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

CLINCAL 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	IN HOUSE	ON CALL
Anesthesiology		
Burns		
Cardiology		
Diving Injury / Chamber		
Ophthamalogy		
Neonatal		
Pediatrics		
Psychiatry		
Pulmonary		
Radiology		

SURGERY	IN HOUSE	ON CALL
General Surgery		
Cardio-Thoracic Surgery		
Neurosurgery		
Orthopedic Surgery		

TRAUMA	IN HOUSE	ON CALL
Adult, Multisystem		
Pediatric Trauma		
Eye Trauma		
Spinal Cord, Neurology		
Reimplantation		

DECONTAMINATION
Describe the facility if present and provide location information

PRISONER HOLDING AREA
Describe the facility if present and provide location information

SECURITY
Does the hospital have security personnel in ED 24 hrs Yes__ No __
If yes, describe the scope of practice of these personnel

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

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

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