

Support Annex 8. Multiple Casualty Incidents: General Guidelines

1. Purpose

- 1.1. Establish Multiple Casualty Incident policies and guidelines for emergency service agencies in Coos County and all of the cities therein.
- 1.2 Describe roles and responsibilities of both on-scene and EOC personnel.
- 1.3 Provide guidelines for agencies and key personnel that provide emergency services such as rescue, triage, treatment, and transportation at a multiple casualty incident occurring in or affecting Coos County.

2. Scope

- 2.1 This annex describes the responsibilities of all county responders. It identifies who will be in charge of an incident and provides guidelines for coordinating county government emergency response resources during a multiple casualty incident. It also describes how the incident command agency will coordinate with county, state, and federal agencies, local jurisdictions, and volunteer organizations.
- 2.2 This annex shall have jurisdiction in the unincorporated areas of Coos County.

3. Assumptions

- 3.1 Definition – the for the purpose of this plan, a Multiple Causality Incident or MCI is any single incident that results in more patients than the responding agency can handle and as determined by the Incident Commander (IC).
- 3.2 The county will attempt, consistent with its resources, to ensure there is an adequate response to the incident. Upon exhaustion of resources, the County will request a local declaration for an MCI event.
- 3.3 The protection of life and the treatment of injured persons shall have the highest priority in emergency operations.
- 3.4 Medical treatment of patients will be in accordance with guidelines established by the State of Oregon Board of Medical Examiners and by the U.S. Department of Transportation.
- 3.5 Transportation of medical patients to receiving hospitals will be accomplished on a schedule of priority based upon the extent and severity of the patients' injuries. Initial medical destination of patients will be determined by the predetermined protocol of each individual ambulance service.

3.6 Ambulance service providers within Coos County will be the initial providers of emergency medical resources in incidents involving multiple casualties. These resources will be supplemented by mutual-aid agreements with neighboring counties, private ambulance service agreements, as well as with state and federal agencies.

4. Concept of Operations

4.1 General

During a multiple casualty incident, emergency medical service providers will conduct operations to provide immediate adequate resources to minimize the loss of life through prompt medical treatment in the field and to coordinate with medical providers and other support services and resources for the rapid transport of casualties to medical facilities.

4.2 Specific

4.2.1 Operations at multiple casualty incidents shall be managed utilizing the NIMS (National Incident Management System) and Incident Command System (ICS).

4.2.2 The primary operational components through the ICS flow chart of the Medical Branch will be the Rescue, Triage, Treatment, and Transportation Groups.

4.2.3 The primary operational components through the ICS flow chart of the Rescue Branch will be the Search and Rescue Groups and Fire Groups.

4.3 Notification

4.3.1 At the onset of the emergency event, Coos County 911 Communications Center will take the initial report of the incident from a variety of sources. These sources may include calls on the 911 number, radio reports from Law Enforcement officers in the field, or calls relayed from other agencies or departments. Initial tone-outs and notifications will be made in accordance with established procedures.

4.3.2 After determination of the existence of a multiple casualty incident, Coos County 911 Communications Center duties will include:

4.3.2.1 Follow-up with additional tone-outs and notifications as necessary and as requested, after size-up by first arriving units.

4.3.2.2 Relaying of updated information, as it is received, to the County Fire Chief, Emergency Management Program Manager, Coos County Sheriff, and other agencies as appropriate.

4.3.2.3 Working with the EOC, once it is activated, to coordinate communications to and from field units as requested.

4.3.2.4 Informing counties adjacent to Coos County as to the nature and extent of the incident. This should be accomplished by contacting their dispatch centers.

4.3.2.5 The public will be notified through, among other ways, the use of press releases to local radio stations for broadcast. If emergency instructions need to be disseminated, the Emergency Alert System (EAS) may be used.

4.3.2.6 State notifications will be by telephone to Oregon Emergency Response System (OERS) **1-800-452-0311**.

4.4 Incident Command

4.4.1 Incident Command Agency

4.4.1.1 The Incident Command Agency, and therefore the Incident Commander, shall be determined based on the incident which caused the multiple casualty incident to occur. For example: for a flood incident, the IC will most likely be the County Road Master; for a traffic incident, the IC will most likely be the county Sheriff on county roadways, State Police on state highways, and City Police on city streets; for a Haz Mat incident, the IC will be the Fire Chief in whose jurisdiction the incident occurs and for a health risk, the IC will most likely be the Public Health Director.

4.4.1.2 The IC has the authority and responsibility to direct all on- scene emergency response operations as well as establish Unified Command.

4.4.1.3 The IC, when faced with a multiple casualty incident considered beyond the capability of the local emergency medical services, including mutual aid, shall evaluate the extent of the problem and assistance required, and notify Coos County 911 Communication Center.

4.4.1.4 The county shall operate off-site, ensuring that an emergency response is taking place and providing support to the Incident Command Agency/IC as needed and requested.

4.4.1.5 The on-scene Medical Branch Director- For a multiple casualty incident shall be the on-scene emergency medical services provider as determined by the IC.

4.4.1.6 Change of Incident Commander – The county does have the authority, after a State of Emergency has been declared as provided for in the Basic Plan section of the County’s EOP to assume Incident Command or name a new IC. The county does recognize that in so doing it relieves the current IC of all responsibility and liability for the emergency response.

4.5 Incident Operations

4.5.1 Initial Incident Response – The first public safety official on the scene will assume Incident Command and shall:

4.5.1.1 Assess the situation

4.5.1.2 Activate the county emergency response system by calling 911 or Coos County 911 Communications Center.

4.5.1.3 Initiate actions to protect the public

4.5.2 Incident Command System – When the RFPD arrives on scene, it shall:

4.5.2.1 Assume Incident Command.

4.5.2.2 Establish the Incident Command System (if not already done)

4.5.2.3 Designate a Local On-Scene Coordinator for local resources

4.5.2.4 Establish an appropriate Command Post

4.5.2.5 Be in charge of a responsible for all on-scene emergency response operations.

4.5.2.6 Designate an Information Officer.

4.5.3 Unified Command System – The IC will also set up a unified command system if more than one discipline is involved. All on-scene coordinators shall have a representative at the Command Post who will work with the IC.

4.5.4 On-scene Medical Operations – On-scene medical operations will be conducted in accordance with the individual ambulance service established protocols.

4.6 Emergency Operations Center (EOC)

The County Emergency Operations Center (EOC) is located at an undisclosed location Coquille, OR. It may be activated to a stand-by status at the first notification of a Multiple Casualty Incident (MCI). At the request of the IC, it will be fully activated to support the MCI response. It will be activated as provided in the Basic Plan section of the EOP.

4.7 Public Information

4.7.1 Public information will be coordinated through an Information Officer who will be appointed by the IC. Information relating to the operational aspects of the incident shall be cleared through the IC prior to release.

4.7.2 Due to the fact that the press will be at the scene, it may be advisable to appoint an on-scene Assistant Information Officer, but only after it is approved by either the IC or the IO.

5. Responsibilities

5.1 Rural Fire Protections District

5.1.1 Coordinate activities with the IC

5.1.2 Conduct emergency medical service operations

5.1.3 Coordinate with County Fire Chief if incident requires a second alarm for emergency fire support

5.2 Ambulance Service

5.2.1 Coordinate activities with the IC

5.2.2 Conduct emergency medical service operations

5.3 Law Enforcement: County Sheriff and/or City Police and/or State Police

5.3.1 Coordinate activities with the Incident Commander

5.3.2 Conduct law enforcement activities

5.3.3 Provide crowd and traffic control

5.3.4 Initiate road closures, blockades, and detours as needed

5.4 Public Works: County Road Department and/or City Public Works and/or Oregon Department of Transportation

5.4.1 Coordinate activities with the Incident Commander

5.4.2 Assist with utility restoration and road closures, blockades, and detours as needed

5.5 County Emergency Management and/or City Emergency Management

5.5.1 Coordinate activities with the Incident Commander

5.5.2 Assist with coordination of off-site resources

5.5.3 Develop and maintain the Multiple Casualty Incident Plan

6. Resources

6.1 County Agencies

6.1.1 County agencies will provide resource assistance to the Incident Command agency during the incident.

6.1.2 The county shall be the primary liaison with volunteer medical agencies, hospitals, clinics, mortuaries, transportation agencies, and other special facilities which may be involved in the provision of emergency medical services.

6.1.3 The county shall be the primary liaison with the state and federal governments, should it become necessary to access medical resources through FEMA, the National Disaster Medical System (NDMS), or other state or federal agencies.

6.2 Local/City Agencies

City agencies may provide resource assistance to the Incident Command agency during the incident. City officials shall oversee the emergency capabilities of their first response agencies such as police, public works, fire, and others as applicable.

6.3 State Agencies

6.3.1 The Oregon Military Department may provide military assistance to civil authorities in the treatment and transportation of casualties. Military personnel responding to a multiple casualty incident will follow their normal chain of command and will receive their orders from their unit commanders. Military unit commanders will be directed in their response activities by the Military Liaison Officer who is a member of the EOC team. In the absence of a Military Liaison Officer in the EOC, the Military unit commander at the scene will receive direction from the Incident Commander.

6.3.1.1 Oregon Emergency Management shall coordinate requests for medical resources not covered under mutual-aid agreements or immediately available to the emergency scene.

6.4 Federal Agencies

6.4.1 Federal medical resources may include military land or air units and medically trained and equipped personnel from federal agencies.

6.4.2 Under the Federal Response Plan (FRP) for catastrophic disaster, activation of the National Disaster Medical System (NDMS) may provide the following types of assistance:

6.4.2.1 Medical assistance to disaster areas using Disaster Medical Assistance Teams (DMAT) made up of approximately thirty (30) professional medical and paramedical persons with necessary equipment to work directly at the incident scene.

6.4.2.2 Evacuation of patients, who cannot be cared for locally, to designated locations throughout the United States.

6.4.2.3 Coordination of hospitalization in a national network of medical care facilities that have volunteered to accept patients.

6.5 Other Organizations

6.5.1 Volunteer organizations may be requested to provide additional needs for the social needs of victims. They shall respond only as requested and as directed by the IC.

6.5.2 Volunteer or outside medical resources shall work within the structure of their parent agency and within the established Incident Command System.

6.5.3 Private land and/or air ambulance companies shall be deployed on the request of the IC and shall be utilized for the purpose of rapid transportation to an appropriate medical care facility.

6.5.4 An information system to provide data on victims may be established through the Patient Locator System activated under the auspices of the National Disaster Medical System (NDMS) in conjunction with regional hospitals, or the Disaster Welfare Inquiry System supported by the Red Cross.

7. Task Assignments

7.1 General

Task assignments for emergency medical operations shall be consistent with those outlined in the Basic Plan section of the EOP for Coos County and its Annexes and EOC Operating Guidelines.

7.2 Specific On-Scene Actions (to be developed)

7.3 Specific EOC Actions

7.3.1 Incident Commander

7.3.1.1 Advise the county Board of Commissioners (BOC) on emergency medical and all other emergency response aspects of the incident.

7.3.1.2 Serve as primary liaison with emergency medical officials from other jurisdictions providing resources, until a liaison officer can be appointed.

7.3.1.3 Coordinate with the Information Officer (IO) for dissemination of press releases and emergency information.

7.3.1.4 Provide continued scene security and assistance for all of the investigatory agencies such as NTSB, FAA, FBI, etc.

7.3.1.5 Coordinate with the State Medical examiner, Public Health Administrator, Oregon Funeral Directors Associations, and appointed removal teams for retrieval, storage, identification, and disposition of human remains. (Refer to the Mass Fatality annex.)

7.3.1.6 Conduct briefings for the EOC members on a frequent basis.

7.3.2 Operations Section Chief

7.3.2.1 Coordinate emergency response between on-scene and members of the EOC staff.

7.3.2.2 Analyze resource needs and advise IC and Logistics Section Chief.

7.3.3 Logistics Section Chief

7.3.3.1 Assist in activation and operation of Emergency Operations Center.

7.3.3.2 Assist in the coordination of logistics to support emergency medical services operations.

7.3.3.3 Request assistance for agencies not covered under existing mutual aid agreements with this county or its jurisdictions.

7.3.3.4 Depending on the nature of the incident, assure appropriate notifications are made in a timely fashion.

7.3.4 County Fire Chief

7.3.4.1 Coordinate all response activities that involve fire suppression, rescue, and hazardous materials.

7.3.4.2 Assist, as needed, in the evacuation of personnel from the disaster area.

7.3.4.3 Assist, as needed, in the staffing of roadblocks in cooperation with law enforcement and public works.

7.3.5 Law Enforcement – County Sheriff or City Police

7.3.5.1 Provide and coordinate activities of Deputy Medical Examiners until such time as the Medical Examiner assumes control and supervision of this function. (Refer to the Mass Fatality annex.)

7.3.5.2 Determine needed road closures, roadblocks, and detours. Provide personnel to set up and staff.

7.3.5.3 Coordinate all Law Enforcement activities both on and off-scene relative to the incident.

7.3.5.4 Provide security for the personal effects of incident victims.

7.3.5.5 Coordinate all off-scene search and rescue activities to include land-based SAR and dive rescue.

7.3.5.6 Provide route security for vehicles carrying human remains to the morgue facility. (Refer to the Mass Fatality annex.)

7.3.5.7 Initiate and coordinate the evacuation of personnel as deemed necessary.

7.3.5.8 Provide traffic plan; routes of ingress, egress, and evacuation and provide continual updating of the traffic plan to the IC and Operations Chief.

7.3.6 Public Health

7.3.6.1 In conjunction with State Medical Examiner, assume responsibility as identified in the Health and Medical Annex ESF #8 and the Mass Fatality annex for the remains of deceased victims at a multiple casualty incident scene.

7.3.6.2 Coordinate with the medical care providers and ambulance service providers for medical care of injured persons at the nearest medical facility or treatment area, as directed by the Medical Branch Director.

7.3.6.3 Assist the Medical Examiner, as needed, the coordination of private mortuary services and/or other agencies required for the efficient and timely disposition of human remains as outlined in appended sections to this document.

7.3.7 Public Works – County Road Department or City Public Works or State Highway Division.

7.3.7.1 Assist in traffic control and crowd control by providing signs, barriers, equipment, and personnel as required and as available.

7.3.7.2 Provide heavy equipment, as appropriate, to assist in the extrication of victims.

7.3.7.3 Assist Law Enforcement in determining needed road closures, roadblocks, and detours and help provide personnel and equipment to set up and staff.

7.3.7.4 Provide continuing flow of information to the Incident Commander regarding the flow of traffic to and from the site of the incident and suggest alternate routes as they may become available and/or more appropriate.

8. Communications

8.1 Existing two-way radio systems will be the primary method for coordinating emergency medical operations on-scene.

8.2 Currently, protocols require all Coos County ambulances to contact the hospitals for trauma patients and patients of a disaster. Contact will be accessed via VHF radio frequency as assigned.

8.3 Communications among various emergency services responders from outside the jurisdiction and/or county, who are responding by request or under a mutual aid agreement, will be coordinated from the EOC until the reports unit reports to staging. The EMS Communications Officer shall be the primary person present at the incident site to establish and maintain communications with responding outside agencies. This person will be in constant contact with required hospitals and/or clinics to determine destinations for medical evacuees.

8.4 In view of the fact that the radio communications are extremely difficult or non-existent in many parts of Coos County, the EMS Communications Officer should be equipped with a cellular telephone. This phone should be used for all initial contact with the hospital and for contacting all other hospitals or clinics to which victims of the MCI will be transported.

8.5 As the individual transporting units near the hospitals they are advised to contact the receiving institution via radio to provide a report on patient status and receive further instructions.

8.6 To the extent possible, commercial telephone lines and cellular phones will be used for administrative activities.

9. Administration

9.1 The Medical Branch Director will supervise and oversee the Emergency Medical Services function at the scene and its surrounding area.

9.2 The IC may be headquartered in the County's EOC, along with the head or chief officer of other county departments and providers of mutual aid.

9.3 Staff support and equipment shall be provided, as appropriate, by all agencies supporting the emergency medical services function.

9.4 Each emergency medical services organization shall be responsible for documenting all activities, personnel and equipment deployed, decisions made, and other information required for evaluation of the emergency response, and cost accounting.

9.5 All documents generated that pertain to the emergency situation are to be duplicated and forwarded to the Emergency Management Office, immediately upon termination of an agency's activities or involvement for quality assurance purposes.

10. Planning, Updates, and Exercises

10.1 Planning – Preparation for Emergency Response is the responsibility of the Emergency Management Director. Information derived from an emergency response should be used in the planning of the next emergency response. A copy of all reports from units, agencies, and/or officers involved in the emergency response shall be collected and kept in a file for future reference.

10.2 Updates – Coos County Department of Emergency Management along with the review committee (members of the ASA Board and EOC responders) is responsible for reviewing and updating the Multiple Casualty Incident annex as necessary.

10.3 Exercises - Exercises consist of the performance of duties, tasks, or operations in a manner similar to the way they would be performed in a real emergency.

10.3.1 The goal of inter-agency training/exercising of the MCI annex is to improve operational readiness by testing the skills and the application of techniques, policies, and guidelines relating to the plan. In support of that goal, exercises can:

10.3.1.1 Reveal planning weaknesses

10.3.1.2 Reveal resource gaps

10.3.1.3 Improve inter-agency coordination

10.3.1.4 Clarify roles and responsibilities

10.3.1.5 Improve agency/individual performance

10.3.1.6 Test radio and cell phone communications

10.3.2 The Department of Emergency Management has the responsibility to ensure that the plan is exercised on a periodic basis.