

BROOME COUNTY EMERGENCY MEDICAL SERVICES SYSTEM



MASS CASUALTY INCIDENT RESPONSE PLAN

Revised January 2019

Purpose and Objectives

The purpose of this Mass Casualty Incident (MCI) Response Plan for Broome County is to provide a uniform response to a mass casualty situation, whether it is from a natural or man-made cause.

The objectives of the plan are:

- To provide a methodology by which emergency medical care and transportation can be provided to the victims of a natural or man-made (whether intentional or unintentional) incident.
- To provide a method to identify those patients most in need of emergency medical care at an MCI, and to assure that those patients are the first to receive care and transportation.
- To coordinate manpower, equipment, vehicles, and other resources in response to an MCI.
- To describe the lines of command and information flow (communications), so that essential information is quickly obtained and disseminated as needed for effective incident management.
- To minimize confusion and error.
- To provide a uniform response to an MCI within Broome County.
- To serve as a guide for organization and training of EMS personnel for response to future MCIs.

Definitions

Closed Incident	An incident at which victims are confined in an enclosed area, and thus are or may not be readily accessible to rescuers.
Contained Incident	An incident in which the injury-causing mechanism or factors have ceased, thus rendering additional casualties unlikely.
Continuing Incident	An incident in which the injury-causing mechanism or factors continue or may be continuing in effect, thus making additional casualties likely, or at least possible.
Event	Any planned, non-emergency activity for which Medical Incident Management/NIMS will be utilized (e.g.: parades, concerts, sporting events)
Emergency	Any unplanned occurrence, natural or human-caused, that requires an emergency response to protect life or property.
First-In Report (or Size-Up)	The initial report on the situation and conditions assessed and observed by the first-arriving EMS unit, which must be transmitted to the Communications Center via the Incident Command Post.
Incident	An occurrence or event, natural or human-caused that requires and emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, public health and medical emergencies, and other occurrences requiring an emergency response.
Incident Command Major Disaster	The entity in overall command of all personnel, functions, and resources at an incident scene, and responsible for overall incident management. As defined under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122), a major disaster is any natural catastrophe (including any hurricane, water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts and available resources of States, tribes, local governments, and

disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

Multiple Casualty Incident (MCI) An event resulting in a number of actual or potential human casualties which will severely challenge or exceed the immediately-available resources of the EMS agency in whose primary response area the event occurs, requiring the mobilization of other resources to alleviate the immediate need.

Open Incident An incident at which victims are spread out over an open area, and thus are readily-accessible to rescuers.

Primary (or Initial) Triage The act of quickly sorting victims into categories of severity of injury, using the START Triage System, in order to facilitate their treatment and transport from the scene in the order indicated by medical necessity.

Secondary Triage The act of re-evaluating the triage category given to patients during Primary Triage, commonly done after the patient has been removed to the Treatment Area, where conditions are more conducive to an accurate evaluation, and/or the patient's condition may have changed.

Single Command A single individual acting as the Incident Commander.

START Triage Simple Triage and Rapid Treatment system used in MCIs (see attached)

Unified Command Responding agencies and/or jurisdictions with responsibility for the incident share the incident command role.

I) **Rationale:** Early Implementation and utilization of the Incident Command System (ICS), specifically the "MEDICAL BRANCH", improves a patient's chances for recovery and survival through the establishment of a well-organized, clearly defined unified incident management structure that insures timely and optimal clinical care decision making and utilization of emergency resources. Early, patient-specific clinical notification to hospitals Emergency Department Physicians/Charge Nurse by certified EMS providers will optimize the hospitals opportunity to prepare for each inbound patient. The goal is to minimize out-of-hospital time while optimizing pre-hospital care and hospital preparedness.

II) **Authority:** This plan mirrors a REMAC-approved protocol, and shall be considered a **physician order**, and will be followed by all EMS providers and agencies operating within this County. Each implementation of this plan will be reviewed at a minimum by the primary EMS agency leaders, as part of the EMS agency Quality Management Program. Appropriate written records of these reviews along with general opportunities for development/improvement and training, will be shared with the agency and REMAC.

III) **Procedure:** Upon arrival of the "First-due" EMS Unit, the EMS provider "in charge" will report to or establish an incident command post (if not already established) and implement this protocol by establishing a unified Command Post or the "Medical Branch" as soon as it is determined that this protocol applies. This EMS provider shall assume the radio designation of " _____ Command Post or "Medical Branch Director" (an orderly transition of Medical

Location

Branch Leadership may occur as additional EMS units, agencies, leadership, and/or personnel arrive).

Actions: "First Due EMS Unit":

- a) The "first-due EMS unit" due to arrive on-scene will utilize all available information (e.g. dispatch, law enforcement, bystanders, etc.) to request the "Stand-by" or RESPONSE OF ADDITIONAL SPECIFIC EMS RESOURCES at the earliest indication of need (e.g. helicopter stand-by or launch, additional EMS personnel, ambulances, ALS response, fire/rescue, EMS Coordinator, agency management/ leadership, law enforcement, dive team, search and rescue, etc.). If a Command Post has already been established, the "first due" EMS unit will request these resources through the Command Post.

- b) Assure or establish scene safety in conjunction with the on-scene command post (Fire and/or Law Command Post Leaders) (reassessment of scene safety should be an ongoing effort by all public safety personnel and leaders). If the Command Post does not communicate "Scene Safe" to all responders then a good deal of duplication of scene safety surveys may occur.
- c) As the First-Due EMS unit arrives, broadcast a size-up if no command post has been established to include what you can see or what you are told (e.g. number of vehicles, actual or potential hazards, number of possible patients visible, description of structure or scene, nature/severity of injuries, etc.) Establish a Command Post if one does not exist.

Establishing a Command Post:

"_____ Command Post is established". Command Post will be operating on _____ radio channel.
(Geographic incident location)

State: Incident Operations will be operating on radio channel _____. (if different)
 Medical Operations will be on radio channel _____. (if different)
 You may request the Communications Center to do this for you assuring notification to all on-scene and responding units.)

- d) EMS/Medical Leader at Command Post or "MEDICAL BRANCH DIRECTOR" will don the "MEDICAL COMMAND" vest. Other Command Post leaders will don the appropriate ICS vest.
- e) **First In Report:** Following an immediate medical scene survey, the Medical Branch Director will cause through the Command Post or, if no Command Post is yet established, broadcast a first-in medical report to be relayed (re-broadcast by 911 Center) to all on-scene and responding units that includes: **(BROADCAST LIFE SAFETY HAZARDS FIRST!)**
 1. Scene Safety Issues/Cautions/Directions
 2. Life Safety Hazards: HazMat? Weather?
 3. Number of Patients and Severity (Red, Yellow, Green, Black) *If there are two or more red patients, the County 911 Center will dispatch EMS Agency leadership and a County EMS Coordinator per their own County Protocol (if available)
 4. Staging Area Location (if needed)
 5. Number Trapped/Type of Rescue Needed
 6. Best Access (Road Blocked?)
 7. Orders for additional units/personnel
 8. Cause(s) of Injuries/Illnesses (if known)
 9. Directs 911 Center to notify "all" or "specific" hospital(s) of incident location, nature, medical details.

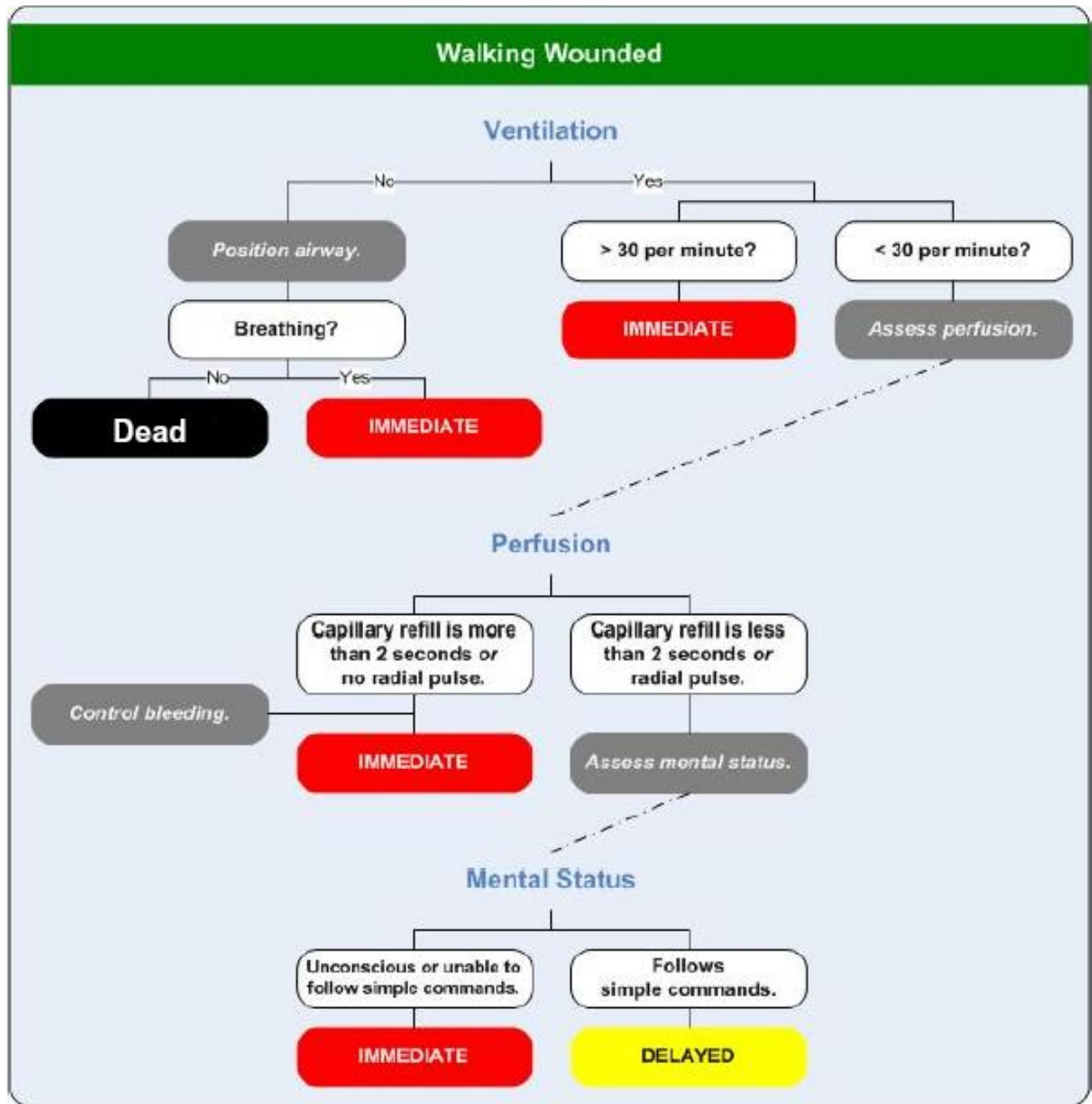
- f) **Requesting Resources:** Request through the Command Post the Response of Additional Resources **(examples of such might include the following):**

Medical	Other
Additional Ambulances and EMS Personnel (at least one ALS ambulance for every red patient).	Fire/Rescue units and personnel
ALS Rapid Response Vehicles and Medics	Law Enforcement
Aero MedEvac Units/MedEvac Helicopters	Specialty Terrain Vehicles (boats, snowmobiles, URV's, ATV's, etc.)
EMS Agency Leadership/Management	Air boats or military assets (National Guard, etc.)
County EMS Coordinator Staff County 911 Field Operations "Command Post" type vehicles (staffed?)	Specially trained/technical response teams (CV!, HAZMAT, Dive, SAR, High Angle/Low Angle Rescue)
Additional medical supplies/assets for prolonged operations (Broome County MCI Trailer).	IMAT (Incident Management Assistance Team (if available)
Consider the need for County and State Health Department resources	Consider the need for Critical Incident Stress Support Personnel

NOTE:
EMS PROVIDERS OR EMS AGENCY OFFICIALS WILL NOT CANCEL OR DIVERT RESOURCES IF NOT ON THE SCENE OF THE INCIDENT.

- g) **Hospital Contact:** Medical Branch Director or designee will establish and maintain early and frequent contact with destination hospitals. Develop a specific single contact at each hospital (Command Physician or Charge RN) in order to maintain consistency and accuracy of information
1. Consider continuous, open-line of communication with hospital(s) if possible. You may have to go through the 911 Center.
 2. Provide Hospital Medical Command Physician with event details, number of suspected patients, nature of injuries/illness, contamination, special needs, etc.
 3. Ascertain Emergency Department capacity for each hospital (# red, # yellow, # green they can/will accept). (i.e. ("We have ___ red, ___ yellow, ___ green, and ___ black patients on scene at _____ and given the scope of this incident, how many ___ red, ___ yellow, green patients will you accept? Our likely ETA(s) will be _____.")
 4. Provide updates as they become available.
 5. Consider appointment of a dedicated "Hospital Communications" EMS provider to maintain contact with hospitals and provide updates as the situation progresses.
 6. Consider notification to out of area hospitals for larger incidents (Consult with EMS Coordinator Staff to assist you).
 7. Consider direct helicopter MedEvac of major burn injuries in an MCI situation directly to regional burn center. Consult with Medical Command Physician at trauma center.
- h) **Leadership Positions within Medical Branch:** Working and communicating effectively within the Unified Incident Command Post Structure, assign additional EMS responders to appropriate roles and establish EMS organizational units as necessary.
1. Medical Branch Director (consider "Medical Communications Coordinator")
 2. Triage Unit/Triage Unit Leader
 3. Treatment Unit/Treatment Unit Leader
 4. Medical/Ambulance Transportation Unit/Transportation Unit Leader
 5. Medical Supply Coordinator
 6. Medical Group Supervisor (if needed) (What's he do?)
 7. IMAT (Incident Management Assistance Team)
 8. County EMS Coordinator Roles: County EMS Coordinators will support the "Medical Branch Director" and Command Post as directed. They may perform the following functions as assigned:
 - i. Vest Command Post or Leadership Staff
 - ii. Poll hospitals for capacity and/or establish regular or continuous communications with hospitals
 - iii. Record incident /command post data for command post
 - iv. Issue radios or assist with medical communication functions
 - v. Support/Consultant to Medical Branch Director
 - vi. Arrange for Physician response to scene.
 - vii. Other duties as assigned by Medical Branch Director or Command post (within scope of practice)

START Triage Algorithm



2011 Guidelines for Field Triage of Injured Patients



When in doubt, transport to a trauma center.

Find the plan to save lives, at www.cdc.gov/FieldTriage

Lisle Fire Co Med Team

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
Brush 23	Flycar			

Maine Emergency Squad

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
8521	ALS Ambulance			
8522	ALS Ambulance			
8523	ALS Ambulance			
8551	⌘ Flycar			
8561	⌘ UTV			

Port Crane Fire Co Med Team

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
EMS 37	⌘ Flycar			
Utility 37	⌘ Flycar			

Port Dickinson Fire Dept Med Team

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
Brush 35	⌘ Flycar			

Sanitaria Springs Fire Co Med Team

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
Rescue 49	⌘ Flycar			

Superior Ambulance Service, Inc.

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
7821	ALS Ambulance			
7822	ALS Ambulance			
7823	ALS Ambulance			
7824	ALS Ambulance			
7825	ALS Ambulance			
7826	ALS Ambulance			
7828	ALS Ambulance			
7829	ALS Ambulance			
7831	ALS Ambulance			
7857	ALS Flycar			

Triangle Fire Co Med Team

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
EMS 61	⌘ Flycar			

Union Center Fire Co Med Team

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
Brush 53	BLS Flycar			
Command Veh. 53	BLS Flycar			
8101/53	⌘ Flycar			
Squad 53-2	⌘ Flycar			

Union Volunteer Emergency Squad

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
7921	ALS Ambulance			
7922	ALS Ambulance			
7923	ALS Ambulance			
7924	ALS Ambulance			
7925	ALS Ambulance			
7927	ALS Ambulance			
7928	ALS Ambulance			
7951	ALS Flycar			
7952	ALS Flycar			
7961	BLS UTV			

Vestal Volunteer Emergency Squad

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
8121	ALS Ambulance			
8122	ALS Ambulance			
8123	ALS Ambulance			
8124	ALS Ambulance			
8125	ALS Ambulance			
8151	BLS Flycar			
8152	ALS Flycar			
8153	BLS Flycar			
8154	ALS Flycar			
8161	BLS UTV			

West Colesville Fire Co Med Team

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
Utility 51	BLS Flycar			

West Corners Fire Dept Med Team

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
EMS 29	BLS Flycar			
Rescue 29	BLS Flycar			

West Windsor Fire Co Med Team

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
Utility 54	BLS Flycar			

Whitney Point Fire Dept Med Team

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
Command Veh. 24	BLS Flycar			

AEROMEDICAL (Medical Helicopter) AGENCIES**Guthrie Air (LifeNet 7-7, Sayre, PA)**

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
Guthrie Air	ALS Helicopter			

LifeNet 7-8 (Sidney Airport)

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
LifeNet 7-8	ALS Helicopter			

OUT OF COUNTY (Bordering)**Afton Fire Department Emergency Squad (Chenango County)**

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
119	ALS Ambulance			

Apalachin Fire Department Emergency Squad (Tioga County)

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
131	ALS Ambulance			
132	ALS Ambulance			
152	ALS Flycar			

Barnes-Kasson Hospital (Susquehanna, PA)

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
	ALS Ambulance			
	ALS Flycar			

Berkshire Fire District (Tioga County)

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
231	BLS Ambulance			

Campville Fire Department Emergency Squad (Tioga County)

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
331	ALS Ambulance			
332	ALS Ambulance			
333	ALS Ambulance			
351	ALS Flycar			

American Medical Response - AMR (Chenango and Delaware Counties)

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
	ALS Ambulance			
	ALS Ambulance			

Great Bend-Hallstead Ambulance (PA)

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
	BLS Ambulance			

Greene Emergency Squad (Chenango County)

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
219	ALS Ambulance			
2191	ALS Ambulance			

Town of Hancock Volunteer Ambulance Corp (Delaware County)

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
1762	ALS Ambulance			
1763	ALS Ambulance			
1764	ALS Ambulance			

Marathon Area Volunteer Ambulance Corps (Cortland County)

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
651	ALS Ambulance			
653	ALS Ambulance			
655	ALS Flycar			

Silver Lake Fire Company Rescue Squad (PA)

UNIT IDENTIFIER	UNIT TYPE	STAFFING LEVEL	STATUS	LOCATION
Silver Lake 5	BLS Ambulance			
Silver Lake 6	BLS Ambulance			