Mountain-Valley EMS Agency

EMS
Field Treatment Site
(FTS)
Planning Guide

June 21, 2011

Prepared by Douglas Buchanan Consulting

www.disasterdoug.com

ACKNOWLEDGEMENTS

Technical expertise was provided by the following agencies and organizations:

Shane Marquardt; Alpine County HPP Coordinator

Lori Jagoda; Amador County PHD

Colleen Tracy; Calaveras County PHD

Bill Wennhold; Calaveras County HPP Coordinator

Nanette Wardle R.N; Mariposa County HPP Coordinator

Richard Murdock; Mountain-Valley EMS Agency

Pat Murphy; Mountain-Valley EMS Agency

Tom Hoffman; CDPH / EPO

This planning guide has been developed with 2010 / 2011 federal *Hospital Preparedness Program* (HPP) grant funds for the *Mountain-Valley EMS Agency* by:

Douglas Buchanan Consulting
2338 Regal Road
Modesto CA 95358
(209)529-9792
www.DisasterDoug.com

TABLE OF CONTENTS

I. INTRODUCTION

A. THE NEED FOR TREATMENT SITE PLANNING

Since the terrorist attacks on the United States on September 11, 2001 and Hurricane Katrina in 2005, the federal government has made available billions of dollars in local disaster preparedness grants to assist communities across the nation to prepare for mass casualty incidents. The results of these efforts have produced a number of local planning tools to deal with specific types of incidents and address specific local needs. Most Operational Areas across California have in place, or are currently developing plans for the activation of Alternate Care Sites (ACS), Mobile Field Hospitals (MFH), and Care and Shelter Sites in preparation for a possible local mass casualty incident. This document will add another tool to the local disaster preparedness arsenal . . . "EMS Field Treatment Site (FTS) Plans."

There are a number of important reasons local communities may benefit from having FTS plans in place in addition to their ACS and MFH site plans. Consider the following:

Alternate Care Site (ACS)
An ACS can take up to 72 hours to activate and they are not designed to care for the wide variety of patients usually seen in a mass casualty incident (eg. fractures, burns, head injuries, patients exposed to hazardous chemicals, etc).

Mobile Field Hospital (MFH)
An MFH may have the capability to treat trauma patients for an extended period of time; however, the establishment of an MFH can also take a number of days to activate and may not be practical for an incident expected to last less than a week. In addition, there are currently only three MFHs located in California and their availability may be limited in the event of an incident with a large geographical impact.

Field Treatment Site (FTS)
An FTS can be established much more rapidly than an ACS or MFH, usually within 8-12hrs. And since these sites are staffed with EMS personnel, they are designed to provide basic care and treatment for trauma victims until they can be transported to definitive care, or until an ACS or MFH can be established.

"There are a number of important reasons local communities may benefit from having FTS plans in place in addition to their ACS and MFH site plans.."

B. HOW FIELD TREATMENT SITES AUGMENT EXISTING ON-SCENE MCI OPERATIONS

During the initial response to any mass casualty incident (MCI), local EMS agency protocols call for the establishment of treatment areas for Immediate, Delayed, and Minor patients at the site of the incident. These areas are established under order of the on-scene incident commander by the Medical Group within the first hour of arrival on scene. For most incidents, a treatment area is where victims are treated until they can be transported to local receiving hospitals and trauma centers.

Certain circumstance can complicate the effectiveness and use of these on-site treatment areas, such as:

- Inclement weather conditions (wind, cold, heat, rain, snow)
- Extremely large numbers of victims
- Extended duration of the event (eg. Patients being extricated from building collapse over many hours or days)
- Inability to move patients to receiving hospitals due to:
    - Blocked transport routes
    - Receiving hospital over-crowding / Emergency Department saturation
    - Lack of emergency transport vehicles (air or ground)

In the event of the kind of incidents listed above, an on-scene FTS may be established by an Incident Commander (IC) at an incident site. An FTS can provide EMS personnel with a sheltered location to care for a large number of patients for an extended period of time until patients can be transported to local hospitals, be flown out to other areas, or an alternate treatment facility (e.g. ACS or MFH) can be established.

An on-scene FTS may be established in portable tents or at a fixed structure in close proximity to the incident, allowing operations of the FTS to function under the on-scene ICS organizational structure.

> **NOTE: In order to protect victims from the environment, temporary sheltered Treatment Areas may need to be established until an FTS can be activated. These shelters may be as rudimentary as a tarp strung between two fire engines, or an enclosed structure identified and utilized at or near the incident scene. In the event that a temporary enclosed Treatment Area meets the criteria for an FTS, it may be considered as the location for the FTS thereby eliminating the need to move victims.**

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 MH 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. AUTHORITY UNDER WHICH FIELD TREATMENT SITES OPERATE

Field Treatment Site medical care falls under the authority of the local EMS agency since pre-hospital treatment protocols are approved by the EMS Agency Medical Director. However, since the logistical support for establishing an FTS usually comes from a variety of sources within the county, the authority to activate an FTS lies with the IC for on-scene incidents, and the MHOAC, or the Medical / Health Branch Director of the EOC for off-scene incidents

E. 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 local EMS agency. A caveat to this limitation is if a local hospital emergency department has a pre-established Hospital Emergency Response Team (HERT) which they can mobilize to the FTS to initiate a higher level of care than provided by EMS personnel. In this scenario the HERT team would function adjacent to EMS personnel in the FTS under separate protocols established by the sponsoring hospital.

II. DOCUMENT STRUCTURE

A well written and frequently exercised Field Treatment Site Plan can provide an operational area with a useful and flexible tool when faced with mass casualty incidents. This document has been developed to ensure the member counties of the EMS Agency have a mechanism to evaluate the need for an FTS, compared to an ACS or MFH, and rapidly activate it when appropriate.

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

To facilitate these distinct tasks, this document has been divided into three separate manuals to address each phase as listed above. These manuals are entitled:

- **MANUAL 1:** Decision Guidance for Establishing an EMS Field Treatment Site
- **MANUAL 2:** Activating a Field Treatment Site
- **MANUAL 3:** Managing a Field Treatment Site

III. DEFINITIONS AND ACRONYMS USED IN THIS DOCUMENT:

ACS – "Alternate Care Site" means a facility established by the Public Health Officer to be utilized for the treatment of large numbers of ill patients during a significant incident, such as an influenza pandemic.

ALS – "Advanced Life Support" means the level of patient care provided by a paramedic as authorized by the local EMS agency.

BLS – "Basic Life Support" means the level of non-invasive patient care provide by emergency medical technicians (EMTs).

FTS – "Field Treatment Site" mean a site established as part of the EMS response system to provide basic care and treatment for victims for an extended period of time (usually up to 72 hours) when immediate transport of victims to definitive care is not possible.

HERT – "Hospital Emergency Response Team" means a medical team, including a physician, authorized by a local hospital to respond to certain types of emergency scenes to provide a higher level of on-scene medical care than is provided by the EMS system..

LEMSA- "Local Emergency Medical Services Agency" means an agency, designated by a county to plan, develop, and monitor the EMS system within that county.

MCI - can mean a **"Multi-Casualty Incident"** (with as few as 5 victims), and a **"Mass Casualty Incident"** which can have large numbers of casualties. For the purposes of this document, MCI will refer to **Mass Casualty Incidents** only.

MCI On-scene Treatment Areas – means the areas established at the scene of an MCI by EMS personnel under the incident command system to temporarily treat victims while they are being prepared for transport. On-scene treatment areas are usually not operational for more than a few hours.

MFH – "Mobile Field Hospital" means a medical facility supplied in the form of portable tents, infrastructure, equipment, and supplies by the State EMS Authority to serve as a temporary hospital in the event of an emergency. The level of care and staffing provided in an MFH is comparable to a licensed hospital including emergency department services, acute hospital care and treatment, surgical capabilities, and ancillary support services.

MHOAC – "Medical/Health Operational Area Coordinator" means the role or function of coordinating the medical and health system within a county during a disaster or emergency system activation. This is typically a shared role between the Public Health Officer and local EMS Agency Administrator, but may be another individual(s) jointed appointed for this function.

MANUAL 1:

DECISION GUIDANCE

FOR ESTABLISHING AN

EMS

FIELD TREATMENT SITE (FTS)

To be utilized by the MHOAC or Medical Health Branch of the EOC

MANUAL 1: DECISION GUIDANCE FOR ESTABLISHING AN EMS FTS

The Field Treatment Site (FTS) Planning Guide has been developed to provide the MHOAC or Medical / Health Branch of the EOC with a tool that provides options for dealing with certain types of mass casualty incidents (MCIs). Since the establishment of an FTS will not always be indicated during an MCI, Manual I is designed to assist policy makers when a request to establish an off-scene Field Treatment Site is received from an Incident Commander or other source. A Medical / Health Technical Advisory Group may be established if needed to assist in the decision process which may include EMS Agency, hospital, ambulance provider, fire service, and OES representatives.

Manual 1 is divided into three main sections:

I. Situation Assessment
II. Decision to Activate
III. Decision to Demobilize / Transition

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 (Section I, A, B, C.)
	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 (Section III)
	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

I. SITUATION ASSESSMENT

A. PLANNING ASSUMPTIONS

The following planning assumptions should be considered when assessing the system need for establishing an FTS:

1. Lifesaving response will be performed by local emergency responders and citizens in the impacted area regardless of the efficiency of operational area, 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). This support will likely include assistance from law enforcement, fire services, public works, purchasing, and social services. Medical, hospital, and public health personnel cannot set up and operate a Field Treatment Site without this assistance.

ASSESSMENT FACTORS

To assist the MHOAC or MH 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

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

B. MASS CASUALTY TREATMENT SITE OPTIONS

The establishment of an FTS is only one option available to treat mass casualties if transport of victims is going to be delayed. Based upon the specific circumstances, the establishment of an ACS or MFH may be appropriate instead of, or in conjunction with an FTS. The following table can be utilized as a tool for determining if the establishment of an FTS is indicated or if another option should be considered. (**NOTE: A comprehensive comparison of an FTS, ACS, and MFH can be found as an Attachment to Manual I.)**

TABLE 2

Situation:		**Consider:**				
		On-Scene (IC)		**Off-scene (MHOAC)**		
		Treatment Areas Only	**On-scene FTS(s)**	**FTS(s)**	**ACS**	**MFH**
MASS CASUALTY INCIDENT						
The expected incident duration:	<12 hours	X		X(*)		
	12-72 hours	X	X	X	X	
	72 hours- weeks		X	X	X	X
Delay in transport of victims:	<12 hours	X		X (*) (**)		
	12-72 hours		X	X		
	>72 hours		X	X	X	X
Inadequate space for on-scene patient treatment areas			X	X		
Extreme weather conditions		X	X	X		
NON-SPECIFIC SITE INCIDENT (e.g Biological,)						
Number of victims	< 100			X		
	100-500			X	X	
	>500			X	X	X
The expected incident duration:	<48 hours			X		
	48-72 hours			X	X	
	72 hours- weeks			X	X	X
REGIONAL HOSPITAL CAPACITY OVERWHELMED						
Expected duration	24-72 hours			X		
	72hours to 7days			X	X	X
	>7 days				X	X

(*)Resources and functions will be limited (**) May be required if scene is unsafe for treatment areas

NOTE: If the decision is made to establish an ACS or MFH refer to appropriate county ACS / MFH activation plans.

II. DECISION TO ACTIVATE AN FTS

A. REVIEWING THE OPTIONS

Based upon a review of the "*Incident Considerations"* made in Table 1, and the "*Mass Casualty Treatment Site Options"* in Table 2, counties 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. FTS SITE SELECTION OPTIONS:

1) Pre-Surveyed Fixed Sites:

If the County has pre-designated an FTS(s) within the preferred location target area as identified on the *FTS Activation Order*, these locations should be considered first. A list of Pre-designated sites can be found in the Appendix of this document with site maps and appropriate information to activate the site.

2) Non-Surveyed Fixed Sites:

If no pre-designated sites in the target area are available, other non-surveyed fixed structures must be considered. If the County has pre-identified generic *Non-Surveyed FTS locations* (e.g. Local fire departments, airport hangers, churches, etc.) a list of those sites can also be found in the Appendix of this document with generic site layout diagrams and specific information to activate the site. If temporary sheltered Treatment Areas have been established at an Incident Site, these areas should be assessed to determine if they could meet the criteria for an FTS.

3) Non-Fixed Sites:

If there are no fixed structures within the target area to choose from, an FTS site will need to be identified and secured in real-time. These sites may be established in close proximity to an incident, and may require mobile facility assets be deployed, such as tents, portable water / sanitation, and generators, etc.

C. 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: _____

III: 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.

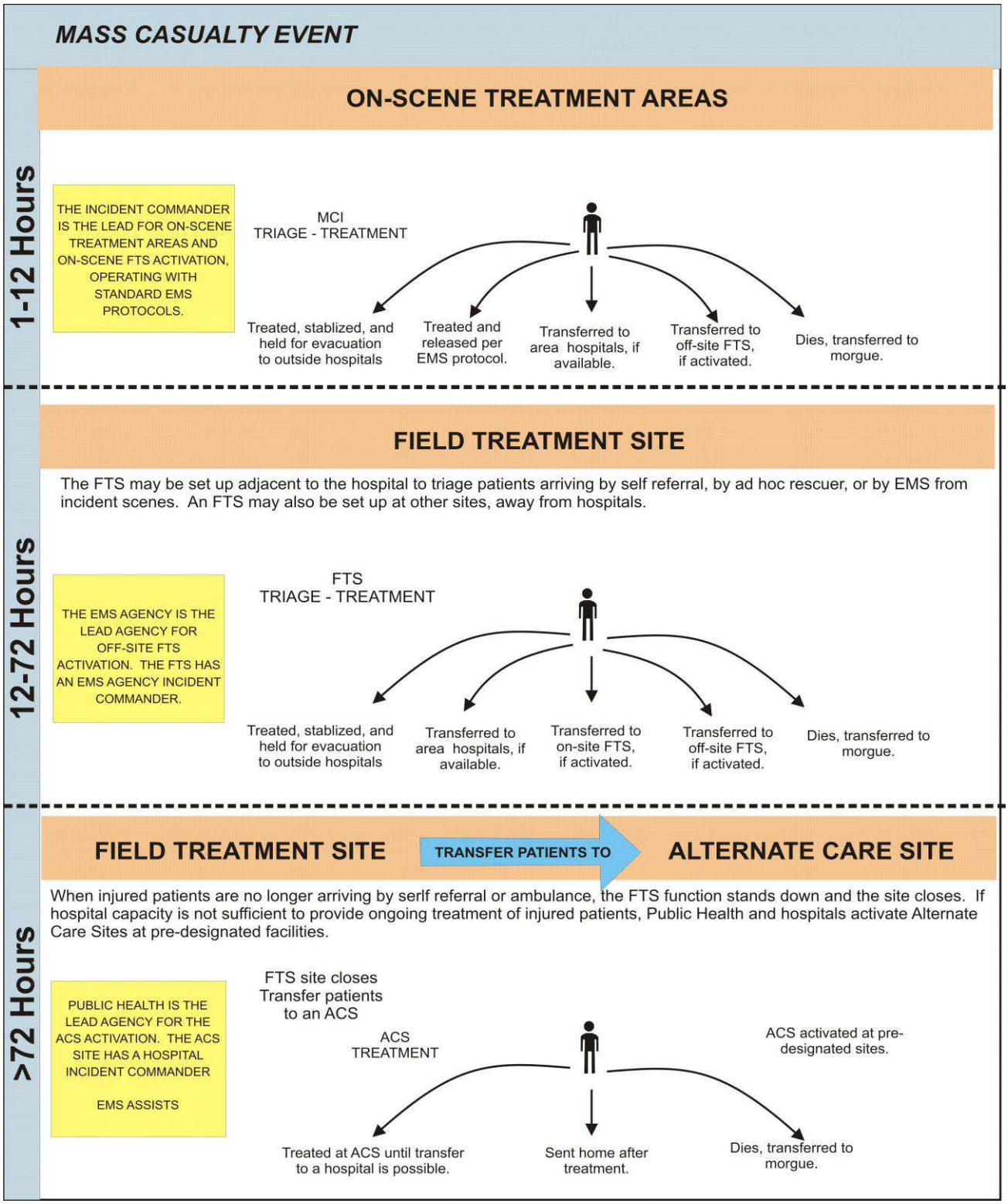
Transition 3: On-Scene FTS to Off-Scene FTS

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 ~~i~~s 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.



