

Vermont EMS District 6 Disaster Management Plan

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Policy and MCI Procedures

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EMERGENCY MEDICAL SERVICES (EMS) BRANCH

DEFINITION

The EMS Branch Structure is designed to provide the Incident Commander with a basic expandable system for handling any number of patients in a multi-casualty incident. One or more additional Medical Group(s) may be established under the EMS Branch Director, if geographical or incident conditions warrant. The degree of implementation will depend upon the complexity of the incident.

MODULAR DEVELOPMENT

A series of examples of modular development are included to illustrate one possible method of expanding the incident organization.

Initial Response Organization

Initial response resources are managed by the Incident Commander, who will handle all Command and General Staff responsibilities. The first arriving resource with the appropriate communications capability should establish communications with CVMC or other coordinating facility and become the Medical Communications Coordinator. Other first arriving resources would become Triage Crew.

Reinforced Response Organization

In addition to the initial response, the Incident Commander designates a Triage Unit Leader, a Treatment Unit Leader, Treatment Teams, and a Ground Transport Coordinator.

Multi-Leader Response Organization

The Incident Commander has now established an Operations Section Chief, who has in turn established a Medical Supply Coordinator, a Manager for each treatment category, and a Patient Transportation Group Supervisor. The Patient Transportation Group Supervisor was needed in order for the Operations Section Chief to maintain a manageable span of control, based on the assumption that other operations are concurrently happening in the Operations Section.

Multi-Group Response

All positions within the Medical Group and Patient Transportation Group are now filled. Air Operations Branch is shown to illustrate the coordination between the Air Transportation Coordinator and the Air Operations Branch. An Extrication Group is freeing trapped victims.

Multi-Branch Organization

The complete incident organization shows the EMS Branch and other Branches with which there might be interaction. The EMS Branch now has three (3) Medical Groups (geographically separate) but only one Patient Transportation Group. This is because all patient transportation must be coordinated through one point to avoid overloading hospitals or other medical facilities.

POSITION CHECKLISTS

EMS BRANCH DIRECTOR

The EMS Branch Director is responsible for the implementation of the Incident Action Plan within the Branch. This includes the direction and the execution of Branch planning for the assignment of resources within the Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Group and Patient Transportation Group Supervisors.

- a. Review Common Responsibilities.
- b. Review Group/Division Assignments for effectiveness of current operations and modify as needed.
- c. Provide input to Operations Section Chief for the Incident Action Plan.
- d. Supervise Branch activities.
- e. Ensure that adequate safety measures and accountability are in place.
- f. Report to Operations Section Chief on Branch activities.
- g. Maintain log of unit activity.

MEDICAL GROUP SUPERVISOR

The Medical Group Supervisor reports to the EMS Branch Director and supervises the Triage Unit Leader, Treatment Unit Leader, and Medical Supply Coordinator. The Medical Group Supervisor establishes command and controls the activities within a Medical Group, in order to assure the best possible emergency medical care to patients during a multi-casualty incident.

- a. Review Common Responsibilities.
- b. Participate in EMS Branch/Operations Section planning activities.
- c. Establish Medical Group with assigned personnel; request additional personnel and resources sufficient to handle the magnitude of the incident.
- d. Designate Unit Leaders and Treatment Area locations as appropriate.
- e. Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.
- f. Request law enforcement/coroner involvement as needed.
- g. Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, lifters, cots).
- h. Establish communications and coordination with Patient Transportation Group Supervisor.
- i. Ensure activation of hospital alert system and local EMS/health agencies.
- j. Direct and/or supervise on-scene personnel from agencies such as Medical Examiner's Office, Red Cross, law enforcement, ambulance companies, county health agencies, and hospital volunteers.
- k. Ensure proper security, traffic control, and access for the Medical Group area.
- l. Direct medically trained personnel to the appropriate Unit Leader.
- m. Maintain log of unit activity.

TRAIAGE UNIT LEADER

The Triage Unit Leader reports to the Medical Group Supervisor and supervises Triage Crew/Litter Bearers and the Morgue Manager. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the Triage Area. When triage has been completed, the Unit Leader may be reassigned as needed.

