



Establishing the Emergency Medical Task Force: Addressing the Need for Ambulance Strike Teams

Enhancing emergency response through coordinated
medical teams

Situation Increasing Frequency of Large-Scale Emergencies

Rising Natural Disasters

Natural disasters are occurring more frequently, increasing the demand for rapid emergency medical response and resources.

Pandemics and Health Crises

Pandemics strain healthcare systems, requiring coordinated emergency preparedness and response strategies.

Mass Casualty Incidents

Mass casualty incidents place unprecedented pressure on emergency medical services to provide timely care.



Background Identified gap: Funding Patient Transport

NDMS Pilot

During the recent NDMS pilot exercise, there was a gap identified with the ability to mobilize multiple ambulances and crews to transport patients during a large event

Status of the HCC's within Colorado

Currently the HCC Readiness Response Coordinators (RRCs) are under a stop work order. Some HCC's continue to exist and run under alternate funding or voluntary membership and others are not functional. These changes have only added to the pre-existing need for sustainable resource allocation and coordination across the state

Mass Casualty Incidents

Strike teams have proven effective in rapid deployment, resource management and patient transport as seen in the Kerrville, TX floods.





Concept and Structure of Ambulance Strike Teams

Mission

- Primary mission is to provide medical triage, transport & evacuation services during a large-scale event.
- Secondary missions include responding to mass casualty incidents, incident support for all hazards and other appropriate, like missions.
- Strike teams are incorporated into regional response plans in addition to being available for state activation.





Capabilities

- 24/7 response capable, advanced/basic life support ambulances (based upon license & crew credentials).
- A Strike Team is comprised of 5 ambulances led by a Strike Team Leader in an EMS Command vehicle.
- Each of the eleven RETAC regions maintain current/active system for recruiting strike teams and provide data to EMTF Regional Leads.

Typing/Staffing

- Basic Life Support (BLS): Minimum (2) emergency care providers.
- Advanced Life Support (ALS): Minimum (1) Paramedic or Intermediate & (1) EMT or AEMT.





Improved Coordination and Resource Allocation

Centralized Management

Centralized command improves coordination by overseeing strike team deployment effectively.

Efficient Deployment

Centralized control enables quick and efficient deployment of emergency teams.

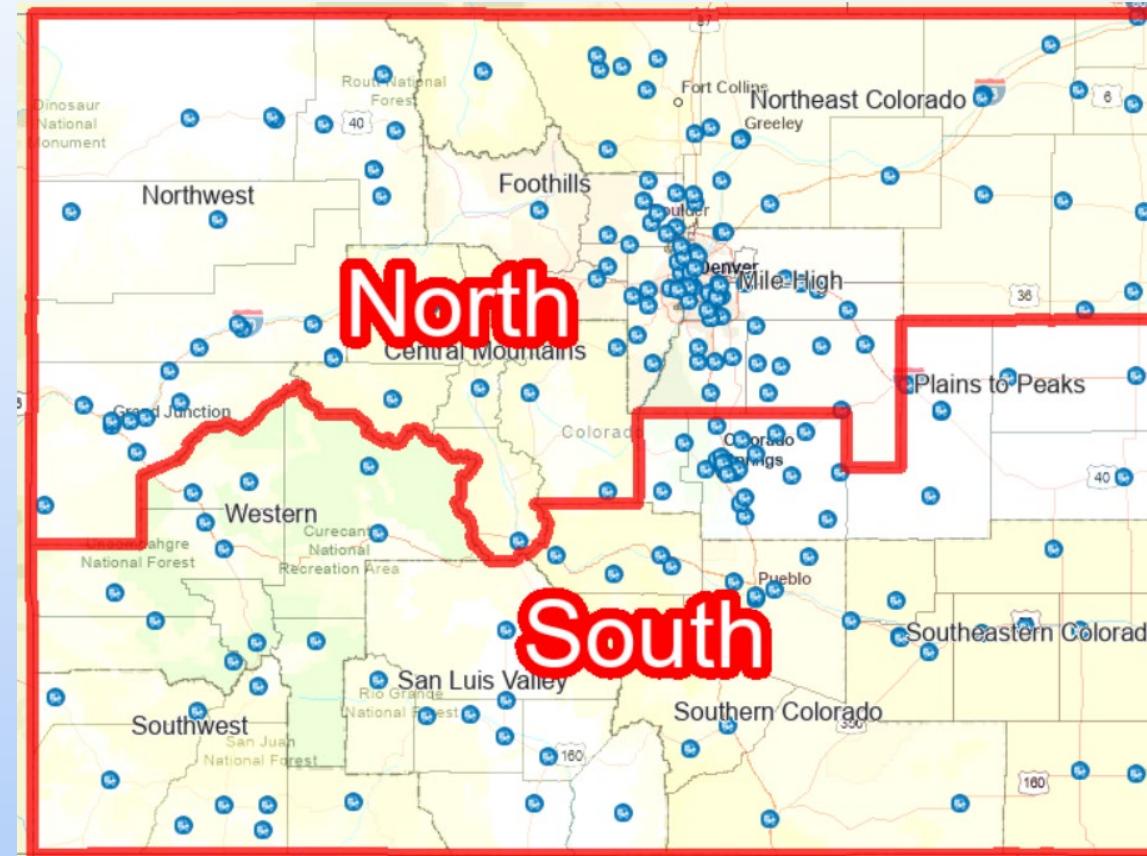
Reduced Duplication

Centralized oversight minimizes duplication of efforts among responders, improving resource use.



Implementation Strategies and Operational Considerations

EMTF Regions –





Funding Mechanism and Reimbursement

Legislative Action

Must be approved to provide ongoing funding for the reimbursement of EMTF Participating Organizations and for the operation of the EMTF Statewide Program.

Funds

Would be monitored by the Office of Emergency Preparedness and Response within the Colorado Department of Public Health and Environment.

Funding Reimbursements

To expedite funding reimbursements, one RETAC would be the fiscal agent between the EMTF Participating Organizations and the OEPR.



MOA -

MEMORANDUM OF AGREEMENT
between
LEAD REGIONAL EMERGENCY MEDICAL TASK FORCE
and
SPONSORING ENTITY
for
COLORADO EMERGENCY MEDICAL TASK FORCE

Communication Protocols and Technology Needs



Reliable Communication Systems

Dependable communication networks are crucial for effective coordination during emergencies.

Technology Integration

Integrating various technologies enhances teamwork and operational efficiency in emergency response.



Recommendation

Creation and implementation of Colorado EMTF Program

Development of structure for CO EMTF

Development of funding stream for CO EMTF

Implementation of CO EMTF