# Fire 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:* | | | |
| Staff initiated the fire response procedures when they saw fire or smoke.  *Note: Staff notify Facilities or Security if they "smell" something hot or burning, but do not actually "see" fire or smoke.* | | **Yes / No** | |
| *Comments:* | | | |
| Staff knew and followed the R.A.C.E. acronym for a fire response.  R: Relocate persons away from danger A: Activate pull station and phone 911 C: Contain fire / smoke by closing doors E: Extinguish fire if safe to do so | | **Yes / No**  **Yes / No**  **Yes / No**  **Yes / No** | |
| *Comments:* | | | |
| Staff knew and relocated to the proper location. | | **Yes / No** | |
| *Comments:* | | | |
| Did staff call 911 and provide the telephone operator with:   1. Type of Emergency (Fire) 2. Building, room number, and area of the fire 3. Their name 4. Call back number 5. Number of injuries | | **Yes / No**  **Yes / No**  **Yes / No**  **Yes / No**  **Yes / No** | |
| Staff knew the location of the fire alarm pull station and its proper operation. *[Do not actually pull the pull station unless a member of facilities is there to reset it. Contact* [*Emergency Management*](http://intranet.mayo.edu/charlie/emergency-preparedness-rst/contact-us/) *to coordinate this.]* | | **Yes / No** | |
| [if fire pull is activated] Automatic smoke-barrier doors closed. | | **Yes / No / NA** | |
| *Comments:* | | | |
| The "Code Red" overhead announcement heard in the work area. | | **Yes / No** | |
| *Comments:* | | | |
| Staff closed door(s) and windows in the work area. Also dumbwaiters, service elevators, conveyors as applicable. | | **Yes / No** | |
| *Comments:* | | | |
| Smoke/fire door(s) were not blocked by equipment. | | **Yes / No** | |
| *Comments:* | | | |
| Staff knew location of the fire extinguishers and the P.A.S.S. acronym for fire extinguisher use:  P: Pull the pin A: Aim at the base of the fire S: Squeeze the handle S: Sweep from side to side | | **Yes / No**  **Yes / No Yes / No Yes / No Yes / No** | |
| *Comments:* | | | |
| Exit routes (i.e. corridors, aisles, passageways) and stairways are clear of obstruction and storage. | | **Yes / No** | |
| *Comments:* | | | |
| If applicable, staff knew the location of and who was responsible to shut off the oxygen shut-off valves.  *Respiratory Therapy or Anesthesia staff will shut off oxygen with input from the charge nurse at the direction of the Fire Department.* | | **Yes / No / NA** | |
| *Comments:* | | | |
| Other Points to evaluate *[work area specific actions such as* “Staff notified Manager.” or “Med-sleds used to move patients.”] |  | |
|  | **Yes / No** | |
| *Comments:* | | |
|  | **Yes / No** | |
| *Comments:* | | |

## Top 3 Successes



## 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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