*E*MERGENCY *M*EDICAL *S*ERVICES RESPONSE PLAN
For
MULTIPLE CASUALTY INCIDENTS

For:
Lancaster County, Nebraska

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LANCASTER COUNTY, NEBRASKA

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Section A: *Size-Up and Declaration*

1. Early Notification:

The Emergency Communications dispatcher, when directed by the incident commander, shall provide an early notice of the possibility of a multiple casualty incident to the following agencies.

			Back-up Phone #
A.	**BMH-LGH West Hospital**	**Telephone:**	**481-5142**
	BMH-LGH East Hospital	**Telephone:**	**481-8644**
	St. Elizabeth Reg. Medical Center	**Telephone:**	**486-2009**
B.	**Emergency Management**	**Director**	**441-7441 (Work)**
			476-6225 (Home)
			450-7650 (Cell)
C.	**LFD Deputy Chief of EMS**	**Radio or Phone**	**441-8371 (Work)**
			420-2873 (Home)
			429-2830 (Cell)

The Emergency Communications dispatcher will provide the information by attempting to contact each agency by phone. If no acknowledgement is made for item "C" no further attempts will be made.

2. Determination of Nature and Extent of Event:

First responding units will report objective findings as to:

a. Extent (number of casualties)
b. Nature (mechanisms of injury)
c. Severity (number of non-ambulatory patients)
d. Spread (geographic area covered)

3. Size-Up & Thresholds:

A. Thresholds:

A Multiple Casualty Incident (MCI) can be declared when the situation cannot be reasonably rectified under the normal course of EMS operations. If the incident necessitates a deviation from the normal course of EMS operations, consideration should be given to activate the MCI plan.

The threshold number has been established at **6 victims**. To this threshold, the following medical and operational factors are added supplementary:

1) If number of victims exceeds the threshold, but few, if any, appear to be seriously injured, consideration will be given to **not** declare this a multiple casualty event.

2) If the number of victims is **less than the threshold** but any of the following is present, consideration will be given **to** designate this a multiple casualty incident:
   - More than four (4) critical patients
   - Significant environmental adversity
   - Significant risk of additional victims

3) Any incident necessitating a deviation from the normal course of EMS operations will provide early notification to each hospital

4. Declaration:

A multiple casualty incident is a declared event. Once declared, authority is delegated to:

a. Request additional resources, i.e., following dispatch protocols as defined below

b. Provide information through Emergency Communications to the hospitals identified in the Early Notification (1 above).

Section B: *Dispatch Procedures*

LEVEL 1 INCIDENT:

1. Ambulance Vehicles

A. FOR AN MCI WITH FROM **4 TO 6** PATIENTS (*Below the Threshold*):
Acting on authorized command from the scene, ambulance and rescue units will be directly dispatched according to geographic proximity to the event in order to provide the number of vehicles and crews requested.

-**Lincoln Fire Department Rescue Alarm** - *Deputy Chief, 1 Truck, 2 Engines, & 2 Medic Units.*

Other routine EMS dispatching will be accomplished using established protocols and back-up ambulance procedures. This includes but is not limited to other ambulance responses and **StarCare** helicopter EMS responses.

Additional Notifications

For confirmed Level 1 MCI's the following personnel will also be notified:

1. Lincoln Fire Deputy Chief for EMS (Radio "EMS-1" or phone #)
2. EMS Director (radio "EMS-100" or Pager 441-8190 Access #431)

WHEN ALL OF THE ABOVE ACTIVITIES ARE ACCOMPLISHED, THE DISPATCHER WILL CONFIRM THIS WITH EMS CONTROL AT THE SCENE.

LEVEL 2 INCIDENT

B. FOR AN MCI EVENT WITH FROM **7 - 20** PATIENTS, *WITH <15 SERIOUS/LIFE* THREATENING NEEDING **NO MORE THAN 10 AMBULANCE** UNITS AT THE SCENE:

Acting on authorized command from the scene, ambulance units will be directly dispatched according to geographic proximity to the incident in order to provide the number of vehicles and crews requested.

