

FHCA Internal and External Disaster Drill Form

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

<input type="checkbox"/> Fire department	<input type="checkbox"/> Water company	<input type="checkbox"/> Phone company
<input type="checkbox"/> Police department	<input type="checkbox"/> Electric company	<input type="checkbox"/> Sewer company
<input type="checkbox"/> Bomb squad	<input type="checkbox"/> EOC	<input type="checkbox"/> Hospice
<input type="checkbox"/> County EMS	<input type="checkbox"/> Dialysis	<input type="checkbox"/> 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)

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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:

- | | | |
|-------------------------------|---------------------------------|---|
| <input type="checkbox"/> AHCA | <input type="checkbox"/> DOH | <input type="checkbox"/> DOEA |
| <input type="checkbox"/> DCF | <input type="checkbox"/> VA | <input type="checkbox"/> Insurance provider |
| <input type="checkbox"/> EOC | <input type="checkbox"/> 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.