

**CENTRAL CARE  
OBSERVER CHECKLIST  
MEDICAL EMERGENCY COMPETENCY**

**DRILL OBSERVER:**

**HOME:**

**STAFF ON DUTY-NAMES & TITLES:**

**DATE:**

**TIME:**

**EMERGENCY-CIRCLE ONE:    ILLNESS    PHYSICAL INJURY    CHOKING**

| <b>STAFF RESPONSE</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> | <b>SCORE<br/>%</b> |
|---|------------|-----------|------------|--------------------|
| 1. Staff recognizes person is experiencing a medical emergency.   |            |           |            |                    |
| 2. Staff acts quickly and appropriately to render first aid/ seek treatment for person.<br>(examples: stop bleeding, Heimlich maneuver, CPR)  |            |           |            |                    |
| 3. <b>If required</b> , emergency assistance was called (911 or alarm system activated).  |            |           |            |                    |
| 4. <b>If required</b> , AED is quickly obtained, set up and used.   |            |           |            |                    |
| 5. <b>If required</b> , CPR initiated & continued until EMS arrives & takes over care.  |            |           |            |                    |
| 6. <b>If required</b> , after emergency assistance is obtained and the situation stabilized, staff gathers pertinent information (consumer chart & CSH form 1007) to go with the person to the emergency room. Information should include copies of Medicaid/Medicare cards, current medications, medical history, and allergies. |            |           |            |                    |
| 7. Staff ensured person was transported to needed medical service by appropriate vehicle- house van, or ambulance, as required.   |            |           |            |                    |
| 8. Staff notified House manager/Team Leader/Designee of person's medical emergency and status.  |            |           |            |                    |
| 9. Staff documented details of medical emergency in the person's record.  |            |           |            |                    |
| 10. Staff completed other necessary documents as required, 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.   |            |           |            |                    |
| <b>PASSING SCORE: 90-100%</b> Score each box 10 points for correct completion or 0 points for incorrect completion.   |            |           |            |                    |
| <b>TOTAL SCORE:</b>   |            |           |            |                    |

**COMMENTS/PROBLEMS IDENTIFIED/OTHER ACTIONS  
TAKEN:**