

	 New York State Department of Health Bureau of Emergency Medical Services  <b>POLICY STATEMENT</b> <i>Supersedes/Updates: 98-05</i>	<b>No. 01 - 02</b> <b>Date: 06/29/01</b> <b>Re: EMS use of the Incident Command System.</b> <b>Page 1 of 5</b>
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**Introduction:**

Governor’s Executive Order Number 26, issued on March 5, 1996, established the Incident Command System (ICS). It states that ICS shall be used in New York State,

*“as the standard command and control system during emergency operations.”*

ICS is the model tool for *command, control, and coordination* of a response. It provides a means to coordinate the efforts of individual agencies as they work toward the common goal of stabilizing the incident and protecting life, property, and the environment. ICS uses principles that have been proven to improve efficiency and effectiveness in a business setting and applies the principles to emergency response.

**ICS Overview:**

ICS was developed in the 1970s in response to a series of major wild-land fires in southern California. At that time, municipal, county, State, and Federal fire authorities collaborated to form the Firefighting Resources of California Organized for Potential Emergencies (FIRESCOPE). Although originally developed in response to wildfires, ICS has evolved into an all-risk system that is appropriate for all types of fire and non-fire emergencies.

Many incidents, whether major accidents (such as Haz Mat spills), minor incidents (such as house fires and utility outages), or disasters (such as tornadoes, hurricanes, and earthquakes), require a response from a number of different agencies. Regardless of the size of the incident or the number of agencies involved in the response, all incidents require a coordinated effort to ensure an effective response and the efficient, safe use of resources. In Hazardous Materials incidents the use of the ICS is required by Federal Labor Law.

The ICS organization is built around five major components:

- ◆ Command
- ◆ Operations
- ◆ Finance/Administration
- ◆ Planning
- ◆ Logistics

These five major components are the foundation of the ICS. In small-scale incidents, all of the components may be managed by one person, the *Incident Commander*. Large-scale incidents usually require that each component, or *section*, be set up separately. Each of the primary ICS sections may be divided into smaller functions as needed.

### **INCIDENT COMMAND:**

The ICS organization has the capability to expand or contract to meet the needs of the incident, but **all incidents, regardless of size or complexity, will have an Incident Commander**. A basic ICS operating guideline is that the Incident Commander is responsible for on-scene management. The person who initially assumes the command of an incident retains it until command authority is transferred to another person, who then becomes the Incident Commander.

As New York is a “Home Rule State” there are numerous New York State, County and Local Statutes that define the roles and responsibilities of Law Enforcement, Fire Service Personnel, County Emergency Management Personnel, as well as State, County and Local Government Officials. It is to the service’s advantage to find out who is responsible for what in your service’s location prior to an event occurring.

Based on the ICS system and the scope of the incident, EMS providers may be assigned or responsible for any number of roles. These roles may range from incident commander on a strictly medical situation to that of an operational or support unit member in a large multiple agency response to a major incident.

### **OPERATIONS:**

Patient care is the primary operational function of EMS personnel. It is the responsibility of those certified EMS providers who are employees/members of Basic Life Support First Response (BLS FR) agencies, certified ALS First Response (ALS FR) and Ambulance Services to provide care in accordance with all established standards and protocols.

Individuals who are not functioning as part of an EMS systems have no patient care responsibility. Such a duty to act only arises from participation with an agency having jurisdiction.

### **REMAC Responsibility:**

The Regional Medical Emergency Medical Advisory Committee (REMAC) has the statutory authority for the development of prehospital policies, procedures, triage, treatment and transportation protocols. These protocols should address concerns when multiple EMS providers, of various levels of certification, from one or more agencies are operating at the same scene. The protocols developed by the REMAC should also include

a provision regarding the transfer of patient care from one prehospital care provider or agency to another when needed. In addition the protocols should include a method for requesting additional and/or specialized resources and the coordination of these resources.

### **Access To Patients:**

There are situations where circumstances may delay contact by EMS providers to the patient. This may occur when a patient must be dis-entangled from an automobile crash, extricated from a confined space or when the patient's placement in an environment that causes an immediate danger to life and health (IDLH) requires Self Contained Breathing Apparatus for access such as a hazardous materials incident.

