



SC AHEC Training Network
 BIOTERRORISM AND PUBLIC HEALTH EMERGENCIES
Decontamination Evaluation

Course #: _____
Date: _____ **Location:** _____
Presenter: _____ **AHEC region:** _____

Please give your opinion at the end of the conference on each of the categories listed below by filling the circle of the number best representing your agreement from *strongly agree* to *strongly disagree*.

| | Strongly Agree | Agree | Neither | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| 1. The <i>Decontamination</i> information was: | | | | | |
| a....clear and understandable. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b....well organized. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c....relevant/applicable to my work environment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. The pacing/schedule of the session(s) allowed sufficient time for me to grasp the information. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Trainer(s) were knowledgeable and helpful. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Session methods and activities were appropriate to my needs and learning style. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Trainer(s) encouraged questions and kept discussion focused. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Facilities and space were comfortable and conducive to learning. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

As a result of this training, I can:

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. list ways in which health professionals perform decontamination in routine practice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. describe the situations in which health professionals will need to decontaminate following a terrorist attack. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. list four common cleaners used to perform area decontamination for biologic agents. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. identify the most widely used agents for decontaminating humans. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. identify two conditions that should be met before beginning area decontamination following a biological attack. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Overall, this training was worth my time & effort to attend.

(over)

WE NEED YOUR OPINIONS

1. How did this training further your recognizing and responding to Bioterrorism and Public Health Emergencies? _____

2. What changes or improvements would you make? _____

3. What additional topics would you like to have presented: _____

4. The best thing you could do to help me use this content is to: _____

Other Comments or Suggestions _____

PLEASE RETURN TO REGISTRATION DESK.

THANK YOU