



North Carolina Ambulance Strike Team

Mission Plan

Version 1--September 2014

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Introduction

The concept of forming ambulance strike teams (AST) in North Carolina originated in 2009 in response to a sequence of events around the State that required the deployment of EMS assets outside of their normal response areas to supplement the local EMS system. In the aftermath of Hurricane Isabel in September 2003, EMS agencies were deployed to Tyrrell County to supplement operations within the area due to the impact of the storm on the existing EMS system infrastructure. In June 2008, EMS agencies from numerous agencies deployed assets to Hyde County during the Evans Road Wildfire. The wildfire generated significant smoke conditions throughout the area, leading a demand for EMS response that exceeded the capabilities of the local agency and peripheral county mutual aid. As the incident evolved, there were needs for EMS assets in support of the wild land fire operation, including paramedics capable of working on the fire line, responding to firefighter medical needs. With the adoption of the Coastal Region Evacuation and Shelter (CRES) Plan by North Carolina Emergency Management in 2007, one assumption included within the document was that “local transportation assets for the care dependent population and functionally and medically fragile populations are not sufficient. The State may be requested to supplement local jurisdictions with transportation resources for functionally and medically fragile evacuees.” The availability of an organized, coordinated response by the State EMS system is integral to meeting this need.

This need, based on these three scenarios, as well as numerous others, led to discussions between several of the larger EMS systems in the State and staff members at the NC Office of Emergency Medical Services. These discussions evolved into a loose framework for the implementation of an AST program in North Carolina, starting with training a cadre of EMS leaders in Ambulance Strike Team and Task Force Leader curriculum. The course addressed the duties and responsibilities of the Strike Team and Task Force Leader and focused on topics such as equipment needs, communications in disaster operations, resource and incident management, and demobilization. At the end of the course, the students participated in a facilitated discussion to develop a work plan for implementing AST programs around the State.

In 2010, the NCOEMS appointed a task force to develop the concept for Ambulance Strike Teams and regional ambulance deployment as a critical State Medical Response System (SMRS) resource for North Carolina disaster planning and preparedness. This SMRS will process and provide supplemental ambulances and personnel to “impacted counties” whose resources are overwhelmed by an emergency.

Ambulance personnel are an extremely valuable service delivery resource and participate in large-scale disaster response: medical triage, on-scene medical care, transportation to hospitals, shelter medical care, etc.

Purpose, Scope, Situation and Assumptions

Purpose: This plan will establish a framework for the Ambulance Strike Team (AST) Program for North Carolina by identifying an initial organization plan, outline the capabilities of AST groups, provide examples of mission tasking that can be assigned to the ASTs, outline the educational needs of the statewide program, and identify the specific needs in order to deploy functional ASTs. Although this is a statewide document, this plan can be adapted for local usage based upon risks, hazards, and needs.

Scope: This plan applies to Ambulance Strike Teams (AST), Ambulance Task Forces (ATF), and other AST-based mission configurations in the State of North Carolina. It describes the responsibilities of the Office of Emergency Medical Services (NCOEMS), Healthcare Preparedness Regions (HPRs), and county-level Emergency Medical Services agencies (Lead and Participating) in the development, maintenance, and deployment of these teams/task forces in responding to situations where the capability and/or capacity of local Emergency Medical Services to do so have been exceeded or are expected to be exceeded.

Situation Overview: As detailed in the Introduction of this plan, events/incidents involving hurricanes, wild fires, industrial explosions, heat exposures during mass gatherings, etc. have occurred in North Carolina and are expected to continue to occur in the future. The situations listed below were considered in the development of the AST Program in North Carolina and the subsequent development of this plan.

- Local EMS systems capacity/capability to treat, triage, and/or transport survivors in the event/incident area is overwhelmed or significantly diminished and cannot meet the need
- Medical Ambulance Evacuation Bus (AmbuBus) services involved in emergent evacuation operations of healthcare facilities or other locations are overwhelmed or request assistance to meet the need
- Local EMS systems capacity/capability to treat, triage, and/or transport patients outside the event/incident area is overwhelmed or significantly diminished and cannot meet the need
- Local jurisdictions anticipate that their EMS systems capacity/capability to meet local needs will be overwhelmed or significantly diminished and pre-deployment of AST Program assets is requested

Planning Assumptions: The following assumptions and historical situations were considered in guiding this initial planning:

- Within the first two to eight hours after a mass casualty or catastrophic event, the community's primary field medical response may be from both the fire based and non-fire based ambulance and medical first respond entities.

- Ambulances have self-dispatched in past events. Self-dispatching of any resources can cause negative consequences.
- An organized response within the SMRS framework and using the Incident Command System (ICS) is superior to an unorganized response.
- To date, ambulance resources are generally managed under two different systems:
 - County to County Mutual Aide Agreements
 - Ambulances are coordinated through the SMRS utilizing the SMARTT
- To provide the best possible response during a major disaster in our State, it is imperative to move forward with one unified system that combines the resources from regional ambulance providers under SMRS.
- Management of single resources becomes cumbersome whereas the supervision of resources organized in strike team/task force configuration under the incident command system is a proven manageable model.

Concept of Operations

AST Program Assets: AST Program packages are state-level resources. Their purpose and the intent of the organizations involved with the development and deployment AST Program assets are to provide additional EMS support to the local jurisdiction as needed and requested. The AST program is not meant to supplant local EMS assets or authority. These assets are planned to be deployable within 90 minutes of notification and be self-supporting on-scene for up to 72-hours. Available assets include:

- Ambulance Strike Teams (AST): Group of five (5) ambulances, one (1) command vehicle, and supply trailer with common communications and necessary personnel to provide medical care (ALS/CCT or BLS), evacuation support, medical monitoring, and patient movement support.
- Ambulance Task Forces (ATF): Combination of five (5) ambulances, one (1) command vehicle, and supply trailer with common communications and necessary personnel to provide medical care (ALS/CCT and BLS) evacuation support, medical monitoring, and patient movement support.
- Other AST-based mission configurations:
 - Ambulance Bus Strike Team (ABST): Group of three (3) ambulance buses, one (1) command vehicle, and supply trailer with common communications and necessary personnel to provide medical care (ALS), evacuation support, medical monitoring, and patient movement support.
 - Convalescent Strike Team (CST): Group of five (5) wheelchair vans with common communications and necessary personnel to provide convalescent patient movement support.
 - Medical Transport Task Force (MTTF): Combination of five (5) ambulances, two (2) ambulance buses, one (1) command vehicle, and supply trailer with common communications and necessary personnel to provide medical care (ALS), evacuation support, medical monitoring, and patient movement support.
 - Ambulance Bus Team (ABT): One (1) ambulance bus and necessary personnel to provide medical care (ALS), evacuation support, medical monitoring, and patient movement support.

Refer to **Appendix M: Mission-Ready Packages** for additional information about these specific assets.

Note: The typing of AST assets in North Carolina utilizes federal AST typing and definitions as a guideline, with the caveat that blended personnel or units may be sent based upon the mission need and available personnel and resources. The planning goal of the AST Program in North Carolina is to provide Ambulance Strike Teams which meet federal Type II Ambulance Strike Team standards. Refer to **Appendix G: Federal Ambulance Strike Team Standards** for additional information about AST typing.

Activation and Deployment: The size, nature, and complexity of events/incidents will determine local EMS agency response, the use of local EMS assets, and subsequent requests for additional emergency medical support. Primary authority and responsibility for the response and recovery rests with local government. Local emergency response plans and other cooperative

agreements should be utilized to direct and coordinate emergency medical services and other resources of the local medical system, including those obtained through mutual aid to meet the immediate needs of a jurisdiction.

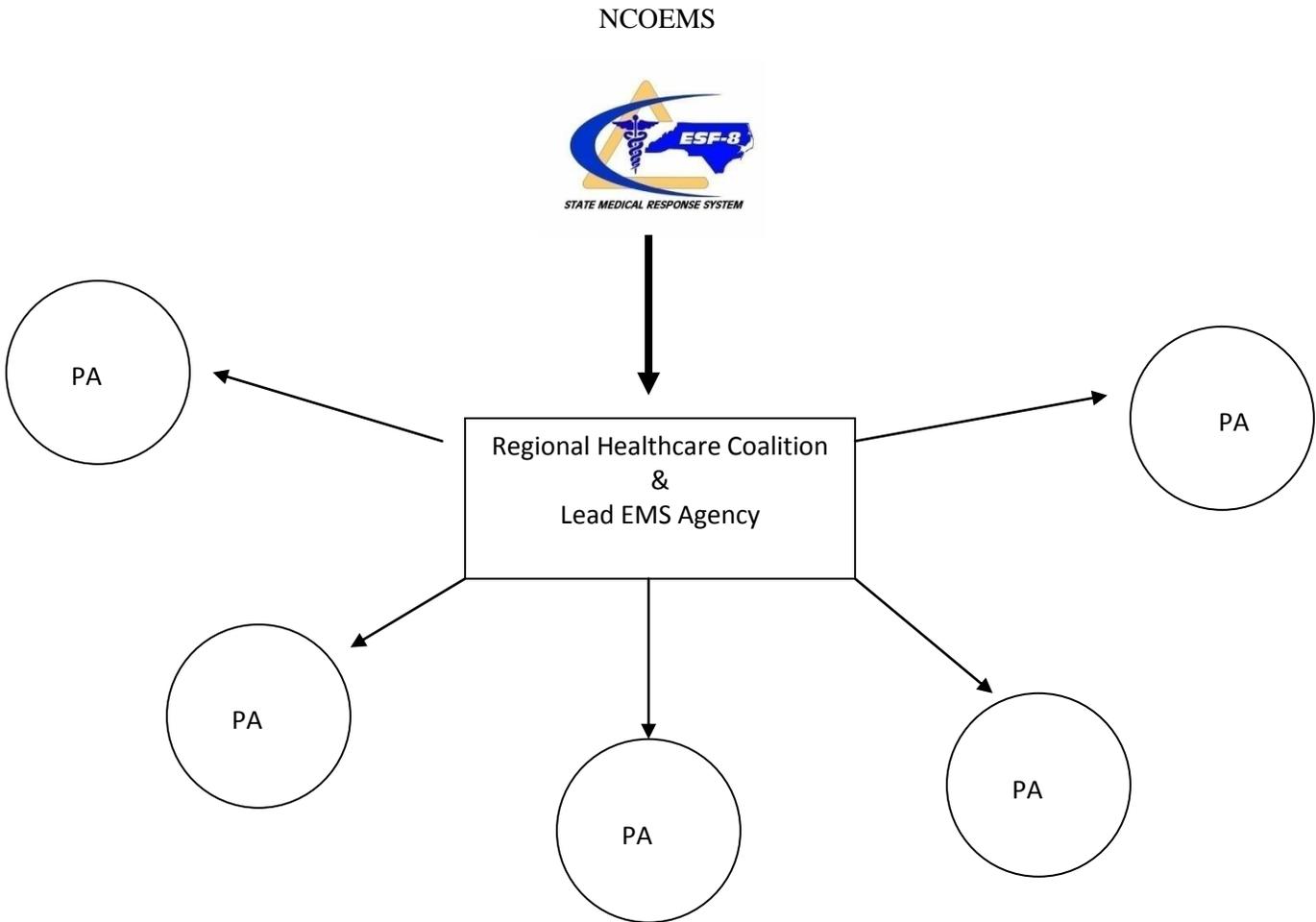
When an event/incident occurs, or is expected to occur, that begins to stress the EMS capacity/capability of a jurisdiction, decisions to initiate requests for medical resource support, including AST Program assets, will be made by local authorities in coordination with their county emergency management agency.

