**MILLENNIUM SURGERY CENTER**

**EMERGENCY MANAGEMENT PLAN ACTIVATION**

**EVALUATION FORM**

❑ Drill ❑ Actual Disaster

Date: Time: Type of Disaster:

**Activating the Plan:**

Plan was activated at:

How was plan activated?

Where were the following areas located?

Triage:

First Aid:

Operations Center:

Media Relations:

**Communication with Outside Agencies:**

Was there communication with:

❑ Police ❑ Fire ❑ Hospitals:

If this was an actual disaster rather than a drill, were the following communication modes used?

❑ Radio ❑ Telephone ❑ Other:

Was the facility’s ability to function compromised? ❑ Yes ❑ No

If yes, explain:

**Damage Assessment:**

Was a damage assessment done? ❑ Yes ❑ No

Attach the damage assessment documentation to this evaluation form or write on back.

Was anyone within the facility injured? ❑ Yes ❑ No

If yes, explain:

Were patients received: ❑ Yes ❑ No

If yes, how many patients were received?

Types of injuries seen?

Were the needs of the victims met? ❑ Yes ❑ No

If no, why not?

Was evacuation necessary? ❑ Yes ❑ No If the answer is no, skip to next question.

Type of plan used to allow for incoming victims:

❑ External evacuation ❑ Internal evacuation ❑ Discharge of patients

How many residents were evacuated?

To where:

How many residents were discharged?

How were resident locations accounted for?

Were there problems with the discharge/evacuation of residents? ❑ Yes ❑ No

What was sent with the residents being evacuated?

Were arrangements made with outside agencies to assist with transport? ❑ Yes ❑ No

What areas of the emergency management plan implementation worked well?

What areas of the emergency management plan implementation need improvement?

Were adequate supplies available? ❑ Yes ❑ No

If no, document below:

Was staffing adequate to handle the situation? ❑ Yes ❑ No

If no, were additional physicians called to come in? ❑ Yes ❑ No

Were they responsive? ❑ Yes ❑ No

Were additional staff members called to come in? ❑ Yes ❑ No

Were they responsive? ❑ Yes ❑ No

Was there feedback from outside agencies? ❑ Yes ❑ No

If yes, document below:

**Additional Comments:**

Reported by: Date: