



Group Evaluation Form for NJ-PTC Case Exercises

(Note: The group evaluation facilitator uses this form to lead the hot wash, fills out this form and writes the AAR. The form and the AAR are returned to the exercise sponsor.)

EVENT:

DATE / TIME / LOCATION:

Name of Evaluation Facilitator:

LEARNING OBJECTIVES ASSESSMENT:								
Rate the extent to which the group is now able to ...		7	6	5	4	3	2	1
Check off your response: very able [7] ... not at all able [1]								
1	Type in Learning Objective #1 Here							
2	Type in Learning Objective #2 Here							
3	Type in Learning Objective #3 Here							
	Expand table to accommodate # of learning objectives							

COMPETENCY ASSESSMENT:								
Rate the extent to which the group is now able to ...		7	6	5	4	3	2	1
Check off your response: very able [7] ... not at all able [1]								
1	Type in Competency #1 Here							
2	Type in Competency #2 Here							
3	Type in Competency #3 Here							
	Expand table to accommodate # of competencies							

CORRECTIVE ACTIONS AND RECOMMENDATIONS:

1) Do you feel that you are prepared to respond to an incident that is similar to the one that was presented in today's case exercise? Why or why not?

2) Is your workplace prepared to respond to an incident that is similar to the one that was presented in today's case exercise? Why or why not?

3) Identify 3 important gaps in your own preparedness that were identified as a result of today's exercise. How might you address those gaps?

4) Identify 3 important gaps in your workplace's preparedness that were identified as a result of today's exercise. How might your workplace address those gaps?

5) Is there anything you saw in the exercise that the evaluator(s) might not have been able to experience, observe, and record on which you would like to comment?

6) If there were any components of the exercise that require modification, what changes would you recommend?

7) Did the exercise reveal the need for review, revision or development of further training, policies, procedures or plans? If so, please explain.



NJ Preparedness Training Consortium: Member Organization's Name
After Action Report: Case Exercise Name
Case Exercise Date and Location

Executive Summary:

Exercise Name was a case exercise (tabletop) that was conducted on **Date**. The exercise took place in **location**. **Explanation – a descriptive, detailed summary of the case exercise. Example:** *The scenario for Operation Secure Retrieval involved an injured lab worker who has been exposed to a biological agent. The situation is further complicated by the fact that a second worker is unaccounted for and has possibly been exposed to the agent causing it to be released from the high containment laboratory. This exercise was designed to address issues on both the operational and policy levels. Participants played the roles that correspond to their professional positions as lab workers, public health officials, public safety officials ...*

Purpose Example: *The main purpose for conducting this exercise was to satisfy the provisions of the "Possession, Use, and Transfer of Select Agents and Toxins Final Rule," which is found in the Code of Federal Regulations, Title 42, Section 73 (42 C.F.R. § 73). This regulation requires an annual review of the BSL-3 Emergency Operations Plan (EOP) as well as the laboratory's Standard Operating Procedures (SOP). The rule also mandates that all emergency, security, and safety plans must be exercised or drilled each year. In addition to satisfying these regulations, this exercise was designed to assist in identifying both the strengths and weaknesses of the lab's emergency procedures and to enable the responsible personnel to enhance and improve the plan.*

Timeline of Events *Example given in table below; expand table as necessary.*

Date	Time	Scenario Event, Simulated Player Inject, Player Action	Event/Action
02/20/06	0900	Scenario Event	Accident and a worker injury reported at laboratory
02/20/06	0902	Player Action	Laboratory operation is stopped in accordance with protocols; notifications is started
02/20/06	0915	Player Action	Evacuation ordered for contaminated zone
02/20/06	0940	Simulated Player Inject	Reported to players that second worker may be contaminated and has left the facility (what should be done to address this additional complication?)

Exercise (Creation/Adaptation – choose one):

This exercise was (created/adapted) by:

- Enter Name Enter Title
Enter Organization/Department

Exercise Facilitators(s):

This exercise was facilitated by:

- Enter Name Enter Title
Enter Organization/Department

Group Evaluation/Hot Wash Facilitator and AAR Author:

This case exercise's Group Evaluation/Hot Wash Facilitator and AAR Author is:

- Enter Name Enter Title
Enter Organization/Department

Participating Agencies: (modify appropriately if only one agency participated)

This case exercise was primarily a Enter Organization/Department name event; however, several other departments and agencies participated.

