

**OKALOOSA COUNTY  
EMERGENCY MEDICAL SERVICES  
STANDARD OPERATING PROCEDURE**

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**Title:** Medical Incident Command  
**Policy:** 429.00  
**Purpose:** This standard operating procedure (SOP) identifies the procedure to be employed when establishing EMS Command. It also designates responsibility for the command function and its associated duties to one individual at any time during the incident. The effective functioning of EMS units and personnel at operating incidents requires clear decisive action on the part of the EMS Commander.

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**Policy:**

The first arriving EMS paramedic is responsible for establishing the EMS Command function until such time the identity of the on scene EMS Command changes, by transfer. When assuming command, the paramedic should don an EMS Command vest, if available, to assure they are clearly identifiable. The person assuming EMS Command is not assuming responsibility for the entire incident (incident commander), but only the medical sector command functions. The on scene EMS Command reports to the incident commander or his designee for unified command.

Personnel should formally assume EMS Command in the following situations:

1. Vehicle crashes with three or more cars
2. Any incident with five or more patients (multiple casualty incidents)
3. Multiple ambulance response to an incident
4. Watercraft emergencies
5. Any fire ground operation
6. Hazardous-materials emergencies
7. Aircraft emergencies

START triage will be performed on all EMS trauma incidents. Training for the assumption of EMS Command will be accomplished through monthly scenarios for EMS line units and each time a member of command staff responds to and arrives on scene of an EMS incident.

Other situations deemed necessary by the initial on scene paramedic's assessment of the incident. Examples being: Vehicle crashes with extrication, calls in which helicopter transport is requested, or multiple resources are required.

Once on scene, and it is ascertained that multiple units are necessary, the on-scene paramedic or the EMS command staff shall assume command and transfer all radio traffic relating to Tac 1 for operations. EMS primary should be utilized only by on scene personnel operating in the command function. All units should announce their arrival on scene and their intention to change frequencies to EMS communications before the change is made.

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COMMAND RESPONSIBILITY:**

Command Procedures are designated to accomplish the following:

1. Assign the responsibility for managing the incident on a certain individual through a standard identification system depending on the arrival sequence of members, companies and officers.
2. Insure that strong, direct and visible EMS Command will be established as early as possible in the operation.
3. Establish an effective framework outlining the activities and responsibilities assigned to the EMS Command.
4. Provide a system for the orderly transfer of EMS Command to subsequent arriving officers.

Command is responsible for the following objectives:

1. Access and triage all patients
2. Establish treatment sectors.
3. Transport and properly track all patients.
4. Establish early notification of hospitals.
5. Scene safety (When first on scene and no other commander is present).

EMS Command is responsible for the following functions as required by the circumstances of the situation:

1. Assume and confirm Command and take an effective position.
2. Rapidly evaluate the situation (scene size up).
3. Initiate, maintain and control the communications process.
4. Identify the overall strategy, develop a plan and assign units.
5. Develop effective scene organization.
6. Provide continuing EMS Command within the framework of standard operating procedures.
7. Coordinate the transfer of Command, as required.
8. Request and assign additional resources, as required.
9. Return units to service and terminate Command.

All of these functions are responsibilities of Command, whether or not command is transferred from one individual to another. The first five (5) functions must be addressed immediately from the initial assumption of EMS Command.

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ESTABLISHING COMMAND:**

The first EMS unit to arrive on scene SHALL assume EMS Command and remain in Command until relieved by a ranking officer or until the incident is terminated.

**INITIAL REPORT:**

1. The person assuming EMS Command shall transmit a brief initial radio report including:
  - a. Unit identification on the scene
  - b. Description of the scene and size up
  - c. Obvious conditions and safety concerns dealing with life hazards.
  - d. Initial actions to be taken.
  - e. Confirming assumption of Command.
2. The Initial Report procedure should be instituted for all incidents.

**RADIO DESIGNATION:**

The Radio designation "EMS Command" will be used with a brief description of the incident location, (i.e.: "7th Avenue EMS Command" or "McDonalds EMS Command"). This designation will not change throughout the duration of the incident. The EMS Commander will not use their unit number when communicating.

**COMMAND OPTIONS:**

1. In cases when the initial arriving officer is a Command Officer, tasks should automatically be directed towards establishing contact with the Command Post and fulfilling the listed Command functions.
2. Contact with the Command Post and establishing EMS Command in a vehicle equipped for this purpose is a priority at all working incidents. The location of Command in a vehicle, which provides appropriate workspace, lighting, communications equipment, reference items and limited isolation from distractions will make Command more effective.

**ASSUMING COMMAND:**

1. When a line paramedic initially assumes EMS command, that paramedic must decide on an appropriate commitment for their unit. This will generally fall into one of the general categories listed below.
  - a. On Scene Units Can Handle: No other resources are required.
  - b. Additional Resources Are Necessary: Identify the number and type of additional resources and be prepared to activate the EMS MCI protocol.
2. The initial arriving paramedic must establish command and operate within the structure of the crew. The paramedic must maintain the command function via the portable radios. The person operating in the command role should be the only person communicating with the communication center and with the area medical centers.

