

REGIONAL STANDARD OPERATING PROCEDURES

Transportation Group

#: 104.04

REV: 09/2015

SCOPE & PURPOSE:

To effectively and safely manage the transportation of all patients on medical incidents.

PROCEDURE:

A Transportation Group is established to manage patient transportation from the scene to appropriate medical facilities. Transportation Group is responsible for arranging all of the transportation needs for a multiple-patient incident and for allocating those patients to appropriate medical facilities.

Transportation Group Responsibilities

The following represent the standards operations that will be performed by the Transportation Group:

1. Determine/request resources.
2. Determine (with Command) the ambulance loading area and helicopter landing zone as needed.
3. Determine hospital availability status.
4. Coordinate patient allocation and destination with Treatment Group.
5. Supervise the movement of patients from the treatment area to the ambulance loading area or helicopter landing zone.
6. Maintain an accounting of all patients and patient destinations.
7. Provide progress reports, allocations, ETA's, to receiving hospitals.
8. Ensure the safety and accountability of all assigned personnel.
9. Provide frequent progress reports to Command.
10. Coordinate activities with other groups or divisions, especially Treatment.

11. Notify hospital (through Dispatch) of estimated arrival time of specific ambulances or helicopters.
12. Notify Command when all IMMEDIATE patients have been transported.
13. Notify the hospitals when all patients are transported and operations are terminating.

The Transportation Group Supervisor must assume a visible position in the treatment area or patient loading area and wear an identification vest. The Transportation Group Supervisor must “size up” the transportation needs including ambulances, air ambulances or other transportation modes, as well as staffing needs, and communicate those needs to Command.

Additional personnel may be needed to assist with medical communications. Transportation should determine, in concert with Command, the location for staging and air-medical (helicopter) transport. If helicopters are used, Transportation should establish a landing zone a safe distance from the scene, assign at least one Unit to the LZ and designate an Air Operations Supervisor. Air Ops will keep track of patient destination, communicate landing instructions with incoming and outgoing aircraft and enforce established safety standards for landing zones.

It may be necessary to use ambulances or other vehicles to carry patients from the treatment area to the landing zone. Helicopters should be used to transport critical patients to more distance medical facilities, allowing closer hospitals to receive patients by ground ambulance.

Transportation should also determine a suitable location next to Treatment to establish a patient loading area. Ambulances should be staged off site and brought in to the loading area as needed, no more than two at a time. Transportation must coordinate closely the preparation of patients with Treatment and have ambulances immediately ready in the loading area. Ambulances should have a separate entry and exit point into the loading area to eliminate the need to back up ambulances. Transportation Group must ensure that contact with appropriate medical facilities is accomplished as soon as possible to determine individual hospital capabilities to receive patients. Hospitals should be advised of the location and type of incident, along with the triage report indicating the number of patients, nature (e.g., trauma, burns, medical), and the severity of their injuries.

Treatment Group will normally advise Transportation when patients are ready for transport. Transportation will allocate patients to medical facilities according to patient injury and priority, as well as hospital capacity and specialty (pediatric, burns, Level I Trauma, etc.).

Transportation of IMMEDIATE patients will receive priority followed by the transport of DELAYED and MINOR patients.

If needed, transport of MINOR patients to a medical facility may be accomplished by using city buses or vans. In general, it is preferred to “leap-frog” MINOR patients to distant hospitals to minimize transport times for DELAYED patients to closer facilities.

Personnel assigned to Transportation will remove patients from the treatment area and deliver them to the selected ambulances or other transport units (vans, buses, etc.). Treatment and Transportation Groups must maintain close coordination to determine the most appropriate allocation for each patient.

Prior to transport, the Transportation Group Supervisor (or designee) will remove a transportation tracking slip from each triage tag and write in the transport unit and hospital destination on the slip. These tracking slips are kept by Transportation to maintain an accounting of all patients leaving the scene. They can also be verified by Command, who has the initial triage tracking slips.

When ambulances or helicopters have left the scene, Transportation should advise Dispatch of the estimated arrival time and patient status (e.g., "*Medic 365 is enroute to Canyon Vista ER, ETA of 5 minutes, with one DELAYED patient.*").

The Transportation Group Supervisor will relay this information to the appropriate medical facility. Ambulance personnel will have the responsibility to perform a courtesy notification to the receiving hospital, indicating their estimated arrival time, the number and type of patients on board, along with a brief description of their injuries. *ALS personnel should operate under Standing Orders and not patch for Medical Direction unless necessary.*

When all IMMEDIATE patients have been transported from the scene, Transportation should notify Command. A declaration by Command to Dispatch of "All IMMEDIATES Transported" is an EMS tactical benchmark.