

Reference 809

Core Principles: Medical ICS

Rev: 2/18

- Rule #1: The utilization of the Incident Command System (ICS) provides the foundation for clear communication, personnel accountability, span of control, unity of command, and efficient resource management for Incident Commanders on the scene of medical emergencies.
- Adherence to this system will encourage a cohesive teamwork approach to patient care with an identified Incident Commander who has the responsibility for overall incident management. Adherence to this system also complies with EMS Policy 611, On-scene Medical Control, and EMS Policy 612, EMS Resource Response and Management.
- Rule #2: All medical incidents will have an IC established
- The first arriving, highest-ranking official of the jurisdictional agency at the scene of the incident initially establishes Command (formal or informal), and assumes all the rights and responsibilities of the Incident Commander.
 - The Incident Commander is responsible for the overall management of the incident, and assumes responsibility for developing the incident objectives which will be the basis for subsequent incident action planning, resource deployment, and the overall safety of the public and responders.
- Rule #3: Rules of ICS will be followed on medical calls
- The incident commander has responsibility for all tasks on a medical call until these tasks have been delegated to other responders.
 - Requests for additional resources or personnel on a medical call will follow the chain of command and will occur through single point ordering.
 - When responders have been delegated a task on a medical call, they will continue with this task until it is complete or has been delegated to another responder.
 - When responders have completed a task on a medical call they will check in with the position to which they are accountable for reassignment.
 - The number of ICS positions on a medical call will be dictated by the number of patients and the complexity of the call.
- Rule #4: A Primary patient paramedic/EMT will be identified on all medical calls.
- The term “Primary” will be utilized to identify the responder who assumes, or is assigned, the responsibility for the overall patient care of an individual patient. The Primary will direct and delegate patient care tasks to other responders comprising the patient care team. The Primary will generally be responsible for the evaluation of the patient, and for monitoring the patient’s overall status. In general, the Primary should be a paramedic when ALS agencies are responding



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to the call. However, an EMT may be Primary on a patient prior to ALS responders arriving on scene.

- The Primary will communicate resource requests and patient status to the ICS position directly above him/her (Division/Group Supervisor, Medical Branch Director, IC) and will communicate patient handoffs to other responders and hospital staff. The Primary will also be responsible for communicating with the Base Station in order to determine trauma patient destination or to obtain specific medical orders.
- The Primary is ultimately responsible for all aspects of patient care - delegated or delivered directly – and assumes responsibility for the patient until this patient is handed off to another responder or receiving medical facility.

Rule #5: On multiple patient incidents a Primary paramedic/EMT will be assigned to each patient when possible.

- There may be certain circumstances that necessitate the Primary paramedic / EMT assume patient care responsibility for multiple patients. In the event of a declared Multiple Casualty Incident the Primary paramedic / EMT identifier will not be utilized and all positional terminology will be consistent with the ICS Field Operations Guide (ICS 420-1) and the San Benito County Multiple Casualty Incident Response Plan.

Rule #6: All responders are accountable for the overall success of the medical call, and for ensuring that an appropriate standard of care is delivered to the patient.

- While the Primary will oversee all aspects of patient care, she/he is part of a team of responders who collectively work to provide optimal patient care. To this end, the Primary should encourage suggestions and alternate plans for managing the patient and should look to achieve consensus among all responders involved in the medical call.

