DEPARTMENT OF HEALTH

Pennsylvania Emergency Medical Services Strike Team Guidelines

Pennsylvania Emergency Medical Services
Strike Team Guidelines
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GOAL

To develop trained, equipped and protected Emergency Medical Services (EMS) ambulance services for mutual aid, intrastate and interstate requests for EMS assistance in responding to catastrophic casualty events. The participating EMS services will be resources allocated for local, regional, state, and national assets to be activated when the current assets have been exhausted.

INTRODUCTION

The Department of Health's Bureau of Emergency Medical Services, using funds from a federal Health Resources and Services Administration (HRSA) grant for public health emergency preparedness, have implemented this program for ambulance services that voluntarily participate in improving their preparedness status at the local, regional, state and national level. The program will continue to coordinate funding through the regional emergency medical services (EMS) councils. This project supports improved ambulance service preparedness for response to a pandemic or catastrophic casualty event that exceeds local, county and regional resources. For the purpose of this document, catastrophic describes an event or incident that produces casualties that overwhelm local or regional assets and calls upon the need for additional EMS response. Ambulance personnel are an extremely valuable service delivery resource and participate in large-scale disaster response: medical triage, on-scene medical care, transportation, and shelter medical care. This document focuses on system organization communications and logistic support without addressing in detail the issues related to reimbursement.

PROGRAM REQUIREMENTS

Regional EMS Council Requirements

Each regional EMS council has been assisting in identifying licensed ambulance services for transport of patients with suspected/diagnosed communicable disease in a public health emergency, and/or to prepare for mass casualty or catastrophic events both interstate and intrastate.

Regional EMS councils will continue to assist maintaining services, information sharing among other emergency preparedness organizations, reviewing of plans, and distribution of funds and periodic reporting of project progress for the area it serves.

The Ambulance Strike Team will be dispatched as a resource request to the State Emergency Operations Center (SEOC) through the Pennsylvania Emergency Management Agency (PEMA) to the Department of Health Lead Emergency Preparedness Liaison Officer (EPLO) to the Bureau of Emergency Medical Services if the incident has warranted state involvement.

The Regional EMS Council will dispatch the Ambulance Strike Team after being contacted by the Bureau of Emergency Medical Services.

Each Regional EMS Council will develop a notification plan for their strike teams.

Service Requirements

Services with two or more transport vehicles may apply. Single vehicle services with a unique coverage area may be considered, however, a plan for EMS coverage by another ambulance service during the service's deployment must be approved by the regional EMS council and approved backfill by another licensed ambulance service must be in place.

Practitioners shall be identified by the service for staffing the ambulance 24/7 in accordance with staffing requirements imposed by the Emergency Medical Services (EMS Act) and the Department's regulations promulgated under the EMS Act (EMS regulations). Having at least five practitioners committed to be available to staff an ambulance deployed under the program is a safeguard against the unavailability of some of the five practitioners due to unexpected events or illness. The minimum crew for response is as defined in the EMS Act and EMS regulations for level of service participating. All of the personnel must be qualified to drive an emergency vehicle (includes insurance coverage, emergency vehicle operator course training, etc.).

The service shall emphasize standard precautions as the primary protective measures for EMS personnel. Immunization shall be done in accordance with CDC guidelines for adults. See attached chart.
The service shall participate in disaster planning and preparedness activities of the regional EMS council and Regional Counter Terrorism Task Force (RCTTF).

The service shall plan for required equipment and supplies to be added or removed by the service from the designated vehicle as directed by the Bureau of EMS directly or through the regional EMS council. Equipment and supplies may be removed to prevent unnecessary contamination secondary to transporting a patient with a communicable disease. An exception to the EMS regulations will be made by the Bureau of EMS, when deemed to be necessary by the Bureau of EMS, and will be communicated to the service through the regional EMS council.

IMMUNIZATIONS

As recommended by Centers for Disease Control for adults, core immunizations required for personnel are the following:

Varicella (chicken pox)
Tetanus/Diphtheria
Measles, Mumps, Rubella (MMR)
Influenza *if available
Pneumonia
Hepatitis A
Hepatitis B
Smallpox

Personnel are **NOT** required to be vaccinated against smallpox pre-event but must be willing to be vaccinated in the event of an outbreak. If event occurs, immunization will be provided at that time

PHYSICAL REQUIREMENTS

Be able to work 12-hour shifts under potentially austere (hot/cold long hours, etc.) conditions.

Not be on medications requiring temperature regulation.

Capability and willingness to wear and work in Level B or Level C personal protection equipment depending on level that person is trained at (infection control measure; not for warm/hot zone or hazmat response).

Service medical director signature attesting that persons meet the above requirements.

Crew requirements are identified in section 1005.10(d) of the EMS regulations.

Valid driver's license and approved emergency vehicle operator course training.

TRAINING

Training may be obtained through the Department of Health's Learning Management System (LMS) and other appropriate training modalities approved by the PA Department of Health's Bureau of EMS. Minimum training required for each person includes:

Core NIMS Required Courses

- IS 700 National Incident Management System (NIMS)
- ICS 100 Introduction to the Incident Command Structure
- ICS 200 Basic Incident Command Structure
- EMS Operations for Multi-Casualty Incidents (MCI)
- Weapons of Mass Destruction Awareness Course
- HazMat Operations Course

Core EMS Required Courses

- Smallpox Training Course (Currently on the Learning Management System)
- Emergency Vehicle Operators Course
- Basic Medical Response to Terrorism (Currently on the Learning Management System)

Optional Courses

- ICS 300 Intermediate Incident Command Structure

EQUIPMENT AND SUPPLIES

Recommended Supplies and Equipment

Level B Personal Protection Equipment
Level C Personal Protection Equipment
Communications equipment
Fuel (credit card with a reasonable minimum limit)
Supply purchasing (cash minimum $100/per day)
Potable water one gallon per person deployed
P100 or N95 masks (recommend 100)
Identification vests with reflective strips
Triage Tags (200)
Supplemental Body Substance Isolation Equipment:
Goggles (25)
Tyvek** or equivalent suits (various sizes) (recommend 100)

The following constitute Level B equipment:
Positive-pressure, full-face piece, self-contained breathing apparatus (SCBA); or positive pressure, supplied-air respirator (NIOSH approved) with escape SCBA.
Hooded chemical-resistant clothing (overalls; two-piece chemical-splash suit; disposable chemical-resistant overalls).
Gloves, outer, chemical-resistant.
Gloves, inner, chemical-resistant.
Boots, outer, chemical-resistant steel toe and shank.
Boot, covers, outer, chemical-resistant
Hard Hats (OSHA guidelines)
Face shield (1)
Duct or chemical resistant tape.

