



South Carolina EMS Data System Electronic Data Submission Checklist

To successfully submit electronic EMS data into the South Carolina EMS Data System, the following process must be followed. Please use this checklist to complete the necessary configuration required for data submission.

- 1.** Submit the following items to the EMSPIC for complete SC EMS Data System Enrollment.
 - SMARTT System Enrollment Form**
 - SMARTT Contact Enrollment Form**
 - EMS Roster List** (Full Name, Last 4 of Social Security Number - **See Page 2**)
 - EMS Vehicle List** (DHEC Permit Number, Unit Number, VIN Number - **See Page 2**)

- 2.** Select the method for EMS Electronic Data Submission, and follow the corresponding process to begin Data Submission.

- PreMIS Web App:** We will use the PreMIS Web Application at no cost.

The PreMIS Web Application does not require configuration or testing. Therefore, you may begin immediately after completion of enrollment and training. Contact Matt Gawthrop (mgawthrop@emspic.org) for access to the application and additional training resources.

- PreMIS Import:** We will use a Commercial Software at the Agencies cost.

Commercial EMS Field Collection Software must be NEMISIS Gold Compliant as listed at www.nemsis.org at the EMS Agencies cost. Contact Jeff Robertson (jrobertson@emspic.org) to establish an account and instructions for Software File Testing. A review of the data from your commercial software will be made. At this point, any issues which need to be addressed with your commercial software provider before live data submission can begin, will be supplied to you.

www.scemsdata.org

EMS Roster List

The list of EMS personnel at your Agency can be provided to the EMSPIC in a paper (FAX or postal mail) or an electronic format (Excel, PDF, CSV). **For each technician, the list must include:**

- * Full Name
- * Last four digits of their Social Security Number

If your Agency intends to use a vendor product to import data into PreMIS, please indicate which technician or technicians need access to send files through PreMIS.

Also indicate the person at your Agency who will be the **EMS Director (Primary Contact)** for the Agency. This person will be given the rights to modify the Agency personnel roster as well as vehicle information and the Agency profile. **Training Officers** and **IT Personnel** should likewise be indicated.

Roster Lists may be sent via email to Matt Gawthrop (mgawthrop@emspic.org) or FAXed to (919) 843-0195

EMS Vehicle List

The list of EMS vehicles at your Agency can be provided to the EMSPIC in a paper (FAX or postal mail) or an electronic format (Excel, PDF, CSV). **For each vehicle the list must include:**

- * DHEC Permit Number
- * Unit Number (Unique to each vehicle)
- * Vehicle Identification Number (VIN)

Vehicle Lists may be sent via email to Matt Gawthrop (mgawthrop@emspic.org) or FAXed to (919) 843-0195

SMARTT Contact Enrollment Form

Gray Areas to be completed by SMARTT Administration

SMARTT ID:

SMARTT Password:



State: South Carolina

Date:

Hospital, State
EMS System or
Health Center Name

Affiliation:

State

EMS System

Hospital

Health Center

Contact Type (For your institution, please check all of the roles related to SMARTT that apply.)

Administrator(Hospital, EMS, or Health Center)

Regional Hospital Preparedness Contact

SMARTT Software Contact

Office of EMS Staff

Pharmacy Contact

State Software Contact

EMS Medical Director

Other SMARTT Contact

First Name

Last Name

Business Address:

City:

State:

County:

Zip Code:

Phone Number:

Fax Number:

Email Address:

All contacts must either provide an email capable pager address or their 10 digit mobile phone number with their carrier (ie. sprint, verizon, cingular, etc.) for text messaging.

Email Capable Pager Address:

Mobile Phone Number:

Mobile Carrier:

SMARTT EMS System Enrollment Form

Gray Areas to be completed by SMARTT Administration

SMARTT ID:

SMARTT Password:

State: South Carolina

Date:

EMS System Name

EMS System Type: County EMS Agency Specialty Care Transport Private EMS Agency

Business Address:

City:

State:

County:

Zip Code:

Phone Number:

Fax Number:

Highest Personnel Level:
(Available on every EMS call)

EMT-Basic

EMT-Paramedic

EMT-Intermediate

Trauma Region and EMS Region:

Upstate

Midlands

Pee Dee

Low Country

Additional EMS
Email Addresses:
(Not listed as a specific contact)

Additional EMS
Pager Email Addresses:
(Not listed as a specific contact)

Primary Services (please select all that are provided within the EMS System)

- | | |
|---|--|
| <input type="checkbox"/> 911 Response (Scene) | <input type="checkbox"/> Medical Transport (Convalescent) |
| <input type="checkbox"/> Air Medical | <input type="checkbox"/> Rescue |
| <input type="checkbox"/> Hazmat Response | <input type="checkbox"/> Specialty Care Transport (Inter-facility) |

Does this EMS System participate as a ChemPack Site? Yes
 No

Does this EMS System maintain a State Medical Assistance Team (SMAT)? Yes
 No

Does this EMS System participate with a Hospital in their Hospital Disaster Plan? Yes
 No

If yes, please list the name of the Hospital in which the EMS System is written into the Hospital Disaster Plan.

Dispatch Center Information (Please select all that are currently available)

- | | |
|--|--|
| <input type="checkbox"/> 911 (without caller location) | <input type="checkbox"/> Emergency Medical Dispatch (EMD) |
| <input type="checkbox"/> E911 (with caller location) | <input type="checkbox"/> Phase II Cell Phone Caller Location |

Specialty Equipment

Please enter the number of each of these equipment types maintained within the EMS System.

Geiger Counter	<input type="text"/>
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P-100 NBC Canisters	<input type="text"/>
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Infrared Viewers	<input type="text"/>
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P-100 NBC Masks	<input type="text"/>
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Personnel Availability

Please document the number of full and part-time personnel within the EMS System (Do not include private Medical Transport Services and Specialty Care Transport Programs)

	Full Time	Part-Time		Full Time	Part-Time
EMT-Basic	<input type="text"/>	<input type="text"/>	Medical Responder	<input type="text"/>	<input type="text"/>
EMT-Intermediate	<input type="text"/>	<input type="text"/>	Nurse	<input type="text"/>	<input type="text"/>
EMT-Paramedic	<input type="text"/>	<input type="text"/>	Physician (None Medical Director)	<input type="text"/>	<input type="text"/>

Vehicle Availability

Please document the number of each vehicle type maintained within the EMS System.

ATV	<input type="text"/>	Medium Rescue	<input type="text"/>
Ambulance	<input type="text"/>	Mobile Command/Communications	<input type="text"/>
Bariatric Ambulance	<input type="text"/>	Mobile Disaster Response Unit	<input type="text"/>
Bicycle	<input type="text"/>	Mobile Supply Unit	<input type="text"/>
Boat	<input type="text"/>	Motorcycle	<input type="text"/>
Fixed Wing Transport	<input type="text"/>	Multi-Patient Transport (>10 stretchers)	<input type="text"/>
Heavy Rescue	<input type="text"/>	Quick Response Vehicles (QRV)	<input type="text"/>
Light Rescue	<input type="text"/>	SMAT III Trailer	<input type="text"/>
Mass Transport (15-20 mobile pts)	<input type="text"/>	Wheelchair Transport	<input type="text"/>

Special Skills

Please select all of the Special training or skills maintained within the EMS System.

Bike EMS	<input type="checkbox"/>
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Decontamination	<input type="checkbox"/>
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Disaster Communications	<input type="checkbox"/>
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Disaster Mortuary (DMORT)	<input type="checkbox"/>
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Dive Rescue	<input type="checkbox"/>
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HAZMAT Response	<input type="checkbox"/>
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High Angle Rescue	<input type="checkbox"/>
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Incident Command	<input type="checkbox"/>
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Radiation Response	<input type="checkbox"/>
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SMAT Training	<input type="checkbox"/>
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Swift Water Rescue	<input type="checkbox"/>
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Tactical Medic	<input type="checkbox"/>
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Trench / Confined Space Rescue	<input type="checkbox"/>
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Urban Search and Rescue	<input type="checkbox"/>
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Urban Search and Rescue-Medical Component	<input type="checkbox"/>
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Veterinary Medical Assistance Team	<input type="checkbox"/>
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Wilderness Search and Rescue	<input type="checkbox"/>
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Disaster Resource Capability

Ventilators

Available Ventilators	<input type="text"/>
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Total Ventilators on Site	<input type="text"/>
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Decontamination

Ambulatory Decontamination Capacity per Hour	<input type="text"/>
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Non-Ambulatory Decontamination Capacity per Hour	<input type="text"/>
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Personal Protection Equipment

Available Level A Suits

Available Level B Suits

Available Level C Suits

Available N95 Masks: Small

Available N95 Masks: Regular

Pharmaceuticals (Available Doses)

Atropine, not including Mark 1 kits

British Anti-Lewisite (BAL)

Ciprofloxacin

Cyanide Kit

Doxycycline

Diazepam and Lorazepam

Mark 1 Kits

Oseltamivir (Tamiflu) or Zanamivir (Relenza)

Pralidoxime (2-PAM), not including Mark 1 kits