

# AMR/FEMA/HHS Ground Ambulance & Paratransit Resource Utilization Guide

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**(This version is for FEMA and State use)**

**Guidance to local/state Government and emergency management agencies on how to appropriately request and utilize ground ambulance and paratransit services during federally declared disasters**

Prepared by American Medical Response (AMR) – Office of Emergency Management (Federal Emergency Medical Services Contractor #HSFEHQ-07-D0589) in cooperation with the U. S. Department of Health and Human Services (HHS) and the Federal Emergency Management Agency (FEMA)



**FEMA**

## **Purpose**

The purpose of this document is to provide guidance to state and local jurisdictions on how to assess the need for FEMA-contracted ground ambulance and paratransit services during federally-declared disasters and to appropriately request and utilize those assets when state and local resources are inadequate, depleted or unavailable.

## **Administration**

FEMA has established a National Federal Ground Ambulance and Paratransit Services Contract to supplement state and local medical transportation resources during a disaster. The National Response Framework (NRF) identifies Emergency Support Function (ESF) #8 -- Public Health and Medical Services Annex -- as the mechanism for coordinated federal assistance to supplement state, local, and tribal resources in response to the public health and medical care needs for potential or actual disasters and/or during a developing potential health and medical situation. ESF #8 provides supplemental assistance to state, local, and tribal governments in identifying and meeting the public health and medical needs of victims of disasters.

ESF #8 identifies the U.S. Dept. of Health and Human Services (HHS) as both the coordinator and lead agency for the federal government on public health and medical services. Therefore, resources associated with the FEMA National Ground Ambulance and Paratransit Contract is coordinated by HHS.

Federal resources coordinated through ESF#8 health and medical services will facilitate transportation for individuals with disabilities, individuals in nursing homes and assisted living facilities, and for homebound individuals impacted by an incident or disaster and other individuals necessary. These transportation services are intended for people with severe disabilities who cannot arrange their own transportation and cannot travel by conventional means.

## **Utilization**

Effective use of medical transportation and related services will require an understanding of the different types of available resources as well as category limitations based on passenger mobility, disability and condition acuity. These limitations will determine whether individuals can be safely transported by ground ambulance (stretcher), paratransit vehicle or by more abundant general population conveyance, e.g. buses. Passengers should be initially triaged into three major categories: A) ground ambulance, B) paratransit and C) general. Once passengers are categorized, EMS Incident Management Team (IMT) leaders apply the principals of triage, and attempt to do the greatest good for the greatest number of people by matching passenger needs with the various types of transportation resources that are available.

## **Ground Ambulance Resources**

A ground ambulance is a vehicle designed and equipped to provide out-of-hospital or inter-facility emergency medical care, evacuation, and transportation services. The vehicle is staffed by a state licensed/certified team experienced and actively involved in the care and transportation of ambulance patients who cannot be safely transported by other means. Ground ambulance resources are further defined in the FEMA document 508-3 titled *Typed Resources Definitions - Emergency Medical Services Resources*. Two additional resources that may be available during a federally declared disaster are the ALS bariatric ambulance and the ALS med-evac bus. These resources are not specifically defined within the *Typed Resources Definitions* and would fall into the "ground ambulance other" and "multi-patient medical transport vehicle other" in terms of resource typing.

## **ALS Bariatric Ambulance**

The ALS bariatric ambulance is basically an ALS ground ambulance that has been designed to transport patients whose

physical weight would exceed the ability of most ground ambulances to transport safely. The ALS bariatric ambulance must be staffed with at least one (1) EMT-Paramedic and one (1) EMT-Basic. The stretcher must be rated to carry at least 700 lbs. and must either be 29" wide or compatible with a stretcher converting bariatric board to meet the width criteria. Also, one of these commercial stretcher loading devices must be installed:

- A winch and ramp system configured in such a way that two responders can easily and safely load and unload a bariatric patient into the ambulance, or
- The stretcher must be equipped with some type of hydraulic or mechanical system that allows for unassisted raising and lowering of a patient of at least 700 lbs.

### **ALS Med-Evac bus**

The ALS med-evac bus must be capable of transporting at least four (4) ALS stretcher-patients at one time. Staffing is to be determined by the ambulance provider but must include enough EMT-Paramedics (or other approved ALS providers) to simultaneously treat four (4) ALS patients and be available 24 hours per day. The ALS provider-to-patient ratio must be no less than 1:4. The ALS equipment on the bus must meet or exceed that of a licensed ALS ground ambulance, and the quantity of equipment and supplies must be proportionate to the number of patients being transported.

