

National Incident Management System

An Introduction *IS-700*



What is NIMS?

- A comprehensive, national approach to incident management
- Applicable at all jurisdictional levels and across disciplines



NIMS Compliance

Your jurisdiction must adopt NIMS:

- ICS by Oct 1, 2004
- Other aspects by a later date (to be determined)



Why Do We Need NIMS?

Lessons learned have shown the need for:

- A coordinated response.
- Standardization.
- Interoperability.



NIMS Concepts and Principles

NIMS is:

- **Flexible** to enable all responding organizations to work together.
- **Standardized** to improve overall response and interoperability.



NIMS Standard Structures

- Incident Command System (ICS)
- Multiagency Coordination Systems
- Public Information Systems



Preparedness

- Planning, training, and exercises
- Personnel qualification and certification
- Equipment acquisition and certification
- Publication management
- Mutual aid/Emergency Management Assistance Compacts



Resource Management

Includes standardized:

- Descriptions
- Inventories
- Mobilization
- Dispatch
- Tracking
- Recovery



Communications/Information Management

NIMS identifies requirements for:

- Communications.
- Information management.
- Information sharing.



Supporting Technologies

NIMS provides systems to standardize:

- Voice and data communications.
- Information management.
- Data displays.



Mapping with Data



Lesson 2

Command and Management Under NIMS - Part 1



Lesson Overview

- **Command and management under NIMS**
- **Incident Command System overview**



Lesson Objectives

- **Identify the benefits of using ICS as the model incident management system.**
- **Identify the organizational structure of ICS.**
- **Identify five major management functions.**
- **Describe the purpose of unique position titles in ICS.**
- **Explain the roles and responsibilities of the Command and General staff.**



ICS

- **Proven on-scene, all-hazard concept**
- **Interdisciplinary and organizationally flexible**
- **Appropriate for all types of incidents**



ICS Features

- **Common terminology**
- **Organizational resources**
- **Manageable span of control**
- **Organizational facilities**
- **Use of position titles**
- **Reliance on an Incident Action Plan**
- **Integrated communications**
- **Accountability**



Common Terminology

- ICS requires:**
- **Common terminology.**
 - **"Clear" text.**



Organizational Resources

- **Includes:**
 - **Personnel**
 - **Facilities**
 - **Equipment and supplies**
- **Requires "typing" by capability**



Span of Control

- From 3 to 7 reporting elements per supervisor
- 5 reporting elements per supervisor is optimum



Incident Facilities

- Established as required by the incident
- An ICP is always established



Incident Command

Organizational Level	Title
• Incident Command	• Incident Commander
• Command Staff	• Officer
• General Staff (Section)	• Chief
• Branch	• Director
• Division/Group	• Supervisor
• Unit	• Leader
• Strike Team/Task Force	• Leader



Incident Action Plans

- Communicate incident objectives
- Are based on operational periods
- Are disseminated throughout the incident organization



Integrated Communications

- Hardware systems
- Planning for use of all frequencies and resources
- Procedures for transferring information internally and externally



Accountability

- Orderly chain of command
- Check-in for all responders
- Assignment of only one supervisor per individual (unity of command)



Lesson 3

Command and Management Under NIMS – Part 2



Lesson Overview

Command and Management of:

- Multiple concurrent incidents
- Incidents that are nonsite specific, such as biological terrorist incidents
- Incidents that are geographically dispersed
- Incidents that evolve over time



Lesson Objectives

- Determine when it is appropriate to institute a Unified or Area Command.
- Describe the functions and purpose of Multiagency Coordination Systems.



Unified Command



How Does Unified Command Work?

- Agencies work together to:
 - Analyze intelligence.
 - Establish objectives and strategies.

Unified Command does not change other features of ICS.



Area Command



What Does Area Command Do?

- Sets overall strategy and priorities
- Allocates resources
- Ensures proper management
- Ensures objectives are met
- Ensure strategies are followed



Area Command



Multiagency Coordination Systems

- A combination of resources
- Integrated into a common framework
- Used to coordinate and support incident management activities



Multiagency Coordination Systems

- Support incident management policies and priorities
- Facilitate logistics support and resource tracking
- Make resource allocation decisions based on incident management priorities
- Coordinate incident-related information
- Coordinate interagency and intergovernmental issues regarding incident management policies, priorities, and strategies

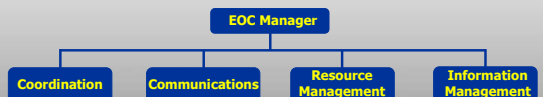


Multiagency Coordination System Elements

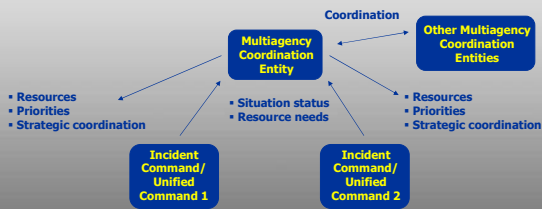
- EOC
- Other entities



EOC Organization



EOC Organization



Lesson 4

Public Information



Lesson Overview

- Principles to support effective Public Information Systems
- Public Information Systems required by NIMS



Public Information for Domestic Incidents

- Advises the IC
- Establishes and operates within the JIS
- Ensures that decisionmakers and the public are informed

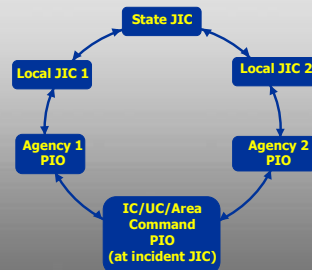


The JIC

- Physical location where public information staff collocate
- Provides the structure for coordinating and disseminating critical information



JICs

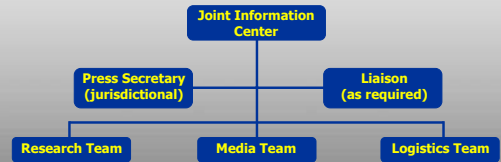


JIC Characteristics

- Includes representatives of all players in the response
- Has procedures and protocols for communicating and coordinating with other JICs



JICs



Lesson 5

Preparedness



What Is Preparedness?

- Actions to establish and sustain prescribed levels of capability
- Ensures mission integration and interoperability



Responsibilities of Preparedness Organizations

- Establishing/coordinating plans and protocols
- Integrating/coordinating activities
- Establishing guidelines and protocols to promote interoperability
- Adopting guidelines for resource management
- Establishing response priorities
- Establishing/maintaining multiagency coordination mechanisms



Preparedness Planning

- Plans describe how resources will be used.
- Plans describe mechanisms for:
 - Setting priorities.
 - Integrating entities/functions.
 - Establishing relationships.
 - Ensuring that systems support all incident management activities.



Types of Plans

- Emergency Operations Plans
- Procedures
- Preparedness Plans
- Corrective Action and Mitigation Plans
- Recovery Plans



FEMA

Training and Exercises

The NIMS Integration Center will:

- Facilitate development and dissemination of national standards, guidelines, and protocols.
- Facilitate use of modeling/simulation.
- Define general training requirements and approved courses.
- Review/approve discipline-specific training requirements.



FEMA

Personnel Qualifications and Certification

Development of standards, including:

- Training
- Experience
- Credentialing
- Currency requirements
- Physical and medical fitness



FEMA

Equipment Certifications

- Facilitate development of national equipment standards, guidelines, and protocols
- Review and approve equipment meeting national standards



FEMA

Mutual Aid and EMACs

Jurisdictions at all levels are encouraged to enter into agreements with:

- Other jurisdictions.
- Private-sector and NGOs.
- Private organizations.



FEMA

Publication Management

- The development of naming and numbering conventions
- Review and certification of publications
- Methods for publications control
- Identification of sources and suppliers for publications and related services
- Management of publication distribution



FEMA

Lesson 6

Resource Management



Lesson Overview

Resource management includes coordination and oversight of:

- Tools.
- Processes.
- Systems.

NIMS affects the way resources are managed.



What Is Resource Management?