- a. Review Common Responsibilities.
- b. Review Unit Leader Responsibilities.
- c. Develop organization sufficient to handle assignment.
- d. Inform Medical Group Supervisor of resource needs.
- e. Implement triage process.
- f. Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.
- g. Give periodic status reports to Medical Group Supervisor.
- h. Maintain security and control of the Triage Area.
- i. Establish Morgue.

TRIAGE CREW

Triage Crew report to the Triage Unit Leader and triage patients on-scene and assign them to appropriate Treatment Areas.

- a. Review Common Responsibilities.
- b. Report to designated on-scene triage location.
- c. Triage and tag injured patients. Classify patients while noting injuries and vital signs, if taken.
- d. Direct movement of patients to proper Treatment Areas.
- e. Provide appropriate medical treatment (ABCs) to patients prior to movement as incident conditions dictate.

TREATMENT UNIT LEADER

The Treatment Unit Leader reports to the Medical Group Supervisor and supervises the Treatment Managers and the Treatment Dispatch Manager. The Treatment Unit Leader assumes responsibility for treatment, preparation for transport and coordination of patient treatment in the Treatment Areas and directs movement of patients to loading locations.

- a. Review Common Responsibilities.
- b. Review Unit Leader Responsibilities.
- c. Develop organization sufficient to handle assignment.
- d. Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas.
- e. Coordinate movement of patients form Triage Area to Treatment Areas with Triage Unit Leader.
- f. Request sufficient medical caches and supplies as necessary.
- g. Establish communications and coordination with Patient Transportation Group.

TREATMENT UNIT LEADER (continued)

- h. Ensure continual triage of patients, documentation, and tagging of patients as needed throughout Treatment Areas.
- i. Direct movement of patients to ambulance loading area(s).
- j. Give periodic status reports to Medical Group Supervisor.

TREATMENT DISPATCH MANAGER

The Treatment Dispatch Manager reports to the Treatment Unit Leader and is responsible for coordinating, with the Patient Transportation Group, the transportation of patients out of the Treatment Area.

- a. Review Common Responsibilities.
- b. Establish communications with the Immediate, Delayed, and Minor Treatment Managers.
- c. Establish communications with the Patient Transportation Group.
- d. Verify that patients are prioritized for transportation.
- e. Advise the Medical Communications Coordinator of patient readiness and priority for dispatch.
- f. Coordinate the transportation of patients with the Medical Communications Coordinator.
- g. Ensure that appropriate patient tracking information is recorded if not already done or established by the Transportation Recorder.
- h. Coordinate ambulance loading with the Treatment Manager and ambulance personnel.

IMMEDIATE (RED) TREATMENT MANAGER

The Immediate Treatment Manager reports to the Treatment Unit Leader and is responsible for the treatment and re-triage of patients assigned to the Immediate Treatment Area.

- a. Review Common Responsibilities.
- b. Request of establish Medical Teams as necessary.
- c. Assign treatment personnel to patients received in the Immediate Treatment Area.
- d. Ensure treatment of patients triaged to the Immediate Treatment Area.
- e. Ensure that patients are prioritized for transportation.
- f. Coordinate transportation of patients with Treatment Dispatch Manager.
- g. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- h. Ensure that appropriate patient information is recorded.

DELAYED (YELLOW) TREATMENT MANAGER

The Delayed Treatment Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to the Delayed Treatment Area.

- a. Review Common Responsibilities.
- b. Request or establish Medical Teams as necessary.
- c. Assign treatment personnel to patients received in the Delayed Treatment Area.
- d. Ensure treatment of patients triaged to the Delayed Treatment Area.
- e. Ensure that patients are prioritized for transportation.
- f. Coordinate transportation of patients with Treatment Dispatch Manager.
- g. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- h. Ensure that appropriate patient information is recorded.

MINOR (GREEN) TREATMENT MANAGER

The Minor Treatment Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Minor Treatment Area.

