Changes to the ATAB 6
Mass Casualty Incident Response

Draft to ATAB 6 Committee
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Mass Casualty Incident Plan
Initial Response Guide

Oregon State Area Trauma Advisory Board # 6 (ATAB 6)

Hood River County,
Wasco County,
Sherman County,
Gilliam County,

Washington State Southwest Regional EMS

Klickitat County,
Skamania County.

Revision 5.4 October 27, 2015

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Media Included

CD-Rom Excel and Word Documents
Entire document and supporting annexes

Introduction

The Region 6 Area Trauma Advisory Board (ATAB 6) recognized the need for a standard approach to trauma incidents involving multiple patients that require coordination between more than one pre-hospital agency and more than one hospital. ATAB 6's goal is to insure that the victims of mass casualty incidents are transported as quickly as possible, to hospitals that are prepared to provide definitive care.

Revision 5.4 10/27/2015 breaks the plan into two components:
1. Response and
2. Supporting documents (Annexes)

The Response sheets document the most immediate actions that are taken to initiate an MCI. The supporting documents outline many of the items that provide logistical support and fill in behind an initial response. These supporting documents also provide the base for on-going training.

It is intended pertinent Response Sheets and Job Aids are included in respective County EMS Protocols as opposed to the complete document with the supporting annexes. However the Annexes should be referenced in the Protocols.

This is considered a "Living Document" and is subject to review at any time by the ATAB-6 MCI Sub-Committee. As such the document can be amended when the interest of improving Patient care and Emergency Response is best served.

Guidelines

General Considerations

It is suggested that responding apparatus from Public Safety agencies all carry the guides referred to in the Response portion of this document to help initiate an organized Mass Casualty Incident (MCI) response based on the initial on-scene assessment.

Probably the single most important decision beyond the call to initiate an MCI response is to SET the scene to most effectively manage the incident. This, for example will remain dynamic as a response to a freeway incident would require different planning that a response to school etc. One way traffic flow, road or freeway closure, funnel point to secondary triage/treatment – See "Patient flow – Scene setup"

The overarching tactical goal is to: "Do the most amount of good for the most amount of people." This is a time where the responders need to fall back on their MCI training and know that the response may well be at the BLS level. If resources are present ALS interventions are acceptable provided that patient movement is not slowed or needed manpower resources are assigned at the expense of any other patient care.

With the MCI training, each level of MCI response is recognized by our Dispatchers and an appropriate number of Ambulances will be enroute. The matrix for the 911 centers to work from has been simplified and now represents a call down list. Dispatch will call down the Zone list or from the lists either side until the required numbers of Ambulances are dispatched. Backfilling remains a very dynamic issue and is largely dependent on how the initial response is filled. It is incumbent upon the responding Ambulance providers to consider coverage to their primary response area before committing to the MCI response. The Incident Commander or designee should provide oversight and assure that backfilling needs are being met.

As noted in the Response Decision Matrix, the Staging area should be set very early to help direct incoming apparatus. Incomplete consideration will be hinder operations if not well thought out and is not an easy change once established.

Consideration to the duties of the "Transportation Officer" should remain a high priority. This can be an area where patient movement will be restricted. It is recommended that at least three senior people are assigned to transportation duties.

1. Manage communications with the Medical Resource Hospital (MRH)
2. A Scribe to document patient information – as simple as a Triage Tag Number and a name, who is transporting, what time and to where. Be aware of the limited functionality of white boards – rain, smudging and accidental erasure.
3. A person to manage assignment of patients to ambulances, considering the type of injuries and matching patient to the appropriate receiving hospital. Coordinate with Staging Area Manager (STAM)

The Annexes are intended as supporting documents that will back up the response and provide guidelines from which to base training on. Every attempt has been made to

provide the right phone numbers and radio frequencies. It will be incumbent upon each agency to verify the information by conducting tests.

Initiating an MCI

Formal initiation of the MCI plan will be based on **SIX (6) PATIENTS** or more.

This does not absolve any EMS transporting agency or field unit from its duty to provide a courtesy call from the scene to their primary ER advising them of the incident and relaying a patient count. This applies to 1 – 5 Patients.

Ambulance Dispatch Matrix / Dispatch

The Ambulance dispatch matrix now lists the Ambulances by Zones with Ambulances per Alarm Level. When dispatching for an MCI utilize the appropriate zone and call down that list until the appropriate number of ambulances are en-route.
If there are not sufficient numbers of Ambulances available from the specific zone, utilize the adjacent zones until sufficient numbers are en-route.

Annex A Two documents; one of which details the Ambulance Dispatch Matrix (Excel) and the Word document references Dispatching Guidelines.

Communications / Phone Contacts

Primary Contact for incoming Ambulances in both Oregon and Washington is

V-TAC 14

Annex B An Excel Spreadsheet is included with this document package that details frequencies common to all Counties/Agencies.

Forms

1. Hospital Receiving Capabilities Log
2. Personnel Assignment Log
3. Staging Resource Log
4. Transportation Log
5. Air Transportation Log
6. Radio Frequency Assignment Log
7. Patient Flow Form
8. Air Resource Cheat Sheet
9. Response Decision Matrix (Double side with Transporting Ambulances)
10. MCI Field Notes

Annex C All Forms are printable from the Excel Spreadsheet in the attached Document.

ICS Position Descriptions

Job descriptions are to serve as a guide for each position that is shown in ICS Organization charts. Some of the job duties in many cases may overlap, or will shift to another Supervisor/Manager. In those circumstances it is important not to duplicate efforts. In an attempt to provide uniformity in expanding roles as the complexity of the incident changes, suggested roles and duties are described in a form that meets common Incident Command Standards.

Annex D All Forms are printable from the Excel Spreadsheet in the attached Document.

Resource Hospital Defined

The "Medical Resource Hospital." (MRH) shall be Mid-Columbia Medical Center (541) 705-7927
Should MCMC not have the ability to act as the resource facility those duties by mutual agreement may be handed off to Providence Hood River Hospital (541) 386-6510 or another area hospital by mutual agreement.

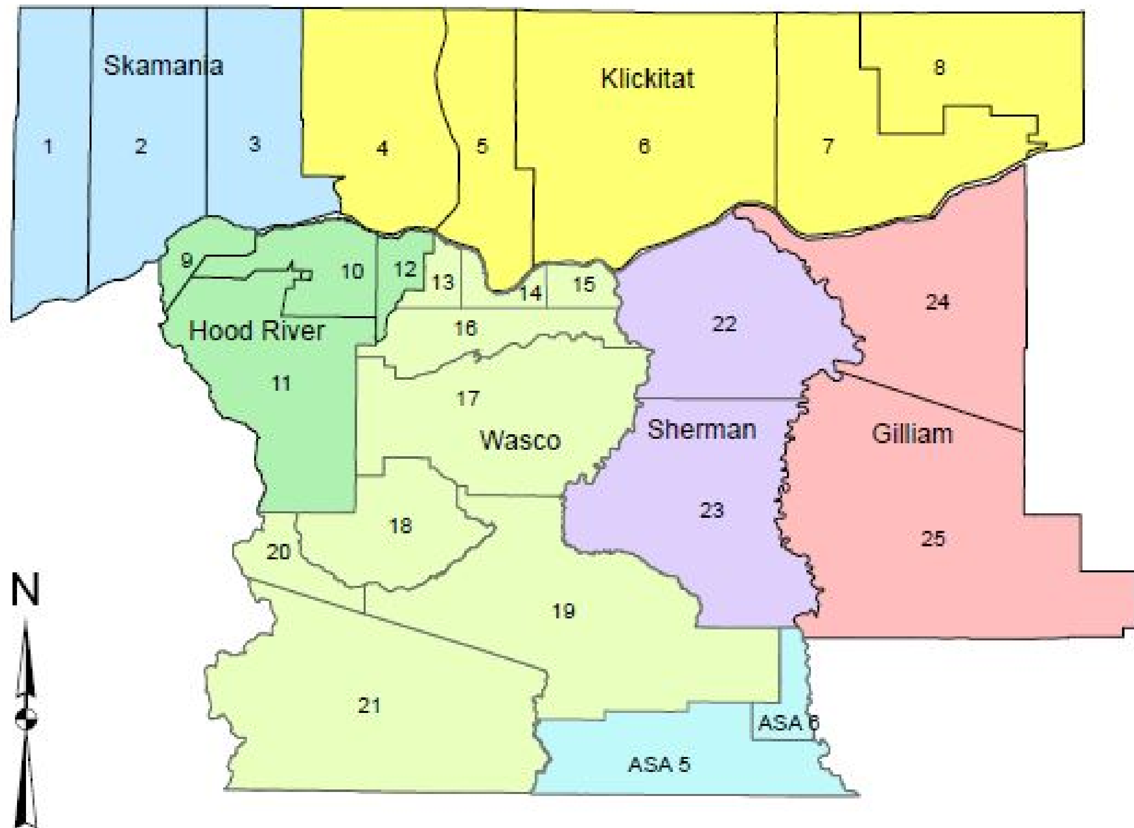
Termination of MCI

As the incident deescalates and the ICS structure compresses, it is essential that the Staging Area Manager provide the status of staged resources to the person maintaining overall scene accountability.

