2019

HARNETT COUNTY EMS SYSTEM

MULTI/MASS CASUALTY INCIDENT RESPONSE PLAN

This document has been provided as a guideline to assist providers in understanding the Harnett County EMS System requirements for a Multi/Mass Casualty Incident Response.

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STATEMENT OF PURPOSE

The Multi/Mass Casualty Incident Response Plan is designed to assist Harnett County Emergency Medical Service Providers in properly organizing and controlling resources at the scene of a Multi/Mass Casualty Incident and Disasters. These guidelines are intended to serve as the central core for emergency medical services operations at a Multi/Mass Casualty and Disasters. **This Plan is not a substitute for education and training in mass casualty incidents, or the National Incident Management System and the Incident Command System.**

The Multi/Mass Casualty Incident and Disaster-Operating Guidelines are also intended to identify the basic working relationships, which should exist between all EMS Agencies, Emergency Management, Fire Departments, Rescue Agencies, Law Enforcement and other agencies at a large-scale incident. As such, these Multi/Mass Casualty and Disaster-Operating Guidelines fully support and utilize the concept of the National Incident Management System (NIMS). It is very important for all Harnett County EMS providers to recognize early in the incident of a need to declare a Multi/Mass Casualty Incident or disaster area.

OVERVIEW

A mass casualty incident (MCI) is any incident in which emergency medical services resources, such as personnel and equipment, are overwhelmed by the number and severity of casualties. A loss of human life, a large number of injuries ranging from minor to life threatening, a loss of property, separation of family members and an overall disturbance of routine operating procedures characterize disasters.

The treatment and/or stabilization, extrication, transportation of the injured to the appropriate medical facilities, rehabilitation of responding personnel, recognition and/or institution of critical incident stress management teams, restoring and maintaining order and identifying the dead are common among the varied responsibilities which may be unexpectedly thrust upon emergency response organizations.

Mass Casualty Incidents & Disasters can occur in varying degrees, at any time, and in practically any conceivable situation. The potential categories for MCI disasters in the Harnett County EMS System response areas may include (not in any particular order), but are not limited to:

a. Major Vehicular Accidents with Multiple Injuries
b. Fires
c. Environmental Disasters
d. Public Transportation Accidents (ex. Aircraft, Train, Bus)
e. Construction Accidents
f. Industrial Accidents
g. Building Collapses
h. Terrorism Incidents
i. Chemical Incidents
j. Biological Incidents
k. Radiological Incidents
l. Nuclear Incidents
m. Explosives
n. Incendiary Devices

All MCI's / Disasters present several diverse and unique problems requiring prompt and efficient management. In order to identify the roles and responsibilities for emergency response personnel expected to handle initial triage and patient care at a disaster scene, a preconceived plan of action must exist. The plan requires the participation and cooperation of local agencies, such as, but not limited to:

a. Law Enforcement Agencies
b. Fire Departments
c. EMS Providers
d. Rescue Services
e. Hospitals
f. Hazardous Materials Teams
g. Terrorism Task Force (FBI/SBI)
h. Public Health
i. Educational Institutions
j. Medical Examiners
k. Emergency Management
l. Governmental Agencies
m. CISM Teams
n. North Carolina EM
o. North Carolina OEMS
p. North Carolina DHHS
q. Mental Health Services
r. Ancillary Volunteer Agencies (i.e. American Red Cross)

Specific responsibilities must be assigned to each participating agency. Job assignments should include written descriptions with duties and responsibilities clearly defined. The usual everyday responsibilities of the individuals and agencies will, by necessity, change to be able to handle the new priorities created by the disaster.

SEQUENCE OF DESIRED EVENTS AT A MASS CASUALTY INCIDENT

THE PRIMARY CONCERN OF ALL EMERGENCY RESPONSE OPERATIONS MUST BE TO SAVE AS MANY LIVES AS POSSIBLE WITH THE RESOURCES, WHICH ARE AVAILABLE. EARLY RECOGNITION, EARLY MCI DECELERATION TO COMMUNICATIONS, EARLY ACCESS TO CARE ARE ESSENTIAL IN THIS PROCESS. In certain cases such as floods, hurricanes, and tornadoes that have been forecast by the weather service, rescue and evacuation operations may begin before the natural disaster actually strikes. **The success of any operation will be enhanced by effective education and training on the National Incident Management System which has been planned in advance of any MCI/Disaster.**

Proper Sequence of Events:

1. Readiness and education
2. Preparation and mitigation
3. Early Recognition of an Multi/Mass Casualty
4. Early Activation of the Multi/Mass Casualty Plan (To include early warning notifications and preparation for potential disasters, which may involve multiple patients.) First Arriving Units on the scene **must** contact Harnett County Communications Center and notify them of the MCI Activation Level. The activation levels of an MCI will be based on the following:
    a. **MCI Level 1: An MCI Incident resulting in 5 to 10 surviving patients.**
    b. **MCI Level 2: An MCI Incident resulting in 11 to 20 surviving patients.**
    c. **MCI Level 3: An MCI Incident resulting in 21 to 50 surviving patients.**
    d. **MCI Level 4: Mass casualty incident resulting in more than 50 surviving patients.**
5. Establish a Unified Command System - Concise Response System Implemented. First Arriving EMS Units, Police, & Fire should implement a unified command system. This includes the following:
    a. An Incident Command Post should be established and its location transmitted to responding emergency service units by the Harnett County Communications Center before the arrival of additional units on the scene. This notification may be made with a special radio alert tone and announcement as to the initiation and location of the Incident Command Post.
    b. The Incident Command Post is a joint effort between the principal command personnel of all emergency services agencies represented at the scene and is to serve as the central base of operations at the disaster scene. Therefore, key officials, (i.e., EMS, Fire, Law Enforcement, Emergency Management, Government Officials, State and Federal Officials), should be directed to the Incident Command Post upon their arrival at the scene.
    c. The Incident Command Post should be identified (Green Flashing Light if available).
6. The first EMS personnel at the scene should perform a primary survival scan, size-up of the incident scene and identify the EMS Group Supervisor (EMS Branch). EMS Branch should be transferred to the Senior EMS Commanding Officer upon their arrival at the scene.

7. Initial Triage consist of an initial "Walk through" by the Triage Unit Leader (Triage Officer) and first arriving emergency care personnel so that an approximate patient count can be determined and patients tagged according to the apparent severity of their injuries. The Triage Unit Leader (Triage Officer) must quickly present a report on the patient count and approximate number of patients in each category to the EMS Group Supervisor (EMS Branch).
    a. Initiation of critical life-saving treatment techniques during the rapid initial survey performed by the first arriving EMS Personnel. For example, opening an airway or control of severe bleeding by a tourniquet.
    b. **Notification** of **EXTENT** and **NUMBER OF CASUALTIES** to the Harnett County Communications Center by the EMS Group Supervisor (EMS Branch)
    c. Triage should continue until all patients have been moved to the Casualty Collection Point (See Treatment Area for more information).
8. Establish a Resource Staging Area for all incoming EMS resources and a Staging Officer. Work in conjunction with the local fire department to establish the Staging Officer, in which this position does not have to be EMS personnel and can be filled by Fire or Law Enforcement if available.
9. Establish a Treatment Area (Treatment Area). The moving of patients to a Casualty Collection Point (CCP) is essential in starting the Treatment Area. This will require the use of any available resources (Fire Department, Rescue, & Law Enforcement) to move patients to this CCP.
    a. Patient collection points should be divided into three separate sections color coded by:
        - **RED = 1st Priority Patients Needing Urgent Lifesaving Medical Attention**
        - **YELLOW = 2nd Priority Patients Needing Medical Attention**
        - **GREEN = 3rd Priority Patients, Minor Injuries, Delayed Transport**
10. Establish a Transportation Officer to oversee the safe transport of patients from the CCP to the most appropriate Hospitals. The transport officer should maintain a record of the number of patients transported to area hospitals, along with tag numbers or patient names.
11. Transport all patients to awaiting and designated hospitals.
12. Establish a post incident equipment collection site.
13. Equipment and supplies returned to all agencies involved.
14. CISM Services made available to staff.
15. Demobilization of personnel and units.
16. Preparation and pre-planning for long-term operations.
17. Plan deactivated.
18. Reports and records assembled by Incident Commander
19. Post Incident review of MCI/Disaster Scene operations conducted by all agencies involved shortly after incident.
20. Review and update of MCI Plan.
21. Return to readiness and conduct training on MCI Plan.

DISASTER LEVEL DECLERATION

MCI Level 1: An MCI Incident resulting in 5 to 10 surviving patients.

- **Response:** 4 ALS Transport Units, 1 EMS District Chief, 1 EMS Assistant Chief, 1 Medical Helicopter (by request only), Fire Department, Law Enforcement, & Fire Marshal on-call for the MCI/MST Trailer (by request only).

MCI Level 2: An MCI Incident resulting in 11 to 20 surviving patients.

- **Response:** 8 ALS Transport Units, 2 EMS District Chiefs, 1 EMS Assistant Chief, EMS Chief, 1 Medical Helicopter Service, 2 Fire Departments, Law Enforcement, Emergency Management Official & Fire Marshal On-Call for MCI/MST Trailer Response.
  - IC and/or Harnett County Communications will notify the 3 nearest Hospitals, Trauma Centers.

MCI Level 3: An MCI Incident resulting in 21 to 50 surviving patients.

- **Response:** 10 ALS Transport Units, 2 EMS District Chiefs, 3 EMS Assistant Chiefs (EMS 102, EMS 201, EMS 301), EMS Chief, ES Director, 3 Medical Helicopter Services, 3 Fire Departments, Law Enforcement, Emergency Management Official & Fire Marshal On-Call for MCI/MST Trailer Response.
  - IC and/or Harnett County Communications will notify the 4 nearest Hospitals, Trauma Centers.

MCI Level 4: An MCI Incident resulting in more than 50 surviving patients.

- **Response:** 20 ALS Transport Units, 2 EMS District Chiefs, 3 EMS Assistant Chiefs (EMS 102, EMS 201, EMS 301), EMS Chief, ES Director, 3 Medical Helicopter Services, 3 Fire Departments, Law Enforcement, 2 Emergency Management Officials, Fire Marshal On-Call for MCI/MST Trailer Response, Mutual Aid Resources At The Request of Incident Command.
  - **Emergency Operations Center – Opened & Operational**
  - Mandatory Shift Call Back for Off-Duty Personnel
  - State EM & State OEMS Notifications
  - IC and/or Harnett County Communications will notify all surrounding Hospitals & Trauma Centers.

Always consider decontamination if any patients have been exposed to ANY hazardous materials.

- All Responding Units are expected to report to the staging areas unless otherwise directed. The driver and crew of the vehicle should remain with the vehicle until the asset has been given an assignment.
- The Incident Commander can downgrade or upgrade the assignment at any time.
- Patients should be tagged according to appropriate priorities by assigned Triage Team.
- Patients should be immobilized rapidly on portable transport devices.

ALL patients found to be "Dead-On-Arrival" should be left where they were found, if possible, until the Medical Examiner and appropriate Law Enforcement Officials confirm their disposition and complete their investigation of the incident. The deceased patients can be covered as long as the scene integrity will not be destroyed (unknown cause or suspected criminal event). If it becomes necessary to move a deceased victim in order to access or treat remaining victims, then the location and position that the deceased was found in must be noted in order to assist in identification and further investigation. A temporary morgue can be established in an area isolated from the patient care areas, if necessary.

Casualty Collection Point (Treatment Area)

The Treatment Team Leader should establish a casualty collection point in a well-marked area.

- The Casualty Collection Point should be divided into three separate sections, color coded by some means to match the SMART Triage Tags.
  - **RED = 1st Priority Patients Needing Urgent Lifesaving Medical Attention**
  - **YELLOW = 2nd Priority Patients Needing Medical Attention**
  - **GREEN = 3rd Priority Patients, Minor Injuries, Delayed Transport**
- Each section should allow sufficient space to enable emergency personnel to move around freely and treat multiple patients simultaneously without causing interference to one another. This will also allow for the easy removal of selected patients by transport personnel once at-scene patient care completed and the patients are ready to be moved to an EMS transport vehicle.
- Advanced Life Support Providers and/or designated disaster response teams should treat patients most in need of advanced care at the Casualty Collection Point.
  An area adjacent to the casualty collection point should be established for those "patients" that have been involved in a MCI/Disaster but have sustained no injuries. Non-Injured individuals that subsequently complain of injuries or illness may be re-triaged and moved to the appropriate casualty collection point.

Transportation

Patients should be transported in priority sequence, if possible, to designated hospitals as assigned by the Transportation Group Supervisor (Transport Officer). **In a Mass Casualty Incident, several patients SHOULD be transported in each vehicle in order to maximize the transportation resources that are available. EMS Transport Units should NOT be allowed to leave the incident scene with only one (1) patient on-board.**

- The Transportation Officer, in conjunction with the Treatment Officer, will oversee the selection of patients to be transported from the designated Casualty Collection Point to the EMS transport vehicles from an established Vehicle Staging Area. The Transportation Officer will also decide the hospital to which each patient is to be transported and will maintain a log of patient flow. It is therefore extremely important that the three separate color coded patient treatment areas be maintained to ensure that he Transportation Officer will have the means to make logical and concise decisions for transportation patterns. This saves time and saves lives.

PERSONNEL ROLES AND RESPONSIBILITIES

EMS GROUP SUPERVISOR (EMS BRANCH)

The EMS Group Supervisor (EMS Branch) is responsible for the overall coordination of EMS Activities at the MCI/Disaster site. These duties shall include:

1. Establishing and identifying a location for the Incident Command Post **if this has not already been accomplished by other emergency personnel**. The location of such a command post must be transmitted to the Harnett County Communications Center and to relayed to other responding emergency services, (e.g. EMS Units, Law Enforcement, Fire Departments, Rescue, Haz-Mat). Such a relay of information may be made by a special radio alert tone and announcement of the initiation of a unified command post and its' location.
2. Rapidly assess the scope of the MCI/Disaster incident, paying particular attention to the following:
   - The nature of the incident
   - Hazards that are present
   - Number of casualties
   - Types and extent of injuries including a rough estimate of the number of casualties present
   - Additional resources that may be required at the scene
   - Responding unit's route of approach to the scene
   - Location(s) for potential staging area(s)
3. Transmit a preliminary report to the Harnett County Communications Center for relay to the other responding emergency services.
4. Transmit a preliminary report to the Harnett County Communications Center so that initial notification of the existence of a mass casualty incident can be made to area hospitals. (Further information as to the number and extent of injuries, hospital resources available, etc., can be made as the incident progresses.)
5. Establish an EMS Communications Structure for the MCI/Disaster Scene.
6. Determine if additional response, is necessary and establish assign section leaders:
   - Assign Leaders
     - EMS Operations (EMS Ops)
     - Triage Unit Leader (Triage Officer)
     - Treatment Unit Leader (Treatment Officer)
     - Transportation Unit Leader (Transportation Officer)
7. Note: It may be necessary to combine the roles of leaders until sufficient work force is available to fill these positions. Also dependent upon the "size" of the incident, it may be possible to combine the roles of leaders permanently.
8. Assign medical teams to the Triage or Treatment Sector's, based on the needs of those sectors.
9. Work in conjunction with the Incident Commander to assign crews to carry and transfer patients to the Casualty Collection Points (Treatment Areas).

10. Consult with other Leaders frequently to ascertain the need for additional resources and the safety and well-being of all EMS personnel operating at the incident, (to include the provision of rehab and CISM services if necessary)
11. Establish liaisons with other emergency services agencies operating at the incident.
12. Evaluate the effectiveness of EMS operations and make changes as required and necessary.
13. Transmit periodic progress reports on EMS Operations to the Communication Center or Emergency Operations Center.
14. Re-assign EMS Personnel / units as EMS Operations de-escalate.
15. If necessary, establish a temporary morgue location and coordinate the management of fatalities with the Triage Sector, Medical Examiner, and Law Enforcement.
16. Maintain documentation as to the overall provision of EMS operations at the incident.
17. De-mobilize and terminate EMS Operations.

EMS BRANCH CHECKLIST

Name: _____

You Report To: _____

Command Post Is Located At: _____

CP Telephone #: _____ **Radio Channel:** _____

Functions: Direct and supervise the overall coordination of EMS Activities at a Multi/Mass Casualty Incident or at the scene of a disaster.

Personnel Assigned: EMT, AEMT, Paramedic

Checklist:

1. Read the entire checklist
2. Put on Position Identification Vest
3. Assess the situation or obtain briefing from Incident Commander:
    a. Incident Type: _____
    b. Number of Victims: _____
    c. Disaster Level Declared: _____
    d. Notify Harnett County Communications _____
    e. Notify Area Hospitals _____
4. 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 until your position is relieved from senior commanding EMS Officer.
5. Appoint EMS Response Positions:
    a. EMS Ops (if applicable): _____
    b. Triage Officer: _____
    c. Treatment Officer: _____
    d. Transportation Officer: _____
    e. Staging Officer: _____
6. Identify Equipment & Vehicle Staging Area: _____
7. Request Additional Resources and manpower if needed.

Type of Resource	Number Needed	Staging Location

8. Establish Medical Communication Network:
    a. Radio Channel for EMS Operations: _____
    b. Radio Channel for Triage Officer: _____
    c. Radio Channel for Treatment Officer: _____
    d. Radio Channel for Transportation Officer: _____
    e. Radio Channel for EOC: _____
9. Provide periodic updates on EMS Operations to the Communications Center(s), the Incident Commander and Hospitals
10. Request Law Enforcement for scene security if needed (Direct to LEO Staging Area).
11. Request Medical Examiner (for Fatality Incidents Only) Time: _____
12. If necessary, establish a morgue location and coordinate with triage, treatment, LEO, and Medical Examiner on moving fatalities.
13. Re-Assign EMS Personnel and Agencies as EMS Operations de-escalate.
14. Demobilize and Terminate Operations including contacting Harnett County Communications of the cessation of the EMS Medical Group Operations.
15. Maintain documentation of overall EMS Operations.
16. Observe all practitioners and patients working in the EMS operations area for signs of exhaustion, stress or inappropriate behavior. Contact CISM if needed.
17. Provide rehab of all working personnel.
18. Other: _____

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EMS Operations Leader (EMS Ops)

The EMS Operations Leader (EMS Ops) is directly responsible to the EMS Group Supervisor (EMS Branch) for the coordination and management of EMS Related resources at the incident site. Designated by the EMS Group Supervisor (EMS Branch) at a Level 2 response and above, the EMS Operations Leader acts as a liaison between the EMS Group Supervisor (EMS Branch) and other EMS Group Leaders at the scene. These duties shall include:

1. Allocating available resources to each area of EMS Operations as needed.
2. Frequent consultation with other EMS area Leaders to ascertain the need for additional resources and the safety and well being of all EMS personnel operating at the incident. This shall include ensuring the provision of rehab and CISM services, if necessary.
3. The tracking of available units on location and the availability of other resources within the EMS System.
4. In coordination with the Transport Officer, the tracking and distribution of all patients, in relation to the number of patients each facility is willing and/or able to receive.
5. Evaluate the overall effectiveness of EMS Operations and suggest any changes to the EMS Group Supervisor (EMS Branch) as necessary.
6. Controlling bi-direction communications between other sectors and the EMS Group Supervisor (EMS Branch) in order to allow a free flow of information to and from the scene.
7. Coordinating the distribution of mutual aid resources throughout the EMS System in order to ensure that the system integrity is maintained within the affected area.
8. Assisting the EMS Group Supervisor (EMS Branch) in re-assigning EMS personnel and units as EMS Operations de-escalate.
9. Maintaining documentation as to the overall provision of EMS at the incident.
10. In coordination with the EMS Group Supervisor (EMS Branch), demobilization and termination of EMS Operations at the incident site.

EMS Operations Leader Checklist

Name: _____

You Report To: _____

EMS Branch Located: _____

EMS Branch Telephone #: _____ **Radio Channel:** _____

Functions: Responsible for the coordination and management of EMS related resources at a Multi/Mass Casualty incident. The EMS Operations Leaders acts as a liaison between the EMS Group Supervisor (EMS Branch) and the other EMS providers on location.

Personnel Assigned: EMT, AEMT, Paramedic, or assigned by EMS Group Supervisor (EMS Branch)

Checklist:

1. Read the entire checklist
2. Don Appropriate Identification Vest
3. Obtain situational briefing from EMS Group Supervisor (EMS Branch):
    a. Incident Type: _____
    b. Number of Victims: _____
    c. Disaster Level Declared: _____
4. Verify Assignments:
    a. Triage Officer: _____
    b. Treatment Officer: _____
    c. Transportation Officer: _____
    d. Staging Officer: _____
5. Verify Medical Communication Network:
    a. Radio Channel for Incident Commander: _____
    b. Radio Channel for Triage Officer: _____
    c. Radio Channel for Treatment Officer: _____
    d. Radio Channel for Transportation Officer: _____
    e. Radio Channel for EOC: _____
6. Verify location(s) of Equipment & Vehicle Staging: _____
7. Allocate Available resources to Sector's as needed.
8. Consult with EMS Group Supervisor (EMS Branch) frequently to ascertain the need for additional resources and the safety as well being of EMS Personnel, (including the availability or need for rehab and CISM services).
9. Coordinate with the Transport Officer on the patient distribution to medical facilities based on the number of patient's the facility is willing and/or able to accept.

Hospital Name	# of Bed Availability	# Transport to Facility	Comments

10. Verify County EMS Units are moving to Staging Areas to cover affected areas.
11. Keep EMS Group Supervisor (EMS Branch) informed/updated on EMS Operations.
12. Evaluate the effectiveness of EMS Operations and request through EMS Branch to make changes as required.
13. Re-Assign EMS Personnel/units as EMS operations de-escalate.
14. In coordination with the EMS Group Supervisor (EMS Branch), de-mobilize and terminate operations at the incident.
15. Maintain documentation as to the overall provision of EMS at the incident and forward reports/records to the EMS Group Supervisor (EMS Branch)
16. Other: _____

Triage Unit Leader (Triage Officer)

The Triage Unit Leader (Triage Officer) is directly responsible to the EMS Group Supervisor (EMS Branch) for the coordination of triage operations at the MCI/Disaster site. These duties shall include:

1. Assigning medically trained personnel to assist in carrying out the triage of patients, to include the proper tagging of patients based upon their condition and the administration of base care that would correct immediate life-threatening problems, (e.g., airway problems or severe bleeding).
    a. Triage normally occurs at the immediate site, impact area, or the incident. However, safety concerns for the patients and medical personnel may force triage to be performed in an area adjacent to this site or at the Casualty Collection Point. Should this be the case, coordination with the Treatment Officer and EMS Operations must be established.
2. Obtaining an actual total victim count and an approximate victim count for each triage priority category. This information shall be immediately communicated to the EMS Group Supervisor (EMS Branch) and/or the EMS Operations Leader (EMS Ops).
3. Ensuring that an adequate number of personnel and equipment is available for the triage and primary treatment of patients. Personnel and equipment needs shall be communicated to the EMS Group Supervisor (EMS Branch) and/or the EMS Operations Leader (EMS Ops).
4. Ensuring that an adequate number of personnel and equipment is available to remove patients from the triage area to the Casualty Collection Point. Personnel and equipment needs shall be communicated to the EMS Group Supervisor (EMS Branch)
5. Coordinating Operations within the Triage Area with other leaders and incident command, as needed.
6. Maintaining documentation as to the operations within the Triage Area.
7. Providing the EMS Group Supervisor (EMS Branch) and/or the EMS Operations Leader (EMS Ops) with updates as to the operations within the Triage Area. This shall include timely notification to the EMS Group Supervisor (EMS Branch) when all of the patients have been triaged and moved to the Casualty Collection Point.
8. Coordinating with the EMS Group Supervisor (EMS Branch) and/or the EMS Operations Leader (EMS Ops) and the Medical Examiner, for the management of fatalities. This may include the designation of a temporary morgue location.
9. Terminating, with consensus from the EMS Group Supervisor (EMS Branch) and/or the EMS Operations Leader (EMS Ops) within the Triage area and re-assigning personnel as directed by the EMS Group Supervisor (EMS Branch).

Triage Officer Checklist

Name: _____

You Report To: _____

EMS Branch Located: _____

EMS Branch Telephone #: _____ **Radio Channel:** _____

Functions: Coordination and direct the triage and tagging of all victims of a Multi/Mass Casualty or disaster.

Personnel Assigned: EMT, AEMT, Paramedic, or assigned by EMS Group Supervisor (EMS Branch) and/or EMS Operations

Checklist:

1. Read the entire checklist
2. Don Appropriate Identification Vest
3. Obtain situational briefing from EMS Group Supervisor (EMS Branch):
    a. Incident Type: _____
    b. Number of Victims: _____
    c. Disaster Level Declared: _____
4. Verify Medical Communication Network:
    a. Radio Channel for Incident Commander: _____
    b. Radio Channel for Triage Officer: _____
    c. Radio Channel for Treatment Officer: _____
    d. Radio Channel for Transportation Officer: _____
    e. Radio Channel for EOC: _____
5. Obtain an actual victim count, count for each triage priority, and provide this information to the EMS Group Supervisor (EMS Branch).

Triage Color	# of patients	Resource Needs	Comments
RED			
YELLOW			
GREEN			
BLACK			
TOTAL PATIENT COUNT			

6. Assign medically-trained personnel to triage patients, including proper tagging based upon condition and administration of basic life-saving care.

7. Ensure that there is adequate manpower and supplies available for the primary triage of all victims. Communicate practitioner and supplies needs to the EMS Group Supervisor (EMS Branch) and/or EMS Operations. A Rule of Thumb: 1 practitioner for every 5 victims
8. Ensure that there is an adequate number of practitioners and equipment available to remove patients from the triage area to the casualty collection points. Communicate manpower needs to EMS Group Supervisor (EMS Branch) and/or EMS Operations.
9. Coordinate interaction between triage teams and extrication teams with the Rescue/Extrication Group.
10. Assign re-triage team(s) at the entrance to the Casualty Collection Point (Treatment Area).
11. Provide to the Treatment Officer and Transportation Officer the total number of victims and the number of victims in each triage priority.
12. Provide updates to the EMS Group Supervisor (EMS Branch) and/or EMS Operations on triage operations. Include timely notification when all patients have been triaged and when all patients have been moved to the Casualty Collection Point (Treatment Area).
13. Coordinate with EMS Group Supervisor (EMS Branch), EMS Operations and the Medical Examiner of the location of any deceased patients and location of morgue area, if needed.
14. Document, and if possible, mark the location of remains that had to be moved in an effort to extricate and treat surviving patients.
15. Request through the EMS Group Supervisor (EMS Branch) and/or EMS Ops for assistance from Law Enforcement to provide security of the area.
16. Assign personnel as necessary under the direction of EMS Ops and/or EMS Branch.
17. Verify with the Transportation Officer, the final number of victims in order to accurately determine that all victims have been accounted for.
18. Terminate triage unit in conjunction with the EMS Group Supervisor (EMS Branch) and/or EMS Operations. Re-assign personnel as directed.
19. Maintain documentation of overall triage operations.
20. Observe all personnel in the triage area for signs of exhaustion, stress or inappropriate behavior. Report concerns to EMS Branch and/or EMS Operations.
21. Provide for rehab for all personnel in the triage area.
22. Other: _____

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Triage Team Member Checklist

Name: _____

You Report To: _____

Triage Officer Located: _____

Triage Officer Telephone #: _____ **Radio Channel:** _____

Functions: Responsible for initial victim triage, evaluation, and priority designation at a multi/mass casualty or disaster.

Personnel Assigned: EMT, AEMT, Paramedic, or assigned by Triage Unit Leader (Triage Officer).

Checklist:

1. Read the entire checklist
2. Secure an adequate supply of triage tags with strings attached or obtain triage kit.
3. Secure proper pen or pencil to indicate appropriate information on triage tags.
4. Don Appropriate Identification Vest
5. Provide only basic care that would correct immediate life-threatening problems; e.g. opening an airway, controlling severe bleeding.
6. Secure triage tags loosely around patient's wrist/foot.
7. Report total number of victims triaged and number of each priority to Triage Unit Leader (Triage Officer).
8. Report any concerns or special situations to the Triage Unit Leader (Triage Officer).
9. Report to Triage Unit Leader (Triage Officer) when assignment is complete.
10. If assigned, to Re-Triage Area at the Casualty Collection Point (Treatment Area).
11. Verify that the patient priority is consistent with their injuries and re-prioritize as needed.
12. Provide updates on triage to Triage Unit Leader (Triage Officer).
13. Observe all personnel in the triage area for signs of exhaustion, stress, or inappropriate behavior. Report concerns to Triage Unit Leader (Triage Officer).
14. "Grossly Decontaminated" patients must be marked as such on the anatomy section of the triage tag and placed on the patient.
15. "Completely Decontaminated" patients must be marked as such on the anatomy section of the triage tag and placed on the patient.
16. Other: _____
    _____
    _____
    _____

Treatment Unit Leader (Treatment Officer)

The Treatment Unit Leader (Treatment Officer) is directly responsible to the EMS Group Supervisor (EMS Branch) and/or EMS Operations for the coordination of treatment of victims at the casualty collection point (treatment area). These duties shall include:

1. Establishing and identifying the Casualty Collection Point and communicating their location to the EMS Group Supervisor (EMS Branch) and/or the EMS Operations Leader.
    a. This area must be large enough to accommodate the anticipated number of patients that could be received.
    b. This area should be marked, by flags or markers color coded to match the patient triage tag, (Red – Immediate, Yellow – Moderate, Green – Delayed).
2. Establishing an area adjacent to the Casualty Collection Point(s) for those individuals that have been involved in an incident but have sustained no apparent injuries. Non-injured individuals that subsequently complain of injuries or illness may be re-triaged and moved to the appropriate Casualty Collection Point.
3. Ensuring that an adequate amount of equipment, supplies, and medically trained personnel, both BLS and ALS, are available at the Casualty Collection Point to provide appropriate treatment for all patients. Equipment, supplies and personnel needs shall be communicated to the EMS group Supervisor (EMS Branch) and/or the EMS Operations Leader (EMS Ops).
4. Ensuring that patients arriving at the Casualty Collection Point(s) have been triaged and that they are separated by priority. Non-triaged patients must be assessed and tagged before moved to the appropriate casualty collection point.
5. Remember, when placing patients in the casualty collection point, adequate space must be provided between patients to allow working room for medical personnel.
6. Ensuring that all patients receive treatment that is appropriate for their condition and that is within established state and regional medical protocols.
7. Coordinating the activities of ALL medical personnel in the Treatment area, (physicians, nurses, flight team members, etc.).
8. Ensuring the continual assessment and, where necessary, re-triaging of patients within the Casualty Collection Point.
9. Determining the transport priorities of patients within the Casualty Collection Point and coordinating their movement with the Transportation Officer.
10. Coordinating operations within the Treatment Area with other leaders and command, as needed.

Treatment Officer Checklist

Name: _____

You Report To: _____

EMS Branch Located: _____

EMS Branch Telephone #: _____ **Radio Channel:** _____

Functions: Coordination and direct the treatment of patients in the patient treatment area at a Multi/Mass Casualty or disaster.

Personnel Assigned: EMT, AEMT, Paramedic, or assigned by EMS Group Supervisor (EMS Branch) and/or EMS Operations.

Checklist:

1. Read the entire checklist
2. Don Appropriate Identification Vest
3. Obtain situational briefing from EMS Group Supervisor (EMS Branch) and/or EMS Operations:
    a. Incident Type: _____
    b. Number of Victims: _____
    c. Disaster Level Declared: _____
4. Verify Medical Communication Network:
    a. Radio Channel for Incident Commander: _____
    b. Radio Channel for EMS Operations: _____
    c. Radio Channel for Triage Officer: _____
    d. Radio Channel for Treatment Officer: _____
    e. Radio Channel for Transportation Officer: _____
    f. Radio Channel for EOC: _____
5. Establish and identify Patient Treatment Area(s) and communicate their locations to the EMS Group Supervisor (EMS Branch).
6. Designated the Treatment Area Managers for each Patient Acuity Color:
    a. RED – Immediate Treatment Area Manager: _____
    b. Yellow – Moderate Treatment Area Manager: _____
    c. Green – Delayed Treatment Area Manager: _____
7. Mark each treatment area with a color identifier (RED, YELLOW, GREEN)
8. Assign medically trained practitioners to patient treatment areas.
9. Communicate any needs for “standing orders” for ALS personnel to the EMS Group Supervisor (EMS Branch).

10. Ensure an adequate number of ALS and BLS practitioners are available to provide treatment to all victims. Communicate the need for any additional resources to the EMS Group Supervisor (EMS Branch).
11. Ensure that all patients brought to the Casualty Collection Point(s) have been triaged and separated by condition priority.
12. Establish an area for non-injured patients.
13. Coordinate operations within the Casualty Collection Point with the EMS Group Supervisor (EMS Branch), EMS Operations Officer, Triage Officer, and the Transportation Officer.
14. Provide updates on the Treatment operations, including notification when all patients have been removed from the Casualty Collection Point.
15. Maintain documentation on operations within the patient treatment areas.
16. Observe all personnel in the patient treatment area(s) for signs of exhaustion, stress, or inappropriate behavior. Report concerns to the EMS Group Supervisor (EMS Branch)
17. Other: _____

Treatment Team Member Checklist

Name: _____

You Report To: _____

Treatment Officer Located: _____

Treatment Officer Telephone #: _____ **Radio Channel:** _____

Functions: Responsible for the treatment of all patients in the Casualty Collection Point (treatment area) at a multi/mass casualty or disaster.

Personnel Assigned: EMT, AEMT, Paramedic, or assigned by Triage Unit Leader (Triage Officer).

Checklist:

1. Read the entire checklist.
2. Work in assigned Patient Treatment Area.
3. Provide treatment to patients that are consistent with the Harnett County EMS System Protocols and scope of practice for the practitioner.
4. Obtain patient vital signs and legibly record them on the triage tag around the patients wrist/foot:
    a. Time Vital Sign Taken
    b. Lung Sounds
    c. Pulse
    d. Respirations
    e. Blood Pressure
    f. Level of Consciousness by the A.V.P.U. scale
5. Legibly record other pertinent patient information on the triage tag:
    a. Patient Name (If it can be obtained)
    b. Age (Approximate if it cannot be obtained)
    c. Sex
    d. Any Treatment Provided
    e. Indicate area of patient's primary injury(s) on anatomical diagram
    f. Any other information deemed important; e.g. significant past medical history
6. Communicate changes in the patient's status that may require a change in their transport priority to the Treatment Officer of Treatment Area Manager.
7. Prepare patient for transport to medical and specialized treatment facilities.
8. Observe all personnel in the patient treatment area(s) for signs of exhaustion, stress, or inappropriate behavior. Report concerns to the Treatment Officer of Treatment Area Manager.
9. Other: _____

REFERENCE FOR TREATMENT TEAM

PRIORITIES OF PATIENTS AT COLLECTION STATIONS

PRIORITY 1 PATIENT – RED TAG

Serious injuries that have life-threatening implications or will become life threatening due to shock and/or hypoxia; are capable of being stabilized; require constant care and are given a high probability of survival if given immediate care and prompt transportation to an appropriate medical facility. Injured co-workers and patients with uncontrolled emotional disorders are also placed in this priority.

PRIORITY 2 PATIENT – YELLOW TAG

Serious injuries which are not yet life threatening; no severe shock or hypoxia; high probability of survival and can withstand delayed transport until most red tagged patients have been stabilized and/or transported. These patients should also be transported to an appropriate medical facility.

PRIORITY 3 PATIENT – GREEN TAG

Minor injuries without systemic implications and can withstand delayed transport until most priority 1 and 2 patients have been stabilized and/or transported.
NOTE: Consideration should be given to having these patients transported to one or more hospitals(s) which is/are more distant from the disaster scene than other hospital(s) and which will probably not be receiving several Priority 1 or 2 patients. This will prevent the unnecessary taxing of any one hospital's resources.

UNINJURED – WHITE TAG:

An area adjacent to the disaster site should be established for those "patients" that have been involved in a Multi/Mass Casualty or disaster but have sustained no injuries. Non-Injured individuals that subsequently complain of injuries may be re-triaged and moved to the appropriate casualty collection points.

DECEASED PATIENT – BLACK TAG

Deceased patient(s) should not be moved unless necessary to access or treat surviving victims. If it becomes necessary to move a deceased victim then the location and position that the deceased was found in must be noted in order to assist in identification and/or further investigation.

Transportation Unit Leader (Transport Officer)

The Transportation Unit Leader (Transport Officer) is directly responsible to the EMS Group Supervisor (EMS Branch) and/or EMS Operations for coordinating the transportation of victims to appropriate medical facilities in an expeditious manner. These duties shall include:

1. Establishing and identifying ambulance staging / transportation areas that are easily accessible from the Casualty Collection Point (Treatment Area). Access and egress must be taken into account and the location shall be communicated to the EMS Group Supervisor (EMS Branch) and/or EMS Operations. This may also require, at times, establishing a helicopter-landing zone in coordination with the Fire Department and Incident Command.
2. Determining the treatment capabilities, "beds available," of receiving hospitals within the area of the Multi/Mass Casualty or disaster site.
3. Determining the transportation needs for the potential number of patients that will be treated at the Casualty Collection Point(s). Coordination with the Triage Officer and Treatment Officers to obtain exact numbers is suggested.
    a. In determining the transportation needs, keep in mind, non-EMS forms of transportation, e.g. school bus to transport large numbers of minor injuries.
4. Accepting patients from the Casualty Collection Point and assigning them to vehicles, or ground transport, or aeromedical, for transportation to appropriate receiving facilities. The Transportation Unit Leader (Transport Officer) will designate which facility the patient(s) are to be transported too.
    a. In Mass Casualty Incidents, effective utilization of available EMS transportation resources is critical. As such, multiple patients should be assigned to EMS vehicles that are transporting to facilities. For every priority 1 patient assigned to a transporting EMS unit, at least 1 priority 2 or 2 priority 3 patients should also be assigned to that unit for transport, (keeping in mind what sort of immobilization devices, if any have been applied).
5. Communicating with receiving facilities about an ambulance or transport vehicle's ETA to that facility, the number of patients on-board that unit, the priority of the patient(s), their triage tag number, and their primary injuries.
6. Maintaining a written record of:
    a. Each Patients Priority
    b. Primary Injury
    c. Triage Tag Number/Name (SMART Tag has tear off for records)
    d. Emergency Vehicle assigned to transport the patient
    e. Hospital facility to which the patient was sent
    f. Time the Patient left the scene

Transportation Officer Checklist

Name: _____

You Report To: _____

EMS Branch Located: _____

EMS Branch Telephone #: _____ **Radio Channel:** _____

Functions: Coordinates the transportation of patients to medical and specialized treatment facilities.

Personnel Assigned: EMT, AEMT, Paramedic, or assigned by EMS Group Supervisor (EMS Branch) and/or EMS Operations.

Checklist:

1. Read the entire checklist
2. Don Appropriate Identification Vest
3. Obtain situational briefing from EMS Group Supervisor (EMS Branch) and/or EMS Operations:
    a. Incident Type: _____
    b. Number of Victims: _____
    c. Disaster Level Declared: _____
4. Verify Medical Communication Network:
    a. Radio Channel for Incident Commander: _____
    b. Radio Channel for EMS Operations: _____
    c. Radio Channel for Triage Officer: _____
    d. Radio Channel for Treatment Officer: _____
    e. Radio Channel for Transportation Officer: _____
    f. Radio Channel for EOC: _____
5. Determine the treatment capabilities and "beds available" of receiving facilities within the area of the MCI or disaster.

HOSPITAL NAME	# of BEDS AVAILABLE	LEVEL OF CARE	SPECIAL NEEDS
Betsy Johnson		Local ED & OR	
Central Harnett		Local ED & OR	
Central Carolina Hosp.		Local ED & OR	
Wake Med - Raleigh		Level 1 Trauma	
Cape Fear Valley		Level 3 Trauma	
Wake Med – Cary		Level 3 Trauma	

6. Coordinate with the Triage Officer and Treatment Officer to determine the transportation needs for the potential number of patients that will be treated at the Casualty Collection Point.:
    a. # of RED – Priority 1 Patients _____
    b. # of Yellow – Priority 2 Patients: _____
    c. # of Green – Priority 3 Patients: _____
7. Coordinate with the Incident Commander and Fire Department for the establishment of a landing zone for aeromedical providers.
    a. Landing Zone Coordinates: _____
    b. Landing Zone Address: _____
    c. # of Helicopters LZ can accept: _____
8. Consider alternate means of transportation for large numbers of Priority 3 patients, e.g. school buses, wheel chair vans, etc.
9. Request ambulances from staging area as needed.
10. Accept patients from the casualty collection point and assign them to ground transport **OR** aeromedical providers for transportation to appropriate receiving facilities.
11. Provide Communications report to receiving facilities on each patient transported:
    a. Patients Priority: _____
    b. Primary Injuries: _____
    c. Triage Tag #: _____
    d. Transporting Unit: _____
    e. Approximate ETA to Facility: _____
12. Complete and maintain the bottom portion of each patients triage tag as a record of the patients' transportation.
13. Ensure that an adequate number of transport capable vehicles is available. Communicate vehicle or manpower needs to the EMS Group Supervisor (EMS Branch) and/or EMS Ops.
14. Maintain documentation on operations within the Transportation Sector by using the Patient Transport Accountability Form (See attachment).
15. Verify the final patient count with the Triage Officer and Treatment Officer in order to accurately determine whether all patients have been accounted for and transported from the scene.
16. Provide the EMS Group Supervisor (EMS Branch) and/or the EMS Operations Leader (EMS Ops) with updates on operations within the Transportation area, including notification when all patients have been received from the casualty collection point and transported from the scene.
17. Observe all personnel in the patient treatment area(s) for signs of exhaustion, stress, or inappropriate behavior. Report concerns to the EMS Group Supervisor (EMS Branch)
18. Terminate, with consensus from the EMD Group Supervisor (EMS Branch) and/or the EMS Operations Leader (EMS Ops), operations within the Transportation Area.
19. Other: _____
    _____
    _____
    _____
    _____
    _____
    _____

Patient Transport Distribution Plan

Patients from a large-scale multi/mass casualty or disaster incident should be distributed among several hospital facilities to ensure that they will receive rapid care and prevent the unnecessary taxing of any one hospital's resources.

Priority 1 Patients (RED TAG) should be distributed to as many appropriately categorized hospitals as possible, with the majority of these patients going to designated trauma centers when possible.

Patients should be assigned by the Transportation Officer to hospital facilities classified by the North Carolina Department of Health and Human Services as having the capability to manage the patient(s)' condition(s). The Transportation Officer should therefore be familiar with the Harnett County EMS System Protocols for the Triage and Transport Destination Plans / Hospital Classifications.

All patients assigned from the scene should be logged on the Patient Transport Accountability Form.

SAMPLE DISTRIBUTION
MCI / DISASTER SCENE TRAUMA PATIENT DISTRIBUTION PLAN
(32 Trauma Patients)[1]

CLOSET TRAUMA CENTER	SECONDARY TRAUMA CENTER	NEAREST HOSPITAL	SECONDARY HOSPTIAL
4 – Red Tags 2 – Yellow Tags	2 – Red Tags 1 – Yellow Tag 5 – Green Tags	1 – Red Tag 1 – Yellow Tag 5 – Green Tags	1 – Yellow Tag 10 – Green Tags

While this document is aimed toward a mass casualty incident involving traumatic injuries, it is intended an expected to be followed in the event of an incident involving numerous victims suffering from Medical, Chemical, Radiological Biological or Nuclear causes.

[1] Specialized tertiary care centers, i.e., UNC Burn Center, spinal cord injury centers, and pediatric centers should be utilized where appropriate.

Hazardous Materials

HAZMAT - Any material that hurts or harms what it comes in contact with. Examples: Explosives, Gasses, Flammable Liquids/Solids, Oxidizers, and Organic Peroxides, Toxic and Infectious Materials, Radioactive, Corrosives, Miscellaneous Dangerous Goods.

North Carolina Hazardous Materials Level 1 Certification – Are those who are certified and in the course of their normal duties, may be the first on the scene of an emergency involving hazardous materials.

First Responders at the Hazardous Materials Level 1 Certification, according to the standard, are expected to do these things:

- Recognize and identify the presence of hazardous materials
- Protect themselves
- Call for trained Hazardous Technician Personnel to Secure Hazard
- Secure the Area
- Ensure all apparatus approach Up-Hill & Up-Wind from the incident
- Analyze a hazardous materials incident to determine the magnitude of the problem by predicting the likely behavior of a material and its container and by estimating the potential harm of an incident.
- Plan an initial response within the capabilities and competencies of available personnel, personal protective equipment, and control equipment.

Hazardous Materials Response Protocol

Scene Safety

1. No Practitioner will be allowed in the Warm or Hot Zone without appropriate PPE. The technician must also have been trained and certified in using the PPE.
2. Identify material (if safely possible) and notify Incident Commander & Hazmat Officials

Decontamination

1. All patients must be DECONED prior to treatment or transport.
2. If the Decontaminated patient comes in contact with equipment or crew both must be DECONED.
3. Patients from mass Casualty Incidents may only be grossly DECONED to improve time to definitive care.
4. All information involving the number of patients and their status of DECON must be reported to the receiving hospital or transport officer during an MCI.

Command and Notification:

1. EMS Activities must follow the NIMS and Incident Command System.
2. Contact EMS Group Supervisor (EMS Branch), Harnett County Communications, Fire Marshal, & Emergency Management Resources

Hazardous Material Guidelines

INDICATORS

- Is there a hazardous spill
- Are there multiple (non-trauma related) victims?
- Are responders victims?
- Are hazardous substances involved with placard?
- Has there been an explosion?
- Are there any visible materials?
- Is there any Tractor Trailer, Railcars, or Aircraft Involved?

PROTECT YOURSELF

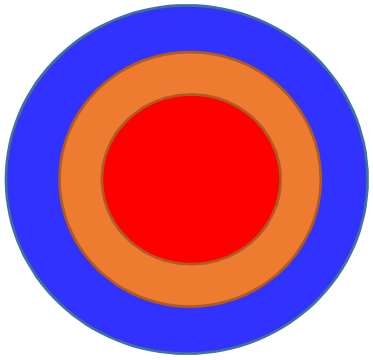
- **Consider a secondary device**
- **Do not get contaminated!**
- Stay uphill and upwind (500-1000ft away)
- Consider weather conditions
- Always have away out – escape route
- Isolate area and deny entry
- Wear proper personal protection equipment to your level of training
- Stay alert for actions against responders
- Always work in pairs (2 in – 2 out)
- Patients who only have been grossly DECONED require full DECON at ED.

INCIDENT COMMAND

- Establish unified command or assume your appropriate roles
- Don't forget the rest of the MCI/Disaster Guidelines

SCENE OPERATIONS

- Assess decontamination requirements
- Do your patients have to be decontaminated?
- Crime Scene/Security
- Locations of the command post, treatment, triage, transport, and staging areas (Keep them safe – uphill and upwind, usually in cold zone)
- Public evacuations or shelter in place
- Consider and area of safe refuge



HOT ZONE:
Requires Haz-Mat Technician Level Training.

WARM ZONE:
Requires Haz-Mat Level 1 Training. Contains Decontamination Area.

COLD ZONE:
No specialized training. Generally contains personnel, equipment, and the command post. EMS Located in this area with triage, treatment, and transport sectors.

RESOURCES

- **NORTH AMERICAN EMERGENCY RESPONSE GUIDEBOOK**
- **NISOSH POCKET GUIDE**

Weapons of Mass Destruction Guidelines

INDICATORS

- Is the response to a target hazard or target event?
- Has there been a threat?
- Are there multiple (Non-trauma related) victims?
- Are responders victims?
- Are hazardous substances involved?
- Has there been any explosions?

PROTECT YOURSELF

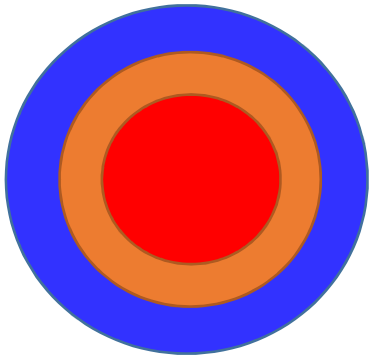
- **Consider a secondary device**
- **Do not get contaminated!**
- Stay uphill and upwind (500-1000ft away)
- Consider weather conditions
- Always have away out – escape route
- Isolate area and deny entry
- Wear proper personal protection equipment to your level of training
- Stay alert for actions against responders
- Always work in pairs (2 in – 2 out)
- Patients who only have been grossly DECONED require full DECON at ED.

INCIDENT COMMAND

- Establish unified command or assume your appropriate roles
- Don't forget the rest of the MCI/Disaster Guidelines

SCENE OPERATIONS

- Assess decontamination requirements
- Do your patients have to be decontaminated?
- Crime Scene/Security
- Locations of the command post, treatment, triage, transport, and staging areas (Keep them safe – uphill and upwind, usually in cold zone)
- Public evacuations or shelter in place
- Consider and area of safe refuge



HOT ZONE:
Requires Haz-Mat Technician Level Training.

WARM ZONE:
Requires Haz-Mat Level 1 Training. Contains Decontamination Area.

COLD ZONE:
No specialized training. Generally contains personnel, equipment, and the command post. EMS Located in this area with triage, treatment, and transport sectors.

RESOURCES

- **NORTH AMERICAN EMERGENCY RESPONSE GUIDEBOOK**
  - Nerve Agents # 153
  - Blister Agents # 153
  - Blood Agents # 117, 119, 125
  - Chocking Agents # 125, 125
  - Irritant Agents # 153, 159
- **NISOSH POCKET GUIDE**

Patient & Equipment Decontamination Guidelines

Decontamination Musts:

- OSHA 1910.120 requires specialized training for response to Hazardous Materials Incidents.
- A HAZ-MAT Incident will be structured with a HOT, WARM, and COLD Zone.
- EMS Operations at a HAZ-MAT incident will occur in the COLD Zone.
- Only EMS personnel that been trained to the HAZ-MAT Level 1 Certification will they then be allowed to participate in decontaminating patients or caring for patients in the WARM Zone.
- OSHA 1910.120 mandates the use of the Incident Command System. Assume your role.
- Notify Harnett County 911 Communications Center of the incident to ensure that emergency management and the hospitals are notified. Advise the hospitals of the incident and ensure they are prepared to receive grossly decontaminated patients from the scene.

Multi/Mass Casualty Patient Decontamination:

- If a State Certified Hazardous Materials Team is on the scene, follow their direction for mass decontamination.
- If properly trained EMS personnel are participating in gross DECONED and/or transporting patients who have been only grossly decontaminated, proper PPE must be worn.
- Any patient who was exposed to ANY hazardous materials MUST be, at least, grossly decontaminated.
- Proper Gross Decon should consist of the following:
    - Removal of the patients clothing
    - Patients are flushed with copious amounts of water
    - Patients are covered with clean sheets, blankets, Tyvek sheets, etc. or placed in a Tyvek or equivalent suit.
    - Patients are placed on a liter or backboard and covered again with any of the above.
    - The patients decon status must be reported to the receiving facilities.
- "GROSS DECON" should be written on the anatomy section of the triage tag and placed on the patient.
- Ambulance and other equipment that contacts the patient must be decontaminated or properly disposed of (equipment).

5 or Less Patients That Require Decon:

- If a State Certified Hazardous Materials Team is on the scene, follow their direction for mass decontamination.
- If the patient is critically injured/ill the patient can be grossly deconed to reduce the time to definitive care.
- Complete full decon should consist of the following:
    - Removal of the patients clothing
    - Entire patient is washed with at least soap and water. The entire patient consist of head to toe washing including all skin folds, fingernails, the soles of feet, etc.
    - The patients decon status must be reported to the receiving facility.
- Patients should be packaged modestly and transported to the receiving facility.
- "COMPLETELY DECONED" should be written on the anatomy section of a triage tag and placed on the patient.

Triage & Tagging Guidelines

INITIAL TRIAGE AND DISASTER TAGGING GUIDELINES

The initial triage is based upon accepted triage procedures and in accordance with the county's standardized patient triage tags (SMART Tags).

Depending on the scope of the MCI/disaster, the total number of patients in need of care, and resources available to handle the victims, some patients with severe injuries which may not allow them to survive unless they are given immediate, intensified care, may have to be assigned lower priority "tags" for treatment/transport from the incident site. Remember, your objective is to save as many patients as possible with the resources available.

Prioritization of MCI/Disaster Victims differs somewhat from the routine classification of patients at normal incidents.

PRIORITY 1 – RED TAG

Examples of patients needing urgent lifesaving medical attention:

1. Witnessed Cardiac Arrest (depends on number of patients)
2. Uncorrected Respiratory Problems (NOT mild respiratory distress)
3. Severe or Uncontrollable Bleeding (includes suspected internal bleeding)
4. Severe Shock
5. Open Chest or Abdominal Wounds
6. Unconscious Patients
7. Burns Involving the Respiratory Tract
8. Severe Medical Problems
    a. Heart Attack
    b. Poisoning
    c. Diabetes with complications
    d. Abnormal Childbirth situation (prolapsed cord, arm/leg presentation, nuchal cord)
    e. Loss of pulse distally in extremity
9. Several Major Fractures, e.g. pelvis and femur fracture
10. Co-Worker Injured
11. Uncontrollable Emotional Disorders

PRIORITY 2 – YELLOW TAG

Examples of patients needing medical attention:

1. Severe Burns (Not affecting airway)
2. Spinal Injuries
3. Moderate Blood Loss
4. Conscious with Head Injuries

PRIORITY 3 – GREEN TAG

Examples of patients with minor injuries, delayed transport:

1. Minor fractures
2. Minor Injuries that are controlled

WHITE TAG

Individuals that have been involved in the MCI/Disaster but are uninjured.

1. Monitor for any changes – IF changes present the patient must be re-triaged.

BLACK TAG

Obvious Dead on Arrival

1. (GRAY TAG) Obviously mortal wounds where death appears reasonably certain. These patients can be re-triaged later if personnel and/or resources become available. (e.g. Brain Matter Present, Injuries Incompatible with life)

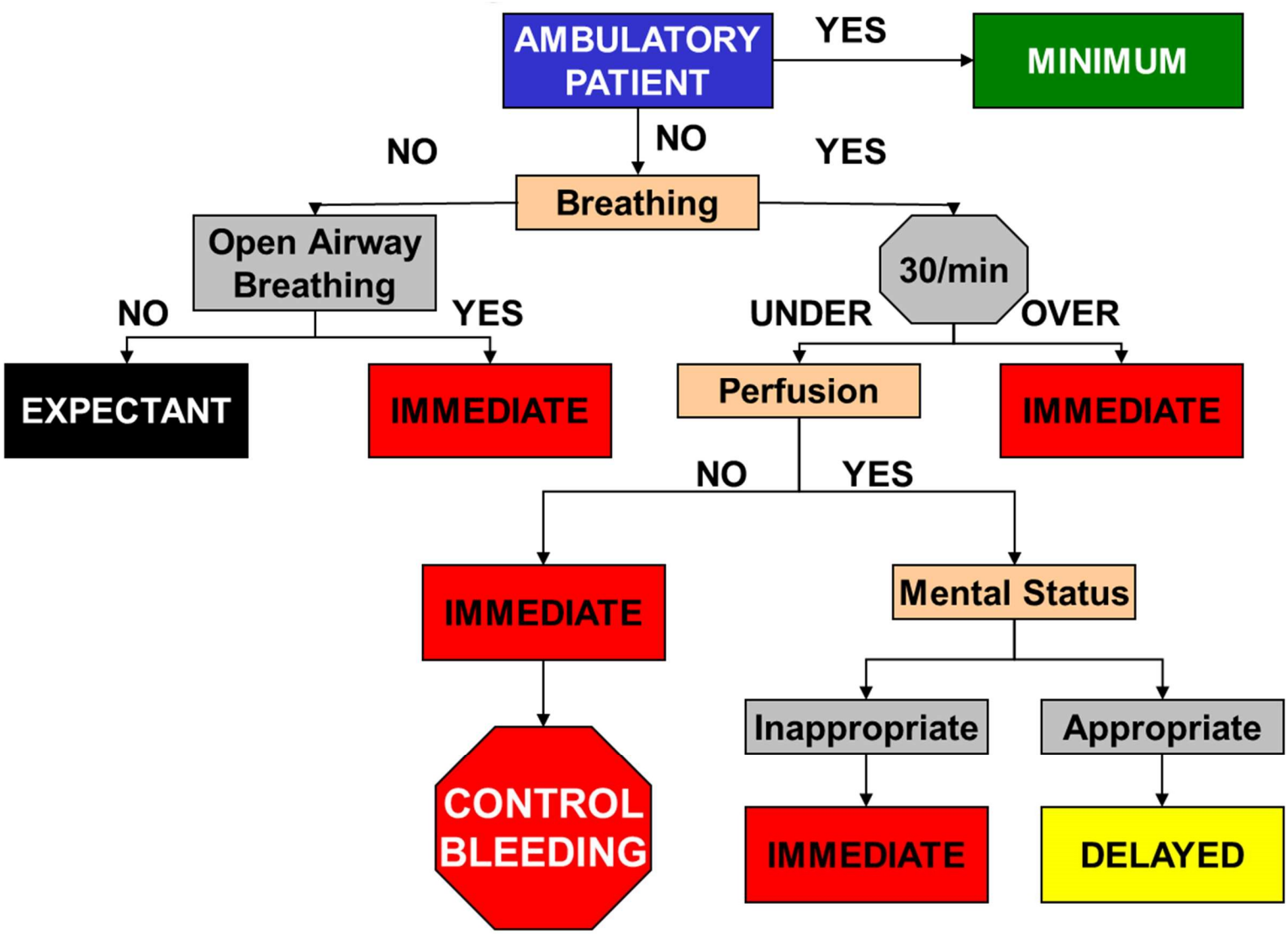
DECONTAMINATED PATIENTS

1. **Patients who have been grossly decontaminated must be marked as "GROSSLY DECONED" on the anatomy section of the triage tag and placed on the patient.**
2. **Patients who have been completely decontaminated must be marked as "COMPLETELY DECONED" on the anatomy section of the triage tag and placed on the patient.**

SMART TRIAGE GUIDELINES

The SMART Triage System used by the Harnett County EMS System, is useful for incidents involving a very large number of casualties when your available triage resources are limited.

See SMART Triage Protocol below:



HARNETT COUNTY EMS SYSTEM

MULTI / MASS CASUALTY INCIDENT RESPONSE PLAN

APPENDIX: A

Date: _____

PATIENT TRANSPORT ACCOUNTABILITY FORM

Incident: _____ Incident Address: _____

	Time	Ambulance	Destination	Patient	Condition
1				♀ ♂	
2				♀ ♂	
3				♀ ♂	
4				♀ ♂	
5				♀ ♂	
6				♀ ♂	
7				♀ ♂	
8				♀ ♂	
9				♀ ♂	
10				♀ ♂	
11				♀ ♂	
12				♀ ♂	

Transportation Officer: _____ Page _____ of _____

Harnett County Emergency Services

Ambulance Staging Log

Unit Number	Agency	Personnel	Circle Level	Time In Staging Area	Time Out Staging Area
			ALS BLS	:	:
			ALS BLS	:	:
			ALS BLS	:	:
			ALS BLS	:	:
			ALS BLS	:	:
			ALS BLS	:	:
			ALS BLS	:	:
			ALS BLS	:	:
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			ALS BLS	:	:

HARNETT COUNTY EMS SYSTEM

MULTI / MASS CASUALTY INCIDENT RESPONSE PLAN

APPENDIX: B

100 Patient MCI Trailer
Mass Casualty Unit Floor Plan
Inventory by Bin

Location **Red Bin #1** Location **Seal # 3601251**

Rack 1	REQUIRED QTY	ITEMS	Quantity	EXP DATE	Quantity	EXP DATE	Quantity	EXP DATE
Shelf 2	200	IV START PACKS	200	3/31/17				
Shelf 2	50	4 WAY STOPCOCKS	50	10/31/15				

Location **Red Bin #2** **Seal # 2871171**

Rack 1	REQUIRED QTY	ITEMS	Quantity
Shelf 2	200	10gtt IV ADMINISTRATION SETS	200

Location **Clear/white Bin # 1** **Seal # No Seal**

Rack 1	REQUIRED QTY	ITEMS	Quantity
Shelf 2	25	LARGE MULTI TRAUMA DRESSING	30

Location **Blue Bin # 1** **Seal # 2871176**

Rack 1	REQUIRED QTY	ITEMS	Quantity
Shelf 3	500	STERILE 4" X 4" DRESSING	1800

Location **Blue Bin # 2** **Seal # 2871174**

Rack 1	REQUIRED QTY	ITEMS	Quantity
Shelf 3	300	6" KLING	336

Location **Blue Bin # 3** **Seal # 2871173**

Rack 1	REQUIRED QTY	ITEMS	Quantity
Shelf 3	200	ABDOMINAL PADS	298

Location **Blue Bin # 4** **Seal # 3601202**

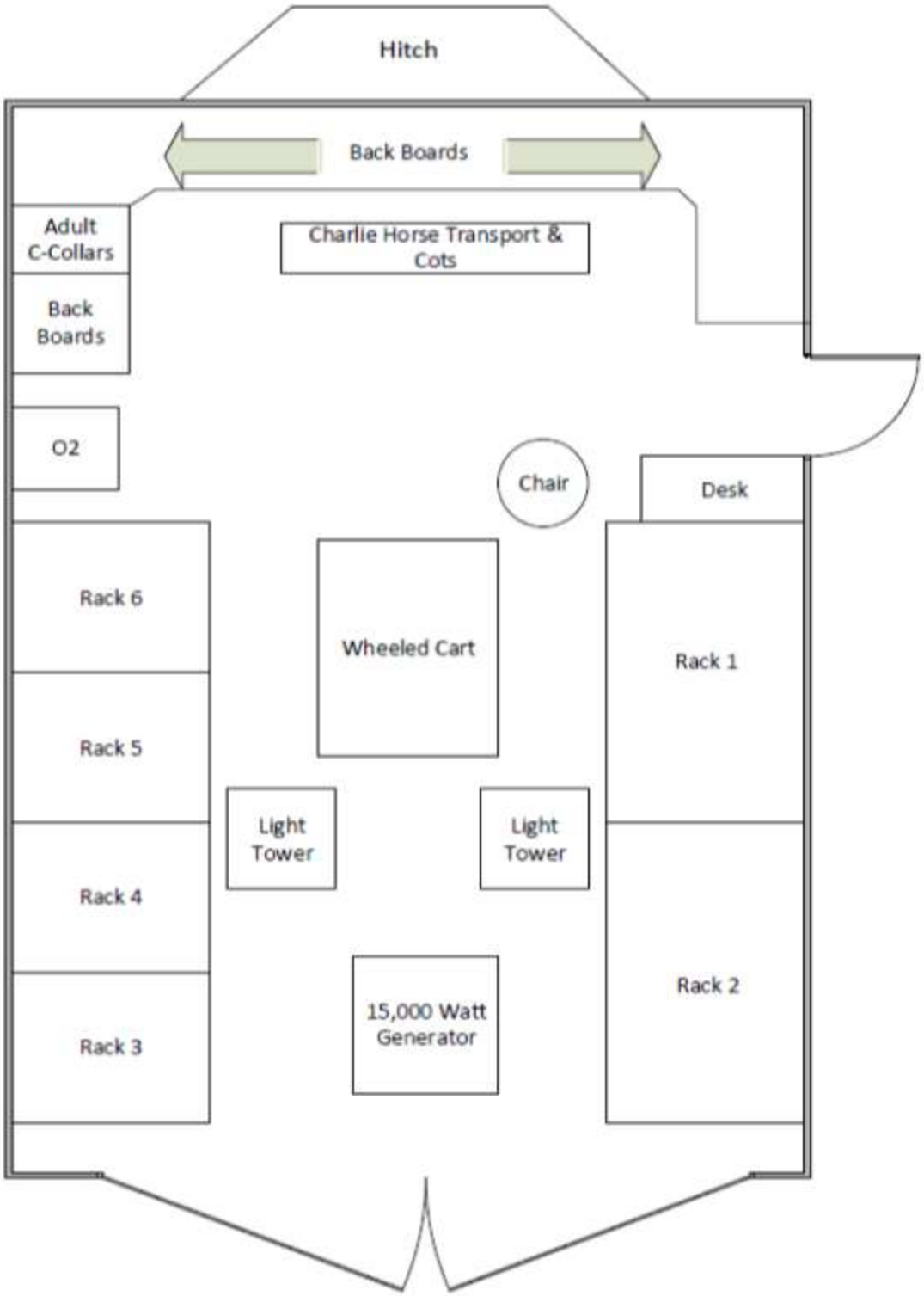
Rack 1	REQUIRED QTY	ITEMS	Quantity
Shelf 4	400	4" KLING	400

Location **Green Bin # 1** **Seal # 3601205**

Rack 2	REQUIRED QTY	ITEMS	Quantity
Shelf 2	24	ADULT BVM	24

Location **Green Bin # 2** **Seal # 3601208**

Rack 2	REQUIRED QTY	ITEMS	Quantity
Shelf 2	24	PEDIATRIC BVM	20
	30	CHILD BVM MASK	30


Hitch
Back Boards
Adult C-Collars
Charlie Horse Transport & Cots
Back Boards
O2
Chair
Desk
Rack 6
Wheeled Cart
Rack 1
Rack 5
Light Tower
Light Tower
Rack 4
Rack 2
15,000 Watt Generator
Rack 3