

C UNASSIGNED RESOURCES

Report to EMS Command or Staging (if established)

Notification

- Go to assigned radio talkgroup.
- Approach scene using designated route.
- Upon arrival at incident, announce arrival and await assignment from EMS Command or Staging.
- All responders will identify themselves using the following format: Dept Name, Type of Resource, and Unit Identifier.

At Staging

- 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.
- Immediately contact MRCC/Medical Control by radio and provide a patient information report.
- In order to facilitate reunification, consider documenting patient name and/or physical description when possible.



Metro Region
EMS System

Metropolitan Emergency Services Board
Metro Region EMS System
Emergency Preparedness Subcommittee

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EMS PLANS

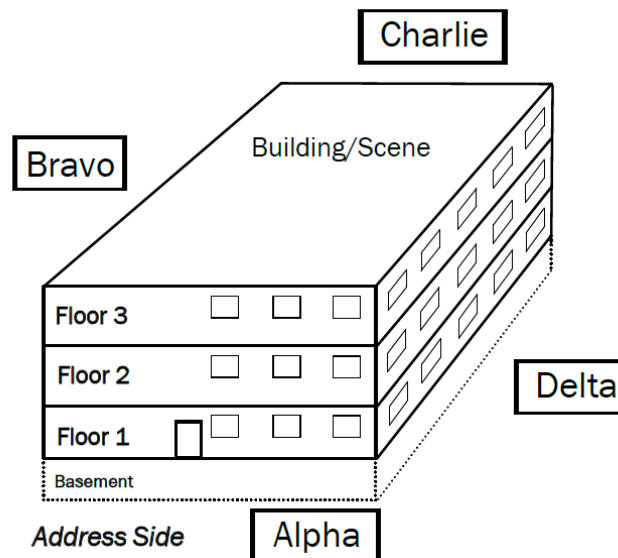
The Metro Region EMS Plans establishes a common tiered system to manage and front-load growing incidents.

- **EMS Plan 1** – 4 Ambulances, 1 Command, MNTRAC EMS System Advisory (*Initial*)
- **EMS Plan 2** – 4 Ambulances, 2 Command, System Medical Director (*Additional*)
- **EMS Plan 3** – 4 Ambulances, 2 Command, EMS Region MIR Bus (*Additional*)

**Consider move-ups/backfill for PSA.*

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/Groups shall have a designated leader.
- Requests for resources (vehicles, talkgroups, personnel, etc.) must be made through EMS Command.



METRO REGION EMERGENCY MEDICAL SERVICES INCIDENT RESPONSE PLAN

GUIDELINES

This plan is based on the principles and guidelines outlined in national standards for incident and resource management, and promotes a collaborative multi-jurisdictional response.

The command structure presented in this plan may require expansion to meet the needs of larger or more complex incidents.

- **FIRST ARRIVING:** Refer to Panels A & B
- **UNASSIGNED RESOURCES:** Refer to Panel C
- **DO NOT RESPOND** unless requested!

OPERATIONAL CONSIDERATIONS

- Request Tactical and/or Interoperable Radio Talkgroups early.
- Alert MRCC/Medical Control to the nature of incident and potential for patients to self-transport.
- Ensure crews are wearing proper protective equipment.

METRO REGION RESOURCES

- To request Metro Region Resources or support, contact the Medical Resource Control Center (MRCC).
- Resources include: Major Incident Response Bus, Western Shelter tents, Command Trailer, or supply caches.
- The Metro Region EMS System EOC can operate virtually or physically to support planned or unplanned events.
- The Metro Region EMS System can deploy and support Ambulance Strike Teams.

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

A EMS COMMAND

Coordinate with Incident Command/Establish Unified Command.

- The role of EMS Command will be assumed by the first arriving unit and announced on the radio. (IE. “[Unit] will be EMS Command.) *Any change in the unit filling the role must be announced.*
- Request Tactical and/or Interoperable Radio Talkgroups early.
- Announce arrival of EMS to IC via radio interop channel, or face-to-face.
- EMS Command is responsible for all unassigned Divisions/Groups within the IRP until delegated.
- EMS Command may appoint support roles such as command aide, scribe, etc.
- Radio discipline is maintained by allowing only EMS Command or designee to interface with the communications center.
- EMS Command shall give assignments by providing a specific **TASK** to be accomplished, **LOCATION** to complete the task, and **OBJECTIVE** of each task.
- EMS Command must obtain regular updates from Divisions/Groups using CAN report format.
- EMS Command is responsible for the safety and accountability of all EMS personnel.

Radio Reports / Initial & Follow-up

It is vital to communicate an accurate scene size-up so the appropriate resources can be started. It is better to have more resources and cancel them, than to have a delayed response. Timely follow-up reports shall be provided as the incident evolves. The information should include:

- **Conditions** – Describe the scene, nature of incident, # of pts, etc.
- **Actions** – “Investigating”, “Triage”, etc.
- **Needs** – Resources/EMS Plan, Medical Director, etc.
- Provide command location, staging location, ingress/egress routes.

B DIVISIONS/GROUPS

CAN report when prompted or if unable to complete objective.

TRIAGE/CASUALTY COLLECTION GROUP

- Identify & communicate triage/Casualty Collection Point(s).
- Identify, collect, and triage patients while providing life-saving interventions. Utilize first responders as needed.
- Expedite & coordinate patient movement to transport area.

TREATMENT GROUP

- Prioritize critical interventions prior to transport.
- Organize medical care in treatment area.
- Utilize first responders when caring for multiple patients.

TRANSPORTATION GROUP

- Maintain resources for immediate transport.
- Coordinate the rapid loading of transporting vehicles. **Optimize loading of patients, consider multi-load!**
- Record the triage color and number of patients transported by each vehicle.
- Remind transport units to use radio for MRCC report.
- Keep entry/exit routes open.

STAGING GROUP

- Establish staging area and keep entry/exit routes open.
- Respond to requests for resources from EMS Command.
- Provide requested resources with task, location, and objectives of assignment.

REHAB GROUP

- Establish and support a dedicated location for responder rehab.
- Provide observation, assessment, and rehabilitation in accordance with protocols.
- Rapidly move responders requiring transport to the designated transport area.

GREEN: minor, less serious illness or injury

YELLOW: delayed, stable but requires observation

RED: critical, requires immediate treatment/transport

BLACK: dead. Do NOT move.

PATIENT TRACKING

EMS Unit	RED	YELLOW	GREEN	Receiving Hospital

RESOURCE ACCOUNTABILITY

Resource/EMS Unit	In	Out

EXPANDED STAGING LOCATIONS

- **“Assignment”:** Resource has been given a task, location, and objective, or may be assigned to Division/Group.
- **Level 1 Staging:** At the incident location, but not committed to assignment, or past last tactical objective. Able to relocate if needed. Team remains with vehicle.
- **Level 2 Staging:** Farther from scene. Hold resources to move up as needed.