# Evacuation Response Evaluation Guide

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| **Work area:** | **Date/Time of Exercise:** |
| **Evaluator Name:** | **Evaluator Phone/email:** |

## Evaluation Points

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| Staff followed the work area specific response plan. | **Yes / No** |
| *Comments:*  |
| Evacuation routes were clear of any obstruction. | **Yes / No** |
| *Comments:*  |
| Staff chose the appropriate action per the plan or direction: * horizontally to an adjacent designated safe area
* down two floor(s) to a designated safe area
* out of the building (as directed by fire dept., Security, or HICS; or if staff feels in imminent danger)
 | **Yes / No** |
| *Comments:*  |
| All employees, visitors and patients were accounted for at the relocation/evacuation location. | **Yes / No** |
| *Comments:*  |
| If needed to evacuate safely, evacuation assistance was requested from the HICS Coordination Center. | **Yes / No / NA** |
| *Comments:*  |
| Patient Care Areas: |  |
| Staff moved ambulatory patients, visitors, and non-essential staff first, then non-ambulatory and special needs patients. | **Yes / No / NA** |
| *Comments:*  |
| Staff brought patient records and medications with them, if possible. | **Yes / No / NA** |
| *Comments:*  |
| Other Points to evaluate *[work area specific actions such as* “Staff notified Manager.” or “Special room locked.”] |  |
|  | **Yes / No** |
| *Comments:*  |
|  | **Yes / No** |
| *Comments:*  |

## Top 3 Successes

1.
2.
3.

## Areas for Improvement

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| **Information Sharing and Communication** |
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| **Resource Mobilization and Asset Allocation** |
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| **Security and Safety** |
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| **Staff Roles and Responsibilities** |
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| **Utility Systems** |
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| **Patient Clinical and Supportive Care Activity** |
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