### **Paratransit Transportation**

Paratransit transportation means comparable transportation services required by the Americans with Disabilities Act (ADA) for people with disabilities who are unable to use fixed route transportation systems.<sup>1</sup> Paratransit transportation is “demand-responsive” vs. “fixed route”. A fixed route transportation system is one that operates along a prescribed route according to a fixed schedule. Fixed route systems typically include city bus systems, commuter and over-the-road bus systems, subways, light rail systems, and intercity rail transportation. Demand response transportation includes taxis, limousine services, van services, wheelchair vans, mini-buses, charter buses, and shuttle bus systems.

### **Disabilities Defined**

The Americans with Disabilities Act of 1990 (ADA) includes a legal definition of disability, in part defining a person with a disability as one who has “a physical or mental impairment that substantially limits one or more major life activities.”<sup>2</sup>

### **U.S. Census Disability Categories**

The U.S. Census Bureau uses two overall measures of disability status – nonsevere disability and severe disability. Disabilities are further classified in one of three domains: communication, physical or mental<sup>3</sup>.

#### **Definitions of a disability in a communication, mental, or physical domain.**

People 15 and older are identified as having a disability in a **communication domain** if they meet any of the following criteria:

1. Had difficulty seeing, hearing, or speaking

<sup>1</sup> ADA. 49CFR37. Subpart A, Section 37.3, page 415.

<sup>2</sup> See Public Law 101-336 at [www.usdoj.gov](http://www.usdoj.gov)

<sup>3</sup> US Census Bureau Americans with Disabilities: 2002 Issued May 2006. Page 2. Figure 1.

2. Blind or deaf
3. Identified one or more related conditions as the cause of a reported activity limitation (blindness or vision problem, deafness or hearing problem, or speech disorder)

People 15 and older are identified as having a disability in a **physical domain** if they meet any of the following criteria:

1. Used a wheelchair, cane, crutches, or walker
2. Had difficulty with one or more functional activities (walking a quarter of a mile, climbing a flight of stairs, lifting something as heavy as a 10 pound bag of groceries, grasping objects, getting in or out of bed)
3. Identified one or more related conditions as the cause of a reported activity limitation (arthritis or rheumatism; back or spine problems; broken bone or fracture; cancer; cerebral palsy; diabetes; epilepsy; head or spinal cord injury; heart trouble or hardening of arteries; hernia or rupture; high blood pressure; kidney problems; lung or respiratory problems; missing legs, arms, feet, hands, or fingers; paralysis; stiffness or deformity of legs, arms, feet or hands; stomach/digestive problems; stroke; thyroid problems; or tumor, cyst, or growth)

People 15 and older are identified as having a disability in a **mental domain** if they meet any of the following criteria:

1. Had one or more specified conditions (a learning disability, mental retardation or another developmental disability, Alzheimer's disease, or some other type of mental or emotional condition)
2. Had any other mental or emotional condition that seriously interfered with everyday activities (frequently depressed or anxious, trouble getting along with others, trouble concentrating, or trouble coping with day-to-day stress)
3. Had difficulty managing money/bills
4. Identified one or more related conditions as the cause of a reported activity limitation (attention deficit hyperactivity disorder; autism; learning disability; mental or emotional problems; mental retardation; or senility, dementia, or Alzheimer's)

## Severe Disabilities

People with severe disabilities are more likely to require paratransit transportation assistance during a disaster. A person has a severe disability if they:

- Used a wheelchair, a cane, crutches or a walker
- Unable to perform one or more of these functional activities: lifting/carrying, using stairs, walking, or grasping small objects
- Unable to perform one or more activities of daily living (ADLs): getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting
- Have one or more specified conditions: mental retardation or another developmental disability, or Alzheimer's disease, autism, cerebral palsy
- Have another mental condition that seriously interferes with everyday activities

## Paratransit Transportation Eligibility

Paratransit transportation should be restricted to persons with severe disabilities, i.e., individuals with physical or mental impairments that substantially limit one or more of the major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, and breathing.

