

CASUALTY RECEIVING
STANDARD OPERATING PROCEDURES
500 BED FLEET HOSPITAL

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500 BED FLEET HOSPITAL
STANDARD OPERATING PROCEDURES
CASUALTY RECEIVING

A. **MISSION:** The Casualty Receiving Functional Area is equipped to perform triage and provide emergency care and treatment to patients until more definitive care is available.

B. **FUNCTIONS:**

1. Perform triage.
2. Provide emergency care and treatment.
3. Control patient flow:
 - a. Initiate admission to the fleet hospital.
 - b. Monitor patient admissions to other functional areas.

C. **PHYSICAL DESCRIPTION OF FUNCTIONAL AREA:**

1. Location within the compound.
 - a. Location should be near the front entrance of the fleet hospital and easily assessable to ambulances and buses for receipt of incoming casualties.
2. Sheltering/type/quantity.
 - a. Type: Temper Tent
 - b. Quantity: 14 sections
3. Material/IOL/equipment.

IOL: 0001, CROA, CROC, CROD, CROE

D. **SPECIAL CONSIDERATIONS/HAZARDS:**

1. Space for treatment of patients is limited. Patients should only be held long enough to resuscitate and stabilize before transfer to another functional area. Approximate length of stay should be 30 minutes per patient.

2. Triage occurs outside casualty receiving in a designated area.

3. If possible, x-ray, lab work, etc. should be completed prior to transfer to another functional area. Transfer of patients to other areas of the hospital should not be delayed for pending lab or x-ray results unless the results will decide immediate disposition (i.e. operating room versus ward admission).

4. Casualty receiving will initiate admission on all patients, which includes admitting them into the Composite Healthcare System (CHCS) and initiating all necessary paperwork. An exception to this is when patients are being admitted during peak flow. When peak flow occurs the functional area that receives the patient will initiate admission into CHCS and initiate all necessary paperwork.

5. Anesthesia will be on-call to Casualty Receiving to assist in intubation and ventilation of patients.

6. Casualty Receiving will be responsible for responding to any casualties that occur directly outside the perimeter of the Fleet Hospital compound.

E. **DEPARTMENT ORGANIZATIONAL STRUCTURE:**

Head, Surgical Department

Head, Casualty Receiving

Charge Nurse

Triage Officer

Senior Corpsman

Treatment Teams

Admissions Clerks

F. **JOB DESCRIPTIONS:**

1. Head, Casualty Receiving-

a. Responsibilities:

- Area.
- (1) Set policies and procedures for the Casualty Receiving Functional Area.
 - (2) Orient all personnel assigned to the area.
 - (3) Head a permanent treatment team.
 - (4) Oversee the primary assessment, resuscitative care, secondary assessment, and initial definitive care given by treatment teams.
 - (5) Determine surgical priorities of admission to Casualty Receiving.
 - (6) Communicate with Patient Administration and OR Prep and Hold Functional Area about surgical needs of patients.
 - (7) Approve all communications within and outside of Casualty Receiving.
 - (8) Oversee the orientation and training program for all functional area personnel.
 - (9) Prepare and submit all reports to Patient Administration.
 - (10) Approve all performance evaluations for functional area personnel.

b. Qualifications:

- (1) Designator of 2100/2105.
- (2) Board Certified Emergency Medicine Physician with Subspecialty Code 0051 recommended.
- (3) Advance Trauma Life Support (ATLS) certification.
- (4) Advance Cardiac Life Support (ACLS) certification.

2. Triage Officer

a. Responsibilities:

- (1) Examine all casualties to evaluate the seriousness of their injuries.
- (2) Assign a treatment priority per the Military Triage Classification System. The priority groups are immediate, delayed, minimal and expectant.
- (3) Designate an area outside casualty receiving for triage.
- (4) Notify Head, Casualty Receiving of casualties received so assignments can be made to treatment teams.
- (5) Develop and implement triage protocols for the Fleet Hospital.
- (6) Notify Patient Administration when the Fleet Hospital needs to go to peak flow or return back to steady flow.
- (7) Train other personnel to serve as Triage Officers.
- (8) Perform other duties in Casualty Receiving as assigned.

b. Qualifications:

- (1) Any medical personnel who have experience with triage and who have the following certifications.
- (2) Advanced Trauma Life Support (ATLS) certification.
- (3) Advanced Cardiac Life Support (ACLS) certification.

