



Sierra-Sacramento Valley  
EMS Agency



# Sierra-Sacramento Valley EMS Agency

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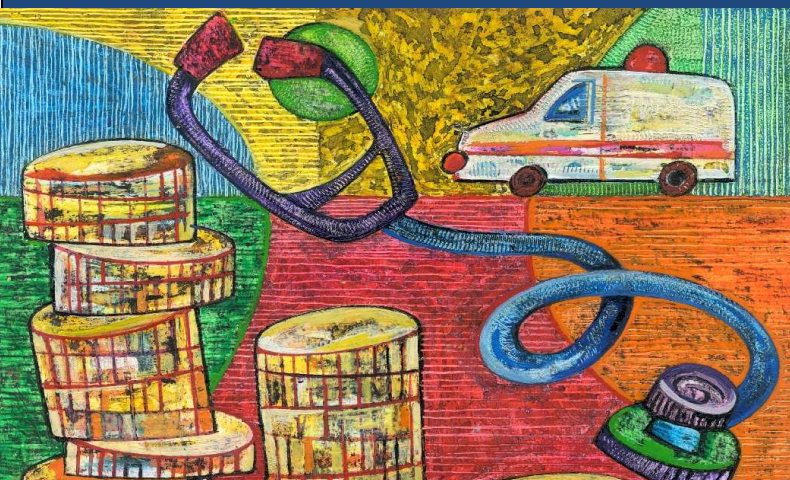
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# FIELD TREATMENT SITE (FTS) PLAN

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05/08/09



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## **I. INTRODUCTION**

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

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

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

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

### **A. DEFINITIONS**

#### **Field Treatment Sites (FTS)**

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

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

The FTS may be established:

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

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

#### **Alternate Care Site (ACS)**

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

### **Mobile Field Hospital (MFH)**

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

### **Federal Medical Station (FMS)**

The Department of Health Human Services (DHHS) Federal Medical Station (FMS) is a cache of medical supplies and equipment that can be used to set up a temporary non-acute medical care facility.

FMS assets are managed and deployed from the Centers of Disease Control (CDC) Strategic National Stockpile (SNS) program. Each FMS contains beds, supplies, and medicine to treat 250 people for up to three days. The Operational Area EOC provides logistical support for the set up and management of the FMS when it is deployed. This resource may be requested through the SEMS process.

## **B. PLANNING ASSUMPTIONS**

1. Lifesaving response will be performed by local emergency responders and citizens in the impacted area regardless of the efficiency of state and federal response systems.
2. Seriously injured victims will require medical care quickly.
3. Field Treatment Sites will operate in an uncertain environment:
  - a. The number, type and location of casualties; the status of roads and the emergency transportation system; and other factors such as weather, day of the week, time of day, etc. cannot be predicted. These factors will strongly influence not only the demand for medical care but also the availability of medical resources.
  - b. The magnitude of the disaster and disruptions to communications systems will require decision-makers to act without complete information about the number, type, and location of casualties and impact on health facilities.
4. Affected populations will adopt strategies that appear most effective for obtaining medical care. This will result in convergence to known medical facilities, such as hospitals and clinics regardless of their operational status. Affected populations will also converge on Field Treatment Sites if their location is known to the public.
5. Field Treatment Sites require significant logistic and personnel support from the Public Health Department Operations Center (DOC), and the City or Operational Area Emergency Operations Center (EOC) for support from law enforcement, fire, public works, purchasing, and social services. Medical, hospital and public health personnel cannot set up and operate a Field Treatment Site without this assistance.
6. Field Treatment Sites should be utilized when the normal medical or patient distribution system is significantly disrupted.

## **C. ACTIVATION AUTHORITY AND CRITERIA**

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

Field Treatment Sites may be established during response to an earthquake, bomb blast, transportation accident, or other emergency resulting in large numbers of injured patients and may be set up to triage less severely injured patients away from overstressed hospitals.

