INSTRUCTOR NOTES:
Introduction slide. The program may be taught in a group setting or self-taught.
INSTRUCTOR NOTES:
Begin the discussion of ICS for EMS. This should just be an overview to remind the student of the system structure. Emphasis should only be placed on the multi-casualty portion of the system. If there are time constraints, the instructor may choose not to go into great detail.
Enabling Objectives

Upon completion of this training the participant will be able to:

- Identify the positions and the organizational structure of the Incident Command System (ICS) as it applies to a Multi-Casualty Incident
- Explain the responsibilities of the first unit arriving on scene
- Explain patient flow through the ICS Multi-Casualty structure

INSTRUCTOR NOTES:
The program will also review some of the basic principles of START and JumpSTART triage and ICS to remind the student of information they should have already learned and to tie together that information with the use of the triage tag, the HC handheld, and patient flow.
This shows a large build out of a major incident with several medical groups that may exist in multiple locations. It should be noted that under Operations you may have Medical Group Supervisors for treatment of patients only. There may also be a Medical Unit with a Leader under the Logistics Section that is there for the treatment of the personnel working on the incident.
At a minimum these positions should be utilized in any multi-patient incident. The system can be expanded depending on the number of patients.
This is a schematic drawing of how the hierarchy may be deployed geographically at the incident site. The functions and reporting lines remain as in the previous organizational chart. The Casualty Collection Point could also be established between the Triage Unit Leader and the Treatment Unit Leader rather than prior to the Triage Unit Leader or at the treatment site.

INSTRUCTOR NOTES:

STRESS TO STUDENTS:

1. First unit to arrive must keep in mind that this schematic is the goal.

2. They must not just jump into treating patients or the entire infrastructure will fall apart and total chaos will ensue.

3. Relate back to how these areas fit into Incident Management System (IMS).
First Unit/Incident Command

- Assess and Secure the Scene
- Ensure safety
- Establish or assume command
- Direct incoming units
- Request additional resources (Order Early and Order Big)
- Establish *Triage Unit Leader*

INSTRUCTOR NOTES:
Relate to your students what the radio transmission of the first arriving unit might be in your jurisdiction.

“Paramedic Engine 703 to communications. We have a collision involving two buses. I am establishing command and requesting four Medical Strike Teams with Rescue. Have the first team begin Triage and the second team establish the Treatment Area at the 7-Eleven parking lot. The third team should stage in the Kindercare Lot.” “Advise EMRC of the incident and that we could be transporting approximately 60 patients. Ask them to begin a hospital call-down. We will contact them for hospital status.”
First Unit/Incident Command

- Establish *Medical Communications Coordinator*
- Notify hospitals (EMRC)
- Establish initial *Treatment Area*
- Establish *Transportation Group* (when personnel available)
- Maintain the 5 S’s of the Multi-Casualty Incident:
  - Safety, Size-up, Send, Set Up, and START/JumpSTART Triage

**INSTRUCTOR NOTES:**
The IC should begin the build out of the command structure as units arrive. It is important to make sure Triage is performed first and no immediate treatment other than life-saving measures administered until additional help has arrived. If Triage is completed then that crew can be reassigned or begin treatment.

Maintain the 5 S’s of the Multi-Casualty Incident:
Safety, Size-up, Send, Set Up, and START/JumpSTART Triage
Triage Unit Leader

- Coordinate with Treatment Unit Leader to determine if triage will be conducted in:
  - Incident/extrication area
  - Designated Casualty Collection Point (CCP)
  - Treatment area
- Approximate number and severity of victims
- Report this information to command
- Supervise:
  - Triage Teams
  - Porter Teams (Litter Bearers)
  - Additional resources

INSTRUCTOR NOTES:
Triage Unit Leader is the first arriving suppression unit after hazards are addressed. He or she assumes responsibility for providing triage management and movement of patients from the Triage Area.

Maintain the 5 S’s of the Multi-Casualty Incident:
Safety, Size-up, Send, Set Up and START/JumpSTART Triage

Be sure to stress universal precautions and scene safety. The Triage Unit Leader must be vigilant.
INSTRUCTOR NOTES:
Maintain the rule of 60 seconds or less per patient contact time.

Law Enforcement should be requested to assist in securing the scene.

The morgue area is initially the responsibility of the Triage Unit Leader. The expired patients must remain in place as this is a potential crime scene. The living patients should be triaged and then moved to the treatment area, and the deceased should be black-ribboned or black-tagged. Do not move deceased patients until after consultation with police or medical examiner. Only patients that die in treatment area should be moved to the morgue until after the scene has been secured and the medical examiner has approved the movement of the scene dead.
INSTRUCTOR NOTES:
Persons may leave incident site in several directions. **ALL** patients must be logged and accounted for by the Treatment Unit Leader.

People must be posted to direct litter bearers to Treatment Unit Leader.

Law Enforcement should be requested to assist in securing the scene.

Casualty Collection Point (CCP) should be established prior to patients entering treatment areas.
Treatment Unit Leader

- Establish communications with *Triage Unit Leader*

- Ensure each patient is issued a *MIEMSS Triage Tag* and does **NOT** leave area without one attached

- Utilize *Patient Tracking Scanners (PTS)* and/or *Treatment Area Manager logs* to track patients for each area
Make sure all patients are issued a triage tag and that it is attached to the patient for identification. If the patient tracking scanners are available, utilize them in addition to placing a triage tag on the patient.
INSTRUCTOR NOTES:
Stress single entry and exit points

Placement of morgue should not be near treatment areas

Use colored ribbons, flags, and/or colored tarps for identification purposes

Fill out triage tags properly. Re-triage and relocate patients as necessary.

Prioritize patients to be transported.

Request resources as necessary.
INSTRUCTOR NOTES:
The Treatment Dispatch Manager is responsible for communication and coordination of the patients ready for transport out of the treatment areas to the transportation area and makes sure transportation is ready to receive patients prior to moving patients to that area.
Transportation Group Supervisor

- **Establish One Way Traffic Flow:** There should always be a clear, unobstructed flow of transport units in and out of the transport area. Transport units should pull up, load, leave, but NOT execute a back-up of the vehicle.

- **Utilize Patient Tracking Scanner (PTS) and/or prepare and maintain a Log Sheet**

- Establish exit point

- Assign Communications (SYSCOM/EMRC) and Air/Ambulance Disposition Coordinators

**INSTRUCTOR NOTES:**
Locate near transportation area if possible. Establish and maintain vehicle movement corridor.

Stress Importance of **ONE WAY FLOW.** Direct units to avoid backing up if at all possible to load patients.

Back up
- causes injuries
- tends to restrict flow
- slows process

Stress concerns over exhaust and unexpected movement from idling vehicles.
INSTRUCTOR NOTES:
Establish and maintain a Communication Log which is simply a chronological listing of all communications including:
• time
• contact point
• brief message

Establish and maintain communications with EMRC.

Assign SPECIFIC hospital destinations and relay this information to Air/Ground Ambulance Disposition Coordinator.
INSTRUCTOR NOTES:
The EWRAP (Emergency Wireless Routing Access Point) is a small, portable device that can be utilized in remote environments to provide secure wireless connections allowing patient information and tracking data sharing among the HC handheld, laptops, the EMRC, MIEMSS, and receiving facilities. It may be connected to multiple power sources including vehicle batteries, generators, solar cells, or an AC source. It supports operating distances of up to ½ mile for typical WiFi devices. It requires no user intervention and makes automatic information routing decisions. Multiple EWRAPS at the scene mesh seamlessly to create a high speed local network, allowing audio and video capture for situational awareness.
Air/Ground Ambulance Disposition Coordinator

- Receive bed availability from *Medical Communication Coordinator* (EMRC)
- Prepare log sheet for each hospital and their “tickets”
- Update information on Patient Tracking Scanners (PTS)

**INSTRUCTOR NOTES:**
Communication and Disposition Coordinator must establish a good rapport and a system to share information. This should be done before patients begin to flow through area.
INSTRUCTOR NOTES:
Discuss the importance of ambulance flow peripheral to (not through) the incident. Ideally the flow should be one-way. Some geography, road damage and circumstances may not permit this.
INSTRUCTOR NOTES:
This section will track the flow of patients through the system using the ICS structure and emphasize how the triage tag components come into play at each stage.
INSTRUCTOR NOTES:
Colored ribbon stays on the patient and the triage tag is attached to it.
INSTRUCTOR NOTES:
Patient tracking really begins at this stage.
INSTRUCTOR NOTES:
The Treatment Unit Leader is responsible for ensuring that the treatment areas are staffed and equipped.
INSTRUCTOR NOTES:
Utilize the “sticky” labels from the triage tags to track patient flow as well as mark personal effects.
INSTRUCTOR NOTES:
Typically, in an MCI, **rapid transport** of the seriously ill/injured is key to a successful outcome. The objective is to ensure that the patient can be transported in a safe manner (e.g., patent airway, immobilized on backboard).

If established, coordinate with the Treatment Dispatch Manager before moving patient out of treatment areas.

If Treatment Dispatch Manager is not established, wait for the Transportation Group Supervisor authorization before moving patients out of the Treatment Area.

**Treatment Area Managers**

- Assign crew to care for patient
  - Reassess ABC’s
  - Stabilize life threatening conditions (airway, needle decompression, tourniquet, antidote)
  - Immobilize
  - Treat major fractures
  - Package patient for transport to appropriate facility
  - Utilize Patient Tracking Scanner (PTS) to note assessment and treatment interventions and/or on triage tag

- Ensure patient can be transported safely
INSTRUCTOR NOTES:
Transportation Group Supervisor and Medical Communications Coordinator positions should not be duplicated in an incident. This helps prevent confusion on how many and which patients are going to a specific hospital. There may be multiple Disposition Coordinators at different locations that communicate with the Transport Group Supervisor.
INSTRUCTOR NOTES:
Remind students that ambulatory (MINOR or GREEN) patients may be transported in the front seat of the ambulance and in other vehicles such as buses, utility units, etc.
Patient Loading

- Load patient into transport unit
- Tear off *Transportation Record* ("Ticket") and hand to driver

INSTRUCTOR NOTES:
Remind the students that the Transportation Group Supervisor must direct the driver to see the Ambulance Disposition Coordinator. The Ambulance Disposition Coordinator will determine the designated facility to which the patient is to be transported.
INSTRUCTOR NOTES:
Remind the provider to fill out TRANSPORTATION line and place labels on ePCR/eMEDS printout sheets.
INSTRUCTOR NOTES:
Hospitals do not need much more information during a MCI. HC Standard Handheld automates most of this process.
INSTRUCTOR NOTES:
One way traffic flow, whenever possible, is crucial to smooth patient flow from the area.
**Ambulance Disposition Coordinator**

- Receive *Transport Record* (commonly called “Tickets”) from driver

- Scan ticket with PTS
  - Select input and select destination
  - Hit the “Now Button”

- Transport “Tickets” go from the driver to the Disposition Coordinator

**INSTRUCTOR NOTES:**
The disposition coordinator will keep track of patient distribution, bed availability, and keep chain of command informed.

**TRANSPORT TICKETS GO FROM THE DRIVER TO THE DISPOSITION COORDINATOR.**
INSTRUCTOR NOTES:
This process can get quite confusing, and CAN SLOW the entire FLOW OF PATIENTS FROM THE INCIDENT. Be sure the process is clear between the two officers. Runners may be utilized to go between the ambulance and these officers.

Medical Communications Coordinator provides the available destination hospitals to Ambulance Disposition Coordinator. Once patient is assigned to hospital by Ambulance Disposition Coordinator, assignment is relayed to Medical Communications Coordinator.
**Ambulance Disposition Coordinator**

- Give driver destination and confirm directions
- Insert hospital info on PTS
- Write destination and transport time on ticket
- Give ticket to

  *Medical Communication Coordinator*

**INSTRUCTOR NOTES:**
Make sure the hospital destination is filled out and what time they left the scene.
INSTRUCTOR NOTES:
The Ambulance Disposition Coordinator is a key position (and potential choke point) in the flow of information, tags/tickets, and patients.
The Process in Review

- Incident Occurs
- Walking wounded sent to *Casualty Collection Point*
- Triage of Patients
  - Patient receives a ribbon by *Triage Unit Leader* or designee
  - Only attempt to life-saving interventions (Airway, Needle decompression, Tourniquet, Antidote)
- Patient is moved to various treatment areas at direction of *Treatment Unit Leader* and receives triage tag and treatment

**INSTRUCTOR NOTES:**
The next few slides are a review of the patient flow process for a full build out multi-casualty incident.
The Process in Review

- *Treatment Dispatch Manager* coordinates with *Transportation Group Supervisor/Patient Transport Recorder*
  - Arranges for patient to be moved to transport vehicle
  - Triage tag to remain with patient at all times
- EMS Staging Manager dispatches ambulance to designated pick-up area
- Driver is given *Transport Record “Ticket”* piece of triage tag
- Proceeds to *Ambulance Disposition Coordinator*

**INSTRUCTOR NOTES:**
When the patient moves from the treatment area to the transportation area, the triage tag stays with the patient but the bottom part or “Ticket” is given to the driver. The driver will then proceed to the checkout position and hand the tag to the Ambulance Disposition coordinator or Transportation Group supervisor who will coordinate with the Medical Communications coordinator as to hospital transport location and information relayed to that hospital.
The Process in Review

- Driver gives “Ticket” to Ambulance Disposition Coordinator
  - Coordinates with Medical Communication Coordinator for hospital availability and dispatch
- Driver is given hospital transport information prior to leaving scene
- Patient is transported to designated hospital
- Arrival time should be placed on triage tag

INSTRUCTOR NOTES:
The driver will then be given the hospital transport destination for his patient. On arrival at the hospital, the driver should note the time of arrival or advise the caretaker to note it on the PTS scanner for the patient.
Maryland Triage System

MIEMSS gratefully acknowledges the following individuals for their efforts in the development of this program:

**Robert R. Bass, MD, FACEP**  
Executive Director  
MIEMSS

**Richard L. Alcorta, MD, FACEP**  
State EMS Medical Director  
MIEMSS

**David Stamey, CCEMT-P**  
Region II Administrator  
MIEMSS

**Amy Robinson, MS, EMT**  
Associate Region V Administrator  
MIEMSS

**Jeff Huggins, BS, EMT-I**  
Associate Region III Administrator  
MIEMSS

**Diane Zuspan, EMT-P**  
Division Chief  
Montgomery County Fire & Rescue Service

**Beth Sanford, EMT-P**  
Captain  
Montgomery County Fire & Rescue Service

**Jon Fiedler**  
Lieutenant (Retired)  
Montgomery County Fire & Rescue Service

**Newport Beach Fire and Marine**

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Maryland Triage System

Maryland Institute for
Emergency Medical Services Systems
653 West Pratt Street
Baltimore, MD 21201
410-706-3996