Mass Casualty Incident

Plan

March 2025





Record of Change

Review Date:

1/01/2025

**MCI Level**

Disasters and Mass Casualty Incidents can be designated in the following manners depending on the surviving victims present on scene.

**Multi-Patient Incident –** Incidents with fewer than five (5) surviving victims.  **Typically managed within typical day-to-day operations**.

**Level 1** - Mass Casualty incident resulting in more than 10 surviving victims.

**Suggested Resource Allocation: 5 Ambulances**  -

**Level 2** - Mass Casualty incident resulting in more than 25 surviving victims.

**Suggested Resource Allocation: 10 Ambulances**

**Level 3** - Mass Casualty incident resulting in more than 50 surviving victims.

**Suggested Resource Allocation: 15 Ambulances**

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PEMA Notification

**Level 4** -Mass Casualty incident resulting in a number 100 surviving victims that could necessitate an inter-region response and/or activation of an additional disaster plan or additional resources.

**Suggested Resource Allocation:  20 Ambulances and Out of Region Strike Team Notification**

**Suggested Resources follow local response plan that is already in place.**

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**Purpose and Goal**

The Southern Alleghenies/Seven Mountains EMS Council Mass Casualty Incident (MCI) Plan is designed to be a useful source of information in a compact, useable format for mass casualty field operations. These guidelines are not intended to replace any established county, municipal, or local emergency response plan. Rather, they are intended to serve as a reference tool for the emergency provider while performing duties in the field. The goal is to reduce morbidity and mortality and permanent disability through the delivery of critical manpower and material resources to the disaster-impacted area efficiently. *This guideline is not a substitute for education in mass casualty incidents, or the National Incident Management System (NIMS) and the Incident Command System (ICS).*

**Scope and Objectives**

The MCI Plan is designed to assist emergency response providers in properly organizing, controlling, and documenting resources during a disaster. The Southern Alleghenies / Seven Mountains EMS Council has developed this resource based on the concept of the National Incident Management System and Triage System, to serve as a basic framework for roles and responsibilities for emergency medical service (EMS) responders during a disaster.

It is highly recommended that all EMS practitioners take the NIMS ICS for EMS course and other appropriate NIMS related courses which are readily available. The Southern Alleghenies EMS Council can assist you in identifying those courses by contacting the Council office or going to our website at www.saems.com.

**Function Overview**

A loss of property, a loss of human life, a large number of injuries ranging from minor to life threatening, separation of family members and an overall disturbance of routine operating procedures characterize MCI’s. The treatment and/or stabilization, extrication, transportation of the injured to appropriate medical facilities, rehabilitation of responding personnel, recognition and/or institution of the Critical Incident Stress Management (CISM) team, requesting county animal response team, restoring and maintaining order and identifying the dead are common among the varied responsibilities which may be unexpectedly thrust upon emergency response organizations.

MCI’s can occur in varying degrees, at any time, and in practically any conceivable situation. The potential categories for MCI’s may include, but are not limited to:

|  |  |
| --- | --- |
| Major vehicular accidents with multiple victims | Fires |
| Transportation Accidents (Aircraft, Train, Bus) | Nuclear |
| Mining or Construction Accidents | Chemical |
| Environmental Disasters | Biological / Epidemic |
| Human-made Disasters | Explosives |
| Industrial Accidents | Radiological |
| Building Collapses | Incendiary Devices |

The response to a MCI must be scalable to deal with any potential number of victims or incident sites and flexible to manage any variety of on-scene challenges. First and foremost, scene safety and a clear chain-of-command will be established prior to commencing any on-scene operations. On-scene hazards will be mitigated, and rescue and decontamination operations will be conducted, as deemed necessary. Casualties will be triaged, treated, and then transported to the closest, most appropriate hospital to receive further evaluation and definitive care.

The total system of MCI response consists of many agencies working together on-scene with common objectives to provide a continuous chain of patient care. The management of the overall response begins on-scene and may transition to the Emergency Operations Center (EOC) if the need to coordinate and support operations progresses. This plan divides the response into the following four management strategies: notification, establishing command and control, response operations, and hospital surge. These strategies outline the processes for activating agencies’ response, implementing surge capacity, managing resources, and coordinating MCI operations.

MCI’s present diverse and unique problems requiring a prompt and organized response. In order to identify the roles and responsibilities of emergency response personnel a concept of operations plan must exist.

These are only guidelines based on current “best practice”. Providers have the flexibility to modify and/or alter procedures as needed based on the specific incident encountered.

**Legal Authorities**

a. Federal:

i. Robert T. Stafford Disaster Relief and Emergency Assistance Act 42 of 1988 U.S.C.

5121 et seq.

ii. The Federal Response Plan (for Public Health Law 93-288, as amended) April 1992.

iii. P.L. 93-288, The Disaster Relief Act of 1974; 88 Stat. 143-164, as amended.

b. State:

The Bureau of EMS has the authority to maintain and coordinate a program for planning, developing, maintaining, expanding, improving, and upgrading EMS systems within the Commonwealth.

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**Roles and Responsibilities**

**1. Local Municipality / County**

Local / County emergency operations are discussed in detail in the Pennsylvania State Emergency Operations Plan. Support functions could include resource management, communication and dispatch, coordination of unmet needs requests.

**2. Regional**

This regional guideline describes the collaboration of Southern Alleghenies EMS Council counties and supporting agencies in planning, interoperable communications, management of a mass casualty incident, ensuring continuity of operations, fostering information sharing (to include emergency public information), and enabling coordination of activities before, during, and after any incident.

**3. State**

Departments and agencies within the Commonwealth will conduct emergency operations in accordance with direction and guidance published in the Basic Plan of Pennsylvania State Emergency Operations Plan. Specific responsibilities in response to a mass casualty-producing incident are identified in these Disaster Operating Guidelines.

**4. Federal**

The Department of Health and Human Services (HHS) is the principal Federal Agency for protecting the health of all Americans. State response operations will interface with Federal response assets through a liaison between the State Department of Health and the Centers for Disease Control and Prevention as well as with the Federal Emergency Management Agency. Liaison between the State Emergency Operations Center (SEOC) and the Department of Homeland Security (DHS) will provide access to additional federal health and medical assets.

**National Incident Management System (NIMS)**

The Southern Alleghenies EMS Council Region follows the National Incident Management System and therefore NIMS will be used to manage all incidents of events in the region. As defined in NIMS, the Incident Command System (ICS) will be used for all hazard-incident management.

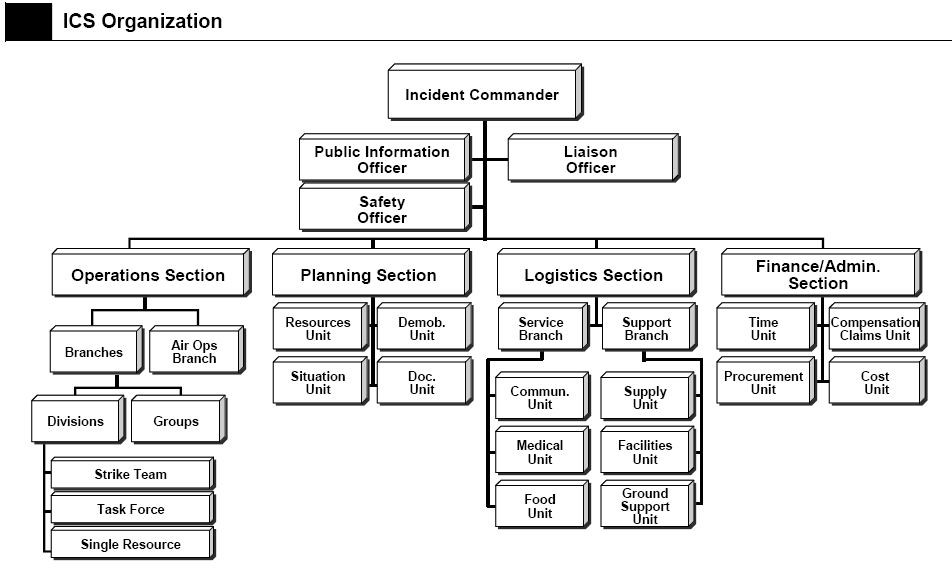
The National Incident Management System (NIMS) is a systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work together seamlessly and manage incidents involving all threats and hazards - regardless of cause, size, location, or complexity – in order to reduce loss of life, property, and harm to the environment. The NIMS is the essential foundation to the National Preparedness System (NPS) and provides the template for the management of incidents and operations in support of all five national planning frameworks.

While these guidelines do not supplant or dictate local department operations, the MCI Plan strongly encourage all agencies to follow consistent procedures. The more a system can be used on routine operations, the easier it will be to use on complex MCIs. The ICS is designed to allow even the smallest department to expand the command structure using mutual-aid resources. All agencies should follow NIMS for all responses.

**EMS OPERATIONS STRUCTURE**

**Within the**

**Incident Command System**



**Sequence of Events at an MCI**

***The primary concern of all emergency response operations must be to save as many lives as possible with the resources which are available.***

In incidents such as floods, hurricanes and tornadoes, rescue and evacuation operations may begin before the natural disaster actually strikes. These actions will occur by agencies being alerted to bring their immediate manpower needs up to operational levels.

• Activation of an emergency response plan, to include early warning, notification and preparation for potential disaster, which may involve multiple patients.

• Local response system implemented. First arriving police, fire and EMS units activate the Incident Command System. This includes the following:

1. A **single** Incident Command Post (ICP) should be established and its location transmitted to responding emergency service units by their communications center before their arrival at the scene. Incident Commander is established.