Four tasks:

- Establishing systems
- Activating the systems
- Dispatching resources
- Deactivating resources



Resource Management Concepts

- Standardize identification, allocation, and tracking
- Classify by kind and type
- Implement credentialing system
- Incorporate resources from private sector and NGOs



Resource Management Principles

1. Advance planning
2. Resource identification and ordering
3. Resource categorization
4. Use of agreements
5. Effective management



Lesson 7

Communications, Information Management, and Supporting Technology



Lesson Overview

- **Advantages of common communication and information management standards**
- **How NIMS will influence technology/technological systems**



Communications and Information Management

Principles:

- **Common operating picture**
- **Accessible across jurisdictions and agencies**
- **Common communications and data standards**



Supporting Technologies

Principles:

1. **Interoperability and compatibilities**
2. **Technology support**
3. **Technology standards**
4. **Broad-based requirements**
5. **Strategic planning and R & D**



Communications and Information

Facilitate a common operating picture for:

- **Incident management**
- **Information management**
- **Interoperability standards**



Lesson 8

Course Summary



NIMS Intent

- **Broad applicability**
- **Improve coordination and cooperation among all response organizations**



NIMS Concepts and Principles

- **Flexible framework that:**
 - **Facilitates working together . . .**
 - **At any type of incident . . .**
 - **Regardless of size, location, or complexity**
- **Flexible structures**
- **Requirements for processes, procedures, and systems**



NIMS Components

- **Command and management**
- **Preparedness**
- **Resource management**
- **Communications and information management**
- **Supporting technologies**
- **Ongoing management and maintenance**



Command and Management

- **Incident Command System (ICS)**
- **Multiagency Coordination Systems**



ICS Features

- **Common terminology**
- **Organizational resources**
- **Manageable span of control**
- **Organizational facilities**
- **Use of position titles**
- **Reliance on an Incident Action Plan**
- **Integrated communications**
- **Accountability**



Unified Command

- **More than one responding agency within a jurisdiction**
- **Incidents cross jurisdictions**



Area Command

- **Multiple incidents within a jurisdiction**
- **Large incidents that cross jurisdictions**



Multiagency Coordination Systems

- Support incident management
- Facilitate logistic support and resource tracking
- Allocate resources
- Coordinate information
- Coordinate issue resolution



Multiagency Coordination Systems

- EOC
- Multiagency Coordination Entities



Public Information

- Provides information to:
 - Command
 - The Public
- Ensures information provided is:
 - Accurate
 - Timely
 - Coordinated



Preparedness

- Actions involved to establish/maintain prescribed capability
- NIMS focuses on guidelines, protocols, and standards



Types of Plans

- EOP
- Procedures
- Preparedness Plans
- Corrective Action and Mitigation
- Recovery



Training and Exercises

- Facilitate national standards, guidelines, and protection
- Facilitate use of modeling/simulation
- Define general training requirements
- Review/approve discipline specific requirements/courses



Personnel Qualifications

- Preparedness based on standards for qualification/certification
- Includes minimum:
 - Knowledge
 - Skills
 - Experience



Equipment Certification

- Ensure performance to standards and interoperability
- Facilitate development of national standards and protocols
- Review and approve equipment meeting standards



Resource Management

- Establish systems for:
 - Describing
 - Inventorying
 - Requesting
 - Tracking
- Activating systems
- Dispatching resources
- Deactivating/recalling resources



Managing Resources

- Identifying and typing resources
- Certifying and credentialing personnel
- Inventorying resources
- Identifying resource requirements
- Ordering and acquiring resources
- Tracking and reporting resources
- Mobilizing resources
- Recovering resources
- Reimbursement



NIMS Focus on Supporting Technology

1. Interoperability and compatibility
2. Technology support
3. Technology standards
4. Broad-based requirements
5. Strategic planning and R&D



Managing Communications and Information

- Incident management communications
- Information management
- Interoperability standards



Certification Course

- www.fema.gov/emi

Take online course and take test.
Certificate will be mailed out upon passing the test.



