

## EMS COVID Resource Reporting Tool

Emergency medical services (EMS) agencies across the nation require a standardized mechanism to communicate the urgent need of resources during the COVID pandemic. The National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services (OEMS) in collaboration with the National EMS Information System (NEMSIS) Technical Assistance Center (TAC), state EMS offices, EMS software vendors, emergency services organizations and EMS clinicians have developed a process through which local EMS agencies can communicate current status and unmet requirements.

It is critical to understand this is NOT an order or requisition for supplies/support. Data collected will be used to communicate needs and critical information from the local agency to State and Federal partners. The EMS COVID Resource Reporting Tool hosted by the NEMSIS TAC and is consistent with other national reporting structures in data fields and resource description. The TAC collects the data submitted and populates a weekly report for authorized partners such as State Offices of EMS, HHS, FEMA Regional Managers, and NHTSA's Office of EMS. The information is not released to the public.

This report communicates local resource status and needs and creates a more real-time common operating picture so that State and Federal partners can better prepare for and support EMS response.

This reporting does **NOT**:

- Replace normal supply ordering or reporting procedures
- Supersede participation with emergency management, public health or health care coalitions
- Replace existing local and/or State processes for requesting needed supplies and resources
- Assess current inventory of an EMS agency
- Require an EMS service to adopt new or different PPE

### Process

An authorized representative from any local EMS agency (career, volunteer, for-profit, fire-based, third party service) completes and submits the form weekly (Monday morning). No log-in is required.

An authorized representative includes the EMS Agency Chief/Director/Manager, Deputy Chief/Director/Manager, or designated supply/inventory specialist. It is recommended the same individual complete the form weekly to support consistent reporting.

[\*\*Click here for the EMS COVID Resource Reporting Tool\*\*](#)

## Form Instructions

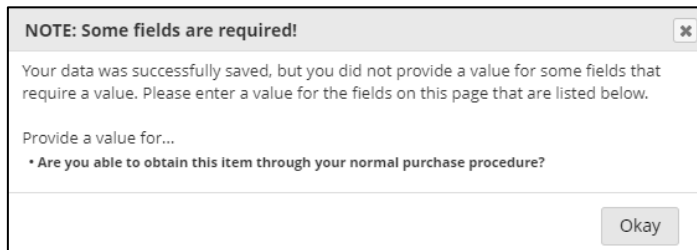
Complete each section. Select “NA” for any fields that do not apply. Enter “0” for counts that do not apply.

**Agency Contact Phone Number:** Include a contact phone number that is usually answered by a person and not voicemail. Cell phone numbers are acceptable.

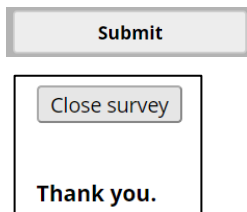
**Name of Agency Point of Contact:** Person completing the form or one who can speak to every question on the form. The Point of Contact does NOT have to be the Chief/Director/Manager.

## Incomplete Fields

If a field is left blank when closing the form, you will receive this error message. Click OKAY and finish the incomplete fields before submitting again. Only the most current copy of the form will be submitted for data collection.



When complete, click SUBMIT, then click CLOSE to send the data.



Only authorized state and federal partners will be granted access to the data.

## Questions and Support

Prehospital healthcare continues to be the “front-line” defense for the identification, management and distribution of healthcare for patients with influenza-like symptoms. Your participation in the EMS COVID Resource Reporting Tool is critical. For questions regarding this process please contact either Mr. Eric Chaney (NHTSA) [eric.chaney@dot.gov](mailto:eric.chaney@dot.gov) 202-891-8825 or Dr. Clay Mann (NEMESIS TAC) [clay.mann@utah.edu](mailto:clay.mann@utah.edu) 801-585-9161.