- Enter a bullet for each internal or external department or agency that participated and indicate the role of its members, i.e., players, victims, observers, etc.

National Planning Scenario:

The National Planning Scenario addressed by Enter Exercise Name is:

- Enter the appropriate NPS

Learning Objectives:

The Learning Objectives for Enter Exercise Name are:

- Enter a bullet for each Learning Objective

Target Capabilities:

The Target Capabilities for **Enter Exercise Name** are:

- **Enter a bullet for each Target Capability**

Competencies:

The Competencies addressed by **Enter Exercise Name** are:

- **Enter a bullet for each Competency**

Major Strengths (related to Learning Objectives, Target Capabilities and Comps):

- **Enter a brief but descriptive bullet for each competency, capability or skill that the group performed well or adequately during the case exercise**

Areas for Improvement (related to Learning Objectives, Target Capabilities and Comps):

- **Enter a brief but descriptive bullet for each competency, capability or skill that the group performed marginally or poorly during the case exercise**

Recommendations for Improvement:

This section details the recommended Improvement Plan based upon a careful review and analysis of feedback provided by the exercise facilitator(s) and participants during the hot wash and based on the observations of the evaluator. These recommendations are listed in random rather than in priority order.

- **Enter one bullet for each recommendation**
 - **Followed by a sub-bullet for the department, agency or individual responsible for corrective action, if known**



NJ Preparedness Training Consortium: Member Organization's Name
Exercise DeBrief: Case Exercise Name
Case Exercise Date and Location

Overview

- **Exercise.** [Member Organization's Name] hosted a case exercise on [Subject of Exercise], which was followed immediately by a hotwash. Participants included representatives from: [List Participating Organizations/Agencies/Etc.]
- **Debrief.** After the exercise's conclusion, exercise planners, controllers, and evaluators met briefly to discuss exercise planning, implementation and improvement.

Discussion Points

- **Expectations:**
- **Outcomes & Issues:**
- **Exercise Design and Conduct:**
- **After-Action and Improvement Plan Items:**
- **Other:**

New Jersey Preparedness Training Consortium



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Lists for Completing the NJ-PTC AAR-IP

Competencies

- Recognize and assess the level of threat in the immediate environment.
- Institute action to contain and mitigate the threat.
- Meet acute patient care needs in the event of a BCRNE or other traumatic event.
- Identify the proper procedures for notification of law enforcement and public health authorities.
- Describe the chain of command in an emergency situation.
- Know the limits of his/her authority and ability and refer to appropriate specialists when necessary.
- Undertake his/her functional role in a community or other local coordinated response plan.
- Identify and procure appropriate supplies and equipment to enable protection of self and subordinates, treatment of patients and mitigation of the threat.
- Communicate with local or community non-health officials (e.g. school boards, mayors, town councils, etc.).
- Communicate with appropriate government authorities (including public health, legal, law enforcement, etc.) to report events and execute the directed response as part of a coordinated preparedness and response plan.
- Participate in multi-disciplinary simulations and drills at the local/community level.
- Identify and manage the expected stress/anxiety associated with emergency events, making referrals for mental health services if needed.
- Participate in post-event feedback and assessment of response with local public health entities.

National Planning Scenarios

- Nuclear Detonation (10 kiloton improvised device)
- Bio attack: anthrax aerosolized
- Disease outbreak: pandemic flu
- Bio attack: tularemia (sub for pneumonic plague)
- Chem attack: blister agent
- Chem attack: toxic chemicals
- Chem attack: nerve agent
- Chem attack: chlorine tank explosion
- Natural disaster: major earthquake
- Natural disaster: major hurricane
- Rad attack: RDD
- Explosives attack: IED
- Bio attack: food contamination
- Bio attack: foreign animal disease
- Cyber attack

