MEDICAL EMERGENCY DRILL WORKSHEET

This form is to be completed, scanned and filed in the electronic system.

*Should also be completed in the event of an actual Medical Emergency

Emergency Procedure Drill to be completed each month as scheduled on the Emergency Drill Data Sheet.

Location:	**Date:**	**Time:**

Type of Drill: ☐ Staff surprised ☐ Staff knew in advance ☐ Actual Emergency ☐ Other: _____

# People Supported Present	# Employee's Present

How were employee's and people supported alerted to begin the drill?

STEP-BY-STEP ACTIONS TAKEN BY EMPLOYEE

Please fill in the appropriate box for each given step that should be taken.

Appropriate Employee Action/Response:	**Did the employee's action/response align with the plan/procedure?**	**Employee varied from the expected action/response: Please explain below.**	**Comments/Feedback/Correction Given:**
Ask employee what is the first thing they should do in the event of a Medical emergency? *Answer*: Employee stated Call 911, do check, call, and care. Do CPR if needed.			
Ask employee what they would do if someone was choking and they had to do Abdominal Thrusts? *Answer:* Employee stated follow steps for responding to a Medical Emergency & contact management.			
Ask employee to explain what they would do if they were in a vehicle accident. *Answer:* Employee stated call 911, follow first aid procedures.			
Ask employee what they should do if someone falls and hits their head? *Answer:* Employee stated contact management, the person should be examined by a Medical Professional or call 911 depending on the injury, write an Incident report and do a head injury monitoring log for 24 hours.			

Length of time drill lasted: (Start & End Times)	**Type of Drill – Check** ☐Orientation & Education ☐Tabletop Exercise ☐Functional Drill ☐Walk through/Simulated ☐Evacuation Drill ☐Full-Scale Exercise

EVALUATION

Did evacuation occur? ☐ YES ☐ NO If yes, answer the questions below:		Comments and/or corrective actions:
Was evacuation appropriate?	☐ YES ☐ NO	
Was evacuation completed safely?	☐ YES ☐ NO	
Head count completed / all persons accounted for?	☐ YES ☐ NO	
Was temporary shelter/alternate housing necessary?	☐ YES ☐ NO	
Was drill completed accurately & Timely? ☐ YES ☐ NO		
Name(s) of Staff Present:		**Initials of Person(s) Supported Present:**
Person Leading Drill (Print):		**Person Leading Drill (Signature):**

OVERALL EVALUATION: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

EVALUATED AND APPROVED BY MANAGEMENT:

Signature: Date: