



2nd IN or LATE ARRIVING AMBULANCES

(Report to EMS Command or designee)

Notification

1. Go to assigned radio tactical talkgroup.
2. Contact the Communication Center of the agency controlling the incident for instructions.
3. Approach scene using designated route to avoid hazards.
4. Upon arrival at assigned area, contact EMS Command, or Staging Supervisor if established.
5. All responders will identify themselves using the following format: Dept Name, Type of Resource, and Radio #.

At Staging

- ◆ Remember other vehicles, do not block entry/exit routes.
- ◆ Stay inside the vehicle until assigned a duty.

Loading Patients and Leaving the Scene

1. Quickly load patients and provide treatment while transporting to the appropriate hospital!
2. Provide EMS Command, or designee, the number of patients and triage category being transported.
3. Contact your Communication Center and advise them of your status.
4. Immediately contact MRCC/Medical Control by RADIO.
5. Communicate: Radio-ID, Destination, Age, Gender, First Name, Last Name, Chief Complaint, Triage Color, ETA. (Crews may be prompted for additional information.)
6. In order to facilitate patient tracking, prior to clearing destination/receiving facility EMS crews are encouraged to contact MRCC or Medical Control with patient(s) name(s) and/or physical description of patient(s) if not given previously.



Metro Region
EMS System

Funded and Created by the:
Metropolitan Emergency Services Board,
Metro Region EMS System,
Emergency Preparedness Sub-Committee

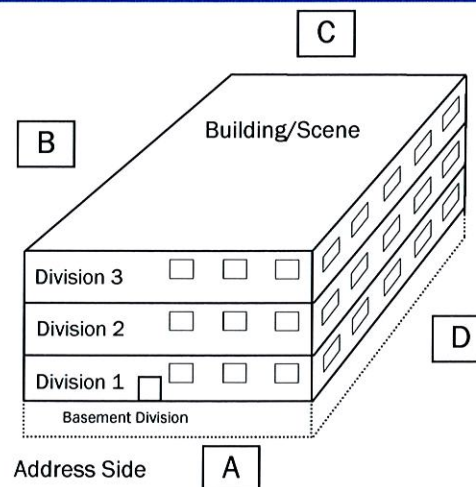
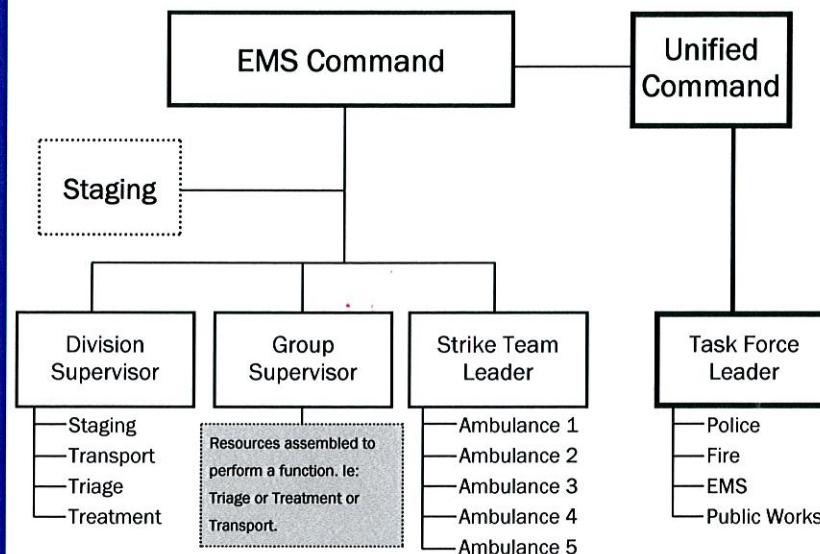
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Using Divisions/Groups

- ◆ In large or widely scattered scenes (ie: natural disasters) establish divisions/groups early to maintain operational control.
- ◆ Divisions are geographic areas with assigned resources.
- ◆ Groups are resources assembled to perform a specific function.
- ◆ Divisions operate independent from one another. Division Supervisors report to EMS Command.
- ◆ Requests for resources (vehicles, talkgroups, personnel, etc.) must be made through EMS Command.



EMERGENCY MEDICAL SERVICES

INCIDENT RESPONSE PLAN

GUIDELINES

This plan is based on the principles and guidelines of the National Incident Management System (NIMS) and assumes responders have a working knowledge of the Incident Command System (ICS) and the positions it utilizes.

