

This instrument is designed to assess the emergency response capabilities required to respond to a **Hospital Evacuation exercise**.

To create this type of tool and customize it to your own exercise objective, you can use our Exercise Evaluation Database Tool by visiting: <http://www.lampsdatabase.com/>

Observed Agency/Entity Name: \_\_\_\_\_

For the evaluator, please answer the following questions about **your** training or experience:

1. Length of time you have been involved directly or indirectly in emergency preparedness activities? \_\_\_\_\_
2. Number of public health or emergency preparedness trainings you attended in the past year: \_\_\_\_\_
3. Have you been formally trained in the incident command system (ICS)? ☐ Yes ☐ No
4. Did you attend a training/exercise in the past year on:
  - Evacuation ☐ Yes ☐ No
  - Communications ☐ Yes ☐ No
  - Resource Management ☐ Yes ☐ No

Number of emergency response exercises (tabletops, functional or full-scale) attended in past three years: \_\_\_\_\_

Using a scale ranging from 1 (little or no expertise) to 5 (excellent expertise), do you feel that the **participants** (either directly observed or called during the exercise) from the agency you evaluated were able to adequately represent their facility's expertise in:

Area of Expertise	Score				
Representation of senior management perspective and decision making	1	2	3	4	5
Knowledge of entity resources and capabilities	1	2	3	4	5
Specialty expertise within the agency (facility engineers, etc.)	1	2	3	4	5
Knowledge of existing emergency plans and procedures	1	2	3	4	5
Contacts and interpersonal relationships to others outside of the agency	1	2	3	4	5
Information management	1	2	3	4	5
Personnel resource management	1	2	3	4	5
Non-personnel resource management	1	2	3	4	5

# 1. Demonstrate ability to receive and act on initial incident information

Response Element	Checklist of Actions (check all boxes and fill in spaces as appropriate)		Specific Data for exercise (Additional information specific to the exercise is listed in this column)	Overall performance (1 = Unsatisfactory performance, 5 = Good performance, 10 = Excellent performance)
Initial assessment of <b>significance and impact</b> of the incident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed significance of information Made initial assessment of immediate and potential future impact on the entity you are observing	Prompt: Ask how they determined how significant they believed the information was	1 2 3 4 5 6 7 8 9 10
Integration of ICS of hospital with <b>ICS of first responders and other response partners</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed/identified clear roles and responsibilities within hospital and first responders' ICS Described/identified system in place to coordinate the responses between the hospital and first responders and other response partners Discussed/identified a system to implement and coordinate effective and reliable interoperable communications between EMS, IC, public health and healthcare facilities Discussed/identified transition to unified command (or how this would occur)	<b>Who is the IC at your hospital during an evacuation?</b> _____ <b>Who will draft the incident action plan?</b> _____ <b>List any best practice observed:</b> _____ _____ _____ _____ _____	1 2 3 4 5 6 7 8 9 10
<b>Decision to evacuate</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed/identified clear trigger(s) for decision to evacuate Discussed/identified who would make decision ( <b>Specify:</b> _____) Discussed/identified risks involved in the decision to evacuate Discussed/identified timeframe for evacuation Discussed/identified the potential need to phase the execution of evacuations and had ability to adjust to changing conditions	<b>Identify trigger for decision to evacuate:</b> _____ _____ _____ <b>Time decision was made to evacuate:</b> _____ <b>Estimate time it would take to evacuate the facility:</b> _____ <b>Identify any issues that came up:</b> _____ _____	1 2 3 4 5 6 7 8 9 10

			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
			<b>Identify types/level of evacuation that were discussed:</b>	
Initial <b>internal</b> dissemination of information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed how and who would develop information Discussed how information would be disseminated to appropriate internal parties per existing protocols or procedures	<b>Identify who would be responsible for developing message:</b> <hr/>	1 2 3 4 5 6 7 8 9 10
Initial <b>external</b> dissemination of information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified appropriate key external stakeholders/ partners for information dissemination Discussed how and what information would be disseminated to appropriate external stakeholders/ partners per existing protocols or procedures Discussed mechanism in place to provide feedback and/or follow-up information, if needed	<b>List how message would be disseminated to external partners:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Prompt: If not observed, ask how information would be developed and disseminated to external partners	1 2 3 4 5 6 7 8 9 10

