NORTHWEST OHIO
MASS CASUALTY INCIDENT RESPONSE PLAN

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I. EXECUTIVE SUMMARY

Northwest Ohio EMS and fire agencies in the jurisdiction define a Mass Casualty Incident (MCI) through a two-tiered system. An MCI-Level 1 is 6-15 casualties that need EMS transport to a hospital and an MCI-Level 2 is 16 + casualties that need EMS transport to a hospital. Northwest Ohio EMS providers strive to always provide the best care possible to any patient. However, when there are more patients on scene for which resources can adequately manage, the goal must be to provide the best treatment possible for as many patients as possible. This means that on-scene operations must be supplemented and adjusted to maximize the efficient use of available resources. Yet, because MCI's can be as small as a few patients or as large as hundreds, flexibility is integrated into this plan to accommodate all sizes of incidents.

The 'Golden Hour' of emergency medicine is a well-accepted concept that states that victims of trauma need to have surgery within one hour of the insult or injury to maximize survivability. Rapid transport to definitive care centers, therefore, is the best way to increase survivability in an MCI.

This plan seeks to maximize available resources in Northwest Ohio, provide early notification to affected hospitals, and streamline efforts to reduce the time that it takes to move all patients from the scene to a healthcare facility. Under the plan, the START Triage System will be utilized for the prioritization of patients by all first responders region wide. Based on the size and complexity of the incident, the OH-Trac Patient Tracking System will be enabled to track patients on and off scene. Most importantly, the plan will establish an automatic minimum response to the scene upon declaration of an MCI-Level 1.

This MCI Plan will also operate with Toledo Fire Dispatch as the regional resource dispatcher to move fire apparatus through the incident, tapping into LCEMS Dispatch for ambulance units as needed. Once on scene LCEMS Dispatch will move assigned ambulances from the scene through the healthcare system.

Further this plan is intended to integrate locally and regionally with Lucas County EMS Protocols, the Lucas County Emergency Operations Plan, Toledo Express Airport MCI Plan, NW Ohio Medical Coordination Plan, NW Ohio Acute Mass Fatality Plan, and the Lucas County Transitional Medical Framework when indicated.

This plan is designed to be shared and integrated with partnering agencies to ensure coordination and cooperation. During an incident, interagency cooperation will be in accordance with the Incident Command System and the National Incident Management System (NIMS) as appropriate. Terms, responsibilities and appendices are designed to be ICS and NIMS compliant. It is understood that based on the size and complexity of any incident that ICS positions may or may not be filled.

Many of the agencies that could be involved with mass casualty response in Northwest Ohio participated in this planning process. Their combined efforts helped formulate this plan. With this cooperation, emphasis on rapid triage, transport and efficient use of resources, Northwest Ohio EMS and fire agencies will be ready to handle a Multiple or Mass Casualty Incident.

This is a live document which will be updated and enhanced annually after response to incidents, training and exercise after action and improvement items, and as changes in resources occur.

ACKNOWLEDGEMENTS

Special Thanks goes to Seattle and King County for sharing their Multiple Casualty Incident Plan. Some of their ideas were adopted in this plan.

The Emergency Medical Services of Northeastern Pennsylvania Mass Casualty Incident Plan was used as a reference to this plan.

The Firescope Field Operations Guide ICS-420-1, July 2007 was an invaluable resource in developing this document.

This plan was created by Lucas/Northern Wood County MMRS. Committee members began meeting in December of 2010 representing the Lucas County Fire Chief's Association, Lucas County EMS, Lucas County Emergency Services, Lucas County EMA, Toledo Fire Dispatch, Toledo Fire Bureau of Special Operations, Lucas County EMS Dispatch, Hospital Council of NW Ohio, and Northern Wood County Fire Chiefs. Their efforts resulted in the development of this plan and will continue with supporting development of a patient tracking system and guiding relevant training and exercises to support plan implementation. Thank you for your commitment to providing high quality service to the citizens of these communities during both routine emergencies and mass casualty incidents.

II. PLANNING ASSUMPTIONS

The traditional definition of an MCI is: Any incident in which emergency medical services personnel and equipment at the scene are overwhelmed by the number and severity of casualties at that incident. An alternate definition is any time the presence of multiple patients at an incident affects the treatment of individual patients. In response, additional resources will be sent to the scene, patients will be treated based on priority and treatment may be altered to match available resources.

The priority of an MCI response is to streamline efforts to speed patient transition to definitive care centers.

This plan is scalable to all sizes and complexity levels of MCI responses. Any action that delays the treatment or transport of patients should be modified or eliminated as long as it does not increase the risk to responders.

All triage systems produce similar results, resulting in red, yellow, green and black triaged patients. Northwest Ohio emergency responders will use the START model for MCI triage.[1]

Extraction priorities will be dynamic based on severity, access, and resources. It may be necessary or prudent to remove some yellow patients before red patients. Situations such as extended extraction times, yellow patients blocking the access of red patients, physical barriers, or a shortage of staffing may necessitate altering extraction priorities.

Deceased patients will not be moved, unless it is necessary to extract a live patient or at the direction of Command.

In assigning incident priorities, Incident Command principles apply. ICS Functions that Command does not designate, he/she assumes. In some areas assigning all suggested positions may not be possible but their functions should be performed and not disregarded.

If the incident is going to last beyond one operational period (8 hours), or if fifty percent of any Northwest Ohio county's resources are committed to an incident, mutual aid requests for resources outside the county will be considered. The Ohio Fire Chief's Response Plan allows for intra-county resources to be requested via mutual aid through the designated central fire dispatch. Requested resources can respond via "scramble" mode and be on the road in 30 minutes.

Northwest Ohio participating agencies will be able to mitigate an MCI-Level 1 on their own through mutual aid agreements and will receive additional resources upon declaration of an MCI-Level 2 or upon specific request.

The mental stress to the responders during an MCI can cause dramatic adverse effects. Individual agencies are encouraged to develop a program to help care for the emotional and mental health of their staff.

[1] At this time Perrysburg Township, City of Perrysburg, Northwood, and Rossford Fire Departments are agencies involved in this plan from Northern Wood County. Lucas/Northern Wood County MMRS intends to include fire agencies from Ottawa County, Fulton County, Sandusky County, and SE Michigan as planning continues.

III. DEFINITIONS

Alternate Care Facility (ACF): A location, preexisting or created, that serves to expand the capacity of hospitals in order to accommodate or care for patients when an incident overwhelms local hospital capacity. In an MCI patients will be triaged and transported to the hospital not the ACF for definitive care. The NW Ohio Region has caches of supplies to support ACF set-up and operation.

American Red Cross: A volunteer-led, humanitarian organization that provides emergency assistance, disaster relief and education inside the United States. For this plan they may provide sheltering after an MCI.

CHEMPACKs: Deployable nerve agent antidote kits designed to treat the civilian population in the event of a nerve agent attack. There are currently six strategically located deployable CHEMPACKS throughout NW Ohio. All Lucas County Life Squads carry enough nerve agent antidotes to initially treat ten first responders. Several Toledo Fire Engines have these kits as well.

Colored Flagging: A color-coded identification system used to designate medical priority of patients during a Mass Casualty Incident during Primary Triage.

Red Flagging (immediate or critical patients)

Yellow Flagging (delayed or moderate patients)

Green Flagging (minor patients or the "walking wounded")

Black Flagging (deceased or expectant patients)

Contamination Reduction Zone: (Warm Zone) The transition area between the Exclusion Zone (Hot Zone) and the Support Zone (Cold Zone) where responder and patient decontamination occurs.

Crime Scene: A location where an illegal act took place, and comprises the area from which most of the physical evidence is retrieved by trained law enforcement personnel, crime scene investigators (CSIs) or in rare circumstances, forensic scientists.

Decon Corridor: An area within the Hazmat Warm Zone where personnel use apparatus, such as aerial ladders of engines, in parallel to create a corridor where large volumes of water are used to provide emergency decontamination (gross decon) of a large number of casualties.

Decontamination (Decon): The process of cleansing a person or object to remove contaminants such as micro-organisms or hazardous materials, including chemicals, radioactive substances, and infectious diseases. At a hazardous materials incident, responders trained to the Haz Mat Operations Level can perform this function. Hazardous Materials Technicians perform technical decontamination.

Disaster Welfare Services (DWI): The American Red Cross provides emergency assistance and disaster relief, post incident. For this plan this may include sheltering, feeding, and providing clothing.

Dry Decontamination: is a method of removing contaminants like chemicals, biological particles, or other liquids, gasses, or solids that requires no water or other liquids. Removing patient clothing can eliminate 80 to 90 percent of patient contamination. In alpha, beta radiation contamination, once a patient's clothes are removed a Ludlum Survey Meter is used to identify any remaining contamination on the patient and spot washing using baby wipes of the affected area occurs.

EM System: A web-based system that provides comprehensive, real-time communications, multi-media alerting, inventory resource allocation, volunteer registry management, patient and evacuee tracking, and pre-hospital patient care records. This system is currently being used in Lucas County Hospitals to post diversion status.

Emergency Decontamination: The physical process of immediately reducing contamination of individuals in potentially life-threatening situations without the formal establishment of a decontamination area. Generally, there are two sub-types of emergency decontamination.

Extraction: The process of moving patients out of the EMS hot zone to Secondary Triage, Teatment and/or Transport Areas.

Extrication: The process of removing a patient from an entrapment.

Field Incident Technician: An individual assigned to a supervisory medical officer to assist with logistical, tactical and accountability functions. Triage, Treatment and Transportation are examples of a supervisory medical officer position.

Field Treatment Site: An area designated or created by emergency officials for the congregation, triage, medical treatment, holding, and evacuation of casualties following a mass casualty incident.

Fire Group Supervisor: Responsible for the overall coordination of all fire related/non-EMS activities at a disaster scene. This individual should be located at the command post and coordinates fire apparatus activities with the overall Incident Commander. This ensures a manageable span of control for Command Operations at the scene.

First Responder Emergency Decontamination: Refers to decontamination that is urgent and field expedient. Most often, it is done to a minimal number of civilians or response personnel who have had a direct exposure to hazardous materials, and who may be displaying related symptoms.

Green Patient Area: An area dedicated for congregation, treatment, and care of patients with minor injuries. Designated as a separate area from Treatment due to the large number of potential patients and the special considerations they may need such as shelter, food and restroom facilities. Depending on the type of incident they may also be considered witness/suspects and require police presence.

Hazardous Materials Incident: According to the US Department of Transportation is; " Any substance which may pose an unreasonable risk to health and safety of operating or emergency personnel, the public, and/or the environment if not properly controlled during handling, storage, manufacture, processing, packaging, use, disposal, or transportation."

Incident Command Structure: A set of personnel, policies, procedures, facilities, and equipment, integrated into a common organizational structure designed to improve emergency response operations of all types and complexities.

> NOTE: The Command Structure will follow NIMS and the Incident Command System adopted by the Lucas County Fire Chiefs' Association.

Incident Management Team (IMT) - Type III: A standing team of trained personnel from different departments, organizations, agencies, and jurisdictions within Ohio, activated to support incident management at incidents that extend beyond one operational period (usually 8 hours). Requested through EMA.

Liquid Oxygen: Oxygen is cooled until it becomes a liquid and is then maintained in a pressurized container. This increases the amount of oxygen that can be delivered to patients far beyond that of compressed oxygen in oxygen cylinders. It is abbreviated as LOX in the aerospace, submarine and gas industries — is one of the physical forms of elemental oxygen. LOX is utilized on the MODS Unit defined below.

Lucas County Annex Resupply Trailer: This vehicle is used to restock ALS supplies used by Paramedics on life squad runs. Lucas County paramedics obtain these supplies located in lockers at each hospital in the county. This vehicle can be a deployable resource to the scene of a large scale MCI where patient care will be initiated on-scene.

Lucas County Lighting Trailer: Located at the Lucas County Annex. It has the components to provide 10 double lamp light bars to enable scene vision at night or any other time lighting is needed.

Lucas County Mass Casualty Trailer: Located at the Lucas County Annex and can be deployed to the scene upon request. It contains airway kits, field hospital tape, wooden backboards and collapsible stretchers, disaster trauma kits and basic mass casualty ICS equipment. Other mass casualty units are located at Springfield Township Fire and Oregon Fire.

Lucas County Oxygen Delivery System: A wye system that can provide oxygen for up to nine patients, and are located at Springfield Township Fire, Oregon Fire Department, and the Lucas County Annex.

Lucas County Transitional Medical Framework: The framework is used for non-acute or long term mass casualty incidents, such as a pandemic flu. It places the response actions of public health, EMS and hospitals against each other during escalating phases of the incident as resources continue to be depleted.

Mass Casualty Incident (MCI): An incident resulting from man-made or natural causes with associated illness or injury to a large number of people. The effect is that patient care cannot be provided immediately to all victims and resources must be managed.

MCI-Level 1: 6 to 15 casualties that need EMS transport to a hospital

MCI-Level 2: 16 or more casualties that need EMS transport to a hospital

MCI-Level 1 Alarm: Will be comprised of the following response:

- ✓ (2) Lifesquads
- ✓ (4) Transport Units
- ✓ (3) Engines: Minimum of 9 personnel with extrication and water pump capabilities
- ✓ Safety
- ✓ Command

MCI-Level 2 Alarm: Will receive the dispatched resources of an MCI-Level 1 declaration and any additional resources requested by command.

NOTE: Northern Wood County will receive the MCI-Level 1 resources when they declare an MCI-Level 2. It is planned that they can mitigate an MCI-Level 1 with local resources through mutual aid.

MCI Response: Varied level of resources dispatched to an incident dependent upon the nature of the incident, the number of patients, and their severity of injury.

Mass Casualty Incident Organizational Chart Positions:

Aeromedical Coordinator: Rresponsible for coordinating the safe ingress and egress of requested air ambulance(s) to designated landing area(s). The Air-Med Coordinator will work with Transport to ensure the safe transfer of patients from the Transport Area to each unit. This position will be filled only when necessary.

Emergency Management / Government Officials: Individuals from these agencies that might have a role in the mitigation of a mass casualty incident. In large-scale incidents emergency management supports the event by obtaining external resources as requested by Command.

Finance: The individual(s) responsible to organize and operate the finance section within the guidelines, policies and constraints established by the Incident Commander and the responsible agency. The constraints will vary dependent upon the type of event.

Fire Group Supervisor: Responsible for the overall coordination of all fire related/non-EMS activities at a disaster scene. This individual should be located at the command post and coordinates fire apparatus activities with the overall Incident Commander. This ensures a manageable span of control for Command Operations at the scene.

Green Patient Area Manager: Reports to the Treatment Unit Leader, (or Command if not assigned) and is responsible for providing an area of refuge for patients that were initially triaged green by first arriving crews. Green patients are considered those patients able to walk from the scene to the area of refuge. The Green Patient Area Manager will be responsible for medically evaluating all patients and upgrading their triage level if indicated, capturing required patient information for tracking purposes, and providing for family reunification as needed.

Incident Commander: Individual in overall command of MCI/disaster or other emergency incident.

Liaison: The individual(s) responsible for interacting, (by providing a point of contact), with the other agencies and organizations involved in a disaster.

Logistics: The individual(s) responsible for providing facilities, services, materials and other resources in support of the incident.

Medical Group Supervisor: Responsible for the overall coordination of all EMS activities at a disaster scene, including Triage, Treatment, Transportation, Green Patient, and Morgue Team functions; establishing positions as necessary.[2] This individual should be located at the command post and coordinates EMS activities with the overall Incident Commander. This ensures a manageable span of control for Command Operations at the scene.

OH-Trac Support Team: On scene or remotely, the OH-Trac Support Team can work with the Transport Unit Leader or designee to enter patient information into the OH-Trac software.

Operations Officer: Responsible for the management of all operations directly applicable to the primary mission.

PIO (Public Information Officer): Responsible for the release of information about the incident to the news media and other appropriate agencies and organizations. This person may or may not be located on-scene. In larger incidents a remote joint information center may be established where all participating agencies are represented. If not designated on-scene Command handles this function.

