

3.3.4.7 Standards of Care



YOUR ORGANIZATION
STANDARD OPERATING PROCEDURES/GUIDELINES

TITLE: Standards of Care

SECTION/TOPIC: Management of EMS Operations

NUMBER: 3.3.4.7

ISSUE DATE:

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PREPARED BY:

APPROVED BY:

X

Preparer

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Approver

These SOPs/SOGs are based on FEMA guidelines FA-197

1.0 POLICY REFERENCE

CFR

NFPA

NIMS

2.0 PURPOSE

This standard operating procedure/guideline addresses methods to define the minimum level of care based on available resources, accepted performance standards, and local community needs.

3.0 SCOPE

This SOP/SOG pertains to all personnel in this organization.

4.0 DEFINITIONS

These definitions are pertinent to this SOP/SOG.

5.0 PROCEDURES/GUIDELINES & INFORMATION

5.1 Methods to define the Minimum Level of Care based on Available Resources:

A Treatment Sector is utilized to provide a site to manage the treatment of multiple IMMEDIATE and DELAYED patients. Treatment Sector is responsible for establishing a treatment area to provide

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stabilization and continuing care of patients until they can be transported to a medical facility. The objective of the treatment sector is to rapidly treat and transport all patients.

Treatment Sector Responsibilities

The following items represent the standard operations that will normally be performed by the Treatment Sector:

1. Identify whether patient treatment will occur “in place” or in a designated treatment area. Coordinate with Triage and Extrication Sectors.
2. Determine resources.
3. Identify and establish a large treatment area. If incident is large, establish separate “Immediate” and “Delayed” treatment areas.
4. Assign and supervise treatment teams.
5. Ensure that all patients have been triaged, assessed and re-triaged as needed.
6. Aggressive treatment and rapid packaging of patients.
7. Provide frequent progress report to Command.
8. Ensure safety and accountability of all patients and assigned personnel.
9. Verify transportation priorities with Transportation Sector.
10. Coordinate with other sectors.
11. Notify Command when all patients have been moved from the treatment area.

The Treatment Sector officer will wear a sector vest for identification purposes.

The Sector officers should determine together with Command whether patients would be treated “in place” or treated at a specific treatment area.

If treatment will occur “in place,” companies should be directed by the Treatment Sector officer to specific patient or vehicle (e.g., “E20, you have the patients in the red sedan. R17 will assist.”). The goal will be to assign one ALS or BLS company and one Rescue to each patient, resources permitting. Crews should initially focus their effort on treating and transporting IMMEDIATE patients. These patients can easily be spotted with night-reflective IMMEDIATE labels placed on or near their bodies by the triage team(s). Treatment teams should communicate with Command to obtain additional Rescues.

If patient treatment will occur in a designated “treatment area”, then the Treatment Sector officer should establish a treatment area and prepare for the arrival of patients from Extrication. The treatment entry point should be readily identified (e.g. traffic cones) and have personnel to direct arriving patients. The treatment area must be in a readily accessible location for patient entry and transportation loading but away from any dangerous conditions associated with the incident.

The treatment area should be large enough to absorb all patients and the large numbers of treatment personnel-THINK BIG! This area should be located in a safe area with consideration given to allow for easy access by rescues or ambulances. If the incident is large enough, Treatment should designate separate "IMMEDIATE" and "DELAYED" treatment areas.

The treatment area(s) should have a readily identifiable entrance using traffic cones, signs or other markers. Red and yellow salvage covers can also be used to identify the IMMEDIATE care and DELAYED care areas, for IMMEDIATE and DELAYED patients, respectively. One salvage cover provides ample working room for up to three patients.

If the incident scene is very large, it may be necessary to establish more than one treatment area in different locations. Branch operations may be required to coordinate these efforts. Geographic designations (i.e., “East Treatment”, “West Treatment”) should be utilized (“Transportation Branch, Multiple Site Coordination”).

Treatment shall advise Command when ready to receive patients.

Of all the sectors, the Treatment Sector typically requires the heaviest commitment of personnel. During major incidents, one company per four (4) patients should be the initial objective (one rescuer per patient). As resources permit, the overall goal is to provide all the resources necessary to treat all the patients.

Treatment should assign personnel to meet and direct first arriving litter-bearers on the placement of patients in "IMMEDIATE" and "DELAYED" Areas. Patients in the treatment area should be arranged in an orderly manner with adequate space provided between patients to allow working room for treatment personnel. First arriving patients should be placed near the exit point. Rescuers should first fill from exit towards the entrance as patients are delivered to treatment. This will eliminate personnel from having to step over or move around patients as they are delivered or transported.

Non-triaged patients arriving at the treatment area must be triaged and tagged at the entrance. A triage team should be located at the entrance for this purpose. As these new patients are tagged, the Treatment Sector officer should forward a “Triage Update” to Command to include these newly-discovered patients.

Treatment personnel must continue to assess all patients for changes in conditions, through an ongoing basis to maintain appropriate triage classifications. Once initial triage activities have been

completed, triage teams can be reassigned to Treatment to continuously re-evaluate patients. ALS treatment will be given primarily in the "IMMEDIATE" treatment area. Less intensive patient monitoring and treatment will be given to the "DELAYED" treatment area with mostly BLS personnel assigned to this area. Medical information (vital signs, injuries, treatment rendered) should be documented on the appropriate side of the triage tag.

A variety of ALS personnel, BLS personnel, medical staff and others may be assigned to the Treatment Sector. The Treatment Sector officer must have specific assignments for these varied personnel. Non-fire department medical personnel should be closely supervised by the Treatment Sector officer or others. Command staff, branch directors and Sector officers will have full supervisory authority over this staff.

If the condition of a patient changes significantly (better or worse) it may be necessary to transfer the patient to a higher or lower priority area. The Treatment Sector officer should be advised. Once all IMMEDIATE patients have been treated, DELAYED patients who have significant mechanism of injury should be reevaluated and upgraded to IMMEDIATE as necessary. The Treatment Sector must cause aggressive treatment and packaging of patients with an emphasis on rapid transport. The Treatment Sector officer must maintain an immediate awareness of which patients are ready for transport. The Sector officer must ensure treatment is rapid, adequate, and appropriate numbers of treatment personnel are assigned to each patient. The only time extended treatment should be considered is when immediate transportation is not available. Close coordination with the Transportation Sector officer must be maintained to ensure rapid transportation.

When transportation is immediately available, transportation of the patient becomes a priority over extended on-site treatment. Rapid transportation is of the essence.

The Treatment Sector officer will consult with the Transportation Sector on the allocation of patients to various medical facilities.

The Treatment Sector officer should forward progress reports and triage updates to Command as needed. The Treatment Sector officer is responsible for determining the need for additional medical supplies at the scene and should request their delivery through Command. A Medical Supply Sector will automatically occur on all 3-A-M incidents. This sector should be established near the treatment area ("Medical Supply Sector").

5.2 Accepted Performance Standards:

5.3 Local Community Needs: