

Tuscarawas County
Mass Casualty Plan

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Tuscarawas County Homeland Security & Emergency Management

Guide to Initial Response, Scene Management, and
Victim Care in a Mass Casualty Incident

Updated 09-30-2011

**Tuscarawas County
Mass Casualty Plan**

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**Tuscarawas County
Mass Casualty Plan
Mass Casualty Incident**

The Tuscarawas County Homeland Security & Emergency Management Agency have defined a Mass Casualty Incident (MCI) as any incident involving five (5) or more victims with life threatening or serious illness or injury.

Purpose

This plan:

- Provides guidance to emergency response agencies in Tuscarawas County so that a multi-agency response to a Mass Casualty Incident can be effectively orchestrated.
 - Provides an umbrella system through which multi-agency responses will be effectively planned, organized, and coordinated across command jurisdictions.
 - Defines an effective command organization through the utilization of NIMS (National Incident Management System) which is intended to eliminate confusion and enhance response capabilities during a Mass Casualty Incident.
 - Provides methods to manage medical operations during a Mass Casualty Incident to prevent unnecessary loss of life.
 - Establishes an effective process of organization, defines the activities and responsibilities assigned to emergency medical personnel during a Mass Casualty Incident, and establishes procedures to process information to support mass casualty incident management, planning, and decision making.
-

Plan Revisions

A Mass Casualty Plan is a dynamic document that will change according to needs. Tuscarawas County's Mass Casualty Plan will be reviewed annually by agencies participating in its utilization. The plan will also be reviewed following an actual event or exercise. If your agency has any recommendation for changes, please contact the Director of Emergency Management. This plan needs to continue to grow with Tuscarawas County.

1st Edition completed using Microsoft Word XP.....June 15, 2009

I. Command Structure

Incident Command shall be implemented on all incidents in accordance with NIMS.

Agency Duties

AMERICAN RED CROSS: Collection of victim names and destinations from receiving hospitals for receipt of health and welfare inquiries from the public. Establishment of shelters and feeding facilities for displaced families.

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CORONER: Responsible for deceased victims.

FIRE DEPARTMENT: All fire suppression and rescue activities.

HEALTH PERSONNEL: Physicians, nurses, and other health personnel on the scene of the emergency will report to the Incident Commander or EMS Operations Officer. They will be assigned by that person to work in an area where they are most needed and their skills can be best utilized. If additional medical personnel are needed the County Medical Reserves Corps. (MRC) will be activated through the Tuscarawas County Health Department at the request of the Tuscarawas County HS & EMA. If Hospitals and/or Nursing Homes have a need to establish an Alternate Care Site one may be activated through the EMA.

LAW ENFORCEMENT: All activities regarding scene security. Establish inner and outer perimeters, crowd control, traffic control, and direct incoming responders to appropriate staging area.

TUSCARAWAS COUNTY HS & EMA: Determine need to activate the EOC (Emergency Operations Center). Assist the Incident Commander by locating special resources at the local, state, or federal level. Determine need to activate Citizen Corps MRC and/or the Volunteer Reception Center (VRC) to coordinate special volunteer resources.

SALVATION ARMY: Support First Responders and give additional assistance as requested by American Red Cross.

Scene Areas

COLD ZONE: General perimeter separating bystanders and traffic from the incident.

WARM ZONE: Boundary that separates the Incident Area from the Support Area. Only personnel actively working on the incident will be permitted in the inner perimeter.

HOT ZONE: A particularly volatile area within the Inner Perimeter where access is restricted to those persons taking special protective measures. In a Hazardous Materials Incident, decontamination may be required for all persons and equipment leaving the hot zone. (Normally a "Hot Zone" is not used in a Mass Casualty Incident unless unusual conditions exist.

COMMAND POST: Fixed, clearly marked, on-scene location where Incident Commander, Operations Officers, and Support Agency representatives make command decisions and coordinate all scene operations. A command post shall be used for each incident scene. It must be a well marked location where all participants meet and make command decisions.

EMERGENCY OPERATIONS CENTER (EOC): A fixed or mobile location, permanent or temporary, where elected officials and support agency representatives make decisions during multiple scene or community-wide emergencies.

Hospital Actions – Coordinating Hospital

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- I. **Coordinating Hospital**: The coordinating hospital in a Mass Casualty Incident will be the responding jurisdictions EMS Medical Control and will coordinate communication and victim movement between the scene and all potential receiving hospitals. The *Coordinating Hospital* will assist the Transport Officer in making transport decisions.
- a. The *Coordinating Hospital* will receive an initial call from the scene indicating a possible MCI.
 - b. The Transport Officer will rotate the victims among the receiving hospitals. Destination decisions will be made in conjunction with the coordinating hospital.
 - c. Upon receipt of a notification of a MCI, the *Coordinating Hospital* shall notify all potential receiving hospitals, through hospital EMS lines, of the situation, the nature of the incident, the estimated total number of victims. These estimates shall be updated as often as necessary and possible.
 - d. The *Coordinating Hospital* will ask all potential receiving hospitals for bed availability on red, yellow, and green tagged victims. The Coordinating Hospital should be prepared to advise the Transport Officer of the status of all receiving hospitals.
 - e. The *Coordinating Hospital* will receive a call from the scene through the Transport Officer once this position has been established. The Coordinating Hospital shall maintain contact with the Transport Officer until the scene has been cleared of victims.
 - f. The Transport Officer will provide the *Coordinating Hospital* with periodic updates on the activities at the scene and the number of victims.
 - g. As victims are transported from the scene, the Transport Officer will notify the *Coordinating Hospital* of the transporting department, number of victims, tag color, brief description of injuries, and the receiving hospital. (Example: Union Hospital will be receiving one red with severe head injury, one green with a leg fracture to Twin City Hospital).
 - h. The *Coordinating Hospital* will then notify the designated receiving hospital of the EMS department, tag colors, and nature of injuries.
 - i. After all victims have been cleared from the scene, the *Coordinating Hospital* will contact each receiving hospital for a victim accountability log to include; name, age, address, and disposition.
 - j. Requests for outside assistance will be managed through contact with the Emergency Operation Center (EOC).

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- k. The *Coordinating Hospital*, with the cooperation of the receiving hospitals, will coordinate **all** victim transfers.
- l. Tuscarawas County Coordinating Log Forms will be used for keeping victim destination records.
- m. All Tuscarawas County Triage Tags will be maintained as part of the victim's medical record and for later incident evaluation purposes.

Hospital Actions – Receiving Hospital

- II. **Receiving Hospital:** Any hospital that accepts victims during a MCI, inclusive of the Coordinating Hospital.
 - a. *Receiving Hospitals* will be notified by the Coordinating Hospital of the occurrence of a Large Volume Incident (LVI)/MCI.
 - b. All information from the scene will be received only through the Coordinating Hospital. The *Receiving Hospital* **will not** attempt to contact a dispatch center or EMS unit directly.
 - c. It is expected that all area hospitals will receive victims in rotation during a MCI. The *Receiving Hospital* will discuss any special concerns (department acuity, victim load, etc.) with the Coordinating Hospital.
 - d. *Receiving Hospitals* may activate their internal Disaster Plans as determined by their individual protocols.
 - e. Field personnel and the Coordinating Hospital will not be held responsible for the accuracy of victim estimates.
 - f. Each *Receiving Hospital*, according to hospital protocol, is responsible for notifying the local American Red Cross chapter of the names and status of each victim as it is available.
 - g. *Receiving Hospitals* will use Tuscarawas County Receiving Hospital Log Forms for victim destination records.
 - h. All Tuscarawas County Triage Tags will be maintained as a part of the victims' medical record and for later incident evaluation purposes. Normal pre-hospital run reports will not be completed for MCI victims.

II. Incident Operations

Incident Operations will follow NIMS and the Tuscarawas County S.T.A.R.T. system of Triage. The following steps indicate the actions needed in a Mass Casualty response.