- a. Review Common Responsibilities.
- b. Request or establish Medical Teams as necessary.
- c. Assign treatment personnel to patients received in the Delayed Treatment Area.
- d. Ensure treatment of patients triaged to the Delayed Treatment Area.
- e. Ensure that patients are prioritized for transportation.
- f. Coordinate transportation of patients with Treatment Dispatch Manager.
- g. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- h. Ensure that appropriate patient information is recorded.
- i. Coordinate volunteer personnel/organizations through Agency Representatives and Treatment Unit Leader.

PATIENT TRANSPORTATION GROUP SUPERVISOR

The Patient Transportation Group Supervisor reports to the EMS Branch Director and supervises the Medical Communications Coordinator and the Air and Ground Ambulance Coordinators and is responsible for the coordination of patient transportation and maintenance of records relating to patient identification, injuries, and mode of off-incident transportation and destination.

- a. Review Common Responsibilities.
- b. Establish communications with hospital(s).
- c. Designate ambulance staging area(s).
- d. Direct the transportation of patients as determined by Treatment Unit Leader(s).
- e. Ensure that patient information and destination is recorded.
- f. Establish communications with Ambulance Coordinator(s).
- g. Request additional ambulances, as required.
- h. Notify Ambulance Coordinator(s) of ambulance requests.

PATIENT TRANSPORTATION GROUP SUPERVISOR (CONTINUED)

- i. Coordinate requests for air ambulance transportation through the Air Operations Director.
- j. Establish air ambulance helispot with the EMS Branch Director and Air Operations Director.
- k. Maintain log of unit activity.

MEDICAL COMMUNICATIONS COORDINATOR

The Medical Communications Coordinator reports to the Patient Transportation Group Supervisor and supervises the Transportation Recorder, and maintains communications with the hospital and/or other medical facilities to ensure proper patient transportation and destination, and coordinates information through the Patient Transportation Group Supervisor and the Transportation Recorder.

- a. Review Common Responsibilities.
- b. Establish communications with hospital alert system.
- c. Determine and maintain current status of hospital/medical facility availability and capability.
- d. Receive basic patient information and injury status from Treatment Dispatch Manager.
- e. Communicate hospital availability to Treatment Dispatch Manager.
- f. Coordinate patient off incident destination with the hospital alert system.
- g. Communicate patient transportation needs to Ambulance Coordinators based upon requests from Treatment Dispatch Manager.
- h. Maintain log of unit activity.
- i. Request additional resources as needed.

PATIENT TRANSPORTATION RECORDER(S)

Position is established when demands of the incident require and the transport function is needed. Works in patient transportation loading area with Treatment Dispatch Manager.

- a. Assists Medical Communications Coordinator as needed.
- b. Maintains appropriate incident documentation relating to the patients transported from the scene, to include:
 - 1- triage tag/ assigned tag number;
 - 2- ensure triage tag/documentation is attached to the patient; -unit transporting
 - 3- destination hospital;
 - 4- number of patients;
 - 5- transporting triage status, age, sex, chief complaint; and –ETA to destination.
- c. Provides patient information to Medical Communications Coordinator as needed.

AIR/GROUND AMBULANCE COORDINATOR(S)

The Air/Ground Ambulance Coordinator(s) report to the Patient Transportation Group Supervisor and manage the Air/Ground Ambulance Staging Areas and dispatch ambulances as requested.

- a. Review Common Responsibilities.
- b. Establish appropriate Staging Area for ambulances.
- c. Establish routes of travel for ambulances for incident operations.
- d. Establish and maintain communications with the Air Operations Branch Director.
- e. Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager.
- f. Maintain records as required.
- g. Ensure that necessary equipment is available in the ambulance for patient needs during transportation.
- h. Establish immediate contact with ambulance agencies at the scene.
- i. Request additional transportation resources as appropriate.
- j. Provide an inventory of medical supplies available at ambulance staging area for use at the scene.
- k. Request additional resources as needed (Transport Loaders, etc.).
- l. Ensure proper coordination is maintained with Staging Area Manager as needed.