2. The ICP is a joint effort between the Incident Commander (or Unified Command if established), Command and General Staff personnel represented at the scene. Therefore, key officials and stakeholders (i.e., Fire, Police, EMS, Governmental Officials, EMA Officials, Federal Officials, Building Owners, etc.) should be directed to the ICP upon their arrival at the scene.

3. The ICP should be identified by the display of a GREEN means of identification that is visible from all sides of the stationary ICP, so that it is easily identified at the scene. For example, a green Incident Command Post sign, flag or light might be used to make this designation.

• First EMS personnel at the scene perform a primary scene size-up of the incident scene and establish the EMS Branch Director.

• Initial Triage consists of a preliminary ‘walk through’ by the Triage Unit Leader and first arriving emergency care personnel so that an approximate patient count can be determined, and patients tagged according to the apparent severity of their injuries. The Triage Unit Leader must quickly present a report on the patient count and approximate number of patients in each category to the EMS Branch Director.

Initiation of critical life-saving treatment techniques during the rapid initial survey performed by the personnel assigned to triage. For example, opening an airway or control of severe bleeding.

• Notification of EXTENT and NUMBER OF CASUALTIES to the communications center by the EMS Branch Director. The Communications center then notifies all agencies involved.

1. Communication Centers will activate local response plans and Communications Protocols as needed

• Casualty Collection Points (CCP) established in well-marked areas by the Treatment Leader.

• Patients arranged by priority at CCP/Treatment Area.

• Incoming emergency units report to designated Vehicle Staging Area, and the highest trained personnel report to Treatment Group Supervisor with requested appropriate supplies/equipment. The driver and the stretcher must remain with the vehicle, awaiting further assignment

• Patient treatment implemented by BLS and ALS practitioners at CCP / Treatment Area.

• Patients shall be transported in priority sequence, if possible, to designated hospitals as assigned by Transportation Group Supervisor. In a Mass Casualty Incident, ***several patients SHOULD be transported in each vehicle in order to maximize the transportation resources that are available.*** EMS units should not be allowed to leave the incident scene with only one patient on board.

• Consider demobilization of resources

• Establish post-incident equipment collection site.

• Equipment and supplies returned to agencies involved.

• Critical Incident Stress Management (CISM) Support should be considered for personnel. Communication centers will notify the on-call CISM designee as soon as details of the MCI are known so they can assemble the team for possible response

A hot-wash should be conducted prior to demobilization.

• Reports and records assembled by EMS Branch Director

• Post-incident analysis of MCI operations should be conducted by all agencies involved, shortly after the incident.

• Review and update of plan based on after action report (AAR).

**TRIAGE**

Southern Alleghenies / Seven Mountains EMS Councils have adopted the **S**imple **T**riage and **R**apid **T**reatment (START) which allows for prompt initial rapid identification and classification of patients. This system allows for uniformity throughout the Southern Alleghenies EMS Region.

The **initial triage** is a walk through by the Triage Unit Leader and is performed so that an approximate patient count can be determined. “Tagging” of patients according to the

apparent severity of their injuries may also begin at this point if an adequate amount of

personnel are available to do so. During initial triage, only care that would correct

immediate life-threatening problems, e.g. severe bleeding, airway problems, should be

performed.

On extremely large incidents, such as those involving large or multiple buildings, it may

be necessary to have several separate triage areas, e.g., 1st floor triage, 4th floor triage, east side triage, etc. The Triage Leader should assign multiple triage/tagging teams for such incidents. As a general rule of thumb, one team per floor or one team per area of an incident should be utilized for these large incidents.

All patients will be initially triaged and tagged according to START Triage and tagged with a triage tag or other identifier to indicate that they have been assessed and triaged.

**Green Tag - Minor**

Minor injuries which are not life threatening; status is unlikely to deteriorate over days; may be able to assist in their own care. These people are often categorized as ‘walking wounded’.

**Yellow Tag – Delayed**

Serious and potentially life-threatening injuries but status is not expected to deteriorate significantly over several hours; transportation can be delayed.

**Red Tag – Immediate**

Serious injuries that can be helped by immediate intervention and transport; requires medical attention within minutes for survival (up to 60 minutes); includes compromises to patient’s Airway, Breathing, and Circulation; injured co-workers and patients with uncontrolled emotional disorders are also placed in this category.

**White Tag – Uninjured**

An area adjacent to the disaster site should be established for those “patients” that have been involved in a disaster but have sustained no injuries. Non-injured individuals that subsequently complain of injuries may be re-triaged and moved to the appropriate Patient Treatment Area.

**Black Tag – Expectant**

Victim is unlikely to survive given the severity of injuries, level of available care, or both; palliative care and pain relief should be provided.

**Trauma / Burns / Pediatric Centers**

AHN Allegheny General Hospital Level I Pittsburg

AHN Forbes Level II Monroeville

Children’s Hospital of Philadelphia Level I Philadelphia

Conemaugh Memorial Medical Center Level I Johnstown

Crozer-Chester Medical Center Level II Upland

Geisinger Community Medical Center Level II Scranton

Geisinger Janet Weis Children’s Hospital Level II Danville

Geisinger Medical Center Level I Danville

Geisinger Wyoming Valley Med Center Level I Wilkes-Barre

Grand View Health Level II Sellersville

Guthrie Robert Packer Hospital Level I Sayre

Jefferson Abington Hospital Level II Abington

Jefferson Einstein Hospital Level I Philadelphia

Jefferson Torresdale Hospital Level II Philadelphia

Lankenau Medical Center Level II Wynnewood

Lehigh Valley Hospital – Cedar Crest Level I Allentown

Lehigh Valley Hospital – Muhlenberg Level II Bethlehem

Lehigh Valley Hospital – Pocono Level III East Stroudsburg

Lehigh Valley Reilly Children’s Hospital Level II Allentown

Paoli Hospital Level II Paoli

Penn Highlands DuBois Level II DuBois

Penn Medicine Lancaster General Level I Lancaster

Penn Presbyterian Medical Center Level I Philadelphia

Penn State Holy Spirit Medical Center Level II Camp Hill

Penn State Hershey Medical Center Level I Hershey

Penn State Children’s Hospital Level I Hershey

Reading Hospital Level I Reading

St, Christopher’s Children’s Hospital Level I Philadelphia

St. Likes Hospital Level II Easton

St. Luke’s University Hospital Level I Bethlehem

St. Mary Medical Center Level II Langhorne

Temple University Hospital Level I Philadelphia

Thomas Jefferson University Hospital Level I Philadelphia

UPMC Altoona Level III Altoona

UPMC Children’s Hospital of Pittsburg Level I Pittsburg

UPMC Hamot Level II Erie

UPMS Mercy Level I Pittsburg

UPMC Presbyterian Level I Pittsburg

UPMC Williamsport Level II Williamsport

York Hospital Level I York

**Key Areas within the Incident**

a. Equipment Stockpile Area

i. Used for rapid deployment of equipment.

ii. Essential in expediting the treatment and transport of victims.

iii. The Transportation Supervisor/ Unit Leader will specify to incoming units what specific items are needed and where the Equipment Stockpile area is located.

iv. Should have an assigned person to organize and manage the area. This individual is titled the Equipment Stockpile Manager.

b. Casualty Collection Area

i. Temporary place of shelter and “processing” of patients until transported to hospital facility – must be large enough to provide adequate space based on the number of patients involved and/or expected.

ii. Employs ‘color-coded’ patient priority sections for quick identification of patient care and needs. This can be accomplished by:

1. Colored flags or colored traffic cones.

2. Colored floor-wash style signs OR white signs with reflective numbers.

3. Color-coded cyalume light-sticks. (30 minute high intensity sticks work best).

4. Color-coded salvage covers or canopies. These offer a dry protected area to place and treat victims and are one of the best means of visually separating patient treatment areas.

iii. Creates a “Cattle Chute” to easily group and control the income of patients. They force personnel to travel where you want them. Difficult to “sneak through” the system if established and utilized early in the incident.

iv. Consider locations of Vehicle Staging, Patient Treatment and Patient Transportation locations to ensure optimal People, equipment and vehicle movements

c. Vehicle Staging

i. Should not be “too close” to the incident.

ii. Staging Area Manager communicates with Communications Center to alert incoming units about blocked access routes and offer alternative routes.

iii. Non-essential apparatus are staged to prevent blocking access to in-coming or essential on-scene units.

iv. Position vehicles so they never need to back up.

v. Identify to drivers that there are “secured” entry and exit routes, so they feel confident of their destination and assured that they will not be “trapped”.

vi. Use vehicle numbering to allow on-scene personnel to identify the units from all sides and from a distance.

vii. Instruct drivers to remain with their unit for easy and quick response to patient collection area.

viii. Most appropriate method for staging and deployment of units should be utilized (see Appendix X).

**First Responder – [First On Scene]**

**Job Action Sheet**

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The first trained personnel to arrive on scene at all Mass Casualty Incidents regardless of jurisdiction, extent, or type of disaster shall have initial command and control authority. You should ensure the following is completed:

**Safety Assessment**: Assess the scene, observing for:

* Electrical hazards
* Flammable liquids
* Chemical, Biological, Radiological, Nuclear, or Explosive (CBRNE)
* Other life-threatening situations

**Scene Size-Up**: Survey Incident Scene for:

* Type, nature and cause of incident
* Approximate number of casualties
* Severity level of injuries (major or minor)
* Area involved, including problems with scene access

**Contact the 9-1-1 Communications Center**: Send the following information:

* You are in command and there is an MCI
* Declare number of patients and MCI level
* Size-up information (as defined above)
* Give exact location of the preliminary command post
* Request additional resources
  + 911 Center will notify area Hospitals and check on capacity levels

**Set up the scene for management of the casualties**:

* Establish a Casualty Collection Point (CCP)
* Establish staging (if required)
* Identify access and egress routes
* Establish hazard control zones (as appropriate)
* Identify adequate work areas for triage, treatment, and transport
* Initiate Triage System
* Contact 9-1-1 Communications Center with additional information
* Decontamination

**Incident Command / Unified Command**

**Job Action Sheet**

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The Incident Commander or Unified Command is the individual or group responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources. The Incident Commander has overall authority and responsibility for conducting incident operations and is responsible for the management of all incidents at the incident site.

