

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

APPENDIX C1: EMS Resources

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Purpose

The purpose of the EMS Resources Plan is to provide a framework for NCOEMS personnel to activate, deploy, manage, and demobilize EMS resources when necessary. This appendix focuses on the management processes for all EMS resources that may be available for deployment during emergencies or disasters.

Scope

This appendix covers the roles and responsibilities for EMS resources that may be utilized during an event or incident, to include Ambulances, Ambulance Buses, Air Ambulances, Single Response Units, EMS Personnel, and operational/logistical support vehicles. Through coordination with the Healthcare Coalitions (HCCs), and in partnership with local agencies, NCOEMS maintains plans, equipment, and training focused on the efficient and effective delivery of EMS resources in response to requests for resources.

Planning Assumptions

- EMS resources deployed under this plan are considered state-level resources and must meet all requirements outlined in this plan and as directed by NCOEMS.
- EMS resources deployed under this plan may be utilized in various arrangements as appropriate to the situation and resource availability. General EMS resource configurations that may be deployed under this plan include:
 - Ambulance(s) (ALS/BLS/Specialty Care)
 - Ambulance Bus(es)
 - Ambulance Strike Teams (typically 5 ground ambulances)
 - Ambulance Task Forces (combination of ambulances and ambulance buses)
 - Air Ambulances
 - Single Response Vehicles
 - Alternative Transportation (Wheelchair Vans, Paratransit Vans, Public/Private Transportation etc.)
- Initial request for EMS resources should occur at the local level through county-to-county mutual aid. County-to-county mutual aid is not part of the State Medical Response System and while NCOEMS may be involved in the coordination, this plan does not cover the specific details of county-to-county mutual aid.
- Anticipated vs. Unanticipated Incidents
EMS resources may be requested due to anticipated (24-hours advanced warning) or unanticipated incidents (less than 24-hours advanced warning). The fulfillment of EMS Resource requests is not a quick process and is likely to be limited or unavailable during initial response to unanticipated incidents. County-to-county mutual aid is the best initial option during unanticipated incidents.

- The deployment, logistical support, communication protocols, and demobilization of EMS resources will:
 - Adhere to basic National Incident Management System (NIMS) principles and concepts including those under the Incident Command System (ICS)
 - Utilize processes and practices established by NCOEMS, HCCs, and local EMS partners for operations within the State Medical Response System (SMRS). More details can be found in [TAB C1A: Minimum Requirements for NC SMRS EMS Participation](#).
 - Be accomplished under an authorized ESF8 mission request. Resources will not self-dispatch to the scene of the event or incident

EMS Resource Assets

All vehicles deployed should be appropriately licensed and permitted based on the vehicle type. The vehicles should be in good running order and stocked appropriately. Licensed EMS vehicles should meet the standards outlined in [NCOEMS Rule in 10A NCAC 13P](#).

Logistics Trailers or Support Vehicles: All logistics trailers and support vehicles will be maintained in good condition and supplied per the recommended standards under [TAB C1C: Recommended Standard Equipment and Supplies](#). Equipment and supplies on the trailer/vehicle will be maintained in good, usable condition. EMS agencies which maintain Ambulance Strike Team Logistics Trailers should coordinate with their regional HCCs to evaluate and develop plans to resolve any shortcomings in equipment or supplies which may affect their ability to respond.

For information on the EMS resources for out of state deployments Refer to: [TAB C1B: Emergency Management Assistance Compact \(EMAC\) Deployment of EMS Resources](#).

Concept of Operations

Activation

Activation of this plan may be initiated at any time with the approval of the ESF8 Lead. Initiation may be in response to a local request for EMS resources to fulfill a single, finite need, or in conjunction with a larger activation of the SERT where the NCOEMS Emergency Operations Plan has already been activated to fulfill several, varied needs statewide. NCOEMS will assess the demand for EMS resources through local requests for EMS resources placed in NC SPARTA, patient movement planning forms, and/or based on the expected magnitude of the incident. NCOEMS will work with requesting entities to determine resource configurations and, in situations where there are not enough resources to fulfill all requests, develop methods for the equitable distribution of scarce resources.

EMS Resource Availability:

- NCOEMS will provide the information on the requested need to the regional Healthcare Coalitions (HCCs) to begin polling local agencies for available resources.
 - The HCC region that initiates the EMS Resources Request will reach out to their region to assess availability of resources. Based on the response received from the region and the scale of the incident, the request for support may include multiple regions or be statewide.

- HCCs may be requested to poll their regions multiple times throughout the duration of the request to determine additional availability.
- If an incident has statewide impact, a centralized coordinator should be used to receive all EMS Resource availability details and provide activation details direct to agencies available to respond.
- NCOEMS staff may support the HCCs by reaching out to EMS agencies across the state to help garner additional resources.
- If unable to meet the requested need, NCOEMS should discuss activation of the state EMS Resource Contract through NCEM. Considerations for this contract include funding source, time constraints, circumstances around resource request etc. Part of the request to NCEM for activation of this contract should include detailed information on the number of resources needed, timeframe of need, and a scope of work for the contract.
- Additional options that would be available during a State of Emergency declaration for North Carolina includes:
 - Emergency Management Assistance Compact
 - Should consider if temporary credentials/permits are necessary.
 - National Medical Transport and Support Services (NMTS) Contract which is maintained by FEMA. The coordination for the request and associated scope of work must flow through the HHS Administration of Strategic Preparedness & Response Regional Emergency Coordinator (ASPR REC). Documents needed include:
 - Requires signed annual reciprocity agreement
 - Medical Direction/Scope of Practice Waiver
 - Resource Request Form through NCEM to FEMA with outlined Scope of Work
- When requesting EMAC or Federal ambulance support, consider the development of a standardized resources support survey to be able to fully understand the number of EMS resources needed across a region or statewide.

Dedicated Resources vs. Non-Dedicated Resources

All EMS resources that are being considered to fulfill a resource request are considered either dedicated or non-dedicated resources.

- Dedicated Resources: EMS resources (e.g., contractual, local support, EMAC, FEMA etc.) that have been obtained and assigned specifically to support a given event/incident and are typically able to be utilized for multiple mission types (staging, 911 backup, patient movement, healthcare operational sites etc.). Resources that are dedicated to an event/incident are under the operational oversight of ESF8 and can be assigned, reassigned, and demobilized as necessary.
 - The ESF8 desk will enter all dedicated resources individually into the ReadyOp Transportation Resources Form to capture asset details:
 - Resource Information
 - Assignment Details
 - Personnel
 - The ESF8 desk is responsible for assigning EMS resources into operational units based on mission demands.

- Non-Dedicated Resources: EMS resources (e.g., EMS agencies, Specialty Care Agencies etc.) that can complete a single request, often as part of a single shift, to support an event/incident and are typically utilized for only specific mission types (e.g., patient movement, funeral coverage etc.).
 - If non-dedicated resources are being utilized, then assigning those resources involves ensuring they are approved and entered by the SEOC ESF8 desk into WEBEOC. The information for the non-dedicated resources should be sent to the OEMSSEOC@dhhs.nc.gov email address and followed up with a text/phone call if response is not received in 15 minutes. The information should include the following:
 - Deidentified Location From
 - Deidentified Location To
 - Transportation Type Necessary (e.g., wheelchair van, BLS or ALS ambulance etc.)
 - Time and Date of transport
 - Company Providing the Transportation
 - Point of Contact for Transportation Company

Request Process

Processes for handling requests for EMS resources will vary depending on the operational situation. In situations where there are no ongoing ESF8 response operations, requests for EMS resources will most likely be facilitated by the acting Shift Duty Officer (SDO) in coordination with Healthcare Coalitions (HCCs) of the regions both supplying and receiving the resources. Refer to [NCEOP Appendix 1: Shift Duty Officer Standard Operating Guideline \(SDO SOG\)](#).

In situations where NCOEMS is activated and there are ongoing ESF8 response operations, requests for ambulance resources will most likely be facilitated by the ESF8 Lead, or their designee in coordination with the appropriate HCCs. These processes will follow those established under [NCEOP Appendix 4: Medical Resource Management SOG](#).

Request Verification & Vetting

Requests for EMS resources should be vetted and verified by the SDO or ESF8 Lead before consideration of fulfillment. This may include collecting information from the requesting entities to help determine the need and best method to fulfill the request. The collection of this information should include all partners involved (e.g., NCEM, HCCs, Local EM, EMS Agencies, Hospitals etc.). More details on the process for vetting requests can be found in [NCEOP Appendix 4: TAB 4A: Guidelines for Managing Resource Requests](#)

Resource Fulfillment

Once requests are vetted and verified, NCOEMS will begin the resource identification process by assessing EMS Resource availability and anticipated supply.

Resource Configuration

The different EMS resource configurations allow for maximum flexibility for each individual situation; multi-unit responses may require additional support resources to manage span of control:

- Configuration A: 1-4 Ambulances, 1 Team Leader*
- Configuration B: 5-10 Ambulances, 1 Team Leader and 1 Logistics Specialist*
- Configuration C: Each additional 5 Ambulances, + 1 Team Leader per group, total of 1 Logistics Specialist
- If 20+ ambulances are being deployed, then a Division / Group Supervisor should be considered

	Configuration A	Configuration B	Configuration C
Ambulances	Up to 4 Ambulances	5 - 10 Ambulances	Each Additional 5 Ambulances
Team Leader	1*	1	+1
Logistics Specialist	0	1*	1

* These positions may be filled by personnel serving in other roles (e.g., Team Leader could be a paramedic on an ambulance, or Logistics Specialist could also be a Team Leader).

