

# FLORIDA AMBULANCE DEPLOYMENT STANDARD OPERATING PROCEDURE

Version 1.7

7/2/2018

**1. PURPOSE:** The purpose of this Ambulance Deployment Standard Operating Procedure (ADSOP) is to establish a mechanism for State ESF-8 to marshal and deploy ground and air emergency medical services (EMS) assets during disaster response.

**2. SITUATION:** EMS assets are a critical component of the public health and medical response system. County Emergency Operations Centers (EOC) may request additional EMS resources during a disaster to supplement ground and air ambulances and EMS personnel in counties when their resources are overwhelmed by a major emergency or catastrophic disaster. The State EOC may request EMS resources to fulfill missions from other states under EMAC. Specific missions for EMS assets may include:

- Patient and medical facility evacuation support.
- Augmentation of day to day EMS services.
- Patient triage, treatment, and transport.

Appendix VIII, Public Health, and Medical Services, of the State Comprehensive Emergency Management Plan, establishes that deployment of EMS resources will be coordinated by State ESF-8, with ESF 4 and 9, the Florida Fire Chief's Association, (FFCA), the Florida Ambulance Association (FAA), and as necessary, the Florida Aeromedical Association (FAMA).

### 3. ASSUMPTIONS:

- The Department of Health ESF-8 Public Health and Medical, does not possess the capabilities of providing EMS transport. Resources are provided by non-impacted local EMS providers.
- As of February 2017, Florida has 5107 permitted EMS vehicles and 140 permitted EMS aircraft. The EMS vehicles consist of 2640 ALS transport, 1777 ALS non-transport, and 550 BLS transport. The air medical aircraft consists of 56 helicopters and 84 airplanes. In addition, Florida has 23 Mass Casualty Support Units strategically located throughout the state.
- State-level deployments of EMS assets will be authorized by State ESF-8 and coordinated with State ESF 4 and 9, FAA, and FAMA.
- Deployments of EMS assets will strictly adhere to the principles of Florida's Incident Command System.
- Resources can most efficiently be identified and marshaled working through established organizational structures and points of contact.
- EMS resources will deploy under an authorized mission request and will not self-dispatch to the incident scene.
- Availability of EMS assets may be limited during disasters due to competing operational commitments.
- All ambulance deployments are subject to weather conditions and safety considerations.

- When requested, the processes established in this SOP can be implemented to support interstate mutual aid requests for EMS assets through the Emergency Management Assistance Compact (EMAC).

**4. AUTHORITIES:** Florida Statutes Chapter 252.36 (5) (b), authorizes the use of all available resources of the state government and of each political subdivision of the state, as reasonably necessary to cope with the emergency.

## 5. CONCEPT OF OPERATIONS

Florida's concept of operations is to deploy EMS assets as typed Ambulance Strike Teams (AST), Ambulance Task Forces (ATF) or single EMS resources. The preferred method of deployment is as an AST/ATF; however single EMS resources may be deployed based on specific mission requirements. Florida has adopted the [National Incident Management System \(NIMS\) typing for EMS resources](#).

EMS assets that may be deployed pursuant to this SOP include:

- Air ambulances (Fixed-Wing).
- Air ambulances (Rotary-Wing).
- Ambulance (Ground).
- Ambulance Strike Teams.
- Ambulance Strike Team Leaders.
- Air Ambulance Strike Teams.
- Air Ambulance Strike Team Leaders.
- Ambulance Task Forces.
- Ambulance Task Force Leaders.
- Ambulance Task Force Group or Division Supervisor.
- EMS Branch Director
- Medical Directors
- Registered Nurses.
- Paramedics.
- Emergency Medical Technicians (EMTs).

### A. Pre-event Actions for Incidents with Notice:

120 Hours Pre-Event- Planning:

1. Disseminate pre-event messaging to local, state, and federal EMS resources that estimates possible needs and projected preparedness activities for the next 5 day.

96 – 72 Hours Pre-Event:

1. ESF-8 Patient Movement to conduct pre-event outreach with ESF 4 and 9, FFCA, FAA, FAMA.
2. Verify with organizational representatives the availability of regional liaisons
3. Identify organizational representatives that may deploy to the State EOC (SEOC) to embed with ESF-8 Patient Movement.

