A number of observers should be available during a fire drill to determine the quality of team member response to the fire drill event. The observers may be people from inside or outside of the perioperative area. The observers should receive the Fire Drill Evaluation form with as much information as possible filled in and completed.

Each observer completes the rest of the fill-in-the-blank section regarding the participants that they observed. The observers complete the criteria section by checking *Yes* or *No* for each item. The comments section may be completed as necessary. If a criterion involves asking a staff member a question, the observer should write that staff member’s name in the *Comments* section. If a criterion involves a location, the observer should write the location in the *Comments* section. Other remarkable events that observers should document in the *Comments* section include concepts forgotten by staff members, ideas for improvement, and tasks that staff members performed very well.

**Definition of Criteria**

Observers should randomly select staff members to determine whether they are able to answer the following questions related to required behaviors during a fire drill.

Is the evacuation route plan posted in the hallways *(According to facility and the authority having jurisdiction posting requirements)?*

What are the evacuation routes from where you are standing?

How do you report a fire?

Where are the fire extinguishers located?

Where are the fire alarm pull stations located?

Where are the medical gas panel shut-off valves located?

How do you turn off the valves?

Where are the electrical panels located?

What is the procedure for turning off the electrical system?

Where do you report to if not directly involved in patient care?

**Fire Extinguishers:** Observers should mark *Yes* or *No* and note the names of staff members, if applicable, in the *Comments* section.

Are the fire extinguishers:

in the designated locations?

seals intact?

properly charged?

properly mounted?

labeled according to their type and the class of fire for which they are used?

serviced regularly (ie, within the previous 12 months)?

checked monthly?

Can staff members describe how to operate a fire extinguisher using the PASS technique?

**Fire exits**: Observers should check fire exits for each of the following criteria:

Are the fire exits:

free and unobstructed?

marked with working illuminated signs?

Are the corridors for evacuation free of equipment or obstructions?

Do the fire/smoke barrier doors close during activation of the pull station?

Was the door closed to the designated fire area?

**Miscellaneous:** Observers should determine whether staff members responded according to established criteria. Observers should mark *Yes* or *No* and note the names of the staff members in the *Comments* section.

Did staff members use proper body mechanics to transport patients?

Did the nursing leader/designee shut off the medical gases?

Were all patients accounted for with medical records intact?

**Response evaluated**: Observers should determine whether staff members responded according to the established criteria. Observers should mark *Yes* or *No* and note the names of the staff members in the *Comments* section.

Did staff members act in a calm and organized manner?

Did staff members perform as a cohesive team?

Did staff members activate RACE? *(If yes, continue)*

**Rescue**: Observers should determine whether staff members responded according to the established criteria. Observers should mark *Yes* or *No* and note the names of staff members in the *Comments* section.

Were all patients, staff members, and visitors evacuated from the immediate fire area?

Was this the first action taken?

Was the charge nurse or designee able to account for all patients, staff members, and visitors?

**Alarm**: Observers should determine whether staff members responded according to the established criteria. Observers should mark *Yes* or *No* and note the names of staff members in the *Comments* section.

Was the nearest fire alarm pull station activated?

Was \*\*\* *(facility-appropriate phone number)* dialed from outside the designated fire area?

Did the person dialing \*\*\* *(facility-appropriate phone number)* provide complete and correct information?

Were other staff members alerted to the situation before the overhead announcement was made?

Was the fire department contacted correctly?

**Contain**: Observers should determine whether staff members responded according to the established criteria. Observers should mark *Yes* or *No* and note the names of staff members in the *Comments* section.

Did the individual feel the door with the back of his or her hand before opening the door to the designated fire area, to determine whether it was hot?

Did staff members close all the doors in the smoke zone?

**Extinguish**: Observers should determine whether staff members responded according to the established criteria. Observers should mark *Yes* or *No* and note the names of staff members in the *Comments* section.

Could the randomly selected staff member explain the correct method to extinguish the fire?

Did a staff member return to the designated fire area with the appropriate fire extinguisher?

Could the randomly selected staff member explain the difference in the types of fire extinguishers?

*The blank rows on the tool are provided for any additional information your facility may desire to assess during a drill.*

**Opportunities for improvement**: Observers should list any items observed and not previously recorded in the comments section.

**Fire drill date: ­­­­\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Individual completing the form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fire drill start time: \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Finish time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List fire drill participants and their titles:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Planned scenario:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Time and name of the individual who pulled fire alarm:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient evacuation times:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other remarkable events:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Criteria:** | **Yes** | **No** | **Comments** |
|  |  |  |  |
| **Evacuation route plan is posted.** |  |  |  |
| **Randomly chosen staff member(s):** |  |  |  |
| Describes evacuation routes |  |  |  |
| Describes how to report a fire |  |  |  |
| Describes the location of the fire extinguishers |  |  |  |
| Describes the location of alarm pull stations |  |  |  |
| Identifies the medical gas panel location and operation |  |  |  |
| Identifies the electrical panel location and procedure for turning off the system |  |  |  |
| Knows where to report if not directly involved in patient care |  |  |  |
| **Fire extinguishers:** |  |  |  |
| In place, seal intact, charged, and properly mounted |  |  |  |
| Labeled as to the type and class of fire |  |  |  |
| Serviced within the past 12 months |  |  |  |
| Checked monthly |  |  |  |
| Staff member describes how to operate the fire extinguisher by using the PASS technique |  |  |  |
| **Fire exits:** |  |  |  |
| Free and unobstructed |  |  |  |
| Marked with working illuminated signs |  |  |  |
| Corridors for evacuation are free of equipment or obstructions |  |  |  |
| Fire/smoke barrier doors close during activation of the pull station |  |  |  |
| Door was closed to the designated area |  |  |  |
| Staff members use proper body mechanics to transport patients |  |  |  |
| Nursing leader/designee shuts off medical gases |  |  |  |
| All patients are accounted for with medical records intact |  |  |  |
| **Criteria:** | **Yes** | **No** | **Comments** |
| **Response evaluated** |  |  |  |
| Did staff members act in a calm and organized manner? |  |  |  |
| Did staff members perform as a cohesive team? |  |  |  |
| Did staff members activated RACE? *(If yes, continue)* |  |  |  |
| **Rescue** |  |  |  |
| Were all patients, staff members, and visitors evacuated from the immediate fire area? |  |  |  |
| Was this the first action taken? |  |  |  |
| Was the charge nurse or designee able to account for all patients, staff members, and visitors? |  |  |  |
| **Alarm** |  |  |  |
| Was the nearest fire alarm pull station activated? |  |  |  |
| Was \*\*\* *(facility-appropriate phone number)* dialed from outside the designated fire area? |  |  |  |
| Did the person dialing \*\*\* *(facility-appropriate phone number)* provide complete and correct information? |  |  |  |
| Were other staff members alerted to the situation before the overhead announcement was made? |  |  |  |
| Was the fire department contacted correctly? |  |  |  |
| **Contain** |  |  |  |
| Before opening the door to the designated fire area, did the individual feel the door with the back of his or her hand to determine that it was not hot? |  |  |  |
| Were all the doors in the smoke zone closed by the staff members? |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Criteria:** | **Yes** | **No** | **Comments** |
| **Extinguish** |  |  |  |
| Could the staff member explain the correct method to extinguish fire? |  |  |  |
| Did a staff member return to the designated fire area with the appropriate fire extinguisher? |  |  |  |
| Could the staff member explain the difference in the types of extinguishers? |  |  |  |