

EMS response data

20	<p>The following questions are regarding on-scene initial actions by first medical team to arrive on-scene.</p> <p>Did the first medical team to arrive on-scene:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assume the role of on-scene medical commander? <input type="checkbox"/> Begin to make an assessment of scene safety? <input type="checkbox"/> Communicate a situation report to EMS coordinating centre? <p><i>If yes was this done according to a pre-existing system or mnemonic? (E.g. METHANE).</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Request additional resources? <p><i>If yes please specify what types of resources were requested.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Initiate any safety related actions? <p><i>If yes please describe which.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Delegate responsibility for other tasks on scene? <p><i>If yes please describe other tasks.</i></p> <p>For each ticked alternative the responder will be asked to provide time for each action (provided as date: year/month/day and time: hh:mm) and state whether the time provided is exact or estimated.</p> <p>What kind of medical personnel assumed the role of on-scene medical commander?</p>
21	<p>The following questions are regarding system-level medical coordination.</p> <p>What time was summoning of additional medical staff to participate in the medical response initiated? (provided as date: year/month/day and time: hh:mm)</p> <p>Were additional medical staff who responded to the major incident summoned by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> First medical team to arrive on-scene? <input type="checkbox"/> On-scene medical commander? <input type="checkbox"/> EMS coordinating centre? <input type="checkbox"/> Other means? Please specify. <p>Were medical pre-hospital resources used in the major incident response coordinated by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> First medical team to arrive on-scene? <input type="checkbox"/> On-scene medical commander? <input type="checkbox"/> EMS coordinating centre? <input type="checkbox"/> Other means? Please specify. <p>Who was responsible for briefing medical staff of the situation during the pre-hospital major incident medical response?</p> <ul style="list-style-type: none"> <input type="checkbox"/> First medical team to arrive on-scene? <input type="checkbox"/> On-scene medical commander? <input type="checkbox"/> EMS coordinating centre? <input type="checkbox"/> Other. Please specify.
22	<p>The following questions are regarding medical communication</p> <p>Was communication achieved between medical personnel at the incident:</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <p><i>If yes was this communication managed by:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> First medical team to arrive on-scene? <input type="checkbox"/> On-scene medical commander? <input type="checkbox"/> EMS coordinating centre? <input type="checkbox"/> Written reports? <input type="checkbox"/> Other means? Please, specify. <p><i>If yes, where possible please provide time for initiating the action (provided as date: year/month/day and time: hh:mm).</i></p> <p><i>If no: why was communication not achieved?</i></p> <p>Was communication achieved between the different task forces involved (police, fire fighters, health, political leaders etc)?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No, between none of the task forces <input type="radio"/> Unknown <p><i>If yes: was communication achieved between all of the task forces or only between some of the task forces?</i></p> <p>Follow up questions will be provided to specify between whom it was or was not achieved, and between whom it should have been achieved.</p>

Was communication achieved between the scene and the EMS coordinating centre:

- Yes
- No
- Unknown

If yes was communication managed by:

- First medical team to arrive on-scene?
- On-scene medical commander?
- EMS coordinating centre?
- Written reports?
- Other means? Please, specify.

If yes, where possible please provide time for initiating the action (provided as date: year/month/day and time: hh:mm).

If no: why was communication not achieved?

Was communication achieved between the scene and receiving hospital/s:

- Yes
- No
- Unknown

If yes was communication managed by:

- First medical team to arrive on-scene?
- On-scene medical commander?
- EMS coordinating centre?
- Written reports?
- Other means? Please, specify.

If yes, where possible please provide time for initiating the action (provided as date: year/month/day and time: hh:mm).

If no: why was communication not achieved?

Was communication achieved between medical response personnel and the general public?

- Yes
- No
- Unknown

If yes was this communication managed by:

- First medical team to arrive on-scene?
- On-scene medical commander?
- EMS coordinating centre?
- Written reports?
- Other means? Please, specify.

If yes, where possible please provide time for initiating the action (date and hh:mm).

If no: why was communication not achieved?

23 **Describe the structure of the medical incident command during the major incident (free text).**

24 The following questions are regarding modes of communication

Which mode/s of communication were used during the major incident response? Please tick for all options that apply.

- Radio, VHS
- Radio, tetra
- Other type of radio
- Mobile phone
- Land line telephone
- Communication to the public (such as television, social media)? Please specify mode of communication
- Other means of communication. Please specify

For each ticked alternative please state if there were any failures to that mode of communication, specify what the failure was and how it affected the medical response.