The following constitute Level C equipment:
Full-face mask, (NIOSH approved).
Hooded chemical-resistant clothing (overalls; two-piece chemical-splash suit; disposable chemical-resistant overalls).
Gloves, outer, chemical-resistant.
Gloves, inner, chemical-resistant.
Boots, outer, chemical-resistant steel toe and shank.
Boot, covers, outer, chemical-resistant.
Hard Hats (OSHA guidelines)
Face shield (1)
Duct or chemical resistant tape.

FUNDING

Funding to achieve the readiness goal may be available for each of the services participating in this program. Funding may be used for:

- Immunizations
- Training
  - Allowable training costs include:
  - Travel to and from courses (within the 75 miles) in accordance with Commonwealth Travel and Subsistence Rates appearing as Exhibit 1 to this Appendix A.
  - Reimbursement of personnel costs for training (straight time only)
  - Drills and exercises for the staff persons.
- Equipment and supplies
- Uniform includes:
  - Steel-toe boots; steel shank
  - Black or Blue work pants and shirt with level of certification displayed.
- Communications equipment compatible with regional communication plan.
- Fit testing for respirators.

NOTE: Documentation must be available for inspection and auditing of the above costs and expenditures.

COMMITMENT

The service understands and agrees that by accepting the funding it agrees that it shall participate in the program and it will be identified as an eligible resource for emergency response pursuant to the local, county, and regional plans addressing responses to catastrophic events that exceed local capacity. The service will be identified by the Department and listed with (PEMA), the RCTTFs and the County Emergency Management Agencies (EMA) and Regional EMS Councils (EMS) for inclusion in their plans.

Failure of the service to meet the requirements of this commitment will constitute a breach of its grant agreement. The service will be required to return equipment and supplies purchased exclusively with funds provided under its grant agreement, or the amount of funds from the grant used to purchase the equipment and supplies if other service funds were also used to make those purchases, and any unexpended funds, to the regional EMS council with which it entered into the grant agreement, within 60 days after notice of the breach and a request for reimbursement.

PARTICIPATION OF SERVICE

Participation in this Program does not grant rights or privileges to the service or its personnel, other than as set forth in the grant agreement.

If the service personnel provide any medical care during a response under the Program, they shall adhere to the scope of practice they have been certified to provide under the EMS Act, the EMS regulations, and notices published in the PA Bulletin.

A service shall function under Statewide BLS protocols and approved ALS protocols. The regional protocols will be those of the EMS region in which the service is headquartered unless directed by the Department to do otherwise.

OBJECTIVE

This Program is intended to increase the ability of the regional and Statewide EMS systems to respond to a catastrophic event within the existing EMA, PEMA and mutual aid system plans.

LIABILITY/REIMBURSEMENT

The Bureau of EMS acknowledges the concern of liability coverage and reimbursement. Each service is responsible for liability and workers compensation coverage at this time.

DEFINITIONS

Ambulance Strike Team is a group of five ambulances of the same type with common communications and a leader. The Strike Team may be all ALS or all BLS.

Ambulance Task Force is any combination of ambulances, within span of control, with common communications and a leader.

Emergency Medical Task Force is any combination of resources assembled for a medical mission, with common communications and a leader. Self –sufficient for 12-hour operational periods. Support elements include fuel, security, resupply of medical supplies and support for a minimum of 11 personnel.

Resource Typing is the categorization and description of resources that are commonly exchanged in disasters via mutual aid, by capacity and/or capability. Through resource typing, disciplines examine resources and identify the capabilities of the resource's component.

Incident Type categorizes by five types based on complexity.

Resource Type
Type I – ALS Unit with Hazmat Response

Type II – ALS Unit with Non Hazmat Response

Type III – BLS Unit with Hazmat Response

Type IV – BLS Unit with Non Hazmat Response

Incident Type
Type 1 Incident – most complex, requiring national resources to safely and effectively manage and operate.

Type 2 Incident – regional and/or national resources are required to safely and effectively manage the operations.

Type 3 Incident – occurs when capabilities exceed initial attack, the appropriate ICS positions should be added to match the complexity of the incident.

Type 4 Incident – Resources vary from a single module to several single resources.

Type 5 Incident – One or two single resources with up to six personnel.

Note: The ambulance industry uses the term "type" to describe the size of an ambulance, the body style of the ambulance, or the number of patients an ambulance can carry. For clarity, it is suggested that both terms (ie. "Type I-ALS") be used when ordering to avoid any confusion.

ATTACHMENTS

A - US. Department of Homeland Security and FEMA Resource Typing FEMA 508-3

B - Functional Position Descriptions

C - Physical/Medical Fitness Recommendation

D - Team Leader Qualifications and Training Responsibilities

E - Equipment Standards

F - ICS Forms

G - Grant Agreement between Service and Council

U.S. Department of Homeland Security
Federal Emergency Management Agency

Typed Resource Definitions

Emergency Medical Services Resources

FEMA 508-3

May 2005

Background The National Mutual Aid and Resource Management Initiative supports the National Incident Management System (NIMS) by establishing a comprehensive, integrated national mutual aid and resource management system that provides the basis to type, order, and track all (Federal, State, and local) response assets.

Resource Typing For ease of ordering and tracking, response assets need to be categorized via resource typing. Resource typing is the categorization and description of resources that are commonly exchanged in disasters via mutual aid, by capacity and/or capability. Through resource typing, disciplines examine resources and identify the capabilities of a resource's components (i.e., personnel, equipment, training). During a disaster, an emergency manager knows what capability a resource needs to have to respond efficiently and effectively. Resource typing definitions will help define resource capabilities for ease of ordering and mobilization during a disaster. As a result of the resource typing process, a resource's capability is readily defined and an emergency manager is able to effectively and efficiently request and receive resources through mutual aid during times of disaster.

Web Site For more information, you can also refer to the National Mutual Aid and Resource Management Web site located at:

http://www.fema.gov/nims/mutual_aid.shtm.

Supersedure This document replaces the Emergency Medical Services resource definition section in *Resource Definitions*, dated September 2004

Changes Document is reformatted. Content is unchanged.