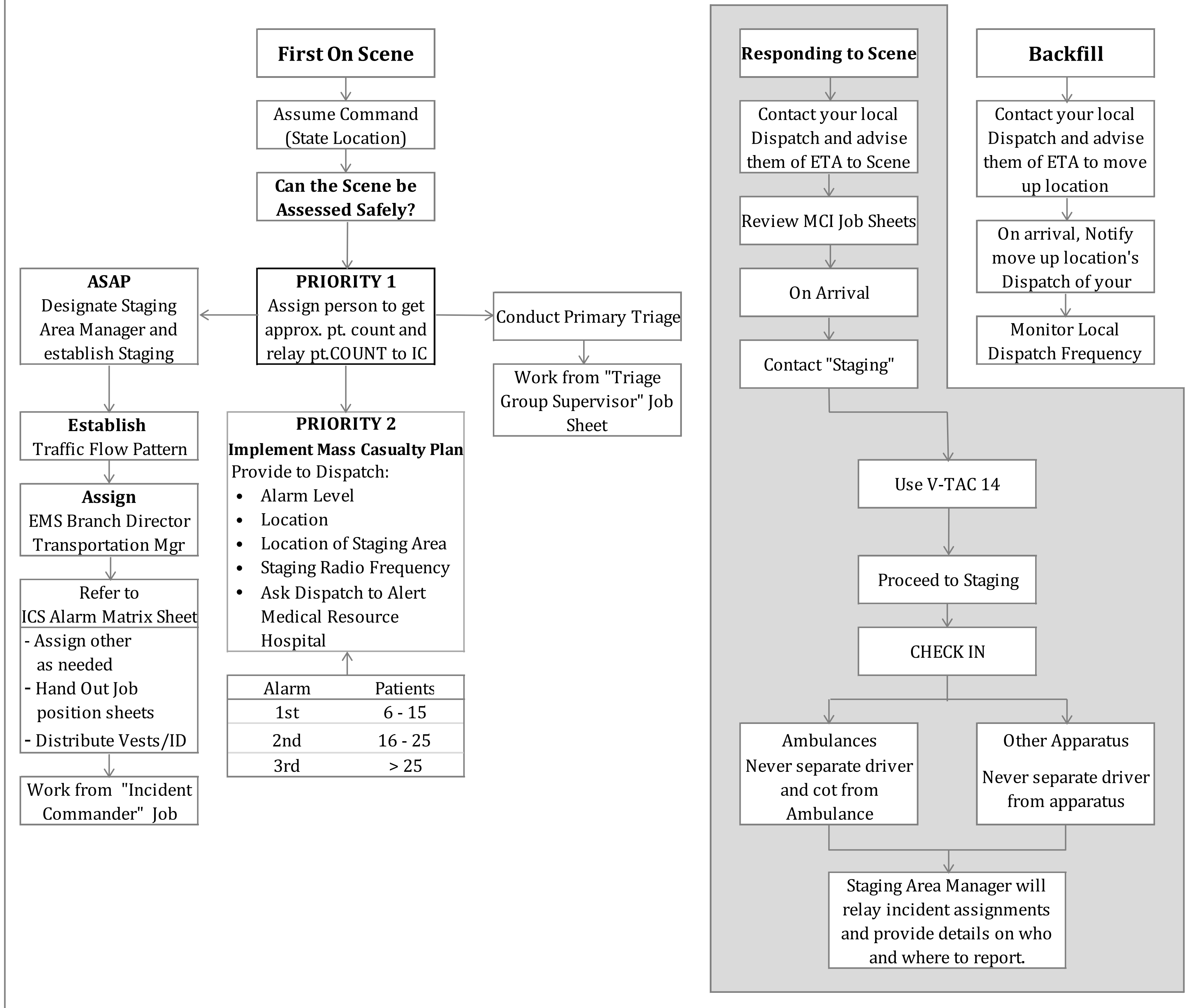
All Staging, Transportation and other logs need to be collected by a designated person: this duty will normally fall upon the Planning Section Chief. It is incumbent upon that person to collect:

- Times that all apparatus are back in quarters in service
- Collect patient "Face Sheets" from all receiving Hospitals.
- Collect copy of the Medics/EMT's "MCI Field Notes Form."
- Data needs to be collated for billing and the production of the After Action Report. (AAR) Any comments from responding personnel are encouraged for inclusion in the AAR.
- An after action review should follow within 30 days

ATAB 6
MCI Response Zones
and
County



Zones	County	Ambulance Provider	Zones	County	Ambulance Provider
1,2,3	Skamania	Skamania County EMS	17	Wasco	Dufur
4,5,6,7,8,	Klickitat	HMS Ambulance	18	Wasco	Wamic
9	Hood River	Cascade Locks Fire & EMS	19	Wasco	South Wasco Ambulance
10	Hood River	Hood River Fire & EMS	20, 21	Wasco	Warm Springs
11	Hood River	Hood River Fire & EMS	22, 23	Sherman	Sherman County Ambulance
12	Wasco	Hood River Fire & EMS	24	Gilliam	Arlingto Ambulance
13,14,15,16	Wasco	Mid Columbia Fire & Rescue	25	Gilliam	Condon Ambulance

