



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) in not given previously.



Metro Region
EMS System

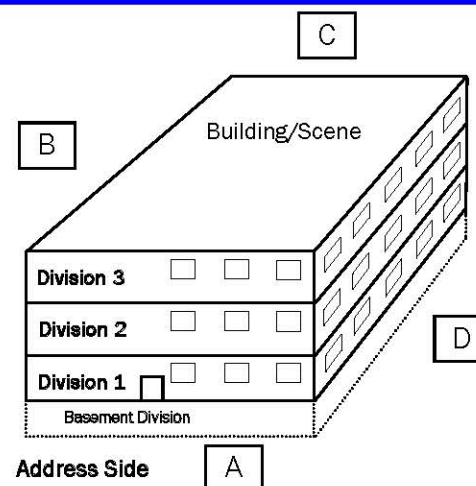
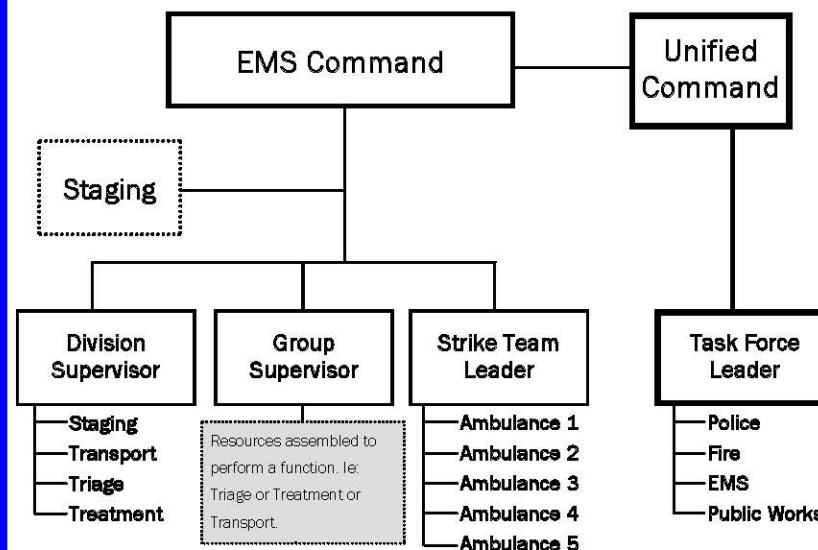
Funded and Created by the:
Metropolitan Emergency Services Board,
Metro Region EMS System,
Emergency Preparedness Sub-Committee

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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: HazMat, 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-

Revised: June 2011

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