Field Treatment Site Operations Guide

An Annex to the Multiple Casualty Incident Plan
EMS Reference #811

Revised January 2019

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I.   Introduction

The purpose of this guide is to describe the features, functions, and uses of a Field Treatment Site (FTS) and the FTS trailer within the parameters of the Multiple Casualty Incident Plan (MCIP) of Santa Clara County. This guide describes what an FTS is, what types of equipment are used within an FTS, under what circumstances an FTS trailer should be deployed, and how the trailer should be operated to effectively and promptly set up a functional FTS.

The FTS guide is an annex of the Santa Clara County MCIP and describes the setup and utilization of an FTS during a multiple patient event that occurs countywide or in any jurisdiction within the county. The scope of this guide is limited to describing the FTS and the FTS trailer, therefore, any questions pertaining to issues that do not involve an FTS or FTS trailer are found in the Santa Clara County MCIP and/or the Field Operations Guide (FOG).

This guide addresses several major aspects of an FTS. These aspects include:

- The definition of an FTS, Casualty Collection Point (CCP), and Alternate Care Site (ACS).
- FTS deployment and setup.
- Conditions of FTS deployment and deployment types.
- FTS staffing and operations.
- Patient flow within an FTS.

1.1 <u>The Field Treatment Site</u>

An FTS is a designated area that focuses on triage and prehospital basic life support during a multiple patient event. Such events can include, but are not limited to:

- Mass casualty incidents
- Mass prophylactic events
- Disasters
- Preplanned large scale events.

The county has situated FTS trailers in strategic locations to allow for a fully functioning FTS to be established quickly, with the goal of preventing patient surges at local hospitals during multiple patient events and to reserve definitive care services for the critically injured. FTSs are designed to make the triaging of patients and the delivery of basic life support measures efficient and prompt. *The FTS is not a definitive healthcare facility and does not have the capability to support advanced and invasive medical and trauma procedures.* Any patient that meets the Simple Triage and Rapid Treatment (START) criteria of "immediate" should be transported to a hospital in a timely manner.

An FTS is not a casualty collection point (CCP). A CCP is a location that is predefined by the responding local jurisdiction at which patients involved in a multiple casualty or mass care incident are collected, triaged, and provided with initial rapid medical care. The CCP is generally near to or within the proximity of an incident and is a place where rescue and medical providers

initially take patients to be triaged. Patients are START triaged and treated at a CCP and relocated to an FTS for further evaluation and treatment. Keep in mind, however, that an FTS may not be necessary in small events. This determination is made by the Incident Commander (IC).

Unless otherwise specified, an FTS has an operational period of 12 to 24 hours and should not be operational for more than 48 hours. If, after 48 hours, hospital capacities are not sufficient to provide ongoing treatment for injured or ill patients, the Santa Clara County Public Health Department will activate one or more ACSs.

An ACS is an in-the-field extension of hospital services that may take place in a facility such as a clinic, community health center, public building, etc. An ACS is setup during a multiple patient event to provide advanced medical services in conjunction with a local hospital. In the event that an ACS is needed, the FTS will transfer patients and patient care to the ACS. The FTS will remain active until its operations are terminated by the IC.

1.2 FTS Deployment and Setup

An FTS may be deployed under several circumstances and is always requested by the IC of an event. In preplanned events, such as the Gilroy Garlic Festival or the City of Campbell Oktoberfest, the hosting jurisdiction may setup an FTS and can request an FTS trailer from the Santa Clara County Emergency Medical Service (EMS) Duty Chief via County Communications. If the contents of an FTS trailer are deployed during a preplanned event, the hosting jurisdiction is financially responsible for the equipment restock of the trailer. In all other events, the financial responsibility of restocking an FTS trailer belongs to the contracted 911 ambulance provider. Example one below illustrates a preplanned event and utilizes an FTS, while example two illustrates an unplanned event.

Example 1: Gilroy Garlic Festival
An FTS may be established for the event in order to support the 911 EMS system and to provide basic care for anyone within the preplanned event area. Patients of the FTS are triaged and treated on-site or transported to a hospital depending on their level of medical need.

