

East Texas Gulf Coast Regional Trauma Advisory Council

EMS Needs Assessment

FYE 2020 (09/01/19 – 08/31/20)

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 educational program? Y or N *Please supply us with the number of instructors for each educational program.*
- 6) Is your facility interested in hosting educational programs? Y or N
 ITLS _____
 ACLS _____
 PHTLS _____
 GEMS _____
 PALS _____
 PEPP _____
 Car seat inspector _____
 Other – Course Name _____ # of Instructors _____
 Other – Course Name _____ # of Instructors _____
- 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?

TSA "R" Member signature: _____