



**UNITED STATES MARINE CORPS**  
MARINE AIR GROUND TASK FORCE TRAINING COMMAND  
MARINE CORPS AIR GROUND COMBAT CENTER  
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CCO 6400.1F  
7B

**OCT 29 2008**

COMBAT CENTER ORDER 6400.1F

From: Commanding General, Marine Air Ground Task Force Training Command,  
Marine Corps Air Ground Combat Center  
To: Distribution List

Subj: PROCEDURES FOR FIRE SERVICE EMERGENCY MEDICAL SERVICES (EMS)

Ref: (a) MCO F11000.11B  
(b) San Bernardino, Inland County Emergency Medical  
Agency (ICEMA), Emergency Medical Protocol Manual  
(c) State of California, Firescope ICS 420-1  
(d) NAVHOSP29PALMSINST 11240.2E  
(e) BUMEDINST 6700.42

Encl: (1) Incident Command Criteria  
(2) Infectious Disease Exposure Prevention  
(3) List of Mutual Aid Agreements

1. Situation. People are an integral and essential asset to the mission of the Combat Center. The Command is dedicated to safeguarding our personnel and ensuring proper and prompt emergency medical services.

2. Cancellation. CCO 6400.1E

3. Mission. To establish policy for Emergency Medical Services (EMS) and "First Responder" responsibilities.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. Commanding officers, directors and officers-in-charge will ensure they are familiar with and comply with this Order.

(2) Concept of Operations. Emergency medical services will be established in accordance with reference (a). Emergency medical services will be provided aboard the Combat Center per this Order.

b. Subordinate Element Missions

(1) Fire Department

(a) Ensure all Fire Department personnel, providing pre-hospital emergency medical care, possess the San Bernardino County, ICEMA accreditation per reference (b).

(b) Provide primary advanced life support (ALS) ambulance service to and transportation of all medical emergencies aboard the Combat Center, with one of the following: Engine, Truck Company and/or one ambulance.

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(c) Ensure personnel assigned as ambulance drivers possess a valid California State drivers license and a Department of Transportation (DOT) Emergency Vehicle Operator Certificate (EVOC).

(d) Assign the senior fire officer on-scene as the Incident Commander. This person will activate the Incident Command system (see enclosure (1)), per reference (c). The Incident Commander will maintain overall operational control of the scene. In the event of a traffic accident, domestic disturbance, etc., the Provost Marshal Office (PMO) will be the Incident Commander, with the Fire Department remaining the governing authority over patient(s) care and safety.

(e) Notify PMO for police assistance and the Naval Hospital to stand-by for follow-on field contact via Fire Department Dispatch.

(f) Provide exclusive extrication, disentanglement, and search and rescue operations.

(g) Ensure all Fire Department personnel wear full protective clothing and self-contained breathing apparatus (SCBA) as dictated by the Incident Commander, i.e., fire, traffic accidents, or other hazardous environments.

(h) Contact the Naval Hospital when treating and transporting a basic life support (BLS) patient to their facility. Contact the appropriate Base Station for any patients receiving ALS aboard the Combat Center. The Base Station will contact the Naval Hospital and relay the patient report.

(i) Administer treatment of patient(s) as necessary in accordance with ICEMA standards and protocols, reference (b).

(j) Provide the Naval Hospital with an ambulance patient care record during the turnover of patient(s). It shall reflect the use of proper protocol and continuity of care and shall indicate the treatment provided, vital signs taken, and other pertinent information regarding care and treatment of the patient(s).

(k) Ensure that any patient refusing medical care meets the mental competency guidelines per reference (b). A medical and liability release form, found on the reverse side of the patient care record, will be completed in its entirety.

(l) Ensure any ambulance requiring disinfecting or decontamination is placed out of service until such procedures have been accomplished.

(m) Ensure any ambulance requiring disinfecting or decontamination is placed out-of-service until such procedures have been accomplished.

(n) Notify the Naval Hospital whenever Fire Department ambulances are in and out-of-service. When an ambulance is out-of-service, provide them with the status and approximate length of down time.

(o) Ensure ambulances are maintained in a ready status at all times per reference (b).

(p) Ensure assigned ambulance personnel assist paramedics in completing the following procedures during the morning checkout:

1. Perform an inventory of the contents to ensure all medical supplies, equipment, and narcotics required are accounted for, serviceable, and stored in appropriate, secure locations.

2. Perform radio checkout procedures with Dispatch and Naval Hospital emergency room personnel.

3. Perform vehicle checkout and maintenance.

4. Correct and/or report any discrepancies to the Engine/Truck Company Officer.

(q) Respond to off-base emergencies upon request per existing mutual aid agreements. A consolidated list of these agreements is provided in enclosure (3).

(2) Naval Hospital

(a) Assume primary ambulance response capabilities in the event that:

1. The Fire Department has committed resources to a working fire, hazardous materials incident, or other emergency.

2. Dispatch receives multiple emergency calls that exceed the resources of the Fire Department.

3. The Fire Department ambulance(s) are in an out-of-service status.

(b) Provide ambulance support for multi-casualty emergencies and off base routine transport.

(c) Determine and provide an appropriate level of medical support for Commanding General support requirements such as parades, ceremonies, recreational activities, special events, etc.

(d) Respond as directed by Fire Department Dispatch. Any clarifications regarding response criteria, by either the Hospital or the Fire Department, shall be accomplished AFTER the medical emergency is complete and patient(s) care has been established.

(e) Ensure there are qualified emergency room personnel/physicians available for radio communication with the Fire Department regarding patient(s) status information prior to arrival at hospital.

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(f) Receive all patients, per reference (d), unless resources are fully committed (temporary ER saturation). During these periods only advanced life support units remaining on-scene or enroute may be diverted. Basic life support units, and/or any units with a patient onboard that are on hospital property will not be diverted, per reference (b).

(g) Notify Fire Department Dispatch immediately if ambulance(s) are placed in an out-of-service status due to mechanical reasons and/or commitments to long-term transports, expected length of time, and when they are placed back in service.

(h) Establish contact with the Incident Commander/Triage Officer for assignment when providing support to the Fire Department.

(i) Adhere to incident command criteria and infectious disease exposure prevention in accordance with the enclosures.

(j) Notify the Fire Department Dispatch if the hospital is notified of an emergency requiring response.

(k) Provide consumable medical supplies, in bulk, as needed, to the fire department EMS coordinator to facilitate in-house ambulance re-stocking. Supplies will include expendable ALS equipment, pharmaceuticals and any equipment on the original inventory list provided with initial assignment of the ambulances to the Fire Department.

(l) Provide disposal service for all bio-medical waste accumulated during a response.

(m) Participate, as feasible, in cross training with the Fire Department in all phases of EMS services.

(n) Provide funding for preventive maintenance and fuel costs for ambulances assigned to the Fire Department.

(3) Provost Marshal Office

(a) Establish Incident Command per enclosure (1) at the scene of an incident that falls under the cognizance of law enforcement, i.e., traffic accident, or domestic disturbance.

(b) Ensure there is continual communication between Fire Department Dispatch and PMO Desk Sergeant.

(c) Respond and report to the Incident Commander, as directed by the Fire Department, to traffic and/or crowd control, area security, and other duties as requested, until relieved by proper authority.

(d) Notify the Fire Department Dispatch of any emergency reported to PMO via any other means other than the Fire Department Dispatch.

(4) Operations and Training. Coordinate with the Naval Hospital for medical support for Commanding General supported requirements such as parades, ceremonies, recreational activities, special events, etc.

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(5) Base Communication System. Dialing 9-1-1 activates the EMS communication system aboard the Combat Center. All telephones aboard the Combat Center have 9-1-1 capability with the exception of cellular telephones. Cellular telephone users must dial (760) 830-3333 to reach the Fire Department Dispatch Center. The reporting party must supply the CCO Dispatcher with the building number, address, and other information requested and remain on the line until released by the Dispatcher. By dialing 9-1-1 in the event of an emergency, the appropriate emergency response personnel will be dispatched.

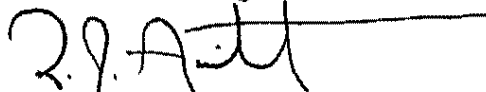
(6) Organizational and Section Heads. Those involved shall ensure their personnel are familiar with and comply with this Order.

5. Administration and Logistics. Distribution Statement A directives issued by the Commanding General are distributed via e-mail. This Order can be viewed at <http://www.29palms.usmc.mil/dirs/manpower/adj/index.asp>.

6. Command and Signal

a. Command. This Order is applicable to all commands, organizations, and individuals working and living aboard MCAGCC.

b. Signal. This Order is effective the date signed.

