ESF #8: Public Health & Medical Services Annex

Emergency Triage & Pre-Hospital Treatment Section

Comprehensive Emergency Plan

Polk County Emergency Management Commission

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I.   Purpose

The purpose of the Polk County MCI plan is to provide basic guidelines and policy enactment for emergency medical operations at a multiple casualty or multiple patient incident within Polk County and in cooperation with adjoining communities. (It is understood that individual departments will expand these guidelines to meet their individual department needs).

II.   Policy

This plan is applicable for all services tasked with communication, triage, transport, and/or supervision of MCI incidents within Polk County.

III.   Concept of Operations

Regardless of size or complexity, Polk County and its communities will utilize the processes, protocols, and procedures established through the National Incident Management System (NIMS). NIMS standardizes incident management for all hazards across all levels of government using the Incident Command System (ICS).

IV.   Responsibility

It will be the responsibility of each agency to exercise the appropriate control dictated by their role in the implementation of these guidelines.

V.   Terms, Definitions & Criteria

- **Multi-Casualty/Patient Incident**

    - Multi-casualty incidents are incidents involving multiple victims that can be managed, with heightened response via mutual aid, by a single agency or system. Multi-casualty incidents typically do not overwhelm the hospital capabilities of a jurisdiction and/or region but may exceed the capabilities for one or more hospitals within a locality.
    - An activation of an MCI will be incident specific. A countywide rule for the determination of an MCI is a count of (10) patients.

- **Non-Trauma**
    - In the event of a non-trauma MCI, patients will be distributed to all metro hospitals. CMED will continue to be the form of communication to the hospitals. This guideline will be situationally dependent based upon type of event and level of severity of victims. The Medical Group Leader may need to adjust and adapt these guidelines to fit the situation.

  Active Threat Situation
    - An Active Threat Situation is a subset of an MCI but is fundamentally unique in its presentation. An Active Threat Situation involves an individual(s) actively engaged in killing or attempting to kill people in a confined and populated area; with firearms being the most common weapon, but the situation could include edged weapons, explosives, or other weapons. There is no pattern or method to the selection of victims and the attack is only limited by the assailant's imagination.
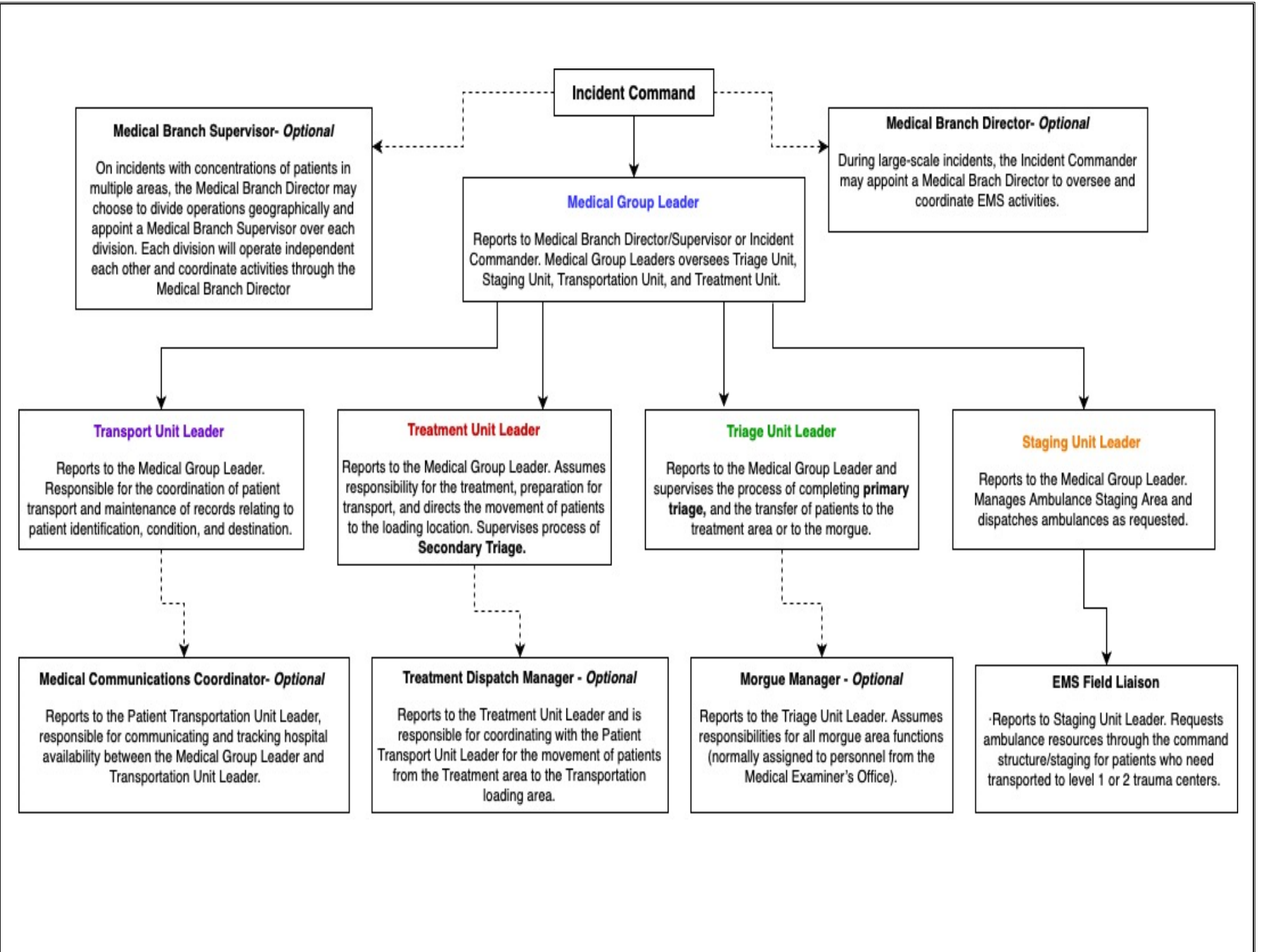
- o Active threat situations are unpredictable and evolve quickly. These situations require immediate deployment of law enforcement to prevent further harm of civilians and first responders.
- o Alternative means of causing harm and/or secondary devices, whose purpose is the incapacitation of responders and civilians need to be taken into consideration.
- o The first survivors of an Active Threat/MCI can arrive to the hospital via methods other than ambulance transport (personal vehicle, police cars, taxis, etc.).
    - o These patients can create a potential risk that ER departments will be overrun with patients.
    - o Hospitals may be the first to notify dispatch centers of a potential active threat situation.
    - o May require different triage and communication methods.
    - o Triage numbers from the scene may not accurately reflect the total number of wounded and their triage classification.
- o Secondary triage may not occur due to the crucial need of removing the patient from a warm zone, and into an ambulance waiting at ambulance exchange point.

- **CMED**
    - The radio channel used to communicate with area hospitals. Polk County Communications manages the communication to the hospitals in the event of an MCI. Primary dispatch centers contact Polk County Communications with the details of the event and Polk County communicates to the hospitals via CMED.

    - CMED consists of three (3) frequencies:
        - o Metro 155.220 (**Primary**)
        - o Common 155.340 (also known as Comm and/or VMED28) (**Primary**)
        - o Regional 155.400

- **MCI Declaration**
    - Communication via CMED to hospitals and dispatch centers within the metro alerting them to an actual MCI.

- **Online Hospital Status System**
    - An online system updated by each hospital that displays bed availability and diversion information. Each dispatch center and some field units have the capability to monitor this information from a web-based application to allow real time information.

- **Primary Dispatch Centers**
    - The dispatch center responsible for dispatching agencies within the jurisdiction where the MCI incident is taking place. The metro currently has three primary dispatch centers:
        - o Des Moines Police & Fire Dispatch
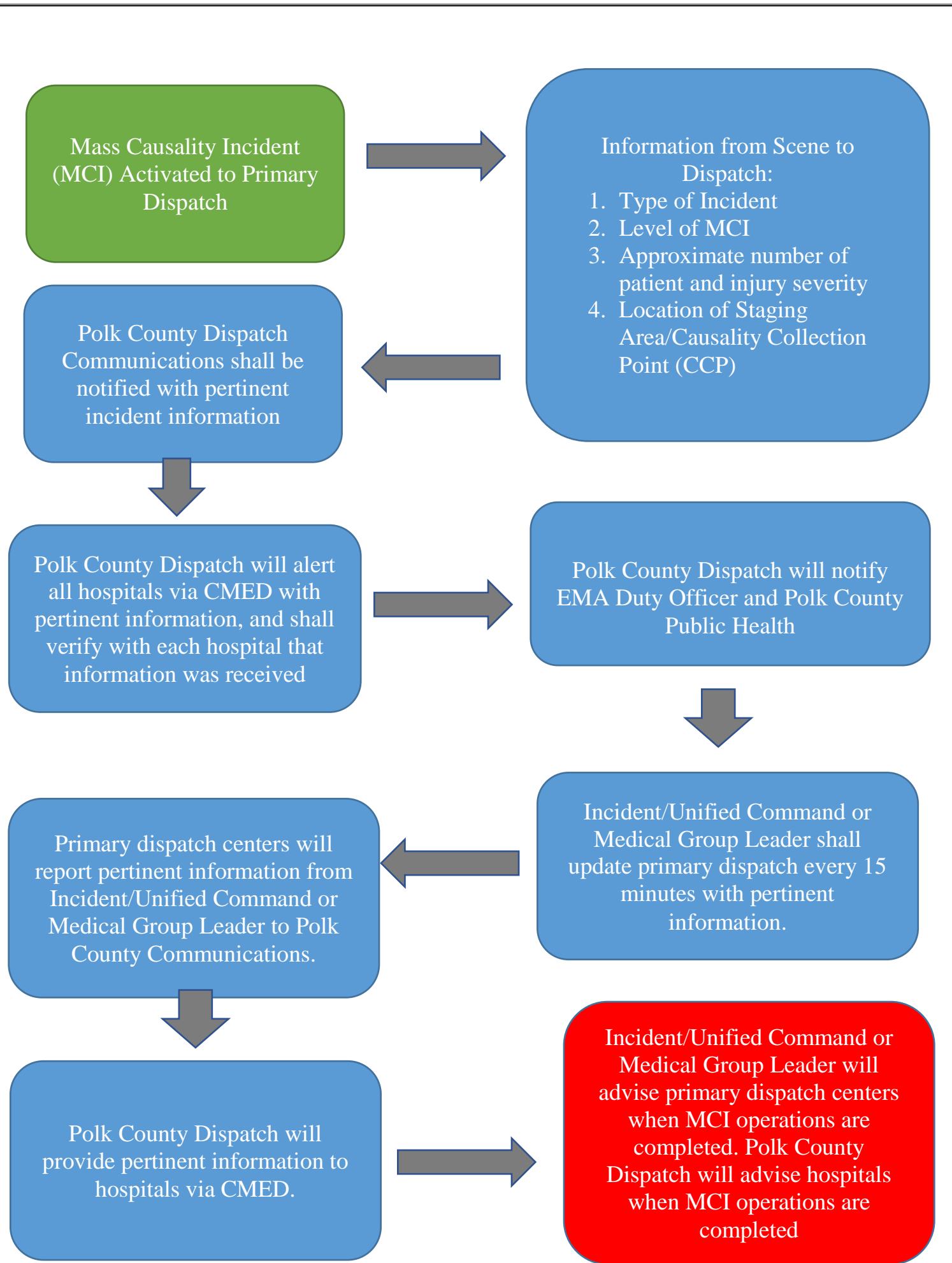   - o Polk County Sheriff's Office
        - o Westcom

- **Trauma Center**
  - A hospital with a level 1 or level 2 trauma designation.
    - o Blank Children's Hospital
    - o Iowa Methodist Medical Center
    - o MercyOne Des Moines Medical Center

- **START TRIAGE**
  - Simple triage and rapid treatment (START) is a rapid triage method utilized by first responders to rapidly treat victims in an MCI scenario.

- **JUMPSTART TRIAGE**
  - (JUMP) - Simple triage and rapid treatment (START) is a rapid triage method utilized by first responders to rapidly treat pediatric victims in an MCI scenario.

- **SMART TRIAGE PAC** (SMART INCIDENT COMMAND SYSTEM)
  - Polk County utilizes the Smart Triage PAC to manage triage in MCI and Active Threat Situations. Not be confused with START TRIAGE.
  - Identified as a red hand-held pack that contains:
    - o Smart Triage tags
    - o Smart WMD tags
    - o Triage Flowchart
    - o Smart Tape (Pediatric triage flowchart)
    - o Deceased tags
    - o Light Sticks

- **Primary Triage**
  - Primary triage occurs upon the first patient contact during an MCI. Triage should take less than 30 seconds to perform on each patient. Method is based upon the assessment of RPM (respiration rate, perfusion, and mental status).
    - o Black: **Dead** (No breathing after positioning of airway)
    - o Red: **Immediate** (Decreased LOC, respiratory rate over 30, cap refill greater than 2 seconds or radial pulse absent (any one of the three))
    - o Yellow: **Delayed** (Non-ambulatory, obeys commands)
    - o Green: **Minor** (Walking Wounded)

- **Secondary Triage**
  - Secondary triage occurs once the patient enters into the treatment area. It is a more detailed assessment of the patient. A numerical score of 1 to 12 is based on Glasgow, Respiratory Rate and Systolic BP. Each of the three parts has a 0-4 point system based on set criteria within the SMART Triage Card.
    - o Red: 10 or less points **(Immediate)**
    - o Yellow: 11 points **(Delayed)**
    - o Green: 12 points **(Minor)**

VI.   **Communications & Enactment**

A. MCI Plan initiation
- 10-50 patients
  - Reds, and yellows will be transported to Trauma Centers, greens distributed evenly to all metro hospitals
- 51+ patients
  - Yellows will be transported to all metro hospitals along with greens. Reds exclusively to trauma centers.

B. If MCI criteria is confirmed by the incident commander or their designee, an MCI declaration should be made by contacting the primary dispatch center, who will then contact Polk County Communications. Polk County Communications will make notification of the potential MCI to all metro hospitals (depending on size and location, this may also include regional hospitals), Polk County Emergency Management, and Polk County Public Health. The Metro hospitals will relay back to Polk County Communications via CMED that they heard the declaration.

C. Following an MCI declaration if the incident is found not to meet MCI criteria the MCI should be cancelled by notifying the primary dispatch who will notify Polk County Communications.

D. The following information should be provided to the primary dispatch center when an MCI declaration is made:
- Nature of the incident.
- Exact location, including scene boundaries.
- Approximate number of patients and severity of injuries.
- Advise where the staging area will be established. The Primary Communication center should notify incoming units of its location.
- The need for more radio channels, if applicable.
  - First responding units will then initiate MCI procedures.

E. Throughout the incident, the incident commander will continue to communicate the following critical details about the incident to the primary dispatch center;
- Presence of hazardous material, and status of decontamination.
- Changes in location of critical incident command and MCI operations.
- Periodic updates of Red, Yellow, Green, and Black Tags; as well as transport destination decision.
- The primary dispatch center is to be updated every 10 minutes by the incident commander regarding the progress of MCI operations.

