

EMERGENCY DRILL

TOOLKIT

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ORGANIZATION

The *<Name of Clinic>* strives to provide quality educational information and resources as part of our responsibility to provide assistance to *<Name of Clinic>* patients and providers.

PURPOSE

The safety of the patients, staff, and visitors of *<Name of Clinic>* depends on effective plans and the ability of individuals to spring into action when necessary.

This Emergency Drill toolkit was developed to assist *<Name of Clinic>* in planning, conducting and evaluating Emergency Drills at *<Name of Clinic>*. Emergency drills provide opportunities to practice emergency response and enhance the staff's ability to implement the facility Emergency Plan when it becomes necessary. The more familiar people are with something the better able they are to perform a task under pressure and in difficult circumstances. Emergency drills are important and beneficial in several ways including:

- Providing an opportunity for patients and staff members to rehearse the actions they would take in a real emergency.
- Identifying weaknesses and deficits in emergency plan processes.
- Identifying strengths in emergency plan processes.
- Meeting Conditions for Coverage requirements.
- Improving staff and patient readiness/preparedness levels.
- Familiarizing staff and patients with the facility emergency plans.

Part I: <Name of Clinic> Conditions for Coverage

Some of the <Name of Clinic> Conditions for Coverage are provided for convenience. <Name of Clinic> personnel are encouraged to review the Conditions of Coverage in its entirety for additional references to emergency planning.

409 - EMERGENCY PREPAREDNESS OF STAFF

The <Name of Clinic> must provide appropriate training and orientation in emergency preparedness to the staff. Staff training must be provided and evaluated at least annually and include the following:

- (i) Ensuring that staff can demonstrate knowledge of emergency procedures, including informing patients of-
What to do;
Where to go, including instructions for occasions when the geographic area of <Name of Clinic> facility must be evacuated;
Whom to contact if an emergency occurs while the patient is not in the <Name of Clinic> facility. This contact information must include an alternate emergency phone number for the facility for instances when the <Name of Clinic> facility is unable to receive phone calls due to an emergency situation (unless the facility has the ability to forward calls to a working phone number under such emergency conditions); and occurs.

Informative Guideline

Orientation for all staff must include emergency preparedness training, and annual training thereafter. "Evaluated" would require some feedback to ensure that the training was effective: either a passing score on a written test or demonstrated competency in the expected actions in an emergency situation.

Staff must have sufficient knowledge of emergency procedures to educate patients/designees about how to handle emergencies, both in and outside of the facility. At a minimum, all of the listed components must be included in the staff and patient education programs.

If problems are identified regarding training patients in emergency preparedness, refer also to 412.

410 EMERGENCY PREPAREDNESS OF STAFF

- (ii) Staff training must be provided and evaluated at least annually and include the following:
Ensuring that, at a minimum, patient care staff maintain current CPR certification; and

Informative Guideline

All direct patient care staff (i.e., nurses and patient care technicians) must have current basic CPR certification.

411 EMERGENCY PREPAREDNESS OF STAFF

- (iii) Staff training must be provided and evaluated at least annually and include the following:
Ensuring that nursing staff are properly trained in the use of emergency equipment and emergency drugs.

Informative Guideline

The minimum emergency equipment required is defined in 413. The emergency drugs to be kept onsite may be determined by the medical director and defined by facility policy.

412 - EMERGENCY PREPAREDNESS PATIENT TRAINING

The facility must provide appropriate orientation and training to patients.

Informative Guideline

Patients must have sufficient knowledge of emergency procedures to know how to handle emergencies, both in and out of the facility.

Patients/designees should be instructed about the facility disaster/emergency plan. Patients/designees should know how to contact their facility during an emergency. Facilities should provide patients/designees with an alternate emergency phone number in case the facility phone is not answered and/or the facility is not functioning during a disaster.

For emergencies occurring in the *<Name of Clinic>* facility, patients should be able to verbalize how they would evacuate the facility, or if unable, how they will be evacuated. The facility should have a system in place to identify patients who will need assistance in disconnection and evacuation during an emergency.

Medical records should include evidence of education in emergency evacuation and emergency preparedness, to include some measure of patient understanding, such as return teaching or demonstration.

