

# NJSFACTs Squad Detail Report

This report collects information on calls that NJSFAC squads have responded to.

## 1A: Squad & Incident Information

Basic Information about the Squad and this incident

### \* 1A1.0.1~E02\_02: What is the Incident Report Number for this incident?

Mandatory-

Please write your answer here:

### 1A1.1.0~x: What is the rig number?

Please write your answer here:

### 1A2.0.0~x: If someone else provided the information for this report, please type their name here;

Please write your answer here:

### 1A2.1.0~x: How many crew members were with the squad on this call?

Please write your answer here:

### 1A2.2.0~x: How many EMT's were with the crew?

Please write your answer here:

### \* 1A2.3.0~E02\_05: What was the primary role of the unit?

Mandatory: The primary role of the EMS vehicle which was requested for this specific EMS incident.

Please choose **only one** of the following:

- Rescue
- Supervisor/First Responder
- Transport/EMS Vehicle
- Not Available
- Not Known
- Not Applicable

### \* 1A2.4.0~E02\_12: What was the EMS Unit Call Sign?

Mandatory: The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.

Please write your answer here:

### \* 1A3.0.0~E02\_16: What was the beginning odometer reading of the responding vehicle?

Mandatory: Round to the nearest mile

Please write your answer here:

**\* 1A4.0.0~E02\_19: What was the ending odometer reading for the responding vehicle?**

Mandatory: Round to the nearest mile. Must be larger than beginning odometer reading.

Please write your answer here:

**\* 1A4.0.1: Was this a cancellation?**

Was this call cancelled?

Please choose **only one** of the following:

Yes

No

[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**\* 1A4.1.0: Was this a Mutual Aid Call?**

Mandatory: Refers to calls originating outside the primary response area

Please choose **only one** of the following:

Yes

No

[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**\* 1A4.2.0: What was the Municipal (muni) Code where the incident took place?**

Mandatory: If you don't know the muni code, click [here](#) for help.

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**\* 1A4.3.0~x: Was this a stand-by call?**

Mandatory: Stand-by calls have no patients.

Please choose **only one** of the following:

Yes

No

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**\* 1A5.0.0~x: What was the destination or facility?**

Mandatory: Choose "other" if there was no destination, such as with a stand-by.

Please choose **only one** of the following:

- Atlantic City- Mainland Division
- Atlantic City Medical Center - City Division
- Barnert Memorial- Paterson
- Bayonne Hospital
- Bayshore- Holmel
- Bergen Regional Medical Center- Paramus
- Burdette Tomlin- Cape May Court House
- Centra State- Freehold
- Chilton Memorial Hospital- Pompton Plains

- Christ Hospital- Jersey City
- CHS at Fuld
- CHS at Mercer
- Clara Maass- Belleville
- Columbus Hospital- Newark
- Community Medical Center
- Cooper Medical Center- Camden
- East Orange General
- Englewood Hospital Medical Center
- Hackensack University Medical Center
- Hackettstown Community Hospital
- Holy Name Hospital- Teaneck
- Hospital Center at Orange
- Hunterdon Medical Center- Flemington
- Irvington General
- Jersey Shore- Neptune
- JFK- Cherry Hill Division
- JFK- Stratford Division
- JFK- Washington Twp. Division
- JFK-Medical Center- Edison
- Kimball Medical Center - St. Barnabas
- Liberty Health - Greenville Campus
- Liberty Health - Jersey City Medical Center
- Liberty Health - Meadowlands Hospital-Seacaucus
- Medical Center at Princeton
- Memorial Hospital- Mount Holly
- Memorial Hospital of Salem County
- Memorial Medical Center- South Amboy
- Monmouth Medical Center- Long Branch
- Morristown Memorial Hospital
- Mountainside- Montclair
- Muhlenburg- Plainfield
- Newark Beth Israel
- Newton Memorial
- Ocean Medical Center
- Our Lady of Lourdes - Rancocas
- Our Lady of Lourdes Medical Center
- Overlook Hospital- Summit
- Palisades Medical Center- North Bergen
- Pascack Valley- Westwood
- PBI Regional Medical Center
- Raritan Bay - Old Bridge Division
- Raritan Bay Medical Center
- Riverview- Red Bank
- Robert Wood Johnson University
- RWJUH at Hamilton
- RWJUH at Rahway

- Salem County Communications Center
- Shore Memorial- Somers Point
- SJMC Bridgeton SED
- Somerset Hospital- Somerville
- South Jersey Hospital - Elmer
- South Jersey Regional Medical Center
- South Ocean County- Manahawkin
- St. Barnabas- Livingston
- St. Clares- Denville
- St. Clares- Dover
- St. Clares- Sussex Division
- St. Francis Medical Center
- St. James- Newark
- St. Joseph's Hospital Medical Center-Patterson
- St. Joseph's Wayne Hospital
- St. Mary's- Hoboken
- St. Mary's Hospital- Passaic
- St. Michael's- Newark
- St. Peter's- New Brunswick
- The Valley Hospital- Ridgewood
- Trinitas Hospital
- Underwood-Memorial Hospital
- Union Hospital
- University of Medicine & Dentistry
- Veterens Admin. Medical Center
- Virtua- Berlin Division
- Virtua- Camden Division
- Virtua- Marlton
- Virtua- Voorhees Division
- Walston Army Hospital
- Warren Hospital- Phillipsburg
- Other
- William B. Kessler Memorial- Hammonton

[Only answer this question if you answered 'Other' or 'Other' to question '1A5.0.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**1A5.1.0~E20\_07: What was the ZIP code of the destination the patient was delivered or transferred to?**

If you don't know the zip code, click [here](#) for help.

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**1A5.1.1~E20\_16: What was the reason the squad chose to deliver or transfer the patient to the destination?**

Please choose **only one** of the following:

- Closest Facility (none below)

- Diversion
- Family Choice
- Insurance Status
- Law Enforcement Choice
- On-Line Medical Direction
- Other
- Patient Choice
- Protocol
- Specialty Resource Center
- Not Available
- Not Known
- Not Applicable

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**1A5.1.2~E20\_17: What was the type of destination?**

Please choose **only one** of the following:

- Home
- Hospital
- Medical Office/Clinic
- Morgue
- Assisted Living
- Other
- Other EMS Responder (air)
- Other EMS Responder (ground)
- Police/Jail
- Not Available
- Not known
- Not Applicable

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**1A7.0.0~E08\_05: How many patients did you transport to this destination?**

Please write your answer here:

**2B: Call Details**

**\* 2B0.0.0~: What is the date of this call?**

Mandatory Format:  
12-25-2004

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**\* 2B0.1.0~E02\_20: What was the Response Mode to the Scene?**

Mandatory: Indication  
whether or not lights  
and/or sirens were  
used on the vehicle on

Please choose **only one** of the following:

- Initial Lights and Sirens, Downgraded to No Lights or Sirens
- Initial No Lights or Sirens, Upgraded to Lights and Sirens

used on the vehicle on the way to the scene

- Lights and Sirens
- No Lights or Sirens
- Not Available
- Not Known
- Not Applicable

**2B0.2.0~: What was the PSAP Time?**

The time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services. Time format (24 hour hh:mm)

Please write your answer here:

**\* 2B1.0.0~: What time was the responding unit notified of the call?**

Mandatory: Time format (24 hour hh:mm)

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**2B2.0.0~: What time did the squad vehicle start moving to the scene?**

Time the vehicle came "in Service" Time format (24 hour hh:mm)

Please write your answer here:

[Only answer this question if you answered 'Yes' to question '1A4.0.1 ']

**\* 2B2.1.0: At what time was the call cancelled?**

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**2B3.0.0~: What was the time the responding unit arrived on the scene?**

Time format (24 hour hh:mm)

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**2B5.0.0~: What time did the responding unit leave the scene (started moving)?**

Time format (24 hour hh:mm)

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**\* 2B5.0.1~E20\_14: What was the Transport Mode from the Scene?**

Mandatory: Indication whether or not lights

Please choose **only one** of the following:

- Initial Lights and Sirens, Downgraded to No Lights or Sirens

and/or sirens were used on the vehicle while leaving scene

- Initial No Lights or Sirens, Upgraded to Lights and Sirens
- Lights and Sirens
- No Lights or Sirens
- Not Available
- Not Known
- Not Applicable

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**2B6.0.0~: What time did the responding unit arrive with the patient at the destination or transfer point**

Time format (24 hour hh:mm)

Please write your answer here:

**\* 2B7.0.0~: What time was the unit back in service and available for response (finished with call, but not necessarily back in home location)?**

Mandatory: Time format (24 hour hh:mm)

Please write your answer here:

**2B7.1.0~: What time was the Unit back at the home service area?**

The time the responding unit was back in their service area. Time format (24 hour hh:mm)

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**\* 2B8.0.0~: Were there other responders?**

Mandatory: Do not count the members of your own squad.

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'Yes' to question '2B8.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**\* 2B9.0.0~: Were you the first responder, the first unit on the scene?**

Mandatory

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'Yes' to question '2B8.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**2B10.0.0~: What was the time the patient was transferred from this EMS agency to another EMS agency for care?**

Only if applicable...Time format (24 hour hh:mm)

Please write your answer here:

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[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'Yes' to question '2B8.0.0~ ' and if you answered 'No' to question '2B9.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**\* 2B11.0.0~: When was the estimated time of arrival on scene for the initial responder ?**

Mandatory: Time format (24 hour hh:mm)
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Please write your answer here:



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[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**2B12.0.0~: What types of delay, if any, were encountered?**

Please choose **all** that apply:

- Dispatch
- Scene
- Transport
- Turn Around
- None

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[Only answer this question if you answered 'Dispatch' to question '2B12.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**2B13.0.0~: What type of Dispatch Delay, if any, was encountered?**

Please choose **all** that apply:

- Caller (Uncooperative)
- High Call Volume
- Language Barrier
- Location (Inability to Obtain)
- No Units Available
- Scene Safety (Not Secure for EMS)
- Technical Failure (Computer, Phone, etc)
- None

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[Only answer this question if you answered 'Scene' to question '2B12.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**2B14.0.0~: What type of Scene Delay, if any, was encountered?**

Please choose **all** that apply:

- Crowd
- Directions
- Distance
- Diversion
- Extrication >20 min.
- HazMat
- Language Barrier
- Safety
- Staff Delay
- Traffic
- Vehicle Crash
- Vehicle Failure

Weather

None

Other:

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'Transport' to question '2B12.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**\* 2B15..0.0~: What types of Transport delay, if any, were encountered?**

Please choose **all** that apply:

Crowd

Directions

Distance

Diversion

HazMat

Safety

Staff Delay

Traffic

Vehicle Crash

Vehicle Failure

Weather

None

Other:

[Only answer this question if you answered 'Turn Around' to question '2B12.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**\* 2B17.0.0~: What types of Turn Around delay, if any, were encountered?**

Please choose **all** that apply:

Clean-up

Decontamination

Documentation

ED Overcrowding

Equipment Failure

Equipment Replenishment

Staff Delay

Vehicle Failure

None

**3B: Call Details - more**

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '2B9.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**\* 3B1.0.0~: How many people were first responders?**

Mandatory

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'Yes' to question '2B8.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**3B2.0.0~: Which Other Services were at the scene?**

Please choose **all** that apply:

- EMS Mutual Aid
- Fire
- HazMat
- Law Enforcement
- Other Health Care Provider
- Rescue
- Utilities

Other:

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**\* 3B3.0.0~: Was ALS Dispatched?**

Mandatory

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'Yes' to question '3B3.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**3B4.0.0~: Did BLS wait for ALS?**

If applicable

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'Yes' to question '3B4.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**3B5.0.0~: Was ALS Not Available?**

If applicable

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**\* 3B6.0.0~: Was Medevac Called?**

Mandatory

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'Yes' to question '3B6.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**\* 3B7.0.0~: Did Medevac standby?**

Mandatory

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'Yes' to question '3B6.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**\* 3B8.0.0~: Was there a Medevac cancellation?**

Mandatory

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'Yes' to question '3B6.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**3B9.0.0~: Was there a Medevac transport?**

If applicable

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**\* 3B11.0..0~: What was the Primary Hospital Divert Code?**

Mandatory

Please choose **only one** of the following:

- None
- Facility Divert
- Emergency Department Divert
- Critical Care Divert
- Full Divert
- Special Services Divert

**4B1: Patient Information**

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**\* 4B0.1.0~E01\_01: What is the Patient Care Report Number for this patient?**

Mandatory: This number must be unique for each patient.

