



2019 Statewide Medical/Health Tabletop Exercise Flood Event



October 1, 2019; 8:30am – 2:00pm

Shannon Community Center, Dublin California

Participant Feedback Form

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

Name: Optional

Title/Position: Optional

Agency/ Organization:

Role: Player ☐ Facilitator ☐ Speaker ☐ Other ☐ *please specify:* _____

Part I: Evaluation & Recommendations

For each question please indicate what recommendations you have to expand your understanding.

1. Has the exercise increased your understanding of operational area response to a flood event? ☐ Yes ☐ No

2. Did today's exercise increase your understanding of health care partner communications and situational awareness to and from the Medical Health Branch/MHOAC Program partners? ☐ Yes ☐ No

3. Has the exercise increased your understanding of pediatric and adult patient movement decisions related to priority transport and allocation of scarce resources? ☐ Yes ☐ No

4. Did today's exercise expand your understanding of patient tracking in a medical surge event? ☐ Yes ☐ No

5. Has the exercise increased your understanding of utilization of communications systems (ReddiNet, Med1, DPHC listserv, AC Alert) to share and disseminate actionable information? ☐ Yes ☐ No

6. Did today's exercise increase your understanding of EOC JIC Messaging to healthcare and other county partners? ☐ 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) |
|--------------------------|---------------------------------|
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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)

| statement and 5 = indicating strong agreement with the statement) | Strongly Disagree | | | | Strongly Agree |
|--|-------------------|---|---|---|----------------|
| Assessment Factor | | | | | |
| The exercise was well structured and well organized. | 1 | 2 | 3 | 4 | 5 |
| The exercise was designed to accomplish the identified objectives. | 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.**

[illegible]