

LAKE COUNTY JUVENILE CENTER

**MEDICAL EMERGENCY DRILL REPORT**

Date:	Location of Emergency:	Type of Drill: <input type="checkbox"/> Injury <input type="checkbox"/> Illness	Total Time Until Care Started:
-------	------------------------	--	--------------------------------

Central Control Staff:	Shift:	Time Emergency Declared:	Time First Aid Started:
------------------------	--------	--------------------------	-------------------------

**Person(s) Conducting Drill:** \_\_\_\_\_

**Notification Method Used:**    PA    Radio    Visual Observation    Other (explain)

**Number of Patients:** \_\_\_\_\_      **Number of Responding Staff:** \_\_\_\_\_

**Initial Care Giver:**

<input type="checkbox"/> Detention Staff	<b>Name:</b> _____	<b>Position:</b> _____
<input type="checkbox"/> Clinic Staff	<b>Name:</b> _____	<b>Position:</b> _____

**Primary Care Giver:**

<input type="checkbox"/> Detention Staff	<b>Name:</b> _____	<b>Position:</b> _____
<input type="checkbox"/> Clinic Staff	<b>Name:</b> _____	<b>Position:</b> _____

**Type of Medical Emergency Simulated:**

<input type="checkbox"/> Allergic Reaction/Anaphylaxis	<input type="checkbox"/> Dislocation/Fracture
<input type="checkbox"/> Attempted Suicide/Self Harm	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Bleeding (severe)	<input type="checkbox"/> Sudden Illness _____
<input type="checkbox"/> Difficulty Breathing	<input type="checkbox"/> Other _____

LAKE COUNTY JUVENILE CENTER

Did Clinic Staff Respond to the Emergency?  Yes Time: \_\_\_\_\_ AM / PM  No

Explain: \_\_\_\_\_

Describe Medical Emergency Scenario:

Describe First Aid Provided During Drill:

Problem(s) Encountered During Drill:

Corrective Action(s) Taken If Needed:

Comments:

Shift Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_