EMS Disaster Response

Mass Casualty Incidents



Tim Berry
L.P., B.S.
Lubbock EMS
SPEMS RRAMS Team

Definitions

- What is a MCI?
 - An incident or group of incidents which overwhelms the local system
- What is a Disaster?
 - An incident or group of incidents which overwhelms the communities medical resources

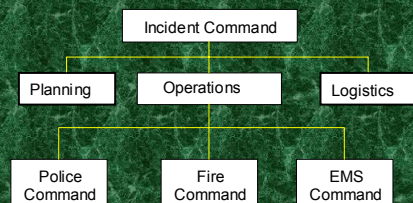
Changes due to Terrorism

- Crime Scenes
- Responders at risk
- Psychogenic casualties prevail
- More casualties
 - World Trade Center I – 6 dead, >1,000 injured
 - Oklahoma City – 168 dead, >700 injured
 - Tokyo Sarin Attack – 12 dead, >5,000 injured
 - WTC II/Pentagon - >3,000-4,000 dead, ? injured

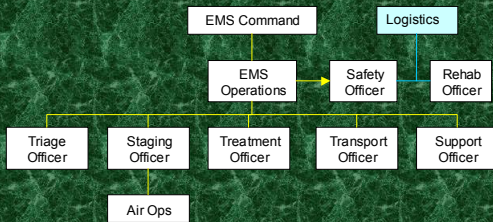
Incident Command System

- Brings order to Chaos.
- Allows for organized approach to control scene.
- Consistency.

Unified Command



EMS Command Structure



EMS Command

- Coordinate EMS
- Function in Unified Command

EMS Operations

- In Field Coordinator
- Oversees Operations

Triage Officer

- Determine Triage Site
- Coordinate Rescue

Staging Officer

- Organize and Inventory Incoming Vehicles and Personnel
- Coordinate with Support Officer
- Coordinate with Transport Officer
- Request Units as Needed from Dispatch

Treatment Officer

- Establish Treatment Area
- Assure Retriage of Patients
- Coordinate Treatment
- Coordinate with Transport Officer

Transport Officer

- Request Transport Units from Staging
- Coordinate with Treatment Officer
- Notify Comm Center of Transport

Air Ops

- Secure Landing Zone
- Coordinate with Transport Officer

Support Officer

- Coordinate Supplies
 - Incoming
 - Dispersing

Safety Officer

- Determines if Areas Safe
- Monitor Workers for CIS

Rehab Officer

- Establish Rehab Area
- Monitor Physical and Mental Health of Rescuers

MCI Declaration

- Incident Occurred
- Nature
- Number Casualties
- Units Needed
- Staging Location
- Command Post
- Other Info

Triage

- START
 - Initial
 - ABCDs
- 4 Category
 - Treatment and Transport
 - Secondary Survey
 - Life Threats
 - Disabilities



START Triage

S.T.A.R.T

Waking Wounded

Respirations
Perfusion
Mental Status

RPM

Delayed

>30

Simple Triage and Rapid Treatment

Minor

By: Jeffery L. Finkbeiner, EMT-P, IC

Overview

- A simple approach
- Where to START
- One patient at a time
- START Triage Algorithm
- Patient scenarios

A Simple Approach

Simple
Triage
And
Rapid
Treatment

In the early 1980's the START method was developed in California by Hoag hospital and Newport Beach Fire and Marine.

It provided rescuers with an easy, simple step-by-step approach to assessing and treating a large number of patients with varying degrees of injuries.

A Simple Approach

Simple
Triage
And
Rapid
Treatment

The Initial assessment and treatment of each patient is accomplished within 30 seconds.

Initial treatment is limited to correcting immediate life-threatening conditions (i.e. opening an airway and controlling severe bleeding)

A Simple Approach

Simple
Triage
And
Rapid
Treatment

The Triage Tag

A Tag is placed on each patient once they have been assessed. The tag displays the patient's current status and advises those providing treatment with one of the four possible treatment priorities:

Minor
Delayed
Immediate
Deceased



There are a variety styles and sizes of Triage Tags

START Triage START Triage START Triage

A Simple Approach

The Triage Tag

Simple
Triage
And
Rapid
Treatment

Triage Tags are designed with tear-off tabs. Unused tabs are removed and the last remaining tab designates the patient's priority.

Last remaining tab indicated patient priority in this case IMMEDIATE

Unused tabs torn off

START Triage START Triage START Triage

A Simple Approach

The Triage Tag

Simple
Triage
And
Rapid
Treatment

Each tab is distinctly color-coded allowing fast patient priority identification from a distance

- DECEASED
- IMMEDIATE
- DELAYED
- MINOR

START Triage START Triage START Triage

Where to START

Upon your arrival, first make sure the scene is safe. Then begin by directing the walking wounded away from the immediate scene to a pre-determined evaluation and treatment area.

