**Emergency Medical Services
of Northeastern Pennsylvania**

MCI and Disaster Management Guidelines

June 2024

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INTRODUCTION, PURPOSE AND ASSUMPTIONS

The Emergency Medical Service Northeast Pennsylvania Council (EMSNP), Mass Casualty Incident (MCI) Plan outlines the role of Emergency Medical Services (EMS) providers in the event of an MCI in Bradford, Lackawanna, Luzerne, Susquehanna, Pike, Wayne, and Wyoming counties. The plan was developed utilizing command structures and emergency management directives specified in the National Incident Management System (NIMS), March 1, 2004, promulgated by the U.S. Department of Homeland Security.

These guidelines will only address the key elements of the EMS segment within the Unified Command Structure, outlining how the EMS sector should operate within the Unified Command System. EMS Operations shall be headed by EMS Command supported by the EMS Operations, EMS Safety, Triage, Treatment, Transport and Rehab Officers. Not every incident will have a separate individual for each role, depending on size and staffing several roles may be combined into one. Keep in mind the recognized span of control of 5-7 per section head.

The EMSNP MCI Plan is intended as a guideline to be used to coordinate an emergency medical response to an MCI within the EMSNP region. It recognizes support systems such as strategic planning by three Pennsylvania Regional Counter Terrorism Task Force groups, activation of trained and equipped interstate and intrastate ambulance services (PA EMS STRIKE TEAMS), availability of CHEMPACK and National Stockpile pharmaceutical and EMS equipment caches in support of regional and statewide MCI responses.

A Mass Casualty Incident (MCI) may be defined as an event creating injuries and/or deaths of several patients beyond what the jurisdiction involved is routinely capable of handling. An MCI may be caused by natural disaster, accident, human error, terrorist activities including weapons of mass destruction, bio-terrorism or any other event where multiple injuries or deaths result.

This plan covers small MCI EMS operations with jurisdictional mitigation to large MCI EMS operations controlled by a regional Emergency Operations Center (EOC) response and beyond. The purpose of this plan is to define objectives and specific actions such as organizing emergency medical resources, controlling the scene, assigning appropriate response and establishment of a common organizational management structure during an MCI within the region The plan also recognizes the importance of a Joint Information Center (JIC) to facilitate media needs and accurately disseminate information to the general public.

This plan assumes that within the EMSNP Region, Hospitals, Fire, Rescue, Law Enforcement, EMA, Communications Centers, and other agencies involved in an MCI have plans compatible with this document. It also assumes each EMSNP provider has mutual-aid agreements with appropriate jurisdictions from which they expect to receive or to which they expect to provide MCI assistance.

EMSNP Regional Protocols for triage, patient care and transport will be followed during an EMS MCI response as outlined in this plan.

Scene safety and the use of personal protective equipment (PPE) are of paramount importance. All directives and guidelines related to these areas will always be adhered to. The use of psychological and support services provided by Critical Incident Stress Management (CISM), American Red Cross and other crisis response teams are essential.
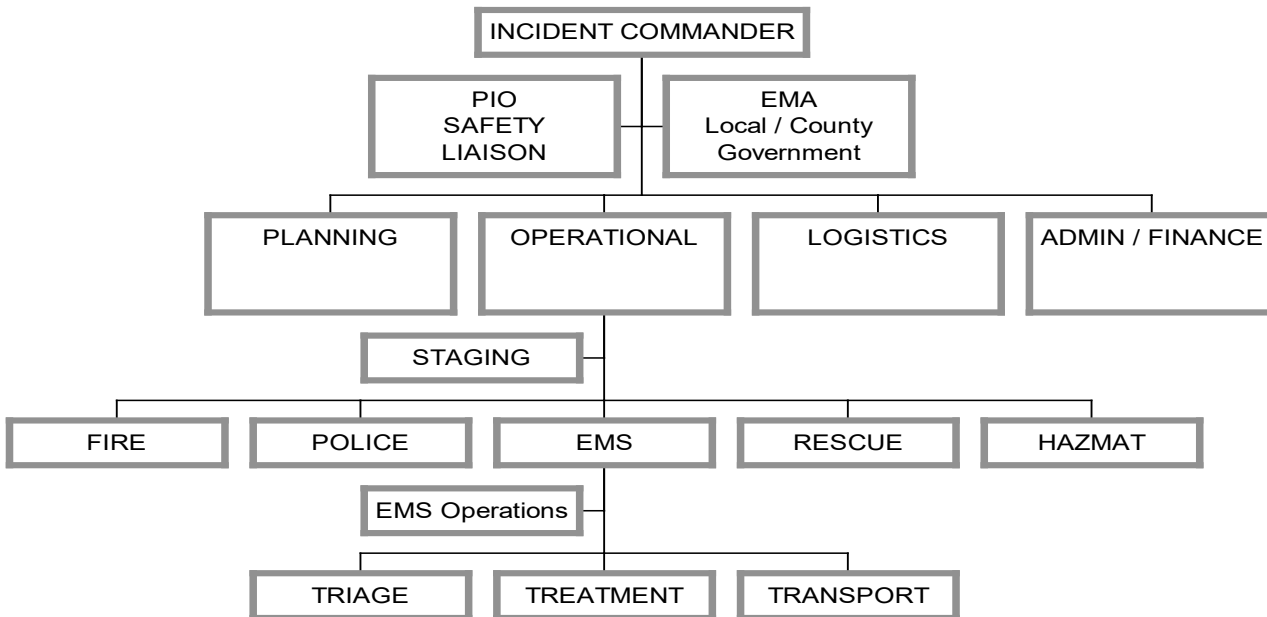
COMMAND AND MANAGEMENT

As stated above, EMSNP has adopted the Unified Command Structure as the standard operational response to all MCI incidents within the region. All providers will utilize The Unified Command Structure specified by the U.S. Homeland Security Directives and NIMS Guidelines in response to, or mitigation of a Mass Casualty Incident.

1. The use of the Incident Command System (ICS) is beneficial for the following reasons as outlined by the U.S. Homeland Security Department in their National Incident Management System publication.

- **A basic premise of ICS is that it is widely applicable.**
- **It is used to organize both near-term and long-term field operations for a broad spectrum of emergencies from small to complex incidents.**
- **It is flexible and can expand or contract with the escalation and de-escalation of the incident.**

2. On-scene operations are usually managed by the agency having the most involvement if the agency has the resources for the type of incident that is encountered. The ICS structure more easily supports the integration of non-public safety agencies into the structure. This allows all agencies to participate in the development of strategies to be employed in the mitigation of the incident. It ensures integration and consolidation of action plans and maximizes the use of resources.

3. The ICS command structure plays an important role in maintaining and managing "span of control". It assists those who have experience in managing large-scale incidents as well as those who do not commonly manage such operations. "Span of control" is vital to the success of any incident and is maintained as follows:

- **A manageable span of control should be kept between 3 to 7 people. The optimum number is 5 people.**

4. As the incident escalates, the lines of responsibility can be expanded. As the incident de-escalates and a demobilization of resources occurs, the system can be downsized to meet the operational needs at any time up to termination of the entire incident.

5. The ICS command structure affords the ability for relief or change in command during large scale or extended incidents going beyond regular or customary shift or work patterns. The system easily adapts to written forms of communications and planning where mitigation plans may need to be approved in writing.