3. Medical Officer on Treatment Team

a. Responsibilities:

- (1) Serves as team leader on treatment team.
- (2) Performs primary assessment on patient.
- (3) Directs resuscitative measures to be implemented by other team members.
- (4) Performs treatment procedures as necessary per ATLS protocols.
- (5) Trains treatment team members to perform treatment procedures.
- (6) Reviews and sign doctors orders and notes on SF 508.

b. Qualifications:

- (1) Designator of 2100/2105.

(2) Emergency Medicine, Family Practitioner, and/or General Surgery Physicians are recommended.

(3) Advanced Trauma Life Support (ATLS) certification.

(4) Advanced Cardiac Life Support (ACLS) certification.

4. Charge Nurse

a. Responsibilities:

(1) Overall manager of the nursing care of all patients.

(2) Assigns duties to personnel assigned to Casualty Receiving.

(3) Supervises and evaluates individual work performance in regards to patient care, staff relations, and efficiency of service. Prepares formal, written evaluations when required.

(4) Coordinates patient care with other functional areas within the Fleet Hospital.

(5) Promotes staff development through in-service classes and cross training.

(6) Ensures that established policies and procedures are current and available in the functional area standard operating procedures manual.

(7) Participates in patient treatment and care as needed.

(8) Reports all pertinent information to the Head, Casualty Receiving.

(9) Ensures that primary assessment, resuscitative therapy, secondary assessment, and initiation of definitive care steps are done on each patient.

(10) Ensures that all treatment areas are cleaned and set up after each use to maintain a constant state of readiness.

(11) Prepares watch schedules for personnel as directed using the Fleet Hospitals set policy.

(12) Complies with established inventory procedures to account for all medicines and consumables that are maintained in the Casualty Receiving Functional Area.

(13) Assesses, plans, implements, and evaluates patient care in compliance with standards for emergency room nursing procedures.

b. Qualifications:

- 1945.
- (1) Designator of 2900/2905, Emergency Room Nurse Subspecialty Code
 - (2) Advanced Cardiac Life Support (ACLS) certification.
 - (3) Completion of Advanced Trauma Life Support (ATLS) course (C-4).
 - (4) Level IV certification for administering parenteral fluids and blood products.

5. Staff Nurse

a. Responsibilities:

- (1) Performs nursing duties as a member of a treatment team.
- (2) Coordinates the nursing process, assesses, plans, implements, and evaluates nursing care in compliance with emergency room nursing standards of practice.
- (3) Assists and directs new nurses and Hospital Corpsmen in performance of emergency room nursing care.
- (4) Initiates cardio-pulmonary resuscitation and other life support measures as needed.
- (5) Coordinates lab studies, x-rays and other diagnostic tests on patients.
- (6) Gives report to nurses in other functional areas to which the patient is being transferred.
- (7) Locates and operates all emergency equipment in Casualty Receiving.
- (8) Assists with the cleaning and set up of treatment areas.

b. Qualifications:

- (1) Designator of 2900/2905.
- (2) Previous experience in Emergency Room Nursing or Critical Care Nursing is highly recommended.
- (3) Advanced Cardiac Life Support (ACLS) certification.

(4) Completion of Advanced Trauma Life Support (ATLS) course (C-4) is recommended.

(5) Level III certification for administering parenteral fluids and blood products.

(6) Level IV certification to administer bolus IV drugs is recommended.

(7) Completion of medication orientation course.

6. Senior Corpsman

a. Responsibilities:

(1) Directly responsible to the Charge Nurse of Casualty Receiving for the overall performance, military conduct, and appearance of the assigned Hospital Corpsmen.

