



# 2018 Statewide Medical/Health Tabletop Exercise Infectious Disease Event



October 2, 2018; 8:00am – 2:00pm

California Endowment Oakland Regional Office, 2000 Franklin St, Oakland

## Participant Feedback Form

Please enter your responses in the form field or check box after the appropriate selection.

Name:

Title/Position:

Agency/ Organization:

Role:    Player     Facilitator     Speaker     Evaluator     Other  *please specify:* \_\_\_\_\_

### Part I: Evaluation & Recommendations

- Has the exercise increased your understanding of healthcare system response to infectious disease?  Yes  No  
What recommendations do you have to expand this understanding? \_\_\_\_\_  
\_\_\_\_\_
- Did today's exercise increase your understanding of the OA system-wide pediatric surge response?  Yes  No  
If no, what is your recommendation for future information needs and training? \_\_\_\_\_  
\_\_\_\_\_
- Do you understand your infectious disease reporting responsibilities and how you will receive information from the Alameda County Public Health Department during an infectious disease outbreak?  Yes  No  
What recommendations do you have to expand this understanding? \_\_\_\_\_  
\_\_\_\_\_
- Are you able to implement infection control procedures and screening protocols for a highly pathogenic infection emerging in the county? What recommendations do you have to expand this understanding?  Yes  No  
\_\_\_\_\_

List any of your organization's policies, plans, and/or procedures that should be reviewed, revised, or developed. For each item noted, indicate if it is a high, medium, or low priority.

Documents Needing Review	Priority (low, medium, high)

5. What strategies did your organization identify to expand critical care pediatric bed capacity and/or manage pediatric surge with other healthcare facilities in the County? \_\_\_\_\_

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6. List 1 or 2 priority activities you would like to see included in the November 15, 2018 functional exercise.

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### Part II: Assessment of Exercise Design, Conduct and Participation

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

Assessment Factor	Strongly Disagree			Strongly Agree	
The exercise was well structured and well organized.	1	2	3	4	5
The exercise was designed to accomplish the objectives identified.	1	2	3	4	5
The speakers were educational in understanding roles, infection control practices, reporting, and critical care pediatric surge.	1	2	3	4	5
The facilitator(s) were knowledgeable about the material, kept the exercise on target, and were sensitive to group dynamics.	1	2	3	4	5
There was sufficient time for group discussion of the topic areas.	1	2	3	4	5
Participation in the exercise was appropriate for someone in my position due to my real-world experience.	1	2	3	4	5
Participation in the exercise was appropriate for someone in my position due to my current job responsibilities.	1	2	3	4	5
Participants included the appropriate people in terms of responsibilities and mix of disciplines.	1	2	3	4	5

### Part III: Participant Feedback

Because your feedback is vital to the design of future exercises, it will be reviewed meticulously. Please take a moment to provide appropriate comments/observations, addressing the following questions:

- What two things did you like about this exercise?
- What two things do you think need to be changed/improved for future exercises?
- What capabilities, objectives, or scenarios would you like to see the Statewide Exercise in the next few years?
- **Please provide any other comments/observations as appropriate.**

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