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- b. Triage Unit Checklist
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## I. INTRODUCTION

Field Treatment Sites are activated to assist in the management of mass casualties when the local area capacity to treat injured patients is overwhelmed. Field Treatment Sites (FTS) are designed to provide medical care for up to 72 hours or until all injured patients are transported to facilities providing definitive care.

FTS activation, coordination, and support are activated through the Medical Health Operational Area Coordinator (MHOAC) and the Medical-Health Branch of the Operational Area Emergency Operations Center (EOC).

Existing procedures to request medical mutual aid through the MHOAC apply. Existing procedures to request medical and non-medical supplies and resources from the EOC Logistics Section also apply.

This FTS Plan is intended to work in conjunction with the policies and procedures of the Region III Multiple Casualty Incident Plan for Field Operations. Field Treatment Sites differ from “treatment areas” at the scene of a multi-casualty incident (MCI) in several ways including but not limited to: planned duration of use, being located away from the incident, receiving patients from other locations, and logistical support required.

### A. DEFINITIONS

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

Field Treatment Sites (FTS) are established for the congregation, triage, temporary care, holding, receiving and evacuation of injured patients in a mass casualty situation. Field Treatment Sites are designed to operate for up to 72 hours, or until all patients are transported to facilities providing definitive care.

The MHOAC or EMS Agency Duty Officer with cooperation from the County Emergency Services Director or designee has the authority to activate Field Treatment Sites and determine the number and location of field treatment sites. The basis for determining the number and location of sites is predicated on the expected or actual number of injured patients, the expected or actual damage patterns, 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 Government Authorized Alternate Care Site) to receive injured patients and provide emergency, short term care.

Trauma or surgical patients should be transported to the best available functioning hospital with surgical service. Austere medical care protocols may be used when resources are scarce.

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

Government Authorized Alternate Care Sites are established by the Public Health Department with support from the Operational Area EOC and the Emergency Medical Services Agency. Government Authorized Alternate Care Sites are used for treatment of large numbers of patients during a large-scale event to augment current acute care capabilities within the Operational Area. Activation of a Government Authorized ACS usually requires a minimum of 72 hours. Government Authorized Alternate Care Sites may also be activated to provide on-going treatment to 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 or augment acute hospital capacity 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 requested by the MHOAC and deployed by the California EMS Authority.

### **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 MHOAC.

## **B. PLANNING ASSUMPTIONS**

1. Seriously injured patients will require medical care quickly.
2. Field Treatment Sites will operate in an uncertain environment:
  - a. Many factors such as the number, type and location of casualties, the status of roads and the emergency transportation system; and the weather, day of the week, and time of day, 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 may require decision-makers to act without complete information about the number, type, and location of casualties and current status of hospitals and health facilities.
3. 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.
4. Field Treatment Sites require significant logistic and personnel support from the Operational Area, the EMS Agency, Public Health, health care volunteers, and emergency responders (law, fire, EMS).
5. Use of Field Treatment Sites should be considered when an event has significantly disrupted or overburdened the normal patient distribution system or whenever prolonged field treatment is required prior to transport to definitive care.

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

The MHOAC or EMS Agency Duty Officer with cooperation from the County Emergency Services Director or designee has the authority to activate Field Treatment Sites and determine the number and location of field treatment sites. The basis for determining the number and location of sites is predicated on the expected or actual number of injured patients, the expected or actual damage patterns, available facilities, available staffing, and other logistical considerations.

Field Treatment Sites are activated by the Medical Health Operational Area Coordinator. The Medical/Health Branch of the Operational Area Emergency Operations Center (EOC) will provide operational support to the FTS and the OA EOC Logistics Section will provide logistical support.

Field Treatment Sites (FTS) are established for the congregation, triage, temporary care, holding, receiving and evacuation of injured patients in a mass

casualty situation. Field Treatment Sites are designed to operate for up to 72 hours, or until all patients are transported to facilities providing definitive care. Use of Field Treatment Sites should be considered when an event has significantly disrupted or overburdened the normal patient distribution system or whenever prolonged field treatment is required prior to transport to definitive care.

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

### ACTIVATION CRITERIA

Considerations for activating a Field Treatment Site:

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 nature of the emergency dictates a protracted response.
4. Sufficient medical mutual aid will not arrive in a timely manner, considering:
  - a. How quickly casualties can be dispersed and transported to definitive care.
  - b. How quickly functioning hospitals can increase or surge patient capacity to care for arriving casualties.
  - c. The availability of and the time needed for air and ground ambulance transportation resources to transport patients to definitive care.

### **D. NOTIFICATION**

A request for an FTS activation shall follow the SEMS process.

An Incident Commander or EOC Director shall contact the MHOAC through the local ambulance dispatch center.

## II. Roles and responsibilities

### A. MATRIX

Legend: ○ = Support, Coordination, and Involvement ● = Primary Responsibility							
	Op Area EOC/JIC	Public Safety Answering Point Dispatch / County or City communications	Hospitals, Clinics	OA EOC Health/ Medical Branch	Operational Area EOC Logistics Section	Other	
Field Treatment Site Functions							
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					●		
Food					●		
Water					●		
Sanitation					●		
Security and Perimeter Control					●		
Standard of Care Decisions				●			
Mental Health Counseling			○		●	○ <sup>4</sup>	
Infection control instructions			○	●			
Helicopters				○ <sup>6</sup>	●	○ <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: Disaster Healthcare Volunteers, Medical Reserve Corps, CalMAT, DMAT, and Federal Health Care workers.

<sup>3</sup> Vendors

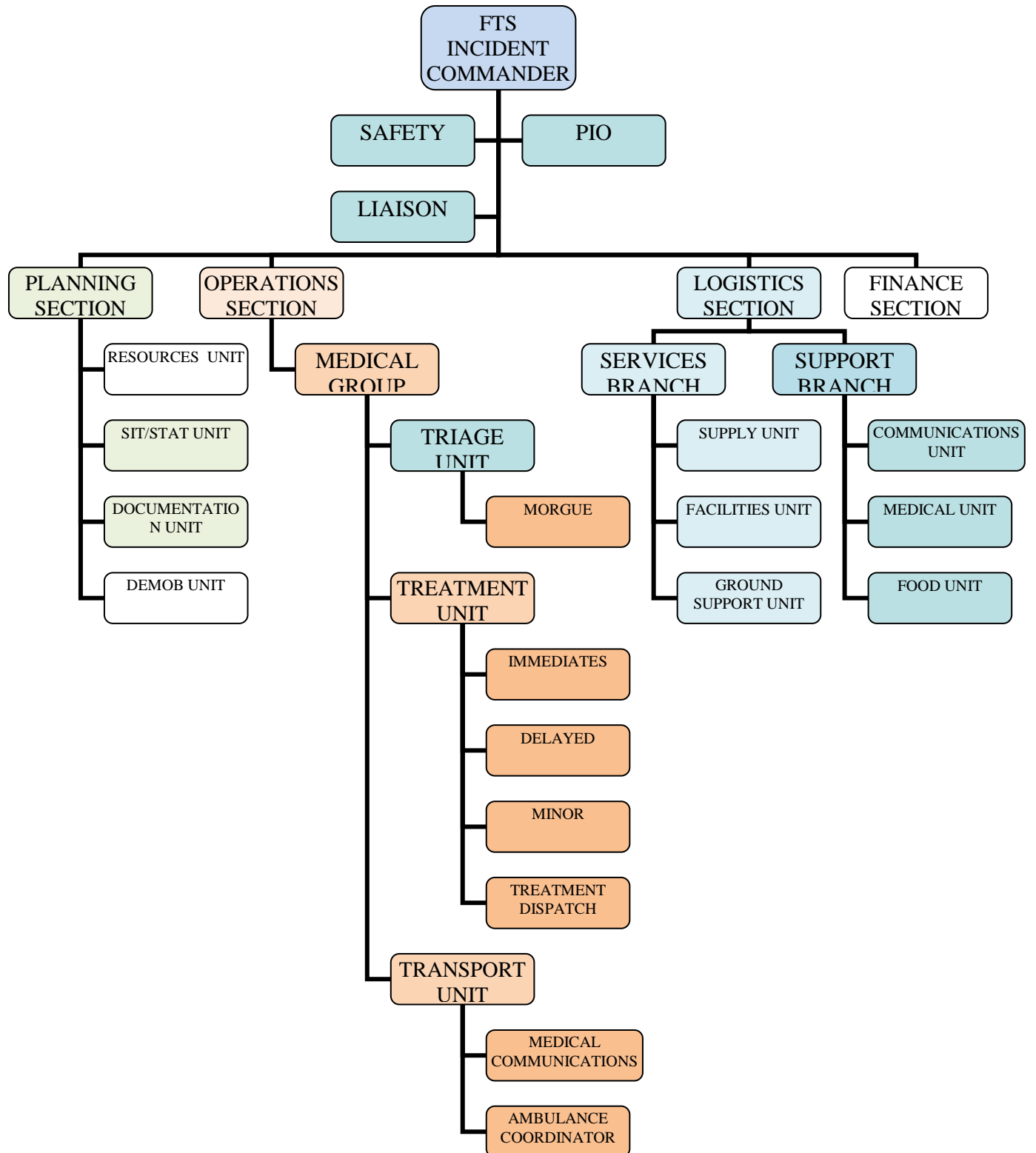
<sup>4</sup> Support for Mental Health services provided through then OA Mental Health Mutual Aid Coordinator..

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

<sup>6</sup> Air ambulance services will be coordinated through Lifecom or the MHOAC

### III. FTS OPERATIONS

#### 1. ICS ORGANIZATION STRUCTURE



### III. FIELD TREATMENT SITES CHECKLISTS

#### 1. COMMAND

- a. Incident Commander Checklist
- b. Safety Officer Checklist
- c. Liaison Officer Checklist
- d. PIO Checklist

#### 2. PLANNING

- a. Planning Checklist
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## INCIDENT COMMANDER

✓	TASKS TO BE PERFORMED	TOOL
	<p>Determine best location for the FTS(s), based upon:</p> <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>	
	<ul style="list-style-type: none"> <li>▪ Set up and designate FTS organization, including Command Staff (Security, PIO) and General Staff (Operations, Planning, and Logistics Sections) to support extended operations.</li> </ul>	ICS 203
	<ul style="list-style-type: none"> <li>▪ Determine the schedule for periodic staff briefings. Document discussions, decisions and follow up actions required.</li> </ul>	ICS 214
	<ul style="list-style-type: none"> <li>▪ 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 EMS Agency, OES Coordinator, and Public Health Department. Planning and logistical support will be provided through the Operational Area EOC as needed.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log.</li> </ul>	ICS 214

## SAFETY OFFICER

✓	TASKS TO BE PERFORMED	TOOL
	Responsible to develop and recommend measures for assuring personnel safety, and to assess and/or anticipate hazardous and unsafe situations.	
	<ul style="list-style-type: none"> <li>▪ Participate in planning meetings, and advocate effective risk management.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Identify hazardous situations associated with the incident.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Review the Incident Action Plan for safety implications.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Exercise emergency authority to stop or prevent unsafe acts and communicate such exercise of authority to the Incident Command.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Investigate accidents that have occurred within the incident area.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Assign Assistant Safety Officers as needed.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Conduct and prepare an Incident Safety Analysis (ICS Form 215-AG/AW) as appropriate. Initiate appropriate mitigation measures.</li> </ul>	ICS-215
	<ul style="list-style-type: none"> <li>▪ Develop and communicate an incident safety message as appropriate.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Review and approve the Medical Plan (ICS Form 206).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Review and approve the Site Safety and Control Plan (ICS Form 208) as required.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log.</li> </ul>	ICS 214

**LIAISON OFFICER**

✓	<b>TASKS TO BE PERFORMED</b>	<b>TOOL</b>
	The Liaison Officer is the point of contact for the Agency Representatives assigned to the incident by assisting or cooperating agencies.	
	<ul style="list-style-type: none"> <li>▪ Assist in establishing and coordinating interagency contacts.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Keep agencies supporting the incident aware of incident status.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Monitor incident operations to identify current or potential inter-organizational problems.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Participate in planning meetings, providing current resource status, including limitations and capability of assisting agency resources.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log.</li> </ul>	ICS 214

**PUBLIC INFORMATION OFFICER (PIO)**

✓	TASKS TO BE PERFORMED	TOOL
	Responsible for developing and releasing information about the incident to the news media, to incident personnel, and to other appropriate agencies and organizations, in cooperation with the OA Joint Information Center (JIC), if activated.	
	▪ Maintain Unit/Activity Log.	ICS 214

