OMB Control No.: 0920-1071 Expiration date: 06/30/2018

## **INSTRUCTIONS**

- 1) Thank you for participating in the response and for also volunteering to participate in the 2014-2015 Global Migration Task Force (GMTF) Ebola response After Action Report Survey. Please fill out this self-administered questionnaire (estimated completion time 20 minutes) composed of three sections:
  - I. Response Role Information
  - II. Training and Performance Quality
  - III. Response Operation
- 2) Your observations, comments, and input are greatly appreciated and provide valuable insight that will better prepare our division to respond to threats and hazards. Your responses will be anonymous. Please keep comments concise, specific, and constructive.
- 3) If you are currently participating or have previously participated in the 2014-2015 GMTF Ebola Response, please respond to all questions.
- 4) If you have any immediate questions or concerns about the questionnaire, please contact:

Frankie Catalfumo Domestic Assistance Team Ebola Response GMTF Task Force Eagle Medical Services, LLC

Email: <a href="mailto:ywx5@cdc.gov">ywx5@cdc.gov</a> Cell: 312.257.0593 Desk: 404.498.0806

Thank you once again for your participation.

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1071

## **Section I: Assignment Details**

□ Yes	
□ No [Questionnaire Complete]	
2) Have you only have been deployed internationally for the 2014-2015 GMTF Ebola response (i.e., you only role in the GMTF response has been in an Ebola-affected country)?  ☐ Yes ☐ No	your
3) Identify what type of position you held at the CDC while in the 2014-2015 GMTF Ebola response    Full-time employee or EIS Officer within DGMQ    Full-time employee, EIS Officer, or public health associate, outside DGMQ (other CDC programs or federal agencies)    Contractor   Fellow   Other (Specify:)	
4) On which team have you served the longest in the 2014-2015 GMTF Ebola response?  Communications International deployer Domestic Assistance Team (DAT) Emory IPA Consultants Finance/Administration Team (includes the Ebola Coordination Team) International Border Team (previously named International Assistance Team) Quarantine Station Standard operations Quarantine Station Enhanced Entry Screening Surge / Contract Staff QUEST ImpACT Policy Science/Clearance Task Force Leadership  Examples of some of the roles associated with the select teams are listed below: Communications: CARE Program Management, Health Communications, Training Enhanced Entry Screening Surge / Contract Staff: CARE Ambassador, PHA, QMO Finance/Administration Team: Budget, Ops Chief, Staffing, Task Tracker International Border Team: Support of international response Quarantine Station: ROIC, OIC, AOIC, QPHO QUEST: Air Activities (including Ebola airplane contact investigations), Data Management, Maritime Activities, TRIA	

5) What was your longest tenure for the 2014-2015 GMTF Ebola response? Please specify a					
	when you served. If still currently serving in a role, please state the date range as (MM/YY - Current).				
	□ 30 days (Dates:)				
	□ 60 days (Dates:)				
	□ 90 days (Dates:)				
	□ 120 days (Dates:)				
	□ Greater than 120 days (Dates:)				
6)	Where have you primarily served in this role for the 2014-2015 GMTF Ebola response?				
	□ CDC Headquarters (HQ) / Emergency Operations Center (EOC)				
	☐ Hartsfield-Jackson Atlanta International Quarantine Station				
	□ O'Hare International Quarantine Station				
	☐ Washington Dulles International Quarantine Station				
	☐ Newark Liberty International Quarantine Station				
	☐ John F. Kennedy International Quarantine Station				
	□ Other CDC Quarantine Station (Specify:)				
	□ International sites in West Africa (Sierra Leone, Guinea, Liberia, Nigeria, Senegal, Mali)				
	□ Other (Specify:)				

## **Section II: Training and Performance Quality**

Please respond to the following questions based on the role you served in the longest for the 2014-2015 GMTF Ebola response. This is the role you selected in question 3 in Section I.

