**Appendix. Available online only.**

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| **Group – Infection Control (2.5 hours)** |
| **Objective:** |
| As EM residents, you need to know how to respond to biological emergencies. You will be evaluated by your ability to implement an appropriate response for such a scenario in the ED of your hospital. |
| **Task 1:** |
| * Set up Incident Command Structure in your group. Your group should use integrated control techniques as identified in ICS 700 (combine resources with other incident command structures). |
| **Task 2:** |
| * Go to Site – Downstate Cafeteria |
| * There are 3 parts to this exercise this morning: |
| 1. To correctly interpret an alert sent to your hospital by the NYC DOHMH. You will need to implement interim recommendations on an infectious agent so that both, patients and staff at your hospital are protected. Additional information on the agent and recommended precautions may/should be identified using appropriate public health resources. You may use the MRC as a resource. |
| 1. To develop just-in time training for staff relevant to the precautions recommended for the agent of interest utilizing available hospital resources. |
| 1. To implement and monitor infection control protocols and precautions when patients are identified that may be infectious to the community. |
| **Task 3:** |
| * Prepare a 10-minute presentation to the rest of the resident groups. You are encouraged to include photos and/or videos in your presentation. The presentation session is right after the 2.5 hours allowed. |
| * To develop a 1-page matrix for your task. The matrix should be a clear summary that other clinical staff can follow in disaster settings. |
| **Presentations (1 hour):** |
| By all groups – This is a valuable opportunity to learn about what other groups did. |
| **Award Ceremony (15 minutes):** |
| Your matrices and presentation will be graded and the score will be compared to other resident groups. The winners will be presented awards. |

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| **Group – Point of Distribution/Pharmacy (2.5 hours)** |
| **Objective:** |
| As EM residents, you may need to coordinate the response to a local infectious epidemic. Hospitals work closely with public health organizations to recognize and manage such outbreaks. |
| **Task 1:** |
| * Set up Incident Command Structure in your group. Your group should use integrated control techniques as identified in ICS 700 (combine resources with other incident command structures). |
| **Task 2:** |
| * Go to Site – Downstate Cafeteria |
| * There are 3 parts to this exercise this morning: |
| 1. To provide effective and safe treatment for patients with suspected/confirmed infection with a novel infectious agent according to interim recommendations by public health authorities. Utilize the information provided by a current health alert and supplement this with any other relevant, authoritative guidance if available |
| 1. To set up a Point of Distribution (POD) for the recommended medical therapy, working together with the appropriate hospital departments and utilizing all relevant, available hospital and city resources (consider just-in-time training for POD). |
| 1. Direct and monitor the POD and safe care and disposition for patients while observing infectious precautions as well |
| **Task 3:** |
| * Prepare a 10-minute presentation to the rest of the resident groups. You are encouraged to include photos and/or videos in your presentation. The presentation session is right after the 2.5 hours allowed. |
| * To develop a 1-page matrix for your task. The matrix should be a clear summary that other clinical staff can follow in disaster settings. |
| **Presentations (1 hour):** |
| By all groups – This is a valuable opportunity to learn about what other groups did. |
| **Award Ceremony (15 minutes):** |
| Your matrices and presentation will be graded and the score will be compared to other resident groups. The winners will be presented awards. |

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| **Group – Registration/Triage (2.5 hours)** |
| **Objective:** |
| As EM residents, you will inherit the responsibility of overseeing a triage/registration system in the event of a large infectious disease outbreak. |
| **Task 1:** |
| * Set up Incident Command Structure in your group. Your group should use integrated control techniques as identified in ICS 700 (combine resources with other incident command structures). |
| **Task 2:** |
| * Go to Site – Downstate Cafeteria |
| * There are 3 parts to this exercise this morning: |
| 1. To determine what criteria are used to institute the hospital’s disaster protocol for an infectious disease outbreak. You need to familiarize yourself with this protocol and assist in executing it. Be sure to note any important contact people, the location of the tent, which PPE are needed, and the goals of the protocol. |
| 1. To receive a just-in-time training about how to set up this registration/triage for an infectious disease outbreak. |
| 1. After the training, your task is to set up this system and care for patients presenting with signs of infectious disease outbreak. Please follow the training instructions and observe all safety precautions. |
| **Task 3:** |
| * Prepare a 10-minute presentation to the rest of the resident groups. You are encouraged to include photos and/or videos in your presentation. The presentation session is right after the 2.5 hours allowed. |
| * To develop a 1-page matrix for your task. The matrix should be a clear summary that other clinical staff can follow in disaster settings. |
| **Presentations (1 hour):** |
| By all groups – This is a valuable opportunity to learn about what other groups did. |
| **Award Ceremony (15 minutes):** |
| Your matrices and presentation will be graded and the score will be compared to other resident groups. The winners will be presented awards. |

