

**Emergency Medical Services  
CSEPP  
Medical Evaluation Guidance (MEG)**

**Self-Evaluation Tool: An All Hazards Approach**

This guidance tool is intended to assist in the evaluation of an Emergency Medical Services overall preparedness to meet their community's needs in the event of any mass casualty situation. It is designed to be used as a self assessment tool in either an exercise situation or through the review of the disaster plans or both. The checklist is designed to stimulate thought & discussion within an organization as well as to indicate areas needing attention and those areas which may need to be addressed on a period basis.

Through scoring the EMS service can demonstrate the strengths of the system as well as see where it needs work in order to come up to par with the remainder of the country.

**Scoring:**                5 = **P** (performed)    3 = **D** (document viewed)    1 = **S** (simulated)    0 = **No or N/A**

<b>COMPONENTS</b>			
<b>1. FOUNDATIONAL CONSIDERATIONS</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Does the agency have a Disaster Plan or Concept of Operations?			
B. Level of training?			
C. Does the plan detail how it links with the local facilities and local Emergency Management Agency?			
D. Participate in and conduct, mitigate, prepare for, respond to and to recover from community hazard vulnerability analysis?			
E. Are their locations clearly identified in a document readily available to the disaster coordinator or command team?			

<b>2. SURVEILLANCE OR SYSTEM MONITORING</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Does the EMS agency currently have a baseline established for numbers of patients that are seen by the service?			
<b>3. IDENTIFICATION OF AUTHORIZED PERSONNEL</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Is there an individual authorized to implement the disaster plan on a 24-hour per day basis?			
B. Has the EMS Agency designated a physician medical commander who will be responsible for the EMS responses during the time the plan is activated?			
C. Is a notification system in place that can alert both on and off duty personnel to a disaster situation?			
D. Does the plan include lines of authority, role responsibilities, and provide for succession?			
E. Are those who are expected to implement and use the plan familiar with it?			
F. Have job action sheets or role cards been developed for all defined positions involved in the command structure?			
G. Does the plan provide for personnel badging or picture identification that is acceptable for local jurisdiction and access to medical facilities and incident site?			
H. Is there designation of assembly points to which all personnel report?			
I. Has jurisdictional control been discussed and staff informed of the hierarchy in the event outside agencies assistance is requested or required?			

<b>4. ACTIVATION OF THE PLAN</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Does the plan specify the circumstances under which the plan can be activated?			
B. Does the plan stipulate the position holder who has the authority to activate/deactivate the plan including nights, weekends, and holidays?			
C. If the activation is through other than 911 system, does it work well and get the key agencies notified?			
<b>5. ALERTING SYSTEM</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Does the plan provide for immediate activation during normal as well as off-hours including weekends and holidays?			
B. Does the plan specify how notification within the facility will be carried out?			
C. Does the plan detail responsibility and a process for recalling staff?			
D. Does the plan provide for alternative systems of notification that considers people, equipment, and procedures?			
E. Does the plan have process for notification of key medical resources? (EMS, Law Enforcement, Public Health, Hospitals, and Poison Control)			
<b>6. RESPONSE: TACTICAL OPERATIONS</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Has the EMS Agency developed disaster plans based on the current hazard vulnerability analysis?			

B.	Has the EMS Agency developed plans to respond an abnormally large surge of patients?			
C.	Is there an evaluation of current supply and equipment levels that are kept on hand during normal operation?			
D.	Has the EMS agency developed plans indicating how it will be able to maintain resources and personnel in response to a disaster?			
E.	Does the plan include procedures for incorporating and managing volunteers and unexpected medical service responders who want to help?			
F.	Has risk management been involved to develop a process with the EMS Agency insurer to provide insurance, liability?			
G.	Does the EMS Agency have an established process to credential healthcare workers from outside the individual jurisdiction in order to facilitate safe and qualified patient care?			
H.	Was an organized Hazard Assessment performed?			
I.	Was there clear demarcation of the Hot, Warm and Cold Zone established and located appropriately?			
J.	Was an ICS/UCS established?			
K.	Was there an established rotation of staff with work periods and rehabilitation periods established?			
L.	Identification of radioactive, biological or chemical exposure and the need to establish a decontamination site(s)?			
M.	Was identification of the hazard made in a useful time frame?			

N.	Is there a dedicated facility, area, or portable device for decontamination?			
O.	Can water run-off from the decontamination area be contained?			
P.	Is there provision for alternative communication arrangements in the event the communication system fails or is overloaded?			
Q.	Have special communication procedures been established and tested that will maintain communication between the EMS Agency, medical facilities, and the local Emergency Management Agency?			
R.	Are the IC areas established appropriately?			
<b>7.</b>	<b>SECURITY</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A.	Was the Perimeter secure preventing uncontrolled ingress or egress?			
B.	Was access to the command center controlled and protected?			
C.	Were security personnel protected from contamination?			
D.	Does the plan provide for personnel badging or picture identification that is acceptable for local jurisdiction and access to medical facilities and incident site?			
E.	Has a security vulnerability analysis been performed? (e.g. vehicle security)			
F.	Have mitigating actions been implemented to resolve identified vulnerabilities?			

<b>8. COMMUNICATIONS SYSTEMS</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Radio communication was established with the appropriate agencies and facilities?			
B. Is there bi-directional information exchange?			
C. Is there an alternate communications system available?			
D. Does the plan include hardware systems and processes/procedures in the event that normal systems (e.g., telephone, facsimile, cellular phones, radio communication and paging) may be overloaded and rendered unserviceable during disasters?			
E. Is there a proven messenger/runner system in place as back up for communication system and power failures?			
F. Has the EMS Agency established communication system and operational protocols with the local medical facilities and Emergency Management Agency?			
G. Are any other supportive measures in place for communications?			
<b>9. TRAFFIC FLOW AND CONTROL</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Does your plan address traffic control Ingress and egress of vehicles, personnel, supplies, visitors and patients to healthcare facilities and the incident site?			
<b>10. MEDIA</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Does the plan designate an EMS Agency spokesperson as a media contact?			
B. Do the media have a designated area?			

C.	Has the media area been positioned away from critical areas to minimize interference?			
D.	Does the plan identify a designated person to address of the needs of the media?			
E.	Does the plan identify a point of contact or conduit between the EMS agency spokesperson and the joint information center contact (established by Emergency Management Agency or other lead agency)			
F.	Have provisions been made to identify the procedures for handling requests for information from the media?			
G.	Have provisions been made to work in concert with the local, state and federal agencies?			
H.	Have appropriate locations been identified for press briefings?			
<b>11. RECEPTION OF CASUALTIES AND VICTIMS</b>				
A.	PPE			
	1.) Is the PPE appropriate for level of training and incident with appropriate medical clearance for use of PPE?			
	2.) Is the PPE appropriate for the hazard?			
	3.) Pre-Donning vital signs (Standardized Policy identifying criteria for: pulse, respiration, blood pressure, weight, temperature, and current medication/health quick checklists).			

4.) Post Entry Doffing vital signs (Standardizing Policy identifying criteria for: pulse, respiration, blood pressure, weight, temperature, and current medication/health quick checklist). With interventions clearly defined if abnormal findings.			
5.) Appropriate Donning and Doffing technique demonstrated.			
6.) Appropriate documentation and tracking of PPE suited personnel (vital signs as above, time in zones and time in rehabilitation)			
7.) Can operations be conducted for extended periods?			
B. Does your plan provide provisions for unanticipated or short notice arrival of multiple casualties including:			
1.) Rapid identification, documentation and tracking			
2.) Triage (S.T.A.R.T. adult, Jump S.T.A.R.T. [for pediatrics] )			
3.) Triage area that allows for retention, segregation and processing of incoming casualties			
4.) Identification of radioactive, biological or chemical exposure and the need to establish a decontamination site(s)			
5.) A mechanism for identification of patients who have completed Decontamination			
6.) Treatment in designated treatment areas			
7.) Protocols for prophylaxis and treatment of biological, chemical and radiological exposure			
8.) Transportation as needed			