**Location:** Incident Command Post

**Duties shall include:**

* Have clear authority and know agency policy
* Ensure incident safety
* Establish the Incident Command Post (ICP)
* Set priorities and determine incident objectives and strategies to be followed
* Develop a scalable incident command system to fit the needs of the situation
* Establish ICS organization needed to manage the incident
* Approve the Incident Action Plan (IAP)
* Coordinate Command and General Staff activities
* Approve resource requests and use of volunteers and auxiliary personnel
* Order demobilization as needed
* Ensure after-action reports are completed
* Authorize information release to the media
* Complete Incident Briefing (ICS 201)
* Complete Incident Objectives (ICS 202)

**Transfer of Command**

The process of moving the responsibility of the incident command from one Incident Commander to another is called ‘transfer of command’. It should be recognized that transition of command on an expanding incident is to be expected. It does not reflect on the competency of the current Incident Commander.

There are five important steps in effectively assuming command of an incident in progress.

**Step 1**: The incoming Incident Command should, if at all possible, personally perform an assessment of the incident situation with the existing Incident Commander.

**Step 2**: The incoming Incident Commander must be adequately briefed.

This briefing must be by the current Incident Commander and take place face-to-face if possible.

**This briefing must cover the following:**

* Incident history (what has happened)
* Priorities and Objectives
* Current status
* Resource assignments
* Incident organization
* Delegation of Authority
* Resources ordered / needed
* Facilities established
* Status of communications
* Any constraints or limitations
* Incident potential

The ICS Form 201 is especially designed to assist in incident briefings. It should be used whenever possible because it provides a written record of the incident as of the time prepared. The form contains:

* Incident objectives
* A place for a sketch map
* Summary of current actions
* Organizational framework
* Resources summary

**Step 3**: After the incident briefing, the incoming Incident Command should determine an appropriate time for transfer of command.

**Step 4:** At the appropriate time, notice of a change in incident command should be made to

* Agency headquarters (through dispatch)
* Command Staff members (if designated)
* General Staff members (if designated)
* All incident personnel

**Step 5**: The incoming Incident Commander may give the previous Incident Commander another assignment on the incident. There are several advantages of this with one of them being that the initial Incident Command retains first-hand knowledge at the incident site.

This strategy allows the initial Incident Commander to observe the progress of the incident and to gain experience.

**Safety Officer**

**Checklist Worksheet**

**Role:** The Safety Officer monitors incident operations and advises Incident Command on all matters relating to operational safety, including the health and safety of emergency personnel operating the scene

**Recommended Equipment:**

* Appropriate vest
* Clipboard
* Highlighter
* Personal Protective Equipment
* Flashlight
* ICS Form 215a
* Radio
* Paper
* Telephone
* Pencils / pens

Duties shall include:

* Monitor incident operations and advise Incident Command on all matter relating to operational safety, including the health and safety of emergency response personnel
* Develop the Incident Safety Plan – the set of systems and procedures necessary to ensure ongoing assessment of hazardous environments, coordination of multi-agency safety efforts, and implementation of measures to promote emergency management / incident personnel safety, as well as the general safety of incident operations
* Authority to stop and / or prevent unsafe acts during incident operations
* The Safety Officer, Operations Section Chief, Planning Section Chief, and Logistics Section Chief must coordinate closely regarding operational safety and emergency health and safety issues
* Ensure the coordination of safety management functions and issues across jurisdictions, across functional agencies, and with NGOs and the private sector
* Some types of incidents, such as hazardous material incidents, require Assistant Safety Officers to have special skill sets. The Assistant Safety Officer position described below are examples of such positions.

* The Assistant Safety Officer for hazardous materials would be assigned to carry out the function outlined in 29 CFR 1910.120 (Hazardous Waste Operations and Emergency Response). This person should have the required knowledge, skills, and abilities to provide oversight for specific hazardous material operations at the field level
* The Assistant Safety Officer for fire would be assigned to assist the Branch Director providing oversight for specific fire operations. This person would have the required knowledge, skills, and abilities to provide this function
* The Assistant Safety Officer for food would be assigned to the Food Unit to provide oversight of food handling and distribution. This person would have the required knowledge, skills, and abilities to provide this function. An example would be a food specialist from a local health department

**EMS Branch Director**

**Job Action Sheet**

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Role: The EMS Branch Director is responsible for coordinating EMS operations. This role is normally assumed immediately by the senior or highest-trained medical responder on the first arriving EMS unit, pending designation by the Incident Commander. This individual should be located at the incident command post and coordinates EMS activities with the Incident Commander.

Location: Incident Command Post with Operations Chief

Duties shall include:

* Establishing and identifying a location for the incident command post ***if this has not already been accomplished by other emergency personnel.*** The location of such a command post must be transmitted to the Communications Center for relay to other responding emergency personnel. Such a relay of information may be made by a special radio alert tone and announcement of the initiation of a unified command post and its’ location.
* Rapidly assess the scope of the disaster scene, paying particular attention to the following:
* The nature of the incident and identify any hazards
* Types and extent of injuries including a rough estimate of the number of casualties present
* Additional resources that may be required at the scene
* Responding unit’s route of approach to the scene
* Location(s) of potential staging area(s)
* Transmit a preliminary report to the communications center for relay to other responding emergency personnel.
* Transmit a preliminary report to the communications center so that initial notification of the existence of a mass casualty incident can be made to area hospitals. (Further information as to the number and extent of injuries, hospital resources available, etc. can be made as the incident progresses)
* Establish an EMS communications structure for the disaster scene. This structure may later be relocated to a specialty vehicle, if one is available.
* Determine if additional response, including the mobilization of regional mass casualty equipment caches, is required at the incident

**Assign Unit Leaders**:

1. Operations Group Supervisor
2. Triage Unit Leader
3. Treatment Unit Leader
4. Transportation Unit Leader

Note: It may be necessary to combine the roles of unit leaders until sufficient manpower is available to fill these positions.  Also, dependent upon the “size” of the incident, it may be possible to combine the roles of unit leaders and other positions permanently.

* Assign medical teams to the Triage or Treatment Units, based on the needs of those units
* Work in conjunction with the Incident Commander to assign crews to carry and transfer patients to the Casualty Collection Point/Treatment Area.
* Consult with Unit Leaders frequently to ascertain the need for additional resources and the safety and well-being of all EMS personnel operating at the incident (to include the provision of rehab and CISM services if necessary)
* Establish liaisons with other emergency services agencies operating at the incident
* Evaluate the effectiveness of EMS operations and make changes as required and necessary
* Transmit periodic progress report on the EMS Systems to the Communications Center
* Reassign EMS personnel / units as EMS status deescalate.
* If necessary, establish a temporary morgue location and coordinate the management of fatalities with the Triage Unit Leader and Coroner of jurisdiction.
* Maintain documentation as to the overall provisions of EMS operations at the incident
* Demobilize and terminate EMS operations, including the cessation of the EMS Branch and Operations.

**EMS Group Supervisor**

**Job Action Sheet**

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**Role**: The EMS Group Supervisor is responsible for the overall coordination of EMS activities at the disaster site. This role may be combined with EMS Branch Director on smaller incidents.

**Location**: On-scene

**Duties shall include:**

* Establishing and identifying a location for the Incident Command Post if this has not already been accomplished by other emergency personnel. The location of such a command post must be transmitted to the communications center for relay to other responding emergency personnel. Such a relay of information may be made by a special radio alert and announcement of the initiation of a unified command post and its’ location.
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**Appendix III**

**COMMAND STRUCTURE**

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**EMS Branch**

Purpose: To ensure the proper command and organization of all EMS personnel functioning in response to the MCI incident and to ensure the efficient and effective triage, treatment, and transportation of all injured persons.

Scope: This guideline applies to, and should be followed by, ALL emergency medical services personnel operating on an MCI scene within the Seven Mountains EMS Council region. The EMS official should be placed in service when: a significant event has occurred that has required multi-agency operation and/or multi-level response to a specific incident. The EMS Official is usually the first arriving EMS officer on scene or the senior, highest trained attendant present at the beginning of the operation.

Section 1 – ESTABLISHING THE EMS OFFICIAL

The EMS Official is directly responsible to the Incident Commander for the overall conduct of EMS operations, to include:

1. Providing visual identification of him/herself by wearing an appropriate Major Incident Scene Identification Article, **Blue Vest**, properly labeled.

2. Assigning EMS personnel, to assist in carrying out other integral EMS roles (i.e. Triage, Treatment, and Transport) and responsibilities.

Section 2 – RESPONSIBILITIES

1. The EMS Official will appoint supervisors for TRIAGE, TREATMENT, and TRANSPORTATION – and if not already appointed: REHABILITATION & SAFETY – as soon as personnel are available.

2. The EMS Official should immediately establish a Command Post (if not already established) and start the process of Unified Command in conjunction with local fire and police officials.

3. The EMS Official will then notify the emergency dispatch center of the exact location and identification of the command post (if not already done).