### **ACTIVATION CRITERIA**

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

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

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

## **D. NOTIFICATION**

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

## II. Roles and responsibilities

### A. 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		○	○	○	○				● <sup>1</sup>	○ <sup>2</sup>
Medical Supply			○	●	○				○	○ <sup>3</sup>
Medical Equipment			○	●	○				○	○ <sup>3</sup>
Non-Medical Supply									●	○ <sup>3</sup>
Communications Equipment		○		○					●	○ <sup>3</sup>
Facility Support (utilities)						●			○	
Food								●	○	
Water									●	
Sanitation				○					●	
Child / Companion animal Care								●		
Security and Perimeter Control						○	●		○	
Standard of Care Decisions				●	○					
Mental Health Counseling	●		○					○		○ <sup>4</sup>
Infection control instructions			○	●						
Helicopters					○				●	○ <sup>5</sup>
Alternative ground transportation									●	
Public Information	●									

<sup>1</sup> 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 ,

<sup>2</sup> Volunteers and Medical Reserve Corps, CalMat, DMAT, and Federal health Care workers.

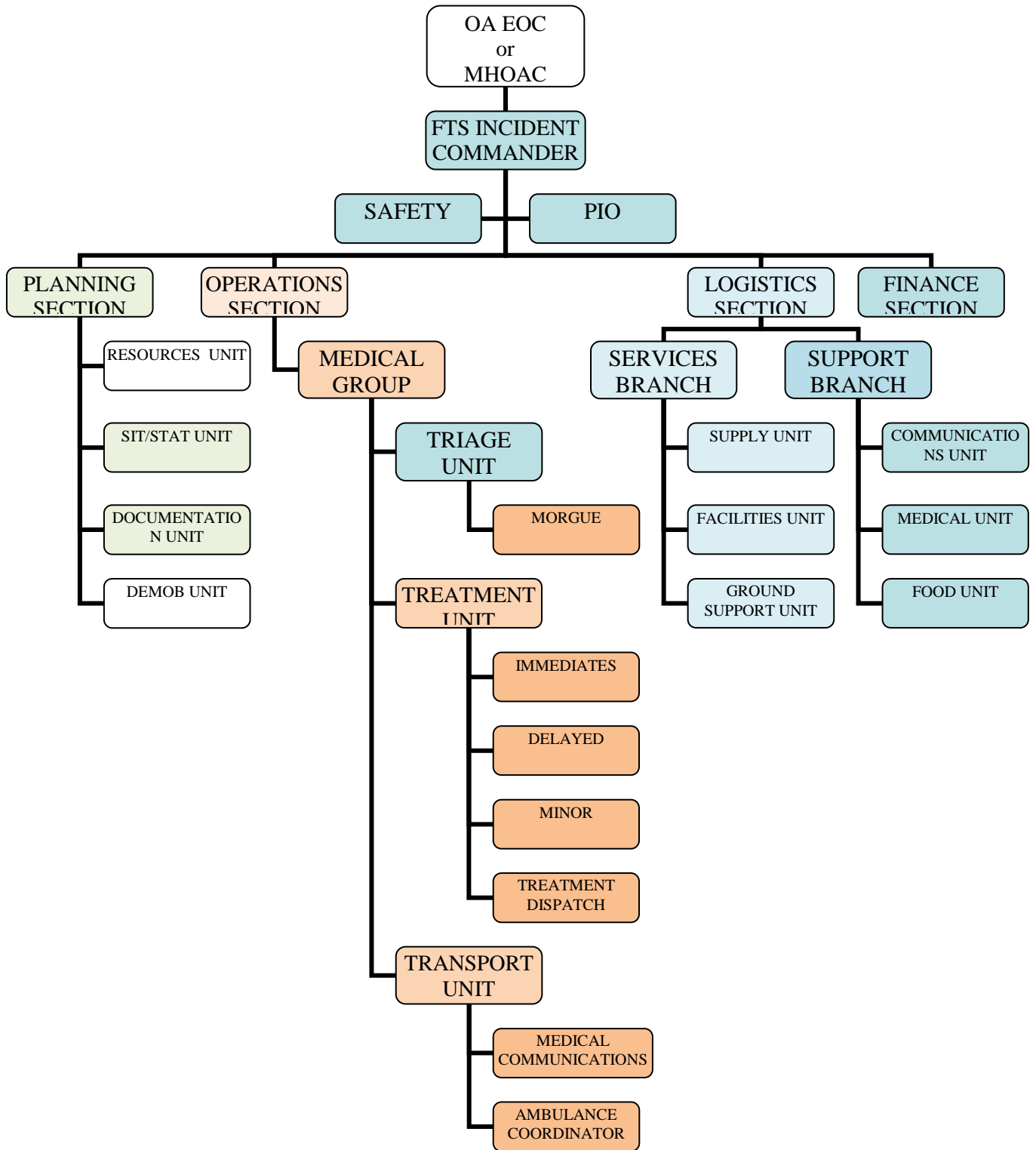
<sup>3</sup> Vendors

<sup>4</sup> Support for Mental Health services found in various branches of the OA EOC.

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

### III. FTS OPERATIONS

#### 1. ICS ORGANIZATION STRUCTURE



### III. FIELD TREATMENT SITES CHECKLISTS

<b>COMMAND CHECKLIST</b>		
✓	TASKS TO BE PERFORMED	TOOL
<b>I.C.</b>		
	Determine best location for the FTS(s), based upon: <ul style="list-style-type: none"> <li>• Estimated number of casualties</li> <li>• Estimated duration of FTS mission</li> <li>• ETA of mutual aid resources (Mobile Field Hospital, Cal-MAT, DMAT, etc.)</li> <li>• Status of existing healthcare facilities</li> <li>• Roadway/transportation accessibility</li> </ul>	
	Set up and designate FTS organization, including Command Staff (Security, PIO) and General Staff (Operations, Planning, and Logistics Sections) to support extended operations.	<b>ICS 203</b>
	Determine the schedule for periodic staff briefings. Document discussions, decisions and follow up actions required.	ICS 214
	The field request for FTS activation will follow the SEMS process. The Incident Commander will typically request MHOAC notification through the local PSAP. After receiving an FTS activation request, the MHOAC shall notify the OES Coordinator, Public Health Department, and EMS Agency. Planning and logistical support will be provided through the Operational Area EOC as needed.	
<b>SECURITY</b>		
