Santa Cruz County Operational Area

Field Treatment Site Plan

Version 1.0

May 2013

County of Santa Cruz
Health Services Agency
1080 Emeline Ave.
Santa Cruz, CA 95060

Acknowledgements

This plan was taken in whole or in part from the Field Treatment Site Plan
Sierra-Sacramento Valley EMS Agency

And

The EMS Field Treatment Site Planning Guide
Working Draft 1.2

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I INTRODUCTION

Field Treatment Sites are activated to manage mass casualties when the local area capacity to treat injured patients is overwhelmed. A Field Treatment Site (FTS) provides medical care for a period of up to 72 hours or until injured patients are no longer arriving at the site.

FTS activation, coordination, and support is managed from the Operational Area EOC Medical-Health Branch, and supported by the Public Health Department and local EMS Agency.

Existing procedures to request medical resources through the Medical Health Operational Area Coordinator (MHOAC) apply. Existing procedures to request non-medical resources from the DOC or EOC Logistics Section or through law and fire mutual aid systems also apply.

This guide is intended to augment the field protocols for the Medical Branch and Medical Group as outlined in the current OES Region IV Multiple Casualty Incident Plan, and the FIRESCOPE Field Operations Guide (FOG).

A. DEFINITIONS

Field Treatment Sites

Field Treatment Sites (FTS) are established for the congregation, triage, temporary care, holding, and evacuation of injured patients in a multiple or mass casualty situation. Field Treatment Sites are established to operate for a period of up to 72 hours, or until new patients are no longer arriving at the site.

The MHOAC or Operational Area EOC Medical Health Branch Director has the authority to activate Field Treatment Sites and determines the number and location of field treatment sites. The number and location of sites is determined by the expected or actual number of injured patients, expected or actual damage patterns, and available facilities, available staffing, and other logistical considerations.

The FTS may be established:

- At an incident scene
- At an airport or helibase to triage, treat, and transport large numbers of patients arriving or departing by aircraft.
- Near a hospital to triage injured patients arriving by ambulance or by self-referral.
- At any pre-designated facility or site (such as pre-approved ACS sites) to receive injured patients and provide emergency, short term care.

Trauma patients must be transported and treated at the best available functioning hospital. Austere medical care protocols are used when resources are scarce.

Alternate Care Site (ACS)

Alternate Care Sites are established by the Public Health Department with support from the Operational Area EOC and the Emergency Medical Services Agency. Alternate Care Sites are used for treatment of large numbers of ill patients during a large-scale event to augment current acute care capabilities within the Operational Area. Activation of an ACS usually requires a minimum of 72 hours. Alternate Care Sites may also be activated to provide on-going treatment to injured patients when a Field Treatment Site is demobilized and hospital capacity is still overwhelmed

Mobile Field Hospital (MFH)

The Mobile Field Hospital is activated when there is a need to replace acute hospital care for a period of several weeks. The Mobile Field Hospital capacity in California is currently
600 beds deployed as three 200-bed hospitals. The Mobile Field Hospital assets are deployed by State EMSA. This resource may be requested through the SEMS process.

Federal Medical Station (FMS)

The Department of Health Human Services (DHHS) Federal Medical Station (FMS) is a cache of medical supplies and equipment that can be used to set up a temporary nonacute medical care facility.
FMS assets are managed and deployed from the Centers of Disease Control (CDC) Strategic National Stockpile (SNS) program. Each FMS contains beds, supplies, and medicine to treat 250 people for up to three days. The Operational Area EOC provides logistical support for the set up and management of the FMS when it is deployed

B. PLANNING ASSUMPTIONS

1. Lifesaving response will be performed by local emergency responders and citizens in the impacted area regardless of the efficiency of state and federal response systems.

2. Seriously injured victims will require medical care quickly.

3. Field Treatment Sites will operate in an uncertain environment:
    a. The number, type and location of casualties; the status of roads and the emergency transportation system; and other factors such as weather, day of the week, time of day, etc. cannot be predicted. These factors will strongly influence not only the demand for medical care but also the availability of medical resources.
    b. The magnitude of the disaster and disruptions to communications systems will require decision-makers to act without complete information about the number, type, and location of casualties and impact on health facilities.

4. Affected populations will adopt strategies that appear most effective for obtaining medical care. This will result in convergence to known medical facilities, such as hospitals and clinics regardless of their operational status. Affected populations will also converge on Field Treatment Sites if their location is known to the public.

5. Field Treatment Sites require significant logistic and personnel support from the Public Health Department Operations Center (DOC), and the City or Operational Area Emergency Operations Center (EOC) for support from law enforcement, fire, public works, purchasing, and social services. Medical, hospital and public health personnel cannot set up and operate a Field Treatment Site without this assistance.

6. Field Treatment Sites should be utilized when the normal medical or patient distribution system is significantly disrupted.

C. ADDITIONAL WAYS FIELD TREATMENT SITES CAN BE UTILIZED

While an FTS can serve the EMS responders with an important tool at the scene of an incident, an FTS can also be established in other "off-scene" locations. Additional considerations for activating an FTS may include:

- Due to weather conditions, on-scene hazards, lack of available space, etc., an on-scene IC may elect to request the MHOAC or Medical/Health Branch of the EOC (if activated) establish an FTS in close proximity, but away from the incident site. In this scenario, activation and operations of the FTS would be transferred from the IC to the MHOAC or MH Branch of the EOC.

- In the event that victims need to be flown out of the operational area, or are being flown into the operational area from an incident in another jurisdiction, an FTS can be established at a local airport to provide pre-hospital triage and treatment until patients can be transported to receiving hospitals.

- An FTS may also be established and utilized by the local public health department or EOC Medical /Health Branch during large scale incidents such as biological outbreaks, or other non-site specific incident, that produces a large number of patients which could overwhelm the local EMS or hospital care system. In this scenario, an FTS can serve as a location for victim collection, triage, and initial treatment while local surge plans are implemented.

D. ACTIVATION AUTHORITY AND CRITERIA

The MHOAC or Operational Area EOC Medical Health Branch Director has authority to activate Field Treatment Sites and determines the number and location of field treatment sites. The number of sites and location of sites is determined by the expected number of injured patients, expected damage patterns, and available staffing and other resources. Reports from area hospitals, scene Incident Commanders, and ambulance responders are

used to estimate medical care capacity and plan for activation and set up of one or multiple Field Treatment Sites. Field Treatment Sites may be established during response to an earthquake, bomb blast, transportation accident, or other emergency resulting in large numbers of injured patients and may be set up to triage less severely injured patients away from overstressed hospitals.

ACTIVATION CRITERIA

Counties should consider activating Field Treatment Sites when the following criteria are met:

1. The jurisdiction has either confirmed or strongly believes there are sufficiently large numbers of seriously injured casualties to overwhelm the medical transport and treatment system.
2. There is substantial damage or loss of function to hospitals.
3. The acute medical problems of the disaster require a protracted response.
4. Sufficient medical mutual aid to alleviate the acute medical problem of casualties will not arrive in a timely manner, considering:
    a. How quickly casualties can be dispersed and transported to medical care sites.
    b. How quickly functioning hospitals can increase their capacity to care for arriving casualties by implementing internal surge plans.
    c. The availability of air and ground transportation and routes to move casualties.

An FTS may be activated simultaneously or sequentially with Alternate Care Sites depending on response requirements.

E. NOTIFICATION

The field request for FTS activation will follow the SEMS process. The Incident Commander will typically request MHOAC notification through the local PSAP. After receiving an FTS activation request, the MHOAC shall notify the OES Coordinator, Public Health Department, and EMS Agency. Planning and logistical support will be provided through the Operational Area EOC as needed.

F. SCOPE OF PRACTICE WITHIN AN FTS

The scope of practice at an FTS is usually limited to the Advanced Life Support (ALS) and Basic Life Support (BLS) care established by the Santa Cruz County EMS agency.

ROLES AND RESPONSIBILITIES MATRIX

Legend: ○ = Support, Coordination, and Involvement ● = Primary Responsibility

Field Treatment Site Functions	Op Area EOC / JIC	Public Safety Answering Point Dispatch / County or City Communications	Hospitals, Clinics	Public Health - of the OA EOC Health/ Medical Branch	EMS of the Op Area EOC Health/ Medical Branch or DOC	Op Area EOC Construction and Engineering Branch	OA EOC Law Enforcement Branch or Local Law Enforcement	Op Area EOC Care and Shelter Branch	Op Area EOC Logistics Section	Other
Coordination if more than 1 FTS				●	○					
Notification		●	○	○	○			○	○	
Provision of personnel		○	○	○	○				●1	○2
Medical Supply			○	●	○				○	○3
Medical Equipment			○	●	○				○	○3
Non-Medical Supply									●	○3
Communications Equipment		○		○					●	○3
Facility Support (utilities)						●			○	
Food								●	○	
Water									●	
Sanitation				○					●	
Child / Companion animal Care								●		
Security and Perimeter Control						○	●		○	
Level of Care Decisions				●	○					
Mental Health Counseling	●		○					○		○4
Infection control instructions			○	●						
Helicopters					○				●	○5
Alternative ground transportation									●	
Public Information	●									

1 All departments agreeing to provide staffing during the pre-planning phase are listed as support. The lead for filling requests from the field for additional staff will be through the Staffing Unit of the EOC ,

2 Volunteers and Medical Reserve Corps, CalMat, DMAT, and Federal health Care workers.

3 Vendors

4 Support for Mental Health services found in various branches of the OA EOC.

5 Logistics Air Operations contacts Regional Emergency Operations Center (REOC) for assistance from the National Guard and other military sources.

