

Local EMS Agency Assessment  
[DRAFT]

LEMSA: _____  Total FTEs: _____  # FTEs designated to disaster preparedness: _____  # FTEs available for disaster response: _____	Operational Area: _____  LEMSA Evaluator: _____  Title: _____  Phone: _____
<b>Funding Priorities and Objectives for OA (check all that apply)</b>	
<input type="checkbox"/> LEMSA Manages HPP Grant for the OA <input type="checkbox"/> LEMSA Receives HPP Grant funding <input type="checkbox"/> LEMSA Manages MMRS project for the OA <input type="checkbox"/> LEMSA Participates in MMRS project for the OA	<input type="checkbox"/> LEMSA participates in planning/priority setting for Homeland Security Funds received by OA <input type="checkbox"/> LEMSA Receives Homeland Security (UASI) grant funds planning/ priority setting for OA <input type="checkbox"/> LEMSA provides funding for training
<b>MHOAC Role &amp; Responsibilities:</b>	
Current MHOAC: _____ <input type="checkbox"/> LEMSA <input type="checkbox"/> Joint LEMSA/PHO <input type="checkbox"/> None <input type="checkbox"/> Other: _____	
<b>Disaster Training (check all that apply)</b>	
<b>Training Required by LEMSA:</b>	<b>Training Provided by LEMSA:</b>
<b>For LEMSA Staff:</b> <input type="checkbox"/> SEMS <input type="checkbox"/> NIMS <input type="checkbox"/> ICS-100 <input type="checkbox"/> ICS-200 <input type="checkbox"/> ICS-300 <input type="checkbox"/> ICS-400 <input type="checkbox"/> ICS-700  <b>For Field Providers:</b> <input type="checkbox"/> SEMS/NIMS <input type="checkbox"/> ICS-100 <input type="checkbox"/> ICS-200 <input type="checkbox"/> ICS-300 <input type="checkbox"/> ICS-400 <input type="checkbox"/> ICS-700 <input type="checkbox"/> Hazmat FRA <input type="checkbox"/> Hazmat FRO <input type="checkbox"/> WMD <input type="checkbox"/> START <input type="checkbox"/> MCI <input type="checkbox"/> AST <input type="checkbox"/> Drills <input type="checkbox"/> Pan Flu <input type="checkbox"/> Other:	<input type="checkbox"/> SEMS <input type="checkbox"/> NIMS <input type="checkbox"/> ICS-100 <input type="checkbox"/> ICS-200 <input type="checkbox"/> ICS-300 <input type="checkbox"/> ICS-400 <input type="checkbox"/> ICS-700 <input type="checkbox"/> Hazmat FRA <input type="checkbox"/> Hazmat FRO <input type="checkbox"/> WMD <input type="checkbox"/> START <input type="checkbox"/> MCI <input type="checkbox"/> AST <input type="checkbox"/> Drills <input type="checkbox"/> Pan Flu <input type="checkbox"/> Other:
<b>LEMSA Communications (check all that apply):</b>	
<input type="checkbox"/> Hospital Assessment System (ReddiNet, EMSsystem, etc.) <input type="checkbox"/> CAHAN <input type="checkbox"/> Amateur Radio <input type="checkbox"/> EMS Radio Network	<input type="checkbox"/> Satellite Phone(s) <input type="checkbox"/> GETS / WPS program <input type="checkbox"/> VoIP <input type="checkbox"/> Other: _____
<b>EOC / DOC Response (check all that apply):</b>	
<input type="checkbox"/> LEMSA operates a Medical Departmental Operations Center (DOC) <input type="checkbox"/> LEMSA operates joint Medical/Health DOC with Public Health <input type="checkbox"/> LEMSA supports Medical/Health DOC established by Public Health	<input type="checkbox"/> LEMSA supports a Medical Branch at the OA EOC <input type="checkbox"/> LEMSA supports a Medical/Health Branch at the OA EOC <input type="checkbox"/> LEMSA does not support DOC or EOC activities

Local EMS Agency Assessment  
[DRAFT]

(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)							
Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
<b>Function 1: Plans, Policies, and Procedures</b>							
<b>1.1.1 MHOAC Responsibilities</b>							
The MHOAC or response agencies designated by the MHOAC include the following duties among their responsibilities:							
a. Ensure establishment and operation of a 24-hour point of contact capable of communication with local, regional, and state government agencies and officials with emergency management responsibilities; hospitals and other healthcare entities; and individuals who are to be notified/mobilized in the event of activation of disaster medical response system;							
b. Ensure that key disaster response personnel receive periodic training;							
c. Develop and test plans, policies, procedures, and structures for the activation and implementation of the disaster response system;							
d. Ensure that information management plans are developed and tested;							
e. Provide authorization and direction for activation of the medical/health branch of the operational area EOC and ensure systems are in place for management of the Medical/Health Branch of the Operational Area EOC;							
f. Coordinate the procurement and allocation of public and private medical, health and other resources required to support disaster medical and health operations in affected areas;							
g. Communicate requests for out-of-county assistance;							
h. Respond to requests from the Regional Disaster Medical Health Coordinator;							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
i. Develop a capability for identifying medical and health resources, medical transportation, and communication resources within the Operational Area;							
j. Maintain liaison with the Operational Area Coordinators of other relevant emergency functions, e.g., communications, fire and rescue, law, transportation, care and shelter, etc;							
k. Ensure that the existing Operational Area medical and health system for day-to-day emergencies is augmented in the event of a disaster requiring utilization of out-of-area medical and health resources; and							
l. Maintain records and file required reports.							
<b>1.1.2 Med/Health Disaster Plan(s)</b>							
The OA Disaster Medical response plan incorporates the following sections and elements:							
a. PLAN INTRODUCTION, including: Acknowledgements and Disclaimer, Record of Revisions, Distribution List, Plan Approval Process, Plan Maintenance, Training and Exercises, Authorities and References, Supporting Plans							
b. BASIC PLAN, including: Forward to the Basic Plan, Background, Emergency Management Goals, Activation of SEMS Emergency Plan, Assumptions and Limitations, How to Use This Plan							
c. <u>Introduction to the Basic Plan</u> , including: Purpose, Authorities and References, Goals and Objectives, Concept of Operations, Emergency Management Phases, Peacetime Emergencies, National Security Emergencies, Hazard Identification and Analysis, Standardized Emergency Management System, Operational Area Emergency Response Organization and Management, Regional Emergency Response Organization and Management, State Emergency Response Organization and Management, Federal Emergency Response Organization and Management, Mutual Aid							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	LEMSA Role	Public Health Role	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
d. <u>Organization and Agency Roles</u> , including: Operational Area Public Agencies (e.g. Fire, Law, Public Health, etc.), Private and Voluntary Agencies and Organizations (e.g. ambulance, hospitals, etc.), Other Resources (DMAT, CISD, etc.), Continuation of Essential Functions, Preservation of Vital Records							
e. <u>Medical Response Functions</u> , including: Alert and Notification, Assessment, Reporting and other Information Management, Response Management, Communications, Pre-hospital Services, Patient Dispersal and Evacuation, Hospital Support, Resource Acquisition, Resource Management, Recovery							
f. <u>EOC Procedures and Checklists</u> , including: Management Section Position Descriptions and Checklists, Operations Section Position Descriptions and Checklists, Planning Section Position Descriptions and Checklists, Logistics Section Position Descriptions and Checklists, Finance Section Position Descriptions and Checklists							
g. <u>DOC Procedures and Checklists</u> , including: Management Section Position Descriptions and Checklists, Operations Section Position Descriptions and Checklists, Planning Section Position Descriptions and Checklists, Logistics Section Position Descriptions and Checklists, Finance Section Position Descriptions and Checklists							
h. <u>DOC Documentation and Forms</u> , including: DOC Action Plans, After Action Plan, Significant Event Log, Logistics Request Form, DOC Reports and Charts, DOC Message Forms, Response Information Management System (RIMS) Forms, Situation Status Report Forms							
i. <u>Damage Assessment Procedures and Forms</u> , including: Recovery Operations, Phases of Recovery, Management of Recovery Activities, Disaster Application Centers (DAC)							
j. <u>APPENDICES / References</u> , including: List of Acronyms and Abbreviations, List of Definitions							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
k. <u>Utilization of Volunteers</u> , including: Recruitment of Volunteers, Specific Responsibilities, Insurance Coverage, Volunteer Disaster Service Workers, Organized Volunteers, Utilization of Individual Volunteers, Filing a Worker's Compensation Claim, Disaster Service Workers Rules and Regulations, Volunteer Call Format, Loyalty Oath Form, Volunteer Registration Form							
i. <u>Legislation and Legal Documents</u> , including: Excepts from California Emergency Plan, Good Samaritan Liability, California Disaster and Civil Defense Master Mutual Aid Agreement, Robert T. Stafford Disaster Relief & Emergency Assistance Act, Natural Disaster Assistance Act							
<b>1.2.1 EOC/DOC Response Activation</b>  The OA's Medical Departmental (or Emergency) Operations Center uses the following criteria for activation for actual events that require response; planned events; and unanticipated events.							
a. Nature and severity of the event;							
b. The degree of escalation or potential for escalation;							
c. The need for incident coordination beyond the scene;							
d. The existence of multiple disaster scenes; and							
e. The need for acquisition of additional resources.							
<b>1.2.2 Response Start-up and Operations</b>  The following procedures are established for the activation and operation of the Medical/Health Branch of the OA EOC and the medical DOC:							

Local EMS Agency Assessment  
[DRAFT]

(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)							
Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	LEMSA Role	Public Health Role	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
a. A list of supplies, equipment and schematic layout for operation center or Medical/Health Branch;							
b. Start-up checklists for the MHOAC and key SEMS positions; and							
c. Copies of status sign in sheets, report forms, message forms, logs, etc.							
<b>1.2.3 Departmental Operations Center (DOC) Activation Criteria - When to Activate</b>							
Criteria are established for the MHOAC to determine the appropriate level for activation of the medical Departmental Operations Center:							
a. SURVEILLANCE							
b. PARTIAL ACTIVATION							
c. FULL ACTIVATION							
<b>1.2.4 Deactivation/De-escalation/Demobilization of Departmental Operations Center</b>							
Procedures or criteria are developed for the following actions/decisions required for deactivation/de-escalation/demobilization of the Departmental Operations Center:							
a. Determine when to deactivate/de-escalate the DOC and which sections will be closed down first.							
b. Ensure required reports and forms are completed.							
c. Ensure that any open actions are completed or transferred to other appropriate response organization.							
d. Return phones, microwave sets, radios, and other equipment to place of storage. Send any malfunctioning equipment for repairs.							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	LEMSA Role	Public Health Role	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
e. Inform MHOAC, neighboring jurisdictions, and cooperating agencies that DOC is shutting down.							
f. Inform appropriate support services when space will be clear.							
g. Inventory supplies and reorder.							
h. Conduct debriefing on how DOC operation could be improved and assign responsibility for corrective actions.							
i. Provide Critical Incident Stress Debriefing services to staff.							
j. Prepare after-action report for Section Chiefs and MHOAC							
<b>1.3.1 Training and Exercises</b>							
Training and exercise plans and programs are developed to assure that:							
a. LEMSAs personnel with disaster responsibilities receive training in the following areas: <ul style="list-style-type: none"> <li>• SEMS;</li> <li>• The principles and concepts of this document;</li> <li>• Operations of the Medical/Health Branch of the County EOC;</li> <li>• Operations of the Departmental Operations Center;</li> <li>• Policies and procedures for the acquisition and management of resources; and</li> <li>• Essential record keeping and information reporting.</li> </ul>							
b. LEMSAs personnel with disaster responsibilities receive refresher training in the above areas at least annually.							
c. LEMSAs personnel with disaster responsibilities participate in exercises of the medical plan at least annually.							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	LEMSA Role	Public Health Role	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
d. Disaster medical system response agencies and organizations have the opportunity to participate in multi-agency exercises at least annually and in multi-agency field exercises at least every two years.							
e. Periodic alerts of key personnel are conducted to exercise staff response and ensure that contact information remains current.							
f. Participation in training is documented.							
<b>1.4.1 After Action Reviews</b>							
After action reviews ensure a multi-disciplinary assessment of all aspects of the medical response and incorporate the following elements.							
a. This assessment should: Include input from government, field, hospital, LEMSAs, and other responders; Review response-related data from pre-hospital and hospital reports; Review action plans, messages, and other information from the Medical/Health Branch of the EOC/department operation center, ambulance dispatch, hospital base stations and other sources; and Develop and transmit mitigation recommendations to local and state government agencies for review and implementation.							
b. After action reviews should consider questions regarding: disaster response procedures used, use of ICS/Unified Command, DOC activation, use of the five SEMS functions, use of Action Plans, coordination with volunteer and community agencies (e.g., Red Cross, community clinics, and long-term care facilities), EOC activation, use Mutual Aid, communications, CISD, and public information dissemination.							
c. The results of the After Action review should be shared among agencies participating in the response and made public as appropriate.							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	LEMSA Role	Public Health Role	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
d. Previous After Action reports should be reviewed and analyzed to identify trends in the effectiveness of exercises and responses to disasters.							
<b>Function 1 Comments:</b>							
<b>Function 2: Assessment of Immediate Medical and Health Needs</b>							
<b>2.1.1 Notification of Key Positions</b>							
LEMSA plans for notification of key positions of disaster medical and health system include the following elements:							
