**TABLE 7: DISASTER MEDICAL**

Reporting Year: \_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** Table 7 is to be answered for each county.

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)

a. Where are your CCPs located?

b. How are they staffed?

c. Do you have a supply system for supporting them for 72 hours? 🞎 Yes 🞎 No

2. CISD

Do you have a CISD provider with 24 hour capability? 🞎 Yes 🞎 No

3. Medical Response Team

a. Do you have any team medical response capability? 🞎 Yes 🞎 No

b. For each team, are they incorporated into your local response plan? 🞎 Yes 🞎 No

c. Are they available for statewide response? 🞎 Yes 🞎 No

d. Are they part of a formal out-of-state response system? 🞎 Yes 🞎 No

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? 🞎 Yes 🞎 No

b. At what HazMat level are they trained?

c. Do you have the ability to do decontamination in an emergency room? 🞎 Yes 🞎 No

d. Do you have the ability to do decontamination in the field? 🞎 Yes 🞎 No

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS)

that incorporates a form of Incident Command System (ICS) structure? 🞎 Yes 🞎 No

2. What is the maximum number of local jurisdiction EOCs you will need to

interact with in a disaster? \_\_\_\_\_\_\_\_\_

3. Have you tested your MCI Plan this year in a:

a. real event? 🞎 Yes 🞎 No

b. exercise? 🞎 Yes 🞎 No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you have formal agreements with hospitals in your operational area

to participate in disaster planning and response? 🞎 Yes 🞎 No

6. Do you have a formal agreements with community clinics in your

operational areas to participate in disaster planning and response? 🞎 Yes 🞎 No

7. Are you part of a multi-county EMS system for disaster response? 🞎 Yes 🞎 No

8. Are you a separate department or agency? 🞎 Yes 🞎 No

9. If not, to whom do you report? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. If your agency is not in the Health Department, do you have a plan to

coordinate public health and environmental health issues with the Health

Department? 🞎 Yes 🞎 No