These situations require the use of specialized tools, equipment and personnel to bring the patient to the EMS providers. In these situations the EMS personnel should serve as advisers to the incident commander or operational staff who have the expertise and equipment to approach the patient safely. This should occur while EMS providers remain at a safe location, waiting for the patient to be brought to them.

EMS providers must be cognizant of the fact that they can provide no benefit to patients if they become victims themselves.

### **Other Roles of EMS providers:**

EMS providers may also be requested to participate in emergency operations that do not directly involve an injury or illness. These involve providing EMS support to responder monitoring or rehabilitation efforts at incidents such as a release of a hazardous material. In these situations the command structure calls for EMS to support the operational mission of the responders. In such incidents EMS command becomes subordinate to the operations officer of the Incident Command System.

### **PRE-INCIDENT PLANNING:**

Prior to the need to implement the Incident Command System all EMS agencies should prepare a written plan outlining their agency's operating guidelines including (but not limited to):

- When the ICS plan should be implemented.
- Who in the agency may implement the ICS plan.
- Transition of command.
- Medical control notification.
- Personnel accountability system.
- Roles and responsibilities for all responders.
- Notification that the plan has been implemented.
- Releasing information to the media.
- Communications procedures.

- Written agreements with other agencies that will function as part of the agency's ICS plan. These should include;
  - Other EMS agencies;
  - Fire service agencies;
  - Law enforcement agencies;
  - Disaster response agencies;
  - Transportation providers;
  - Any government agencies affected i.e. dispatch centers, public health depts.; and
  - Receiving hospitals.

Any plan developed should include a provision for incidents the agency has been brought into as a support agency or as part of another agency's ICS Plan.

### **FINANCE AND ADMINISTRATION:**

As part of the planning process the aspect of financing and administration can be reviewed. This includes the issue of the costs associated with an incident and how these costs will be covered.

An agency that is called to stand by or provide rehabilitative services at an incident may incur expenses that it wishes to have reimbursed. Having an arrangement about such issues prior to an event may eliminate problems at or after an incident.

There is also the possibility that funds may be available for agency reimbursement from various government entities depending on the scope and magnitude of the incident and if a disaster declaration is made. Services should investigate funding sources when they are involved in a large scale response; including documentation required to support such reimbursement.

### **LOGISTICS:**

As part of the logistics of a large incident EMS agencies should give consideration to several areas. These include, but are not limited to:

- Communications capabilities with other responding agencies;
- Access to the stockpiles of supplies and equipment needed in an emergency;
- Availability to contact members/employees and advise them additional human resources are needed;
- Personnel accountability;
- Equipment tracking; and
- Availability of Personnel Protective Equipment (PPE) for responding employees/members.

### **Statutory Requirements:**

In addition to the requirement set forth by Executive Order #26 requiring use of the Incident Command System, 10 NYCRR Part 800.21 requires ambulance services to have and enforce policies on:

- Mutual aid;
- A response plan for Hazardous Materials Incidents; and
- A response plan for Multiple Casualty Incidents

Each of these policies should address the agency's use of the Incident Command System.

**Training:**

Upon implementation of a plan, an agency should conduct exercises using the plan to both educate members/employees and determine its effectiveness. These exercises may include participation in incident drills conducted by local hospitals, participation with other local emergency service agencies conducting exercises or an independent exercise within the agency. It is recommended that the agency conduct these exercises utilizing the plan as needed to assure all personnel are familiar with the plan and to assure those who may have a specific duty within the plan are aware of their roles and responsibilities.

Training in the Incident Command System can be obtained by contacting:

**The Federal Emergency Management Agency**  
National Emergency Training Center  
16825 South Seton Avenue  
Emmitsburg, MD 21727

*[www.fema.gov](http://www.fema.gov)*

A CD-ROM based ICS Self study course is available free from FEMA at:  
[http://www.usfa.fema.gov/nfa/tr\\_ertss4.htm](http://www.usfa.fema.gov/nfa/tr_ertss4.htm)

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