



NEW CASTLE COUNTY EMS

HIGH RISK WARRANT SERVICE

EMS OPERATIONS CHECKLIST

Date	Alarm Time	Law Enforcement Operation Commander	
Requesting Law Enforcement Agency			NCC*EMS Case No.
Medic Unit No.	Paramedic	ID No. P-	
Vehicle No.	Paramedic	ID No. P-	

Location of Target Location *(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 _____ Staging Location _____
(Recommend 1 mile away from callout location)

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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Other Considerations

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

Remarks