-**Lincoln Fire Department Rescue Alarm** - *Deputy Chief, 1 Truck, 2 Engines, 2 Medic Units*

Dispatch to an ***identified staging area,*** if established, will be ordered for:

- Lincoln Fire	**- 5 *Paramedic Ambulances to Staging ****
- Adams Rescue	***- 1 BLS Ambulance to Staging***
-Alvo Rescue	***- 1 BLS Ambulance to Staging***
-Ceresco Fire	***- 1 BLS Ambulance to Staging***
-Claytonia Rescue	***- 1 BLS Ambulance to Staging***
-Crete Fire	***- 1 BLS Ambulance to Staging***
-Douglas Rescue	***- 1 BLS Ambulance to Staging***
-Eagle Rescue	***- 1 BLS Ambulance to Staging***
-Greenwood Rescue	***- 1 BLS Ambulance to Staging***
-Hallam Rescue	***- 1 BLS Ambulance to Staging***
-Milford Rescue	***- 1 BLS Ambulance to Staging***
-Palmyra Rescue	***- 1 BLS Ambulance to Staging***
-Raymond Fire	***- 1 BLS Ambulance to Staging***
-Seward Rescue	***- 1 BLS Ambulance to Staging***
-Southwest Rural Fire	***- 1 BLS Ambulance to Staging***
-Valpraiso Rescue	***- 1 BLS Ambulance to Staging***
-Waverly Rescue	***- 1 BLS Ambulance to Staging***

Under direction of scene command, ***helicopter EMS*** will be requested with specific statements that responses are requested for ***a declared multiple casualty incident***:

1. **StarCare** - *1 aircraft to the scene*
2. **Medflight** - *1 or 2 aircraft to the scene*
3. **NEARNG 24th MED (AA) CO** - *2 aircraft to the scene*

Additional Notifications

For confirmed Level 2 MCI's the following personnel will also be notified:

1. Lancaster County Emergency Management Director
2. Lincoln Fire Deputy Chief for EMS (Radio "EMS-1" or phone #)
3. EMS Director (radio "EMS-100" or Pager 441-8190 access#431)

For each community that sends an ambulance, the responsibility to provide **effective backup** for EMS calls will be arranged by that community.

WHEN ALL OF THE ABOVE ACTIVITIES ARE ACCOMPLISHED, THE DISPATCHER WILL CONFIRM THIS WITH EMS CONTROL AT THE SCENE.

**** There is a total of 9 Medic Units available during weekdays normal business hours***

LEVEL 3 INCIDENT

C. FOR AN **MCI** EVENT WITH FROM **20 +** PATIENTS NEEDING **MORE THAN 10 AMBULANCE UNITS** AT THE SCENE:

Acting on authorized command from the scene, ambulance units will be directly dispatched according to geographic proximity to the incident in order to provide the number of vehicles and crews requested.

-Lincoln Fire Department Rescue Alarm - *Deputy Chief, 1 Truck, 2 Engines, 2 Medic Units*

Dispatch to an ***identified staging area,*** if established, will be ordered for:

- Lincoln Fire	**- 5 *Paramedic Ambulances to Staging ****
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-Douglas Rescue	***- 1 BLS Ambulance to Staging***
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Additional Notifications

For confirmed Level 2 MCI's the following personnel will also be notified:

1. Lancaster County Emergency Management Director
2. Lincoln Fire Deputy Chief for EMS (Radio "EMS-1" or phone #)
3. EMS Director (radio "EMS-100" or Pager 441-8190 access# 431)

For each community that sends an ambulance, the responsibility to provide **effective backup** for EMS calls will be arranged by that community.

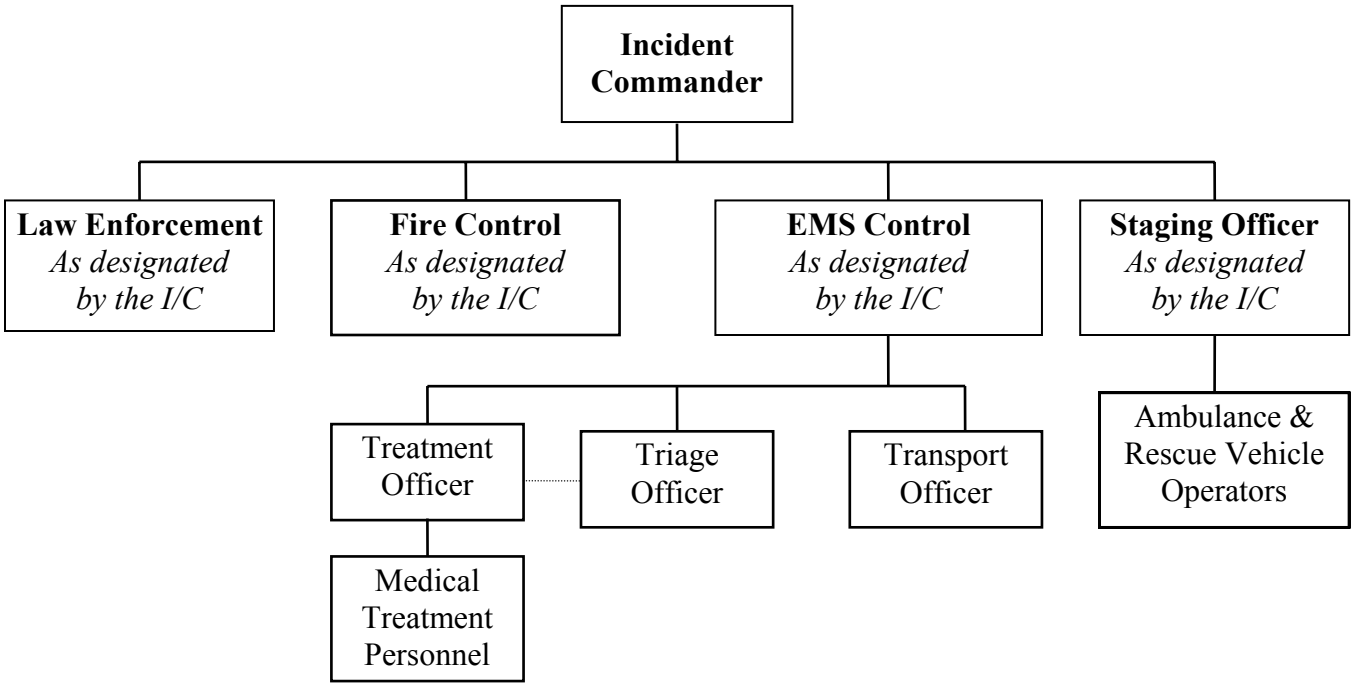
WHEN ALL OF THE ABOVE ACTIVITIES ARE ACCOMPLISHED, THE DISPATCHER WILL CONFIRM THIS WITH EMS CONTROL AT THE SCENE.

**** There is a total of 9 Medic Units available during weekdays normal business hours***

Section C: *Operational Procedures*

1. <u>Incident Command Structure</u>:

In a declared multiple casualty incident, the Incident Command structure of organization will apply:



When local operations are conducted under the incident command system (ICS), the EMS functions identified above will be carried out, but be made subordinate to this incident command structure.

2. Incident Commander:

According to Nebraska law, the senior fire officer is in charge of emergency scene operations. (In the event of a civil disturbance, *e.g.*, hostage taking or sniper, the senior law enforcement officer will usually assume this role).

In this capacity, the senior officer of the designated fire service agency will serve as Incident Commander and coordinate operations between the responding groups. If on scene when the first medical units arrive, this Incident Commander will be the single individual from whom authority will be obtained to enter the area where the victims are located. ***The Incident Commander will be the official who will declare a multiple casualty event***. This will be followed by designation of the EMS Control officer to serve in the capacity to coordinate medical responses.

In the absence of an EMS Control officer in the initial phase of operations, the first ambulance leader on the scene may assume the role of EMS Control officer and begin to function in the capacity until the Incident Command functions emerge at a later time. The role of EMS Control will remain with the senior ambulance official until relieved by another suitable EMS official. It should be emphasized that the personnel exchange in key leadership positions should only change once.

3. Personnel

Ancillary Personnel:

Additional EMS personnel affiliated with ambulance or rescue services dispatched will assemble at their respective stations and stand by for possible response if additional personnel are requested.

All additional personnel requested to the scene will:

a. Travel in an organized group with their own leadership.
b. Be equipped with appropriate personal equipment.
c. Report to the Staging Officer for assignment.

As additional personnel report to the scene, the Staging Officer will notify EMS Control who will then make the determination regarding assignements.

