

TRANSPORTATION INCIDENT PLAYBOOK



HAMPTON ROADS MMRS
(METROPOLITAN MEDICAL
RESPONSE SYSTEM)
“IN PARTNERSHIP WITH THE”
**PENINSULAS EMS
COUNCIL &
TIDEWATER EMS
COUNCIL**

HAMPTON ROADS MASS CASUALTY INCIDENT RESPONSE GUIDE

December 2023

PAGE INTENTIONALLY LEFT BLANK

INTRODUCTION

The Transportation Group is the most work-intensive position at a mass casualty incident (MCI). It requires advanced preparation, practice, and confidence to perform correctly. If it does not perform well, hospitals may become overloaded, critical patients may be sent to non-trauma centers, and/or patients may be delayed care or family reunification.

Since the Transportation Group must be established and set up early in the incident response, the first arriving EMS transport unit should serve as the Transportation Group Supervisor.

AUTHORITIES

The following policies, statutes, bylaws, regulations, executive orders, or directives pertain to powers, authorities, or requirements that affect or relate to emergency planning and disaster response in the Hampton Roads Region.

FEDERAL

- OSAC 2022-N-0020 Standard for Mass Fatality Incident Management
- Robert T. Stafford Disaster Relief and Emergency Assistance Act and Amendments
- Homeland Security Presidential Directives #5, Management of Domestic Incidents
- Homeland Security Presidential Directive #8, National Preparedness
- Title 44 of the Code of Federal Regulations
- United States Department of Homeland Security (DHS)
- National Incident Management System (NIMS)
- National Response Framework (NRF)
- Emergency Management and Assistance, 44 Code of Federal Regulations (CFR)
- Hazardous Waste Operations and Emergency Response, 29 CFR 1910.120
- Federal Radiological Emergency Response Plan
- National Oil and Hazardous Substances Pollution Contingency Plan
- Target Capabilities List (TCL) 2.0
- Universal Task List (UTL) 2.0

COMMONWEALTH OF VIRGINIA

- Commonwealth of Virginia Emergency Services and Disaster Law of 2000, as amended, Title 44, Chapter 3.2 Code of Virginia, §44-146.19 through §44-146.28, as amended.
- Commonwealth of Virginia Emergency Operations Plan, Virginia Department of Emergency Management, October 2021.

REFERENCES

- ICS and NIMS Guidance from Federal Emergency Management Agency (FEMA)
- Homeland Security Exercise and Evaluation Program (HSEEP)

RECORD OF CHANGES

[illegible]

RECORD OF DISTRIBUTION

Department	Point of Contact (by Role)	Phone	Email	Date of Distribution

ACRONYMS

Acronym	Description
ALS	Advanced Life Support
ATLS	Advanced Trauma Life Support
BLS	Basic Life Support
CCP	Casualty Collection Point
CFR	Code of Federal Regulations
DHS	U.S. Department of Homeland Security
ED	Emergency Department
EM	Emergency Management/Emergency Manager
EMS	Emergency Medical Services
ETA	Estimated Time of Arrival
FEMA	Federal Emergency Management Agency
HSEEP	Homeland Security Exercise and Evaluation Program
IC	Incident Command or Incident Commander (depending on context)
ICS	Incident Command System
ID	Identification
MCC	Medical Communications Coordinator
MCI	Mass Casualty Incident
MD	Medical Doctor
NIMS	National Incident Management System
NRF	National Response Framework
OSAC	Organization of Scientific Area Committees for Forensic Science
PEMS	Peninsulas Emergency Medical Services
PEP	Patient Exit Point
PSI	Pounds per Square Inch
RHCC	Regional Healthcare Coordinating Center
RN	Registered Nurse
SALT	Sort, Assess, Lifesaving interventions and Treatment and/or Transport
TCL	Target Capabilities List
TEMS	Tidewater Emergency Medical Services
TR	Transport Recorder

Acronym	Description
USCG	U.S. Coast Guard
UTL	Universal Task List
VCU	Virginia Commonwealth University

Table of Contents

INTRODUCTION	I
AUTHORITIES	I
FEDERAL.....	I
COMMONWEALTH OF VIRGINIA	I
REFERENCES.....	II
RECORD OF CHANGES	III
RECORD OF DISTRIBUTION.....	IV
ACRONYMS.....	V
CONCEPTS OF OPERATIONS (CONOPS)	1
ICS ROLES RELATED TO TRANSPORT	1
ROLES.....	1
LOCATION SELECTION AND SETUP	3
COMMUNICATIONS.....	4
CHECK-OUT PROCEDURES.....	6
SITUATION UPDATES	6
INCIDENT DEMOBILIZATION	6
INITIAL DUTIES AND RESPONSIBILITIES.....	7
ON-GOING DUTIES AND RESPONSIBILITIES	7
ON-GOING TRANSPORTATION GROUP SUPERVISOR DUTIES AND RESPONSIBILITIES	8
TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER CHECKLIST	8
SPECIALTY CONSIDERATIONS	9
SCENE SAFETY	9
TRIAGE.....	10
MEDICAL TREATMENT	10
EMS RESPONSE TO AIRPORT AND AVIATION INCIDENTS	11
TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER CHECKLIST	11
TRANSPORTATION/STAGING OFFICER.....	12
TRANSPORT RECORDER CHECKLIST	13
TRANSPORT LOADER CHECKLIST.....	13
MEDICAL TRANSPORT COMMUNICATION COORDINATOR CHECKLIST.....	14
PATIENT TO HOSPITAL DISTRIBUTION AND TRANSPORT TOOL	14
CCA, AS/MCI PATIENT TRACKING FORM (ICS-MC-306)	15
PATIENT COUNT AND DISTRIBUTION WORKSHEET (ICS-MC-308).....	16
EMS RESPONSE TO PASSENGER AND FREIGHT RAIL INCIDENTS.....	17
TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER CHECKLIST	17
TRANSPORTATION/STAGING OFFICER.....	18
TRANSPORT RECORDER CHECKLIST	19
TRANSPORT LOADER CHECKLIST.....	19
MEDICAL TRANSPORT COMMUNICATION COORDINATOR CHECKLIST.....	20

PATIENT TO HOSPITAL DISTRIBUTION AND TRANSPORT TOOL	20
CCA, AS/MCI PATIENT TRACKING FORM (ICS-MC-306)	21
PATIENT COUNT AND DISTRIBUTION WORKSHEET (ICS-MC-308)	22
EMS RESPONSE TO MARINE AND WATERWAY INCIDENTS.....	23
TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER CHECKLIST	23
TRANSPORTATION/STAGING OFFICER.....	24
TRANSPORT RECORDER CHECKLIST	25
TRANSPORT LOADER CHECKLIST	25
MEDICAL TRANSPORT COMMUNICATION COORDINATOR CHECKLIST	26
PATIENT TO HOSPITAL DISTRIBUTION AND TRANSPORT TOOL	26
CCA, AS/MCI PATIENT TRACKING FORM (ICS-MC-306)	27
PATIENT COUNT AND DISTRIBUTION WORKSHEET (ICS-MC-308)	28
EMS RESPONSE TO TUNNEL AND BRIDGE INCIDENTS.....	29
TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER CHECKLIST	29
TRANSPORTATION/STAGING OFFICER.....	30
TRANSPORT RECORDER CHECKLIST	31
TRANSPORT LOADER CHECKLIST	31
MEDICAL TRANSPORT COMMUNICATION COORDINATOR CHECKLIST	32
PATIENT TO HOSPITAL DISTRIBUTION AND TRANSPORT TOOL	32
CCA, AS/MCI PATIENT TRACKING FORM (ICS-MC-306)	33
PATIENT COUNT AND DISTRIBUTION WORKSHEET (ICS-MC-308)	34

CONCEPTS OF OPERATIONS (CONOPS)

ICS ROLES RELATED TO TRANSPORT

Assign the following roles for patient assessment, treatment, and transport:

- Triage Officer – Obtains the number of patients, broken down into red, yellow, and green triage designations. The information is relayed to the IC, who contacts dispatch to request the appropriate number of resources to manage the patient count.
- Treatment Officer – Establishes treatment areas and identifies how the patient will be transferred from the treatment area to the transport area.
- Staging Officer – Keeps responding units and resources out of the main scene; keeps track of how many resources are available; and directs those resources into the scene when requested by the Transport Officer.
- Transport Officer – Keeps track of which patients were transported to which hospital, notifies hospitals, and is responsible for calling units from staging when treatment is ready to transport them.
- Communications/Dispatch – Responsible for requesting the resources the Incident Commander (IC) and Unified Command needs, using preplanned mutual aid agreements, and ensuring backfill coverage for the rest of the area.