F. The primary dispatch center will update Polk County Communications of critical incident information every 10 min. Polk County Communications is responsible for communicating incident information to the hospitals via CMED and vice versa.

G. EMS field liaisons may be added to all hospital facilities depending on the needs of an incident to establish a connection between the hospital and the incident.
- The EMS field liaisons will request ambulance resources through the staging unit leader, for patients who need transported to level 1 or 2 trauma centers.

- When an ambulance is needed at an outlying hospital for transfer of a patient to a trauma center, the requesting entity will provide the level of ambulance needed when making the request to the staging unit leader. I.e. EMT, Paramedic, or Critical Care Paramedic.

H. The EMS T.E.A.M.S card should be utilized for the agency's jurisdiction in which the incident is occurring for determining additional resources.
- Each ambulance strike team (3-8) consists of 5 ambulances and a supervisor.
- The dispatch centers should fill assignments to the appropriate alarm level based on the information they receive prior to arrival of EMS units if no one from the jurisdiction is readily available to make the determination.

I. If Helicopter EMS is requested, the incident commander will designate qualified personnel to establish a safe landing zone and appropriate radio communication to ensure safety of Helicopter EMS crew, ground personnel, and patients.

J. Once assigned unit MCI operations have been completed, each unit leader will advise the Incident Commander that MCI assigned operations have been completed. Once all MCI operations have been completed, the Incident Commander will then notify the primary dispatch center when all MCI operations have ended. The Primary dispatch center will advise Polk County Dispatch that medical MCI operations have ended. Polk County dispatch will then communicate through CMED to area hospitals that medical MCI operations have ended.

Incident Command

Medical Branch Supervisor- *Optional*

On incidents with concentrations of patients in multiple areas, the Medical Branch Director may choose to divide operations geographically and appoint a Medical Branch Supervisor over each division. Each division will operate independent each other and coordinate activities through the Medical Branch Director

Medical Group Leader

Reports to Medical Branch Director/Supervisor or Incident Commander. Medical Group Leaders oversees Triage Unit, Staging Unit, Transportation Unit, and Treatment Unit.

Medical Branch Director- *Optional*

During large-scale incidents, the Incident Commander may appoint a Medical Brach Director to oversee and coordinate EMS activities.

Transport Unit Leader

Reports to the Medical Group Leader. Responsible for the coordination of patient transport and maintenance of records relating to patient identification, condition, and destination.

Treatment Unit Leader

Reports to the Medical Group Leader. Assumes responsibility for the treatment, preparation for transport, and directs the movement of patients to the loading location. Supervises process of **Secondary Triage.**

Triage Unit Leader

Reports to the Medical Group Leader and supervises the process of completing **primary triage,** and the transfer of patients to the treatment area or to the morgue.

Staging Unit Leader

Reports to the Medical Group Leader. Manages Ambulance Staging Area and dispatches ambulances as requested.

Medical Communications Coordinator- *Optional*

Reports to the Patient Transportation Unit Leader, responsible for communicating and tracking hospital availability between the Medical Group Leader and Transportation Unit Leader.

Treatment Dispatch Manager - *Optional*

Reports to the Treatment Unit Leader and is responsible for coordinating with the Patient Transport Unit Leader for the movement of patients from the Treatment area to the Transportation loading area.

Morgue Manager - *Optional*

Reports to the Triage Unit Leader. Assumes responsibilities for all morgue area functions (normally assigned to personnel from the Medical Examiner's Office).

EMS Field Liaison

·Reports to Staging Unit Leader. Requests ambulance resources through the command structure/staging for patients who need transported to level 1 or 2 trauma centers.

Mass Causality Incident (MCI) Activated to Primary Dispatch

→

Information from Scene to Dispatch:
1. Type of Incident
2. Level of MCI
3. Approximate number of patient and injury severity
4. Location of Staging Area/Causality Collection Point (CCP)

←

Polk County Dispatch Communications shall be notified with pertinent incident information

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Polk County Dispatch will alert all hospitals via CMED with pertinent information, and shall verify with each hospital that information was received

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Polk County Dispatch will notify EMA Duty Officer and Polk County Public Health

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Incident/Unified Command or Medical Group Leader shall update primary dispatch every 15 minutes with pertinent information.

←

Primary dispatch centers will report pertinent information from Incident/Unified Command or Medical Group Leader to Polk County Communications.

↓

Polk County Dispatch will provide pertinent information to hospitals via CMED.

→

Incident/Unified Command or Medical Group Leader will advise primary dispatch centers when MCI operations are completed. Polk County Dispatch will advise hospitals when MCI operations are completed

PATIENT CATEGORIZATION AND TRANSPORTATION

A. Red patients

- The total number of red patients will be divided equally between the two trauma centers. An attempt to split the pediatric patients evenly between hospitals should be done if possible.

- All red patients are to be transported directly to a trauma center and split evenly between the two metro trauma centers (Iowa Methodist Medical Center / Blank Children's Hospital, and MercyOne Des Moines Medical Center). Any red patients beyond the capabilities of the two metro trauma centers will be split evenly among the other metro hospitals. It will be the responsibility of the trauma center hospitals to arrange for patients they cannot handle to be transported to another facility.

- Preferably, red patients should be transported solely (one patient per transport unit) and should be under the care of at least one paramedic (preferably a two-person crew providing treatment).

- The Patient Transportation Unit Leader will notify the Medical Group Leader of the total number of red patients each facility will be receiving. This information will be relayed to Polk County Communications, which will make notification to each receiving facility via CMED.

- The transporting crew should avoid making direct contact with the receiving facility unless it is medically necessary, or the patient's condition worsens. This is intended to avoid unnecessarily tying up resources at receiving hospitals.

B. Yellow Patients

- The total number of yellow patients will be divided equally between the two trauma centers until the trauma event has exceeded 50 patients. At 51 patients the yellow patients will be transported evenly to other facilities.

- The Patient Transportation Unit Leader will notify the Medical Group Leader of the total number of yellow patients each facility will be receiving. The information shall be relayed to Polk County Communications Center and patient information shall be relayed via CMED to the receiving facility.

- Yellow patients should be transported solely (one patient per transport unit) if severe or potentially unstable and should be under the care of at least one paramedic. If the yellow patient is less severe/stable, a green patient may also be transported at the same time.

- The transporting crew should avoid making direct contact with the receiving facility unless it is medically necessary, or the patient's condition worsens. This is intended to avoid unnecessarily tying up resources at receiving hospitals.

C. Green Patients

- The total number of green patients will be divided equally among all metro hospitals, including both trauma centers. There is no set order for transport; however, consider transporting a greater number of green patients to the closest regional facility(s) without overloading since most of these patients will be seen and released with minimal time in the Emergency Department. Depending on location, consider transporting some of these patients to area hospitals. An attempt to split the pediatric patients evenly between hospitals should be done if possible.

- The Patient Transportation Unit Leader will notify the Medical Group Leader of the total number of green patients each facility will be receiving. This information will be relayed via CMED, to each receiving facility.

- Green patients may be transported several at a time, provided adequate BLS staff is available for each transport.

- If it becomes more efficient to use transportation other than an ambulance:
    - A minimum of an EMT should ride with the patients.
    - The transportation used must offload patients at one location in accordance with The Emergency Medical Treatment and Labor Act (EMTALA) not several hospitals.
    - If a bus is needed for transport purposes, the Incident Commander will request the bus by contacting Polk County Emergency Management.

- The transporting crew should avoid making direct contact with the receiving facility unless it is medically necessary, or the patient's condition worsens. This is intended to avoid unnecessarily tying up resources at receiving hospitals.

- It should be the goal of the Patient Transportation Unit Leader to remove all minor and non-injured patients from the incident scene as quickly as possible. Minor/uninjured patients should be collected at an assembly point away from the incident and held there.

- EMS personnel can treat minor injuries and should remain with the group in case someone develops delayed symptoms. When that happens, the new patients should quickly be separated from the group and moved to the appropriate treatment area.

- The Patient Transportation Unit Leader should request mass transportation from the Incident Command for the removal of all uninjured patients as quickly as possible.

- This group should be transported off-site to a local collection point (a fire or police station) where they can continue to be monitored and then released.

- Prior to boarding to depart the scene, EMS should confirm again the absence of any signs/symptoms. EMS presence should be continued until all uninjured patients have been released.

Combined START/JumpSTART Triage Algorithm
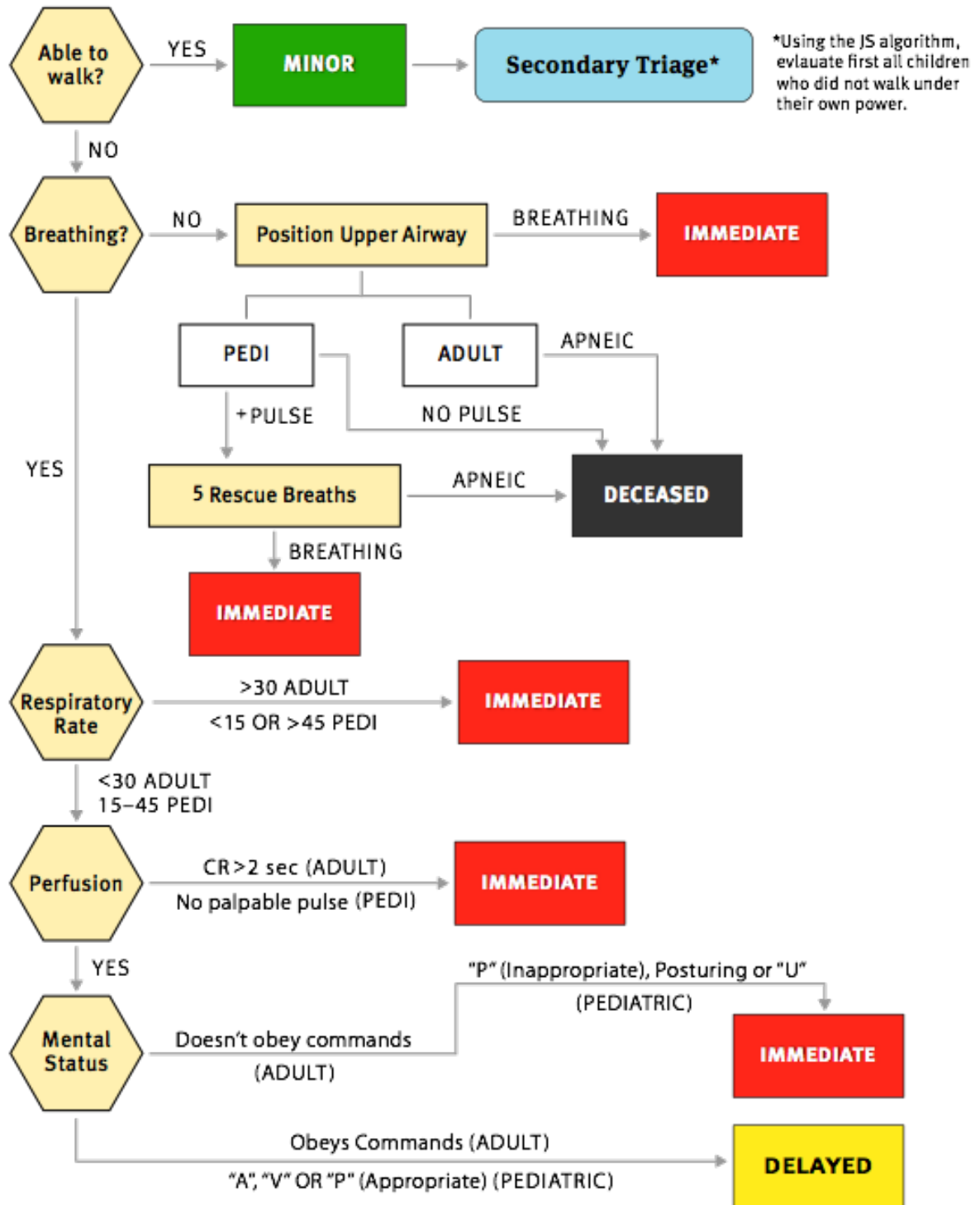
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APPENDIX A- MCI Trailers

Response:

1. The closest trailer to the incident is dispatched when an MCI is activated. All MCI trailers will be dispatched upon request.
2. The host department of the trailer has responsibility for deployment of the trailer to the incident, however they do not have obligation for any set-up or use of the equipment.
3. The requesting department is responsible for re-stocking and returning everything to the trailer's pre-deployment state.

Locations:

1. MCI-1 is kept at the Clive Fire Department.
2. MCI-2 is kept at the Altoona Fire Department.
3. MCI-3 is kept at the Des Moines International Airport Fire Department.

MCI 1 Equipment:

Triage Kit Contents:		General Contents:	Qty
Tarps	(1) Green	Back Boards	25
	(1) Yellow	Orange Straps	75
	(1) Red	Trauma Dressing	25
Vests	(1) Staging	Stethoscopes	5
	(1) Transport	Cervical Collar (infant)	10
	(1) Incident Commander	Cervical Collar (adult)	25
	(1) Treatment	Cervical Collar (peds)	11
Laminated Guides	Staging	Body Bags	24
	Transport	PPE Gowns	15
	EMS Officer	BP Cuffs	5
	Treatment	Head Bed (peds)	15
	Triage	Head Bed (adult)	25
Triage Flags	(1) Set	Blower	1
Scene Tape Rolls	(1) Delayed	Propane heater	1
	(1) Minor	Propane cylinder	2
	(1) Immediate	heater tubing	1
	(1) Deceased	Oxygen manifold	2
		DRASH tent	1
		Cart	1
		Cord Reel (twist lock plugs)	2
		Cord Lights	1
		Light bulbs	3
		Tent stake bag	1
		N95 masks box	0
		Gloves S, MED, L, XL	1 size each
		Orange Cones	5
		Flooring panels	12
		5gal bucket	10
		Disposable blankets	25
		Generator	1

MCI 2 Equipment:

Triage Kit Contents:		General Contents:	Qty
Tarps	(1) Green	Back Boards	25
	(1) Yellow	Orange Straps	51
	(1) Red	Trauma Dressing	23
Vests	(1) Staging	Stethoscopes	5
	(1) Transport	Cervical Collar (infant)	10
	(1) Incident Commander	Cervical Collar (adult)	23
	(1) Treatment	Body Bags	80
Laminated Guides	Staging	PPE Gowns	15
	Transport	BP Cuffs	5
	EMS Officer	Head Bed (peds)	15
	Treatment	Head Bed (adult)	25
		Blower	1
Triage Flags	(1) Set	Propane heater	1
Scene Tape Rolls	(1) Delayed	Propane cylinder	2
	(1) Minor	heater tubing	1
	(1) Immediate	Oxygen manifold	2
	(1) Deceased	DRASH tent	1
		Cart	1
		Cord Reel (twist lock plugs)	2
		Cord Lights	1
		Light bulbs	2
		Tent stake bag	1
		N95 masks box	1
		gloves XL, L	1
		Orange Cones	5
		Flooring panels	12
		5gal bucket	5
		Disposable blankets	25
		Generator	1

MCI 3 Equipment:

General Contents:	Qty
Back Boards	32
Cots	71
Triage Tags	200
MCI Triage Pack	1
2-5/16" Trailer Hitch	1
C-Collar, Disposable, Large	7
C-Collar, Disposable, Small	7
C-Collar, Disposable, Medium	9
C-Collar, Foam, Medium	1
C-Collar, Foam, Small	3
C- Collar, Foam, Large	2
C-Collar, Cardboard, Orange	30
Ski Masks	26
Blankets	75

APPENDIX B- LIST OF HOSPTIALS

Hospitals – Des Moines Metro	Address	ER Phone #	Trauma	Helipad	Burn
Broadlawns Medical Center	1801 Hickman Road, Des Moines, IA 50314	515-282-2253	3	Y	N
Iowa Lutheran Hospital	700 East University Avenue, Des Moines, IA 50316	515-263-5243	4	Y	N
Unity Point Health	1200 Pleasant Street, Des Moines, IA 50309	515-241-8262	1	Y	N
MercyOne Des Moines Medical Center	1111 6th Avenue, Des Moines, IA 50314	515-247-3434	2	Y	N
MercyOne West Des Moines Medical Center	1755 59th Place, West Des Moines, IA 50266	515-247-3434	4	Y	N
Methodist West	1660 60th Street, Des Moines, IA 50266	515-343-1000	4	Y	N
VA Medical Center	3600 30th Street, Des Moines, IA 50310	515-699-5507	4	N	N

Pediatric	Address	ER Phone #	Trauma	Helipad	Burn
Blank Children's Hospital	1200 Pleasant Street, Des Moines, IA 50309	515-241-6224	2	Y	N
MercyOne Children's Hospital	1111 6th Avenue, Des Moines, IA 50314	515-247-3434	2	Y	N

Hospitals – Regional	Address	ER Phone #	Trauma	Helipad	Burn
Boone County Hospital	1015 Union Street, Boone, IA 50036	515-432-3140	4	Y	N
Central Iowa Healthcare - Marshalltown	3 South Fourth Avenue, Marshalltown, IA 50158	641-754-5040	3	Y	N
Dallas County Hospital	610 10th Street, Perry, IA 50220	515-465-7660	4	Y	N
Knoxville Hospital & Clinics	1002 South Lincoln Street, Knoxville, IA 50138	641-842-1420	4	Y	N
Madison County Memorial Hospital	300 West Hutchings Street, Winterset, IA 50273	515-462-5116	4	Y	N
Mary Greeley Medical Center	1111 Duff Avenue, Ames, IA 50010	515-239-2155	3	Y	N
Pella Regional Health Center	404 Jefferson Street, Pella, IA 50219	641-628-6682	3	Y	N
MercyOne Newton Medical Center	204 North 4th Avenue East, Newton, IA 50208	641-791-4300	4	Y	N
Story County Medical Center	640 South 19th Street, Nevada, IA 50201	515-382-7725	4	Y	N

Medical Group Leader / First Arriving Unit

Takes report from and coordinates:
Triage
Treatment
Transportation
Staging (Ground Ambulance Coordinator)
Medical Division Supervisors (if required)

The on-site EMS provider with the highest certification, seniority, and authority will be the Medical Group Leader until relieved by a senior officer. Leader should possess experience, strong ICS, EMS, and scene management skills. Should relieve command upon arrival of higher level personal.

- ❑ Don **MEDICAL GROUP LEADER** vest.
- ❑ Make a rapid assessment of the incident. Identify and declare an MCI through the primary dispatch center: Advise the primary dispatch center:
  - ❑ Approximate number of patients and severity of injuries. This information be continually updated as incident progresses.
  - ❑ Determine if multiple Medical Divisions will be required and establish their location/boundaries.
  - ❑ Request additional medical personnel, supplies, equipment, and vehicles.
  - ❑ Advise where the staging area will be established.
  - ❑ Request additional radio channels as needed.

- ❑ Assign the following EMS Unit Leaders:
  - ❑ Triage
  - ❑ Treatment
  - ❑ Transportation
  - ❑ Staging (Ground Ambulance Coordinator)
  - ❑ Medical Division Supervisors (if required)
  - ❑ Hospital Liaisons (if required)
  - ❑ Assign a Morgue Manager (if required) to assist with the securing and processing of deceased (black) patients.

- ❑ Determine when it is safe to begin EMS operations
- ❑ Consider adding Liaisons to metro hospitals
- ❑ Consider MCI trailer for additional resources
- ❑ Terminate MCI efforts after last patient has been transported.
- ❑ Report patient triage numbers to primary dispatch center as MCI event progresses.

- • **DO NOT BECOME INVOLVED IN PHYSICAL TASKS**

Triage Unit Leader

Reports to: Medical Group Leader
Medical Division Supervisors (if required)

Operates in conjunction with:

                                 Treatment
                                 Transportation
                                 Staging (Ground Ambulance Coordinator)

- ❑ Obtain briefing from the Medical Group Leader, and determine if it safe to begin triage operations.
- ❑ Don **TRIAGE** vest and review items on clip board
- ❑ Determine equipment and personnel needs of triage branch, including but not limited to, triage tags, and submit all requests to the Medical Group Leader.

- ❑ Begin coordinating **Primary Triage** using **START** and **JUMPSTART** Triage Methods.
    - ❑ Ensure personal are utilizing SMART triage tag system.
    - ❑ Record patient numbers of Reds, Yellows, and Greens.
    - ❑ Report total number of Reds, Yellows, and Greens to Medical Group Leader once primary triage is completed.