a. Ensuring that the county has a 24-hour point of contact with at least two means of communications capable of two-way communications with local, regional, and state government agencies and officials with emergency management responsibilities; hospitals and other healthcare entities; and individuals who are to be notified in the event of a medical or health disaster; and							
b. Maintaining an up-to-date contact list for disaster medical and health system alert and activation which should include the Director, Local EMS Agency; Local Health Officer(s); Environmental Health Director(s); Director, Local Health Agency; Local Emergency Management Agency, their back-ups, and others as required by local plans and policies.							
<b>2.1.2 Activation of the Disaster Medical and Health System</b>							
Plans and procedures for activation of the medical response include:							
a. Designation of staff to report to Operational Area EOC;							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
b. Criteria for activation of the Departmental Operations Center;							
c. Provisions for rapid analysis of intelligence to determine the appropriate scale of initial activation of medical resources;							
d. Provisions for rapid orientation of EOC and DOC staff to the response situation and to SEMS organization; and							
e. Designation of staff reporting sites in the event of communications failure.							
<b>2.2.1 Information Sources</b>							
Medical response plans and procedures are developed to gather information from the following sources:							
a. County OES;							
b. 9-1-1 System;							
c. Sheriff's Department and other law enforcement agencies;							
d. Fire and EMS Agencies;							
e. News media;							
f. County government public and environmental health field staff;							
g. Hospitals;							
h. Residents; and							
i. Other sources.							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
<b>2.2.2 Information Elements</b>							
Plans and procedures are developed that ensure the rapid and ongoing collection and verification of the following information in accordance with SEMS following a disaster:							
a. Estimates of casualties and acute medical care needs;							
b. Location of casualties and damage;							
c. Hospital status and capability;							
d. Status of other medical care facilities;							
e. Capabilities of pre-hospital medical care providers;							
f. Hazards representing threats to life and health;							
g. Weather, road, and other conditions that affect the ability of the medical system to respond; and Immediate and short-term needs.							
h. RIMS Medical/Health Status Report data.							
<b>2.2.3 Information Reporting</b>							
Plans and procedures are developed that ensure critical medical/health status and resource availability information is reported to / shared among the following:							
a. System resources (e.g., hospitals, pre-hospital providers, etc.);							
b. Department Operation Center;							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	LEMSA Role	Public Health Role	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
c. MHOAC and/or Health Officer;							
d. Operational Area EOC, Medical/Health Branch;							
e. RDMHC/RDMHS;							
f. REOC Medical/Health Branch; and							
g. State of California.							
<b>Function 2 Comments</b>							
<b>Function 3: Coordination of Disaster Medical and Health Resources</b>							
<b>3.1.1 Resource Inventories</b>							
Inventories of the following categories of disaster medical resources based within the Operational Area have been developed:							
a. Hospitals;							
b. Medical transport;							
c. Skilled nursing facilities/residential care facilities and other facilities;							
d. Locally based medical response teams (DMATs, MMRT, etc.);							
e. Locally based specialized non-medical response teams (Hazmat, US&R, etc.);							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
f. To the extent possible, significant providers of medical suppliers and equipment; and							
g. Regional Disaster Medical/Health Coordinators and Specialists.							
h. To the extent possible, inventories should include the following information: Prior agreements; Description of resource; Location of resource; 24-hour contact information for resource manager/controller; and Cost and process for acquiring resource.							
i. Inventories should be updated annually.							
<b>3.1.2 Ambulance Contracting Language for Out-of-County Response</b>  The following concepts are incorporated into LEMSA contracts with ambulance companies:							
a. Ambulance Contractors should attempt to establish cooperative assistance agreements with ambulance providers within the jurisdiction of the LEMSA and in neighboring counties.							
b. Any agreements should be submitted to the LEMSA for review and approval.							
c. The Ambulance Contractor should agree to report to the LEMSA if the agreement was activated.							
d. The Ambulance Contractor should seek prior approval from the person designated by LEMSA (e.g., Medical Health Operational Area Coordinator or EMS Administrator) if the out-of-area response would reduce ambulance coverage below the level required to meet contract requirements.							
e. The Ambulance Contractor should be required, at the direction of the person designated by LEMSA, to back-up, move-up, or post within county or to adjacent or other county.							