ROLES

The Transportation Group is broken out like many parts of the Incident Command System, ensuring Span of Control is maintained: Not every role is required for every incident. There are many ways to accomplish its functions depending on resources and communication capabilities.

Two of the essential roles within the Transportation Group are the Medical Communications Coordinator (MCC) and the Transport Recorder (TR) (See Figure 1 below). The MCC obtains the capacity of hospitals and decides where each patient is transported. The TR records the destination of each patient. The first arriving EMS unit performs a scene size-up to determine the estimated number of EMS treatment and transport units, and initiates triage. As EMS units arrive on the scene, one EMS unit must be designated and assigned to assume the TR role and the officer or attendant-in-charge assumes the MCC role.

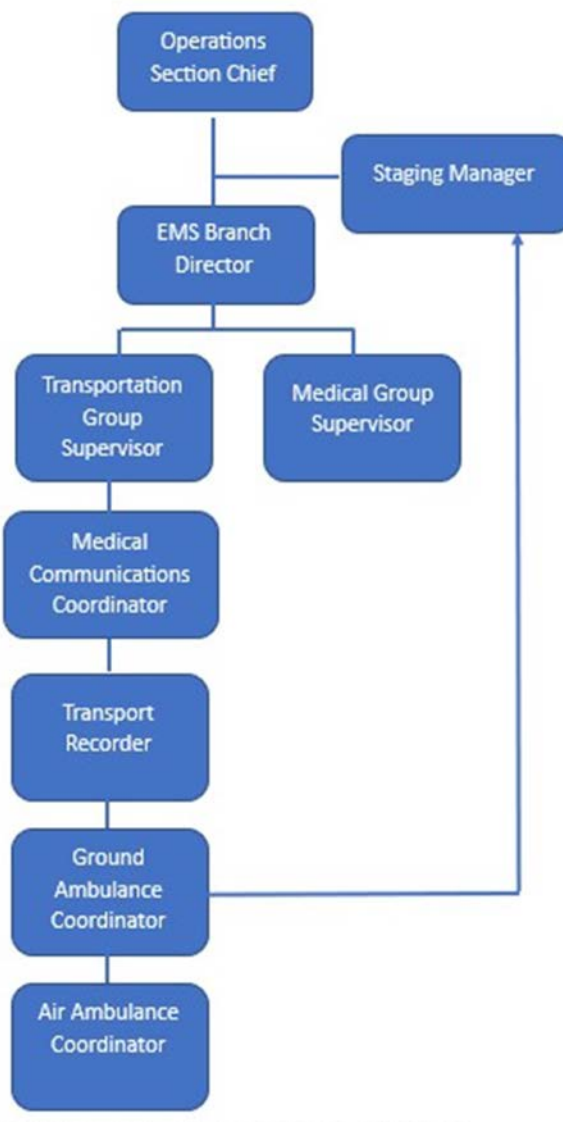


Figure 1. Transportation Group Organization Chart

Although two people are sufficient to operate effectively as the Transportation Group, three people would be more efficient. If a third person rides in the unit, the roles can change slightly based on their experience and training. The Officer can assume the role of Transportation Group Supervisor. A Transportation Group Supervisor can monitor the radio, help funnel ambulance crews, and troubleshoot issues while the MCC and TR check out patients. For large MCIs, it is essential to staff the Transportation Group Supervisor position. The Transportation Group Supervisor is responsible for assessing the types of required patient transportation modalities (ground EMS Units vs. Air Medical Resources) and providing the most appropriate transportation as needed or available. Other essential roles within the Transportation Group are the Air and Ground Ambulance Coordinators, also known as Staging Officers.

The Ground Ambulance Coordinator ensures the efficient flow of ambulances loading and transporting patients and their ingress and egress of the scene. This leadership position is critical in large-scale incidents, ensuring EMS transport resources being staged have open avenues to arrive and depart from the scene.

The Ground Ambulance Coordinator may bypass the supervisory chain and directly contact the Staging Manager to request additional ambulances for patient transport.

LOCATION SELECTION AND SETUP

Before establishing the Transportation Group, the Transportation Group Supervisor must select the proper location. The Transportation Group area of operations should be positioned at a funnel point where every patient leaving the scene must pass, such as the patient exit point (PEP). The PEP may be between the treatment areas and the location where the patients are loaded on the ambulances. As patients are relocated from a treatment area to waiting ambulances, EMS units should contact the Transportation Group Supervisor, acknowledging they are loaded and ready to transport to a pre-designated hospital (See Figure 2 below).

If patients are being loaded at multiple locations on the scene, the Transportation Group may need to be positioned at the PEP. However, this operational position makes check-out procedures more cumbersome, as ambulances must stop after the patient is loaded.

Once the Transportation Group Supervisor, Ground Ambulance Coordinator, and Staging Officer have identified the staging, ingress and egress locations, the Incident Command and the communication center should inform all ambulances of the location of the PEP.

In addition to establishing the ambulance staging area, the Transportation Group Supervisor and Staging Officer must set up a location to receive and disseminate extra equipment, off-loaded by incoming ambulance units, to be utilized by the triage and treatment teams. The Staging Area needs to be close enough to the PEP to allow for patient loading access and far enough not to clutter the PEP with stand-by equipment interfering with patient evacuation.

Patient Transport Vehicles should be staged as close to the Triage Area and PEP as possible; however, operators need to ensure exhaust from these vehicles does not blow fumes into the area where the Transportation Group operates.

To set up the Transportation Group:

- Remove the stretcher out of the ambulance and place a backboard on it. The backboard serves as a mobile workstation and provides a writing surface for tracking forms.
 - Removing the stretcher from the ambulance, renders it out of service to transport patients. Patient tracking and destination management are essential to not relocating the MCI to a hospital.
- Obtain all Transportation Group equipment from the ambulance.
 - Each ambulance should have the equipment and supplies to serve as the Transportation Group.
 - The Transportation Group equipment and supplies consist of MCI vests, forms, a portable radio, pens, electronic patient tracking equipment (if used), and extra triage tags.

Upon establishing the Transportation Group, verbally ensure all members understand their roles. Only one person, normally the Transportation Group Supervisor, will answer the radio. This will ensure incoming information is not missed and allows the rest of the crew to focus on their assignments.

