

# MEDICAL DRILL OBSERVATION CHECKLIST

Date:		Clinic Name:		Drill Type: Emergency Medical Response		Observer:	
#	Component	Answer	Remarks				
1	Drill started & announced appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
2	Emergency Code used (i.e. CODE BLUE)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
3	Responded to incident location timely based on call activation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
4	Used the stretcher appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
5	Used the wheelchair appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
6	Lifted and handled the patient properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
7	Handled the emergency equipment at scene properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
8	Required Emergency (Crash Cart) Medications available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
9	Communicated and educated the patient properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
10	Followed correct assessment algorithm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
11	Treated the patient appropriately based on assessment findings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
12	Decided accurately the patient transport based on medical condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
13	Patient loaded to and unloaded from the ambulance appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					
14	Followed the escalation procedure correctly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					

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1 5	"All Clear" announced to terminate the drill	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
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