

CALIFORNIA WILDLAND FIRE COORDINATING GROUP



California Interagency Incident Management Team Incident Emergency Response Plan (ERP)

March 2012

Incident Emergency Response Plan (ERP)

The primary goal of this Medical Emergency Response Plan (**ERP**) is to provide incident personnel guidelines necessary to *Locate, Triage, Extricate, Treat and Transport* all injured patients in as quick and safe a manner as possible. The secondary purpose of this plan is to provide guidelines to any incident that may occur during an incident, such as a hazardous-materials situation, vehicle accident, or aviation accident.

The host unit's medical emergency response plan will supplement the ERP and is intended for use by the Incident Management Team (IMT). It is not intended to be all inclusive, the Command and General Staff are expected to perform their respective duties as assigned.

The Incident Commander may delegate the management of the incident to others; however the Operations Section will initially oversee the emergency and activation of the ERP. Radio communication will be on the command frequency and will take priority over other radio traffic as outlined in the IMT's communication protocol. In the event of a medical emergency the IMT's Medical Plan guidelines will be used. In the event of injured or deceased individuals, names and crew designators should not be given over the radio; however accurate incident information must be reported to the IC. Deceased individuals and their equipment are not to be moved, except to accomplish rescue work or to protect the health and safety of others. Portions of this plan are applicable to any incident that may occur.

Key Roles and Responsibilities

Incident Management Team (IMT)

The IMT (Medical Unit Leader and Safety Officer) will collaborate with local unit and local Emergency Medical Services and Emergency Operations Center (EMS/EOC) to ensure integration of local systems into IMT planning meetings, operational briefings, and Incident Action Plan (IAP) documents (ICS-206 and 206-Block 8 Expanded). Local systems can include specifics on ordering procedures, resource limitations, availability and capability, policies, guidelines, hours of operations, response times, billing, dispatch protocols, etc.

If necessary, the IMT should assign a person to function as a liaison to coordinate with the local jurisdiction with authority for emergency medical services. The position would report to the IMT Medical Unit Leader or Safety Officer.

The IMT should include local EMS/EOC personnel in operational and planning meetings and briefings.

Agency Administrators

The host unit will provide the necessary information to the IMT on local/county/state resource capabilities, capacities, ordering procedures, and cooperative agreements, role of dispatch centers, and key contacts or liaisons. The host unit will also provide the IMT with a copy of the Unit's Emergency Medical Evacuation/Response Plan.

INCIDENT COMMANDER

- Ensures that this plan is implemented
- Notifies Agency Administrator and Geographic Coordination Center
- Provide briefing to Command and General (C&G) staff and at ICP for incident personnel as appropriate
- Establish management decision points for ordering a separate organization for an Incident within Incident
- Assign appropriate organization based on complexity or severity of incident.
- Assign HRSP to coordinate with regional offices relative to providing Critical Incident Stress Management (CISM) for affected personnel
- Insures hospital liaison or patient advocate is assigned to any injured firefighters sent to the hospital

SAFETY OFFICER

- Coordinate with MEDL to identify and prioritize transport options in terms of efficiency, based on resource availability, proximity, and potential for success—with a contingency plan in case the preferred mode of transportation cannot be used
- Evaluate safety issues at the accident site and works with Division/Group Supervisor (on scene IC) in charge to mitigate them
- Initiates the investigation of the emergency and requests the appropriate investigation resources/teams as coordinated with the IC
- Secures witnesses names and initial statements and all evidence relating to the accident
- Coordinates investigation with the team Security Manager and Comps/Claims unit
- Obtains sketches and photos of emergency scene
- Coordinates with and supports the Division/Group Supervisor in charge at the scene
- Verify that agency reporting requirements have been followed

LIAISON OFFICER

- Insure coordination with investigating entities
- Assist other positions as needed
- Coordinate with cooperators and key stakeholders
- Assist the hospital unit leader (if activated) as needed
- Coordinates with Logistics, Security Manager and local agencies
- Contact affected Agency Representative if on scene or by phone to advise personnel status. If no Agency Representative is available, contact home unit to keep them updated and informed.

INFORMATION OFFICER

- Collect pertinent emergency information
- Coordinate information release with Incident Commander and agency Public Affairs Officer
- Assign information officers to field media inquiries at accident scene, Medevac site and hospital

- Coordinate with Liaison and Safety Officers regarding roadblocks, evacuations and emergency medical information needs
- No personal information is to be released until approved by the Incident Commander
- Restrict media from entering the scene until all operations and investigation activities are cleared
- Coordinate with the IC how information will be released

OPERATIONS SECTION CHIEF

- Conduct Size-up of the situation
- Identify an Incident Commander (IC) for the medical emergency. In most cases this will be the closest Division Supervisor to the incident
- The ICP Communications Unit will be the single communications point, unless otherwise directed.
- Implement the incident's medical emergency plan, providing coordination between the on scene IC and other IMT sections and units
- Ensure appropriate incident organization to possibly include "*triage, extrication, treatment and transportation units, medical group, etc.*"
- Coordinate and supports the Safety Officer's investigation and law enforcement agencies involved
- Coordinate with the Logistics Section for on scene support and location of receiving hospitals for patients
- Identify nature of the incident (auto/aircraft accident, burn over, etc.) and number of firefighters, crews, vehicles or aircraft's involved
- Identify number of people involved and their medical condition (Triage)
- Identify location and (Lat/Long coordinates) of site
- Identify medical treatment and transportation needs
- Identify special needs, i.e. law enforcement, heavy rescue, and hazardous materials response
- Coordinate and oversees line EMT and paramedic response to the accident site (utilize closest medical responders from crews and engine companies)
- Provide for immediate extrication and medical triage, treatment and transportation.
- Coordinate with Air Tactical Group Supervisor for air-medical transportation needs
- Implement the helibase emergency rescue plan as needed
- Coordinate with Logistics Section for ground ambulance transport, medical supplies and other medical needs
- Ensure air/ground ambulances coordinate patient transportation locations with the MEDL
- Secures the incident scene and have all unnecessary personnel removed from the scene

DIVISION SUPERVISOR (Incident Commander)

At the scene of any medical emergency, an Incident Commander (IC) will be determined or designated by chain of command. Normally this IC will be the Division Supervisor for the division that the incident occurs on. This IC and the person assessing/treating the patient may or may not be the same person. In the event the assigned Division Supervisor is unable to assume command (IC) of the incident in a timely manner the first arriving/highest qualified individual will assume the role of IC until relieved by a higher authority. The IC will be identified on the command frequency by title and name. ie.: Medi Evac IC Smith.

The IC of the medical emergency will:

- Take charge of the scene and identify/determine who is in charge of assessing and treating the patient
- Size up the situation
- Use the Incident Communication Protocol to relay critical information regarding patient assessment, transportation and resource needs
- Coordinate the request for transportation and/or other resources based on patient assessment
- Ensure that information about patient assessment, transportation or other resource needs is transmitted directly to the Incident Command Post (ICP) communications unit in order to reduce the time it takes to communicate essential information and to limit the potential for miscommunication
- Identify number of people involved and their medical condition (Triage)
- Identify nature of the incident (auto/aircraft accident, burn over, etc.) and number of firefighters, crews, vehicles or aircraft's involved
- Identify location and (Lat/Long coordinates) of site
- Notify communications unit, give location, type of event, number of injured, severity and the resources required for care and evacuation
- Identify medical treatment and transportation needs (**routine medical transport or emergency medical evacuation**)
- Maintain communications and coordination with the Operations Section Chief
- Identify special needs, i.e. law enforcement, heavy rescue, and haz-mat response
- Coordinate and oversees line EMT and paramedic response to the accident site (utilize closest medical responders from crews and engine companies).
- Provide for immediate extrication and medical triage, treatment and transportation
- When available, line EMT's respond and assist with care and planning of the evacuation
- If unable to respond immediately, assigns another resource from the Division to respond as the IC until relieved by a higher authority (for example assign a Strike Team Leader to serve as the IC)

PLANNING SECTION CHIEF

- Complete the wildland entrapment/fatality initial report (NFES 0869) as needed (Coordinate with Unit Fire Chief)
- Be prepared to brief other command and general staff on the incident
- Develop a plan to coordinate a Family Liaison with supporting agencies (Home Unit, Red Cross, WFF, Chaplin)
- Ensure this plan is briefed on and shared with all resources on the incident.
- Ensure coordination between C&G staff members to establish this plan

LOGISTICS SECTION CHIEF

- Order needed resources for the emergency
- Monitor support functions and assess additional needs
- Provide ground transportation as needed
- Coordinate removal of damaged vehicles (Coordinate this with Investigation Team)
- Ensure emergency radio communications has been established
- Assist Medical Unit Leader with communications with the hospital and ambulance service
- Coordinate security with team liaison and Operations Section Chief as necessary
- Locate and secure personal effects of injured personnel
- Notify local unit law enforcement for scene security

- Insure scene security is maintained until released by Serious Accident Investigation Team

COMMUNICATIONS UNIT

Incident Communication Protocol

The Incident Communications Center Manager or designee will ensure the following information is obtained and recorded during medical emergencies:

- Determine the nature of the emergency
- If the emergency is a medical injury/illness, determine if the injury/illness is life threatening
- If the injury is life threatening, then clear designated frequency for emergency traffic
- Identify the on-scene IC by position and last name (i.e. Medevac IC Smith)
- Ensure that the Medical Unit Leader is contacted immediately
- Identify number injured, patient assessment(s) and location (geographic and/or GPS coordinates)
- Identify on-scene medical personnel by position and last name (i.e. EMT Jones)
- Request preferred method of patient transport
- Determine if any additional resources and/or equipment are needed
- Document all information received and transmitted on the radio or phone
- Document any changes in command or medical personnel as they occur
- Limit C&G staff presence in the communication unit to: Incident Commander, Operations, Safety, Logistics, and MEDL

MEDICAL UNIT LEADER

- Coordinate with the Safety Officer to identify and prioritize transport options in terms of efficiency, based on resource availability, proximity, and potential for success—with a contingency plan in case the preferred mode of transportation cannot be used
- Coordinate proper medical response with Operations Section Chief
- Coordinate with the Communications Unit to ensure proper medical unit procedures are followed
- Oversee the implementation of the Incident Medical Emergency patient evacuation
- Provide on scene EMT's or paramedics when practicable
- Provide hospital liaison as directed by the IC
- The MEDL will ensure a "*Limited Request for Recognition*" form is completed identifying all EMS providers assigned to the medical unit and sent to the local EMS agency
- The MEDL will ensure that each EMS provider assigned to the medical unit has access to and is familiar with the medical unit protocols
- The Medical Unit will have the ability to maintain contact with unit personnel
- The MEDL will work with the COML to assure that unit personnel receive appropriate communication equipment and training and understand incident communication protocols
- The MEDL will establish and maintain communication capabilities for contacting appropriate medical facilities and medical control
- The MEDL will notify local EMS transportation resources that a wildland fire incident is operating within their response area
- The MEDL will make contact with the potential local receiving facilities to include clinic(s), hospital(s) and tertiary care and specialty referral center(s), e.g., trauma or burn center. Contact should determine availability and limitations
- Refer to Appendix K of the Red Book for guidance on Minimum Standards for Incident Emergency Medical Services

Insure the following items are included in the IAP:

In the event of a medical emergency provide the following information to the Communications Unit:

1. Declare the nature of the emergency.
 - a. Medical injury/illness?
 - b. If injury/illness is life threatening: Inform Communications if the injury requires medical transportation or **Emergency Medical Evacuation**
2. If life threatening, then request that the designated frequency be cleared for emergency traffic.
3. Identify the on-scene Incident Commander (IC) by Resource and Last name (i.e. Medical Evac IC is TFLD Smith),
4. Identify nature of incident, number injured, patient assessment(s) and location (geographic and GPS coordinates),
5. Identify on-scene medical personnel by position and name(i.e. EMT Jones),
6. Identify preferred method of patient transport,
7. Request any additional resources and/or equipment needed,
8. Document all information received and transmitted on the radio or phone,
9. Identify any changes in the on-scene IC or medical personnel as they occur,

Instructions for Completion of ICS 206 Block 8, Emergency Medical Procedures

As appropriate the following information should be included in the emergency medical procedures for any staffed incident. The plan must be reviewed and/or updated and approved at each Planning Meeting.

- Include timeframes (ETEs and ETAs) from and to specific locations
- Include GPS coordinates for key locations such as spike camps, drop points, helispots, etc.
- List all potential evacuation resources and/or equipment assigned to the incident
- Identify other resources and/or equipment (types, capabilities, availability) not assigned to the incident but possibly available if requested
- Identify contingencies (alternate plan or procedure if the preferred option becomes unavailable or identified resources cannot perform the mission)
- Identify specific concerns by location (division, group, geographic area or location)
- Identify environmental influences or factors and resource status changes that might keep the preferred option from working
- Compare to 215-A for mitigation of specific hazards associated with lengthy travel times to access Advanced Life Support
- If the primary evacuation plan is to use aviation, then a secondary plan should be identified including time frames for patient transportation

FINANCE SECTION CHIEF

- Coordinate with Agency Administrative Officer and Incident Business Advisor
- Coordinate Compensation/Claims Unit response

HUMAN RESOURCE SPECIALIST

- Coordinate with Line Officer and regional office relative to providing Critical Incident Stress Management (CISM) for affected personnel
- Contact Regional HRSP Coordinator to determine level of CISM
- Maintain communications with regional office regarding CISM

The procedures contained in this plan must be communicated to the entire incident and any external partners/cooperators involved with the incident.

The IMT should train to understand and practice the medical emergency procedures outlined in this Plan. Incident simulations or sand table exercises at IMT workshops will help achieve a clear understanding of how the IMT will respond to a medical emergency.