IDPH Region 9 MULTIPLE PATIENT MANAGEMENT PLAN

6/20/12

	Small Scale (Single-Jurisdictional) Incident	Medium Scale Incident	Large Scale (Multi-Jurisdictional) Incident	EVACUATION
Definition	3-6 Ambulances **required** based on acuity **and you have exceeded your 2-2-2 capabilities.**	7-10 Ambulances[1] based on acuity **and you have exceeded your 2-2-2 capabilities**	More than 10 ambulances	**LIFE-THREATENING EMERGENT EVACUATION of a HEALTHCARE FACILITY** (PATIENTS REQUIRING MEDICAL CARE)
Initial Communication	Contact System EMS Base Station to determine their patient availability during 2-2-2 distribution.	Contact Resource Hospital State: "WE ARE ON THE SCENE of a Medium Scale MULTIPLE PATIENT INCIDENT"	Contact Resource Hospital State: "WE ARE ON THE SCENE of a Large Scale MULTIPLE PATIENT INCIDENT"	Contact Resource Hospital State: "WE ARE ON THE SCENE OF A LIFE-THREATENING **EMERGENT EVACUATION of a HEALTHCARE FACILITY"**
Initial Information	• Event description • Actual # of patients • Actual patient acuities (Use RED, YELLOW, GREEN, BLACK) • Closest Hospitals	• Event description • Estimate # of patients • Estimate patient acuities (Use RED, YELLOW, GREEN, BLACK) • Closest Hospitals	• Event description • Estimate # of patients • Estimate patient acuities (Use RED, YELLOW, GREEN, BLACK) • Closest Hospitals	• Event description (Include facility name) • Estimate #, type and acuity of pts. • Closest hospitals • Potential alternative receiving facilities
Field Incident Command	Single	Medical Branch Director Activated	Unified Command	Unified Command (IC will coordinate with Hospital Command Center)
Triage Method	Use normal assessment procedures to identify correct patient Category and appropriate hospital destination	START/JumpSTART Triage	START/JumpSTART Triage	Triage may be directed by affected Facility and Resource Hospital.
Triage Tags	Triage tags **NOT** used.	Triage tags used.	Triage tags MUST be used	Triage tags MUST be used if secondary injuries occurred
Pt Care Reports (PCRs)	Complete patient care reports as usual	SMART TAGS and complete PCRs unless extenuating circumstances exist[2]	SMART TAGS	No written patient care reports (Triage Tags serve as written report)
Patient Disbursement	Transportation officer (or designee) shall coordinate transportation management and destination of patients. • Patients shall be disbursed to appropriate facilities according to the Region 9 SOPs or SMOs.	Resource Hospital in conjunction with Transportation officer coordinates transportation management and destination of all patients.	Resource Hospital in conjunction with Transportation officer coordinates transportation management and destination of all patients. In a multiple EMS System Incident RHCC may be involved with disbursement and providing additional resources.	Resource Hospital works in conjunction with field command and administration of affected facility to determine where patients will be transported • RHCC may be employed for assistance with communication and additional resources. • Consider activation of MABAS, PPRS and/or CHUG.
Ambulance to Hospital Communication	Every transporting ambulance contacts their receiving hospital with normal report	TRANSPORTING AMBULANCE WILL PROVIDE ABBREVIATED RADIO REPORT TO RECEIVING HOSPITAL	**NO** CONTACT BETWEEN TRANSPORTING AMBULANCE AND RECEIVING HOSPITAL	**NO** CONTACT BETWEEN TRANSPORTING AMBULANCE / PATIENT TRANSPORTATION VEHICLE AND RECEIVING FACILITIES

LESS THAN SIX AMBULANCES = BUSINESS AS USUAL. CONTACT RECEIVING HOSPITALS AS DESIRED

[1]Usage of MABAS does not warrant event has escalated to Large Scale Event.

[2]Abbreviated patient care report to include SMART Tag information if the ambulance MUST return immediately to scene to transport additional patients.