

EMERGENCY MEDICAL SERVICES TASK FORCE

DESCRIPTION	The Emergency Medical Services (EMS) Task Force is an operational grouping of EMS resources for a medical mission with common communications and a leader that interfaces with the supported healthcare resources
RESOURCE CATEGORY	Emergency Medical Services
RESOURCE KIND	Task Force
OVERALL FUNCTION	<p>The EMS Task Force:</p> <ol style="list-style-type: none"> 1. Provides a range of emergency medical services, such as assessment, treatment, and transport, of a wide range of patients, including complex and critical patients, using a range of vehicles, staff, equipment, and supplies 2. Delivers EMS within a variety of functional capacities, such as: <ol style="list-style-type: none"> a. Servicing gatherings of large populations, including those in austere or remote environments b. Augmenting jurisdictional prehospital EMS resources c. Supporting interfacility treatment and transport
COMPOSITION AND ORDERING SPECIFICATIONS	<ol style="list-style-type: none"> 1. Discuss logistics for deploying this task force, such as security, lodging, transportation, and meals, prior to deployment 2. This task force typically works 12 hours per shift, is self-sustainable for 72 hours, and is deployable for up to 14 days 3. Discuss integration with local EMS resources 4. The number of resources necessary depends on the nature of the mission, logistics, intensity of demand, duration of service activity, and allowance for rest periods 5. A Type 3 EMS Task Force consists of Advanced Life Support (ALS) and Basic Life Support (BLS) resources and a task force leader 6. A Type 2 EMS Task Force also includes logistics and command resources; while this document reflects only the addition of command and logistics personnel, task forces may include additional lighting vehicles, high-capacity medical buses, and other equipment 7. A Type 1 EMS Task Force also includes critical care and advanced medical capabilities for treating and transporting high acuity patients; while this document reflects only additional medical personnel, task forces may include critical care air ambulances and other specialty equipment 8. Requestor and provider should discuss: <ol style="list-style-type: none"> a. The need for specialized capabilities, including hazardous materials response, neonatal care, or high-level infectious disease treatment b. Vehicle maintenance needs c. Medical oversight for this task force d. The need for additional resources, such as specialty medical buses, ambulance strike teams, emergency care teams, mobile medical units, fixed and rotary wing air ambulances (critical or non-critical care), personnel and equipment for treatment and transport of unique or specialty medical needs, and law enforcement e. Mission duration, operating hours, and the need for additional personnel to ensure an appropriate work-rest ratio and personnel safety

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	TYPE 1	TYPE 2	TYPE 3	NOTES
CAPABILITY PER TASK FORCE EMS CAPABILITY	Same as Type 2, PLUS: Critical care	Same as Type 3, PLUS: Command and logistics	ALS and BLS	Not Specified
EQUIPMENT PER TASK FORCE COMMUNICATIONS	Same as Type 2	Same as Type 3	<ol style="list-style-type: none"> 1. Short-range, two-way portable radio (one per team member) 2. Cell phone (one per unit) 	Consider alternate forms of communication, such as satellite phones, based on the mission assignment and task force needs.

Resource Typing Definition for Public Health, Healthcare, and Emergency Medical Services
Emergency Medical Services

COMPONENT	TYPE 1	TYPE 2	TYPE 3	NOTES
EQUIPMENT PER TASK FORCE EMERGENCY MEDICAL EQUIPMENT	Same as Type 2	Same as Type 3	Range of supplies, including pharmaceuticals, commensurate with the mission assignment	Not Specified
EQUIPMENT PER TASK FORCE MEMBER PERSONAL PROTECTIVE EQUIPMENT	Same as Type 2	Same as Type 3	PPE is mission specific and may include: 1. Gloves 2. Protective clothing 3. Protective footwear	The following regulation addresses PPE: Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) Part 1910.132: Personal Protective Equipment.
PERSONNEL PER TASK FORCE MANAGEMENT AND OVERSIGHT	Same as Type 3, PLUS: 1 - National Incident Management System (NIMS) Type 1 EMS Medical Officer 1 - NIMS Type 1 EMS Operations Officer	Same as Type 3, PLUS: 1 - NIMS Type 2 EMS Medical Officer 1 - NIMS Type 2 EMS Operations Officer	1 - NIMS Type 1 EMS Task Force Leader	1. For a Type 1 task force, the EMS Medical Officer should be an emergency medical or critical care physician (board certified or board eligible); alternatively, a board-certified emergency medical or critical care physician should be available remotely for consultation. 2. Request additional division/group supervisors as needed to support management and oversight of specific task force functions.
PERSONNEL PER TASK FORCE MINIMUM	29	25	11	Not Specified
PERSONNEL PER TASK FORCE SUPPORT	Same as Type 2, PLUS: 2 - NIMS Type 2 Registered Nurse	Same as Type 3, PLUS: 5 - NIMS Type 1 Paramedic 5 - NIMS Type 1 Ambulance Operator 1 - NIMS Type 1 EMS Logistics Officer 1 - NIMS Type 1 Communications Unit Leader	2 - NIMS Type 1 Emergency Medical Technician (EMT) 2 - NIMS Type 2 Ambulance Operator 3 - NIMS Type 1 Paramedic 3 - NIMS Type 1 Ambulance Operator	1. Request aeromedical transport teams - either rotary wing or fixed wing - separately. 2. Registered nurses on Type 1 teams should have specialty certification, training, or daily practice in critical care. 3. Transporting critical care patients may require additional resources and clinicians.
VEHICLES PER TASK FORCE TRANSPORTATION	Same as Type 2	Same as Type 2, PLUS: 5 - Ambulance 1 - Logistics vehicle 1 - Command vehicle	5 - Ambulance 1 - Command vehicle	1. Ambulances should be state licensed or certified and be of a type and size that matches the need. 2. Request additional vehicles as needed for command and logistics capabilities.

NOTES

1. Nationally typed resources represent the minimum criteria for the associated component and capability.
2. EMS Task Forces vary considerably across the country; individual task forces may include enhanced capabilities not reflected in this typing scheme.
3. Temperature control support may be necessary for medical supplies in some environments.

REFERENCES

1. FEMA, NIMS 508: Ambulance Strike Team
2. FEMA, NIMS 508: Emergency Care Team
3. FEMA, NIMS 508: Air Ambulance Fixed Wing Critical Care
4. FEMA, NIMS 508: Air Ambulance Fixed Wing Non-Critical Care
5. FEMA, NIMS 508: Air Ambulance Rotary Wing Critical,
6. FEMA, NIMS 508: Air Ambulance Rotary Wing Non-Critical Care
7. FEMA, NIMS 509: Ambulance Operator
8. FEMA, NIMS 509: Emergency Medical Services Task Force Leader
9. FEMA, NIMS 509: Emergency Medical Services Logistics Officer
10. FEMA, NIMS 509: Emergency Medical Technician
11. FEMA, NIMS 509: Emergency Medical Services Medical Officer
12. FEMA, NIMS 509: Emergency Medical Services Operations Officer
13. FEMA, NIMS 509: Communications Unit Leader
14. FEMA, NIMS 509: Registered Nurse
15. FEMA, NIMS 509: Paramedic
16. Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) Part 1910.132: Personal Protective Equipment, latest edition adopted
17. OSHA 29 CFR Part 1910.134: Respiratory Protection, latest edition adopted
18. OSHA 29 CFR Part 1910.1030: Bloodborne Pathogens, latest edition adopted
19. National Highway Traffic Safety Administration (NHTSA), Emergency Medical Services Scope of Practice, 2007

Superseded