413 - EMERGENCY EQUIPMENT

Emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, must be on the premises at all times and immediately available.

Informative Guideline

The emergency equipment, as listed, must be clean, accessible, and ready to use at all times.

“On the premises” and “immediately available” may include the use of an emergency response team.

The response time of personnel and equipment should be demonstrated as being less than 4 minutes.

414 - EMERGENCY PLANS

The facility must have a plan to obtain emergency medical system assistance when needed;

Informative Guideline

All members of the *<Name of Clinic>* staff must be able to demonstrate knowledge of how to obtain emergency medical assistance, e.g., 911 systems or equivalent for the locality.

415 – EVALUATION OF THE FACILITY PLAN

The facility must evaluate at least annually the effectiveness of the emergency and disaster plans and update them as necessary.

Informative Guideline

This annual evaluation process should include review of any medical or non-medical emergencies that have occurred during the year to determine opportunities for improvement, as well as re-evaluation of the plans/procedures for current appropriateness and feasibility.

The facility must **conduct drills** or **mock emergencies at least annually** in order to determine the staff's skill level/educational needs and effectiveness of their plan.

416 – CONTACT YOUR LOCAL EMERGENCY MANAGEMENT AGENCY

The facility must contact their local disaster management agency **at least annually** to ensure that such agency is aware of *<Name of Clinic>* facility needs in the event of an emergency.

Informative Guideline

The facility must contact and develop a communicative relationship with the local disaster management agency. This relationship will help expedite restoration of interrupted services due to an emergency or disaster. There should be some documented evidence of this contact. In order to ensure services will be available in the event of an emergency or disaster, facilities should collaborate with their suppliers, utility service providers, and their State agencies for survey and for emergency preparedness as well as with other clinics.

Part II: Preparedness versus Readiness

It is possible to have a level of preparedness and still not be ready. For example, someone who has a first-aid kit may be prepared, but if they lack the self-confidence to clean and bandage a wound, they are not ready to respond.

Preparedness: Involves two parts: Physical & Mental Preparedness

1. **Physical preparedness.** “Physical” in this sense is not the physical body but rather tangible or real, encompassing activities such as:
 - Increasing security
 - Facility fortification
 - Stockpiling of supplies and equipment
2. **Mental preparedness** is created through:
 - Planning activities
 - Training
 - Drills/exercises
 - Evaluation to identify deficiencies

Goal: Building self-confidence, efficiency, and effectiveness in performing tasks. Physical and mental preparedness practiced regularly lead to READINESS.

Readiness: Being ready to spring in to action should an emergency situation occur involves several things:

1. Self-confidence and knowing that you can do the required tasks correctly.
2. Confidence in others, including coworkers, team members, and patients. Being able to trust them to perform or react correctly.
3. Confidence in the *<Name of Clinic> and its staff*, and being confident that they are ready and able to act.

Goal: Individual readiness and group readiness

To achieve the goals, the following are needed:

- Knowledge that we have prepared.
- Belief that we are ready, exemplified by a “can do” attitude and positive state of mind.

R-E-A-D-Y

Use the acronym “**R-E-A-D-Y**” to coordinate your drills.

R – Rehearse

It is through **rehearsal** and practice that actions become second nature.

E –Exercise

Hold frequent drills and **exercise** activities to fine-tune the emergency and disaster skills of the patients and staff members.

A –Assess

Assess how well your emergency plans address the situation. Are there things you forgot to plan for? Does the plan need to be updated, edited, or enhanced in some way? Assessment is part of the continuous quality improvement (CQI) and Quality Assurance Performance Improvement (QAPI) processes.

D – Develop

Develop your plans realistically and facility-specifically. Conduct a variety of drill scenarios often (recommended quarterly) to allow individuals to mentally rehearse what their actions would be in case of a real situation. Add and perhaps delete actions, supplies, and practices as appropriate to meet the needs. Document your education efforts and also involve the Medical Director in the training. Be sure to educate patients and staff members -including the physicians and non-medical staff members.

Y– Yearly

Yearly (at least) the facility plans should be re-assessed. More frequent assessments are always encouraged.

PART III: Putting It All Together

Staff and Patient Training

All facility personnel and patients should be trained in emergency response.

