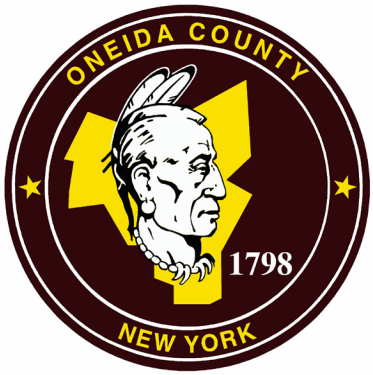


Oneida County EMS Mass Casualties Incident Plan

INTRODUCTION

It is intended that this plan will establish a common set of EMS procedures and operational expectations for Mass Casualty Incidents (MCI) in Oneida County. Since any MCI will contain its own unique characteristics and associated issues a great deal of flexibility must be available for incident / EMS commanders, operations, and transportation. However, it is imperative that all emergency services personnel be familiar with the overall plan and objectives.

The procedural directives of this plan assume all participants will work under the Federal Incident Command System, regardless of type, scale and location of the MCI or disaster.

MCI's are defined as incidents that tax the resources of local response agencies and require additional resources. Oneida County is made up of EMS Agencies able to handle smaller MCI's within its own resources and Agencies that will require outside assistance with that same number of patients. The same basic operating assumptions and management techniques should be employed at all MCI situations regardless of size.

OBJECTIVES

- Serve as a plan of EMS operations for Fire/Rescue, EMS, and Law Enforcement agencies, insuring a coordinated and appropriate response to an MCI.
- Provide a method of identifying those patients most in need of care and transportation in an MCI
- Coordinate EMS manpower, equipment, supplies, facilities, and resources involved in an MCI
- Coordinate EMS communications at the scene of an MCI
- Designate responsibility as needed the scene of an MCI
- Identify resources available to MCI commanders

NOTIFCATION / REPSONSE

In Oneida County, MCI's will be declared by any on scene Incident Command or may be instituted based on dispatch information with confirmation of injuries. Oneida County Emergency Services (911) may institute this plan when information indicates an MCI exists, prior to the arrival of any Agency, Officer or member.

MCI's within Oneida County will be divided into four (4) levels:

Level One (1) MCI	Reported / Known 3-7 patients
Level Two (2) MCI	Reported / Known 8-12 patients
Level Three (3) MCI	Reported / Known Greater than 12-24 patients
Level Four (4) MCI	Report / Known Greater than 24

*Automatic dispatch will include:

Level One	Agency specific request according to Agency mutual aid plan.
Level Two	5 ambulances, EMS Coordinator notification, Air medical notification (standby).
Level Three	8 ambulances, EMS Coordinator(s) to the scene, Air Medical notification (automatic launch), One bus (standby).
Level Four	12 ambulances, EMS Coordinator(s) to the scene, Air Medical request automatic launch of one to scene and one on standby status, Request for two buses directly to scene.

*County ambulance mutual aid plans will be used to gather needed ambulances, following the agency plan of next closest, 911 may deviate as needed to fill the need (xyz ambulance is out of service) When an MCI has been declared 911 will dispatch the appropriate number of ambulances (not specific agencies) EMS Coordinator will coordinate with 911 center for needed coverage of depleted EMS area.

The First arriving public safety unit will notify / confirm incident location and estimated patients to 911, if not already performed a declaration of an MCI will be made on 911 frequencies (ex. Oneida County to all agencies a Level 2 MCI has been declared at XXX Main St. Any town). Appropriate Fire/Rescue and Ambulance Agencies will automatically be dispatched.

In the event of a Level 3 or 4 MCI all ambulances will be alerted to standby in quarters with a crew for possible move-up / coverage. This will be done as soon as possible to allow for immediate availability of EMS. Agencies should avoid individual acknowledgments and standby confirmations; these communications will take place via phone to 911. AVOID any unnecessary radio traffic.

The first arriving unit will establish Incident Command. Depending on type, scope, nature, and location, the Incident Commander should establish needed additional Commanders.