Planning: The individual(s) responsible for the collection, evaluation, dissemination and use of information regarding the development of the incident and status of resources.

Reconnaissance (Recon): The Recon Team performs a 360 degree scene survey in appropriate gear and assesses the scene for estimated total number of patients, hazards, identifies any specialty units that may be needed, and any other significant findings and reports this back to Command.

Rescue Teams: Teams of responders with the assigned task of extracting patients from the EMS hot zone and physically moving them to the Secondary Triage Area, beginning with Red/Immediate triaged patients first and Yellow/Urgent triaged patients second.

Safety Officer: Responsible for monitoring and assessing hazardous and unsafe situations and developing measures for assuring safety of all personnel involved in the incident. Assistant Safety officers may be utilized depending on the scope of the incident.

Staging Coordinator: Depending on the scope and size of the incident, one or two staging areas may be utilized, Primary Staging and EMS Staging. If Staging is established all responding units will report to this area prior to being released to the scene. If EMS Staging is established all ambulances will report to this area prior to reporting to Transport. If both staging areas are established Staging becomes Primary Staging and EMS Staging is established away from this area and close to Transport at the Transportation Corridor.

[2] Note by law the county coroner is responsible for the dead. If requested to the scene the coroner will integrate with the established command structure. When activated, Ohio Funeral Directors Association (OFDA) Mortuary Response Team members and other local funeral service personnel will be available to assist under the direction of the county coroner and/or highest ranking official. (Verbiage from the NW Ohio Acute Mass Fatality Response Plan).

Triage Unit Leader: Responsible for the overall coordination of triage activities (Primary and Secondary) at a disaster scene. Reports to the Medical Group Supervisor. Primary triage is performed in the EMS hot zone using red, yellow, and black ribbons. Secondary Triage is performed with Triage Tags just prior to patients entering Treatment Area(s). An accurate count of red, yellow, black and green patients can occur after Secondary Triage.

Treatment Unit Leader: Responsible for the coordination of the treatment of patients at the Treatment Area. Reports to the Medical Group Supervisor. Depending on the size of the incident and number of patients there may be one treatment area or separate treatment areas for Red, Yellow and Green Patients.

Transportation Unit Leader: Responsible for communicating with sector officers (Triage and Treatment Unit Leaders) and LCEMS to manage the transport of patients to hospitals from the scene. Reports to the Medical Group Supervisor. The Transport Unit Leader obtains MCI bed capability of hospitals through LCEMS Dispatch and may also assign a temporary Air Med Coordinator to facilitate patient movement to a hospital via a helicopter. Critical benchmarks for Transport are; "all Red patients transported" and "all patients transported off incident."

Transport Unit Leader Assistant: Assists the Transport Unit Leader in duties as assigned and is responsible to the Transport Unit Leader. Given the size of the incident, this position may be filled by OH-Trac Support Team Members if utilized.

Mass Casualty Management Supplies Caches: The regional medical response system has leveraged assets to purchase regional caches of medical supplies including: sure vent and auto vent ventilators, N-95 masks, body bags, positive air purifying respirators, zumro tents, and other ACF supplies. See Appendix D

Mass Casualty Trailer: A mobile unit, which contains large quantities of medical supplies that can be dispatched to an MCI. The RMRS Mass Casualty Trailer has the capacity to treat up to 500 casualties.

Mass Decontamination: Refers to decontamination that is urgent and field expedient and generally required for large groups of contaminated people.

Mass Oxygen Delivery System (MODS): A portable patient oxygen dispensing system capable of delivering up to 450 liters/minute of 100% medical grade oxygen for an unlimited time with a continued supply of liquid oxygen. This delivery rate could accommodate 45 patients depending on the required oxygen flow rate necessary for treatment. The units are currently located at the TFRD NEST Lima Fire Department, and Liberty Center Fire Department. LCEMS also has a similar asset available at the Lucas County Annex..

Medical Control: Physician direction over pre-hospital activities. Also includes written policies, procedures, and protocols for pre-hospital emergency medical care and transportation.

Municipal Disaster Bags: Municipal disaster bags were in service prior to the creation of disaster trailers and are still available in the system. They have trauma, IV supplies, burn supplies, tourniquets and c-collars for a limited number of patients. They are currently located at the Lucas County Annex, Sylvania Township Fire, Oregon Fire, Washington Township Fire.

NW Ohio Hazmat Team: A State of Ohio Type I Hazmat Team. This means the team has a certain number hazardous materials technicians that have physicals and can enter an environment along with the equipment to identify certain materials. They will respond anywhere within the NW Ohio Region. A Type I Team has a greater number of Hazmat Technicians and more advanced equipment to detect/identify a greater number of materials. A Type I team can respond anywhere in the state.

NW Ohio Acute Mass Fatality Plan / Lucas County Acute & Non-Acute Mass fatality Plan: The document provides guidelines applicable for response activities for isolated acute mass fatality incidents in individual or contiguous jurisdictions when assistance from other local, regional, state, and federal agencies would be readily available.

NW Ohio Hospital Burn Surge Plan: NW Ohio hospitals are working to increase the region's capability to receive burn patients as a result of a mass casualty incident. This will allow all hospitals in the region the capability to accept, treat and stabilize certain levels of burn patients prior to them being sent to a facility better equipped to give each patient longer term care. The plan is currently in its developmental stages.

NW Ohio Collapse Search and Rescue: A regional team that was developed for the purpose of a response to an incident involving a structural collapse. The team is comprised of members from fire departments throughout the region. The team is designed to be on scene within two hours of notification and operate for a 12-hour operational period. Toledo Fire has the capability to mobilize department trained CSAR members to the scene with initial equipment within minutes.

NW Ohio Disaster Animal Response Team: Provides emergency response, planning, and support for all animals in the Northwest Ohio Homeland Security Region 1 in the event of a disaster or disease outbreak that overwhelms local infrastructure. The team can mobilize to the scene to assist with animal needs if necessary.

NW Ohio Medical Coordination Plan: Provides the guiding principles and procedures to integrate and coordinate the prevention, preparedness, response, recovery, and mitigation plans and resources of the Northwest Ohio health care infrastructure. The plan allows for the integration between the Northwest Ohio hospitals, public health jurisdictions, and public information officers with the local public safety agencies and partners to maximize the ability to respond and recover from all large scale mass casualty events.

OH-Trac: OH-Trac is a database-driven, password protected web application designed for the State of Ohio that provides the ability to track patients from an incident through the healthcare system. A smart phone application is available for field use that can scan patients with barcoded triage tags into the software. Hospitals can then access OHTrac and see what types of patients are coming to their facility once scanned into the system. Updating patient location from the original to a new destination or discharge in the software allows for reunification with family members once the incident is under control.

Patient Monitoring: Occurs after patient decontamination to ensure that the foreign substance/ contaminate is removed from the patient. Dry decontamination occurs by removing patient clothing. Wet decontamination requires water.

Pediatric Medical Center (PMC): A hospital specialty denoted on the "Bed Availability Worksheet" that the Transport Unit Leader will use to decide the hospitals to which pediatric patients will be sent.

Pediatric Trauma Center (PTC): A hospital specialty denoted on the "Bed Availability Worksheet" that the Transport Unit Leader will use to decide the hospitals to which pediatric patients will be sent.

Primary Triage: The process of rapidly categorizing a large number of patients according to their severity of injury, in order to prioritize their extraction to the treatment area or transport to a medical facility. Triage is conducted using the S.T.A.R.T. triage system. Primary Triage occurs in the EMS hot zone and is accomplished with ribbons.

Secondary Device: Any type of explosive device aimed at causing death and/or injury to first responders at an incident. Terrorists have used secondary explosive devices to kill and injure emergency personnel responding to the scene of an initial attack. First responders need to be aware of these dangers.

Secondary Triage: Occurs after Patient extraction from the EMS hot zone by Rescue Teams and prior to patients entering Treatment Areas. The START triage system is used to prioritize patients and triage tags are utilized to identify triage categories.

START Triage: An acronym for Simple Triage and Rapid Treatment, and is defined as being a method that first responders use to effectively and efficiently evaluate all of the victims during a mass casualty incident.

Technical Decon: The systematic cleaning of personnel to allow them to remove chemical-protective suits. This type of decon is provided to hazmat teams or incident responders.

Triage Kits: A kit made up of two identically supplied bags used by responders in the process of Primary Triage. Each Triage kit includes supplies to assist with the prioritization and life stabilization of patients in the EMS hot zone. They are carried on all first due apparatus and command vehicles in the counties operating under this plan.

Surge Net: A web-based system for reporting available beds by category and is located on the Greater Dayton Area Hospital Association (GDAHA) Server. During an incident, Lucas County hospitals will be expected to report MCI capability and available bed status. The bed status information is reported by the type of bed including medical/surgical, burns, pediatric, monitored, ICU, and others as needed. MCI capability is the number of Red, Yellow and Green Triaged patients a facility is able to accept at that particular time. OH-Trac is integrated with Surge Net. This information will be accessible to LCEMS Dispatch and OH-Trac Team Members for the purpose of linking patients listed in OH-Trac with the available beds posted in Surge Net as requested.

Treatment Areas: The designated area for the collection and treatment of patients.

Red: An area where patients require immediate assistance

Yellow: An area where patient injuries are serious (delayed) but not life-threatening

Green: Patient Area: The area where patients with minor injuries are kept

Black: A collection area for deceased (Morgue)

United Way: They can provide a 211 call information center at the request of EMA to allow persons recovering from a disaster, a resource to find out incident specific information. If 211 is activated after an MCI, information provided may help with family member identification and reunification.

Zones:

Cold Zone: General Perimeter separating bystanders and traffic from the incident. Where the Incident Command Post, Treatment Areas, and Transport Sectors are located.

Warm Zone: Boundary that separates the "hot zone" from the "cold zone." Only personnel actively working on the incident wearing appropriate personal protective equipment (PPE) will be permitted in the Warm zone. For safety, media is not permitted within the Warm zone without appropriate PPE and an escort. Where Secondary Triage and Decon are located.

Hot Zone: Restricted access. Particularly volatile sector within the inner perimeter where access is restricted to those persons taking special protective measures. In a Hazardous Materials incident, decontamination may be required for all persons and equipment leaving the Hot Zone.

IV. MCI CONCEPT OF OPERATIONS

A. DISPATCH

1. MCI Declaration

- Any dispatch center can receive information from an emergency scene where the possibility of an MCI exists. The Incident Commander must identify and declare an MCI-Level 1 or MCI-Level 2 incident.
- The dispatch center receiving the declaration of an MCI-Level 1 or 2 copies the CAD incident to Toledo Fire Dispatch and LCEMS Dispatch then follows through with phone notification to both agencies.

a. LCEMS Dispatch

- ✓ Notifies the appropriate jurisdictions, officials and affected health care facilities of an MCI-Level 1 or MCI-Level 2 incident. The notification will prompt the establishment of an OH-Trac incident for use by area hospitals and public health officials.
- ✓ Notifies and dispatches all private ambulances, Lucas County Lifesquads and On-Scene Medical Control as requested.

b. Toledo Fire Dispatch

- ✓ Assign a dispatcher to a designated Mutual Aid Talkgroup/OPS channel and assume control of the incident. TFRD will open an MCI incident in CAD using a generic CAD jurisdiction, such as DMF, TOF 5 or TOF 6 viewing sectors, and send the recommended response to the affected dispatch centers.
- ✓ Fire Station Alerting and actual dispatch of all resources will be conducted by the individual dispatch centers.
- ✓ When additional or specific resources are requested, beyond the initial MCI-Level 1, Toledo Fire will facilitate the dispatch of these resources and coordinate with LCEMS Dispatch in the use of area fire department ambulances.
- ✓ All Lucas County Dispatch Centers shall review the Disaster Alert Levels manual incase the incident escalates into a much larger incident.

2. Incident Management

a. LCEMS Dispatch

- ✓ Poll all ambulance companies, local air ambulances, and out of county providers for transport availability.

- ✓ View posted online (or poll) hospital MCI capability for the number and type of patients that hospitals can accept for the incident.[1] (During an MCI-Level 2, members from the OH-Trac Support Team can respond to LCEMS Dispatch to provide assistance).

- ✓ After the initial dispatch of resources, LCEMS Dispatch will primarily communicate with the Transport Unit Leader, once the position has been filled. LCEMS Dispatch should be prepared to advise the Transport Unit Leader of the status and capacity of all receiving hospitals.

- ✓ The Transport Unit Leader will provide LCEMS Dispatch with periodic updates on the transport activities at the scene. If the incident is an MCI-Level 2, patient status may be viewed on OH-Trac.

- ✓ The Transport Unit Leader will rotate the patients among the receiving hospitals, unless this responsibility has been handed off to LCEMS Dispatch.

- ✓ As victims are transported from the scene, the Transport Unit Leader will inform LCEMS Dispatch of the following:
    - Unit designation/name
    - Number of patients on the transport unit
    - Priority of the patient(s)
    - The receiving hospital

- ✓ LCEMS Dispatch will decide on the use of EMS Hospital Log Forms or OH-Trac, to maintain patient destination records. The hospitals need to be informed of which method will be used.

b. Toledo Fire Dispatch

- ✓ All Lucas County Fire Department resources should be requested through Toledo Fire Dispatch.

- ✓ If Lucas County Fire Department resources become taxed, Toledo Fire Dispatch will conference with Incident Command and decide if activation of the Ohio Fire Chiefs Response Plan is needed.

B. HOSPITALS

- ➢ Upon notification of an MCI-Level 1 or MCI-Level 2, alerted hospitals will enter on accepted online facility MCI capability software the number and type of patients they are able to take during the incident.

[1] Currently the two accepted web-based systems for displaying hospital posted MCI capabilities are Surge Net and EM System. Lucas County Hospitals will use EM System to post facility MCI capability and hospitals outside of Lucas County will use Surge Net for this purpose when requested.

- Receiving Hospitals may activate their internal Disaster Plans as determined by their own protocols.
- During an MCI-1 Level, receiving hospitals will enter patient information into OH-Trac upon arrival.
- During an MCI-Level 2, initial patient information may be captured into OH-Trac at the scene of the MCI. Patient status will then be updated into OH-Trac by receiving hospitals upon patient arrival and as patient status changes by movement through the healthcare system.
- Hospitals will notify LCEMS Dispatch if their capacities are significantly affected from last report e.g. Substantial numbers of other "walk-in" victims that has significantly affected their ER's capabilities.
- All Lucas County Triage Tags and triage tag numbers will be maintained as part of the patients' medical record and for later incident evaluation purposes.
- The United Way 211 call in system can be used for family members to identify the location of family members. The request to activate United Way 211 comes from Lucas County EMA.

C. OH-TRAC SUPPORT TEAM

- The team is comprised of 15-20 trained representatives from various first responder agencies across Lucas and Northern Wood Counties. Upon notification of a mass casualty incident, team members can enter patient information into OH-Trac via phone or other means of communication. With the use of the OH-Trac application on smart phones team members can scan patient triage tags, capture critical patient information, and "sync" the information which allows tracking of individuals and receiving hospitals to view volume and acuity levels of patients en route to their facilities. Upon notification of an MCI-Level 2, team members from unaffected jurisdictions can be requested to respond to the scene and to Lucas County EMS Dispatch to assist with patient tracking and pairing with available facilities.
- For team make-up and specific responsibilities refer to Lucas/Northern Wood County OH-Trac Support Team Protocol. **NOTE:** the OH-Trac Team response concept and allowing the phone application to be used by registered responders in the field is being developed as of the writing of this publication.

