

INCIDENT COMMAND SYSTEM
MULTI-CASUALTY

TREATMENT MANAGER

I-MC-238

COURSE ADMINISTRATOR'S GUIDE
AND TRAINEE WORKBOOK
Self-Paced Instruction

NOVEMBER 1990
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This document contains information relative to the Incident Command System (ICS) component of the National Incident Management System (NIMS). This is the same Incident Command System developed by FIRESCOPE.

Additional information and documentation can be obtained from the following sources:

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TREATMENT MANAGER

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TREATMENT MANAGER

INTRODUCTION

Treatment Manager, I-MC-238, Self-Paced instruction is a course designed to train individuals at a local level and at their own pace, to perform as an effective Treatment Manager in the Multi-Casualty Branch of the Incident Command System. The instruction level is targeted toward trainees who have had training in the basics of ICS organization, but have a substantial background in EMS, as will be indicated in the course prerequisite section.

This course is presented entirely through a self-paced, written text, supplemented by an organization chart. Progress checks test the trainees' understanding as they proceed through the text. The Final Exam, a formal, proctored, closed book examination measures the trainee's comprehension of the course material.

The Course Administrator has the responsibility to administer the course to meet specific agency training needs.

COURSE INSTRUCTIONS

1. Prerequisites: The trainee must have completed Basic ICS, I-220 course, and must be a public official (firefighter, peace officer, member of the Health Care Agency, etc.), or appropriately affiliated, such as a member of an ambulance company or hospital response team.

The trainee must also have advanced medical training and experience as a supervisor.

The Course Administrator should be a qualified Medical Group/Division Supervisor or higher.

2. Course Objectives:

Performance

- a. Given course instruction, the trainee will be able to identify the role of the Treatment Manager within the Multi-Casualty Incident Organization, according to text information.
- b. Given course instruction, the trainee will be able to identify the key elements of locating and setting up Treatment Areas in a multi-casualty incident, according to text information.
- c. Given course instruction, the trainee will be able to identify proper safety, security, treatment, manifesting, and loading of patients at the Treatment Areas, according to text information.
- d. Given a simulated role-play exercise, the trainee will be able to perform satisfactorily in the position of Treatment Manager, fulfilling the responsibilities outlined in the Position Manual.

Instruction

Unit 1: Introduction:

- Course composition
- Course prerequisites
- Course objectives

Unit 2: Staffing and Organization of the Treatment Unit:

- 2.1 Multi-Casualty Organization
- 2.2 Organization of the Treatment Unit
- 2.3 Staffing of the Treatment Unit
- 2.4 Qualifications of Treatment Personnel

Unit 3: Treatment Unit Checklist

Purpose of Position Checklist
Treatment Unit Leader's Checklist
Treatment Dispatch Manager's Checklist
Treatment Manager's Checklist

Unit 4: Major Activities and Procedures

Major activities of the Treatment Manager
Procedures for implementing each activity

Unit 5: Demobilization

Closing the treatment area

Unit 6: Summary and Final Progress Check

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Final Progress Check

Unit 7: Exercise - Simulated role-play exercise

3. Course Administrator's Guide: This text is designed to provide the Course Administrator the information needed to administer the course. Access to this guide must be limited to those involved in administering the course.
 - a. Time Element: Trainees will progress at different rates through the course. A strong commitment to duty is essential for successful completion of this course. Upon completion of the course, the trainee should spend additional time researching local laws and policies regarding EMS protocols, standing orders for paramedics, cache locations, medical communication networks, etc.
 - b. Equipment and Materials: Because of the design of this course, equipment and materials needed are minimal. The Trainee Self-Paced Workbook, paper, and pencil are all that are required. The Course Administrator's name and telephone number should be entered in the space provided in the Workbook Introduction.
 - c. Evaluation: Progress Checks have been included at intervals through the Workbook to measure whether the trainee has successfully mastered the unit objectives. Trainees should attain a score of 100% on each Progress Check before proceeding to the next unit. The Final Progress Check is similar to the Final Exam and covers the entire course. A score of 90% is passing. After trainees have completed the Final Progress Check and feel satisfied with their comprehension of the material, the Course Administrator should be contacted to schedule the Final Exam.

The Course Administrator should establish a convenient time and place to administer the Final Exam. If the trainee has not contacted the Course Administrator after a reasonable period of time, the trainee should be contacted to monitor progress.

The Final Exam is a formal, proctored, closed-book examination. The Final Exam can be found on page 6, and the Keyed Final Exam can be found on page 9 of this Course Administrator's Guide.

- d. Administration: The Course Administrator is responsible for identifying the time period to meet both the needs of the agency and the trainee involved. The Course Administrator is also responsible for taking appropriate action in case of trainee failure, recording completion on agency training records, and issuing the certificate of completion.

TREATMENT MANAGER FINAL EXAM

Choose the most correct answer.