Manual 1
Attachment

HOW AN FTS COMPARES TO AN ACS AND MFH

HOW AN FTS COMPARES TO AN ACS AND MFH

Field Treatment Sites (FTS)

An FTS may either be an "on-scene" FTS that is established by an on-scene Incident Commander as an augmentation or replacement of on-scene treatment areas, or an "off-scene" FTS that is established by the MHOAC or Medical Health Branch of the EOC.

A request to establish an off-scene FTS may come from one of several sources, including: an on-scene Incident Commander, Public Health Department, Local EMS Agency, etc.

An off-scene FTS may be established:

- Near an incident scene at the request of an Incident Commander to augmentation or replacement of on-scene treatment areas
- Near a hospital to assist in the triage of injured patients arriving by ambulance or by self-referral.
- At a local airport or heliport for the receiving of patients from an incident in another jurisdiction or transport of patients to other counties /states.
- At any pre-designated community facility or site to receive injured patients and provide emergency, short term care in the event of a non-specific site incident.

The level of care provided in an FTS is usually limited to basic life support (BLS) and advanced life support (ALS) as provided by EMTs and paramedics and authorized by the EMS Agency.

Alternate Care Site (ACS)

Alternate Care Sites are established by the Public Health Officer with support from the Medical /Health Branch of the Operational Area EOC. An ACS may be utilized for treatment of large numbers of ill patients during a significant incident, such as an influenza pandemic. An ACS may also be activated to provide ongoing treatment to injured patients when a Field Treatment Site is demobilized and hospital capacity continues to be overwhelmed.

The level of care provided in an ACS may be out-patient care, limited acute care, or supportive / palliative care provided by physicians, nurses, and other health care professionals.

Mobile Field Hospital (MFH)

A Mobile Field Hospital is activated when there is a need to replace or augment acute hospital care for a period of several weeks during such incidents as significant infrastructure damage a local hospital(s).The current Mobile Field Hospital capacity in California includes three 200-bed hospitals, which may be activated in smaller modules as necessary (e.g. 40-50 bed facility). The Mobile Field Hospital assets are deployed by the State EMS Authority.

The level of care and staffing provided in an MFH is comparable to a licensed hospital including emergency department services, acute hospital care and treatment, surgical capabilities, and ancillary support services.

The Table on the following pages provides a comparison between the sites described above.

DRAFT **MEDICAL AND HEALTH TREATMENT SITES FOR A MASS CASUALTY EVENT** DRAFT				
	PREHOSPITAL (EMS)		***INHOUSE CARE (PHD / HOSPITALS)***	
	MCI INCIDENT SITE TREATMENT AREAS	**FIELD TREATMENT SITES (FTS)**	**ALTERNATE CARE SITES (ACS)**	**MOBILE FIELD HOSPITAL (MFH)**
DEFINITION	Areas established at an MCI incident site for the treatment and on-going triage of Immediate, Delayed, and Minor patients.	Temporary care sites established by an IC , LEMSA, or PHD in cooperation with the Operational Area EOC. 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 an extended period of time (Usually not more than 72 hours), or until new patients are no longer arriving at the site.	Designed to treat patients who need extensive care such as hydration or pain management. Not designed to provide acute critical care for patients requiring ventilator assistance. Patients admitted to an ACS may be admitted for end of life care utilizing the hospice concept. The ACS facilitates cohorting of patients with the same infectious process or exposure.	200-bed acute care field hospital deployed when there is a need to replace acute hospital care for a period of several weeks. California capacity is currently three (3) 200-bed mobile field hospitals which may be activated in smaller modules as necessary (e.g. 40-50 bed facility).
SCENARIO (S)	Earthquake, bomb blast, transportation accident or other emergency resulting in mass casualties.	Earthquake, bomb blast, transportation accident or other emergency resulting in mass casualties. An FTS is usually not activated to treat patients in a pandemic or other biological/disease scenario but could be at the discretion of the Public Health Officer .	Designed to specifically manage casualties during a biological event, but may be adapted to any catastrophic medical emergency. Bioterrorism event presumably biological, nuclear, radiation or possibly natural disaster.	Deployed in any emergency when there is a need to provide acute hospital care for a period of several weeks.
DEPLOYMENT/SET-UP TIME	< 1 Hour	8-12 Hours	72 Hours	72 Hours

DRAFT **MEDICAL AND HEALTH TREATMENT SITES FOR A MASS CASUALTY EVENT** DRAFT				
	PREHOSPITAL (EMS)		***INHOUSE CARE (PHD / HOSPITALS)***	
	MCI INCIDENT SITE TREATMENT AREAS	**FIELD TREATMENT SITES (FTS)**	**ALTERNATE CARE SITES (ACS)**	**MOBILE FIELD HOSPITAL (MFH)**
OPERATIONAL DURATION	Usually up to 72 hours	Extended periods (Usually no more than 48-72 hours) or until injured patients stop arriving or when all patients are moved to an area hospital, an ACS, or out of the area for further treatment.	72 hours +. ACS is de-mobilized when all patients can be transferred to the hospital and health care provider system, or are sent home.	Several weeks
PATIENTS	Victims of MCI	Self-referred, Ad Hoc rescuer EMS Transport from Incident	Injured or ill patients Patient transitioned from FTS Hospital transfers that meet pre-established triage criteria, (e.g. non-ventilator, disease specific, end of life care.	Injured or ill patients
LEVEL OF CARE	•First aid, BLS, ALS •Trauma stabilization •Ongoing triage and treatment •Holding area for patient evacuation/transportation •Austere care	•First aid, BLS, ALS •Trauma stabilization •Ongoing triage and treatment •Holding area for patient evacuation/transportation •Austere care	Out-patient care Limited Acute Care Supportive / Palliative Care	Acute hospital care and treatment OR Capable ER Capable

DRAFT **MEDICAL AND HEALTH TREATMENT SITES FOR A MASS CASUALTY EVENT** DRAFT				
	PREHOSPITAL (EMS)		***INHOUSE CARE (PHD / HOSPITALS)***	
	MCI INCIDENT SITE TREATMENT AREAS	**FIELD TREATMENT SITES (FTS)**	**ALTERNATE CARE SITES (ACS)**	**MOBILE FIELD HOSPITAL (MFH)**
LOCATION	Near or adjacent to incident scene	Near or adjacent to a pre-designated area hospital (s) Near or adjacent to incident scene At local airports to facilitate sending and receiving patients to & from other jurisdictions Other location determined by EOC Medical/Health Branch Director	At pre-determined facilities in the Operational Area EOC Medical Health Branch Director.	Determined by the Operational Area EOC Medical Health Branch Director in consultation with the RDMHC and State EMSA
AUTHORITY TO ACTIVATE	Incident Commander (on-scene) by recommendation of the Medical Group Supervisor	Incident Commander (on-scene) EMS Duty Officer MHOAC /.Op Area EOC Medical Health Branch Director Public Health Officer	Public Health Officer Op Area EOC Medical Health Branch Director	State EMSA
INDICATORS FOR ACTIVATION	Mass casualty incident when there is a delay of immediate transport	Mass casualty incident (usually casualties over 100) Hospital capacity overwhelmed	All hospitals in a county or region reach maximum surge capacity (20% + of average daily staffed beds) Presentation of large numbers of patients diagnosed with an infectious disease (s) Transfer from hospitals of patients requiring supportive care As otherwise deemed necessary by the Public Health Officer	Local capacity for acute medical care is overwhelmed

DRAFT **MEDICAL AND HEALTH TREATMENT SITES FOR A MASS CASUALTY EVENT** DRAFT				
	PREHOSPITAL (EMS)		***INHOUSE CARE (PHD / HOSPITALS)***	
	MCI INCIDENT SITE TREATMENT AREAS	**FIELD TREATMENT SITES (FTS)**	**ALTERNATE CARE SITES (ACS)**	**MOBILE FIELD HOSPITAL (MFH)**
SEMS/NIMS COORDINATION CENTER ACTIVATION	Incident Commander Post (on-scene) by recommendation of the Medical Group Supervisor	Incident Commander Post (on-scene) by recommendation of the Medical Group Supervisor City or Op Area EOC Medical Health Branch (or Medical Branch if they are separate) Medical Health Operational Area Coordinator (MHOAC) Public Health DOC Medical Health Branch (where EMS Agency is Medical Group or Medical Branch Director)	City or Op Area EOC Medical Health Branch (or Medical Branch if they are separate) Medical Health Operational Area Coordinator (MHOAC) Public Health DOC Medical Health Branch (where EMS Agency is Medical Group or Medical Branch Director)	City or Op Area EOC Medical Health Branch (or Medical Branch if they are separate) Medical Health Operational Area Coordinator (MHOAC) Public Health DOC Medical Health Branch (where EMS Agency is Medical Group or Medical Branch Director)
LEAD AGENCY	EMS Service Provider acting under policy of the Local EMS Agency	EMS Agency or PH DOC; or EOC Operations Section Medical Health Branch – Medical Group	PUBLIC HEALTH DEPARTMENT DOC or EOC Operations Section Medical Health Branch – Health Group	EMS AGENCY DOC or EOC Operations Section Medical Health Branch – Medical Group
STAFFING	ALS and BLS EMS Service Provider staff	EMS Service Provider staff HERT Teams when available Credentialed healthcare volunteers Other Service providers and volunteers	Local Public Health Department, Local Hospitals Credentialed Healthcare Volunteers Mutual	State Hospital Management Contracts DMAT Teams CalMAT Teams
REQUIREMENTS/ GUIDELIN	ICS Local EMS Agency policies and procedures	EMSA Guideline 214 EMSA FTS Guidelines, 2008	California Surge Standards and Guidelines	TO BE ADDED

DRAFT **MEDICAL AND HEALTH TREATMENT SITES FOR A MASS CASUALTY EVENT** DRAFT				
	PREHOSPITAL (EMS)		***INHOUSE CARE (PHD / HOSPITALS)***	
	MCI INCIDENT SITE TREATMENT AREAS	**FIELD TREATMENT SITES (FTS)**	**ALTERNATE CARE SITES (ACS)**	**MOBILE FIELD HOSPITAL (MFH)**
ASSOCIATED PLANS	Regional Multiple Casualty Incident Plans Local EMS Policies and Procedures Health and Medical Disaster Plan	Regional Multiple Casualty Incident Plans Local EMS Policies and Procedures Health and Medical Disaster Plan Public Health Department Emergency Operations Plan (EOP) City or Op Area EOP Statewide Emergency Operations Plan (EOP)	Hospital Disaster Plan Hospital Surge Capacity Plan Health and Medical Disaster Plan Public Health Department Emergency Operations Plan (EOP) City or Op Area EOP Statewide Emergency Operations Plan (EOP)	Regional Multiple Casualty Incident Plans Local EMS Policies and Procedures Health and Medical Disaster Plan Public Health Department Emergency Operations Plan (EOP) City or Op Area EOP Statewide Emergency Operations Plan (EOP)

MANUAL 2:

ACTIVATING
A FIELD TREATMENT SITE

MANUAL 2: 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 *Resource Request: Medical /Health* document following: {Manual 2; Attachment C}). Existing procedures to request non-medical resources from the DOC or EOC Logistics Section or through law and fire mutual aid systems also apply.

I. 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 the 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 M /H Branch of the EOC	

NOTE: IF A PREDESIGNATED FTS IS BEING ACTIVATED, THE TEAM LEADER MUST INSURE A REINSPECTION OF ALL CRITICAL SERVICE AREAS (E.G. HELICOPTER LANDING AREAS) BY THE FACILITY PROCUREMENT UNIT PRIOR TO FTS ACTIVATION.

FTS ACTIVATION TEAM

I. **TEAM LEADER** (*Command and Control)*

II. **LOGISTICS SECTION CHIEF**

A. **Facility Procurement Unit** (*Select and Secure a Site)*

B. **Staffing Unit:** (*Establish Initial Operational Period Staffing)*

C. **Equipment / Supply Unit:** (*Order of Equipment and Supplies)*

D. **Communications Unit:** (*Establish Communication Systems*)

III. **OPERATIONS SECTION CHIEF**

A. **Staging Manager:** (*Receive and inventory incoming equipment / supplies*)

B. **Site Set-up Unit:** (*Site Set-up)*

C. **Security Unit:** (*Establish Site Security Plan)*

The FTS Activation Team Leader is responsible for assigning the Activation Team staff, and supporting the General Staff activities for Logistics and Operations, including securing the selected FTS location, acquiring the necessary resources to staff and equip the site, and setting up the FTS.

Considerations for appointment of an Operations Chief include:

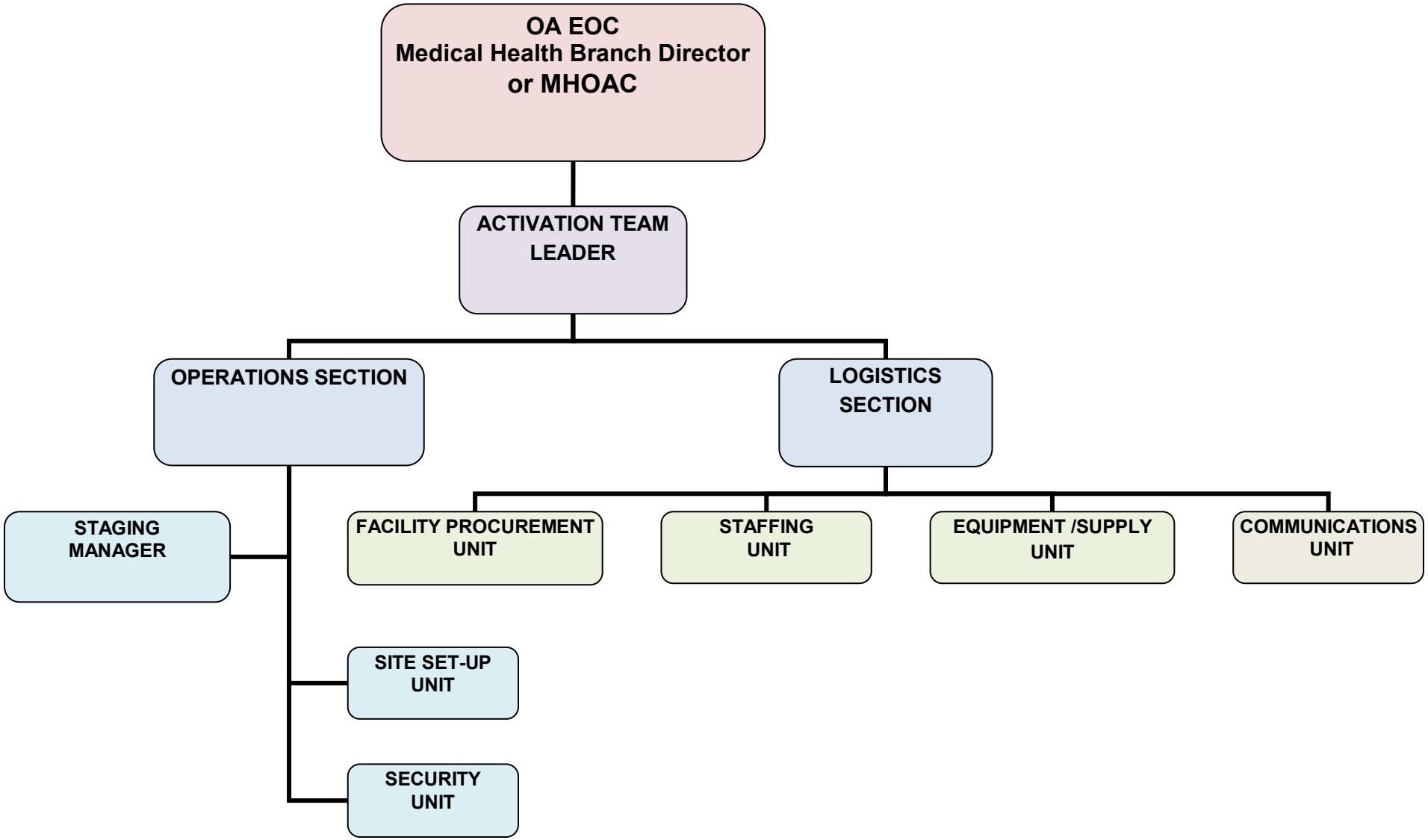
- Meets ICS qualification to serve as Operations Chief
- Knowledge of the EMS system and policies (e.g. EMS agency representative, EMS ambulance provider supervisor, base hospital MICN, etc.)
- Knowledge of FTS Activation and Operations (preferred)

Considerations for appointment of a Logistics Chief include:

- Meets ICS qualifications to serve as Logistics Chief
- Knowledge of the Medical /Health Mutual Aid Process
- Knowledge of FTS Activation and Operations (preferred)

FTS Activation Team Organizational Chart

Sample Organization Chart for the FTS Activation Team



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. LOGISTICS SECTION:

LOGISTICS SECTION CHIEF CHECKLIST		
✓	**ACTION STEPS**	**TOOLS**
	1. Receive appointment and briefing from the Team Leader.	
	2. Set up and designate Logistics Section organization	
	3. Assign staff positions as needed: • Facility Procurement Unit Leader • Staffing Unit Leader • Equipment / Supply Unit Leader • Communications Unit Leader	
	4. Forward all requests for additional staff support through the EOC Logistics Section	
	5. Ensure all FTS workers are signed in, and keeping track of time.	
	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. Identify personnel needs for FTS, ensuring all shifts coverage.	
	9. Determine the schedule for periodic staff briefings. Document all discussions, decisions and follow up actions required	
	10. Communicate activation updates to the FTS Activation Team Leader	

NOTE: IF A PREDESIGNATED FTS IS BEING ACTIVATED, THE LOGITICS SECTION LEADER MUST INSURE A REINSPECTION OF ALL CRITICAL SERVICE AREAS (E.G. HELICOPTER LANDING AREAS) BY THE FACILITY PROCUREMENT UNIT PRIOR TO FTS ACTIVATION.

