

Template for Alaska Community Mass Casualty Plan

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DRAFT

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Purpose and Overview

The purpose of this guide is to establish a consistent approach to managing mass casualty incidents (MCI), wherever they might occur in Alaska, with a focus on information flow and early notification of potential response resources. This plan is intended to “bridge” other plans, linking local, regional and state plans with common tenets of emergency management. In a MCI, the sheer size of Alaska, coupled with extremes of geography and weather, challenge emergency managers to recognize and anticipate needs quickly so that medical resources, including hospital and ground and air medical services, are provided timely and accurate information about numbers and types of patients, actual and anticipated resource needs, and availability of hospital beds, surgical capabilities and other specialty care needs. Communities are encouraged to consider adopting plans for responding to mass casualty events for the following reasons:

1. The chances of being involved in a mass casualty event have increased;
2. New funds being allocated to Alaska for emergency response training and equipment can be used most effectively when communities are using consistent response plans; and
3. The State Emergency Coordination Center (SECC), although not currently staffed 24 hours a day, seven days a week, is capable of accessing emergency management advice and resources rapidly throughout the state

Scope of Plan

This plan provides a guide for a coordinated response to the single site disaster that could overwhelm the local emergency medical response system. The MCI Plan is designed to supplement existing disaster plans and assumes that the plan into which it is melded is sufficiently comprehensive to address other essential emergency functions.

The objectives of the plan include:

1. Minimizing the loss of life, disabling injuries, and human suffering by providing effective emergency medical assistance and transportation through the efficient utilization of medical and other resources; and
2. Ensuring the provision of adequate resources needed to mobilize teams to effectively manage casualties while also maintaining the capability to respond to other emergency situations.

Recommendations on Triage and Command Structures

The use of common command structures and triage systems can greatly improve the efficiency of a multi-agency emergency response. In March, 2004, the U.S. Department of Homeland Security released the first edition of the National Incident Management System (NIMS), which resulted from Homeland Security Presidential Directive #5 and is intended to serve as THE incident management system used by federal agencies. Adoption of the NIMS Incident Command System (ICS) will be a prerequisite to receiving federal preparedness assistance. For these reasons, local communities are encouraged to provide training on, and adopt, the new NIMS ICS as soon as is practicable.

The Simple Triage and Rapid Treatment (START) system is recommended as the standard for teaching and performing triage in Alaska. The system is already in use in many communities throughout the state and has a long history of success since its development in Newport Beach, California in the mid-1980's.

Accountability and Safety

To ensure responder safety, an Incident Command System (ICS) should be initiated by the first arriving emergency responder. This will provide a common organizational structure to accomplish set objectives and provide a means to interface with all agencies at any type of major emergency. A responder accountability system must be established to ensure the safety of all emergency personnel.

Jurisdiction and Command

When multiple entities respond to a mass casualty event each shall retain full command authority within its jurisdiction at all times. In multi-jurisdictional incidents, Incident Commanders will establish a Unified Command by planning and coordinating strategies for controlling resources and the overall incident at a single location command post.

Communications

Communications during a mass casualty event can present significant challenges to the Incident Commander. Transmissions must be brief, but provide information adequate for good medical decisions and proper notifications to be made.

The following guidelines can be used to increase efficiency of communications:

1. Know the Incident Command Structure so you know with whom you need to communicate;
2. Know your agency's communications plans, for both normal operations and disasters, so you are communicating with the right people about the right issues at the right time on the right frequency;

3. Avoid the use of codes;
4. Communicate patient conditions using the appropriate triage categories, "Immediate," "Delayed," "Minor," and "Dead;" and
5. Obtain feedback to ensure that the message was received and understood. Correct and clarify, if necessary.
6. Individuals and agencies involved in mass casualty planning and response are encouraged to develop and maintain familiarity with the Alaska Land Mobile Radio Project (ALMR) which is a cost shared digital trunked communications system that provides interoperability and other features which are of great benefit in disaster situations.

Air Medical Evacuations and Regional Carriers

In many circumstances, it will be necessary to evacuate patients by air. Medevacs are frequent occurrences in most communities and staff are well trained in providing or requesting the appropriate resources. When a mass casualty event occurs, there may be additional issues to consider, including whether additional resources (staff, medical supplies, etc.) should be requested to be brought on the incoming Medevac aircraft and whether there are any air space restrictions that change the way Medevacs are requested or operated. Air space may be restricted by the FAA or the U.S. Coast Guard for safety or other reasons. There are procedures in place to allow medically necessary flights to continue. These procedures will be known by the local FAA office and when it is involved, the local USCG office. In most circumstances, the pilot of the Medevac aircraft must simply file an FAA flight plan stating that the flight is a Medevac (Life Guard). Hospitals anticipating the need to Medevac patients during air space restrictions should confirm the procedures for requesting air medical resources as early as possible. If questions arise during the event, the following agencies can be of assistance in minimizing any delays:

Agency	Contact Number
Federal Aviation Administration (Anchorage)	907-271-5438
Alaska NORAD Region	907-552-2341
State Emergency Coordination Center (SECC)	1-888-462-7100 or 1-800-478-2337(428-7110 or 428-7000 in Anchorage)
U.S. Coast Guard, 17th District	907-463-2242

Medevac Carriers by Region:

- Northern Alaska: North Slope Borough Services in Fairbanks, Maniilaq
- Western Alaska: Aeromed, Norton Sound, Maniilaq
- Central Alaska: MAST, Warbelows, Guardian, 40 Mile Air
- Southcentral Alaska: Providence, Alaska Regional, Aeromed, 210th
- Southeast Alaska: Airlift NW, Capital City Fire/Rescue, Guardian, SEARHC, USCG

Resources

Numerous resources exist on the web for those interested in learning more about disaster planning and response. Both the Alaska Division of Health and Social Services Section of Community Health and EMS (CHEMS) and the Alaska Division of Homeland Security and Emergency Management maintain web sites that contain information regarding the medical response to disasters. Either one of the following links is a good starting point for searches:

ADHS&EM www.ak-prepared.com

CHEMS www.chems.alaska.gov

AKPH EP <http://www.hss.state.ak.us/dph/ipems/>

Alaska is fortunate to have a number of excellent disaster resources available within the state. These include the State Emergency Coordination Center (SECC), an Anchorage Metropolitan Medical Response System, a Disaster Medical Assistance Team (AK-1 DMAT), a National Guard Civil Support Team, a military presence with a long history of providing assistance to civilians, and well trained and experienced emergency managers in key locations.

Mass Casualty Incident Operations - Field

The following section includes checklists for the categories of emergency response personnel likely to be involved in a MCI response. It is acknowledged that in some responses, an individual agency may include several of the disciplines below.

First Responders On-Scene

- Establish Incident Command
- Quickly assess hazards to rescuers and civilians (be aware of chemical and biological hazards)
- Communicate essential information to dispatch
- Type and location of incident (MVA, Hazardous Materials, WMD, etc.)
- Best access routes to incident site using various modes of transportation (road, air, water)
- Approximate number of patients involved with types and severity of injuries
- Need for specific additional resources
 - Special rescue equipment
 - Additional personnel
 - Public works (heavy machinery, work force, trucks, etc.)
 - Utilities (Electric lines down, gas leak, water main break)
 - Lighting
 - Additional ambulances
 - Search and Rescue Teams
 - Disease prevention (e.g. vaccinations, sanitation, etc.)
 - Medical Examiner assistance
 - Mass care resources (EMS personnel, cots, blankets, medical supplies, etc.).
- Treat scene like crime scene.

Incoming Resource Checklist

Incoming EMS personnel should:

- Report to the appropriate ICS personnel entry point or the staging area depending upon the prearrival instructions given;
- Come appropriately dressed and equipped for the environment and the length of the response;
- Obtain a briefing on:
 - Your role
 - Safety issues
 - Personal protective equipment needed
 - Radio communications frequencies, call names and protocols
 - Protocol for checking out of the Incident Command structure when your work is completed.