II OPERATIONAL PHASES OF A FIELD TREATMENT SITE

There are three distinct operational phases in establishing an FTS:

- Situation assessment and decision to activate an FTS
- Activation and set-up of an FTS
- FTS Operations

A. SITUATION ASSESSMENT AND DECISION TO ACTIVATE

The following checklist is an aid in determining when to activate:

MHOAC/MEDICAL HEALTH BRANCH OF THE EOC DECISION TO ACTIVATE AN FTS CHECKLIST	
√	**ACTION STEPS**
	1. Schedule medical/health technical advisory meeting(s) as needed
	2. Review planning Assumptions, assessment factors, mass casualty treatment site options
	3. Determine number, type, and location of FTSs required
	4. Identify FTS Activation Team Leader
	5. Complete FTS Activation Order
	6. Activate FTS Activation Team
	7. Review Decision to Demobilize/Transition
	8. Identify FTS Demobilization/Transition strategy and communicate strategy to FTS management Team once established
	9. Provide Medical/Health Mutual Aid support for FTS Activation Team
	10. Provide Incident Briefing at Planning Session

B. ASSESSMENT FACTORS

To assist the MHOAC or Medical/Health Branch in evaluating the need for an FTS, many factors should be considered. Information to **complete the following form** should be collected from the incident site, EMS agency, local hospitals, EMS providers, etc.

TABLE 1- ASSESSMENT FORM

INCIDENT CONSIDERATION	STATUS/COMMENTS
Environmental Issues: Major threats: fire, flood, Hazmat etc.	
Current or projected weather forecast	
Incident Duration What is the anticipated duration of the event?	
Number of victims What are the current or anticipated number of victims?	**Immediates:** **Delayed:** **Minor:**
Area Hospital Status What is the current status of hospitals within the region to accept victims?	**Open:** **Closed:** **Saturated:** **Admissions Holding:** **Impaired Services:**
Transportation Resources: What is the current number of medical transportation resources?	**ALS Ambulance:** **BLS Ambulance:** **Air Ambulance:** **Other:**
Is Mutual Aid available?	**Yes:** **No:**
Anticipated delay in obtaining transport (hours/days)	
Transportation Routes: Are there significant obstructions to transportation routes?	**Air:** **Ground:** **Available/alternate routes:**
Anticipated transport delay: (Hours/days)	

III. DECISION TO ACTIVATE AN FTS

A. REVIEWING THE OPTIONS

Based upon a review of the "*Incident Considerations*" made in Table 1, the MHOAC could consider activating an FTS when any of the following criteria are met:

- The jurisdiction has either confirmed or strongly believes there are sufficiently large numbers of seriously injured casualties to overwhelm the medical transport or treatment system.
- There is substantial damage to, or loss of function of local hospitals
- The acute medical or operational problems associated with the disaster require a protracted response.
- Environmental threats require patients be moved to shelter or off-site.
- Sufficient medical mutual aid needed to treat or transport victims is not readily available.
- The EMS field personnel do not have the necessary resources to provide pre-hospital patient care for the anticipated duration of the incident.

Once it has been decided that use of on-scene treatment areas are not adequate, or a non-specific site incident will require the establishment of an FTS(s) for patient collection, triage, and initial pre-hospital treatment by EMS personnel, the following information will need to be established:

- Number of FTSs required
- Location for the FTS(s)
- Target Activation Date/Time

B. COMPLETING FTS ACTIVATION ORDER AND ASSIGNING ACTIVATION TEAM:

After determining the number(s), location(s), and target activation time for the FTS(s), an *FTS Activation Order* should be completed and signed by the MHOAC (or designee) or Medical Branch Director of the OA EOC for each FTS. This order identifies the FTS Activation Team Leader for each site and authorizes the FTS activation process. Considerations for appointing an FTS Activation Team leader include:

- Knowledge of the EMS system and policies (e.g. EMS agency representative, EMS ambulance provider supervisor, base hospital MICN, etc.)
- Knowledge of EMS treatment protocols
- Knowledge of FTS Activation and Operations (preferred)

A sample *FTS Activation Order* can be found on the following page.

FTS ACTIVATION ORDER

DATE:_____ TIME: _____ OPERATIONAL AREA: _____

INCIDENT NAME: _____

INCIDENT LOCATION: _____

FIELD TREATMENT SITE(S)

Number of FTS locations required: _____

FTS location(s): _____

_____

_____

_____

_____

Target Activation Date/Time: ☐ Immediately or ASAP ☐ Other:

FTS TEAM LEADER

FTS Activation Team Leader _____ Agency _____

Phone # _____ E-Mail _____

AUTHORIZATION

Aproved by: _____ Phone: _____

Title: _____ Email: _____

Signature: _____ Date: _____

Activating a Field Treatment Site

Once the decision has been made to activate a Field Treatment Site (FTS), and an FTS Activation Team Leader has been assigned, the team leader is responsible to:

- assign the Activation Team staff,
- secure the selected FTS location,
- acquire the necessary resources to staff and equip the site, and
- set-up the site.

FTS activation, coordination, and support are managed from the Medical-Health Branch of the Public Health / EMS Agency Department Operations Center (DOC), or from the Operational Area EOC Medical-Health Branch.

Existing procedures to request medical resources through the Medical Health Operational Area Coordinator (MHOAC) apply. See *Medical and Health Resource Request* form on the following page. Existing procedures to request non-medical resources from the DOC or EOC Logistics Section or through law and fire mutual aid systems also apply.

TEAM LEADER (Command and Control)

Activation Team Leader Checklist		
√	**ACTION STEPS**	**Tools**
	1. Assume role of Command and Control and activate the Incident Command System (ICS)	
	2. Set up and designate FTS organization including, at a minimum, Operations and Logistics Sections to support activation operations.	
	3. Assign staff positions as needed: • Operations Section Chief • Logistics Section chief	**ACS Activation Org Chart**
	4. Ensure all staff are signed in, and keeping track of time.	
	5. Identify personnel needs, ensuring shift coverage.	
	6. Document all key activities, actions, and decisions in an Operational log on a continual basis.	**ICS 214 Unit Log**
	7. Document all communications (internal and external) on an Incident message form	**ICS 213 Message Form**
	8. Forward all requests for additional staff support through EOC Logistics section.	
	9. Determine the schedule for periodic staff briefings. Document all discussions, decisions and follow-up actions required.	
	10. Communicate activation updates to the medical/Health Branch of the EOC.	

Medical and Health Resource Request

RR MH (9/09)

REQUESTOR TO COMPLETE

1. Incident Name:	2a. DATE:	2b. TIME:	2c. Requestor Number: (Assigned by Requesting Entity)

3. Requestor Name, Agency, Position, Phone / Email:

4. Describe Mission/Tasks:

5 - 7. ORDER SHEET - SEE ATTACHED

MHOAC

8. MHOAC / DOC Review
(NAME, POSITION , AND SIGNATURE - SIGNATURE INDICATES VERIFICATION OF NEED AND APPROVAL)

9. Processing Activities: (DESCRIBE DETAILS)

LOGISTICS

NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State, Pre-Allocated).

10. Additional Order Fulfillment Information:

11. Supplier Name / Phone / Fax / Email:

12. Resource Tracking:

- ☐ Entered into Resource Tracking System (Plans)
- ☐ Demob Expected:
- ☐ Demob Completed (if known):

13. Notes:

14. ORDER FILLED AT (check box) ☐ OA EOC ☐ REGION ☐ STATE ☐ PRE-ALLOCATED

FINANCE

15. Reply / Comments from Finance:

16. Finance Section Signature (Name, Position & Signature) & Date/Time:

This is a MULTI-PART form. Use ball point pen and press firmly. Full instructions are on back page. Requestor fills in top portion of form. Logistics completes fulfillment information and tracking data as appropriate. Finance should track and approve expenditures.

IV: DECISION TO DEMOBILIZE / TRANSITION

Once the decision is made to establish an FTS, the MHOAC or MH Branch needs to also consider when, and how the FTS might be demobilized. If the FTS will be used for a temporary period until the care rendered at the FTS is transitioned to another type of care site, planning must begin as early as possible to ensure a smooth transition. The options for consideration may be:

- **Maintain the FTS until all patients are disbursed and demobilize the site.**
- **Utilize the FTS for initial care and treatment and transition the care of patients to an FTS or ACS at another location.**
- **Utilize the FTS for initial care and treatment and transition the FTS into an ACS at the same location.**

Transition 1: MCI Treatment Areas to On-Scene FTS
The Incident Commander may establish an FTS at the scene of an MCI and determine that the patients need to be moved to a sheltered or secure location due to:

- Weather conditions,
- Hazardous environment, or
- Anticipated extended duration of the incident

If the FTS is established as a function of on-scene operations, oversight of the FTS falls under the Medical Group Supervisor and all resources needed to establish the FTS are coordinated through the on-scene Logistics Section. The MHOAC or Medical Health Branch of the EOC may be activated to support, and provide needed resources. However, operations of the FTS remain under the on-scene incident command structure.

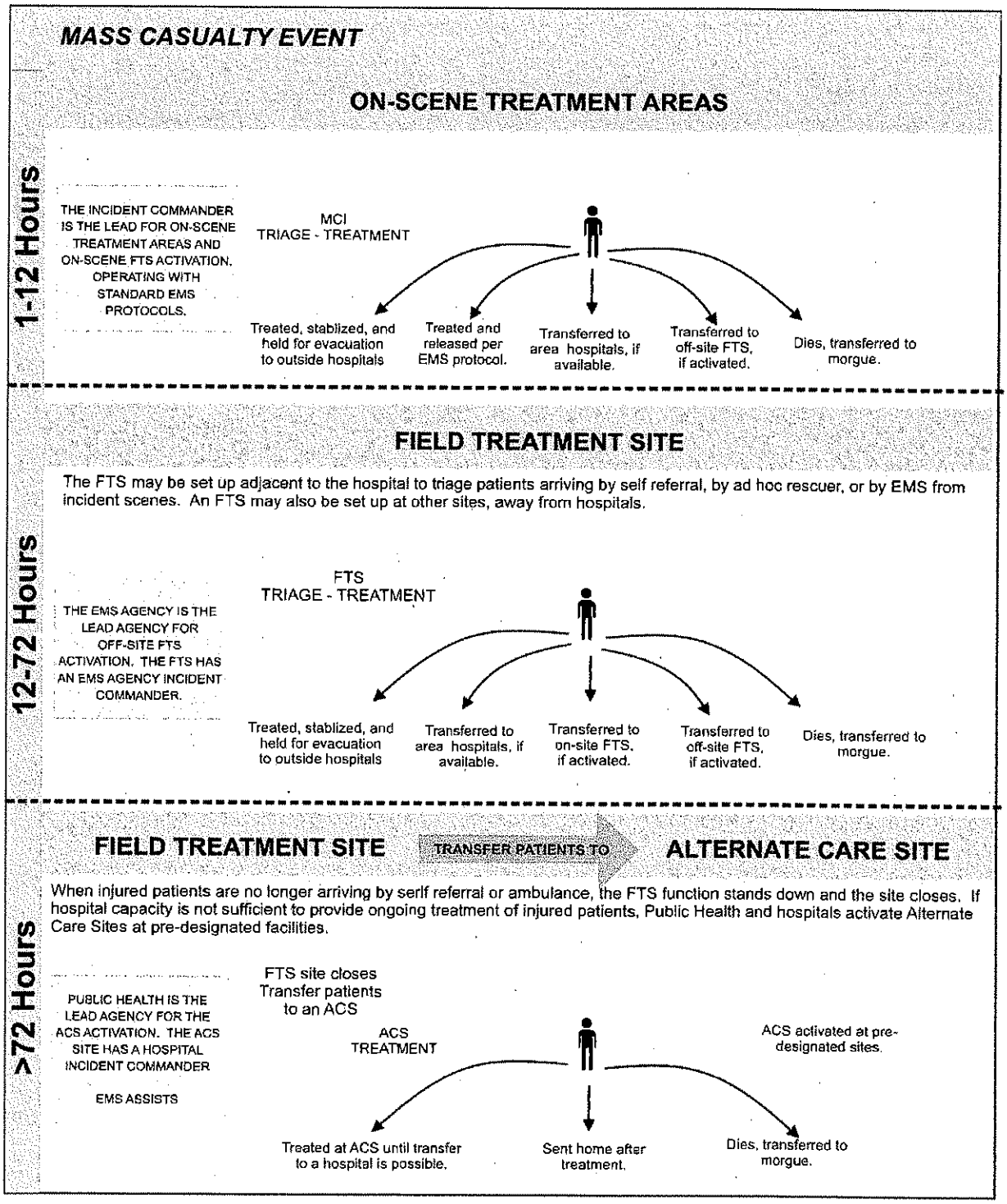
Transition 2: MCI Treatment Areas to an Off-Scene FTS
In the event of an MCI in which the Incident Commander(IC) has determined that due to space, weather, or hazard considerations, patients need to be moved away from scene operations, he/she may request, through the MHOAC, that an off-site FTS be established to assume responsibility for patient treatment and transport. In this scenario, activation, command, and resource ordering functions for the FTS would be transferred to the MHOAC or Medical Branch of an EOC/DOC.

Transition 3: On-Scene FTS to Off-Scene FTS
In the event that an On-scene FTS must be moved to an off-site location, the IC would make the request as outlined in Transition 2 above. In this scenario, some of the on-scene FTS staff, equipment, and supplies may be utilized in the relocation, however, the transfer of patients along with all necessary resource may be challenging. If time and resources allow, consideration should be made for the establishment of a fully staffed and equipped off-site FTS prior to the movement of any patients.

Transition 4: FTS to an ACS

Under certain circumstances an FTS may be temporarily established to treat patients while an ACS is being established. If the ACS will be located in a different location than the FTS, some of the same issues should be considered as addressed above in the transition from one FTS to another. In the event that the decision has been made to transition an operating FTS into an ACS, consideration should be made regarding any complexities associated with expanding operations in the facility while ongoing patient care is being provided.

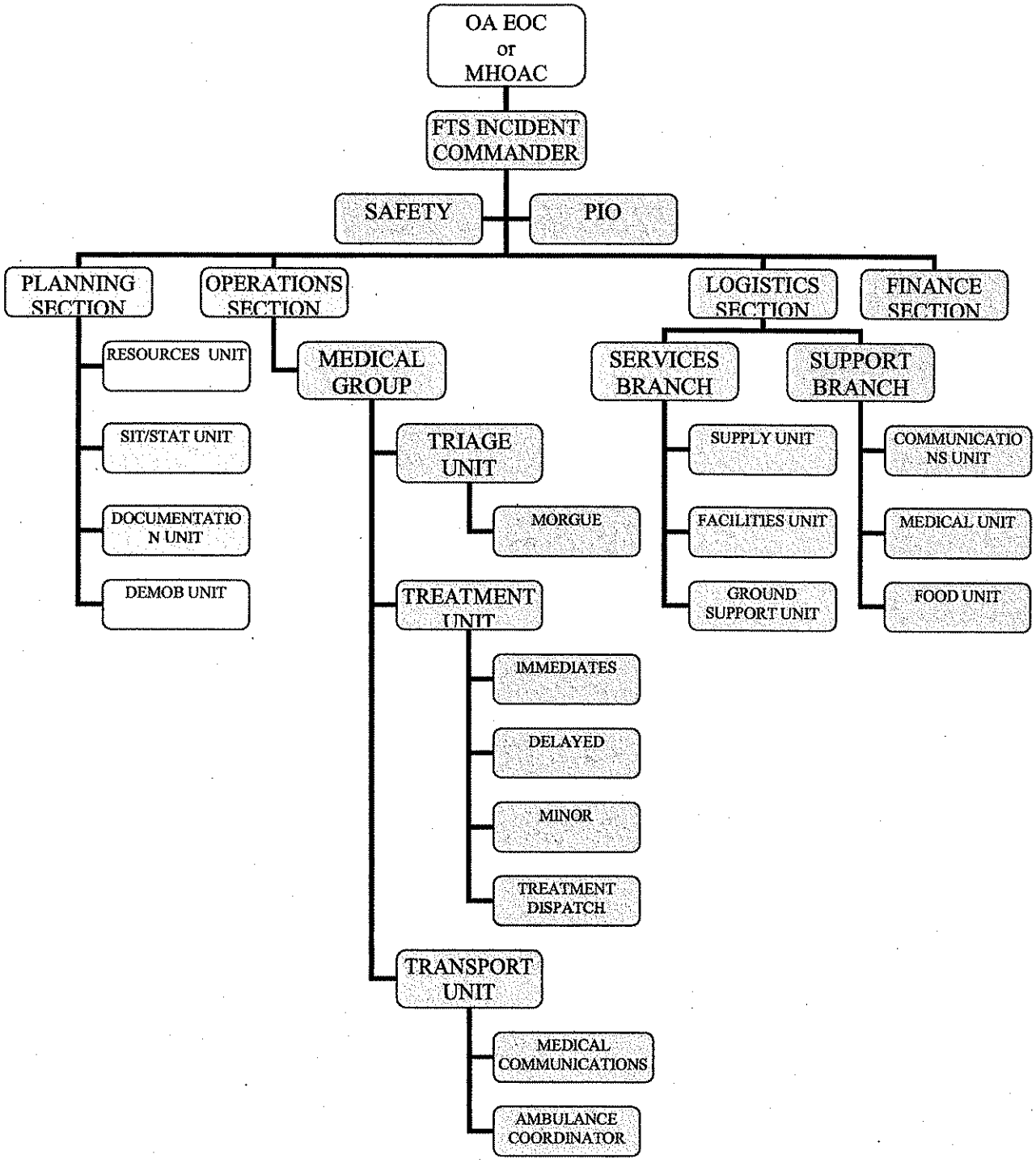
The following graph provides examples of transitioning an on-scene Treatment Area to an FTS and transitioning an FTS into an ACS for longer term care.



