Bucks County
Emergency Medical Services
Mass Casualty Response Guidelines

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Acknowledgements

The Bucks County Emergency Health Council Advisory Committee and Bucks County EMS Chiefs' Association wish to thank the Montgomery County Emergency Services Council, and the Eastern Pennsylvania Emergency Medical Services Council for their assistance and guidance in forming this guideline. Some portions of these Guidelines were reprinted with permission from each of those regions. The Chiefs' Association also thanks those past and present members of the Emergency Preparedness Committee under the Bucks County EMS Chiefs' Association as well as the EMS community for their assistance in forming this guideline.

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Introduction

These emergency incident-operating guidelines are designed to assist Bucks County Emergency Medical Services agencies in properly organizing and controlling resources at the scene of an emergency incident. These guidelines will serve as a basic framework upon which each local jurisdiction can, and should, build a more specific plan. Such a plan may address other areas of concern and use of resources not referenced to in this document. These guidelines are not intended to replace any established county, municipal, or local emergency response plan. Rather, they are intended to serve as the central core for emergency medical services operations at an emergency incident. All EMS services must refer to their municipality's emergency management plan and understand how EMS is to interface within that structure.

These operating guidelines are also intended to identify the basic working relationships which should exist between EMS, fire, rescue, police and other agencies at a large-scale incident. As such, these emergency incident-operating guidelines fully support and utilize the National Incident Management System (NIMS) as prescribed by FEMA. It is strongly advised that all EMS personnel follow the FEMA guidelines and complete the required NIMS training. It is also strongly encouraged that these skills and this guideline be reviewed and practiced periodically by all EMS providers within Bucks County.

It is advisable that all Bucks County EMS organizations meet with their local emergency public service agencies, municipal officials, and emergency management officials who might be involved in a large-scale incident to develop or review a specific emergency response plan and familiarize their municipal officials on use of this guideline.

Activation

MCI Guideline Implementation

A Mass Casualty Incident is any emergency incident where there are multiple patients and local resources become overwhelmed. This guideline must be implemented as soon as the initial scene survey reveals that there are multiple patients.

Initial Actions

The first arriving unit to the scene of a mass casualty event will have the initial command and control of the scene. The responsibilities of the first arriving EMS unit are as follows:

1. Assess the scene and *identify any life and safety hazards*.
2. Notify the communications center that you have an MCI, and what level response you will need.
3. Request alternative radio channel for the incident from BCRR.
4. Notify the communications center of an **initial** estimated patient count.
5. Establish a command post in a safe area and notify the communications center of that location. This shall be the unified command post, and the law enforcement and fire officers in command shall operate from your location. The first arriving unit to take command shall stay in command of the scene until relieved.
6. Designate a triage officer and initiate SALT/SMART triage.
7. Prepare and plan to designate sectors and operational officer positions as more help arrives.
8. Any patients found to be deceased should be covered (if possible) and left where they are found until the Coroner and Law Enforcement officials complete their investigation.

MCI Response Levels

The following terminology and response levels are effective for the Bucks County EMS Region:

MCI LEVEL I - 5-14 patients (approximately) A suddenly occurring event that overwhelms the routine first response assignment. The number of patients is greater than can be handled by the usual initial response. Depending on the severity of the injuries the system may have adequate resources to respond and transport the patients. Duration of the incident is expected to be less than 1 hour. Examples: Motor vehicle accident, active shooter.

MCI LEVEL II - 15-50 patients (approximately) A suddenly occurring event that overwhelms the first response assignment and, potentially, additional resources requested within the Operational Area and neighboring counties. Regional medical mutual aid system is activated. An adequate number of additional ambulances are not likely to be immediately available, creating a delay in transporting patients. The duration of incident is expected to be greater than an hour. Examples: Bus crash, train accident, active shooter, improvised explosive device (IED).

MCI LEVEL III - 50 + patients (approximately) A suddenly occurring event that overwhelms the first response assignment, additional resources requested within the Operational Area, and mutual aid from neighboring counties (approximately 50+ victims). It is not possible to respond with an adequate number of ambulances to the incident and promptly respond to other requests for ambulance service. Regional medical mutual aid system is activated. Air and ground ambulance and other resources from outside the county will need to be requested. Not only will ambulance service be inadequate but receiving hospitals will be overwhelmed. In an incident of this size the operational area EOC and disaster plan may be activated. Examples: Bus crash, commercial airline crash, building collapse, active shooter.

Automatic CAD Dispatched units per level

Level 1: 5 Ambulances, 1 QRS, 1 Engine, and 1 Helicopter on stand-by Physician response team on standby, Regional Medical Director notified. County to code ORANGE.

Level 2: 15 Ambulances, 1 MCI unit, 2 QRS, 1 Engine, 1 Rescue,1 Helicopters on stand-by, BUCKS1 or other local command vehicle physician response team on standby, Regional Medical Director notified. Bucks County MCI pod dispatched, Five County Pod Task force placed on standby. County Corner advised. County to code RED.

Level 3: 25 Ambulances 3 MCI units, 3 QRS, 4 Engines (assigned to EMS), 2 Ladder, 2 Rescue, 3 Helicopter services notified of the incident and to prepare for deployment if needed, Five County Pod task force dispatched to scene, BUCKS1, physician response team dispatched, Regional Medical Director notified. Notification to PEMA VIA BCEMA for possible STRIKE response. County Corner advised. County to code Red.

Initial Calculation of the required number of Ambulances

This guideline is meant to provide general guidance to determine the initial estimate for the number of transport ambulance units required to respond to an MCI based on the number of immediate patients. As a determination of the number of delayed and minor patients is made, additional ambulances or other transport vehicles, such as a bus, may be required. The request for additional transport vehicles, such as ambulance, bus, etc. should be made as early as possible.

A general rule-of-thumb for determining how many ambulances should initially be requested by first-arriving personnel can be calculated using the following formula:

REQUIRED AMBULANCES = NUMBER OF IMMEDIATE PATIENTS DIVIDED BY TWO (2) + PLUS ONE (1)

Example: $\frac{\textbf{Ten (10) Immediate Patients}}{\textbf{2}}$ **+ 1 = six (6) ALS Ambulances**

The number of required ambulances should be adjusted based upon the following considerations:

- Distance from the receiving hospitals and back to scene
  - See Pt flow excel sheet for formula calculator
- Number of critical patients
- Hospital “turn-around” time
- Total number of patients
- Availability of alternative transport vehicles
- BCRR should keep all units assign to incident until incident is complete
- When crews are cleared from hospital should be placed back in staging

MCI Job Aid

First arriving unit size-up

- ☐ Assess the scene identify any life and safety hazards
  Self , Responders, Victims, Public
- ☐ Initial estimated of patients and MCI level request
  Level 1 5—14 Patients
  Level 2 15—50 Patients
  Level 3 50 + Patients
- ☐ Notify BCRR of the MCI Level
- ☐ Request Alternative Channel
- ☐ Request hospital capabilities
- ☐ Determine if any additional resources are needed:
  Fire , EMA ,Law enforcement / Bomb Squad , EMS Office
  Hazmat / DECON Unit , Public Works , Public Health
- ☐ Establish estimated outer and inner perimeter, if applicable

As Additional resource arrive

- ☐ Establish a Command Post
- ☐ Designate a Triage Officer
  Initiate Triage SALT/ SMART
- ☐ Establish a staging area
- ☐ Establish a secondary staging area for MCI level 2 or 3
- ☐ Consider a Decon area if needed
- ☐ Prepare and plan for sectors
- ☐ Establish a transportation Officer if needed

EMS System Condition Levels

EMS system condition levels are utilized in Bucks County to provide early warning and notification to EMS personnel when there is an anticipated need for additional personnel, or immediate need for personnel and resources. EMS Condition level changes are authorized either automatically as a result of a declared MCI, or through the authorization of Bucks County Emergency Health Services for reasons described below:

Code Green: Normal Operations

Code Yellow: (Preparatory Period) – Pending inclement weather (code changes will be automatic with winter weather warnings), Pre Mass gatherings/Events, Severe Federal Terror Risk.