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| **Group – Tents (2.5 hours)** |
| **Objective:** |
| As EM residents, you need to know when emergency tents are needed, and how they are set up in disaster situations. This challenge is a competition between UHB and KCHC. You are provided with the same tasks as your counterparts in UHB/KCHC. Whichever team that can produce a better matrix, have faster and more complete tent set-up, and have a better presentation will win this challenge. |
| **Task 1:** |
| * Set up Incident Command Structure in your group. |
| **Task 2:** |
| * Go to Site – UHB or KCHC |
| * There are 3 parts to this exercise this morning: |
| 1. To develop a 1-page matrix for emergency tent set up. The matrix should be a clear summary that other clinical staff can follow in disaster settings, and it should include the following: Indication(s) for setting up tents, What is available in the hospital, Contact persons and page numbers, A summary of instructions to set up tents, Location(s) where tents should be set up (you need to include a map) |
| 1. To receive a just-in-time training about how to set up a tent. Find the training instructor(s) by going through the procedures to activate the tent set-up |
| 1. After the training, your task is to set up a tent. Please follow the training instructions and observe all safety precautions. |
| **Task 3:** |
| * Prepare a 10-minute presentation to the rest of the resident groups. You are encouraged to include photos and/or videos in your presentation. The presentation session is right after the 2.5 hours allowed. |
| * To develop a 1-page matrix for your task. The matrix should be a clear summary that other clinical staff can follow in disaster settings. |
| **Presentations (1 hour):** |
| By all groups – This is a valuable opportunity to learn about what other groups did. |
| **Award Ceremony (15 minutes):** |
| Your matrices and presentation will be graded and the score will be compared to other resident groups. The winners will be presented awards. |

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| **Avian Flu Scenario** |
| **2013 SUNY Downstate Medical Center/Kings County Hospital Center:**  **Disaster Olympics Avian Flu**  Scenario Date: July 10, 2013  Time: 9:15 am  Location: UHB ED  Scenario: You are currently working your shift at Downstate Emergency Department, when suddenly the hospital receives an emergent call from a local church. The pastor frantically reports that during the service, members of his congregation reported upper respiratory flu like symptoms after returning from a service trip to China in an area endemic to Avian flu. He is sending 30 members from his church on a bus to your ED whom he suspects may be infected with Avian flu. You must prepare for the arrival of this potential infectious outbreak, notify the appropriate authorities and organize a site of care for the patients.  ETA: 45 minutes. |

