3 — 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 Triage Officer or Medical Control with patient(s) name(s) and/or physical description of patient(s), Triage Tag # if not given previously.
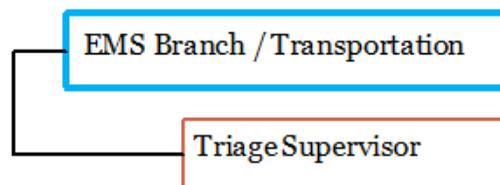
www.seems.com

www.smrtac.org

www.sc-ems.org

OPERATIONAL CONSIDERATIONS

- Requests for resources (vehicles, Radio talk groups, personnel, etc.) must be made through EMS Command.
- Disaster Trailers or Medical Task Force - SE Region call 855-606-5458
  SC Region call local Dispatch
- Multi-patient/MCI buses. (Contact MN Duty Officer - 800-422-0798)
- EMS Command is responsible for all unassigned positions within the Incident Response Plan (IRP) until delegated.
- Ensure crews are wearing proper protective equipment.
- Ensure crews are wearing identification vests.

Single Ambulance Response

- EMS Branch / Transportation
  - Triage Supervisor

Multi-Unit Response

- EMS Branch Director
  - Staging
  - Transport
  - Triage
  - Treatment
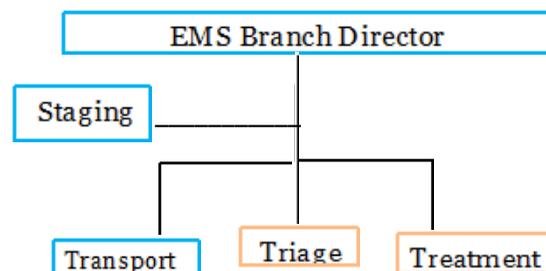
EMERGENCY MEDICAL SERVICES INCIDENT RESPONSE PLAN

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.
- HMACC (855-606-5458) should be notified if the incident may impact hospital and/or EMS systems.

- **FIRST ARRIVING CREW:** *Refer to Panels* 1 & 2.
- **2nd IN or LATE ARRIVING AMBULANCES:** Refer to Panel 3.
- **Do NOT respond unless requested!**

Emergency Contact Information

EMSRB	800-747-2011
SC EMS Director -	507-257-3224
SE EMS Director -	507-536-9333
State Duty Officer	800-422-0798
SE HMACC	855-606-5458
Disaster Trailers/Medical Task Force	Call HMACC

Revised: May 2017

KLB JSC CLK JPL

1 — 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.
- Radio discipline on scene is maintained by allowing only EMS Command or designee to conduct radio communications.
- To manage complex incidents, EMS Command may appoint staff to serve in support roles. (Command, Triage, Staging, Transportation)
- EMS Command to hand out support role vests as listed above.
- 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.

Do hospitals need to be alerted to the incident or potential patients? If yes, SC region contact closest hospital, SE region will contact the H-MACC 855-606-5458.

This will initiate:
- HMACC Team
- MNTrac EMS System Advisory

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

2 — EMS OPERATIONS
(Responsible for Triage, Treatment, Transport & Staging)

TRIAGE OFFICER
(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.
5. Assign a Treatment Officer position.

START 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. Walking Wounded

YELLOW: Resp <30   Cap Refill < 2 sec   Obeys commands

RED: Resp > 30   Cap Refill > 2 sec   Does not obey commands

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 OFFICER
(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)

- 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	Red	Yellow	Green	Receiving Hospital	Resource	In	Out