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Functional Annex –

Emergency Medical Services Resource Management

Approved (April 20, 2007)
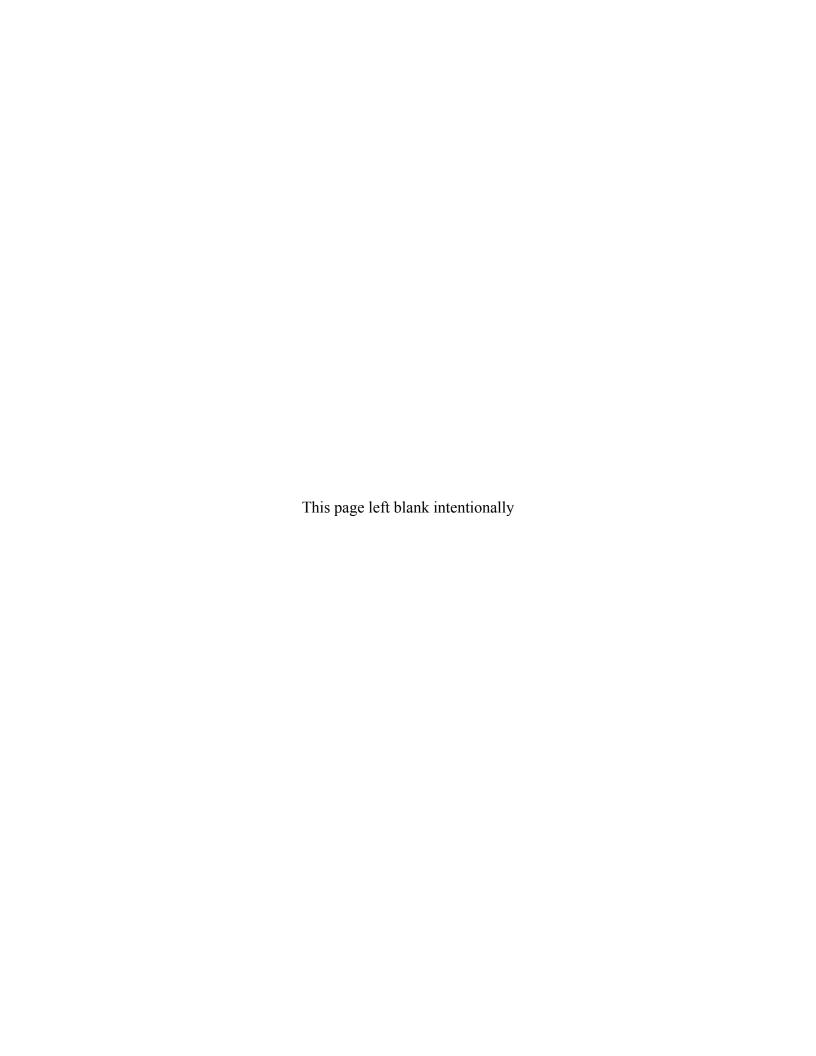
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1   Purpose

The purpose of this annex is to establish a comprehensive Emergency Medical Service (EMS) resource management plan for use during major emergencies and disasters within Washington County. Adoption of the process provided in this annex, combined with commitment to a formal staffing pattern, should allow for:

- Effective deployment and management of local, mutual aid, and other EMS resources

- An orderly transition from management of smaller incidents to larger ones

- Maintaining the roles and responsibilities of the Washington County Emergency Medical Services Office in ambulance resource management

- Identifying and maintaining the roles and responsibilities of the county's designated ambulance service provider

2   Situation and Assumptions

2.1   Situation

- Washington County is subject to emergency or disaster circumstances that could occur locally or be part of a regional or national crisis. Large-scale incidents have the potential for generating emergency medical service resource demands beyond the capacity of local EMS providers. Incidents such as major earthquakes, airline crashes, HazMat releases, terrorism, and others can generate significant numbers of victims requiring emergency medical service (i.e., pre-hospital care and transport).

- Washington County has designated a private ambulance company to provide paramedic level emergency medical transport services.

- The ambulance service provider maintains a fleet of ambulances and staffs between 5 and 15 ambulances depending on the day of the week and time of day. Each ambulance is Advance Life Support (ALS) capable and has a staff of two with at least one paramedic on board. The ambulance service provider also operates a fleet of wheel chair vehicles. Each wheel chair vehicle has a staff of one individual that has some level of medical training.

- The Washington County Senior EMS Coordinator is the individual responsible for operational oversight of the ambulance provider.

- The Washington County EMS Office coordinates all types of ambulance service within the county. The EMS Office is responsible for maintaining ambulance resource inventories, developing mutual aid agreements and procedures for the transfer and dispatch of ambulance resources, and coordinating with other ambulance providers.

■ Ambulance service in neighboring counties is provided by both public and private providers. Those providers may be available to respond into Washington County, however, there are no existing mutual aid agreements for their services. If called to assist, they typically provide the requested transport and handle the operational and administrative (e.g., billing) matters associated with the call.

■ Several fire service agencies within the county operate rescue vehicles that are equipped and configured to provide emergency medical transport. These units are Advanced Life Support (ALS), Intermediate Life Support (ILS), or Basic Life Support (BLS) staffed depending on the jurisdiction.

■ All front line fire apparatus staffed by Tualatin Valley Fire and Rescue (TVF&R) and Hillsboro Fire are ALS equipped and staffed with paramedics. Their volunteer staffed apparatus are BLS capable. The first out apparatus from Forest Grove Fire is ALS capable while the remaining are BLS capable. Other fire agency (Cornelius Fire, Banks Fire, Gaston Fire, and Washington County District #2) apparatus are Intermediated Life Support (ILS) or Basic Life Support (BLS) capable.

■ TVF&R, Forest Grove, and Hillsboro Fire have fulltime EMS coordinators. These individuals oversee their agency EMS operations, monitor compliance with adopted protocols, coordinate program delivery, and assist with development of new EMS plans and procedures.

■ All agencies providing EMS have a physician advisor designated as the Supervising Physician. The Supervising Physician prescribes medical protocols that govern the delivery of emergency medical (i.e., pre-hospital) care by the staff of the organization they serve.

■ The county's fire service agencies provide mutual aid services and the Washington County Fire Defense Board, which represents the county's fire service agencies, has county-to-county mutual aid agreements with most of the surrounding counties. Several of the fire agencies in the surrounding counties provide emergency transport services in their respective areas and can respond into Washington County on a mutual aid basis.

■ Air ambulance services are provided by Lifeflight Network, LLC, a private company operating out of Portland. The company operates two helicopters which are capable of transporting one patient each. One of the helicopters is typically based at Portland-Hillsboro Airport (HIO) and the other at Aurora State Airport (UAO). Lifeflight's primary mission is to transport trauma patients to appropriate area hospitals. During a major emergency, they could also be used for inter-hospital patient transfer and evacuation of patients from local hospitals to locations out of the metropolitan area.

■ Daily EMS operations are governed by a number of regional and local protocols/practices that enhance the delivery and coordination of emergency medical care. The protocols/practices include:

- Regional Mass Casualty Incident (MCI) Protocol – A protocol outlining standard triage, treatment, transport, and medical communications procedures for mass casualty incidents (i.e., those with 10 or more patients) in Clackamas, Multnomah, and Washington counties.

- Regional Hospital – A hospital in the Portland metropolitan area responsible for coordinating patient destination during MCI and other emergency situations. This function is performed by Oregon Health Sciences University using the "HOSCAP" talk group on the 800 MHz radio system.

- Trauma Communications Control (TCC) – An entity that coordinates patients entered into the trauma system. This coordination includes the relay of patient information and hospital coordination from Life Flight.

- Ambulance Diversion Guidelines – A protocol for diverting ambulances to alternate hospitals when one or more of the hospitals stops accepting emergency patients. When most of the hospitals close and go to "divert" status, the region implements a zone management process. The county's contract ambulance service provider serves as Zone Manager for Washington County and Meridian Park Hospital. The Zone Manager then oversees the patient destination process within the zone.

- Medical Resource Hospital (MRH) – A hospital in the Portland metropolitan area that provides physician access to en route ambulances for medical and other related advice. Oregon Health Sciences University serves as the Medical Resource Hospital for Multnomah and Clackamas counties. Physician access in Washington County is handled directly through each Washington County hospital including Meridian Park Hospital.

■ On a daily basis, emergency medical service calls are received and "triaged" by the Washington County Consolidated Communications Agency (WCCCA), which provides 9-1-1 call-taking and dispatch services for the county's fire and law enforcement agencies. A fire resource is dispatched on all medical calls. Calls requiring (or potentially requiring) emergency transport services are also relayed to the private ambulance service provider's ambulance communications center. The ambulance communications center identifies and dispatches an appropriate resource based on their location identified by automatic vehicle locator (AVL). In any case where the private ambulance service cannot provide transport in a time prescribed by

Washington County Administrative Rule fire-based rescue vehicles can be used for emergency transport.

■ WCCCA maintains a major emergency operations guideline that is used to facilitate dispatch during major emergencies. When that guideline is implemented, WCCCA may discontinue triaging medical calls from a transport perspective and transfer that responsibility to the private ambulance provider.

■ The Washington County Emergency Medical Service (EMS) Office also maintains a guideline for coordination of ambulance resources in emergency situations. The county's Senior EMS Coordinator can activate the guideline whenever resource demands require and/or when other incident related impacts (e.g., road conditions, hospital conditions, etc.) warrant.

■ Regardless of whose guidelines are activated, the following procedures can be implemented as the situation warrants:

- Transfer of medical call transport triage to the private ambulance service

- Use of modified triage guidelines

- Ambulance diversions (e.g., to nearest hospital)

- Use of private ambulance mutual aid

- Use of public agency transport resources

■ The county's ambulance service provider operates its own VHF high-band radio system that it uses to dispatch and manage its ambulance resources. The ambulance control center and the provider's emergency transport ambulances are also equipped with 800 MHz public safety radios to coordinate with WCCCA, other public safety responders, and hospitals throughout the region.

■ During catastrophic and other major emergencies creating extraordinary EMS system demands, non-traditional service delivery methods may be required. Alternative facilities staffed by a combination of professional EMS providers, other emergency responders, and volunteers may be needed for the pre-hospital treatment of patients. Disaster field hospitals, medical care points, casualty collection points, or other similar facilities may be established by local EMS, hospital, and medical reserve personnel and by federal Disaster Medical Assistance Teams (DMAT).

2.2   Assumptions

■ Shortages in Washington County emergency medical service resources will occur quickly in any extended or widespread emergency or disaster. A countywide disaster will likely affect road systems, utilities, communication

systems, and other infrastructure, as well as affecting the lives and families of many EMS personnel.

■ Support from state and federal agencies will be available upon request once local resource capacity has been exceeded or when that capacity is near exhaustion. The interval between request and arrival of state resources will likely be 4-24 hours, and for federal resources 12-72 hours.

■ Spontaneous volunteers will be present to help perform essential tasks including assistance with first aid and non-technical support at mass casualty scenes.

3   Concept of Operations

3.1   Definitions

3.1.1 Ambulance
Any privately or publicly owned motor vehicle, aircraft or marine craft staffed and equipped at the paramedic, intermediate, or basic level that is regularly provided or offered to be provided for the emergency transportation of persons suffering from illness, injury, or disability.

3.1.2 Coordinator
The Senior Emergency Medical Services Coordinator or the person designated by the Board of County Commissioners to administer and enforce the provisions of this chapter, or the senior coordinator's delegate or designee.

3.1.3 Disaster Operations
Public safety incident response and resource management when centralized communications (i.e., 9-1-1 phone system and 800 MHz radio system) are not functioning.

3.1.4 Emergency Medical Services or EMS
Pre-hospital functions and services that are required to prepare for and respond to medical emergencies, including transport, treatment, communications, evaluation, and public education.

3.1.5 Major Emergency Operations
Public safety incident response and resource management protocol implemented when resource demand exceeds system capacity and incident prioritization is necessary, but centralized communications are operational.

3.1.6 Mass Casualty Incident
Any incident involving, or potentially involving, multiple patients as defined in the Regional Mass Casualty Incident Protocol.

3.2   General

The Washington County Emergency Medical Service system consists of personnel, equipment and supplies that are focused on the provision of pre-hospital care to accident victims and others in need of emergency medical service. The system includes public and private field responders trained at the paramedic, EMT-Intermediate, EMT-Basic, or first responder levels, EMS program coordinators at two of the county's fire service agencies, physician advisors/supervisors who work with public and private EMS organizations to develop and manage treatment protocols, private ambulances staffed and equipped to provide emergency transport, fire agency based rescue vehicles that are capable of providing emergency transport, a private air ambulance service, and a County Emergency Medical Service Office that oversees the county's contract for emergency medical transport services.

Management of the county's EMS resources involves private personnel and equipment operating under contract, public personnel and equipment, separate (public and private) dispatch facilities and communications equipment, and considerable oversight. EMS personnel and equipment must be licensed or certified for specific functions and must comply with numerous regulatory and procedural requirements.

On a daily basis, the public and private systems operate separately, but in a coordinated manner. Calls for emergency medical service come into the 9-1-1 center (WCCCA). They are triaged according to agency protocols and appropriate resources are dispatched. For medical calls, WCCCA dispatches fire-based EMS resources, relays the call information to the private ambulance service provider (electronically), and makes a radio call for dispatch of ambulance resources to the ambulance provider over the 800 MHz system. The ambulance service provider then dispatches appropriate resources using the company radio. Fire-based rescue vehicles are used for emergency transport when the ambulance service provider cannot provide transport in a prescribed time period.

During major emergencies and disasters, the EMS system must adapt rapidly to the incident circumstances and operate in a highly coordinated manner to:

- ■ Minimize loss of life, subsequent disability and human suffering by ensuring timely and coordinated EMS response, to include evacuation of severely ill and injured patients;

- ■ Coordinate the procurement, allocation, and distribution of medical personnel, equipment, supplies, communications, and other resources;

- ■ Provide a system for management of pertinent information required for effective incident response and recovery, and to ensure information coordination with other involved disciplines and jurisdictions.

3.2.1   Major Field Operations

During mass casualty incidents and other emergencies where the EMS system is not overwhelmed, EMS operations will be handled in accordance with the existing regional MCI protocol and other standard protocols/procedures.

3.2.3 Expanded Dispatch Operations

■ As the tempo of fire-based EMS activity (i.e., calls for emergency medical service) increases, regardless of emergency medical transport activity, WCCCA or the fire service can implement expanded dispatch operations in accordance with their respective policies (for WCCCA, the Major Emergency Dispatch Guidelines 3.4.9 and Expanded Fire Dispatch 3.4.20 and for the fire service, the Washington County Fire Resource Management Plan). Expanded dispatch involves the use of a fire agency incident management team to assist WCCCA with management of fire resources countywide. This involves both move-ups for coverage and the pursuit of both internal and external mutual aid resources to respond to incident-related activity.

■ As the tempo of ambulance (i.e., emergency medical transport) operations increases and the private provider's ability to respond is restricted, the county EMS Coordinator is notified and begins active monitoring of the situation. If the situation is protracted, the EMS Coordinator can operate from the ambulance control center and assist the private provider with acquisition of additional transport resources. Fire agencies are allowed to use their own resources for emergency medical transport under these circumstances if certain criteria are met.

3.2.4 Major Emergency Operations

■ WCCCA's major emergency guideline is activated when demand for resources exceeds system capacity and incident prioritization becomes necessary. Incidents are prioritized as;

- Life Safety,

- Unknown Life Safety, or

- Property/Environment only

and resources are dispatched accordingly. Single resources are dispatched in lieu of the multiple resources that are typically dispatched in normal operations. WCCCA will turn over ambulance triage responsibilities to the private ambulance provider under these circumstances. The county Emergency Operations Center (EOC) will be activated and response resources will be strategically managed from within the Operations Section of the EOC.

■ The ambulance service provider's emergency guideline is activated by the county EMS Coordinator when fire-based EMS resources are delayed or unavailable to respond, when weather or other conditions significantly impede the ambulance provider's ability to transport patients to area hospitals in accordance with normal protocols, or when the ambulance provider has insufficient resources and incident prioritization is required. If the reason for activation of the guideline involves resource shortage and incident prioritization, the county EMS Coordinator will operate from the ambulance

control center and assist the private provider with acquisition of additional transport resources.

■ WCCCA's major emergency guideline and the ambulance service provider's emergency guideline may be activated independently. Fire resources may be drawn down by a large wildland fire without significant impact on emergency medical transport. Conversely, a severe winter storm may significantly impact emergency medical transport without draining fire-based EMS resource capabilities.

■ Regardless of the status of emergency guideline implementation, if the county EOC is activated and the Incident Commander or Operations Section Chief believes staffing the EMS function is necessary for effective management of EMS resources, the county EMS Coordinator will staff the EMS Branch (or the EMS Group under the Fire Branch, as determined by the Ops Chief). Concurrently, the county Fire Defense Board will staff the Fire Branch as outlined in the Fire Resource Management Annex to this Plan.

■ During major emergency operations, transportation of patients to designated trauma centers may be suspended according to established protocols.

■ Depending on the nature and magnitude of the event triggering use of major emergency guidelines, alternative treatment facilities may be required in the field. The use of disaster field hospitals, medical care points, casualty collection points, or other similar facilities will be coordinated from the county EOC. Creative coordination and application of transport resources may also be required. Formation of ambulance strike teams, use of non-standard transport resources, and other appropriate measures will also be coordinated from the county EOC.

■ If the event triggering use of the major emergency operations guidelines is a public health emergency, the agency physician supervisors may need to coordinate with the Washington County Public Health Officer for strategic (countywide) or tactical (on scene) alterations to adopted treatment protocols.

3.2.5 Disaster Operations

■ Under disaster operations, where centralized public safety communications (i.e., 9-1-1 phone system and 800 MHz radio system) are not functioning, all agencies, including the private ambulance service provider, act independently to identify and respond to calls.

■ The county EOC will be activated when disaster operations are implemented. In this situation, the fire agencies, the county EMS Coordinator, and the private ambulance provider will coordinate efforts from within the Operations Section of the county EOC.

■ Various options for resource management will be considered under these circumstances. Ambulances may be staged at fire stations to maximize

coordination with fire-based EMS resources or fire/EMS task forces may be formed to work in specific geographic areas.

3.2.6 Coordination with the State

■ Except where state or federal agencies have authority to respond directly to local government needs/requests (e.g., military commanders supporting search and rescue activities), all requests for state or federal resource support will originate from or be forwarded though the county EOC.

3.2.7 Washington County EMS Coordinator Authority

■ Staffing the ambulance operations function (i.e., EMS Branch or Group) in the county EOC neither diminishes nor supplants the Coordinator's responsibility and authority with respect to ambulance coordination, but serves to facilitate overall resource management and integration with other county operations and EMS resource providers.

4 Organization and Assignment of Responsibilities

4.1 General

Activation of the county EOC may result from a variety of circumstances including a major fire, mass casualty incident, flooding, earthquake, or civil disturbance. Because EMS personnel and equipment play a major role in almost any type of emergency requiring EOC activation, it is important that a framework be in place for the various EMS resource providers to coordinate and maximize the use of those resources.

The EOC Incident Commander and EOC staff will manage resources provided by all county departments whenever the county EOC is activated for emergencies or disasters. The county EOC will provide strategic direction for all county resources. The county EOC will also serve as the clearinghouse for resource requests from county departments and local governments, coordinate with other responding organizations, and arrange for state and federal resource support if warranted.

The county EMS Coordinator, working in cooperation with the contract ambulance service provider, the county's fire service agencies, and the EOC Command and General staffs, will provide strategic direction for EMS resources within the county.

The EMS function in the EOC will normally be filled by the county EMS Coordinator. If the EMS Coordinator is unable to fill this role, it will be filled by one of the Fire EMS Coordinators or a supervisor from the contract ambulance service provider.

4.2 Task Assignments

4.2.1 County EOC Staff

■ Coordinate with the EMS function manager in the Operations Section, when staffed, to prioritize EMS resource needs and formulate and implement

strategic resource management goals for EMS resources assigned to the incident (Incident Commander, Command, and General Staff).

■ Coordinate ambulance transport operations with the county EMS Coordinator when the EMS function is not staffed in the EOC (Incident Commander, General Staff). When the EMS function is staffed in the EOC, assign private ambulance resources in accordance with strategic resource management goals and incident priority guidelines.

■ Monitor the status of incidents occurring within the county, as well as incidents outside the county, that may generate a request for EMS resources (Planning and Operations Sections).

■ Monitor the resource status of all EMS providers in the county (Planning and Operations Sections).

■ Coordinate resource support for all county EMS providers (Logistics, Operations, and Planning Sections).

■ Coordinate strategic EMS resource management actions with other responding organizations, e.g., other private ambulance providers and hospitals (Liaison Officer, Incident Commander, and Operations Section).

■ Document EMS resource (public and private) utilization and cost information (Finance Section).

4.2.2 County Emergency Medical Services Coordinator

■ Provide input into formulation of strategic EMS resource management goals particularly as they apply to the contract ambulance service provider.

■ Staff the EMS function in the county EOC in accordance with this plan.

■ Provide reference information and supplemental staff as needed, (i.e., Situation Status (SitStat) and Resource Status (ReStat) in the Planning Section), to assist in tracking the status of EMS resources.

■ Assign private ambulance resources in accordance with incident prioritization guidelines during expanded ambulance dispatch operations.

■ Coordinate EMS resource management in cooperation with fire-based EMS resource providers in the county EOC.

4.2.3 County Fire Service Agencies

■ Provide input into formulation of strategic EMS resource management goals as they apply to agency personnel and equipment.

■ Assign agency EMS coordinators to the EMS function in the county EOC if the circumstances dictate and agency operations permit.

■ Provide reference information and supplemental staff as needed, (i.e., Situation Status (SitStat) and Resource Status (ReStat) in the Planning Section), to assist in tracking the status of EMS resources.

■ Assign agency EMS resources in accordance with strategic resource management goals and incident prioritization guidelines.

■ Coordinate EMS resource management in cooperation with the county EMS Coordinator in the county EOC.

4.2.4 Contract Ambulance Service Provider

■ Assure staffing of all available/necessary transport equipment.

■ Assist with staffing of the EMS function in the county EOC as requested by the county EMS Coordinator.

■ Track resource utilization and costs in accordance with the current county contract.

5 Direction and Control

■ The Board of County Commissioners provides overall guidance for the management of county resources.

■ In their capacity as the incident Policy Group, the County Administrator and department heads provide strategic direction to the Incident Commander regarding management of county resources, availability of funds for resource acquisition, and support to other jurisdictions. They keep the county commissioners informed of resource requirements and funding issues, and are responsible for continued oversight of day-to-day county government functions.

■ Priorities for allocation of EMS resources are established by the county EOC Incident Commander based on input received from the county EMS Coordinator, county EMS resource providers, the EOC Command and General Staff, and the Policy Group.

■ Tactical control of EMS resources (public and private) is exercised by the agency, organization, or incident commander to which they are assigned. Administrative control of the resources is maintained by the parent organization.

6 Administration and Logistics

6.1 Administration

■ EMS resources (personnel and equipment) are available through a number of sources:

- The contract ambulance service provider and the county's fire service agencies (equipment and personnel)

- County-to-county fire mutual aid agreements (equipment and personnel)

- Private ambulance service providers in neighboring counties (equipment and personnel)

- Oregon Office of Emergency Management (access to state fire and health resources, access to local government resources in other counties, access to state-to-state mutual aid resources, and access to federal resources)

■ The EOC Cost, Time, and Procurement Units will track the utilization of EMS resources requested by the county EOC for incident documentation and possible cost recovery purposes.

6.2   Logistics

■ Resources assigned to an agency or organization are supported by that agency/organization.

■ Resources tactically assigned to another organization in charge of a large incident are typically supported by the incident management team in command of that incident.

■ In other circumstances, the county may need to provide shelter, feeding, and other support for out-of-county resources working incidents in the county.

■ EMS personnel assigned to the EOC are supported by the county.

7   Annex Development and Maintenance

The Washington County Emergency Medical Services Office maintains this annex in cooperation with the Washington County Emergency Management Office, the county's fire service agencies, and private EMS resource providers.

8   References

■ Regional Mass Casualty Incident Protocol

■ Greater Portland Metropolitan Area Hospitals and Ambulance Providers Ambulance Diversion Guidelines, Revised July 11, 2002

■ Agreement for Emergency Ambulance Services (for Washington County)

■ Washington County Consolidated Communications Agency Operations Directive 3.4.9, *Dispatch, Major Emergency Guidelines* (revised), 8/30/05

■ Ambulance Diversion Guidelines

9   Tabs

■ Tab 1 - EMS Position Checklists

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Tab 1 - EMS Position Checklists

Checklist for Expanded Ambulance Dispatch

Expanded Dispatch Functions in Support of Major Incidents

- ❑ Provide support to the Ambulance Control Center

- ❑ Maintain countywide ambulance resource status, including incoming mutual aid or other emergency transport resources

- ❑ Maintain countywide EMS incident situation status

- ❑ Acquire/coordinate logistical support for incident (as requested) and incoming mutual aid and other emergency transport resources

- ❑ Coordinate with the county EOC (if activated)