1. From whom should the Treatment Manager request additional personnel or other resources?
 - a. Medical Supply Coordinator
 - b. Treatment Unit Leader
 - c. Triage Unit Leader
 - d. Medical Group/Division Supervisor

2. Which four positions report to the Treatment Unit Leader?
 - a. Triage Unit Leader, Immediate Treatment Manager, Delayed Treatment Manager, Minor Treatment Manager
 - b. Minor Treatment Manager, Delayed Treatment Manager, Immediate Treatment Manager, Morgue Manager
 - c. Minor Treatment Manager, Delayed Treatment Manager, Immediate Treatment Manager, Medical Supply Coordinator
 - d. Immediate Treatment Manager, Delayed Treatment Manager, Minor Treatment Manager, Treatment Dispatch Manager

3. Why is it important for the Treatment Manager to work closely with the Treatment Dispatch Manager?
 - a. To make sure patients are transported in the correct priority.
 - b. To make sure patient destination is properly recorded.
 - c. To coordinate completion of the Unit/Activity Log (ICS Form 214).
 - d. To make sure patients are loaded in the proper ambulance.

4. Whose responsibility is to prioritize patients for transportation?
 - a. Triage Unit Leader
 - b. Triage Personnel
 - c. Treatment Manager
 - d. Treatment Dispatch Manager

5. Which of the following would the Treatment Manager not receive at the initial briefing?
 - a. Current status/situation
 - b. Assigned personnel and resources
 - c. Initial instructions for work activities
 - d. Location of air ambulance loading area

6. Who should the Treatment Manager notify for any special needs during transport of a patient?
 - a. Medical Communications Manager
 - b. Ground Ambulance Coordinator
 - c. Treatment Dispatch Manager
 - d. Ambulance Driver

7. How should contaminated material be disposed of upon demobilization?
 - a. Double-bag, seal, and dispose of in nearby dumpster or other trash receptacle
 - b. Double-bag, label, and send to hospital or appropriate disposal facility
 - c. Double-bag, seal, and leave for city/county sanitation.
 - d. Double-bag, seal, and turn over to law enforcement personnel

8. Whose responsibility is it to record patient tracking information?
 - a. Medical Communications Coordinator
 - b. Treatment Managers
 - c. Ground and Air Ambulance Coordinators
 - d. Treatment Dispatch Manager

9. Treatment areas should be clearly identified using the following color code:
 - a. Immediate - red, Delayed - yellow, Minor - green
 - b. Immediate - yellow, Delayed - red, Minor - green
 - c. Immediate - red, Delayed - yellow, Minor - blue
 - d. Immediate - yellow, Delayed - red, Minor - blue

10. Of the following which is not one of the three main responsibilities of the Treatment Manager?
 - a. Ensure treatment of patients in the treatment area
 - b. Prioritize patients for transportation
 - c. Coordinate transportation of patients with Treatment Dispatch Manager
 - d. Complete Unit/Activity Log (ICS Form 214)

TREATMENT MANAGER KEYED FINAL EXAM

Choose the most correct answer.

1. From whom should the Treatment Manager request additional personnel or other resources?
 - a. Medical Supply Coordinator
 - b. Treatment Unit Leader**
 - c. Triage Unit Leader
 - d. Medical Group/Division Supervisor

2. Which four positions report to the Treatment Unit Leader?
 - a. Triage Unit Leader, Immediate Treatment Manager, Delayed Treatment Manager, Minor Treatment Manager.
 - b. Minor Treatment Manager, Delayed Treatment Manager, Immediate Treatment Manager, Morgue Manager
 - c. Minor Treatment Manager, Delayed Treatment Manager, Immediate Treatment Manager, Medical Supply Coordinator
 - d. Immediate Treatment Manager, Delayed Treatment Manager, Minor Treatment Manager, Treatment Dispatch Manager**

3. Why is it important for the Treatment Manager to work closely with the Treatment Dispatch Manager?
 - a. To make sure patients are transported in the correct priority.**
 - b. To make sure patient destination is properly recorded
 - c. To coordinate completion of the Unit /Activity Log (ICS Form 214)
 - d. To make sure patients are loaded in the proper ambulance.

4. Whose responsibility is to prioritize patients for transportation?
 - a. Triage Unit Leader
 - b. Triage Personnel
 - c. Treatment Manager**
 - d. Treatment Dispatch Manager

5. Which of the following would the Treatment Manager not receive at the initial briefing?
 - a. Current status/situation
 - b. Assigned personnel and resources
 - c. Initial instructions for work activities
 - d. Location of air ambulance loading area**

6. Who should the Treatment Manager notify for any special needs during transport of a patient?
 - a. Medical Communications Manager
 - b. Ground Ambulance Coordinator
 - c. Treatment Dispatch Manager**
 - d. Ambulance Driver

7. How should contaminated material be disposed of upon demobilization?
 - a. Double-bag, seal, and dispose of in nearby dumpster or other trash receptacle
 - b. Double-bag, label, and send to hospital or appropriate disposal facility**
 - c. Double-bag, seal, and leave for city/county sanitation
 - d. Double-bag, seal, and turn over to law enforcement personnel

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 - a. Medical Communications Coordinator**
 - b. Treatment Managers
 - c. Ground and Air Ambulance Coordinators
 - d. Treatment Dispatch Manager

9. Treatment areas should be clearly identified using the following color code:

a. Immediate - red,	Delayed - yellow,	Minor - green
b. Immediate - yellow,	Delayed - red,	Minor - green
c. Immediate - red,	Delayed - yellow,	Minor - blue
d. Immediate - yellow,	Delayed - red,	Minor - blue