Local EMS Agency Assessment  
[DRAFT]

(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)							
Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
f. The Ambulance Contractor should file a report with the LEMSA or MHOAC detailing the numbers of vehicles and personnel that were committed to the out-of-area response.							
g. The LEMSA should assist the Ambulance Contractor to recoup non-reimbursed costs if federal and state funds become available.							
<b>3.2.1 Resource Acquisition</b>							
OA medical and health resources plans and procedures include:							
a. Procedures to initiate the process to acquire resources to meet initial, immediate and planned needs;							
b. Procedures for requesting uniformed resources;							
c. Provisions to receive requests for assistance from a variety of sources including field responders, hospitals and other medical and health facilities, field treatment sites, neighboring jurisdictions and the Regional Disaster Medical/Health Coordinator, and other response functions seeking medical and health support; and							
d. Procedures to ensure that requests contain all necessary information including: Mission or tracking number; Person/agency making request; type/number/ requirements of requested resources; Estimated duration of response; Location/person to report to; potential hazards; and sources of support (fuel, lodging, etc.)							
<b>3.2.2 Resource Allocation</b>							
OA medical and health resources plans and procedures include:							
a. Procedures to allocate resources according to the priorities of the Action Plan; and							
b. Procedures to request, mobilize, enroll and manage volunteers.							

Local EMS Agency Assessment  
[DRAFT]