FTS OPERATIONS ANNEX

III. FTS OPERATIONS

1. ICS ORGANIZATION STRUCTURE



III. FIELD TREATMENT SITES CHECKLISTS

COMMAND CHECKLIST		
✓	**TASKS TO BE PERFORMED**	**TOOL**
	I.C.	
	Determine best location for the FTS(s), based upon: • Estimated number of casualties • Estimated duration of FTS mission • ETA of mutual aid resources (Mobile Field Hospital, Cal-MAT, DMAT, etc.) • Status of existing healthcare facilities • Roadway/transportation accessibility	
	Set up and designate FTS organization, including Command Staff (Security, PIO) and General Staff (Operations, Planning, and Logistics Sections) to support extended operations.	**ICS 203**
	Determine the schedule for periodic staff briefings. Document discussions, decisions and follow up actions required.	ICS 214
	The field request for FTS activation will follow the SEMS process. The Incident Commander will typically request MHOAC notification through the local PSAP. After receiving an FTS activation request, the MHOAC shall notify the OES Coordinator, Public Health Department, and EMS Agency. Planning and logistical support will be provided through the Operational Area EOC as needed.	
	SECURITY	
	If not already on scene, contact law enforcement through Dispatch for security set up. Security for the following areas may be required:	**ICS 215A**
	▪ Medical supplies	
	▪ Pharmaceuticals	
	▪ Food	
	▪ Staging	
	▪ Perimeter	
	▪ Helicopter area	
	▪ Patient treatment areas	
	Ensure that access to the site is controlled. Establish check-in and badging procedures. If needed, request badge making equipment and personnel through the Logistics Section Supply Unit.	**ICS 214**
	PIO	

COMMAND CHECKLIST		
✓	**TASKS TO BE PERFORMED**	**TOOL**
	If advisable, prepare information and instructions for the public to inform about the location of the FTS and the type of care provided. Coordinate releases to the media through the Operational Area PIO/JIC.	
PLANNING CHECKLIST		
✓	**TASKS TO BE PERFORMED**	**TOOL**
	Assist the Incident Command in developing an IAP for the first operational period, as well as for the next operational period.	**ICS 202**
	Appoint Unit Leaders as necessary.	
	RESOURCES UNIT Ensure all FTS workers are signed in, and keeping track of time.	**FTS 05**
	Identify personnel needs for FTS, ensuring all shifts coverage.	**FTS 06** **ICS 215G**
	SIT/STAT UNIT Coordinates with Triage, Treatment, and Transportation areas to develop status reports of the FTS.	**FTS 04**
	Provides responses to requests for information from the DOC and EOC.	
	Documents briefing sessions and Incident Action Planning sessions.	
	Communicates Site Report Form (FTS 04) to DOC or EOC.	
	Writes After-Action Report.	
	Within the confines of patient identity protection policies, provides information to family members on the location of status of casualties received within the FTS. Coordinates with Transportation Recorder and Triage Unit Leader.	**MCM 403**

OPERATIONS CHECKLIST		
✓	**TASKS TO BE PERFORMED**	**TOOL**
	Triage Unit Leader	
	Implement triage process. Triage and tag injured patients.	
	Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.	
	Give periodic status reports to Medical Group Supervisor or Ops Chief.	
	Maintain security and control of the Triage Area.	

OPERATIONS CHECKLIST		
✔	**TASKS TO BE PERFORMED**	**TOOL**
	Establish Morgue.	
	Maintain Unit/Activity Log.	**ICS 214**
	Treatment Unit Leader	
	Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas.	
	Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.	
	Request sufficient medical caches and supplies as necessary.	
	Establish communications and coordination with Patient Transportation Unit Leader.	
	Ensure continual triage of patients throughout Treatment Areas.	
	Direct movement of patients to ambulance loading area(s).	
	Give periodic status reports to Medical Group Supervisor or Ops Chief.	**FTS 04**
	Maintain Unit/Activity Log.	**ICS 214**
	TREATMENT AREA MANAGER(S) Ensure treatment of patients triaged to the Treatment Area.	
	Ensure that patients are prioritized for transportation.	
	Coordinate transportation of patients with Treatment Dispatch Manager.	
	Notify Treatment Dispatch Manager of patient readiness and priority for transportation.	
	Ensure that appropriate patient information is recorded.	
	Maintain Unit/Activity Log .	**ICS 214**
	TREATMENT DISPATCH MANAGER Establish communications with the Patient Transportation Unit Leader.	
	Verify that patients are prioritized for transportation.	
	Advise Medical Communications Coordinator of patient readiness and priority for transport.	
	Coordinate transportation of patients with Medical Communications Coordinator.	
	Assure that appropriate patient tracking information is recorded.	**MCM 403**
	Coordinate ambulance loading with the Treatment Managers and ambulance personnel.	
	Maintain Unit/Activity Log (ICS Form 214)	**ICS 214**
	Transportation Unit Leader	
	Ensure the establishment of communications with hospital(s).	

OPERATIONS CHECKLIST		
✓	**TASKS TO BE PERFORMED**	**TOOL**
	Designate Ambulance Staging Area(s).	
	Direct the off-incident transportation of patients as determined by The Medical Communications Coordinator.	
	Assure that patient information and destination are recorded.	**MCM 403**
	Establish communications with Ambulance Coordinator.	
	Request additional ambulances as required.	
	Notify Ambulance Coordinator of ambulance requests.	
	Coordinate requests for air ambulance transportation through the Air Operations Branch Director.	
	Coordinate the establishment of the Air Ambulance Helispots with the Medical Branch or Ops Chief.	
	Maintain Unit/Activity Log (ICS Form 214).	**ICS 214**
	MEDICAL COMMUNICATIONS COORDINATOR: Establish communications with the hospital alert system.	
	Determine and maintain current status of hospital/medical facility availability and capability.	
	Receive basic patient information and condition from Treatment Dispatch Manager.	
	Coordinate patient destination with the hospital alert system.	
	Communicate patient transportation needs to Ambulance Coordinators based upon requests from Treatment Dispatch Manager.	
	Communicate patient air ambulance transportation needs to the Air Operations Branch Director based on requests from the treatment area managers or Treatment Dispatch Manager.	
	Maintain appropriate records and Unit/Activity Log .	**ICS 214**
	AMBULANCE COORDINATOR: Establish appropriate staging area for ambulances.	
	Establish routes of travel for ambulances for incident operations.	
	Establish and maintain communications with the Air Operations Branch Director regarding Air Ambulance Transportation assignments.	
	Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager.	
	Provide ambulances upon request from the Medical Communications Coordinator.	
	Assure that necessary equipment is available in the ambulance for patient needs during transportation.	
	Establish contact with ambulance providers at the scene.	
	Request additional transportation resources as appropriate.	
	Provide an inventory of medical supplies available at ambulance staging area for use at the scene.	

OPERATIONS CHECKLIST		
✓	**TASKS TO BE PERFORMED**	**TOOL**
	Maintain records as required and Unit/Activity Log .	**ICS 214**

LOGISTICS CHECKLIST		
✓	**TASKS TO BE PERFORMED**	**TOOL**
	SERVICES (COMMUNICATIONS)	
	Prepare and implement the Incident Communications Plan.	ICS 205
	Establish appropriate communications distribution / maintenance locations.	
	Ensure communications system are installed and tested.	
	Ensure an equipment accountability system is established.	
	Provide technical information as required.	
	Recover equipment from relieved or released units.	
	Maintain Unit/Activity Log	ICS 214
	SUPPORT (FOOD)	
	Make arrangements for food for staff and patients. Consider estimated duration of FTS operations	
	▪ Determine food and water requirements.	
	▪ Determine method of feeding to best fit each facility or situation.	
	▪ Ensure that well-balanced menus are provided.	
	▪ Order sufficient food and potable water from the Supply Unit.	
	▪ Maintain an inventory of food and water.	
	▪ Maintain food service areas, ensuring that all appropriate health and safety measures are being followed.	
	▪ Ensure adequate hand-washing stations, soap and towels, or hand sanitizer availability	
	▪ Consider refrigeration needs for food	
	▪ Consider heat source for cooking	
	▪ Consider trash collection needs	
	▪ Consider staffing needs for cooking, serving, cleaning	

LOGISTICS CHECKLIST		
✓	**TASKS TO BE PERFORMED**	**TOOL**
	▪ Consider need for tables and chairs	
	Maintain Unit/Activity Log	ICS 214
	RESOURCES (SUPPLY)	
	If using a site or facility that was not pre-inspected or pre-designated, determine the need for: ▪ Cached tents (for outdoor site)	**FTS 01**
	▪ Lighting	
	▪ Water for drinking and sanitation	
	▪ Generators and fuels	
	▪ Portable latrines	
	▪ Heating or cooling	
	▪ Cots, blankets, linens	
	▪ Cooking, catering, or canteen arrangements	
	▪ trash containers and collection/removal	
	▪ bio-waste containers and removal	
	▪ communications	
	Coordinate medical and non-medical equipment and supply requests, and mutual aid through adjacent jurisdictions and the MHOAC when required.	
	Request deployment of cached treatment equipment and supplies, OR request logistics staff at the EOC to initiate re-supply through vendors and mutual aid.	
	Manage inventory of medical and non-medical supplies.	
	Distribute supplies as requested by Operations.	
	Coordinate with Operational Area EOC to ensure steady re-supply.	
	Assigns medical and non-medical volunteers, providing orientation for new arrivals.	
	Coordinate all FTS medical and non-medical staff requests through the EOC or DOC.	
	If Mental Health staff have not been pre-planned, request assistance from a Critical Incident Stress Team (CRIT) or the OA EOC.	
	If caring for children and / or pets is an issue, request activation of support through the OA EOC.	

LOGISTICS CHECKLIST		
✓	**TASKS TO BE PERFORMED**	**TOOL**
	Maintain Unit/Activity Log	ICS 214
	SERVICES (FACILITIES)	
	Responsible for the layout, activation, and operational functionality of the facility.	FTS 03
	Coordinate with Resource Acquisition for utilities, tents, cots, lighting, generators, and fuels. In pre-designated sites; ensures set-up according to layout.	
	Coordinate with Food Unit to determine shared resource / equipment needs.	
	Review infrastructure and support requirements at pre-inspected, pre-designated facilities. Request provision of missing utilities, equipment, generators, etc.	
	Assess non-pre-inspected location (s), giving consideration for ambulance access/egress (including Helispot support if anticipated).	FTS 01
	Arrange laundry service for blankets and linens, either on-site or by vendor pick-up and delivery. Consider using disposable blankets, or donated blankets.	
	Arranges for water storage and waste water holding containers when sewer is unavailable.	
	Arrange for removal of waste from the site, including bio-medical waste.	
	Maintain Unit/Activity Log	ICS 214
	SUPPORT (GROUND SUPPORT)	
	Develop and implement traffic plan.	
	Support out-of-service resources.	
	Notify Resources Unit of all status changes on support and transportation vehicles.	
	Arrange for and activation fueling, maintenance, and repair of ground resources.	
	Maintain inventory of support and transportation vehicles.	ICS 218
	Maintain incident roads.	
	Establish staging area and provide location information to deployed resource teams and vendors.	

APPENDICES

FTS-01 - FIELD TREATMENT SITE ASSESSMENT FORM

The Field Treatment Site Assessment Form is used to assess the suitability of facilities for use as a Field Treatment Site.. See also the ARHQ Site Assessment tool, which can be accessed at http://www.ahrq.gov/research/altsites.htm. This web-based tool assesses how types of existing facilities (schools, community centers, churches, etc.) may be used as an Alternate Care Site / Field Treatment Site.

Site Name:
Address:
Thomas Brothers Map and Page grid #:

Attachments Needed With This Survey

Site Map and/or Floor plan drawing of facility structure

Items to Be Completed Prior to Survey Visit

Individual completing assessment					
(Print) Date Phone					
Point of Contact for site access Phone					
After business hours point of contact Phone					
Point of Contact for facility maintenance (if applicable) Phone					
Point of Contact for site security (if applicable) Phone					
Total square feet:			Covered square feet: 40K required if requesting FMS (250 bed unit)		
# of buildings available:			(circle) One floor or Multilevel # of floors:		
Loading Dock*	Y	N	Tractor Trailer Access	Y	N
Forklifts?	Y	N	Pallet Jacks	Y	N
Gurney-sized doors if yes, #:	Y	N	Toilets* if yes, #:	Y	N
Water	Y	N	Water heater	Y	N
Electrical power	Y	N	Waste disposal	Y	N
Back up generator	Y	N	Biohazard waste disposal	Y	N
Heating	Y	N	Laundry*	Y	N
Cooling	Y	N	Hand washing*	Y	N
Lighting	Y	N	Showers* if yes, #:	Y	N
Staging area*	Y	N	Refrigeration* if yes, #:	Y	N
Helicopter landing area*	Y	N	Food storage/ preparation area*	Y	N
Ambulance arrival area*	Y	N	Counseling area*	Y	N
Access control (fencing)*	Y	N	Family Area*	Y	N
Casualty triage area*	Y	N	Managers Area*		
Patient treatment area*	Y	N	Staff area*	Y	N
Patient evacuation area*	Y	N	Telephone if yes, #:	Y	N
Mortuary area*	Y	N	Radio if yes, #:	Y	N
Casualty decon area*	Y	N	Medical supply storage*	Y	N
Lab specimen area*	Y	N	Secure pharmaceutical storage*	Y	N
Parking* if yes, #:	Y	N	* Indicate locations on site map		
Do you have volunteers that help at your facility?				Y	N
Site Name:					
Address:					

Do they have special language capabilities?	Y	N
Has this site been identified for use in other emergencies?	Y	N
Number of onsite security staff Working hours		
ADA (Handicap) access?	Y	N
Size of largest open room: x feet		
Are there any other indigenous communications resources (i.e. security radios, intercom, Internet etc)? Comments		
Generator Capacity: watts. Fuel on site : gallons.		
Runtime with existing fuel? hours		
Nearest major thoroughfare:		
Road size and number of lanes:		
How does the general layout look? Good Fair Congested		
Would materiel need to be relocated to use this facility/site?	Y	N
Estimate # of non-ambulatory casualties in all areas (@50sq ft per patient)		
Problems, major stumbling blocks? Comments.		

What would have to be brought in?
Fork lift operators, Ice, etc,

FTS-2 – MEMORANDUM OF UNDERSTANDING

A Memorandum of Understanding (MOU) may be required when pre-designating Field Treatment Sites in privately owned buildings or facilities. The following MOU may be used, when required, to document the identification and use of pre-designated sites for mass casualty treatment.

This is written as a Memorandum of Understanding (MOU) between the City or County of _____ (The City) and _____.

_____ (Facility Name and address)_____ is considered a Field Treatment Site by The County for disasters, which includes use as a mass casualty treatment as identified in the _____(name of plan).

This agreement includes, but is not limited to the following:

- Use of physical facilities and resources located at _____ by the City / County for Field Treatment Site operations and disaster training.

- Involvement of _____ staff and personnel to assist the City /County Field Treatment Site operations and disaster training.

- Disaster and Emergency Management Training provided to _____ by the City /County of _____ Emergency Medical Services Agency at no cost.

- Facility owner to provide: (list agreed upon functional facility elements)

IN WITNESS WHEREOF, the parties hereto have executed this MOU agreement this _____ day of _____ 2006, to be effective upon ratification by the parties.

Signed: (Insert required signatures)

_____

City

_____

Facility Owner/Operator

FTS-03 – FIELD TREATMENT SITE LAYOUT

The Field Treatment Site layout will depend on if the site is located:

5. In an existing building where utilities (power, water, sanitation, HVAC) are operational
6. In an existing building where utilities are not operational
7. Outdoors where temporary flooring, overhead shelter and all utilities must be established

When Field Treatment Sites are pre-designated at existing facilities, it will be possible to include a floor layout diagram to detail how the site is set up when activated. The floor layout diagram should incorporate information provided on the Field Treatment Site Assessment Form.

Review the Field Treatment Site floor layout areas and revise.

When pre-designating Field Treatment Sites, or when the site is established during emergency response, the following areas should be considered in the site layout:

FIELD TREATMENT SITE FLOOR LAYOUT AREAS

Patient reception

Parking

Triage area

Treatment areas (minor, delayed, immediate)

Command and control desk

Communications equipment area, control desk, antenna area

Transportation/evacuation/holding area

Helicopter landing zone (100 – 200 meters (350 feet) away from site)

Sanitation (sink, shower, water system)

Sanitation (existing bathrooms or portable toilets)

Bio-waste disposal area/container

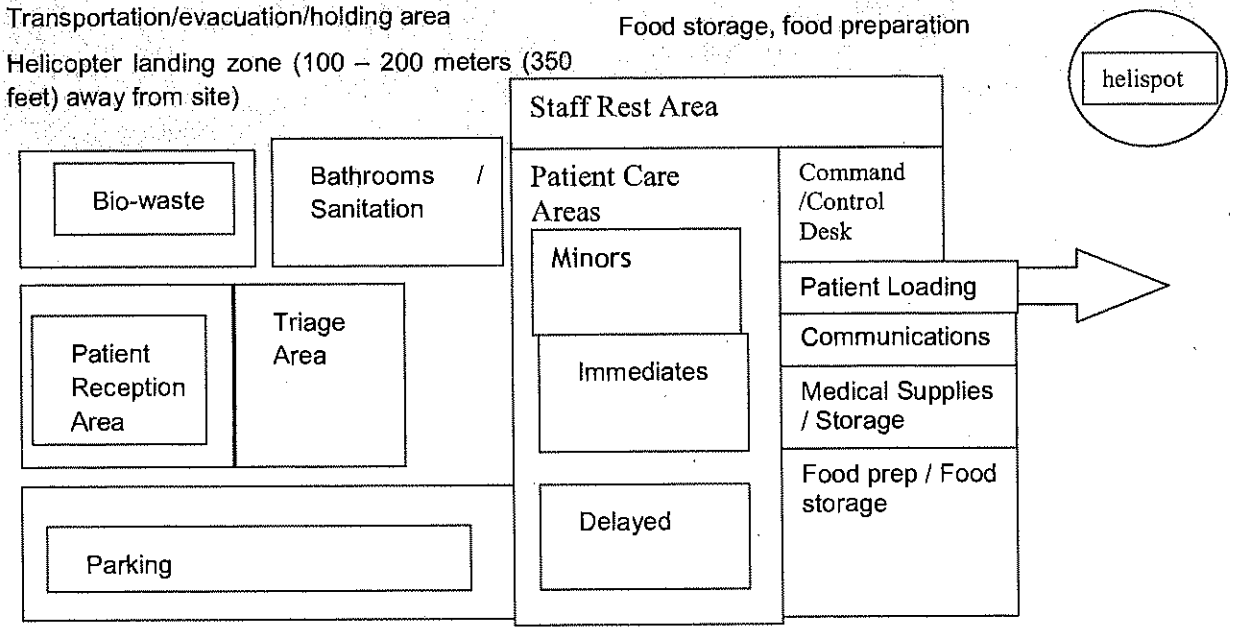
Emergency generator (s), electrical connectors

