



Category 5 – Unstable airway
 Includes, but is not limited to: pt with unstable airway (inability to oxygenate or ventilate)
 • OSMD physician will be alerted immediately
 • Direct to Medical Aid station during working hrs
 • Direct to ED outside of working hours

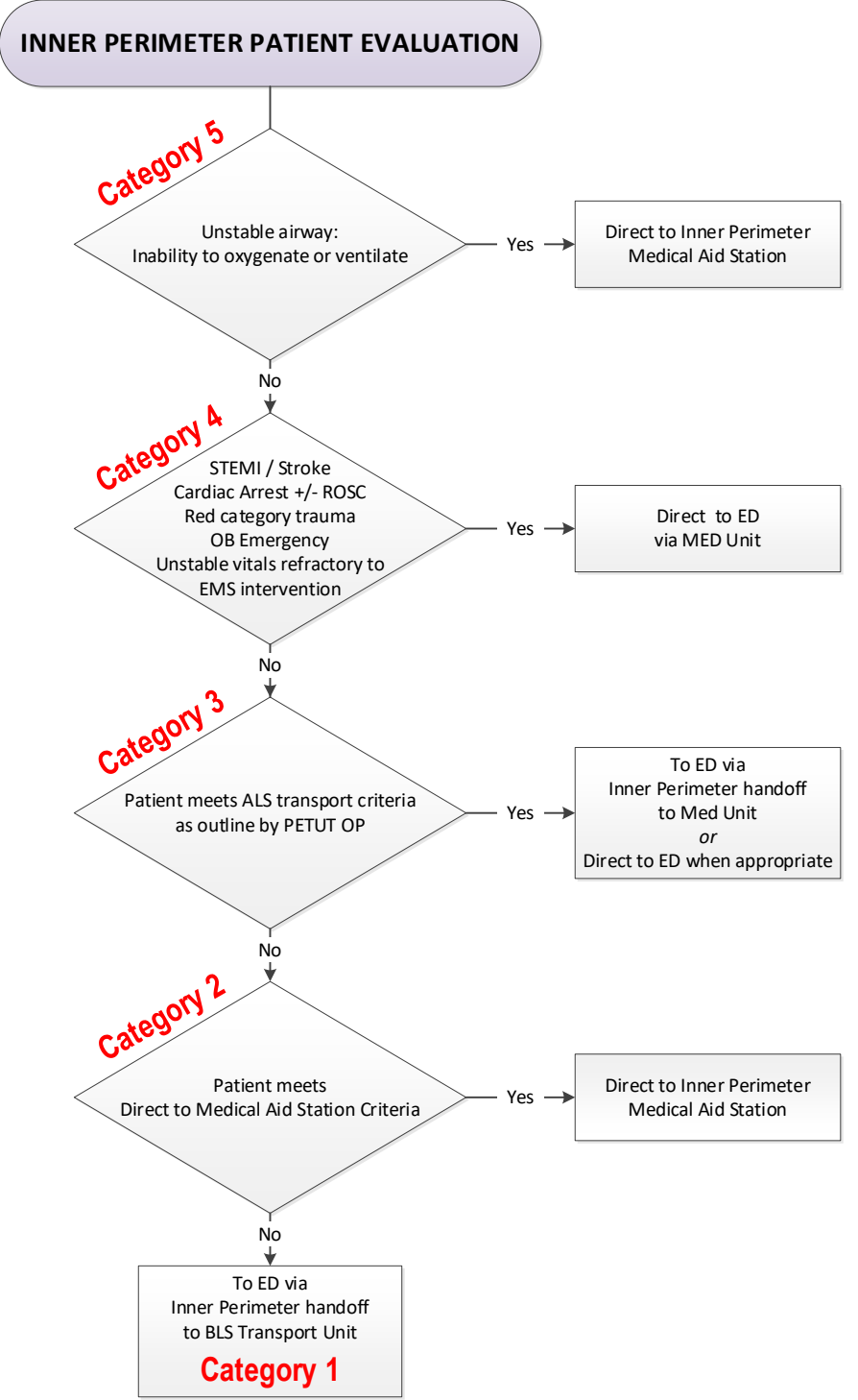
Category 4 – ALS direct transport to ED
 Includes, but is not limited to: pt with high resource needs; i.e. STEMI stroke, cardiac arrest +/- ROSC, red category trauma, OB emergency, unstable vital signs refractory to EMS intervention
 • OSMD physician will be alerted immediately
 • Pt transport via Inner Perimeter MED unit direct from scene to appropriate ED

Category 3 – ALS transport with handoff
 Includes, but is not limited to: pt meeting ALS transport Criteria per OP Paramedic Evaluation, Transport, Upgrade, Turndown
 • Pt transport via Inner Perimeter MED unit to ambulance exchange point (AXP) between Inner/Outer Perimeters where Inner Perimeter MED unit will transfer pt to ALS intercept MED unit for transport to ED (or, if more appropriate, transport via Inner Perimeter MED unit direct to ED)

Category 2 – Medical Aid Station
 Includes, but is not limited to: pt meeting BLS transport criteria per OP Paramedic Evaluation, Transport, Upgrade, Turndown, AND meeting Medical Aid Station chief complaint criteria. Includes OSMD physician discretion.
 • Pt transport via most appropriate method (ambulatory, wheelchair, EMS Gator) determined by on scene medical provider to closest Medical Aid Station

Category 1 -- BLS transport with handoff
 Includes, but is not limited to: pt meeting BLS transport criteria BUT not meeting Medical Aid Station chief complaint criteria. Includes OSMD physician discretion.
 • Pt transport via most appropriate method (ambulance, ambulatory, wheelchair, EMS Gator) by on scene medical provider from scene to Ambulance Exchange Point (AXP) between Inner and Outer Perimeter where on scene medical provider will transfer patient to BLS intercept ambulance for transport to appropriate ED

INNER/OUTER PERIMETERS
 OSMD should be alerted to all high-risk patient presentations as soon as feasible via EMSCOM
 Ingress/egress/AXPs should occur at designated locations outlined by command
 Pt movement should be via safest and most available method possible
 Outside of normal convention hours, Medical Aid Stations will be unavailable for patient care
 On Scene Medical Director may be engaged as needed
 OSMD = On Scene Medical Director





INNER PERIMETER

The Movement Process for patients within the Inner Perimeter will be logistically challenging and will be dictated by patient defined Category as outlined below:

On Scene Medical Control Physicians should be alerted to all high-risk patient presentations as soon as feasible via notification of EMSCOM. High-risk patient presentations include Categories 3-5 below.

Outside of normal convention hours, the Medical Aid Stations will be unavailable for patient care.

Patient should be categorized in highest category based on medical presentation.

Category 5 – Unstable airway

- Patient meets high medical resource needs defined as, but no limited to:
 - Unstable airway (inability to oxygenate or ventilate)
- Movement Process Overarching Concept:
 - On Scene Medical Director will be alerted immediately upon EMS encounter
 - Patients will be transported via Inner Perimeter MED unit from scene direct to Medical Aid Station during working hours
 - Patients will be transported via Inner Perimeter MED unit from scene directly to appropriate hospital destination outside of aid station working hours

Category 4 – ALS direct transport to ED

- Patient meets high medical resource needs defined as, but no limited to:
 - STEMI
 - Stroke (LVO + or -)
 - Cardiac arrest with or without ROSC
 - Positive High Risk for Serious Injury Trauma Field Triage (Red Category)
 - Obstetrical emergencies including breech presentation, prolapsed cord, fetal/neonatal distress
 - Unstable vital signs refractory to EMS intervention
- Movement Process Overarching Concept:
 - On Scene Medical Director will be alerted immediately upon EMS encounter
 - Patients will be transported via Inner Perimeter MED unit from scene direct to appropriate hospital destination

Category 3 – ALS transport with handoff

- Patient meets ALS transport criteria defined as, but not limited to:
 - Meeting criteria for paramedic evaluation and transport per OEM Paramedic Evaluation, Transport, Upgrade or Turndown Operational Policy to include:
 - Suspected acute coronary syndrome
 - Sudden and unexplained altered mental status



- Obstetrical patients with severe vaginal bleeding, eclampsia/pre-eclampsia, imminent delivery
- Syncope with high risk features
- Seizure without improving mental status
- Positive Moderate Risk for Serious Injury Trauma Field Triage (Yellow Category)
- EMS initiated procedures
 - Epinephrine for anaphylaxis
 - CPAP
 - Albuterol if bronchospasm not completely relieved
 - Dextrose or glucagon without mental status improvement, or repeat blood glucose <60
 - Naloxone with patient remaining altered or with potential airway compromise
- Movement Process Overarching Concept
 - Patient will be transported via Inner Perimeter MED unit from scene to Ambulance Exchange Point (AXP) between Inner and Outer Perimeter where Inner Perimeter MED unit will transfer patient to ALS intercept MED unit for transport to appropriate hospital destination (or, if more appropriate, transport via Inner Perimeter MED unit direct to ED)

Category 2 – Medical Aid Station

- Patient meets criteria for transport direct to onsite Medical Aid Station defined as, but not limited to:
 - Meeting criteria for BLS transport per OEM Operational Policy ‘Paramedic Evaluation, Transport, Upgrade or Turndown’ **and** Transport Direct to Medical Aid Station (below)
 - Patient meets chief complaint criteria for Transport Direct to Medical Aid Station:
 - General
 - Musculoskeletal pain
 - Dehydration
 - Lightheadedness
 - Hypoglycemia
 - Asthma/COPD
 - Allergic reaction
 - Infectious symptoms (fever, cold symptoms, etc.)
 - Trauma
 - Minor wound or laceration
 - Minor joint injury (no obvious fracture)
 - Cardiac
 - Likely non-ACS chest pain, age < 35 yrs.
 - Gastrointestinal
 - Nausea and vomiting



- Environmental
 - Heat exhaustion
 - If patient does not fit into above criteria, but provider feels that a Medical Station is appropriate, engage On Scene Medical Director via EMSCOM
 - Movement Process Overarching Concept
 - Patient will be transported via most appropriate method as determined by on scene medical provider (ambulatory, wheelchair, EMS Gator) to closest Medical Aid Station

Category 1 – BLS transport with handoff

- Patient meets BLS transport criteria AND does *not* meet criteria for transport to onsite Medical Aid Station (above) defined as, but not limited to:
 - Meeting criteria for BLS transport per OEM Operational Policy 'Paramedic Evaluation, Transport, Upgrade or Turndown'
- Movement Process Overarching Concept
 - Patients will be transported via most appropriate method (ambulance, ambulatory, wheelchair, EMS Gator) by on scene medical provider from scene to Ambulance Exchange Point (AXP) between Inner and Outer Perimeter where on scene medical provider will transfer patient to BLS intercept ambulance for transport to appropriate hospital destination

OUTER PERIMETER

The Movement Process for patients within the Outer Perimeter will hold some logistical challenges.

The ingress, egress, and ambulance exchange points from the Outer Perimeter should occur at designated locations as outlined by command.

The movement of patients within the Outer Perimeter should be accomplished through the safest and most available method possible.

On Scene Medical Director may be engaged as needed.