

**CENTRAL CARE
OBSERVER CHECKLIST
MEDICAL EMERGENCY COMPETENCY**

DRILL OBSERVER:

HOME :

STAFF ON DUTY-NAMES & TITLES:

DATE:

TIME:

EMERGENCY-CIRCLE ONE: CODE BLUE PHYSICAL INJURY SEVERE ILLNESS

STAFF RESPONSE	YES	NO	N/A
Staff recognizes person is experiencing a medical emergency.			
Staff acts quickly and correctly to render first aid/ seek treatment for person.			
If required, emergency assistance was called (911 or alarm system activated).			
If required, AED is obtained, set up correctly and CPR initiated & continued until pulse & respirations re-established, EMS arrives & takes over care, and/or person is transported to emergency medical care facility.			
After emergency assistance is obtained and the situation stabilized, staff gathered copies of pertinent information & send with person to emergency room or fax if necessary. (Medicaid card, medications, allergies, CSH form 1007)			
Staff ensured person was transported to needed medical service by van, or ambulance, as required.			
Staff notified House manager/Team Leader/Designee of person's medical emergency and status.			
Staff documented medical emergency in the person's record and any other necessary documents, such as: shift report, Critical Incident Form, A&I form. CSH form 1007 is forwarded to UM office at CSH, contact made to person's family/representative/guardian to immediately inform of event.			
COMMENTS/PROBLEMS IDENTIFIED/OTHER ACTIONS TAKEN:			