UNIFIED INCIDENT COMMAND STRUCTURE

Unified Command Structure- Below is an outline of the Unified Incident Command Structure with the responsibilities of each Branch of the Command Structure

```
                    ┌─────────────────────┐
                    │ INCIDENT COMMANDER  │
                    └─────────────────────┘
        ┌──────────────────┐    ┌──────────────────┐
        │      PIO         │    │      EMA         │
        │     SAFETY       │    │  Local / County  │
        │    LIAISON       │    │   Government     │
        └──────────────────┘    └──────────────────┘

   ┌──────────┐  ┌──────────────┐  ┌──────────┐  ┌────────────────┐
   │ PLANNING │  │ OPERATIONAL  │  │ LOGISTICS│  │ ADMIN / FINANCE│
   └──────────┘  └──────────────┘  └──────────┘  └────────────────┘

                   ┌──────────┐
                   │ STAGING  │
                   └──────────┘

  ┌──────┐  ┌────────┐  ┌──────┐  ┌────────┐  ┌─────────┐
  │ FIRE │  │ POLICE │  │ EMS  │  │ RESCUE │  │ HAZMAT  │
  └──────┘  └────────┘  └──────┘  └────────┘  └─────────┘

                   ┌────────────────┐
                   │ EMS Operations │
                   └────────────────┘

      ┌────────┐  ┌───────────┐  ┌───────────┐
      │ TRIAGE │  │ TREATMENT │  │ TRANSPORT │
      └────────┘  └───────────┘  └───────────┘
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Incident Commander: The individual in overall command of MCI/disaster or another emergency incident.

PIO (Public Information Officer): The individual that is responsible for the release of information about the incident to the news media and other appropriate agencies and organizations.

Safety: The individual that is responsible for monitoring and assessing hazardous and unsafe situations and developing measures for assuring personnel safety of everyone involved in the incident.

Liaison: The individual that is responsible for interacting, (by providing a point of contact), with the other agencies and organizations involved in a disaster.

Emergency Management / Local - County Government: Individuals from these agencies that might have a role in the mitigation of a mass casualty incident. May serve as
overall incident commander dependent upon jurisdiction and situations of the event.

Planning: Responsible for the collection, evaluation, dissemination, and use of information regarding the development of the incident and status of resources.

Operational: Responsible for the management of all operations directly applicable to the primary mission.

Logistics: Responsible for providing facilities, services, materials, and other resources in support of the incident.

Administration/ Finance: Responsible for organizing and operate the finance section within the guidelines, policy and constraints established by the incident commander and the responsible agency. The constraints will vary dependent upon the type of event.

Fire, Rescue, EMS, Police and Haz Mat- Each branch has its own organization flow chart for command and control. The head of each branch is to report to either operations or to Incident Command their operational status.

EMS Branch of the Unified Command Structure- Below is an outline of the EMS Branch of the Unified Incident Command Structure with the responsibilities of each designated position of the EMS Branch. Not every incident that EMS establishes Command will need separate personnel filling these positions. In most cases providers will fill multiple positions and the size and complexity of the event dictates.

EMS Operations Structure within the
UNIFIED COMMAND SYSTEM
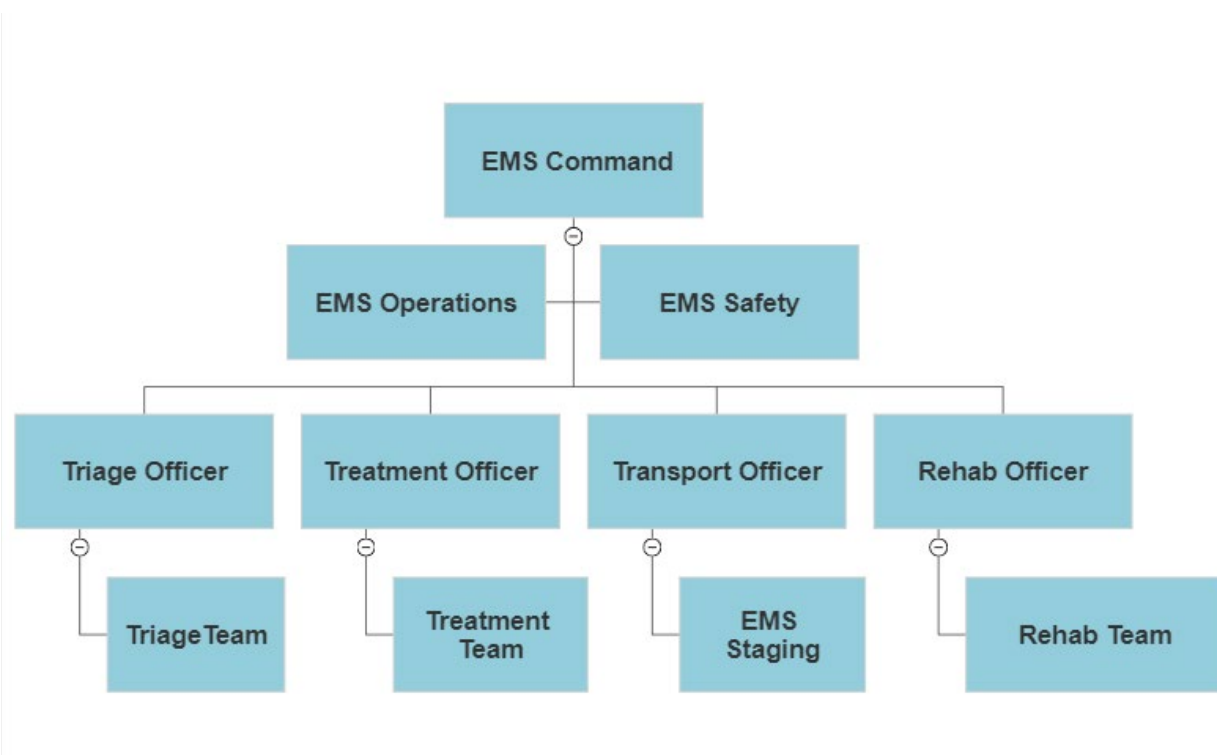
EMS Branch Roles and Responsibilities

EMS Command- The individual that receives a delegated assignment for a specific span of control under the EMS Operation Branch. This individual is responsible for the overall coordination of EMS activities at a disaster scene. This individual reports directly to the Incident Commander.

EMS Operations- The individual to provide operational support to the EMS branch. This includes medical supplies, rehab supplies or any other supplies needed to support the EMS operations.

EMS Safety Officer- The individual that is responsible for the accountability and security of all responders operating under the EMS Branch. Refer to the Annex for 2the recommended policy as it refers to Credentialing and Security.

Triage Officer - The individual that is responsible for the overall coordination of triage activities at a disaster scene. Reports operational status to EMS Command.

> **Triage Team Members -** Groups of medically trained personnel that assist the Triage Unit Leader in the triaging of victims. As the level of the incident escalates, more teams may be needed.

Treatment Officer - The individual that is responsible for the coordination of the treatment of patients at the patient collection stations. Reports operational status to EMS Command.

> **Treatment Team Members -** Groups of medically trained personnel, including physicians and nurses that assist the Treatment Unit Leader with the treatment of victims brought to the Patient Collection Stations. As the level of the incident escalates, each patient collection station may need to have individual Team Leads to better coordinate patient care.

Transportation Officer- The individual that is responsible for communicating with supervisors and hospitals to manage the transport of patients to hospitals for the scene of the disaster. Reports operational status to EMS Command.

> **EMS Staging Officer-** responsible for to coordination of EMS units on the scene and sending the appropriate unit as requested by the Transportation Officer. If the incident scale requires this may need to be split between Air and Ground coordination as needed.

Rehabilitation Officer- Is responsible for the health and wellbeing of all responders operating on the incident. Reports operational status to EMS Command.

> **Rehabilitation Team-** Medical personnel who provide medical screening to responders checking on only their vital signs and hydration, but their mental status as these incidents are not only physically demanding, but can be mentally overwhelming as well. Any responder that is taken out of service for either situation shall be reported immediately to the Rehabilitation officer for further action and reporting.

Most MCI incidents require only one Triage and Collection area, however if an incident covers a large area, it may require multiple Triage and Collection areas. These areas should be designated by their specific location with separate Triage and Treatment Officers reporting back to EMS Command. However, the Transportation Officer should continue to be the same, if needed additional personnel could be assigned to assist with communications and staging. Keeping EMS staging together will help with the efficient use of resources during the incident or identify the need for additional resources.

Response Levels.

Response Levels- Response levels are utilized to request appropriate resources to meet the needs of the number of survivable victims and to support the incident. These levels are driven by the anticipated causality counts, not the severity of injury. These levels are based on a National Standard followed nationally, just as the Incident Command System is followed.

Level One Response- Anticipates 1 - 10 causalities of various severities and should have a modified EMS Command initiated. Initial EMS response of 3-5 transport capable EMS units.

Possible Level One Command Structure

EMS Command
and Triage Officer

⊖

Treatment and
Transport Officer
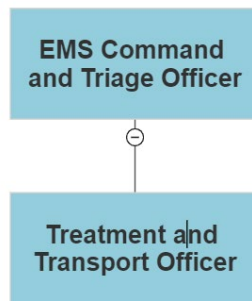
Level Two Response- Anticipates 11 – 25 causalities of various severities, this response requires a formal establishment of designated EMS Command Staff, to include but not limited to Triage, Treatment and Transport Officers. Initial EMS response of 5 – 10 transport capable EMS units. Additional EMS resources are recommended to handle emergencies not associated with the incident.

Possible Level Two Command Structure

EMS Command

⊖

| Triage Officer | Treatment Officer | Transport Officer |
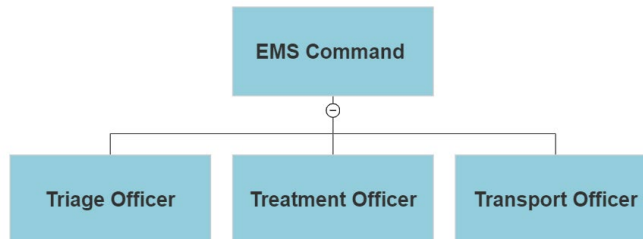
Level Three Response- Anticipates 26 causalities or greater of various severities, the Level Three response requires full designation of EMS Command staff, and the formation of Triage and Treatment Teams for extended on-scene treatment of causalities. Initial EMS response of 10 – 15 transport capable EMS units and consider alternate transportation modes for the walking wounded.

Possible Level Three Command Structure
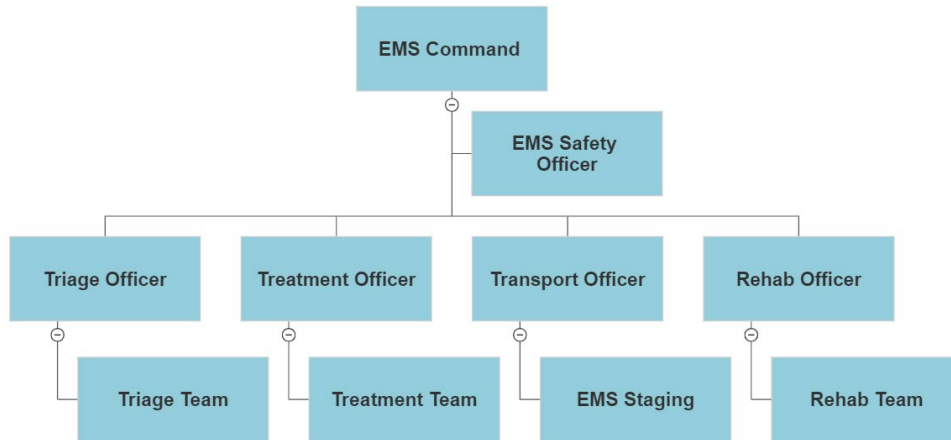
Level Four Response- Anticipates causalities that would require a regional response of EMS units for the incident and unassociated emergencies until the incident is mitigated. This response will require a second EMS Command structure to maintain accountability of the units operating outside the initial incident.

This size incident would have an EOC set up under the unified command where EMS Command would be located. Depending on the scope, EMS Command may require the incident site or geographical area divided into Divisions of Operations. Each of these divisions would have their own EMS command structure with each EMS commander communicating EMS Area Command at the EOC. In addition, a command structure not associated with the incident may need to be established to oversee the provision of EMS care to the area not affected by the incident.

Possible Level Four Command Structure
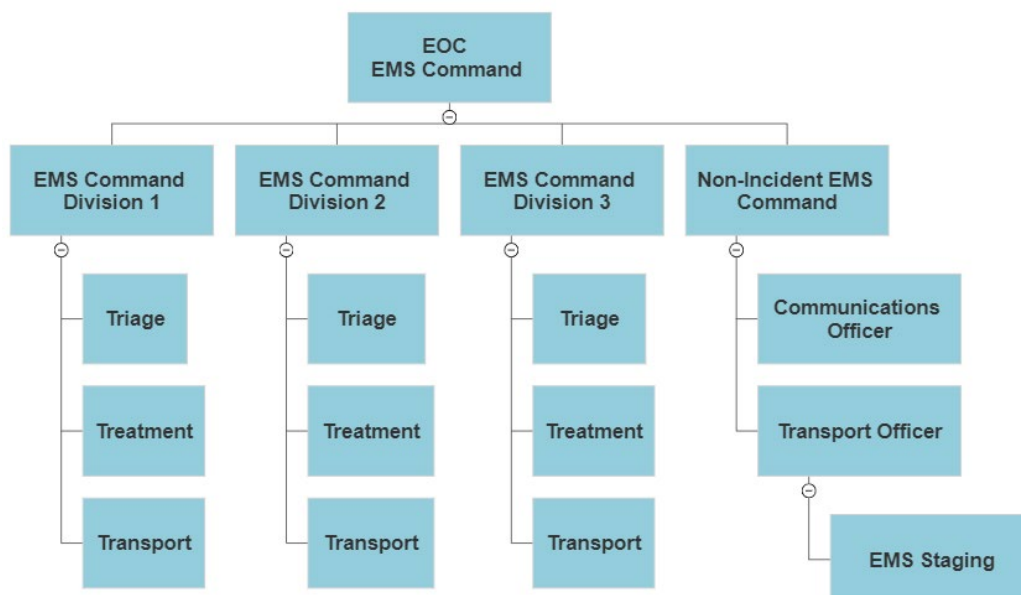
Special Situation Response

During any of the responses below the EMS Command structure can be adjusted to fit the specific needs of each incident. Every incident is different and can pose its own challenges and obstacles to overcome.

Active Assailant / Terroristic Incidents- An Active Assailant is an individual who engages in killing, or attempting to kill, people in a confined and populated area. Active Assailant and Terroristic Incidents have the potential for multiple, deferred, and hidden patients including the potential for assailants to be mistaken as patients. The standard EMS safety processes need to be aware of clandestine risks while being extended to include "safe-enough" responses into warm zones.

The complexity of the evolving incidents indicates the greater need to establish planning and standard operating procedures (SOPs) for these very volatile and dangerous situations. The primary objective is to prepare immediate and first responders to save the maximum number of lives possible. Several recommendations may strengthen the EMS response including:

- **Level Three Response** is indicated until the situation is deemed under control. EMS Command will define a "safe" staging area outside of the estimated scene perimeter.

- **Scene Safety and Security** is the first consideration and begins at the staging area. Responders should be verified by using State or Employer issued identification as defined by 2009 Act 37 CHAPTER 81 SUBCHAPTER A § 8113. Emergency medical services providers. (j) Identification. Enhanced awareness should be utilized to identify potential assailants, actors, or media who may embed into the Staging or Response areas.

- **Triage area(s)** should be identified prior to teams making entry into the incident, so they know where they are taking the patients. Triage areas should have two main characteristics, first set up outside of the immediate crime scene and second, if possible, with some type of protective cover from the incident. Vehicle access, however, is important, the safety of patients and responders needs to be addressed as well.

