ATTACHMENT A

Medical Emergency Procedures

Purpose

The direction provided in these procedures is intended to create a standard set of protocols for Incident Management Teams (IMTs) and Communication Centers to follow during a medical emergency. These procedures will be incorporated into IMT Incident Emergency Plan upon arrival at an incident and will allow for the integration of incident management operations with local/county/state emergency service systems.

Critical Elements

Identify Options for Medical Evacuations

The lead Safety Officer for the IMT will 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.

Identify One On-Scene Point of Contact

At the scene of a medical emergency, an on-scene point of contact will be determined or designated by chain of command. This point of contact and the person assessing/treating the patient may or may not be the same person. The point of contact will:

- Take charge of the scene and identify/determine who is in charge of assessing and treating the patient.
- 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 Communications in order to reduce the time it takes to communicate essential information and to limit the potential for miscommunication.

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 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, cooperative agreements, role of dispatch centers, and key contacts or liaisons.

Incident Communication Protocol

1. Determine the nature of the emergency.
2. If the emergency is a medical injury/illness, determine if the injury/illness is life threatening.
3. If the injury is life threatening, then clear designated frequency for emergency traffic.
4. Identify the on-scene point of contact by position and last name (i.e. TFLD Smith).
5. Ensure that the Medical Unit Leader is contacted immediately.
6. Identify number injured, patient assessment(s) and location (geographic and/or GPS coordinates).
7. Identify on-scene medical personnel by position and last name (i.e. EMT Jones).
8. Identify preferred method of patient transport.
9. Determine any additional resources or equipment needed.
10. Document all information received and transmitted on the radio or phone.
11. Document any changes in the on-scene point of contact or medical personnel as they occur.

Reference: *NWCG#025-2010 Memorandum, dated 5/25/10 -- Attachment A*