Cheyenne County Mass Casualty Annex

DEPARTMENT: Emergency Preparedness

Date of Issue: May 2001 Revised: July 2003

SUBJECT: Mass Casualty Response

RESOURCE ASSESSMENT:

1). Resources are defined as any and all equipment, personnel, and information needed to respond to a mass casualty event within the county. A wide range of resources are required in dealing with mass casualty events. Most equipment required is presently available within the emergency response community, such as fire, rescue, emergency medical services, law enforcement, and the county coroner. In the county is a central resource database that captures personnel, level of training, equipment and location, within the jurisdiction. At present, regional resources are available with contacts from neighboring counties.

a). It is not the intent of this policy to identify all resources for mass casualty event. The local response and mutual aid agreements have developed critical resource files to address such event.

b). Integration of activities and plans of a field response agencies and medical facility personnel, are crucial for the successful management of a mass casualty incident. Representatives from all organizations potentially impacted by a mass casualty event are included in the planning process.

DEFINITION:

2). For the purpose of the MCI plan and this response guide, the following definitions will apply:

a). MASS CASUALTY INCIDENT (MCI)- Sometimes called a Multiple Casualty Incident. An MCI is an event resulting from a man-made or natural causes which result in illness, or injury which exceed the capabilities of the Emergency response agencies, and the local medical facilities, within the jurisdiction, and the region.

b). HEALTH CARE FACILITY EVACUATION: (evacuation) An event resulting in the need to evacuate any number or patients from a health care facility on a temporary basis when the movement of those patients exceeds the EMS

capabilities of the local hospital, and surge hospital within the jurisdiction and region.

c). HEALTH CARE FACILITY- Any Hospital, clinic, infirmary, public health facility, surge hospital, or other defined health care provider that offers emergency health care services.

d). MCI MEDICAL CONTROL – The medical facility designated by the hospital community, which provides remote overall medical direction of the MCI evacuation scene out of the jurisdiction, predetermined by guidelines for the distribution of patients throughout the healthcare community.

e). PRE-HOSPITAL EMS AGENCY – Any volunteer, career, private, or governmental Emergency Medical Service Agency or service that is certified by the State of Colorado to render pre-hospital emergency care and provide emergency transportation for the sick and /or injured as described in the EMS enabling legislation.

f). EMS PROVIDER – Any person "responsible for the direction provision of the EMS in a given medical emergency" as described in the RETAC enabling legislation.

g). INCIDENT COMMAND SYSTEM (ICS) – A written plan, adopted and utilized bay all participating emergency response agencies, that assists in control, direction, and coordination of all emergency response personnel and equipment, and resources that are requested to respond to a scene of a MCI event, or evacuation, to the transportation of patients to definite care, to the conclusion of the incident.

h). COLORADO S.T.A.R.T TRIAGE - The Colorado Simple Triage and Rapid Treatment method whereby patients in a MCI are assessed and evaluated on the basis of the severity of injuries and assigned the following emergency treatment priorities:

GENERAL AGREEMENT:

3). The County Jurisdiction MCI Plan calls for the following general provisions:

a). Predetermined guidelines and the proximity and capabilities of appropriate health care facilities will be the primary considerations of the MCI Medical Control when designating the health care facilities to which patients are sent during any MCI event.

b). Localities and or individual pre-hospital EMS agencies will respond with appropriate personnel and equipment as available when the MCI Plan is activated. However, the response will be dispatched by the local Emergency Communications

Center and will not reduce any localities own EMS response capabilities below predetermined levels.

c). When considering their responses to an activation of the MCI Plan, member localities and or EMS agencies will be expected to maintain their own emergency medical response capabilities to meet their own needs locally.

d). Predetermined EMS mutual aid responses will be employed by hospital and pre-hospital members when any of the signatory health care facilities must be evacuated under the MCI plan.

e). Personnel affiliated with all participating EMS agencies and/or jurisdiction will operate during an Incident or Evacuation.

f). Hospital and Pre-hospital components in the county will participate when possible in training exercises of the MCI Plan. These exercises will be held in various locations in the county, and will be coordinated through the counties emergency responding agencies, and when financially prudent through the county budget.