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RESOURCE:	Air Ambulance (Fixed-Wing)					
CATEGORY:	Health & Medical (ESF #8)			KIND:	Aircraft	
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	OTHER
COMPONENT	METRIC					
Team	Care provided	Critical Care and Advanced Life Support	Critical Care and Advanced Life Support	Advanced Life Support	Basic Life Support	
Personnel	Minimum Staff	Same as Type II	Same as Type III	3 pilot 2 paramedics or 1 paramedic and 1 nurse or physician	2 pilot 1 paramedic	
Team	Transport	2 or more litter patients	1 litter patient	2 or more litter patients	1 litter patient	
Aircraft	Fixed-wing capabilities	Same as Type II	Same as Type III, plus IFR	Same as Type IV	Night operations	
Equipment		Same as Type II	Ability to deploy a medical team MICU equipment (i.e.; ventilators and infusion pumps, medications, blood)	Same as Type IV	ALS ambulance equipment	
COMMENTS:	Emergency medical services team with equipment, supplies, and aircraft for patient transport and emergency medical care outside of a hospital, providing service from airport to airport. • Fixed-Wing service in a disaster is primarily for moving injured or sick people located in the disaster area to medical facilities located outside the disaster area. Fixed-Wing service providers may also be utilized to import personnel and or equipment/supplies into the area of need. Fixed-Wing services require the use of an airport of sufficient length and access to a sufficient quantity of proper fuel type for the type of aircraft requested. Backup supplies and some equipment may be required depending upon number of patients and type of event. • Each team/unit can work a maximum of 12-hour shifts, depending upon individual policies and procedures. • Aircraft maintenance requirements may occur during deployment. Aviation maintenance must be planned. Hangar facilities should be planned for all extended operations. • Communication equipment may be programmable for interoperability but must be verified. Plan for augmenting existing communication equipment to allow Fixed-Wing aircraft to communicate with command center. Coordination with ground ambulance service required. • Ground safety assurance and traffic control are important support requirements for injury and crash prevention. This support may be significant depending upon the size and location of the incident.					

RESOURCE:	Air Ambulance (Rotary-Wing)					
CATEGORY:	Health & Medical (ESF #8)			KIND:	Aircraft	
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	OTHER
COMPONENT	METRIC					
Team	Care provided	Advanced Life Support	Advanced Life Support	Advanced Life Support	Advanced Life Support	
Personnel	Minimum staff	Same as Type II	Same as Type III	3 pilot 2 paramedics or 1 paramedic and 1 nurse or physician	2 pilot 1 paramedic	
Team	Transport	Same as Type II	2 or more litter patients	Same as Type IV	1 litter patient	
Aircraft	Rotary-wing with these capabilities	Same as Type II, plus Full SAR including hoist capabilities	Night operations IFR	Same as Type IV	Night operations VFR	
Equipment		ALS ambulance equipment	Same as Type III	Ability to deploy a medical team; MICU equipment (i.e., ventilators & infusion pumps, medications, blood)	ALS ambulance equipment	
COMMENTS:	Emergency medical services team with equipment, supplies, and aircraft for patient transport & emergency out-of-hospital medical care. • Each team/unit can work a maximum of 12-hour shifts, depending upon individual policies & procedures. • Aircraft maintenance requirements may occur during deployment. Aviation maintenance must be planned. Hangar facilities should be planned for all extended operations. Fuel tankers or other supply points must be identified. Backup supplies and some equipment may be required depending upon number of patients and type of event. • Communication equipment may be programmable for interoperability but must be verified. Provide communication frequencies of ground incident command. Plan for augmenting existing communication equipment. • Landing zones (space, clearance, and weight restrictions) must be considered. The typical civilian air ambulance requires an LZ of 150' x 150'. • Ground safety assurance and traffic control are important support requirements for injury and crash prevention. This support may be significant depending upon the size of the incident and the location of the incident.					

RESOURCE:	Ambulances (Ground)					
CATEGORY:	Health & Medical (ESF #8)			KIND:	Team	
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	OTHER
COMPONENT	METRIC					
Team	Care provided	Advanced Life Support	Advanced Life Support	Basic Life Support	Basic Life Support operations	Non-transporting emergency medical response
Personnel	Minimum staff	2 paramedic and EMT	2 paramedic and EMT	2 EMT and first responder	2 I EMT and first responder	1
Vehicle	Transport	2-litter patients	2-litter patients	2 litter patients	2 litter patients	
Personnel	Training and equipment	Same as Type III	Non-HazMat response	Meets or exceeds standards as addressed by EPA, OSHA and NFPA 471,472,473 and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions All immunized in accordance with CDC core adult immunizations and specific threat as appropriate		BLS or ALS equipment/supplies
COMMENTS:	Emergency medical services team with equipment, supplies, and vehicle for patient transport (Type I-IV) and out-of-hospital emergency medical care. • Each team unit can work 12-hour shifts. Backup supply and some equipment required according to number of patients and type of event. • Communication equipment may be programmable for interoperability but must be verified. Plan for augmenting existing communication equipment. • Environmental considerations related to temperature control in patient care compartment and pharmaceutical storage may be necessary for locations with excessive ranges in temperature. • Security of vehicle support required for periods of standby without crew in attendance. Fuel supply and maintenance support must be available. • Decontamination supplies and support required for responses to incidents with potential threat to responding services or transport of infectious patients.					

RESOURCE:	Ambulance Strike Team					
CATEGORY:	Health and Medical (ESF #8)			KIND:	Team	
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	OTHER
COMPONENT	METRIC					
Team	Scope of Practice	Advanced Life Support	Advanced Life Support	Basic Life Support	Basic Life Support	
Personnel	Minimum number	2 staff (paramedic and EMT) transport per ambulance	2 staff (paramedic and EMT) per ambulance	2 staff (EMT and driver) per ambulance	2 personnel (1 EMT and 1 driver) per ambulance	
Personnel	See Note 1	Same as Typ[e III	Non-HazMat response	Meets or exceeds standards as addressed by EPA, OSHA, and NFP 471, 472, 473, and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions All immunized in accordance with CDC core adult immunizations and specific threat as appropriate		
Equipment	See Note 2	5 Type I Ambulances; Capable of transporting minimum of 10 litter patients total (2 per ambulance)	5 Type II Ambulances; Minimum capability of 10 litter patients	5 Type III Ambulances; Minimum capability of 10 litter patients	5 Type IV Ambulances; Minimum of 10 litter patients	
Personnel	Training See Note 3 See Note 4	ICS 300 HazMat FRO Course WMD Awareness Course 3 years of EMS experience				
Supply	Go-Pack See Note 5	X	X	X	X	

RESOURCE:	Ambulance Strike Team					
CATEGORY:	Health and Medical (ESF #8)			KIND:	Team	
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	OTHER
COMPONENT	METRIC					
COMMENTS:	An Ambulance Strike Team is a group of five ambulances of the same type with common communications and a leader. It provides an operational grouping of ambulances complete with supervisory element for organization command and control. The strike teams may be all ALS or all BLS. Support elements needed include fuel, security, resupply of medical supplies, and support for a minimum of 11 personnel (if 2 crew per ambulance) or 16 (if 3 crew per ambulance). Temperature control support may be required for medical supplies in some environments. Vehicle maintenance support required. Note 1: Can be deployed to cover 12-hour periods or 24-hour ops depending on number of ambulances needed at one time. Should be self-sufficient for 72 hours. Note 2: Emergency Medical Services team with equipment, supplies, and vehicle for patient transport (Type I-IV) and out-of-hospital emergency medical care. Note 3: Required training, ICS 100 and 200, Basic MCI Field Operations (8 hours). Note 4: Strike Team Leader – Ambulance Course (8 hours), 1 year leadership experience in a related field. Note 5: Equipment and supplies to meet minimum scope of practice (ALS or BLS). Equipment and supplies to meet minimum requirements of State agency that provides regulation.					