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I. Field Activities

- A. The first unit on scene establishes scene safety before responders may enter the scene to assess the number of casualties and the type of incident. If an obvious Mass Casualty Incident (MCI) exists, the first arriving EMS unit immediately advises their dispatcher. If this notification is not made by the first arriving unit, it should be made by the first arriving officer. The first arriving unit will establish *Incident Command*. The designation of *Incident Command* will remain with the first arriving unit until relieved by a higher ranking official or until the Mass Casualty Incident operations have concluded.

IT IS CRITICAL THAT THE DISPATCHER BE TOLD THAT “THIS IS A MASS CASUALTY INCIDENT” SO THAT ALL COMPONENTS OF THE PLAN CAN BE IMMEDIATELY ACTIVATED.

- B. The S.T.A.R.T. system of triage will be used by EMS Services in Tuscarawas County (See Appendix 1).

III. Public Information

- A. All statements from the field will be made through the INCIDENT COMMANDER or his designated Public Information Officer.
- B. When the Emergency Operations Center (EOC) is open a Joint Public Information Center (JPIC) (location to be determined) for dissemination of information to the press will be established. If possible, representatives from the affected local government, receiving hospitals, Red Cross, Coroner’s Office, and other participating agencies shall be invited to participate in all formal briefings. Any of the above agencies may request that this Joint Public Information Center be established by the Emergency Operations Center (EOC).

Triage Tags and Equipment

- A. Each squad in Tuscarawas County should have an EMS MCI kit and maintain the kit with the following items:
1. 2 aprons of Mass Casualty triage tags per EMS unit, plus one (1) additional apron without tags for use by the TRANSPORT OFFICER.
 2. 25 triage tags
 3. (color) vests marked as follows on front and back:
 - i. EMS Operations Officer
 - ii. EMS Triage Officer
 - iii. EMS Treatment Officer
 - iv. EMS Transport Officer
 - v. EMS Safety Officer
 - vi. EMS Scribe

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4. Job action sheets
5. Yellow fire line tape
6. Notepad, pens, clip boards, MCI FORMS

Extra Equipment

- A. Flag or colored flashing light to designate COMMAND POST.
- B. Color coded salvage covers for victim collection.

IV. Standard Operating Guidelines

A. Coroner's Standard Operating Guidelines

1. The coroner and/or designee will be notified by the Incident Commander in the event of a Mass Casualty Incident.
2. The coroner and/or designee may respond to the incident scene.
3. The coroner and/or designee will report to the Command Post. Additional personnel will be called if necessary. DMORT may be called in as needed.
4. The coroner and/or designee will take charge of all deceased victims.
5. Fatalities will not be removed until their location has been properly documented.
6. A *black tag* area will be established at the scene if local emergency response personnel have not done so. This will be out of view of the victim collection area. Victims that expire in the victim collection area will be placed in the *black tag* area.
7. Fatalities will not be transported from the scene to hospitals until cleared by the coroner and/or designee. All will be held at the scene until the following procedure is instituted by the coroner or designee.
8. A temporary morgue is established at the location near the incident site. Morgue's location will be determined by the coroner.
9. All victims who expire en-route to or after arrival at any hospital shall be held for disposition by the coroner and/or designee. No autopsy is to be performed without expressed permission of the coroner.
10. Notification of death will be made to the families by the Coroner and/or designee.

B. American Red Cross's Standard Operating Guidelines

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Red Cross Operations at Hospitals

Red Cross Staff/Volunteers will be sent to the Public Information Center for each Receiving Hospital. All victims will be logged on the Victim Location Roster contained in the Forms Section of the Appendix to be used in a MCI. The information listed on the Victim Location Roster will then be relayed to the Emergency Operations Center by telephone or messenger. RADIOS SHALL NOT BE USED. At this point, the Emergency Operations Center will relay the information to the appropriate Red Cross Organization. Conditions and victim locations will be updated as they change.

