# Fire Response Evaluation Guide

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

## Evaluation Points

|  |  |
| --- | --- |
| 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 dangerA: Activate pull station and phone 911C: Contain fire / smoke by closing doorsE: 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 pinA: Aim at the base of the fireS: Squeeze the handleS: Sweep from side to side | **Yes / No** **Yes / NoYes / NoYes / NoYes / 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

1.
2.
3.

## Areas for Improvement

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