



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

16 MAY 2014

COMBAT CENTER ORDER 6400.1G

From: Commanding General  
To: Distribution List

Subj: PROCEDURES FOR FIRE SERVICE EMERGENCY MEDICAL SERVICES

Ref: (a) MCO P11000.11  
(b) San Bernardino, Inland County Emergency Medical Agency, Emergency Medical Protocol Manual  
(c) State of California, Firescope ICS 420-1  
(d) BUMEDINST 6700.42

Encl: (1) Incident Command Criteria  
(2) Infectious Disease Exposure Prevention

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 6400.1F.

3. Mission. Outline the procedures 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, Assistant Chiefs of Staff, Special Staff Officers, and Officers-in-Charge will ensure they are familiar with and comply with this Order.

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

b. Subordinate Element Missions

(1) Fire Department

(a) Ensure all Fire Department personnel who provide pre-hospital emergency medical care possess the San Bernardino County, Inland County Emergency Medical Agency (ICEMA) accreditation per reference (b).

(b) Provide Basic Life Support (BLS) and Advanced Life Support (ALS) level pre-hospital care, treatment, and transportation of injured personnel to the most appropriate medical facility.

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(c) Ensure personnel assigned as ambulance drivers possess appropriate drivers licenses and a Department of Transportation Emergency Vehicle Operator Certificate.

(d) Assign the senior fire officer on-scene to function as the Incident Commander. The Incident Commander will activate the Incident Command system [see enclosure (1)], per reference (c), in accordance with the National Incident Management systems. The Incident Commander will maintain overall operational command control of the scene. In the event of a traffic accident, domestic disturbance, criminal act, or like event, the Provost Marshal's Office (PMO) may become the Incident Commander with a formal transition of command, with the Fire Department having overall command and control over any patient(s) care and safety.

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

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

(g) 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).

(h) 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.

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

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

(k) Ensure assigned ambulance personnel assist paramedics with the following procedures during the morning checkout:

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

2. Perform radio checkout procedures with E911 Dispatch Center 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.

(2) Naval Hospital Twentynine Palms

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

(b) 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 the hospital.

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

(d) Adhere to infectious disease exposure prevention in accordance with the enclosures.

(e) Notify the Marine Air Ground Combat Center (MCAGCC) E911/CERS Dispatch if the hospital is notified of an emergency requiring response.

(f) Provide consumable medical supplies, in bulk, as needed, to the Fire Department's EMS coordinator to facilitate in-house ambulance restocking. 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.

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

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

(3) Assistant Chief of Staff G-7, PMO

(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 continual communication between MCAGCC E911 Dispatch and PMO Dispatch.

(c) Respond and report to the Incident Commander, as directed by the Fire Department, to provide traffic or crowd control, area security, and other duties as requested, until released from those duties by the incident commander.

(d) Activate the E911 process whenever an emergency call is received by PMO through any other source other than the MCAGCC E911 Dispatch Center.

(4) Assistant Chief of Staff G-3. Coordinate with the Naval Hospital for medical support for Commanding General supported requirements such as parades, ceremonies, recreational activities, and other special events.

(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 MCAGCC E911 Dispatch Center. The reporting party must supply the MCAGCC E911 Dispatcher with the building number, address, and other information requested then 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. 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 email. This Order can be viewed at <http://www.29palms.marines.mil/Staff/G1Manpower/AdjutantOffice/CCO.aspx>.

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.

  
J. B. HANLON  
Chief of Staff

Distribution: A

## Incident Command Criteria

1. The Fire Department will be the primary responder for 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, or other services as necessary. In all situations 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, PMO 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. Establish a command post and supervise operations.
  - c. Activate elements of the Incident Command System 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. Exposure of a healthcare provider to an infectious disease requires very specific conditions: the virus 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 body fluids.

(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 or body fluids 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 or respiratory systems, sterilization and high level disinfection are not required. In most cases, decontamination can be accomplished by thoroughly cleaning with hot, soapy water. However, if the equipment has become contaminated with blood, body fluids, or a known infectious/contagious disease, cleaning must be accomplished by using a solution of: 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.

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.

Enclosure (2)

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). If PPE came in contact with blood or body fluids, it shall be likewise decontaminated and disinfected.

7. All infectious control procedures shall be closely monitored by the Incident Commander throughout the medical response.

Enclosure (2)