

**PROJECT RESPOND (RAPID EMERGENCY SUPPLIES FOR  
PREHOSPITAL OPERATIONS IN DISASTER) ADVANCED LIFE  
SUPPORT KIT**

Emergency Medical Services Agency  
Department of Emergency Management

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Version 5.0 draft

## *CONCEPT OF OPERATIONS*

### INTRODUCTION

In 1996, five major Bay Area counties obtained a mandate from the National Disaster Medical System (NDMS) and the State of California to develop a federally directed San Francisco Bay Area Disaster Medical Assistance Team now known as DMAT CA-6<sup>1</sup>. The purpose of DMAT CA-6 is to establish a single integrated Bay Area medical response capability for assisting state and local authorities in dealing with the medical impacts of major peacetime disasters. To aid its cause, DMAT CA-6 adopted an advanced and nationally recognized variation of a paramedic go-bag as its primary emergency equipment source that is known as the Thomas Pack ALS Kit.

We have modified the original NDMS concept to meet our local San Francisco needs without making a significant departure from the original bag contents, treatment protocols and training. We have named this capacity Project RESPOND (Rapid Emergency Supplies for Prehospital Operations in Disaster). To provide a standard of care for a predictable patient population, we have grouped the following individual components into an equipment “set” capable of treating 2-3 severely ill or injured patients and between 20-50 minor injuries or illnesses in all age groups. Each set consists of:

- 4 orange bags, called RESPOND Packs
- 1 black bag, called a Trauma Pack
- 1 Pelican case with medications
- 1 fanny pack with controlled substances
- 1 monitor/defibrillator
- 1 portable, battery-powered suction machine

The Project RESPOND ALS Kit is a highly mobile unit that contains the essential supplies that are needed to begin treating patients during the first 12 hours of a disaster on an Urgent level of care. It is analogous to the level of care provided by the DMAT Mobile Lifesaving Kit (MLK). Among other supplies, the RESPOND kit features the following<sup>2</sup>:

- Airway Supplies (includes D-Cylinder with O<sub>2</sub>, intubation kit and pulse oximeter)
- Basic Wound Care Supplies
- IV Supplies
- Trauma Stabilization Equipment (includes C-collars and splint equipment)
- Basic Vital Signs Equipment (includes adult and pediatric units)
- Variety of Drug Supplies (include Advanced Cardiac Life Support drugs<sup>3</sup>)

The Project RESPOND sets that are in storage on two SF Fire Department Multi Casualty Vehicles and can be re-staged and supported by medication caches at SFFD Station 49 according to SFFD operational and maintenance needs. They are equivalent or supplemented to those found in the emergency kits used by other federal DMAT units and are thus interoperable with NDMS protocols.

## RECOMMENDED USAGE, STAFFING & TRAINING

The Project RESPOND ALS Kit contains a range of items whose usage falls within the scope of practice of Emergency Medical Technicians (EMT-B), items that are useable by paramedics (EMT-P) and nurses, and a supplemental bag with variety of ALS drugs that can be administered by paramedics, nurses, and physicians. Specific emergency protocols provided by DMAT are available in the appendix of this document.

It is highly recommended that staff members not frequently involved with emergency medical care conduct annual drills to ensure proficiency with the RESPOND Pack contents. Clinicians are also encouraged to contact the Emergency Medical Services (EMS) Agency of the Department of Public Health (DPH) and inquire about any scheduled emergency disaster training seminars.

The three mission types the RESPOND Packs would be most useful are:

1. The rapid establishment of a treatment area at the scene of a Multi-Casualty Incident (MCI). The goal being to safely treat patients triaged as Green (minor injury/illness category) or Yellow (delayed, these patients with milder acuity, and either release them for follow up care, or safely delay their 911 transport). Thus, mitigating the impact of the MCI on the EMS system and decreasing a sudden surge in ambulance patients to hospitals.
2. The initial phase of establishing a Field Care Clinic. The goal being to provide treatment for patients from MCI's or medical surge in facilities not usually capable of an Advanced Life Support level of care. An example would be an ambulatory care clinic that would take patients with undifferentiated abdominal or chest pain for further evaluation/stabilization/treatment from the ambulance system.
3. To support pre-positioned medical resources. The use of individual modules (or RESPOND Packs) to support pre-positioned medical capability for special event medicine or other types of austere settings of medical care.

RESPOND packs function best when combined with other supporting diagnostic and therapeutic equipment and may be combined with these elements into treatment "sets". Recommended additional cardiac monitor/defibrillators, necessary to utilize most Advanced Life Support (ALS) cardiac and respiratory medications, a portable ultrasound machine to diagnose occult traumatic injury, or point of care testing lab equipment, such as urine dipsticks for diagnosing urinary tract infections/pregnancy.

RESPOND packs may also be combined with caches of basic life support medical equipment and supplies to provide care for larger numbers of patients with wounds, orthopedic injuries, dehydration and other conditions common following disasters. The goal would be for each set of 5 packs to treat approximately 20-25 patients of all levels of severity, or 3-5 patients of a high level of acuity, or 50-60 patients who had minor medical issues.

Staffing for the resource would depend on the incident, number of patients/clients, and available resources. Minimum staffing would include:

1. Project RESPOND Team Leader
2. Medication Leader
3. Advanced Practitioner (EMS Physician, EM Physician, EM Nurse Practitioner)
4. Discharge and Documentation Leader

Job Action Sheets for the various positions can be found in the appendix. Ideally all providers would have some familiarity with out of hospital/primary care and would either have some training on the Project RESPOND elements or watch the Just-in-time training video and materials on the SF EMS Agency website.

Staffing patterns for prolonged operations would follow the disaster model, with relief being requested for the original Project RESPOND team at the 12-hour mark, and every subsequent operational period transition. Project RESPOND, once activated, would require the support of a Department Operations Center or Emergency Operations Center. Project RESPOND elements do not include any provision for feeding or other staff needs and these would have to be provided if the operation continues past the 6 to 8-hour timeframe.

