



HPP EMS Needs Assessment Survey 2015-2016

Purpose of Survey

The following survey is being conducted to meet the federal requirements of the Health and Human Services (HHS) Emergency Preparedness Program and to assist the Louisiana Bureau of EMS in the assessment of EMS services throughout the state. A completed survey must be submitted through Survey Monkey by March 31, 2016.

EMS providers that do not submit a completed survey will not be eligible to receive HHS grant funds. The Bureau of EMS encourages all Louisiana EMS providers, even those not accepting grant funds, to submit a completed survey.

Please contact the HPP Grant Staff at (225) 927-1228 with questions about this survey.

IMPORTANT
Use Survey Monkey to submit online.
Link is available at www.lha-foundation.org



HPP EMS Needs Assessment Survey 2015-2016

Provider Information

* 1. Is your provider a 2015-2016 HPP Grant recipient?

Yes

No

* 2. Formal EMS Provider Name (as on file with DHH Health Standards)

* 3. National Provider ID #

* 4. Louisiana Provider ID # (seven digit # provided by DHH Health Standards)

* 5. Provider's Physical Address and Main Phone Number

Address

City / Town

State / Province

ZIP / Postal Code

Phone

* 6. Provider's Home Parish

* 7. Provider's Home DHH Region

* 8. Survey Coordinator/Grant Manager completing survey

Name

Email

Phone

* 9. Provider Director/Administrator

Name

Email

* 10. Disaster Preparedness and Response Point of Contact

Name

Email

Cell Phone

* 11. Provider Medical Director

Name

Email

* 12. Is the Medical Director affiliated with a local Parish Medical Society?

Yes

No

Not sure

* 13. What Parishes do you provide Primary 911 services?

* 14. What Parishes do you provide Back-up 911 or Non-Emergency Ambulance transportation services?

15. What Parishes do you provide Wheelchair/Van/Ambulatory transportation services?

* 16. Type of Service?

- Private
- Public EMS (Non-Fire)
- Hospital Service District
- Fire Department/EMS

* 17. Provider Services (Check ALL that apply)

- 911 ALS Transport
- 911 BLS Transport
- Non-Emergency ALS Transport
- Non-Emergency BLS Transport
- Wheelchair/Van/Ambulatory Transport
- Air Ambulance (Rotorwing)
- Air Ambulance (Fixed Wing)
- Ground Critical Care Transport
- Neonate Transport
- EMS Rescue/Extrication Service
- Tactical EMS Service
- Community Paramedicine Program
- Other (please specify)

* 18. Average number of Staffed Ambulances worked per day (24 hour period)

* 19. Annual average number of emergency calls for service

* 20. Annual average number of emergency ambulance transports for service

* 21. Annual average number of non-emergency ambulance transports for service

* 22. Annual average number of wheelchair/van/ambulatory transports for service

* 23. Annual average number of total patient contacts



HPP EMS Needs Assessment Survey 2015-2016

Healthcare System Preparedness

* 24. Is your service NIMS compliant?

Yes

No

* 25. Have all operations staff successfully completed FEMA IS courses 100, 200, 700 and 800?

Yes

No

* 26. Have all supervisory staff successfully completed FEMA IS courses 300 and 400?

Yes

No

* 27. Has your service participated in a Regional Hazard Vulnerability Analysis in the past 12 months?

Yes

No

Not sure

* 28. Do you provide Disaster Response/MCI Training to your responders?

Yes

No

* 29. BEMS has established priority training areas for EMS preparedness (listed below). Indicate which of these training areas your organization's staff can demonstrate proficiency. **Select all that apply.**

- HazMat and CBRNE (i.e., AHLS - Advanced Hazmat Life Support)
- Interagency Collaboration (i.e., MAC Training, IMT, ICS-Advanced)
- Active Shooter (i.e., TECC)
- Incident Management Team, Incident Command, Unified Command (i.e., Ambulance Strike Team Leadership (ASTL))
- Levels of Personal Protective Equipment (PPE) Application (i.e., NCBRT, 62nd CST Course)
- Other (please specify)

* 30. For the training areas selected above, please indicate what documentation of compliance is available. **Select all that apply.**

- Training Rosters
- Course Completion Certificates
- Other (please specify)

31. Please list any other trainings that you feel is a need in your area but not offered (i.e. Mass fatality, Active shooter response, etc.)



HPP EMS Needs Assessment Survey 2015-2016

Healthcare System Preparedness

* 32. Does your agency attend regional healthcare coalition meetings and participate in other regional readiness activities, such as exercises or training events?

Yes

No



HPP EMS Needs Assessment Survey 2015-2016

Healthcare System Recovery

* 33. Does your service have a written Standard Operating Procedure (SOP) for re-opening of service after a disaster?

- Yes
- No
- Not sure

* 34. Does your service have a written Continuity of Operations Plan (COOP)?

- Yes
- No
- Not sure



HPP EMS Needs Assessment Survey 2015-2016

Emergency Operations Coordination

* 35. Does your service participate in Local/Regional Emergency Planning Activities with local Emergency Management Offices?

- Yes
- No
- Not sure



HPP EMS Needs Assessment Survey 2015-2016

Information Sharing

* 36. Does your service have radio communication channels to speak to the following entities? (choose ALL that apply)

- Hospitals
- Law Enforcement
- Fire/Rescue
- EMS Mutual Aid
- Local and State Public Health
- Coroners Office
- Federal Agencies
- Other (please specify)

* 37. The Bureau of EMS has established a standard that each unit/vehicle licensed and operated by your organization should have a fixed, mobile or hand-held 700 MHz radio compatible with the LWIN system and programmed with the State Bureau of EMS fleet map. Please provide the number of vehicles below:

Number of units/vehicles with radios meeting this standard.

Number of units/vehicles that do NOT have radios to meet this standard.

* 38. Do you currently utilize Electronic Patient Care Records?

- Yes
- No

39. What vendor do you use?

* 40. Do you currently utilize the Louisiana Emergency Response Network (LERN) Call Center to assist with notifications and/or patient destination coordination?

Yes

No

* 41. Is it mandatory (i.e. written into your agency protocols) that LERN be utilized?

Yes

No

* 42. Do you currently report any Stemi, Stroke, or Trauma case data to LERN?

Yes

No

* 43. Do you conduct any Post-Cardiac Arrest case analysis?

Yes

No



HPP EMS Needs Assessment Survey 2015-2016

Medical Surge

Please indicate for each item below, how much your service has in stock beyond what is used in daily operations.

Note: HPP Grant Recipients should document surge equipment purchased using grant funds.

* 44. Please list quantities of the following:

Additional AED's	<input type="text"/>
Additional Cardiac Monitors/Defibrillators	<input type="text"/>
Additional Long Spine Boards	<input type="text"/>
Bariatric Stretchers in service	<input type="text"/>
Additional Stair Chairs	<input type="text"/>
Additional Oxygen Tanks - Portable (E Cylinder or less)	<input type="text"/>
Additional Oxygen Tanks - Large (M Cylinder type)	<input type="text"/>
Additional Portable Ventilators	<input type="text"/>
Additional CPAP Devices	<input type="text"/>
Additional Portable IV Pumps	<input type="text"/>
Additional MCI tags	<input type="text"/>
Other	<input type="text"/>

* 45. Do you have written mutual aid agreements with other providers to assist in the event of a multiple patient incident?

- Yes
- No

* 46. Do you have written plan for transport of a suspected Ebola or Emerging Infectious Disease patient?

- Yes
- No
- Not Sure

47. If you answered YES, indicate all of the planning areas included in your plan. (Select all that apply.)

- Designated ambulance (vehicle) for transport of a **suspected** Ebola patient or Person Under Investigation (PUI).
- Plan to protect ambulance surfaces (with visqueen, etc.) for transport of a **suspected** Ebola patient or PUI.
- Designated staff who are trained to transport a **suspected** Ebola patient or PUI.
- Designated staff who are trained to transport a **confirmed** Ebola patient or PUI.
- Training and exercise plan to ensure safe use of Personal Protective Equipment (PPE) when caring for a **confirmed** Ebola patient.
- Clinical management plan to provide treatment and transportation of a **confirmed** Ebola patient.
- Process to coordinate with DHH/OPH when transport of a **suspected or confirmed** Ebola patient is requested.
- Process for compliant **collection, storage and disposal of Ebola-contaminated waste** .
- Other (please specify)

48. If you answered NO, indicate areas where you need additional guidance. (Select all that apply.)

- Designated ambulance (vehicle) for transport of a **suspected** Ebola patient or Person Under Investigation (PUI).
- Plan to protect ambulance surfaces (with visqueen, etc.) for transport of a **suspected** Ebola patient or PUI.
- Designated staff who are trained to transport a **suspected** Ebola patient or PUI.
- Designated staff who are trained to transport a **confirmed** Ebola patient or PUI.
- Training and exercise plan to ensure safe use of Personal Protective Equipment (PPE) when caring for a **confirmed** Ebola patient.
- Clinical management plan to provide treatment and transportation of a **confirmed** Ebola patient.
- Process to coordinate with DHH/OPH when transport of a **suspected or confirmed** Ebola patient is requested.
- Process for compliant **collection, storage and disposal of Ebola-contaminated waste**.
- Other (please specify)



HPP EMS Needs Assessment Survey 2015-2016

Responder Safety & Health

* 49. Do you provide the following Personal Protective Equipment (PPE) for your staff (Check ALL that apply)?

- Level A Chemical Protection Suits
- Level B Chemical Protection Suits
- Level C Chemical Protection Suits
- SCBA Units
- Powered Air Purifying Respirators (PAPR)
- N-95 Mask

* 50. Do you have a program to properly train and fit personnel for the PPE provided?

- Yes
- No
- Not sure

* 51. Please indicate the following PPE items that you have at least a 3 week supply on hand:

- N-95 Masks
- Surgical Masks
- Gowns
- Gloves
- Disposable Eye Protection
- Other (please specify)

* 52. Do you have a written plan or procedure in place to Decontaminate personnel and equipment following a Hazardous Materials Incident?

Yes

No

* 53. Do you test your decontamination plan with all staff?

Yes

No

* 54. How often do you test your decontamination plan with staff?

One test per year.

More than one test per year.

At least one test per quarter.

Other (please specify)

* 55. Do you have a Pandemic Flu response plan?

Yes

No

Not sure



HPP EMS Needs Assessment Survey 2015-2016

Future HPP Grant Funding Projects

EMS HPP funding will be directed toward projects identified as having gaps from the statewide EMS needs assessment. Three areas that were identified as deficient are training, exercise, and communications

Training - This project would focus on courses such as Active Shooter, Mass Casualty, Incident Management

Communications - This project would allow regions to augment their communications hardware and/or program their radios to create interoperability in conjunction with the Statewide EMS Communications plan

Exercise - This project would focus on developing HSEEP compliant exercises that test the current preparedness and response capabilities of your organization and region.

* 56. Please rank from highest priority to lowest priority the projects that you feel your region should undertake

	Top priority	Middle priority	Least priority
Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. Are there other trainings that you would like to see in your region? (Please list)

* 58. As a representative of your EMS Provider, would you be in favor of supporting a Statewide Preparedness Conference that would address topics such as EMS Disaster Preparedness, EMS Supervisory Training, Interagency Collaboration, and other preparedness topics?

- Yes
 No

59. How many days would be ideal for this type of conference?

- 1
- 2
- 3
- 4

60. Please estimate how many people from your EMS Agency would participate in this conference?

- 1
- 2-3
- 4-5
- 6-8
- 9+

61. Please list any other comments you have regarding the potential projects for the next grant cycle