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**\* 4B1.1.0~: What was the age of the patient?**

Mandatory

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**\* 4B1.2.0~: Is the patient's age given in hours, days, months, or years?**

Mandatory: Default is years.

Please choose **only one** of the following:

- Hours
- Days
- Months
- Years
- Not Available

- Not Known
- Not Applicable

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**\* 4B1.7.0~: What was the gender of the patient?**

Mandatory

Please choose **only one** of the following:

- Male
- Female
- Not available
- Not known
- Not applicable

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**\* 4B1.8.0~: What is the patient's race?**

Mandatory

Please choose **only one** of the following:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other Race
- Not Available
- Not Known
- Not Applicable

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**4B1.8.1~: Was the patient Hispanic or Latino?**

If applicable

Please choose **only one** of the following:

- Hispanic or Latino
- Non-Hispanic or Latino

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**\* 4B1.9.0~: What was the patient's home zipcode?**

Mandatory: Click [here](#) for help. If unavailable enter zero.

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**4B1.9.1~: Which protocols did you administer?**

Please choose **all** that apply:

- Assist with inhaler
- Assist with Epi Pen

- Assist with Nitroglycerine
- Oral/nasal airway
- Advanced airway
- Suctioning
- Honored DNR
- Bleeding control
- Neonatal delivery
- Spinal immobilization
- Traction splint
- Other splint
- Oxygen

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**4B1.9.2~: What was the complaint as reported?**

Report only if  
dispatch service is  
used

Please choose **only one** of the following:

- Abdominal Pain
- Allergies
- Assault
- Back Pain
- Breathing Problem
- Burns
- CO Poisoning/Hazmat
- Cardiac Arrest
- Chest Pain
- Choking
- Convulsions/Seizure
- Diabetic Problem
- Drowning
- Electrocutation
- Eye Problem
- Fall Victim
- Headache
- Heart Problems
- Heat/Cold Exposure
- Hemorrhage/Laceration
- Industrial Accident/Inaccessible Incident/Other Entrapments (non vehicle)
- Ingestion/Poisoning
- Pregnancy/Childbirth
- Psychiatric Problems
- Sick Person
- Stab/Gunshot Wound
- Stroke/CVA
- Traffic Accident
- Traumatic Injury
- Unconscious/Fainting
- Unknown Problem/Man Down

- Transfer/Interfacility/Palliative Care  
 MCI  
 Other

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**4B1.9.3~: What was the cause of the injury?**

Please choose **only one** of the following:

- Aircraft related accident  
 Bicycle accident  
 Bite  
 Chemical poisoning  
 Child battering  
 Drowning  
 Drug poisoning  
 Electrocutation (non-lightning)  
 Excessive cold  
 Excessive heat  
 Fall  
 Fire and flames  
 Firearm assault  
 Firearm injury (accidental)  
 Firearm self inflicted  
 Lightning  
 Machinery accident  
 Mechanical suffocation  
 Motor vehicle non-traffic accident  
 Motor vehicle traffic accident  
 Motorcycle Accident  
 Non-Motorized Vehicle Accident  
 Pedestrian traffic accident  
 Radiation exposure  
 Rape  
 Smoke inhalation  
 Stabbing/Cutting Accidental  
 Stabbing/Cutting Assault  
 Struck by Blunt/Thrown Object  
 Venomous stings (plants, animals)  
 Water transport accident  
 Not Available  
 Not Known  
 Not Reporting  
 Not Applicable

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**4B1.9.4~: What was the patient disposition at the incident?**

Please choose **only one** of the following:

- Dead at Scene
- No Patient Found
- No Treatment Required
- Patient Refused Care
- Treated and Released
- Treated, Transferred Care
- Treated, Transported by EMS
- Treated, Transported by Law Enforcement
- Treated, Transported by Private Vehicle
- Treated, Transported by Medivac

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**\* 4B1.9.5~: Was the AED used?**

Mandatory

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**4B1.9.6~: Was the patient resuscitated?**

Only applies to patients who were pulseless or breathless

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**\* 4B1.11.0: Was there a second patient on this call?**

Mandatory

Please choose **only one** of the following:

- Yes
- No

### 4B2: Second Patient Information

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**\* 4B2.0.1~E01\_01: What is the Patient Care Report Number for the second patient?**

Mandatory: This for the second patient! (must be unique for each patient)

Please write your answer here:

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**\* 4B2.1.0~: What was the age of the patient?**

Mandatory

Please write your answer here:

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**\* 4B2.2.0~: Is the patient's age given in hours, days, months, or years?**

Default is years.

Please choose **only one** of the following:

- Hours
- Days
- Months
- Years
- Not Available
- Not Known
- Not Applicable

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**\* 4B2.7.0~: What was the gender of the patient?**

Please choose **only one** of the following:

- Male
- Female
- Not available
- Not known
- Not applicable

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**\* 4B2.8.0~: What was the patient's race?**

Please choose **only one** of the following:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific
- White
- Other Race
- Not Available
- Not Known
- Not Applicable

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**4B2.8.1~: Was the patient Hispanic or Latino?**

Please choose **only one** of the following:

- Hispanic or Latino
- Non-Hispanic or Latino

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**\* 4B2.9.0~: What was the patient's home zipcode?**

Mandatory: If unavailable, enter a zero, or click [here](#) for help.

Please write your answer here:

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**4B2.9.1~: Which protocols did you administer?**

Please choose **all** that apply:

- Assist with inhaler
- Assist with Epi Pen
- Assist with Nitroglycerine
- Oral/nasal airway
- Advanced airway
- Suctioning
- Honored DNR
- Bleeding control
- Neonatal delivery
- Spinal immobilization
- Traction splint
- Other splint
- Oxygen

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**4B2.9.2~: What was the complaint as reported?**

Report only if  
dispatch service is  
used

Please choose **only one** of the following:

- Abdominal Pain
- Allergies
- Assault
- Back Pain
- Breathing Problem
- Burns
- CO Poisoning/Hazmat
- Cardiac Arrest
- Chest Pain
- Choking
- Convulsions/Seizure
- Diabetic Problem
- Drowning
- Electrocutation
- Eye Problem
- Fall Victim
- Headache
- Heart Problems
- Heat/Cold Exposure
- Hemorrhage/Laceration
- Industrial Accident/Inaccessible Incident/Other Entrapments (non vehicle)
- Ingestion/Poisoning
- Pregnancy/Childbirth
- Psychiatric Problems
- Sick Person
- Stab/Gunshot Wound
- Stroke/CVA
- Traffic Accident
- Traumatic Injury

- Unconscious/Fainting
  - Unknown Problem/Man Down
  - Transfer/Interfacility/Palliative Care
  - MCI
  - Other
- 

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**4B2.9.3~: What was the cause of the injury?**

Please choose **only one** of the following:

- Aircraft related accident
  - Bicycle accident
  - Bite
  - Chemical poisoning
  - Child battering
  - Drowning
  - Drug poisoning
  - Electrocutation (non-lightning)
  - Excessive cold
  - Excessive heat
  - Fall
  - Fire and flames
  - Firearm assault
  - Firearm injury (accidental)
  - Firearm self inflicted
  - Lightning
  - Machinery accident
  - Mechanical suffocation
  - Motor vehicle non-traffic accident
  - Motor vehicle traffic accident
  - Motorcycle Accident
  - Non-Motorized Vehicle Accident
  - Pedestrian traffic accident
  - Radiation exposure
  - Rape
  - Smoke inhalation
  - Stabbing/Cutting Accidental
  - Stabbing/Cutting Assault
  - Struck by Blunt/Thrown Object
  - Venomous stings (plants, animals)
  - Water transport accident
  - Not Available
  - Not Known
  - Not Reporting
  - Not Applicable
- 

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**4B2.9.4~: What was the patient disposition at the incident?**

Please choose **only one** of the following:

- Dead at Scene
- No Patient Found
- No Treatment Required
- Patient Refused Care
- Treated and Released
- Treated, Transferred Care
- Treated, Transported by EMS
- Treated, Transported by Law Enforcement
- Treated, Transported by Private Vehicle
- Treated, Transported by Medivac

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**\* 4B2.9.5~: Was the AED used?**

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**4B2.9.6~: Was the patient resuscitated?**

Only applies to patients who were pulseless or breathless

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'Yes' to question '4B1.11.0 ']

**\* 4B2.11.0~: Was there a third patient on this call?**

Mandatory

Please choose **only one** of the following:

- Yes
- No

### 4B3: Third Patient Information

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'Yes' to question '4B2.11.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**\* 4B3.0.1~E01\_01: What is the Patient Care Report Number for the third patient?**

Mandatory: This is for the third patient! (must be unique for each patient)

Please write your answer here:

[Only answer this question if you answered 'Yes' to question '4B2.11.0~ ']

**\* 4B3.1.0~: What was the age of the patient?**

Mandatory

Please write your answer here:

[Only answer this question if you answered 'Yes' to question '4B2.11.0~ ']

**\* 4B3.2.0~: Is the patient's age given in hours, days, months, or years?**

Default is years.

Please choose **only one** of the following:

- Hours
- Days
- Months
- Years
- Not Available
- Not Known
- Not Applicable

[Only answer this question if you answered 'Yes' to question '4B2.11.0~ ']

**\* 4B3.7.0~: What was the gender of the patient?**

Please choose **only one** of the following:

- Male
- Female
- Not available
- Not known
- Not applicable

[Only answer this question if you answered 'Yes' to question '4B2.11.0~ ']

**\* 4B3.8.0~: What was the patient's race?**

Mandatory

Please choose **only one** of the following:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other Race
- Not Available
- Not Known
- Not Applicable

[Only answer this question if you answered 'Yes' to question '4B2.11.0~ ']

**4B3.8.1~: Was the patient Hispanic or Latino?**

Please choose **only one** of the following:

- Hispanic or Latino
- Non-Hispanic or Latino

[Only answer this question if you answered 'Yes' to question '4B2.11.0~ ']

**\* 4B3.9.0~: What was the patient's home zipcode?**

If unavailable, enter a zero, or click [here](#) for help.

Please write your answer here:

[Only answer this question if you answered 'Yes' to question '4B2.11.0~ ']

**4B3.9.1~: Which protocols did you administer?**

Please choose **all that apply**:

- Assist with inhaler

- Assist with Epi Pen
- Assist with Nitroglycerine
- Oral/nasal airway
- Advanced airway
- Suctioning
- Honored DNR
- Bleeding control
- Neonatal delivery
- Spinal immobilization
- Traction splint
- Other splint
- Oxygen

[Only answer this question if you answered 'Yes' to question '4B2.11.0~ ']

**4B3.9.2~: What was the complaint as reported?**

Report only if  
dispatch service is  
used

Please choose **only one** of the following:

- Abdominal Pain
- Allergies
- Assault
- Back Pain
- Breathing Problem
- Burns
- CO Poisoning/Hazmat
- Cardiac Arrest
- Chest Pain
- Choking
- Convulsions/Seizure
- Diabetic Problem
- Drowning
- Electrocutation
- Eye Problem
- Fall Victim
- Headache
- Heart Problems
- Heat/Cold Exposure
- Hemorrhage/Laceration
- Industrial Accident/Inaccessible Incident/Other Entrapments (non vehicle)
- Ingestion/Poisoning
- Pregnancy/Childbirth
- Psychiatric Problems
- Sick Person
- Stab/Gunshot Wound
- Stroke/CVA
- Traffic Accident
- Traumatic Injury
- Unconscious/Fainting
- Unknown Problem/Man Down

- Transfer/Interfacility/Palliative Care
- MCI
- Other

[Only answer this question if you answered 'Yes' to question '4B2.11.0~ ']

**4B3.9.3~: What was the cause of the injury?**

Please choose **only one** of the following:

- Aircraft related accident
- Bicycle accident
- Bite
- Chemical poisoning
- Child battering
- Drowning
- Drug poisoning
- Electrocutation (non-lightning)
- Excessive cold
- Excessive heat
- Fall
- Fire and flames
- Firearm assault
- Firearm injury (accidental)
- Firearm self inflicted
- Lightning
- Machinery accident
- Mechanical suffocation
- Motor vehicle non-traffic accident
- Motor vehicle traffic accident
- Motorcycle Accident
- Non-Motorized Vehicle Accident
- Pedestrian traffic accident
- Radiation exposure
- Rape
- Smoke inhalation
- Stabbing/Cutting Accidental
- Stabbing/Cutting Assault
- Struck by Blunt/Thrown Object
- Venomous stings (plants, animals)
- Water transport accident
- Not Available
- Not Known
- Not Reporting
- Not Applicable

[Only answer this question if you answered 'Yes' to question '4B2.11.0~ ']

**4B3.9.4~: What was the patient disposition at the incident?**

Please choose **only one** of the following:

- Dead at Scene

- No Patient Found
- No Treatment Required
- Patient Refused Care
- Treated and Released
- Treated, Transferred Care
- Treated, Transported by EMS
- Treated, Transported by Law Enforcement
- Treated, Transported by Private Vehicle
- Treated, Transported by Medivac

[Only answer this question if you answered 'Yes' to question '4B2.11.0~ ']

**\* 4B3.9.5~: Was the AED used?**

Mandatory

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'Yes' to question '4B2.11.0~ ']

**4B3.9.6~: Was the patient resuscitated?**

Only applies to patients who were pulseless or breathless

Please choose **only one** of the following:

- Yes
- No

**6B: Call Types -more**

[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**6B0~E08\_5: What was the total number of patients at the scene?**

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**6B1.0.0~E08\_07: In what kind of location did the incident happen?**

The kind of location where the incident happened

Please choose **only one** of the following:

- Farm
- Health Care Facility (clinic, hospital, nursing home)
- Home/Residence
- Industrial Place and Premises
- Lake, River, Ocean
- Mine or Quarry
- Place of Recreation or Sport
- Public Building (School, Government Offices)
- Residential Institution (residential care, Jail, Prison)
- Street or Highway
- Trade or Service (business, bars, restaurants, etc.)
- Other

[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**6B1.0.1~E08\_15: What was the ZIP code of the incident location?**

If unavailable enter a zero, or click [here](#) for help.

Please write your answer here:

[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**\* 6B1.1~E08\_06: Was this a "mass casualty incident"?**

Mandatory: Indicator if this event would be considered a mass casualty incident (incident involves more than ten patients)

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'No' to question '1A4.0.1 ']

**6B2.0.0~: If this incident was a suspected intentional or unintentional disaster, please choose any of the descriptions below that apply.**

If not a suspected disaster, skip this question.

Please choose **all** that apply:

- Biologic Agent
- Building Failure
- Chemical Agent
- Explosive Device
- Fire
- Hostage Event
- Mass Gathering
- Nuclear Agent
- Radioactive Device
- Secondary Destructive Device
- Shooting/Sniper
- Vehicular
- Weather
- Flood
- Not Available
- Not Known
- Not Applicable

Other:

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'No' to question '1A4.0.1 ']

**6B3.0.0~: Was there any unprotected contact with blood or body fluids?**

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'No' to question '1A4.3.0~x ' and if you answered 'Yes' to question '6B3.0.0~ ' and if you answered 'No' to question '1A4.0.1 ']

**6B4.0.0~: What was the type of exposure or unprotected contact with blood or body fluids?**

Please choose **all** that apply:

- Contact to Broken Skin

- Contact to Intact Skin
- Contact with Eye
- Contact with Mucosal Surface
- Inhalation Exposure
- Needle Stick with Fluid Injection
- Needle Stick without Fluid Injection
- Other Physical injury
- Death
- None

Other:

**6B6.0.0~: Was there any condition which is reportable based on federal or state regulations?**

If so add it to the comments section at the end of the form.

Please choose **only one** of the following:

- Yes
- No

**\* 6B7.0.0~: Does this form need to be reviewed by anyone else?**

Mandatory

Please choose **only one** of the following:

- Yes
- No

[Only answer this question if you answered 'Yes' to question '6B7.0.0~ ']

**6B7.1.0~: Who else needs to review this form?**

Type in the person's name or position.

Please write your answer here:

**6B8.0.0~: Any other comments?**

Research Survey Field

Please write your answer here:

**Submit Your Survey.**

Thank you for completing this survey. Please fax your completed survey to: 610 861-8247.