For the following questions 7-13, please rate how strongly you agree or disagree:

Strongly agree  ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Not applicable
In the text box below, please explain your rating, and share any recommendations you may have to help improve the process.  TEXT BOX
Within the first week of beginning your role, you understood GMTF's role in the response.  Strongly agree  Agree  Neither agree nor disagree  Disagree  Strongly disagree  Not applicable
In the text box below, please explain your rating, and share any recommendations you may have to help improve the process.  TEXT BOX
Within the first week of beginning your role, you understood your team's role in the response.    Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable

In the text box below, please explain your rating, and share any recommendations you may have to help
improve the process.
TEXT BOX
10) Within the first week of beginning your role, you understood your role in the response.
□ Strongly agree
□ Agree
□ Neither agree nor disagree
□ Disagree
□ Strongly disagree
□ Not applicable
In the text box below, please explain your rating. Please share any recommendations you may have to
help improve the process. (eg, training materials, length or structure of training sessions, leadership,
etc.)
TEXT BOX
11) You found the initial training you received to be helpful in your being successful in your role
□ Strongly agree
□ Agree
□ Neither agree nor disagree
□ Disagree
□ Strongly disagree
□ Not applicable
In the text box below, please explain your rating, and share any recommendations you may have to help
improve the process (eg, quantity of training, quality of training, etc.).
TEXT BOX
12) Your roles and responsibilities matched the descriptions provided to you during your initial trainings (eg
orientation, pre-deployment, Just-In-Time, On-Site, etc.).
□ Strongly agree
□ Agree
☐ Neither agree nor disagree
□ Disagree
□ Strongly disagree
□ Not applicable

In the text box below, please explain your rating and share any recommendations you may have to help improve the process.

	TEXT BOX				
13)	You found the additional trainings facilitated throughout the response were helpful to your success in				
,	your role (eg, Updates to CARE+ Program via Envision Trainings and Adobe Connect, Update to Entry				
	Screening Medical Officer Trainings, Modified CARE Kit Trainings etc.).				
	□ Strongly agree				
	□ Agree				
	□ Neither agree nor disagree				
	□ Disagree				
	□ Strongly disagree				
	□ Not applicable				
	In the text box below, please explain your rating and share any recommendations you may have to help				
	improve the process.				
	TEXT BOX				
For the	following questions 14-18, please rate your satisfaction.				
	, and the same of				
14)	How satisfied were you with your designated team lead with: daily operations coordination?				
	□ Very satisfied				
	□ Satisfied				
	□ Neither satisfied nor dissatisfied				
	□ Dissatisfied				
	□ Very dissatisfied				
	□ Not applicable				
	In the text box below, please explain your rating and share any recommendations you may have to help				
	improve the process.				
	TEXT BOX				
	TEXT BOX				
15)	How satisfied were you with your designated team lead with: team communications?				
	□ Very satisfied				
	□ Satisfied				
	□ Neither satisfied nor dissatisfied				
	□ Dissatisfied				
	□ Very dissatisfied				
	□ Not applicable				
	In the text have below, please explain your rating and chare any recommendations you may have to help				
	In the text box below, please explain your rating and share any recommendations you may have to help improve the process.				
	TEXT BOX				

16)	How satisfied were you with your designated team lead with: <b>scheduling tour of duty</b> (i.e., the hours you were scheduled to work)?
	□ Very satisfied
	□ Satisfied
	□ Neither agree nor disagree
	□ Dissatisfied
	□ Very dissatisfied
	□ Not applicable
	In the text box below, please explain your rating and share any recommendations you may have to help
	improve the process.
	TEXT BOX
17)	How satisfied were you with your designated team lead with: <b>resolving issues?</b>
_,,	□ Very satisfied
	□ Satisfied
	□ Neither agree nor disagree
	□ Dissatisfied
	□ Very dissatisfied
	□ Not applicable
	In the text box below, please explain your rating and share any recommendations you may have to help improve the process.
	TEXT BOX
18)	How satisfied were you when receiving logistical support from the CDC Emergency Operations Center
	(EOC) during your service in the response (eg, IT equipment, deployment equipment, etc.)?
	□ Very satisfied
	□ Satisfied
	□ Neither satisfied nor dissatisfied
	□ Dissatisfied
	□ Very dissatisfied
	□ Not applicable
	In the text box below, please explain your rating and share any recommendations you may have to help
	improve the process.
	TEXT BOX

## **Section III: Response Operations**

Please respond to the following questions based on the role you served in the longest for the 2014-2015 GMTF Ebola response. This is the role you selected in question 3 in Section I.

