

Victim Extrication Form



Form used to collect basic information of all victims extricated to be handed to the UC or LEMA as instructed.

E1. Worksite ID	<input type="text"/>	V1. Victim Number	<input type="text"/>
-----------------	----------------------	-------------------	----------------------

The Worksite ID combined with the Victim Number gives a unique reference used to record and track victims.

E2. GPS coordinates of victim location	or	E2. GPS Coordinates Decimal format	<input type="text"/>
		E2. GPS Coordinates Other format	<input type="text"/>

E3. Street address	<input type="text"/>
--------------------	----------------------

G3. Team ID	<input type="text"/>
-------------	----------------------

V2. Date of extrication	<input type="text"/>
-------------------------	----------------------

V3. Time of extrication	<input type="text"/>
-------------------------	----------------------

V4. Other victim information; only if requested by LEMA/UC e.g. name, nationality, gender, age etc.	<input type="text"/>
--	----------------------

Location of the victim:

V5. Floor Level	<input type="text"/>	V6. Position in structure	<input type="text"/>
-----------------	----------------------	---------------------------	----------------------

V7. Level of work needed to extricate victim (mark with an x):

Assist only	<input type="checkbox"/>	Light debris removal	<input type="checkbox"/>	ASR3	<input type="checkbox"/>	ASR4	<input type="checkbox"/>	ASR5	<input type="checkbox"/>
-------------	--------------------------	----------------------	--------------------------	------	--------------------------	------	--------------------------	------	--------------------------

V8. Total time taken for extrication	<input type="text"/>	hrs	<input type="text"/>	mins	<input type="text"/>
--------------------------------------	----------------------	-----	----------------------	------	----------------------

V9. Condition of the victim	Live	<input type="checkbox"/>	Deceased	<input type="checkbox"/>
-----------------------------	------	--------------------------	----------	--------------------------

V10. Injuries of the victim	None	<input type="checkbox"/>	Stable	<input type="checkbox"/>	Critical	<input type="checkbox"/>
-----------------------------	------	--------------------------	--------	--------------------------	----------	--------------------------

V11. Victim handed over to:

Locals/family	<input type="checkbox"/>	Ambulance	<input type="checkbox"/>	Medical team	<input type="checkbox"/>	Field hospital	<input type="checkbox"/>
Helicopter	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Mortuary	<input type="checkbox"/>	Other	<input type="checkbox"/>

V12. Name and contact details of who victim was handed over to:	<input type="text"/>
---	----------------------

V13. Other information (e.g. other teams involved in the extrication)	<input type="text"/>
---	----------------------

Form completed by	Name:	<input type="text"/>	Title/position:	<input type="text"/>
-------------------	-------	----------------------	-----------------	----------------------

Victim Extrication Form

Guidance Notes

E1	Worksite ID: Part 1 is the allocated Sector letter, Part 2 is the number allocated to the Worksite e.g. C-6 If no sector letter is allocated yet then just apply a number.
V1	Victim Number: A number should be allocated for each victim that is extricated from a Worksite, simply use 1 for the first victim, 2 for the second and so on. The Worksite ID combined with the victim number provide a unique identifier for each victim so records and victim tracking is possible.
E2	GPS coordinates of the victim's specific location: Standard GPS format is: Map datum WGS84 If possible use decimal coordinates e.g. Lat ±dd.dddd° Long ±ddd.dddd° If another format is used then use the lower boxes and state clearly on the form the format used.
E3	Street address or local name of the Worksite
G3	Team ID of the team assigned to carry out USAR operations at the Worksite: 3 letter Olympic country code followed by national team number
V2	Date of extrication: the day should be shown as a number, the month as a 3 letter code e.g. JAN, FEB, MAR
V3	Time of extrication: 24hr format, local time
V4	Victims personal information only to be collected if instructed by the UC or LEMA due to patient confidentiality restrictions applicable in affected country or region. Name of victim: If known or indicated by identification information Nationality of victim: If known or indicated by identification information Age of victim: estimate if necessary Gender of victim, male or female
V5	Location of victim, Floor level: State or estimate the floor level the victim was extricated from
V6	Location of victim, Position in structure: indicate whereabouts in the structure the victim was extricated from e.g. kitchen, South east corner.
V7	Level of work needed by the USAR team to extricate victim, preferably referring to
V8	Total time taken for extrication: Hours and minutes
V9	Condition of the victim: mark the relevant box for Live or Dead
V10	Injuries to the victim: mark the relevant box
V11	Victim handed over to: mark the box relating to the person/group the victim is handed
V12	Contact details of who the victim was handed over to as detailed in previous field
V13	Other information: This box can be used to add any other details e.g. other teams involved in the extrication