<sup>1</sup> Under the jurisdiction of the National Disaster Medical System (NDMS), Federal Emergency Management Agency (FEMA), and Department of Homeland Security (DHS)

<sup>2</sup> Please reference the RESPOND Pack Diagram in the appendix for a complete schematic of contents

<sup>3</sup> Please note that a number of ACLS drugs must be used in conjunction with a cardiac monitor and defibrillator that are not included with the RESPOND Packs. It is highly recommended that this equipment be obtained for future use.

## DEPLOYMENT & MAINTENANCE

A total of 16 RESPOND Pack ALS Kits and 5 Trauma Packs are in circulation in the city of San Francisco. They are divided among the following bodies:

- San Francisco Fire Department (SFFD)
- San Francisco Emergency Medical Services Agency Offices

The total cache of 21 RESPOND Packs are designed to be deployed in 4 sets (plus a training module) as follows:

- 4 sets of 3 RESPOND Packs orange bags (medical supplies) plus 1-2 Trauma Pack (black bag) plus their supporting equipment of 3 suction machines and their disposable supplies are kept on the SF Fire Department's MCU 2
- 2 RESPOND Packs orange bags are kept the SF EMS Agency for training purposes
- 4 Pelican cases of non-controlled medications are kept at SF Fire Department Station 49
- 4 Containers of controlled medications are kept at the SF EMS Agency

In the case of a major incident, San Francisco primary care and field care clinics will be able to provide urgent level emergency care to patients using the equipment within the RESPOND Packs. When resupply of equipment is needed in a disaster setting, contact the Department of Public Health Departmental Operations Center per the department's Emergency Operations Plan and ask for logistics support. While the SFFD will accommodate minor resupply needs through use of a mobile unit (MCU-2) equipped with multiple RESPOND Packs, major resupply needs are to be accommodated by the EMS Agency of the SFDPH via mobile cargo trailers.

Medications are utilized by providers within their scope of practice utilizing appropriate EMS or facility-based protocols. In the case of deployment with Physicians or Mid-Level Providers, medications may be utilized according to their respective scopes of practice. All non-controlled medications that are utilized will be tracked in a similar manner to medical supplies and equipment, their use documented in patient care records, and then restocked following (or during prolonged) deployment from the medication list by the appropriate logistics function. All controlled substances dispensed will be recorded on the controlled substances log, and any partially utilized controlled substances will be disposed of using standard controlled substance accountability procedures. If needed, restocking will be done by EMS Physicians during a prolonged deployment.

## DESCRIPTIONS

### *Field Care Clinic (FCC)*

A physical assemblage of tents, lights, heat, water, power, restrooms with showers, cots, and medical supplies and equipment on a large outdoor or indoor flat surface to serve large numbers of patients after an extended multiple casualty incident or disaster of any type. Staffed by physicians, nurses, nurse practitioners, public health nurses, paramedics, EMTs and other allied health personnel, FCCs are able to administer traditional “urgent care” and other health care services up to the level of austere emergency medical care to the injured and the ill after a major incident. The purpose of this equipment is to be able to set up FCCs wherever the Director of Public Health determines they are needed and provide care to the public. In San Francisco, these could be established in public parks or squares, inside large convention centers, on large empty asphalt lots, or adjacent to hospitals that have been impacted by the disaster. If necessary, an FCC could even be used as a point of distribution for vaccines in a biological agent incident. The FCC can also be used to quarantine patients during an infectious disease incident.

The DPH maintains six (6) complete FCC equipment sets<sup>1</sup>. Five of them will have a 20,000-watt mobile generator and a standard Heating, Ventilation & Air Conditioning (HVAC) unit. One FCC will have a 36,000-watt mobile generator and a 5-ton positive-negative pressure HVAC unit which will allow it to be upgraded to an OR/ICU. If operating rooms and intensive care units in local hospitals are damaged, this FCC will have the infrastructure necessary to perform surgeries.

### *FCC Cargo Trailer*

The City & County of San Francisco has six (6) Wells Cargo trailers which hold all of the contents of an FCC, except the generator. The portable diesel generator has its own trailer with an extra tank to store fuel. These cargo trailers are 28’ long (plus a 4’ tongue to attach to a 2-5/16 hitch ball). The components of the FCCs will fit into these cargo trailers.

### *BLS Cargo Trailer*

The City & County of San Francisco has seven (7) 16’ long cargo trailers which hold Basic Life Support medical supplies such as splints, backboards and bandages. These cargo trailers will be used in a disaster in order to resupply primary care clinics as well as field care clinics.

## ACTIVATION SEQUENCE

CAPABILITY ACTIVATED BY APPROPRIATE AGENT (e.g. prolonged-scene MCI medical treatment area by Incident Command Medical Group Supervisor)



PROJECT RESPOND SETS AND SUPPORTING MEDICAL SUPPLIES TRANSPORTED TO ACTIVATION SITE BY SFFD MCU OR OTHER CITY ASSET



APPROPRIATE PELICAN CASE(S) TRANSPORTED FROM STATION 49 BY APPROPRIATE SFFD UNIT OR OTHER CITY ASSET IF NOT PRESENT ON MCU VEHICLES



EMS PHYSICIAN ACTIVATED AND RETRIEVES APPROPRIATE CONTROLLED SUBSTANCES PACK(S) FROM STATION 49 AND REPORTS TO SITE



MCI TREATMENT UNIT/ALTERNATE CARE SITE ESTABLISHED WITH RESPOND PACK SUPPORT

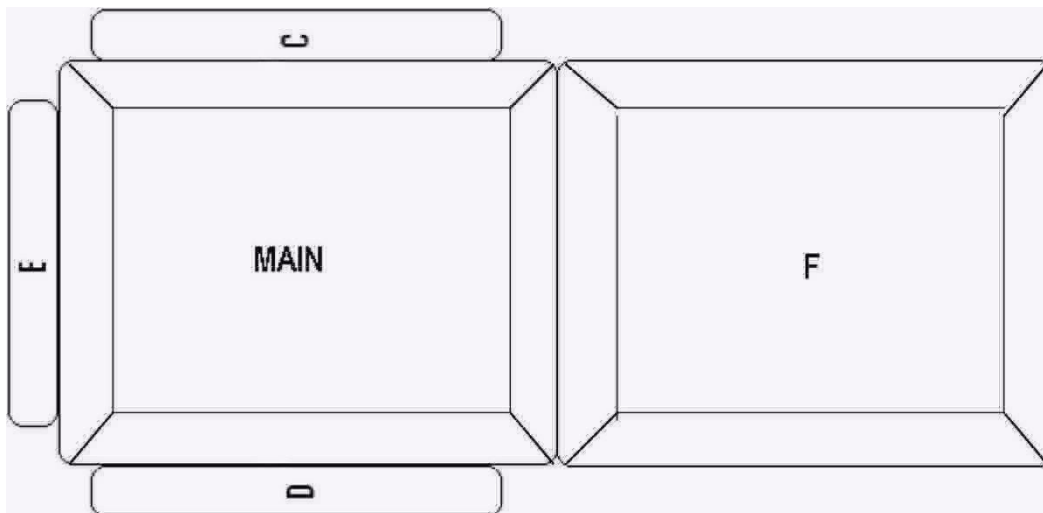
### RESPOND PACK DIAGRAM- FRONT

<b>A- FRONT TOP POCKET</b>	<b>B- FRONT BOTTOM POCKET</b>
<ul style="list-style-type: none"> <li>● ADULT BLOOD PRESSURE CUFF (1EA.)</li> <li>● N95 MASKS (4 EA.)</li> <li>● GOWNS (4 EA.)</li> <li>● FACESHIELD/FACEMASK (5 EA.)</li> <li>● GLOVES (SM, MD, LG – 8 EA.)</li> <li>● BIO HAZARD BAG (1 EA.)</li> </ul>	<ul style="list-style-type: none"> <li>● NEONATAL BVM (1 EA.)</li> <li>● PEDIATRIC BVM (1 EA.)</li> <li>● ADULT BVM (1 EA.)</li> <li>● VIRAL FILTER (2 EA.)</li> <li>● NORMAL SALINE 1 L (2 EA.)</li> </ul>
<b>C- LEFT SIDE POUCH</b>	<b>D- RIGHT SIDE POUCH</b>
<ul style="list-style-type: none"> <li>● SAM SPLINT (1EA.)</li> <li>● TRAUMA SHEARS (1 EA.)</li> <li>● ACE BANDAGE WRAPS 2” (4 EA.)</li> <li>● KERLIX (4 EA.)</li> <li>● TRIANGULAR BANDAGES (4 EA.)</li> <li>● TAPE ROLL 3” (1 EA.)</li> <li>● RAZER, DISPOSABLE (1 EA.)</li> </ul>	<ul style="list-style-type: none"> <li>● PEDIATRIC BLOOD PRESSURE CUFF (1EA.)</li> <li>● LONG IV ARM BOARD (2 EA.)</li> <li>● TORNIQUET (1 EA.)</li> </ul>
<b>E- TOP POUCH</b>	
<ul style="list-style-type: none"> <li>● BALL POINT PEN (1EA.)</li> <li>● SHARPIE PENS (1 EA.)</li> <li>● SM NOTEBOOK (1 EA.)</li> <li>● TRIAGE TAGS (16)</li> <li>● BROSLEOW PEDIATRIC TAPE (1 EA.)</li> <li>● STETHOSCOPE</li> <li>● THERMOMETER (1 EA.)</li> <li>● RESCUE BLANKET (1 EA.)</li> <li>● WIRE SPLINTS (2 EA.)</li> <li>● HEMOSTAT (1 EA.)</li> <li>● COLD PACK (1 EA.)</li> </ul>	<p>The diagram shows a front view of a rectangular respond pack. It is divided into five distinct sections labeled with letters:         <ul style="list-style-type: none"> <li><b>E</b>: A small rectangular section at the very top.</li> <li><b>A</b>: A large rectangular section below E, occupying the top half of the main body.</li> <li><b>B</b>: A large rectangular section below A, occupying the bottom half of the main body.</li> <li><b>C</b>: A vertical rectangular section on the right side, extending from the top of section B to the bottom of section A.</li> <li><b>D</b>: A vertical rectangular section on the left side, extending from the top of section B to the bottom of section A.</li> </ul> </p>



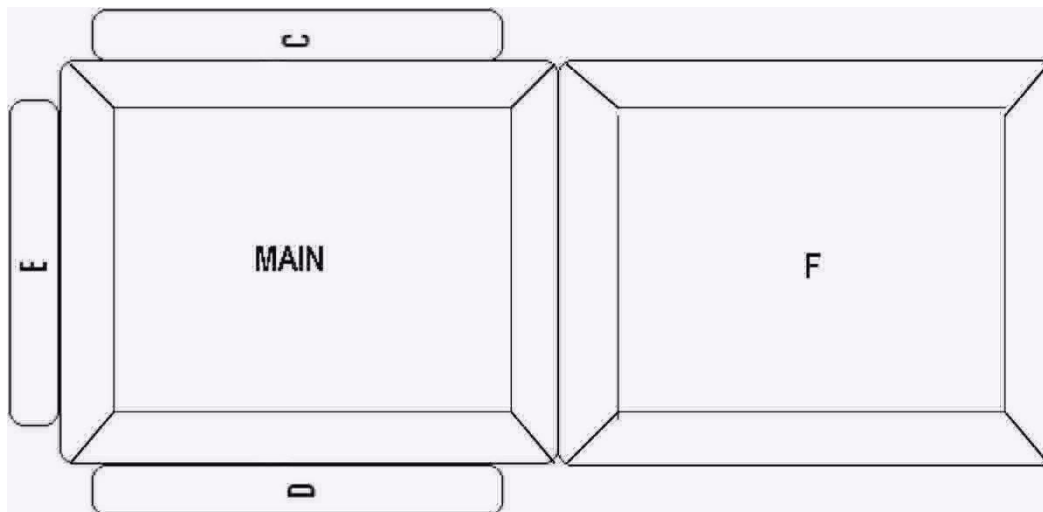
## RESPOND PACK DIAGRAM- INNER COMPARTMENTS

