



# CHARLOTTESVILLE - ALBEMARLE RESCUE SQUAD

## STANDARD OPERATING GUIDELINE



<b>TOPIC: Incident Command System (ICS)</b>	<b>S.O.P. # 3.1</b>
Approved by: Lair D. Haugh, Chief	Revised: 2/9/2003 Approved:

### I. PURPOSE

- a. To establish a standardized framework and set of procedures designed to facilitate the effective mitigation of incidents.
- b. To improve communications, efficiency, and scene control using the framework and principles of the incident command system.

### II. INCIDENT PRIORITIES

- a. Life Safety
  - i. Responding providers
    1. Appropriate PPE for the incident
    2. Accountability for all providers throughout the incident
  - ii. Bystanders
  - iii. Patients
- b. Incident Stabilization
  - i. Prevent incident from escalating and/or expanding in terms of:
    1. Number of victims
    2. Danger to providers and the general public
    3. Physical size of the incident
- c. Property Conservation
  - i. Prevent further damage to public property
  - ii. Prevent damage to equipment and/or apparatus

### III. POLICY

- a. All members will operate under these procedures at all incidents.

### IV. PROCEDURES

- a. The first CARS member arriving on the scene shall be in command until relieved by a senior member or until the incident has been terminated.
- b. Off-duty personnel will relinquish command to the on-duty crew arriving and transfer command as set forth below, unless requested to remain in command by the on-duty crew.
- c. Command will transmit a brief radio report to ECC describing the situation found and number of victims where appropriate.
  - i. Situations where an on-scene report is appropriate include:
    1. Motor vehicle accidents involving more than two vehicles
    2. Motor vehicle accidents with reported entrapment
    3. Motor vehicle accidents that are more severe or more expansive than initially reported
    4. Any incident with a high probability of multiple patients
      - a. Motor vehicle accidents involving busses

- b. Train wrecks
    - c. Plane wrecks
  - ii. The report shall follow the format of:
    1. Who is being called (ECC)
    2. Who is calling (Your identifier)
    3. What you are doing (i.e. Arriving on scene)
    4. What you see (A brief description of the scene)
    5. For example: *"ECC, Trauma 142 on-scene, two vehicle accident, one vehicle on its side."*
  - iii. An initial report is usually unwarranted in the case of routine medical calls and standard motor vehicle accidents.
- d. The formal establishment of command by the first-in crew shall be left to the discretion of that crew. If the crew member has received sufficient ICS training and is comfortable in its use, they have the option of doing to.
  - i. An example of this radio traffic would be: *"ECC, Trauma 142 on-scene, two vehicle accident, one vehicle on its side. Portable 142 will have Seminole Trail command."*
  - ii. If a member chooses to establish an official "command," that member is in charge of scene operations until relieved by a squad operator or Duty Officer.
  - iii. If the first-in crew chooses not establish formal "command" of the incident upon arrival, it shall fall to the first in squad operator or Duty Officer to do so.
  - iv. All radio traffic will be made using the "command" identifier when there are multiple companies operating on scene.
    1. An example of this radio traffic would be: *"Seminole Trail command to Trauma 145; Upon your arrival, pull past Engine 85." or "Interstate 64 command to ECC; We have positive entrapment in two vehicles and a total of three patients. Start a heavy squad and second ambulance."*
- e. Command
  - i. Command is responsible for the following tasks:
    1. Assume an effective, visible command post. (if possible)
    2. Rapidly evaluate the incident (size-up).
      - a. Request additional resources if necessary.
    3. Initiate, maintain and control the communications process.
      - a. Provide staging instructions to incoming apparatus
    4. Develop a plan for dealing with the incident.
      - a. Provide assignments to incoming crews
    5. Develop an organizational structure to deal with the incident.
      - a. Triage Officer/Sector
      - b. Treatment Officer/Sector
      - c. Staging Officer
      - d. Transport Officer/Sector
    6. Provide on-going reports to ECC. and MedCom as necessary
    7. Review and evaluate efforts, and revise the incident plan as needed.
    8. Provide for the continuity, transfer and termination of command.
    9. Coordinate decommitment and termination.
    10. Complete full documentation of the incident.
  - ii. Transfer of command.
    1. Officers on scene may, but are not required to, assume command.
    2. Command shall not be passed to anyone not on the scene.
    3. The current incident commander shall brief the person assuming command, preferably face-to-face indicating at least the following:

- a. Incident conditions (location, number and priority of patient's, etc.)
    - b. Incident action plan.
    - c. Progress towards completion of the incident action plan.
    - d. Safety considerations.
    - e. Deployment and assignment of operating crews.
    - f. Appraisal of need for additional resources.
  - iii. All multi-unit incidents will be identified for radio communications by the name of the street, building or other feature unique to the incident.
    - 1. For example: *Rugby Road command; I-64 command; New hospital command.*
- f. Radio channels
  - i. Single unit operation will be on the main dispatch channel.
  - ii. Multi-unit operations of short duration should conduct operations on the main dispatch channel.
  - iii. If the incident will be of extended duration or require a significant amount of radio traffic (technical rescues, incidents requiring setting up a LZ for the helicopter, etc.) all radio traffic for the incident should be moved to a TAC channel.
    - 1. TAC 2 shall be the default choice for operations possibly involving units from WARS.
    - 2. TAC 3/5 shall be the default choice for operations possibly involving units from SVRS or outside counties.
    - 3. TAC 4 shall be the default choice for operations of extended duration or technical rescue incidents.
- g. Sectors
  - i. Command shall be responsible for the tasks of the following sectors unless and until personnel are assigned as sector officers:
    - 1. Staging
    - 2. Safety
    - 3. Triage
    - 4. Treatment
    - 5. Transportation
    - 6. Extrication
    - 7. Operations
    - 8. Air Operations (LZ)
    - 9. Public Information
    - 10. Logistics
    - 11. Morgue
  - ii. Sector Officer responsibilities. Each sector officer will be responsible for and in control of all assigned functions within their sector. This requires each Sector Officer to:
    - 1. Complete objectives assigned by Command.
    - 2. Account for all assigned personnel.
    - 3. Ensure that operations are conducted safely.
    - 4. Monitor work progress.
    - 5. Redirect activities as necessary.
    - 6. Coordinate actions with related activities and adjacent sectors.
    - 7. Monitor welfare of assigned personnel.
    - 8. Request additional resources as needed.
    - 9. Provide command with essential and frequent progress reports.
    - 10. Reallocate resources within the sector.

- iii. Command must be advised immediately of significant change, particularly those involving the ability or inability to complete an objective, hazardous conditions, accidents, structural collapse, etc.