE requires NDMS*
- *They get JCAHO credit for your work*
- *Medical community needs to know what to expect*
- *To better serve the patient !!!*

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 **PRA Operational Concepts** 

**Developing Community Support**

*PRC Ground Rules*

- *We're talking about a "reception operation"*
- *"It" happened somewhere else*
- *Could be from an earthquake, war, hurricane, or anything else*
- *Differences between wartime and civilian reception operation*

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 **PRA Operational Concepts** 

**PRC Operation Perspective**

*PRC Assumptions*

- *NO contaminated patients*
- *NO infectious patients*
- *NO critical patients*
- *You will have a warning period - at least 24 hours*

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 **PRA Operational Concepts** 

**Developing Community Support**

*PRC - What do you need?*

- *Brains - to triage*
- *Muscles - to off-load*
- *Vehicles - to transport*
- *Phones, radios, faxes - to communicate*
- *Equipment, supplies - to operate*

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 **PRA Operational Concepts** 

**Developing Community Support**

*Who's Out There?*

- *Your own hospital*
- *Other hospitals*
- *Military - Active, Reserve, Guard*
- *Emergency Managers / Planners*
- *Staging Facility Units*
- *Regular units*

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 **PRA Operational Concepts** 

**Developing Community Support**

*Who's Out There?*

- *City/County*
  - *Emergency managers / planners*
  - *Fire Department/EMS*
  - *Police*
  - *Bus Company*
- *Red Cross*

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 **PRA Operational Concepts** 

**Developing Community Support**

*Who's Out There?*

- *Civilians*
  - *Ambulance companies*
  - *Bus companies*
  - *Schools / Colleges / Universities*
  - *Phone companies*
  - *Private Businesses*

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 **PRA Operational Concepts** 

**Developing Community Support**

*PRC - Let's Get Organized*

- *Talk - how is it done elsewhere?*
- *Triage teams - people, supplies*
- *Treatment - people, supplies*
- *Tracking - computerized?*
- *Movement - vehicles, drivers, maps*
- *Feed - Red Cross?*

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 **PRA Operational Concepts** 

**Developing Community Support**

*PRC - Write it Down*

*Yes, It's another "Plan"*  
*(or at least part of a plan)*

**KISS**  
*Don't over-do it*  
*Be flexible*

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 **PRA Operational Concepts** 

**Developing Community Support**

*PRC Plan*

- *Get samples from other FCCs*
- *Model it after HEICS*
  - *Flexible*
  - *Task cards*
  - *Organized*
  - *Identifying jackets, caps, badges*

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 **PRA Operational Concepts** 

**Developing Community Support**

*PRC - Practice Makes Perfect*

- *Get players together for a walk-through*
- *Get a feel for realistic times for movement*
- *Clarify issues:*
  - *Safety*
  - *Tagging*
  - *Tracking*
  - *Paperwork*
  - *Procedures*
  - *Communications*

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 **PRA Operational Concepts** 

**Developing Community Support**

*PRC - Exercise Annually*

- *Can be full-scale or reception center only*
- *Coordinate supplies and equipment early*
- *Get PRC people there early*
- *Use chain of command*
- *Change procedures to be more efficient*

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 **PRA Operational Concepts** 

**Developing Community Support**

*PRC - After the Exercise*

- *Update and change your plan*
- *Thank people - in person and in writing*
- *Pay people on time*
- *Return equipment on time*

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 **PRA Operational Concepts** 

**Developing Community Support**

*Overview*

- *What needs to be done?*
- *How will you organize to do it?*
- *Who is available to help?*
- *Exercise annually*
- *Be flexible*
- *Talk with your peers*

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**PRA Operational Concepts**

**Developing Community Support**

*Having Problems?*

- *Use publicity to show who's participating - and who's not!*
- *Are you treating people right?*
- *Go to the top - send exercise evaluations to the hospital director!*

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**PRA Operational Concepts**

**PRA Communication**

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**PRA Operational Concepts**

**PRA Communication**

*Obstacles*

- *The lack of interoperable of system*
- *Inadequate or outdated equipment*
- *Poorly trained personnel and staff retention*
- *The absence of effective command and control procedures*
- *Variance in VAMC/VISN capacity*
- *Poor collaboration and coordination within and across response organizations*

