



# Metropolitan Boston Emergency Medical Services Council

SERVING THE 62 CITIES AND TOWNS OF METROPOLITAN BOSTON

## Metropolitan Boston EMS Council After Action Report August 2005

To be completed by the EMS Service after an incident involving five or more responding units or significant medical involvement.

**\*\*\*\*This form may be completed electronically in Adobe Acrobat\*\*\*\***

<b>Date:</b>		<b>Time:</b>		<b>Initial Responder on-scene:</b>			
<b>Incident Location:</b>							
<b>Incident Type:</b>							
<b>Weather</b>		<b>Temp.</b>		<b>Wind : Speed</b> _____		<b>Direction</b> _____	
<b>Conditions:</b>		Rain __ Snow __ Ice __ Fog __ Other __		<b>Other:</b>			
<b>Incident</b>		<b>Initial:</b>		<b>Triage:</b>			
<b>Command:</b>		<b>Subsequent:</b>		<b>Staging:</b>			
<b>Casualty Count:</b>		<b>Priority 1:</b>		<b>Priority 2:</b>		<b>Priority 3:</b>	
<b>Fatalities:</b>							
<b>Facilities</b>		1.		3.			
<b>Involved:</b>		2.		4.			
<b>Key agency representatives on scene</b> (i.e. Mayor, Fire/Police Chief, Hospital Administrator, etc.):							
1.		3.					
2.		4.					
<b>Media on-scene:</b>		1.		2.		3.	
						4.	
<b>Region IV EMS Units Involved</b>				<b>Total Units:</b>			
<b>Ambulances</b>				<b>Other Resources</b>			
<b>Agency</b>	<b>Unit #</b>	<b>Agency</b>	<b>Unit #</b>	<b>Agency</b>	<b>Unit #</b>	<b>Agency</b>	<b>Unit #</b>
						<b>Comms:</b>	
						<b>Comms:</b>	
						<b>Safety:</b>	
						<b>Safety:</b>	
						<b>Other:</b>	
						<b>Other:</b>	
						<b>Other:</b>	
						<b>Other:</b>	
						<b>Other:</b>	
						<b>Other:</b>	
						<b>Other:</b>	



**Systems or Equipment Failure(s):**

**Interagency Relations Issues** (Aiding or limiting response activity):

**Summary:**

**Person Completing** \_\_\_\_\_

**Service** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

This form is to be completed by the EMS agency after any incident involving five or more responding units or significant medical involvement and forwarded as soon as is practical following the incident (by the most rapid means available - e-mail, fax, or overnight mail) to the Region IV EMS office located at 25 B Street Burlington, MA 01803 or by fax 781-272-6967