



PREHOSPITAL AMBULANCE TASK FORCE AND STRIKE TEAMS

Effective: October 3, 2017
Replaces: January 22, 2007
Review: October 3, 2020

I. Purpose

The purpose of this policy is to provide standards for the use of ambulance task forces and ambulance strike teams in and out of Santa Clara County.

II. Definitions

- A. **State Type 1 Ambulance Strike Team:** Five (5) ALS ambulances with two (2) personnel each (one of which must be a paramedic), and one (1) strike team unit leader with vehicle, which is not part of the five (5) ambulances, and the State Disaster Medical Support Unit (DMSU). Typically used for out of county deployment.
- B. **State Type 2 Ambulance Strike Team:** Five (5) BLS ambulances with two (2) personnel each (both at least at the EMT level), and one (1) strike team unit leader with vehicle, which is not part of the five (5) ambulances, and the State Disaster Medical Support Unit (DMSU). Typically used for out of county deployment.
- C. **State (Out of county deployment) Medical Task Force:** A mixed assembly of ambulances with two (2) personnel each, at either the ALS, BLS or CCT level and one (1) task force unit leader with vehicle, which is not part of the of the task force ambulances, and the State Disaster Medical Support Unit (DMSU).
- D. **Ambulance Task Force 1 (In-county deployment only):** Three (3) ALS ambulances with two (2) personnel each (one of each must be paramedic) and one (1) EMS Field Supervisor. During periods of system surge, BLS ambulances may be assigned to the task force in lieu of ALS ambulances.
- E. **Ambulance Task Force 2 (In-county deployment only):** Six (6) ALS ambulances with two (2) personnel each (one of each must be paramedic) and one (1) EMS Field Supervisor. During periods of system surge, BLS ambulances may be assigned to the task force in lieu of ALS ambulances.

III. In-County Approved Use

- A. Ambulance resources are limited and must be fully loaded prior to departure from the scene.



- B. An Ambulance Task Force should be used when the incident is not continuing to generate additional injuries or patients.
- C. Any officer of a system provider agency may request an in-county Ambulance Task Force 1 or 2.
- D. The EMS Duty Chief must be immediately notified of any request for the use of an Ambulance Task Force.
- E. An in-county Ambulance Task Force 1 or 2 may only be used for in-county responses, as it is not recognized in the State Medical Mutual Aid System.
- F. Common uses of an in-county Ambulance Task Force 1 or 2 include, but are not limited to:
 - 1. Multi-vehicle collisions with multiple patients requiring transport
 - 2. Rescuer rehabilitation functions
 - 3. Aircraft incidents ("Alert 2L or 3")
 - 4. Multi-alarm structure fires
 - 5. Any event with a definite number of patients that is not expected to grow
 - 6. May be used as part of the initial response to a MCIP Level 1 or Level 2 activation

IV. Approved Out of County Use

- A. The EMS Duty Chief will work in cooperation with the Medical/Health Operational Area Coordinator (MHOAC), County Health Officer and Regional Disaster Medical Health Specialist/Coordinator (RDMHS/RDMHC) to receive or make available Type 1 or 2 Ambulance Strike Teams and/or State Medical Task Force through the State Medical Mutual Aid System.
- B. The primary mission of the County's EOA contracted ALS ambulance provider is to ensure the welfare of Santa Clara County. When possible, the County's EOA contracted ambulances should not be used to fill assignments in declared states of emergency.
- C. The EMS Duty Chief shall determine the State Type 1 or 2 Ambulance Strike Team Leader or State Medical Task Force Unit Leader.