DEPARTMENT OF PUBLIC SAFETY

MAJOR INCIDENT RESPONSE PLAN

MONTGOMERY COUNTY, PA

Updated April 2016

REFERENCES AND ACKNOWLEDGEMENTS

The committee would like to thank the following for their time, effort and input into this document:

Montgomery County Commissioner's
JOSHUA D. SHAPIRO
CHAIR
VALERIE A. ARKOOSH VICE CHAIR
Vice Chair
Joseph C. Gale
COMMISSIONER
Montgomery County Public Safety Director
Thomas M. Sullivan

Montgomery County Emergency Medical Services Director
David Paul Brown

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The Montgomery County Emergency Medical Services Office would like to also acknowledge several key references, which made the development of this manual a success. Montgomery County EMS would like to recognize the Eastern Pennsylvania Emergency Medical Services Council for their technical support and expertise in major incident response. Montgomery County EMS would also like to acknowledge the professional references of Mr. A.J. Heightman for his assistance in the manual content and layout.

Revisions and additional sections including those related to weapons of mass destruction were referenced using the EMMCO West regional MCI plan.

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INTRODUCTION AND PURPOSE

The purpose of the following document, titled Montgomery County EMS Major Incident Response Plan, is to aid in coordinating EMS efforts and to formulate a guideline to follow in the event of a Major Incident/ Disaster in Montgomery County.

This plan has been approved and is supported by the Divisions of the Montgomery County Department of Public Safety, Montgomery County EMS Council and the Montgomery County Ambulance Association and will be followed by all EMS Agencies that respond in Montgomery County.

The Montgomery County EMS Office fully endorses the National Incident Management System and this policy is based on the ICS/ UCS format.

This plan will act as a guideline and template to follow when operating at a major incident. When followed for the appropriate level, the plan will aid in organizing resources, controlling the scene and assigning the proper response. Additional information, such as specific preplans and action guides, is encouraged for high-risk locations within your service area.

This plan is intended to offer suggestions of what will need to be established at a major incident. This plan will also integrate County-supported resources such as Major Incident Response Teams and Trailers/Pod's and the Montgomery County Emergency Dispatch Services and Communications.

This plan also supports the Unified Command Structure, which identifies the basic working relationship between EMS, Fire, Rescue, Police and other agencies that may respond to a major incident.

In order for the plan to work effectively, it must be understood, utilized and practiced on a daily basis. The goal in the development of this plan is to respond on a uniform basis to major incidents throughout Montgomery County. The Emergency Medical Services System in Montgomery County runs very well on a day-to-day basis. This plan was developed to enhance the system with minimal deviation from the daily operation.

Emergency response personnel must be comfortable with the requirements outlined in this plan. Copies of the plan should be carried on each EMS vehicle with other operational guidelines.

MAJOR INCIDENT RESPONSE LEVELS

LEVEL 1 – CATASTROPHIC CASUALTY DISASTER (CCD) 100 to 1000 surviving victims

LEVEL 2 - MASS CASUALTY DISASTER 50 to 100 surviving victims

LEVEL 3 - Major incident involving 25 to 50 surviving victims

LEVEL 4- Major incident involving 15 to 25 surviving victims

LEVEL 5- Major incident involving 10 to 15 surviving victims

Man-Made/Natural Disasters or Pandemics-In addition to the above assets-MSEC & CCP

Definition: A major incident is defined as a situation, which taxes local responders, equipment, and resources beyond their normal capacities. Examples of an MCI:

- Train/Bus Crash
- Multiple vehicle accident
- Pandemic
- Hazardous Materials Incident
- Explosion
- Active Shooter

ACTIVATION

Any Public Safety Official in Montgomery County can activate this plan, by supplying the County Emergency Dispatch Center with the following information.

1. **Type and extent of incident.**
2. **Approximate number of survivors.**
3. **Advise level of EMS response needed.**
4. **Activate pre-planned EMS response.**

- **Level I**

  Incident will receive 4**0** Ambulances from in-county resources, 10 ambulances from out of, 2 MCI cache, 2 Medevac's, a VRSR will be dispatched for extrication and man power, EOC activation, Montgomery County Incident Support Team, MCEMS staff, Physician Response team, Field Comm. In addition, an EVERBRIDGE Everbridge Alert will go out to all the private ambulance services in Montgomery County for availability to respond to transport. In the event of a natural/man-maid disaster or pandemic the regional EMS office will deploy the MSEC and/or CCP

  If ambulances are NOT needed, they can always be recalled!!!

- **Level II**

  Incident will receive 32 ambulances, 2 MCI cache, 2 Medevac's, a VRSR will be dispatched for extrication and man power, and EOC activation. MCEMS staff, EMS Incident Support Team, Physician Response Team, and Field Comm. In addition, an EVERBRIDGE Everbridge Alert will go out to all the private ambulance services in Montgomery County for availability to respond to transport.

- **Level III**
  Incident will receive 24 ambulances, 1 MCI cache, 1 Medevac, a VRSR will be dispatched for extrication and man power, activation of MCEMS staff, EMS Incident Support Team, Physician Response Team, and Consider Field Comm. In addition, an EVERBRIDGE Everbridge Alert will go out to all the private ambulance services in Montgomery County for availability to respond to transport.
- **Level IV**
  Incident will receive 16 ambulances, 1 MCI cache, 1 Medevac on standby, a VRSR will be dispatched for extrication and man power, activation of MCEMS staff, EMS Incident Support Team, Physician Response Team. In addition, an EVERBRIDGE Everbridge Alert will go out to all the private ambulance services in Montgomery County for availability to respond to transport.
- **Level V**
  Incident will receive 8 Ambulances, MCI caches on standby, notification only of DPS on call and MC EMS and Incident Support Team, and The Physician Response team
  If ambulances are NOT needed, they can always be recalled!!!

The Montgomery County Emergency Dispatch Center will institute the pre-determined response according to this plan.

The first EMS Official (Chief Officer, Field Supervisor, and EMS Office Staff) will provide a follow-up report as soon as possible after arriving on the scene with at least the following information.

a. Confirm initial information and update report.

b. Advise location of command post.

c. Advise best access routes into scene or pre-designated staging locations, away from the affected area.

d. Initiate Unified Incident Command System, if not already in place.

e. Additional contributing factors.

Montgomery County Emergency Communication (ECOM)

Upon a request from an authorized person to implement this plan, the Montgomery County Emergency Dispatch will initiate the following.

a. **Initiate predetermined dispatch procedure as outlined in this plan.**

b. **Activate Incident Support Team.**
   i. Utilize Incident Support Team Plan for specific instructions

c. **Designate operational radio talk group.**
   i. EVENT Channels
   ii. ER 1
   iii. ER 2

d. **Dispatch and/or notify specialty response units as determined to be necessary.**
   i. Wyndmoor Fire Co. MCI 82 Unit
   ii. Goodwill-Pottstown MCI 329 Unit
   iii. VMSC-Lansdale MCI 345 Unit
   iv. Trappe Ambulance MCI 324 Unit
   v. Mobile EOC (FC-1,FC-2, FC-3) all areas of the county
   vi. MCI 20 from the Eagleville
   vii. PRU 20
   viii. Station 41 Canteen Unit
   ix. Other county/ private resources including Wheel Chair Vans, Mass Transit, REHAB, Mass DECON, Spill Equipment and Detection Equipment

e. **Notify appropriate Department of Public Safety/EOC personnel.**
   i. Follow EDS SOP for Major Incident Notification for all declared Level V, VI, III, ECOM and CCD.
   ii. Major Incidents to include the following divisions, using Public Safety All Call:
      1. EMS Office
      2. Office of Emergency Management (EOC in service in Level IV, III, ECOM and CCD)
      3. Emergency Dispatch Services
      4. Fire Academy
      5. Incident Support Team

f. Determine Number and Class of Patients each Hospital can handle**.**
   i. Select all facilities on the Matrix system or utilize paging system
   ii. Notify Hospitals of Incident, Where and Number of patients
   iii. Request Hospitals to report availability in alphabetical order starting at "A"
   iv. EDS will report these number to the EMS OIC/Watch Desk Officer
   v. For larger incidents request the hospital availabilities from surrounding counties or reference FRED II System through the EMS Office.

g. Notify Hospitals as necessary of patient transportation.

h. Dispatch CISM Team on Level 1 CCD; on Level 2 ECOM, Notify on Levels III, IV, & V.
   i. Dispatch to neighboring services station to set up for possible scene response
   ii. Utilize station near where incident occurred but not primary service.

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COMMUNICATIONS CENTER CHECKLIST

COMPLETED		
	Incident Location/ Description--->_____	
	Command Post Location---> _____	
	Vehicle Approach Route --->	
	Vehicle Staging Area/ Officer ---> _____	
	EMS Staging Area ---> _____	
	Fire Staging Area ---> _____	
	Rescue Staging Area ---> _____	
	Notify the Appropriate Department Divisions and Agencies	
	Dispatch Department of Public Safety Administration (EMS, OEP, 9-1-1)	
	Dispatch Appropriate MIR Response Unit	
	Dispatch Incident Support Team	
	Dispatch Field Communications and Canteen Unit	
	Notify/ Dispatch CISM Team (Notify on Level 1, Dispatch on Level 2, 3, 4 & 5)	
	Unified Commander: _____	**Frequency/ Talkgroup Used:**
	EMS Officer: _____	
	Fire Officer: _____	
	Police OIC: _____	
	Department Admin: _____	
	Sector Officers	**Frequency/ Talk group Used:**
	Triage Officer: _____	
	Treatment Officer: _____	
	Transport Officer: _____	
	Staging Officer: _____	
	Rehab Officer: _____	
	Is the appropriate Level of Response being utilized?	
	Are all of the notifications complete? Redispatch as needed	
	Unmet needs by Unified Incident Commander	
	Check the Availability of area Hospitals (Record on Hospital form)	
	Request Periodic Updates from Unified Commander (Record in CAD)	
	Assist with Termination of Incident as Necessary	
	Location of CISM Team:_____	
	Location of Equipment P/U (Suggest closest EMS Station): _____	
	Location of Debriefing Area: _____	
	Location of Public Information/ Media Area: _____	

HOSPITAL AVAILABILITY WORKSHEET

Incident Name: **Date:**
EMS Officer:

Hospital		Priority 1	Priority 2	Priority 3	DECON Established
	A				
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	A				
	A				

A= PATIENTS CAN HANDLE

SEQUENCE OF DESIRED EVENTS AT A MAJOR INCIDENT

A. Activation of Pre-Hospital Phase.

B. Establish a Command Post. First arriving EMS, police, fire units establish a near the disaster scene. Unified command responsibilities are assumed and any additional equipment and manpower necessary are requested. Appropriate communications are assigned utilizing the countywide radio systems. County EMS/OEP Officials and appropriate Incident Support Teams are notified to respond.

C. First Pre-hospital medical personnel at the scene do primary survival scan of scene.

D. Notification of EXTENT and NUMBER OF CASUALTIES to county communications Center by EMS Official**.** Communications center then notifies all agencies to be involved, Including medical facilities. **DECLARE A DISASTER LEVEL.**

E. Activation of area hospital disaster plans for external disasters according to level of disaster that has been ported and number of patients each facility may receive.

F. Initiation of critical life-saving treatment techniques during the rapid initial survey performed by the first arriving-hospital EMS personnel SMART Tag Triage System

G. Patients tagged according to appropriate priorities (TRIAGE) by assigned Triage Team**.** Triage Tags are filled out and tracked through the treatment area to transportation.

H. Patients immobilized rapidly on portable transportation devices.

I. Casualty Collection Area designated and set up in well-marked areas by Treatment Officer**.**

J. Patients delivered (by priority, if possible) to Casualty Collection Area on appropriately colored tarps**.**

K. Patients arranged by priority at Casualty Collection Area**.**

L. Incoming emergency unit report to Vehicle Staging Area designated by Staging Officer to the EMS OFFICIAL; drop off personnel and supplies/equipment; and driver remains with vehicle, awaiting further assignment.

M. Patient treatment implemented at Casualty Collection Area**.** Triage Tag information completed here.

N. Pre-hospital advanced life support personnel and/or Designated Physician Disaster Response Teams treat patients most in need of advanced care at Casualty Collection Area.

O. Patients transported in priority sequence, if possible, to designated hospital as assigned by Transportation Officer**.** Non-injured and minor injuries transported on buses/ wheel chair vans.

P. All involved personnel notified of conclusion. CISM activated to a central location

Q. Plan deactivated. UNIFIED COMMANDER to meet with MCI Officers involved.

R. Detailed scene reports concluded, including a summary of the incident and all patient care reports

S. Equipment and supplies returned to a central collection agency for decontamination and inventory.

T. Critique of major incident scene operations conducted by all agencies involved, shortly after the major incident.

EMS OFFICER IN CHARGE (EMS O.I.C.)

Purpose: To ensure the proper command and organization of all personnel and victims on the scene of a Mass Casualty Incident and ensure efficient operation of all sector controls.

Scope: This guideline applies to ALL Emergency Services Personnel who are operating on incidents, under the jurisdiction of the Montgomery County Emergency Medical Services or any EMS agencies who choose to adopt these guidelines. The EMS OFFICER should be placed in service when: a significant event has occurred that has required multi-service operation and/or multi-level response to a specific incident. The EMS SECTOR CHIEF is usually the first arriving officer on the scene or the highest-ranking EMS official present at the beginning of the operation.

SECTION 1- ESTABLISHING THE EMS OFFICER IN CHARGE

The **EMS OFFICER (EMS SECTOR CHIEF)** is directly responsible to the **INCIDENT COMMANDER** for the overall conduct of EMS operations, to include:

1. Providing visual identification of him/her by wearing an appropriate Major Incident Scene Identification Article, **BLUE VEST,** properly labeled.

2. Assigning EMS personnel, to assist in carrying out other integral officer roles (Triage, Transport) and Responsibilities.

The first arriving EMS crew at the major incident scene shall designate a member of that crew to immediately assume the responsibilities of the EMS SECTOR CHIEF. The EMS SECTOR CHIEF will serve as the coordinator for all emergency medical services carried out at the major incident scene.

SECTION 2- RESPONSIBILITIES

1. The EMS SECTOR CHIEF will appoint a TRIAGE OFFICER, STAGING OFFICER, TREATMENT OFFICER and TRANSPORTATION OFFICER as soon as personnel are available.

2. The EMS SECTOR CHIEF should immediately establish a COMMAND POST, if one has not already been established, and establish unified command functions with the Local Fire Official and Local Police Official.

3. The EMS SECTOR CHIEF will then notify the emergency dispatch center of the exact location and identification of the command post.

4. The EMS SECTOR CHIEF will assume overall EMS responsibility to ensure proper patient care; triage and tagging of victims; transportation of victims; appropriate hospital distribution; and control of all EMS personnel and EMS vehicles.

5. The EMS SECTOR CHIEF will establish radio communications and request specific communications needs (med channels, local channels).

ECTION 3- EMS SECTOR CHIEF OPERATIONAL GUIDELINES

The EMS SECTOR CHIEFs duties at the major incident scene should be to:

1. Provide visual identification by wearing an appropriate major incident scene identification article, blue in color and properly labeled.

2. Immediate assessment of the scope of the incident and approximate number of survivors. The EMS SECTOR CHIEF ensures that the emergency dispatch center is provided with this information.

3. Declare "Level" of MCI when that information is available.

4. Obtain an "Event-Channel" or other appropriate radio channel for Operations.

5. Instruct responding EMS vehicles to report to the designated Vehicle Staging Area, which has been designated in conjunction with the Transportation and Staging Officers.

6. Assign a Triage Officer and sufficient manpower to the overall task of surveying the scene for survivors and triaging these victims.

7. Assign a Treatment and Transportation Officer to establish Casualty Collection Area and have victims removed to appropriate medical facilities in an orderly, expeditious manner.

8. Assign medical teams to report to the Triage Officer at the Casualty Collection Area to render care to victims prior to their removal from the scene.

9. Work in conjunction with the Fire/Rescue Officials to assign crews to carry and transfer patients to the Casualty Collection Area in a safe, efficient manner.

10. Assign incoming advanced level medical personnel (Physicians, Nurses, and Paramedics) to assist the Treatment Officer at the Casualty Collection Area.

11. Designate an EQUIPMENT RESOURCE AREA near the Casualty Collection Area and notify incoming emergency units so they can drop off needed equipment and supplies prior to reporting to the Vehicle Staging Area.

12. Inform the emergency dispatch center of the total number of victims and approximate number of victims in each triage priority category. (This information is then to be forwarded to all local medical facilities by the emergency dispatch center).

13. Establish and identify a temporary morgue area. See appropriate section of this plan. Request emergency dispatch center notify coroner to respond to scene.

14. Have an assistant/s that can handle communications, documentation and logistical requests.

15. Request County Mobile Communications Vehicle (FC-1, FC-2, FC-3) if necessary.

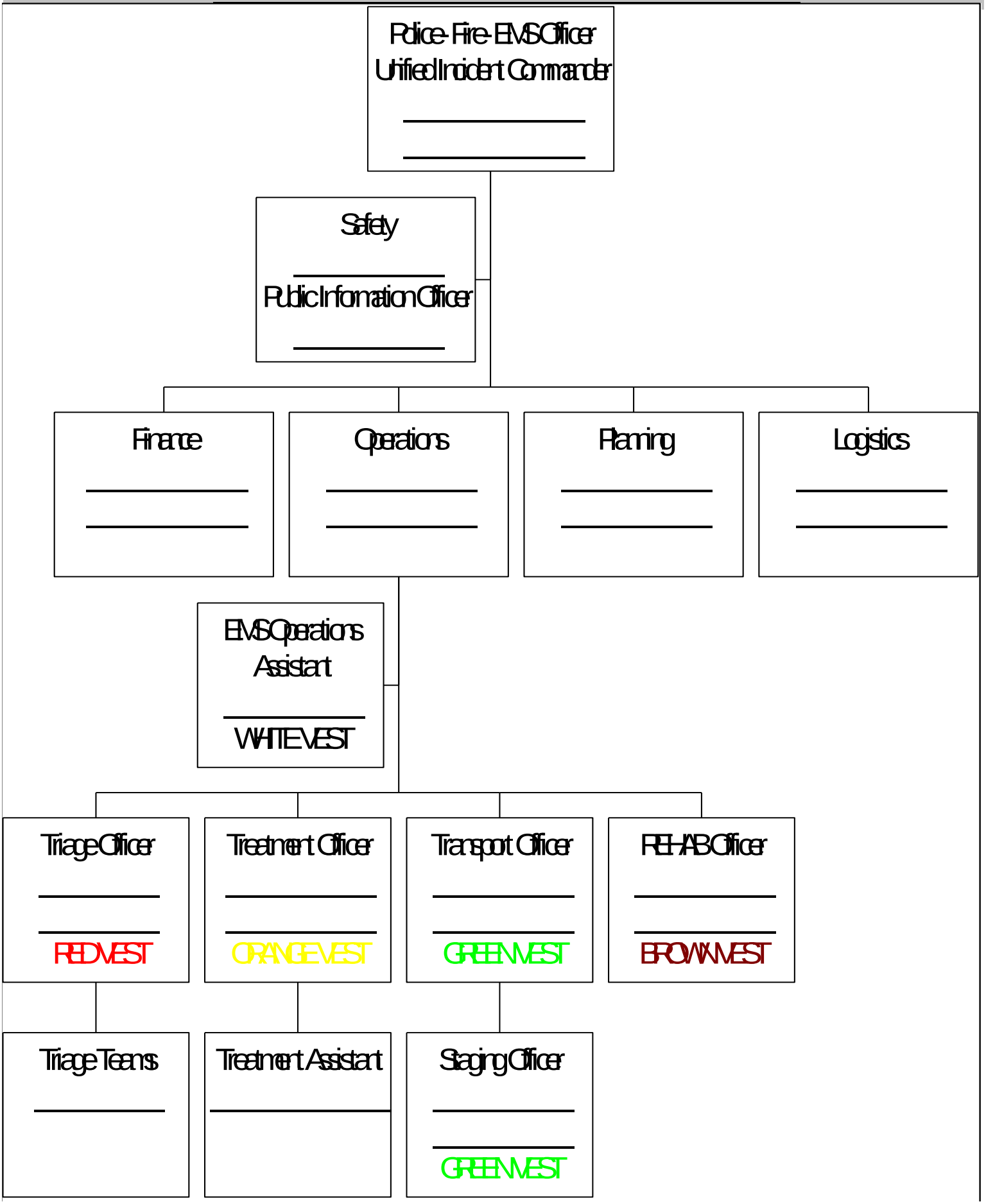
16. Request EMS Mass Casualty Unit if necessary: MCI 82, MCI 345, MCI 329, MCI/Rehab 20, MCI 324, or outside county MCI caches.

17. Receive updates verbally and in writing from all sector operations officers and assign an officer to keep the public information flow active through the incident.

EMS OFFICER- CHECKLIST

COMPLETED	
	Put on BLUE EMS Officer vest or identifier
	Assess Situation and Notify Communications Center of…
	☐ **Type** of Incident and **Level** Designation ☐ Number of **Victims** (Approximate) and Request Appropriate Response ☐ Request that the **Major Incident Plan** be initiated by 9-1-1
	If not already complete, Identify a Unified Command Post (Identify yourself to IC and remain in Command Post Area)
	Assign the Following Officers based on the extent of the Incident
	☐ **Triage** Officer ☐ **Treatment** Officer ☐ **Transport** Officer ----> who assigns a **Staging** Officer
	Request an EMS Operations Assistant for paperwork and Sector Ops.
	Verify Communications with Public Safety Answering Point and Sectors
ch._____	☐ EMS Communications to Incident Commander and EMS Command
ch._____	☐ EMS Communications to Hospitals for Notifications (ER Channel, UHF)
ch._____	☐ Communications to **TREATMENT OFFICER** and **TRANSPORT OFFICER**
	Identify vehicle/equipment Staging Area and Request an Officer
	Request additional resources as needed through Planning Sector
	Assign manpower resources to EMS area as needed by Sector Officers
	Request Law Enforcement to the scene for security
	Notify Coroner as needed
	Determine Accurate Victim Count and Notify Incident Commander
	Request Updates from Sector Officers on a regular basis
	Provide regular updates and reports to Incident Commander
	Terminate Operations w/ Concensus of Unified Command
	☐ Crews Reassigned Duty as Needed ☐ Crews Directed to Rehab Sector for Rehab ☐ Crews Directed to CISD as Needed
	Documentation and Inventory Sent to Logistics Sector

EMS OFFICER- WORKSHEET



REQUESTED RESOURCES WORKSHEET

Incident Name: **Date:**

EMS Officer:

Resources Ordered	Time Req.	Resource Identification			ETA	On Scene	Location/ Assignment
		ALS	BLS	OTHER		Y/N	

TRIAGE OFFICER GUIDELINES

Purpose: To ensure the proper triage of victims on the scene of a Mass Casualty Incident and ensure efficient transport of victims to the patient collection areas.

Scope: This guideline applies to ALL Emergency Services Personnel who are operating on incidents, under the jurisdiction of the Montgomery County Emergency Medical Services or any agencies, who choose to adopt these guidelines. A TRIAGE TEAM should be established when multiple victims have been identified as being injured and declaring a Mass Casualty Incident. A TRIAGE OFFICER should be established at all incidents involving multiple victims who are injured.

Definition: Triage: meaning "to sort" by priority or life-threatening nature of injury

SECTION 1- ESTABLISHING THE TRIAGE AREA AND TEAM

The **TRIAGE OFFICER** is directly responsible to the **EMS Officer** for the overall conduct of triage operations, to include:

1. Providing visual identification of him/her by wearing an appropriate Major Incident Scene Identification Article, **RED VEST,** properly labeled.

2. Assigning EMS personnel, **TRIAGE TEAMS,** to assist in carrying out primary surveys (ABCs) and tagging of victims.

   A. Tagging normally occurs at the immediate site of the incident.
   B. Safety concerns must be considered for patients and medical personnel and may force triage to occur in an alternate location.
   C. Coordination with Treatment Sector is imperative in these situations.

Work in the Triage Area should be completed by the Triage Team Practitioners. The **TRIAGE OFFICER** should establish a secured area to preserve patient and provider safety. **Triage Area** development includes:

1. Establish the affected area in which victims are located and make efforts to preserve the scene.

2. Obtain an **actual victim count** and approximate victim count for each triage priority category. (**Immediately provide to the EMS Officer**). Utilize appropriate checklists to achieve this accurate count.

3. Determine if a need exists for **Gross Decontamination** of mass numbers of Patients. Coordinate Decontamination through the EMS Officer with advice from the Medical Command Physician and the Fire Officer.

4. Coordinating with Treatment Sector to assure **medical personnel are assigned to patient care responsibilities** for tagged victims in Patient Collection Stations according to urgency of need.

5. **Ensuring that all victims are properly triaged and have disaster tags affixed,** unless injury precludes, around the **wrist area.** The major incident tag must show the appropriate triage classification. (Ideally, a victim should be triaged several times prior to transportation from the scene, to re-evaluate the patient's condition and reprioritize him/her if necessary). Once the Treatment and Transportation Officers establish a Casualty Collection Area, the Triage Officer will stay in this area to carry out his/her responsibilities.

6. **Establishing the location of victims and/or bodies.** (This information is helpful in determining the cause of the incident, particularly in the case of aircraft accidents). Place a marker of flag at any spot where a casualty was moved. Document the location on a drawing utilizing as much detail as possible.

7. Assisting the Transportation Officer in maintaining patient counts and the patient triage categories of those patients transferred from the scene.

SECTION 2- RESPONSIBILITIES

Direct the Triage (Sorting) of victims and transfer to the Treatment Sector.

A. Attempt to determine a brief etiology of injuries and/or illness associated with the incident. Notify whatever resources may be available, including on-scene EMS Physician, County EMS administrative staff, County EMS Medical Director, County Health Department, Incident Support Teams, Treatment Officer, etc.

B. Determine if a hazardous materials incident or WMD incident exists and the medical consequences that such an incident may have on patients and rescuers. Communicate this information to the EMS OIC. Determine whether triage may be completed on-site or at an alternate location.

C. If technical decontamination is necessary, notify the EMS Officer and other appropriate personnel.

D. Make sure that only **critical "ABC" care** is rendered during initial triage.

    1. CPR becomes a Judgment Call- based upon the number of patients and severity of injuries.

E. Continually assign fire and medical personnel to manage patient removal from the Triage Sector to the Casualty Collection Area.

F. Ensure that patients with serious traumatic injuries are removed from the **Triage Sector** and transported to Casualty Collection Areas as rapidly as possible.

G. Ensure that **Treatment Sector Personnel** are kept informed of the status of the incident and the priorities for on-scene emergency medical care.

H. Ensure that **Re-triage** of all tagged patients occurs prior to removal to the Casualty Collection Area.

I. Discuss utilization of additional resource needs and communicate needs to **EMS Officer**. (Additional backboards, Triage Tags, may be needed)

J. Assign a **Morgue Officer; the Montgomery County Coroner's Office will be assigned**, as needed, to supervise a Temporary Morgue Area, in the proximity of, but not in direct view of, the Casualty Collection Area. Request a **DMORT TEAM** as necessary.

K. Assist **Treatment Sector** leaders with prioritization and re-prioritization of their patients for transport. Coordinate this activity with the **TRANSPORTATION OFFICER**.

SECTION 3- TRIAGE SECTOR OPERATIONAL GUIDELINES

Direct the utilization and organization of emergency medical personnel in the Triage Sector.

A. Perform a **Safety Assessment** and Observe for Hazards
   1. Fire
   2. Weather Issues (Flood, Ice, Wind)
   3. Weapons of Mass Destruction (Chemical, Biological, Radiological, Nuclear, Explosive)
   4. Electrical
   5. Terrorist Event
   6. Flammable Liquids
   7. Hazardous Materials
   8. Secondary Devices and other life threatening situations to rescuers/ victims
   9. Active Shooter
   10. Hospital Evacuation

B. **Survey of Scene** (How many and Extent of Injuries)
   1. Type and/or cause of incident
   2. Approximate number of patients
   3. Severity of Injuries (major and minor)

C. Send Information and **Request Assistance/** Resources
   1. Contact EMS Officer with survey information
   2. Begin to establish Triage Sectors
   3. Request Resources and Assistance as needed
      a. Request Treatment Sector establishment
      b. Request Casualty Collection Area establishment
      c. Begin SMART. Triage and Rapid Transport

REMEMBER--- SMART Triage System

D. SMART TAG Triage Program
   1. Tag and move all ambulatory patient to MINOR or NON-INJURED Treatment Areas

2. Tag and assign Triage Teams to all Moderate and Immediate victims. Move to MODERATE AND IMMEDIATE Casualty Collection Areas.