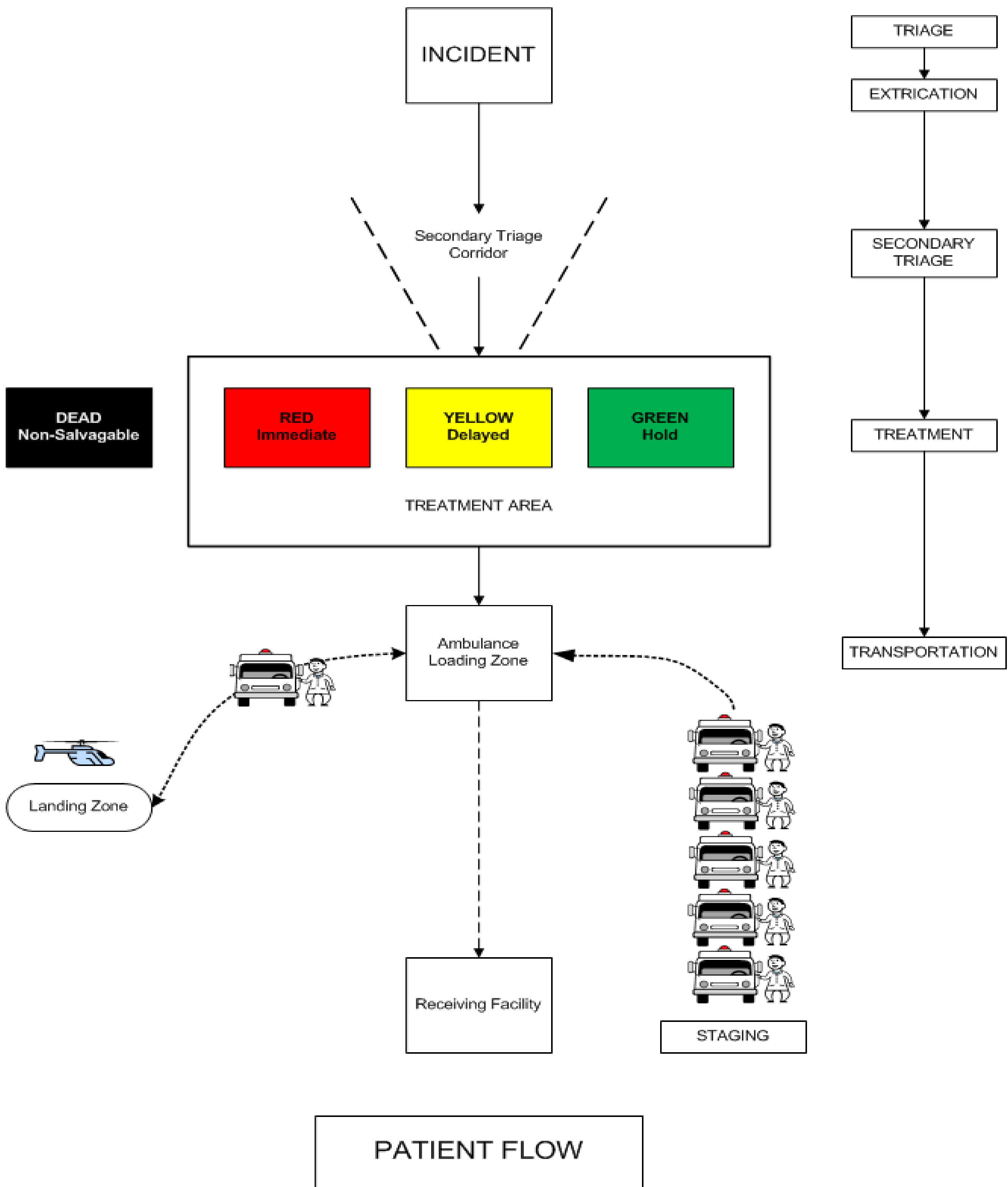

Response Decision Matrix
First On Scene
Assume Command (State Location)
Can the Scene be Assessed Safely?
PRIORITY 1
Assign person to get approx. pt. count and relay pt.COUNT to IC
ASAP
Designate Staging Area Manager and establish Staging
Conduct Primary Triage
Work from "Triage Group Supervisor" Job Sheet
Establish
Traffic Flow Pattern
Assign
EMS Branch Director
Transportation Mgr
Refer to
ICS Alarm Matrix Sheet
- Assign other as needed
- Hand Out Job position sheets
- Distribute Vests/ID
Work from "Incident Commander" Job
PRIORITY 2
Implement Mass Casualty Plan
Provide to Dispatch:
• Alarm Level
• Location
• Location of Staging Area
• Staging Radio Frequency
• Ask Dispatch to Alert Medical Resource Hospital
Alarm
Patients
1st
6 - 15
2nd
16 - 25
3rd
> 25
Responding to Scene
Contact your local Dispatch and advise them of ETA to Scene
Review MCI Job Sheets
On Arrival
Contact "Staging"
Backfill
Contact your local Dispatch and advise them of ETA to move up location
On arrival, Notify move up location's Dispatch of your
Monitor Local Dispatch Frequency
Use V-TAC 14
Proceed to Staging
CHECK IN
Ambulances
Never separate driver and cot from Ambulance
Other Apparatus
Never separate driver from apparatus
Staging Area Manager will relay incident assignments and provide details on who and where to report.

Transporting Ambulances

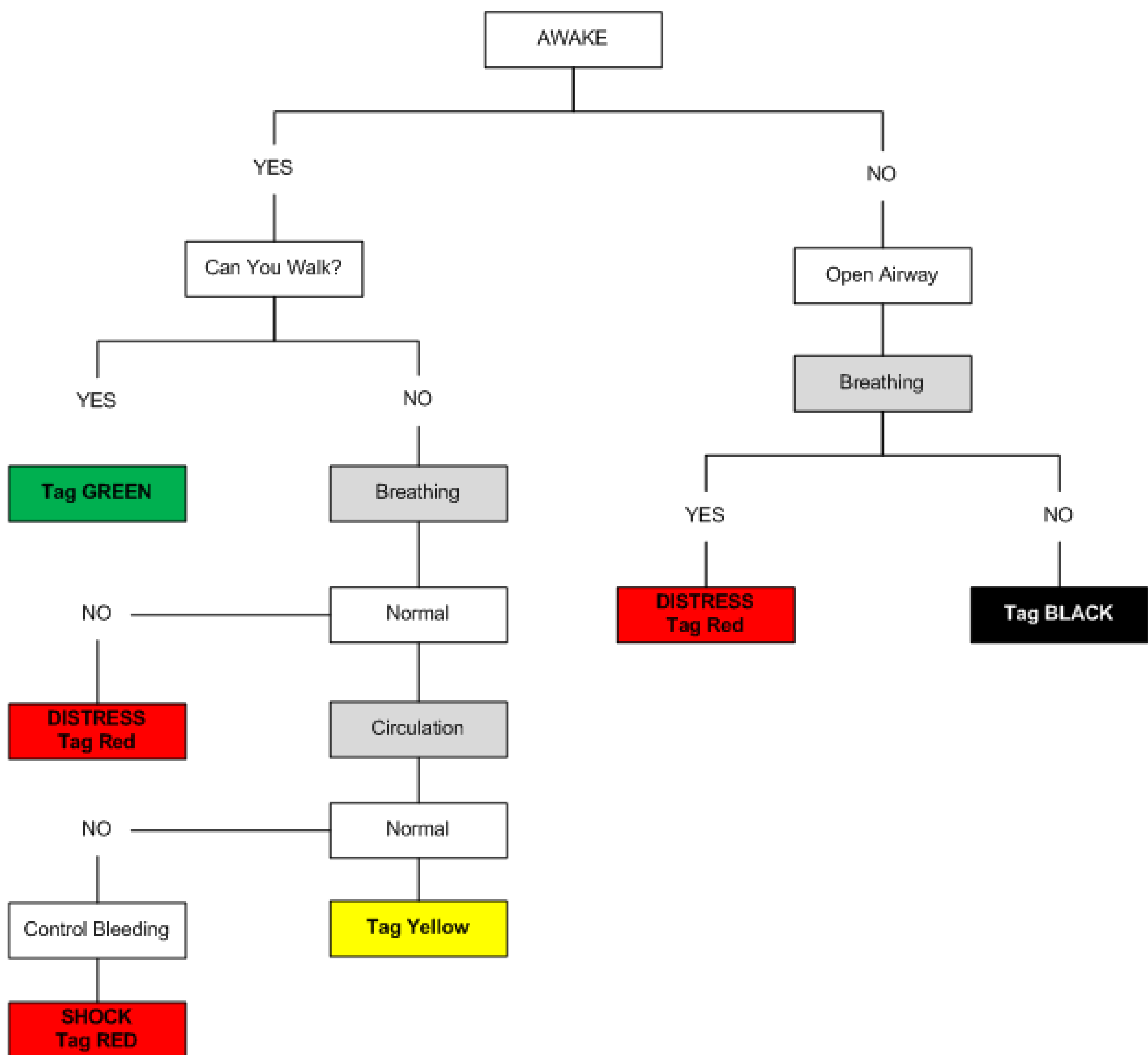
Reports To:	Staging Area Manager
Objective:	To Transport Patients to Designated Hospitals

Duties per Assignment	Radio Designation: "County & Medic #"

- ☐ Upon Arrival on Scene Report to Staging Area Manager
    - Contact "Staging" on V-TAC 14 for both Oregon and Washington Events
- ☐ Crews are to STAY with their Ambulance at all times unless Otherwise Directed by the Staging Area Manager
- ☐ All Patient Care Provided on scene shall be at the BLS Level
- ☐ When Staging sends an Ambulance to Pick up Patients, Report to the Transportation Officer
    - No Radio Traffic is needed
- ☐ Expect to Transport More than ONE Patient
    - No more than One RED
- ☐ Expect a minimal Hand-off Report, if any.
    - See Triage Tag
- ☐ Load Patients as Quickly as Possible and Receive Destination Assignment
- ☐ Receive Instructions (ASK) if you are to return back to the scene after Transporting your Patients or are you being Released
- ☐ Contact Staging Area Manager and relay your expected return or that if you are Released
- ☐ The Transportation Officer will Relay Patient and Transportation information including ETA to the Receiving Hospital
- ☐ Do not contact Hospital - NO HEAR REPORT IS REQUIRED
- ☐ While en route to the Hospital provide the highest level of care that you are able
- ☐ At the Hospital
    - Provide a Hand-off Report, Leave one copy of the "MCI Field Notes" if possible, Transfer Patient(s) and Return to the Scene ASAP (or back to Home Station)
    - Document Unnecessary Delays
    - Face sheets are NOT Required
- ☐ When Back in Quarters Contact the INCIDENT Dispatch to Advise them of the Time you are Back in Service
- ☐ One Copy of the "MCI Field Notes" if completed will need to be Provided to the Agency having Jurisdiction over the MCI
- ❖ Fill out and Maintain a UNIT LOG (ICS Form 214)



