

UNIT FIRE DRILL EVALUATION, CRITIQUE, ASSESSMENT & IMPROVEMENT FORM

Drill Frequency	<input type="checkbox"/> - Quarterly <input type="checkbox"/> - Semi-Annually <input type="checkbox"/> - Annually						
Duty Shift	<input type="checkbox"/> - Early (0700H-1500H) <input type="checkbox"/> - Late (1500H-2300H) <input type="checkbox"/> - Night (2300H-0700H)						
Dept/Unit/Ward							
Building #		Floor #		Time Start		Time Ended	
Total Number of Staff in the Dept/Unit/Ward	Total Number of Staff On Duty		Total Number of Staff attended		Total Time Duration of the Drill		
OBJECTIVES:							
<ol style="list-style-type: none"> 1. To evaluate "Code RED" response OVERALL Performance of the staff. 2. To evaluate Supervisor/Section Heads/Senior Staff performance in providing instructions to be taken by the staff. 3. To evaluate staff response performance based on the instructions provided by the Supervisor/Section Heads/Senior Staff. 4. To evaluate other Department/Unit/Ward/Section response performance. 							
SCENARIO:							
<input type="checkbox"/> Fire is discovered/occur in _____							
<input type="checkbox"/> Non-Ambulatory patient(s) in Rooms _____/_____/_____/_____/_____/_____/_____							
<input type="checkbox"/> Ambulatory patient(s) in Rooms _____/_____/_____/_____/_____/_____/_____							
<input type="checkbox"/> Fire is being placed under control.							
STAFF PARTICIPATION PERFORMANCE TO BE OBSERVED:							
Department/Unit/Ward/Section Heads are advise to allocate/designate Staff who will in turn to initiate the Items that mark checked:							
<input type="checkbox"/> Rescue/Remove patients/visitor in immediate danger							
<input type="checkbox"/> Activate the Alarm by shouting verbal calls "Code Red, Press / Break the nearest Manual Call Point, Call 4444 to report the exact location of fire.							
<input type="checkbox"/> Confine/Contain the fire by closing doors & windows, and Place blanket / sheets at the bottom of the door to prevent smoke spread.							
<input type="checkbox"/> Extinguish the fire following the acronym P-A-S-S procedure – Pull, Aim, Squeeze, Sweep							
<input type="checkbox"/> Horizontal evacuation of patients to the holding area/fire assembly point							
<input type="checkbox"/> Door tagging of evacuated rooms							
<input type="checkbox"/> Closing Central Oxygen Zone Isolation Valve to the area							
<input type="checkbox"/> Shutting OFF power supply to the area							
<input type="checkbox"/> Patient Preparation For General Evacuation							
<input type="checkbox"/>							
Prepared By:				Noted By:			
_____				_____			
Supervisor/Head Nurse				Department Head			

Distribution: Safety Officer Unit Safety File

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R-A-C-E Response Procedure Staff Participation & Improvement

RESCUE/REMOVE Patient	
	Rescue patients/visitor in immediate danger. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	Move patient/visitor horizontally to safe area. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	Feel the door to see if it is hot, before entering fire location room. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	Shout Code RED to alert other staff while performing rescue. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	Knows rescue methods and techniques. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
Sound the ALARM to call for immediate help	
	Press/Break/Pull the nearest Manual Call Point (MCP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	Call 4444 and report the real situation & location of the fire. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	Shout Code RED during discovery of fire <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
CONFINE / CONTAIN the smoke from spreading	
	Doors, windows, air-conditioned are closed in the fire-affected area. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	Medical Gas Oxygen Isolation Valve were closed <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	Power Supply were closed <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	Place blanket / bed sheets / towel at the bottom of the door. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
EXTINGUISH the fire. EVACUATE the area as the last resort	
	PULL the ring pin. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	AIM at the base of the fire. Stand 8 feet away from the fire. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	SQUEEZE the lever and the handle together. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	SWEEP from side to side. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	Evacuated room door are closed. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	Room tagging is implemented to all evacuated and searched room. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a
	Correct evacuation routes. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a

**UNIT FIRE DRILL EVALUATION, CRITIQUE,
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NEXT DRILL SCHEDULE	Date: _____	Time: _____	Shift _____
_____ Supervisor/Head Nurse/Senior Nurse	_____ Signature	_____ Date	

COMMENTS / SUGGESTIONS / RECOMMENDATIONS / OBSERVATIONS / DEFICIENCIES	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

CRITIQUED/ASSESSED BY: _____ Supervisor/Head Nurse/Senior Nurse	_____ Signature	_____ Date
REVIEWED & NOTED BY: _____ Dept. Head/Supervisor	_____ Signature	_____ Date

Distribution: Safety Officer Unit Safety File

Safety Officer & Quality Management Performance Improvement Review Analysis & Data Monitoring					
#	Observation/Topic/Issue	Action Plan/Action Taken	Responsible Person	Time Frame	Status
1.					
2.					
3.					
4.					

CRITIQUED/ASSESSED BY: _____ Safety Officer Name / ID No.	_____ Signature	_____ Date
REVIEWED & NOTED BY: _____ SLP Manager Name / ID No.	_____ Signature	_____ Date

**UNIT FIRE DRILL EVALUATION, CRITIQUE,
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UNIT FIRE DRILL ATTENDANCE

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Dept/Unit/Ward							
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Total Number of Staff in the Dept/Unit/Ward		Total Number of Staff On Duty		Total Number of Staff attended		Total Time Duration of the Drill	

#	Name	I.D. #	Department	Signature
1.				
3.				
4.				
5.				
6.				
7.				
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9.				
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11.				
12.				
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14.				
15.				
16.				
17.				
18.				
19.				
20.				

NOTED BY:		
_____	_____	_____
Supervisor/Head Nurse/Senior Nurse	Signature	Date