(2) Assists the Charge Nurse with coordinating daily staffing, teaching, counseling, and general supervision of the assigned enlisted personnel.

(3) Orients new enlisted personnel to Casualty Receiving.

(4) Ensures the chain of command is followed for all requests.

(5) Conducts monthly staff meetings to convey information, discuss problems, contributing to the problem solving process.

(6) Monitors and maintains adequate administrative and patient care supplies.

(7) Monitors the safety and function of all medical equipment. Submits and tracks work requests submitted to Medical Repair.

(8) Monitors the safety and function of all TEMPER equipment (i.e. Bruce lights, HVAC unit). Submits and tracks work submitted to Public Works.

(9) Ensures staff is familiar with the procedures for fire control, air raids, CBR attacks, patients with unexploded ordnance, handling of POWs, etc.

(10) Ensures the proper disposition of contaminated instruments, equipment, and hazardous materials.

(11) Assists junior enlisted personnel with patient care procedures as needed. Serves as a resource to Hospital Corpsmen on treatment teams.

(12) Ensures Casualty Receiving appearance is clean and organized.

(13) Counsels enlisted personnel as needed about work performance including career development.

(14) Maintains good interpersonal relationships with other functional areas and their staff members.

(15) Ensures that all daily logs and records are completed correctly.

(16) Ensures that all personnel receive litter bearer training and that litter teams are assigned as needed.

(17) Ensures that ambulance teams are trained and assigned.

(18) Ensures that all watch bills are prepared and submitted.

(19) Performs other duties as assigned by the Charge Nurse.

b. Qualifications:

(1) Senior enlisted Hospital Corpsmen (E-7 or above preferred).

(2) NEC 8425, Independent Duty Corpsman recommended.

(3) Advanced Cardiac Life Support (ACLS) recommended.

(4) Level II certification to initiate and monitor parenteral IV fluids.

(5) Medication certification.

(6) Suture certification.

7. Staff Corpsman

a. Responsibilities:

(1) Assists the treatment team in giving advanced nursing care in compliance with the standards for emergency nursing practice.

(2) Performs CPR if code is called and quickly locates and operates emergency equipment as required.

(3) Assists in replenishment of supplies.

(4) Cleans and sets up treatment stations to ensure continued readiness.

(5) Assists in orienting new staff corpsmen to area.

(6) Assists in transporting patients to other areas of the Fleet Hospital.

(7) Assigned to ambulance teams as deemed necessary.

b. Qualifications:

(1) NEC 8404.

(2) Previous experience in emergency room or critical area is highly recommended.

(3) Emergency Medical Technician certification.

(4) Pre-Hospital Trauma Life Support (PHTLS) certification is highly recommended.

(5) Level II certification to initiate and monitor parenteral IV fluids.

(6) Medication certification.

(7) Suture certification.

8. Admissions Clerk

a. Responsibilities:

(1) Admits all patients through Casualty Receiving into the Composite Health Care System (CHCS).

(2) Prepares ID bracelets for each admission and secures to patients wrist.

(3) Ensures the receipt of and distribution of pre-assembled admission charts once patient is admitted.

(4) Records patients name and other required information into the patient log.

(5) Notifies Patient Administration Functional Area when a patient is admitted through Casualty Receiving.

(6) Notifies Security about weapons and any POW admissions if not already notified.

(7) Secures baggage and any other valuable belonging to the patient utilizing Patient Administration's guidelines.

(8) Performs other duties as assigned.

b. Qualifications:

(1) Previous experience in patient administration is highly recommended.

(2) CHCS training and/or experience is highly recommended.

G. **WORKLOAD:**

1. Steady State	- 80 admissions/day
Major surgical admissions	- 20
Minor surgical admissions	- 34
Medical admissions	- 26
Total	- 80 admissions
2. Peak State	- 120 admissions/day
Major surgical admissions	- 30
Minor surgical admissions	- 50
Medical admissions	- 40
Total	-120 admissions

H. **TASKS:**

1. **Receive patients:**

- a. Casualty Receiving is fully staffed and equipped to receive patients.
- b. Set up treatment stations in Casualty Receiving.
- c. The Officer of the Day who is located in Patient Administration will notify the Head, Casualty Receiving of incoming patients with the estimated time of arrival, number of patients, and if the ambulance needs to go to the Helicopter Landing Zone to pick up the patients.

2. **Triage patients:**

- a. The Triage Officer will sort and prioritize patients for treatment according to the seriousness of their injury. This will be performed outside Casualty Receiving in a designated area.
- b. The Triage Officer will also determine if the fleet hospital needs to go to peak flow or stay in steady state for the admission of patients.

c. Designation of areas outside of Casualty Receiving for holding patients according to their treatment priority.

d. Keep patients with unexploded ordnance outside Casualty Receiving and handle them per section I.

3. Admission of patients:

a. Casualty receiving is responsible for admitting all patients into the fleet hospital through CHCS. This also includes picking up admission charts from Patient Administration and initiating all admission charts once casualties arrive.

4. Procedures for Peak Flow

a. The Triage Officer will decide if the fleet hospital needs to go into peak flow regarding triage and treatment of patients. If this is necessary use enclosure (1) as a guide to determine what functional area the patients will get admitted through.

5. Litter Bearers

a. Casualty Receiving will be responsible for the assignment and training of all litter bearers.

6. Ambulances

a. Casualty Receiving will be responsible for the manning and equipping of all ambulances.

b. The ambulance crews will be responsible for the pickup of patients at the designating Helicopter Landing Zone and also for the pickup of any type of casualties that occur on the hospital compound.

I. **RESPONSE TO DEPLOYMENT HAZARDS:**

1. FIRE PROCEDURES

- **Initially, attempt to extinguish a fire with a portable fire extinguisher ONLY IF THE FIRE IS CONTAINED.**
- Simultaneously, the Functional Area (FA) needs to IMMEDIATELY contact ADMIN either by phone or runner/messenger. ADMIN WILL SOUND THE ALARM FOR FIRE.
- Smoke boundaries need to be set by the FA staff by dropping the TEMPER liner flaps leading to the FA and vestibules(s). All flaps throughout the hospital need to be dropped to control the possible flow of smoke.

- The FA Leader will decide to evacuate the space if the fire is determined to be out of control.
- All O2 cylinders (on a cart) positioned in each appropriate FA need to be removed when the space is evacuated.
- A FA staff member should be assigned in each area to secure the electrical (C-panel) and HVAC units.
- A muster of all staff and patients within the affected FA needs to be taken immediately and sent to ADMIN by runner.
- The FA Leader needs to wait at the FA access point for the Fire Marshall and Fire Team to arrive in order to report: type of fire, volatile items in the space (O2 cylinders, HAZMAT) and any casualties known to be in the space.
- When assessing the intensity of the fire, the Fire Marshall WILL DECIDE WHETHER OR NOT THE ADJACENT FUNCTIONAL AREA (S) WILL EVACUATE. Therefore, the FA on either side of the area of fire will wait for the word from the Fire Marshall before evacuating.
- Once the fire is out, there will be an inspection of the damaged area by the Fire Marshall, FA Leader and other key personnel.
- The Fire Marshall will give an assessment report to the Commanding Officer describing damages sustained by the FA. Depending on the outcome of the fire, the FA may need to relocate somewhere else until it is fully functional again. The FA Leader needs to await orders from the Command Staff before reentering the FA and returning to duty.

2. CHEMICAL/ BIOLOGICAL ATTACK

- The hospital ADMIN department will notify the hospital compound, via 1MC, if there is a possibility of a biological/chemical attack.
- All areas of the compound must respond appropriately
- Once the alarm has been sounded for biological/chemical attack, **THE INITIAL ACTION TAKEN IS TO DON AND CLEAR YOUR GAS MASK.** Since the fleet hospital is operational, sleeves should always be down. **The donning and clearing of the gas mask should be accomplished in a total of 8 seconds.**
- If a MOPP level is required, the ADMIN department will announce that accordingly and everyone will proceed to MOPP Level 4. **This task must be accomplished within 8 minutes.**
- Once Personal MOPP gear is on, place gas masks on your patients.

- One person from each FA should be assigned to secure the HVAC unit (to prevent gas from entering FA). **DO NOT DROP THE FLAPS IN THE HOSPITAL!** The designated person should NOT reenter the hospital but should proceed to the EOD/Decontamination bunker.
- **A muster of all FA staff and patients needs to be taken immediately and sent to ADMIN.**
- **Drink water!! Hydration, hydration, hydration.**
- The ALL CLEAR will be announced by ADMIN over the 1MC.

3. AIR RAID PROCEDURES

- Once the alarm has been sounded for air attack, **THE INITIAL ACTION TAKEN IS TO EVACUATE ALL FA STAFF AND PATIENTS TO THE BUNKERS.** The entire compound must evacuate to appropriate bunkers including living spaces/GPL's and the COMMZ
- **Conduct an accurate muster of all staff personnel and patients immediately and submit it to the ADMIN bunker.**
- Be sure to bring all gear including canteens since mustering may require everyone to be standing outside for long periods of time.
- It's not necessary to secure C-panel or HVAC during an air raid drill. Evacuate to bunkers ASAP.
- When announced over the 1MC, each FA must send in two junior personnel to search and sweep high, medium and low on both sides of the FA to check for bombs. All other personnel will stay outside in bunkers until area is cleared. The All Clear will be announced over the 1MC.

4. MISCELLANEOUS ITEMS

- Each FA should denote a supply petty officer that is responsible for equipment inventory/high-tech gear checkout. If supplies are needed, submit a request to the student SK's/supply department for issue. The student SK's will request supplies from FHOTC supply if NIS.
- If trouble arises with HVAC or C-panel (electrical power), submit a work request to the student Public Works department. Both the HVAC and C-panel operations remain off-limits to students other than Seabees.

- Rear doors to FA are to be used only as evacuation routes or for patient flow during peak flow ONLY. There are only two ways to enter the hospital...either on foot by the ADMIN temper or through CAS REC via litter.
- Each FA needs to have a logbook or similar system in order to keep track of all staff and patients within the compound. Each time a staff member or patient leaves the FA, he/she must be logged out (time, location) and then logged back in when he/she returns. This will assist with accuracy when conducting musters.

J. PATIENT PROCEDURES FOR HANDLING ENEMY PRISONERS OF WAR

PURPOSE: To detail patient handling procedures for enemy prisoners of war within the fleet hospital.

DEFINITION: Enemy prisoners of war (EPW) – those who require treatment who are prisoners of U.S. or allied combat forces.

EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:

1. Restraints (theater command military police or hospital issue).
2. Others as specified in admission procedures (all forms will be marked with the words “Prisoner of War” or “EPW”).

STEPS:

1. Upon presentation of EPW to functional area, notify Security Department and Patient Admin.
2. Upon admission to Casualty Receiving, Security will be responsible for the following notifications:
 - (a) Theater command military police (MP) headquarters.
 - (b) Executive Officer.
 - (c) Director of Nursing.
 - (d) Director of Administration.
3. Perform essential life saving care.
4. Inform MP that hospital staff will not assume custody of patient, and that MP will retain custody of EPW until relieved by appropriate MP headquarters staff or patient is transferred to EPW holding center (external to hospital).

5. After treatment, have corpsman or litter bearer escort MP and EPW to next functional area charge nurse. A correctly annotated admissions packet will be delivered by hand to the charge nurse.

6. During course of treatment, patient will be guarded by MP and/or restrained until treatment is terminated.

7. Movement to another functional area will be reported to Security.

8. EPW's will be fed either on the ward or in the general mess. If allowed to eat in the general mess, EPW's will be accompanied by MP guards.

RESPONSIBILITY:

CMAA/Security.