

## **EMS EMERGENCY OPERATIONS**

### **I. Command and Control**

Due to safety considerations, it is recognized that patient care modalities may be restricted or abbreviated. Members should give strong consideration to providing patient care while en route to a hospital, established patient triage or care area, or other safe location outside of the impact area.

### **II. Patient Care Guidelines**

In unsafe, or potentially unsafe environments, EMS intervention prior to transport should be limited to treatment necessary to save life. Any treatment beyond immediate life-saving-measures should be performed while en route to a hospital or other safe location.

#### **A. ALS Protocols**

Patients requiring Advanced Life Support (ALS) intervention shall be treated using established Communication Failure Protocols as noted in Reference 806 of the Prehospital Care Policy Manual.

#### **B. Dead Bodies**

Dead bodies encountered in unsecured areas may be transported, at the direction of the Police escort, to an established staging area where a temporary morgue will be established by the Medical Group.

Dead bodies located in burned buildings, dangerous locations, or hazardous environments shall be left at the scene in police custody (if available).

Notification shall be made to the command post as to the location and number of bodies left, and whether police personnel are on scene.

### **III. Patient Transportation**

Patient destination shall normally be to the closest open emergency room. Members should recognize that emergency facilities might quickly become overwhelmed with patients.

In situations involving widespread civil disturbance it may become necessary to establish patient care holding areas. In such cases, consideration should be given to transporting patients to an established care holding or triage area rather than to a hospital.

The main advantage of the Medical Tactical Team (Med Team) is strength and protection through numbers and the ability to handle multiple casualties. Normally, Med Teams will stay together and operate within the impact area returning to the triage or care holding areas to off load patients (i.e., scoop and run).

Ideally, the triage or care holding areas will be located outside the impact area which should allow for patient transport to the closest open emergency room by a nonescorted ambulance.

If the closest open emergency room is located within the impact area and only one ambulance is transporting patients, the transporting ambulance and one security/escort unit of the Med Team shall respond to the emergency room. The remaining engine company, ambulance, and security/escort shall make themselves available as soon as possible and obtain the needed resources from staging to bring the Med Team up to full strength.

If both Med Team ambulances are transporting patients and the closest open emergency room is inside the impact area, the entire Med Team shall respond to the emergency room.

In those cases when one or both of the Med Teams ambulances have critical patients that need immediate transportation to the closest open emergency room and it is outside the impact area, the Med Team shall stay together until outside of the impact area. Once outside the impact area, the ambulance(s) shall continue their response to the emergency room. There should be no need for the entire Med Team to respond to the emergency room.

The remainder of the Med Team shall make themselves available if they have one ambulance remaining or return to their designated staging area to acquire needed resources.

Once the ambulance(s) that were a part of Med Teams clear the hospital, they shall return to their designated staging area for reassignment.

EMS resources operating outside the impact area(s) should continue to transport patients under normal protocols.

#### IV. Recall Considerations

Recall during a civil disturbance should include sufficient qualified personnel to augment Medical Groups, deploy reserve apparatus, and provide staffing replacements for EMT-staff-ambulances to free fire suppression personnel for other duties.

Rescue ambulances staffed by recalled members will operate as Basic Life Support (BLS) resources.

#### V. Medical Supply Caches

Medical Supply caches are maintained in the following locations:

Division I: Fire Stations 3, 6, 23, 25, 52, 56, 59, S&M

Division II: Fire Stations 34, 40, 49, 51, 61, 66, 68

Division III: Fire Stations 39, 60, 70, 72, 88, 98, DPS

Medical Supply Truck at Fire Station 88.

These caches may be requested and delivered to specified locations as needed.

**EMS EMERGENCY OPERATIONS**

Recommended Relocation/Predeployment Assignments for EMS District Officers

Relocation Assignments

Division I

<u>DISTRICT</u>	<u>FROM</u>	<u>TO</u>
EMS 1	FS 52	FS 27
EMS 5	FS 17	FS 3

Division II

EMS 2	FS 46	FS 33
EMS 4	FS 92	FS 58

Division III

EMS 3	FS 100	FS 88
EMS 6	FS 86	FS 60

Predeployment Assignments

Division I

<u>DISTRICT</u>	<u>FROM</u>	<u>TO</u>	
EMS 1	FS 52		*Collocate with Battalion 5 (FS 27, 52, or 82)
EMS 5	FS 17	FS 3	*Collocate with Division I

Division II

EMS 2	FS 46	FS 33	*Collocate with Division II
EMS 4	FS 92	FS 61	*Collocate with Battalion 18

Division III

EMS 3	FS 100	FS 88	*Collocate with Division III
EMS 6	FS 86		*Collocate with Battalion 14 (FS 86 or 89)

\*NOTE: Predeployment assignments may change as dictated by incident command needs.