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 **PRA Operational Concepts** 

**PRA Communication**

*Requirements for improved PRA Communication:  
Equipment and Technology Requirement*

- *Redundancy is key*
- *Support requirements for inter- and intra-operability*
- *Separate PRA field requirements from administrative needs*
- *Preposition equipment for rapid response*
- *Use most effective, commonly used technology and available infrastructure*
- *Select equipment based on skills sets easily acquired and transferred*

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 **PRA Operational Concepts** 

**PRA Communication**

*Key Functional Areas and Requirements:  
Inter and Intra Agency Coordination*

- *Consider all pillars of responsibility: UN, NGOs, private sector, government, field operations and headquarters*
- *Support with national or regional joint operation centers*
- *Establish agreements, governance, command/control in advance*
- *Align technology & equipment requirements for interoperability*
- *Leverage cost sharing through expansion of consortia*
- *Improve with training and field exercises*

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 **PRA Operational Concepts** 

**PRA Communication**

*Key Functional Areas and Requirements: Personnel*

- *Provide tech support in the field, e.g. call centers, personnel*
- *Deploy and scale to meet operational requirements through-out all phases of disaster response*
- *Maintain continuity of operations throughout all phases of disaster response*
- *Establish and clarify command/control in advance of operations*
- *Increase surge capacity to improve rapid response*
- *Require advanced training*

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 **PRA Operational Concepts** 

**PRA Communication**

*PRA - Interoperability*

- *Develop requirements and standards for application at all levels*
- *Build on most effective, commonly used technology and available infrastructure*
- *Expand consortia to leverage economies of scale and coordination*
- *Address regulatory barriers*
- *Implement training and field exercises to ensure interoperability and coordination*

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 **PRA Operational Concepts** 

**PRA Communication**

*PRA - Advanced Preparedness*

- *Improve with training and field exercises*
- *Establish governance agreements - organizational, local, national, and regional*
- *Address regulatory barriers*
- *Preposition equipment and supplies*
- *Increase surge capacity for rapid response*

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 **PRA Operational Concepts** 

**PRA Communication**

*Description*

- *Describe the project in non-technical terms*
- *Use following slides for discussing status, schedules, budget, etc.*

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 **PRA Operational Concepts** 

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**PRA Communication**

*Competitive Analysis*

- *Competitors*
  - *You may want to allocate one slide per competitor*
- *Strengths*
  - *Your strengths relative to competitors*
- *Weaknesses*
  - *Your weaknesses relative to competitors*

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 **PRA Operational Concepts** 

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**PRA Communication**

*Competitive Analysis*

- *Competitors*
  - *Strengths*
  - *Weaknesses*

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 **PRA Operational Concepts** 

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**PRA Communication**

*Technology*

- *New technology being used*
  - *Benefits*
- *Standards being adopted*
  - *Benefits*
- *Standards specifically being ignored*
  - *Drawbacks and benefits*
- *DYA: define your acronyms!*

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 **PRA Operational Concepts** 

**PRA Communication**

*Team Resources*

- *State assumptions about resources allocated to this project*
  - *People*
  - *Equipment*
  - *Locations*
  - *Support and outside services*
  - *Manufacturing*
  - *Sales*

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 **PRA Operational Concepts** 

**PRA Communication**

*Procedures*

- *Highlight any procedural differences from usual projects of this type*
- *Discuss requirements, benefits, and issues of using new procedures*

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 **PRA Operational Concepts** 

**PRA Communication**

*Schedule*

- *Review high-level schedule*

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**PRA Operational Concepts**

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**PRA Communication**

*Current Status*

- *High-level overview of progress against schedule*
  - *On-track in what areas*
  - *Behind in what areas*
  - *Ahead in what areas*
- *Unexpected delays or issues*

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**PRA Operational Concepts**

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**PRA Communication**

*Related Documents*

- *Marketing plan*
  - *Location or contact name/phone*
- *Budget*
  - *Location or contact name/phone*
- *Post-mortem*
  - *Location or contact name/phone*
- *Submit questions*
  - *Location or contact name/phone*

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**PRA Operational Concepts**

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**PRA Operational Concepts**

*PRA Plan*

**Our Disaster Recovery Plan Goes Something Like This...**



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**PRA Operational Concepts**

**PRA Trailer**



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**PRA Operational Concepts**

**PRA Trailer EOC**



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**PRA Operational Concepts**

**PRA Trailer Storage Space**



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**PRA Operational Concepts**

**PRA EOC**



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**PRA Operational Concepts**

**PRA Trailer Command Post**



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**PRA Operational Concepts**

**Electric, Cable, Internet and Phone**



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**PRA Operational Concepts**

**Trailer and Truck**



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**PRA Operational Concepts**

**PRA Trailer EOC**



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**PRA Operational Concepts**

**PRA Trailer and Hitch**



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**PRA Operational Concepts**

**Trailer: Side View**



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**PRA Operational Concepts**

**Litter Stands**



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**PRA Operational Concepts**

**Litter Stands**



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**PRA Operational Concepts**

**Litter Stands**



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**PRA Operational Concepts**

**Litter Stands**



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**PRA Operational Concepts**

**Litter Stands**



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**VA PRA BASIC EQUIPMENT LIST**

<u>PRA</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
Board, Dry Erase - Large	3		obtained locally
<b>Belt, reflector</b>	<b>40</b>	<b>\$21.00</b>	<b>\$840.00</b>
www.websoft-solutions.net			
<b>Bullhorn</b>	<b>1</b>	<b>\$69.00</b>	<b>\$69.00</b>
http://www.safetycentral.com/megmeg.html			
Safety Central 707 472-0280			
Cartridge, printer ink - B/W	4		obtained locally
Cartridge, printer ink - Color	2		obtained locally
<b>Case, hard-shell travel with wheels</b>			
TravelMate-X 5FL1 with 1" foam lined interior	1	<b>\$563.00</b>	<b>\$563.00</b>
ATA-300 TravelPak 10 Lined with 1" Foam	1	<b>\$620.00</b>	<b>\$620.00</b>
Wilson Case Co wilsoncase.com			
Chairs, folding	100		obtained locally
Clipboards	10		obtained locally
Earplugs - pair	100		obtained locally
Gloves - sterile - pair	1000		obtained locally
<b>Gloves, all-purpose work</b>	<b>40</b>	<b>\$1.76</b>	<b>\$70.40</b>
www.gemplers.com 1800-382-8473			
<b>Litters, w/o straps</b>	<b>25</b>	<b>\$162.00</b>	<b>\$4,050.00</b>
Az Lighthouse for the Blind;			
www.de.state.az.us/aib/PSU.htm			
602-269-5131 ext 262 Dana Clayton			
<b>Litter straps, 3/litter</b>	<b>75</b>	<b>\$13.75</b>	<b>\$1,031.25</b>
NYC Industries for the Blind 718 854-7300			
George Vermilyea			
<b>Litters, wheeled</b>	<b>2</b>	<b>\$1,097.00</b>	<b>\$2,194.00</b>
Charlie Horse 631 727-5580			
http://www.charliehorse.com			
<b>Litter stands, pair</b>	<b>25</b>	<b>\$142.50</b>	<b>\$3,562.50</b>
www.narescue.com/Litter-Stands-33--P56C6.aspx			
<b>Mannequins 100-150 lbs</b>	<b>2</b>	<b>\$400.00</b>	<b>\$800.00</b>
estimated - no source found			
Markers, Dry Erase - set	3		obtained locally
<b>Moulage Kit</b>	<b>2</b>	<b>\$450.00</b>	<b>\$900.00</b>
www.frankelcostume.com			
Masks M95	500		obtained locally
Paper - 500-page ream	4		obtained locally
Pens	100		obtained locally
Pillows with plastic covers	100		obtained locally
Pillow cases	200		obtained locally
Printer/Fax/Copier	1		
<b>Radio - hand-held</b>	<b>10</b>	<b>\$40.00</b>	<b>\$400.00</b>
http://www2.northernrtool.com/product/200317519_200317519.htm			
Sheets	500		obtained locally
Tables, 6-foot folding	6		obtained locally
Tags, triage	1000		obtained locally
Tape, police - roll	8		obtained locally
<b>Vest - ICS</b>	<b>50</b>	<b>\$17.00</b>	<b>\$850.00</b>
www.westernsafety.com/britethreadssecurity/britesecuritypg1.html			
Wheelchairs	20		obtained locally
Wool Blankets	100		obtained locally

