

Tabletop Exercise for Chemical Surge Plans

**Exercise Evaluator Observation Form**

**Exercise Date:** Click or tap to enter a date.



Exercise Evaluators: Please note your observations that demonstrate competency, areas for improvement and recommendations for further plan improvement. Then note with a check mark in the table strengths, gaps, challenges or not addressed for each topic discussed. The form can be handwritten, but it is encouraged to be completed electronically to submit to your Facilitator.

**Strength:** Included and well covered in the plan.

**Gap:** Not considered a priority, not included in the plan / identified opportunities to improve the plan

**Challenge:** Considered a priority, but unclear about where and how to include in the plan/ barriers to implementation that require additional collaborative partnerships

**Not Addressed:** for any topic not covered in the discussion.

**Breakout Module 1 – Activation, Roles, and Responsibilities**

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| **Observations that demonstrated competency** |
| Click or tap here to enter text. |
| **Observations that showed areas for improvement** |
| Click or tap here to enter text. |
| **Recommendations** |
| Click or tap here to enter text. |

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| --- | --- | --- | --- | --- |
| **Topic** | **Strength** | **Gap** | **Challenge** | **Not****Addressed** |
| Activation/Notification |[ ] [ ] [ ] [ ]
| Information Sharing |[ ] [ ] [ ] [ ]
| Roles &Responsibilities |[ ] [ ] [ ] [ ]
| Logistics/ResourceManagement |[ ] [ ] [ ] [ ]

**Breakout Module 2 – Operations**

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| **Observations that demonstrated competency** |
| Click or tap here to enter text. |
| **Observations that showed areas for improvement** |
| Click or tap here to enter text. |
| **Recommendations** |
| Click or tap here to enter text. |

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| --- | --- | --- | --- | --- |
| **Topic** | **Strength** | **Gap** | **Challenge** | **Not****Addressed** |
| Decontamination |[ ] [ ] [ ] [ ]
| Triage |[ ] [ ] [ ] [ ]
| Patient Care/Management |[ ] [ ] [ ] [ ]
| Treatment |[ ] [ ] [ ] [ ]
| Safety & Control Measures |[ ] [ ] [ ] [ ]

**Breakout Module 3 – Special Considerations**

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| **Observations that demonstrated competency** |
| Click or tap here to enter text. |
| **Observations that showed areas for improvement** |
| Click or tap here to enter text. |
| **Recommendations** |
| Click or tap here to enter text. |

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| --- | --- | --- | --- | --- |
| **Topic** | **Strength** | **Gap** | **Challenge** | **Not****Addressed** |
| Behavioral Health |[ ] [ ] [ ] [ ]
| At-Risk Populations |[ ] [ ] [ ] [ ]
| Reunification |[ ] [ ] [ ] [ ]
| Fatality Management |[ ] [ ] [ ] [ ]
| Security |[ ] [ ] [ ] [ ]

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