



9-1-1 COMMUNICATIONS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENT TYPES

EXIT PROTOCOL

LEGAL DISCLAIMER!

**THESE GUIDE CARDS ARE
INTENDED FOR TRAINING
PURPOSES ONLY**



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EXIT PROTOCOL

ALL CALLERS INTERROGATION

1. Where is the location of the emergency/incident?
2. Where are you in relation to the incident?
3. What is the phone number that you are calling from?
4. What is your first and last name?
5. What is your emergency? Tell me exactly what is happening?

IF MEDICAL CALL - GO TO EMS All Callers Interrogation Card

Once incident type is determined, go to the appropriate guide card.

LAW ENFORCEMENT INCIDENTS

FIRE INCIDENTS

EMS INCIDENTS



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LAW ENFORCEMENT INCIDENTS	POLICIES AND PROCEDURES/ SOG's
FIRE SERVICE INCIDENTS	DATA RECORDS/ SUPPORT SERVICES
EMS INCIDENTS	TERMINOLOGY/ DEFINITIONS



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INCIDENT TYPES

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LAW ENFORCEMENT INCIDENTS

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LAW ENFORCEMENT INCIDENTS

ABDUCTION/KIDNAPPING
ACTIVE SHOOTER
AIRCRAFT EMERGENCIES
ALARMS
ASSAULT AND BATTERY
ASSAULT AND BATTERY - GUNSHOT/SHOOTING
BOMB THREATS - 1ST PARTY
BOMB THREATS - 3RD PARTY
BREAK AND ENTER
BREAK AND ENTER - IN PROGRESS
CARJACKING
CHILD FOUND/LOST
DECEASED PERSON - NATURAL OR SUSPICIOUS
DISABLED VEHICLE
DISORDERLY CONDUCT
DISTURBANCE (VERBAL-FIGHT-FAMILY)
ESCAPED PRISONER
FRAUD/FORGERY
HOLDUP/ROBBERY
HOLDUP ALARM

HOME INVASION
HOMICIDE/MURDER
HOSTAGE SITUATION
IMPAIRED DRIVER
LARCENY / THEFT / THEFT FROM VEHICLE
MISSING PERSON
MVA - HIT AND RUN
MVA - COLLISION
NARCOTICS - ACTIVITY/ IN PROGRESS
OBSCENE PHONE CALLS
OFFICER DOWN/NEEDS HELP
PROWLER / TRESPASSERS
RAPE/SEXUAL OFFENSE
SHOPLIFTING
STALKING
STOLEN VEHICLE
SUICIDE (ATTEMPTED)
THREATS
UNINTENDED ACCELERATION/VEH UNABLE TO STOP
VANDALISM

ABDUCTION/KIDNAPPING - LAW ENFORCEMENT

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EXIT PROTOCOL

VITAL POINTS QUESTIONS

Tell me exactly what happened.

How long ago did this happen?

Any weapons seen?

Are there any known witnessed injuries?

Obtain mode and direction of travel

Get vehicle description (CYMBALS)

Get a description of the victim

Get a description of the suspect

Do you know the suspect or victim?

Is the victim familiar with the suspect?

If YES, what relation?

Who was the last person to see the victim?

Does the suspect have a history of violent or mental issues?

Does the victim have a cell phone?

If YES, what is the phone number, wireless provider, etc.

If it is a child, was the child with anyone such as an adult, child or pet?

PRE-ARRIVAL INSTRUCTIONS

If safe to do so, remain at the scene until response units arrive.

Call back if anything changes.

Go to [EXIT PROTOCOL](#) Guide Card

ACTIVE SHOOTER - LAW ENFORCEMENT

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INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What is your exact location?

Are you in a safe place?

If **NO**, can you get to a safe location?

How long ago did this happen?

Any weapons seen? How many? What type? Describe.

What is happening right now?

Are they shooting or has the shooting stopped?

How many suspects?

Give me a description of each suspect.

Where is the suspect (s) now?

If caller does not know, ask where the suspect (s) were last seen?

Are there any explosives?

If **YES**, where are they?

Are there any hostages?

If **YES**, where are they? How many?

How many people are injured?

Where are they?

Do you know if the suspect (s) arrived in a vehicle?

If **YES**, ask for location and description.

Are you familiar with the layout of the building?

If **NO**, is somebody near you that is familiar?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Move to a safe location.

If suspect is still on scene, advise the caller not to confront suspect (s)

If injuries, EMD call according to agency policy.

If possible stay on the line, until response units arrive.

Ask caller and any witnesses to remain at the scene as long as they are in a safe location.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Notify the other jurisdictions for potential backup.

Provide responding officers with pertinent information necessary for safe response.

Run police check for wanted or criminal history of suspect.

Record any comments or disposition provided by the officer into the CAD.

Notify EMS according to agency policy.

ACTIVE SHOOTER - LAW ENFORCEMENT

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PRIORITY LEVEL

Determined by agency.

Call Type Definitions

Active Shooter: An armed person(s) who has used deadly physical force on other persons and continues to do so while having unrestricted access to additional victims.

CALL TAKER ACTIONS

Keep the caller on the phone until officers arrive and made contact with them, if safe to do so.

The call taker will continue to update the CAD with ALL additional information provided by the caller in a timely manner.

The call taker will relay updated information and any safety concerns to the radio dispatcher.

Notify Communications Supervisor.

FOLLOW-UP/SPECIAL CONSIDERATIONS

BOLO may be requested by responding officers

Several calls may be received for this same event

Treat each on its own merit.

Media and public citizens call should be directed to the PIO.

The location of the incident may will change as the shooter(s) moves.

Follow agency policy for officer status checks.

AIRCRAFT EMERGENCIES

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EXIT PROTOCOL

VITAL POINTS QUESTIONS

CALL ON BOARD:

What is the name of the airline? What is the flight number?
What is the departure city? Where is the destination?
Do you know where you are located right now?
Is the aircraft still in flight? What is your seat number?
Are there any injuries?
Who is causing the disturbance?
Can you give me a description of the person?
Does the suspect(s) have any weapons?
What kind are they or describe them? How many?
Approximately how many people are onboard?

CALLER ON GROUND

Type of aircraft?
(Commercial, military, helicopter, crop duster, etc.)
Is the aircraft still in flight? Is there visible fire or smoke?
Is the crash site accessible by ground? What is the tail number of the aircraft, if possible?
Do you hear or see anyone on the aircraft?
Approximately, how many are injured? What type of injuries?

PRE-ARRIVAL INSTRUCTIONS

If injuries, EMD call per agency policy.
If crash is reported, follow agency policy on contacting fire department.
Ask caller to give you updates.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.
Notify the other jurisdictions for potential backup.
Provide responding officers with pertinent information necessary for safe response.
Record any comments or disposition provided by the officer into the CAD.
Notify supervisor.

Go to [EXIT PROTOCOL](#) Guide Card

ALARMS - LAW ENFORCEMENT

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INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Where is the alarm? What area or zone/room was activated?

What type of fire alarm is this? (Robbery/Holdup/Smoke)

If Carbon Monoxide - go to Carbon Monoxide guide card

What type of building is it?

If business: Is it closed?

Has the building been evacuated?

If reported by a Private Caller

Is there any visible smoke or fire?

If yes, proceed to appropriate Fire Related guide card

What's the name of the business/resident/owner?

How many floors or stories are there?

Do you know what caused the alarm?

Are there any people inside?

If reported by an Alarm Monitoring company:

Are there any other types of alarms activated (burglar, holdup, other)

Is the owner known? Has the owner been notified? Is the owner or keyholder en-route?

What is the protected area?

If yes: what is the description of the vehicle and estimated time of arrival

What's the telephone number for the premise?

PRE-ARRIVAL INSTRUCTIONS

Private Caller

The fire department is being sent.

Do not endanger yourself.

Stay on the line, and I'll tell you exactly what to do next.

Commercial/Industrial/Multi-dwelling

Do not use the elevator.

Do not reset or silence the alarm.

If it's safe to do so, leave the building, close the doors behind you, and remain outside.

Have someone meet and direct responding units to the scene.

Call back if the situation changes before units arrive.

Alarm Monitoring Company

Contact a keyholder and call us back with an estimated time of arrival (ETA).

Call us back if you get a reset of the alarm, additional alarms, or other information.

ASSAULT AND BATTERY - LAW ENFORCEMENT

MAIN MENU

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INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

CALL ON BOARD:

Are you in a safe place?

What is the location of the incident?

Has there been a time lapse or is this in progress?

Is the suspect still there?

Is the victim still there? (If not the caller)

Is anyone injured? (If YES, follow agency policy for notification of EMS)

What is the description of the suspect and victim?

Obtain personal description?

What is the mode and direction of travel if suspect or victim has left the scene?

What is the vehicle description CYMBALS?

Colour, Year, Make/Model, Body Style, Additional Information, State or Province of License Plate

Do you know the suspect or victim?

Is the victim familiar with the suspect?

If **YES**, what relation?

PRE-ARRIVAL INSTRUCTIONS

If safe to do so, stay with the victim until response units arrive.

Do not disturb the scene or move anything.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide responding officers with pertinent information necessary for safe response.

Run police check for any wanted or criminal history of the suspects or vehicle information.

Record any comments or disposition provided by the officer into the CAD.

Go to [EXIT PROTOCOL](#) Guide Card

ASSAULT & BATTERY - SHOOTING/STABBING - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Follow agency policy for EMD

Was this an accident or intentional?
Are you in a safe place?
Who was shot/stabbed?
Who shot/stabbed the victim?
Acquire suspect description.
Is the suspect still there?

If NO, gather the mode and direction of travel and vehicle description
CYMBALS?

Type of weapon?
Where is the weapon now?
Has either party been drinking or doing any type of drugs?

PRE-ARRIVAL INSTRUCTIONS

If safe to do so, stay with the victim until response units arrive.
Do not disturb the scene or move anything.
Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.
Provide responding officers with pertinent information necessary for safe response.
Run police check for any wanted or criminal history of the suspects or vehicle information.
Record any comments or disposition provided by the officer into the CAD.

Go to [EXIT PROTOCOL](#) Guide Card

BOMB THREAT/ BOMB FOUND - LAW ENFORCEMENT

MAIN MENU

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INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1st PERSON (Suspect)

Bomb location?

What time is the device supposed to explode?

What does the bomb look like? What type of bomb is it?

How is it activated?

Who is the target and why?

Where are you?

2nd or 3rd PERSON

Who received the call?

Do you know who the caller was?

What exactly was said?

Suspects Voice: Male/Female, Young/Old, Calm/Emotional/Excited, Accent, any background noises heard?

Are you evacuating the building?

Do not recommend, advise caller to follow their own policy, if NO policy exists, the caller has to make the decision.

BOMB FOUND

Where is the bomb?

Are you evacuating?

Do not recommend, advise caller to follow their own policy, if NO policy exists, the caller has to make the decision.

What is the description of the suspect(s)

What is the mode and direction of travel if suspect or victim has left the scene?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Attempt to keep the caller on the phone as long as possible. Do not antagonize the caller. Remain calm.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy (Notify Bomb Squad).

Provide responding officers with pertinent information necessary for safe response.

Run police check for any wanted or criminal history of the suspects or vehicle information.

Record any comments or disposition provided by the officer into the CAD.

Go to [EXIT PROTOCOL](#) Guide Card

BREAK AND ENTER - LAW ENFORCEMENT

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INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

In Progress

- Are you in a safe place?
- How many suspects are there?
- Can you describe the suspect (s)?
- Are there any weapons? What kind?
- Where are they now?

If Inside - Where was entry made?

- What part of the building are they in?
- Are there any vehicles in the area?
 - What is the description?
 - What is the location?

- Are you in a safe place?
- Was entry made or only attempted?
- Has the building been checked?
- Could suspects still be inside?
- Was anyone seen leaving the area?
- Can you describe the suspect and/or vehicles
- What direction where they traveling?
- What was taken?

PRE-ARRIVAL INSTRUCTIONS

- Do not endanger yourself.
- Have someone meet and direct responding units to the scene.
- Call back if the situation changes before units arrive.

Go to [EXIT PROTOCOL](#) Guide Card

BREAK AND ENTER (IN PROGRESS) - LAW ENFORCEMENT

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INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

In Progress

Are you in a safe place?

How many suspects are there?

Can you describe the suspect (s)?

Are there any weapons? What kind?

Where are they now?

If Inside

Where was entry made?

What part of the building are they in?

Are there any vehicles in the area?

What is the description?

What is the location?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes before units arrive.

Go to [EXIT PROTOCOL](#) Guide Card

CARJACKING - LAW ENFORCEMENT

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INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Vehicle Description - CYMBALS

Just occurred or time delay?

Did the caller see the direction of travel?

Did the caller see/know the suspect(s)?

How many? Name? Physical Descriptions

If the caller know the suspect(s) is this a result of a domestic?

Restraining order? Protective Order?

Is the vehicle equipped with telematics or any similar GPS system?

If YES, what is the name of the Telematics Service provider (TSP)? Do you know your TSP contact number and your password?

Did the suspect(s) have any weapons? Describe any weapons.

If occupants still in vehicle:

How many?

Where is the occupant(s) in the vehicle?

Name(s), Age(s) and descriptions of occupant(s)?

Does the occupant(s) have a cell phone? Number?

Does the occupant(s) have any weapons?

Are there any injuries?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself/

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide responding officers with pertinent information necessary for safe response.

If vehicle is equipped with telematics, refer to the PSAP policy and procedures for interface with telematics service provided (TSP) to coordinate response by TSP and law enforcement.

Run police check for any wanted or criminal history of the suspects or vehicle information.

Record any comments or disposition provided by the officer into the CAD.

CHILD FOUND/LOST - LAW ENFORCEMENT

MAIN MENU

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INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Where is the child?

Where was the child found/lost?

Describe the child:

Age, sex, hair colour, clothing, etc.

Who is with the child now?

Do you know the child's name, address and phone number?

Does the child know their address and phone number?

Is the child lost?

Has the child run away?

Did anyone leave the child or abandon them?

PRE-ARRIVAL INSTRUCTIONS

Remain with the child until response units arrive.

Call back if anything changes.

Refer to your agencies policies on issuing and AMBER Alert

AMBER Alert

It is recommend that every state/province adopt the "17 years of age or younger" standard; or at a minimum, agree to honor the request of any other state/province to issue an AMBER Alert, even if the case does not meet the responding states/provinces age criterion, as long as it meets the age criterion of the requesting state/province.

Most AMBER plans call oe activation of the alert for children under a certain age.

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DECEASED PERSON/BODY FOUND - LAW ENFORCEMENT

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INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

DECEASED PERSON:

Why do you think they are deceased?

Where is the subjects body?

Do you know the name of the deceased person?

Relationship to caller?

BODY FOUND:

Why do you think they are deceased?

Where is the subjects body?

Do you think the subject died from natural causes?

If NO, does the death look suspicious or a possible suicide? (If suicide is suspected, go to Suicide guidecard).

Were weapons used or involved?

If YES, where is the weapons? What type of weapon?

Do you know the name of the deceased person?

Who else is at the location?

Was anyone seen leaving the area?

If YES, obtain vehicle information and last known direction of travel.

When did you find the body?

Do you know the medical history of the person?

Are you a Hospice, nursing home or health care worker?

Is there a DNR (Do not resuscitate order on this patient?

If YES: is there an up to date DNR order on site or is there a copy available for responders?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Do not touch anything or disturb the scene.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide responding officers with pertinent information necessary for safe response.

If suspicious activity has been reported, run police check for any wanted or criminal history of the suspects or vehicle information.

Record any comments or disposition provided by the officer into the CAD.

DISABLED VEHICLE - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?
What is the location of the vehicle?
What is the description of the vehicle?
Is the vehicle on the roadway? Is it safe?
Are the flashers on?
Are there reflectors or flares in use to warn oncoming traffic?
Is the roadway blockers
Have all persons exited the vehicle and are they safely away from the roadway?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.
Do not touch anything or disturb the scene.
Have someone meet and direct responding units to the scene.
Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.
Provide responding officers with pertinent information necessary for safe response.
If suspicious activity has been reported, run police check for any wanted or criminal history of the suspects or vehicle information.
Record any comments or disposition provided by the officer into the CAD.

DISORDERLY CONDUCT - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What is the subject doing?

Describe the suspect.

Is the subject staying in one place or walking in a given direction?

If YES, which way?

Is the subject violent?

Are any other witnesses present and seeing this behaviour?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

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DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide responding officers with pertinent information necessary for safe response.

If suspicious activity has been reported, run police check for any wanted or criminal history of the suspects or vehicle information.

Record any comments or disposition provided by the officer into the CAD.

DISTURBANCE - VERBAL/FIGHT/FAMILY - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?
Where is the disturbance?
Number of people involved?
What is the relationship of the persons involved?
Physically fighting or just verbally arguing?
Weapons involved or available?
Any alcohol or drugs involved?
Any children?
Does the suspect(s) involved have a restraining order or order of protection served on them?
Any injuries?
 Type and extent?
 If YES, follow agency EMD policy.
Are the suspects still on the scene?
If the suspects have left the scene:
 What are their descriptions?
What is their mode and direction of travel and vehicle descriptions (CYMBALS)
How long ago did they leave? Possible known address they are going to?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.
Have someone meet and direct responding units to the scene.
Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.
Provide responding officers with pertinent information necessary for safe response.
If suspicious activity has been reported, run police check for any wanted or criminal history of the suspects or vehicle information.
Record any comments or disposition provided by the officer into the CAD.

ESCAPED PRISONER - LAW ENFORCEMENT

MAIN MENU

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INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Acquire if it is an escape or failure to return from leave or work release program.

Acquire location of incident.

Facility escaped from (jail, prison, institution).

When did this happen?

Is the escapee considered dangerous?

Acquire suspect(s) informations

Suspect(s) name/identity

Suspect(s) description (top to bottom)

Were weapons involved?

Type and location

Acquire method of escape.

On foot, vehicle, etc.

If in vehicle, inquire vehicle description

Last known direction of travel. Destination?

If repeat escape, where did the escaper fo before? Parent, spouse, friends, associates, etc.

Acquire if hostaged where taken. Number? Descriptions?

Acquire if any accomplices involved. Number? Descriptions?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Clear the appropriate radio channel/talk group for uninterrupted transmission

Provide responding officers with pertinent information necessary for safe response.

Follow agency protocol for issuing a BOLO

Record any comments or disposition provided by the officer into the CAD.

FRAUD/FORGERY - LAW ENFORCEMENT

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EXIT PROTOCOL

VITAL POINTS QUESTIONS

Acquire suspect(s) information

Suspect(s) name/identity

Suspect(s) description (top to bottom)

Acquire suspects exact location

Specific location within the building, etc., from entry point of officer.

CYMBALS if in a vehicle

Direction of travel

Acquire what is involved with the crime

Cybercrime

Gaming devices

What appears to be wrong with item (checks, travelers check, ID, etc)

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide information regarding Suspect(s) names, descriptions, weapon information, possible location, etc.

Time incident began/Time notified of incident.

Provide responding officers with pertinent information necessary for safe response.

Follow agency protocol for issuing a BOLO

Record any comments or disposition provided by the officer into the CAD.

HOLDUP/ROBBERY - LAW ENFORCEMENT

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EXIT PROTOCOL

VITAL POINTS QUESTIONS

Location type? Business/Residence

Name of business?

Is this happening now?

Time lapse?

How many suspects?

Description of Suspects?

Any injuries?

If YES, follow agency EMD policy.

Any weapons involved? What kind? How many? Descriptions?

Suspect exact location/Direction of Flight?

Mode and direction of travel? Description: CYMBALS

(In progress) What is your exact location?

Are their other people present?

(Already occurred) what was stolen?

If cash was stolen, what denominations and what type of container was it put in?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy. Follow agency policy for back-up units.

Provide information regarding Suspect(s) names, descriptions, weapon information, possible location, etc.

Time incident began/Time notified of incident.

Provide responding officers with pertinent information necessary for safe response.

If suspects fled, follow agency protocol for broadcasting a BOLO

Record any comments or disposition provided by the officer into the CAD.

HOLDUP ALARM - LAW ENFORCEMENT

MAIN MENU

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INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is this a business or a residence?

If business: What is the name?

If received from a alarm company

Is ti a burglary or holdup alarm?

Has the owner been notified?

Is a keyholder responding?

If Audible alarm

Is there anyone in the area?

If Yes; what are the descriptions?

What are the vehicle descriptions?

Are there any signs of forced entry?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes before units arrive.

Go to [EXIT PROTOCOL](#) Guide Card

HOME INVASION - LAW ENFORCEMENT

MAIN MENU

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INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Type of structure? (House, 1 or 2 story; Business/Apartment)

Where are you located?

Are you in a safe place?

DO NOT ADVISE the caller to run or hide. Advise them to do whatever they feel safe in doing. It's their decision to hide or try to get out safely.

Give me a description of the suspect?

Do you see any weapons? What kind? How many?

Do you have any weapons in your possession?

Do you know how the suspect is travelling?

If a vehicle, get description (CYMBALS).

Is there anyone else in the structure?

How many? Where are they located?

Are there any injuries?

Get callers description.

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide information regarding Suspect(s) names, descriptions, weapon information, possible location, etc.

Time incident began/Time notified of incident.

Provide responding officers with pertinent information necessary for safe response.

Record any comments or disposition provided by the officer into the CAD.

HOMICIDE/MURDER - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Exact location?

One victim? More than one?

Victim(s) known to caller?

Just occurred or time lapse?

Type of weapon/method used

Anyone injured? Type and extent of injuries?

Is the suspect still on scene? Known to caller? Name and description?

Home address or places frequented?

If not known, suspect description?

If suspect(s) have fled the scene, direction and mode of travel?

Time lapse?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Do not touch or disturb the scene.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide information regarding Suspect(s) names, descriptions, weapon information, possible location, etc.

Time incident began/Time notified of incident.

Provide responding officers with pertinent information necessary for safe response.

Record any comments or disposition provided by the officer into the CAD.

HOSTAGE SITUATIONS - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Acquire type of hostage situation
(random, family member, suicidal, revenge, etc) and number of hostage takers.

Acquire suspect(s) information

- Suspect(s) name/identity
- Suspect(s) description (top to bottom)

Acquire weapon information

- Type of weapons
- Location of weapons
- Any known or suspected incendiary devices?

Acquire suspects exact location

- Specific location within the building, etc., from entry point of officer.
- CYMBALS if in a vehicle
- Direction of travel

Acquire information regarding possible injured victims

- How many injuries

If YES, follow agency EMD policy

Extent of injuries

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.
Have someone meet and direct responding units to the scene.
Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.
If injuries are report, notify EMS to stand-by until scene is secured.
Follow agency policy for officer status checks.

IMPAIRED DRIVER - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What is your location?

Where is the vehicle in question now?

What is the description of the vehicle?

What is the license plate number?

What is the name of the street or highway?

What direction is the vehicle traveling?

What is the speed of the vehicle?

What is the vehicle doing? (Speeding, weaving, crossing centre line, driving slow)

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Do not try and stop driver.

Call back if the situation changes before units arrive.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

If injuries are report, notify EMS to stand-by until scene is secured. Follow agency policy for officer status checks.

LARCENY THEFT - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is this in progress? If not, when did it occur?

What was taken? Description?

Has the suspect been detained?

Acquire suspect(s) information

 Suspect(s) name/identity

 Suspect(s) description (top to bottom)

Acquire weapon information

 Type of weapons

 Location of weapons

 Any known or suspected incendiary devices?

Is the suspect(s) still there?

If NO, acquire mode and direction of travel and vehicle description:

CYMBALS

If YES, what is the suspects(s) location?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide information regarding Suspect(s) names, descriptions, weapon information, possible location, etc.

Time incident began/Time notified of incident.

Provide responding officers with pertinent information necessary for safe response.

Record any comments or disposition provided by the officer into the CAD.

MISSING PERSON - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is this the first time this has happened?

Description of person reported missing?

Did the subject take anything with them such as personal belongings, money, etc.?

Was the person alone or with anyone?

Was anyone injured?

Medication being taken, medical conditions, mental or physical disabilities?

If critical medication are being taken, when are next doses due?

Does the person have a cellular telephone?

Possible mode and direction of travel (foot, vehicle, bus, etc.)?

If in a vehicle, refer to the vehicle description: CYMBALS

Is it the first time they have been missing?

Are there any unusual or suspicious circumstances?

Was the subject feeling suicidal prior to going missing?

Any known locations the subject might have gone to?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide responding officers with pertinent information necessary for safe response.

Follow agency policy for broadcasting a BOLO message.

Record any comments or disposition provided by the officer into the CAD.

MOTOR VEHICLE – HIT & RUN - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is anyone hurt?

If YES:follow agency EMD policy.

When did this occur?

Acquire suspect vehicle information

CYMBALS

Direction of Travel

Description of Driver and passengers (if any)

Acquire information regarding what was hit

Description of item or vehicle

Location of item or vehicle and if item or vehicle can be moved,
roadway blockage, and of any known hazard (s).

Are there any hazardous materials present?

Is the roadway blocked?

Acquire information regarding cause of accident (ex; unknown, debris in
roadway, possible DUI, single vehicle/multi-vehicle, revenge, juveniles, etc.)

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide information regarding Suspect(s) names, descriptions, weapon
information, possible location, etc.

Provide responding officers with pertinent information necessary for safe
response.

Record any comments or disposition provided by the officer into the CAD.

Follow agency policy for broadcasting BOLO

MVA - COLLISION - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Acquire vehicle information for all vehicles involved, if possible.

Primary information: vehicle type, CYMBALS.

Acquire what type of accident (car vs car, semi truck vs telephone pole, etc.)

Is anyone entrapped in the vehicle?

How many?

Is anyone injured?

If YES: follow agency EMD policy.

Is the roadway blocked?

Are there any hazards visible?

Follow agency guidelines for contacting Fire Department

Leaking gasoline, propane/natural gas or battery acid (some vehicles are fueled by propane/natural gas, electricity/batteries)

Hazard placard or unknown cargo

Smoking vehicle or strange odor

Acquire information regarding cause of accident (ex; unknown, debris in roadway, possible DUI, single vehicle/multi-vehicle, revenge, juveniles, etc.)

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide responding officers with pertinent information necessary for safe response.

Run police check for any further information on vehicle.

Record any comments or disposition provided by the officer into the CAD.

NARCOTICS USE AND NARCOTICS OVERDOSE - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

In progress or time lapse?
What kind of narcotics are suspected?
Evidence of weapons on or near premises?
Suspect(s) description?
Vehicle description? CYMBALS

If narcotics overdose:
** Follow agency policy for EMD

Deliberate or accidental overdose?
Where is the victim?
Who is the victim?
What type of drugs taken?
Is the victim conscious?
If conscious, is the victim violent?
Any other people present?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.
Have someone meet and direct responding units to the scene.
Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.
Provide responding officers with pertinent information necessary for safe response including time of incident..
Run police check for any suspects and vehicle information.
Record any comments or disposition provided by the officer into the CAD.

OBSCENE PHONE CALLS - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What type of call is it? Threatening, obscene, hang ups, just breathing?

Do you know who the caller is?

How many times has this happened?

Do you have caller ID on your phone?

If YES: what number is displayed?

Can you describe the callers voice?

PRE-ARRIVAL INSTRUCTIONS

Hang up on caller.

Do not engage caller in conversation.

Keep a log of the calls.

If possible record the calls.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

OFFICER DOWN - NEEDS HELP - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

Where is the officer?

What is the location?

What happened?

Is the officer injured?

What type of injury?

If YES, follow agency EMD policy. Conference to EMS, remain on the line and when EMS complete their questions continue with the questions below.

Is the officer still in danger?

Is the suspect still there?

Known?

Description?

If NO: was anyone seen in leaving the area?

Can you give a description?

What was the mode and direction of travel?

What is the vehicle description?

CYMBALS

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Assist officer if possible.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Clear channel as needed.

Dispatch officers assigned to area or nearest available unit.

Dispatch backup units as needed.

Notify Supervisor.

Provide responding officers with pertinent information necessary for safe response.

PROWLER/TRESPASSER - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

PROWLER

Was someone seen or just heard noises? Description?

Do you know the person?

If YES, obtain name and description.

Where is the suspect right now?

If the suspect has left, obtain mode, direction of travel and vehicle description.

Is anyone armed?

Obtain specific location of the house vs. the suspect.

Are you in a safe place. Tell me where your exact location is within the house?

Is there anyone else with you? Are you armed? With what?

Any potential hazards to responders? (dogs, fences, landscaping, yard equipment, etc.)

TRESPASSER

Is this happening now or has it already happened?

Was someone seen or just heard noises? Description?

Do you know the person? If YES, obtain name and description.

Where is the suspect right now?

If the suspect has left, obtain mode, direction of travel and vehicle description.

If on vacant land or building: is the property posted? Has the owner been notified?

Are you in a safe place? Is anyone else there with you?

Has this occurred before?

Is anyone armed? With what?

Is there a restraining order on this person?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide responding officers with pertinent information necessary for safe response.

Run police check for any further information on suspect and vehicle.

Record any comments or disposition provided by the officer into the CAD.

RAPE/SEXUAL OFFENSE - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

IN PROGRESS

Where did this happen?

Are you in a safe place now?

Are you the victim? If not, what is the victim's name?

Any injuries? What are they?

If YES, follow agency EMD policy.

Any weapons involved?

So you know the suspect? Suspect description / name?

Do they have any weapons? What are they?

Have they left the scene?

Suspect description / name?

Suspect location/Direction of Flight?

Vehicle description?

REPORT:

When did this happen?

Suspect description/name?

Any weapons involved?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Do not disturb the scene/.

Tell the victim not to change clothing, bathe, or shower.

If already changed, gather clothes.

If already bathed or showered, stop up tub or shower.

Do not flush toilet.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch the appropriate unit (s), updating the units as much as possible.
Provide responding officers with pertinent information necessary for safe response.

Run suspect and vehicle information through police system.

Record any comments or dispositions provided by the officer into the CAD.

SHOPLIFTING - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is the suspect (s) in custody?

If NOT: What is their description?

What is the suspects mode and direction of travel?

What was taken?

When did this happen?

If the suspect is in custody:

Are they juvenile or adult?

If Juvenile:

Have their parents been notified?

Are their parents present?

Is the suspect being restrained?

Are they violent or combative?

PRE-ARRIVAL INSTRUCTIONS

Ask witnesses to remain at the scene until response units arrive.

Secure stolen merchandise.

Call back if the situation changes before units arrive.

Go to [EXIT PROTOCOL](#) Guide Card

STALKING - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?
Do you know who is stalking you?
Is the suspect there or have they gone?
How are you being stalked?
Have you been threatened?
Can you describe the suspect?

If the suspect has left the area:

What was the mode and direction of travel?
What is the description of the vehicle?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.
If inside, lock doors and windows.
Do not confront the suspect.
If possible stay on the line until units arrive.

Call back if the situation changes before units arrive.

Go to [EXIT PROTOCOL](#) Guide Card

STOLEN VEHICLE - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is this a carjacking?

If YES, move to Carjacking Guidecard

When did this occur?

Did anyone borrow the vehicle and they didn't return it?

Does anyone else have keys?

Are there any past due payments?

If YES, check for repossession.

Description of vehicle? CYMBALS

Do you know who took it or the suspect?

Suspect description / name?

Do you know the direction of travel?

Is the vehicle equipped with a GPS tracker such as OnStar?

If YES, have you contacted OnStar?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide responding officers with pertinent information necessary for safe response.

Run police check for any further information on suspect and vehicle.

Record any comments or disposition provided by the officer into the CAD.

SUICIDE (ATTEMPTED) - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Attempted or Threatening - 1st person

What is your plan for suicide?

Do you have any weapons/medications?

Description of weapons

Descriptions of medications

Have you taken/done anything or hurt yourself?

If YES, follow agency EMD policy.

Anyone else there with you?

Why do you want to kill yourself?

Attempted or Threatening - 3rd person

Where is the person now? Address, location?

What is the person's name?

When did you last have contact?

What have they done/what are they threatening to do?

Do they have any weapons/medications?

Has there been a previous history of suicide attempts?

Is there anyone else with the person? Who?

Why do they want to kill themselves?

Can you get them back on the phone?

Would they be willing to talk to me?

Completed:

If caller is reporting death by suicide go to the **Deceased Person/Found Body** guidecard

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Keep the person calm.

Do not confront or try to restrain them.

Call back if they leave.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide responding officers with pertinent information necessary for safe response.

Record any comments or disposition provided by the officer into the CAD.

THREATS - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

Is the threat being made to you or someone else?

What is the nature of the threat?

How was it made?

Who made the threat?

Acquire suspect(s) information if suspect(s) known:

Suspect(s) name(s)/identity

Suspect(s) description (top to bottom)

Are there any weapons involved?

Type of weapon(s)

Location of weapon(s) if known

Where is the suspect right now? Are they still on scene?

CYMBALS if suspect(s) travelling in a vehicle

Direction of travel

Acquire if there is history of violence

Do you have a restraining order?

Acquire description of caller (clothing) and location of caller to meet with the officer

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Do not confront the suspect.

Leave the scene if possible.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide responding officers with pertinent information necessary for safe response including description of crime and time of incident

Provide information regarding:

Suspect(s) names, descriptions, weapons, possible location, etc.

Callers name, clothing description and location to meet officer..

Run police check for any further information on suspect and vehicle.

Record any comments or disposition provided by the officer into the CAD.

UNINTENDED ACCELERATION/VEH UNABLE TO STOP - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What type of vehicle are you driving?

Use CYMBALS to gather this information

What have you already done to try and stop the vehicle?

Is this your vehicle and/or are you familiar with how to operate it if I try to assist with instructions?

Go to Pre-Arrival Instructions

Acquire information regarding possible reason for acceleration (accelerator stuck/unable to release, driver disabled, other mechanical malfunction, etc.)

PRE-ARRIVAL INSTRUCTIONS

Firmly and steadily apply the brakes. DO NOT pump the brakes. Use both feet, if needed.

Shift the transmission into "Neutral" or the "N" position.

Steer the vehicle to a safe location.

Shut off the engine.

Continue with Manufacture Recommendations if the vehicle is not stopped.

If the vehicle is equipped with an ENGINE START/STOP button, firmly and steadily push the button for at least three seconds to turn off the engine.

DO NOT tap the engine START/STOP button.

If the vehicle is equipped with a CONVENTIONAL KEY IGNITION, turn the key ignition to the Accessory or ACC mode position to turn off the engine.

DO NOT remove the key.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide responding officers with pertinent information necessary for safe response including description of vehicle, location and direction of travel.

VANDALISM - LAW ENFORCEMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is this in progress?

If NO, when did this occur?

Acquire what was vandalized and how it was vandalized (manner of damage).

Acquire suspect(s) information if suspect(s) known:

Suspect(s) name(s)/identity

Suspect(s) description (top to bottom)

Are there any weapons involved?

Type of weapon(s), (ex, windows broken by gunshot, tires slashed with knife, etc.)

Location of weapon(s) if known

Where is the suspect right now? Are they still on scene?

Location in building or ares.

CYMBALS if suspect(s) travelling in a vehicle

Direction of travel

Acquire description of caller (clothing) and location of caller to meet with the officer.

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

Do not confront the suspect.

Leave the scene if possible.

Call back if the situation changes.

Go to [EXIT PROTOCOL](#) Guide Card

DISPATCHER ACTIONS

Dispatch unit(s) according to policy.

Provide responding officers with pertinent information necessary for safe response including description of crime and time of incident

Provide information regarding:

Suspect(s) names, descriptions, weapons, possible location, etc. Callers name, clothing description and location to meet officer.

Run police check for any further information on suspect and vehicle.

Record any comments or disposition provided by the officer into the CAD.

