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, 2022 – December 31, 2022

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 the OEMS data manager at (907) 465-3140 or Email: EMSInfo@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.

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

SERVICE INFORMTION

1. Does your service fill out an EMS patient care report (PCR) for every patient you treat? Yes No
2. Does your service ensure that a copy of the final, completed Patient Care Report for every patient treated is delivered to the receiving provider facility? i.e. clinic, hospital, medevac team Yes No
3. Which version of NEMSIS reporting do you use? 2.0 3.0 3.5 None
4. If you use an electronic patient care report system, which system or software do you use?
   Aurora Elite Other (please name):
5. Does your agency routinely receive information on patient outcomes? Yes No
6. 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 Excel spreadsheet Electronic records AURORA Not Maintaining Other:
10. What training does your service have the most difficulty accessing? CPR ETT
    ETT-EMT-1 BRIDGE EMT-1 EMT-2 EMT-3 AEMT EMT Refreshers Pediatric CME
    Other:
11. How often does your First Responder group meet for training?
12. At what location do you hold this training?
13. Does your service have a QI/QA process/program in place? Yes No
14. If you are a Certified Service, please list your certification number: Certification# N/A

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/CHP's)					
ETT	EMT-1	EMT-2	EMT-3	AEMT	EMT-P	ETT	EMT-1	EMT-2	EMT-3	AEMT	EMT-P
Do they receive a stipend? Yes No						How many of the above are CHA/CHP?					
Stipend Amount:											

1. How many times did your service respond to an EMS call, including patient care, standbys, false alarms, or canceled runs, between January1 and December 31, 20022?
2. Do you have a medical director? Yes No If yes, who is your medical director?

If your service is currently collecting prehospital data electronically check here. (Attach the summary report which contains the information requested below and skip page 3)

3. List the number of patient contacts by the patient's primary medical problem or injury below.

Airway Obstruction

Altered Level of Consciousness

Abdominal Pain/problems

Alcohol Abuse/misuse

Allergic Reaction

Asthma

Back Pain (non-traumatic)

Behavioral/Psychiatric

Burns

Cardiac Arrest

Chest Pain/Discomfort

Cardiac Rhythm Disturbance

Cardiac – other

COPD (any form)

Diabetic

Drowning/Near Drowning

Drug/Substance Abuse

Frostbite

Hypothermia

Obstetrical

Obvious death

Poisoning (all forms)

Respiratory Arrest

Respiratory distress

Respiratory Other, please list:

Smoke inhalation

Seizure

Shock - Anaphylactic

Shock - Cardiogenic

Shock - Hypovolemic

Shock - Obstructive

Shock - Septic

Shock - Spinal

Stroke

Trauma

Unconscious

Other – Please list:

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

Patent Transport

Ambulance

Non-Ambulance

> 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:

Cell phones

> Are you using FirstNet®?   Yes   No

Obstetrical Supplies

Obstetrical Kit, Sterile

Thermal blanket for newborn

Basic Life Support Equipment/Supplies

Universal precautions supplies	Occlusive dressings
4x4 gauze pad packs	Sterile saline of irrigation
Roller bandages	BP cuff
Adhesive tape	Adult
Burn sheets	Pediatric
Triangular bandages	Large Adult
Trauma shears	Stethoscope

EQUIPMENT/SUPPLIES CHECKLIST

Penlight

Emesis Basin/bag

AED

Portable O2 tank

O2 tubing

NRB O2 Masks

    Adult

    Pediatric

    Infant

Simple O2 Mask

    Adult

    Pediatric

    Infant

Nasal Cannulas

    Adult

    Pediatric

    Infant

Bag-Valve-Mask

    Adult

    Pediatric

    Infant

Supraglottic Airway

    I-Gel Airway

    King Airway

    Other:

Pulse Oximetry

Portable suction unit

Suction Catheters (6F-16F)

Rigid Suction catheters

Bulb Syringe

Suction rinsing water/saline bottle

OPAs (00 – 5)

NPAs (18F – 34F)

Water soluble lubricant

Glucometer with supplies

Immobilization Equipment

Cervical Collars

    Adult

    Pediatric

Long Spine Board – Rigid with

    Padding

    Head chocks

    Straps

KED or equivalent

Traction Splint

    Adult

    Pediatric

Extremity Splints (All makes/models)

    Adult

    Pediatric

Blankets

Miscellaneous

Portable extrication equipment

Safety Flares

Fire Extinguisher

Tools

    Hammer

    Phillips Screwdriver

    Flat Screwdriver

    Adjustable wrench

    Pliers

Flashlight

Advanced Equipment and Supplies

Endotracheal Intubation	Blood Tubes
ET tubes (2-8)	IV catheters (24-14g)
Stylets	IV infusion sets
Direct Laryngoscope	Standard
Video Laryngoscope	Micro/Ped
Magill Forceps	IO
End Tidal CO2	Manual
Color metric	Drill (all models)
Side Stream	BIG
Main Stream	Manual Monitor/Defibrillator
Syringes various	Adult Pads
Needles various	Pediatric Pads
Three-way Stopcocks	Monitoring Electrodes

MEDICATIONS

Activated Charcoal

Adenosine

Albuterol

Amiodarone

Aspirin

Atropine

Dextrose

Diazepam

Diltiazem

Diphenhydramine

Dopamine

Epinephrine 1mg/1ml

Epinephrine 1mg 10ml

Fentanyl

Furosemide

Glucagon

Haloperidol

Ipratropium Bromide

IV solutions: NS/LR etc.

Ketamine

Ketorolac

Lidocaine 20%

Lidocaine infusion

Lorazepam

Magnesium Sulfate

Methylprednisolone

Midazolam

Morphine

Nitroglycerine

Nitroglycerine

Nitrous oxide

Pitocin

Ondansetron

Oral Glucose

Other Opioid:

Oxymetazoline HCL

Proparacaine Hydrochloride Ophthalmic 0.5%

Sodium bicarbonate

Thiamine

Tranexamic Acid