



## Position Description

Job Title: Emergency Response Team Paramedic  
Date: April 2013  
Department: Operations & Office of Emergency Management (OEM)  
Status: Non-Exempt  
Reports To: Ambulance Strike Team Leader (STL)

**SUMMARY:** The primary focus of an Emergency Response Paramedic (ERP) is to provide advanced life support to reduce the morbidity and mortality associated with a deployment. The ERP is qualified in advanced pre-hospital emergency care and services by a competency-based educational program of clinical, didactic, and practice. Roles of the ERP may include but are not limited to: evacuation assistance, emergency call response, inter-facility transports, on-scene stand-by, search and rescue support, hospital or shelter staffing. The ERP should possess the education, maturity and experience to operate safely in areas that may pose increased risks and hazards that are not typical in day-to-day emergency medical services operations.

1. **RESPONSIBILITIES:** The major responsibilities of the ERP are:
  - 1.1. Ensure self readiness.
  - 1.2. Assess each call situation to determine best course of action and appropriate protocol.
  - 1.3. Utilize medical equipment and procedures including defibrillator, EKG monitor, oxygen and suction devices, intravenous fluids, CPR and other procedures and medications as required to provide advanced medical care.
  - 1.4. Develop and utilize triage skills to provide optimal efficiency during calls.
  - 1.5. Provide patient care according to clinical protocols and safety requirements.
  - 1.6. Lift and move patients as required to provide optimum care.
  - 1.7. Communicate with receiving facility or forward operating base (FOB) medical director to receive medical direction and to provide critical information.
  - 1.8. Act as team leader and take responsibility for scene management as needed.
  - 1.9. Upon arrival at destination with patient, responsible for making ready all ALS equipment and supplies to place the unit back in service as soon as possible.
  - 1.10. When necessary, in the absence of other qualified rescuers and within limits of training, use procedures to gain access to and disentangle patients who require extrication.
  - 1.11. Understand and comply with ICS and NIMS concepts and principles.
  - 1.12. Contact the STL or appropriate incident personnel with problems encountered on the incident, including mechanical, human resources, operational, and/or logistical.
  - 1.13. Inspect vehicle and equipment as required to assure serviceability.
  - 1.14. Complete manifest and other reports/forms as required.

- 1.15. Establish and maintain positive interpersonal and interagency working relationships.
- 1.16. Obtain and record information as specified by STL or as directed by Forward Operating Base leadership.
- 1.17. Reports needed equipment and vehicle repairs to STL or appropriate personnel.
- 1.18. Maintains confidential all information obtained in the course of a deployment unless directed by AMR authorities or required by law to share such information.
- 1.19. Refuses to participate in unethical procedures, and assumes the responsibility to report incompetence or unethical conduct to the appropriate authority.
- 1.20. Remains current on certifications.

**1.21. Responsibilities Enroute**

- 1.21.a. The ERP will obtain travel instructions from local leadership or STL.
- 1.21.b. Will meet other AST members at rendezvous or assembly point.
- 1.21.c. Responsible for information received relating to the current incident situation, safety issues and potential assignment.
- 1.21.d. Conduct checklist assessment of ambulance equipment availability.
- 1.21.e. Maintain and have available on request the appropriate documentation to verify personal certification.

**1.22. Responsibilities At Scene**

- 1.22.a. Report for assignment(s) as directed.
- 1.22.b. Obtain orientation to local theater of operation.
- 1.22.c. Adhere to preferred travel routes.
- 1.22.d. Provide medical care pursuant to scope of practice as trained and authorized for the specific incident/jurisdiction.
- 1.22.e. Function within local/approved protocols and medical control procedures.
- 1.22.f. Facilities, support services, and material at the incident should be provided by the Logistics Section, however, these resources may not be in place in the early stages of a disaster so ERP should be self-sufficient for up to 72 hours.
- 1.22.g. Submit reports and information to STL.
- 1.22.h. Remain co-located with other members of same Ambulance Strike Team when off-shift unless approved otherwise.

**1.23. Responsibilities – Demobilization**

- 1.23.a. The ERP should not leave the theater of operations without receiving departure instructions from their STL.
- 1.23.b. Complete and submit demobilization check-out forms.
- 1.23.c. Return all communications and other equipment on loan for the incident.
- 1.23.d. Reviews return travel procedures with STL.

**2. REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES:**

- 2.1. Basic understanding of the underlying principles of laws and regulations, criteria and standards dealing with emergency response, homeland security and general emergency Management issues.
- 2.2. Working knowledge of the National Incident Management System (NIMS).
- 2.3. Working knowledge of the Incident Command System (ICS).
- 2.4. For disaster situations, possesses the education and experience in those areas of patient care that are commensurate with the patient care mission.

- 2.5. For Mass Casualty Events (MCE), is able to work in an environment which may have to allocate scarce resources in a manner that is different from usual circumstances but appropriate to the situation.
- 2.6. Must be prepared for 24 hour on-call response.

### **3. MINIMUM QUALIFICATIONS:**

- 3.1. Must have formal training in pre-hospital EMS and emergency response.
  - 3.1.a. Meets or exceeds hazardous materials awareness level training equivalent to OSHA 1910.120(q)(6)(i) or EPA 40 CFR 311
  - 3.1.b. State certified Paramedic.
  - 3.1.c. Successful completion of the minimum terminal learning objectives for Emergency Medical Responder as defined by the National Highway Traffic Safety Administration's National EMS Education Standards.
- 3.2. Ongoing involvement with EMS and active status of legal authority to function as an Emergency Medical Responder granted by a state, the District of Columbia, or U.S. territory.
- 3.3. Successful completion of the following ICS Courses:
  - 3.3.a. ICS 100.b – Introduction to Incident Command
  - 3.3.b. ICS 700.a – NIMS Introduction.
  - 3.3.c. ICS 800.b – National Response Framework (NRF), An Introduction
- 3.4. Current and Valid State Issued Driver's License
- 3.5. Completion of an Emergency Vehicle Operations Course (EVOC), or Coaching the Emergency Vehicle Operator (CEVO), or Defensive Driving Course IV (DDC4), or equivalent.
- 3.6. Able to meet the physical and mental requirements as outlined below.
- 3.7. Immunized in accordance with CDC core and specific threat as appropriate.
  - 3.7.a. Tetanus and diphtheria (Td) toxoid or Tetanus, diphtheria, and pertussis (Tdap). Receipt of primary series and booster within 10 years. (Recommended)
  - 3.7.b. Documentation of Hepatitis B vaccination series and documentation of a positive titer (antibody to HBsAg) or completion of a "declination" waiver of liability. (Required)

### **4. STRESS FACTORS:**

- 4.1. Occasionally: Repetitive tasks, high pressure, rapidly changing, high-risk environment.
- 4.2. Frequently: Intense tasks, prolonged stand-by periods.

### **5. PHYSICAL REQUIREMENTS:**

- 5.1. Occasionally: Walking, lifting 200 pounds, kneeling, stooping, bending, and leaning.
- 5.2. Frequently: Hearing/listening, clear speech, touching.
- 5.3. Constantly: Sitting, seeing.
- 5.4. Must be healthy enough to function under field conditions, which may include all or some of the following:
  - 5.4.a. Extended (>12hr) shifts, austere conditions (possibly no showers, housing in tents, portable toilets)
  - 5.4.b. Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments)
  - 5.4.c. Long periods of standing
- 5.5. Individuals should not require personal medications that need refrigeration of any kind.
- 5.6. Should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies.

**6. WORKING ENVIRONMENT:**

- 6.1. Occasionally: Works alone.
- 6.2. Frequently: Face-to-face contact with others,
- 6.3. Constantly: Works around others, verbal contact with others, outside shift work, day or night hours.

**7. MENTAL REQUIREMENTS:**

- 7.1. Occasionally: Simple reading, simple math skills,
- 7.2. Frequently: Simple writing, judgment, reasoning.
- 7.3. Constantly: Decision-making.

**8. EQUIPMENT USED:**

- 8.1. Occasionally: Telephone, fax, copy machine, stapler, suction equipment.
- 8.2. Frequently: Airway equipment, IV supplies, monitor/defibrillator, disposable supplies, durable equipment.
- 8.3. Constantly: Ground ambulance, two-way radio, patient gurney, maps, trauma bag or box, spine board, bandages and other splinting equipment, oxygen delivery and administration systems, blood pressure cuff, stethoscope, protective devices, protective clothing.