

**NORTH CAROLINA QUALIFICATIONS RECORD FOR
AMBULANCE STRIKE TEAM/ TASK FORCE LEADER**



Task Book for the position of

**AMBULANCE STRIKE TEAM /
MEDICAL TASK FORCE LEADER**

(Position performance on an incident other than wildland fire)

TASK BOOK ASSIGNED TO:

TASK BOOK INITIATED BY:

DATE:

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

NORTH CARLOINA
INCIDENT MANAGEMENT

VERIFICATION/CERTIFICATION OF COMPLETED TASK BOOK

FOR THE POSITION OF

AMBULANCE STRIKE TEAM / TASK FORCE LEADER

EVALUATOR:

DO NOT COMPLETE THIS UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CERTIFICATION

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are complete with signatures. I also verify that

has performed as a trainee and should therefore be considered for certification in this position.

Evaluator's signature and date

North Carolina Certification

I certify that all requirements for qualification in this portion have been met and that such
qualification has been issued.

Director or Designee

AGENCY CERTIFICATION

I certify that _____
has met all requirements for certification in this position and that such qualification has been issued.

CERTIFYING OFFICAL'S SIGNATURE AND DATE

CERTIFYING OFFICIAL'S NAME, TITLE, DUTY STATION, TELEPHONE NUMBER

**NORTH CAROLINA EMERGENCY RESPONDER CREDENTIALING SYSTEM
QUALIFICATIONS RECORD**

POSITION: AMBULANCE STRIKE TEAM/TASK FORCE LEADER

NORTH CAROLINA

INCIDENT MANAGEMENT POSITION TASK BOOK

Position Task Books (PTB) has been developed for designated positions as described by the National Incident Management System (NIMS) Integration Center's National Emergency Responder Credentialing System, Incident Management (IM) Working Group.

The North Carolina Credentialing System has adapted selected NIIMS (National Interagency Incident Management System) Position Task Books as the basis for the development of positions on Incident Management Teams. Position certification by the North Carolina Credentialing System task book **does not** necessarily meet NIIMS qualification standards for wildfire incidents.

Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation that the trainee be certified in that position. Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulation, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task that require an action (contain an action verb) must be demonstrated before that task can be signed off.

A more detailed description of this process, definitions of terms, and responsibilities are included in the Wildland Fire Qualification Subsystem Guide 310-1. A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. **Local Emergency Management Agencies** are responsible for:
 - Selecting trainees based on the needs of the local jurisdiction; and
 - Providing opportunities for evaluation and/or making the trainee available for evaluation.

2. **The individual** is responsible for:
 - Reviewing and understanding instructions in the PTB;
 - Identifying desired objectives/goals;
 - Providing background information to an evaluator;
 - Satisfactorily demonstrating completion of all tasks for an assigned position within three years;

**NORTH CAROLINA EMERGENCY RESPONDER CREDENTIALING SYSTEM
QUALIFICATIONS RECORD**

POSITION: AMBULANCE STRIKE TEAM / TASK FORCE LEADER

- Assuring the Evaluation Record is complete;
 - Notifying local emergency management personnel when the PTB is completed and providing a copy; and
 - Keeping the original PTB in personal records.
3. **The Evaluator** is responsible for:
- Being qualified and proficient in the position being evaluated, or with higher certification;
 - Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals;
 - Reviewing tasks with the trainee;
 - Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained;
 - Identifying tasks to be performed during the evaluation period;
 - Accurately evaluating and recording demonstrated performance of tasks;
 - Dating and initialing completion of the task shall document satisfactory performance. Unsatisfactory performance shall be documented in the Evaluation Record;
 - Completing the Evaluation Record found at the end of each PTB; and
 - Signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
4. **The Local Emergency Manager** or Designee of the trainer's home unit is responsible for:
- Issuing PTBs to document task performance;
 - Explaining to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities;
 - Tracking progress of the trainee;
 - Identifying incident evaluation opportunities;
 - Identifying and assigning an evaluator that can provide a positive experience for the trainee, and make an accurate and honest appraisal of the trainee's performance;
 - Documenting the assignment;
 - Conducting progress reviews;
 - Conducting a closeout interview with the trainee and evaluator and assuring that documentation is proper and complete;
 - Determining certification per local policy; and
 - Issuing proof of certification.

**NORTH CAROLINA EMERGENCY RESPONDER CREDENTIALING SYSTEM
QUALIFICATIONS RECORD**

POSITION: Ambulance Strike Team /Task Force Leader

TASK	CODE *	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>GENERAL</p> <p>1 Obtain and assemble information and materials needed for kit. Kit will be assembled and prepared prior to receiving an assignment. Kit will contain essential items needed for the assignment and items needed for functioning during the first 48 hours. The basic information and materials needed are:</p> <p>Reference Material</p> <ul style="list-style-type: none"> • ICS 420-1 Field Operations Guide or equivalent; • AMBULANCE S/T T/F FIELD OPERATIONS GUIDE Agency specific policies and procedures; • Individual checklists/reminders, according to the kind of incident. <p>Forms</p> <ul style="list-style-type: none"> • ICS 214, Unit Log; • Accident/Injury Forms • Vehicle and equipment inventory forms • Agency specific forms appropriate to the assignment. <p>Supplies</p> <ul style="list-style-type: none"> • Obtain and assemble information and materials for appropriate to the nature of the incident 	O		
<p>2 Establish and maintain positive interpersonal and interagency working relationships.</p> <ul style="list-style-type: none"> • Address individual agency values and policies throughout the tenure of the incident. 	O		

*Code: O = task can be completed in any situation (classroom, simulation, daily job, etc.)
 I = task must be performed on an incident (flood, search & rescue, planned event, etc.)
 R = Rare event - the evaluation assignment may not provide opportunities to demonstrate performance.
 The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

**NORTH CAROLINA EMERGENCY RESPONDER CREDENTIALING SYSTEM
QUALIFICATIONS RECORD**

POSITION: AMBULANCE STRIKE TEAM / MEDICAL TASK FORCE LEADER

TASK	CODE *	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
3 Provide for the safety and welfare of assigned personnel. <ul style="list-style-type: none"> • Recognize potential hazards and inform subordinates; • Ensure precautions are taken when hazards exist; • Establish priorities and coordinate within the Division /Group Supervisor. • Communicate job performance requirements to subordinates; • Continuously evaluate performance; • Communicate deficiencies immediately and take corrective action; • Identify training needs and provide opportunities for training; • Prepare and discuss formal performance evaluation; and • Ensure adequate rest periods are provided to all Strike Team/Task Force personnel. 	I		
MOBILIZATION 4 Obtain complete information from dispatch upon initial activation. <ul style="list-style-type: none"> • Order and Request number; • Incident location; • Reporting location and time; • Type of incident; • Telephone or radio frequency contact numbers; and • Name of Supervisor. 		O	
5 Gather information necessary to assess incident assignment and determine immediate needs and actions. <ul style="list-style-type: none"> • Clothing; • Equipment; • Transportation; and • Lodging. 	I		

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 QUALIFICATIONS RECORD
 POSITION: AMBULANCE STRIKE / TEAM / MEDICAL TASK FORCE LEADER**

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
INCIDENT ACTIVITIES 6. <u>CHECK TEAMS UTILIZING ICS - 211</u> <ul style="list-style-type: none"> • Obtain available incident information and incident agency guidelines and policies. • Review the ICS 201 or ICS 204 Division Assignment and confirm tactical assignment. • Acquire essential transitional informational briefing from off – going Strike Team or Task Force Leader. • Confirm resources assigned to the Strike Team or Task Force. 	I		
7. <u>Obtain a briefing from the Division/Group Supervisor. May be one-on one if the tactical assignment dictates it;</u> <ul style="list-style-type: none"> • Review the Divisions/Group Supervisors priorities, goals and tactical objectives for the incident operational period; • Attend operational briefings as assigned; • Brief tactical assignments and assigned tasks with subordinates; • Receive expected time schedule for tactics and planning meetings, briefings and other planned meetings. 	I		
8. <u>Maintain safety at all times utilizing Risk Management processes by evaluating and Mitigating hazards in response environment.</u> <ul style="list-style-type: none"> • Review the ICS 215A • Situation awareness • Hazard assessment • Hazard control • Decision point • Evaluate • Communicate with personnel 	I		
9. <u>Maintain communications with all Strike Teams and Task Force Leaders at all times.</u> <ul style="list-style-type: none"> • Share and evaluate operational information with adjacent Strike Teams and Task Forces and Single Resources; 	I		

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TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
10. Utilize situational awareness to plan and organize your teams and crews your teams and crews during your tactical Operational period; <ul style="list-style-type: none"> • Evaluate and adjust tactics based on changes in the incident situation; • Evaluate Personnel and equipment for the assigned tactical assignment ; • Request needed personnel and equipment. • Submit situation and resource status information to Division or Group Supervisor; 	I		
11. DEMOBILIZATION <ul style="list-style-type: none"> • Demobilization for the Strike Team / Task Force leaders will utilize demobilization ICS form - 221; • Completion of the following reports crew time report, equipment time reports accident- injury reports, vehicle inspection reports, crew performance reports. Debrief all personnel. • Complete ICS 214 unit log • Brief personnel on travel procedures to return to home base.ie: planned stops and disassembly points Notify home base of travel routes and eta ETA. ; and • Advise Incident Commander and other appropriate IMT personnel. 	I		

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INSTRUCTIONS FOR EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents, simulation in classroom, or in daily duties, depending on what the position task book indicates. This should be sufficient for qualification in the position if the individual is adequately prepared. If additional blocks are needed, a page can be copied from a blank task book and attached.

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

Evaluator's name, incident/office title, and agency: List the name of the evaluator, his/her incident position (on incidents) or office title, and agency.

Evaluator's home unit address and phone: Self explanatory

#: The number in the upper left corner of the experience block identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record for each task performed satisfactorily.

Location of Incident/Simulation: Identify the location where the tasks were performed by agency and office.

Incident Kind: Enter kind of incident, e.g., wildland fire, search and rescue, flood, etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Number and Type of Resources: Enter the number of resources and types assigned to the incident pertinent to the trainee's task book position.

Duration: Enter inclusive dates during which the trainee was evaluated. This block may indicate a span of time covering several small and similar incidents if the trainee has been evaluated on that basis, e.g., several initial search and rescue missions, several multi-car vehicle accidents, etc.

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee.

Date: List the date the record is being completed.

Evaluator's initials: Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator's relevant qualification rating: List your qualification/certification relevant to the trainee position you supervised.

Evaluation Record

TRAINEE NAME		TRAINEE POSITION		
#1	Evaluators name: Incident/office title & agency:			
Evaluators' home unit address & phone:				
Name and Location of Incident or Simulation (agency & area)	Incident kind (flood, search & rescue, hazardous materials, etc.)	Number & Type of resources pertinent to Trainees position	Duration (inclusive dates in trainee status)	Management or complexity level of the Incident
			to	
The tasks named _____ initialiaed & dated by me have been performed under my supervision in a satisfactory manner by the above trainee. I recommend the following for further development of this trainee. _____ The individual has successfully performed all tasks for the position and should be considered for certification. _____ The individual was not able to complete certain tasks (comments below) or additional guidance is required. _____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. required _____ The individual is severely deficient in the performance of tasks for the position and needs further training (both & knowledge and skills needed) prior to additional assignment(s) as a trainee.				
Date:		Evaluator's initials:	Evaluator's relevant a:	certification
rating:				

#2	Evaluators name: Incident/office title & agency:			
Evaluators' home unit address & phone:				
Name and Location of Incident or Simulation (agency & area)	Incident kind (flood, search & rescue, haz mat, etc.)	Number & Type of resources pertinent to Trainees position	Duration (inclusive dates in trainee status)	Management or complexity level of the Incident
			to	
The tasks named _____ initialiaed & dated by me have been performed under my supervision in a satisfactory manner by the above trainee. I recommend the following for further development of this trainee. _____ The individual has successfully performed all tasks for the position and should be considered for certification. _____ The individual was not able to complete certain tasks (comments below) or additional guidance is required. _____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. required _____ The individual is severely deficient in the performance of tasks for the position and needs further training (both & knowledge and skills needed) prior to additional assignment(s) as a trainee.				
Date:		Evaluator's initials:	Evaluator's relevant a:	certification
rating:				

#3	Evaluators name: Incident/office title & agency:			
Evaluators' home unit address & phone:				
Name and Location of Incident or Simulation (agency & area)	Incident kind (flood, search & rescue, haz mat, etc.)	Number & Type of resources pertinent to Trainees position	Duration (inclusive dates in trainee status)	Management or complexity level of the Incident
			to	
The tasks named _____ initialed & dated by me have been performed under my supervision in a satisfactory manner by the above trainee. I recommend the following for further development of this trainee. _____ The individual has successfully performed all tasks for the position and should be considered for certification. _____ The individual was not able to complete certain tasks (comments below) or additional guidance is required. _____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. required _____ The individual is severely deficient in the performance of tasks for the position and needs further training (both & knowledge and skills needed) prior to additional assignment(s) as a trainee.				
Date: _____ Evaluator's initials: _____ Evaluator's relevant agency: _____ certification rating: _____				

#4	Evaluators name: Incident/office title & agency:			
Evaluators' home unit address & phone:				
Name and Location of Incident or Simulation (agency & area)	Incident kind (flood, search & rescue, haz mat, etc.)	Number & Type of resources pertinent to Trainees position	Duration (inclusive dates in trainee status)	Management or complexity level of the Incident
			to	
The tasks named _____ initialed & dated by me have been performed under my supervision in a satisfactory manner by the above trainee. I recommend the following for further development of this trainee. _____ The individual has successfully performed all tasks for the position and should be considered for certification. _____ The individual was not able to complete certain tasks (comments below) or additional guidance is required. _____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. required _____ The individual is severely deficient in the performance of tasks for the position and needs further training (both & knowledge and skills needed) prior to additional assignment(s) as a trainee.				
Date: _____ Evaluator's initials: _____ Evaluator's relevant agency: _____ certification rating: _____				