

REGIONAL STANDARD OPERATING PROCEDURES

Treatment Group

#: 104.02

REV: 09/2015

SCOPE: This policy will encompass the establishment of Treatment Groups to deliver patient care.

PURPOSE: To clearly identify the responsibility of a Treatment Group Supervisor and the responsibility of the members operating in a Treatment Group.

SAFETY: All personnel should ensure they are wearing appropriate PPE and maintaining adequate BSI. Ensure personnel are changing PPE frequently to ensure they do not cross contaminate patients.

PROCEDURE: A Treatment Group is utilized to provide a site to manage the treatment of multiple IMMEDIATE and DELAYED patients. The Treatment Group is responsible for establishing a treatment area to provide stabilization and continuing care of patients until they can be transported to a medical facility. The objective of the Treatment Group is to rapidly treat and transport all patients.

Treatment Group Responsibilities

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

1. Identify whether patient treatment will occur "in place" or in a designated treatment area. Coordinate with Triage and Extrication Groups.
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 reports to Command.
8. Ensure safety and accountability of all patients and assigned personnel.
9. Verify transportation priorities with Transportation Group.
10. Notify Command when all patients have been moved from the treatment area.

The Treatment Group Supervisor will wear an identification vest.

Group supervisors should determine together with Command whether patients will be treated “in place” or treated at a specific treatment area. If treatment will occur “in place,” companies should be directed by the Treatment Group Supervisor to a specific patient or location (e.g., “E193, you have the patients in the red sedan. M365 will assist.”).

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 resources.

If patient treatment will occur in a designated “treatment area”, then the Treatment Group Supervisor 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 medic units. If the incident is large enough, the Treatment Group Supervisor 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. Geographic designations (i.e., “Alpha Treatment”, “Bravo Treatment”) should be utilized. The Treatment Group Supervisor shall advise Command when the Group is ready to receive patients. Of all the groups or divisions, the Treatment Group 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 of the patients. The Treatment Group Supervisor should assign personnel to meet and direct first arriving litter-bearers to patients in "IMMEDIATE" and "DELAYED" status and/or 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 the 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 Group Supervisor 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 the Treatment Group 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 Group. The Treatment Group Supervisor must have specific assignments for these varied personnel. Non-fire department medical personnel should be closely supervised by the Treatment Group Supervisor or others. 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 Group Supervisor 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 Group must provide aggressive treatment and packaging of patients with an emphasis on rapid transport. The Treatment Group Supervisor must maintain an immediate awareness of which patients are ready for transport. The Treatment Group Supervisor 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 Group Supervisor 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 Group Supervisor will consult with the Transportation Group on the distribution of patients to various medical facilities. The Treatment Group Supervisor is responsible for determining the need for additional medical supplies at the scene and should request their delivery through Command. A Medical Supply Group may be requested by Command at any time (request of an MCI/MMRS Trailer).