UNIFIED COMMAND

Safety Officer

Logistics, Planning

Public Information

Fire Rescue

EMS Operations

Law Enforcement

Extrication

Triage

Fire Police

Fire Suppression

Treatment

Landing Zone

Transportation/Staging

ROLES /RESPONSIBILITIES

Unified Command:

Senior Officers will establish a Unified Command and will designate a command post from which operations will be directed. Responsible for overall management and control of the following functions.

- Implementation of the Incident Command System and delegation of functional responsibilities to appropriate personnel.
- Determination of and summons the necessary resources to mitigate the incident.
- Extrication/Rescue of the entrapped patients and their movement to the appropriate treatment area(s).
- All incident Command communications to and from the scene of the incident.
- Notify 911 scope, nature and potential hazards involved in incident.

Overall command responsibilities shall remain with the incident commander throughout the incident, unless command is transferred according to ICS or local Protocols.

MCI's typically generate a frenzy of media activity and Incident Commanders should consider the appointment of a *Public Information Officer,* who will serve as a liaison to reporters seeking information about the incident. On protracted incident it will be important that the PIO issue a brief regularly so that information gathering need of the media are met while not distracting the Incident Commander from his or her job.

EMS Command – responsible / reports to Incident command

- Direct and supervise EMS operations, coordinate other EMS personnel and activities.
- Work in coordination with Police and Fire Command Post Officers
- Survey / assess the medical needs of situation.
- Determine any need for EMS equipment / manpower, request additional as needed through the Incident Command.
- Confirm number and type of casualties with Incident Command and Dispatch.
- Monitor and adjust MCI plan (initial response 1 ambulance / 2 patients)
- Designate additional support staff as needed (triage, transport, treatment etc.)

Triage Officer- responsible / reports to EMS Command

- Direct and supervise site triage (primary triage using START plan).
- Establish procedures for transportation of patients according to priority, coordinated with Transportation Officer.
- Determine manpower needs at incident site.
- Coordinates EMS personnel assigned to site of incident.

- Maintain communication with EMS command.
- Coordinates management with Treatment Officer

Treatment Officer – responsible / reports to EMS Command

- Directs and supervise Patient care in the Patient collection area.
- Responsible for patient flow (entrance and exit points).
- Determine and request need for additional manpower / equipment.
- Coordinate patient transport with Transportation Officer.
- Assures patients are tagged and transported accordingly.

Public Information Officer- responsible to Incident Command

- Establish area for media gathering, not on-site, should be near site.
- Provide accurate information provided from Incident Command.

Transportation Communication Officer/ Staging- responsible / reports to EMS Command

- Establish and maintain ambulance transportation area (near treatment area exit).
- Establish and maintain vehicle holding area and a one-way ambulance traffic flow pattern.
- Determine need for additional ambulances.
- Request bed availability and specialty services from Region Hospitals.
- Notify the appropriate hospitals of incident and possible incoming patients, and notification to Oneida County Health Department.
- Maintain constant communications with hospitals. Ambulances should not call in to receiving hospital unless patient condition changes.
- Coordinate distribution of patients in conjunction with receiving hospitals, Transportation Officer/EMS Command.

EMS Coordinator- responsible to Incident Command

- EMS coordinator is assigned to the Command Post and must be familiar with the county MCI plan.
- Will work with Incident and EMS Command as needed.
- Supervises the administrative needs of incident.
- Ensures that activities essential to EMS (security, access, communications etc.) are initiated with appropriate agencies.
- Assures continuation of availability of EMS in areas impacted by incident.
- Provide support to Command as needed.

Responding Ambulance – responsible to EMS Command

- Acknowledge call / responding, avoid all unnecessary radio communications, switch to designated frequency on scene.
- Driver stays with ambulance.
- Crew and stretcher stay together.
- Leave area immediately after patient loading to allow for additional ambulances.
- Transportation Officer will notify ambulance of destination. Do not call into hospital unless you have a change.

SIMPLE TRIAGE AND RAPID TREATMENT (*START*)
Greatest good for the greatest number

Most trauma patients die within a short period after sustaining their injuries mostly due to respiratory complications, insufficiency, exsanguinations, or CSN trauma.

This plan allows EMTs and Paramedics to triage a patient at an MCI in 60 seconds or less.

The Plan is based on three observations:

- Respirations
- Circulation
- Mental Status

The *START* plan calls for rescuers to correct the main threats to life:

Blocked Airways and Severe Arterial Bleeding

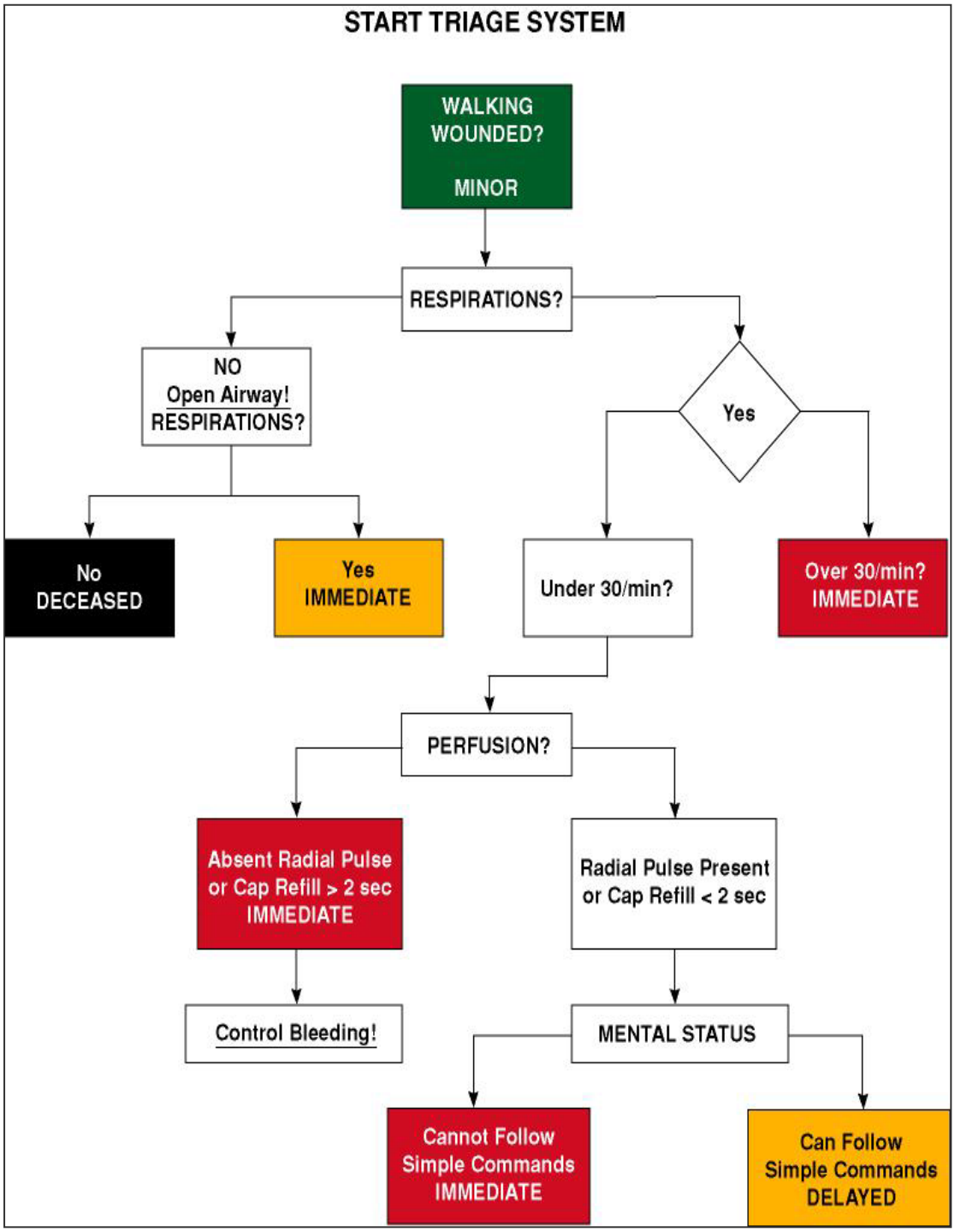
The Triage Team must evaluate and place the patients into one of four categories:

- **DECEASED (BLACK):**
  - no respirations are present, even after attempting to reposition the airway.

- **IMMEDIATE (RED):**
  - Respirations are present only after repositioning the airway. Also placed in this category if rate is greater than 30 breaths per minute.
  - Delayed capillary refill (greater than two seconds).
  - Unable to follow simple commands.

- **DELAYED (YELLOW):**
  - Any patient who does not fit into either the immediate or minor categories.

- **MINOR (GREEN):**
  - Separate from the general group at the beginning of the triage operation. Also know as “walking wounded”.
  - Direct patients away from the scene to a designated safe area.
  - Use these patients to control bleeding and assist in airway maintenance of immediate patients.


START TRIAGE SYSTEM
WALKING WOUNDED?
MINOR
RESPIRATIONS?
NO
Open Airway!
RESPIRATIONS?
Yes
No
DECEASED
Yes
IMMEDIATE
Under 30/min?
Over 30/min?
IMMEDIATE
PERFUSION?
Absent Radial Pulse
or Cap Refill > 2 sec
IMMEDIATE
Radial Pulse Present
or Cap Refill < 2 sec
Control Bleeding!
MENTAL STATUS
Cannot Follow
Simple Commands
IMMEDIATE
Can Follow
Simple Commands
DELAYED

SEQUENCE OF RESPONSE TO MASS CASUALTY INCIDENTS

1. **Notification information may indicate likelihood of an MCI.**

2. Arrival report is transmitted by first Public Safety Unit to arrive on the scene.

3. The incident is confirmed and an estimate is made of number and types of casualties.

4. An incident Command Post is established by first arriving Public Safety Unit and an updated assessment is transmitted to the control center.

5. The first arriving EMS personnel perform initial, primary triage procedures and communicate possible resource needs to the Incident Commander.

6. Depending on the type, size and scope of the MCI, incident commanders should initiate the command process by delegating responsibilities for managing the emergency medical portion of the incident by appointing an EMS Operations Officer. In relatively for all medical aspects of incident management, including triage, treatment, and transportation oversight.

   On larger MCIs, the Incident Commander should begin to fill both operational level and sector level positions to oversee the management of the following functions:

   a. The staging of equipment, manpower and supplies
   b. Patient Triage
   c. Extrication and Rescue
   d. Patient Treatment
   e. Transportation

7. Once the Command Post is established and on-site leadership is designated, primary triage procedures should begin, and essential extrication and lifesaving emergency medical care should commence.

8. A patient Collecting/Treatment Area should be identified and staffed.

9. Patients are brought to the Patient Collection/Treatment Area, evaluated, classified/reclassified, identified with triage tags (second stage triage), stabilized and given further emergency medical care.

10. Patients are transported by assigned priority to the nearest appropriate hospital (Third stage triage).

11. Units are returned to service in the opposite order of their arrival. (last to arrive should ordinarily be the first to leave).

12. The MCI Command is terminated at the point at which the last patient has been transported to a medical facility, and the emergency has been mitigated.

ADDITONAL CONSIDERATIONS

1. Are we safe? Is the Command Post in a safe location? What are the actual and potential hazards of the incident? Inner perimeters need to be established now as well as a decision as to whether EMS personnel are safe in the inner perimeter, and with what level of protection. Is there a chance of hazardous materials? If so, do all responding responders know? Ensure that all parties in the Command Post are working off the "same sheet". Each service should have a resource book for just such an occasion.

2. Is Evacuation / Sheltering in place? If so, who will do it and how? Where will the evacuees be told to go? Who will be responsible for care at this site?

3. Use of specialized equipment;
    a. Air Medical Service
    b. Buses
    c. Haz-Mat
    d. Animal Control
    e. Search and Rescue

4. Pre-Hospital Care Reports (PCR) may not be completed during an MCI situation, approved triage tags may be used.

Reviews: