DELIVERABLE # 7

The Forward Movement of Patients

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I. INTRODUCTION

The Metropolitan Medical Response System Deliverable 7 addresses management of the forward movement of patients at the local/regional level prior to implementing the National Disaster Medical System (NDMS). Deliverable 7 also describes methods for the activation and implementation of the National Disaster Medical System (see Appendix A).

In a mass casualty incident (MCI) caused by the use of a weapon of mass destruction (WMD), it is likely that the health care system within the Capitol Region will be overwhelmed, requiring the rapid forward movement of patients to healthcare facilities in other regions or states.

II. ASSUMPTIONS

1. The incident and the number of casualties is of such a magnitude that the Capitol Region MMRS participating communities will need assistance from other regions, from the State of Connecticut, and from applicable federal agencies in order to treat and transport such casualties.

2. The US Department of Homeland Security’s National Disaster Medical System (NDMS) resources will not be available immediately following a WMD occurrence. Therefore, the CR-MMRS must be prepared to rely on existing transport resources and mutual aid agreements (see Local Action Plan on page 5) for the first 96 hours. The NDMS must be considered as a secondary resource for transportation of patients to definitive care outside of the Capitol Region during the first days of a mass casualty incident.

3. North Central CMED will be the “Resource Coordination Center” (RCC) for all patient transportation requirements within or out of the Capitol Region.

4. The Regional Emergency Disaster (RED) Plan shall have been activated through RICS (the Regional Integrated Communications System), starting with a request by an appropriate official to open and staff a Regional Coordination Center (RCC) at one or more of the pre-determined RCC sites.

5. A Unified Command Structure (UCS), involving local, state, federal, and military decision makers, has been established.

6. All local efforts to care for patients, such as instituting plans for augmented staffing, alternative care facilities, and local and regional expanded capacity, have been exhausted, or are expected to be exhausted, prior to utilization of the NDMS.

7. There is no contraindication (such as disease) that would preclude moving patients out of the area.

8. The NDMS shall have been alerted through the CR-MMRS, or the CT Department of Public Health (CTDPH), or the CT Department of Emergency Management and Homeland Security (DEMHS). The responsible agency will notify NDMS as early in the event as possible of the potential need for federal assistance.

9. Under the RED Plan activation, at least the following Regional Emergency Support Functions (ESF’s) shall be required to be present at the RCC:

   ESF1 Transportation       ESF6 Mass Care
   ESF2 Communications       ESF8 Health and Medical Services
   ESF4 Fire Service         ESF13 Law Enforcement
   ESF5 Information and Planning ESF14 Media
III. OPERATIONAL CONCEPTS

1. Stages of Severity
This plan has been developed to manage three stages of severity of a mass casualty event. These levels are defined as follows:

   **Stage I:** Developing Public Health Crisis
   0 to 100 patients

   **Stage II:** Public Health Disaster
   101 to 1,000 patients

   **Stage III:** Catastrophic Public Health Event
   1,001 to 10,000 or more patients

The patient numbers associated with each stage are to be considered guidelines since a particular incident may require Stage III procedures even if the number of patients is far less than 1,001.

2. Strategies and Actions
Each stage of severity requires a different strategic response. This response is implemented through a general action plan suitable for each stage. The following is a list of strategies and general actions for each stage of severity:

   **Stage I:** Developing Public Health Crisis, 0 to 100 patients
   **Strategy:** Assess needs
   **General Action:** Utilize existing local/regional response structure

   **Stage II:** Public Health Disaster, 101 to 1,000 patients
   **Strategy:** Establish alternate response structure
   **General Action:** Augment regional resources with state assets

   **Stage III:** Catastrophic Public Health Event, 1,001 to 10,000 or more patients
   **Strategy:** Utilize all available state and federal resources
   **General Action:** Integrate resources into regional response structure
IV. LOCAL ACTION PLAN FOR FORWARD MOVEMENT OF PATIENTS

In the event of a large-scale EMS emergency located within the Capitol Region, local and regional mass casualty protocols shall be placed into operation. Steps shall include:

1. The on-scene EMS Commander, as part of the established Unified Command System, shall make an appraisal of numbers of casualties and advise RICS via InterCity 154.625 MHz PL 107.2, or by phone at 860-832-3477, that an activation of the CREPC RED Plan is required to meet the emergency.