(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)							
Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
<b>3.2.3 Resource Mobilization</b>							
OA medical and health resources plans and procedures include:							
a. LEMSAs should ensure that the Operational Area has plans for the establishment of staging areas for responding medical resources.							
<b>3.3.1 Support Out-of-Area Responders</b>							
Plans are developed to support the operations of out-of-jurisdiction ambulances and other resources, including providing or ensuring:							
a. Communication support;							
b. Local maps and directions to receiving facilities;							
c. Fuel, food, lodging and other support; and							
d. Transportation and security.							
<b>3.4.1 Resource Tracking</b>							
Procedures are developed for tracking personnel, equipment, and other non-disposable medical resources applied to the response to disasters and for reporting the following information to the Planning Section of the Operational Area Emergency Operations Center or the Medical/Health Department Operation Center, if activated:							
a. Resource name / identifier (Name of personnel, unit number, etc.);							
b. Resource description / type / quantity (Type of asset, type of personnel, etc.);							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
c. Identifier of incident to which resource is assigned;							
d. OES Mission Tracking Number or alternative that will provide information required to obtain reimbursement;							
e. Date/time assigned;							
f. Incident contact information;							
g. Damage to equipment or injury to personnel;							
h. Estimated date/time of release;							
i. Actual date/time of release; and							
j. Disposition.							
<b>3.5.1 Resource Deactivation/Demobilization</b>  Plans, policies and procedures are developed for deactivation/demobilization of medical and health resources operating under the coordination of the Medical/Health Branch of the EOC or Operations Section of the DOC, if activated. Plans, that include provisions for:							
a. IC communication of release of resource to appropriate unit of the Operations Section of the EOC or DOC, if activated;							
b. If resource is no longer needed, release of resource by appropriate Operations Section unit;							
c. Notification of resource of release or reassignment;							
d. Provision of appropriate documentation to Logistics and Finance Units;							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
e. Collection of information on damage to equipment or injuries to personnel;							
f. Collection of incident reports;							
g. Collection of documentation required for reimbursement; and							
h. Assistance to resources for demobilization which may include: Fuel for vehicles; Food, lodging, and transportation for personnel; and Critical Incident Stress Debriefing.							
<b>Function 3 Comments:</b>							
<b>Function 4: Coordination of Patient Distribution and Medical Evacuation</b>							
<b>4.1.1 Support Movement of Casualties from Scene to Facilities</b>							
Plans, policies and procedures for dispersal of patients during disasters address the following issues:							
a. Rapid reporting and updating of casualty information and facility capacity to EOC or DOC, if activated;							
b. Procedures for communicating facility capacity to scene Transportation Manager;							
c. Non-contact protocols for transporting casualties that (1) directs transport vehicles to transport to the nearest facility and (2) provides alternative in the event the facility is non-functional; and							
d. Use of personal and other non-medical vehicles to transport casualties.							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
<b>4.1.2 Assist Transfers Among Facilities</b>							
Transfers among medical facilities are facilitated by the development of:							
a. Agreements among facilities to promote coordinated procedures for inter-facility transfers and tracking the movement of patients; and							
b. Policies for determining the allocation of ambulances for inter-facility transfers.							
<b>4.1.3 Coordinate Transport from Medical Facilities</b>							
Plans and procedures developed to support the movement of casualties from damaged or overwhelmed medical facilities to appropriate sources of care within or outside the Operational Area include:							
a. Criteria for determining when patient movement should be coordinated through a central point or coordinated by the sending and receiving hospitals;							
b. Provisions for assisting hospitals with the acquisition of transportation, destinations and other resources to support the movement of patients; and							
c. Notification from hospitals that have arranged destinations and transportation independently when contact with the appropriate operations center is not possible.							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
<b>4.1.4 Evacuate and Receive Casualties</b>  Plans and procedures developed for: (1) evacuating casualties to facilities outside the Operational Area if the number of casualties exceeds the capacity of local medical care resources and (2) receiving casualties from other jurisdictions should address:							
a. Guidance for MHOAC decision- making about and coordination of evacuation/receipt of casualties;							
b. Medical support for staging operations that may require casualty holding for extended periods of time;							
c. Provisions for tracking casualties evacuated to facilities outside the Operational Area or received and distributed locally; and							
d. Coordination with the American Red Cross to track and register evacuated casualties, notify their family members, and assist with their return, as needed.							
<b>Function 4 Comments:</b>							
<b>Function 5: Coordination with Hospital Inpatient and Emergency Care Providers</b>							
<b>5.1.1 System for Communication of Hospital Status Information</b>  The system through which the medical response can obtain information on the status and needs of medical facilities includes:							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
a. Designation of secure and redundant communications channels;							
b. Provision for dispatch of mobile communications to facilities that do not respond to initial queries for status; and							
c. Ability to transmit information to and receive information from MHOAC and Departmental Operations Center, if activated.							
<b>5.1.2 Hospital Status Information – Minimum Data Elements</b>							
Initial hospital status reports elicit the following information:							
a. Is hospital functional? Fully Functional, Partially Functional, Non-Functional							
b. Is the hospital capable of maintaining the health status of current patients? Yes/No							
c. For how long without assistance? Up to 12 hours, Longer than 12 hours							
d. What are hospital's critical needs?							
e. Can hospital accept additional patients in the following categories? Emergency, Medical/surgical, Critical Care , Pediatric, Psychiatric, Obstetrics, Other							
<b>5.1.3 Sharing Hospital Status Information</b>							
a. Hospital status information and other situation assessment information is shared with Operational Area hospitals to assist them in the development of their response action plans.							
<b>5.2.1 Support Standardized Hospital Disaster Plans</b>							