EMS Agencies:

- Start planning to bring crews in-house, establish on call/extra availability pool as deemed necessary by EMS Agency Management.
- Contact Bucks County EHS with any unmet needs.

Dispatch Center:

- Send Printout to agencies, Send Everbridge message if not done by EHS
- Situational awareness upgrade code status to Orange or Red if deemed necessary by call volume and availability of units.
- Create special contact of code status in CAD – under BCFR (or other designated identifier).
- Broadcast on Dispatch and EMS Channels at time of status change and on morning and evening announcements.

MCI Units:

- On Notice for possible deployment.

EHS Office:

- Notify Department of Communication for activation of Code Yellow and send EverBridge Notification using code change template.

EMS System Condition Levels, Cont.

Code Orange: (Operation Period) Inclement weather in place and affecting the county, MCI, mass gathering or any incident(s) taxing/potentially taxing the region beyond available resources

EMS Agencies:

- Call crews in-house as deemed necessary by EMS Agency Management and begin putting additional ambulances into service.
- Patient Transport - follow statewide BLS Protocol 170 (Weather & MCI exception).
- Contact Bucks County EHS with any unmet needs.
- Document code status and if incident was related to reason for code change in regional ePCR system. EMS Agencies not using regional ePCR system submit number of incidents, including incident number, incident related (yes/no), call type, and disposition. Report due fifteen (15) days after returning to code green.

Dispatch Center:

- Situational awareness upgrade/downgrade code status if deemed necessary by call volume and available units.
- Notify EHS Office (On call Person after normal business hours, weekends or holidays), if change initiated by Dispatch Center.
- SEND EverBridge notification; upgrades and downgrades (use code change template).
- Create special contact of code status in CAD – under BCFR (or other designated identifier).
- Broadcast on Dispatch and EMS Channels at time of status change and on morning and evening announcements.
- Re-broadcast on EMS and Dispatch channels and resend EverBridge every four (4) hours (use code change template).
- Start moving up units not affected by the condition into the affected area, if not county wide event.
- Consider use of regional staging location.
- Contact adjacent PSAPs for available units – utilize on incident and/or covers.

EMS System Condition Levels, Cont.

Code Orange, Cont. Dispatch Center:

- Alert all hospitals and trauma centers of status change and hospital **diversions are cancelled until code status change is lowered**.
- Consider use of TAC channel for isolated incidents.

MCI Units:

- On Notice for possible deployment.

EHS Office:

- Confirm EverBridge notification sent.
- Assist with unmet needs.
- Staff Bucks County EOC if activated.
- Complete after action report .

EMS System Condition Levels, Cont.

Code Red: Weather affecting the County, major MCI or incident(s) that have exhausted system resources, evacuation of hospital or nursing home, riots or major police action.

EMS Agencies:

- Call crews in-house as deemed necessary by EMS Agency Management and begin putting additional ambulances into service
- Patient Transport - follow statewide BLS protocol 170 (Weather & MCI exception).
- Contact Bucks County EHS with any unmet needs
- Document code status and if incident was related to reason for code change in regional ePCR system. EMS Agencies not using regional ePCR system submit number of incidents, including incident number, incident related (Yes/No), call type, and disposition. Report due fifteen (15) days after returning to code green.

Dispatch Center:

- Situational awareness downgrade code status if deemed necessary by call volume and available units.
- Notify EMS Offices (On call Person after normal business hours, weekends or holidays), if change initiated by Dispatch Center.
- SEND EverBridge notification; upgrades and downgrades (use code change template).
- Create special contact of code status in CAD – under BCFR (or other designated identifier).
- Broadcast on Dispatch and EMS Channels at time of status change and on morning and evening announcements
- Re-broadcast on EMS and Dispatch channels and resend EverBridge every four (4) hours (use code change template).
- Confer with EMA/EHS as needed

EMS System Condition Levels, Cont.

Code Red, Cont. Dispatch Center:

- Start moving up units not affected by the condition into the affected area, if not county wide event.
- Contact adjacent PSAPs for available units – utilize on incident and for covers.
- Alert all hospitals and trauma centers of status change and hospital **diversions are cancelled until code status change is lowered**.
- Consider use of TAC channel for isolated incidents.

MCI Units:

- Staff units and deploy per directions from Bucks County Radio Room.

EHS Office:

- Confirm EverBridge notification sent.
- Staff Bucks County EOC if activated.
- Assist with unmet needs.
- Complete after action report.

EMS System Condition Levels, Cont.

PROCESS:

Default Code level will be Green. As events and/or conditions change, the Communications Center will announce and send updated EverBridge notifications with information provided by the EMA/EMS Office or information from the field units. Downgrades would be conducted with the same information and cooperation.

- Code status changes will be announced on Dispatch and EMS Channels along with the affected police zones.
- EverBridge notifications will be sent for all code status changes; upgrades and downgrades (use code change template).
- Printout sent to all squads, fire companies, police departments, and hospitals.

Bucks County Squads will be divided into three (3) regions for code status changes.

- Northern Squads: 108, 124, 134, 141, 142, 151
- Central Squads: 113, 115, 122, 125, 129, 134, 135, 145, 172
- Southern Squads: 100, 114, 139, 143, 154, 155, 167, 168, 185, 186

Code status changes can include one (1) or all of the regions.

- Examples:
  - "Southern Bucks County is Operating under a Code Red in Bristol Township"
  - "Bucks County is operating under Code Orange County Wide due to inclement weather".

Bucks County Resource Table

Unit ID	Location	Capabilities
MCI-115	Squad 115	Medical, some fire rehab
MCI-134	Squad 134	Medical, Fire Rehab
MCI-108	Squad 108	Medical, heated tents, some fire rehab
MCI-143	Squad 143	Medical, fire rehab, heated tents
POD1 (MCI)	Squad 185	Point of Distribution – For up to 100 patients
POD4 (MCI)	EHS Ivyland	Point of Distribution – For up to 100 patients, heated tent
UTV1	EHS Ivyland	4 wheel drive, 4 seat Polaris with medical skid/litter
POD10	Squad 185	Shelter Tents
POD 6	Squad 185	Flatbed
POD 7	EHS Ivyland	Flatbed
SS168	Squad 168	Fire Rehab/MCI/Tents
SS175	Squad 175	Medical, Heated Tents, Fire Rehab
SS115	Squad 115	Fire Rehab
Bucks1	EHS Ivyland	Command vehicle
C.O.W.	EHS Ivyland	Communications support vehicle

EMS Services with Extra Capabilities

Service	Capabilities Available
108	Wheelchair vans, transport units
114	Medic Responder
122	Bicycle team
125	Wheelchair vans, transport units, bicycle team, medic responder
142	Medic Responder, Bicycle Team
143	Bicycle team
145	Wheelchair vans, transport units, bariatric unit
151	Wheelchair vans, transport units, bariatric unit
168	Bariatric unit, MSEC Trailer
175	Marine unit
185	(2)ATV unit, rescue & Hazmat technicians, some rope & trench equipment

Incident Management System

In an effort to provide effective patient care and a safe incident scene, the first arriving unit shall implement the National Incident Management System (N.I.M.S.) unless it is an incident where a representative from the fire service has already initiated the N.I.M.S. plan. In that situation, the highest trained individual will establish an Emergency Medical Service Branch (EMS)*.