  
R. J. ABLITT  
Commander

INCIDENT COMMAND CRITERIA

1. The Fire Department will be the primary responder on all medical emergencies aboard the Combat Center. Upon arrival at the scene the senior Fire Department officer or EMT/Paramedic will assume the duties of Incident Commander (IC)/Triage Officer. Fire Department personnel will provide medical treatment with primary care, life support, stabilization, and/or other services as necessary. In a mutual aid situation ICEMA protocols will be followed when paramedics arrive on scene.

2. If qualified Naval medical personnel arrived on-scene and initiated medical treatment prior to the Fire Department, a transfer of patient(s) and medical information will take place upon arrival of the Fire Department. Fire Department personnel will assume incident command and provide remaining medical treatment or assistance to higher medical authority if present, per ICEMA protocols.

3. If PMO personnel arrive on scene first or arrive at the request of the Fire Department to an incident requiring law enforcement intervention, i.e., traffic accident, domestic disturbance, they will assume overall Incident Command. Patient care and safety will remain the responsibility of the Fire Department. The Senior Fire Officer on scene will coordinate with PMO in accordance with recognized incident command systems, per reference c.

4. In addition to the above, the IC shall:

- a. Assess the incident situation.
- b. Set up the command post and supervise operations.
- c. Activate elements of the Incident Command System (ICS) per reference (d).
- d. Coordinate staff activity.
- e. Request additional resources and/or personnel.
- f. Approve demobilization.
- g. Be responsible for the safety of all personnel at the scene.

INFECTIOUS DISEASE EXPOSURE PREVENTION

1. Due to the location of this facility within San Bernardino County, our EMS procedures are co-governed by the Federal Government and County protocol. An exposure of a healthcare provider to an infectious disease requires very specific conditions. The virus normally is directly introduced into the person's body. In the healthcare environment, this means an infected patient's blood or body fluid must be introduced through the skin or by contact with the eyes, mouth, or nose.

2. The most important factor in protecting healthcare providers from acquiring an infectious disease is to carefully follow infection control guidelines.

3. Any patient's blood or body fluid must be considered as infected. This means appropriate protective attire such as gloves, masks, and eye protection must be worn when the likelihood of exposure is high. This is important for first responders to situations involving open injuries. Whenever responding to a medical emergency the following protection will be provided and used as required:

a. Gloves

(1) Heavy duty or leather gloves should be worn when performing extrication procedures to protect the hands from cuts and scratches that could become contaminated with a patient's blood or body fluids.

(2) Mid-weight rubber gloves (Playtex type) should be worn for those non-patient care duties that may involve handling of equipment and/or evidence items contaminated with blood or secretions and for cleaning and decontaminating any equipment used.

(3) Medical grade latex gloves should be worn for all patient care procedures that may involve contamination of the hands with blood or body fluids. These include dressing and splinting open injuries, establishing patient airways, etc.

b. Masks. Medical-grade face masks should be worn by direct care providers in situations where blood and/or body secretions could be splashed into the provider's mouth.

c. Eye Protection. Should be worn in those situations where blood or body fluids can be splashed into a provider's eyes.

4. Since most non-disposable pre-hospital equipment does not interface directly with the patient's cardiovascular system or respiratory system, sterilization and high level disinfection are not required. Decontamination can be accomplished in most cases by thorough cleaning with hot, soapy water. However, if the equipment has become contaminated with blood, body fluids, or a known infectious/contagious disease, cleaning can be accomplished by using a solution of:

a. Bleach. 1:10 dilution. One cup bleach to ten cups water. (Slightly more than 1/2 gallon). Contact time is ten to thirty minutes for high-level decontamination.

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5. All equipment used on a medical emergency shall be disposed of in the proper container provided to handle contaminated equipment, i.e., gloves, masks, eye protection, soiled bandages, or other disposable items.

6. After each emergency response where exposure to blood borne pathogens exists, hands shall be washed as soon as feasible after removal of gloves or other personal protective equipment (PPE). PPE shall be likewise decontaminated and disinfected, if contact with blood or body fluids has been made.

7. All infectious control procedures shall be closely monitored by the Incident Commander before, during, and after the medical response.



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MUTUAL AID AGREEMENTS

1. 29 Palms Water District (Fire Protection)
2. Joshua Tree National Park (Fire Protection)
3. San Bernardino County Environmental Health Services (Hazardous Material Response)
4. San Bernardino County Fire Department (Fire Protection)