25 **Are the same communication systems mentioned above in use on a daily basis?**

- VHF radio
- Tetra radio
- Other type of radio
- Mobile phone
- Land line telephone
- Communication to the public (such as television, social media)? Please specify mode of communication
- Other means of communication. Please specify

26 **Please provide timings for the following (provided as date: year/month/day. Time: hh:mm):**

- Incident time
- Emergency Medical Service (EMS) notification
- First EMS arrival
- Major incident declared
- Medical command established
- Time of first meeting between police /fire / medical command
- 1st patient evacuated by EMS (time of leaving incident scene)
- Last patient evacuated by EMS (time of leaving incident scene)
- 1st patient arriving in hospital
- Last patient arriving in hospital

Please state if the timings are estimated or exact.

27 **Please describe any delays in the timings mentioned in question 26 (free-text).**

28	<p>The following questions are regarding on-scene resources</p> <p>What was the number of persons in each category who were present at scene during the EMS response to the incident?</p> <p><input type="checkbox"/> Lay person with no field care education</p> <p><input type="checkbox"/> Basic Life Support by non-EMS professional</p> <p><input type="checkbox"/> Basic Life Support by EMS professionals, non-physician</p> <p><input type="checkbox"/> Advanced Life Support by EMS professional, non-physician</p> <p><input type="checkbox"/> Advanced Life Support on-scene by physician</p> <p><input type="checkbox"/> Other personnel. Please specify.</p> <p><input type="checkbox"/> Unknown</p> <p><i>For each ticked option please state whether the number is estimated or exact.</i></p>
29	<p>What was the number of units in each transport category that responded to the major incident? Returning units are to be counted only once. Please tick for all options that apply.</p> <p><input type="checkbox"/> EMS: vehicle.</p> <p><input type="checkbox"/> EMS: helicopter</p> <p><input type="checkbox"/> EMS: boat</p> <p><input type="checkbox"/> EMS: other. Please specify type</p> <p><input type="checkbox"/> Civilian: vehicle</p> <p><input type="checkbox"/> Civilian: helicopter</p> <p><input type="checkbox"/> Civilian: boat</p> <p><input type="checkbox"/> Civilian: other. Please specify type</p> <p><input type="checkbox"/> Other Emergency services: vehicle</p> <p><input type="checkbox"/> Other emergency services: helicopter</p> <p><input type="checkbox"/> Other emergency services: boat</p> <p><input type="checkbox"/> Other emergency services: other means of transport.</p> <p><i>If possible, please provide time of arrival for the first vehicle in each category.</i></p>
30	<p>What kind of equipment was available on-scene enabling EMS to do their job? Please tick for all options that apply:</p> <p><input type="checkbox"/> Equipment to provide care for patients exposed to hazardous materials. Please specify</p> <p><input type="checkbox"/> Search and rescue equipment. Please specify</p> <p><input type="checkbox"/> Alpine/mountain rescue equipment</p> <p><input type="checkbox"/> Coast guard equipment</p> <p><input type="checkbox"/> Support vehicles. Please specify</p> <p><input type="checkbox"/> Other type of equipment. Please specify</p> <p><i>If possible please indicate the time when equipment was ready for use at the scene (provided as date: year/month/day and time: hh:mm).</i></p>
31	<p>The following questions are regarding hospitals receiving patients</p> <p>How many hospitals received patients during the major incident?</p>
32	<p>For each of the hospitals mentioned in question 31:</p> <p>What was the distance from incident scene? Distance measured as kilometers in air line.</p> <p>Type of hospital</p> <p><input type="checkbox"/> Regional hospital with trauma responsibility</p> <p><input type="checkbox"/> Regional hospital without trauma responsibility</p> <p><input type="checkbox"/> Local hospital</p> <p><input type="checkbox"/> Other types of hospitals. Please specify</p> <p><input type="checkbox"/> Unknown</p> <p>Number of patients conveyed to hospital:</p> <p><input type="checkbox"/> By EMS</p> <p><input type="checkbox"/> By non-EMS</p> <p><input type="checkbox"/> In the first hour after the incident (<1 hour)</p> <p><input type="checkbox"/> Between 1 and 2 hours after the incident (≥1 hour <2hours)</p> <p><input type="checkbox"/> Between 2 and 3 hours after the incident (≥2 hours <3 hours)</p> <p><input type="checkbox"/> Between 3 and 4 hours after the incident (≥3 hours < 4 hours)</p> <p><input type="checkbox"/> After 4 hours or more following the incident (≥4 hours)</p> <p>Does a pre-existing patient distribution plan exist?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p> <p>If yes, please explain any pre-existing patient distribution plan/s and give any comments on decision making, delays etc.</p>