



Position Description

Job Title: Ambulance Strike Team Leader
Date: April 2013
Department: Operations & Office of Emergency Management
Status: Non-exempt or Exempt
Reports To: Ambulance Task Force Leader or Ambulance Division/Group Supervisor

1. **SUMMARY:** As part of the AMR Emergency Response Team (ERT), the Strike Team Leader (STL) must have the capability and experience to manage, coordinate, and direct the actions of the Ambulance Strike Team (AST) at a wide variety of emergency situations. AST assignments 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 STL must maintain all appropriate records while ensuring the logistical needs of all assigned personnel are met during the entire activation of the AST. The STL reports work progress, resources status, and other important information to the Ambulance Task Force Leader or the Division/Group Supervisor. ERT STLs are approved by the AMR Office of Emergency Management (OEM). During active deployments, this responsibility may be delegated to the Incident Management Team (IMT) at the Forward Operating Base (FOB).
2. **AMR AMBULANCE STRIKE TEAM - DEFINED:** An AMR Ambulance Strike Team (AST) is a group of 5 or less ambulances with common communications and a leader, capable of out-of-hospital emergency medical care, evacuation, and transportation services. It provides an operational grouping of ambulances complete with supervisory elements for organization command and control. The Strike Teams may be all ALS, all BLS, or a mixture of ALS and BLS. The usual ratio of ambulances to STL is 5 Ground Ambulances to 1 STL.
3. **COMPETENCIES:**
 - 3.1. Successfully assume role of STL and initiate position activities at the appropriate time.
 - 3.2. Influence, guide, and direct assigned personnel to safely accomplish objectives with desired outcomes in a rapidly changing, high-risk environment.
 - 3.3. Use suitable communication techniques to share relevant information with appropriate personnel in a timely basis to accomplish objectives in a rapidly changing, high risk environment.
 - 3.4. Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.

4. **RESPONSIBILITIES:** The major responsibilities of the STL are:
 - 4.1. Ensure readiness of self and AST members for assignment.
 - 4.2. Ensure availability, qualifications, and capabilities of resources to complete assignment.
 - 4.3. Understand organization structure, reporting procedures, and chain of command within the ICS structure.
 - 4.4. Understand and comply with ICS and NIMS concepts and principles.
 - 4.5. Supervise the operational deployment of the team at the incident, as directed by the on-scene Division/Group Supervisor, or other member of the IMT.
 - 4.6. Maintain familiarity with team operations, including assembling, responding, and directing the actions of the assigned units, keeping the team accounted for at all times.
 - 4.7. Contact the appropriate IMT personnel with problems encountered on the incident, including mechanical, human resources, operational, and/or logistical.
 - 4.8. Ensure vehicles have adequate communications capability.
 - 4.9. Maintain positive public relations during the incident (in coordination with the Public Information Officer).
 - 4.10. Establish and maintain positive interpersonal and interagency working relationships.
 - 4.11. Prior to deployment, determine approximate mission duration, special circumstances, check-in site location and contact information.
 - 4.12. Review common responsibilities of all applicable Incident Command positions
 - 4.13. Review assignments with subordinates and assign tasks.
 - 4.14. Monitor work progress and make changes when necessary.
 - 4.15. Coordinate activities with adjacent Strike Teams, Task Forces and single resources.
 - 4.16. Coordinate the movement of the team traveling to and returning from the incident.
 - 4.17. Retain control of assigned resources while in available or out-of-service status.
 - 4.18. Submit situation and resource status information as requested.
 - 4.19. Maintain Unit/Activity Log using approved ICS forms
 - 4.20. Oversee the safety and condition of the team, personnel and associated equipment.
 - 4.21. Participates in exercises to test emergency plans and procedures. Coordinates participation of the AST exercises.
 - 4.22. Meets with interested groups to explain the emergency preparedness program and to enlist their support and cooperation.
 - 4.23. Prioritizing tasks so as to accomplish the most critical first, making effective decisions in an environment with a large number of unknowns, evaluating material resource needs, recognizing the need for supplemental technical knowledge, anticipating hazards and taking action in a proactive manner to ensure responder safety and health, developing alternative plans, identifying training needs and/or levels of assigned personnel, and recognizing and identifying unsafe acts and operations.
 - 4.24. Determine and communicate IAP operational objectives of an incident action plan (IAP) and required resources needed to accomplish the assignment, given a tactical approach from the Operations section, assigned resources, and operational procedures, so that the required resources are identified and communicated to supervisors, assigned resources are allocated and the assignments are carried out, the tactical assignments are carried out, and the results are monitored and communicated to Command.
 - 4.25. **Responsibilities Enroute**

- 4.25.a. All AST units will contact the STL by radio or phone while enroute to the incident. The decision to travel together will depend on the location of individual ambulances at the time of deployment.
- 4.25.b. Introduce AST members at rendezvous or assembly point.
- 4.25.c. Brief AST members on current incident situation, safety issues and potential assignment.
- 4.25.d. Determine and communicate the response route, considering time of day, traffic, food, fueling, traffic impediments caused by the incident.
- 4.25.e. Conduct assessment of the AST readiness and equipment availability.
- 4.25.f. Inspect assigned units and note qualifications of personnel.
- 4.25.g. Notify AMR NATCOM of status and ETA to incident.

4.26. Responsibilities At Scene

- 4.26.a. Initiate appropriate Unit Log and Check-In ICS forms.
- 4.26.b. Receive incident briefing (including communications and medical plan).
- 4.26.c. Brief AST members on incident and their assignments.
- 4.26.d. Report for line assignment(s) or to a Staging Area as directed.
- 4.26.e. Obtain orientation to assigned theater of operations.
- 4.26.f. Determine preferred travel routes and brief team members.
- 4.26.g. Provide medical care pursuant to certified scope of practice and authorized for the specific incident/jurisdiction.
- 4.26.h. Brief AST members on local/approved protocols and medical control procedures.
- 4.26.i. Determine and identify need for assistance or for corrections of assigned work task during operational period.
- 4.26.j. Facilities, support services, and material at the incident should be provided by Logistics Section, however, these resources may not be in place in the early stages of a disaster so the STL should insure the AST is self-sufficient for up to 72 hours. Until all incident facilities are established each STL will coordinate with their respective support services to provide facilities to support the AST.
- 4.26.k. Submit situation and resource status information to supervisor.
- 4.26.l. STL should keep all AST members together when off-shift unless approved otherwise.

4.27. Responsibilities – Demobilization

- 4.27.a. The Planning Section prepares the demobilization plan and the Logistics Section implements the plan with the assistance of the STL.
- 4.27.b. No AST member should leave without receiving departure instructions from their STL.
- 4.27.c. Complete and submit demobilization check-out forms.
- 4.27.d. If unable to replace lost, used or damaged equipment, the STL shall notify their Incident Agency Representative prior to leaving the incident.
- 4.27.e. The STL will return all communications and other equipment on loan for the incident.
- 4.27.f. The STL will validate and submit timekeeping records to appropriate personnel.
- 4.27.g. STL will review return travel procedures with Task Force Leader.

5. REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES:

- 5.1. Thorough knowledge of the underlying principles of laws and regulations, criteria and standards dealing with emergency response, homeland security and general emergency preparedness issues.
- 5.2. Thorough knowledge of the National Incident Management System (NIMS).
- 5.3. Thorough knowledge of the Incident Command System (ICS).
- 5.4. Thorough knowledge of the National Response Framework.
- 5.5. Extensive knowledge of the organization and operation of the Emergency Support Function 8 (ESF8) of the emergency management program.
- 5.6. For disaster situations, possesses the education and experience in those areas of patient care that are commensurate with the patient care mission that manages all medical group/branch functions to safely and quickly extricate, triage, treat, and transport all patients according to the incident medical objectives.
- 5.7. For Mass Casualty Events (MCE), is able to allocate scarce resources in a manner that is different from usual circumstances but appropriate to the situation.
- 5.8. Knowledge of the principles, methods and techniques of emergency management planning.
- 5.9. Ability to handle classified information without jeopardizing content.
- 5.10. Must be prepared for 24 hour on-call response.
- 5.11. Must be able to travel to meetings and attend training that may require overnight stays.

6. **MINIMUM QUALIFICATIONS:**

- 6.1. Must have formal training in prehospital emergency response.
 - 6.1.a. Meets or exceeds hazardous materials awareness level training equivalent to OSHA 1910.120(q)(6)(i) or EPA 40 CFR 311
 - 6.1.b. State certified Emergency Medical Technician or Paramedic.
 - 6.1.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.
- 6.2. Active status of legal authority to function as a First Responder or an Emergency Medical Responder granted by a state, the District of Columbia, or U.S. territory.
- 6.3. Should be a current EMS Field Supervisor, Assistant Field Supervisor, Clinical Education Supervisor, or Field Training Officer (or equivalent of any of these).
- 6.4. One year EMS leadership experience.
- 6.5. Valid State Driver's License
- 6.6. Completion of the following ICS Courses:
 - 6.6.a. ICS 100.b – Introduction to Incident Command
 - 6.6.b. ICS 102.c – Preparing for Federal Disaster Operations: FEMA Response Partners (**strongly recommended but not required**)
 - 6.6.c. ICS 200.b – ICS for Single Resources and Initial Action Incidents
 - 6.6.d. ICS 240.a – Leadership & Influence (**strongly recommended but not required**)
 - 6.6.e. ICS 300 – Intermediate Incident Command
 - 6.6.f. ICS 700.a – NIMS Introduction
 - 6.6.g. ICS 701.a – NIMS Multiagency Coordination Systems, (MACS)
 - 6.6.h. ICS 703.a – NIMS Resource Management
 - 6.6.i. ICS 704 – NIMS Communications and Information Management
 - 6.6.j. ICS 800.b – National Response Framework
- 6.7. Completion of an Emergency Vehicle Operations Course (EVOC), or Coaching the Emergency Vehicle Operator (CEVO), or Defensive Driving Course IV (DDC4), or equivalent.

- 6.8. Immunized in accordance with CDC core and specific threat as appropriate.
 - 6.8.a. Tetanus and diphtheria (Td) toxoid or Tetanus, diphtheria, and pertussis (Tdap). Receipt of primary series and booster within 10 years. (Recommended)
 - 6.8.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)

- 7. **STRESS FACTORS:**
 - 7.1. Occasionally: Repetitive tasks, high pressure, rapidly changing, high-risk environment.
 - 7.2. Frequently: Intense tasks, prolonged stand-by periods.

- 8. **PHYSICAL REQUIREMENTS:**
 - 8.1. Occasionally: Walking, lifting 200 pounds, kneeling, stooping, bending, and leaning.
 - 8.2. Frequently: Hearing/listening, clear speech, touching.
 - 8.3. Constantly: Sitting, seeing.
 - 8.4. Must be healthy enough to function under field conditions, which may include all or some of the following:
 - 8.4.a. Extended (>12hr) shifts, austere conditions (possibly no showers, housing in tents, portable toilets)
 - 8.4.b. Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, or wet environments)
 - 8.4.c. Long periods of standing
 - 8.5. Individuals should not require personal medications that need refrigeration of any kind.
 - 8.6. 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.

- 9. **WORKING ENVIRONMENT:**
 - 9.1. Occasionally: Works alone.
 - 9.2. Frequently: Face-to-face contact with others,
 - 9.3. Constantly: Works around others, verbal contact with others, outside shift work, day or night hours.

- 10. **MENTAL REQUIREMENTS:**
 - 10.1. Occasionally: Analyzing, Simple reading, simple math skills,
 - 10.2. Frequently: Simple writing, judgment, reasoning, Simple reading, Clerical
 - 10.3. Constantly: Decision-making

- 11. **EQUIPMENT USED:**
 - 11.1. Occasionally: Telephone, fax, copy machine, stapler,
 - 11.2. 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, Advance Life Support Equipment, Defibrillator, Cardiac Monitor, Intravenous Access Supplies