FIRE SERVICE INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

FIRE RELATED INCIDENTS

ALARMS
BOAT/MARINE FIRE
BRUSH/ GRASS /WILDLAND FIRE
CHIMNEY FIRE
ELECTRICAL FIRE
GREASE FIRE
STRUCTURAL FIRE - APARTMENT/MULTI UNIT DWELLING
STRUCTURAL FIRE - COMMERCIAL/RETAIL/ INDUSTRIAL
STRUCTURAL FIRE - HIGH RISE
STRUCTURAL FIRE - HOSPITAL/HOTEL/NURSING HOME/SCHOOL
STRUCTURAL FIRE - RESIDENTIAL/GARAGE
NON-STRUCTURAL - FIRE (SMALL)
NON-STRUCTURAL - FIRE (LARGE)
VEHICLE FIRE

RESCUE-RELATED INCIDENTS

AIRCRAFT EMERGENCY
BUILDING COLLAPSE
CONFINED SPACE RESCUE
ELEVATOR RESCUE
HIGH/LOW ANGLE (ROPE) RESCUE
INDUSTRIAL ENTRAPMENT RESCUE
MANHOLE EMERGENCY
MOTOR VEHICLE ACCIDENTS/COLLISIONS
SEARCH AND RESCUE
SUBMERGED / SINKING VEHICLE
TRAIN AND RAIL DERAILMENT
TRENCH RESCUE
WATER RESCUE / WATERCRAFT IN DISTRESS / DROWNING

HAZMAT RELATED INCIDENTS

CARBON MONOXIDE (CO)
CHEMICAL SUICIDE
ENVIRONMENTAL / DISASTER INCIDENTS/MASS CASUALTY
EXPLOSIVE INCIDENTS
FUMES / GAS LEAK / GAS ODOR
HAZARDOUS MATERIALS INCIDENTS
NUCLEAR INCIDENTS
PROPANE INCIDENTS - COMMERCIAL
PROPANE INCIDENTS - RESIDENTIAL
SUSPICIOUS PACKAGE / BOMB THREAT

OTHER FIRE SERVICE INCIDENTS

9-1-1 UNKNOWN
ASSIST TO OTHER AGENCIES / MUTUAL AID
CHECK CALL/ WELFARE /SERVICE CALL/ ANIMAL RESCUE
ELECTRICAL HAZARD
INVESTIGATIVE (ODOR/SMOKE/ LIGHTNING STRIKE/WATER LEAK)
LOCKOUT/FORCED ENTRY
MEDICAL CALL/LIFT ASSIST
POWER LINES / WIRES DOWN
SPILL / FLUID LEAK / FUEL SPILL
SUICIDE
SUSPICIOUS INCIDENT

ALARMS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Where is the alarm? (What area or zone/room was activated)

What type of fire alarm is this? (Thermal, smoke, water flow, trouble, other)

If Carbon Monoxide - go to **Carbon Monoxide** guide card

Is there any visible smoke or fire? (Colour of smoke/fire)

If yes, proceed to appropriate Fire Related guide card

What type of building? (Office, warehouse, residence, etc)

If business: Is it closed?

Has the building been evacuated? Are there people inside/trapper? Number? Location?

Any injuries? Number? Type? Severity?

What's the name of the business/resident/owner?

How many floors or stories are there?

Do you know what caused the alarm?

If reported by an Alarm Monitoring company:

Are there any other types of alarms activated (burglar, holdup, other)

Is the owner known? Has the owner been notified? Is the owner or keyholder en-route?

If yes: what is the description of the vehicle and estimated time of arrival

What is the telephone number for the premise?

Is anyone working on alarm system?

PRE-ARRIVAL INSTRUCTIONS

Private Caller

1. The fire department is being sent.
2. Do not endanger yourself.
3. Stay on the line, and I'll tell you exactly what to do next.

If Commercial/Industrial/Multi-dwelling

4. Do not use the elevator.
5. Do not reset or silence the alarm.
6. If it is safe to do so, leave the building, close the doors behind you, and remain outside.
7. Have someone meet and direct responding units to the scene.
8. Call back if the situation changes before units arrive.

Alarm Monitoring Company

9. Contact a keyholder and call us back with an estimated time of arrival (ETA).
10. Call us back if you get a reset of the alarm, additional alarms, or other information.

ALARMS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

How long has the alarm been sounding?

Are sprinklers activated?

Is water coming out of the building near alarm bell?

Anything unusual about alarm?

DISPATCH PRIORITIES

Fire Alarm in "FIRE" Mode, Waterflow Alarm or visible signs of fire - **URGENT**

Fire Alarm in "TROUBLE" Mode, no visible signs of fire or unknown type of alarm - **PROMPT**

USEFUL INFORMATION

Refer to SOPS, pre-incident plans.

If business: Representative responding? Dangerous Animals?
Hazardous material/conditions?

Follow local policy on resetting.

Never assume a reset means no problem.

When in doubt, sent them out.

If unknown alarm possible crime in progress - ALERT PD

Occupancy type will determine hazards.

Numerous modern housing units designed for the elderly are equipped with "Handicapped Assistance" alarms that could be confused with fire alarms.

BOAT/MARINE FIRE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

Is boat in port, in water, or in drydock?

If in water: what is the exact location or position of the vessel (GPS coordinates)?

If in port, dock/pier number?

How many people are on board?

Anyone trapped? Number? Location?

Any injuries? Number? Type? Severity?

What exactly is burning? Colour of smoke/flame?

Where on board in the fire located?

What is the vessel name, registration, and description (type, length, color)?

What safety equipment do you have on board (life jackets)?

Other than your cell phone, what type of communications do you have?

Where did you launch from? What direction are you going?

Are there any landmarks visible?

What type of cargo are you carrying?

How much fuel is on board?

Conditions: Wind, Weather, Water?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. If you can safely evacuate, do so and do not go back onboard.
3. If you are unable to control the fire, prepare to abandon ship.
Go to **WATER RESCUE** Guide Card
4. Call us back if anything changes before response units arrive.
5. Send someone to meet and direct responding units if possible.

If required; go to **EXIT PROTOCOL** Guide Card

BOAT/MARINE FIRE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Are you the owner/captain of the vessel?

Name of boat/registration number?

What caused the fire?

Is the ship located near any storage tanks in harbor?

What type of fuel does the vessel use? How much on board?

Is fuel supply involved?

Any hazardous materials on board or nearby?

What is cargo?

Is there an automatic extinguisher system on board? Operating?

Any firefighting efforts now underway by crew or dock workers?

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Alert Coast Guard and harbor authorities as appropriate.
- Radio communications will be hampered from within ship.
- Potential evacuation of surrounding area.
- Military vessels may be carrying munitions and/or nuclear materials.
- Ship/Boat fires spread quickly. Many factors hamper firefighting efforts. Exposure and rescue considerations are extremely important. Heavy usage of SCBA cylinders should be anticipated and replacements arranged for.
- Consider that many shipyards/marinas have locked entrances/gates and accessibility may be impeded.

SUPPLEMENTAL RESOURCES

BRUSH/GRASS/FOREST AND WILDLAND FIRE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place? Can you escape?

What is the exact location? Landmarks?

Attempt to get specific location information using geographical features

What is burning? What is the approximate size of the area involved?

Any structures in danger? Exposures? Is the fire threatening anything?

Is the fire spreading? In what direction? How fast?

Is there access to the area? Best access route/point for firefighters?

Is anyone trapped or in immediate danger?

(Yes) How many?

(Yes) Exactly where are they/you located

Any Injuries?

Is there a possibility this is a controlled burn?

Do you know who the property owner is?

Is there a water source on the property?

(If appropriate)

Have people or vehicles been seen in the area? Do you have any descriptions?

Have they left the area? Mode and Direction of travel?

If child makes this call, trace it. Child may have set fire

PRE-ARRIVAL INSTRUCTIONS

1. The fire department is being sent.
2. Stay on the line, and I'll tell you exactly what to do next.

No evacuation order issued:

3. If you feel you are in danger, leave the area immediately and take others with you.

Evacuation order issued:

4. Leave the area immediately and take others with you. Follow recommended evacuation routes.
5. Move away from the fire path, if possible. Do not endanger yourself.
6. Do not try to put the fire out.
7. Go to **EXIT PROTOCOL** Guide Card

BRUSH AND WILDLAND FIRE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Child playing with Fire

Playing with fire now, or in the past?

Is anything burning?

Any injuries?

Is child inside or outside?

Trying to set anything on fire? (Refer to other tabs as appropriate)

Do you know the child? How many involved? Ages?

Has anyone tried to stop them?

Rubbish Fire

What is burning?

Possible hazmat situation?

What caused the fire

Anything unusual?

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Check water supplies for area. Consider need for tankers.
- Check access to area for apparatus.
- Check wind direction, speed.
- Refer to evacuation procedures, if warranted.
- Due to poor access, brush/forest fires can be extremely labor intensive. Mutual aid and/or additional personnel may frequently be needed.
- By obtaining compass direction from several callers reposting a remote brush or forest fire, the dispatcher can triangulate to determine fire location. Use prominent local landmarks to help determine direction.
- If unable to use landmarks, or caller is unsure of direction, the following may help:
- "Pretend you are standing in the center of a clock, which is laying flat on the group.
- Where the sun comes up is 12 o'clock. What number is the fire at?"

SCRIPTED DISPATCH

PRELIMINARY DISPATCH

(UNITS/STATIONS TO RESPOND) report of a (brush, grass, yard, etc) fire at (Location to include alias/common name).

SUPPLEMENTAL DISPATCH

(UNITS/STATIONS TO RESPONDING) caller reports (approx. size of burning area, what is burning, exposures, etc.)

CHIMNEY - FIRE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Anyone trapped? Number? Location?

Any injuries? Number? Type? Severity?

What exactly is burning? Where in building? Still burning?

What kind of building? (Single/multi-family home, industrial, etc.)

Is there smoke/fire in the building?
(see appropriate STRUCTURE FIRE tab)

STRUCTURAL FIRE - APARTMENT/MULTI UNIT DWELLING

STRUCTURAL FIRE - COMMERCIAL/RETAIL/ INDUSTRIAL

STRUCTURAL FIRE - HIGH RISE

STRUCTURAL FIRE - HOSPITAL/HOTEL/NURSING

HOME/SCHOOL

STRUCTURAL FIRE - RESIDENTIAL/GARAGE

PRE-ARRIVAL INSTRUCTIONS

1. Evacuate the building, and do not go back in.
2. If safely possible, shut off gas or oil burner switch.
3. DO NOT SPRAY WATER ON A HOT STOVE/FIREPLACE
4. Do not endanger yourself.
5. Call back from a safe place if situation changes before units arrive
6. Have someone meet and direct responding units to the scene.

CHIMNEY - FIRE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

What is coming from chimney? (Flames, sparks, smoke)

What was being burned in the stove/fireplace?

Is the damper closed?

Are the walls hot near the chimney?

Is the roof on fire?

Go to appropriate **FIRE - STRUCTURE** - guide card

STRUCTURAL FIRE - APARTMENT/MULTI UNIT DWELLING

STRUCTURAL FIRE - COMMERCIAL/RETAIL/ INDUSTRIAL

STRUCTURAL FIRE - HIGH RISE

STRUCTURAL FIRE - HOSPITAL/HOTEL/NURSING HOME/SCHOOL

STRUCTURAL FIRE - RESIDENTIAL/GARAGE

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Consider life threats.
- Callers tend to underestimate the extent of fire, frequently waiting before reporting the incident.
- Cracked flues or poor masonry can lead to quick fire spread involving the structure, requiring additional response.

ELECTRICAL - FIRE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Anyone trapped? Number? Location?

Any injuries? Number? Type? Severity?

What exactly is the problem?

(Dimming, arcing, fire odor, lightning?)

What is burning? Colour of smoke?

Indoor/Outdoors?

If odor - what do you smell? (See FUMES / GAS LEAK -CO / GAS ODOR)

Any hot walls?

Is building being evacuated?

PRE-ARRIVAL INSTRUCTIONS

1. Can you safely shut off main power at breaker or fuse panel?
2. Do not go near arcing or energized electrical equipment.
3. Do not touch injured persons who are in contact with energized electrical equipment.
4. Evacuate the building, and do not go back in.
5. Sound fire alarm.
6. Close doors to fire area as you leave.
7. No not use elevators.
8. Do not endanger yourself or allow other to endanger themselves.
9. Call back from a safe place if situation changes before units arrive
10. Have someone meet and direct responding units to the scene.

ELECTRICAL - FIRE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Do you live/work there?

What caused the problem?

Has it happened before?

How long has the problem been going on?

Is an appliance/machine involved.

Go to appropriate **FIRE - STRUCTURE** - guide card

STRUCTURAL FIRE - APARTMENT/MULTI UNIT DWELLING

STRUCTURAL FIRE - COMMERCIAL/RETAIL/ INDUSTRIAL

STRUCTURAL FIRE - HIGH RISE

STRUCTURAL FIRE - HOSPITAL/HOTEL/NURSING HOME/SCHOOL

STRUCTURAL FIRE - RESIDENTIAL/GARAGE

USEFUL INFORMATION

- Refer to SOPs, pre-incident plans.
- Whenever possible, wait for local utility to assist.
- Electrical incidents can involve electrocution. Be sure to determine whether a person is involved/injured.
- Related guidecards:

STRUCTURAL FIRE - APARTMENT/MULTI UNIT DWELLING

STRUCTURAL FIRE - COMMERCIAL/RETAIL/ INDUSTRIAL

STRUCTURAL FIRE - HIGH RISE

STRUCTURAL FIRE - HOSPITAL/HOTEL/NURSING HOME/SCHOOL

STRUCTURAL FIRE - RESIDENTIAL/GARAGE

INVESTIGATIVE (ODOR/SMOKE/ LIGHTNING STRIKE/WATER LEAK)

POWER LINES / WIRES DOWN

GREASE - FIRE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Anyone trapped? Number? Location?

Any injuries? Number? Type? Severity?

What exactly is burning? Where in building? Still burning?

What kind of building? (Home, restaurant, etc)

If restaurant, is fire in ducts or hood?
(see appropriate STRUCTURE FIRE guidecard)

STRUCTURAL FIRE - APARTMENT/MULTI UNIT DWELLING

STRUCTURAL FIRE - COMMERCIAL/RETAIL/ INDUSTRIAL

STRUCTURAL FIRE - HIGH RISE

STRUCTURAL FIRE - HOSPITAL/HOTEL/NURSING HOME/SCHOOL

STRUCTURAL FIRE - RESIDENTIAL/GARAGE

PRE-ARRIVAL INSTRUCTIONS

1. DO NOT PUT WATER ON THE FIRE
2. Do not endanger yourself.
3. Can you safely put a lid on pan or close oven door?
4. Can you safely turn off circuit breakers?
If not, don't try to fight fire.
5. Evacuate the building, and do not go back in.
6. Close doors to fire area on way out, if safely possible.
7. Sound fire alarm.
8. Call back from a safe place if situation changes before units arrive
9. Have someone meet and direct responding units to the scene.

GREASE - FIRE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Are you the building owner?

What caused the fire?

Is building sprinklered? Are sprinklers activated?

If restaurant - fire control system activated?

Alarm sounding?

Evacuating?

STRUCTURAL FIRE - APARTMENT/MULTI UNIT DWELLING

STRUCTURAL FIRE - COMMERCIAL/RETAIL/ INDUSTRIAL

STRUCTURAL FIRE - HIGH RISE

STRUCTURAL FIRE - HOSPITAL/HOTEL/NURSING HOME/SCHOOL

STRUCTURAL FIRE - RESIDENTIAL/GARAGE

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- For restaurant grease fire, see:
FIRE - STRUCTURAL - COMMERCIAL tab
- Life safety is primary concern.
If in any danger, advise caller to evacuate at once.

STRUCTURE FIRE - APARTMENT/MULTI-UNIT DWELLING

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place? Can you escape?

What exactly is burning?

Is there flames visible or just smoke? *Color of smoke/flames?*

Where exactly in the apartment is the fire located?

What floor? How many floors/apts?

Is there anyone inside? Where (exact location)? Ages? Disabilities?

Are people evacuated?

Are there any known injuries?

Are there any hazardous materials stored inside or near the structure?

Is there an internal alarm system? Is it working?

PRE-ARRIVAL INSTRUCTIONS

Caller Not Trapped:

1. Do not endanger yourself.
2. Sound the alarm.
3. Get out of the building.
4. If it is possible without endangering yourself, get everyone out of the building.
5. Once you get outside, do not go back in under any circumstances
6. Have someone meet and direct responding units to the scene.
7. Close all the doors, but don't lock them.
8. Use the stairwell. Do not use elevators.
9. I'm going to let you go now. Help is being sent.
10. Call back immediately if the situation changes before units arrive.

Caller Trapped:

1. Exactly where are you located?
 2. DO NOT JUMP FROM UPPER FLOORS
 3. What is the best entrance of the building to get to you?
- If it is safe to do so:
4. Stay low to the floor, avoid breathing smoke. Breathe through thin wet cloth to filter smoke.
 5. Close the doors between you and the flames/smoke.
 6. Do not use the elevator.
 7. Cover the cracks in the door with wet clothes, towels, anything readily available.
 8. Cover the air vents, if needed.
 9. Do not break any windows. If air is needed, open the window just enough to breathe.
 10. Make yourself known to the responders when they arrive - call out to them, yell for help.
 11. I'll stay on the line with you as long as I can.
 12. If anything worsens in any way, just let me know.
 13. Tell me when responders get there.

STRUCTURE FIRE - APARTMENT/MULTI-UNIT DWELLING

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLERS

Do you live there?

Do any disabled or handicapped persons live there?

Any hazards in the apartment or building?

How did the fire start?

Is fire spreading to other apartments or other structures?

Anything unusual about the fire?

- A high-rise building is defined as a building having occupied floors higher than 23 metres (approx. 75 ft) above the lowest level of fire department vehicle access.

USEFUL INFORMATION

- Refer to SOPs, pre-incident plans.
- Attempt to obtain a list of occupants, number of apartments.
- Check resource list for mentally ill, physically disabled occupants.
- Previous calls at that address - pattern? Previous damage?
- Consider hydrant location, nearby water sources?
- Potentially high life threat.

SUPPLEMENTAL RESOURCES

STRUCTURE FIRE - COMMERCIAL/RESTAURANT/RETAIL/INDUSTRIAL

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place? Can you escape?

What exactly is burning?

Is there flames visible or just smoke?

What is the exact location, including cross street?

What type of building? Commercial, retail, industrial?

Where exactly in the building is the fire located? What section?

What floor? How many floors?

Are sprinklers working?

Is there anyone inside? Where (exact location)?

Are people evacuated the building now?

Are there any known injuries?

Are there any hazardous materials stored inside or near the structure?

Is there an internal alarm system? Is it working?

Was there an explosion?

(If appropriate)

Where any people or vehicles seen in the area?

Descriptions? Mode and Direction of travel?

PRE-ARRIVAL INSTRUCTIONS

Caller Not Trapped:

1. Do not endanger yourself.
2. If machinery or cooking equipment involved, can its supply source (gas, electric, setc) be shut off safely?
3. Sound the alarm.
4. Get out of the building. Do not use elevators.
5. If it is possible without endangering yourself, get everyone out of the building.
6. Once you get outside, do not go back in under any circumstances
7. Have someone meet and direct responding units to the scene.
8. Close all the doors, but don't lock them. Do not use elevators.
9. I'm going to let you go now. Help is being sent.
10. Call back immediately if the situation changes before units arrive.

Caller Trapped:

1. Exactly where are you located?
2. DO NOT JUMP FROM UPPER FLOORS
3. What is the best entrance of the building to get to you?

If it is safe to do so:

4. Stay low to the floor, avoid breathing smoke. Breathe through thin wet cloth to filter smoke.
5. Close the doors between you and the flames/smoke
6. Do not use the elevator.
7. Cover the cracks in the door with wet clothes, towels, anything readily available.
8. Cover the air vents, if needed.
9. Do not break any windows. If air is needed, open the window just enough to breathe.
10. Make yourself known to the responders when they arrive - call out to them, yell for help.
11. I'll stay on the line with you as long as I can.
12. If anything worsens in any way, just let me know.
13. Tell me when responders get there.

STRUCTURE FIRE - COMMERCIAL/RESTAURANT/RETAIL/INDUSTRIAL

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLERS

Do you work there?

Do you know what caused the fire?

Is the building sprinklered? Are they operating?

Anything in the building hazardous to responders?

Anything unusual or suspicious about the fire?

ALARM TYPES

Public Buildings:

A building used by the public for any purpose, such as assembly, education, entertainment, or worship.

Mercantile/Commercial:

Any building or part of a building, which is used as retail stores, restaurants, shopping markets or malls, wholesale, office, or storage facilities.

Manufacturing/Industrial:

Includes metal, wood, textile/fabric works and food products.

USEFUL INFORMATION

- Be alert to tenancy of rest of building. Apartments above?
- Potential for mass casualty incident.
- Refer to SOPS, pre-incident plans.
- Rapid spread possible through ducts, common attic areas.
- Be alert for high fire loads dependent upon occupancy (eg; lumber yards, fabric stores). Significant Hazardous Materials Incident potential also exists in many establishments (hardware stores, refinishing shops, etc.). Any warehouse operation poses a variety of potential risks and threats; take care to collect and relay all pertinent information.
- Contact fire marshal/law enforcement per local protocol.
- Many commercial fires, especially after hours, occur in an attempt to collect insurance. Accurate descriptions of early stages of the fire may be crucial to arson investigators. Keep detailed record for investigators - all notation made during a call are admissible in courts as evidence.

SCRIPTED DISPATCH

PRELIMINARY DISPATCH

(UNITS/STATIONS TO RESPOND) report of a (Residential, Commercial, etc) structure fire at (Location to include alias/common name).

STRUCTURE FIRE - HIGH RISE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place? Can you escape?

What exactly is burning?

Is there flames visible or just smoke?

What is the exact location, including cross street?

What type of building? Residential, office, parking garage, other?

Where exactly in the building is the fire located? What section?

What floor? How many floors?

Are sprinklers working?

Is there anyone inside? Where (exact location)? Ages? Disabilities?

Are people evacuated the building now?

Are there any known injuries?

Are there any hazardous materials stored inside or near the structure?

Is there an internal alarm system? Is it working?

Was there an explosion?

(If appropriate)

Where any people or vehicles seen in the area?

Descriptions? Mode and Direction of travel?

PRE-ARRIVAL INSTRUCTIONS

Caller Not Trapped:

1. Do not endanger yourself.
2. If machinery or cooking equipment involved, can its supply source (gas, electric, setc) be shut off safely?
3. Sound the alarm.
4. Get out of the building. Do not use elevators.
5. If it is possible without endangering yourself, get everyone out of the building.
6. Once you get outside, do not go back in under any circumstances
7. Have someone meet and direct responding units to the scene.
8. Close all the doors, but don't lock them. Do not use elevators.
9. I'm going to let you go now. Help is being sent.
10. Call back immediately if the situation changes before units arrive.

Caller Trapped:

1. Exactly where are you located? **TELL FIRE COMMAND THE APT/ROOM NUMBER**
2. **DO NOT JUMP FROM UPPER FLOORS**
3. What is the best entrance of the building to get to you?

If it is safe to do so:

4. Stay low to the floor, avoid breathing smoke. Breathe through thin wet cloth to filter smoke.
5. Close the doors between you and the flames/smoke
6. Do not use the elevator.
7. Cover the cracks in the door with wet clothes, towels, anything readily available.
8. Cover the air vents, if needed.
9. Do not break any windows. If air is needed, open the window just enough to breathe.
10. Make yourself known to the responders when they arrive - call out to them, yell for help.
11. I'll stay on the line with you as long as I can.
12. If anything worsens in any way, just let me know.
13. Tell me when responders get there.

STRUCTURE FIRE - HIGH RISE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Do you live/work there? Are you the building owner?

How many stories is the building?

Is the building being evacuated?

What caused the fire? Who/what?

Is building sprinklered? Are sprinklers activated?

Alarm sounding?

Evacuating?

Anything unusual about the incident?

ALARM TYPES

A high-rise building is defined as a building having occupied floors higher than 23 metres (approx. 75 ft) above the lowest level of fire department vehicle access.

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- High life threat.
- Multiple alarms/mutual aid likely.
- Potential helicopter rescues from roof.
- Local evacuation procedures may be needed.
- Depending on which floor(s) involved, instructions for evacuation may differ.
- Develop local policy for structures in your community.

SUPPLEMENTAL RESOURCES

STRUCTURE FIRE - HOSPITAL/HOTEL/NURSING HOME /SCHOOL

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place? Can you escape?

What exactly is burning? Where exactly in the building is the fire located? What section? What floor? How many floors?

What type of building? Hospital/Nursing home/School?

Is there flames visible or just smoke? Colour of smoke/flames?

Are sprinklers working? Is fire controlled?

Is there anyone inside? Where (exact location)?

Are people evacuated the building now?

Are there any known injuries?

Are alarms sounding/is there an internal alarm system? Is it working?

Are there any hazardous materials stored inside or near the structure?

Was there an explosion?

PRE-ARRIVAL INSTRUCTIONS

Caller Not Trapped:

1. Do not endanger yourself.
2. If machinery or cooking equipment involved, can its supply source (gas, electric, setc) be shut off safely?
3. Sound the alarm.
4. Get out of the building. Do not use elevators.
5. If it is possible without endangering yourself, get everyone out of the building.
6. Once you get outside, do not go back in under any circumstances
7. Have someone meet and direct responding units to the scene.
8. Close all the doors, but don't lock them. Do not use elevators.
9. I'm going to let you go now. Help is being sent.
10. Call back immediately if the situation changes before units arrive.

Caller Trapped:

1. Exactly where are you located?
2. DO NOT JUMP FROM UPPER FLOORS
3. What is the best entrance of the building to get to you?

If it is safe to do so:

4. Stay low to the floor, avoid breathing smoke. Breathe through thin wet cloth to filter smoke.
5. Close the doors between you and the flames/smoke
6. Do not use the elevator.
7. Cover the cracks in the door with wet clothes, towels, anything readily available.
8. Cover the air vents, if needed.
9. Do not break any windows. If air is needed, open the window just enough to breathe.
10. Make yourself known to the responders when they arrive - call out to them, yell for help.
11. I'll stay on the line with you as long as I can.
12. If anything worsens in any way, just let me know.
13. Tell me when responders get there.

STRUCTURE FIRE - HOSPITAL/HOTEL/NURSING HOME /SCHOOL

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLERS

HOSPITAL:

What type of patients on that wing?
How many patients in danger?
Is area being evacuated?

HOTEL:

Do you work there? If yes, how many registered guests?
How many floors in the hotel?
Is area being evacuated?
Is building sprinklered? Sprinklers operating?

NURSING HOME:

Are you in charge of facility?
Is building sprinklered? Sprinklers operating?
How many patients in danger?
What type of patients on that wing? In the facility?
How many patients are bedridden?

SCHOOL:

How many students?
Are you **certain** that the building is being evacuated?
What is the best access/entrance?

ALL: What is the best entrance to use?
Any hazardous materials involved?
Do you know what caused the fire?
Anything unusual about the fire?

USEFUL INFORMATION

ALL: Refer to SOPs, pre-incident plans.

Attempt to obtain roster or number of patients/guests

Potential multiple alarm incident due to life threat.

Potential evacuation - consider where to send victims. Local disaster plans may have to be activated to arrange sheltering of non-ambulatory patients.

Anticipate significant volume of public, media inquired.

HOSPITAL:

Potential need to multiple EMS units to evacuate ill persons.

Possible confused patients - may be lost in building or try to re-enter.

Physically disabled may need to be rescued.

HOTEL:

High life threat.

Possible high-rise operation: possible mass casualty incident.

Possible helicopter rescue from roof.

Possible HAZMAT incident - chlorine.chemicals for pool.

NURSING HOME:

Potential need to multiple EMS units to evacuate ill persons.

Possible confused patients - may be lost in building or try to re-enter.

Physically disabled may need to be rescued.

SCHOOL:

Possible evacuation from upper floors: possible mass casualty incident.

Consider weather - may need to provide shelter from elements.

Significant Hazardous Materials Incident potential (Chlorine for pools. Biology and chemistry labs, etc)

STRUCTURE FIRE - RESIDENTIAL

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place? Can you escape?
What is the exact location? If garage: Is it attached?
Is there fire or just smoke? What is burning? Colour of smoke/flames?
Where in the house?
Is it attached or close to another structure?

Is there anyone inside? Where? Age? Disabilities?
Any known injuries? What are they?

Are there any vehicles or hazardous materials inside or near the structure?
(Propane tanks, welding equipment, gas cans, etc.)

Was there an explosion?

(If appropriate) Any suspicious people or vehicles seen in the area?
Mode and Direction of travel?

PRE-ARRIVAL INSTRUCTIONS

Caller Not Trapped:

1. Do not endanger yourself.
2. Sound the alarm.
3. Get out of the building.
4. If it is possible without endangering yourself, get everyone out of the building.
5. Once you get outside, do not go back in under any circumstances
6. Have someone meet and direct responding units to the scene.
7. Close all the doors, but don't lock them.
8. Use the stairwell. Do not use elevators.
9. I'm going to let you go now. Help is being sent.
10. Call back immediately if the situation changes before units arrive.

Caller Trapped:

1. Exactly where are you located?
2. DO NOT JUMP FROM UPPER FLOORS
3. What is the best entrance of the building to get to you?

If it is safe to do so:

4. Stay low to the floor, avoid breathing smoke. Breathe through thin wet cloth to filter smoke.
5. Close the doors between you and the flames/smoke.
6. Do not use the elevator.
7. Cover the cracks in the door with wet clothes, towels, anything readily available.
8. Cover the air vents, if needed.
9. Do not break any windows. If air is needed, open the window just enough to breathe.
10. Make yourself known to the responders when they arrive - call out to them, yell for help.
11. I'll stay on the line with you as long as I can.
12. If anything worsens in any way, just let me know.
13. Tell me when responders get there.

STRUCTURE FIRE - RESIDENTIAL

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Do you live there?

Is a vehicle involved? In garage? Is garage attached to house?

DO you know cause of the fire?

Other structures in danger?

Any hazardous materials in the house?

Any dangerous animals or on scene hazards?

Anything unusual or suspicion about the fire?

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Consider access to water supplies.
- Consider time of day - likely number of occupants?
- Check resources - physically, mentally, handicapped occupants?
- Use inverted visualization: Ask "As I look at the house from the street, where is the fire/where are the trapped persons?"

SUPPLEMENTAL RESOURCES

NON STRUCTURAL- FIRE (SMALL)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place? **(If appropriate)** Can you escape?

Is there flames visible or just smoke?

Tell me exactly what is burning. (Garbage bin, fence, dumpster, garbage trash, etc)

(If appropriate) What size of area/structure is burning?

Is the fire threatening anything? Animals/People/Buildings/Vehicles

Is anyone trapped or in immediate danger?

(Yes) How many?

(Yes) Exactly where are they/you located?

(If appropriate) Are there any electrical hazards?

Is the fire spreading?

(Yes) What direction is the fire spreading?

Is anyone injured?

(Yes) How many?

Dumpster Fire /Rubbish Fire

Colour of smoke/flames

Is dumpster/rubbish next to/connected to a building/business? Types of building/business?

Is anything else burning? What kind of dumpster/rubbish? (Garbage, recyclables, construction debris, etc)

Is adjacent building in danger/hazards? Evacuating ? (May need to alert occupants)

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Keep bystanders at a safe distance.
3. Avoid breathing smoke.
4. Have someone meet and direct responding units to the scene.
5. Call back from a safe place if situation changes before units arrive

NON STRUCTURAL - FIRE (SMALL)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

TYPES

The following may be examples of SMALL OUTSIDE fires, depending on their size:

- BBQ grill/pit
- Illegal burning
- Bleachers
- Mailbox
- Bonfire
- Outhouse/Porta-potty
- Doghouse
- Playground equipment
- Dumpster
- Poles
- Fence
- Trash
- Garbage can
- Tree house

If the caller struggles to determine the size of the fire, ask them to relate it to the size of a familiar area - (e.g., football field, tennis court, etc.).

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Type of adjacent occupancy may indicate type of materials in dumpster.
- If hazardous materials in dumpster, possible smoke inhalation victims.
- Typically a “nuisance call,” a dumpster fire can escalate into severe life or exposure threat.
- Take note of threatened structures, and consider their occupancy, contents.

NON STRUCTURAL - FIRE (LARGE)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

(If appropriate) Can you escape?

Is there flames visible or just smoke?

Tell me exactly what is burning. (Garbage bin, etc)

(If appropriate) What size of area/structure is burning?

Is the fire threatening anything? Animals/People/Buildings/Vehicles

Is anyone trapped or in immediate danger?

(Yes) How many?

(Yes) Exactly where are they/you located?

(If appropriate) Are there any electrical hazards?

Is the fire spreading?

(Yes) What direction is the fire spreading?

Is anyone injured?

(Yes) How many?

(HAZMAT) Do you know the warning placard numbers (chemical ID) of the hazardous materials?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Keep bystanders at a safe distance.
3. Have someone meet and direct responding units to the scene.
4. Call back from a safe place if situation changes before units arrive

NON STRUCTURAL - FIRE (LARGE)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

TYPES

The following may be considered LARGE OUTSIDE fires:

- Cardboard (bulk)
- Railroad ties
- Landfill
- Recycling yard
- Lumber pallets
- Salvage yard
- Mulch (bulk)
- Storage containers
- Oil pumping units
- Tire dump (bulk)

The determination of whether a fire is threatening a building/structure should be based on the caller's judgment. If the caller is unsure, all associated buildings are considered exposures.

If the caller struggles to determine the size of the fire, ask them to relate it to the size of a familiar area (e.g., football field, tennis court, etc.).

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Type of adjacent occupancy may indicate type of materials in dumpster.
- If hazardous materials in dumpster, possible smoke inhalation victims.
- Typically a "nuisance call," a dumpster fire can escalate into severe life or exposure threat.
- Take note of threatened structures, and consider their occupancy, contents.

SCRIPTED DISPATCH

PRELIMINARY DISPATCH

(UNITS/STATIONS TO RESPOND) report of a (fire) non-structure fire at (Location to include alias/common name).

VEHICLE FIRE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place? Can you escape?

What is the exact location of the vehicle?

Is the vehicle inside a garage or near a structure?

If in a garage, is the garage attached to house? (See appropriate STRUCTURE tab as needed).

How close is the vehicle to a building or any other structure?

Is any trapped in the vehicle?

Are there any known injuries? What are they?

What type of vehicle is involved? How many vehicles involved?

What part of the vehicle is burning? Colour of smoke?

For Truck fires:

What type of truck? What part of the truck is on fire?

Do you know what the cargo is? Hazardous materials?

Is there a placard or other identification visible?

For Train Fires

What type of train is involved?

Is the train still moving?

(Yes) What direction is it going?

Has it caught anything on fire? Brush/Grass or Building/Structure

Where exactly is the train?

What is the train number?

Was there an explosion?

(If appropriate) Where any people or vehicles seen in the area? Description?

(If appropriate) Mode and Direction of travel?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Do not approach the vehicle.
3. Keep bystanders at a safe distance.
4. Have someone meet and direct responding units to the scene.
5. Call back from a safe place if situation changes before units arrive

(If appropriate) If vehicle in inside a structure, evacuate the building. (see appropriate STRUCTURE FIRE tab)

(If appropriate) If fire is in the engine/trunk area, keep hood/trunk lid closed.

(If possible) Make sure ignition is off and brake set.

Battery Explosions: Remove affected clothing, flush skin with water until units arrive.

VEHICLE FIRE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

If motor home, propane tanks on board?
Anything hazardous in vehicle? See **HAZARDOUS MATERIALS INCIDENT** tab.
Are you the vehicle owner? Is the driver able to come to the phone?
Do you know how the fire started? What caused it?

Is car stripped or vandalized? (Alert Police Department)
Is vehicle endangering traffic flow?
Anything unusual about the fire? See **SUSPICIOUS INCIDENT** tab.

TYPES

Vehicle Fires:

Automobiles
Bus/Motor Coaches
Tractor Trailer Units
Large Trucks
Trains
Boats (docked, on land)

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- If vehicle in parking garage, see STRUCTURAL COMMERCIAL/INDUSTRIAL tab.
- If fuel leaking/burning, consider runoff problems.
- Firefighters and passerby may be in danger from exploding fuel tanks, shock absorbing bumpers, batteries, air conditioning systems.
- If car is reported engulfed in flames, be sure to get callback information about the caller. Arson squad may want to interrogate caller.
- Consider traffic disruptions
- May need shelter brought to scene for passengers (bus, trains, etc) - consider weather, location.
- Potential mass casualty incident
- Coordinate with appropriate police agency for traffic safety at scene.
- Notify company (Bus, train, trucks).

SCRIPTED DISPATCH

PRELIMINARY DISPATCH

(UNITS/STATIONS TO RESPOND) report of a (vehicle type) on fire at
(Location to include alias/common name).

AIRCRAFT FIRE / EMERGENCY

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place? Can you escape?

Do you see flames/smoke? Where exactly?

If calling from the ground:

What is the exact location of the crash, (landmarks)?

Type of aircraft? (Small/Large - Passenger, military, cargo, private, commercial, etc)

What did the aircraft crash onto/into? (Residential, Commercial area)

Is the aircraft burning? What color is the smoke?

Is anyone trapped inside the aircraft? Are there any known injuries?

What are they? How many?

Is the crash site accessible by the ground? How?

What is the tail number of the aircraft, if possible?

If calling from on board:

What is happening?

Are there any injuries?

Are you calling from a cellular telephone or an aircraft phone?

What is the number?

What airline is it? What is the flight number? What is your seat number? What was the departure city? Destination?

(If appropriate) Have there been any stops since leaving the origin?

Who is causing the disturbance? Descriptions? How many are there?

Are there any weapons? What are they?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Stay on the line if it is safe to do so.
3. Describe what is going on around you.
4. **(If possible)** Have someone meet and direct responders to the scene.
5. Call back if the situation changes before units arrive.

AIRCRAFT FIRE / EMERGENCY

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Did you witness the crash?
Was there a mid-air collision with another plane?
Debris localized or spread over a wide area?
Are you in sight of the crash? (Gather observations)

TYPES

Airplane Crash - Crash or downing of a civilian or military aircraft.

Small Craft Crash - Crash or downing of a single or multiple engine aircraft, helicopter, or hot air balloon.

NOTIFICATIONS

Airport Control Tower
Transport Canada Civil Aviation (TCCA)
Senior Officer

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans, mutual aid agreements.
- Refer to airport pre-incident plans if applicable.
- Consider access to crash site: May need specialized equipment. (chainsaws, bulldozers, helicopters, etc)
- If in commercial area, consider contents of buildings in crash zone - hazardous materials?
- Arrange immediate backup in communications centre.
- Mutual aid units may need directions to scene or stations, may also need someone to ride apparatus to direct them.
- Establish separate phone number for media inquiries - not communication centre.
- Consider unit relocation/resource allocation
- Secure routes to/ from scene ASAP to ensure response, patient transport
- Consider weather conditions: Need shelter? Warmth
- If military aircraft, munitions may be on board
- Most cargo planes carry hazardous materials

SCRIPTED DISPATCH

PRELIMINARY DISPATCH

(UNITS/STATIONS TO RESPOND) report of a (type of aircraft)
fire/emergency at (Location to include alias/common name).

BUILDING COLLAPSE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

Can you escape?

What is the exact location of the crash, including cross street?

What exactly happened? How long ago did this happen?

Did the building blow up or fall down? How many buildings have collapsed?

What has caused the building to collapse? How much of the building collapsed?

Are there any people inside the building? Approximate number and location?

Are there any injuries? What are they?

Is anything else involved? (Cars, pedestrians, et)

What is the type and size of structure?

Any smoke/fire?

Was there an explosion?

Is the building under construction?

(If Appropriate) Where any people or vehicles seen in the area? Description?

Have they left the area?

Mode and Direction of travel?

PRE-ARRIVAL INSTRUCTIONS

Not Trapped:

1. Do not endanger yourself. Do not attempt dangerous rescues.
2. Keep people away.
3. Have someone meet and direct responding units to the scene.
4. Call back if the situation changes before units arrive.

Trapped:

1. Where are you located?
2. What can you see?
3. What can you hear?
4. Are there any other dangers present?
5. Make as much noise as you can to help us find you.
6. If you can do it without making a spark, find an object and tap on the walls, pipes, or anything else.

BUILDING COLLAPSE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Can you see the building? Give observations?

Why did collapse occur?

Any hazards at scene? (Dynamite, blasting caps, etc)

Are power lines down?

Is gas leaking?

Anything unusual or suspicious about the collapse?

TYPES

Pancake Collapse:

Pancake floor collapse: Destruction of the load-bearing walls will cause the floor supports to fail, dropping the floors and the roof on top of each other. Voids will be created between the floors where there is debris, allowing for spacing between floors.

Lean-To Collapse:

Lean-to floor collapse: This collapse occurs when the roof or floor supports fail on one side of the structure, and the opposite side of the floor is still connected to the wall. It results in a void space that is close to the remaining wall.

V-Type Collapse

V-shape floor collapse: This collapse occurs when lower walls or floor joists fail due to heavy loads located in the center of the floor. It results in two voids, one near each exterior wall.

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Consider need for heavy equipment: cranes, bulldozers, etc.
- Other building may be affected.
- If new development, new roads may not have names.
- Consider time of day - likely number of employees/workers on site?
- Prepare to lose units from service for extended operation.
- May need to rotate relief crews to scene.
- Possible further collapse, explosion/fire from gas leaks, power lines.

SUPPLEMENTAL RESOURCES

CONFINED SPACE RESCUE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?
Can you escape?

If trapped: Where are you located?
What can you see?
What can you hear?
Are there any other dangers present?

What is the exact location?
What exactly happened? What caved in?

What is the type and size of structure?
Are there any people inside? Approximate number and location?
Are there any injuries? What are they? Severity?

How long ago did this happen?

Was there an explosion?
Any fire/smoke?

PRE-ARRIVAL INSTRUCTIONS

Not Trapped:

1. Do not endanger yourself. Do not attempt dangerous rescues.
2. Keep people away.
3. Have someone meet and direct responding units to the scene.
4. Call back if the situation changes before units arrive.

Trapped:

1. Make as much noise as you can to help us find you.
2. If you can do it without making a spark, find an object and tap on the walls, pipes, or anything else.

CONFINED SPACE RESCUE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

When did cave in occur?
What caused the cave in?
Any unusual odors after the cave in?
If mine collapsed, do you know other entrances.exits?
Have you had contact with those trapped?
Any efforts underway to free those trapped?
What equipment is now on scene?
Any hazards at scene? (Dynamite, blasting caps, etc)
Are power lines down?
Is gas leaking?
Anything unusual or suspicious about the collapse?

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Consider need for heavy equipment: cranes, bulldozers, etc.
- A person trapped/buried only to chest level is still in great danger of dying. Suffocation can occur even when the head is visible.
- Trench/ditch rescues are extremely hazardous for rescuers.
- Specially trained confined space, avalanche and underground search and rescue teams are available.
- Consider time of day - likely number of employees/workers on site?
- Prepare to lose units from service for extended operation.
- May need to rotate relief crews to scene.
- Possible further collapse, explosion/fire from gas leaks, power lines.

SUPPLEMENTAL RESOURCES

ELEVATOR RESCUE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Where are you calling from ? Location and building?

Where is the elevator located in the building?

Where is the elevator stuck? What floor?

Is the elevator accessible? How?

How many people are stuck in the elevator?

What is their condition?

Are there any injuries? What are they?

Are there any unusual hazards?

Do you have lights and power?

Who is the elevator service company?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. ***If trapped***, stay in the elevator do not attempt to break out.
3. Call back if the situation changes before units arrive.

If outside or 3rd party caller:

1. Have someone meet and direct responding units to the scene.
2. Determine location of elevator equipment room
3. Do not attempt rescue.
4. Call back if the situation changes before units arrive.

HIGH ANGLE RESCUE (ROPE)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Where is the exact location? Address, nearest roadway?

Attempt to get specific location information using geographical features

What exactly happened?

(If appropriate) Is this a suicide attempt?

How many people are trapped?

Location of victims (above grade or below grade)?

Are there any injuries? What are they?

How long ago did it happen?

Are there any type of special hazards?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Do not attempt to rescue.
3. Have someone meet and direct responding units to the scene.
4. Call back if the situation changes before units arrive.

HIGH ANGLE RESCUE (ROPE)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

TYPES

Low-angle rope rescue:

A rescue situation that involves angles up to 35 degrees. Most of the rescuer's weight is supported by the ground, and rope is only used for balance or assistance. Common examples are car accidents where the vehicle has gone down the side of the road or when someone has fallen over a slight ridge or incline, such as down a ravine.

Steep-angle rope rescue:

A rescue situation that involves angles between 35 and 65 degrees. The weight of the rescuer and victim is distributed relatively evenly between the ground and ropes. These rescues can be a higher risk than a low-angle rescue because more weight may be placed on objects around the setup, such as rocks. Rescuers are fully dependent upon the rope system for upward travel because of how steep the angle is.

High-angle rope rescue:

A rescue situation that involves angles greater than 65 degrees. Rescuers are totally dependent upon the ropes for accessing and exiting the rescue. Since most of the rescuer's and victim's weight is handled by ropes, errors in setting up the rope system could be catastrophic or fatal. Industrial work hazards that may require high-angle rope rescue are wind turbines, towers, pipe cracks, ledges, and tanks.

SCRIPTED DISPATCH

SUPPLEMENTAL RESOURCES

INDUSTRIAL ENTRAPMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Where is the exact location? Including cross street?
What exactly happened

Are they/you still trapped?
(Yes) How many people are trapped?
(Yes) What part of the body is trapped?

What type of machine are they trapped in? (Description)
Is the power off to the machine?

Are there any injuries? What are they?
Is the victim able to breath?
Is the victim conscious?

Are there any hazardous materials involved?
(Yes) Is anything leaking?
(Yes) Do you know the warning placard numbers (chemical ID)?
How long ago did it happen?

Can someone familiar with the facility/machine meet the responders and take them to the victim(s)?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Shut down the equipment, if possible.
3. Contact someone familiar with equipment to meet responders.
4. Have someone meet and direct responding units to the scene.
5. Call back if the situation changes before units arrive.

INDUSTRIAL ENTRAPMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

TYPES

SCRIPTED DISPATCH

SUPPLEMENTAL RESOURCES



MANHOLE EMERGENCY

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Anyone trapped? Number? Location?

Any injuries? Number? Type? Severity?

Any fire, smoke, or explosion? Color of smoke?

What is the exact problem?

What type of manhole? (Utility or sewer)

Any utility vehicles nearby?

PRE-ARRIVAL INSTRUCTIONS

1. Do not enter the manhole.
2. Keep people/vehicles back from the area.
3. Keep people/vehicles away from all manholes in surrounding area.
4. Have someone meet and direct responding units to the scene.
5. Call back if the situation changes before units arrive.

MANHOLE EMERGENCY

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Can you see the manhole?

Do you notice anything unusual? Give observations.

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Contact utility involved to determine nature/extent of problem.
- Consider traffic considerations/scene protection.
- Strong potential for a HAZMAT incident. Underground wires, cables, transformers, gas lines, methane build up, etc. Colour of smoke significant.
- Refer to appropriate guidecard as nature of incident becomes clear.
- Confined space rescue team may be required.
- Manhole covers have been known to blow into the air for some distance.

MOTOR VEHICLE ACCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

What is the exact location? Including cross street/landmarks?

How many vehicles are involved?

What type of vehicles are involved? *Cars? Trucks? Buses? Other?*

Are there obvious injuries? How many?

How many are trapped? How are they trapped? Where in the vehicle are they trapped?

Are there any hazardous materials involved?

If a tanker truck: Is there a placard or other identification visible?

Any smoke, fire, haze, or distinct odors present?

Have airbags been deployed?

Is the road blocked? Which lanes? What is the best route to get to the scene?

What are the weather conditions at the scene? What are the lighting conditions at the scene?

Is there any damage to utilities, guardrails, signs, poles?

Are there any power lines on the vehicle(s)?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. *Stay away from any live or downed wires/trees/poles/traffic standards, etc.*
3. Do not stand in the road.
4. Have someone meet and direct responding units to the scene.
5. Call back if the situation changes before units arrive.

MOTOR VEHICLE ACCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

TYPES

SCRIPTED DISPATCH

SUPPLEMENTAL RESOURCES



SEARCH AND RESCUE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What is the persons name and description?

What is their age? Maturity?

How long since they were last seen?

Where were they last seen?

Does the person have a cell number? If yes, what is the number?

What is the mental and physical condition of the person?

Are they under the influence of drugs or alcohol?

What is their level of outdoor experience?

Are there any unusual or suspicious circumstances?

Have they taken extra clothing or medications?

Is there a friend in the area or where they accompanied by anyone? Can you give a description?

Have they left the area? What were they driving?

In what direction where they travelling?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Gather an item of clothing or other item that belongs to the person so that search/tracking dogs may get a scent from it.
3. If possible, provide responders with a current picture of the missing person.
4. Gather a list of the persons medications.
5. Do not enter the area to be searched.
6. Have someone meet and direct responding units to the scene.
7. Call back if the situation changes before units arrive.

SEARCH AND RESCUE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

TYPES

(1st party text)

What's your name/the name of the missing person(s)?

(1st party) Do you know approximately where you are?

No) Where did you start from/enter the area?

Yes) Describe where you are right now.

(3rd party) Where was the person(s) last seen? Do you know where s/he started from?

What was your/their intended destination?

What was your/their intended route?

I need to get your/their description...

I need to get a description of the clothing you/they are wearing (especially colors)

Do you/they have any medical conditions?

Is anyone sick or injured? (Yes) How many?

What equipment/supplies do you/they have?

Are you/they with a group? (Yes) How many are in the group?

Vehicle involved) I need to get the vehicle description...

Where is the vehicle parked/located?

What time did you/they start?

(1st party) What is the weather like where you are?

(3rd party) Do you know the weather where s/he is?

(Appropriate) What level of outdoor/backcountry experience do you/they have?

POST DISPATCH INSTRUCTIONS

The fire department is being sent.

Stay on the line, and I'll tell you exactly what to do next.

Stay at your current location. It's important for you to remain there while people are searching for you.

Protect yourself from the weather (stay in the shade, out of the rain/ snow/wind).

If you see or hear anybody, make yourself known or visible.

If you need to change your location or somebody finds you, tell me immediately.

Try to conserve your cell phone battery.

If your cell phone has limited or low battery life left, let me know, and we will set up a time to call you back. (3rd party)

I'm notifying the proper agencies.

Call us back if anything changes or additional information becomes available.

SUPPLEMENTAL RESOURCES

- * Follow department policy on lost persons.
- * Notify appropriate search and rescue (SAR) teams.
- * Try to obtain current/forecasted weather information for the search area.
- * Try to obtain topography information for the search area.
- * Notify aircraft resources early in the process, as necessary.

SUBMERGED / SINKING VEHICLE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

What is the exact location of the vehicle? Landmarks? Nearest roadway and access?
Attempt to get specific location information using geographical features.

What type of water? River, creek, wash, lake, pond, pool, or flooded roadway?

Is the vehicle in moving water?

How far from land is the vehicle?

Is the vehicle sinking? How far has the vehicle sunk?

Is anyone trapped in the vehicle? How many people?

Can you see anyone moving in the vehicle?

Are there any obvious injuries? What are they?

Can you open the vehicle doors? Can you open the windows?

How long has the vehicle been in the water?

PRE-ARRIVAL INSTRUCTIONS

Stay calm and listen carefully so that I can help you get out.

I will tell you exactly what to do next.

Vehicle in Still Water:

Do not endanger yourself.

Open vehicle doors or window, exit the vehicle and wade to shore.

If unable to wade to shore. Exit vehicle and go to the vehicle roof.

Are there any children or anyone else who needs assistance with their seat belts?

(Yes) Starting with the oldest, help them undo their seat belts and have them get out through the open window.

Push all the children/others out ahead of you.

Get out of the vehicle now and swim to the nearest shore.

If you need to, you can hold on to the floating vehicle until you catch your breath and determine where to swim.

SUBMERGED / SINKING VEHICLE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

ADDITIONAL- PRE ARRIVAL INSTRUCTIONS

Vehicle in water and sinking:

Have everyone release their seat belts and unlock the doors.

Can you open a rear side window all the way? (If you have electric windows, make sure your key is on)

(No) Can you open a front side window all the way?

Try to break them.

Hit the corner of the window with a key, seat belt buckle or metal headrest post.

Exit through the window and get onto the roof of the vehicle.

Vehicle is under the water:

If you are unable to open a window there should be enough air for the minute or two that it will take to prepare to escape. When the car is nearly full of water, take a deep breath and push a door open, you may want to do this with your feet. Exhale slowly as you swim to the surface.

Break Window:

Move into the backseat, where you need to try to break a rear side window.

Do you have a hammer, center punch, or anything heavy and hard to break the window with?

(Yes) Use this object and hit a side window near the bottom corner, closest to the front of the vehicle.

(No) Lie down on your back and use both feet together to kick a rear side window near the bottom corner,

Did you break the window?

(Yes) Clear all of the glass out of the window opening. Exit Vehicle

3rd party caller:

Do not go in the water.

If possible try to reach the victim with a pole or other object.

If victim cannot be reached, throw victim a rope or floatation device.

NEVER send an inexperienced rescuer into the water.

Have someone meet and direct responding units to the scene.

Call back if the situation changes before units arrive.

Caller Cannot Swim

You have to get out of the car now. You can hang onto the car or climb to the roof. If the car sinks from under you, kick your legs and paddle with your hands and arms towards your destination.

TRAIN AND RAIL DERAILMENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Anyone trapped? Number? Location?

Any injuries? Number? Type? Severity?

Passenger or freight train?

Is train on fire? Colour of smoke? Flames?

Anything besides train damages/fuming?

Of train vs car or person: Location of impact? Current location of train?

INQUIRE OF CALLER

Tank cars involved? Leaking/burning?

See **HAZARDOUS MATERIAL** incident.

Any unusual odours? Describe?

Direction of smoke drift?

Which railroad company?

How did the accident occur?

Is area accessible to responding units?

Anything unusual about the incident? See **SUSPICIOUS INCIDENT**

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Have someone meet and direct responding units to the scene.
3. Call back if the situation changes before units arrive.

TRENCH RESCUE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

What is the exact location of the vehicle?

Landmarks? Nearest roadway and access? Attempt to get specific location information using geographical features.

What is the type of excavation?

Is there shoring or plywood?

What exactly happened?

How much has collapsed?

What is the severity of the entrapment?

How many people are trapped?

Are there any obvious injuries? What are they?

Is the victim talking or unconscious?

How long ago did it happen?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Do not approach the edge.
3. Keep people away.
4. Have someone meet and direct responding units to the scene.
5. Call back if the situation changes before units arrive.

Trench Collapse/Rescue

1. Order anyone else still in the trench to get out of it immediately because of the danger of secondary collapse.
2. If it's safe to do so, order all heavy equipment in the area, except for ventilation devices to be shut down to reduce vibrations that may cause a secondary collapse.
3. Order all vehicles to keep at least 150 feet away.
4. Do not allow any hand tools or objects in the trench to be removed. They may serve as clues to the location of trapped person(s)

TRENCH RESCUE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

TYPES

Could include:

- Construction sites
- Utility sites
- Maintenance sites
- Well-digging sites

Also includes:

- Grain Silos
- Fertilizer Hoppers
- Cement Hoppers
- Sawdust Collectors

Victims entrapped by dirt, sand or similar material can get in the mouth and nose compromising the airway and also pack around the victim's chest, preventing them from inhaling.

SCRIPTED DISPATCH

SUPPLEMENTAL RESOURCES

WATER RESCUE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

What is the exact location of the vehicle? Landmarks? Nearest roadway and access?
Attempt to get specific location information using geographical features.

What type of water? River, creek, wash, lake, pond, pool, flooded area?

What exactly happened?

Where did they enter the water?

Is it moving water?

(Yes) Are there any dams in the area?

How long have they been in the water?

Can you see the victim? Is the victim a child or adult?

What are they wearing? (clothes description)

Watercraft:

If watercraft - is it anchored or drifting?

If drifting, direction and speed of travel?

Are there any boaters in the area?

PRE-ARRIVAL INSTRUCTIONS

Caller

1. Stay calm and listen carefully so I can help you.
2. I will tell you exactly what to do next.
3. Do not endanger yourself.
4. If you can, hold on to a floatation device.
5. Swim to the closest shore.

Caller Cannot Swim

Kick your legs and paddle with your hands and arms towards your destination.

3rd Party

1. Try to reach the victim with a pole or other object.
2. If victim cannot be reached, throw victim a rope or floatation device.
3. Do not go in the water.
4. NEVER send an inexperienced rescuer into the water.

WATER RESCUE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

TYPES

Swift Water Rescue:

According to the NFPA, if water flows faster **than 1.85 km/h**, it is considered to be "moving" water or "swiftwater".
This includes rivers, creeks, washes, and storm drains.

Flash flooding is the most common.

Still Water Rescue:

Defined as any incident that involved the removal of victims from a stationary body of water.
This includes ponds, lakes, pool, etc.

Ice Water Rescue:

Ice and cold water rescue is performed by personnel when a person is trapped on the ice, has fallen through the ice, or is immersed in cold water.
By using specialized equipment and techniques, emergency responders can execute rescues on ice in a quick and safe manner.

SCRIPTED DISPATCH

SUPPLEMENTAL RESOURCES

ENVIRONMENTAL / DISASTER INCIDENTS/MASS CASUALTY

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What type of incident is this?

***Hurricane, Tornado, Earthquake, Flooding, Wind, Snow/Blizzard,
Hail/Ice/Freezing rain, MCI, Widespread power failure, Other***

Is anyone trapped?

(Yes) How many?

(Yes) Exactly where are they/you located?

Is anyone in immediate danger?

(Yes) What type of immediate danger are they/you in?

(Yes) How many?

(Yes) Exactly where are they/you located?

Is anyone injured?

(Yes) How many?

(If appropriate) What type of building/structure is involved? A

Can you describe the extent of the damage?

How many buildings/structures are involved?

PRE-ARRIVAL INSTRUCTIONS

1. The fire department is currently in disaster mode.
2. I cannot tell you when the fire department will get there.

(Compromised structure)

3. Make sure that everyone is out of the building/structure and in a safe location.
4. If it's safer to stay where you are, remain there.
5. If not, move to a safer location.

(Medical)

6. If it's safe to do so, try to find transportation to the hospital/doctor.
7. Call us back if you find transportation.

EXPLOSIVE INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

Has the device exploded?

If inside: Where are you/they in the the building?

Are there any injuries? Number? Type? What is the extent/severity of the injuries?

Describe the device.

How was the device discovered? (Bomb threat, accidental discovery, or other?)

Is the area evacuated and secured?

How many people are affected?

Any fire/smoke? What's burning? Colour of smoke? (Refer to appropriate guidecard).

(If appropriate)

Were any people or vehicles seen in the area? Can you give a description?

Have they left the area? What were they driving? What direction were they traveling?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Evacuate and contain the area, get people back a minimum of 500 ft.
3. Have personnel available to help with a search of the premises if needed.
4. Turn off all two way communication devices.
5. No open flames.
6. Be alert for possible secondary devices.
7. Report other suspicious items or individuals.
8. Meet responders as they arrive.
9. Call back if the situation changes before units arrive.

EXPLOSIVE INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Can you see explosion site? Give observations.

What direction is smoke drifting?

Is any government property involved?

Why did explosion occur?

(If gas leak, see FUMES / GAS LEAK -CO / GAS ODOR)

Is there anything hazardous/explosive on the scene?

See HAZMAT INCIDENTS

USEFUL INFORMATION

- Most explosions result in some type of fire.
- Refer to SOPS, pre-incident plans.
- Anticipate ruptured gas lines & water mains, downed power lines, etc.
- Multiple calls will probably be received - keep track of caller locations to determine extent of damage.
- If gas leak, evacuations may be necessary.
- Establish separate number for media inquiries, NOT IN COMMUNICATIONS CENTRE.
- Further explosions may occur. Protection of callers and responders, and anticipation of escalating problems is essential.

CARBON MONOXIDE (CO)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

Is there any fire? What's burning? **If YES, use FIRE guidecard.**

Is the problem inside or outside? Where?

Any odors?

What does it smell like (Natural Gas, Propane, Animal)?

Is anyone sick or injured

(Yes) How many? - NOTIFY EMS

Anyone feeling nauseous, light-headed, sleepy, or having a headache?

How long as the detector been sounding?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. GET CLEAR of the area and wait for the arrival of Emergency Units. If safe to do so. Leave the building/area immediately.
3. If no one has symptoms, evacuate building and leave doors and windows closed until responders arrive.
4. Have someone meet and direct responding units to the scene.
5. Call back if the situation changes before units arrive.

SYMPTOMS - NOTIFY AMBULANCE

CARBON MONOXIDE (CO)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Has the heat been on high lately?

Is there a fire in the fireplace?

Was the stove being used?

Has this detector activated before?

USEFUL INFORMATION

Life safety is a high priority - anyone with symptoms should be evacuated ASAP.

Carbon Monoxide detectors detect CO exposure over a period of time.

Fire units will want to use meters to see if CO detector is operating properly. If all windows and doors are opened, the fresh air will negate the usefulness of metering equipment.

Symptoms of Carbon Monoxide (CO) exposure:

- nausea
- headache
- irritability
- confusion
- sleepiness
- intoxicated behaviour

FUMES / GAS LEAK /ODOR

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Type of gas, if known? (Propane, oxygen, nitrogen, etc)

For Carbon Monoxide (CO) go to Guidecard

Are you in a safe place?

Anyone trapped? Number? Location?

Is anyone sick or injured? Number? Type? Severity?

(Yes) How many? - NOTIFY AMB

Is there any fire? What is burning? **If YES**, use appropriate **FIRE guidecard**.

Do you hear the gas or smell it only?

What does it smell like (Natural Gas, Propane, Animal)?

Where is the gas leaking from? (Meter, Supply Line Storage Tank)

What type of building is this? Is the problem inside or outside?

Do you hear the gas or smell it only?

What does it smell like (Natural Gas, Propane, Animal)?

Has the utility/gas company been notified yet? ETA?

(Outside)

What is the gas leaking from?

Line

Tank

Unknown (Odor only)

Which gas company provides service to this location.

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Put the phone down gently - do not hang up.
3. AVOID the use of anything electrical and any energized equipment that could cause a spark.
4. Do not pull the fire alarm
5. GET CLEAR of the area and wait for the arrival of Emergency Units.
6. If safe to do so, evacuate the building/area immediately. Do not go back in.
7. Go to a safe location, CALL BACK WHEN YOU ARE SAFE
8. Call back if the situation changes before units arrive.
9. Have someone meet and direct responding units to the scene.

SYMPTOMS - NOTIFY AMBULANCE

FUMES / GAS LEAK /ODOR

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Do you live/work here?

How did the incident occur?

Is gas still leaking, or is it shut off?

Is there a gas cloud? What color? How large? Moving? In what direction?

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Refer to city/town evacuation procedures if situation warrants.
- Determine wind direction and speed.
- Determine weather forecast - effects of rain on gas cloud.
- Consider dangers to traffic flow.
- Consider proximity to population centers, institutions, hospitals, nursing homes, etc.
- Establish separate phone number for media inquiries, NOT COMM CENTRE
- Construction crews may rupture underground gas lines. Gather as much site information as possible, since caller may be unaware of this connection.

HAZARDOUS MATERIALS (HAZMAT) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

What is the exact location of the incident?

Is the building residential or commercial?

If commercial: Type of business? Contents and occupancy of building. Surrounding area?

What is the substance is involved? *If unknown: describe the substance. Solid/Liquid/Gas?*

Identify substance if possible (Class A explosive, combustible liquid, corrosive, flammable gas, oxidizer, poison A or B, radioactive, flash point)

Is there a placard? (chemical ID/MSDS)

Size of the container? How much has spilled/leaked.

How much has spilled/leaked.

Is the area densely populated, or rural?

If vehicle - Type? Description? Rail car or vehicle numbers visible?

Is it contained? Is it near a waterway? Is it spreading? Direction of flow?

Is the material on fire? Colour of smoke? Flames? Drifting?

Any injuries? How many? Is anyone in immediate danger (Yes) How many? (Yes) exactly where are they you/located?

Anyone contaminated? Exposed? Does anyone have the substance/chemical on them? (Yes) How many?

Is anyone experiencing any symptoms? What are they? How many people are affected?

Do you see a cloud or vapor? a. (Yes) What direction is it going? b. (Yes) What color is it?

(If applicable) Were any people or vehicles seen in the area? Can you give a description?

Have they left the area? What were they driving? What direction were they traveling?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Wash the contaminated area with warm soap water.
3. Evacuate and contain the area.
4. Stay away from unknown materials.
5. Stay away from uphill and upwind of any vapor clouds.
6. Do not attempt to confine or contain any type of spill.
7. Do not attempt to rescue victims near the affected area.
8. Turn off all two way communication devices.
9. No open flame.
10. Have someone meet and direct responding units to the scene.
11. Call back if the situation changes before units arrive.

HAZARDOUS MATERIALS (HAZMAT) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

If industrial, types of chemicals, if known?

If industrial, exact route to victim (s), gate number, building, bay, etc?

If home, type of chemical exposed to? How?

Injured may have to be moved if life threatening danger exists - in spite of injuries.

Are there any markings/placards visible? Describe?

Noticeable odour? Describe?

Colour of material?

Direction of wind? Speed?

Do you work/live there? Are you knowledgeable about material, danger of?

Are other carrying units (tankers, etc.) on the scene? Been called?

Size and shape of container? (Tank truck, drum, etc)

What is in immediate vicinity? (Run-off may contaminate sewers, basements, rivers, etc.)

USEFUL INFORMATION

- Refer to facility pre-plans, if available.
- Locate witnesses, do not interview at scene.
- If vehicle accident, locate shipping papers, logs, bills of lading, etc.
- Shippers have been known to carry substances other than those shown on log. Secure all documents.
- Scene must not be left unattended.
- Owner, occupants should not be allowed to remove anything from scene without permission of fire investigator.
- Fast action at/to scene not as critical as **safe** action to minimize the number of persons affected.
- Gather and document complete information.
- Decontamination may be needed, consider weather.

Supplemental Information:

Access Route

Type of HazMat incident

Number of and nature of injuries

Release Type

Wind Direction

SUPPLEMENTAL RESOURCES

1-888-CAN-UTEC (226-8832)

<https://wwwapps.tc.gc.ca/saf-sec-sur/3/erg-gmu/erg/ergmenu.aspx>

TYPES **Chemical suicide**

NUCLEAR INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

What exactly happened? If unknown: describe the events.

Was there an explosion?

Did you see nuclear signage/symbols?

Was there a release of radiological gas or debris?

If the event occurred at radiological materials facility - where in the facility did it occur?

Are there any injuries? Is anyone experiencing any symptoms? What are they?
How many people are affected?

(If appropriate) Were any people or vehicles seen in the area? Can you give a description?

Have they left the area? What were they driving? What direction were they traveling?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Evacuate and contain the area.
3. Prevent further contamination.
4. Have someone meet and direct responding units to the scene.
5. Call back if the situation changes before units arrive.

NUCLEAR INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Is area accessible to apparatus?
Best approach route?
What caused the incident?
Anything unusual about the incident?

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Refer to city/town evacuation procedures if situation warrants.
- Determine wind direction and speed.
- Determine weather forecast - effects of rain on gas cloud.
- Consider dangers to traffic flow.
- Consider proximity to population centers, institutions, hospitals, nursing homes, etc.
- Check local maps for staging areas
- Establish separate phone number for media inquiries, NOT COMM CENTRE

SUPPLEMENTAL RESOURCES

PROPANE INCIDENTS - COMMERCIAL

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What is leaking?

Are you at the scene?

Are you in a safe place?

What is the type of business?

What is the name of the supplier or technician? Do you have the phone number?

What are the contents and occupancy of building? Contents and occupancy of area surrounding the building?

Is the area densely populated, or rural?

What exactly happened?

Are there any injuries? How many? Extent?

Are there any other materials in or around the area that could be considered hazardous or flammable.

How much of the material is present is present? Where is it located?

What type of the container is it in? Description?

If vehicle - Type? Description? Rail car or vehicle numbers visible? Is there a placard or other identification visible?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Evacuate and contain the area.
3. Prevent further contamination.
4. Have someone meet and direct responding units to the scene.
5. Call back if the situation changes before units arrive.

PROPANE INCIDENTS - COMMERCIAL

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Is area accessible to apparatus?
Best approach route?
What caused the incident?
Anything unusual about the incident?

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Refer to city/town evacuation procedures if situation warrants.
- Determine wind direction and speed.
- Determine weather forecast - effects of rain on gas cloud.
- Consider dangers to traffic flow.
- Consider proximity to population centers, institutions, hospitals, nursing homes, etc.
- Check local maps for staging areas
- Establish separate phone number for media inquiries, NOT COMM CENTRE

PROPANE INCIDENTS - RESIDENTIAL

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What is leaking?

Can you smell the gas? From where? Describe the smell?

Do you hear gas escaping? From where?

Are you at the scene?

Are you in a safe place?

If it is a tank:

How big? Do you know how much product was in the tank?

How did the leak begin?

What is the exact location of the incident? Where at the scene is the tank?

Is the area densely populated, or rural?

Are there any injuries? How many? Extent?

Are there any other materials in or around the area that could be considered hazardous or flammable.

What is the name of the supplier or technician? Do you have the phone number?

Is anyone experiencing any symptoms? What are they? How many people are affected?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Evacuate and contain the area.
3. Prevent further contamination.
4. Have someone meet and direct responding units to the scene.
5. Call back if the situation changes before units arrive.

PROPANE INCIDENTS - RESIDENTIAL

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Is area accessible to apparatus?
Best approach route?
What caused the incident?
Anything unusual about the incident?

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Refer to city/town evacuation procedures if situation warrants.
- Determine wind direction and speed.
- Determine weather forecast - effects of rain on gas cloud.
- Consider dangers to traffic flow.
- Consider proximity to population centers, institutions, hospitals, nursing homes, etc.
- Check local maps for staging areas
- Establish separate phone number for media inquiries, NOT COMM CENTRE

SUPPLEMENTAL RESOURCES

SUSPICIOUS PACKAGE / BOMB THREAT /INCENDIARY DEVICE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Bomb Threat

- Where:** Is bomb located?
Where is the caller calling from? Are you in a safe place? How did they become aware?
Where is the bomb supposed to explode? What is the address? In what area of the building?
What type of building? Residential/Commercial
- When:** What time is the bomb supposed to explode?
- What:** What kind of bomb? Do you have a description of the device? (size, shape)
What will cause the bomb to explode? (Timer, fuse, altitude, movement, etc)
Are there any injuries? What is the extent of the injuries?
- Who:** Is the intended target?
Is calling in the bomb (Individual, group, affiliation)
Who received the call and spoke to the person?
- Why:** Why was the bomb placed (personal, political group - terrorists)
Did you place the bomb? Why?
What is your address? What is your name? What is your call back number?

Note: Did you note any background noises? If so, what were they?

Suspicious Package

- WHERE:** Are you in a safe place? Is the area evacuated and secured?
- WHEN:** When was this package found/when did it arrive? How?
- WHAT:** Why do you think it is suspicious? Is there anything leaking from the package? Odors?
What are the dimensions of the package?
- WHO:** Is there a return address? What is it? Is there anything else written on the outside?
Has anyone touched the package? How many people are affected? Is anyone having any symptoms?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Do not touch or disturb anything at the scene.
3. Keep everyone away from the scene.
4. Have someone meet and direct responding units to the scene.
5. Call back if the situation changes before units arrive.

Note: Attempt to keep the caller on the phone as long as possible. Do not antagonize the caller. Remain calm.

Additional Instructions:

1. The fire department is being sent.
2. Stay on the line, and I'll tell you exactly what to do next.
3. Evacuate and contain the area.
4. Have personnel available to help with a search of the premises if needed.
5. Turn off all two way communication devices.
6. No open flames
7. Stay away from possible secondary devices.
8. Report other suspicious items or individuals.

(Business) You need to follow your company's policy regarding bombs/suspicious packages/letters/items.

Do not touch or handle the item. Contain the package.

SUSPICIOUS PACKAGE / BOMB THREAT /INCENDIARY DEVICE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

If caller placed bomb, ask if there isn't some less drastic way to accomplish their goal.

If caller is third party, ask:

- Who received the call and/or actually spoke with the suspect(s)?
- Could the callers sex be identified
- Where their accent or dialects?
- Where their speech impediments
- Where there any special phrases or words used? Number of times repeated?
- Could the callers education level be determined?
- Where they any background noises?
- What is the name of the person the officer(s) should contact at the scene?

USEFUL INFORMATION

If you received the call:

- Listen for background noises.
- Carefully listen to voice. Identify sex, accents, speech impediments, dialects, education level, repetitious use of certain words, intoxication, etc.
- The more specific and technical the caller is, the more valid the call.
- Play on the caller's sympathy not to injure innocent people.

If call is from a third party:

- Keep caller on the phone, if safely possible.
- Alert supervisor
- Do not order to evacuate - let caller make decision.

General:

- When available, personnel should be assigned to watch crowd.
- A person who is agitated, aroused, bored, or indifferent, overly helpful, always at the scene, etc., should be suspect.
- All authorised person should be kept from scene.
- If bomb exploded, officer should secure scene for arson investigators after danger or fire and explosion has passes; be alert for secondary bomb.
- Responders may be actual target.

9-1-1 UNKNOWN /ASSIST OTHER AGENCIES / MUTUAL AID

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What is the exact problem?
What specific assistance is required?
Is command post established? What is name/car number of officer in charge? Where is command post located?
Where should apparatus be sent? Scene/Staging area?
Is there a preferred approach route?
Requested response mode?

PRE-ARRIVAL INSTRUCTIONS

Refer to SOPS, pre-incident plans.
Silent dispatch may be in order to minimize media/crowd presence.

CHECK CALL / WELFARE / SERVICE CALL/ANIMAL RESCUE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What is the exact problem?

What specific assistance is required?

Is command post established? What is name/car number of officer in charge?

Where is command post located?

Where should apparatus be sent? Scene/Staging area?

Is there a preferred approach route?

Requested response mode?

(Water problem)

Are there any electrical hazards present?

(Animal rescue)

How long has the animal been trapped?

Are you/do you know the owner?

Is area accessible to rescuers?

Is the animal sick or injured?

Any hazards at the scene rescuers should be aware of?

PRE-ARRIVAL INSTRUCTIONS

ANIMAL RESCUE:

Keep bystanders away from Animal.

Do not attempt to rescue - wait for fire department,

Notify dispatch if situation changes before units arrive.

Send someone to meet and direct responding units.

*** (Animal rescue) Notify animal control/animal ambulance/ veterinarian. ***

(Water problem) Notify appropriate agencies (Water, Electric).

ELECTRICAL HAZARD

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Do you see flames/smoke?

