Chapter II   Operations

Subject 4   Emergency Medical Services

Topic 2   Mass Casualty Incidents

A.   PURPOSE

To establish a standard approach and general guidelines for Mass Casualty Incidents, defined as an incident involving more casualties than can be handled using normal resources.   An exact number of casualties cannot be stated, as victim condition and number of victims injured both effect the Fire Department's ability to handle the situation. The ultimate goal on any incident is to provide the highest level of care, for the most people, in the shortest amount of time. Incident organization is based on the National Incident Management System (NIMS) and the Simple Triage and Rapid Treatment (START) method of triage.

B.   POLICY

1.   Fire Department personnel must provide the level of care for which they have been authorized by Fire Department training and certification.

2.   To provide the best possible Pre-hospital care for victims of a Mass Casualty Incident.

3.   Full protective clothing, including SCBA if applicable, shall be worn at the scene of a Mass Casualty Incident, unless otherwise indicated by the Incident Commander.

C.   PRIORITIES

Priorities for a mass casualty incident are the same as for a natural disaster or hazardous materials incident, namely:

Life Safety

Incident Stabilization

Property Conservation

Property conservation efforts are seldom considered in this type of incident and are a distant third, given the magnitude of priority #1, Life Safety.   There is generally an underlying cause for a mass casualty incident, therefore Incident Stabilization may be a top priority. If the release of hazardous materials can be stopped or the fire extinguished, the source of further injuries can be arrested. By definition, a mass casualty incident or medical disaster will require a massive life safety effort.

D.   OPERATION

A mass casualty incident can occur anywhere. Mass casualty incidents do not exist on their own, they are the result of another occurrence. The following incidents frequently result in mass casualty emergencies:

> Transportation accidents (air, rail and highway)
>
> Fires
>
> Hazardous Material releases
>
> Natural Disasters
>
> Building collapses

A mass casualty incident exists when:

> The number of victims and the nature of their injuries make the normal level of stabilization and care unattainable.
>
> and/or
>
> The number of trained personnel and transportation vehicles immediately available are insufficient;
>
> and/or
>
> Hospital capabilities are insufficient to handle all the victims requiring care.

With victims spread out over a large area and in various conditions, a proper assessment will take time. Incident Commanders must assign personnel to survey the area to get a complete picture of the problem. The following information is needed immediately at the scene of a mass casualty incident:

> The total number of victims
>
> Condition of survivors
>
> How many people are trapped or otherwise in need of rescue.
>
> Other conditions, fire, hazardous materials, etc.

Having this information is crucial to proper decision making. Using a helicopter to survey the area can be helpful if one is immediately available. Most of the time, the best source of information will be from Departments and groups working at various locations.

E.   CONSIDER THE ALTERNATIVES

Basically, two alternatives exist at a mass casualty incident:

Search and rescue

Incident stabilization

If sufficient resources are available, both may be accomplished at the same time. Forces may be able to extinguish the fire, and control a fuel spill, while conducting search and rescue operations. Search and rescue is a multi-faceted task at a mass casualty incident. Alternatives not only involve whether to search and rescue, but where to start.

After victims are rescued, many will need medical care.

Providing medical care is not an alternative, it is an absolute necessity. Few alternatives exist in reference to medical care.   Providing a system including triage, treatment and transportation is the only proven method when large numbers of victims are encountered.

Doctors and nurses can be a valuable asset or a serious liability at the scene of a medical emergency. When they are properly identified, and operating within the command system, they are extremely useful. When they do not understand their part in the plan, and freelance, or try to take command, they become a serious liability.

Regardless of the Pre-planning effort, some emergency workers at a mass casualty incident will not be accustomed to working under a structured command system (doctors, nurses, private ambulance personnel), making it imperative that they be supervised by someone who understands the system.