48 – 24 Hours Pre-Event:

1. Conduct AST/ATF inventory of each region that could potentially respond to the estimated area of operation.
2. Complete a Health and Safety Risk Assessment for EMS resources that may be deployed to the area of operation.
3. Identify Forward Operating Base (FOB) as needed for rapid entry post event

## 24 – 0 Hours Pre-Event

1. Upon the request of ESF-8 Patient Movement, deploy organizational representatives to SEOC to embed with ESF-8 Patient Movement
2. Stage EMS resources if needed.

### **B. Request Process for Incidents with Notice:** Requests to the state for EMS assets must be coordinated through County EOCs, and requested through and documented in the State request system.

- Resources should be requested by asset typed descriptions. A request will include a capability-based description of how the resources will be used as a part of the operation.
- Missions for EMS assets will initially be assigned to State ESF-8 in the SEOC. State ESF-8 will validate the mission based on current situational awareness and resource availability. ESF-8 will then determine the type of mission request and the correct type of deployment assistance needed.
- Once validated, the State ESF-8 will request EMS resource deployment assistance from State ESF 4 and 9, FAA, and/or FAMA, depending on the type of mission and resource requested.
- State ESF-8 will assign mission numbers to deployed EMS resources.

### **ESF-8 Patient Movement Responsibilities:**

- Mission requests for the evacuation of a health care facilities, standbys, and non-emergent special needs shelter assistance will initially be coordinated through the FAA and regional EMS liaisons. Ground ambulances, EMTs, and paramedics will be identified, mobilized, deployed, tracked, and demobilized through the FAA in partnership with ESF-8. The FAA will work with State ESF-8 and the Florida Department of Health to designate one EMS regional liaison for each of the seven domestic security regions in Florida.

### **ESF-4/9 Responsibilities:**

- Mission requests for ground ambulances, EMTs, and paramedics for Urban Search and Rescue (US&R), or requests for AST Type I or Type III will be coordinated through ESF 4/9. Other non-health care facility missions will initially be coordinated through ESF 4/9 and the regional fire-based EMS liaisons.
- ESF 4/9 ambulance resources will be identified, mobilized, deployed, tracked, and demobilized through the Florida Fire Chiefs Association (FFCA), as stated in the [Statewide Emergency Response Plan \(SERP\)](#).

### **ESF-8 and ESF4/9 Collaborations:**

- Mission requests that cannot be completely filled by FAA or FFCA will be coordinated between state ESF-8 and state ESF 4/9. This collaboration will be needed when units from different organizational types are required to complete ASTs/ATFs.

### **Florida Air Medical Association Responsibilities:**

- Mission requests for air ambulance resources will be identified, mobilized, deployed, tracked, and demobilized through FAMA, as per the [Florida Air Medical Services, Disaster Response Plan](#). To include Florida Neonatal Transport Network Association (FNPTNA), disaster plan.

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- The regional fire-based, non-fire -based, and/or FAMA liaisons will work directly with EMS providers to identify assets available for deployment, deploy those assets and work with the AST/ATF Leaders/Group - Division Supervisors to track deployed EMS resources.
- When possible, EMS resources will be acquired from one or more un-impacted geographical regions in order prevent the further burden on the impacted region.
- State ESF-8, State ESF 4 and 9, FAA, and/or FAMA will collectively assign the duty of AST/ATF Leader, and/or Group/Division Supervisor to trained and qualified personnel (see Attachment B: Florida Standards for an Ambulance Strike Force and Ambulance Task Force).
- State ESF-8, in concert with the AST/ATF Leaders/Group - Division Supervisors, will manage, as necessary, logistical support for the ground/air ambulance deployment (hotels, fuel, food, re-supply, command vehicles, Mass Casualty Support Units).
- State ESF-8 will attempt to acquire and deploy an EMS mobile command post when three or more AST/ATF are deployed to each area of operations.
- State ESF-8, working with State ESF-1, will attempt to acquire and coordinate the deployment of non-ambulance transportation resources (Para-transit vehicles, buses).
- State ESF-8 as necessary, will deploy a liaison to the incident to coordinate activities with the AST/ATF Leaders/Group - Division Supervisors.
- Once deployed, ambulance resource activities will be managed by the assigned AST/ATF Leaders/Group - Division Supervisors and State ESF-8 Liaison (if deployed).

