

Mobile Medical Unit (MMU) Mission Types

1. Discretionary Deployments

The MMU is available for non-emergent deployments consistent with the Deployment Policy of the MMU Operations and Oversight group (MMU-OOG). The Operations and Oversight Group is responsible for approving all discretionary deployments of the MMU. Deployment of the MMU for non-emergent clinical support events must provide opportunities for mobile field medical team training and development; it is not the intent of Minnesota Department of Health (MDH) or the Operations and Oversight Group (OOG) to supplant existing providers of first aid, EMS, or other urgent or emergent healthcare services. The MMU is not available for deployment solely for the purpose of providing an advanced mobile medical clinic.

1. A. Education and Training

The MMU may be requested for informational, educational, or training purposes. **The requesting agency is responsible for providing clinical staffing for training within the unit and workers compensation and liability coverage if the deployment does not utilize volunteers pursuant to Minnesota Statutes 2009 145A.06 Subd. 7 and 176.011, Subd. 9 and deemed employees of the state for purposes of workers' compensation and tort claim defense and indemnification.**

Only the Administrative Team and Technical Operations Team (TOT) and Core Clinical Response Team personnel, if appropriate, will be activated to deploy the unit. Examples might be a CALS course, ACLS course, ATLS course, and PALS course, or other training hosted or supported by the regional Healthcare System Preparedness Program. MDH and the OOG will determine the cost to the requesting agency for the deployment.

1. B. First Aid

The MMU may be requested to function as a first aid station for the purpose of mobile field medical team training and development within the MMU clinical environment. **The requesting agency is responsible for providing clinical staffing for this type of request consistent with 1.A.** MDH and OOG will determine the cost to the requesting agency for the deployment. The requesting agency must demonstrate how the deployment will facilitate the achievement of regional Healthcare System Preparedness Program goals and objectives for the use of mobile assets and development of mobile field medical teams within or to support the region.

The MMU may be staffed with paramedics, registered nurses (RN), and possibly a physician or physician assistant (PA). Services could include basic first aid treatments, over-the-counter (OTC) medications, band-aids, and possibly IV fluids. The requesting jurisdiction or agency will provide the level of staffing and capability they desire within the MMU in consultation with the medical director for the MMU. No Lab, X-ray, or Pharmacy will be provided. Treatments could include:

- Temperature assessment
- Automatic External Defibrillator (AED)
- Vital signs
- Blood glucose check
- Oral glucose solution
- Band-aids or bandages
- Temporary Splints
- Ace wraps
- Ice
- OTC Meds

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- Nebulizers
- IV fluids (possibly)
- Water or re-hydrating fluids
- Initial cooling or warming of athletes

EMS will be requested and transport more serious patients requiring testing or treatment not available within MMU.

Consideration of the inclusion of urgent care or stabilization procedures or capabilities for a deployment prior to patient transport by EMS may be considered in the deployment planning process on a case by case event basis as determined and agreed to by the MMU medical director and OOG.

2. Disaster and Emergency Response Deployments

Local jurisdictions may request an MMU deployment through the State Duty Officer for mission types and incidents that significantly disrupt primary emergency healthcare services, or may result in a surge of patients beyond the capacity of the primary healthcare provider that is expected to continue for more than two days.

Mobile Field Medical Teams (MFMT) developed by Regional Healthcare System Preparedness Programs could provide the primary staffing for these types of requests. Additional staffing would be requested through a state-level request for healthcare volunteers through the Minnesota Responds Medical Reserve Corps.

When jurisdictions request an MMU deployment for a disaster or other emergency, they will be asked to identify a suitable and secure location that can accommodate the MMU setup that includes an adjacent facility that can be used for triage, staff use, equipment, or additional service provision that supports the MMU response.

2. A. Urgent Care

The level of care to be provided in this deployment is typical of an urgent care or clinic setting. The MMU would be staffed with physicians, PAs, RNs and paramedics. Lab, Pharmacy, and X-ray services may be necessary if not available in the community. The requesting agency with guidance from MDH, OOG and MMU medical director would determine level of staffing and need to include auxiliary services. The MMU would not be expected to receive ambulance transports. Typical services would include the full capabilities of a First Aid Station plus:

- Carbon Monoxide (CO) capnography (Masimo)
- Evaluation for simple medical problems (cough, sore throat, fever, UTI, sprains and strains, pink eye, rash, etc.)
- Evaluation for minor orthopedic injuries
- Prescriptions for antibiotics, pain meds, and other
- Suture wound repair
- IV fluids

EMS will be requested to transport more serious patients requiring testing or treatment not available within MMU to definitive care.

2. B. Urgent Care and Emergency Care

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The level of care in this MMU deployment response would require full capabilities of the unit's ability to stabilize and treat critically ill and/or injured patients before transferring or discharging. The unit would be fully staffed with physicians, physician assistants, registered nurses, paramedics, and other medical support staff. Lab, X-ray and pharmacy would all be required, but could be setup in adjacent facility areas. This unit could be set up to receive ambulance patients depending on mission need. This mission would have the full capabilities of Urgent Care plus:

- EKG
- Rapid Sequence Intubation (RSI)
- Chest Tubes
- Ultrasound – EFAST (Expanded Focused Application of Sonography in Trauma)
- Ventilator
- Chest tubes with auto-transfusion capability
- Supra-pubic catheters
- Central Lines
- EZ IO Intraosseous Infusion system
- ACLS drugs, cardioversion, external pacing
- Surgical airway if needed

Hospital or Alternate Care Site Augmentation

The MMU may act in support of a hospital or alternate care site that is experiencing sustained patient volume and severity of injury or disease which cannot be met with existing medical resources. The scope of clinical services and mix of clinical personnel will be determined by the specific mission requirements consistent with 2.B.

3. Staffing Based on Mission Type

The following staffing guides are for 12 hours of operation. Staffing flexibility is critical and dependent on the requirements of the mission and clinical staff availability. Factors to consider are anticipated volumes and acuities of patients and whether all care will be provided within the MMU or co-located with an alternate care facility. The MMU MDH administrative leader will consult with the MMU medical director and the requesting agency medical operations staff to determine final staffing needs and resource requirements.

3. A. Educational

- 3-4 Technical Operation Team (TOT) members to set up equipment maintain the trailer and provide information on design, technology, operating systems, the use of the trailer and equipment, site and set up requirements, re-supply, back up and restocking needs
- 1-2 Core Clinical Response Team (CCRT) members to orient and provide “just in time” training and technical information to clinical personnel on the operation and location of MMU clinical equipment and supplies, clinical mission and staffing requirements and how responsibilities are transferred to the clinical team
- 1 MMU Administrative Mission Lead
- 1 Safety Officer (Function may be temporarily be assigned to another team member)

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3. B. First Aid

- 3-4 TOT members to set up the trailer and equipment, maintain the trailer and restock supplies
- 1-2 CCRT members to orient and provide “just in time” clinical team training
- 1 Emergency Medicine or Primary Care Physician, Physician Assistant (PA), or Nurse Practitioner (NP)
- 1 Emergency Medicine/Critical Care Registered Nurse (RN) or Primary Care RN or LPN
- 2-3 Paramedics
- 1-2 Emergency Medical Technicians (EMTs)
- 1 Administrative Mission Lead
- 1 Safety Officer

3. C. Urgent Care

- 3-4 TOT members to set up the trailer and equipment, maintain the trailer, and restock supplies
- 1-2 CCRT members to orient and provide “just in time” clinical team training
- 1-2 Board Certified Emergency Medicine or Primary Care Physicians clinically active in patient care (see Emergency Medicine and Primary Care Physician definitions)
- 1-2 Emergency Medicine or Primary Care PAs, or NPs
- 3-4 Emergency Medicine/Critical Care RNs or Primary Care RNs or LPNs
- 1-2 Paramedics / EMTs
- 1 Laboratorian
- 1 X-ray technologist specifically trained on the MMU X-Ray
- 1 Pharmacist or Pharmacy tech (at discretion of pharmacist)
- 1 Administrative Mission Lead (could be I.T. person also)
- 1 Safety Officer

3. D. Emergency or Critical Care

- 3-4 TOT members to set up the trailer and equipment, maintain the trailer, and restock supplies
- 1-2 CCRT members to orient and provide “just in time” clinical team training
- 2-3 Emergency Medicine Physicians (see Emergency Medicine Physician definition)
- 1-2 Emergency Medicine PA or NPs
- 4 Emergency Medicine/Critical Care RNs
- 2-4 Paramedics / EMT's
- 1 Laboratorian
- 1 X-ray technologist specifically trained on the MMU x-ray machine
- 1 Pharmacist

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- 1 Pharmacy tech (at discretion of pharmacist)
- 1-2 Administrative Mission Lead (could be I.T. person also)
- 1 Safety Officer

MMU Staff Credentialing and Capability Expectations

Credentialing as used in this document is defining the desired minimum level of training and experience for each position (please see separate job descriptions for each position as well).

Physical Requirements (THESE APPLY TO EVERY OCCUPATION)

- Persons deploying with the MMU may be required to sign a certificate of medical fitness attesting that the individual is able to function under field conditions, which may include some or all of the following:
 - 12-hour shifts in austere conditions (possibly no showers, housing in tents, portable toilets)
 - Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, wet or snow/ice environments)
 - Long periods of standing
 - No requirement for medications that require refrigeration or electrical power
 - No physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of patients and/or equipment and supplies
 - Immunizations: Refer to immunization recommendations for emergency responders by Centers for Disease Control and Prevention, including: Td toxoid or Tdap. Receipt of primary series and booster within the past 10 years. Completion of Hepatitis B vaccination series OR completion of a waiver of liability
- The Minnesota Department of Health (MDH) or other OOG members will make every effort to identify (and mitigate if reasonably possible) environmental hazards or conditions associated with the response; the emergency situation or conditions may not allow this or be under control of the MDH or OOG.

Emergency Medicine Physician

Required:

- Current Minnesota license to practice medicine and DEA number
- Board Certified in Emergency Medicine or Family Practice with extensive current emergency department practice experience or Internal Medicine with extensive current emergency department practice experience
- ACLS if not Emergency Medicine board certified
- CALS or ATLS if not Emergency Medicine board certified
- Experienced and comfortable working with airway management (including RSI)
- Experienced and comfortable with Emergency Department Ultrasound use (EFAST, etc)
- Recommended training completed: PALS, ICS-100, ICS-200, ICS-700, ICS-800

Primary Care Physician

Required:

- Current Minnesota license to practice medicine and DEA number
- Board Certified in Family Practice, Internal Medicine, Emergency Medicine, or possibly Pediatrics depending on mission. Should be clinically active, working at least ½ time on patient care
- Valid MN medical license and DEA number

Recommend training completed: ACLS, CALS, ATLS, PALS, ICS-100, ICS-200, ICS-700, and ICS-800

Emergency Medicine Physician Assistant or Nurse Practitioner

Required:

- Current Minnesota license to practice medicine and DEA number
- Actively working primarily in the Emergency Department.
- Capable of seeing adult and pediatric patients
- ACLS, CALS or ATLS.
- Comfortable with airway management (including RSI).

Recommend training completed: PALS, ICS-100, ICS-200, ICS-700, and ICS-800

Primary Care Nurse Practitioner or Physician Assistant

Required:

- Current Minnesota license to practice and DEA number
- Comfortable treating adult and pediatric patients

Recommend training completed: ACLS, CALS, ATLS, PALS, ICS-100, ICS-200, ICS-700, and ICS-800

Respiratory Therapist

Required:

- Current Minnesota Registered Respiratory Therapist certification
- Actively working in hospital setting and comfortable with managing ventilators specific to the MMU
- RRT certification
- ACLS
- Recommend training completed: CALS, ATLS, PALS, ICS-100, ICS-200, ICS-700, and ICS-800

Emergency Care/Critical Care RN

Required:

- Current Minnesota registered nurse license

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- Actively working in the Emergency Department, CCU/ICU, or Helicopter Emergency Medical Service
- ACLS, CALS or TNCC
- Comfortable caring for critically ill or injured patients
- Comfortable with ventilator management
- Comfortable starting IV's, including IV pumps and doing EKG's
- Recommend training completed: PALS, CEN, CCRN or similar trauma training
- ICS-100, ICS-200, ICS-700, and ICS 800

Primary Care RN / LPN

Required:

- Current Minnesota licensed practical nurse
- Actively working in clinic, hospital or similar environment
- Comfortable starting IVs and doing EKGs

Recommend training completed: ACLS, ICS-100, ICS-200, ICS-700, and ICS-800

Paramedic

Required:

- Current Minnesota paramedic certification
- ACLS

Recommend training completed: PALS, ICS-100, ICS-200, ICS-700, ICS-800

Pharmacist

Required

- Current Minnesota pharmacist license
- Actively working as a pharmacist in a hospital or outpatient setting
- Comfortable mixing drip medications
- Comfortable with formula substitutions
- Recommend: Hepatitis B Vaccination Series or completion of a waiver of liability
- Recommend training completed: PALS, ICS-100, ICS-200, ICS-700, ICS-800

Pharmacy Tech

Required

- Current Minnesota pharmacy technician license
- Actively working in hospital or outpatient setting
- Recommend: Hepatitis B Vaccination Series or completion of a waiver of liability.
- Recommend training completed: PALS, ICS-100, ICS-200, ICS-700, ICS-800

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