**HOSPITAL NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NO-NOTICE DRILL: PLANNING INFORMATION**

|  |  |
| --- | --- |
| **Drill Date** |  |
| **Drill Time** (start/end) |  |
| **Physical Location(s) within the Hospital Involved in Drill** |  |
| **Hospital Departments Involved in the Drill** |  |
| **Drill Manager** | **Name:**  **Email Address:**  **Phone #:** |
| **Drill Planner(s) –** names and email addresses |  |
| **LiveProcess Operator** | **Name:**  **Email Address:** |
| **Partner Agencies Involved (if any):** list by agency name and contact person (name/email) |  |

## 

## DRILL EVALUATION ASSIGNMENTS

|  |  |  |
| --- | --- | --- |
| **Evaluator** | **Assigned Role** | **Response Actions to Observe and Document** |
| Name:  Email: | Evaluator 1 | 1. Registration 2. Emergency Department Triage 3. Communications: Infection Control and Local Health Department 4. PPE Donning and Doffing Activities |
| Name:  Email: | Evaluator 2 | 1. Patient’s Isolation Room: Clinical Activities and Specimen Collection/Handling 2. Cleaning and Waste Management 3. Patient Preparation for Transfer |

## 

## DRILL COMMUNICATIONS DIRECTORY

**(for use during the drill)**

|  |  |
| --- | --- |
| **Drill Manager**  Name: | Cell Phone #:  Radio Frequency: |
| **Evaluator 1**  Name: | Cell Phone #:  Radio Frequency: |
| **Evaluator 2**  Name: | Cell Phone #:  Radio Frequency: |
| **Live Process Operator**  Name: | Cell Phone #:  Radio Frequency: |