## PLANNING SECTION CHECKLIST

✓	TASKS TO BE PERFORMED	TOOL
	Assist the Incident Commander in developing an IAP for the first operational period, as well as for the next operational period.	ICS 202
	Appoint subordinate positions as necessary.	
	▪ Maintain Unit/Activity Log.	ICS 214

<b>RESOURCES UNIT LEADER</b>		
<b>✓</b>	<b>TASKS TO BE PERFORMED</b>	<b>TOOL</b>
	Ensure all FTS workers are signed in, and keeping track of time.	FTS 05
	Identify personnel needs for FTS, ensuring all shifts coverage.	FTS 06 ICS 215G
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log.</li> </ul>	ICS 214

SITUATION UNIT LEADER		
✓	TASKS TO BE PERFORMED	TOOL
	Coordinates with Triage, Treatment, and Transportation areas to develop status reports of the FTS.	FTS 04
	<ul style="list-style-type: none"> <li>▪ Provide responses to requests for information from the DOC and EOC.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Document briefing sessions and Incident Action Planning sessions.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Provide the Field Treatment Site Status Report Form (FTS 03) to MHOAC.</li> </ul>	FST 03
	<ul style="list-style-type: none"> <li>▪ 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.</li> </ul>	MCM 403
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log.</li> </ul>	ICS 214

## MEDICAL GROUP SUPERVISOR

✓	TASKS TO BE PERFORMED	TOOL
	Supervises the Triage Unit Leader, Treatment Unit Leader, Patient Transportation Unit Leader and Medical Supply Coordinator. The Medical Group Supervisor establishes command and controls the activities within a Medical Group	
	<ul style="list-style-type: none"> <li>▪ Establish Medical Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Designate Unit Leaders and Treatment Area locations as appropriate.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Request law enforcement/coroner involvement as needed.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, and cots).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Ensure activation or notification of OA Disaster Control Facility (DCF).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Request proper security, traffic control, and access for the Medical Group work areas.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log.</li> </ul>	ICS 214

<b>TRIAGE UNIT LEADER</b>		
<b>✓</b>	<b>TASKS TO BE PERFORMED</b>	<b>TOOL</b>
	Implement triage process. Triage and tag injured patients.	
	<ul style="list-style-type: none"> <li>▪ Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Give periodic status reports to Medical Group Supervisor or Ops Chief.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain security and control of the Triage Area.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Establish Morgue.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log.</li> </ul>	ICS 214

<b>TREATMENT UNIT LEADER</b>		
<b>✓</b>	<b>TASKS TO BE PERFORMED</b>	<b>TOOL</b>
	Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas.	
	<ul style="list-style-type: none"> <li>▪ Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Request sufficient medical caches and supplies as necessary.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Establish communications and coordination with Patient Transportation Unit Leader.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Ensure continual triage of patients throughout Treatment Areas.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Direct movement of patients to ambulance loading area(s).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Give periodic status reports to Medical Group Supervisor or Ops Chief.</li> </ul>	FTS 04
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log.</li> </ul>	ICS 214

<b>TREATMENT AREA MANAGER(S)</b>		
<b>✓</b>	<b>TASKS TO BE PERFORMED</b>	<b>TOOL</b>
	Ensure treatment of patients triaged to the Treatment Area.	
	<ul style="list-style-type: none"> <li>▪ Ensure that patients are prioritized for transportation.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Coordinate transportation of patients with Treatment Dispatch Manager.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Notify Treatment Dispatch Manager of patient readiness and priority for transportation.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Ensure that appropriate patient information is recorded.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log .</li> </ul>	ICS 214

<b>TREATMENT DISPATCH MANAGER</b>		
<b>✓</b>	<b>TASKS TO BE PERFORMED</b>	<b>TOOL</b>
	Establish communications with the Patient Transportation Unit Leader.	
	<ul style="list-style-type: none"> <li>▪ Verify that patients are prioritized for transportation.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Advise Medical Communications Coordinator of patient readiness and priority for transport.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Coordinate transportation of patients with Medical Communications Coordinator.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Assure that appropriate patient tracking information is recorded.</li> </ul>	MCM 403
	<ul style="list-style-type: none"> <li>▪ Coordinate ambulance loading with the Treatment Managers and ambulance personnel.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log (ICS Form 214)</li> </ul>	ICS 214

<b>PATIENT TRANSPORTATION UNIT LEADER</b>		
<b>✓</b>	<b>TASKS TO BE PERFORMED</b>	<b>TOOL</b>
	Responsible for the coordination of patient transportation and maintenance of records relating to the patient's identification, condition, and destination. The Patient Transportation function may be initially established as a Unit and upgraded to a Group based on incident size or complexity.	
	<ul style="list-style-type: none"> <li>▪ Designate Ambulance Staging Area(s).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Direct the off-incident transportation of patients as determined by The Medical Communications Coordinator.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Assure that patient information and destination are recorded.</li> </ul>	MCM 403
	<ul style="list-style-type: none"> <li>▪ Establish communications with Ambulance Coordinator.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Request additional ambulances as required.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Notify Ambulance Coordinator of ambulance requests.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Coordinate requests for air ambulance transportation through the Air Operations Branch Director.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Coordinate the establishment of the Air Ambulance Helispots with the Medical Group Supervisor or Operations Section Chief.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log (ICS Form 214).</li> </ul>	ICS 214

## MEDICAL COMMUNICATIONS COORDINATOR

✓	TASKS TO BE PERFORMED	TOOL
	Establish communications with the OA Disaster Control Facility (DCF) and assures proper patient transportation and destination	
	<ul style="list-style-type: none"> <li>▪ Determine and maintain current status of hospital/medical facility availability and capability.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Receive basic patient information and condition from Treatment Dispatch Manager.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Coordinate patient destination with the OA Disaster Control Facility (DCF).</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Communicate patient transportation needs to Ambulance Coordinators based upon requests from Treatment Dispatch Manager.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Communicate patient air ambulance transportation needs to the Air Operations Branch Director based on requests from the treatment area managers or Treatment Dispatch Manager.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain appropriate records and Unit/Activity Log .</li> </ul>	ICS 214

