**ACTUAL EVENT SUMMARY OF EVENTS ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **FACILITY NAME**  |  | Date | Time of Event |
|  |  | Special Participants / Attendees | Shift: 1 --- 2 --- 3 |
| **EVENT DESCRIPTION**  | RECORDER NAME: |
| Event Brief Summary* **Loss of power**
* **Loss of communication**
* **Internal**
* **External**
* **Severe Weather**
* **Bomb Threat**
* **HAZMAT Chem. Spill**
* **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 | Describe Circumstances |  |
|  |  |
|  |  |
| **ANY SPECIAL PATIENT CONDITION**  |
|  |  |
|  |  |
|  |  |

**MEASURE OF EFFECTIVENESS OF DRILL**

|  |  |  |
| --- | --- | --- |
|  | **OVERALL PERFORMANCE:**  |  **Sat**  **Needs Improvement*****(Conduct staff training and repeat the drill)*** |
|  | **EFFECTIVENESS OF PLAN:**  |  **Sat**  **Needs Revision****(see Attached)** |
|  | **EVENT CAUSED PLAN TO BE ACTIVATED:** |  YES  NO |
|  | PARTICIPATION * **Sign-in sheet created for this event (attached).**
 |

**OBSERVERS NARRATIVE SUMMARY OF DRILL PERFORMANCE:**

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Facility Administrator (Signature Optional) RECORDER MONITORING EVENT

**ASSESSMENT OF DRILL PARAMETERS / PERFORMANCE TO MEET OBJECTIVES**

***Performance is based upon participation in all areas. Any area that is unsatisfactory will required additional training and the drill to be repeated.***

|  |
| --- |
| 1. STAFF **PARTICIPATION / RESPONSE**
 |
| ***Performance: //  Sat  Needs Improvement*** |
| **GENERAL INSTRUCTIONS*** Evaluate the nature or cause for the emergency and indicate what major event is the focus of this exercise.
* Indicate and measure all areas of the disaster drill / plan that were exercised.
* Check all sections that apply
 |
|  | **LEADERSHIP – CHAIN OF COMMAND.** Who is in charge, use administrator as observer and have alternative take charge. |  |  |
|  | **DISASTER PLAN EFFECTIVELY ACTIVATED.** Patients, staff, contractors, guests, delayed exiting? |  |  |
|  **B. RESTORATION OF SERVICES – RECOVERY** |
| ***Performance: //  Sat  Needs Improvement*** |
| **GENERAL INSTRUCTIONS*** After the disaster condition is isolated or passes, how does the staff respond to prepare the facility to receive patients and resume an operating scheduled?
* Determine if the contact numbers and availability of patient call back and physician call back numbers is current
* Is the call back plan survivable?
* Note any recommended changes that need to be made to this plan.
 |
|  | **PHYSICAL PLANT -Identification and assignment of duties to check systems, supplies (etc)** |  |  |
|  | **RESTORATION OF UTILITIES - Utility failure Restoration – Call and Contact Numbers** |  |  |
|  | **ILSM -Identify Interim Life Safety Measures; where is it found? How to use this list?** |  |  |
|  **C. SUMMARY OF EXERCISE PERFORMANCE** |
| ***Performance: //  Sat  Needs Improvement*** |
| **GENERAL INSTRUCTIONS** *(Provide an objective assessment of staff performance in all of these areas.)** Evaluate staff performance on each measure.
* Staff must demonstrate a working knowledge of the facility disaster plan.
* Drills should be conducted to include the participation of all personnel within the facility.
* The proctor will explain the role and process but staff should know what needs to be addressed in each situation.
 |
|  | * **COMPLIANCE WITH PROCEDURES –** The facility CEMP measures; not industry standards.
 |  |  |
|  | * **RESTORATION OF SERVICES**
 |  |  |

**EVALUATION OF THE DISASTER PLAN EFFECTIVENESS** Rev 10-11

***If there are changes that need to be made a copy of this needs to be forwarded to the main office.***

❑ Drill ❑ Actual Event

|  |  |  |
| --- | --- | --- |
| ITEM | EVALUATION POINT | ***The plan effectively addresses this item?*** |
| ***Yes*** | ***No*** |
|  | The CEMP and / Fire Plan is readily available to all staff and all staff are familiar with the plan and location of a copy to review. |  |  |
|  | The Utility Plan describes in detail how in house emergency procedures are to be carried out and explains to staff with enough detail how to activate or override local utilities to sustain a surgical schedule? |  |  |
|  | The CEMP explains staff and other personnel’s roles in enough detail to direct the response for patient / staff safety? |  |  |
|  | The CEMP identifies all hazard conditions for a complete staff response and all major THREATS are addressed in the disaster plan as identified in the HAZARD ANALYSIS? |  |  |
|  | The disaster plan is approved by Administration, governance and the SAFETY COORDINATOR is familiar with the plan and has an annual input to plan revisions? |  |  |
|  | The plan has established a CALL ACTION SHEET so all necessary authorities and responsible parties are properly notified in the event of a disaster situation. |  |  |
|  | The related RECALL lists are coordinated with team leaders and split for responsibilities. In the event a KEY MEMBER on the recall is not reached the recall list is activated to the next member down the call list? |  |  |
|  | The CEMP indentifies the key contacts for the community in the event of impending disaster? |  |  |
|  | The disaster plan identifies response points for community emergency services, established access to the facility for community responders and identifies the evacuation area accurately? |  |  |
|  | Overall, the disaster plan effectively addresses facility issues and establishes accurate written guidelines for staff to coordinate responses to a variety of disaster situations? |  |  |

# REMARKS / COMMENTS

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_