

**\*\* PLEASE COMPLETE ELECTRONICALLY \*\***

DATE:

SITE NAME:

STREET ADDRESS:

CITY/TOWN:

SUITE #:

PRIMARY POINT OF CONTACT:

NAME:

TITLE:

PHONE:

E-MAIL:

**KNOWLEDGE REVIEW:** On what DATE was your Emergency Plan was last updated?:

1. For medical or law enforcement emergencies, what is the first number to call?  
For a facility emergency, such as the loss of power or a water leak, what numbers should you call?
2. Where are the Safety Data Sheets (SDS) for the unit kept?

Where are alternative (backup) locations for Safety Data Sheets (SDS)?

- |   |                  |
|---|------------------|
| a.) A binder that is located offsite.     | c.) Security     |
| b.) Environmental Health & Safety website | d.) Both A and B |

3. Who should your unit call first if you need to curtail services?

- |  |                              |
|--|------------------------------|
| a.) Clinical Director of Ambulatory Care | c.) Local Municipality       |
| b.) Help Desk                            | d.) County Health Department |

4. What number do you call in the event of the loss of phone, internet or network service?

5. In the event of an active assailant, what are your three guiding principles?

R =

H =

F =

6. Does your unit conduct any invasive or sedative procedures that would place the patient at high risk in the event of a utility loss (power, water, data, HVAC)? If yes, please describe:

7. What is your plan for the immediate safe cessation of any clinical procedure? General patient evacuation?

8. Does your unit have any high valued equipment that is subject to damage in the event of a utility loss?

9. What is your average daily patient volume?

10. Where does a printed copy of your site-specific Emergency Plan reside within the unit?

11. Is your site-specific Emergency Plan located in PolicyStat? Yes No What CEMP Policy #?

12. List the Top 5 natural or man-made hazards specific to your facility:

**DRILL ACTIONS:**

What was the scenario (threat, hazard, consequence) that you used for the disaster drill? (*CANNOT be a fire.*)

Briefly summarize what actions were taken to address the situation presented:

Was this scenario covered adequately in the Emergency Plan? Yes No

Was everyone competent in the Plan's contents? Yes No

Was your staff emergency contact directory up to date? Yes No

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**AFTER ACTION REVIEW:**

List 3 things that went WELL during the drill:

1.

2.

3.

List 3 things CHALLENGES that were encountered during the drill:

1.

2.

3.

What are some things that can be done to IMPROVE your emergency plan and actions? (minimum 3)

