



NEW CASTLE COUNTY EMS

ESTABLISHED PERIMETER – BARRICADE

EMS OPERATIONS CHECKLIST

Date	Alarm Time	Law Enforcement Incident Commander	
Dispatched Location			NCC*EMS Case No.
Medic Unit No.	Paramedic	ID No. P-	
Vehicle No.	Paramedic	ID No. P-	

Location of Actual Call-Out (*Street Address*)

Closest Hospital:

_____ ETA _____ () Air
() Ground

Next Closest Hospital:

_____ ETA _____ () Air
() Ground

Scene Landing Zone (LZ)

_____ Map Grid _____

_____ GPS _____

BLS Unit(s) Assigned to Incident

Unit _____ Crew _____

Unit _____ Crew _____

Unit _____ Crew _____

Dedicated EMS Operations Channel: (*Include patch, if required*)

Risk Assessment (*Check all that apply*)

- Criminal History: _____
- Medical History
 - Illegal Drug User
 - ETOH Abuse
 - Mental Illness
 - Suicidal/Psychiatric Hx
- Presence of children/elderly subjects
- Gang or Organized Criminal Group/Associates
- Firearms (*all types*)
- Specialty Weapons (*Throwing stars, knives, etc*)
- Animals
- Explosives
- Tactical Training/Paramilitary Background



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Verify Proper Notifications by Communications Center

- NCC*EMS Shift Commander
- NCC*EMS Operations Commander
- Brief all other EMS/Fire Service personnel on scene
 - Location of Outer Perimeter
 - EMS Staging Location: _____
 - EMS Group Commander
 - Scene Safety Briefing

MCI Plan

- Vehicle/Personnel Assignments for Multiple Patients
- Triage Coordinator _____
- Medical Communications Coordinator _____

EMS Special Operations Personnel

- SWAT Paramedic _____
- SWAT Paramedic _____
- SWAT Paramedic _____

NCC*EMS Staff

Other Fire Units
