

Incident Action Plan

Initial Radio Procedures

From the point where the tones alert Halifax EMS to a call

- 1) Pause to allow the likely closest member of the squad to acknowledge the call
- 2) If you are responding and no one else has announced on the radio, then
 - a. Set your radio to Channel 2;
 - b. “KCF-415 from 91RPx”;
 - c. When they acknowledge you, “91RPx”;
 - d. “KCF415, 91RPx is responding. ~~May we use TAC 4?~~”
- 3) No other member or officer need to acknowledge the call.
- 4) Set your Radio to Scan (listening to 415 and to TAC 4

First Member on the Scene

- 1) “KCF-415 from 91RPx”
- 2) When they acknowledge you, respond
- 3) “KCF-415, 91RPx is on scene, establishing command and using TAC 4 for Ground.”
- 4) Under all normal circumstances, only one person reports “On Scene”.

If the scene is not safe or if the medical situation is dramatically worse than reported or if the medical situation is critical and time is very important, then notify 415

- 1) KCF-415 from Halifax Command
- 2) When they acknowledge you, respond with short statement:
- 3) KCF-415 from 91RPx, the patient is” Use only a few words.

When there are two medical personal on scene with a stable patient:

- 1) “KCF-415 from Halifax Command”
- 2) When they acknowledge you, respond:
- 3) “KCF-415 Halifax Command is reporting under control.”

Where ever possible, communicate on ground channel. Keep traffic to KCF-415 at a minimum.

Scenario : One ill person at a home

1. One EMS provider
 - a. Assume Incident Command
 - b. Inform KCF-415 that you are on-scene Introduce self to patient and family
 - c. Perform medical evaluation
 - i. If situation is significantly different then dispatched or patient is critical, then Communicate status to KCF-415 for relay to ambulance.
 - ii. If situation requires additional personal, notify KCF-415 that additional medical personal are requested on scene.
 - d. Operate as Medical Provider and IC
2. Two EMS providers
 - a. Two Medical Providers,
 - i. One also providing I.C. also includes:
 1. Scene management
 2. Logistics
 3. Communications
 - ii. One provide primary patient care
3. Three EMS providers
 - a. 2 medical providers
 - b. 1 incident commander includes all non-medical tasks including:
 - i. Scene management
 - ii. Logistics
 - iii. Communications
 - iv. Establish Check-In List
4. Four EMS Providers
 - a. 2 medical providers
 - b. 1 incident commander
 - i. Communications
 - c. Logistics
 - i. Supply
 - ii. Ambulance coordination
 - iii. Liaison
 - iv. Manage Check-In List

As others arrive, duties shall be assigned in the following manner:

1. Supply Unit
2. Ground MedEvac Unit
3. Communications
4. Safety
5. Liaison

Consider having other responders get equipment from the Firehouse or apparatus.

Scenario : One trauma patient outdoors (no extrication)

1. One EMS provider
 - a. Assume Medical Command
 - b. Inform KCF-415 that you are on-scene
 - c. Introduce self to patient
 - d. Perform medical evaluation
 - i. If situation is significantly different than dispatched or patient is critical, then Communicate status to KCF-415 for relay to ambulance.
 - ii. If situation requires additional personal, notify KCF-415 that additional medical personal are requested on scene.
 - e. Develop scene plan (in head, silently)
 - i. Consider calling Halifax Fire for
 1. Engine 3 with backboards
 2. Scene management
 3. Extrication
 - f. Operate as Medical Provider and IC
2. Two EMS providers
 - a. Two Medical Providers,
 - i. One also providing I.C. also includes:
 1. Scene management
 2. Logistics
 3. Communications
 - ii. One provide primary patient care
3. Three EMS providers
 - a. 2 medical providers
 - b. 1 incident commander includes all non-medical tasks including:
 - i. Scene management
 - ii. Logistics
 - iii. Communications
 - iv. Establish Check-In List
4. Multiple providers and firefighters on scene
 - a. Manage Check-In List
 - b. Incident commander assigns roles for
 - i. Patient Care
 - ii. Logistics
 4. I.C. transitions Check-In List to Logistics
 - iii. Supply
 - iv. Ground MedEvac Unit
 - v. Communications
 - vi. Air MedEvac Unit
 - vii. Safety
 - viii. Liaison

Scenario : One trauma patient outdoors (with extrication)

