SURVIVAL FACTORS GROUP

BURLINGTON COUNTY EMS MASS CASUALTY PLANS

ATTACHMENT 7

Chesterfield Township, N.J.

HWY-12-MH-007
(26 Pages)

BURLINGTON COUNTY EMERGENCY MEDICAL SERVICES

MULTIPLE VICTIM INCIDENT (MVI) STANDARDIZED OPERATING GUIDELINES

MULTIPLE VICTIM INCIDENT (MVI)

An incident producing multiple patients, for which local, and multi-jurisdictional BLS and ALS (mutual aid) resources are immediately available and adequate to provide for triage, stabilization, treatment, and transportation to appropriate medical facilities.

PROCEDURE:

A. The senior member of the crew of the first arriving E.M.S. Unit to any incident with:

- 8 or more Priority Three (3) Green, Ambulatory Patients*
- 6 or more patients of mixed triage categories*
- 4 or more Priority One (1) Red, Immediate Patients*
- All Special Hazard Incidents such as rescues, hazmats, fire scenes & special police operations.

* Per the NJDH&SS OEMS State Triage Procedure

Will assume the role of "**EMS Group Supervisor@ (Unless the role of Incident Command has not been assumed. Then assume the role of Incident Command until it can be transferred as appropriate.)** Maintain the position of EMS Group Supervisor until relieved by an appropriate local EMS Supervisor, Deputy Chief or Chief, as outlined in the local departments chain of command.

The EMS Group Supervisor will request that the Incident Commander makes a declaration of an MVI and the assumption of the EMS Group Supervisor role.

EMS Group Supervisor, duty and responsibility:

*** Put on vest if available**

*** Assign Triage to crew members as appropriate**

*** Perform overall scene size up & report.**

*** Promptly records (MVI Form # 1) & relays scene size up to Incident Commander**

< Confirm MVI Declaration
< Report all observed Hazards & Patient Extrication Needs
< Estimate the total number of patients with severity and types of injuries (Triage report if available)
< Report all EMS Units in service on scene
< Give location of EMS STAGING AREA
< Request dispatch of Local Squad Officers as appropriate
< Determine need for and request additional EMS or other emergency resources

< Determine need for Aeromedical Transport and establishment of Helispot as appropriate
< Reports all Patient Fatalities
< Request Availability of surge capacity for the local hospitals emergency departments with the number of patient in each of the three triage categories (Priority One (1) Red Immediate, Priority Two (2) Yellow Delayed, Priority (3) Green Ambulatory) that they can handle in the next hour.

* Organize the EMS Scene into the following areas:

< INCIDENT AREA- the area involving the actual incident.

<EMS STAGING AREA- area designated for EMS emergency vehicles to park as they arrive at the scene so they will not block access to the scene and can stay until utilized.

< TREATMENT AREA- should be organized in relation to the number of patients, on scene resource availability and weather conditions. All incidents do not require a TREATMENT AREA. In most incidents it is more practical to allow patients to be directly removed from the INCIDENT AREA into awaiting ambulances in the LOADING AREA. With larger number of patients or when a lack of EMS Resources presents, a TREATMENT AREA will have to be established with a separate area for each triage category (Red Priority 1, Yellow Priority 2, Green Priority 3) in a safe area in close proximity to the INCIDENT AREA.
ALS personnel should be assigned to manage the Treatment Area with a Treatment Unit Leader assigned by the EMS Group Supervisor as appropriate.

< EQUIPMENT BANK AREA - In certain incidents, an equipment bank area should be established so that arriving EMS units in EMS STAGING can drop items such as backboards, splints oxygen units and other equipment as needed so that they can be utilized in the INCIDENT & TREATMENT Areas.

<LOADING AREA- TREATMENT or INCIDENT AREA to allow ambulances to respond from EMS STAGING to pull up, load and leave.

* Directs all EMS activities at the scene until EMS Group Supervisor role is transferred or the incident is resolved

* Give timely progress reports to the Incident Commander

* Completes MVI Incident Management Form (MVI FORM # 1). Original should be retained to be filed with local EMS Agency's Incident Reports.