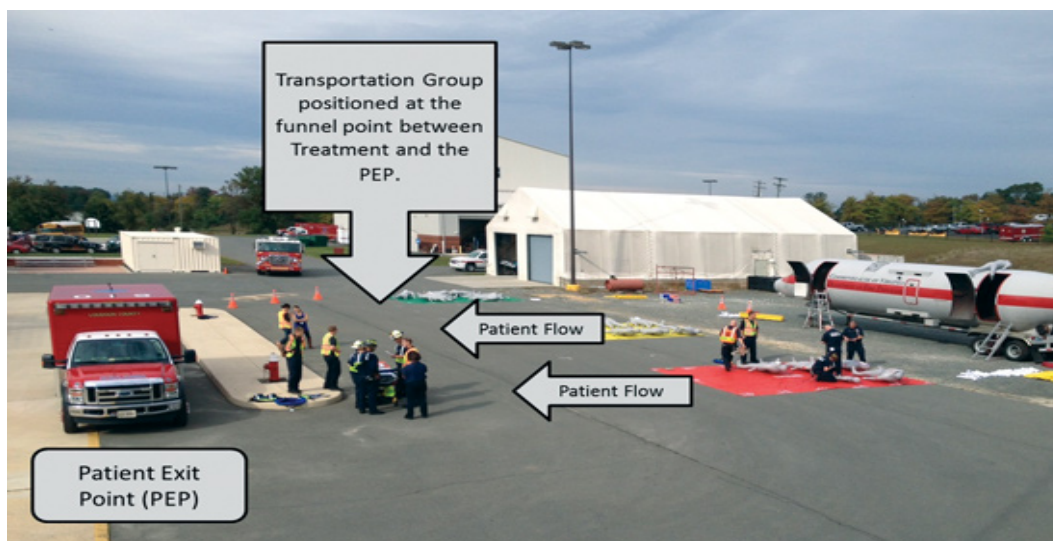


Figure 2. Positioning of Transportation Group at an MCI

COMMUNICATIONS

Upon establishing the Transportation Group, a status board should be initiated by the Transportation Group Supervisor or designee (see Patient Tracking Group or Hospital Communications Group) and maintained indicating the number of patients each local hospital can accept and how many patients at what level of criticality have been transported to each facility. The MCC should remain in constant contact with Incident Command and Medical Command to maintain transportation coordination and patient accountability.

In some circumstances, there is a possibility that a local Trauma Center or hospital facility can support the MCC and Medical Command with the patient-hospital distribution. This coordination, known as the Regional Healthcare Coordinating Center (RHCC), will contact all the surrounding hospitals that may receive patients. In support of on-scene patient tracking, a Patient Tracking Group, Unit or Resource can be assigned to work with or as part of the Hospital Communications Group, Unit or Resource. Regardless of how this is determined, there must be ongoing available bed count census data to ensure reporting facilities have space limiting delays in transporting patients to area hospitals.

Once the bed capacity of the surrounding hospitals is obtained, the RHCC communicates this information to the MCC within 10 minutes.

The MCC form is used to manage the hospital capacity status and number of patients transported to each hospital (See Figure 3 below). The left side of the MCC form lists the hospitals in the local region; other hospitals can be written at the bottom of the form. The MCC form's middle section has the capacity of each hospital, and the right side lists the actual numbers sent to each hospital. Once capacity for a hospital is reached, it is crossed off the list.

It is acceptable to overestimate the number of casualties especially for patients who initially claim they are uninjured but are eventually transported or self-ambulate to the hospital.

The TR completes the Transport Recorder Form. One sheet for each hospital where patients may be transported. The TR will obtain this information from the MCC.

The MCC and TR should stay at the same location throughout the event. The TR only marks which hospital the patient was transported only when coming from the MCC. To prevent errors, the MCC and TR should never manage or even write on each other's forms.

Hampton Roads Regional Medical Communications Coordinator (RHCC)	Page _____ of _____
MEDCOMM Hospital:	Channel / Phone Number:

FACILITY	I	D	M	I	D	M
	CAPACITY			SENDING		
Riverside Regional Medical Center (Level 2 Trauma Center)						
Bon Secours Mary Immaculate						
Hampton Veterans Affairs						
Joint Base Langley Eustis (633 rd Medical Group)						
McDonald Army Health Center						
Bon Secours Rappahannock General						
Riverside Doctors						
VCU Tappahannock						
Riverside Walter Reed						
Sentara CarePlex						
Sentara Williamsburg Regional Medical Center						
VCU Medical Center						
Southside Hospitals						
Sentara Norfolk General (Level 1 Trauma and Burn Center)						
Bon Secours Harbour View - (Stand Alone Emergency Department)						
Bon Secours Maryview Medical Center						
Chesapeake Regional Medical Center						
Children's Hospital of the King's Daughters						
Naval Medical Center Portsmouth						
Riverside Shore Memorial Hospital						
Sentara BelleHarbour (Stand Alone Emergency Department)						
Sentara Independence						
Sentara Leigh						

Figure 3. Hospital Patient Transport Communications Form

CHECK-OUT PROCEDURES

Having the Transportation Group positioned between the treatment areas and ambulance loading area, every patient is checked out as they are moved to an ambulance. The MCC stops the crew and obtains the triage color for their patient. The MCC then informs the crew which hospital to transport the patient. The MCC places a Triage Tag tick (check mark) mark on the sender side of the form to document the patient is being/was transported to a specific hospital.

The TR will pull the transportation stub off the triage tag and checks that this portion is complete, as it is critical for tracking patients. The adhesive triage tag stub is then placed on the corresponding hospital's TR form. If electronic patient tracking technology (e.g., Pulsara) is also used, the TR will scan the bar code on the triage tag stub.

SITUATION UPDATES

As the incident progresses, the RHCC will need an update on the number and types of patients transported to each hospital. This will allow the RHCC to provide updates of the progression of the incident to the Region's hospitals.

It can be assumed that hospitals closest to the MCI will receive most of the walking wounded or those who self-ambulate to the nearest hospital for evaluation and treatment. Therefore, hospitals must plan for this occurrence.

All hospitals are expected to have contingency plans to address MCI surge events, including perimeter security. Due to the limited number of hospital resources in the Region, it is improbable that a hospital facility will be able to go on "Divert" status, redirecting ambulance transport to other facilities.

Other communication updates that should occur more frequently include brief status updates from the Incident Commander or EMS branch leader. The Incident Command does not need updates on the number and type of patients transported to every hospital. Instead, Incident Command should communicate the total triage classifications that have left the scene, such as the number of reds, yellows, and greens. Incident Command should not be overly concerned with the exact number of patients transported until all have departed the PEP.

INCIDENT DEMOBILIZATION

The Transportation Group's responsibilities at the conclusion of an MCI and during demobilization are the following:

- The MCC and TR need to compare forms. Each hospital's number of tick marks and stickers should be the same, confirming an accurate count of patients that departed the PEP.
- The MCC and TR will pass on a final total number of patients transported for each triage category to the Incident Commander and/or EMS Branch Leader.
- After the MCC and TR forms are used for patient identification, family reunification, and after-action reports, the forms should be archived in the patient care reporting system.

Ensure that you have the following equipment and supplies available:

Transportation Group Supervisor Vest	Flashlight
Communications Equipment	Large Envelopes
Clipboard	Highlighters
Paper	Traffic Cones
Pens	PPE
Pencil	Patient Routing Worksheet

INITIAL DUTIES AND RESPONSIBILITIES

- ☐ Size-Up the Incident Area (including scene safety).
- ☐ Don the Transportation Group Supervisor vest.
- ☐ Ensure the safety of members of Transport Patient Movement Teams and others under your command.
- ☐ Establish ambulance staging in a safe area. Designate ingress and egress points to avoid the backing of transport units.
- ☐ Assemble and stage Transport Patient Movement Teams.
- ☐ Assign crew to manage the landing zone if air transport is to be used.
- ☐ Request hospital capability information from EMS Branch Director and record information on the Patient Routing Sheet.
- ☐ Direct Transportation Patient Movement Teams in moving patients from Treatment Area to the Transport area.

ON-GOING DUTIES AND RESPONSIBILITIES

- ☐ Request adequate personnel to provide movement and transportation of patients.
- ☐ Request Transport Units from EMS Branch as needed.
- ☐ Direct movement of transport vehicles in the Transport Area. One member of the Transport Unit must remain with the vehicle.
- ☐ Direct removal of patient care equipment and supplies for the transport area, if needed. Stockpile for delivery to the Patient Treatment area.
- ☐ Direct movement of patients from the Transport Area to Transport vehicles. The stretchers must match their home vehicles for transport safety.
- ☐ Direct transport units to designated hospitals based on capabilities.

ON-GOING TRANSPORTATION GROUP SUPERVISOR DUTIES AND RESPONSIBILITIES

- ☐ Record the transportation of all patients using Patient Routing Worksheet, including the triage/patient identification number.
- ☐ When a patient transport begins, relay to the receiving hospitals the number of victims by treatment priority category (i.e., one red, two yellow, etc.) and estimated arrival time. Provide a brief report with the minimum required information.
- ☐ Remind transport unit personnel to maintain radio silence unless care requires emergency medical control intervention.
- ☐ Instruct transport unit personnel to return to staging when patient transport has been completed.
- ☐ Provide updates when requested to EMS Branch.
- ☐ Monitor personnel for rehabilitation and replacement needs.
- ☐ Notify hospitals and the EMS Branch Director when all patients have been transported.
- ☐ Report to the EMS Branch Director when transport duties are completed.

TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER CHECKLIST

Mission: Track and distribute patients to medical facilities by assigning the mode of transportation and destination for each patient.

Tasks:

- ☐ Report and provide update to the INCIDENT COMMANDER (MEDICAL GROUP SUPERVISOR/MEDICAL BRANCH DIRECTOR.)
- ☐ Don an identifying vest and locate in a visible area.
- ☐ Verify the Staging Area location.
- ☐ Collaborate with the Treatment Unit Leader to determine patient transportation priorities and patient destinations using the ICS-MC-308 form.
- ☐ Communicate transportation resource needs to the MEDICAL GROUP SUPERVISOR/ BRANCH DIRECTOR.
- ☐ Appoint a MEDICAL COMMUNICATIONS COORDINATOR and establish communications with the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC).
- ☐ Appoint a TRANSPORT RECORDER.
- ☐ Track each patient by their triage tag number using the MCI Patient Tracking Form (ICS-MC -306).
- ☐ Appoint TRANSPORT LOADERS.
- ☐ Inform transport crews of their destination. Tell crews to return to the Staging Area after their patients are turned over at the hospital unless otherwise directed.
- ☐ Remind ambulance crews to contact the receiving facility only if there is significant deterioration in the patient's condition or if they need a physician's orders.

- ☐ Maintain close communications with INCIDENT COMMAND or MEDICAL GROUP/BRANCH, TREATMENT, GROUND and AIR OPERATIONS.
- ☐ Once the last patient has been transported, and before demobilization, work with the Transport Recorder, Transport Loader, Medical Communications Coordinator, and the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC) to **account for 100% of the patients/victims.**
- ☐ Incident Benchmark: Announce over the radio and notify the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC) when all patients have been transported from the scene.

SPECIALTY CONSIDERATIONS

Emergency Medical Services (EMS) has several responsibilities at the scene of a crash site whether it be an automobile, aircraft, boat, or any other vehicular crash. Proper training and preparation for these unique scenarios protects EMS responders and improves outcomes for the victims they are rescuing. The EMS responsibilities covered in this article include the following:

- Scene safety evaluation
- Triage coordination
- Prehospital medical treatment
- Crash site investigation

SCENE SAFETY

When EMS personnel respond to a crash site, they assess scene safety before they proceed onto the scene. This scene safety survey determines if it is safe for EMS responders to proceed to the scene and what safety equipment is required. Transportation incident sites are highly dynamic environments and may quickly change from safe to unsafe. EMS responders must continuously monitor scene safety and if the situation becomes unsafe, personnel should be withdrawn.

Crash sites often contain a combination of hazards, including wreckage, hazardous material, fire, and noxious fumes. Depending on the location, season, and time of day there may also be different environmental hazards present (i.e., urban, marine, mountain, desert, winter, nighttime, etc.). Local EMS agencies have access to the equipment required to keep personnel safe in all but the most extreme environments. Knowing when to don the appropriate protective equipment reduces the risk to both the rescuers and victims.

The most basic safety equipment includes personal protective equipment (PPE) which is commonly used during most EMS response scenarios. However, it is important to consider how each crash site is different in its scope and severity since this will affect the decision of what gear is most appropriate. EMS personnel may also require additional resources to provide a safe and efficient response.

TRIAGE

Most transportation incident sites are mass casualty incidents (MCI) with injuries ranging from the uninjured to deceased. EMS providers are required to triage patients quickly and efficiently to help prevent local resources from becoming overwhelmed.

The Region has determined that SALT (Sort, Assess, Lifesaving interventions, Treatment and/or transport). Triage is the process of choice for all MCIs. Specific descriptions and triage processes for SALT are provided in the Mass Casualty Incident Base Plan.

NOTE: While sorting out patients based on patient criticality and survivability is paramount, taking the time to incorporate an MCI Patient Triage Collection Point with colored tarps, flags or other identifiers may prove to be unnecessary and possibly delay direct patient intervention or transportation, especially in smaller MCIs. Depending on the situation, capabilities of the EMS and trauma systems and local policies, EMS providers may decide independently or in association with online medical direction to transport a patient(s) immediately, bypassing patient collection points or primary and secondary triage areas in lieu of rapid transportation. For larger MCIs that require a mass number of patient care personnel and transport resources, coordinating the MCI with the SALT Triage System may be justified.

MEDICAL TREATMENT

EMS personnel are responsible for the pre-hospital medical care for all crash survivors. As in all other EMS scenarios, medical care begins at the initial encounter and will continue throughout the patient's transport to the medical facility. Per Advanced Trauma Life Support (ATLS) protocol, responders treat life-threatening injuries first prior to victim transport from the crash site to a collection point. Less severe injuries will be treated at appropriate stages of patient evacuation per the triage system in place.

Specific to victims of automobile, aircraft, boat, or any other vehicular crash, patient care assessment that shows lower extremity fractures are the most common injury of hospitalized crash survivors. Also common were head injuries, open wounds, upper extremity fractures, internal organ damage, and burns. Data also shows a high potential for spinal column injuries, and it is important to consider c-spine immobilization for transport. Trauma victims commonly have multiple distracting injuries. EMS providers are trained to do a thorough assessment, determine the injury severity, immediate treatment needs for each patient, and to appropriately stabilize the patient for transport to definitive care.

The following sections provide EMS Transportation roles and responsibilities specific to:

- Airport and Aviation Incident
- Passenger and Freight Rail Incidents
- Marine and Waterway Incidents
- Tunnel and Bridge Incidents

Each section has been created as a "Tear-Away" document, providing EMS Transportation guidance through checklists and patient contact documentation forms. As mentioned above, the role of EMS does not change from incident type to incident type. The circumstances of the incident and situational awareness to ensure scene safety to patients and responders provides the greatest attention.

Medical treatment protocols, triage, and medical response checklists can be found in the Hampton Roads Mass Casualty Incident Response Guide, as well as in the Active Threat and Complex Coordinated Attack Playbooks.

EMS RESPONSE TO AIRPORT AND AVIATION INCIDENTS

EMS perform two basic functions in response to an aircraft accident:

- "Provide emergency medical services [including a medical command post] to the airport during emergency conditions to include triage, stabilization, first aid, medical care and the transportation of injured; and,
- "Coordinate planning, response and recovery efforts with hospitals, fire and police departments, American Red Cross, airport operator, etc."

An aircraft crash site is a dangerous environment. It is critical for all EMS responders to understand these dangers and have a plan, prior to initiating EMS response. Some of these dangers include:

- Fuel fires.
- If the fuel has not ignited, then perhaps a fuel spill will be looking for an ignition source.
- Twisted sharp metals.
- Composite fibers (sharp puncture, and inhalation hazards).
- High pressure hydraulic lines (1000 PSI Plus).
- High pressure hydraulic cylinders and accumulators.
- Miles of electrical wiring, which can wait like a trap for you.
- Slide chutes that have not been deployed, can present an explosive reaction when activated.

Specific to EMS Transport Operations at the scene of an aviation incident, the following checklists will support key Incident Command Transportation objectives and streamline medical transportation ingress and egress.

TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER CHECKLIST

Mission: For MCI Level 3 and 4 incidents, track and distribute patients to medical facilities by assigning the mode of transportation and destination for each patient.

Tasks:

- ☐ Report and update the INCIDENT COMMANDER (MEDICAL GROUP SUPERVISOR/MEDICAL BRANCH DIRECTOR.)
- ☐ Don an identifying vest and locate in a visible position.
- ☐ Verify the Staging Area location.
- ☐ Collaborate with the Triage Unit and Treatment Unit Leaders to determine patient transportation priorities, and patient destinations using the ICS-MC-308 form.
- ☐ Communicate transportation resource needs to the MEDICAL GROUP SUPERVISOR/BRANCH DIRECTOR.
- ☐ Appoint a MEDICAL COMMUNICATIONS COORDINATOR and establish communication with the

Closest Emergency Department or the Regional Healthcare Coordinating Center (RHCC).

- ☐ Appoint a TRANSPORT RECORDER.
- ☐ Track each patient by their unique barcoded wrist band or triage tag number using the MCI Patient Tracking Form (ICS-MC-306).
- ☐ Appoint TRANSPORT LOADERS.
- ☐ Inform transport crews of their destination. Tell crews to return to the Staging Area after their patients are turned over at the hospital unless otherwise directed.
- ☐ Remind ambulance crews **not to contact the receiving facility unless there is significant deterioration in the patient's condition.**
- ☐ Maintain close communications with INCIDENT COMMAND or MEDICAL GROUP/BRANCH, TREATMENT, GROUND and AIR OPERATIONS.
- ☐ Once the last patient has been transported, and before demobilization, work with the Transport Recorder, Transport Loader, Medical Communications Coordinator and the Closest Emergency Department to **account for 100% of the patients/victims.**
- ☐ Incident Benchmark: Announce over the radio and notify the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC) when all patients have been transported from the scene.

TRANSPORTATION/STAGING OFFICER

- ☐ Obtain Hot, Warm and Cold Zone boundaries.
- ☐ Establish an ambulance staging area and patient loading area in the Cold Zone.
- ☐ Communicate with EMS Command to determine the following:
 - Number of CCPs
 - Locations
 - Number of patients
- ☐ Provide pre-arrival instructions to responding ambulances to ensure a safe and expeditious response.
- ☐ Attempt to load patients onto ambulances as efficiently as possible.
- ☐ Transporting a Green category patient with a Yellow or Red category patient may assist in delivering patients to the most appropriate level of care without overloading any one facility with patients. However, this should not supersede good operational judgment.
- ☐ Coordinate the movement of patients out of the treatment area and transport them to hospitals.
- ☐ Determine the appropriate destination based on the following:
 - Patient severity
 - Hospital travel times
 - Number of casualties to be evacuated
- ☐ Maintain a Transport Log that includes:
 - Patient name (or assigned ID)
 - Priority
 - Transporting unit

- Hospital destinations
- ☐ Consider assigning this task to one person to manage and maintain for accuracy.
- ☐ Coordinate with the Transportation Officer for resource management and site control.
- ☐ Establish an area where readily available ambulances, supplies, and personnel can be positioned for rapid deployment.
- ☐ Function as a liaison between Transport Officer and staged resources.

TRANSPORT RECORDER CHECKLIST

Mission: To ensure proper documentation of victim/patient and unit movements.

Tasks:

- ☐ Report to TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER
- ☐ Don an identifying vest.
- ☐ Position yourself at the assigned patient egress point in the TRANSPORT area.
- ☐ Document patient transport information on triage tags and collect tag stubs.
- ☐ Complete an entry on the triage tag and the MCI Patient Tracking Form (IC-MC-306) for each patient leaving the Transportation Area. Complete, then remove and save the tear-off portion of the triage tag.
- ☐ Deliver triage tag Transportation Records to MEDICAL COMMUNICATIONS/TRANSPORTATION as directed.

TRANSPORT LOADER CHECKLIST

Mission: Ensure patients are safely loaded into the assigned ground ambulance, air ambulance, or other vehicle, and verify vehicle destination and travel directions.

Tasks:

- ☐ Report to TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER.
- ☐ Don an identifying vest.
- ☐ Ensure patients selected for transportation are:
 - Ready for transport
 - Safely loaded aboard the ambulance or other vehicle designated by the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER
- ☐ Provide the following information to ambulance personnel:
 - Inform crews of the destination hospital/Emergency Department.
 - Provide travel directions to the receiving hospital/Emergency Department. Live directions to southside hospitals can be found on the TEMS Protocol App.
 - Remind ambulance crews that they only need to contact the receiving facility if there is significant deterioration in the patient's condition or if they need physician's orders.

- Remind crews to return to the Staging Area upon completing their assignment unless otherwise directed.
- Ensure all patients being loaded have triage tags attached and the transport stub has been removed.
- Maintain close communications with the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER and TRANSPORT RECORDER.

MEDICAL TRANSPORT COMMUNICATION COORDINATOR CHECKLIST

Mission: To maintain and coordinate medical communications at the incident scene between the TRANSPORT GROUP SUPERVISOR/UNIT LEADER and the designated Hospital Emergency Department.

Tasks:

- Report to TRANSPORT GROUP SUPERVISOR/UNIT LEADER.
- Don an identifying vest.
- Remain in close proximity to the TRANSPORT and TREATMENT areas.
- Establish and maintain a dependable communications link with the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC). The following minimal information should be provided and updated:
 - Type of incident
 - Number of patients
 - Severity of injuries
- Coordinate patient distribution with the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC).
- Report individual patient information to the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC) as relayed by the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER to include:
 - Unit transporting
 - Destination hospital
 - Number of patients
 - Triage tag numbers
 - Triage category, major injuries and age of patients
- Assist the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER with documentation.

PATIENT TO HOSPITAL DISTRIBUTION AND TRANSPORT TOOL

The FEMA Forms below (ICS-MC-306 and ICS-MC-308) are intended to be used by Emergency Medical Services (EMS) personnel as a guide to assist the Transportation Officer in distributing patients to area hospitals. The transportation of patients from the incident scene will begin as soon as the transportation EMS has the assets to do so.

CCA, AS/MCI PATIENT TRACKING FORM (ICS-MC-306)

#	Triage Tag No.	Priority R/Y/G	Patient's Primary Injuries	Unit Transporting Pt to ED/Hospital	Time Left Scene	Patient Destination
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

PATIENT COUNT AND DISTRIBUTION WORKSHEET (ICS-MC-308)

Date: _____ Incident Name / Location: _____

Number of Patients Reported By Triage Category						
On-Scene Location	Red (Immediate)	Yellow (Delayed)	Green (Minimal)	Gray (Expectant)	Black (Deceased)	Total Number of Victims

Available Transport Units					

Patient Distribution														
ED or Hospital Name														
Capacity (R/Y/G)														
No. of Pts Sent														
ED or Hospital Name														
Capacity (R/Y/G)														
No. of Pts Sent														

EMS RESPONSE TO PASSENGER AND FREIGHT RAIL INCIDENTS

EMS performs two basic functions in response to passenger and freight rail incident:

- "Provide emergency medical services [including a medical command post] to the incident to include triage, stabilization, first aid, medical care and the transportation of injured; and,
- "Coordinate planning, response and recovery efforts with hospitals, fire and police departments, American Red Cross, rail operations, etc."

A passenger and freight rail incident site can be a dangerous environment. It is critical for all EMS responders to understand these dangers and have a plan, prior to initiating EMS response. Some of these dangers include:

- Fuel fires
- If the fuel has not ignited, then perhaps a fuel spill will be looking for an ignition source
- Twisted sharp metals
- Composite fibers (sharp puncture, and inhalation hazards)
- High pressure hydraulic lines (1000 PSI Plus)
- High pressure hydraulic cylinders and accumulators
- Miles of electrical wiring, which can wait like a trap for you

Specific to EMS Transport Operations at the scene of a passenger and freight rail incident, the following checklists will support key Incident Command Transportation objectives and streamline medical transportation ingress and egress.

TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER CHECKLIST

Mission: Track and distribute patients to medical facilities by assigning each patient's mode of transportation and destination.

Tasks:

- ☐ Report and update the INCIDENT COMMANDER (MEDICAL GROUP SUPERVISOR/MEDICAL BRANCH DIRECTOR.)
- ☐ Don an identifying vest and locate in a visible position.
- ☐ Verify the Staging Area location.
- ☐ Collaborate with the Treatment Unit Leader to determine patient transportation priorities, Emergency Department bed availability, and patient destinations using the ICS-MC-308 form.
- ☐ Communicate transportation resource needs to the MEDICAL GROUP SUPERVISOR/BRANCH DIRECTOR.
- ☐ Appoint a MEDICAL COMMUNICATIONS COORDINATOR and establish communication with the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC).

- ☐ Appoint a TRANSPORT RECORDER.
- ☐ Track each patient by their triage tag number using the MCI Patient Tracking Form (ICS-MC-306)
- ☐ Appoint TRANSPORT LOADERS.
- ☐ Inform transport crews of their destination. Tell crews to return to the Staging Area after their patients are turned over at the hospital unless otherwise directed.
- ☐ Remind ambulance crews to contact the receiving facility only if there is significant deterioration in the patient's condition or if they need a physician's orders.
- ☐ Maintain close communications with INCIDENT COMMAND or MEDICAL GROUP/BRANCH, TREATMENT, GROUND and AIR OPERATIONS.
- ☐ Once the last patient has been transported, and before demobilization, work with the Transport Recorder, Transport Loader, Medical Communications Coordinator, and the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC) to **account for 100% of the patients/victims.**
- ☐ Incident Benchmark: Announce over the radio and notify the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC) when all patients have been transported from the scene.

TRANSPORTATION/STAGING OFFICER

- ☐ Obtain Hot, Warm and Cold Zone boundaries.
- ☐ Establish an ambulance staging area and patient loading area in the Cold Zone.
- ☐ Communicate with EMS Command to determine the following:
 - Number of CCPs
 - Locations
 - Number of patients
- ☐ Provide pre-arrival instructions to responding ambulances to ensure a safe and expeditious response.
- ☐ Attempt to load patients onto ambulances as efficiently as possible.
- ☐ Transporting a Green category patient with a Yellow or Red category patient may assist in delivering patients to the most appropriate level of care without overloading any one facility with patients. However, this should not supersede good operational judgment.
- ☐ Coordinate the movement of patients out of the treatment area and transport them to hospitals.
- ☐ Determine the appropriate destination based on the following:
 - Patient severity
 - Hospital travel times
 - Number of casualties to be evacuated
- ☐ Maintain a Transport Log that includes:
 - Patient name (or assigned ID)
 - Priority
 - Transporting unit
 - Hospital destinations
- ☐ Consider assigning this task to one person to manage and maintain for accuracy.

- ☐ Coordinate with the Transportation Officer for resource management and site control.
- ☐ Establish an area where readily available ambulances, supplies, and personnel can be positioned for rapid deployment.
- ☐ Function as a liaison between Transport Officer and staged resources.

TRANSPORT RECORDER CHECKLIST

Mission: To ensure proper documentation of victim/patient and unit movements.

Tasks:

- ☐ Report to TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER
- ☐ Don an identifying vest.
- ☐ Position yourself at the assigned patient egress point in the TRANSPORT area.
- ☐ Document patient transport information on triage tags and collect tag stubs.
- ☐ Complete an entry on the triage tag and the MCI Patient Tracking Form (ICS-MC-306) for each patient leaving the Transportation Area. Complete, then remove and save the tear-off portion of the triage tag.
- ☐ Deliver triage tag Transportation Records to MEDICAL COMMUNICATIONS/TRANSPORTATION as directed.

TRANSPORT LOADER CHECKLIST

Mission: Ensure patients are safely loaded into the assigned ground ambulance, air ambulance, or other vehicle, and verify vehicle destination and travel directions.

Tasks:

- ☐ Report to TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER.
- ☐ Don an identifying vest.
- ☐ Ensure patients selected for transportation are:
 - Ready for transport
 - Safely loaded aboard the ambulance or other vehicle designated by the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER
- ☐ Provide the following information to ambulance personnel:
 - Inform crews of the destination hospital/Emergency Department.
 - Provide travel directions to the receiving hospital/Emergency Department. Live directions to southside hospitals can be found on the TEMS Protocol App.
 - Remind ambulance crews that they only need to contact the receiving facility if there is significant deterioration in the patient's condition or if they need physician's orders.
 - Remind crews to return to the Staging Area upon completing their assignment unless otherwise directed.
- ☐ Ensure all patients being loaded have triage tags attached and the transport stub has been removed.
- ☐ Maintain close communications with the TRANSPORTATION GROUP SUPERVISOR/UNIT

LEADER and TRANSPORT RECORDER.

MEDICAL TRANSPORT COMMUNICATION COORDINATOR CHECKLIST

Mission: To maintain and coordinate medical communications at the incident scene between the TRANSPORT GROUP SUPERVISOR/UNIT LEADER and the designated Hospital Emergency Department.

Tasks:

- ☐ Report to TRANSPORT GROUP SUPERVISOR/UNIT LEADER.
- ☐ Don an identifying vest.
- ☐ Remain in close proximity to the TRANSPORT and TREATMENT areas.
- ☐ Establish and maintain a dependable communications link with the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC). The following minimal information should be provided and updated:
 - Type of incident
 - Number of patients
 - Severity of injuries
- ☐ Coordinate patient distribution with the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC).
- ☐ Report individual patient information to the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC) as relayed by the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER to include:
 - Unit transporting
 - Destination hospital
 - Number of patients
 - Triage tag numbers
 - Triage category, major injuries and age of patients
- ☐ Assist the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER with documentation.

PATIENT TO HOSPITAL DISTRIBUTION AND TRANSPORT TOOL

The FEMA Forms below (ICS-MC-306 and ICS-MC-308) are intended to be used by Emergency Medical Services (EMS) personnel as a guide to assist the Transportation Officer in distributing patients to area hospitals. The transportation of patients from the incident scene will begin as soon as the transportation EMS has the assets to do so.

CCA, AS/MCI PATIENT TRACKING FORM (ICS-MC-306)

#	Triage Tag No.	Priority R/Y/G	Patient's Primary Injuries	Unit Transporting Pt to ED/Hospital	Time Left Scene	Patient Destination
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

PATIENT COUNT AND DISTRIBUTION WORKSHEET (ICS-MC-308)

Date: _____ Incident Name / Location: _____

Number of Patients Reported By Triage Category						
On-Scene Location	Red (Immediate)	Yellow (Delayed)	Green (Minimal)	Gray (Expectant)	Black (Deceased)	Total Number of Victims

Available Transport Units					

Patient Distribution														
ED or Hospital Name														
Capacity (R/Y/G)														
No. of Pts Sent														
ED or Hospital Name														
Capacity (R/Y/G)														
No. of Pts Sent														

EMS RESPONSE TO MARINE AND WATERWAY INCIDENTS

EMS perform two basic functions in response to marine and waterway incidents:

- "Provide emergency medical services [including a medical command post] to the incident to include triage, stabilization, first aid, medical care and the transportation of injured; and,
- "Coordinate planning, response and recovery efforts with hospitals, fire and police departments, USCG, American Red Cross, Harbor Patrol, etc."

A marine and waterway incident site can be a dangerous environment. It is critical for all EMS responders to understand these dangers and have a plan, prior to initiating EMS response. Some of these dangers include:

- Fuel fires
- If the fuel has not ignited, then perhaps a fuel spill will be looking for an ignition source
- Twisted sharp metals
- Composite fibers (sharp puncture, and inhalation hazards)
- High pressure hydraulic lines (1000 PSI Plus)
- High pressure hydraulic cylinders and accumulators
- Miles of electrical wiring, which can wait like a trap for you

Specific to EMS Transport Operations at the scene of a marine and waterway incident, the following checklists will support key Incident Command Transportation objectives and streamline medical transportation ingress and egress.

TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER CHECKLIST

Mission: Track and distribute patients to medical facilities by assigning each patient's mode of transportation and destination.

Tasks:

- ☐ Report and update the INCIDENT COMMANDER (MEDICAL GROUP SUPERVISOR/MEDICAL BRANCH DIRECTOR.)
- ☐ Don an identifying vest and locate in a visible position.
- ☐ Verify the Staging Area location.
- ☐ Collaborate with the Treatment Unit Leader to determine patient transportation priorities, Emergency Department bed availability, and patient destinations using the ICS-MC-308 form.
- ☐ Communicate transportation resource needs to the MEDICAL GROUP SUPERVISOR/BRANCH DIRECTOR.
- ☐ Appoint a MEDICAL COMMUNICATIONS COORDINATOR and establish communication with the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC).

- ☐ Appoint a TRANSPORT RECORDER.
- ☐ Track each patient by their triage tag number using the MCI Patient Tracking Form (ICS-MC-306)
- ☐ Appoint TRANSPORT LOADERS.
- ☐ Inform transport crews of their destination. Tell crews to return to the Staging Area after their patients are turned over at the hospital unless otherwise directed.
- ☐ Remind ambulance crews to contact the receiving facility only if there is significant deterioration in the patient's condition or if they need a physician's orders.
- ☐ Maintain close communications with INCIDENT COMMAND or MEDICAL GROUP/BRANCH, TREATMENT, GROUND AND AIR OPERATIONS.
- ☐ Once the last patient has been transported, and before demobilization, work with the Transport Recorder, Transport Loader, Medical Communications Coordinator, and the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC) to **account for 100% of the patients/victims.**
- ☐ Incident Benchmark: Announce over the radio and notify the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC) when all patients have been transported from the scene.

TRANSPORTATION/STAGING OFFICER

- ☐ Obtain Hot, Warm and Cold Zone boundaries.
- ☐ Establish an ambulance staging area and patient loading area in the Cold Zone.
- ☐ Communicate with EMS Command to determine the following:
 - Number of CCPs
 - Locations
 - Number of patients
- ☐ Provide pre-arrival instructions to responding ambulances to ensure a safe and expeditious response.
- ☐ Attempt to load patients onto ambulances as efficiently as possible.
- ☐ Transporting a Green category patient with a Yellow or Red category patient may assist in delivering patients to the most appropriate level of care without overloading any one facility with patients. However, this should not supersede good operational judgment.
- ☐ Coordinate the movement of patients out of the treatment area and transport them to hospitals.
- ☐ Determine the appropriate destination based on the following:
 - Patient severity
 - Hospital travel times
 - Number of casualties to be evacuated
- ☐ Maintain a Transport Log that includes:
 - Patient name (or assigned ID)
 - Priority
 - Transporting unit
 - Hospital destinations
- ☐ Consider assigning this task to one person to manage and maintain for accuracy.

- ☐ Coordinate with the Transportation Officer for resource management and site control.
- ☐ Establish an area where readily available ambulances, supplies, and personnel can be positioned for rapid deployment.
- ☐ Function as a liaison between Transport Officer and staged resources.

TRANSPORT RECORDER CHECKLIST

Mission: To ensure proper documentation of victim/patient and unit movements.

Tasks:

- ☐ Report to TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER
- ☐ Don an identifying vest.
- ☐ Position yourself at the assigned patient egress point in the TRANSPORT area.
- ☐ Document patient transport information on triage tags and collect tag stubs.
- ☐ Complete an entry on the triage tag and the MCI Patient Tracking Form (IC-MC-306 Form) for each patient leaving the Transportation Area. Complete, then remove and save the tear-off portion of the triage tag.
- ☐ Deliver triage tag Transportation Records to MEDICAL COMMUNICATIONS/TRANSPORTATION as directed.

TRANSPORT LOADER CHECKLIST

Mission: Ensure patients are safely loaded into the assigned ground ambulance, air ambulance, or other vehicle, and verify vehicle destination and travel directions.

Tasks:

- ☐ Report to TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER.
- ☐ Don an identifying vest.
- ☐ Ensure patients selected for transportation are:
 - Ready for transport
 - Safely loaded aboard the ambulance or other vehicle designated by the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER
- ☐ Provide the following information to ambulance personnel:
 - Inform crews of the destination hospital/Emergency Department.
 - Provide travel directions to the receiving hospital/Emergency Department. Live directions to southside hospitals can be found on the TEMS Protocol App.
 - Remind ambulance crews that they only need to contact the receiving facility if there is significant deterioration in the patient's condition or if they need physician's orders.
 - Remind crews to return to the Staging Area upon completing their assignment unless otherwise directed.
- ☐ Ensure all patients being loaded have triage tags attached and the transport stub has been removed.
- ☐ Maintain close communications with the TRANSPORTATION GROUP SUPERVISOR/UNIT

LEADER and TRANSPORT RECORDER.

MEDICAL TRANSPORT COMMUNICATION COORDINATOR CHECKLIST

Mission: To maintain and coordinate medical communications at the incident scene between the TRANSPORT GROUP SUPERVISOR/UNIT LEADER and the designated Hospital Emergency Department.

Tasks:

- ☐ Report to TRANSPORT GROUP SUPERVISOR/UNIT LEADER.
- ☐ Don an identifying vest.
- ☐ Remain in close proximity to the TRANSPORT and TREATMENT areas.
- ☐ Establish and maintain a dependable communications link with the designated the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC). The following minimal information should be provided and updated:
 - Type of incident
 - Number of patients
 - Severity of injuries
- ☐ Coordinate patient distribution with the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC).
- ☐ Report individual patient information to the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC) as relayed by the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER to include:
 - Unit transporting
 - Destination hospital
 - Number of patients
 - Triage tag numbers
 - Triage category, major injuries and age of patients
- ☐ Assist the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER with documentation.

PATIENT TO HOSPITAL DISTRIBUTION AND TRANSPORT TOOL

The FEMA Forms below (ICS-MC-306 and ICS-MC-308) are intended to be used by Emergency Medical Services (EMS) personnel as a guide to assist the Transportation Officer in distributing patients to area hospitals. The transportation of patients from the incident scene will begin as soon as the transportation EMS has the assets to do so.

CCA, AS/MCI PATIENT TRACKING FORM (ICS-MC-306)

#	Triage Tag No.	Priority R/Y/G	Patient's Primary Injuries	Unit Transporting Pt to ED/Hospital	Time Left Scene	Patient Destination
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

PATIENT COUNT AND DISTRIBUTION WORKSHEET (ICS-MC-308)

Date: _____ Incident Name / Location: _____

Number of Patients Reported By Triage Category						
On-Scene Location	Red (Immediate)	Yellow (Delayed)	Green (Minimal)	Gray (Expectant)	Black (Deceased)	Total Number of Victims

Available Transport Units					

Patient Distribution														
ED or Hospital Name														
Capacity (R/Y/G)														
No. of Pts Sent														
ED or Hospital Name														
Capacity (R/Y/G)														
No. of Pts Sent														

EMS RESPONSE TO TUNNEL AND BRIDGE INCIDENTS

EMS response to incidents in tunnels present a unique set of conditions that require specialized response procedures, and effective and practiced Unified Command process that includes first responder and transportation decision makers.

Tunnel incidents may include debris, car fires, vehicle crashes, electrical emergencies, fires involving tunnel equipment, disabled occupied cars and by-standers. Tunnel risks include close clearances between the roadway and tunnel walls, poor ventilation systems and challenges to public safety radio communication.

During an incident in a tunnel or on a bridge, EMS' role is to perform two basic functions:

- "Provide emergency medical services [including a medical command post] to the incident to include triage, stabilization, first aid, medical care and the transportation of injured; and,
- "Coordinate planning, response and recovery efforts with hospitals, fire and police departments, USCG, American Red Cross, Harbor Patrol, etc."

However, establishing transportation operations at a tunnel or bridge incident may pose unique issues, equipment and skill sets affecting the establishment of staging and efficient medical transportation. When responding to a tunnel and bridge incident, EMS responders should plan for the following common issues:

- Technical difficulties commonly hamper communication in tunnel environments, which may isolate EMS responders from dispatch centers.
- Two command posts and evacuation sites are often set up, since tunnel and bridge users escape in two directions, implying additional needs for coordination.
- The two command posts may report to different dispatch centers if the involved organizations belong to different districts or even different counties.
- The potential for different operators responsible for different sections of the tunnel or bridge, who also need to be included in the response.

The following EMS response to Tunnels and Bridges Checklists focus on medical transport. Medical command objectives to ensure triage and treatment will follow existing Mass Casualty Incident guidelines and checklists.

TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER CHECKLIST

Mission: Track and distribute patients to medical facilities by assigning each patient's mode of transportation and destination.

Tasks:

- ☐ Report and update the INCIDENT COMMANDER (MEDICAL GROUP SUPERVISOR/MEDICAL BRANCH DIRECTOR.)
- ☐ Don an identifying vest and locate in a visible position.
- ☐ Verify the Staging Area location.

- ☐ Collaborate with the Treatment Unit Leader to determine patient transportation priorities and patient destinations using the ICS-MC-308 form.
- ☐ Communicate transportation resource needs to the MEDICAL GROUP SUPERVISOR/BRANCH DIRECTOR.
- ☐ Appoint a MEDICAL COMMUNICATIONS COORDINATOR and establish communication with the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC).
- ☐ Appoint a TRANSPORT RECORDER.
- ☐ Track each patient by their triage tag number using the MCI Patient Tracking Form (ICS-MC-306)
- ☐ Appoint TRANSPORT LOADERS.
- ☐ Inform transport crews of their destination. Tell crews to return to the Staging Area after their patients are turned over at the hospital unless otherwise directed.
- ☐ Remind ambulance crews to contact the receiving facility only if there is significant deterioration in the patient's condition or if they need a physician's orders.
- ☐ Maintain close communications with INCIDENT COMMAND or MEDICAL GROUP/BRANCH, TREATMENT, GROUND and AIR OPERATIONS.
- ☐ Once the last patient has been transported, and before demobilization, work with the Transport Recorder, Transport Loader, Medical Communications Coordinator, and the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC) to **account for 100% of the patients/victims.**

Incident Benchmark: Announce over the radio and notify the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC) when all patients have been transported from the scene.

TRANSPORTATION/STAGING OFFICER

- ☐ Obtain Hot, Warm and Cold Zone boundaries.
- ☐ Establish an ambulance staging area and patient loading area in the Cold Zone.
- ☐ Communicate with EMS Command to determine the following:
 - Number of CCPs
 - Locations
 - Number of patients
- ☐ Provide pre-arrival instructions to responding ambulances to ensure a safe and expeditious response.
- ☐ Attempt to load patients onto ambulances as efficiently as possible.
- ☐ Transporting a Green category patient with a Yellow or Red category patient may assist in delivering patients to the most appropriate level of care without overloading any one facility with patients. However, this should not supersede good operational judgment.
- ☐ Coordinate the movement of patients out of the treatment area and transport them to hospitals.
- ☐ Determine the appropriate destination based on the following:
 - Patient severity
 - Hospital travel times
 - Number of casualties to be evacuated

- ☐ Maintain a Transport Log that includes:
 - Patient name (or assigned ID)
 - Priority
 - Transporting unit
 - Hospital destinations
- ☐ Consider assigning this task to one person to manage and maintain for accuracy.
- ☐ Coordinate with the Transportation Officer for resource management and site control.
- ☐ Establish an area where readily available ambulances, supplies, and personnel can be positioned for rapid deployment.
- ☐ Function as a liaison between Transport Officer and staged resources.

TRANSPORT RECORDER CHECKLIST

Mission: To ensure proper documentation of victim/patient and unit movements.

Tasks:

- ☐ Report to TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER
- ☐ Don an identifying vest.
- ☐ Position yourself at the assigned patient egress point in the TRANSPORT area.
- ☐ Document patient transport information on triage tags and collect tag stubs.
- ☐ Complete an entry on the triage tag and the MCI Patient Tracking Form (ICS-MC-306) for each patient leaving the Transportation Area. Complete, then remove and save the tear-off portion of the triage tag.
- ☐ Deliver triage tag Transportation Records to MEDICAL COMMUNICATIONS/TRANSPORTATION as directed.

TRANSPORT LOADER CHECKLIST

Mission: Ensure patients are safely loaded into the assigned ground ambulance, air ambulance, or other vehicle, and verify vehicle destination and travel directions.

Tasks:

- ☐ Report to TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER.
- ☐ Don an identifying vest.
- ☐ Ensure patients selected for transportation are:
 - Ready for transport
 - Safely loaded aboard the ambulance or other vehicle designated by the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER
- ☐ Provide the following information to ambulance personnel:

- Inform crews of the destination hospital/Emergency Department.
 - Provide travel directions to the receiving hospital/Emergency Department. Live directions to southside hospitals can be found on the TEMS Protocol App.
 - Remind ambulance crews that they only need to contact the receiving facility if there is significant deterioration in the patient's condition or if they need physician's orders.
 - Remind crews to return to the Staging Area upon completing their assignment unless otherwise directed.
- Ensure all patients being loaded have triage tags attached and the transport stub has been removed.
- Maintain close communications with the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER and TRANSPORT RECORDER.

MEDICAL TRANSPORT COMMUNICATION COORDINATOR CHECKLIST

Mission: To maintain and coordinate medical communications at the incident scene between the TRANSPORT GROUP SUPERVISOR/UNIT LEADER and the designated Hospital Emergency Department.

Tasks:

- Report to TRANSPORT GROUP SUPERVISOR/UNIT LEADER.
- Don an identifying vest.
- Remain in close proximity to the TRANSPORT and TREATMENT areas.
- Establish and maintain a dependable communications link with the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC). The following minimal information should be provided and updated:
 - Type of incident
 - Number of patients
 - Severity of injuries
- Coordinate patient distribution with the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC).
- Report individual patient information to the Closest Emergency Department Facility or the Regional Healthcare Coordinating Center (RHCC) as relayed by the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER to include:
 - Unit transporting
 - Destination hospital
 - Number of patients
 - Triage tag numbers
 - Triage category, major injuries and age of patients
- Assist the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER with documentation.

PATIENT TO HOSPITAL DISTRIBUTION AND TRANSPORT TOOL

The FEMA Forms below (ICS-MC-306 and ICS-MC-308) are intended to be used by Emergency Medical Services (EMS) personnel as a guide to assist the Transportation Officer in distributing patients to area hospitals. The transportation of patients from the incident scene will begin as soon as the transportation EMS has the assets to do so.

CCA, AS/MCI PATIENT TRACKING FORM (ICS-MC-306)

#	Triage Tag No.	Priority R/Y/G	Patient's Primary Injuries	Unit Transporting Pt to ED/Hospital	Time Left Scene	Patient Destination
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

PATIENT COUNT AND DISTRIBUTION WORKSHEET (ICS-MC-308)

Date: _____ Incident Name / Location: _____

Number of Patients Reported By Triage Category						
On-Scene Location	Red (Immediate)	Yellow (Delayed)	Green (Minimal)	Gray (Expectant)	Black (Deceased)	Total Number of Victims

Available Transport Units					

Patient Distribution														
ED or Hospital Name														
Capacity (R/Y/G)														
No. of Pts Sent														
ED or Hospital Name														
Capacity (R/Y/G)														
No. of Pts Sent														