## AMBULANCE COORDINATOR

✓	TASKS TO BE PERFORMED	TOOL
	Establish appropriate staging area for ambulances.	
	<ul style="list-style-type: none"> <li>▪ Establish routes of travel for ambulances for incident operations.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Establish and maintain communications with the Air Operations Branch Director regarding Air Ambulance Transportation assignments.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Provide ambulances upon request from the Medical Communications Coordinator.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Assure that necessary equipment is available in the ambulance for patient needs during transportation.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Establish contact with ambulance providers at the scene.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Request additional transportation resources as appropriate.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Provide an inventory of medical supplies available at ambulance staging area for use at the scene.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain records as required and Unit/Activity Log .</li> </ul>	ICS 214

**COMMUNICATIONS UNIT**

✓	TASKS TO BE PERFORMED	TOOL
	Responsible for developing plans for the effective use of incident communications equipment and facilities; installing and testing of communications equipment; supervision of the Incident Communications Center; distribution of communications equipment to incident personnel; and the maintenance and repair of communications equipment.	
	<ul style="list-style-type: none"> <li>▪ Prepare and implement the Incident Communications Plan.</li> </ul>	ICS 205
	<ul style="list-style-type: none"> <li>▪ Establish appropriate communications distribution / maintenance locations.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Ensure communications system are installed and tested.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Ensure an equipment accountability system is established.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Provide technical information as required.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Recover equipment from relieved or released units.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log</li> </ul>	ICS 214

<b>FOOD UNIT</b>		
<b>✓</b>	<b>TASKS TO BE PERFORMED</b>	<b>TOOL</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>▪ Supervise caterers, cooks, and other Food Unit personnel</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log</li> </ul>	ICS 214

MEDICAL UNIT		
✓	TASKS TO BE PERFORMED	TOOL
	Provide for the medical needs of responders	
	<ul style="list-style-type: none"> <li>▪ Establish responder rehabilitation</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Prepare the Medical Plan</li> </ul>	ICS-206
	<ul style="list-style-type: none"> <li>▪ Prepared procedures for major medical emergencies</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Declare major medical emergencies as appropriate</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Respond to requests for medical aid, medical transportation and medical supplies</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log</li> </ul>	ICS 214

SUPPLY UNIT		
✓	TASKS TO BE PERFORMED	TOOL
	Responsible for ordering personnel, equipment and supplies; receiving and storing all supplies for the incident; maintaining an inventory of supplies; and servicing non-expendable supplies and equipment:	
	<ul style="list-style-type: none"> <li>▪ Determine the type and amount of supplies en route.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Review Incident Action Plan for information on operations of the Supply Unit.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Develop and implement safety and security requirements.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Order, receive, distribute, and store supplies and equipment.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Receive and respond to requests for personnel, supplies and equipment.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain inventory of supplies and equipment.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Service reusable equipment.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log</li> </ul>	ICS 214

RECEIVING AND DISTRIBUTION MANAGER		
✓	TASKS TO BE PERFORMED	TOOL
	Responsible for receiving and distribution of all supplies and equipment (other than primary resources) and the service and repair of tools and equipment. The RCDM reports to the Supply Unit Leader:	
	<ul style="list-style-type: none"> <li>▪ Organize physical layout of supply area.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Establish procedures for operating supply area.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Set up filing system for receiving and distribution of supplies and equipment.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain inventory of supplies and equipment.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Develop security requirement for supply area.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Establish procedures for receiving supplies and equipment.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Submit necessary reports to Supply Unit Leader.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Notify Ordering Manager of supplies and equipment received.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Provide necessary supply records to Supply Unit Leader.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log</li> </ul>	ICS 214

**FACILITIES UNIT**

✓	TASKS TO BE PERFORMED	TOOL
	Responsible for the layout, activation, and operational functionality of the facility. The Unit provides sleeping and sanitation facilities for FTS personnel and patients. The Unit also provides security service, and general maintenance.	FTS 03
	<ul style="list-style-type: none"> <li>▪ Coordinate with Resource Acquisition for utilities, tents, cots, lighting, generators, and fuels. In pre-designated sites; ensures set-up according to layout.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Coordinate with Food Unit to determine shared resource / equipment needs.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Review infrastructure and support requirements at pre-inspected, pre-designated facilities. Request provision of missing utilities, equipment, generators, etc.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Assess non-pre-inspected location (s), giving consideration for ambulance access/egress (including Helispot support if anticipated).</li> </ul>	FTS 01
	<ul style="list-style-type: none"> <li>▪ Arrange laundry service for blankets and linens, either on-site or by vendor pick-up and delivery. Consider using disposable blankets, or donated blankets.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Arranges for water storage and waste water holding containers when sewer is unavailable.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Arrange for removal of waste from the site, including bio-medical waste.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log</li> </ul>	ICS 214

<b>FIELD TREATMENT SITE MANAGER</b>		
<b>✓</b>	<b>TASKS TO BE PERFORMED</b>	<b>TOOL</b>
	Responsible to ensure that appropriate sanitation, security, and facility management services are conducted at the Field Treatment Site. The FTSM reports to the Facilities Unit Leader	
	<ul style="list-style-type: none"> <li>▪ Obtain necessary equipment and supplies</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Ensure that all sanitation, shower and sleeping facilities are set up and properly functioning.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Make sleeping arrangements.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Provide direct supervision for all facility maintenance and security services.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Ensure that strict compliance is made with all applicable safety regulations</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Provide overall coordination of all FTS activities to ensure that all assigned units operate effectively and cooperatively in meeting incident objectives.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log</li> </ul>	ICS 214

<b>GROUND SUPPORT UNIT</b>		
<b>✓</b>	<b>TASKS TO BE PERFORMED</b>	<b>TOOL</b>
	Responsible for support of out-of-service resources; transportation of personnel, supplies, food, and equipment; fueling, service, maintenance, and repair of vehicles and other ground support equipment; and development and implementation of the Incident Traffic Plan	
	<ul style="list-style-type: none"> <li>▪ Support out-of-service resources.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Notify Resources Unit of all status changes on support and transportation vehicles.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Arrange for and activation fueling, maintenance, and repair of ground resources.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain inventory of support and transportation vehicles.</li> </ul>	ICS 218
	<ul style="list-style-type: none"> <li>▪ Maintain incident roads.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Establish staging area and provide location information to deployed resource teams and vendors.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Maintain Unit/Activity Log</li> </ul>	ICS 214

## IV. APPENDICES

### A. ICS Forms

- ICS 201 – Incident Briefing
- ICS 202 – Incident Objectives
- ICS 203 – Organization Assignments
- ICS 205 – Communications Plan
- ICS 207 - Incident Organization Chart
- 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 – Field Treatment Site Layout
- FTS-03 – Field Treatment Site Status Report Form
- FTS-04 – FTS Position Staffing Roster
- FTS-05 – Staff/Volunteer Sign-in
- FTS-06 – Patient Record

### C. Pre-approved FTS Facilities

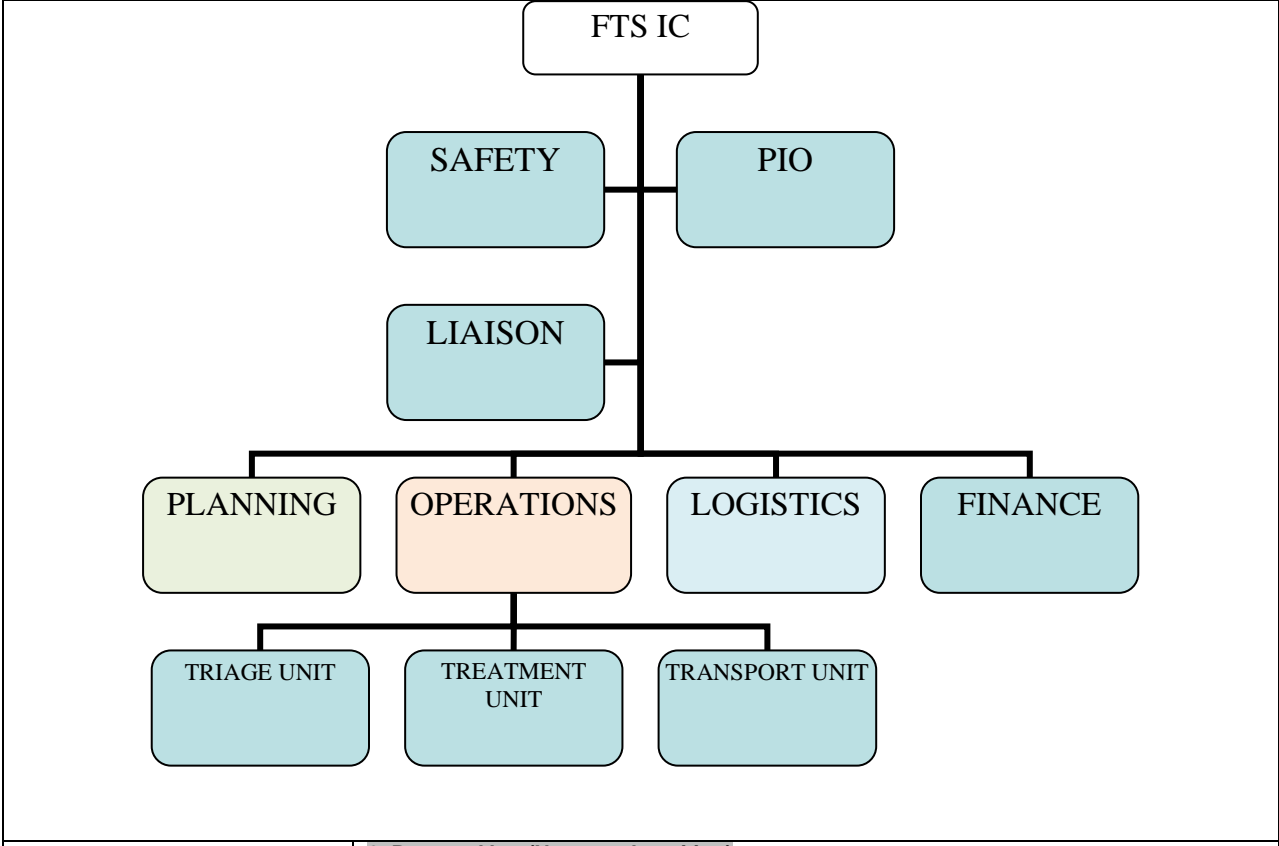
*Appendix A: ICS Forms*

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

201 – INCIDENT BRIEFING	1. INCIDENT NAME	2. DATE	3. TIME
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**4. MAP SKETCH**

**5. CURRENT ORGANIZATION**



Page 1 of ____	<b>6. Prepared by: (Name and position)</b>
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202 – INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
<b>4. OPERATIONAL PERIOD</b>			
<b>5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES)</b>  <b>Management Objectives:</b> - - - - - <b>Operational Objectives:</b> - - - - -			
<b>6. WEATHER FORECAST</b>			
<b>7. GENERAL SAFETY MESSAGE</b>			
<b>8. ATTACHMENTS</b> <input type="checkbox"/> Organization Assignment List - ICS 203 <input type="checkbox"/> Medical Plan - ICS 206 <input type="checkbox"/> (Other): <input type="checkbox"/> Branch Assignment List - ICS 204 <input type="checkbox"/> Incident Map <input type="checkbox"/> <input type="checkbox"/> Communications Plan -ICS 205 <input type="checkbox"/> Traffic Plan <input type="checkbox"/>			

