**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