Incident Background Information Template

This information should be collected by the lead evaluator before data collection begins. This document is intended to add context that can help when interpreting measures. It is also intended to help lead evaluators remember the context of the incident during which these data were collected.

1. The incident that these data were collected for was a:
   ___ real incident ___ exercise

2. Date (or date range) of incident or exercise: ____________

3. Location of incident or exercise: ______________________

4. Type of local health governance structure of responding agency:¹
   ___ centralized ___ decentralized ___ mixed

5. Health hazards involved (check all that apply):
   - Infectious disease outbreak
   - Foodborne illness
   - Fire or wildfire
   - Chemical or toxic substance spill
   - Hurricane
   - Flood
   - Snowstorm
   - Extreme temperature event
   - Bioterrorism
   - Explosion
   - Mass shooting
   - Other ______________________

6. Scale or spread of the impact (check all that apply):
   - Neighborhood
   - Local community (i.e., city, county)
   - Region (i.e., multiple communities)
   - State
   - Multistate
   - National
   - Global
   - Explanation (if needed): ______________________________________

7. Was there a formal activation of an incident management (IM) system:
   ___ Yes ___ No

¹ Centers for Disease Control and Prevention, “Public Health Governance,” undated.
8. If you marked “Yes” to question 7, specify FEMA Activation Level (if applicable):
   □ Level 1 □ Level 2 □ Level 3 □ Enhanced Watch □ Watch Steady State

9. IM systems were activated at multiple sites: □Yes □No

10. IM team members convened (check all that apply):
    □ In one shared physical space
    □ In several shared physical spaces
    □ Virtually (such as through WebEOC or similar platform)

11. Approximate number of IM team members involved in the incident: _____

12. Average shift length (hours): _____

13. Number of reportable safety incidents during the period of the incident assessed (optional):
    ______

14. The IM team included external partners (as defined by the site).
    □Yes □No (If “Yes,” list key partners.)

15. If applicable, please check the appropriate response phase for when the Incident Management Team Survey was first fielded:
    □ Pre-incident activity (e.g., trainings, tabletop exercises)
    □ During incident activity (response and recovery)
    □ Post-incident activity (as part of the after-action review process)
    □ Not applicable (peer assessment only)

16. If applicable, please check the appropriate response phase for when the Peer Assessor Protocol was first fielded:
    □ Pre-incident activity (e.g., trainings, tabletop exercises)
    □ During incident activity (response and recovery)
    □ Post-incident activity (as part of the after-action review process)
    □ Not applicable (Incident Management Team Survey only)

17. Please note any additional factors that may be useful in interpreting the data, including changes in context during the incident or exercise:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________