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Don/Doff Evaluation Form | | | | | | | | Questions | | Yes/No/ NA | | If “NA” write comments | | 1 point for each ‘yes’ | | 1. Were roles assigned to members of the decontamination team? | |  | |  | |  | | 1. Did the team use history and physical exam to assess fitness of suit operator and document those findings? | |  | |  | |  | | 1. Was the hydration status of the suit operator addressed during the pre-donning process? | |  | |  | |  | | 1. Did the suit support team gather and inspect a level C suit? | |  | |  | |  | | 1. Did the suit support team gather other materials needed for the donning process (ie tape, boots, hydration pack, heat shield, communication/respiratory pack)? | |  | |  | |  | | 1. Did the suit operator remove and store personal items? | |  | |  | |  | | 1. Did the suit operator inspect their respiratory equipment by checking air pressures and attaching filters? | |  | |  | |  | | 1. Were the heat shield and hydration pack donned? | |  | |  | |  | | 1. Was the seat and zipper reinforced with chem. Tape? | |  | |  | |  | | 1. Was the communication/respiratory pack donned properly? | |  | |  | |  | | 1. Was the suit hood donned and connected to communication/respiratory pack? | |  | |  | |  | | 1. Did the team assess for fogging of the hood after connecting it to the communication/respiratory pack? | |  | |  | |  | | 1. Did the suit operator assess victim’s airway, breathing, and circulation and educate/reassure the victim prior to decontamination? | |  | |  | |  | | 1. Were the contaminated victim’s clothes removed and stored? | |  | |  | |  | | 1. Was the patient showered and changed into a hospital gown? | |  | |  | |  | | 1. Did the suit operator perform self-decontamination prior to doffing? | |  | |  | |  | | 1. Did the suit operator move to the cold zone prior to doffing? | |  | |  | |  | | 1. Did suit support team don Level D PPE to assist in the doffing process? | |  | |  | |  | | 1. Was the hood rolled properly? | |  | |  | |  | | 1. Did the suit get removed from the shoulders down after it was unzipped? | |  | |  | |  | | 1. Did the suit support team maintain contact solely with the outside of the operator’s suit? | |  | |  | |  | | 1. Was the communication and respiratory packed removed by dropping it? | |  | |  | |  | | 1. Did the suit operator remove the hood using inner gloves? | |  | |  | |  | | 1. Did the suit support team perform a physical exam on the suit operator post-doffing? | |  | |  | |  | | Total Points scored | |  | |  | | **/24** | | DON/DOFF Evaluation Form Continued | | | | | | | | EVALUATION FOR HOSPITAL | **Yes/No/NA** | | **If “NA” write comments** | | **1 point for each ‘yes’ answer** | | | 1. Was the incident command center activated upon notification that victims of a hazardous materials exposure were due to present to the hospital for care? |  | |  | |  | | | 1. Did the incident command center and decontamination team remain in contact during the event? |  | |  | |  | | | 1. Did the hospital provide a safe/secure environment for staff to deliver care to victims? |  | |  | |  | | | 1. Did the “Just In Time” training provide instruction on the information used to evaluate the drill participants? |  | |  | |  | | | 1. Were the drill participants provided with the materials needed to complete their tasks? |  | |  | |  | | | Total Points scored |  | |  | | **/5** | | |

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| |  |  |  |  | | --- | --- | --- | --- | | Infection Control Evaluation | | | | | Questions | Yes/No/NA | comments | 1 point for ‘yes’ | | 1. Was an incident commander identified? |  |  |  | | 1. Did the incident commander give out assignments and provide situational aware to rest of team? |  |  |  | | 1. Did the team identify outbreak/disease information from authoritative source? E.g. NYCDOHMH, NYSDOH, CDC, WHO, other |  |  |  | | 1. Did team make contact with Infection Control or Hospital Epidemiology? and receive guidance or training? |  |  |  | | 1. Did the team make contact with to Infectious Disease Division? |  |  |  | | 1. Did the hospital implemented Screening/Triage stations to separate potentially contagious patients from others? |  |  |  | | 1. Were appropriate level of PPE correctly utilized by healthcare personnel during the evaluation of patients with respiratory symptoms? |  |  |  | | 1. Did the hospital implement or use a screening tool for infectious outbreaks? |  |  |  | | 1. Patient were questioned about their travel history as part of triage? |  |  |  | | 1. Provided just-in-time training addressing relevant Infectious Disease precautions? |  |  |  | | 1. Implemented precautions in timely manner (distancing, security, PPE, hand hygiene) |  |  |  | | 1. Is an infection control officer present to reinforce the just in time training? |  |  |  | | 1. Timely set up of POD and triage station (at 1h = arrival of patients) |  |  |  | | 1. Did the Triage Officer remove the mask at any time during victim encounters? |  |  |  | | 1. Were victims approx. 3 feet apart at the Triage station? |  |  |  | | 1. Was Infectious Diseases contacted and provide information? |  |  |  | | 1. Was the mask of the Triage Officer donned properly? |  |  |  | | 1. Were gloves changed after this victim? |  |  |  | | 1. Utilized MRC volunteers effectively for infection control/prevention |  |  |  | | 1. Utilized MRC volunteers effectively for registration |  |  |  | | 1. Is each Triage Officer identifiable? |  |  |  | | 1. Were there signs that gave directions to the victims as to where they should go next? |  |  |  | | 1. Proper discharge and disposition instructions and documentation |  |  |  | | 1. Was a matrix designed for upload onto the internet? |  |  |  | | Total Points scored |  |  | **/24** | |  | | | | | EVALUATION FOR HOSPITAL | **Yes/No/NA** | **If “NA” write comments** | **1 point for each ‘yes’ answer** | | 1. Was Incident Command Center activated? |  |  |  | | 1. Did activation of ICC facilitate the set up of victim triage site? |  |  |  | | 1. Did Hospital provide a public information announcement for situational awareness? |  |  |  | | 1. Did hospital staff contact NYS/NYC local health departments? CDC? |  |  |  | | 1. Was there an infection control officer providing masks to victims? |  |  |  | | 1. Did hospital provide educational materials and/or instruction to victims? |  |  |  | | Total Points scored |  |  | **/6** | |

