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| *Incident Name/Type* |  | |
| *Location Evaluated* |  | |
| *Evaluator Date:* | | |
| |  |  | | --- | --- | | ***Major Concerns*** | * *Notifications to staff* * *Establishment of internal ICS and activation of Emergency Operations Plan (EOP).* * *Internal communications and lines of authority.* * *Adequacy of staffing levels.* * *Mental health concerns.* | | ***Look For*** | * *Initial notification.* * *Effective activation of Emergency Operations Plan.* * *Internal and external notification processes.* * *Sufficient staff to manage the incident.* * *Efforts to verify that treatment is appropriate.* * *Appropriate supplies of required medications, supplies and equipment.* * *Awareness of signs of mental health emergencies.* * *Effective activation of EOP* |   **Instructions for Evaluator**   * Interpret the criteria only as it applies to the function that you are evaluating. * For each item, check the appropriate box. “Not Seen” does not mean that the action never occurred; only that the assigned Evaluator didn’t actually see it occur. * For each “No” response, make an attempt to identify a reason why the applicable criteria were not met. Prepare a short statement on the last page of the packet recommending a corrective action. Base your findings on a “root cause” analysis. * If you know that your assessment will require additional information on either of the last two pages, check the “Notes” box to remind you of this. * Your recommendations may or may not be implemented, but may provide guidance for others who will be involved in making decisions. **Your input is vital!** * Record positives too, especially if others may benefit from knowledge of “best practices.” * Any criteria that ask for additional information, such as “Describe the process…” or “How was this done?” should be recorded in paragraph form if it cannot be quickly noted in the provided space. * **Do not let the process of recording detailed information distract you from observing your assigned function. Make quick notes. Elaborate later.** | | |
| **Evaluation Criteria**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Care and Treatment** | | Yes | No | Not Seen or  Not Applicable | | 1 | The Mass Casualty (Surge) Plan was available and followed |  |  |  | | 2 | Personnel designated to make evacuation order was known/contacted |  |  |  | | 3 | All victims were identified, properly triaged and prioritized |  |  |  | | 4 | A transfer/discharge area was established |  |  |  | | 5 | Additional personnel were activated to assist as needed |  |  |  | | 6 | Updated event information and course of action was communicated to staff |  |  |  | | 7 | Supplies, equipment and medications were available (if not list on notes) |  |  |  | | 8 | Staff knew where to located any resources that were needed, if not on hand |  |  |  | | 9 | Staff demonstrated awareness of signs of mental health emergencies and sought assistance when appropriate |  |  |  | | 10 | Staff exhibited coordination and teamwork |  |  |  | | 11 | Staff and processes were identified to assess facility damage |  |  |  | | 12 | Access path for responders (ex: EMS) were maintained, including designated parking |  |  |  | | 13 | Planning was in place for clinical support activity to safely transport patients |  |  |  | | 14 | Special Consideration steps were taken for those on life saving equipment |  |  |  |   *Describe any issues and evaluate overall care and treatment:* | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Incident Management** | | Yes | No | Not Seen or  Not Applicable | | 1 | The number of patients was communicated internally and externally, as needed |  |  |  | | 2 | Agreements in place for patient transfer were known/activated |  |  |  | | 3 | All victims were identified, properly triaged and prioritized |  |  |  | | | |
| *Describe any issues and evaluate Incident Management within care and treatment:* | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Communication** | | Yes | No | Not Seen or  Not Applicable | | 1 | The number of patients was communicated internally and externally, as needed |  |  |  | | 2 | Agreements in place for patient transfer were known/activated |  |  |  | | 3 | All victims were identified, properly triaged and prioritized |  |  |  | | 4 | Weather updates were communicated to staff Time: |  |  |  | | 5 | Event (Tornado hit) was communicated to staff Time: |  |  |  | | 6 | Activation of the exercise was announced Time: |  |  |  | | 7 | Call down notification procedures were effective |  |  |  | | 8 | “End of Exercise” was communicated appropriately Time: |  |  |  |   *Describe any issues and evaluate Communication within care and treatment:* | | |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Safety** | | Yes | No | Not Seen | | 1 | Internal security and safety operations were initiated |  |  |  | | 2 | Access to facility was controlled |  |  |  | | 3 | Movement by visitors, staff and others within the facility was controlled |  |  |  | | 4 | Security/designated staff effectively communicated instructions to victims and/or family members |  |  |  |   *Describe any issues and evaluate Safety within care and treatment:* | | |

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| **Staff Roles and Responsibilities** | | Yes | No | Not Seen |
| 1 | Did staff members understand their roles and responsibilities |  |  |  |
| 2 | Staff were wearing appropriate IDs |  |  |  |
| 3 | Staff was kept updated as to the situation |  |  |  |
| 4 | Staff were properly trained and equipped to execute plan |  |  |  |
| 5 | Staffing levels were sufficient to manage the incident, or efforts to supplement available staff were successful. |  |  |  |

*Describe any issues and evaluate overall Staff Roles and Responsibilities within care and treatment:*

Notes:

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Did you observe any noteworthy practices or strengths?   
*If yes, please describe:*

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Did you observe any noteworthy areas for improvement?.   
*If yes, please describe:*

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# Please use this space to provide any additional observations or timeline:

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