### Passenger Categorization

Although hospitals, nursing homes, personal care homes, assisted living and hospice facilities may have pre-existing evacuation plans, a large disaster may require the use of additional federal supplemental resources. Since these types of facilities have a diverse range of sub-specialties, local coordination is essential for emergency managers to deploy the right mix of transportation resources. There are also people considered to have special needs who reside in non-institutional settings that may require the use of paratransit resources in times of emergency. These special needs people can vary between those who suffer from poor health to those with severe disabilities. Also, a person may be considered to have special needs due to a disability but their disability may not impact their mobility. These people may utilize conventional transportation means.

To best serve the transportation needs of people both in institutionalized as well as non-institutionalized settings during periods of disaster they should be initially triaged into one of the three major transportation categories:

- Category A: Ambulance – Advanced Life Support (ALS)<sup>4</sup>, Basic Life Support (BLS)<sup>5</sup>, ALS Bariatric or ALS Med-Evac Bus
- Category B: Paratransit – ADA demand-response transportation<sup>6</sup>
- Category C: Conventional Transportation, e.g., car, van, non-ADA fixed route<sup>7</sup> public transportation

The following will provide guidelines to determine what particular category an individual should be classified in.

### Category A: Patients Requiring an Ambulance

Category A patients requires recurring professional medical care, special equipment and/or continual medical surveillance. These patients should meet the HHS/CMS medical necessity requirements: *“The patient’s condition is such that use of any other method of transportation is contraindicated and transportation other than ambulance could not be used without endangering the individual’s health.”*<sup>8</sup> Category A, patients require an ambulance and should not be transported via paratransit or conventional transport vehicles. Category A patients should be subdivided into two groupings; those that can be transported via BLS ground ambulance and those that require an ALS ground ambulance. Furthermore, the utilization of

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<sup>4</sup> ALS patients require procedures that are, in accordance with state and local laws, beyond the scope of authority of an EMT-Basic.

<sup>5</sup> BLS means transportation by ground ambulance vehicle and medically necessary supplies and services, plus the provision of BLS ambulance service. The ambulance must be staffed by an individual who is qualified in accordance with state and local laws as an EMT-Basic.

<sup>6</sup> Demand response transportation includes taxis, limousine services, van services, wheelchair vans, mini-buses, charter buses, and shuttle bus systems.

<sup>7</sup> Fixed route systems typically include city bus systems, commuter and over-the-road bus systems, subways, light rail systems, and intercity rail transportation.

<sup>8</sup> HHS/CMS Publication 100-2. Medicare Benefit Policy Manual. Chapter 10 – Ambulance Services. B3-2120.2.A, A3-3114.B, HO-236.2. Rev. 10-01-03.

the ALS bariatric ground ambulance should be considered for patients whose weight may exceed the ability of a ground ambulance to transport safely.

Examples of ALS ambulance patients include, but are not limited to:

- Ventilator dependent patients
- Persons requiring continuous IV therapy (pain control, or hydration)
- Oxygen dependent (whom require more O<sup>2</sup> than typical self-sufficient container)
- Individuals who must have access to a constant power source for suction pumps, or any other bio-medical equipment usage.
- Persons who report chest pain or have experienced chest pain in the last 24 hours
- Persons with shortness of breath
- Comatose patients
- Others requiring the intensity of services provided at a hospital or skilled nursing facility

Examples of BLS ambulance passengers include, but are not limited to:

- Pregnant women who are experiencing contractions and/or women who are in the eighth month of gestation or beyond
- Individuals with uncontrollable or violent behavior due to a physical or mental illness
- Persons with communicable diseases which require isolation
- Persons who are bed bound
- Persons who may fall out of a seat due to the lack of trunk control
- Persons who do not have the ability to sit for long periods of time
- Persons who cannot be safely transported by any other means

Examples of ALS bariatric ground ambulance patients include, but are not limited to:

- Patients in excess of 700 lbs.
- Morbidly Obese patients weighing 400 to 700 lbs.
- Persons who cannot be safely transported by any other means due to their weight.

Examples of ALS med-evac bus patients include, but are not limited to:

- Several ground ambulance patients originating from a single healthcare facility
- Multiple telemetry patients
- Multiple post-operative patients
- Multiple patients with a common condition that may require monitoring by a single caregiver with a specialized training i.e. patients with IV's infusing medications above the level of a paramedic.
- Persons who cannot be safely transported by any other means but who can't be grouped and transported with other patients in the same vehicle.

