



EMERGENCY MANAGEMENT

Disaster Critique

Department submitting critique: _____

Date: _____ Time: _____ Submitted By: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Haz Mat Incident | <input type="checkbox"/> Radiation | <input type="checkbox"/> Infant/Ped. Abduction |
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Severe Weather | <input type="checkbox"/> Major Utility Disruption |
| <input type="checkbox"/> Mass Casualty | <input type="checkbox"/> Missing Person | <input type="checkbox"/> Snow Emergency |
| <input type="checkbox"/> Bomb | <input type="checkbox"/> Hostage / Aggressor | <input type="checkbox"/> Evacuation |
| <input type="checkbox"/> Civil Disturbance | <input type="checkbox"/> Community Wide | <input type="checkbox"/> Other _____ |

HAZARD VULNERABILITY ANALYSIS:

Score: ____ of 4

- | | Yes | No | N/A |
|--|-----|-----|-----|
| 1. Hazard Vulnerability Analysis Element tested:
Describe HVA element tested: _____ | [] | [] | [] |

Comments:

INCIDENT COMMAND CENTER:

Score: ____ of 4

- | | Yes | No | N/A |
|---|-----|-----|-----|
| 1. Was proper alert paged? | [] | [] | [] |
| 2. Was Incident Command System activated appropriately? | [] | [] | [] |
| 3. Was the Command Center used and staffed? | [] | [] | [] |
| 4. Were job action sheets assigned within 10 minutes? | [] | [] | [] |
| 5. Did affected departments report in to appropriate Section Chiefs in a timely manner? | [] | [] | [] |
| 6. Was the "all clear" paged? | [] | [] | [] |
| 7. Did each department respond appropriately and per policy? | [] | [] | [] |
| 8. Did the scenario involve an escalation of events? | [] | [] | [] |
| 9. Did this escalation require consideration of evacuation or closing of the facility? | [] | [] | [] |

Comments:

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RESOURCE & ASSET MANAGEMENT

	Yes	No	Score: ____ of 4
	N/A		
1. Were emergency supplies (including equipment) readily available at onset of emergency?	[]	[]	[]
2. Were emergency supplies (including equipment) adequate for the duration of the emergency?	[]	[]	[]
3. Were arrangements made to replenish medical supplies and equipment needed for response/recovery from external sources?	[]	[]	[]
4. Were arrangements made to replenish pharmaceutical supplies response/recovery from external source(s)?	[]	[]	[]
5. Were arrangements made to replenish non-medical supplies (food, linen, water, fuel) needed for response/recovery from external source(s)	[]	[]	[]
6. Did all emergency systems function correctly?	[]	[]	[]
7. Was it necessary to bring in outside vendors/contractors?	[]	[]	[]
8. Were staff support activities (housing, transportation, incident stress debriefing) appropriate and effective?	[]	[]	[]
9. Were staff family support activities (child care, elder care, communication) appropriate and effective?	[]	[]	[]
10. Were resource sharing activities with local health care entities appropriate and effective?	[]	[]	[]
11. Were resource sharing activities with regional health care entities appropriate and effective?	[]	[]	[]
12. Was evacuation (horizontal or vertical) required?	[]	[]	[]
13. Was evacuation appropriate and effective?	[]	[]	[]
14. Was alternative care site(s), either inside or outside of the hospital established?	[]	[]	[]
15. Was transportation of patients, their medications and equipment and staff to alternative care sites appropriate and effective?	[]	[]	[]
16. Was transportation of pertinent patient information appropriate and effective?	[]	[]	[]
17. Was equipment damaged or loaned out during the event appropriately identified and reported?	[]	[]	[]

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SAFETY/SECURITY:

Score: ___ of 4

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
1. Was adequate security provided?	[]	[]	[]
2. Was traffic control established & enforced?	[]	[]	[]
3. Were emergency vehicles and personnel able to access Emergency Services?	[]	[]	[]
4. Were unauthorized persons kept away from the incident scene?	[]	[]	[]
5. Was there contact / coordination with outside agencies, i.e. law enforcement, fire department, etc?	[]	[]	[]
6. Was coordination with outside security agencies appropriate and effective?	[]	[]	[]
7. Did emergency involve the management of hazardous materials and/or wastes?	[]	[]	[]
8. Was the management of hazardous materials and/or wastes appropriate and effective?	[]	[]	[]
9. Did the emergency involve decontamination of radioactive, biological, or chemical exposure(s)?	[]	[]	[]
10. Were decontamination activities appropriate and effective?	[]	[]	[]
11. Did emergency involve a partial or complete lockdown of the facility?	[]	[]	[]
12. Was the lockdown managed appropriately and effectively?	[]	[]	[]
13. Did emergency involve controlling the movement of individuals within the hospital?	[]	[]	[]
14. Was the control of personal movement managed appropriately and effectively?	[]	[]	[]
15. Did emergency involve controlling traffic access to the facility?	[]	[]	[]
16. Was traffic control managed appropriately?	[]	[]	[]

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PATIENT CARE:

Score: ___ of 4

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
1. Were provisions for the management of patients, including scheduling of services, control of patient information, admission, transfer, and discharge adequate?	[]	[]	[]
2. Were all patients identified, accounted for, triaged & prioritized?	[]	[]	[]
3. Was all necessary medical treatment available & adequate?	[]	[]	[]
4. Were the needs of patients and family members addressed?	[]	[]	[]
5. Clinical services for vulnerable patient populations (e.g. pediatric geriatric, behavioral health, disabled, serious chronic conditions or addictions) appropriate and effective?	[]	[]	[]
6. Patient personal hygiene and sanitation resources appropriate and effective?	[]	[]	[]
7. Patient mental health services and support appropriate and effective?	[]	[]	[]
8. Mortuary services appropriate and effective?	[]	[]	[]
9. Patient clinical information documented and tracked appropriately?	[]	[]	[]