<b>MAIN – INNER COMPARTMENT</b>	
<ul style="list-style-type: none"> <li>● OXYGEN TANK 1.2 L (1EA.)</li> <li>● PULSE OXYGEN KIT (1 EA.)</li> <li>● C COLLAR, ADULT (2 EA.)</li>   <li>● COMBITUBE + SYRINGES (1 EA.)</li> <li>● LMA # 3 (1 EA.)</li> <li>● LMA # 4 (1 EA.)</li> <li>● LMA # 5 (1 EA.)</li> <li>● ADULT BOUGIE (2 EA.)</li> <li>● PEDIATRIC BOUGIE (1EA.)</li> <li>● ETCO2 COLORIMETRIC DETECTOR (2 EA.)</li> <li>● PEEP VALVE (2 EA.)</li> <li>● PORTABLE SUCTION (1EA.)</li> <li>● SUCTION TUBING (2 EA.)</li> <li>● YAUNKAUER (2 EA.)</li> <li>● SOFT RESTRAINTS, WRIST (2 EA.)</li>   <li><b>BLUE POUCH WITH GREEN STRIPE:</b></li> <li>● HH NEBULIZER (2 EA.)</li> <li>● NASAL CANNULA ADULT (2 EA.)</li> <li>● ADULT NRB (2 EA.)</li> <li>● PEDIATRIC NRBR (2 EA.)</li> </ul>	<p><b>MEDSTORM PACK (BLUE POUCH W/ REFLECTIVE):</b></p> <ul style="list-style-type: none"> <li>● MILLER BLADE #0 (1 EA.)</li> <li>● MILLER BLADE #1 (1 EA.)</li> <li>● MILLER BLADE #2 (1 EA.)</li> <li>● MILLER BLADE #3 (1 EA.)</li> <li>● MAC BLADE # 2 (1 EA.)</li> <li>● MAC BLADE # 3 (1 EA.)</li> <li>● MAC BLADE # 4 (1 EA.)</li> <li>● PEDI MAG. FORCEPS (1 EA.)</li> <li>● ADULT MAG. FORCEPS (1 EA.)</li> <li>● 2 “C” LARYNGOSCOPE HANDLES (2 EA.)</li> <li>● 4 “C” BATTERIES (4 EA.)</li> <li>● 10 CC SYRINGE (1 EA.)</li> <li>● SMALL STYLET (1 EA.)</li> <li>● LARGE STYLET (1 EA.)</li> <li>● NPA #24 / #32 FR. (1 EA.)</li> <li>● OPA’s (various sizes)</li> <li>● LUBRICATING JELLY</li> <li>● PLASTIC TAPE (1 EA.)</li>   <li><b>ENDOTRACHEAL TUBES:</b></li> <li>● PEDS # 2.5/3.0/3.5 (2 OF EITHER)</li> <li>● ETT #4 UNCUFFED (1 EA.)</li> <li>● ETT #4.5 UNCUFFED (1 EA.)</li> <li>● ETT #5 UNCUFFED (1 EA.)</li> <li>● ETT #6 UNCUFFED (1 EA.)</li> <li>● ETT #7 CUFFED (2 EA.)</li> <li>● ETT #7.5 CUFFED (2 EA.)</li> <li>● ETT #8 CUFFED (2 EA.)</li> </ul>



RESPOND PACK DIAGRAM- INNER COMPARTMENTS (CONTINUED)

<b>F- INNER FLAP</b>	
<ul style="list-style-type: none"> <li>● IV STARTING KIT (2EA)</li> <li>● PRESSURE INFUSER (1 EA.)</li> <li>● IV BOARDS- SHORT (2EA.)</li> <li>● FLUSHES (4EA.)</li> <li>● IV ADMINISTRATION SET (5 EA.)</li> <li>● TEGADERM IV DRESSING (5 EA.)</li> <li>● ALCOHOL PREPS (8 EA.)</li> <li>● IV TOURNIQUET (1 EA.)</li> <li>● TAPE (1 EA.)</li> <li>● GAUE 4" X 4" (5 EA.)</li> <li>● IO KIT (1 EA.)</li> <li>● IO NEEDLE 15 MM (1EA.)</li> <li>● IO NEEDLE 25 MM (1EA.)</li> <li>● IO NEEDLE 45 MM (1EA.)</li> <li>● 10 ML NS FLUSHES (4 EA.)</li> <li>● CONTOUR TEST KIT – GLUCOMETER + TEST STRIPS</li> </ul>	<ul style="list-style-type: none"> <li>● 10 CC SYRINGE (4 EA.)</li> <li>● 35 CC SYRINGE (1 EA.)</li> <li>● 14G IV CATH (4 EA.)</li> <li>● 16G IV CATH (2EA.)</li> <li>● 18G IV CATH (2EA.)</li> <li>● 20G IV CATH (2EA.)</li> <li>● 22G IV CATH (2EA.)</li> <li>● 24G IV CATH (2EA.)</li> <li>● 18 G NEEDLES (10 EA.)</li> <li>● 25 G NEEDLES (10 EA.)</li> <li>● 1 CC SYRINGE 25G X5/8 (2 EA.)</li> <li>● 3 CC SYRINGE 21GX 1 ½ (2 EA.)</li> <li>● 5 CC SYRINGE 20GX 1 (2 EA.)</li> <li>● SHARPS SHUTTLE (1EA.)</li> </ul> <p><b>WOUND CARE BAG:</b></p> <ul style="list-style-type: none"> <li>● PETROLEUM/VASELINE 3" X 36" (2 EA.)</li> <li>● SMALL BANDAIDS (10 EA.)</li> <li>● TAPE 1" (1 EA.)</li> <li>● ABDOMINAL PADS (1 EA.)</li> <li>GAUZE 4X4 (20 EA.)</li> </ul>

