EXTERNAL and INTERNAL DISASTER DRILL FORM

Please check one:  External Drill______  Internal Drill______

FACILITY NAME: ___________________________  DATE: _______  TIME: _______

National Fire Protection Association Chapter 11 Health Care Emergency Preparedness 11-5.3.9 Drills: Each organizational entity shall implement one or more specific responses of the emergency preparedness plan at least semi-annually. Experiences show the importance of drills to rehearse the implementation of all elements of a specific response including the entity's role in the community, space management, staff management, and patient management activities. The rehearsal of an emergency preparedness plan should be as realistic a test of that plan as possible. Preparation for the rehearsal should involve the following: training, walk through familiarizations, and discussions after the walk-through to resolve questions or problems.

Date of disaster in-service prior to the drill ______/_______/________

I. Describe the incident created for the drill or note if a “real event” is serving as the drill requirement.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

II. List outside community resources requested to participate in the drill

[ ] Fire department  [ ] Water company  [ ] Phone company
[ ] Police department  [ ] Electric company  [ ] Sewer company
[ ] Bomb squad  [ ] EOC  [ ] Hospice
[ ] County EMS  [ ] Dialysis  [ ] Other: ___________________________

III. Facility Response to the incident

Number of Employees present ___________________ Length of Drill ______________

Did the Employees follow the Policies and Protocols?  [ ] yes  [ ] no

If no, please list date of follow-up in-service and attach facility action plan to quality assurance committee and process. Date of follow-up in-service ______/_______/______.

Narrative response to include evacuation of residents down stairs, to other parts of the facility, and or out of the facility:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

(Attach facility staff sign in record to this form please)
IV. Provide a narrative description of the role of outside community resources who participated in drill (include names and contact information).

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

V. Outside Agency Notification:

[ ] AHCA  [ ] DOH  [ ] DOEA
[ ] DCF  [ ] VA  [ ] Insurance provider
[ ] EOC  [ ] Other:

Additional comments:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

VI. List Key Staff Participation:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

VII. Signature of Person responsible for drill:

_____________________________________ , __________________________
Name                                                                       Title

_____________________________________ , __________________________
Name                                                                       Title

Remember to advise your local fire department and facility alarm system company *before* your drill to avoid false alarm.