### MEDICAL EMERGENCY DRILL REPORT

<table>
<thead>
<tr>
<th>Date:</th>
<th>Location of Emergency:</th>
<th>Type of Drill:</th>
<th>Total Time Until Care Started:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Injury ☐ Illness</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Central Control Staff:</th>
<th>Shift:</th>
<th>Time Emergency Declared:</th>
<th>Time First Aid Started:</th>
</tr>
</thead>
</table>

**Person(s) Conducting Drill:** _______________________________________________________________

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

**Number of Patients:** __________  **Number of Responding Staff:** __________

**Initial Care Giver:**

☐ Detention Staff  **Name:** ________________________  **Position:** ________________________

☐ Clinic Staff  **Name:** ________________________  **Position:** ________________________

**Primary Care Giver:**

☐ Detention Staff  **Name:** ________________________  **Position:** ________________________

☐ Clinic Staff  **Name:** ________________________  **Position:** ________________________

**Type of Medical Emergency Simulated:**

☐ Allergic Reaction/Anaphylaxis  ☐ Dislocation/Fracture

☐ Attempted Suicide/Self Harm  ☐ Head Injury

☐ Bleeding (severe)  ☐ Sudden Illness _________________________

☐ Difficulty Breathing  ☐ Other _________________________
Did Clinic Staff Respond to the Emergency? ☐ Yes  ☐ No

Time: ______________ AM / PM

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: ______________