TRANSPORT LOADER(S)

Transport Loader(s) report to the Ground Ambulance Coordinator or Air Ambulance Coordinator as directed. Position is established when demands of the incident require and the transport functions are needed. Works in transportation loading area with Treatment Dispatch Manager.

- a. Establish patient loading point in the transportation area (if not already done).
- b. Coordinate activities with Treatment Dispatch Manager/Transport Recorder.
- c. Ensure patients selected for transportation are:
 - 6- Ready for movement; and
 - 7- Loaded on the correct transport unit.
 - 8- Crosscheck Triage Tag information and numbers with Transport Recorder/Medical Communications Coordinator
 - 9- Provide instructions to vehicle drivers (e.g., directions to designated hospitals, maps, disaster routes, actions to take, etc.).
- d. Direct crews assigned as porter teams as needed.
- e. Keep Ground Ambulance Coordinator and/or Air Ambulance Coordinator informed as directed.

MEDICAL SUPPLY COORDINATOR

The Medical Supply Coordinator reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group.

- a. Review Common Responsibilities.
- b. Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group.
- c. Request additional medical supplies. (if Logistics Section is established, this position would coordinate with Supply Unit Leader.)
- d. Distribute medical supplies to Treatment and Triage Units.
- e. Maintain log of unit activity.

MORGUE MANAGER

The Morgue Manager reports to the Triage Unit Leader and assumes responsibility for Morgue Area activities until relieved of that responsibility by the appropriate Medical Examiner's.

- a. Review Common Responsibilities.
- b. Assess resource/supply needs and order as needed.
- c. Coordinate all Morgue Area activities.
- d. Keep area off limits to all but authorized personell.
- e. Coordinate with law enforcement and assist the Medical Examiner as necessary.
- f. Ensure that identity of deceased persons is kept confidential.

EMERGENCY MEDICAL SERVICES (EMS) GLOSSARY

ALS (Advanced Life Support). Allowable procedures and techniques utilized by emergency medical personnel to stabilize critically sick and injured patient(s) who exceed Basic Life Support procedures. Example: Intravenous therapy, cardiac monitoring, advanced airway management, administration of medications, etc.

Black Tag Patient. A patient who, under the START triage system, is deceased.

BLS (Basic Life Support). Basic, non-invasive first-aid procedures and techniques utilized to stabilize critically sick and injured patient(s).

Delayed (Yellow) Treatment. Second priority patient under the START triage system. Patients in this category require aid, but injuries are less severe.

Disaster Tag. A tag used by triage personnel to identify and document the patient's medical condition.

Immediate (Red) Treatment. The highest priority patients under the START triage system. These patients require rapid assessment and medical intervention for survival.

Major Medical Emergency. Any emergency that would require the access of local mutual aid resources.

Medical Group Organizational Structure. This is designed to provide the Incident Commander with a basic expandable system for handling patients in a multi-casualty incident.

Medical Protocols. Policies and procedures approved by the local EMS agency for use by a provider in situations where direct voice contact with medical control cannot be established or maintained.

Medical Team. Combinations of medical trained personnel who are responsible for on-scene patient treatment.

Medic Unit. An ALS equipped vehicle. It would typically include drugs, medications, cardiac monitors and telemetry, and other specialized emergency medical equipment.

Minor (Green) Treatment. Patients, under the START triage system, whose injuries can be considered minor, requiring rudimentary first-aid.

Morgue (Temporary on-incident). Area designated for temporary placement of the dead. The Morgue is the responsibility of the Coroner's Office when a representative is on scene.

Multi-Casualty. The combination of numbers of injured people and types of injuries going beyond the capability of an entity's first response.

EMS GLOSSARY (CONTINUED)

START. Acronym for “Simple Triage and Rapid Transport.” This is the initial triage system that has been adopted by the Metropolitan Washington Council of Governments.

Triage. The screening and classification of sick, wounded, or injured persons utilizing the START triage system to determine priority needs in order to ensure the efficient use of medical personnel, equipment, and facilities.

Triage Crew. Responsible for utilizing the START triage system to assess patients on-scene and assigning them to the appropriate Treatment Areas.

