

# ANNUAL COMMUNITY EMS ASSESSMENT SURVEY

Name of Service: \_\_\_\_\_

Chief / Head of Service: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Title of Person Completing Survey: \_\_\_\_\_



## THE ANNUAL SOUTHERN REGION COMMUNITY EMS SURVEY

Reporting Period: January 1, 2021 – December 31, 2021

This Community EMS survey will provide basic data about the EMS systems within Southern Region. The data will be used for local, regional and statewide planning and evaluation; grant applications; improving training; other EMS program related aspects and funding requests. Both ground ambulance and first responder services are included in this survey.

This survey is particularly important to help capture data from services who are not yet reporting to AURORA 3.0 – Note: Per Alaska State Legislature, all certified services must be migrated to 3.0 and to include first responder service data into our regional EMS response statistics.

If you have any questions about AURORA, please contact  
Anthony Dugan, (907) 269-5024  
[anthony.dugan@alaska.gov](mailto:anthony.dugan@alaska.gov)

**If your service is currently collecting prehospital data electronically,  
simply attach a summary report which contains the requested information for this form.**

*Thank you for taking the time to complete this important survey. If you have any questions, please call*

Michael M. Forcier, Chief Executive Officer at Southern Region 562-6449; [mforcier@sremsc.org](mailto:mforcier@sremsc.org).

*Mailing Address: 1010 W Northern Lights Blvd, Anchorage, AK 99503*

## Service Information

1. Does your service fill out an EMS patient care report (PCR) for every patient you treat?  
 Yes                      No                      If using other electronic PCR, what software are you using (fill in below)  
 \_\_\_\_\_
  
2. Does your service insure that a copy of the final, completed Patient Care Report (PCR) for every patient treated is delivered to the receiving provider facility (clinic, hospital, medevac team)?  
 Yes                      No
  
3. Which version of AURORA data reporting do you use:  
 2.0                      3.0                      None
  
4. If you use an electronic patient care report system (ePCR), which system or software do you use?  
 Alaska's free Elite                      Our custom Elite                      Other (please name) \_\_\_\_\_
  
5. Does your agency have a plan to reach compliance with AURORA 3.0 reporting in 2021(if not already in compliance?)  
 Yes                      No                      Already 3.0 Compliant
  
6. Does your agency routinely receive information on patient outcomes?                      Yes                      No
  
7. Check all types of communications used for emergency response by your service:  
 Cell Phone                      Telephone                      Marine VHF                      Satellite Phone  
                                          ALMR                                      VHF                                      FirstNet  
 Other, Please list: \_\_\_\_\_
  
8. What is the emergency number(s) or notification method(s) in your community?  
 911                      Other-please list \_\_\_\_\_
  
9. How are you maintaining your responder training records:  
 Paper records                      Excel spreadsheet                      Electronic training record system  
 AURORA (        )                      Not maintaining                      Other (Describe) \_\_\_\_\_
  
10. What training does your service have the most difficulty accessing?  
 CPR                      ETT                      ETT-EMT-1 Bridge                      EMT-1                      EMT-2                      EMT-3                      EMT Refresher  
 Pediatric                      CME                                      Other, please list \_\_\_\_\_
  
11. How often does your First Responder group meet for training? \_\_\_\_\_  
 At what location do you hold training? \_\_\_\_\_
  
12. Does your service have a QI/QA process/program in place?                      Yes                      No
  
13. If you are a Certified Service, please list your certification number  
 Certification # \_\_\_\_\_                      Not Certified/1<sup>st</sup> Responder

List the numbers of personnel in your service, their provider level, and if they are paid or volunteer:

Number of Volunteers					Number of Paid (Including CHA/CHPs)				
ETT	EMT I	EMT2	EMT3	EMT-P	ETT	EMT I	EMT2	EMT3	EMT-P
Do the volunteers receive a stipend or turn out pay? Yes                      No Stipend Amount: _____					How many of those above are CHA/CHP? _____				

## Patient Encounters

***If your service is currently collecting prehospital data electronically check here \_\_\_\_.***  
***Attach the summary report which contains the information requested below.***

1. How many times did your service respond to an EMS call, including patient care, standbys, false alarms, or canceled runs, between January 1 & December 31, 2020? \_\_\_\_\_
2. How many EMS patients were evaluated, treated or transported by your service during 2020? \_\_\_\_\_
3. Did your service submit data to AURORA for the full 2020 calendar year? Yes No  
**(If yes, you do not need to fill out question 4. Just attach your AURORA report covering these points.)**
4. List the number of patient contacts by the patient's primary medical problem or injury below.

