A Proposal to Establish

The New Jersey Emergency Medical Services Task Force – North Region

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(Final)

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INTRODUCTION

The State of New Jersey Emergency Operations and Response Plan ESF-8 Health and Emergency Medical Annex clearly delineates the need for a coordinated, well-defined response to major emergencies and catastrophic disasters by Emergency Medical Services resources. Furthermore, new and unique threats facing the State and Nation have created significant challenges for emergency responders that may require specialized training and equipment for effective mitigation that would best be accomplished in a well-coordinated manner. To provide the best possible organized response during a major disaster, it is urgent to move forward in developing a unified system that combines the State’s many EMS resources from within the volunteer and career Emergency Medical Services, commercial ambulance services, hospital based ALS units and communications centers. The development of the New Jersey EMS Task Force is intended to serve as the mechanism for such a unified response. Task Forcing is a proven concept for the effective management of resources operating under the Incident Management System. It is anticipated that the New Jersey EMS Task Force will become an authorized State resource operating under the auspices of the Health and Emergency Medical Annex (ESF-8 or successor document to be written) of the State of New Jersey Emergency Operations and Response Plan.

CONCEPT OF OPERATIONS

The New Jersey EMS Task Force will be comprised of a diverse group of member organizations that will form a Resource Pool from which assets can be drawn to organize response task forces. Member organizations will include career and volunteer EMS agencies, commercial ambulance services, hospital-based advanced life support units and regional communications centers. The Task Force will represent a coordinated effort between the NJ Department of Health and Senior Services, Office of Emergency Medical Services, the NJ Association of Paramedic Programs, the NJ State First Aid Council, the Medical Transportation Association and the UMDNJ-University Hospital Level 1 Trauma Center.

The New Jersey EMS Task Force will adopt the same regional approach used by the New Jersey State Police Office of Emergency Management. The State is divided into three regions, North, Central and South and each is comprised of seven counties. The anchor points for the EMS Task Forces will be the State’s three Level One Trauma Centers located at UMDNJ-University Hospital in the North, Robert Wood Johnson University Hospital in the Central and the Southern NJ Regional Trauma Center at Cooper University in the South. The long-range goal is to implement an EMS Task Force in each of the state’s three regions. However, the initial Task Force will be implemented to support the FY03 Urban Areas Security Initiative for the City of Newark and Core County of Essex and those remaining counties that comprise the North Region of New Jersey, They include Bergen, Hudson, Morris, Passaic, Sussex and Warren.
The New Jersey EMS Task Force – North Region will be set up in two Divisions that also correspond to the State’s bio-terrorism response regions. The Northeast Division will include the counties of Essex, Hudson and Bergen and the Northwest Division will include the counties of Morris, Passaic, Sussex and Warren. Member organizations will be strategically recruited from throughout the North Region such that each Division will contain one-half of the resources in the pool. This should enable the two Divisions to provide primary and backup resources for one another when an incident occurs. The evenly divided Resource Pool will enable each Division to assemble a primary and backup EMS Task Force response. In effect, The New Jersey EMS Task Force – North Region will be set up to provide four distinct EMS Task Forces. This will ensure that a functional task force remains available in the event an incident adversely affects one particular area. This North Region Task Force will also be available to respond to the Central and South regions upon request.

The Resource Pool for the North Region’s EMS Task Force will contain the following assets:

- 40 Basic Life Support ambulances each staffed by a minimum of two EMT- Basics
- 16 Advanced Life Support transport or non-transport units each staffed by a minimum of two EMT - Paramedics
- 2 Lighting Utility vehicles
- 2 Communications vehicles
- 4 Special Operations vehicles
- 1 Incident Management Assistance Team (IMAT)

The Resource Pool will then be capable of producing four EMS Task Forces comprised of the following assets:

- 10 Basic Life Support ambulances each staffed by a minimum of 2 EMT- Basics
- 4 Advanced Life Support transport or non-transport units each staffed by a minimum of two EMT - Paramedics
- 1 Lighting Utility vehicle
- 1 Communications vehicle
- 1 Special Operations vehicle
- 1 Incident Management Assistance Team (IMAT)

Detailed Standard Operating Procedures (SOP) for requesting and activating a Task Force response will be developed. However, the Regional Emergency Medical Communications System (REMCS) will serve as the authorized Communications Center to receive and activate the North Region EMS Task Force.