4. Equipment and Supplies

The following **Basic Life Support equipment** items are available as described below:

1. Lancaster County Emergency Services, Medical Supply Trailer and the Lincoln Municipal Airport Medical Supply Trailer. For access to one or both trailers:
   a) Contact LFD Station 11 (441-8381)
   b) Emergency Management Director Pager 790-9336
   c) Transport to the scene by any vehicle with a 17/8" or 2" tow hitch

2. Notify Community Blood Bank

Additional supplies should be stockpiled by each ambulance/rescue service at their station for use in the event of an MCI. These supplies should be transported to the scene by the service and be made available for use upon arrival at the scene:

Backboards, straps
Cravats or Duct tape
Portable Oxygen and delivery supplies (can be delivered by Air 14 through 911)
Dressings, Bandages (in cases)

Additional Supplies can be requested from BMH-LGH Hospitals, Saint Elizabeth Regional Medical Center and can be transported to the scene by personnel assigned by EMS Control. To facilitate this supply provision, contact the house supervisor at each location.

2. Notification of Community Blood Bank

24 HOUR EMERGENCY NUMBER	474-1781
Phyllis Ericson Executive Director	464-4682 Home 499-6594 Cell
Laurie Sieg Quality Assurance Director	464-2410 Home 440-8930 Cell
Sandra King Laboratory Manager	420-5211 Home 499-0675 Cell 790-8922 Pager

5. Scene Access and Security:

Law enforcement authorities will secure a perimeter to control access to the scene. This function is critical to efficient on-site operations.

All incoming apparatus, personnel and supplies will be directed by law enforcement officials to the staging area for identification and assignment:

6. Treatment Area:

It is the responsibility of the Treatment Officer to determine a suitable treatment area where all medical care and treatment will be carried out. Patients will be sorted in the treatment area according to medical needs and triage classification.

Personnel: As personnel arrive at the MCI site, EMS Control will determine the best use of the incoming resources. He/she may assign arriving personnel to either scene or treatment area responsibilities as needs dictate.

Equipment: It is usually not indicated to off load all medical supplies from each ambulance. To maintain inventory control and to reduce time spent looking for equipment and supplies, crews should usually draw supplies from stocks kept in the vehicles, or from supplies made available in the treatment area.

7. Staging Area:

This is the responsibility of the Transport and Staging Officers. It is the area where all incoming ambulance & rescue vehicles will be instructed to report for assignment. As the Transport Officer readies patients for transport, ambulances will be summoned from staging to the patient loading area. All ***drivers*** will remain with their vehicles in the Staging and Transport Area's.

8. Loading Area:

Ambulances may be requested to report from the Staging Area to a loading area adjacent to the Treatment Area for assignment by the Transport Officer.

Section D: *Medical Procedures* For Level 2 and 3 Incidents

1. Triage Classifications:

BLACK (Priority 0):

BLACK (Priority 0) patients will be carried on spine boards, portable stretchers or body bags to a temporary morgue as established by EMS Control and the Health Director. The morgue area should be well away from the MCI operational area and will be supervised by Lancaster County Sheriff personnel. **BLACK** classification patients are those who have no demonstrable signs of life and do not require transportation to a medical facility.

NOTE: *In accordance with National Transportation Safety Board (NTSB) regulations, aviation crash fatalities should not be moved until cleared to do so by a representative of the NTSB.*

RED (Priority 1):

RED (Priority 1) patients will be moved from the scene to a treatment area for care and ***immediate*** care and transportation to be assigned by the Treatment Officer. Although every situation will vary, **RED** classification patients are those whose medical conditions are life threatening, but reversible with definitive care and interventions. Examples would include; penetrating chest trauma, respiratory distress, hypotension, amputations, etc.

NOTE: *Patients who are grievously injured with minimal to no chance for survival will be categorized as **RED** and placed in the low priority section of the **RED** area for transportation only after all other **RED** categorized patients have been transported. If patients expire during this time, they will be moved into the **BLACK** area.*

YELLOW (Priority 2):

YELLOW (Priority 2) patients will be moved from the scene to a treatment area for immediate care and ***delayed*** transportation to be assigned by the Treatment Officer. Although every situation will vary, **YELLOW** classification patients are those whose medical conditions are non-life threatening, but will require eventual ambulance transportation to a medical facility for definitive care and interventions. Examples would include: longbone fx's, spinal Compromise, burns, lacerations with significant bleeding, etc.

