



## **NAEMT Position Statement Ambulance Strike Teams**

### **Statement:**

NAEMT believes that all state and regional EMS systems and large EMS agencies should have *Ambulance Strike Teams (AST)* and *Emergency Medical Task Forces (EMTF)* established and trained to respond to large-scale emergency/mass casualty incidents.<sup>i</sup>

All EMS agencies should be aware of the resources available in their region and state, and how to access them in the event of a large-scale emergency/mass casualty incident. Agencies should identify and train one or more of their EMS practitioners as a task force leader who can be activated during a large-scale emergency/mass casualty incident. All EMS practitioners should receive specific training on how to access AST and EMTF resources when needed.

### **Background:**

EMS agencies and practitioners must be responsible for the day to day emergency care of patients, as well as be prepared to respond to mass casualty incidents, whether natural or manmade. With limited resources available to most EMS agencies, and an increasing demand for EMS resources, these incidents can easily overwhelm the resources of a local agency.

According to the June 17, 2016 National Academy of Medicine report entitled *Health and Medical Response to Active Shooter and Bombing Events* the under resourcing of multi-casualty events amounts to a medical error and EMS systems should look to automate a standard set of resources to respond to reported mass casualty events. Incidents involving active shooters and other acts of extreme violence have frequently been under resourced early in the incident, resulting in delays of care.<sup>ii</sup> An allocation of sufficient resources is required to eliminate delays in the transport of critical patients. Utilizing law enforcement to maintain the access/ingress and egress to and from the incident, and a reduction of lag time when the need for resources is realized are critical. Programing deficiencies in automation of computer aided dispatching, lack of empowerment of communication operators, and loss of situational awareness by command officers' result in resourcing errors.

In accordance with FEMA document 508-3 "Typed Resource Definitions-Emergency Medical Service Resources,"<sup>iii</sup> ASTs and EMTFs should be organized to respond to large scale emergency/mass casualty incidents, within the framework of the Standardized Emergency Management System (SEMS), using the Incident Command System (ICS) to provide the best response during a disaster.<sup>iv</sup>

On the most basic level, an AST is a group of 5 ambulances of the same type with common communications and a leader. It provides an operational grouping of ambulances complete with

supervisory element for organization command and control. The strike team may be all ALS or all BLS consisting of five ambulances that have at least two personnel on each ambulance, and a task force leader in a separate vehicle that has been trained in task force operations. Each local EMS agency contributes vehicles, personnel and equipment at a level they can allocate. All resources are combined to create the right amount of ambulance and personnel response to mitigate the disaster situation until the local agency can handle the load once again.<sup>v</sup> An EMTF is any combination (within span of control) of resources (e.g., Ambulances, Rescues, Engines, Squads) assembled for a medical mission, with common communications and a leader (supervisor).<sup>vi</sup>

EMS systems, agencies and practitioners must support this response framework to comply with the National Incident Management System (NIMS) and meet the evolving needs of the communities they serve. In developing an AST/EMTF, EMS systems should:

- Develop and implement response protocols based on call taker information;
- Implement activation dispatch algorithms and CAD programming that automatically musters an AST or EMTF based on dispatch coding to mitigate errors or command delays;
- Enhance or focus training on the FEMA Field Operations Guide (Chapter 16: Multi-Casualty Operations)

---

<sup>i</sup> Journal of Emergency Medicine. *Why Ambulance Strike Teams Will Improve Homeland Security Responses*. July 2016.

<sup>ii</sup> Institutes of Medicine. *Health and Medical Response to Active Shooter and Bombing Events*. June 2016.

<sup>iii</sup> FEMA 508-3 Typed Resource Definitions - Emergency Medical Services Resources. March 2009. [www.fema.org](http://www.fema.org).

<sup>iv</sup> EMS World. *Ambulance Strike Teams*. Feb 2006. [www.emsworld.com](http://www.emsworld.com).

<sup>v</sup> Journal of Emergency Medicine. *Why Ambulance Strike Teams Will Improve Homeland Security Responses*. July 2016. [www.jems.com](http://www.jems.com).

<sup>vi</sup> EMS World. *Ambulance Strike Teams*. Feb 2006. [www.emsworld.com](http://www.emsworld.com).