



MODULE 2: ICS SPECIFIC TO EMS OVERVIEW

OBJECTIVES

- Identify common Incident Command System (ICS) terminology specific to Emergency Medical Services (EMS).
- Describe the basic structure of the medical component within an ICS structure.
- Describe methods for incorporating Medical Branch organization into ICS structure.
- Describe resource typing.

OBJECTIVES (cont'd)

- Describe Ambulance Strike Teams.
- Define EMS Task Force.
- Describe Staging.

MEDICAL GROUP STRUCTURE WITHIN ICS

- Medical Group generally falls under Operations Section.
- Medical Group consists of following Units:
 - Triage.
 - Treatment.
 - Transportation.

MEDICAL BRANCH

- Provides Incident Commander (IC) with manageable span-of-control.
- Separates out medical component for complex incidents.
- Implementation depends on incident size and patient numbers.
- People managing incidents must:
 - Complete assigned objectives.
 - Account for safety.
 - Communicate their need for resources.

EXPANDABLE UNITS WITHIN ICS

Units may be expanded to include, but not be limited to:

- Medical supply coordinator.
- Triage:
 - Morgue manager.
- Treatment:
 - Immediate treatment.
 - Delayed treatment.
 - Minor treatment.
 - Treatment dispatch manager.
- Transportation:
 - Medical communications coordinator.
 - Ambulance coordinator.