E. **SMART TRIAGE TAG** Color Code Priorities

1. **RED**--- Immediate
    a. Serious but salvageable, with life-threatening injuries. Severe burns, bleeding, impaired breathing and internal injuries.
    b. Red Tagged patients are transported first from Casualty Collection Area.
    c. Examples of Injuries:
        i. Witnessed Cardiac Arrest
        ii. Uncorrected Respiratory Problems (not Minor Distress)
        iii. Severe Bleeding and Shock
        iv. Open Chest and Abdominal Injuries
        v. Major Fractures and Burns (Full Thickness/ Airway)
        vi. Unconscious Patients
        vii. Severe Medical Problems (Heart Attack, Poisoning)
        viii. Injured Co-workers and Severe Emotional Disorders

2. **YELLOW**-- Moderate
    a. Moderate to serious injuries. Victims with potentially serious injuries such as long bone fractures and moderate bleeding are assigned here.
    b. Yellow tagged patients are transported immediately after Red Tag and may be transported with a green tag patient.
    c. Examples of Injuries:
        i. Severe Burns not affecting the airway
        ii. Spinal Injuries
        iii. Moderate Blood Loss
        iv. Head Injuries

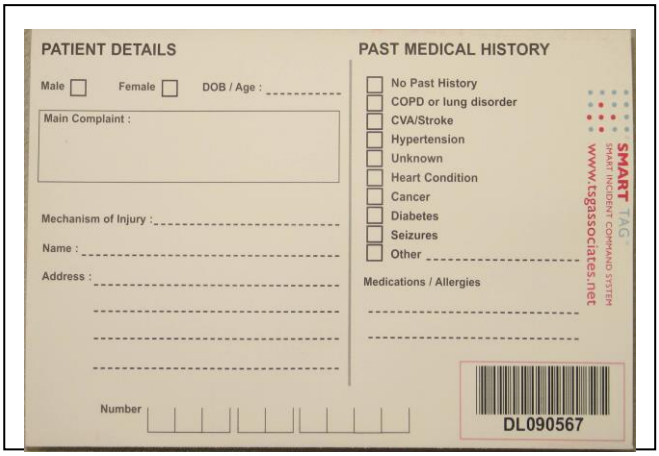
3. **GREEN**--- Minor
    a. "Walking Wounded" and minor injuries. Patient is not seriously injured.
    b. Delayed treatment and transport
    c. Example of Injuries:
        i. Minor Injuries- Cuts and Abrasions
        ii. Minor Fractures
        iii. Mortal Injuries where death appears imminent

4. **BLACK**--- Deceased
    a. Victims who are found to be obviously deceased with no vital signs or obviously fatal injuries.
    b. Transport arrangements are made with Coroner.
    c. Patients should not be moved by EMS Personnel, as they are part of the crime scene.

F. Patient Classification

1. Respiratory Compromise
    a. No Respirations--- Deceased (Black Tag)
    b. > 30 breaths per minute w/ injury--- Immediate (Red Tag)
    c. < 30 breaths per minute w/ injury--- Other Tag
2. Perfusion Compromise
    a. No Pulses/ No Breathing--- Deceased (Black Tag)
    b. Absent Radial Pulses or Capillary Refill > 2 seconds--- Immediate (Red Tag)
    c. Present Radial Pulses or Capillary Refill < 2 seconds--- Other Tag (With other Injury)
3. Mentation- Central Nervous System Compromise
    a. Altered Level of Consciousness--- Immediate (Red Tag)
    b. Does Not follow Commands--- Immediate (Red Tag)
    c. Follows Commands--- Moderate (Yellow Tag)
4. Acceptable Rapid Treatment
    a. Open and Control Airway
    b. Control Bleeding

Section 4- SMART Triage Tag Information



Patient Priority: Flip to the designated patient condition color: Priority One, Priority two, & Priority Three.
Bar code Tracking

TRIAGE OFFICER- CHECKLIST

COMPLETED	
	Put on RED Triage Officer vest or identifier
	Verify Communications with EMS Officer
	☐ EMS Communications to Incident Commander and **EMS Officer** ☐ Communications to **TREATMENT OFFICER** ☐ Communications to **TRANSPORTATION OFFICER**
	Notify Incident Command of the number and severity of patients
	☐ **IMMEDIATE: _____** ☐ **MODERATE: _____** ☐ **DELAYED: _____** ☐ **DECEASED:_____**
	Take Triage Tags and Supplies and perform initial survey (If MCI Units are on location, two boards, one bag)
	Assign additional personnel as necessary to "TAG" ALL Victims
	Review Triage Provider Duties Sheet
	Assign Medical Personnel to Remove Patients to Collection Areas
	☐ **ALS Personnel to RED/YELLOW Tarps** ☐ **2 Personnel Per 10 Patients** ☐ **Consider Standing Orders Protocol** ☐ **Calculate an Actual Victim Count and Report To EMS Officer** ☐ **Communicate Equipment Needs to EMS Officer**
	Coordinate Removal of Victims to Collection Area with Treatment
	Assign A Re-Triage Team at entrance to Patient Collection Area
	Keep EMS Officer Informed of Operations in Triage Sector
	Request Coroner and set up a Temporary Morgue (If needed)
	☐ **Document Locations of remains that had to be moved for patient care** ☐ **Assure Security and Dignity of Area. Keep deceased in their location**
	Document/ Sketch the Triage Area for Future Reference
	Verify with Treatment/ Transport the Total Number of Victims
	Terminate Operations w/ Concensus of Unified Command
	☐ **Crews Reassigned Duty as Needed** ☐ **Crews Directed to Rehab Sector for Rehab** ☐ **Crews Directed to CISD as Needed**
	Documentation and Inventory Sent to Logistics

TRIAGE TEAM PROVIDER- WORKSHEET

DIRECTIONS: To be completed by EMT/ EMT-P/ HP, Emergency Physicians to aid in initial triage of patients and assigning a priority designation for each victim

COMPLETED

	Report to Triage Officer for Official Assignment to Triage Sector
	(Take two boards, one bag per two providers)
	Secure Sufficient number of Triage Tags and String
	Secure proper pen or pencil to mark major injuries on Triage Tags
	Provide only Basic Care during Triage to correct Life Threatening Problems
	(Examples: Airway compromise, Severe Bleeding)
	Secure Triage Tags firmly around patient's left ankle area
	Report Total Number of Triaged Victims and their Priority Category

	Team A 1st	Team A 2nd	Team B 1st	TeamB 2nd	Team C 1st	Team C 2nd
RED						
YELLOW						
GREEN						
BLACK						
WHITE						

	Report any problems or special situations to Triage Officer
	Report to Triage Officer when Triage assignment is complete
	If needed report to Re-triage area at Patient Collection Area
	Patients entering Casualty Collection Area should be Re-triaged
	Verify Patient Priority is same as what is on tag
	Assist Treatment with Monitoring in Casualty Collection Area
	Return Documentation to Triage Sector Officer After Termination of Sector
	Terminate Operations w/ Concensus of Unified Command

TREATMENT OFFICER GUIDELINES

Purpose: To ensure proper treatment of victims at Casualty Collection Area and ensure quick and efficient notification of victim's injuries to an appropriate hospital facility.

Scope: This guideline applies to ALL Emergency Services Personnel who are operating on incidents, under the jurisdiction of the Montgomery County Emergency Medical Services or any agencies, who choose to adopt these guidelines. A TREATMENT SECTOR should be established when multiple victims are being triaged and moved to a central casualty collection area. A TREATMENT OFFICER should be established at all incidents involving the triage of victims.

SECTION 1- ESTABLISHING THE TREATMENT SECTOR

The **TREATMENT OFFICER** is directly responsible to the **EMS Officer** for the overall conduct of the Treatment Sector, to include:

1. Provide visual identification of him/her by wearing an appropriate Major Incident Scene Identification Article, **ORANGE VEST**, and properly labeled.

2. Assign appropriately trained and credentialed EMS personnel to develop staff and coordinate all activities within the Treatment Sector.

Develop the **Treatment Sector** or **Casualty Collection Area**, if this task has not already been accomplished. Treatment Sector development includes:

A. Planning an appropriate location for the Treatment Sector
    i. Area should be appropriately marked with color-coded flags, cones and tarps to match triage tag color codes.
    ii. If Gross Decontamination is necessary, the Treatment and Collection Area should be established after the decontamination line.
    iii. Maintain an area for non-injured victims as an accountability area.

B. Determination of how large a sector needs to be created (in terms of how complex and for what period of time pre-hospital care will need to be rendered)

C. Determination of what human and logistical resources are necessary for efficient and effective Treatment Sector operations
    i. Ensure adequate ALS/BLS personnel are assigned to Treatment Sector at Casualty Collection Areas for appropriate treatment of all patients.
    ii. Request equipment and supplies that will be appropriate for the proper treatment of victims.

D. Maintain command and control of the Treatment Sector by not engaging in direct patient care activities unless a life-threatening condition exists and there are no immediately available EMS personnel to address the issue.
    i. Treatment Officer should be at a minimum trained to the EMT or Paramedic Level.

ii. Ensure that all patients arriving at the Treatment Sector have been triaged and direct the victim to the appropriate sector area.
iii. Ensure all victims are being treated according to their injuries and when necessary begin re-triaging of patients within the Treatment Sector.

E. Obtain a designated scribe/assistant as soon as possible to record notes and document Treatment Sector decisions.

Obtain and maintain an actual victim count for each triage priority category. Victim counts should be updated and reported to the EMS OIC, TRANSPORTATION OFFICER and LOGISTICS OFFICER every 15 minutes for the duration of the incident or until Treatment Sector operations are concluded. Ensure that all victims are properly identified with disaster tags.

A. Maintain documentation of the operation within the Casualty Collection Area.
B. Keeps a log of patient tracking numbers from the Triage Tag as it is written on the tag?

SECTION 2- RESPONSIBILITIES

Direct the delivery of emergency medical care in the Treatment Sector.

A. Determine the etiology of injuries and/or illness associated with the incident. Consult with whatever resources may be available, including on-scene EMS Physician, County EMS administrative staff, County EMS Medical Director, County Health Department, Incident Support Teams, etc.

B. Determine if a hazardous materials incident or WMD incident exists and the medical consequences that such an incident may have on patients and rescuers. Communicate this information to the EMS Officer.

C. If technical decontamination is necessary, including mass decontamination of large numbers of casualties under the advice of a medical command physician, coordinate the implementation of this activity with the EMS Officer and other appropriate personnel to include Haz-Mat and Fire Officers.

D. Establish and briefly review standard EMS treatment protocols for those EMS providers unfamiliar with MCI/disaster operations.

E. Set forth and enforce treatment priorities in the **Treatment Sector**. Avoid unnecessary delays in patient care and/or transport for interventions of unproven value in their effect on morbidity/mortality.

F. Ensure that patients with serious traumatic injuries are removed from the **Treatment Sector** and transported to hospitals as rapidly as possible. (Certain patients with unstable medical conditions may benefit from stabilization on-scene prior to transport.)

G. Determine the need to invoke special disaster-related EMS treatment protocols. This includes the potential for utilization Duo-Dotes and Cyanide kits as well as

Field Amputation and Standing Order protocols.

H. Ensure that **Treatment Sector Personnel** are kept informed of the status of the incident and the priorities for on-scene emergency medical care.

I. Ensure that **Re-triage** of patients in the "immediate" and "delayed" sectors occurs upon patient arrival and every 15 minutes thereafter. **Re-triage** of patients in the "minor" sector should occur every 30 minutes.

J. Ensure appropriate utilization of Air Medical EMS transport resources.

K. Discuss utilization of alternative transport resources for patients in the "minor" sector with the TRANSPORTATION OFFICER.

L. Assist Treatment Sector leaders with prioritization of their patients for transport. Coordinate this activity with the TRANSPORTATION OFFICER.

SECTION 3- TREATMENT SECTOR OPERATIONAL GUIDELINES

Direct the utilization of emergency medical personnel in the Treatment Sector. This includes:

A. Organize and direct the proper distribution of EMT-Bs, EMT-A's, PARAMEDICSs, PHRNs, physicians and other ancillary personnel throughout the Treatment Sector according to their availability and the types of injuries/illnesses identified. In general, critically ill or injured patients will require 1 advanced level practitioner and 1 basic level practitioner per patient. A single EMS practitioner can likely care for all other patients. A higher concentration of advanced level practitioners should be present in the "immediate" and "delayed" sectors whereas mostly basic level practitioners should be adequate to staff the "minor" sector.

B. Request additional Treatment Sector EMS personnel as necessary.
    i. Coordinate with Transportation Officer for an equipment and manpower cache.
    ii. Driver's to stay with vehicles at all times.

C. Forward requests for special medical resources, such as the Incident Support Team and emergency department field response teams, to the EMS OIC.

D. Monitor and coordinate the efforts of volunteers and civilians to assist in patient care. Avoid involvement of untrained rescuers and "Good Samaritans" unless a true disaster exists. Notify the EMS Officer of any physician or health professional not associated with the Montgomery County EMS system who presents themselves and wishes to participate in patient care.

E. If an on-scene physician is present, monitor the activities of the individual(s). Discuss treatment priorities and how the physician(s) can best assist in patient care and

medical decision-making

F. Ensure communication of pertinent medical information to receiving hospitals, including unusual medical conditions encountered.

G. Anticipate supply shortages, including gloves, IV solutions and administration set-ups, airway equipment and critical medications. Request additional medical equipment and supplies before they are actually depleted, through the Logistics Sector.

H. Review and approve all critical decision-making, including field termination of resuscitation, initiation of advanced medical procedures and treatment protocols and both patient-initiated and EMS-initiated refusals of care.

I. Monitor all personnel for signs/symptoms of critical incident stress. Remove from duty anyone who is not physically or mentally fit and refer them to the **Rehab Sector.**

TREATMENT OFFICER- CHECKLIST

COMPLETED	
	Put on Orange Treatment Officer vest or identifier
	Notify Incident Command that the Treatment Sector is in Service
	Select a CASUALTY COLLECTION AREA near the main Action Area (Select Area Large Enough For Amount of Victims Involved)
	Notify the EMS Officer of Your Location
	Obtain Equipment & Supplies to Operate the TREATMENT SECTOR
	Verify Communications with the EMS Officer
	☐ EMS Communications to Incident Commander and EMS Officer ☐ EMS Communications to Hospitals for Notifications (ER Channel, UHF) ☐ Communications to **TRANSPORTATION OFFICER**
	Establish Casualty Collection Areas
	☐ **IMMEDIATE**--- Marked with a **RED** Tarp or Flag ☐ **MODERATE**--- Marked with a Tarp or Flag ☐ **DELAYED**--- Marked with a **GREEN** Tarp or Flag ☐ **DECEASED**--- Marked with a **BLACK** Tarp or Flag ☐ **NON-INJURED---** Marked area close to but not in view of Treatment Sector
	Assign ALS/ BLS Personnel for Appropriate Patient Care
	Ensure Adequate Equipment Is Available (Communicate Needs)
	Ensure All Patients Arriving at Treatment Area Are Triaged
	Coordinate w/ Transport Officer the movement of Patients to Hosp.
	Provide Updates of Patient Flow/ Treatment to EMS Officer
	Assign Assistant and Document Treatment Sector Operations
	Terminate Operations w/ Concensus of Unified Command
	☐ Crews Reassigned Duty as Needed ☐ Crews Directed to Rehab Sector for Rehab ☐ Crews Directed to CISD as Needed
	Documentation and Inventory Sent to Logistics Sector

TREATMENT PROVIDER- WORKSHEET

DIRECTIONS: To be completed by EMT/ EMT-P/ HP, Emergency Physicians to aid in documenting patient flow through the Treatment Sector, as designated by the **Treatment Officer**

COMPLETED	
	Provide Treatment Consistant to MCEMS Protocols and appropriate Level of Training (Request standing order Protocol as needed through Treatment Officer to EMS Command)
	Provide the Following Information for Documentation Purposes Below

Tag No.	TIME	B/P	Pulse	Resp.	Lung Sd	AVPU Scale	Transport

	Record the Following Information as needed on Triage Tag

	Patient Name, If Known		**Patient's Injuries**
	Patient Age, If Known		**Primary Injury**
	Sex		**Vital Signs (AVPU)**
	Treatment Provided		**Other Information**

	Re-Triage Treatment Sector As Necessary and Report Results to Treatment Officer
	Return Documentation to Treatment Sector Officer After Termination of Sector

TRANSPORTATION OFFICER GUIDELINES

Purpose: To ensure the proper Transportation of victims from the Patient Collection Area to Receiving Facilities and ensure serious patients are transported according to their injuries and priorities.