### **Category B: Passengers requiring Paratransit Vehicles**

Persons in this category have pre-existing conditions that make it unsafe for them to travel by standard fixed route public conveyance but are not disabled or ill enough to require transport by ambulance stretcher. They may require some medical surveillance from their own caregiver and/or special assistance. They may originate from an institution such as a hospital or

nursing home or a non-institutionalized setting such as a residential dwelling. They are individuals whose age, mobility, functional and/or medical disability make them particularly vulnerable and at risk in disaster situations. Passengers who cannot sit safely in a standard vehicle seat or wheelchair should be transported by stretcher in an ambulance.

Examples of paratransit passengers include but are not limited to:

- Individuals with severely reduced mobility requiring a wheelchair, cane, crutches or walker
- Medically impaired individuals who are able to maintain activities of daily living with special assistance from their caregiver
- Persons who are unable to perform one or more of these functional activities: lifting/carrying, using stairs, walking, or grasping small objects
- Persons unable to perform one or more activities of daily living (ADLs): getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting
- Persons with one or more specified conditions: mental retardation, Alzheimer's, autism, cerebral palsy, severe dementia, or another developmental disability
- Persons with another mental condition that seriously interferes with everyday activities who are non-violent
- Persons with chronic respiratory conditions that may require low-flow supplemental oxygen that is self-administered (passengers must supply their own oxygen).

Paratransit vehicles are staffed by non-medically trained drivers whose primary responsibility is safe vehicle operation. Medical personnel are not provided on paratransit vehicles, therefore personal caregivers from the facility, home, or other trained medical professional must accompany the passengers during transport. A maximum caregiver-to-patient ratio of 1:5 is recommended for disaster situations. This ratio may be decreased or increased as required due to the level of disability of the passengers. Caregivers must anticipate the potential for the health status of passengers to deteriorate or change rapidly due to stress, environmental conditions, etc.

### **Category C: Passengers capable of being transported by conventional means**

This category includes individuals who are independent prior to the disaster or emergency with limited if any impairment in mobility. Some of these individuals may have pre-existing health problems that do not impede activities of daily living and do not require the constant attendance of a caregiver. These individuals should be able to function independently for an eight hour period of transport.

Examples include but are not limited to:

- Persons who could be safely transported by conventional fixed route means of conveyance
- Persons with epilepsy (if controlled)
- Mild muscular dystrophy
- Diabetics who are stable and do not require insulin injections
- Persons with hemophilia
- Persons with prosthesis
- Vision or hearing impaired
- Asthmatics who have their own medication
- Persons with speech impediments
- Language/cultural barriers

## Paratransit Vehicle Types

Paratransit vehicle types are based on the capacity and functionality of the response vehicle. Each vehicle type has certain attributes that would make it preferable over another type of vehicle as it pertains to passenger types. It is the responsibility of disaster managers to become familiar with the different capabilities of various vehicles in order to assemble the best task force to complete a particular mission. In mass evacuation situations, it is important to note that there is no one particular paratransit vehicle type that should be used. The goal of an effective paratransit evacuation is to match passenger types with the most appropriate vehicle types.

### Six types of vehicles that may participate in a paratransit disaster response

**Type 1** - Sedan/Minivan up to 7 passengers

**Type 2** - Minibus 8-26 passenger

**Type 3** - Bus greater than 26 passengers

**Type 4** - Wheelchair Van 1-9 passenger

**Type 5** - ADA Minibus 10-26 passenger (wheelchair accessible)

**Type 6** - ADA Bus > 26 passenger (wheelchair accessible)



1. Sedan/Minivan 1-7 Passenger



2. Minibus Capacity 8-26 Passenger



3. Bus Capacity >26 Passengers  
Typically 44-55 Passenger with Restroom



4. Wheelchair Van 1-9 Passenger  
Typically 2 Secure Wheelchair Positions and 2-3 Ambulatory Seats



5. ADA Minibus Capacity 10-26 Passengers  
Typically 15 or 24 Passengers with 1 or 2 Secure Wheelchair Positions



6. ADA Bus Capacity >26 Passengers  
Typically 44 Passengers or greater with 1 to 2 Secure Wheelchair Positions.



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## **Additional Vehicle Information**

Passengers are matched by the mode of ground transportation required for their specific condition.

