

Incident characteristics

12	<p>What was the mechanism/external factor that caused the incident? Please tick for all options that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transport accident <input type="checkbox"/> Extreme weather <input type="checkbox"/> Seismic incident <input type="checkbox"/> Fire <input type="checkbox"/> Mass gathering <input type="checkbox"/> Explosive <input type="checkbox"/> Industrial accident <input type="checkbox"/> Nuclear or radiological incident <input type="checkbox"/> Biological incident <input type="checkbox"/> Chemical incident <input type="checkbox"/> Other. Please specify <p><i>If extreme weather please choose one of the options below:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Avalanche <input type="checkbox"/> Flooding <input type="checkbox"/> Thunderstorm <input type="checkbox"/> Hurricane <input type="checkbox"/> Extreme heat <input type="checkbox"/> Extreme cold <input type="checkbox"/> Other. Please specify <p>Is this incident coupled to another incident?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><i>If yes, which incident?</i></p>
13	<p>What was the location of the incident scene? Please tick for all options that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Urban area <input type="checkbox"/> Rural/ countryside area <input type="checkbox"/> Offshore/ maritime (ocean, river, lake) <input type="checkbox"/> Mountain <input type="checkbox"/> Road <input type="checkbox"/> Airport <input type="checkbox"/> Educational facility <input type="checkbox"/> Public facility <input type="checkbox"/> Health care facility <input type="checkbox"/> Building <input type="checkbox"/> Mass gathering <input type="checkbox"/> Other/unknown <p><i>If other please specify.</i></p>
14	<p>What was the EMS' mode of access to treat patients at incident scene? Please tick for all options that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wheeled vehicles <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Boat <input type="checkbox"/> Foot <input type="checkbox"/> Other. Please specify <p><i>For each ticked alternative please specify if there was a delay in accessing the patient in order to start evaluation/treatment and why this occurred.</i></p> <p><i>Reasons for delay could include reasons such as: security issues, congested roads due to traffic, weather conditions.</i></p>
15	<p>What was the EMS' mode of evacuating patients from the incident scene? Please tick for all options that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wheeled vehicles <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Boat <input type="checkbox"/> Foot <input type="checkbox"/> Other. Please specify <p><i>For each ticked alternative please specify if there was a delay in the evacuation of the patient/s and why this occurred.</i></p> <p><i>Reasons for delay could include reasons such as: entrapment, lack of transport capacity, weather conditions etc.</i></p>
16	<p>Was there damage to infrastructure that affected EMS response? Please tick for all options that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Power <input type="checkbox"/> Telecommunication <input type="checkbox"/> Other modes of communication <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Damage to the EMS or health structure <input type="checkbox"/> Other damage. Please specify <p><i>For each ticked alternative please state what the damage was and how it affected the EMS response.</i></p>
17	<p>How many sites required separate EMS infrastructure (such as on-scene leadership and casualty clearing stations) in the response phase?</p> <p>Please state whether the number is estimated or exact.</p>

18	<p>Which hazards existed for rescuers on scene? Please tick for all options that apply.</p> <ul style="list-style-type: none"><input type="checkbox"/> On going violence or risk of further violence<input type="checkbox"/> Fire<input type="checkbox"/> Collapsing building/s<input type="checkbox"/> Climate<input type="checkbox"/> Lack of electricity<input type="checkbox"/> Lack of water/food<input type="checkbox"/> Other. Please specify <p><i>For each ticked alternative please specify what the hazard was and how it affected the rescuers on-scene.</i></p>
19	<p>Which hazards existed for patients on scene? Please tick for all options that apply.</p> <ul style="list-style-type: none"><input type="checkbox"/> On going violence or risk of further violence<input type="checkbox"/> Fire<input type="checkbox"/> Collapsing building/s<input type="checkbox"/> Climate<input type="checkbox"/> Lack of electricity<input type="checkbox"/> Lack of water/food<input type="checkbox"/> Other. Please specify <p><i>Fore each ticked alternative please specify what the hazard was and how it affected the patients on-scene.</i></p>