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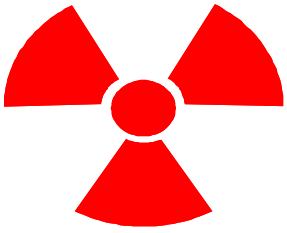
MASS CASUALTY INCIDENT PLAN



Revised: February 2015

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Note: Changes to this plan are recorded by date at the beginning of each numbered chapter (1 through 12) and the header page of each Annex.

1. INTRODUCTION, PURPOSE AND ASSUMPTIONS 03/2011

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 of an area's total emergency response plan and how it operates within the Unified Command System. This document shall utilize the sector concept for EMS operations during an emergency response. Beyond the EMS Group Supervisor and the EMS Operations Officer's roles and responsibilities, the three sector's identified within this plan and guidelines are; Triage Sector, Treatment Sector and Transport Sector. EMSNP Regional Protocols for triage, patient care and transport will be followed during an EMS MCI response as outlined in this plan.

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 two Pennsylvania Regional Counter Terrorism Task Force groups, use of the Facilities Resources Emergency Database (FRED), 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 a number of 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. In order to achieve these objectives the plan incorporates use of the NIMS Unified Command Structure principles by using the Incident Command System (ICS) to provide flexibility in combining the roles of Incident Commander and EMS Group Supervisor and other supervisory EMS positions in a small scale MCI incident. In large scale MCI operations the role of EMSNP providers are integrated into the Incident Command System (ICS) as the EMS Group responsible to the Incident Commander or Operations Sector as specified in this publication. The Incident Command System (ICS) is designed to enable and provide efficient MCI incident management by integrating EMS, Fire, Rescue, Police and other Federal, Local and State agencies within a common organizational structure when responding to an MCI within the region. The plan 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.

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

2. SEQUENCE OF DESIRED EVENTS (EMS MCI RESPONSE) 10/2007

1. **Pre-planning and education:** This includes development of staffing, training and equipping ambulance services for mutual aid, intrastate and interstate requests for EMS assistance in responding to catastrophic casualty events (PA EMS STRIKE TEAMS). In addition, coordination with appropriate Regional Counter Terrorism Task Forces (RCTTF), Emergency Management Agencies (EMA), state and federal agencies to ensure compliance with directives and guidelines relative to a mass casualty response.

2. **Preparation:** Participation in training exercises and mutual-aid agreements properly executed.

3. **Notification within the EMSNP Region:** Notification that a MCI event has occurred will normally be through the jurisdictional 911 Communications Center to individual services and EMSNP. Calls for assistance and MCI Plan activation may come from county Emergency Operations Centers and/or Regional Counter Terrorism Task Force Incident Command Centers.

4. **EMSNP responsibilities upon notification of an MCI:**

- **Implement the EMSNP MCI Plan.**
- **Notify the PA Department of Health, Bureau of Emergency Medical Services (BEMS) of the MCI activities.**
- **Deploy EMSNP staff to the EOC or Incident Command Post, as required.**
- **Coordinate with BEMS and other EMS Regional Councils provision of additional equipment and personnel, i.e., PA EMS STRIKE TEAMS, and other resources from within the council.** *Provision of additional services should be planned to preclude interruption of ALS/BLS response in coverage areas affected by relocation of these units.*
- **Upon request, provide personnel and vehicles to pick-up EMS mass casualty equipment from caches stored at predetermined locations for delivery to designated areas. Coordinate the receiving, transporting and delivering of CHEMPACK and Strategic National Stockpile pharmaceutical intervention materials from approved PA DOH/CDC storage areas to designated user locations.**
- **Issue an Action Request in Knowledge Center (For Desired information needed)**
- **Provide the EOC hospital space availability (Knowledge Center Data) by the most expeditious means.**

5. **Implementation of the EMSNP MCI Plan by responding EMS units:** *The first EMS unit on-scene will establish or join a unified command system utilizing principles of the Incident Command System. Designate an EMS Group Supervisor. The EMS Group Supervisor will notify EMSNP of MCI activities by the most expeditious means. In some cases the scene may be under the control of another emergency service or higher authority. If so, the responding EMS units will designate an EMS Group Supervisor and*

assume their place in the Incident Command System and notify EMSNP as soon as possible of operational status. See ANNEX B of this publication for a quick reference on-scene flowchart.

- **SCENE SAFETY** is the foremost priority. Immediately report an unsafe scene to the 911 Communication Center. **DO NOT ENTER** until the scene has been **CLEARED**. All responding units will wear **PERSONAL PROTECTIVE EQUIPMENT** to preclude injury or contamination while performing duties at the MCI site.

- An **ICS Command Post** must be established in a safe area or cold zone. The location immediately transmitted to the appropriate County 911 Communications Center to coordinate notification of responding units to the exact location. The Incident Commander assumes responsibility for all site and support activities.
- *An Emergency Operations Center (EOC) may be established to control the MCI. In this case all communications are from the ICS Command Post to the EOC.*

- The EMS Group Supervisor appoints staff and initiates the MCI Activities Log, Resources Worksheet and other forms found in **Annex A** of this publication. If required by Incident Command, use ICS Forms and Multi-Casualty Worksheets as specified in **Annex C**.

- The ICS Command Post is a joint effort between the principal command personnel of all emergency services responding to the MCI. Key officials responding to the scene should be directed, or escorted, to the Unified Command Post upon arrival.

- The ICS Command Post is identified by the display of a GREEN sign, flag or light, visible from all sides.

- Physical security, personnel accountability, secondary response and HAZMAT operations are immediate concerns for EMS providers and must be addressed accordingly.

- **<u>PHYSICAL SECURITY FOR THE MCI SCENE IS ESSENTIAL</u>. Utilize law enforcement, when available, or assign a team for this function. It is imperative that measures are taken to identify and provide accountability for all personnel responding to the site regardless of their position or job function. (See Chapter 10 of this publication for Credentialing-Accountability-Security).**

- **<u>A "SECONDARY RESPONSE"</u> occurs after the first units arrive and establish the ICS Command Post. Response during this phase of the MCI must be carefully monitored and controlled by on-scene commanders. Unity of command is essential during this period. Arriving units should follow directions to the scene or designated staging areas for dispatch, as needed. Crews must remain with their vehicles unless directed to report to a specific location.**

<u>HAZARDOUS MATERIAL EVENT (HAZMAT)</u>

- **<u>A HAZMAT EVENT</u> may include the need for a DECONTAMINATION AREA to process victims prior to transfer to TREATMENT. This area must be established immediately with arrangements for movement of victims from the HOT ZONE to DECONTAMINATION to TREATMENT. <u>Normally, EMS units will remain in a designated COLD ZONE until contamination procedures have been completed.</u>** *Any EMS unit requested to enter a HOT ZONE must be properly trained to perform in that specific environment and wear appropriate level Personal Protective Equipment (PPE).* **In all cases, for their personal safety, EMS personnel must adhere to all commands by the designated HAZMAT OFFICER.**

6. After ensuring scene safety, the first EMS personnel on scene immediately perform a primary survival scan, size-up the incident scene and begin triage and life-saving protocols.

7. Initial triage consists of a "walk-through" by the Triage Unit Leader and first arriving emergency care personnel to determine patient count. **The Triage Unit Leader must quickly present an accurate patient count to the EMS Group Supervisor. If possible, the count should include the number of patients by priority category.**
8. Simultaneously, initial critical life-saving treatment begins during the rapid initial survey performed by the first arriving EMS personnel (ABCs).
9. The EMS Group Supervisor notifies the County 911 Communications Center or the EOC (if established) of the number of casualties relative to the MCI.
10. The 911 Communications Center or EOC (if established) notifies hospitals to activate disaster plans, dispatches additional units, crisis support teams and other agencies based on data received from the MCI scene. The Facilities Resources Emergency Database (FRED) should be available to facilitate patient transport to receiving hospitals.
11. **<u>Within this timeframe an EOC may be established to control the MCI .</u>** Communications from the Incident Commander and the EMS Group Supervisor will be through the EOC.
12. **The toxic effects of nerve agents require immediate pharmaceutical intervention** followed by long-term care. For pre-hospital care, CHEMPACKS are located at designated storage sites for transport to an MCI scene. Requests for these supplies can be made through the 911 Communications Center, Incident Command or the EOC, dependent on command structure.
13. The Triage Team commences tagging victims by patient priority. TREATMENT AREA(s) may be established based on the number of victims and the size of the MCI scene.

    a. Victims found **"Dead-On-Arrival"** should be covered, left where they are found and identified by an **EMS Disaster Tag, BLACK (Deceased)**. Note any personal

information available relative to the identity of the deceased victim on the top portion of the tag. If it is necessary to move the deceased victim the exact location found must be noted in order to assist in subsequent investigations. A temporary morgue can be established in an area isolated from the patient care areas, if required. **NOTE: Scene integrity should never be compromised. All steps necessary to prevent disturbing the MCI scene will be taken.**

b. All patients should be immobilized rapidly on portable transportation devices i.e., stretchers, backboards, scoops, etc.

14. Group patients by color of EMS Disaster Tag for transport. In a large scale MCI, PATIENT COLLECTION STATIONS will be established by the Treatment Unit Leader to ensure rapid and logical decisions for transport are made. *(See Chapter 6. Patient Priorities (EMS Disaster Tag) and EMS DISASTER TAG (Component Distribution) for EMSNP Region patient priorities.*

- Patient Collection Stations are divided into three separate sections, color-coded by some means to match the region's EMS Disaster Tag. All patients are arranged by priority in the PATIENT COLLECTION STATIONS.

RED (Immediate) - YELLOW (Delayed) - GREEN (Hold)

- Each Collection Station must have sufficient space to enable emergency personnel to move around freely and treat multiple patients simultaneously without causing interference.
- **An area adjacent to the Patient Collection Stations should be established for patients involved in the MCI who have sustained no injuries.** These patients should be continuously monitored. Patients in this category may have subsequent complaints that require movement to the Treatment Area. **Prior to movement, initiate an EMS Disaster Tag for accountability**.

15. **Incoming ambulance units report to the Ambulance Staging Area designated by the EMS Group Leader.** Unless otherwise ordered, the crew must remain with the vehicle and wait for further assignment. In large operations, individual staging areas may be established for specific vehicles and resources. In both cases the area should be marked, communicated to incoming units, or individuals assigned to direct units to their designated staging area.
16. Additional patient treatment is completed at the Patient Collection Stations.
17. Advanced life support personnel and/or designated hospital or physician disaster response teams should treat patients in need of advanced care at the Patient Collection Stations.
18. All patients are transported in priority order to designated hospitals and receiving facilities as assigned by the Transportation Unit Leader. In an MCI, several patients may be transported in one vehicle to maximize transportation resources. Single patient transport should be avoided.
19. **The Transportation Unit Leader in conjunction with the Treatment Unit Leader will oversee the selection of patients to be transported from the designated Patient Collection Stations as follows:**

- **Dependent on the command structure, the Transportation Unit Leader will coordinate with the EMS Group Supervisor or Incident Commander or Emergency Operations Center (EOC) on selection of the hospital or receiving facility to which the patients are to be transported. The Facilities Resource Emergency Database**

(FRED) should be available to assist Incident Command and/or the EOC on facility selection, equipment and resources available.

- **The Transportation Unit Leader will maintain a worksheet to document patient flow. (See Chapter 11 and ANNEX A of this publication for description and blank copy of the EMS TRANSPORTATION UNIT LEADER – WORKSHEET).**

- **The Transportation Unit Leader is responsible for collecting the "Top tear off yellow sheet" of the EMS Disaster Tag for patient accountability and a record of medical treatment received at the MCI scene. (See Chapter 6 of this publication for specific distribution of individual components of the EMS Disaster Tag).**

20. Establish a post incident equipment collection site. During MCI operations equipment may be substituted, borrowed and returned. The equipment collections site will assist in returning equipment to the responsible service.
21. **Provide Critical Incident Stress Management (CISM) services as required. (See Chapter 8 of this publication for CISM information).**
22. Upon order, demobilize units and personnel. Notify EMSNP as soon as possible.
23. Upon order, deactivate disaster plan. Notify EMSNP as soon as possible.
24. Incident Commander and EMS Group Supervisor assemble reports and records.
25. MCI Incident Critique by all agencies involved. (See Chapter 9 of this publication. Normally held within 5 days).
26. **EMSNP review and update this plan, as required.**

3. COMMAND AND MANAGEMENT 12/23/2005

ALL EMSNP PROVIDERS WILL UTILIZE THE UNIFIED COMMAND STRUCTURE SPECIFIED BY 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 insures 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.**
- **As a general rule, each person in the structure should manage between 3 to 7 people. The optimum number is 5 direct reports.**

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. Although not common to EMS operations, this is particularly customary in fire or hazardous materials incidents.

4. INCIDENT COMMAND SYSTEM (ICS) 10/22/2007

The following organizational charts and responsibility descriptions are a typical representation of the unified command structure that would be employed during an MCI. They include the Incident Command System (ICS) and EMS Response Level 1, 2, 3 and 4 organizational charts. EMSNP agencies will utilize these structures in planning an MCI response.

The U.S. Department of Homeland Security published the National Incident Management System (NIMS) containing specific guidelines for a functional command structure. These guidelines are designed to allow the chain of command to expand from local to a state or federal level as needed.

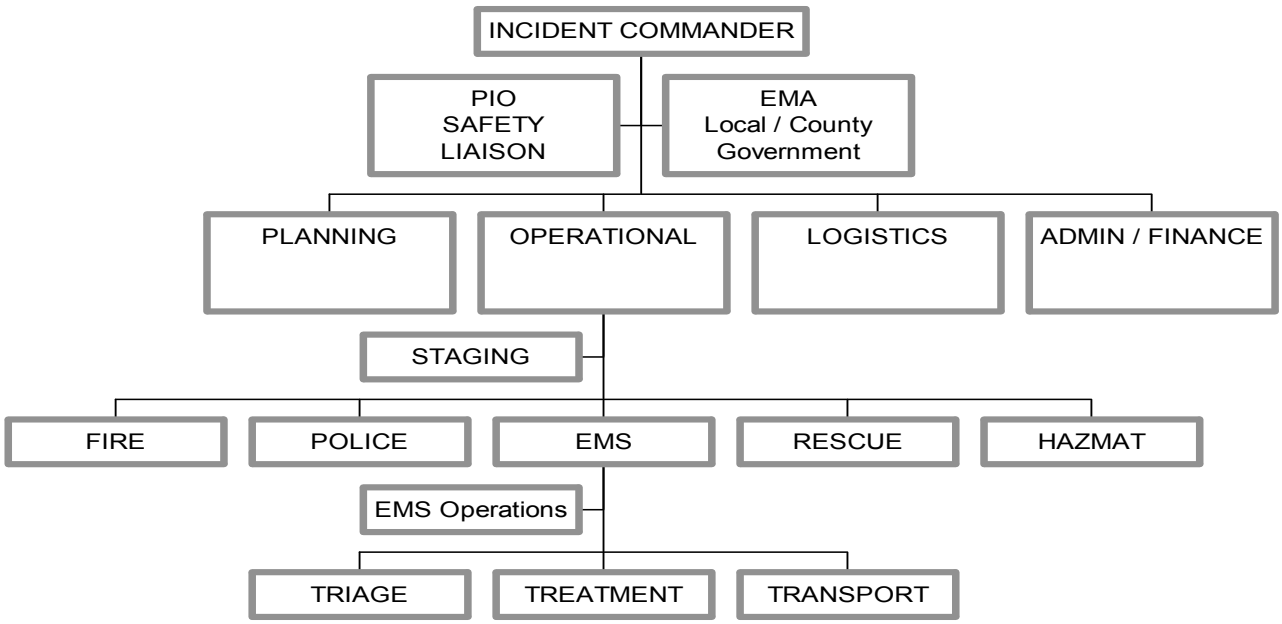
For the purposes of this plan the EMS Group Supervisor is responsible for the overall coordination of EMS activities during an MCI.

The command structure may expand based on the complexity of the event. In a MCI with numerous casualties and other catastrophic events the EMS Group Supervisor would be responsible to the Incident Commander within the Unified Command System as specified in the following organizational charts and responsibility descriptions:

- ✓ **UNIFIED INCIDENT COMMAND STRUCTURE**
- ✓ **EMS OPERATIONS STRUCTURE – LEVEL 1 RESPONSE – 1 TO 10 VICTIMS**
- ✓ **EMS OPERATIONS STRUCTURE – LEVEL 2 RESPONSE - 10 TO 25 VICTIMS**
- ✓ **EMS OPERATIONS STRUCTURE – LEVEL 3 RESPONSE – 25 VICTIMS OR GREATER**
- ✓ **EMS OPERATIONS STRUCTURE – LEVEL 4 RESPONSE – NUMBER OF VICTIMS THAT COULD NECESSITATE A REGION WIDE RESPONSE**

Note*: In the National Incident Management System command structure the Logistics Section provides medical services for incident personnel. The Logistics Section medical plan will provide specific information on medical assistance capabilities at incident locations, potential hazardous areas or conditions, and off-incident medical assistance facilities and procedures for handling complex medical emergencies. All EMS Group MCI medical documentation and records must be accurate to ensure the Logistics Section has the necessary data to provide this medical support.*

UNIFIED INCIDENT COMMAND STRUCTURE



INCIDENT COMMANDER: The individual in overall command of MCI/disaster or other 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 MGMT. / 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.

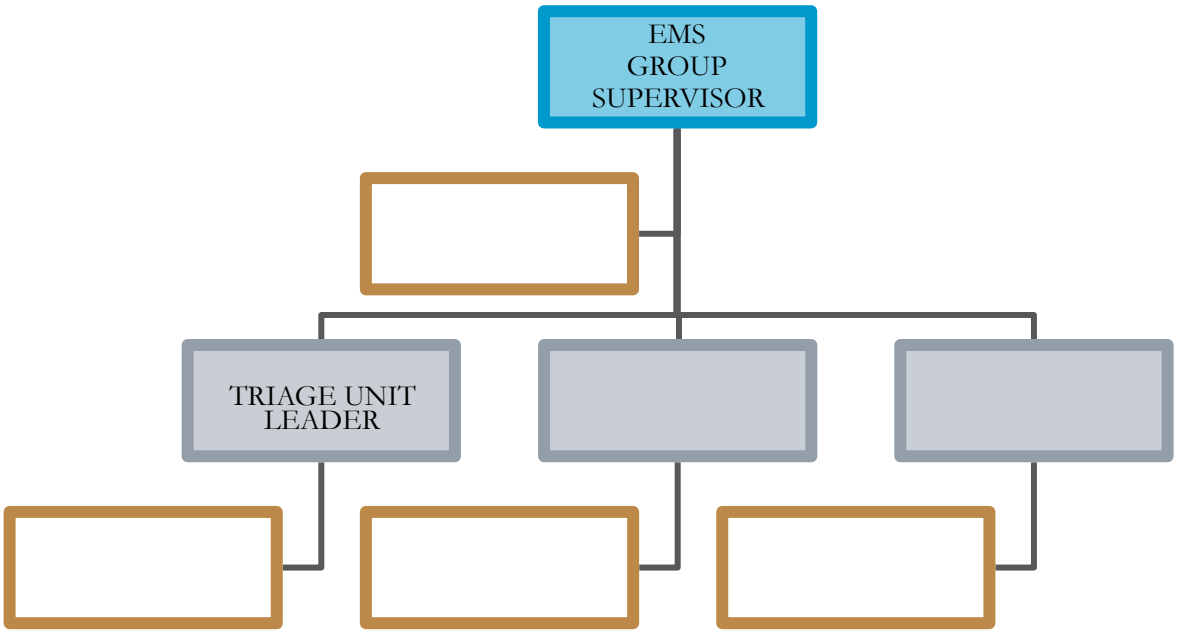
OPERATIONAL: Responsible for the management of all operations directly applicable to the primary mission.

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

ADMIN. / FINANCE: Responsible to organize 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.

EMS OPERATIONS STRUCTURE WITHIN THE UNIFIED COMMAND SYSTEM

Level 1 Response, 10 Victims or Less



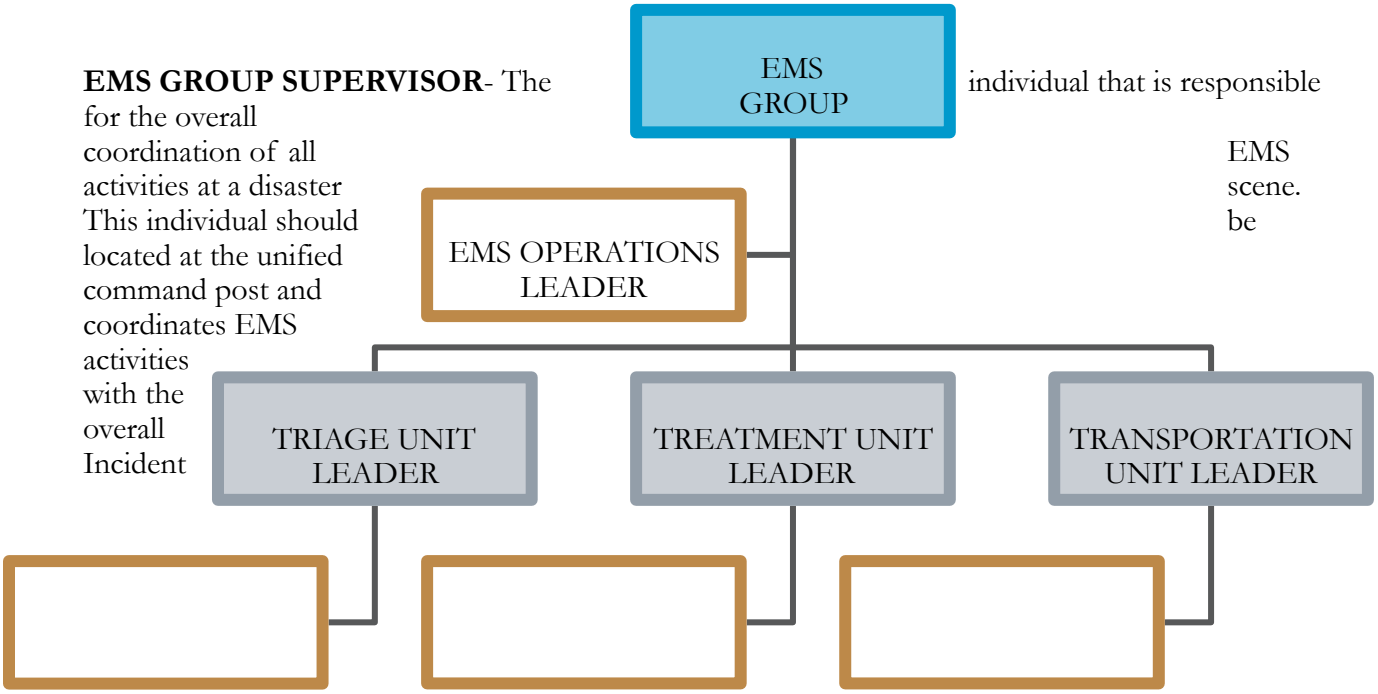
EMS GROUP SUPERVISOR - The individual that is responsible for the overall coordination of all EMS activities at a disaster scene. This individual should be located at the unified command post and coordinates EMS activities with the overall Incident Commander.

- In a Level 1 Response, the EMS Commander should also be able to perform the duties normally assigned to the EMS Operations Leader and the Transportation Leader.

TRIAGE UNIT LEADER- The individual that is responsible for the overall coordination of triage activities at a disaster scene. Answers to the EMS Group Supervisor.

- In a Level 1 Response, the Triage Sector Officer should also be able to perform the duties normally assigned to the Treatment Leader.

EMS OPERATIONS STRUCTURE WITHIN THE UNIFIED COMMAND SYSTEM
Level 2 Response, 10 to 25 Victims



EMS GROUP SUPERVISOR- The individual that is responsible for the overall coordination of all activities at a disaster scene. This individual should be located at the unified command post and coordinates EMS activities with the overall Incident Commander.

EMS OPERATIONS OFFICER- The individual that is responsible for the coordination and management of EMS related resources at the incident site and acts as a liaison between the EMS group Supervisor and EMS providers. Answers to the EMS Group Supervisor.

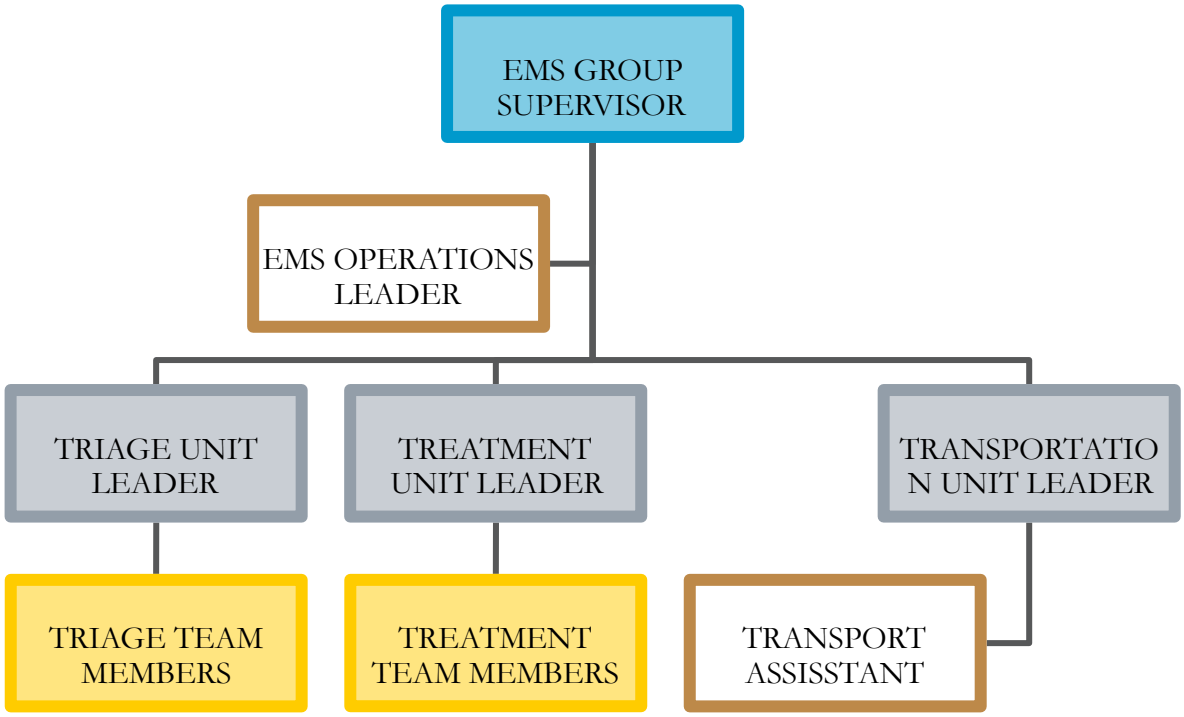
TRIAGE UNIT LEADER- The individual that is responsible for the overall coordination of triage activities at a disaster scene. Answers to the EMS Group Supervisor.

TREATMENT UNIT LEADER- The individual that is responsible for the coordination of the treatment of patients at the patient collection stations. Answers to the EMS Group Supervisor.

TRANSPORTATION UNIT LEADER- The individual that is responsible for communicating with sector officers and hospitals to manage the transport of patients to hospitals from the scene of the disaster. Answers to the EMS Group Supervisor.

EMS OPERATIONS STRUCTURE WITHIN THE UNIFIED COMMAND SYSTEM

Level 3 Response, 25 Victims or Greater



EMS GROUP SUPERVISOR- The individual that is responsible for the overall coordination of all EMS activities at a disaster scene. This individual should be located at the unified command post and coordinates EMS activities with the overall Incident Commander.

EMS OPERATIONS LEADER- The individual that is responsible for the coordination and management of EMS related resources at the incident site and acts as a liaison between the EMS Commander and EMS providers. Answers to the EMS Group Supervisor.

TRIAGE UNIT LEADER- The individual that is responsible for the overall coordination of triage activities at a disaster scene. Answers to the EMS Group Supervisor.

Triage Teams: Groups of medically trained personnel that assist the Triage Unit Leader in the triaging of victims.

TREATMENT UNIT LEADER- The individual that is responsible for the coordination of the treatment of patients at the patient collection stations. Answers to the EMS Group Supervisor.

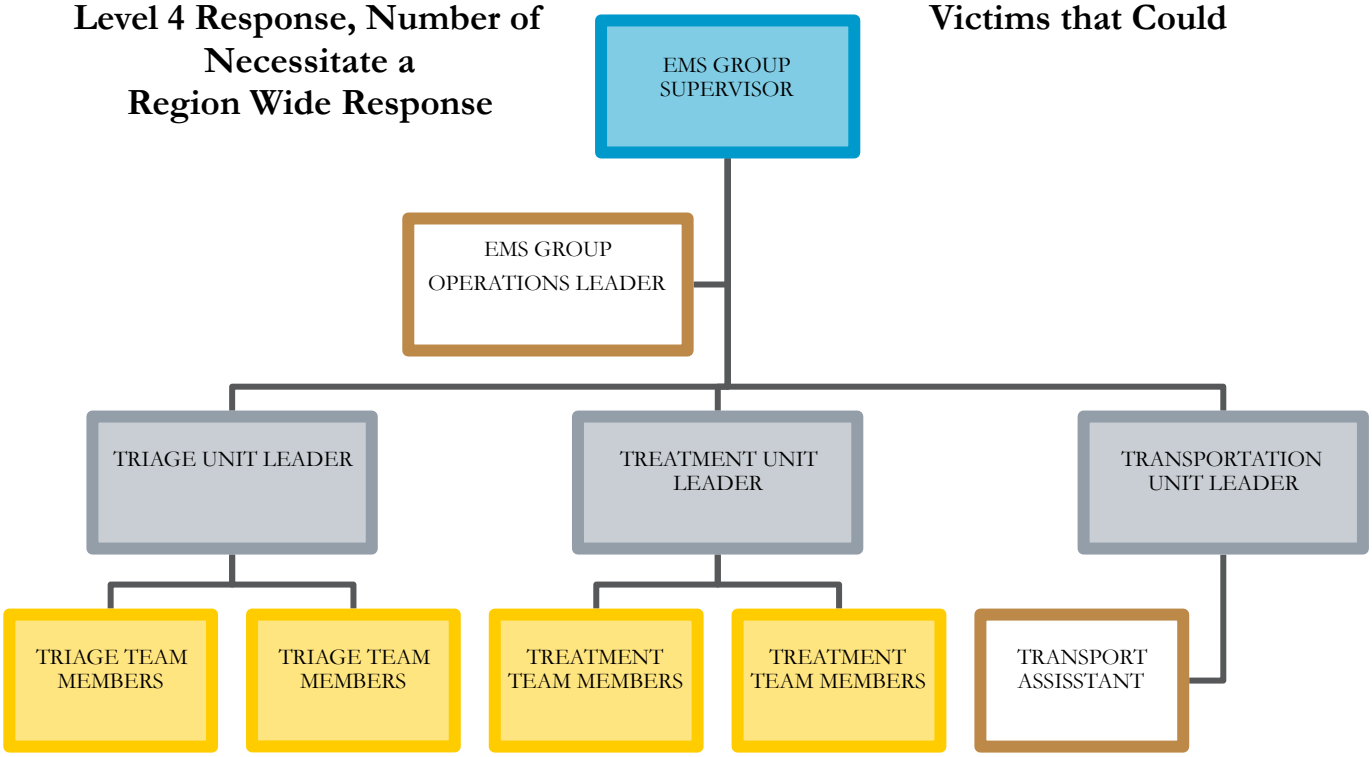
Treatment Teams: Groups of medically trained personnel, including physicians and nurses that assist the Treatment Leader with the treatment of victims brought to the Patient Collection Stations.

TRANSPORT UNIT LEADER- The individual that is responsible for communicating with sector officers and hospitals to manage the transport of patients to hospitals from the scene of the disaster. Answers to the EMS Group Supervisor.

Transport Assistant: An individual that assists the Transportation Unit Leader in the performance of his/her duties.

EMS OPERATIONS STRUCTURE WITHIN THE UNIFIED COMMAND SYSTEM

Level 4 Response, Number of Victims that Could Necessitate a Region Wide Response



EMS GROUP SUPERVISOR- The individual that is responsible for the overall coordination of all EMS activities at a disaster scene. This individual should be located at the unified command post and coordinates EMS activities with the overall Incident Commander.

EMS GROUP OPERATIONS LEADER- The individual that is responsible for the coordination and management of EMS related resources at the incident site and acts as a liaison between the EMS Commander and EMS providers. Answers to the EMS Group Supervisor.

TRIAGE UNIT LEADER- The individual that is responsible for the overall coordination of triage activities at a disaster scene. Answers to the EMS Group Supervisor.

> **Triage Teams:** 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 UNIT LEADER- The individual that is responsible for the coordination of the treatment of patients at the patient collection stations. Answers to the EMS Group Supervisor.

Treatment Teams: 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, more teams may be needed.

TRANSPORTATION UNIT LEADER- The individual that is responsible for communicating with Triage and Transportation Leaders and hospitals to manage the transport of patients to hospitals from the scene of the disaster. Answers to the EMS Group Supervisor.

Transport Assistant: An individual that assists the Transportation Leader in the performance of his/her duties. As the Level of the incident escalates, more assistants may be needed.

5. EMS BRANCH

Branch: The organizational level having functional or geographical responsibility for major aspects of incident operations. A branch is organizationally situated between the Operations Section Chief and the Group in the Operations Section, and between the section and units in the Logistics Section. Branches are identified by the use of Roman numerals or by functional area.

Branches may be established to serve different purposes for example:

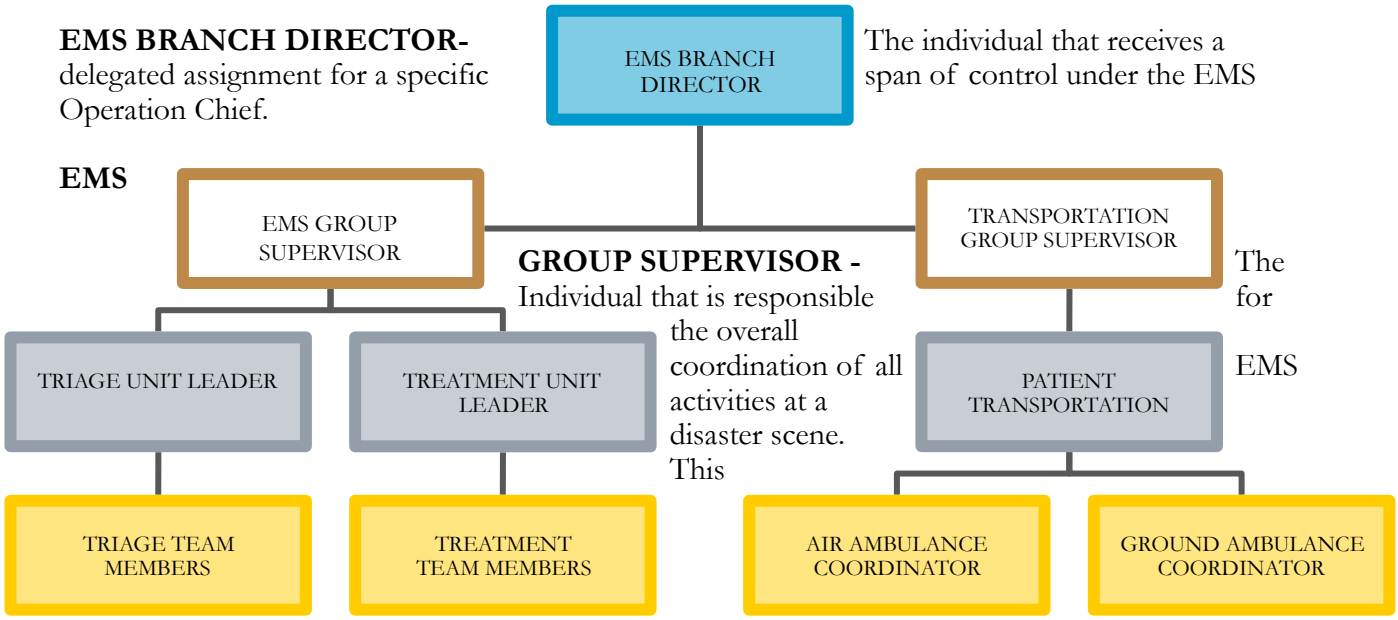
1. The numbers of Groups exceed the recommended span of control for the Operations Section Chief officer.
   - The ratio for span of control for the EMS Group Supervisor is 1:5 when this is exceeded the EMS Group Supervisor should set up a Branch.

2. The nature of the Incident Calls for a Functional Branch System
   - In mass casualties, many different departments respond to the incident within the city. In doing so there will be different branches for each department. Example:
     a. Fire department (Branch I)
     b. Police department (Branch II)
     c. **EMS department (Branch III**)

3. The incident is multi-jurisdictional.
   - 2 different jurisdictions
     a. Geographical
        1. City
        2. County
        3. State
     b. Functional
        1. Law Enforcement
        2. Public Health

UNIFIED COMMAND SYSTEM USING THE EMS BRANCH CONCEPT

EMS BRANCH DIRECTOR- delegated assignment for a specific Operation Chief.



The individual that receives a span of control under the EMS

EMS GROUP SUPERVISOR - Individual that is responsible for the overall coordination of all activities at a disaster scene. This individual should be located at the incident command post and coordinates EMS activities with the Incident Commander.

TRANSPORTATION GROUP SUPERVISOR- 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. Answers to the EMS Branch Director.

PATIENT TRANSPORTATION The individual that is responsible for the overall coordination of EMS

TRIAGE UNIT LEADER - The individual that is responsible for the overall coordination of triage activities at a disaster scene.

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

TREATMENT UNIT LEADER - The individual that is responsible for the coordination of the treatment of patients at the patient collection stations. Answers to the EMS Group Supervisor.

> **Treatment Team Members -** Groups of medically trained personnel, including physicians and nurses that assist the Treatment Leader with the treatment of victims brought to the Patient Collection Stations. As the level of the incident escalates, more teams may be needed.

> **Air Ambulance Coordinator-**

> **Ground Ambulance Coordinator-**

PERSONNEL ROLES AND RESPONSIBILITIES

EMS Group Supervisor

The EMS Group Supervisor is responsible for the overall coordination of EMS activities at the disaster site. These duties shall include:

1. Establishing and identifying a location for the Incident command post **if this has not already been accomplished by other emergency personnel.** The location of such a command post must be transmitted to the communications center for relay to other responding emergency services, (e.g., police, fire, haz-mat). Such a relay of information may be made by a special radio alert tone and announcement of the initiation of a unified command post and its' location.

2. Rapidly assess the scope of the disaster incident, paying particular attention to the following:

   - the nature of the incident.
   - any hazards that are present.
   - number of casualties.
   - types and extent of injuries including a rough estimate of the number of casualties present.
   - additional resources that may be required at the scene.
   - responding unit's route of approach to the scene.
   - location(s) for potential staging area(s).

3. Transmit a preliminary report to the communications center for relay to other responding emergency services.

4. Transmit a preliminary report to the communications so that initial notification of the existence of a mass casualty incident can be made to area hospitals. (Further information as to number and extent of injuries, hospital resources available, etc., can be made as the incident progresses).

5. Establish an EMS communications structure for the disaster scene. This structure may later be relocated to a specialty vehicle, if one is available.

6. Determine if additional response, including the mobilization of regional mass casualty equipment caches, is required at the incident.

7. Assign Leaders:
   - Operations Leader
   - Triage Leader
   - Treatment Leader
   - Transportation Leader

Note: It may be necessary to combine the roles of leaders until sufficient manpower is available to fill these positions. Also, dependent upon the "size" of the incident, it may be possible to combine the roles of leaders permanently.

8. Assign medical teams to the Triage or Treatment Sectors, based on the needs of those sectors.

9. Work in conjunction with the Incident Commander to assign crews to carry and transfer patients to the Patient Collection Station(s).

10. Consult with other Leaders frequently to ascertain the need for additional resources and the safety and well being of all EMS personnel operating at the incident, (to include the provision of rehab and CISM services if necessary). *

11. Establish liaisons with other emergency services agencies operating at the incident.

12. Evaluate the effectiveness of EMS operations and make changes as required and necessary. *

13. Transmit periodic progress reports on EMS Operations to the communications center.

14. Re-assign EMS personnel / units as EMS operations de-escalate. *

15. If necessary, establish a temporary morgue location and coordinate the management of fatalities with the Triage Sector and Coroner of jurisdiction.

16. Maintain documentation as to the overall provision of EMS operations at the incident. *

17. De-mobilize and terminate EMS operations, including the cessation of the EMS Supervisors and Operations. *

*** In conjunction with the EMS Operations Leader in a Level 2, 3 and/or 4 response and the Incident Commander and Operations Section Chief.**

EMS GROUP SUPERVISOR CHECKLIST

Position Assigned to: _____

You report to: _____

Location of Command Post: _____

Telephone: _____ **Radio Channel:** _____

Functions: Direct and supervise the overall coordination of EMS activities at a disaster or mass casualty incident.

Personnel Assigned: EMT, Paramedic, or PHRN

1. Read this entire checklist
2. Put on position identification vest
3. Assess the situation or obtain briefing from Incident Commander:
   a. Incident Type: _____
   b. Number of Victims: _____
   c. Disaster Level: _____
   d. Notify other communications center(s) _____
   e. Notify area hospitals: _____
4. If not already done, set up and identify location of command post. If Command post has already been established, identify yourself to the Incident Commander and maintain a presence at the command post.
5. Appoint triage unit leader; treatment unit leader and patient transportation group supervisor
6. Identify equipment and vehicle staging area(s)
7. Request additional resources and manpower if needed
8. Establish medical communications network:
   - Frequency to incident commander or operations section chief _____
   - Frequency to triage unit leader: _____
   - Frequency to treatment unit leader: _____
   - Frequency to County Communications: _____
   - Frequency to hospitals: _____
   - Frequency to other communications center(s): _____
9. Provide periodic updates on EMS operations to the Communications Center(s), the Incident Commander and hospitals
10. Request law enforcement for scene security if needed
11. Request coroner of jurisdiction if necessary
12. If necessary, establish morgue location and coordinate with triage and treatment unit managers and coroner of jurisdiction
13. Re-assign EMS practitioners and providers as EMS operations de-escalate
14. Demobilize and terminate operations including cessation of EMS medical group operations
15. Maintain documentation of overall EMS operations

16. Observe all practitioners and patients working in the EMS operations area for signs of exhaustion, stress, or inappropriate behavior, report concerns to _____
17. Provide for rehab of all working personnel
18. Other:

EMS Operations Leader

The EMS Operations Leader is directly responsible to the EMS Supervisor for the coordination and management of EMS related resources at the incident site. Designated by the EMS Supervisor at a Level 2 response and above, the EMS Operations Leader acts as a liaison between the EMS Supervisor and other Leaders / EMS practitioners that are operating at the scene. These duties shall include:

1. Allocating available resources to each area of EMS operations as needed.

2. Frequent consultation with other EMS area Leaders to ascertain the need for additional resources and the safety and well being of all EMS personnel operating at the incident. This shall include ensuring the provision of rehab and CISM services, if necessary.

3. The tracking of available units on location and the availability of other resources within the EMS system.

4. In coordination with the Transport Leader, the tracking and distribution of priority 1, 2 and 3 patients, in relation to the number of patients each facility is willing and/or able to receive.

5. Evaluating the effectiveness of EMS Operations and suggesting changes as deemed necessary.

6. Controlling bi-directional communications between other sectors and the EMS Supervisor in order to allow a free flow of information to and from the scene.

7. Coordinating the distribution of mutual aid resources throughout the EMS system in order to ensure that system integrity is maintained within the affected area.

8. Re-assigning EMS personnel and units as EMS Operations de-escalate.

9. Maintaining documentation as to the overall provision of EMS at the incident

10. In coordination with the EMS Supervisor, demobilization and termination of EMS Operations at the incident site.

EMS OPERATIONS LEADER CHECKLIST

Position Assigned to: _____

You report to: _____

Location of Command Post: _____

Telephone: _____ **Radio Channel:** _____

FUNCTIONS: Responsible for the coordination and management of EMS related resources at a multiple casualty incident. The Operations Leader acts as a liaison between the EMS group Supervisor and the other EMS providers on location.

Personnel Assigned: EMT, Paramedics, or other designated personnel as assigned by the EMS group Supervisor.

1. Read this entire checklist
2. Put on position identification vest
3. Obtain situation briefing from EMS Group Supervisor:
   - Type of Incident: _____
   - Number of Victims: _____
   - Disaster Level: _____
4. Verify assignments:
   - Triage Unit Leader: _____
   - Treatment Unit Leader: _____
   - Transport Unit Leader: _____
5. Verify medical communications network: _____
   - Freq. to Command: _____
   - Freq. to Triage Unit Leader _____
   - Freq. to Treatment Unit Leader _____
   - Freq. to Transport Unit Leader _____
   - Freq. to Hospitals: _____
6. Verify location(s) of staging area(s).
7. Allocate available resources to Sector's as needed.
8. Consult with EMS Group Supervisor frequently to ascertain the need for additional resources and the safety as well being of EMS personnel, (including the availability or need for rehab and CISM services).
9. Coordinate with the Transport Sector Officer the patient distribution to medical facilities based on the number of patients the facility is willing and/or able to accept.
10. Verify through Chester County Communications Center and other local communications centers the distribution of mutual aid resources throughout the EMS system to ensure system integrity.
11. Keep EMS Group Supervisor informed/ updated on EMS operations
12. Evaluate the effectiveness of EMS operations and make changes as required.
13. Re-assign EMS personnel/ units as EMS operations de-escalate.

14. In coordination with the EMS Group Supervisor, de-mobilize and terminate operations at the incident.
15. Maintain documentation as to the overall provision of EMS at the incident and forward reports/ records to the EMS Group Supervisor.

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Triage Unit Leader (as designated by the EMS Supervisor)

The Triage Unit Leader is directly responsible to the EMS Supervisor for the coordination of triage operations at the disaster site. These duties shall include:

1. Assigning medically trained personnel to assist in carrying out the triage of patients, to include the proper tagging of patients based upon their condition and the administration of basic care that would correct immediate life-threatening problems, (e.g., airway problems or severe bleeding).

2. Triage normally occurs at the immediate site, or impact area, of the incident. However, safety concerns for the patients and medical personnel may force triage to be performed in an area adjacent to this site or at the Patient Collection Stations. Should this be the case, coordination with the Treatment Leader and EMS supervisor is imperative.

3. Obtaining an actual total victim count and an approximate victim count for each triage priority category. This information shall be immediately communicated to the EMS Group Supervisor and/or the EMS Operations Leader.

4. Ensuring that an adequate number of personnel and equipment is available for the triage and primary treatment of patients. Personnel and equipment needs shall be communicated to the EMS Supervisor and/or the EMS Operations Leader.

5. Ensuring that an adequate number of personnel and equipment is available to remove patients from the triage area to the Patient Collection Stations. Personnel and equipment needs shall be communicated to the EMS Supervisor.

6. Coordinating operations within the Triage area with other leaders and incident command, as needed.

7. Maintaining documentation as to the operations within the Triage area.

8. Providing the EMS Group Supervisor and/or EMS Operations Leader with updates as to the operations within the Triage area. This shall include timely notification to the EMS Group Supervisor when all of the patients have been triaged and moved to the Patient Collection Stations.

9. Coordinating with the EMS Group Supervisor and the Coroner of jurisdiction, the management of fatalities. This may include the designation of a temporary morgue location.

10. Terminating, with consensus from the EMS Group Supervisor and/or the EMS Operations Leader within the Triage area and re-assigning personnel as directed by the EMS Group Supervisor.

TRIAGE UNIT LEADER CHECKLIST

Position Assigned to: _____

You report to: _____

Location of Command Post:

_____

Functions: Coordinate and direct the triage and tagging of all victims of a disaster or multiple casualty incidents.

Personnel Assigned: Paramedic, PHRN, EMT, or other designated personnel as assigned by the EMS Group Supervisor.

1. Read this entire checklist
2. Put on position identification vest
3. Obtain situation briefing from Medical Group Supervisor:
   - Incident Type: _____
   - Number of Victims: _____
   - Disaster Level: _____
4. Verify Medical Communications Network:
   - Medical Group Supervisor: _____
   - Patient Transport Group Supervisor: _____
   - Treatment Unit Leader: _____
5. Obtain an actual victim count, count for each triage priority, and provide this information to the Medical Group Supervisor
6. Assign medically-trained personnel to triage patients, including proper tagging based upon condition and administration of basic life-saving care
7. Ensure that there is adequate manpower and supplies available for the primary triage of all victims. Communicate practitioner and supplies needs to the Medical Group Supervisor (Rule of Thumb: 1 practitioner for every 5 victims)
8. Ensure that there is an adequate number of practitioners and equipment available to remove patients from the triage area to the patient treatment areas. Communicate manpower and equipment need to EMS Group Supervisor
9. Coordinate interaction between triage teams and extrication teams with the Rescue/ Extrication Group Supervisor.
10. Assign re-triage team(s) at the entrance to Patient Treatment Area(s)
11. Provide to the Treatment Area Manager and Patient Transportation Group Supervisor the total number of victims and the number of victims in each triage priority.
12. Provide updates to EMS Group Supervisor on triage operations. Include timely notification when all patients have been triaged and when all patients have been moved to the Patient Treatment Area(s).
13. Coordinate with EMS Group Supervisor and the Coroner of jurisdiction the location of any deceased patients and location of morgue area, if needed.
14. Document, and if possible, mark the location of remains that had to be moved in an effort to extricate and treat surviving patients.

15. Request through the EMS Group Supervisor, Law Enforcement for security of area.
16. Assign personnel as necessary
17. Verify with the Patient Transportation Group Supervisor, the final number of victims in order to accurately determine that all victims have been accounted for.
18. Terminate triage unit in conjunction with the Medical Group Supervisor. Re-assign personnel as directed.
19. Maintain documentation of overall triage operations.
20. Observe all personnel in the triage area for signs of exhaustion, stress or inappropriate behavior. Report concerns to _____.
21. Provide for rehab for all personnel in the triage area.
22. Other:

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TRIAGE TEAM MEMBER CHECKLIST

Position Assigned to: _____

You report to: _____

Location of Command Post:

_____

Functions: Responsible for initial victim triage, evaluation and priority designation at a multiple casualty incident.

Personnel Assigned: Paramedic, PHRN, EMT or other medically trained practitioners as assigned by the Triage Unit Leader.

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

Treatment Unit Leader (designated by the EMS Supervisor*)*

The Treatment Unit Leader is directly responsible to the EMS Group Supervisor for coordinating the treatment of victims at patient collection stations. These duties shall include:

1. Establishing and identifying Patient Collection Stations and communicating their location to the EMS Group Supervisor and/or the EMS Operations Leader.

   - This area must be large enough to accommodate the anticipated number of patients that could be received.

     - This area should be marked, by flags or markers color coded to match the patient triage tag, (Red - immediate, Yellow - moderate, Green - delayed).

2. Establishing an area adjacent to the Patient Collection Stations for those individuals that have been involved in an incident but have sustained no apparent injuries. Non-injured individuals that subsequently complain of injuries or illness may be re-triaged and moved to the appropriate Patient Collection station.

3. Ensuring that an adequate amount of equipment, supplies and medically trained personnel, both BLS and ALS, are available at the Patient Collection Station to provide appropriate treatment for all patients. Equipment, supplies and personnel needs shall be communicated to the EMS Group Supervisor and/or the EMS Operations Leader.

4. Ensuring that patients arriving at the Patient Collection Stations have been triaged and that they are separated by priority. Non-triaged patients must be assessed and tagged before being moved to the appropriate Patient Collection Station.

   Remember, when placing patients in the Patient Collection Stations, adequate space must be provided between patients to allow working room for medical personnel.

5. Ensuring that all patients receive treatment that is appropriate for their condition and that is within established state and regional medical protocols.

6. Coordinating the activities of ALL medical personnel in the Treatment area, (physicians, nurses, flight team members, etc.).

7. Ensuring the continual assessment and, where necessary, re-triaging of patients within the Patient Collection Stations.

8. Determining the transport priorities of patients within the Patient Collection Stations and coordinating their movement with the Transportation Leader.

9. Coordinating operations within the Treatment area with other leaders and command, as needed.

10. Maintaining documentation as to the operations within the Patient Collection Stations.

11. Providing the EMS Group Supervisor and/or the EMS Operations Leader with updates as to the operations within the Patient Collection Stations. This shall include timely notification as to when all of the patients have been transported from the Patient Collection Stations.

12. Terminating, with consensus from the EMS Commander and/or the EMS Operations Leader, operations within the Patient Collection Stations and re-assigning personnel as directed.

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TREATMENT UNIT LEADER CHECKLIST

Position Assigned to:

_____

You report to:

_____

Functions: Coordinate and direct the treatment of patients in the patient treatment area(s).

Personnel Assigned: Paramedic, PHRN, EMT, or other designated personnel as assigned by the Medical Group Supervisor.

1. Read this entire checklist
2. Put on position identification vest
3. Obtain incident briefing from Medical Group Supervisor:
   Incident Type:
   _____
   Number of Victims:
   _____
   Disaster Level:
   _____
4. Medical Communications Network:
   Medical Group Supervisor: _____
   Triage Unit Leader: _____
   Patient Transportation Group Supervisor: _____
5. Establish and identify Patient Treatment Area(s) and communicate their location to the Medical Group Supervisor.
6. Designate the immediate Treatment Manager, Delayed Treatment Manager and the Minor Treatment Manager.
   Immediate: Marked with Red Identifier: _____
   Delayed: Marked with Yellow Identifier: _____
   Minor: Marked with Green Identifier: _____
7. Assign medically trained practitioners to patient treatment areas.
8. Communicate the need for "standing orders" for ALS personnel to the Medical Group Supervisor.
9. Ensure an adequate number of ALS and BLS practitioners is available to provide treatment to all victims. Communicate the need for additional resources to the Medical Group Supervisor.
10. Insure that all patients brought to the Patient Treatment Areas have been triaged and separated by condition priority.
11. Establish an area for non-injured patients.
12. Coordinate operations within the Patient Treatment Area(s) with the Medical Group Supervisor, Triage Unit Leader and the Patient Transportation Group Supervisor.
13. Provide updates on the Treatment Operations, including notification when all patients have been removed from the Patient Treatment Areas.

14. Maintain documentation on operations within the patient treatment areas.
15. Terminate patient treatment areas for conjunction with the Medical Group Supervisor. Re-assign personnel as directed.
16. Observe all personnel in the patient treatment area(s) for signs of exhaustion, stress, or inappropriate behavior. Report concerns to: _____.
17. Other:

TREATMENT TEAM MEMBER CHECKLIST

Position Assigned to: _____

You report to: _____

Location of Command Post:

_____

Functions: Responsible for the treatment of all patients in the Patient Treatment Area(s), as assigned by the Treatment Unit Leader.

Personnel Assigned: Paramedic, HPRN, EMT, First Responder, Physicians, Nurses or other medically trained personnel as assigned by the Treatment Unit Leader.

1. Read this entire checklist
2. Put on position identification vest
3. Work in assigned Patient Treatment Area.
4. Provide treatment to patients that are consistent with the scope of practice for the practitioner.
5. Obtain patient vital signs and legibly record them on the triage tag around the patient's neck.
   - Time vital signs taken
   - Lung sounds
   - Pulse
   - Respirations
   - BP
   - Level of consciousness by A.P.V.U. scale.
6. Legibly record other pertinent patient information on the triage tag:
   - Patient name (if it can be obtained)
   - Age, approximate if cannot be obtained)
   - Sex
   - Any treatment provided
   - Indicate area of patient's primary injury(s) on anatomical diagram.
   - Any other information deemed important; e.g. significant past medical history.
7. Communicate changes in patient's status that may require a change in their transport priority to the Treatment Unit Leader or Treatment Manager; e.g. Immediate Treatment Manager.
8. Prepare patients for transport to medical and specialized treatment facilities.
9. Observe all personnel in the treatment areas for signs of exhaustion, stress, or inappropriate behavior. Report concerns to _____.
10. See **Chapter 6** of this plan for **PATIENT PRIORITIES (EMS Disaster Tag)** guidelines.
11. Other:

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Transportation Leader (designated by the EMS Group Supervisor)

The Transportation Sector Officer is directly responsible to the EMS Supervisor for coordinating the transportation of victims to appropriate medical facilities in an expeditious manner. These duties shall include:

1. Establishing and identifying ambulance staging / transportation areas that are easily accessible from the Patient Collection Stations. Access and egress must be taken into account and the location shall be communicated to the EMS Commander. This may also require, at times, establishing a helicopter-landing zone in coordination with the Fire Commander.

2. Determining the treatment capabilities, "beds available", of receiving hospitals within the area of the disaster.

3. **Determining the transportation needs for the potential number of patients that will be treated at the Patient Collection Stations. Coordination with the Triage and Treatment Leaders to obtain exact numbers is suggested.**

    - **In determining the transportation needs, keep in mind, non-EMS forms of transportation, e.g. school buses to transport large numbers of minor injuries.**

4. Accepting patients from the Patient Collection Stations and assigning them to vehicles, ground transport OR aeromedical, for transportation to appropriate receiving facilities. The Transportation Leader will designate which facility the patient(s) are to be transported too.

    - In Mass Casualty Incidents, effective utilization of available EMS transportation resources is critical. As such, multiple patients should be assigned to EMS vehicles that are transporting to facilities. For every priority 1 patient assigned to a transporting EMS unit, at least 1 priority 2 or 2 priority 3 patients should also be assigned to that unit for transport, (keeping in mind what sort of immobilization devices have been applied).

5. Communicating with receiving facilities about an ambulance vehicle's ETA to that facility, the number of patients on-board that unit, the priority of the patient(s), their triage tag number, and their primary injuries.

6. Maintaining a written record of: each patients priority, primary injury, disaster tag number, emergency vehicle assigned to transport the patient, hospital facility to which the patient was sent, and the time the patient left the scene.

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TRANSPORTATION LEADER CHECKLIST

Position Assigned to: _____

You report to: _____

Location of Command Post: _____

Telephone: _____ **Radio Channel:** _____

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

Personnel Assigned: EMT, Paramedic, or other person as designated by the EMS Supervisor.

1. Read this entire checklist
2. Put on position identification vest
3. Obtain situation briefing from EMS Supervisor.
   - Assess situation
   - Location of Patient Collection Station(s)
   - Ambulance vehicle access
   - Ambulance vehicle egress
   - Establish ambulance staging area.
   - Establish ambulance "loading" area.
4. Verify medical communications network:
   - EMS Operations Officer: _____
   - Freq. to Triage Leader: _____
   - Freq. to Treatment Freq. to Command: _____
   - Freq. to Leaders: _____
   - Freq. to Hospitals: _____
5. Determine the treatment capabilities and "beds available" of receiving facilities within the area of the disaster.
6. Coordinate with the Triage and Treatment Leaders to determine the transportation needs for the potential number of patients that will be treated at the Patient Collection Station(s).
7. Coordinate with the Incident Commander for the establishment of a landing zone for aeromedical providers.
8. Consider alternate means of transportation for large numbers of class III patients, e.g. school buses, wheel chair vans, etc.
9. Request ambulances from staging area as needed.
10. Accept patients from the Patient Collection Station(s) and assign them to ground transport **OR** aero medical providers for transportation to appropriate receiving facilities.

11. Provide communications report to receiving facilities on each patient transported.
    - Patient's priority.
    - Primary injury(s).
    - Triage tag number.

Transporting unit.
Time unite departed scene enroute to facility

12. Complete and maintain the bottom portion of each patients triage tag as a record of the patients' transportation.
13. Ensure that an adequate number of transport capable vehicles is available. Communicate vehicle or manpower needs to the EMS Supervisor and/or the EMS Operations Leader.
14. Maintain record of operations within the Transportation Leader through the use of the Transportation Leader Patient Status Sheet.
15. Verify the final patient count with the Triage and Treatment Leaders in order to accurately determine whether all patients have been accounted for and transported from the scene.
16. Provide the EMS Supervisor and/or the EMS Operations Leader with updates on operations within the Transportation area, including notification when all patients have been received from the Patient Collection Station(s) and transported from the scene.
17. Terminate, with consensus from the EMS Supervisor and/or the EMS Operations Leader, operations within the Transportation area.

6. PATIENT PRIORITIES (EMS Disaster Tag) 3/2/2005

Within the EMSNP Region, patient priorities are established by triage protocols. During an MCI the EMS DISASTER TAG will be utilized to identify patients in the following categories:

Immediate – RED TAG

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

Delayed – YELLOW TAG

Serious injuries which are not at the present time life threatening, there is no severe shock or hypoxia, a high probability of survival and can withstand delayed transport until RED TAG patients have been transported.

Hold –GREEN TAG

Minor injuries without systemic implications, minor psychological problems and can withstand transport until RED and YELLOW TAG patients have been transported.

Deceased – BLACK TAG

Deceased patients should not be moved unless an unsafe or operational condition exists. If it becomes necessary to move a deceased victim document the exact location and position of the deceased. For investigative purposes, extreme care should be taken to avoid contamination of the scene.

Uninjured Persons

An area adjacent to the disaster site should be established for those persons involved in the MCI who are not injured. These individuals should be monitored for medical complains. Should a medical complaint occur the individual becomes a patient and must be moved to a Treatment Area. Prior to movement from this location to a Treatment Area an **EMS Disaster Tag** must be initiated containing personal information, complaints, assessments, vital signs and any treatment rendered.

Notes:

1. The EMS Disaster Tag is affixed to the patient with the flexible string at the top of the tag. All efforts should be made to secure the tag to preclude loss. Secure the tag with a safety pin or any device available to replace the string should it be missing.
2. EMSNP providers are required to have 25 EMS Disaster Tags, per vehicle, available to meet operational needs.

EMS DISASTER TAG Component Distribution

- **Distribution of components of the EMS DISASTER TAG are as follows:**

(1) YELLOW Tear Off Sheet – Maintained by the TRANSPORTATION UNIT LEADER on all patients transported.

(2) WHITE Tear Off Sheet – Maintained by the TRANSPORT AMBULANCE.

(3) CARD COPY – Forwarded with patient to the receiving HOSPITAL.

(4) – (7) - BOTTOM TEAR AWAY TAGS – Identify PATIENT PRIORITY.

EMS DISASTER TAG **(1) "YELLOW" tear off sheet** **(2) "WHITE" (carbon) tear off sheet**
(3) Card copy
P-0 DECEASED (4) BLACK
P-1 IMMEDIATE (5) RED
P-2 DELAYED (6) YELLOW
P-3 HOLD (7) GREEN

7. REHABILITATION 1/21/2005

The Incident Commander is responsible for ensuring the provision of rehabilitation services at the MCI scene. In most cases, a Rehabilitation Officer will be assigned to coordinate all related activities. EMS services can anticipate heavy involvement in the provision of rehabilitation services to all emergency workers at the scene.

The Rehabilitation Area should be established in a "safe zone" up wind from the scene in environmental conditions suitable to provide shelter from inclement weather. When possible the area should be out of sight of the incident for psychological reasons.

For security and accountability, units assigned to the Rehabilitation Area should enter and exit as a crew. Crews should not leave the Rehabilitation Area without permission and properly signing out. The Rehabilitation Officer is responsible to document and provide accountability of all units being serviced in the Rehabilitation Area. The REHABILITATION AREA COMPANY CHECK IN/ OUT SHEET (See ANNEX A) will be accurately maintained to meet this requirement.

Staffing should include a Rehabilitation Officer with direct communications to the Incident Command Post. At a minimum, EMS should have BLS services and providers available based on the size and scope of the MCI. In some cases, ALS services and providers may be required. Officers from other services and agencies should be assigned to deal with the non-medical needs of individuals from their areas being serviced in the Rehabilitation Area.

Critical Incident Stress Management (CISM) may be required based on specific needs. (See Chapter 8 of this publication for CISM information.)

EMS equipment needs will be based on the size and scope of the MCI. EMS providers should coordinate all additional personnel and equipment requirements to support the Rehabilitation Area with the Rehabilitation Officer, EMS Group Supervisor or Incident Commander based on the designated MCI command structure.

Basic medical concerns include vital signs, hydration, re-hydration, proper nourishment and controlled rest periods. EMS providers will document the name, unit and vital sign assessment and re-assessments on each individual processed and document findings on the **MEDICAL ASSESSMENT REHABILITATION REPORT. (See ANNNEX A)** To expedite processing, six individuals may be recorded on a single form. Data collected on this form may be required to the EMS Group Supervisor for post incident statistical reports.

In the event a patient requires additional treatment or transport to a hospital, an **EMS DISASTER TAG (See chapter 6)** will be prepared and affixed to the patient. The patient will be taken to the TREATMENT AREA and processed by tag color for transport to the appropriate hospital.

See ANNEX A for CHECK IN/OUT and MEDICAL ASSESSMENT forms.

8. CRITICAL INCIDENT STRESS MANAGEMENT-CISM 3/3/2006

Critical Incident Stress Management (CISM) is an essential component of the management of a major incident response. The services provided by trained personnel in CISM are critical to the health of all emergency services personnel involved in the incident. Within the EMSNP Region a CISM Team is available to respond to any incident, regardless of the number of casualties when the Incident Commander deems that CISM services are needed.

Upon request for the regional CISM Team the Communication Center will immediately notify designated individuals from the EMSNP staff to activate the team. Team members will proceed to the scene and report to the Incident Command Post for assignment.

On-Scene CISM services

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

Upon termination of the incident, the CISM Team can provide demobilization services for units involved. These short sessions may include the distribution of information on CISM, tips for maintenance of personnel health, defining possible signs and symptoms of stress and CISM contact information.

Post Incident Debriefing Session

Upon request, twenty-four to seventy-two hours following the incident, at a separate location, the CISM Team can conduct a debriefing session for all emergency service personnel involved in the incident.

- **The location of the debriefing must be free from distractions and interruptions and sized to comfortably house all participants.**
- **This debriefing is structured to be neutral in nature and not an accusatory critique.**
- **The intent of the debriefing is to provide stress education, reassurance, and a mechanism for ventilation of feelings.**
- **Follow-up sessions may be scheduled, as required.**

9. MCI Incident Critique 12/2/2005

A scheduled incident critique should be conducted within five days of the conclusion of MCI operations. However, the time frame may be longer due to the complexity and size of the event. The Incident Commander normally hosts the meeting. In some cases, the EMS service directly involved, participating hospital(s) or jurisdictional EMA may conduct the meeting. EMSNP may be called upon to conduct the meeting.

The incident critique will focus on, but not limited to, the following:

- Initial dispatch time(s).
- **Initial notification information.**
- **Initial scene conditions upon arrival.**
- **Command Structure. (Initial and additional)**
- **Scene management. (Initial and ongoing)**
- **Communications management. (Initial and Ongoing)**
- **Medical management. (Triage, Treatment & Transport)**
- **Security management. (Initial and ongoing)**
- **Resources management. (On-hand & additional)**
- **Coordination with all agencies involved. (All agencies)**
- **Problem areas. (All aspects of EMS involvement)**
- **Recommendations to resolve problems.**
- **Lessons learned.**
- **Recommendations to improve EMS effectiveness.**
- **Recommendations to update the EMSNP MCI Plan.**

▶These items may be used as a CHECKLIST to gather data for EMSNP EMS personnel involved in the critique.

All phases of the meeting will be documented for release to all agencies involved in the MCI. Results of the critique should be maintained with all other documentation relative to the MCI. Lessons learned and recommendations to resolve problems may be used for training and other departmental quality improvement programs.

10. **Credentialing - Accountability – Security 4/7/2006**

EMSNP providers are issued PA Department of Health certification cards with the name, certification level, expiration date and personal certification number of the individual that 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 that 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 sector officers or other supervisory personnel immediately.**

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

11. Pandemic Disease Preparedness 3/6/07

- **Worldwide, health organizations are monitoring and tracking strains of infectious disease on a daily basis. 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 three times in the 20th century: 1918, 1957 and 1968. 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 will be taxed to the maximum. Some basic guidelines to follow are:**

1. Respond when directed by your ambulance service utilizing dispatch procedures established for your coverage area.
2. Listen to TV or Radio for Department of Health public service announcements concerning health conditions in your area. This media may be used to solicit your assistance as a medically qualified individual.
3. Work with your ambulance service and local EMA to volunteer for additional duties including POD sites, temporary hospitals or other areas where your medical training may be used.
4. Wear personal protective equipment (PPE) at all times.
5. WASH YOUR HANDS!
6. After patient contact, decontaminate yourself and your equipment. The uses of simple household disinfectants are acceptable in an emergency.
7. Utilize your training, experience and common sense in dealing with infection control.

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12. Deployment of 50-Bed Portable Hospital System and Medical Surge Equipment Cache (MSEC) 03/2011

1. **Mission:** The 50-Bed Portable Hospital System and MSEC trailers are stored at a location under the control of the Emergency Medical Services of Northeastern Pennsylvania Regional Council (EMSNP). They are available 24/7 for deployment. They contain medical equipment and supplies to make a fully stocked 50 bed hospital or a 46 bed surge ward that can be requested for augmenting, reconstituting existing hospitals or providing a hospital where none exists.
   - The MSEC trailer contents are designed to be set up in a fixed facility in an open area approximately 50' X 84'. This is the approximate size of a basketball court. All patients that present can be evaluated and stabilized at that location. It is primarily designed to care for the moderately ill or injured for up to three days. Critically ill or injured can be cared for until an appropriate receiving facility can be found to accept the patient.
   - The 50 bed portable hospital (2 trailers) requires an open area of approximately 100' X 100' for the manufacturers suggested maximum floor plan. The system may be used for augmenting, reconstituting existing hospitals or providing a hospital where none exists. Patients that present can be evaluated and stabilized.

2. **Pre-planning and education:** This includes development of staffing and training PA EMS Strike Team ambulance services personnel to respond and deploy the 50-Bed Portable Hospital System and MSEC trailers within the region or to locations directed by EMSNP. In addition, coordination with appropriate Regional Task Forces, Emergency Management Agencies (EMA) and state agencies to ensure compliance with directives and guidelines relative to deployment of the trailers. Training will include, but not be limited to, vehicle operation, trailer towing, set-up procedures and staffing the 50-Bed Portable Hospital System and MSEC trailers.

3. **Notification:** A request for deployment of the 50-Bed Portable Hospital System and MSEC trailers will be made by the local EMA through PEMA's State Emergency Operations Center as a resource request to the Department of Health's EPLO to the Bureau of EMS. The Bureau of EMS will notify EMSNP of the specific details of the activation, conditions and locations.

4. **Goal:** Rapid response plus travel time from request to patient intake is the goal of the program.

5. **EMSNP responsibilities:** Upon receipt of deployment instructions from the Bureau of EMS for the 50-Bed Portable Hospital System or MSEC trailer, the Executive Vice President, EMSNP will implement the EMSNP MCI Plan as follows:

   - **Notify EMSNP on-call staff to assist in deploying the 50-Bed Portable Hospital System or MSEC trailer.**
   - **EMSNP staff will notify individual Strike Team coordinators of the deployment. Provide each as much information as available and confirm timeframes required by the Bureau of EMS for the deployment.**

- **EMSNP staff will ensure the Strike Teams coordinators provide sufficient personnel and vehicles necessary to meet the requirements of the deployment.**
- **The crews assigned to transport the trailer(s) to the designated deployment location will report, as directed, to the EMSNP storage area and prepare for immediate departure.**
- **Additional ambulances and crews needed for the deployment will be staged by direction of EMSNP staff.**
- **Prior to departure EMSNP staff will designate an EMS Group Supervisor.**
- **Upon release by the Executive Vice President of EMSNP all vehicles will proceed to the deployment site utilizing directions provided by the EMSNP staff supplemented by GPS devices.**

6. **Strike Team Service responsibilities:** Strike Team ambulance services will maintain an up to date on-call roster of personnel trained to deploy the 50-Bed Portable Hospital System and MSEC trailer. Service management will appoint a service Strike Team Coordinator who is assigned to facilitate a trailer deployment. 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.

7. **Strike Team Crew member responsibilities:** Strike Team crew members will be prepared to deploy the trailers without notice. Timeframes for departure will depend on the requirements of the mission. They will be ready to transport the trailers or respond with a Strike Team ambulance to support the mission. Upon arrival they will set-up the 50-Bed Portable Hospital System or MSEC ward and may be required to act as the initial medical staff to provide patient care.

8. **EMS Group Supervisor:** Prior to departure, the Executive Vice President, 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.

9. **Special Medical Response Team/Medical Reserve Corps:** These teams may not be immediately available. Local Incident Command and other support agencies will be coordinating their availability and response. This will be critical if operations are extended beyond the initial 72 hours of operation and will be treated as an "unmet need" through Incident Command.

10. **Deployment Duration:** Operationally the MSEC ward is primarily designed to care for the moderately ill or injured for up to three days. The 50-Bed Portable Hospital System is configured to triage 1,000 patients and sustain a throughput of 7 patients per bed per week or a total of 350 patients per week. However, in both cases the length of the operation is dependent on individual mission requirement.

11. **Demobilize:** Upon order, suspend services and prepare to demobilize. Inventory and pack unused medical supplies and arrange a departure time with Incident Command. The EMS Group Supervisor will notify EMSNP of all final arrangements.

12. **Reports:** Prior to departure the EMS Group Supervisor will assemble all reports and records for Incident Command. An additional set will be prepared for EMSNP.

13. **Reimbursements:** Reimbursements will be on a mission-by-mission basis at the discretion of the Bureau of EMS and coordinated by EMSNP.

14. **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.

15. **Review of Plan:** EMSNP is required to review and update the MCI Plan annually. This chapter will be reviewed as part of that process.

ANNEX A Description of EMSNP MCI FORMS 11/4/2005

The following EMSNP forms are designed to capture vital operations and patient data during an MCI response within the region. The forms are reproducible and contain space for basic information that can be quickly noted to preclude interference with EMS operational protocols and serve as a record of actions taken during the MCI. **Annex C** contains NIMS approved ICS Forms and Multi-Casualty Worksheets to be utilized as required by Incident Command, as needed. The EMS Group Supervisor and EMS Operations Leader should ensure all forms are being properly executed and obtain copies for post incident reports and briefings. EMSNP forms include:

MCI Activities Log

Maintained by the EMS Group Supervisor or authorized representative to record EMS events by time during the entire MCI operation. The log is broken into 24, 1-hour periods. If there is "no activity" during these periods it should be so noted. A new daily log is executed at midnight.

Resources Worksheet

Maintained by the EMS Group Supervisor or authorized representative to record requests for personnel, vehicles, equipment and supplies to support EMS MCI activities.

Transportation Unit Leader Worksheet

Maintained by the Transportation Unit Leader or authorized representative to document patient and ambulance movement from the MCI.

Ambulance Staging Worksheet

Maintained by the EMS Staging representative* to document flow and availability of ambulance units and other support vehicles in the transportation area. *Determined by EMS Group Supervisor.

REHABILITATION AREA COMPANY CHECK IN/OUT SHEET

Maintained by the Rehabilitation Officer* to provide accountability of units entering and exiting the Rehabilitation Area. *May not be an EMS responsibility.

MEDICAL ASSESSMENT REHABILITATION REPORT

Documented by EMS providers to provide a record of assessing and re-assessing vital signs and complaints of individuals in the Rehabilitation Area. Each form contains space for six crew members being assessed three times.

EMS Group Supervisor Post MCI Incident Worksheet

Compiled by the EMS Group Supervisor or authorized representative during the MCI to document dispatch, response, scene management, supervisory assignments and significant events during the MCI. Data collected will be utilized for reporting and the MCI Incident Critique after all MCI operations have been terminated. Section I for command assignments and section II for significant events.

EMS DISASTER TAG (Not Attached)

See Chapter 6 of this plan for detailed information on the description, use and distribution of the EMS Disaster Tag. **(EMSNP providers are responsible to have 25 EMS Disaster Tags, per vehicle, available to meet operational needs.)**

ANNEX C contains ICS FORMS and Multi-Casualty Worksheets reproduction and use, as directed.

EMSNP MCI ACTIVITIES LOG **(24-hour log of significant events)**

Date: **Incident Type/Location:**

0100	
0200	
0300	
0400	
0500	
0600	
0700	
0800	
0900	
1000	

1100	
1200	
1300	
1400	
1500	
1600	
1700	
1800	
1900	
2000	

2100	
2200	
2300	
2400	

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MCI RESOURCES WORKSHEET

INCIDENT NAME: DATE:

RESOURCES ORDERED	RESOURCE IDENTIFICATION ALS BLS	ETA	ON SCENE	LOCATION/ ASSIGNMENT

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EMSNP TRANSPORTATION UNIT LEADER – WORKSHEET

Tag Number	Pt. Status	Depart Time	To Hospital	Ambulance No.

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EMSNP STAGING OFFICER – WORKSHEET (For Ambulance and Support Vehicles)

UNIT NUMBER		ARRIVAL AT STAGING TIME		DEPART STAGING TIME	

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EMSNP REHABILATION AREA

COMPANY CHECK IN/OUT SHEET

Unit #	# Persons	Time In	Time Out	Unit #	# Persons	Time In	Time Out

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EMSNP

MEDICAL ASSESSMENT INCIDENT: _____

REHABILITATION REPORT

DATE: _____

Name/Unit	Time taken	BP	Pulse	Resp	Skin	Taken by	Complaints	Status
1								
2								
3								
4								
5								
6								

- **3 assessments per individual**

- **6 individuals per sheet**
- **<u>STATUS</u> – released/transported**

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EMSNP EMS GROUP SUPERVISOR POST MCI INCIDENT WORKSHEET-Section I

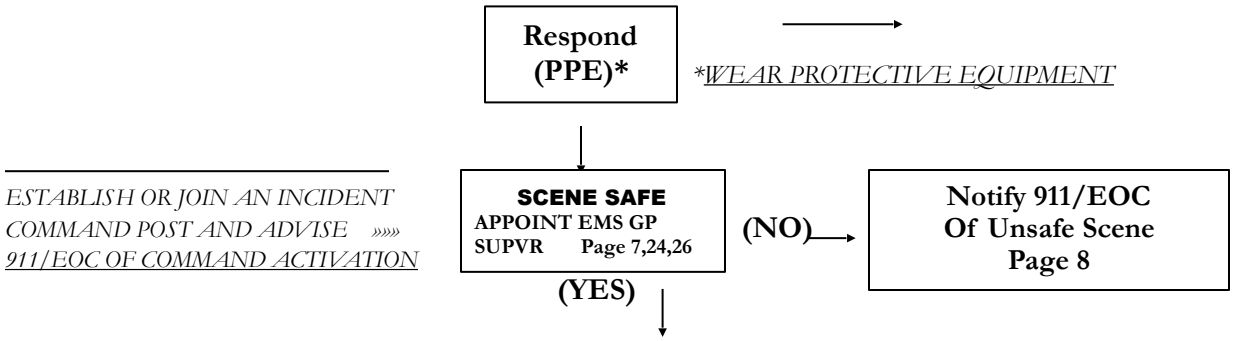
INCIDENT DATE:
TIME OF DISPATCH:
ON-SCENE (TIME & LOCATION):
COMMAND POST ACTIVATED:
COMMAND ASSIGNMENTS – **INCIDENT COMMANDER**:
EMS GROUP SUPERVISOR:
EMS OPERATIONS LEADER;
TRIAGE UNIT LEADER
TRANSPORTATION UNIT LEADER:
TREATMENT UNIT LEADER:
OTHER SUPERVISORY PERSONNEL:

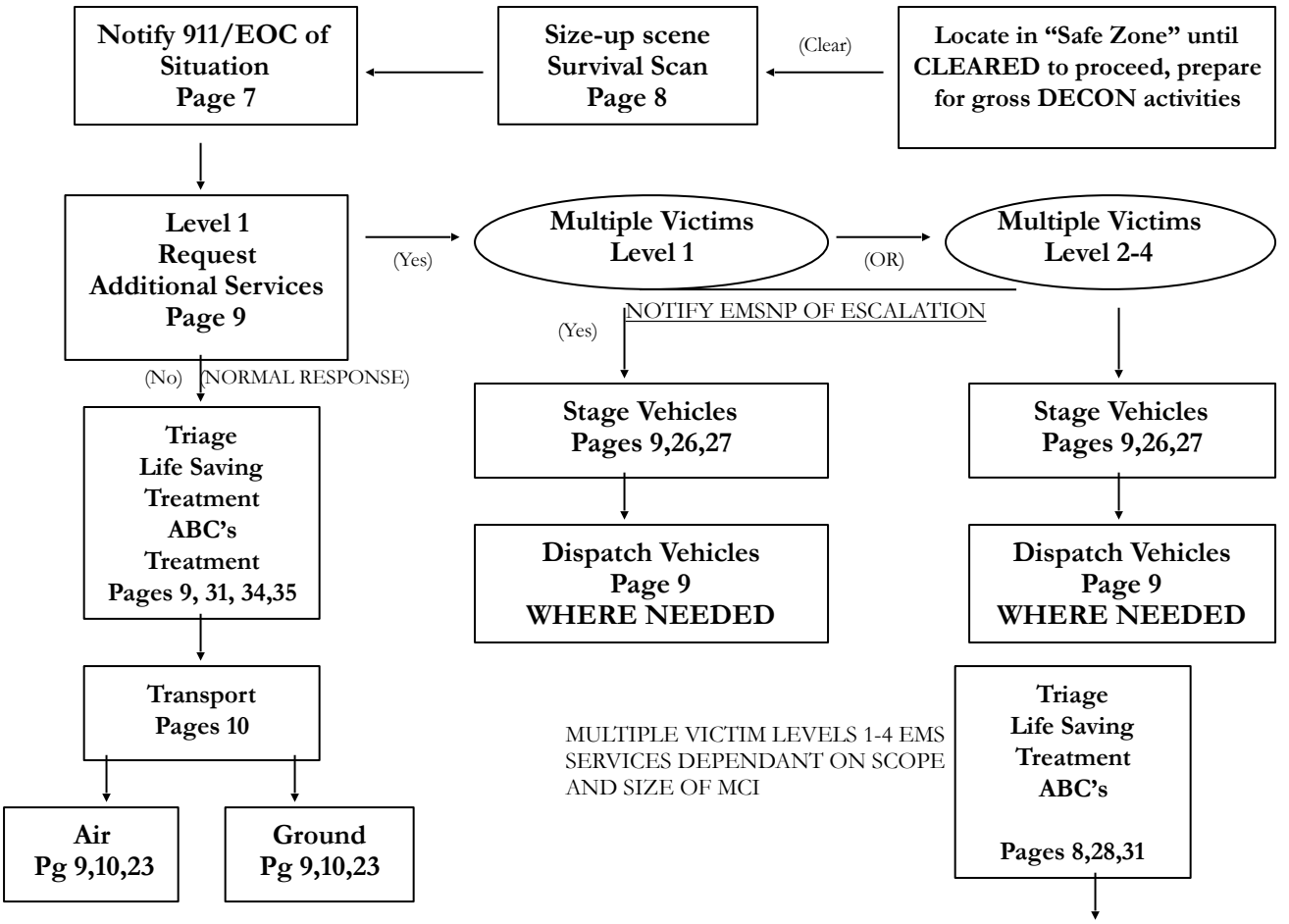
EMSNP EMS GROUP SUPERVIOR - POST MCI INCIDENT WORKSHEET-Section II

SIGNIFICANT ACTIVITIES:

Additional paper may be required to complete the report.

ANNEX B – EMS MCI RESPONSE FLOWCHART





QUICK REFERENCE ON-SCENE CHECKLIST

1. Insure SCENE SAFETY and wear personal protective equipment (PPE).
2. Appoint an EMS GROUP SUPERVISOR to ESTABLISH or REPORT TO the INCIDENT COMMMAND POST.
3. Communicate status, needs and updates to 911 or the EMERGENCY OPERATIONS CENTER (EOC). Maintain communications with EMSNP.
4. TRIAGE. Be prepared for HAZMAT conditions and DECON procedures.
5. TREAT PATIENTS. Be prepared to establish patient collection stations.
6. TRANSPORT PATIENTS to receiving facilities as directed by ICS.
7. DOCUMENT ACTIVITIES on EMS/ICS forms as specified in this plan.
8. Be prepared to RECEIVE and STAGE incoming ambulances.
9. If designated as INCIDENT COMMAND, be prepared to relinquish the position to an emergency service selected to mitigate the MCI.
10. TERMINATE EMS OPERATIONS upon direction of the INCIDENT COMMANDER.

(EMSNP October 2007)

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ANNEX C – ICS FORMS & MULTI-CASUALTY WORKSHEETS 10/2/2006

THIS ANNEX SUPPLEMENTS ANNEX A TO PROVIDE NIMS APPROVED ICS FORMS AND MULTI-CASUALTY WORKSHEETS IN AN MCI WITH NUMEROUS CASUALTIES AND OTHER CATASTROPHIC EVENTS REQUIRING REGIONAL RESPONSE.

THE FORMS CONTAINED HEREIN WILL BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS PROVIDED WITH EACH.

THESE FORMS AND WORKSHEETS MAY BE REPRODUCED FOR USE, AS NEEDED.

AS WITH ALL DOCUMENTATION, MAINTAIN COPIES FOR YOUR SERVICE AND EMSNP.

INCIDENT BRIEFING (ICS FORM 201)

Purpose. The Incident Briefing form provides the Incident Commander (and the Command and General Staffs assuming command of the incident) with basic information regarding the incident situation and the resources allocated to the incident. It also serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing. Proper symbology should be used when preparing a map of the incident.

Distribution. After the initial briefing of the Incident Commander and General Staff members, the Incident Briefing is duplicated and distributed to the Command Staff, Section Chiefs, Branch Directors, Division/Group Supervisors, and appropriate Planning and Logistics Section Unit Leaders. The sketch map and summary of current action portions of the briefing form are given to the Situation Unit while the Current Organization and Resources Summary portion are given to the Resources Unit.

INCIDENT BRIEFING	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. MAP SKETCH			

ICS 201 (12/93) **NFES 1325**	PAGE 1	5. PREPARED BY (NAME AND POSITION)

6. **SUMMARY OF CURRENT ACTIONS**

ICS 201 (12/93) **NFES 1325**	PAGE 2	

7. CURRENT ORGANIZATION

ICS 201 (12/93) **NFES 1325**	PAGE 3	

8. RESOURCES SUMMARY				
RESOURCES ORDERED	**RESOURCES IDENTIFICATION**	**ETA**	**ON SCENE** Ö	**LOCATION/ASSIGNMENT**
ICS 201 (12/93) **NFES 1325**	PAGE 4			

Instructions for Completing the Incident Briefing (ICS Form 201).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Map Sketch	Show perimeter and control lines, resources assignments, incident facilities, and other special information on a sketch map or attached to the topographic or orthophoto map.
5.	Resources Summary	Enter the following information about the resources allocated to the incident. Enter the number and type of resource ordered.
	Resources Ordered	Enter the number and type of resource ordered.
	Resource Identification	Enter the agency three-letter designator, S/T, Kind/ Type and resource designator.
	ETA/On Scene	Enter the estimated arrival time and place the arrival time or a checkmark in the "on scene" column upon arrival.
	Location/ Assignment	Enter the assigned location of the resource and/or the actual assignment.
6.	Current Organization	Enter on the organization chart the names of the individuals assigned to each position. Modify the chart as necessary.
7.	Summary of Current Actions	Enter the strategy and tactics used on the incident and note any specific problem areas.
8.	Prepared By	Enter the name and position of the person completing the form.
*Note		Additional pages may be added to ICS Form 201 if needed.

Incident Action Plan and Incident Objectives Form

Purpose. An Incident Action Plan documents the actions developed by the Incident Commander and Command and General Staffs during the Planning Meeting. When all attachments are included, the plan specifies control objectives, tactics to meet the objectives, resources, organization, communications plan, medical plan, and other appropriate information for use in tactical operations.

Incident Action Plan

1. Incident Objectives (ICS Form 202)
2. Organization Assignment List (ICS Form 203)
3. Incident Map (top section or sketch)
4. Assignment List (ICS Form 204)
5. Radio Communications Plan (ICS Form 205)
6. Traffic Plan (internal and external to the incident)
7. Medical Plan (ICS Form 206)

Preparation. An Incident Action Plan is completed following each formal planning meeting conducted by the Incident Commander and the Command and General Staff. The plan must be approved by the Incident Commander prior to distribution.

Distribution. Sufficient copies of the Incident Action Plan will be reproduced and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit leader levels.

The Incident Objectives Form (ICS Form 202) is the first page of an Incident Action Plan. The Incident Objectives Form describes the basic incident strategy, control objectives, and provides weather information and safety considerations for use during the next operational period.

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD (DATE/TIME)			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
7. GENERAL SAFETY MESSAGE			

8. ATTACHMENTS (Ö IF ATTACHED) ORGANIZATION LIST (ICS 203) MEDICAL PLAN (ICS 206) _____ ASSIGNMENT LIST (ICS 204) INCIDENT MAP _____ COMMUNICATIONS PLAN (ICS 205) TRAFFIC PLAN _____		
202 ICS 3-80	9. PREPARED BY (PLANNING SECTION CHIEF)	10. APPROVED BY (INCIDENT COMMANDER)

Instructions for Completing the Incident Objectives (ICS Form 202).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		Note: ICS Form 202, Incident Objectives, serves only as a cover sheet and is not considered complete until attachments are included.
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Operational Period	Enter the time interval for which the form applies. Record the start time and end time and include date(s).
5.	General Control Objectives (include alternatives)	Enter short, clear, and concise statements of the objectives for managing the incident, including alternatives. The control objectives usually apply for the duration of the incident.
6.	Weather Forecast for Operational Period	Enter weather prediction information for the specified operational period.
7.	General/Safety Message	Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message should be referenced and attached.
8.	Attachments	The form is ready for distribution when appropriate attachments are completed and attached to the form.
9.	Prepared By	Enter the name and position of the person completing the form (usually the Planning Section Chief).
10.	Approved By	Enter the name and position of the person approving the form (usually the Incident Commander).

Organization assignment list (ICS form 203)

Purpose. The Organization Assignment List provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS Form 207) which is posted on the Incident Command Post display.

Preparation. The list is prepared and maintained by the Resources Unit under the direction of the Planning Section Chief.

Distribution. The Organization Assignment List is duplicated and attached to the Incident Objectives form and given to all recipients of the Incident Action Plan.

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ORGANIZATION ASSIGNMENT LIST

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

OPERATIONAL PERIOD (DATE/TIME)

4. Incident Commander and Staff

POSITION	NAME
INCIDENT COMMANDER	
DEPUTY	
SAFETY OFFICER	
INFORMATION OFFICER	
LIAISON OFFICER	

5. AGENCY REPRESENTATIVES

AGENCY	NAME

6. PLANNING SECTION

CHIEF	
DEPUTY	
RESOURCES UNIT	
SITUATION UNIT	
DOCUMENTATION UNIT	
DEMOBILIZATION UNIT	
TECHNICAL SPECIALISTS	

7. LOGISTICS SECTION

CHIEF	
DEPUTY	

a. SUPPORT BRANCH

DIRECTOR	
SUPPLY UNIT	
FACILITIES UNIT	
GROUND SUPPORT UNIT	

b. SERVICE BRANCH

DIRECTOR	
COMMUNICATIONS UNIT	
MEDICAL UNIT	

8. Operations Section

CHIEF	
DEPUTY	

a. Branch I - Division/Groups

BRANCH DIRECTOR		
DEPUTY		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		

b. branch ii - division/groups

BRANCH DIRECTOR		
DEPUTY		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		

c. BRANCH III - DIVISION/GROUPS

BRANCH DIRECTOR		
DEPUTY		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		

d. AIR OPERATIONS BRANCH

AIR OPERATIONS BR. DIR.	
AIR TACTICAL GROUP SUP.	
AIR SUPPORT GROUP SUP.	
HELICOPTER COORDINATOR	
AIR TANKER/FIXED-WING CRD.	

FINANCE SECTION

CHIEF	
DEPUTY	
TIME UNIT	
PROCUREMENT UNIT	
COMPENSATION/CLAIMS UNIT	

FOOD UNIT		COST UNIT	
203 **ICS** 1-82	9. PREPARED BY (RESOURCES UNIT)		

NFES 1327

Instructions for Completing the Organization Assignment List (ICS Form 203).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		An Organization Assignment List may be completed any time the number of personnel assigned to the incident increases or decreases or a change in assignment occurs.
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
	Operational Period	Enter the time interval for which the assignment list applies. Record the start time and end time and include date(s).
4. thru 8.		Enter the names of personnel staffing each of the listed positions. Use at least first initial and last name. For Units indicate Unit Leader and for Divisions/Groups indicate Division/Group Supervisor. Use an additional page if more than three branches are activated.
9.	Prepared By	Enter the name of the Resources Unit member preparing the form. Attach form to the Incident Objectives.

ASSIGNMENT LIST (ICS FORM 204)

Purpose. The Assignment List(s) is used to inform Operations Section personnel of incident assignments. Once the assignments are agreed to by the Incident Commander and General Staff, the assignment information is given to the appropriate Units and Divisions via the Communications Center.

Preparation. The Assignment List normally is prepared by the Resources Unit using guidance by the Incident Objectives (ICS Form 202), Operational Planning Worksheet (ICS Form 215), and Operations Section Chief. The Assignment List must be approved by the Planning Section Chief. When approved, it is attached to the Incident Objectives as part of the Incident Action Plan.

Distribution. The Assignment List is duplicated and attached to the Incident Objectives and given to all recipients of the Incident Action Plan. In some cases, assignments may be communicated via radio.

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1. BRANCH	2. DIVISION/GROUP	**ASSIGNMENT LIST**

3. INCIDENT NAME	4. OPERATIONAL PERIOD Date _____ TIME _____

5. OPERATIONS PERSONNEL

OPERATIONS CHIEF _____ DIVISION/GROUP SUPERVISOR _____

BRANCH DIRECTOR _____ AIR TACTICAL GROUP SUPERVISOR _____

6. RESOURCES ASSIGNED THIS PERIOD

STRIKE TEAM/TASK FORCE RESOURCE DESIGNATOR	LEADER	NUMBER PERSONS	TRANS. NEEDED	DROP OFF PT/TIME	PICK-UP PT/TIME

7. CONTROL OPERATIONS

8. SPECIAL INSTRUCTIONS

9. DIVISION/GROUP COMMUNICATIONS SUMMARY

FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL				SUPPORT	LOCAL			
	REPEAT					REPEAT			
DIV/GROUP TACTICAL					GROUND-TO-AIR				

10. PREPARED BY (RESOURCES UNIT)	11. APPROVED BY (PLANNING SECTION CHIEF)	DATE	TIME

Instructions for Completing the Assignment List (ICS Form 204).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		A separate sheet is used for each Division or Group. The identification letter of the Division is entered in the form title. Also enter the number (roman numeral) assigned to the Branch.
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Operational Period	Enter the time interval for which the form applies. Record the start time and end time and include date(s).
5.	Operations Personnel	Enter the name of the Operations Chief, applicable Branch Director, and Division Supervisor.
6.	Resources Assigned Strike Team/ Task Force/ Resource Designator	List resource designators, leader name, and total number of personnel for strike teams, task forces, or single resources assigned.
7.	Control Operations	Provide a statement of the tactical objectives to be achieved within the operational period. Include any special instructions for individual resources.
8.	Special Instructions	Enter statement calling attention to any safety problems or specific precautions to be exercised or other important information.
9.	Division Communication Summary	The Communications Unit provides this information on the form for Command, Division, Tactical, Support, and Ground-to-Air frequencies.
10.	Prepared By	Enter the name of the Resources Unit Member preparing the form.
11.	Approved By	Enter the name of the person approving the form (usually the Planning Section Chief).

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Incident Radio Communications plan (ICS form 205)

Purpose. The Incident Radio Communications Plan provides in one location information on all radio frequency assignments for each operational period. The plan is a summary of information obtained from the Radio Requirement Worksheet (ICS Form 216) and the Radio Frequency Assignment Worksheet (ICS Form 217). Information from the Radio Communications Plan on frequency assignments normally is placed on the appropriate Assignment List (ICS Form 204).

Preparation. The Incident Radio Communications Plan is prepared by the Communications Unit Leader and given to the Planning Section Chief. Detailed instructions on preparing this form may be found in ICS 223-5, Communications Unit Position Manual.

Distribution. The Incident Radio Communications Plan is duplicated and given to all recipients of the Incident Objectives form, including the Incident Communications Center. Information from the plan is placed on Assignment Lists.

INCIDENT RADIO COMMUNICATIONS PLAN

1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME

4. BASIC RADIO CHANNEL UTILIZATION

SYSTEM/CACHE	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	REMARKS

205 ICS 9/86	5. PREPARED BY (COMMUNICATIONS UNIT)

NFES 1330

Instructions for Completing the Incident Radio Communications Plan (ICS Form 205).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date/Time Prepared	Enter date (month, day, year) and time prepared (24-hour clock).
3.	Operational Period Date/Time	Enter the date and time interval for which the Radio Communications Plan applies. Record the start time and end time and include date(s).
4.	Basic Radio Channel Utilization System/Cache	Enter the radio cache system(s) assigned and used on the incident (e.g., Boise Cache, FIREMARS, Region 5 Emergency Cache, etc.).
	Channel Number	Enter the radio channel numbers assigned.
	Function	Enter the function each channel number is assigned (i.e., command, support, division tactical, and ground-to-air).
	Frequency	Enter the radio frequency tone number assigned to each specified function (e.g., 153.400).
	Assignment	Enter the ICS organization assigned to each of the designated frequencies (e.g., Branch I, Division A).
	Remarks	This section should include narrative information regarding special situations.
5.	Prepared By	Enter the name of the Communications Unit Leader preparing the form.

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MEDICAL PLAN (ICS FORM 206)

Purpose. The Medical Plan provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The Medical Plan is prepared by the Medical Unit Leader and reviewed by the Safety Officer.

Distribution. The Medical Plan may be an attachment to the Incident Objectives, or information from the plan pertaining to incident medical aid stations and medical emergency procedures may be taken from the plan and placed on Assignment Lists.

MEDICAL PLAN	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD

5. INCIDENT MEDICAL AID STATIONS

MEDICAL AID STATIONS	LOCATION	PARAMEDICS	
		YES	NO

6. TRANSPORTATION

A. AMBULANCE SERVICES

NAME	ADDRESS	PHONE	PARAMEDICS	
			YES	NO

B. INCIDENT AMBULANCES

NAME	LOCATION	PARAMEDICS	
		YES	NO

7. HOSPITALS

NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO

8. MEDICAL EMERGENCY PROCEDURES								
206 **ICS** 8-78	9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)				

NPES 1331

Instructions for Completing the Medical Plan (ICS Form 206).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Operational Period Date/Time	Record the date and time of the operational period for which this plan is in effect.
5.	Incident Medical Aid Stations	Enter name and location of incident medical aid stations (e.g., Cajon Staging Area, Cajon Campground) and indicate with a Ö if paramedics are located at the site.
6.	Transportation	
	A. Ambulance Services	List name and address of ambulance services (e.g., Shaeffer, 4358 Brown Parkway, Corona). Provide phone number and indicate if ambulance company has paramedics.
	B. Incident Ambulances	Name of organization providing ambulances and the incident location. Also indicate if paramedics are aboard.
7.	Hospitals	List hospitals which could serve this incident. Incident name, address, the travel time by air and ground from the incident to the hospital, phone number, and indicate with a Ö if the hospital is a burn center and has a helipad.
8.	Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel.
9.	Prepared By	Enter the name of the Medical Unit Leader preparing the form.
10.	Reviewed By	Obtain the name of the Safety Officer who must review the plan.

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SUPPORT VEHICLE INVENTORY (ICS FORM 218)

Purpose. The Support Vehicle Inventory form provides an inventory of all transportation and support vehicles assigned to the incident. The information is used by the Ground Support Unit to maintain a record of the types and locations of vehicles on the incident. The Resources Unit uses the information to initiate and maintain status/resources information on these resources.

Preparation. The form is prepared by Ground Support Unit personnel at intervals specified by the Ground Support Unit Leader.

Distribution. Initial inventory information recorded on the form should be given to the Resources Unit. Subsequent changes to the status or location of transportation and support vehicles should be provided to the Resources Unit immediately.

SUPPORT VEHICLE INVENTORY (USE SEPARATE SHEET FOR EACH VEHICLE CATEGORY)	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

4. VEHICLE INFORMATION

a. TYPE	b. MAKE	c. CAPACITY/SIZE	d. AGENCY/OWNER	e. I.D. NO.	f. LOCATION	g. RELEASE TIME

218 ICS 8-78	PAGE	5. PREPARED BY (GROUND SUPPORT UNIT)

NFES 1341

Instructions for Completing the Support Vehicle Inventory (ICS Form 218).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		Note: a. The Ground Support Unit Leader may prefer to use separate sheets for each type of support vehicle (e.g., buses, pickups, and food tenders). b. More than one line may be used to record information on each vehicle. If this is done, separate individual vehicle entries with a heavy line. c. Several pages may be used. When this occurs, number the pages consecutively (in the page number box at bottom of the form).
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date (month, day, year) prepared.
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Vehicle Information	Record the following vehicle information:
	Type	a. Specific vehicle type (e.g., bus, stakeside, etc.).
	Make	b. Vehicle manufacturer name (e.g., GMC, International).
	Capacity/Size	c. Vehicle capacity/size, (e.g., 30-person bus, 3/4 ton truck).
	Owner	d. Owner of vehicle (agency or private owner).
	ID Number	e. Serial or other identification number.
	Location	f. Location of vehicle.
	Release Time	g. Time vehicle is released from the incident.
5.	Prepared By	Enter the name and position of the person completing the form.

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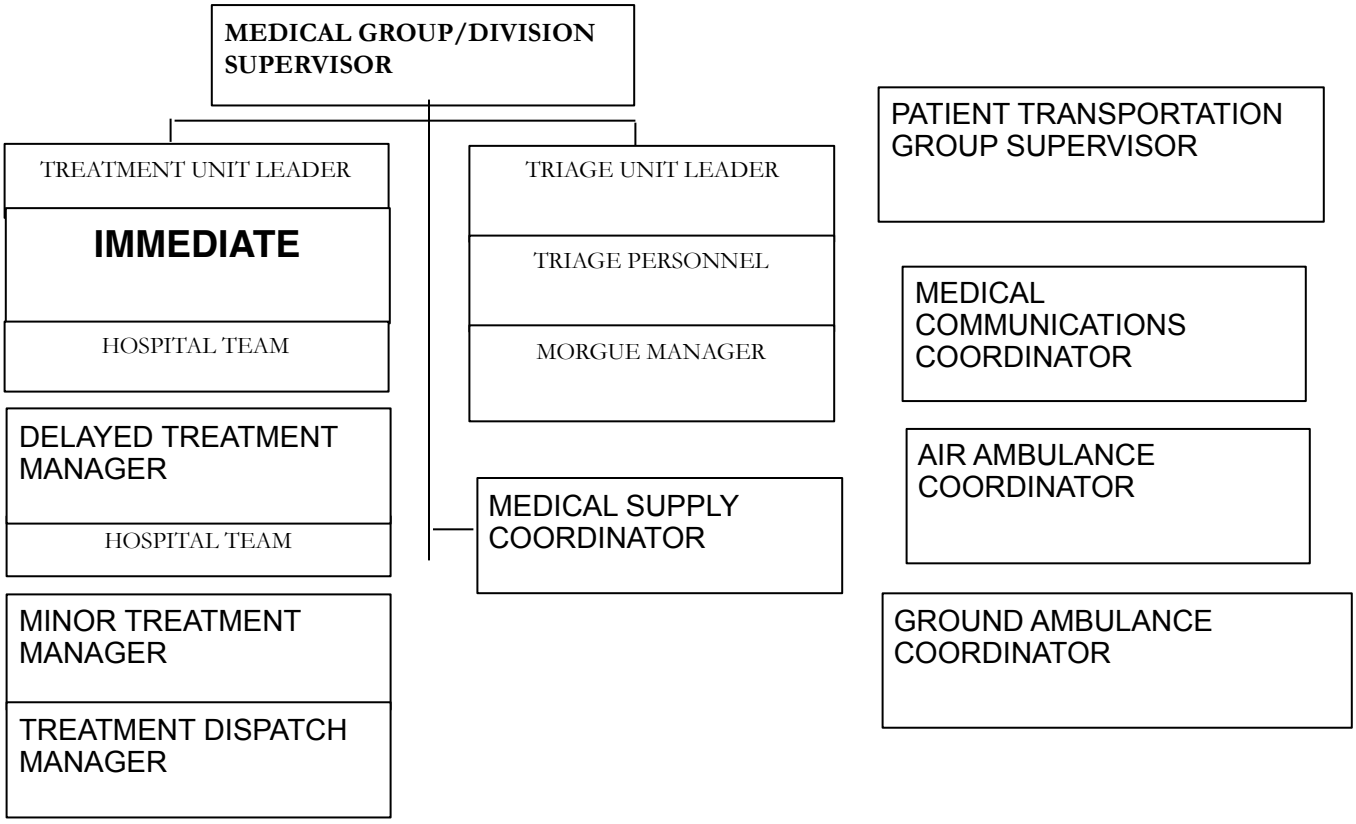
MULTI-CASUALTY

BRANCH WORKSHEET

INCIDENT NAME	**DATE**	**TIME**
INCIDENT COMMANDER	MULTI-CASUALTY BRANCH DIRECTOR	



MEDICAL CACHES	
AIR AMBULANCES	
LAW ENFORCEMENT	
RADIO FREQUENCIES	
CORONER	
RED CROSS	
CHAPLAIN	
BUSES	
MENTAL HEALTH	

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MULTI-CASUALTY

RECORDER WORKSHEET

Ambulance Company	Ambulance ID Number	Patient Triage Tag Number	Patient Status	Hospital Destination	Off Scene Time
			(I) (D) (M)		----- :
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----
			(I) (D) (M)		----- : -----

ICS-MC-306 (12/89)

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MULTI-CASUALTY

HOSPITAL RESOURCE AVAILABILITY

HOSPITAL		CRITICAL	NON-CRITICAL
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		

A=AVAILABLE U=USED

ICS-MC-308 (12/89)

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MULTI-CASUALTY

AMBULANCE RESOURCE STATUS

AGENCY	UNIT NO.	IN	OUT

ICS-MC-310 (01/08/92)

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MEDICAL SUPPLY

RECEIPT & INVENTORY FORM

INCIDENT NAME: **INCIDENT #:**

A. Supplies/Equipment received from: DATE: / / .

Agency: Unit ID#: Name:

(Whenever possible, use masking tape and markers to identify all equipment)

B. Supplies/Equipment Received **by:**

NAME: INCIDENT POSITION:

No.	Item Description ***(Print All Entries)***	Unit*	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

*Unit - list a measurable description of the item (gauge, gm, ml, bag, doz., etc.)

Form distribution: (Use carbon paper) **Original** - Medical Supply Coordinator
Copy - Source of Supply ICS-MC-312

INCIDENT RE-IMBURSEMENT OF ANY SUPPLIES/EQUIPMENT WILL BE BASED ONLY UPON ORIGINAL FORM LISTINGS.

ICS-MC-312 (1/8/92)

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ANNEX D – AMBULANCE RESPONSE AREAS - 10/10/07

Ambulance response areas in Lackawanna, Luzerne, Pike, Wayne and Wyoming counties are shared by approximately 20 Advance Life Support and 92 Basic Life Support ambulance providers. Response is based upon individual municipality response plans and mutual aid agreements. EMSNP ambulance coverage area is 3,023 square miles with a population of over 654,600 residents and 180 municipalities. (See footnote #1)

1. Responsibilities:

- **The 911 Communications Center in each county** is responsible for the initial dispatch and is prepared to provide direct and backup coverage to a multi-casualty incident. The centers maintain a list of municipality response plans and dispatches emergency services accordingly. As the incident broadens, an Emergency Operations Center may be activated to mitigate the event. All five 911 Communications Centers have the resources of the Emergency Medical Services of Northeastern Pennsylvania (EMSNP) to provide assistance, as required. EMSNP can be contacted directly (570-655-6818) or through the Luzerne County 911 Communications Center after normal business hours, weekends and holidays.

- **The Emergency Medical Services of Northeastern Pennsylvania (EMSNP),** upon notification, will coordinate emergency activities with the PADOH Bureau of Emergency Medical Services (BEMS), deploy members of staff to the EOC or Incident Command Post to direct ambulance response, provide hospital space availability and determine the request for, and dispatch of, PA EMS STRIKE TEAMS, as needed.

2. EMS Providers:

Individual EMS response areas are subject to change due to the implementation of new ambulance providers or the discontinuance or expansion of existing ambulance providers. Changes to municipality response plans and mutual aid agreements must be documented immediately and forwarded to the responsible 911 Communications Center.

3. Training Drills and Exercises:

In addition to actual emergency responses, conducting drills and exercises to test current response plans for direct and backup response is essential.

4. County Ambulance Services Listing:

The following is a list of ambulance providers with contact phone numbers for **Lackawanna, Luzerne, Pike, Wayne and Wyoming counties**. These providers are responsible for direct emergency response and backup coverage based upon individual municipality response plans and mutual aid agreements:

Footnote #1: ALS, BLS and QRS ambulance provider information is subject to change. Changes will be posted to this document as part of the annual review and updating process.

LACKAWANNA COUNTY AMBULANCE SERVICES
ALS-Advanced Life Support BLS-Basic Life Support ALSSQ-ALS Squad QRS-Quick Response Squad

Community Life Support Systems, Inc.	**585-0890**	**ALS-9 ALSSQ-1**
Cottage Hose Ambulance Corps, Inc.	**282-0345**	**ALS-3 BLS-3**
Lackawanna Ambulance	**207-5200**	**ALS-25 ALSSQ-3**
Archbald Community Amb & Rescue Squad	**876-4231**	**BLS-2**
Blakely Borough Comm Ambulance Assn	**383-1879**	**BLS-2 QRS-2**
Chinchilla Hose Company Ambulance	**586-5726**	**BLS-2 QRS-1**
Clarks Summit Fire Co #1 Inc. Ambulance	**586-9656**	**BLS-1**
Cottage Ambulance Inc.	**282-6710**	**BLS-1**
Covington Fire Company Ambulance	**842-4130**	**BLS-2**
Dalton Fire Company Ambulance	**563-1313**	**BLS-1**
Dickson City Community Ambulance	**383-1399**	**BLS-2 QRS 1**
Dunmore Fire Department		**QRS 1**
Emergency Services Moosic		**QRS 1**
Fleetville Fire Dept QRS	**945-3139**	**QRS 1**
Greenfield TWP VFC Ambulance Corps	**282-4981**	**BLS-1 QRS 1**
Jefferson Township Ambulance	**689-5148**	**BLS-2 QRS-1**
Jessup Hose Co #2 Ambulance	**383-6426**	**BLS-2 QRS-2**
Justus Vol Fire Company Ambulance	**587-4545**	**BLS-1**
Moscow Fire & Hose Co Inc., EMS	**842-7211**	**BLS-2 QRS-2**
Newton-Ransom Vol Fire Co Ambulance	**587-2526**	**BLS-1**
Old Forge Ambulance & Rescue Inc.	**457-9693**	**BLS-2**
Olyphant Community Amb-Rescue Assn.	**489-5054**	**BLS-1 QRS 1**
Scott Township Hose Co #1 Ambulance	**254-6666**	**BLS-2**
Springbrook Vol FC QRS		**QRS-1**
Taylor Fire Rescue	**QRS-1**	
Thornhurst Vol Fire & Rescue Co Amb	**842-2335**	**BLS-2**
William Walker Hose Co & Ambulance	**876-1671**	**BLS-2 QRS 1**

LUZERNE COUNTY AMBULANCE SERVICES

ALS-Advanced Life Support BLS-Basic Life Support ALSSQ-ALS Squad QRS-Quick Response Squad

American Patient Transport Systems, Inc.	459-6622	ALS-10
Elite Medical Transportation		ALS 2
Dallas Fire and Ambulance		ALS 2
Greater Pittston Ambulance and Rescue	654-1202	ALS 2 BLS 1 ALS SQUAD 1
Kingston Firemen Community Ambulance	287-3674	ALS-3
Keystone Ambulance		ALS 1 ALS Squad 1 BLS 5
Nanticoke FD Community Ambulance	735-5201	1 BLS ALS-2
Valley Regional Fire and Rescue, Inc.	788-1886	ALS 2 BLS 1
White Haven Rescue Unit	443-9499	ALS-2
Charles J. Spellman Ambulance Service	822-5587	ALS-5
Hanover TWP Comm Ambulance Assn., Inc.	825-1266	ALS-3
Plains Volunteer Ambulance Association	822-9279	ALS-3
Trans-Med Ambulance Service	283-2444	ALS-16 BLS 2 ALS Squad 2
Wilkes-Barre City Fire Department	208-4260	ALS-4
Geisinger Wyoming Valley	655-6303	ALSSQ-2
Wyoming Hose Co # 1	693 1371	ALS 2
Ashley Ambulance Association	825-3801	BLS-2
Avoca Ambulance Association, Inc.	457-1245	BLS-1
Bear Creek-Buck Twp Vol Ambulance Co.	427-3609	BLS-1
Century Medical Response		BLS-2
Dorrance TWP Vol Fire Dept Ambulance	868-5357	BLS-1
Duryea Ambulance & Rescue Association	451-0404	BLS-1
East Berwick Hose Company # 2	759-3010	QRS 1
Edwardsville Vol Firemens Comm Ambulance	288-8463	BLS-2
Exeter Community Ambulance Association	655-3771	BLS-2
Fairmount TWP Vol Fire & Ambulance Co.	477-3691	BLS-1
Franklin-Northmoreland TWP Amb Assn.	333-0928	BLS-1
Freeland Northside Community Ambulance	636-0951	BLS-2
Harding-Mt. Zion Ambulance	388-6235	BLS-1
Harveys Lake Fire & Ambulance Company	639-1919	BLS-1
Harwood Fire Company		QRS 2
Hobbie Volunteer Fire Company Ambulance	379-3013	BLS-1
Hughestown Hose Company Ambulance	654-4188	BLS-1 QRS 1
Hunlock Creek Volunteer Ambulance Assn.	542-7958	BLS-2
Huntington Valley Ambulance	864-2547	BLS-2
Jackson Township Volunteer Ambulance Assn.	696-4544	BLS-1
Jenkins Township Ambulance Association	655-3603	BLS-1
Kunkle Fire Company Ambulance	675-3334	BLS-2
Lake Silkworth Volunteer Ambulance	477-5667	BLS-1
Larksville Ambulance	779-4778	BLS-2
Lehman Volunteer Ambulance	675-5654	BLS-1
Mountain Top Area Community Amb Assn.	474-2513	BLS-3
Nescopek Community Ambulance Assn.	759-0391	BLS-2
Newport TWP Firemens Comm Ambulance Assn.	735-4652	BLS-1
Pittston Township Ambulance Association	654-4717	BLS-1
Plymouth Borough Ambulance Association	779-9878	BLS-2
Pond Hill-Lily Lake Ambulance Association	379-2204	BLS-1
Shickshinny Volunteer Ambulance Association	542-7707	BLS-2
Slocum Township Volunteer Ambulance Squad	868-6255	BLS-2
Sugar Loaf Fire Company		BLS 2
Sunny Transportation	866-786-6942	BLS 5
Sweet Valley Ambulance Association	477-5121	BLS-2
Swoyersville Police Comm Ambulance Assn., Inc.	287-8360	BLS-1
Trucksville EMS fire and Rescue	696-3776	bls 1
Tech Transport		BLS 4
West Hazleton Community Ambulance Assn.	455-5221	BLS-2
West Pittston Community Ambulance Assn.	655-5566	BLS-1
West Wyoming Community Ambulance Assn.	693-2779	BLS-1
Wyoming Valley Professional Ambulance	825-8014	BLS-4

PIKE COUNTY AMBULANCE SERVICES

ALS-Advanced Life Support BLS-Basic Life Support ALSSQ-ALS Squad QRS-Quick Response Squad

Atlantic Ambulance Corporation		ALS 9 BLS 13
Pike County ALS	296-2580	ALS-3 ALSSQ-2
ESA Hudson Valley Inc	845-344-3992	ALS-11 ALSSQ-3
Bushkill Emergency Corps		BLS-3
Delaware Township Vol Ambulance Corps	828-2345	BLS-3
Dingman Township VFD, Inc., Ambulance	686-3696	BLS-2
Hemlock Farms Vol Fire & Rescue Ambulance	775-6447	BLS-2
Lackawaxen Township Volunteer Ambulance	685-4022	BLS-3
Mast hope QRS	385-4790	QRS-1
Matamoras Fire Co		QRS-1
Milford Fire Department Ambulance Service	296-6121	BLS-2
Port Jervis Volunteer Ambulance Corps NY	845-858-3033	BLS-3
Promised Land Volunteer Fire & Ambulance	676-3818	BLS-2
Shohola Township Vol Fire & Rescue Ambulance	559-7525	QRS-1
Tafton Volunteer Fire Co Inc., Ambulance	226-4273	BLS-2
Westfall Township Volunteer Fire Co Ambulance	491-4717	BLS-2
Woodloch QRS		QRS-2

WAYNE COUNTY AMBULANCE SERVICES

ALS-Advanced Life Support BLS-Basic Life Support ALSSQ-ALS Squad QRS-Quick Response Squad

Honesdale Volunteer Ambulance Corps	253-2911	ALS-4 BLS-3 ALSSQ-1
Damascus Township Vol Ambulance Corps, Inc.	224-4552	BLS-2
Gouldsboro Ambulance Squad, Inc.	842-4175	BLS-2
Hamlin Fire & Rescue Ambulance	689-9193	BLS-2 QRS -1
Hancock Fire Department Ambulance NY	607-637-5341	BLS-2
Hawley Ambulance & Rescue	226-2734	BLS-2
Maplewood Fire and Rescue Company		QRS 1
Newfoundland Area Ambulance Association	676-4142	BLS-2
Northern Wayne Ambulance	798-2335	BLS-1
Pleasant Mount Emergency Services	448-2963	BLS-1
Tusten Volunteer Ambulance Services, Inc. NY	845-252-3336	BLS-2
Waymart Volunteer Ambulance Corps	488-5580	BLS-2
White Mills Fire Company Ambulance	253-4433	BLS-2
White Mills Volunteer Ambulance Corps	253-1732	BLS-1

WYOMING COUNTY AMBULANCE SERVICES

ALS-Advanced Life Support BLS-Basic Life Support ALSSQ-ALS Squad QRS-Quick Response Squad

Factoryville Volunteer Fire Co.	945-5769	BLS-1
FWM Emergency Squad, Inc.	833-2092	BLS-2
Laceyville Ambulance Association, Inc.	869-1177	BLS-2
Lake Winola Ambulance	378-2000	BLS-2
Noxen Community Ambulance	298-2477	BLS-1
Tunkhannock Community Ambulance Assn.	836-5344	BLS-4

ANNEX E DEFINITIONS

ALS Ambulance Service - Advanced Life Support Ambulance Service (ALS) – An entity licensed by the Department to provide ALS services by ambulance to seriously ill or injured patients. The term includes mobile ALS ambulance services that may or may not transport patients. (EMS Rules and Regulations).

ALS Services – Advanced Life Support Services – The advanced prehospital and interhospital 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 Ambulance Service – Basic Life Support Ambulance Service – An entity licensed by the Department to provide BLS services and transportation by ambulance to patients.

BLS services – Basic Life Support Services – The basic prehospital or interhospital 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 Commander - 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 as a result 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).

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

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

Incident Commander - 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 a number of 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, interfacility, 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.

Post Incident Review - A reconstruction of an incident 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.

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 Sector 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 Sector 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 Sector 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.

ANNEX F REGIONAL ASSETS

Mass Casualty Incident Trailers

LACKAWANNA COUNTY Contact Lackawanna 911 for dispatch 570-342-9111

Blakely Ambulance	– MCI Trailer
Cottage Ambulance	- MCI Trailer
Greenwood Fire / Penn Ambulance	MCI Trailer

LUZERNE COUNTY Contact Luzerne 911 for dispatch and Luzerne EMA 570-819-4916

Hughestown Fire	MCI Trailer
Hazleton APTS	MCI Trailer
Hanover TWP	MCI Trailer
Kunkle	MCI Trailer

PIKE COUNTY
Dingman Township Fire and Ambulance (Contact Pike County 911 570-296-7700

WAYNE COUNTY- None

WYOMING COUNTY- (Contact Wyoming County EMA/911) 570-836-6161

Factoryville Fire and Ambulance	MCI Trailer
Wyoming Co. EMA	MCI Trailer
Tunkhannock Community Ambulance	MCI Trailer

SUSQUEHANNA COUNTY (Contact Susquehanna 911) (570-278-3841)

Harford Fire and EMS	MCI Trailer
Montrose Minutemen	MCI Trailer

BRADFORD COUNTY (Contact Bradford County 911) 570-265-9101

Greater Valley EMS	MCI Truck 100 Patient

Four Wheel Drive Ambulances

Bushkill EMS – 1 BLS Ambulance (Located in our region)
Delaware Township Ambulance – 2 BLS Ambulances
Exeter Community Ambulance – 1 BLS Ambulance
Harding Mt. Zion – 1 BLS Ambulance
Hawley Ambulance – 1 BLS Ambulance
Jessup Hose Company #2 – 1 BLS Ambulance
Promised Land – 1 BLS Ambulance
Shickshinny Area Ambulance – 1 BLS Ambulance
Tafton Ambulance – 2 BLS Ambulances
Thornhurst Ambulance – 1 BLS Ambulance
Tunkhannock Ambulance – 2 BLS Ambulances
Westfall Ambulance – 1 BLS Ambulance
Wilkes-Barre City – 4 ALS Ambulances

ALS Squad

Geisinger Wyoming Valley – 1 ALS Squad
Lackawanna Ambulance – 2 ALS Squads
Trans-Med Ambulance – 3 ALS Squads

QRS

Blakely EMS QRS – 1 QRS Unit
Jefferson Twp Ambulance QRS – 1 QRS Unit
Moscow Hose Company – 1 QRS Unit

Bariatric Transport Capabilities

Blakely Ambulance Association – 1 BLS Bariatric Stretcher No Ramps or Winch
Keystone Ambulance – 1 BLS Ambulance
Lackawanna Ambulance - 2 ALS Ambulances

Tech Transport – 1 BLS Ambulance
Trans-Med Ambulance – 3 ALS Ambulances
Wyoming Valley Professional Ambulance – 1 BLS Ambulance