# Exercise 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 and/or the Emergency Preparedness Plan? | **Yes / No** |
| *Comments:*  |
|  | **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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