Modules and Addenda

Hospital Disaster Drill Evaluation
Pre-drill Module
Note: *Circle* or *check* (✔) as indicated. NA=Not applicable

1. Background Information

1.a	Name of person completing module: _____

Title: | Office phone:
_____ | _____

Hospital: | Cell phone:
_____ | _____

Room number: | E-mail:
_____ | _____

Street address: | FAX:
_____ | _____

City and state: | Pager:
_____ | _____

Best method of contact during the drill. **(Check one.)**

○ Cell phone   ○ E-mail   ○ FAX   ○ Office phone   ○ Pager

1.b	What will the disaster scenario include? **(Check all that apply.)**

☐ Biological agent   ☐ Chemical agent

☐ Fire   ☐ Incendiary device/explosive

☐ Natural disaster (e.g., earthquake)   ☐ Radiological agent

☐ Structural collapse   ☐ Transportation accident

☐ Internal hospital system failure (specify): _____

☐ Other (specify): _____

1.c	Will the drill include decontamination? Y / N / U

2. Level and Scope of the Hospital Drill Activity

2.a	What type of disaster drill is your hospital performing? **(Check one.)**

☐ Operationalized drill

☐ Tabletop Exercise

☐ Computer Simulation

☐ Other (specify): _____

2.b. What is your main overall goal for the disaster drill? **(Please limit to one sentence and include previous after-action items as appropriate.)**

2.c	What are the specific objectives for the disaster drill? **(Please limit to one sentence each.)**
	a.
	b.
	c.
	d.

3. Drill Activity

3.a.	How will the notification to initiate the drill occur? **(Check all that apply.)**
	☐ By another hospital ☐ By first victim arrival
	☐ By health department ☐ By government agency (e.g., federal or state emergency agency)
	☐ EMS dispatch center
	☐ Other (specify): _____

3.b	Which hospital personnel (not including victims or observers) from the following staff groups will actively participate in the drill activities? **(Check all that apply.)**
	☐ Administration ☐ Central supply ☐ EMS/patient transport service
	☐ Engineering and physical plant ☐ Infection control ☐ Intensive care unit
	☐ Laboratory ☐ Medical staff ☐ Nursing
	☐ Occupational health ☐ Pharmacy ☐ Public affairs
	☐ Radiation safety ☐ Safety ☐ Security
	☐ Social work ☐ Emergency department ☐ Medicine department
	☐ Pediatrics department ☐ Psychiatry department ☐ Radiology department
	☐ Surgery department ☐ Hospital-wide
	☐ Other (specify): _____
	☐ Other (specify): _____

3.c	What levels of activity will be included in the drill? **(Check all that apply.)**
	□ Materials and supplies received
	□ Triage of victims
	□ Simulated clinical procedures performed
	□ Victim decontamination
	□ Victim transport in the emergency department only
	□ Victim transport throughout hospital
	□ Other (specify): _____

3.d	What other organizations/agencies will be involved in the drill? **(Check all that apply.)**	
	□ Ambulance system	□ Hospital/health systems(s) (specify): _____
	□ Fire	□ City/local agency(ies) (specify): _____
	□ Media	□ State agency(ies) (specify): _____
	□ Police	□ Federal agency(ies) (specify): _____
		□ Military (specify): _____
		□ Other (specify): _____

4. Incident Command

4.a	Will there be an incident command center? **(Check one.)**
	□ Yes If yes, where is its location? _____
	□ No

5. Communications

5.a	What methods will personnel use to communicate during the drill? **(Check all that apply.)**		
	□ 2-way radio/phone(s)	□ E-mail/Internet/network	□ Emergency radio
	□ FAX machine(s)	□ Intercom	□ Landline phone(s)
	□ Megaphone(s)	□ Numeric paging	□ Overhead paging
	□ PDA(s)	□ Runner(s)	□ Satellite phone(s)
	□ Text paging	□ Wireless/cell phone(s)	□ Ham radio
	□ Other (specify): _____		

6. Evaluation

6.a	Which aspects do you plan to evaluate during the disaster drill? **(Check all that apply.)**

☐ Decontamination   ☐ Incident command

☐ Treatment   ☐ Triage

☐ Biological illness exposure   ☐ Chemical exposure

☐ Communication and information flow   ☐ Equipment and supplies

☐ Facility engineering   ☐ Patient documentation and tracking

☐ Patient flow   ☐ Personal protective equipment (PPE) use

☐ Radiation exposure   ☐ Rotation of staff

☐ Security   ☐ Staffing

☐ Surge capacity   ☐ Time points

☐ Zone disruption   ☐ Zone operations

☐ Other (specify): _____

6.b	Name of lead person, if different than 1.a, planning to conduct the debriefing session:

_____

Title: Office phone:

_____   _____

Hospital: Cell phone:

_____   _____

Room number: E-mail:

_____   _____

Street address: FAX:

_____   _____

City and state: Pager:

_____   _____

Best method of contact during the drill. **(Check one.)**

☐ Cell phone   ☐ E-mail   ☐ FAX ☐ Office phone ☐ Pager

END OF PRE-DRILL MODULE

Hospital Disaster Drill Evaluation
Incident Command Center Zone Module
Note: *Circle* or *check* (✔) as indicated. Y=Yes; N=No; U=Unclear; NA=Not applicable

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Observer: _____   Date: ____/____/_____

Observer title: _____

Hospital: _____

Period of time of evaluation: _____ AM/PM **(Circle one.)** to _____ AM/PM **(Circle one.)**

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1. Time Points

☛ 1a. **Did the drill start on time?**	Y / N / U
Comments:	

1b. Time the drill began: **(Circle one.)**	_____ AM / PM / U

1c. Time the hospital disaster plan was initiated in this zone: **(Circle one.)**	_____ AM / PM / U / Not initiated

2. Personnel

☛ 2a. **Was an incident command system established?**	Y / N / U
Comments:	

2b. How many minutes after the drill activities in this zone commenced did the incident commander assume command of the zone? **(Check one.)**

☐ <10 min	☐ 10 - 29 min	☐ 30 - 59 min
☐ 1 - 2 hrs	☐ >2 hrs	☐○ NA
☐ No one took charge.		

2c. Were the following drill participants identifiable?

a. Incident Commander	Y / N / U / NA	b. Incident Command Personnel	Y / N / U / NA
c. Drill Evaluators	Y / N / U / NA	d. Drill Organizers	Y / N / U / NA
e. Security	Y / N / U / NA		

Was someone fulfilling the functions of the following roles (within the incident command center or elsewhere) or reporting to the incident command center?

➜ **If no one fulfilled a specified function, circle "N" in column "A" and go to the next row**.

	A. Function filled	B. Comments
2d. Incident Commander	Y / N / U / NA	
2e. Logistics Chief (oversees facilities, communications, patient transportation, and supplies)	Y / N / U / NA	
2f. Planning Chief (oversees staffing)	Y / N / U / NA	
2g. Operations Chief (oversees patient care, ancillary services, and staff support)	Y / N / U / NA	
2h. Other (specify): _____	Y / N / U / NA	

3. Zone Operations

☛ **3a. Did the incident command center function efficiently?**　　Y / N / U

Comments:

3b. Was the hospital disaster plan followed?　　　　　　　　Y / N / U / Partially / No plan

3c. If not followed, what were the reason(s)? **(Check all that apply.)**

　　a. □ Not available　　　　　b. □ Too complex

　　c. □ Not relevant to drill　　　d. □ Participants unfamiliar with plan

　　e. □ Too hard to access　　　f. □ Other (specify): _____

3d. If the hospital disaster plan was available, what was its format? **(Check all that apply.)**

　　a. □ Complete manual　　　b. □ Flow diagram　　　c. □ Job action sheets

　　d. □ No disaster plan　　　e. □ Other (specify): _____

4. Communications

☛ **4a. Were communications effective?**　　Y / N / U

Comments:			

Were the following communications devices used in the drill for internal or external communications? **(Check all that apply.)**

	A. Internal	B. External	C. Comments (Note strengths and weaknesses.)
4b. 2-way radio/phone(s)	☐	☐	
4c. Landline phone(s)	☐	☐	
4d. Wireless/cell phone(s)	☐	☐	
4e. Personal data assistant(s) (PDA)	☐	☐	
4f. Numeric paging	☐	☐	
4g. Overhead paging	☐	☐	
4h. Text paging	☐	☐	
4i. E-mail/Internet access/network	☐	☐	
4j. FAX machine(s)	☐	☐	
4k. Intercom	☐	☐	
4l. Megaphone(s)	☐	☐	
4m. Runner(s)	☐	☐	
4n. Satellite phone(s)	☐	☐	
4o. HAM Radio	☐	☐	
4p. Emergency radio	☐	☐	

4q. How was incoming information to the zone recorded? **(Check all that apply.)**

   a. ☐ Computer (or other electronic device)   b. ☐ Notepaper

   c. ☐ Posted paper   d. ☐ White board/chalk board

   e. ☐ Not recorded   f. ☐ Other (specify): _____

5. Information Flow

☛ **5a. Was necessary information received?** Y / N / U

Comments:

5b. Did the incident command center receive timely updates regarding the total number of expected victims? Y / N / U

5c. Were problems created by delays in receiving information? Y / N / U

➜ **If problems were created by delays in information, specify in comment box at end of this module.**

6. Security

☛ **6a. Were entrances and exits strictly controlled in this area?** Y / N / U

Comments:

7. Rotation of Staff

☛ **7a. Were incoming staff updated?** Y / N / U

Comments: (If comment refers to a specific item, give the item number):

END OF INCIDENT COMMAND CENTER ZONE MODULE

Hospital Disaster Drill Evaluation
Decontamination Zone Module
Note: *Circle* or *check* (✔) as indicated. Y=Yes; N=No; U=Unclear; NA=Not applicable

Observer: _____   Date: ____/____/_____

Observer title: _____

Hospital: _____

Period of time of evaluation: _____ AM / PM **(Circle one.)** to _____ AM / PM **(Circle one.)**

1. Time Points:

☛ 1a. **Did the drill start on time?**   Y / N / U

Comments:

1b. Time the drill began: **(Circle one.)** _____ AM / PM / U

1c. Time this zone was ready to accept victims: **(Circle one.)** _____AM / PM / U

2. Zone Description:

☛ **2a. Were the zone boundaries clearly defined?**   Y / N / U

Comments:

2b. How was the boundary for this zone defined? **(Check all that apply.)**

a. ☐ Barricade(s)	b. ☐ Sign(s)	c. ☐ Tape
d. ☐ Wall(s)	e. ☐ No boundary	f. ☐ Other (specify): _____

3. Personnel:

☛ **3a. Did someone assume command of this zone?**   Y / N / U

Comments:

3b. How many minutes after the drill activities in this zone commenced did someone assume command of the zone? **(Check one.)**

☐ <10 min	☐ 10 - 29 min	☐ 30 - 59 min
☐ 1 - 2 hrs	☐ >2 hrs	☐ NA
☐ No one took charge.		

4. Zone Operations:

☞ **4a. Did the decontamination area operations function efficiently?**   Y / N / U

Comments:

4b. Was the decontamination zone set up prior to arrival of first victim?   Y / N / U

4c. Were there problems with decontamination of non-ambulatory victims?

    ☐ Yes   ☐ No   ☐ No non-ambulatory victims   ☐ Unclear

4d. Were victims' clothing and personal belongings removed during decontamination?   Y / N / U

4e. Were victims' clothing and personal belongings marked as hazardous and secured?   Y / N / U

4f. Mechanism of decontamination? **(Check all that apply and estimate the number.)**

    a. ☐ EMS or fire department vehicles with hoses (number: _____)

    b. ☐ Permanent overhead showers/sprinklers (number: _____)

    c. ☐ Temporary decontamination tent(s) (number: _____)

    d. ☐ Indoor decontamination facilities (number: _____)

    e. ☐ Other (specify): _____

4g. Was medical oversight of victims maintained through the decontamination process?   Y / N / U

4h. Did a bottleneck develop in this zone?   Y / N / U

    ➡ **If a bottleneck did develop, describe in the comment box at the end of this module.**

5. Victim Documentation and Tracking:

☞ **5a. Were all incoming victims registered and given a unique identification
    or medical record number?**   Y / N / U

Comments:

5b. When were incoming victims registered and given a unique identification or medical record
  number? **(Check one.)**

    ☐ Before entering this zone   ☐ On entering this zone

    ☐ Not while in this zone   ☐ Unclear

6. Communications:

	A. Used	B. Comments (Note strengths and weaknesses.)
☛ **6a. Were communications effective?** Y / N / U		
Comments:		
Were the following communications devices used in the drill for communication? **(Check all that apply.)**		
6b. 2-way radio/phone(s)	☐	
6c. Intercom	☐	
6d. Megaphone(s)	☐	
6e. Runner(s)	☐	
6f. Cell phones	☐	
6g. Text paging	☐	
6h. FAX machine(s)	☐	
6i. PDAs	☐	
6j. Email/internet/network	☐	
6k. Numeric paging	☐	
6l. Emergency radio	☐	
6m. HAM radio	☐	
6n. Landline phones	☐	
6o. Satellite phone(s)	☐	
6p. Overhead paging	☐	
6q. Other (specify): _____	☐	

7. Information Flow:

☛ **7a. Was necessary information received?**   Y / N / U

Comments:

7b. Were problems created by delays in receiving information?   Y / N / U
   ➜ **If problems were created by delays in information, specify in comment box at end of this module.**

7c. When was your zone made aware of the potential involvement of a chemical or radiological agent?   **(Check one.)**

☐ Before the first victim arrived   ☐ After first victim arrived

☐ All victims completed decontamination   ☐ Never made aware

☐ Unsure

8. Security:

☛ **8a. Were entrances and exits strictly controlled in this area?**   Y / N / U

Comments:

8b. Did any of the following security issues arise in this zone? **(Check all that apply)**

   a. ☐ Crowd control   b. ☐ Media control

   c. ☐ Unruly victims   d. ☐ Other (specify): _____

8c. Were security personnel present in this zone?   Y / N / U

9. Personal Protective Equipment (PPE) and Safety:

☛ **9a. Was an appropriate supply of PPE available?**   Y / N / U

Comments:

9b. Was the PPE applied correctly?   Y/ N / U

Comments:

9c. Was staffing of the decontamination zone adequate?   Y / N / U

Comments:

If needed, were these items for standard precautions available for the healthcare workers?			
➜ **If safety materials were not available, circle "N" in column "A" and go to the next row.**			
	A. Available?	B. Used by staff?	C. Adequate Supply?
9d. Protective suit	Y / N / U	Y / N / U	Y / N / U
9e. Hoods	Y / N / U	Y / N / U	Y / N / U
9f. Boots	Y / N / U	Y / N / U	Y / N / U
9g. Gloves, chemical resistant	Y / N / U	Y / N / U	Y / N / U
9h. Apron	Y / N / U	Y / N / U	Y / N / U
9i. Masks	Y / N / U	Y / N / U	Y / N / U
9j. Respirators (e.g., powered air purifying respirator)	Y / N / U	Y / N / U	Y / N / U
9k. Other (specify):_____	Y / N / U	Y / N / U	Y / N / U

9l. Were instructions available regarding appropriate donning and removal of PPE?   Y / N / U

9m. If available, in what format were they? **(Check all that apply.)**

    a. □ Verbal instructions by staff   b. □ Poster(s)

    c. □ Written instruction(s)   d. □ Video

    e. □ Other (specify): _____

9n. Were *all* workers in the decontamination area dressed in appropriate PPE?   Y / N / U

9o. Was there inadvertent contamination of staff or victims?   Y / N / U

9p. What issues with donning and removing PPE arose in this zone? **(Check all that apply.)**

    a. □ Broken seals   b. □ Delay in donning PPE   c. □ Improper fit

    d. □ Staff not trained to don PPE   e. □ Staff not trained to remove PPE   f. □ None

    g. □ Other (specify):_____

9q. What issues with staffing arose in this zone? **(Check all that apply.)**

a. □ Could not communicate with each other   b. □ Fatigue   c. □ Over-heating/dehydration

d. □ Inadequate numbers to allow work cycles   e. □ Other
(specify):_____

9r. How were victims screened for appropriate decontamination prior to leaving the decontamination zone? **(Check all that apply.)**

a. □ Screening device (e.g., radiation or   b. □ Physical examination   c. □ Not screened
chemical detector)

10. Zone Disruption:

☛ **10a. Did the zone function as planned?**   Y / N / U

Comments:

10b. Was there a plan in place to relocate this zone if necessary?   Y / N / U

Comments (If comment refers to a specific item, give the item number.):

END OF DECONTAMINATION ZONE MODULE

Hospital Disaster Drill Evaluation
Triage Zone Module
Note: *Circle* or *check* (✔) as indicated. Y=Yes; N=No; U=Unclear; NA=Not applicable

Observer: _____ Date: ____/____/_____

Observer title: _____

Hospital: _____ □ 1º triage   □ 2º triage   □ NA

Period of time of evaluation: _____AM / PM **(Circle one.)** to _____AM / PM **(Circle one.)**

1. Time Points

☛ **1a. Did the drill start on time?**   Y / N / U

Comments:

1b. Time the drill began: **(Circle one.)** _____AM / PM / U

1c. Time this zone was ready to accept victims: **(Circle one.)** _____ AM / PM / U

2. Zone Description:

☛ **2a. Were the zone boundaries clearly defined?**   Y / N / U

Comments:

2b. How was the boundary for this zone defined? **(Check all that apply.)**

    a. □ Barricade(s)   b. □ Sign(s)   c. □ Tape

    d. □ Wall(s)   e. □ No boundary   f. □ Other (specify): _____

3. Personnel

☛ **3a. Did someone assume command of this zone?**   Y / N / U

Comments:

☛ 3b. Was staffing for the triage zone adequate?   Y / N / U

Comments:

3c. How many minutes after the drill activities in this zone commenced did someone assume command of the zone? **(Check one.)**

    □ <10 min   □ 10 - 29 min   □ 30 - 59 min

    □ 1 - 2 hrs   □ >2 hrs   □ NA

    □ No one took charge

3d. Were the following drill participants identifiable?	
a. Person in charge Y / N / U / NA	b. Drill evaluators Y / N / U / NA
c. Drill organizers Y / N / U / NA	d. Media Y / N / U / NA
e. Medical personnel Y / N / U / NA	f. Mock victims Y / N / U / NA
g. Observers Y / N / U / NA	h. Security Y / N / U / NA

4. Zone Operations

☛ **4a. Did the triage area function efficiently?**   Y / N / U

Comments:

4b. Was the hospital disaster plan followed?   Y / N / U / Partially / No plan

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4c. If not followed, what were the reason(s)? **(Check all that apply.)**

   a. □ Not available   b. □ Too complex

   c. □ Not relevant to drill   d. □ Participants unfamiliar with plan

   e. □ Too hard to access   f. □ Other (specify): _____

4d. If the hospital disaster plan was available, what was its format? **(Check all that apply.)**

   a. □ Complete manual   b. □ Flow diagram   c. □ Job action sheets

   d. □ No disaster plan   e. □ Other (specify): _____

4e. Was the space allocated for the zone adequate?   Y / N / U

4f. If victims were screened for biological, chemical, or radiological exposure, how were they
 screened? **(Check all that apply.)**

   a. □ Personal interview   b. □ Physical examination   c. □ Screening device (e.g., radiation
                                                       or chemical detector)

   d. □ Not screened   e. □ NA   f. □ Other (specify): _____

4g. Did a bottleneck develop in this zone?   Y / N / U

  ➜ **If a bottleneck did develop, describe in the comment box at the end of this module.**

4h. If triage occurs after decontamination, did any contaminated victims enter this
  zone?   Y / N / U / NA

5. Victim Documentation and Tracking

☛ **5a. Were all incoming victims registered and given a unique identification or medical record number?**   Y / N / U

Comments:

5b. When were incoming victims registered and given a unique identification or medical record number? **(Check one.)**

☐ Before entering this zone   ☐ On entering this zone

☐ Not while in this zone   ☐ Unclear

5c. What was the method of documenting the victim record in this zone? **(Check all that apply.)**

a. ☐ Computer entry   b. ☐ Data card(s) attached to victims

c. ☐ Scanner   d. ☐ Separate victim paper chart

e. ☐ No documentation   f. ☐ Other (specify): _____

5d. Were clearly visible triage levels identified for each patient prior to leaving the triage area?   Y / N / U / NA

5e. Was information about victims' prior field interventions accessible to caregivers?   Y / N / U / NA

6. Communications

☛ **6a. Were communications effective?**   Y / N / U

Comments:

Were the following communications devices used in the drill? **(Check all that apply.)**

	A. Used	B. Comments (Note strengths and weaknesses.)
6b. 2-way radio/phone(s)	☐	
6c. Landline phone(s)	☐	
6d. Cell phone(s)	☐	
6e. Personal data assistant(s) (PDA)	☐	
6f. Numeric paging	☐	
6g. Overhead paging	☐	
6h. Text paging	☐	
6i. E-mail/Internet/network	☐	

6j. FAX machine(s)	☐	
6k. Intercom	☐	
6l. Megaphone(s)	☐	
6m. Runner(s)	☐	
6n. Satellite phone(s)	☐	
6o. Emergency radio	☐	
6p. HAM radio	☐	
6q. Other (specify): _____	☐	

7. Information Flow

☛ **7a. Was necessary information received?**   Y / N / U

Comments:

7b. Did your zone receive updates regarding the situation outside the hospital (e.g., status of disaster events, number of victims arriving, acuity of victims)?   Y / N / U

7c. How was this zone kept aware of the ongoing general situation within the hospital? **(Check all that apply.)**

a. ☐ Call(s) from incident command   b. ☐ FAX from incident command

c. ☐ Other contact from incident command   d. ☐ Runner(s) from incident command

e. ☐ Contact from other internal sources (specify): _____

8. Security

☛ 8a. Were entrances and exits strictly controlled in this area?   Y / N / U

Comments:

8b. Did any of the following security issues arise in this zone? **(Check all that apply)**

    a. ☐ Crowd control   b. ☐ Media control   c. ☐ Unruly victims   d. ☐ Other (specify):
                                                                   _____

8c. Were security personnel present in this zone?   Y / N / U

9. Personal Protective Equipment (PPE) and Safety

☛ 9a. Was an appropriate supply of PPE available?   Y / N / U

Comments:

☛ 9b. Was the PPE applied correctly?   Y / N / U

Comments:

If needed, were these items for standard precautions available for the healthcare workers?

➜ If safety materials were not available, circle "N" in column "A" and go to the next row.

	A. Available?	B. Used by staff?	C. Adequate Supply?	D. Problems with use? (e.g., donning)
9c. Face shields/Masks	Y / N / U	Y / N / U	Y / N / U	Y / N / U
9d. Waterproof gowns	Y / N / U	Y / N / U	Y / N / U	Y / N / U
9e. Isolation gowns	Y / N / U	Y / N / U	Y / N / U	Y / N / U
9f. Gloves	Y / N / U	Y / N / U	Y / N / U	Y / N / U
9g. Passive (negative pressure) filtration (e.g., N95 or N99 masks)	Y / N / U	Y / N / U	Y / N / U	Y / N / U
9h. Respirators (e.g., powered Air purifying respirator)	Y / N / U	Y / N / U	Y / N / U	Y / N / U
9i. Other (specify): _____	Y / N / U	Y / N / U	Y / N / U	Y / N / U
9j. Were instructions available regarding appropriate donning and removal of PPE? Y / N / U				

9k. If available, in what format were they? **(Check all that apply.)**

    a. ☐ Verbal instructions by staff   b. ☐ Poster(s)   c. ☐ Written instruction(s)

    d. ☐ Video   e. ☐ Other (specify): _____

10. Equipment and Supplies

☞ **10a. Were there appropriate quantities of medical supplies?**   Y / N / U

Comments:

Were these medical supplies available? ➥ **If the medical supplies were not available, circle "N" in column "A" and go to the next row**.

	A. Available	B. Issues
10b. Alcohol-based hand cleaner	Y / N / U / NA	
10c. Bandages	Y / N / U / NA	
10d. Basic airway equipment	Y / N / U / NA	
10e. Blood pressure equipment	Y / N / U / NA	
10f. Oxygen masks	Y / N / U / NA	
10g. Oxygen tanks	Y / N / U / NA	
10h. Stethoscopes	Y / N / U / NA	
10i. Stretchers	Y / N / U / NA	
10j. Suction equipment	Y / N / U / NA	
10k. Vascular access supplies (catheters, fluids, etc)	Y / N / U / NA	
10l. Wheelchairs	Y / N / U / NA	
10m. Other (specify): _____	Y / N / U / NA	

Comments (If referring to a specific item, give the item number.)

END OF TRIAGE ZONE MODULE

Hospital Disaster Drill Evaluation
Treatment Zone Module

Instructions: This form can be used in the Emergency Department, and in medical and surgical care areas.
Note: *Circle* or *check* (✔) as indicated. Y=Yes; N=No; U=Unclear; NA=Not applicable

Observer: _____   Date: ____/____/_____

Observer title: _____

Hospital: _____

Period of time of evaluation: _____ AM / PM **(Circle one.)** to _____ AM / PM **(Circle one.)**

1. Time Points

☞ **1a. Did the drill start on time?**   Y / N / U

Comments:

1b. Time the drill began: **(Circle one.)**   _____AM / PM / U

1c. Time this zone was ready to accept victims: **(Circle one.)**   _____AM / PM / U

2. Zone Description:

☞ **2a. Were the zone boundaries clearly defined?**   Y / N / U

Comments:

2b. What type of unit is this zone during regular hospital functioning? **(Check all that apply)**

    a. □ Emergency Department (ED)   b. □ Intensive Care (ICU)

    c. □ Medical Inpatient   d. □ Medical Outpatient

    e. □ Surgical Inpatient   f. □ Surgical Outpatient

    g. □ Other (specify): _____

2c. Were actual patients treated in the drill treatment area (along with mock victims)?   Y / N / U

3. Personnel

☞ **3a. Did someone assume command of this zone?**   Y / N / U

Comments:

☞ 3b. Was staffing of the treatment zone adequate?   Y / N / U

Comments:

3c. How many minutes after the drill activities in this zone commenced did someone assume command of the zone? **(Check one.)**

      □ <10 min   □ 10 - 29 min   □ 30 - 59 min

      □ 1 - 2 hrs   □ >2 hrs   □ NA

      □ No one took charge.

3d. Were the following drill participants identifiable?

a. Drill evaluators	Y / N / U / NA	b. Drill organizers	Y / N / U / NA
c. Media	Y / N / U / NA	d. Medical personnel	Y / N / U / NA
e. Mock victims	Y / N / U / NA	f. Observers	Y / N / U / NA
g. Security	Y / N / U / NA		

4. Zone Operations

☛ **4a. Did the treatment area function efficiently?**   Y / N / U

Comments:

4b. Was the hospital disaster plan followed?   Y / N / U / Partially / No plan

---

4c. If not followed, what were the reason(s)? **(Check all that apply.)**

      a. □ Not available   b. □ Too complex

      c. □ Not relevant to drill   d. □ Participants unfamiliar with plan

      e. □ Too hard to access   f. □ Other (specify): _____

4d. If the hospital disaster plan was available, what was its format? **(Check all that apply.)**

      a. □ Complete manual   b. □ Flow diagram   c. □ Job action sheets

      d. □ No disaster plan   e. □ Other (specify): _____

4e. Was the space allocated for the zone adequate?   Y / N / U

    ➜ **If space allocated was not adequate, specify in comment box at end of this module.**

4f. Did a bottleneck develop in this zone?   Y / N / U

➜ **If a bottleneck did develop, describe in the comment box at the end of this module.**

4g. How were victims managed who were NOT previously triaged? **(Check one.)**

□ Sent back to triage zone	□ Sent to another area (specify): _____
□ Triaged in this zone	□ Treated without being triaged

4h. Did all victims have disposition decisions made at drill termination?   Y / N / U / NA

4i. Did any contaminated victims enter this zone?   Y / N / U / NA

5. Victim Documentation and Tracking

☛ **5a. Were all incoming victims registered and given a unique identification
    or medical record number?**   Y / N / U

Comments:

5b. When were all incoming victims registered and given a unique identification or medical record number? **(Check one.)**

□ Before entering this zone	□ On entering this zone
□ Not while in this zone	□ Unclear

5c. What was the method of documenting the victim record in this zone? **(Check all that apply)**

a. □ Computer entry	b. □ Data card(s) attached to victims
c. □ Dictation system	d. □ Personal data assistant (PDA)
e. □ Scanner	f. □ Separate victim paper chart
g. □ No documentation	h. □ Expedited registration

   i. □ Other (specify): _____

5d. Were triage designations for each patient clearly visible upon entry into the
    treatment area?   Y / N / U / NA

5e. Was information about victims' prior field interventions accessible to
    caregivers?   Y / N / U / NA

6. Communications

	A. Used	B. Comments (Note strengths and weaknesses.)
☛ **6a. Were communications effective?** Y / N / U Comments:		
Were the following communications devices used in the drill? **(Check all that apply.)**		
6b. 2-way radio/phone(s)	☐	
6c. Landline phone(s)	☐	
6d. Cell phone(s)	☐	
6e. PDAs	☐	
6f. Numeric paging	☐	
6g. Overhead paging	☐	
6h. Text paging	☐	
6i. E-mail/Internet/network	☐	
6j. FAX machine(s)	☐	
6k. Intercom	☐	
6l. Megaphone(s)	☐	
6m. Runner(s)	☐	
6n. Emergency Radio	☐	
6o. HAM radio	☐	
6p. Satellite phones	☐	
6q. Other (specify):_____	☐	

7. Information Flow

☛ **7a. Was necessary information received?** Y / N / U

Comments:

7b. Did your zone receive updates regarding the situation outside the hospital (e.g., status of disaster events, number of victims arriving, acuity of victims)? Y / N / U

7c. How was this zone kept aware of the ongoing general situation within the hospital? **(Check all that apply.)**

   a. ☐ Call(s) from incident command   b. ☐ FAX from incident command

   c. ☐ Other contact from incident command   d. ☐ Runner(s) from incident command

   e. ☐ Contact from other internal sources (specify):_____

7d. Were problems created by delays in receiving information? Y / N / U

   ➜ **If problems were created by delays in information, specify in comment box at end of this module.**

8. Security

☛ **8a. Were entrances and exits strictly controlled in this area?** Y / N / U

Comments:

8b. Did any of the following security issues arise in this zone? **(Check all that apply.)**

   a. ☐ Crowd control   b. ☐ Media control

   c. ☐ Unruly victims   d. ☐ Other (specify): _____

8c. Were security personnel present in this zone? Y / N / U

9. Personal Protective Equipment (PPE) and Safety

☞ **9a. Was an appropriate supply of PPE available?**   Y / N / U

Comments:

☞ **9b. Was the PPE applied correctly?**   Y / N / U

Comments:

If needed, were these items for standard precautions available for the healthcare workers?

➡ **If safety materials were not available, circle "N" in column "A" and go to the next row.**

	A. Available?	B. Used by staff?	C. Adequate Supply?	D. Problems with use? (e.g. donning)
9c. Face shields/masks	Y / N / U	Y / N / U	Y / N / U	Y / N / U
9d. Waterproof gowns	Y / N / U	Y / N / U	Y / N / U	Y / N / U
9e. Isolation gowns	Y / N / U	Y / N / U	Y / N / U	Y / N / U
9f. Gloves	Y / N / U	Y / N / U	Y / N / U	Y / N / U
9g. Passive (negative pressure) filtration (e.g., N95 or N99 masks)	Y / N / U	Y / N / U	Y / N / U	Y / N / U
9h. Respirators (e.g., powered air purifying respirator)	Y / N / U	Y / N / U	Y / N / U	Y / N / U
9i. Other (specify): _____	Y / N / U	Y / N / U	Y / N / U	Y / N / U

9j. Were instructions available regarding appropriate donning and removal of PPE?   Y / N / U
9k. If available, in what format were they? **(Check all that apply.)**
a. ☐ Verbal instructions by staff   b. ☐ Poster(s)   c. ☐ Written instruction(s) d. ☐ Video   e. ☐ Other (specify): _____

10. Equipment and Supplies

☛ **10a. Were there appropriate quantities of medical supplies?** Y / N / U

Comments:

10b. Were medications needed for treatment of victims available in the hospital? Y / N / U / NA

Were needed medical supplies available?

➜ **If medical supplies were not available, circle "N" in column "A" and go to the next row**.

	A. Available	B. Issues
10c. Alcohol-based hand sanitizer	Y / N / U / NA	
10d. Bandages	Y / N / U / NA	
10e. Basic airway equipment	Y / N / U / NA	
10f. Blood drawing supplies	Y / N / U / NA	
10g. Blood pressure equipment	Y / N / U / NA	
10h. Burn packs	Y / N / U / NA	
10i. Cleaning supplies for contaminated equipment	Y / N / U / NA	
10j. Crash carts	Y / N / U / NA	
10k. Intravenous fluids	Y / N / U / NA	
10l. Intubation equipment	Y / N / U / NA	
10m. Medications	Y / N / U / NA	
10n. Monitors	Y / N / U / NA	
10o. Oxygen masks	Y / N / U / NA	
10p. Oxygen tanks	Y / N / U / NA	
10q. Splints	Y / N / U / NA	
10r. Stethoscopes	Y / N / U / NA	
10s. Stretchers	Y / N / U / NA	
10t. Suction equipment	Y / N / U / NA	
10u. Surgical masks	Y / N / U / NA	

10v. Vascular access supplies (catheters, fluids, etc.)	Y / N / U / NA	
10w. Ventilators	Y / N / U / NA	
10x. Wheelchairs	Y / N / U / NA	
10y. Other (specify): _____	Y / N / U / NA	

Comments (If comment refers to a specific item, give the item number.):

END OF TREATMENT ZONE MODULE

Hospital Disaster Drill Evaluation
Biological Incident Addendum

Instructions: Attach to Incident Command, Triage, and Treatment Zone Modules for biological drills.
Notes: *Circle* or *check* (✔) as indicated. Y=Yes; N=No; U=Unclear; NA=Not applicable

Observer: _____	Date: ____/____/_____
Observer title: _____	Zone: _____
Hospital: _____	
Period of time of evaluation: _____AM / PM **(Circle one.)** to _____ AM / PM **(Circle one)**	

1. Time Points

1a. Time that the zone became aware that victims were affected by an illness caused by a biological agent: **(Circle one.)**	_____ AM / PM / U

2. Information Flow

Were the following informed that a biological agent may be involved?
➜ **If not informed, circle "N" in column "A" and go to the next line.**

A. Informed		B. Time Notified		
2a. Incident commander	Y / N / U	○ <30 min ○ >2 hrs	○ 30-59 min ○ Unclear	○ 1 - 2 hrs ○ NA
2b. Hospital epidemiologist or designee	Y / N / U	○ <30 min ○ >2 hrs	○ 30-59 min ○ Unclear	○ 1 - 2 hrs ○ NA
2c. Local and/or state health department	Y / N / U	○ <30 min ○ >2 hrs	○ 30-59 min ○ Unclear	○ 1 - 2 hrs ○ NA
2d. Occupational health	Y / N / U	○ <30 min ○ >2 hrs	○ 30-59 min ○ Unclear	○ 1 - 2 hrs ○ NA
2e. Was a "chain of custody" implemented?[a] Y / N / U				

[a]*Chain of custody is defined as securing items continuously and marking evidence gathered by date, time, location, and when, how, and by whom acquired. It includes signatures of all persons successively responsible for custody. It must be conducted so the validity of the chain of custody will hold up in court.*

If using BIOLOGICAL INCIDENT ADDENDUM in the INCIDENT COMMAND ZONE, STOP HERE. Do not complete the rest of module.

3. Victim Diagnosis

3a. Was the suspected illness caused by a biological agent known prior to the arrival of affected victims in this zone?   Y / N / U

3b. If the cause of the illness was not known prior to victim arrival, how long after the first victim arrived was the cause of the illness identified? **(Check one.)**

    □ <1 hr   □ 1 - 4 hrs   □ 5 - 8 hrs

    □ >8 hrs   □ Never identified   □ NA

3c. What was the cause of the illness? **(Check all that apply.)**

    a. □ Anthrax   b. □ Botulinum toxin

    c. □ Plague   d. □ Influenza

    e. □ Smallpox   f. □ Tularemia

    g. □ Viral hemorrhagic fever   h. □ Unknown

    i. □ Other (specify): _____

3d. What resources were used to make the diagnosis(es)? **(Check all that apply.)**

    a. □ Consultation with an in-hospital expert

    b. □ Consultation with an expert from state/local health department

    c. □ Consultation with the Centers for Disease Control and Prevention (CDC)

    d. □ History and physical exam by the treating health care provider

    e. □ Microbiological data

    f. □ Radiologic data

    g. □ Telemedicine

    h. □ NA

    i. □ Other (specify): _____

4. Safety: Isolation Precautions

4a. Was isolation required for the suspected illness involved?   Y / N / U

Isolation required for smallpox, plague, viral hemorrhagic fever, certain pneumonias or rashes, and other symptoms suggestive of a contagious infection outbreak.

➜ **If no isolation was required, skip to the Screening and Prophylaxis section.**

4b. Were there delays in placing victims in isolation rooms?   Y / N / U

➜ **If there were delays, specify in comment box at the end of this module.**

4c. Were there enough isolation rooms?   Y / N / U

4d. If insufficient isolation rooms, how were victims isolated? **(Check all that apply.)**

    a. ☐ Conversion of other rooms/area (specify): _____

    b. ☐ Existing isolation room in other area (specify): _____

    c. ☐ Overflow victims not isolated

    d. ☐ Victims with the same suspected illness caused by a biological agent placed in the same isolation room

    e. ☐ NA

    f. ☐ Other (specify): _____

4e. Were there signs on victims' doors that described the type of isolation required?   Y / N / U

4f. Were any breaches in isolation precautions identified?   Y / N / U

    ➥ **If there were any breaches in the isolation precautions, specify in comment box at end of this module.**

4g. Did representatives from infection control arrive in the zone to assess the appropriateness of isolation precautions?   Y / N / U

5. Safety: Personal Protective Equipment (PPE)

5a. Given the suspected illness caused by a biological agent, was PPE used to protect healthcare workers?   Y / N / U

Isolation required for smallpox, plague, viral hemorrhagic fever, certain pneumonias or rashes, and other symptoms suggestive of a contagious infectious outbreak.

5b. Did you observe staff without PPE interacting with potentially contagious victims   Y / N / U / NA

6. Screening and Prophylaxis

6a. Were prophylactic medications available for staff?   Y / N / U / NA

6b. Were prophylactic and/or treatment medications available for victims?   Y / N / U / NA

7. Laboratory Specimens

7a. Were guidelines available for packaging and transporting microbiological specimens?   Y / N / U

Comments (If comment refers to a specific item, give the item number.):

END OF BIOLOGICAL INCIDENT ADDENDUM

Hospital Disaster Drill Evaluation
Radiological Incident Addendum

Instructions: Attach to Incident Command, Decontamination, Triage, and Treatment Zone Modules for radiological drills.

Note: *Circle* or *check* (✔) as indicated. Y=Yes; N=No; U=Unclear; NA=Not applicable

---

Observer: _____   Date: ____/____/_____

Observer title: _____   Zone: _____

Hospital: _____

Period of time of evaluation: _____ AM / PM **(Circle one)** to _____ AM / PM **(Circle one)**

1. Time Points

1a. Time that this zone became aware that radiological victims were involved: **(Circle one.)**	_____ AM / PM / U

2. Information Flow

2a. How did this zone become aware that radiological victims were involved? **(Check all that apply.)**

   a. □ Informed by fire department   b. □ Informed by incident command center

   c. □ Onsite alarm   d. □ Other (specify): _____

Were the following informed that a radiological agent was involved?

