

COORDINATING HOSPITAL'S VICTIM RECORD

Mass Casualty Guidelines

Transport Officer: Name: _____

Nature of Incident: _____

Phone Number: _____

Emergency Operations Center (EOC): _____

Approximate Number of Victims: _____

Alternate Number: _____

Red Cross Contact Information: _____

Mass Casualty Location: _____

Public Information Center: _____

Date & Time of Initial Call: _____

DO NOT HANG UP ON THE TRANSPORT OFFICER!!!!!!

ONE line For each Pt	Transport Squad	Triage Tag Number	Triage Tag Color	Injury Type	Receiving Hospital (RH)	Time RH Notified
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Coordinating Hospital Recorder Signature: _____

RECEIVING HOSPITAL'S VICTIM RECORD
Mass Casualty Guidelines

- You will be notified of incoming squads/victims by the Coordinating Hospital
- Squads will follow protocol
- Maintain MINIMUM radio traffic
- Activation of own Emergency Response Plan is at your discretion

Emergency Operations Center (EOC): _____

Alternate Number: _____

Red Cross Contact Information: _____

Public Information Center: _____

Coordinating Hospital: _____

Mass Casualty Location: _____

Approximate Number of Victims: _____

Receiving Hospital Signature: _____

ONE line For each Pt	Transport Squad	Triage Tag Number	Triage Tag Color	Hospital Number	Injury	Time of Call	Time of Arrival	Destination
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

IMPORTANT!! Do NOT discard Field Triage Tags on Pt arrival- they MUST remain as part of Patient record!!!

TRANSPORT OFFICER'S VICTIM RECORD--- VICTIMS
Mass Casualty Guidelines

- Communicate **ONLY** with the EMS Control Officer
- Assign scribes and runners as needed
- Provide for personnel and victim needs
- Treatment area should:
 - Have enough room to:
 - provide 2 ft. between ea. Pt
 - allow for EMS equipment area
- Advise all Patient Movers to report back to TRIAGE
- Additional personnel requests will be made through the EMS Control Officer

Nature of Incident: _____

Approximate Number of Victims: _____

Mass Casualty Location: _____

Date & Time Operational: _____

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USE ONE LINE FOR EACH PATIENT

	Arrival Time	Patient Name	Tag Number	Tag Color (Red, yellow, green)	Injury Type	Treatment Zone (Red, yellow, green)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Transport Officer's Signature(s): _____

TRANSPORT OFFICER RESOURCE LOG

Patients are to be sent to Hospitals in a rotating order.

HOSPITAL	RED Number able to Receive	YELLOW Number able to Receive	GREEN Number able to Receive	TRANSPORT VEHICLES Squads—Helicopters--- Vans---Buses	Number ALS units	Number BLS units
Dunlap Memorial						
Wooster Community						
Affinity Medical/ Doctors						
Affinity Medical/ Massillon						
Akron Children’s						
Akron General Medical						
Aultman						
Barberton Citizens						
Cuyahoga Falls General						
Joel Pomerene						
Lodi Community						
Medina General						
Mercy Medical Center						
Samaritan						
St. Thomas						
Wadsworth- Rittman						

COMMENTS/ NOTES: _____

TRANSPORT OFFICER'S VICTIM RECORD-- DESTINATION

Mass Casualty Guidelines

Coordinating Hospital: _____
 Phone Number: _____

Nature of Incident: _____

Emergency Operations Center (EOC): _____
 Alternate Number: _____

Approximate Number of Victims: _____

Red Cross Contact Information: _____

Mass Casualty Location: _____

Public Information Center: _____

Date & Time Operational: _____

- Do **NOT** hang up on the Coordinating Hospital!!!
- Provide frequent updates to Coordinating Hospital.
- Communicate ALL Patient information ONLY to the Coordinating Hospital.
- Advise all transport personnel to follow protocols and NOT call hospitals directly!!

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ONE line For each Pt	Transport Squad	Victim Name	Triage Tag Number	Triage Tag Color	Injury Type	Receiving Hospital (RH)	Departure Time
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Transport Officer's Signature(s): _____