- ❑ After patients have received initial triage, patients should be moved from the immediate incident site to a Treatment Area deemed as a "safe" area, and if possible, protected from the elements.
- ❑ Once primary triage is completed, triage personal can be assigned to treatment operations.
- ❑ Begin **Secondary Triage** evaluation and re-evaluation of patient condition within treatment area. (Coordinate with **Treatment Unit Leader**).
    - ❑ Record patient numbers of Reds, Yellows, and Greens.
    - ❑ Report total number of Reds, Yellows, and Greens to Medical Group Leader once secondary triage is completed.

- ❑ Ensure that all areas around MCI scene are checked for potential patients
- ❑ Triage numbers of Red, Yellow, and Green patients should be communicated to the Medical Group Leader.
- ❑ Report to the Medical Branch Director for reassignment upon completion of tasks

- **DO NOT BECOME INVOLVED IN PHYSICAL TASKS**

Treatment Unit Leader

Reports to: Medical Group Leader

Medical Division Supervisors (if required)

Operates in conjunction with:

Triage

Transportation

Staging (Ground Ambulance Coordinator)

❑ Obtain a briefing from the EMS Group Leader

❑ Don **TREATMENT** vest and review items on clip board

❑ Determine equipment and personnel needs of treatment unit and request it from the Medical Group Leader

❑ Establish **Primary Treatment Area**

    ❑ Must be capable of accommodating large numbers of patients and equipment

    ❑ Consider: weather, safety, hazards, and potential need for shelter

    ❑ Area must be readily accessible for ease of ambulance entry and exit.

❑ Divide area into three (3) distinct areas using colored tarps and flags (Green, Yellow, Red)

❑ Designate Secondary Treatment Area as alternate should primary area become unusable and inform the Medical Group Leader of each location

❑ Assign personnel to treatment areas based on EMS certifications (example):

    • Paramedics & Paramedic Specialists = Immediate

    • EMT-B's, EMT-I's & FR's = Delayed or Minor

❑ Re-triage patients upon arrival at treatment area, place patients in appropriate sections. (Coordinate with Triage Unit Leader).

    ❑ Ensure treatment personal are completing the **SECONDARY TRIAGE** section of the SMART TRIAGE TAG for each patient.

❑ Advise **Transportation Unit Leader** when patients have been prepared for transport; evacuate patients by priority

❑ Regularly inventory supplies/order as needed, and begin relieving or reducing staff as necessary

❑ Report to the Medical Branch Director for reassignment upon completion of tasks

❑ Consider requesting additional MCI trailers as necessary to support the incident

• **DO NOT BECOME INVOLVED IN PHYSICAL TASKS**

Staging Unit Leader

Reports to: Medical Group Leader
                                            Medical Division Supervisors (if required)

Operates in conjunction with:
                                            Triage
                                            Transportation
                                            Treatment

❑ Obtain briefing from the Medical Group Leader
  ❑ Obtain minimum staging resource numbers from Medical Group Leader.
❑ Don STAGING vest and review items on clipboard

❑ Determine best organizational layout for staging area.
  ❑ Ensure location is easily accessible, and allows from one direction of travel with no backing required.
  ❑ Ensure staging area is safe from possible hazards.
  ❑ Fill out and maintain log all arriving vehicles, department, unit number, and personnel's level of care.
  ❑ Ensure driver and crew remain while in staging.
  ❑ Organize vehicles in a manner to ensure quick response of a requested resource.

❑ Communicate with staged units to ensure personal understand where to respond, what their role will be, who to report to, and which radio channel to communicate on.
❑ Record time of unit request and response location to ensure each resource is tracked.

❑ Respond immediately to requests for resources and direct movement of vehicles.
❑ Ensure adequate number of resources are available in staging for use in MCI operations.
❑ Request additional resources from Medical Group Leader if required.

- **DO NOT BECOME INVOLVED IN PHYSICAL TASKS**

Patient Transportation Unit Leader

Reports to: Medical Group Leader
            Medical Division Supervisors (if required)

Operates in conjunction with:
          Triage
          Ground Ambulance Coordinator
          Treatment

- ❑ Obtain a briefing from the Medical Group Leader
- ❑ Don TRANSPORTATION vest and review items on clip board.
- ❑ Determine equipment and personnel needs of Transportation Unit and request it from the Medical Group Leader.

- ❑ Consult with the Treatment Unit Leader and establish patient loading zone.
  - ❑ Ensure loading zone will have separate entry and exit points if possible.
  - ❑ Advise the Medical Group Leader of loading zone locations, air medical landing zones, and best route for access.

- ❑ Fill out and maintain **Patient Tally Sheet** using triage tag number, triage level, and hospital destination.
- ❑ Direct departing ambulances to hospitals based on capabilities and provide periodic updates to the Medical Group Leader.
- ❑ Request ambulances from the Staging as needed
- ❑ Advise the Medical Group Leader when the last patient is transported.

- **DO NOT BECOME INVOLVED IN PHYSICAL TASKS**

PATIENT TALLY SHEET

Patient Name	Tag Color	Destination	Triage Tag #