

MONROE LIVINGSTON EMS SYSTEM EMS INCIDENT WORKSHEET / CHECKLIST

Incident Location: _____ Date: ____/____/____

Type of Incident: ☐ Fire Stand-by ☐ Haz Mat Stand-by ☐ Police Stand-by ☐ Other: _____

UPON ARRIVAL:

- ☐ Size Up / Initial Report
- ☐ Establish Command
- ☐ Scene Safety Issues
- ☐ MCI Declared?
- ☐ Move EMS Operations to EMS 175?
- ☐ Request Additional Resources
- ☐ Triage Initiated? Initial number of Patients?
- ☐ Hospital Bed Status Notify?
- ☐ Sectors Established
 - Triage
 - Treatment
 - Transport
 - Staging
 - Landing Zone – Air Medical

Command Post Location: _____

Resource	Name	Cell Phone #
Fire Command		-
EMS Command		-
Law Enforcement Command		-
		-
Triage Officer		-
Treatment Officer		-
Transport Officer		-
Staging Officer		-

Rehab Location: _____

Treatment Location: _____

EMS Staging Locations:

Level 1 Staging: _____

Level 2 Staging: _____

Air Medical Staging:

Landing Site #1: _____

Landing Site #2: _____

Make sure that Command notified of Air Medical Transport requested
and Fire Department to have landing site secured

<i>Number of Patients</i>					
Elapsed Minutes	5	10	20	30	60
Immediate					
Delayed					
Minor					
Dead					
Total					

Rehab Staffing Needs:

To effectively staff a rehab sector, the following should be utilized as a guideline:

1. Rehab should be staffed with one (1) EMT and Paramedic for every ten (10) persons who are being concurrently in rehab.
2. Rehab should dedicate minimally one ALS ambulance for rehab sector patient transports.
3. Consider additional ALS or BLS ambulance as incident resources increase.

Additional Resource Considerations (Not all may be needed for each incident):

Type of Resource	Resource Needed	Time Requested
County MCI Trailer	() Yes () No	
Additional Portable Water / Ice	() Yes () No	
Buses for Housing (Heat/Cold Issues)	() Yes () No	
Misting and Cooling Equipment	() Yes () No	
Electrical Generating Equipment	() Yes () No	
Lighting Equipment	() Yes () No	
Portable Heaters	() Yes () No	
Sanitary Facilities – Portable Toilets?	() Yes () No	
Personal Washing Equipment – Soap, Towels, Water	() Yes () No	
DeCon Shower?	() Yes () No	
Food - also serving equipment	() Yes () No	
Trash Receptacles	() Yes () No	
Additional Oxygen Tanks / Also refill site?	() Yes () No	

Weather Information:

Time	Temp	Humidity	Wind Speed	Wind Direction	Wind Chill	Heat Index
:						
:						
:						
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