A. Facility Procurement Unit (FPU)

Once a potential site(s) has been identified the FPU will need to complete the following:

SITE PROCUREMENT UNIT CHECKLIST		
✓	**ACTION STEPS**	**TOOLS**
	1. Contact site owners to ascertain availability of the site for FTS operations	
	2. Inspect the site for readiness (This includes verifying that critical information on any pre-designated site assessments (e.g. Helicopter landing area specification and safety considerations) have not changed	**Tool #1,2,3**
	3. Complete a real-time site assessment to verify facility functionality and support services.	**Tool #1** Site Assessment
	4. Complete an assessment of helicopter landing zone availability, if applicable	**Tool # 2** Helispot Assessment
	5. Complete an assessment of decontamination zone availability, if applicable	**Tool # 3** Decon Assessment
	6. Coordinate the initiation of an MOU with the site owner if one has not been pre-executed. Final approval and execution of the MOU must be conducted by the Medical Health Branch of the EOC or County OES.	**Tool # 4** FTS MOU
	7. Develop a site map specific to the facility if not already completed	**Tool # 5** Sample Layout
	8. Document all key activities, actions, and decisions in an Operational Log on a continual basis.	**ICS 214** Unit Log
	9. Document all communications (internal and external) on an Incident Message Form.	**ICS 213** Message Form

NOTE: All "Tools" referenced can be found in the Manual 2 Attachment Section

B. Staffing Unit:

The Staffing Team is charged with establishing the initial Operational Period staffing schedule and ensuring that adequate staffing resource pools are considered for the duration of the FTS activation.

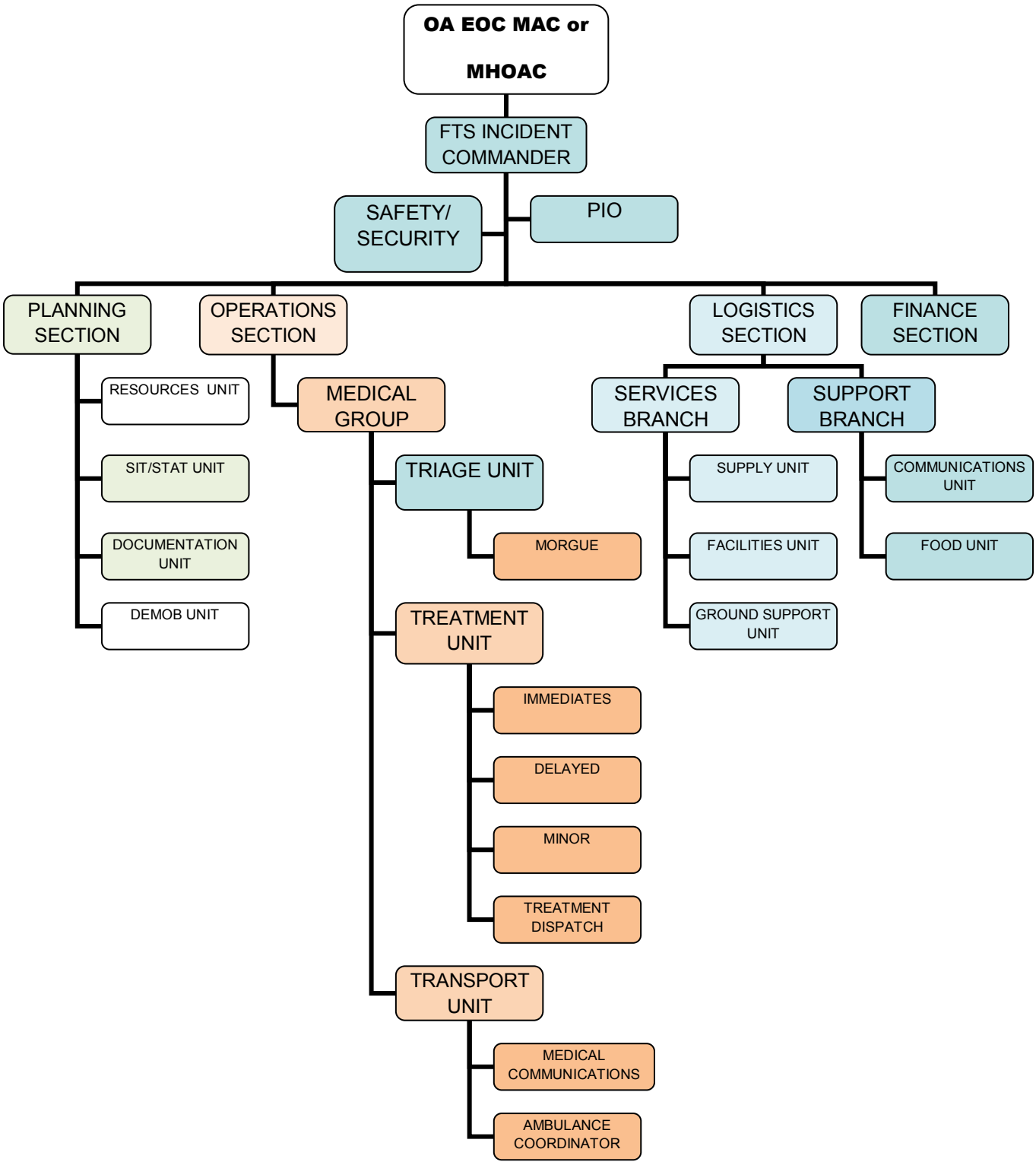
Based upon the size and duration of the incident, the Staffing Team will need to determine which of the FTS positions will need to be staffed. The organizational chart on the following page shows the suggested organizational make-up for a large scale incident. This chart can be scaled back or expanded as needed. The actual staffing level, and an organization chart will need to be established by the Staffing Team specific to the incident.

If additional staffing is required beyond what is available in the operational area, the ordering of personnel through the appropriate mutual aid systems should be instituted as soon as possible to ensure adequate staffing pools are available during the first two operational periods.

STAFFING TEAM CHECKLIST		
✓	**ACTION STEPS**	**TOOLS**
	1. Review and revise the FTS organizational chart as appropriate to the incident	
	2. Determine staffing qualifications for each position in Org. Chart	**Tool #6** **Position Descriptions**
	3. Request medical staff for first operational period through MHOAC Program	
	4. Request all non-medical staff for first operational period through EOC Logistics	
	5. Determine staffing needs for duration of incident and ensure process is established to fill those needs	
	6. Establish and institute credentialing process for all medical personal	
	7. Document all key activities, actions, and decisions in an Operational Log on a continual basis.	**ICS 214** **Unit Log**
	8. Document all communications (internal and external) on an Incident Message Form.	**ICS 213** **Message Form**

NOTE: All "Tools" referenced can be found in the Manual 2 Attachment Section.

FTS ORGANIZATION STRUCTURE



Staffing Requests

1. The Staffing Unit, in cooperation with the EMS Agency Departmental Operations Center (DOC) or Medical Health Branch of the EOC, shall determine the appropriate sources for obtaining needed medical and support personnel. Consider utilizing the following:

   A. **Medical Personnel** (Paramedics, EMTs, First Responders)

      - Shared resources from local ambulance service providers and fire service within the operational area
      - Recruitment of local medical personnel/volunteers
      - Medical/Health Mutual-aid System (MHOAC)
      - (Cal-MAT, DMAT, National Guard)
      - Disaster Healthcare Volunteers of California database
      - EMS Training Institutions

   B. **Non-Medical Support Staff** (Clerical, food service, security, etc)

      - All non-medical staff should be requested through the EOC Logistics Section

2. Emergency Credentialing of Medical Staff

   A. The Staffing Unit Leader shall utilize EMS Agency approved protocols to document all emergency credentialing activities.

   C. Licensed or certified independent practitioners (such as first responders, EMTs, and paramedics) who request temporary disaster privileges during a period of officially declared emergency must be currently licensed.

   D. Identification requirements for those practitioners requesting disaster privileging, include at a minimum:

      A valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following:

      - A current license to practice and a valid picture identification issued by a state, federal, or EMS agency.
      - Identification indicating that the individual is a member of the California Medical Assistance Team (CalMAT) or of a Disaster Medical Assistance Team (DMAT).
      - Documentation indicating that the individual has been granted authority to render patient care in disaster circumstances, such authority having been granted by a federal, state, or municipal entity.
      - Presentation by current medical staff member(s) with personal knowledge regarding the practitioner's identity.

E. Following disaster credentialing, the practitioner shall be provided and maintained on his or her person written verification of said privileges.

F. For quality review purposes, a list of all patient encounters by each practitioner shall be kept, if practical.

G. Emergency temporary privileges may be rescinded at any time, and there shall be no rights to any hearing or review, regardless of the reason for such termination

H. Temporary disaster privileges are terminated at the end of the declared disaster

C. Equipment / Supply Unit:

The Equipment and Supply Team is charged with establishing the initial FTS equipment and supply needs and ordering those resources.

A suggested list of equipment and supplies is available in Manual II; Attachment C. This list should be reviewed and modified as needed, specific to the incident.

If additional equipment and supplies are required beyond what is available in the operational area, the ordering of resources through the appropriate mutual aid systems should be instituted as soon as possible to ensure adequate availability of resources during the first two operational periods.

EQUIPMENT / SUPPLY TEAM CHECKLIST		
✓	**ACTION STEPS**	**TOOLS**
	1. Review and revise the **FTS Equipment and Supply List** as needed specific to the incident	**Tool # 7** Equip / Supply List
	2. Order all medical supplies through the MHOAC Program	**Tool # 8** Resource Request
	3. Order all non-medical supplies through the EOC Logistics Section	
	4. Complete Medical Supply Inventory Form	**I-MC-312** Inventory Form
	5. If using a site or facility that was not pre-inspected or pre-designated determine the need for: ▪ Cached tents (for outdoor site) ▪ Lighting ▪ Water for drinking and sanitation ▪ Generators and fuels ▪ Portable latrines ▪ Heating or cooling ▪ Cooking, catering, or canteen arrangements	
	6. Coordinate transport and delivery of all supplies through the Operations Section Staging Manager	
	7. Document all key activities, actions, and decisions in an Operational Log on a continual basis.	**ICS 214** Unit Log
	8. Document all communications (internal and external) on an Incident Message Form.	**ICS 213** Message Form

NOTE: All "Tools" referenced can be found in the Manual 2 Attachment Section

D. Communications Unit:

COMMUNICATION UNIT CHECKLIST		
✓	**ACTION STEPS**	**TOOLS**
	1. Meet with communications personnel and OES to prepare a Communication Plan in advance	**ICS 205-** **Comm Plan**
	2. Identify means of communication among Field Treatment Sites, DOC and EOC.	
	3. Use existing telephone land lines or cell phones and other resources, as needed.	
	4. Prepare a chart like the one below for posting at all Field Treatment Site stations.	
	5. Document all key activities, actions, and decisions in an Operational Log on a continual basis.	**ICS 214** **Unit Log**
	6. Document all communications (internal and external) on an Incident Message Form.	**ICS 213** **Message Form**

FTS COMMUNICATION CHART

POSITION	TELEPHONE#, OR RADIO AVAILABLE	TO COMMUNICATE WITH
Communications Officer		ALL
Air Operations Controller		Helicopters
Ground Operations Controller		Ambulances
Transportation Control Officer		Hospitals and/or ACSs
Resource Acquisition		DOC, EOC, Hospitals, vendors, other jurisdictions.
Site Manager		Public Health / LEMSA Operations Center (DOC)
Safety Officer		Law Enforcement
PIO		DOC PIO, OA EOC PIO (JIC), media.
Medical Supervisor		Hospitals, PH/LEMSA DOC, EOC
Reports Officer		DOC, EOC
Morgue Officer		Coroner/Medical Examiner Office

III. OPERATIONS SECTION

Operations Chief

OPERATIONS SECTION CHIEF CHECKLIST		
✓	**ACTION STEPS**	**TOOLS**
	1. Receive appointment and briefing from the Team Leader.	
	2. Set up and designate Operations Section organization	
	3. Assign staff positions as needed: • Staging Manager • Site Set-up Unit Leader • Security Unit Leader	
	4. Forward all requests for additional staff support through the EOC Logistics Section	
	5. Ensure all FTS workers are signed in, and keeping track of time.	
	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. Identify personnel needs for all shifts coverage.	
	9. Determine the schedule for periodic staff briefings. Document all discussions, decisions and follow up actions required	
	10. Communicate activation updates to the FTS Activation Team Leader	

Note: In the event that a sheltered Treatment Area at an incident site is being upgraded to a designated FTS, the complexity of site set-up will be increased due to the presence of patients and care providers.

The Operation Section Chief (OSC) should coordinate all set-up procedures with the on-scene Medical Group Supervisor (MGS) to ensure the least amount of disruption to patient care. In addition, the final transition from Treatment Area to FTS must also be clearly coordinated between the OSC and MGS.

A. Staging Manager:

The Staging Manager is responsible to coordinate the transportation / delivery of, and receive all equipment and supplies ordered by the Logistics Equipment / Supply Unit.

STAGING MANAGER CHECKLIST	
ACTION STEPS	**TOOLS**
1. Receive appointment and briefing from the FTS Activation Team Leader. Obtain packet containing Staging Manager Job Action Sheet.	
2. Coordinate with Equipment / Supply Unit on the transport and delivery of all equipment and supplies to the FTS site.	
3. Ensure that the Staging Areas for delivery of the FTS equipment/supplies are clearly identified with signage, and has adequate space for the delivery and staging activities.	
4. Inventory and log the arrival time and condition of all equipment and supplies received.	
5. Regularly report Staging status to Operations Chief or FTS Activation Team Leader.	
6. Assess problems and needs; coordinate with Logistics Equipment / Supply Unit.	
7. Advise the Section Chief immediately of any operational issue you are not able to correct or resolve.	
8. Document all key activities, actions, and decisions in an Operational Log on a continual basis.	**ICS 214** **Unit Log**
9. Document all communications (internal and external) on an Incident Message Form . Provide a copy of the Incident Message Form to the Documentation Unit.	**ICS 213** **Message Form**

B. Site Set-Up Unit:

Many of these tasks listed below will need to be performed concurrently, although listed chronologically, deviations may be required. It is suggested you review the entire checklist and make assignments.