- ❑ Coordinate with local hospitals, the county Public Health Officer, and other EMS resource providers

Checklist for EMS Function in the County EOC

EOC Functions in Support of Major Incidents

- ❑ Maintain countywide EMS resource status, including status of incoming mutual aid and other EMS resources

- ❑ Maintain countywide EMS incident situation status including impacts on EMS resource providers

- ❑ Prioritize EMS resource needs and develop strategy for application of EMS resources countywide

- ❑ Acquire additional needed resources from adjacent Fire Defense Districts, other ambulance providers, and/or the state

- ❑ Acquire/coordinate logistical support for incident and incoming out-of-county resources

- ❑ Coordinate with local hospitals, physician supervisors, the county Public Health Officer, other EMS resource providers, and state ECC (as appropriate)

- ❑ Redistribute resources as incident activity and priorities dictate

- ❑ Release resources as incident activity warrants

- ❑ Circulate global changes in treatment or transport protocols specific to incident

EOC Operations Section (EMS Branch or Group)

❑ Prioritize EMS resource needs and develop strategy for application of EMS resources countywide

❑ Acquire additional needed resources from adjacent Fire Defense Districts, other ambulance providers, and/or the state

❑ Acquire/coordinate logistical support for incident and incoming out-of-county resources

❑ Activate alternate treatment facilities such as casualty collection points or medical care points (as necessary)

❑ Coordinate and/or support relocation of patients from damaged or untenable healthcare facilities

❑ Coordinate with local hospitals, physician supervisors, the county Public Health Officer, other EMS resource providers, and state ECC (as appropriate)

❑ Redistribute resources as incident activity and priorities dictate

❑ Release resources as incident activity warrants

❑ In consultation with the Planning Section Chief, the county Fire Defense Board Chief, and the ambulance service provider, ensure adequate staffing for the EMS function in Operations and the EMS SitStat/ReStat functions in Planning

❑ Ensure county assembly area is established for incoming out-of-county resources (if appropriate)

❑ Circulate global changes in treatment or transport protocols specific to an incident

EOC Planning Section

❑ ReStat Unit – Maintain countywide EMS resource status, including:

   o Private ambulance and fire agency units committed to incidents

   o Available fire agency units **separate** from inter-county mutual aid units*

   o Incoming out-of-county (mutual aid and/or other EMS provider) resources

❑ SitStat Unit – Maintain countywide EMS situation status including impacts to local EMS resource providers

❑ Provide EMS information to the Public Information Officer as requested

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* **Information on unassigned county units is needed for determining need for resources from the state.**

All positions should arrive at the EOC with appropriate supplies and equipment to perform their functions and are responsible for securing additional staff as needed.

Checklist for Activation and Staffing the EMS Function in the County EOC

❑ Check in at EOC sign-in, and with Operations Section Chief

❑ Obtain a situation status briefing from best source (e.g., Fire Dispatch, Planning Section Chief, Operations Section Chief) as determined by incident

❑ Advise the on-scene Incident Commander(s), WCCCA, Ambulance Control Center, and/or other local EOCs, as appropriate, that the EMS function is staffed

❑ Evaluate potential duration of incident

❑ Assess EMS resource requirements/demands

❑ Assess the status of EMS resources countywide

❑ Formulate a strategy for application of EMS resources countywide

❑ Coordinate with the EOC IC, county Emergency Management, and the state for requesting out-of-county resources

❑ Coordinate activation of alternative treatment facilities when needed

❑ Prioritize EMS resource needs and initiate actions to acquire additional resources as needed

❑ Evaluate and fill EMS staffing needs within the Planning Section

❑ Assist the Ambulance Control Center with resource assignments and prioritizing incidents

❑ Ensure that support requests received by dispatch and the Ambulance Control Center from incident scenes are routed appropriately:

　　o If other local EOCs are activated, they may support their resources with additional assistance requested through the county EOC as needed

　　o If only the county EOC is activated, support will be coordinated between the Operations and Logistics Sections

❑ In cooperation with the Planning Section, brief the EOC IC and/or Operations Section Chief on the EMS situation and resource status, priorities and strategy

❑ Brief the Public Information Officer on relevant EMS incident and resource information

❑ Keep local EMS resource providers informed of the countywide EMS situation

❑ For incidents expected to be of long duration, initiate arrangements for relief of EMS personnel in both the Operations and Planning Sections