4. The EMS Official will assume overall EMS responsibility to ensure proper patient care; triage and tagging of victims, transportation of victims to hospitals taking proper distribution into consideration; and control of all EMS personnel and EMS vehicles.

5. The EMS Official will establish (or assign someone to establish) radio communications and request specific communications needs (Med channels, local channels).

Section 3 – EMS Official Operational Guidelines

The EMS Official’s duties at the major incident scene should be to:

1. Immediate assessment of the scope of the incident and approximate number of surviving victims. The EMS Official ensures that the emergency dispatch center is provided with this information.

2. Declare “Level” of MCI when that information is available.

3. Obtain a “Tactical-Channel” or other appropriate radio channel for operations.

4. Instruct responding EMS vehicles to report to the designated Vehicle staging Area, which has been designated in conjunction with the Transportation Group Supervisor/ Unit Leader and Staging Area Manager.

5. Assign a Triage Unit Leader and sufficient manpower to the overall task of surveying the scene for survivors and triaging these victims.

6. Assign a Treatment and a Transportation Unit Leader to establish Casualty Collection Area and have victims removed to appropriate medical facilities in an orderly, expeditious manner.

7. As appropriate, assign medical teams to report to the Treatment Group Supervisor/ Unit Leader, at the Casualty Collection Area(s), to render care to victims prior to their removal from the scene.

8. Work in conjunction with the Fire/Rescue Branch Director to assign crews to carry and transfer patients to the Casualty Collection Area in a safe, efficient manner.

9. Assign incoming advanced level medical personnel to assist the Treatment Group Supervisor/ Unit Leader at the Casualty Collection Area.

10. Designate an Equipment Stockpile Area near the Casualty Collection Area and advise incoming emergency units so they can drop off needed equipment and supplies prior to reporting to the Vehicle Staging Area.

11. Inform the emergency dispatch center of the total number of victims and approximate number of victims in each triage priority category. (This information is then to be forwarded to all local medical facilities).

12. If required & not already done, establish and identify a temporary morgue area. Request emergency dispatch center to notify coroner to respond to scene.

13. Have an assistant(s) that can handle communications, documentation and logistical requests.

14. Request additional resources, as needed, through Incident Command structure. Request notification of Seven Mountains EMS Council for logistics & equipment support as needed.

15. Receive updates, verbally and in writing, from all area operations supervisors and ensure that the information flow continues through the incident.

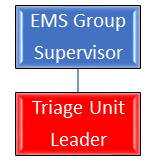
16. Report all updates to the incident command as available to keep him/her aware of how the incident is progressing

**EMS Group Supervisor**

**Determining Command Structure – Level 1 Response**

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**Level 1 Response – 10 Victims**



**EMS Group Supervisor**: The individual that is responsible for the overall coordination of all EMS activities at a disaster scene. This individual should be located at the unified command post and coordinates EMS activities within the overall Incident Command.

* In a Level 1 response the EMS Supervisor should also be able to perform the duties normally assigned to the EMS Operations Leader and the Transportation Unit Leader

**Triage Unit Leader:** The individual that is responsible for the overall coordination of triage activities at a disaster scene. Answers to the EMS Group Supervisor.

* In a Level 1 response the Triage Unit Leader should also be able to perform the duties normally assigned to the Treatment Leader

**EMS Group Supervisor**

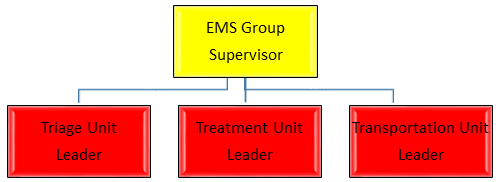
**Determining Command Structure – Level 2 Response**

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**Level 2 Response, 25 victims**

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**EMS Branch Director**: The individual that is responsible for the overall coordination of all EMS activities at a disaster scene. This individual should be located at the unified command post and coordinates EMS activities within the overall Incident Command.

**EMS Group Supervisor:** The EMS Group Supervisor is responsible for the overall coordination of EMS activities at the disaster site. This individual should be located on scene.

**Triage Unit Leader:** The individual that is responsible for the overall coordination of triage activities at a disaster scene. Answers to the EMS Group Supervisor.

**Treatment Unit Leader:** The individual that is responsible for the coordination of the treatment of patients at the Casualty Collection Point. Answers to the EMS Group Supervisor.

**Transportation Unit Leader:** The individual that is responsible for communicating with sector officers and hospitals to manage the transport of patients to hospitals from the scene of the disaster. Answers to the EMS Group Supervisor.

**EMS Group Supervisor**

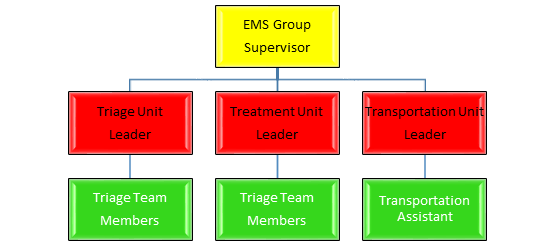
**Determining Command Structure – Level 3 Response**

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**Level 3 Response, 50 Victims or greater**

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**EMS Branch Director**: The individual that is responsible for the overall coordination of all EMS activities at a disaster scene. This individual should be located at the unified command post and coordinates EMS activities within the overall Incident Command.

**EMS Group Supervisor**: The EMS Group Supervisor is responsible for the overall coordination of EMS activities at the disaster site. This individual should be located on scene.

**Triage Unit Leader:** The individual that is responsible for the overall coordination of triage activities at a disaster scene. Answers to the EMS Group Supervisor.

* Triage Team Member: Group of medically trained personnel that assist the Triage Leader in the triaging of victims

**Treatment Unit Leader:** The individual that is responsible for the coordination of the treatment of patients at the Casualty Collection Point. Answers to the EMS Group Supervisor.

* Treatment Team Members: Groups of medically trained personnel (BLS and ALS) including physicians and nurses that assist the Treatment Leader with the treatment of victims brought to the Casualty Collection Point

**Transportation Unit Leader:** The individual that is responsible for communicating with sector officers and hospitals to manage the transport of patients to hospitals from the scene of the disaster. Answers to the EMS Group Supervisor.

* An individual that assists the Transportation Unit Leader in the performance of his / her duties. As the level of the incident escalates, more assistants may be needed
* All communications are coordinated through the local communications center.

**EMS Group Supervisor**

**Determining Command Structure – Level 4 Response – 100 Patients**

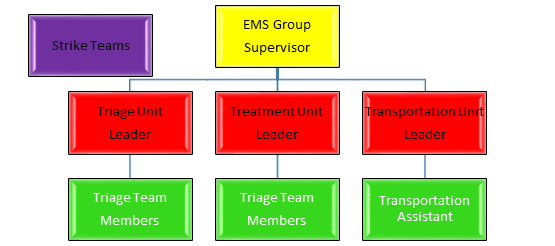
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**\*Level 4 response, number of victims that could necessitate a region wide response or other resources**

PEMA Notification

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**EMS Branch Director**: The individual that is responsible for the overall coordination of all EMS activities at a disaster scene. This individual should be located at the unified command post and coordinates EMS activities within the overall Incident Command.

**EMS Group Supervisor**: The EMS Group Supervisor is responsible for the overall coordination of EMS activities at the disaster site. This individual should be located on scene.

**Triage Unit Leader:** The individual that is responsible for the overall coordination of triage activities at a disaster scene. Answers to the EMS Group Supervisor.

* Triage Team Member: Group of medically trained personnel that assist the Triage Leader in the triaging of victims

**Treatment Team Members**: Groups of medically trained personnel (BLS and ALS) including physicians and nurses that assist the Treatment Leader with the treatment of victims brought to the Casualty Collection Point

**Transportation Unit Leader:** The individual that is responsible for communicating with sector officers and hospitals to manage the transport of patients to hospitals from the scene of the disaster. Answers to the EMS Group Supervisor.

* An individual that assists the Transportation Unit Leader in the performance of his / her duties
* All communications are coordinated through the local communications center.

**Triage Unit Leader**

**Job Action Sheet**

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**Role:** The Triage Unit Leader is directly responsible to the EMS Supervisor for the coordination of triage operations at the disaster site. Reports to the EMS Group Supervisor and supervises Triage Personnel / Litter Bearers and the Morgue Manager. Assumes responsibility for providing triage management and movement of patients from the triage area. When triage is completed, the Unit Leader may be reassigned as needed.

**Location:** Triage Area

**Duties shall include:**

* Assigning medically trained personnel to assist in carrying out the triage of patients, to include the proper tagging of patients based upon their condition and the administration of basic care that would correct immediate life-threatening problems (airway problems or severe bleeding). Triage normally occurs at the immediate site, or impact area of the incident. However, safety concerns for the patients and medical personnel may force triage to be performed in an area adjacent to this site or at the Casualty Collection Point. Should this be the care, coordination with the Treatment Leader and EMS Supervisor is imperative
* Obtaining an actual total victim count and an approximate victim count for each triage priority category. This information shall be immediately communicated to the EMS Group Supervisor and / or the EMS Operations Leader
* Ensuring that an adequate number of personnel and equipment is available for the triage and primary treatment of patients. Personnel and equipment needs shall be communicated to the EMS Supervisor and / EMS Operations Leader
* Ensuring that and adequate number of personnel and equipment is available to remove patients from the triage area to the Casualty Collection Point. Personnel and equipment needs shall be communicated to the EMS Supervisor
* Coordinating operations within the triage area with other leaders and incident command, as needed
* Maintaining documentation as to the operations within the triage area
* Providing the EMS Group Supervisor and / or EMS Operations Leader with updates as to the operations within the triage area. This shall include timely notification to the EMS Group Supervisor when all of the patients have been triaged and moved to the Casualty Collection Point
* Coordinating with the EMS Group Supervisor and the Coroner of jurisdiction, the management of fatalities. This may include the designation of a temporary morgue location
* Terminating, with consensus from the EMS Group Supervisor and / or the EMS Operations Leader within the Triage and re-assigning personnel as directed by the EMS Group Supervisor

**Triage Unit Leader**

**Reference**

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Reference for Triage and Treatment Team priorities of patients at Collection Points

**Priority 1 Patient – Red Tag**

Serious injuries that have life-threatening implications or will become life threatening due to shock and/or hypoxia; are capable of being stabilized; require constant care and are given a high probability of survival if given immediate care and prompt transportation to an appropriate medical facility. Injured co-workers and patients with uncontrolled emotional disorders are also placed in this priority.