Total cost for basic setup:

**\$15,950.15**

# **EVALUATION FORMS**

## **REGIONAL MEDICAL OPERATIONS CENTER (RMOC) EVALUATION FORM**

**Type of Exercise-Date:** \_\_\_\_\_

Objectives: Evaluate: 1) RMOC activation procedures, 2) Information processing and dissemination, 3) Patient reception operations, and 4) Strategic decision-making procedures

1. RMOC ACTIVATION AND SETUP GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

Alert Procedures

Was a blanket page used? Did it work?

Were the right people notified?

Time from first alert to RMOC being operational: \_\_\_\_\_

Was equipment set up quickly, was it functional, was it complete?

Did people have checklists to follow?

Was there unnecessary confusion?

Was immediate link made to hospitals? to City of San Antonio's Emergency Operations Center (EOC)?

Were the following represented early in operation: Metropolitan Health District (Metro Health), STRAC, Hospitals, EMS?

2. RMOC OPERATIONS GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

Patient Tracking Procedures. Was effort made to have everyone use the same tracking board and come us with a single list of patients? Was link made to Red Cross? Were hospitals entering disaster patients quickly?

Were telephone, fax, email and radio communications up and running quickly?

Communications. Was there adequate communications between the disaster site and RMOC (thru the EOC) to identify critical needs and focus assets?

Transportation. Are procedures in place to identify additional medical transportation resources?

Public Relations and Media Information. Did the city coordinate public information? How did the RMOC provide medical information input into public information releases?

Were bed reports completed on time? Were they used in patient distribution decisions?

3. PLANNING AND COORDINATION GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

Medical Response – was the need for regional or state medical assistance discussed?

Was the need for federal medical assets contemplated? Disaster Medical Assistance Team (DMAT), Disaster Mortuary Assistance Team (DMORT), etc.

Patient Load – Were issues surrounding patient load discussed – such as inter-hospital patient movement or the use of EMS systems to equalize patient load?

Logistics. What outside medical assets did the city identify as being needed at or near the disaster site? How did the RMOC respond to these needs?

Outside Coordination - Was definite communication made with and preliminary coordination accomplished with the following local, state, federal, and voluntary agencies associated with medical care?

- a. LOCAL  
EMS \_\_\_; Fire \_\_\_: Police \_\_\_: Airport \_\_\_: County \_\_\_
- b. STATE  
Emergency Management \_\_\_: DSHS \_\_\_: National Guard \_\_\_: COG \_\_\_
- c. FEDERAL  
CDC \_\_\_; PHS \_\_\_: HHS \_\_\_
- d. VOLUNTARY  
Red Cross \_\_\_: Salvation Army \_\_\_: SAVOARD \_\_\_; Baptist Men \_\_\_

Were people asked to look ahead 24, 48, 72 hours or longer to foresee medical issues?

Was the city’s plan of action clear? Did they explain their concept of operations?

Comments: \_\_\_\_\_

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\_\_\_\_\_  
Evaluator – Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Evaluator – Signature

**OVERALL RATING:** GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

GOLD: All major areas addressed, evidence of training, model program  
 SILVER: Most areas addressed, some areas need improvement, good program  
 BRONZE: Some major areas may need improvement, identified training needs, weak program

# **EVALUATION FORMS**

## **HOSPITAL EVALUATION – PATIENT RECEPTION**

**Type of Exercise-Date:** \_\_\_\_\_

Objectives: a. Evaluate the capability of participating hospitals to receive, triage, decontaminate, treat, and track patients in support of a mass casualty event (MCE).

b. Supporting mutual objectives include the evaluation of the following disaster medical functions: staff recall, communications, hospital security, emergency room (ER) operations, decontamination procedures, staff scheduling, bed reporting, shift change, and the identification of critically needed medical supplies.