\_\_\_\_ Altered Level of Consciousness  
\_\_\_\_ Abdominal Pain/problems  
\_\_\_\_ Allergic Reaction  
\_\_\_\_ Back Pain (non-traumatic)  
\_\_\_\_ Behavioral/Psychiatric Disorder  
\_\_\_\_ Burns

### Respiratory

\_\_\_\_ Airway Obstruction  
\_\_\_\_ Arrest  
\_\_\_\_ Asthma  
\_\_\_\_ COPD/Emphysema/ Chronic Bronchitis  
\_\_\_\_ Respiratory Distress  
\_\_\_\_ Smoke Inhalation  
\_\_\_\_ Respiratory  
\_\_\_\_ Respiratory Other, please list: \_\_\_\_\_  
\_\_\_\_ Seizure  
\_\_\_\_ Stroke  
\_\_\_\_ Trauma  
\_\_\_\_ Unconscious  
\_\_\_\_ Other - please list:

### Cardiac

\_\_\_\_ Cardiac Arrest  
\_\_\_\_ Chest Pain/Discomfort  
\_\_\_\_ Cardiac Rhythm Disturbance  
\_\_\_\_ Cardiac – other  
\_\_\_\_ Diabetic  
\_\_\_\_ Drowning/Near Drowning  
\_\_\_\_ Drug/Substance Abuse  
\_\_\_\_ ETOH/Alcohol Abuse  
\_\_\_\_ Frostbite  
\_\_\_\_ Hypothermia  
\_\_\_\_ Hypovolemia/Shock  
\_\_\_\_ OB  
\_\_\_\_ Obvious death  
\_\_\_\_ Poisoning/Drug Ingestion

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## Equipment/Supplies Checklist

**Note: Only check the equipment that applies to your level of Service. (i.e. If you are not an ALS service you do not need to have ALS equipment)**

### GENERAL EQUIPMENT

#### **Patient Transport**

- Ambulance
- Non-Ambulance Vehicle
  - PTV
  - ASAP 911
- Sled (i.e. Snowbulance)
- Stretcher/Stokes litter, portable – with appropriate patient restraining device

#### **Communications**

- Two-way communications radio handheld. Make/Model \_\_\_\_\_
- Base Station Radio Make/Model: \_\_\_\_\_

#### **Obstetrical**

- Obstetrical Kit, Sterile
- Thermal Blanket (to help newborn maintain body heat)

### Basic Life Support Equipment/ Supplies

#### **INDIVIDUAL EQUIPMENT**

##### ***Response Bag with the following equipment:***

- |                                                                                                           |                                                                                                        |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Body fluid isolation devices and supplies (gloves, masks, gowns, eye protection) | <input type="checkbox"/> Occlusive dressings (foil, plastic wrap, or Vaseline-covered gauze dressings) |
| <input type="checkbox"/> Universal dressings or trauma dressings                                          | <input type="checkbox"/> Sterile saline for irrigation                                                 |
| <input type="checkbox"/> 4x4 guaze pad packs                                                              |                                                                                                        |
| <input type="checkbox"/> Roller Bandages (i.e. Kerlex or Kling type)                                      | <input type="checkbox"/> Blood Pressure Cuff                                                           |
| <input type="checkbox"/> Adhesive tape, various sizes                                                     | <input type="checkbox"/> Adult                                                                         |
| <input type="checkbox"/> Burn sheets, sterile                                                             | <input type="checkbox"/> Pediatric                                                                     |
| <input type="checkbox"/> Triangular bandages with safety pins                                             | <input type="checkbox"/> Large Adult Size (recommended)                                                |
| <input type="checkbox"/> Trauma shears                                                                    | <input type="checkbox"/> Stethoscope                                                                   |