The facility's emergency plan should include roles and responsibilities for all staff members. All staff should have knowledge of:

- The physical layout of the facility;
- The location of the nearest exit, alternate exit and the direct route to each;
- The location and how to use fire extinguishers;
- The patient evacuation priorities of the facility;
- How to evacuate patients;
- Emergency telephone numbers and procedures;
- How to assume control, maintain calm and prevent panic;
- How to instruct co-workers in their emergency roles;
- The emergency evacuation area location; and
- The utility and water shut-offs.

All patients should be trained in emergency response. Patients want and need to be involved in emergency planning activities.

All patients should have knowledge of:

- Facility exit locations
- The location of the nearest exit, alternate exit and the direct route to each
- Emergency telephone numbers and procedures
- The emergency evacuation area location

Communication must be provided assuring everyone that this is "only a drill", however. If the drill is handled in an educational, calm, and informative manner patients will not be overly concerned or frightened by it.

Medical Directors and Physician Involvement

Physicians play a vital part if/when a real emergency occurs and they need opportunities to practice tasks to be confident in their actions and roles just like anyone else at the facility.

Here are some ideas for physician participation:

1. **Schedule:** Let all of the physicians know in advance when a scheduled emergency drill is being held (in person if possible). Try to hold the drill around their schedules if possible to increase participation.
2. **Meet:** Hold a management meeting with the physicians to discuss:
 - Ordering the evacuation of the facility (circumstances, authority, communication, etc.)
 - Emergency communications (paging MDs, call trees, special codes)
 - Standing orders for emergencies
 - Procedures that are not performed routinely
3. **Review:** SBAR Communication for emergencies. Consider using this strategy as a fast and effective means of getting information shared that your team.
 - S = Situation:** What is going on? Concisely state what the issue is.
 - B = Background:** Give quick background information pertinent to situation.
 - A = Assessment:** What do you think the emergency is?
 - R = Recommendation:** What action/recommendation is needed to correct problem?
4. **Practice:** The following hands-on tasks should be reviewed with the physicians routinely. They should be allowed to practice privately away from the **<Name of Clinic>** staff members and patients.
5. **Policies:** The management team should review emergency policies routinely to identify process issues that need to be updated.

Basic Steps for Drills

An annual review of the *<Name of Clinic>* facility emergency plan is required. Regular disaster drills are encouraged. Be sure every shift has the opportunity to participate. Not all drills should be announced - a surprise drill will help reinforce learning. Regular practice can help to instill an awareness, calmness and preparedness in the minds of all. Emergency drills require planning and organization to ensure the most benefit.

The three essential requirements for conducting a successful drill include:

1. Pre-drill education for all staff and patients. This should be an on-going effort.
2. A step-by-step plan for executing the drill.
3. Post-drill evaluation and recommendations.

The purpose of a drill is to practice skills necessary to ensure the safety of all. Both patients and staff should be included in the drill exercise. The drill in the clinic setting should focus on specific tasks that are not routinely performed but are critical to the safety and evacuation of patients and staff. When designing a drill, pick a disaster that is applicable for your area. Vary the drill by using the “worst-case” and “ideal” scenarios.

Worst-case scenario is the most unpleasant or serious thing that could happen in a situation, where staff would not have time to think it through, but only react. This will require staff to respond quickly, assist and/or verbally instruct patients, and evacuate themselves and patients.

Ideal scenario allows staff to have time to ensure patients are safely informed and evacuated.

Evaluation

The person-in-charge completes a verbal and written evaluation (drill report) following each drill. Group discussions with employees will also be held.

- Items to review include, but are not limited to: not hearing the alarm, fire equipment blocked or unusable, exits and/or hallways blocked, operations hindered, duties not understood or carried out.
- Record staff attendance/participation with a sign in sheet.
- File drill report and attendance record in quality assurance/improvement report log and staff training log.
- Record patient education and participation in the drill in their medical record.
- A deadline for drill make up and/or evaluation of skill performance for absentee staff should be provided.
- The facility should conduct continuous quality improvement (CQI) on drills, including root cause analysis for problem areas.

