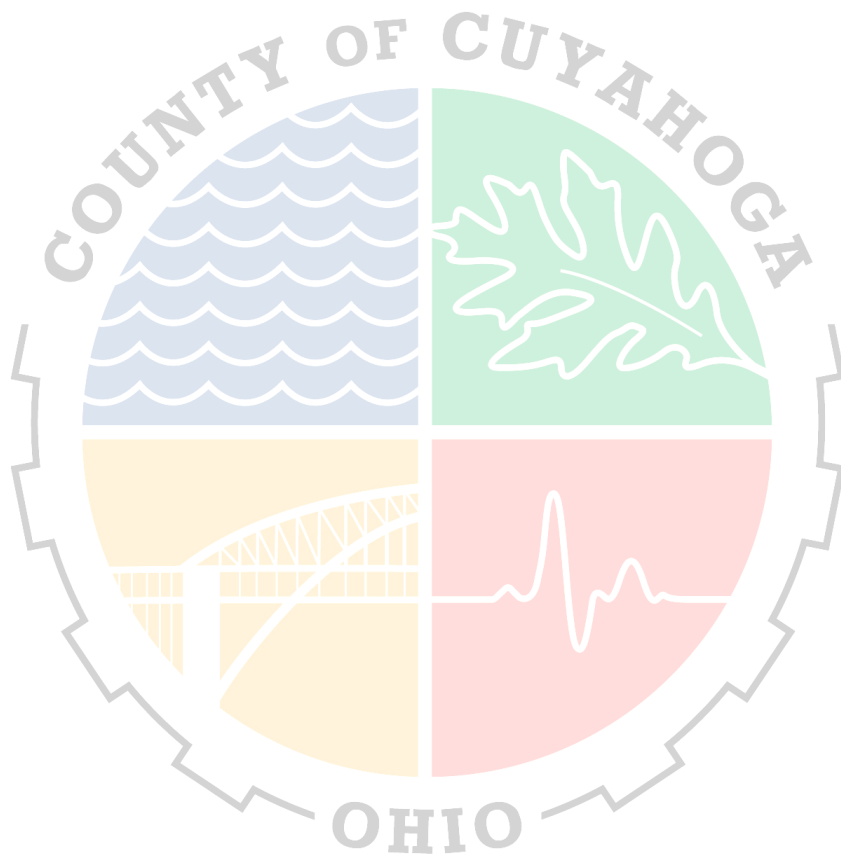

Mass Casualty Incident Response Plan

Annex to the Cuyahoga
County EOP

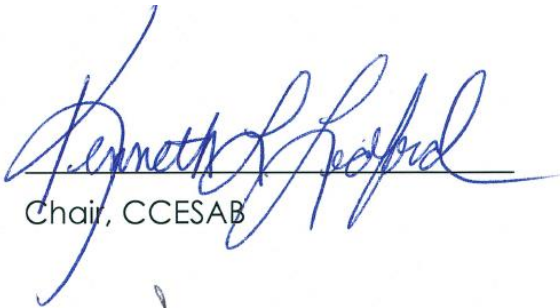
Revised: 1/2016



Approval

This plan was developed in collaboration between the Cuyahoga County Office of Emergency Management and the Cuyahoga County Emergency Services Advisory Board (CCESAB), representing the municipalities of Cuyahoga County.

The signatures below attest approval of the plan and agreement to support the plan and carry out responsibilities described therein.



Chair, CCESAB

2/18/16
Date



Director,
Cuyahoga County Public Safety & Justice Services

2/22/16
Date



Administrator, Office of Emergency Management

2/19/2016
Date

Active Emergency Support Functions (ESFs)

Include, but are not limited to:

ESF-1 Transportation

ESF-2 Communications

ESF-4 Firefighting

ESF-5 Information and Planning

ESF-6 Mass Care, Housing, and Human Services

ESF-8 Public Health and Medical Services

ESF-13 Public Safety and Security

Record of Changes

Version	Date	Description / Changes
1.0	3/22/2012	Approval of document.
1.1	1/2016	Comprehensive update.

Record of Distribution

Version	Date	Description / Changes

Version X.0 – Major Revision
Version X.I – Minor Revision

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1.0 INTRODUCTION

Mission

To establish a countywide plan to respond to a mass casualty incident and/or mass influx of patients; to triage, treat and transport all victims in an appropriate, safe, and timely fashion.

Scope

This Mass Casualty Response Plan is intended as a guide for Emergency Medical Services (EMS) and Fire personnel when addressing the functional responsibilities and scene management techniques that must be employed at the scene of mass casualty incidents. The plan provides quick and easy guidelines to follow during a mass casualty incident in order to standardize the method of operation and allows for modification given the number of patients, severity of injuries, and special circumstances involved in the incident.

EMS is responsible for the EMS / Medical Branch and its components: Triage, Treatment and Transportation. In the event of a Weapons of Mass Destruction (WMD) or Hazardous Materials incident, triage and treatment may begin in the exclusion or decontamination zones by appropriately protected personnel. The manner in which each of these functions is implemented may differ according to the complexity of the situation. In multiple victim incidents, one or two individuals may be responsible for the entire EMS / Medical functions. In mass casualty incidents, each function may be the responsibility of a separate individual.

These guidelines are not designed to delay patient care but to make that care more efficient. The need to establish complex, on-scene organizational structures, or obtain specialized equipment at the expense of providing triage and patient care is de-emphasized.

In order to best prepare for a multiple / mass casualty incident, it is critical that members of agencies with roles and responsibilities delineated within this Plan familiarize themselves with these guidelines and procedures.

The Mass Casualty Incident Response Plan is based on the following Situation and Assumptions:

1.1 Situation

This document is a support annex to the Cuyahoga County Emergency Operations Plan.

