

## **CASUALTY COLLECTION POINT (CCP) FIELD TREATMENT SITE**

### **DEFINITION:**

Casualty Collection Point or Field Treatment Site is a location within a jurisdiction that is used for the assembly, triage (sorting), medical stabilization and subsequent evacuation of casualties. It may be used for the receipt of incoming medical resources (doctors, nurses, supplies, etc.) Preferably the site should include or be adjacent to an open area suitable for use as a helicopter pad. The State Emergency Services Authority is now referring to CCPs as Field Treatment Sites rather than Casualty Collection Points.

### **DIRECTION AND GUIDELINES:**

Each hospital is assigned one Field Treatment Site (FTS) and an alternate site. That facility is responsible for opening, staffing, and supplying this point. It is anticipated that prior assessment addressing numbers of professional and paraprofessional personnel available in each area will be done. Volunteer medical personnel will be requested by emergency alert stations to report to the nearest Casualty Collection Point facility when they are able to do so. A recent photo I.D. listing medical training and licensure should be presented. FTS s will be opened by decision of the Health Officer in the event of multi-casualty incident(s) or requests for medical mutual aid from neighboring counties.

FTS s will be established, as necessary on the premises of local hospitals. If no hospital exists in the area, the EMS agency will coordinate with local emergency management agencies to establish a location.

For planning purposes, the following assumptions are made:

1. The flow of casualties is unpredictable depending upon its distance from casualties, success of public information efforts, its accessibility, and the pace of search and rescue operations. It is assumed, for planning purposes, that an influx of 600 casualties per 24-hour period is appropriate.
2. Due to limited availability of transportation, evacuation of casualties from some FTS s may not begin until 72 hours after the disaster occurs.
3. Supplies from outside the disaster area may not reach some FTS s for 12-48 hours after the disaster occurs.
4. Water, power, and other resources will be extremely scarce, limiting the type of medical field treatment feasible at a FTS.
5. You must plan from a worst-case incident involving dam failures, flooding, shaking intensity, liquefaction, etc.

The primary purpose of FTS s is to facilitate the stabilization of casualties for evacuation from the disaster site to a more definitive facility designated by the State. FTS s will be able to provide only the most austere medical field treatment directed primarily to the moderately/severely injured or ill requiring later definitive care and who have a substantial potential of surviving until they are evacuated to the other state

facility or other medical field treatment center. The state facility will operate under the direction of the State Disaster Medical Services Coordinator or his/her designee, and County officials shall be notified of such. The California National Guard will establish two field hospitals at the state facility capable of providing an intermediate level of surgical and medical care. This, however, will probably require a minimum of 48 hours to set up and staff and will contain about 300 beds.

Field Treatment Sites are chosen according to the following criteria:

1. Proximity to hospitals (to allow rapid staffing and delivery of supplies).
2. Proximity to areas which are most likely to have large numbers of casualties.
3. Distribution of locations throughout the jurisdiction.
4. Ease of access for staff, supplies, and casualties.
5. Ease of evacuation (by land when practical, or if necessary, air and water).
6. Capability of utilization of large amounts of open space so that immediate use of buildings is not necessary.
7. Site without competing use (i.e., mass care and shelter areas)
8. Ability to secure the area.

The Field Treatment Sites will be supported by Mobile First Aid Caches and Disaster Medical Assistance Centers. The Mobile First Aid Cache has enough Basic Life Support supplies to meet the needs of 100 patients. Each Disaster Medical Assistance Center has enough Basic Life Support supplies to treat up to 200 people.