



Wright State University
Department of Emergency Medicine
Division of Tactical Emergency Medicine



Emergency Medical Technician - Tactical
Hospital Site Survey

HOSPITAL INFORMATION

Survey Date _____ Conducted by _____

Hospital Name _____ Emergency Notification No. _____
area code number

Hospital Address _____ City _____ State _____

Main Switchboard Phone Number _____
area code number

Access _____

POINTS OF CONTACT

Emergency Department POC # 1	Title	Work Phone Pager
Emergency Department POC # 2	Title	Work Phone Pager
Hospital Trauma Service	Title	Work Phone Pager
Hospital Administration	Title	Work Phone Pager
Hospital Security	Title	Work Phone Pager
Hospital Physical Plant	Title	Work Phone Pager
Hospital Based Aircraft	Title	Work Phone Pager Emergency Phone

CLINICAL SERVICES

24 hr ED	Yes	No	24 hr X-Ray	Yes	No			
Board Certified EM Physicians	Yes	No	24 hr lab capability	Yes	No			
Designated Trauma Center	Yes	No	CT	Yes	No	MRI	Yes	No
Number of ED beds			24 hr CT Scan	Yes	No	24 hr MRI	Yes	No
Number of MICU beds			Number of SICU beds					
Combined number of ICU beds			Number of Burn beds					
Helipad	Yes	No	Helipad size	_____ x _____		Helipad Lighted	Yes	No
Helipad Location (Provide access and LZ procedure information)								
Ground _____ / _____ Elevated Give max weight load permitted _____ lbs								

Does the Hospital routinely **TREAT / ADMIT / PROVIDE** the following service:

(On Call indicates service is available within 30 minutes)

SERVICE			SURGERY		
	IN HOUSE	ON CALL		IN HOUSE	ON CALL
Anesthesiology			General Surgery		
Burns			Cardio-Thoracic Surgery		
Cardiology			Neurosurgery		
Diving Injury / Chamber			Orthopedic Surgery		
Ophthalmology			TRAUMA		
Neonatal			Adult, Multisystem	IN HOUSE	ON CALL
Pediatrics			Pediatric Trauma		
Psychiatry			Eye Trauma		
Pulmonary			Spinal Cord, Neurology		
Radiology			Reimplantation		

DECONTAMINATION

Describe the facility if present and provide location information

PRISONER HOLDING AREA

Describe the facility if present and provide location information

SECURITYDoes the hospital have security personnel in ED 24 hrs
If yes, describe the scope of practice of these personnel

Yes ___ No ___

If no, what plan is in place to gain security if required

Does this facility have a secure area / prison area
If yes, describe and provide location information

Yes ___ No ___

EMERGENCY SYSTEMS

Does the hospital have an emergency generator on site

Yes ___ No ___ Fuel in hours _____

Hospital areas supported by generators

Whole Hospital ___ ICU's ___ Emergency Department ___ Operating Suites ___

Other, Area # 1 _____ Other, Area # 2 _____

RADIO COMMUNICATIONS

Frequency # 1 TX _____ RX PL1 _____ Call Sign _____

Frequency # 2 TX _____ RX PL1 _____ Call Sign _____

Frequency # 3 TX _____ RX PL1 _____ Call Sign _____

ADDITIONAL HOSPITAL SURVEY NOTES