Within this branch the following tasks will be assigned and shall be in the order listed, from the onset of the incident in order to provide a manageable span of control:

Triage
Treatment
Transportation

The individual who will undertake the Incident Commander's Role (IC) or who will be the EMS Branch Director will be required to assess the scene (scene size up), establish incident objectives; identify the immediate incident priorities, and request resources.

When the incident commander is a representative from another Emergency Services organization, this will be dependent on the operation; the representatives from the on scene organizations will establish a Unified command with a Modular Organizational Structure. Within this structure a Consolidated Incident Action Plan (IAP) will be developed along with a comprehensive resource management plan, as well as an established Incident Command Post (ICP).

Incident Management System Cont.

All individuals on the incident scene will remember that the Incident Priorities, no matter the type of the incident, will always be the same:

Life Safety
Incident Stabilization
Property Conservation

Command Staff:

Incident Commander
Safety Officer (must be filled/assigned during a hazardous Material incident)
Public Information Officer (P.I.O.)
Liaison

General Staff Positions

Operations
Planning
Logistics
Finaniance

Any position not assigned by the incident commander will, by default, be his or her direct responsibility.

Incident Management System Cont.

Divisions & Groups

- Groups define tactical-level management positions.
- Divisions represent geographic responsibilities, such as Division C (rear of the facility) or Division 3 (3rd floor).
- Groups represent a functional (job) responsibility, such as Rescue Group, Multicasualty Group, etc.
- Divisions established to provide resources and coordination for a specific geographical area
- Division Supervisor reports to a higher level of Command and Responsible for all tactical activities in that area

RESPONSIBILITIES OF DIVISION AND GROUP SUPERVISORS

- Ensure responder safety
- Implement their portion of the IAP
- Keep next level of Command informed of its status and location
- Coordinate activities
- Maintain an effective span of control
- Determine need for assistance
- Release unneeded resources to IC or next level of Command

Incident Management System Cont.

Organizational Element	Leadership Position Title	Support Positions
Incident Command	Incident Commander	Deputy
Command Staff	Officer	Assistant
Section	Section Chief	Deputy
Branch	Branch Director	Deputy
Divisions and Groups	Supervisors	N/A
Unit	Unit Leader	Manager, Coordinator
Strike Team/Task Force	Leader	Single Resource Boss, Companies/Crews
Single Resource Boss	Boss	N/A
Technical Specialist	Specialist	

- A safe location where resources report until given an assignment.
- Resources in Staging are ready for immediate assignment.
- If Operations is not staffed, Staging reports directly to IC.
- Once Operations is staffed staging reports to Operations.
- Check-in resources
- Respond to requests for resources
- Keep IC or Operations informed of status of resources in Staging
- Maintain status of resources in Staging

Incident Management System Cont.

Branches

- Used when the number of Divisions and Groups create a span-of-control problem
- Valuable when large numbers of resources are committed to varying functional activities
  - e.g., Incident with numerous injuries
- Can be geographic, functional, or jurisdictional
- Implements the portion of the IAP appropriate to the function
- Coordinates activities of subordinate Units
- Determines if assigned objectives are being met
- Requests additional resources
- Keeps immediate supervisor advised of Branch status

Unified Command:

- Allows multiple agencies to set common objectives and strategies.
- Agencies do not lose authority, responsibility, or accountability.
- All agencies with responsibility manage the incident together
- One key official from each jurisdiction's responsible agencies
- Representatives from departments in a single jurisdiction
- Generally, the agency with the greatest jurisdictional involvement is assigned to the Operations function.
- It is important to recognize prior training and experience

Command Staff Positions

Safety Officer Responsibilities

- Reason for implementation
- Authority to stop unsafe acts
- Requisite background

Incident and Personnel Accountability

- Personnel holding positions within the Command organization are responsible for the welfare and accurate accountability of all assigned personnel.
  The system must be able to locate every responder within a small geographic work area within the hazard zone at any moment in time.

Operations Responsibilities

- Responsible for management of all tactical actions at the incident.
- Operations should be implemented when necessary to maintain the IC's span of control.
- Develop operations portion of the Incident Action Plan (IAP) (strategies and tactics)
- Brief and assign Operations Section personnel in accordance with the IAP
- Supervise Operations Section, ensuring safety and welfare of all personnel
- The Operations Section is responsible for the direct management of:
  - All incident tactical activities
  - Tactical priorities
  - The safety of personnel working in the Operations Section

Command Staff Positions, Cont.

Planning Responsibilities

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

- Gather and display information.
- Supervise preparation of the IAP.
- Determine the need for specialized resources in support of the incident.
- Assemble information on alternative strategies.
- Report any significant changes in incident status.
- Oversee preparation and implementation of Incident Demobilization Plan Planning Section components;
    - Resources Unit
    - Situation Unit
    - Documentation Unit
    - Demobilization Unit
    - Technical specialists

Logistics Responsibilities

Responsible for providing facilities, services, and materials for the incident.

- Participate in preparation of the IAP.
- Identify service and support requirements for planned and expected operations.
- Coordinate and process requests for additional resources.
- Estimate future service and support requirements.
- Act as "supply sergeant" for the incident.

Command Staff Positions, Cont.

Support Branch Responsibilities

- Responsible for providing resources, equipment, and supplies in support of incident operations.
- Managed by a Branch Director
- Components:
  – Supply Unit
  – Facilities Unit
    – Ground Support Unit

Finance Responsibilities

Responsible for all financial, administrative, and cost analysis aspects of the incident.

Components:

- Manage all financial aspects of an incident
- Provide financial cost analysis information as requested
- Ensure that all personnel time records are completed accurately and transmitted to home agencies, according to policy
- Time Unit
- Procurement Unit
- Compensation/Claims Unit
- Cost Unit

Definitions

BRANCH: The organizational level having functional or geographic responsibility for major parts of incident operations. Branch is organizationally between Section and Division/Group in the Operations Section. Branches may be identified by the use of a functional name (e.g., medical, security, fire, rescue, etc.).

CHIEF: The ICS title for individuals responsible for management of Functional Sections: Operations, Planning, Logistics, and Finance/Administration.

COMMAND POST: The position where agencies will function on-site to support the Incident Commander. The Command Post is located at one location for all agencies.

BRANCH DIRECTOR: The ICS title for individual responsible for supervision of a branch.

FUNNEL POINT: A center point designated by the Triage Team Leader in which every patient filters through prior to movement into the Treatment Area, usually located at the entrance to the Treatment Area. Patients will be numbered for tracking and Triage Tagged (if not already done).

GROUP: Established to divide the incident management structure into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division. Groups are located between Branches and resources in the Operations Section.

IC (Incident Commander): The individual responsible for all incident responsibilities and activities, having overall authority and responsibility for the management of all incident operations at the incident site.

Definitions (cont.)

ICS (Incident Command System): A standardized on-scene emergency management system specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries.

