

SAMPLE FORMAT

EMS PLAN

I. AUTHORITY

- ◆ State that the plan has been approved by the appropriate policymaking body or has been prepared as an annex to a more comprehensive plan approved by that body.
- ◆ List any statutes, ordinances, executive orders, or resolutions which support the development of the plan.

II. PURPOSE AND SCOPE

A. PURPOSE

- ◆ State why the plan has been prepared.
- ◆ State that the purpose of the plan is to complement but not supersede the plans of other agencies.
- ◆ State that the plan is not intended to restrict the exercise of informed professional judgement by responding personnel.

B. SCOPE

- ◆ State in general terms how the plan will satisfy its purpose - e.g., provide incident organizational structure, provide for multi-agency communications, provide for coordinated resource allocations, etc.

III. SITUATION AND ASSUMPTIONS

A. SITUATION

- ◆ Briefly state the types of hazards found in the planning area which are likely to result in major incidents which could stress the EMS system.
- ◆ Describe any features of the area which could complicate response to a major incident.
- ◆ Describe any features already in place in the system which could support responses to major incidents.

B. ASSUMPTIONS

- ◆ Beginning with a statement that a major incident could exceed, overload or destroy the ability of a local EMS system to provide care to victims of the incident, list step-by-step what might have to be done to deal with the situation and bring the incident to a successful conclusion.
- ◆ Understand any assumptions you are working from before you try to develop the "Operations" section of the plan.

IV. OPERATIONS (OR CONCEPT OF OPERATIONS)

A. GENERAL

- ◆ Include a statement that the community will first attempt to handle the incident with resources available locally.
- ◆ Then describe the progression to countywide and regionwide coordination, describing who is responsible at each level. This may be expanded to include state and federal involvement as the situation warrants.
- ◆ Describe how execution of the EMS plan ties in with activities at the Disaster District EOC.

B. ACTIVATION

1. Enroute Declaration/Pre-Command Mode

- ◆ Describe how either the first responding unit or the CommCenter may initiate steps to place resources on standby prior to arrival of the first unit on the scene.
- ◆ List who is to be notified.

2. Scene Arrival/Notification

- ◆ List what the technician-in-charge of the first-in unit should do.
- ◆ List who the dispatch center should notify and what each person or agency should do when they are notified.
- ◆ Include a disclaimer that a declaration by a field unit is confirmation of a major incident. **DO NOT REQUIRE SUPERVISORY CONFIRMATION FOR ACTIVATION OF THE PLAN.**
- ◆ Stress continuity of command. **STATE THAT THE FIRST UNIT IN WILL GENERALLY BE THE LAST TO LEAVE.**

3. Organization of On-Scene Command

- ◆ State that EMS (or MEDICAL) COMMAND, under the ICS system, is responsible for all EMS activities at the scene.
- ◆ State the importance of EMS COMMAND establishing a field Command Post in cooperation with other responding agencies. Discourage multiple CPs. Reference any plans which establish who sets the CP location. Follow established ICS guidelines.
- ◆ Describe each of the functional areas within the EMS command structure and state the functional responsibilities of each.
- ◆ Include a statement limiting span of control, and establish how span of control is to be adjusted as the incident expands.

C. IMPLEMENTATION

1. Search and Rescue

- ◆ State who is responsible for initial search and rescue of the incident area.
- ◆ State who is responsible for coordinating EMS activities with search and rescue (TRIAGE OFFICER).
- ◆ Emphasize importance of rapid removal of patients to treatment areas. Discourage extensive treatment of patients where they lie, except when prolonged extrication is required.

2. Triage, On-Scene Treatment, Transport

- ◆ Describe on-scene patient flow from initial rescue and triage to the treatment area and on to transport.
- ◆ Describe START protocols.
- ◆ Describe when and how multiple treatment and transport areas are established and how they are coordinated.
- ◆ Describe how the TRANSPORT OFFICER informs hospitals of incoming patients. (Directly or through the CommCenter?)
- ◆ Describe procedures for managing the "walking wounded and the worried well". Who cares for them? Where are they taken? How are they transported?
- ◆ Emphasize triage as an ongoing process which is repeated during each step of rescue, treatment, and transport.

3. Definitive Hospital Care

- ◆ Describe procedures for smaller hospitals to request support if they are overwhelmed.
- ◆ Emphasize responsibility of hospitals to accept patients on the ER dock and give ambulances the fastest possible turn-around.

4. Management of Fatalities

- ◆ Describe who has responsibility for persons who are dead at the scene.
- ◆ Describe procedures for bodies which can be left in place and bodies which must be moved prior to arrival of the J.P. or Medical Examiner.
- ◆ Discuss circumstances under which EMS will transport bodies and how this will be coordinated with the police, and the M.E. or J.P.
- ◆ Emphasize the use of universal precautions in handling bodies.

D. RECOVERY

1. Scene Withdrawal

- ◆ Describe the procedure for determining when units may be released.
- ◆ Describe the procedure for coordinating the release of units with the CommCenter.
- ◆ Allow for partial release of units while maintaining a command mode with the limited numbers of units on the scene. This allows for possible "secondary incidents".

2. Return to Normal Operations

- ◆ Require announcement on the radio net of termination of on-scene command mode.
- ◆ Allow for temporary continuation of mutual aid coverage to allow units to restock and change out crews.
- ◆ Require announcement on radio net when all mutual aid assignments are terminated.

3. Casualty Accounting

- ◆ Describe how patients will be tracked through the system and identified.
- ◆ Describe how health and welfare inquiries from the public will be managed.

4. Critical Incident Stress Debriefing

- ◆ Briefly describe procedures for managing critical incident stress during and following the incident.

5. Post-Incident Critique

- ◆ Describe who calls the critique, who attends, and who conducts it.
- ◆ Require completion of "After Action Reports" by the command officers and by each agency that responded.
- ◆ Require that a written summary of the critique be circulated.

V. COMMAND, CONTROL, AND COMMUNICATIONS

A. COMMAND AND CONTROL

- ◆ Who is in charge of EMS activities? Who is in charge if an incident crosses jurisdictional boundaries?
- ◆ Emphasize the importance of continuity of command.
- ◆ Emphasize the importance of EMS activities being coordinated with the overall incident command structure (ICS).
- ◆ Describe who is responsible for coordination of a regional response.
- ◆ Describe the procedure for transfer of command when a senior officer arrives on the scene.
- ◆ State that command personnel must wear identification which describes their role in the operation and the CP must be clearly marked.
- ◆ Define an identification system for personnel who are not in uniform.
- ◆ Describe how requests for information from the media are handled. (Usually this is done by referencing the public information/media section of the jurisdiction's emergency management plan.)

B. COMMUNICATIONS

- ◆ State that all communications will be in plain English. NO CODES will be used. Only essential traffic will be transmitted.
- ◆ CommCenter assigns a location designator to the incident. Designator precedes all communications from the incident.
- ◆ Communications will be addressed to POSITIONS, not to persons or units.

- ◆ Define alternative communications channels.
- ◆ Define who assigns and coordinates radio frequencies during a major incident.

VI. RESOURCES AND SUPPORT

A. RESOURCES

- ◆ State that once the plan is activated, all units in the area respond as directed by the CommCenter. Units shall not respond to the incident site unless directed to by the CommCenter.
- ◆ Include a disclaimer that non-emergency functions may be suspended for the duration of the incident and those resources may be directed to support emergency operations.
- ◆ Include a disclaimer that participating organizations are not responsible for financial losses of any organization during a major incident unless previously agreed in writing.
- ◆ Establish either a standardized loading scheme for all ambulances which will be operating under the plan or a system for all responding agencies to index the equipment in the storage compartments.
- ◆ Define whether an employee of one agency may drive or provide patient care in a unit belonging to another agency. Identify who makes these decisions during an actual incident.
- ◆ Include a statement that participating organizations will assist each other in recovering non-expendable equipment but that no responsibility for losses is implied.

B. SUPPORT

- ◆ Specify that participating services will exchange street maps marked with predesignated staging areas, treatment areas, landing zones, hospitals, etc.
- ◆ Describe procedures for coordinating requests for assistance from other regions, the State, and the Federal government.

VII. TRAINING, DRILLS, AND EXERCISES

A. TRAINING

- ◆ Define who conducts initial and continuing education on the Plan.
- ◆ Describe when instruction is to be provided. Can it be included as a part of initial EMT or Paramedic training?
- ◆ Describe who trains the trainers.

B. DRILLS AND EXERCISES

- ◆ Require at least one regional exercise annually.
- ◆ Require at least one local exercise annually in addition to the regional exercise. Specify cooperation with local hospitals if possible. Specify joint training exercises with agencies likely to provide mutual aid.
- ◆ Establish continuing Incident Command System (ICS) drills by using the system and titles when three or more units respond on a call, or more often if able to work in the EMS system.
- ◆ Establish continuing triage drills using priorities in routine patient radio reports and using triage markers on all incidents involving three or more patients.

VIII. PLAN MAINTENANCE

A. RESPONSIBILITY

- ◆ State who has responsibility for overall maintenance of the plan.
- ◆ State who has responsibility for coordinating the actual review and updating.

B. DISTRIBUTION

- ◆ State who receives copies of the plan.
- ◆ State whether copies are free or if a fee will be charged.
- ◆ Describe any system which will be used for numbering plans and tracking their distribution.

C. COORDINATION

- ◆ State that someone has to be responsible for working with other agencies to ensure that conflicts don't exist between plans. Identify who this is.

D. REVIEW AND REVISION

- ◆ At least annually by all persons or agencies holding copies of the plan.
- ◆ Following any exercise.
- ◆ Following critiques of actual incidents.
- ◆ Define who publishes and distributes revisions.
- ◆ Specify that revised pages will be dated and marked to indicate changes.

IX. SEVERABILITY

- ◆ State that if any part of the plan is held invalid, this does not affect the rest of the plan.
- ◆ State that the current plan supersedes all prior plans to the extent that they are in conflict.

X. IMPLEMENTATION

- ◆ State when the plan goes into effect.
- ◆ State which parts are continually in effect and which provisions must be specifically activated.

MISCELLANEOUS PLANNING CONSIDERATIONS

1. Plan around existing systems.
 - ◆ Keep people doing their everyday jobs.
 - ◆ Try to use routine procedures and paperwork when possible
 - ◆ Try to keep people functioning in their regular chain of command.
2. Plan based on actual patterns of settlement and patient flow -- not around artificial lines drawn on maps.
3. Don't put names in plans -- assign responsibilities to positions.
4. Where only one person holds a position, require designation of an alternate.
5. Do not include details which will vary. Keep telephone numbers out of the plan.
6. Limit the amount of information to which people must refer to start making decisions. Write an initial checklist to be carried on the ambulance instead of the entire plan. Prepare position "cue cards" to which people may refer.
7. Remember, plans are *legal documents*.

For additional information or assistance with plan development, contact Sam Wilson, Plans Officer, Emergency Preparedness Team, Bureau of Emergency Management, TDH. The office is in Austin, telephone 512-834-6700.