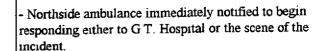
Dispatch Information

- Type of incident and exact location
- Hazards at the scene (i.e. Fire, Electrical Wires, Hazardous Materials, etc.)
- Number of Patients involved.
- What other agencies were notified (i.e. Fire Rescue, Police, etc.)
- What roads have safe and easy access and egress.

Supervisor (EMS and Nursing)

- Notified Immediately
- Fire Rescue, C P S., and C.U C requested to respond as needed



- Emergency personnel call-in list should be initiated at this time if appropriate

Rescuer #1: Command Officer

Does a quick walk through of the scene looking for hazards, number and severity of patients, and extrication needs.

Notify casualty of your:

- Exact location and type of incident Any hazards to the scene Estimated number of patients
- Location of Staging and Triage area

Request for backup personnel as needed

Arrival at the scene of first

 Park ambulance at a safe, well lit area away from any hazards. Ensure easy access and egress of Ambulance.

Rescuer #2: Triage Officer

Begins rapid triage at scene of incident (does NOT initiate any patient treatment)
Groups patients as follows:

Deceased BLACK Immediate: RED Delayed. YELLOW Hold: GREEN

Tags (attached to wrist or ankle). Information to be written on tags:

- * Initial rapid assessment findings
- Assigned patient number

Rescuer #3: Transportation Officer

- Assigned to coordinating the incoming units and the evacuation of patients
- Ensures Ambulances are parked in a manner for easy access (all keys should be left in the parked ambulances)
- Will keep a patient log indicating;
- * Patient number
- * Severity of patient
- * Treatment done for patient
- * Time
- * Transporting unit number and crew

Arrival of Second Ambulance

- Strategically park Ambulance near staging and triage area not obstructing roadways access and egress
- Partners will split up

Rescuer #4 and all other Rescue Personnel

REPORT TO THE COMMAND
OFFICER IMMEDIATELY
FOR ASSIGNMENT

(Avoid free-lance treatment of patients)





COMMAND OFFICER

- This post will be filled by a member of the First Ambulance until a Supervisor arrives.
- · Oversees the entire operation.
- Assigns transportation, treatment, and triage officers. *Also assigns all incoming personnel to specific responsibilities.
- Sets up temporary morgue.
- Should maintain a headcount of patients and investigate to find out the exact number of people involved. *Initiate search and rescue if needed.
- Keeps treatment areas supplied. *Orders refreshments, meals, and bathrooms as needed.



TRIAGE OFFICER

- Rapidly assesses, numbers, and tags patients. *Triage officer may utilize personnel by discretion (i.e. assign additional personnel to assist with rapid triage.)
- Supervises personnel that have been assigned by Command to field treatment and transport of patients to treatment area.
- Evaluates resources required for patient treatment and reports those needs to Command.
- Periodically updates Command as to the situation in the field.
- When all patients have been triaged and transported to treatment area, Triage Officer will notify Command and will be reassigned.



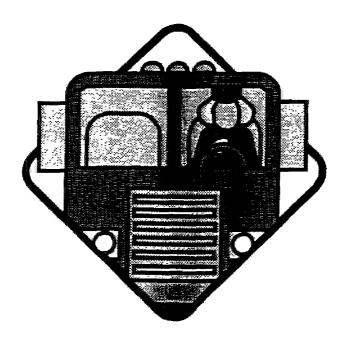
TREATMENTOFFICER

- Organizes triage/treatment area. (Clearly marks treatment areas for "Immediate", "Delayed", and "Hold", treatment areas.)
- Evaluate resources required for patient treatment and report those needs to Command.
- Designates and supervises personnel that have been assigned to triage/treatment area by Command.
- Decides the patient order for transportation to the hospital.
- Updates Command periodically on triage/treatment area's status.



TRANSPORIATION OFFICIER

- Coordinates incoming emergency units and the evacuation of patients to the hospital.
- Ensure easy access and egress of Ambulances. *Liaise with Police Officers to block streets and ensures that the roads remain open and unobstructed.
- Keeps written patient log which includes: patient number, severity of patient, treatment of patient, time, transporting unit number and crew.
- Updates Command periodically on the number of patients transported and the availability of Ambulances.
- Transportation Officer should remain aware of fuel status for all Ambulances. He should also consider converting other vehicles into emergency transport vehicles.



HEALTH SERVICES

TREATMENT OFFICER TREATMENT LOG

	Incident/
Date:	Location:

Triage Tag Number	Patient Name (If Known)	Pt. Sex	Tag Color / General Condition	Time In

HEALTH SERVICES

TRANSPORTATION OFFICER HOSPITAL TRANSPORTATION LOG

Date:	Incident/ Location:							
Transport Unit	Triage Tag Number And/Or Patient Name		Tag Color / General Condition	Destination	Time In A			
					_			

HEALTH SERVICES

STAGING OFFICER EMS UNIT STAGING LOG

Date):		Incident Location				
	·				,		
Unit ID/ Agency		Basic Intermed. Medic	Time Requested	Time Arrived	Officer In Charge	# of Personnel Available (EMT, Int., Medic)	Time to Loading Zone
							<u></u>

UNIVERSAL COORDINATED TIME



Local Time	UTC
12:00 AM	0500
1:00 AM	0600
2:00 AM	0700
3:00 AM	0800
4:00 AM	0900
5:00 AM	1000
6:00 AM	1100
7:00 AM	1200
8:00 AM	1300
9:00 AM	1400
10:00 AM	1500
11:00 AM	1600
12:00 PM	1700
1:00 PM	1800
2:00 PM	1900
3:00 PM	2000
4:00 PM	2100
5:00 PM	2200
6:00 PM	2300
7:00 PM	0000
8:00 PM	0100
9:00 PM	0200
10:00 PM	0300
11:00 PM	0400

SIDE 1 – Disaster Tag

	COOP FRANCE COLVER SHEET END FRANCE (S. T.D. 1985) For Your Second Description Colv. 800-805-8001	
DU GVA	5055	AND DESCRIPTION OF THE PERSON NAMED IN
MILE	DISASTER TAG	3
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杰	Renolatory Shock O 1 Weeding	
VV	D & Burne C) & Procours	8
40 0	CALL CONTRACTOR OF THE STATE OF	
HOSPITAL SERVI TO		
TIME REC	A 1 2 3 PROFESSION AND TREATMEN	
1		
		MC008
		THEATMENT RECORD
		186
	USE OTHER SIDE FOR ADDITIONAL RECORDS	
P-0	DECEASED	
P-1	IMMEDIATE	
P-2	DELAYED	
	HOLD	Market In

SIDE 2 – Disaster Tag

G COPYRIGHT DAVIS ENTERPRISES, LTD 1965 FOI YOU NEWWOOD CHEEP RESENTED!

	TRE	ATMENT RECORD
TIME	RECORD A	LL DIAGNOSIS AND TREATMENT
1		
P-0	CECEASED	ENSWED
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P-2 P-3	CELAYED	Spinas aces injury, multiple misor in actures magazete home, incompleated mead injury
		As meror & uncompagated fractures, wounds, orner

Submitted by Elle Concile	
Submitted by: Ella Conolly Date: 25/09/97	