AUTHORITY:

4). The County is charged by law with the development and implementation of an effective and efficient county emergency medical service delivery system "to include he county coordination of emergency medical disaster planning and response.

a). The County has assigned the MCI Committee the responsibility of effectively fulfilling those planning and response functions and the overall maintenance and oversight of the MCI plan.

SCOPE OF THE MCI PLAN:

5). To include all municipalities both incorporated, and unincorporated within the established county line boundaries.

a). The MCI Plan addresses only the EMTS mutual aid response of the county Emergency Medical Services (EMS) system, hospital and pre-hospital, to a Mass Casualty Incident or Facility Evacuation.

b). MCI's with or without facilities within the county boundaries will be handles in cooperation with and under the direction of agency or individual having jurisdiction.

MCI RESPONSE GUIDE:

6). The purpose of the MCI's Plan Mutual Aid response Guide are to:

a). Provide a standardized action plan that will assist in the coordination and /or management of any County EMT'S mutual aid response to an MCI within the county.

b). Ensure an effective utilization of the various human and material resources from various locations involved in a county mutual aid response to a disaster or MCI that affects a part or all of the county.

c). Assist in the evacuation and care of a significant number of patients from any health care facility when the care and transportation of those patients exceeds the EMS capabilities of the locality, facility, and /or jurisdiction.

d). To ensure the largest number of survivors in a mass casualty incident, or health care facility evacuation.

TYPES OF MASS CASUALTY EVENTS:

7). MCI'S within the county will be classified by levels, following assessment by EMS providers using the Colorado S.T.A.R.T. Triage system:

a). Type 4 Multiple casualty situation where local resources are adequate to manage the event.

b). Type 3 Multiple casualty situation requiring regional resources to manage the event.

c). Type 2 Mass casualty situation requiring state wide resources to manage the event.

d). Type 1 State activation of Federal resources vie declaration.

POTENTIAL EVENTS:

8). MCI's can occur in varying degrees at anytime and in practically any conceivable situation. Residents and visitor population reside in areas ranging from densely populated to largely rural areas with forms and ranches. High risks include:

a). Highly traveled primary highways, including major hazardous materials routes between populations.

b). Grain elevators, fertilizer facilities, pipelines, petroleum storage facilities, and gas production companies, as well as on the farm storage of various substances used in production agriculture.

c). Sever and unusual weather conditions also prevail throughout the county, including; windstorms, tornados, heavy rains, heavy snows, sleet, and freezing drizzle, flash flooding, and drought conditions.

Based on these numerous components , the potential for a MCI event could include;

d). Major vehicle accidents with multi victims.

e). Urban residential and wild land fires

f). Severe winter storms/Severe spring storms

g). Public transportation accidents (aircraft, train, bus).

h). Construction, industrial, or agricultural accidents, including hazardous materials exposure.

i). Localized flash flooding (highways, roadways, bridges ect.)

j). Healthcare facilities evacuations

k). Acts of terrorism and/or civil disobedience

l). Military related incidents, or federal disaster response.

MANAGEMENT GOALS:

9). The goals of the MCI Plan are:

a). Do the greatest amount of food for the greatest number of people.

b). Make the best possible use of manpower and equipment and facility resources.

c). Comply with RETAC and state rules and regulations regarding patient care and transport.

INCIDENT PRIORITIES:

10). Top priorities of an MCI (or other complex emergency situation) are:

a). Provide safety, accountability, and welfare.

b). Life safety

c). Incident stabilization.

d). Conserve property and equipment whenever possible.

PARTICIPANTS:

11). The county mutual aid response to an MCI or evacuation may involve as required by the scope of the incident:

a). EMS providers

b). Health care facilities

c). Trained first responders

d). Local, State, and Federal government agencies that have responsibilities in an MCI event.

e). Non-transport and/ or related components such as pastoral care teams, Red Cross, Salvation Army, PUC (public utilities commission), Civil air patrol, amateur radio operators, and various volunteer organizations.

The key to the success of an MCI operation is the close coordination and cooperation of all of these key components.

LOCAL EMERGENCY PLANS:

12). It is recognized that each county and locality has an emergency operations plan, individual to its location. However, all plans should be reviewed and conform to the local emergency operations plan.

INITIAL RESPONSE TO AN INCIDENT:

13). The MCI Plan calls for the use of standardized Incident Command System (ICS) approach to an MCI event, as taught in Colorado Mass Casualty Incident Management training program.

a). Requests for additional resources by kind and type will originate from the IC (incident commander) and be routed through the appropriate communications center.

ACTIVATING THE MCI PLAN:

14). The MCI Plan for EMS Mutual Aid can be activated by the following individuals: The incident commander, or the Agency having jurisdiction.

a). The activation of the MCI plan will be communicated to the emergency manager, through the communications center.

b). The communications center should notify the emergency manager in a timely manner, and give a brief summary of the incident, and the authorizing agency. The information should include: type of incident, location, initial number of injuries, involved, and originating reporting party.

c). The dispatcher relay request for mutual aid to the emergency manager, and notify when an outside agency is responding.

d). The EM will keep track of all mutual aid responding agencies, so that costs related to the incident can be recovered later.

RESPONSIBILITIES:

15). Hospital/Healthcare Facilities:

a). The Medical Branch Director, Incident Commander, or Operations Chief will serve as primary county contact in the event the situation requires activation of the MCI Plan.

b). Hospitals that are activated or alerted under the MCI Plan will provide upon request from the Medical Branch Director confirmation or adjusted information on the predetermined number of patients they can accommodate in the three S.T.A.R.T. Triage categories: Red, Yellow, and green, or confirm or adjust the predetermined numbers of patients they can receive as a mutual aid facility in the event of an evacuation.

c). Transport of patients to Hospital/Healthcare Facilities will follow established protocols.

d). In the absence of on-line medical direction, out of hospital adult and pediatric patient care will be in accordance with established treatment protocols.

PRE-HOSPITAL:

16). Individual responders will report to there respective agencies and will not self-dispatch directly to the scene of an incident. The incident commander will have specific information and direction for the responding agencies.

a). All pre-hospital responding agencies will agree to operate under the Mass Casualty Incident Management System the Colorado S.T.A.R.T. Triage system.

b). Use of the available statewide mutual aid resources through Colorado EMS and Colorado Department of Public Health and Environment will be activated through the Emergency Manager by request of the Incident Commander.

c). All Personnel responding will be required to carry self identification and proof of affiliation with their agency.

d). The crew of pre-hospital EMS and first responders will be responsible for maintaining all medical operations documentation.

MEDICAL DIRECTION, PROTOCOLS AND TRIAGE:

17). In the absence of on-line or on-scene medical direction, out of hospital adult, and pediatric patient care will be rendered in accordance with the established pre-hospital care protocols.

a). Field triage of patients will conform to START Triage, General categories Red Immediate care required, Yellow Care can be delayed, Green Minor, Black dead or non-salvageable.

b). The numbers and types of patients which hospitals will be prepared to receive are suggested in predetermined Hospital Triage Levels, and Mutual Aid Capabilities.

FATALITIES AND MASS FATALITY INCIDENTS:

18). By Colorado State Statute, the county coroner is responsible for the medical investigation of sudden unexpected and violent deaths.

a). It is critical the county coroner be notified as soon as possible in any mass casualty event, which may involve mass casualty fatalities. The Colorado Coroner's assoc. has protocols to integrate.

b). A Mass Casualty Fatality Event in any situation where there are more bodies than can be handled using local resources. In a disaster event, identification of the dead is a critical issue. Therefore, security of the area in which the dead are located is critical.