Target Capabilities

- CBRNE Detection
- Food & Agriculture Safety & Defense
- Epi Surveillance & Investigation
- Public Health Laboratory Testing
- Responder Safety & Health
- Public Safety & Security
- Animal Health Emergency Support
- Environmental Health
- WMD/HazMat
- Response & Decontamination
- Citizen Protection
- Isolation & Quarantine
- Triage & Pre-Hospital Treatment
- Medical Surge
- Medical Supply Management & Distribution
- Mass Prophylaxis
- Mass Care
- Fatality Management



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NJ-PTC Learning Objectives

The NJ Preparedness Training Consortium (NJ-PTC) held a series of conferences where NJ health experts created lists of possible learning objectives toward which the NJ-PTC would train. The resulting lists from these conferences were placed into a web-based survey and ranked by national health experts. The final version of the learning objectives used by the NJ-PTC is below. Learning objectives are listed according to their survey rank, from highest to lowest priority, under each heading. In general, the tiers correspond to training levels: tier one were employed in basic trainings; tier two were used in intermediate; and tier three for advanced trainings.

TIER ONE OBJECTIVES: Cross-Cutting

- Describe the possible routes of exposure (inhalation, gastrointestinal, dermal, etc) for CBRNE agents.
- Describe the different categories of WMD, including chemical, biological, radiological, nuclear and explosive agents (CBRNE).
- Identify situations, exposures, and health outcomes of a possible CBRNE event.
- Commit to reporting possible CBRNE exposure on the basis of clinical suspicion without awaiting laboratory confirmation.
- Describe the role of PPE in self-protection.
- Describe one's professional roles, functions and responsibilities in CBRNE and other public health situations (i.e. one's personal role in this system/NIMS/NRP).
- Define the Incident Command System (ICS) and National Incident Management System (NIMS),
- National Response Plan (NRP) and describe their general structure and components. (ICS 100 or equivalent)
- Describe the advantages and disadvantages of shelter-in-place and evacuation and provide examples of situations where each may be necessary and what entity is responsible for instituting it.
- Describe the modes of transmission for various related disease agents.
- Explain the roles and responsibilities of local, state and federal public health planning and response agencies (e.g.: state health and homeland security departments, CDC, NIH, FEMA, etc).
- Describe the concept of an all-hazards approach to preparedness.
- Differentiate between isolation and quarantine and define the conditions and circumstances under which each is invoked and by which entity.
- Differentiate between day-to-day operations/chains of command and emergency operations/chains of command.
- Identify environmental factors of CBRNE agents.
- List examples of appropriate decontamination methods and how they differ depending on chemical, biological and radiological agent and route of exposure.

- Suspect or consider the possibility of a WMD attack (e.g. "situational awareness," "being a medical detective").
- Define the key elements of adequate record keeping for public health, medical and legal purposes.
- Define various levels of PPE (A, B, C, D).
- Describe agricultural and environmental terrorism.
- List the different categories of chemical agents (i.e. blistering agents, nerve agents, etc) and provide appropriate examples (i.e. mustard gas, sarin, etc).
- Define medical triage and discuss situations where its use is appropriate.
- Contrast maximal care vs. mass casualty care.
- Compare and contrast the effects of a nuclear weapon versus a radiological dispersion device (dirty bomb).

TIER ONE OBJECTIVES: Mental Health

- Describe/list common psychological responses to a disaster (i.e. confusion, fear, grief).
- List appropriate uses of mental health resources during a bioterrorism/public health emergency.
- Describe basic mental health needs of affected populations during a disaster.
- Self-monitor for stress reactions and practice appropriate stress management techniques.
- Acknowledge special needs engendered by cultural, gender, economic and developmental diversity and how they can affect the mental health response to an emergency.
- Value self-care and stress management.
- Describe techniques for limiting exposure to traumatic experiences.
- List the mental health resources likely to be employed in the response to a bioterrorism/public health emergency, (e.g. agencies and the services they offer).
- Acknowledge common grief/loss reactions with empathy and compassion.
- Recognize reactions common to caregivers (self and colleagues) during a public health emergency/CBRNE event.
- "Validate" individual response.