**Please fill out the following section:**

1. What successes and challenges did you observe in the ability to assess initial information and obtain additional critical information, to delineate clear triggers for decision to evacuate and then to disseminate this information internally and to identify how the ICS within the hospital is integrated with ICS of first responders and other response partners? **(please describe 3 successes and 3 challenges)**

---

---

---

---

---

---

---

---

---

---

2. What actions or changes do you think could be taken to enhance the ability to assess and obtain any additional information, to define clear triggers for decision to evacuate and then to disseminate this information internally, and to better enhance the coordination of the ICS of the hospital with first responders and other response partners?: **(please describe 3 actions or changes)**

---

---

---

---

---

---

---

---

Notes:

---

---

---

---

---

---

---

---

**2. Demonstrate ability to assess and identify strategies for information flow, coordinating messages and communicating with patient's families and the public**

Response Element	Checklist of Actions (check all boxes and fill in spaces as appropriate)		Specific Data for exercise (Additional information specific to the exercise is listed in this column)	Overall performance (1 = Unsatisfactory performance, 5 = Good performance, 10 = Excellent performance)
Identification or assessment of <b>flow of information to leadership</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed <u>how and from whom</u> information would be obtained Discussed <u>what</u> information should be relayed to EOC/UC Discussed <u>how</u> information would be relayed to EOC/UC	<b>Specify from whom and how information would be relayed:</b> _____ _____ _____	1 2 3 4 5 6 7 8 9 10
Coordination and maintenance of <b>information sharing across responding agencies</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified relevant agencies, entities and officials to be included in the information sharing framework Identified an effective and technologically sufficient process for sharing information Discussed/identified how to ensure information is verified, accurate and up-to-date Discussed/identified how to maintained a common operating picture for real time information sharing with all participating agencies at all levels to ensure all entities are working from the same information Discussed/identified how to establish a schedule or procedure for obtaining updates from participating agencies Identified a template to use to obtain relevant information from all entities	<b>List who they included in their information sharing:</b> _____ _____ _____ _____  <b>If a template was used, please obtain a copy of it.</b>	1 2 3 4 5 6 7 8 9 10
<b>Activation of JIC</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed/stated clear triggers for activation of JIC Discussed/stated how PIO and other appropriate staff are assigned and briefed Discussed/stated how partner agencies would be notified of activation of JIC	<b>What was the trigger for activation of JIC:</b> _____  <b>Who was/would be the spokesperson?</b> _____	1 2 3 4 5 6 7 8 9 10
<b>Coordination and release of information and</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed/identified use of established common response communications language (i.e., plain English) to ensure information dissemination is timely, clear, acknowledged, and		1 2 3 4 5 6 7 8 9 10

messages through the JIC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	understood by all receivers Discussed/stated how to provide one central contact for the media Discussed/identified how to ensure consistent and coordinated messages are released through the JIC or other appropriate entity Discussed/identified how to implement routing and approval protocols for the release of information		
Identification of strategies to <b>communicate with patient's families and the public</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified the dominant languages of patients Discussed strategies to communicate with patient's families Discussed strategies to communicate with the general public Discussed outreach to appropriate community groups to reach vulnerable populations	<b>List any best practices observed:</b> <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
<b>Monitor media coverage</b> and track public inquiries	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed how media coverage of event would be monitored to ensure that information is accurately relayed to the public Discussed how to track media contacts and public inquiries, listing contact, date, time, query, and outcome Discussed ways to monitor information to identify potential misconceptions or information gaps	<b>How did they track media contacts and public inquiries?</b> <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10

**Please fill out the following section:**

1. What successes and challenges did you observe in the ability to assess and identify strategies for information flow, coordinating consistent messaging during the event, and communicating with patient's families and the public: **(please describe 3 successes and 3 challenges)**

---

---

---

---

---

---

---

---

---

---

---

---

2. What actions or changes do you think could be taken to enhance the ability to assess and identify strategies for information flow, coordinating consistent messaging during the event and communicating with patient's families and the public: **(please describe 3 actions or changes)**

---

---

---

---

---

---

---

---

---

---

---

---

Notes:

---

---

---

---

---

---

---

---

### 3. Demonstrate ability to meet and respond to evacuation needs

Response Element	Checklist of Actions (check all boxes and fill in spaces as appropriate)		Specific Data for exercise (Additional information specific to the exercise is listed in this column)	Overall performance (1 = Unsatisfactory performance, 5 = Good performance, 10 = Excellent performance))
Notification to <b>hospital staff</b> of decision to evacuate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified how decision to evacuate would be disseminated to staff Identified back-up methods to communicate with staff Discussed/identified how to ensure confirmation of evacuation order was received throughout the facility	<b>List how message to evacuate would be communicated within the entity you observed:</b> _____	1 2 3 4 5 6 7 8 9 10
Notification to <b>first responders and key stakeholders</b> of decision to evacuate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified all key stakeholders across all disciplines Identified how decision to evacuate would be disseminated to first responders and other key stakeholders Identified back-up method to communicate with first responders and key stakeholders	<b>What key stakeholders would you notify during an evacuation?</b> _____ _____ _____	1 2 3 4 5 6 7 8 9 10
Implementation of <b>triage strategy</b> to evacuate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Implemented triage strategy to determine movement priority Triage strategy included medical condition of patient and location of patient within facility Discussed/identified how patients in immediate danger were/would be moved from damaged area(s) Identified useable space for emergent patient needs	<b>List major issues that occurred in triaging patients:</b> _____ _____ _____ <b>List triage strategies that were used or discussed:</b> _____ _____ _____	1 2 3 4 5 6 7 8 9 10
<b>Movement of patients</b> during evacuation (within the hospital)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed/identified how patients would be evacuated (i.e. walking, moving patient in bed, wheelchair, gurney, evacuation slide or blanket, etc.) Discussed/identified plan for what needs to move with the patient (i.e. medical records, medicines, equipment, personal belongings)	<b>What is the number of patients that would need to be evacuated?</b> _____ <b>Identify any limitation in resources needed for patient movement:</b>	1 2 3 4 5 6 7 8 9 10



	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed/identified who is responsible for physical movement of patients ( <b>Specify:</b> _____) Identified evacuation route to be used within hospital Used pre-identified evacuee collections points and staging areas Established process for identifying those who do not assemble in the pre-identified collection points and/or staging areas. Discussed/identified how to provide on-going assessment and treatment of patients while en route within facility	_____ _____ _____ <b>Identify how patient needs were met during evacuation including the use of crisis standards of care:</b> _____ _____ <b>Identify any barriers that impeded patient movement:</b> _____ _____ _____	
<b>Patient destination</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed how decision was made as to where a patient goes (i.e. mutual aid agreements, closest geographically, EMS system, website, etc) Specify: _____ Had clear mechanism to identify and communicate to appropriate staff, destinations for patient(s) being transferred Discussed clear protocol for resolving interagency issues	<b>Who/what group determined where a patient is transferred?</b> _____	1 2 3 4 5 6 7 8 9 10
<b>Management of patient transfers</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Had a clear understanding of who is authorized to make a request for patient transfers Had clear procedure/protocol to identify which patients should be transferred Had clear mechanism to prioritize which patients should be transferred Had clear mechanism to identify the level of hospital care required for patients(s) being transferred	<b>List who is authorized to make requests for patient transfers:</b> _____ <b>List how patient transfers were prioritized:</b> _____ _____ _____	1 2 3 4 5 6 7 8 9 10
<b>Patient transport</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed/stated how transportation needs were identified (i.e. vehicles needed, medical personnel needed during transport, processing of patients, etc) and communicated to appropriate personnel Discussed/identified how patients were moved from one facility to another (i.e. ambulances, public safety vehicles, public buses, wheelchair vans, personal cars, etc) Discussed/identified how staff coordinated transport with EMS	<b>List estimates of the number of patients that would be evacuated by various means (please account for all patients within your hospital):</b> <b>Ambulances:</b> _____ <b>Public safety vehicles:</b> _____ <b>Public buses:</b> _____ <b>Wheelchair vans:</b> _____	1 2 3 4 5 6 7 8 9 10

			<b>Personal cars:</b> _____ <b>Other: (list)</b> _____ <b>Identify transportation impediments to the evacuation of patients to other facilities:</b> _____ _____ _____	
<b>Patient tracking</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed/identified how patients were tracked during evacuation (i.e. initiated a patient tracking system) Identified who is responsible for patient tracking ( <b>Specify:</b> _____)	<b>State how patients were tracked during the evacuation:</b> _____ _____ _____	1 2 3 4 5 6 7 8 9 10
Management of populations requiring <b>additional assistance</b> during evacuation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified populations needing special assistance Discussed how populations needing additional assistance would be evacuated (such as procedures for transporting immobilized individuals and others needing special assistance)	<b>Identify best practices for management of populations requiring special assistance:</b> _____ _____ _____	1 2 3 4 5 6 7 8 9 10
Identify specific personnel and non-personnel <b>resources needed to support response</b> logistics	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified or estimated personnel resources needed in response Identified or estimated non-personnel resources needed in response Identified how and to whom resource needs necessary to support response would be communicated Able to prioritize resource needs efficiently	<b>Describe how resources needs would be identified and communicated within the system:</b> _____ _____ _____	1 2 3 4 5 6 7 8 9 10
<b>Resource management</b> to support the response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Clear triggers exist for when to request resources from outside entity Discussed/identified how to implement process to order, track, assign, and incorporate resources into the response Discussed/identified how to request additional resources through mutual aid agreements or other means Discussed/identified plan for maintaining an internal record of all requests for assistance Discussed/identified specific responsibilities, lines of authority, and means of coordination of resource management plan Entity had a comprehensive and logical approach to managing the identification, acquisition, and distribution of necessary resources	<b>If entity used a checklist of actions or decision worksheet that could be updated throughout the exercise, please attach to evaluation.</b>	1 2 3 4 5 6 7 8 9 10

Coordination and <b>integration of response partners</b> to support the response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed/identified how resource requests would be acknowledged and coordinated with response partners Discussed/identified how resource requests would be prioritized within system Discussed/identified how to integrate response partners into the response		1 2 3 4 5 6 7 8 9 10
Management of <b>safety issues</b> during the response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed how building would be secured Discussed how internal safety and security would be established Discussed how to control assess and movement between and within facility/facilities Discussed/identified safety personnel needs Discussed/stated how safety needs would be coordinated with other responding agencies Discussed/identified how to ensure accurate and timely dissemination of protective action messages to emergency personnel and the general public		1 2 3 4 5 6 7 8 9 10

**Please fill out the following section:**

1. What successes and challenges did you observe in the ability to meet and respond to evacuation needs: **(please describe 3 successes and 3 challenges)**

---

---

---

---

---

---

---

---

---

---

---

---

2. What actions or changes do you think could be taken to enhance the ability to meet and respond to evacuation needs: **(please describe 3 actions or changes)**

---

---

---

---

---

---

---

---

---

---

Notes:

---

---

---

---

---

---

#### 4. Demonstrate ability to recover from the incident

Response Element	Checklist of Actions (check all boxes and fill in spaces as appropriate)		Specific Data for exercise (Additional information specific to the exercise is listed in this column)	Overall performance (1 = Unsatisfactory performance, 5 = Good performance, 10 = Excellent performance)
Planning for recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Initiated recovery planning well before incident response terminated Dedicated appropriate personnel resources to recovery planning Discussed operational objectives	<b>Identify who is in charge of the recovery phase:</b> _____	1 2 3 4 5 6 7 8 9 10
Implementation of recovery plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Recovery plan implemented at the appropriate time Identified essential functions that must be in place prior to restoration of operations Dedicated sufficient personnel and resources to recovery efforts	<b>Who has the authority to reopen the facility:</b> _____ <b>What is the process involved in reopening the facility:</b> _____ _____ <b>How will an appraisal of the capacity of the hospital be accomplished:</b> _____ _____ <b>What resources are needed for re-entry efforts:</b> _____ _____ <b>How will entity communicate with staff and how will they be notified of reopening:</b> _____ _____	1 2 3 4 5 6 7 8 9 10

**Please fill out the following section:**

1. What successes and challenges did you observe in the ability to recover from the incident: **(please describe 3 successes and 3 challenges)**

---

---

---

---

---

---

---

---

---

---

2. What actions or changes do you think could be taken to enhance the ability to recover from the incident: **(please describe 3 actions or changes)**

---

---

---

---

---

---

---

---

---

---

Notes:

---

---

---

---

---

---

---

---

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.