PATIENT FLOW



ABC Triage

Landing Zone
Checklist

1 Landing Zone Manager

- ☐ Manager ______________________________

2 Landing Zone

- ☐ Always have Alternate(s) LZ
  - ☐ Consider Day vs Night Landings
- ☐ Area 100' x 100'
- ☐ Less than 10 degree slope
- ☐ Type of LZ
  - ☐ Asphalt
  - ☐ Grass
  - ☐ Gravel / Dirt
  - ☐ Concrete
  - ☐ Logging Deck
- ☐ Identification
  - ☐ Cones
  - ☐ Smoke
  - ☐ Light Pods
  - ☐ Apparatus (Overheads ONLY for Initial Approach, then turn off)
  - ☐ Use of Flares is not advised
- ☐ Secure LZ & Deny Access

3 LZ Manager (or designee) is only person to Contact Helicopter by Radio

		RX	TX
☐ Air to Ground Frequency	Wide Band	154.265	154.265
		CSQ	CSQ

4 LZ Safety

- ☐ Turnouts, Helmet strap in place, Goggles & Hearing protection
- ☐ No Baseball caps
- ☐ No debris in LZ
- ☐ No Headlights especially towards LZ
- ☐ Do not Approach Helicopter until directed to do so
- ☐ Always Approach no greater than 45 deg either side of the front of Helicopter
- ☐ Follow Crew Directions at All Times
- ☐ LZ Manager is prime contact with crew while on ground

5 Landing

- ☐ Contact Helicopter on pre designated Radio Frequency
- ☐ Advise Crew
  - ☐ Wind Speed
  - ☐ Wind direction
  - ☐ Slope / Surface
  - ☐ Overhead Wires
  - ☐ Trees
- ☐ No Radio Traffic on Final Approach
- ☐ LZ Manager has the Power to "Abort" the Landing
- ☐ Advise Dispatch - Bench marks

Activating Helicopter Air Resources
Checklist

Notify your local Dispatch to

- ☐ Put Lifeflight on Standby
- ☐ Activate Lifeflight
- ☐ To relay back ETA and where helicopter is flying from.
- ☐ Instruct Lifeflight Helicopter to contact LZ Manager on Air to Ground Frequency on approach

Information Needed by Lifeflight Dispatch

- ☐ Lat / Long Coordinates - Degrees, Minutes & Seconds (WGS Datum)
- ☐ or Street Address
- ☐ or Specify a pre-determined LZ that your Dispatch has the Coordinates for.
- ☐ Ground Contact
  - ☐ Utilize Your Call Sign or Apparatus number
- ☐ Radio Frequency

	RX	TX
☐ Air to Ground Frequency	154.265 CSQ	154.265 CSQ

- ☐ Nature of Event
- ☐ Scene Weather
- ☐ Further Information
  - ☐ MPS / MCI
  - ☐ Multiple Helicopter Request

Staging Area Manager

Function:	Staging Area Manager
Objective:	

Duties per Assignment	Radio Call Designation: "Staging"

- ☐ Reports to: Incident Commander
  or if Operations is staffed, the Operations Section Chief

- ☐ Acquire radio equipment that allows constant and direct communications and monitoring V-TAC 14 frequency (for incoming units) and the Incident Commander's frequency refer to the communication plan

- ☐ Establish a Staging Area which is accessible and easy to identify, relay location to Command

- ☐ Establish radio communications and direct incoming units to staging area on V-TAC 14

- ☐ Log type of resource (ALS/BLS ambulance, rescue, crew etc.) with number of personnel and apparatus available on staging resource status sheet

- ☐ Coordinate ambulance flow to ambulance loading zone with Transport Group Supervisor

- ☐ Send supplies and personnel to Treatment Area and other areas of operations as requested

- ☐ Update command with staged resources as needed and/or before resources become critically low.

- ☐ Ambulances will contact Staging upon initiating patient transfer and relay the following:
  - Destination and ETA back to incident (staging area)
  - That they are being released after completing patient transfer

- ❖ Fill out and Maintain a UNIT LOG (ICS Form 214)

Transportation Manager

Function:	Transportation Manager
Objective:	Communicate with Medical Resource Hospital to facilitate transportation of all Patients
Reports to:	EMS Group Supervisor or Incident Commander or Operations

Duties per Assignment	Radio Designation: "Transportation"

- ☐ Receives briefing from and reports to: Incident Commander or EMS Group Supervisor or EMS Branch Director (if positions are filled)

- ☐ Contacts Medical Resource Hospital for available patient receiving capabilities
  - Need number of Red, Yellow and Green beds available
  - Recheck bed availability as needed
  - Primary means of contact – Cell Phone
  - Hear Network may be utilized if there is no cell phone service
  - Record each hospital Phone Number and name of contact

- ☐ Maintain radio contact with Staging Area Manager
  - Contact Staging on V-TAC 14

- ☐ Coordinates with "Staging" Officer for move up of Ambulances to loading zone

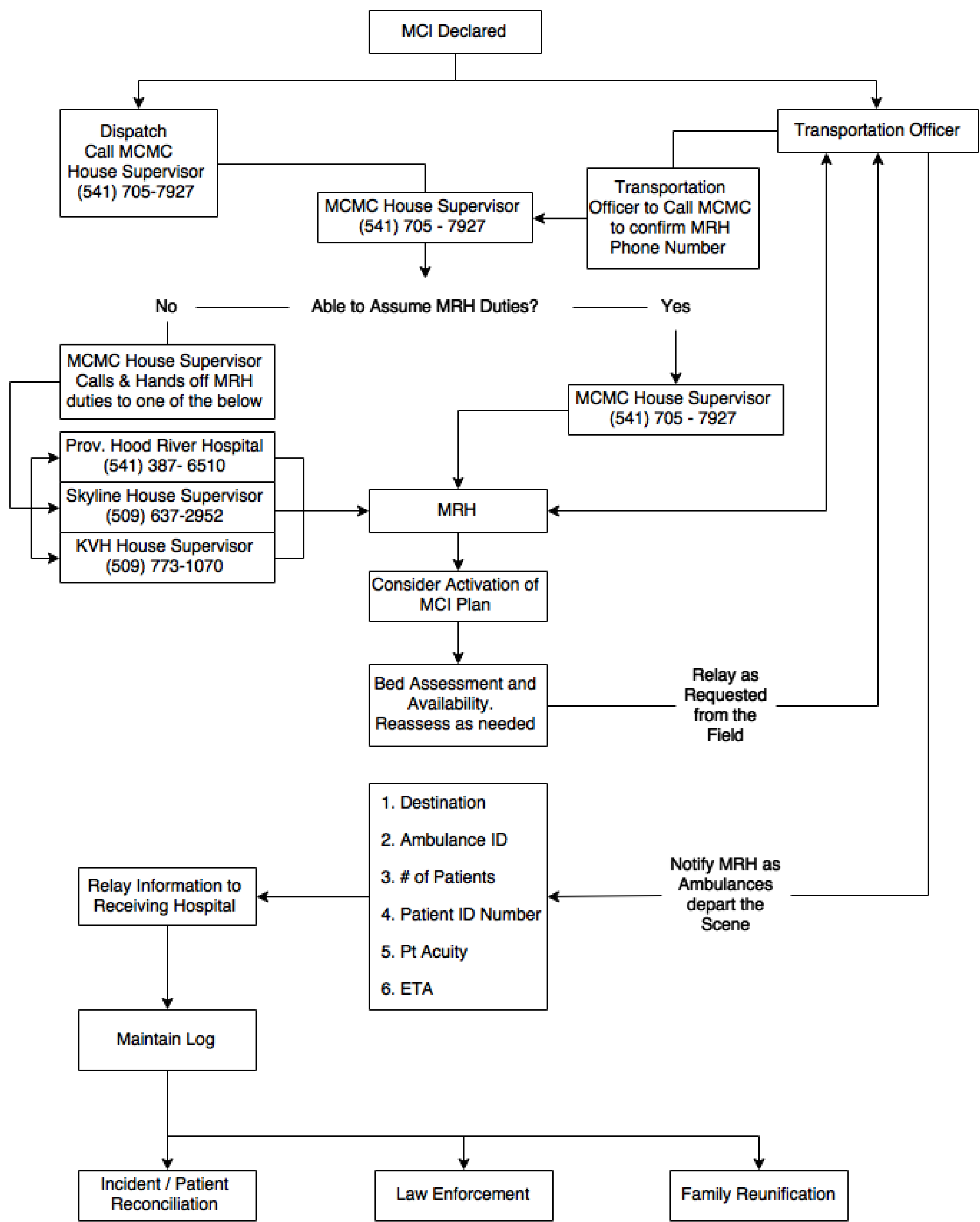
- ☐ Coordinates with "Landing Zone" Manager for patients being transported by air resources

- ☐ Selects the appropriate Hospital to Transport Patients based on Injury Severity
  - Maintains Patient Transportation Log:
  - Patients Age and Gender
  - Chief Complaint
  - Triage Color
  - Location of receiving hospital
  - Time en-route to receiving hospital
  - Time receiving hospital is notified

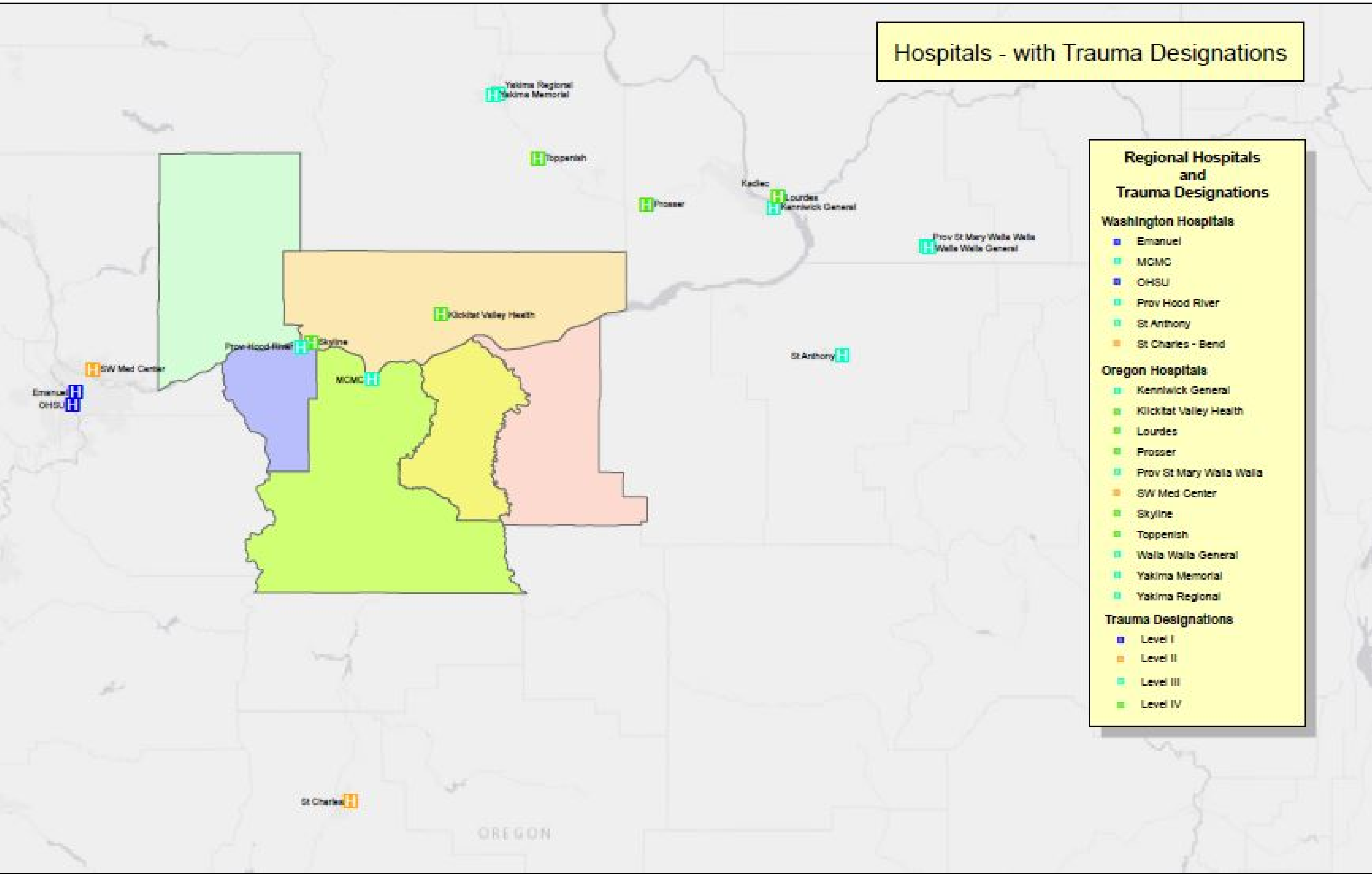
- ☐ Notify receiving hospital that an ambulance is en- route to their hospital (Give patient details from log)

- ☐ Coordinates with Incident Commander or EMS Branch on needed Air Evacuation Resources

- ❖ Fill out and Maintain a UNIT LOG (ICS Form 214)



ATAB-6 Medical Resource Hospital Flow Chart


Hospitals - with Trauma Designations
Yakima Regional
Yakima Memorial
Toppenish
Prosser
Kadlec
Lourdes
Kennewick General
Prov St Mary Walla Walla
Walla Walla General
Klickitat Valley Health
Skyline
Prov Hood River
SW Med Center
Emanuel
OHSU
MCMC
St Anthony
St Charles
OREGON
Regional Hospitals
and
Trauma Designations
Washington Hospitals
Emanuel
MCMC
OHSU
Prov Hood River
St Anthony
St Charles - Bend
Oregon Hospitals
Kenniwick General
Klickitat Valley Health
Lourdes
Prosser
Prov St Mary Walla Walla
SW Med Center
Skyline
Toppenish
Walla Walla General
Yakima Memorial
Yakima Regional
Trauma Designations
Level I
Level II
Level III
Level IV