- Penlight
- Activated Charcoal, 25-50 grams
- Substance high in sugar for treatment of

diabetic patients (i.e. Glucose)

- Emesis basin/bag
- Protective gloves, leather

## **Immobilization Equipment**

- Cervical Collars
  - Adult
  - Pediatric
- Long Spine Board with:
  - Padding
  - Head chocks
  - Straps
- Short backboard, KED, or equivalent

- Traction Splint
  - Adult
  - Pediatric
- Extremity Splints (i.e Vacuum air, padded board, Sam splint, etc.)
  - Adult
  - Pediatric
- Blankets

## **Optional Medications/Equipment**

- Aspirin
- Epi Auto Injector
- Automatic External Defibrillator (AED)
- Portable Oxygen tank with regulator
- Oxygen connection tubing
- Non-rebreathable masks
  - Adult
  - Pediatric
- Oxygen mask, Infant
- Oxygen Cannulas
  - Adult
  - Pediatric
- Adult bag – valve-mask with reservoir and mask
- Pediatric bag – valve-mask with reservoir and pediatric mask

- Infant bag- valve-mask with reservoir and infant mask
- Portable suction unit
- Suction catheters (6F-16F)
- Rigid Suction tip (i.e. Yankaur)
- Pediatric bulb syringe (usually part of OB kit)
- Suction rinsing water bottle
- Oropharyngeal airways (00-5)
  - Adult
  - Pediatric
  - Infant
- Nasopharyngeal airways, sizes 18F-34F or 4.5 – 8.5mm
- Lubricant, Water-soluble
- Portable extrication equipment

## Miscellaneous

- Safety Flares
- 5lb Fire Extinguisher, dry chemical
- Tools (Vehicle Repair Kit)
  - Hammer
  - Phillips Screw Driver
  - Flat Screw Driver
  - Adjustable wrench
  - Pliers
- Flash Light

## Advanced Life Support Equipment/ Supplies

### EMT=II Equipment/Supplies

- Advanced airway device with associated administration equipment
  - ET
  - Combi-Tube
  - King Airway
  - Other \_\_\_\_\_
- End tidal CO2 detection device
  - Colormetric
  - Monitor
- Naloxone HCl
- 50% Dextrose in Water
- Balanced Salt Solution
- Syringes (various sizes)
- Needles (various sizes)
- Three-way Stopcocks (optional)
- Tubes for blood (optional)
- Pediatric Medication Dosage Chart
- IV catheters (14-24 Gauge)
- IV sets
  - Mini (60 gtts/cc)
  - Maxi(10,12,or15 gtts/cc)

- Intraosseous Needles
  - Adult
  - Pediatric
- Glucometer

### EMT-III Equipment/Supplies

- Manual Defibrillator
- Pediatric paddles/patches for defibrillator
- Monitoring electrodes
  - Adult
  - Pediatric
- Defibrillator Gel/pads
- Lidocaine 20% or pre-mixed bag for drip
- Morphine Sulphate
- Epinephrine 1:1,000
- Epinephrine 1:10,000
- Atropine
- Nitroglycerine Sublingual

## Paramedic or Advanced Scope Equipment/Supplies

- Adenosine
- Albuterol
- Aminophylline
- Amiodarone
- Diazepam (Valium)
- Diltiazem
- Diphenhydramine (Benadryl)
- Dopamine
- Fentanyl
- Furosemide (Lasix)
- Glucagon
- Haloperidol
- Ipratropium Bromide
- Ketorolac
- Lorazepam (Ativan)
- Magnesium Sulfate
- Methylprednisone(Solu-Medrol)
- Midazolam
- Nitroglycerine IV
- Pitocin
- Ondansetron (Zofran)
- Oxymetazoline HCL (Afrin)
- Hydrochlorine Proparacaine Ophthalmic Solution 0.5%
- Sodium Bicarbonate
- Thiamine