Example 2: Skilled Nursing Facility Evacuation
A fire department responds to a building collapse at a skilled nursing facility (SNF) within the department's jurisdiction. An FTS needs to be established to triage and treat the residents and staff of the SNF, as well as coordinate the transportation of patients falling under the triage category of immediate. In addition, the FTS will serve as a launching point for residents of the SNF that are not triaged as immediate or have any acute injury due to the collapse. These patients will be routed to other non-acute care facilities in order to avoid overwhelming hospital resources.

The deployment of an FTS involves the utilization of an FTS trailer, which holds much of the equipment necessary to manage a multiple patient triage and care center. The IC of an incident can request trailers from the EMS Duty Chief or fire mutual aid, as depicted in EMResource.

A. Site Characteristics and Layout

The physical site and equipment needed for an FTS should always depend on the estimated scope and nature of the incident it serves. Considerations for site location should consist of the following:

General Considerations

- Always consider responder safety and secondary hazards.
- The site should always be upwind or uphill from the incident.
- The site should be in an area that can be secured from hostile crowds.
- Consider environmental conditions.

Specific Site Requirements

- The suggested area for an FTS is generally 150ft x 150ft.
- The site should have access to electrical power.
- The site should be near adequate parking for personnel, staging vehicles, and equipment.
- The site should not impede wireless access for mobile and computer devices.

Ideal Site Locations

- The site should be within close proximity to hospitals.
- The site should be within close proximity to other places capable of sheltering people or equipment.
- The site should permit a traffic plan that supports a variety of resources such as helicopters, busses, ambulances, and fire apparatus.
- The site should have access to a pre-established water supply and access to (portable) restrooms.

II. Patient Flow within an FTS

The FTS should be designed to create a controlled and orderly flow of patients from the point of patient entry through to the point of patient departure. The overall goal of the FTS is to prevent patient surges to hospitals during multiple patient events by identifying, treating, and transporting those patients that need immediate definitive medical care or advanced life support measures and treating those that do not on-scene. All positions and personnel that operate within an FTS are assigned by the local jurisdiction unless otherwise specified by the EMS Agency.

The design of the FTS can fit a multitude of purposes and is flexible to expand and contract depending on the scope, nature, and complexity of an event. The function of a treatment area in an FTS can change depending on the needs of patients involved. Examples three and four below illustrate different functions of treatment areas.
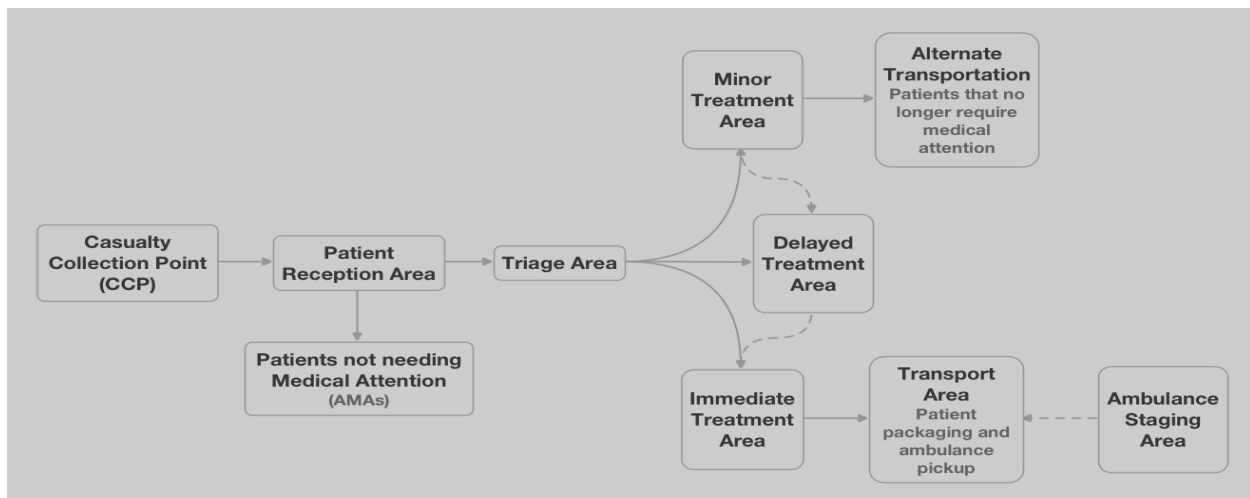
Example 3: Preplanned Mass Prophylaxis

An FTS is established in order to provide mass vaccinations for the H1N1 virus. The treatment areas within the FTS do not conform to the conventional minor, delayed, and immediate categories of an ICS setup, but the overall patient flow design and purpose of the FTS remains the same, which is to provide mass care and alleviate patient surges at hospitals.