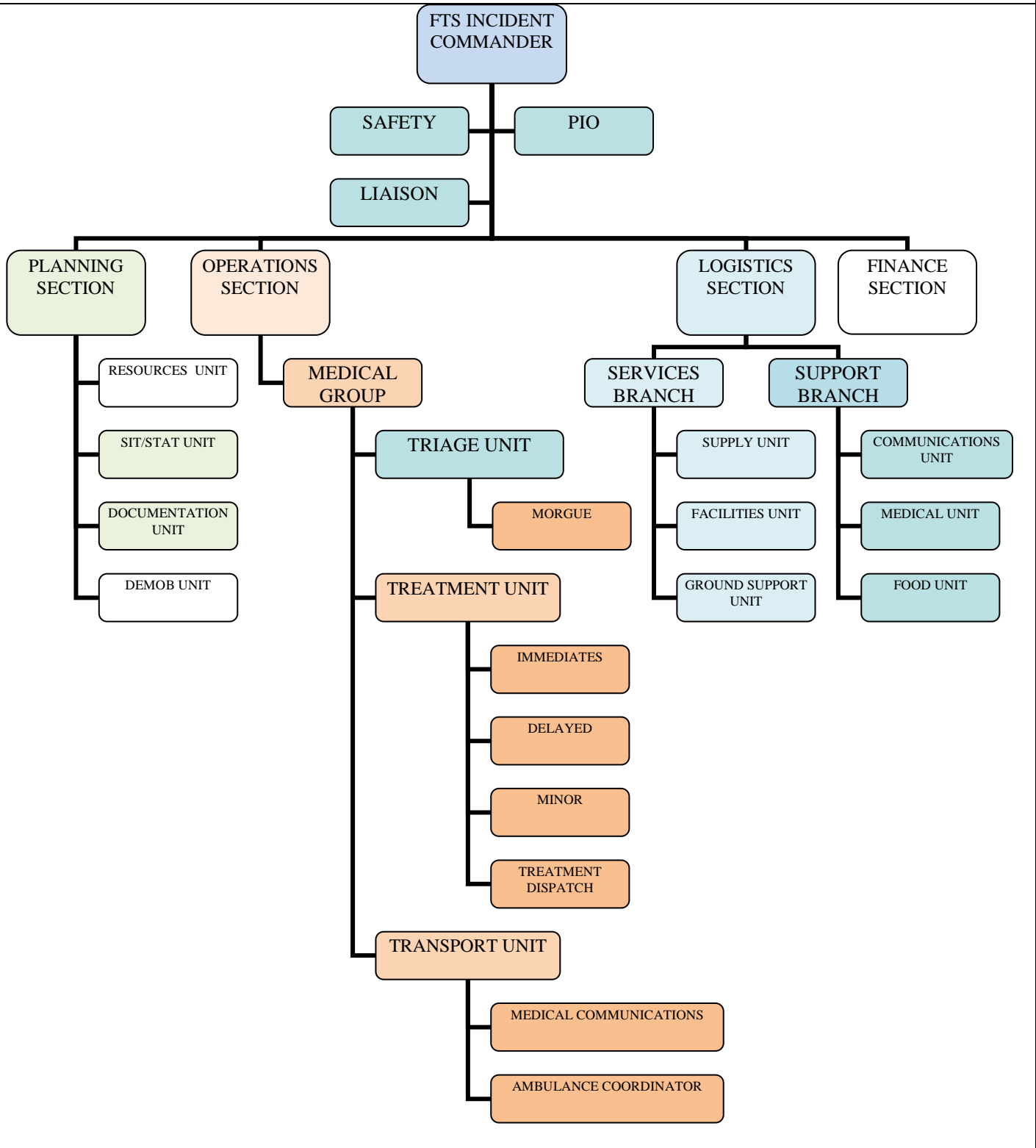
203 – ORGANIZATION ASSIGNMENT LIST			
1. INCIDENT NAME	2. DATE	3. TIME	4. OPERATIONAL PERIOD
POSITION	NAME		
<b>5. Incident Commander and Staff</b>			
Incident Commander			
Public Information Officer			
Liaison Officer			
Safety Officer			
<b>6. Agency Representative</b>			
Agency:			
Agency:			
Agency: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

<b>Incident Communications Plan</b>		<b>1. Incident Name</b>		<b>2. Operational Period</b>	
<b>3. Basic Radio Channel Use</b>					
<b>SYSTEM / CACHE</b>	<b>CHANNEL</b>	<b>FUNCTION</b>	<b>FREQUENCY</b>	<b>ASSIGNMENT</b>	<b>REMARKS</b>
<b>4. PREPARED BY (COMMUNICATIONS UNIT)</b>			<b>Date/Time:</b>		

**ICS 207 – ORGANIZATION CHART**

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD DATE/TIME
------------------	------------------	------------------	------------------------------------

**5. ORGANIZATIONAL CHART**



**6. SITE NAME**







<b>215G OPERATIONAL PLANNING WORKSHEET</b>			<b>1. Incident Name</b>	<b>2. Date/Time</b>								<b>3. Operational Period</b>		
<b>4. Division, Group, or other location</b>	<b>5. Work Assignments</b>		<b>Resource by Type</b>								<b>6. Overhead</b>	<b>7. Report Location</b>	<b>8. Report Time</b>	
			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												
<b>9. Total Resources - Single</b>		Req												
		Have												
		Need												
<b>10. Prepared by (Name and Position)</b>														

ICS 215G

**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 ( <i>Print All Entries</i> )	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.***

<b>PATIENT TRANSPORTATION SUMMARY WORKSHEET</b>				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								
<b>MCM 403</b>		4. PREPARED BY (PATIENT TRANSPORTATION UNIT LEADER/MEDICAL COMMUNICATIONS COORDINATOR)							

**Appendix B:**      **FTS Forms**

- FTS-01 - Field Treatment Site Assessment Form
- FTS-02 – Field Treatment Site Layout
- FTS-03 – Field Treatment Site Status Report Form
- FTS-04 – FTS Position Staffing Roster
- FTS-05 – Staff/Volunteer Sign-in
- FTS-06 – Patient Record

## 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 #:					
<b>Attachments Needed With This Survey</b>					
Site Map and/or Floor plan drawing of facility structure					
<b>Items to Be Completed Prior to Survey Visit</b>					
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>		

## FS-02 – FIELD TREATMENT SITE LAYOUT

The layout of the Field Treatment Site layout will depend on the site location and other factors:

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

Parking

Triage area

Treatment areas (minor, delayed, immediate)

Incident Command Post

Communications equipment area, control desk, antenna area

Transportation/evacuation/holding area

Helicopter landing zone (100 – 200 meters (350 feet) away from site)

(see FTS Layout diagram next page.)