For the question 19-21, please rate how strongly you agree or disagree

19)	Reading the CDC Incident Management (IM) slides provided you with the necessary situational awareness to perform your role.  □ Strongly agree □ Agree
	-
	□ Neither agree nor disagree
	□ Disagree
	□ Strongly disagree
	□ Not applicable
	In the text box below, please explain your rating and share any recommendations you may have to help
	improve the process.
	improve the process.
	TEXT BOX
20)	Reading the CDC Situational Reports (SitReps) slides provided you with the necessary situational
•	awareness to perform your role.
	□ Strongly agree
	□ Agree
	□ Neither agree nor disagree
	□ Disagree
	□ Strongly disagree
	□ Not applicable
	In the text box below, please explain your rating and share any recommendations you may have to help
	improve the process.
	<u> </u>
	TEXT BOX

	awareness to perform your ro		d you with the necessary situational	
	□ Agree			
	□ Neither agree nor d	ısagree		
	□ Disagree			
	□ Strongly disagree			
	□ Not applicable			
	In the text box below, please	explain your rating and share an	ny recommendations you may have to he	elp
	improve the process.			
	TEXT BOX			
For the	following questions 22-26, plo	ease respond appropriately.		
	7.			
22)	Rate the following reports bas	sed on how they affected your s	ituational awareness during the Ebola	
,	• .	•	Reps), and Director's Update Brief (DUB	).
	Incident Management (IM)	Situational Reports (SitRep)	Director's Update Brief (DUB)	
	□ Greatly improved	☐ Greatly improved	☐ Greatly improved	
	□ Improved	□ Improved	□ Improved	
	☐ Improved☐ No effect☐ Not applicable	☐ Improved☐ No effect☐ Not applicable	□ No effect □ Not applicable	
	□ No effect	□ No effect	□ No effect	
	□ No effect □ Not applicable	□ No effect □ Not applicable	□ No effect □ Not applicable	aln
	□ No effect □ Not applicable	□ No effect □ Not applicable	□ No effect	∍lp
	□ No effect □ Not applicable  In the text box below, please improve the process.	□ No effect □ Not applicable	□ No effect □ Not applicable	elp
	□ No effect □ Not applicable  In the text box below, please	□ No effect □ Not applicable	□ No effect □ Not applicable	elp
	□ No effect □ Not applicable  In the text box below, please improve the process.  TEXT BOX	□ No effect □ Not applicable explain your rating and share an	□ No effect □ Not applicable  ny recommendations you may have to he	elp
23)	□ No effect □ Not applicable  In the text box below, please improve the process.  TEXT BOX  Based on your role in the Ebo	□ No effect □ Not applicable	□ No effect □ Not applicable  ny recommendations you may have to he	elp
23)	□ No effect □ Not applicable  In the text box below, please improve the process.  TEXT BOX	□ No effect □ Not applicable explain your rating and share an	□ No effect □ Not applicable  ny recommendations you may have to he	∍lp
23)	□ No effect □ Not applicable  In the text box below, please improve the process.  TEXT BOX  Based on your role in the Ebo	□ No effect □ Not applicable explain your rating and share an	□ No effect □ Not applicable  ny recommendations you may have to he	elp
23)	□ No effect □ Not applicable  In the text box below, please improve the process.  TEXT BOX  Based on your role in the Ebo	□ No effect □ Not applicable  explain your rating and share share and share share and share	□ No effect □ Not applicable  ny recommendations you may have to he	∍lp
23)	□ No effect □ Not applicable  In the text box below, please improve the process.  TEXT BOX  Based on your role in the Ebo improvement.	□ No effect □ Not applicable  explain your rating and share share and share share and share	□ No effect □ Not applicable  by recommendations you may have to he be strengths and three areas for	∍lp
23)	□ No effect □ Not applicable  In the text box below, please improve the process.  TEXT BOX  Based on your role in the Ebo improvement.	□ No effect □ Not applicable  explain your rating and share share and share share and share	□ No effect □ Not applicable  by recommendations you may have to he be strengths and three areas for	elp
23)	□ No effect □ Not applicable  In the text box below, please improve the process.  TEXT BOX  Based on your role in the Ebo improvement.	□ No effect □ Not applicable  explain your rating and share share and share share and share	□ No effect □ Not applicable  by recommendations you may have to he be strengths and three areas for	∍lp

24) Identify the actions that should be taken to address the areas for improvement stated in question 2	23.
From the actions provided, please also identify those that relate directly to your area of responsibil	ity
during the Ebola response.	

Action	Area of Responsibility Feedback		

25)	Please provide any	constructive	feedback of	on the survey	tool itself.
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TEXT BOX	
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- 26) If you have been deployed internationally for the 2014-2015 GMTF Ebola response in addition to your longest tenure role, would you be interested in providing feedback on your experience?
  - □ Yes
  - □ No [END QUESTIONNARE]
  - □ Not applicable [END QUESTIONNARE]

In the text box below, please explain your share any recommendations you may have to help improve the process, specifically about your deployment for the 2014-2015 GMTF Ebola response.

TEXT BOX
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