10. Of the following which is not one of the three main responsibilities of the Treatment Manager?
 - a. Ensure treatment of patients in the treatment area
 - b. Prioritize patients for transportation
 - c. Coordinate transportation of patients with Treatment Dispatch Manager
 - d. Complete Unit Log (ICS 214)**

TREATMENT MANAGER Self-Paced Instruction

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UNIT 1 - INTRODUCTION

COURSE COMPOSITION: The purpose of this self-paced instruction is to develop within the trainee an understanding of the duties and responsibilities of the Treatment Manager on Multi-Casualty Incidents. As dictated by the size or complexity of the incident, there could be three Treatment Managers assigned to the Treatment Unit, one for each Treatment Area (Minor, Delayed, and Immediate). Each Treatment Area is unique and requires some special considerations in its operation, but generally, will require the same duties of the Treatment Manager.

The course consists of six instructional units with three Progress Checks that are self-administered by the trainee. The Progress Checks are "open book" test.

The trainee should score 100% on the first two Progress Checks and obtain a minimum score of 90% on the Final Progress Check. The trainee will then contact the Course Administrator, who will administer the Final Exam. Each trainee will achieve a minimum score of 80% in order to successfully pass the Final Exam. The Course Administrator's name is _____, and may be contacted at the following phone number when you are prepared to take the Final Exam: _____. In Unit 7, the trainee performs the role of Treatment Manager during a multi-casualty drill or exercise. Successful performance during the exercise is necessary in order to consider the trainee qualified for the position.

COURSE PREREQUISITES: The Treatment Manager is expected to make critical judgments concerning the priority of transportation based upon need for emergency treatment in a hospital setting. It is therefore imperative that the person filling this position has an extensive EMS background. The trainee must have advanced medical training and experience as a supervisor.

The trainee must have completed Basic ICS, I-220 course, and must be a public official (firefighter, peace officer, member of the Health Care Agency, etc.) or appropriately affiliated, such as a member of an ambulance company or hospital emergency response team.

COURSE OBJECTIVES:

Performance Objectives:

- Given course instruction, the trainee will be able to identify the role of the Treatment Manager within the Multi-Casualty Incident Organization, according to text information.
- Given course instruction, the trainee will be able to identify the key elements of locating and setting up Treatment Areas in a multi-casualty incident, according to text information.
- Given course instruction, the trainee will be able to identify proper safety, security, treatment, manifesting, and loading of patients at Treatment Areas, according to text information.
- Given a simulated role-play exercise, the trainee will be able to perform satisfactorily in the position of Treatment Manager, fulfilling the responsibilities outlined in the Position Manual, ICS-MC-222-4.

Instructional Objectives:

Unit 1: Introduction - The trainee will be able to identify course composition, course prerequisites, and performance standards.

Unit 2: Staffing and Organization of the Treatment Unit - The trainee will be able to identify the staffing and organizational requirements of the Treatment Unit during a multi-casualty incident.

Unit 3: Treatment Unit Checklist - The trainee will be able to identify the roles of each position within the Treatment Unit.

Unit 4: Major Activities and Procedures - The trainee will be able to identify the major activities of the Treatment Manager and describe the procedures for implementing each activity.

Unit 5: Demobilization - The trainee will be able to identify the procedures required to demobilize the Treatment Area.

Unit 6: Summary and Final Progress Check - The trainee will be able to summarize the key points in the text and pass the Final Progress Check with a score of 90% or better, and a Final Examination with a score of 80% or better.

Unit 7: Exercise - The trainee will perform satisfactorily as a Treatment Manager in a multi-casualty exercise.

UNIT 2 - STAFFING AND ORGANIZATION OF THE TREATMENT UNIT

One of the primary responsibilities of the Treatment Manager is to ensure that the Treatment Area is adequately staffed to handle the number of patients for the complexity of the incident. Depending on the size of the incident, this could involve a request for a single paramedic or a medical team from the hospital. The request for additional personnel should be based on projected needs for the incident and, in particular, the number of patients and severity of injuries. The recommended minimum staffing for each Treatment Area is listed in Table 2-1.

Treatment Teams are composed of personnel with specific medical qualifications, as noted in Table 2-2. ALS is the abbreviation for Advanced Life Support, and BLS, stands for Basic Life Support. The recommendations for minimum staffing and qualifications are suggestions only. The agency's needs and capabilities are encouraged in decision- making. The agency's ability to request staffing support predicated against automatic aid, mutual aid agreements and area hospital alert systems.

The Treatment Manager reports to the Treatment Unit Leader in the Medical Group/Division of the Operations Section of the Incident Command System (see Multi-Casualty Organization Chart). Requests for additional personnel or resources should be ordered through the Treatment Unit Leader. The Treatment Unit Leader reports directly to the Medical Group/Division Supervisor. The Treatment Unit may be organized as illustrated on Page 5.

