Basics of Incident Command

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- **Always plan en route to the scene when possible**
  - Based on dispatch info start to mentally prepare → will the incident command system (ICS) need to be employed?
    - Remember ICS works for ALL scenes, large and small → simply tailor it to the scenario with which you are presented

- **Upon arrival at scene employ ICS if required, based on scenario**

  - Appoint an initial EMS Incident Commander
    - The EMS IC is **NOT** to be involved with patient care, he or she oversees the entire incident and must view the whole scene from afar and be able to think and plan ahead
    - The IC must not become involved in the operations of each of the sectors – DO NOT micromanage the scene → allow each sector to run independently and report back periodically
    - At smaller scenes, the IC may also direct ambulance staging and transport of patients, if it is determined that separate staging/transport sectors are not needed

  - Appoint an EMS Triage Officer
    - Do not start treating the patients, except for acute threats to life (open airways, control major bleeding etc.)
    - Triage each patient and assign triage level (red, yellow, green, black) using tags, markers, colored tape, etc.
    - Once all patients have been triaged then the Triage Officer may redeploy his or her sector to assist with patient treatment
    - BLS providers are ideal for this role

  - Appoint an EMS Treatment Officer
    - Ensure that the most serious patients (as identified by the triage sector) are treated first, and that resources are directed first to the most serious patients
    - The treatment sector is NOT to transport patients

        - Patients are to be given the appropriate treatment and care transferred to the arriving mutual aid ambulances as dictated by the transport sector (or EMS IC on smaller scenes)
        - ALS providers should fill this role if available

    - Set up further areas as appropriate:
        - Triage/Treatment (typically unified at small scenes, separated for large scenes)
        - Staging/Transport (typically unified at small scenes or even directed by the EMS IC, separated for large scenes)
            - Staging sector ensures that the ambulances arriving at the scene are in a location with easy access and exit from the scene → Drivers of mutual aid ambulances are to stay with their rigs when at all possible
            - Staging also sends crews to assist with patient treatment and transport as directed by treatment sector
            - The transport sector coordinates with the treatment sector to ensure that the most serious patients are transported first from the scene
            - The transport sector also coordinates with local hospitals to ensure that they are aware of how many patients need treatment and the bed availability of each hospital
            - The treatment sector transfers care to arriving ambulances as directed by the staging/transport sector
        - Other sectors/officers as required (safety officer, press/media relations, etc.)
            - In an active shooter or tactical scenario consider an evacuation sector to help get the victims to a safer area (casualty collection point)
            - Casualty collection point can be substituted for the treatment area in tactical, active shooter, and other dynamic scenarios

- **Important first steps for an EMS IC**
    - Typically, the first responding ambulance into the scene is OUT OF SERVICE for transports. The first ambulance to the scene is to be the EMS Command Post, and is to be stripped of its gear to assist with treatment of the patients.
        - In the event that a flycar is used as a command post vehicle, then the first ambulance into the scene may be used to transport, depending on the scenario

        - If a patient's condition is deemed critical and waiting for a mutual aid ambulance is not possible, the first ambulance into the scene may be used to transport → HOWEVER DO NOT ALLOW THIS TO CAUSE A BREAKDOWN IN THE ICS – be sure your command structure remains on scene even if the ambulance does not.
- Make it VERY CLEAR that you are establishing command i.e. "Dispatch this is Medic 10. Be advised Medic 10 will be establishing EMS Command and will not be available for transporting patients"
    - Once establishing command, change identifier to your location i.e. "Giant Mall Command" or to your service i.e. "Universal Ambulance Command"
    - Each sector also takes on its own unique identifier i.e. "Treatment sector", "Triage Sector", etc.
    - Identify sector commanders and the EMS IC by vests as appropriate. Identify the EMS Command Vehicle with a rotating green light as appropriate.
- Ensure that sufficient resources are responding to the scene. This is CRITICAL in the early moments as an IC. Always err on the side of too many resources responding → you can always cancel units, and you do not want to start playing "catch up" while deep into an incident
    - Each critical patient = One ALS Unit Responding
    - Each 1-2 non-critical patients = One BLS Unit Responding
    - Do not micromanage which agencies respond. Simply ask for the number of ambulances you need (specify BLS or ALS) – Allow the dispatcher to assign the appropriate resources at your request.

- **ESTABLISH UNIFIED COMMAND ASAP**
    - This is a MUST to ensure the scene runs smoothly
    - The Fire IC is often the overall incident commander for a non-law enforcement event
        - As EMS IC you oversee all patient care decisions
    - Unified command = **face to face** meeting with (and standing next to) Fire IC to ensure that resources are used and requested appropriately (in large scenes or law enforcement events, police IC should also be included)
    - When at all possible switch all operations to the same radio frequency
        - Attempt to use dedicated frequency for the incident when possible
- Plan ahead!!!

        - Work with staging sector to ensure ambulances responding mutual aid take the most direct route to the scene and are parked ready to leave the scene without delay
        - Work with treatment and triage sectors, advise them of units responding, ensure they have adequate support/resources
        - Work with transport sector to ensure local hospitals get patient status/updates ASAP so the hospitals can plan accordingly

    - **DO NOT TRY TO MICROMANAGE YOUR SECTORS**
        - Each sector commander should oversee at most 5-7 people
        - Sector commanders may appoint assistants as appropriate

- **Be sure to do the job assigned to you**
    - DO NOT go off and do your own thing
    - Respect the command system, and follow command decisions, unless you feel them to be life threatening, then talk to sector assistants and the sector commanders (and IC) as appropriate

After the incident is over

- Remember, being the IC is a hard job
    - People will play “Monday Morning Quarterback”
    - Debriefing after the incident is a valuable tool
    - This should be used as a learning process, not to assign blame
        - Constructive criticism helps everyone learn, destructive criticism causes people to become angry and defensive, and should ALWAYS BE AVOIDED
    - It is always possible to improve, think about what would work better next time
- Relax, as long as all the patients were appropriately triaged, treated, and transported without unnecessary delays, you did your job!