Practical Tips & Ideas for Drill Activities

Fire
Sudden power outage
Extended power outage
Sudden water loss
Contaminated water supply/chloramines break through
Tornado
Winter Weather events
Sudden flooding
Earthquake
Violent patient, family or staff member
Community Emergency Preparedness

The following ideas can be used at any clinic regardless of its size or staffing patterns to address any possible emergency/disaster scenario.

1. Inform the patients ahead of time that the clinic will be conducting an emergency drill. Giving them notice will help them remain calm and feel ready to practice.
2. If there are several of your clinics nearby, host a Disaster Planning Summit during the evening and train everyone together.
3. Rotate the duty of planning the drills (gets more people involved and keeps it from becoming the same-old- thing).
4. Involve your Medical Director and physicians in emergency drills and training sessions.
5. Mark quarterly drills on the calendar than have the drill(s). Conduct drills on all patient shifts identify issues that may be time specific.
6. Simulate how the clinic would go about placing a PSA on their local TV or radio.
7. Determine who the clinic would contact to provide transportation for a large number of patients.
8. Pick a date and time and see if the facility emergency supplies would accommodate the current census of patients.
9. Ask members of the local fire department/rescue to come to the clinic to “walk through” what would need to happen in order to evacuate the patients.
10. On a Sunday or in the evening, have staff and volunteers pretend to be patients and actually simulate an evacuation and/or triage of multiple wounded individuals.
11. Plan with the local hospital ER ahead of time to simulate the arrival of multiple **<Name of**

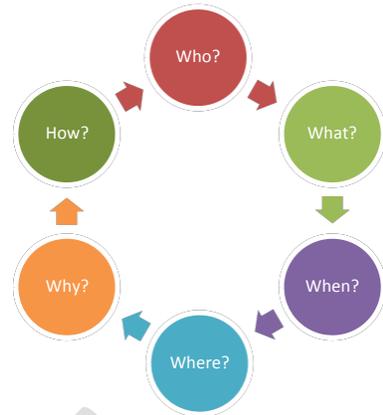
Clinic> patients.

12. Brainstorm with your team about how a community wide disaster might play out and the steps necessary to ensure that your patients had access beyond their local area. What supplies would you need? Where would staff and patients go? How would you notify people? What about transportation, etc.
13. Mix the scenarios in with city or local emergency management drills that are already being done in the area. The more the community learns about the needs of *<Name of Clinic>*, the more various agencies can assist during a real emergency.
14. Participate in state and/or national drills.

SAMPLE

Who-What-When-Where-Why-How

Using this model helps to clarify the actions, roles, and responsibilities of individuals during a disaster drill. It provides a framework to organize a comprehensive drill experience for the participants. Let's look at each element individually.



Who?

Who are the people involved? Is it staff members, patients, both? Are others also involved behind the scenes? What about the Medical Director? Who is ultimately responsible? Who leads and directs the actions of others? Who else may be available to help and lend a hand? Assign staff accordingly.

What?

What needs to happen to keep everyone (patients, staff, and visitors) safe and out of harm's way? What can be done to limit damage to the *<Name of Clinic>* property? What role does each staff member assume? What can patients do to help themselves? What specific action steps need to be taken in each scenario?

When?

Describe the timeline for action steps that have been identified.

Where?

Where is the evacuation meeting point for patients and staff members? Where are the patients to go for back-up treatments? Where are staff to report?

Why?

Knowing why particular actions are taken helps patients and staff to better understand the whole emergency planning process. What is the background information? If possible, share the reasoning behind facility actions, plans, policies, etc.

How?

How are patients to get to the back-up center? Is transportation going to be provided? How will the patients and staff members know if the center is providing services or if they need to go elsewhere? How will communication be taking place – call trees, public service announcements, etc. How can protection be provided?

SAMPLE SCENERIOS

The following tables use the WHO-WHAT-WHEN-WHERE-WHY-HOW model along with the best case/worst case designation to describe possible emergency drill scenarios and actions. Follow your facility's emergency plan, policies, and procedures. The following are suggestions for drills.