1. One EMS provider
 - a. Assume Medical Command
 - b. Inform KCF-415 that you are on-scene
 - c. Introduce self to patient
 - d. Perform medical evaluation
 - i. If situation is significantly different than dispatched or patient is critical, then Communicate status to KCF-415 for relay to ambulance.
 - ii. If situation requires additional personal, notify KCF-415 that additional medical personal are requested on scene.
 - iii. If situation requires extrication, request KCF-415 tone Halifax Fire Company
 5. Inform what equipment may be needed or
 6. Describe entrapment
 - e. Develop scene plan (in head, silently)
 - i. Scene management
 - ii. Extrication
 - f. Operate as Medical Provider and IC
2. Two EMS providers
 - a. Two Medical Providers,
 - i. One also providing I.C. also includes:
 1. Scene management
 2. Logistics
 3. Communications
 - ii. One provide primary patient care
3. Three EMS providers
 - a. 2 medical providers
 - b. 1 incident commander includes all non-medical tasks including:
 - i. Scene management
 - ii. Logistics
 - iii. Communications
 - iv. Establish Check-In List
4. Multiple providers and firefighters on scene
 - a. Manage Check-In List
 - b. Incident Commander assigns roles for
 - i. Patient Care
 - ii. Logistics
 1. I.C. transitions Check-In List to Logistics
 - iii. Supply
 - iv. Ground MedEvac Unit
 - v. Communications
 - vi. Air MedEvac Unit
 - vii. Safety
 - viii. Liaison
 - ix. **Note:** In most cases, patient care will be under the jurisdiction of Halifax EMS. Halifax Fire will provide the extrication services. The patient must be attended to during all phases of extrication (if safe and if possible).

Scenario : Two or more trauma patient outdoors (with extrication)

1. One EMS provider
 - a. Assume Medical Command
 - b. Inform KCF-415 that you are on-scene
 - c. Introduce self to patient
 - d. Perform medical evaluation
 - i. If situation is significantly different than dispatched or patient is critical, then Communicate status to KCF-415 for relay to ambulance.
 - ii. If situation requires additional personal, notify KCF-415 that additional medical personal are requested on scene.
 - iii. If situation requires extrication, request KCF-415 tone Halifax Fire Company
 7. Inform what equipment may be needed or
 8. Describe entrapment
 - e. Develop scene plan (in head, silently)
 - i. Scene management
 - ii. Extrication
 - f. Operate as Medical Provider and IC
2. Two EMS providers
 - a. Two Medical Providers,
 - i. One also providing I.C. also includes:
 1. Scene management
 2. Logistics
 3. Communications
 - ii. One provide primary patient care
3. Multiple EMS providers
 - a. 2 medical providers per patient
 - b. 1 incident commander includes all non-medical tasks including:
 - i. Scene management
 - ii. Logistics
 - iii. Communications
 - iv. Establish Check-In List
4. Multiple providers and firefighters on scene
 - a. Manage Check-In List
 - b. Incident Commander assigns roles for
 - i. Patient Care
 - ii. Logistics
 2. I.C. transitions Check-In List to Logistics
 - iii. Supply
 - iv. Ground MedEvac Unit
 - v. Communications
 - vi. Air MedEvac Unit
 - vii. Safety
 - viii. Liaison
 - ix. **Note:** In most cases, patient care will be under the jurisdiction of Halifax EMS. Halifax Fire will provide the extrication services. The patient must be attended to during all phases of extrication (if safe and if possible).

Scenario : One “untimely” death at a home (with CPR)

1. One EMS provider
 - a. Assume Incident Command
 - b. Inform KCF-415 that you are on-scene
 - c. Introduce self to patient and family
 - d. Perform medical evaluation
 - i. If situation is significantly different than dispatched or patient is critical, then Communicate status to KCF-415 for relay to ambulance.
 - ii. If situation requires additional personal, notify KCF-415 that additional medical personnel are requested on scene.
 - e. Operate as IC until relieved by a Halifax EMS officer
2. Two EMS providers
 - a. One provides direct contact with patient
 - iii. Perform ABCDE
 - iv. Initiate care (including CPR as needed)
 - v. Notify KCF-415 “CPR in progress”
 - vi. Notify KCF-415 “Additional personnel requested”
 - b. One provides medical support
 - i. Oxygen, airway adjuncts, scene management
 - ii. Assists promptly with CPR
3. Three EMS providers
 - a. Two provide direct contact with patient performing CPR with
 - i. Oxygen, airway adjuncts, etc
 - b. One provides Incident Command
 - i. Establish scene boundaries
 - ii. Limit access – control scene
 - iii. Coordinate with family, police, dispatch
 - iv. Notify KCF-415 “CPR in progress”
 - v. Notify KCF-415 “Additional personnel requested”
 - vi. Requests Halifax Fire to transport Backboards to scene if ambulance is not en route
4. Three EMS providers
 - a. Two provide direct contact with patient performing CPR with
 - i. Oxygen, airway adjuncts, etc
 - b. One provides Incident Command
 - i. Establish scene boundaries
 - ii. Limit access – control scene
 - iii. Coordinate with family, police, dispatch
 - iv. Notify KCF-415 “CPR in progress”
 - v. Notify KCF-415 “Additional personnel requested”
 - vi. Requests Halifax Fire to transport Backboards to scene if ambulance is not en route

5. Multiple providers and firefighters on scene
 - a. Three or four provide direct contact with patient performing CPR with
 - i. Oxygen, airway adjuncts, etc
 - ii. Rotate CPR duties regularly
 - b. One provides Incident Command
 - i. Establish scene boundaries
 - ii. Manage Check-In List
 - iii. Limit access – control scene,
 - iv. Coordinate with family, police, dispatch
 - v. Notify KCF-415 “CPR in progress”
 - vi. Notify KCF-415 “Additional personnel requested”
 - vii. Requests Halifax Fire to transport Backboards to scene
if ambulance is not en route
 - viii. Incident commander assigns roles for
 - a. Patient Care
 - b. Logistics
 - c. Supply
 - d. Ground MedEvac Unit
 - e. Communications
 - f. Safety
 - g. Liaison, “Gatekeeper” and scene boundary
 - ix. Reduce personnel when possible
 - c. Logistics
 - a. Prepare backboard
 - b. Bring backboard with straps to patient
 - c. Prepare path to ambulance

Scenario: Medical or Trauma patient with Air Evacuation

1. Incident Commander
 - a. Halifax Fire will be toned out
 - b. A transport ambulance will be on-scene or en-route
 - c. Halifax EMS will maintain Incident Command
 - d. Divide into Four Divisions
 - i. Division 1 – Patient Care
 - ii. Division 2 – Scene Management
 - iii. Division 3 – Ground Transportation
 - iv. Division 4 – Landing Zone Establishment
 - e. Assign each division a supervisor
 - f. Assign Accountability Strike Team
 - g. Develop a communication plan
 - i. Dispatch Frequency
 - ii. Ground Frequency
 - iii. Air-to-Ground Frequency
 - iv. Assign Communications Lead (accompanies IC)
 - h. Select a Landing Zone
2. Patient Care Division
 - a. Responsibilities include:
 - i. Packaging patient for transport
 1. backboard likely required
 - ii. Noting required information (pt condition, weight, DOB, etc)
 - iii. Communicating information to IC upon request
 - iv. Communicates “Patient ready to move” to IC
3. Scene Management Division
 - a. Responsibilities include:
 - i. Coordination with ambulance
 - ii. Ambulance staging/preparation
 - iii. Planning evacuation route
 - iv. Assembling team for scene management
 1. including local ground transportation
 - v. Scene Safety for all at primary scene
4. Ground Transportation Division
 - a. Likely to be senior EMT on ambulance
 - b. Assembles team for driving ambulance
 - c. Responsible for ambulance management and logistics
 - d. Communicates patient movement to IC
 - e. Patient Care remains with Patient Care Division until hand off to flight team
5. LZ Division
 - a. Collects documentation for LZ management
 - b. Assemble team for LZ management
 - c. Assemble vehicles for LZ management
 - d. Relocates to LZ
 - e. Tests Ground Frequency
 - f. Tests Air-to-Ground Frequency
 - g. Tests Dispatch Frequency
 - h. Scans all working channels

- i. Assigns communications team
- j. Assigns team to mark and illuminate boundaries
 - i. Use chem.-lights
 - ii. Use headlights
- k. Mark and Identify ambulance access to LZ
 - i. Identify (plan) ambulance staging area
- l. Establish wind sock or wind indicator if possible
 - i. Light wind sock if possible
 - ii. Note wind direction and approximate speed
- m. Assigns traffic control team
 - i. Traffic control vests
 - ii. Paddles for traffic control
- n. Prepares information for Helicopter
 - i. Patient condition
 - ii. Patient weight
 - iii. Etc
- o. Communicates
 - i. "LZ prepared" to Incident Commander (Ground Freq)

Scenario: Mass Casualty Incident

Definition A mass casualty incident to Halifax EMS is any scenario where the number of patients exceeds the number of EMTs within a 20 minute radius/response time.

1. One EMS provider
 - a. Assume Medical Command
 - b. Inform KCF-415 that you are on-scene
 - c. Communicate approximate number of patients and critical nature thereof
 - d. Perform scene evaluation
 - i. Number of patients
 - ii. Number of Red, Green, Yellow, Black Tagged patients
 - iii. Identify scene hazards
 - e. Communicate detailed information to KCF-415
 - i. Request appropriate resources
 - ii. Fire Company
 - iii. Ambulance Services
 - iv. Mass Casualty trailers from Bratt or Bennington
 - v. Request additional medical personnel to the scene
 - vi. Request all “off duty EMTs” from neighboring towns to respond
 - f. Develop scene plan (in head, silently)
 - i. Staging area for vehicles
 - ii. Ambulance access, egress
 - iii. Triage area
 - iv. Treatment areas
2. Multiple providers and firefighters on scene
 - a. Incident commander assigns roles for
 - i. Patient Care
 1. 1 EMT, 1 First Responder/Firefighter per patient
 - ii. Logistics
 - iii. I.C. transitions Check-In List to Logistics
 - iv. Establish Supply Strike Team
 - v. Establish Ground MedEvac Division
 - vi. Communications Strike Team
 - vii. Air MedEvac Division Supervisor
 - viii. Safety Unit
 - ix. Liaison