INCIDENT MANAGEMENT TEAM (IMT) DESIGNATED TYPE I NATIONAL LEVEL, TYPE II REGIONAL & STATE, TYPE III LOCAL TEAMS: An IC and the appropriate Command and General Staff personnel assigned to an incident.

LITTER BEARERS: Individuals assigned by the Medical Group Supervisor, usually will be Firefighters, to assist in movement of injured patients to designated

Triage, Treatment, and Transport Areas.

MANAGERS: Individuals within ICS organizational units that are assigned specific managerial responsibilities (e.g., Staging Area Manager or Camp Manager).

NATIONAL INICIDENT MANAGEMENT SYSTEM (NIMS): A federally mandated program for the standardizing of command terminology and procedures. This standardizes communications between fire departments and other agencies. It is based upon simple terms that will be used nationwide.

PUBLIC INFORMATION OFFICER (PIO): A member of the Command Staff responsible for interfacing with the public and media and/or with other agencies with incident-related information requests.

Definitions (cont.)

REHABILITATION AREA: A designated area where rescue personnel can be assessed, treated and receive care. Rescue personnel will be evaluated, nourished, and rested in the Rehab Area.

SALT TRIAGE: Immediate treatment and transportation and very limited care; Triage will be based on ventilation, perfusion, and mental status; Emergency care will be restricted to opening airways, controlling severe hemorrhage, elevating patient's feet, chest decompression and auto injector antidotes

STAGING AREA: Any location in which resources such as personnel, supplies, and equipment can be temporarily housed or parked while awaiting operational assignment.

SUPERVISOR: The ICS title for an individual responsible for a Division or Group.

SUPPLY UNIT: The unit responsible for the ordering, storing and maintaining of incident-related equipment and tools, such as backboards, trauma kits, oxygen, etc.

TRANSPORT AREA: A designated area where patients are moved following treatment, as they await transport to a medical facility.

TRANSPORT UNIT: Any vehicle capable of transporting patients, including an ambulance, aid unit, bus, command unit, etc.

TREATMENT AREA: A designated area for the stabilization of patients.

TREATMENT TAG: A tag that will be affixed to each patient in the Treatment Area. The patient's number, and outline of their injuries and each set of vital signs taken shall be documented on the tag. This tag will accompany the patient to the designated receiving medical facility.

TRIAGE: A categorization system used to medically prioritize/sort patients.

Definitions (cont.)

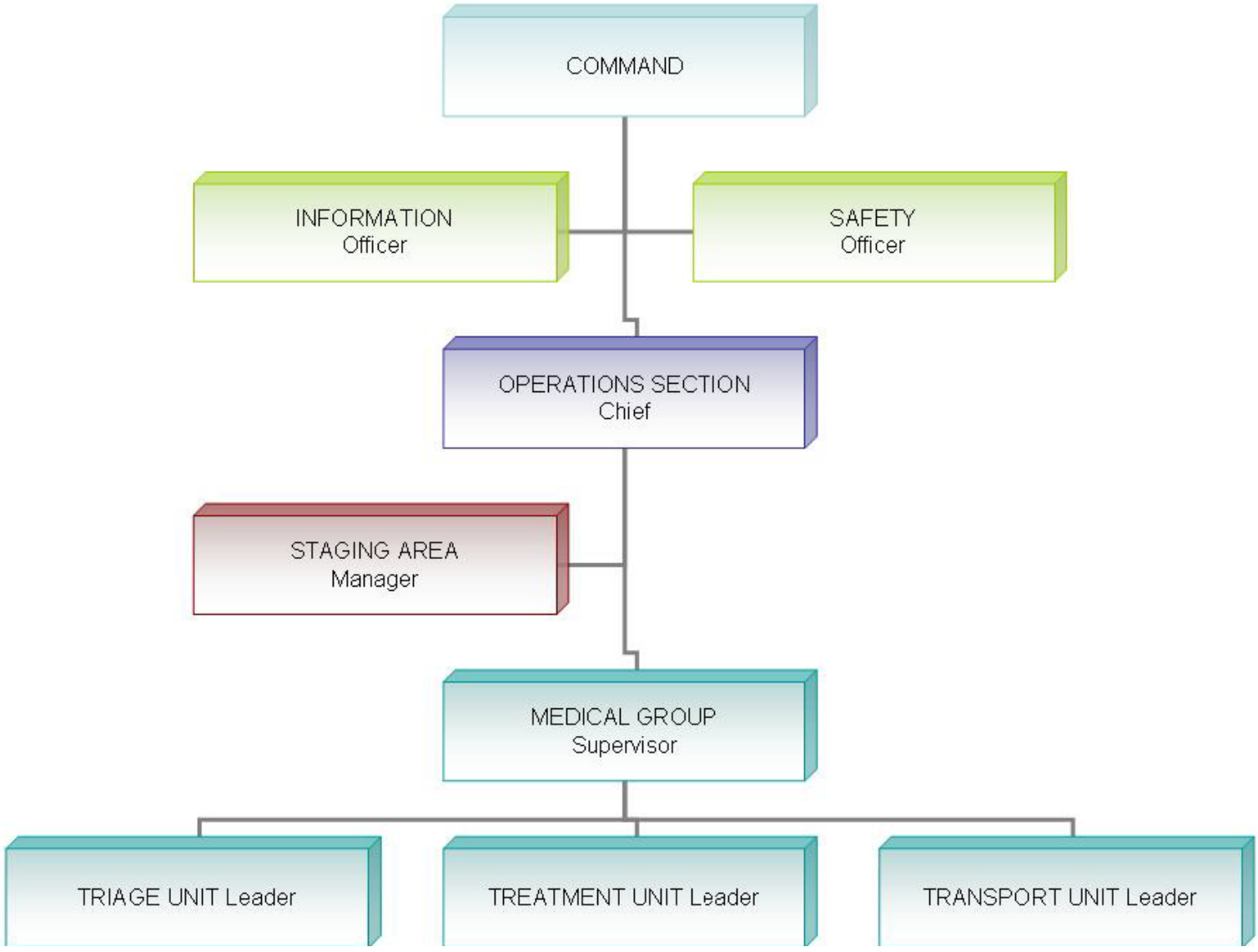
TRIAGE AREA: A designated area where the patients are sorted. This may be the area where the patients are initially found, or a designated point where the patients are transported for appropriate sorting.

TRIAGE TAG: A tag used by triage personnel to identify and document the patient's medical condition.

TRIAGE TAPE: Red, yellow, green, or black colored surveyors tape is used to medically prioritize each patient. A piece of this tape will be affixed/tied to each patient prior to movement into the Treatment Area.

UNIFIED COMMAND: When multiple agencies have either geographic or functional jurisdiction at an incident. Unified Command should be implemented to jointly establish incident objectives and select strategies.

UNIT LEADER: The individual in charge of managing Units within an ICS functional section. The Unit can be staffed with a number of support personnel providing a wide range of services.


COMMAND
INFORMATION Officer
SAFETY Officer
OPERATIONS SECTION Chief
STAGING AREA Manager
MEDICAL GROUP Supervisor
TRIAGE UNIT Leader
TREATMENT UNIT Leader
TRANSPORT UNIT Leader

Officer Positions & Responsibilities

The first arriving agency (EMS/Police/Fire) must be alert to include incident size up, estimated number of patients and initiate action to set up an MCI scene, call for assistance, and initiate the Incident Command structure to assure all pertinent incident information in obtained and managed (e.g. hazmat, hazards, etc.). On scene operations will be structured under the Incident Command System.

INCIDENT COMMAND: (radio call sign "COMMAND") The Incident Commander will assume overall scene operations pertaining to the emergency incident.

- Command is responsible for:
    - Firefighting, EMS, Law enforcement, rescue, and or extrication, as needed.
    - Notifying the Communications Center of an MCI (if this has not been done).
    - Requesting an appropriate response to handle the incident.
    - Appointing an Operations Section Chief, as needed.
    - Appointing a Safety Officer, as needed.
    - Establishing a Safety Zone.
    - Identifying a Staging Area, and a Manager, and notifying all incoming units via the Communications Center of its location.
    - Securing access and egress routes into the area for Emergency vehicles.
    - Coordinating operations through Unified Command with participating agencies (i.e. Fire, EMS, Law, FBI, Coroner, Hazmat Teams, and Health Dept).
    - Coordinating with County EMA.

OPERATIONS SECTION CHIEF: (radio call sign "OPERATIONS") Responsible for all operations at the scene of an incident. May assign Groups or Divisions as needed.

STAGING AREA MANAGER: (radio call sign "STAGING") Responsible for staging. Will assign companies to the operation as requested by Operations. STAGING will request additional resources as needed.

Officer Positions & Responsibilities Cont.

MEDICAL GROUP SUPERVISOR: (radio call sign "MEDICAL")
If established, is in charge of all EMS operations as assigned by the Operations Section Chief and responsible for the control of Medical Triage, Treatment, and Transport.

- MEDICAL is responsible for:
    - Sizing up medical needs, estimating numbers and severity of patients, and informing OPERATIONS/COMMAND.
    - Designate Triage, Treatment and Transport Areas, and request staffing as needed.
    - Request and update OPERATIONS/COMMAND regarding status and needs of the Medical Group.
    - Supervising the Treatment, Triage and Transport Areas.

Officer Positions & Responsibilities Cont.

TRIAGE UNIT LEADER: (radio call sign "TRIAGE") should be assigned to the highest medically qualified, first-arriving individual.

- TRIAGE is responsible for:
    - Surveying the incident scene, establishing Triage Areas, Funnel Points, and triaging patients according to their injuries at the scene or designated Funnel Points.
    - Patients will be evaluated using the SALT/SMART System, numbered, and placed in the appropriate Treatment or Transport Area.
    - Numbering each patient with a permanent marking pen for tracking purposes, and affixing/tying Triage Tag (if not completed). In larger MCI events, additional staff may be needed for field triaging. In events where more than one Triage Area or Funnel Points exists, the primary Funnel Point will start numbering patients with the number one (1). The other Triage Area or Funnel Points will start with the number 100; if an additional Triage Area or Funnel Point is needed, numbering will start at 200, and so forth.
    - If transport units are available, Triage Unit Leader may be responsible for moving patients from the Triage Areas directly to waiting transport units for rapid transport to appropriate emergency departments and bypassing the Treatment Area.

Officer Positions & Responsibilities Cont.

TREATMENT UNIT LEADER: (radio call "TREATMENT") should be assigned to the highest medically qualified person to arrive next on scene

- TREATMENT is responsible for:
  - The treatment of all patients.
  - Setting up Treatment Areas, equipment and prepare to receive triaged patients.
  - Requesting personnel and coordinating patient care areas designated as Red, Yellow, and Green. In a major MCI, the Treatment Unit Leader may need to assign additional personnel for each treatment section.
  - Assure Triage Tags are completed for all patients and affixed/tied to the patient prior to transport. Outline injuries, records vital signs, and identifies patient's name (when possible).
  - Keeping the Transport Unit Leader advised to the number of patients, severity, and their availability to be transported.
  - Requesting additional resources for the Treatment Unit through Medical Group/Operations.

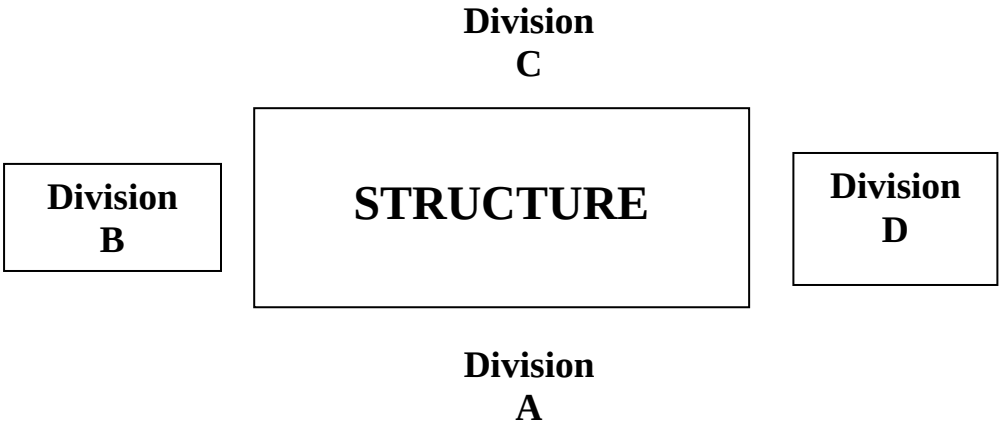
Officer Positions & Responsibilities Cont.

TRANSPORT UNIT LEADER: (radio call sign "TRANSPORT")
Responsible for the transfer of patients to receiving hospitals.

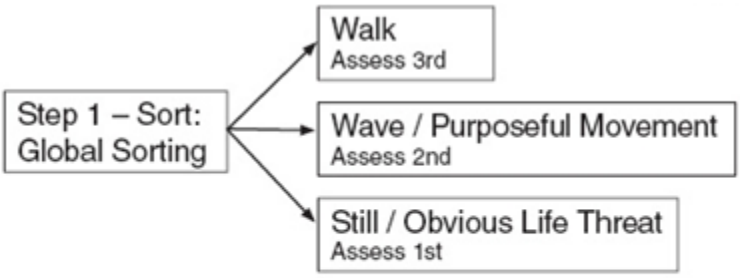
- TRANSPORT is responsible for:
  - Identify access and egress routes.
  - Coordinate loading, transporting, and registering of all patients.
  - Coordinating with the Treatment Unit Leader for patients available for transport.
  - Maintaining radio communications with the Communications Center to determine receiving facilities capabilities and capacities.
  - Maintaining a record/log of each patient's identification, hospital destination, and transporting agency.
  - Maintain removable stub from Triage Tag for reconciliation with patient transport record/log.
  - Requesting transport units, equipment, and personnel as needed through the Staging Area Manager.

