

APPENDIX C

Example of Emergency Response Evaluation Form*

Fire department or private ambulance company _____

Total number of EMS personnel _____

Name of person completing survey _____

Phone _____ E-mail _____

Emergency Medical Calls

Do you receive 911 calls directly? ☐ Yes ☐ No

If not, from where do you receive them? _____

Does the public ever contact you directly with medical emergency calls (pertains to private ambulance companies)?

☐ Yes ☐ No

Is this a private number or via 911? _____

Do you require your dispatchers to be trained in Emergency Medical Dispatching (EMD)?

☐ Yes ☐ No

If no, is your department considering requiring dispatchers to be trained in EMD?

☐ Yes ☐ No

Are you aware of any advocacy efforts to promote EMD funding in your service area?

☐ Yes ☐ No

If yes, please explain. _____

What are the barriers to implementation, e.g., support, funding? _____

If someone calls 911 for a cardiac arrest victim, will the dispatcher provide him CPR and AED instructions over the phone?

CPR ☐ Yes ☐ NoAED ☐ Yes ☐ No

If someone calls 911 and says that he is experiencing numbness and weakness, will the dispatcher suspect that he is having a stroke and code this call as a high priority/expeditious transport?

Suspect stroke ☐ Yes ☐ NoCode as high priority/expeditious transport ☐ Yes ☐ No* From the **Acute Stroke Treatment Program**. Used with permission from the American Stroke Association, a division of the American Heart Association.

Please provide the name and contact information of the person who is in charge of dispatch.

Are there any other dispatch key-decision makers? ☐ Yes ☐ No

If yes, please provide name(s) and contact information. _____

Addresses

Do some areas of your service area have inappropriate or no address labeling — e.g., route and box numbers instead of street names and numerical addresses? ☐ Yes ☐ No

Approximately what percentage of your service area has inappropriate or no address labeling? _____%

Has the local governing body considered addressing the issue? ☐ Yes ☐ No

What are the barriers to implementation — e.g., support, funding? _____

Please provide the name(s) and contact information for the person(s) who are responsible for appropriate addressing. _____

Defibrillation Capability

1 How many BLS response vehicles do you have? (do not include personal vehicles that a volunteer EMT may use) _____

2 How many ALS response vehicles do you have? _____

3 Are you aware of any non-EMS or non-law enforcement vehicles that respond first to a medical emergency call? (i.e., a security vehicle at a manufacturing plant or in a mall) ☐ Yes ☐ No

If yes, please list and provide contact information.

4 What percentage of the time do the following units arrive first to a medical call?

_____ Fire department ambulance

_____ Police

_____ Fire truck

_____ Sheriff

_____ Private ambulance

_____ Individual Volunteer EMTs (personal vehicle)

_____ Other, please list. _____

- 5 Of the following who would be available for a typical call, how many would have an AED available? (i.e., 2 of 2 ambulances means all ambulances have an AED; 1 of 4 fire trucks means only 1 fire truck in the department has an AED)

____ of ____ ambulances ____ of ____ police cars
 ____ of ____ fire trucks ____ of ____ sheriff cars
 ____ of ____ individual volunteer responders (EMTs)

Are there plans to equip all first line ambulances, fire trucks, police and sheriff cars with defibrillators?

☐ Yes ☐ No ____ 100% of first line emergency vehicles are equipped with AEDs

If no, what are the barriers to implementation? _____

Stroke

- 1 Do patients with signs and symptoms of stroke receive the same priority response and transport as heart attack and other life-threatening emergencies? ☐ Yes ☐ No
- 2 Do your EMS personnel pre-notify the emergency department of a potential stroke patient?
☐ Yes ☐ No
- 3 Are all of your EMS personnel trained to properly assess for stroke according to the American Heart Association's Guidelines 2000 (e.g., use of the Cincinnati Stroke Scale, recognition of stroke signs and symptoms and establishing time of symptom on-set)? ☐ Yes ☐ No
 If all are not trained, how many are trained? _____
- 4 Is your department willing to increase stroke training? ☐ Yes ☐ No
- 5 What is the name of the person who is responsible for EMT training for your department?

- 6 Who conducts EMT refresher training for your department?

____ Your department ____ MATC ____ WCTC

____ Other, please list: _____