F.   INCIDENT COMMAND FOR MASS CASUALTY INCIDENTS

The National Incident Management System (NIMS) is designed to be a flexible management system designed to fit the specific needs of any incident. The NIMS organizational structure builds from the top down and expands as needed depending of the size of the incident and the resources available with responsibility and performance placed initially with the Incident Commander. The Incident Commander has the responsibility for the coordination of all public and private resources committed to the incident. In addition, the IC or his/her designee is responsible for notifying appropriate authorities, requesting resources and developing incident objectives and strategies.

Depending on the size and duration of the incident, the IC may directly supervise EMS operations or may delegate this responsibility to another resource. The IC may delegate specific tasks, functions, or geographic area to maintain an effective span of control.

The Incident Command System is an adaptable tool. To set up exact organizational charts, prior to an incident, is relinquishing a valuable system advantage. Rather than setting up the exact organizational chart, it is better to define personnel needs at a mass casualty incident, and establish organization functions to meet that need. The decision as to how to plug the various functions into the system should be practiced, but actual command organizational charts should be developed to meet the specific incident.

RESOURCE MANAGEMENT

The Incident Commander has the overall responsibility for developing objectives and requesting the necessary resources required to mitigate the incident. The IC may delegate tasks or responsibilities to other qualified individuals; however, this should not be assumed, clear communications between all involved agencies is imperative.

A Staging Area with appropriate ingress/egress and sufficient space to expand as necessary, should be established and access secured by law enforcement. Some potential MCI Staging Areas have been predetermined.

EMS Unit Staging Log: The Staging Officer will maintain the EMS Unit Staging Log

EMS Positions within the Incident Management System

EMS Branch Director: (Usually the first arriving ALS supervisor or EMS-1)

- Reports to the Operations Chief. If Operations has not been established, reports to the Incident Commander.
- Supervises Treatment Group Supervisor
- Supervises Triage Group Supervisor
- Supervises Transportation Group Supervisor
- Requests additional personnel and equipment to staff triage, treatment and transportation groups.
- Radio Designation shall be "EMS Branch"

Treatment Group Supervisor: (Usually an ALS Supervisor)
- Reports to the EMS Branch Director.
- Establishes a centralized Treatment Area.
- Requests additional personnel/equipment to staff the Treatment Areas.
- Determines which patients should be transported first.
- Communicates/coordinates patient movement with the Transportation Supervisor.
- Radio Designation shall be "Treatment"

Triage Group Supervisor: (ALS Supervisor or other Officer/Medic)
- Reports to the EMS Branch Director.
- Oversees the Triage process.
- Notifies the EMS Branch Director of the total number of patients.
- Directs the movement of patients from the impacted area to the Treatment Area(s).
- Radio designation shall be "Triage"

**Transportation Group Supervisor: (ALS Supervisor or any Officer)**
- Reports to the EMS Branch Director.
- Communicate with the Hamilton County Hospital Network/Net Control.
- Orders transportation resources from Staging, notifies IC if additional transportation resources are required.
- Determines mode of transport for all on-scene patients.
- Contacts medical control as needed.
- Communicates/coordinates patient movement with the Treatment Supervisor and Medical Communications Coordinator.
- Consider more than 1 person assisting this position
- Radio designation shall be "transportation"

Medical Communications Coordinator:
- Reports to Transportation Officer
- Communicates with the Hamilton County Hospital Network/Net Control.
- Receives destination hospital for ambulances from Net Control.
- Contacts medical control as needed.
- Documents the number of patients transported to each hospital.

EMS Positions within the

Incident Management System
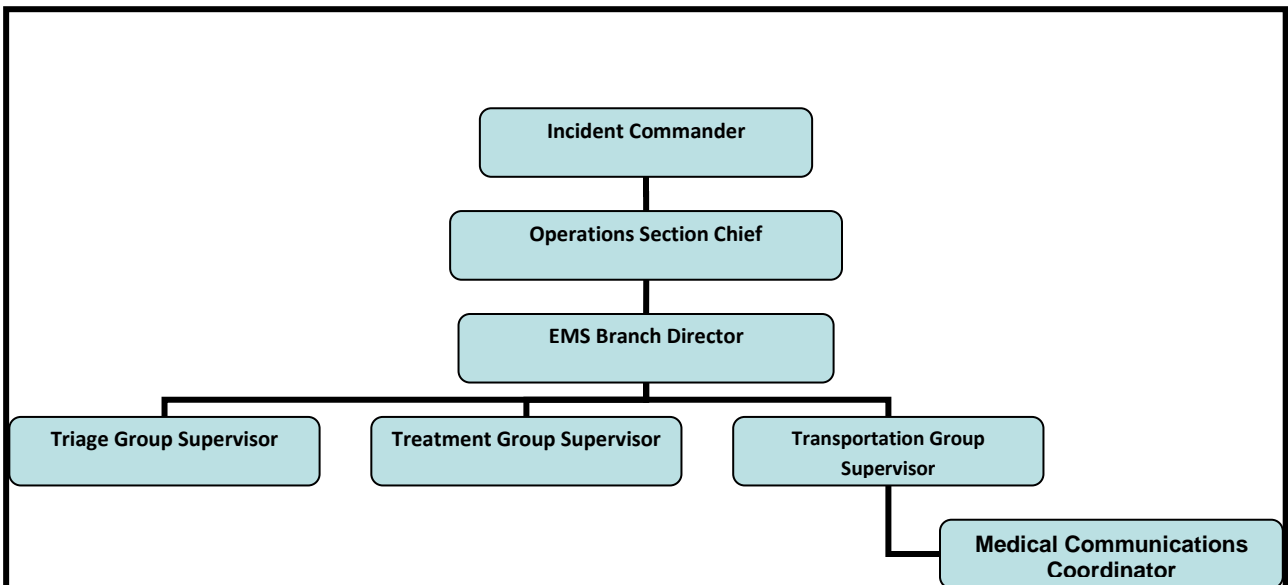
DESIGNATED AREAS

After the scene has been determined safe, the specific areas (such as the Treatment, Staging, Morgue Area, etc.) shall be determined/approved by the Incident Commander or his/her designee.

AREA	CRITERIA
Treatment Area	Treatment Areas should be located a safe distance away from hazards, upwind from toxic fumes and provide for easy access/egress. Consider identifying the Treatment Area representing the respective triage categories using tarps, flags and barricade tape.
Staging Area	A separate area should be established for Fire/EMS resources. These areas will be the gathering point for personnel and equipment. Transport units will be maintained in a one way traffic pattern facing the loading area.
Loading Area	This is the area designated for the loading of patients into transport units. It shall be located in very close proximity to the Treatment Area. Position the helicopter landing zone to not block access or egress of ground transportation.
Morgue	Area designated for the temporary storage of deceased patients. This area should be located away from the treatment areas and is the responsibility of the Coroner or law enforcement.

G.   TRIAGE

- Use the START method of triage.
- Triage packs and ribbons should be used in the early stages of the incident to allow for rapid triage. Ribbons should be replaced by triage tags applied when the patient arrives in the treatment area. Triage tags should always be used.
- The Triage Tag Number will be documented on the Treatment Area Log and the Hospital Routing Log.

(Triage ribbons are carried on all companies and Triage Tags are carried on all Medic Units)

Triage is a French word meaning "to sort". Sorting victims as to need is an essential element of a multiple victim scene.   Most firefighters and EMS personnel are adept at performing this rapid evaluation on a small scale. At a multiple victim scene, it is not unusual to delay treatment of minor injuries, while turning all attention to a critically injured patient. At a scene with more victims than can be treated, triage sorts victims into the following categories:

- **Recognized Triage Categories:** Standard terminology will be used. The triage category will be identified using the following criteria:

CATEGORY	CRITERIA	ACTION(s)
IMMEDIATE **(RED)**	Critical patient, life-threatening injuries, likely to survive if patient receives definitive care within 30 minutes.	Immediate or non-ambulatory casualties will be moved with minimal stabilization as quickly as possible to treatment area for reassessment and treatment.
DELAYED **(YELLOW)**	Serious injuries but stable, maybe life threatening. Likely to survive if care is received within several hours.	Casualties tagged "Minor" or "Delayed" and patients without obvious injuries will be moved as quickly as possible to the ambulatory casualty collection area for reassessment and treatment.
MINOR **(GREEN)**	Not considered life threatening, walking wounded.	
DECEASED **(BLACK)**	Mortally wounded or death is imminent.	Casualties tagged "Deceased" will not be moved or disturbed unless approved by the Coroner.
CONTAMINATED	Contaminated by a hazardous substance.	Patient treatment delayed until the patient is decontaminated.

- **NOTE:** For Pediatric patients - START may not adequately identify the severity of pediatric casualties. Consider use of the JumpSTART system or other age-appropriate vital signs and behaviors.

Triage tape is carried by all fire companies and identifies victims as to the level of treatment required. Three important points need to be made regarding triage teams:

1.   They must be supervised so all victims are assessed and separated.

2.   The most highly qualified medical personnel at the scene should perform triage.

3.   Triage teams should not treat or transport victims until triage is complete. At the scene of a large disaster it may be best to have triage personnel reevaluate patients, rather than involving them in actual treatment.

The triage activity is the first medical priority in a medical disaster. The first arriving Medic unit should not leave the scene until relieved of triage responsibilities. Emergency medical teams are accustomed to treating one or two individuals, then transporting. Categorizing without treatment runs contrary to their normal role and must be overcome by rigid enforcement of the triage concept.

H.   TREATMENT

Once the triage teams have sorted victims, the victims will need to be moved to a treatment area – usually by Engine or Ladder company personnel. The Treatment Area will be managed by the Treatment Group Supervisor. Once in the treatment area the victims will be treated by Treatment teams. The Treatment Teams will first treat those needing immediate care. Later, delayed treatment and minor injury treatment will be performed. The most highly qualified medical personnel are on the triage teams. The next highest level is the immediate treatment teams. The order of arrival also dictates who is on what team. Later arriving personnel may be assigned to delayed treatment teams, although they may be more qualified than others assigned to higher level activities.

Triage Tags are carried by all Medic Units and shall be completed in the Treatment Area.

Treatment Area Log: The Treatment Supervisor will maintain the Treatment Area Log

The Medical Equipment Checklist: The Treatment Supervisor will maintain the Medical Equipment Checklist

I.   TRANSPORTATION

Providing access to victims is an important role of the transportation group supervisor. A "drive through" arrangement for ambulances will keep traffic lanes open. Helicopter landing zones need to be in safe areas, far enough away from treatment and triage areas so as to not interfere with those activities (See 204.04 Air Care). Staging and categorizing transportation capabilities is essential in providing proper transportation.

It may be possible to transport several "delayed care" victims in the same vehicle.

"Immediate care" victims often require ALS personnel on-board the transport vehicle, and only one can be transported.

Minor care victims are usually staged for later treatment near the site. If minor care victims need transportation, it can be provided using non-ambulance vehicles. The only way to manage transportation vehicles is utilizing a staging area or areas. All incoming vehicles must be directed to a staging area.

PATIENT DISTRIBUTION

The Transportation Supervisor or Medical Communications Coordinator (if designated) will make patient destination decisions in cooperation with the Hospital Network - Net Control. The Hospital Network is activated by calling the Hamilton County Communication Center at (513) 825-2260. Communication with Net Control once the Hospital Network is activated is through Net Control (University Air Care Dispatch) at (513) 584-7522. The direct number to Net Control is 1-800-826-8100. Communication can be made to Net Control via radio on the HOSPITAL channel/talk group or via cell phone.

First Round Destination Procedure may be implemented without prior authorization prior to the Disaster Net having a bed count. Hospitals should prepare to receive these patients upon receipt of the MCI Alert from Dispatch.

First Round Destination Procedure
Patients transported to the following hospitals: Two (2) "Immediate" patients – CLOSEST TRAUMA CENTER Six (6) "Delayed and/or "Minor" patients – Closest or peripheral hospital

Hamilton County Hospital Network (Surge Net): (800 MHz Radio)
The Transportation Supervisor and/or Medical Communications Coordinator should establish contact with the Hospital Network early in the incident, as needed, for:
- Greater Cincinnati Area hospital bed availability
- Out-of-county trauma center availability
- If the number of patients will exceed the first round destination procedure, or to send more patients to hospitals included during the first round procedure.
- Destination assistance.

TRANSPORTATION / SCENE TO HOSPITAL COORDINATION

The Transportation Supervisor along with the Medical Communications Coordinator (if designated) will be responsible to coordinate with Net Control the transportation of all injured patients.

Once transport units are available, patients will be moved from the Treatment Area to the Loading Area.

- Vehicle loading should be maximized without jeopardizing patient care (example one immediate and one delayed patient per ambulance as opposed to two immediate per ambulance).
- Alternative methods of transportation, such as mass transit or school bus, may be used for the transportation of minor priority patients.
- In general, no more than two (2) transport units should be committed to duties or assignments other than the transport of patients. Utilize Engine and Ladder personnel to transfer victims on the emergency scene.

Whenever possible, patients should be transported to the most appropriate facility without overloading any one facility. For example: transport critical "immediate" trauma patients to University Hospital and "immediate" pediatric patients to Children's Hospital.

Transport units should refrain from directly contacting the hospitals in a MCI Event to eliminate overwhelming the system. Communications should be from the Transportation Officer only to advise a count and severity such as 1 Red/ 2 Green only.

Hospital Capability and Patient Tally Sheet: The Transportation Supervisor or Medical Communications Coordinator (if designated) will maintain the Hospital Capability and Patient Tally Sheet

Hospital Routing Log: The Transportation Supervisor or Medical Communications Coordinator (if designated) will maintain the Hospital Routing Log

The Cincinnati Fire Department in coordination with Hamilton County Fire Chiefs have established a uniform Mass Casualty Incident System for the entire County. The following outlines the terms utilized and proper response for declaring a Mass Casualty Incident:

MCI NOTIFICATION - An **MCI NOTIFICATION** is used to notify the EMS and Hospital systems that a situation may exist that has the potential to exceed the day-to-day capabilities, requiring additional resources and/or complex organizational structure.

When to initiate an MCI Notification	In the early stages of an incident to alert the system that a situation may exist that has the potential to exceed the day to day capabilities and may require additional resources and/or initiation of a complex organizational structure.
Who should initiate	**Any responder to the incident or a dispatcher if initial reports indicate an MCI incident.**
How to initiate	Through dispatch on the primary fire band frequency. MCI Notification status may be upgraded at anytime to an MCI Alert after a more complete analysis has been completed
What information should be provided	**The location and type of incident.** Dispatch will notify ALL hospitals via Hospital Net. This notification is for information only.
How to cancel an MCI Notification	Through the Dispatch Center if it is determined that an MCI does not exist and no additional resources are needed.

MCI ALERT - An MCI ALERT consists of: Mobilization of the necessary resources, Notification of the Hamilton County Communication/ Hospital Net Control and Initiation of the Incident Management System and this MCI Management Plan. ACTIVATE HOSPITAL NETWORK. The incident may go directly to MCI ALERT based on need.

Initiating an MCI Alert:

When to activate an MCI Alert	When the number of injured persons exceeds the available resources. This will be different for each incident based on time of day, location, resources available, etc. For example, consider initiating an MCI Alert when: • The number of patients may be more than can be managed by the local fire department based on severity and/or quantity. • The number of patients exceeds the capabilities of the nearest hospital Emergency Department. • The Incident Commander deems necessary.
Who may activate	**Any responder to the incident or Dispatch**
How to initiate	Through Dispatch on the primary fire band frequency.
What information should be provided to the Hospital Radio Net	**Type of Incident** **The location of the incident** **An estimate of the number of injured**
How to cancel an MCI Alert	Through dispatch by the Incident Commander once all patients have been transported or if it is determined that no additional resources are needed.

MCI Response Deployment – Once an MCI Alert has been issued Hamilton County Communications Center or Cincinnati Dispatch Center will dispatch the following resources for the incident upon the request of the Incident Commander.

If the event is beyond the capacity of local resources assistance may be provided by: Local mutual aid and/or American Red Cross Medical Assistance Team (ARC MAT)

Aero-medical resources will most likely be used to augment medical staff and equipment within the treatment area. University Air Care/ Mobile Care will dispatch additional Aero-Medical resources as needed. In most MCI incidents, critical patients will be transported by ground ambulance.

MCI Level	Ambulances	Engines	Rescue	Chief Officer	Other	Notes
Level 1 MCI	5 Transport Units	3	1 Heavy	2 ALS Supervisors 1 - District Chief Notify EMS-1	Notify SOC if entanglement or hazmat	Open Hospital Net/Surge Net
Level 2 MCI	10 Transport Units	8	1 Heavy	Full Staff Response	UASI-MCI Trailer, CFD Command Vehicle	Prompt Command to consider: Air Care, Red Cross Medical Assistance Team (MAT), Metro Bus, Airport Disaster Truck (999)
Level 3 MCI	10 Transport Units	10		As Requested by IC		Salvation Army CISM Team
Level 4 MCI	10 Transport Units	10	0	0		
Level 5 MCI	25 Transport Units	0	0	0		Contact State of Ohio Mutual Aid Assistance

Medic Units – When responding on the initial alarm shall respond directly to the scene. If responding as part of the 1st alarm or subsequent MCI level assignment all medic units shall respond to staging unless otherwise directed by the Incident Commander..

Engine and Ladder Companies - When responding on the initial alarm shall respond directly to the scene. If responding as part of the 1st alarm or subsequent MCI level assignment all engine and ladder companies shall respond to staging unless otherwise directed by the Incident Commander. The primary responsibility of Engine and Ladder companies responding on MCI levels will be to move patients throughout the emergency scene. Companies should report with all required PPE and any patient hauling equipment available (Backboard, Stokes, SKED, etc) Ladder companies may also be utilized for light extrication or to assist the Heavy Rescue Companies.

Heavy Rescue Companies - When responding on the initial alarm shall respond directly to the scene. If responding as part of the 1st alarm or subsequent MCI level assignment all Heavy Rescue Companies shall respond to staging unless otherwise directed by the Incident Commander. The Heavy Rescue Company's primary responsibility will be extrication and disentanglement of victims. If no victims are entrapped the Incident Commander shall utilize the Heavy Rescue as deemed necessary.

J.   EXTRICATION

Freeing trapped victims is accomplished by the Rescue/Extrication Group. This Group is usually comprised of Heavy Rescue and Ladder Companies. Priorities must be set, saving the greatest number of lives possible. In a wreck situation, extrication tools will be at a premium, like all other resources, their use must be set in proper priority order. The Heavy Rescue Officer or Special Operations Chief should establish the Rescue Group. The radio designation is "Rescue".

Actual extrication is part of the rescue activity. A question arises here, should victims be treated where they are found, or should they be moved to another location for medical evaluation and treatment? Conditions and resources dictate the answer to this question. If victims are in locations of imminent danger due to fire, hazardous materials etc., they must be moved to a safe location. If the immediate site is deemed safe, manpower and victim condition regulate this factor.

If medical personnel are adequate they may move victims whose conditions will tolerate a move to treatment areas. Some victims will be best treated where they are found.

K.   LAW ENFORCEMENT

Law Enforcement will be notified of a MCI Advisory and appropriate units from the affected jurisdiction shall respond as needed.   The Law Enforcement supervisor on duty will assign additional on-duty law enforcement personnel to the incident.   Law enforcement personnel arriving at the location initially will be responsible to secure ingress for responding Fire/EMS units and begin to secure the area involved. A member of the Law Enforcement Command Staff from the affected jurisdiction shall respond to the Incident Command Post and will assume responsibilities as a member of the Unified Command Staff.

Scene Ingress and Egress:
First arriving law enforcement personnel will attempt to ensure that incoming Fire/EMS units can access the scene by controlling traffic along ingress routes. Law Enforcement should coordinate with Incident Command to determine the egress routes to be used by ambulances transporting to hospitals. These egress routes should be secured by traffic control measures.

Staging Area Security:
Law Enforcement will need to provide security for any staging area which is established. Access to the staging area will be limited to public safety personnel and others authorized by Incident Command.

Perimeter Control:
When sufficient law enforcement personnel arrive an appropriate perimeter will be established. The perimeter will extend from the site of the incident outward to an appropriate distance that provides for the safety of emergency response personnel, the general public and provides security for injured persons and any debris or other potential evidence. Access through the perimeter will be limited to public safety personnel and others authorized by Incident Command.

Evidence Preservation:
Every effort will be made by all personnel responding on a MCI to limit disruption of any potential evidence. It is recognized that life safety including rescue and extrication of the injured may result in some unintended disruption of the scene.

L.   Evacuation

In cases where the incident occurs in a populated or developed area, surrounding residential, commercial and industrial occupancies may be evacuated for safety concerns. If an evacuation is required, emergency management personnel will designate an appropriate reception and care facility(s). The American Red Cross will coordinate and manage the reception and care facility. Re-entry into the evacuated area will be authorized by Incident Command.

M.   Deceased Persons / Coroner / Temporary Morgue

Ohio law provides that once the injured are removed from a MCI site, the County Coroner is responsible for the disposition of all deceased persons. The County Coroner will direct all operations pertaining to the processing of the deceased. The concept of preservation of evidence should be applied when caring for the deceased. Therefore, recovery of the deceased will be methodical and managed thoroughly.

1.   **Care of Fatalities Prior to Site Investigation -** Public safety personnel performing triage and treatment of injured persons shall not move deceased persons and attempt not to disturb the area immediately surrounding the deceased. Extrication of the deceased prior to the arrival of the Coroner should be performed only when necessary to prevent their destruction by fire or other similar compelling reasons. Otherwise, the deceased will be moved to the temporary morgue or other designated location only by direction of the Coroner.

When it becomes necessary to move bodies or parts of any debris/wreckage, photographs should be taken showing their relative position within the debris/wreckage, and a sketch of their respective positions should be made prior to removal. In addition, tags should be affixed to each body or part of the wreckage that was displaced, and corresponding flags, stakes or tags should be placed where they were found in the wreckage. A journal should be kept of all tags issued. Law enforcement or the Coroner's office should handle this issue.

2.   **Temporary Morgue –** A temporary morgue facility may be required. The temporary morgue will be under the direction and control of the County Coroner. The temporary morgue should be located as close to the disaster site as possible.

Once notified of fatalities associated with a MCI the Coroner will determine the level of assistance required and then call upon the State Medical Examiner, other County Coroners, private practitioners in forensic sciences, morticians, and other professionals. If required a request may be made through County Emergency Management for additional State assets or Federal assets such as the Disaster Mortuary Operational Response Teams (DMORT).

Essential morgue operations include identification (dental charting, x-ray, fingerprinting, etc.), toxicology, documentation of personal effects, autopsies, embalming, a records area, a secured area for personal effects, clerical space, vital statistics personnel and a telephone bank for gathering and handling inquiries.

Law enforcement personnel will be required at the facility to control access and provide security.

N.   PUBLIC INFORMATION

The PIO will be the sole point of contact for all media. All media release will be distributed through the PIO after the Incident Commander approves the release.

O. Designated Staging areas

Staging areas for Mass Casualty Incidents

NORTH STAGING SITES		Longitude	Latitude
1	Forest Fair/ Cincinnati Mills Mall Parking Lot	84°30'54.11"W	39°18'08.62"N
	600 Cincinnati Mills Drive – Forest Park		
2	Hamilton County Communications Center – Civic Center Drive	84°33'58.30"W	39°16'47.48"N
	2377 Civic Center Drive – Area by Comm Center/Library/Sheriff's Office		
3	Springdale Municipal Complex – 12147 Lawnview Avenue	84°29'03.21"W	39°17'22.80"N
	Near Exit 41 off of I-275 – Next to Station 90		
WEST STAGING SITES		Longitude	Latitude
1	Whitewater Crossing Christian Church	84°44'00.56"W	39°12'18.65"N
	5771 State Route 128 – Whitewater Township		
2	Blue Rock Road @ I-275	84°37'41.19"W	39°14'06.10"N
	Exit 31 off of I-275		
3	Kilby Road @ I-275	84°46'41.64"W	39°11'10.50"N
	Kilby Road Area at Interchange Exit 21 off of I-275		
CENTRAL STAGING SITES		Longitude	Latitude
1	Hamilton County Fairgrounds	84°28'26.89"W	39°12'02.58"N
	77th Street and Vine Street - Carthage		
2	Neumann Way and I-75	84°26'51.19"W	39°14'40.12"N
	I-75 Connector at Exit 13 in front of GE		
3	Princeton High School Complex – 11080 Chester Road	84°26'40.07"W	39°16'14.70"N
	Sharon Road and Chester Road – Exit 15 off of I-75		
EAST STAGING SITES		Longitude	Latitude
1	Coney Island/Riverbend/River Downs	84°25'00.45"W	39°03'22.05"N
	Kellogg Avenue and Sutton Avenue – Anderson Township		
2	Loveland Madeira Road @ I-275	84°18'05.07"W	39°14'20.86"N
	Exit 52 off of I-275 – Area by Lake Isabella Park		
3	Milford Parkway @ I-275	84°15'57.54"W	39°09'31.24"N
	Milford Parkway Interchange Exit 59 off of I-275		
SOUTH STAGING SITES		Longitude	Latitude
1	The Cincinnati Museum Center	84°31'57.06"W	39°06'33.65"N
	Union Terminal – 1301 Western Avenue - Cincinnati		
2	West 2nd Street @ Elm Street	84°30'55.14"W	39°05'50.77"N
	2nd Street area at Northeast side of Paul Brown Stadium		
3	American Red Cross Operations Center	84°27'42.59"W	39°08'36.31"N
	2111 Dana Avenue – Dana Avenue Exit (Exit 6) off of I-71		

Additional Notes:

MEDICAL ASSISTANCE TEAM

In Hamilton County there is a Medical Assistance Team (MAT Team). The MAT Team is comprised of Physicians, Nurses and Paramedics who have identification and will respond upon request.

The Medical Assistance Team (MAT) is sponsored by the Cincinnati Academy of Medicine and the Hamilton County Disaster Council. All team members are linked by portable radio, which is integrated into the established disaster communication system for all the hospital emergency departments in the area. MAT in cooperation with the Greater Cincinnati hospital Council has established seven sets of "Disaster Boxes". All Disaster sets can be brought to the scene by emergency vehicle in the event of a major mass casualty incident. This provides medical equipment for definitive critical care for 35 to 50 victims.

Physicians on the MAT team are by identified green helmets with MD in reflective letters. Registered nurses wear red jump suits, with Red Cross insignia, and a white helmet marked "nurse". Physicians and nurses have photo-identification cards. All MAT Team members wear patches and/or arm bands from the Cincinnati Academy of Medicine.

On notification of a possible disaster, the medical commanders of MAT are notified immediately through dispatch. The MAT commander then decides the extent of MAT response by evaluating the number of potential casualties, the type, size, and location of the disaster. A back up notification system for MAT is conducted through the Hamilton County Hospital Net radios located in the emergency departments of hospitals. Hamilton County dispatch can also notify the MAT Team.