Example 4: Explosion

An FTS is established for an explosion in an industrial business complex. The treatment areas within the FTS conform to the conventional minor, delayed, and immediate categories of an ICS setup, with the purpose of providing basic life support level care to injured patients.

The design of the FTS is setup as to allow the expansion and contraction of areas, depending on the nature and scope of the event. For example, in the mass prophylaxis scenario, the transport area may not be needed, nor the division of treatment groups into minor, delayed, and immediate categories. Regardless of the situation, patient flow in an FTS should have a layout which looks similar to the following illustration:

In preplanned mass prophylaxis events, there may be one or more treatment groups in which patients are directed towards an exit point rather than a transport area. Patient tracking tools still need to be implemented as to document care rendered.

2.1 Area Descriptions and Responsibilities

Casualty Collection Point

The CCP is the area in which all potential patients are taken to be initially triaged, tagged, and assessed by EMS providers. This is also the area in which any patient decontamination occurs, if necessary, in order to prevent cross-contamination of the FTS.

Patient Reception Area

The patient reception area (PRA) is the entry point for all patients entering the FTS. Patients may be brought to the PRA by EMS providers if unstable or non-ambulatory or the patients may ambulate themselves from the CCP. *All patients seen in an FTS must receive triage tags regardless of whether they appeared injured or not.* Patients that do not have medical complaints or injuries may choose to deny treatment so long as they pass a mental acuity assessment. If a patient decides to act against medical advice (AMA), his/her triage tag must be removed and kept by FTS personnel.

Patient Reception Area Setup Checklist

After checking in with the IC and receiving common responsibilities and assignment:

1.	Open the FTS trailer and acquire work materials to setup the patient reception area. Work materials include: • Identification vests • PPEs • START triage tags • Area and boundary markers	☐
2.	Mark off an area for patient entry into the FTS that is at minimum 10'wide x 30' long.	☐
3.	The patient reception area should create a bottle neck pathway directly into the triage area.	☐
4.	Acquire the appropriate patient tracking tools to record the number of patients that enter the FTS. (Unit/Activity Log ICS) 214).	☐
5.	Receive patients from the casualty collection point and document demographics and injury information.	☐
6.	Keep a tally of how many patients have entered the FTS.	☐
7.	Assist and guide patients into the triage area.	☐
8.	Consult the field operations guide ICS 420-1 for further direction.	☐

Triage Area

This is where the incoming patients are re-assessed and triaged according to their vital signs, medical conditions, mental status, and/or injuries. Once a patient has been triaged, the triage

unit leader coordinates patient transfer to a treatment area with the respective treatment group leader.

Triage Area Setup Checklist

After checking in with the IC and receiving common responsibilities and assignment:

1. Open the FTS trailer and acquire work materials to setup the triage area. Work materials include: • PPEs • Identification vests • START triage tags • Rapid response kit (red bag) • Triage bins • Area and boundary markers	☐
2. Mark off an area for triage that is at minimum 20' wide x 40' long. (Estimate the needs of the event)	☐
3. Consult the field operations guide ICS 420-1 for further direction.	☐

Minor, Delayed, and Immediate Treatment Areas

The minor, delayed, and immediate treatment areas are the zones that patients receive medical treatment in. *FTS clinical standards pertain only to basic life support (BLS) measures; however, the Health Officer or EMS Medical Director may sanction unconventional protocols to be used within the FTS.* These sanctioned protocols may include the administration of unconventional medications and treatments, but should never involve procedures and practices in which EMS providers have not received training.

Example 1

The intramuscular administration of prophylactics and vaccines is not within a paramedic's clinical standards according to the Santa Clara County Prehospital Care Manual. However, a paramedic is trained on how to administer intramuscular injections; therefore, they may be able to administer prophylactics or vaccines under the direct authorization and direction of the County.

Example 2

The placement of a thoracic catheter (chest tube) for the purpose of removing air or fluid from the intrathoracic cavity is not within the clinical standards of EMTs working within the county. EMTs have not been trained in the placement of thoracic catheters and under no circumstance should attempt the procedure, even during multiple patient events.

Patients in the treatment areas are continuously triaged according to their vital signs, mental status, and injuries, and may be relocated to other treatment areas with improvement or decreases in their statuses. *If patients are moved from one area to another, it is important that their triage tags reflect their status changes.* If a patient's status improves, create another triage tag that documents his/her improvement, in addition to his/her existing tag.

Minor, Delayed, and Immediate Treatment Areas Checklist

After checking in with the IC and receiving common responsibilities and assignment:

1. Open the FTS trailer and acquire work materials to setup the treatment areas. Work materials include: • PPEs • Identification vests • START triage tags • Area and boundary markers • Rapid response kit (red bag) • Minor, delayed, and immediate treatment bins • EMSA-133 patient moving device	☐
2. Setup an area for patient treatment. For the minor treatment area, setup an area at 40' wide x 40' long. For delayed and immediate areas, setup areas at minimum 20' wide x 20' long. (Estimate the needs of the event).	☐
3. Consult the field operations guide ICS 420-1 for further direction.	☐

Transportation Area

This is the area in which patients are transported to the hospital via ambulance or air resource. Only patients that are labeled as "immediate" should be transported by ambulance or air resource in order to prevent patient overflow at hospitals. Transportation unit personnel are responsible for documenting patient transport destinations and retaining patient triage tags. The transportation area should be located in an area that is easily accessible to ambulance traffic.

Transportation Area Setup Checklist

1. Open the FTS trailer and acquire work materials to setup the transport area. Work materials include: • PPEs • Identification vests • Area and boundary markers • Patient tracking documents-Patient Transportation Tracking Worksheet (Appendix A to MCIP Policy 811)	☐
2. Setup an area for transport that is at minimum 50' wide x 50' long. Consider areas that are open and near roadways as to make ambulance traffic accessible. • Helipads should be set up at minimum 350'wide x 350' long and located 250' away from the transport area.	☐
3. Receive patients from treatment areas and package them for transportation.	☐
4. Retain patient triage tags before they leave the scene.	☐
5. Document on Patient tracking documents where the patient is being transported, what time they leave the FTS, and what unit is transporting them.	☐
6. Consult the field operations guide ICS 420-1 for further direction.	☐

Alternate Transportation Area

The alternate transportation area is where patients that no longer require medical care or have minor injuries that do not require immediate definitive medical care are transported out of the FTS. Transportation methods may vary depending on the nature of the incident, but 911 ambulances should not be used for these purposes.
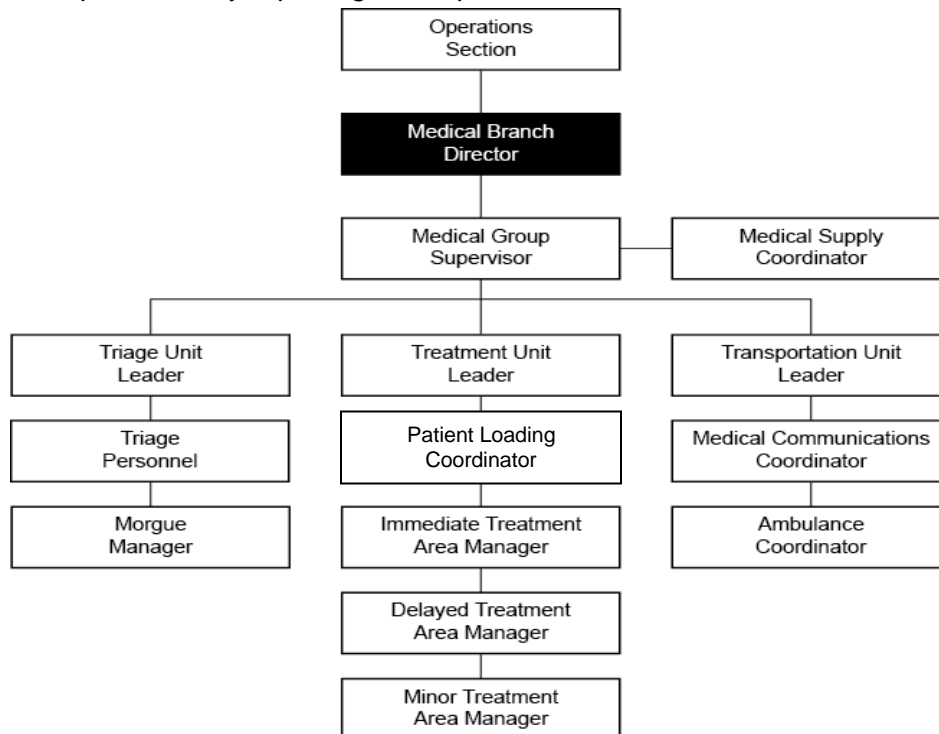
Ambulance Staging Area

The ambulance staging area is where ambulances report into the FTS and await transport assignments from the ambulance coordinator. This area is determined by the transport unit leader and should be located in a place that is near the event and does not impede traffic.

2.2 Staffing and Command of FTS

The response and mitigation of multiple patient events require the cooperation of government and non-government resources. No matter the size of the event, all disasters are locally managed by the affected jurisdiction(s) (fire service and/or law enforcement personnel) with support from external sources.

The IC holds the ultimate authority for all decisions made in a multiple patient event and requests the setup of an FTS. The FTS will be set up under the medical branch of the ICS structure and managed by the medical group supervisor. The treatment unit leader will supervise all medical treatment that occurs within the FTS. The unity of command is illustrated below, with each position only reporting to the position above it[1].

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[1] The following illustration depicts the standard ICS structure for the medical branch. However, this organizational structure is designed to expand and contract to the scope and nature of an incident.

2.3 <u>Conditions of FTS Deployment</u>

The purpose of the FTS is to alleviate patient surges at local hospitals that occur during multiple patient events. The IC of an event determines whether an FTS is necessary for the incident based on:

- The estimated number of patients that are involved and needing medical care. (population)
- The nature of the event. (event type)
- The scope of the event. (affected areas)
- The conditions and capacities of local hospitals at the time of the event. (hospital capabilities)

A. Unplanned MCIP Activations

- *Level One Activation* (up to 10 patients): An FTS may not be necessary due to the low number of patients involved in the event. Activation of an FTS is left to the discretion of the IC.
- *Level Two Activation* (up to 20 patients): An FTS may be needed based on the nature and scope of the event, the estimated number of patients, and the impact on the EMS system and EMS resources.
- *Level Three Activation* (up to 100 patients): An FTS will be needed due the number of patients involved and the impact the event has on the EMS system and EMS resources.
- *Level Four Activation* (up to 1000 patients): One or more FTSs are needed depending on the scope and nature of the event.
- *Level Five Activation* (1000+ patients; catastrophic event): More than one FTS is most likely needed as the event is countywide.

B. Planned Activations

- Depending on the nature and scope of the event, one or more FTSs will be needed. The jurisdiction hosting the event will coordinate and mitigate the deployment of FTS resources.

C. Staffing Requirements

The FTS is designed to function with a minimum of five people. For example, one person must be assigned to the following areas:

- (Patient Reception) Triage area
- Minor treatment area
- Delayed treatment area
- Immediate treatment area
- Transport area

Depending on the scope and nature of the event, more resources can be requested by the IC and added to the FTS according to ICS standards.

The CCP will serve as the triage and treatment area for patients until enough resources arrive to effectively establish an FTS.

D. Deployment of the Cabana Trailer (UTL 162)

The Santa Clara County EMS Agency possess a cabana trailer that can be deployed and used as an environment controlled mobile command center during multiple patient and catastrophic events. The trailer can be requested by an IC through the EMS Duty Chief or fire mutual aid.

Cabana Trailer Setup Checklist:

1. **<u>Deployment from Vehicle</u>**	
• The cabana trailer requires a minimum of four (4) people to deploy (work gloves are recommended for setup).	☐
• Before backing the trailer for deployment, choose a location that is flat with enough space to deploy each side.	☐
• Place the wheel chalks to ensure the trailer does not move.	☐
• Disconnect the trailer from the tow hitch, set the trailer tongue on the jack stand and then secure the lock pin in the jack stand.	☐
• Remove the cross-safety chains; disconnect the safety cable and the power cable to the brake lights.	☐
• Ensure that the four corner stabilizers of the trailer have been deployed.	☐

2. **Trailer Setup and Construction**

- Deploy the stairs on the side of the trailer and retrieve the items from inside. ☐

- Ensure that the support cables for the trailer walls are attached and clear of the wall locking bars. ☐

- Release the locking bars. ☐

- Two people extend the wall of the trailer out. One person stands on either side of the wall, while a third person coordinates their efforts. ☐

- Release the retaining pins from the support legs of the wall. (Be cautious, as water can collect in the legs). ☐

- Fasten the short legs with pins and re-pin large legs. ☐

- Two people slightly lift both ends of the wall and release cables. Carefully and slowly lower the wall. ☐

- Adjust the legs so that the trailer extensions are level with the ground. (For better support, it is recommended that metal pads be placed underneath the trailer legs). ☐

- With two (2) people, raise the support frame inside the trailer that will be used to support the roof of the extensions. ☐

- Check the fabric sides of the wall extensions to ensure that there are no twists and tears. ☐

- Loosen the black tension knob, and then pull the tension lever. Place the support strut pins in the pin hole on the wall brace, and then re-tighten the black tension knob. ☐

- With slight pressure against wall support, push tension bar up to lock wall. Note, might need to readjust tension once all supports are in place. ☐

- Slowly lower the floor plates of the extension rooms into position. ☐

- Repeat for other sides but remember that the front and rear of trailer contain stairways. (Caution: There are only small rubber holders securing stairs to wall). ☐

    - Two people raise section to release cables. While lowering section, the third person should raise stairs into position. ☐

Annex A: FTS Trailer Inventory List

Inventory Color Legend: Red = Tactical / Command Orange = Operations Blue = Patient Care / Medical Green = Patient Care / Trauma

Primary Description	Secondary Description	Notes	Type	Quantity
Large Container (MCI Kit) - Command Post Casualty Incident Management Kit				1
Front Closure Type Vests	• Medical Group Supervisor – Blue • Triage – Yellow • Treatment – Red • Patient Transport – Green • Ambulance Coordinator – Orange	One each		2
Job Action Sheets	• Medical Group Supervisor • Triage • Treatment • Patient Transportation • Ambulance Coordinator	One each…Job descriptions and forms for managing the responsibilities for each assignment		2
Command Post Tape Belts	• Red • Yellow • Green • Black	One each		4
Medium Container (MCI Vests) - Command Post Vests				1
Command Post Vests	• Incident Commander • Public Information Officer • Safety Officer • Operations	One each		1
Poster Tube – Erasable tactical Command Post command sheet				1

Medium Container (Barricade Tape Rolls) – Barricade Tape				**1**
3"x1000' Barricade Tape	• Orange – "Command Post" • Blue – "1st Priority" • Yellow – "2nd Priority" • Green – "3rd Priority" • White – "Triage Area"	One each roll		1
Medium Container (MCI Tarps) – Multi-Casualty Incident Tarps				**2**
MCI Tarps	• Red (Immediate) • Yellow (Delayed) • Green (Minor) • Black (Morgue)	One each		3
Treatment Area Flags				**1**
Command Post Nylon Flags	• Red • Yellow • Green • Black • "Treatment Area Entrance" • "Triage Area"	One each		1
Telescoping Flag Pole stands				1
Trauma Kits – (Water Resistant Trauma Bag)				**10**
5"x9" ABD pads	Individually Packaged – Sterile			100
4"x4" gauze pads	12 ply Individually packaged – Sterile			500
3"x15' rolled gauze bandages	Individually Packaged – Sterile			100
3"x15' elastic bandage	Individually Packaged			10
Medical Tape 1"x10 yards	Plastic/Cloth			20

40"x40"x54" Triangular Bandages	Individually Packaged			40
3"x9" occlusive/petroleum gauze	Individually Packaged – Sterile			20
10"x30" Multi-trauma dressing	Individually Packaged – Sterile			10
5"x9" Compress Bandages	Individually Packaged – Sterile – ready to apply without field assembly			50
60"x96" Burn Sheet	Individually Packaged – Sterile			10
4 fl oz Isotonic Eye Irrigation Solution	Sterile			10
Adult CPR Pocket Mask	One way valve – crush resistant case			10
Number 3 oral airways	90 mm			20
Trauma Kits – (Water Resistant Trauma Bag) – continued from above				
Number 4 oral airways	100 mm			20
Number 5 oral airways	110 mm			20
Mylar "Emergency" Blankets				50
Medical Penlight	Disposable			10
Trauma Shears	Stainless steel – 19cm			10
24"x48" "Red" Biohazard bags	Plastic / 1.2 mm thick			10

Germicidal hand wipes	Individually Packaged - 40% alcohol	Effective against gram positive and gram negative bacteria, fungi, and yeasts		40
Surgical Masks				10
Safety Goggles		Meets ANSI Z87.1-2003 specs		10
Large Container (Adult Airway Equipment) – adult airway supply module				**3**
24 French Nasal Airways	Non-latex			30
28 French Nasal Airways	Non-latex			30
Lubricant (Water Based)	2.7 gm individual packages			60
Number 3 oral airways	90mm			3
Number 4 oral airways	100 mm			3
Number 5 oral airways	110 mm			3
Stethoscope (single tube)	Combination diaphragm/bell assembly			3
Manual Suction Pumps	• 300ml collection container • 14 French Adult Catheter • 8 French Pediatric Catheter	500 mmHg suction capability		6
Bag – Valve – Mask (BVM)	Disposable – 750ml capacity with adult face mask, oxygen reservoir, and 7'" oxygen supply tubing			18
Large Container (Pediatric Airway Equipment) – pediatric airway supply module				**1**

Number 2 oral airways	80mm			2
Number 3 oral airways	90mm			2
Number 4 oral airways	100mm			2
Stethoscope (single tube)	Combination diaphragm/bell assembly			1
Manual Suction Pumps	• 300ml collection container • 14 French Adult Catheter • 8 French Pediatric Catheter	500 mmHg suction capability		2
Large Container (Pediatric Airway Equipment) – pediatric airway supply module				Continued
Bag – Valve – Mask (BVM)	Disposable – with pediatric face mask, oxygen reservoir bag, and oxygen supply tubing			6
Large Container (Trauma Supplies) – trauma supply modules				3
5"x9" ABD pads	Individually Packaged – Sterile			75
4"x4" gauze pads	12 ply Individually packaged – Sterile			300
3"x15' rolled gauze bandages	Individually Packaged – Sterile			72
3"x15' elastic bandage	Individually Packaged			12
Medical Tape 1"x10 yards	Plastic/Cloth			18
40"x40"x54" Triangular Bandages	Individually Packaged			36
3"x9" occlusive/petroleum gauze	Individually Packaged – Sterile			36

10"x30" Multi-trauma dressing	Individually Packaged – Sterile			24
5"x9" Compress Bandages	Individually Packaged – Sterile – ready to apply without field assembly			60
1"x3" Adhesive Bandages	Individually Packaged – Sterile			300
60"x96" Burn Sheet	Individually Packaged – Sterile			15
4 fl oz Isotonic Eye Irrigation Solution	Sterile			15
Trauma Shears	Stainless steel – 19cm			15
24"x24" "Red" Biohazard bags	Plastic / 1.2 mm thick			3
Splinting and Spinal Immobilization Equipment				
Adult Cervical Collars (Red Bags)	5 bags / 10 collars per bag			50
Pediatric Cervical Collars (Blue Bags)	3 bags / 10 collars per bag			30
Spine Boards				24
Locking Leg Splints				30
34"x12" corrugated cardboard splints	Closed cell padding			20
Small Container – (CID's) – Cervical Immobilization Devices				**2**
Cervical Immob. Devices	25 / container			50

Small Container – (Backboard Straps)				**2**
Back Board Straps	75 / container			150
Medium Container – (Splinting Equipment) – splinting supply module				**3**
40"x40"x54" Triangular Bandages	Individually Packaged			72
Medical Tape 1"x10 yards	Plastic/Cloth			12
3"x15' rolled gauze bandages	Individually Packaged – Sterile			36
3"x15' elastic bandage	Individually Packaged			20
36" SAM Splints, folded				36
18"x9" corrugated cardboard splints	Closed cell foam padding			36
Small Container – (Diagnostic Equipment)				**1**
Single tube stethoscope	Combination diaphragm/bell chest piece			8
Adult Blood Pressure Cuff		Average size adult		4
Large Adult Blood Pressure Cuff		Large adult		4
Pediatric Blood Pressure Cuff		Children and small adult		1
Medium Container – (Exam Gloves)				**2**
Medium Latex Gloves	50 / box			4

Large Latex Gloves	50 / box			6
Extra-Large Latex Gloves	50 / box			6
Small Container – (Mylar Blankets)				**1**
Mylar "Emergency" Blankets				200
Medium Container – (Safety glasses, Sharps Containers, Bio-Hazard Bags, etc.)				**1**
Surgical Masks				20
(1) one quart sharps container				4
Red/Plastic Biohazard bags				30
Safety Glasses	ANSI Z87.1-2003 compliant			12
Ear plugs (pair)	Rated at 33 decibels noise reduction			100
Alcohol-free germicidal equipment wipes	Pre-saturated with a pre-measured germicidal solution			160
Germicidal hand cleaning wipes	Individually Packaged – Pre-saturated			125
2"x60' Duct Tape roll				4
Small Container – (Rain Ponchos)				**1**
Rain Ponchos (Waterproof)	Clear vinyl with PVC snap button			30
Large Container – (Contamination Coveralls)				**1**
Medium Coveralls	ASTM F1670 and F1671 compliant			10

Large Coveralls	ASTM F1670 and F1671 compliant			10
Large Container – (Contamination Coveralls)				**1**
Extra-Large Coveralls	ASTM F1670 and F1671 compliant			10
Medium Container – (Rain Suits)				**1**
Rainwear sets (parka and pants)	ASTM F1670 compliant		M, L, XL, XXL	3, 6, 6, 3
Medium Container – (Megaphone)				**1**
Megaphone w/ batteries				1
Miscellaneous / Operational Equipment				
Helmet				12
Aluminum Light Stands				6
Half-face Respirators		Large		288
Half-face Respirators		Medium		96
Half-face Respirators		Small		96
Miscellaneous Tactical / Command Equipment				
Triage Tags	Sequentially numbered with barcode			2000

A. The contents of the FTS are arranged into bins that correspond to roles and responsibilities.

B. The FTS trailer and its contents.

Annex B: Trailer Locations

EMS TRAILERS			
EMS Vehicle No.	Vehicle Type / Purpose	Description	Assigned to/Location
EMS-UTL-151	12ft Special Ops Trailer	12 Foot Trailer contains special operations equipment for EMS deployments	Check EMResource for current location
EMS-UTL-152	12ft PPE Trailer	12 Foot Trailer contains Personal Protective Equipment for EMS personnel	Check EMResource for current location
EMS-UTL-153	12ft FTS Trailer	12 Foot Trailer contains resources to provide care up to 50-200 basic life support patients	Check EMResource for current location
EMS-UTL-154	16ft FTS Trailer	16 Foot Trailer contains resources to provide care up to 50-200 basic life support patients	Check EMResource for current location
EMS-UTL-155	16ft FTS Trailer	16 Foot Trailer contains resources to provide care up to 50-200 basic life support patients	Check EMResource for current location
EMS-UTL-156	16ft FTS Trailer	16 Foot Trailer contains resources to provide care up to 50-200 basic life support patients	Check EMResource for current location
EMS-UTL-157	16ft FTS Trailer	16 Foot Trailer contains resources to provide care up to 50-200 basic life support patients	Check EMResource for current location
EMS-UTL-158	16ft FTS Trailer	16 Foot Trailer contains resources to provide care up to 50-200 basic life support patients	Check EMResource for current location
EMS-UTL-159	16ft FTS Trailer	16 Foot Trailer contains resources to provide care up to 50-200 basic life support patients	Check EMResource for current location
EMS-UTL-160	16ft FTS Trailer	16 Foot Trailer contains resources to provide care up to 50-200 basic life support patients	Check EMResource for current location
EMS-UTL-161	16ft FTS Trailer	16 Foot Trailer contains resources to provide care up to 50-200 basic life support patients	Check EMResource for current location
EMS-UTL-162	16ft Cabana Tender Trailer	16 Foot Trailer contains tables, chairs, generators, office supplies, basic tool to support Cabana Trailer	Check EMResource for current location
EMS-UTL-163	24ft Command & Control "Cabana" Trailer	24 Foot Trailer, a four-room facility with power, climate control, and raised hard floor	Check EMResource for current location