Cache/medical supply area

Team sleeping quarters

Team mess and recreation area

Food storage, food preparation



FTS-04 – FIELD TREATMENT SITE REPORT FORM

FIELD TREATMENT SITE REPORT FORM

INSTRUCTIONS: *Complete this form at the end of each shift and fax one copy to the Public Health Services Operations Center (DOC) (or Operational Area EOC) at xxx-xxx-xxxx (phone number. Or provide information by radio.*

Date: **Time:**	**Site:**	**Person Reporting:**

Shift: (Time Period Covered By This Report)

Phone # **Fax #**

# Patients Triaged:	Current	Day Total	**# Patients Minor Injury - Treated and Released:**	Current	Day Total
# Patients in Delayed	Current	Day Total	**# Patients in Immediate**	Current	Day Total
# Patients Transported to Hospital or Other	Current	Day Total	**# Patients Deceased**	Current	Day Total

Approximate # Waiting to be Triaged:

Overall Status of Site Operations: ☐ No Problems to Report

☐ **Problems With:** **(Describe)**

☐ Communications

☐ Staffing

☐ Security

☐ Supplies

☐ Public Information

☐ Translation

☐ Other

Resource Orders Pending:	**Staffing Requirements Next Shift:**

DOC Received By: Date: **Time:**

FTS-05 - FTS POSITION STAFFING ROSTER

The Incident Commander and the Section Chiefs determine staffing configurations based on situational requirements for site set-up and management.

POSITION	# REQUIRED (MINIMUM IS 1 + BACKUP)	AGENCY / DEPARTMENT
Site Incident Commander	1 per shift	
Safety Officer	1 per shift	
PIO	1 per shift	
Logistics Section Chief	1 per shift	
Logistics / Resources Branch Director	1 per shift	
Staffing Unit	1-2 per shift	
Resource Acquisition Unit	1-3 per shift	
Supply Unit	1 -2 per shift	
Logistics / Support Branch	1 per shift	
Communications Officer	1 per shift	
Facilities Unit	1 -2 per shift	
Food, Water, Sanitation Unit	3 per shift	
Child / Pet Care Unit	1 per shift	
Operations Section Chief	1 per shift	
Triage Group	7 per shift	
Treatment Group	7 per shift	
Transportation Group	1 -2 per shift	
Morgue	1 per shift.	
Plans Section Chief	1 per shift.	
Reports	1 per shift.	
Patient Inquiry and Information	1 per shift.	

FTS-06 - FTS Personnel Time Sheet

Site Personnel Time Sheet

1. FROM DATE/TIME			2. TO DATE/TIME		3. SITE		4. UNIT LEADER	
#	*Employee (E)/ Volunteer (V)* Name (Please Print)*	*E/V*	*Employee Number*	*ASSIGNMENT*	*Date/ Time In*	*Date/ Time Out*	*Signature*	*Total Hours*
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
5. Certifying Officer							6. Date/Time Submitted	

* May be usual hospital volunteers or approved volunteers from community.

HICS 252 - Section Personnel Time Sheet

1. FROM DATE/TIME	2. TO DATE/TIME	3. SECTION	4. TEAM LEADER

5. TIME RECORD

#	Employee (E)/Volunteer (V)* Name (*Please Print*)	E/V	Employee Number	Response Function/Job	Date/Time In	Date/Time Out	Signature	To Ho
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

* May be usual hospital volunteers or approved volunteers from community.

6. Certifying Officer	7. Date/Time Submitted
8. Facility Name	

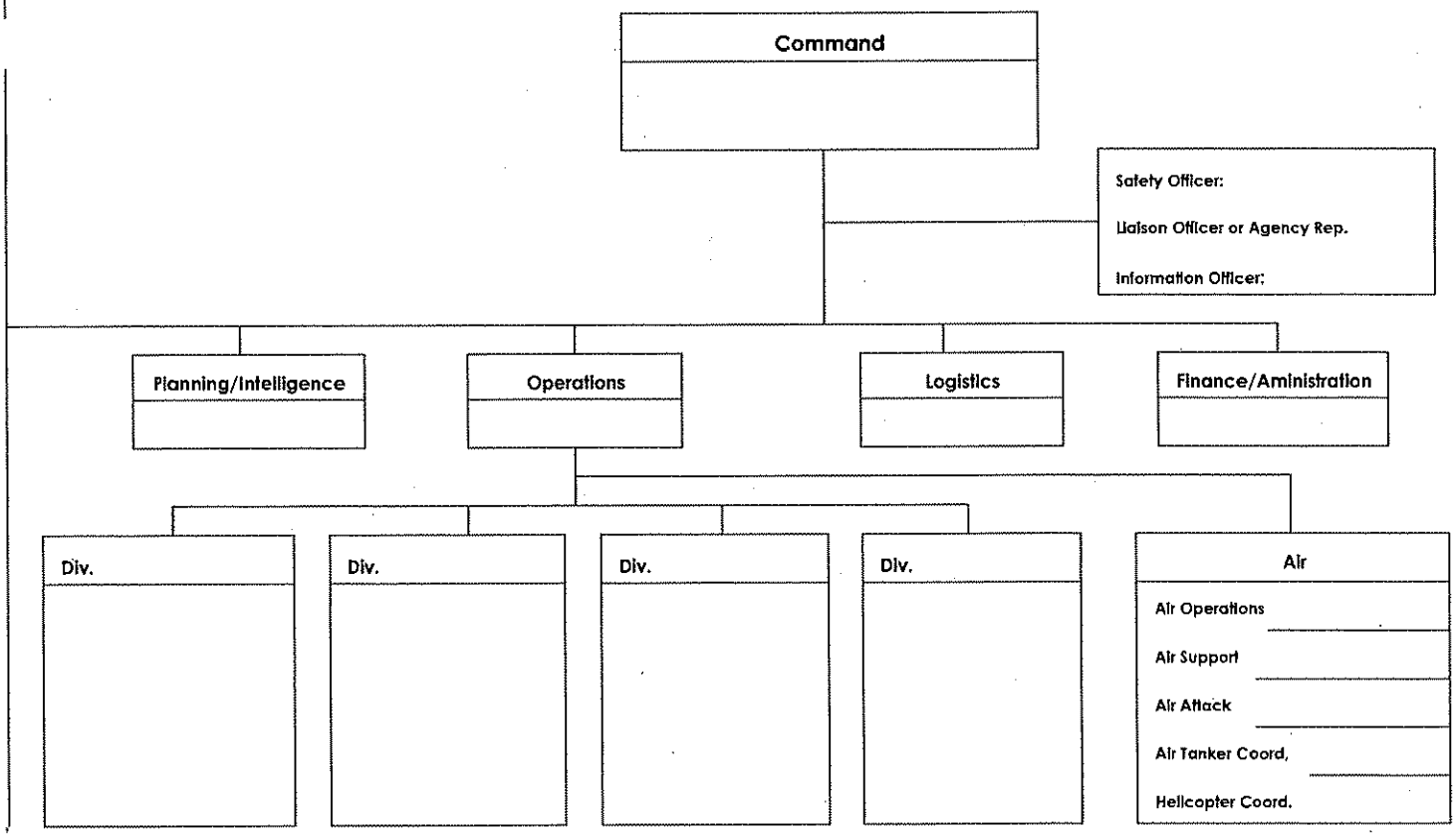
Purpose: Record e··h Section's personnel time and activity
Original to: Time .eader every 12 hours

Origination: Section Chief
Copies to: Documentation Unit Leade

INCIDENT BRIEFING	1. Incident Name	2. Date	3. Time

4. Map Sketch

5. Current Organization



Page 1 of	6. Prepared by (Name and Position)

6. Resources Summary				
Resources Ordered	Resource Identification	ETA	On Scene	Location/Assignment

7. Summary of Current Actions

Page 2 of	

INCIDENT OBJECTIVES	1. Incident Name	2. Date	3. Time

4. Operational Period

5. General Control Objectives for the Incident (include alternatives)

Management Objectives :

Operational Objectives :

6. Weather Forecast for Period

7. General Safety Message

8. Attachments (mark if attached)

☐ Organization List - ICS 203	☐ Medical Plan - ICS 206	☐ (Other)
☐ Div. Assignment Lists - ICS 204	☐ Incident Map	☐
☐ Communications Plan - ICS 205	☐ Traffic Plan	☐