**Priority 2 Patient – Yellow Tag**

Serious injuries which are not yet life threatening; no severe shock or hypoxia; high probability of survival and can withstand delayed transport until most red tagged patients have been stabilized and/or transported. These patients should also be transported to an appropriate medical facility.

**Priority 3 Patient – Green Tag**

Minor injuries without systemic implications and can withstand delayed transport until most priority 1and 2 patients have been stabilized and/or transported.

**NOTE:** Consideration should be given to having these patients transported to one or more hospital(s) which is/are more distant from the disaster scene than other hospitals(s) and which will probably not be receiving several Priority 1 or 2 patients. This will prevent the unnecessary taxing of any one hospital’s resources.

**Deceased Patient – Black Tag**

Deceased patient(s) should not be moved unless necessary to access or treat surviving victims. If it becomes necessary to move a deceased victim then the location and position that the deceased was found in must be noted in order to assist in identification and/or further investigation.

**Treatment Unit Leader**

**Job Action Sheet**

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**Role:** The Treatment Unit Leader is directly responsible to the EMS Group Supervisor for coordinating the treatment of victims at Casualty Collection Area and Supervises Treatment Managers.  Assumes responsibility for treatment, preparation for transport, and directs movement of patients to loading location(s).

**Location:** Treatment Area

**Duties shall include:**

* Establishing and identifying Casualty Collection Area which should be in close proximity to the treatment area and communicating their location to the EMS Director and/or the EMS Operations Leader.
* This area must be large enough to accommodate the anticipated number of patients that could be received.
* This area should be marked, by flags or markers color coded to match the patient triage tag, (Red - immediate, Yellow - moderate, Green - delayed).
* Establishing an area adjacent to the Casualty Collection Area for those individuals that have been involved in an incident but have sustained no apparent injuries. Non-injured individuals that subsequently complain of injuries or illness may be re-triaged and moved to the appropriate Casualty Collection Area.
* Ensuring that an adequate amount of equipment, supplies and medically trained personnel, both BLS and ALS, are available at the Treatment Area to provide appropriate treatment for all patients. Equipment, supplies and personnel needs shall be communicated to the EMS Group Supervisor and/or the EMS Operations Leader.
* Ensuring that patients arriving at the Casualty Collection Area have been triaged and that they are separated by priority. Non-triaged patients must be assessed and tagged before being moved to the appropriate Casualty Collection Area.
* Ensure ALL patients entering Treatment area have been decontaminated.
* Remember, when placing patients in the Treatment Area, adequate space must be provided between patients to allow working room for medical personnel.
* Ensuring that all patients receive treatment that is appropriate for their condition and that is within established state and regional medical protocols.
* Coordinating the activities of ALL medical personnel in the Treatment area, (physicians, nurses, flight team members, etc.).
* Ensuring the continual assessment and, where necessary, re-triaging of patients within the Treatment Area.
* Determining the transport priorities of patients within the Treatment Area and coordinating their movement with the Transportation Unit Leader.
* Coordinating operations within the Treatment area with other leaders and command, as needed.
* Maintaining documentation as to the operations within the Casualty Collection Area.
* Providing the EMS Group Supervisor and/or the EMS Operations Leader with updates as to the operations within the Casualty Collection Area. This shall include timely notification as to when all of the patients have been transported from the Casualty Collection Area.

Terminating, with consensus from the EMS Commander and/or the EMS Operations Leader, operations within the Casualty Collection Area and re-assigning personnel as directed.

**Transportation Unit Leader**

**Job Action Sheet**

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**Role:** The Transportation Unit Leader is directly responsible to the EMS Supervisor for coordinating the transportation of victims to appropriate medical facilities in an expeditious manner.

**Location:** Staging / Transportation Area

**Duties shall include:**

* Establishing and identifying ambulance staging / transportation areas that are easily accessible from the Casualty Collection Area. Access and egress must be taken into account and the location shall be communicated to the EMS Director. This may also require, at times, establishing a helicopter-landing zone in coordination with the Fire Group Supervisor.
* Determining the treatment capabilities, “beds available”, of receiving hospitals within the area of the disaster.
* Determining the transportation needs for the potential number of patients that will be treated at the Casualty Collection Area. Coordination with the Triage and Treatment Leaders to obtain exact numbers is suggested.
* In determining the transportation needs, keep in mind, non-EMS forms of transportation, e.g. school buses to transport large numbers of minor injuries.
* Accepting patients from the Casualty Collection Area and assigning them to vehicles, ground transport OR air ambulance, for transportation to appropriate receiving facilities. The Transportation Leader will designate which facility the patient(s) are to be transported to.
* Patients transported in priority sequence, if possible, to designated hospitals as assigned by Treatment Unit Leader. In a Mass Casualty Incident, several patients SHOULD be transported in each vehicle in order to maximize the transportation resources that are available. EMS units should not be allowed to leave the incident scene with only 1 patient on-board.
* In Mass Casualty Incidents, effective utilization of available EMS transportation resources is critical. As such, multiple patients should be assigned to EMS vehicles that are transporting to facilities. For every priority 1 patient assigned to a transporting EMS unit, at least 1 priority 2 or 2 priority 3 patients should also be assigned to that unit for transport, (keeping in mind what sort of immobilization devices have been applied).
* Communicating with receiving facilities about an ambulance vehicle’s ETA to that facility, the number of patients on-board that unit, the priority of the patient(s), their triage tag number, and their primary injuries.
* Maintaining a written record of: each patients priority, primary injury, disaster tag number, emergency vehicle assigned to transport the patient, hospital facility to which the patient was sent, and the time the patient left the scene.

**Appendix IV**

**Checklists**

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**EMS Branch Director Checklist**

**Personnel Assigned:** EMS Personnel on-scene or on-board the first arriving ambulance

**Functions:** Command and control of all EMS activities at a multi-casualty incident. Reports to the Incident Commander.

* Don vest labeled **‘EMS Officer / Command’**
* **Assess situation** – Information Communications Center of
* **Type of Incident** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Approximate Number of Victims** \_\_\_\_\_\_\_\_\_\_\_\_ **Disaster Level** \_\_\_\_\_\_\_\_\_\_\_\_\_
* Level 1 10 victims
* Level 2 25 victims
* Level 3 25 victims
* Level 4 100 victims
* If not already performed, identify location of the Unified Command Post and identify yourself to the Incident Commander. Maintain position at the Unified Command Post.
* **Determine your plan.** **Identify treatment area. Identify patient loading area.**
* Identify **EMS Staging Area** and **Route of Travel** into the incident. Notify the Communications Center of this information. **Be specific** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Set up a **Communications Network**
* Set up initial **Command Structure**
* Triage Unit (Name and Unit Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Treatment Unit (Name and Unit Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Transport Unit (Name and Unit Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Ensure **Drivers and Litters** stay with their vehicle. (With the exception of the first arriving units which will be part of the command structure and will not initially transport patients).
* All responding attendants should be reporting to the treatment area. Remind them of such as needed.
* Coordinate establishment of a **landing zone** for aeromedical services if needed
* Consider assigning additional personnel to the Command Structure:
* Rehab (Name and Unit Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mass Care (Name and Unit Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Staging (Name and Unit Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Determine if **adequate resources** are enroute:
* Level 1 – expect 7 EMS units
* Level 2 – expect 15 EMS units
* Level 3 – expect 24 EMS units
* Obtain building / vehicle **roster of potential victims** housed or transported (advise triage). Determine responsible person; coordinate accountability of those involved
* Contact EMS Council for any specialized resourced needed (tarps, tents, backboards, etc)
* Assist in establishing a Mass Care Center (if needed) and assign an EMS unit.
* Notify Coroner, if necessary. Set up a temporary morgue area.
* Provide regular updates and reports of EMS operations to the Incident Commander
* Establish an off-site logistics center to coordinate additional supplies / returning equipment.

**Triage Unit Leader Checklist**

**Personnel Assigned:** Paramedic or other person as designated by the EMS Officer

**Function:** Coordinate and direct the triage and tagging of victims of a multi-casualty incident.

* Don vest labeled **‘Triage Officer’**
* Obtain situation briefing / approximate number of victims / and disaster level from EMS officer, if available
* Determine or assign personnel to determine an actual victim count for each priority level
* Coordinate interaction with rescue / extrication teams and filter all patients to appropriate treatment areas
* Confirm the **communications structure**
* EMS Director / Operations / Triage / Treatment should be on every event
* If not, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Tag all non-injured parties. Confer with EMS Operations regarding temporary placement
* Assign re-triage team at the entrance to the **Patient Collection Point**
* Keep Transport Officer updated on the number of victims per triage priority
* Advise EMS Operations when all patients have been triaged and moved to the Patient Collection Point
* Assist EMS Operations and Coroner with establishment of a temporary morgue, if required
* **Verify final patient count** with the Transport and Treatment Officers in order to accurately determine if all patients have been accounted for or transported
* Notify EMS Operations that all patients have been transported or accounted for
* Terminate operations with the consensus of EMS Operations and / or EMS Director

*START Triage – Assess, Treat*

*Find color, STOP, TAG, MOVE ON*

**Treatment Unit Leader Checklist**

**Personnel Assigned**: Paramedic or other person as designated by the EMS Officer

**Functions:** Coordinate and direct the treatment of patients with the Patient Collection Point

* Don **ORANGE** vest labeled **‘Treatment Officer’**
* Obtain situation briefing / approximate number of victims / and disaster level from EMS Officer, if available
* Create patient collection area (ensure you have a large enough space)
* **Immediate,** marked **RED**
* **Moderate,** marked **YELLOW**
* **Delayed**, marked **GREEN**
* Adjacent **area for the uninjured**
* Confirm the communications structure
* EMS Director/ Operations / Triage / Triage / Treatment should be on same frequency.
* Ensure patients arriving at the Patient Collection Point have been triaged and are **sorted by severity**
* Ensure you have enough **personnel** in the treatment area (**Red 1:2 patients, Yellow 1:3 patients, Green 1:5patients**), coordinate needs with EMS Director/Operations
* Ensure you have **adequate supply** of medical equipment, coordinate with EMS Director/ Operations
* Contact **Medical Command** for standing orders, if needed
* Oversee all treatment of patients, verify appropriate level of care (BLS / ALS) for patients based on injuries and severity
* Assign a sector coordinator for each Patient Collection Point (red, yellow, etc.) for large scale incidents to assist in management of the treatment area
* Determine transport priorities and coordinate movement from the Patient Collection Point with the Transport Officer
* As patients are moved to transportation, **ensure the attendant for the unit transporting is sent with the patient** (since only the driver remains with the unit)
* **Verify final patient count** with the Transport and Triage Unit Leader in order to accurately determine if all patients have been accounted for or transported
* Provide progress updates to EMS Operations
* Terminate operations with the consensus of EMS Operations and / or EMS Officer

**Transportation Unit Leader Checklist**

**Personnel Assigned:** Paramedic or other person as designated by the EMS Director

**Function:** Coordinate the transportation of patients to receiving facilities

* Don vest labeled **‘Transportation Officer’**
* Obtain situation briefing / route of travel for incoming units / and staging area from EMS Officer
* Consider a staging officer
* Create / **Confirm treatment area** and **ambulance loading area**
* Seek out a **Transport Officer Assistant**
* Confirm the **communications structure**
* EMS Officer / Operations / Triage / Treatment should be on same frequency
* Incoming units should be able to contact staging/transportation
* *There should be little reason to converse with these units. They should report to staging and standby with drivers and litters until waived to the loading area*
* Coordinate with the Triage and Treatment Unit Leaders to determine transportation needs for potential number of patients.
* Are enough ambulances responding? Can ambulances committed to the incident make multiple trips?
* Determine if alternative means of transportation (busses, wheelchair vans, etc.) will be needed.
* Contact EMS Operations to request these resources as soon as possible
* If aero-medical is to be utilized, coordinate with EMS Operations for FD assistance.
* Contact 911 center for MCI Patch channel assignment **(Channel \_\_\_\_\_).** Be specific on which hospitals you want open
* Fill out the ‘Bed Availability’ with information received from the MCI patch
* Transfer information from the **‘Bed Availability’** page to the page for each individual hospital
* **Begin moving patients**. Coordinate with Treatment  Unit Leader to get the most  red tag patients transported first. **Assign multiple patient’s to each vehicle** if possible
* **Rip off and record only critical information on the transport officer’s portion of the triage tag. Place this portion in the appropriate page of the Transport Unit Leader’s  documentation.**
* **Make every possible attempt to ascertain patients name prior to patient leaving the scene on the back of the transport unit leader’s portion of the tag.**
* **Instruct departing ambulances to maintain radio silence. You provide a report to receiving facilities** on each patient on the MCI patch channel. Include
* Priority
* Primary Injury
* Tag Number
* Transporting Unit
* Time the unit left the scene
* Once all patients are transported, **verify final patient count** with the Triage and Treatment Officers in order to accurately determine if all patients have been accounted for or transported
* Notify EMS Operations that all patients have been transported or accounted for
* Terminate operations with the consensus of EMS Operations and / or EMS Officer

**TRIAGE**

Southern Alleghenies / Seven Mountains EMS Councils has adopted this **S**imple **T**riage and **R**apid **T**reatment (START) which allows for prompt initial rapid identification and classification of patients. This system allows for uniformity throughout the Southern Alleghenies EMS Region.

The **initial triage** is a walk through by the Triage Unit Leader and is performed so that an approximate patient count can be determined.  “Tagging” of patients according to the

apparent severity of their injuries may also begin at this point if an adequate amount of

personnel are available to do so.  During initial triage, only care that would correct

immediate life-threatening problems, e.g. severe bleeding, airway problems, should be

performed.

On extremely large incidents, such as those involving large or multiple buildings, it may

be necessary to have several separate triage areas, e.g., 1st floor triage, 4th floor triage, east side triage, etc.  The Triage Leader should assign multiple triage/tagging teams for such incidents.  As a general rule of thumb, one team per floor or one team per area of an incident should be utilized for these large incidents.

All patients will be initially triaged and tagged according to START Triage and tagged with a  triage tag or other identifier to indicate that they have been assessed and triaged.

**Green Tag - Minor**

Minor injuries which are not life threatening; status is unlikely to deteriorate over days; may be able to assist in their own care. These people are often categorized as ‘walking wounded’.

**Yellow Tag – Delayed**

Serious and potentially life-threatening injuries but status is not expected to deteriorate significantly over several hours; transportation can be delayed.

**Red Tag – Immediate**

Serious injuries that can be helped by immediate intervention and transport; requires medical attention within minutes for survival (up to 60 minutes); includes compromises to patient’s Airway, Breathing, and Circulation; injured co-workers and patients with uncontrolled emotional disorders are also placed in this category.

**White Tag – Uninjured**

An area adjacent to the disaster site should be established for those “patients” that have been involved in a disaster but have sustained no injuries.  Non-injured individuals that subsequently complain of injuries may be re-triaged and moved to the appropriate Patient Treatment Area.

**Black Tag – Expectant**

Victim is unlikely to survive given the severity of injuries, level of available care, or both; palliative care and pain relief should be provided.

**References / Sources**

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8. SMART Triage Method
9. The National Incident Management System: U.S. Department of Homeland Security, 2004
10. Contributing Authors:
11. John Kloss, EMT-P, Executive Director
12. Christopher M. Confalone, NREMT-P
13. Jason T. Smith, EMT, Director of EMS Providers
14. Albert DeGideo, EMT, Emergency Preparedness Specialist
15. Christopher Peischl, Director of Operations, Cetronia Ambulance Corps.
16. Michael Whalen, RN, Emergency Educators
17. Christopher Chamberline, RN, St. Joseph’s Health Network
18. Matthew Stairiker, Deputy Director, Berks County Department of Emergency Services
19. Christopher Post, EMT, Northampton Area Community College
20. Anthony Tucci, EMT-P, Western Berks Ambulance
21. Southern Alleghenies EMS Council wishes to thank the contributing authors and Eastern PA EMS Council for permission to utilize this document as a basis for development of the Southern Alleghenies EMS Council Disaster Operating Guide

**Appendix V**

**NIMS Forms**

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|  |  |  |  |
| --- | --- | --- | --- |
| EMS Official - CHECKLIST | | | |
| Completed |  | | |
|  | Put on BLUE EMS Official vest or identifier | | |
|  | Assess Situation and Notify Communications Center of. . . . | | |
|  |  | TYPE of incident and LEVEL Designation | |
|  | |  | Is the incident contained (cause ceased) and/or continuing (danger continues)? |
|  | Are victims accessible or do they need extrication/rescue? |
|  |  | NUMBER of Victims (approximate) and Request Appropriate Response | |
|  | |  | Level I – MCI involving 3-10 surviving victims |
|  | Level II – MCI involving 11-25 surviving victims |
|  | Level III – MCI involving 26-50 surviving victims |
|  | Level IV – MCD involving 51-100 surviving victims |
|  | Level V – CCD involving > 101 surviving victims |
|  |  | Request that the MAJOR INCIDENT PLAN be initiated by 9-1-1 | |
|  | If not already completed, Identify a Unified Command Post | | |
|  |  | (Announce yourself as IC and remain in the Command Post) | |
|  | | |
|  | Assign the following supervisors based on the extent of the incident | | |
|  |  | **TRIAGE Group Supervisor/Unit Leader** | |
|  | **Treatment Group Supervisor/ Unit Leader** | |
|  | **Transportation Group Supervisor/Unit Leader**  who assigns a **Staging Area** Manager | |
|  | **Incident Safety Officer** | |
|  | **Rehabilitation Group Supervisor** | |
|  | Request an EMS Assistant for paperwork and area operations. | | |
|  | Verify Communications with Public Safety Answering Point & operational areas. | | |
| Ch. |  | EMS communications to Incident Command | |
| Ch. |  | EMS communications to Hospitals for notifications | |
| Ch. |  | Operational frequencies (to Treatment & Transportation supervisors) | |
|  | Identify Vehicle/Equipment Staging Area (if not already done) | | |
|  | Request additional resources as needed – through Planning Sector | | |
|  |  | Notification of Seven Mountains EMS Council & requested support | |
|  | Assign manpower resources to EMS area(s) as needed. | | |
|  | Notify Coroner – if needed and not yet done | | |
|  | Determine accurate victim count and notify Incident Command | | |
|  | Request updates from EMS branch supervisors -10-15/min. basis | | |
|  | Provide regular updates and reports to Incident Command | | |
|  | | | |
|  | Terminate Operations w/consensus of Incident Command | | |
|  |  | Crews reassigned duty as needed | |
|  | Crews directed to Rehab. sector for rehabilitation | |
|  | Crews directed to CISM as needed | |
|  | Documentation and Inventory sent to Logistics Section | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Triage Group Supervisor/ Unit Leader - Checklist | | | |
|  | | | |
| Completed |  | | |
|  | Put on RED Triage Supervisor vest or other identifier | | |
|  | Perform Safety Assessment & Observe Hazards | | |
|  | Survey the Scene | | |
|  | Provide initial report to EMS Official & request assistance | | |
|  |  | Hazards Identified | |
|  | Approximate number of Patients | |
|  | Additional resources/assistance needed | |
|  | Perform Initial Victim Triage (ABCs, 30 second survey) | | |
|  |  | May use tape, marker, band, or tags | |
|  | Advise EMS Official of estimated number of patients | | |
|  | Assign personnel as necessary to “Tag” ALL victims | | |
|  |  | Provide Triage Tags & needed supplies | |
|  | Review Triage Group duties sheet (as needed) | |
|  | After reporting back, compile number & severity of patients: | |
|  | Not Injured: | (White Tag) |
|  | Immediate: | (Red Tag) |
|  | Moderate: | (Yellow Tag) |
|  | Delayed: | (Green Tag) |
|  | Deceased: | (Black Tag) |
|  | TOTAL VICTIMS: | |
|  | Provide updated report to EMS Official | | |
|  | Assign personnel to move victims to appropriate collection area | | |
|  |  | Coordinate patient movement with Treatment Supervisor | |
|  | Request Coroner, through EMS Official, & establish temporary morgue (if needed). | | |
|  | | | |
|  | Keep EMS Official informed of group operations (10-15 min.) | | |
|  |  | Request additional supplies & equipment as needed | |
|  | Request other resources as needed | |
|  | Update concerning ongoing operations as appropriate | |
|  | Document/Sketch the triage area for future reference | | |
|  | | | |
|  | Verify with Treatment/Transport the total number of victims | | |
|  | Terminate operations w/consensus of EMS Official & Command | | |
|  |  | Verify that ALL victims are found & accounted for | |
|  | Crews reassigned duty as needed | |
|  | Crews directed to Rehab. Area for rehabilitation | |
|  | Crews directed to CISM as needed | |
|  | | | |
|  | Documentation and Inventory sent to Logistics Section | | |

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| Triage Task Force Worksheet | | | | | | | | | |
| Directions: To be completed by EMT / EMT-P / PHRN / HP to aid in the initial triage of  Patients and assigning a priority designation for each victim. | | | | | | | | | |
|  | | | | | | | | | |
| Completed |  | | | | | | | | |
|  | Report to Triage Supervisor for assignment to a Triage Task Force | | | | | | | | |
|  | | | | | | | | | |
|  | Secure sufficient number of Triage Tags & string | | | | | | | | |
|  | | | | | | | | | |
|  | Secure proper pen/pencil to mark major injuries on Triage Tags | | | | | | | | |
|  | | | | | | | | | |
|  | Provide only Basic Care during Triage to correct life threats | | | | | | | | |
|  |  | i.e. Airway Compromise, Severe Bleeding | | | | | | | |
|  | | | | | | | | | |
|  | Secure Triage Tag firmly around patient’s LEFT ANKLE area | | | | | | | | |
|  | | | | | | | | | |
|  | Report total number of triaged victims and their priority category | | | | | | | | |
|  | | | | | | | | | |
|  |  | TF #1 | TF #2 | TF#3 | TF #4 | TF#5 | TF #6 | Totals |  |
| Red |  |  |  |  |  |  |  |
| Yellow |  |  |  |  |  |  |  |
| Green |  |  |  |  |  |  |  |
| Black |  |  |  |  |  |  |  |
| White |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |
|  | | | | | | | | | |
|  | Report any problems or special situations to Triage Supervisor | | | | | | | | |
|  | | | | | | | | | |
|  | Report to Triage Supervisor when assignment is complete | | | | | | | | |
|  | | | | | | | | | |
|  | If needed, report to re-triage area of Patient Collection Area | | | | | | | | |
|  |  | Patients entering Casualty Collection Area should be re-triaged | | | | | | | |
|  | Verify Patient Priority is same as what is on the tag | | | | | | | |
|  | Assist Treatment Group with patient monitoring within collection area | | | | | | | |
|  | | | | | | | | | |
|  | Terminate operations with consensus of EMS Official and Incident  Command | | | | | | | | |
|  | | | | | | | | | |
|  | Return all documentation to Triage Supervisor upon completion of  assignment and termination of Task Force | | | | | | | | |

Treatment Group Supervisor/ UNIT LEADER - Checklist

|  |  |
| --- | --- |
| Completed |  |
|  | Put on ORANGE Treatment Supervisor vest or identifier |

|  |  |
| --- | --- |
|  | Notify EMS Official that the Treatment Group/Unit is “In Service” |

|  |  |  |
| --- | --- | --- |
|  | Select a Casualty Collection Area near the main action area | |
|  | | (Select area large enough for anticipated victim count) |

|  |  |
| --- | --- |
|  | Notify the EMS Official of your location |

|  |  |
| --- | --- |
|  | Obtain Equipment & Supplies to operate the Treatment Group/Unit |

|  |  |  |
| --- | --- | --- |
|  | Verify communications with the EMS Official | |
| Ch. |  | EMS communications with IC/UC and EMS Official |
| Ch. |  | EMS communications to Hospital(s) for notifications |
| Ch. |  | EMS communications to Triage & Transportation Supervisors |

|  |  |  |
| --- | --- | --- |
|  | Establish Casualty Collection Areas | |
|  |  | **IMMEDIATE** -- Marked with a RED tarp or flag |
|  | **MODERATE** -- Marked with a YELLOW tarp or flag |
|  | **DELAYED** -- Marked with a GREEN tarp or flag |
|  | **DECEASED** -- Marked with a BLACK tarp or flag |
|  | **NON-INJURED** -- Marked area close to but not in view of Treatment Sectors |

|  |  |
| --- | --- |
|  | Assign BLS/ALS personnel for appropriate patient care |

|  |  |
| --- | --- |
|  | Ensure adequate equipment is available (communicate needs) |

|  |  |
| --- | --- |
|  | Ensure all patients arriving at the Treatment Area are triaged & tagged |

|  |  |
| --- | --- |
|  | Coordinate w/Transportation Group Supervisor/Unit Leader the movement  of patients to hospitals |

|  |  |
| --- | --- |
|  | Provide Updates of patient flow/treatment to EMS Official |

|  |  |
| --- | --- |
|  | Assign assistant and document treatment group operations |

|  |  |  |
| --- | --- | --- |
|  | Terminate Operations w/consensus of EMS Official & Command | |
|  |  | Crews reassigned duty as needed |
|  | Crews directed to Rehab. sector for rehabilitation |
| April 200 | 7 Crews directed to CISM as needed  Appendix VIII 14 |

|  |  |
| --- | --- |
|  | Documentation and Inventory sent to Logistics Section |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Treatment Group - Worksheet | | | | | | | | | |
| Directions: To be completed by EMT / EMT-P / PHRN / HP to aid in documenting patient  flow through the Treatment Area, as designated by the Treatment Supervisor. | | | | | | | | | |
|  | | | | | | | | | |
| Completed |  | | | | | | | | |
|  | Provide treatment consistent with Statewide ALS/BLS protocols  and appropriate to your level of training. | | | | | | | | |
|  |  | (Request standing order protocol, as needed, through Treatment Supervisor) | | | | | | | |
|  | | | | | | | | | |
|  | Provide the following information for documentation purposes: | | | | | | | | |
|  | | | | | | | | | |
|  | TAG  # | TIME | B/P | PULSE | RESP. | LUNG SOUNDS | AVPU SCALE | TRANS- PORT |  |
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|  | Record, on the triage tag, the following information as time  allows | | | | | | | | |
|  |  | Patient Name, if known | | |  |  | Patient’s Injuries | | |
|  | Patient Age, if known | | |  | Primary Injury | | |
|  | Sex of Patient | | |  | Vital Signs (AVPU) | | |
|  | Treatment Provided | | |  | Other Information | | |
|  | | | | | | | | | |
|  | Re-triage as necessary and report results to Treatment Supervisor | | | | | | | | |
|  | | | | | | | | | |
|  | Return documentation to Treatment Group Supervisor/ Unit  Leader after termination of group activities. | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| Transportation Supervisor - Checklist | | |
|  | | |
| Completed |  | |
|  | Put on GREEN Transportation Supervisor vest or identifier | |
|  | | |
|  | Notify EMS Official that Transportation Group is “In Service” | |
|  |  | Assign **Staging Area Manager** and determine vehicle approach route(s) |
|  | Determine Casualty Collection Areas with **Treatment Group Supervisor** |
|  | Designate an **Equipment Staging Area** (if not already established) |
|  | | |
|  | Set-up Patient Collection Area(s) – using tarps, cones, signs, etc. | |
|  | | (Make sure they are not too close together) |
|  | | |
|  | Verify Communications | |
| Ch. |  | EMS communications to Incident Command & EMS Official |
| Ch. |  | EMS communications to Hospitals for notifications |
| Ch. |  | Operational Frequency (to Treatment Supervisor & Staging Manager) |
|  | | |
|  | Request Mass Transportation services for low priority patients, when  needed. | |
|  |  | Use appropriate resource call-up channels to request: |
|  | | Buses – Municipal, School, Private |
| Vans – Municipal (public & senior transport), School, Church, Private |
|  | | |
|  | Consider Helicopters and Landing Zones | |
|  |  | If being utilized, appoint **Air Transportation Manager** to coordinate activities |
|  | | |
|  | Assign victims (High Priority First) to staged EMS units. | |
|  | | |
|  | Tell the EMS unit to what hospital facility they are transporting | |
|  | | |
|  | Tear off Trans. Stub from patient’s triage tag prior to loading | |
|  | | |
|  | Complete bottom portion (stub) of Triage Tag | |
|  | | |
|  | Use Transportation Stub to report patient information to receiving  hospital | |
|  | | |
|  | Distribute patients evenly to local and specialty hospitals | |
|  | | |
|  | Chart all patients on Transportation Group Worksheet | |
|  | | |
|  | Keep a running tally of the number of patients sent to each hospital | |
|  |  | Use Transportation Group and/or Hospital Availability Worksheet |
|  | | |
|  | Terminate Operations w/consensus of EMS Official | |
|  |  | Crews reassigned duty as needed |
|  | Crews directed to Rehab. sector for rehabilitation |
|  | Crews directed to CISM as needed |
|  | | |
|  | Documentation and Inventory sent to Logistics Section | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Transportation Group - Worksheet | | | | | | | | | | |
|  | | | | | | | | | | |
|  |  |  | # of Victims |  |  |  | Emergency Units Responding | | | |
|  | Reported by Triage Priority | | |  |  |  |  |  |
| RED | YELLOW | GREEN | BLACK | WHITE |  |  |  |  |
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|  | Hospital | |  |  |  |  |  |  |  |  |
| Can Handle | |  |  |  |  |  |  |  |  |
| # Sent | |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Patient #** | **Priority** | **Primary**  **Injuries** | **Tag Number** | **Emergency**  **Unit Transporting** | **Receiving**  **Hospital** | **Time of**  **Departure** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
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| **19** |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |

Page of

Notes:

Hospital Availability Worksheet

Incident Name: Date:

EMS Official:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hospital** | | Priority  Red | | Priority  Yellow | | Priority  Green | | Priority  White | | DECON  Established |
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### A = Patients that can be handled U = Number utilized (patients sent)

|  |  |  |
| --- | --- | --- |
| Staging Area Manager - Checklist | | |
| Completed |  | |
|  | Put on Green Staging Manager vest or identifier | |
|  | | |
|  | Notify EMS Official that the Staging Area is “In Service” | |
|  | | |
| Select a Vehicle Staging Area near the Casualty Collection Area | | |
|  | (Area large enough for the amount of units responding) | |
|  | Will vehicle fumes enter patient treatment area? |
|  | Determine how to stage ambulances (Pattern) |
|  | Direct/Straight Line Staging |
|  | Horseshoe Staging |
|  | Lateral Staging |
|  | “Cattle-Chute” Staging |
|  | Off-Site Staging |
|  | Driver with every vehicle (**At All Times)** |
|  | | |
|  | Notify EMS Official & Transportation Supervisor of your location | |
|  | | |
|  | Establish Equipment & Personnel Staging Area | |
|  | | |
|  | Verify Communications with Transportation Supervisor | |
| Ch. |  | EMS communications to Incoming Ambulances |
| Ch. |  | EMS communications to Transportation Supervisor |
|  | | |
|  | Does a decontamination issue exist? Consider equip. reduction. | |
|  | | |
|  | Meet all incoming EMS units as they arrive | |
|  |  | Remind drivers to remain with their vehicles |
|  |  | Have crew members off-load needed equipment to equipment stockpile area |
|  | | |
|  | Notify Transportation Supervisor of ambulance census on a regular basis  throughout incident operations. | |
|  | | |
|  | Ensure adequate equipment is available | |
|  | | |
|  | Keep drivers informed of what is going on | |
|  |  | Location of the patient loading areas |
|  | Procedures for loading patients |
|  | Other procedures as required |
|  | | |
|  | Document all ambulances in the Staging Area | |
|  | | |
|  | Coordinate w/Transportation Supervisor the movement of patients to  hospitals | |
|  | | |
|  | Terminate operations w/consensus of Transportation Supervisor | |
|  | | |
|  | Documentation is forwarded to Logistics Section upon termination of  operations | |

|  |  |  |
| --- | --- | --- |
| Staging Area Manager - Checklist | | |
| Completed |  | |
|  | Put on Green Staging Manager vest or identifier | |
|  | | |
|  | Notify EMS Official that the Staging Area is “In Service” | |
|  | | |
| Select a Vehicle Staging Area near the Casualty Collection Area | | |
|  | (Area large enough for the amount of units responding) | |
|  | Will vehicle fumes enter patient treatment area? |
|  | Determine how to stage ambulances (Pattern) |
|  | Direct/Straight Line Staging |
|  | Horseshoe Staging |
|  | Lateral Staging |
|  | “Cattle-Chute” Staging |
|  | Off-Site Staging |
|  | Driver with every vehicle (**At All Times)** |
|  | | |
|  | Notify EMS Official & Transportation Supervisor of your location | |
|  | | |
|  | Establish Equipment & Personnel Staging Area | |
|  | | |
|  | Verify Communications with Transportation Supervisor | |
| Ch. |  | EMS communications to Incoming Ambulances |
| Ch. |  | EMS communications to Transportation Supervisor |
|  | | |
|  | Does a decontamination issue exist? Consider equip. reduction. | |
|  | | |
|  | Meet all incoming EMS units as they arrive | |
|  |  | Remind drivers to remain with their vehicles |
|  |  | Have crew members off-load needed equipment to equipment stockpile area |
|  | | |
|  | Notify Transportation Supervisor of ambulance census on a regular basis  throughout incident operations. | |
|  | | |
|  | Ensure adequate equipment is available | |
|  | | |
|  | Keep drivers informed of what is going on | |
|  |  | Location of the patient loading areas |
|  | Procedures for loading patients |
|  | Other procedures as required |
|  | | |
|  | Document all ambulances in the Staging Area | |
|  | | |
|  | Coordinate w/Transportation Supervisor the movement of patients to  hospitals | |
|  | | |
|  | Terminate operations w/consensus of Transportation Supervisor | |
|  | | |
|  | Documentation is forwarded to Logistics Section upon termination of  operations | |

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| Staging Area Manager – Worksheet  This form can be used to backup the ICS-211 form during “on-scene” activities | | | | | | |
|  | | | | | | |
| **Directions:** To be completed by the Staging Area Manager to aid in documenting ambulance  flow through the Transportation Section, as designated by the Transportation Supervisor | | | | | | |
|  | | | | | | |
|  | Unit Number |  | **Arrival at**  **Staging Area** |  | **Depart**  **Staging Area** |  |
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| REHAB Unit Leader - Checklist | | | | |
|  | | | | |
| Completed |  | | | |
|  | Put on BROWN REHAB Unit Leader vest or identifier | | | |
|  | | | | |
|  | Select a REHAB area | | | |
|  |  | Near to, but not visible from or within hearing of, the main action area | | |
|  | Near SCBA changing area – if fire incident | | |
|  | | | | |
|  | Notify EMS Official & Incident Command of your location | | | |
|  | | | | |
|  | Obtain Equipment & Supplies to operate the REHAB Unit. | | | |
|  |  | Portable Radio – with good working battery to link to EMS Official | | |
|  | Salvage Covers – for ground cover (Pull off a near-by Engine w/permission | | |
|  | Traffic Cones – for cattle chutes and boundary markers (approx. 12) | | |
|  | Stretcher and Stair Chair | | |
|  | Oxygen supplies – Tank & Regulator(s) |  | |
|  | “Cooling” and “Dry” towels – Cooler &  Crate |  | Cold Weather |
|  | Ice (Get from Freezer), Water & Cups |  | Hot Packs |
|  | Activity Drink Mix (use 50-50 mixture) |  | Heavy Blankets |
|  | Granola Bars |  | Grounded Electric |
|  | Timpanic Thermometer(s) & probe covers |  | Supplemental Heaters |
|  | Chairs or benches for seating |  | Windbreakers/Shelter |
|  | BLS Trauma Kit |  | Quartz Lights (heat) |
|  | Cooling Sprayers |  | Hair Dryers |
|  | Adequate Lighting |  | Spare Clothing |
|  | Clipboards & Log sheets |  | |
|  | Triage Tags & Pens |
|  | ALS Trauma Kit (if appropriate) |
|  | Cardiac Monitor (if appropriate) |
|  | | | | |
|  | Request that the Communications Center announce the Rehab. Unit’s  location | | | |
|  | | | | |
|  | Work with the branch directors. group supervisors, unit leaders, and  Safety Officer(s) to direct personnel to the REHAB area | | | |
|  | | | | |
|  | Log in, Assess, Log out all personnel seen by the REHAB Unit | | | |
|  | | | | |
|  | Request food support service – if extended operations | | | |
|  | | | | |
|  | Notify Triage Supervisor if intensive treatment of any personnel is  necessary (Do Triage if necessary) | | | |
|  | | | | |
|  | Notify the appropriate AGENCY’S CHIEF OFFICER if any of their  personnel are sent to hospital facilities | | | |

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| REHAB LOG | | | | Location: | | | | | | | Group: | | | |
| Date: | | | | | | | Number: | | | |
| Name/  Unit # | Times | Total  Time/Bottles | | Pulse | Resp. | Temp | Skin | B/P | | Assessed By | Complaints/  Conditions | Amount of Fluid Given | Referred  /Transf.  To | Time Out |
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