TABLE 2-1 Recommended Minimum Treatment Unit Staffing
--

PATIENT CATEGORY	TREATMENT PERSONNEL
Immediate	1 ALS, 1 BLS per patient, and 4 Litter Bearers
Delayed	1 BLS per patient, 1 ALS per 3 patients, and 4 Litter Bearers
Minor	1 BLS per 3 patients

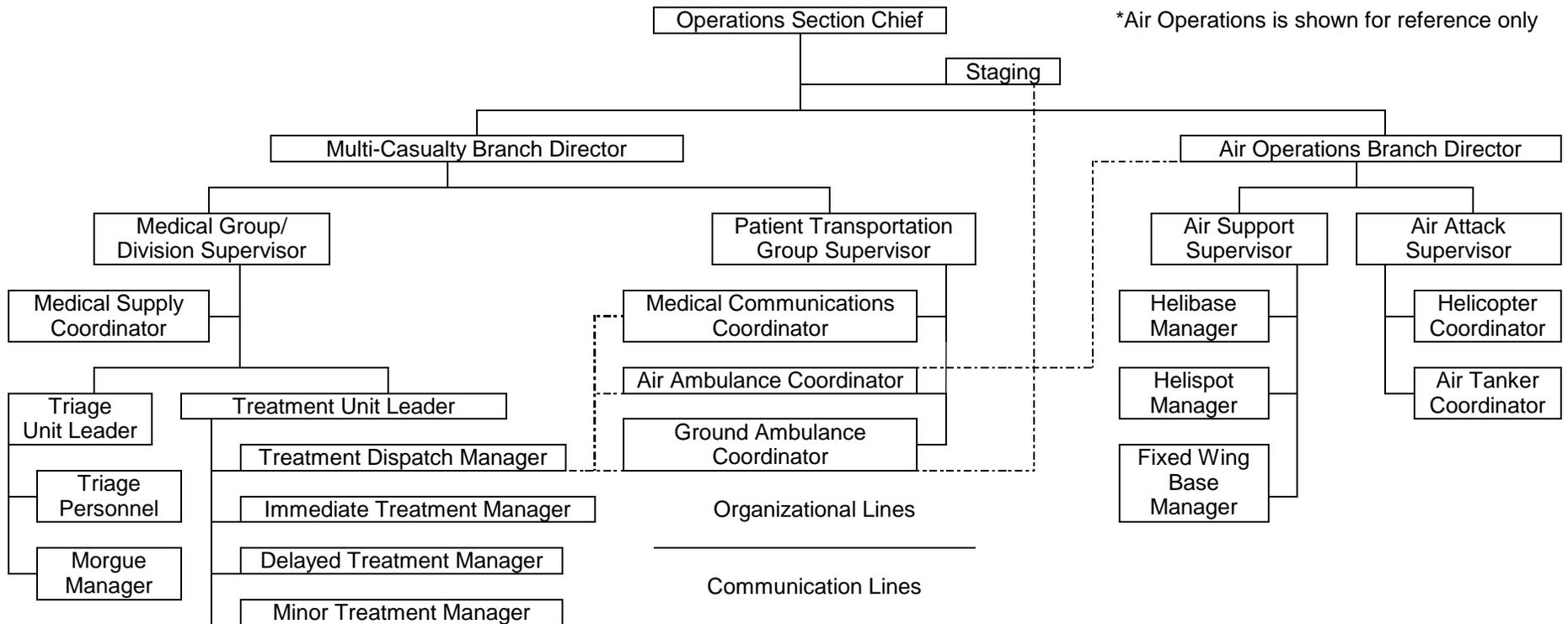
TABLE 2-2 Treatment Team Classifications Staffing and Qualifications

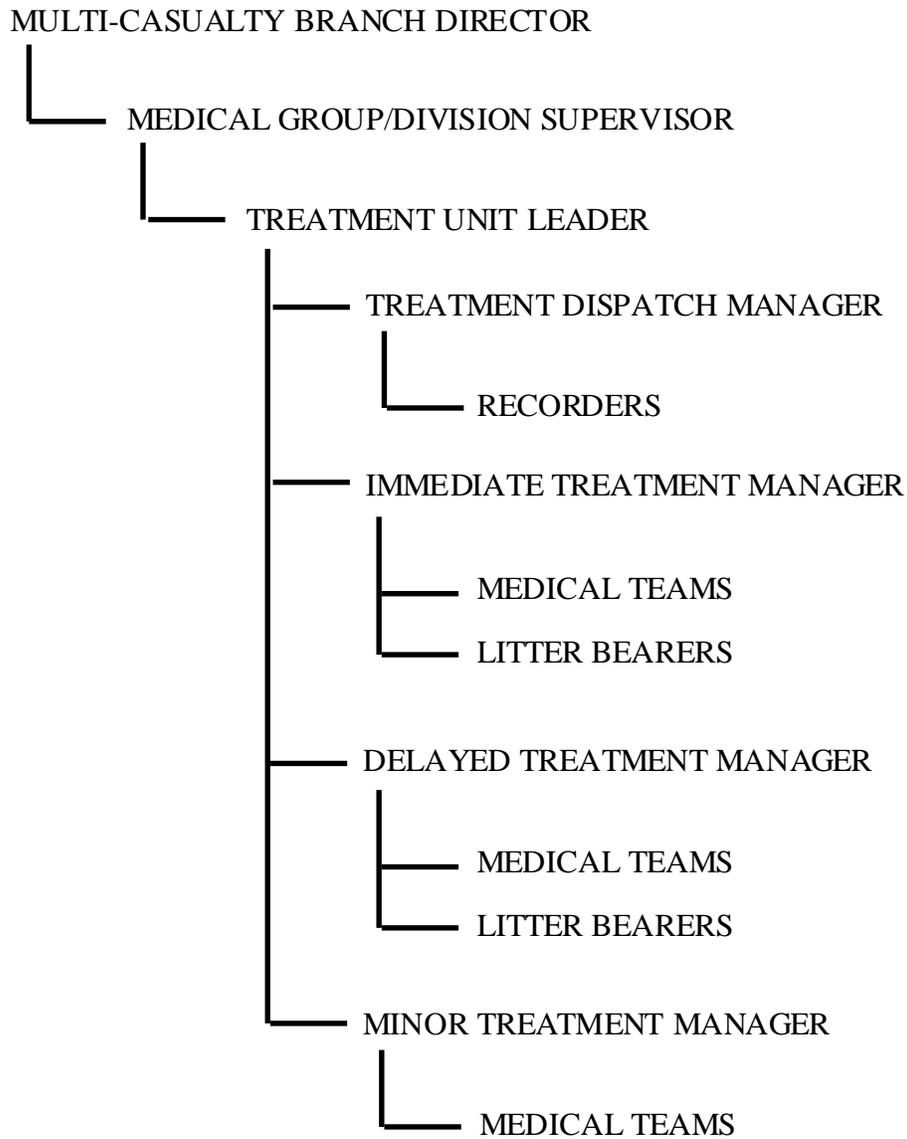
CLASSIFICATION	STAFFING
Type 1	2 ALS personnel and 3 BLS personnel
Type 2	2 ALS personnel
Type 3	3 BLS personnel

CLASSIFICATION	QUALIFICATIONS
Advanced Life Support (ALS)	Medical Doctor Registered Nurse EMT- Paramedic EMT - Intermediate
Basic Life Support (BLS)	Licensed Vocational Nurse EMT-I Basic First Responder Advanced First Aid Basic First Aid

Note: Type and number of Treatment Teams will vary based on incident needs. Normal span of control should be maintained.

INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH FULL BRANCH RESPONSE LEVEL





UNIT 1 AND UNIT 2 PROGRESS CHECK ONE

Before proceeding to Unit 3, use this Progress Check to test your knowledge of Units One and Two. Complete the Progress Check, and then check your answers with those on the following page. If you missed any questions, take time to restudy the text. Remember, a score of 90% is required on the Final Progress Check.

- 1. How many Litter Bearers should be assigned to each Treatment Area?

- 2. From whom should the Treatment Manager request additional personnel or resources?

- 3. What are the four positions to be filled under the Treatment Unit Leader?

- 4. What positions are included under the Triage Unit Leader?

- 5. Give four examples of ALS personnel:

UNIT 1 AND UNIT 2 PROGRESS CHECK ONE ANSWERS

1. How many Litter Bearers should be assigned to each Treatment Area?

Immediate - 4, Delayed - 4, Minor - 0

2. From whom should the Treatment Manager request additional personnel or resources?

Treatment Unit Leader

3. What are the four positions to be filled under the Treatment Unit Leader?

Treatment Dispatch Manager

Immediate Treatment Manager

Delayed Treatment Manager

Minor Treatment Manager

4. What positions are included under the Triage Unit Leader?

Triage Personnel

Morgue Manager

5. Give four examples of ALS personnel:

Medical Doctor

Registered Nurse

EMT - Paramedic

EMT - Intermediate

UNIT 3 - TREATMENT UNIT CHECKLIST

The checklist of activities below should be considered minimum requirements for the key positions within the Treatment Unit. Users should feel free to augment the list as necessary. Note that some activities are one-time actions and others are ongoing or repetitive for the duration of the incident.

TREATMENT UNIT LEADER'S CHECKLIST:

- a. Check in and obtain briefing from Medical Group/Division Supervisor.
- b. Develop organization sufficient to handle assignment.
- c. Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas
- d. Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.
- e. Request sufficient medical caches and supplies as necessary.
- f. Establish communications and coordination with Patient Transportation Group.
- g. Ensure continual triage of patients throughout Treatment Areas
- h. Direct movement of patients to ambulance loading area(s)
- i. Give periodic status reports to Medical Group/Division Supervisor
- j. Maintain Unit/Activity Log (ICS Form 214)

TREATMENT DISPATCH MANAGER CHECKLIST:

- a. Check in and obtain briefing from Treatment Unit Leader.
- b. Establish communications with the Immediate, Delayed, and Treatment Managers.
- c. Establish communications with Patient Transportation Group.
- d. Verify that patients are prioritized for transportation.
- e. Advise Medical Communications Coordinator of patient readiness and priority for dispatch.
- f. Coordinate transportation of patients with Medical Communications Coordinator.
- g. Assure that appropriate patient tracking information is recorded.
- h. Coordinate ambulance loading with Treatment Manager and ambulance personnel.

TREATMENT MANAGER CHECKLIST:

- a. Check in and obtain briefing from Treatment Unit Leader and brief subordinates.
- b. Request or establish Medical Teams as necessary.
- c. Assign treatment personnel to patients received in Treatment Areas.
- d. Ensure treatment of patients triaged to Treatment Areas.
- e. Assure that patients are prioritized for transportation.
- f. Coordinate transportation of patients with Treatment Dispatch Manager.
- g. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- h. Assure that appropriate patient information is recorded.
- i. Coordinate, as appropriate, volunteer personnel/organizations through Agency Representatives and Treatment Unit Leader.

It is important for the Treatment Manager to become familiar with the responsibilities of the Treatment Dispatch Manager and the Treatment Unit Leader, as some of the responsibilities under the checklist of the Treatment Unit Leader are actually carried out by the Treatment Manager. The Treatment Manager must work "hand-in-hand" with the Treatment Dispatch Manager to ensure that patients are transported in the correct priority and to the proper facility.

UNIT 3 PROGRESS CHECK TWO

Before proceeding to Unit 4, use this progress check to test your knowledge of Unit Three. Complete the Progress Check, and then check your answers with those on the following page. If you missed any questions, take time to restudy the text.

- 1. In the Treatment Unit, whose responsibility is it to record patient tracking information?

- 2. In the Treatment Unit, who is required to fill out a Unit Log?

- 3. Why is it important for the Treatment Manager to work closely with the Treatment Dispatch Manager?

- 4. In the Treatment Unit, whose responsibility is it to prioritize patients for transportation?

- 5. Who advises the Medical Communications Coordinator of patient priority? Why does the Medical Communications Coordinator need to know this information?

UNIT 3 PROGRESS CHECK TWO ANSWER SHEET

1. In the Treatment Unit, whose responsibility is it to record patient tracking information?

Treatment Dispatch Manager

2. In the Treatment Unit, who is required to fill out a Unit Log?

Treatment Unit Leader

3. Why is it important for the Treatment Manager to work closely with the Treatment Dispatch Manager?

Make sure patients are transported in the correct priority.

4. In the Treatment Unit, whose responsibility is it to prioritize patients for transportation?

Treatment Manager

5. Who advises the Medical Communications Coordinator of patient priority? Why does the Medical Communications Coordinator need to know this information?

• Treatment Dispatch Manager

• Medical Communications Coordinator needs information on patient priority in order to match patient with available hospital facilities.

UNIT 4 - MAJOR ACTIVITIES AND PROCEDURES

The major activities of the Treatment Manager are listed below. Following each activity are procedures for implementing the activity:

Check in and obtain briefing from Treatment Unit Leader and brief subordinates:

- a. Obtain briefing from Treatment Unit Leader to include but not limited to:
 - Current status/situation
 - Assigned personnel and resources
 - Communications frequencies
 - Initial instructions for work activities
- b. Obtain Position Kit

Request or establish Medical Teams as necessary:

- a. Project needs based on current and future incident status
 - Refer to Table 2-1 and 2-2
- b. Consider need for relief personnel
- c. Submit request to Treatment Unit Leader

Assign Treatment personnel to patients received in treatment areas:

- a. Verify qualifications of assigned personnel. Refer to Table 2-2
- b. Assign personnel based on patient needs. Refer to Table 2-1
- c. Establish work shifts, including rest and meal periods
- d. Brief personnel on the following:
 - Establish medical standing orders
 - Location and method for obtaining supplies
 - Communicable disease precautions and procedures
 - Security of patient belongings and treatment area
 - Procedures for obtaining patient transportation
 - Patient Treatment Records and documentation requirements

Monitor assigned personnel for fatigue and stress factors.

Ensure treatment of patients triaged to Treatment Areas:

- a. Verify, through Treatment Unit Leader to Medical Communications Coordinator, status and specifics of medical standing orders.
- b. Assure adequate treatment of all patients within treatment areas.
- c. Assure Patient Treatment Records are maintained.
- d. Assure that patients within treatment areas are continually triaged. This may change patient priority.

Assure that patients are prioritized for transportation:

Prioritization of patients is based on need for treatment/surgery that can best be obtained in a hospital or trauma facility. This decision may be affected by the availability of appropriate transportation modes and/or treatment facilities. The Treatment Managers should work together to ensure the most efficient utilization of transportation vehicles (i.e., transport an "immediate" patient with a "delayed" patient if necessary to a Burn Center in order to save a second trip later).

Coordinate transportation of patients with Treatment Dispatch Manager.

Notify Treatment Dispatch Manager of patient readiness and priority transportation:

a. Notification to include:

- Recommended transport mode (ground or air)
- Patient special needs, if any, during transport
- If patient is ambulatory or non-ambulatory, stretcher or able to sit
- Treatment needs that require a special medical facility (burns, pediatric, etc.)

Assure that appropriate patient information is recorded:

a. Patient record to include but not limited to:

- Triage Tag Number
- Priority
- Major injuries
- Significant treatment rendered
- Disposition
- Name of treatment personnel responsible for care

Coordinate, as appropriate, volunteer personnel/or organizations through Agency Representatives and Treatment Unit Leader:

a. Verify qualifications and experience

b. Record personnel data to include

- Name, address, phone number, Social Security Number
- Qualifications
- Affiliate organization, if any
- Time of assignment
- Work location

UNIT 5 DEMOBILIZATION

Demobilization of the treatment area is an important part of incident operations that is often under-emphasized. Care should be taken by the Treatment Manager to maintain control of the treatment area until demobilization has been satisfactorily completed.

Records/Reports: All documentation or records collected during the incident should be submitted to the Documentation Unit through your immediate supervisor (Treatment Unit Leader). Make sure all such documentation is dated and appropriately signed (receipts for supplies, equipment, etc.).

Supplies/Equipment/Control Drugs: All supplies and equipment remaining in the treatment area shall be returned to the Medical Supply Coordinator for redistribution or return to the property owner. Inventory receipts must document all equipment exchanges.

Special precautions shall be taken to ensure that the security of control drugs is maintained at all times. Upon demobilization, the Treatment Manager will make sure that all used and unused control drugs are secured by the person responsible for them (doctor, PLN, Paramedic Supervisor, etc.).

Disposal or decontamination of contaminated material: All contaminated dressings, gowns, clothing, SHARPS, and other materials shall be properly disposed of or packaged for decontamination. Most hospitals have facilities for such disposal or decontamination. Secure SHARPS in appropriate containers-and double-bag all other material. Make sure all containers are properly sealed and marked for disposal or decontamination prior to delivery to a handling facility.

Return area to original condition: Prior to leaving your area, make sure all trash is picked up and all property of the owner is placed back into its original position. Report any property damage to the Treatment Unit Leader.

Lost or damaged equipment: Report any lost or damaged equipment to the Treatment Unit Leader. Equipment damage should also be noted on the inventory receipt upon return of such equipment to the Medical Supply Coordinator.

Personnel released or reassigned: Personnel assigned to the treatment area should not be released until confirmation is obtained that the personnel are not needed elsewhere on the incident or on another incident, in accordance with the Demobilization Plan.

MEDICAL SUPPLY RECEIPT AND INVENTORY FORM

INCIDENT NAME: _____ **INCIDENT #:** _____

A. Supplies/Equipment received **from:** _____ Date: ____ / ____ / ____

Agency: _____ Unit ID#: _____ Name: _____
(Whenever possible, use masking tape and markers to identify all equipment)

B. Supplies/Equipment Received **by:**

NAME: _____ **INCIDENT POSITION:** _____

No.	Item Description (<i>Print All Entries</i>)	Unit*	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

*Unit - list a measurable description of the item (gauge, gm, ml, bag, doz., etc.)

Form distribution: (Use carbon paper)

Original - Medical Supply Coordinator

Copy - Source of Supply

INCIDENT RE-IMBURSEMENT OF ANY SUPPLIES/EQUIPMENT WILL BE BASED ONLY UPON ORIGINAL FORM LISTINGS.

I-MC-312 (1/8/92)

UNIT 4 AND UNIT 5 PROGRESS CHECK THREE

Before taking the Final Progress Check, use this progress check to test your knowledge of Units Four and Five. Complete the Progress Check, and then check your answers with those on the following page. If you missed any questions, take time to restudy the text.

- 1. What information should the Treatment Manager receive at the initial briefing?
(List 4)

- 2. Why is it important to establish a clear understanding by all Treatment Personnel of medical standing orders?

- 3. Why would it not be practical to transport all "Immediate" patients prior to "Delayed" or "Minor" patients?

- 4. Who should the Treatment Manager notify for any special needs during transport of a patient?

- 5. What personnel data should be recorded for volunteers working in the Treatment Area?

6. How should contaminated material be disposed of upon demobilization?

7. Who should damaged equipment be reported to?

8. Where would you find out the status and specifics of medical standing orders?

9. Why is it important to continue the triage process even after patients arrive at the treatment area?

10. How many ALS personnel are recommended for six "Immediate" patients? BLS personnel? Litter Bearers?

UNIT 4 AND UNIT 5 PROGRESS CHECK THREE ANSWER SHEET

1. What information should the Treatment Manager receive at the initial briefing?
(List 4)

a. Current status/situation

b. Assigned Personnel and Resources

c. Communications Frequencies

d. Initial instructions for work activities

2. Why is it important to establish a clear understanding by all Treatment Personnel of medical standing orders?

Medical standing orders vary according to jurisdiction --

Establishes scope of practice for paramedics and treatment protocols.

3. Why would it not be practical to transport all "Immediate" patients prior to "Delayed" or "Minor" patients?

Easier to care for mixture of patients during transport, also based on hospital availability

4. Who should the Treatment Manager notify for any special needs during transport of a patient? **Treatment Dispatch Manager**

5. What personnel data should be recorded for volunteers working in the Treatment Area?

a. Name, address, phone number, Social Security Number

b. Qualifications

c. Affiliate Organization, if any

d. Time of assignment

e. Work location

6. How should contaminated material be disposed of upon demobilization?

Double bag, label, and send to hospital or appropriate disposal facility

7. Who should damaged equipment be reported to? **Treatment Unit Leader**

8. Where would you find out the status and specifics of medical standing orders?

Verify through Treatment Unit Leader to Medical Communications Coordinator

9. Why is it important to continue the triage process even after patients arrive at the treatment area? **Patient's condition may worsen, changing priority for transportation.**

10. How many ALS personnel are recommended for six "Immediate" patients? BLS personnel? Litter Bearers?

ALS – 6

BLS – 6

Litter Bearers - 4

UNIT 6 SUMMARY

The Treatment Manager is responsible for the proper management of the assigned Treatment Area. Treatment Areas should be clearly identified ("Immediate" -- Red; "Delayed" -- Yellow; "Minor" -- Green) and strategically located with regard for security, safety, comfort, and easy access by triage personnel and ambulances.

After reporting in, receiving briefing, and assignment, the Treatment Manager should begin organizing the Treatment Area.

It is important that the Minor Treatment Manager gather all Minor patients who may be wandering around, document injuries, and otherwise identify these individuals so that they don't get lost in the confusion.

As Manager of the Treatment Area, don't forget that you are responsible for the safety, security, and comfort of those assigned to you. In order to accomplish this, you will have to cooperate with other members of the Treatment Unit and work to eliminate confusion and increase efficiency.

The three main responsibilities of the Treatment Manager are to:

1. Ensure treatment of patients triaged to the treatment area.
2. Prioritize patients for transportation.
3. Coordinate transportation of patients with Treatment Dispatch Manager.

After the decision has been made to move or close the treatment area, make sure all equipment or resources are returned to their proper source. Every effort must be made to return your treatment area to its pre-incident condition.

Congratulations! You have just accomplished one of the most critical roles in the operation of a Multi-Casualty Incident.

TREATMENT MANAGER FINAL PROGRESS CHECK

1. Your supervisor is the _____
2. List six of the nine duties of the Treatment Manager:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
3. Treatment areas should be strategically located within the _____
4. Treatment records should be compiled and forwarded to _____
5. What position supervises the Medical Supply Coordinator?

6. In the Treatment Unit, whose responsibility is it to record patient tracking information?

7. Prioritizing patients for transport to a hospital facility is whose responsibility?

8. Is this statement True or False? "The Minor Treatment Area should be situated adjacent to the Immediate and Delayed Treatment Areas"

9. Treatment areas should be clearly identified by using the following color code:

10. Treatment areas should be strategically located with regard for s_____,
s_____, c_____, and _____ by triage personnel
and ambulances.

11. The three main responsibilities of the Treatment Manager are to:

a. _____

b. _____

c. _____

12. Upon demobilization of a treatment area, a plan should be developed to:

a. _____

b. _____

FINAL PROGRESS CHECK - TREATMENT MANAGER ANSWER SHEET

1. Your supervisor is the Treatment Unit Leader.

2. List six of the nine duties of the Treatment Manager:

a. Check-in, obtain briefing

b. Request medical teams, as necessary

c. Assign treatment personnel to patients received

d. Ensure treatment of patients

e. Assure prioritization of patients for transportation

f. Coordinate transport of patients with Treatment Dispatch Manager

g. Notify Treatment Dispatch Manager of patient readiness for transport

h. Assure patient information is recorded

i. Coordinate volunteers through Agency Representatives and Treatment Unit Leader

3. Treatment areas should be strategically located within the Incident Area.

4. Treatment records should be compiled and forwarded to Treatment Unit Leader.

5. What position supervises the Medical Supply Coordinator?

Medical Group/Division Supervisor

6. In the Treatment Unit, whose responsibility is it to record patient tracking information?

Treatment Dispatch Manager

7. Prioritizing patients for transport to a hospital facility is whose responsibility?

Treatment Manager

8. Is this statement True or False? "The Minor Treatment Area should be situated adjacent to the Immediate and Delayed Treatment Areas"

False

9. Treatment areas should be clearly identified by using the following color code:

Immediate - Red

Delayed - Yellow

Minor - Green

10. Treatment areas should be strategically located with regard for **security, safety, comfort,** and **easy access** by triage personnel and ambulances.
11. The three main responsibilities of the Treatment Manager are to:
- a. Ensure treatment of patients triaged to Treatment Area**
 - b. Prioritize patients for transportation**
 - c. Coordinate transportation of patients with Treatment Dispatch Manager**
12. Upon demobilization of a treatment area, a plan should be developed to:
- a. Equipment and resources returned to proper source**
 - b. Return Treatment Area to its pre-incident condition**

SCORE 4 POINTS FOR EACH CORRECT ANSWER

TOTAL CORRECT ANSWERS: _____ X 4 = _____% (your score)

PASSING SCORE: 90%

WHAT IS NEXT?

If you completed the Unit Progress Checks properly, you should have reviewed those areas you missed or did not understand. The Progress Checks were designed to let you know how well you were doing on the material, not for you to achieve a passing score. You should be able to correctly answer all the questions.

The Final Progress Check is designed to measure your comprehension of the entire text. A score of 90% is passing, but more important you should restudy and understand those areas you missed. Remember the idea is not to pass the Final Progress Check, but to fully understand the material presented in this workbook.

When you are comfortable with all material in this workbook, notify the Course Administrator to set up a time and place to take the Final Examination. A score of 80% or better is required to pass the Final Exam.

GOOD LUCK!