

Emergency Preparedness Drill  
Critique Evaluation Form  
Facility : \_\_\_\_\_

A. General Information

1. Date      Internal:                      External:
  2. Area:
  3. Administrator/Supervisor:
  4. State function of your department or area in a Code Situation:
- 

5. List where various employees reported within the facility when code situation was paged:
- 

Title:	Where Reported:
--------	-----------------

B. Staffing and Call-in System:

1. Were you on duty at the time code was paged?  
If no, time and method of notification:  
Estimated time of arrival at the facility:
2. Number of staff at time of notification of disaster:
3. Was staffing adequate?  
If not, were additional personnel called in?
4. Do you have a current list of home phone numbers for all employees in your area or department?

5. List by position, all staff who were contacted to respond to the code:  
Position              Time Called              Available (y/n)              Time Reported
- 

C. Disaster Plan Function and Assessment:

1. What specific action did you take after being notified of a Code Situation at the facility:
  
2. Was present disaster plan expedited effectively in your area?

3. Did present plan fail in any aspect?
4. Evidence of personnel preparedness to assume disaster assignments.  
Explain:
5. Were supplies and equipment adequate for the department?  
If no, what was needed and what was done?

D. Communications:

1. Was communication to Command Center, Supervisor, and area to area adequate?
2. Was communications outside facility necessary?  
If so, was it adequate?  
Could it be improved?  
Explain:
3. Interaction with other departments adequate?  
Explain:

E. Internal Disaster:

1. Are there additional functions for your department in case of an internal disaster?  
Explain:
2. If facility telephone system is non-functioning, how will you maintain internal communications.  
How will your employees be able to be contacted?
3. Will your department be physically affected by this disaster?  
If yes, how?
4. How will you account for all of your employees on duty at the time of the

disaster?

5. How do you plan to handle visitors in your area at the time of the disaster?
6. How will you deal with major injuries to inmates, employees and visitors?
7. If you need to evacuate your area, how will you do this?
8. List any questions or unresolved problems for your department / area that might be associated with this disaster: (use back if needed)

F. Conclusions:

1. Problems identified:
2. Recommendations:
3. Suggestions to make disaster plan or drill more effective:

G. Infirmary Care Area:

1. Number of inmates in the infirmary at time of notification?
2. Disposition of inmates at time of notification.

3. Was victim admission needed in the infirmary?

4. Number of victims received from the disaster:

5. Type of injuries, list by initials/treatment received:

6. Was EMS called?            By Whom?  
    Response Time?

7. Was transport of inmate to Southern Regional Hospital necessary?

8. Describe plan for continuity of care of victims:

9. Was transportation of patients to designation adequate?  
    If not, Explain:

10. Were additional supplies needed?  
    If so, what?

11. Recommendations:

Critique Performed By \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_ Time \_\_\_\_\_