- Paratransit vehicles types 1, 2, 3 - passengers can ambulate with or without assistance and have the ability to sit in a taxi, van, or bus without requiring a high level of assistance or equipment (other than self-administered personal portable oxygen supply).
- Paratransit vehicles types 4, 5, 6 - passengers are either ambulatory with assistance or wheelchair-bound and require a mechanical lift to get into a vehicle and can safely sit upright or in a wheelchair which can be secured. No other special medical equipment is required (other than self-administered personal portable oxygen supply). To safely utilize paratransit lifts wheelchairs cannot exceed 30 inches in width nor 48 inches in length measured two inches above the ground and cannot weigh more than 600 pounds when occupied.
- BLS ambulance - patients have a condition that prohibits them from being transported safely by any means other than in an ambulance or lying on a stretcher.
- ALS ambulance - patients that may require an assessment by ALS personnel or the provision of ALS services, interventions or enhanced skills beyond the BLS level. These patients may require the monitoring of intravenous (IV) infusions, electrocardiograms (ECG) or other special medical equipment during transport, e.g., acute supplemental high-flow oxygen (non-portable), ventilator, suction devices.

The foreknowledge of the number of and mix of passengers will aid disaster managers in determining the amount and types of vehicles to deploy.

The passengers and caregivers must be ready to depart when the transportation arrives.

Passengers are allowed to bring a minimal amount (2 bags) of personal baggage onto response vehicles. It is important for paratransit passengers not to stow or separate themselves from medications or medical equipment that may be needed.

## **Request for Transportation**

### **Ground Ambulance**

The following information is essential to determine an appropriate number and mix of ambulance vehicles to deploy for any disaster operation:

- The total number of Category A patients to be transported broken down by those requiring ALS care and those whose transport could be accomplished by BLS ground ambulance.
- Operational time frame
- Origin (location, number of patients to be picked-up)
- Destination (locations, distance, estimated travel time). Host locations should be pre-approved and confirmed.
- Other special needs, e.g., morbid obesity, isolette transport, vent-dependency, ALS med-evac bus requests, etc.

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**Paratransit**

The following information is essential to determine an appropriate number and mix of paratransit vehicles to deploy for any disaster operation:

- Total number of passengers to be transported (category B passengers as well as caregivers)
- Operational time frame
- Origin (location, number of passengers to be picked-up)
- Destination (locations, distance, estimated travel time). Host locations should be pre-approved and confirmed.
- Ambulatory status (wheelchair bound vs. ambulatory or ambulatory with assistance)
- Number and types of service animals
- Other special needs, e.g., home oxygen, durable medical equipment, etc.

**Paratransit Resource Ordering Guide**

Paratransit resources are generally requested by a state/HHS in terms of the number of “seats’ needed to supplement their existing disaster response network. The federal government will assess the state’s request and may issue a task order to AMR, Federal EMS Contractor.



## Federal EMS Support Request Form Transportation, Evacuation and EMS Personnel



The purpose of the FEMA Federal EMS Contract is to provide Contractor-managed multi-functional medical support resources and capabilities as needed in support of Federal assistance, evacuations, or other medical support activations for national events. The support resources shall be in the form of both staffed medical transport capabilities as well as licensed and certified medical personnel for augmentation beyond medical transportation.

### GROUND AMBULANCE Patient Types

Patients whose conditions are such that use of any other method of transportation is contraindicated and transportation other than on an ambulance stretcher could not be used without endangering the individual's health. Transport by Ground Ambulance should not exceed 6 hours or 250 miles. Shorter distances should be considered to allow for multiple round trips.

### PARATRANSIT Passenger Types

Passengers in this category have pre-existing conditions or disabilities that make it unsafe for them to travel by standard fixed route public conveyance. They can safely sit in a wheelchair or car/bus seat but do not require an ambulance stretcher. They may require some medical surveillance from their own caregiver and/or special assistance. Medical personnel and equipment is not provided by FEMA on Paratransit vehicles. Transport by Paratransit vehicle should not exceed 6 hours or 250 miles. Shorter distances should be considered to allow for multiple round trips.

### AIR AMBULANCE Patient Types

These are patients whose conditions are such that use of any other method of transportation is contraindicated and transportation by ground ambulance exceeds 6 hours. Additionally, patients that meet the criteria to evacuate by Air Ambulance are those whose time out of a critical care facility should be minimized. In order to improve patient outcome and maximize Air Ambulance utilization within a limited timeframe, multiple round trips are anticipated.

