



**METROPOLITAN EMERGENCY SERVICES BOARD
EMERGENCY PREPAREDNESS SUBCOMMITTEE**

LOCATION: MESB- 2099 UNIVERSITY AVE W, ST PAUL

November 7, 2023 1 P.M.

1. **Call to Order** – Subcommittee Chair, Tyler Lupkes
2. **Roll Call**
3. **Approval of Agenda** – Lupkes
4. **Approval of Minutes of Previous Meeting (Page 2)** – Lupkes
5. **Presentation**
6. **Action Items**
 - A. Incident Response Plan Revision **(Page 5)- Lupkes**
 - B. Ambulance Strike Team- Lupkes
 - i. Ambulance Strike Team Guidelines **(Page 7)**
 - ii. EOC Handbook **(Page 15)**
 - iii. Leader Handbook **(Page 18)**
 - iv. Operator Handbook **(Page 21)**
 - v. Code of Conduct **(Page 24)**
 - C. Election of Officers- Lupkes
7. **Discussion Items**
8. MESB Progress Reports – Hayes
 - A. Training
9. Workgroup Updates- Lupkes
10. EMS Services & MRCC Updates
11. Special events within the Region- Lupkes/ Hayes
12. **Other Business**
13. **Adjourn**

Reminder: Next meeting scheduled for March 5, 2024 Time 1 P.M..

Future Meeting Dates

March 5, 2024

May 7, 2024

September 1, 2024

November 5, 2024

Metropolitan Emergency Services Board
Emergency Preparedness Subcommittee
Draft Meeting Minutes
September 5, 2023

Committee Members:

Allina –Kyle Strege
Anoka County – **Absent**
Burnsville Fire – Neil Dwyer
CentraCare - **Absent**
Cottage Grove EMS – John Prichard
Edina - Ryan Quinn
EMS RB Rep - **None**
HealthPartners – Tyler Ostman
Hennepin County PH – **Absent**
Hennepin EMS -Tyler Lupkes
Lakes Region EMS - **Absent**
Lakeview EMS – **Absent**

Minneapolis Fire - **Absent**
M Health Fairview – Nick Lesch
MRCC EAST – Alisha Vars
MRCC WEST - **Absent**
North Memorial Ambulance – Scott Oberlander
Northfield EMS – Joe Johnson
Ridgeview EMS - **Absent**
St. Paul Fire – **Absent**
University of Minnesota - Robert Ball
White Bear Lake - **Absent**
Healthcare Coalition – **Absent**

Others Attending:

Greg Hayes, MESB; Jacob Kallenbach, MESB; Chad Macheel, 55th CST
Representatives

- 1. Call to Order- 09:00 a.m.**
- 2. Roll call- NO QUORUM**
- 3. Approval of Agenda- NO QUORUM**
- 4. Approval of Previous Meeting Minutes- NO QUORUM**
- 5. Action Items- NONE**

6. Presentation

A. 55 CST presentation on the team. The team has expertise and capabilities in determining, detecting, and responding to chemical related incidents. They are federal responders who can engage and deploy in a quick manner. The 55th CST has various equipment caches related to first responders, chemical detection devices, and a fully operable ambulance/equipment vehicle that can be used in instances of chemical disturbances. The 55th CST also aims to coordinate with metro EMS to further plan, practice, and engage in topics surrounding possible incidents.

7. Discussion Items

A. EMS System Plans for escalating incidents- Lupkes

Discussion surrounding the EMS system in relation to the incident at Stillwater prison. Overall reports suggested the system was capable and well-working. Some comments related to user login information arose, which is more of an admin issue than it is a testament to the system.

B. MESB Progress Reports – Hayes

- a. **Grants-** Grants are all approved for the next 2 years. We still have some funding for FY23 out of the EMS Support Grant extension until 12/31/23. Looking at equipment and training to utilize those funds. Any leftover will go into the MESB System funding account, so we don't leave any funding in the grant.
- b. **Review of Ambulance Strike Team Class-** Great class with Allina and M Health staff. Tyler and Greg will be updating the course and will look to offer another class.
- c. **Website updates-** www.emsmn.org- Review of the updates on the website.

C. Workgroup Updates- Lupkes

- a. **Incident Response Plan-** Group has met a few times and there are changes for agencies. The layout will change somewhat. The new plan will blend the original purpose with new ways of doing things. The EP Group will get a chance to review.
- b. **Ambulance Strike Team-** Similar to the IRP, the workgroup is cleaning up the document. The EP Committee will get a chance to review.

D. MN EMS Triage Guidelines- Approved by STAC & EMSRB- Overview of the new guidelines. Tyler and Greg will work with the Medical Directors to clarify a few key points.

E. EMS Services & MRCC Updates

Nothing to report.

F. Special events within the Region- Lupkes/ Hayes:

-North- No events. Some new trucks.

-Northfield- Jesse James days this weekend.

-Allina- Waiting on new trucks. Special event season is almost over with Renaissance and Anoka Halloween. Working with M Health on transporting highly infectious patients.

-U of M- Football and sports season has begun. A few sold out games. Homecoming is Sept 30th. Some street impacts that weekend.

-East MRCC- Close to moving to Zip It. Start with Regions and will expand from there. Working with West MRCC on process. Moving to Bloomington next year.

-Burnsville- Burnsville festival this weekend.

-Edina- Fall into the arts festival.

-M-Health- MIR bus going to a training in Eden Prairie. Vikings Training camp is over. Next year, they will utilize the MIR Bus to help at the Camp. Soccer game and some mutual aid support.

-Health Partners- Interest in how the Metro keeps wall times to a minimum. Also asked to speak on violence against EMS and how the Metro manages it.

-Hennepin- Number of events with Football. Exercises in Eden Prairie doing an active shooter EX at Hennepin Tech college.

8. Other Business- NONE

9. Meeting Adjourned- 10:57 a.m. Next Meeting Scheduled for November 7, 2023, 9:00 a.m.

C UNASSIGNED RESOURCES

Report to EMS Command or Staging (if established)

Notification

- Go to assigned radio talkgroup.
- Approach scene using designated route.
- Upon arrival at incident, announce arrival and await assignment from EMS Command or Staging.
- All responders will identify themselves using the following format: Dept Name, Type of Resource, and Unit Identifier.

At Staging

- Do not block entry/exit routes.
- Stay inside the vehicle until assigned a duty.

Loading Patients and Leaving the Scene

- Quickly load patients and provide treatment while transporting to the appropriate hospital.
- Provide EMS Command, or designee, the number of patients and triage category being transported.
- Contact your Communication Center and advise them of your status.
- Immediately contact MRCC/Medical Control by radio and provide a patient information report.
- In order to facilitate reunification, consider documenting patient name and/or physical description when possible.



Metropolitan
Emergency Services Board
Metro Region
EMS System

Metropolitan Emergency Services Board
Metro Region EMS System
Emergency Preparedness Subcommittee

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EMS PLANS

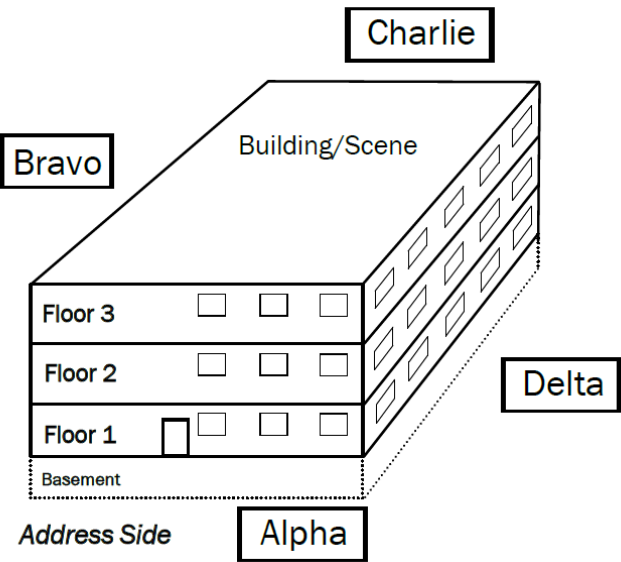
The Metro Region EMS Plans establishes a common tiered system to manage and front-load growing incidents.

- EMS Plan 1** – 4 Ambulances, 1 Command, MNTRAC EMS System Advisory (*Initial*)
- EMS Plan 2** – 4 Ambulances, 2 Command, System Medical Director (*Additional*)
- EMS Plan 3** – 4 Ambulances, 2 Command, EMS Region MIR Bus (*Additional*)

**Consider move-ups/backfill for PSA.*

USING DIVISIONS & GROUPS

- In large or widely scattered scenes (ie: natural disasters) establish divisions/groups early to maintain operational control.
- Divisions are geographic areas with assigned resources.
- Groups are resources assembled to perform a specific function.
- Divisions/Groups shall have a designated leader.
- Requests for resources (vehicles, talkgroups, personnel, etc.) must be made through EMS Command.



METRO REGION EMERGENCY MEDICAL SERVICES

INCIDENT RESPONSE PLAN

GUIDELINES

This plan is based on the principles and guidelines outlined in national standards for incident and resource management, and promotes a collaborative multi-jurisdictional response.

The command structure presented in this plan may require expansion to meet the needs of larger or more complex incidents.

- FIRST ARRIVING: Refer to Panels A & B
- UNASSIGNED RESOURCES: Refer to Panel C
- DO NOT RESPOND unless requested!

OPERATIONAL CONSIDERATIONS

- Request Tactical and/or Interoperable Radio Talkgroups early.
- Alert MRCC/Medical Control to the nature of incident and potential for patients to self-transport.
- Ensure crews are wearing proper protective equipment.

METRO REGION RESOURCES

- To request Metro Region Resources or support, contact the Medical Resource Control Center (MRCC).
- Resources include: Major Incident Response Bus, Western Shelter tents, Command Trailer, or supply caches.
- The Metro Region EMS System EOC can operate virtually or physically to support planned or unplanned events.
- The Metro Region EMS System can deploy and support Ambulance Strike Teams.

Do hospitals need to be alerted to the incident or potential patients? If yes, contact MRCC.

A EMS COMMAND

Coordinate with Incident Command/Establish Unified Command.

- The role of EMS Command will be assumed by the first arriving unit and announced on the radio. (IE. “[Unit] will be EMS Command.) *Any change in the unit filling the role must be announced.*
- Request Tactical and/or Interoperable Radio Talkgroups early.
- Announce arrival of EMS to IC via radio interop channel, or face-to-face.
- EMS Command is responsible for all unassigned Divisions/Groups within the IRP until delegated.
- EMS Command may appoint support roles such as command aide, scribe, etc.
- Radio discipline is maintained by allowing only EMS Command or designee to interface with the communications center.
- EMS Command shall give assignments by providing a specific **TASK** to be accomplished, **LOCATION** to complete the task, and **OBJECTIVE** of each task.
- EMS Command must obtain regular updates from Divisions/Groups using CAN report format.
- EMS Command is responsible for the safety and accountability of all EMS personnel.

Radio Reports / Initial & Follow-up

It is vital to communicate an accurate scene size-up so the appropriate resources can be started. It is better to have more resources and cancel them, than to have a delayed response. Timely follow-up reports shall be provided as the incident evolves. The information should include:

- **Conditions** – Describe the scene, nature of incident, # of pts, etc.
- **Actions** – “Investigating”, “Triageing”, etc.
- **Needs** – Resources/EMS Plan, Medical Director, etc.
- Provide command location, staging location, ingress/egress routes.

B DIVISIONS/GROUPS

CAN report when prompted or if unable to complete objective.

TRIAGE/CASUALTY COLLECTION GROUP

- ☐ Identify & communicate triage/CCP location(s).
- ☐ Identify, collect, and triage patients while providing life-saving interventions. Utilize first responders as needed.
- ☐ Expedite & coordinate patient movement to transport area.

TREATMENT GROUP

- ☐ Prioritize critical interventions prior to transport.
- ☐ Organize medical care in treatment area.
- ☐ Utilize first responders when caring for multiple patients.

TRANSPORTATION GROUP

- ☐ Maintain resources for immediate transport.
- ☐ Coordinate the rapid loading of transporting vehicles. **Optimize loading of patients, consider multi-load!**
- ☐ Record the triage color and number of patients transported by each vehicle.
- ☐ Keep entry/exit routes open.

STAGING GROUP

- ☐ Establish staging area and keep entry/exit routes open.
- ☐ Respond to requests for resources from EMS Command.
- ☐ Provide requested resources with task, location, and objectives of assignment.

REHAB GROUP

- ☐ Establish and support a dedicated location for responder rehab.
- ☐ Provide observation, assessment, and rehabilitation in accordance with protocols.
- ☐ Rapidly move responders requiring transport to the designated transport area.

GREEN: minor, less serious illness or injury

YELLOW: delayed, stable but requires observation

RED: critical, requires immediate treatment/transport

BLACK: dead. Do NOT move.

PATIENT TRACKING

EMS Unit				Receiving Hospital

RESOURCE ACCOUNTABILITY

Resource/EMS Unit	In	Out

EXPANDED STAGING LOCATIONS

- **“Assignment”:** Resource has been given a task, location, and objective, or may be assigned to Division/Group.
- **Level 1 Staging:** At the incident location, but not committed to assignment, or past last tactical objective. Able to relocate if needed. Team remains with vehicle.
- **Level 2 Staging:** Farther from scene. Hold resources to move up as needed.



Concept of Operations (CONOPS)

Minnesota Metro Region EMS System

Ambulance Strike Team/EMS Taskforce



November 2023

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 - 2.3. Expectations
3. Response Organization
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 - 3.3. Deployment
 - 3.4. Demobilization
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 - 5.3. Ambulance Strike Team Operator Handbook

1. Executive Summary

- 1.1. **Purpose** - Ambulance Strike Teams and EMS Task Forces play a vital role in emergency medical response to manmade incidents, natural disasters, or planned events. During a high-demand overwhelming response, EMS agencies and practitioners must be responsible and prepared to meet the needs of a mass casualty incident by having an established response framework that complies with FEMA and NIMS. Utilizing FEMA resource typing standards, an ambulance strike team is made up of five (5) BLS or ALS ambulances with one (1) Strike Team Leader.
- 1.2. **Mission** – It is the mission of the Metro Region EMS System Ambulance Strike Team to provide the best possible organized emergency medical response to a major disaster, including medical treatments, evacuation, and transportation.
- 1.3. **Goals** – It is the goal of the Metro Region EMS System Ambulance Strike Team to provide a cooperative and coordinated response plan in the event of a disaster or special event/incident, and to provide a consistent level of care using resource sharing throughout the Metro Region.

2. Capability Needs

- 2.1. **Description** – The Metro Region EMS System primarily supports EMS coordination in the Twin Cities-Minnesota region, consisting of Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, and Washington counties. The Metro Region EMS System may provide EMS support to intrastate and interstate missions when requested.
- 2.2. **Threats & Hazards** – The Metro Region is vulnerable to a variety of threats and hazards that have the potential need for rapid medical evacuation and transportation. These may include severe weather, transportation accidents, civil unrest, building explosion/collapse, or significant special events.
- 2.3. **Expectations** – The AST Concept of Operations is based on the expectation that the Metro Region EMS System may be called upon when a significant incident has occurred or is anticipated, the type or scale exceeds the capabilities of the local jurisdiction, or when state or federal assistance may be required.

3. Response Organization

3.1. **Request for Assistance: Immediate**

- 3.1.1. Metro Region EMS System resources are available for immediate deployment to support agencies within the Metro Region.
- 3.1.2. Metro Region EMS System resources may be available for urgent deployments outside of the Metro Region in support of active or on-going incidents.
- 3.1.3. Contact Medical Resource Control Center (East, West, or Statewide)

3.2. Request for Assistance: Planned

3.2.1. Metro Region EMS System resources may be available for planned incidents.

3.2.2. Contact Metro Region EMS Coordinator

3.3. Deployment

3.3.1. Upon request for assistance or resources, the Metro Region EMS System Leadership group will evaluate for alignment with purpose, mission, and goals of this CONOPS.

3.3.2. When approved, pre-deployment steps may include initiating an advisory to regional EMS agencies, activation of the Metro Region EMS System EOC (virtual or in-person), deployment of an incident support team to assess the incident ahead of team arrival, or elevation to other regional or statewide stakeholders.

3.3.2.1. The EOC will initiate pre-deployment planning and logistics, such as food, lodging, route planning, fuel, equipment, communications, staging, etc.

3.3.2.2. Prior to departure, participating EMS agencies shall be prepared to support their team members with purchase or fuel cards, per diems, schedule adjustments, uniforms, etc.

3.3.3. Ambulance Strike Team Leaders/Operators will report to a point of departure for mission briefings and equipment dispersal.

3.3.4. Each Ambulance Strike Team will be under the direction of a Strike Team Leader, who is responsible for team accountability, mission execution, and safety.

3.3.5. In cases of multiple Ambulance Strike Teams, an EMS Task Force Leader or Branch Director may also be deployed.

3.3.6. All resources must be officially requested, as self-dispatching of any resource can cause negative consequences in both the sending and receiving areas.

3.3.7. Patient care will be rendered, as circumstances permit, in accordance with the scope of practice, policies, and procedures and medical control of the responders' permitting/accrediting agency.

3.4. Demobilization

3.4.1. Demobilization planning begins when resources are activated for deployment.

3.4.2. Takes place in accordance with the Incident Demobilization Plan.

3.4.3. Demobilization takes place as a Strike Team. No crew or individual team member shall leave the incident without receiving departure instructions from the Strike Team or Task Force Leader.

3.4.4. When possible, resources will be demobilized in a state of readiness. Lost, used, or damaged equipment shall be reported to the incident Agency Representative prior to departure.

3.4.5. Timekeeping and supply records will be recorded and submitted to the incident Planning Section prior to departure.

3.4.6. The Strike Team or Task Force Leader will notify the EMS EOC of release time, travel route, and estimated time of arrival to home base.

4. Mission Ready Packages

4.1. **Ambulance Strike Team** – A group of five ambulances of the same type, with common communications and a leader in a separate command vehicle.

4.1.1. ALS Type II – 5 ALS (at least one paramedic) capable ambulance + 1 Strike Team Leader

4.1.2. BLS Type II – 5 BLS (at least one EMT) capable ambulance + 1 Strike Team Leader

4.2. **Medical Task Force** – Any combination of resources up to 5 ASTs assembled for a medical mission with common communications and a Task Force Leader. Examples:

4.2.1. Strike Team(s) (ALS or BLS) + Major Incident Response Bus

4.2.2. Strike Team(s) (ALS or BLS) + Major Incident Response Bus + Western Shelter Tents

4.2.3. Strike Team(s) (ALS or BLS) + Major Incident Response Bus + Western Shelter Tents + Command Trailer

4.3. **Modified/Additional Resources** – A group of ambulances or combination of resources that does not meet traditional typing requirements, with common communications and a Strike Team/Task Force Leader. Examples:

4.3.1. Strike Team of 3 ALS and 2 BLS ambulances, or other combination

4.3.2. Task Force of 2 ALS ambulances + Major Incident Response Bus

4.3.3. EMS Command Trailer + Communications Unit Leader

5. Appendix

5.1.1. **EMS EOC Handbook** – A handbook intended to provide Emergency Operations Center Managers and Operators a summary of responsibilities and tasks to support a deployment.

5.1.2. **Ambulance Strike Team/Taskforce Leader Handbook** – A handbook intended to provide Ambulance Strike Team/EMS Task Force Leaders a summary of responsibilities and tasks to conduct a deployment.

5.1.3. **Ambulance Strike Team/Taskforce Operator Handbook** – A handbook intended to provide Ambulance Strike Team Operators a summary of responsibilities and tasks to complete a deployment.

DRAFT

Metro Region EMS System Ambulance Strike Team/Medical Task Force CODE of CONDUCT

- Follow the Incident Command Structure.
- While deployed act as if you are constantly on camera. You likely are!
- Events of this nature attract the media and attorneys. Your actions reflect your organization and the State of Minnesota.
- Respect private property. Do not enter a private residence or business without the owner's permission, except in life-safety emergencies. Looters will be prosecuted.
- A community impacted by a large-scale emergency/disaster will be in distress, independent of personal impact. Crews should exercise extreme patience and understanding, treat the public and all other emergency responders with respect.
- No alcohol or drugs during deployment.
- Remember your mission is to help the sick or injured. This is not a vacation!
- Take only essential personal items. Storage of personal items cannot interfere with patient care space. Ambulance services will not be responsible for lost/damaged property.
- Do not bring pets. Rescued animals need to be brought to an animal rescue group. Ambulance Strike Team personnel **are not** to keep rescued animals.
- Ambulance personnel are responsible for wearing all appropriate safety and personal protection equipment.
- You are responsible for the ambulances and all equipment issued to you.
- Firearms or dangerous weapons are not permitted.





Emergency Operations Center Handbook

Minnesota Metro Region EMS System

Ambulance Strike Team/EMS Taskforce



November 2023

Metro Region EMS System Ambulance Strike Team

EMERGENCY OPERATIONS CENTER Handbook

- Code of Conduct (Attached)
- Issue Team Leader AST Supplies/Equipment
- Incident Expectations
- PRE-DEPLOYMENT: Situation Report from Incident Requesting Agency Representative
 - Point of Contact
 - Incident Requesting Agency Representative Name, Title, & Phone Number
 - Priority
 - Emergent or Routine
 - Incident Command Post Communication Method
 - Radio talkgroup and/or phone number(s)
 - Staging
 - Location
 - Ingress/Egress
 - Current Conditions
 - Incident Summary
 - Weather
 - Current Conditions
 - Assignment Expectations
 - Safety Brief
 - Emergency Procedures
 - Report team member illness/injury to Incident Liaison and EMS EOC
 - Establish a Strike Team/Taskforce Leader continuity plan, if needed
 - Uniform Expectations
 - Home agency duty wear
 - No shorts
 - AST issued shirt/vest
- PRE-DEPLOYMENT: Communicate with Team Leader
 - Phone
 - Web/Virtual
 - Radio
- PRE-DEPLOYMENT: Route Planning Support
 - Communications – Radio/Phone during transit
 - Accountability – Periodic check-ins with Team Leader
 - Emergent vs Routine

- Scheduled Break Times/Locations
 - Fueling
 - Lodging
- IN TRANSIT: Point of Departure Support
 - Issuing Equipment
 - Just In Time Training
 - POD Briefing/Deployment Expectations
- DURING INCIDENT: Support Briefings
 - Support Team Leader if concerns/questions after briefings
- DURING INCIDENT: Reviewing/Understanding IAP
 - Support Team Leader if concerns/questions after briefings
- DURING INCIDENT: Working Assigned Function (no self-dispatching/freelancing)
- DURING INCIDENT: Maintaining Accountability
 - ICS 214 – Unit Activity Log (Completed per Operational Period)
 - Checking in with Team Leader
 - Liaison with home agencies
- DURING INCIDENT: Maintain Situational Awareness/Incident Conditions
- POST INCIDENT: Demobilization
 - Coordinate with Incident Demobilization Plan
 - Communicate with Team Leader departure time, route, and estimated arrival time to home base
- POST INCIDENT: Documentation/After Action Review
 - Complete remaining documentation in a timely manner and submit to Incident Planning Section
 - Coordinate with Team Leader to ensure completion of assignment obligations
 - Provide feedback and incident review where appropriate



Strike Team/Taskforce Leader Handbook

Minnesota Metro Region EMS System

Ambulance Strike Team/EMS Taskforce



November 2023

Metro Region EMS System Ambulance Strike Team

STRIKE TEAM/TASKFORCE LEADER Handbook

- Code of Conduct (Attached)
- Personal Go-Bag Packing List (Attached)
- Team Leader Supplies/Equipment (Attached)
- PRE-DEPLOYMENT: Situation Report from EOC
 - Point of Contact
 - Incident Requesting Agency Representative Name, Title, & Phone Number
 - Priority
 - Emergent or Routine
 - Incident Command Post Communication Method
 - Radio talkgroup and/or phone number(s)
 - Staging
 - Location
 - Ingress/Egress
 - Current Conditions
 - Incident Summary
 - Weather
 - Current Conditions
 - Assignment Expectations
 - Safety Brief
 - Emergency Procedures
 - Report team member illness/injury to Incident Liaison and EMS EOC
 - Establish a Strike Team/Taskforce Leader continuity plan, if needed
 - Uniform Expectations
 - Home agency duty wear
 - No shorts
 - AST issued shirt/vest
- PRE-DEPLOYMENT: Reporting to EMS EOC
 - Phone
 - Web/Virtual
 - Radio
- PRE-DEPLOYMENT: Route Planning (EOC will assist)
 - Communications – Radio/Phone during transit
 - Accountability – Periodic check-ins with team/roll call
 - Emergent vs Routine

- Scheduled Break Times/Locations
- Fueling
- Lodging
- IN TRANSIT: Point of Departure Management
 - Issuing Equipment to Operators
 - Just In Time Training of Equipment
 - POD Briefing/Deployment Expectations
- AT INCIDENT: Attending/Providing Briefings
 - Attend Operational Briefings
 - Understand/Review IAP and Work Functions
 - Disseminate Task, Location, and Objective to Operators
- AT INCIDENT: Work Assigned Function (no self-dispatching/freelancing)
- AT INCIDENT: Maintain Accountability
 - ICS 214 – Unit Activity Log (Completed per Operational Period)
 - Checking in with teams (Regular/Scheduled during work cycle)
- AT INCIDENT: Maintain Situational Awareness/Incident Conditions
- POST INCIDENT: Demobilization
 - Coordinate with Incident Demobilization Plan
 - Communicate with EMS EOC departure time, route, and estimated arrival time to home base
- POST INCIDENT: Documentation/After Action Review
 - Complete remaining documentation in a timely manner and submit to Incident Planning Section
 - Coordinate with EMS EOC to ensure completion of assignment obligations
 - Provide feedback and incident review where appropriate



Strike Team/Taskforce Operator Handbook

Minnesota Metro Region EMS System

Ambulance Strike Team/EMS Taskforce



November 2023

Metro Region EMS System Ambulance Strike Team

STRIKE TEAM/TASKFORCE OPERATOR Handbook

- Code of Conduct (Attached)
- Personal Go-Bag Packing List (Attached)
- PRE-DEPLOYMENT: Situation Report from EOC
 - Current Conditions
 - Incident Summary
 - Weather
 - Current Conditions
 - Assignment Expectations
 - Safety Brief
 - Uniform Expectations
 - Home agency duty wear
 - No shorts
 - AST issued shirt/vest
- PRE-DEPLOYMENT: Reporting to Leader
 - Point of Contact - Strike Team/Taskforce Leader Name & Phone Number
 - Phone
 - Radio
- PRE-DEPLOYMENT: Understand In Transit Expectations
 - Communications – Radio/Phone during transit
 - Accountability – Periodic check-ins with leader/roll call
 - Emergent vs Routine
 - Scheduled Break Times/Locations
 - Fueling
 - Lodging
- IN TRANSIT: Point of Departure (POD)
 - Reviewing Issued Equipment
 - Just In Time Training of Equipment
 - POD Briefing/Deployment Expectations
 - Emergency Procedures
 - Report team member illness/injury to Leader
- AT INCIDENT: Attending Briefings
 - Attend Work Cycle Briefings
 - Understand/Review IAP and Work Functions
- AT INCIDENT: Work Assigned Function (no self-dispatching/freelancing)

- AT INCIDENT: Maintain Accountability
 - ICS 214 – Unit Activity Log (Completed per Operational Period)
 - Checking in with leader (Regular/Scheduled during work cycle)
- AT INCIDENT: Maintain Situational Awareness/Incident Conditions
- POST INCIDENT: Demobilization
 - Coordinate with Incident Demobilization Plan
 - Strike Team demobilizes as a team, travels back together
- POST INCIDENT: Documentation/After Action Review
 - Complete remaining documentation in a timely manner and submit to Strike Team/Taskforce Leader or EMS EOC
 - Provide feedback and incident review where appropriate

Personal Supplies and Equipment

“GO BAG LIST”

- ☐ Cell Phone and charger (personal)
- ☐ Cash minimum \$100/per week per person (Credit Cards may not always work)
- ☐ Potable water one gallon per person
- ☐ 1 qt Drinking container: camel back or Nalgene bottle w/ insulation recommended.
- ☐ Mess Kit
- ☐ 1 MRE
- ☐ Snacks
- ☐ Books, cards, etc.
- ☐ Sunscreen/Bug repellent (consider mosquito netting)
- ☐ Sunglasses
- ☐ Spare prescription glasses
- ☐ Personal medications: recommend aspirin, ibuprofen, Benadryl, and Imodium.
- ☐ Copy of Prescription Medications
- ☐ Credentials, Driver's License, picture ID
- ☐ Hat
- ☐ Flashlight, headlamp & spare batteries (rechargeable) and a charger
- ☐ Team Uniform (2 pants, 3 shirts) **Note: Place in Ziploc bags.**
- ☐ T-shirts, underwear (1 pair/each day of deployment) **Note: Place in Ziploc bags.**
- ☐ Work boots (**OSHA** approved recommended).
- ☐ Pillow & Sleeping bag/pad
- ☐ Off time clothing
- ☐ Weather Appropriate Clothing: gloves, boots, hat, long underwear, extra sweater, jacket, rain gear
- ☐ Large Zip lock bags
- ☐ Toilet Paper
- ☐ **Survival Kit** to include: compass, “pencil flares”, water purification, glow sticks, strobe light, signal mirror, waterproof matches, wire, nylon cord, candles, energy gel, space blanket
- ☐ Leatherman type tool
- ☐ Personal hygiene items
- ☐ Washcloth & towel
- ☐ Shower sandals
- ☐ **Recommend Living Will**