

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  No

AED  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  No

Code 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.

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

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

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### 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? \_\_\_\_\_

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

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### 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.

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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. \_\_\_\_\_

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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: \_\_\_\_\_