Crossroads Head Start/ Early Head Start **GEN-7**

Medical Emergency Drill Documentation

Upon completion, fax to the Health and Nutrition Coordinator

Location/Center: _____

Date: _____ Time: _____ Drill Performed by: _____

Shift: (Circle One) Morning Afternoon

Type of Emergency: Life Threatening Non-Life Threatening

Person Participating in Drill (Victim): Staff Child

Description of Drill:

Staff Reaction:

- Number of Drill Participants: _____
- Did Staff remain Calm? [ ] Yes [ ] No
- Was 911 notified (simulated)? [ ] Yes [ ] No
- Children and unnecessary personnel removed from area? [ ] Yes [ ] No
- "Person to Notify in Case of Emergency" contacted (simulated) [ ] Yes [ ] No
- Were Administrative Staff contacted? [ ] Yes [ ] No
- Were Procedures followed according to Health and Safety Policy? [ ] Yes [ ] No

Weather Conditions: Sunny Overcast Rainy

Drill analysis:

Staff Comments:

Recommendations for Improvement or Confirmation of Current Practices:

Drill occurred as the result of a real life situation. Yes No Incident/Accident Report filled out and turned in? Yes No

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Date Improvement completed: _____/_____/_____

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Health and Nutrition Coordinator

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