Can you locate source, or direction coming from

What does it smell like?

Anyone affected by smell? (Need for EMS)

Do you live/work there?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

AVOID the use of energized equipment that could cause a spark.

GET CLEAR of the area and wait for the arrival of Emergency Units. If safe to do so.

No open flames

Do NOT smoke

No food or water intake

Evacuate/contain area

Have someone meet and direct responding units to the scene.

Call back if the situation changes before units arrive.

SPILL/FUEL LEAK (SMALL)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

Anyone trapped? Number? Location?

Any injuries? Number? Location? Severity?

Anyone contaminated?

What has been spilled? (Gasoline, Oil, Antifreeze) If other, specify

What is the location of the spill? Best entrance to respond?

If appropriate: Any smoke/fire?

If appropriate: Any vapour cloud or fumes? Drifting in what direction?

If appropriate: Is plant emergency team responding.

How much has been spilled on the roadway?

If liquid spill, where is liquid going (storm drain, sewers, basement, etc.)

Has the source been shut off?

Is there a possibility of ignition?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. AVOID the use of energized equipment that could cause a spark.
3. GET CLEAR of the area and wait for the arrival of Emergency Units. If safe to do so.
4. No open flames
5. Do NOT smoke
6. No food or water intake
7. Evacuate/contain area
8. Have someone meet and direct responding units to the scene.
9. Call back if the situation changes before units arrive.

SPILL/ FUEL LEAK (SMALL)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Do you live/work there?
What kind of container is leaking?
Any markings or PLACARDS on the container? Can you safely read them?
How much material has been spilled?
What caused the spill/leak?
Anything unusual about the spill?

USEFUL INFORMATION

Refer to SOPs, pre-incident plans.
Refer to facility emergency contingency plan.
HAZMAT operations possible.
Determine wind speed/direction.

SUPPLEMENTAL RESOURCES

INVESTIGATIVE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

ODOR UNKNOWN

Can you describe the odor What does it remind you of?
Can you identify the source of odor? Indoors or outdoors?
On a scale of 1-10 with highest being 10, how strong is the odor?
Did odor make anyone sick? In what way? (Need for EMS)

MINOR OUTDOOR SMOKE

Is smoke indoors or outdoors? Thick or light? Colour of smoke?
Do you see flame or just smoke?
Can you locate the source, or direction coming from?
What does smoke smell like?
Any affected by smoke? (Need for EMS)

WATER LEAK

How fast is leak?
Leaking for how long?
Is ceiling or floor in danger of collapse?
Where is the main water shut off in building?
If outdoor leak: is roadway undermined or collapsed? Is roadway icing over?

LIGHTNING STRIKE

PRE-ARRIVAL INSTRUCTIONS

For extremely strong ODORS:

Do not operate any electrical equipment.
Do not make any sparks or open flames.
Do not hang up telephone - put it down gently.
Call back when you are safe.

MINOR OUTDOOR SMOKE

If indoors, evacuate building, don't go back in.
Avoid breathing smoke.

WATER LEAK

If inside; Evacuate area, don't go back in. So not operate anything electrical.

Do not endanger yourself.

Have someone meet and direct responding units to the scene.

Call back if situation changes before units arrive.

INVESTIGATIVE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

ODOR UNKNOWN

Do you live/work there?

Has it ever happened before?

If odor of rotten eggs, see FUMES / GAS LEAK - CO / GAS ODOR guidecard.

MINOR OUTDOOR SMOKE

Do you live/work there?

Determine compass direction caller is looking in to report smoke (North, East, South, West)

WATER LEAK

How fast is leak?

Leaking for how long?

Is ceiling or floor in danger of collapse?

Where is the main water shut off in building?

If outdoor leak: is roadway undermined or collapsed? Is roadway icing over?

LIGHTNING STRIKE

USEFUL INFORMATION

Refer to SOPS, pre incident plans.

ODORS: Possible HAZMAT incident.

Identify wind speed and direction - inform responders.

Possible evacuation.

Related guidecards:

FUMES / GAS LEAK - CO / GAS ODOR

HAZARDOUS MATERIALS INCIDENTS

SMOKE REPORT: Failure to dispatch appropriate units to this type of call can result in major liability exposure for the department and the dispatcher. *Thorough questioning of the caller is extremely important.*

- By obtaining compass direction from several callers reporting smoke outdoors, the dispatcher can triangulate to determine location of smoke.
- If unable to use landmarks, or caller is unsure of direction, the following may help: "Pretend you're standing in the centre of a clock which is laying flat on the ground. Where the sun comes up is 12 o'clock. What number is the smoke at?"
- Take weather conditioner into account. Low fog, inversion can keep smoke low to the ground and hide structure fire.

WATER LEAK: May need water department for underground/inaccessible shut off.

LOCKOUT / FORCED ENTRY

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What type of assistance do you need?

Is anyone sick or injured?

(Yes) How many?

Locked in/out of vehicle

Is anyone inside the vehicle? (Person/Animal inside)

What is the exact location of the vehicle?

Is the vehicle running?

(Yes) Is the air conditioning/heat on?

Vehicle Description

Is the door unlocked?

(No) Can it be unlocked remotely?

(No) Is there a spare key available?

Locked in/out of building

Is the door unlocked?

(No) Can it be unlocked remotely?

(No) Is there a spare key available?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. Have someone meet and direct responding units to the scene.
3. Call back if situation changes before units arrive.

LOCKOUT / FORCED ENTRY

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Do you live there.own the vehicle?

Is victim suffering from weather effects? Hot/cold?

Do you know the parents/owners of the vehicle?

Any dangerous animals/materials in building/vehicle?

Anything unusual about the situation?

USEFUL INFORMATION

- Refer to SOPS, pre incident plans.
- Police, wreckers service, auto clubs may be able to open car with lockout tool.
- Before firefighters enter, police should be on scene to verify ownership and occupancy unless medical emergency exists. LIABILITY
- On a bright summer day with windows fully closed, interior temperature of a car can rise to over 130 degrees within minutes. Even short exposure to such temperatures can be fatal to children, infants or animals.
- Police should be at scene to positively identify person who supposedly locked keys in their car.
- Leaving children unattended may indicate child abuse/abandonment.

MEDICAL CALL / LIFT ASSIST

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Medical Call:

Location/Location within location. Access codes/Entry details

Sex/Age/Chief medical complaint of patient

Medical History

Hazards

(Lift assist)

How much does the person(s) weigh?

PRE-ARRIVAL INSTRUCTIONS

Call back if situation changes or if there is any other information before units arrive.

POWER LINES / WIRES DOWN

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

What is the exact location of the incident? Address, roadway.

Anyone trapped? Number? Location?

Any injuries? Number? Type? Severity?

Are the wires electric, cable or phone?

Which lines: Pole to pole, or pole to house?

Is anything on fire? Colour of smoke/flames?

Are the wires arcing?

Are lines in road? Traffic endangered?

Are lines resting on guard rails, dences, or other conductors?

Are poles down or damaged?

Is the power out in the area?

PRE-ARRIVAL INSTRUCTIONS

1. Do not endanger yourself.
2. STAY AWAY FROM LINES. Do not approach the lines. Do not attempt rescue.
3. Treat all lines as energized.
4. Keep people away (Stop traffic - warn others)
5. Do not touch fences, guardrails, etc.(which wires might have energized
6. Avoid standing water/puddles that wires might be in.
7. Call back if the situation changes before response units arrive.
8. Send/have someone to meet and direct responding units.

POWER LINES / WIRES DOWN

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Are the lines arcing or sparking?

Are transformers involved?

Do you know why the lines came down? Trees falling/wind/explosion, mvc.

USEFUL INFORMATION

- Refer to SOPS, pre-incident plans.
- Possible secondary fire or rescues separate from primary incident.
- Expect automatic alarms from power disruptions.
- Gather reports from responding units on boundaries of outage.
- Consult references: any person in outage area dependant on electricity for health reasons? In winter, consider effects on elderly housing.
- Bystanders at high risk. Stress safe behaviour in pre-arrival instructions.

SUPPLEMENTAL RESOURCES

SUSPICIOUS INCIDENT

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are you in a safe place?

What is the exact location of the incident? Address, roadway.

What exactly happened?

Is anyone trapped or in danger? Any injuries?

Do you live/work there?

Anything on scene hazardous to first responders?

Did you smell anything unusual?

Did you hear anything unusual?

Did you see a person or car leaving the area? Description?

When did this occur?

PRE-ARRIVAL INSTRUCTIONS

Do not endanger yourself.

If applicable: Do not enter or re-enter the building

Do not touch evidence.

Keep people away.

Call back if anything changes before responders arrive.

USEFUL INFORMATION

Check for previous incidents at this location.

Maintain a chain of evidence for fire marshal/law enforcement.

Dispatcher notes are admissible in court - save them.

DEFINITIONS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

Emergency Condition – Any condition or situation that occurs at an incident, enroute, or returning which may or has caused harm to responders or if not shared to on-scene or arriving responders may cause harm to them or others.

Emergency Traffic (ET) – A voice transmission on the radio from dispatch center or a field unit that is a designation to all units on that designated channel to clear all non-emergency radio traffic allowing the caller of the (ET) the highest priority for radio traffic for sending an emergency traffic voice message and/or to request assistance as needed involving life hazards or pending life threats to responders in any situation. (Command and dispatch center restricted communications mode).

MayDay – A voice transmission declaring an immediate life-threatening situation to a responder.

This is a designation to all units on that designated radio channel to clear all non-emergency radio traffic allowing the caller of the MayDay/ET the highest priority for radio communications. This action allows (MayDay/ET) caller the highest priority for sending an emergency voice message for help and/or to request assistance as needed. Declaring a MayDay will alert incident command staff and the dispatch center of an immediate life threat to unit, crew, or individual in distress.

Priority Traffic – A voice transmission on the radio that is a designation to clear radio traffic if possible and provide the caller with radio access to announce an urgent request or change of conditions that does not involve immediate life hazard to responders. Priority traffic is related to civilian injuries or other situations of an urgent request assistance as needed from dispatch center or the incident commander.

Emergency Button Activation (operating at working incident) – Activation of the Emergency Button (EB) while in an incident will be handled as an emergency traffic alert/MayDay until cleared by Incident Command staff. Emergency button activations automatically open the radio transmitter allowing verbal communications without touching the PTT (based on programming). Notification of an Emergency Button Activation will be made from the dispatch center to the incident commander.

EMERGENCY ALERT TONE

A single eight (8) second steady tone from the dispatch console followed by the Emergency Traffic (ET) Radio Message.

The incident commander can request activation of the EA tone at any time as needed to gain the attention of all units on operating channel to issue "Emergency" or "MayDay" messages.

POLICIES AND PROCEDURES

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

BLEEDING / BURN CONTROL

CARBON MONOXIDE

CHEMICAL SUICIDE



BLEEDING - BURN CONTROL

MAIN MENU		ALL CALLERS INTERROGATION	INCIDENTS TYPES	EXIT PROTOCOL
BLEEDING		Burn Care <ul style="list-style-type: none">* Pediatric patients or patients with large burns may develop hypothermia when exposed to prolonged cooling with water.* Use caution when cooling burns in cold climates or areas with prolonged response times.	BURN CONTROL Heat or Fire If it's safe to do so: Cool the burn for up to 10 minutes with water. Chemical If it's safe to do so: Flush the area with a lot of water until help arrives. Avoid contact with the chemical or runoff.	
Tourniquet already applied Do not remove the tourniquet. Let the paramedics (EMTs) handle it. If it's safe to do so: I'm going to tell you how to stop the bleeding. Listen carefully to make sure we do it right. Get a clean, dry cloth or towel and place it right on the wound. Press down firmly and don't lift it up to look. If it keeps bleeding, you're probably not pressing hard enough. Remember, keep firm, steady pressure on the wound. Avoid direct pressure on the wound if there are visible fractured bones or embedded foreign objects.				

CARBON MONOXIDE POISONING

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

SYMPTOMS OF CO POISONING

CO enters the body through breathing.

CO poisoning can be confused with flu symptoms, food poisoning and other illnesses.

Some symptoms include:

- Shortness of breath
- Nausea
- Dizziness
- Lightheadedness
- Headaches

High levels of CO can be fatal, causing death within minutes.

Carbon monoxide/Industrial gas. Is anyone sick? (Yes) How many? (refer to CO Poisoning)
Is the owner known? Has the owner been notified? Is the owner or keyholder en-route?
What is the protected area?

The concentration of CO, measured in parts per million (**ppm**) is a determining factor in the symptoms for an average, healthy adult.

- 50 ppm: No adverse effects with 8 hours of exposure.
- 200 ppm: Mild headache after 2-3 hours of exposure.
- 400 ppm: Headache and nausea after 1-2 hours of exposure.
- 800 ppm: Headache, nausea, and dizziness after 45 minutes; collapse and unconsciousness after 1 hour of exposure.
- 1,000 ppm: Loss of consciousness after 1 hour of exposure.
- 1,600 ppm: Headache, nausea, and dizziness after 20 minutes of exposure.
- 3,200 ppm: Headache, nausea, and dizziness after 5-10 minutes; collapse and unconsciousness after 30 minutes of exposure.
- 6,400 ppm: Headache and dizziness after 1-2 minutes; unconsciousness and danger of death after 10-15 minutes of exposure.
- 12,800 ppm: Immediate physiological effects, unconsciousness and danger of death after 1-3 minutes of exposure.

(Carbon monoxide)

Do not use any open flame or anything that could cause a spark.

Leave the building/area immediately (and leave the door open).

SUICIDE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Where? Exact location?

(Room, cellar, attic, apartment number, outside, etc.)

How?

Subjects condition? (Alive, appears dead)

Who is the subject?

If caller is the subject, are they alone?

PRE-ARRIVAL INSTRUCTIONS

1. If caller is victim, engage in conversation and try to establish bond. Try to focus on a subject you and the victim have a common interest in (hobbies, occupation, age, friends, music/special interest). Typically, only one individual should converse with the caller.
2. If caller is not the victim, obtain as much information as possible to include in call notes. Such as: hobbies, occupation, age, friends, music/special interests.
3. Whether the caller is victim or not, it is important to determine type and number of weapon(s), and where the subject is located from approaching responders view.
4. Has subject threatened to kill or harm anyone trying to prevent suicide?

SUICIDE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

INQUIRE OF CALLER

Relationship of caller to subject/victim

Is subject/victim intoxicated/drinking?

Did subject/victim say anything or give reason(s) for suicide attempt?

Psychological problems? Previously under care? (Hospital/doctor)

Medications?

Previous attempts?

USEFUL INFORMATION

Common reasons for suicide:

Men: Wife/girlfriend leaving - Economic pressure - Failure

Women: Empty Nest - Economic Pressure - Trouble with Children

Children: Failure in school - Partner problems - Friend recently died

Note: Be aware that children/teenagers sharing similar difficulties often enter into suicide pacts.

Note: Attempt tactfully to learn location(s) of wife/girlfriend, children, "other man", etc. They could be in danger or already have been harmed by subject.

CHEMICAL SUICIDE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

CALLER CONTACT WITH PERSON

Are you in contact with the person

PERSONS LOCATION

Where is he/she now?

PRE-ARRIVAL INSTRUCTIONS

Caller in Contact with Person

Listen carefully, this could be a very dangerous situation. Do not approach (or touch) the person at all. If it's safe to do so, leave the contaminated area, but not the scene.

Vehicle

Listen carefully, this could be a very dangerous situation. Do not approach or attempt to rescue the person. Stay away from the vehicle and the general area.

Building/Structure

Listen carefully, this could be a very dangerous situation. Do not approach or attempt to rescue the person. If it's safe to do so, leave the building, close the doors behind you, and remain outside.

(COMMERCIAL/INDUSTRIAL/Multi-dwelling)

If it's safe to do so, activate the alarm as you leave to warn others.

Outside

Listen carefully, this could be a very dangerous situation. Do not approach (or touch) the person at all. Let the responders handle it.

CHEMICAL SUICIDE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

TYPES

Chemical Suicide - Suicide by inhaling poisonous vapors that can be created from a mixture of household chemicals.

Also known as “detergent suicide.”

Patients enclose themselves in a small room or vehicle, then mix two or more household chemicals to produce a toxic gas.

Often, patients will tape window and door seams shut and post warning notes to prevent harm to others, such as “Danger,” “Toxic gas,” or “Call 911.” The immediate area also frequently smells of rotten eggs or sulfur, but Emergency Dispatchers should not rely on this indicator alone as a warning signal. Hydrogen sulfide (H_2S) and hydrogen cyanide (HCN) are two of the most commonly produced toxic vapors for chemical suicides. Hydrogen sulfide can cause coma and death at 1,000 parts per million (only 0.1%).

Callers and bystanders should avoid patient contact as these gases are present in the patient’s exhalations and exposure can cause severe injury.

SCRIPTED DISPATCH

SUPPLEMENTAL RESOURCES

CALL CANNOT SWIM

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

TYPES

Caller Cannot Swim (Car)

You have to get out of the car now. You can hang onto the car or climb to the roof. If you car sinks from under you, kick your legs and paddle with your hands and arms towards your destination.

Caller Cannot Swim (Boat)

You have to get off of the boat now. Put on a life jacket and/or grab a floatation device. Kick your legs and paddle with your hands and arms towards your destination.

SCRIPTED DISPATCH

SUPPLEMENTAL RESOURCES

EMERGENCY MEDICAL INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENT TYPES

EXIT PROTOCOL

MEDICAL:

1. Determine age and sex of patient
2. *"Is the patient conscious?"* (Able to talk)

NO

Dispatch ALS & BLS

YES

3. *"Is the patient breathing NORMALLY?"*

3. *"Is the patient breathing NORMALLY?"*

NO

UNCERTAIN

YES

YES

NO / UNCERTAIN

CPR INSTRUCTIONS
FOR AGE GROUP

CARDIAC ARREST /
DOA

UNCONSCIOUS /
FAINTING

Determine
CHIEF COMPLAINT and
Turn to appropriate card.

BREATHING
PROBLEMS

EMERGENCY MEDICAL INCIDENTS

MAIN MENU	ALL CALLERS INTERROGATION	INCIDENT TYPES	EXIT PROTOCOL
CHIEF COMPLAINT/MEDICAL EMERGENCIES	TRAUMATIC INJURY	LIFE/TIME CRITICAL - TELEPHONE INSTRUCTIONS	
ABDOMINAL PAINS	ANIMAL BITES	AUTOMATED EXTERNAL DEFIBRILLATOR REFERENCE	
ALLERGIC REACTION / STINGS	ASSAULT/DOMESTIC / SEXUAL	AIRWAY CONTROL (MEDICAL/ NON - TRAUMA)	
BACK PAIN (NON TRAUMATIC)	BLEEDING / LACERATION	AIRWAY CONTROL (TRAUMA)	
BLEEDING (NON-TRAUMATIC)	BURNS	BLEEDING CONTROL/ TOURNIQUET USE	
BREATHING DIFFICULTY/ PROBLEMS	CHOKING (OBSTRUCTED AIRWAY)	BURN CONTROL	
CARBON MONOXIDE/INHALATION	DROWNING (POSSIBLE)	CALLER CANNON SWIM	
CHEST PAIN / HEART PROBLEMS	EYE PROBLEMS / INJURIES	CARBON MONOXIDE POISONING	
CHOKING	ELECTROCUTION	CHEMICAL SUICIDE	
DIABETIC PROBLEMS	FALL VICTIM	CHILDBIRTH INSTRUCTIONS	
ENVIRONMENTAL EMERGENCIES	ENVIRONMENTAL EMERGENCIES	CPR INSTRUCTIONS: CARDIAC/RESPIRATORY ARREST/DOA	
GYNECOLOGY/CHILDBIRTH/ PREGNANCY	INDUSTRIAL ACCIDENT	ADULT CPR INSTRUCTIONS	
HEADACHE	MOTOR VEHICLE RELATED INCIDENT	CHILD CPR INSTRUCTIONS	
HEALTHCARE PROVIDER REQUEST	SUICIDE - CHEMICAL	INFANT CPR INSTRUCTIONS	
HOME MEDICAL EQUIPMENT	STABBING / GUNSHOT VICTIM	LARYNGECTOMY/TRACHEOSTOMY	
MENTAL/EMOTIONAL/PSYCHIATRIC/BEHAVIOURAL	TRAUMATIC INJURY	CHOKING INSTRUCTIONS - OBSTRUCTED AIRWAY	
OBVIOUS DEATH / SUICIDE	VEHICLE IN WATER	ADULT CHOKING INSTRUCTIONS	
OVERDOSE / POISONING / INGESTIONS		CHILD CHOKING INSTRUCTIONS	
PATIENT ASSISTANCE		INFANT CHOKING INSTRUCTIONS	
SEIZURES / CONVULSIONS		EPINEPHRINE AUTO INJECTOR	
SICK PERSON / UNKNOWN / PERSON DOWN		NARCAN / NALOXONE	
STROKE / CVA		HAZARDS/ MISCELLANEOUS	
UNCONSCIOUS/UNRESPONSIVE /SYNCOPE /FAINTING		ALERTS	
		AIRCRAFT TERRORISM	
		AIR MEDICAL PROCEDURE	
		HAZMAT INCIDENT GUIDELINE	
		INFECTIOUS DISEASE	

ABDOMINAL PAINS - EMD INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. Is the pain due to an injury to the patient?
2. Is the patient short of breath or does it hurt to breathe?
3. Is the patient able to speak in full sentences?
4. Has the patient vomited?
IF YES, Is it bloody or black like coffee grounds?
5. Are the patients bowel movements different than normal?
Are they bloody or black and tarry?
6. Is the pain above or below the belly button?

If the patient is female between 12-50 years:
 - a. Could she be pregnant?
 - b. Has there been vaginal bleeding? **IF YES**, How much?
7. Has she said she felt dizzy?
8. How does the patient feel sitting up?
9. Does the patient have any other medical or surgical history?
10. Is the patient wearing a Medic Alert tag? **IF YES**: What does it say?
11. Does the patient have Addison's Disease, or any other recent trauma?
12. Has the patient recently traveled outside of the state or country?
IF YES: Where? Check **ALERTS**

SHORT REPORT

Sex / Age / Chief complaint
Specific location
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR **AIRWAY CONTROL - TRAUMA**

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

Symptoms of an Addison or "adrenal" crisis include:

Severe vomiting and diarrhea
Dehydration
Low blood pressure
Loss of consciousness

If not treated, an Addison crisis can be fatal.

GO TO PRE-ARRIVAL INSTRUCTIONS

ABDOMINAL PAINS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Nothing to eat or drink
Allow a position of comfort

Monitor for shock:
Skin cool and clammy or mottled, rapid shallow breathing,
fatigue, altered mental state, dilated pupils.

Gather patient medications, if any

If the patient's condition changes or worsens, call back
immediately.

DISPATCH ACTIONS

ALS/BLS PRIORITY

- Vomiting blood (red/dark red) or coffee ground-like substance
- Pain with prior history of Addison's disease or adrenal insufficiency
- Bloody or Black tarry stool
- Lower abdominal pain, woman 12-50 years (if associated with dizziness or fainting or heavy vaginal bleeding)
- Upper abdominal pain with prior history of heart problem
- Abdominal pain with fainting or near fainting, patient over 50 yrs
- Fainting/near fainting when sitting. (hypotension)

BLS STANDARD

- Pain with vomiting
- Flank pain (Kidney stone)
- Abdominal (non-traumatic)
- Pain unspecified

Go to EXIT PROTOCOL Guide Card

ALLERGIES/STINGS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. What is the patient complaining of?
2. Is the patient having: difficulty swallowing? difficulty breathing? or both?
3. Is the patient hoarse or having voice changes?
4. How does the patient act when they sit up?
5. Does the patient have a history of a reaction to anything?
IF YES: Describe the reaction the patient had before.
6. Does the patient have itching, hives, a rash?
7. How long ago was the patient exposed?
8. Are the symptoms getting worse?
9. Is the patient wearing a Medic Alert tag?
IF YES: What does it say?
10. Is the patient taking any medications?

SHORT REPORT

Sex / Age / Chief complaint
Specific location
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR **AIRWAY CONTROL - TRAUMA**

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

Symptoms of an Addison or "adrenal" crisis include:

Severe vomiting and diarrhea
Dehydration
Low blood pressure
Loss of consciousness

If not treated, an Addison crisis can be fatal.

GO TO PRE-ARRIVAL INSTRUCTIONS

ALLERGIES/STINGS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

1. Have the patient rest in the most comfortable position.
2. Keep neck straight – remove pillows.
3. Keep calm

EPIPEN OR REACTION KIT:

Does the patient have a Epi-Pen or reaction kit?

If Yes: have you used it as directed?

If No: Use it following the directions on the kit. **AUTO INJECTOR**

STINGS:

Brush the stinger off, if possible.

Do not attempt to grasp stinger.

Apply ice to site of sting.

4. Watch patient for signs of difficulty breathing (slow breathing), or cardiac arrest.

Go to appropriate **GUIDE CARD** if indicated.

5. Gather patient medications, if any.
6. If the patient's condition changes, call me back.

DISPATCH ACTIONS

ALS/BLS PRIORITY

- Unconscious/not breathing normally
- Decreased level of consciousness
- Difficulty breathing
- Difficulty swallowing
- Cannot talk in full sentences
- Swelling of the tongue, in throat or on face
- Fainting (Syncope)
- History of severe reaction
- Itching or hives in multiple areas

BLS STANDARD

- Call delayed longer than 30 minutes with history of reaction
- Concern about reaction, but no history
- Reaction present for long time (hours), no difficulty breathing
- Itching or hives in one area

Go to **EXIT PROTOCOL** Guide Card

BACK PAIN (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. Is the pain due to an injury to the patient?
2. Is the patient short of breath or does it hurt to breathe?
3. Is the patient able to speak in full sentences?
4. Has the patient vomited?
IF YES, Is it bloody or black like coffee grounds?
5. Are the patient's bowel movements different than normal?
Are they bloody or black and tarry?
6. Is the pain above or below the belly button?

If the patient is female between 12-50 years:
 - a. Could she be pregnant?
 - b. Has there been vaginal bleeding? **IF YES**, How much?
7. Has she said she felt dizzy?
8. How does the patient feel sitting up?
9. Does the patient have any other medical or surgical history?
10. Is the patient wearing a Medic Alert tag? **IF YES**: What does it say?
11. Does the patient have Addison's Disease, adrenal insufficiency, or any other recent trauma?
12. Is the patient incontinent of urine or have urinary retention?
13. Does the patient take blood thinners?
14. Has the patient recently traveled outside of the state or country?
IF YES: Where? Check **ALERTS**

SHORT REPORT

Sex / Age / Chief complaint
Specific location
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR **AIRWAY CONTROL - TRAUMA**

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

Symptoms of an Addison or "adrenal" crisis include:

Severe vomiting and diarrhea
Dehydration
Low blood pressure
Loss of consciousness

If not treated, an Addison crisis can be fatal.

GO TO PRE-ARRIVAL INSTRUCTIONS

BACK PAIN (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

If the pain is due to an injury, tell the patient
Do not to move unless hazards are present.

Nothing to eat or drink
Allow a position of comfort

Monitor for shock:
Skin cool and clammy or mottled, rapid shallow breathing,
fatigue, altered mental state, dilated pupils.

Gather patient medications, if any

If the patient's condition changes or worsens, call back
immediately.

DISPATCH ACTIONS

ALS/BLS PRIORITY

- Vomiting blood (red/dark red) or coffee ground-like substance
- Pain with prior history of Addison's disease or adrenal insufficiency
- Bloody or Black tarry stool
- Lower abdominal pain, woman 12-50 years (if associated with dizziness or fainting or heavy vaginal bleeding)
- Upper abdominal pain with prior history of heart problem
- Abdominal pain with fainting or near fainting, patient over 50 yrs
- Fainting/near fainting when sitting. (hypotension)

BLS STANDARD

- Pain with vomiting
- Flank pain (Kidney stone)
- Abdominal (non-traumatic)
- Pain unspecified

Go to EXIT PROTOCOL Guide Card

BLEEDING (NON-TRAUMATIC)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. Is the patient sweating profusely?
2. How does the patient act when they sit up?
3. Does the patient feel dizzy, faint or weak?
4. Has the patient vomited?
 - a. Is it bloody or black like coffee grounds?
5. Are the patient's bowel movements different than normal?
 - a. Is it bloody or black like tar?
6. What part of the body is the patient bleeding from?
7. Has there been any vaginal bleeding? More than expected?
 - a. If the patient is a women between 12-50, ask if she could be pregnant.
8. Is the patient coughing up blood?
9. Does the patient have any other medical or surgical history?
10. Is the patient on blood thinners?

SHORT REPORT

Sex / Age / Chief complaint
Specific location
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR **AIRWAY CONTROL - TRAUMA**

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

BLEEDING (NON-TRAUMATIC)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Have the patient lie down, except for nosebleed.
Nothing by mouth, to eat or drink.

IF EXTERNAL BLEEDING, use clean cloth and apply pressure directly over it. Do not remove. If cloth becomes soaked, add more cloth to what is already there.
IF NOSEBLEED, tell the patient to apply pressure by pinching the nose tightly between their index finger and thumb, sit forward and hold until help arrives.

Attempt to spit out blood.
Advise the patient to remain still.
Keep the patient warm and calm.
Do not flush the toilet or throw away blood soaked items.
Tell the patient not to exert themselves or talk.
Gather patient medications, if any.
Does the patient have an inhaler? **If YES**, has it been used? If the bystander feels comfortable assisting, use as the physician has directed.
Watch for signs of difficulty breathing or cardiac arrest.

If anything changes or the patient's condition worsens, call back immediately.

DISPATCH ACTIONS

ALS/BLS PRIORITY

- Unconscious/not breathing normally
- Diaphoretic (sweating profusely)
- Fainting episodes
- Fainting/near fainting when sitting
- Vomiting red/dark red blood
- Black tarry stool or bright red/bloody stool (greater than ½ cup)
- Vaginal bleeding if over 20 weeks pregnant
- Coughing up blood more than ½ cup
- Lower abdominal pain, women 12-50 years. (if associated with dizziness or fainting or heavy vaginal bleeding, 3 pads or greater than 2 tampons/hour.
- Hemophilia with bleeding
- Pulsatile bleeding
- Bleeding from the nose with critical symptoms

BLS STANDARD

- Less than 50 years, without critical symptoms
- Tingling or numbness in extremities/around mouth
- Oxygen bottle empty
- Stuffy nose, cold symptoms without critical symptoms
- Patient assist

Go to **EXIT PROTOCOL** Guide Card

BREATHING PROBLEMS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. Is the patient short of breath or does it hurt to breathe?
2. Is the patient able to speak in full sentences?
3. What has changed about their breathing to prompt you to call?
4. Is the patient experiencing any other problems right now?
5. Does the patient have to sit up to breathe?
6. Has the patient ever had this problem before?
7. How long has this been going on?
8. What was the patient doing just prior to when he/she became short of breath?

If sudden onset:

Has the patient been hospitalized recently for childbirth, a broken leg, been bedridden for an extended period or recent travel?

9. Does the patient have a history of heart problems?
10. Is the patient drooling or having a hard time swallowing?
11. Is the patient on asthma medication, or ever used them?
12. Is the patient experiencing any tingling or numbness in the extremities or around the mouth?
13. Does the patient have any other medical or surgical history?
14. Does the patient have any allergies?

If female, Does the patient take medication for birth Control?

15. Is the patient on oxygen?

SHORT REPORT

Sex / Age / Chief complaint
Specific location
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR **AIRWAY CONTROL - TRAUMA**

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

GO TO PRE-ARRIVAL INSTRUCTIONS

BREATHING PROBLEMS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Keep patient calm.

Place the patient in a position of comfort, which may be sitting up.

Tell patient not to exert themselves or talk.

Gather patient medications, if possible.

Does the patient use an inhaler?

IF YES: has it been used? If the bystander feels comfortable assisting, use as the physician has directed.

Watch for signs of difficulty breathing or cardiac arrest.

If the patient's condition changes, call me back.

DISPATCH ACTIONS

ALS/BLS PRIORITY

Any patient complaining of breathing or respiratory difficulty, examples of symptoms may include:

- Difficulty breathing with chest pain.
- Unable to speak in full sentences.
- History of Asthma or respiratory problems.
- Inhaled substance.
- Recent childbirth/broken leg/hospitalization(within 2-3 months).
- Drooling/difficulty swallowing.
- Tingling or numbness in extremities/around mouth, 35 or older.

BLS STANDARD

- Cold symptoms.
- Stuffy nose / congestion.
- Oxygen bottle empty.
- Patient assist.
- Long term, no change.

Go to EXIT PROTOCOL Guide Card

CHEST PAIN / HEART PROBLEMS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Where in the chest is the pain located?

Does the patient feel pain anywhere else?
If so, where?

How long has the pain been present?

Is the patient sweating profusely?
Is the patient nauseated or vomiting?
Is the patient weak, dizzy, or faint?

How does the patient act when he/she sits up?

Does the pain change when the person breathes or moves?

Has the patient ever had a heart problem, heart surgery, a device to help their heart work or a previous heart attack?

Is the patient experiencing rapid heart rate with chest pain?

SIMULTANEOUS ALS/BLS

- Patient over 35 with any critical symptom.
- Decreased level of consciousness.
- Patient complaining of chest pain with any of the critical symptoms:
- Short of breath, nausea, diaphoretic (sweating profusely), rapid heart rate, syncope (weak, dizzy or faint) or with cocaine/crack (drug) use.

BLS DISPATCH

- Patients under 35, without critical symptoms

GO TO PRE-ARRIVAL INSTRUCTIONS

CHEST PAIN / HEART PROBLEMS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Can the patient take aspirin?

If Yes: Have they had any bleeding from mouth or rectum?

If no bleeding, advise caller to assist patient to take 1 full size (325mg) adult aspirin or 4 low dose (81mg) tablets. Have the patient chew them before swallowing.

Does the patient have nitroglycerin?

If Yes: Has the patient taken one?

If No: Take as the physician has directed (patient should be seated).

Have the patient sit / lie down, whichever is more comfortable.

Keep patient calm.

Loosen any tight clothing.

Gather patient medications, if any.

If the patient's condition changes, call me back.

Go to [EXIT PROTOCOL](#) Guide Card

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

If the patient has a ventricular assist device, (may be called a VAD, heart pump, RVAD, LVAD, BVAD, or LVAS) do not perform chest compressions.

If patient has a pacemaker or internal defibrillator CPR can be performed if needed

DIABETIC PROBLEM (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is the patient on insulin?

If so, When did they take their medication?

When did the patient last eat?

Does the patient have a glucose meter?

If Yes, Do you have a current level?

(Range usually between 70 and 180)

Is the patient acting in their normal manner?

If not, What is different?

Are they dizzy, weak, or feeling faint?

Is the patient complaining of any pain? Where is it located?

Is the patient sweating profusely?

Has the patient had a seizure?

SIMULTANEOUS ALS/BLS

- Unconscious/not breathing normally.
- Decreased level of consciousness.
- Unusual behavior/acting strange.
- Profuse sweating.
- Seizure.

BLS DISPATCH

- Awake/alert.
- Not feeling well.

GO TO PRE-ARRIVAL INSTRUCTIONS

DIABETIC PROBLEM (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Nothing by mouth if the patient is unable to take it by himself/herself.

IF the patient is conscious enough to swallow and the patient's blood glucose level is known and is below 70 mg/dl or the blood glucose level is NOT KNOWN, and the patient is acting inappropriately then give juice with 2 to 3 teaspoons of sugar in it.

(Giving this amount of sugar to a person with high blood glucose levels will not hurt them and may help a person with low levels).

Allow patient to find a comfortable position.
Gather patient medications, if any.
If the patient's condition changes, call me back.

Go to [EXIT PROTOCOL](#) Guide Card

SHORT REPORT

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

HEADACHE (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Does the patient have a headache history?
Is the headache different than headaches the patient has had in the past?
Did the headache come on suddenly or gradually?

What was the patient doing when the headache started?

How is the patient acting? If unusual, how?
Does the patient take blood thinners?
Does the patient know where they are and who they are?

Does the patient have pain anywhere else?
IF YES, Where?

Has the patient had a recent illness, injury or trip to an Emergency Department?
IF YES, for what?

Is the patient wearing a Medic Alert Tag?
IF YES, What does it say?

SIMULTANEOUS ALS/BLS

Headache with these critical symptoms:

- Decreased level of consciousness.
- Mental status change.
- Worst headache ever.
- Sudden onset.
- Visual disturbance, with no history of migraines.

BLS DISPATCH

- Headache without critical symptoms.

GO TO PRE-ARRIVAL INSTRUCTIONS

HEADACHE (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Nothing by mouth.

Allow the patient to find position of comfort.

Gather patients medications, if any.

If the patient's condition changes, call me back.

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

Go to [EXIT PROTOCOL](#) Guide Card

HEALTHCARE PROVIDER REQUEST (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What do you **need**?

(If Paramedics/EMTs/Ambulance needed) What's **wrong** with the person? *jump to the appropriate guide card*

(If Transportation Only needed) **Where** in the facility is the person located?

