

Louisiana US & R Task Force STANDARD OPERATING GUIDELINES				
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Approvals

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15 Jan 19
 Date

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1.0 PURPOSE

- 1.1 LA US & R TF will maintain at all times a medical branch for the prevention and treatment of injuries and illnesses consistent with working in a response environment.
- 1.2 The treatment priorities for the Task Force Medical Team are:
 - First, Task force personnel, Task Force search canine and support staff
 - Second, victims directly encountered by the Task Force
 - Third, other injured as requested by appropriate members of the AHJ

2.0 SCOPE

The Task Force Medical Team will provide immediate, life-sustaining advanced life support within the scope of its assigned mission. It is not the purpose of the Medical Team to provide ongoing, long-term care. The Medical Team, being medically sophisticated, may be handing off a potentially unstable patient to a less sophisticated, interim level of medical provider for transport to definitive care. This is considered to be standard practice under the circumstances of disaster operations.

3.0 RESPONSIBILITY

- 3.1 The State Urban Search & Rescue Coordinator and appointed Task Force Leaders are responsible for ensuring that this SOG is carried out and that all staff are trained to standard.
- 3.2 The State Urban Search & Rescue Coordinator and the Medical Team Manager are responsible for ensuring that all information kept in personnel medical records is kept confidential.
- 3.3 The Planning Manager is responsible for updating and disseminating this SOG as needed.
- 3.4 The Medical Team Manager is responsible for reviewing the SOG and recommending necessary changes.
- 3.5 The Medical Team Manager will oversee the execution of the SOG in the field.

4.0 SAFETY

- 4.1 Medical personnel will only perform tasks within the scope of their training.
- 4.2 Non-medical personnel working with the Medical Team will perform all tasks in order to assure that life and safety considerations are taken into account where possible.

5.0 ASSOCIATED DOCUMENTATION

- 5.1 LA US & R TF Policies and Procedures Manual
- 5.2 TF01-001-19 Activation SOG
- 5.3 TF01-002-19 Operations SOG
- 5.4 TF01-003-19 Logistics SOG
- 5.5 TF01-004-19 Administrative SOG

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5.6 TF01-005-19 Training SOG

5.7 TF01-006-19 Uniform SOG

6.0 DEFINITIONS

6.1 N/A

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7.0 PROCEDURE

7.1 Mission Considerations

7.1.1 Upon activation, the Medical Team of each Task Force operates under the authority of the LA US & R TF and its governing agencies. Medical Protocols will be according to the direction of the LA US & R TF Medical Team Manager (Team Medical Director.)

7.1.2 The Task Force Medical Team Manager will need to consider the following medical infrastructure factors from point of departure staging, travel, point of arrival staging, base of operations activity, field operations, and through demobilization:

7.1.3 Local in-patient medical facilities

7.1.3.1 Location, points of contact, staffing, contact numbers, hours of operations, capabilities, biohazardous waste disposal resource, and transportation mode.

7.1.3.2 Capabilities include: clinic or basic or comprehensive emergency department, radiology (plain films and computed tomography), pharmacy, trauma (including replantation), burn, pediatrics and percutaneous coronary interventions.

7.1.4 Local EMS

7.1.4.1 Structure (fire, private, third service), access, capabilities, medical oversight, closest first response units, closest ALS units, HAZMAT, air medical evacuations (public or private), air rescue, communications, contact information and points of contact.

7.1.5 Federal resources associated with US&R mission

7.1.5.1 DMATs, MMRS, NMRT, DMORT, VMATs, EPA, CDC, NPS, and FBI

7.1.5.2 Locations, capabilities, mission assignments, contacts/communication, points of contact.

7.1.6 Local public health

7.1.6.1 Location, points of contact, contact information, capabilities, laboratory resources.

7.1.7 Local out-patient medical facilities

7.1.7.1 Clinics, physician offices: locations, points of contact, contact information, capabilities, hours of operations

7.1.7.2 Dental clinics and dentists: location, hours of operation.

7.1.8 Veterinary medical facilities

7.1.8.1 Veterinary hospitals with emergency services: location, points of contact, contact information, hours of operations

7.1.8.2 Veterinarians: access for telephone consultations, office locations, availability, familiarity with working dogs, contact information, hours of operation.

7.1.9 Medical/pharmaceutical resupply

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7.1.9.1 Local pharmacies, locations, hours of operations, fax copy of US&R physician's medical license and DEA certificate, methods of payment.

7.1.10 US&R IST contact information

7.1.11 Medical examiner/coroner contact information

7.1.12 Poison Information Center contact information

7.1.13 ESF-8 and ESF-9 contact information

7.1.14 Biohazardous waste disposal options

7.2 Patient Transfer Considerations

7.2.1 Medical Team members and essential non-replaceable equipment should not be transported away from the work site for continued patient care. The only exceptions may be for the transport of injured or ill Task Force personnel or seriously ill victims who need to be accompanied by a Task Force Medical Team member. This may occur at the Medical Team Manager's discretion if it does not compromise the capability to care for Task Force members and additional victims.

7.3 Patient Documentation

7.3.1 LA US & R TF Patient Care Report creates written documentation of each patient's assessment and any medical intervention performed by the Task Force Medical Team.

7.3.2 These forms will be used to record all care, including that provided to Task Force personnel, and will:

7.3.2.1 Provide documentation of the transfer of a patient from the Task Force's control to other medical resources; and

7.3.2.2 Assist tracking follow-up care for patient outcome studies.

7.3.3 Prior to transport, the LA US & R TF Prehospital Run Report will be completed documenting the complete patient care performed by the Task Force Medical Team (per instructions) and will be attached to the victim. A copy of each completed Prehospital Run Report must be maintained by the Medical Team.

7.3.4 For minor medical care given to Task Force members, documentation of injuries or illnesses is made in the Task Force Injury/Illness Log as well as the LA US & R TF Injury/Illness Report. This log is submitted to the LA US & R TF Medical Team Manager at the end of each operational period and is used to track trends in injuries or illnesses and design appropriate interventions.

7.4 Controlled Drug Accountability

7.4.1 The Controlled Drugs Accountability Form will be used for tracking and documenting the disposition of controlled-substance medications. The Medical Team Managers are responsible for maintaining all medical-related forms throughout the course of the mission.

7.5 Medical Care for Injured Task Force Members

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7.5.1 Any Task Force member requiring medical attention shall have documentation completed, including but not limited to:

7.5.1.1 The Prehospital Run Report or LA US & R TF Injury/Illness Report

7.5.1.2 Their sponsoring agency's internal reports and forms; and

7.5.1.3 The Medical Team should assist with all other documentation to support follow-up investigation (Worker's Compensation, etc.)

7.6 Evacuation process for Task Force Members

7.6.1 The Medical Team Manager shall recommend the optimal medical destination and method of transport to that destination.

7.6.2 Task Force personnel may be assigned to escort the injured member to assure optimal care for the injured member.

7.6.3 The Task Force Leader will communicate all pertinent details through the local ICP, and DHS/FEMA communications channels back to the injured member's sponsoring organization.

7.6.4 The TFL or Medical Team Manager will brief all personnel on the occurrence, the member's condition, destination, and the care provided. Periodic updates of Task Force members' injuries and condition will be conducted as warranted.

7.6.5 The Medical Team Manager must identify, in advance, the medical evacuation system for any seriously injured or ill Task Force member (or canine). The evacuation system should include plans for continued management of the Task Force member's illness or injury until delivery to an appropriate definitive care center.

7.7 Death of a Task Force Member

7.7.1 In the event of death of a Task Force member, the Medical Team Manager shall verify the identity and confirm the death of the individual. The probable cause of death should be specified, if possible. This information must be provided to the Task Force Leader as soon as possible.

7.7.2 Security should be ensured for the deceased member's personal items, such as wedding rings and watches, etc.

7.7.3 The Task Force Leader should assign a Task Force member to accompany the remains to original Point of Departure. Transfer of the remains must be coordinated with:

7.7.3.1 Local Incident Command staff

7.7.3.2 DHS/FEMA officials

7.7.3.3 Local Medical Examiner/Coroner

7.7.3.4 ESF #8 Disaster Mortuary Operations Team (DMORT) representative

7.7.3.5 Department of Defense (DoD) officials.

7.7.4 The Medical Team Manager must initiate all appropriate documentation to record the details regarding the cause of death and support the Safety Officer's investigation.



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7.8 Reassignment and Demobilization

- 7.8.1 The Medical Team Manager must assist in evaluating the capabilities of the Task Force medical personnel, equipment, and supplies to accept a new assignment, if necessary.
- 7.8.2 The evaluation of the Task Force personnel's physical and mental capabilities, as well as the operations and stressors already sustained, will weigh greatly on this determination.
- 7.8.3 Any operational losses and potential maintenance requirements of supplies, medicines, and equipment must be documented.
- 7.8.4 The Medical Team Manager must ensure that appropriate medical supplies and equipment are maintained by Medical Team members throughout the course of a reassignment or demobilization.

7.9 Post Mission Activities

- 7.9.1 The Medical Team Manager should submit documentation to the Task Force Technical Information Specialist for After-Action Reports.

8.0 ATTACHMENTS

- 8.1 LA US & R TF Injury/Illness Report
- 8.2 LA US & R TF Vital Sign Information Sheet
- 8.3 LA US & R TF Personnel Medical Information Form

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Attachment 8.1

LA US & R TF Injury/Illness Notes

Name:	Date:
DOB:	
VS:	
CC:	
PMHx:	
HPI:	
Allergies:	
Medications:	
H&P:	

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Attachment 8.2 Vital Signs Information Sheet

LA US & R TF Vital Signs Information Sheet

Unacceptable Baseline Team Member Vita Signs

Heart rate >100

Systolic Blood Pressure (SBP) >160 or Diastolic Blood Pressure (DBP) >100

Temperature >100.4

Personnel working on scene shall be evaluated by the Medical Team or Rehab Team for any of the following:

SBP>200 or DBP>110

SBP<90

Temp>101

RR>40 or <8

HR>85% maximum for age (NFPA)

NFPA Age Predicted 85% Maximum Heart Rate

Age	85 Percent
20-25	170
25-30	165
30-35	160
35-40	155
40-45	152
45-50	148
50-55	140
55-60	136
60-65	132

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Attachment 8.3 LA US & R TF Personnel Medical Information Form

LA US & R TF Personnel Medical Information Form

Name:	Date:
DOB:	Blood Type:
Weight:	Height:
Sex:	
Medical conditions:	
Past surgeries:	
Allergies:	
Medications:	
Emergency contact:	Relation to Patient:
Phone:	Alternate phone:

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