



Emergency Preparedness Resources and Information

Revised March 2008

Office of Emergency Medical Services and Trauma System

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Emergency Preparedness Resources & Possible Grant Opportunities

March 17, 2008

The Emergency Preparedness Resources and Possible Grant Matrix identify known resources and grants for agencies. These can support Homeland Security efforts. They include all hazards training, information gathering, equipment purchase and funding opportunities.

The matrix uses a four-column table.

- The left column “Possible Resources” identifies current and known resources. The titles of each resource include the related homeland security departments, agencies, programs or grants. The titles do not indicate your likelihood of getting a grant. You should explore any opportunity. Many that so did were pleasantly surprised.
- The center left column “Web Links” is the direct link to the possible resource in that row.
- The center right column “Washington Point of Contact” is the person or agency in Washington State that you may contact for more information and help. All contacts have confirmed their availability to help.
- The far right column identifies the intent or focus of the grants in that row

This resource matrix was developed by several organizations in Washington State. These include the Department of Health, Emergency Management Department, Agriculture Department and Region 10 Department of Homeland Security. Should you discover an out-of-date web link or additional resources, please email, mike.smith@doh.wa.gov.

Thank you and good luck with your search.

Emergency Preparedness Resources & Possible Grant Opportunities Matrix

March 17, 2008

Possible Resources	Web Link	Washington Point of Contact	Focus or Opportunity within the Grants
Homeland Security FEMA/DHS	http://www.grants.gov/ http://www.ojp.usdoj.gov/odp/docs/info278.pdf http://www.rkb.mipt.org (Responder Knowledge Base website)	Regional Homeland Security Coordinators http://www.emd.wa.gov/grants/documents/Regionalmapwithcontactinfo4Sept07.pdf	NIMS Training, Equipment, Exercises, etc.
Metropolitan Medical Response System (MMRS)	http://www.ojp.usdoj.gov/odp/docs/fy05hsgrp.pdf http://www.firegrantshelp.com/ http://www.firegrantshelp.com/grants/285400	City of Tacoma: Assistant Chief Jeff Jensen jjensen@ci.tacoma.wa.us City of Spokane: Tom Mattern tmattern@spokanecounty.org City of Seattle: Assistant Chief A.D. Vickery Alan.vickery@seattle.gov	Specific to the geographical area described within the MMRS region: NIMS Training, Equipment, Exercises, etc.
United States Department of Agriculture (USDA)	http://www.usda.gov/Newsroom/0276.04.html http://www.rurdev.usda.gov/rhs/cf/Emerg_Responder/rural_emergency_responders_initi.htm	Dave Hodgeboom (360) 725-5508 dhodgeboom@agr.wa.gov	The community facilities program funds are used to support rural emergency responder efforts by financing needed equipment and services. These funds are available to public bodies, non-profit organizations, and recognized Indian tribes.
Assistant Secretary for Preparedness and Response (ASPR)	http://www.hhs.gov/grants/index.html http://www.hhs.gov/aspr/opeco/hpp/ http://www.ahrq.gov/prep/	Chris Williams chriswilliams@doh.wa.gov (360) 236-4604	A variety of opportunities for HHS grant programs, hospital, public health, individuals, families etc.
Center for Disease Control and Prevention (CDC)	http://www.cdc.gov http://www.cdc.gov/funding.htm	Chris Williams chriswilliams@doh.wa.gov (360) 236-4604	All disciplines should review the many options found under these web sites.
DOH Office of Emergency Medical Services and Trauma Systems	http://www.doh.wa.gov/phepr/pheprgeninfo.htm	Mike Smith mike.smith@doh.wa.gov or 1-800-458-5276.	Public Health Emergency Preparedness and Response home page
Federal Preparedness Grant Programs	http://www.firegrantsupport.com/ http://www.firegrantshelp.com/ http://www.firegrantshelp.com/grants/285400	Mike Smith mike.smith@doh.wa.gov or 1-800-458-5276. Brian Ipsen, Region 10 DHS Brian.Ipsen@dhs.gov	All disciplines should review the many options found under these web sites.



Homeland Security Institute On-Line Training Equivalency Information

On-Line Training Course Equivalent To Washington EMS Education Recertification Requirements



Office of
Emergency Medical Services
and Trauma System

October 20, 2007

This reference provides medical program director's (MPD) the ability to identify equivalent training available through the H.S.I. web site (www.hsi.wa.gov) and other Office of Domestic Preparedness (ODP) web sites to Washington State Education Requirements for Recertification. Because much of this training is equivalent to these educational requirements, it is recommended that MPDs accept H.S.I. or ODP training as equivalent educational requirements. This may avoid duplication of required training for EMS providers. A module reference in the right column indicates equivalency to the education training in the left column.

<p>Educational Requirements for Recertification (CME and OTEP Methods) -Minimum Required Knowledge and Skills objectives. All education is competency based. Instructors and evaluators have the responsibility to assure EMS personnel are adequately trained in the knowledge and skills needed to perform exceptional emergency medical care throughout the state. WAC 246-976-161 identifies topic content requirements or the use of national training programs, and requires inclusion of pertinent Washington State Specific Objectives (WSSOs) when conducting training programs.</p>	<p>H.S.I. WMD Curriculum, ICS & NIMS, and All Hazards Protocols Training that will meet Recertification Requirements</p>
<p>I. Annual Education Requirements For Recertification</p> <p>A. CPR and Airway Management – Includes the current national standards for CPR, foreign body airway obstruction (FBAO), automatic defibrillation and the use of airway adjuncts appropriate to the level of certification, for adults, children and infants, assuring the following pediatric objectives are covered:</p> <p>1. Pediatric Objectives – The EMS provider must be able to:</p> <ol style="list-style-type: none"> a. Identify and demonstrate airway management techniques for infants and children. b. Demonstrate infant and child CPR. c. Demonstrate FBAO technique for infants and children. 	
<p>B. Spinal Immobilization – This includes adult, pediatric and geriatric patients, following course objectives found in curricula identified in WAC 246-976-021, for the level of certification being taught, assuring the following pediatric objectives are covered:</p> <p>1. Pediatric Objectives – The EMS provider must be able to:</p> <ol style="list-style-type: none"> a. Demonstrate the correct techniques for immobilizing the infant and child patient. b. Identify the importance of using the correct size of equipment for the infant and child patient. c. Demonstrate techniques for adapting adult equipment to effectively immobilize the infant and child patient. 	
<p>C. Patient Assessment – for adult, pediatric and geriatric patients following course objectives found in curricula identified in WAC 246-976-021, for the level of certification being taught, assuring the following pediatric objectives are covered:</p> <p>1. Pediatric Objectives – The EMS provider must be able to:</p> <ol style="list-style-type: none"> a. Identify and demonstrate basic assessment skills according to the child's age and development. b. Demonstrate the initial assessment skills needed to rapidly differentiate between the critically ill or injured and the stable infant and child patient. c. Identify and demonstrate the correct sequence of priorities to be used in managing the infant and child patient with life threatening injury or illness. d. Identify that the priorities for a severely injured and critically ill infant and child are: <ol style="list-style-type: none"> 1) Airway management, 2) Oxygenation, 3) Early recognition and treatment of shock, 4) Spinal immobilization, 5) Psychological support. e. Demonstrate a complete focused assessment of an infant and a child. f. Demonstrate ongoing assessment of an infant and a child. g. Identify the differences between the injury patterns of an infant and child compared to that of an adult. h. Identify the psychological dynamics between an infant and child, parent or caregiver and EMS provider. 	<p>H.S.I. Modules 3&4</p> <p>BC; BI; RI</p> <p>H.S.I. Modules 3&4/ BC; BI; RI</p> <p>H.S.I. Modules 3&4/ BC; BI; RI</p> <p>H.S.I. Modules 3&4</p>

<p>II. Certification Period Requirements</p> <p>A. Infectious Disease For EMS Providers</p> <p>1. This includes updates on information contained in the “Infectious Disease Prevention for EMS Provider” curriculum or the DOH 7-hour HIV/AIDS program.</p> <p>2. The Department of Labor and Industries yearly exposure control update provided by the employer/EMS agency meets this requirement.</p>	<p>H.S.I. Modules 1 Section 4&5 & Modules 3&4</p>
<p>B. Trauma - for adult, pediatric and geriatric patients, following course objectives found in curricula identified in WAC 246-976-021, for the level of certification being taught, assuring the following pediatric objectives are covered:</p> <p>1. Pediatric Objectives – The EMS provider must be able to:</p> <p>a. Identify the importance of early recognition and treatment of shock in the infant and child patient.</p> <p>b. Identify the importance of early recognition and treatment of the multiple trauma infant and child patient</p> <p>c. Identify the importance of rapid transport of the injured infant and child patient.</p>	<p>H.S.I. Modules 1-4</p> <p>H.S.I. Modules 3&4/ BC; BI; RI</p> <p>H.S.I. Modules 3&4/ BC; BI; RI</p> <p>H.S.I. Modules 3&4/ BC; BI; RI</p>
<p>C. Pharmacology - Pharmacology specific to the medications included in curricula identified in WAC 246-976-021, for the level of certification being taught, and approved by the MPD. This includes medications added and approved by the DOH, Office of Emergency Medical Services and Trauma System.</p>	<p>H.S.I. Modules 3&4/ BC; BI; RI</p>
<p>D. Other Pediatric Topics – includes:</p> <p>1. Anatomy and Physiology - The EMS provider must be able to:</p> <p>a. Identify the anatomy and physiology and define the differences in children of all ages.</p> <p>b. Identify developmental differences between infants, toddlers, pre-school, school age and adolescents, including special needs children.</p>	
<p>2. Medical problems including special needs patients - The EMS provider must be able to:</p> <p>a. Identify the differentiation between respiratory distress and respiratory failure.</p> <p>b. Identify the importance of early recognition and treatment of shock in the infant and child patient.</p> <p>c. Identify causes and treatments for seizures.</p> <p>d. Identify life-threatening complications of meningitis and sepsis.</p> <p>e. Identify signs and symptoms of dehydration.</p> <p>f. Identify signs and symptoms of hypoglycemia.</p> <p>g. Identify how hypoglycemia may mimic hypoxemia.</p> <p>h. Identify special needs pediatric patients that are technologically dependent, (Tracheotomy tube, central line, GI or feeding tubes, ventilators, community specific needs).</p> <p>i. Identify the signs and symptoms of suspected child abuse.</p> <p>j. Identify the signs and symptoms of anaphylaxis and treatment priorities.</p> <p>k. Identify the importance of rapid transport of the sick infant and child patient.</p>	<p>H.S.I. Modules 3&4</p> <p>H.S.I. Modules 3&4/ BC; BI; RI</p> <p>BC; RI</p> <p>H.S.I. Modules 3&4</p> <p>H.S.I. Modules 3&4/ BC; BI; RI</p> <p>H.S.I. Modules 3&4/ BC; BI; RI</p>
<p>III. Additional Education to meet total required hours</p> <p>A. In addition to specific annual and certification period educational requirements, WAC 246-976-021, Table A, specifies the total required number of course hours for each certification level.</p> <p>B. Individuals completing the OTEP method must complete the same educational requirements as indicated above, however due to the competency based nature of OTEP, fewer class hours may be needed to complete these requirements than the total course hours indicated.</p>	<p>H.S.I. Modules 1-4/ BC; BI; RI</p> <p>H.S.I. Module 1-4/ BC; BI; RI</p>
<p>ICS and NIMS courses are primarily training courses pertaining to organizational, documentation, communications, scene safety, operations, and reports, and contain evaluations. It is recommended MPDs allow credit for these courses when comparable to required CME or OTEP training to avoid additional or duplicate training. MPDs may also allow hour for hour credits for CME per WAC 246-976-161 (1) (a) (iii) <u>May incorporate nationally recognized training programs as part of CME for content identified in (a) (i) (A) of this subsection.</u> The MPD may use this training to meet the needs of comparable OTEP modules. These courses do have an on-line required evaluation.</p>	<p>ICS and NIMS Courses</p>

All Hazards Protocol Training meets the Education needs as identified per objective. The training courses are listed within each All Hazard Protocol found at <http://www.doh.wa.gov/hsqa/emstrauma/download/allhazprot.pdf>. Burn Care = BC; Blast Injuries = BI; Radiological Illness and Injuries = RI

Sample All Hazard Survey for Prehospital EMS Agencies

The Washington State Department of Health, Office of Emergency Medical Services and Trauma Systems recently completed a prehospital agency survey. Information regarding this survey and a sample is provided below.

The survey assessed:

- Written mutual aid agreements (MAAs);
- Trauma and Burn Care for adult and pediatric patients;
- Triage and Transport for adult and pediatric trauma patients,
- Supplies and equipment,
- Medical control and hospitals
- EMS agency Mass Casualty Incident (MCI) Plans that include transport during a MCI.

If you wish to review and use the survey for your state, jurisdiction, or department, please send an email to Michael L. Smith at mike.smith@doh.wa.gov.



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEM

PO Box 47853 • Olympia, Washington 98504-7853

THIS IS A SAMPLE

(DO NOT Complete and Return)

Attached is a survey to assist DOH in determining the extent to which your EMS agency is prepared to participate in an "all hazard" disaster or a mass casualty incident (MCI). This all hazards MCI would be one where the limits of your agency and region's resources are challenged. We would like to assess the status of your agency's mutual aid agreement(s), your agency's capabilities to provide trauma and burn care during a MCI, your agency's source for supplies and equipment during a MCI, and the hospitals or medical control you follow and transport patients. In addition, it is very important to know if you have a current MCI plan

The attached mutual aid agreement guide came from the National Incident Management System (NIMS). It is intended as a guide only and may be used during your next aid agreement update. If you do not have an aid agreement, it is a great guide when developing your first agreement.

Please open the attached survey, save it to your computer and complete the survey on your computer. If you are not able to save it to your computer, print a copy and complete it in ink. For the agencies that do not have a computer, you should have received the documents via US Mail. Please, complete the survey in ink, make and keep a copy for your records. Return it to me via US Mail at

Michael L. Smith, Terrorism and Disaster Response
1500 W 4th Ave #403
Spokane, WA. 99204

Please complete the survey by April 30, 2005.

This is not an evaluation of the EMS agency or the Regional EMS/TC Office, but rather an assessment addressed in the Health Resources and Services Administrations (HRSA) Critical Bench Marks. It is a required deliverable for the regional EMS office. The responses will help identify where potential future resources and training may be best used and offered.

All participants should receive feedback. Thank you for your assistance.

Please contact me at 1-800-458-5276 or (509) 456-2904 or mike.smith@doh.wa.gov if you have any questions.

EMS AGENCY SURVEY

March 22, 2005

The notes below should assist you when completing the survey.

* **Critical Benchmark #2-9: TRAUMA AND BURN CARE**

Enhance statewide trauma and burn care capacity to be able to respond to a mass casualty incident due to terrorism. This plan should ensure the capability of providing trauma care to at least 50 severely injured adult and pediatric patients per million of population.

** [RCW 70.168.015](#): Pediatric Trauma Patient: means trauma patients known or estimated to be less than fifteen [15] years of age.

*** State of Washington-Prehospital Trauma Triage (Destination) Procedures states: Combination of burns \geq 20% or involving face or airway.

**** **Critical Benchmark #3:** Enhance the statewide mutual aid plan for upgrading and deploying EMS units in jurisdictions/regions they do not normally cover, in response to a mass casualty incident due to terrorism. This plan must ensure the capability of providing EMS triage and transportation for at least 500 adult and pediatric patients per million population.

INFORMATIONAL NOTE: The below definition may be used within the receiving facility. This is not a change to the regional patient care procedures (PCP) or the State of Washington-Prehospital Trauma Triage (Destination) Procedures (TTT).

(The American Burn Association considers a severe burn as:

Any burn injury identified within the American Burn Association's Burn Center Referral Criteria for Transfer to a Burn Center.

The burn injuries list is:

- Partial thickness burns greater than 10% total body surface area (TBSA)
- Third-degree burns in any age group
- Electrical burns, including lightning injury
- Chemical burns
- Inhalation injury
- Burn injury in a patient with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality
- Any patients with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn center. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.
- Burned children in hospitals without qualified personnel or equipment for the care of children.
- Burn injury in patients who will require special social, emotional, or rehabilitative intervention.
- Burns that involve the face, hands, feet, genitalia, perineum, or major joints.)

ABA, February 4, 2005

THIS IS ONLY A SAMPLE

(Do not complete and return)

SURVEY FOR EMS AGENCIES

March 22, 2005

Disclosure: RCW 42.17.310(1)(ww) applies to the EMS Agency Survey. **Survey questions** are disclosable. **Aggregates of individual responses** are disclosable only if DOH developed or approved. **Individual responses** to questions 7, 8, 13 and 14 are disclosable. **Individual responses** to all other questions are not disclosable except among partners as necessary to conduct work, with further disclosure at the Secretary of Health's discretion.

EMS Agency Name	EMS Agency #	Question	Response
		1. Does your EMS agency have written mutual aid agreements (MAA) in place to obtain additional medical resources in the event of a MCI (e.g., staff, vehicles, supplies)? (check all that apply)	<input type="checkbox"/> Yes MAAs exist with other agencies in the region <input type="checkbox"/> Yes MAAs exist with other EMS Regions outside the region <input type="checkbox"/> No MAAs currently exist for EMS resources <input type="checkbox"/> Don't know Exempt from public disclosure. RCW 42.17.310(1)(ww)
		2. With whom does your EMS agency have a written MAA? (List all entities with whom you have a mutual aid agreement or any support agreements)	<ul style="list-style-type: none"> • • • <input type="checkbox"/> Our EMS Agency does not have any written MAAs Exempt from public disclosure. RCW 42.17.310(1)(ww)
		3. For how many severely injured adult trauma patients can your agency provide care per MCI? Please answer this question as if your agency is responding alone. (*HRSA Critical Bench Mark 2-9)	<input type="checkbox"/> 0 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 15 <input type="checkbox"/> 16 to 20 <input type="checkbox"/> more than 20-How many? Exempt from public disclosure. RCW 42.17.310(1)(ww)
		4. For how many severely injured **pediatric trauma patients can your agency provide care per MCI? Please answer this question as if your agency is responding alone. (*HRSA Critical Bench Mark 2-9)	<input type="checkbox"/> 0 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 15 <input type="checkbox"/> 16 to 20 <input type="checkbox"/> more than 20-How many? Exempt from public disclosure. RCW 42.17.310(1)(ww)

<p>5. For how many ***severely injured adult burn patients can your agency provide care per MCI? Please answer this question as if your agency is responding alone. (*HRSA Critical Bench Mark 2-9)</p>	<input type="checkbox"/> 0 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 15 <input type="checkbox"/> 16 to 20 <input type="checkbox"/> more than 20-How many? Exempt from public disclosure. RCW 42.17.310(1)(ww)
<p>6. For how many *severely injured **pediatric burn patients can your agency provide care per MCI? Please answer this question as if your agency is responding alone. (*HRSA Critical Bench Mark 2-9)</p>	<input type="checkbox"/> 0 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 15 <input type="checkbox"/> 16 to 20 <input type="checkbox"/> more than 20-How many? Exempt from public disclosure. RCW 42.17.310(1)(ww)
<p>7. To what facility(s) would you transport your severely injured adult burn patients?</p>	<ul style="list-style-type: none"> • • • <input type="checkbox"/> Our EMS Agency does not transport
<p>8. To what facility(s) would you transport your severely injured **pediatric burn patients?</p>	<ul style="list-style-type: none"> • • • <input type="checkbox"/> Our EMS Agency does not transport
<p>9. How many severely injured adult trauma patients can your agency provide triage and transportation during an MCI? Please answer this question as if your agency is responding alone. (****HRSA Critical Bench Mark 3-0)</p>	<input type="checkbox"/> 0 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 15 <input type="checkbox"/> 16 to 20 <input type="checkbox"/> more than 20-How many? <input type="checkbox"/> Our EMS does not transport Exempt from public disclosure. RCW 42.17.310(1)(ww)
<p>10. How many severely injured **pediatric trauma patients, can your agency provide triage and transportation during an MCI? Please answer this question as if your agency is responding alone. (****HRSA Critical Bench Mark 3-0)</p>	<input type="checkbox"/> 0 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 15 <input type="checkbox"/> 16 to 20 <input type="checkbox"/> more than 20-How many? <input type="checkbox"/> Our EMS does not transport Exempt from public disclosure. RCW 42.17.310(1)(ww)

<p>11. Within the first 72 hours of an MCI event, where will you obtain additional medical supplies, if necessary? (Please list the supplier(s) to the right)</p>	<ul style="list-style-type: none"> • • • • <p>Exempt from public disclosure. RCW 42.17.310(1)(ww)</p>
<p>12. Within the first 72 hours of an MCI event, where will you obtain additional medical equipment? (Please list the supplier(s) to the right)</p>	<ul style="list-style-type: none"> • • • • <p>Exempt from public disclosure. RCW 42.17.310(1)(ww)</p>
<p>13. To what medical control hospital(s) do you report?</p>	<ul style="list-style-type: none"> • •
<p>14. To what hospital(s) do you routinely transport patients?</p>	<ul style="list-style-type: none"> • • • <p><input type="checkbox"/> Our EMS does not transport</p>
<p>15. Do you have a Mass Causality Incident (MCI) Plan that includes transport during a mass trauma/burn event?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know</p> <p>Exempt from public disclosure. RCW 42.17.310(1)(ww)</p>

Thank you for completing this very important survey. Please remember to save a copy for your files and return it via e-mail to:

mike.smith@doh.wa.gov

OR

Michael L. Smith, Terrorism and Disaster Response
1500 W 4th Ave #403
Spokane, WA. 99204
Fax: (509) 456-3127
Return by April 30, 2005

Sample EMS Communication Drill

“SAMPLE”



EMS Communication Drill

This is only a drill! During an actual emergency, you will receive emergency notices via your local emergency response systems.

This is an electronic Communications Drill for ALL Washington State Licensed Emergency Medical Services. The answers to this drill should assist DOH determine the extent to which your EMS agency is prepared to respond to an "all hazard" disaster and mass causality incident (MCI).

You should contact your EMS responders -- via your EMS agencies normal recall process.

Do not actually have responders leave their work to report to your EMS agency, a phone call confirming their availability will suffice. **DO NOT COUNT YOUR MUTUAL AID PARTNERS WHEN PROVIDING NUMBERS.** Each agency is asked the same questions. Therefore, only answer with your agencies capabilities.

Please contact Michael Smith at 1-(800)-458-5276 or (509) 456-2904 or mike.smith@doh.wa.gov if you have any questions.

Disclosure: RCW 42.56.420(1) applies to the EMS Communications Drill Questions and Answers as follows: **Drill questions** are disclosable. **Individual responses** are not disclosable except among partners as necessary to conduct work, with further disclosure at the Secretary of Health's discretion. **Aggregates of individual responses** are disclosable only if DOH developed or approved and either: 1) to partners as necessary to conduct work or 2) at the discretion of the Secretary of Health.

1. Please provide:

EMS Agency Name:	<input type="text"/>
EMS Agency Number:	<input type="text"/>
EMS Email Address:	<input type="text"/>

2. Within 2 hours, from this notice, **how many certified EMS responders** (on and off duty) can be at your agency ready to respond to a mass casualty incident (MCI)?

3. Within 2 hours, **how many EMS vehicles** with state required minimum equipment and supplies will be ready to respond to a MCI?

4. You are at the scene! Within one 24 hour time period, **how many severely injured or ill patients** can your certified EMS responders, reference the number of responders in question #2, triage?

5. You are at the scene! Within one 24 hour time period, **how many severely injured or ill patients** can your certified EMS responders, reference the number of responders in question #2, provide basic care?

6. You are at the scene! Within one 24 hour time period, **how many severely injured or ill patients** can your EMS agency transport to local care facilities?

(This is only your agency. Do not add mutual aid capabilities. Consider this a "Declared" emergency where aid vehicles may be used for transport of patients per RCW 18.73.170.)

7. Can your EMS unit(s) communicate with a hospital in all areas of your EMS response?

Yes

No

I don't know

8. If no to question 6, please list areas where you cannot communicate with a hospital.
(Example may be road 24 mile posts 10 - 15)

Note: Be sure to **PRINT A COPY** of your responses before you click the submit button.

All participants should receive feedback. Thank you for your assistance.

Disclosure: RCW 42.56.420(1) applies to the EMS Communications Drill Questions and Answers as follows: **Drill questions** are disclosable. **Individual responses** are not disclosable except among partners as necessary to conduct work, with further disclosure at the Secretary of Health's discretion. **Aggregates of individual responses** are disclosable only if DOH developed or approved and either: 1) to partners as necessary to conduct work or 2) at the discretion of the Secretary of Health.

Submit

PURPOSE

The purpose of this drill is to assess the statewide EMS communications systems capabilities. That is, can the EMS system from state to regional to local and back to state send and transmit emergency messages that effectively communicates needs and capabilities. The drill will measure EMS communications capacities and capabilities using both email and a web based survey tool along with agency specific communications equipment. Please contact your EMS responders using your agencies call-out or tone-out process (**do not actually have them respond**).

OBJECTIVES

The objectives are as follows:

- Assess the accuracy and effectiveness of EMS agency email addresses
- Identified point of contacts for ALL Licensed EMS agencies.
- Assess the use of email and a web site as EMS communications tools.
- Assess the time it takes for this method of communications to reach and provide a response from the intended recipient.
- Assess the number of EMS responders that could be available during a MCI.
- Compare the number of responders to the drill versus the number assigned to an EMS agency.
- Assess response area communications capabilities.

SCOPE

The EMS Communications Drill is intended to be a one time (October 2006) statewide communications drill for all licensed EMS agencies, Regional Administrators and State Staff.

ASSUMPTIONS

Assumptions are necessary to complete the drill in the time allotted. They are:

- The drill questions are sent at least one week ahead of the actual drill date via U.S. mail.
- The scenario is created by the EMS agency and is plausible for their local response.
- There were no “hidden agendas” or trick questions.
- All EMS Regional Offices were sent the communication drill at the same time.
- All EMS Regional Offices forwarded drill to EMS agencies within their region.
- All EMS agencies respond to the email message as they discovered the email notice.
- All EMS agencies answered the questions with sincere and accurate responses.