

COMMUNICATION DURING EMERGENCY

(EMS/Outpatient Chief, please have the following form completed by your team members and provide the Command Center with a completed copy.):

Position	Name	Phone Number	Fax Number	Beeper Number
EMS/Outpatient Chief				
Emergency Medical Services Director (Nursing)				
Triage Leader				
Emergent Leader				
Urgent Leader				
Transportation Leader (Patient – In House)				
Ambulatory Care Services Director				

