

# “CODE PINK” MOCK DRILL EVALUATION

**Drill Information:**

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

Area : \_\_\_\_\_

Floor: \_\_\_\_\_

Patient  
details

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Male / Female

<p>Scale: Circle one</p> <p>1 - Poor</p> <p>2 - Fair</p> <p>3 - Good</p> <p>4 - Very Good</p> <p>5 - Excellent</p>
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1. The announcement of the Code Pink was provided correctly over the Public Address System and was heard in all areas of the campus (Number and Letter after “Code Pink + Location” to identify age and gender M/F of missing person).
 

1   2   3   4   5
  
2. Upon notification of Patient missing via the overhead announcement, staff responded with a sense of urgency and seriousness.
 

1   2   3   4   5
  
3. Upon notification, staffs of the area quickly proceeded to egress points to secure the exits and stairwells in their area.
 

1   2   3   4   5
  
4. Upon notification of Patient Missing, Security staff initiated a logical and focused search of the area as specified in the policy and procedure.
 

1   2   3   4   5
  
5. Upon notification Duty Security Officer formed a searching party and initiated search inside and outside the Hospital premises
 

1   2   3   4   5
  
6. Were the Exit gates sealed and anyone suspicious stopped?  

**Yes / No**

If so, please describe how the person stopping them handled the situation. (i.e., what was said to them, was security contacted, did security respond, etc...)

1   2   3   4   5

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7. The Charge Person or designee in the department tried to contact the patient/patient bystander with the available contact numbers.  
1 2 3 4 5
8. The video surveillance system was able to be utilized for reviewing camera surveillance of facility for post-investigative purposes by the security department and law enforcement personnel.  
1 2 3 4 5
9. Was the police intimated about the missing, when the patient was not found on thorough searching.
10. Reassessment of the patient done when the patient was found and brought back to the room.  
1 2 3 4 5

Additional  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:

Name:

Designation & Dept.:

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