

## **Summary**

Halifax EMS is being organized in accordance to National Incident Management Standards (NIMS) that have been modified to accommodate the specific needs of an emergency medical services provider operating in rural, remote terrain such as Halifax, Vermont.

As a volunteer squad, members will arrive to a scene in their personal vehicles. Skills will vary, level of certification will vary, equipment will be distributed throughout the vehicles on scene. Scene management and coordination is a key to successful patient management.

The two people have a clear role to provide direct medical care to the patient. As others arrive, these volunteers should step into well-defined roles, roles that will provide support to the current operations. An attitude of flexibility and cooperation must dominate the scene and be paramount in each member's mind.

The purpose of this document is to define the duties and roles of responders as they come upon the scene. NIMS techniques can be practiced by three people responding to a neighbor's house, just as it is used when responding to a multi-agency scene with multiple patients.

In keeping with our founding tenants of developing others, it is encourage that people vary roles and "job-shadow" while on-scene.

## ***Standard Roles***

1. Incident Command
2. Medical Provider
3. Logistics
4. Supply Unit
5. Ground MedEvac Division Supervisor
6. Communications
7. Air MedEvac Division Supervisor
8. Safety
9. Liaison

## ***Incident Command***

The scene of an emergency shall be managed in a manner designed to minimize the risk of death or health impairment to the patient and to other persons who may be exposed to the risks as a result of the emergency condition, and priority shall be placed upon the interests of those persons exposed to the more serious and immediate risks to life and health. Public safety officials shall consult emergency medical services personnel at the scene in the determination of relevant risks. Notwithstanding the above, authority for the management of the scene of an emergency shall be vested in the appropriate public safety agency having primary investigative authority upon their arrival.

1. Ensure welfare and safety of incident personnel.
2. Supervise Command and General Staff.
3. Obtain initial briefing from current Incident Commander and agency administrator.
4. Assess incident situation:
  - a. Review the current situation status and initial incident objectives. Ensure that all local, State and Federal agencies impacted by the incident have been notified.
  - b. Establish **Sign In List** for all
    - i. Note Medical providers who are engage in current operations
    - ii. Transition form management to another when appropriate
5. Determine need for, establish, and participate in Unified Command.
6. Authorize protective action statements, as necessary.
7. Activate appropriate Command and General Staff positions. Safety Officer must be appointed on hazardous materials incidents:
  - a. Confirm dispatch and arrival times of activated resources.
  - b. Confirm work assignments.
8. Brief staff:
  - a. Identify incident objectives and any policy directives for the management of the incident.
  - b. Provide a summary of current organization.
  - c. Provide a review of current incident activities.
  - d. Determine the time and location of first Planning Meeting.
9. Determine information needs and inform staff of requirements.
10. Determine status of disaster declaration and delegation of authority.

## ***Medical Provider (Operations)***

Authority for patient health care management in a medical emergency shall be vested in that licensed or certified prehospital emergency personnel at the scene of the emergency, who is most medically qualified specific to the provision of rendering emergency medical care.

All emergency personnel will adhere to ICS/SEMS standards

Emergency medical personnel will not enter an emergency crime scene until appropriate public safety personnel have arrived and secured the scene to make entry reasonably safe.

Medical management at the scene of a medical emergency includes:

- Triage
- Medical evaluation.
- Medical aspects of extrication and all movement of the patient(s).
- Medical care.
- Patient destination.
- Transport priority.

## ***Logistics***

1. Obtain briefing from Incident Commander:
  - a. Review situation and resource status for number of personnel assigned to incident.
  - b. Review current organization.
  - c. Determine which incident facilities have been/should be activated.
2. Ensure Incident Command Post and other incident facilities are physically activated, as appropriate.
3. Confirm resource ordering process (KCF-415)
4. Assess adequacy of current Incident Communications Plan (ICS Form 205).
5. Assume the **Sign-In List**
6. Organize and staff Logistics Section, as appropriate, and consider the need for facility security, and Communication and Supply Units.
7. Assemble, brief, and assign work locations and preliminary work tasks to Section personnel:
  - a. Provide summary of emergency situation.
  - b. Provide summary of the kind and extent of Logistics support the Section may be asked to provide.
8. Notify Resources Unit of other Units activated, including names and location of assigned personnel.