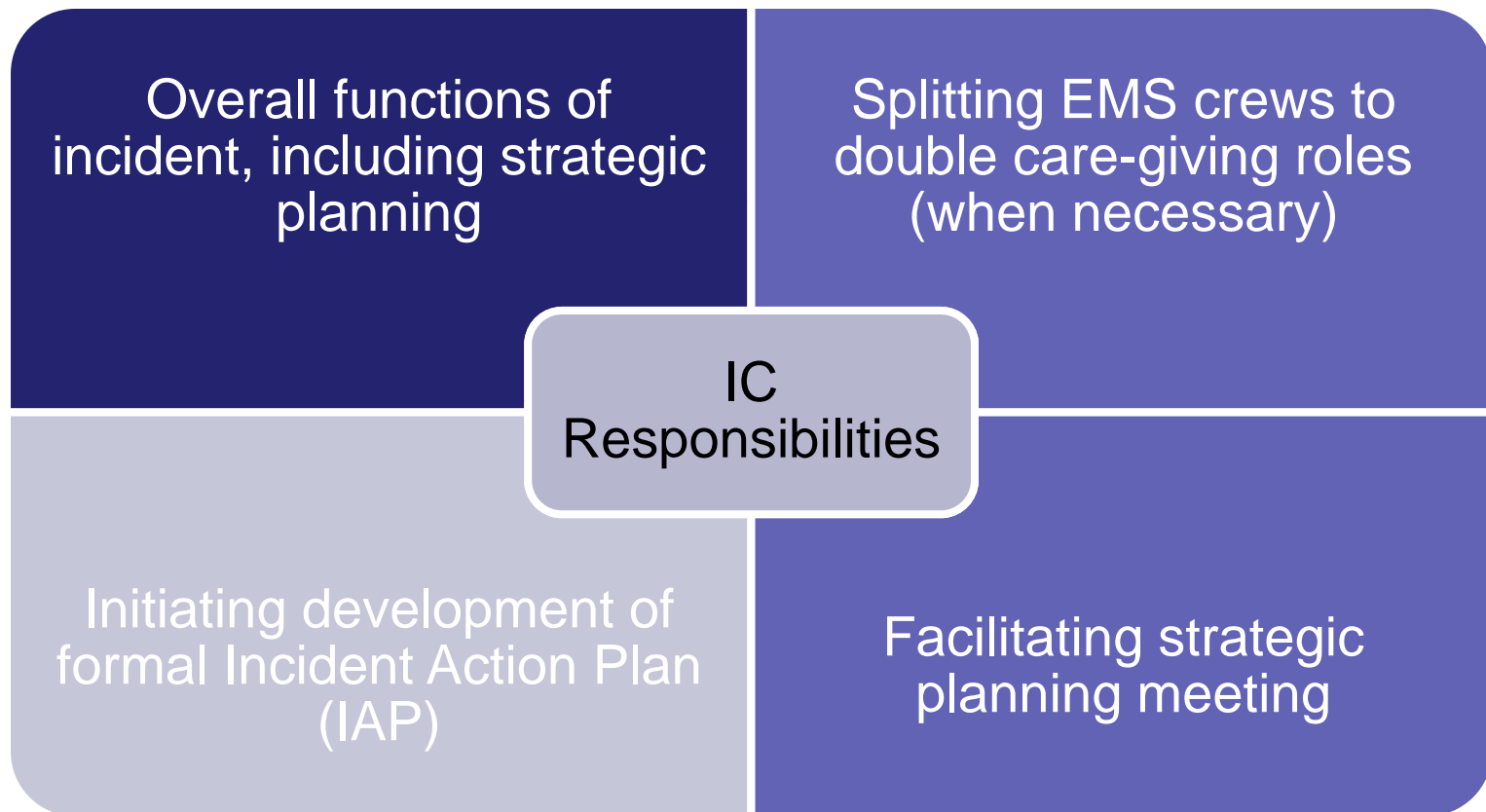
MEDICAL UNIT

- Established under Logistics Section.
- Responsible for:
 - Medical monitoring of response personnel.
 - Obtaining medical aid and transportation for injured and ill responders or rescue personnel.
 - Establishment of responder rehabilitation.
 - National Fire Protection Association (NFPA) 1584.
 - United States Fire Administration (USFA) Emergency Incident Rehabilitation.

MULTIPLE TRIAGE AND TREATMENT UNITS

- An incident can have multiple Triage and Treatment Units:
 - Depending on its size.
 - If patients can become mobile and exit or gather at different locations.
 - When problem begins to expand.

STRATEGIC CONSIDERATIONS



VERTICAL VERSUS HORIZONTAL COMMUNICATION

- Within the ICS structure, information is normally communicated vertically.
- Horizontal communication may be necessary to communicate critical safety information.
 - For example, triage reports normally go up the Command, but may also need to go to Rescue Group Supervisor and his or her reports.

PATIENT STATUS

- Patients divided into:
 - Immediate (red).
 - Delayed (yellow).
 - Minor (green).
 - Deceased/Expectant (black).

RESOURCE TYPING

Categorization and description of resources commonly exchanged in disasters via mutual aid, by capacity and/or capability.

ADVANTAGES

- Helps standardize type of equipment an IC can request.
- Ensures that proper equipment, training, and personnel are matched together in an organized structure.
- Enables effective and efficient request/receipt of resources through mutual aid during a disaster.

AMBULANCE STRIKE TEAMS — COMPOSITION

- Group of five ambulances:
 - Same types of ambulances.
 - Have common communications and a leader (in separate command vehicle).
 - May be all advanced life support (ALS) or all basic life support (BLS).
- Provides operational grouping of ambulances with supervisory element for organization command and control.

CONCEPT OF OPERATION

- Multicasualty incident primary medical response may be from:
 - Fire/EMS service.
 - Private service.
 - Federalized resources.
- Ambulance Strike Team model is to **order in bulk**.
- Organized response prevents freelancing and ambulances self-dispatching.
- Ambulance resources managed under:
 - Fire and rescue mutual-aid systems.
 - Private-sector ambulances.

NIMS AMBULANCE STRIKE TEAM TYPING

| | STRIKE TEAM LEVEL | HAZARDOUS MATERIALS CAPABILITY | PERSONNEL | FUNCTION | CAPABILITY |
|---------------|-------------------|--------------------------------|---|--|--|
| TYPE 1 | ALS | Yes | Minimum: one paramedic and one emergency medical technician (EMT) per ambulance per shift | Clinical and transportation services to a range of patient conditions. Includes vehicles, staff, equipment, and supplies. | Five ambulances of the same type Minimum capability of 10 litter patients (two per ambulance) |
| TYPE 2 | ALS | No | One Strike Team Leader per team in a separate Command vehicle. | | |
| TYPE 3 | BLS | Yes | Minimum: one EMT and one Emergency Medical Responder per ambulance/per shift | | |
| TYPE 4 | ALS | No | One Strike Team Leader per team in a separate Command vehicle. | | |

NATIONAL INCIDENT MANAGEMENT SYSTEM RESOURCE DEFINITIONS FOR OPERATION

- Ambulance Strike Teams should be self-sufficient for 72 hours.
- Support requirements include security, fuel, vehicle maintenance support, transportation, food, rest facilities.
- Temperature control support may be required.
- Additional staff may be required.

ADVANTAGES OF AMBULANCE STRIKE TEAMS

- Built on ICS (organized and systematic response).
- Serve as critical resource for disaster planning and preparedness.
- Provide supplemental ambulances and personnel to an incident whose resources are overwhelmed by an emergency.

EMS TASK FORCE — COMPOSITION

- Operational grouping of five different EMS resources for medical mission:
 - Involves ALS, BLS, air ambulances and other EMS response vehicles/teams.
 - Provides range of EMS services.
 - Includes vehicles, staff, equipment and supplies required for mission assignment.
 - One Supervisor/Leader per Task Force:
 - Must have separate vehicle with en route and on-scene communications capabilities.
 - All Units under Leader's supervision.

NATIONAL INCIDENT MANAGEMENT SYSTEM RESOURCE DEFINITIONS FOR OPERATION (cont'd)

- EMS Task Force should be self-sufficient for 12-hour operational periods.
- Support requirements include: security, fuel, vehicle maintenance support, transportation, food, rest facilities.
- Temperature control support may be required.
- Additional staff may be required.

STAGING

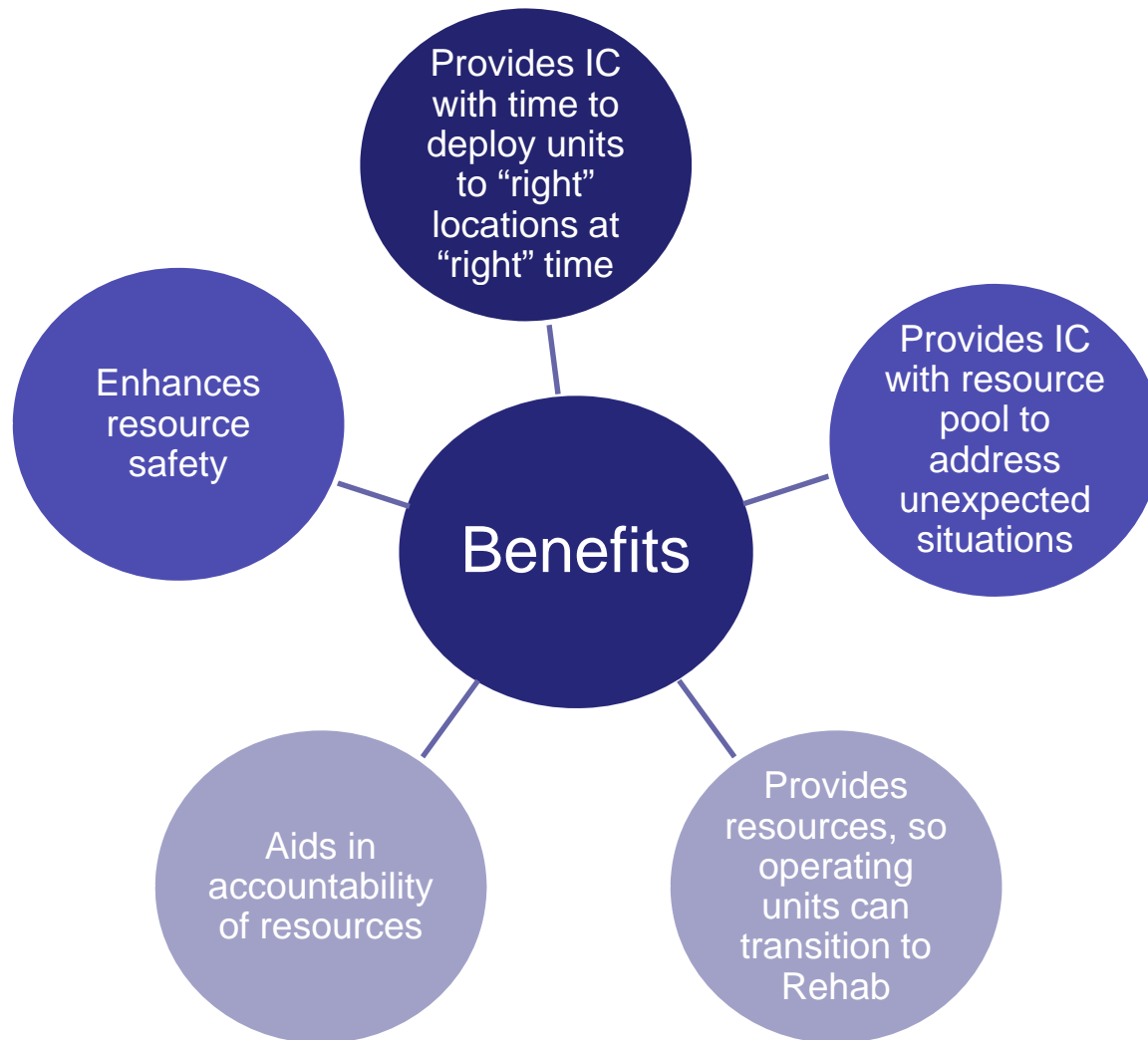
- A temporary location at which resources assigned to incident are held until they are assigned to a specific function.
- Often classified as:
 - Level 1.
 - Level 2.
- Deployment time of three minutes or less.

STAGING FOR EMS RESOURCES BEING DEPLOYED

Two designated Staging Areas for each of the following resources:

- Fire/Rescue apparatus.
- Ambulances.

BENEFITS OF STAGING



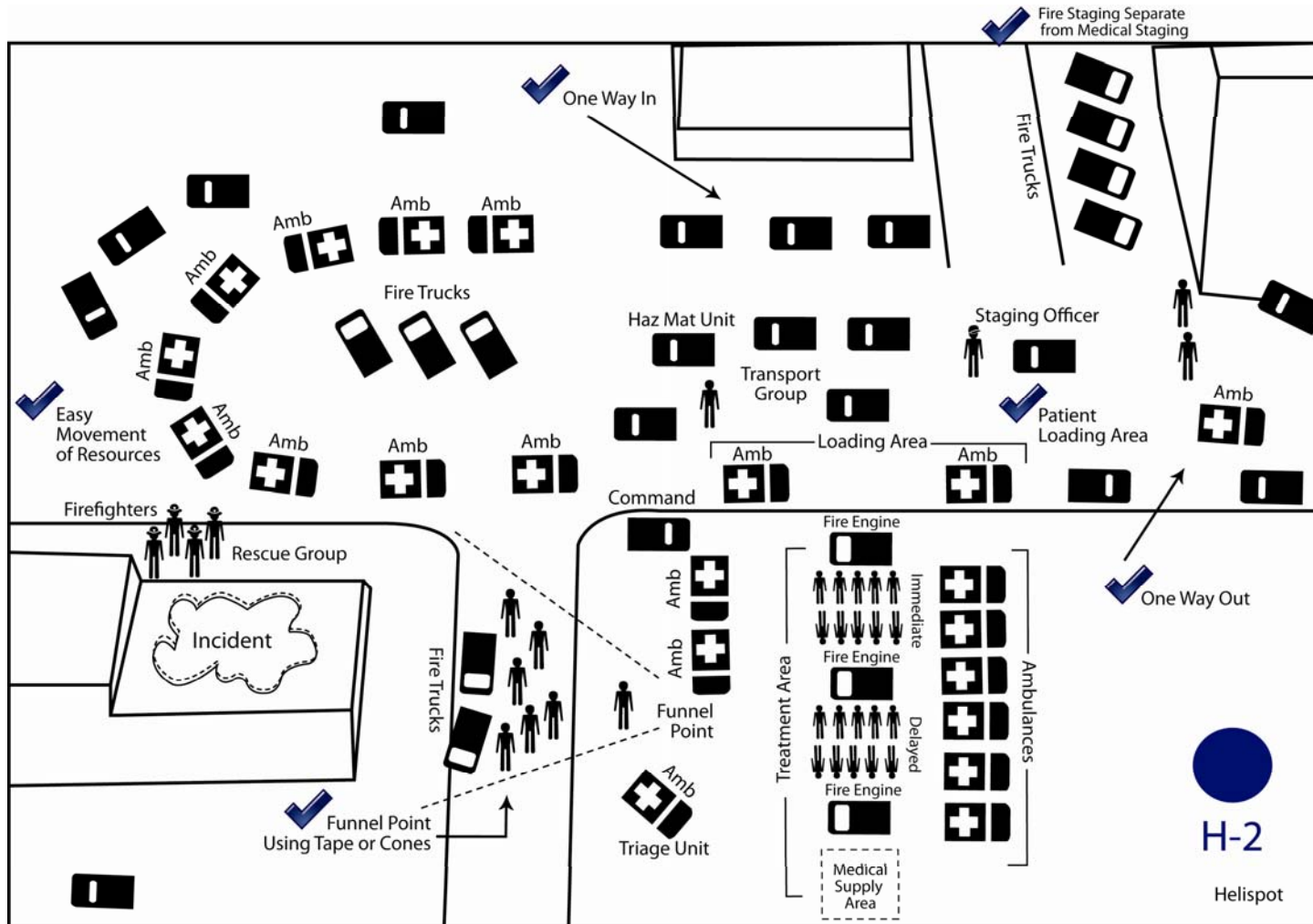
CONSIDERATIONS FOR STAGING

- Area large enough to accommodate incident resources.
- Close to the incident's operational area.
- Accessible from major roads or highways.
- Secure from hazards.
- Creature comfort availability.

BEST PRACTICES FOR STAGING

- Use Strike Teams and Task Forces.
- Brief personnel on safety message before deployment.
- Ensure that resources maintain “operational” readiness.
- Ensure that all personnel are incident-focused.
- Have separate entrances and exits.
- Place Staging Areas away from Rehab Areas.
- Do not place Staging Areas too close to patient loading areas.

STAGING SCHEMATIC



✓ = Best Practices

ACTIVITY 2.1

Resource Typing

ACTIVITY 2.2

EMS Task Force



SUMMARY

- Identify common ICS terminology specific to EMS.
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SUMMARY (cont'd)

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