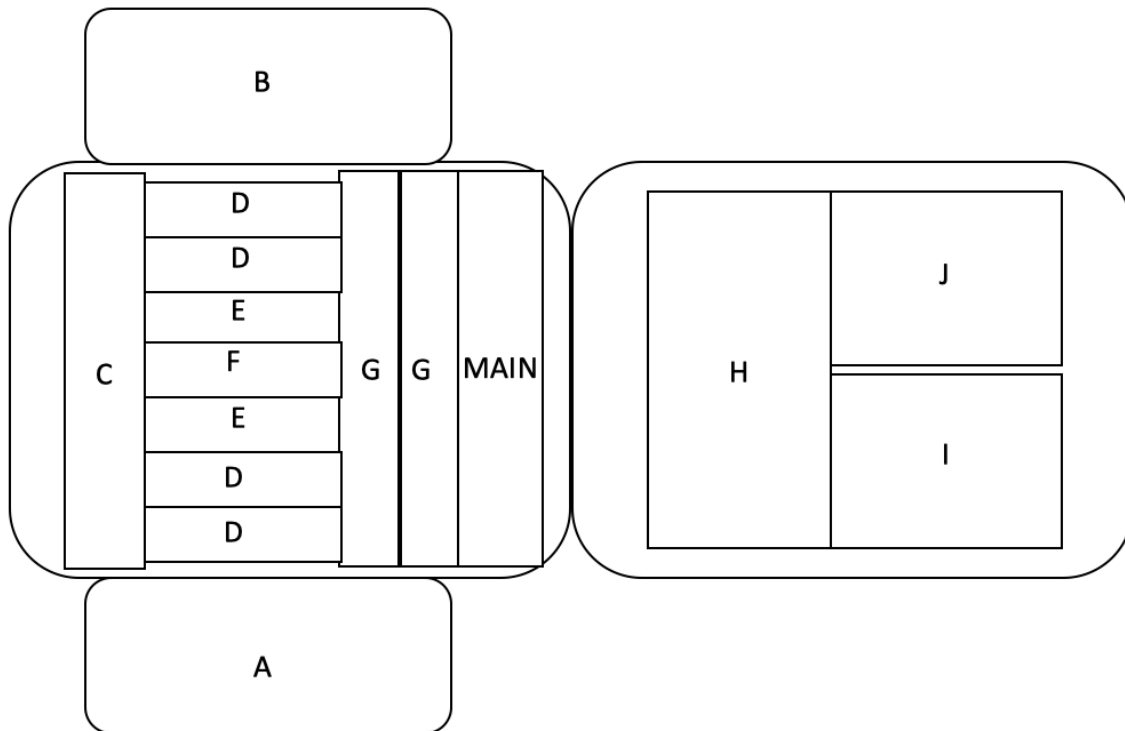


**ALPHABETIZED EQUIPMENT LIST WITH CORRESPONDING LOCATION IN RESPOND PACK**

<b>Product Name</b>	<b>Locus</b>	<b>Product Name</b>	<b>Locus</b>	<b>Product Name</b>	<b>Locus</b>
1" TAPE (1 RL)	C	COMBITUBE (1 EA.)	A	PEDI BP CUFF (1 EA.)	F
1" TAPE (1 RL)	F	ETOH PREPS (10 EA.)	B	PEDI MAG. FORCEPS (1 EA.)	F
10cc SYRINGE (1 EA.)	F	ETT (1 PKG)	A	PEDI NRB (2 EA.)	MAIN
10cc SYRINGE (4 EA.)	B	FLUIDSHIELD MASK (5 EA.)	A	PEDIATRIC BVM (2 EA.)	A
14G IV CATH (2 EA.)	B	GLUCOMETER	B	PETRO GAUZE (2 EA.)	C
14G JELCO NEEDLES (4EA.)	B	GREEN COVER FOR TANK (1 EA.)	MAIN	PRESSURE INFUSER (1 EA.)	B
16G IV CATH (2 EA.)	B	HH NEB (2 EA.)	MAIN	PULSE OX (1 EA.)	MAIN
18G IV CATH (2 EA.)	B	INTUBATION KIT (1 EA.)	MAIN	RAZOR (1 EA.)	D
18G NEEDLES (10 EA.)	B	INTUBATION ROLL	F	SAM SPLINT (1 EA.)	D
1cc SYRINGE 25GX5/8 (6 EA.)	B	IV BOARDS – SHORT (2 EA.)	B	SHARPIE PENS (2 EA.)	E
2 "C" LARYNGOSCOPE HNL	F	IV TOURNIQUETS (2 EA.)	B	SHARPS SHUTTLE (1 EA.)	B
20G IV CATH (2 EA.)	B	KERLIX (4 EA.)	D	SM GLOVES (1 PKG)	E
22G IV CATH (2 EA.)	B	LANCETS	B	SM NOTEBOOK (1 EA.)	E
24G IV CATH (2 EA.)	B	LARGE STYLET (1 EA.)	F	SMALL STYLET (1 EA.)	F
25G NEEDLES (10 EA.)	B	LG GLOVES (1 PKG)	E	STETHOSCOPE (1 EA.)	F
3" TAPE (1 RL)	D	LONG I.V. ARM BOARD (2 EA.)	C	STETHOSCOPE (1 EA.)	MAIN
35cc SYRINGE (1 EA.)	B	LRG. GLOVES (1 PKG.)	F	STRL GAUZE PDS (40 EA. 4X4)	C
3cc SYRINGE 21GX1 1/2 (2 EA.)	B	LTR BAGS (3 EA.)	B	TEGADERM IV DRES. (10 EA.)	B
4 "C" BATTERIES	F	MAC #3 BLADE (1 EA.)	F	TEST SOLUTION	B
5cc SYRINGE 20G X 1 (2 EA.)	B	MAC #4 BLADE (1 EA.)	F	TEST STRIPS	B
ABD PADS (2 EA.)	C	MAC#2 BLADE (1 EA.)	F	THERMOMETER (1 EA.)	F
ACE WRAPS (4 EA.)	D	MANILLA FOLDER (1 EA.)	A	THERMOMETER COVERS (100 EA.)	F
ADLT MAG. FORCEPS (1 EA.)	F	MED. GLOVES (1 PKG.)	F	TRANSPORE TAPE (1 RL)	B
ADULT BP CUFF (1 EA.)	MAIN	MIL #0 BLADE (1 EA.)	F	TRAUMA SHEARS (1 PR)	D
ADULT BVM (2 EA.)	A	MIL #1 BLADE (1 EA.)	F	TRIAGE TAGS (10 EA.)	MAIN
ADULT NASAL CANNULAS (2 EA.)	MAIN	MIL #2 BLADE (1 EA.)	F	TRIANGLE BANDAGES (4 EA.)	D
ADULT NRB (2 EA.)	MAIN	MIL #3 BLADE (1 EA.)	F	TUBE KY JELLY (1 EA.)	F
BALL POINT PEN (1 EA.)	E	NEONATAL BVM (1 EA.)	A	TWEEZERS (1 PR)	C
BANDAIDS (20 EA.)	C	NPA #24 (1 EA.)	F	VENI-GUARD IV DRES. (2 EA.)	B
BIO HAZARD BAG (1 EA.)	E	NPA #32 (1 EA.)	F	V-VAC (1 EA.)	MAIN
BROSELOW TAPE (1 EA.)	F	OPA'S (1 SET)	F	WIRE SPLINTS (2 EA.)	C
C-COLLARS (2 EA.)	MAIN	OXYGEN REGULATOR (1 EA.)	MAIN	WRENCH ATTACH TO STRING (1 EA.)	MAIN
COLD PACK (1 EA.)	E	OXYGEN TANK (1 EA.)	MAIN	ZIP LOCK BAG (1 EA.)	B

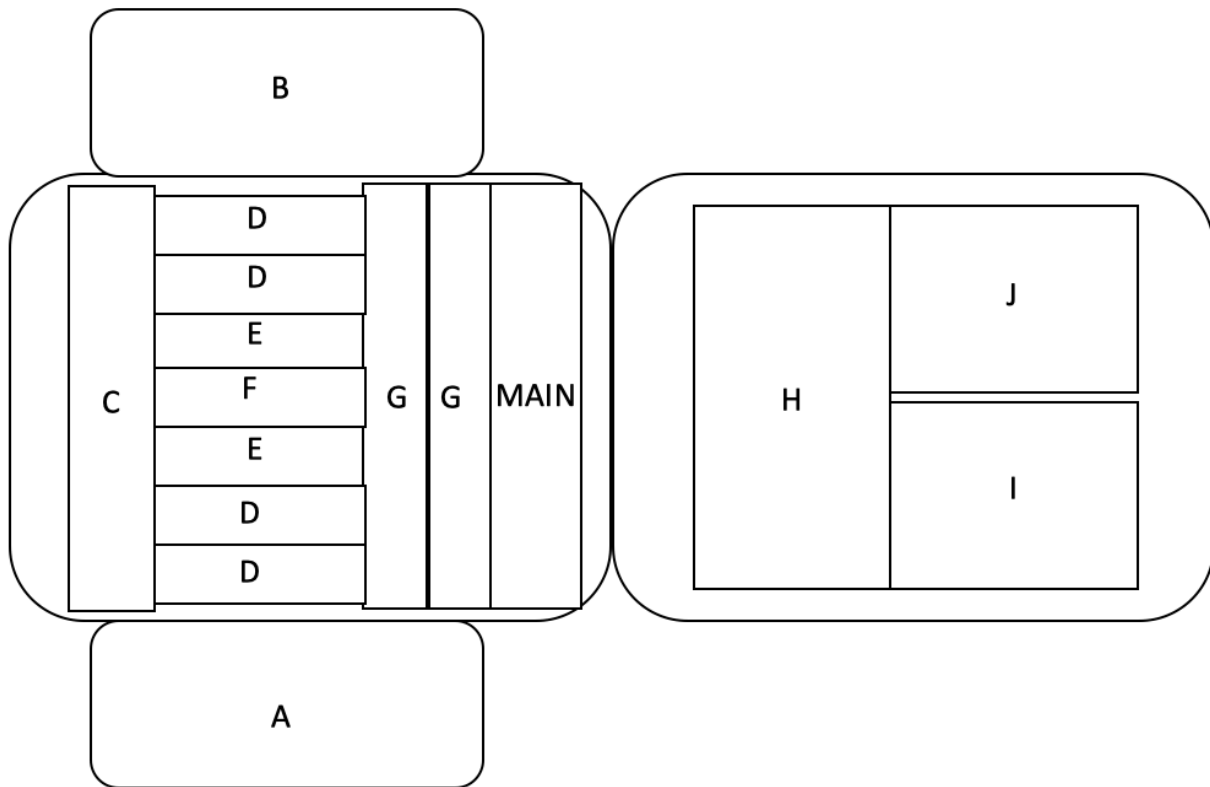
### TRAUMA PACK DIAGRAM

<p><b>A- LEFT SIDE POCKET</b></p> <ul style="list-style-type: none"> <li>● HEAT REFLECTIVE SHELL (1 EA.)</li> <li>● NAR EMERGENCY TRAUMA DRESSING 6" (2 EA. RED BAG, 4 EA. PACK)</li> <li>● COMBAT TOURNIQUET (1 EA. RED BAG, 2 EA. PACK)</li> </ul>	<p><b>B- RIGHT SIDE POCKET</b></p> <ul style="list-style-type: none"> <li>● NAR EMERGENCY TRAUMA DRESSING 6" (2 EA.)</li> <li>● SAM SPLINT II (4 EA.)</li> </ul>
<p><b>C- GREEN AIRWAY BAG</b></p> <ul style="list-style-type: none"> <li>● POCKET BVM (1 EA.)</li> <li>● PULSE OXIMETER (1 EA.)</li> <li>● KING LT-D AIRWAY KIT, SIZE 4 (1 EA.)</li> <li>● NASOPHARYNGEAL AIRWAY, SIZE 28 FR (2 EA.)</li> <li>● NAR TACTICAL SUCTION DEVICE (1 EA.)</li> <li>● NEEDLE DECOMPRESSION KIT 14G x 3.25" (2 EA.)</li> <li>● PETROLEUM GAUZE 3"x18" (2 EA.)</li> </ul>	<p><b>D- BLUE IV BAG (4 EA.)</b></p> <ul style="list-style-type: none"> <li>● NAR SALINE LOCK KIT (1 EA. BLUE BAG, 4 EA. PACK)</li> <li>● CATHETER 20G (1 EA. BLUE BAG, 4 EA. PACK)</li> </ul>
<p><b>E- RED TRAUMA BAG (2 EA.)</b></p> <ul style="list-style-type: none"> <li>● EMERGENCY TRAUMA DRESSING ABD (1 EA. RED BAG, 2 EA. PACK)</li> <li>● NAR S-ROLLED GAUZE 4.5" x 4.1 yds (2 EA. RED BAG, 4 EA. PACK)</li> </ul>	<p><b>F- MEDICATION STORAGE CASE</b></p> <ul style="list-style-type: none"> <li>● EMPTY</li> </ul>
<p><b>G- BLACK SPLINT BAGS</b></p> <ul style="list-style-type: none"> <li>● TACTICAL TRACTION SPLINT (1 EA.)</li> </ul>	<p style="text-align: center;"><b>MAIN</b></p> <ul style="list-style-type: none"> <li>● CLOTH TAPE 2" (2. EA)</li> <li>● SODIUM CHLORIDE 0.9% 1000mL (2 EA.)</li> </ul>



## TRAUMA PACK DIAGRAM (CONTINUED)

<b>H- TOP INNER FLAP</b>
<ul style="list-style-type: none"> <li>● TRAUMA SHEARS (1 EA.)</li> <li>● NAR HEADLAMP WITH 2xAAA BATTERIES (1 EA.)</li> <li>● COMBAT CASUALTY REFERENCE CARD (1 EA.)</li> <li>● TRIAGE CARD (4 EA.)</li> <li>● POLYCARBONATE EYE SHIELD (5 EA.)</li> </ul>
<b>I- LEFT INNER FLAP</b>
<ul style="list-style-type: none"> <li>● GLOVE KIT, LARGE (5 PAIR EA.)</li> <li>● NAR PPE KIT- 2 PAIR L GLOVES, 1 N95 (2 EA.)</li> </ul>
<b>J- RIGHT INNER FLAP</b>
<ul style="list-style-type: none"> <li>● NAR SHARPS SHUTTLE (1 EA.)</li> <li>● BOA CONSTRICTING IV BAND (1 EA.)</li> </ul>



## MEDICATION LIST

***Non-Controlled substances*** (deployed in 4 identical pelican cases)

Grouped by function into the following bags/spaces for each of the pelican cases:

<u>Medication</u>	<u>Amount</u>
<b>Oral medications:</b>	
Diphenhydramine 25 mg capsules	1 box
Vitamin B1 tablets	1 box
Dexamethasone tablets	1 box
Sublingual nitroglycerine	2 boxes
<b>Oral analgesics container 1:</b>	
Acetaminophen	1 box
Ibuprofen	1 box
Aspirin	Roll of individual tablets
<b>Oral analgesics container 2:</b>	
Acetaminophen	1 box
Ibuprofen	1 box
<b>Resuscitation medications:</b>	
Naloxone	10 boxes
Ketorolac	4 vials
Etomidate	4 vials
Haloperidol	5 vials
<b>Wound medications:</b>	
Bacitracin	2 boxes of 144 packets
Lidocaine for injection 1% plain	2 vials
Lidocaine for injection 1% with epinephrine	2 vials
<b>Cardiac meds container 1:</b>	
Epinephrine 30 ml vials	3 vials
Atropine	10 boxes
<b>Cardiac meds container 2:</b>	
Lasix	2 vials
Atropine	10 boxes
<b>Inhalational meds:</b>	
Albuterol multidose inhalers	10 MDI's
Albuterol nebulizer solution	1 box
<b>Ondansetron:</b>	
Ondansetron injectable	5 vials
Ondansetron SL tablets	3 boxes
<b>Pediatrics container 1:</b>	
Diphenhydramine elixir 10 dose trays	3 trays
<b>Pediatrics container 2:</b>	
Acetaminophen suspension 10 dose trays	3 trays

**Controlled substances** (deployed to Station 49 in 4 identical sealed small containers)

Fentanyl 100 mcg	10 vials
Ketamine 500 mg	2 vials
Midazolam 5 mg/ml	10 vials
Vecuronium 10 mg	2 vials
Buprenorphine 8 mg tabs	2 bottles
Phenobarbital 130 mg/ml	10 vials

## **JOB ACTION SHEET: PROJECT RESPOND TEAM LEADER**

- Obtain tasking to initiate response from Incident Commander
- Establish Operational Period
- Request backup support from Department Operations Center/Emergency Operations Center
- Request staffing from DOC/EOC
- Review location of team operations with Incident Commander and request any necessary support for scene safety/physical plant needs such as lighting
- Verify receipt of complete Project RESPOND set (or request additional sets based on needs)
- Assign team positions as personnel arrive, including treatment team lead
- Monitor team functions and report treatment progress to IC
- Prepare for turnover or demobilization at end of operational period



# **JOB ACTION SHEET: PROJECT RESPOND PHARMACY CAPTAIN**

## **General Overview:**

- Obtain tasking to initiate response from Incident Commander
- Establish Operational Period
- Request backup support from Department Operations Center/Emergency Operations Center
- Request staffing from DOC/EOC
- Review location of team operations with Incident Commander and request any necessary support for scene safety/physical plant needs such as lighting
- Verify receipt of complete Project RESPOND set (or request additional sets based on needs)
- Assign team positions as personnel arrive, including treatment team lead
- Monitor team functions and report treatment progress to IC
- Prepare for turnover or demobilization at end of operational period

## **Pharmacy Protocol:**

- Pharmacy captain to check with physician to ensure that Pelican cases and narcotic lock box are acquired from Station 49
- Set up table/chairs and place Pelican case on table
- Physician on-site directs all medication therapies
- Keep tally of medications that are utilized on site on printed spreadsheet attached on back of Pelican case or online excel sheet
- Log medications given to patients on discharge forms
- Provide resources about drug information, if available (i.e. Epocrates)
- Narcotic lock box:
  - To be kept with physician at all times
  - Any narcotic waste should be kept and documented appropriately at the end of each day
- Communicate with operational lead if medication stock is running low (~25% left of stock) to replenish supply
- Do not dispense any medications to patients upon discharge with the exception of OTC medications i.e. acetaminophen or ibuprofen

## **Medication Restock and Maintenance:**

- Quartermaster or logistics captain to check expiration dates monthly
- For any medication utilized, replace and restock medications from Station 49

## **JOB ACTION SHEET: PROJECT RESPOND DOCUMENTATION AND DISCHARGE LEAD**

### **General Overview:**

- Obtain tasking to initiate response from Incident Commander
- Establish Operational Period and Prepare Personal Equipment as needed
- Report to designated staging area for transport to Station 49 and Project RESPOND site
- Receive Standardized Discharge Forms included in Project RESPOND packs
- Receive Disaster Patient Tracking Forms
- Arrive at site, review location of team operations with Incident Commander and request any necessary support for scene safety/physical plant needs such as lighting
- Request backup personnel support as needed from Department Operations Center/Emergency Operations Center
- Assign team positions as additional personnel arrive in concert with IC and/or Medical Group Supervisor including treatment team lead, pharmacy and discharge captains
- Monitor team functions and report treatment progress to IC
- Prepare for turnover or demobilization at end of operational period

### **Discharge Officer Protocol**

- Establish and maintain the flow of patients through the treatment and discharge areas
- Connect with patient care personnel to track patients awaiting discharge
- Connect with discharging EMS physician to direct workflow and expedite evaluation and discharge of patients
- While patients are being evaluated for discharge, record patient information, workup, medications, and instructions on disaster patient tracking form and appropriate standardized discharge form
- Log all medications given to patients on discharge forms
- Record any instructions or precautions on discharge forms
- Record patient questions and answers regarding their care and follow up
- Ensure that all Over the Counter (OTC) medications given to patients are on their discharge forms
- Confirm that physician has signed discharge form for each patient being discharged
- Ensure each patient has a copy their discharge form in their possession before leaving the treatment area
- Maintain original copies of discharge forms and compile at the end of the operational period and turn over to the documentation unit or Incident Commander

## **JOB ACTION SHEET: PROJECT RESPOND EMS PHYSICIAN**

### **General Overview:**

- Obtain tasking to initiate response from Incident Commander
- Establish Operational Period and Prepare Personal Equipment as needed
- Report to designated staging area for transport to Station 49 and Project RESPOND site
- Receive controlled substance fanny pack from Station 49 personnel and insure materials are sealed and complete then sign for fanny pack
- Arrive at site, review location of team operations with Incident Commander and request any necessary support for scene safety/physical plant needs such as lighting
- Request backup personnel support as needed from Department Operations Center/Emergency Operations Center
- Assign team positions as additional personnel arrive in concert with IC and/or Medical Group Supervisor including treatment team lead, pharmacy and discharge captains
- Monitor team functions and report treatment progress to IC
- Prepare for turnover or demobilization at end of operational period

### **Physician Protocol- Pharmacy and Controlled Substances:**

- EM Physician to acquire controlled substance fanny pack from Station 49
- Ensure that the seal is intact on the controlled substance fanny pack seal and check that the contents are complete
- Direct all controlled substance medication therapies
- As controlled substances are dispensed to treatment providers, utilize controlled substance log to track medications by patient
- Log all medications given to patients on discharge form
- Communicate with the operational lead if medication stock is running low (~25% left of stock) to replenish supply
- Document and dispose of all narcotic waste at the end of each deployment period. If longer than one operational period, sign over unused controlled substances to oncoming EMS Physicians.
- Last OP EMS Physician will sign remaining controlled substances into Station 49 with accountability with personnel there for all utilized/wasted medication.

### **Physician Protocol- Discharge and Documentation:**

- EMS Physician to review and sign discharge form for every patient being discharged from treatment area that is not being transported for further care
- Perform a brief patient assessment and review of treatment rendered while at scene
- Review return precautions and follow up plan with patient as needed
- Answer patient questions regarding their care and follow up as needed
- Ensure that all Over the Counter (OTC) medications given to patients are on their discharge forms
- Sign discharge form as supervising clinician

## GENERAL DISCHARGE FORM

You have been evaluated today for \_\_\_\_\_.  
Your evaluation suggests that your symptoms are due to:

\_\_\_\_\_.

This evaluation has been performed in an emergency facility and while staffed with credentialed emergency providers may not be as complete as one performed at a regular medical facility. Please follow up with your primary care physician, urgent care center or Emergency Department within two days.

Go to the Emergency Department if you experience any of the following symptoms:

- \*Chest pain lasting greater than 2 minutes
- \*New or worsening shortness of breath
- \*Unconsciousness or seizure
- \*Sudden onset of weakness, vision changes, difficulty speaking
- \*New fever > 38.5 degrees Celsius/100.5 degrees Fahrenheit
- \*Other worrisome symptoms

Utilize the following medications as directed for your symptoms:

\_\_\_\_\_.

Supervising Clinician:

\_\_\_\_\_

## PEDIATRIC DISCHARGE FORM

Your child was evaluated by our RESPOND medical team today. Your child's assessment suggests that their symptoms are due to \_\_\_\_\_.

Please alternate Tylenol and Motrin every 4-6 hours to help control your child's pain or fever if they develop.

Please follow up with your child's pediatrician or a treatment facility that sees children within three days.

Go to the Emergency Department immediately if your child experiences severe cough, fevers greater than 100.4°F that cannot be controlled with Tylenol/Motrin, recurrent vomiting, lethargy, seizures, shortness of breath, or any other concerning symptoms.

Supervising clinician

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Other directions if appropriate: