

East Texas Gulf Coast Regional Trauma Advisory Council

EMS Needs Assessment

FYE 2017 (09/01/16 – 08/31/17)

Agency Name: \_\_\_\_\_

Date completed: \_\_\_\_\_

- 1) Total number of paid staff and/or volunteers by certification level?  
 EMT: \_\_\_\_\_  
 AEMT (Intermediate): \_\_\_\_\_  
 Paramedic (include LP): \_\_\_\_\_
- 2) Total number of calls a year? \_\_\_\_\_
- 3) Total number of Trauma calls a year? \_\_\_\_\_
- 4) Number of ambulances not including reserves? \_\_\_\_\_
- 5) Do you have an education program? Y or N Please supply us with the number of instructors for each education program:  
 ITLS \_\_\_\_\_  
 ACLS \_\_\_\_\_  
 PHTLS \_\_\_\_\_  
 GEMS \_\_\_\_\_  
 PALS \_\_\_\_\_  
 PEPP \_\_\_\_\_  
 Car seat inspector \_\_\_\_\_  
 Other - Course Name? \_\_\_\_\_ # of Instructors \_\_\_\_\_  
 Other - Course Name? \_\_\_\_\_ # of Instructors \_\_\_\_\_
- 6) Is your facility interested in hosting education programs? Y or N
- 7) Are your dispatchers EMD trained? Y or N

If you have needs please fill out the tables below.

**Equipment Needs**

Equipment	#1 Priority	#2 Priority	#3 Priority	Do you have plans to meet these needs	Matching Funds Available Y/N

### Educational Needs

Course Needed	Training Equipment Needed	# Students Needing Initial Training	# Students Renewing	Do you have plans to meet these needs	Matching Funds Available Y/N

### Public Injury Prevention

Program Needed	Equipment Needed	Supplies Needed	Target Audience	Follow-up	Matching Funds Available Y/N

Training / Clinical Coordinator's name and email address?

\_\_\_\_\_

Injury Prevention Coordinator's name and email address?

\_\_\_\_\_

Who completed this form?

\_\_\_\_\_

Print

\_\_\_\_\_

Sign

TSA "R" member signature: \_\_\_\_\_