9. Prepared by (Planning Section Chief)	10. Approved by (Incident Commander)

ORGANIZATION ASSIGNMENT LIST

1. Incident Name	
2. Date	3. Time
4. Operational Period	

Position	Name
5. Incident Commander and Command Staff	
Incident Commander	
Deputy	
Safety Officer	
Information Officer	
Liaison Officer	
6. Agency Representative	
Agency	Name
7. Planning/Intelligence Section	
ıns/Intel Chief	
Deputy	
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialists	
Humon Resources	
Troining	
GIS	
8. Logistics Section	
Logistics Chief	
Deputy	
Supply Unit	
Facilities Unit	
Ground Support Unit	
Communications Unit	
.edical Unit	
Food Unit	

9. Operations Section		
Op's Chief		
Deputy		
a. Branch I		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Staging Area		
b. Branch II		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Staging Area		
c. Branch III		
Bronch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
d. Air Operations Branch		
Air Operations Branch Director		
Air Tactical Supervisor		
Air Support Supervisor		
Helicopter Coordinator		
Air Tanker Coordinator		
10. Finance/Administration Section		
Finance/Admin. Chief		
Deputy		
Time Unit		
Procurement Unit		
Compensation/Claims Unit		
Cost Unit		
Prepared by (Resource Unit Leader)		

SITE SAFETY AND CONTROL PLAN ICS 208	1. Incident Name:	2. Date Prepared:	3. Operational Period: Time:

Section I. Site Information

Incident Location:

Section II. Organization

5. Incident Commander:	6. HM Group Supervisor:	7. Tech. Specialist - HM Reference:
8. Safety Officer:	9. Entry Leader:	10. Site Access Control Leader:
11. Asst. Safety Officer - HM:	12. Decontamination Leader:	13. Safe Refuge Area Mgr:
14. Environmental Health:	15.	16.

17. Entry Team: (Buddy System) Name:	PPE Level	18. Decontamination Element: Name:	PPE Level
Entry 1		Decon 1	
Entry 2		Decon 2	
Entry 3		Decon 3	
Entry 4		Decon 4	

Section III. Hazard/Risk Analysis

19. Material:	Container type	Qty.	Phys. State	pH	IDLH	F.P.	I.T.	V.P.	V.D.	S.G.	LEL	UEL

Comment:

Section IV. Hazard Monitoring

20. LEL Instrument(s):	21. O_2 Instrument(s):
22. Toxicity/PPM Instrument(s):	23. Radiological Instrument(s):

Comment:

Section V. Decontamination Procedures

24. Standard Decontamination Procedures:	YES:	NO:

Comment:

Section VI. Site Communications

25. Command Frequency:	26. Tactical Frequency:	27. Entry Frequency:

Section VII. Medical Assistance

28. Medical Monitoring:	YES:	NO:	29. Medical Treatment and Transport In-place:	YES:	NO:

Comment:

Section VIII. Site Map

30. Site Map:

Weather ❑ Command Post ❑ Zones ❑ Assembly Areas ❑ Escape Routes ❑ Other ❑

Section IX. Entry Objectives

31. Entry Objectives:

Section X. SOP'S and Safe Work Practices

32. Modifications to Documented SOP's or Work Practices:	YES:	NO:

Comment:

Section XI. Emergency Procedures

33. Emergency Procedures:

Section XII. Safety Briefing

34. Asst. Safety Officer - HM Signature: Safety Briefing Completed (Time):

35. HM Group Supervisor Signature:

36. Incident Commander Signature:

INSTRUCTIONS FOR COMPLETING THE SITE SAFETY AND CONTROL PLAN
ICS 208

A Site Safety and Control Plan must be completed by the Hazardous Materials Group Supervisor and reviewed by all within the Hazardous Materials Group prior to operations commencing within the Exclusion Zone.

Item Number	Item Title	Instructions
1.	Incident Name/Number	Print name and/or incident number.
2.	Date and Time	Enter date and time prepared.
3.	Operational Period	Enter the time interval for which the form applies.
4.	Incident Location	Enter the address and or map coordinates of the incident.
5 - 16.	Organization	Enter names of all individuals assigned to ICS positions. (Entries 5 & 8 mandatory). Use Boxes 15 and 16 for other functions: i.e. Medical Monitoring.
17 - 18.	Entry Team/Decon Element	Enter names and level of PPE of Entry & Decon personnel. (Entries 1 - 4 mandatory buddy system and backup.)
19.	Material	Enter names and pertinent information of all known chemical products. Enter "UNK" if material is not known. Include any that apply to chemical properties. (Definitions: ph = Potential for Hydrogen (Corrosivity), IDLH = Immediately Dangerous to Life and Health, F.P. = Flash Point, I.T. = Ignition Temperature, V.P. = Vapor Pressure, V.D. = Vapor Density, S.G. = Specific Gravity, LEL = Lower Explosive Limit, UEL = Upper Explosive Limit)
, - 23.	Hazard Monitoring	List the instruments that will be used to monitor for chemical.
24.	Decontamination Procedures	Check "NO" if modifications are made to standard decontamination procedures and make appropriate Comments including type of solutions.
25 - 27.	Site Communications	Enter the radio frequency(ies) that apply.
28 - 29.	Medical Assistance	Enter comments if "NO" is checked.
30.	Site Map	Sketch or attach a site map that defines all locations and layouts of operational zones. (Check boxes are mandatory to be identified.)
31.	Entry Objectives	List all objectives to be performed by the Entry Team in the Exclusion Zone and any parameters that will alter or stop entry operations.
32 - 33.	SOP's, Safe Work Practices, and Emergency Procedures	List in Comments if any modifications to SOP's and any emergency procedures that will be affected if an emergency occurs while personnel are within the Exclusion Zone.
34 - 36.	Safety Briefing	Have the appropriate individual place their signature in the box once the Site Safety and Control Plan is reviewed. Note the time in box 34 when the safety briefing has been completed.

UNIT LOG	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Unit Name/Designators	5. Unit Leader (Name and Position)		6. Operational Period

7. Roster of Assigned Personnel

Name	ICS Position	Home Base

8. Activity Log

Time	Major Events

9. Prepared by (Name and Position)

Time	Major Events

9. Prepared by (Name and Position)

TOOL # 7 – FTS EQUIPMENT AND SUPPLY LIST (Based Upon 50 Patients)

Based upon the type of incident, consider the following:	Recommended Quantity	Available In Local Cache?	# In Cache	Select for Ordering	Have (#)	Need (#)	Requested (#)	Order Filled
RADIO EQUIPMENT								
1. UHF Med-Net Radio	1							
2. Portable UHF Med-Net Radio OR Portable Cell	5							
GENERAL EQUIPMENT & SUPPLIES								
3. Cots	50							
4. Pillows, sheets, pillow cases, towels	150 each							
5. Blankets	50							
6. Tables (6ft)	8							
7. Chairs	25							
8. Paper Towels	10 Rolls							
9. Post-it Notes	10 pads							
10. Felt Pens (e.g., Sharpie Permanent Marker)	10							
11. Extension Cord, 14 AMP, 50' EA 3	4							
12. Dry Erase Markers (4 different colors) sets of 4	10 sets							
13. Duct Tape, 2" x 60yd Roll	10							
14. Flashlight & spare batteries	10 each							
15. Trash Bags: Regular	50							
16. Painters Tape (roll)	10							
17. Rope - 20' & 100'	3 each							
18. Paritions (6' x 6')	10							
19. Soiled Linen Bin	6							
20. Wheel Chairs	3							

Based upon the type of Incident, consider the following:	Recommended Quantity	Available In Local Cache?	# In Cache	Select for Ordering	Have (#)	Need (#)	Requested (#)	Order Filled
Signage								
21. Field Treatment Site	2							
22. Ambulance Entrance	2							
23. Reception	1							
24. Triage	1							
25. Immediate	1							
27. Delayed	1							
28. Minor	1							
Forms and Reference Manuals								
29. EMS response forms	100							
30. AMA forms	25							
31. Triage Tags	100							
32. D.O.T Emergency Response Guidebook	2							
33. FIRESCOPE Field Operations Guide (FOG)	2							
34. Hazardous Materials medical management reference	2							
35. Vests for all staff positions	21							
MISCELLANEOUS MEDICAL EQUIPMENT & SUPPLIES								
36. Infection control packs	50							
37. Antiseptic hand wipes **or** waterless hand sanitizer	200 / 10							
38. 3-5 gal Covered waste container or red bio-hazard	20							
39. Adult BP cuff	20							
40. Pediatric BP cuff	3							
41. Thigh BP cuff	2							
42. Stethoscope	20							
43. Penlight	6							
44. Bedpan or Fracture pan	15							
45. Urinal	8							
46. Sharps container	10							

Based upon the type of Incident, consider the following:	Recommended Quantity	Available In Local Cache?	# In Cache	Select for Ordering	Have (#)	Need (#)	Requested (#)	Order Filled
47. Padded soft wrist & ankle restraints	3 sets							
48. Emesis basin / disposable emesis bags	10							
49. Length based Pediatric Broselow Tape	1							
50. Thermometer	5							
51. Sanitary Napkins.	48							
52. Diapers	50							
53. Disposable Wipes	2 boxes, 40/box							
54. Disposable nurser sets : nipples, caps, rings and bottles	1 case, 36/case							
BIOMEDICAL EQUIPMENT & SUPPLIES								
Monitor / Defibrillator Equipment & Supplies								
55. Portable Monitor/Defibrillator /, with ECG printout	2							
56. Spare monitor/ defibrillator battery	4							
57. Electrode leads (wires)	4							
58. ECG paper	6							
59. Adult disposable ECG electrodes	50							
60. Pediatric disposable ECG electrodes	20							
Miscellaneous Biomedical Equipment & Supplies								
61. Pulse Oximeter	4							
62. Glucometer	2							
63. Glucometer test strips	50							
64. Lancets	50							
AIRWAY / OXYGEN EQUIPMENT & SUPPLIES								
Oxygen Delivery								
65. "D" or "E" portable oxygen cylinder	20							
66. Portable oxygen regulators with liter flow	20							
67. Adult non-rebreather oxygen masks	50							
68. Pediatric oxygen masks	20							
69. Nasal cannulas	50							
70. Hand held nebulizers	10							

Based upon the type of Incident, consider the following:	Recommended Quantity	Available In Local Cache?	# In Cache	Select for Ordering	Have (#)	Need (#)	Requested (#)	Order Filled
71. Aerosol / nebulizer masks	10							
Bag-Valve Device with 02, reservoir, 1way valve								
72. Adult (1000 cc bag vol.)	10							
73. Pediatric (450 - 500 cc bag vol.)	5							
Bag-Valve Mask (transparent)								
74. Large (adult)	5							
75. Medium (adult)	5							
76. Small (adult)	5							
77. Child	5							
78. Neonatal	2							
BLS Airways								
79. Oropharyngeal Airways (sizes 0-6 or equivalent	10 sets							
80. Nasopharyngeal Airways (sizes 24-34 Fr.or	5 sets							
Suction Equipment & Supplies								
81. Suction catheters - 6 fr, 8 fr, 10 fr, 14 fr	10 each							
82. Tonsilar tip suction handle	10							
83. Portable mechanical suction unit s	8							
Advanced Airway Equipment & Supplies								
84. Laryngoscope handle	2							
85. Batteries - extra set	2							
86. Bulb - extra bulb for adult and pediatric blade	2							
87. Miller (straight blade) sizes 0-4	2 sets							
88. Macintosh (curved blade) sizes 3-4	2 sets							
89. Magill forceps - adult & pediatric	2 each							
90. Water soluble lubricant (K-Y jelly or equivalent)	50 packets							
91. Topical vasoconstrictor (Neosynephrine or	10							
92. 2% Lidocaine jelly	3 tubes							

Based upon the type of Incident, consider the following:	Recommended Quantity	Available In Local Cache?	# In Cache	Select for Ordering	Have (#)	Need (#)	Requested (#)	Order Filled
93. Uncuffed endotracheal tubes, sizes 2.5, 3.0	3 each							
94. Cuffed endotracheal tubes, sizes 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0;8.5	5 each							
95. Cuffed endotracheal tube, size 9.0	2							
96. Endotracheal tube stylettes - neonatal, child & adult	2 each							
97. Flex Guide ETT introducer - caude tip 15 fr x 70 cm	3							
98. ET tube holder	20							
99. Esophageal Tracheal Airway –Adult 37 & 41 Fr. **Or** King Airway – size 3, 4, 5	2 each							
100. End tidal CO2 detector device (Adult & Pedi)	2 each							
101. Meconium aspirator	2							
102. CPAP (Optional)	2							
103. Jet insufflation device **OR** ENK Flow Modulator	2							
104. Needle thoracotomy kit with minimum 14 ga X 3 " catheter specifically designed for needle decompression	5							
IMMOBILIZATION EQUIPMENT & SUPPLIES * (* The following assumes patients are immobilized prior to arrival at the FTS. If walk-in trauma patients are arriving directly at the FTS, these numbers should be increased)								
105. Ked	1							
106. Long spine board with straps	2							
107. Pediatric spine board	1							
108. Foam-filled head immobilization device	2 pair							
109. Traction splint: Hare, Sager or equivalent	1							
110. Arm & leg splints (i.e. cardboard, SAM type, vacuum)	3 each							
111. Tape	3 Rolls							
112. Cervical Collars (rigid) - large, medium, small, pediatric **OR** adjustable adult & pediatric	2 each							

OBSTETRICAL EQUIPMENT & SUPPLIES									
113.	OB Kit containing a minimum: sterile gloves, umbilical cord tape or clamps (2), dressings, towels, bulb syringe and clean plastic bags.	1 kits							
114.	Stocking head cap (infant)	1							
BANDAGING EQUIPMENT & SUPPLIES									
115.	Triangle bandages	10							
116.	Adhesive tape rolls 1" & 2" rolls	10 each							
117.	Sterile 4x4 compresses	200							
118.	Non sterile 4x4 compresses	200							
119.	Kling/Kerlix in 2", 3" or 4" rolls	150							
120.	Trauma dressing (10"x30" or larger universal dressings)	50							
121.	Surgipads	50							
122.	Band-Aids	10 boxes							
123.	Sterile petroleum impregnated dressing	10							
124.	Asherman Chest Seal (optional)	5							
125.	Cold packs and heat packs	20 each							
126.	Gloves (unsterile) various sizes	3 boxes of each							
127.	Sterile saline for irrigation	30 liters							
128.	Potable water	30 liters							
129.	Bandage shears	10							
IV / MEDICATION ADMINISTRATION EQUIPMENT & SUPPLIES									
130.	Catheter over needle- 14ga, 16ga, 18ga, 20 ga	50 each							
131.	Catheter over needle- 22ga, 24ga	10 each							
132.	Microdrip & Macro-drip venosets **OR** selectable drip tubing	50							
133.	Blood administration tubing (optional)	10							
134.	IV extension	20							
135.	IV start pack or equivalent with tourniquets	50							
136.	Alcohol wipes & Betadine swabs	200 each							
137.	Chlorhexidine swabs/skin prep	50 each							

Syringes / Needles / Medication Administration Devices									
138.	TB / 1 cc syringe	20							
139.	3 - 5 cc syringe	20							
140.	10 - 12 cc syringe	50							
141.	20 cc syringe	20							
142.	50 - 60 cc syringe	10							
143.	22ga, 25 ga safety injection needles	5 each							
144.	Vial access Cannulas	10 each							
145.	Mucosal Atomization Device (MAD)	20							
146.	Arm boards - (short, long)	30							
147.	Blood Tubes (optional)	20							
148.	Vacutainer holder (optional)	2							
149.	Vacutainer needles (optional)	20							
Intraosseous Access Equipment & Supplies									
150.	Needles (Baxter Jamshidi/Illinois) for manual pediatric access15 ga x 3/8" & 15 ga x 1 7/8" **OR** 15 ga x 3/8" - 1 7/8" adjustable needles	2 each							
151.	Pediatric I/O needles for drill type device 15 ga x 15mm long	2							
152.	Adult I/O needles for drill type device 15 ga x 25mm long	5							
153.	Lidocaine HC1 2% (100mg/5ml) in I/O kit	1							
IV SOLUTIONS									
154.	Normal saline - 1000 cc bag	100							
155.	Normal saline - 250 cc bag	25							
MEDICATIONS									
156.	Activated charcoal (50 gm)	2							
157.	Adenosine 6 mg - vial or pre-filled syringe	10							
158.	Albuterol - 2.5mg (pre-mixed w/NS). If not premixed; Normal Saline 2.5cc, is required for	6							
159.	Amiodarone 3 ml - 150 mg (50 mg/ml)	12							
160.	Aspirin (chewable)	2 bottles							
161.	Atropine (1.0 mg/10ml)	12							
162.	Atropine 10mg multidose vials (optional)	***(Optional)****							

163.	Benadryl (50 mg/ml)	4							
164.	Benadryl elixir - 100 mg	2							
165.	Calcium chloride 10% - (1 gm/10ml)	8							
166.	Dextrose 50% (25gm/50ml)	4							
167.	Dextrose 25% (12.5gm/10ml)	4							
168.	Dopamine 400 mg	2							
169.	Epinephrine 1:1,000	8 mg							
170.	Epinephrine 1:10,000 (1mg/10ml)	16							
171.	Furosemide 40 mg (10mg/ml)	4							
172.	Glucagon 1mg (1unit)	2							
173.	Glucose paste **OR** Glucose solution (oral)	4							
174.	Mark-I / Duo Dote Nerve Agent Antidote Kits	***(Optional)****							
175.	Naloxone (Narcan) 2.0 mg	8							
176.	Nitroglycerin 0.4 mg/tab (1/150) bottle **OR** Nitroglycerine spray actuation	4							
177.	Pralidoxime Chloride (2-PAM) 1 gm / 20 ml vial (optional)	***(Optional)****							
178.	Sodium Bicarbonate (50mEq/50ml)	4							
179.	Zofran (4mg/2ml vial)	8							
180.	Zofran Oral Disentregrating Tablets (ODT) 4 mg	8							
Controlled Substances									
181.	Midazolam (Versed) 5 mg/cc concentration	300 mg							
182.	Morphine HCL 10 mg/ml unit dose	300 mg							
183.	Double lock container system for controlled meds.	1							
184.	Controlled substance log sheet	1							

* ***(Optional):*** *Order these medication as appropriate for chemical exposure incidents*