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| **1. Evénement** | | | | | | | | | | | | |
| **Titre générique : (par ex. AVP H20 Boudevilliers dir CDF)** | | | | | | | | | | | | |
| **Date de la mission :** | | | | | | | | **Lieu :** | | | | |
| **Ambulancier Chef des secours (ACS)** | | | | | | | | **Nom :** | | | | |
| **Médecin Chef des secours (MCS)** | | | | | | | | **Nom :** | | | | |
| **Type d’événement :** (naturel, technologique, sociétal, …) | | | | | | | | | | | | |
| **Caractéristique de l’événement** : (localisation, intensité, éléments en cause, …) | | | | | | | | | | | | |
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| **2. Chronologie de l’intervention** | | | | | | | | | | | | |
|  | | | ACS | | | | | | | MCS | | |
| **Heure d’alarme** | | |  | | | | | | |  | | |
| **Heure de départ pour le site** | | |  | | | | | | |  | | |
| **Heure de la jonction ACS-MCS** | | |  | | | | | | | | | |
| **Heure d’arrivée sur le site** | | |  | | | | | | |  | | |
| **Heure de départ du site (fin de mission)** | | |  | | | | | | |  | | |
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| **3. Alarme** | | | | | | | | | | | | |
| **Mots clé (message pager / SMS)** | | |  | | | | | | | | | |
| **Complément d’information (via 144)** | | |  | | | | | | | | | |
| **Moyens d’acheminement** | | | **ACS :** | | | | | | | | | |
|  | | | **MCS :** | | | | | | | | | |
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| **4. Bilan initial, à l’arrivée sur place (nb de blessés\* / impliqués\*\*, situation, moyens)** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **\*Blessés = personnes présentant des blessures/lésions devant être prises en charge par la filière médicale**  **\*\*Impliqués = toutes les personnes concernées directement par l'événement, y compris les personnes blessées** | | | | | | | | | | | | |
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| **5. Intervenants sanitaires** | | | | | | | | | | | | |
|  | | Nom | | | | Prénom | | | Service | | | |
| **Ambulancier Leader I** | |  | | | |  | | |  | | | |
| **Pré-triage I** | |  | | | |  | | |  | | | |
| **Pré-triage II** | |  | | | |  | | |  | | | |
| **Evasan** | |  | | | |  | | |  | | | |
| **Chef PMA** | |  | | | |  | | |  | | | |
| **Médecin Chef PMA** | |  | | | |  | | |  | | | |
| **Autre** | |  | | | |  | | |  | | | |
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| **6. Moyens sanitaires engagés** | | | | | | | | | | | | |
| **Ambulances** | | 257 | | | | | | | | | | |
| **Médicalisation** | |  | | | | | | | | | | |
| **Autre** | |  | | | | | | | | | | |
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| **7. Intervenants non-sanitaires (cadres de conduite)** | | | | | | | | | | | | |
|  | | Nom | | | | | Prénom | | Service | | | |
| **Police cantonale** | |  | | | | |  | |  | | | |
| **Police municipale** | |  | | | | |  | |  | | | |
| **Pompiers** | |  | | | | |  | |  | | | |
| **SEVEN** | |  | | | | |  | |  | | | |
| **Autre** | |  | | | | |  | |  | | | |
| **Autre** | |  | | | | |  | |  | | | |
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| **8. Chronologie de l’intervention (éléments clés)** | | | | | | | | | | | | |
| Heure | Evénement | | | Réponse – Décision | | | | | | | | Quittance - Exécution |
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| **9 a . Evacuation - Transport** | | | | **9 b. Evacuation - Destination** | | | | | | | | |
| **Par ambulance(s) :** **nombre** | | | | **CHUV :** | | | | | | | | |
| **Par hélicoptère(s) :** | | | | **Hôpital (****) :** | | | | | | | | |
| **Par autre(s) moyen(s) :** | | | | **Hôpital (****) :** | | | | | | | | |
|  | | | | **Autre(s) (     ) :** | | | | | | | | |
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| **10. Bilan sanitaire final** | | | | | | | | | | | | |
| **Pré-triage Urgent :** | | | | **Pré-triage non-urgent:** | | | | | | | | |
| **Cat. I :** | | | | **Cat. II :** | | | | | | | | |
| **Cat. III :** | | | | **Cat. IV :** | | | | | | | | |
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| **11. Actions complémentaires** | | | | | | | | | | | | |
| **Rencontre avec les médias** | | | | | Oui | | | | | | Non | |
| **Si oui, description (interview, presse écrite, TJ) :** | | | | | | | | | | | | |
| **Débriefing avec les intervenants** | | | | | Oui | | | | | | Non | |
|  | | | | | Sur site | | | | | | A planifier | |
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| **12a Commentaires** | | | | | | | | | | | | |
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| **12b Points forts** | | | | | | | | | | | | |
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| **12c Points à améliorer** | | | | | | | | | | | | |
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| **Lieu :** | | | **Date :** | | | | | | | | | |
| **Signature ACS :** | | | **Signature MCS :** | | | | | | | | | |

Rapport à transmettre : [COMUP@ne.ch](mailto:COMUP@ne.ch) dans un délai de 10 jours à partir de la fin de l’événement.