- ◆ The command structure presented in this plan may require expansion to meet the needs of larger or more complex incidents.
- ◆ Refer to agency specific guidelines for special incidents: Haz-Mat, Police Tactical Operation, Fire Standby, Water Rescue, Structural Collapse, Rehab, etc.
- ◆ MRCC should be notified if the incident may impact hospital and/or EMS systems.
- ◆ **FIRST ARRIVING CREW:** Refer to Panels A & B .
- ◆ **2nd IN or LATE ARRIVING AMBULANCES:** Refer to Panel C.
- ◆ **Do NOT respond unless requested!**

Operational Considerations

- ◆ Contact MRCC/Medical Control of the potential for contaminated patients to self transport.
- ◆ Ensure crews are wearing proper protective equipment.
- ◆ Ensure crews are wearing identification vests.
- ◆ Multi-patient/MCI buses. (Contact MN Duty Officer 651.649.5451)
- ◆ MCI Trailer - Additional supplies - Mobile Comm. Unit.
- ◆ Access to and use of mutual-aid management staff.
- ◆ Need for command staff call-back. Revised: February 2012

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EMS COMMAND

(Coordinate with Incident Command (IC)/form Unified Command)

- ◆ Upon arrival at the scene, the role of EMS Command will be assumed by an individual and announced on the radio. (Example: “[name] will be EMS Command, or Division Supervisor, etc.”)
- ◆ Announce arrival of EMS to IC face to face or via radio.
- ◆ Any change in the person filling the role must also be announced.
- ◆ EMS Command is responsible for all unassigned positions within the Incident Response Plan (IRP) until delegated.
- ◆ Radio discipline on scene is maintained by allowing only EMS Command or designee to interface with the Communication Center.
- ◆ To manage complex incidents, EMS Command may appoint staff to serve in support roles.
- ◆ EMS Command must provide regular Situation Reports (SITREPs).
- ◆ Consider notifications for hospitals, command staff, etc.
- ◆ Give early consideration to resource needs.

SCENE SIZE-UP

It is vital to communicate an accurate scene size-up so the appropriate resources can be started. It is better to start more resources and cancel them, than to have a delayed response.

The information should include:

- ◆ Type of Incident.
- ◆ Potential number of patients.
- ◆ Types of injuries.
- ◆ Severity of injuries.
- ◆ Give staging location.
- ◆ Best route in/out.
- ◆ Is the on-call Medical Director needed on scene?

Do hospitals need to be alerted to the incident or potential patients? If yes, contact MRCC.

This will initiate:

- ◆ MNTrac EMS System Advisory
- ◆ MRCC Patient Tracking.

EMS Command is responsible for the Safety and Accountability of EMS Personnel unless delegated.

B

EMS OPERATIONS

(Responsible for Triage, Treatment, Transport, & Staging until delegated)

TRIAGE SUPERVISOR

(Coordinate with Operations and/or Transportation Supervisor)

1. Provide EMS Command with approximate number of patients.
2. Identify, corral, and monitor "walking wounded."
3. Update EMS Command with resource needs.
4. Expedite and coordinate patient movement to transport area.

TRIAGE

The category descriptions below serve only as guidelines and should not preclude medical personnel from categorizing a patient based on experience or other clinical findings.

GREEN: minor, may go to hospital triage area.

YELLOW: moderate, requires an ER bed.

RED: critical, requires ER stabilization room.

BLACK: dead. Do *NOT* move.

TREATMENT SUPERVISOR

(Coordinate with Triage and/or Transportation Supervisor)

- ◆ Organize medical care in treatment area.
- ◆ Update EMS Command with resource needs (supplies, personnel, etc.).
- ◆ Provide for medical needs of “walking wounded.”
- ◆ Direct First Responders when caring for multiple patients.

STAGING SUPERVISOR

(Report to EMS Command or designee)

- ◆ Establish staging area and keep entry/exit routes open.
- ◆ Respond to requests for resources from EMS Command or designee.
- ◆ Assign the appropriate resource to meet request.
- ◆ Provide requested resources with location of assignment, talkgroup, and any special instructions.
- ◆ Keep EMS Command updated on resources in staging.

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TRANSPORTATION SUPERVISOR

(Report to EMS Command or Division Supervisor)

- ◆ Requests resources through EMS Command.
- ◆ Coordinate the rapid loading of transporting vehicles.
- ◆ Record the triage color and number of patients transported by each vehicle. Record names if possible.
- ◆ Keep entry/exit routes open.

Patient Tracking

[illegible]

Resource Accountability

In=At scene Out= Left scene

[illegible]