B. TRIAGE UNIT LEADER

TRIAGE: DUTY & RESPONSIBILITY:

*** PUT ON VEST IF AVAILABLE**

***Perform initial triage sweep utilizing the "START" Triage Method and NJ State TRIAGE TAGS. (See: START Triage Algorithm(MVI Form #2) and NJ State Triage Tag Instruction Sheet (MVI Form #3)**

*** After completion of initial triage sweep, report total patient count and triage category counts to the EMS Group Supervisor**

*** Make recommendations to EMS Group Supervisor concerning additional EMS Resource needs. (i.e.: SouthStar, Rescue, ALS, etc.)**

*** Request EMS personnel for patient care and packaging in the INCIDENT AREA from the EMS Group Supervisor**

*** Assign EMS personnel to specific patient care functions and patient packaging according to triage priorities in the incident area as the EMS Group Supervisor assigns personnel from EMS STAGING.**

*** Requests needed patient care and packaging equipment needed from the EMS Group Supervisor.**

*** Perform continuous triage sweeps until all patients are removed from the INCIDENT AREA.**

***Confers with the EMS Group Supervisor, Treatment Unit Leader and/or on scene ALS Treatment Personnel concerning patient priority decisions such as transport**

*** Confers with the Rescue Group Supervisor as needed to determine extrication priorities**

*** Gives timely progress reports after each triage sweep and as each patient is removed from the incident area**

*** Records final triage count, patient priorities with corresponding NJ State Triage Tag Numbers on Triage Report (MVI Form # 4) & forwards to the EMS Group Supervisor.**
*** Terminates Triage activities after all patients are removed from INCIDENT AREA.**

BURLINGTON COUNTY EMERGENCY MEDICAL SERVICES

INCIDENT COMMAND SYSTEM AND STANDARDIZED EMERGENCY OPERATING PLAN FOR MULTIPLE PATIENT, MAJOR AND MASS CASUALTY INCIDENTS

Table of Contents

I. ACTIVATION & INCIDENT LEVEL DECLARATION

A. ACTIVATION: The first arriving EMS unit should utilize the following guidelines to determine the need to activate the Burlington County EMS Incident Command System and Emergency Operating Plan for Multiple Victim Incident (MVI), Major Casualty Incident (MCI) and Mass Casualty Incidents (MCI Level II). Activation of this plan is highly recommended when one or more of the following conditions develop:

The senior member of the crew of the first arriving E.M.S. Unit to any incident with:

- 8 or more Priority Three (3) Green, Ambulatory Patients*
- 6 or more patients of mixed triage categories*
- 4 or more Priority One (1) Red, Immediate Patients*
- All Special Hazard Incidents such as rescues, hazmats, fire scenes & special police operations.

* Per the NJDH&SS OEMS State Triage Procedure

B. INCIDENT LEVEL DECLARATION: The senior member of the crew of the first arriving E.M.S. Unit to any incident will assume the role of "**EMS Group Supervisor@ (Unless the role of Incident Command has not been assumed. Then assume the role of Incident Command until it can be transferred as appropriate.)** Maintain the position of EMS Group Supervisor until relieved by an appropriate local EMS Supervisor, Deputy Chief or Chief, as outlined in the local departments chain of command. Based on the following definitions a declaration with one of the following terms will be made.

1. ***MULTIPLE VICTIM INCIDENT (MVI)***

An incident producing multiple patients, for which local, and multi-jurisdictional BLS and ALS (mutual aid) resources are immediately available and adequate to provide for triage, stabilization, treatment, and transportation to appropriate medical facilities. Typical MVIs include BLS Resources up to a 1st Alarm Medical and Special Call ALS Resources.

2. ***MAJOR CASUALTY INCIDENT (MCI)***

An incident producing large numbers of casualties, for which county-wide/divisional EMS resources (Burlington County EMS Strike Team(s) with Special Call ALS Resources) and/or use of all countywide medical facilities will be necessary and adequate to provide for triage, stabilization, treatment, and transportation. Typical MCIs include up to 5th Alarm Medical and Special Call ALS Resources with MCI Unit(s).

3. ***MASS CASUALITY INCICENT (MCI Level II)***

An incident producing mass casualties where the EMS and medical resources from the county are overwhelmed due to the number of casualties, and/or due to damages to county medical facilities, thereby, requiring a response and/or use of extensive state (out of county) or out of state EMS and medical resources. Typical MCI Level II Incidents would involve requests beyond a 5th Alarm Medical or Special Circumstances when in county EMS resources are not available to respond or have been directly affected by the incident.

BURLINGTON COUNTY EMS RESOURCE DEFINITIONS

BLS-Basic Life Support Ambulance with the ability staffed with a minimum of two EMTs

ALS- Advanced Life Support

MEDICAL ALARM- Five (5) BLS Units or EMS Strike Team assigned to the same incident. Example: 1st Alarm Medical would be five BLS Ambulances, 2nd Alarm Medical would be (10) ten BLS Ambulances assigned to an incident, etc. Each alarm requires the response of 5 BLS and moves 2 Covers from the next alarm in to cover the region.

EMS Strike Team- five basic life support ambulances with a minimum of two (2) EMT's

MC- Mass Casualty Trailers/Units

AEROMEDICAL- Medical Helicopters

EMS Coordinator- Burlington County EMS and Deputy EMS Coordinators appointed by the BCFAC and Burlington County Freeholders.

MEDIC 100- Virtua Health Systems ALS Duty Chief

MEDIC 200- Virtua Health Systems ALS Special Operations Chief

MEDIC 300- Virtua Health Systems ALS Duty Deputy Chief Burlington County

MEDIC 400- Virtua Health Systems ALS Duty Deputy Chief Camden County

II. FIRST ARRIVING EMS UNIT

A. Will assume the role of "**EMS Group Supervisor@ (Unless the role of Incident Command has not been assumed. Then assume the role of Incident Command until it can be transferred as appropriate.)** Maintain the position of EMS Group Supervisor until relieved by an appropriate local EMS Supervisor, Deputy Chief or Chief, as outlined in the local departments chain of command.

The EMS Group Supervisor will request that the Incident Commander make a declaration of an MCI and then assume the role of EMS Group Supervisor role.

B. Crew member(s) of first arriving EMS Unit will begin the Triage process using the Standard NJ Triage Tags and the **S.T.A.R.T. (Simple Triage And Rapid Treatment)** triage system.

EMS Group Supervisor, duty and responsibility:

- Put on vest if available
- Assign Triage to crew members as appropriate
- Perform overall scene size up & report.
- Promptly records (MCI Form # 1) & relays scene size up to Incident Commander
  - < Confirm MCI Declaration (Level I or Level II)
  - < Report all observed Hazards & Patient Extrication Needs
  - < Estimate the total number of patients with severity and types of injuries (Triage report if available)
  - < Report all EMS Units in service on scene
  - < Give location of EMS STAGING AREA
  - < Request dispatch of Local Squad Officers as appropriate
  - < Determine need for and request additional EMS or other emergency resources
  - < Determine need for Aeromedical Transport and establishment of Helispot as appropriate
  - < Reports all Patient Fatalities
  - < Request Availability of surge capacity for the local hospitals emergency departments with the number of patient in each of the three triage categories that they can handle in the next hour. Patients will be categorized as follows:
    - **Priority One (1) Red Immediate**
    - **Priority Two (2) Yellow Delayed**
    - **Priority Three (3) Green Ambulatory**
- **Organize the EMS Scene into the following areas:**
  - **< INCIDENT AREA**- the area involving the actual incident.
  - **<EMS STAGING AREA-** area designated for EMS emergency vehicles to park as they arrive at the scene so they will not block access to the scene and can stay until utilized.
  - **< TREATMENT AREA-** treatment area should be organized in relation to the number of patients, on scene resource availability and weather conditions. All incidents do not require a TREATMENT AREA. In some incidents it is more practical to allow patients to be directly removed from the INCIDENT AREA into

awaiting ambulances in the LOADING AREA. With a larger number of patients or when a lack of EMS Resources presents, a TREATMENT AREA will have to be established with a separate area for each triage category (Red Priority 1, Yellow Priority 2, Green Priority 3) in a safe area in close proximity to the INCIDENT AREA.

ALS personnel should be assigned to manage the Treatment Area with a Treatment Unit Leader assigned by the EMS Group Supervisor as appropriate.

- **< EQUIPMENT BANK AREA** - In certain incidents, an equipment bank area should be established so that arriving EMS units in EMS STAGING can drop items such as backboards, splints oxygen units and other equipment as needed so that they can be utilized in the INCIDENT & TREATMENT Areas. In any incident in which an equipment bank area is established the first Mass Casualty unit to arrive will be directed to report to that area. Additional Mass Casualty Units will report to staging until directed otherwise.

- **<LOADING AREA**- TREATMENT or INCIDENT AREA to allow ambulances to respond from EMS STAGING to pull up, load and leave.

- Directs all EMS activities at the scene until EMS Group Supervisor role is transferred or the incident is resolved

- Give timely progress reports to the Incident Commander

- Completes MCI Incident Management Form (MCI FORM # 1). Original MCI and ICS forms shall be retained to be filed with local EMS Agency's Incident Reports.

B. TRIAGE UNIT

TRIAGE: DUTY & RESPONSIBILITY:

- PUT ON VEST IF AVAILABLE

- Perform initial triage sweep utilizing the "START" Triage Method and NJ State TRIAGE TAGS. (See: START Triage Algorithm(MVI Form #2) and NJ State Triage Tag Instruction Sheet (MVI Form #3)

- After completion of initial triage sweep, report total patient count and triage category counts to the EMS Group Supervisor

- Make recommendations to EMS Group Supervisor concerning additional EMS Resource needs. (i.e.: Aeromedical, Rescue, ALS, etc.)

- Request EMS personnel for patient care and packaging in the INCIDENT AREA from the EMS Group Supervisor

- Assign EMS personnel to specific patient care functions and patient packaging according to triage priorities in the incident area as the EMS Group Supervisor assigns personnel from EMS STAGING.

- Requests needed patient care and packaging equipment needed from the EMS Group Supervisor.

- Perform continuous triage sweeps until all patients are removed from the INCIDENT AREA.

- Confers with the EMS Group Supervisor, Treatment Unit Leader and/or on scene ALS Treatment Personnel concerning patient priority decisions such as transport

- Confers with the Rescue Group Supervisor as needed to determine extrication priorities

- Gives timely progress reports after each triage sweep and as each patient is removed from the incident area

- Records final triage count, patient priorities with corresponding NJ State Triage Tag Numbers on Triage Report (MCI Form # 4) & forwards to the EMS Group Supervisor.
- *Terminates Triage activities after all patients are removed from INCIDENT AREA.

* Radio Identifier will be Triage. In any incident in which patients are spread over a geographic which would inhibit a single triage, a Triage Group may be established and multiple triage officers may be designated using a geographic location followed by the word triage.
* Vest Title : Triage

1. Triage shall utilize the S.T.A.R.T. method.
Persons involved in incident but not complaining of illness or injury should be given a triage tag and noted as UNINJURED. This is to assure accountability of all potential patients and to assure that a complete triage has occurred.
a. Ambulatory Patients
I. All patients that can ambulate and move to a safe location will have self categorized themselves into the priority 3, green category and should be triaged tagged when appropriate. Patients that obviously should not be allowed to ambulate should be laid flat and assessed as a non-ambulatory patient.

b. Non-Ambulatory

I. Respiratory (Rapid Treatment: open and maintain airway)

(a.) If not breathing after opening airway, tag Black, Priority 0, non-salvageable/dead, and perform no further assessment or treatment. Move on to next patient.

(b.) If breathing, assess rate. If respirations are greater than 30 per minute and/or if the airway needed to be opened for resumption of spontaneous respirations, tag red, priority 1, Immediate. Ensure that a open airway is maintained prior to moving on to next patient.

(c.) If respiratory rate is less than 30 per minute patient is not tagged at this step. Proceed to next assessment step.

II. Perfusion (Rapid Treatment: Control major bleeding and place flat to treat for shock)

(a.) Capillary refill greater than two (2) seconds or no palpable radial pulse present tag as red, priority one, Immediate, Control major bleeding and position patient flat to treat for shock before moving onto next patient.

(b.) If capillary refill is less than two (2) seconds or radial pulse is palpable patient is not tagged at this step. Move onto next assessment.

III. Mental Status

(a.) Unable to follow simple commands, ability to open eyes and squeeze hands to your command, tag Red Priority One (1), Immediate.

(b.) Able to follow above listed simple commands, tag yellow, priority two (2), Delayed.

*Note: Triage sweeps are continuously repeated until all patients are moved from the incident area.

B. Hospital Liaison

Radio Identifier: Utilize Hospital Name
Position will be filled by Medcom or Central until such time as the position can be filled.
1. The Hospital Liaison will report the assigned hospital and brief the appropriate personnel on the particulars of the incident and the expected impact on the facility. The Hospital Liaison will obtain information including bed status and any additional relevant information.

Bed Status will include the following information:

a. Total Number of critical care patients that can be handled. (Red, Priority I, Immediate)

b. Total Number of non-ambulatory, non-critical patients that can be handled. (Yellow, Priority II, Delayed)

c. Total Number of ambulatory, treat and release patients that can be handled. (Green, Priority III, Ambulatory)

2. Relay hospital capabilities directly to IC or Transportation Group Supervisor if one has been established.

IV. Incident Commander

An INCIDENT COMMANDER (IC) will be established at all Mass Casualty Incidents. The IC will notify Central Communications of the exact location of the Command Post. Clearly identify yourself with the Command Vest and the location of the Command Post with a flag sign, or green light. All incidents that require a 2nd or greater medical alarm level response will have a Command Post established and utilize the CP designation as outline in the Burlington County Radio policy.

* Radio Identifier: Command

* Vest Title: Command

A. COMMAND will:
1. Transmit progress reports in a timely fashion to Central as appropriate.

The IC will provide Central Communications a with report that includes but are not limited to the following information:

a. Make declaration of incident level (I, II, III)
b. Exact incident location and best access route.
c. Type and cause of incident.
d. Report all observed hazards.
e. Estimate the total number of patients with severity and types of injuries.
f. Report the Unit #'s of all EMS Units currently operating on the scene.
g. Report all EMS Groups established
h. Request additional resources as needed.
i. Set location for EMS Staging Area

2. Designate EMS Groups and/or Divisions and officers as needed to maintain normal span of control. Remember any EMS Group or Division the IC does not designate is the IC's responsibility.

3. Frequently, survey and reassess the incident/situation determining the need for upgrading or downgrading equipment and manpower requirements. Request timely progress reports from all operating group officers.

4. Ensure the proper operations are occurring in all established groups.

5. Ensure the safety of all EMS personnel operating at incident.

6. Network with the Police and Fire officers on scene. When possible attempt to establish a multi-agency command post on the scene, and develop a unified command to manage the incident.

7. Will utilize the appropriate ICS forms to document all operational decisions, radio frequencies used, designated EMS Groups, designated Group Supervisors, progress reports, and resources utilized including manpower all in chronological order. Will prepare and forward a written report to the local Emergency Management Coordinator as and when requested.

8. The IC will request a state approved Critical Incident Stress Debriefing (CISD) team to the scene of all multi, major, and mass casualty incidents to coordinate psychological and/or social services support emergency response personnel who are experiencing acute stress reactions or psychological disruption as a result of the incident. CISD teams will provide on scene defusing, post incident debriefings and counseling sessions as needed.

B. The IC will fill Command Staff Positions as appropriate to limit and/or reduce Commands span of control to 1 to 7 persons.

1. SCRIBE- position can be assigned to document all decisions and communications that go though the Command Post.

2. LIAISON- position can be assigned to communicate with entities not normally a part of incident responses or that have special needs related to the incident.

3. PIO- Public Information Officer (PIO) position can be assigned as appropriate to deal with and release accurate, confirmed, and timely information to the press. All press reports must first be cleared through the IC prior to release of information. The following is a basic guide of information typically released by EMS officials:

a. Nature of incident or situation.

b. Amount of time lapsed operating at incident.
c. Emergency medical care and treatment being rendered to patients.
d. Casualty counts by priority.
e. Number and types of EMS equipment operating at the incident.
f. Number and types of EMS personnel operating at the incident.
g. Township's and counties from which EMS resources have been pulled from.
h. Hospitals where patients have been sent
i. No patient names or information will be released that constitute a HIPAA violation

4. RUNNER- Positions can be assigned to relay face to face messages between the IC and the Branch Directors and Group Supervisor.

5. SAFETY OFFICER- Position will ensure the safe operations of all personnel. The Safety Officer will correct and prevent unsafe conditions. In the case where EMS personnel are in "imminent danger" of injury or death the Safety Officer can suspend EMS action (i.e. IC directives) and/or withdraw personnel from the area. They must immediately report this to EMS Command. In the case of "Non-life threat" situations the safety officer should take all corrective action required without interrupting EMS operation. If interruption of EMS operations is required to correct the problem the Safety Officer should inform EMS Command and await their decision.
The Safety Officer should work with the CISD Team to identify EMS personnel who require immediate debriefing. These personnel should be relieved of their job assignments and receive immediate debriefing. Routine Rotation of EMS personnel for Debriefing can not take place until sufficient personnel are on the scene and the likelihood of escalation is low. The Safety Officer and CISD Team leader should develop a plan to debrief all participants at the incident.

V. STAGING

Will be established with the most appropriate local EMS person being appointed to the role of Staging Group Supervisor by EMS Command. Depending on situations and circumstances it may become necessary to have more than one EMS Staging Group and supervisor. Use the physical name of the different Groups locations as a prefix to differentiate between them.

* Radio Identifier: Staging

* Vest Title: Staging

A. STAGING GROUP SUPERVISOR will:

1. Establish a suitable and safe staging area for EMS personnel and vehicles away from the incident but with easy access to same. Notify E.M.S. Command of the location of Staging area.

2. Maintain a log of all arriving and departing EMS vehicles and personnel.

3. Ensure that vehicles are parked in a manner to preclude others from being blocked in and whenever possible ensures that all drivers remain in vehicles.

4. Assigns the appropriate emergency vehicles and personnel as requested by Group Supervisors through EMS Command.

5. Will assist in the collection (Equipment Depot) and deliver equipment and supplies as requested through EMS group supervisor.

6. Request police assistance to ensure access routes to and from the EMS staging area remain open.

7. Provide timely progress reports to the IC.

B. AIR OPERATIONS GROUP SUPERVISOR- Will be appointed by the Transportation Group Supervisor to the most appropriate local responder when aero-medical evacuation is anticipated to be utilized.

* Radio Identifier: Air Operations

1. Air Operations will identify the best pre-designated local landing zone in reasonable proximity to incident where rotor wash and noise related to the helicopters will not interfere with incident scene operations.

2. Request EMS vehicles and personnel from EMS Staging to load and shuttle patients identified by the Transportation Group Supervisor aero-medical transportation to a specialty hospital. Shuttle vehicles will transport these patients from the loading area through departure to the hospital zone. Transportation Group Supervisor will assign receiving specialty hospital destinations, log all appropriate information, and make hospital notification through the Hospital Communicator, also make all requests for additional aero-medical units through Staging.

3. Request notification and assistance of fire department in accordance with local protocols.

4. Ensures landing zone is properly identified. Establishes a clear radio channel to communicate directly to aero-medical units.

5. Reports directly to Transportation Group Supervisor. Gives timely progress reports.

6. Maintains a log of all patients, helicopters, and resources that have gone through or operated in the Air operations group.

VII. TREATMENT UNIT

Is delegated by EMS Group Supervisor or the EMS Branch Director to the most appropriate responder assigned to the incident. An ALS qualified responder will utilized whenever possible. Depending on situations and circumstances it may become necessary to have more than one Treatment Group. If more than one triage Group is to be used different groups will be identified by prefixing the word Treatment with their geographic operating location (i.e. Third Street Treatment, etc.).

* Radio Identifier: Treatment

* Vest Title: Treatment Unit Leader or Treatment Group Supervisor

A. TREATMENT GROUP SUPERVISOR will:

1. Select a safe and suitable treatment site with special attention to scene hazards, weather conditions, lighting, access, casualty and vehicle flows.

2. Clearly identify proper size sorting areas through use of priority flags, cones, tape, or signs (Black 0, Red 1, Yellow 2, Green 3) as made available in local triage kits.

3. Request through Staging the proper number of BLS and ALS personnel needed to stabilize and treat the estimated number of patients. Establish a minimum of one treatment crew for each priority area and designate a crew leader for each to help a normal span of control. Treatment Group crews will be identified as follows: Red Crew, Yellow Crew, and Green Crew, Only the Crew leaders will communicate with the Treatment Officers.

4. Request needed and anticipated supplies, equipment, and lighting from Supply and Staging as appropriate.

5. Obtain medical control for all advanced life support personnel operating in the Treatment

Group either by receiving general standing orders or by requesting from the Primary County MICU Medical Control Physician to the scene to give medical treatment orders only. The Medical Control Physician will report to the Treatment Group Supervisor and will not assume the role of Treatment Group Supervisor in the pre-hospital setting.

6. Ensure Proper pre-hospital disaster treatment and re-triaging is being preformed in the treatment area and appropriate documentation for each patients injuries, treatment, vital signs and personal information are recorded on triage tags with grease pencils.

7. All pre-hospitals ALS care is to be delivered in the Treatment Area Only.

8. Re-triaged patients into the Priority "0", Black category will be removed from the treatment area and placed in a designated Black area remote from the other priority areas. Separate male, female, and child corpses into rows leaving three foot buffers around each corpse. Ensure each corpse is covered with a sheet or blanket with triage visible on exterior surface. Request police to secure this area.

9. Request and assign a minimum of two firefighters to each priority area crew leader through the ranking fire department official to assist in moving treated patients to the loading zone.

10. Any emergency responder who becomes sick or injured at a incident will be moved directly to the first available ambulance with the appropriate level of EMS care and moved immediately to the appropriate hospital.

11. Reassign personnel as needed.

12. Give timely progress reports to EMS Command. Maintain a log of numbers of patients by priority treated by Treatment Group. Report a final total patient count with a breakdown by priorities prior to demobilizing Treatment Group.

VIII. RESCUE GROUP SUPERVISOR

Is delegated to the most appropriate person of the local agency responsible for providing rescue services according to the local EOP by EMS Command if the local EMS agency is the authorized local rescue service or by the other emergency agency incident commander.

* Radio Identifier: Rescue

* Vest Title: Rescue Group Supervisor

A. Rescue Group Supervisor will:

1. Determine if incident area is safe for on scene primary triage by EMS personnel. If incident area is unsafe the Rescue Group Supervisor will have patients removed to a safe area by personnel wearing the proper level of protective equipment for the hazards or will make the incident area safe for EMS personnel to operate in.

2. Request and assign appropriate rescue resources as needed.

3. Coordinate all rescue operations by priority of patient viability by working with the primary triage team.

4. Supervise and direct all rescues ensuring that no efforts are being duplicated or operated unsafely.

5. Coordinates search and recovery operations.

6. In large scale incidents establish sectors and divisions with rescue crews and crew leaders to help maintain a normal span of control.

7. Give timely progress reports and maintain a log of all rescue tasks and assignments delegated.

8. Reassign personnel and equipment as needed within the Rescue Group.

IX. SUPPLY GROUP SUPERVISOR

Is delegated to the most appropriate local EMS person by EMS Command thereby establishing a Supply Group and Operation.

* Radio Identifier: Supply
* Vest Title: EMS Supply Group Supervisor

A. SUPPLY GROUP SUPERVISOR will:

1. Clearly identify and locate a area in close proximity of the Treatment Area Consider utilizing tarps or rolled plastic to collect pre-hospital supplies and equipment on, in piles according to item.

2. Request anticipated and needed supplies and equipment based on the patient needs of Triage and Treatment from Staging and/or Logistics.

3. Utilize and collect equipment and supplies from ALS and BLS units in Staging Area. Arrange to acquire these items through delegation.

4. Request additional manpower as needed to support all Supply Group Operations and responsibilities.

5. Maintain inventory of stock on hand, all requests and all filled request. In addition attempt to maintain a log of all sources used to obtain supplies and equipment. Encourage all sources to maintain a list of all items provided for future reimbursement or replacement.

6. Refer to local EOP for Resources available locally to acquire additional medical supplies and equipment.

7. Give Timely progress reports to EMS Command.

8. Reassign personnel as needed.

9. Arrange for equipment retrieval from area hospitals utilized during incident. Designate a centrally located secure collection area (a local squad building) for all EMS agencies involved at incident to retrieve equipment used. Logs of all recovered equipment will be maintained including a receipt signature log of E.M.S. agency personnel receiving recovered equipment.

10. When demobilizing on scene Supply Group Operations ensure that all unused Supplies and Equipment are collected and returned to the established collection area.

X. TRANSPORTATION GROUP SUPERVISOR

Is delegated by EMS Command to the most appropriate local EMS person thereby establishing the Transportation Group. Depending on situations and circumstances it may become necessary to have more than one Transportation Group and Supervisor. If more than one transport group is established, identify each different group by prefixing the word Transportation with the location the group is operating in (i.e. Ember Lane Transportation, etc.)

* Radio Identifier: Transportation

* Vest Title: Transportation Group Supervisor

A. TRANSPORTATION GROUP SUPERVISOR will:

1. Establish a clearly marked loading zone to the rear of the treatment area through the use of highway traffic cones or flags.

2. Request and assign 6 of the most readily available personnel from EMS Command to fill 4 positions on the vehicle loader crew and 2 departure crew positions to complete the

Transportation Group so that it can become operational. See description of Vehicle loader and departure crews below.

3. Assign the appropriate priority patients to vehicles through coordination with the Treatment Group.

4. Request transportation vehicles from Staging to the loading zone. Will request vans and buses to transport Green, Priority 3 patients to hospitals when there are insufficient EMS resources available. If buses or vans are used EMS personnel should be placed on vehicle with a trail BLS unit to provide additional patient care in the event one of these patients conditions deteriorates.

5. Ensures that vehicles, driver, and stretcher are never separated. Also will prevent transport crew from re-evaluating and treating patients in the loading zone because this should be done en route to the hospital because this area must remain clear and moving.

6. Loaded Vehicles will be directed to Departure area for hospital assignments.

7. Clearly identify and establish a Departure Area between 50 and 100 yards from loading area but directly in the line of vision of same.

8. Gives timely progress reports to EMS Branch Director/Group Supervisor. After all patients have been transported gives final total count of all patients transported with a breakdown by priority.

9. Reassigns and demobilizes personnel as needed.

B. LOADING CREW will:

1. Ensure that ambulances are safely backed into loading zone.

2. Advise driver to stay in vehicle with stretcher and equipment.

3. Ask driver the number of stretcher patients and ambulatory patients their vehicle can handle.

4. Have ambulance crew exit vehicle to assist with carrying assigned patients to vehicle.

5. Will report vehicle transport capabilities to Transportation Group supervisor for patient assignments.

6. After loading ambulance will instruct them to proceed to departure point (Except for aero-medical shuttle vehicles that will proceed to landing zone).

7. Loaded vehicles are to proceed immediately to Departure. No vehicle will delay departure from loading area due to patient care once they are loaded.

C. DEPARTURE CREW will:

1. Clearly identify Departure area with flags, cones or other visible items as available.

2. Will obtain communications via land line, cellular telephone, assigned radio frequency or telemetry radio as available with Hospital Communicator.

3. Will receive and record hospital bed status with the number of critical care bed (number of priority 1 patients), regular floor beds (number of priority 2 patients), and treat and release (number of priority 3 patients) available at each hospital from the Hospital Communicator at the Primary EMS Communications Center. Must keep record of patient distribution according to received bed status so not to over burden any one facility.

4. Departure will obtain, record, and relay the following information to the hospital Communicator:

a. Agency and vehicle ID #
b. Total # of patients
c. Last 4 digits of triage tag # with corresponding priorities of patients being transported
d. Will assign a hospital destination as most appropriate according to patient priority and bed availability.
e. Will record time of departure

7. Departure will inform all vehicle drivers to have their crews to attempt to record patients' name, address and age on triage tags It is important to complete a normal EMS run report on each patient. In addition to completing the triage tag information.

XIII. INCIDENT TERMINATION

A. Reassign, rotate and demobilize equipment, groups and personnel as needed.

B. Account for all emergency personnel.

C. Release Equipment and personnel.

D. Ensure that rescue and Triage conduct a final scene search for patients.

E. Ensure Supply and Treatment collect all equipment and supplies left at scene.

F. Data Collection: Order all Group Supervisors to the EMS Command Post with all Group report forms.

XIV. RECOVERY

A. Replenish EMS equipment and supplies.

B. Refuel EMS vehicle as needed.

C. Provide relief for EMS personnel who were assigned to incident prior to returning them to complete their normal EMS tours as needed.

D. Arrange for retrieval of equipment and supplies left at incident hospitals.

E. Retrieve completed triage tags from incident hospital name, address, age, sex and hospital medical record number. Ensure all names on passenger and crew list of incident are accounted for and identified.

F. Support local area hospitals as needed.

G. Schedule critique of MCI operations one to two weeks after incident without press present and make appropriate changes as needed to operational plan.

H. CISD debriefing scheduled for all emergency workers (EMS, police, fire rescue and dispatchers) within 24-72 hours after incident.

EMS Coordinator Dispatch Criteria

- Any Strike Team response (in or out of county)
- Any response of six or more BLS
- Any situation requiring the evacuation of nursing home, hospital or residential healthcare facility
- 3rd Alarm or greater fire
- Any Line of Duty Death of an Emergency Service member
- Any incident in which multiple line of duty injuries occur
- Any situation in which a large or extended period of time commitment of EMS resources may be required
- At the request of the Incident Commander

All requests for EMS Coordinator response should be made through Central Communications.

EMS GRID TEMPLATE DEFINITIONS AND DESCRIPTIONS

BLS - Typically a single resource call.

ALS – Typically single BLS resource with ALS

MVC – Motor Vehicle Collision with reported injuries – BLS response with or with out Fire Resources per local protocol. ALS if needed.

RESCUE – Motor Vehicle Collision with reported entrapment – BLS, Fire Department, Rescue and ALS

MVI – Multiple Victim Incident - Can be injuries or medical in nature – typically upgraded from a BLS or ALS initial dispatch. Upgrade will activate the balance of the first alarm, total of 5 Ambulances. If known at time of dispatch, entire 1st alarm assignment may be dispatched initially. ALS included as needed .Will include covers.

MCI – Mass Causality Incident – Level 1 MCI - Made up of total of 5 alarms. Each Alarm includes 5 BLS Ambulances and 2 covers. If know at time of dispatch, entire 1st alarm assignment may be dispatched initially. Typically includes Fire Department resources, ALS, and MCI units as appropriate. Declaration will include notification of the EMS Coordinator; response on the 2nd alarm.

ALL COMPANIES IN SERVICE – allows for special instructions and / or additional resources to be automatically added on serious nature incidents. Activates covers, secures use of Response Channel.

Covers – 2 covers per alarm. Can be local or regional based upon the individual needs of the agencies being covers. EMS Coordinators may reassign covers on large scale incidents to ensure coverage through out the rest of the county. Covers for each alarm should be the first 2 resources of the next alarm. Example: 1st alarm covers are 1st 2 resources dispatched on 2nd alarm.