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| POD/Pharmacy Evaluation |
| |  |  |  |  | | --- | --- | --- | --- | | Questions | Yes/No  /NA | comments | 1 point for ‘yes’ | | 1. Was an incident commander identified? |  |  |  | | 1. Did the incident commander give out assignments and provide situational aware to rest of team? |  |  |  | | 1. Did the team identify outbreak/disease information from authoritative source? E.g. NYCDOHMH, NYSDOH, CDC, WHO, other |  |  |  | | 1. Did team make contact with Infection Control or Hospital Epidemiology and receive guidance or training? |  |  |  | | 1. Did the team make contact with to Infectious Diseases? |  |  |  | | 1. Did the team make contact with the hospital to Pharmacy and receive guidance or training? |  |  |  | | 1. Did the hospital implemented Screening/Triage stations to separate potentially contagious patients from others? |  |  |  | | 1. Were facemasks and gloves used by healthcare personnel during the evaluation of patients with respiratory symptoms. |  |  |  | | 1. Did the hospital implement or use a screening tool for infectious outbreaks? |  |  |  | | 1. Patient were questioned about their travel history as part of triage? |  |  |  | | 1. Provided just-in-time training addressing relevant Infectious Disease precautions? |  |  |  | | 1. Implemented precautions in timely manner (distancing, security, PPE, hand hygiene) |  |  |  | | 1. Was the Point Of Distribution (POD) set up and functioning? |  |  |  | | 1. Timely set up of POD and triage station (at 1h = arrival of patients) |  |  |  | | 1. Effective use of communication services (e.g. translation services) |  |  |  | | 1. Effective electronic registration of patients? |  |  |  | | 1. Patient were questioned about their travel history as part of triage. |  |  |  | | 1. Effective dispensing of oseltamivir to appropriate patients |  |  |  | | 1. Registration and credentialing MRC volunteers |  |  |  | | 1. Utilized MRC volunteers effectively for infection control/prevention |  |  |  | | 1. Utilized MRC volunteers effectively for registration |  |  |  | | 1. Utilized MRC volunteers effectively at POD |  |  |  | | 1. Evaluated victim accuracy at pharmacy, Evaluated for medication errors |  |  |  | | 1. Proper discharge and disposition instructions and documentation |  |  |  | | Total Points scored |  |  | **/24** | |  | | | | | EVALUATION FOR HOSPITAL | **Yes/No/NA** | **If “NA” write comments** | **1 point for each ‘yes’ answer** | | 1. Was Incident Command Center activated? |  |  |  | | 1. Did hospital electronic registration work properly in surge area set up for the POD? |  |  |  | | 1. Did Hospital provide a public information announcement for situational awareness? |  |  |  | | 1. Was Hospital police there at the POD entrance to secure entrance? |  |  |  | | 1. Was there an infection control officer providing masks to victims entering the POD? |  |  |  | | 1. Did hospital pharmacy provide all medications needed for the victims? |  |  |  | | Total Points scored |  |  | **/6** | |