All information must be verified before it is sent to the Emergency Operations Center. Hospital personnel MUST sign all Victim Location Rosters. All requests by families for victim locations should go to the designated Red Cross Chapter.

Red Cross Operations at the Coroner's Office:

If volunteers are needed at the Coroner's Office they will be requested through the EOC in conjunction with the VRC.

If a temporary morgue is established, operations may be moved to another location.

Information will be received from Emergency Operations Center on the names of family members who have inquired about deceased. This information will be logged and relayed to the Coroner's Office so that notifications can be made.

Red Cross Non-Injured Operations

In cases where there are numbers of non-injured persons at a fixed site, a Non-Injured Roster may be compiled. (An example could be an incident in which a particular part of a hotel was damaged with numbers of non-injured guests and staff). This roster must be verified and initiated by the Incident Commander and, if appropriate, other parties supplying the information (such as a Hotel Manager in the above example). This information will be relayed to Emergency Operations Center by telephone or messenger. RADIO SHALL NOT BE USED.

The caller will be advised of the victim's location and status if the victim is listed as "Non-Injured, Treated and Released, or Hospitalized." Information on victim condition will not be recorded or released.

The caller **WILL NOT** be advised if the victim is listed as dead. In this case, the phone worker will take care to log all information on the caller including address, phone number, and relationship to the victim. This information will immediately be relayed to the Coroner's Office so that notification can be made by trained Red Cross workers at the Coroner's Office.

If the victim's name is not on the roster, the action then taken will depend on the situation as determined by the Director of Emergency Services.

If the victim roster is complete, the family will be advised as such.

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If the victim roster is complete, the caller's request may be taken and held, or the caller may be advised to check back after the victim has had time to "call home". When necessary, a halt on requests may be imposed.

NOTE: The above procedures are geared toward an emergency involving the Tuscarawas County Chapter of the American Red Cross. The emergency contact numbers are:

- **Muskingum Lakes Chapter** **(330)-343-8633**

V. Miscellaneous

Training

The following are **recommended** local training guidelines for Mass Casualty Incidents:

1. Completion of NIMS training.
2. Train all public safety personnel in the Tuscarawas County Mass Casualty Plan. Training information will always be available and can be presented in conjunction with your department officers and training personnel as a refresher recommended every three (3) years.
3. Train all EMS personnel in S.T.A.R.T. TRIAGE (Identifying what is a Red, a Yellow, a Green, etc.) Follow guidelines as indicated in the plan.
4. Participate in exercises in conjunction with Tuscarawas County Homeland Security & Emergency Management Agency and local hospitals.

Public Information Officer

ACTIONS: Responds to Emergency Operation Center when activated.

- PIO designates an identifiable area (if EOC is not activated) where the news media activities can be implemented with the least amount of available manpower. Also provides situational information to media, Red Cross, governmental agencies, etc.
- PIO provides news releases on a timely basis.
- PIO maintains accurate information logs of news released to media to prevent contradiction or inaccurate data.
- PIO releases data using a written format if at all possible.
- PIO is responsible to coordinate with the Incident Commander the release of information to the responding fire departments concerning the welfare

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of their personnel and the estimated duration of the incident. This information will be relayed to team member's families by responding fire jurisdiction.

- PIO coordinates at least one press interview with the Incident Commander.
- PIO makes facts available to the media, Red Cross, governmental agencies and the public as soon as possible after the incident has been controlled.

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APPENDIX

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Appendix 1

S.T.A.R.T. TRIAGE & MCI

I. PURPOSE

To efficiently triage, treat and transport victims of Multiple Casualty Incidents (MCI's). The following guidelines are applicable to all multiple victim situations. These guidelines are intended for the everyday MCI when the number of victims exceeds the capabilities of the first arriving unit, as well as large scale MCI's.

