

**EMERGENCY CHECKLIST  
FOR MUNICIPAL HEALTH OFFICE (MHO)  
AND RURAL HEALTH UNIT (RHU)**

**PURPOSE**

1. To assure that each site is equipped and prepared to handle emergencies that may occur.
2. The Public Health Nurse (PHN) will assure that this checklist is completed annually for each site and that follow-up occurs for any inadequacies/incomplete areas.

No.	EMERGENCY ITEM	Complete/ Adequate	incomplete/ Inadequate	Comments
1	Emergency numbers posted on each phone			
2	Exits clear			
3	Hallways clear			
4	Staff able to describe action to take in case of emergency			
5	Staff demonstrates use of anaphylaxis equipment			
6	Emergency tray stored in secured area except during clinic hours			
7	Emergency tray stocked according to district protocol for anaphylaxis			
8	All staff trained in emergency procedures and certified in CPR (every 2 years)			
9	Practice emergency drill(s) conducted and documented at least annually. <b>NOTE:</b> Drills should include age group variations (i.e., adults, infants and children.)			

Public Health Nurse: Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date of Review: \_\_\_\_\_ Date Corrected: \_\_\_\_\_

Municipal Public Health Nurse: Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_