Tag them as MINOR (**GREEN**)

START Triage START Triage START Triage

Where to START

Start where you stand - begin the triage process with the patient closest to you. Solicit the help of bystanders and/or uninjured victims. They can be utilized to control bleeding, help maintain an open airway or hold c-spine traction.

Do not spend too much time on any one patient. Move quickly from one patient to the next.

Assess each patient's **RPMs**

- Respirations
- Perfusion
- Mental Status

START Triage START Triage START Triage

One Patient at a Time

RPM
ASSESS RESPIRATIONS

If the patient is not breathing then Open the Airway

If the patient is still not breathing then tag them as DECEASED (**BLACK**)

Move on to the next patient...

START Triage START Triage START Triage

One Patient at a Time

RPM
ASSESS RESPIRATIONS

If breathing is present then Assess the Rate

If the rate is greater than >30 then tag them as IMMEDIATE (**RED**)

Move on to the next patient...


If the rate is less than <30 then assess PERFUSION

START Triage START Triage START Triage

One Patient at a Time

RPM
ASSESS **P**ERFUSION

If a radial pulse is absent (or) the capillary refill is greater than > 2 seconds then tag them as IMMEDIATE (RED)



Move on to the next patient...


If a radial pulse is present (or) the capillary refill is less than < 2 seconds then assess MENTAL STATUS

START Triage START Triage START Triage

One Patient at a Time


RPM
ASSESS **M**ENTAL STATUS

If the patient cannot follow simple commands (or) has an altered mental status (or) is unconscious then tag them as IMMEDIATE (RED)



Move on to the next patient...

If patient is able to follow simple commands then tag them as DELAYED (YELLOW)




Move on to the next patient...

START Triage START Triage START Triage

One Patient at a Time

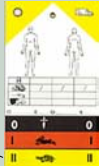
RPM
ASSESS **M**ENTAL STATUS

If the patient cannot follow simple commands (or) has an altered mental status (or) is unconscious then tag them as IMMEDIATE (RED)

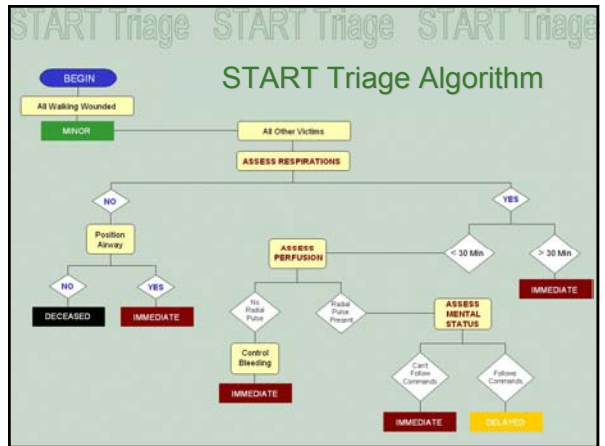


Move on to the next patient...

If patient is able to follow simple commands then tag them as DELAYED (YELLOW)



Move on to the next patient...



START Triage START Triage START Triage

Patient Scenario #1

Simple This patient states he cannot move or feel his legs
Triage His respirations are 24
And He has a radial pulse of 100
Rapid He is awake are oriented
Treatment


How would you triage this patient?

START Triage START Triage START Triage

Patient Scenario #1

Simple This patient states he cannot move or feel his legs
Triage His respirations are 24
And He has a radial pulse of 100
Rapid He is awake are oriented
Treatment

DELAYED (YELLOW)



Patient Scenario #2

Simple This patient has a blood soaked shirt on
Triage His respirations are 36
And His capillary refill is less than 2 seconds
Rapid He is awake are oriented
Treatment

How would you triage this patient?

Patient Scenario #3

Simple This patient has some minor abrasions on his forehead
Triage His respirations are 16
And His capillary refill is less than 2 seconds
Rapid He is very slow in recalling his name and whereabouts
Treatment

How would you triage this patient?

Patient Scenario #4

Simple This patient appears to have no injuries
Triage Her respirations are 20
And Her capillary refill is less than 2 seconds
Rapid She is unconscious
Treatment

How would you triage this patient?

Patient Scenario #2

Simple This patient has a blood soaked shirt on
Triage His respirations are 36
And His capillary refill is less than 2 seconds
Rapid He is awake are oriented
Treatment

IMMEDIATE (RED)



Patient Scenario #3

Simple This patient has some minor abrasions on his forehead
Triage His respirations are 16
And His capillary refill is less than 2 seconds
Rapid He is very slow in recalling his name and whereabouts
Treatment

IMMEDIATE (RED)



Patient Scenario #4

Simple This patient appears to have no injuries
Triage Her respirations are 20
And Her capillary refill is less than 2 seconds
Rapid She is unconscious
Treatment

IMMEDIATE (RED)



START Triage START Triage START Triage

Patient Scenario #5

Simple This patient is lying quietly on the floor
Triage He is not breathing
And
Rapid His capillary refill is more than 2 seconds
Treatment He is unconscious

What is the first thing you would do?

START Triage START Triage START Triage

Patient Scenario #5

Simple This patient is lying quietly on the floor
Triage He is not breathing
And
Rapid His capillary refill is more than 2 seconds
Treatment He is unconscious

REPOSITION THE AIRWAY!

START Triage START Triage START Triage

Patient Scenario #5

Simple He gurgles a couple of times as you attempt to open his airway but does not resume breathing on his own
Triage
And
Rapid His capillary refill is still more than 2 seconds
Treatment He is still unconscious

How would you triage this patient?

START Triage START Triage START Triage

Patient Scenario #5

Simple He gurgles a couple of times as you attempt to open his airway but does not resume breathing on his own
Triage
And
Rapid His capillary refill is still more than 2 seconds
Treatment He is still unconscious

DECEASED (BLACK)



Four Category System

- Used in Treatment Area and Transport Area
- Based on specific injuries and medical conditions



FOUR CATEGORY TRIAGE SYSTEM

Priority I (IMMEDIATE: Red)

- All airway problems or potential airway problems
- All penetrating chest trauma
- Blunt chest trauma associated with shock, significant Dyspnea, paradoxical movement of chest wall, possible pneumo/hemothorax
- All penetrating abdominal trauma
- Blunt abdominal trauma associated with shock, altered level of consciousness, guarding, rigidity or diffuse tenderness
- Uncontrolled or suspected severe hemorrhage
- All shock, regardless of cause
- All altered level of consciousness regardless of cause
- Major medical emergencies (non-traumatic chest pain, dysrhythmias, poisoning, status epilepticus, significant non-traumatic dyspnea, etc)
- Obstetrical complications
- Burns, if:
 - Third Degree > 10% body surface area (BSA)
 - Second Degree > 25% BSA
 - Face or Necked Involved
 - <11 or >50 years old
 - Associated with additional major trauma or chronic illness
 - Electrical



FOUR CATEGORY TRIAGE SYSTEM Continued

Priority II (DELAYED: Yellow)

- Burns, if:
 - Third Degree 2-10% BSA
 - Second Degree 15-25% BSA
 - Hands, Feet, or Perineum Involved
- Spinal injuries with or without spinal cord damage
- Blunt chest trauma without shock or significant dyspnea
- Blunt abdominal trauma without shock or signs of peritoneal irritation (guarding, rigidity, diffuse tenderness)
- Major orthopedic or soft tissue injuries, including open fractures, impaired neurological function, or loss of distal pulse



FOUR CATEGORY TRIAGE SYSTEM Continued

Priority III (Minor: Green)

- Burns, if:
 - Third Degree <2% BSA
 - Second degree <15% BSA
 - First Degree
- Minor orthopedic and soft tissue injuries, including closed fractures with distal neurovascular function intact

Priority IV (Expectant – Nonsalvageable: Blue/Black/White)

- Full arrest without adequate manpower
- Neurological death (traumatic coma with areflexia and fixed, dilated pupils)
- Third Degree burns >80% BSA
- Obvious mortal wounds (severe open skull fracture; massive crushing trauma to chest, abdomen, or pelvis, etc.)
- Obvious D.O.S. (Decapitated, burned beyond recognition, dismembered)