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| Registration/Triage Evaluation |
| |  |  |  |  | | --- | --- | --- | --- | | Questions | Yes/No/  NA | comments | 1 point for ‘yes’ | | 1. Was an incident commander identified? |  |  |  | | 1. Did the incident commander give out assignments and provide situational aware to rest of team? |  |  |  | | 1. Did the team identify outbreak/disease information from authoritative source? E.g. NYCDOHMH, NYSDOH, CDC, WHO, other |  |  |  | | 1. Did team make contact with Infection Control or Hospital Epidemiology? and receive guidance or training? |  |  |  | | 1. Did the team activate the incident command center? |  |  |  | | 1. Did the team make contact with the Pharmacy POD? |  |  |  | | 1. Did the team communicate effectively with the surrounding community or public? |  |  |  | | 1. Were facemasks and gloves by healthcare personnel during the evaluation of patients with respiratory symptoms. |  |  |  | | 1. Did the team implement Screening/Triage stations? |  |  |  | | 1. Implemented precautions in timely manner (distancing, security, PPE, hand hygiene) |  |  |  | | 1. Were patients given tracking information such as medical record numbers? |  |  |  | | 1. Was the patient registration/triage set up and functioning? |  |  |  | | 1. Timely set up of registration/triage station (at 1h = arrival of patients) |  |  |  | | 1. Effective use of communication services (e.g. translation services) |  |  |  | | 1. Effective and timely registration of patients? |  |  |  | | 1. Were patients questioned about their travel history as part of triage? |  |  |  | | 1. Were patients given the appropriate treatments, i.e. tamiflu indicated? |  |  |  | | 1. Were patient effectively transferred to pharmacy POD? |  |  |  | | 1. Were patients/public unrelated to this exposure referred to the main hospital? |  |  |  | | 1. Utilized hospital staff/nurses effectively for registration |  |  |  | | 1. Was patient information effectively recorded at registration? |  |  |  | | 1. Evaluated victim accuracy at pharmacy, Evaluated for registration errors. |  |  |  | | 1. Proper discharge and disposition instructions and documentation for treated and untreated patients. |  |  |  | | Total Points scored |  |  | **/23** | |  | | | | | EVALUATION FOR HOSPITAL | **Yes/No/NA** | **If “NA” write comments** | **1 point for each ‘yes’ answer** | | 1. Was there an adequate space provided/set up |  |  |  | | 1. Was the Incident Command Center (ICC) Activated? |  |  |  | | 1. Did the activation of the ICC facilitate the set up of the victim registration/ triage site? |  |  |  | | 1. Did the Hospital/staff contact NYS/NYC local health Departments? CDC? |  |  |  | | 1. Did the hospital provide a team of nurses for triage and discharge? |  |  |  | | 1. Did the hospital provide adequate resources for registration and disposition of victims? |  |  |  | | Total Points scored |  |  | **/6** | |

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| Tent Evaluation |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Questions | Yes/No/NA | comments | | 1 point for ‘yes’ | | 1. Was a team leader identified? |  | |  |  | | 1. Did the team leader give out assignments to rest of team? |  | |  |  | | 1. Did the team obtain the tent and transport the tent with 4 or more people? |  | |  |  | | 1. Did team connect the air pump to the tent and to the electric source correctly? |  | |  |  | | 1. Did the team obtain plumbing needs before pumping the tent? |  | |  |  | | 1. Did the team leave enough space for the tent to expand? |  | |  |  | | 1. Is the tent fully erect? |  | |  |  | | 1. Did the team place the elevation grid correctly? |  | |  |  | | 1. Did the team connect the plumbing for fresh water correctly? |  | |  |  | | 1. Did the team set up the collection pool correctly? |  | |  |  | | 1. Did the team set up the pump for waste water correctly? |  | |  |  | | 1. Did the team connect the lighting correctly? |  | |  |  | | 1. Was the team faster than the other team at UHB/KCHC? Please record time: \_\_\_\_mins |  | |  |  | | Matrix | **Yes/No/NA** | | **comments** | **1 point for ‘yes’** | | 1. Does the matrix state the correct indications for tent-up? |  | |  |  | | 1. Does the matrix state the types, sizes and number of tents the hospital has? |  | |  |  | | 1. Does the matrix state the name of the hospital contact person and the contact number? |  | |  |  | | 1. Does the matrix include an alternative method or person to contact? |  | |  |  | | 1. Does the matrix state the number of people required for setting up a tent? |  | |  |  | | 1. Does the matrix state the tools needed for setting up a tent? |  | |  |  | | 1. Does the team include a map in the matrix? |  | |  |  | | 1. Does the team identify the correct location of tent on the map? |  | |  |  | | 1. Does the team locate the available power outlets on the map? |  | |  |  | | 1. Does the team locate the available water supply for the tent on the map? |  | |  |  | | 1. Does the team locate the placement of perimeter control on the map? |  | |  |  | | Total Points scored |  | |  | **/24** | | EVALUATION FOR HOSPITAL | **Yes/No/NA** | | **If “NA” write comments** | **1 point for each ‘yes’ answer** | | 1. Does the command center respond to the residents’ request and deploy FM&D immediately? |  | |  |  | | 1. Does the FM&D provide a just-in-time training for the residents? |  | |  |  | | 1. Does the instructor use any visual demonstration material in the training? |  | |  |  | | 1. Does the instructor provide step-by-step instructions in the training? |  | |  |  | | 1. Does the instructor states safety precautions in the training? |  | |  |  | | 1. Does the instructor provide satisfactory answers to residents’ questions? |  | |  |  | | Total Points scored |  | |  | **/6** | |