II. PROCEDURE

A. The most qualified member of the first arriving unit will establish COMMAND and;

- 1.) Perform a size up:
 - a) Estimate the number of victims.
 - b) Request a Level 1, 2, or 3 response. (See D-3)
 - c) Request any specialized equipment as needed.
- 2.) Identify a staging area.
- 3.) Direct the remaining crew members and any additional personnel to initiate triage. Triage will be performed in accordance with the S.T.A.R.T. Procedure. To tag victims, utilize the color-coded ribbons found in the MCI bag on each medic unit.

Red = Immediate
Yellow = Delayed
Green = Ambulatory
Black = Deceased (non-salvageable)

- 4.) Locate and remove the walking wounded to one location away from the incident, if possible. These victims need to be assessed as soon as possible. Assign someone to keep the walking wounded together.

B. As additional units arrive, COMMAND will designate the following officers:

- 1.) TRIAGE (already established)
- 2.) TREATMENT
- 3.) TRANSPORT
- 4.) STAGING

C. Additional officers may be required depending on the complexity of the incident. These officers may include, but are not limited to:

- 1.) LANDING ZONE
- 2.) EXTRICATION
- 3.) HAZ MAT

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- 4.) REHAB
- 5.) SAFETY

D. Predetermined Response Plan.

- 1.) An MCI shall be classified by different levels depending on the number of victims. The number of victims will be based on the initial size-up, prior to triage.
- 2.) Levels of response will be in addition to the units already on the scene. All units will respond to the staging area unless otherwise directed by COMMAND.
- 3.) MCI Levels:
 - a.) **MCI LEVEL 1 (5-10 victims)**
 - b.) **MCI LEVEL 2 (11-20 victims)**
 - c.) **MCI LEVEL 3 (over 21 victims)**
- 4.) Each department operating under Tuscarawas County Medical Direction will institute MCI box alarms using the following criteria:
 - a.) MCI LEVEL 1:
 - 5 EMS Transport ambulances
 - 1 Engine Company
 - 1 Rescue Company
 - 1 Staff Officer
 - 1 Aero-Med helicopter on stand-by
 - b.) MCI LEVEL 2:
 - 10 EMS Transport Ambulances
 - 2 Engine Companies
 - 2 Rescue Companies
 - 2 Staff Officers
 - 2 Aero-Med helicopters on stand-by
 - c.) MCI LEVEL 3:
 - 20 EMS Transport Ambulances
 - 3 Engine Companies
 - 3 Rescue Companies
 - 4 Staff Officers
 - 4 Aero-Med helicopters on stand-by

* Request that central dispatch activate the Ohio Fire Chief's Response Plan requesting mutual aid as needed.

- d.) For all MCI levels the following equipment should be requested to cover other possible emergencies (station move-up):
 - 2 EMS Transport Ambulances
 - 1 Engine Company
 - 1 Rescue Company

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5.) Special notes:

- a.) All units are responding to staging CODE 3, unless otherwise directed by COMMAND.
- b.) COMMAND can downgrade or upgrade the assignment at any time.

III. OFFICER RESPONSIBILITIES

A. COMMAND

- 1.) Established by the first arriving Senior Paramedic.
- 2.) Radio designation: COMMAND
- 3.) Remain in a visible location.
- 4.) Designate a staging area.
- 5.) Assign positions to perform the functions of TRIAGE, TREATMENT, TRANSPORT and STAGING.
- 6.) Advise Central Dispatch of the number of victims and their categories.
 - a.) COMMAND and Central Dispatch will assign radio frequencies as needed.
- 7.) During large scale or complex MCI's, designate an EMS Officer to reduce the span of control.
- 8.) COMMAND may be passed to another officer, if needed. The initial Command Officer then should assume the role of EMS OFFICER.

B. EMS OFFICER

- 1.) Radio designation: EMS
- 2.) If established by COMMAND then, TRIAGE, TREATMENT, and TRANSPORT will report to EMS.
- 3.) Work directly with COMMAND.
- 4.) Assure positions have been assigned TRIAGE, TREATMENT and TRANSPORT.
- 5.) Assure Central Dispatch has been notified with exact number of victims and their categories.

C. TRIAGE OFFICER

- 1.) Radio Designation: TRIAGE
- 2.) Organize the Triage Team to begin the initial triaging of victims, utilizing the S.T.A.R.T. triage system. Assemble the walking wounded and uninjured in a safe area.
- 3.) Advise COMMAND or EMS, as soon as possible, if there is a need for additional resources.
- 4.) Coordinate with TREATMENT to ensure that priority victims are treated first.
- 5.) Ensure that all areas around the MCI scene have been checked for potential victims, walking wounded, ejected victims, etc., and that all victims have been triaged.
- 6.) Report to COMMAND or EMS upon completion of duties for further assignments.

D. TREATMENT OFFICER

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- 1.) Coordinates the re-triage of all victims and on-site medical care, as necessary.
- 2.) Radio designation: TREATMENT.
- 3.) Direct personnel to either begin treatment on the victims where they lay or establish a centralized treatment area.
- 4.) All RED tagged victims will be transported immediately as transport units become available. These victims should not be delayed in the treatment area.
- 5.) Ensure that all victims are re-triaged through a secondary exam and the assessment is documented on the triage tag.
- 6.) Considerations for a treatment area.
 - a.) Capable of accommodating the number of victims and equipment.
 - b.) Consider weather, safety and the possibility of hazardous materials.
 - c.) Designate entrance and exit areas which are readily accessible.
 - d.) On large scale MCI's, divide the treatment area into three distinct areas based on priority. Use colored tarps if available.
- 7.) Ensure that enough equipment is available to effectively treat all victims.
- 8.) Communicate with TRANSPORT to coordinate proper transport of the appropriate victims.

E. TRANSPORT OFFICER

- 1.) Shall coordinate the transport of victims to hospitals.
- 2.) Radio designation: TRANSPORT
- 3.) Establish continuous contact with Central Dispatch.
 - a.) Use of cellular phones is advisable.
 - b.) Advise Central Dispatch of the overall situation (ie. Smoke inhalation, trauma, burns, HAZ-MAT exposure, and etc.).
 - c.) Contact the coordinating hospital and advice of the overall situation.
- 4.) Consult with COMMAND or EMS to establish a loading zone. Advise STAGING of the location and direction of travel.
- 5.) Arrange for the transport of victims from the treatment area.
- 6.) Communicate with the LZ Officer the number of victims to be transported by air.
 - a.) Air transported victims should be assigned to distant hospitals, unless the victim's needs dictate otherwise (ie. Trauma center, burn unit, etc.).
- 7.) When units are prepared to transport, TRANSPORT will advise Central Dispatch and supply them with the following information:
 - a.) The unit transporting
 - b.) The number of the victims being transported.
 - c.) Their priority:
RED = IMMEDIATE
YELLOW = DELAYED
GREEN = AMBULATORY (minor)
 - d.) Any special need victims (ie. Cardiac, burns, trauma, etc.).
- 8.) TRANSPORT in conjunction with Central Dispatch will determine the most appropriate facility. Ground transported victims should be assigned to hospital on a rotating basis.

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- 9.) Once Central Dispatch receives the information from TRANSPORT, they will notify the appropriate hospital.
- 10.) Transporting units will not contact the individual hospital on their own, unless there is a change in patient status.

F. STAGING OFFICER

- 1.) Radio designation: STAGING.
- 2.) Establish the location of a staging area and notify COMMAND to direct any incoming units.
- 3.) Ensure that all personnel stay with their vehicles unless otherwise directed by COMMAND.
 - a.) If personnel are redirected to assist in another function, ensure that the keys stay with each vehicle.
- 4.) Coordinate with TRANSPORT the location for a loading zone and best route to the zone.

IV. DOCUMENTATION

- A. The Incident Commander will, at the completion of the incident, coordinate the gathering of all pertinent documentation.
- B. A post incident analysis will be conducted.

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Appendix 2

COPY OF TRIAGE TAG

No. 239352	TRiage TAG	No. 239352
PART <input checked="" type="radio"/> I		
No. 239352		
CALIFORNIA FIRE CHIEFS ASSOCIATION®		
Leave the correct Triage Category <u>ON</u> the end of the Triage Tag		
<input type="checkbox"/> Move the Walking Wounded		MINOR
<input type="checkbox"/> No respirations after head tilt		DECEASED
<input type="checkbox"/> Respirations - Over 30		IMMEDIATE
<input type="checkbox"/> Perfusion - Capillary refill Over 2 seconds		IMMEDIATE
<input type="checkbox"/> Mental Status - Unable to follow simple commands		IMMEDIATE
<input type="checkbox"/> Otherwise-		DELAYED
MAJOR INJURIES: _____		
HOSPITAL DESTINATION: _____		
ORIENTED <input checked="" type="checkbox"/> DISORIENTED <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/>		
TIME	PULSE	B/P
DECEASED		
IMMEDIATE No. 239352		
DELAYED No. 239352		
MINOR No. 239352		

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Appendix 3

HOSPITAL EMERGENCY CONTACT LIST

HOSPITAL	TRAUMA LEVEL	PHONE #	ER Phone #	FAX #
AKRON CHILDRENS HOSPITAL - MAIN SWITCHBOARD		Numbers Intentionally Left Blank		
AKRON CHILDRENS HOSPITAL - ER		On file @ EMA		
AKRON CITY HOSPITAL	Level I			
AKRON GENERAL HOSPITAL	Level I			
AULTMAN HOSPITAL	Level II			
BETHESDA HOSPITAL ZANESVILLE, OHIO				
CCMH COSHOCTON HOSPITAL				
CCMH (NEWCOMERSTOWN NUMBER)				
DOCTOR'S HOSPITAL MAIN NUMBER (AFFINITY MEDICAL CENTER)				
DOCTOR'S HOSPITAL EMERG. SQUAD DOOR CODE (911*)				
HARRISON COMMUNITY MEMORIAL HOSPITAL				
JOEL POMERENE MEMORIAL HOSPITAL				
MERCY MEDICAL	Level II			
MERCY MEDICAL CENTER ER				
SOUTHEASTERN MED	Level III			
SOUTHEASTERN MED ER				
TWIN CITY HOSPITAL				
UNION HOSPITAL - ER (EMS, FIRE, 9-1-1 USE ONLY)	Medical Control Hospital			

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MASS CASUALTY FORMS

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Appendix 4

Coordinating Hospital Mass Casualty Guidelines

- The following guidelines are only for use by the single hospital that is acting as the Coordinating Hospital between the mass casualty scene and the Receiving Hospital.
- The Coordinating Hospital will be the normal medical control for the community involved.
- All other hospitals should use the Receiving Hospital format.
- The Coordinating Hospital will communicate with the Transport Officer only, at the disaster scene.
- The Transport Officer will supply all size-up and patient information.
- Individual squads do not call any hospitals directly during a mass casualty.

Obtain the following information from the Transport Officer:

Nature of Incident _____

Approximate Number of Victims _____

Location _____

- Notify all surrounding hospitals and update them periodically.
- Assess the status of these hospitals (how many reds, yellows, and greens can they take).

<u>Hospital</u>	<u>Time Notified</u>	<u>Status/Bed Availability</u>		
		RED	YELLOW	GREEN
Union Hospital	_____			
Twin City Hospital	_____			
Coshocton County	_____			
Guernsey County	_____			
_____ Hospital	_____			
_____ Hospital	_____			

- Consider notification of hospitals in other areas if situation/location warrants.
- As Coordinating Hospital you will communicate with the Transport Officer in the field to determine what hospitals will be used.
- Victims should be sent from the field to hospitals in rotation by the Transport Officer.
- Activation of individual hospital disaster plans is at the discretion of the Receiving Hospital.
- Log all victims leaving the scene on the attached sheets and relay information to the appropriate Receiving Hospital.

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Appendix 8

Coordinating Hospital's Victim Record, Mass Casualty Guidelines

Transport Officer: Name _____ Nature of Incident: _____ Number _____

Emergency Operations Center (EOC): _____ Approximate Number of Victims: _____

Alternate Number: _____

Red Cross Information: _____ Mass Casualty Location: _____

Public Information Center: _____

- **DO NOT HANG UP ON THE TRANSPORT OFFICER!!!** Date and Time of Call: _____ Use

One Line For Each Patient

	Transport Dept.	Tag Number	Tag Color	Injury Type	Receiving Hospital	Time Receiving Hospital Advised
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

**Tuscarawas County
Mass Casualty Plan**

Appendix 9

Receiving Hospital's Victim Record, Mass Casualty Guidelines

- You will be notified of incoming squads by the Coordinating Hospital
- Squads will run from protocol
- Maintain minimum radio traffic
- Activation of your hospital's Emergency Plan is at your discretion

Coordinating Hospital: _____

Mass Casualty Location: _____

Emergency Operations Center (EOC): _____

Approximate Number of Victims: _____

Alternate Number: _____

Red Cross Information: _____

Public Information Center: _____

Use One Line For Each Patient

	Transport Dept.	Tag Number	Tag Color	Hospital Number	Injury Type	Time of Call	Time of Arrival	Destination
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

**Tuscarawas County
Mass Casualty Plan**

Appendix 10 Transport Officer's Victim Record, Mass Casualty Guidelines

Coordinating Hospital: _____

Nature of Incident: _____

Number: _____

Emergency Operations Center (EOC): _____

Approximate Number of Victims: _____

Alternate Number: _____

Red Cross Information: _____

Mass Casualty Location: _____

Public Information Center: _____

Date and Time Operational: _____

- DO NOT HANG UP ON THE COORDINATING HOSPITAL!!!
- Provide frequent updates to the coordinating hospital!
- Communicate all patient information only to the coordinating hospital!
- Advise all transport personnel to run off protocol and DO NOT call the hospitals direct!

Page ____ of ____

Use One Line For Each Patient

	Transport Dept.	Tag Number	Tag Color	Injury Type	Receiving Hospital	Departure Time
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

**Tuscarawas County
Mass Casualty Plan**

Appendix 11 Treatment Officer's Victim Record, Mass Casualty Guidelines

- Communicate only with the EMS Control Officer
- Assign scribes and runners as needed
- Provide for personnel and victim needs
- Treatment area should:
 - Be roped off with one access in and one access out
 - Have enough room to:
 - provide 2 ft between each patient
 - allow for EMS equipment area
- Advise all Patient Movers to report back to triage
- Additional personnel requests will be made through the EMS Control Officer

Nature of Incident: _____

Approximate Number of Victims: _____

Mass Casualty Location: _____

Date and Time Operational: _____

Page ____ of ____

Use One Line For Each Patient

	Arrival Time	Tag Number	Tag Color (red, yellow, green)	Injury Type	Treatment Zone (red, yellow, green)
1			R Y G		R Y G
2			R Y G		R Y G
3			R Y G		R Y G
4			R Y G		R Y G
5			R Y G		R Y G
6			R Y G		R Y G
7			R Y G		R Y G
8			R Y G		R Y G
9			R Y G		R Y G
10			R Y G		R Y G
11			R Y G		R Y G
12			R Y G		R Y G
13			R Y G		R Y G
14			R Y G		R Y G

**Tuscarawas County
Mass Casualty Plan**

Appendix 14

TRANSPORT OFFICER RESOURCE LOG

Patients are to be sent to hospitals in rotating order

HOSPITAL	RED numbers available	YELLOW numbers available	GREEN numbers available	TRANSPORT VEHICLES	NUMBER AVAILABLE
Union				ALS Units	
Twin City				BLS Units	
Coshocton				Van	
Guernsey				Bus	
Akron Children's				Air	
				MISC.	
				Hospital Maps	

Comments/Notes: _____