Depending upon the SOPs that are developed, REMCS will determine which Division’s assets will be activated and will then coordinate the notification of assets with other regional communications centers located in the North Region.
Once the Task Force is operational, it will conduct all of its communications through REMCS.

The composition of the Primary and Backup Task Forces from each Division will occur in order of how each of the assets confirms their ability to respond to the request. As soon as there are enough assets to compose the Primary Task Force, the remaining assets will be organized as a Backup Task Force. This will enable a continuous operation of the Task Force during multiple operational periods or should a large contingency of EMS resources be immediately required, the Backup Task Forces can be deployed upon request.

The Task Force will become an entity that will adopt an all hazards approach to emergency management. It will honor the New Jersey tradition of home rule and respond through an official request process that will be developed. The Task Force will also be available for deployment to New York City as a resource through activation of the Mutual Aid Agreement between the City of New York and State of New Jersey. It will undergo intensive training in responding to CBRNE incidents so that it can play a major support role for all types of emergency responders as well as provide emergency care and transportation of the injured. Once formed, the Task Force will train together regularly to prepare for the myriad of possible emergency situations it might be called upon to assist. Task Force members will also participate in exercises and conduct training for other EMS providers as needed. Its primary mission will be to provide needed EMS resources and incident management support if requested to areas impacted by a disaster whose own resources may be overwhelmed by the emergency.

The Task Force will be organized and managed such that all members will understand their role in an operation. The Task Force will adopt and strictly adhere to the principles of the Incident Management System. The Incident Management Assistance Team will be thoroughly trained to provide the necessary leadership roles for successful mitigation of events. The Task Force will utilize an accountability system for all deployments and activities. All movement of staff and equipment will be authorized. The Task Force will arrive and depart as a unit for all deployments.

**Minimum Requirements for participation:**

For the purposes of clarity, a *Task Force – agency member* is meant to signify an organization, agency or entity that is considered to be an asset in the Resource Pool.

A *Task Force – Individual Member* is meant to signify a person who is a member or employee of the Agency Member and authorized to participate in Task Force response and training activities.

**Requirements to participate as a Task Force – Agency Member:**

1. All ambulances must be inspected by the NJ Department of Health, Office of Emergency Medical Services. Licensed EMS 9-1-1,
commercial and ALS providers undergo inspection as part of their licensure requirements. Volunteer EMS providers must have their ambulances inspected by the Office of Emergency Medical Services to participate on the Task Force.

2. Task Force – Agency Members must certify that only Individual Members will be authorized to respond to Task Force activations and training exercises.

   Task Force – Agency Members will also be required to sign an Agreement of Participation setting forth the minimum and supplemental training requirements to obtain and maintain status as an Agency Member.

3. Task Force – Agency Members must acknowledge an understanding that their participation is voluntary and without compensation. During activations and training exercises, there will be no guarantee of reimbursement for services rendered. Insurance and workers compensation coverage will be maintained by the Agency.

4. Participation on the EMS Task Force will be through an application process that will be managed by the Task Force Leader. The Task Force Leader will oversee the membership of the Task Force and evaluate Agency Members continued participation.

**Requirements to participate as a Task Force – Individual Member**

1. Must be a member or employee in good standing of a participating Agency.

2. Must have a minimum of 3 years of EMS experience.

3. Must have the following certifications or courses completed:
   
   - EMT-Basic or EMT-Paramedic for a minimum of 1 year
   - ICS 200
   - Hazmat Awareness and Operations level
   - Weapons of Mass Destruction Awareness and Operations level
   - Response to the Large Scale Incident training program

4. Must be able to pass a respirator fit test and wear a respirator.

   All Task Force Agency Member vehicles and Task Force Individual Members will be credentialed and receive an official ID from the NJ Department of Health Office of EMS.