

**FIRE CHIEFS ASSOCIATION OF DELAWARE COUNTY, OHIO
STANDARD OPERATING GUIDELINE**

SUBJECT Mass Casualty	EFFECTIVE DATE	RESCINDS N/A
REFERENCE NUMBER DCFC-009		PAGES 14

SCOPE:

The provisions of this guideline shall apply to all responders to any incident that has the potential or becomes a Mass Casualty Incident. The purpose of the Multiple Casualty Guideline is to define the authority, responsibility, and function of Fire and Emergency Medical Service responders who will be called upon to coordinate the emergency medical response activities at the scene of a major incident.

DEFINITIONS:

- **Mass Casualty Incident (MCI)**- A mass casualty incident is defined as one which generates more patients than available resources can manage using routine procedures
 - **Level One** – Between 5 and 10 casualties where the initial incident commander deems it appropriate to initiate a mass casualty response. This decision may be based upon what the EMS system is experiencing at the time of this particular incident
 - **Level Two** - Involving between 11-24 casualties.
 - **Level Three** - Can be defined as 25 or more casualties.

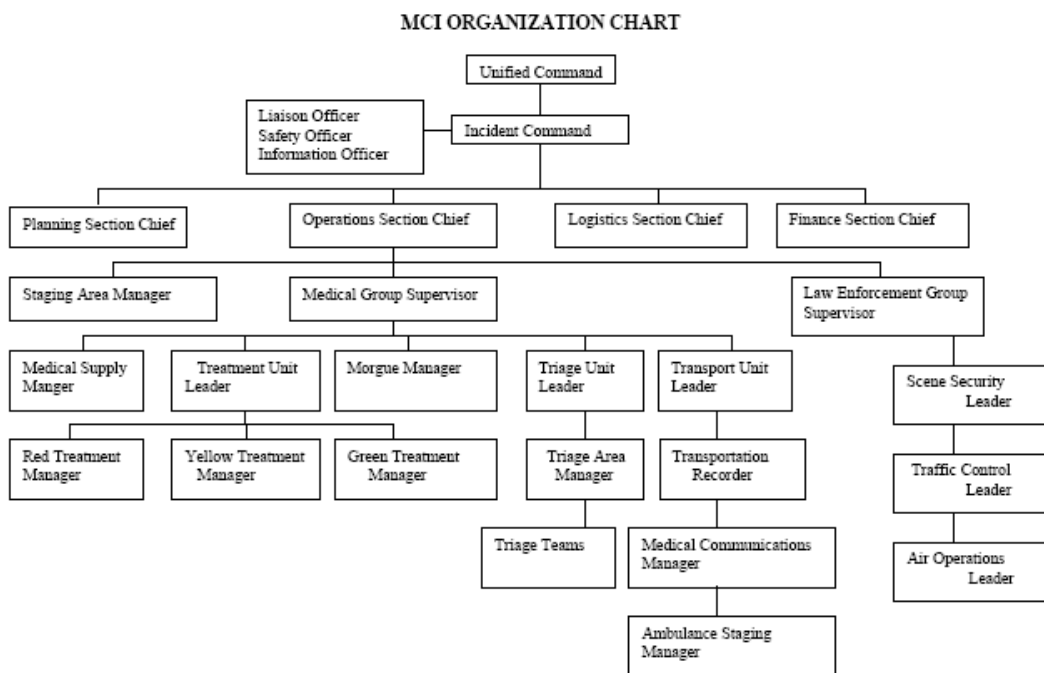
- **Simple Triage and Rapid Transport (START)** - Following a specific algorithm, EMS first responders quickly assesses airway, respiration, pulse and level of consciousness to categorize a patient's condition on average of one patient every 30 seconds. START identifies and sort patients, quickly distinguishing between critically and the less-severely ill/injured victims.

- **SMART TAG™** - A dynamic, high visibility, triage tag. Its unique folded design means that effective triage is quick and simple

- **Staging** - Staging describes a standard system for assembling apparatus and personnel before assignment at an incident.
 - **Level 1** - Apparatus staging at the nearest intersection that allows entry to the scene from at least two directions whenever possible and await orders by the Incident Commander.
 - **Level 2** – Apparatus staging at a large complex for lengthy operations. Additional units will go to a predesignated specific location under the authority of a Staging Manager and await deployment.

- **Unified Command** – In incidents involving multiple jurisdictions, a single jurisdiction with multi-agency involvement, or multiple jurisdictions with multi-agency involvement, unified command can be implemented. Unified command allows agencies to work together effectively without affecting individual agency authority, responsibility, or accountability.

ORGANIZATIONAL CHART



GUIDELINE:

Section 1: General

- Each department shall maintain their SMART Tag triage equipment.
- Each first line apparatus should maintain at least one SMART triage kit.
- When there are five (5) or more victims, triage tags should be used, regardless of the severity of the patient's injuries.
- A SMART Tag should be attached to the patient to indicate that the patient has received attention and to guide the allocation of each patient.
- Trapped victims requiring prolonged extrication should receive some advanced life support care by paramedics as required. This will be determined as a case by case issue. Most ALS personnel should be assigned to the Red and Yellow treatment areas.

Section 2: Initiation

- Size-Up and make an accurate arrival report, if first arriving apparatus.
- Establish Incident Command (IC) and direct incoming units, if first arriving apparatus. The Incident Management System will be based on Delaware County IMS Guideline.
- Establish Accountability, if first arriving apparatus.
- Identify number of patients.
- Mass Casualty Incidents shall utilize the SMART Incident Management System.

Section 3: Triage

- Incident Command shall immediately designate a Triage Unit Leader who shall clear the site of any walking wounded by verbally telling them to walk to a designated location.
- Triage Unit Leader shall establish a triage area and work through Command to obtain necessary staffing.
- Triage of patients shall utilize the Simple Triage and Rapid Treatment System. (S.T.A.R.T.)
- Triage of patients shall be conducted initially in the field and then reassessed upon entering the treatment area.

Section 4: Treatment:

- Treatment Unit Leader shall establish a treatment area and work through Command to obtain necessary staffing.
- Once the patient arrives into the treatment area, the Treatment Unit Leader or designees will reassess the patient and determine if the patient needs to be upgraded, downgraded, or stay the same.

Section 5: Transport:

- Transportation Unit Leader shall establish a transport area and work through Command to obtain necessary staffing.
- The Transportation Unit Leader is responsible for providing and coordinating patient transportation from the scene to the hospital so as not to over tax the receiving hospitals with large numbers of severely injured patients.
- The dispatch center should make the initial contact to the hospitals advising them of the MCI.
- Medical Communication Manager will be assigned the task of coordinating patients destination locations and advising the transport units of this destination. Further communication by the transport units to the hospital is not required and would only increase the demand on the hospitals.

Section 6: Staging:

- Ambulance Staging Unit Manager shall establish a staging area and work through the Transportation Unit Leader to obtain necessary medical staffing and equipment.

- Delaware County has established a Staging Guideline. All responding units shall follow this guideline until given an assignment.

Section 7: Communication:

- Upon being notified of a MCI, Central Dispatch will pull out the MCI folder and dispatch according to the appropriate Run Card.
- The disaster tones may be activated to notify all listening monitors of the incident by reading a prearranged notification.
- Central will start to notify local hospitals of the pending influx of patients by way of ground and air. Also they will find out from each hospital how many victims and severity they can handle. This information will be held until requested by the Transportation Unit Leader.

Section 8: Emergency Operations Center:

- Any declared Mass Casualty, the 911 Director and EMA director shall be notified of the event.
- If the MCI is a Level Two Response, essential personnel of the EOC will respond and partially activate the EOC.
- A Level Three MCI is requested, all personnel of the EOC will respond and fully activate the EOC.

APPENDIX:

Size-Up

It should be common practice to give a size-up of the situation when arriving on scene. When it is recognized that there is an overwhelming amount of victims, further information needs to be transmitted to the Central Dispatch Center. A good way to remember the basic information needed is the following acronym – ETHANE

- E**xact location
- T**ype of Incident
- H**azards that exist
- A**ccess/ Egress
- N**umber/ Severity
- E**mergency Services on scene / needed

The plan was developed to get needed emergency personnel on the scene as quickly as possible. To accomplish this goal, the number of victims is the single item that will initiate a mass casualty event. Our world has changed and anything can occur that would jeopardize the emergency responder. To limit this type of concern, use the acronym ETHANE to your advantage to facilitate a smooth and safe response.

