**Medical Emergency Drill Report**

**Date: Time:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Practice name:** |  |  |
|  | **Scenario:** |  |  |
|  | **Staff involved in the drill:** |  |  |
|  | **Audited by:** *One person should observe the drill and document key points* |  |
|  | **DEBRIEF DISCUSSION** |  |  |
| 1 | ***Things that went well*** |
| 2 | ***Areas for improvement*** |
| 3 | ***Action plan*** |