**Incident/Exercise Summary Report**

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| **Notification***Exercise: Due 30 Days Before Exercise* *Incident: Within 48 hours of notification of incident requiring a response* |
| **Name of Exercise:** |  | **Date(s) of LPHA Play:** |  |
| **Scope** | **Type of Exercise/Event:** | [ ]  Drill | [ ]  Functional Exercise | [ ]  Planned Event/Training |
| [x]  Tabletop Exercise | [ ]  Full Scale Exercise | [ ]  Incident/Declared Emergency |
| **Participating Organizations:** |  |
| **Duration:** |  | **Location** |  |
| **Objectives:** |  |
| **Primary Activities:** |  |
| **Design Team:** |  |
| **Point of Contact:** |  | **LPHA or Tribe:** |  |
| **POC Email:** |  | **Phone:** |  |
| **Capabilities Addressed** |
| **BIOSURVEILLANCE**[ ]  12: Public Health Laboratory Testing[ ]  13: Public Health Surveillance and Epidemiological Investigation**COMMUNITY RESILIENCE**[ ]  1: Community Preparedness[ ]  2: Community Recovery**COUNTERMEASURES AND MITIGATION**[ ]  8: Medical Countermeasure Dispensing and Administration[ ]  9: Medical Materiel Management and Distribution[ ]  11: Nonpharmaceutical Interventions[ ]  14: Responder Safety and Health | **INCIDENT MANAGEMENT**[x]  3: Emergency Operations Coordination**INFORMATION MANAGEMENT**[ ]  4: Emergency Public Information and Warning[ ]  6: Information Sharing**SURGE MANAGEMENT**[ ]  5: Fatality Management[ ]  7: Mass Care[ ]  10: Medical Surge[ ]  15: Volunteer Management |
| **After Action Report** *To be completed within 60 days of exercise or incident completion* |
| **Strengths:** | What were the strengths identified during this exercise or incident? |
| **Design Team:** | Were there any areas of improvement identified? List all in this space, then complete improvement plan on next page. |

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| **Improvement Plan** *To be completed with action review* *and submitted to liaison within 60 days of exercise or incident completion* |
| **Name of Event or Exercise** | Name of Exercise or Incident | **Date(s)** | Date(s) of Exercise or Incident |
| **CDC Public Health Capability Addressed** | **Issue(s)/Area(s) of Improvement** | **Corrective Action** | **Timeframe** | **Date Completed** |
| Capability Name | Describe the issue or refer to an item number in the after action report | Corrective action or planned activity | When do you expect to complete this activity? | To be filled in when completed |
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**[LPHA name] COVID-19 Emergency Management Public Health Response Capacities
7.13.2020 1030 – 1200
[location]**

Capability: [List capability here]

Function: [List function here]

Objective:

**SWOT Analysis of Current Response:**

|  |  |
| --- | --- |
| **Strengths** | **Weaknesses** |
| **Opportunities** | **Threats** |

**Questions:**

* What has to be done currently (Continuity of Operations; COVID-19 response)?
	+ What has to be done by staff? Can it be scaled down further?
	+ What can be done by County or contracted staff?
* Where are we LEAN and efficient? Where aren’t we?
* What processes can we change that will allow us additional flexibility and/or scalability?
* What will our response look like over the next 3-6 months if status quo?
* What has to be done if there’s a surge that exceeds our capacity?

**3-5 Critical needs:**

**Next steps:**