Air Medical

When Medflight or other helicopter services are called and more than 3 helicopters are needed for the event, Medflight (Central) should be asked to send a crew to assist in the landings and requesting other helicopter services through their mutual aid program. If a crew is unable or delayed in responding, the initial helicopter may be used for this purpose.

Accountability

Each Company Officer is responsible to maintain Accountability of their personnel.

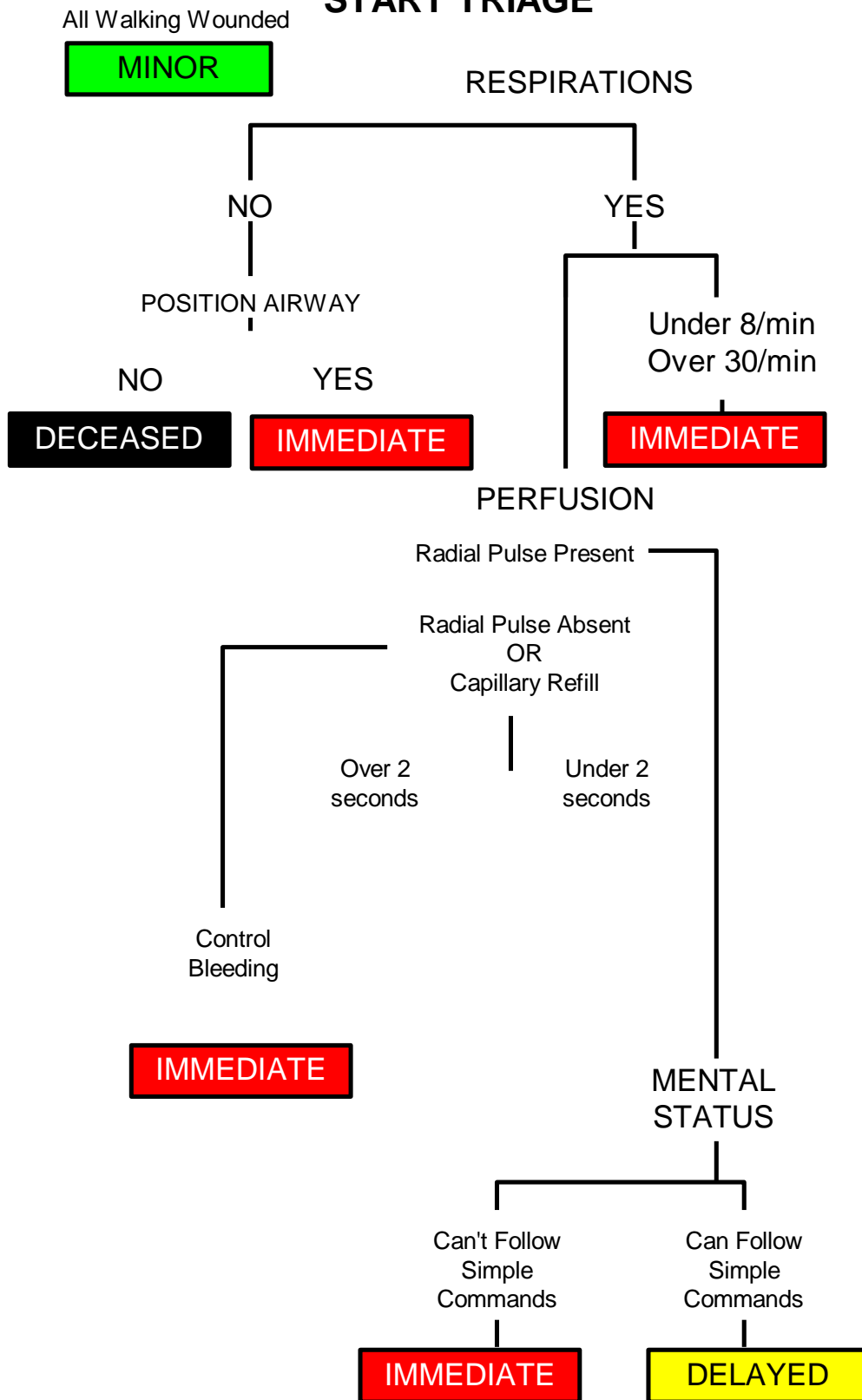
Communication

Communication is essential between deployed Groups/Divisions. A single person shall be designated to lead the Groups/Divisions.

