

## Emergency Medical Drill Record (§12VAC35-105-530)

*Your specific program and emergency preparedness policy/procedure will determine the frequency of drills. Drills will be conducted at unspecified times and documented on this form.*

**NOTE:** *It is highly recommended that providers conduct a drill involving simulated calling of 911 and performing CPR at least quarterly. Include various locations when possible, as Medical Emergencies may occur at any time (in the home, vehicle, community, etc.)*

**Examples of Medical Emergencies (Note this is not an exhaustive list):** *When an individual is unresponsive or displays any lack of responsiveness, having trouble breathing, having chest pain, unable to move (who typically can move), having severe bleeding not stopped by gentle pressure, unable to bear weight (who can typically ambulate), experiencing excessive swelling to any area of their body or any limb (legs, arms, etc.) after a fall (Mayo Clinic, 2019 a,b).*

**Practical CPR drills:** *Including role-play activities, may help clinical staff and management identify potential problems and recommend strategies for implementing CPR in actual situations.*

- **Example Scenarios** *(staff can practice on mannequins and/or designated staff; include simulation of assessing the individual, taking individuals out of beds and wheelchairs as needed; initiating CPR, appropriately responding to choking incidents, locating emergency medical information, securing a safe environment, dividing tasks, caring for other individuals that are present, etc.):*
  - a) Designated staff may simulate choking on a food item.*
  - b) Designated staff may simulate being unresponsive.*
  - c) Designated staff may simulate difficulty breathing and/or chest pain.*
  - d) Designated staff may simulate vomiting of dark colored coffee ground material which may be indicative of internal bleeding.*
- **Simulating 911 Calls** *(simulate the completion of 911 calls):*

Examples of questions that can be asked (typically asked by 911 dispatchers):

  - “What is the emergency/what is happening?”
  - “Where are you/what is your address and phone number?”
  - “Who needs help/what is the age of the individual?”
  - “Does the Individual have any known medical conditions?”
  - “Is the Individual responsive/is the Individual breathing?”
  - “Is an AED present?”
  - “Have you initiated CPR?”

**Type of Drill:**

Practical 911 / CPR Drill

**Scheduled**

**Unscheduled**

**Location of Drill:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM** **PM** **Type of Alarm:** \_\_\_\_\_

**Drill Conducted By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Type of Scenario used:** \_\_\_\_\_

\_\_\_\_\_

**Assessing the Drill:**

Yes      No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did staff appropriately assess the individual/environment?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Did staff readily acknowledge that 911 needed to be called?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Were emergency #'s posted near every phone?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was a phone available within the vicinity of the individual?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Did staff choose to contact 911 prior to calling the manager?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Were staff able to readily recite the location address?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Was Medical Emergency Information readily available?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Were staff able to answer simulated 911 questions calmly and clearly?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did staff know where to find the Medical Emergency Information?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Does premises house an AED?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did staff know the location of the AED? (Leave blank if no AED)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Did at least one staff present have current CPR certification?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Was CPR initiated and/or other lifesaving interventions initiated prior to calling 911? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was CPR completed on an appropriate surface?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was Critical First Aid required?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were the staff present, trained on your Crisis Intervention Policy?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did staff have access to the Manager's phone #?   |

**Total Time used to assess the incident, implement lifesaving procedures, and call 911:**

**Debrief the Incident with staff** (*conduct and document a debriefing after the drill, with the appropriate supervisory staff and involved staff, for quality improvement purposes*):

- |   |   |
|---|---|
| <input type="checkbox"/> Walk through the sequence of events.             | <input type="checkbox"/> Discuss the causes and consequences.     |
| <input type="checkbox"/> Have staff describe their individual experience. | <input type="checkbox"/> Discuss critical methods used or missed. |
| <input type="checkbox"/> Share individual emotional responses             | <input type="checkbox"/> Discuss the intended impact of the drill |

**Which of the following simulated notifications were made:**

- |   |   |
|---|---|
| <input type="checkbox"/> Chain of Command Notifications | <input type="checkbox"/> Main Office Notification       |
| <input type="checkbox"/> Police                         | <input type="checkbox"/> EMS (911 Emergency Services)   |
| <input type="checkbox"/> Fire Department                | <input type="checkbox"/> Consumer's Family/Guardian/LAR |

**Staff Participating in Drill (initials):** \_\_\_\_\_

**Corrective Actions needed for future drills:** \_\_\_\_\_

*Review and revise as needed your Risk Management Plan, Emergency Preparedness and Response Plan, Crisis Intervention Policy, Quality Improvement Plan to include additional actions to ensure compliance. Document staff re-training if updates/changes are made.*

Next Drill Due By: \_\_\_\_\_

Staff Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_

Please refer to the following [Office of Integrated Health](#), Health & Safety Alerts for more information:

[Emergency Preparedness Part 1](#)  
[Medical Emergency Drills with Checklist](#)  
[Common Medical Emergencies with Scenarios](#)

If there are any additional questions, please contact the Office of Integrated Health at [communitynursing@dbhds.virginia.gov](mailto:communitynursing@dbhds.virginia.gov)