<p>FIRE</p> <p>Fires can be small or large; contained or widespread. Smoke inhalation is a major concern as well as potential burns to individuals. Property damage can occur.</p>	<p>Who: Prior to a fire all staff should be taught how to use the fire extinguisher and know the evacuation routes.</p> <p>Assign someone to simulate the call to 911 and be sure it was done.</p>	<p>What: Call 911 Use fire extinguisher Possible evacuation</p>	<p>When: Upon discovery of the fire.</p>	<p>Where: A fire could take place anywhere in or around the facility.</p>	<p>Why: Clinics use a lot of electrical equipment that could catch fire; some patients, visitors, and staff members smoke; nearby homes or businesses may catch fire and spread to the clinic.</p> <p>Swift and decisive actions are needed.</p>	<p>How: Hold fire extinguisher class (the fire department will do this for you sometimes)</p> <p>Have fire safety week at the clinic. Pass out educational materials.</p>
<p>Best Case</p>	<p>Able to put fire out without fire department intervention, no or limited damage, no or minor injuries, evacuation not necessary.</p>					
<p>Worst Case</p>	<p>Evacuation, fire department, injuries, death, property damage or loss.</p>					
<p>Drill Idea</p>	<p>Place a sign (8.5 x11 sheet of paper with a clip art design of a fire or draw it with markers) on an object such as a copy machine, waste basket, etc.</p> <p>When someone discovers the fake “fire” walk through the appropriate actions that should be taken and by whom.</p> <p>Document the participants and scenario on a <u>Disaster Drill</u> sheet.</p> <p>Assess your response to the “fire” and see what went well and what could have been done better, faster, etc. What lessons were learned?</p> <p>Review the drill</p>					

Winter Weather Events	Who: Patients and staff	What: Difficulty getting to or inability to come to the clinic	When: Usually November through March	Where: Rural or urban	Why: Snow, ice, and extreme cold are common in our region.	How: Train patients, new staff members and current staff on how to respond to and plan for winter weather events.
Best Case	Most patients and staff members are able to get to the clinic. Perhaps the clinic will open a little later.					
Worst Case	Patients and staff members are unable to get to the clinic because of ice, heavy snow, etc.					
Drill Idea	<p>On a weekend or evening, plan with your staff members to “try out” your emergency call tree. Check to see that everyone was called. Document your test. If the call tree did not work, revise it now.</p> <p>Discuss with the team how you would notify patients that could not make it in;</p>					

SAMPLE

Earthquake	Who: Everyone can be affected by earthquake.	What: Drop, Cover and Hold On. Drop under a sturdy desk or table, hold onto the desk or table with one hand, and protect the back of the head with the other hand.	When: When you feel the ground moving,	Where: Right where you are.	Why: Items can fall off of shelves or bookcases. Heavy items can fall over or roll. Swift and decisive actions are needed.	How: Protect your head. Hold on.
Best Case	Small tremor. Little or no damage. Minor or no injuries.					
Worst Case	Large tremor. Structural damage to the clinic. Injuries or deaths reported.					
Drill Idea	<p>Look around your area and identify furniture or objects that could pose safety hazards if they fell on staff, patients, or visitors.</p> <p>Take steps to better secure items in your areas for the possibility of an earthquake.</p> <p>Put earthquake information on the clinic’s bulletin boards for staff, patients, and visitors to review. Distribute a one-page educational information sheet to everyone at your unit.</p> <p>Ask the management team within your clinic to simulate an earthquake (after hours). Use your experience to evaluate and update your policies and procedures. Be sure to document this earthquake drill!</p> <p>Review earthquake safety plans with your patients.</p> <p>Have a staff meeting to discuss earthquakes and to plan facility strategies.</p>					

Sudden Flooding	Who: This situation can affect both patients and staff members.	What: The building and/or contents can be damaged by flooding. Staff and patients may not be able to arrive at or leave the clinic.	When: Flooding usually happens in the spring and summer, but can happen in the fall or winter if there is a sudden snow melting.	Where: Sudden flooding can occur in Rural or urban areas.	Why: The ground can become saturated quickly with heavy or prolonged rains or snow melting. Swift and decisive actions are needed.	How: Train patients, new staff members and current staff on how to respond to and plan for flooding events.
Best Case	The drains behind the machines have become clogged causing a small and contained overflow in the clinic. (Be particularly careful and mindful about the potential of shock injuries of staff and patients due to electrical equipment and water.)					
Worst Case	The city or area is flooded including the clinic. Equipment is damaged or lost and the facility has suffered structural damage.					
Drill Idea	Inspect the drains behind the machines to assess water flow Scenario: The river, creek, or lake located nearest the clinic has exceeded its banks due to heavy rainfall. Certain main roads are covered with water and impassable.					

Tornado	Who: Staff, patients, and visitors could be at risk of injury or death.	What:	When: "tornado season" generally is in the spring. Tornadoes are more prevalent from April through July, with May and June being the peak months. But like thunderstorms, tornadoes can form any time of the year.	Where: A tornado can occur in MS. Rural or urban.	Why: Tornado damage can be severe. The entire building or community could be affected. Lives could be lost. Swift and decisive actions are needed.	How: Monitor the weather conditions via a weather radio, radio, TV, etc. Take shelter if necessary. (i.e. Go to a pre-designated shelter area such as a safe room or the lowest building level. Go to the center of an interior room on the lowest level away from corners, windows, doors, and outside walls. Put as many walls as possible between you and the outside. Get under a sturdy table and use your arms to protect your head and neck. Do not open windows.
Best Case	The weather conditions in the area are such that a tornado is possible. The clinic is alert to the weather forecast and is monitoring the situation.					
Worst Case	A tornado is impacting the clinic. Patients, staff, and visitors must be moved to safety. The facility has sustained damage and is unable to perform treatments.					
Drill Idea	<p>Designate a safe area at the clinic in which to take shelter. Review the differences between tornado watches and tornado warnings.</p> <p>Use a tornado preparation Power Point presentation for the employees and doctors at a staff meeting.</p>					

Violence	Who: Staff, patients, and visitors could be at risk of injury or death.	What: Violence could range from unpleasant verbal exchanges all the way to assault with a deadly weapon.	When: A violent incident could occur at any time.	Where: A violent incident could occur anywhere on the facility property.	Why: Any number of reasons could cause a person to have a violent outburst. Sometimes mental illness and/or substance abuse play a role as well.	How: Be aware of disgruntled employees, visitors, or patients. Make every effort to prevent small problems from becoming big ones. Evaluate the security needs of the clinic. (Lighting, locks, restricted entry, etc.)
Best Case	The upset individual leaves the clinic without an incident.					
Worst Case	The patients, staff, and visitors are in harm's way. People could be injured or killed.					
Drill Idea	<p>Brainstorm with your team about how the clinic would react to a violent occurrence in various locations at the facility such as the patient treatment area, office, break area, etc.</p> <p>Provide general workplace security training and instruction including, but not limited to, the following:</p> <ol style="list-style-type: none"> 1. Ways to defuse hostile or threatening situations. Conflict resolution. 2. Dealing with angry, hostile or threatening individuals 3. Awareness of situational indicators that lead to violent acts 4. Evaluate the availability of phones in the clinic to call 911. 5. Measures to summon others for assistance. 6. Worker routes of escape. 7. Proper work practices for specific workplace activities, such as special events, working late/weekends 8. Self-protection <p>Conduct and evaluate patient satisfaction monitoring activities.</p> <p>Track and trend any and all workplace violence incidents.</p> <p>Hold a staff meeting to explore the security needs of the clinic.</p> <p>Involve your team in discussing possible violent behavior situations and formulating an action plan.</p> <p>Review the clinic's internal grievance policy. The internal grievance process needs to include a procedure for submission of grievances; timeframes for reviewing the grievance, and a description of how the patient will be informed of the steps taken to resolve the issue.</p> <p>The facility also needs to establish a procedure for informing patients about seeking external help to resolve grievances that cannot be resolved internally, or if patients are not comfortable using the internal process.</p>					

Community Emergency Preparedness Activities	Who: Every clinic is encouraged to be involved with their local emergency planning activities.	What: Be as involved as possible.	When: As often as possible.	Where: Volunteer to host an activity if possible. Go to other community events.	Why: Involvement provides the clinic with needed information and the emergency management agency with realistic information about the needs of the clinic's community.	How: Contact your local emergency management agency and ask about opportunities to be involved with community exercises.
Best Case	The local community will understand the needs of the clinic and be ready and able to respond to them should an emergency or disaster occur.					
Worst Case	The community will at least have some understanding of the needs of the clinic's population.					
Drill Idea	Contact your local emergency management agency and offer to host a community drill. Invite your fire department to come and talk with your team about evacuation plans for your unit.					