Local EMS Agency Assessment  
[DRAFT]

(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)							
Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
a. Hospitals use a unified command system, preferably HICS, to prepare for and manage their response to disasters.							
b. LEMSAs participate as a resource in disaster response training with hospitals							
c. At least one person in the Operational Area is trained as a HICS trainer.							
<b>5.3.1 Disaster Medical Support for Hospitals</b>							
Support for hospitals includes:							
a. Assisting them to identify and obtain resources when they are unable to access, communicate with, or arrange transportation from their own sources of supply;							
b. Providing a communications conduit for delivering information to and gathering status information from hospitals; and							
c. Planning for temporary medical triage and treatment sites hospitals may establish in the event they are partially functional or nonfunctional or need to expand services outside the hospital facility.							
d. LEMSA promotion of and participation in yearly exercises testing the Operational Area's response to hospitals.							
<b>Function 5 Comments:</b>							
<b>Function 6: Coordination with Out of Hospital Emergency Medical Care Providers</b>							
<b>6.1.1 Support Out-of-Hospital Care</b>							
Significant non-hospital health facilities are:							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
a. Listed with their contact information in resource inventories;							
b. Provided with information prior to disasters about how to access the medical and health response system; and							
c. Included in preparedness training programs, and especially encouraged to take HICS training.							
d. Included in assessments of system damage and capability;							
e. Supported in continued patient care;							
f. Assessed for value of facilities as resources; and							
g. Supported in receiving, prioritizing and responding to requests							
h. Activate shelters for medically fragile individuals and other vulnerable populations following a disaster. Plans should also address the special needs of children; and							
i. Provide medical support to other shelters.							
<b>Function 6 Comments:</b>							
<b>Function 7: Coordination of Pre-Hospital Emergency Services</b>							
<b>7.1.1 Pre-hospital System Transformation to Disaster Status</b>							
Plans and procedures developed for the continuation of 9-1-1 EMS services during the response to disasters address:							
a. Assessment of current resources and projections for the time of their depletion;							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
b. Allocation of existing resources and acquisition of initial, immediate, and planned resource needs;							
c. Coordination among EMS providers and other system participants in transforming pre-hospital system to disaster status;							
d. Criteria to be applied during disasters for determining the level of 9-1-1 response. that can be maintained;							
e. Adjustment of 9-1-1 triage criteria to ensure resources are available to respond to life threatening emergencies;							
f. Adjustment of ambulance coverage criteria;							
g. Communication failure protocols;							
h. Utilization of ambulances for interfacility transfers; and							
i. Utilization and assignment of out-of-area personnel.							
<b>7.2.1 START Triage System</b>							
A policy for initial field triage in disasters is adopted that requires field responders to employ a triage tag with the following characteristics for initial triage.							
a. Triage categories for initial triage shall be defined as: Immediate, Delayed, Minor, Deceased							
b. Triage Tags shall have: perforated tabs of the following colors and corresponding triage categories: Green = Minor, Yellow = Delayed, Red = Immediate, Black = Deceased							
c. Triage Tags shall have: an indicator for decontamination.							
d. Triage Tags shall have: a unique identification number printed on both sides of the tag and on the left and right corners; corners are perforated.							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
e. Triage Tags shall have: Dimensions of approximately 4 ½ inches by 9 ¼ inches.							
f. Triage Tags shall have provisions for recording the following information: Time of triage, Date of triage, Name of the patient, Home address of the patient, Home city and state of the patient, Known Allergies, Other important information (medical treatment, history, econtamination, etc.), Caregiver number, Injuries / Exposures, Vital signs and the time taken, IVs and any drugs given.							
<b>7.3.1 Austere Medical Care</b>  Procedures to increase the availability of training to assist physicians and EMS responders to manage mass casualty events when hospital resources, medical supplies, and medical personnel are limited or unavailable for an extended response period address:							
a. Appropriate modification of the standard of care; and							
b. Alternative receiving facilities including clinics and urgent care facilities.							
<b>7.4.1 Field Medical Response Position Definitions (adapted from FIRESCOPE)</b>							
a. Field Medical Response Position Definitions are adapted from FIRESCOPE							
<b>7.5.1 Tactical Communications</b>							