**C. Request Process for No-Notice Incident Deployments:** No-notice incidents may not allow for pre-event coordination among State ESF-8, ESF 4 and 9, FAA, and FAMA as noted in 5. A & B above. The procedures below describe request process options for no-notice incidents:

- State ESF-8, ESF 4 and 9, FAA, and FAMA will collaborate to maintain the no-notice deployment plan for ground/air ambulance resources.
- Ground Ambulance Primary Deployment Option: State ESF-8 and State ESF 4 and 9 will follow the deployment process as noted above in 5. A & B.
- Ground Ambulance Secondary Deployment Option: The State ESF-8 may work directly with EMS providers to deploy additional ground ambulance resources. State ESF-8 will keep State ESF 4 and 9 and FAA aware of the status of the deployment.
- Non-fire based ground ambulance providers that participate in a no-notice deployment will, at the request of State ESF 8:
  - Deploy a department supervisor to serve as an AST/ATF Leaders/Group - Division Supervisor.
  - Deploy ambulance resources that are logistically capable of sustaining themselves for 3 days (staff, uniforms, medical equipment, and supplies, etc.).

- Notify their EMS and/or Fire liaison of any need to demobilize the deployed assets at any time during the deployment.
- Air Ambulance Deployment: State ESF-8, through FAMA, will acquire the necessary air ambulances to meet the needs of the incident. State ESF-8, through FAMA, will deploy additional air ambulance resources to replace the no-notice deployed resources within 12 – 24 hours of the initial deployment. This assures EMS assets rapidly deployed can return to home base if necessary and long-term support for the mission remains available.
- FAMA will assure that air ambulance providers that participate in a no-notice deployment will:
  - Deploy an air ambulance department supervisor for each group of five air ambulances that FAMA sends to the deployment to assist the designated AST/ATF Leaders/Group – Strike Team Leader.
  - Deploy air ambulance resources that are logistically capable of sustaining themselves for 72 hours (staff, uniforms, medical equipment, and supplies, fuel, maintenance, etc).
  - Notify the FAMA Liaison of any need to demobilize the deployed assets at any time during the deployment.

**D. Communications:** Deployed EMS personnel will utilize the [current Volume of the Emergency Medical Services Communications Plan \(EMSCP\)](#) as a reference guide in order to determine local radio frequencies to be used during a deployment. The Emergency Medical Services Communications Plan (EMSCP) is the operational “field manual” to be carried on all transport permitted EMS vehicles within Florida. It contains information for day-to-day operations, as well as providing the data necessary to enable radio communications during transport operations in unfamiliar areas, including neighboring counties in Georgia and Alabama.

**E. Activation Process Guidelines for EMS Providers Upon Request for Deployment:**

The following guidelines are provided once a ground/air ambulance provider is notified of a deployment:

Ground/air ambulances/medical personnel should report as quickly as possible to the assigned rally point. Personnel are to take their prepared three-day Go Packs with them to the assignment (see Attachment C: Equipment Recommendations for Deployed Ground/Air Ambulance Personnel).

- State ESF-8, State ESF 4 and 9, FAA, and FAMA will provide agency representatives to work with the fire and non-fire service- based ground/air AST/ATF Leaders/Group - Division Supervisor in coordinating teams and getting them to the incident.
- ⊖ ESF 4 and 9 or FFCA, FAA, and FAMA representatives, if requested and assigned, will liaise with the ESF-8.

**F. Resource Management**

- All ground/air ambulances will report to their designated rally point(s) to meet with AST/ATF Leaders/Group - Division Supervisors as applicable. At the rally point(s), the AST/ATF Leaders/Group - Division Supervisors will be responsible for the following:
  - Introducing team members.
  - Briefing team members on current incident conditions, safety issues and the Ambulance Deployment Standard Operating Procedure (ADSOP) Code of Conduct.