FTS SITE SET UP UNIT		
✓	**ACTION STEPS**	**TOOL #**
	1. Review infrastructure and support requirements at selected facilities. Request provision of missing utilities, equipment, generators, etc.	
	2. Coordinate with Staging Manager on the status and arrival of all ordered equipment and supplies.	
	3. Set up and designate command, triage, treatment, holding, staging, evacuation, helicopter landing, feeding, sanitation, morgue, and staff areas.	
	4. Establish signage for the facility, ambulance entrance, command, triage, treatment, holding, staging, evacuation, helicopter landing, feeding, sanitation, morgue, and staff areas.	
	5. Set-up tables and chairs as desk space for command, reception, triage, treatment areas, and food unit.	
	6. Set-up cots and linens in Delayed and Immediate Treatment Areas.	
	7. Set-up patient chairs and cots as needed in Minor Treatment Area	
	8. Set-up and test all communication systems	
	9. Provide clerical supplies as needed to command, reception, triage, treatment areas, and food preparation area.	
	10. Establish storage areas for supplies and pharmaceuticals as needed	
	11. Request the local dispatch agencies to notify pre-designated FTS team members and support staff of reporting time and location for initial FTS operational period.	
	12. Inspect helicopter landing site for debris and arrange for wet down and lighting for LZ	

FTS SITE SET UP UNIT		
✓	**ACTION STEPS**	**TOOL #**
	13. Make arrangements for food for staff and patients. Consider: ▪ Estimated duration of FTS operations ▪ Number of staff and patients requiring feeding ▪ Kitchen facilities available, or will catering be required ▪ Hand washing stations, soap and towels, or hand sanitizer with ▪ Water for cooking ▪ Refrigeration for food ▪ Heat source for cooking ▪ Dish washing or paper plates ▪ Trash collection ▪ Staff for cooking, serving, cleaning	
	14. Provide estimates for feeding numbers and times to the EOC Logistics Section or Operations Section / Care and Shelter Branch, for activation of agreements with Volunteer Agencies.	
	15. Arrange for refrigeration for pharmaceuticals, if required,	
	16. Provide for water for drinking and sanitation. If water is not available at the facility or site, OA EOC Logistics may be requested to locate and deliver water storage bladders or tanks.	
	17. Deploy trash and bio-waste containers as needed.	
	18. Arrange laundry service for blankets and linens, either on-site or by vendor pick up and delivery. Consider using disposable blankets, or donated blankets.	
	19. 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.	
	20. If Mental Health staff have not been pre-planned, request assistance from a Critical Incident Stress Team (CRIT) or the Mental Health Group at the EOC Health Medical Branch if needed.	
	21. If caring for children and / or pets is an issue, request activation of support through the Care and Shelter Branch of the OA EOC.	
	22. Determine the schedule for periodic staff briefings. Document discussions, decisions and follow up actions required.	
	23. Document all key activities, actions, and decisions in an Operational Log on a continual basis.	**ICS 214** **Unit Log**
	24. Document all communications (internal and external) on an Incident Message Form.	**ICS 213** **Message Form**

C. Security Unit:

The Security Unit is responsible to ensure establishment of security for access to the FTS as well as security within specific areas of the FTS.

FTS SECURITY UNIT		
✓	**ACTION STEPS**	**TOOL**
	Security for the following areas may be required: ▪ Medical supplies ▪ Pharmaceuticals ▪ Food ▪ Staging ▪ Perimeter ▪ Helicopter area ▪ Patient treatment areas	
	If additional security is needed because of changing conditions consider use of: ▪ Law mutual aid ▪ Private security firms ▪ Use of National Guard Determine needs and initiate requests for assistance through law enforcement mutual aid and from State and Federal resources.	
	Develop a Security Plan	**ICS 215A** **Security Plan**
	Ensure that a mechanism exists to control access to the site. Establish check-in and badging procedures. If needed, request badge making equipment and personnel through the OA EOC Logistics Section Supply Unit.	

Manual 2
Attachments

LOGISTICS SECTION:

Facilities Unit:

TOOL #1 - FIELD TREATMENT SITE ASSESSMENT FORM

TOOL #2 - HELICOPTER LANDING ZONE CONSIDERATIONS

TOOL #3 - CASUALTY DECON AREA ASSESSMENT FORM

TOOL # 4 - FTS MEMORANDUM OF UNDERSTANDING

TOOL # 5 - DIAGRAM OF SITE LAYOUTS

Staffing Unit:

TOOL # 6 - FTS STAFF POSITION DESCRIPTIONS

Equipment / Supply Unit:

TOOL # 7 – FTS EQUIPMENT AND SUPPLY SPECIFICATIONS

LOGISTICS SECTION:

FACILITIES UNIT:

TOOL #1 - FIELD TREATMENT SITE ASSESSMENT FORM

TOOL # 1 FIELD TREATMENT SITE ASSESSMENT FORM

LEMSA:	Operational Area:
Site Name:	
Address:	
Thomas Brothers Map and Page grid #:	

Survey Conducted By:

Individual completing assessment:	
Agency:	Phone #
Date of Assessment:	

Site Contact Information

	Name:	Phone #
Point of Contact (POC) for site access:		
After business hours POC:		
POC for facility maintenance (if applicable)		
POC for site security (if applicable)		

Site Description

LOT DESCRIPTION	**BUILDING(s) DESCRIPTION**
Total lot size: _____ Sq. Ft. / Acres (Circle one)	Total covered <u>non-enclosed</u> areas*: _____ **Sq. Ft.** _____
Number of Access / Egress Points* _____	Total # of buildings available*: _____ **Sq. Ft.** _____
Nearest major thoroughfare*: _____	# of buildings with single floor* _____ **Sq. Ft.** _____
Access road size (number of lanes): _____	# of buildings with multiple floors* _____ buildings with _____ floors **Sq. Ft.** _____ _____ buildings with _____ floors **Sq. Ft.** _____
PATIENT CAPABILITIES	
Estimate # of non-ambulatory casualties in all areas @100sq ft per patient _____	

NOTE: Include Site Map and/or Floor plan drawing of facility structure for all areas identified with an (*)

<u>SITE INFRASTRUCTURE</u>	**P**= Present **NP**= Not Present **RA**= Reasonably Accommodated			**COMMENTS** **(If additional space is needed use addition page and reference line #)**
1) Enclosed Buildings *	P	NP	RA	
2) Size of Largest Room* ___x___	_	_	_	
3) Gurney-sized doors* if yes, #:_____	P	NP	RA	
4) ADA (Handicap) access*	P	NP	RA	
5) Toilets* if yes, #: _____	P	NP	RA	
6) Showers*if yes, #: _____	P	NP	RA	
7) Solid waste disposal*	P	NP	RA	
8) Biohazard waste disposal*	P	NP	RA	
9) Loading Dock*	P	NP	RA	
10) Building lock-down capabilities	P	NP	RA	
11) Access control (fencing)*	P	NP	RA	
<u>SPACE –Patient Care</u>				
12) Ambulance arrival area*	P	NP	RA	
13) Staging area*	P	NP	RA	
14) Casualty triage area*	P	NP	RA	
15) Patient treatment area*	P	NP	RA	

SPACE –Patient Care (Cont)				COMMENTS
16) Patient evacuation area*	P	NP	RA	
17) Mortuary area*	P	NP	RA	
18) Casualty decon area*	P	NP	RA	
19) Decon holding tank*	P	NP	RA	
20) Sm Helicop LZ* (See Spec Sheet)	P	NP	RA	
21) Lg Helicop LZ* (e.g. Military)	P	NP	RA	
SPACE –Support Services				
22) Tractor Trailer Access*	P	NP	RA	
23) Hand washing*	P	NP	RA	
24) Laundry*	P	NP	RA	
25) Food storage area*	P	NP	RA	
26) Food prep /serving area*	P	NP	RA	
27) Counseling area*	P	NP	RA	
28) Family Area*	P	NP	RA	
29) Managers Area*	P	NP	RA	
30) Staff area*	P	NP	RA	
31) Medical supply storage*	P	NP	RA	
32) Secure pharm. storage*	P	NP	RA	
33) Parking* If yes, #: _____	P	NP	RA	
UTILITIES				
34) Electrical power	P	NP	RA	
35) Back-up generator**	P	NP	RA	**CAPACITY:** _____WATTS **FUEL ON SITE** Y / N **GALLONS** _____ **RUNTIME WITH EXISTING FUEL?** _____HRS
36) Lighting	P	NP	RA	
37) Heating	P	NP	RA	
38) Air Conditioning	P	NP	RA	
39) Water Service	P	NP	RA	
40) Water heater	P	NP	RA	
EQUIPMENT				
41) Refrigerators* if yes, #: _____	P	NP	RA	
42) Forklifts available on site # ____	P	NP	RA	
43) Pallet Jacks # _____	P	NP	RA	
COMMUNICATIONS				
44) Telephones if yes, #: _____	P	NP	RA	
45) Radios if yes, #: _____	P	NP	RA	
46) Intercom System	P	NP	RA	
47) Internet Access	P	NP	RA	*47)*
STAFF SUPPORT				
48) Staff to assist with facility ops.	P	NP	RA	
49) Staff with special languages	P	NP	RA	
50) Security staff Hrs _____	P	NP	RA	
Has this site been identified for use in other emergencies?		**Y**	**N**	*Please Identify:*

**** Indicate locations on site map***

ASSESSMENT RECOMMEDATION

How does the general layout look? Good Fair Congested

List potential problems or limitations of the site:

What would need to be brought in?

Other Comments:

:

Site Assessor's Recommendation:

_____ **Approve** - Site meets or exceeds all essential requirements

_____ **Qualifies** - Site meets minimum criteria (May need some additional resources)

_____ **Disapprove –** Site does not meet minimum requirements

FTS Recommended Minimum Square Footage Requirements

The actual size of each of the areas identified below will need to be considered specific to the incident. Consideration will need to be made for number of casualties being treated, the number of staff members, etc. The follow recommended minimum square footage requirements are provided as a guideline based upon an incident in which the FTS is expected to care for fifty (50) patients.

Exterior: (Minimum size based upon 50 Patients)	
Parking (80 cars)	30,000 sq. ft.
Ambulance loading /unloading area	1,500 sq. ft.
Helicopter landing zone (Small - 100ft X 100ft)	10,000 sq. ft.
(Large – 250ft X 250ft)	62,500 sq. ft.
Decon. Area (75 ft. from treatment areas)	5,000 sq. ft.
Interior: (Minimum size based upon 50 Patients)	
Patient reception area	600 sq. ft.
Triage area	300 sq. ft.
Treatment areas (minor, delayed, immediate) ***(Total area calculated at 100 square feet per patient)***	5000 sq. ft.
Each patient cot area	50 sq. ft.
Minimum distance between cots	3 ft.
Minimum access aisles between rows of patients	4 ft.
Area for staff charting / work area (tables / chairs)	1500 sq. ft.
Morgue Area	500 sq. ft.
Command and control offices /area	1000 sq. ft.
Communications equipment area, control desk, antenna area	100 sq. ft.
Sanitation (showers)	Minimum of 2 preferred
Sanitation (toilets, sinks)	6 Toilets / 6 sinks
Bio-waste disposal area	25 sq. ft.
Cache/medical supply area	250 sq. ft.
Team mess and rest area	300 sq. ft.
Food storage, food preparation	500 sq. ft.

FIELD TREATMENT SITE ASSESSMENT FORM

Instruction Sheet

SITE INFRASTRUCTURE

***1) Enclosed Buildings *** *List and show number of enclosed (four walled and roofed) buildings on site.*

2) Size of Largest Room* *Identify and show the length and width of the largest room on site*

3) Gurney-sized doors* *List and show all double entry doors or single entry doors => 39" wide*

4) ADA (Handicap) access* *List and show all ADA entry access points including ADA accessable restrooms*

5) Toilets* *If yes, list and show the number and locations of restrooms*

6) Showers* *If yes, list and show the number and locations of showers*

7) Solid waste disposal* *If yes, list and show all solid water collection bins*

8) Biohazard waste disposal* *If yes, list and show all biohazard waste disposal sites*

9) Loading Dock* *If yes, list and show all loading dock locations*

10) Building lock-down capabilities *Identify if buildings are able to be locked down and contact person for site keys*

11) Access control (fencing)* *Identfy on site map all access control fencing on site*

SPACE –Patient Care

12) Ambulance arrival area* *If yes, list and show avalable ambulance pick-up / departure points*

13) Staging area* *If yes, list and show all possible areas available for vehicle and personnel staging*

14) Casualty triage area* *If yes, list and show available areas to be utilized for patient triage*

15) Patient treatment area* *If yes, list available areas to be utilized for patient treatment (I,D, M)*

16) Patient evacuation area* *Identify an area (inside or outside) that patients could be evacuated in the even of emergency*

17) Mortuary area* *Identify a secure area for temporarily hold the deceased and if it has refrigiration capabilities*

18) Casualty decon area* *(See CASUALTY DECON AREA ASSESSMENT page for specific criteria)*

19) Decon holding tank* *Identify any capabilities on site for holding decon waste run-off*

20) Sm Helicop LZ* *(See FTS HELICOPTER LANDING ZONE ASSESSMENT page for specific criteria)*

21) Lg Helicop LZ* *(See FTS HELICOPTER LANDING ZONE ASSESSMENT page for specific criteria)*

SPACE –Support Services

22) Tractor Trailer Access* *If yes, list and show all access, egress, and available parking areas for large trucks*

23) Hand washing* *If yes, list and show available areas for hand washing*

24) Laundry* *If yes, list and show available laundry areas and number of washers and dryers available in each area*

25) Food storage area* *If yes, describe and show the available square footage, refrigeration, and shelving area available*

26) Food prep /serving area* *If yes, list and show available areas for preparing and serving food for victims and staff*

27) Counseling area* *If yes, list and show available private areas for patient and family couseling*

28) Family Area* *If yes, list and show available waiting areas for family members*

29) Managers Area* *If yes, list and show available office areas for FTS management services (Command, Finance, Logistics, Operations)*

30) Staff area* *If yes, list and show available private areas for staff stations*

31) Medical supply storage* *If yes, list and show available areas, sq. footage and shelving for medical supply*

32) Secure pharm. storage* *If yes, list and show available secure areas for storing and dispensing pharmaceuticals*

33) Parking* *If yes, list and show available areas and number of parking spaces available in each area*

UTILITIES

34) Electrical power *Describe all areas with electrical power and, if available, the volt/amp in each area.*

35) Back-up generator *Identify the capacity in # of watts, amount of fuel on site, and expected runtime with existing fuel.*

36) Lighting *Describe the lighting capabilities in all buildings*

37) Heating *Describe the heating capabilities in all buildings*

38) Air Conditioning *Describe the air conditioning capabilities in all buildings*

39) Water Service *Describe the running water capabilities in all buildings*

40) Water heater *Describe the heated water capabilities in all buildings*

EQUIPMENT

41) Refrigerators* *Identfy locations and size of all available refrigerators on site*

42) Forklifts available on site *List and describe the number of forklifts availabe on site*

43) Pallet Jacks *List and describe the number of Pallet Jacks availabe on site*

COMMUNICATIONS

44) Telephones *Describe the location and number of telephone lines into each building*

45) Radios *Describe the location, number, and frequency of radios available in each building*

46) Intercom System *Describe the availability of intercom services between buildings / rooms*

47) Internet Access *Describe the availability of internet services in each building / room*

STAFF SUPPORT

48) Staff to assist *Describe the number and working hours of site staff available to assist with facilty operations*

49) Staff with special languages *Identify any special languge capabilities of above staff members*

50) Security staff *Identify the number and working hours of security personnel available for FTS operations*

LOGISTICS SECTION:

FACILITIES UNIT:

TOOL # 2 - HELICOPTER LANDING ZONE CONSIDERATIONS

TOOL # 2 - HELICOPTER LANDING ZONE CONSIDERATIONS

The helicopter landing zone (LZ) or landing site may be assessed for either one, or both of the following:

Small EMS aircraft (Air ambulances / Air Rescue), or

Large (military) aircraft.

A. Location

Proximity and accessibility are two important aspects of every landing site. Try to get the LZ setup as close to the FTS as practical without interfering with FTS operations. Avoid having the EMS helicopter approach over the FTS to minimize noise and rotor wash on scene operations. Be cognizant of areas for physical access from the scene to the EMS aircraft, i.e. fences, ditches, guard rails etc. The patient will have to be carried over these obstacles, so choose a clear path if available.