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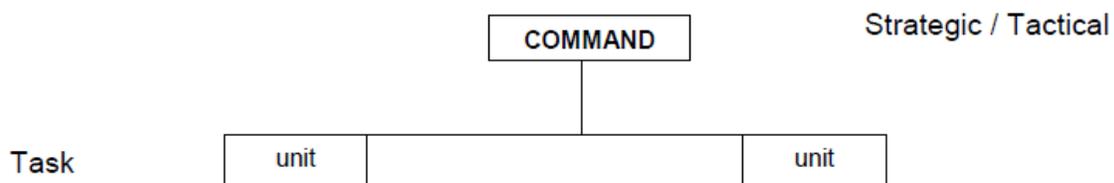
- a. The paramedic assuming command may assign his/her partner to another unit's crew, to work under supervision of the paramedic of that crew. In such cases, the command paramedic must communicate with the arriving paramedic and indicate the assignment-of those personnel.
3. The paramedic assuming Command has a choice of modes and degrees of personal involvement in the incident but continues to be fully responsible for the identified tasks assigned to the EMS Command function. In all cases, the initiative and judgment of the paramedic are of great importance. The modes identified are not strict rules, but general guidelines to assist the paramedic in planning appropriate actions.

**TRANSFER OF COMMAND:**

1. The first EMS unit to arrive on the scene shall assume and retain EMS Command until relieved by an EMS officer within the following guidelines:
  - a. The paramedic on the first arriving unit will automatically assume EMS Command except as noted below.
  - b. The first arriving Medical Commander, will automatically assume Command, after transfer of command procedures have been completed.
  - c. In cases of complex tactical situations that have not been declared under control, the Medical Commander will automatically assume Command, after transfer of Command procedures have been completed. Assumption of Command in other situations is discretionary.
  - d. Assumption of Command is discretionary for the Public Safety Director and the EMS Chief.
2. Within the chain of command indicated above, the actual transfer of command will be regulated by the following procedures:
  - a. The officer assuming EMS Command will communicate with the person being relieved face-to-face upon arrival.
  - b. The person being relieved will brief the medical commander assuming Command and indicate the following:
    - i. General situation status:
      1. Extent of and factors affecting incident.
      2. Effectiveness of efforts thus far.
      3. Safety considerations.
    - ii. Deployment and assignments of on scene operating units
    - iii. Appraisal of needs for additional resources at that time.
  - c. The person being relieved should review the command work sheet with the Medical Command Officer. This sheet provides the most effective framework for Command transfer as it outlines the location and status of resources in a standard form that should be well known to all members.

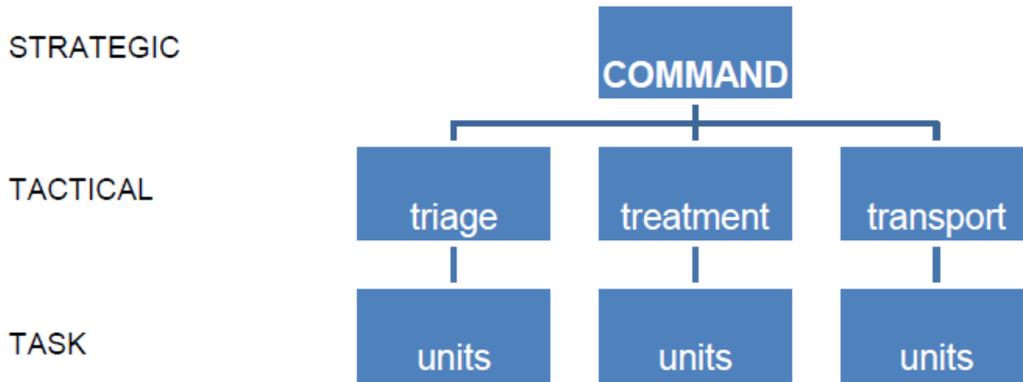
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COMMAND PROCEDURES:**

1. The basic configuration of a Command structure includes three (3) levels:
  - a. **Strategic Level** - Overall incident Command.
  - b. **Tactical Level** - Direction of sectors and functions.
  - c. **Task Level** – Unit activities.
2. The **Strategic Level** involves the overall Command of the incident and includes establishing major objectives, setting priorities, allocating resources, predicting outcomes, determining the appropriate mode of operations and assigning specific objectives to Tactical Level Units.
3. The **Tactical Level** includes intermediate level officers directing activities oward specific objectives. Tactical Level officers include sector officers, in charge of grouped resources operating in assigned Areas or providing al functions at the scene of an incident. The accumulated achievement of tactical objectives should accomplish strategic level objectives.
4. The **Task Level** refers to those activities normally accomplished by individual units or specific personnel. Task Level activities are routinely supervised by paramedics. The accumulated achievement of Task Level activities should accomplish tactical objectives.
5. The most basic structure for a routine incident involving a small number of units involves only two (2) levels. The role of Command combines the strategic and tactical levels. Units report directly to Command and operate at the task level as shown here.

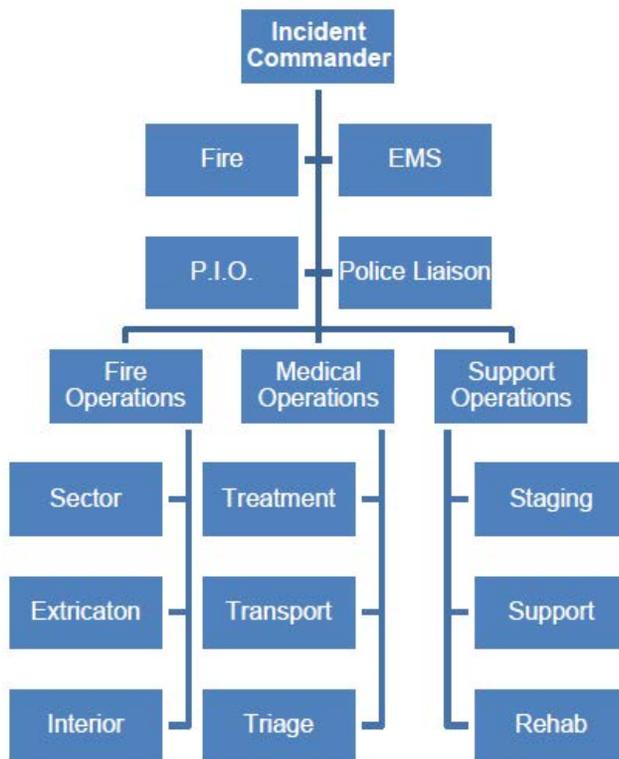


6. In more complex situations, Command should group companies to work in sectors. The sector officers operate at the tactical level, directing the work of several companies or performing specialized functions as requested by Command. Command continues to operate at the strategic level, determining and directing the overall strategy to deal with the incident.

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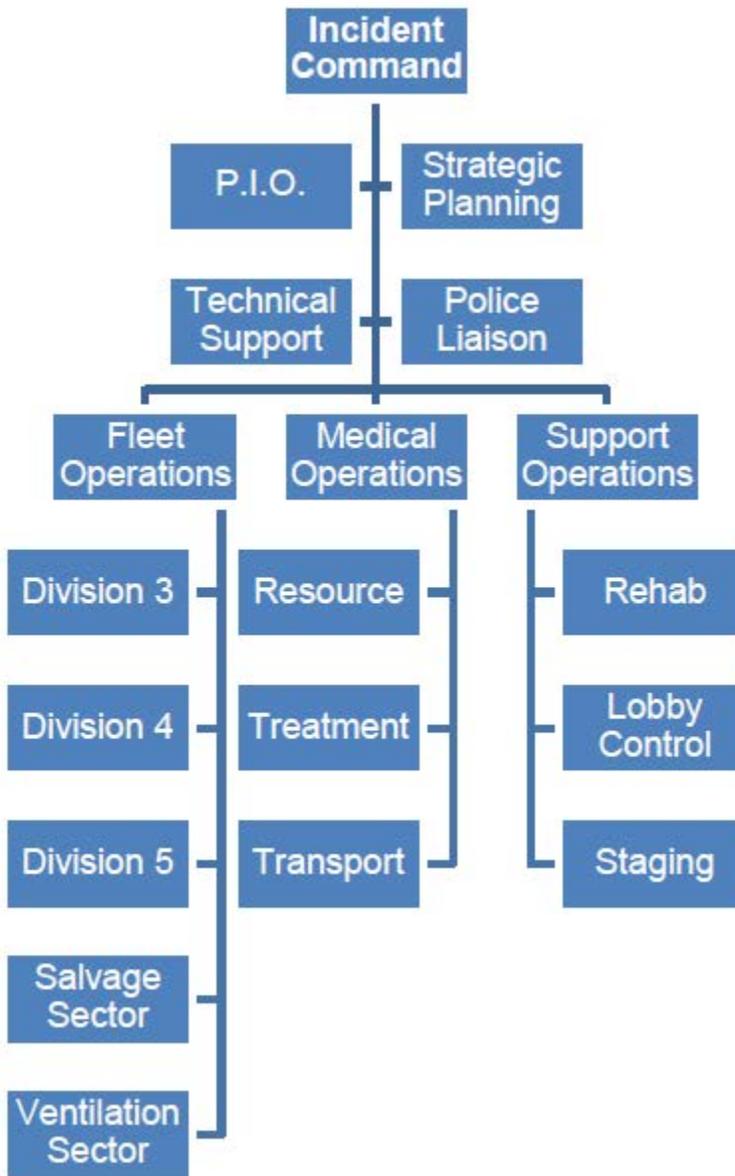


**MASS CASUALTY:**



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HIGH-RISE FIRE:



**Accountability and Compliance:**

It is the responsibility of all Emergency Medical Services personnel to read, understand and be able to perform under the guidance of this procedure at all times.

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 Author: Bailey  
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