

#### 2nd IN or LATE ARRIVING AMBULANCES

(Report to EMS Command or designee)

#### Notification

- 1. Go to assigned radio tactical talkgroup.
- Contact the Communication Center of the agency controlling the incident for instructions.
- Approach scene using designated route to avoid hazards.
- 4. Upon arrival at assigned area, contact EMS Command, or Staging Supervisor if established.
- 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**

- Quickly load patients and provide treatment while transporting to the appropriate hospital!
- Provide EMS Command, or designee, the number of patients and triage category being transported.
- Contact your Communication Center and advise them of your status.
- 4. Immediately contact MRCC/Medical Control by RADIO.
- Communicate: Radio-ID, Destination, Age, Gender, First Name, Last Name, Chief Complaint, Triage Color, ETA. (Crews may be prompted for additional information.)
- 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 patinet(s) in not given previously.



Metro Region EMS System Funded and Created by the:
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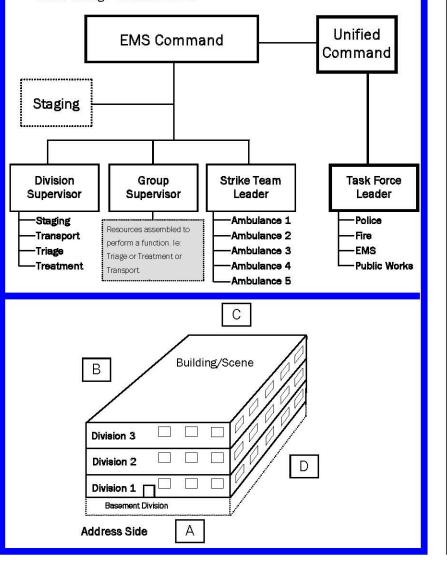
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# **Using Divisions/Groups**

- 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.



# 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-

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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.

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#### **EMS OPERATIONS**

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

#### TRIAGE SUPERVISOR

(Coordinate with Operations and/or Transportation Supervisor)

- Provide EMS Command with approximate number of patients.
- 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					Resource Accountability In=At scene Out= Left scene		
EMS Unit				Receiving Hospital	Resource	In	Out
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