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**Medical Emergency Drill Report**

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| **DETAILS** | | |
| **Date:** | | **Time:** |
| **Practice name:** | | |
| **Scenario:** | | |
| **Staff involved in the drill:** | | |
| **Audited by:** *[One person should observe the drill and doucment key points.]* | | |
| **DEBRIEF DISCUSSION** | | |
| **1.** | **Things that went well** | |
| **2.** | **Areas for improvement** | |
| **3.** | **Action plan** | |