Requests for state-level recourses are typically directed to the appropriate Emergency Management Regional Coordination Center (RCC) for approval and mission assignment. If the AST asset has been pre-deployed to the RCC the RCC will provide the asset. If the RCC does not have the AST assets available to assign the mission, requests will be directed to the State Emergency Operations Center (SEOC) for further action. The process for obtaining AST Program assets and services is outlined below:

1. An event/incident, medical/public health emergency or other EMS need occurs at the local or regional level that overwhelms local or regional medical capabilities.
2. Local officials anticipate a need for greater support and activate existing mutual aid agreements with surrounding entities and regional EMS resources.
 - a. Prior to authorizing requests for AST assets the local jurisdiction will reasonably deplete its own resources, including any resources received from neighboring jurisdictions through mutual aid (move-up, back-up, or cover) agreements.
 - b. Once AST assets have been deployed the local jurisdiction keeps the county emergency manager with jurisdictional authority informed of the incident status.
 - c. The county emergency manager should establish a single point ordering system for ambulance resources, to facilitate all requests for ambulance resources.
3. Local EMS systems, hospitals, or other health/medical facilities, in coordination with the Local Emergency Management Agency (EMA) request AST support through the RCC. At the time the asset is requested, the requestor will:
 - a. Request asset by type and quantity
 - b. Prepare to receive and deploy the requested resources
 - c. Prepare to logistically support those resources
 - d. The local dispatch center will process all orders through their normal dispatch channels
4. The RCC deploys the AST asset (if available) or forwards the support request to the State Emergency Response Team Emergency Services Group (SERT-ESG) and the NCOEMS ESF-8A Lead at the SEOC for review and approval.
5. NCOEMS ESF-8A Lead, in coordination with the SERT-ESG Supervisor, reviews the request to determine if it can/should be filled. If approved, the NCOEMS ESF-8A Lead notifies the RCC of the approved support request and the appropriate RHPC of the AST mission assignment

- a. The NCOEMS ESF-8A Lead will provide on-scene contact and radio frequency information (for the event/incident area) to the RHPC.
6. The RCC notifies the local EMA of the approved request. RHPC notifies the appropriate AST Leader of a Lead EMS Agency (LA) of the approved activation and coordinates deployment in accordance with the established mission requirements.
7. The AST Leader notifies appropriate AST units or other AST-based units of Participating EMS Agencies (PA) of the mission and mobilizes them to deploy to a designated Rally Point and from there to the requesting agency or other location in accordance with the established mission.
 - a. AST units are planned to deploy within 90 minutes of notification and operate without support for up to 72 hours
 - b. PAs will provide sufficient relief personnel for subsequent operational periods through the trade out of assets on-scene or deployment of multiple shifts of personnel with the AST depending on mission requirements
 - c. Refer to Appendix: F

The following diagram illustrates the AST organizational structure:



Note: There is no specific requirement on the number of Participating EMS Agencies (PA) that are assigned to each of the regions. However, the number of PAs working within each of the HPRs must be sufficient to support AST deployment within 90 minutes, and cover the relief of personnel for subsequent operational periods through: 1) the trade-out of assets on-scene or, 2) the deployment of multiple shifts of personnel with the AST.

Roles & Responsibilities

Organization Roles: The Office of Emergency Medical Services (NCOEMS), Healthcare Preparedness Regions (HPR), and county-level Emergency Medical Services agencies (Lead and Participating) all play key roles and hold basic responsibilities in the development, maintenance, and deployment of AST Program assets in North Carolina. In general:

NCOEMS: Provides leadership and oversight through the Healthcare Preparedness, Response, and Recovery (HPR&R) Program of the associated State Medical Response System (SMRS) assets and resources to include guidance, support, planning, and oversight of deployment operations.

HPRs: Provides the existing infrastructure of the eight Healthcare Preparedness Regions (HPRs) in North Carolina:

- Mountain Area Trauma Regional Advisory Committee
- Metrolina Healthcare Preparedness Coalition
- Triad Regional Advisory Committee
- Duke Regional Advisory Committee
- Mid Carolina Regional Advisory Committee
- Capital Area Regional Advisory Committee
- Eastern Regional Advisory Committee
- Southeastern Regional Advisory Committee

The HPR provides for the coordination of AST asset deployment and to facilitate the reception, procurement, and delivery of training/education and equipment for the Ambulance Strike Teams. While the HPR will be integral to the development of the AST in the region, there must be an EMS agency identified to serve as the “Lead EMS Agency” (LA) of their AST. See **Appendix K: Ambulance Strike Team Map** for a current regional map.

Emergency Medical Service Agencies (Lead and Participating): Provides ambulances with current licenses and personnel with current credentials and in good standing per the North Carolina Office of Emergency Medical Services rules and regulations and established training and education standards for AST participation. Please refer to **Appendix C: Recommended Standards for AST/ATF Leaders** and **Appendix I: AST/ATF Training and Performance Requirements** of this document.

AST Program Responsibilities: The following identifies some of the responsibilities of the agencies within the AST Program.

NCOEMS:

Leadership and Organization	NCOEMS is the lead agency for ESF-8A in North Carolina. The NCOEMS provides statewide leadership for the SMRS and specifically, the AST Program. During emergency events/incidents NCOEMS is responsible for authorizing the deployment of AST assets and assisting the RHPCs in the timely and efficient deployment of those assets to the requesting jurisdiction/agency.
Logistics	NCOEMS provides oversight, planning support, procedures, and tools for the acquisition, management, tracking, maintenance, and replacement or replenishment of standard AST equipment and supplies. During emergency events/incidents NCOEMS is responsible for assisting the RHPCs to ensure that all deployed AST personnel have the necessary provisions, equipment and on-going logistical support.
Education	NCOEMS works with the North Carolina Community College system or other OEMS accredited educational institutions to ensure that adequate and appropriate training opportunities are available for the initial and continuing education needs of AST personnel.
Personnel	NCOEMS works with the RHPCs and EMS agencies to develop credentialing program for participating personnel/agencies in the AST.

Healthcare Preparedness Regions:

Leadership and Organization	The HPR will be the lead coordinating agency charged to coordinate the logistics and operations of the Regional AST. The RHPC will serve as a primary point of contact for activation, assist in tracking and compiling records for reimbursement of deployments, and will ensure the overall readiness of the AST for the region. Refer to Appendix L for the RHPC contact list. A single EMS agency will be tasked as the lead operational agency for each identified mission based upon available personnel and resources.
Logistics	The lead coordinating agency for each AST trailer will manage the inventory and maintenance of equipment and records will be maintained in the iCAM system. The RHPC will coordinate with the EMS agency team membership to identify the needed equipment and supplies and to ensure that all deployed personnel have the necessary provisions, equipment and on-going logistical support. Provide the 72-hour load package (Appendix E) and maintain the resource list for this package.

Education	Through the community college system or accredited educational institution, and the NCOEMS, the RHPC will coordinate the initial and continuing education and training of AST personnel to the established standards.
Personnel	The RHPC, in coordination with the NCOEMS and the participating EMS agencies, will develop a credentialing program for participating personnel/agencies in the AST as well as a deployment plan for initial and subsequent operational periods from the other EMS agencies in the region.

Lead EMS Agency:

Leadership and Organization	<p>A lead operational agency will be identified at the time of activation for each mission, based upon availability of qualified personnel and resources within the participating agencies.</p> <p>Each participating EMS agency will identify a primary point of contact for the RHPC, as the lead coordinating agency, in the event of an activation to assist in the tracking and compiling of records for reimbursement of deployments, and in overall readiness of the AST.</p> <p>Maintain AST Program Standards and provide personnel for leader/responder roles in accordance with Appendix B: Ambulance Strike Team Code of Conduct and Appendix C: Recommended Standards for AST/ATF Leaders of this document.</p>
Logistics	<p>The lead operational agency will ensure that equipment and resource needs are communicate to the RHPC, as the lead coordinating agency, during activation.</p> <p>Lead EMS Agencies should have resource lists available for disaster response.</p>
Education	The lead operational agency will ensure necessary just-in-time training related to the deployment is completed.
Personnel	The lead operational agency will manage all deployed personnel per the established mission plan, SOGs, policies, etc. and within the established incident command structure.

Participating EMS Agencies:

Leadership and Organization	<p>Identify and train personnel to participate on Ambulance Strike Teams.</p> <p>Maintain AST Program Standards and provide personnel for responder roles in accordance with Appendix B: Ambulance Strike Team Code of Conduct and Appendix C: Recommended Standards for AST/ATF Leaders of this document.</p>
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Logistics	The participating EMS agencies will coordinate with the RHPC to identify the needed equipment and supplies and to ensure that all deployed personnel have the necessary provisions, equipment and on-going logistical support.
Education	The participating EMS agencies will coordinate with the RHPC and the NCOEMS to provide the initial and continuing education and training of AST personnel to the established standards.
Personnel	The participating EMS agencies, in coordination with the NCOEMS and the RHPC, will develop a credentialing program for participating personnel/agencies in the AST as well as a deployment plan for initial and subsequent operational periods from the other EMS agencies in the region.

AST Program Standards

Operations: In order to ensure that AST, ATF, and other AST-based units have a common basis for successfully conducting and completing their assigned missions a Code of Conduct and Standard Operating Guidance has been developed for these units. Refer to **Appendix B: Ambulance Strike Team Code of Conduct** and **Appendix F: Standard Policies and Operating Guidance for AST/ATF Units** for additional information regarding AST/ATF operations.

Planning: The base North Carolina AST package will deploy with the following: five (5) ambulances with a supervisor (Strike Team Leader) and one (1) logistical and communication support person to assist as needed. This will require a minimum of 10 ambulance personnel, of which at least 1 per unit will be credentialed as NC EMT-Paramedic. This package will be classified as a Federal Type II asset. Refer to **Appendix D: Recommended Standards for AST/ATF Packages** and **Appendix M: Mission-Ready Packages** for more detailed information.

Logistics & Maintenance: At least annually, in advance and in preparation for an incident and response, the North Carolina Office of EMS, Regional RHPC and Lead EMS Agency (ESF 8) will liaison with Participating EMS agencies to identify resources, both personnel and ambulances stocked with equipment as designated.

Ambulances: All ambulances will be in good running order, fully stocked to the requirements of their EMS system, and equipped in compliance with the NCOEMS regulations for BLS or ALS ground transport ambulances as applicable.

Command Vehicles: All Strike Team Leader command vehicles will be in good running order, fully stocked to the requirements of their EMS system, and equipped in compliance with OEMS regulations for ALS Quick Response Vehicles. These vehicles should be equipped with a VIPER radio (may be provided by lead agency) programmed for statewide interoperability, and other communications capabilities as detailed in field operating guides (FOG).

Logistics Trailers: All Strike Team logistics trailers will be maintained in good condition and fully stocked to the requirements of the AST Program. Equipment and supplies on the trailers will be maintained in good, useable condition. Trailer inventory will be entered into the State Inventory Control and Asset Management system (iCAM) so maintenance can be tracked.

Refer to **Appendix E: Recommended Standard Equipment and Supplies** for more specific information covering this equipment and recommended supplies for personnel.

Training & Performance: In order to ensure that the AST Program provides well-organized and highly trained responders for service to North Carolina communities, appropriate and thorough training in AST/ATF operations will be required for all participating individuals. All organizations involved or seeking to become involved in the AST Program in North Carolina must be prepared to promote and support training programs for AST responders and AST leaders.

Ambulance Strike Team Responder and Ambulance Strike Team Leader (ASTL) Training Program and any AST/ATF related training/education shall be in compliance with NCOEMS and NIMS requirements. The curriculum shall be approved by NCOEMS, and conducted by a North Carolina Approved Pre-Hospital Continuing Education Provider.

All personnel participating in the AST program will be required to meet the training and performance requirements outlined in **Appendix I: AST/ATF Training and Performance Requirements**.

Appendix A: Acronyms

ALS - Advanced Life Support (indicates EMT-Paramedic or EMT-I level of care)
AST – Ambulance Strike Team
ASTL—Ambulance Strike Team Leader
ATF – Ambulance Task Force
NCOEMS—North Carolina Office of Emergency Medical Services
BLS - Basic Life Support (indicates EMT-Basic level of care)
CCT – Critical Care Transport (Specialty Care Vehicles)
EMS - Emergency Medical Services
FOG - Field Operations Guide (Incident Command System Guide to functions, reporting structure, and specific duties/responsibilities)
GPS –Global Positioning System (satellite tracking system)
HAZMAT - Hazardous Materials
ICS - Incident Command System
IMT - Incident Management Team
LEMSA - Local Emergency Medical Services Agency
MCI - Mass Casualty Incident
MRE - Meals Ready to Eat
PCR - Patient Care Report
EMR – Electronic Medical Record
SMRS – State Medical Response System
UHF – Ultra High Frequency
VHF - Very High Frequency
VIPER – Voice Interoperability Plan for Emergency Responders

REGION ABBREVIATIONS

- ERAC – Eastern Regional Advisory Committee
- SERAC – Southeastern Regional Advisory Committee
- CapRAC – Capital Regional Advisory Committee
- DRAC – Duke Regional Advisory Committee
- MCRAC– Mid Carolina Region Advisory Committee
- TRAC – Triad Regional Advisory Committee
- MHPC – Metrolina Healthcare Preparedness Coalition
- MATRAC – Mountain Area Trauma Region Advisory Committee

Appendix B: Ambulance Strike Team Code of Conduct

Ambulance Strike Team Code of Conduct

The conduct of deployed resources under the Ambulance Strike Team is of paramount importance to the State ESF 8, NCOEMS, the lead EMS agency, and the local EMS agency.

These resources are perceived as representatives of a well-organized, highly trained group of responders who have been assembled to help communities in need of assistance. At the conclusion of a mission, system members must ensure that their performance has been positive, and that they will be remembered for the outstanding way they conducted themselves both socially and in the work environment.

This Code of Conduct consists of the rules and standards governing the expected demeanor of members of agencies responding as part of the AST. 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 it's Sponsoring Agency.

General Responsibilities:

- It is the responsibility of the Sponsoring Agency to prepare its system members before deployment regarding conduct expectations. Each deployed member is bound by their sponsoring agency's rules, regulations, policies, and procedures as well as the requirements of Incident Command.
- It is the responsibility of the Ambulance Strike Team Leadership, Team members, or designee(s) to reinforce the 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 the AST Leader and documentation must be forwarded to State ESF 8 and the Sponsoring Agency.
- At no time during a mission will system members take personal advantage of any situation and/or opportunity that arises.
- It is the responsibility of each system member to abide by this Code of Conduct.

Issues to be considered:

As a basic guide, system members will base all 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 system events. Accordingly system members will:

- Keep the value of life and the welfare of the victim constantly in mind
- Remain cognizant of cultural issues including Race, religion, gender and nationality
- Abide by all local law enforcement practices, including its policy regarding weapons
- Abide by all regulations regarding the handling of sensitive information

- Follow local regulations regarding medical care and handling of patients and/or deceased
- Follow prescribed direction regarding dress code and personal protective equipment
- Not carry firearms
- Not be in possession of non-prescribed or illegal substances
- Will not consume alcoholic beverages while on deployment
- Only procure equipment through appropriate channels
- Follow all state and federal regulations or restrictions regarding taking and showing pictures of victims or structures
- Not remove property from an operational work site as a souvenir
- Not deface any property
- Demonstrate proper consideration for other teams' capabilities and operating practices
- Not accept gratuities
- Refer to *SMRS Social Media Policy*

Appendix C: Recommended Standards for AST/ATF Leaders

General: AST/ATF Leaders are responsible for managing and supervising all aspects of a mission, both operational and managerial, from the time of activation through the return to the home jurisdiction. This includes all personnel and equipment resources, as well as overseeing and directly supervising the strike team. The AST/ATF Leader is responsible for the development and completion of all strike team/task force objectives in conjunction with appropriate incident management command staff as well as the proper reporting, record keeping, and after-action requirements. The following information outlines the recommended standards for these position and their expected duties and responsibilities as leaders.

Recommended Standards for an Ambulance Strike Team (AST) Leader:

- Credentialed NC EMT-Paramedic
- Completed Ambulance Strike Team Leader education program
- Must be affiliated with a licensed EMS provider.
- Must maintain OEMS credential equal to or higher than the level of the AST mission.
- ICS 100, 200, 300, 400 (preferred) 700, 800 (or equivalent courses), IS 101 (preferred)
- Minimum 3 years in a field EMS supervisory capacity

Duties and Responsibilities of the AST Leader:

- Assuring the safety and condition of the AST personnel and equipment.
- Coordinating the movement of the personnel and equipment traveling to and returning from an incident.
- Supervising the operational deployment of the AST team at the incident, as directed by the AST Leader, Operations Section Chief, or Incident Commander.
- Maintaining familiarity with personnel and equipment operations, including assembly, response, and direct actions of the assigned units, keeping the team accounted for at all times.
- Contacting appropriate Incident personnel with problems encountered on the incident, including mechanical, operational, or logistical issues.
- Prior to deployment, identify any exigent circumstances, staging area/reporting location, transportation routes, and necessary team member and command structure contact information.
- Ensuring completion and submission of ICS documents for timekeeping and Demobilization (Incident Command System [ICS] Form 214).

Recommended Standards for an Ambulance Task Force (ATF) Team Leader:

- All training requirements from the ATF Leader requirements
- Minimum three years of experience in an EMS supervisor role.
- ICS 100, 200, 300, 400 (preferred) 700, 800 (or equivalent courses), IS 101 (preferred)

Duties and Responsibilities of the ATF Leader:

- Assuring the safety and condition of the personnel and equipment.

- Coordinating the movement of the personnel and equipment traveling to and returning from an incident.
- Supervising the operational deployment of the team at the incident, as directed by the Division/Group Supervisor, Operations Section Chief, or Incident Commander.
- Maintaining familiarity with personnel and equipment operations, including assembly, response, and direct actions of the assigned units, keeping the team accounted for at all times.
- Contacting appropriate Incident personnel with problems encountered on the incident, including mechanical, operational, or logistical issues.
- Ensuring vehicles have adequate communications capability (see communications section).
- Maintaining positive public relations during the incident.
- Prior to deployment, determining mission duration, special circumstances, reporting location and contact information.
- Ensuring completion and submission of ICS documents for timekeeping and Demobilization (ICS Form 214).

Appendix D: Recommended Standards for an AST/ATF Packages

The North Carolina Ambulance Strike Team will consist of the following NIMS typed assets:

- 5 ambulances with crews
- 1 Ambulance Strike Team Leader
- 1 AST Support Trailer
- 1 AST Logistics Support team leader
- Communications personnel (does not require COML), mission dependent

The North Carolina Ambulance Task Force will consist of the following NIMS typed assets:

- 3 - 5 EMS related assets (ambulances and/or ambulance bus)
- 1 Task Force Leader
- 1 AST Support Trailer
- 1 AST Logistics Support team leader

Optional Deployment Resources to Consider:

- EMS Mass Casualty Trailer(s) with generator and enough reserve fuel to last 7 days.
- Type 2 Field Mobile Mechanics with service vehicles and equipment/supplies
- Ground vehicle fuel tender Type 1 that is capable of carrying enough diesel fuel and gasoline to support the deployment for 7 days. .
- Food and water adequate enough to sustain the Ambulance Task Force for 7 days.
- Tents and cots with air conditioning, generator and fuel in adequate quantities/size to support the Ambulance Task Force for 7 days.
- Self-sufficiency for 7 days or a plan to be supported in the response area.

Appendix E: Recommended Standard Equipment and Supplies

Ambulance Strike Team Personnel (Responders and Team Leaders): Personal 7-day “GO” Pack for Ambulance Strike Team Members should contain the following:

- Jacket
- Extra Uniforms, socks & underwear
- Safety Boots
- Sunglasses
- Potable water for 7 days
- Rain gear
- Meals Ready to Eat (MREs)
- Toilet Paper
- Personal Meds & Medical History Documentation
- Toiletries & Other Personal Items as needed
- Sunscreen
- Bug spray
- Sleeping Bag
- Hearing Protection (ear plugs)
- Official Agency Photo I.D. and petty cash
- Clothing Appropriate for Climate and Weather

Ambulance Strike Team Vehicles – Command Vehicle:

- Maps for impacted area
- Lap Top with wireless capability, vehicle charger, wall charger, printer, office supplies.
- Compass and/or portable GPS
- Capability to purchase fuel locally (Credit Cards, Cash)
- Communications Equipment capable of communicating with the team en route and at the incident: Cell Phone, VIPER radios, extra batteries and chargers
- Field Operations Guide (FOG) Manual
- MREs (Quantities sufficient enough to support the team for 7 days)
- Potable Water (Quantities sufficient enough to support the team for 7 days)
- 50 Triage Tags
- 2 Helmets
- 2 pairs Work Gloves
- 2 Flashlights
- ICS Forms & Strike Team Leader Kit
- 100 Patient Care Reports (PCRs)
- Extra bulbs etc. as needed for all equipment.

Ambulance Strike Team Vehicles - Ambulance:

- Equipment and Supplies to meet minimum scope of practice (ALS or BLS) as determined by NCOEMS.
- Maps for impacted area
- Communications Equipment (VIPER Radios)

- Capability to purchase fuel locally (Credit Cards, Cash)
- 20 Patient Care Reports (PCRs)
- 20 Disaster Triage Tags
- 2 pair Work Gloves
- 2 Safety Helmet with Dust-Proof Safety Goggles
- 4 HEPA masks and 4 dust filters
- 2 Flashlights or Headlamps
- Shoreline pig-tail with 110 v 20 amp male connector

Ambulance Strike Team – 72-Hour Logistics Package: To ensure unit self-sufficiency for the planned 72-hour operational period prior to resupply/replacement the Lead EMS Agency will ensure the following equipment will be supplied by the RHPC or a Participating EMS Agency:

- 24-foot enclosed trailer for the secure transportation of all necessary supplies and equipment. Will have a generator and climate control so that trailer can serve as a base of operations for the AST; necessary space for deploying cots; smoke and carbon monoxide detectors; one (1) 5lb ABC fire extinguisher; external fuel storage with minimum of 300% capacity of affixed generator fuel tank
- Drinking water capable of providing each member of the AST a minimum of 2 gallons per person per day for 72 hours
- Food provisions capable of sustaining each member of the AST for 72 hours.
- Cots for sleeping 12 persons
- Medical supplies and pharmaceuticals equal to 150% of that stocked on the 5 ambulances
- Narcotics are to be supplied by each participating agency
- Chargers for all biomedical equipment deployed on the ambulances
- VIPER mobile radio, programmed for statewide operation, functional off the generator 110VAC power
- Minimum of six (6) VIPER portable radios, programmed for statewide operation, with one (1) spare battery per radio and one (1) rapid charger per radio
(Or capability with gang chargers for a minimum of 15 batteries)
- Two (2) spare tires of each size used on deployed vehicles or MOU/A to have service provided if needed
- Two (2) spare engine belts for each size used on deployed vehicles or MOU/A to have service provided if needed
- Go Packs for a minimum of 12 personnel
- ICS Materials: AST appropriate vesting, signage, and ICS form set

Appendix F: Standard Policies and Operating Guidance for AST/ATF Units

Purpose: To ensure that AST, ATF, and other AST-based units have a common basis for successfully conducting and completing their assigned missions

Scope: It is beyond the scope of this document to address all operational concerns of any single resource deployed as part of SMRS. However, the following general policies and operational guidelines can be assumed to apply in most AST/ATF deployments.

Command and Control: All personnel, team leaders and responders, are responsible for abiding by the AST/ATF Code of Conduct (Appendix B), meeting all AST/ATF training and performance requirements (Appendix I), and following the operational guidance presented in this document.

Team Leaders: The Ambulance Strike Team Leader (ASTL) is responsible for the leadership, supervision, and overall performance of the AST from activation to demobilization. As stated in the Recommended Standards for AST/ATF Leaders (Appendix C) this includes the:

- Welfare and performance of all personnel and equipment resources
- Development and completion of all AST/ATF objectives, and
- Proper reporting, record keeping, and after-action review of AST/ATF operations

Responders: The AST/ATF Responder is responsible for following the direction of the ASTL/ATFL and performing their assigned duties as directed in an efficient and professional manner.

General ICS Considerations:

1. Operations should be documented on appropriate ICS forms available in Appendix H. A 214 (unit log) should be completed by each unit for each operational period and provided to their ASTL. Each ASTL should also complete a 214 (unit log) for each operational period.
2. Ambulance Strike Teams will follow an appropriate incident command system structure. A single resource (ambulance) will report to a Strike Team Leader and the Strike Team Leader in turn reports to Incident Command. Intervening levels of command may be inserted as incident scope affects the span of control.
3. As a part of any deployment, team members on the ambulance component of SMRS should be prepared to perform a variety of missions, both in and out of the scope of normal daily operations.
4. Concerns related to assigned missions should be forwarded to the ASTL. At all times, it is the intention of the SMRS to “Be Helpful, Be Nice” in all interactions with the public as well as fellow responders and affected region stakeholders.

5. It may be necessary at times to “assign” a single resource or strike team under the command of either another responding agency or local jurisdiction. This neither relieves the ASTL or SMRS command structure of their responsibility to the unit nor does it remove the resource or strike team from the SMRS chain of command. Rather, it is an opportunity for close cooperation between the two entities in order to accomplish locally significant missions.
6. The NCAST will function within ICS guidelines and standards and conform to the existing ICS structure for the incident to the extent possible.

Communications: North Carolina AST/ATF tactical and operational communications will be conducted in accordance with the NCSMRS Communications Guidance. This guidance includes a sample Communications Plan (ICS-205) and provides detailed listings of specific communications equipment, talk-groups, etc. that AST/ATF units will utilize. Refer to **Appendix K: North Carolina SMRS Communication Guidance**. Additional operation-specific communication guidance is as follows:

1. **Communication with EMS Providers/Healthcare Facilities:** Communications equipment, protocols, etc. vary within the State Radio frequencies for each county/EMS provider are available in the EMS Communications Plan. AST ambulances should be able to communicate directly with receiving facilities.
2. **Communications to the home base:** All ambulances/command vehicles should be equipped with radios and/or cell phones with the ability to communicate to their base from any destination in North Carolina. Redundant capabilities are recommended.
3. **Communications in-transit:** Units within an ambulance deployment should be able to communicate with each other en-route to the incident. All AST units will use State VIPER radios, cell phones, etc.
4. **Communications at the scene:** VIPER programmable hand-held radios will be the standard radio used for responding to a disaster. These radios will provide the ability to maintain communications outside of the vehicle and stay in contact with the ASTL as well as with Incident Operations staff at the scene. A mobile radio is recommended in addition to the hand-held programmable radio, due to the increase in output power with a mobile unit. Other communication options may include VHF radios, cell phones, satellite phones, private service hand held radios, common radio frequencies, etc.
5. **Communications over the Internet:** Wireless communications via e-mail is an option to EMS personnel provided a wireless network is available. Situation reports and resource status can be transmitted through this resource.

AST/ATF Operations:

Activation: The following guidelines are offered once a Lead/Participating EMS Agency, ASTL/ATFL Leader/Responder are notified of a deployment:

1. Ambulances/medical personnel should report as quickly as possible to the staging area or other location as requested (Units should be deployed within 90 minutes of activation).
2. Personnel are to utilize their seven (7) day maximum To Go Kits, with self-sustainment for 72 hours (AST Trailer).
3. If necessary, request assistance for convoy operations. Requests may be submitted to the RHPC for action by the ESF-8A Lead or their designee at the State Emergency Operations Center (SEOC).

Movement En-route: All units will report to the rally point designated by the Lead EMS Agency to meet with Ambulance Strike Team Leader. At the rally point, the Ambulance Strike Team Leader will be responsible for the following:

- Introducing team members/collection of responder data and contact info
- Briefing the team members on current incident conditions, safety
- Issuing potential assignments
- Determining response route, considering time of day, traffic, food, and fueling stops
- Making and communicating travel plan (who leads, who “brings up the rear”, etc.
- Identifying a travel radio frequency for en route communications
- Conducting a checklist assessment of the AST readiness and equipment availability
- Notifying the jurisdictional dispatch center of status and ETA to the incident site/staging area. Upon arrival to assigned area, contact should be made with SEOC) notifying of arrival (SEOC will notify RCC of arrival) and local EM

If an ambulance unit is unable to continue to respond for any reason (mechanical failure) of the ambulance, illness of team members, etc., the Ambulance Strike Team Leader shall contact the ESF 8 desk at the SEOC to advise and request replacement of the unit, and recovery of disabled vehicle. The Strike Team Leader will then consider the availability of local resources to timely address the mechanical needs and/or needs of the crew after contacting the agency that the disabled vehicle and/or crew belongs to.

Each ambulance crew shall maintain responsibility for their personal equipment, their ambulance, and their medical equipment /supplies. Any problems should be reported to the Ambulance Strike Team Leader. Ambulances and team members are not considered incident resources until the team has checked in at the incident.

At The Incident: The ambulance strike team shall report to and check in at the incident staging area. The Ambulance Strike Team Leader will be responsible for the following:

- Initiating and use ICS Form 214 (Unit Log) for the entire incident
- On arrival providing information, including resource order and request #, for check-in (ICS form 211)
- Receiving Incident Briefing (IAP, Communications Plan and Medical Plan)
- Briefing Team Members on Incident and their assignments

- Reporting for Line Assignment(s) or to a Staging Area as directed
- Obtaining orientation to hospital locations (local information and ICS 206)
- Determining preferred travel routes and brief team members
- Ambulance Strike Team Leaders will, at least on a daily basis, provide Situation Reports (**Appendix H**) to the local medical branch/ops chief. The SEOC will be briefed by local EM and assure that the ambulance strike team situation reports are placed in WEBEOC.

Safety Considerations: All AST activities involve variables and unknowns which may have a substantial impact on the health and welfare of staff members. These potential risks require frequent identification, assessment, analysis, and planning to minimize their impact. Risks should be assessed based on the likelihood of occurrence and potential severity.

Medical Protocols: During a response into another North Carolina county or out of state jurisdiction, and when requested as part of an AST deployment, a paramedic may utilize the scope of practice for which she/he is trained and accredited according to the policies and procedures established by his/her Local Emergency Medical Services Agency (LEMSA).

EMT-Basic personnel functioning as members of an Ambulance Strike Team deployment out of their local jurisdiction are authorized to perform any skills in the State of North Carolina EMT-Basic scope of practice any extended scope of practice skills in which they are trained and authorized by their home LEMSAs.

EMS personnel may not overextend their medical scope of practice regardless of direction or instructions they may receive from any authority while participating on an ambulance deployment.

Support Operations: The ambulance strike team reporting to the scene of a disaster or other incident should not expect support services to be in place in the early stages of the incident. For this reason, all ambulance deployment teams are expected to be self-sufficient for up to 72 hours or have a plan to be supported in the response area by utilizing their Strike Team Support trailer and Logistical Support Leader.

The location and magnitude of the disaster will determine the level of support services available. The Ambulance Strike Team Leader may have to utilize commercial services for food, fuel, and supplies until logistical services are established. Obtaining replacement medical supplies during the first days of a disaster will be through the AST Logistics and support trailer. The Ambulance Strike Team Leader will work within the local EMS structure to replenish medical supplies for the ambulance strike team. (The local Emergency Manager, with the assistance of local ESF 8, may be able to provide medical re-supply services.)

Records shall be kept as to all resupply for reimbursement after the deployment. The Ambulance Strike Team Leader is expected to attend all operational shift briefings and keep all personnel on the team informed on conditions. If the individual units of the ambulance deployment are assigned to single resource functions, i.e., patient transportation, triage, or treatment, the Ambulance Strike Team Leader will make contact with the personnel at least once during each

Operational Period. Either the communications staff or ASTL should maintain regular communications with staff, at a minimum of every two hours. If possible, all units in an ambulance deployment will stay together when off-shift unless otherwise directed by the AST Leader. At minimum, all team members will remain in constant communications. Until incident facilities are established each Ambulance Strike Team Leader will coordinate with their respective support services to provide facilities support to the ambulance deployment team.

Demobilization Operations: Incident Command and the AST Leader are responsible for the preparation and implementation of the Demobilization Plan to ensure that an orderly, safe, and cost effective movement of personnel and equipment is accomplished from the incident. At no time should an ambulance strike team or individual crewmember leave without receiving departure instructions from their Ambulance Strike Team Leader.

Ambulance Strike Team Leaders should obtain necessary supplies to assure that the ambulances leave in a “state of readiness” whenever possible. If unable to replace lost, used or damaged equipment, the Ambulance Strike Team Leader shall notify the ESF 8 desk at the SEOC notify prior to leaving the incident. The Ambulance Strike Team Leader will collect all radios and equipment on loan from the incident and return to proper location.

Timekeeping records will be recorded and shall be submitted to the appropriate personnel at the incident prior to departure. All ambulance strike team personnel will receive a debriefing from the Ambulance Strike Team Leader prior to departure from the incident.

Vehicles will be inspected for safety by the logistics staff or designee prior to departure from the Incident. Any problems will be communicated to the Ambulance Strike Team Leader. Ambulance Strike Team Leader will review return travel procedures with the team.

The ESF 8 Lead at SEOC desk will coordinate any required decontamination processes of equipment and personnel. The ESF 8 desk at SEOC will notify Emergency Operations at EOC of ambulance release time, travel route, and estimated time of arrival back at home base. The Demobilization process shall always include a “hot wash” and findings of this “hot wash” are to be included in the After Action report and documentation packet submitted for reimbursement.

Appendix G: Federal Ambulance Strike Team Standards

The Federal Emergency Management Administration (FEMA) has established the following definitions for the deployment of ambulances and EMS assets under Federal direction:

Ambulance Strike Team	A group of 5 ambulances of the same type with common communications and a leader. It provides an operational grouping of ambulances complete with supervisory element for organization command and control. The strike team must be all ALS or all BLS units.
Ambulance Task Force	Any combination of 5 ambulances of different types (can be ALS and BLS), with common communications and a task force leader. This resource typing is used to distinguish between a Task Force of Ambulances and an Emergency Medical Task Force.
EMS Task Force	Any combination (within span of control) of resources (e.g., Ambulances, Rescues, Engines, Squads) assembled for a medical mission, with common communications and a leader (supervisor).

Please see below for specific tables and guidance from the following source document: *FEMA 508-3 Typed Resource Definitions*.

Note: The federal typing and definitions will be utilized as a guideline for planning purposes, with the caveat that blended personnel or units may be sent based upon the mission need and available personnel and resources.

Additionally, it is the objective of the North Carolina AST program to provide Type II Ambulance Strike Teams. The difference between Type I and Type II ASTs in the requirement for to “meet or exceeds standards as addressed by EPA, OSHA and NFPA 471, 472, 473 and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions. All immunized in accordance with CDC core adult immunizations and specific threat as commensurate with the mission assignment.”

U.S. Department of Homeland Security Federal Emergency Management Agency Resource: Ambulances (Ground)						
Category: Health & Medical (ESF #8) Kind: Team; Equipment; Personnel; Supplies; Vehicles						
Minimum Capabilities (Component)	Minimum Capabilities (Metric)	Type I	Type II	Type III	Type IV	Other
Supplies, Equipment, Personnel, and Vehicle	Emergency medical services team with equipment, supplies, and vehicle for patient transport (Type I-IV) and emergency medical care out of hospital	Advanced Life Support; Minimum 2 staff(paramedic and EMT); Transport 2-litter patients; Training and equipment meets or exceeds standards as addressed by EPA, OSHA and NFPA 471,472,473 and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions; All immunized in accordance with CDC core adult immunizations and specific threat as appropriate	Advanced Life Support, Minimum 2 staff (paramedic and EMT); Transport 2-litter patients, nonHazMat response	Basic Life Support Minimum 2 staff (EMT and first responder); Transport 2 litter patients; Training and equipment meets or exceeds standards as addressed by EPA, OSHA and NFPA 471,472,473 and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions; All immunized in accordance with CDC core adult immunizations and specific threat as appropriate	Basic Life Support operations; Minimum 2 personnel (1 EMT and first responder); Transport 2 litter patients	Nontransportin g emergency medical response; Minimum 1 staff; BLS or ALS equipment supplies

Comment:

Each team unit can work 12-hour shifts. Backup supply and some equipment required according to number of patients and type of event. Communication equipment may be programmable for interoperability, but must be verified. Fuel supply and maintenance support must be available. Plan for augmenting existing communication equipment. Environmental considerations related to temperature control in patient care compartment and pharmaceutical storage may be necessary for locations with excessive ranges in temperature. Security of vehicle support required for periods of standby without crew in attendance. Decontamination supplies and support required for responses to incidents with potential threat to responding services or transport of infectious patients.

Category: Health and Medical (ESF #8) Kind: Team

Minimum Capabilities (Component)	Minimum Capabilities (Metric)	Type I	Type II	Type III	Type IV/ Other
Supervisor Must have own vehicle with communications capabilities—both en route and at scene—to all other units under their supervision	Can be deployed to cover 12-hour periods or 24-hour ops depending on number of ambulances needed at one time. Should be self-sufficient for 72 hours	Advanced Life Support: Minimum 2 staff (paramedic and EMT) transport per ambulance, meets or exceeds standards as addressed by EPA, OSHA, and NFP 471, 472, 473, and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions; All immunized in accordance with CDC core adult immunizations and specific threat as appropriate	Advanced Life Support: Minimum 2 staff (paramedic and EMT) per ambulance, non-HazMat response	Basic Life Support: Minimum 2 staff (EMT and driver) per ambulance, meets or exceeds standards as addressed by EPA, OSHA, and NFP 471, 472, 473, and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions; All immunized in accordance with CDC core adult immunizations and specific threat as appropriate	Basic Life Support: Minimum 2 personnel (1 EMT and 1 driver) per ambulance
Ambulances	Emergency Medical Services team with equipment, supplies, and vehicle for patient	5 Type I Ambulances; Capable of transporting minimum of 10 litter patients total (2 per	5 Type II Ambulances; Minimum capability of 10 litter patients	5 Type III Ambulances; Minimum capability of 10 litter patients	5 Type IV Ambulances; Minimum capability of 10 litter patients

U.S. Department of Homeland Security Federal Emergency Management Agency Resource: Ambulance Task Force						
Category: Health and Medical (ESF #8) Kind: Team						
Minimum Capabilities (Component)	Minimum Capabilities (Metric)	Type I	Type II	Type III	Type IV	Other
Supervisor	1	1	1	1		
Ambulances		5 Type I Ambulances; Capable of transporting minimum of 10 litter patients total (2 per ambulance)	5 Type II Ambulances; Minimum capability of 10 litter patients	5 Type III Ambulances; Minimum capability of 10 litter patients		

Comments:

Any combination of ambulances, within span of control, with common communications and a leader. This resource typing is used to distinguish between a Task Force of Ambulances and an Emergency Medical Task Force (any combination of resources).

Appendix H: AST Situation Report and ICS Forms

General:The following pages contain the most common ICS forms used during an AST deployment, but are not the only forms that may be required for the Ambulance Strike Team Leader.

AST/ATF Situation Reporting: One of the most common reports expected of the AST/ATF Leader is the situation report. Depending on the event/incident situation these reports may or may not be submitted using the traditional ICS-209 Situation Report however, regardless of how this report is delivered it must be submitted daily and include the following content at minimum:

- Date of Operations
- Time of Report
- Current Situation
 - Summary of day's events
 - Area of Operations
- Work Period Objectives
- Recommendations
- List of assets deployment by area of operations
- Proposed Demobilization Plan (when applicable)

ICS Form 201

Incident Briefing	1. Incident Name:	2. Date Prepared:	3. Time Prepared:
4. Map Sketch			
5. Prepared By (Name and Position):			

ICS Form 211

Incident Check-In List				1. Incident Name/Number		2. Check-In Location (Complete all that apply)				3. Date/Time							
Check One:						Base	Camp	Staging	ICP	Hall							
RN ST	Ambulance	Misc		AMBUS	AMBUS			AMBUS	Misc								
MMU	AMBUS			Ambulance	Ambulance			Ambulance	Restat	base							
Check-In Information																	
4. List Personnel (overhead) by Agency & Name - OR - List equipment by the following format:																	
Agency	Single	Kind	Type	I.D. No./ Name	5. Order/Request Number	6. Date/Time Check-In	7. Leader's Name	8. Total No. Personnel	9. Manifest		10. Crew or Individual's Weight	11. Home Base	12. Departure Point	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Sent to RESTAT Time/Int.
									Yes	No							
Prepared By (Name and Position):																	

Appendix I: AST/ATF Training and Performance Requirements

In order to advance the performance of personnel in the AST Program and ensure NIMS compliance, the following training and education requirements are in effect.

Ambulance Strike Team (AST) Responders: All AST/ATF responders will complete the objectives outlined in the AST Responder Training Program prior to being eligible for deployment. The following are the recommended prerequisite standards for an AST/ATF responder:

- Ambulance Strike Team education program
- ICS 100, 200, 700, 800 (or equivalent courses)
- Minimum of 2 years at current level of EMS credential and unrestricted status at home agency
- Meet individual agency/employer physical agility requirements.

Ambulance Strike Team (AST) Leaders: AST/ATF Leaders will be credentialed NC EMT-Paramedics, who meet the following minimum prerequisite requirements:

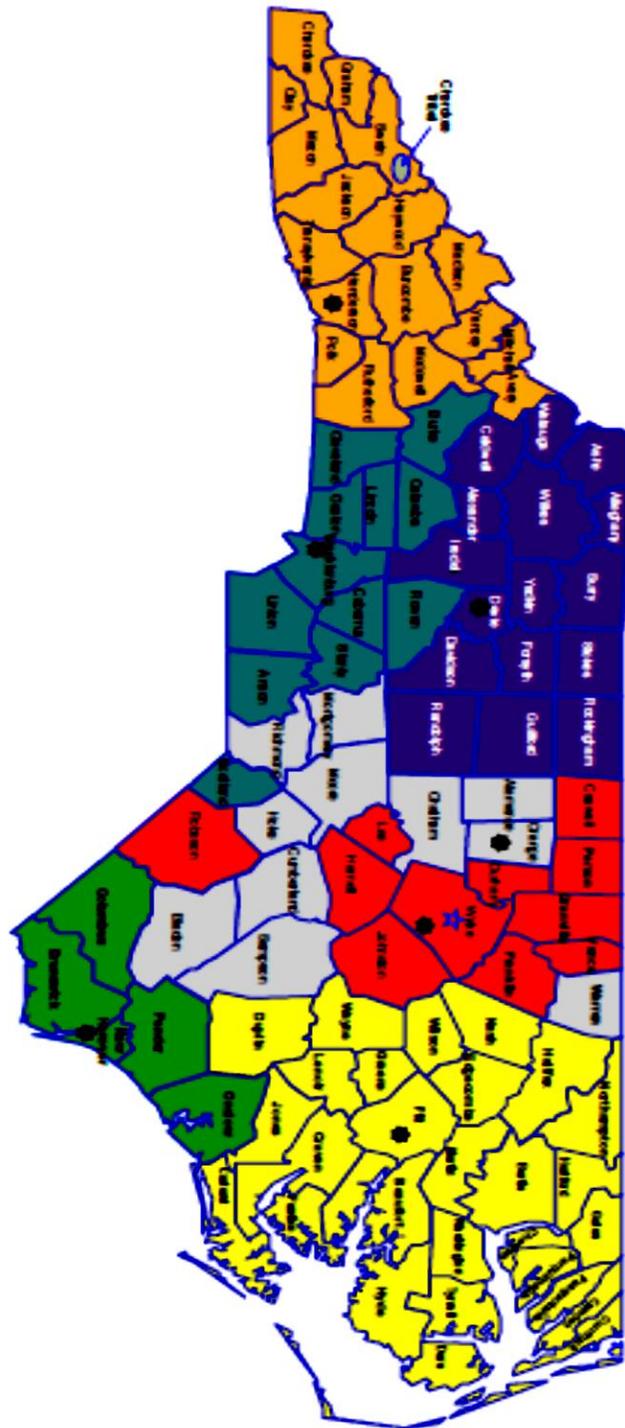
- Completed Ambulance Strike Team Leader (ASTL) Course
- Must be affiliated with a licensed EMS provider.
- Must maintain OEMS credential equal to or higher than the level of the AST mission.
- ICS 100, 200, 300, 400 (preferred) 700, 800 (or equivalent courses), IS 101 (preferred)
- Minimum 3 years in a field EMS supervisory capacity

Ambulance Strike Team Leader (ASTL) Course: EMS personnel applying for this course must meet the following minimum prerequisites:

- Completed the Ambulance Strike Team education program
- Completed ICS 100, 200, 300, 400 (preferred), 700, 800 (or equivalent courses), IS 101 (preferred)
- Minimum of 2 years at current level of EMS credential
- Meet individual agency/employer physical agility requirements.
- Minimum 3 years in a field EMS supervisory capacity
- Must be affiliated with a licensed EMS provider.

Appendix J: Ambulance Strike Team Map

	AST 100 ERAC		AST 600 MATRAC
	AST 200 SERAC		AST 700 MTRAC
	AST 300 Mid Carolina RAC		AST 800 CapRAC
	AST 500 TRAC		



Ambulance Strike Team Map

Appendix K: NCSMRS Communication Guidance



NORTH CAROLINA STATE MEDICAL RESPONSE SYSTEM INITIAL COMMUNICATION GUIDANCE

The following guidelines are identified to promote interoperable communications for North Carolina State Medical Response assets. This general guideline is not meant to be a substitute for individual communication plans.

A. READINESS

1. SMRS DESIGNATIONS

It is recommended that state medical response system assets communicate by plain language designations. Currently there are eight SMAT II regions geographically located and numbered 100-800. Additional SMRS assets such as SMAT III's are labeled by geographic location; (Ex Halifax SMATIII). Ambulance Strike Teams (AST) are labeled by SMATII attachment (Ex AST600).

2. SPECIFIC RADIO CALL SIGNS

When calling other SMRS resources – It is recommended that positions are hailed by plain language and/or team number. While the call sign is longer than plain numbering, there is less confusion with plain language. Examples can be “SMAT100 Team Leader, SMAT 600 Operations, SMAT 800 Logistics” etc. A similar approach can be applied for vehicles such as “SMAT100 M8”. During a large scale event the ICC (Incident Communications Center) or COML (Communication Unit Leader) can aide in call sign assignments.

3. VIPER (VOICE INTEROPERABILITY PLAN FOR EMERGENCY RESPONDERS)

The North Carolina Viper radio system is the preferred method for interoperable and wide area communications. The SMRS has a variety of options available for statewide communication. The following talk groups are available for immediate use without clearance: NCSMAT, VML79501 (HOME). The following talk groups are available for emergencies but should be coordinated by

the ICC or ComL: VML79600 (Command), VML79601 (Logistics), VML79700 (Staging), VML79701 (Transport), VML79800 (SMRS Ops1), VML79801 (SMRS Ops2).

4. NCMCN (NORTH CAROLINA MEDICAL COMMUNICATION NETWORK)

North Carolina maintains a secondary legacy UHF radio network which can be utilized for SMRS needs. Currently the NCMCN system is utilizing the same infrastructure as the Viper system which is prone to the same system failures. With the large amount of suitcase (PACK) carried radios and facility radios, this is still a viable vehicle for local, regional and statewide communications. Additional information can be found in the OEMS Viper and DTMF

Reference: <http://www.ncdhhs.gov/dhsr/EMS/technolg.shtml>

5. UHF (ULTRA-HIGH FREQUENCY) CACHE

The UHF radio cache is the preferred method for local on-site communications for a majority of SMRS resources. Some SMRS assets are capable of conducting operations on Viper, but usually have a limited number handheld radios. The UHF cache offers a quick, easy solution that is independent of existing infrastructure. The most common channels used are the SMAT “F” channels, MED channels and UCALL/TACS. The current (16) channel SMRS UHF template is:

SMAT 16 CH. UHF RADIO TEMPLATE						
CHANNEL #	CH. NAME	RX	RX TONE	TX	TX TONE	W/N
CH. 1	SMAT 1	458.025	173.8	458.025	173.8	N
CH. 2	SMAT 2	458.075	173.8	458.075	173.8	N
CH. 3	SMAT 3	458.125	173.8	458.125	173.8	N
CH. 4	SMAT 4	458.175	173.8	458.175	173.8	N
CH. 5	UCALL 40D	453.2125	NONE	453.2125	156.7	N
CH. 6	UTAC 41D	453.4625	NONE	453.4625	156.7	N
CH. 7	UTAC 42D	453.7125	NONE	453.7125	156.7	N
CH. 8	UTAC 43D	453.8625	NONE	453.8625	156.7	N
CH. 9	UCALL 40	453.2125	NONE	458.2125	156.7	N
CH. 10	UTAC 41	453.4625	NONE	458.4625	156.7	N
CH. 11	UTAC 42	453.7125	NONE	458.7125	156.7	N
CH. 12	UTAC 43	453.8625	NONE	458.8625	156.7	N
CH. 13	UMED 8 DIR	463.175	NONE	463.175	173.8	N
CH. 14	UMED 8 RPT	463.175	***	468.175	***	N
CH. 15	UMED 10 DIR	462.975	NONE	462.975	173.8	N
CH. 16	UMED 10 RPT	462.975	***	467.975	***	N
*** DENOTES LOCAL NCMCN REPEATER SITE TONE						

6. NPS (NATIONAL PUBLIC SAFETY) CHANNELS

North Carolina maintains a vast number of National Public Safety conventional repeaters that are strategically located. The repeaters are available in the current standard 8CALL90 and 8TAC91-

94. NPS repeaters are a good backup on 800MHz in the event of trunk system failure. Out of state resources should have these frequencies in common if using 800MHz equipment.

7. SATELLITE COMMUNICATIONS

A majority of SMRS resources have the ability to utilize MSAT satellite radio/telephones. MSAT units are an excellent failsafe for communications during disaster. Currently ALL MSAT units in North Carolina contain the following two-way talk groups: NCEM TSKFRC (Team communications), EBO (Eastern Region), CBO (Central Region), WBO (Western Region) and STATEWD (NCEOC). Additional talk group information and telephone numbers can be obtained from the NCOEMS Communication Manager.

8. TELEPHONE

Day to day and initial activation communications between NCOEMS, State EOC and the SMRS resources will be through standard telephone devices and email traffic (If available). Additional resources are available to assist with telephone priority such as GETS and WPS (Wireless priority service). Landline telephones and cellular should be considered alternate forms of communication during large scale emergencies and disasters.

B. SMRS ACTIVATION

1. COMMUNICATION NEEDS DURING ADVISORY, ALERT OR ACTIVATION

- a. Advisory –No specific action is necessary unless deemed by the team leader. Situational awareness for possible movement.
- b. Alert – Ensure communication readiness such as batteries, vehicles and cache equipment. Consider researching communication assets and needs of the potential affected areas.
- c. Activation – Address communication paths with regional coordination centers (RCC's), NCEOC if required, requesting agency and internal team needs including transit frequencies/ talk groups.

2. COMMUNICATIONS CONSIDERATIONS DURING ACTIVATION:

- Communications with NCOEMS coordination (WBO, CBO, EBO and/or EOC)
- Communications within the team
- Communications with other teams

Communications with the home base

- Communications with local agencies

C. OPERATIONS

1. COMMUNICATIONS SYSTEM PLANNING

Communication planning must be conducted in the advance of the BoO (Base of Operations) site selection process. This assures that an assessment of the disaster area and the BoO will meet the communication requirements (Satellite look angles etc.).

2. COMMUNICATIONS RF PLAN CONSIDERATIONS

The ICC/COML will consider the following when developing the communications plan:

- Command and Control
- Operations
- Logistics

3. RECOMMENDED COMMUNICATION ROUTES

- Transit operations: VIPER (NCSMAT) if able. If limited with Viper equipment units can communicate with UHF. In this situation it is recommended that the team leader maintain contact with RCC/NCEOC and fleet simultaneously.
- Coordination and Control with OEMS: VIPER (RCC Branch TG if activated) and/or NCEOC Talk group.
 - **Note: In a large scale event communications should occur with the assigned RCC for asset tracking. If the regional RCC is not activated yet communications should occur with NCEOC. Resources may be assigned State Event talk groups along with DPR talk groups based on the incident type.
- On site operations: VIPER if able. Majority of SMRS assets are equipped with UHF equipment. UHF can be utilized for on-site operations limited to line of sight communications. Larger footprints can be accomplished with UHF repeaters and utilizing the NCMCN repeaters.

4. PRIORITY OF COMMUNICATION MODES

Wide area: VIPER, MSAT, NCMCN, HF Amateur radio

Local area: VIPER/NPS, UHF and NCMCN, VHF, 2m-440 Amateur radio

5. ALTERNATE LINK METHODS

Use of gateways and linking of disparate modes:

Within the SMRS there are a few options for linking such as ACU-M, ACU-T and ACU1000's. There is also a MSAT to VIPER interface to link nets over the MSAT satellite system. Some ACU's also have the ability to provide ROIP (Radio over IP) linking.

6. DATA INTEROPERABILITY / VOIP

Multiple SMRS resources are capable of satellite broadband technology and voice over IP (VOIP) telephone service. It is recommended that each resource know the following information:

- VOIP telephone numbers
- Fax numbers

- IP addresses to modems and controllers
- How to access port forwarding through modems and networks
- Bird location (Satellite name, look angle) for beam conflict avoidance

7. Default ICS 205 Communication plans:

INCIDENT RADIO COMMUNICATIONS PLAN		<u>DEFAULT TRAVEL STANDARD</u>		Date/Time Prepared		Operational Period Date/Time	
4. Basic Radio Channel Utilization							
System	Radio Type/Cache	Group/Channel	Freq/TN	Assignment	Remarks		
VIPER	800MHz TRUNK	SWD SMAT	Trunk / 800	TRAVEL	TRAVEL OPS		
VIPER	800MHz TRUNK	RCC TG or EOC	Trunk / 800	COORD/CONTR	Secondary option		
800 NPS	800MHz Conv.	NPS 90-94	Varied	BACKUP/DIRECT	BACKUP RPT/DIR		
NCMC N	UHF SMAT	SMAT F1		SIMPLEX	SIMPLEX		
MSAT	MSAT	TSKFRC	N/A	TRAVEL	BACKUP OPTION		

INCIDENT RADIO COMMUNICATIONS PLAN		<u>DEFAULT SITE SETUP</u>		Date/Time Prepared		Operational Period Date/Time	
4. Basic Radio Channel Utilization							
System	Radio Type/Cache	Group/Channel	Freq/TN	Assignment	Remarks		
VIPER	800MHz TRUNK	SWD SMAT	TRUNK	CALLING	CALLING		
VIPER	800MHz TRUNK	RCC TG or EOC	TRUNK	RCC / EOC COORD/CONTROL	RCC / EOC COORD/CONTROL		
VIPER	800MHz TRUNK	STATE EVENT TBA	TRUNK	INCIDENT ASSIGNED TG	INCIDENT ASSIGNED TG		
VIPER	800MHz TRUNK	VML79501	TRUNK	SMRS CALLING	SMRS CALLING		
VIPER	800MHz TRUNK	VML79600	TRUNK	SMRS COMMAND	SMRS COMMAND		
VIPER	800MHz TRUNK	VML79601	TRUNK	SMRS LOGISTICS	SMRS LOGS		
VIPER	800MHz TRUNK	VML79700	TRUNK	SMRS STAGING	SMRS STAGE		
VIPER	800MHz TRUNK	VML79701	TRUNK	SMRS TRANSPORT	SMRS TRANSPORT		
UHF	UHF	SMAT F1-F4	VARIOUS	ON SITE OPS	SIMPLEX ON SITE OPS		
ADDITIONAL CHANNELS OR TALKGROUPS SHOULD BE AVAILABLE BY ICS217. THE ABOVE DEFAULTS ARE EXAMPLES OF INTEROPERABLE-INITIAL SOLUTIONS							

D. DEMOBILIZATION

There are three phases to disengagement. From receipt of notice that operations are to terminate SMRS resources shall prepare for withdrawal from the disaster area, the COMU or TFL designee is responsible for maintaining communications for the assigned resource while packing equipment. Demobilization should include a communications plan for travel and contacting RCC/EOC when the asset has reached their home base.

E. RETURN TO READINESS

1. Breakdown and Rehabilitation

Upon returning from an incident, the COMU or TFL designee will take any steps necessary to ensure that all equipment is made ready for the next mission.

2. Final Critique and Debriefing

All significant inputs of the mission, both positive and negative, must be specifically described during the critique and debriefing sessions. The most common way to provide this is through a AAR (After Action Report). The COML should provide a functional overview to the asset deployed. The formal report should be prepared as lessons learned and for every problem identified, a solution should be submitted. This formal report is to be submitted for inclusion in the final report.

F. COMMUNICATION TRAINING REFERENCES

[NCMCN/VIPER VMN REFERENCE](#)

[NC DIAL CODE BOOK](#)

[STATEWIDE NCMCN/VIPER SYSTEM TRAINING](#)

[NORTH CAROLINA STATEWIDE INTEROPERABLE COMMUNICATION PLAN](#)

[NATIONAL INTEROPERABILITY FIELD OPERATIONS GUIDE](#)

[NATIONAL EMERGENCY COMMUNICATIONS PLAN](#)

[NORTH CAROLINA EMERGENCY MANAGEMENT DIRECTORY 2008](#)

North Carolina Tactical Interoperability Communication Plans (TICP's)
(These are currently under review and will be updated with link when available).

[NPSTC CHANNEL NAMING PLAN](#)

[NORTH CAROLINA ESF-2 COMMUNICATIONS PLAN](#)

Appendix L: Regional AST Contact List

CapRAC			
Dale Hill, ESI/CapRAC Manager	(919) 350-7727 (o)	(919) 630-6765 (m)	dahill@wakemed.org
Joseph Zalkin, Wake County EMS	(919) 856-6021 (o)	(919) 369-7935 (m)	jzalkin@wakeens.com
ERAC			
Chris Starbuck, RHPC	(252) 847-6634 (o)	(252) 814-3110 (m)	cstarbuc@vidanthealth.com
David Schiller, ARHPC	(252) 847-3002 (o)	(252) 814-5279 (m)	david.schiller@vidanthealth.com
MATRAC			
Mark Stepp, Interim RHPC	(828) 693-6213 (o)	(828) 775-0775 (m)	mark.stepp@msj.org
Rieley Bennett, Logistics	(828) 693-6213 (o)	(828) 777-6519 (m)	rieley.bennett@msj.org
MHPC			
Sarah Seiler, RHPC	(704) 357-8517 (o)	(704) 258-8966 (m)	sarah.seiler@carolinashealthcare.org
Derrell Clark, ARHPC	(704) 357-8517 (o)	(704) 579-4150 (m)	derrell.clark@carolinashealthcare.org
MCRAC			
Randy Hoffman, RHPC	(919) 381-5412 (o)	(919) 883-8948 (m)	rhoffman@unch.unc.edu
Joshua Fox, ARHPC	(919) 381-4412 (o)	(919) 524-7223 (m)	jmfox@unch.unc.edu
SERAC			
Hans Edwards, RHPC	(910) 399-7105 (o)	(910) 508-4865 (m)	hans.edwards@nhrmc.org
TRAC			
Corey Roberts, RHPC	(336) 702-1901 (o)	(336) 528-9625 (m)	cdroberts@wakehealth.edu
Jerry Tysinger, Team Leader	(336) 702-1902 (o)	(336) 462-1013 (m)	jtysinge@wakehealth.edu

Appendix M: North Carolina AST Mission Packages

Mission Ready Packages:

- ALS Ambulance Strike Team
- Ambulance Bus Strike Team
- Convalescent Strike Team
- Medical Transport Strike Team
- Single Ambulance Bus Team

***The pricing below are approximated amounts and should be interpreted as “an up to” amount. Additionally, figures include daily usage rates for out of state deployments and may not be charged for in state usage.**

North Carolina State Emergency Medical Services

ALS Ambulance Strike Team

a.	Task and Purpose: To work with ESF-8 to provide an immediate EMS operational response to disaster situations, with a focus on advanced emergency medical care, evacuation support, medical monitoring, patient movement.	b.	Mission: <ul style="list-style-type: none"> • Advanced Emergency Medical Care • Medical Unit Support • Field Hospital Support • Shelter Medical Support • Evacuation Support • Medical Monitoring • Patient Movement (can move up to 120 patients in 12 hour period)
c.	ESFs: 8	d.	Limitations: <ul style="list-style-type: none"> • Must integrate the local EMS system • Equipment costs and medical re-supply will vary based on mission • Local mechanical support for ambulances must be provided
e.	Personnel: <ul style="list-style-type: none"> • (1) Strike Team Leader • (1) Logistics Personnel • (10) EMT Paramedics 	f.	Equipment: <ul style="list-style-type: none"> • (5) ALS Ambulances • (1) AST Logistics Trailer • (1) 16.5 kw generator • (1) Truck-tow vehicle • (1) Satellite communications package
g.	Required Support: <ul style="list-style-type: none"> • Billeting and meal support • Fuel (for truck, generator, ambulances) • Logistics and costs of medical supply • Force protection for staging area 	h.	Works With: <ul style="list-style-type: none"> • Local EMA • Local EMS
i.	N-Hour Sequence: <ul style="list-style-type: none"> • N+12 	j.	Special Instructions: <ul style="list-style-type: none"> • This resource is calculated for ALS; however, BLS or Critical Care configurations can be requested. Ambulance buses can be requested to augment this strike team if needed (separate MRP).
k.	Personnel: \$28,257.60	Equipment: \$17, 682.00	
Total: \$45,939.60 (7 day deployment; excludes travel costs and medical re-supply)			

North Carolina State Emergency Medical Services

Ambulance Bus Strike Team

a.	Task and Purpose: To work with ESF-8 to provide an immediate EMS operational response to disaster situations, with a focus on advanced emergency medical care, evacuation support, medical monitoring, patient movement.	b.	Mission: <ul style="list-style-type: none"> • Advanced Emergency Medical Care • Medical Unit Support • Field Hospital Support • Shelter Medical Support • Evacuation Support • Medical Monitoring • Patient Movement (can move up to 500 patients in 12 hour period)
c.	ESFs: 8	d.	Limitations: <ul style="list-style-type: none"> • Must integrate with the local EMS system • Equipment costs and medical re-supply will vary based on mission • Local mechanical support for the ambulance buses must be provided
e.	Personnel: <ul style="list-style-type: none"> • (1) Team Leader/Logistics Personnel • (9) EMT Paramedics • (3) Ambulance Bus Operators 	f.	Equipment: <ul style="list-style-type: none"> • (3) Ambulance buses • (1) AST Logistics Trailer • (1) 16.5 kw generator • (1) Truck-tow vehicle • (1) Satellite communications package
g.	Required Support: <ul style="list-style-type: none"> • Billeting and meal support • Fuel (for truck, generator, ambulance buses) • Logistics and costs of medical supply • Force protection for staging area 	h.	Works With: <ul style="list-style-type: none"> • Local EMA • Local EMS
i.	N-Hour Sequence: <ul style="list-style-type: none"> • N+12 	j.	Special Instructions: <ul style="list-style-type: none"> • This resource is calculated for ALS; however BLS or Critical Care configurations can be requested. Additional ambulance buses can be requested to augment this strike team if needed.
k.	Personnel: \$28,354.48		Equipment: \$13,482.00
Total: \$41,836.48 (7 day deployment: excludes travel costs and medical re-supply)			

North Carolina State Emergency Medical Services

Convalescent Strike Team Package

a.	Task and Purpose: To work with ESF-8 to provide an immediate EMS operational response to disaster situations with a focus on convalescent patient movement	b.	Mission: <ul style="list-style-type: none"> • Patient Movement (can move up to 900 patients in 12 hour period)
c.	ESFs: 8	d.	Limitations: <ul style="list-style-type: none"> • Must integrate with local EMS system • No medical care/equipment provided • Wheelchair transportation only
e.	Personnel: <ul style="list-style-type: none"> • (1) Team Leader • (5) Drivers • (5) Team Leaders 	f.	Equipment: <ul style="list-style-type: none"> • (5) Wheelchair Vans • (1) Satellite communications package
g.	Required Support: <ul style="list-style-type: none"> • Billeting and meal support • Fuel • Force protection for staging area 	h.	Works With: <ul style="list-style-type: none"> • Local EMA • Local EMS
i.	N-Hour Sequence: <ul style="list-style-type: none"> • N+12 	j.	Special Instructions: <ul style="list-style-type: none"> • Team only works 12 hour shifts; an additional strike team must be requested to cover a 24 hour rotation.
k.	Personnel: \$14,017.08	Equipment: \$ 8,960.00	
Total: 22,977.08(7 day deployment: excludes travel costs)			

North Carolina State Emergency Medical Services

Medical Transport Task Force

a.	Task and Purpose: To work with ESF-8 to provide an immediate EMS operational response to disaster situations, with a focus on advanced emergency medical care, evacuation support, medical monitoring, patient movement.	b.	Mission: <ul style="list-style-type: none"> • Advanced Emergency Medical Care • Medical Unit Support • Field Hospital Support • Shelter Medical Support • Evacuation Support • Medical Monitoring • Patient Movement (can move up to 660 patients in 12 hour period)
c.	ESFs: 8	d.	Limitations: <ul style="list-style-type: none"> • Must integrate with the local EMS system • Equipment costs and medical re-supply will vary based on mission • Local mechanical support for the ambulance buses and ambulances must be provided
e.	Personnel: <ul style="list-style-type: none"> • (1) Team Leader • (1) Logistics Personnel • (2) Ambulance Bus Operators • (14) EMT Paramedics 	f.	Equipment: <ul style="list-style-type: none"> • (2) Ambulance buses • (5) ALS Ambulances • (1) AST Logistics Trailer • (1) 16.5 kw generator • (1) Truck-tow vehicle • (1) Satellite communications package
g.	Required Support: <ul style="list-style-type: none"> • Billeting and meal support • Fuel (for truck, generator, ambulances, and ambulance buses) • Logistics and costs of medical supply • Force protection for staging area 	h.	Works With: <ul style="list-style-type: none"> • Local EMA • Local EMS
i.	N-Hour Sequence: <ul style="list-style-type: none"> • N+12 	j.	Special Instructions: <ul style="list-style-type: none"> • This resource is calculated for ALS; however BLS or Critical Care configurations can be requested. Additional ambulance buses can be requested to augment this strike team if needed.
k.	Personnel: \$44,859.36	Equipment: \$23,310.00	
Total: \$68,169.36 (7 day deployment; excludes travel costs and medical re-supply)			

North Carolina State Emergency Medical Services

Single Ambulance Bus Team

a.	Task and Purpose: To work with ESF-8 to provide an immediate EMS operational response to disaster situations, with a focus on advanced emergency medical care, evacuation support, medical monitoring, patient movement.	b.	Mission: <ul style="list-style-type: none"> • Advanced Emergency Medical Care • Medical Unit Support • Field Hospital Support • Shelter Medical Support • Evacuation Support • Medical Monitoring • Patient Movement
c.	ESFs: 8	d.	Limitations: <ul style="list-style-type: none"> • Must integrate with the local EMS system • Equipment costs and medical re-supply will vary based on mission • Local mechanical support for the ambulance buses must be provided
e.	Personnel: <ul style="list-style-type: none"> • (1) Ambulance Bus Operators • (3) EMT Paramedics 	f.	Equipment: <ul style="list-style-type: none"> • (1) Ambulance bus
g.	Required Support: <ul style="list-style-type: none"> • Billeting and meal support • Fuel (for ambulance bus) • Logistics and costs of medical re-supply • Force protection for staging area 	h.	Works With: <ul style="list-style-type: none"> • Local EMA • Local EMS
i.	N-Hour Sequence: <ul style="list-style-type: none"> • N+12 	j.	Special Instructions: <ul style="list-style-type: none"> • This resource is calculated for ALS; however BLS or Critical Care configurations can be requested. Additional ambulance buses can be requested to augment this team if needed. A Satellite Communications package can also be requested and provided pending availability.
k.	Personnel: \$9,216.88		Equipment: \$3,150.00
	Total: \$12,366.88 (7 day deployment; excludes travel costs and medical re-supply)		