**Rotary-Wing (helicopter)** - The recommended maximum one-way distance for patient transport by helicopter air ambulance is 200 - 400 miles (depends on type of helicopter). Shorter distances should be considered to allow for multiple round trips.

**Fixed-Wing** – The recommended maximum one-way distance for patient transport by fixed-wing air ambulance is 850 – 3,000 miles (depends on type of aircraft). Shorter distances should be considered to allow for multiple round trips.

### NON-AMBULANCE EMS SUPPORT PERSONNEL

These are EMS personnel who are not assigned to ambulances. They may consist of EMTs, Paramedics, Communications Specialist or Operations Support Team Members. They may be assigned to shelters, clinics, airport staging areas, EMS Incident Management Teams, State/Local EMS Liaison, etc.

**FEDERAL EMS SUPPORT REQUEST FORM**

**INSTRUCTIONS:** Local or state government or Emergency Management Agencies should complete this Request and submit it to the FEMA or HHS designated representative. A separate request should be completed for each jurisdiction (city or county).

Name of Requesting Jurisdiction/Entity (city/county/EMA)	Date	Time (24 hr. format)
Name of person making request (First / Last)	Title of person making request	
Telephone contact numbers (office, cell, fax, other)	Email address	
Name of FEMA or HHS Official Receiving Request	Title of FEMA or HHS Official	

Give the approximate number of patients/passengers that will require Federal EMS services.

**Institutionalized** = hospital, nursing home, rehab center, or hospice facility.

**Noninstitutionalized** = home/residence or personal care home.

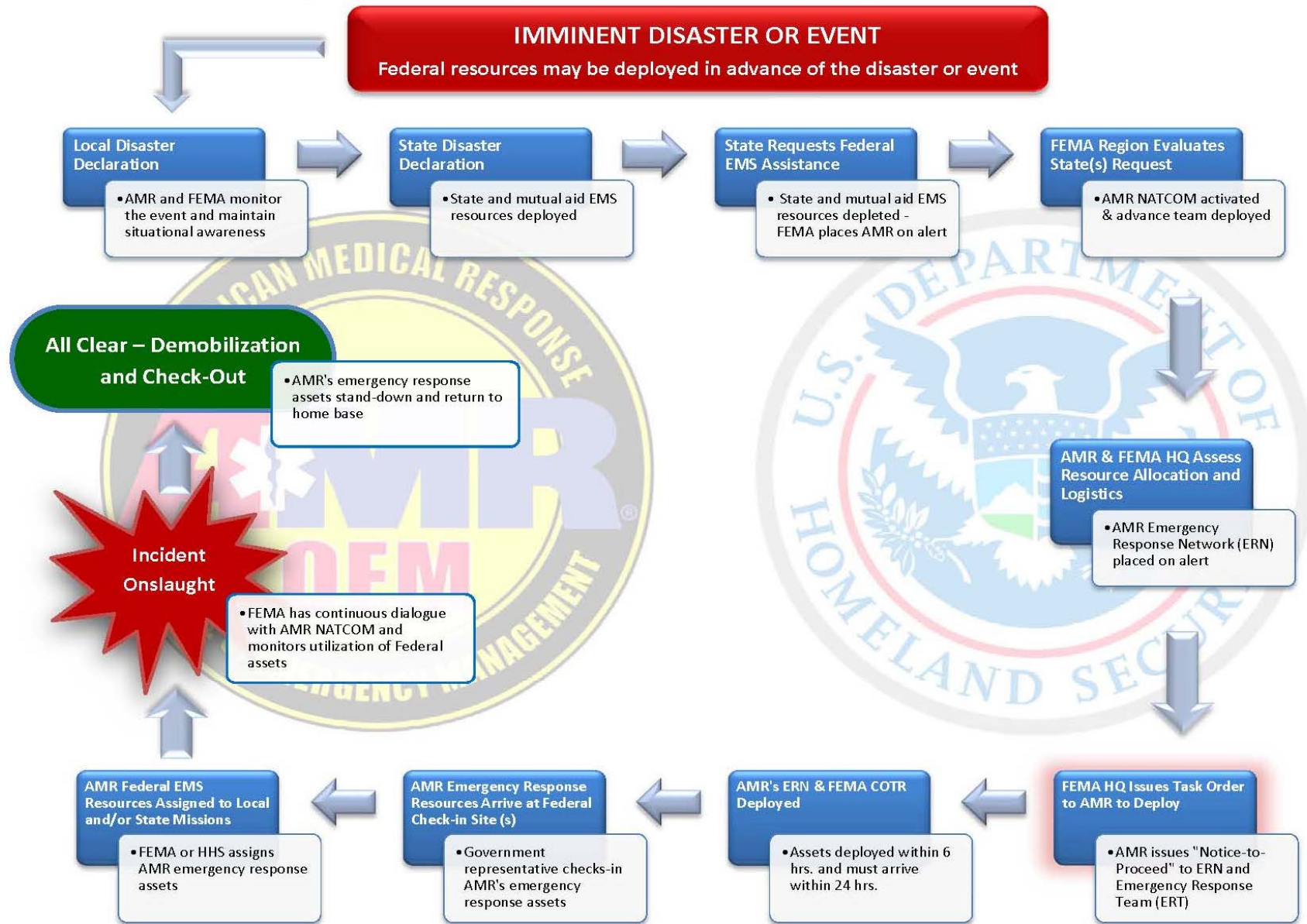
FEMA and/or HHS will determine the number and types of Federal EMS ground ambulances, air ambulances, paratransit vehicles and other EMS services to deploy based on the number and types of patients/passengers and the availability of resources.

GROUND AMBULANCE Patient Types	# of Patients/Passengers INSTITUTIONALIZED	# of Patients/Passengers NON-INSTITUTIONALIZED
List the # of stretcher patients needing advanced life support (ALS)		
List the # of stretcher patients needing basic life support (BLS)		
List the # of bariatric stretcher patients (pt. weighs >400 lbs., extra wide stretcher). All bariatric units are ALS.		
PARATRANSIT Passenger Types		
List the # of passengers that are <b>ambulatory, do not require assistance</b> and can ride in a van or bus.		
List the # passengers that are <b>“ambulatory-with-assistance”</b> that can ride in a van or bus with assistance but do not require wheelchair or stretcher.		
List the # of <b>non-ambulatory passengers that may need a wheelchair</b> but do not require stretcher.		
List the # of <b>caregivers</b> that will be provided to <b>accompany paratransit passengers.</b>		
AIR AMBULANCE Patient Types (adult/child and neonatal)	ADULT and CHILD	NEONATE
List the # of patients requiring transportation by helicopter air ambulance		
List the # of patients requiring transportation by fixed-wing air ambulance		
NON-AMBULANCE SUPPORT PERSONNEL (additional EMS personnel who are not assigned as ambulance crew)		
EMT-Basic / EMT (additional EMTs who are not assigned to ambulances)		
EMT-Paramedic / Paramedic (additional Paramedics who are not assigned to ambulances)		
EMS Communications Support Team Member		
EMS Field Operations Team Member / EMS Incident Management Team Member (IMT)		

**FEMA or HHS send (email or fax) completed form (this page only) to AMR/FEMA Contractor:**  
**Email: [oem@amr.net](mailto:oem@amr.net) Fax: (800) 216-1983 Questions: (877) 567-4466**



### Activation Sequence for AMR/FEMA Federal EMS Deployments – Advanced-Notice Events



## Explanation of Activation Sequence

Local disaster declaration: Informational briefings with Federal partners. Establish and maintain constant communications with applicable governmental entities.

State disaster declaration: Alert notification from Federal partners that state(s) have requested deployment and activation may be imminent.

FEMA Region evaluates situation and Governor's request: Initiate information and data collection, analysis, and assessment based on available quantitative data and derived applicable resources. Establish contact with NATCOM & Forward Command (FC) Incident Management Team (IMT) to maintain situational awareness.

Federal disaster declaration: Maintain constant communications with applicable government entities. Confirm essential communication and coordination with all applicable government agencies.

FEMA task order issued to AMR: Receive and validate task orders received by FEMA. Deploy response teams and personnel.

Response teams, AMR, COTR & other resources deploy: Confirm notice to proceed and deliver check-in roster to FC. Develop and distribute detailed IAP and other deployment reports.

AMR arrives at check-in site: Receive, analyze and distribute resource status reports.

EMS resources assigned to local or state missions: Missions assigned to deployed units by Federal partners. Make decisions to shelter in-place, continue evac, or return to FC.

Demobilization and Check-out: Receipt of FEMA demobilization or part demobilization order. Reconcile all paperwork and demobilize resources as required.