



AMBULANCE STRIKE TEAM

TASK FORCE LEADER

By Dudley Wait and Forrest Wood, Jr.

It is 1500 hours, and the EMS system in Any town USA is busy. There are twelve ALS ambulances on duty now, just as there is every day at this time. To oversee the daily activities and support the crews, there are also two field supervisors on duty. As a result of the organizations' involvement in recent regional disaster planning activities and training opportunities, the EMS system has become more focused on learning and exercising the Incident Command System in conjunction with the other responders in the area, especially the police and fire department. The EMS Director regularly quotes effective leadership and Incident Command System tenets that declare the merits of exercising effective "span of control" when a supervisor leads anywhere from three to seven units.

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Ambulances piled up as rescue activities continued into the night at the main staging area at I-10 and Causeway. Victims of Hurricane Katrina continued to be evacuated out of the city of New Orleans by ambulances and buses well into the night. photographer: Win Henderson / FEMA photo

This afternoon, the local EMS System had experienced an “MCI.” One supervisor is on scene with three ambulances transporting six patients from a motor vehicle collision. The second supervisor is waiting at the receiving hospital to assist the arriving crews with off-loading patients at so that the rapidly increasing call volume can be efficiently handled. This is typical for many EMS systems across the United States on any given day and at any given hour.

Until recently this type of controlled response probably would not have occurred. The declaration of a MCI would have resulted in abandonment of the usual response practices and a multitude of resources and ambulances would have been dispatched to assist. The resulting chaos would have resulted in increased levels of frustration, confusion and loss of scene control. The larger the incident the greater the chaos.

This was brought acutely into focus in the aftermath of Hurricanes Rita and Katrina.

After Hurricanes Katrina and Rita, stories about ambulances that were dispatched but never used; ambulances that were “commandeered” (sometimes at gun point) from an assigned task by those working outside of the ICS structure, or free-lancing ambulance providers who self-dispatched into the disaster areas. All of this added to the already chaotic situation which existed in part induced simply by the sheer size or magnitude of the event. Add to that the stories of unsupervised ambulance crews who left rehab areas during rest times and were found visiting local tourist attractions or at local “watering holes” enjoying adult beverages with their ambulance parked out front added to the damage inflicted on our profession. These stories often eclipsed the truly remarkable job the majority of responders performed in the face of truly daunting circumstances.

Rita and Katrina caused many agencies across the country to revisit their disaster plans. Texas was one of those states. As

one of the states which received high numbers of Rita/Katrina Evacuees, several elements of the State’s Disaster Plan had been implemented. Part of that plan involved dispatch of EMS resources to the immediate disaster area, as well as receiving evacuees requiring immediate assistance. Many in Texas viewing the results determined that Texas would prepared should Texas be threatened with a disaster of such magnitude, especially a hurricane, an almost annual event along the Texas Gulf Coast. In the after action reviews across Texas, time and again it was recognized that there had to be a better method of controlling these EMS resources. The Governor’s EMS and Trauma Advisory Council appointed a Disaster Response work group chaired by Eric Epley to explore methods to improve the State’s ability to muster ambulances across the State as well as determining how these resources would be managed in the future to avoid the problematic issues identified from a lack of appropriate

supervision.

This same effort was underway in many states and in many areas across the country.

Independently and concurrently, one of the Adjunct Instructors for the Texas Engineering Extension Service (TEEX) who taught in the Incident Management and EMS Leadership programs brought a California disaster management program to the attention of TEEX staff. Called the Ambulance Strike Team/Task Force Leader program.

The California EMS Authority in cooperation with the California Ambulance Association, the California Fire Chiefs Association, the EMS Administrators Association of California, FIRESCOPE and the Governor’s Office of Emergency Services had come together to develop education and field operations guides to credential qualified EMS leaders as Ambulance Strike Team Leaders in order to integrate them into the California response system and to be utilized across a whole host of disaster responses across the State.

TEEX began a review of the California Ambulance Strike Team Leader to determine if it could be used or developed into a program with a broad based national application. As one of the initial responders to many of the major disaster events nationally many from TEEX had witnessed the aftermath of Rita and Katrina first hand. Involved in incident management training on behalf of the Department for Homeland Security the Strike Team Leader appeared to be one possible solution to the EMS response issue.

While the California Program provided the essential elements for an Ambulance Strike Team Leader program, much of the material was determined to be too specific to be applied on a broader base. Drawing on resources from many different areas and states TEEX assembled a group of subject matter experts many of whom had been directly involved in the Rita/Katrina experience and revised the Ambulance Strike Team Leader program. Reduced from 24 to 16 hours, the current program focuses on specific concepts of strike team leadership and how to operate within an Incident Command Structure across a whole host of disaster situations.

The pre-requisites for this course include two years of EMS supervisor experience, ICS 100, 200, 300, and 700 as well

as Haz-Mat Awareness. Designed to accommodate up to 36 students, they are formed into groups of six students or “Strike Teams”. These “Teams operate throughout the class in accordance with ICS principles. This includes receiving assignments from the Incident Commander or Operations Section Leader and utilizing ICS forms and interacting with ICS functions for all needs during the class. For example, if a team needs colored pens and sticky notes, they have to complete the correct ICS form and request these supplies from Logistics.

The class is divided into eight operational periods:

1. Overview of the Strike Team concept
2. Ambulance Strike Team Response
3. Leadership principle review
4. Assignments and Status’ of Strike Teams
5. Strike Team Coordination with ICS Functions
6. Tactical Considerations
7. State Specific Response Considerations

8. Demobilization

During each operational period, the role of Strike Team Leader is rotated among each member of the six-person teams and each operational period has functional exercises that build upon each other until the largest exercise at the end of operational period seven. In this last exercise, all the concepts come together with each team working together to solve problems and issues as the strike teams work to perform a large scale evacuation in advance of an oncoming disaster. Lastly, in operational period eight, the teams take a written test and then works through the demobilization process to return all class materials back to the instructors as each group completes their exam. Throughout the class, students are taught that ICS management’s principles should be used regardless of the size of the event, not just for major events. Perfect practice makes perfect, not just practice makes perfect. Exercising ICS standards daily results in

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Responding as part of a strike team of 25 ambulances to evacuate 84 nursing home patients in a damaged shelter in Fred, Texas. photo courtesy of: Eastern Ambulance



a seamless transition when events escalate beyond “normal” operational limits.

The State of Texas was able to train over 60 individuals as Strike Team Leaders before the 2008 hurricane season struck. In the 2008 season Texas was hit by three hurricanes. In after action re-

views, the ambulance response were compared to the ambulance response during Katrina and Rita. The results were completely different.

Although there were continued issues with lack of coordination and communication, and a great deal of confusion re-

mained, deployed EMS resources were reported to be better supervised and led throughout their deployment. The result was more efficient operations and better controlled situations that remained in line with incident command systems across the State.

The demand for leadership training for disaster response remains high. One of the challenges which remain is that while we now have a program to prepare strike team leaders, we do not have a program to train responders. Preparing those who go to disasters for what they will encounter remains. We are still in a situation where often the reality is nothing like the expectation of response.

Leaders who don’t practice using multiple units for regular operational requirements (such as in our opening scenario) will continue to face leadership challenges during major deployments.

While Strike Teams are designed to be sent as cohesive units, breaking up of the strike team to complete individual unit assignments upon arrival remains a potential problem. This will improve as leaders

better understand response capabilities.

The Ambulance Strike Team/Task Force Leader program will continue to provide critical competencies for success as it continues to evolve as leaders gain valuable insights and experience they are willing to share. Training and preparation remain the two the keys to mitigating the results of unexpected disasters, which occur in our lives. **EMS**

Dudley Wait

Dudley Wait, BBA, NREMT-P; is the Director of Emergency Medical Services for the City of Schertz. During Hurricanes Dolly, Ike, and Gustav he was the Deputy Director for the Regional Medical Operations Center (RMOC) in the Southwest Texas Regional Advisory Council (STRAC) and coordinated the multi-jurisdiction ambulance response and recovery out of the Alamo Regional Command Center (ARCC). Dudley has been involved in Emergency Services and disaster response for over 23 years. During this time, he has worked in various locations in both Texas and Florida. While serving in Florida, Dudley received his first exposure to hurricanes and natural disasters while serving as the Disaster Response Manager for Sunstar, the 3rd largest multi-jurisdictional Emergency Medical Services in the United States on the gulf coast of the state. In this role he was exposed to the planning and response process for a state that experiences an average of 3 tropical storms and hurricanes annually, so upon his return to Texas in 2001, it was natural for him to get involved in Disaster response in the STRAC region. This work was aimed mainly at terrorism preparation and response until the catastrophic Hurricanes Katrina and Rita struck the Louisiana and Texas coasts in 2005. These two storms single handedly changed the response to tropical weather throughout the entire United States. Since this time, he has been active in the response to 6 large hurricanes and has helped Texas coordinate the 2 largest deployments of ambulances in United States history. Dudley's full-time job is the EMS Director for Schertz EMS. This is a regional agency that serves 8 separate cities, parts of three counties and provides emergency healthcare for over 125,000 people. In addition, Dudley is involved in the region and state in various roles including serving as the Deputy Director for the Regional Medical Operations Center in San Antonio, Treasurer of STRAC, Vice-Chair of the Texas Governor's EMS and Trauma Advisory Council EMS Sub-Committee, and Secretary of the Texas EMS, Trauma and Acute Care Foundation. Dudley has also been involved in disaster preparations by serving on the curriculum committee for the nation-wide course for Ambulance Strike-Team Leaders and also serves as an instructor for this program that is working to coordinate the methods in which ambulances are requested, dispatched and utilized during disaster responses.

Forrest C. Wood, Jr.

Forrest “Woody” Wood, Jr., is currently the Program Coordinator for the EMS Leadership Academy at the Emergency Services Training Institute, Texas Engineering Extension Service (TEEX). He holds an Associate's Degree in Police and Fire Science, and a Bachelor's Degree in Health Services Administration. He began his EMS career in the ambulance and fire service in Rural Arizona in the mid 70's. Over the span of his career he has served as an EMT, IEMT, and paramedic in both the rural and urban environments. He has served as an educator at all levels as well, including Arizona AHA Affiliate Faculty, and PHTLS Regional Faculty. Career highlights include Arizona state government service as the EMS Communications Coordinator; EMS Coordinator; and State EMS Director (Arizona). After leaving the State of Arizona in late 1988, Forrest joined Arizona Medical Transport eventually becoming one of two District Managers for the Metro Phoenix area. In 1993 he transferred to Texas as the Human Resource Manager, a position he held until 1996 when he moved to Montgomery, Alabama, as the General Manager. He returned to Northern Texas in 1998 where he worked as a Program Administrator for NCS Pearson. In 2000, he was invited to join Texas Tech University Health Sciences Center as Affiliate Faculty to help develop and present an on-line bachelor's degree in EMS Management. as an affiliate instructor. In May, 2004, he joined TEEX as the Program Coordinator for the newly created EMS Leadership Academy.



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