County: _____   **Reporting Year:** _____

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?   ❐ Yes   ❐ No

Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?   ❐ Yes   ❐ No

Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?   ❐ Yes   ❐ No

Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?   ❐ Yes   ❐ No

Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:

   a) Authorization of aircraft; to be utilized in patient care?   ❐ Yes   ❐ No

   b) Requesting of EMS aircraft?   ❐ Yes   ❐ No

   c) Dispatching of EMS aircraft?   ❐ Yes   ❐ No

   d) Determination of EMS aircraft destination?   ❐ Yes   ❐ No

   e) Orientation of pilots and medical flight crews to the local EMS system?   ❐ Yes   ❐ No

   f) Addressing and resolving formal complaints regarding EMS aircraft?   ❐ Yes   ❐ No

Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?   ❐ Yes   ❐ No

Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?   ❐ Yes   ❐ No

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder				
Limited Advanced Life Support responder				
Advanced Life Support responder				
Transport Ambulance				

Trauma Centers
    Level I
    Level II
    Level III
    Level IV				

Pediatric Hospitals
    Comprehensive
    Advanced
    General
    Basic				

STEMI Care Center
    STEMI Receiving Center
    STEMI Referring Hospital				

Stroke Care Center
    Comprehensive
    Thrombectomy-Capable
    Primary
    Acute Stroke Ready				

Provider Resource

County: _____ **Provider:** _____ **Response Area:** _____

Address: _____

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: _____

Phone Number: _____

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: _____

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: _____

Ambulance Strike Team Participant: ❑ Yes ❑ No

Number of Helicopters based in this LEMSA's jurisdiction: _____

Written ALS Agreement with LEMSA to Participate in EMS System:	Medical Director:	System Available 24 Hours:	Level of Service:

❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Transport ❑ ALS ❑ 9-1-1 ❑ Ground
			❑ Non-Transport ❑ LALS ❑ 7-Digit ❑ Air
			  ❑ BLS ❑ CCT
			    ❑ IFT
			
			Other Specialty Services (water, snow, etc.): _____
			_____
			
			❑ Non-Ambulance Medical Transport Services ❑ Litter/Gurney Van ❑ Wheelchair Van

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❏ Public	❏ Fire	❏ City ❏ County	❏ Rotary	❏ Auxiliary Rescue
❏ Private	❏ Law	❏ State ❏ Fire District	❏ Fixed Wing	❏ Air Ambulance
	❏ Other _____	❏ Federal		❏ ALS Rescue
				❏ BLS Rescue

Provider Resource (cont.)

CEMSIS Provider ID #: _____

Name of ePCR Vendor: _____

Contract Dates: _____

Ground Non-Transporting and/or Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

Ground Transporting Agencies

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____