## ***Supply Unit (Logistics)***

1. Obtain briefing from Logistics or IC
2. Provide equipment to medical provider upon request from provider, IC or logistics

### ***Ground MedEvac Division Supervisor (Logistics)***

1. Receive briefing from IC and/or Logistics
2. Identify Ambulance Transport Area (ATA)
3. Locate to the Ambulance Transport Area (or road to flag ambulance)
4. Establish ATA according to procedures
5. Establish and Maintain command of ATA scene
6. Maintain and establish all safety precautions for ATA
7. Assemble team necessary for ground transport (if needed)
  - a. Coordinate vehicle recovery
8. Prepare ambulance for departure
  - a. Turn ambulance around
  - b. Prepare stretcher
  - c. Assist Supply Unit with locating equipment on ambulance
9. Maintain viable exit path for ambulance
10. Coordinate equipment recovery

### ***Communication Unit (Logistics)***

1. Receiving briefing from I.C.
2. Establish Communication protocol
3. Establish tactical channel for ground control
4. Establish tactical channel for Air Evac (if needed)
5. Monitor tactical, air and dispatch channels
6. Provide briefings to IC and Logistics as needed

### ***Air MedEvac Division Supervisor (Logistics)***

1. Receive briefing from IC and/or Logistics
2. Identify Landing Zone (LZ)
3. Locate to the LZ
4. Assemble team and resources for LZ management
5. Establish LZ according to procedures
6. Establish and Maintain command of LZ scene
  - a. Designate LZ as a Fire Scene
7. Communicate with KCF-415 upon the establishment of LZ
8. From KCF-415 request Communications/Frequency Plan for tactical communications with air craft.
9. Maintain and establish all safety precautions for LZ
10. Recover equipment at completion of Air MedEvacs.

## **Safety**

1. Obtain briefing from Incident Commander and/or from initial on-scene Safety Officer.
2. Identify hazardous situations associated with the incident. Ensure adequate levels of protective equipment are available, and being used.
3. Prepare the exit path,
  - a. Remove all obstructions
  - b. Prop open doors
  - c. Remove rugs
  - d. Anticipate problems
4. Staff and organize function, as appropriate:
  - a. In multi-discipline incidents, consider the use of an Assistant Safety Officer from each discipline.
  - b. Multiple high-risk operations may require an Assistant Safety Officer at each site.
  - c. Request additional staff through incident chain of command.
5. Identify potentially unsafe acts.
6. Identify corrective actions and ensure implementation. Coordinate corrective action with Command and Operations.
7. Ensure adequate sanitation and safety in food preparation.
8. Participate in Planning and Tactics Meetings:
9. Listen to tactical options being considered. If potentially unsafe, assist in identifying options, protective actions, or alternate tactics.
10. Discuss accidents/injuries to date. Make recommendations on preventative or corrective actions.

## **Liaison**

1. Obtain briefing from Incident Commander:
2. Work closely with the family, bystanders and police
3. Obtain cooperating and assisting agency information, including:
  - a. Contact person(s).
  - b. Radio frequencies.
  - c. Phone numbers.
  - d. Cooperative agreements.
  - e. Resource type.
  - f. Number of personnel.
  - g. Condition of personnel and equipment.
  - h. Agency constraints/limitations.
4. Establish workspace for Liaison function and notify agency representatives of location.
5. Contact and brief assisting/cooperating agency representatives and mutual aid cooperators.
6. Interview agency representatives concerning resources and capabilities, and restrictions on use-provide this information at planning meetings.
7. Work with Public Information Officer and Incident Commander to coordinate media releases associated with inter-governmental cooperation issues.