TIER ONE OBJECTIVES: Epidemiology

- Describe the key components of the public health and emergency response system (NJ e.g.: SNS, LINCSS, Medical Coordination Center, Community Mental Health Agency, PODS, MRC, Citizen Corps).
- Identify suspect and confirmed disease, conditions and events that are legally reportable, how to report and one's role.
- Describe the four stages of emergency management: Preparedness, Response, Recovery and Mitigation.
- Describe one's role in the local, community and statewide public health emergency response system.

- List information resources for emerging infectious diseases (i.e. CDC website, ProMed, WHO).
- Describe the disease surveillance and reporting systems for one's local area/region.
- Describe the principles of chain of custody.

TIER ONE OBJECTIVES: Risk Communication

- Acknowledge that uncertainty (e.g. conflicting advice from authorities or inadequate information) may arise during an emergency and discuss techniques/strategies to mitigate its effects.
- Discuss the professional and legal rights, responsibilities and protections in a public health emergency.
- Identify reliable, trustworthy and credible information sources for use during an emergency (i.e. CDC, OEMS, NJDHSS, hospitals) and describe methods by which to obtain information from these sources (HAN/NJLINCS, Internet, textbooks, CDROM).
- Describe one's institutional policy on public communication, the individual(s) who is/are responsible for its implementation and how he/she/they may be contacted.
- Operate communication equipment (i.e. 2-way radio, fax, phone tree) that may be used during a crisis.
- Describe exclusions to HIPAA that allow health care workers to report certain information to a health department or other agency.
- Describe and analyze ethical conflicts between professional and personal responsibilities.

TIER TWO OBJECTIVES

- Appropriately implement components of the preparedness plan in a timely fashion.
- Critique and evaluate components of the response plan, including one's individual role.
- Collaborate with other interdisciplinary leaders and the community to create an emergency response plan.
- Select and demonstrate proper use of appropriate PPE for a given route of exposure.
- Provide for patient public health follow-up care after a potential/actual emergency.
- Describe the signs and symptoms of individual cases and the characteristics of epidemics that can help one distinguish between a potential bioterrorism attack and natural disease phenomena (i.e. signs/symptoms, number of case, temporality, etc).

- Access crucial information from trustworthy public/private sources (i.e. CDC, OEM, hospitals) during a crisis, especially in the absence of electronic communication (i.e. Internet, telephone).
- Demonstrate proficiency in activities that can lessen the impact of a CBRNE emergency (i.e. vaccination, prophylaxis and public education/outreach).
- Distinguish between and appreciate the rights of the individual and community.
- Prioritize basic mental health needs and services.
- Identify community mental health response to a CBRNE/public health emergency (single, multiple or ongoing event).
- Describe effective, evidence-based mental health interventions.
- Describe a flexible mental health approach.
- Appreciate the importance of, the issues surrounding and the appropriate response to social and cultural factors as they relate to communication during public health emergencies (i.e. different levels of health literacy amongst socioeconomic strata, risk perceptions of various groups, etc).
- Describe when to use each level of PPE (A, B, C, D) for an unknown agent.
- Define trauma, traumatic events and reactions to these events (including grief and loss), as well as strategies to mitigate their effects.
- Identify and describe the basic mental health needs of particularly at-risk populations (i.e. children, mentally ill, substance abusers, the poor, etc).
- Incorporate developmental and cultural factors into approach/response/intervention.
- Identify diseases of potential public health concern or explain how to refer to those who are capable of doing so.
- List and explain the different factors that influence disease distribution (person, place and time) and how to investigate each one.
- Outline steps of an outbreak investigation (case definition, exposure assessment, risk ratios, control measures, etc).
- Describe one's role in the pre-event planning process (Planning, Intervention, Recovery, and Evaluation).
- Identify information relevant for evaluation of a response to an emergency (i.e. bed status, pharmaceutical stockpiles).
- Communicate epidemiologic information clearly, credibly, consistently and in a timely manner.
- Discuss the legal/ethical issues surrounding confidential medical information (as outlined in HIPAA).
- Explain prevention, handling and therapeutic techniques for various CBRNE agents (e.g. vaccination, laboratory safety, antibiotic treatment).
- Describe the environmental, psychosocial and economic aspects of recovery from a CBRNE incident.
- Identify and distinguish clinical presentations, syndromes, unusual occurrences and clusters of the select biological agents.
- Differentiate between syndromic and disease-specific surveillance.
- Identify and describe available emergency response resources at the federal, state and local levels and their roles/responsibilities.

- Describe the interdisciplinary systems approach to emergency planning and response.
- Describe and apply a framework for ethical decision-making.
- Analyze barriers to effective planning and identification of radiological events.
- Discuss the impact(s) of re-exposure to a stressor (i.e. re-traumatizing a person).
- Appreciate the temporal factors involved in the mental health response to a public health emergency (i.e. event anniversary, delayed reaction).
- Distinguish epidemiological triggers that would necessitate the activation of an emergency response plan (e.g. (i.e. change in the baseline level of a particular disease in a population).
- Discuss the treatment protocols for chemical exposures (e.g. antidote administration, removal of clothing, etc).
- Describe the strengths, limitations and general availability of materials in the Strategic National Stockpile.
- Identify a strategy (or strategies) to respond to media inquiries during a public health emergency.
- Describe the patho-physiology, diagnosis, evaluation and intervention(s) for CBRNE agents that require immediate action/intervention.
- Discuss the importance of medication prophylaxis for the safety of both responders and victims involved in a CBRNE incident.
- Discuss treatment options for different types of radiation exposure (e.g. potassium iodide for radioactive iodide exposure).
- Describe the ethics and legal ramifications of traditional public health measures and methods used during emergencies (i.e. triage, quarantine, isolation).
- List the CDC/NIH-developed categories of biological agents (A, B, C and D) and describe the characteristics of each group.
- Demonstrate skills in responding to media inquiries and requests for interviews.
- Differentiate between liquid and vapor exposure and describe appropriate responses for both situations.

TIER THREE OBJECTIVES

- Ensure the appropriate communication of the information in the emergency response plan to all stakeholders.
- Access and/or use available community health data for the purposes of health assessment.
- Evaluate the response to a public health emergency in order to make improvements in intelligence data/information, mitigation, response, preparedness and recovery.
- Act upon intelligence data that indicates a potential/actual CBRNE emergency.
- Apply appropriate follow-up procedures for the management of patients undergoing quarantine/isolation and in caring for special needs populations.
- Select appropriate engineering/administrative control strategies during an emergency.

- Activate appropriate mitigation activities to lessen the impact of a potential/actual emergency.
- Prioritize and manage response resources for assorted public health situations (i.e. disaster management).
- List examples of administrative (i.e. building evacuation) and engineering (i.e. shutting of a ventilation system) protective actions for CBNRE agents).
- Formulate a plan to control the release of information, where appropriate.
- Discuss potential conflicts and issues in ethical decision-making among individuals and communities during a public health emergency.
- Design an informative/educational risk message, media briefing and press release for public consumption, using a public health example of the trainee's choosing (i.e. infectious disease outbreak, chemical attack, etc).
- Discuss disease processes and testing methods from a clinical perspective (target audience = non-clinical players/partners).
- Endorse an ethical and legal information control plan.
- Define the ethics of routine public health practices/interventions in emergency situations and discuss the legal/ethical issues of triage.
- Assess the characteristics of a disease by following its epidemic curve (i.e. how a curve can indicate incubation period, primary/secondary cases, etc).
- Analyze differential disease susceptibilities for various populations (i.e. immunization levels may be higher in certain groups than in others, genetic predispositions, etc).
- Recognize and work to resolve conflicting priorities in emergency/epidemic situations and advocate for the primacy of public health in such cases.
- Provide examples of the theories of risk perception, negative dominance, trust determination and mental noise and the four key components of an effective risk message (message, source, audience, and channel).
- Compare and contrast public health ethics and medical ethics.
- Describe the appropriate use and limitations of modern innovations in public health/epidemiological preparedness.
- Defend the framework chosen for ethical decision-making.