- **Training:** New patient stabilization and rescue techniques should be implemented such as incorporating tactical emergency casualty care (TECC) into planning and training. Training must include hemorrhage control techniques, including use of tourniquets, pressure dressings, and hemostatic agents. Training must also include assessment, triage, and transport of victims with lethal internal hemorrhage and torso trauma to definitive trauma care.

- **Training:** Stop the Bleed just-in-time (JIT) training can be provided to all responders in the staging area to include Compressing the Zones of Care and the critical actions contained in the acronym **THREAT as recommended by the Hartford Consensus.**

  - **T**hreat suppression
  - **H**emorrhage control.
  - **R**apid **E**xtrication to safety
  - **A**ssessment by medical providers
  - **T**ransport to definitive care.

- **Planning:** The Hartford Consensus suggested that the plan be modified to allow earlier access to victims outside the real hot zone, the location of the active shooter, or a possible bomb. Building a new system of integration and coordination between law enforcement and other teams of responders is needed to ensure mutual understanding and sequencing of roles. * The Compression of the Hot Zone will create a "safe enough" area for first responders to implement rapid interventions and transportation through the Rescue Task Force model.

  - cite on source page *Source: The Hartford Consensus. Improving Survival Strategies to Enhance Survival in Active Shooter and Intentional Mass Casualty Events: A Compendium. Published by American College of Surgeons, September 2015. www.facs.org/~/media/files/publications/bulletin/hartford%20consensus%20compendium.ashx. Retrieved July 25, 2016.

HAZ MAT Response- This response must be coordinated with the fire department to utilize the expertise in HAZ MAT response. A response level can be updated after HAZ MAT Response provides information on the potential causality count. Credentialing of EMS providers entering any area above the cold zone is a must. Triage and Treatment areas should be established well within the cold zone with input of the fire department. No patient should be brought to the triage treatment area without going thru the fire department established decontamination process.

Local Evacuations- These pose a different situation when it comes to EMS operations as we are not treating and moving injured patients. During these incidents the need to identify residence with medical mobility concerns need to be identified, documented and transported to a designated safe area until the incident is resolved, or another form of accommodations can be arranged.

Medical Facility Evacuations- Licensed healthcare facilities should have an Emergency Operations Plan, External Disaster Plan, or similar emergency plan for managing evacuations. EMS agencies are encouraged to review these plans with area facilities to anticipate potential system impacts to ambulances and first responders. If evacuation is indicated, EMS can mitigate some system impact by including communications with local and county emergency management and extending communications with the state ESF-8 component. A regional or statewide resource, such as trailer mounted power or HVAC units, may provide evacuation relief, and minimize the impact to EMS.

Special Events- These events have the potential to become a mass event. EMS providers should have an IAP, or EMS Special Event Plan filed and reviewed with the communications center, EMA, and neighboring response agencies. Pre-event tabletop exercises provide a review of plans and identify potential gaps. These events include large street fairs, County Fairs, Large Concert and Sporting venues or any public gathering of 500 attendees or more. With current EMS staff levels, we need to plan to make sure the necessary medical resources are available in the event something goes wrong.

Triage

Is the preliminary assessment of patients or casualties in order to determine the urgency of their need of treatment and the nature of treatment required.

To keep uniformity within the Region, EMS of Northeastern Pa. has adopted the **SALT Triage** method, for the purpose of identifying and assessing the injured during a Mass Casualty incident. SALT stands for Sort – Access-Life-saving – Triage. SALT Triage is the product of a CDC Sponsored working group to propose a standardized triage method. The guideline, entitled SALT (sort, assess, life-saving interventions, treatment and/or transport) triage, was developed based on the best available science and consensus opinion. It incorporates aspects from all the existing triage systems to create a single overarching guide for unifying the mass casualty triage process across the United States. SALT is compliant with the Model Uniform Core Criteria for Mass Casualty Triage currently contemplated as the proposed national standard for all mass casualty triage systems.

SALT Triage:

The SALT triage is a two-stage method for identifying patients:

> The Initial step asks three questions in the causality area:
> > Can you walk? These patients are then directed to a specific location supervised by a provider.
> > Can you wave? These patients may not be able to walk, however are able to follow commands, your reply should be we will be with you shortly.
> > If they are lying still unable to wave, they need to be accessed first.

> After the patients fall into the above categories, the normal triage process starts with those who are still and unable to wave. Keep in mind B – Bleeding Control, A – Open Airway, B – Breathing and C – Circulation, during this phase of triage.

> If you read into the SALT system they have an additional tag, Grey, however current accepted triage tags do not recognize this tag at this time. The grey tag, under this system, represents causalities that are triaged as Eminent demise. The thought is that most people understand that black tags are for the deceased, eliminating the confusion for someone who is tagged with a Black triage tag and still breathing.

SALT Mass Casualty Triage

Step 1: Sort: Global Sorting

- Walk — Assess 3rd
- Wave / Purposeful Movement — Assess 2nd
- Still / Obvious Life Threat — Assess 1st

Step 2 - Assess: Individual Assessment

Lifesaving Interventions:

- Control major hemorrhage
- Open airway (if child consider 2 rescue breaths)
- Chest decompression

Breathing? — No → Dead

Yes ↓

- Obeys commands or makes purposeful movements?
- Has peripheral pulse?
- Not in respiratory distress?
- Major hemorrhage is controlled?

All Yes → Minor injuries only? — Yes → **Minimal**

Minor injuries only? — No → **Delayed**

Any No ↓

Likely to survive given current resources? — Yes → **Immediate**

Likely to survive given current resources? — No → **Expectant**

Reassess: considering patient conditions, resources, scene safety

Step 3 - Treatment and/or Transport

SMART Triage Tags

The SMART triage tag system uses two different style of triage tags to identify the injured:

The first card if folded with the numbers 1, 2, 3 and standard red, yellow and green back grounds, see below. The cards are in a protective plastic pouch with a rubber band to attach to the card to the patient. After identifying the priority of the patient, the number that should be displayed.

The second card is Black in color for the patients that are unlikely to survive given the severity of their injuries, given the availability of resources, or have succumbed to their injuries.
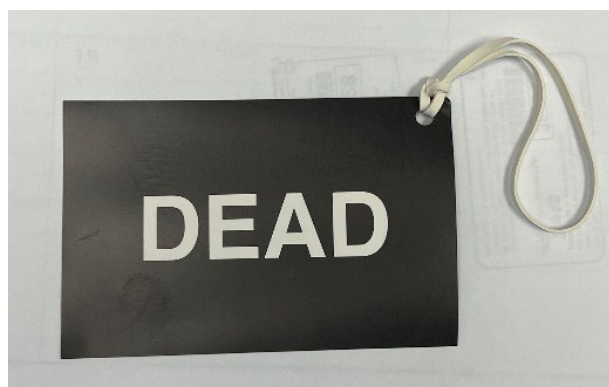
Triage Tags

The triage tags are two sided and designed to be folded with the patient priority to be exposed. The one side contains the priority 1 (Red) and 3 (green) with patient documentation panels between.

The other side has priority 2 (yellow) and additional patient documentation panels.

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Time	Treatment / Intervention	Performed by	BP	Pulse	Resp	Skin	Loc / GCS	SaO₂

Patient Documentation – This patient documentation is for patient treatments, who did the treatments and vital signs during patient care.

These panels are for documentation of patient demographics, Past Medical History, Medications/ Allergies. The small panel is for the transport officer to have record of the patient priority, who transported the patient, the time they left the scene, destination and the Main Complaint.

PRIORITY 3

PATIENT DETAILS

Male ☐   Female ☐   DOB / Age : _____

Main Complaint :

Mechanism of Injury : _____

Name : _____

Address : _____

Number ☐☐☐☐☐☐☐☐

PAST MEDICAL HISTORY

☐ No Past History
☐ COPD or lung disorder
☐ CVA/Stroke
☐ Hypertension
☐ Unknown
☐ Heart Condition
☐ Cancer
☐ Diabetes
☐ Seizures
☐ Other _____

Medications / Allergies

SMART TAG
SMART INCIDENT COMMAND SYSTEM
www.tsgassociates.net

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Male ☐   Female ☐   Priority : **DEAD**   P1   P2   P3

Transport Time : _____   Name : _____

Unit ID : _____   DOB / Age : _____

Destination : _____   Main Complaint : _____

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AVPU and GCS panel allow for the documentation of initial and reassessments of these values during the care of the patient. It also gives a standard format when using the GSC for deciding the priority of a patient. The back side of the transport tear off tab allows for patient identification such as Name, DOB or age and address.
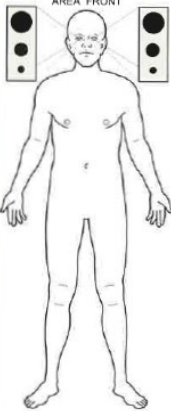
Address :

Eye opening :
Spontaneous	4
To voice	3
To pain	2
None	1

Verbal response :
Orientated	5
Confused	4
Inappropriate words	3
Incomprehensible words	2
No response	1

Motor response :
Obeys commands	6
Localizes	5
Pain withdraws	4
Pain flexion	3
Pain extension	2
No response	1

Glasgow Coma Scale Total :

Number

Total Glasgow Coma Scale	13 - 15	4
	9 - 12	3
	6 - 8	2
	4 - 5	1
	3	0
Respiratory Rate	10 - 29	4
	more than 29	3
	6 - 9	2
	1 - 5	1
	0	0
Systolic BP	90 or more	4
	76 - 89	3
	50 - 75	2
	1 - 49	1
	0	0

12 = PRIORITY 3   Total :
11 = PRIORITY 2
10 or less PRIORITY 1   Time :

The patient assessment panel allows documentation of injuries found on the patient during secondary assessment to include pupils and simple documentation by letter for fractures, burns, laceration and abrasions. There is room for additional treatment documentation as needed.
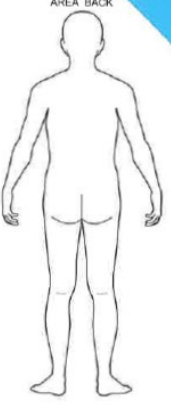
Initial Triage:

The purpose if the initial triage is twofold, first to identify the number of causalities and second to get an approximate number of patients involved. Depending on the scope of the incident this may be done by the Triage Officer, of if a large-scale incident the Triage Team operates under the Triage Officer. Patient severity will be identified as:

Green Tag (3) – These patients have minor injuries that are not considered life threatening and is able to assist with their own care as needed. These patients are often categorized as "walking wounded".

Yellow Tag (2) – These patients have serious and potentially life-threatening injuries, however, are not expected to deteriorate in a short period of time. These patients do require some medical attention, however, are stable and can be delayed in transport.

Red Tag (1) – These are the most seriously injured and need immediate medical intervention and transport. These patients have compromised airways and or circulation or patients with uncontrolled emotional disorders.

Black Tag – These patients have succumbed to their injuries or are unlikely to survive given the severity of injuries, of the level of available care or both. These patients should be provided palliative care and pain relief should be provided.

Secondary Triage and Treatment:

Secondary triage will be done as per State Protocol by the Treatment Officer and/or Treatment Team. Patients maybe triaged to a lower or higher level of priority as their medical condition dictates. The following are suggested patient to provider ratios and transport priorities:

Red tag – These are the highest priority and require the highest level of care available, i.e. Air medical, Critical Care or ALS optimal provider ratio is 1:1.

Yellow tag – These are moderate priority patients who require prompt care but can wait for delayed transport. These patients can be transported by ALS or BLS with a ratio of 3:1.

Green tag – These are low priority and require minimal care, however, require transport for treatment. Non-traditional methods of transport can be considered (school or transit bus), however must be accompanied by medical personnel during transport. The optimal provider ratio is 5:1.

Black tag – These patients may have succumbed to their injuries or have injuries not compatible with life or is unable to be stabilized with available resources on scene. Patient who receives a black tag will be reassessed after all patients are triaged and resources become available. Any patient that dies in the treatment area will be reclassified as a black tag and moved to the on-site morgue.

On Site Morgue – This initially falls under the Treatment officer's responsibility until relieved by the county Corner. The on-site morgue should be established in a secure area away from the treatment area and out of the view of the public and media. The morgue will initially be for patients who succumb to their injuries while in the treatment area. Patients that are black tagged during triage should not be moved until ordered by a County Official.

Transportation

The transportation officer is responsible for the organized movement of the sick and injured from the scene to the appropriate facilities. To start the transportation officer needs to request the local PSAP to contact local receiving facilities to establish what their patient capabilities are. For example, hospital A can handle 4 critical, 6 moderate and 10 minor. Trauma Center A can handle 4 traumas, 10 moderate and 10 minor patients. Once this is established then patients can be distributed accordingly.

Sample Patient Capability and Distribution Form

EMSNP		Patient Intake Capacity			Patients Transported		
	Facility	Red Tag	Yellow Tag	Green Tag	Red Tag	Yellow Tag	Green Tag
Level 1	Geising Wyoming Valley	5	6	10	II	III	I
	Geisinger Danville	2	8	7	II		
Level 2	Geisinger CMC	1	4	5		III	III
Level 3							
Level 4	Lvh Hazleton	2	5	5		I	I
General	Wilkes Barre General	0	8	10		III	IIII

Modes of transportation need to be patient condition appropriate i.e., Air medical, ALS or BLS may also consider alternate modes of transportation such as vans or buses for the walking wounded. When using alternative modes of transportation, patients must be accompanied by medical personnel, medical supplies, and a form of communication in the event of a patient's condition changing. All patients assigned transportation from the scene should be logged on a flow sheet with transport time, transporting unit, Triage Tag number, priority, and destination facility.

Sample Transport Log

Resource	Time Assigned	Triage Tag #	Priority	Primary Injury	Destination
Helicopter 1	7:55	1258760	1	Head Injury	Trauma Center 1
ALS 2	8:00	658724	1	Femur Fracture	Trauma Center 2
		5498725	3	Leg Laceration	Trauma Center 2
BLS 1	8:05	4685721	2	Fractured Arm	Facility 1
		4687254	3	Multiple Lacerations	Facility 1
BLS 3	8:15	4687241	2	Clavicle Fracture	Facility 2
		4587935	3	Abdominal Pain	Facility 2
ALS 5	8:25	6834251	1	Chest Pain	Trauma Center 1
BLS 4	8:30	4658754	3	Multiple Lacerations	Facility 2
		6458721	3	Multiple Lacerations	Facility 2
Stretcher 2	8:40	4588796	3	Multiple Lacerations	Facility 1
W/C 1	8:50	1334823	3	Sprained Ankle	Facility 2
		1468792	3	Sprained Ankle	Facility 2
Bariatric 1	9:00	1358438	2	Leg fracture	Trauma Center 2

EMS Staging

EMS staging officer is responsible for the organization of EMS transportation resources during the incident. This includes landing zones for air medical services as well as accounting for specialized resources and units' level of care. The accounting of these units is not only accounting for those on the scene, but those assigned to transportation duties until they return to the scene.

Sample Resource List

EMSNP		Staging Resource List											
Unit	Unit ID	Air Medical	ALS Transport	ALS Squad	I-ALS Transport	I-ALS Squad	BLS Transport	BLS Squad	Bariatric Unit	Stretcher Vans	Wheelchair Vans	Bus	Alternate Contact Information
Geisinger Life Flight	Life Flight 4	X											570-123-4567
Med Evac	Med Evac 4	X											
Trans Med	Medic 10-D		X										
	W/C 5										X		
	Stretcher 5									X			
Sweet Valley									X				

Sample Resource Tracking

Resource	Level of Care	Arrived at Staging	Time Assigned	Time Returned	Time Assigned	Time Returned	Time Released
Helicopter 1	CC	7:45	7:55	9:00			10:00
ALS 2	ALS	7:35	8:00	9:45			11:00
BLS 1	BLS	7:45	8:05	9:30			10:30
BLS 3	BLS	7:30	8:15	9:40			10:30
ALS 5	ALS	7:55	8:25	9:30			11:00
BLS 4	BLS	8:00	8:30	10:00			12:00
Stretcher 2	STR	8:00	8:40	10:15			11:30
W/C 1	W/C	8:05	8:50	10:15			11:45
Bariatric 1	BARI	7:45	9:00	11:00			12:00

Rehab

Rehab is an important part of keeping our responders safe and healthy during these types of responses. It is important that all responders have periodic medical and emotional monitoring due to the elevated stress levels during these events. It is important that all responders periodically take time for themselves as it is in our nature to care for the sick and injured, sometimes over our own wellbeing. Any responder treated above routine rehab services must have a PCR generated documenting the medical care provided.

Sample Rehab Sheet

Name or Unit Number	Time In	Repeat Assessment	Complaints (if any)	Pulse	Blood Pressure	Treatment (if any)	Time Out

Response Preparation

Identify Potential Hazards: Potential hazards can be grouped into two categories:

Fixed: These include Schools, Hospitals, Nursing facilities (skilled or personal care), Industrial sites (hazardous materials), Sports or Entertainment venues and elderly high-rise apartment buildings. These sites are established gathering, long term care or residences that are occupied on daily basis.

Temporary or Mobile: These include Community or County fairs, Marathons or any large gathering of people that runs for a short period of time or is seasonal in nature. These events can be further identified as a prolonged gathering of 250 people or more. Gatherings of 5,000 to 25,000 should have one staffed and licensed ambulance.

Incident Action Plan (IAP): An Incident Action Plan or IAP provides a structure to previous "pre-planned" processes. An IAP is a formal document that establishes incident plans and goals in the event of an emergency at a fixed site or during a temporary or mobile operational period. It contains general tactics to achieve goals and objectives during a period of operation. An IAP disseminates critical information to the roles and responsibilities responders will have in the event of an emergency. This covers not only large-scale incidents but can also address minor incidents as well. IAP's for fixed sites should be reviewed yearly, temporary, or mobile plans should be reviewed prior to every event. The purpose of reviews is to maintain accurate information on the venue or residence or to address concerns raised during past responses or events. IAP's for temporary or mobile events are to be filed with EMSNP for review and documentation purposes.

Drill and Evaluation: Frequent drills either actual on-site or tabletop are essential to limit confusion during an actual event. Drills can be directed to specific parts of an IAP or the whole IAP. Once these drills are completed, they can be evaluated to see what worked well or areas that need to be adjusted or changed because problems were identified.

Response

Implementation of Command: Early implementation of a Command structure is critical to a successful incident. The first arriving EMS unit to a Mass Causality incident should identify themselves as EMS Command. When doing so the site location should also be included, _____ County, Ambulance 10 has Arena EMS Command.

Identify Response Level: Once EMS Command is established a response level needs to be established. Command needs to take a quick overview of the incident, get an estimate of possible injuries and request the corresponding response level. Arena EMS Command to _____ County requesting a Level 2 EMS response.

Establish Command structure: As dictated by the level of response, first in ambulances should be assigned to Command roles as needed. Once the Command structure is established additional in-coming units can be directed through the Command structure. Arena EMS Command Ambulance 5 requesting assignment, Command Ambulance 5 you will establish Triage.

Operational Period: This is the period that the incident is being mitigated. This time can be a few hours to few days depending on the scope of the incident. If there is an extended operational period, documentation of responders coming and going is essential for final incident reporting.

Incident Termination: During this period units will be released for the incident to return to normal service and EMS Command structure will be adjusted during this period until Command is terminated.

After Action Report: After action reports serve two very important purposes, first it documents the Who, What and Why of the incident.

> **Who:** Units or Medical personnel that responded, personnel involved in the Command structure
>
> **What:** What actions were taken, was triage set up, how many patients treated, how many patients were transported and to where, how many class 1, 2, 3 or 5 patients were there, challenges or problems that arose during the operation.
>
> **Why:** If the IAP was deviated from why or if something unexpected arose what lead to the decisions that were made.
>
> The second purpose is to help identify updates or changes to the IAP that will improve future responses.

Post Incident Response

Critical Incident Stress Management (CISM) – On scene psychological first aid or peer support may be needed for all incidents regardless of the scope, number of injuries, fatalities, or circumstances of violence. EMSNP has a peer based CSIM Team available to respond to the needs of responders. The Team can be requested during normal business hours through the office, or after hours thru Luzerne County 911 Centers by calling 570-819-4923.

Hot Wash or Incident Critique: A hot wash is a facilitated discussion held immediately following an incident or exercise among participants from each functional area that is designed to capture feedback about any issues, concerns, or proposed improvements about the incident or exercise. Lessons learned, areas of improvements and identified gaps in capabilities can be included in an After-Action Report / Improvement Plan. A Hot Wash can be conducted at the end of an operational period to add corrections and recommendations to the next IAP. The hot wash is a collaborative and constructive process without placing blame or criticism for individual actions.

Update IAP, Drill and Evaluate: From the discussions held during the Hot Wash or Incident Critique, address and update any concerns identified. Once updates are made and providers are educated on the updates, drill and evaluate the changes for effectiveness. We need to remember lessons can be learned from any incident, what we do with those lessons will only make us better. If we don't learn from these lessons, we are only setting ourselves up for failure.

Pandemic Preparedness and Response

- Worldwide, health organizations are monitoring and tracking strains of infectious disease daily. All attempts are made to control outbreaks and/or eliminate their cause and further spread. However, even with the most modern technology the spread of disease virulent enough to cause a pandemic outbreak is possible. Influenza pandemics are used as a model for the purposes of planning and training of emergency services response.

- Influenza pandemics have occurred four times in the 20th and 21st centuries: 1918, 1957, 1968 and 2020. These pandemics totally taxed outpatient medical care professionals and hospitals.

- Experts predict that another influenza pandemic is highly likely, if not inevitable.

- The Center for Disease Control, Pennsylvania Department of Health, Bureau of EMS and EMSNP are working with state, county, and local agencies to prepare for immunization, medical treatment and transport of patients during a pandemic influenza outbreak. Plans include use of the Strategic National Stockpile (SNS) to provide "push packages" with 300,000 units of medications to locations in the United States within 12-hours. Logistically, Receipt, Storage and Staging (RSS) locations will be established for receipt and control of the medications. The (RSS) sites will be located within the nine Regional Counter Terrorism Task Force (RCTTF) areas. Point of Distribution (POD) sites will be established within the RCTTF to receive and distribute medications. Emergency health providers such as EMS will receive the medication immediately.

- During a pandemic disease outbreak, EMS services and personnel may be taxed with increased call volume, interruption in supply chains, and psychological stress. Some basic guidelines to follow are:

    ## Stay informed:

    Agency leadership should remain in constant contact with local government officials and County EMA officials for updates on ongoing efforts that affect EMS response.

    Individuals should subscribe to the PA Health Alert Network (PA-HAN) and CDC Health Alert Network (HAN) for pandemic and other public health emergencies.

    Agency leadership should also remain in contact with responders keeping them informed on changes that affect their response to calls, treatment of patients or changes as it related to changes in hospital policies when it comes to receiving patients or the need to isolate patients entering the hospital.

    Monitor the Department of Health public service announcements through local media. Identify a public information officer (PIO) to address media requests for incident information and recommendations.

Consider Changes in Response:

Many agencies allow responders to go directly to the scene, agencies may consider stopping this practice during these conditions to protect responders from being exposed due to the lack of isolation protection.

Implement required PPE as directed by the Department of Health when treating patients. The standard gloves may not be the appropriate protection for responders, utilizing the PPE suggested by the Department of Health will only help to protect responders while caring for the sick and injured.

Consider changes in uniform policy, maybe have responders change out of clothing they are wearing during patient care before going home. This will reduce the possibility of responders taking home contamination to their families.

Vehicle and equipment decontamination should be done after every patient contact more now than on a routine basis. Heightening our efforts in keeping our unit and equipment clean and ready, no matter the patient's complaint, will help reduce the possibility of spreading disease. Alternative and more comprehensive decontamination solutions are available by contacting contact EMSNP for possible alternative decontamination procedures.

Responder Safety:

Wash hands frequently with soap and water, if not available use foam or alcohol-based hand cleaners.

Refrain from touching your face during patient care and make sure any open cuts or abrasions are covered as well.

Consider following the Department of Health guidance when in public areas, this will not only keep you safe, but your family, fellow responders, and patients safe.

Requesting EMSNP Resources

Requests for EMSNP resources and/or Strike Teams need to be made thru the local EMA office, as an unmet need request. They will relay that request to PEMA, the State Emergency Operations Center as a resource request. It will then be forwarded to the Department of Health's EPLO to the Bureau of EMS. The Bureau of EMS will then notify EMSNP of the specific details of the activation, conditions, and location.

Upon receipt of the request EMSNP office staff will be requested to respond to the office to make additional notification of the request as needed. These requests would be made to our Strike Team agencies for either personnel, ambulances, or both. All responding agencies will report to the EMSNP office for coordinated response to the requested area. If the request is for the Susquehanna and Bradford Counties Teams from that area will be advised of the designated assembly area.

EMSNP Resources

Susquehanna/ Bradford Counties

MSEC 1– Trailer containing 45 beds and support supplies, capable of establishing an Alternative Care Site within a fixed structure such as a school gymnasium. The trailer can provide multipurpose space including a medical countermeasure mass distribution site.

CCP-1 – Trailer containing a 19x35 foot tent and 16 beds with support staff and supplies. Once emptied the trailer can become a multipurpose vehicle.

EMSNP Office

Vehicles:

2 Ford Explorers – Able to move providers or supplies as needed.
1 Ford F 450 Utility- 5 passenger vehicle with a removable rescue box and pickup insert as needed.
1 Dodge 3500 Pick Up – 5 passenger pickup with a cap
1 Polaris UTV – This vehicle can transport a single patient and also has an off-road trailer capable of transporting a second patient.
1 Forklift- Available at the EMNP Office

Medical Care Trailers:

MSEC 5- Trailer containing 45 beds and support supplies, capable of establishing an Alternative Care Site within a fixed structure such as a school gymnasium. The trailer can provide a multipurpose space that could serve as a medical countermeasure or mass distribution site.

CCP 0501 – Western Shelter Tent System – Is a 20' x 40' canvas sided tent with flexible entry doors and hard plastic floor. This trailer also comes with 20 beds, an HVAC unit and generator for initial setup. The trailer and be used as additional storage space or work area once emptied.

PA-H6- Medical Support Trailer – Trailer contains 40 cots, Triage kits, Triage tags, Triage tarps, Tables, Folding chairs, Traffic cones, Portable lighting, and various support supplies. The trailer can also serve as an on-site Command post with elevated observation deck.

F&I 0501- HVAC Support System – Trailer contains three 2.5 ton and two 5-ton A/C units with supporting ductwork. There are also three small portable propane fired heating units. Able to provide HVAC support to small structures.

Specialized Trailers:

Mobile Emergency Support System (MESS) Trailer Respond to feeding needs of response force during disasters or at mass care locations. This is a fully functional commercial kitchen with a built-in cooler, tilt skillet, propane fired oven and stove.

Strike Team Support Trailer – Used for pantry support for the MESS trailer, supplied with disposable paper products for food service.

85kvw Trailered Generator

Enclosed Trailer for UTV/ Utility Purposes

Air Conditioning Trailer (Special Request) based in Allentown. This unit is designed to provide support to alternative care sites, minimize evacuations of Acute and Long-term care facilities. This unit can produce 30+ tons of air conditioning with supporting ductwork for delivery and return air flow.

Heat Trailer (Special Request) based in Allentown. This unit is designed to provide support to alternative care sites, minimize evacuations of Acute and Long-term care facilities. This trailer has two separate heating units each capable of providing 400,000 BTUs at 4,000 CFMs each. This trailer has an on-board generator capable of running continuously for 44 hours.

Portable Equipment

2 Fast Shelters

Portable Generators – Multiple sizes

Portable Lighting – Trailered, Inflatable, Fixed and Handheld

Portable Radio System

Disclaimer- Requesters are responsible for replacing all disposable supplies used, fueling of onsite equipment, required maintenance or repairs during use of equipment. Manpower, other than Strike Team request, will be needed to assist with setup on certain resources. Manpower needs will be identified at the time of request approval.

Manpower Resources: Strike Team System

Strike Team Agency: Strike Team Agencies will maintain an up to date on-call roster of personnel trained to deploy with the Team. Service management will appoint a service Strike Team Coordinator who is assigned to facilitate deployment of personnel. Teams will be required to respond immediately with crew status and availability to any deployment request by EMSNP. Timeframes for departure will depend on the requirements of the mission, any Team deploying must be able to fulfill a minimum two (2) week deployment.

Strike Team Crew Member- Strike Team crew members must be trained in the operation of Strike Team assets and maintain a state of readiness for deployment on short notice. Timeframes for departure will depend on the requirements of the mission, crew members must be available for a minimum 2-week deployment.

EMS Group Supervisor- Prior to departure, EMSNP will designate an EMS Group Supervisor to coordinate all activities of the deployment. Upon arrival, the EMS Group Supervisor will join the local Incident Commander's staff or report to an IC Sector Leader, as necessary. The EMS Group Supervisor will maintain communications with EMSNP to provide mission status reports for each operational period. Specific reporting times will be coordinated after arrival on scene. The status reports will be forwarded by EMSNP to the Bureau of EMS.

Request for Strike Team Response

EMSNP maintains a roster of Agencies within the Region that have agreed to participate in the Strike Team system. These Agencies maintain a roster of providers that have been trained on and in the use of EMSNP Strike Team assets. Should a request for manpower and or ambulances be made thru PEMA and the Bureau of EMS, these agencies would be contacted by EMSNP to assemble available staff and resources for deployment.

Strike Team Response- Once responding Agencies have been identified, a rallying point will be assigned. Once everyone has arrived at the rallying point, EMSNP staff will assign the Command staff that will directly over see the Team during the Operational period. The Command staff will be responsible to report to the On-scene or Regional Command for in processing or assignments for the Team. The Command staff will oversee the completion of all assignments given to the Team during the operational period. The Command staff is to report back to the EMSNP office with daily status reports on the Team's activity. The Command staff is also responsible for record keeping of the activity of the Team during the operational period.

Strike Team Demobilization- After being released by Incident Command, the EMS group Supervisor shall initiate and organize the demobilization of the Team. The Team will return to a designated location before being released to their home station. During this period the resources deployed will be inventoried and packed for the return trip to EMSNP. All assets deployed will be returned to the EMSNP office for restocking and inventory before being placed back in-service for deployment. Prior to the return the status must be reported back to EMSNP by the EMS Group Supervisor.

Required Reports- All necessary reports completed by deployed agencies must be turned into the EMS Group Supervisor daily. Prior to return to EMSNP copies of these reports must be left with Incident Command for their records. The EMS Supervisor must also have a copy to complete deployment reports for EMSNP and the Bureau of EMS. An after-action report is to be filed by the EMS Supervisor providing an overview of the Teams activity during the deployment. This is to include, but not limited to, the number of missions carried out, number of transported patients, areas of operations or special assignments. Also, to be included are problems encountered, equipment, staffing or discipline carried out. Finally include any suggestions on making future deployments better whether in documentation, procedures or anything not previously covered.

After Action Critique- EMSNP will conduct a critique of the mission with participating crews to review successes, problem areas and solutions. EMSNP will prepare an after-action report for the Bureau of EMS due within 30 days of the event.

Credentialing - Accountability – Security

EMSNP providers are issued PA Department of Health certification cards with the name, certification level, expiration date and personal certification number of the individual, these may be utilized for identification.

Recommendations for statewide use of electronic systems to identify and track emergency providers are being explored. When issued, they will provide greater accountability than is now available.

EMSNP GENERAL SECURITY INFORMATION

- **It is imperative that EMSNP EMS Group Officers and other supervisory personnel are aware of all ambulance services and individuals responding to the MCI. Those who subsequently arrive on scene must be identified, positioned and maintain accountability through the command management system in place.**

- **It is very important during large operations that all EMSNP EMS Group Officers and other supervisory personnel are constantly aware of the location of providers under their control.**

- **EMSNP EMS Group Officers and other supervisory personnel take whatever steps necessary to prevent unauthorized persons entering their areas of responsibility.**

- **All EMSNP providers must report any actual or suspected security breach to Unit Leaders or other supervisory personnel immediately.**

NOTE: Credentialing and accountability have a direct impact on scene security and individual safety.

Annex

Definitions:

After Action Report – This report will be completed by each member of the Incident Command Staff to document what actions worked, problems noted and what was done to correct the problems incurred. Also offer suggestions to improve the system. These reports will be reviewed and discussed during the Hot Wash/ After Action Review.

ALS Services – Advanced Life Support Services – The advanced prehospital and inter-facility emergency medical care of serious illness or injury by appropriately trained health professionals and EMT-paramedics. (EMS Rules and Regulations).

Air Ambulance – A rotorcraft specifically designed, constructed or modified and equipped, used or intended to be used, and maintained or operated for the purpose of providing emergency medical care to, and air transportation of patients. (EMS Rules and Regulations).

Ambulance – A vehicle specifically designed, constructed or modified and equipped, used or intended to be used, and maintained or operated for the purpose of providing emergency medical care to patients, and the transportation of patients if used for that purpose. The term includes ALS or BLS vehicles that may or may not transport patients. (EMS Rules and Regulations).

Bioterrorism - The use of living organisms, or the toxins produced by living organisms, deliberately used to cause disease or illness in a target population.

BLS services – Basic Life Support Services – The basic prehospital or inter-facility emergency medical care and management of illness or injury performed by specially trained, certified or licensed personnel. (EMS Rules and Regulations).

Clear Text - The use of "plain English" in radio communications transmissions. Ten codes or agency specific codes are not used when using Clear Text.

Command - The act of directing, ordering and/or controlling resources by virtue of explicit legal, agency or delegated authority.

Disaster - An event, either natural or man-made, that is characterized by loss of human property, loss of human life, a potential for large number of injuries, separation of family members and an overall disturbance of routine operating procedures.

Dispatch Center - A facility from which resources are directly assigned to an incident. Also referred to as a public service answering point (911 calls).

EMS Command - The individual that is responsible for the overall coordination of all EMS activities at a disaster scene.

EMS Operations Officer - The individual that is responsible for the coordination and management of EMS related resources at a multiple casualty incident. The Operations Officer acts as a liaison between the EMS Commander and other EMS providers on location.

EMS System – The arrangement of personnel, facilities and equipment for the effective and coordinated delivery of EMS required in the prevention and management of incidents which occur either because of a medical emergency or of an accident, natural disaster or similar situation. (EMS Rules and Regulations).

EMS – Emergency Medical Services – The services utilized in responding to the needs of an individual for immediate medical care to prevent loss of life or aggravation of physiological or psychological illness or injury. May also be called providers.

Facility – A hospital. (EMS Rules and Regulations).

Federally Declared Emergency – A state of emergency declared by the President of the United States, upon the request of a governor. Once the President declares the situation a "major disaster," the Federal government supplements State and local efforts to meet the crisis. (EMS Rules and Regulations).

Hot Wash/ After Action Review - A review of an incident by the Incident Command Staff to assess the chain of events that took place, the methods used to control the incident and how the actions of emergency personnel contributed to the eventual outcome. The lessons learned during this review should be used to update the established IAP for future responses.

Impact Area - The immediate area of an incident scene where the patients received their injuries, and they were initially found.

Incident Action Plan – (IAP) Is a formal document setting incident goals and objectives during planned/ non planned events. This document contains general tactics and structure to an event directing responders to a common goal or objective. As this is a fluid document it should be reviewed, updated and drilled to ensure the readiness of the plan a on a regular basis.

Incident Command System – A structure that allows for the management of an MCI or disaster.

Incident Command - The individual responsible for the management of all operations at a disaster scene.

Mass Casualty Incident - An emergency incident involving the injury and/or death of several patients beyond what the jurisdiction is routinely capable of handling. Also called Multiple Casualty Incident or Multiple Patient Incident.

Medical Command – An order given by a medical command physician to a prehospital practitioner in a prehospital, inter-facility, or emergency care setting in a hospital, to provide immediate medical care to prevent loss of life or aggravation of physiological or psychological illness or injury, or to withdraw or withhold treatment. (EMS Rules and Regulations).

Morgue - An area on or near the incident site that is designated for the temporary placement of deceased victims.

Patient Collection Station (PCS) - A specific area, designated by the Treatment Officer, for the collection and treatment of patients prior to transport to a medical facility.

Priority Treatment Area - An area of the Patient Collection Station specifically designated for IMMEDIATE, SECONDARY or DELAYED patients.

QRS – Quick response Service – An entity recognized by the Department to respond to an emergency and to provide EMS to patients pending the arrival of the prehospital personnel of an ambulance service. (EMS Rules and Regulations).

Receiving Facility – A fixed facility that provides an organized emergency department, with a physician who is trained to manage cardiac, trauma, pediatric, medical and behavioral emergencies, and is present in the facility and available to the emergency department 24 hours-a-day, 7 days-a-week, and a registered nurse who is present in the emergency department 24 hours-a-day, 7 days-a-week. The facility shall also comply with Chapter 117 (relating to emergency services). (EMS Rules and Regulations).

Rehab Services - Services provided at a disaster for the rest, nourishment and hydration of ALL emergency workers.

Resources - All personnel and major items of equipment available, or potentially available, for assignment to incident tasks on which status is maintained.

Sector - A tactical level management unit having responsibility for either a geographic or functional assignment.

Staging Area - An area where personnel and equipment are initially assigned to respond to and to await further assignment.

State Declared Emergency – An emergency declared by the Governor. (EMS Rules and Regulations).

Transportation Officer - The individual that is responsible for communicating with sector officers and hospitals in order to manage the transport of patients to hospitals from the scene of the disaster.

Treatment Officer - The individual that is responsible for overseeing activities conducted within the patient collection station. These activities will include ensuring that an adequate amount of equipment and personnel are present to provide both basic and advanced care.

Treatment Team Personnel - Individuals responsible for treatment of patients in priority treatment areas, as assigned to by the Treatment Sector Officer.

Triage - Sorting or categorizing victims of a disaster into priority categories based on the severity of injuries.

Triage Officer - The individual that is responsible for overseeing triage at a disaster scene. This individual is also responsible for the establishment and maintenance of a triage team(s).

Triage Team Personnel - Individuals that are responsible for assisting in the initial triage evaluation and priority designation of victims of a mass casualty incident, as assigned by the Triage Sector Officer.

Unified Command Structure - A structure that allows for all agencies with jurisdictional responsibility to contribute to the planning, strategy, objectives and mitigation of a disaster.

Weapons of Mass Destruction – The use of nuclear, radiological, biological, chemical, incendiary or explosives as a weapon to cause a desired effect in a target population. In some circumstances, these agents are also referred to as weapons of mass effect.

Agency Name	Service Level				Sets of Equip		Vehicle Type				Bariatric	
	QRS	BLS	IALS	ALS	IALS	ALS	2x2	4x4	Squad/Utility	Fire/Rescue	Veh	Strech
Bradford County QRS	X								2	1		
Greater Valley EMS	X	X		X		9	5		4	1		
HOPS Ambulance Association		X					1	1				
Innes Hose (Canton)	X								1	1		
Robert Packer Hospital EMS		X	X	X	1	7	7	1				1
Ridgebury Vol Fire Co.	X								1	1		
Smithfield TWP. Vol. Fire Department	X								1			
South Creek EMS		X					2					
Tri-Township Ambulance Association		X					3	1				
Western Alliance Emergency Services		X		X		4	5	1				1
Windham Township Volunteer Fire Co.	X								1			

Agency Name	W/C - Strech - Bus			UTV / ATV		Rehab		MCI Trailer	4x4 other than EMS			Special Unit or service
	W/C	Strech	Bus	Trans	NonT	Truck	Trailer		Brush	Pickup/Utility	Fire/Rescue	
Bradford County QRS						1						
Greater Valley EMS												
HOPS Ambulance Association												
Innes Hose (Canton)												
Robert Packer Hospital EMS	7											
Ridgebury Vol. Fire Co.												
Smithfield TWP. Vol. Fire Department												
South Creek EMS												
Tri-Township Ambulance Association												
Western Alliance Emergency Services	11			1								
Windham Township Volunteer Fire Co.												

Lackawanna County

Lackawanna County 911 570-342-9111

Agency Name	Service Level				Sets of Equip		Vehicle Type				Bariatric	
	QRS	BLS	IALS	ALS	IALS	ALS	2x2	4x4	Squad/Utility	Fire/Rescue	Veh	Strech
Archbald Community Ambulance		X					2					
Blakely Ambulance & Rescue		X					2		2	1		2
Clarks Summit Fire Co.		X	X				1					
Cottage Hose Ambulance Corps Inc		X		X			5		3			1
Cottage Ambulance		X		X			2					
Covington Indepedent Fire Company, Inc		X					2					
Dalton Fire Co.		X					1					
Dunmore Fire Department	X									3		
Greenfield Township Volunteer Fire Company	X	X					2		1			
Greenwood Hose Company	X									1		
Jefferson Township Volunteer Ambulance		X					2		1			
Jessup Ambulance							1	1		1		2
Justus Volunteer Fire Company		X					1		1			
Moscow Fire & Hose Company		X					2		1			
Olyphant Ambulance		X					1		1			
Pennsylvania Ambulance LLC		X	X	X			29		14			1
Scott Township Hose Company		X					1					
Scranton Fire Dept	X									8		
Taylor Fire Rescue	X									1		
William Walker Hose Co. Ambulance		X					1	1				

Agency Name	W/C - Strech - Bus			UTV / ATV		Rehab		MCI Trailer	4x4 other than EMS			Special unit or Service
	W/C	Strech	Bus	Trans	NonT	Truck	Trailer		Brush	Pickup/ Utility	Fire/ Rescue	
Archbald Community Ambulance												
Blakely Ambulance & Rescue												
Clarks Summit Fire Co.												
Cottage Hose Ambulance Corps Inc												
Cottage Ambulance												
Covington Indepedent Fire Company, Inc												
Dalton Fire Co.												
Dunmore Fire Department												
Greenfield Township Volunteer Fire Company					2							
Greenwood Hose Company				1	2			1				
Jefferson Township Volunteer Ambulance												
Jessup Ambulance				1	1							
Justus Volunteer Fire Company				1	1					1		
Moscow Fire & Hose Company										1		
Olyphant Ambulance				1						1		
Pennsylvania Ambulance LLC	10			1			1	1				
Scott Township Hose Company												
Scranton Fire Dept									1	8		Air/ Cascade
Taylor Fire Rescue				1	1							
William Walker Hose Co. Ambulance							1					Decon

Luzerne County

Luzerne County 911 570-819-4916

Agency Name	Service Level				Sets of Equip		Vehicle Type				Bariatric	
	QRS	BLS	IALS	ALS	IALS	ALS	2x2	4x4	Squad/ Utility	Fire/ Rescue	Veh	Strech
Back Mountain Regional Fire and EMS		X		X		2		3				
City of Wilkes-Barre Fire Department	X			X		4	3	1	1	3		2
Dorrance EMS		X					1					
Fairmount Twp Vol Fire & Ambulance		X					1					
Freeland Northside Community Ambulance		X		X		2	1		1			
Geisinger EMS		X		X		3	1	2			2	3
Geisinger Medic 303				X		3			3			
Greater Hazleton Ambulance		X					1					
Greater Pittston Regional Ambulance		X		X		9	5	2	2			
Hanover Township Community Ambulance		X		X		5	2	2	2			
Harding Mt Zion Ambulance		X						1				
Harveys Lake Fire & Amb		X						1				
Hobbie Vol Fire Co.		X					1					
Hughestown Hose Co. No. 1		X						1			1	2
Hunlock Creek EMS	X								1			
Huntington EMS		X						1				
Kingston Fireman's Community Ambulance		X		X		3	3					
Kunkle Fire Co.	X	X	X	X	1	2	1	3		1		
Laflin Borough Volunteer Fire Department	x								x			
Larksville Community Amb.		X					2					
Lehigh Valley Health Network Emergency Medical Services		X	X	X	1	7	10		2			
MedStat Ambulance		X					2					3
Nanticoke City Fire Dept.	X									2		
Nanticoke Community Ambulance		X	X	X	1	1	2		1			
Pittston Township												
Plains Volunteer Ambulance Association		X		X		4	5		1			
Plymouth Borough Ambulance Association		X					2					
Pond Hill Lily Lake		X					1					
Shickshinny Area Volunteer Ambulance		X					1	1				1
Slocum Twp Ambulance		X						2				2
Sweet Valley Ambulance		X					2	1				
Trans-Med Ambulance		X	X	X	1	10	9		1			
Valley Regional Fire & Rescue Medic 26		X		X		4	1	2	1			1
White Haven Rescue Unit Inc		X					2					

Agency Name	W/C - Strech - Bus			UTV / ATV		Rehab		MCI Trailer	4x4 other than EMS			Special unit or Service
	W/C	Strech	Bus	Trans	NonT	Truck	Trailer		Brush	Pickup/ Utility	Fire/ Rescue	
Back Mountain Regional Fire and EMS												
City of Wilkes-Barre Fire Department				1						3		
Dorrance EMS				1								
Fairmount Twp Vol Fire & Ambulance												
Freeland Northside Community Ambulance												
Geisinger EMS												
Geisinger Medic 303												
Greater Hazleton Ambulance												
Greater Pittston Regional Ambulance				1					1	1		
Hanover Township Community Ambulance								1				Boat
Harding Mt Zion Ambulance												
Harveys Lake Fire & Amb												
Hobbie Vol Fire Co.				2					1	1		Boat
Hughestown Hose Co. No. 1				1								
Hunlock Creek EMS												
Huntington EMS						1				1		Decon
Kingston Fireman's Community Ambulance				1						2		
Kunkle Fire Co.				1								
Laflin Borough Volunteer Fire Department				1								
Larksville Community Amb.				1						1		
Lehigh Valley Health Network Emergency Medical Services												
MedStat Ambulance												
Nanticoke City Fire Dept.												
Nanticoke Community Ambulance				1						1		
Pittston Township										1		
Plains Volunteer Ambulance Association												
Plymouth Borough Ambulance Association										1		
Pond Hill Lily Lake								1		1		
Shickshinny Area Volunteer Ambulance												
Slocum Twp Ambulance												
Sweet Valley Ambulance												
Trans-Med Ambulance										1		
Valley Regional Fire & Rescue Medic 26				1								
White Haven Rescue Unit Inc										2		

Pike County

Pike County 911 570-296-7700

Agency Name	Service Level				Sets of Equip		Vehicle Type				Bariatric	
	QRS	BLS	IALS	ALS	IALS	ALS	2x2	4x4	Squad/ Utility	Fire/ Rescue	Veh	Strech
Bushkill Emergency Corps	X								3	4		
Delaware Township Volunteer Ambulance Corps		X	X	X	1	2		3	3			
Dingman Twp. VFD		X					1	2				
Hemlock Farms Fire and Rescue		X					2					2
Lackawaxen EMS		X	X		2		2	1	1			2
Lehman Pike Emergency Medical Services		X		X		2	2	1	1			
Matamoras Fire Department	X								1	1		
Milford Fire Department		X					1					
Port Jervis EMS		X	X		2		3		1			3
Professional Medical Response		X					1					1
Promisedland	X								X			
Shohola Township		X						1				1
Tafton Ambulance		X					2	1				
Westfall Township Volunteer Fire Department		X					1	1				

Agency Name	W/C - Strech - Bus			UTV / ATV		Rehab		MCI Trailer	4x4 other than EMS			Special unit or Service
	W/C	Strech	Bus	Trans	NonT	Truck	Trailer		Brush	Pickup/ Utility	Fire/ Rescue	
Bushkill Emergency Corps		2										
Delaware Township Volunteer Ambulance Corps												
Dingman Twp. VFD				2						2		Boat
Hemlock Farms Fire and Rescue												
Lackawaxen EMS												
Lehman Pike Emergency Medical Services												
Matamoras Fire Department												
Milford Fire Department				1					1	1		
Port Jervis EMS										1		
Professional Medical Response												
Promisedland				1								
Shohola Township												
Tafton Ambulance												Boat
Westfall Township Volunteer Fire Department				1					1	1		

Susquehanna County

Susquehanna County 911 570-278-3841

Agency Name	Service Level				Sets of Equip		Vehicle Type				Bariatric	
	QRS	BLS	IALS	ALS	IALS	ALS	2x2	4x4	Squad/ Utility	Fire/ Rescue	Veh	Strech
Barnes Kasson Hospital EMS		X		X	2	2			1			
Clifford TWP Vol Fire Co	X	X						1		1		
Columbia Hose Co. No. 1	X	X					1	1		1		1
Forest City Area Emergency Services	X	X					1	1	1			
Great Bend Hallstead Volunteer Ambulance		X						1				
Harford Volunteer Fire Company		X					1	1				
Hop Bottom Hose Co. QRS	X								X			
Little Meadows Rescue Squad		X						1				
Montrose Minute Men						3	2	1				1
Rush Volunteer Fire Company	X									1		
Susquehanna Fire Department	X	X					1		1	1		
Thompson Hose Co		X						2				2
Union Dale Volunteer Fire Company	X								1			

Agency Name	W/C - Strech - Bus			UTV / ATV		Rehab		MCI Trailer	4x4 other than EMS			Special Unit or Service
	W/C	Strech	Bus	Trans	NonT	Truck	Trailer		Brush	Pickup/ Utility	Fire/ Rescue	
Barnes Kasson Hospital EMS												
Clifford TWP Vol Fire Co				1						1		
Columbia Hose Co. No 1									1			
Forest City Area Emergency Services				1								
Great Bend Hallstead Volunteer Ambulance												
Harford Volunteer Fire Company				1								
Hop Bottom Hose Co. QRS					1					3		
Little Meadows Rescue Squad												
Montrose Minute Men	2	1		1					1			
Rush Volunteer Fire Company				1								
Susquehanna Fire Department				1						1		
Thompson Hose Co				1	1							
Union Dale Volunteer Fire Company				1								

Wayne Chrysler

Wayne Chrysler 911 570-253-3109

Agency Name	Service Level				Sets of Equip		Vehicle Type				Bariatric	
	QRS	BLS	IALS	ALS	IALS	ALS	2x2	4x4	Squad/ Utility	Fire/ Rescue	Veh	Strech
Damascus Township Vol Ambulance Corps. Inc.		X					2					2
Gouldsboro Ambulance Squad		X					1					
Hamlin Fire Rescue	X	X					3			1		1
Maplewood Fire & Rescue co	X									1		
Newfoundland Area Ambulance Association		X					2					
Northern Wayne Fire Company		X						1				
Pleasant Mount emergency Services	X							1				
Tusten Volunteer Ambulance		x					2					
White Mills Fire Dept Inc		X					1	1				2

Agency Name	W/C - Strech - Bus			UTV / ATV		Rehab		MCI Trailer	4x4 other than EMS			Special Unit or Service
	W/C	Strech	Bus	Trans	NonT	Truck	Trailer		Brush	Pickup/ Utility	Fire/ Rescue	
Damascus Township Vol Ambulance Corps. Inc.												
Gouldsboro Ambulance Squad												
Hamlin Fire Rescue									2	1		
Maplewood Fire & Rescue co												
Newfoundland Area Ambulance Association												
Northern Wayne Fire Company				1					1	1		
Pleasant Mount emergency Services				2					1		1	
Tusten Volunteer Ambulance												
White Mills Fire Dept Inc				1							1	

Wyoming County

Wyoming County 911 570-836-6161

Agency Name	Service Level				Sets of Equip		Vehicle Type				Bariatric	
	QRS	BLS	IALS	ALS	IALS	ALS	2x2	4x4	Squad/ Utility	Fire/ Rescue	Veh	Strech
Factoryville Fire Company		X					1					
FWM Emergency Squad inc		X					1	1				
Lake Winola Fire Compnay		X					1	1				
Meshoppen Fire Department		X						2				
Noxen Community Ambulance Association		X						1				
Tunkhannock Community Ambulance Association, Inc.		X						3				

Agency Name	W/C - Strech - Bus			UTV / ATV		Rehab		MCI Trailer	4x4 other than EMS			Special Unit or Service
	W/C	Strech	Bus	Trans	NonT	Truck	Trailer		Brush	Pickup/ Utility	Fire/ Rescue	
Factoryville Fire Company										1		
FWM Emergency Squad inc				1								
Lake Winola Fire Compnay				1			1			1		
Meshoppen Fire Department												
Noxen Community Ambulance Association												
Tunkhannock Community Ambulance Association, Inc.									1		2	

ICS Forms

You will find below the ICS forms that are used on most incidents. Fillable ICS forms are available at the FEMA website training.fema.gov/icsresource/icsforms.aspx

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated:
		Date: Time:

4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):

5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 1   Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

7. Current and Planned Objectives:

8. Current and Planned Actions, Strategies, and Tactics:

Time:	Actions:

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____
ICS 201, Page 2   Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated:
		Date: Time:

9. Current Organization (fill in additional organization as appropriate):

```
                              ┌──────────────────┐      ┌──────────────────────┐
                              │                  │──────│   Liaison Officer    │
                              │ Incident         │      └──────────────────────┘
                              │ Commander(s)     │      ┌──────────────────────┐
                              │                  │──────│   Safety Officer     │
                              │                  │      └──────────────────────┘
                              │                  │      ┌──────────────────────────┐
                              └──────────────────┘──────│ Public Information Officer│
                                       │                └──────────────────────────┘
        ┌──────────────┬───────────────┼───────────────┬──────────────────┐
┌───────────────┐ ┌───────────────┐ ┌───────────────┐ ┌──────────────────────┐
│  Operations   │ │  Planning     │ │  Logistics    │ │ Finance/Admin        │
│ Section Chief │ │ Section Chief │ │ Section Chief │ │ Section Chief        │
└───────────────┘ └───────────────┘ └───────────────┘ └──────────────────────┘
```
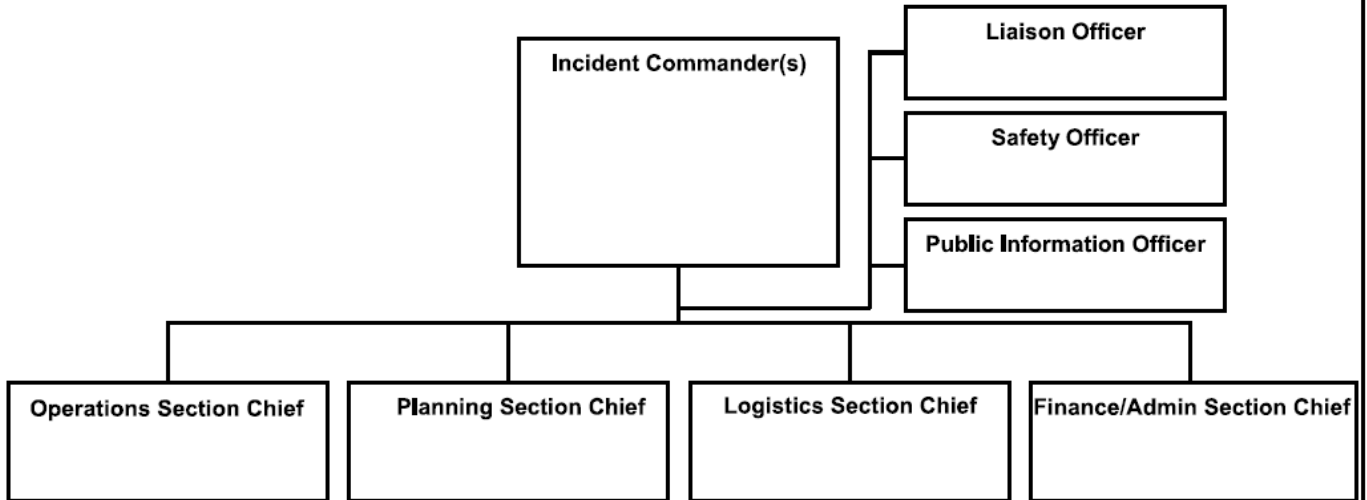
6. Prepared by: Name: _____   Position/Title: _____ Signature: _____
ICS 201, Page 3   Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

10. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 4   Date/Time: _____

INCIDENT OBJECTIVES (ICS 202)

| 1. Incident Name: | 2. Operational Period: Date From: | Date To: |
| | Time From: | Time To: |

3. Objective(s):

4. Operational Period Command Emphasis:

General Situational Awareness

5. Site Safety Plan Required? Yes ☐ No ☐

    Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

☐ ICS 203	☐ ICS 207	Other Attachments:
☐ ICS 204	☐ ICS 208	☐ _____
☐ ICS 205	☐ Map/Chart	☐ _____
☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐ _____
☐ ICS 206		☐ _____

7. Prepared by: Name: _____ Position/Title: _____ Signature: _____

8. Approved by Incident Commander: Name: _____ Signature: _____

| **ICS 202** | **IAP Page** _____ | Date/Time: _____ |

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:	2. Operational Period: Date From: / Date To: / Time From: / Time To:

3. Incident Commander(s) and Command Staff:		**7. Operations Section:**		
IC/UCs		Chief		
		Deputy		
Deputy		Staging Area		
Safety Officer		**Branch**		
Public Info. Officer		Branch Director		
Liaison Officer		Deputy		
4. Agency/Organization Representatives:		Division/Group		
Agency/Organization	Name	Division/Group		
		Division/Group		
		Division/Group		
		Division/Group		
		Branch		
		Branch Director		
		Deputy		
5. Planning Section:		Division/Group		
Chief		Division/Group		
Deputy		Division/Group		
Resources Unit		Division/Group		
Situation Unit		Division/Group		
Documentation Unit		**Branch**		
Demobilization Unit		Branch Director		
Technical Specialists		Deputy		
		Division/Group		
		Division/Group		
		Division/Group		
6. Logistics Section:		Division/Group		
Chief		Division/Group		
Deputy		**Air Operations Branch**		
Support Branch		Air Ops Branch Dir.		
Director				
Supply Unit				
Facilities Unit		**8. Finance/Administration Section:**		
Ground Support Unit		Chief		
Service Branch		Deputy		
Director		Time Unit		
Communications Unit		Procurement Unit		
Medical Unit		Comp/Claims Unit		
Food Unit		Cost Unit		

9. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 203	**IAP Page** _____	Date/Time: _____

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:	3. Branch: Division: Group: Staging Area:

4. Operations Personnel: Name   Contact Number(s)

Operations Section Chief: _____

Branch Director: _____

Division/Group Supervisor: _____

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information

6. Work Assignments:

7. Special Instructions:

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name/Function   Primary Contact: indicate cell, pager, or radio (frequency/system/channel)

_____ / _____   _____

_____ / _____   _____

_____ / _____   _____

_____ / _____   _____

9. Prepared by: Name: _____   Position/Title: _____   Signature: _____
ICS 204   **IAP Page** _____   Date/Time: _____

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:	2. Date/Time Prepared:	3. Operational Period:
	Date:	Date From: Date To:
	Time:	Time From: Time To:

4. Basic Radio Channel Use:

Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____

ICS 205   **IAP Page** _____   Date/Time: _____

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: Date To:
	Time From: Time To:

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (indicate air or ground):

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time Air	Travel Time Ground	Trauma Center	Burn Center	Helipad
					☐ Yes Level:_____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:_____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:_____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:_____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:_____	☐ Yes ☐ No	☐ Yes ☐ No

6. Special Medical Emergency Procedures:

☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____

8. Approved by (Safety Officer): Name: _____ Signature: _____

ICS 206	IAP Page _____	Date/Time: _____

INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:

2. Operational Period: Date From: _____ Date To: _____
Time From: _____ Time To: _____

3. Organization Chart

- Incident Commander(s)
  - Liaison Officer
  - Safety Officer
  - Public Information Officer

- Operations Section Chief
  - Staging Area Manager

- Planning Section Chief
  - Resources Unit Ldr.
  - Situation Unit Ldr.
  - Documentation Unit Ldr.
  - Demobilization Unit Ldr.

- Logistics Section Chief
  - Support Branch Dir.
    - Supply Unit Ldr.
    - Facilities Unit Ldr.
    - Ground Spt. Unit Ldr.
  - Service Branch Dir.
    - Comms Unit Ldr.
    - Medical Unit Ldr.
    - Food Unit Ldr.

- Finance/Admin Section Chief
  - Time Unit Ldr.
  - Procurement Unit Ldr.
  - Comp./Claims Unit Ldr.
  - Cost Unit Ldr.

ICS 207 | **IAP Page** _____ | **4. Prepared by:** Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period: Date From:	Date To:
	Time From:	Time To:

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

4. Site Safety Plan Required? Yes ☐ No ☐

 Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: _____ Position/Title: _____ Signature: _____

| ICS 208 | IAP Page _____ | Date/Time: _____ |

RESOURCE REQUEST MESSAGE (ICS 213 RR)

1. Incident Name:	2. Date/Time	3. Resource Request Number:

Requestor

4. Order (Use additional forms when requesting different resource sources of supply.):

Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Arrival Date and Time		Cost
				Requested	Estimated	

5. Requested Delivery/Reporting Location:

6. Suitable Substitutes and/or Suggested Sources:

7. Requested by Name/Position:

8. Priority: ☐ Urgent ☐ Routine ☐ Low	9. Section Chief Approval:

Logistics

10. Logistics Order Number:

	11. Supplier Phone/Fax/Email:

12. Name of Supplier/POC:

13. Notes:

14. Approval Signature of Auth Logistics Rep: | 15. Date/Time:

16. Order placed by (check box): ☐ SPUL ☐ PROC

Finance

17. Reply/Comments from Finance:

18. Finance Section Signature: | 19. Date/Time:

ICS 213 RR, Page 1

ACTIVITY LOG (ICS 214)

| 1. Incident Name: | 2. Operational Period: Date From: | Date To: |
| | Time From: | Time To: |

| 3. Name: | 4. ICS Position: | 5. Home Agency (and Unit): |
| | | |

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1   Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From:	Date To:
	Time From:	Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 2   Date/Time: _____

OPERATIONAL PLANNING WORKSHEET (ICS 215)

1. Incident Name:	2. Operational Period:	Date From:	Time From:	Date To:	Time To:

3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources																				7. Overhead Position(s)	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time
			Req.	Have	Need	Req.	Have	Need	Req.	Have	Need	Req.	Have	Need	Req.	Have	Need	Req.	Have	Need						

11. Total Resources Required																						
12. Total Resources Have on Hand																						
13. Total Resources Need To Order																						

14. Prepared by:

Name: _____

Position/Title: _____

Signature: _____

Date/Time: _____

ICS 215

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:	2. Incident Number:

3. Date/Time Prepared: Date: Time:	4. Operational Period: Date From: Date To: Time From: Time To:

5. Incident Area	6. Hazards/Risks	7. Mitigations

8. Prepared by (Safety Officer): Name: _____ Signature: _____

Prepared by (Operations Section Chief): Name: _____ Signature: _____

ICS 215A	Date/Time: _____

DEMOBILIZATION CHECK-OUT (ICS 221)

1. Incident Name:		2. Incident Number:	

3. Planned Release Date/Time: Date: Time:	4. Resource or Personnel Released:	5. Order Request Number:

6. Resource or Personnel:

You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).

LOGISTICS SECTION

	Unit/Manager	Remarks	Name	Signature
☐	Supply Unit			
☐	Communications Unit			
☐	Facilities Unit			
☐	Ground Support Unit			
☐	Security Manager			
☐				

FINANCE/ADMINISTRATION SECTION

	Unit/Leader	Remarks	Name	Signature
☐	Time Unit			
☐				
☐				

OTHER SECTION/STAFF

	Unit/Other	Remarks	Name	Signature
☐				
☐				

PLANNING SECTION

	Unit/Leader	Remarks	Name	Signature
☐				
☐	Documentation Leader			
☐	Demobilization Leader			

7. Remarks:

8. Travel Information:

Estimated Time of Departure: _____

Destination: _____

Travel Method: _____

Manifest: ☐Yes ☐No
         Number: _____

Room Overnight: ☐Yes ☐No

Actual Release Date/Time: _____

Estimated Time of Arrival: _____

Contact Information While Traveling: _____

Area/Agency/Region Notified: _____

9. Reassignment Information: ☐Yes ☐No

Incident Name: _____

Location: _____

Incident Number: _____

Order Request Number: _____

10. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 221	Date/Time: _____

EMSNP Forms

Staging Resource List

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Unit	Unit ID	Air Medical	ALS Transport	ALS Squad	I-ALS Transport	I-ALS Squad	BLS Transport	BLS Squad	Bariatric Unit	Stretcher Vans	Wheelchair Vans	Bus	Alternate Contact Information

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Resource Tracking

Resource	Level of Care	Arrived at Staging	Time Assigned	Time Returned	Time Assigned	Time Returned	Time Released

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Facility	Patient Intake Capacity			Patients Transported		
	Red Tag	Yellow Tag	Green Tag	Red Tag	Yellow Tag	Green Tag
Level 1						
Level 2						
Level 3						

EMSNP

	Facility	Patient Intake Capacity			Patients Transported		
		Red Tag	Yellow Tag	Green Tag	Red Tag	Yellow Tag	Green Tag
Level 4							
General							

Transport Log

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Resource	Level of Care	Time Assigned	Triage Tag #	Priority	Primary Injury	Destination

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Rehab Sheet

Name or Unit Number	Time In	Repeat Assessment	Complaints (if any)	Pulse	Blood Pressure	Treatment (if any)	Time Out