# Severe Weather Exercise Evaluation Guide

Evaluator Name: Date/Time of Exercise:

Work area: Evaluator Phone/Email:

## Evaluation Points

| **Evaluation Point** | **Yes or No** | **Comments** |
| --- | --- | --- |
| Staff followed the work-area specific response plan? |  |  |
| All staff were made aware of the Weather Watch and/or Warning. |  |  |
| All windows, drapes, and blinds were closed. |  |  |
| Staff knew were emergency equipment was. *(flashlights, emergency power outlets etc.)**Equipment was functional.* |  |  |
| All exterior rooms are checked and doors closed. |  |  |
| Tornado Warning: staff moved ambulatory patients, visitors, and staff away from windows and glass enclosures into protected inner corridors of the building |  |  |
| 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. |  |  |
| Other Points to evaluate *[work area specific actions such as* “Staff notified Manager.” or “Tornado Warning signs posted.”] |  |  |

## Top 3 Successes

1. List first success
2. List second success
3. List third success

## 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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