1. COMMAND CENTER GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

<u><b>COMMAND CENTER</b></u>	<b>3 Yes</b>	<b>2 Need to Improve</b>	<b>1 No</b>	<b>NA</b>
Alert notification procedure from outside agencies appropriate				
Code Gray alert activated within 5 minutes of notification of MCE				
Command Center activated within 5 minutes of Code Gray alert				
Standardized Code (Code Gray) given throughout hospital				
Command Center adequately equipped, enough room, commo				
Incident Command System (ICS) used, assignments made within 10 minutes of activation				
Liaison to RMOC identified and deployed within 10 minutes				
100% of departments reporting staff and equipment within 15 minutes				
Bed Report submitted to RMOC within 30 minutes of request				
Adequate outside communications				
Adequate inside communications				
Patient tracking system functional				
Notification of return to normal operations				

Comments: \_\_\_\_\_

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2. EMERGENCY ROOM GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

<u><b>EMERGENCY ROOM</b></u>	<b>3 Yes</b>	<b>2 Need to Improve</b>	<b>1 No</b>	<b>NA</b>
Patient reception orderly and organized				

Patients triaged correctly, efficiently and to appropriate location				
All patients registered into tracking system				
All contaminated persons identified and appropriately decontaminated				
Adequate equipment and supplies for patient surge				
Adequate number of trained staff				
Treatment within the Standards of Care				
Prepared for shift change at Hospital Command Center (HCC)				
Appropriate ICS communications with HCC				

Comments: \_\_\_\_\_

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3. RECALL / PLAN / ADMINISTRATION GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

<b>RECALL / PLAN / ADMINISTRATION</b>	<b>3 Yes</b>	<b>2 Need to Improve</b>	<b>1 No</b>	<b>NA</b>
Recall Roster activated? _____ % responded w/i 30 minutes, _____ % w/i 1 hr				
Written plan describing departments and their role in MCE				
Staff demonstrates/articulates role during a disaster				
Staff demonstrates/articulates ability to protect persons, equipment, and information				
Staff demonstrates proper Personal Protective Equipment (PPE) use				
Staff demonstrate/articulates equipment management				
Patients appropriate for discharge/rescheduling identified				

Comments: \_\_\_\_\_

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4. FACILITY GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

<b><u>FACILITY</u></b>	<b>3 Yes</b>	<b>2 Needs Improvement</b>	<b>1 No</b>	<b>NA</b>
Was the building secured/lockdown				
Contact/coordination with city police/fire				
Property damage reported to the command center				
Appropriate management of loss of facility function _____				

Comments: \_\_\_\_\_

\_\_\_\_\_



5. STAFF / PATIENTS / EQUIPMENT / MEDIA

GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

<b><u>STAFF / PATIENTS / EQUIPMENT / MEDIA</u></b>	<b>3 Yes</b>	<b>2 Needs Improvement</b>	<b>1 No</b>	<b>NA</b>
Needs of patient/families addressed				
Needs of staff and dependents addressed				
Were staff injuries or exposures addressed				
Public Information Officer (PIO) coordinated with RMOC as needed				
Hospital phone operators instructed on how to handle calls				

Comments: \_\_\_\_\_

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Hospital: \_\_\_\_\_

\_\_\_\_\_  
Evaluators – Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Evaluators – Signature

**OVERALL RATING:**

**GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_**

GOLD: All major areas addressed, evidence of training, model program

SILVER: Most areas addressed, some areas need improvement, good program

BRONZE: Some major areas may need improvement, identified training needs, weak program

# **EVALUATION FORMS**

## **HOSPITAL EVALUATION – DECONTAMINATION OPERATIONS**

**Type of Exercise-Date:** \_\_\_\_\_

Objectives: a. Evaluate the capability of participating hospitals to receive, triage, decontaminate, treat, and track patients in support of a mass casualty event (MCE).

b. Supporting mutual objectives include the evaluation of the following disaster medical functions: staff recall, communications, hospital security, emergency room (ER) operations, decontamination procedures, staff scheduling, bed reporting, shift change, and the identification of critically needed medical supplies.

1. PATIENT RECEPTION GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

<u><b>Patient Reception</b></u>	<b>3 Yes</b>	<b>2 Needs to Improve</b>	<b>1 No</b>	<b>NA</b>
1. Quick response by staff to handle patient load?	( )	( )	( )	( )
2. Written plan available and followed?	( )	( )	( )	( )
3. Diagram or schematic for rapid frisking/decon area setup?	( )	( )	( )	( )
4. Documented training for all decon team members?	( )	( )	( )	( )
5. Adequate supply of personal protective equipment (PPE) for workers?	( )	( )	( )	( )
6. Adequate and bilingual signage?	( )	( )	( )	( )
7. Signage used to direct patient flow	( )	( )	( )	( )
8. Triage system used to treat trauma?	( )	( )	( )	( )
9. Patients protected from the elements?	( )	( )	( )	( )
10. Adequate restrooms and water supply?	( )	( )	( )	( )
11. Adequate crowd control?	( )	( )	( )	( )
12. Prevention of potentially contam. patients from entering hospital?	( )	( )	( )	( )

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. DECONTAMINATION GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

<u><b>Decontamination</b></u>	<b>3 Yes</b>	<b>2 Needs to Improve</b>	<b>1 No</b>	<b>NA</b>
1. Procedure established to determine acceptable levels of contamination?	( )	( )	( )	( )
2. Procedure for personal effects/contaminated clothing removal?	( )	( )	( )	( )
3. Contaminated liquid from patient decon area properly contained?	( )	( )	( )	( )
4. Adequate personal protective equipment available to decon team?	( )	( )	( )	( )
5. Patients entered into tracking system?	( )	( )	( )	( )
6. Adequate system to collect, safeguard and track personal property?	( )	( )	( )	( )
7. Proper contamination control procedures utilized by decon team?	( )	( )	( )	( )

- 8. Radiation dosimetry available to decon team? ( ) ( ) ( ) ( )
- 9. Procedures to treat contaminated trauma patients? ( ) ( ) ( ) ( )
- 10. Proper contamination control procedures used by surgery/trauma team? ( ) ( ) ( ) ( )
- 11. Average length of time to decon each patient: \_\_\_\_\_ minutes
- 12. Max number of patients possible per hour: \_\_\_\_\_ per hour
- 13. Radiation dosimetry available to trauma team? ( ) ( ) ( ) ( )

Comments: \_\_\_\_\_  
 \_\_\_\_\_

3. ENDING OPERATIONS

GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

<u>Ending Operations</u>	3 Yes	2 Needs to Improve	1 No	NA
1. Procedure established to de-escalate the decon operation?	( )	( )	( )	( )
2. Procedures set to contract for disposal of contaminated waste?	( )	( )	( )	( )
3. Records of patient exposure/contamination maintained appropriately?	( )	( )	( )	( )
4. Records of employee exposure maintained appropriately?	( )	( )	( )	( )
5. Procedure to conduct after-action review of decon operations?	( )	( )	( )	( )
6. Equipment and supply re-stocking issues addressed?	( )	( )	( )	( )

Comments: \_\_\_\_\_  
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Hospital: \_\_\_\_\_

\_\_\_\_\_  
 Evaluator – Printed Name

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Evaluator – Signature

**OVERALL RATING:**

**GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_**

GOLD: All major areas addressed, evidence of training, model program

SILVER: Most areas addressed, some areas need improvement, good program

BRONZE: Some major areas may need improvement, identified training needs, weak program

# **EVALUATION FORMS**

## **HOSPITAL EVALUATION – RESILIENT-VULNERABLE**

**Type of Exercise-Date:** \_\_\_\_\_

Objectives: a. Evaluate the capability of participating hospitals to receive, triage, decontaminate, treat, and track patients in support of a mass casualty event (MCE).

1. PATIENT RECEPTION GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

<u><b>Patient Reception</b></u>	<b>3 Yes</b>	<b>2 Needs to Improve</b>	<b>1 No</b>	<b>NA</b>
1. Quick response by staff to handle patient load?	( )	( )	( )	( )
2. Written plan available and followed?	( )	( )	( )	( )
3. Adequate and bilingual signage used to direct patient flow ?	( )	( )	( )	( )
4. Triage system used to isolate potentially contam. patients?	( )	( )	( )	( )
5. Written procedure for handling potentially contaminated patients?	( )	( )	( )	( )
6. Inclusion of hospital pastoral care and psychiatric care personnel?	( )	( )	( )	( )
7. Checklists used to address Resilient-Vulnerable issues?	( )	( )	( )	( )
8. Patients protected from the elements?	( )	( )	( )	( )
9. Available restrooms and water supply?	( )	( )	( )	( )
10. Adequate crowd control?	( )	( )	( )	( )
11. Prevention of potentially contam. patients from entering hospital?	( )	( )	( )	( )