Weapons of Mass Destruction

Emergency Response Challenges

- Hazardous Materials
- Mass Casualty Incidents
- Secondary Devices
- Crime Scene

Recognizing Suspicious Incidents

- Occupancy
- Type of Event
- Timing of Event

Occupancy

- Symbolic/Historic
- Public Building/Assembly Areas
- Controversial Businesses
- Infrastructure Systems

Type of Event

- Explosion/Fire
- Firearms
- Non-Traumatic MCI

Timing of Event

- Significant Dates
- Weekend or Nights

On Scene Warning Signs

- Unexplained patterns of Illnesses or Deaths
- Unexplained signs/symptoms, skin, eye, or airway irritation
- Containers in unusual locations

Self Protection

- Time
 - Spend shortest time possible in hazard area
 - Protects crime scene and rescuers
- Distance
 - Maximize your distance from the hazard
- Shielding
 - Vehicles
 - Building
 - PPE

Staying Safe

- S – Safety is first
- A – Assess before acting
- F – Focus on avoiding the hazard
- E – Evaluate the situation and report

- *Don't* rush in
- *Don't* assume anything
- *Don't* TEST (taste, eat, smell, or touch)
- *Don't* become a victim

Remember RAIN

- R – Recognize a potential threat exists
- A – Avoid that threat, and make sure others avoid it as well
- I – Isolate the area and any exposed persons or materials
- N – Notify the appropriate authorities

Decontamination

- All patients **MUST** be decontaminated before being placed in a transport vehicle
- Gross Decon
- Definitive Decon

Types of Harm

- Thermal
- Radiological
- Asphyxiation
- Chemical
- Etiological
- Mechanical

Establish Control Zones

- Obtain safe, secure area
 - Control Access
- Self-Protection #1 Priority
- Anticipate multiple hazard locations
- Recognize and Evaluate Dangers

Determine Roles

- Fire
- Police
- EMS

Public Protection

- Evacuation
- Protect in Place
- Combination

Staging

- Uphill
- Upwind
- Have escape routes planned out

Incident Command System

- Will have Federal Intervention quicker than normal
- FBI is Lead Agency

Special Operations

Mass Gatherings:
Information Gathering,
Planning & Execution

Objectives

- Command & Control
- Information Gathering
- Planning
- Execution
- Positive Outcome

Command & Control

- Incident Command System
- MCI Structure
- Communications

Information Gathering

- Type of Event
 - Concert
 - Sporting Event
 - Festival
 - Other

- Type of Venue
 - Indoor/Outdoor
 - Shelter
 - Evacuation
 - Confined/Open
 - Weather
 - Heat
 - Cold
 - Rain
 - Wind
 - Severe Weather

- Age of Attendees
 - Youth
 - With Parents or Guardians
 - Without Parents or Guardians
 - Aged
 - ADA Access
 - Mobility
 - Fall Potential
 - Mixed

- Duration
 - Hours
 - Day Long
 - Multiple Days
 - Part Day Coverage
 - 24 Hour Coverage

- Access
 - Normal
 - One Unit Transport
 - Egress
 - MCI/Multiple Transport
 - Staging
 - Transport

- Level of Coverage Required
 - First Aid
 - Advanced Life Support
 - Doctor on Scene
 - Ambulance on Scene

- Availability of Beverages
 - Water
 - Alcohol

Planning

- Number of Personnel
- Type of Personnel
- Treatment
 - Number of Sites
 - Levels
 - Inside/Outside Venue
- Equipment & Medications
 - Available
 - Special Needs

- Resource Locations
 - Ambulances
 - Hospitals
 - Other Transport Options
 - Other Treatment Options
 - Equipment Caches
- Communications
- Notification of Ambulance Services and EDs

- Paperwork
 - ICS Plan – Incident Action Plan
 - Patient Reports
 - Incident Tracking
- Coordination with Outside Agencies
 - Event Staff
 - Law Enforcement
 - Other Agencies

Execution

- Briefing
 - Game Plan
 - Special Situations
 - Hazards
 - SOP's

- Mobilization
 - Prior to Start of Event
 - Position Assignments
- Treatment
 - Refusals
 - Treat & Release
 - Treat & Transport
- Transport
- Demobilization

- Customer Service
 - Help find seats
 - Keep them at event