	If not already on scene, contact law enforcement through Dispatch for security set up. Security for the following areas may be required:	<b>ICS 215A</b>
	▪ 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.	<b>ICS 214</b>
<b>PIO</b>		

## COMMAND CHECKLIST

✓	TASKS TO BE PERFORMED	TOOL
	If advisable, prepare information and instructions for the public to inform about the location of the FTS and the type of care provided. Coordinate releases to the media through the Operational Area PIO/JIC.	

## PLANNING CHECKLIST

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

## OPERATIONS CHECKLIST

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

## OPERATIONS CHECKLIST

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

## OPERATIONS CHECKLIST

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

### OPERATIONS CHECKLIST

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

### LOGISTICS CHECKLIST

✓	TASKS TO BE PERFORMED	TOOL
<b>SERVICES (COMMUNICATIONS)</b>		
	Prepare and implement the Incident Communications Plan.	ICS 205
	Establish appropriate communications distribution / maintenance locations.	
	Ensure communications system are installed and tested.	
	Ensure an equipment accountability system is established.	
	Provide technical information as required.	
	Recover equipment from relieved or released units.	
	Maintain Unit/Activity Log	ICS 214
<b>SUPPORT (FOOD)</b>		
	Make arrangements for food for staff and patients. Consider estimated duration of FTS operations	
	<ul style="list-style-type: none"> <li>▪ Determine food and water requirements.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Determine method of feeding to best fit each facility or situation.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Ensure that well-balanced menus are provided.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Order sufficient food and potable water from the Supply Unit.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain an inventory of food and water.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain food service areas, ensuring that all appropriate health and safety measures are being followed.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Ensure adequate hand-washing stations, soap and towels, or hand sanitizer availability</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Consider refrigeration needs for food</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Consider heat source for cooking</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Consider trash collection needs</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Consider staffing needs for cooking, serving, cleaning</li> </ul>	

## LOGISTICS CHECKLIST

✓	TASKS TO BE PERFORMED	TOOL
	<ul style="list-style-type: none"> <li>▪ Consider need for tables and chairs</li> </ul>	
	Maintain Unit/Activity Log	ICS 214
<b>RESOURCES (SUPPLY)</b>		
	<p>If using a site or facility that was not pre-inspected or pre-designated, determine the need for:</p> <ul style="list-style-type: none"> <li>▪ Cached tents (for outdoor site)</li> </ul>	<b>FTS 01</b>
	<ul style="list-style-type: none"> <li>▪ Lighting</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Water for drinking and sanitation</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Generators and fuels</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Portable latrines</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Heating or cooling</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Cots, blankets, linens</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Cooking, catering, or canteen arrangements</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ trash containers and collection/removal</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ bio-waste containers and removal</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ communications</li> </ul>	
	Coordinate medical and non-medical equipment and supply requests, and mutual aid through adjacent jurisdictions and the MHOAC when required.	
	Request deployment of cached treatment equipment and supplies, OR request logistics staff at the EOC to initiate re-supply through vendors and mutual aid.	
	Manage inventory of medical and non-medical supplies.	
	Distribute supplies as requested by Operations.	
	Coordinate with Operational Area EOC to ensure steady re-supply.	
	Assigns medical and non-medical volunteers, providing orientation for new arrivals.	
	Coordinate all FTS medical and non-medical staff requests through the EOC or DOC.	
	If Mental Health staff have not been pre-planned, request assistance from a Critical Incident Stress Team (CRIT) or the OA EOC.	
	If caring for children and / or pets is an issue, request activation of support through the OA EOC.	

## LOGISTICS CHECKLIST

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

## IV. APPENDICES

- 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
  - MC 312 – Medical Supply Inventory
  - MCM 403 – Patient Transportation Summary
  
- B. FTS Forms
  - FTS-01 - Field Treatment Site Assessment Form
  - FTS-02 – Memorandum Of Understanding
  - FTS-03 – Field Treatment Site Layout
  - FTS-04 – Field Treatment Site Report Form
  - FTS-05 – FTS Position Staffing Roster
  - FTS-06 – Staff/Volunteer Sign-in
  
- C. Pre-approved FTS Facilities

## FTS-01 - FIELD TREATMENT SITE ASSESSMENT FORM

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

Site Name:

Address:

Thomas Brothers Map and Page grid #:

### Attachments Needed With This Survey

Site Map and/or Floor plan drawing of facility structure

### Items to Be Completed Prior to Survey Visit

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

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

## FTS-2 – MEMORANDUM OF UNDERSTANDING

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

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

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

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

- Use of physical facilities and resources located at \_\_\_\_\_ by the City / County for Field Treatment Site operations and disaster training.
  
- Involvement of \_\_\_\_\_ staff and personnel to assist the City /County Field Treatment Site operations and disaster training.
  
- Disaster and Emergency Management Training provided to \_\_\_\_\_ by the City /County of \_\_\_\_\_ Emergency Medical Services Agency at no cost.
  
- Facility owner to provide: (list agreed upon functional facility elements)

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

Signed: (Insert required signatures)

\_\_\_\_\_  
City

\_\_\_\_\_  
Facility Owner/Operator

## FTS-03 – FIELD TREATMENT SITE LAYOUT

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

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

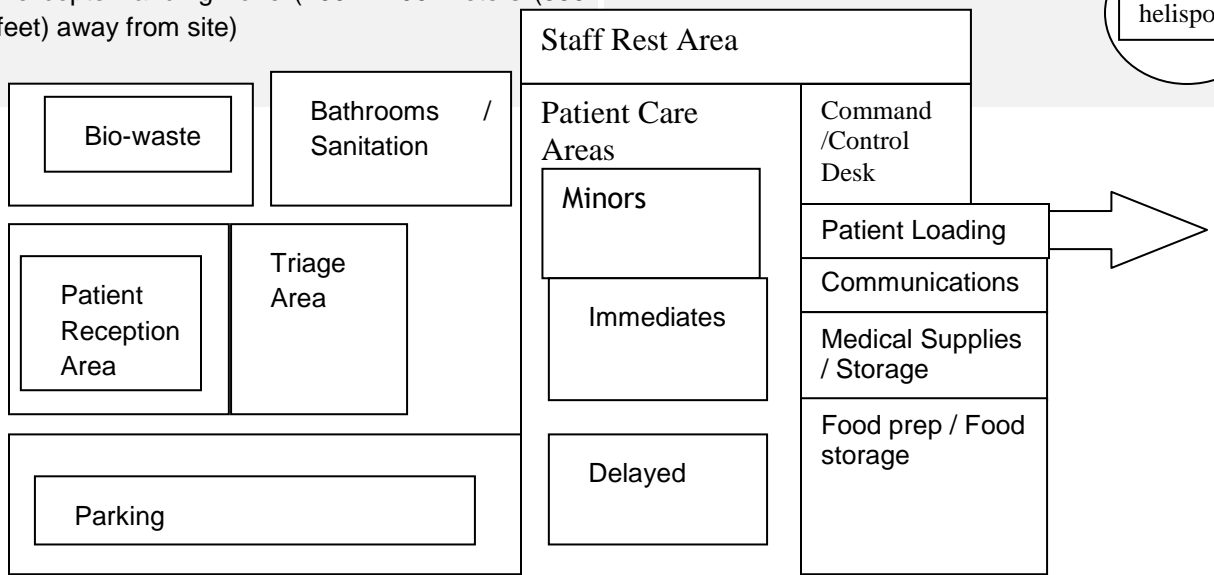
When Field Treatment Sites are pre-designated at existing facilities, it will be possible to include a floor layout diagram to detail how the site is set up when activated. The floor layout diagram should incorporate information provided on the Field Treatment Site Assessment Form.

Review the Field Treatment Site floor layout areas and revise.

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

### FIELD TREATMENT SITE FLOOR LAYOUT AREAS

Patient reception	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 sleeping quarters
Transportation/evacuation/holding area	Team mess and recreation area
Helicopter landing zone (100 – 200 meters (350 feet) away from site)	Food storage, food preparation



# FTS-04 – FIELD TREATMENT SITE REPORT FORM

FIELD TREATMENT SITE REPORT FORM																																					
<b>INSTRUCTIONS:</b> Complete this form at the end of each shift and fax one copy to the Public Health Services Operations Center (DOC) (or Operational Area EOC) at xxx-xxx-xxxx (phone number). Or provide information by radio.																																					
Date:	Time:	Site:	Person Reporting:																																		
Shift: (Time Period Covered By This Report)																																					
Phone #		Fax #																																			
<b># Patients Triaged:</b>	Current	Day Total	<b># Patients Minor Injury - Treated and Released:</b>	Current	Day Total																																
<b># Patients in Delayed</b>	Current	Day Total	<b># Patients in Immediate</b>	Current	Day Total																																
<b># Patients Transported to Hospital or Other</b>	Current	Day Total	<b># Patients Deceased</b>	Current	Day Total																																
Approximate # Waiting to be Triaged:																																					
Overall Status of Site Operations: <input type="checkbox"/> No Problems to Report																																					
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"><input type="checkbox"/></td> <td style="width: 40%; border: none; text-align: center;"><b>Problems</b></td> <td style="width: 20%; border: none; text-align: center;"><b>With:</b></td> <td style="width: 15%; border: none; text-align: right;"><b>(Describe)</b></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Communications</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Staffing</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Security</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Supplies</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Public Information</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Translation</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Other</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>						<input type="checkbox"/>	<b>Problems</b>	<b>With:</b>	<b>(Describe)</b>	<input type="checkbox"/>	Communications			<input type="checkbox"/>	Staffing			<input type="checkbox"/>	Security			<input type="checkbox"/>	Supplies			<input type="checkbox"/>	Public Information			<input type="checkbox"/>	Translation			<input type="checkbox"/>	Other		
<input type="checkbox"/>	<b>Problems</b>	<b>With:</b>	<b>(Describe)</b>																																		
<input type="checkbox"/>	Communications																																				
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<input type="checkbox"/>	Public Information																																				
<input type="checkbox"/>	Translation																																				
<input type="checkbox"/>	Other																																				
Resource Orders Pending:			Staffing Requirements Next Shift:																																		
DOC Received By: _____ Date: _____ Time: _____																																					

## FTS-05 - FTS POSITION STAFFING ROSTER

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

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

## FTS-06 - FTS Personnel Time Sheet

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

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