All members shall work to prevent radio feedback when the Groups/Divisions Officer is transmitting.

START Triage System

START TRIAGE



Triage Tags

Priority 1 (Red Tag)

Priority 1 patients are those persons that will require immediate and continued medical assistance at the paramedic level. These patients are life threatening injuries and care and treatment would sustain life. The following should be considered Priority 1 patients:

- Severe airway problems, bleeding, burns, head, chest, and abdominal injuries
- Abnormal childbirth
- Critical Burns

Priority 2 (Yellow Tag)

Those patients in need of medical assistance but not requiring immediate aid should be placed in a delayed treatment area. These victims with Priority 2 injuries will usually be non-ambulatory, but treatment and transportation can be delayed. The following should be considered Priority 2 patients:

- Moderate burns
- Multiple fractures
- Normal childbirth

Priority 3 (Green Tag)

These patients will be ambulatory and require minimum treatment or are uninjured. They will receive a green tag and be taken to an assembly area for future removal to a convenient holding location. Priority 3 patients can usually assist themselves or each other. The following should be considered Priority 3 patients:

- Minor burns, fractures, injuries

Priority 4 (Black Tag)

Priority 4 victims are those persons with obvious mortal wounds where death is reasonably certain or the victim is already deceased. In the event family members are present and the patient is still alive but knowingly is going to die, the triage tag is equipped to give a small signal to the emergency responders. The triage officer can identify the patient with a priority 1 (red) tag. However, a small corner will be flipped over making that area blue. This signifies that patient was alive during triage, was not expected to live, and family was nearby.

Ancillary Positions:

These are provided only for quick reference. The Incident Command/Management Guideline should be referenced for all positions.

- Triage Unit Leader
 - Coordinates the assessment of patients according to severity of injuries.

- Responsible for assessing all patients' injuries and for directing them to an area for proper care.
- Transportation Unit Leader
 - Reports to the EMS Branch Director and supervises the Medical Communications Coordinator and the Air and Ground Ambulance Coordinators.
 - Responsibilities include coordinating patient transportation and maintaining records relating to patient identification, injuries, and mode of off-incident transportation and destination.
- Medical Communication Manager
 - Communicates with the hospitals and coordinates patient routing to medical facilities.
 - Communicates individual patient destinations to the Transportation Unit Leader. The information that will be shared is Hospital Status and Patient numbers including the following:
 - How many patients
 - Chief complaint of patients
 - Status.... Red, Yellow or green
- Morgue Manager
 - The Delaware County Coroner or his designee will be assigned to establish and maintain a temporary morgue, and to carry out the necessary coroner's investigation.
 - The coroner also has the availability to call upon the Ohio Funeral Directors for assistance with Mass Fatality. This team will arrive and work under the county coroner to identify the fatalities.
- Medical Supply Manager
 - Reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group.
- Treatment Unit Leader
 - Responsible for overseeing the emergency treatment of patients. This includes coordinating activities with the Red, Yellow and Green Treatment Managers and the Transportation Unit Leader.

Survival Data Teams - In any incident where there are large numbers of injured survivors who will be dispersed to local hospitals, a localized coordinating point must be established. The Delaware County Chapter of the American Red Cross, will establish such a point. If catastrophic or large disaster, National Disaster Medical System (NDMS) will handle. The Red Cross will answer relatives inquires and can, in a majority of cases, direct relatives to the hospital where a specific victim has been taken (ARC Regulations 3035, 3050, and 3057).

The Delaware County Chapter of the American Red Cross will coordinate through the Liaison Officer to obtain the names of the victims transported from the scene to hospitals. They will also work with the hospitals to identify patients that were transported by other means to hospitals.

The Red Cross will take responsibility for death notification in person with clergy to accompany Red Cross supervisor or nurse in delivering death message (ARC Regulations 3035).

The information can be relayed by telephone. In any case, the teams can maintain liaison with the PIO at the incident site through telephone and/or Amateur Radio and the Amateur Radio person at the hospitals may also relay ancillary non-emergency communications from the hospital to the incident site, when necessary. They report to the Public Information officer.

Training Requirements

Mass casualty events do not occur everyday. This is why the county's emergency responders must prepare themselves to respond to such an event by training. The following are guidelines so that a basic amount of training is provided to the responders.

Annually

The State of Ohio requires minimum hours in trauma triage guidelines. Incorporating this requirement and START triage would be a great opportunity to kill two birds with one stone. The State mandates that two hours of the 92 required hours be in trauma triage. This document recommends that everyone receive at least 1 hour of trauma triage annually using the Fire Chiefs Association of Delaware County, Ohio, SOG #DCFC-009 as the document to follow.

Bi- Annually

Every two years, the departments need to participate in a tabletop exercise concerning the mitigation of a mass casualty event. The fire chief's will hold the responsibility to make sure this event takes place every other year and rotates throughout the county.

On the years that a full scale exercise is required as well. The tabletop will be replaced with a full scale drill.

Tri-Annually

Every three years, the departments need to participate in a full scale exercise concerning the mitigation of a mass casualty event. The fire chief's will hold the sole responsibility to make sure this event takes place every three years and rotates throughout the county.

Training Committee

Each department should have a designated training officer that will participate in designing and making sure these requirements are adhered too. It is also advised that outside agencies, other than the first response personnel should be included in the execution of the drill and the design of it as well.

RUN CARD:

Each department will be responsible to maintain up to date runs cards. These cards must show a calling order so that the dispatcher will know who to call. Should the need for additional resources greater than is able to be provided locally, the Ohio Fire Service Emergency Response Plan shall be activated.

It is recommended to use private ambulances once the 10th medic is requested.

Level 1

<u>Medics</u>	<u>Engines</u>	<u>Ladders</u>	<u>Rescues</u>	<u>Chiefs</u>
3	2	1	2	3

Miscellaneous:

Delaware County EMS MCI Trailer
2 EMS Supervisors

Level 2

<u>Medics</u>	<u>Engines</u>	<u>Ladders</u>	<u>Rescues</u>	<u>Chiefs</u>
12	5	2	4	6

Miscellaneous:

Command vehicles
Medflight – birds will be requested based upon # of red patients.
The IC will assist with this information
Delaware County EMS MCI Trailers
2 EMS Supervisors

Level 3

<u>Medics</u>	<u>Engines</u>	<u>Ladders</u>	<u>Rescues</u>	<u>Chiefs</u>
18	7	3	4	8

Miscellaneous:

Command vehicles
Medflight – helicopters will be requested based upon # of red patients. The IC will assist with this information
Delaware County EMS MCI Trailers
2 EMS Supervisors

Public Health Emergency Plan

The declaration of a Public Health Emergency is declared by the Health Commissioner from the Delaware General Health District. Prior to declaring an emergency, the Health Commissioner will follow plans within the Delaware County Emergency Operations Plan.

A Public Health Emergency can overwhelm a jurisdiction fairly quickly. This plan only gives the basic information needed to begin such an operation. Based upon the situation the people in the leadership roles will make decisions based upon their expertise and quick thinking ability.

The rest of the plan discusses what to do in a mass casualty incident in a short term, overwhelming nature. Any needed position may have to be changed slightly to meet the need of the specific incident at hand.

Once a Public Health Emergency is declared, there are three levels of response that will take place with in Delaware County.

Level 1 – Anywhere in the Midwest region where a public health emergency has been declared.

The purpose for Delaware County to activate this level 1 response is to bring all of the partners together and discuss the facts of the emergency in another state. The information gained by following up with the actions of the emergency responders, Delaware County will disperse this information regarding the following:

- Specific emergency – potential spread to Ohio?
- Actions taken
- Equipment used
- Positive and negative feedback
- Lessons learned
- Equipment needed / used to mitigate the situation.

All of this information will be shared with the Delaware County Fire Chiefs and the EMS Advisory council. Both groups will look at this information and discuss these events so that Delaware County can train, inform, and update their personnel appropriately.

Level 2 – Anywhere in the State of Ohio where a public health emergency has been declared.

The purpose for Delaware County to activate this level 2 response is to bring all of the partners together and discuss the facts of the emergency.

Since it is so close to home, based upon the situation, decisions must be made in the following areas:

- Extent of the emergency – will it effect locally
- Manpower:
 - Minimum manning requirements
 - Overtime
 - Sharing manpower
 - Infection Control Updates
- Shifts - change 24 to 12
- Apparatus
 - Mandated equipment to be in-service
 - Station “move ups”
 - Disinfection plans
- Equipment
 - First two weeks – local responsible
 - What is needed and works
 - Disinfection plans

These categories will be discussed in detail by the Delaware County Fire Chiefs with the assistance of other parties that they feel is needed to invite to accomplish the tasks and to give sound advice. Once a level 2 is reached local jurisdiction political figures should be advised of the situation and requested to authorize what was decided upon based upon the above 4 categories.

Level 3 – Delaware County or a contiguous county is affected by a Public Health Emergency

Depending on the cause and origin, a level 3 could last an extended period of time. Depending upon the situation the emergency personnel may not have to change their daily operation at all or they may have to modify their operations to mitigate the situation as effectively as possible. The following will be a worst case scenario, where the emergency providers are overwhelmed in providing adequate response to normal daily activities.

Delaware County will go into a modified Mass Casualty Plan and create four (4) separate operational Branches. City and township lines near the horizontal line of SR 36/37 and near the vertical line of US 23 will be used. The Delaware County Fire Chief Association will identify an Operations Section Chief for each of the Branches.

1. Northwest Branch - The Northwest Area Command will include the Area of the City of Delaware, Thompson, Radnor, Marlboro, Troy, Scioto and Delaware Townships.
2. Northeast Branch - The Northeast Area Command include Oxford, Brown, Kingston and Porter Townships.
3. Southwest Branch - The Southwest Area Command will include Concord Liberty and Orange Townships.
4. Southeast Branch - The Southeast Area Command will include Berlin Berkshire Genoa, Trenton and Harlem Townships.

The Countywide Unified Command Post will be opened and will determine what is needed to operate at the Level 3 Public Health Emergency. It will most likely be population driven so the southern end will more than likely be activated before the north. The EOC will be activated and will assist in the coordination and obtaining resources for the Public Health Emergency. Each Department that lies within the assigned Branch will participate in the modified mass casualty plan.

The Branches will report to the Operations Section Chief. The Operations Section Chief will report to the Countywide Unified Command. The Countywide Unified Command will consist of the following:

1. Delaware General Health District (Lead)
2. Delaware County Fire Chiefs Representative
3. Emergency Management Agency
4. Law Enforcement Representative

The Countywide Unified Command will oversee the entire county operations and make the final decisions based upon what information that they are receiving back from the Branches. The Branch Managers will be the lead officer at the Branch. They will oversee the operation in their respective quadrant.

The next 3 positions will have to be modified based upon the nature and amount of calls that are coming in for the specific Branch:

Triage Unit Leader: Based upon the specific event, they will triage victims based upon the Delaware General Health District recommendations. They may follow routine triage skills or may have to modify them based upon the specific event. There may be more than one person triaging patients assigned to a specific Branch. If this is the case, all personnel triaging will report to the Triage Unit Leader.

The Treatment Unit Leader: Since the event is widespread, a true Treatment Unit Leader may or may not be needed. This position may be

dissolved and moved to be another triage person or assigned as the Triage Unit Leader

The Transportation Unit Leader: They will make transportation available via the request of the Triage Unit Leader. Based upon the event, there may be many options that exist for the triage officer to choose from:

1. Primary jurisdictional paramedic unit.
2. Paramedic unit designated for public health emergency.
3. Transportation via a medical Bus
4. No transport needed – follow up with phone call
5. No transport needed – follow up with the coroner / DMORT team

The Transportation Unit Leader, once receiving the request will make sure that the patient is receiving the needed assistance.

The Staging Manager, since the staging area would be at a firehouse, would still be in charge of the vehicles and personnel assigned. Included with the responsibility would be vehicle maintenance issues, manpower issues; food, clothing, shelter, and rest. They would also work closely with the supply officer to make sure the vehicles are stocked and ready to go.