

EMERGENCY CARE TASK FORCE

DESCRIPTION	The Emergency Care Task Force provides situational evaluation, triage, initial diagnosis, stabilization, and treatment of illnesses and injuries in an existing medical facility, such as a hospital, freestanding emergency department, or urgent care clinic; mobile medical units; or portable temporary hospital settings to augment or replace existing personnel, or establish a new team.
RESOURCE CATEGORY	Emergency Medical Services
RESOURCE KIND	Task Force
OVERALL FUNCTION	The Emergency Care Task Force: 1. Provides the appropriate level of care for patients based upon mission, resources, and deployment setting 2. Coordinates task force assignment, care, activities, and patient disposition with facility or existing Incident Command System (ICS) structure
COMPOSITION AND ORDERING SPECIFICATIONS	1. Discuss logistics for deploying this task force, such as working conditions, length of deployment, security, lodging, transportation, and meals, prior to deployment 2. Request a minimum of two task forces for staffing to meet the personnel minimum and provide for crew rest if the task force is operational 24 hours a day 3. Individuals responding with this task force should possess the clinical knowledge and skills necessary to function in the clinical area the requestor specifies 4. The requestor agrees to accept all credentials of the task force members from the provider, allowing the task force to function in existing facilities 5. Requestor may separately order a healthcare resource coordination team to supplement clinical staff and support administrative, communications, team transportation, housing, clerical (medical records), security/safety, supply, medical equipment maintenance, and repair support services 6. Requestor may separately order additional specialists necessary, such as Radiology Technicians, Behavioral Health Specialists, Patient Care Technicians, and Respiratory Therapists 7. Staffing requests should consider patient census, acuity, and the types of skilled interventions necessary 8. Requests for mutual aid should specify the clinical area, specialty services as necessary, and an accurate mission assignment to ensure the provision of qualified staff to care for patient population 9. Requestor should verify the existence of any potentially hazardous conditions

Each type of resource builds on the qualifications of the type below it. For example, Type 1 qualifications include the qualifications in Type 2, plus an increase in capability. Type 1 is the highest qualification level.

COMPONENT	SINGLE TYPE	NOTES
MINIMUM PERSONNEL PER TEAM	17	Not Specified
MANAGEMENT AND OVERSIGHT PERSONNEL PER TEAM	1 - National Incident Management System (NIMS) Type 1 Medical Team or Task Force Leader 1 - NIMS Type 1 Medical Officer 1 - NIMS Type 1 Registered Nurse	1. The NIMS Type 1 Medical Officer functions as a clinical director and should have experience in emergency care. 2. The NIMS Type 1 Registered Nurse functions as a nurse manager.
SUPPORT PERSONNEL PER TEAM	2 - NIMS Type 2 Medical Officer 1 - NIMS Type 3 Medical Officer 6 - NIMS Type 3 Registered Nurse 1 - NIMS Type 1 Pharmacist 4 - NIMS Type 1 Paramedic	1. Requestor should consider patient acuity and the types of skilled interventions necessary. 2. Requestor or provider provides clerical support.

Superseded

COMPONENT	SINGLE TYPE	NOTES
OPERATING/DIAGNOSIS EQUIPMENT PER TEAM	Range of equipment and supplies commensurate with mission objectives, which may include: <ol style="list-style-type: none"> 1. Patient monitoring 2. Respiratory and cardiac support 3. Medications 4. Pain management 5. IV pumps and supplies 6. Emergency resuscitation devices 7. Warming units 8. Procedural kits/devices 9. Vascular access devices 10. Suction devices 11. Point-of-care testing 12. Other life support and emergency equipment and supplies 	Equipment can be for support for the entire team or for each team member.
PERSONAL PROTECTIVE EQUIPMENT (PPE) EQUIPMENT PER TEAM MEMBER	PPE is mission specific and may vary by working environment, including: <ol style="list-style-type: none"> 1. Protective footwear 2. Protective clothing for skin exposures 3. Eye and hearing protection 4. Respirators 5. Gloves 6. Masks 	The following standards address PPE: Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulation (CFR) Part 1910.134: Respiratory Protection and Part 1910.1030: Bloodborne Pathogens.
COMMUNICATION AND SAFETY EQUIPMENT PER TEAM	<ol style="list-style-type: none"> 1. Two-way portable radios 2. Cell phones (one per team member) 	<ol style="list-style-type: none"> 1. Consider alternate forms of communications, such as satellite phones, based on the mission assignment and task force needs. 2. Requestor should verify interoperability of communications equipment and plan for augmenting existing communications equipment.

Superseded

NOTES

Nationally typed resources represent the minimum criteria for the associated component and capability.

REFERENCES

1. FEMA, NIMS 509: Paramedic
2. FEMA, NIMS 509: Medical Team or Task Force Leader
3. FEMA, NIMS 509: Medical Officer
4. FEMA, NIMS 509: Registered Nurse
5. FEMA, NIMS 509: Patient Care Technician
6. FEMA, NIMS 509: Respiratory Therapist
7. FEMA, NIMS 509: Radiology Technician
8. FEMA, NIMS 509: Pharmacist
9. FEMA, NIMS 509: Behavioral Health Specialist
10. FEMA, National Incident Management System (NIMS), October 2017
11. Centers for Disease Control and Prevention (CDC), Immunization Recommendations for Disaster Responders
12. Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulation (CFR) Part 1910.120: Hazardous Materials Awareness, latest edition adopted
13. OSHA 29 CFR Part 1910.134: Respiratory Protection, latest edition adopted
14. OSHA 29 CFR Part 1910.1030: Bloodborne Pathogens, latest edition adopted

Superseded