D. FIRST RESPONDERS: SCENE RESPONSE

1. Initial Report and Scene Size Up

- As with any fire or rescue response, the initial company is responsible to give an initial report and a size-up report. These reports give dispatch and all incoming units a "picture" of what the initial company is seeing.
- Upon arrival, the initial company officer will take command and broadcast the initial report over the radio, including the following in the report:

a. Initial Report

- ✓ Unit signature
- ✓ The location, or corrected location
- ✓ Initial basic impression - declare an MCI-Level 1 or MCI-Level 2[2]

b. Size-Up Report

- ✓ Briefly describe an impression of the scene, including known hazards
- ✓ Identify the Hot Zone
- ✓ Estimate total number of patients
- ✓ Establish the Command Post location
- ✓ Perform and delegate initial actions and assignments
- ✓ Identify Staging location and transportation corridor.
- ✓ Additional resource requests

c. Progress Reports

- ✓ Progress reports are required any time there is a change of the Incident Commander as well as every 20 minutes. Dispatch will prompt Command with time checks until Command decides time checks are no longer needed.
- ✓ The progress reports should include the following:
    - Current estimated total patient count
    - Update transportation corridor location as needed
    - Number of red, yellow, green, and black patients
    - Number of patients remaining to be extracted
    - Number of patients transported
    - Progress of hazard mitigation
    - Additional resources needed

d. Tactical Benchmarks

- ✓ Primary Triage complete
- ✓ All patients extracted
- ✓ All red patients transported
- ✓ All patients transported/clear of incident
- ✓ Any tactical benchmarks appropriate for hazard mitigation

[2] Note: Resources will be sent to Northern Wood County participating agencies upon their declaration of an MCI-Level 2 or upon specific request. Participating fire agencies will declare the MCI-Level 2 and notify LCEMS Dispatch.

2. Initial Actions and Assignments

- The initial actions of the first arriving company officer are critical to ensuring a successful outcome. Depending on the size and complexity of the incident, the initial company may be able to fill many roles, or handle only a few assignments.

a. Critical First On-Scene Company Actions

- ✓ Initial and size-up reports
- ✓ Give assignments to incoming units.
  - Assign a Medical Group Supervisor, Triage Unit Leader, Transport Unit Leader, Treatment Unit Leader (as needed), and a Staging Coordinator
  - Consider Recon, Safety Officer, and Air-Med Coordinator
- ✓ Special for law enforcement if not already on-scene to assist with scene and transportation corridor security, crowd and traffic control, and identification and mitigation of secondary devices if indicated.
- ✓ Determine scene safety. If deemed a hazardous materials incident or intentional act utilizing a Weapon of Mass Destruction (WMD) involving Chemical, Biological, Radiological, Nuclear or Explosive (CBRNE) agent/device, make the appropriate notifications and ensure the proper protection for responders. MAKE ASSIGNING A SAFETY OFFICER A PRIORITY! Refer to attachment E5 for NW Ohio Regional Hazmat Response.
- ✓ Consider Reconnaissance if scope of incident indicates.

b. Assignments to be Handled by Initial Companies On-Scene

- ✓ Perform a risk assessment and begin hazard mitigation for the purpose of reducing the immediate danger to patients, rescuers, or the public. Determine Hot Zone.
- ✓ Begin Primary Triage utilizing triage ribbons, extraction, and treatment as able
- ✓ Designate a Green Patient Area and have all green patients move to that location
- ✓ When Rescue is assigned consider assigning Secondary Triage. Secondary Triage should occur prior to patients entering Treatment.

3. Scene Set-Up

a. Operational Zones

- ✓ Initial companies need to clearly establish EMS hot, warm, and cold zones. The zones must be clearly communicated to all on-scene responders, including law enforcement. The operational zone locations should be broadcast over the main tactical channel to inform all incoming units even if coordination with law enforcement is handled face to face. Fire scene tape should be used to clearly mark the exclusion zone (outer perimeter) of an incident. Larger sites may need to be secured by law enforcement.

b. Communications

- ✓ A single tactical radio channel may be adequate for a small MCI. Large or complex MCI's may quickly overwhelm a single radio channel, hampering critical communication. The Incident Commander should forecast incident needs with the assistance of dispatch centers. Multiple radio channels may be indicated for the incident.
- ✓ A Communications Unit Leader (COML) should be notified for all incidents. The COML can monitor the incident or immediately assist with radio talkgroup assignments, including the acquisition of MARCS talkgroups.
- ✓ LCEMS Dispatch will designate the initial EMS channel and Toledo Fire will coordinate the use of OPS channels. Lucas County Sheriff's Office has a radio cache available to supplement onscene communications.
- ✓ Possible radio talkgroup assignments are:
    - Fire Talkgroups
        - Command
        - Operations
        - Hazard mitigation
        - Rescue
    - Medical Talkgroups
        - Triage
        - Treatment
        - Transport
- ✓ All public statements will be made through the agency PIO or Lucas County Joint Public Information Center, where all participating agencies will be represented, if established.
- ✓ When media shows up at the scene they shall be directed to Incident Command or his/her designee.

c. Green Patient Area

- ✓ Primary Triage at an MCI will direct those that can walk to a designated area of refuge, or Green Patient Area. These patients will be initially classified as green patients or the Walking Wounded. As soon as possible, a Green Patient Area Manager should be designated.

- ✓ The Green Patient Area Manager is responsible for the following:
    - Find or create a proper Green Patient Screening Area if one does not already exist
    - Liaison with law enforcement
    - Medically evaluate all patients, upgrading patients to red or yellow as needed, and move those patients to the treatment area(s)
    - Provide basic medical care
    - Contain patients as needed (share responsibility with law enforcement)
    - Consider comfort needs such as restroom facilities, water, food
    - Provide information as it becomes available to green patients
    - Consider the need for emotional support including chaplains, family members, or outside counseling support. Many green patients may have been separated from friends or family members, and will experience even greater anxiety when dealing with the unknown.
    - Documentation and patient tracking
    - Victim assistance and family reunification with the assistance of the United Way
    - Law enforcement is critical in establishing and maintaining the green patient area. Law enforcement will likely want to interview and document green patients for investigation purposes if indicated. Security in the green patient area may be necessary.

d. Treatment Areas

- ✓ The patient treatment area will be established in conjunction with the transportation corridor. It should be adjacent to the transportation corridor to facilitate communication, tracking, and patient transfer. If the treatment area and transportation corridor are unable to be co-located, they should be located as close as possible with a clear path between the two and their locations broadcast over the primary tactical radio channel.

e. Patient Sheltering

- ✓ Every attempt should be made to provide shelter for the patients in the patient treatment and green patient areas. The shelter should provide protection from the hazards, weather, media, and the public.

- ✓ Shelters of opportunity, or existing buildings, should be considered first. Priority will be given to structures with bathroom facilities, running water, and buildings with access that can be easily controlled. If no existing buildings are easily accessible or adjacent to the transportation corridor, then temporary shelters can be accessed and used.

- ✓ When choosing a shelter, the possibility for an expanding incident needs to be considered, ensure patients are not placed into an existing or future hazard zone. Possible temporary shelters include:
    - Tents from decon units or accessed elsewhere
    - Tarta buses

4. Triage, Rescue, Treatment, and Transport Procedures

- ➢ Once command has been established, personnel safety and PPE defined, communications and notifications established, resources requested, and initial tasks assigned; patient prioritization, rescue, and definitive care must be the primary focus of responders. The following Standard Operating Guidelines are meant to provide a tactical sequence to meet the objectives of patient care, but they are just that, guidelines. Each incident will have its own obstacles and hurdles and may require adaptation or alteration to achieve the greatest good for the greatest number of people.

a. <u>Primary Triage</u>

- ✓ Primary Triage is a primary assignment for initial responding crews and occurs in the EMS hot zone with triage ribbons.

- ✓ All Frontline first responding units in Lucas and Northern Wood County will be equipped with one Triage Bag, containing two Triage Kits. The contents of each of the triage Kits include:
    - A set of triage ribbons
    - 2 tourniquets
    - 2 markers
    - 4 oral airways
    - 2 glowsticks
    - 2 emergency blankets
    - Coban tape
    - Trauma dressings
    - Trauma shears

- ✓ When triage is assigned, two crew members from the assigned crew should grab the Triage Kits and use the ribbons to begin Primary Triage. The following color-codes will be used based on the START Triage System: Patients are triaged based upon four factors: (See Appendix E for START Triage Diagram and Mass Casualty Triage Tag).

    1. Ability to walk away from the scene
    2. Respirations: greater than or less than 30 breaths per minute
    3. Capillary Refill: greater than or less than 2 seconds
    4. Mental status: ability or inability to follow simple commands

- ✓ Definitions of Triage Colors**:**

    - Red: (Immediate, 1st priority) If respirations are over 30/min, capillary refill is over 2 seconds or radial pulses are absent, or the patient can't follow simple commands.
    - Yellow: (Urgent, 2nd priority) If patients are unable to walk to the Green Patient Area, but have respirations under 30/min, capillary refill is less than 2 seconds or a radial pulse is present, and can follow simple commands.
    - Green: (Non-urgent, 3rd priority) Walking wounded. If patients can follow commands and walk, send them to the Green Patient Area and triage them as green.
    - Black: (DOA or expectant, 4th priority) If a patient has no respirations upon initial assessment and after one attempt of repositioning the airway.

b. <u>Rescue Teams</u>

- ✓ Rescue Teams will be assigned by the Fire Group Supervisor. Their focus will be to enter the EMS hot zone and extract patients to Treatment or Transport Areas located in the EMS cold zone.
- ✓ Rescue Teams will locate and identify the Red/Immediate prioritized patients and extract them first. Once all Red/Immediate patients have been extracted then Rescue Teams will begin extracting the remaining Yellow/Urgent patients.
- ✓ Rescue Teams will deliver their extracted patients to Secondary Triage once it has been established prior to delivering them to Treatment or Transport Areas. Secondary Triage will be located in the EMS warm zone, at the edge of the EMS cold zone.
- ✓ As stated previously, the first priority of Rescue Teams will be to identify and extract the Red/Immediate patients out of the EMS hot zone. However, if there is a delay in the ability to extract any Red/Immediate patients because of prolonged extrication for instance, then Yellow/Urgent patients can be extracted ahead of them.

c. Secondary Triage:

- ✓ Each Lucas County Life Squad will be equipped with a package of at least 100 Mass Casualty Triage Tags. Other partner fire agency vehicles will have a supply of the same.
- ✓ Secondary Triage will be assigned at large MCI Incidents. As Red/Immediate and Yellow/ Urgent Primary triaged patients are extracted from the EMS hot zone by Rescue Teams, the patient will be delivered to Secondary Triage located in the EMS warm zone near Treatment Areas. Mass Casualty Triage Tags will be used to perform a Secondary Triage, prior to patients entering Treatment. This occurs because patient condition may change.
- ✓ Generally, the following steps will be taken (The same START Triage system discussed above will be used):
    - Each patient will be assessed, prioritized, and given a triage tag prior to movement to the Patient Treatment or Transportation Area. The primary nature of the injury will be noted on the triage tag. Also include patient sex (male/female), age/approximate age, and name if possible. The tag will be attached to the victim's neck, wrists or ankles, if possible – not to clothes.
    - Later assessments and treatment will be noted as possible and as resources allow. Information is listed on the triage tags in descending order of importance. Treatment or transport will not be delayed in order to fill out and complete the triage tags. Completely filling out the Triage Tags will be a low priority task and will depend on the number of patients, rescuers, and nature of the incident.
    - Patients tagged "Black-DOA" are coroner's cases; as such they will be left in the location found unless movement is needed to reach potentially viable patients or as directed by Command.
    - Normal pre-hospital run reports will not be used at the time of the incident, but will be required after the incident is complete. Tags will become part of the patient's Hospital Record as common identifier number and in substitution for an EMS run report.
    - If a victim's condition deteriorates, upgrade the tag. Do not remove the first tag or recopy treatment information from one tag to another. Identify the most current tag by number i.e. 1, 2, 3 and so on.

d. Patient Count and Tracking

- ✓ Patient count and tracking are important aspects of an MCI, especially when the incident is large and complex. Every effort will be made to count and track every patient that is cared for at an incident. The level of tracking will be scaled to the individual incident. At no time will these activities be priorities above patient care and transport.

- ✓ Patient count and priorities will begin through the coordination of the primary triage teams and the Triage Unit Leader to ascertain these numbers. Initially, they will be best-guess estimates, but as patients are rescued and delivered to Secondary Triage, a more accurate count of numbers of patients and their priorities can be accomplished through the use of the triage tags. These numbers will be communicated to Incident Command via the chain of command.

- ✓ The tracking of patients will be the responsibility of the Transportation Unit Leader in coordination with Treatment. Transportation will attempt to keep track of the number of red, yellow, and green patients as they are transported. During an MCI-Level 1 this will be done on the Lucas County Hospital Capability Worksheet found in Appendix C.1. During an MCI-Level 2 this can be accomplished through OH-Trac with the Multi-Casualty Recorder Form utilized as back-up. The form is kept on each responding unit in the triage kits.

- ✓ Any first responder may be assigned to Transportation as a Field Incident Technician (FIT) or Transportation Assistant to assist in patient count and tracking during an MCI-Level 1. During an MCI-Level 2, OH-Trac Team Members can perform this function if requested.

e. Treatment

- ✓ The treatment area will be the responsibility of the Treatment Unit Leader, typically, a senior ALS member/officer appointed by the Medical Group Supervisor.

- ✓ Large incidents may necessitate large treatment areas with separate areas and staff for red and yellow patients. Treatment needs to request enough staff to handle care for the expected number of patients. Deceased patients will not be moved unless indicated by Command or needed to gain access to a live patient. In this case a field morgue or black patient area may need to be established.

- ✓ The level of treatment performed in the treatment area may vary according to the situation, but rapid patient stabilization will be the priority. The level of care will be determined by Treatment in accordance with standing treatment protocols and/or direction from Medical Control.

- ✓ In general, paramedics will treat “Red” patients first, “Yellow” patients only as time allows, and “Green” triaged patients only after assuring that all patients from the red and yellow categories are stabilized. Depending on acuity and number of patients, it may be necessary to transport ALS patients in BLS units without the oversight of ALS personnel or transport more than one patient per vehicle.

- ✓ When circumstances dictate that EMS resources must continue to treat patients the Medical Group Supervisor should consider establishing a Field Treatment Site (FTS). An FTS may be as simple as extended use of treatment areas created at the incident or as complex as translocating patients to an Alternate Care Facility. In some cases local agencies and jurisdictions will predetermine where EMS might naturally establish an FTS.

- ✓ EMS may need to establish an FTS for any of the following reasons:
    - Transport resources are inadequate
    - Transport cannot keep pace with extraction
    - Number of patients at the incident cannot be handled at the hospitals

f. Transportation

- ✓ The primary objective of the Transportation Sector is to get the patients off of the scene and to definitive care centers as quickly as possible. Their objective should include getting the most critical patients off of the scene first. They will assign patients to transporting units as those resources arrive. Constant communication between Transportation and Treatment is important to ensure that patients are ready to be transported.
- ✓ The Transportation Unit Leader will be responsible for the Transportation Sector. They will be responsible for the following:
    - Communicating with EMS Dispatch regarding hospital bed availabilities, number of transport units available and their locations, patient numbers and triage categories enroute to hospitals.
    - Determining how many transport units needed, including air transport.
    - Coordinating with Treatment which patients to transport; which hospital to transport them; how many patients to transport in one unit; and the triage categories to be transported.
    - Tracking available transport units in staging and ones either enroute to, or at, hospitals.
    - Documenting for tracking purposes, which patients have been transported and to which hospitals.
    - Setting up a transportation corridor.
    - Individual transporting units will not routinely communicate to hospitals unless directed to do so.[3]

[3] Responders must follow local protocols for the completion and submission of patient care records. It is recommended that responders maintain good notes on each patient should record completion be delayed due to the scope of the incident.

5. Special Situations

a. Physician Requested at the Scene

- ✓ Normally, physicians are not sent to the scene of an MCI-Level 1 or MCI-Level 2. LCEMS Dispatch may send a pre-approved on-scene medical control physician, if available.
- ✓ The LCEMS Medical Director or Medical Director for the community will be notified and may choose to respond. If additional physicians are needed, the Medical Group Supervisor should notify LCEMS Dispatch of the specific indications/situation, which requires a physician on the scene.

b. Receiving Hospitals

- ✓ All hospitals will be notified by LCEMS Dispatch of the occurrence of an MCI- Level 1 or MCI-Level 2 situation.
- ✓ All information from the scene to hospitals regarding patient information will be received only through LCEMS Dispatch.
- ✓ The receiving hospitals will discuss any special concerns regarding their status with LCEMS Dispatch.
- ✓ It is expected that all area hospitals will receive patients during an MCI- Level 1 or MCI-Level 2 irrespective of their status (Example: selective bypass).
- ✓ The receiving hospital may contact LCEMS Dispatch but it is not recommended that a receiving hospital contact an EMS unit directly. Lucas County ERs have base radio stations where radio traffic at the incident may be monitored.
- ✓ Activation of the individual hospital's disaster plan is at the discretion of the individual hospital.
- ✓ Each receiving hospital is responsible for releasing to the local United Way the names and locations of each patient as such information becomes available.
- ✓ CISM (Critical Incident Stress Management) for victims and their families is the responsibility of the receiving hospital.
- ✓ Each receiving hospital shall update LCEMS Dispatch with their online facility MCI capability status page as applicable.
- ✓ Hospitals should enter incoming patients into the OH-Trac System or update their status upon arrival.

c. LCEMS Microwave Phone System

- ✓ This emergency phone system connects the EDs of all Lucas County Hospitals and LCEMS Dispatch. It is used for communication between dispatch and receiving hospitals and is considered the primary method of communication between the entities.
- ✓ This system utilizes Lucas County EMS Microwave and is not dependent on the public telephone system.

d. CISD for Fire EMT/LCEMS Paramedics and Fire or LCEMS Dispatchers

- ✓ CISD (Critical Incident Stress Debriefing) for emergency workers should be utilized as needed and accessed through the appropriate agency's Dispatch
- ✓ Team response is led through the Employee Assistance Program.

e. Transport Units

- ✓ EMT/Paramedics shall not call reports to receiving hospitals.
- ✓ Personnel shall assist at scene as assigned by officers. However, it is important that someone remain with the vehicle and that keys are left with vehicle at staging.
- ✓ Personnel may act as an Aeromedical Coordinator to set up landing zone(s) and ensure vehicle and patient safety.

f. Law Enforcement

- ✓ Law Enforcement is responsible for all activities regarding scene security. These include, but are not restricted to: crowd control; securing the transportation corridor; traffic flow control; direction of incoming responders to Staging; removal of anyone hindering the orderly patient care process; identification of witnesses and bystanders that require medical or mental health care; investigation of any criminal activity related to the MCI; provide security for temporary morgue; and identification and mitigation of a possible secondary device. They will also provide patient containment at the scene as needed given the scenario.

g. Coroner

- ✓ Responsibility for deceased victims. Also, will interface and coordinate with Incident Command and the Medical Group Supervisor.

h. American Red Cross

- ✓ Establishment of shelter and feeding facilities for displaced families.

i. Lucas County Emergency Management Agency

- ✓ LCEMA provides assistance to the Incident Commander by locating special resources at the local, state or federal level, as well as notification to State of Ohio and other applicable agencies as required.
- ✓ Coordinates special volunteer resources.
- ✓ Establish Emergency Operations Center (EOC) when apprized of situation or when requested by the Incident Commander or other appropriate individual.

j. Amateur Radio

- ✓ If requested, Lucas County Amateur Radio Emergency Service (ARES) will be used as the primary backup to normal two-way radio and telephone communications systems for emergency services.
- ✓ The County ARES Emergency Coordinator will designate Amateur Radio Operations to fill communications requirements upon request of the Lucas County Emergency Management Agency (backup/supplemental) communications for local governments and safety agencies.

k. Allied Health Personnel

- ✓ Physicians, Nurses and other Allied Health personnel on the scene of the emergency that wish to provide medical care to victims shall report to the EMS Commander or Scene Staging.
- ✓ The Staging Coordinator or designee will verify the person's identity, credentials, keep a running log of medical volunteer names and have medical volunteer sign the On-Scene Medical Provider Form and Log.

l. LCEMS Annex and Support Staff

- ✓ Support Services Manager and/or Annex Supervisor and available staff shall go to LCEMS Annex to prepare for the needs of additional supplies and life squads.

m. United Way

- ✓ At the request of the Local EMA, the United Way shall establish a 211 call line and provide incoming family inquiries with the location of their loved one.

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APPENDIX A

Mass Casualty Incident Organizational Charts

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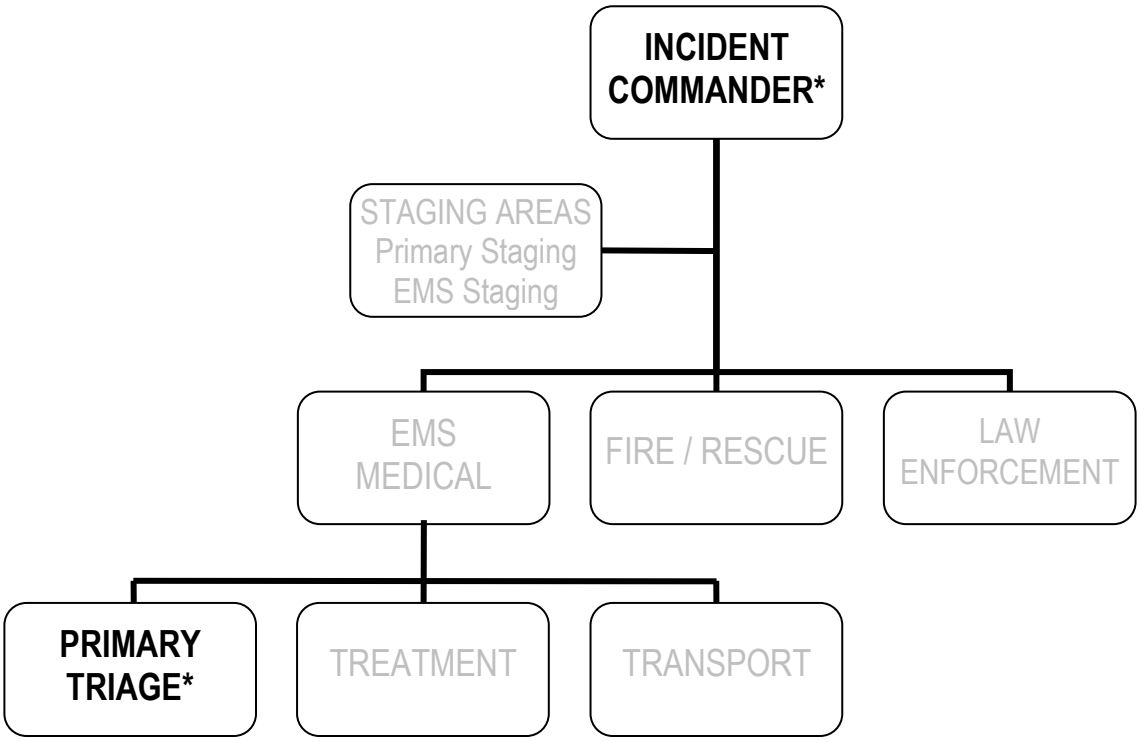
APPENDIX A.1: Mass Casualty Incident Organizational Chart:

INITIAL RESPONSE



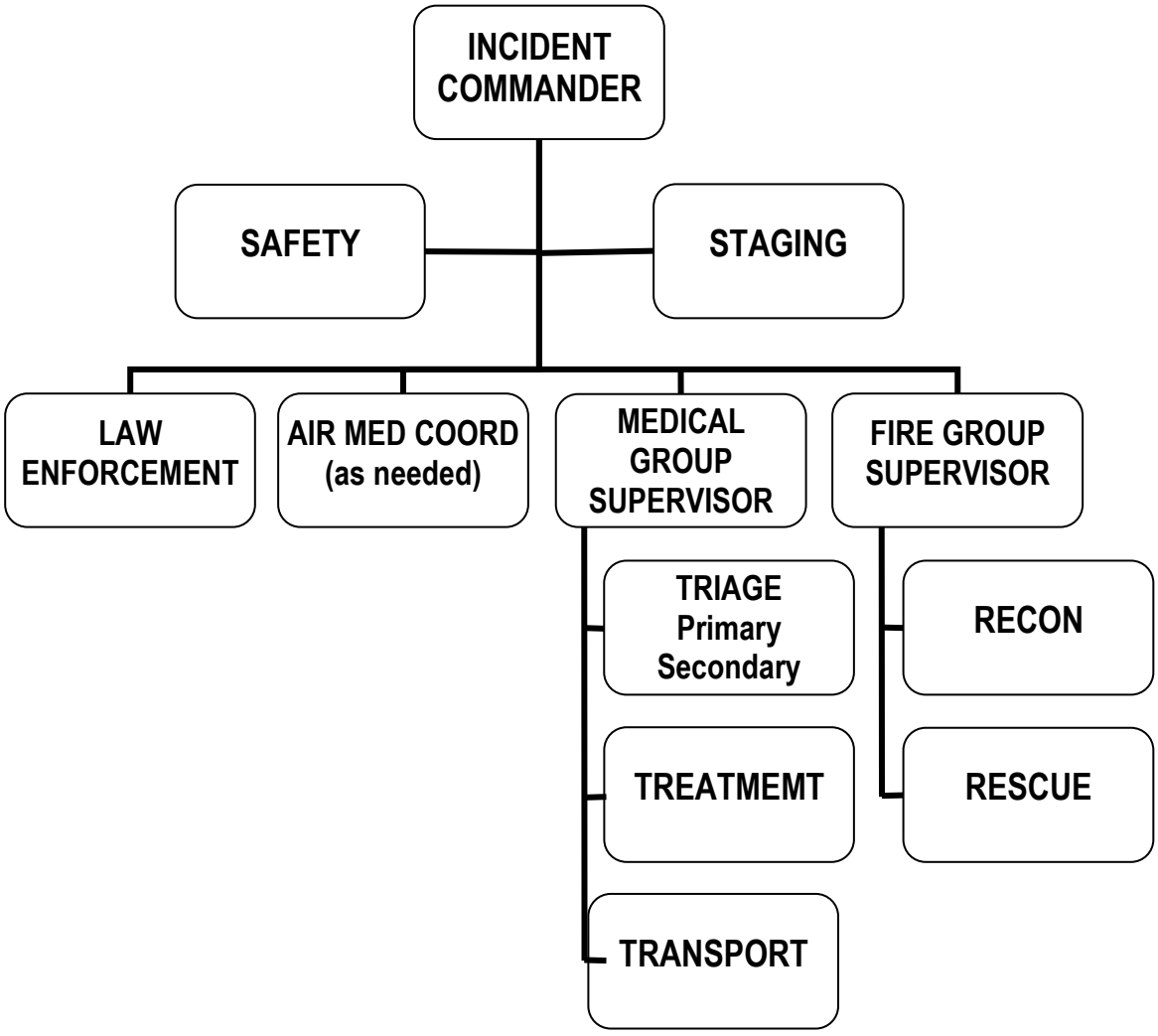
*Note: Active positions are **boldened**

Mass Casualty Initial Response Organization (example): This example depicts the arrival of an Engine Company. These units find conditions warranting a Mass Casualty response. The Company Officer assumes Incident Command and engine personnel begin the Simple Triage and Rapid Treatment (START) process by triaging victims and, at the same time, assess and report any additional hazards (fuel spills, unstable vehicles, etc.). The responders also designate a Green Patient Area, begin to extract and treat patients as able, and consider requesting additional resources beyond an MCI-Level 1.

Note: Depending on the scope of the incident, Recon may be a priority assignment.

APPENDIX A.2: Mass Casualty Incident Organizational Chart:

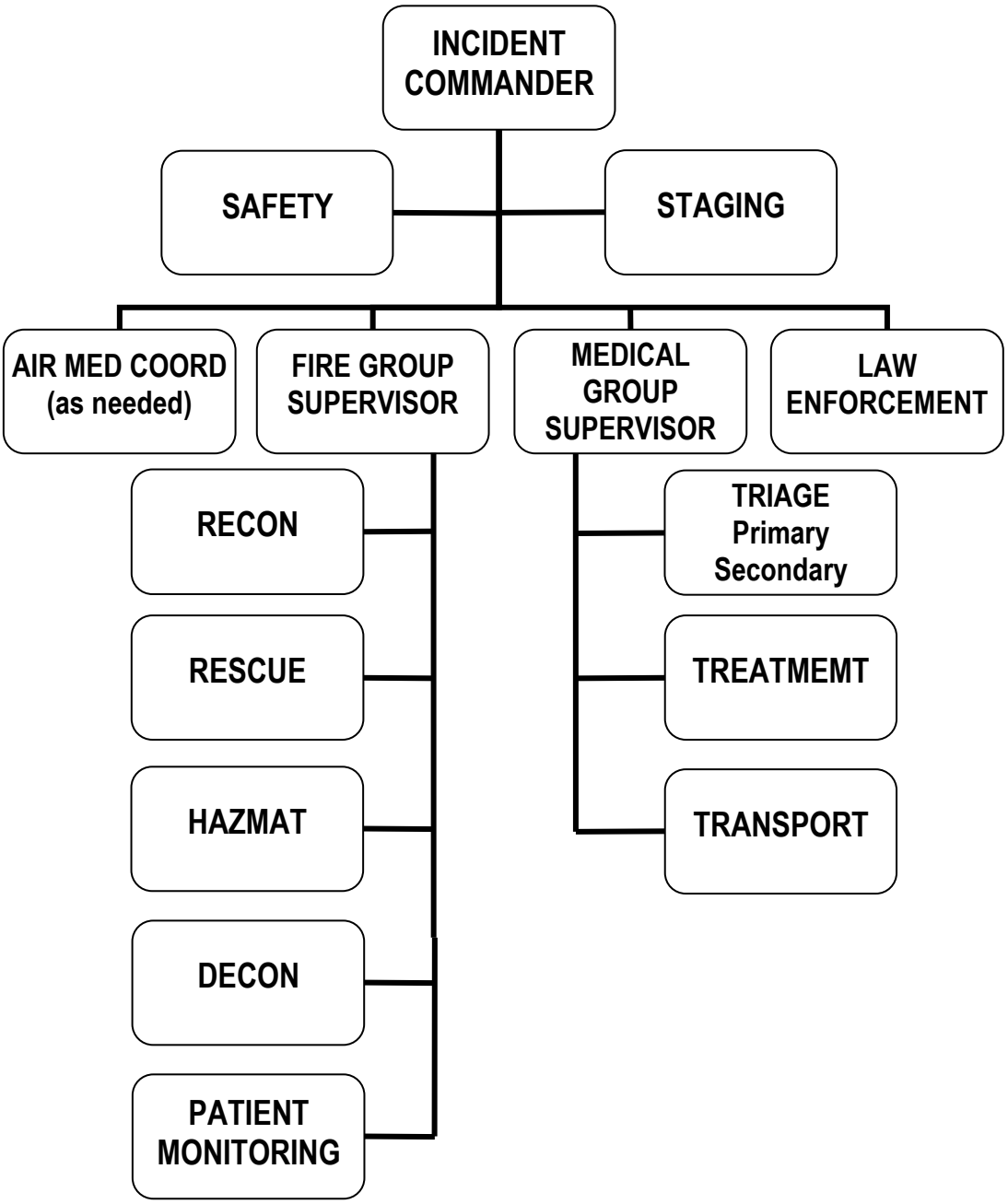
UTILIZING MCI-LEVEL 1 RESOURCES



Mass Casualty – Reinforced Response Organization (example): With the arrival of additional engine companies and ambulances, Incident Command has established a Medical Group Supervisor, Fire Group Supervisor, Unit Leaders, Staging, and specials for law enforcement to assist with securing the transportation corridor. A Safety Officer is assigned early in the incident.

APPENDIX A.3: Mass Casualty Incident Organizational Chart:

Utilizing MCI-Level 1 Resources involving a Hazardous Material Release



Mass Casualty – Involving a Hazardous Materials release. The concept of operations remains the same as in the Reinforced Response Organization (Appendix A.2): Hazmat SOPs have been included to the Fire Group.

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APPENDIX B

Job Action Sheets

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Appendix B.1

INCIDENT COMMANDER

Incident Command's responsibility is the overall management of the incident. At MCI and other incidents in these jurisdictions the first arriving unit's officer or acting officer will assume Command activities until relieved by a higher ranking authority. This job action sheet reflects actions to be handled by first arriving crews as well as for transferred Command during longer terms incidents. Many actions here are specific to mass casualty incidents.

Incident Name/Number _____ Date: _____

Name: _____

Command Post Location: _____

Radio Title/Channel: _____ Telephone: _____

FIRST ARRIVING CREW(S)

- ☐ Read this entire checklist
- ☐ Put on position identification vest

a. Incident Type: _____

b. Number of Victims: _____

c. MCI Level: _____

- ☐ **Initial report, identify command over radio:**
  - ☐ Unit Signature/Establish Command
  - ☐ Location or corrected location of the incident
  - ☐ Initial impression/Declare MCI-Level 1 or MCI-Level 2
- ☐ **Initial Size up over radio:**
  - ☐ If you know the name of the involved product take the following steps:
  - ☐ Identify hot zone: limit danger to bystanders
  - ☐ Estimate number of patients
  - ☐ Establish Command Post
  - ☐ Identify staging location and transport corridor
  - ☐ Consider additional resource requests
- ☐ **Initial assignments (as treatment and transport areas are established consider patient sheltering from environment and scene hazards).**
  - ☐ Medical Group Supervisor
  - ☐ Triage Unit Leader

Appendix B.1

INCIDENT COMMANDER

- ☐ Transport Unit Leader
- ☐ Treatment Unit Leader
- ☐ Staging Coordinator
- ☐ Safety Officer
- ☐ Air-Med Coordinator

☐ **Initial Actions**

- ☐ Special for law enforcement
- ☐ Determine scene safety. If a hazardous materials incident or WMD assign Safety Officer as a priority, make appropriate notifications and ensure proper PPE for responders
- ☐ Begin Primary Triage (Secondary Triage occurs after patient extraction by Rescue and prior to entering Treatment Areas and assigned depending on the size of the incident).
- ☐ Designate Green Patient Area
- ☐ Begin extraction and treatment of patients as able
- ☐ Consider reconnaissance if appropriate
- ☐ Consider Rescue as an assignment

COMMAND RESPONSIBILITIES - ONGOING - AT TRANSFER OF COMMAND

☐ **Give progress report**

- ☐ Current estimated total patient count
- ☐ Update transportation corridor location as needed
- ☐ Numbers of red, yellow, green, and black patients when known
- ☐ Number of patients remaining to be extracted
- ☐ Number of patients transported
- ☐ Progress of hazard mitigation
- ☐ Additional resources as needed including need for expanding communications network

☐ **Identify hot, warm and cold zones**

☐ **Implement personnel and patient accountability. (The Lucas/Northern Wood County OH-Trac Support Team is available for patient tracking during large-scale incidents. Consider early notification).**

☐ **Coordinate with key people and officials.**

☐ **Approve requests for additional resources or for the release of resources as incident dictates.**

☐ **Consider requesting a Communications Unit Leader (COM-L) if large, long-term incident, or establishing a field treatment site.**

☐ **Authorize release of information to the news media.**

☐ **Order the demobilization of the incident when appropriate. Benchmark "all patients are clear of incident."**

☐ **Maintain Unit/Activity Log (ICS Form 214)**

Appendix B.2

SAFETY OFFICER

The Safety Officer's function is to develop and recommend measures for assuring personnel safety, and to assess and/or anticipate hazardous and unsafe situations. Having the full authority of the Incident Commander, the Safety Officer can exercise emergency authority to stop or prevent unsafe acts.

Only one Safety Officer will be assigned for each incident. The Safety Officer may have Assistant Safety Officers as necessary, and the Assistant Safety Officers may also come from assisting agencies or jurisdictions as appropriate. Assistant Safety Officers may have specific responsibilities such as air operations, urban search and rescue, hazardous materials, or for specific geographic or functional area of the incident. Safety reports to Command.

Incident Name/Number _____ Date: _____

Name: _____

Command Post Location: _____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Assess the situation or obtain briefing from Incident Commander:
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ Verify command and operations channels as assigned
- ☐ Identify hazardous situations associated with the incident.
- ☐ In conjunction with Command request law enforcement for scene security
- ☐ Consider additional manpower to assign Assistant Safety Officers as needed given incident type/scope. Consider additional radio channel.
- ☐ Initiate personnel accountability in accordance with Command.
- ☐ Develop and communicate an incident safety message as appropriate.
- ☐ Exercise emergency authority to stop or prevent unsafe acts and communicate such exercise of authority to Command.
- ☐ Investigate accidents that have occurred within the incident area.
- ☐ Demobilize and terminate safety operations in accordance with Command.
- ☐ Observe all practitioners working for signs of exhaustion, stress, or inappropriate behavior, report concerns
- ☐ Ensure rehab of all working personnel

Appendix B.3

STAGING AREA MANAGER

The Staging Area Manager is responsible for managing all activities within a Staging Area and answers to Command. Depending on the scope of the incident, Primary Staging and/or Ambulance Staging could be established.

Incident Name/Number _____ Date: _____

Name: _____

Command Post and Transportation Locations:_____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Assess the situation/obtain briefing from Transport Unit Leader if assigned:
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ Verify Medical Communications Network as assigned:
  - ☐ Command_____
  - ☐ Operations_____
  - ☐ Transport: _____
- ☐ Establish Staging Area and layout if not established.
- ☐ Establish check-in function, consider assistance if needed. Utilize Unit Staging Log.
- ☐ Respond to requests for resource assignments from Command, Transport, dispatch or Incident Communications Center.
- ☐ Obtain officer signatures for radio equipment and other supplies distributed and received at Staging Area if applicable.
- ☐ Advise Command when reserve levels reach minimums.
- ☐ Check in spontaneously responding medical volunteers:
  - ☐ Check licensure/certification card. If available, online registries may be used to verify volunteer medical provider status in lieu of licensure/certification card
  - ☐ Check picture ID
  - ☐ Have them sign the On-Scene Medical Provider Form and On-Scene Medical Provider Log.
- ☐ Maintain Staging Area in orderly condition.
- ☐ Demobilize Staging Area when directed.

Appendix B.4

MEDICAL GROUP SUPERVISOR

The Medical Group Supervisor reports to the Medical Branch Director if assigned or Operations if a Medical Branch Director is not assigned. This person supervises the Triage Unit Leader, Treatment Unit Leader, and Transportation Unit Leader. The Medical Group Supervisor controls the activities within a Medical Group. The scope of duties described below is dictated by the size and complexity of the incident.

Incident Name/Number _____ Date: _____

Name: _____

Command Post Location: _____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Assess the situation or obtain briefing from Incident Commander:
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ If not already done, set up and identify location of command post. If command post has already been established, identify yourself to the Incident Commander and maintain a presence at the command post.
- ☐ Appoint Triage Unit Leader; Treatment Unit Leader and Transportation Unit Leader as needed. Note: Triage Unit Leader is responsible for Primary and Secondary Triage.
- ☐ Identify equipment and vehicle staging area(s) as needed.
- ☐ Request additional resources and manpower if needed
- ☐ In conjunction with Command establish medical communications network channels as needed:
  - ☐ Hospitals _____
  - ☐ Triage_____
  - ☐ Treatment: _____
  - ☐ Transport: _____
  - ☐ Verify command and operations channels as assigned
- ☐ Provide periodic updates on EMS operations to LCEMS Dispatch and Command. Information flow from the scene to affected hospitals will travel through LCEMS Dispatch.
- ☐ Exercise emergency authority to stop or prevent unsafe acts and communicate such exercise of authority to Command.
- ☐ In conjunction with Command request law enforcement for scene security
- ☐ Request coroner of jurisdiction(s) if necessary
- ☐ If necessary, establish morgue location and coordinate with Triage and Treatment Unit

Appendix B.5

TRIAGE UNIT LEADER

The Triage Unit Leader reports to the Medical Group Supervisor (or Command when not assigned) and supervises Triage Personnel and Morgue Manager as appropriate. The Triage Unit Leader assumes responsibility for providing triage management, including Primary and Secondary Triage, and movement of patients from hot zone to Treatment or Transport unless Rescue is assigned. Secondary Triage occurs after Patient extraction by Rescue and prior to patients entering Treatment Areas. The Scope of duties described below is dictated by the size and complexity of the incident.

Incident Name/Number _____ Date: _____

Name: _____

You Report To: _____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Assess the situation/obtain briefing from Incident Commander/Medical Group Supervisor if assigned:
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ Assign medically-trained personnel to triage patients utilizing START Triage. Begin Primary triaging of patients utilizing ribbons.
- ☐ Obtain victim count, count for each triage priority, and provide this information to Command or Medical Group Supervisor when assigned.
- ☐ Ensure that there is adequate manpower and supplies available for the primary triage of all victims.
- ☐ Ensure that there is an adequate number of personnel and equipment available to remove patients from the hot zone to the patient Treatment/Transport Area(s). Communicate manpower and equipment needs to Medical Group Supervisor/Command.
- ☐ Establish Secondary Triage utilizing triage tags located prior to Treatment given scope of incident.
- ☐ Coordinate interaction between triage teams and extrication teams with Rescue/Extraction as needed.
- ☐ Verify communications channels as incident expands.
- ☐ Provide update to Medical Group Supervisor/Command on Triage operations to include total number of victims and estimated number of victims in each triage priority. Report timely notification when all patients have been extracted and moved to the Patient Treatment Area(s)
- ☐ Coordinate with Medical Group Supervisor/Command and the Coroner of jurisdiction the location of any deceased patients and location of morgue area, if needed.
- ☐ Document, and if possible, mark the location of remains that had to be moved in an effort to extricate and treat surviving patients.

Appendix B.5

TRIAGE UNIT LEADER

- ☐ Verify with the Transportation Unit Leader via Medical Group Supervisor/Command, the final number of victims transported/waiting to be transported in order to accurately determine that all victims have been accounted for.
- ☐ Terminate triage unit in conjunction with the Medical Group Supervisor/Command. Re-assign personnel as directed. Benchmark is “all patients triaged and extracted.”
- ☐ Maintain documentation of overall triage operations.

Appendix B.6

SECONDARY TRIAGE MANAGER

Secondary Triage reports to the Triage Unit Leader and is responsible for re-triaging extracted patients using DMS Triage Tags. Secondary Triage occurs after patient extraction from the EMS hot zone by Rescue and prior to patients entering Treatment Areas.

Incident Name/Number _____ Date: _____

Name: _____

You Report To: _____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Assess the situation/obtain briefing from Triage Unit Leader:
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ Establish Secondary Triage Area at edge of EMS warm/cold zone near Treatment Area(s). Receive extracted patients from Rescue and triage patients utilizing START Triage.
- ☐ Mark Triage Tag with patient sex (male/female), age/approximate age, patient first and last name, identify injured area on anitomical man if possible, tear off tabs to identify triage color and affix tag to patients neck or wrist.
- ☐ Ensure that there is adequate manpower and supplies available for the secondary triage of all extracted victims.
- ☐ Keep torn Triage colored tabs and place in "Triage Tag Receipt Holders"
- ☐ Maintain total patient count and numbers of red, yellow and black triaged patients. Report this number to Triage Unit Leader when known.
- ☐ Coordinate patient movement from Secondary Triage to patient Treatment Area(s).
- ☐ Verify communications channels initially and as incident expands.
- ☐ Once all extracted patients have been triaged, assist in Treatment. Place an additional triage tag on patients whose condition deteriorates. Do not remove initial tag. Mark additional tag with a "2"
- ☐ Coordinate with Triage Unit Leader and the Coroner of jurisdiction the location of any deceased patients and location of morgue area, if needed.
- ☐ Verify with the Transportation Unit Leader via Triage Unit Leader the final number of victims transported or waiting to be transported in order to accurately determine that all victims have been accounted.
- ☐ Maintain documentation of secondary triage operations.

Appendix B.7

TREATMENT UNIT LEADER

The Treatment Unit Leader reports to the Medical Group Supervisor (or Command if not assigned) and supervises Treatment Area Manager(s). (A large scale incident could have separate treatment areas for immediate, delayed and minor triaged patients. Otherwise there could be one treatment area designated). The Treatment Unit Leader assumes responsibility for treatment, preparation for transport, and directs movement of patients to Transport loading location(s). The scope of duties described below is dictated by the size and complexity of the incident.

Incident Name/Number _____ Date: _____

Name: _____

Treatment and Transport Area Location(s):_____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Assess the situation/obtain briefing from Incident Commander/Medical Group Supervisor if assigned:
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ Verify Medical Communications Network as assigned:
  - ☐ Hospitals _____
  - ☐ Triage_____
  - ☐ Treatment: _____
  - ☐ Transport: _____
  - ☐ Verify command and operations channels as assigned
- ☐ Establish and identify Patient Treatment Area(s) and communicate their location to the Medical Group Supervisor.
- ☐ Designate the Treatment Area Manager or Immediate Treatment Area Manager, Delayed Treatment Area Manager and the Minor-Green Patient Treatment Area Manager as the incident dictates.
  - ☐ Immediate: Marked with Red Identifier: _____
  - ☐ Delayed: Marked with Yellow Identifier: _____
  - ☐ Minor: Marked with Green Identifier: _____
- ☐ Assign medically trained personnel to patient treatment areas.
- ☐ Ensure an adequate number of ALS and BLS personnel and equipment caches are available to provide treatment to all victims. Communicate the need for additional resources to the Medical Group Supervisor.
- ☐ Ensure that all patients brought to the Patient Treatment Area(s) have been triaged and separated by condition priority. Re-triage as necessary.

Appendix B.7

TREATMENT UNIT LEADER

☐ Coordinate operations within the Patient Treatment Area(s) with the Medical Group Supervisor, Triage Unit Leader and Transportation Unit Leader.
☐ Provide updates on treatment operations, including notification when all patients have been removed from the Patient Treatment Areas to Transport and cleared of the Green Patient Area.
☐ Maintain documentation on operations within the patient treatment areas.
☐ Terminate patient treatment areas in conjunction with the Medical Group Supervisor. Reassign personnel as directed.

Appendix B.8

GREEN PATIENT AREA MANAGER

The Green Patient Area Manager reports to the Treatment Unit Leader (or Command if not assigned) and is responsible for providing an area of refuge for patients that were initially triaged green by first arriving crews, those patients able to walk from the scene to the area of refuge. The Green Patient Area Manager will be responsible for medically evaluating all patients and upgrading their triage level if indicated, capturing required patient information for tracking purposes, and providing for family reunification as needed. The Scope of duties described below is dictated by the size and complexity of the incident.

Incident Name/Number _____ Date: _____

Name: _____

Green Patient Area Location:_____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Assess the situation or obtain briefing from Treatment Unit Leader:
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ Verify Medical Communications Network as established:
  - ☐ Hospitals _____
  - ☐ Triage_____
  - ☐ Treatment: _____
  - ☐ Transport: _____
  - ☐ Verify command and operations channels as assigned
- ☐ Designate a Green Patient Area if one does not exist with hazard/environment sheltering considerations in mind.
- ☐ Consider the need for law enforcement at the Green Patient Area if the event is suspicious in nature and as directed. Patient containment and investigation may be indicated
- ☐ Medically evaluate all patients, upgrade triage status and move to patient treatment area(s) as needed.
- ☐ Consider comfort needs such as restrooms, food and water.
- ☐ Provide information to green patients as available.
- ☐ Consider emotional support such as chaplains or outside counseling support.

Appendix B.8

GREEN PATIENT AREA MANAGER

☐	Maintain a listing of patient names, triage color and number, age, and gender on the Green Patient Area Patient Tracking Log. NOTE: THE LUCAS/NORTHERN WOOD COUNTY OH-TRAC SUPPORT TEAM CAN ASSIST WITH CAPTURING THIS INFORMATION ON THE ACCEPTED PATIENT TRACKING SOFTWARE EITHER REMOTELY OR ON SCENE. The Green Patient Area Patient Tracking Log should still be maintained as back-up.
☐	Consider requesting assistance from the United Way to assist with family reunification.
☐	Provide updates on Green Patient Area operations to Treatment Unit Leader.
☐	Maintain documentation on operations within the area.
☐	Terminate Green Patient Area in conjunction with Treatment Unit Leader. Reassign personnel as directed. Turn in Green Patient Area Patient Tracking Log.

Appendix B.9

TRANSPORT UNIT LEADER

The Patient Transportation Unit Leader reports to the Medical Group Supervisor (or Command when not assigned) and supervises OH-Trac Team Members when on scene. A Transportation Unit Leader Assistant may be assigned to assist with fulfilling the Transport Unit mission. The Transportation Unit Leader is responsible for the coordination of patient transportation and maintenance of records relating to the patient's identification, condition, and destination. The scope of duties described below is dictated by the size and complexity of the incident.

Incident Name/Number _____ Date: _____

Name: _____

Transport Unit Location: _____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Assess the situation/obtain briefing from Incident Commander/Medical Group Supervisor if assigned:
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ Establish or identify:
  - ☐ Assess situation
  - ☐ Location of Patient Collection Station(s) at Transport
  - ☐ Ambulance vehicle access
  - ☐ Ambulance vehicle egress
  - ☐ Establish ambulance staging area.
  - ☐ Establish ambulance "loading" area.
- ☐ Verify Medical Communications Network as assigned:
  - ☐ Command _____
  - ☐ Operations_____
  - ☐ Hospitals _____
  - ☐ Triage_____
  - ☐ Treatment: _____
  - ☐ Transport: _____
- ☐ Determine the MCI capabilities and "beds available" of receiving facilities within the area of the disaster through LCEMS Dispatch.

Appendix B.9

TRANSPORT UNIT LEADER

- ☐ Coordinate with the Triage and Treatment Leaders to determine the transportation needs for the potential number of patients that will be treated.
- ☐ Coordinate with the Medical Group Supervisor for the establishment of a landing zone for aeromedical providers. Assign Aeromedical Coordinator as needed.
- ☐ Consider alternate means of transportation for large numbers of patients, e.g. school buses, wheel chair vans, etc.
- ☐ Request ambulances from staging area as needed.
- ☐ Accept patients from the Patient Collection Station(s) at Transport and assign them to ground transport OR aero medical providers for transportation to appropriate receiving facilities.
- ☐ Operate with LCEMS Dispatch to send patients to receiving facilities via available on scene ambulance resources.
    - ☐ Patient's priority.
    - ☐ Transporting unit.
    - ☐ Time unit departed scene enroute to assigned facility
- ☐ Ensure that an adequate number of transport vehicles are available. Communicate vehicle or manpower needs to LCEMS Dispatch and Medical Group Supervisor as needed.
- ☐ Maintain record of operations with the use of the Multi-Casualty Recorder Worksheet. Note: This log should be maintained even of the OH-Trac software is used for patient tracking.
- ☐ Verify the final patient count with the Triage and Treatment Leaders in order to accurately determine whether all patients have been accounted for and transported from the scene. Verbalize tactical benchmarks on radio channel to include:
    - ☐ All red patients transported
    - ☐ All patients transported from of incident.
- ☐ Terminate, with consensus from the Medical Group Supervisor operations within the Transportation area and turn in Multi-Casualty Recorder Worksheet.

Appendix B.10

AEROMEDICAL COORDINATOR

The Aeromedcial (Air-Med) Coordinator is responsible for coordinating the safe ingress and egress of requested air ambulance(s) to designated landing area(s). The Air-Med Coordinator will work with Transport to ensure the safe transfer of patients from the Transport Area to each unit. This position will be filled only when necessary.

Incident Name/Number _____ Date: _____

Name: _____

Transport Area Location:_____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Assess the situation/obtain briefing from Transport Unit Leader if assigned:
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ Identify and Establish
  - ☐ Landing Area(s) for air-med units

    This area should be roughly 75 X 75 ft. and free obstructions and be upwind from any hazard.
- ☐ Verify Medical Communications Network as assigned:
  - ☐ Command_____
  - ☐ Operations_____
  - ☐ Hospitals _____
  - ☐ Triage_____
  - ☐ Treatment: _____
  - ☐ Transport: _____
  - ☐ Air-Med Channel_____
- ☐ Request air-med units through LCEMS Dispatch as needed. You will be assigned a separate radio channel to communicate directly to the pilot. This channel will still be monitored by LCEMS Dispatch.
- ☐ Guide pilot to designated landing area
- ☐ Coordinate with Transport patient movement from the Transport Area to the air-ambulance. Assist/facilitate as needed.
- ☐ Communicate to pilot if he/she should “stay hot” (meaning leave engine on) or not.
- ☐ Communicate need for assistance if multiple air operations are being conducted simultaneously.
- ☐ Once all patients and air-med units are cleared, contact Command or Transport for re-assignment.

Appendix B.11

FIRE GROUP SUPERVISOR

The Fire Group Supervisor reports to the Fire Supression Branch Director.. This person supervises Recon, Rescue, Fire Supression, and Hazmat FRO unless Hazmat functions become a seperate branch. The Fire Group Supervisor controls the activities within the Fire Group. The scope of duties described below is dictated by the size and complexity of the incident.

Incident Name/Number _____ Date: _____

Name: _____

Command Post Location: _____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Assess the situation or obtain briefing from Incident Commander:
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ If not already done, set up and identify location of command post. If command post has already been established, identify yourself to the Incident Commander and maintain a presence at the command post.
- ☐ Assign Recon, Rescue, Fire Supression and Hazmat FRO as needed.
- ☐ Identify equipment and vehicle staging area(s) as needed.
- ☐ Request additional resources and manpower if needed
- ☐ In conjunction with Command establish fire communications network channels as needed:
  - ☐ Command: _____
  - ☐ Operations:_____
  - ☐ Hazard Mitigation: _____
  - ☐ Rescue: _____
  - ☐ Verify medical channels as assigned
- ☐ Provide periodic updates on Fire operations to TFRD Dispatch and Command.
- ☐ Exercise emergency authority to stop or prevent unsafe acts and communicate such exercise of authority to Command.
- ☐ In conjunction with Command request law enforcement for scene security
- ☐ Provide relief for Rescue Teams. This is a labor intensive task.
- ☐ If necessay and in conjunction with Command, establish a separate Hazmat Group if the incident requires the NW Ohio Region 1 Hazardous Materials Response Team, Patient and Responder Decon, and Patient Monitoring.

Appendix B.12

RECONNAISSANCE

Reconnaissance (Recon) reports to the Fire Group Supervisor. Thier function is to perform a 360 degree survey of the scene, gather information regarding the size and scope of the incident, determine number of patients involved (and number of vehicles involved, if appropriate), identifiy any hazards present, and determine if any specialty resources are needed to mitigate the incident. This information is reported back to Command.

Incident Name/Number _____ Date: _____

Name: _____

Command Post Location:_____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Assess the situation/obtain briefing from Incident Commander/Fire Group Supervisor if assigned:
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ Verify Communications Network as assigned
- ☐ If large scene, confirm with Fire Group Supervisor/Command area for your team to perform Recon as more than one Recon Team may be assigned
- ☐ Wear proper PPE. Depending on the scope of the incident this may include full turnout gear with SCBA in standby mode.
- ☐ Consider utilizing FRO meters (temp gun, CGM, radiation dosimeter, PH and F paper)
- ☐ Conduct systematic scene or designated area survey. Obtain information on numbers of patients and their condition, viable, non-viable, accessible, entraped, outdoors, indoors, etc.
- ☐ Identify any hazards, hazardous materials, vehicle fires, unstable structures, secondary devices, changing readings on meters, PH ot F paper.
- ☐ Don SCBA and perform viable, line-of-site rescue for patients in a danger zone or exposed to any hazard. NOTE that first responders should not enter an area where F paper has turned color (yellow).
- ☐ If rescue of patients is performed call Fire Group Supervisor/Command and request establishment of patient decontamination if appropriate, treatment and transport of these patients.
- ☐ Communicate all findings/actions during the scene survey to Fire Group Supervisor/Command
- ☐ Identify specialty resources needed to mitigate hazards or extract patients from the EMS hot zone.

Appendix B.13

RESCUE TEAMS LEADER

Rescue Teams report to the Fire Group Supervisor. Thier function is to extract patients from the EMS hot zone and deliver them to Secondary Triage at the edge of the warm/cold zone, if esablished or to Transport so they can be sent to difinitive care. Rescue Teams will extract red triaged patients first and yellow triaged patients second. Deceased patients should not be moved unless to gain access to a viable victim.

Incident Name/Number _____ Date: _____

Name: _____

Command Post Location:_____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Assess the situation/obtain briefing from Incident Commander/Fire Group Supervisor if assigned:
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ Verify Communications Network as assigned
- ☐ Wear proper PPE. Depending on the scope of the incident. This may include full turnout gear with SCBA in service or in standby mode.
- ☐ Ensure you have necessary extraction equipment. This may include a backboard, gurney, stokes backet, towel rolls, tape, etc.
- ☐ Work with the Triage Unit Leader to identify areas where triage has been performed, remove red triage patients first. Deliver them to Secondary Triage or Transport if Secondary Triage is not established. Triage teams may have marked vehilces to help identify in which vehicles triage has already occured.
- ☐ If vehicles are involved, consider marking the vehicle to signal other rescue teams that all patients have been extracted from the vehicle or to identify the number that remain.
- ☐ Once all red triaged patients have been extracted from the EMS hot zone, extract yellow triaged patients. There should be no green traiged patients in the EMS hot zone.
- ☐ Black traged patients should not be moved unless to access a viable victim.
- ☐ Assist other rescue teams as needed.
- ☐ Communicate to Fire Group Supervisor/Command when all patients have been extracted.
- ☐ Communicate to Fire Group Supervisor/Command the need for relief as Rescue will be a labor intensive activity.

Appendix B.14

HAZMAT FIRST RESPONDER OFFENSIVE

Hazmat First Responder Offensive (FRO) is a system intended for use by firefighters responding to a hazardous materials incident. The system allows firefighters trained at the hazardous materials operations level to size-up a hazmat incident and equipped with a handful of instruments, HazmatIQ FRO charts and wearing structural firefighting gear with SCBA, determine whether they can safely enter the Hot Zone to perform rescue or reconnaissance operations.

Incident Name/Number _____ Date: _____

Name: _____

Command Post Location: _____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Obtain briefing from Incident Commander
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ Verify command and operations channels as assigned
- ☐ Ensure you have the Hazmat-IQ charts and a NIOSH Guide to Chemical Hazards book
- ☐ Identify hazardous situations associated with the incident with the aid of the Hazmat-IQ charts.
- ☐ **If you know the name of the involved product take the following steps:**
  - ☐ Refer to Hazmat-IQ chart #2 and determine if the first name of the substance is in the blue box.
  - ☐ If the answer is **NO** use the Above the Line SOG to determine the hazards associated with the product.
  - ☐ If the answer is **YES** ask another question, does the product have a second name that's matches the ones listed in blue in the diamond box. If the answer is **YES** use the Above the Line SOG to determine the hazards associated with the product. If the answer is **NO** use the Below the Line SOG to determine the hazards associated with the product.
  - ☐ Before committing crews into the hazardous area **you must verify** that the hazards identified on chart #2 were correct by using the NIOSH Guide to Chemical Hazards.
  - ☐ Use the NIOSH Guide to Chemical Hazards and look up the name of the product and follow Step #3 on chart #7 to verify the hazards associated with the product.
  - ☐ Once the hazards have been verified go to Step #4 on chart #7 and determine the mission **(Recon or Rescue)** of crews making entry into the hazardous area.
  - ☐ Keep in mind there are Red Lights which are determined by the type of mission. Refer to Step #4 on chart #7
  - ☐ The decision to disregard Red Lights during rescue operations is at the discretion of the Entry Team Officer.

Appendix B.14

HAZMAT FIRST RESPONDER OFFENSIVE

- ☐ A RED LIGHT THAT SIGNIFIES THE PRESENCE OF FLUORINE IS NEVER TO BE DISREGARDED. WHEN F-PAPER CHANGES COLOR THAT IS TIME TO ABORT A MISSION.

☐ **If you can identify a container in which the product is being carried or you can identify a placard showing the hazard class of the product, take the following steps:**

- ☐ Refer to Hazmat-IQ charts #3 thru #6.
- ☐ Determine the hazards associated with the substance, initial hot zone, and the meters you would expect and not expect to receive readings.
- ☐ Go to Step #4 on chart #7 and determine the mission **(Recon or Rescue)** of crews making entry into the hazardous area.
- ☐ Keep in mind there are Red Lights which are determined by the type of mission.
- ☐ The decision to disregard Red Lights during rescue operations is at the discretion of the Entry Officer.
- ☐ A RED LIGHT THAT SIGNIFIES THE PRESENCE OF FLUORINE IS NEVER TO BE DISREGARDED. WHEN F-PAPER CHANGES COLOR THAT IS TIME TO ABORT A MISSION.

☐ **If you can't identify the product by name, container or placard then it's an unknown hazmat incident, thus use the hazards associated with the Above the Line SOG on chart #2.**

☐ Ensure all- crews making entry into the hot zone are wearing structural firefighting gear with SCBA and have the following meters:

- ○ Ph & F papers: Placed on the outside of face-piece and on boots. Wet papers if possible.
- ○ Multi-gas meter: With mandatory O2 (oxygen) & LEL (lower explosive limit) sensors
- ○ Radiological meter
- ○ Temperature gun

☐ Ensure decon has been established prior to sending crews into the hot zone as first responder decon may be required.

☐ Consider the need for additional manpower and resources.

☐ Initiate personnel accountability in accordance with Incident Command.

☐ Demobilize and terminate operations in accordance with Incident Command.

☐ Observe all personnel working for signs of exhaustion, stress, or inappropriate behavior, report concerns to Incident Command

☐ Ensure rehab of all working personnel

Appendix B.15

DECONTAMINATION OFFICER

The Decontamination Officer's function is to ensure the removal of hazardous substances (bacteria, chemical or radioactive materials) from patients' and responders' bodies, clothing, equipment, tools, and/or sites to the extent necessary to prevent the occurrence of adverse health and/or environmental effects.

Incident Name/Number _____ Date: _____

Name: _____

Command Post Location:_____

Radio Title/Channel: _____ Telephone: _____

- ☐ Read this entire checklist
- ☐ Put on position identification vest
- ☐ Assess the situation/obtain briefing from Incident Commander/Hazmat Group Supervisor if assigned:
  - a. Incident Type: _____
  - b. Number of Victims: _____
  - c. MCI Level: _____
- ☐ Verify Medical Communications Network as assigned
- ☐ Coordinate the location of the Decon Corridor(s) with Incident Command or Hazmat Group Supervisor.
- ☐ Coordinate the physical layout of the Decon Corridor(s) with the Entry Team Leader, and if available the Hazardous Materials Safety Officer.
- ☐ Develop a traffic plan for the Contamination Reduction Zone.
- ☐ Determine decontamination resources, materials, and personnel. Make resource requests through Incident Command or the Hazardous Materials Group Supervisor.
- ☐ Identify an approximate number of contaminated people and equipment needing decontamination.
- ☐ Set-up separate Decon corridors: for patients and responders.
- ☐ Coordinate the transfer of contaminated patients into Contamination Reduction Corridor(s) with the Entry Team Leader.
- ☐ Coordinate the type and method of decontamination to be utilized with the consultation of the Hazardous Materials Safety Officer and Entry Team Leader:
  - ☐ Determine type of Decon set-up: Technical – Emergency - Mass.
  - ☐ Determine Decon method: Wet – Dry - Discarding - Dilution - Absorption - Neutralization
  - ☐ Supervise all operations to ensure that decontamination priorities are maintained.
- ☐ Brief personnel on decontamination methods, emergency actions, and individual assignments.
- ☐ Ensure proper Personal Protective Equipment (PPE) is inspected and donned.

Appendix B.15

DECONTAMINATION OFFICER

- ☐ Maintain the control and movement of people and equipment within the Contamination Reduction Zone:
  - ☐ Ensure that unauthorized personnel are not allowed into the Decon Corridor.
  - ☐ Enforce traffic plan for the Decon Corridor.
- ☐ Maintain communications and coordinate Decon operations with the Entry Team Leader:
  - ☐ Notify the Entry Team Leader when decontamination system is fully operational.
  - ☐ Note the number of persons making entry into the Hot Zone and the equipment that will require decontamination.
  - ☐ Note the time the Entry Team(s) will leave the Hot Zone: To determine approximate time decontamination personnel will utilize respiratory protection.
- ☐ Coordinate the transfer of contaminated patients requiring medical attention (after decontamination) to the Treatment Area:
  - ☐ Report victims' medical status changes immediately to the Medical Group Supervisor.
- ☐ Coordinate handling, storage, and transfer of contaminants within the Contamination Reduction Zone.
- ☐ Observe all personnel working for signs of exhaustion, stress, or inappropriate behavior, report concerns to Incident Command or Hazmat Group Supervisor.
- ☐ Ensure rehab of all working personnel.
- ☐ Demobilize and terminate decontamination operations in accordance with Command or Hazmat Group Supervisor.
- ☐ Document your on-scene operations and observations.

APPENDIX C

Incident Supporting Worksheets and Resources

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APPENDIX C.1: Incident Supporting Resources

UNIT LOG	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Unit Name/Designators	5. Unit Leader (Name and Position)		6. Operational Period

7. Personnel Roster Assigned		
Name	ICS Position	Home Base

8. Activity Log	
Time	Major Events

9. Prepared by (Name and Position)

APPENDIX C.2

TRANSPORT STAGING RESOURCE STATUS

Incident ______________________ Page ______ of ______

Staging Officer ______________________ Date ___/___/___ Time ___:___

Agency	Unit Number			Time In Staging Area	Time Out Staging Area
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:
		ALS	BLS	:	:

APPENDIX C.3

FIRE STAGING RESOURCE STATUS

Incident ______ Page ____ of ____

Staging Officer ______ Date / / Time :

Agency	Unit Number	Capabilities		Time In Staging Area	Time Out Staging Area
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:
		EXTRICATION HAZMAT FOAM	ALS BLS	:	:

APPENDIX C.4

TRIAGE UNIT LEADER

Triage Count Worksheet

Incident

Unit Leader Name | Agency | Date / / | Time :

Triage Team Members

Last Name	Agency	Last Name	Agency	Last Name	Agency	Last Name	Agency

First Count

Location

	Tally from Triage Teams	Total
1	IMMEDIATE	
2	DELAYED	
3	MINOR	
0	MORGUE	

TIME : PT Total

Second Count

Location

	Tally from Triage Teams	Total
1	IMMEDIATE	
2	DELAYED	
3	MINOR	
0	MORGUE	

TIME : PT Total

Third Count

Location

	Tally from Triage Teams	Total
1	IMMEDIATE	
2	DELAYED	
3	MINOR	
0	MORGUE	

TIME : PT Total

Fourth Count

Location

	Tally from Triage Teams	Total
1	IMMEDIATE	
2	DELAYED	
3	MINOR	
0	MORGUE	

TIME : PT Total

APPENDIX C.5

Triage Tag Receipt Holder

Indicate Treatment Area(s)  Incident _____ Page ____ of ____

Area Manager _____ Agency _____ Date / / Time :

		Notes:			Notes:
		Notes:			Notes:
		Notes:			Notes:
		Notes:			Notes:
		Notes:			Notes:
		Notes:			Notes:
		Notes:			Notes:
		Notes:			Notes:
		Notes:			Notes:
		Notes:			Notes:

APPENDIX C.6

TREATMENT UNIT LEADER

Treatment Documentation Worksheet

Indicate Treatment Area(s) ◯ ◯ ◯ Incident ______ Page ___ of ___

Area Manager ______ Agency ______ Date / / Time :

Tag # ☐☐☐☐ Age: ____ Sex: ____
Vitals:
Resps: ____ Pulse: ____ B/P: ____
Chief Findings: ________________

Tag # ☐☐☐☐ Age: ____ Sex: ____
Vitals:
Resps: ____ Pulse: ____ B/P: ____
Chief Findings: ________________

Tag # ☐☐☐☐ Age: ____ Sex: ____
Vitals:
Resps: ____ Pulse: ____ B/P: ____
Chief Findings: ________________

Tag # ☐☐☐☐ Age: ____ Sex: ____
Vitals:
Resps: ____ Pulse: ____ B/P: ____
Chief Findings: ________________

Tag # ☐☐☐☐ Age: ____ Sex: ____
Vitals:
Resps: ____ Pulse: ____ B/P: ____
Chief Findings: ________________

Tag # ☐☐☐☐ Age: ____ Sex: ____
Vitals:
Resps: ____ Pulse: ____ B/P: ____
Chief Findings: ________________

Tag # ☐☐☐☐ Age: ____ Sex: ____
Vitals:
Resps: ____ Pulse: ____ B/P: ____
Chief Findings: ________________

Tag # ☐☐☐☐ Age: ____ Sex: ____
Vitals:
Resps: ____ Pulse: ____ B/P: ____
Chief Findings: ________________

Tag # ☐☐☐☐ Age: ____ Sex: ____
Vitals:
Resps: ____ Pulse: ____ B/P: ____
Chief Findings: ________________

Tag # ☐☐☐☐ Age: ____ Sex: ____
Vitals:
Resps: ____ Pulse: ____ B/P: ____
Chief Findings: ________________

APPENDIX C.7

CASUALTY CARE COUNT WORKSHEET

Incident | Comm Plan Tac# | Recorder Name | Agency | Date / / | Time :

1 • IMMEDIATE	Count	Time	Count	Time	Count	Time	Count	Time
Area Manager		:		:		:		:
Wants/Needs	Notes		Notes		Notes		Notes	

2 • DELAYED	Count	Time	Count	Time	Count	Time	Count	Time
Area Manager		:		:		:		:
Wants/Needs	Notes		Notes		Notes		Notes	

3 • MINOR	Count	Time	Count	Time	Count	Time	Count	Time
Area Manager		:		:		:		:
Wants/Needs	Notes		Notes		Notes		Notes	

0 • MORGUE	Count	Time	Count	Time	Count	Time	Count	Time
Area Manager		:		:		:		:
Wants/Needs	Notes		Notes		Notes		Notes	

APPENDIX C.8

GREEN PATIENT AREA PATIENT TRACKING LOG

Date:_____ Incident Name/#_____

Area Manager_____

Last Name	First Name	Triage #	Gender	Age

APPENDIX C.9

NORTHWEST OHIO
ON-SCENE MEDICAL PROVIDER FORM

The EMS Providers from Lucas and Northern Wood Counties would like to thank you for your assistance. Be advised that the EMS providers on-scene are operating under protocols and guidelines established by their respective medical directors. As an Ohio credentialed medical professional you may provide medical assistance to patients at this incident given the following conditions are met:

1. Provide proper identification. This must include a picture ID such as a valid Ohio Driver's License.
2. Show proper medical credential, Ohio licensure or certification. In some cases Staging may be able to verify this for you on an online registry.
3. Be limited to your scope of practice and the equipment available to you at the incident.
4. Sign this form and Staging's On-Scene Medical Provider Log.
5. Assimilate into the scene Incident Command System.

I, _____, licensed or certified with the State of Ohio to operate
(Print Name Here)

as_____, number_____ declare that

my credential is current and agree to provide medical care to patients at this incident within my scope of practice. I further understand that all on-scene EMS personnel must operate within their protocols. Lastly, I assume all risk for any personal harm sustained during the course of volunteer operations at this incident. Refer to Ohio Revised Code 2305.23, Ohio's Good Samaritan Law for liability protection language.

_____
(Signature)

To filled out by Staging:

Incident Name/Number:_____

Date: _____/_____/_____ Time In:_____ AM/PM Out: _____ AM/PM

APPENDIX C.10

NORTHWEST OHIO
ON-SCENE MEDICAL PROVIDER LOG

Incident Name/Number:_____

Staging Officer:_____

Operational Period or Time of Day:_____

Name	Licensure/Certification	Signature

APPENDIX C.11

Bed Availability Worksheet

Hospital Name		Available Beds	Used Beds
SPECIALTY PTC ☐	**IMMEDIATE** Available Beds for Critical Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
PMC ☐ Trauma Level 1 ☐	**DELAYED** Available Beds for Non-Critical Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
Burn ☐ Helipad ☐	**MINOR** Available Beds for Walking Wounded Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Hospital Name		Available Beds	Used Beds
SPECIALTY PTC ☐	**IMMEDIATE** Available Beds for Critical Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
PMC ☐ Trauma Level 1 ☐	**DELAYED** Available Beds for Non-Critical Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
Burn ☐ Helipad ☐	**MINOR** Available Beds for Walking Wounded Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Hospital Name		Available Beds	Used Beds
SPECIALTY PTC ☐	**IMMEDIATE** Available Beds for Critical Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
PMC ☐ Trauma Level 1 ☐	**DELAYED** Available Beds for Non-Critical Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
Burn ☐ Helipad ☐	**MINOR** Available Beds for Walking Wounded Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Hospital Name		Available Beds	Used Beds
SPECIALTY PTC ☐	**IMMEDIATE** Available Beds for Critical Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
PMC ☐ Trauma Level 1 ☐	**DELAYED** Available Beds for Non-Critical Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
Burn ☐ Helipad ☐	**MINOR** Available Beds for Walking Wounded Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Hospital Name		Available Beds	Used Beds
SPECIALTY PTC ☐	**IMMEDIATE** Available Beds for Critical Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
PMC ☐ Trauma Level 1 ☐	**DELAYED** Available Beds for Non-Critical Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
Burn ☐ Helipad ☐	**MINOR** Available Beds for Walking Wounded Patients		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

APPENDIX C.12

Transportation Receipt Holder

Incident | Page | of

Recorder Name | Agency | Date / / | Time :

Notes: MedCom Advised ☐ ETA :	Notes: MedCom Advised ☐ ETA :
Notes: MedCom Advised ☐ ETA :	Notes: MedCom Advised ☐ ETA :
Notes: MedCom Advised ☐ ETA :	Notes: MedCom Advised ☐ ETA :
Notes: MedCom Advised ☐ ETA :	Notes: MedCom Advised ☐ ETA :
Notes: MedCom Advised ☐ ETA :	Notes: MedCom Advised ☐ ETA :

APPENDIX D: NW OHIO REGIONAL ASSETS

Asset*	Location	Access
American Red Cross	Toledo (serves 10 NW Ohio Counties)	Local Dispatch or Local EMA
Body Bags	Lucas County Coroner	Local EMA to NW Ohio Health Care Systems Coordinator
CHEMPACK	Various NW Ohio Hospitals	Ohio State Patrol- Columbus after local medical direction release.
Coroner (for suspicious deaths)	Lucas County	Local Dispatch or Local EMA
Lucas County MCI Trailer	Oregon and Springfield Fire, Lucas Annex	LCEMS Dispatch
Lucas County Municipal Disaster Bag	Washington Township Fire, Oregon and Sylvania Fire Departments, Lucas Annex	LCEMS Dispatch
Lucas County Lighting Trailer	Lucas Annex	LCEMS Dispatch
Lucas County O2 Delivery System	Springfield and Oregon Fire Departments, Lucas Annex	LCEMS Dispatch
Lucas County Responder Bag	Lucas Lifesquads	Lucas County Lifesquads
Lucas County Resupply Truck	Lucas County Annex	LCEMS Dispatch
OH-Trac Patient Tracking Software	Internet- Greater Dayton Area Hospital Association	Ohio.surgenet.org (must be registered)
OH-Trac Support Team	Lucas and NW Ohio Fire and EMS Agencies	LCEMS Dispatch
Ohio Incident Management Team (IMT)	Columbus	Local EMA
Ohio 52nd WMD Civil Support Team	Columbus	1-866-496-3278

Asset*	Location	Access
NW Ohio Alternate Care Facility/Field Hospital Supplies	Various	Local EMA to NW Ohio Health Care Systems Coordinator.
NW Ohio Burn Surge Plan	All NW Ohio Hospitals	Local EMA to NW Ohio Healthcare Systems Coordinator
NW Ohio, Region 1 Disaster Animal Response Team (DART)	NW Ohio Veterinarians and other volunteers	Local EMA to Dr. Jen Tate
NW Ohio MCI Trailer	Toledo Fire NEST	TFRD Dispatch
NW Ohio Mass Oxygen Delivery System (3)	Toledo, Lima and Liberty Center Fire	Local EMA NW Ohio Health Care Systems Coordinator.
NW Ohio MCI Supply Cache	Various	LCEMS / Local EMA/ NW Ohio Health Care Systems Coordinator
NW Ohio, Region 1- Hazardous Materials Response Team	Toledo and NW Ohio Fire Agencies	TFRD Dispatch
NW Ohio Region 1 Collapse Search and Rescue Team	Toledo and NW Ohio Fire Agencies	TFRD Dispatch
NW Ohio Transport Ventilators	Various	Local EMA NW Ohio Health Care Systems Coordinator.
NW Ohio Respiratory PPE Cache	Various	Local EMA NW Ohio Health Care Systems Coordinator and MMRS Coordinators
NW Ohio Radio Cache & Communications Support	Various	Local EMA to Buckeye Sheriff's Association
2 Portable Hospital Units and various Tent Systems	Various regional teams and NW Ohio hospitals	TFRD Dispatch, Local EMA to NW Ohio Healthcare Systems Coordinator
United Way	Toledo and other NW Ohio Counties	Local EMA

APPENDIX E

Triage Diagrams, Tags, and Algorithms

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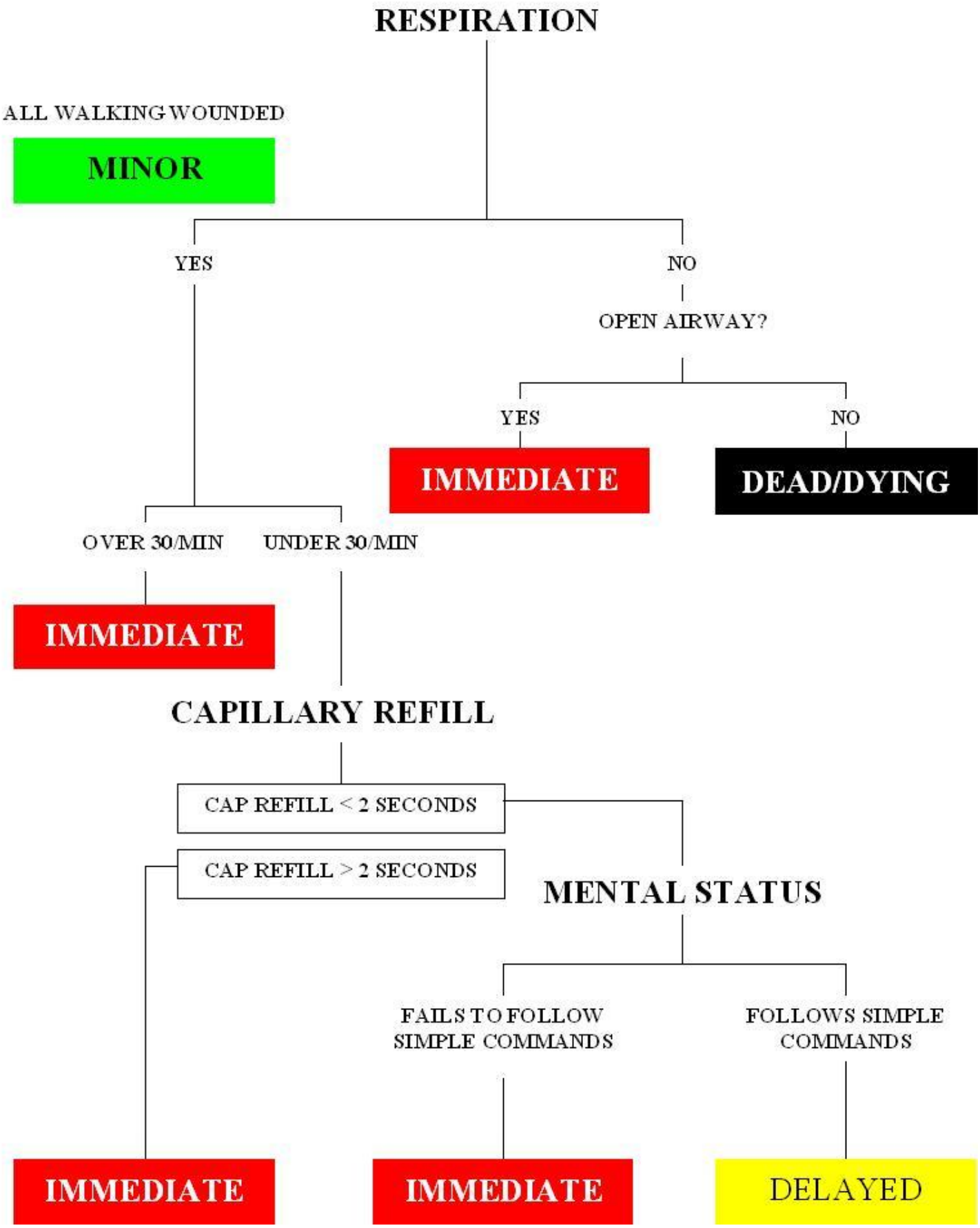
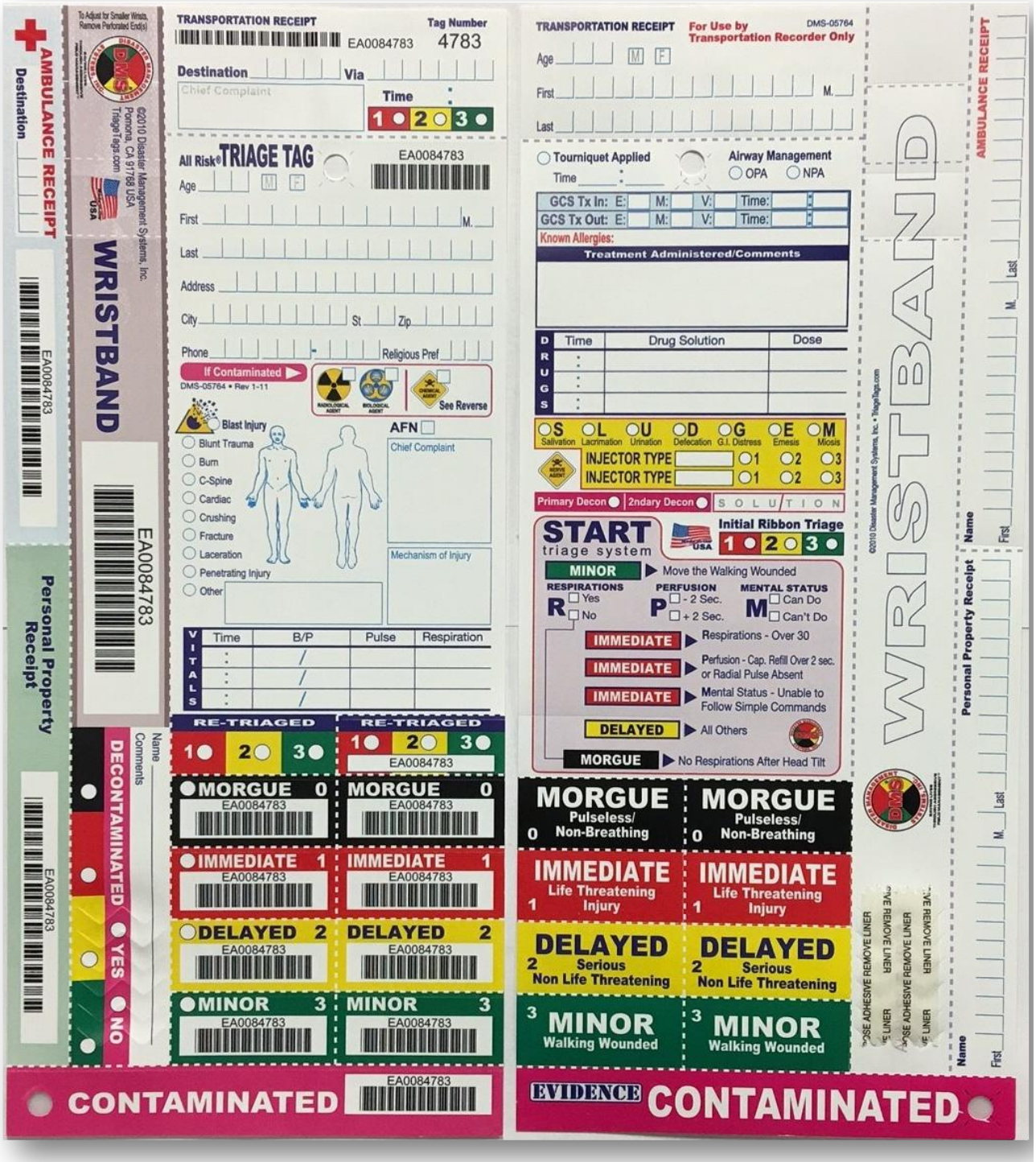
APPENDIX E.1

START Triage

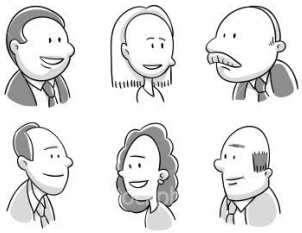


APPENDIX E.2: Mass Casualty Triage Tag



APPENDIX E.3: INCIDENT SITE FLOW

HOT ZONE- INCIDENT SITE CASUALTIES
Primary Triage using ribbons or wristbands



Rescue Performs Extraction
Recon Considered

WARM ZONE
Secondary Triage using tags

Treatment for Red and Yellow Patients

Green Patients are Located in the Green Patient Area- Triaged away in hot zone

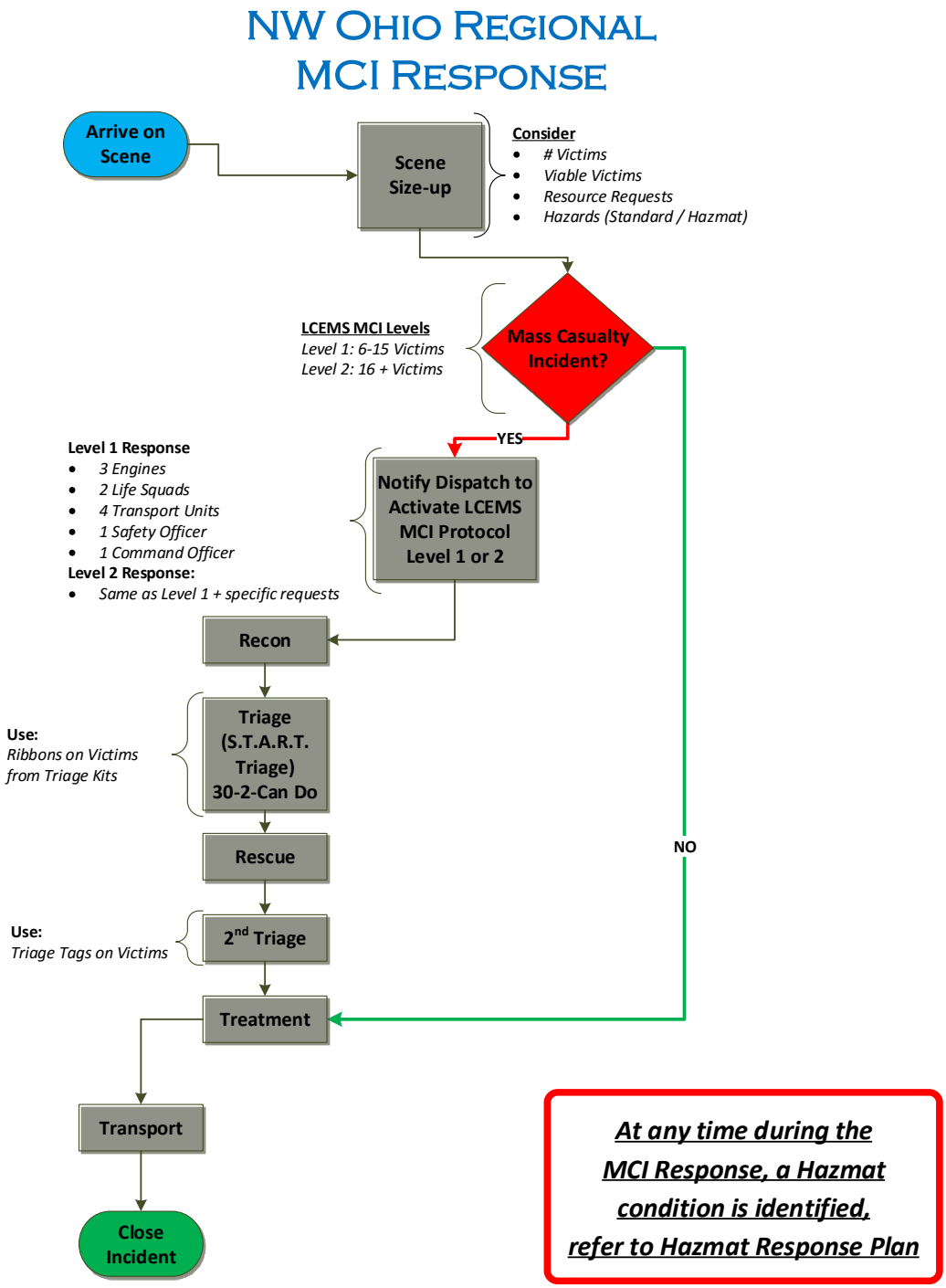
Patients are Transported to a Medical Facility Aeromed as needed

-Law Enforcement- Secures Perimeter & Transportation Corridor

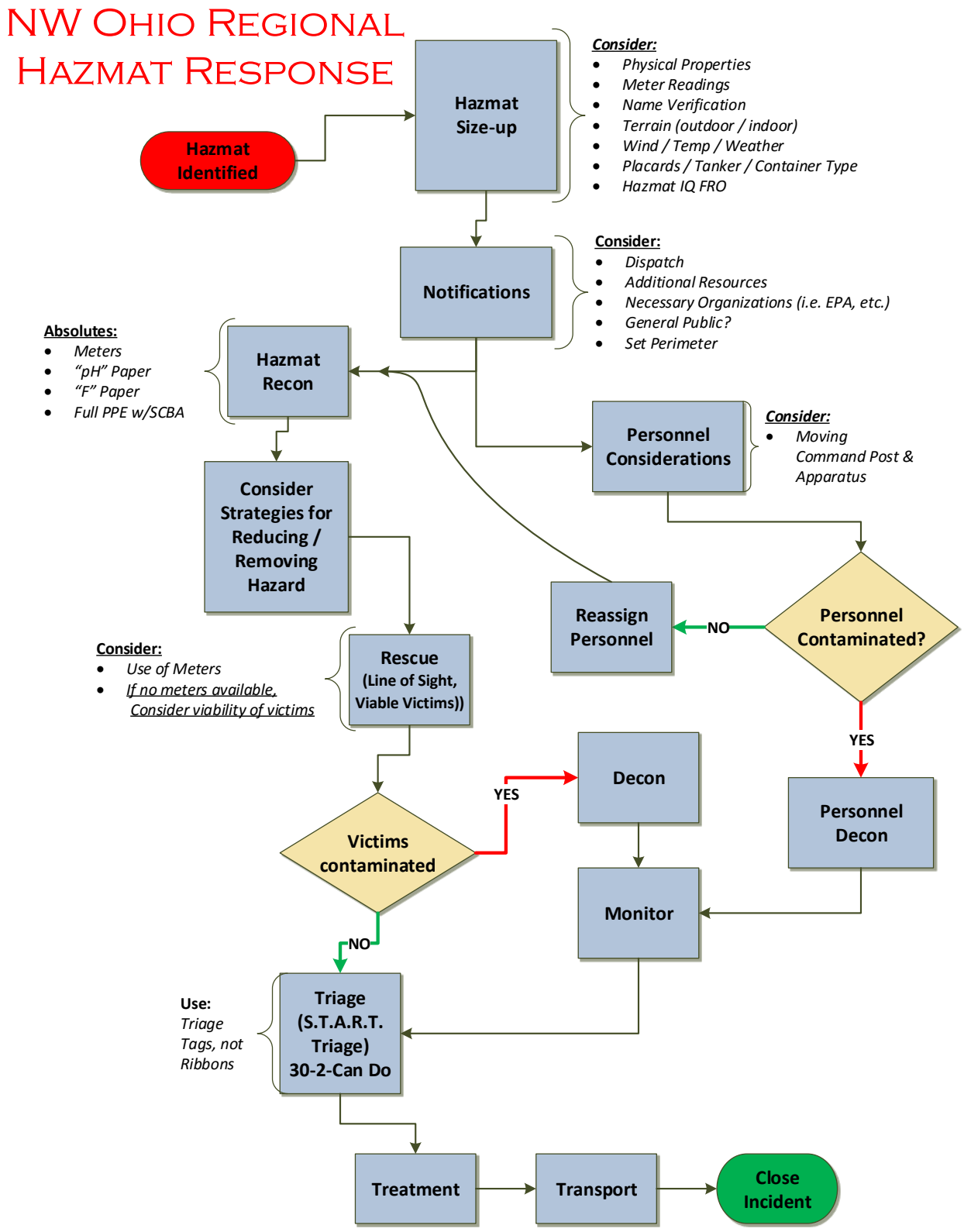
COLD ZONE

-Staging is located in Cold Zone along with IC and Med Group Sup. Safety may float

APPENDIX E.4: NW OHIO REGIONAL MCI RESPONSE



APPENDIX E.5: NW OHIO REGIONAL HAZMAT RESPONSE

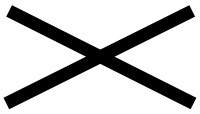


Appendix F.1

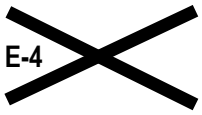
VEHICLE MARKING SYSTEM

VEHICLE MARKINGS

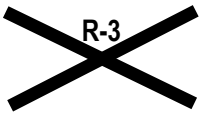
Single slash drawn upon vehicle's windshield, hood, door or on an area of the vehicle not damaged indicates search or triage operations are currently in progress.



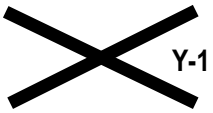
A crossing slash is drawn by search or rescue team members who have completed operations in the vehicle.



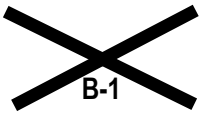
Left quadrant of marking indicates the identification of the team performing operations.



The top quadrant indicates the number of immediate (Red) patients inside the vehicle.



Right side of quadrant indicates the number of Delayed (Yellow) patients inside vehicle.



The bottom quadrant indicates the number of Dead or Dying (Black) patients inside vehicle.

The above illustration shows Triage Team #19 documented as having 2 immediate, 1 yellow and 0 dead or dying patients inside vehicle.