Emergency Medical Responder Checklist

- Triage patients using Simple Triage and Rapid Transport (START) system
- Establish sectors early (triage and transportation)
- Establish staging areas as needed
- Determine protective measures for responders
- Estimate number of patients (using START)

- Immediate
- Delayed
- Minor
- Dead
- Assign an area as a casualty collection point
- Coordinate patient transportation to medical facilities
- Distribute patients among available facilities
- Recheck/triage walking wounded as time and resources permit
- Deceased patients should be left undisturbed unless:
 - The body is in danger of being destroyed by fire;
 - The body is in danger of being carried away by water;
 - The body is in danger of being destroyed by other mechanisms;
 - The body obstructs or hinders efforts to rescue survivors; or
 - The body prevents rescuers from securing the scene for safety.

Fire Department Checklist

- Extinguish or suppress fires as necessary
- Assess structural integrity of affected vehicles/buildings
- Perform searches for additional patients
- Conduct evacuations

Law Enforcement Checklist

- Secure scene and prevent unprotected and untrained personnel from entering
- Control traffic, facilitating flow of essential traffic
- Control site access
- Assist in evacuation
- Initiate investigation
- Identify and protect evidence

Simple Triage and Rapid Treatment (START) System

Use additional personnel to perform triage if there are a large number of patients or patients are separated by significant distances or obstacles.

Recommended Equipment for Triage Officers

- Identification vest;
- Radio;
- Gloves;
- Fanny pack with special compartments for all components (below) which fits a wide range of waist sizes and stores easily;
 - At least 35 triage tags and cable ties;
 - At least 15 reflective decals for quick identification of "immediate patients";
 - At least 6 oral airways of assorted sizes; and
 - At least 1 pair of trauma shears and 3 pens.
 - If surveyor's tape is used, include:

- Red Tape (Immediate)
- Delayed (Yellow)
- Walking Wounded/Minor (Green)
- Dead/Expectant (Black)
- Decontaminated (Blue)
- Antidote Given (Orange)

START System Categorization

- Triage personnel perform no treatment except the insertion of oral airways.
- Instruct all patients who can do so to move to the casualty collection point for walking wounded.
- Retriage patients as they enter the treatment area. Replace wristband if priority has changed. Reassess frequently.

These patients are triaged as “MINOR”

For remaining patients, check Respirations, Pulse, and Mental Status

- Patients are considered DEAD/EXPECTANT if:
 - not breathing or breathing cannot be maintained using an oral airway
- Patients are considered IMMEDIATE if:
 - Respirations are above 30; or
 - No radial pulse is detected; or
 - The patient cannot follow simple commands.
- Patients are considered DELAYED if:
 - Respirations are 30 or less;
 - A radial pulse is detectable; and
 - The patient can follow simple commands.
- Tag patients appropriately
- Provide numbers of patients, by category, to Medical Group-Division Supervisor.

Decontaminated (Blue Tape) - These patients will be triaged according to the START system based upon their injuries. In addition, a blue surveyors tape will be added to indicate that decontamination of the individual has taken place. Patients involved in a HazMat situation will not be moved into treatment areas without the determination of appropriate decontamination.

Antidote Given (Orange Tape) – Patients that have been exposed to a hazardous material and required an antidote to be given will receive an orange tape after the antidote has been administered.

The “JumpSTART” Rapid Pediatric Triage System - The JumpSTART triage system is an adaptation of the START Triage system to be used for children under the age of eight. The system was developed by Dr. Lou Romig in 1995 and is gaining in acceptance as an appropriate triage tool for children. Dr. Romig

developed the system because strict adherence to the START triage system with children would inappropriately place many children into the red or critical category or critical children into the yellow or delayed category. START is built around the assessment of *respiration*, *perfusion*, and *mental status* within 30 seconds per child. JumpSTART adds a critical step to appropriately identify the pediatric patient who may be in primary respiratory resulting in brief period of apnea but maintain a palpable pulse. If a pediatric patient is found to be apneic a *pulse check* is performed and if present, the patient receives a brief ventilatory trial of five breaths with a mouth-to-mask apparatus. If the child does not start breathing, further resuscitation efforts are not performed and the child is considered black or nonsalvageable. But the patient that starts breathing is assigned to the red or critical category. This step could potentially save many young lives.

Emergency Dispatch Checklist

The emergency dispatch checklists contained in this section are intended to augment the checklists already in use by the dispatch agency. Normal communications channels between emergency response agencies and community/borough emergency coordination centers are essential conduits of information during disasters. This plan is intended to augment those communications channels, not replace them.

