**Incident/Exercise Summary Report**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |
| 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**  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. | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |
| Corrective action or planned activity | | | When do you expect to complete this activity? | To be filled in when completed |
| 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:**