2. CMED shall coordinate FMOP following available local and regional plans throughout the incident, and shall participate in FMOP coordination with officials of the National Disaster Medical System.

3. CR-MMRS shall notify the NDMS Regional Emergency Coordinators or the Operations Support Center (800 872-6367 extension 2) of the incident, and advise of the potential need for federal assistance.

4. The RED Plan shall be activated, and a Regional Coordination Center (RCC) shall be opened and staffed with the appropriate Regional Emergency Support Functions.

5. Given the fact that regional bed availability is fluid and dynamic, CMED shall initiate a hospital bed availability call-down, starting locally and then moving to other Capitol Region Emergency Planning Committee (CREPC) regional acute care facilities.

   a. Bed availability estimates shall account for bed types as well as numbers of beds available within each hospital facility, and shall include an estimate of the number of beds that can be made available through the process of early discharges, patient movement to skilled nursing facilities, and postponement of elective surgeries.

6. CMED shall also notify the MEDNET 155.340 MHZ PL 203.5 hospital communication system to start a bed availability count external to the Capitol Region MMRS jurisdiction. If necessary, MEDNET shall extend the process of determining bed availability to those healthcare facilities beyond CT’s borders and nearest to the CT incident location.

7. When contacted by CMED to advise of the occurrence of a large-scale event and to determine bed availability, each acute care hospital within the Capitol Region shall open its Emergency Operations Center. Hospital plans regarding surge capacity and possible relocation of hospital resources to alternative treatment sites shall be activated, based on the provision of accurate and timely information received from CMED.

8. Participating hospitals and other healthcare facilities shall continue to provide frequent updates on bed availability to CMED throughout the incident to ensure accurate and timely information.

9. During the event, all patient transportation requests from hospitals shall be forwarded to CMED for resource allocation. CTDPH shall coordinate a real time bed-availability assessment statewide, and provide that information to CMED. Inter-facility movement of appropriate, non-contaminated patients shall be accomplished utilizing Advanced and Basic Life Support units assigned to the incident.

10. Through the Unified Command System, CR-MMRS, CTDPH, DEMHS, and the on-site incident commanders, shall make the decision to request the activation of the NDMS based on specific incident data and resource availability. CR-MMRS or CTDPH may call to activate the NDMS, or may request that DEMHS forward this decision to the Commissioner so that NDMS activation protocols may be initiated at that level.
11. In the early stages of any mass casualty emergency, patients initially shall receive care at local health care facilities utilizing the normal operating procedures of those facilities. The Director of the Office of Public Health Preparedness of the CT Department of Public Health, or his/her designee, shall monitor the capacity of these healthcare facilities to ensure proper handling of patients and appropriate coordination with the CR-MMRS.

12. Plans shall be established via a collaboration between the CT Department of Public Health, healthcare facilities, and any other applicable entities, coordinating with CR-MMRS, to create an effective and practical system for the inter-facility transfer of patients from one healthcare facility to another in the event of a large-scale incident requiring the rapid forward movement of patients, or if there is need for the immediate evacuation of all or part of any facility.

V. INCIDENT MATRIX

![Incident Matrix Diagram]

- **Unified Command / Appropriate ESFs, State / Federal Resources**
  - **Treatment / Transportation**
  - **CMED & RICS**
  - **CR-Hospitals**
  - **RED Plan**
  - **MEDNet**
  - **Non-Regional Facilities**
    - **ESF Activation**
    - **US DHS/FEMA**
    - **Presidential Declaration**
  - **US DHHS/NDMS**
  - **Full NDMS Operations**

**CR-MMRS CT DPH DEMHS**

**CR-Hospitals**

**RED Plan**

**MEDNet**

**Non-Regional Facilities**

**US DHS/FEMA**

**Presidential Declaration**

**US DHHS/NDMS**
VI. TRIAGE, COORDINATION OF SERVICES, AND MASS CARE

The Capitol Region MMRS shall have the authority to convene a Medical Advisory Team (MAT) that, in consultation with the CT Department of Public Health and the CT Department of Emergency Management and Homeland Security, shall manage the medical services provided by local medical care providers in the event of a Capitol Region public health emergency. These medical services shall include triage, transportation, medical services including decontamination, and mass care.

The Medical Advisory Team (MAT) shall be designed to allow expansion and contraction of its size and make-up based on the changing nature of the mass casualty incident. Among its responsibilities, the Medical Advisory Team shall oversee and coordinate:

1. On-scene safety of first responders
2. Triage of victims to determine degree of exposure and extent of illness
3. Activation of appropriate decontamination procedures both on-scene and at hospitals and at other designated collection points
4. Implementation of appropriate infection control procedures to contain possible disease outbreaks
5. Activation of the regional plan for the transfer of victims to appropriate medical sites using appropriate medical evacuation systems to ensure patient safety
6. Coordination of the expansion of the healthcare system to meet the needs of the region
7. Coordination of the use of trauma, burn, ICU and other specialized care facilities
8. Facilitation of credentialing and distribution of medical staff to ensure adequate medical services at all participating facilities
9. Implementation of regional and state plans to activate alternative treatment and patient sheltering sites, and assurance of adequate staffing to complete the mission at those locations

VII. Mutual Aid Agreements

1. North Central CT CMED shall be the responsible authority for the development and coordination of treatment and transportation mutual aid agreements for EMS providers within the Capitol Region MMRS. Additionally they shall maintain agreements for EMS providers outside of the Capitol Region.

2. The CT Department of Public Health shall be the responsible authority for the coordination and monitoring of inter-facility transfer mutual aid agreements to be used for the Forward Movement of Patients.

VIII. Transportation Options

1. To accommodate the forward movement of patients, all modes of transportation shall be utilized. Access to these transportation options is available through the activation of the Capitol Region Emergency Planning Committee’s (CREPC) RED (Regional Emergency Disaster) Plan. This activation would include any commercial...
and state-owned buses, fixed and rotor aircraft (military and commercial), commercial and private automobiles and trucks.

2. Additionally, AMTRAK may be used for rail access between New Haven, CT and Boston, MA. Once contacted, AMTRAK will need an incident and needs assessment to best prioritize any assistance that they may be able to provide. The availability of AMTRAK is dependent on weather condition extremes, and passenger car availability. Patients assigned to rail transportation cannot be bed-ridden.

3. To access AMTRAK the following contact numbers can be used in the following order:

- Consolidated National Operations Center
  Wilmington, DE
  1-800-424-0217 EXT. 2310

- Boston Chief Train Dispatcher
  Boston, MA
  1-800-243-1255

- AMTRAK Police National Communication Center
  Philadelphia, PA
  1-800-331-0008
APPENDIX A: NDMS Activation

METHODS OF NDMS ACTIVATION

The National Disaster Medical System (NDMS) is a response element of FEMA, within the US Department of Homeland Security, under the direction of the Under Secretary for Emergency Preparedness and Response. NDMS may be activated by one of several authorities, as described below. In all cases, authorized officials of the State or CR-MMRS may make notifications or initiate requests for assistance through the NDMS Regional Emergency Coordinators or NDMS Emergency Operations Center (800 USA-NDMS); or through the FEMA Regional Director.

1. The Governor of the State of Connecticut, on advice from local and state health officials, can request federal assistance under the authority of the Robert T. Stafford Disaster Relief Act and Emergency Assistance Act. In this scenario, the Governor, through the office of the FEMA Regional Director, requests a Presidential declaration of a disaster or emergency. If declared, the Presidential edict triggers a series of federal responses coordinated by FEMA, including the activation of the NDMS. Costs for using the system under a Stafford Act declaration may be borne by the federal government, or shared with the State, as specified by the President.

2. Prior to, or in the absence of, a presidential declaration, an authorized official of the CR-MMRS, the CT Department of Public Health or the CT Department of Emergency Management and Homeland Security may request assistance through the NDMS Regional Emergency Coordinators, or the FEMA Regional Director, or the NDMS Emergency Operations Center. The state of Connecticut may bear the costs of using the system in this scenario, unless a Presidential declaration follows, or the US Department of Homeland Security waives some or all costs.

3. Military casualty levels exceed, or are expected to exceed, the capability of the DOD/VA medical care systems. In such circumstances, the Assistant Secretary of Defense for Health Affairs may activate the NDMS. Costs are borne by the federal government.

REQUESTING FORWARD MOVEMENT OF PATIENTS BY THE NDMS

1. The CREPC Regional Emergency Coordinating Center (RCC) shall be activated for an incident that warrants the use of NDMS. At the RCC, medical personnel from hospitals and other healthcare facilities, local health directors, and ESF chiefs shall interact with incident commanders in the field to coordinate the local preparation for NDMS activation.

2. Upon their consensus that the incident threatens to overwhelm regional and state resources, and that NDMS activation may be required to move patients from the region, a request for NDMS assistance shall be initiated as described above.
3. CMED shall coordinate the transport of patients to healthcare facilities within the Capitol Region, or to an NDMS casualty collection and staging area (eg: the Army Aviation Support Facility (AASF) located at Bradley International Airport on CT Route 75 in Windsor Locks, Connecticut), utilizing private ambulance companies and other commercial and governmental resources.

4. Connecticut military personnel at the AASF shall direct arriving transport vehicles to the designated NDMS receiving area.

5. Patients transported by CREPC agencies to hospitals or to NDMS collection sites shall be tracked through their triage tags.

PREPARATION OF PATIENTS FOR FORWARD MOVEMENT

Medical staff at individual hospitals shall be responsible for implementing standards of care that will ensure the safe transportation of their patients.

Prior to the Arrival of NDMS

1. Prior to the arrival of the NDMS on-scene, CMED shall coordinate the transport of patients to regional healthcare facilities within the Capitol Region, or to pre-designated NDMS staging areas (eg: Bradley Airfield), utilizing air and ground resources. Ambulance and medical transport resource personnel shall accompany patients to their destinations.

2. In order to activate this process, CMED shall request that the public and private regional Emergency Medical Services (EMS) agencies establish a patient staging area at the pre-designated location (eg: Bradley Airfield) to ensure that each patient is stable and has the required support services to be transported safely.

3. If requested, the Connecticut National Guard administration shall designate and operate the Air Receiving Center and Staging Area at Bradley to receive and dispatch air resources for patient transportation.

When the NDMS Has Been Activated

Upon notification of the potential need for federal assistance, the NDMS Regional Emergency Coordinators, or other officials of US DHS/FEMA/NDMS, will assess the need for activation of NDMS (and/or Federal ESF-8) to ensure the timely and effective forward movement of patients from the Capitol Region.

If the National Response Plan is activated (by a Stafford Act declaration or under the provisions of PDD 39), an Emergency Response Team-Advance (ERT-A) or other Federal representatives may also deploy to assess State/Capitol Region needs.
1. Mission tasking:
   - If the National Response Plan is activated, FEMA will establish a Disaster Field Office (DFO) at an appropriate site. The F-ESF8 and NDMS Representatives assigned to the DFO shall liaise with CR-MMRS and with regional and state health officials in order to coordinate and process requests for assistance in the forward movement of patients.
   - Under a Stafford Act implementation of the National Response Plan, it is the responsibility of the F-ESF8 Representative to assure that detailed tasks are issued with sufficient funds to provide appropriate authorization and to cover foreseeable costs for the activation of the NDMS, including all NDMS elements required to assure completion of the mission.
   - Tasking shall include:
     a. Authorizing the evacuation and transportation of patients
     b. Providing transportation to Federal Coordinating Center (FCC) member hospitals
     c. Paying for certain healthcare expenses
     d. Returning transferred patients to their communities, or making mortuary arrangements for transferred patients who expire

When the NDMS Arrives

1. When authorized, the NDMS Regional Emergency Coordinator or FCC Emergency Manager shall identify and establish an NDMS receiving area (eg: Bradley Airfield) for movement of patients to other areas of the region or nation
2. NDMS personnel shall coordinate the movement of patients from the staging areas to the transport assets, utilizing available regional personnel whenever possible
3. NDMS or military medical personnel shall provide care to patients during transport and until patient transfer to appropriate personnel of the receiving facility

Patient Regulation and Aero-Medical Operations

Upon instruction from NDMS, the Global Patient Movement Requirements Center (GPMRC) shall issue bed-reporting instructions to those Federal Coordinating Centers (FCC’s) activated to meet the needs of this emergency. The GPRMC shall coordinate:
   a) Patient receiving process
   b) Obtaining and disseminating patient medical information
   c) Acquisition of medical equipment needed for flight evacuation or other transport
   d) Communication with NDMS officials regarding aero-medical missions dispatched to the disaster area and on to the FCC’s.

This process does not exclude the possibility that the need for evacuation could be so immediate that the rapid movement of patients would result in a minimal amount of patient information being collected prior to transport and forwarded with the patient.
FCC Patient Reception Operations

Prior to the arrival of patients, the NDMS Regional Emergency Coordinator and/or FCC Area Coordinator shall activate the area’s reception plan, alert triage and administrative teams, litter bearers, patient staging teams, and transportation assets. When transferred patients are received, the FCC Area Coordinator shall notify the GPMRC of their arrival. The FCC Area Coordinator shall then further regulate and move the patients to local member hospitals.

