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Emergency Drills: What, Why, and How

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CABC Commissioner

This month, CABC Commissioner Kim Pekin discusses types of emergency drills, why they are a vital part of a center's CQI program, and best practices for conducting drills.

What Types of Drills Should Occur?

The [CABC Indicators](#) document identifies several emergency situations that should be included in quarterly drills. These include: **shoulder dystocia**, **hemorrhage**, and **neonatal resuscitation**. If the birth center offers **water birth**, these drills should also be done as they would during a water birth. Centers should do a **fire** and **evacuation** drill, as well.

Why Should We Drill?

Drills provide an opportunity for staff members to understand each person's role in an emergency, as well as what steps are required to manage emergency situations they may encounter in their work at the center. Staff can evaluate their performance, and in that process, identify tools and information they may need to perform optimally in their roles. Doing drills **quarterly** helps staff members feel prepared when an emergency actually does happen.

How Should We Conduct Drills?

Drills should be done by **simulation**. This means that staff should strive to make the situation as real as possible. For example, the room should be set up as it would be for a birth. Staff members can act out scenarios in different roles, such as client, midwife, birth assistant, or student.



One staff member could be assigned the role of leader and evaluator. First, the drill leader will describe a scenario. Then, as the participants act out the scenario, the leader can offer feedback about the effectiveness of the participants' performance. For example, for a postpartum hemorrhage, the leader can say, "She's lost another 200 cc" after the actions they've already

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taken to resolve the hemorrhage, so that the participants know that additional steps need to be taken. The drill leader should take participants through the entire sequence of events that happen in an actual emergency, including **identifying the problem**, taking **steps to resolve the problem**, **evaluating**

the effectiveness of those steps, **contacting EMS**, and **preparing to transfer** to the hospital. Offering feedback gives an opportunity to clarify protocols and make sure everyone understands what is expected of them. After the evaluation, the team can try the scenario again and implement the changes suggested by the leader.

Finally, **drills should be documented**. Documentation should include: the **date**, participant **names**, **drills performed**, and **assessment** of the participants' performance. If protocols are changed as a result of doing drills, these changes should be **documented** in the center's policy and procedure manual.

In conclusion, drills can solidify team members' roles and help them feel confident in their ability to manage the most common emergencies they may encounter. The time invested in doing drills will pay off by making sure that staff members are prepared and can provide the best emergency care possible.

***About the Author:** Kim Pekin joined the CABC Board of Commissioners earlier this year. She is a graduate of the National Midwifery Institute, mother of seven, and the owner of Premier Birth Center Winchester and Chantilly, VA.*

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