- Issuing potential assignments.
  - Determining response route(s), considering the time of day, traffic, food, and fuel stops.
  - Making and communicating travel plans (convoy order).
  - Identifying radio frequencies for en route communications (typically a Talk-A-Round channel).
  - Conducting a checklist assessment of the ADSOP readiness and equipment availability.
  - Notifying the jurisdictional communication center of status and ETA to the incident site/staging area.
  - Review the ABCs... of Staging:
    - A-assignment
    - B-boss
    - C-communications
    - D-destination
    - E-equipment
- If a ground/air ambulance unit is unable to continue to respond for any reason, the AST/ATF Leaders/Group - Division Supervisor will contact the State ESF-8 to request replacement of the unit. State ESF-8 will in turn, notify State ESF 4 and 9 and/or representatives from the FAA or FAMA of the situation.
  - The AST/ATF Leaders/Group - Division Supervisor shall report any deployment-related incidents/accidents to the State ESF-8. The State ESF-8 will in turn notify the State ESF 4 and 9 representatives and/or, the FAA, or FAMA of the situation.
  - Each ground/air ambulance crew shall maintain responsibility for their personal equipment, their ground/air ambulance, and their medical equipment /supplies. Any problems should be reported to the AST/ATF Leaders/Group - Division Supervisor.
  - At the incident scene, the deployed ambulance team shall report to the AST/ATF Leaders/Group - Division Supervisor and check in at the incident staging area or assigned area. The AST/ATF Leaders/Group - Division Supervisor will be responsible for the following:
    - Initiating and using ICS Form 214 (Unit Log) for the entire deployment.
    - Obtaining orientation to hospital locations (local information and ICS 206 – EMS Communications Plan is a resource for this information).
    - Determining preferred travel routes and brief team members.
    - Receiving incident briefing (IAP, ICS 205 - Communications Plan and ICS 206 - Medical Plan).
    - Briefing team members on Incident and their assignments.
    - Providing information, including resource order and mission number, for check-in (ICS Form 211).
    - Reporting for line assignment(s) or to a staging area as directed.
  - AST/ATF Leaders/Group - Division Supervisor will, at least on a daily basis, provide Situation Reports (see Attachment D: Daily Situation Report Template) to State ESF-8 at the SEOC. State ESF-8 will assure that the Situation Reports are placed in State Resource System.
  - **Medical Protocols:** Whenever deployed, each AST/ATF Leaders/Group - Division Supervisor, EMT, Paramedic or Registered Nurse who provides any medical care during the

incident, may utilize the scope of practice for which she/he is trained, licensed, and accredited according to the policies and procedures established by his/her Local Emergency Medical Services Agency. Ground/air ambulance personnel may not exceed their medical scope of practice regardless of direction or instructions they may receive from any authority while participating on an ambulance deployment.

**G. Logistical Support:** The deployment team reporting to the scene of an incident should not expect logistical support services to be in place in the early stages of the incident. For this reason, all deployed ambulance teams are expected to be self-sufficient for up to 3 days or have a plan to be supported in the response area. The location and magnitude of the incident will determine the level of support services available. State ESF-8 will work to provide logistical support beyond the 24-hour mark for the deployed EMS resources. However:

- The AST/ATF Leaders/Group - Division Supervisor may have to utilize commercial services for food, fuel, and supplies until these logistical services are established. Obtaining replacement medical supplies during the first days of a disaster may also be difficult.
- The AST/ATF Leaders/Group - Division Supervisor may have to work within the local EMS structure to replenish medical supplies for the deployed ambulance team. (The County Emergency Manager, with the assistance of local ESF-8, may be able to provide medical resupply services.)
- The AST/ATF Leaders/Group - Division Supervisor or designee is expected to attend all operational shift briefings and keep all personnel on the team informed of existing and predicted conditions. If the individual units of the ambulance deployment are assigned to single resource functions (e.g., patient transportation, triage, or treatment) the AST/ATF Leaders/Group - Division Supervisor will make contact with the personnel at least once during each Operational Period.
- If possible, all units in an ambulance deployment will stay together when off-shift unless otherwise directed by the AST/ATF Leaders/Group - Division Supervisor. At a minimum, all team members will remain in constant communications. Until incident facilities are established, each AST/ATF Leaders/Group - Division Supervisor will coordinate with their respective support services to provide facilities support to the ambulance deployment team.

**H. Demobilization:** State ESF-8 in coordination with State ESF 4 & 9, FAA, and/or FAMA are responsible for the preparation and implementation of the ground/air ambulance Demobilization Plan to ensure that an orderly, safe, and cost-effective movement of personnel and equipment is accomplished from the incident site(s). FAMA in coordination with State ESF-8 is responsible for the preparation and implementation of the air ambulance Demobilization Plan to ensure that an orderly, safe, and cost-effective movement of personnel and equipment is accomplished from the incident site(s). At no time should a deployed ground/air ambulance team or individual crewmember leave without receiving departure instructions from their AST/ATF Leaders/Group - Division Supervisor.

- State ESF-8 will coordinate demobilization of EMS resources with State ESF 4 and 9, FAA, and FAMA.
- State ESF-8 will coordinate with State ESF 4 and 9 to implement any required decontamination processes of equipment and personnel.

- AST/ATF Leaders/Group - Division Supervisors should obtain necessary supplies to assure that the ground/air ambulances leave in a “state of readiness” whenever possible. If unable to replace lost, used or damaged equipment, the AST/ATF Leaders/Group - Division Supervisor will notify State ESF-8 representatives at the SEOC prior to leaving the incident/staging location. State ESF-8 will notify FAMA of the demobilization. The AST/ATF Leaders/Group - Division Supervisor will collect and return all radios and equipment on loan for the incident. The AST/ATF Leaders/Group - Division Supervisor will record timekeeping records and submit them to State ESF-8 prior to departure. All deployed ambulance personnel will receive a debriefing from the AST/ATF Leaders/Group - Division Supervisor prior to departure from the incident site(s).
- Vehicles safety checks will be conducted by AST/ATF Leader/Group - Division Leader prior to the EMS unit’s departure from the incident site. Any problems will be communicated to the AST/ATF Leaders/Group - Division Supervisor. The AST/ATF Leaders/Group - Division Supervisor will review return travel procedures with departing EMS personnel.
- State ESF- 8 will notify State ESF 4 & 9 and/or the FAA of ground ambulance release time, travel route, estimated time of arrival back at home base, and actual arrival time back at home base.
- FAMA will notify State ESF-8 of air ambulance release time, travel route, estimated time of arrival back at home base, and actual arrival time back at home base.

**I. Code of Conduct:** The conduct of deployed resources under the ADSOP is of paramount importance to State ESF-8, ESF 4 and 9, the EMS Advisory Council, FAA, American Medical Association (AMA), the Sponsoring Agency, and the local Authority Having Jurisdiction (AHJ).

This Code of Conduct consists of the rules and standards governing the expected demeanor of members of agencies responding as part of the ADSOP. Each system member is both a representative of their response team and their Sponsoring Agency. Any violation of principles or adverse behavior demonstrated will be looked upon as unprofessional. Such behavior may discredit the good work that the resource completes and will reflect poorly on the entire team’s performance and Sponsoring Agency.

The deploying EMS resources are representatives of a well-organized, highly trained, and disciplined group of responders who have been assembled to help communities in need of their assistance. At the conclusion of a mission, team members must ensure that their performance has been positive and that they will be remembered for the professional manner in which they conducted themselves both socially and in the work environment.

**General Responsibilities**

- It is the responsibility of the Sponsoring Agency to prepare its members regarding conduct before deployment. Each deployed member is bound by their Sponsoring Agency’s rules, regulations, policies, and procedures.
- It is the responsibility of the AST/ATF Leaders/Group - Division Supervisor or designee(s) to reinforce the ADSOP Code of Conduct during all planning sessions, team meetings, and briefings, and to monitor compliance. Any violations must be documented, with appropriate follow-up action taken, by State ESF-8, ESF 4 and 9, FAA, FAMA and the Sponsoring Agency.



- At no time during a mission will deployed members take personal advantage of any situation and/or opportunity that arises.
- It is the responsibility of each deployed member to abide by this Code of Conduct.

As a basic guide, deployed members will base all their actions and decisions on the ethical, moral, and legal consequences of those actions. It is in this manner that positive and beneficial outcomes will prevail in all events. Accordingly, members will:

- Keep the value of life and the welfare of the patient constantly in mind.
- Remain cognizant of cultural issues including race, religion, gender and nationality, and people with disabilities.
- Abide by all local law enforcement practices, including local policies regarding weapons. Deployed members will not carry firearms.
- Abide by all regulations regarding the handling of sensitive information, including HIPAA.
- Follow local regulations regarding medical care and handling of patients and/or human remains.
- Follow local jurisdiction and federal regulations or restrictions regarding taking and showing pictures of patients or structures.
- Follow prescribed direction regarding dress code and personal protective equipment.
- Not be in possession of non-prescribed or illegal substances, nor consume alcoholic beverages while on duty or subject to call.
- Only procure equipment through appropriate channels.
- Not accept gratuities to promote cooperation.
- Not deface any property (unless approved structure marking) nor remove property from an operational work site as a souvenir.
- Transit only via approved roadways and not enter into restricted areas unless approved.
- Demonstrate proper consideration for other teams' capabilities and operating practices.

