

ARIZONA DEPARTMENT OF CORRECTIONS

Health Services - IMS Critique

Actual IMS Simulation

Date of IMS/Simulation	Time	Please ✓ Level <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
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Exact Location of IMS/Simulation

Evaluators <i>(Simulations Only)</i>	Person(s) Filing Out This Critique
1. Name _____ Title _____ Date _____	1. Name _____ Title _____ Date _____
2. Name _____ Title _____ Date _____	2. Name _____ Title _____ Date _____
3. Name _____ Title _____ Date _____	3. Name _____ Title _____ Date _____

List other facilities and involved *(For example, Units that were notified, staff transferred from, etc)* and describe their involvement *(Attach additional sheets if necessary)*:

Shifts Participating In IMS

Time FHA Notified of IMS/Simulation	Person Who Notified FHA
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Health Services - IMS Critique Cont'd

Describe Scenario/Scene

Number of Casualties and Type

Were any outside agencies/organizations involved in the IMS/Simulation? Yes No If Yes, Please List:

Was equipment in appropriate locations and accessed appropriately? Yes No

Did the initial response occur in a timely manner? Yes No

Was the response appropriate to the situation? Yes No If No, Explain *(Attach additional sheets if necessary)*

Health Services - IMS Critique Cont'd

Please rate teamwork between Health and Security staff *(please ✓ one)*

Excellent Good Fair Poor

Comment:

Were the injured transferred appropriately?

Yes No

Was the transportation documented appropriately?

Yes No

Was the triage process effective? Yes No

Comment *(Attach additional sheets if necessary)*:

After evaluating the IMS/Simulation, are there any recommendations for Policy/P rocedure revisions that would result in a more effective IMS delivery system? Yes No If Yes, describe:

Was the communication system effective? Yes No

Comment *(Attach additional sheets if necessary)*:

Please rate the emergency skills of the Health staff *(please ✓ one)*

Excellent Good Fair Poor

Health Services - IMS Critique Cont'd

Additional comments including problems encountered *(Attach additional sheets if necessary)*:

Security perceptions of Medical Response *(To be written and signed by security involved in IMS)* including an evaluation of the overall communication efforts during the IMS, any problems encountered, a rating of the Emergency Res ponse of the Health staff, and other comments *(Attach additional sheet if necessary)*:

Please describe a plan of action for correcting problems that resulted during t his IMS/Simulation. Include any staff training needed and dates for implementation of corrective actions *(Attach additional sheet if necessary)*:

Prepared By

Date