# Severe Weather 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? | **Yes / No** |
| *Comments:* | |
| All staff were made aware of the Weather Watch and/or Warning. | **Yes / No / NA** |
| *Comments:* | |
| All windows, drapes, and blinds were closed. | **Yes / No / NA** |
| *Comments:* | |
| Staff knew were emergency equipment was. *(flashlights, emergency power outlets etc.)*  *Equipment was functional.* | **Yes / No / NA**  **Yes / No / NA** |
| *Comments:* | |
| All exterior rooms are checked and doors closed. | **Yes / No** |
| *Comments:* | |
| Tornado Warning: staff moved ambulatory patients, visitors, and staff away from windows and glass enclosures into protected inner corridors of the building | **Yes / No / NA** |
| *Comments:* | |
| Tornado Warning: staff moved non-ambulatory patients away from windows to the corridor side of the patient room, pull shades, drapes and cubical curtains, and provided pillows and blankets to protect the head and body. | **Yes / No / NA** |
| *Comments:* | |
| Other Points to evaluate *[work area specific actions such as* “Staff notified Manager.” or “Tornado Warning signs posted.”] |  |
|  | **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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