Sanitation (sink, shower, water system)

Sanitation (existing bathrooms or portable toilets)

Bio-waste disposal area/container

Emergency generator (s), electrical connectors

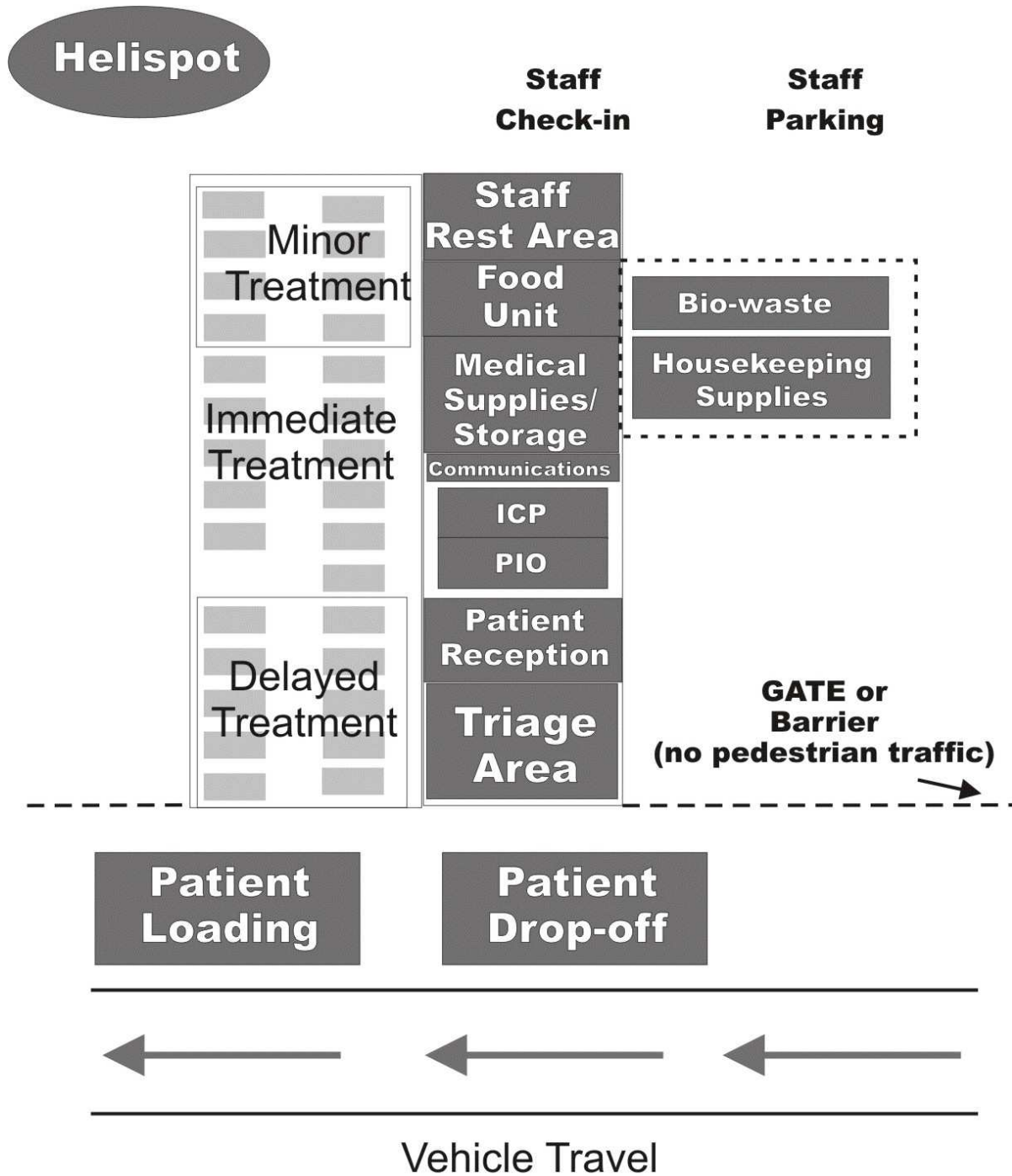
Cache/medical supply area

Personnel sleeping quarters

Personnel mess and recreation area

Food storage, food preparation

SAMPLE FTS LAYOUT



**FTS-04 – FIELD TREATMENT SITE STATUS REPORT FORM**

**FIELD TREATMENT SITE STATUS REPORT FORM**

1. Date: \_\_\_\_\_ 2. Time: \_\_\_\_\_ 3. Report:  Initial  Revised

4. Prognosis:  Worsening  No Change  Improving

<b>FACILITY INFORMATION</b>			
5. NAME OF SITE:			
6. STREET ADDRESS:			
7. CITY:	8. STATE: CA	9. ZIP:	
10. CONTACT PERSON:	11. ICS POSITION:		
12. TELEPHONE NUMBER:	13. FAX NUMBER:		
14. CELL/PAGER NUMBER:	15. RADIO FREQUENCY:		
16. EMAIL ADDRESS:	17. ICP ACTIVATED: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>18. ESTIMATED CASUALTIES</b>			
A. TREATED	B. RELEASED	C. TRANSFERRED	D. EXPIRED
<b>19. CURRENT PATIENTS</b>			
A. Immediates	B. Delayed	C. Minors	
20. MORGUE CAPACITY: A. Used _____, B. Available _____			
<b>HAZARD MITIGATION</b>			
Briefly describe the Potential/Actual hazards: (biohazards, structural, utility, traffic, etc)	List the resources needed to mitigate the Potential/Actual hazard:		
	Personnel	Supplies	Transportation
21.	22.	23.	24.
<b>INFRASTRUCTURE</b>			
Briefly describe status of infrastructure (electricity, gas, water, sewer, HVAC, communications systems, etc)	List the resources needed to mitigate Infrastructure issues:		
	Personnel	Supplies	Transportation
25.	26.	27.	28.
<b>ADDITIONAL RESOURCE NEEDS</b>			
29. List additional resources needed at your site (e.g. Personnel, meds, equipment)			

## INSTRUCTIONS

The FTS Status Report Form is a tool to efficiently communicate each FTS status, during disasters, to the Medical Health Operation Area Coordinator (MHOAC). Please complete and fax this form to the MHOAC once the decision has been made to activate your site. During extended incidents (lasting 12 hours or more) please submit this form as directed by the EMS Agency or MHOAC.

Question or Data Element	Instructions
1.	Enter the date the report was completed
2.	Enter the time the report was completed
3.	Check if this is an Initial Report or a Revised Report
4.	Check if your situation is: Worsening, No Change (stable), or Improving
<b>Site Information</b>	<b>Enter general information about your site</b>
#5 to #9	Enter your physical address and location
#10 to #16	Enter the name, the ICS position, and contact information for the person who can answer questions regarding the information on this form.
#17	Check Yes or No, if the ICP has been activated
<b>Estimated Casualties</b>	<b>Enter information about the numbers and type of casualties you have received during the current reporting period (in the past 12 hours).</b>
#18 A.	Enter the number of casualties treated and admitted
#18 B.	Enter the number of casualties treated and released
#18 C.	Enter the number of casualties treated and transferred to another facility
#18 D.	Enter the number of casualties deceased
<b>Current Patients</b>	<b>Total admissions currently being held in FTS.</b>
#19 A - C	Enter the number of current patients in each category.
#20 A - B	Enter the total number of morgue spaces currently available
<b>Hazard Mitigation</b>	<b>Describe potential/actual hazards and resources needed</b>
#21	Enter a description of the potential or actual hazards.
#22-24	List the numbers of Personnel, Supplies, and Transport resources needed to mitigate the hazard
<b>Infrastructure Status</b>	<b>Describe status of current infrastructure and resources needed</b>
#25	Enter a brief description of the damage to the hospital infrastructure. Refer to the HICS-251 Form
#26-28	List the numbers of Personnel, Supplies, and Transport resources needed to mitigate the damage
<b>Additional Resources</b>	<b>List additional resources needed</b>
#29	Enter a description of any additional resources needed at this site.

### **FTS-04 - FTS POSITION STAFFING ROSTER**

The Incident Commander and the Section Chiefs determine staffing configurations based on situational requirements for site set-up and management. The following recommendations are for an initial response for processing an estimated 250 to 500 patients in a 12 hour period.

<b>POSITION</b>	<b># REQUIRED</b>	<b>AGENCY / DEPARTMENT</b>
Incident Commander	1 per Operational Period	
Liaison Officer	1 per Operational Period	
Safety Officer	1 per Operational Period	
PIO	1 per Operational Period	
Logistics Section Chief	1 per Operational Period	Provided by the OA EOC
Communication Unit Leader	1 per Operational Period	Provided by the OA EOC
Medical Unit Leader	1 per Operational Period	
Food Unit Leader	1 per Operational Period	Provided by the OA EOC
Supply Unit Leader	1 per Operational Period	Provided by the OA EOC
Facilities Unit Leader	1 per Operational Period	Provided by the OA EOC
FTS Manager	1 per Operational Period	
Ground Support Unit Leader	1 per Operational Period	
Operations Section Chief	1 per Operational Period	
Medical Group Supervisor	1 per Operational Period	
Triage Unit Leader	1 per Operational Period	
Triage Personnel	1 to 6 - per Operational Period	
Morgue Manager	1 per Operational Period	
Treatment Unit Leader	1 per Operational Period	
Treatment Unit Personnel	1 to 6 per Operational Period	
Patient Transportation Unit Leader	1 per Operational Period	
Medical Communications Coordinator	1 per Operational Period	
Ambulance Coordinator	1 per Operational Period	

<b>POSITION</b>	<b># REQUIRED</b>	<b>AGENCY / DEPARTMENT</b>
Planning Section Chief	1 per Operational Period	
Resources Unit Leader	1 per Operational Period	
Situation Unit Leader	1 per Operational Period	
Documentation Unit Leader	As needed	
Demobilization Unit Leader	As needed	
Technical Specialist	As needed	

**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	
#	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 Disaster Healthcare Volunteers or other approved volunteers.

**FTS-07 – Patient Record**

<b>Demographic</b>	Patient Name: _____ DOB/Age: _____ Parent / Guardian: _____ Primary Physician: _____ DIN: _____ MRN: _____ Allergies: _____ <input type="checkbox"/> NKA																																																																				
<b>History</b>	Chief Complaint: _____ Significant Medical History: _____ Last Menstrual Period: _____ Pregnancy Status: _____ Glasgow Coma Scale: <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><th colspan="2">Glasgow Coma Scale</th></tr> <tr><td>Eye</td><td> </td></tr> <tr><td>Motor</td><td> </td></tr> <tr><td>Verbal</td><td> </td></tr> <tr><td>Total</td><td> </td></tr> </table> Field Triage Category: _____ Site Triage Category: _____ Pupil Size L: _____ Reactive: <input type="checkbox"/> Yes <input type="checkbox"/> No Pupil Size R: _____ Reactive: <input type="checkbox"/> Yes <input type="checkbox"/> No Circle pain (Adult): 0 (no pain) 1 2 3 4 5 6 7 8 9 10 (worst pain) Circle pain <sup>1</sup> (Child/Other) <table style="display: inline-table; margin-left: 10px;"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>0 NO HURT</td> <td>1 HURTS LITTLE BIT</td> <td>2 HURTS LITTLE MORE</td> <td>3 HURTS EVEN MORE</td> <td>4 HURTS WHOLE LOT</td> <td>5 HURTS WORST</td> </tr> </table>		Glasgow Coma Scale		Eye		Motor		Verbal		Total								0 NO HURT	1 HURTS LITTLE BIT	2 HURTS LITTLE MORE	3 HURTS EVEN MORE	4 HURTS WHOLE LOT	5 HURTS WORST																																													
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<b>Re-Assessment</b>	Date: _____ Time: _____ System Review: Temp: _____ Pulse: _____ Respiration: _____ Blood Pressure: _____ Lab Results: _____ X-ray Results: _____ Physician initials: _____ Nurse initials: _____ Other initials: _____																																																																				
<b>Procedure / Disposition</b>	Pre-Procedure DX: _____ Post-Procedure DX: _____ Procedure: _____ Findings: _____ Condition of Patient Post Procedure: <input type="checkbox"/> Critical <input type="checkbox"/> Guarded <input type="checkbox"/> Stable Discharge Instructions (YES/NO): Written _____ Verbal _____ Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Liquid <input type="checkbox"/> Other: _____ Activities: <input type="checkbox"/> No Restrictions <input type="checkbox"/> Restrictions as Follows: _____ Discharge Medications: _____ Follow-Up Visit: When _____ NA: _____ Condition at discharge: ___ Critical ___ Guarded ___ Stable ___ Fair ___ Deceased ___ Temp ___ Pulse ___ Respiration ___ Blood Pressure Discharge: <input type="checkbox"/> Home <input type="checkbox"/> Shelter <input type="checkbox"/> ACS <input type="checkbox"/> SNF <input type="checkbox"/> Deceased      Date: _____ <input type="checkbox"/> Transfer: _____ <input type="checkbox"/> Other: _____      Time: _____ Admitted: <input type="checkbox"/> Time admitted: _____ Physician order: _____ Notes: _____ Physician initials: _____ Nurse initials: _____ Other initials: _____																																																																				