Local EMS Agency Assessment  
[DRAFT]

(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)							
Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
a. Fire, ambulance, law, hospitals, PSAPs and OES are involved in the development of tactical disaster communications policies.							
<b>Function 7 Comments:</b>							
<b>Function 8: Coordination for the Establishment of Temporary Field Treatment Sites</b>							
<b>8.1.1 Coordination for the Establishment of Temporary Field Treatment Sites</b>							
LEMSAs should ensure development of criteria for determining the need to activate FTS that include:							
a. Estimates of numbers and locations of casualties;							
b. Status of medical facilities;							
c. Status of the transportation system; and							
d. Availability of personnel and other resources.							
<b>8.1.2 Designation of Field Treatment Sites</b>							
Criteria for the designation of temporary field medical treatment sites (FTS) include:							
a. Proximity to hospitals;							
b. Proximity to shelters;							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
c. Proximity to other areas with high probability of having large numbers of casualties;							
d. Distribution of locations in potential high-risk areas throughout the affected area;							
e. Ease of access for staff, supplies and casualties;							
f. Ease of evacuation by air or land; and							
g. Ability to secure the area.							
h. LEMSAs should identify facilities with which OES and other agencies have existing agreements as potential sites for the establishment of temporary field medical treatment sites.							
<b>8.1.3 Establishment of Field Treatment Sites</b>							
Plans for the establishment of FTS include:							
a. Procedures and criteria for designating managers of FTS;							
b. Communication procedures;							
c. Procedures for acquiring needed resources; and							
d. Status reporting procedures.							
<b>8.2.1 Resource Support for Field Treatment Sites</b>							
Planning for Field Treatment Sites includes:							
a. Procedures and criteria for designating managers;							
b. Procedures for providing staff, supplies and other resources;							

Local EMS Agency Assessment  
[DRAFT]

<b>(L = Lead or Primary responsibility; P = Partial, shared, or support role; N = No responsibility nor role identified or delegated)</b> Please provide narrative information in the Comments row provided for each function to (1) clarify responses or (2) explain complex relationships (e.g., Lead for earthquake disasters, but Partial role for pandemic, etc.)							
<b>State Disaster Medical Systems Guideline</b>	<b>LEMSA Role</b>	<b>Public Health Role</b>	In place / complete / current	In place / needs update	In place / partial	In draft	Not begun
	L = Lead P = Partial N = None	L = Lead P = Partial N = None					
c. Estimates of casualties and resource requirements;							
d. Evaluation and modification (if necessary) of Field Treatment Point Supply List (see EMS Authority website);							
e. Assessment of the feasibility of developing and maintaining resource caches;							
f. Development of manuals for FTS setup, management, and operations;							
g. Pre-event designation and training of potential FTS managers; and							
h. Assessment of the feasibility of development and support of Disaster Medical Assistance Teams.							
<b>8.3.1 Designation of Field Treatment Sites</b>  Plans for FTS address the contingency that FTS may need to operate for extended periods of time. FTS planning includes plans, procedures, and interagency agreements for:							
a. Ensuring power, water, and shelter;							
b. Providing communications support;							
c. Providing relief personnel; and							
d. Ensuring ongoing medical re-supply, and casualty evacuation.							
<b>Function 4 Comments:</b>							