Scope: This guideline applies to ALL Emergency Services Personnel who are operating on incidents, under the jurisdiction of the Montgomery County Emergency Medical Services or any agencies, who choose to adopt these guidelines. A TRANSPORTATION SECTOR should be established when multiple victims are being triaged and transported to hospital facilities. A TRANSPORTATION OFFICER should be established at all incidents involving the transport of multiple victims.

SECTION 1- ESTABLISHING THE TRANSPORTATION SECTOR

The **TRANSPORTATION OFFICER** is directly responsible to the EMS Sector Chief for coordinating the transportation of victims to appropriate medical facilities in an expeditious manner to include:

1. Providing visual identification of him/her by wearing an appropriate Major Incident Identification Article, **GREEN VEST,** properly labeled.

2. Assist the EMS Sector Chief in selecting an Equipment Stockpile Area and Vehicle Staging Area.

Develop the **Transportation Sector** and assist in the development of the **Casualty Collection Area.** Transportation Sector Development includes:

A. Assist with the establishment of properly identified **Casualty Collection Area** where all survivors will be delivered for treatment and later transport to a medical facility. (The Casualty Collection Area should be large enough to allow for easy treatment and removal by emergency personnel. The Casualty Collection Area should be marked by flags or markers, which are **color coded to match the patient triage tags).**

B. Plan an appropriate area for the Transportation Sector
   i. Area should be appropriately marked by cones in a "cattle chute" fashion based on vehicle approach. Ambulances should remain at least ten feet (10') from the casualty collection area and should approach from an area that will not require backing after receiving a casualty.
   ii. Assist in the maintenance of the Non-Injured Patient Area.

C. **Assign patients to emergency care vehicles** from the Vehicle Staging Area and specify to which medical facility each crew is to proceed with their patient(s). (Transportation Officer will provide basic directions to drivers if they are unfamiliar with how to reach the assigned hospital).

D. Establish a vehicle Staging Area with assistance from **Staging Officer.**

E. Determination of what logistical/ human resources is needed for efficient and effective

Transportation Sector Operations.

i. Assign a Staging Officer as necessary
ii. Designate an official Equipment Stockpile Area
iii. Assign an assistant/ scribe for triage tag documentation and basic communication reporting of patient information to receiving facilities

Obtain and maintain an actual victim count for each triage priority category. Victim counts should be updated and reported to the **EMS OFFICER, TREATMENT OFFICER and LOGISTICS OFFICER** every 15 minutes for the duration of the incident or until Transportation Sector operations are concluded. Ensure that all victims are properly identified with disaster tags.

A. Maintain documentation of the operation within the **TRANSPORTATION SECTOR**.

SECTION 2- RESPONSIBILITIES

Direct the delivery of victims to appropriate medical Receiving Facilities from the Transportation Sector.

A. Receive an **exact patient count** from the Triage Sector

B. Request **Additional Ambulances/ Mass Transportation** as necessary and with consultation of the Treatment Sector.

C. Determine if **Hazardous Materials or WMD** exists and ensure decontamination procedures are in place at both the Triage Area and the receiving Hospital Facility. Casualties should not leave the scene without being decontaminated first or without first consulting a Medical Command Physician.

D. Request transportation of Stable ALS patients in a BLS ambulance through the EMS Officer.

E. Ensure that patients with serious traumatic injuries are removed from the Casualty Collection Area and transported to area hospitals as rapidly as possible.

F. Ensure that **Staging units** are kept informed of the status of the incident and the priorities of the on-scene incident managers.
    i. This will aid in reducing **"Freelancing" and abandoning** of vehicles.

G. Ensure the proper establishment of **Helicopter Landing Zones**.

H. Assist the Treatment Sector leaders with prioritization of their patients for transport. Coordinate this activity with the **TREATMENT OFFICER**.

I. **Maintain a written record** of each patient's priority, primary injury, disaster tag number; emergency vehicle assigned to transport the patient, hospital facility to which the patient was sent, and time the patient left the scene. Remove

Transportation Officer Section of the triage tag for records and fill in appropriate information.

J. Report each ambulance's ETA, number of patients, primary injuries, triage tag numbers and the priority of each patient, **to the receiving medical facility** in order to keep use of hospital notifications to a minimum by field units.

K. Verify the final number of patients transported with **Triage Officer** and **EMS OIC** to accurately determine that all patients were removed from the scene. (Stubs from bottom of triage tags will aid in this verification).

SECTION 3- TRANSPORTATION SECTOR OPERATIONAL GUIDELINES

Direct the utilization of Emergency Medical Services Ground and Air Transportation Units. This includes:

A. Working in conjunction with the **EMS-OFFICER** to make sure incoming EMS Crews are clearly aware of the following.
   i. Vehicle approach routes to follow.
   ii. Staging officer contact.
   iii. Roadways or travel routes that are blocked or impeded by the incident.
   iv. Vehicle Staging Area and Casualty Collection Area.
   v. Location of Equipment Stockpile Area.
   vi. Key Equipment needed from the EMS Units upon their arrival.
   vii. The need for drivers to remain with their vehicles.

B. Patrol the **Patient Treatment Area looking for Critical "Red Tag" Patients** that should be transported immediately.

C. Request, with the consultation of the Treatment Officer, the usage of Mass Transportation for **"Minor Injuries"**.

D. Ensure communication of Basic Patient Information to the ambulance crew at the Patient Loading Area. Verify that the Patient Information has been forwarded to the Receiving hospital facility.

E. Anticipate supply shortages by keeping an inventory of the **Equipment Stockpile Area** and requesting additional equipment as necessary through the Logistics Sector.

F. Responsible for the implementation of a system for the constant distribution / charting / tracking of patients (Patient Distribution/ Record Maintenance)
   i. Ensure the **Triage Tags and Stub**s are completed for all patients
   ii. Implements staff to assign patients to ambulance and designate to where the patient is to be transported.

iii. Make sure that the **Tracer Stub** is being given to the Transport officer or Assistant.
iv. Ensure only one person in the sector around **Treatment/ Transport** is notifying hospital receiving facilities.
v. Assign an assistant to chart all incoming information
vi. Request periodic updates from all hospitals from the Communications Center through the EMS Officer.
vii. Request hospitals notify Communications Center of "**walk-in**" patients involved in the incident (For Proper Patient Count)

G. Monitor all personnel for signs/ symptoms of Critical Incident Stress. Remove from duty anyone who is not physically or mentally fit and refer them to the **REHAB SECTOR**.

TRANSPORTATION OFFICER- CHECKLIST

COMPLETED	
	Put on Green Transport Officer vest or identifier
	Notify Incident Command that the Transport Sector is in Service
	Assign **Staging Officer** and Determine Vehicle Approach
	Determine **Casualty Collection Area** with Treatment Officer
	Assign an **Equipment Staging Area**
	Set Up Patient Collection Area Tarps and Signs (Make sure they are not too close together)
	Notify Incident Command or the EMS Officer of Your Location
	Set up **traffic cones** in a cattle-chute pattern to patient collection area.
	Assign an **Assistant** to collect patient status tags.
	Assign an **Assistant** to the Equipment Staging Area
	Request Mass Transportation Services for low priority patients
	Verify Communications with the EMS Officer
	EMS Communications to Incident Commander and EMS Officer
	EMS Communications to Hospitals for Notifications (ER Channel, UHF)
	Communications to **TREATMENT OFFICER** and **STAGING OFFICER**
	Consider Helicopters and Landing Zones
	Assign Victims (High Priorities First) to Staged EMS Units
	Tell the EMS Unit what Hospital Facility they are Transporting
	Complete bottom portion of Triage Tag (Officer or Assistant)
	Tear off Transport Stub and use it to give Hospital Report
	Distribute patients evenly to local and specialty Hospitals
	Chart all Patients on Patient Status Sheets
	Keep a running tally of the number of patients at each Hospital
	Terminate Operations w/ Concensus of Unified Command
	Crews Reassigned Duty as Needed
	Crews Directed to Rehab Sector for Rehab
	Crews Directed to CISD as Needed
	Documentation and Inventory Sent to Logistics Sector

TRANSPORTATION OFFICER- WORKSHEET

DIRECTIONS: To be completed by Transportation Officer to aid in documenting Ambulance flow through the Transportation/ Treatment Sector.

COMPLETED

Request a Census of available Ambulances through Staging Officer
(Request Mass Transit as need for low priority patients)

Provide the Following Information for Documentation Purposes Below

Tag Number	Pt. Status	Transport Time	To Hospital	Ambulance Number

HOSPITAL AVAILABILITY WORKSHEET

Incident Name: **Date:**

EMS Officer:

Hospital		Priority 1	Priority 2	Priority 3	DECON Established
	A				
	U				
	A				
	U				
	A				
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A= PATIENTS CAN HANDLE **U= NUMBER UTILIZED (USED)**

STAGING OFFICER GUIDELINES

Purpose: To ensure proper staging of vehicles at vehicle and equipment collection areas and ensure quick and efficient entrance and egress of vehicles to Treatment and/or Transport Areas.

Scope: This guideline applies to ALL Emergency Services Personnel who are operating on incidents, under the jurisdiction of the Montgomery County Emergency Medical Services or any agencies, who choose to adopt these guidelines. A VEHICLE STAGING SECTOR should be established to keep vehicles and equipment in a central location available for immediate use for transport. A STAGING OFFICER should be established at all incidents where multiple vehicles are responding to a scene.

SECTION 1- ESTABLISHING THE STAGING SECTOR

The **STAGING OFFICER** is responsible to the **TRANSPORTATION OFFICER** for the overall staging of EMS Units at an incident, to include:

1. Provide visual identification of him/ her by wearing appropriate Major Incident Scene Identification Article, **GREEN VEST**, and properly labeled.

2. Identify and establish an appropriate **STAGING AREA** for Ambulances that is easily accessible from the Casualty Collection Area.

3. Establish a separate staging area for the private ambulance services

Develop a **STAGING SECTOR** and **VEHICLE STAGING AREA**, if this task has not already been accomplished. Staging Sector development includes:

A. Establishing an area that is free of "Grid-lock", but is near the scene, which improves speed, flow and efficiency of vehicle operations.

B. Determine how large an area will be needed based on the number of injuries and classes of victims.
    1. Have fire police shut down an area that is only open to EMS Traffic.
    2. In the event of an ECOM or CCD, staging officer should consider a peripheral central staging area for out of county EMS response.
        a. Specific directions should be given to Incident Staging Area from the peripheral staging area.

C. Establish a personnel and equipment staging area near the Casualty Collection Area.
    1. Notify incoming ambulances what equipment and personnel should report to the staging area.
    2. Maintain a driver with each vehicle AT ALL TIMES.

D. Select a Staging Area that offers proper ENTRANCE/ EGRESS without making the vehicles back into or out of a location.
    1. Methods of Vehicle Staging
        a. Direct/ Straight Line

b. “Horseshoe” Staging
c. Lateral Staging
d. Cattle Chute Staging
e. Off-Site Staging

E. Maintain command and control of the STAGING AREA by keeping a free-flowing area for EMS traffic and keeping a Driver with each vehicle.

F. Correct all problems (vehicle/parking) immediately
   1. Continually monitor flow of traffic
   2. Position vehicles so that they never have to back up.
   3. Do not allow vehicles to park “nose-to-nose”
   4. Vehicle should park farther than ten feet (10’) from the Casualty Collection Area to reduce exhaust fumes to patients.

SECTION 2- STAGING OFFICER RESPONSIBILITIES

Direct the delivery of ambulances to the Patient Loading Area:

A. Determine a location that will keep vehicle exhaust fumes away from casualty collection and treatment area.

B. Determine how to stage ambulances in an area of proximity to Patient Loading Area

C. Choose a method of staging that best fits the area of the incident.

D. Establish direct communications with the Transportation Officer (Local/ Voice).

E. Notify EMS Officer and Unified Command of Staging Area Location and that the area is in service, with directions for incoming units.

F. If decontamination or hazardous materials exist, ensure patients have been properly decontaminated prior to beginning transport. Consider removing unnecessary equipment from ambulance prior to transport based on PA DOH equipment removal recommendations.

G. Ensure Transportation Sector Officer is aware of ambulance census.

H. Keep a LOG of all ambulances in the staging area, including their unit number, their arrival time, their departure to patient loading area time and number of crew members on the ambulance.

I. Assist Transportation Officer with flow of ambulances through the Patient Loading Area and to the Hospital.

STAGING OFFICER- CHECKLIST

COMPLETED	
	Put on Green Staging Officer vest or identifier
	Notify Incident Command that the Staging Sector is in Service
	Select a VEHICLE STAGING AREA near the Casualty Collection Area (Select Area Large Enough For Amount of Ambulances Responding)
	☐ **Will Vehicle Fumes enter Patient Treatment Area** ☐ **Determine How to Stage Ambulances (Pattern)** ☐ **Driver with Every Vehicle (AT ALL TIMES)**
	Notify Incident Command or the EMS Officer of Your Location
	Establish Equipment & Personnel Staging Area
	Verify Communications with TRANSPORTATION OFFICER
	☐ EMS Communications to Incoming Ambulances ☐ Communications to **TRANSPORTATION OFFICER**
	Does a Decontamination Issue Exist- Consider Equipment Reduction
	Notify Transportation Officer of Ambulance Census
	Ensure Adequate Equipment Is Available
	Documentation of all Ambulances in the Staging Area
	Coordinate w/ Transport Officer the movement of Patients to Hosp.
	Terminate Operations w/ Concensus of Unified Command
	Documentation Sent to Logistics Sector

EQUIPMENT INVENTORY WORKSHEET

DIRECTIONS: To be completed by each Ambulance Unit on the scene to document all equipment that passes through the **Equipment Staging Area.**

Incident Name: **Date:**

EMS Officer:

A. Supplies/ Equipment placed at Staging area by ______________________________

ambulance unit number

Agency: _________________________

Name: ___________________________

B. Supplies/ Equipment received at Staging area by ____________________________

staging officer signature

Name: ____________________________

Incident Position: ___________________

ITEM #	ITEM DESCRIPTION	UNIT #	AMOUNT

STAGING OFFICER- WORKSHEET

DIRECTIONS: To be completed by Staging Officer to aid in documenting Ambulance flow through the Transportation Sector, as designated by the **Transport Officer**

COMPLETED	
	Provide Transport with a Census of available Ambulances (Request additional Staging Area through Transport Officer As Needed)
	Provide the Following Information for Documentation Purposes Below

Unit Number		Arrival At Staging Time		Depart Staging Time	

REHAB SECTOR GUIDELINES

Purpose: To insure that the physical and mental condition of personnel operating at an incident are maintained to avoid deterioration to a point that would affect their health and safety or that of other personnel, or that would jeopardize the safety or integrity of the incident. **REHAB** is designed to ensure personal safety. This REHAB Sector will be in direct correlation with the Pennsylvania Dept. of Health Bureau of Emergency Medical Services REHAB Protocol-BLS 150.