GREEN (Priority 3):

GREEN (Priority 3) patients will be assisted to a separate area for evaluation and care of any minor injuries, and for psychological support. This area will be separate from the regular Treatment Area and staffed primarily by medical personnel, however, other non-medical support staff may assist as requested. Although every situation will vary, **GREEN** classification patients are those whose medical conditions do not require ambulance transportation to a medical facility for definitive care and interventions. Examples would include: simple lacerations, muscle injuries, emotional distress, etc. These patients can be distributed via bus, or other non-emergency transportation, to various area medical facilities.

2. Use of the METTAG:

Primary Triage:

METTAGS are to be applied to victims during Primary Triage. Patients identified as dead will have the GREEN, YELLOW and RED tabs removed from their METTAG by separating them in one section at the BLACK/RED perforation. The removed tabs will be given to the Triage Officer when possible.

Secondary Triage:

As patients are brought to the Triage Area, the Triage Officer will classify the patient and remove the appropriate colored tabs from the METTAG. The Triage Officer will retain all torn tabs for reconciliation with the Transport Officer at a later time.

Treatment Area:

In the Treatment Area, EMS personnel will document any available information regarding the patient's demographic and medical information. This will include injuries, vital signs, medical history, name, age and any other pertinent information for use by the transporting ambulance as well as the receiving medical facility.

Transportation:

As patients are transported from the scene, the Transport Officer will remove one of the numbered corner tabs and retain for reconciliation with the Triage Officer.

Ambulance Crew:

The transporting ambulance crew will document the METTAG number on the Patient Care Report (PCR) for reconciliation.

Reconciliation:

At the conclusion of the MCI, the Triage and Transport Officers will reconcile all colored tabs and numbered corner tabs for final totals of patient classifications & status.

3. Primary Triage:

Primary triage will be conducted by the second arriving technician who will:

A. Circulate among, view and attach a METTAG to each patient.
   1. No categorization is to be done at this time.
   2. The METTAG serves only as an indication that a medical technician has initially evaluated the victim.

No CPR will be initiated.

B. Identify and attempt to quickly correct any life-threatening problems:
   1. Airway
   2. Bleeding
   3. Shock

C. Direct others to conduct patient care limited to these problems only.

D. Patients identified as dead will have the GREEN, YELLOW and RED tabs removed from their METTAG by separating them in one section at the BLACK/RED perforation. The removed tabs will be given to the Triage Officer when possible.

4. Secondary Triage:

The Triage Officer, who will be designated by the EMS Control officer, will conduct secondary triage. Secondary triage should begin only after primary triage has been effectively established. Patients will then be brought to the Triage Officer in order of accessibility by all fire/rescuers designated by the incident commander.

The Triage Officer will:

A. View all patients as they are brought to the treatment area.

B. Classify all patients according to their need for treatment as follows:

Category	Color	Indication
0	Black	Clinical death
1	Red	Rapid transportation to hospital
2	Yellow	Delayed transportation to hospital
3	Green	Transportation to hospital not required.

C. Give periodic reports with appropriate information to the EMS Control officer. After all the patients have been tagged, prepare two identical written reports identifying the total number of victims tagged, and the number in each color category. The Triage Officer will retain one copy. The second copy will be given to the EMS Control officer.

5. Third Level Triage:

Third level triage (sorting of red-tagged patients) will be conducted by the treatment officer who will be designated by the Triage Officer.

The Treatment Officer will:

A. Identify and mark patient treatment area.
B. Assume command and control over all personnel within the treatment area; supervise all patient care; provide for required security arrangements.
C. Assign personnel with advanced medical training to provide care in the patient treatment area.
D. Receive and review the condition of all patients as they arrive in the patient treatment area: do the third level triage.

6. Fourth Level Triage:

Fourth level triage will be completed by the Transport Officer and will consist of the assignment of ambulance crews to individual patients for transportation to the hospital. This function will be initiated by the Treatment Officer and facilitated by the Transport Officer in consultation with officials at the hospital emergency departments.

7. Medical Care & Transport of Rescue Workers:

In the event a rescue worker becomes ill or injured at the MCI site, that rescue worker will be transported on the next ambulance to a receiving medical facility.

Similarly, if it is discovered that a relative of an on-scene rescue worker is a victim of the MCI, the rescue worker may request that they transported on the next ambulance to a receiving medical facility.

TRIAGE SUMMARY

LEVEL	LOCATION	CARE	ASSIGNED TO:
Primary	Scene	Airway Bleeding Shock	-Primary triage personnel
Secondary	Scene or Treatment Area	Initial Classification	-Triage Officer
Third	Treatment Area	Classification & Sorting	-Treatment Officer
Fourth	Treatment Area, Loading Area and in ambulance	Continuing Care	-Treatment Officer -Transport Officer

8. On-Site Advanced Life Support:

A. *EMS Personnel-*

Advanced life support will be provided by the designated ALS field unit(s) such as Paramedic, or EMT- Intermediate services listed on the dispatch protocol upon the request of the EMS Commander and approval of the Medical Director or his/her designee. The provision of ALS care during a declared Level 2 or 3 MCI will be under standing order in accordance with the EMS, Inc. approved treatment guidelines. Deviations from established protocol can only be authorized by on-site or radio/telephone medical direction from a base physician.

B. *Physician Supervision/Medical Control-*

When responding to a multiple casualty event, Medical Control and supervision over EMS providers will be retained by the EMS, Inc. Medical Director (or designee), who routinely serves as Medical Director for the Lincoln EMS System.

The Medical Director will ordinarily be a member of the EOC staff and will be available to scene personnel via radio or phone consultation.

9. Transportation:

A) The Staging Officer will give incoming ambulance crews directions on where to report.

B) YELLOW (Priority 2) patients will not usually be transported until all RED (Priority 1) patients have been transported. One exception might be when there are many vehicles available and one or more Yellow patients are ready for transport while there is a delay in extrication of some of the Red victims. The Transport Officer will keep a written record of:

1. Tag numbers of patients who have been transported
2. To which hospital the patient was transported
3. By which transporting ambulance
4. Time of transport

10. Distribution of Patients to Hospitals:

The Transport Officer will rotate receiving facility destinations on a clockwise system It is recommended that the first four (4) trauma patients be transported to the closest designated Trauma Center(s) However, if a patient has specific medical conditions which are more appropriately treated at a specialty facility, he/she may modify the destination. The Transport Officer will exercise the authority to distribute patients among the available nearby hospitals if more than one hospital is within a reasonable distance from the scene. Patients requiring interfacility transfer should be transported by ambulances or helicopters dispatched from outside of the primary service area.

As each transporting ambulance departs the Loading Area with patient(s), the Transport Officer will notify each receiving facility via the established radio communication system and advise:

1. Number of victims being transported
2. Color category
3. Ambulance affiliation/number providing the transport
4. Estimate time of arrival

Category GREEN patients may be transported to either hospitals or designated tertiary care facilities by public transportation. In the event public transportation (i.e.: bus) medical personnel will accompany the patients to the receiving facilities.

The responsibility of distributing health care personnel shall be the responsibility of BMH-LGH Hospitals and Saint Elizabeth Regional Medical Center through the assistance of the Lancaster County Medical Society. In the event that all three hospitals have reached overload, distribution of additional patients will be the responsibility of the Transportation Officer on site.

Name	**Phone Number**
Butler County Hospital	**402-367-3115**
Fremont	**402-721-1610**
Beatrice	**402-223-2366**
Seward	**402-643-2971**
Syracuse	**402-269-2011**

11. Inter-hospital Linkages and Transfers:

911 Dispatch will coordinate all medical transportation resources in the area as follows:

A) Conduct an inventory of out-of-Lancaster County hospital capabilities to include:
   1. Number of available beds for various critical care patients
   2. Emergency Department space
   3. Other requests as directed by the EMS Control Officer and relayed through the 9-1-1 Center or Emergency Operations Center.

B) Inform the Transport Officer as to which hospitals patients with identified critical problems should be transported.

C) Inform area hospitals of status changes on scene.

D) Hold radio and/or telephone communications open between hospitals, closing radio frequencies from use by ambulances to the hospital.

E) Provide for decompression of primary receiving hospitals by requesting ambulance services to transport non-critical patients from primary hospitals to medical facilities which have been unaffected by the MCI.

12. Termination of MCI Operations:

The EMS Control officer will assist the Incident Commander to decide when no additional resources are necessary, and when all patients have at least one EMT crew person from an ambulance vehicle providing care. The Incident Commander will terminate the multiple casualty operations. This information will be communicated to the 911 dispatcher. The transportation officer will notify the hospitals involved in the operation.

The EMS Control officer may decide to allow the Transport Officer to remain with authority after the multiple casualty operations have been terminated. If done, all crews will still clear with the Transport Officer prior to leaving the scene for continuous record keeping to be maintained, until all patients have been removed. The EMS Control officer will decide which units are to remain at the scene during recovery operations when the Incident Commander has requested this resource.

13. Critical Incident Stress Debriefing:

The Incident Commander will request that the approved CISD Team be notified that there has been a multiple casualty incident. The CISD Team will:

A) Provide personnel on site, if requested by the EMS Control officer, to provide emergency services to bereaved families, and patients, and/or rescuers.

B) Within a 48-hour period after the incident, establish a screening process for all providers in order to evaluate emotional needs, and to initiate liaison in the event that follow-up is indicated.

Section E: *Functions of EMS Command Personnel*

1. **Incident Command:**

MISSION: *To preserve life and safety and assure survival of as many victims as possible*.
In **civil disturbances**, such as sniper or hostage taking***, this activity is assigned to the Senior Law Enforcement Representative of the jurisdiction involved***.
In **all other emergencies**, ***this activity is assigned to the Senior Fire or EMS Representative of the jurisdiction involved***.

FUNCTION: Size up and formally declare a mass casualty incident, when indicated, serving then as the primary authority to make control decisions affecting coordination of the various agencies and services responding.

REPORTS TO: Chief elected official in the jurisdiction in which the incident/responses are taking place for administrative control and support. The Incident Commander remains the highest ranking officer at the scene.

SUPERVISES: A designated officer in each of the following public safety services: police, fire, and EMS; also all other agency and support groups responding to the situation including but not limited to civil preparedness, Red Cross, military support groups, etc.

OPERATIONAL COMMENTS:

1. In a community that has established the Incident Command System (ICS) as the organization of large-scale events, EMS operations as defined in this plan will become subordinate to this incident command system.

2. This person must avoid an extended span of authority, limiting to no more than five (5) the number of personnel reporting and requiring guidance.

3. Supervision and control of subordinate activity are vital. Delegation of all fire operations to a subordinate may be indicated to allow equal availability to all public safety commanders (for a civil disturbance, delegation of all police activity to a subordinate might be indicated).

4. The Incident Commander needs to be readily available to subordinates while maintaining an overall view of the entire scene. Standing back and staying in one location will help achieve these objectives.

1. **Incident Command:** (Con't.)

OPERATIONAL COMMENTS (Con't.):

6. A command post may be set up to serve any of the following needs:
   a. to house together the chiefs of police, fire, civil preparedness, and Medical Command officer to allow direct face-to-face decisions to be made;
   b. to coordinate interagency tactical on-scene communications;
   c. to communicate interagency strategic scene to dispatch and other centers away from scene communications;

TASKS:

1. Designate the individuals who will report to him or her, defining their scope of responsibilities and authorities.

2. Communicate appropriate information and requests for decisions between officials involved.

3. Anticipate problems, and manage resources through subordinates.

2. EMS Control:

MISSION: *To coordinate any necessary medical needs for victims of an MCI.*
This position is appointed by the Incident Commander and will serve as the senior EMS official at the scene of the MCI.

FUNCTION: Direct all medical operations.

REPORTS TO: Incident commander

SUPERVISES: -Triage officer
-Transport officer

OPERATIONAL COMMENTS: This role is delegated by the Incident Commander at the scene. The Team Leader or officer of the first arriving ambulance will contact the appropriate fire or police officer serving as Incident Commander to determine if:

A) This is a declared multiple casualty incident; and if so,
B) It is safe to enter the area where victims are located; and if so,
C) If the incident commander wishes to designate this individual as the EMS Control officer.

If there is no fire/police official at the scene representing the incident commander when the unit arrives from the agency specified above, the Team Leader or officer of that unit will begin to serve as the EMS Control officer after determining the safety of the scene allowing personnel to enter. As soon as the first arriving authority is on scene established as the Incident Commander, the EMS Control officer will report to that person. After reporting on activities accomplished, that person will request authority to continue as the EMS Control officer.

Early in the operations, the primary role of the EMS Control officer will be to establish subordinate triage activities and to supervise individual officers who are designated. Care must be taken not to establish multiple subordinate roles too rapidly, preventing adequate supervision of the officers as each begins their role. Later in the operations, the EMS Control officer may be located at or near the command post once all subordinates have established their responsibilities.

2. <u>EMS Control</u>: (Con't.)

<u>TASKS</u>:

1. Obtain authority from the incident commander to enter the scene and establish medical operations.

2. Communicate an estimate of casualties to the dispatch center.

3. Designate and supervise the Triage Officer.

4. Direct incoming EMT's to assist in back boarding or other activities needed.

5. Designate and supervise a Transport Officer.

6. Establish a temporary morgue in cooperation with the Lancaster County Sheriff's Office.

7. Give periodic reports with appropriate information to the Incident Commander.

8. Identify problem areas and assign resources.

3. Triage Officer:

MISSION: *To classify patients according to medical need and provide effective assignment of medical resources to meet the needs of all victims of the MCI. The EMS Control Officer designates this activity.*

FUNCTION: View and classify all patients according to:

Category	Color	Indication
0	Black	Clinical death
1	Red	Rapid transportation to hospital
2	Yellow	Delayed transportation to hospital
3	Green	Transportation to hospital not required.

REPORTS TO: -EMS Control

COORDINATES WITH: -Treatment Officer
-Field Triage Personnel

OPERATIONAL COMMENTS: If a fire or other hazard exists, the incident commander will decide one of the following:

A) Evacuate all patients prior to any triage or care.
B) Control hazard first, followed by triage and care.

The triage officer should be available to begin immediately as soon as victims can be brought to the triage area.

TASKS:

1. Evaluate and triage all patients brought to the treatment area.

2. Identify life-threatening problems:

3. Tag all patients with METTAGs as follows:

Priority	Color	Indication
0	Black	Clinical death
1	Red	Rapid transportation to hospital
2	Yellow	Delayed transportation to hospital
3	Green	Transportation to hospital not required.

4. Give periodic reports with appropriate information to the EMS Control officer. After all patients have been tagged, prepare two identical written reports identifying the total number of victims tagged, and the number in each color category. The Transport Officer will retain one copy. The second copy will be given to the EMS Control officer.

4. Treatment Officer:

MISSION: *To coordinate all medical personnel and treatments in the treatment area*. This activity is assigned by the EMS Control Officer and will be the highest [1]medically authorized person available who is a representative of the primary EMS transport agency in the jurisdiction involved.

FUNCTION: Establish and supervise the treatment area including the assignment of personnel for patient care.

REPORTS TO: EMS Control Officer

SUPERVISES: All personnel and patients in the treatment area.

OPERATIONAL COMMENTS:

1. This person must match limited treatment resources to patients on a priority basis, and must make appropriate assignment of paramedic and medical personnel.

2. This person should have a high level of prehospital medical training.

TASKS:

1. Identify and mark patient treatment and staging areas.

2. Assume command and control over all personnel within the treatment area; supervise all patient care; provide for required security arrangements.

3. Assign personnel with advanced medical training to provide care in the patient treatment area.

4. Receive and review the condition of all patients as they arrive in the patient treatment area and provide third level triage (i.e.: A/B sorting of tagged patients).

5. Communicate with EMS Control in the event additional resources are needed.

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5. Transport Officer:

MISSION: *To coordinate transport resources and designate receiving facility destination*. This activity is assigned by the EMS Control Officer and will be a representative of the primary EMS transport agency in the jurisdiction involved.

FUNCTION: Assign ambulance crews to receive patients.

REPORTS TO: EMS Control Officer

SUPERVISES: Staging Officer & Ambulance crews

TASKS:

1. Identify and mark loading area adjacent to patient treatment area.

2. For each patient being transported to a hospital, communicate with hospital:
    a. METTAG number
    b. Age and sex of patient.
    c. Major characteristics of injury
    d. Request identification of appropriate destination hospital (if this will not be available from hospital, decisions reached by treatment officer as to destination hospital will be communicated.)
    e. Anticipated departure time
    f. Give periodic reports with appropriate information to the EMS Control Officer.

(The communications with hospital may be assigned to the Treatment Officer.)