General Information

- Essential information received
- Type of incident (MVA, WMD, Hazardous Materials, Etc.)
- Location of incident
- Best access routes to incident site
- Approximate number of patients involved
- Approximate types and severity of injuries (burns, trauma, respiratory, etc.)
- Need for specific additional resources
 - Special rescue equipment
 - Additional personnel
 - Public works (heavy machinery, work force, trucks, etc.)
 - Utilities (Electric lines down, gas leak, water main break)
 - Lighting
 - Additional ambulances
 - Search and Rescue Teams
 - Disease prevention (e.g. vaccinations, sanitation, etc.)
 - Medical Examiner assistance
 - Mass care resources (EMS personnel, cots, blankets, medical supplies, etc.)

Level I (Normal) Event

- An event that is handled through normal local response without reducing the agency's capability to respond to other emergencies.
- No additional information is required as this type of event is routinely handled by the community.

Level II (Community) Event

- An event that may require a substantial commitment of local resources.
- Typically, no additional information is required or no additional notifications need to be made. However, the Alaska Division of Emergency Services should be notified if one of the following conditions are met:
 - the magnitude of the event is evolving or uncertain.
 - real potential exists for the event to generate media interest.
 - help is needed for contacting other agencies or individuals.

Level III (Regional) Event

- An event that is likely to extend beyond the response capabilities of one agency and its mutual aid agreements and results in a multi-jurisdictional response.
- Contact State Emergency Coordination Center at the Alaska Division of Emergency Services

Considerations for Local/Borough EOC or SECC:

- Alert hospitals likely to receive patients
- Alert air medical resources serving area in which event occurred and the communities to which patients are likely to be transported
- Alert Department of Health and Social Services

Level IV (Statewide) Event

- An event that will exceed local response capabilities and require a broad range of state assistance.
- Contact State Emergency Coordination Center at the Alaska Division of Emergency Services

Considerations for SECC

- Alert hospitals likely to receive patients
- Alert civilian air medical services
- Alert military air medical resources
- Alert Department of Health and Social Services
- Alert FEMA Region X

Level V (National) Event

- An event of such a magnitude that massive state and federal assistance is likely to be required.
- Contact State Emergency Coordination Center at the Alaska Division of Emergency Services

Considerations for SECC

- Alert hospitals likely to receive patients
- Alert civilian air medical services
- Alert military air medical resources
- Alert Department of Health and Social Services
- Alert FEMA Region X
- Alert National Disaster Medical System

Notification of the State Emergency Coordination Center

1-888-462-7100 or 1-800-478-2337 (428-7100 or 428-7000 in Anchorage)

Criteria

There are three basic criteria that should be considered when determining the need for SECC involvement:

- There is an immediate or near term potential risk to life, property or the environment exists that requires resources not available to the agency normally responsible for this type of event.
- You are faced with a multi-jurisdictional event that requires coordination between multiple local, state and/or federal agencies.
- You need help contacting other agencies or individuals.

Information to Provide

- Identify yourself by name, organization and position. Provide call back number, location and any other pertinent contact information.
- Provide brief situation update and include clear indication of level of threat to life, safety, property and/or environment.
- Describe what resources have already been received or requested from other sources.
- Describe who, what, when and where regarding resource(s) requested.
- Identify specific hazardous materials related issues and risks.
- Identify any additional special needs/considerations.

Staff at the State Emergency Coordination Center will contact appropriate agencies, locate resource and place resource provider in contact with local representative or designee. SECC will provide logistics and/or intelligence support requested and will continue follow up and provide assistance as necessary.

Medical Facilities: Roles and Responsibilities

Medical facilities are required to have disaster plans and this section assumes the plans are current, well known by staff and practiced.

Checklist

- Should the community's mass casualty or disaster plans be implemented?
- What are the numbers and types of incoming patients?
- When and how will they arrive (Ground, Air, Etc.)?
- Where will triage take place?
- Are the patients contaminated with a biological, chemical or radiological material?
- Should the hospital mass casualty plan be implemented?
- Will specialty care be necessary for any of the patients?
- Are there patients who can be discharged or transferred to make space available for incoming patients?
- What security precautions must be instituted?
- What elective surgeries must be cancelled or rescheduled?
- Who is the facility's Incident Commander for the event?
- Who is the facility's Safety Officer for the event?

- Who is the facility's Public Information Officer for the event?
- What are the procedures for evacuating patients by air if air space has been restricted or closed?
- What agencies should be notified of this event?
 - Local emergency management agency
 - State Emergency Coordination Center
 - Facilities likely to be taking transfer and overflow patients
 - Air medical services

Management of the Deceased and Patient Remains

Alaska law states that bodies may not be moved without the permission of the State Medical Examiner's Office. The State Medical Examiner's Office and the Alaska State Troopers should be contacted regarding the storage and disposition of the deceased as soon as practicable.

Initial Response

- 1) Incident Commander establishes morgue area
 - a) Death determined by on-scene medical personnel
 - b) In a mass casualty incident, bodies should only be moved to the morgue area if:
 - i) The body is in danger of being destroyed by fire;
 - ii) The body is in danger of being carried away by water;
 - iii) The body is in danger of being destroyed by other mechanisms;
 - iv) The body obstructs or hinders efforts to rescue survivors; or
 - v) The body prevents rescuers from securing the scene for safety.
 - c) If bodies must be moved at the scene, rescuers should note the original position found so it can be diagrammed later

- 2) Examination/Investigation Resources
 - a) State Medical Examiner's Office (1-907-269-5090)
 - i) The Office of the SME can handle events up to about 25 deceased, based on the rate at which the bodies are recovered, the cause of death and other factors.
 - b) Alaska State Troopers (1-800-811-0911)
 - c) Regional Disaster Mortuary Operations Team (DMORT) requested through the Alaska Division of Emergency Services
 - d) Federal Emergency Management Agency has self contained portable morgue if requested through the Alaska Division of Emergency Services
 - e) National Transportation Safety Board
 - i) Board investigates:
 - (1) Every civil aviation crash
 - (2) Significant events in other modes of transportation:
 - (a) Railroad
 - (b) Highway

- (c) Marine
- (d) Pipeline

Medical Incident Command System Positions

Incident Commander (IC)

1. Radio Call Name: "Geographical Location of Incident" + "Command"
2. Objective: To provide overall management of the incident
3. You report to: Municipal or Borough Manager/Assembly
4. Reports to you:
5. Command Staff
6. General Staff:
7. Information Officer Operations Section Chief
8. Safety Officer Unit Leaders
9. Liaison Officer Planning Section Chief
10. Logistics Section Chief
11. Finance Section Chief
12. ICS Forms: ICS-201, 202, 307
13. Approves ICS-200, 209, 215

Duties:

- Build command structure that matches the organizational needs of the incident and direct the overall management of the incident including development of strategy, resource location, and directing the Incident Management Team (Command Staff and General Staff)
- Make rapid assessment of incident
- Establish incident command post and activate elements of incident command system
- Put on identification vest
- Request additional resources, if needed
- Ensure that all State and Federal agencies impacted by the incident are notified
- Brief command staff and general staff
 - A summary of the incident organization
 - A review communications frequencies
 - A summary of current incident activities
 - A summary of resources already dispatched
 - Special instructions, including specific delegation of authority to carry out functions.
- Continually assess needs of the incident
- Location of staging, treatment/care holding areas, resources
- Ensure planning meetings are conducted
- Develop strategic objectives (ICS Form-202) for Incident Action Plan
- Participate in the development of incident action plan for the next operational period
- Review, approve and authorize implementation of incident action plan

- Verify that objectives are incorporated and prioritized
- Determine information needs and inform command personnel of needs
- Periodically check progress on assigned tasks
- Oversee the general welfare and safety of personnel
- Notify the personnel in charge of resources if there is a change in organization
- Ensure that the Liaison Officer is making periodic contact with participating agencies
- Review any significant changes in situation status (weather, resources, etc.)
- Approve request for additional resources and requests for release of resources
- Authorize release of information to news media
- Consult with the DMVA PIO staff for technical assistance on information release
- Ensure that the Incident Status Summary (ICS Form-209) is completed and forwarded appropriately
- Approve plan for demobilization
- Verify that the appropriate agencies have been notified of demobilization
 - Property owners
 - Alaska State Troopers
 - Dispatch agencies
 - State Emergency Coordination Center
 - Other State and Federal agencies

Transfer of Command

The initial IC is usually the first emergency responder on-scene. Often, as the situation evolves, more experienced or rested personnel arrive on-scene to assume the role of IC. It is important that the transfer of command be performed in a manner which allows adequate information to be exchanged.

Procedures for Transfer of Command

Person assuming command will communicate directly with the person presently in command. Person being relieved will brief the new IC and review at least the following:

- Incident conditions (injuries, hazards, etc.)
- The incident action plan
- Progress towards achieving objectives
- Safety considerations or concerns
- Deployment and assignment of operating units and personnel
- Appraisal of the need for additional resources

- The old IC should review the tactical worksheet or status board with the new IC
- The new IC should obtain the Initial Briefing Form (ICS Form 201) from the old IC
- Command staff and General Staff should be advised of the change in Incident Command

Medical Group Division Supervisor

1. Radio Call Name: Medical Supervisor
2. Objective: To manage EMS/Medical Activities
3. You report to: Incident Commander
4. Reports to you: Triage, Transportation and Morgue Unit Leaders
5. ICS Forms: ICS 214
6. Reviews ICS 201, 209, 215, Incident Action Plan

Duties:

- Assign resources within the Medical Group Division
- Report on progress of treatment operations and status of resources within Medical Group
- Direct overall operations of Medical Group Division
- Performs rapid assessment of incident – get briefing from Multi-Casualty Branch Director or operations section chief
- Designate Triage Unit Leader
- Establish Medical Group-Division (Medical Command Post)
- Request additional personnel and resources as necessary (ambulances, medical supplies, aircraft)
- Put on identification vest
- Designate Unit Leaders and Treatment Area Locations – distribute vests, identification tags, etc.
- Designate Treatment Team Leader
- Designate treatment area locations
 - Immediate Treatment Area
 - Delayed Treatment Area
 - Minor Treatment Area (should be isolated from immediate and delayed areas)
 - Morgue Area (should be isolated from immediate and delayed areas)
- Designate staging areas for ambulances if not already established
- Designate Extrication Unit Leader, if necessary, in coordination with Incident Commander
- Inform Unit Leaders of:
 - Overall plan of action
 - Location of Medical Group Division – Medical Command Post
 - Resources available and their location
- Ensure notification of hospitals, clinics and other appropriate agencies

- Call State Emergency Coordination Center (ADES) if necessary
- Establish communication and coordination with Patient Transportation Group Supervisor
- Direct and/or coordinate with on-scene personnel from other agencies, e.g. State Medical Examiner's Office, Red Cross, law enforcement, ambulance services and hospital or clinic personnel that are assigned to the Medical Group Division.
- Ensure proper security and traffic control for Medical Group Division areas
- Request law enforcement/Medical Examiner involvement as needed
- Direct medically trained personnel to the appropriate Unit Leader

Triage Unit Leader

1. Radio Call Name: Triage Leader
2. Objective: To prioritize patients according severity of injury using the START triage system
3. You report to: Medical Group-Division Supervisor
4. Reports to you: Unit staff as assigned
5. ICS Forms: ICS-214

Duties

- Obtain briefing from the Medical Group-Division Supervisor.
- Develop plan of action for triaging patients.
- Put on identification vest.
- Assign additional triage personnel if needed.
- Perform triage as quickly as possible.
- Inform Medical Group-Division Supervisor of the number of patients:
 - Immediate
 - Delayed
 - Minor
 - Deceased
- Inform Medical Supervisor of resource needs
- Coordinate movement of patients from the Triage Area to the appropriate Treatment Area
- Advise Medical Supervisor if Extrication Leader is needed
- Advise Medical Supervisor of the security needs of Triage Area.
- Provide periodic reports to the Medical Group-Division Supervisor.

Patient Transportation Group Supervisor

1. Radio Call Name: Transport Supervisor
2. Objective: To coordinate the flow of patients to appropriate medical facilities
3. You report to: Operations Section Chief
4. Reports to you: Medical Communications Coordinator, Air-Ground Ambulance Staging Manager

5. Unit staff as assigned
6. ICS Forms: ICS 214; 215 Multi-casualty Patient Transport Sheet
7. ICS 201; 209 Multi-Casualty Hospital Resource Availability Form

Duties:

- Coordinate patient transportation
- Maintain records relating to patient identification, injuries, destination and how the patient was transported
- Assign resources within the Transportation Group and direct the overall activities related to transportation
- Report on progress of transport operations and status of resources
- Obtain briefing from Multi-Casualty Branch Director (if activated) or Operations Section Chief
- Put on identification vest
- Coordinate with operations and contact medical facilities to determine the number of critical and non-critical patients they can treat. Log this on appropriate ICS form.
- Designate ambulance loading area and inform the following officers
 - Medical Command
 - Ambulance Staging Manager
 - Treatment Unit Leader
- Direct the transportation of patients as determined by the Treatment Unit Leader, using the following rule of thumb for transport, when possible:
 - 1 critical patient per ambulance
 - 2 non-critical patients per ambulance
- Direct loaded ambulances to appropriate facility; advise ambulances
- Transport supervisor will contact receiving facility – ambulance should not contact facility by radio unless necessary
- Log the following information on the Multi-Casualty Patient Transport Sheet
 - Ambulance Identification
 - Patient Triage Tag Number
 - Patient Status (Immediate, Delayed, Minor)
 - Patient Destination
 - Departure Time
- Inform operations of the following when the ambulance departs and coordinate the transfer of
 - information to the receiving medical facility
 - Ambulance Identification Number
 - Destination and time en route
 - Number and Level of Patients
 - Brief description of Injuries (if time permits)
- Keep Ambulance Staging Manager updated on needs
- Coordinate requests for air ambulance transportation through the Air Ambulance Coordinator or Air Operations Manager (if designated)
- Establish air ambulance heliports and/or fixed wing loading zones with the Air Ambulance

- Coordinator, Multi-Casualty Branch Director (if designated) or the Incident Commander
- Coordinate with Operations to notify area medical facilities when all patients have been transferred

Air/Ground Ambulance Staging Manager(s)

1. Radio Call Name: Ambulance Staging
2. Objective: To log in and dispatch ambulances to treatment/loading areas as needed.
3. You report to: Patient Transportation Group Supervisor
4. Reports to You: Unit Staff as assigned
5. ICS Forms: Multi-casualty Resource Status Form (DB-1)
6. Incoming Supplies Form (DB-2)

Duties

- Obtain briefing from Patient Transportation Group Supervisor.
- Put on identification vest
- Establish appropriate staging area for ambulances/transport vehicles
- Establish immediate contact with ambulances at scene
- Log in ambulances and supplies using Multi-casualty Resource Status Form (DB-1)
- Establish route of travel for ambulances and transport vehicles to treatment and loading areas
- Establish and maintain communications with Treatment Group Supervisor or Treatment Dispatch Manager/Medical Communications Coordinator
- Coordinate with Incident Staging Manager
- Assure that necessary equipment is available in ambulance(s) for patients' needs during transport
- For air transport, establish communication with Air Ambulance Coordinator or, if none, Transportation Group Supervisor
- Transportation Group Supervisor should coordinate with air crew [and Heliport Manager or Air Operations Manager (if these have been designated)];
- If possible, assign the same ambulance to transport to the aircraft/heliport or use crew familiar with loading procedures;
- If appropriate, request that incoming air medical services bring in additional equipment or personnel.
- Request additional transportation resources, if necessary
- Maintain records, as required

Treatment Unit Leader

1. Radio Call Name: Treatment Unit Leader
2. Objective: To coordinate treatment of all patients
3. You report to: Medical Group-Division Supervisor

4. Reports to you: Unit staff as assigned
5. ICS Forms: ICS 214 Treatment Unit Leader Worksheet
6. Reviews Incident Action Plan

Duties

- Arrange and supervise patient treatment
- Prepare patients for transport
- Coordinate patient treatment in the treatment areas
- Direct the movement of patients to loading areas
- Obtain briefing from Medical Group-Division Supervisor
- Put on identification vest
- Develop organization sufficient to handle assignment
- Establish immediate, delayed and minor treatment areas, if needed
- Advise Medical Command of personnel needed
 First Aid: _____ ETT: _____
 EMT-I _____ EMT-II _____
 EMT-III _____ Paramedic _____
 PA/NP _____ Nurse _____
 Physician _____
- Request sufficient medical supplies
- Appoint Treatment Dispatch Officer, if needed
- Assemble treatment teams and assign to treatment areas
 - Immediate Treatment Team (ALS Preferred)
 - Delayed Treatment Team (ALS/BLS mixture)
 - Minor Treatment Team (BLS)
- Re-triage patients as they enter treatment area
- Inform Medical Supervisor of potential equipment needs
- Advise Medical Supervisor of security needs of treatment areas
- Establish communications and coordination with Patient Transportation Group
- Identify ambulance loading zone with Transport Supervisor
- Identify air transport loading zone with Treatment Supervisor
- Ensure the continual triage of patients within each area
- Ensure that patients are prioritized for transport
- Ensure appropriate patient documentation
- Notify Transport Supervisor when patients are ready to transport

Treatment Area Managers

1. Radio Call Names: Immediate Treatment Manager
2. Delayed Treatment Manager
3. Minor Treatment Manager
4. Objective: To treat, re-triage and prepare patients for transport
5. You report to: Treatment Unit Leader
6. Reports to you: Treatment Area staff as assigned
7. ICS Forms: Treatment Unit Leader Worksheet

Duties

- Provide and supervise treatment and re-triage of patients in the assigned treatment area
- Prepare patients for transport
- Obtain briefing from Treatment Unit Leader and brief subordinates
- Put on identification vest
- Request or establish medical teams, as necessary
- Assign treatment personnel to patients
- Assure that patients are prioritized for transportation
- Coordinate transportation of patients with Treatment Unit Leader, or Treatment Dispatch Manager or Transport Supervisor, as appropriate
- Notify the Treatment Dispatch Manager or other appropriate officer of patient readiness and priority of transportation
- Assure that appropriate patient information is recorded

Treatment Dispatch Manager

1. Radio Call Names: Treatment Dispatch
2. Objective: Coordinate patient transportation from treatment area to transport area
3. You report to: Treatment Unit Leader
4. Reports to you: Unit staff as assigned
5. ICS Forms: Treatment Unit Leader Worksheet

Duties

- Coordinate with the Patient Transportation Group to transport patients from the treatment areas to the transport staging area
- Obtain briefing from the Treatment Unit Leader
- Put on identification vest
- Establish communication with the Immediate, Delayed and Minor Treatment Area Managers
- Verify that patients are prioritized for transportation
- Advise Medical Communications Coordinator (if established – if not, advise Transport Supervisor) of patient readiness and priority dispatch
- Coordinate transportation of patients with Medical Communications Coordinator or Transport Supervisor
- Coordinate ambulance loading with Treatment Manager and ambulance personnel
- Assure that appropriate patient tracking information is recorded

Morgue Manager

1. Radio Call Name: Morgue
2. Objective: To secure and maintain an area to protect dead bodies until they can be
3. transported from the incident

4. You report to: Triage Unit Leader
5. Reports to you: Unit staff as assigned
6. ICS Forms: Deceased: Identification, Location and Transfer Form, DB-4

Duties:

- The Morgue Manager is responsible for morgue activities until relieved of that responsibility by the Alaska State Troopers or the State Medical Examiner's Office
- Obtain briefing from the Triage Unit Leader
- Coordinate with Incident Commander or Medical Group Supervisor and Alaska State Troopers or State Examiner's Office to establish morgue area
- Assess resource/supply needs and order as needed
- Guidelines to follow:
 - Secure scene as if it were a crime scene and limit access to all but authorized personnel
 - In accordance with state law, bodies may not be moved without the permission of the State Medical Examiner's Office. In a mass casualty incident, bodies should only be moved to the morgue area if:
 - The body is in danger of being destroyed by fire;
 - The body is in danger of being carried away by water;
 - The body is in danger of being destroyed by other mechanisms;
 - The body obstructs or hinders efforts to rescue survivors; or
 - The body prevents rescuers from securing the scene for safety.
 - If bodies must be moved at the scene for one of the reasons above, rescuers should note the original position found so it can be diagrammed later.
 - Keep identify of deceased confidential
 - Communicate progress reports to the Medical Group Supervisor and/or Incident Commander.