**Survey Questions**

Prehospital Preparedness for Major Incidents in Sweden, a national survey with focus on Mass Casualty Incidents

Originally posed in Swedish.

1. **Within which region do you operate?**
2. List of all 21 Swedish regions.
3. **Within which prehospital branch are you active?**
4. Ambulance Care
5. Police
6. Military
7. Rescue Services
8. Regional Preparedness Role
9. Hospital Care
10. Priority and Routing Service
11. **In which municipality or city are you mainly active?**
12. Text response
13. **Please specify your current professional role.**
14. Text response
15. **Which professional group(s) staffs the regional role of Regional Officer in Standby (ROS/TiB) in your region?**
16. Medical Doctor (Provide Specialty in text)
17. Medical Doctor, Non-Specialist
18. Nurse, Specialist (Provide Specialty)
19. Nurse, Non-specialist
20. Other profession (Specify in text)
21. Do not know
22. **Are there any special educational or training requirements to serve as Regional Officer in Standby in your region?**
23. Yes (specify)
24. No
25. Do not know
26. **Who is tasked with making decisions about the preparedness level for the region's hospitals?**
27. Regional Officer in Standby
28. Responsible individual at each hospital
29. Other function(s) (specify)
30. Regional Officer in Standby together with Regional Medical Command
31. Do not know
32. **Which function can activate the Regional Medical Command in your region?**
33. Chief physician at regional level
34. Regional Officer in Standby
35. Other function(s) (specify)
36. Do not know
37. **How often do you practice together with the Regional Medical Command (RMC) in your region?**
38. The RMC regularly exercises with prehospital units (specify when last exercise was conducted)
39. The RMC rarely exercises with prehospital units (specify when last exercise was conducted)
40. Other (specify)
41. Do not know
42. **Describe how well you think the following statement is consistent with the RMC in your region; the RMC is ready to carry out its mission to lead and coordinate medical care in the event of a special event (if you cannot answer, skip the question)**
43. 1 (not accurate) – 10 (very accurate)
44. **Describe how well the following statement is consistent with the RMC in your region; During the COVID-19 pandemic, the RMC has become clearer in its function as a leader and coordinator of the region's healthcare resources (if you cannot answer skip the question)**
45. 1 (not accurate) – 10 (very accurate)
46. **Has your organization or region practiced by simulating a Major Incident or disaster? (Multiple choices are possible)**
47. Yes, management and collaboration exercises
48. Yes, simulations with injury markers or fictious patient cases (simulation with patient cases)
49. Yes, combined management and collaboration exercises and simulation with patient cases
50. Yes, management and collaboration exercises together with other prehospital actors
51. Yes, combined management and collaboration exercises and simulation with patient cases together with other prehospital actors
52. Other exercises (specify)
53. No exercises conducted
54. Do not know
55. **When was the last management and cooperation exercise carried out?**
56. Less than 6 months ago
57. Less than 1 year ago
58. Less than 2 years ago
59. Less than 3 years ago
60. More than 3 years ago
61. Never conducted
62. Do not know
63. **Which actors are involved in command and collaboration exercises for a Major Incident or disaster? (Multiple choices are possible)**
64. Regional Medical Command (RMC)
65. RMC and participants from the Police
66. RMC and participants from the Rescue Services
67. RMC and participants from both the Police and Rescue Services
68. Other (specify)
69. Do not know
70. **When was the last patient case simulation exercise conducted?**
71. Less than 6 months ago
72. Less than 1 year ago
73. Less than 2 years ago
74. Less than 3 years ago
75. More than 3 years ago
76. Never conducted
77. Do not know
78. **Which professions participated in conducted simulation exercises with patient cases? (Multiple choices are possible)**
79. Ambulance Personnel
80. Hospital Doctors
81. Prehospital Doctors
82. Hospital Nurses
83. Prehospital Nurses
84. Assistant Nurses
85. Police Officers
86. Personnel from the Rescue Services
87. Other (specify)
88. **What scenarios have occurred in simulation exercises with patient cases? (Multiple choices are possible)**
89. Fire
90. Explosion
91. Transport Accident
92. Chemical Accident
93. Radionuclear Incident
94. Active Shooter Situation
95. Ongoing Deadly Violence with sharp object
96. Other (specify)
97. Do not know
98. **How many local exercises through the simulation of a Major Incident or disaster scenario after a terrorist attack have been carried out in the last 5 years?**
99. Text response
100. **How many regional exercises through the simulation of a Major Incident or disaster scenario after a terrorist attack have been carried out in the last 5 years?**
101. Text response
102. **Are there local routines for structured follow-up after a Major Incident with several injured people?**
103. Yes
104. No
105. Do not know
106. **If you responded “yes” to Question 20, explain briefly how such follow-up takes place.**
107. Text answer
108. **Is there a designated function with responsibility for evaluation and improvement work after a Major Incident with several injured patients? (Briefly describe)**
109. Text answer
110. **Which organization is responsible for directing ambulances in the event of a Major Incident with multiple casualties?**
111. Prioritization and routing service (alarm operator)
112. Regional Medical Command
113. Other (specify)
114. Do not know
115. **Which function within the prioritization and routing service has the task of working to ensure that the region's disaster medical preparedness plan is activated when incoming alarm calls indicate that one may exist?**
116. Text answer
117. **Which regional function has the primary responsibility for coordinating with the prehospital functions of neighboring regions when deemed necessary?**
118. Prioritization and routing service (alarm services)
119. Regional Medical Command
120. Other (specify)
121. Do not know
122. **Does your organization have a local emergency medical preparedness plan?**
123. Yes
124. No
125. Do not know
126. **Is the local disaster medical preparedness plan adapted to the region's disaster plan?**
127. Yes
128. No
129. Do not know
130. **What scenarios are included in the medical contingency plan that you use?**
131. Fire
132. CBRN (Chemical, Biological, Radiological and Nuclear) Events
133. Epidemic
134. Evacuation of building
135. Hypothermia
136. Infrastructure disruptions
137. Inhalation injuries
138. Mass Casualty Incidents
139. Natural disasters
140. Network disruptions, electricity, IT and telephony
141. Psychological Trauma Support
142. Security threats
143. Terror attack
144. Water shortage
145. Armed attack
146. Ongoing deadly violence/Active shooter situation
147. Other (specify)
148. The used medical contingency plan does not contain specific scenarios
149. Do not know
150. **Who is responsible for updating your medical contingency plan?**
151. Chief physician at regional level
152. Ambulance Consultant Physician
153. Other (specify)
154. Do not know
155. **When was your medical contingency plan last updated?**
156. It is updated annually
157. Less than 1 year ago
158. 1 – 2 years ago
159. More than 2 years ago
160. Do not know
161. **Who should read the medical contingency plan (choose the option that best fits)?**
162. We do not have guidelines for who must know the medical contingency plan
163. It is up to each employee to read the medical contingency plan when necessary
164. All new employees should read the medical contingency plan
165. Other (specify)
166. Do not know
167. **How is it checked that the emergency medical preparedness plan is known amongst the employees? (Choose the one that fits best)**
168. Trust
169. Web-based education
170. Collective review
171. No control needed
172. Yearly controls through tests
173. Do not know
174. **Has your organization activated the medical contingency plan for events with multiple casualties? (Multiple options are possible)**
175. Yes, in the last 2 years
176. Yes, between 2 to 5 years ago
177. Yes, more than 5 years ago
178. No, never
179. Do not know
180. **Should your organization use action cards for relevant functions in an event with multiple casualties?**
181. All functions have action cards, and they are known and must be used
182. Some functions have action cards
183. No functions have action cards
184. Do not know
185. **Which functions have action cards to be used in the medical contingency plan? (Multiple options are possible)**
186. Medical Incident Commander (MIC)
187. Medically Responsible Individual (MRI)
188. Prehospital on-site leadership unit (MIC and MRI)
189. Coordinator of ambulance transport
190. Individual responsible for a sector of the injury site (*Swedish: Sektorledare*)
191. Medical personnel supporting the on-site medical intervention (*Swedish: Sjukvårdsstab*)
192. Other (specify)
193. Do not know
194. **Does your organization use an established triage system for primary triage at injury sites with multiple casualties?**
195. Yes (specify)
196. No
197. Do not know
198. **Does your organization use an established triage system for secondary triage at injury sites with multiple casualties?**
199. Yes (specify)
200. No
201. Do not know
202. **Who should hold the role as Medical Incident Commander (MIC, Swedish: *Sjukvårdsledare*) at the injury site?**
203. Nurse in first arriving ambulance
204. Other profession in first arriving ambulance
205. First Physician on the scene
206. Other (specify)
207. Do not know
208. **Who should hold the role as Medically Responsible Individual (MRI, Swedish: *Medicinskt Ansvarig*) at the injury site?**
209. Nurse in first arriving ambulance
210. Nurse in specialized leadership unit
211. Other profession in first arriving ambulance
212. First Physician on the scene
213. Other (specify)
214. Do not know
215. **Which function has the task of cooperating with the commander of the rescue services and police at the injury site?**
216. Medical Incident Commander (MIC)
217. Medically Responsible Individual (MRI)
218. Individual responsible for a sector of the injury site (*Swedish: Sektorledare*)
219. MIC and MRI
220. Other (specify)
221. Do not know
222. **Which function makes medical strategic decisions at the injury site?**
223. Medical Incident Commander (MIC)
224. Medically Responsible Individual (MRI)
225. MIC and MRI
226. Individual responsible for a sector of the injury site (*Swedish: Sektorledare*)
227. Other (specify)
228. Do not know
229. **Which function makes organizational decisions at the injury site regarding the healthcare intervention?**
230. Medical Incident Commander (MIC)
231. Medically Responsible Individual (MRI)
232. MIC and MRI
233. Individual responsible for a sector of the injury site (*Swedish: Sektorledare*)
234. Other (specify)
235. Do not know
236. **Which function at the injury site is responsible for distributing injured patients to the respective hospitals?**
237. Medical Incident Commander (MIC)
238. Medically Responsible Individual (MRI)
239. A combination of the functions mentioned above (specify)
240. Other (specify)
241. Do not know
242. **If a larger injury site is divided into smaller sectors, which function has the task of distributing arriving healthcare resources between the sectors?**
243. Medical Incident Commander (MIC)
244. Medically Responsible Individual (MRI)
245. Other (specify)
246. Do not know
247. **What level of medical training does that function have? (Referring to Question 44)**
248. Text response
249. **Which agency is responsible for deciding whether medical care can be provided at the scene in case of suspicion of an ongoing attack with possible danger to the rescue and health care personnel according to your organization’s routine?**
250. Health Care
251. Police
252. Joint decision between two or more agencies on site
253. Other (specify)
254. Do not know
255. **Does the medical contingency plan used by your organization contain a written routine for how you should act if you, as a healthcare professional, are the first to arrive on site in the event of a suspected terrorist attack?**
256. Yes
257. No
258. Do not know
259. **Is one or more amongst the personnel of your organization trained in tactical prehospital healthcare (TEMS or similar)?**
260. Yes (specify)
261. No
262. Do not know
263. **Is one or more amongst the personnel of your organization specially trained in in the primary treatment of catastrophic bleeding? (Ex: "Stop the bleeding" or similar)**
264. Yes (specify)
265. No
266. Do not know
267. **How many tourniquets do you have with you in an ambulance, emergency service vehicle or similar?**
268. Text response
269. **Do you conduct special training courses to improve communication during Major Incidents?**
270. Yes (specify)
271. No
272. Do not know
273. **Does your organization have an established communication system to be used for prehospital communication between management functions?**
274. Yes (specify)
275. No
276. Do not know
277. **Does your organization have any established and tested communication systems if the primary communication tool does not work?**
278. Yes (specify)
279. No
280. Do not know
281. **Are there principles for how the primary report (windscreen report) should be submitted from the injury site?**
282. Yes, METHANE
283. Yes, other (specify)
284. No
285. Do not know
286. **Rate how important you think exercises and simulations are to improve prehospital medical preparedness for Major Incidents within your region?**
287. 1 (not important) – 10 (very important)
288. **Rate how important you think improved emergency stocks are to improve prehospital medical preparedness for Major Incidents within your region?**
289. 1 (not important) – 10 (very important)
290. **Rate how important you think improved communication is to improve prehospital medical preparedness for Major Incidents within your region?**
291. 1 (not important) – 10 (very important)
292. **Rate how important you think an enhanced leadership structure is to improve prehospital medical preparedness for Major Incidents within your region?**
293. 1 (not important) – 10 (very important)
294. **Rate how important you think increased collaboration between different prehospital actors is to improve prehospital medical preparedness for Major Incidents within your region?**
295. 1 (not important) – 10 (very important)
296. **Rate how important you think increased civil-military collaboration is to improve prehospital medical preparedness for Major Incidents within your region?**
297. 1 (not important) – 10 (very important)
298. **Rate how important you think increased international exchange with prehospital actors is to improve prehospital medical preparedness for Major Incidents within your region?**
299. 1 (not important) – 10 (very important)
300. **Rate how important you think prehospital emergency medicine and preparedness research and development is to improving medical preparedness for Major Incidents within your region?**
301. 1 (not important) – 10 (very important)
302. **Is there anything else that is important to focus on in order to improve prehospital medical preparedness for Major Incidents? (Briefly describe)**
303. Text answer
304. **Is there anything else you would like to add?**
305. Text answer