➜ **If not informed, circle "N" in column "A" and go to the next line.**

	A Informed	B. Time Notified		
2b. Incident commander	Y / N / U	□ <30 min □ >2 hrs	□ 30-59 min □ Unclear	□ 1 - 2 hrs □ NA
2c. Radiation safety officer or designee	Y / N / U	□ <30 min □ >2 hrs	□ 30-59 min □ Unclear	□ 1 - 2 hrs □ NA
2d. Local and/or state health department	Y / N / U	□ <30 min □ >2 hrs	□ 30-59 min □ Unclear	□ 1 - 2 hrs □ NA
2e. Hazardous materials (HAZMAT) official	Y / N / U	□ <30 min □ >2 hrs	□ 30-59 min □ Unclear	□ 1 - 2 hrs □ NA
2f. Occupational health	Y / N / U	□ <30 min □ >2 hrs	□ 30-59 min □ Unclear	□ 1 - 2 hrs □ NA
2g. Municipal wastewater treatment officials	Y / N / U	□ <30 min □ >2 hrs	□ 30-59 min □ Unclear	□ 1 - 2 hrs □ NA

3. Materials and Supplies

3a. If prophylaxis for the given agent was indicated, was it available?   Y / N / U / NA
3b. Were specialized cleaning supplies available for contaminated equipment?   Y / N / U / NA

If using RADIOLOGICAL INCIDENT ADDENDUM in the INCIDENT COMMAND ZONE, STOP HERE. Do not complete the rest of module.

4. Zone Description

4a. Was the radiological decontamination zone separate from the triage zone?   Y / N / U
4b. Was the integrity of the boundary between the radiological decontamination zone and the triage zone assessed by the use of radiation detectors?   Y / N / U / NA

5. Safety: Precautions

Were the following available?			
5a. Dosimeters	Y / N / U	5b. Floor covering	Y / N / U
5c. Radiation signs	Y / N / U	5d. Radiation survey meters	Y / N / U
5e. Striped tape			Y / N / U
5f. Radioactive and mixed waste (Bio/Rad) disposal containers			Y / N / U
5g. Other (specify): _____			Y / N / U
5h. Were breaches in precautions observed?			Y / N / U
➜ **If breaches in precautions were observed, specify in comment box at end of this module.**			
5i. Did the institutional safety officer arrive in this zone to assess the activity? Y / N / U / NA			

6. Safety: Personal Protective Equipment (PPE)

6a. Was PPE used to protect healthcare workers? Y / N / U				
If needed, were these safety materials available for the healthcare workers? ➡ **If safety materials were not available, circle "N" in column "A" and go to the next row.**				
	A. Available?	B. Used by staff?	C. Adequate Supply?	D. Problems with use? (e.g. donning)
6b. Face shields	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA
6c. Passive (negative pressure) filtration (e.g., N95 or N99 masks)	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA
6d. Respirators (e.g., powered air purifying respirator)	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA
6e. Protective suit	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA
6f. Waterproof gowns	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA
6g. Hoods	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA
6h. Boots	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA
6i. Waterproof shoe covers	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA
6j. Gloves, chemical resistant	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA
6k. Double latex gloves	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA
6l. Apron	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA
6m. Surgical caps	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA
6n. Other (specify): _____	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA	Y / N / U / NA
6o. Did you observe staff without PPE interacting with contaminated victims? Y / N / U / NA				

Comments (if comment refers to a specific item, give the item number):

END OF RADIOLOGICAL INCIDENT ADDENDUM

Hospital Disaster Drill Evaluation
Group Debriefing Module

Note: The debriefing session(s) should be recorded by audiotape or scribe. Each item is relevant to every zone involved in the drill. Delete items on decontamination if not relevant to drill. Debriefing participants **should state their zone when responding**.

1. Did you feel you were notified of the disaster in a timely fashion?

2. Did the incident command center work effectively?

3. Did any zone receive incorrect information from the incident command center?

    4. If not correct, what specifics do you recall about incorrect information?

5. Was the information from the incident command center received by other zones in a timely way?

6. Were there problems with information flow within the hospital?

7. Were memorandums of understanding (MOUs) with outside agencies (e.g., police) activated?

8. Did nurses and physicians respond quickly to the disaster call?

9. Was the zone set up when the first mock victim arrived?

10. Was security in place before the first mock victim arrived?

11. Did people have a good understanding of their roles, as defined in the disaster plan?

12. Did the decontamination system work effectively?

13. Did you have any problems with the decontamination equipment?

    14. Functioning properly?

    15. Adequate number of units?

    16. Participants used correctly?

17. Were there delays in decontamination?

    18. If so, what triggered these delays?

19. Did the triage system work effectively?

20. Were there delays in triage?

   21. If so, what triggered these delays?

22. Did the treatment system work effectively?

23. Were there delays in treatment?

   24. If so, what triggered these delays?

25. Was personal protective equipment (PPE) used correctly?

26. Were you able to function in the PPE?

27. Were you rotated adequately when wearing the PPE?

28. Was security adequate?

29. Was staffing adequate?

30. Were supplies adequate?

31. Was the equipment adequate?

32. If not, what equipment was not adequate (give specifics)?

33. Were there problems with transporting patients?

34. Were there problems with communication devices (e.g., equipment failure)?

35. Did the hospital appear to work well with city and/or regional disaster agencies?

36. Were there problems with information flow between the hospital and outside agencies?

   37. If yes, which agencies?

38. Were there bottlenecks?

39. Was workspace adequate?

40. Did you feel you could accomplish what you were assigned to do during the drill?

41. What did you learn from participating in the drill?

42. Overall, what parts of the drill went well?

43. What could have been done differently to make the drill run better?

END OF GROUP DEBRIEFING MODULE