C.	Is the reception area equipped with portable auxiliary power for illumination and other electrical equipment?			
D.	Are sufficient equipment, supplies, and apparatus available, in an organized manner, to permit prompt and efficient casualty movement?			
E.	Radiological monitors and radiation detection instruments are assigned to the triage area?			
F.	Is there a system for retention and safekeeping of personal items removed from casualties?			
G.	Identification and location of names of patients and deceased individuals following a disaster			
H.	Process for rotation of personnel with work periods and rehabilitation periods			
I.	Decontamination			
1.)	Functional response of equipment to the scene (not pre-staged for exercise)			
2.)	Was the decontamination equipment setup and functioning properly?			
3.)	Environmental control for the victims (Warm water, Out of the elements once wetted down, able to cover victims back up)			
4.)	Inventory and tracking of valuables and contaminated effects			
5.)	Were wounds appropriately decontaminated and dressed before primary decontamination?			
6.)	Do you have a policy on removal of Foreign bodies previous to decontamination? ( If not , consider developing one)			

7.)	Was there an effective Non- ambulatory decontamination process/ system			
8.)	Was the victim's privacy managed appropriately based on resources and environment?			
9.)	Was a patient casualty collection point established and clearly identifiable according to the plan?			
J.	Active triage and treatment			
1.)	Did victims or EMS response personnel receive appropriate antidote if indicated?			
2.)	Were treatment priorities established (red, yellow, green and black)?			
3.)	Was triage effective and accurate?			
4.)	Was a patient treatment area established after decontamination?			
5.)	Was medical care appropriately delivered (combinations of injury, not just WMD exposure) [tunnel vision]?			
6.)	Are the WMD antidotes carried or available to the daily response vehicles?			
7.)	Can first responders administer WMD antidotes? At what levels?			
K.	Did the patients get to the hospital? / and definitive care?			
1.)	Was there a mechanism for tracking hospital bed availability and did it work?			
2.)	Was there a mechanism for tracking the victims and did it work?			

L. Standardized treatment protocol for both hospital and EMS?			
M. Fatality Management			
1.) Was a temporary “clean” morgue established?			
2.) Was a temporary “Dirty or contaminated” Morgue established?			
3.) Were fatalities left in place for forensic evaluation?			
4.) Is there a functional plan for managing mass fatalities?			
<b>12. PROTRACTED RESPONSE</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Has provision been made for immediate refuge, care, and comfort for the patients and staff on the hospital grounds during inclement and winter weather?			
B. Provisions for staffs dependant care (infants, children, and dependant adults)			
C. Have you looked at the need for resources in the event of the loss of primary resources or vendor resources (in event of isolated operation)			
<b>13. EQUIPMENT</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Is the current number of the critical pieces of equipment readily available to the EMS agency?			
B. How many days can the EMS agency function with currently available medical supplies?			
C. Are local suppliers of medical equipment identified?			
D. Are there 24-hour contact numbers for medical equipment suppliers?			

E. Does the plan include measures to insure the ability to provide hand washing /hand sanitizing measures?			
F. Does the plan include measures to insure adequate amounts of personal protective equipment as defined by the local program based on risk assessment?			
G. Is there a mechanism to manage (unsolicited) donations (e.g. medical supplies)?			
H. Is agent Identification equipment available?			
I. Is decontamination equipment available?			
J. Is a plan in place to support mass transportation requirements?			
<b>14. PHARMACEUTICALS:</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Current number of the critical pharmaceutical supplies readily available within the EMS agency (Number of adult does available) (Example partial list)			
1.) Auto injectors (Mark I) Atropine and Pralidoxime Chloride (2-PAM CL)?			
2.) Bulk Stock of Atropine and Pralidoxime Chloride (2-PAM CL)			
3.) Benzodiazepine (e.g. Diazepam)			
4.) Cyanide antidote kits (or equivalent)			
5.)			
6.)			
7.)			
8.)			