RESOURCE:	Ambulance Task Force					
CATEGORY:	Health and Medical (ESF #8)			KIND:	Team	
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	OTHER
COMPONENT	METRIC					
Personnel	Supervisor/ Leader See Note 1	1				
Vehicle	Ambulances See Note 2	Any combination of different types of ambulances assembled for an EMS mission, with common communications & a leader.				
Personnel	Training	ICS 100 and 200 Basic MCI Field Operations (8 hours) Task Force Leader-Ambulance Course (8 hours) One year Leadership experience in a related field				
COMMENTS:	Any combination of ambulances, within span of control, with common communications and a leader. This resource typing is used to distinguish between a Task Force of Ambulances and an Emergency Medical Task Force (any combination of resources). Note 1: Must have own vehicle with communications capabilities - both enroute and at scene - to all other units under the leader's supervision. Note 2: Emergency Medical Services team with equipment, supplies, and vehicle for patient transport (Type I-IV) and out-of-hospital emergency medical care.					

RESOURCE:	Emergency Medical Task Force					
CATEGORY:	Health and Medical (ESF #8)			KIND:	Team	
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	OTHER
COMPONENT	METRIC					
Personnel	Supervisor	1 Minimum qualifications: Ambulance Strike Team/Medical Task Force Leader				
Equipment	Resources	Any combination of resources assembled for a medical mission, with common communications and a leader				
COMMENTS:	Emergency Medical Task Force: Any combination (within span of control) of resources (e.g., Ambulances, Rescues, Engines, Squads) assembled for a medical mission, with common communications and a leader (supervisor). Self-sufficient for 12-hour operational periods, although may be deployed longer, depending on need. Support elements needed include fuel, security, resupply of medical supplies, and support for a minimum of 11 personnel (depending on staffing of individual units). Temperature control support may be required for medical supplies in some environments. Vehicle maintenance support required.					

FUNCTIONAL POSITION DESCRIPTION FOR THE FIRST RESPONDER

INTRODUCTION

The following is a position description for the First Responder. This document identifies the minimum qualifications, expectations, competencies and tasks expected of the First Responder.

QUALIFICATIONS FOR CERTIFICATION

To qualify for state certification, the applicant shall at a minimum:

1. meet minimum state entry requirements.
2. meet requirements, such as attendance and grades.
3. successfully complete all certifications examinations.
4. have a valid verification of skill form signed (Appendix D).

COMPETENCIES

The First Responder must demonstrate competency in handling emergencies utilizing basic life support equipment in accordance with the objectives in the U.S. Department of Transportation National Standard Curriculum for First Responder and other objectives identified by the Department, to include having the ability to:

- Verbally communicate in person and via telephone and telecommunications using the English language.
- Hear spoken information from co-workers, patients, physicians and dispatchers and sounds common to the emergency scene.
- Lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance), a height of 33 inches, a distance of 10 feet.
- Read and comprehend written materials under stressful conditions.
- Verbally interview patient, family members, and bystanders and hear their responses.
- Document physically in writing all relevant information in prescribed format.
- Demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care.
- Bend, stoop, crawl and walk on uneven surfaces.
- Meet minimum vision requirements to operate a motor vehicle within the state.
- Function in varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.

DESCRIPTION OF TASKS

May function alone or as a member of a multi-member team.

FUNCTIONAL POSITION DESCRIPTION FOR THE FIRST RESPONDER

Receives calls from dispatcher, verbally acknowledges the call, reads road maps, assists in the identification of the most expeditious route to the scene, and observes traffic ordinances and regulations.

Upon arrival at the scene, insures that the vehicle is parked in a safe location, determines scene safety including the presence of hazardous materials, mechanism of injury or illness, and determines total number of patients.

In the absence of public safety personnel, takes safety precautions to protect the injured and those assisting in the care of the patient(s).

Using body substance isolation techniques protects the patient(s) and providers from possible contamination.

Determines nature and extent of illness or injury, checks respiration, takes pulses, blood pressure by auscultation and palpation, (including proper placement of the cuff), visually observes changes in skin color, establishes priority for emergency care. Based on assessment findings, renders emergency care.

Skills performed include but are not limited to: establishing and maintaining an airway, ventilating patients, cardiac resuscitation, use of automated external defibrillators where applicable, controlling hemorrhage, bandaging wounds and splinting of painful swollen or deformed extremities.

Responsible for the administration of oxygen.

Reassures patients and bystanders by working in a confident, efficient manner.

Functions in varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.

Performs in situations that create stress and tension on a regular basis.

Communicates verbally for additional help as needed.

Assists in lifting, carrying and transporting patient to an ambulance.

Reports verbally and in writing, observations and emergency care given to the patient at the scene. Upon requests, provides assistance to the receiving facility staff.

Disposes of contaminated supplies in accordance with established guidelines.

FUNCTIONAL POSITION DESCRIPTION FOR THE FIRST RESPONDER

Attends continuing education and refresher training programs as required by EMS agency, and/or certifying agency.

Meets qualifications within the functional position description of the First Responder.

FUNCTIONAL POSITION DESCRIPTION FOR THE EMERGENCY MEDICAL TECHNICIAN

INTRODUCTION

The following is a position description for the Emergency Medical Technician (EMT). This document identifies the minimum qualifications, expectations, competencies and tasks expected of the EMT.

QUALIFICATIONS FOR CERTIFICATION

To qualify for state certification, the applicant shall at a minimum:

1. Meet minimum state entry requirements.
2. Meet requirements, such as attendance and grades.
3. Successfully complete all certifications examinations.
4. Have a valid skills verification form signed (Appendix E).

COMPETENCIES

The EMT must demonstrate competency in handling emergencies utilizing basic life support equipment in accordance with the objectives in the U.S. Department of Transportation National Standard Curriculum for EMT and other objectives identified by the Department, to include having the ability to:

- Verbally communicate in person and via telephone and telecommunications using the English language.
- Hear spoken information from co-workers, patients, physicians and dispatchers and sounds common to the emergency scene.
- Lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance), a height of 33 inches, a distance of 10 feet.
- Read and comprehend written materials under stressful conditions.
- Verbally interview patient, family members, and bystanders and hear their responses.
- Document physically in writing all relevant information in prescribed format.
- Demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care.
- Bend, stoop, crawl and walk on uneven surfaces.
- Meet minimum vision requirements to operate a motor vehicle within the state.
- Function in varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.

FUNCTIONAL POSITION DESCRIPTION FOR THE EMERGENCY MEDICAL TECHNICIAN

DESCRIPTION OF TASKS

May function alone or as a member of a multi-member team.

