# Evacuation Response 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. |  |  |
| Evacuation routes were clear of any obstruction. |  |  |
| Staff chose the appropriate action per the plan or direction: * horizontally to an adjacent designated safe area
* down two floor(s) to a designated safe area
* out of the building (as directed by fire dept., Security, or HICS; or if staff feels in imminent danger)
 |  |  |
| All employees, visitors and patients were accounted for at the relocation/evacuation location. |  |  |
| If needed to evacuate safely, evacuation assistance was requested from the HICS Coordination Center. |  |  |
| Patient Care Areas: |  |  |
| Staff moved ambulatory patients, visitors, and non-essential staff first, then non-ambulatory and special needs patients. |  |  |
| Staff brought patient records and medications with them, if possible. |  |  |
| Other Points to evaluate *[work area specific actions such as* “Staff notified Manager.” or “Special room locked.”] |  |  |

## Top 3 Successes

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

## 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** |
|  |
|  |
|  |