B. Is there a plan for utilization and distribution of the National Pharmaceutical Stockpile?			
C. Does the pharmaceutical allocation plan make provision for prophylaxis of all staff and their immediate family?			
D. Has the plan identified and established relationships with another public safety agency outside the immediate region as a means to identify potential sources of needed pharmaceuticals as well as equipment, supplies, and staff?			
E. Does the plan identify pharmaceutical warehouses within the local area?			
F. Does the plan outline how pharmaceuticals can be procured, transported, and delivered to the facility while within a secure environment?			
<b>15. POST DISASTER RECOVERY</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Does the plan designate who will be in charge of recovery operations?			
B. Does the plan make provision for the following during recovery?			
1.) Documentation			
2.) Financial matters			
3.) Inventory and resupply			
4.) Record preservation			
5.) Cleanup			
6.) Hazard removal and cleanup			
7.) Salvage /equipment recovery			

8.) Garbage and waste disposal			
9.) Utility and equipment servicing			
C. Does the plan address the following programs?			
1.) Critical Incident Stress Management Program			
2.) Employee Assistance Program			
3.) Group/Individual counseling services			
4.) Family Support Program			
<b>16. EDUCATION AND TRAINING</b>	<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Does the plan specify who is responsible for the training program?			
B. Does the plan include methods for augmentation and extemporaneous training for new and altered roles?			
C. Do the public safety agencies have ongoing, mandatory standardized disaster training program in place?			
D. Has the EMS agency considered <u>adapting</u> disaster procedures for application when dealing with routine procedures so personnel can become familiar with them?			
E. Does the program provide disaster education material during staff orientation to facilitate staff awareness?			
F. Does the program have inter-organization joint training sessions that deal with common aspects of disaster response?			
G. Is the disaster planning incorporated into the continuously quality improvement program			

17. EXERCISING THE DISASTER PLANNING PROGRAM	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the EMS Agency conduct an annual exercise?			
B. Does the exercise ensure all key participants are familiar with the contents of the plan?			
C. Are specific aspects of the plan tested where weakness or deficiencies are identified and corrected?			
D. Does your exercise involve local healthcare facilities resources?			
E. Is a formal critique performed with results distributed to all key individuals and participating groups?			
F. KEY EXTERNAL PERSONNEL/AGENCIES	TELEPHONE / BEEPER / MOBILE PHONE		
Local Emergency Management Agency			
State EMA			
Local EMS Agencies			
State EMS Agency			
Local Health Department			
State Health Department			
Local Law Enforcement Agencies			
FBI Field Office			
National Guard			
Metropolitan Medical Response System (MMRS) Coordinator			
National Disaster Medical System (NDMS) Contact			
CDC Emergency Response Office			
CDC Hospital Infections Program (Healthcare Quality)			
Other area hospitals			
State Medical Coordinator			

<b>18. INCIDENT COMMAND STRUCTURE:</b>		<b>Yes P/D/S</b>	<b>No/ N/A</b>	<b>Comments/ Recommendations</b>
A. Is there an existing Incident Command System (ICS) structure implemented at the onset of the event?				
B. Is there standardized documentable ICS training appropriate for their role(s)? (put into hospital document)				
C. Is there a medically qualified hazardous materials resource advisor available to the IC (Poison control, physician, etc.)?				
D. If utilizing the Incident Command System (ICS) as your framework for hierarchy in a disaster scenario, have you identified positions, not an individual(s), to fill each role?				
<b>ICS Position</b>	<b>Current Position</b>	<b>Job Action Sheet Completed? Y or N</b>		
Incident Commander				
Public Information Officer				
Liaison Officer				
Safety and Security Officer				
Logistics Chief				
Planning Chief				
Finance Chief				
Operations Chief				