Receives calls from dispatcher, verbally acknowledges the call, reads road maps, identifies of the most expeditious route to the scene, and observes traffic ordinances and regulations.

Upon arrival at the scene, insures that the vehicle is parked in a safe location; performs size-up to determine scene safety including the presence of hazardous materials, mechanism of injury or illness, determines total number of patients. Performs triage and requests additional help if necessary.

In the absence of public safety personnel, takes safety precautions to protect the injured and those assisting in the care of the patient(s).

Using body substance isolation techniques protects the patient(s) and providers from possible contamination.

Inspects for medical identification, emblems, bracelets or cards that provide emergency care information.

Determines nature and extent of illness or injury, checks respiration, auscultates breath sounds, takes pulses, blood pressure by auscultation and palpation, (including proper placement of the cuff), visually observes changes in skin color, establishes priority for emergency care. Based on assessment findings, renders emergency care to adults, infants and children.

Skills performed include but are not limited to: establishing and maintaining an airway, ventilating patients, cardiac resuscitation, use of automated external defibrillators where applicable. In addition, provides prehospital emergency care of single and multiple system trauma such as controlling hemorrhage, treatment of shock (hypoprofusion), bandaging wounds, spinal immobilization and splinting of painful swollen or deformed extremities.

Manages medical patients to include but are not limited to: assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies and suspected poisonings.

Performs interventions and assists patients with prescribed medications, including sublingual nitroglycerin, epinephrine auto injectors, and metered dose aerosol inhalers.

Responsible for the administration of oxygen, oral glucose and activated charcoal.

Reassures patients and bystanders by working in a confident, efficient manner.

Functions in varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.

Performs in situations that create stress and tension on a regular basis.

FUNCTIONAL POSITION DESCRIPTION FOR THE EMERGENCY MEDICAL TECHNICIAN

Where extrication is required, assesses extent of entrapment and provides all possible emergency care and protection to the patient. Uses recognized techniques and equipment for removing patients safely (to include proper strap placement).

Communicates verbally for additional help as needed. Following extrication provides additional medical care and triaging the injured in accordance with standard emergency procedures.

Complies with regulations for the handling of crime scenes and prehospital deaths by notifying the appropriate authorities and arranging for the protection of property and evidence at the scene.

Carries and places patient in the ambulance and assures that the patient and stretcher are secured, and continues emergency medical care enroute in accordance with local protocols.

Determines most appropriate facility for patient transport. Reports to the receiving facility the nature and extent of injuries, the number of patients being transported.

Observes patient enroute and administers care as directed by medical control or local protocol. Able to maneuver to all points in the patient compartment while transporting with a stretchered patient. Assists in lifting and carrying patients, and appropriate equipment from ambulance and into receiving facility.

Reports verbally and in writing, observations and emergency care given to the patient at the scene and in transit to the receiving staff for record keeping and diagnostic purposes. Upon requests, provides assistance to the receiving facility staff.

Disposes of contaminated supplies in accordance with established guidelines, decontaminates vehicle interior, sends used supplies for sterilization.

Maintains ambulance in operable condition, which includes cleanliness, orderliness and restocking of equipment and supplies. Determines vehicle readiness by checking oil, gas, and water in battery and radiator, and tire pressure.

Checks all medical equipment for future readiness. Maintains familiarity with all specialized equipment.

Attends continuing education and refresher training programs as required by EMS agency, medical direction, and/or certifying agency.

Meets qualifications within the functional position description of the EMT.

FUNCTIONAL POSITION DESCRIPTION FOR THE ALS PROVIDER

QUALIFICATIONS

The following is a position description for the Emergency Medical Technician-Paramedic, Prehospital R.N., and Health Professional (hereafter referred to as an ALS Provider). This document identifies the qualifications, competencies and tasks expected of the ALS Provider.

QUALIFICATIONS FOR CERTIFICATION

To qualify for state certification, the applicant shall at a minimum:

1. Meet minimum state entry requirements.
2. Meet requirements, such as attendance and grades.
3. Successfully complete all certifications examinations.
4. Have a valid skills verification form signed (Appendix C.3).

COMPETENCIES

The ALS Provider must demonstrate competency in handling emergencies utilizing advanced and basic life support equipment in accordance with the objectives in the U.S. Department of Transportation National Standard Curriculum for Emergency Medical Technician-Paramedic, Prehospital R.N., or Health Professional, or other objectives identified by the Department, to include having the ability to:

- Verbally communicate in person and via telephone and telecommunications using the English language.
- Hear spoken information from co-workers, patients, physicians and dispatchers and sounds common to the emergency scene.
- Lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance), a height of 33 inches, a distance of 10 feet.
- Read and comprehend written materials under stressful conditions.
- Verbally interview patient, family members, and bystanders and hear their responses.
- Document physically, in writing, all relevant information in prescribed format.
- Demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care.
- Bend, stoop, crawl and walk on uneven surfaces.
- Meet minimum vision requirements to operate a motor vehicle within the state.
- Function in varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.
- Interpret written, oral and diagnostic forms of instruction.
- Perform in situations that create stress and tension on a regular basis.

DESCRIPTION OF TASKS

Be capable of performing all EMT basic skills and using BLS equipment.

Be able to perform in accordance with all behavioral objectives of the ALS curriculum approved by the Department and other objectives identified by the Department.

May function alone or as a member of a multi-member team.
Receives calls from dispatcher, verbally acknowledges the call, reads road maps, identifies the most expeditious route to the scene, and observes traffic ordinances and regulations.

Upon arrival at the scene, insures that the vehicle is parked in a safe location; performs size-up to determine scene safety, mechanism of injury or illness, determines total number of patients and requests additional help if necessary. Performs triage and requests additional help if necessary.

In the absence of public safety personnel, creates a safe environment for the protection of the injured and those assisting in the care of the patient(s).

Using body substance isolation techniques protects the patient(s) and providers from possible contamination.

Determines nature and extent of illness or injury, takes pulses, blood pressure by auscultation and palpation, visually observes changes in skin color, establishes priority for emergency care, calculates drip rates and drug concentrations, renders appropriate approved intravenous drugs or fluid replacement as directed by a physician, performs Endotrachael intubation to open airways and ventilates patients.

Performs cardiac monitoring, interprets EKG tracing, and transmits rhythm to emergency department if required by medical control. Inflates pneumatic anti-shock garment.

Complies with regulations on the handling of crime scenes and prehospital deaths by notifying the appropriate authorities and arranges for protection of property and evidence.

Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue if required, provides additional emergency care.

Determines most appropriate facility for patient transport unless otherwise directed by medical control. Reports the nature and extent of injuries, the number of patients being transported and destination to assure prompt medical care in accordance with local protocols.

Observes a patient enroute and administers care as directed by medical control. Able to maneuver to all points in the patient compartment while moving with a stretchered patient. Assists in lifting, carrying, and transporting patients to ambulance and to a medical facility.

Reassures patients and bystanders.

Avoids mishandling patients and undue haste, searches for medical identification emblem to aid in care.

Reports verbally and in writing, observations and emergency care given to the patient at the scene and in transit, to the receiving staff for record keeping and diagnostic purposes. Upon requests, provides assistance to the receiving facility staff.

After call restocks and replaces patient care supplies, cleans all equipment following appropriate decontamination/cleaning procedures, makes careful check of all equipment to insure availability of ambulance for next run. Maintains ambulance in efficient operating condition.

Attends continuing education and refresher training programs as required by employers', medical direction, and/or certifying agency.

Meets qualifications within the functional position description of the EMT and ALS Provider.

PHYSICAL / MEDICAL FITNESS RECOMMENDATION

Requirement	Required	Recommended	Additional Comments
12-hour shifts			
Austere conditions(possibly no showers, housing in tents)			
Extreme weather conditions such as long exposure to heat, lack of air-conditioning			
Long periods of standing			
Military ready to eat meals (MRE)			
Portable toilets			

Persons who accept an assignment:

Requirement	Required	Recommended	Additional Comments
Should be of good health, including the stamina, endurance and physical capability to protect the health and safety of disaster victims and other disaster relief workers and must not require personal medications that need refrigeration of any kind			
Should be able to coordinate and work across multiple disciplines and agencies			
Should be able to work in stressful situations, perform multiple tasks, have the flexibility to work under severe adverse conditions, and have a desire to help all people affected by the disaster regardless of race, gender, ethnic background, religion, sexual orientation or political views.			
Must be of good moral and professional character, not facing any criminal charges, or have been convicted of a felony or of a misdemeanor resulting in imprisonment within the last 24 months			
Ideally, individual should have had some experience in domestic or overseas disaster situations			
Must not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies			

STRIKE TEAM LEADER JOB RESPONSIBILITIES

The Strike Team Leader is responsible for:

- Safety and condition of the personnel and equipment
- Coordination the movement of the personnel and equipment to and from the incident
- Supervise the operational deployment of the team at the incident
- Keep the team accounted for at all times
- Contact appropriate incident personnel with problems encountered
- Ensure adequate communications
- Maintain positive public relations during the incident

STRIKE TEAM LEADER TRAINING/QUALIFICATIONS

- ICS 100,200
- ICS 300 (optional)
- EMS Operations for MCI
- WMD Awareness Course
- HazMat Operations Course
- Smallpox Training Course
- Emergency Vehicle Operators Course
- Basic Medical Response to Terrorism
- Three years EMS experience
- One year leadership experience

EQUIPMENT STANDARDS

Personal 72-hour Supplies for Strike Team Members

- Extra uniforms, socks, underwear
- Safety Boots
- Water
- Raingear
- Meals ready to eat (MRE)
- Personal Medications and medical history
- Toiletries
- Sunscreen
- Sleeping Bag
- Hearing Protection
- Photo I.D.
- Petty Cash

Ambulance Supplies

- Equipment and Supplies to meet Ambulance Licensure Standards
- Communications Equipment
- Patient Care Reports
- Disaster Triage Tags
- Work Gloves
- Safety Helmets
- 2 Flashlights

Strike Team Leader Vehicle

- Most recently published Map Book
- Fuel and Supply Purchasing (Credit Card, Cash)
- Communications Equipment capable of communicating with the team enroute and at the incident
- Sleeping bag
- MREs
- Portable Water
- Disaster Triage Tags
- Safety Helmet
- Work Gloves
- 2 Flashlights
- ICS Forms & Strike Team Leader Kit
- Personal Pack with contents as described above

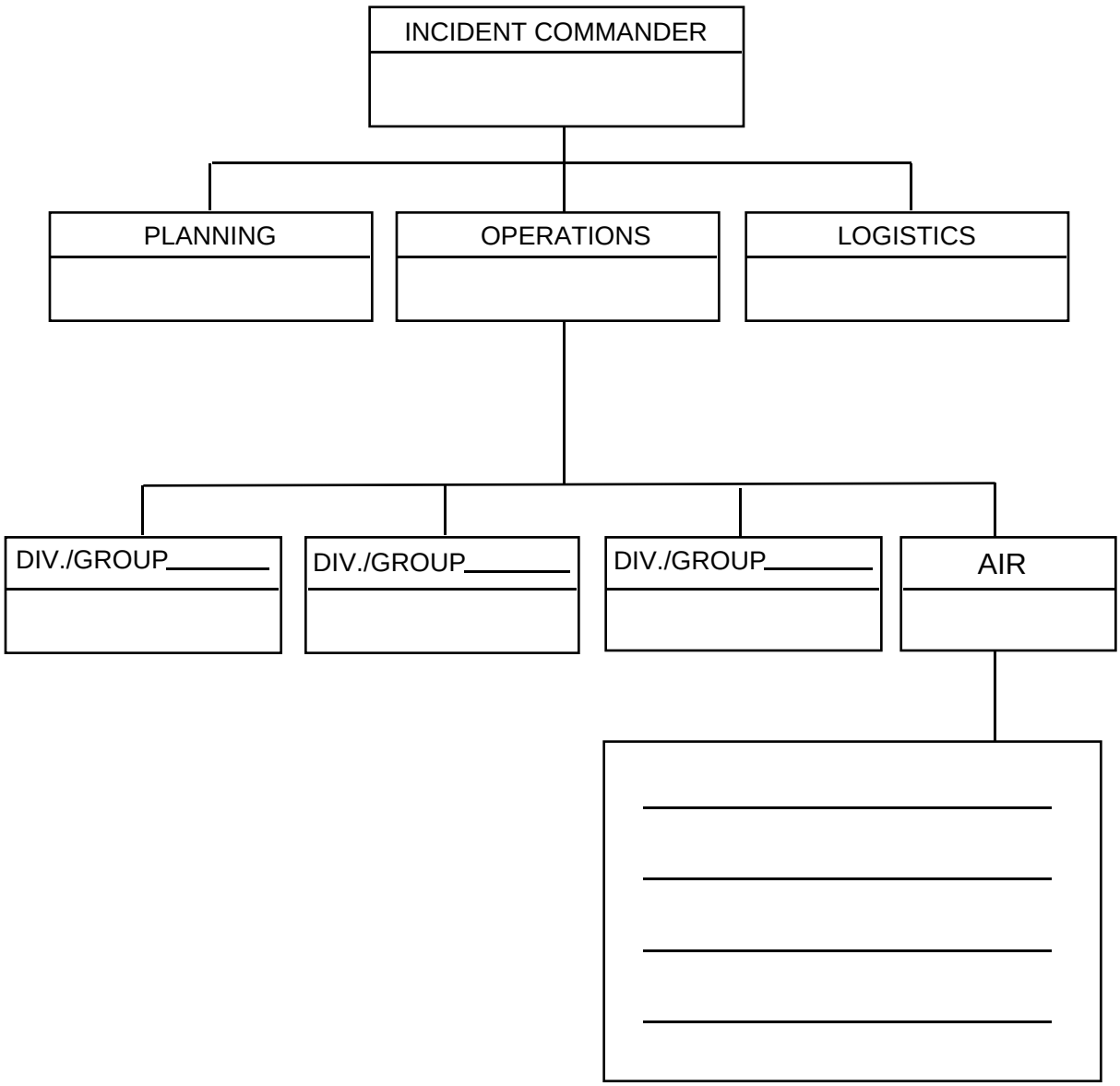
INCIDENT BRIEFING	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

4. MAP SKETCH

ICS 201 (12/93) NFES 1325	PAGE 1	5. PREPARED BY (NAME AND POSITION)

6. SUMMARY OF CURRENT ACTIONS		
ICS 201 (12/93) **NFES 1325**	PAGE 2	

7. CURRENT ORGANIZATION



8. RESOURCES SUMMARY				
RESOURCES ORDERED	RESOURCES IDENTIFICATION	ETA	ON SCENE √	LOCATION/ASSIGNMENT
ICS 201 (12/93) NFES 1325	PAGE 4			

INCIDENT OBJECTIVES

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

4. OPERATIONAL PERIOD (DATE/TIME)

5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)

6. WEATHER FORECAST FOR OPERATIONAL PERIOD

7. GENERAL SAFETY MESSAGE

8. ATTACHMENTS (✓ IF ATTACHED)

- ☐ ORGANIZATION LIST (ICS 203)
- ☐ ASSIGNMENT LIST (ICS 204)
- ☐ COMMUNICATIONS PLAN (ICS 205)
- ☐ MEDICAL PLAN (ICS 206)
- ☐ INCIDENT MAP
- ☐ TRAFFIC PLAN
- ☐ _____
- ☐ _____
- ☐ _____

9. PREPARED BY (PLANNING SECTION CHIEF)	10. APPROVED BY (INCIDENT COMMANDER)

ORGANIZATION ASSIGNMENT LIST

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

POSITION NAME

4. OPERATIONAL PERIOD (DATE/TIME)

5. INCIDENT COMMANDER AND STAFF

INCIDENT COMMANDER	
DEPUTY	
SAFTEY OFFICER	
INFORMATION OFFICER	
LIAISON OFFICER	

6. AGENCY REPRESENTATIVES

AGENCY	NAME

7. PLANNING SECTION

CHIEF	
DEPUTY	
RESOURCES UNIT	
SITUATION UNIT	
DOCUMENTATION UNIT	
DEMOBILIZATION UNIT	
TECHNICAL SPECIALISTS	

8. LOGISTICS SECTION

CHIEF	
DEPUTY	
a. SUPPORT BRANCH	
DIRECTOR	
SUPPLY UNIT	
FACILITIES UNIT	
GROUND SUPPORT UNIT	
b. SERVICE BRANCH	
DIRECTOR	
COMMUNICATIONS UNIT	
MEDICAL UNIT	
FOOD UNIT	

9. OPERATIONS SECTION

CHIEF		
DEPUTY		
a. BRANCH I- DIVISION/GROUPS		
BRANCH DIRECTOR		
DEPUTY		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
b. BRANCH II- DIVISION/GROUPS		
BRANCH DIRECTOR		
DEPUTY		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
c. BRANCH III- DIVISION/GROUPS		
BRANCH DIRECTOR		
DEPUTY		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
d. AIR OPERATIONS BRANCH		
AIR OPERATIONS BR. DIR.		
AIR TACTICAL GROUP SUP.		
AIR SUPPORT GROUP SUP.		
HELICOPTER COORDINATOR		
AIR TANKER/FIXED WING CRD.		

10. FINANCE/ADMINISTRATION SECTION

CHIEF	
DEPUTY	
TIME UNIT	
PROCUREMENT UNIT	
COMPENSATION/CLAIMS UNIT	
COST UNIT	

PREPARED BY(RESOURCES UNIT)

1. BRANCH	2. DIVISION/GROUP	**ASSIGNMENT LIST**

3. INCIDENT NAME	4. OPERATIONAL PERIOD DATE _____ TIME _____

5. OPERATIONAL PERSONNEL

OPERATIONS CHIEF _____ DIVISION/GROUP SUPERVISOR _____

BRANCH DIRECTOR _____ AIR TACTICAL GROUP SUPERVISOR _____

6. RESOURCES ASSIGNED THIS PERIOD

STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME

7. CONTROL OPERATIONS

8. SPECIAL INSTRUCTIONS

9. DIVISION/GROUP COMMUNICATIONS SUMMARY

FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL				SUPPORT	LOCAL			
	REPEAT					REPEAT			
DIV./GROUP TACTICAL					GROUND TO AIR				

PREPARED BY (RESOURCE UNIT LEADER)	APPROVED BY (PLANNING SECT. CH.)	DATE	TIME

INCIDENT RADIO COMMUNICATIONS PLAN

1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME

4. BASE RADIO CHANNEL UTILIZATION

SYSTEM/CACHE	CHANNEL	FUNCTION	FREQUENCY/TONE	ASSIGNMENT	REMARKS

5. PREPARED BY (COMMUNICATIONS UNIT)

MEDICAL PLAN

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD

5. INCIDENT MEDICAL AID STATIONS

MEDICAL AID STATIONS	LOCATION	PARAMEDICS	
		YES	NO

6. TRANSPORTATION

A. AMBULANCE SERVICES

NAME	ADDRESS	PHONE	PARAMEDICS	
			YES	NO

B. INCIDENT AMBULANCES

NAME	LOCATION	PARAMEDICS	
		YES	NO

7. HOSPITALS

NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO

8. MEDICAL EMERGENCY PROCEDURES

206 ICS 8/78	9. PREPARED BY (MEDICAL UNIT LEADER)	10. REVIEWED BY (SAFETY OFFICER)

NFES 1331

Incident Status Summary (ICS-209)

1: Date	2: Time	3: Initial | Update | Final	4: Incident Number	5: Incident Name
		| |		

6: Incident Kind	7: Start Date Time	8: Cause	9: Incident Commander	10: IMT Type	11: State-Unit

12: County	13: Latitude and Longitude Lat: Long:	14: Short Location Description (in reference to nearest town):

Current Situation

15: Size/Area Involved	16: % Contained or MMA	17: Expected Containment Date: Time:	18: Line to Build	19: Costs to Date	20: Declared Controlled Date: Time:

21: Injuries this Reporting Period:	22: Injuries to Date:	23: Fatalities	24: Structure Information			
			Type of Structure	# Threatened	# Damaged	# Destroyed
25: Threat to Human Life/Safety: Evacuation(s) in progress ---- No evacuation(s) imminent -- Potential future threat -------- No likely threat ----------			Residence			
			Commercial Property			
			Outbuilding/Other			

26: Communities/Critical Infrastructure Threatened (in 12, 24, 48 and 72 hour time frames):

12 hours:

24 hours:

48 hours:

72 hours:

27: Critical Resource Needs (kind & amount, in priority order):
1.
2.
3.

28: Major problems and concerns (control problems, social/political/economic concerns or impacts, etc.) Relate critical resources needs identified above to the Incident Action Plan.

29: Resources threatened (kind(s) and value/significance):

30: Current Weather Conditions Wind Speed: mph Temperature: Wind Direction: Relative Humidity:	31: Resource benefits/objectives (for prescribed/wildland fire use only):

32: Fuels/Materials Involved: A drop down box with the 13 Fire Behavior Fuel Models has been added. The incident would select the predominant fuel model with the option to include additional fuels information in the text box.

33: Today's observed fire behavior (leave blank for non-fire events):

34: Significant events today (closures, evacuations, significant progress made, etc.):

Outlook

35: Estimated Control Date and Time:	36: Projected Final Size:	37: Estimated Final Cost:	38: Tomorrow's Forecasted Weather Wind Speed: mph Temperature: Wind Direction: Relative Humidity:

39: Actions planned for next operational period:

40: Projected incident movement/spread during next operational period:

41: For fire incidents, describe resistance to control in terms of:

1. Growth Potential -

2. Difficulty of Terrain -

42: How likely is it that containment/control targets will be met, given the current resources and suppression/control strategy?

43: Projected demobilization start date:

44: Remarks:

45: Committed Resources

Agency	CRW 1		CRW 2		HEL 1	HEL 2	HEL 3	ENGS		DOZR		WTDR	OVHD	Camp Crews	Total Personnel
	SR	ST	SR	ST	SR	SR	SR	SR	ST	SR	ST	SR	SR		

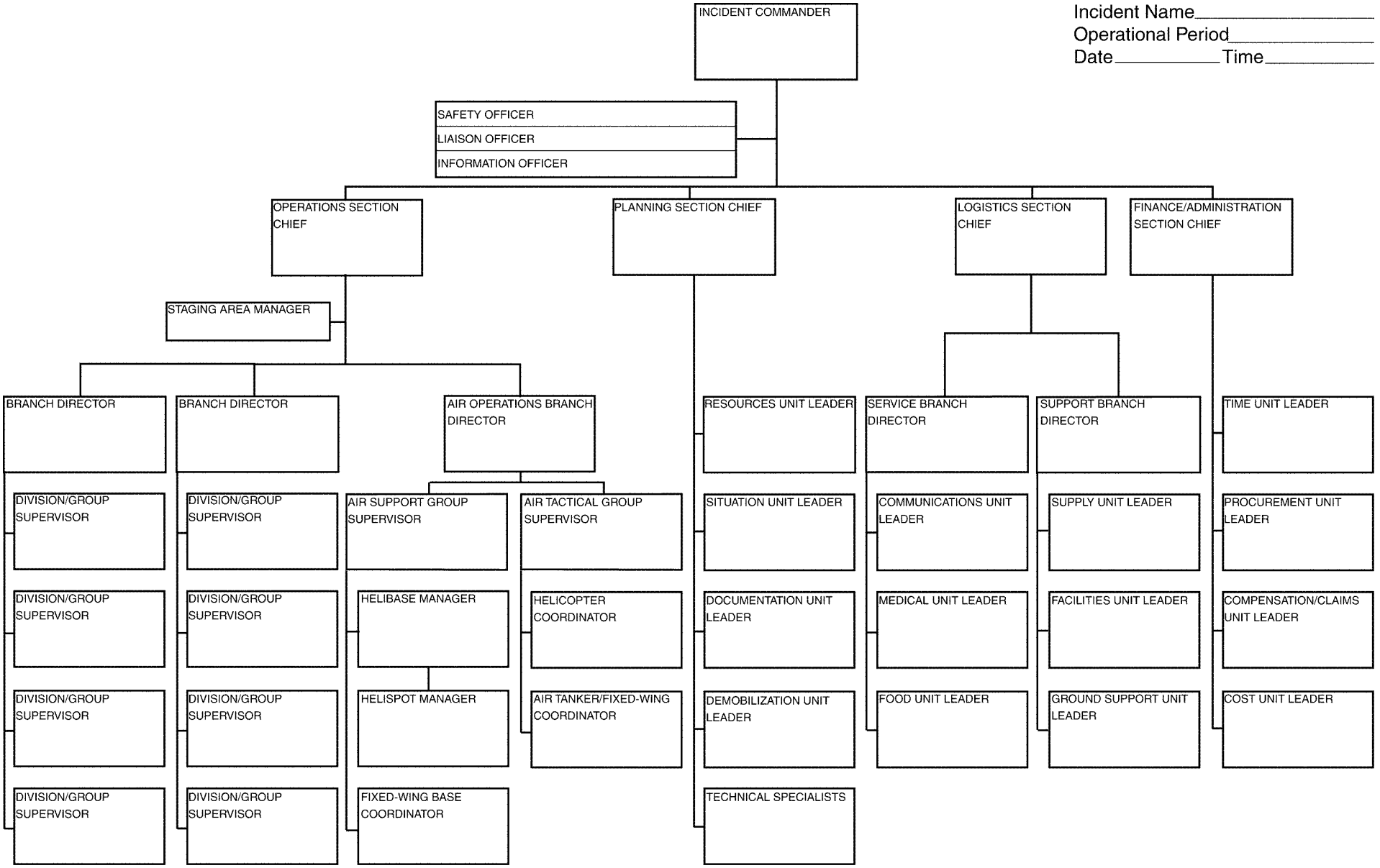
Total															

46: Cooperating and Assisting Agencies Not Listed Above:

Approval Information

47: Prepared by:	48: Approved by:	49: Sent to: by: Date: Time:

Incident Name_____
Operational Period_____
Date_____ Time_____



DESIGNATOR
NAME/ ID. NO. _____

_____

STATUS

☐ ASSIGNED ☐ AVAILABLE ☐ O/S REST
☐ O/S MECHANICAL ☐ O/S MANNING
_____ ETR (O/S= Out of Service)

FROM	LOCATION	TO
	DIVISION/GROUP	
	STAGING AREA	
	BASE/ICP	
	CAMP	
	ENROUTE	ETA
	HOME AGENCY	

MESSAGES

RESTAT

TIME_____ PROCESS ☐

ICS FORM 210 6/83 STATUS CHANGE CARD NFES 1334