Does the person have an **IV**, **Medication** or other **medical device** in use?

SIMULTANEOUS ALS/BLS

Critical symptoms
Off-duty medic request ALS
Medical device in use

BLS DISPATCH

No critical symptoms or
medical devices in use

PRE-ARRIVAL INSTRUCTIONS

(If a Medical Facility) Prepare the person's medical records for the paramedics

(If a Non-medical Facility) Place person in the most comfortable position

Gather any of the person's medications for the paramedics

Lock away any pets

If the person's condition changes, call me back immediately

Go to [EXIT PROTOCOL](#) Guide Card

HOME MEDICAL EQUIPMENT (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What piece of equipment is causing concern?

If ventilator failure, jump to Cardiac Arrest

If apnea monitor alarm jump to Breathing Problems

If implanted defibrillator firing jump to Chest Pain/Heart Problems card

CALL TAKER PROMPTS

If unconscious and not breathing fo to the appropriate CPR Card

Age 8 years and ABOVE **ADULT CPR INSTRUCTIONS**

Age 1 year to 8 years **CHILD CPR INSTRUCTIONS**

Age 0 to 1 year **INFANT CPR INSTRUCTIONS**

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

SIMULTANEOUS ALS/BLS

BLS DISPATCH

Critical symptoms
Ventilator failure
Apnea monitor alarm
Implanted defibrillator firing

No critical symptoms
Problems with, or out of,
home oxygen

SHORT REPORT

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

Go to **EXIT PROTOCOL** Guide Card

OBVIOUS DEATH (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

How do you **know** the person has **died**?
If caller is unsure, jump to Cardiac Arrest

If possibility of hypothermia, jump to Heat/Cold Exposure card

PRE ARRIVAL INSTRUCTIONS

(If appropriate) Gather any DNR documents for the paramedics
Gather any of the person's medications for the paramedics
Lock away any pets
If the person's condition changes, call me back immediately

CALL TAKER PROMPTS

If unconscious and not breathing fo to the appropriate CPR Card
Age 8 years and ABOVE **ADULT CPR INSTRUCTIONS**
Age 1 year to 8 years **CHILD CPR INSTRUCTIONS**
Age 0 to 1 year **INFANT CPR INSTRUCTIONS**

Is Law Enforcement needed?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

SHORT REPORT

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

Body is cold and stiff (no hypothermia present)
Decomposition
Injuries obviously incompatible with life
Non-recent expected death
Hospice/DNR

Go to [EXIT PROTOCOL](#) Guide Card

OD / POISONING / INGESTIONS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Do you have any idea what the patient took?
Get the name of the product or substance.
Contact Poison Control.

Was it a prescription medication, non- prescription
over-the-counter medication, herbal supplement, street drug or
a combination of medications?

Has the patient consumed alcohol?

If cocaine or crack, Is the patient complaining of any pain?

Is the patient having difficulty swallowing?

Is the patient acting normally?

IF NOT, What is different?"

SIMULTANEOUS ALS/BLS

OD/Poisoning/Ingestions with these critical symptoms:

- Unconscious/not breathing normally.
- Any overdose of medication with altered level of consciousness.
- Cocaine/crack with chest pain.
- Ingestion of household cleaners, antifreeze, solvents, methanol, cyanide, insecticides.
- Difficulty swallowing.
- Alcohol intoxication, patient cannot be aroused.
- Combined alcohol and drug overdose.

BLS DISPATCH

- Drugs intentional/accidental ingestion without critical symptoms.
- 3rd party report, caller not with patient.
- Reported OD, patient denies taking medications or unknown if medications/substance taken.
- Known alcohol intoxication without other drugs, can be aroused.

GO TO PRE-ARRIVAL INSTRUCTIONS

OD / POISONING / INGESTIONS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

If the substance can be identified as Heroin or other Opioid. **Heroin •Codeine (Tylenol #3) •Morphine (Kadian, Avinza) Fentanyl (Actiq, Duragesic, Fentora) •Hydrocodone (Vicodin, Lortab, Vicoprofen) •Oxycodone (Percocet, Oxycontin) •Hydromorphone (Dilaudid)•Methadone •Meperidine (Demerol) •Tramadol (Ultram, Ultracet) •Buprenorphine (Buprenex, Suboxone, Subutex)**

Do you have a NARCAN or NALOXONE kit?

If yes: Have YOU used it as directed?

If they have not used it, "Use it following the directions on the package." **NARCAN INSTRUCTIONS**

Keep patient in area/house, if safe.

Get container of substance taken, if at the scene.

Do not force coffee or place patient in shower.

Nothing by mouth, including Ipecac, unless advised by Poison Control.

Monitor patient's breathing and level of consciousness.

If the patient's condition changes, call me back.

Go to **EXIT PROTOCOL** Guide Card

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

Is Law Enforcement Needed?

Contact Poison Control Center

PATIENT/PERSON ASSIST (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. Is the person **alert**?
2. Is the person breathing **normally**?
3. Does the person have any **other** complaints?

If yes, jump to the appropriate guide card

SIMULTANEOUS ALS/BLS

BLS DISPATCH

No critical symptoms

PRE-ARRIVAL INSTRUCTIONS

Place the person in a comfortable position

Keep the person calm

Gather any of the person's medications for the paramedics

Lock away any pets

If the person's condition changes, call me back immediately

Go to [EXIT PROTOCOL](#) Guide Card

MENTAL/EMOTIONAL PSYCHIATRIC / BEHAVIORAL PROBLEMS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

If the caller knows the patient:

Is the patient acting in their normal manner?

NO: What is different or unusual?

Has the patient harmed themselves?

YES: What are the injuries (Consider traumatic injury card)

NO: Do you think the patient may harm themselves? With what?

Is the Patient:

Bleeding? Are you able to stop the bleeding?

Acting violent, aggressive, shouting or yelling?

Removing their clothing or naked?

Sweating profusely?

Breathing rapidly or drooling? (Excited Delirium)

Is patient a diabetic? Consider DIABETIC PROBLEMS

Does the patient have a history of depression?

Does the patient have a history of harming themselves or others?

Has the patient ever attempted suicide?

Is the patient able to talk to you? Can they answer questions?

Has the patient taken any drugs or alcohol?

Does the patient have any weapons? Or access to weapons?

Is the scene safe for medical personnel to respond?

Has the patient recently traveled outside of the

state or country? **IF YES:** Where? (Check ALERTS)

SHORT REPORT

Sex / Age/ Chief complaint

Specific location

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

DISPATCH ACTIONS

SIMULTANEOUS ALS/BLS

- Decreased level of consciousness/ not breathing normally.
- Patient presenting with:
 - Extreme violent or aggressive behavior
 - Sweating profusely
 - Removing clothes or naked
 - Rapid breathing, drooling
 - Incoherent shouting or yelling

BLS DISPATCH

- Lacerated wrist(s) with controlled bleeding.
- Unusual behavior with a psychiatric history.
- Known alcohol intoxication without other drugs (can be aroused).
- Threats against self or others.
- Police request for stand-by.
- Patient out of psychiatric medications.

GO TO PRE-ARRIVAL INSTRUCTIONS

MENTAL/EMOTIONAL PSYCHIATRIC / BEHAVIORAL PROBLEMS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Keep the patient in area, if safe.

Keep patient calm, if possible.

If you feel you are in danger, leave the scene.

Gather patient medications, if any.

If suicide is indicated, try to determine the means. Attempt to help the patient using the appropriate Guidecard.

If the patient is hanging cut them down if safely able to do so and the person feels comfortable doing so.

If any laceration is bleeding, use direct pressure. Otherwise, cover the wound with a clean, dry bandage/dressing.

Alert responders to hazards such as gas, chemicals, weapons etc.

Go to [EXIT PROTOCOL](#) Guide Card

PROMPTS

Suicidal callers may be reluctant to give location. Use interrogation skills, ALI screen, Phase II wireless information and contacting telephone service provider.

Psychiatric and behavioral problems are usually not life threatening. However, that can change quickly if the patient is not treated appropriately.

Specialized training and resources are available to help assist dispatch and field responders encountering these situations.
Consider Crisis Center.

Has Law Enforcement been notified? Is there an Excited Delirium Protocol for Law Enforcement and EMS?

SEIZURES / CONVULSIONS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is the patient still seizing?

IF YES : How long has the patient been seizing?

Has the patient had a seizure before?

Is the patient on medication or is he/she a recreational drug user?

Has the patient had a recent head Injury?

Is the patient a diabetic? Consider: **DIABETIC PROBLEMS**

IF PATIENT IS A CHILD

Has the child been sick?

Does the child have a fever or feel hot?

IF PATIENT IS FEMALE:

Is the woman pregnant?

Does the patient have a medic alert bracelet on?

IF YES: What does it say?

SIMULTANEOUS ALS/BLS

- Decreased level of consciousness.
- Not breathing after seizure stops.
- Extended seizures greater than 5 minutes.
- Multiple seizures.
- Febrile seizures.
- First time seizure or seizure, unknown history.
- Secondary to drug overdose, diabetic, pregnancy, or recent head injury.
- Any seizure that is different than normal.

BLS DISPATCH

- Single seizure with history of seizure disorder.

GO TO PRE-ARRIVAL INSTRUCTIONS

SEIZURES / CONVULSIONS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Clear area around the patient.

Do not restrain patient.

Do not place anything in patient's mouth.

If patient is a child, remove clothing to cool patient if hot and feverish.

After seizure has stopped, check to see if patient is breathing.

IF NO, Determine appropriate age group.

Go to: **CARDIAC ARREST/DOA** instructions for appropriate age group.

IF YES, Have patient lie on side. Monitor breathing.

Gather patient medications, if any.

If the patient's condition changes, call me back.

Go to **EXIT PROTOCOL** Guide Card

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

Any seizure with an unknown medical history is assumed to be first time seizure.

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

SICK PERSON (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Does the patient feel pain anywhere? If so, where?
(Consider appropriate card: Back, chest, abdomen)

Does the patient feel lightheaded or dizzy?
Does the patient have Addisons Disease or any other medical or surgical history?"

What is the patient complaining of?
How does the patient look?"
Have you checked for a medic alert tag?
If there is an alert tag, what does it say?
Is there insulin in the refrigerator?
Has the patient recently traveled outside of the state of country?" IF YES: "Where?" (Check **ALERTS**)

Flu Symptoms

Is the patient complaining of:
Fever, headache. Tiredness, (can be aroused), cough, sore throat, runny or stuffy nose, body aches or diarrhea and vomiting (more common among children than adults)?"

SIMULTANEOUS ALS/BLS

- Decreased level of consciousness.
- Prior history of Addisons disease or adrenal insufficiency with dehydration, severe vomiting and diarrhea or low blood pressure.
- Multiple fainting episodes.

BLS DISPATCH

- Generalized weakness.
 - Medic alert from alarm company.
- Flu symptoms:
- (Without critical signs, symptoms or other medical options)
 - High blood pressure without critical symptoms.
 - High temperature.
 - Patient assist.

GO TO **PRE-ARRIVAL INSTRUCTIONS**

SICK PERSON (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Gather patient medications, if possible.
If the patient's condition changes, call me back.

Symptoms of an Addisons or "adrenal" crisis include:

- Severe vomiting and diarrhea
- Dehydration
- Low blood pressure
- Loss of consciousness

If not treated, an Addison crisis can be fatal.

For a more detailed interrogation go to: **INFECTIOUS DISEASE**

Go to [EXIT PROTOCOL](#) Guide Card

SHORT REPORT

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

PROMPTS

If a specific chief complaint is identified the EMD should use the guide card that suits the patient's chief complaint.

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

STROKE / CVA (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

When did this start?

Does the patient have:

- Sudden numbness or weakness of the face, arm or leg? (Especially on one side of the body.)
- Sudden confusion, trouble speaking (slurring) or understanding?
- Sudden trouble seeing in one or both eyes? Sudden trouble walking, dizziness, loss of balance or coordination?
- Sudden severe headache?

Has the patient ever had a stroke?

Has the patient had any recent injury/trauma?

A history of diabetes?

Any other medical or surgical history?

SIMULTANEOUS ALS/BLS

- Unconscious/not breathing normally.
- Marked change in level of consciousness.
- New onset of one sided weakness with paralysis, facial droop, slurred speech, confusion, loss of vision, loss of coordination, severe headache.

BLS DISPATCH

- Past history of stroke (CVA) with no new changes.

GO TO PRE-ARRIVAL INSTRUCTIONS

STROKE / CVA (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Keep patient calm.

Don't allow patient to move around.

If unconscious or having difficulty breathing, go to:

UNCONSCIOUS AIRWAY CONTROL

Nothing by mouth (to eat or drink).

Gather patient medication, if any.

If the patient's condition changes, call me back.

Go to [EXIT PROTOCOL](#) Guide Card

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

UNKNOWN / PERSON DOWN (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are there any obvious injuries?

Can you see blood or any other fluid around the patient?

Have you checked for a medic alert tag?

IF YES: What does it say?

If the caller knows the patient:

Has the patient recently traveled outside of the state or country?

IF YES:

Where?" (Check **ALERTS**)

Does the patient have Addisons Disease or any other medical or surgical history?

SIMULTANEOUS ALS/BLS

- Unconscious/not breathing normally.
- Decreased level of consciousness.
- Multiple Casualty Incident Criteria.

BLS DISPATCH

- Unknown (Third Party Call) without indications of unconsciousness.
- Patient talking, moving, sitting, or standing.

GO TO **PRE-ARRIVAL INSTRUCTIONS**

UNKNOWN / PERSON DOWN (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

If there is no danger, go to patient to see if patient is awake, breathing normally, or moving at all.

Watch for the emergency unit and direct them to the patient.

If the patient's condition changes, call me back.

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

Go to [EXIT PROTOCOL](#) Guide Card

UNKNOWN / PERSON DOWN (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Are there any obvious injuries?

Can you see blood or any other fluid around the patient?

Have you checked for a medic alert tag?

IF YES: What does it say?

If the caller knows the patient:

Has the patient recently traveled outside of the state or country?

IF YES:

Where?" (Check **ALERTS**)

Does the patient have Addisons Disease or any other medical or surgical history?

SIMULTANEOUS ALS/BLS

- Unconscious/not breathing normally.
- Decreased level of consciousness.
- Multiple Casualty Incident Criteria.

BLS DISPATCH

- Unknown (Third Party Call) without indications of unconsciousness.
- Patient talking, moving, sitting, or standing.

GO TO **PRE-ARRIVAL INSTRUCTIONS**

UNKNOWN / PERSON DOWN (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

If there is no danger, go to patient to see if patient is awake, breathing normally, or moving at all.

Watch for the emergency unit and direct them to the patient.

If the patient's condition changes, call me back.

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

Go to [EXIT PROTOCOL](#) Guide Card

ANIMAL BITES (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. Is the animal contained? Where is the animal now?
2. What type of animal bit the patient?
3. What part of the body was bitten?
4. Is the patient short of breath or does it hurt to breathe?
5. Is the patient bleeding?

IF YES: From where? How much? How long? Can it be
control **BLEEDING/LACERATION**

GO TO:

SIMULTANEOUS ALS/BLS

Unconscious/not breathing normally.
Decreased level of consciousness.
Uncontrolled bleeding, after attempts to control.
Serious neck or face bites from animal attacks.
Bites from known poisonous animals.

BLS DISPATCH

Controlled bleeding.
Swelling at bite site.
Bite below neck,
non-poisonous.

PROMPTS

Has law enforcement been notified?
Has Animal Control been notified?

**FOLLOW AIR
MEDICAL
DISPATCH
GUIDELINES**



PRE-ARRIVAL INSTRUCTIONS

Contain the animal, if possible. Lock away any pets.

If severe bleeding go to

BLEEDING/LACERATION

If little or no bleeding, irrigate human and animal bites with
copious amounts of water.

Have the patient lie down, cover patient with blanket and try to
keep them calm and still.

For snake bites:

Apply direct pressure to the wound.
Do not elevate extremity. Do not use ice.
Do not attempt to remove venom.

For jellyfish stings:

Wash with vinegar or baking soda.

If the patient's condition changes, call me back.

Monitor for shock, Go to:

Go to **EXIT PROTOCOL** Guide Card

TRAUMATIC INJURY

ASSAULT/DOMESTIC /SEXUAL (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. Is the assailant nearby?"
2. What part of the patient is injured?"
3. Are you safe?"
4. Is the patient bleeding?"
IF YES, Go to: **BLEEDING/LACERATION**
5. Was it a physical assault vs. sexual assault?"
6. How was the victim assaulted?"
(Stabbing, gunshot, major trauma go to appropriate card)

PRE-ARRIVAL INSTRUCTIONS

Remain in a safe place, away from the assailant.

Obtain description of assailant(s),

Have the patient lie down, Cover patient with blanket and try to keep them calm.

Do not touch weapons.

Monitor for shock, Go To: TRAUMATIC INJURY

Advise patient not to change clothing, bathe or shower.

Keep patient warm.

Gather patient medications, if possible.

Do not allow the patient any food or drink.

If the patient's condition changes, call me back.

PROMPTS

Has law enforcement been notified?

Relay details of incident & description of assailant(s).

Go to **EXIT PROTOCOL** Guide Card

**FOLLOW AIR MEDICAL
DISPATCH GUIDELINES**



SIMULTANEOUS ALS/BLS

Unconscious/not breathing normally.
Decreased level of consciousness.
Crushing injury (except to hands or feet.)
Isolated extremity fracture.
Unknown injuries.
Multiple extremity fractures.
Femur (thigh) fracture.
Uncontrolled bleeding.

BLS DISPATCH

Controlled bleeding.
Swelling at bite site.
Bite below neck,
non-poisonous.

BLEEDING LACERATIONS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. Where is the bleeding from?
2. How much blood can you see?
3. How long have they been bleeding?
4. Is blood squirting out? (arterial bleeding)
5. If the patient is female with vaginal bleeding
Could she be pregnant?
If YES, go to: **CHILDBIRTH/ PREGNANCY**
Does she have pain in the abdomen
If YES consider: **ABDOMINAL PAIN**
6. Is the patient a hemophiliac (a bleeder)?
7. Has the patient recently traveled outside of the state/country?
IF YES: Where? (Check **ALERTS**)

SIMULTANEOUS ALS/BLS

Decreased level of consciousness.
Any arterial bleeding.
Bleeding with history of Hemophilia.
Rectal bleeding with significant blood loss.
Vomiting blood or coffee ground material.
Bleeding from mouth with difficulty breathing.
Bleeding from the neck, groin, or armpit with significant blood loss.
Vaginal bleeding if over 20 weeks pregnant, associated with lower abdominal pain or fainting.

BLS DISPATCH

Minor bleeding from any other area that can be controlled by direct pressure.

GO TO **PRE-ARRIVAL INSTRUCTIONS**

**FOLLOW AIR
MEDICAL
DISPATCH
GUIDELINES**



BLEEDING LACERATIONS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

If bleeding, use clean cloth and apply pressure directly over wound. Do not remove. If cloth becomes soaked, add more to what is already there.

Elevate bleeding extremities. TOURNIQUET USE

IF Tourniquet is available apply following instructions on package.

If nosebleed, tell the patient to apply direct pressure by pinching the nose tightly between their index finger and thumb, sit forward and hold it until help arrives.

Attempt to spit out blood, swallowing may make patient nauseous.

Locate any amputated part(s) and place in clean plastic bag, **NOT ON ICE**.

If teeth, locate, **DO NOT** touch the root, and place them in container with milk or clean water.

Have the patient lie down, Cover patient with blanket and try to keep them calm.

Monitor for shock, Go To: TRAUMATIC INJURY

Advise patient not to move, eat or drink anything.

Gather patient medications, if possible.

If the patient's condition changes, call me back.

PROMPTS

Use of tourniquets cannot be properly instructed over the phone. They should be used only by people who have had proper training.

Any bleeding that cannot be controlled by direct pressure should be considered critical.

Go to EXIT PROTOCOL Guide Card

**FOLLOW AIR MEDICAL
DISPATCH GUIDELINES**



BURNS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

How was the patient burned?

THERMAL

Is anything on the patient still burning?

If YES, Stop the burning.

Place burned area in cool water (not ice), if convenient

ELECTRICAL

Go to: **ELECTROCUTION**

CHEMICAL

What chemical caused the burn?

Where is the patient burned?"

IF HEAD OR FACE:

Is the patient short of breath, coughing or does it hurt to breathe?

Is the patient having difficulty swallowing?

Are there burns around their mouth and nose?

Are there any other injuries?

SIMULTANEOUS ALS/BLS

Decreased level of consciousness.
Burns to airway, nose, mouth.
Hoarseness, difficulty talking or swallowing.
Burns over 20% of body surface.
Electrical Burns/electrocution from 220 volts or greater, power lines/panel boxes.
2nd & 3rd degree burns (partial or full thickness) to Palms (hands), Soles (feet), Groin

BLS DISPATCH

Less than 20% body surface burned. Spilled hot liquids.
Chemical burns to eyes.
Small burn from match, cigarette. Household electric shock.
Battery explosion. Freezer burns.

GO TO **PRE-ARRIVAL INSTRUCTIONS**

BURNS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

THERMAL

Place burned area in cool water (not ice), if convenient

CHEMICAL

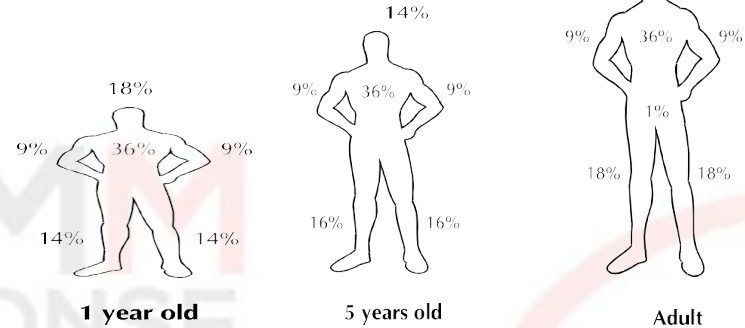
Have patient remove contaminated clothing, if possible.
If chemical, get information on chemical (MSDS Sheet if available).

If chemical is **powder**, brush off, no water.

Flush chemical burns from **eyes** with water.
Remove contact lenses if present.

Gather patient medications, if possible.
If the patient's condition changes, call me back.

Rule of Nines



PROMPTS

Dispatch Fire Department/HAZMAT, according to local protocol.

Go to [EXIT PROTOCOL](#) Guide Card

**FOLLOW AIR MEDICAL
DISPATCH GUIDELINES**



EYE PROBLEMS / INJURIES - (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. What caused the injury?
If Chemical, Go to: **BURNS**
2. Is eyeball cut open or leaking fluid?
3. Are there any other injuries?
If YES: go to appropriate **Guide card**

SIMULTANEOUS ALS/BLS

BLS DISPATCH

Unconscious/not breathing normally.
Decreased level of consciousness.
Uncontrolled bleeding.

Any eye injury.

PROMPTS

Removing object from the eye, direct pressure or flushing with water may cause further damage.

Large penetrating objects can cause damage to the upper airway.
Monitor patient for breathing difficulties.

PRE-ARRIVAL INSTRUCTIONS

Do not remove any penetrating objects.
Cover patient with blanket and try to keep them calm.
If eyeball is cut or injured, do not touch, irrigate, or bandage.
Nothing to eat or drink.
Gather patient medications, if possible.

If a chemical injury, flush immediately with water. Continue until help arrives. Remove contact lenses.

If the patient's condition changes, call me back.

Monitor for shock, Go To:

TRAUMATIC INJURY

Advise patient not to move.

Have patient SIT down.

Go to [EXIT PROTOCOL](#) Guide Card

**FOLLOW AIR MEDICAL
DISPATCH GUIDELINES**



FALL VICTIM (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. How far did the patient fall?
2. Is the patient able to move their fingers and toes?
3. (Do not have them move any other body part).
4. What kind of surface did the patient land on?
5. Is the patient bleeding?
IF YES, Go to **BLEEDING/LACERATION**
6. Are there any obvious injuries? What are they?
7. Did the patient complain of any pain or illness just prior to the fall?

PRE-ARRIVAL INSTRUCTIONS

Do not move the patient if there are no hazards.

No food or drink.

Gather patient medications, if possible.

Advise patient not to move

If the patient's condition changes, call me back.

Monitor for shock, Go To:

TRAUMATIC INJURY

Have the patient lie down, Cover patient with blanket and try to keep them calm.

PROMPTS

Is Rescue needed?

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

Go to **EXIT PROTOCOL** Guide Card

**FOLLOW AIR MEDICAL
DISPATCH GUIDELINES**



SIMULTANEOUS ALS/BLS

Decreased level of consciousness.
Signs/symptoms of shock.
Falls greater than 10 feet.
Falls associated with or preceded by pain, discomfort in chest, dizziness, headache, or diabetes.
Patient paralyzed.
Uncontrolled bleeding.
Multiple extremity fractures.
Femur (thigh) fracture.

BLS DISPATCH

Unconscious, but now conscious without critical symptoms
Falls less than 10 feet.
Neck or back pain without critical symptoms.
Controlled bleeding.
Cuts, bumps, or bruises
Isolated extremity fracture.

HEAT/COLD EXPOSURE (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What happened?

What was the source of the heat or cold?

Heat Related

Is the patient sweating profusely?

Is the patient confused, disoriented or acting strange?

Is the patient having hallucinations?

Is the patient dizzy, weak, or feeling faint?

Cold Related

Can the patient be moved to a warm area?

What was the length of exposure?

Is the patient complaining of pain?

If so, where?

Are there any obvious injuries?

Is the patient taking any medications?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

Decreased level of consciousness.

High body temperature **without** sweating.

Confused/disoriented/hallucinations.

Fainting (Syncope).

Cold Water Submersion

Patient with uncontrollable shivering.

Heat Exhaustion:
Nausea, vomiting, fatigue, headaches, muscle cramps, dizziness, with no critical symptoms.

GO TO **PRE-ARRIVAL INSTRUCTIONS**

**FOLLOW AIR
MEDICAL
DISPATCH
GUIDELINES**



HEAT/COLD EXPOSURE (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Remove from hot/cold environment if possible.

Narcotics and Psych Medications may exacerbate and/or mask symptoms

Heat Related

If patient is overheated, have them lie down in a cool place. Loosen clothing to assist cooling.

Nothing by mouth if heat stroke is indicated or there is a decrease of consciousness.

Cold Related

If patient is cold and dry, move to a warm environment and cover patient.

If patient is cold and wet, move to a warm environment, remove clothing and cover patient.

Do not rub frostbitten extremities.

Gather patient medications, if possible.

If the patient's condition changes, call me back.

PROMPTS

Heat Exhaustion:

Nausea, vomiting, fatigue, headache, muscle cramps and dizziness.

Heat Stroke:

High body temperature, absence of sweating, rapid pulse, strange behavior, hallucinations, agitation, seizure and/or coma.

Go to [EXIT PROTOCOL](#) Guide Card

**FOLLOW AIR MEDICAL
DISPATCH GUIDELINES**



INDUSTRIAL ACCIDENTS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What happened?

If **bleeding**: Go to **BLEEDING/LACERATION**

If patient is trapped in or under an object:

What part of the person is trapped?

If **burned**: Go to: **BURNS**

If **Electrocution**: Go to: **ELECTROCUTION**

Are there any obvious injuries?

What are they?

Is the patient able to move their fingers and toes?
(DO NOT have them move any other their body).

If **amputation**:

What part of the body has been amputated?

Do you have the amputated parts?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

- Decreased level of consciousness.
- Accident with crushing or penetrating injury to: head, neck, torso, thigh.
- Patient entrapped:
PROMPT (Dispatch Rescue Unit)
- Amputation other than fingers/toes.
- Patient paralyzed.
- Uncontrolled bleeding.
- Multiple extremity fractures.
- Femur (thigh) fracture.

- Unconscious, but now conscious without critical symptoms.
- Amputation/entrapment of fingers/toes.
- Neck or back pain without critical symptoms.
- Controlled bleeding.
- Cuts, bumps, or bruises.
- Involved in accident, no complaints.
- Patient assist.

GO TO **PRE-ARRIVAL INSTRUCTIONS**

**FOLLOW AIR
MEDICAL
DISPATCH
GUIDELINES**



INDUSTRIAL ACCIDENTS (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

If machinery involved, turn it off (attempt to locate maintenance person).

Do not move patient if there are no hazards.

Advise patient not to move.

Do not enter a confined space to tend to the patient.

Have someone meet the ambulance to guide them to the patient.

Have the patient lie down, Cover patient with blanket and try to keep them calm.

Nothing to eat or drink.

Locate any amputated parts and place in clean plastic bag, NOT ON ICE.

If teeth, locate, DO NOT touch the root, place in milk or clean water.

Monitor for shock, Go to: **TRAUMATIC INJURY**

If the patient's condition changes, call me back.

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

Is Fire Department /Rescue needed?

Go to **EXIT PROTOCOL** Guide Card

**FOLLOW AIR
MEDICAL
DISPATCH
GUIDELINES**



STABBING/ GUNSHOT VICTIM (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is the assailant nearby? Are you safe?
Is there a weapon present? What type of weapon was used?
Is the person alert?
Is the person breathing normally?
Where is the person shot/stabbed?
Is the person bleeding? (If yes) From where? How much? How long? Can it be controlled with pressure?

IF YES, Go to: **BLEEDING/LACERATION**

Was it intentional or an accident?
If intentional, "Is assailant still present?"

SIMULTANEOUS ALS/BLS

BLS DISPATCH

Unconscious/ not breathing normally.
Uncontrolled Bleeding.
Leg injury above the knee.

Wounds to head neck, torso, or thigh.

Multiple Casualty Incident.

Wounds to the arms below the elbow or on the leg below the knee.

Decreased level of consciousness.

PRE-ARRIVAL INSTRUCTIONS

Tell caller to remain in a safe location (beware of the assailant)
Do not pull out any penetrating weapons
Advise the person not to move
Cover the person with a blanket and keep them calm
Do not disturb the scene or move any weapons
Gather any of the person's medications for the paramedics
Lock away any pets
If the person's condition changes, call me back immediately
Monitor for shock, Go to: **TRAUMATIC INJURY**

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

Has law enforcement been notified?
Advise responders when scene is secured

Go to **EXIT PROTOCOL** Guide Card

**FOLLOW AIR
MEDICAL DISPATCH
GUIDELINES**



TRAUMATIC INJURY (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. How was the patient injured?
2. Where is the patient injured?
3. Is the patient bleeding?

If bleeding: Go to: **BLEEDING/LACERATION**

Indications of Shock:

1. Is the patient's skin cool and clammy, mottled, or profusely sweating?
2. Describe what happened.
3. Is the patient's breathing rapid and shallow?
4. Are the patient's pupils dilated?
5. Does the patient appear confused?
6. Does the patient feel weak or fatigued?
7. Is the patient's mouth dry or do they feel thirsty?

SIMULTANEOUS ALS/BLS

- Unconscious/not breathing normally.
- Accident with crushing or penetrating injury to: head, neck, torso, thigh.
- Patient entrapped:
PROMPT (Dispatch Rescue Unit)
- Amputation other than fingers/toes.
- Patient paralyzed.
- Uncontrolled bleeding.
- Multiple extremity fractures.
- Femur (thigh) fracture.

BLS DISPATCH

- Decreased level of consciousness.
- Unknown or internal injuries without indication of shock.
- Controlled bleeding.
- Cuts, bumps, or bruises.
- Involved in accident, no complaints.
- Patient assist.
- Minor injuries.
- Concerned caller without apparent injuries to victim
- Isolated extremity fracture.
- Police request stand-by/check for injuries.

GO TO **PRE-ARRIVAL INSTRUCTIONS**

TRAUMATIC INJURY (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Do not move patient, unless there are hazards to the patient.

Have the patient lie down, Cover patient with blanket and try to keep them calm.

Do not remove or touch impaled object.

Do not disturb anything.

Monitor for shock:

Skin cool and clammy or mottled, rapid shallow breathing, fatigue, altered mental state, dilated pupils.

Gather patient medications, if possible.

Locate any amputated parts and place in clean plastic bag, NOT ON ICE.

Use care not to obstruct the airway or breathing.

If teeth, locate, DO NOT touch the root, place in milk or clean water.

If the patient's condition changes, call me back.

Go to [EXIT PROTOCOL](#) Guide Card

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

Is Fire Department /Rescue needed?

**FOLLOW AIR
MEDICAL
DISPATCH
GUIDELINES**



VEHICLE RELATED INCIDENT/ INJURY (MVC) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. Did you stop or drive by?
2. What type of vehicle(s) are involved?
3. How many patients are injured?
4. Are all of the patients free of the vehicle?
5. Is anyone trapped in the vehicle?
6. Was anyone thrown from the vehicle?
7. Are there any hazards present? (Is the scene safe?)
Is there:
Fire?
Fluids leaking? (Consider **HAZMAT**)
Wires down?
8. Describe what happened.
9. Did the airbags deploy?
10. How fast was the vehicle moving?

As injuries or medical conditions become known go to appropriate **Guide card(s)**.

SIMULTANEOUS ALS/BLS

- Reported injuries with following mechanisms:
- Vehicle vs. immovable objects.
 - Vehicles involved in head-on or T-bone collision.
 - Car vs. pedestrian, motorcycle or bicycle.
 - Patient(s) trapped or ejected.
 - Vehicle roll over.

Critical criteria – injuries to head, neck, torso, thigh.
Multiple Casualty Incident.

BLS DISPATCH

- Accident with injury, no critical criteria. Police request stand-by/check for injuries.

GO TO **PRE-ARRIVAL INSTRUCTIONS**

VEHICLE RELATED INJURY (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Do not approach vehicle if any indication of fire, downed wires or other hazards.

If able to enter crash scene, DO NOT move patient(s) unless there are hazards.

(If power lines are around the vehicle) Do not touch the vehicle. Tell the occupants to stay in the vehicle. Keep person calm and still

Monitor for shock, Go to: **TRAUMATIC INJURY**

If the patient's condition changes, call me back

PROMPTS

Has Law Enforcement been notified?

Is Fire Department /Rescue/HAZMAT needed?

If caller can provide information about patient(s) go to appropriate **Guide card(s)**.

Go to [EXIT PROTOCOL](#) Guide Card

**FOLLOW AIR
MEDICAL
DISPATCH
GUIDELINES**



AUTOMATED EXTERNAL DEFIBRILLATOR (AED)- INSTRUCTIONS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENT TYPES

EXIT PROTOCOL

1. If the person is not at least one year of age, <u>jump to Section</u> INFANT CPR INSTRUCTIONS	2. Remove everything from the person's chest	3. Place defibrillator next to the person's left side	4. Open cover & turn on defibrillator	5. Open the pad package and place pads on the person as pictured on the pads (If child, make sure you are using pediatric pads)
6. Make sure the pad cords are attached to the machine	7. Follow the machine voice prompt next	8. Wait for the machine to analyze (push analyze button if present)	9. Do Not Touch The Person	10. If the machine says to shock the person, make sure no one is touching the person, then press the shock button
11. Follow the machine voice prompt	12. If the machine says "No Shock Indicated" continue doing CPR ADULT CPR INSTRUCTIONS CHILD CPR INSTRUCTIONS	13. If the machine says to shock the person, make sure no one is touching the person, then press the shock button	14. Continue following the voice prompts until help arrives	

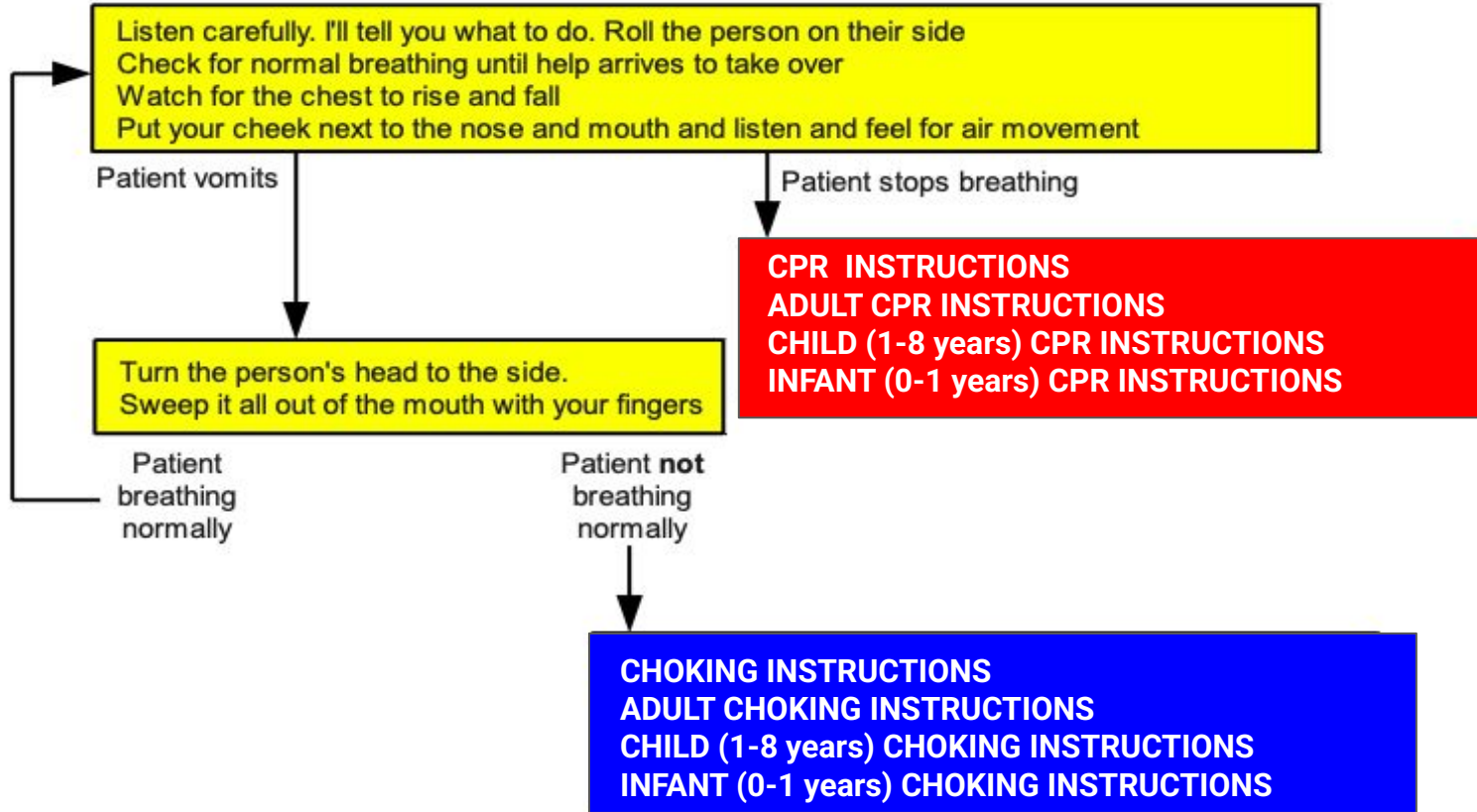
AIRWAY CONTROL - NON-TRAUMA - INSTRUCTIONS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENT TYPES

EXIT PROTOCOL



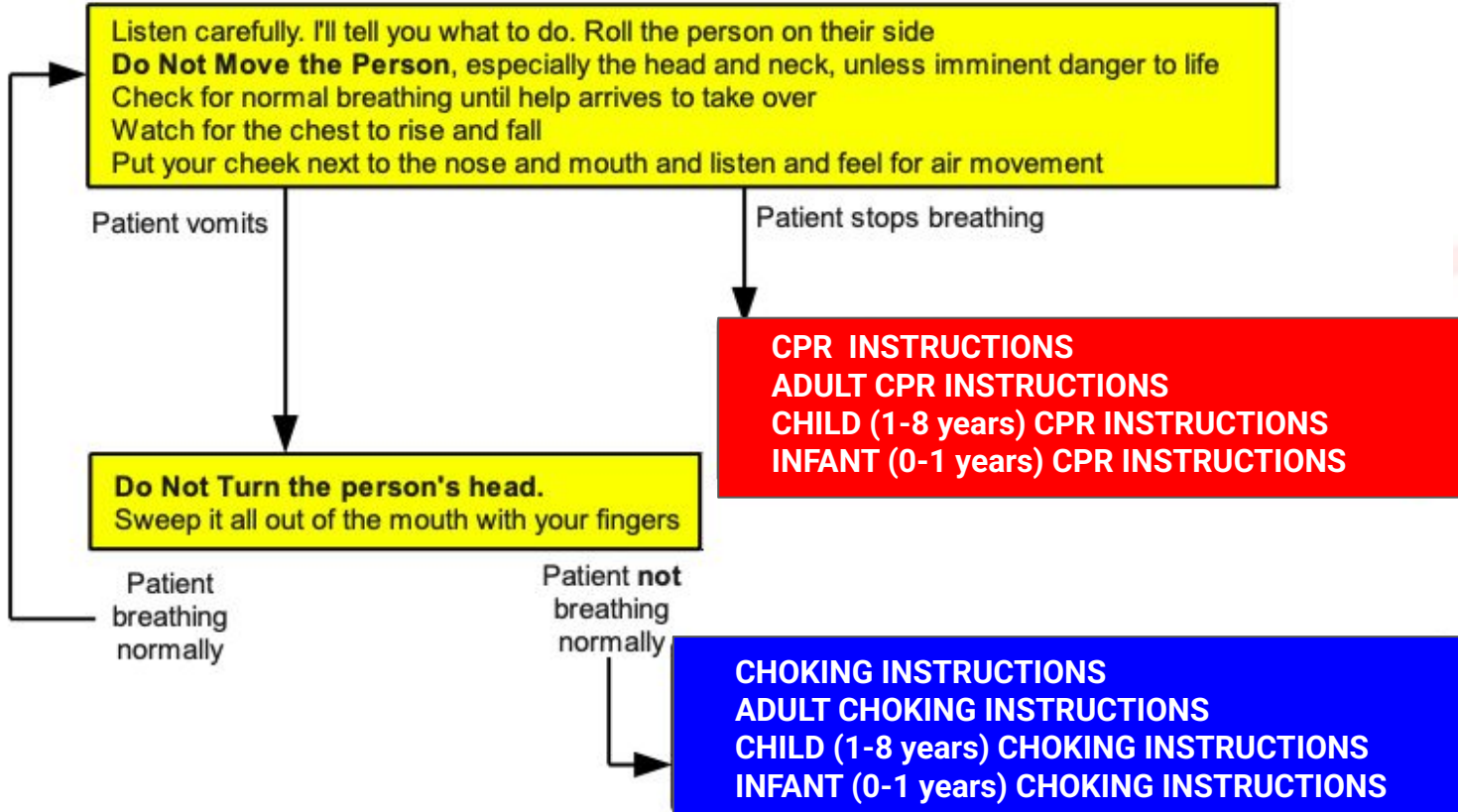
AIRWAY CONTROL - TRAUMA - INSTRUCTIONS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENT TYPES

EXIT PROTOCOL



BLEEDING CONTROL (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENT TYPES

EXIT PROTOCOL

BLEEDING CONTROL

Have the patient lie down, except for nosebleed.
Nothing by mouth, to eat or drink.

IF EXTERNAL BLEEDING, use clean cloth and apply pressure directly over it.
Do not remove. If cloth becomes soaked, add more cloth to what is already there.

IF NOSEBLEED, tell the patient to apply pressure by pinching the nose tightly between their index finger and thumb, sit forward and hold until help arrives.

Attempt to spit out blood.
Advise the patient to remain still.
Keep the patient warm and calm.
Do not flush the toilet or throw away blood soaked items.
Tell the patient not to exert themselves or talk.
Gather patient medications, if any.
Does the patient have an inhaler? **If YES**, has it been used? If the bystander feels comfortable assisting, use as the physician has directed.
Watch for signs of difficulty breathing or cardiac arrest.

If anything changes or the patient's condition worsens, call back immediately.

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR **AIRWAY CONTROL - TRAUMA**

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

TOURNIQUET USE DIRECTIONS

TOURNIQUET USE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

Find where the bleeding is coming from and apply **firm, steady pressure** to the bleeding site with bandages or clothing

Tourniquet

If the bleeding doesn't stop, **place** a tourniquet 2-3 inches closer to the torso from the bleeding. (The tourniquet may be applied and secured over clothing.)

Pull the strap through the buckle, **twist** the rod tightly, **clip** and secure the rod with the clasp or the Velcro strap.

Compress Again

If the bleeding still doesn't stop, **place** a second tourniquet closer to the torso from the first tourniquet.

Pull the strap through the buckle, **twist** the rod tightly, **clip** and secure the rod with the clasp or the Velcro strap.

* One type of tourniquet is depicted in the illustrations.



CARDIAC ARREST / DOA (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. Is the person alert?
 2. Is the person breathing normally?
 3. (If unsure about consciousness of person) Does the person respond to you? Does the person move?
 4. (If unsure about breathing) Go look at the person's chest and see if it goes up and down, then come back to the phone
 5. (If unsure about breathing) Listen for sound and frequency of breathing Agonal respirations are often reported as gasping, snoring, gurgling, barely breathing, occasional moaning, weak or heavy breathing.
 6. (If not obvious) Is this an expected death?
- (If yes) Is the person in hospice care? Jump to: Obvious Death Card

SIMULTANEOUS ALS/BLS

- Unresponsive
- Unconscious/not breathing adequately
- (Agonal) or not at all.
- Possible DOA of unknown origin
- Delayed response

BLS DISPATCH

- FOLLOW LOCAL PROTOCOL
- CONFIRMED HOSPICE EXPECTED DEATH

GO TO PRE-ARRIVAL INSTRUCTIONS

CARDIAC ARREST / DOA (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Go to CPR card for the appropriate age group.

Age 8 years and ABOVE **ADULT CPR INSTRUCTIONS**

Age 1 year to 8 years **CHILD CPR INSTRUCTIONS**

Age 0 to 1 year **INFANT CPR INSTRUCTIONS**

2. (If caller refuses CPR instructions) Gather any of the person's medications for the paramedics

3. Lock away any pets

4. If the person's condition changes, or you decide to provide CPR, call me back immediately

Go to [EXIT PROTOCOL](#) Guide Card

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

Agonal respirations are ineffective breaths which occur after Cardiac Arrest. Indicate the need for CPR.

If the caller states the patient has a pulse but is not breathing!
Go to SPECIAL CONSIDERATIONS

Brief generalized seizures may be an indication of cardiac arrest.

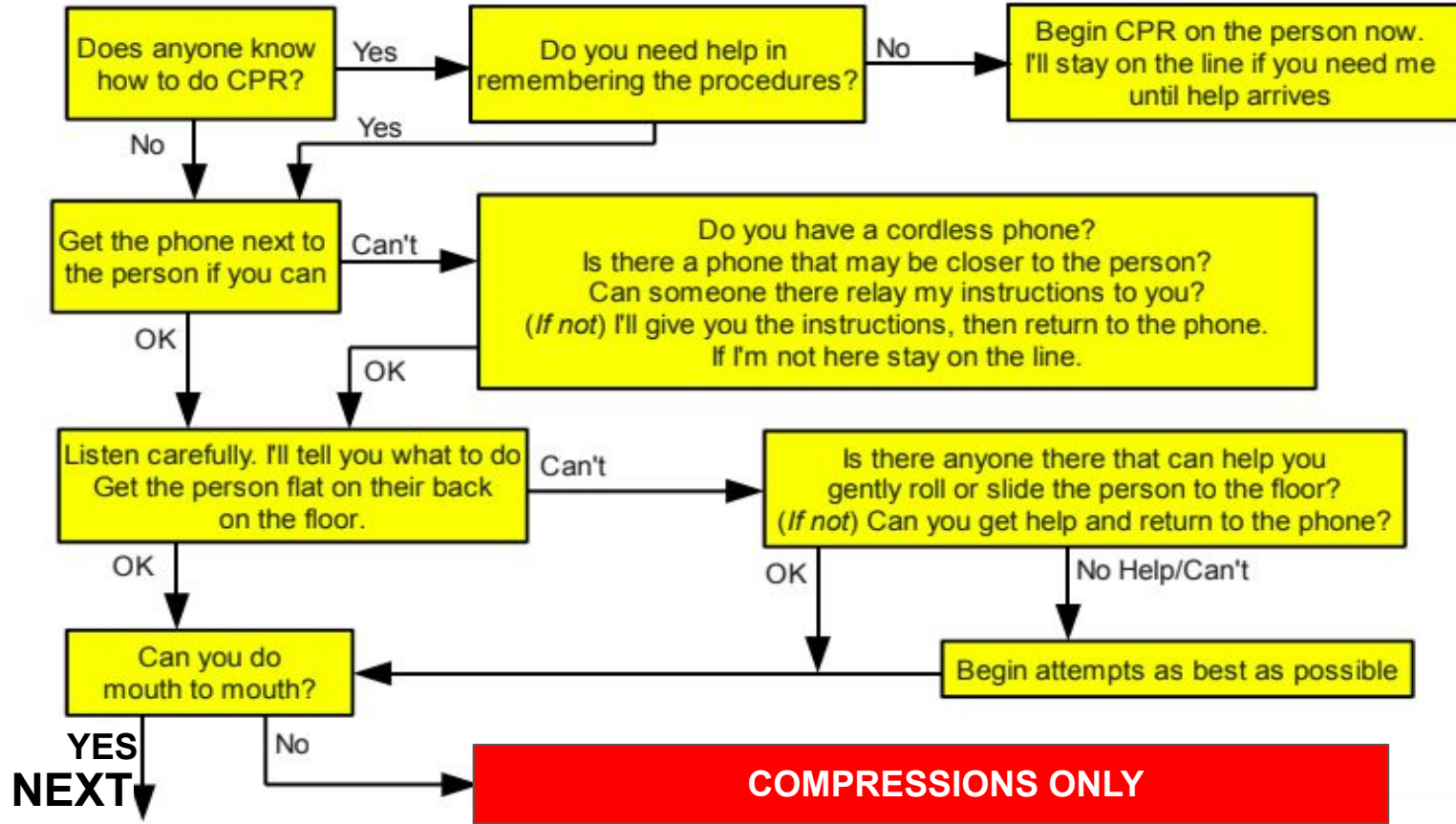
ADULT CPR INSTRUCTIONS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



ADULT CPR INSTRUCTIONS (CON'T)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

Bare the chest. Kneel at the person's side
Pinch the nose shut with one hand. With your other hand lift the chin
Completely cover their mouth with your mouth
Give two breaths of air into the person's lungs – just like blowing up a balloon
Make sure the chest gently rises

Remember, place the person flat on their back. Bare the chest. Pinch the nose shut
With your other hand lift the chin so the head bends back
Give two breaths of air then come back to the phone
If I'm not here stay on the line

OK OK

Patient Vomited

Hysterical

Stoma

Turn his/her head to the side
Sweep it all out with your fingers
before you start mouth-to-mouth

Keep the person's head straight
Completely cover the stoma with your mouth
Cover the person's mouth and nose with your hand
Give two breaths of air into the patient's lungs
Make sure the chest gently rises

You're going to have to calm
down to be able to help

NEXT

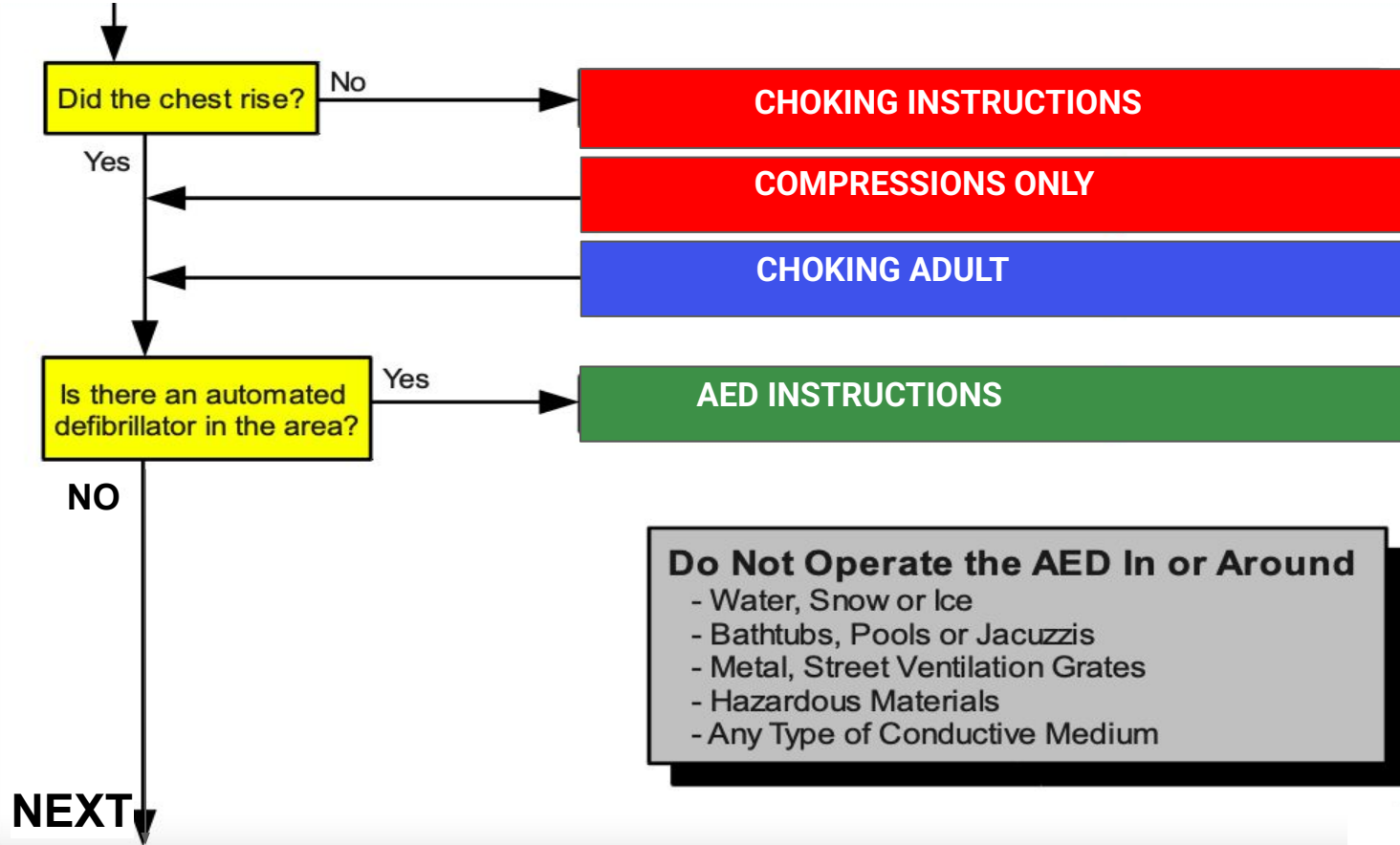
ADULT CPR INSTRUCTIONS (CON'T)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



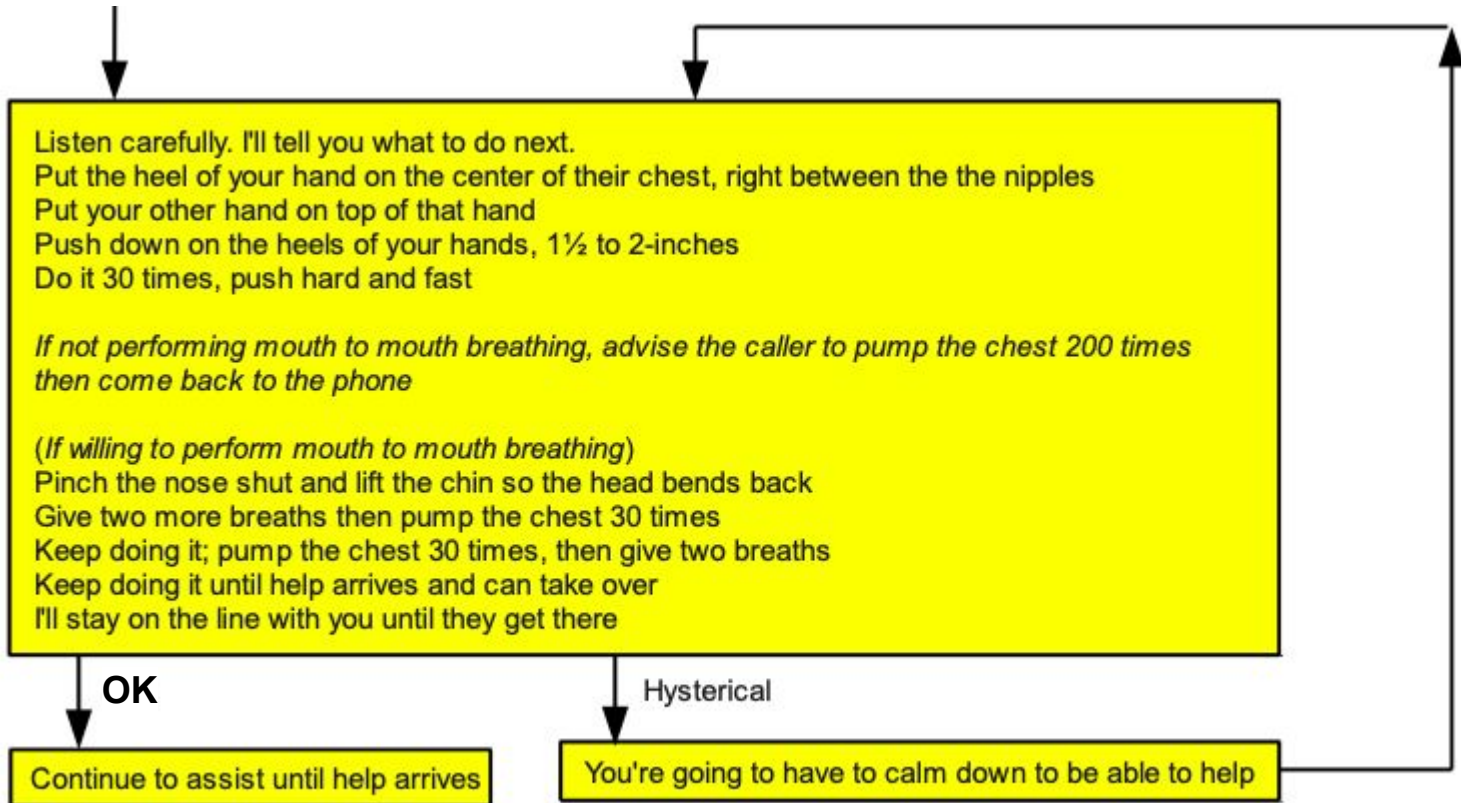
ADULT CPR INSTRUCTIONS (CON'T)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



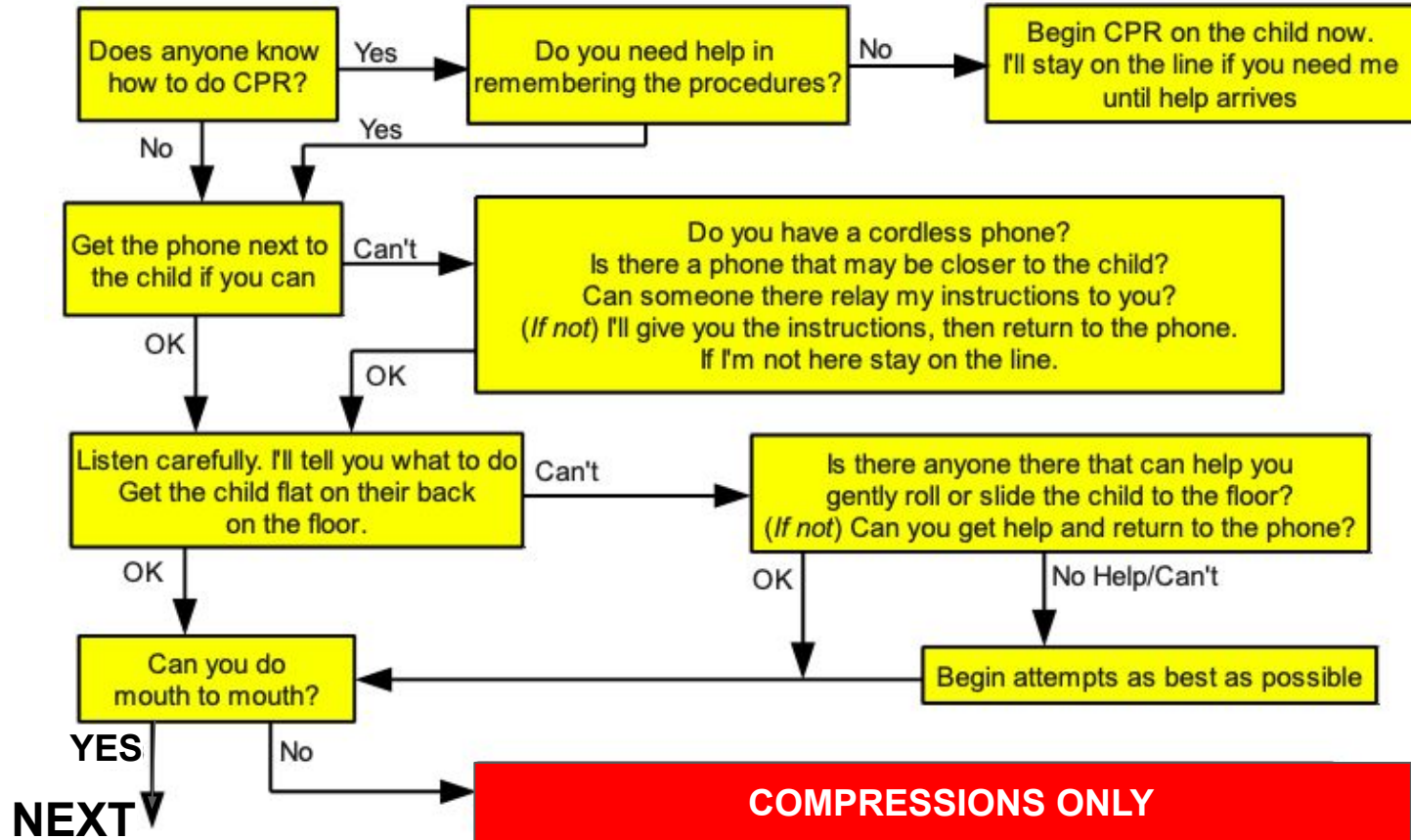
CHILD CPR INSTRUCTIONS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



CHILD CPR INSTRUCTIONS - CON'T

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

Bare the chest. Kneel at the child's side
Pinch the nose shut with one hand. With your other hand lift the chin
Completely cover the child's mouth with your mouth
Give two breaths of air into the child's lungs – just like blowing up a balloon
Make sure the chest gently rises, don't blow too hard

Remember, place the child flat on their back. Bare the chest. Pinch the nose shut
With your other hand lift the chin so the head bends back
Give two breaths of air then come back to the phone
If I'm not here stay on the line

OK

Patient Vomited

Hysterical

Stoma

Turn the child's head to the side
Sweep it all out with your fingers
before you start mouth-to-mouth

Keep the child's head straight
Completely cover the stoma with your mouth
Cover the child's mouth and nose with your hand
Give two breaths of air into the child's lungs
Make sure the chest gently rises

You're going to have to calm
down to be able to help

NEXT

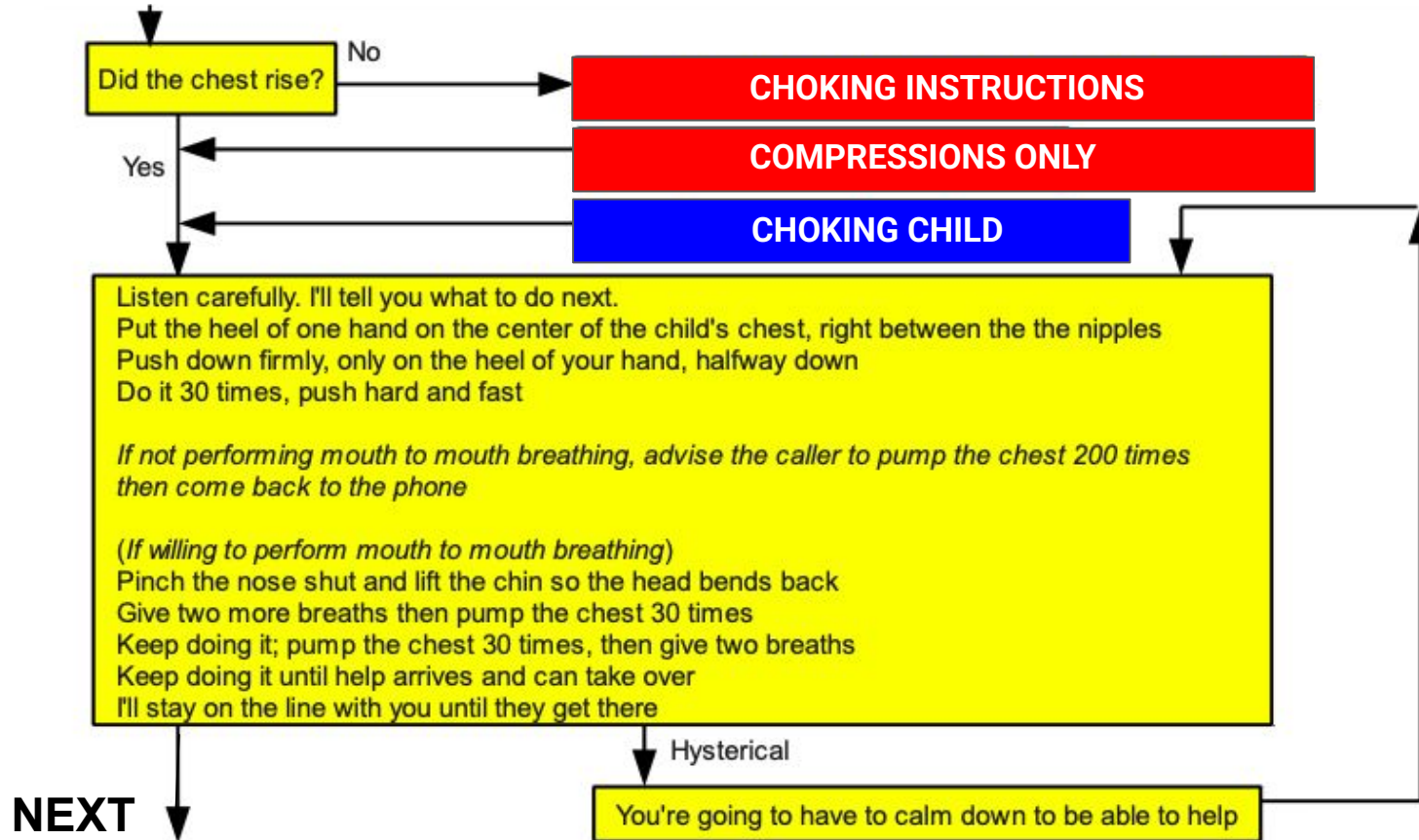
CHILD CPR INSTRUCTIONS (CON'T)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



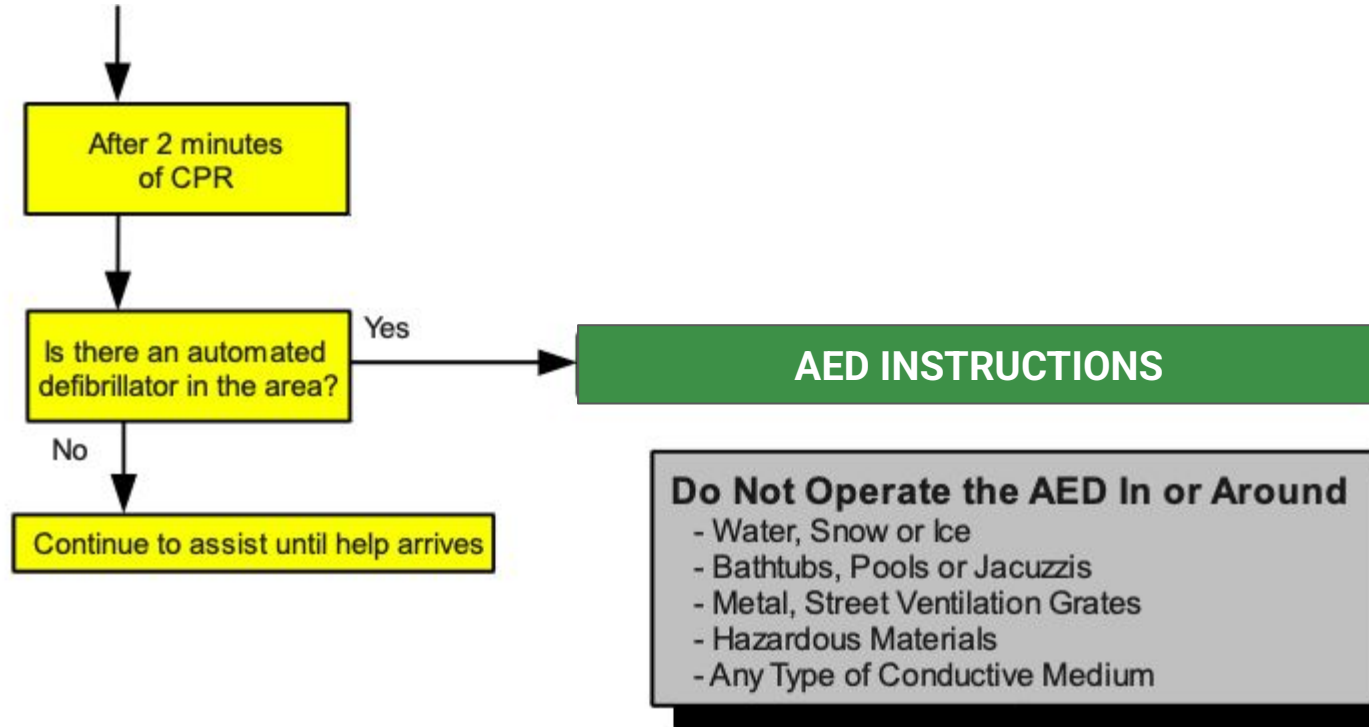
CHILD CPR INSTRUCTIONS (CON'T)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



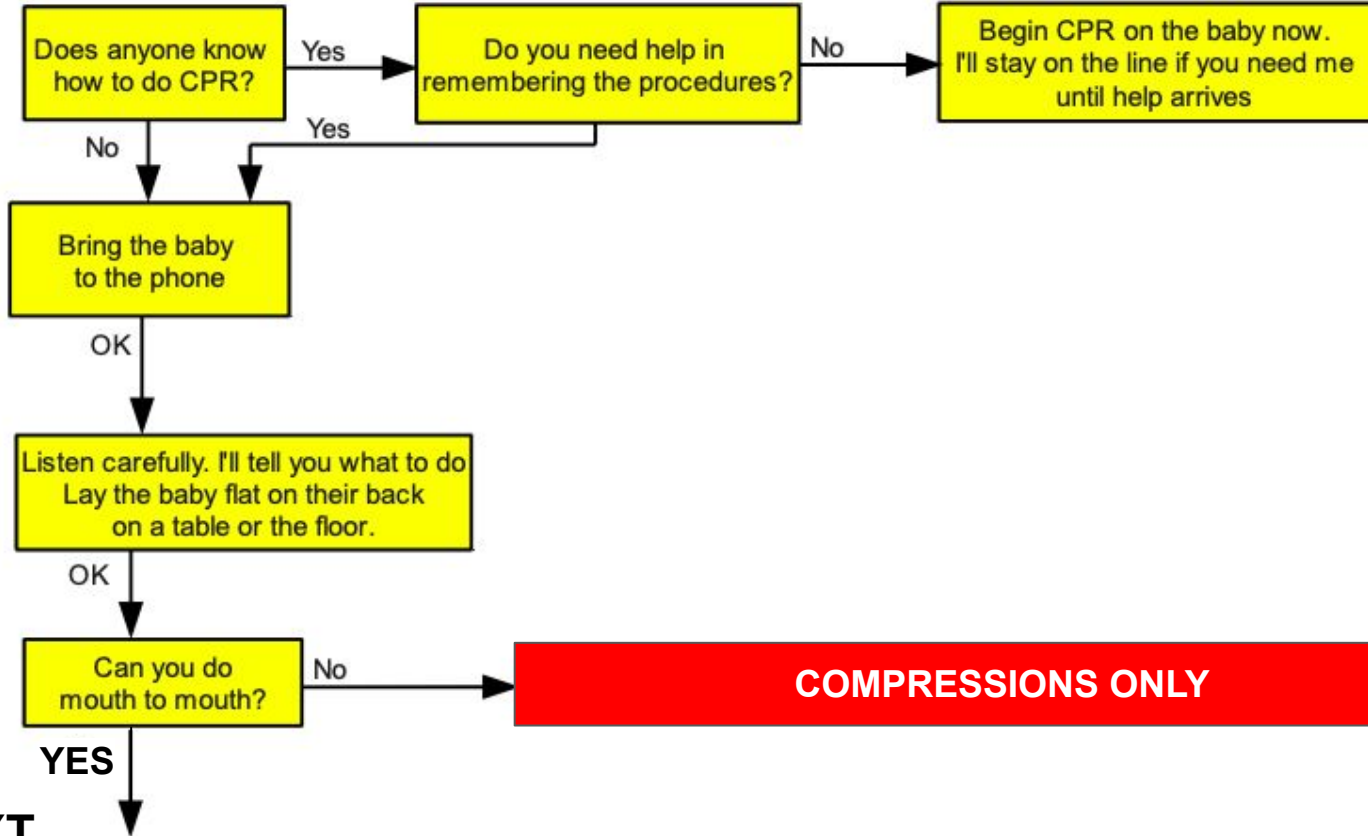
INFANT CPR INSTRUCTIONS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



NEXT

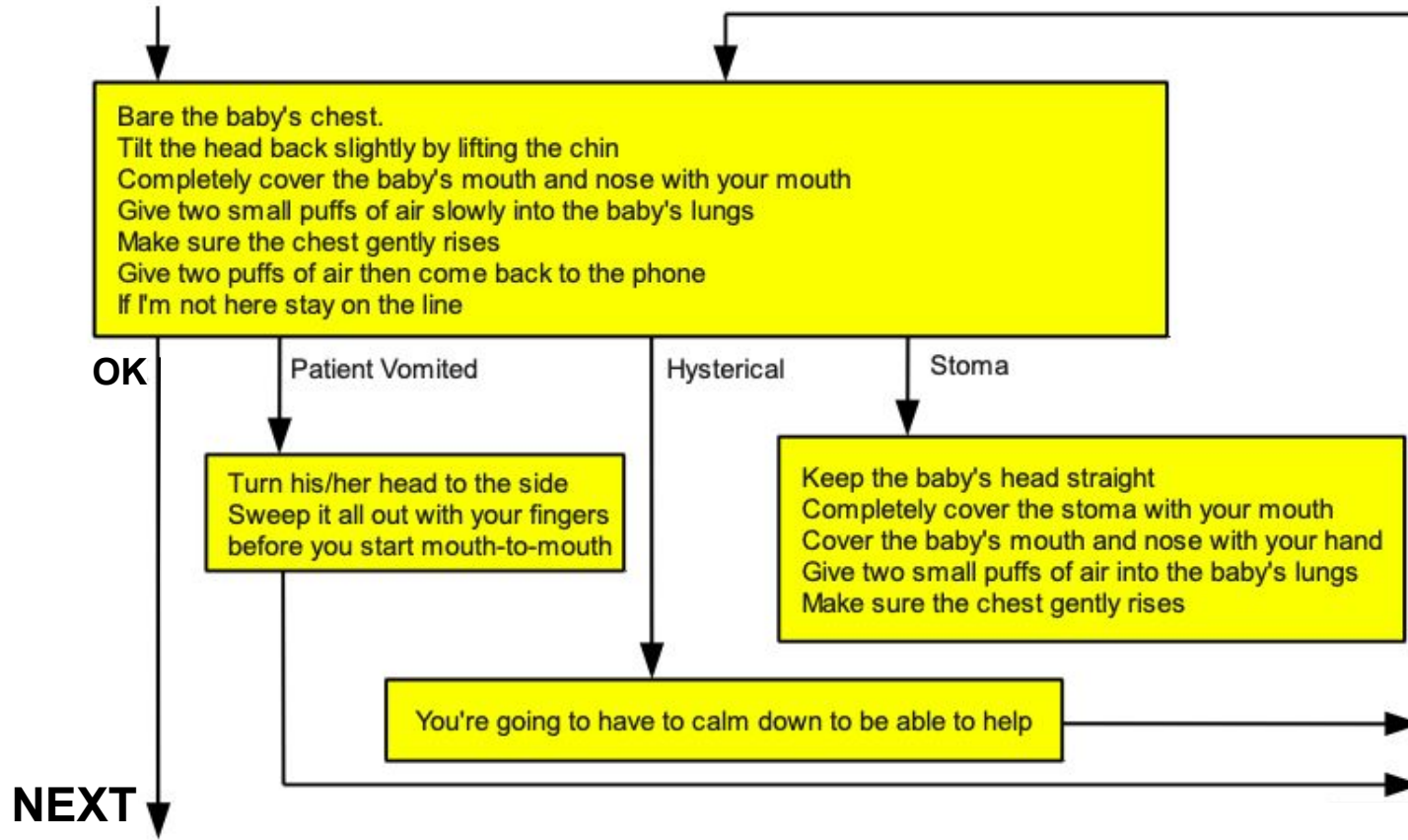
INFANT CPR INSTRUCTIONS (CON'T)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



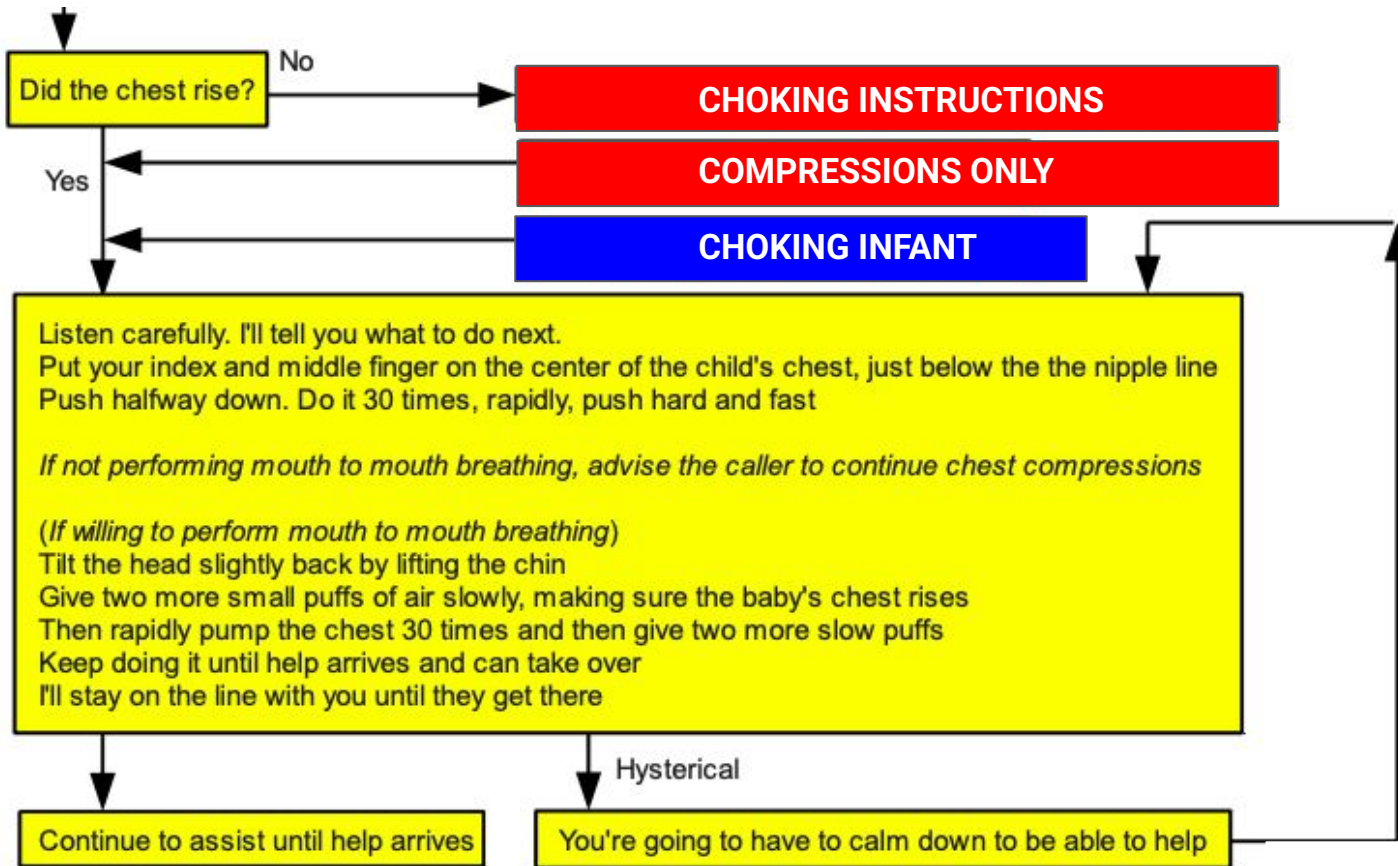
INFANT CPR INSTRUCTIONS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



CHOKING - (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

1. Is patient alert?
2. Is the patient able to speak or cry?
3. Describe the breathing
4. Does the chest rise?
5. Does air enter freely?
6. Is the patient turning blue?

SIMULTANEOUS ALS/BLS

- Unresponsive/not breathing normally.
- Unable to talk or cry.
- Turning blue.

BLS DISPATCH

- Able to speak or cry.
- Exchanging air with no breathing difficulty.
- Airway cleared, patient assist.

GO TO PRE-ARRIVAL INSTRUCTIONS

CHOKING (OBSTRUCTED AIRWAY) - (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Go to choking card for the appropriate age group:

Age 8 years and ABOVE **ADULT INSTRUCTIONS**

Age 1 year to 8 years **CHILD INSTRUCTIONS**

Age 0 to 1 year **INFANT INSTRUCTIONS**

Determine age group

Go to **CHOKING (OBSTRUCTED AIRWAY)** instructions

Go to [EXIT PROTOCOL](#) Guide Card

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

Agonal respirations are ineffective breaths which occur after Cardiac Arrest. Indicate the need for CPR.

If the caller states the patient has a pulse but is not breathing!
Go to SPECIAL CONSIDERATIONS

Brief generalized seizures may be an indication of cardiac arrest.

ADULT CHOKING INSTRUCTIONS

MAIN MENU

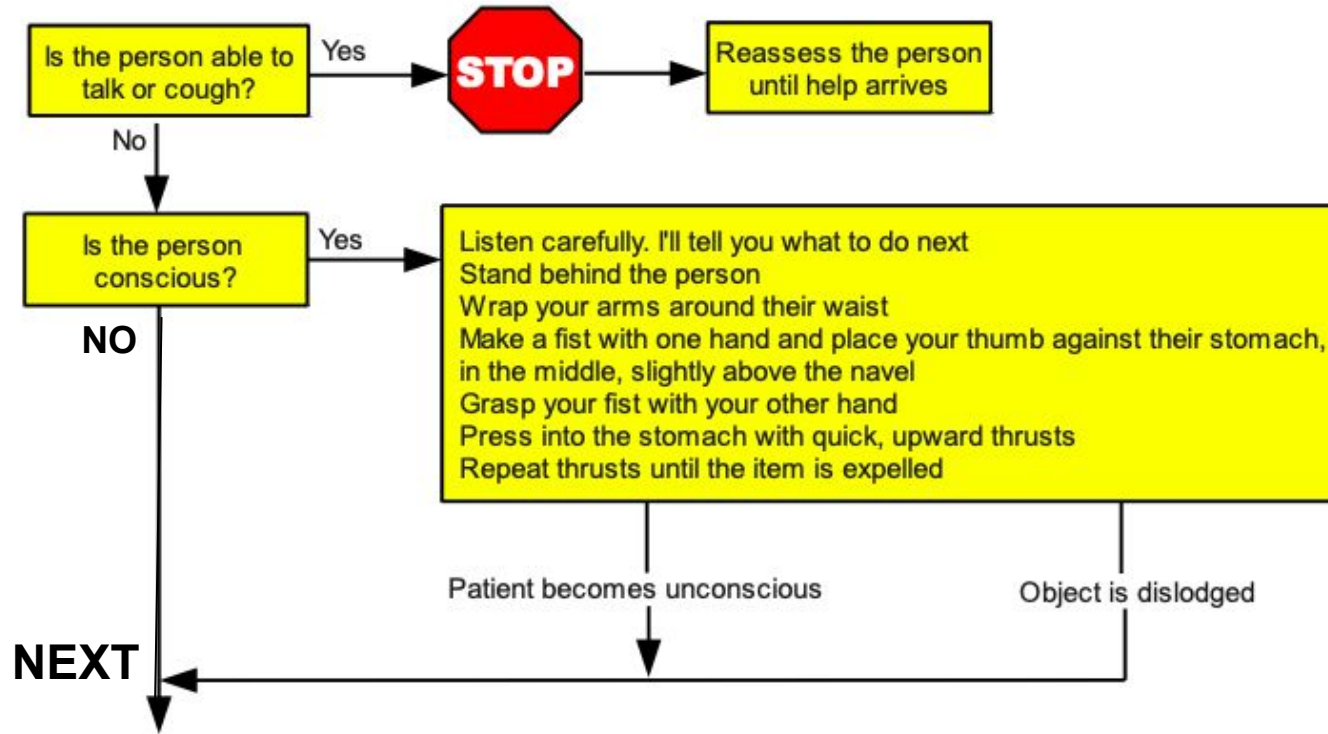
ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

If the event is not witnessed and patient is unconscious,

ADULT CPR INSTRUCTIONS



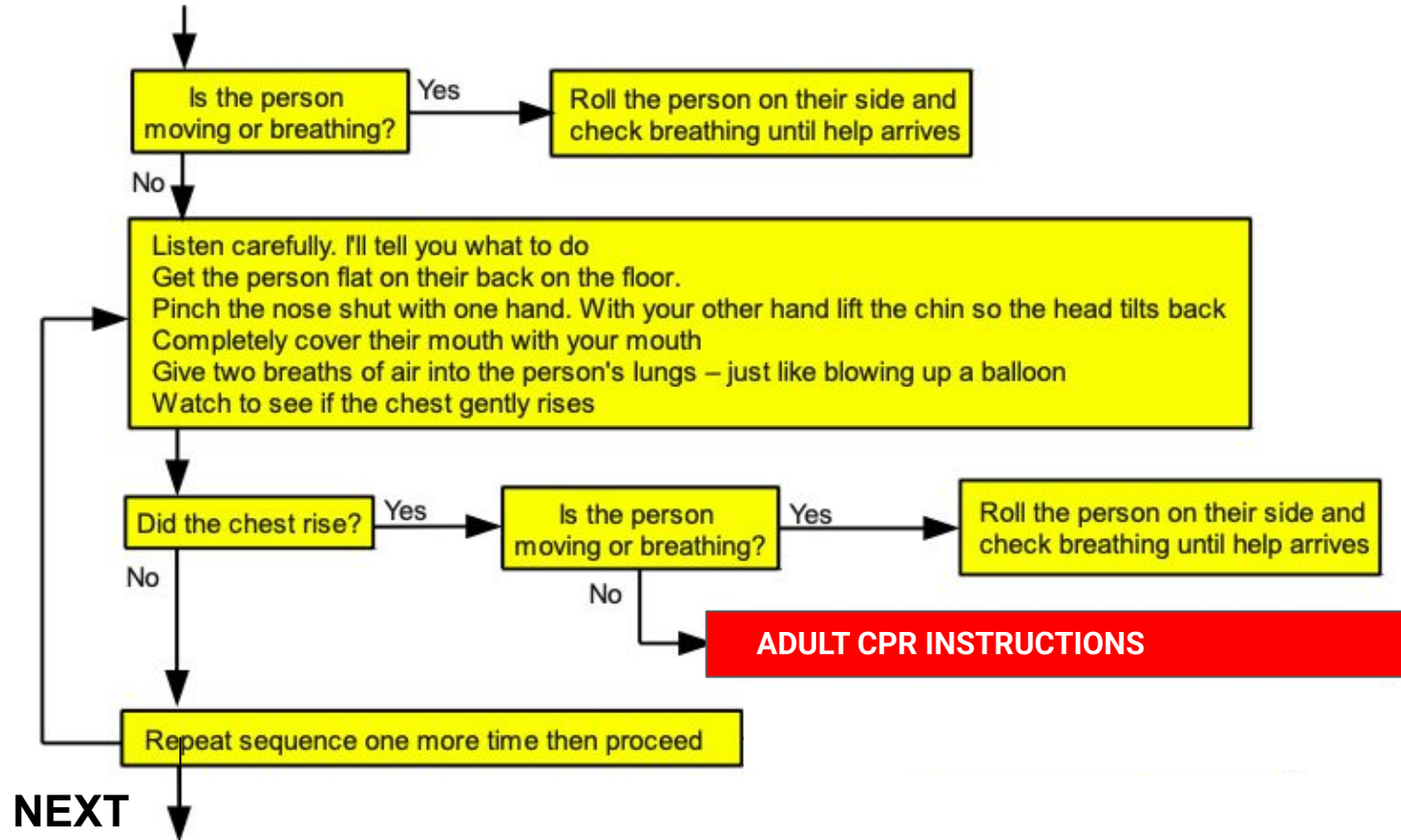
ADULT CHOKING INSTRUCTIONS (CON'T)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



ADULT CHOKING INSTRUCTIONS (CON'T)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

Listen carefully. I'll tell you what to do next.
Put the heel of your hand on the center of their chest, right between the the nipples
Put your other hand on top of that hand
Push down on the heels of your hands, 1½ to 2-inches
Do it 30 times, push hard and fast

Pinch the nose shut and lift the chin so the head bends back
Open the mouth. If you see something, try to sweep it out. Don't push the object backwards.
Give two more breaths then pump the chest 30 times
Keep doing it; pump the chest 30 times, then give two breaths
Open the mouth. If you see something, try to sweep it out. Don't push the object backwards.

Is the person
moving or breathing?

Yes

Roll the person on their side and
check breathing until help arrives

NO

ADULT CPR INSTRUCTIONS

CHILD CHOKING INSTRUCTIONS

MAIN MENU

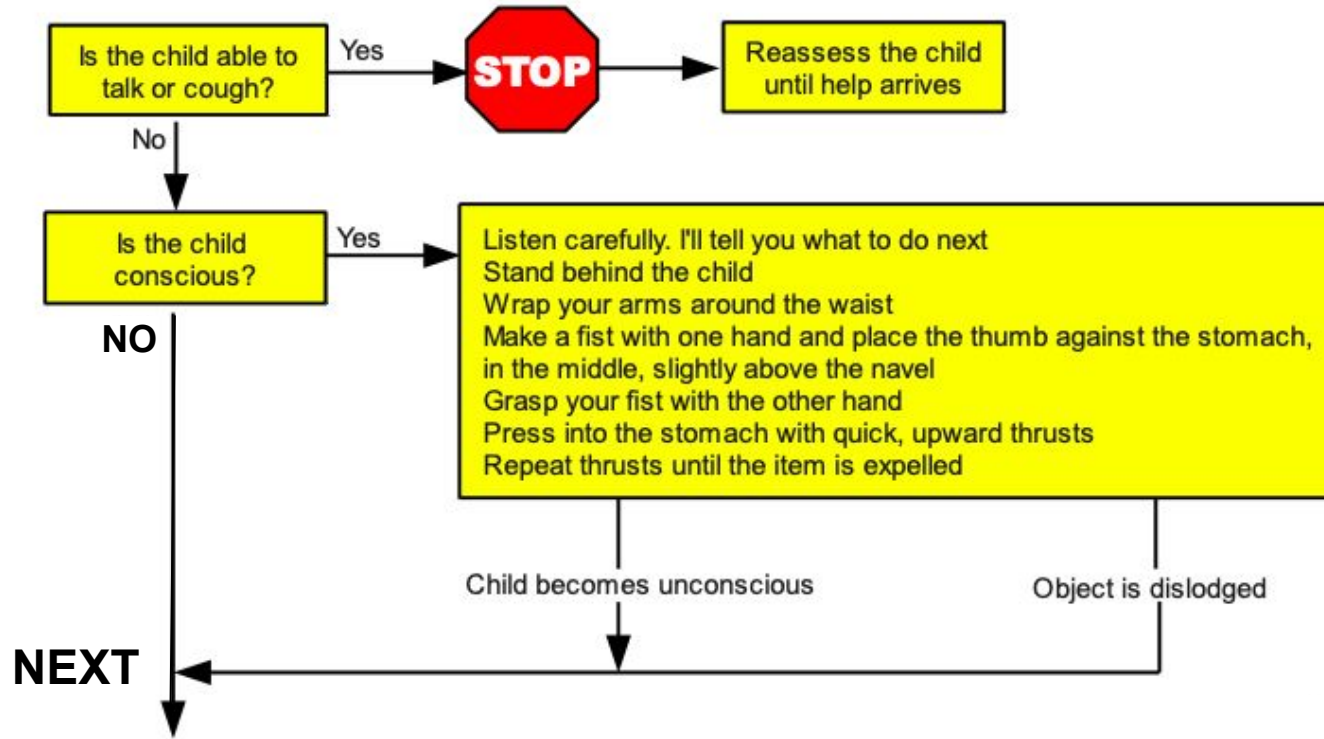
ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

If the event is not witnessed and patient is unconscious,

CHILD CPR INSTRUCTIONS



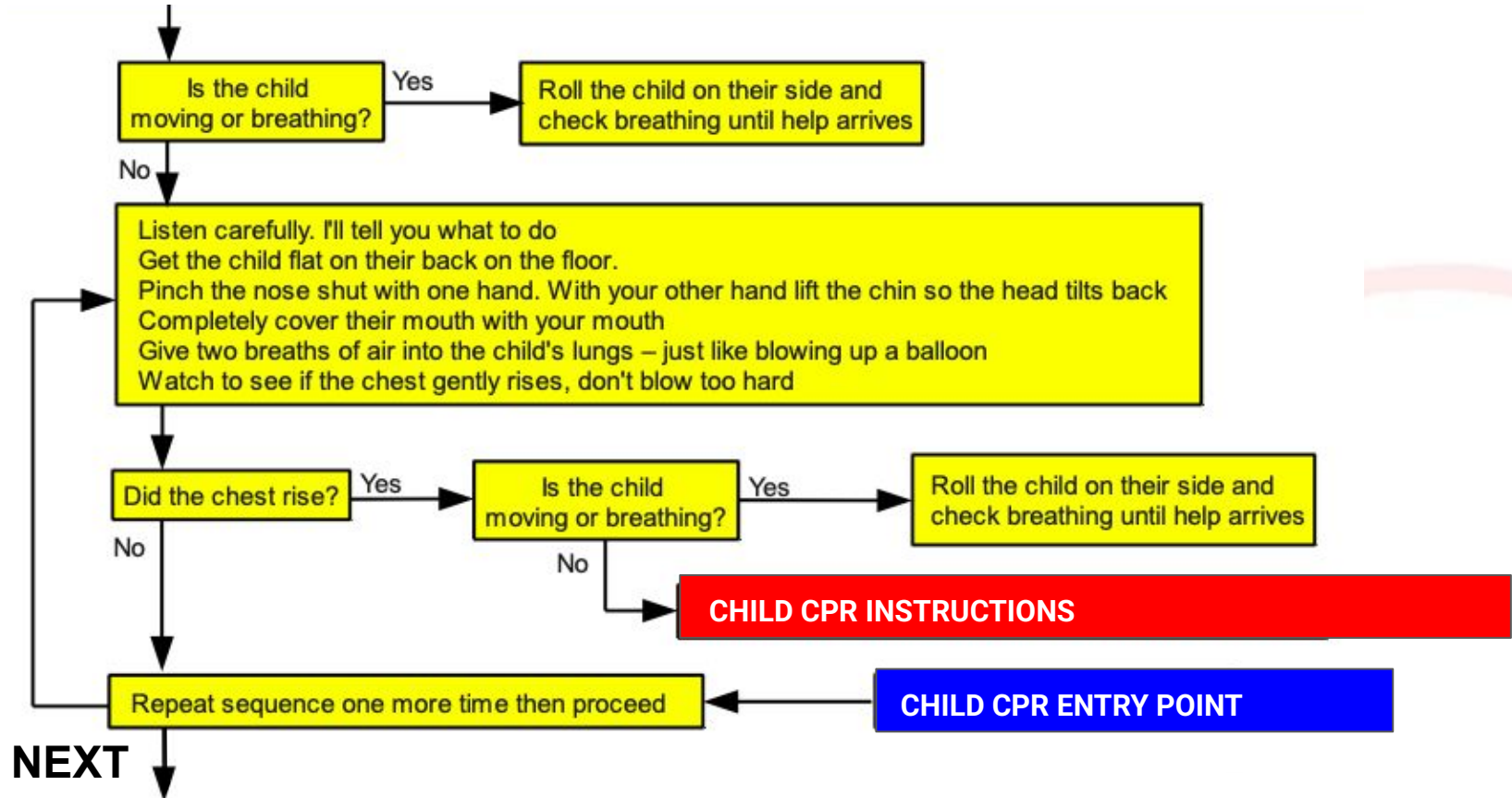
CHILD CHOKING INSTRUCTIONS (CON'T)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



CHILD CHOKING INSTRUCTIONS (CON'T)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

Listen carefully. I'll tell you what to do next.
Put the heel of one hand on the center of the child's chest, right between the the nipples
Push down firmly, only on the heel of your hand, halfway down
Do it 30 times, push hard and fast

Pinch the nose shut and lift the chin so the head bends back
Open the mouth. If you see something, try to sweep it out. Don't push the object backwards.
Give two more breaths then pump the chest 30 times
Keep doing it; pump the chest 30 times.
Open the mouth. If you see something, try to sweep it out. Don't push the object backwards.
I'll stay on the line.

After 2 minutes of CPR

Is the child
moving or breathing?

Yes

Roll the child on their side and
check breathing until help arrives

No

CHILD CPR INSTRUCTIONS

INFANT CHOKING INSTRUCTIONS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

If the event is not witnessed and patient is unconscious,

INFANT CPR INSTRUCTIONS

Bring the baby
to the phone

Is the baby
conscious?

Yes

Is the baby able to
cry or cough?

Yes

STOP

Roll the baby on its side and
check breathing until help arrives

NO

No

Listen carefully. I'll tell you what to do next
Remove any clothing from the baby's chest, then pick up the baby
Do that, and come back to the phone
If I'm not here, stay on the line

NEXT

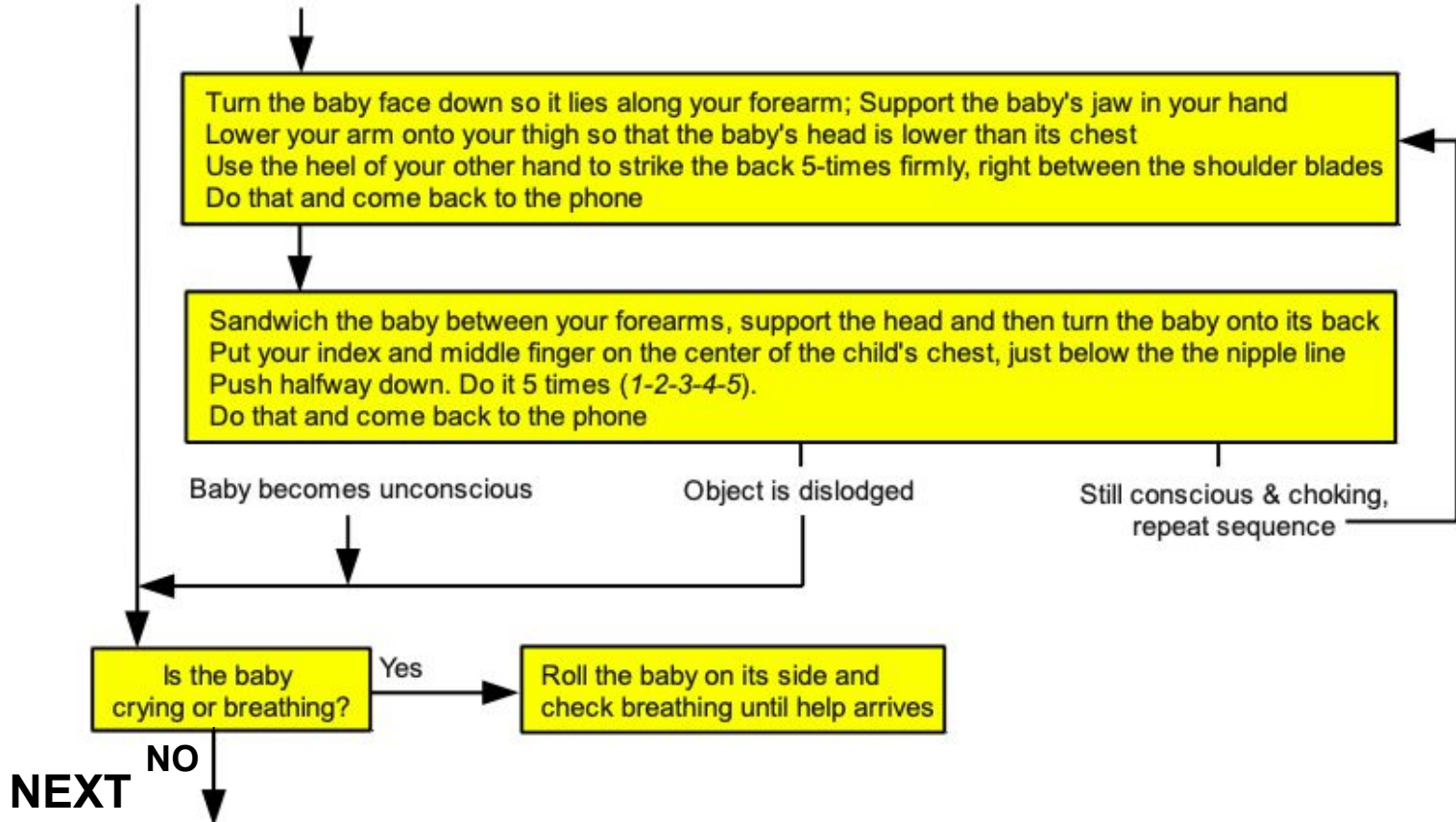
INFANT CHOKING INSTRUCTIONS (CON'T)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



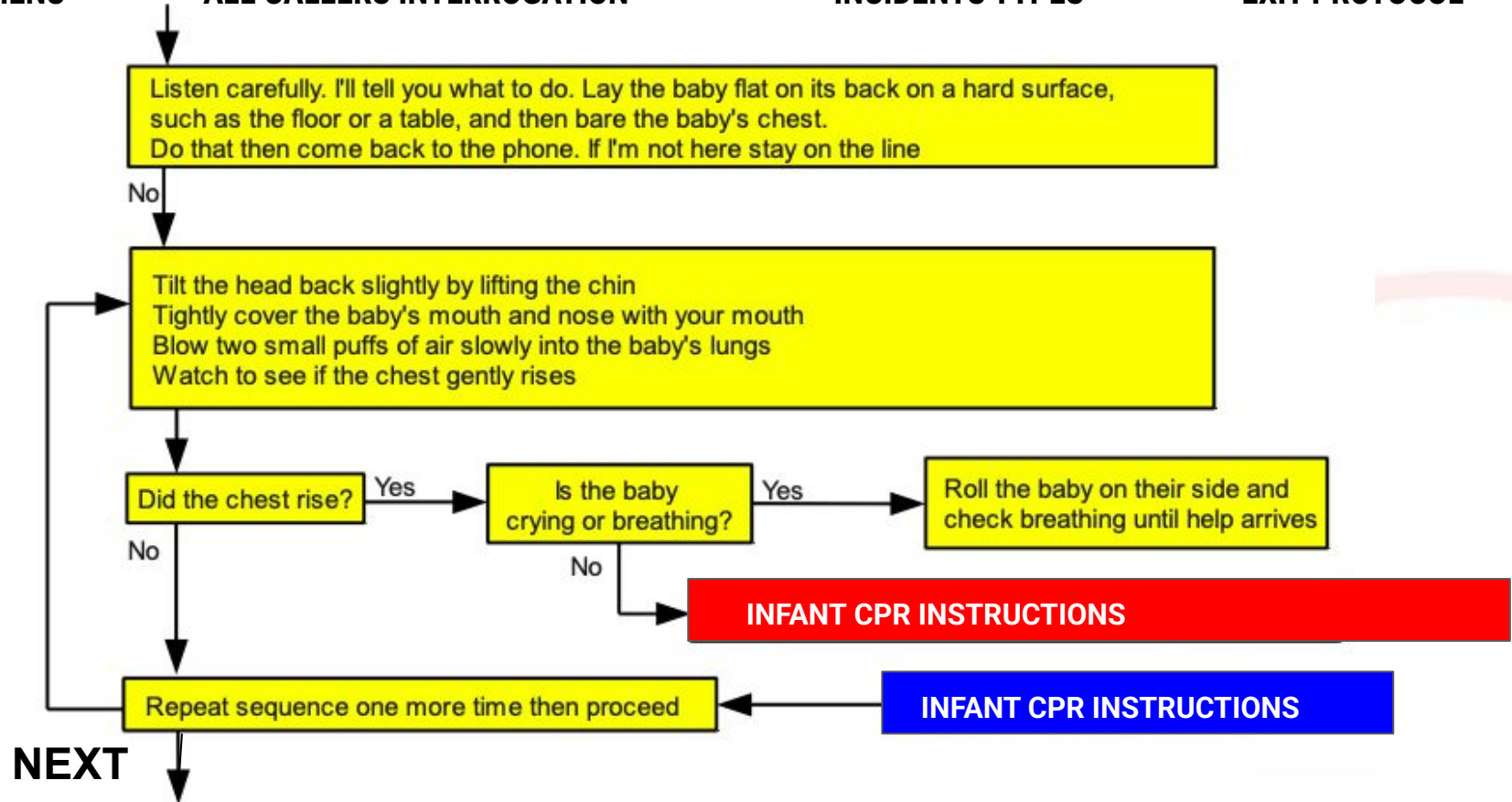
INFANT CHOKING INSTRUCTIONS (CON'T)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



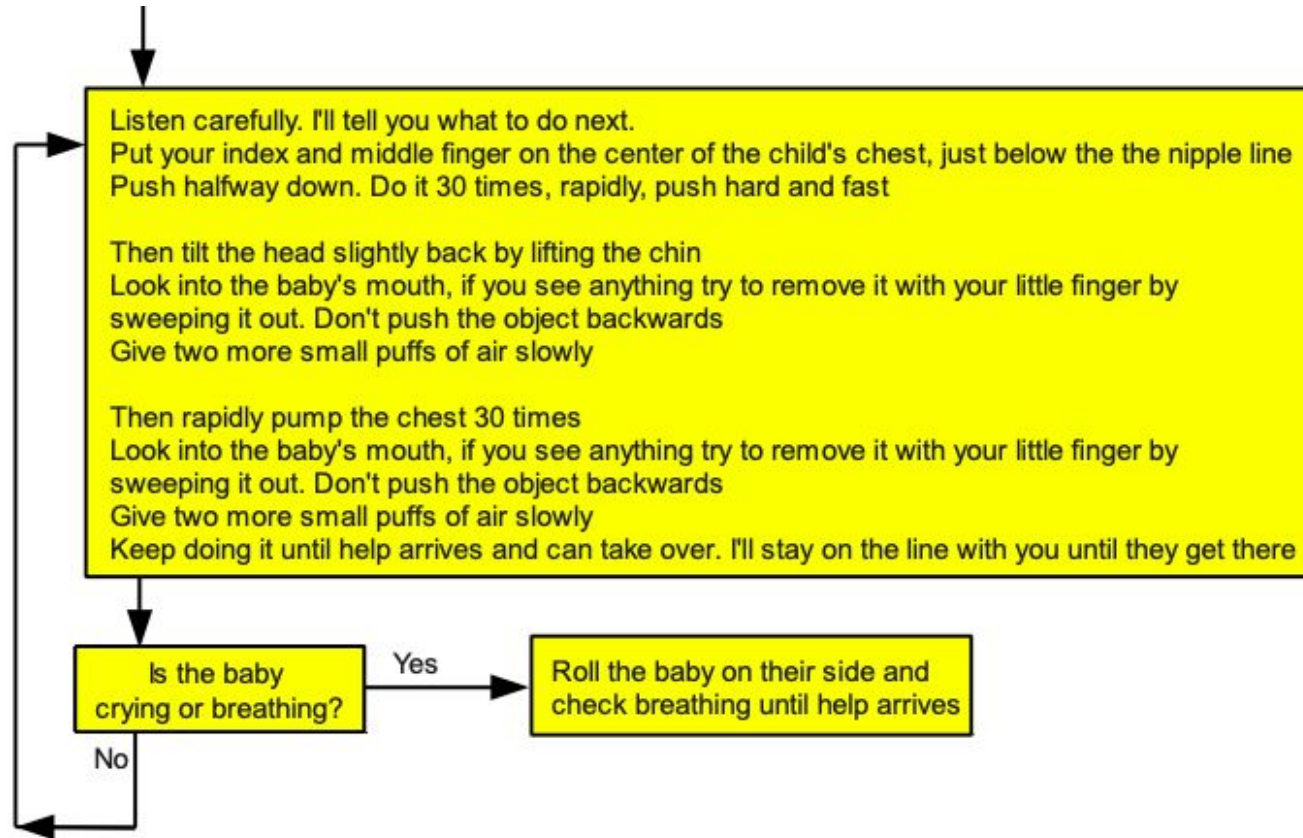
INFANT CHOKING INSTRUCTIONS (CON'T)

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



CHILDBIRTH/ PREGNANCY (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is this the first pregnancy?

If this is not the first pregnancy, How long was she in labor before delivery with her other pregnancies?

Were there any complications?

Was the delivery vaginal or surgical?

How far along is she?

If less than 20 weeks: Has there been any discharge of blood or tissue?

Has she had any problems during pregnancy or anticipated problems?

Is she having cramping pains that come and go?

IF YES, How often? (Time from beginning of contraction to beginning of next contraction).

SIMULTANEOUS ALS/BLS

- Imminent delivery OR Delivery.
- Vaginal bleeding with fainting.
- Fainting/near fainting with patient sitting up.
- Prior history of complicated delivery.
- Bleeding, greater than 20 weeks pregnant.
- Premature active labor greater than 4 weeks
- premature.
- Abdominal injury, if greater than 20 weeks pregnant.
- Seizure.
- Multiple births.

BLS DISPATCH

- Delivery not imminent.
- Vaginal bleeding without fainting if under 20 weeks
- pregnant.
- Abdominal injury, if less than 20 weeks pregnant.
- Water broke.
- Pregnant less than 20 weeks or menstrual with any of the following:
 - Cramps
 - Pelvic Pain
 - Spotting

GO TO PRE-ARRIVAL INSTRUCTIONS

CHILDBIRTH/ PREGNANCY (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Have the patient lie down on her left side.
Keep the patient warm.
Watch for the baby's head to show.
If the patient feels the urge to go to the bathroom, do not allow her to use the toilet!
If patient was on the toilet and noticed discharge of blood or tissue:
Do not flush toilet or dispose of used pads.

If post delivery:
Is the baby breathing?

If NO go to: **INFANT CPR INSTRUCTIONS**

Gather patient medications, if any.
If the patient's condition changes, call me back.
Go to [EXIT PROTOCOL](#) Guide Card

SHORT REPORT

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

PROMPTS

Imminent delivery (Regular contractions at 1-2 minute intervals and an urge to push or bear down) and post delivery, go to

CHILDBIRTH INSTRUCTIONS

Miscarriage is defined as the loss of a pregnancy before 20 weeks of gestation. May include bleeding, abdominal cramps, lower back pain and/or discharge of tissue.

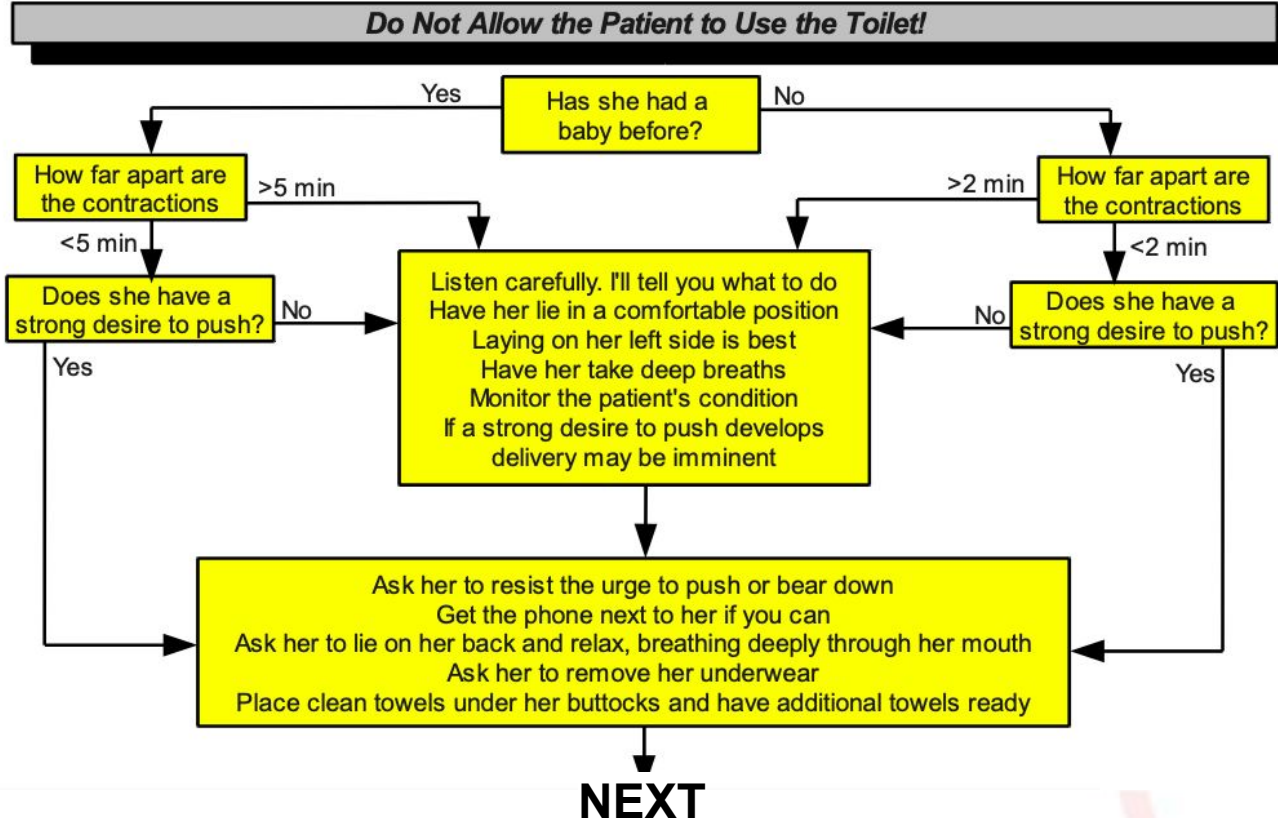
CHILDBIRTH

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



CHILD BIRTH

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



If she starts to deliver (water broken, bloody discharge, baby's head appears)

The baby's head should appear first. Cradle it and the rest of the baby as it is delivered

Do Not Push or Pull on the baby

There will be water and blood with the delivery. This is normal

When the baby is delivered, clean out its mouth and nose with a clean, dry cloth

Do not attempt to cut or pull the cord

Wrap the baby in a dry blanket, a towel, or whatever is handy, and place it between the mother's legs on the floor

Massage the mother's lower abdomen very gently

If the baby does not start breathing on its own, rub its back or gently slap the soles of its feet

If the baby doesn't begin breathing immediately, come back to the phone

Complications with delivery

Baby delivered and breathing

Baby delivered and Not Breathing



Choking Infant

When the placenta (tissue on the other side of the umbilical cord) is delivered

Wrap it. This delivery may take place as long as twenty minutes after the baby

Keep the placenta level or slightly above the baby

If there are complications (leg, arm buttocks or umbilical cord presentation)

Reassure the mother. Tell her you have dispatched help.

Ask her to remain on her back with her knees bent

Ask her to relax and breathe through her mouth. Tell her not to push

DROWNING (POSSIBLE) (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Has the patient been removed from the water?

IF YES

Is the patient on land or in a boat?

How long was the patient under water?

Is this a scuba diving accident?

What was the patient doing before the accident?

If the caller is in a car sinking in water or stuck in rising water go to **VEHICLE IN WATER**

SIMULTANEOUS ALS/BLS

BLS DISPATCH

- Unconscious, not breathing normally.
- Difficulty breathing.
- Scuba diving accident.
- Diving accident (possibility of C-spine injury).
- Fractured femur (thigh).

- Patient not submerged.
- Patient coughing.
- Other injuries without critical symptoms.
- Minor injury (lacerations/fractures).

GO TO **PRE-ARRIVAL INSTRUCTIONS**

DROWNING (POSSIBLE) (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Do not attempt to rescue patient, unless trained to do so.

Do not move patient around.

Gather patient medications, if possible.

If the patient's condition changes, call me back.

Keep patient warm.

Go to [EXIT PROTOCOL](#) Guide Card

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

Are boats needed?

Is SCUBA team needed?

ELECTROCUTION (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What was the source of the electricity? (Small household appliance(110 volt AC), dryer, stove, (220 volt AC) or industrial equipment (high voltage DC).

Is patient still in contact with the source?

IF YES: Do you know how to turn off the electricity?

After patient is removed from electrical circuit check breathing and level of consciousness.

Go to appropriate **guide card**.

Are there any other injuries?

IF YES,: What are they?

Go to appropriate Guide card.

SIMULTANEOUS ALS/BLS

BLS DISPATCH

- Decreased level of consciousness.
- Unable to remove patient from electrical circuit.

Multiple Casualty Incident Criteria.

- Burns to airway, nose, or mouth.
- Burns over 20% of body surface.
- Burns from 220 volt or higher source.
- 2nd & 3rd degree burns (partial or full thickness) to Palms (hands), Soles (feet) or Groin.
- Reported DOA until evaluation by responsible party.

- Household electrical shock without critical symptoms.

GO TO PRE-ARRIVAL INSTRUCTIONS

ELECTROCUTION (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Beware of liquid spills or ground moisture that could conduct electricity

Do not touch the patient(s) if they are in contact with the source of electricity.

If it is safe to do so, turn off the power.

If the patient's condition changes, call me back.

If patient has visible burn injuries go to **BURNS** and determine extent of injuries.

Go to [EXIT PROTOCOL](#) Guide Card

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

If outside electric wires or meters are involved, notify electric utility.
Is Fire Department needed?

FALL

Vital Points Questions

Is the patient breathing normally?

Did the patient hit their head when they fell?

Go to *Neurological/Head Injuries Guidecard*

Is the patient short of breath or does it hurt to breathe?

Can the patient respond to you and follow simple commands, (move fingers/toes)? Answer your questions?

How far did the patient fall?

Type of surface landed on?

Obvious injuries? If so, what?

Is the patient bleeding?

If **YES and/or Uncontrolled**, go to ***Bleeding/Tourniquet Guidecard***

Did the patient complain of any pain or illness just prior to the fall?

Amputation

What part of the body was amputated?

Is it completely severed?

Do you have the severed body part?

What caused the injury?

Is there any danger of further injury to anyone present?

ALS Priority

Unconscious/not breathing normally/difficulty breathing

Difficulty breathing/Painful breathing

Decreased level of consciousness

Decreased mobility in extremities or paralysis

Falls greater than 6 feet

Accident with crushing or penetrating injury to: head, neck, torso, thigh, or upper arm

Femur (thigh) fracture

Uncontrolled bleeding

Falls associated with or preceded by: pain, discomfort in the chest, and/or dizziness, headache, and or diabetes

Amputation other than fingers/toes

GO TO PRE-ARRIVAL INSTRUCTIONS

Pre-Arrival Instructions

If unconscious and not breathing, go to **CPR** for the appropriate age group. Trained bystanders may still need instructions. **ASK IF THEY NEED INSTRUCTION?**

*If unconscious, go to **AIRWAY CONTROL** instructions.*

Do not move the patient if there are no hazards.

Tell the patient not to move.

Cover the patient with a blanket and try to keep him/her calm.

Nothing to eat or drink

If bleeding, use clean cloth and apply pressure directly over the wound. Do not remove. If the cloth becomes soaked, add more cloth to what is already there.

Amputations:

Do not splint any injuries.

Do not place severed body parts directly on ice.

Place all body parts or skin in a clean plastic bag and give to Emergency Responders.

If uncontrolled bleeding go to **Bleeding/Tourniquet Guidecard**

If Applicable:

- Gather patient's medications and give to responders when they arrive.
- Put any pets away.
- Turn the outside light on and/or wait at the door.

BLS Priority

Controlled bleeding

Unconscious, but now conscious

Falls >6 feet

Neck or back pain without critical symptoms

Multiple extremity fractures

BLS Standard

Cuts, bumps, or bruises

Patient assist

Isolated extremity fracture (except thigh)

UNCONSCIOUS / UNRESPONSIVE/ SYNCOPE/ FAINTING INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is this the first time today the patient has been unconscious?
Have you or anyone else tried to wake the patient?
Has the patient taken any alcohol, medication or recreational drugs?

If YES: go to **OD/POISONING/INGESTIONS**

Is the patient short of breath or does it hurt to breathe?
Is the patient able to speak in full sentences?
What was the patient doing before they became unconscious?
Did the patient have any complaints before they became unconscious?
What were they?

Fainting

How does the patient act when they sit up?
Is the patient able to respond to you and follow simple commands?
Does the patient have any medical or surgical history?
Does the patient have a medic alert tag?

If YES: What does it say?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

- Unconscious/not breathing normally.
- Multiple fainting (syncopal) episodes (same day).
- Confirmed unconscious / unresponsive.
- Combined drugs and alcohol overdose.
- Fainting associated with: Headache, Chest
- pain/discomfort/palpitations, Diabetic, GI/Vaginal
- Bleeding, Abdominal pain, Sitting/Standing, or
- continued decreased level of consciousness.
- Single fainting if over 50 years.
- Alcohol intoxication, can not be aroused.

- Unconscious, but now conscious without critical
- symptoms.
- Unconfirmed slumped over wheel.
- Conscious with minor injuries.
- Known alcohol intoxication without other drugs,
- can be aroused.
- Near Syncope (fainting) without critical criteria.

GO TO PRE-ARRIVAL INSTRUCTIONS

UNCONSCIOUS / FAINTING (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Have patient lie down.
If patient is vomiting, lay patient on side.
Monitor patient's breathing.
Do not leave patient, be prepared to do CPR.
Gather patient's medications, if possible.
If the patient's condition changes, call me back.

Agonal respirations are often reported as: gasping, snoring, or gurgling barely breathing moaning, weak or heavy occasional.

Brief generalized seizures may be an indication of cardiac arrest.

Go to [EXIT PROTOCOL](#) Guide Card

SHORT REPORT

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

PROMPTS

If unconscious, and breathing go to: **UNCONSCIOUS/BREATHING NORMALLY**

AIRWAY CONTROL - NON-TRAUMA OR AIRWAY CONTROL - TRAUMA

If unconscious, and NOT breathing normally, go to **CPR** for appropriate age group.

ALERTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

COVID 19

Novel Coronavirus - Interim Guidance

For patients who are short of breath/have a fever/are coughing AND travelled outside the Canada/US within the past two weeks, please alert responders that the patient may have a "Possible Infectious Respiratory Illness" and to use contact and respiratory precautions.

If PSAP call takers advise that the patient is suspected of having COVID19 , ADVISE ALL RESPONDERS (Police, Fire, EMS, any others directly or through their dispatch) TO USE P.P.E.

EBOLA

AIRCRAFT TERRORISM

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



GO TO [PRE-ARRIVAL INSTRUCTIONS](#)

AIR MEDICAL PROCEDURE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

ENVIRONMENTAL FACTORS

The time needed to transport a patient by ground to an appropriate facility,
IF OVER 30 MINUTES, poses a threat to the patient's survival and recovery.

- Weather, road, and traffic conditions would seriously delay the patient's access to Advanced Life Support (ALS).
- Critical care personnel and equipment are needed to adequately care for the patient during transport.
- Falls of 20 feet or more.
- Motor vehicle crash (MVC) of 20 MPH or more without restraints.
- Rearward displacement of front of car by 20 inches
- Rearward displacement of front axle.
- Compartment intrusion, including roof: >12 inches occupant site; >18 inches any site.
- Ejection of patient from vehicle.
- Rollover.

- Deformity of a contact point (steering wheel, windshield, dashboard).
- Death of occupant in the same vehicle.
- Pedestrian struck at 20 MPH or more

INDICATORS OF SEVERE ANATOMIC OR PHYSIOLOGIC COMPROMISE

- Unconsciousness or decreasing level of consciousness.
- Systolic blood pressure less than 90 mmHg.
- Respiratory rate less than 10 per minute or greater than 29 per minute.
- Glasgow Coma Score less than 10. Compromised airway.
- Penetrating injury to chest, abdomen, head, neck, or groin.
- Two or more femur or humerus fractures.
- Flail chest. Amputation proximal to wrist or ankle.
- Paralysis or spinal cord injury.
- Severe burns.

GO TO PRE-ARRIVAL INSTRUCTIONS

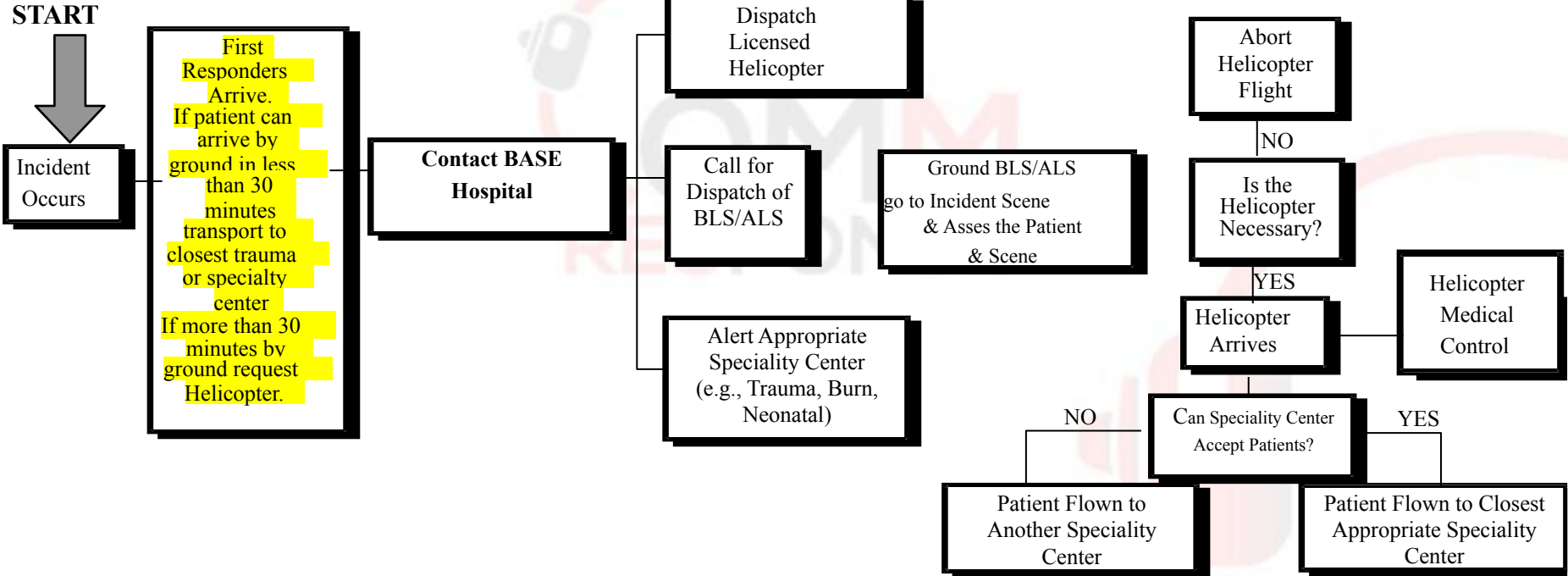
AIR MEDICAL

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL



CARBON MONOXIDE (CO) / INHALATION (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is a CO Detector activated?

Is patient complaining of:
Headache, confusion, weakness, fatigue, nausea,
vomiting or dizziness?

Is patient breathing normally?

If NO: go to **BREATHING PROBLEMS**

Inhalations

What is the name of the inhaled substance?

What is the source of the inhaled substance?

If a commercial property,
Is the MSDS sheet available?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

- CO Detector activation with Critical Symptoms:
- Unconscious/LOC/not breathing normally.
- Decreased level of consciousness.
- Inhalation household cleaners, antifreeze, solvents, methanol, cyanide, or insecticides with difficulty swallowing/breathing.

- Chemicals on patient's skin or clothing, no critical symptoms.
- Third party report, caller not with patient.

GO TO **PRE-ARRIVAL INSTRUCTIONS**

CO / INHALATION (EMD) INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Get patient to fresh air immediately.

If unable to go outside, open all doors and windows.

If the caller is unable to move the patient or open window ask caller to remain outside until help arrives.

Turn off any appliance with an open flame. (heaters, stoves, fireplaces, etc.)

If the patient's condition changes, call me back.

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

CO Detector, Get everyone out of the house.

Consider Poison Control Center

Dispatch Fire Department / HAZMAT per local protocol and proceed to **HAZMAT**

Go to EXIT PROTOCOL Guide Card

CHEMICAL SUICIDE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Caller in Contact with Person

Listen carefully, this could be a very dangerous situation. Do not approach (or touch) the person at all. If it's safe to do so, leave the contaminated area, but not the scene.

Vehicle

Listen carefully, this could be a very dangerous situation. Do not approach or attempt to rescue the person. Stay away from the vehicle and the general area.

Building/Structure

Listen carefully, this could be a very dangerous situation. Do not approach or attempt to rescue the person. If it's safe to do so, leave the building, close the doors behind you, and remain outside.

(COMMERCIAL/INDUSTRIAL/Multi-dwelling)

If it's safe to do so, activate the alarm as you leave to warn others.

Outside

Listen carefully, this could be a very dangerous situation. Do not approach (or touch) the person at all. Let the responders handle it.

ADDITIONAL PRE-ARRIVAL INSTRUCTIONS

Get patient to fresh air immediately.

If unable to go outside, open all doors and windows.

If the caller is unable to move the patient or open window ask caller to remain outside until help arrives.

Turn off any appliance with an open flame. (heaters, stoves, fireplaces, etc.)

If anything changes, call me back.

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

CO Detector, Get everyone out of the house.

Consider Poison Control Center

Dispatch Fire Department / HAZMAT per local protocol and proceed to **HAZMAT**

Go to EXIT PROTOCOL Guide Card

Epinephrine Auto Injector

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

Hold firmly with ***orange/red**** tip pointing downward.
Remove *blue/grey safety cap by pulling straight up.**
Do not bend or twist.

Swing and push *orange/red tip firmly into mid-outer thigh until you hear a “click.”**
Hold on thigh for several seconds.

****Colours vary between manufacturers***



Return to Allergies

HAZMAT INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Where is the emergency?

Actual incident location, direction of travel, best access if applicable:

Are you in a safe location?

If YES: continue questioning.

If NO: advise caller to move to safe location and call back.

What happened?

(Type of hazardous material) Explosion, Odor Complaint, Fire, Air release, Motor Vehicle Accident, Illegal dumping, Leak / Spill, Abandoned container / materials, Other.

Are there any injuries?

IF YES: How many people are injured?

What is the nature of the injuries?

Refer to appropriate medical guidecard or local protocol for MASS CASUALTY INCIDENT.

What is the name and/or ID # of material?

Use [ERG](#) to obtain information about substance.

GO TO PRE-ARRIVAL INSTRUCTIONS

HAZMAT INCIDENTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

If you are not in a safe location, leave the area and call back.

Gather available chemical information.

Deny entry to affected area.

Secure premises, isolate area.

Isolate injured from scene if safely possible.

Notify County and all applicable agencies (NJDEP, Local and/or County OEM, etc.) per local protocol.

Refer to the appropriate medical guidecard or follow local protocol for Mass Casualty Incident

Go to [EXIT PROTOCOL](#) Guide Card

SHORT REPORT

Incident location

Access route

Type of HazMat incident

Number and nature of injuries

Release type

Wind direction

PROMPTS

Amount spilled or released:

State of material: Solid Liquid Gas

Size / Type of container:

Is the release continuous, intermittent, or contained?

Entering a waterway, a storm drain or sewer?

Have personnel been evacuated? YES NO

Are there any emergency responders or HAZMAT trained personnel on the scene?

Is chemical information available for responders? (I.e.: MSDS, Hazardous Substance Fact Sheet.

IF YES: Please have it ready for the emergency responders.

Wind Direction: N S E W (If not available from caller, obtain from weather service)

INFECTIOUS DISEASE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Is the patient complaining of , “fever, headache, tiredness, (can be aroused) cough, sore throat, runny or stuffy nose, body aches, diarrhea or vomiting (more common among children than adults)?

Check breathing: Is the patient short of breath or unable to speak in complete sentences?

Recent Travel: Has the patient traveled outside of their normal area within the last month? If so: Where?

Is there any unusual bleeding from any part of the body?
IF YES: Where?

Does the patient have a rash or blister on their body?
IF YES: Where?

Is the patient sensitive to light?

Check the **ALERT** Card for current conditions.

SIMULTANEOUS ALS/BLS

- Difficulty breathing
- Uncontrolled bleeding
- Decreased level of consciousness

BLS DISPATCH

NO critical symptoms

GO TO **PRE-ARRIVAL INSTRUCTIONS**

INFECTIOUS DISEASE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Don't allow the patient to move about.

Keep the patient isolated.

Prevent additional people from close contact.

Try to obtain names of people who have been in close contact with the patient.

If they are present ask them to remain until emergency services arrive to obtain their information.

Nothing to eat or drink.

Gather patient's medications, if possible.

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history,
if any Other agencies responding

Any dangers to responding units

PROMPTS

Advise ALL responding units (including the initiating agency) of the signs and symptoms of patient and the need for P.P.E.

Check **ALERTS.**

If patient signs and symptoms match those of current ALERT advise responders and follow any protocols indicated.

Go to EXIT PROTOCOL Guide Card

NARCAN / NALOXONE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

Nasal Spray
(3-Piece Syringe)

Nasal Spray
(One Piece)

Auto-Injector

NARCAN / NALOXONE

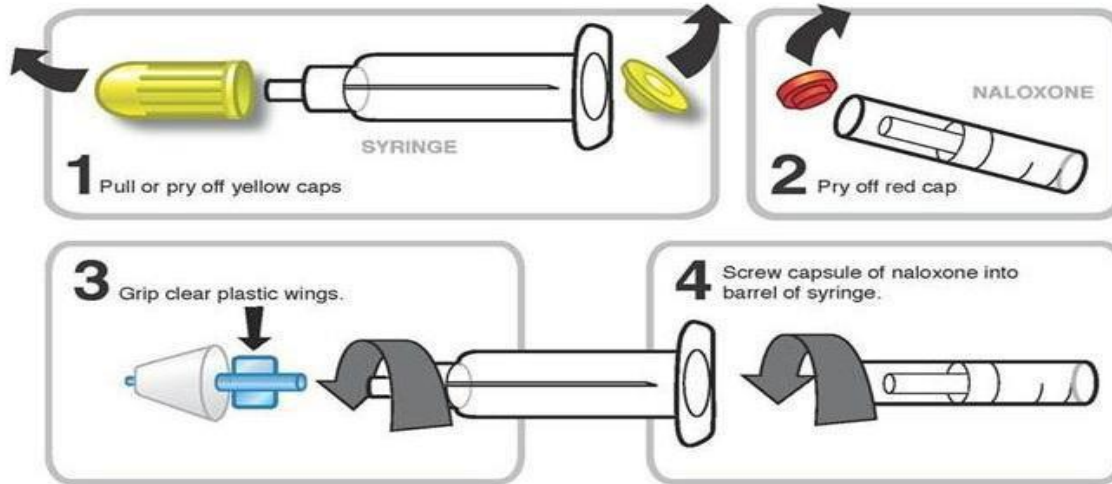
MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

HOW TO GIVE NASAL SPRAY NARCAN



[Return to Types](#)

NARCAN / NALOXONE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.

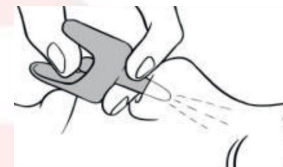
Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.

Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



[Return to Types](#)

NARCAN / NALOXONE

MAIN MENU

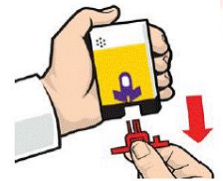
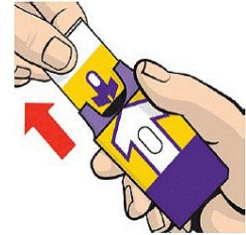
ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

Intramuscular Administration Technique

1. Remove auto injector from outer case.
2. Pull off the safety guard.
3. Place the auto injector firmly against the outer thigh, through clothing, if needed.
- 4: Continue to press firmly and hold in place for 5 seconds.



[Return to Types](#)

TOURNIQUET USE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

Find where the bleeding is coming from and apply **firm, steady pressure** to the bleeding site with bandages or clothing

Tourniquet

If the bleeding doesn't stop, **place** a tourniquet 2-3 inches closer to the torso from the bleeding. (The tourniquet may be applied and secured over clothing.)

Pull the strap through the buckle, **twist** the rod tightly, **clip** and secure the rod with the clasp or the Velcro strap.

Compress Again

If the bleeding still doesn't stop, **place** a second tourniquet closer to the torso from the first tourniquet.

Pull the strap through the buckle, **twist** the rod tightly, **clip** and secure the rod with the clasp or the Velcro strap.

* One type of tourniquet is depicted in the illustrations.



VEHICLE IN THE WATER

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

What kind of water are you in? River, lake or flooded roadway

Is the car sinking?

Can you open the vehicle doors?

If NO: Can you open the vehicle windows?

If NO: go to Pre Arrival Instructions

If the caller is a witness ask if they can relay instructions to occupants of the vehicle.

If so **GO TO PRE-ARRIVAL INSTRUCTIONS**

SIMULTANEOUS ALS/BLS

- Vehicle in water sinking, submerged or stuck in fast moving water.

BLS DISPATCH

Vehicle in still water, not sinking, water not rising.

GO TO PRE-ARRIVAL INSTRUCTIONS

VEHICLE IN THE WATER

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Vehicle in still water:

Open vehicle doors or windows, exit vehicle and wade to shore.

If unable to wade to shore:

Exit vehicle and go to vehicle roof.

Vehicle in water and sinking:

Release your seatbelts and open the windows. If your windows will not open, try to break them. Hit the corner of the window with a key, seat belt buckle or metal headrest post. Exit through the window and get onto the roof of the vehicle.

Vehicle is under the water:

If you are unable to open a window there should be enough air for the minute or two that it will take to prepare to escape. When the car is nearly full of water, take a deep breath and push a door open, you may need to do this with your feet. Exhale slowly as you swim to the surface.

SHORT REPORT

Specific location

Number of occupants

Any dangers to responding units

PROMPTS

If vehicle is sinking or in fast moving water concentrate on getting the occupants out of the vehicle and onto the roof. Once on the roof, verify location.

Consider need for boats, SCUBA or Tactical/Rapid Water Rescue.

Go to [EXIT PROTOCOL](#) Guide Card

COVID-19 PANDEMIC VITAL POINTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

General:

Does the patient have a fever or cough?

If **YES**, notify responders of potentially Highly Infectious Disease symptoms.

LOCAL OPTION: Has the patient traveled to an area with known COVID-19 or has had contact with a patient with COVID-19 in the last two weeks?

If **YES**, notify of potentially Highly Infectious Disease symptoms AND exposure risk.

See PAI.

If **NO**, see appropriate guide card.

COVID-19 PANDEMIC VITAL POINTS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PAI For Caller

- Advise the patient to remain where they are.
- Advise the patient to separate from other persons, if possible.
- Advise the caller (if not patient) to stay at least six feet away from the patient until responders arrive; have all other persons that have been in contact with patient remain where they are, provided it is at least six feet away from the patient.

PAI For Responders (EMS/LE/Fire)

- Advise responders of a concern for Highly Infectious Disease with or without potential exposure history (if known)
- Advise of any scene safety concerns, erratic behavior, flailing, staggering, etc.
- Make responders aware of Highly Infectious Disease concern before arriving on scene so they can don proper personal protective equipment (PPE)
- Always follow Agency SOPs for responder and healthcare facility notification.

FULL Personal Protective Equipment

Follow ALL Agency PPE SOP's

Coronavirus Disease (COVID-19)

- COVID-19 should be considered in anyone with fever and respiratory symptoms that has traveled to an area where COVID-19 is present OR in someone who has had close contact with someone diagnosed with COVID-19.
- Incubation is up to 14 days.

ALERT - EBOLA

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

VITAL POINTS QUESTIONS

Has the patient recently been in contact with anyone that has these symptoms?

Is the patient self-monitoring because they have been exposed to someone with Ebola?

Is the patient having difficulty breathing or short of breath?

Does the patient have a fever?

If a thermometer is available: What is the temperature?

Is the patient sweating or have the chills?

Does the patient have pain or aches in the body?

Does the patient have a headache?

Does the patient have a cough or sore throat?

Does the patient have pains in the abdomen?

Does the patient have diarrhea or vomiting?

Is the patient bleeding from the mouth, nose or any other part of the body?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

- Not breathing/Difficulty breathing
- Uncontrolled bleeding
- Unconscious/Decreased level of consciousness

- No critical symptoms

GO TO PRE-ARRIVAL INSTRUCTIONS

ALERT - EBOLA

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

PRE-ARRIVAL INSTRUCTIONS

Don't allow the patient to move about

Keep the patient isolated

Prevent additional people from close contact

Try to obtain names of people who have been in close contact with the patient

If they are present ask them to remain until emergency services arrive to obtain their information

Nothing to eat or drink Gather patient's medication, if possible

SHORT REPORT

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

PROMPTS

Advise ALL responding units (directly or through their dispatch) of signs and symptoms of patient and the need for P.P.E. NOTIFY LOCAL HEALTH OFFICER OF ALL PATIENTS MEETING THIS CRITERIA.

Go to [EXIT PROTOCOL](#) Guide Card

MENTAL HEALTH RESPONSE

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

Mental Health Response Team (MHRT)-Call with information, verify type of response (call or in-person), times, and responders. Call disposition will reflect MHRT Response. ALWAYS follow agency Policy & Procedures.

Caller Advising:

- Possible suicidal/homicidal thoughts with available weapons: LEO/EMS (Standby)/MHRT
- Attempted suicide/weapons on scene: LEO Response/EMS Response (Standby)
- Possible delusional, off meds/self medicating: LEO/EMS (Standby)/MHRT
- Child/Elderly with mental issues (poss. Injuries): LEO/EMS (Standby)/MHRT
- Initial, violent, break with reality: LEO/EMS (Standby)/MHRT

Caller Advising NON VIOLENT issues:

- Suicidal/homicidal thought no weapons/no action: Mental Health Resp. Team
- Depressed and needs to talk: Mental Health Resp. Team
- Initial, non violent, break with reality: Mental Health Resp. Team
- Child/Elderly with mental issues (W/O Injuries): LEO/MHR Team

MENTAL HEALTH CONTACT LIST

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENTS TYPES

EXIT PROTOCOL

Mental Health Response Contact List Mental Health Response Team (MHRT)-Call with information, verify type of response (call or in-person), times, and responders. Call disposition will reflect MHRT Response. ALWAYS follow agency Policy & Procedures.

- Mental Health Response Team (Adult Division): (insert contact information)
- Mental Health Response Team (Child Division): (insert contact information)
- Crisis Intervention Team:
 - LEO - (insert contact information)
 - EMD - (insert contact information)
- Local Mental Health Facility - (insert contact information)



DEFINITIONS

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENT TYPES

EXIT PROTOCOL

Emergency Condition – Any condition or situation that occurs at an incident, enroute, or returning which may or has caused harm to responders or if not shared to on-scene or arriving responders may cause harm to them or others.

Emergency Traffic (ET) – A voice transmission on the radio from dispatch center or a field unit that is a designation to all units on that designated channel to clear all non-emergency radio traffic allowing the caller of the (ET) the highest priority for radio traffic for sending an emergency traffic voice message and/or to request assistance as needed involving life hazards or pending life threats to responders in any situation. (Command and dispatch center restricted communications mode).

MayDay – A voice transmission declaring an immediate life-threatening situation to a responder.

This is a designation to all units on that designated radio channel to clear all non-emergency radio traffic allowing the caller of the MayDay/ET the highest priority for radio communications. This action allows (MayDay/ET) caller the highest priority for sending an emergency voice message for help and/or to request assistance as needed. Declaring a MayDay will alert incident command staff and the dispatch center of an immediate life threat to unit, crew, or individual in distress.

Priority Traffic – A voice transmission on the radio that is a designation to clear radio traffic if possible and provide the caller with radio access to announce an urgent request or change of conditions that does not involve immediate life hazard to responders. Priority traffic is related to civilian injuries or other situations of an urgent request assistance as needed from dispatch center or the incident commander.

Emergency Button Activation (operating at working incident) – Activation of the Emergency Button (EB) while in an incident will be handled as an emergency traffic alert/MayDay until cleared by Incident Command staff. Emergency button activations automatically open the radio transmitter allowing verbal communications without touching the PTT (based on programming). Notification of an Emergency Button Activation will be made from the dispatch center to the incident commander.

EMERGENCY ALERT TONE

A single eight (8) second steady tone from the dispatch console followed by the Emergency Traffic (ET) Radio Message. The incident commander can request activation of the EA tone at any time as needed to gain the attention of all units on operating channel to issue "Emergency" or "MayDay" messages.



[MAIN MENU](#)

[ALL CALLERS INTERROGATION](#)

[INCIDENT TYPES](#)

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POLICIES AND PROCEDURES

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EXIT PROTOCOL

MAIN MENU

ALL CALLERS INTERROGATION

INCIDENT TYPES

EXIT PROTOCOL

ROUTINE DISCONNECT

If it's safe to do so:

1. Keep all bystanders away from the area.
2. Have someone meet and direct responding units to the scene.
3. Do not approach or enter any hazardous or dangerous areas.
4. I'm going to let you go now.
5. Help is being sent.
6. If anything changes before responders arrive, call us back immediately.

Stay on the line:

Consider staying on the line with the caller (as long as doing so does not threaten or jeopardize the caller's safety in any way)in the following situations.

- Child Callers
- Fire or HAZMAT incidents
- Mass casualty incidents
- Suicide attempts
- Trapped caller or people

URGENT DISCONNECT

1. I need to hand up now (to take another call)
2. If it's safe to do so, keep all bystanders away from the area.
3. Do not approach or enter any hazardous or dangerous areas.
4. If anything changes before responders arrive, call us back immediately.

STAY ON THE LINE

1. I'll stay on the line with you as long as I can.
2. If it's safe to do so, keep all bystanders away from the area
3. Have someone meet and direct responding units to the scene.
4. Do not approach or enter any hazardous or dangerous areas.
5. If anything changes before responders arrive, just let me know.
6. Tell me when the responders get there.