STANDARD PRECAUTIONS:

19). All personnel involved in a county response to an MCI or evacuation event will be expected to observe Standard Precautions and other infection control Body Substance practices as specified by the CDC OSHA, and the NFPA infection control standard 1581, and other applicable state, local infection control regulations.

EMERGENCY COMMUNICATION:

20). The county radio frequency should be monitored to provide updated information and to receive information that will assist in staging equipment and personnel in line with the incident management system.

a). Operations Section will be responsible for advising all receiving facilities of the number of people being transported to each facility, their START category and ETA. The Operations Section will also advise all facilities when all patients have been transported. Unless absolutely necessary, individual ambulances will not make direct contact with facilities in an MCI event.

b). Clear text will be used in all MCI responses as per ICS standards.

c). In the case of cellular phones, no cells exist exclusively dedicated for EMS at this time, therefore because the cellular system is likely to be very busy during an MCI event, once an open line is established by the incident commander, or other key operations personnel, the line should be kept open for emergency use as long as possible, for the duration of the event if possible.

TECHNICAL RESCUE:

21). MCI'S involving extended technical rescue operations (i.e. large transport vehicles, confined spaces, collapsed buildings), should use the county resources.

a). When needs exceed local capabilities or resources, utilize existing methods to locate specialized resources. In Colorado, several local teams exist which have technical rescue capabilities. Local dispatch centers should keep team contact numbers available for use during an incident. A Federal USAR technical rescue team could be mobilized through a Federal declaration.

b). The Colorado EOC # (303)-279-8855, this number can be called to coordinate the rescue teams for local jurisdictions.

HAZARDOUS MATERIALS:

22). Hazardous materials, as defined in Section 44-146.34 of the Colorado Revised Statutes, means substances or materials which pose unreasonable risks to health, safety, property or the environment when used, transported, stored ore disposed of in a method not intended, or with disregard to safety. These substances may include, that which is solid, liquid or gas. Hazardous material may be toxic, flammable, ignitable, explosive, corrosive, or radioactive. These substances may pose an unreasonable risk to the health and safety of the environment.

a). Incidents involving hazardous material require notification of the jurisdiction fire department, and the county DERA.

b). Decontamination is the process of removing or neutralizing contaminates that have accumulated on personnel, and equipment that is critical to health and safety at a scene of any hazardous materials, to include possible terrorism events. Whenever possible decontamination should be done proximal to the site of the incident. The process is designed to protect emergency care providers, to prevent mixing of incompatible substances, and to protect the community by preventing transportation of contaminants from the incident site.

c). Hospitals are encouraged to have basic decontamination capabilities to treat patients exposed to hazardous materials.

d). Decontamination of hazmat patients and/or hospital and pre-hospital providers will be in accordance with established national guidelines by the National Transportation Department, OSHA, and NFPA.

CRITICAL INCIDENT STRESS MANAGEMENT:

23). Critical Incident Stress Management (CISM), has been determined to be an integral part of any emergency medical response. Regional local teams of mental health and peer advisors have been trained and are available throughout the State.

The Colorado CISM can be activated by dispatch at the request an operations chief, or the incident commander.

AIR SPACE RESTRICTIONS:

24). Airspace over an MCI is regulated by the FAA (Federal Aviation Administration.

a). Question or requests concerning the use of restricted airspace during an MCI should be referred as early as possible to the FAA's Washington Air Route Traffic Control Center (ARTCC) also known as the Washington Center, at (703)-771-3470

b). Temporary flight restrictions will apply in most MCI events over the affected area. Restrictions are designated by the ARTCC and coordinated through FAA facilities.

c). NOTE: The county sheriff in the affected jurisdiction has contact information to assist in this function.

MED-EVAC OPERATIONS:

25). Consolidated Medical Communications (CMC) is available 24 hours a day at (800)-332-3123 or (800)-821-1994.

a). In a large scale emergency, the Colorado EOC can assist with phone numbers and contacts to the Army National Guard and for the possible use of aviation assets of that organization.

HELICOPTER OPERATIONS:

26). A helicopter landing zone (LZ) should be designated as early as possible by the incident commander or designated air ambulance coordinator.

a). The LZ should be as near to the MCI event as possible but not affect patient care at the scene.

b). The LZ should be away from power lines, towers, trees, buildings and other potential height hazards. It should be selected with the consideration for pedestrian and vehicular traffic control needs. The LZ should be a minimum of 200 feet away from any traffic area.

c). Roads or highways with the proper traffic control make suitable landing areas, however, safety considerations must include nearby power lines.

d). The overall size of the LZ should be no less than 500 ft by 500 ft.

e). The helicopter touchdown site should be no less than 75 ft. by 75 ft.

f). The helicopter site after dusk should be 100 ft. by 100 ft.

g). The helicopter site should have a wide clear path of flight approach and departure. The helicopter pilot will prefer to land and take off with the aircrafts nose into the prevailing wind.

h). The helicopter pilot us the final judge in selecting the landing site, and on determining weather to land or not.

i). The LZ should be appropriately] staffed an marked before during and after landings and takeoffs.

j). Minimum staff in daylight should be a person with easy to spot clothing with arms above head, and back to the downdraft. LZ staff should wear protective eye and ear protection, and be familiar with hot air traffic operations.

k). The LZ at dusk should be marked with light, NOT FLARES, lanterns, vehicles ect.. All lighting must be secure against the flights down draft.

l). The LZ crew must guard against flashing lights toward the aircraft. Strobe lights bleed through as white.

m). The LZ should be inspected for loose debris, foreign objects, and loose dirt. The LZ should be wet down if possible before air operations begin.

n). Radio communications with the helicopter is critical during the air operations.

o). In the absence of other directives, the Statewide Mutual Aid radio frequency (155.205) should be used when communicating with the flight crew.

p). The flight crew should be advised of any potential hazards before, during and after the approach, as well as wind direction and ground conditions.

COLORADO E.M.S. DISASTER TASK FORCE:

27). In a declared state of local emergency, local resources can be supplemented by deployment of state Field Liaison Team through the Colorado Emergency Operations Center (303)-279-8855.

a). Access to NDMS, DMAT, DMORT, VMAT can be accessed through the Liaison team.

DEMOBILIZATION OF INTIAL SCENE TRANSPORT:

28). The medical branch director will be responsible for notifying the receiving facilities that all patients have been assigned to transport units that all on-scene patient care activities have been completed and end the MCI event or Evacuation site.

REFER TO THE RECOVERY ANNEX FOR DAMAGE ASSESSMENT/CLEANUP AND RECOVERY.

MASS CASUALITY PARTNERS/STAKEHOLDERS:

KEEFE MEMORIAL HOSPITAL

CHEYENNE WELLS SCHOOL DISTRICT

CHEYENNE COUNTY COMMUNITY CENTER

EAST CHEYENNE FIRE DISTRICT

WEST CHEYENNE FIRE DISTRICT

CHEYENNE COUNTY EMS

PLAINS TO PEAKS RETAC

AQUILA GAS

KC ELECTRIC

CITY OF CHEYENNE WELLS

CITY OF KIT CARSON

DUKE ENERGY

MULL DRILLING

ANADARCO

CHEYENNE COUNTY ROAD & BRIDGE

CHEYENNE COUNTY PUBLIC HEALTH

CHEYENNE COUTNY SHERIFF DEPT.

CHEYENNE COUNTY COMMUNICATIONS

All of the mentioned partners have facilities and resources to assist in a MCI event.

Each group participates in the planning and practicing of this plan, as well as their individual agencies emergency response plans. Exact locations of the facilities have been omitted for security reasons.

Updated mutual aid agreements, and memos of understanding can be reviewed at the Cheyenne County Commissioners office to see established mutual aid response from outside county boundaries.