Small Aircraft:
The landing / takeoff area must be at least 200' from the Field Treatment Site, further if tents are used for cover. SITE MEETS CRITERIA: Y / N

Large Aircraft:
The landing / takeoff area must be at least 350' from the Field Treatment Site, further if tents are used for cover. SITE MEETS CRITERIA: Y / N

B. Landing site size

Small Aircraft:
During both day and night operations select an area of at least 100 ft x 100 ft or 100 ft in diameter.
SITE MEETS CRITERIA: Y / N

Large Aircraft:
During both day and night operations select an area of at least 250 ft x 250 ft or 250 ft in diameter.
SITE MEETS CRITERIA: Y / N

D. Surface (Large and Small Aircraft)

The surface should be as firm and level as possible. Sand, loose dirt or thin snow is acceptable but could cause visibility problems (brown out or white out) during landing. Be aware that tall grass can be okay but the underlying surface may not be flat, or have hidden obstacles (tree stumps, fence posts, holes). A soggy wet field may cause the EMS aircraft wheels or skids to sink beyond a safe point.
SITE MEETS CRITERIA: Y / N

E. Slope (Large and Small Aircraft)

The slope of the landing site should be no greater than five (5) degrees. Ensure there is a safe approach to the helicopter from the downhill side. *(The aircraft should never be approach from the uphill side.)*
SITE MEETS CRITERIA: Y / N

F. Hazards (Large and Small Aircraft)

The landing site area should be walked by the assessment team to identify any obvious and hidden hazards or foreign object debris . This will include any loose debris, large rocks, tree stumps, etc. Many ground hazards can be covered by tall grass. Ask yourself the following question: Will the rotor wash cause debris (trash, plywood, garbage cans, shopping carts, etc.) to be blown around by the high velocity winds?
Some items can be picked up by the rotor wash and be blown into aircraft components causing damage to the EMS aircraft or could be blown away from the EMS aircraft potentially causing harm to onlookers or scene personnel.

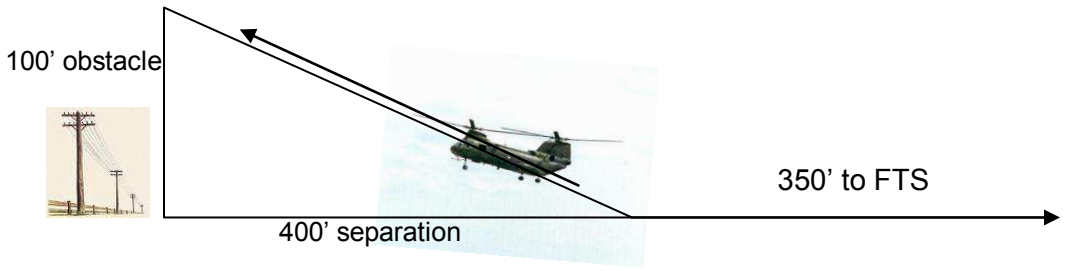
SITE MEETS CRITERIA: Y / N

D. Obstructions

Tall obstructions/hazards can be determined by standing in the center of the landing zone and with one arm raised to an approximate thirty (30)-degree angle. Anything that is noted to be in the proximity of the landing zone and above the individuals finger tips would be identified as a hazard and should be noted. Trees, wires and poles are the most common hazards. The perimeter of the LZ should be walked entirely and searched for overhead wires and or poles that may indicate the presence of wires. Consider if vehicles could be parked under and parallel to the direction of the wires to illuminate.

When computing from the edge of the landing zone aircraft should be able to land and take off at a 4:1 slant ratio free of obstacles. A 4:1 slant ratio for obstacle clearance causes an approach/departure angle of approximately 14 degrees. Approach/departure angles at 15 degrees or greater are considered steep and should be avoided.

SITE MEETS CRITERIA: Y / N



The CH 46 is 85’ in length, 51’ width, 17’ height. The CH 47 is 99’ in length, 60’ width, 19’ height.

LOGISTICS SECTION:

FACILITIES UNIT:

TOOL # 3 - CASUALTY DECON AREA ASSESSMENT FORM

TOOL # 3 - CASUALTY DECON AREA ASSESSMENT FORM

It will be assumed that any potential FTS will not have the dedicated equipment and facilities to perform casualty decontamination. It will also be assumed that the necessary equipment and temporary enclosures (tents, etc.) will be ordered or provided by local Haz Mat teams. Therefore, the potential Casualty Decon Area(s) will only be assessed for:

- Space : A minimum of least 70ft from the FTS and 350ft from potential landing zones for:
  - Establishing patient staging areas
  - Access Control Point
  - Contamination Corridor
- Availability of electricity
- Availability of water source(s)
- Contaminated water collection capability

If any enclosures or additional equipment that could be used during decon procedures are available on site, they will be noted in the site report and site diagram.

A. Space*

1) Identified space available in square feet _____ sq. ft.

2) The space is inside _____, outside _____? (if available space in available both in and outside, check both)

3) Distance from the FTS Structure? _____ ft.

4) Distance from potential landing zone? _____ft.

5) Describe decon area access and egress routes. (Show on site diagram)

6) Describe the ground surface(s) of the site. (Show on site diagram)

7) Directions(s) of ground slope. (Show on site diagram)

8) Direction of prevailing wind (if attainable). (Show on site diagram)

B. Availability of Electricity

1) Is there electricity available at the decon site? Y N

2) If yes, number of circuits _____. Amps per circuit _____.

C. Availability of Water Source(s)

1) Is there a pressurized water source at or near the decon area? Y N

2) Number of faucets: **Hot water _____ Cold water _____**.

3) Distance from potential decon site: **Hot water _____** ft. **Cold water _____**ft.

D. Contaminated water collection capability *

1) Are there any on-sight holding capabilities for decon run-off? Describe:

2) Describe property(s) on the downhill side of the potential decon area.

3) Sewer or septic on-site? _____

Indicate location on site map

COMMENTS:

LOGISTICS SECTION:

FACILITIES UNIT:

TOOL # 4 - FTS MEMORANDUM OF UNDERSTANDING

TOOL # 4 – FTS MEMORANDUM OF UNDERSTANDING

A Memorandum of Understanding (MOU) may be required when designating Field Treatment Sites in privately owned buildings or facilities. The following MOU may be used as a template when required. Final execution of the MOU shall be conducted by the Medical Health Branch of the EOC or OES.

MEMORANDUM OF UNDERSTANDING (MOU) FOR USE OF FACILITIES
IN THE EVENT OF A MASS MEDICAL EMERGENCY

_____ County, hereinafter "COUNTY" and (name of facility) agree that:

In the event of a mass medical emergency in _____ County, health and medical infrastructure and associated resources will be quickly committed to providing the necessary treatment and/or prophylaxis to effectively respond by request of the Medical/Health Operational Area Coordinator. Resources from the state, federal, and private sector will be mobilized and deployed to augment local medical and health resources as soon as possible. Such an event may require a facility to support the activation of a Field Treatment Site (FTS). The FTS will serve as a site where supportive care can be provided to victims of a large-scale mass casualty or bio-event.

COUNTY and (name of facility) enter into this partnership as follows:

1. Facility Space: COUNTY accepts designation of (name of facility) located at (address of facility) as a Field Treatment Site (FTS), in the event the need arises.

2. Use of the Facility: Request to use facility as an FTS will occur as soon as possible by the COUNTY Medical/Health Operational Area Coordinator, through the local Emergency Operations Center. Designation and use of (name of facility) will be mutually agreed upon by all parties to this agreement.

3. Modification or Suspension of Normal Facility Business Activities: (name of facility) agrees to alter or suspend normal operations in support of the ACS as needed.

4. Use of Facility Resources: (name of facility) agrees to authorize the use of facility equipment such as forklifts, buildings, communications equipment, computers, Internet services, copying equipment, fax machines, etc. Facility resources and associated systems will only be used with facility management authorization and oversight to include appropriate orientation/training as needed.

5. Costs:
    a. Public Facilities: All reasonable and eligible costs associated with the emergency and the operation of the FTS that include modifications or damages to the facility structure, equipment and associated systems directly related to their use in support of the FTS facility operations will be submitted for consideration and reimbursement through established disaster assistance programs.

    b. Private Facilities: (name of facility) agrees to enter into a Disaster Operations Agreement with a local government entity for use of facilities upon declaration of an emergency. All reasonable and eligible costs associated with the support of the FTS will be submitted for consideration and reimbursement through established disaster assistance programs, as mutually agreed upon in the Disaster Operations Agreement.

6. Liability: The California Emergency Services Act, Government Code §204 “Disaster Service Workers” addresses immunity from liability for services rendered voluntarily and without compensation in support of emergency operations during an emergency or disaster declared by the Governor.

7. Contact Information: (name of facility) will provide COUNTY the appropriate facility 24 hour/7 day contact information, and update this information as necessary.

8. Duration of Agreement: The minimum term of this MOU is two years from the date of the initial agreement. Subsequent terms may be longer with the concurrence of all parties.

9. Agreement Review: A review will be initiated by COUNTY and conducted following a disaster event or within two years after the effective date of this agreement. At that time, this agreement may be negotiated for renewal. Any changes at the facility that could impact the execution of this agreement will be conveyed to the identified primary contacts or their designees of this agreement as soon as possible. All significant communications between the Parties shall be made through the contacts or their designees.

10. Amendments: This agreement may be amended at any time by signature approval of the signatories or their respective designees.

11. Termination of Agreement: Any Party may withdraw at any time from this MOU, except as above, by transmitting a signed statement to that effect to the other Parties. This MOU and partnership created thereby will be considered terminated thirty (30) days from the date non-withdrawing Party receives the notice of withdrawal from the withdrawing Party.

12. Capacity to Enter into Agreement: The persons executing this MOU on behalf of their respective entities hereby represent and warrant that they have the right, power, legal capacity, and appropriate authority to enter into this MOU on behalf of the entity for which they sign.

Facility Official	Date
(County) Official	Date
Public Health Department Official	Date

To authorize facility use, call:

_____
Name

_____
Daytime phone number

_____
After-hours/emergency phone number

LOGISTICS SECTION:

FACILITIES UNIT:

TOOL # 5 - DIAGRAM OF SITE LAYOUTS

TOOL # 5– DIAGRAM OF SITE LAYOUTS

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

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

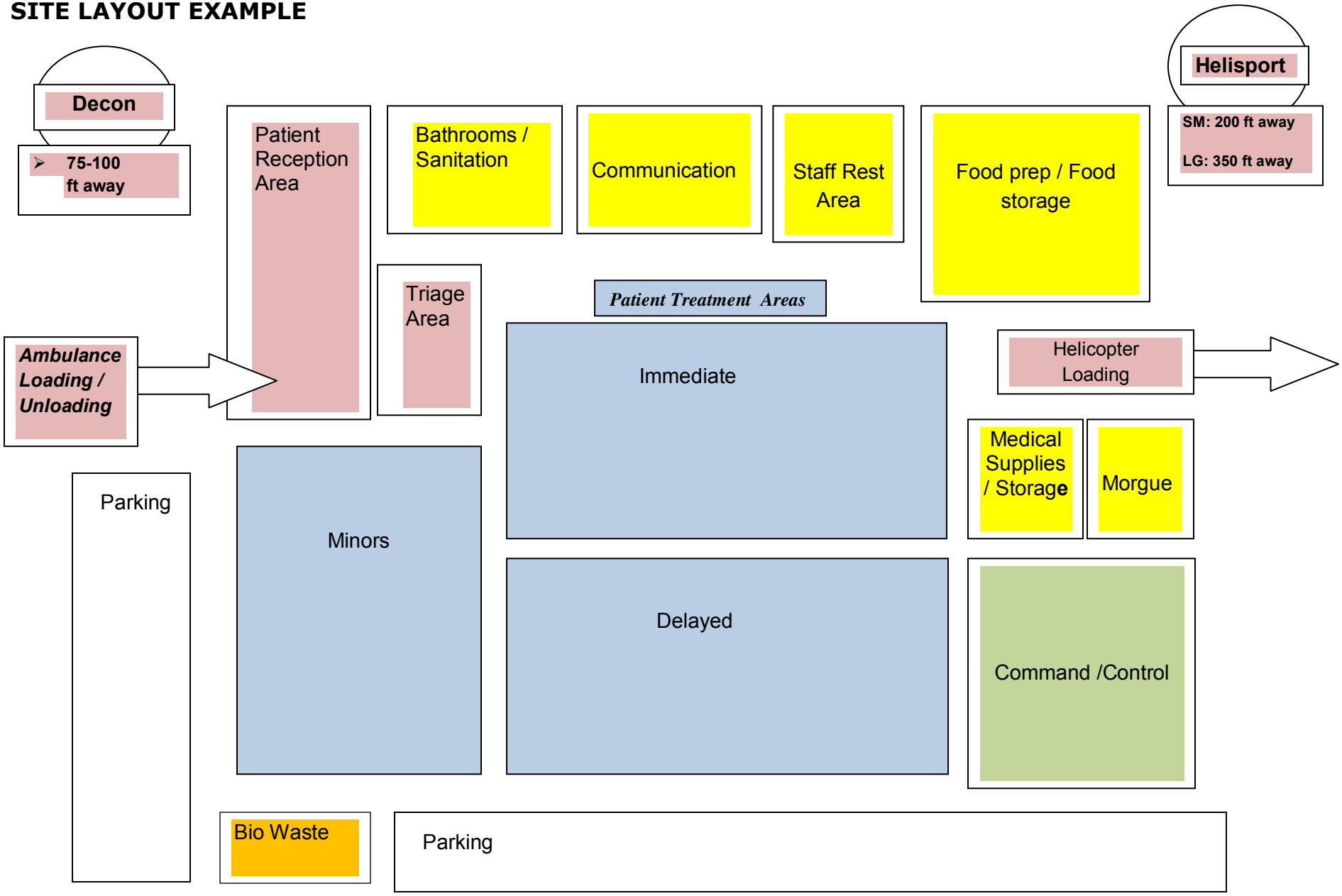
When Field Treatment Sites are pre-designated at existing facilities, it will be possible to include a floor layout diagram to detail how the site is set up when activated. The floor layout diagram should incorporate information provided on the Field Treatment Site Assessment Form.

When establishing a site during emergency response, the following areas should be considered in the site layout:

FIELD TREATMENT SITE FLOOR LAYOUT AREAS	
Patient reception	Sanitation (sink, shower, water system)
Parking	Sanitation (existing bathrooms or portable toilets)
Triage area	Bio-waste disposal area/container
Treatment areas (minor, delayed, immediate)	Emergency generator (s), electrical connectors
Command and control desk	Cache/medical supply area
Communications equipment area, control desk, antenna area	Team mess and recreation area
Transportation/evacuation/holding area	Food storage, food preparation
Helicopter landing zone (If applicable)	Decon Areas (If applicable)

A generic site map is provided on the following pages as a reference.

SITE LAYOUT EXAMPLE



LOGISTICS SECTION:

STAFFING UNIT:

TOOL # 6 - FTS STAFF POSITION DESCRIPTIONS

TOOL # 6 - FTS STAFF POSITION DESCRIPTIONS

Based upon the number of casualties and potential duration of the incident, consider the following staff positions.

The availability of city, county, Public Health, EMS Agency, hospital, volunteers, ESAR-VHP, Medical Reserve Corp (MRC) and Disaster Medical Assistance Team (DMATs) will also determine which Field Treatment Site positions are activated and staffed.

POSITION	*SKILL LEVEL*	*RESPONSIBILITIES*	*# On Team*
Facility Commander	*Non-Medical*	*Medical or non-medical management person, familiar with ICS. The Manager conducts briefings, coordinates with any necessary liaisons, and ensures smooth operations.*	*1*
Safety Officer	*Non-Medical*	*Ensures safe operations for staff and patients. Coordinates with local Law Enforcement when additional security is required.*	*1*
PIO	*Non-Medical*	*Prepares information for the public regarding the FTS location and care available, if appropriate. Coordinates all messages with the Site Manager and/or the JIC, if established. Escorts media representatives, while protecting patient privacy.*	*1*
Logistics Section Chief	*Non-Medical*	*If needed; Manages Resources and Support Branches, ensures section is operational and functioning properly.*	*0-1*
Logistics / Resources Branch Director	*Non-Medical*	*Supervises Staffing, Resource Acquisition, and Supply Units.*	*1*
Staffing Unit	*Non-Medical*	*Identifies personnel needs for FTS, ensuring all shifts coverage. 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. Ensure all FTS workers are signed in, and keeping track of time.*	*1-2*
Resource Acquisition Unit	*Non-Medical*	*Coordinates medical and non-medical equipment and supply requests, and mutual aid through adjacent jurisdictions and the MHOAC when required. Responsible for establishing a staging area, and provides location information to deployed resource teams, and vendors. Coordinates with Staffing Unit regarding personnel requests made.*	*1-3*
Supply Unit	*Non-Medical*	*Manages inventory of medical and non-medical supplies. Distributes supplies as requested by Operations. Coordinates with Resource Acquisition to ensure steady re-supply.*	*1-2*
Logistics / Support Branch	*Non-Medical*	*Supervises Communications, Facilities, Traffic Control, Food, Water, Sanitation, Child and Pet Care Units.*	*1*
Communications Officer	*Non-Medical*	*Review communication Plan, revise as necessary. Ensure all units can communicate with response partners. Maintain inventory of equipment issued. Provide radio training to new users. Request additional assistance from EOC, RACES and Dispatch or County Communications.*	*1-2*

POSITION	SKILL LEVEL	RESPONSIBILITIES	# On Team
Facilities Unit	*Non-Medical*	*Responsible for operational functionality of the facility. Coordinate with Resource Acquisition for utilities, tents, cots, lighting, generators, and fuels. In pre-designated sites; ensures set-up according to layout. Coordinates with Food, Water, and Sanitation Unit to determine shared resource / equipment needs. Coordinates with Child / Pet Care Unit to locate function appropriately.*	*1-2*
Traffic Control	*Non-Medical*	*In pre-designated sites, uses pre-determined layout, coordinating flow with other Support Branch Units and the Operations Section. At impromptu site, determines traffic flow patterns with Operations. Requests volunteers, traffic control supplies as necessary.*	*1*
Food, Water, Sanitation Unit	*Non-Medical*	*Coordinates with DOC or EOC to request staff and patient feeding, canteen, kitchen or catering. Establishes water delivery (if required) for drinking and sanitary purposes – including medical ops sanitation and prior to eating hand wash stations. Arranges for water storage and waste water holding containers when sewer is unavailable. Arranges for removal of waste from the site, including bio-medical waste.*	*2-3*
Operations Section Chief	*Paramedic*	*Lead medical person. Under the direction of the County, directs and controls the medical activities of the FTS. Supervises Triage, Treatment, Mental Health, Transportation, and Morgue Groups.*	*1*
Triage Group	*Paramedic or EMT*	*Triage Control Officer and Triage Team assign and move casualties to appropriate treatment and unit. Assign infectious individuals to isolation area if circumstances require and allow. Maintain Triage Area. Registration Clerk initiates patient records.*	*1-7+*
Treatment Group	*Paramedic*	*Treatment Control Officer and Immediate and Delayed Officers and Teams. Medical personnel who provide treatment of casualties received in the Immediate and Delayed areas utilizing their current standard of practice. Assign stabilized patients to appropriate holding areas.*	*7+*
Mental Health	*Mental Health*	*Provide crisis counseling to casualties, and stress counseling for staff. In some circumstances may request, through the Operations Section Chief, drug and alcohol and religious practitioner staff.*	*1+*
Transportation Group	*EMT or First Responder*	*Transportation Control Officer coordinates transportation of casualties to local hospitals or to ACSs, or to out of area hospitals. Coordinates with NDMS, when available. Transportation Recorder initiates and maintains patient tracking records. Air Operations Controller manages traffic flow within the helicopter landing area, assures patient and personnel safety, heliport area maintenance, and appropriate placement of heliport markings. Ground Operations Controller manages traffic flow of arriving and departing ambulances and other means of ground transportation. Monitoring Teams maintain patient stability while in holding areas.*	*5+*
Morgue	*Non-Medical*	*Establishes temporary morgue area. Coordinates with Medical Examiners Office for certifications and assistance with establishing identity if necessary. Maintains belongings of deceased individuals. Maintains chain of custody and evidence tracking records, if incident is crime related or suspected. Instructs other Sections in evidence management.*	*1+*

Plans Section Chief	*Non-Medical*	*If required. Supervises Reports Officer and Patient Inquiry Units.*	*1*
Reports	*Non-Medical*	*Coordinates with Triage, Treatment and Transportation areas to develop status reports of the FTS. Provides responses to requests for information from the DOC and EOC. Documents briefing sessions and Incident Action Planning sessions. Communicates Site Report From to DOC or EOC. Writes After-Action Report.*	*1*
Patient Inquiry and Information	*Non-Medical*	*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, Triage Registration Clerk, and probably the American Red Cross.*	*1*

LOGISTICS SECTION:

EQUIPMENT / SUPPLY UNIT:

TOOL # 7 – FTS EQUIPMENT AND SUPPLY SPECIFICATIONS

TOOL # 8 - MEDICAL AND HEALTH RESOURCE REQUEST FORM

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*

FTS EQUIPMENT AND SUPPLY SPECIFICATIONS
INSTRUCTION SHEET

Column #	1	2	3	4	5	6	7	8
	Recommended Quantity	**Available In Local Cache?**	**# In Cache**	**Select for Ordering**	**Have (#)**	**Need (#)**	**Requested (#)**	**Order Filled**
GENERAL EQUIPMENT & SUPPLIES								
1. Cots	50	**PHD**	**30**	**50**	**30**	**20**	**20**	
2. Pillows,	100 each	**PHD**	**100**	**100**	**100**			**X**
3. Blankets	50	**OES**	**200**	**100**	**100**			**X**
4. Tables (6ft)	8							
5. Chairs	25			**10**	**5**	**5**	**5**	

EXAMPLE

Column Number:

1. **Recommended Quantity**: Denotes the suggested quantity of each item needed to initially establish an FTS for approximately 50 patients.
2. **Available in Local Cache:** Denotes whether the item is available in a local disaster cache. This column should be pre-completed for each county and updated on an annual basis. If the item(s) is contained in a local cache the column should indicate the specific cache by an identifier (e.g. PHD). If the item is not contained in a cache, leave blank.
3. **Number in Cache:** List the number of items available in each cache.
4. **Select for Ordering:** This column should be completed at the time of the specific incident. If a number of the line item is required which is different than the "Recommended Quantity" (Example, the FTS is expected to treat 100 patients rather than 50) the actual quantity need should be placed in this column rather than the "Recommended Quantity." ***Orders should only be placed for items that have a number in this column.***
5. **Have:** Denotes the number of the item the operational area has available either in a local cache or through another source.
6. **Need:** Calculate this number by subtracting the number in the "Have" column from the number in the "Recommended Quantity" column, or "Select for Ordering" column if a number has been placed in that column.
7. **Requested:** Denotes the number of items requested through local sources or through mutual aid.
8. **Order Filled:** When the order has been filled, an (X) should be placed in this column.

TOOL #8

Medical and Health Resource Request Form (Most recent version found in the CAHAN Documents Library: cahan.ca.gov)

Page 1 of_____

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.

ORDER SHEET

Page _____of_____

5. ORDER							17. Logistics Section: Fulfillment NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).					
							Quantity			Tracking #	ETA	COST
Line #	Priority (See Below)	Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, and other info. (Rx: Drug Name, Dosage Form, UNIT OF USE PACKAGE or Volume, etc.) (STAFF: experience, licensure, etc.)	Kind/Rx Strength	Type/Rx Unit or Conc.	Quantity Requested (See Below)	Expected Duration of Use:	Approved	Filled	Back-Ordered		(Date & Time)	
6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):							7. Deliver to/Report to POC (Name, Position, Tele#/Email, Radio, etc.)					

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.

PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

QUANTITY: Based upon a unit of EACH; Pharmaceuticals are based upon a single regimen of the requested unit.

MEDICAL AND HEALTH RESOURCE REQUEST

Instructions for Completion

Sections 1 through 4 to be completed by the Requestor (page 1)

1. Incident Name: The name of the incident, assigned by the Incident Commander. The Incident Name should be consistent with the name assigned by the Operational Area EOC, if any.

2. a. Date: XX/XX/XXXX (e.g., 10/01/2009 for October 1, 2009)
   b. Time: Use 24-hour format (e.g., 1700 rather than 5:00 pm)

   c. Request Number(s): Initial Number assigned by Requestor for tracking purposes. Secondary Numbers may be assigned by processing and/or filling levels, if necessary.

3. Requestor Name, Agency, Position, Phone/Email: Provide specific information for the person submitting the request, including agency/department affiliation, contact information, etc.

4. Mission/Tasks: Describe CLEARLY the mission/task and how the requested resource is expected to accomplish the mission/task.

Sections 5 through 7, ORDER SHEET (page 2), to be completed by the Requestor

5. Order: CLEARLY identify what is being requested (including alternates if applicable). i.e., pharmaceuticals (Standard or generic name), medical supplies (specific item or nomenclature), personnel (Doctor – General/Specialist, RN, LVN, Paramedic, etc.), ambulances, Mobile Field Hospital, etc.

   Col 1: Line #. If more than one of the same kind of resource is required, assign a number to each row.

   Col 2: Priority. How soon is the item(s) needed: less than 12 hours, more than 12 hours, or is it needed to sustain operations; see options at bottom of page

   Col 3: Detailed Specific Item Description: Provide information specific to the resource to ensure quick, efficient processing of request. Provide as much detailed information as possible.

   Drugs: Indicate drug name, dosage, form, unit of use, package or volume

   Staff: Describe needed experience, licensure, skill set, abilities.

   Facilities: Describe specific needs including utility, access times, etc.

   Supplies/Equipment: Provide complete description, manufacture, item/model number, etc.

   Col 4: Kind/Rx Strength. Identify the kind of item; if pharmaceuticals, indicate the

   strength and what kind, i.e., generic, etc;

   Col 5: Type/Rx. Identify measurement (units, dozens, cases, etc.)

   Col 6: Quantity Requested: Indicate how many are needed to fulfill the mission/task.

   Col 7: Expected Duration of Use: How long are the resources needed? Not

   Applicable (N/A) for expendable resources, i.e. medications, gloves, etc.

6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s): Identify potential sources for supply, substitutes and any special delivery instructions.

7. Deliver to/Report to POC: Provide delivery information, including specific delivery address, delivery hours, and delivery POC (telephone and email address).

Section 8 through 9 to be completed by the MHOAC Program

8. MHOAC Signature. The MHOAC should review and validate the Resource Request. The MHOAC's signature verifies that the request meets the standards set forth within SEMS.

9. Processing Activities: List the activities, persons contacted, and results related to the fulfilling this request.

Sections 10 through 13 to be completed by the Logistics Section filling the request

10. Additional Order Fulfillment Information: Provide any additional relevant information, e.g., the order is being fulfilled in stages, more than one vendor is involved, etc.

11. Supplier Name/Phone/Fax/Email: Provide the exact name and contact information of vendor or agency supplying the resource.

12. Resource Tracking: Use to document expectations and actions related to resource tracking.

13. Notes: Additional relevant information not contained elsewhere.

14. Ordered filled at: Indicate the highest SEMS level fulfilling the request.

Sections 15 and 16 to be completed by Finance Section

15. Reply/Comments from Finance: Provide information for documenting the financial activities related to this request.

16. Finance Section Signature (Name, Position and Signature) and Date/Time: Identify the person/position that authorized expenditure of funds to fulfill the resource request; in addition to signature, include position/title and date and time signed.

Section 17 to be completed by level/entity Logistics Section filling the request i.e.

Quantity

Approved: Indicate the amount approved. This may be different than amount requested.

Filled: Indicate the amount that can be filled at request processing time.

Back Ordered: Indicate any quantity that has been placed on back-order at the vendor level that once delivered can be used to complete the request. If items not provided will require re-ordering, indicate the number of items and that "Re-

Order Required".

Tracking #: Internal number used to track the resource fulfillment process.

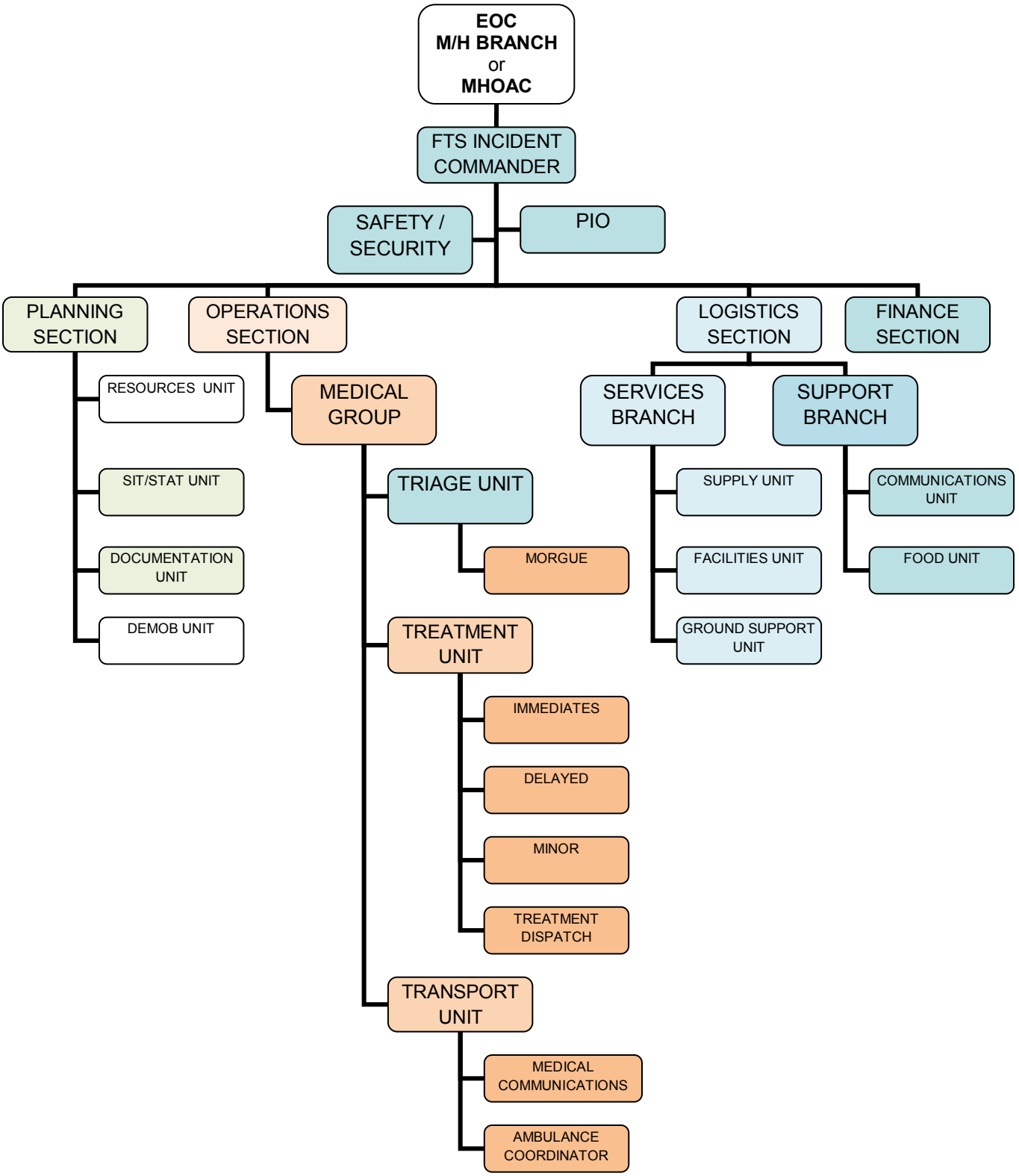
ETA (Date and Time): Estimated time of arrival of the requested items, if known.

Cost: Used to track event cost

MANUAL 3:

MANAGING A FIELD TREATMENT SITE

I. ICS ORGANIZATION STRUCTURE



II. JOB ACTION SHEETS

INCIDENT COMMANDER

Mission: Organize and direct the Field Treatment Site (FTS). Give overall strategic direction for incident management and support activities, including emergency response and recovery.

Date: _____ Start: _____ End: _____ Position Assigned to: _____

Signature: _____ Initial: _____

Field Treatment Site (FTS) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Assume role of Incident Commander and activate the Incident Command System (ICS).		
Read this entire Job Action Sheet and put on position identification vest.		
Set up and designate FTS organization, including Command Staff (Security, PIO) and General Staff (Operations, Planning, and Logistics Sections) to support extended operations.		
Determine the schedule for periodic staff briefings. Document discussions, decisions and follow up actions required.		
Planning and logistical support will be provided through the Operational Area EOC as needed.		

Documents/Tools
• ICS 203 • ICS 214

PUBLIC INFORMATION OFFICER

Mission: Serve as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media, as approved by the Incident Commander.

Date: _____ Start: _____ End: _____ Position Assigned to: _____Initials:_____

Position Reports to: Incident Commander Signature _____:

Field Treatment Site (FTS) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review incident management team chart (ICS 207). Put on position identification vest.		
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.		

Documents/Tools
• Incident Action Plan

SAFETY / SECURITY OFFICER

Mission: Ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions. Have authority to halt any operation that poses immediate threat to life and health.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____

Position Reports to: Incident Commander Signature: _____

Field Treatment Site (FTS) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review incident management team chart (ICS 207). Put on position identification vest.		
Develop Safety Plan and monitor safe operations		
If not already on scene, contact law enforcement through Dispatch for security set up. Security for the following areas may be required:		
▪ 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.		

Documents/Tools
• ICS 208 • ICS 214 • ICS 215A

PLANNING SECTION CHIEF

Mission: Oversee all incident-related data gathering and analysis regarding incident operations and assigned resources, develop alternatives for tactical operations, conduct planning meetings, and prepare the Incident Action Plan (IAP) for each operational period.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Incident Commander Signature: _____

Field Treatment Site (FTS) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
Assist the Incident Command in developing an IAP for the next operational period.		
Appoint Unit Leaders as necessary.		
Arrange and lead all periodic staff debriefings as scheduled by the IC		

Documents/Tools
• ICS 201 • ICS 202 • ICS 214

RESOURCES UNIT LEADER

Mission: Maintain information on the status, location, and availability of personnel, teams, facilities, supplies, and major equipment to ensure availability of use during the incident. Maintain a master list of all resources assigned to incident operations.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Planning Section Chief Signature: _____

Field Treatment Site (FTS) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Receive appointment and briefing from the Planning Section Chief.		
Read this entire Job Action Sheet and put on position identification vest.		
Ensure all FTS workers are signed in, and keeping track of time.		
Maintain information on the status, location, and availability of personnel, teams, facilities, supplies, and major equipment		
Maintain a master list of all resources assigned to incident operations.		
Identify personnel needs for FTS, ensuring all shifts coverage.		

Documents/Tools

- FTS 05
- FTS 06
- ICS 215G

SITUATION UNIT LEADER

Mission: Collect, process, and organize ongoing situation information; prepare situation summaries; and develop projections and forecasts of future events related to the incident. Prepare maps and gather and disseminate information and intelligence for use in the Incident Action Plan (IAP).

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Planning Section Chief Signature: _____

Field Treatment Site (FTS) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
Coordinate with Triage, Treatment, and Transportation areas to develop status reports of the FTS.		
Provide responses to requests for information from the DOC and EOC.		
Document briefing sessions and Incident Action Planning sessions.		
Communicate Site Report Form (FTS 04) to DOC or EOC.		
Write 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.		

Documents/Tools
• FTS 04 • MCM 403

TRIAGE UNIT LEADER

Mission: Supervise Triage Personnel/Litter Bearers and the Morgue Manager. Assume responsibility for providing triage management and movement of patients from the triage area.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: **Medical Group Supervisor** Signature: _____
Field Treatment Site (FTS) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
Develop organization sufficient to handle assignment.		
Inform Medical Group Supervisor of resource needs.		
Implement triage process.		
Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.		
Give periodic status reports to Medical Group Supervisor.		
Maintain security and control of the Triage Area.		
Establish Morgue.		
Maintain Unit/Activity Log (ICS Form 214).		

Documents/Tools
• ICS 214

TREATMENT UNIT LEADER

Mission: Supervise Treatment Managers and the Treatment Dispatch Manager. Assume responsibility for treatment, preparation for transport, and direct movement of patients to loading location(s).

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: **Medical Group Supervisor** Signature: _____

Field Treatment Site (FTS) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
Develop organization sufficient to handle assignment.		
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.		
Maintain Unit/Activity Log (ICS Form 214)		

Documents/Tools
• ICS 214

TREATMENT AREA MANAGER

Mission: Supervise treatment and re-triage of patients assigned to Treatment Area.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: **Treatment Unit Leader** Signature: _____
Field Treatment Site (FTS) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
Request or establish Medical Teams as necessary.		
Assign treatment personnel to patients received in the Immediate Treatment Area.		
Ensure treatment of patients triaged to the Immediate Treatment Area.		
Assure 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.		
Assure that appropriate patient information is recorded.		
Maintain Unit/Activity Log (ICS Form 214)		

Documents/Tools
• ICS 214

TREATMENT DISPATCH MANAGER

Mission: Coordinate with The Patient Transportation Unit Leader the transportation of patients out of the Treatment Areas.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: **Treatment Unit Leader** Signature: _____
Field Treatment Site (FTS) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
Establish communications with the Immediate, Delayed, and Minor Treatment Managers.		
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.		
Coordinate ambulance loading with the Treatment Managers and ambulance personnel.		
Maintain Unit/Activity Log (ICS Form 214)		

Documents/Tools
• ICS 214

TRANSPORTATION UNIT LEADER

Mission: Coordinate patient transportation and maintenance of records relating to the patient's identification, condition, and destination.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: **Medical Group Supervisor** Signature: _____
Field Treatment Site (FTS) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
Ensure the establishment of communications with hospital(s).		
Designate Ambulance Staging Area(s).		
Direct the off-incident transportation of patients as determined by The Medical Communications Coordinator.		
Ensure that patient information and destination are recorded.		
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 Director and Air Operations Branch Director.		
Maintain Unit/Activity Log (ICS Form 214).		

Documents/Tools
• MCM 403 • ICS 214

MEDICAL COMMUNICATIONS COORDINATOR

Mission: Maintain communications with the hospital alert system to maintain status of available hospital beds to ensure proper patient transportation and destination.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: **Patient Transportation Unit Leader** Signature: _____
Field Treatment Site (FTS) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
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 Form 214)		

Documents/Tools
• ICS 214

AMBULANCE COORDINATOR

Mission: Manage the Ambulance Staging Area(s), and dispatch ambulances as requested.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: **Patient Transportation Unit Leader** Signature: _____
Field Treatment Site (FTS) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
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.		
Maintain records as required and Unit/Activity Log (ICS Form 214)		

Documents/Tools
• ICS 214

COMMUNICATIONS UNIT LEADER

Mission: Organize and coordinate internal and external communications connectivity.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Service Branch Director Signature: _____
Field Treatment Site (FTS) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
Prepare and implement the Incident Communications Plan.		
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		

Documents/Tools
• ICS 205 • ICS 214

FOOD UNIT LEADER

Mission: Make arrangements for food for staff and patients. Consider estimated duration of FTS operations

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Service Branch Director Signature: _____

Field Treatment Site (FTS) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
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		
Consider need for tables and chairs		
Maintain Unit/Activity Log		

Documents/Tools
• ICS 214

SUPPLY UNIT LEADER

Mission: Acquire, inventory, maintain, and provide medical and non-medical care equipment, supplies, and pharmaceuticals.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Support Branch Director Signature: _____

Field Treatment Site (FTS) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
If using a site or facility that was not pre-inspected or pre-designated, determine the need for: • Cached tents (for outdoor site)		
• 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.		
Maintain Unit/Activity Log		

FACILITIES UNIT LEADER

Mission: Responsible for the layout and activation of incident facilities and Incident Command Post. Provide sleeping and sanitation facilities for personnel and patients.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Support Branch Director Signature: _____

Field Treatment Site (FTS) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
Responsible for the layout, activation, and operational functionality of the facility.		
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).		
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		

Documents/Tools
• ICS 214

GROUND SUPPORT UNIT LEADER

Mission: Support out-of-service resources; transportation of personnel, supplies, food, and equipment; fueling, service, maintenance, and repair of vehicles and other equipment; and develop the incident traffic plan.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Support Branch Director Signature: _____

Field Treatment Site (FTS) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Read this entire Job Action Sheet and put on position identification vest.		
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.		
Maintain incident roads.		
Establish staging area and provide location information to deployed resource teams and vendors.		

Documents/Tools
• ICS 218

MANUAL 3

Attachments :

ICS/ FTS Forms

A. ICS Forms

- ICS 201 – Incident Briefing
- ICS 202 – Incident Objectives
- ICS 203 – Organization Assignments
- ICS 205 – Communications Plan
- ICS 208 – Safety Plan
- ICS 214 – Unit Log
- ICS 215A- Security Planning Worksheet
- ICS 215G- Operational Planning Worksheet
- ICS 221- Demobilization Check-out
- MC 312 – Medical Supply Inventory
- MCM 403 – Patient Transportation Summary

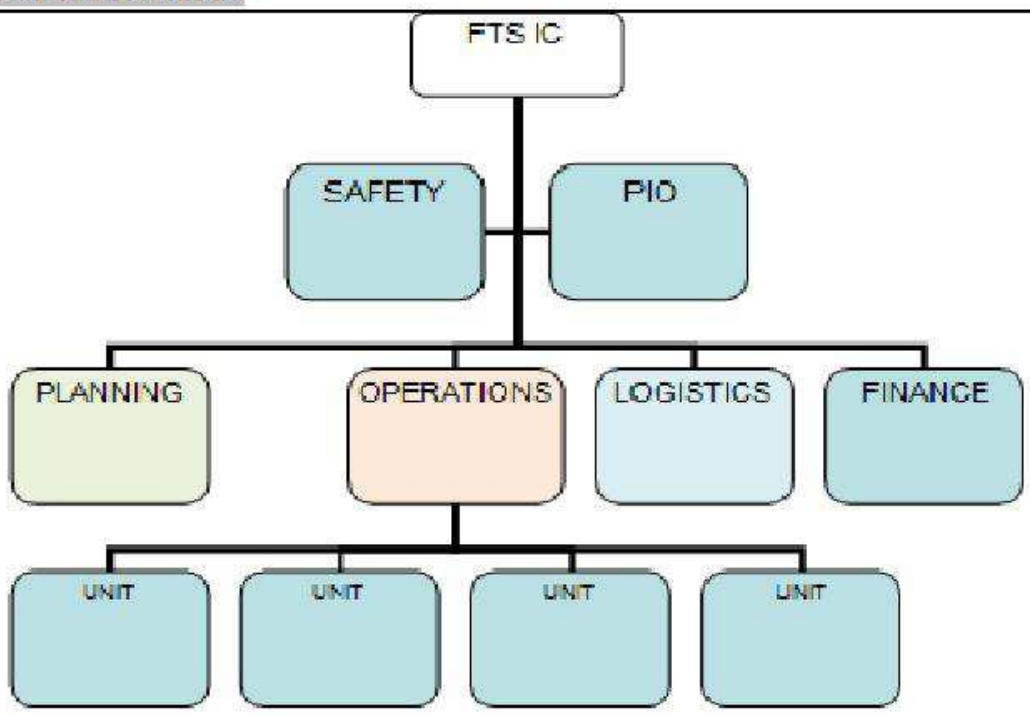
B. FTS Forms

- FTS-01 – Field Treatment Site Report Form
- FTS-02 – FTS Position Staffing Roster
- FTS-03 – Staff/Volunteer Sign-in
- FTS-04 – Patient Record

201 – 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. NOTES (including accomplishments, issues, warnings/directives)				
Resources ordered	Resource identification	ETA	on scene	Location / Assignment
7. Summary of Current Actions				
Page 2 of ____				

202 – INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

4. OPERATIONAL PERIOD

5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES)

Management Objectives:

-
-
-
-
-

Operational Objectives:

-
-
-
-
-

6. WEATHER FORECAST

7. GENERAL SAFETY MESSAGE

8. ATTACHMENTS

☐ Organization Assignment List - ICS 203	☐ Medical Plan - ICS 206	☐ (Other):
☐ Branch Assignment List - ICS 204	☐ Incident Map	☐
☐ Communications Plan -ICS 205	☐ Traffic Plan	☐

203 – ORGANIZATION ASSIGNMENT LIST			
1. INCIDENT NAME	**2. DATE**	**3. TIME**	**4. OPERATIONAL PERIOD**
POSITION	**NAME**		
5. Incident Commander and Staff			
Incident Commander			
Public Information Officer			
Liaison Officer			
Safety Officer			
6. Agency Representative			
Agency:			
Agency:			
Agency:			
Agency:			
Agency:			
7. Planning Section			
Chief			
Resources Unit			
Situation Unit			
Documentation Unit			
Demobilization Unit			
Other Branch:			
8. Logistics Section			
Chief			
Service Branch			
Support Branch			
Other Branch:			
9. Operations Section			
Chief			
Staging Manager			
Medical Care Branch			
Infrastructure Branch			
Security Branch			
Business Continuity Branch			
HazMat Branch			
Other Branch:			
10. Finance			
Chief			
Time Unit			
Procurement Unit			
Compensation/Claims Unit			
Cost Unit			
12. PREPARED BY (RESOURCES UNIT LEADER)			

205 Incident Communications Plan	1. Incident Name	2. Operational Period

3. Basic Radio Channel Use

SYSTEM / CACHE	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	REMARKS

4. PREPARED BY (COMMUNICATIONS UNIT)	Date/Time:

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

Section I. Site Information

4. 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:

214 – UNIT LOG	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. UNIT NAME	5. UNIT LEADER	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)

215A INCIDENT ACTION PLAN SAFETY ANALYSIS	1. Incident Name	2. Date	3. Time

Division or Group	Potential Hazards								Mitigations (e.g., PPE, buddy system, escape routes)
	Type of Hazard:	Type of Hazard:	Type of Hazard:	Type of Hazard:	Type of Hazard:	Type of Hazard:	Type of Hazard:	Type of Hazard:	

Prepared by (Name and Position)

ICS 215A

215G OPERATIONAL PLANNING WORKSHEET	**1. Incident Name**	**2. Date/Time**	**3. Operational Period**

4. Division, Group, or other location	**5. Work Assignments**		**Resource by Type**								**6. Overhead**	**7. Report Location**	**8. Report Time**
			1	2	3	4	1	2	3	4			
		Req											
		Have											
		Need											
		Req											
		Have											
		Need											
		Req											
		Have											
		Need											
		Req											
		Have											
		Need											
		Req											
		Have											
		Need											
		Req											
		Have											
		Need											
		Req											
		Have											
		Need											
9. Total Resources - Single		Req											
		Have											
		Need											
10. Prepared by (Name and Position)													

ICS 215G

221- DEMOBILIZATION CHECK-OUT

1. Incident Name/Number	**2. Date/Time**	**3. Order, Request, or Demob. No.** (if applicable)
4. Unit/Personnel Released (title, name)		
5. Transportation Type/No. (if applicable)		
6. Actual Release Date/Time	**7. Manifest? ☐ Yes ☐ No Number ____**	
8. Destination (e.g. Region, Base, Agency, Home, etc.)	**9. Notified ☐ Agency ☐ Region ☐ Area ☐ Dispatch** **Name:** **Date/time:**	
10: Unit Leader Responsible for Collecting Performance Rating (if applicable)		
You and your resources have been released subject to sign-off from the following: *Demob. Unit Leader check the appropriate box*		
Logistics Section		
☐ **Supply Unit**		
☐ **Communications Unit**		
☐ **Facilities Unit**		
☐ **Ground Support Unit**		
Planning Section		
☐ **Documentation Unit**		
Finance Section		
☐ **Time Unit**		
Other		
☐		
☐		
11. Remarks: (any additional remarks/tasks concerning demob.)		
12. Prepared By: (include Date/Time)		

ICS Form 221

MEDICAL SUPPLY
RECEIPT AND INVENTORY FORM

INCIDENT NAME: _____ INCIDENT #: _____

A. Supplies/Equipment received from: _____ DATE: ___/___ /___

Agency: _____Unit ID#: _____Name: _____
(Whenever possible, use masking tape and markers to identify all equipment)

B. Supplies/Equipment Received by:

NAME: _____ INCIDENT POSITION: _____

No.	Item Description *(Print All Entries)*	Unit*	Amount

***Unit - list a measurable description of the item (gauge, gm, ml, bag, doz., etc.)

INCIDENT REIMBURSEMENT OF ANY SUPPLIES/EQUIPMENT WILL BE BASED ONLY UPON ORIGINAL FORM LISTINGS.

PATIENT TRANSPORTATION SUMMARY WORKSHEET				1. INCIDENT NAME			2. DATE PREPARED	3. TIME PREPARED	
PATIENT READY	PATIENT STATUS	INJURY TYPE (ie: HEAD)	MODE OF TRANSPORT	HOSPITAL DESTINATION	AMBULANCE CO. AND ID	PATIENT NAME/ TAG NUMBER	OFF SCENE TIME	ETA	HOSPITAL ADVISED
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
MCM 403		4. PREPARED BY (PATIENT TRANSPORTATION UNIT LEADER/MEDICAL COMMUNCIATIONS COORDINATOR)							

FTS-01 – 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.*

1. Date: Time:		**2. Site:**		**3. Person Reporting:**	
4. Shift: (Time Period Covered By This Report)					
5. Phone #		**Fax #**			
6. # Patients Triaged:	7. Current	8. Day Total	**9. # Patients Minor Injury - Treated and Released:**	10. Current	11. Day Total
12. # Patients in Delayed	13. Current 14.	15. Day Total	**16. # Patients in Immediate**	17. Current	18. Day Total
19. # Patients Transported to Hospital or Other	20. Current	21. Day Total	**22. # Patients Deceased**	23. Current	24. Day Total

25. Approximate # Waiting to be Triaged:

26. **Overall Status of Site Operations:** ☐ No Problems to Report

27. ☐ **Problems With: (Describe)**

☐ Communications

28. ☐ Staffing

29. ☐ Security

30. ☐ Supplies

31. ☐ Public Information

32. ☐ Translation

33. ☐ Other

34. Resource Orders Pending:	**35. Staffing Requirements Next Shift:**

36. DOC Received By: Date: Time:

FTS-02 - 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-03 - FTS Personnel Time Sheet

1. 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.

FTS-04 Patient Record

Demographic

Patient Name:_____ DOB/Age:_____

Parent / Guardian:_____ Primary Physician:_____

DIN:_____ MRN:_____

Allergies:_____ ☐ NKA

History

Chief Complaint:_____

Significant Medical History:_____

Last Menstrual Period:_____ Pregnancy Status:_____

Glasgow Coma Scale	
Eye	
Motor	
Verbal	
Total	

Field Triage Category: _____ Site Triage Category:_____

Pupil Size L:_____ Reactive: ☐ Yes ☐ No

Pupil Size R:_____ Reactive: ☐ Yes ☐ No

Circle pain (Adult): 0 (no pain) 1 2 3 4 5 6 7 8 9 10 (worst pain)

Circle pain[1] (Child/Other

Time recorded:			
Temp:			
Pulse:			
Respiration:			
Blood Pressure:			

Notes:_____

Intake		Output	
Total		Total	

Special Dietary Needs:_____

Medications

Name	Route		Dose	Time Frequency

Physician initials:_____ Nurse initials:_____ Other initials:_____

Physical Exam

Cardiovascular:_____ Pulmonary:_____

Neurological:_____

Other Significant Findings:_____

Physician initials:_____

Re-Assessment

Date:_____ Time:_____

System Review: Temp:____ Pulse:____ Respiration:____ Blood Pressure:____

Lab Results:_____ X-ray Results:_____

Physician initials:_____ Nurse initials:_____ Other initials:_____

Procedure / Disposition

Pre-Procedure DX:_____ Post-Procedure DX:_____

Procedure:_____ Findings:_____

Condition of Patient Post Procedure: ☐ Critical ☐ Guarded ☐ Stable

Discharge Instructions (YES/NO): Written_____ Verbal_____

Diet: ☐ Regular ☐ Soft ☐ Liquid ☐ Other:_____

Activities: ☐ No Restrictions ☐ Restrictions as Follows:_____

Discharge Medications:_____

Follow-Up Visit: When_____ NA:_____

Condition at discharge: ___ Critical ___ Guarded ___ Stable ___ Fair ___Deceased
___ Temp ___Pulse ___Respiration ___Blood Pressure

Discharge: ☐ Home ☐ Shelter ☐ ACS ☐ SNF ☐ Deceased Date: _____
☐ Transfer:_____ ☐ Other:_____ Time: _____

Admitted: ☐ Time admitted:_____

Physician order:_____

Notes: _____

Physician initials:_____ Nurse initials:_____ Other initials:_____

Appendix

Appendix:

- **Generic Mobile FTS Site Map**
- **Pre-designated FTS Sites**

Alpine County

Amador County

Calaveras County

Mariposa County

Stanislaus County

Mobile
Field Treatment Sites

Mobile FTS

When no adequate fixed building sites can be identified for an FTS in the target area, establishing a "Mobile FTS" (MFTS) may need to be considered. An MFTS utilizes tents and portable equipment and can be set-up almost anywhere enough available land space can be identified.

The advantages of an MFTS are:

- Since 911, emergency tents and ancillary equipment have become available through a number of sources
- They can be set-up virtually anywhere
- Once deployed, they can be set-up fairly quickly by trained staff
- They can be configured specifically to the needs of a particular incident
- They can also be expanded or reconfigured as the incident needs change.

The disadvantages of an MFTS are:

- If a local vendor is not pre-identified; ordering, shipping, and set-up time may be extended
- Victims can remain exposed to the environment for a greater amount of time since they cannot be moved into the FTS until it is completed
- Utilization and coordination of different vendors for tents, and ancillary equipment (e.g. HVAC, generators, lighting, sanitation, etc.) can add to the complexity of site set-up
- Set-up of an MFTS requires trained and experience staff
- Space in an MFTS is often limited requiring some services to be conducted outside weather permitting (e.g. Food Serving Areas), and others to by eliminated or maintained at a separate location (e.g. Family Areas, Counseling Areas)

To ensure each OA is prepared for a MFTS activation, vendors of emergency tents and ancillary equipment should be pre-identified and, if possible, MOU established to ensure rapid deployment and set-up at the time of an incident.

If private vendors are utilized, every attempt should be made to ensure the vendor can supply, and set-up all tents as well as all the ancillary equipment required.

If pre-identification of vendors is not possible, requests for tents and ancillary equipment can be made through the mutual-aid system.

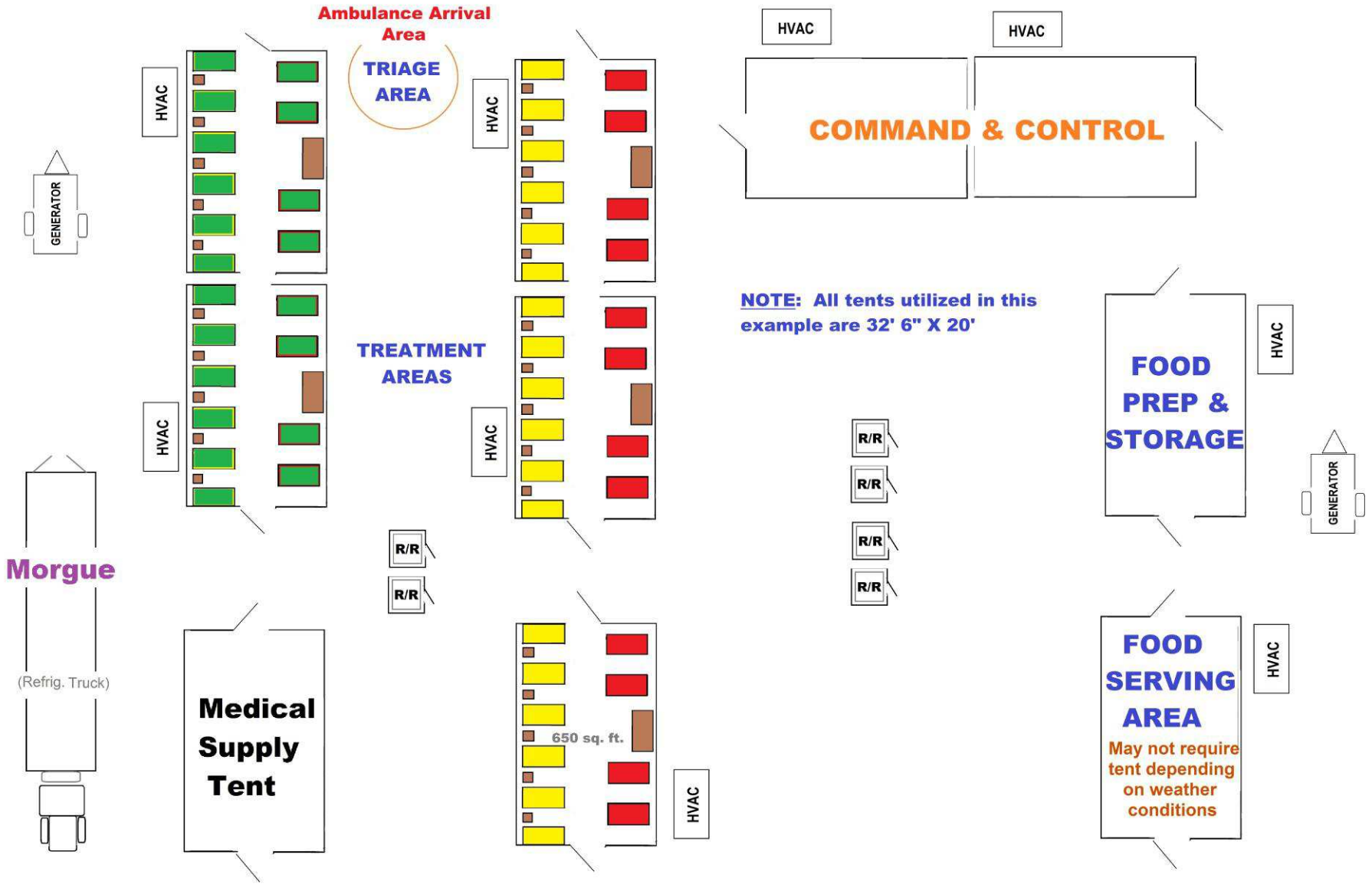
Mobile FTS Check Sheet

The following table lists essential equipment required for the establishment of a MFTS;

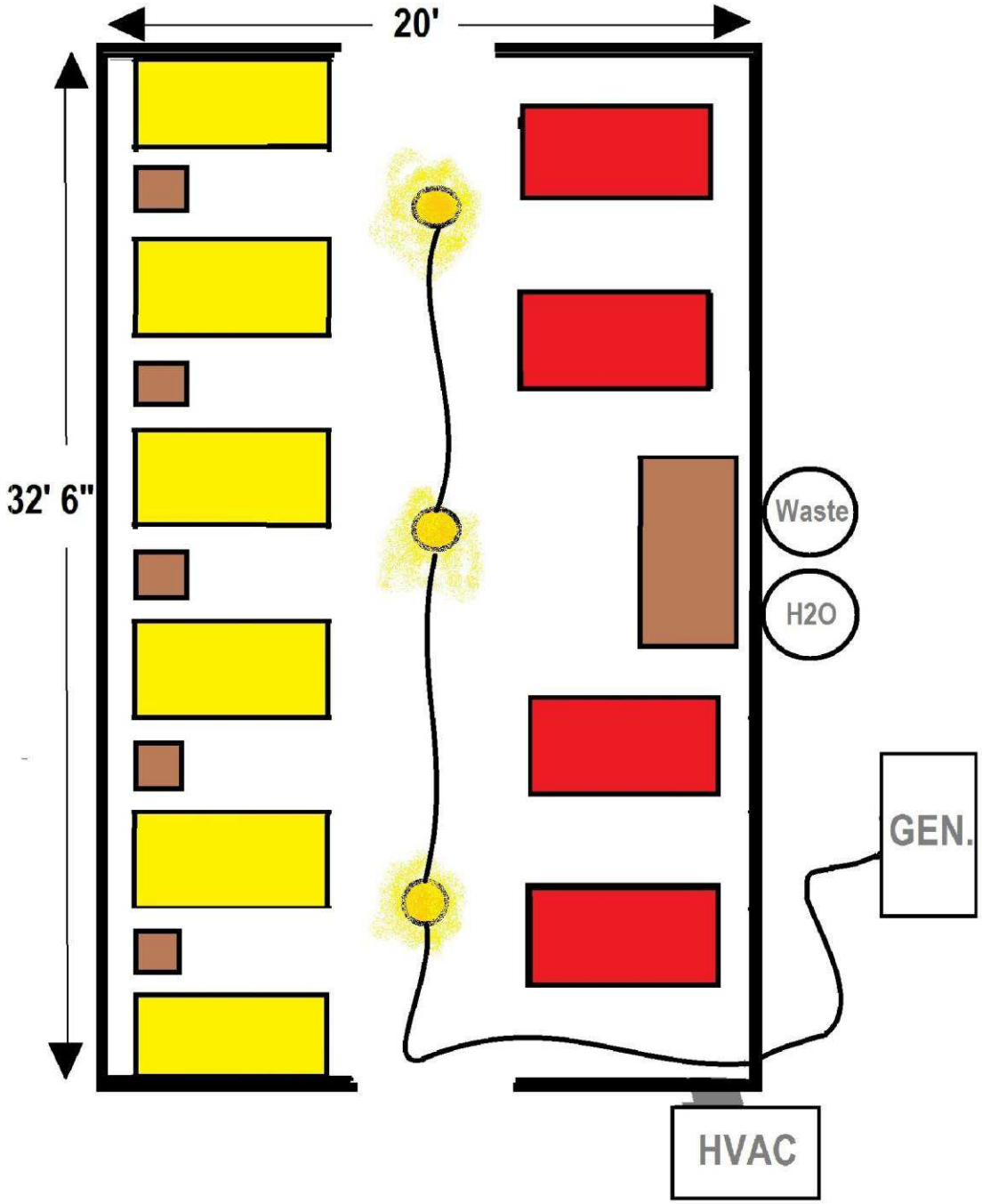
#	MFTS Equipment List:	✓
Facilities: (Tents should be fully enclosed, waterproof, designed for HVAC and electrical inlets, have floor material, and for smaller tents, be able to connect multiple units together.)		
1.	**Treatment Area Tents** *(65 sq. ft. per patient minimum; 100 sq. ft. per patient preferred)*	
2.	**Command and Control Tent** *(650 sq. ft. minimum; 1000 sq. ft. preferred)*	
3.	**Food Storage/ Preparation Tent** *(500 sq. ft. minimum)*	
4.	**Food Service Tent** *(300 sq. ft. minimum)* **(May not require tent - weather permitting)**	
5.	**Medical Supply Tent** *(250 sq. ft. minimum)*	
6.	**Morgue Refrigeration Truck**	
HVAC:		
7.	**HVAC System**: Heating or cooling systems as weather dictates (Order based upon cubic feet of tent space)	
8.	**Applicable HVAC ducting**	
Electricity /Lighting		
9.	**Portable Generators** (Sizes based upon number of tents, outside lighting, electrical outlets and HVAC needs. Refer to vendor)	
10.	**Interior Quick Connect Lighting and Outlets for Tents**	
11.	**Exterior Lighting**	
12.	**Extension Cords**	
Sanitation / Waste		
13.	**Portable Toilets**	
14.	**Solid Waste Containers (Small / Medium / Large)**	
15.	**Dumpster**	
16.	**Bio-Waste Disposal Containers (Small / Medium / Large)**	
17.	**Potable Water**	
18.	**Water basins**	
19.	**Gray water collection tank(s)**	

Mobile FTS Site Map

(Site Layout Option)



Treatment Tent Configuration
32' 6" X 20'




CAMSS
SHELTERS
©2007 CAMSS Shelters


CAMSS
SHELTERS
©2007 CAMSS Shelters


CAMSS
SHELTERS
©2007 CAMSS Shelters


CAMSS
SHELTERS
©2007 CAMSS Shelters