#### **J. Reimbursement:**

It is the responsibility of the responding agency to track their employee's time on assignment, vehicle miles/hours and expenses incurred as a direct result of the deployment.

Post deployment, the responding agency will send claim documentation reimbursement package to the ESF-8 Finance-Administration email at [StateESF8.Fin-Adm@flhealth.gov](mailto:StateESF8.Fin-Adm@flhealth.gov) . No reimbursement will occur for activity that was NOT requested by the State ESF-8.

Damaged or lost equipment shall be documented on the ICS 214 form and a detailed explanation provided to State ESF- 8 during the data collection phase post-deployment. At no time shall submitted costs exceed the normal customary rates and costs.

## **6. RECORD OF CHANGES & APPROVAL**

This Ambulance Deployment Standard Operating Procedure replaces and supersedes the previously approved Plan dated March 14, 2012. A copy of this Ambulance Deployment Standard Operating Plan will be made available to all licensed EMS providers in the state of Florida.

## **7. ATTACHMENTS**

- A. Minimum Requirements for EMS Participation
- B. Florida Standards for an Ambulance Strike Force and Ambulance Task Force
- C. Equipment Recommendations for Deployed Ground/Air Ambulance Personnel
- D. Daily Situation Report Template
- E. Self Deployment Notice

## **Attachment A: Minimum Requirements for EMS Participation**

EMS organizations that will deploy will be compliant with this SOP:

- ADSOP ground/air ambulance provider will hold current licenses and be considered to be in good standing by the Florida Department of Health, Bureau of Emergency Medical Services.
- ADSOP ground/air ambulance providers will be responsible for the deployment only of qualified personnel as described in this document.

Standards for Ambulance Individual Personnel:

- Be a member or employee in good standing of the EMS provider organization.
- Be currently certified/licensed and in good standing as an EMT, Paramedic or Registered Nurse with the state of Florida.
- Have a minimum of one year of EMS experience as an EMT, Paramedic or Registered Nurse.
- Completed ICS 100.
- Completed ICS 700.
- Have current immunizations as identified in [National Incident Management System \(NIMS\) typing for EMS resources](#).
- Completed Hazardous Materials Awareness level training.

Preferred Standards:

- Be trained and able to work in Level “C” personal protective equipment (in accordance with CFR 1910.120 APP B)
- Completed WMD Awareness Level Training.

### **Standards for an Air/Ambulance Strike Team (AST) Leader/Ambulance Task Force Leader (ATL):**

Minimum Training Requirements for the AST/ATL Leader:

- Must be currently certified and in good standing as an EMT, Paramedic or Registered Nurse with the state of Florida.
- All training requirements for the individual personnel above plus:
  - ICS 200.
  - ICS 800.
  - Two years EMS experience in an EMS leadership position.
  - Optional: Florida Ambulance Strike Team/Task Force Leader Course.

### **Duties and Responsibilities of the AST/ATL Leader:**

The AST/ATL Leader is responsible for:

- Assuring the safety and readiness of the assigned AST/ATL personnel and equipment.
- Maintain accountability of all deployed personnel assigned
- Coordinating the movement of the personnel and equipment traveling to and returning from an incident site.
- Supervising the operations of the AST/ATL team at the incident site, as directed by the Ambulance Group or Division Supervisor, or Incident Commander.
- Maintaining familiarity with personnel and equipment operations, including assembly, response, and direct actions of the assigned personnel, keeping team accountability at all times.

- Contacting appropriate incident personnel with problems encountered during the deployment, including administrative, mechanical, operational, or logistical issues.
- Prior to deployment, determining mission duration, special circumstances, reporting location and contact information.
- Ensuring completion and submission of ICS documents for timekeeping, demobilization (ICS Form 214), and lessons learned.
- Providing Situation Report and Incident Action Plan (IAP) to State ESF-8, State ESF 4 and 9, and/or FAA (as appropriate), pursuant to the schedule prescribed by the receiving entity(s).
- Participate in After Action Report (AAR) Process.

In summary, the AST/ATL Leader must have the capability and experience to manage, coordinate, and direct the actions of the ambulance personnel at a wide variety of emergency situations. This includes maintaining all required records and ensuring the logistical needs of personnel are met during the entire activation.

### **Recommended Standards for an Ambulance Group - Division Supervisor/EMS Branch Director/Medical Director:**

- All training requirements for the AST/ATF Leader requirements above, plus:
  - Minimum five years experience in an EMS leadership role.
  - ICS 300.
  - ICS 400.
  - Successful Completion of the Florida Ambulance Strike Team/Task Force Leader Course.