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. RESILIENT-VULNERABLE PROCEDURES GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_

<u><b>Resilient-Vulnerable Procedures</b></u>	<b>3 Yes</b>	<b>2 Needs to Improve</b>	<b>1 No</b>	<b>NA</b>
1. Procedures organized, use of Incident Command System (ICS)?	( )	( )	( )	( )
2. Written instructions or medical advice available quickly?	( )	( )	( )	( )
3. Contamination fear addressed?	( )	( )	( )	( )
4. Staff trained on how to separate RV patients?	( )	( )	( )	( )
5. Patients entered into tracking system?	( )	( )	( )	( )
6. Adequate personnel available?	( )	( )	( )	( )
7. Procedures established for follow-up?	( )	( )	( )	( )
8. Communications with Hospital Command Center (HCC) established?	( )	( )	( )	( )

Comments: \_\_\_\_\_

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Hospital: \_\_\_\_\_

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Evaluator – Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Evaluator – Signature

**OVERALL RATING:**

**GOLD \_\_\_ SILVER \_\_\_ BRONZE \_\_\_**

GOLD: All major areas addressed, evidence of training, model program

SILVER: Most areas addressed, some areas need improvement, good program

BRONZE: Some major areas may need improvement, identified training needs, weak program

# EVALUATION FORMS

## San Antonio Mass Casualty Exercise & Evaluation

### PARTICIPANT FEEDBACK FORM

Participant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/School: \_\_\_\_\_ Role: \_\_\_ Victim \_\_\_ Observer  
\_\_\_ Facilitator \_\_\_ Evaluator

#### Part I – Recommendations and Action Steps

1. Based on preparations for and conduct of exercise, list the top 2 issues and/or areas that need improvement.

- 1) \_\_\_\_\_  
 \_\_\_\_\_
- 2) \_\_\_\_\_  
 \_\_\_\_\_

2. Suggest actions that should be taken to address the issues identified above. For each action, indicate if it is a high, medium, or low priority.

- 1) \_\_\_\_\_  
 \_\_\_\_\_
- 2) \_\_\_\_\_  
 \_\_\_\_\_

3. Who should be assigned responsibility for each action?

- 1) \_\_\_\_\_  
 \_\_\_\_\_
- 2) \_\_\_\_\_  
 \_\_\_\_\_

4. List two policies, plans, and procedures that should be reviewed, revised, or developed.

1) \_\_\_\_\_  
 \_\_\_\_\_  
 2) \_\_\_\_\_  
 \_\_\_\_\_

**Part II – Exercise Design and Conduct**

**1. What is your assessment of the exercise design and conduct?**

*Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.*

<u>Assessment Factor</u>	<b>Rating of Satisfaction with Exercise</b>				
	<i>Strongly Disagree</i>		<i>N/A</i>		<i>Strongly Agree</i>
a. The exercise was well-structured and organized.	1	2	3	4	5
b. The exercise scenario was plausible and realistic.	1	2	3	4	5
c. A multimedia presentation would have helped participants to understand the ‘big picture’ and become more engaged in the scenario.	1	2	3	4	5
d. Hospital personnel seemed knowledgeable and well-organized.	1	2	3	4	5
e. The Exercise Plan was a valuable tool throughout the exercise.	1	2	3	4	5
f. Hospital personnel took the exercise seriously.	1	2	3	4	5
g. I had all the information I needed to play my part in the exercise.	1	2	3	4	5

**2. What changes would you make to improve this exercise?**

*Please provide any recommendations on how future exercises could be improved or enhanced.*

1) \_\_\_\_\_  
 \_\_\_\_\_  
 2) \_\_\_\_\_  
 \_\_\_\_\_  
 3) \_\_\_\_\_  
 \_\_\_\_\_  
 4) \_\_\_\_\_  
 \_\_\_\_\_

**Please complete and fax to the Exercise Director within 24 hours: Fax: 210 616-8191**