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INFORMATION AND COMMUNICATION SYSTEMS:

Score: ___ of 4

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
1. Was the correct code paged and heard?	[]	[]	[]
2. Were emergency communications set up as needed?	[]	[]	[]
3. Was a spokesperson designated for press and family info?	[]	[]	[]
4. Was the call list implemented and up to date?	[]	[]	[]
5. Appropriate internal staff notified?	[]	[]	[]
6. Appropriate external staff notified?	[]	[]	[]
7. Were community Emergency Response Agency efforts Incorporated / coordinated? (community-wide test)?	[]	[]	[]
8. Was switchboard able to handle / route outside calls appropriately?	[]	[]	[]
9. Was patients information appropriately communicated to the Admitting Office?	[]	[]	[]
10. Were communications within the hospital appropriate and effective?	[]	[]	[]
11. Were communications with external response entities appropriate and effective?	[]	[]	[]
12. Were communications with patients and their families appropriate and effective?	[]	[]	[]
13. Were communications with staff (internal and external to the hospital) appropriate and effective?	[]	[]	[]
14. Were communications with surveyors of essential supplies, services, or equipment appropriate and effective?	[]	[]	[]
15. Were communications and back-up communications systems appropriate and effective?	[]	[]	[]
16. Were communications with alternative care sites appropriate and effective?	[]	[]	[]
17. Were communications with other health care organizations appropriate and effective?	[]	[]	[]
18. Was patient information transmitted to third parties (other health care organization, public health, police, FBI)?	[]	[]	[]
19. Were communications with third parties appropriate and effective?	[]	[]	[]

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STAFF ROLES & RESPONSIBILITIES:

Score: ___ of 4

	Yes	No	N/A
1. Were provisions for the management of staff, including distribution and assignment of responsibilities and functions adequate?	[]	[]	[]
2. Was there adequate staffing to support communications?	[]	[]	[]
3. Was there adequate staffing to support the management of resources?	[]	[]	[]
4. Was there adequate staffing to support safety and security?	[]	[]	[]
5. Was there adequate staffing to support utilities functions?	[]	[]	[]
6. Was there adequate staffing to support management of staffing?	[]	[]	[]
7. Staff demonstrated appropriate competency relative to their assigned role(s) during the emergency?	[]	[]	[]
8. Management of Licensed Independent practitioners to their roles and reporting requirements appropriate and effective?	[]	[]	[]
9. Were all staff & volunteers appropriately identified?	[]	[]	[]
10. Were staff injuries and/or exposures addressed?	[]	[]	[]
11. Were time sheets for off duty staff managed appropriately?	[]	[]	[]
12. Was PPE utilized and adequate?	[]	[]	[]

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MANAGEMENT OF UTILITIES:

Score: ___ of 4

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
1. Adequate back-up supply of electricity?	[]	[]	[]
2. Adequate back-up supply of potable water?	[]	[]	[]
3. Adequate back-up supply of non-potable water?	[]	[]	[]
4. Adequate back-up fuel supply for building operations and essential transport activities?	[]	[]	[]
5. Adequate back-ups for other essential utilities?			
HVAC	[]	[]	[]
Medical Gas/Vacuum	[]	[]	[]
Other	[]	[]	[]

Comments:

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CORRECTIVE ACTIONS FOLLOW UP

Score: ___ of 4

Follow-Up: Develop corrective action plan as required and assign areas of responsibility as indicated below.

- | | | | |
|--|------------|-----------|------------|
| | <i>Yes</i> | <i>No</i> | <i>N/A</i> |
| 1. Corrective Actions from previous drill completed? | [] | [] | [] |
| 2. Corrective Actions from previous drill tested? | [] | [] | [] |
| 3. Corrective Actions effective? | [] | [] | [] |

List Corrective Actions from previous drill

Corrective Action Required/Taken	Responsibility	Target Date For Completion

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Critique Summary

Include in your summary a global overview of the event or drill, utilizing comments from each of the 6 critical functions in addition planning efforts related to the 4 phases of Emergency Management.

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Please rate the response of this drill on a scale of 0 to 4 (circle response)

Score of:

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Element	Possible Score	Actual Score
Hazard Vulnerability Analysis	4	
Incident Command Center	4	
Resource & Asset Management	4	
Safety/Security	4	
Patient Care	4	
Information and Communications	4	
Staff roles & responsibilities	4	
Management of Utilities	4	
Corrective Action Follow Up	4	
Total	36	

Last Update: July 2013

Please note that the questions used in the critique form may or may not apply to your organization. Questions under each area may be revised/adjusted to your specific facility. For those items not applicable, be sure to be accurate for including yes/no responses that will provide you with data in completing a score for each area. Total questions used = denominator and yes answers = numerator in order to apply the correct rating score.

Example: Utilities: 4 of 5 questions given a yes response and one question a no response. Score given to this section could be 3 or 4. Consider commentary provided under each section.

Once a total score is achieved on each form distributed, calculate an overall level of compliance.

** This form was developed by St. Mary's Health, Evansville, IN and has been reviewed by Courtemanche & Associates.*

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