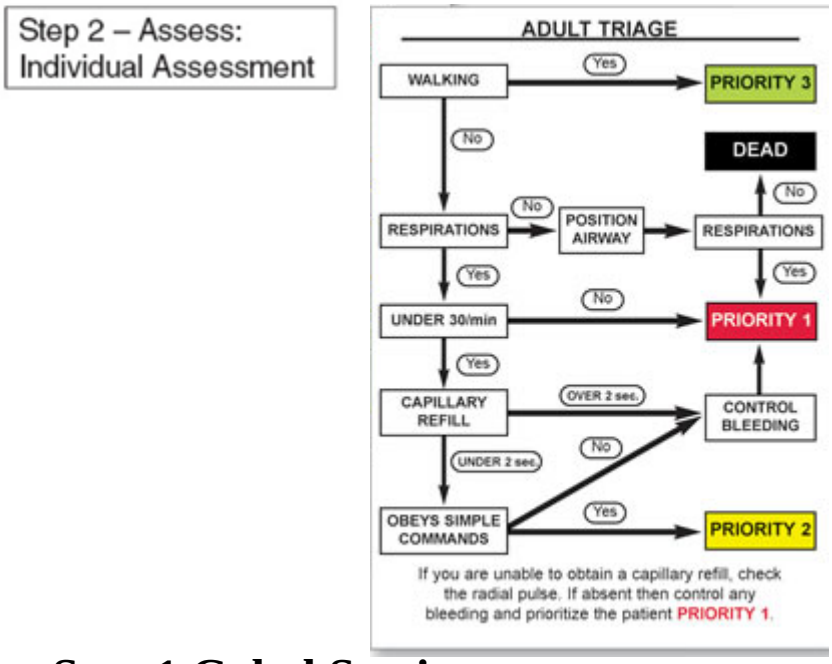
Litter Bearers will move through the incident scene placing patients on backboards, stretchers, wheelchairs, and assist the walking wounded. They will assist in processing patients through the Funnel Point, and into appropriate designated Treatment and Transport Areas. Litter bearers will be assigned to the most appropriate ICS level established.

INCIDENT NOMENCLATURE



SALT/SMART Triage





- **Step 1 Gobal Sorting**
- **Action:**
  - "Everyone who can hear me please move to [designated area] and we will help you"
    - Use loud speaker if available
- **Goal:**
  - Group ambulatory patients using voice commands
- **Result:**
  - Those who follow this command - last priority for individual assessment

SALT/SMART Triage, Cont.

- **Step 2 Gobal Sorting**

- **Action:**
  - "If you need help, wave your arm or move your leg and we will be there to help you in a few minutes"
- **Goal:**
  - Identify non-ambulatory patients who can follow commands or make purposeful movements
- **Result:**
  - Those who follow this command - second priority for individual assessment

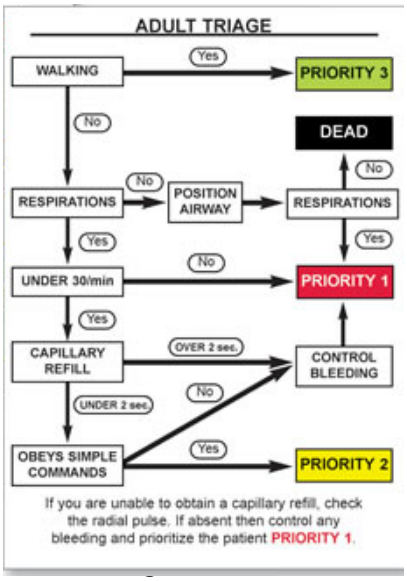
- **Gobal Sorting Resualts**

- Casualties are now prioritized for individual assessment
  - Priority 1: Still, and those with obvious life threat
  - Priority 2: Waving/purposeful movements
  - Priority 3: Walking

- **Next step:**
- Assess all non-ambulatory victims where they lie and provide the four LSIs as needed
  - Only if within your Scope of Practice, training, authorization
  - Only if you have the equipment readily available (e.g., you would not return to the rig to get an NPA)
- Triage as quickly as possible

Traige Catagories

- Immediate (red) Priority 1)
- Delayed (yellow) Priority 2)
- Minimal (green) Priority 3)
- Dead (Ribbon/Tag)



Demobilization Plan

General Information

The purpose of the Demobilization plan is to restore resources to their original state, and allow mutual aid services to be released. The following process should be used when releasing resources from the incident.

Guideline

Upon the determination by unified command to de-escalate the incident, each sector chief shall re-inventory resources and determine what is no longer needed. The sector chief shall report to operations the status of each resource. Operations will recommend the release of resources to the incident commander who will direct the release of resources.

Release Priorities

1. Federal Resources
2. PEMA Resources
3. Regional Resources
4. In-County Mutual Aid Resources

Upon termination of command, it will be the discretion of the Emergency Health Services office to change the code status of the system based on available resources returning to service.

ACCIDENTS INVOLVING SCHOOL BUSES

PURPOSE:

To establish a standard means of triaging, treating, and transporting children involved in an accident while riding the school bus. To avoid over taxing local emergency service resources and hospital personnel during minor accidents involving many children whose parents cannot be contacted. Also to establish criteria where children who are not injured can be released to school district authorities to reduce the emotional, logistical, and financial impact of the incident for all involved.

POLICY:

Upon the arrival of the first unit to the scene, incident command should be established and the member of the team with the highest level of training should initiate triage.

Patients who are minors and do not require treatment in the emergency room may then be left in the care of school district authorities with permission from a command physician. If at any time EMS personnel are unsure of a minor's health status, the patient's well being is to be kept in the best interest and the patient should be transported to the emergency department.

PROCEDURE: The detailed procedure for this policy is as follows:

Upon receipt of a call reporting a motor vehicle accident involving a school bus, the dispatch center should dispatch two ambulances or a minimum of an ambulance and a QRS (downgrade/upgrade as indicated by call intake and zone information).

Upon the arrival, the first unit to the scene, incident command should be established and the member with the highest level of training should initiate triage. A few facts must immediately be established. First, the mechanism of the accident; Second, are there any complaints of injuries; and finally, how many people are involved in the incident. Additional EMS units may be dispatched, or their response or cancelled as the IC deems fit. Patients with obvious injuries are to be triaged and transported as in any other incident. Adults involved in the incident may refuse care or transportation according to local protocol.

ACCIDENTS INVOLVING SCHOOL BUSES, Cont.

Minors who were on the school bus and have no complaints or very minor complaints should be left on the bus if it is safe or directed to the holding area. These minors are then to be individually spoken to and assessed by EMS personnel. As the minors are assessed a log will be completed stating the following information:

Minors Name
Minors Age
Level of Consciousness
Complaints (none if there is no complaint)
Position on Bus
Triage and transportation Status

As these remaining patients are assessed, they will be divided into two categories: those that require evaluation in the Emergency Department and those who EMS personnel feel do not require Emergency Department evaluation.

Any minor patients that do require evaluation in the emergency department at this point shall be transported to one facility by means, at the discretion of the triage Officer or IC. EMS personnel are to keep in mind that continuity of care must be kept intact and if large numbers of patients with minor injuries are transported by alternate means such as a bus or van, an EMS responder must accompany those patients to the receiving facility.

ACCIDENTS INVOLVING SCHOOL BUSES, Cont.

Any minor patients that do not require further evaluation may be released to school district authorities after contacting a medical command and receiving permission to release the minors. **The EMS personnel on scene must contact medical command and receive permission to release the minors.** A school district authority is defined as principal, vice principal, or other administrative district personnel with authority to take charge of the students. It is not advisable to release students to school nurses, teachers, parents, neighbors, etc. Allow the school district to release any minors to their parents. The name of the medical command physician must be documented as well as the name, position and signature of the school district official receiving the children. The command physician reserves the right to require the children be transported to the emergency department. Should the command physician deny permission to release the minors on scene, the minors are to be transported to one facility for evaluation. This may be done by alternate means so long as the continuity of care is not broken.

All patients with no complaints or very minor injuries are to be transported to one facility. This will allow for better accountability of the patients and ease the problems of the school district and parents locating their children. The IC will be responsible to inform the receiving facility of the situation prior to transportation of the injured patients.

Patients with significant complaints or injuries will be transported as directed by the IC or designee, keeping in mind trauma protocol and not to overtax one facility with patients who may require definitive care.

ACCIDENTS INVOLVING SCHOOL BUSES, Cont.

ALTERNATE MEANS OF TRANSPORTATION

If there are a large number of patients that require transportation to a medical facility, and their injuries do not necessarily require transportation in an ambulance, an alternate means of transportation may be sought. Alternate means of transportation may include a bus, a mini-bus, or a passenger van. The school district involved will usually have a representative on scene and may be able to provide one of these alternate means of transportation.

When one of these means is used, continuity of care must be adhered to and at least one EMS responder must ride to the receiving facility with the patients.

Examples of patients who may be considered for transportation by alternate means include patients with no complaints that are to be evaluated and patients with minor soft tissue injuries.

SPECIAL SITUATIONS:

Although this policy allows for EMS personnel to make a determination whether a patient requires transportation to the emergency department or not, EMS personnel are reminded to always error on the side of caution. If there is a doubt, transport the patient.

EMS personnel are also cautioned to look at mechanism of injury when evaluating patients. Minors who were on a bus that suffered severe damage or that rolled over should be evaluated in the emergency department regardless of complaints or not.

Minors triaged to be released will be transported to the hospital at the request of the school district representative on scene if he/she deems fit.

ACCIDENTS INVOLVING SCHOOL BUSES, Cont.

OTHER APPLICATIONS OF THIS POLICY:

The concepts of this policy may be applied to any accident involving any school district vehicle.

Various school districts own and operate a wide variety of vehicles at various times throughout the day. If a school district vehicle is involved in a minor accident and there are no complaints or obvious injuries, any minors involved may be released to the school district representative on scene, providing that a command physician has given permission for the patient(s) to be released.

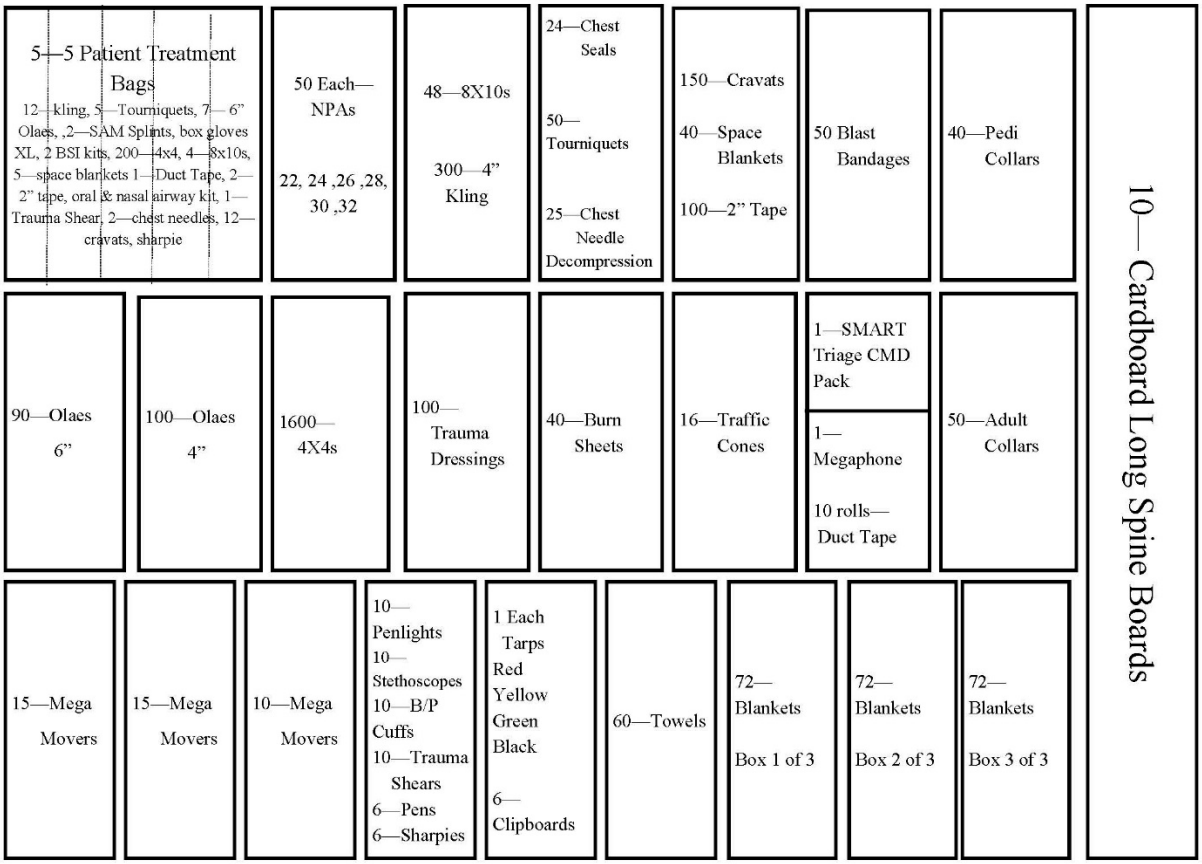
WHERE THIS POLICY CANNOT BE APPLIED:

This policy is solely intended for minors who are riding in school district vehicles. This policy **cannot** be applied to minors involved in accidents in private vehicles whose parents cannot be contacted, or minors in private vehicles who are in the care of non-related adults, or minors who are riding on publicly or privately owned vehicles such as SEPTA busses and etc.

Appendix C1 MCI Equipment List

MCI 108 , 134, 115, 145 - 50 Patients	POD1 (185s) & POD4 (EHS Office) - 100 Patients	Item
40	80	Cervical collars (adjustable – adult)
40	80	Cervical collars (adjustable – pediatric)
72	100	Blankets (disposable) 58 x 90, insulated
52	102	Blankets (space type)
40	80	Burn sheets (sterile, disposable)
100	200	Multi-trauma dressing (sterile, size 12” x 30”)
100	200	Olaes modular Bandage 4” rolls
100	200	Olaes Modular Bandage 6” rolls
50	100	Abdo dressing, sterile, 8” x 10”
50	100	Blast bandage (tactical Medical) shring wrapped
300	500	Kling 4” rolls (control Wrap)
1600	2000	4 x 4 dressing
150	300	Cravats (triangular bandage
100	200	Cloth Tape 2"
50	100	NP airway kit, latex free, set of 6, sizes 26 to 34 French
50	100	Soft Tourniquet (soft Tactical Tourniquet)
40	80	Mega Mover (used number of back boards from FEMA list)
60	120	towels cloth 20x40 or 24x48
25	50	chest seals must be vented
25	50	Chest needle decompression
6	6	traffic cones
10	20	Duct Tape (gorilla brand)
10	20	Scissors Trauma
10	20	penlights
10	20	Adult stethoscope
10	20	Adult BP cuff
6	6	permanent markers (box)
6	9	clipboard
6	6	Ball point pens (box)
1	2	triage flag kits
1	2	Triage colored tarps (Red, Yellow, Green, Black)
1	2	triage flag kits (Red, Yellow, Green)
1	1	Mega phone
1	2	Smart Triage CMD Pack
0	50	Nassal Cannulas
0	50	Non Rebreather

Appendix C-2 – MCI 108, 134, 115, 143
Layout of Equipment (Drivers Side)



Appendix C-3 – POD1 (185s)
Layout of Equipment

Passenger Side

Drivers Side

Appendix C-4 – POD4 (EHS Office)
Layout of Equipment (Drivers Side)

POD4 (EHS Office) - Point of Distribution for up to 100 patients—Passenger Side

Emergency Blankets	20—Mega Movers	100 Each NPAs 22, 24 ,26, 28,30, 32	80—Pedi Collars		
Emergency Blankets	20—Mega Movers	2 of Each Tarps Red, Yellow, Green, Black 2 of Each Triage Flags Red, Yellow, Green1 Each	40—Burn Sheets		
Emergency Blankets	20—Mega Movers	60—Towels	40—Burn Sheets	100—Adult Collars	Zumro Tent
Emergency Blankets	20—Mega Movers	60—Towels	Body Bags		

POD4 (EHS Office) - Point of Distribution for up to 100 patients—Drivers Side

100—Blast Bandages	Tent Pump	100—Olaes 4”	2 Admin Tx Packs 10—Penlights 10—Stethoscopes 10—B/P Cuffs 10—Trauma Shears 6—Pens 6—Sharpies	Emergency Blankets	
100—8x10 Dressings 500—Kling	10—5 Patient Treatment Bags 12—kling, 5—Tourniquets, 7— 6” Olaes, 2—SAM Splints, 1—box gloves, 2 BSI kits, 200—4x4, 4—8x10s, 5—space blankets, 1—Duct Tape, 2—2” tape, oral & nasal airway kit, 1—Trauma Sheer, 2—chest needles, 12—cravats, sharpie	100—Olaes 4”	2000—4x4s		
100—Trauma Dressings		100—Olaes 6”	100—Tourniquets 200—Roll of Tape	24—Reeves litters	24 - Raven litters EZup tent
100—Trauma Dressings	Gloves 1 case of each Medium Large X-Large	100—Olaes 6”	300—Cravats 50—Chest Seals 50—Chest Needle Decompression		

Appendix C-5 –5 Patient Treatment Bags

5 Bags in each unit (MCI 108, 134, 115, 143)
10 Bags in each unit (POD1 & POD4)

1.

5 patient bag	
Top of bag	
1	NP airway kit, latex free, set of 6, sizes 26 to 34 French
1	Oral airway kit
2	Chest Needles
1	Trauma Shear
6	Cravats (triangular bandage
Main Bag	
12	Kling 4” rolls
2	BSI Kits
1	Gloves Box XL
2	Chest Seals
4	Abdominal Dressings 8x10s
200	4x4 Dressings
5	Triage Tags
2	Blast Bandages (Tactical Medical) Shrink wrapped
7	6" Olaes Bandages
2	rolls 2" tape
5	Tourniquets
1	Roll Duct Tape
5	Space Blankets

Appendix C-6 – SS168

SS168 - 2010 International/Horton	
Seats 5 personel with a command and control area	
Designated tow vehicle for MSEC 10	
QTY	Category/Item
	Radios
8	low band portable with PMES channel
1	Low band mobile with PMES channel
2	County mobile radios
2	portable radio chargers (6 bank)
2	county portables
	MCI Supplies
200	SMART triage tags
1	Smart triage tracking board
1	Dry erase board with stand
	various dry erase markers.
	Colored tarps Green Red Yellow
	Fire Fighter Rehab
	Fire fighter rehab flag and vest kit
4	cooling vest
	Misting Fan
4	50ft hoses
4	misting wands
	50ft 1 3/4" to supply manifold to supply water for unit
12	folding chairs
3	6ft tables
	Shelter
1	13x13 inflatable tent
2	10x10 pop up canopy
	awning on SS unit
1	ac/ heater unit for tent
	Power supply
1	20 KW hydraulic generator
	Various extension cords
1	200 ft pre connect cord with junction box
	Tools
2	tool bags with various hand tools

SS168 - 2010 International/Horton	
Seats 5 personel with a command and control area	
Designated tow vehicle for MSEC 10	
	Writing supplies
	tablets
	clip boards
	pens
	pencils
	markers
	folders
	Medical Supplies
4	BLS bags
1	ALS bag no meds
3	Long boards
5	collars/cids/straps
5	SPO2 monitors
1	AED with spare pads
2	mega movers
2	SM,MD,LG and XL gloves
1	sharps container
10	N 95 mask
100	disposable paper gowns
50	hot/cold packs
5	Thermometers with 500 spare covers
10	pressure dressings
10	wound packing
10	tourniquets
	Various wound care items 4x4,abd pads, kling
	Sam splints
	Irigation
	O2 supplies
	O2 multilator
	1500 psi on board O2
	O2 bag with 10 nasal cannulas and NRB
2	infant, ped and adult BVM's
10	NRB
10	Nasal Cannulas
2	Pet O2 mask bags

SS168 - 2010 International/Horton	
Seats 5 personel with a command and control area	
Designated tow vehicle for MSEC 10	
	Drinking water
2	Coolers
14	Cases water
	Lighting
2	Tri pod lights
6	Head light tower
4	Hand lights
	On body scene lighting
	Linen
20	Blankets
30	Towels

Appendix C-7 – MSEC

MSEC TRAILER EQUIPMENT LIST					
Item	Page #	Quantity	Storage	Stock	EXP Y/N
Multi Trauma Dressing	13	2 cases	0	2	N
4x4 Dressing	13	2 cases	0	2	N
Nasal cannula 50 per case	13	2 cases	0	2	N
BVM 12 per case	13	1 case	0	1	N
4" Kling	13	2 cases	0	2	N
Cravats 240 per case	13	2 cases	0	2	N
Nitriles Gloves	13	2 cases	0	2	N
2" Durapore Tape	13	2 cases	0	2	N
Non Rebreather O2 Mask 50 per cs	13	2 cases	0	2	N
Blood pressure cuff/Stethoscope	13	10	0	10	N
30" West Cot APC W/IV Pole	13	8	0	8	N
Medical Needs Cot W/IV Pole	13	44	0	44	N
3 Wall dividers	13	6	0	6	N
Suction units	13	4	0	4	N
Folding chairs	13	12	0	12	N
6' Folding Tables	13	8	0	8	N
4' Folding Tables	13	8	0	8	N
8' Folding Tables	13	2	0	2	N
8 Bed cart	13	4	0	4	N
7 Bed cart	13	1	0	1	N
Water Buffalo	13	2	0	2	N
23X24 Cart	13	2	0	2	N
Linens Packs	13	158	0	158	N
Directional Signs	13	19	0	19	N
Pharm/Carts	13	1	0	1	N
Large Sharps Container	13	6	0	6	N
Refrigerators	13	1	0	1	N
Basins 6qt	13	53	0	53	N
Urinals	14	53	0	53	N
FX Bed Pans	14	53	0	53	N
Hygene Packs	14	158	0	158	N
5' Linen Carts	14	3	0	3	N
One Gallon Disenfectant	14	3	0	3	N
Disenfectant Spray Bottles 32oz	14	3	0	3	N
Rag Bag	14	1	0	1	N
100' 16 GA Extension Cords	14	6	0	6	N
Heavy duty power strips	14	6	0	6	N
N95 Masks W/Shields	14	50	0	50	N
Disposable Gowns	14	2 boxes	0	2	N
Cardboard Trash Boxes	14	60	0	60	N
Extra LRG Red Bags	14	50	0	50	N
Mask W/Faceshields	14	1 box	0	1	N

Record of Change

This Bucks County Emergency Medical Services Mass Casualty Response Guidelines manual is subject to information updates and changes. The use of this Record of Change helps manage modifications throughout the life of this document.

Change No.	Date	Description	Signature
001	April 2016	Updates to outdated manual	