### **Duties and Responsibilities of the Group - Division Supervisor/EMS Branch Director**

- Ensure that administrative support personnel, deploy with necessary office supplies, deploy with the Group/Division Supervisor/Director.
- Ensure the safety and readiness of the deploying personnel and equipment.
- Coordinate the movement of the personnel and equipment traveling to and returning from an incident.
- Supervise the operational deployment of the ambulance strike teams/task forces at the incident, as directed by the Operations Section Chief, or Incident Commander.
- Maintain familiarity with personnel and equipment, including assembly, response, and direct actions of the assigned units, keeping the team accountability at all times.
- Contact appropriate State Incident Command (ESF-8, 4 and or 9) personnel with problems encountered by deploying teams, including administrative, mechanical, operational, or logistical issues.
- Ensure vehicles have adequate communications capability (see communications section).
- Maintain positive public relations during the incident.
- Prior to deployment, determine mission duration, special circumstances, reporting location and contact information.
- Ensure completion and submission of ICS documents for timekeeping and demobilization (ICS Form 214).
- Participate in the After Action Report (AAR) Process.

In summary, the AST/ATF Leaders/Group - Division Supervisors/Directors must have the capability and experience to manage, coordinate, and direct the actions of the ground/air ambulance teams at a wide variety of emergency situations. This includes maintaining all required

records and ensuring the administrative and logistical needs of the teams are met during the deployments.

## **Attachment B: Florida Standards for an Ambulance Strike Force and Ambulance Task Force**

### Air/Ambulance Strike Team

A Florida Ambulance Strike Team will consist of the following NIMS typed assets:

- Three to five ground/air ambulances of the same type.
- Two Ambulance Strike Team Leaders with separate vehicles (for 24-hour operations).

### Ambulance Task Force

A Florida Ambulance Task Force will contain the following assets:

- Three to five related ground/air ambulances of different types.
- Two Ambulance Task Force Team Leaders with separate vehicles (for 24-hour operations).

Optional Deployment Resources: Additional resource may be required to support EMS activities during the response. Deployment of the following resources will be determined at the time of mission tasking by State ESF-8 in concert with ESF 4 and 9, the FAA, and FAMA:

- State ESF-8 Disaster Preparedness Consultants Communications trailer(s).
- Command vehicle that has radio communications capabilities, satellite phones, wireless internet capabilities, generator power and enough reserve fuel to last three days.
- Ambulance Task Force Incident Management Team (IMT) representatives.
- Mass Casualty Incident (MCI) Support Units(s) with generator and fuel for three days.
- Type 2 Field Mobile Mechanics with service vehicles and equipment/supplies.
- Ground vehicle fuel tender Type I that is capable of carrying enough diesel fuel and gasoline to support the deployment for three days.
- Helicopter fuel tender with ground crew.
- Helicopter mechanic with equipment and supplies.
- Food and water adequate enough to sustain the AST/ATF for three days.
- Tents and cots with air conditioning, generator, and fuel in adequate quantities/size to support the AST/ATF for three days.

## **Attachment C: Equipment Recommendations for Deployed Ground/Air Ambulance Personnel**

Personal GO Pack for deploying personnel should contain the following:

- Clothing (shirts, pants, shorts, etc) in sufficient quantities and appropriate for climate.
- Jacket.
- Safety boots.
- Sunglasses.
- Hat
- Potable water for three days.
- Rain gear.
- Food supplies or Meals Ready to Eat (MREs) for three days.
- Toilet paper.
- Personal meds (enough to last fourteen days) and medical history documentation.
- Vaccination and inoculation records.
- Toiletries & other personal items as needed.
- Sunscreen.
- Bug spray.
- Sleeping bag & pillow.
- Hearing protection (ear plugs).
- Photo I.D. and petty cash.
- Official agency ID.
- EMT and BLS certification cards and/or Paramedic and ACLS certification cards.
- Handheld flashlight(s) with extra batteries.

Ground/Air Ambulance:

- Sufficient quantities of equipment and supplies to meet expected 3 day deployment that meets minimum scope of practice (ALS or BLS) as determined by applicable statute and rules.
- Maps of incident area and surrounding areas.
- Communications equipment (TBD).
- Capability to purchase fuel locally (credit cards [department, corporate or personal], and or cash).
- 20 Patient Care Reports (PCRs).
- 20 Disaster Triage Tags.
- 2 Pair work gloves.
- 2 Safety helmets with dust-proof safety goggles.
- 4 HEPA N95 masks and 4 dust filters.
- 2 Handheld flashlights with batteries.

Supplies and equipment for AST/ATF Leaders/Group - Division Supervisors that is in addition to personal Go Packs:

- ICS position specific vests.
- Maps of impacted area and surrounding areas.
- Laptop computer with wireless capability, vehicle-based charger, wall charger, printer, paper, office supplies.
- Compass and/or portable GPS.
- Capability to purchase fuel (credit cards [department, corporate or personal], and or cash).
- Communications equipment capable of communicating with the teams en route and at the incident: Cell phone, radios, extra batteries, satellite phone and chargers.

- State of Florida Field Operations Guide (FOG) Manual.
- Food supplies or MREs (quantities sufficient enough to support the team for length of deployment).
- Potable Water (Quantities sufficient to support the team for length of deployment).
- 50 Disaster Triage Tags.
- 2 Safety helmets with dust-proof safety goggles.
- 2 Pairs work gloves.
- 2 Flashlights or headlamp.
- ICS Forms & Ambulance Strike Team/Task Force/Group/Division Leader(s) Kit.
- 100 Patient Care Reports (PCRs).
- Extra bulbs etc. as needed for all equipment.



## Attachment D: Daily Situation Report Template

Date of Operations:

Reporting Period:

Current Situation

- Summary of day's events.
- Area of Operations (geographic description).
- List of assets deployments by area of operations.
- Operations undertaken.
- Operations to be undertaken in current period (Work Period Objectives).
- Logistical issues and recommendations.
- Communications issues and recommendations.
- Administrative issues and recommendations.

Proposed Demobilization Plan (when applicable)

Submit to: [StateESF8.Planning@flhealth.gov](mailto:StateESF8.Planning@flhealth.gov)

## **Attachment E: Self Deployment Notice**

### **DO NOT RESPOND TO THE IMPACTED AREA UNLESS AUTHORIZED**

**In order to help minimize self-deployments prior to a formal, authorized ambulance deployment, State ESF-8 will distribute the following notice to all EMS Providers.**

State ESF-8 is coordinating the deployment of EMS resources to the <incident name> impacted area with State ESF 4 and 9, the Florida Ambulance Association, and the Florida Aeromedical Association. State ESF 4 and 9 will be working with the Florida Fire Chiefs Association, State Emergency Response Plan (SERP) Regional Coordinators as the points of contact. State ESF 8 will be working with the Florida Ambulance Association, and the Regional EMS Coordinators as the points of contact. The Florida Aeromedical Association will work with Florida licensed air ambulance providers as the point of contact.

You are being deployed to assist the local EMS in their response to the incident. Your assistance is greatly appreciated.

While on the deployment you will work under the Incident Commander or designee (Medical Branch, Transport Officer, etc.). You must work within the ICS system, and follow the directions of the Incident Command staff or the Ambulance Strike Team/Task Force/Group – Division Supervisor.

#### **Prior to Deployment**

Please consider the following:

- Period of service may be for seven to ten days.
- Have a credit card for the purchase of fuel, food and or other personal supplies.
- Each vehicle must be permitted, staffed, and equipped at the level permitted (BLS, ALS).
- Vehicles/aircraft available for the response are to be mechanically sound and capable of sustained operation during the deployment period in addition to travel to and from the area of operations.
- Deploying teams and personnel will have with them the items in Attachments C.

#### **While on Assignment:**

- Follow the Ambulance Deployment Standard Operating Procedure, Code of Conduct at all times.
- Freelancing is not allowed. Any freelancing will cause the service and the personnel on the vehicle to be relieved of assignment and notification of the home organization.
- All personnel are to stay with their assigned unit until assigned a task by the Strike Team/Task Force/Group – Division Supervisor.
- Keep radio traffic to a minimum. Use plain English.
- You are directed to follow your organization's approved patient care protocols.
- You may only perform procedures and provide medications covered or described in your organization's clinical protocols. If you are advised to provide care with which you are not familiar, you must advise the medical control physician that what was requested is beyond the scope of practice or calls for a medication that is not a part of the organization's clinical protocol." At all times you must provide only the care allowed under your Florida certification.