**Southeast EMS MCI Planning Survey**

1. What is your total staffing? \_\_\_\_\_\_\_\_\_\_\_\_

Administrative Personnel (Full-time staff) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Staff (Paramedic)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Staff (EMT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Staff (EMR/1st Responder)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are there satellite facilities (sub-stations) associated with your service? Yes No

If yes, describe:

3. What are the total staffing levels of your satellite facilities (sub-stations)? \_\_\_\_\_\_\_\_\_\_\_\_

Administrative Personnel\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you currently have a Mass Casualty Incident (MCI) Plan? Yes No

5. If you have a plan, where is it housed (local, county, state, other) and what is the current

 date of the plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the last review date? \_\_\_\_\_\_\_\_\_\_\_\_\_ (if you are unsure, please identify)

How often is it reviewed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if you are unsure, please identify)

 When was your agency/county MCI plan last exercised?

Functional drill \_\_\_\_\_\_\_\_\_\_\_ Table-top exercise \_\_\_\_\_\_\_\_\_\_\_

 I am able to provide a copy of the plan yes, enclosed with survey no

6. Does your agency/county MCI plan consider the National Planning Scenarios and local Hazard Vulnerability Analysis results? Yes No Unsure

7. Does your county have a Disaster Planning Committee?

If so, so you participate in it? Yes No

If so, Is it multidisciplinary?

Who are the members?

8. List any county dispatched first-response groups your agency works with on scene: (Include and Identify, Fire Departments, Medical Response Units, or 1st Responder Agencies)

(Example: ABC Fire Department – Fire Service Only, XYZ 1st Responders, LMN Fire – Medical 1st response, extrication, fire response)

9. How often do you train with the local first response agencies?

 \_\_ Once a year (Fire Department – First Responder Agency – these are the same)

 \_\_ More than once a year (Fire Department – First Responder Agency – these are the same)

 \_\_ other (describe)

10. Does your agency incorporate the use of the Incident Command System? Yes No

11. Does your agency state they are NIMS compliant in a written document? Yes No

 If so how?

12. Do you have a Physician/Medical Director? Yes No Unsure

13. Do you have a Memorandum of Understanding (MOU) / Mutual Aid Agreement with nearby transport agencies? Yes No Unsure

Do you have a Memorandum of Understanding (MOU) / Mutual Aid Agreement with nearby 1st Response agencies? Yes No Unsure

14. Are all staff provided initial and continuing or periodic indoctrination or training in the agency’s roles and responsibilities in an MCI? Yes No Unsure

15. Does your agency have a person in charge of an MCI training program? Yes No Unsure

16. Do you conduct interagency training and joint exercises related to MCI? Yes No

If yes, when was the last exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 With whom?

17. Do you incorporate “lessons learned” into your response plans and implement them?

Yes No Unsure

18. Do you currently have readily available PPE for staff based upon identified hazards?

 Yes No Unsure

If so, what type?

19. Can you provide healthcare services while wearing PPE? Yes No Unsure

20. Have the staff been trained in the use of PPE, been properly fitted, and know the storage location of PPE? Yes No Unsure

21. Does your PPE meet OSHA standards? Yes No Unsure

22. Does the agency currently have an established stockpile of supplies and medications to support the anticipated number of casualties resulting from an MCI event?

Yes No Some Unsure

 If no/some. Where does the agency expect to receive necessary supplies and medications?

If yes/some: List the items in the stockpile and number of patients the stockpile should be able to serve:

23. Are MCI related expiration dated supplies rotated with operational material to ensure serviceability of all materials? Yes No Unsure N/A

24. Is there a system in place to distribute and dispense such supplies and medications?

 Yes No Unsure N/A

25. Is there a plan for the mass prophylaxis of agency employees and their families?

 Yes No Unsure

What personnel have priority?

26. Are local suppliers of medical equipment and pharmaceuticals identified?

Yes No Unsure

27. Are there provisions for suppliers outside of the immediate area for prolonged events or incidents with an extreme number of victims? Yes No Unsure

28. Do you have provisions to utilize the National Pharmaceutical Stockpile?

Yes No Unsure

What is the procedure for doing so?

29. Does your agency have plans outlined how patients can be transported if/when local hospital(s) may be under lockdown? (How are you notified is a hospital is on divert?)

Yes No Unsure

30. Does your facility have an emergency power generator? Yes No Unsure

31. Can you monitor for chemical or radiological contamination? Yes No Unsure

 What type of detectors do you have/use?

How many?

Who are trained to use them?

When they were last tested/calibrated?

32. Does your agency participate currently in a disease surveillance program?

Yes No Unsure

33. Do you have a reporting procedure to follow if an increased number of certain symptoms, illnesses, etc. is identified in your patients? Yes No Unsure

34. Do you have a recall procedure for an MCI? Yes No Unsure

How are personnel recalled?

35. Do you have a designated spokesperson or agency responsible for responding to media requests? Yes No Unsure

36. Have you established information guidelines on the release of medical information?

 Yes No Unsure

37. Has your agency established an incident management plan for working with other organizations and local agencies? Yes No Unsure

38. What agency has the MCI/Disaster Control Command function?

Where is the command center located?

How do you contact the command center?

39. Has your agency established communication networks with the local healthcare providers and first responders? Yes No Unsure

40. With local Emergency Management Agencies? Yes No Unsure

41. Is there a plan in case communication systems are overloaded and rendered unusable?

Yes No Unsure

42. In case of cut off from communication and normal supply channels, who is in charge of the following?

Auxiliary power

Food & water

Waste & Garbage disposal

Rest and rotation of staff

Conservation of medication & supplies

43. What method of triage is used by the staff in an MCI?

44. Does your agency have capability to conduct patient decontamination?

Yes No Unsure

If yes: What method is used to verify the patient is decontaminated?

If no: Who would perform decontamination before transport?

45. Do you have an MCI patient tracking system? Yes No Unsure

46. Have EMS personnel been trained in tactical EMS, HAZMAT situations?

Yes No Unsure

47. Do you conduct exercises to practice decontamination procedures and guidelines?

Yes No Unsure

If so, when were these procedures last exercised? \_\_\_\_\_\_\_\_\_\_\_\_\_

48. Do you have a procedure for the collection and safeguarding of victims' valuables and securing evidence? Yes No Unsure

49. In your own words, please describe the readiness of your agency for an MCI. What are your concerns about your existing plans, training or equipment? What are you especially proud of?