Scope: This guideline applies to ALL Emergency Services Personnel who are operating on incidents, under the jurisdiction of the Montgomery County Emergency Medical Services or any agencies, who choose to adopt these guidelines. REHAB should occur when: significant physical activity is being undertaken and/or exposure to unusual weather conditions occur and/or prolonged duration of the event and/or the Incident Commander or EMS SECTOR CHIEF request that a REHAB Sector be established.

SECTION 1 - RESPONSIBILITIES

Incident Commander:

The Incident Commander will evaluate the incident, considering physical, mental and environmental circumstances, and make provision for rest and rehabilitation of ALL personnel operating at the incident.

These provisions will include:

*Medical monitoring, evaluation and necessary treatment and transport to an appropriate medical facility.

*Food fluid replenishment

*Mental rest and recovery

*Relief from environmental and abnormal weather

EMS Officer:

The EMS SECTOR CHIEF and any assistants will continuously evaluate the need for and effectiveness of the REHAB sector to ensure that its purpose is being maintained. They will request additional resources as required to maintain the necessary Rehabilitation of personnel on the incident.

Incident Command Officers:

The individual officers responsible for teams as provided for within their span of control will continually monitor their personnel to ensure that their physical and mental health is maintained through utilization of the REHAB sector and rotation of personnel.

On Scene Personnel:

***Climate:** During extended periods of operation or highly physical working conditions, all personnel involved in the incident should be encouraged to continuously maintain their hydration

through drinking of water, activity beverages (such as Gatorade) or non-caffeinated hot drinks (during cold weather operations).

***Fatigue:** Throughout the operation of the incident, personnel will monitor their own, as well as other individuals, level of fatigue and report to any Incident, REHAB, or EMS Officer when they feel that the level of physical or mental fatigue or exposure to the environment could affect the health and/or safety of themselves, other personnel involved or the incident itself.

SECTION 2 - ESTABLISHING THE REHABILITATION SECTOR

The Incident Commander and/or EMS SECTOR CHIEF will establish a Rehabilitation Sector whenever conditions indicate that rest and rehabilitation are necessary to ensure adequate personal and scene safety.

In the event that a REHAB Sector is established, it will be manned at the minimum by one EMT or Paramedic. An EMT or Paramedic will be placed in charge of the REHAB Sector and will be identified as the REHAB Officer in coordination with the Incident Command Structure.

When Should REHAB Occur?

→ All Structure Fires
→ Large multi-agency response incidents including MCI, WMD, brush fires
→ Hazardous Materials Incidents
→ Extended Rescue Operations
→ Temperatures > 80 degrees and < 32 degrees
→ Training operations > 2 hours in length
→ At the discretion of the Incident Commander

The REHAB Officer will:

- Wear a Brown Vest with the identification of REHAB Officer visible on both the front and back.
- → Have an operational portable radio or other communications device that is capable of direct communications with the Command Post, EMS SECTOR CHIEF and Triage/Treatment Officers.
- Have available to him/her and utilize a checklist and clipboard to assist in the Timely establishment of the REHAB Sector with all necessary equipment and supplies.
- The REHAB Officer will report directly to the EMS SECTOR CHIEF. In the event that an EMS SECTOR CHIEF is not established, the REHAB Officer will report to the Incident Commander.

Locating the REHAB Sector

The placement of the REHAB Sector will be designated by the REHAB Officer or the EMS SECTOR CHIEF in conjunction with the Site Characteristics and Site Designation guidelines herein. The location should be located upwind from the incident site.

The preferred location of the REHAB Sector will be adjacent to the SCBA changing area and/or the manpower staging area, but not within the operating area of the incident. A remote location is appropriate only when it is easily accessible to personnel.

The Incident Commander will be notified of the REHAB Sector location and will pass this location on to all on-scene Sector Officers as well as Montgomery County Emergency Dispatch Services. The REHAB Officer will notify the Incident Commander when the Sector has been placed in service.

REHAB Sector Site Characteristics

The REHAB Sector will be established in a location that will provide physical rest for personnel. The area should be free of loud noise disturbance from operations and away from crowds and equipment caches.

The REHAB Sector will be placed far enough away from the incident scene to insure that personnel can safely remove protective gear (pending environmental conditions). This should include an area that is out of sight of the incident for proper rehabilitation.

The location will be suitable for environmental conditions:

*HOT WEATHER - Cool, shaded area.

*COLD WEATHER - Warm, dry, and wind-free area.

The REHAB Sector should allow personnel to be free of exhaust fumes and other factors that would compromise the purpose of the sector.

The REHAB Sector should be large enough to accommodate personnel proportionally to that operating at the scene and dependent on factors such as environment, amount of physical or mental fatigue or duration of the incident. Potential for expansion should be considered in the initial setup, as well as the potential for relocation should the incident warrant such.

Larger incidents may require the establishment of sub-areas within the REHAB Sector such as Entry, Treatment, and Exit.

The location of the REHAB area should allow for easy access to EMS vehicles as well as support vehicles for the sector.

The REHAB sector will be continuously monitored with CO Meters

Site Designation of the REHAB Sector

An ample sized area sheltered from the environment, where a REHAB Sector can be established utilizing tarps; salvage covers, canopies, fans, heaters, lighting, etc.

Optimally, the REHAB Sector should be established next to the SCBA area to allow for appropriate Rehabilitation after removing SCBA.

The USFA suggests the "two air bottle rule" or 45 minutes of work time to be considered maximum workload prior to mandatory REHAB. After the appropriate work time, the responder should spend no less than 10 minutes and may exceed one hour, depending on the physical appearance and condition of the responder, in the REHAB Sector. After REHAB is complete, the responder will be sent to the Staging Area. This will be completed only after being medically cleared by the REHAB

Officer.

A nearby garage, carport, driveway, building, or other stable and easily accessible structures are sufficient facilities for REHAB area establishment. The front lawn of an adjacent house could be utilized for REHAB at the scene of a house fire, but may not be appropriate for an incident of larger magnitude.

Ambulances, Fire Apparatus (such as the back of a rescue truck), or other emergency vehicle at the scene or called for, can be utilized for REHAB purposes.

In a high-rise situation, REHAB should be established on the floor below the staging floor, only after cleared for safety and operations by the Incident Commander.

Specialty REHAB vehicles may be utilized when available.

REHAB Resources

The REHAB supplies secured should include, at a minimum, the following:

→ **FLUIDS** - Water, activity beverage and ice. NO caffeinated beverages should be utilized.
→
FOOD - Short Term - Granola Bars (less than 3 hours activity)
- Long Term - Make arrangements for soup, broth, stew, and sandwiches. Obtain food through support agencies such as the American Red Cross, North Penn Goodwill Service, local fire department auxiliary groups or local civic/food service agencies. **Preplanning** may be an appropriate tactical consideration in order to expedite the delivery of these services.
→
→ **MEDICAL** – Blood Pressure Kits (Multiple Cuffs and Sizes)
Oxygen Supplies and Delivery Devices (Multi-port, Non-Rebreathe)
Extra Oxygen Cylinders (Rehab Units)
Thermometers
Hot/ Cold Packs
Stair/ Folding Chairs, Folding litter
ALS and BLS Medical Kits - This should include IV Fluids (warm/ room temperature) and cardiac monitor
→
OTHER SUPPLIES-Portable Radio(s)
Cooling Vests
Misting Fans
Drinking cups
Clipboards, log sheets and REHAB flow chart for documentation
Towels (to be soaked in cold water for cooling or used to dry off cold wet areas)
Fans (for warm weather cooling)
Heaters (for cold weather warming)
Hair dryers (for cold weather re-warming)
Dry clothing (scrubs, sweats, socks, etc)
Quartz lights (for lighting and heating)

Blankets
Spray bottles (for warm weather cool downs)
Traffic cones, marker flags and/or emergency scene tape to establish sector
Awnings/ Tents/ Tarps/ Shelters

SECTION 3 - REHAB SECTOR OPERATIONAL GUIDELINES

Climate and environmental conditions at the emergency scene shall not be the sole justification for establishing a Rehabilitation Area.

Any activity or incident that is large in size, long in duration, and/or labor intensive will rapidly deplete the energy and strength of personnel and therefore merits consideration for rehabilitation.

Climate and environmental conditions that indicate the need to establish and maintain a Rehabilitation Area are:

- HEAT STRESS INDEX = ABOVE 90 DEGREES F.
- WIND CHILL INDEX = BELOW 30 DEGREES F.

Hydration

A critical factor in the prevention of heat exhaustion, heat strokes, or heat related injuries is the maintenance of water and electrolytes. Water must be replaced during training exercises and at emergency scenes.

During heat and physical stress situations, REHAB staff will attempt to have personnel who are actively working at the scene consume AT LEAST ONE (1) QUART OF WATER PER HOUR.

If an activity beverage is used, the re-hydration solution should be a 50/50 mixture of water and the commercially prepared activity beverage. It should be administered at about 40 degrees F.

Re-hydration is also important during cold weather operations where heat stress may occur during firefighting, rescue operations, or other strenuous activity - especially when protective equipment is being worn.

Alcohol and caffeine beverages should be avoided BEFORE and DURING heat stress because both interfere with the body's water conservation mechanisms. Carbonated beverages should also be avoided.

Nourishment

Food should be provided at the scene of an extended incident where units are engaged FOR MORE THAN THREE (3) HOURS.

Soup, broth, and stew are recommended because of quicker digestion by the body.

Foods such as apples, oranges, and bananas provide supplemental forms of energy replacement. Fatty and salty foods should be avoided.

Mandatory Rest Periods

Two Air Bottles or 45 Minutes of strenuous work is the recommended level prior to mandatory rehabilitation.

Rest periods should be no less than 10 minutes and may extend too greater than one hour, depending on responder's physical condition.

Personnel should not be moved from a hot environment to an air conditioned environment because the body's cooling system could shut down in response to the shock of the external cooling. An air-conditioned environment is acceptable after an appropriate cool-down period in ambient temperatures.

Twelve hours is the maximum amount of time that **ANY** emergency personnel, **INCLUDING INCIDENT COMMAND**, should be continuously involved at an emergency scene, no matter how many rest/ rotation sequences are provided. Personnel should be rotated through heavy, moderate and light work between each REHAB period.

Recovery

After being fully rehabilitated and medically evaluated in the REHAB Sector, the emergency responder will be released to the Equipment/ Personnel Staging area.

SECTION 4 - MEDICAL EVALUATION IN THE REHAB SECTOR

EMS Responsibilities

Personnel reporting to the REHAB Sector will receive a complete evaluation (ASSESSMENT) and treatment (IF NEEDED), for environmental emergencies, as well as for minor injuries.

Heart Rate should be checked as soon as the responder arrives at REHAB. If the heart rate is greater than 110 bpm, a tympanic temperature is necessary. If the temperature exceeds 100.6 degrees F, the responder should not be medically cleared to return to service and/or wear protective gear.

If the heart rate is greater than 110 bpm and the temperature is less than 100.6, an extended rehab time is necessary.

If the heart rate is less than 100 bpm, normal rehab should be instituted.

Continue with the assessment of the responder including blood pressure and respirations every 5-10 minutes. Blood pressure will tend to drop with increase fluid loss, as the heart rate increases to compensate for the loss. With increased fluid intake, if heart rate does not decrease and blood pressure return to normal, EKG monitoring and IV therapy may be mandatory). This should be initiated on a per patient/ per assessment basis.

If, after continued rehabilitation, no changes occur in patient status, immediate ALS transportation to the hospital is necessary. If resistance is met by the responder, the REHAB Officer should seek the advice of a medical command physician and the responder's chief officer.

Vital Signs

Vital signs will be taken on every individual that enters the REHAB Sector with the heart rate being the determining factor for level of rehabilitation.

Documentation

Crews entering the REHAB Sector will be required to fill out the "Check-In/ Check-Out" form at the entrance to the REHAB Sector. Personnel will enter the REHAB SECTOR as a crew. The Form will include the following information…

→ Unit/ Team Number
→ Number of Persons
→ Time In
→ Time Out

Crews will not leave the REHAB Sector until being released by the REHAB Officer.

All Medical Evaluations shall be documented on the Rehabilitation and Monitor Check Sheet. Additionally, all individuals that receive treatment beyond the standard medical evaluation shall have a Pennsylvania Patient Care Report generated for them. This includes all patients receiving transport to the hospital, as well as any invasive ALS treatments performed.

REHAB OFFICER- CHECKLIST

COMPLETED	
	Put on Rehab vest or identifier
	Notify Incident Command and County that REHAB is in Service
	Select a REHAB AREA near the main Action Area (Near the SCBA Changing Area --- If a Fire Incident)
	Notify Incident Command or the EMS Officer of Your Location
	Obtain Equipment & Supplies to Operate the REHAB SECTOR:

	Portable Radio-- with good working Battery to link to Command
	Salvage Covers-- for Ground Cover (Pull off of a near-by Engine w/ permission)
	Traffic Cones-- for cattle chutes and boundary markers (approx. 12)
	Stretcher and Stair Chair
	Oxygen Supplies, Tanks and Regulators
	"Cooling" and "Dry" Towels--- Cooler and Crate
	Ice (Get from Freezer), Water and Cups
	Activity Drink Mix (Use 50-50 Mixture)
	Granola Bars
	Timpanic Thermometers and Probe covers
	Chairs or Benches for Seating
	BLS Trauma Kit
	Cooling Sprayers
	Adequate Lighting
	Clipboards and Log Sheets
	Triage Tags and Pens

	COLD WEATHER
	Hot Packs
	Heavy Blankets
	Grounded Electric
	Supp. Heaters
	Quartz Lights (Heat)
	Windbreak/ Shelter
	Hair Dryers
	Spare Clothing

	Have the EMS Officer request that the Communications Center Announce the REHAB SECTOR's Location
	Work with the Sector Officers and the Safety Officer To Direct Personnel to the REHAB AREA
	LOG IN, assess, LOG OUT all personnel seen in REHAB AREA
	Request FOOD SUPPORT Service- If Extended Operation
	Notify TRIAGE OFFICER if Intensive Treatment of any Personnel is necessary (Do TRIAGE if Necessary)
	Notify the appropriate agency's CHIEF OFFICER if any Of their personnel are sent to Hospital Facilities

Weapons of Mass Destruction Response

Section 1- WMD Awareness

Responding to a Terrorism Scene

A. Similarities between terrorism scene responses and the more common crime scenes
   1. The majority of fire, EMS, and emergency management personnel are not well versed in crime scene operations.
   2. Any response to an incident other than a natural disaster may be a response to a crime scene.
   3. Terrorism scene, coordinate closely with other first-responding fire, EMS, and law enforcement personnel to ensure that you and the other responders do not destroy important evidence.
   4. Be aware of warning signs that indicate criminal activity, because some incidents will involve criminal acts.

B. Be sure to coordinate your actions with law enforcement operations.

C. There are three ways to help solve a crime:
   1. Confession of the perpetrator
   2. Statements provided by witnesses or victims
   5. Incriminating information obtained through physical evidence.
      a. Physical evidence may be crucial to connect the perpetrator to the scene.

Scene Considerations

A. May involve entry into a hazardous area
   1. Atmosphere may be contaminated around the scene
   2. Deadly radioactive, chemical or biological agents

B. Move cautiously around the scene

C. Wear appropriate Personal Protection Equipment

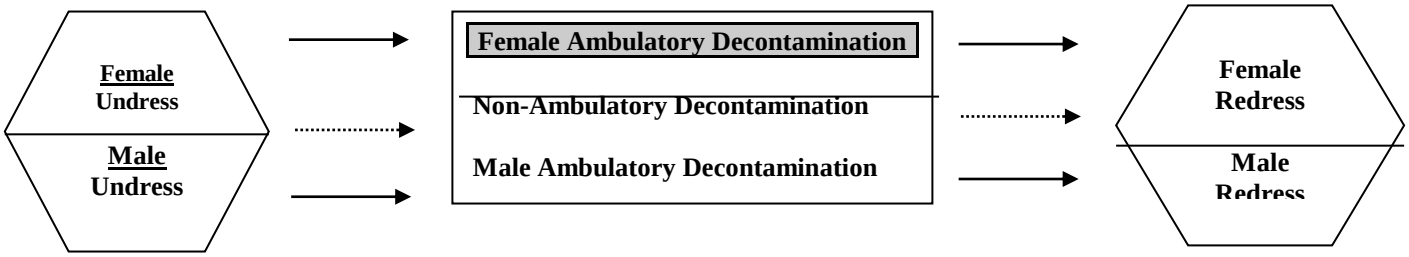
D. Delay entry into a hazardous scene until it has been cleared by a Haz-mat Team
   1. Haz-mat teams utilize sufficient detection and monitoring equipment
   2. Only qualified personnel should enter the scene. Others should remain in the cold zone

E. Response to weapons of mass destruction incident may lead to decontamination needs
   1. Equipment
   2. Entry Personnel
   3. Survivors/ Casualties

G. Emergency Decontamination Considerations
   1. **Mass/ Gross Decontamination** involve measures to filter or remove but not necessarily neutralize an agent. This involves the utilization of large amounts of water being sprayed from fire apparatus while moving casualties through a “cattle

chute" like process. Large numbers of decontamination in a short amount of time.

2. **Fine/ Technical Decontamination-** Material should be immediately removed by using a soft brush with soap and water decontamination. Careful washing with soap and water removes a very large amount of the agent from the skin surface. It is important to use a brush to ensure mechanical loosening from the skin surface structures, and then rinse with copious amounts of water (avoid dermal abrasions by brushing gently).



Section 2- Warning Signs and Indicators of WMD

At the scene, initial responders need to be on the lookout for the following common warning signs, indicating the presence of lethal agents from the five threat categories:

A. **Biological Indicators**

1. Present themselves in two ways
    a. Public Health Emergencies
    b. Focused response to an Incident
    2. Onset of symptoms may be days to weeks- usually covert/ hidden and hard to diagnose
3. No characteristic signs, smells or colors
4. Affects a greater area due to delayed onset of symptoms
5. Indicators of biological attack may include:
    a. Unusual numbers of sick or dying people or animals
    b. Dissemination of unscheduled or unusual sprays
    c. Abandoned spray devices with no distinct odors
    6. Consider contacting hospitals to see if additional patients with same symptoms have been seen.
7. Consult requirements for treatment of specific Biological Agents

B. **Nuclear Indicators**

1. Radiation detection can occur accidentally or through detonation
    a. Observe DOT Placard Signs and Labels
    b. Utilization of monitoring devices carried by Haz-mat Teams
        - OEP and local Fire Marshals carry monitoring devices that will respond

C. **Incendiary/ Accelerant Indicators**

1. Gasoline, rags or other incendiary devices
2. Remains of components in debris
    a. Odors of accelerants
    b. Unusually heavy burning or fire volume

D. **Nerve/ Chemical Agent Indicators**

1. Outward signs are easy to recognize
    a. Rapid onset of acute symptoms among large groups of people
    b. Dermal exposure causes clammy skin
    c. Pinpoint pupils
2. Nerve Agents are extremely lethal
    a. Expect mass fatalities with no signs of outward trauma
3. Indicators of Nerve Agent release
    a. Hazardous materials or lab equipment that is not relevant to occupancy
    b. Individuals reporting unusual odors or tastes
    c. Explosions dispersing liquids, mists or gases
    d. Unscheduled dissemination of unusual spray
    e. Abandoned spray devices
    f. Numerous dead animals' fish and birds
    g. Absence of insect life in warm climate
    h. Mass casualties without obvious trauma
    i. Distinct patterns of casualties

E. **Explosive Agent Indicators**

1. Outward signs are easy to recognize
    a. Large-scale damage to structures
    B. Blown out windows and scattered debris
2. Injuries may be varying
    a. Exhibit signs of blast injury and shock (Compartment or Crush Syndrome)
    b. Shrapnel-induced trauma, lacerations and fractures
    c. Damage to eardrums

Section 3- Personal Protection for WMD

Self-protection as an initial responder is critical so that you can do your job effectively and not become a victim. Using your personal protective equipment (PPE) according to design specifications is your initial step to protecting yourself. However, there are various protective countermeasures for the six common types of hazards.

RECOGNITION

Your primary concern must be self-protection. One commonly accepted classification identifies six types of harm you can encounter at an incident: Thermal, Radiological, Asphyxiates, Chemical, Etiological, and Mechanical. The acronym, TRACEM, is an easy way to remember them. Since each has different harmful effects, let's take a brief look at each.

A. **Radiological**

1. Three types of Nuclear Radiation
    A. Alpha- Not dangerous unless it enters body, least penetrating
    B. Beta- More penetrating, damage skin tissues and internal organs
    C. Gamma- Great penetrating power, high-energy, skin burns, severe injury to internal

organs

2. Personal Protection from Radiation
    a. PPE- bunker gear, tyvek, SCBA (for alpha and beta)
    b. Receive proper response training
    c. Radiological monitoring/ planning

B. **Asphyxiates**

1. Two types- both interfere with Oxygen during normal breathing
    a. Simple- inert gases that displace Oxygen levels and dilute oxygen concentration below useful levels
    B. Chemical- Blood poisons interrupt flow of oxygen in the blood and to tissues
2. Examples of Asphyxiates
    a. Hydrogen Cyanide
    b. Cyanogen Chloride
    c. Carbon Monoxide
    d. Hydrogen Sulfide
3. Personal Protection includes the use of SCBA

C. **Chemical**

1. Two types of Chemicals that can cause harm
    A. Toxic Materials- harmful depending on concentration and length of exposure
    B. Corrosive Materials- liquid or solid that causes visible destruction to site of contact
2. Examples of Chemicals
    a. Nerve agents- act as toxic materials
    b. Sulfuric acid and blister agents act as corrosive materials
    3. Personal protection could include level A or B haz-mat protection, SCBA and distance buffering

D. **Etiological**

1. Exposure to a living microorganism, which causes human disease
2. Examples include Biological Agents
    3. Pers. Protection includes Saranex/ Tyvek PPE with Level C respiratory protection (P100, N95)

E. **Mechanical**

1. Trauma caused by contact with mechanical or physical hazards
2. Examples include- Explosives, falls, secondary devices

The keys to self-protection and much of the traditional training in hazardous materials response builds on the methods of Time, Distance and Shielding, all of which should be taken into serious consideration when dealing with WMD.

ALTERNATE CARE SITE EQUIPMENT

The State Dept. of Health Bureau of EMS has deployed three separate assets in the event our hospital systems are taxed due to surge. These assets are spread out evenly throughout various areas of the state, some have one of each system, and others have two or even all three. The assets are:

- Pa. Mobile Hospital System
- Pa. Medical Surge Equipment Cache (MSEC)
- Pa. Casualty Collection Point (CCP)

Pa. Mobile Hospital

This is a two trailer system. There are six sets of these trailers spread all over the state of Pennsylvania. Each of these has the ability to treat up to 50 patients. (See Attached Equipment list), the closest one to County of Montgomery is in Allentown. To request the hospital: the Montgomery county regional EMS office will receive real time information from our 9-1-1 center of a disaster, the EMS director will then put a request up to PEMA and DOH EMS to have the hospital moved to a central location in the SE region. EMS Strike Teams will be deployed to assist with set up and preliminary staffing.

Pa. Medical Surge Equipment Cache

This is a one trailer system. There are 16 in Pennsylvania; each is assigned to a regional EMS office. The equipment is meant to take the surge off the hospitals in the event of a disaster or pandemic. The equipment is meant to be set up in a high school gymnasium, (see attached floor plan). To request this asset, an ems officer or municipal emergency management coordinator would contact the 9-1-1 center, the 9-1-1 center would page the EMS director and she/he would send a request to PEMA and DOH EMS for the asset to be deployed. At the same time an EVERBRIDGE Alert will go out to the EMS Strike Teams to meet at a point of departure and then take the equipment to a pre-designated approved site to be set up. Once established, the ACS could begin to receive patients. The regional EMS office will coordinate with the hospitals and EMS agencies to begin to transport patients to this ACS.

Pa. Casualty Collection Point

This is a smaller version of the mobile hospital. There are 16 in Pennsylvania; each is assigned to a regional EMS office. The equipment is meant to take the surge off the hospitals in the event of a disaster or pandemic. It has three inflatable tents, so this system can be deployed to a field or an empty parking lot. (See attached equipment list) To request this asset, an ems officer or municipal emergency management coordinator would contact the 9-1-1 center, the 9-1-1 center would page the EMS director and then he/she would send a request to PEMA and DOH EMS for the asset to be deployed. At the same time an EVERBRIDGE Alert will go out to the EMS Strike Teams to meet at a point of departure and then take the equipment to a pre-designated approved site to be set up. Once established, the ACS could begin to receive patients. The regional EMS office will coordinate with the hospitals and EMS agencies to begin to transport patients to this ACS.

Hospital Surge

Purpose:

To ensure EMS has a plan to assist the area hospitals in the transportation of patients in the event of a catastrophic event/evacuation that is causing a surge of patients on one or more hospitals. This plan will serve as guidance in the triage & transport of patients from the hospital to either out of county hospitals or a designated Alternate Care site.

Scope:

This guideline will apply to all County of Montgomery EMS agencies, County EOC Watch Desk, and area hospitals that are experiencing a significant surge of patients as a result of a catastrophic event.

Procedure

EMS will:

1) The local EMS OIC or designee should respond and report to hospital OIC
2) Ascertain the number of patients that need transport
3) Ascertain the number of ambulatory and non-ambulatory patients
4) Coordinate with the EOC Watch Desk on the number of patients to be transported and to which out of county hospital or Alternate Care Site

Montgomery County EOC Watch Desk will:

1) Send an Everbridge Message out to the Non-Municipal EMS Agencies
2) Coordinate with the hospital OIC
3) Coordinate with Hospital availability with HAPP representative
4) Monitor & Maintain situational awareness

MONTGOMERY COUNTY REGIONAL EMS OFFICE

Purpose: To ensure the training all personnel on the operation of a Mass Casualty Incident, Mass Casualty Disaster and Catastrophic Casualty Disaster utilizing the attached Major Incident Response Plan. To provide services with equipment and scene response necessary to function at a Mass Casualty Incident, Mass Casualty Disaster or Catastrophic Casualty Disaster and ensure that all unmet needs are coordinated through the county emergency operations center from the Unified Incident Commander to state government officials.

Scope: This guideline applies to **ALL Montgomery County Emergency Medical Services Office Personnel** who are operating on incidents, or providing logistical support at the emergency operations center under the jurisdiction of the Montgomery County Department of Public Safety or any agencies that choose to adopt these guidelines. Montgomery County EMS Officer personnel should respond when: a significant event has occurred that has required multi-service operation and/or multi-level response to a specific incident. The MCEMS Office will respond with personnel and equipment at the time of request and report directly to the **EMS OIC**.

SECTION 1- REGIONAL EMS COUNCIL ORGANIZATION AND RESPONSIBILITIES

Under normal operating conditions the EMS Council in Montgomery County operates administrative offices at the Emergency Operations Center in Eagleville and at the Fire Training Academy in Conshohocken.

1. General responsibilities include the daily administrative and contractual operation of the regional EMS council to include training, education and continuing education of pre-hospital practitioners, licensing of ambulance providers, QRS services and helicopters, Quality improvement and promoting the EMS system through the Department of Public Safety.

2. MCEMS operates under all disaster situations. As a part of the Department of Public Safety, staff members participate in emergency preparedness activities related to weather emergencies, Limerick Generating Station Events, WMD, Mass Casualty and others that would require either a scene response of personnel or establishment of the medical sector in the emergency operations center.

3. As stated in Section 2 and 3 of this procedure, MCEMS maintains one staff member who is considered to be “On-call” for a weekly rotation. That person is responsible for scene response to incidents requiring them as described in this plan. Additional personnel are called in as needed to operate at the EOC or respond to incidents that have multiple locations.

4. MCEMS works directly through the Director of the Department of Public Safety and will receive assignments during major incident response through that chain of command.

5. Additionally, MCEMS works directly with the 9-1-1 PSAP, Office of Emergency Preparedness, CISM, county police, fire and ambulance chief's organizations and the squads that we serve. Staff members are available to any of these organizations during any time of normal or disaster operations.

6. Staff maintains communication links with the county PSAP via digital pager and 800 MHz portable radios. Staff also maintains communication with surrounding regional EMS councils and county governments with assigned UHF and state 800 MHz portable radios.

7. MCEMS staff has been trained in several areas including WMD/ Terrorism response, Incident Command, Advanced Hazmat Life Support, Rescue, special events/ mass gatherings and mass casualty incident management. Additionally, MCEMS maintains three caches of MCI equipment located strategically throughout the county and a REHAB equipment trailer for responder rehabilitation. MCEMS also maintains an active role in the operations of the Field Command Unit that is stationed at the EOC in Eagleville. Requests for staff or equipment responses are built into this procedure and can be requested for other incidents or stand-by, by contacting the 9-1-1 PSAP.

SECTION 2- ESTABLISHING THE MCEMS OFFICE RESPONSE

The Montgomery County Emergency Medical Services Office (MCEMS) will respond to Mass Casualty Incidents at the request of the EMS OIC or based on information received through the Emergency Dispatch Services. The MCEMS official will be responsible for the following:

1. Provide visual identification of him/ her by wearing appropriate Scene Identification Article, Turnout Gear or Department of Public Safety Jacket, properly labeled. If appropriate, MCEMS staff will respond in a marked identified Department of Public Safety vehicle.

2. Make contact with the EMS OIC upon arrival and assess unmet needs. Report back to Emergency Operations Center.

3. Additional Personnel should report to the Emergency Operations Center, if requested.

4. All responding personnel will function under the approved Incident Command System as identified by the Montgomery County Department of Public Safety.

SECTION 3- INCIDENT RESPONSIBILITIES

1. Pre-incident planning will include the development, implementation, education and update of local Major Incident Response, Bioterrorism and Strategic National Stockpile deployment Plans.

2. Pre-incident planning will include the purchase, development, maintenance and deployment of Mass Casualty / Disaster equipment resources to include medical equipment, decontamination equipment, splints, backboards, REHAB equipment, tarps,

triage tags etc.

3. MCEMS will compile a list of squad resources that will be available to assist the emergency response capabilities in emergencies.

4. MCEMS will compile a list of Private ambulances that will be made available to surrounding counties and state EMS Operations during a Mass Casualty Disaster or Catastrophic Casualty Disaster in another region.

5. MCEMS will actively participate in planning, development and training of the following entities: Incident Support Teams, SEPA RCTTF, County and Regional USAR component, DVHCC Hospital Zones, SNS component, CISM Team, Montgomery County EOP.

6. MCEMS will respond to all Level I, II, III, IV incidents as a resource to the Incident Commander and EMS Officer.

7. MCEMS will support coordination of a regional response of ambulances, Haz-mat, decontamination and other equipment, pharmaceuticals, etc. during an ECOM or CCD.

8. MCEMS will assist in the coordination of the EMS response to Hazardous Materials Incidents when a Montgomery County Haz-mat team has been dispatched and a Haz-Mat EMS unit is functioning. All MCEMS personnel who may respond have been trained to the Operations level and have been issued general Level C protection.

9. MCEMS will work directly with the **Montgomery County Health Department** regarding public health issues including but not limited to epidemics, bioterrorism, outbreaks and responder related health emergencies. Specific health and medical plans include **Bioterrorism, Strategic National Stockpile requests, mass evacuation and mass influx of patients to a medical facility.**

10. MCEMS works directly with the Office of Emergency Preparedness to facilitate the medical response during Nuclear Power Plant Incidents. EMS maintains a database of medical needs and available units as well as a procedure for operation at during the incident. Unmet medical needs are reported directly to PEMA.

SECTION 4- MONTGOMERY COUNTY EMS OFFICE OPERATIONAL GUIDELINES

The MCEMS Office's duties at the major incident scene should be to:

1. Staff Availability, Notification and Response will be based on the Department of Public Safety Operational Guidelines for Emergency Response and Notification. (See DPS Guidelines 2003-03, 04, 05)

2. Provide visual identification by wearing appropriate **Department of Public Safety** scene identification.

3. Make contact with the **Unified Incident Commander** and **EMS OFFICER** to receive an immediate update into the scope of the incident.

5. Ensure the proper level of response and personal protection is being utilized by on-scene responders.
6. Provide Patient Tracking Scanners are deployed

5. Provide resource identification for the **EMS OFFICER** and assist in acquiring needed resources at the scene.

6. For WMD Incidents utilize EMS Bio-terrorism Plan and advise EMS OIC to follow WMD section.

7. Report all information back to Emergency Operations Center staff and complete paperwork on scene for complete compilation of information. EOC staff will report all information to PEMA and DOH EMSO.

8. If the incident is a confirmed or has escalated to an ECOM or CCD, response staff should immediately coordinate the response of additional out of region assets with the on-scene EMS SECTOR CHIEF and the County EOC.

9. Utilize **mutual aid agreements** with surrounding Regional EMS councils through the DOH EMSO and request the response of ten ambulances (as needed) from each region through the county 9-1-1 PSAP.

10. Update the Department of Health, Emergency Medical Services Office of incident progression and unmet needs utilizing the state 800 MHz Open Sky System.

11. Request the response of the Incident Support Teams, Strategic National Stockpile, DMAT, DMORT, Mass Decon, Regional USAR and Trucking Initiative components as needed through the **Unified Incident Commander** and **Office of Emergency Preparedness**.

12. Coordinate with county **hospital facilities** via radio and pager from the Emergency Operations Center. Request bed counts, equipment availability, intake availability and maximum capacity for reference. Utilize **Knowledge Center** system to request reports from surrounding regions. In the event of the WMD incident send available resources to hospital facilities at their request. These would include: Mass Decontamination Units, Moving and Storage Vans, Refrigerator Trucks, Sheriff Deputies and Health Department staff.

13. Request additional county resources and personnel to the major incident scene.

14. Provide the EMS Officer with a list of responding Mutual Aid resources when it is received from the EOC.

15. Coordinate a peripheral staging area for responding Mutual Aid resources and SNS pharmaceuticals based on predetermined information.

16. In consultation with the Unified Incident Commander and EMS Officer, consider the

need for mass care holding areas and transportation of mass patients to unaffected regions.

17. Request assistance of the Department of Health, EMSO and Pennsylvania Emergency Management Agency for coordination of transportation resources utilizing mutual aid ambulances from across the state and Mass Transit vehicles.

18. Terminate Operations with consensus and conduct a post-incident review and evaluation.

DPS PRE-INCIDENT PLAN CHECKLIST

INITIAL IF COMPLETE	
	Person/ Organization Initiating Plan: _____
	Event Type: Mass Gathering: _____ **VIP Visit:** _____ **Protest:** _____ **Predicted Storm:** _____ **Situation Alert:** _____ **Other:** _____
	Lead Division/ Department: _____
	Assisting Division/ Department: _____
	Assisting Division/ Department: _____
	Assisting Division/ Department: _____
	Location of Event: _____
	Affected Municipality: _____
	Perimeter Municipalities: _____
	Affected Businesses: _____
	Affected Hospitals: _____
	Location of Command Post: _____
	Helicopter Landing Zones: 1) _____ **2)** _____
	DPS Resources Assigned (Personnel and Equipment)
	EMS: _____
	REHAB 1 / MCI Units: _____
	EDS: _____
	FC 1 / FC 2
	OEP: _____
	Haz-Mat Team / Regional EMA Group: _____
	FA: _____
	USAR Team / Bobcat and trailer
	Police Tactical Team: _____
	Out of County Resource Acquisition (Are all areas covered for emerg.)

	Radio System Utilization	**Frequency/ Talkgroup Used:**
	EMS	
	FIRE	
	POLICE	
	EMA/ EMERGENCY PREPAREDNESS	
	PUBLIC SAFETY STAFF	

	Remarks/ Department Strategy: _____
	Distribution: DPS ____ **EMS** ____ **OEP** ____ **EDS** ____ **FA** ____ **OTHER** ____

Signature Lead Division: _____ **Date:** _____ **Public Safety:** _____ **Date:** _____
Director Director

DPS ON-SITE CHECKLIST

COMPLETED	
	Incident Location/ Description--->_____
	Command Post Location---> _____
	Notify Local and State Agencies
	EDS Supervisor for Staff notifications---> _____
	PEMA Operations ---> _____
	DOH On-call---> _____
	Incident Unified Commander --> _____
	EMS Officer ---> _____
	Fire Officer ---> _____
	Apparatus Staging Officer ---> _____
	Police Incident Officer ---> _____
	Review Current Response (Refer to Contact Numbers)
	Contact Coordinators for unmet needs
	Make sure that Mass Casualty Trailer is enroute if needed
	Contact Fire/ EMS and Police Contacts for the Event
	Surrounding Township/ County notifications
	Mutual Aid Resources Responding to assigned staging area
	Notify/ Dispatch CISM Team (Notify on Level 1, Dispatch on Level 2 & 3)

	Radio System Utilization	**Frequency/ Talkgroup Used:**
	EMS	
	FIRE	
	POLICE	
	PUBLIC SAFETY STAFF	

	Public Safety Response Staff	**Responding To:**
	EMS Staff Member --> _____	
	OEP Staff Member --> _____	
	EDS Staff Member --> _____	
	FA Staff Member --> _____	
	Public Safety Director --> _____	

	Is the appropriate Level of Response being Utilized (I, II, III, MCD, CCD)
	Are all of the notifications complete? Sufficient DPS Staff Responding?
	Unmet needs by Unified Command --> Communicate Through EOC
	Hospital Facilities notifed, Information acquired, Resources sent, FRED Operating
	Shared National Stockpile requested, Dispensing site notified
	DMAT, DMORT and USAR resources needed and requested
	Request Periodic Updates from Unified Command (Record in CAD)
	Does the Command Post/ Staging areas need to be relocated
	Assist with Termination of Incident as Necessary
	Location of CISM Team:_____
	Location of Equipment P/U (Suggest closest Station): _____
	Location of Debriefing Area: _____
	Location of Public Information/ Media Area: _____

CRITICAL INCIDENT STRESS MANAGEMENT

Critical Incident Stress Management (CISM) is an essential component of the management of a major incident response. The services provided by trained personnel in CISM are critical to the health of all emergency service personnel involved in the incident.

Upon the confirmation of a major incident Level 2, Level 3, ECOM or CCD, Montgomery County Emergency Dispatch Services will alert the Montgomery County CISM team. Team members may choose to respond to the scene of the incident, and report to the unified command post. CISM team members will provide assistance to commanders in an advisory capacity and in support of emergency service personnel. The CISM team is available to respond to any incident, regardless of the number of casualties, when the officer in charge deems that CISM services may be helpful.

During the incident, CISM team members will be made available to emergency service personnel for private consultations. Team members will be able to identify emergency service personnel in possible need of rest, or temporary relief from duties. Defusing sessions will be made available to those emergency service personnel who feel the need for this service.

Immediately following the incident, the CISM team will provide demobilization services for each unit involved. These short sessions will include the distribution of information on CISM, tips for maintenance of emergency service personnel health, defining possible signs and symptoms of stress, and CISM contact information.

Twenty-four to seventy-two hours following the incident, at a separate location, the CISM team will hold a debriefing session for all emergency service personnel involved in the incident. The location of the debriefing will be selected to be adequate in size for the anticipated group and free from distractions and interruptions. This debriefing will be neutral in nature, not an accusation critique. The intent of the debriefing is to provide stress education, reassurance, and a mechanism for ventilation of feelings.

ADDITIONAL OFFICERS ASSIGNED BY EMS SECTOR CHIEF

These Positions are assigned based on availability. If sufficient personnel are not available, EMS SECTOR CHIEF must also handle these functions or assign these duties to another officer.

EMS COMMUNICATIONS OFFICER (Designated by the EMS Official)

1. Establish and maintain EMS communications capabilities at the Command Post.

2. Determine from Communications Center, appropriate frequency or frequencies to be used for all EMS communications at the scene.

3. Establish a working arrangement with the Police, Fire, and Rescue Communications Officers.

4. Regulate and curtail EMS radio transmissions over the assigned frequency(s) that are not of an emergency nature.

5. Responsible to the EMS SECTOR CHIEF.

6. Establish and maintain communications with receiving hospitals.

7. Log all ETAs, departure times, and destinations of departing ambulances.

8. Notify the Transportation Officer of responding emergency units and their ETA.

SAFETY OFFICER

The Safety Officer is responsible for oversight of the entire operation to assure the safety of both emergency responders and the public. Monitors and assesses hazardous situations and develops measures for assuring personnel safety. Normal correction of unsafe acts or situations will be through the chain-of-command, however, the Safety Officer may exercise emergency authority to stop or prevent unsafe acts when immediate action is required. Safety Officer reports directly to **Unified Commander**.

1. Report to the Incident Commander and obtain a briefing.

2. Develop an appropriate safety organization to properly meet the needs of the incident.
   - Assists with determining Infections, Diseases and the need for Decontamination in consultation with Medical Command Physicians both on site and at the hospital.

3. Observe the emergency operation for hazards. Follow normal chain-of-command to address general safety problems. May exercise emergency authority to stop or prevent unsafe acts if imminent danger exists.

4. Assists the Incident Commander and Operations Officer in determining extent of hot (hazard) zone, collapse zone, or other high danger zones. Safety Officer will also provide assistance in monitoring personnel operating within these zones.

5. Provides guidance to Public Information and Liaison as to areas that will not be accessible to them.

6. Keeps Incident Commander informed and attends all briefings in Command Post.

7. Assures services such as rehab, shelter, Critical Incident Stress Debriefing Team, food, and other areas critical to the welfare of the emergency responders are addressed.

8. Maintains safety and accountability for emergency personnel.

DESIGNATED PHYSICIAN RESPONSE TEAM

1. This section is in the process of development. A team does exist in the City of Philadelphia. Special requests for this service should be made through the 9-1-1 Communications Center.

INCIDENT SUPPORT TEAM FOR EMERGENCY MEDICAL SERVICES

PURPOSE

This procedure details the process utilized by the Montgomery County Department of Public Safety, Emergency Medical Services Division to activate the on-call Incident Support Team (IST). This procedure provides guidelines for the integration and transition of the IST with the existing Incident Management System.

SCOPE

This procedure applies to all members of the Montgomery County Department of Public Safety, Emergency Medical Services Division and may include personnel from other departments or organizations as appropriate. The goal of the Montgomery County Department of Public Safety (ECOMPS) is to have a trained Incident Support Team available to assist with the management of emergency and non-emergency incidents.

DEFINITIONS

Incident Support Team – Team comprised of qualified and trained personnel from multiple emergency medical service organizations who respond to assist in the management of intermediate to large scale or complex incidents. Team members fill pre-designated positions on a rotational basis.

SECTION 1- INCIDENT SUPPORT TEAM PROCEDURE

Team Composition

Team Leader will be assigned to the team member who is closest in proximity to the incident and is available to respond based on notification to the EMS Office staff person. This person will be responsible for making contact with the Incident Commander upon arrival at the incident location. The MCDPS on-call staff person will be point of contact EMA Coordination MHz channel. The Montgomery County Department of Public Safety reserves the right to make any changes, including removing a member from the IST, by notifying the affected member in writing.

Regular Team Assignments (14 positions)

IC, Safety Officer, Information Officer, Liaison Officer, Operations Section Chief, Planning Section Chief, Logistics Section Chief, Triage, Treatment, Transportation, Rehab Officer, Documentation Officer, Dispatcher (on-scene duties as assigned), remaining IST member's duties to be assigned.

On-call Status

The IST will be available to respond in some capacity 24-hours a day.

Notifications

Montgomery County Emergency Dispatch Services (MCEDS) will notify Team members via EVERBRIDGE Everbridge notification of any mobilization request. The request will be classified as Urgent or Non-Urgent Response Requested. . The team members will contact the on-call MCDPS person to notify them of their response. The MCDPS staff member will report responding personnel to the EDS Supervisor to be placed in the incident complaint for reference. The MCDPS on call reserves the right to limit the response of personnel to ensure relief crews and additional availability based on the incident severity and type. The "IST" unit will be placed on the incident complaint so that updates will be received via pager throughout the incident. The team leader will be the responding individual who is closest in proximity to the incident location(s) and will be responsible for reporting to the Incident Commander for instructions.

SECTION 2- TEAM SUPPORT AND MOBILIZATION

Team Support

IST's will require support while operating at incidents. Once ECOM supervisor has sent the notification to the team, the Mobile Communications Unit should be dispatched to the scene, if not already done. The Field Comm. unit will contain a cache of equipment utilized by the team members in order to function in a proper and organized fashion.

Team Mobilization

The IST shall be deployed at the request of the Incident Commander or activation of the Montgomery County Mass Casualty Plan. Decisions to deploy should be made as soon as the need is identified in order to get resources to the incident in a timely manner. Care should be taken to

activate the IST resources whenever necessary to provide support for the on-scene command staff.

Factors to consider when determining the need for an IST include:

- Type of incident
- Size of incident
- Incident potential/duration

When activating the IST, provide MCEDS with the following information:

- Type of activation (Urgent vs. Non-Urgent)
- Type of Incident (What type of role will the team members be completing)
- Command Location
- Staging or Check-in Location for arriving members

Initial Team Member responsibilities

Upon receiving a page, responding members must contact the MCDPS on call Staff member via 800 MHz radio and acknowledge response and ETA within 15 minutes.

Respond to the appropriate location and assume duties as assigned.

IST "Team Leader" Member

Contact on-scene IC and determine:

1. Current situation status
2. Initial action plan
3. Resource status (on-scene, ordered, etc…)
4. Needs
5. Determine roles/responsibilities for responding IST members as they arrive to augment the on-scene resources.

SECTION 3- IST MEMBER RESPONSIBILITIES

IST Members

Report to assigned location and advise MCDPS On call Staff member of their arrival. IST members should begin to organize and gather forms, documents, etc. prior to strategy meeting.

Transition of Command

One of the foundation principles of Incident Support Teams is that the team brings to the incident a cohesive group of trained team members who have experience managing complex incidents, and who have trained together in specified areas of responsibility. The IST Team Leader must recognize the need to augment the on-scene command staff. This will allow the current command staff to strengthen their response. In large or complex incidents, the IST Team Leader will merge his/her resources with those already on-scenes and organize the Operations, Planning, Logistics and

Administration sections. It will be the responsibility of the Department of Public Safety staff to handle command and control issues that arise between the team members on scene responders. All team members should report any issues to on-site DPS staff and should support the needs and requests of the on-scene responders to the fullest ability without assuming control of the incident.

Post-incident Analysis

Responding units and IST members alike can benefit from the careful and introspective critique of performance. The Montgomery County Department of Public Safety, in conjunction with the Command Staff and IST, shall prepare a post-incident summary and conduct a critique to serve as a learning tool for all responders. At a minimum, responding IST members and Command Staff should attend. All emergency responders who operated at the incident should be encouraged to attend.

Training

Position-specific training will be provided on initial assignment to the team. Additional team training and drills should be conducted quarterly.

Appendix A MCI Cache Inventory

MCI 324 Trappe Fire and Ambulance

Tents:

- 2 Red
- 2 Yellow
- 2 Green

- 2 Triage Tarp Bags
- 2 Bags of MCI signs

Cones

- 40 red
- 40 yellow
- 40 green

- 1 LSI Multi Port O2 pack

Medical POD 329 Good Will Ambulance

LEFT REAR COMPARTMENT

20 – Airway bags

4- Tan Colored Tubs

9- Blue Duffel bags sealed

24- Black Body Bags

LEFT FRONT COMPARTMENT

4- Tan colored Tubs

1- Oxygen cart with 24 Oxygen bottles

1- EMS Command Smart Tag Bag red

2 sets Command Sector Flags

2- Black bags with colored tarps

RIGHT REAR COMPARTMENT

80- Back Boards

1- Red Tent

1- Green Tent

1- Yellow Tent

- Yellow Cones

- Red Cones

- Green Cones

RIGHT REAR COMPARTMENT

19- Raven Litters

10 Reeves Litters

1- Red Tent

1- Green Tent

1- Yellow Tent

Medical POD Inventory
STATION 82

LEFT REAR COMPARTMENT

20 – Airway bags

4- Tan Colored Tubs

9- Blue Duffel bags sealed

24- Black Body Bags

LEFT FRONT COMPARTMENT

4- Tan colored Tubs

1- Oxygen cart with 24 Oxygen bottles

1- EMS Command Smart Tag Bag red

2 sets Command Sector Flags

2- Black bags with colored tarps

RIGHT REAR COMPARTMENT

80- Back Boards

1- Red Tent

1- Green Tent

1- Yellow Tent

- Yellow Cones

- Red Cones

- Green Cones

RIGHT REAR COMPARTMENT

19- Raven Litters

10 Reeves Litters

1- Red Tent

1- Green Tent

1- Yellow Tent

Medical POD Inventory
Eagleville Location

REAR COMPARTMENT

20 – Airway bags

24- Black Body Bags

1- Oxygen cart with 24 Oxygen bottles

1- EMS Command Smart Tag Bag red

2 sets Command Sector Flags

2- SMART MCI tag Kits

2- Black bags with colored tarps

80- Back Boards

1- Red Tent

1- Green Tent

1- Yellow Tent

- Yellow Cones

- Red Cones

- Green Cones

RIGHT REAR COMPARTMENT

19- Raven Litters

10 Reeves Litters

1- Red Tent

1- Green Tent

1- Yellow Tent

MCI 345 VMSC Lansdale

Cones:
40 Red:
40 Green
40 Yellow
bandages

Tents:

2 Red
2 Green
2 Yellow

25 Disaster Pouch

4 MCI Vests in red bag

1 Hazmat Kit

200 Field dressings

1 Sharps Container

50 personnel marker lights
sterile dress

2 multi port o2 systems

1 roll caution tape

200 trauma dressing
22 foil blankets
60 triangle

200 surgical sponges
4 body bags

Tarps:
3 red
3 green
3 yellow

2 Smart Triage Comm.

3 chairs
19 orange cones
1 bx sheets

26 wool blankets

200 scissor bandages
200 dyed

36 Lg. coveralls
36 Xl coveralls
250 tyvex suits
10 C collar kits

16 short boards

18 CID’s

30 Safety Markers

command sign
Flags

1 green

1 black
1 yellow

12 sm writing tablets
3 Lg. yellow writing tablets

100 field dressings
50 Triangle Bandage

2 bags of MCI

2 bx. of gloves

Appendix B Map

CASUALTY COLLECTION POINT (CCP)

Item	Description	Unit of Issue	Total U
PATIENT CARE SUPPLIES			
ABD Bandage Pads, Sterile; 8” X 10”	8" X 10"	24 Packs / bx.	
Band-Aids	1" X 3" Sheer Strips	100 / bx.	3
Multi-Trauma Dressing	12" X 30" – Sterile	50 / cs.	1
Vaseline Dressing 3"X9"	Gauze Occlusive 3"X9"	ea.	24
Triangular Bandage With Pins	Individually Packaged With Two Safety Pins For Easy Use, Constructed Of Muslin, 36” X 36” X 51”	12 / bx.	3
Cold Pack	4" X 6"	24 / cs.	2
Bathing Supply, Prepackaged	Premium Pre-Moistened Needle Punch Cleansing And Bathing Washcloths With Aloe; Hypoallergenic, Alcohol Free, Latex Free; Soft To Skin, Accordion Folded For Easy Dispensing; Mild Scent	ea.	17
Bedpans - Regular	Plastic Bed Pan Saddle Shape And High Rolled Front Is Designed For Patient Comfort	ea.	3
Chux Protective Pads	Disposable Protective Pad	50 / bx.	8
Disposable Linen Sets For Surge Beds	Fitted Sheet, Patient Privacy Flat Sheet, Pillow, Pillow Case, And Quilted Blanket, PRE-PACKAGED AS A SET	5 Sets / bx.	10
Facial Tissue, Individual Patient Box	Facial Tissue, 50 Sheets/Box	ea.	15
Gloves, Non-Sterile, Large (Non-Latex)	Nitrile Powder-Free Exam Gloves, Standard Blue - Large	100 / bx.	7
Gloves, Non-Sterile, Medium (Non-Latex)	Nitrile Powder-Free Exam Gloves, Standard Blue - Medium	100 / bx.	7
Gloves, Non-Sterile, Small (Non-Latex)	Nitrile Powder-Free Exam Gloves, Standard Blue - Small	100 / bx.	7
Goggles, Splash Resistant, Disposable	Chemical Splash/Impact Goggle	ea.	4
Gauze Pads, Non-Sterile, 4x4 Size, Tube Size	Sponge, Gauze, Non-Sterile, 4"X4", 12 Ply	200 / pkg.	5
Gauze Roll, 3" Non-Sterile	Bandage, Conforming, Stretch, Non-Sterile 3"X4.1 Yd	96 / cs.	3
Hand Cleaner, Waterless Alcohol-Based; 4 Oz Bottle	Instant Hand Sanitizing Lotion	24 / cs.	16
Morgue Kits	Body Bag With Toe Tag, Clear Liner & RF Sealed	ea.	10
Sheets, Disposable For Stretchers/Cots	40" X 72" (2) Ply/Poly Drape Sheet	50 / pkg.	4
Surge Bed	21”H X 33”W X 83”L Patient Cot 5 Position Headrest Adjustments And Detachable IV Pole; 2 Trendelenburg Adjustments; 2” Egg Crate Mattress Padding, Flame Retardant; 500 Lb. Weight Capacity	ea.	17
Surge Bed Cart	Rolling Carts Hold Up To 10 Beds Per Rack; 3” Casters Swivel In Front For Easy Maneuvering; 37.25”W X 43.5”L X 75”H	ea.	2
Urinals	Translucent White Plastic Urinal Has Handle Designed For Easy Holding Or Bedside Hanging. Attached Lid Helps Prevent Spilling, Reduces Odors Measures To 32oz (960ml)	ea.	3
N-95 Mask	Shell Protects The Filter Media So It Stays Cleaner Looking Longer; Resists Collapsing So It Holds Its Shape Longer; No Metal Nose Band To Adjust	20 / cs.	4
Carts: Supply, Iv And Meds Crash	5-Drawer Red Key Lock Cart With Handle	ea.	1

Medical Surge Equipment Cache		
ITEM	**ITEM**	**QUANTITY**
1	28' X 8' CarMate Box Trailer Eagle	1
2	Trailer Transport	1
3	Trailer Graphics	1
4	E Channel Rings	30
5	Totes Containers	12
6	20' Heavy Duty Straps	20
7	Adjustable Cabinets	3
8	Multi-Trauma Dressing	2 cases
9	4 X 4 Dressings	2 cases
10	Nasal Cannula 50 per case	2 cases
11	BVM 12 per case	1 cases
12	4" Kling	2 cases
13	Cravats 240 per case	2 cases
14	Nitriles Gloves	2 cases
15	2" Durapore Tape	2 cases
16	Non-Rebreather Oxygen Masks 50 per case	2 cases
17	Blood Pressure Cuff & Stethoscope	10
18	30" West Cot APC w/iv pole	8
19	Medical Needs Cot w/iv pole	44
20	3 Wall Dividers	6
21	Suction Units	4
22	Folding Chairs	12
23	6' Folding Tables	8
24	4' Folding Tables	8
25	8' Folding Tables	2
26	8 Bed Cart	4
27	7 Bed cart	1
28	Water Buffalo	2
29	23 x 24 Cart	2
30	Linens Packs	158
31	Directional Signs	19
32	Pharm/Carts	1
33	Large Sharps Containers	6
34	Refrigerators	1
35	Basins 6 qt	53
36	Urinals	53
37	Fx Bed Pans	53
38	Hygiene Packs	158
39	5' Linen Carts	3

40	One Gallon Disenfectant	3
41	Disenfectant Spray Bottles 32 oz	3
42	Rag Bags	1
43	100' 16 GA Extension Cords	6
44	Heavy Duty Power Strips	6
45	N95 Mask with Shields	53
46	Disposable Gowns	2 bx
47	Cardboard Trash Boxes	60
48	Extra Large Red Bags	50
49	Mask with Faceshield 150/box	1 Box

TRAILER TYPE	EMS REGION WITH RESPONSIBILITY	ADDRESS	CITY	ZIP
MMSS	Region: 09 - Southern Alleghenies	123 Olde Farm Office Centre Rd	Duncansville	16635
MSEC	Region: 09 - Southern Alleghenies	123 Olde Farm Office Centre Rd	Duncansville	16635
CCP	Region: 13 - Montgomery County	50 Eagleville Rd	Eagleville	19403
MSEC	Region: 13 - Montgomery County	50 Eagleville Rd	Eagleville	19403
MMSS	Region: 08 - Seven Mountains	492 W. Sycamore Rd.	Snow Shoe	16874
MSEC	Region: 08 - Seven Mountains	700 Rishel Hill Rd.	Bellefonte	16823
MSEC	Region: 04 – EMS West	1411 Million Dollar Highway	Kersey	15801
MMSS	Region: 05 - EMS of Northeastern	1000 Dunham Dr	Dunmore	18512
MSEC	Region: 05 - EMS of Northeastern	1000 Dunham Dr	Dunmore	18512
CCP	Region: 05 - EMS of Northeastern	Hanover Twp. Ambulance 1001 Center St	Hanover Township	18706
MMSS	Region: 04 – EMS West	1002 Church Hill Road	Pittsburgh	15205
MSEC	Region: 04 – EMS West	1002 Church Hill Road	Pittsburgh	15205
MSEC	Region: 04 – EMS West	1002 Church Hill Road	Pittsburgh	15205
MMSS	Region: 02 - Eastern	4801 Kernsville Rd	Orefeild	18104
MSEC	Region: 02 - Eastern	4801 Kernsville Rd	Orefeild	18104
MSEC	Region: 14 - Philadelphia	4801 Kernsville Rd	Orefeild	18104
MSEC	Region: 14 - Philadelphia	4801 Kernsville Rd	Orefeild	18104
MSEC	Region: 10 - Bucks County	616 E Lincoln Highway	Langhorne	19047
MMSS	Region: 03 - EHS Federation	718 Limekiln Road	New Cumberland	17070
MSEC	Region: 03 - EHS Federation	718 Limekiln Road	New Cumberland	17070
MMSS	Region: 18 - EMMCO West	16271 Conneaut Lake Rd	Meadville	16335
MSEC	Region: 18 - EMMCO West	202 Venango Ave,	Cambridge Springs	16403
MSEC	Region: 15 - Susquehanna	265 Point Township Drive	Northumberland	17857
MSEC	Region: 07 - LTS	800 Airport Road	Montoursville	17754
MSEC	Region: 12 - Delaware County	360 N. Middletown Road	Lima	19037
MSEC	Region: 11 - Chester County	3 S. Bacton Hill Rd	Frazer	19355
MSEC	Region: 18 - EMMCO West	32591 Pennsylvania 66	Leeper	16233