1.2 Assumptions

- The Incident Command System (ICS) will be used.
- An incident, CBRNE, natural or man-made, has occurred and has generated a large number of casualties which exceeds the local community's day-to-day operational capabilities.
- Rapid triage, treatment, and transport are necessary to minimize the loss of life and limb.
- The number of casualties may overwhelm local hospital capacity.

1.3 Plan Maintenance

This document will be reviewed annually, and after every applicable event or exercise involving the primary agencies. Review dates and changes will be documented. Updated pages will be replaced as needed.

1.4 Authority and References

Cuyahoga County Emergency Operations Plan (EOP)

Cuyahoga County Tactical Interoperable Communications Plan (TICP)

2.0 CONCEPT OF OPERATIONS

2.1 Chain of Command

Each primary agency will take the lead in their respective branches under the Operations Section, and report to the Operations Section Chief who will report to the Incident / Unified Command (ICS/UCS). Depending on the type of incident, the Operations Section Chief may be from any of the primary agencies.

2.2 MCI Threshold Definition

An MCI is defined as the point at which the number of patients at an incident and the severity of their conditions are beyond the ability of available resources to provide adequate care.

The day-to-day EMS response is designed to assure scene safety and to triage, treat and transport no more than a few patients. If day-to-day procedures were followed at the scene of a large number of casualties, several problems could occur with scene management, triage, treatment, and transport.

The MCI threshold formula is:

Ambulances within 15 minutes X 2 victims + 1 would constitute an MCI declaration for that community.

Example: 6 ambulances X 2 victims = 12 victims
12 victims + 1 = 13(MCI declaration)

MCI Threshold = 13 victims

If the numbers of victims exceeds the threshold, but few, if any, appear to be seriously injured, consideration should be given to not declaring an MCI.

2.3 Notification

Once the nature of the incident is determined and activation of the plan is justified, departmental notifications will be conducted by respective dispatch centers. If the incident warrants escalation, Cuyahoga Emergency Communications System (CECOMS) or regional dispatch centers can be contacted to assist with additional notifications.

To notify hospitals, the on-scene commander or designee, will contact CECOMS or the regional dispatch centers and specify which hospitals are to be notified. The on-scene commander or designee will inform CECOMS of the nature of the emergency and approximate number of patients. This information shall be transmitted to the appropriate hospitals.

2.4 Communications

Intra-agency communications will be performed in accordance with each agency's protocols. Inter-agency communications will be performed on talkgroups determined at the time of the incident. Command and Control communications will be via the Multiagency Radio Communication System (MARCS) on talkgroups as assigned. CECOMS can be contacted on either MARCS xMTAC 1 or by telephone 216-771-1363.

2.5 Resources

Operational resource needs will be determined by the various operational branches and communicated to the County EOC through Command. County EOC will use existing protocols to procure the necessary resources.

3.0 MASS CASUALTY OPERATIONAL GOALS

3.1 Mass Casualty Patient Flow

3.1.1 The Incident Scene

- Patients are decontaminated (if needed) prior to leaving the incident scene.
- Ambulatory patients are directed to a medically supervised area, and then moved from the scene to a Treatment Area as soon as that area is identified.
- Patients are counted and quickly triaged (S.T.A.R.T./Jump Start).

[See Attachment 1.](#)

- Triage tags are applied (SMART, or bar-coded tag preferred).
- The deceased should be left in place when possible, until removal is authorized by Medical Examiner.
- Litter bearers move non-ambulatory patients from the scene to the Treatment Area.
- The Safety Officer in conjunction with the Operations Chief will continually monitor the safety of the incident scene.

3.1.2 Patient Transportation and Distribution

- Transport will contact CECOMS/Regional Dispatch Center (216-771-1363) on MTAC 1 and request a channel for patient distribution.

- Either the Transport Officer or CECOMS/Regional Dispatch Center can decide the hospital destination:
 - Transport Decides-The Transport Officer informs CECOMS/Regional Dispatch Center that City Medic 3 has 1 Red and 1 Green going to City Hospital. CECOMS/Regional Dispatch Center repeats transmission to confirm. CECOMS/Regional Dispatch Center contacts hospital conveys message.
 - CECOMS Decides-Transport Officer contacts CECOMS/Regional Dispatch Center stating City Medic 1 has 1 Red and 1 Green requests hospital assignment. CECOMS/Regional Dispatch Center informs Transport that City Medic 1 should transport 1 Red and 1 Green to City Hospital. CECOMS/Regional Dispatch Center then contacts City Hospital to convey message.
 - There is no direct ambulance to hospital communications for patients being transported from the MCI. Only CECOMS/Regional Dispatch Center will communicate with the hospitals.

3.1.3 Hospital Capacity

- Hospitals will continue to follow the Cuyahoga County Hospital Capability Restriction Procedure during an MCI.
- When a hospital places a restriction, CECOMS/Regional Dispatch Center will inform the Transport Officer of the restriction. The transport personnel can also monitor the CECOMS Hospital Restriction website. Any hospital that places a Critical Restriction Trauma or Medical should not receive any Red patients. Although a Treat & Release status would indicate that only Green patients should be transported to that facility, during an MCI hospitals will also need to take Yellow patients. No patients should be transported to a facility that has placed a Full Restriction status.
- In the event hospitals in Cuyahoga County are placed on active Override, the Override Policy shall be followed.
- Transport and Scene Command should consider transport to hospitals outside of Cuyahoga County even before hospitals in Cuyahoga County go to Override.
- Should the volume of patients be at a level where Hospitals in Cuyahoga County are not able to treat, contact should be made to county dispatch in surrounding counties for assistance. If surrounding counties are unable to provide assistance, County EMA should be in contact with Ohio EMA to

provide assistance. The State Fire Response System can also be activated to provide additional EMS units.

- If necessary the governor can request a Presidential declaration to obtain Federal resources such as the NDMS, HHS, and Military assistance.

3.1.4 The Treatment Area

- Patients arriving from the incident scene are prioritized for treatment using a more in-depth assessment method (Secondary Triage).
- Patients are placed in the Treatment Area and definitive / stabilizing emergency medical care is provided on the basis of triage priority.
- Separate areas may be established in the Treatment Area for **Immediate** (Red), **Delayed** (Yellow), and **Minor** (Green) injured patients.
- Consider transporting **Minor** (Green) patients early via buses to outlying hospitals when possible to decrease congestion on scene.
- A separate isolated area (Temporary Morgue) is created for casualties/victims who die in the Treatment Area.
- Personnel and equipment resources are allocated to patients on the basis of triage priority.
- Patients are continuously re-evaluated (re-triaged).

3.2 Mass Casualty Flow

3.2.1 The Transportation Area

- Hospitals will be contacted using CECOMS or a regional dispatch center to arrange for the most appropriate patient distribution.
- Prior to transport, all patients triage tag bar codes will be scanned into the State of Ohio- OHTrac patient tracking mobile app system. If the OHTrac system is unavailable, a manual log will be maintained.
- Transportation resources are assigned on the basis of triage priority.
- Litter bearers will move patients from the Transportation Area to the appropriate transport vehicle.
- Patients are transported to the most appropriate medical facility by the most appropriate means available.
- Emergency medical care and continuous reassessment is provided en-route to the medical facility.

4.0 ROLES AND RESPONSIBILITIES

ESF or Agency	PRIMARY Roles and Responsibilities
Local Fire Department (ESF-4)	Usually assumes Incident Command depending on nature of event. Support EMS Branch with personnel and equipment.
Emergency Medical Service (ESF-8)	Coordinate, direct, and manage all EMS/Medical functions.
Local Law Enforcement (ESF-13)	Maintain ingress and egress for emergency vehicles. Investigate and secure the crime scene. Maintain security at the triage, treatment, and transport areas.
CECOMS or Regional Dispatch Center (ESF-2)	Notification and coordination of transport to hospitals.
Office of Emergency Management (ESF-5)	Supports Incident Command from EOC.
Cuyahoga County Hospitals (ESF-8)	Establish and maintain communication with CECOMS or regional dispatch center regarding bed availability and diversion status. Request additional assets through EOC. Upon patient arrival, maintain patient status on the OHTrac patient tracking system: http://ohio.surgenet.org/SignIn.aspx Assess, treat, and coordinate transfer to higher level of care.
Medical Examiner's Office (ESF-8)	Manage mass fatalities.
ESF or Agency	SECONDARY Roles and Responsibilities
Department of Public Health (ESF-8)	Support responders and mission as needed.
Transportation (ESF-1)	Coordinate transportation activities to support emergency response agencies
Mass Care (ESF-6)	Coordinate mass care services in impacted area

4.1 Command

Principles of ICS/UCS will govern the agency assuming incident command.

Position Function: To coordinate and manage the incident responses to ensure life safety, stabilize the incident, conserve property, and provide for personnel safety, accountability, and welfare.

- **The first Public Safety unit on scene assumes Command.** Command will wear an identifying vest and establish Incident Command. As command level personnel arrive, incident command will be transferred to the most appropriate Chief or designee.
- **Evaluate and provide size-up.** Gather information on potentially hazardous situations, current situation, current resources committed, and number of injuries.
- **Establish Command Post.** Locate at a clear vantage point to the incident using established scene safety precautions.
- **Develop strategy for incident and revise plans on the basis of the most recent information.** Take necessary and appropriate actions to stabilize incident.
- Request additional resources as needed, assign resources and monitor work progress.
- Account for all personnel assigned to the incident.
- **Appoint and assign additional functions as needed.** The Safety Officer should be appointed as soon as possible. At a minimum consider staffing the following positions:
 - Public Information Officer
 - Staging Officer
 - Operations Section Chief
 - Logistics Section Chief
 - Finance/Admin Section Chief
 - Planning Section Chief
 - Fire Branch Director
 - EMS / Medical Branch Director
 - Law Enforcement Branch Director
- **Initiate, maintain, and control the communications process** in accordance with the Cuyahoga County Tactical Interoperable Communications Plan (TICP).

4.2 Mass Casualty Incident Medical Responsibilities

First Emergency Medical Unit On-Scene

- Establish incident command, and transfer command as appropriate.

- Survey the scene for safety concerns and communicate those concerns to dispatch for dissemination to incoming units.
 - Relay type and /or cause of incident and approximate the number of patients.
 - Request assistance / resources.
- Declare Mass Casualty Incident (MCI).
- Establish Medical Branch.
- Establish Staging, Triage, Treatment and Transport areas.
- S.T.A.R.T. – Simple Triage And Rapid Treatment.

Regional Dispatch Center or CECOMS

- Alert local hospitals with the following:
 - Approximate number / condition of patients.
 - Type of incident.
 - Consider creating and sending an MCI alert to surrounding zip codes via OHTrac.

4.3 EMS/Medical Branch Director

Position Function: To coordinate, direct, and manage all EMS / Medical functions including triage, treatment, and transportation. Most supervisory positions in the groups under the Medical Branch Director should be staffed by a paramedic.

- Locate at a clear vantage point to incident.
- Wear identifying vest.
- Establish EMS / Medical Branch.
- Incident Medical Plan ICS Form 206.
- Consult with Operations or Command and consider establishing and identifying a separate Ambulance Staging Area for incoming units if needed.
- Appoint and assign EMS / Medical functions as needed:
 - Ambulance Staging (in conjunction with Command)
 - Triage – if HAZMAT/WMD, initial triage performed in exclusion zone by properly protected personnel.
 - Treatment - if HAZMAT/WMD, initial treatment of life threatening injuries may be initiated in decontamination corridor by properly protected personnel.
 - Transportation

- Medical Communications
- Account for all personnel assigned to EMS / Medical.
- Monitor the welfare of assigned personnel. Request relief crews to maintain safety and mental health of personnel and maintain progress toward objectives. Consider Critical Incident Stress Management (C.I.S.M.) Team for personnel.
- Provide essential and frequent progress reports to Operations or Command as appropriate.

4.4 Mass Casualty Incident Trailer

Position Function: Reports to the Treatment Group Supervisor and establishes support for EMS/Medical functions with equipment and supplies during selected MCIs.

- Mass Casualty trailer(s) will be requested as per the County Protocol (2 trailers available: 1 Cleveland City, 1 Cuyahoga County).
- The respective MCI trailers will be transported to the incident scene by EMS and/or Fire personnel.
- The MCI Trailers will report to the staging area unless otherwise directed.
- Personnel assigned to the trailer will track equipment and supplies and report inventory status as needed to the Treatment Group Supervisor.
- Personnel shall remain with the trailer for the first operational period.
- Additional MCI trailers from adjoining counties may be requested through Cuyahoga County Emergency Management, if needed.

4.5 Triage Vehicle (City of Cleveland) Staging

Position Function: Reports to the Triage Group Supervisor and establishes support for EMS/Medical functions with triage supplies and sheltering during selected MCI.

- The triage vehicle will be transported to the incident scene by designated City of Cleveland personnel.
- The triage vehicle will report to the staging area unless otherwise directed.
- Personnel assigned to the triage vehicle will deploy shelters, lights, etc., distribute triage supplies as necessary, and track the deployed equipment and supplies.
- Personnel shall remain with the trailer for the first operational period.

4.6 Ambulance Staging (Ground Transportation)

Position Function: Reports to the EMS Branch Director and maintains resources of EMS manpower, equipment, and EMS transport vehicles at a separate location away from the incident. May be included as part of incident staging.

- Wear identifying vest.
- Establish Ambulance Staging in coordination with Operations and/or Command with input from Law Enforcement.
- Establish the Ambulance Staging Area at a site away from the scene. The Ambulance Staging Area should:
 - Be large enough to handle the expected number of units
 - Have easy ingress and egress
 - Be close to major transportation routes
 - Have easy access to the Transportation Area
 - Provide appropriate vehicles, equipment and resources as requested
 - Driver will remain with the unit
- Maintain and document the status of number and types of resources in Ambulance Staging.
- Maintain communications with EMS / Medical and Transportation.
 - Consider options for alternate transportation vehicles (Buses, etc.)
- Ensure ambulance cots are not removed from units unless otherwise instructed.
- Consider need for logistical supplies, food, drinks, etc. and communicate needs up the chain of command.

4.7 Triage Group

Supervisor Position Function: Reports to the EMS Branch Director and locates, assesses, and sorts casualties so as to appropriately establish priorities for treatment and transportation; moves all patients to the treatment area.

- Wear identifying vest.
- Establish Triage on-scene or the closest point of the cold zone to the incident if the incident site is declared too dangerous to conduct triage.
- Locate a position where a clear view of the overall triage operation is visible.
- Establish Triage and Litter bearer teams.
- Obtain backboards and straps from Ambulance staging for Litter bearer teams. Unconventional extraction means should be considered e.g.: blanket drags, wagons, or anything on-scene that can assist.

- Account for all personnel assigned to Triage and Monitor welfare of assigned personnel. Request relief crews to maintain safety and mental health of personnel and maintain progress toward group objectives. The Litter bearer function is especially exhausting, consider frequent relief.
- Triage Teams use "S.T.A.R.T." (JUMPSTART for pediatrics) algorithms to assess and triage victims, applying bar-coded triage tags. **See Attachment 1.**
- Have all non-injured or slightly injured **Minor** (Green) victims walk to designated supervised area.
- Litter bearers move non-ambulatory triaged patients to the Treatment Area on backboards with C-spine precautions, unless threat level dictates using alternative extrication techniques.
- If possible move all **Immediate** (Red) victims first and then all **Delayed** (Yellow) victims to the Treatment area; leave all **Deceased/Non-salvageable** (Black) tagged victims where they lie until directed by the Medical Examiner.
- Maintain communications with Extrication and Treatment. Provide essential and frequent progress reports to EMS / Medical as appropriate.

4.8 Treatment Group

Supervisor Position Function: Reports to the EMS Branch Director and provides a continuous assessment and sorting of casualties; begins stabilizing and/or definitive treatment based on established priorities and available resources; determines priority for transportation to medical facilities.

- Wear identifying vest.
- Establish the Treatment Area in proximity to the transport area:
 - Consider size, safety, space, weather, lighting, and ease of ingress and egress for transport vehicles.
 - Report location to EMS / Medical.
- Establish Treatment Teams and account for all personnel assigned. Monitor welfare of assigned personnel and request relief crews as necessary.
 - Prioritize patients arriving in the Treatment Area for treatment using a more in-depth assessment method (Secondary Triage).
 - Arrange Treatment Area using CORE method of separate patient groupings (patients are set up in a semicircle with their heads facing the center, allowing EMS personnel to monitor multiple patients).

Immediate (Red)

- Life-threatening injuries / illnesses
- Risk of asphyxiation or shock is present or imminent
- High probability of survival if treated and transported immediately
- Can be stabilized without requiring constant care or elaborate treatment

Delayed (Yellow)

- Potentially life-threatening injuries / illnesses
- Severely debilitating injuries / illnesses
- Can withstand a slight delay in treatment and transportation

Minor (Green)

- Non-life-threatening injuries / illnesses
- Patients who require a minimum of care with minimal risk of deterioration

Deceased / Non-Salvageable (Black)

- Deceased en-route to the Treatment area or upon arrival
 - Unresponsive with no circulation, cardiac arrest
-
- Continually reassess patients' conditions and priorities
 - Consider use of Special Procedures Teams (airway, IV, splinting, etc.).
 - Consider establishing a Medical Supply Area.
 - Determine the order of transport of patients and most appropriate transport based on recommendations from Advanced Life Support Personnel.
 - Maintain communications with Triage and Transportation.
 - Begin to scan and enter all patients triage tag bar codes into the State of Ohio- OHTrac patient tracking mobile app system. Rescan and update patient status and disposition as needed.
 - Provide essential and frequent progress reports to EMS / Medical as appropriate.

4.9 Temporary Morgue

Supervisor Position Function: Reports to the EMS Branch Director and establishes and maintains a Temporary Morgue Area and provides security for bodies and personal effects.

- In coordination with the Medical Examiner guidelines, establish Temporary Morgue Area remote from the treatment site and not readily accessible to

other victims. Reference the Mass Fatality Plan for a listing of Temporary Morgue Areas.

- Maintain dignity of the deceased:
 - Cover bodies with sheets (disposable, non-absorbent, or with fluid barrier).
 - If possible obtain body bags.
 - Temporary Morgue Area must have adequate capacity for the number of bodies expected.
- Temporary Morgue Area should be accessible to vehicles.
- With the assistance of law enforcement, keep the area off-limits to all unauthorized personnel.
- On arrival, the Cuyahoga County Medical Examiner will assume command of morgue operations.
- Ensure that no bodies are moved from the incident site prior to the arrival of and approval from the Medical Examiner.
- Maintain records, including victim's identities (if available), location found, personal effects, etc.
- Maintain communications with EMS / Medical and Treatment.

4.10 Transportation Group

Supervisor Position Function: Reports to the EMS Branch Director and coordinates all patient transportation and maintains all records related to patient and unit movement.

- Wear identifying vest.
- Establish the Transportation Area. Locate the area adjacent to the exit of the Treatment Area.
- Establish transport vehicle flow from Ambulance Staging Area to Treatment Area and from the Treatment Area to Hospitals in cooperation with law enforcement.
- Coordinate with CECOMS or regional dispatch centers to determine transport destinations.
- Use appropriate mode of transportation based on patient needs and transportation resources at the Ambulance Staging Area and Landing Zone Area.
- Establish Litter bearer teams as needed to move patients from the Treatment Area to the Transportation Area and Landing Zone Area.
- Inform transport crews of their destination and document patient and unit movements utilizing bar-coded triage tracking system.

- Maintain communications with Treatment, Ambulance Staging, and Patient Tracking/Medical Communications. Provide essential and frequent progress reports to EMS/Medical as appropriate.

4.11 Aero-Medical Group

Supervisor position function: Reports to Operations and coordinates with EMS / Medical branch and law enforcement to establish a helicopter Landing Zone (LZ), and to coordinate all helicopter operations in that LZ.

- Wear identifying vest.
- Assign personnel to assist in establishing a LZ.
- Establish and Maintain radio contact with incoming helicopters on NPSPAC channel 8TAC92D or 8TAC94D.
- Coordinate loading and transport of patients with Transportation.
- Ensure the safety and security of the LZ and its operations.
- LZ requirements will be set by local policy. At a minimum the LZ should be:
 - Flat, firm, and free of debris that could blow up into the rotor system (minimum 100x100 ft.)
 - Free of any obstructions such as cell tower, power lines, etc.
 - At least 300' from the Treatment Area.

4.12 Patient Tracking

Position Function: Reports to the Transportation Supervisor:

- Works with Transportation, CECOMS and the EMS / Medical Branch to maintain and coordinate patient information and destinations.
- Wear identifying vest.
- Locate in close physical proximity to Transportation.
- Establish initial communications with CECOMS and/or Regional Dispatch Center and confirm/report:
 - MCI
 - Cause of incident
 - Number of patients
 - Severity of injuries
 - Obtain Hospital Emergency Capacity Information (Triage Levels)
- Provide Transport Reports to CECOMS and/or Regional Dispatch Center to include:
 - Unit Transporting
 - Destination Hospital

- Number of Patients
- Patient Information (Age, Gender, Triage Category, Major Injury / Illness
Triage tag number)
- ETA
- Document all victim / patient and unit movements. Consider assistance of Amateur Radio Emergency Services (ARES).
- Provide statistical updates to the Transport Supervisor.

4.13 Interjurisdictional and Tactical Communications

Communications methods between different EMS and Fire/EMS agencies will be specified by the communications unit using MARC's radios, "bridge technology", or common frequencies as outlined in the Tactical Interoperable Communications Plan (TICP).

The individual transport units will not relay information to the receiving hospitals. They will however, follow their local communications protocols to advise their dispatch centers of their status.

A Patient Tracking or Transport Officer will coordinate with CECOMS and/or Dispatch to relay information either verbally or electronically.

- Authorized individuals: hospitals/ EOC may gain access to the information below by accessing the State of Ohio- OHTrac patient tracking mobile app system. <http://ohio.surgenet.org/SignIn.aspx>

Amateur Radio Emergency Services (ARES) operators may be available to augment communication. Information will consist of:

- Unit Transporting
- Destination Hospital
- Number of Patients
- Patient information (Age, Gender, Triage Category, Major Injury / Illness
Triage tag number)
- Time of Departure
- ETA to hospital

5.0 CASUALTY COLLECTION POINTS

5.1 Role of Casualty Collection Points (CCPs)

The role of casualty collection points (CCPs) is to serve as a short term staging area where patients can be brought by field units, families, law enforcement, or other public safety agencies.

Patients received at CCPs are to be re-triaged, treated and safely staged until transportation to a receiving facility becomes available.

CCPs are primarily established when:

- Transportation to resource facilities are severely inhibited by damaged infrastructure.
- Hospitals themselves are out of commission and are unable to accept patients.
- Unacceptable transportation times due to number of victims and available resources.
- Federal resources are requested. By activating the Forward Movement of Patients Plan, all patients requiring transport out of the area will be brought to CCPs to await NDMS transport.

5.2 Casualty Collection Point Selection Criteria

Protection from the Elements: Due to the inclement weather of Northeast Ohio, structures such as school gyms, shopping malls and warehouses are preferred unless the potential exists for structural collapse.

Size: The area should be large enough to accommodate the anticipated patients, medical equipment and enough space to provide uninhibited medical care.

Accessibility: Accessibility considerations include cot access, vehicle access and proximity to a landing zone for patient transportation and/or delivery of medical supplies.

ATTACHMENT 1-SIMPLE TRIAGE AND RAPID TREATMENT



Standard Operating Guidelines

Regional Mass Casualty Incident
(MCI) SIMPLE TRIAGE AND RAPID
TREATMENT

Purpose

To identify and separate patients rapidly, according to the severity of their injuries and their need for treatment.

Initial Assessment

Upon arriving at the scene of an incident, try to stay calm, look around, and get an overview of the scene. Visual surveys will give the initial impression of the overall situation, including the potential number of patients involved, and possibly, even the severity of their injuries. The visual survey should enable you to estimate initially the amount and type of help needed to handle the situation.

Initial Report

Use clear language (no signals or radio jargon), be concise.

Give the communications center a concise verbal picture of the scene. The key points to communicate are:

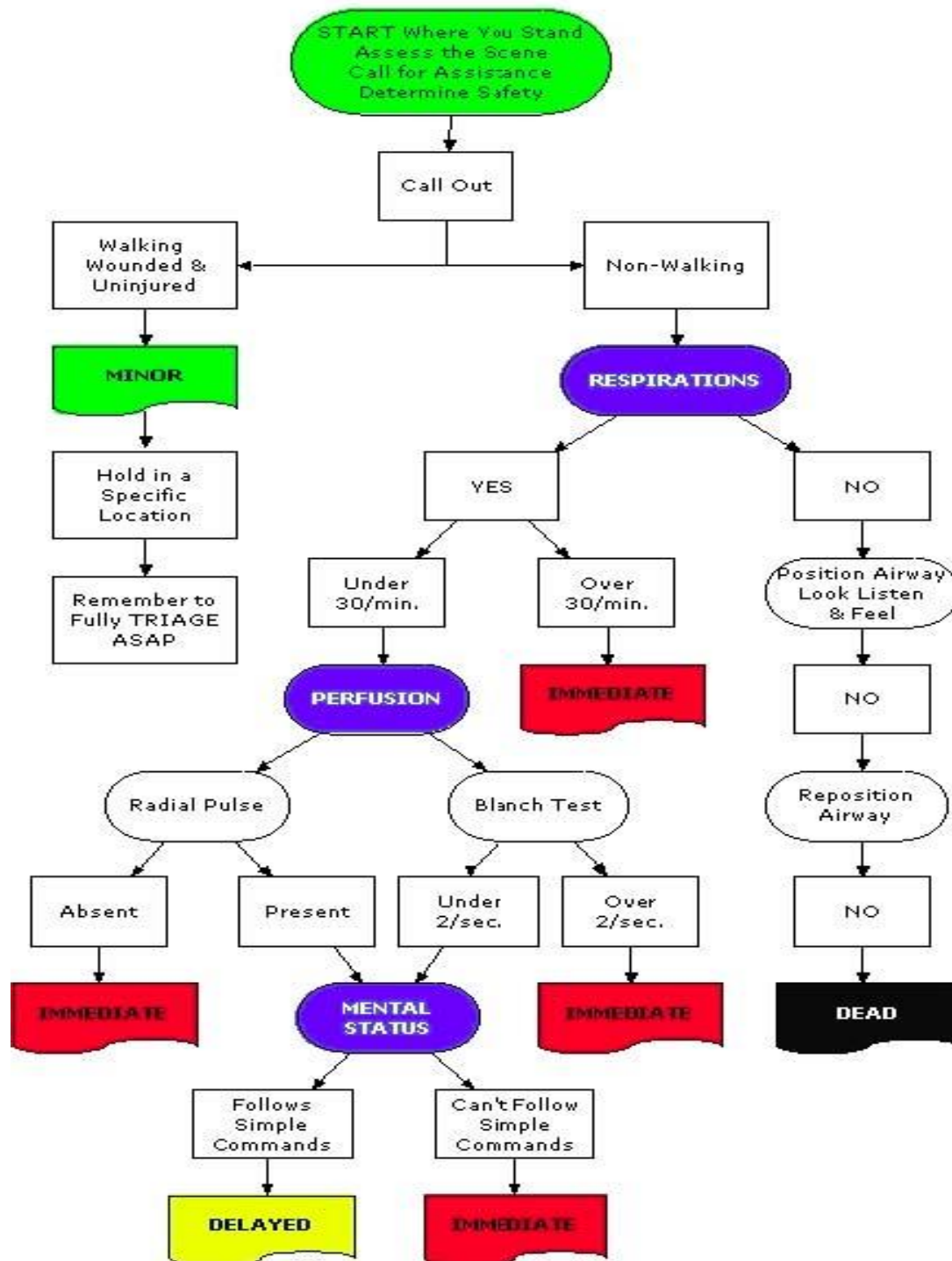
- Location of the incident
- Type of incident
- Any hazards
- Approximate number of victims
- Type of assistance required

Sorting the Patients

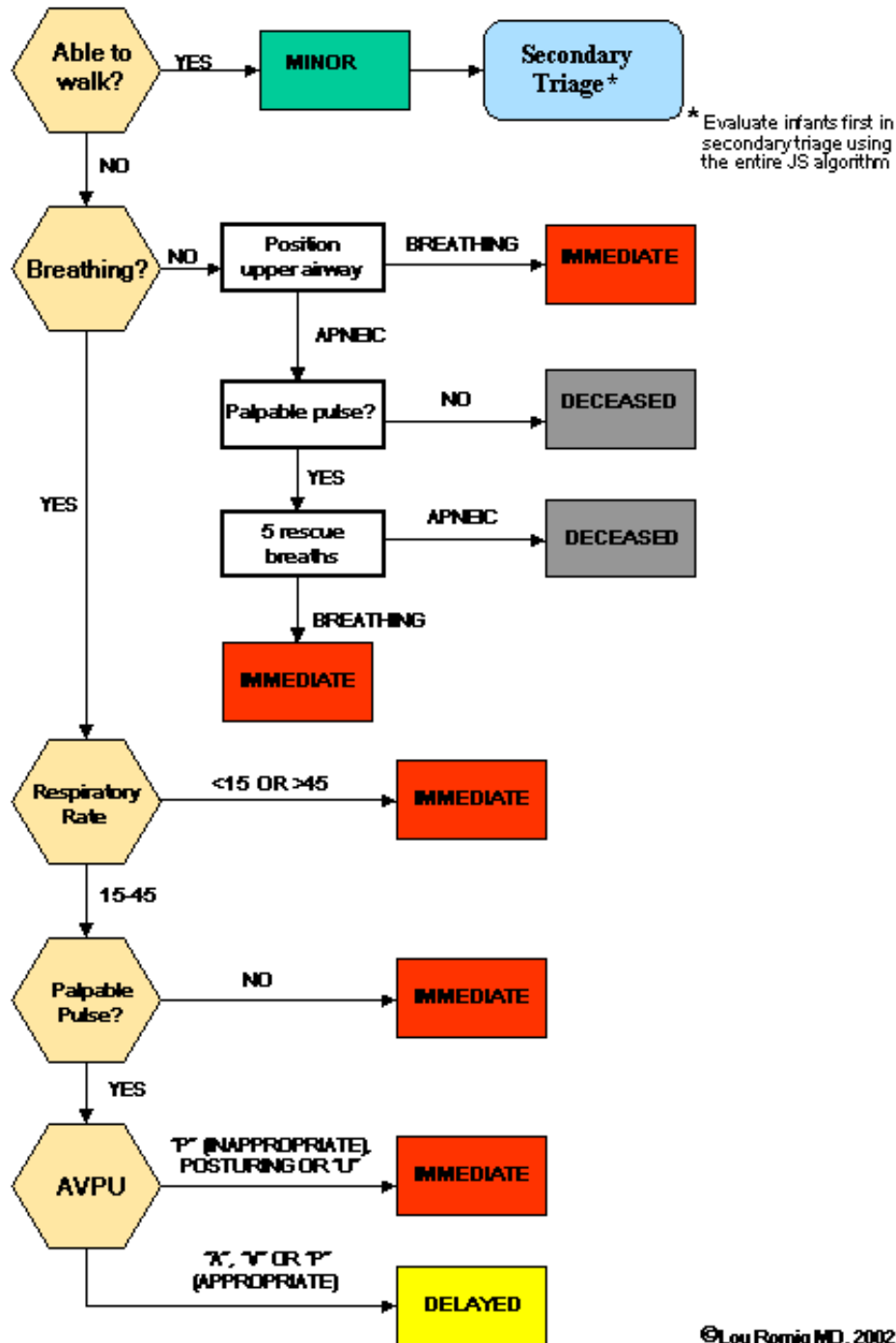
- Do not become involved with treatment.
- Get to each patient as quickly as possible, conduct a rapid assessment, and assign patients to the broad categories based on their injuries.
- Do not stop during this survey, except to correct airway and severe bleeding problems quickly. Your job is to sort (triage) the patients. Other rescuers will provide follow-up treatment.

The START System

START - Simple Triage And Rapid Treatment



JumpSTART Pediatric MCI Triage®



The Simple Triage and Rapid Treatment (START) system was developed to allow first responders to triage multiple victims in 30 seconds or less, based on three primary observations: Respiration, Perfusion, and Mental Status (RPM).

The START system is designed to assist rescuers to find the most seriously injured patients. As more rescue personnel arrive on the scene, the patients will be re-triaged for further evaluation, treatment, stabilization, and transportation. This system allows first responders to open blocked airways and stop severe bleeding quickly.

M I N O R	D E C E A S E D	I M M E D I A T E	D	<i>Move Walking Wounded</i>
			E	No Resp after <i>head tilt</i>
			L	Breathing but Unconscious
			A	Resp > 30
			Y	Perfusion Cap refill > 2 sec or No Radial Pulse
			E	<i>Control bleeding</i>
			D	Mental Status – Can't follow simple commands
			E	Otherwise
			L	Remember
			A	R – 30
Y	P – 2			
E	M – Can do			
D				

Triage Tagging

Patients are tagged for easy recognition by other rescuers arriving on the scene. Cuyahoga County tagging is done using SMART triage tags:

- **Green** / Minor / Patients whose injuries require rudimentary first-aid and FREQUENT reassessment.
- **Yellow** / Delayed / Second priority in patient treatment. These patients require aid, but injuries are less severe.
- **Red** / Immediate care / A patient who requires rapid assessment and medical intervention for survival.
- **Black** / Victim is deceased / no care required.

The First Step in START

Tell all the people who can get up and walk to move to a specific area. If patients can get up and walk, they are probably not at risk of immediate death. In order to make the situation more manageable, those victims who can walk are asked to move away from the immediate rescue scene to a specific designated safe area. These patients are now designated as MINOR.

If a patient complains of pain on attempting to walk or move, advise them to stay where they are, do not force him or her to move.

The patients who are left in place are the ones on whom you must now concentrate.

The Second Step in START

Move in an orderly and systematic manner through the remaining victims, stopping at each person for a quick assessment and tagging. The stop at each patient should never take more than one minute. Ask the patient if they are injured and where. Examine each patient, if necessary correct life-threatening airway and breathing problems, tag the patient and MOVE ON!

Evaluate Patients Using RPM

The START system is based on three observations:

- **R**espirations
- **P**erfusion
- **M**ental Status

Respirations

- If the patient is breathing, determine the rate. Patients with rates greater than 30 per minute are tagged IMMEDIATE.
- If the patient is breathing and the rate is less than 30 per minute, move on to the circulation and mental status observations.
- If the patient is not breathing, quickly clear the mouth of foreign matter. Use a head-tilt maneuver to open the airway. You may have to ignore the usual cervical spine guidelines when you are opening airways during the triage process.
- SPECIAL NOTE: The treatment of cervical spine injuries in multiple or mass casualty situations is different. This is the only time in emergency care when there may not be time to properly stabilize every injured patient's spine.
- Open the airway, position the patient to maintain the airway and - if the patient breathes - tag the patient IMMEDIATE.
- If you are in doubt as to the patient's ability to breathe, tag the patient as IMMEDIATE. If the patient is not breathing and does not start to breathe with simple airway maneuvers, the patient should be tagged DEAD.

Perfusion

- The second step of the RPM series of triage tests is circulation of the patient. The best field method for checking circulation (to see if the heart is able to circulate blood adequately) is to check the radial pulse.
- If the radial pulse is absent or irregular the patient is tagged IMMEDIATE. If the radial pulse is present, move to the final observation of the RPM series: mental status.

Mental Status

- The last part of the RPM series of triage tests is the mental status of the patient. This observation is done on patients who have adequate breathing and adequate circulation.
- Test the patient's mental status by having the patient follow a simple command (e.g.: open your eyes).
- Patients who can follow these simple commands and have adequate breathing and adequate circulation are tagged DELAYED.
- A patient who is unresponsive or cannot follow this type of simple command is tagged IMMEDIATE

Triage in Hazardous Materials Incidents

- Make sure to set up the triage and treatment areas uphill and upwind of the incident.
- Don appropriate PPE.
- Request HAZMAT personnel to monitor the decontaminated patients as they exit the decontamination corridor.
- Do not enter the Warm or Hot Zone; stay in the Cold Zone and wait for the decontaminated patients to be brought to you.
- Triage as normal.

ATTACHMENT 2- MCI PATIENT TRACKING SOG

Standard Operating Guidelines

Regional Mass Casualty Incident
(MCI) Patient Tracking

PURPOSE

This Standard Operating Guideline (SOG) outlines the guidelines for implementing the mass casualty incident (MCI) patient tracking process in Cuyahoga County for emergency response agencies and healthcare entities. It is a supporting attachment of the Mass Casualty Incident Annex to the Cuyahoga County Emergency Operations Plan (EOP).

The Regional Mass Casualty Incident Patient Tracking process ensures family reunification of those injured or missing following a mass casualty event.

SCOPE

This SOG should be activated when an MCI is declared in Cuyahoga County to facilitate the response and coordination of tracking patients from scene to facilities.

RESPONSIBILITY

The Cuyahoga County Emergency Communication System (CECOMS) will be notified immediately of MCI declaration in Cuyahoga County by the on scene Incident Commander or Dispatch of affected community. Upon notification, CECOMS will generate MCI incident on OHTrac, the state of Ohio's web-based patient tracking site.

Pre-hospital or EMS providers are to put a triage tag or bracelet with a barcode on the patient at the scene of an MCI.

As per State of Ohio guidelines, an incident needs to be created in OHTrac within 30 minutes of incident awareness. Receiving hospitals should then ensure they enter the following patient information into OHTrac within 1 hour of the patient's arrival to the emergency department: triage tag number, injury severity color, gender, approximate age, and full name. Participating hospitals also should ensure that the patients' tracking status, or location, remains current on the website.

CHECKLIST

Step	Personnel	Done	Action Steps
A	Scene IC or Dispatch of affected community	<input type="checkbox"/>	Contact CECOMS (216-771-1363) or MARCS MTAC-1 when MCI verified, giving as much details as available to assist with response.
B	CECOMS	<input type="checkbox"/>	Within 30 minutes of notification, log onto OHTrac website: https://ohio.surgenet.org . Create MCI incident including agencies within 20 mile radius of scene zip code. Utilize baseline hospital MCI capability for initial transportation order requests, respecting any existing restrictions.
C	Affected Hospitals	<input type="checkbox"/>	Identified key staff receives OHTrac MCI notification and proceeds to Ohio Surgenet website to enter current emergency department mass casualty capability as soon as possible.
D	Regional Hospital Coordinator	<input type="checkbox"/>	Send Ohio Public Health Communication System (OPHCS) message to NEO Hospital Preparedness role groups upon receipt of MCI notification, if available.
E	OHTrac Facility Admin or User	<input type="checkbox"/>	a. Log onto Surgenet to view incident. <ul style="list-style-type: none"> • Via link in alert email notification • Or by selecting incident from OHTrac navigation tab b. If incident not visible, call CECOMS to verify incident and if they are going to create the notification.
F	First Responder Services	<input type="checkbox"/>	Pre-hospital personnel follow respective county mass casualty plans and apply barcoded triage tags on all patients on scene.
G	Field Transportation Group	<input type="checkbox"/>	If internet capability exists, the Transportation Group initiates patient tracking into State of Ohio- OHTrac patient tracking mobile app. system when transported from scene (via whatever means available). If system is unavailable, a manual log will be maintained.
H	Hospital OHTrac Facility Admin or User	<input type="checkbox"/>	Within 1 hour of arrival, Hospitals update patient identification and tracking on OHTrac --minimal documentation of triage tag number, severity code, gender, approximate age, and location. First and last name when available.
I	OHTrac Facility Admin or User	<input type="checkbox"/>	Update patient location as any changes occur.
J	CECOMS	<input type="checkbox"/>	Update notification as needed to: <ul style="list-style-type: none"> ○ Expand incident response radius beyond 20 miles ○ Add additional information