In configuration B & C, it is expected that the Team Leader will have their own transportation with the ability to provide oversight and logistical support (if not assigned separately) to their assigned units.

In configuration C it is expected that the Logistics Specialist will have their own transportation with the ability to provide logistical support to their assigned units. A logistics specialist may be utilized with or without a logistics support trailer depending on the size and need of the response.

Forward Operating Base

Depending on the size of the response, a Forward Operating Base or a Joint Reception, Staging, Onward Movement, and Integration (JRSOI), may be set up by NCEM or by NCOEMS. Depending on the incident there may be more than one location setup in the state, but EMS resources that have been configured together into a team should not be separated. These locations can provide the following:

- Tracking the status of all resources assigned to them and ensure they have visibility of any concerns or issues related to their logistical support.
- All incident check-in activities to include preparing and processing resource status and managing a master list of all deployed resources.
- Billeting & Sustenance for crews that are off shift or between deployments
- Refueling and Restocking location
- Central point of communication for team leaders and ESF8.

Scarce Resource Factors

In situations where there are insufficient EMS resources to fulfill the resource requests of two (2) or more local jurisdictions and the acuity of the hazards faced are similar, equitable processes for determining the distribution of scarce ambulance resources must be developed. During past responses, OEMS has utilized the following process to determine the initial distribution and re-distribution of scarce ambulance resources:

- Identify and rank (if necessary) the specific factors/data points that characterize the need for ambulance resources (e.g., use of waivers to reduce need)
- Develop a standard Ambulance Support form, based on the specific factors/data points identified, and distribute to jurisdictions via ReadyOp for requests to be submitted.
- Develop an Ambulance Support scorecard to evaluate and rank jurisdictions' reports of need.
- Evaluate the needs and deploy ambulance resources based on the needs ranking (initial distribution)
- Monitor the use of ambulance resources through the leaders of deployed units (via weekly activity reports)
- Re-evaluate resource needs and redistribute ambulance resources accordingly (based on usage levels)
- Demobilize or redirect ambulance resources to other areas of need as jurisdiction needs are met and local resources return to service.

The development of the specific factors/data points used to inform the distribution of scarce ambulance resources will vary with each specific response situation and, for that reason, are difficult to standardize. Examples of factors/data points that have been used in the past and should be considered in the future include:

- Ambulances out of service (consider staffing situation, hospital turnaround times etc.)
- Call volume
- Hospital/ED resources in jurisdiction
- Diversion Status
- Available convalescent transport
- Use of waivers to reduce need.
- Use of Mutual Aid
- Number of calls per shift
- Number of shifts covered per ambulance.

Deployment

Assignment Types

All resources will initially be assigned to the SEOC/Staging Area while awaiting an assignment. Depending on the mission type, EMS resources may be assigned at the State, Regional or Local level (see examples below).

- State Assignments
 - Mobile Disaster Hospital
 - State Medical Support Shelter
 - State Coordinated Patient Movement

- State Coordinated Shelters
- Federal Coordination Centers
- Regional Assignments
 - Regional Coordination Centers (RCCs)
- Local Assignments
 - County Coordinated Patient Movement
 - 911-Support
 - Funeral Coverage

Assignment Details

Once a resource request has been approved for deployment, an ESF8 representative will notify the EMS resources of the specific mission details, including:

- Report date/time.
- Response location.
- ESF8 emergency contact and local point of contact.
- Communication information (via 205).
- Resupply procedures (if applicable).
- Incident Action Plan (if applicable).
- Reporting of significant or unusual events.
- 214 reporting details, etc.

This information can be provided via conference call with all parties but should also be sent in writing. All personnel deployed through this plan are expected to operate in compliance with the SMRS Professional Behavior Policy, refer to **Annex H: State Medical Response System** (under review).

Initial Assembly & Convoy

All EMS resources should have the following completed before leaving their home base for a mission:

- Conduct a checklist assessment of the readiness and equipment availability.
- Conduct a safety check of vehicle.
- Review and adhere to the SMRS Deployment Code of Conduct
- Completed rosters to include each responding person's name, mobile phone number, email address and their emergency contact information.

Organizations coordinating/providing the EMS resources may choose to assemble at one location before traveling to the designated response location to introduce team members, conduct initial briefing, determine travel routes/plans, assess the readiness and equipment availability, and identify communication pathways.

Ambulance crews will maintain responsibility for their personal equipment, their ambulance, and their medical equipment/supplies. Any problems should be reported to the Team Leader. Throughout the duration of the mission, it is expected that Team Leaders will report any deployment related incidents/accidents and/or other events that may cause an ambulance unit to become undeployable to the local POC and the ESF8 emergency contact.

Deployment Locations

EMS resources may be deployed to different locations depending on the type and need of the mission. Most often a staging location is identified for the initial response. These areas are typically identified in resource requests and maintained and staffed by the jurisdiction requesting support. Depending on the situation, the ESF8 Desk will coordinate through the SERT to identify and maintain adequate staging locations.

Upon arrival at the assigned deployment location, it is expected that all ambulances will report to their local POC and ESF8 contact for check in. If EMS resources have not already assembled prior to arrival, then the Team Leader will be responsible for completing the initial assembly tasks.

Once deployed, ambulance resource activities may be managed by the requesting jurisdiction, the regional coordinating entity or the ESF8 Support Cell. These activities should be managed in cooperation with the assigned Team Leader(s). Each Team Leader is expected to report significant deployment milestones (EMS Resource Assignment & Tracking form) and any unusual events (EMS Unusual Event Report) via Ready Op. These reports provide information back to the ESF8 Desk to ensure proper management and utilization of resources.

The Team leader(s) is expected to attend all operational shift briefings and keep all personnel on the team informed of existing and predicted conditions. If the individual units of the EMS deployment are assigned to single resource functions (e.g., patient transportation, triage, or treatment) it is expected that the Team Leader will communicate with the personnel at least once during each Operational Period. If possible, all units in an EMS deployment will stay together when off-shift unless otherwise directed by the Team Leader.

Medical Protocols

Whenever deployed, each Team Leader, EMT, or Paramedic who provides any medical care during the incident, may utilize the scope of practice for which they are trained and credentialed according to the policies and procedures established by their home EMS Agency. Personnel may not exceed their medical scope of practice regardless of direction or instructions they may receive from any authority while participating in an EMS resource deployment.

Logistical Support

Deployed EMS resources should not expect logistical support services to be in place in the early stages of the response. For this reason, all deployed ambulance resources are expected to be self-sufficient for up to three days (72 hours) or have a plan to be supported in the response area. The location and magnitude of the incident will determine the level of support services available. Requesting jurisdictions, regional coordinating entities or the ESF8 Desk will work to provide logistical support beyond the 72-hour mark for the deployed resources. However, Team Leaders should be prepared to:

- Utilize commercial services for food, fuel, lodging, and supplies until these logistical services are established.

- Work within the local EMS/healthcare structure to replenish medical supplies (when applicable).

Communications

Deployed EMS resources will utilize their assigned ICS 205 during their mission. Additional information on communications is outlined in State Medical Response System Initial Communication Guidance (under **Annex H: State Medical Response System** – under review) as a reference guide to determine radio frequencies to be used during a deployment.

Demobilization

Demobilization of dedicated EMS resources from a specific mission should be coordinated between the ESF8 desk, the requesting jurisdiction, and the Team Lead. When applicable, the requesting jurisdiction is responsible for the preparation and implementation of demobilization plans to ensure that an orderly and safe movement of personnel and equipment is accomplished from response areas. At no time should deployed ambulance teams or individual crews leave without receiving departure instructions from their Team Leader. Team Leader(s) is expected to work with the requesting jurisdiction to obtain necessary supplies to assure that ambulances demobilize in a "state of readiness" whenever possible. Report of any lost or damaged equipment and used supplies should be maintained by the team leader. The Team Leader is expected to notify ESF8 Desk representatives prior to demobilizing to see if additional missions are pending.

Team Leader(s) is also expected to:

- Collect and return all radios and equipment on loan for the incident.
- Collect all timekeeping records (214s) so they can be provided to the agency coordinating their deployment and the ESF8 Desk
- Debrief all deployed ambulance personnel prior to departure from the response area.
- Conduct vehicles safety checks prior to the departure of ambulance units from the response area and report any problems.

The Team Lead should notify the ESF8 Desk of ambulance release times, travel route, estimated time of arrival back at home base, and actual arrival time back at home base.

Cost Reimbursement of EMS Resources

EMS resources that are deployed on state-approved mission(s) during a North Carolina declared State of Emergency or to an out-of-state mission as part of an Emergency Management Assistance Compact (EMAC) mission may be eligible for cost reimbursement. This is accomplished through set policies and procedures, record keeping (travel logs, equipment logs, records, receipts, pictures, and documentation of damaged equipment), and completion of a reimbursement package after the mission has ended. This package should be completed within 45 days of demobilization. Additional information on reimbursement packets can be requested from NCEM.

EMS resources should not charge individuals for patient care and/or transport as this is covered under the state mission assignment and associated reimbursement packets.