SAMM

PART IV: Training & Evaluation Tools

Emergency Drill Assessment Report

Date: _____ Time: _____ Shift: _____

Type of Drill (check): Fire ___ Tornado ___ Severe Storm ___ Winter Storm ___ Flood ___ Earthquake ___ Other ___

Scenario: _____

Staff Participating: _____

What was done well? _____

What could have done better? _____

Lessons Learned: _____

Discussed in CQI and/or QAPI meeting: Date: _____ Comments: _____

If an evacuation drill was conducted, complete this section:

Time evacuation started: _____

Time all patients and staff were at the meeting point: _____

Lessons learned from the evacuation drill: _____

Emergency/disaster preparation requirements:

Are **facility plans in place** covering common disaster/emergencies within and around the clinic area?

(Circle one) Yes No If no, why not? _____

Has the **clinic contacted the local Emergency Management Agency** this year? Is it documented?

(Circle one) Yes No If no, why not? _____

Are all **staff members trained** on the clinic Emergency/Disaster plan? Is it documented?

(Circle one) Yes No If no, why not? _____

Are all **patients trained** on the clinic Emergency/Disaster plan? Is it documented?

(Circle one) Yes No If no, why not? _____

Have the **Emergency/Disaster Preparation Plans been reviewed** by the management team or edited for this year? Is it documented?

(Circle one) Yes No If no, why not? _____



PATIENT DISASTER DRILL QUESTIONNAIRE

This draft document can help you develop a patient questionnaire to test the effectiveness of your patient education program relating to disaster preparedness.

Feel free to use these questions or develop your own facility-specific questions to address what your patients need to know in an emergency situation.

This form is designed so it can be filed out anonymously by the patient or with the help of a staff member.

Areas where the patient answers “no” demonstrate areas where more patient education is needed.

SAMPLE



PATIENT DISASTER DRILL QUESTIONNAIRE	PATIENT ANSWERS	
On a scale of 1 to 5 (1= not ready, 5= very ready) do you think you are ready for a disaster?	1 2 3 4 5	
Has the facility told you what to do in case there is a disaster (such as hurricane, tornado, flood, or earthquake)?	Yes	No
Have the nurses talked to you about possible schedule changes in case there is a disaster?	Yes	No
Do you have an emergency/disaster kit at home?	Yes	No
Can you describe what is in the kit?	Yes	No
Do you have a supply of medications to use in emergencies?	Yes	No
If you had to evacuate, do you know where you would you go?	Yes	No
Do you need transportation assistance to evacuate?	Yes	No
Are you pre-registered for a special needs shelter and/or transportation in case of an emergency?	Yes	No
Do you have pets? <i>If yes, can you describe the disaster plan for your pet?</i>	Yes	No
Do you have a way to get to treatment if the transportation you regularly use isn't available?	Yes	No
Has your clinic given you phone numbers so that you can contact someone to set-up treatment after a disaster? How would you schedule treatment?	Yes	No

Date _____

Name of person filling out this form _____

EMERGENCY!

Patient Disaster Drill Notification

Date: _____

Shift (circle): Mon Wed Fri Tues Thurs Sat Time (circle): AM PM Evening

Type of Drill (circle): Fire Tornado Power Outage Other: _____

Dear Patient,

Today we are having a scheduled **emergency drill** at **<Name of Clinic>**. **This is only a test of our emergency preparations** and not a real emergency.

By having emergency drills we all become more calm and confident in handling any emergency that could occur.

You will see staff members, patients, and possibly visitors pretending to take actions and hear them discussing how they would handle the situation. Please “play along” if possible and think about what you would do if it were real.

If you have any questions, please talk to _____.

Thank you,

Emergency Management
Administrator



Earthquake



Fire



Snow



Flood



Severe Rain



Tornado

SAMPLE