Coordinating the Forward Movement of Patients

1. Medical personnel at hospitals, airports and other treatment facilities, and incident commanders and other responders at the scene, shall interact with RICS to coordinate the forward movement of patients to regional alternative treatment sites or to the designated NDMS patient collection area(s).

2. CMED shall monitor the status of individual hospitals and other healthcare facilities in the Capitol Region, and shall determine the numbers and types of patients requiring transport from each facility, including special equipment requirements.

3. In conjunction with the State Emergency Operations Center (SEOC), RICS shall coordinate the deployment of regional resources for transport and transfer of patients within the CREPC region. Transportation resources may include air ambulances, buses, and other resources as required by the severity of the incident.

4. NDMS shall coordinate the transport of patients to healthcare facilities outside of the Capitol Region, or to designated NDMS patient collection areas. If the Connecticut National Guard Army Aviation Support Facility at Bradley International Airport is utilized, Connecticut National Guard personnel shall direct arriving transport vehicles to the NDMS collection area.

5. Patients transported to hospitals outside of the CREPC region or to NDMS shall be tracked by RICS through their triage tags.

Command and Control

1. Prior to the arrival of NDMS officials, and concurrent with the activation of the CREPC RED Plan, command and control of the forward movement of patients shall rely on established CREPC incident command procedures, emphasizing a Unified Command structure to ensure sufficient input into the command process from public health, medical and emergency medical services professionals.

2. RICS shall maintain liaison with NDMS representatives, and with state and federal agencies, to ensure smooth patient flow to the staging areas.

3. Once on-scene, designated personnel from the NDMS shall be responsible for the coordination of forward movement of patients out of the Capitol Region utilizing the National Disaster Medical System.

4. The NDMS representatives shall provide the following functions:
• Organization of transportation assets
• Notification to receiving hospitals
• Organization of personnel to staff transport assets in forward movement
• Organization and management of supplies required for forward movement
• Coordination with local airports for landing and staging areas

Establishment of an Airport Staging Area

In the event that the forward movement of patients through the NDMS is activated, an airport staging area may be required. The following factors shall be considered when selecting a site:

1. Distance from hospitals and other healthcare facilities to the airport
2. Adequacy of space to develop staging areas
3. Ease of arrival and departure
4. Adequate ramp area to accommodate transport aircraft
5. Availability of medical personnel and equipment to support the functions of a staging area
6. Access to security personnel to protect patients and transportation assets

The primary airport within the Capitol Region possessing the facilities to meet the above requirements, and to accommodate the types of aircraft most commonly used for the purpose of forwarding patients, is Bradley International Airport (BDL) in Windsor Locks, Connecticut. The military component of Bradley International Airport carries the designation “Bradley Airfield” (Lat: 42-56-20.000N, Long: 072-40-59.600W).

When considering an alternate airport, Brainard Airport (Lat: 42°44.18, Long: 72°39.01), located at 251 Maxim Road in Hartford, CT, has a landing strip of 4,400 feet as well as hangar facilities for possible NDMS use.

Once tasked by the Global Patient Movement Requirements Center (GPMRC)/National Disaster Medical System (NDMS), Bradley Airfield in conjunction with the AASF shall make available, to the extent possible, those resources required to accomplish the forward movement of patients, including but not limited to:

a. Receive aircraft and ground transport for the forward movement of patients utilizing the National Disaster Medical System (NDMS)
b. Provide and secure access into and out of the airport
c. Make available facilities to support the staging areas and to provide shelter for support personnel
d. Provide access for security personnel to protect patients and transportation assets

**NDMS Operations**

1. Upon arrival of the National Disaster Medical System assets, a Management Support Team (MST) may be established.

2. The MST ordinarily assumes these functions:
   a. Support the NDMS on-scene personnel and Disaster Medical Assistance Teams (DMATs)
   b. Interface with senior regional or state public health/emergency management officials
   c. Serve as the focal point for receiving, assigning and supporting other arriving component teams such as:
      i. Veterinary Medical Assistance Teams (VMAT)
      ii. Disaster Mortuary Operational Response Teams (DMORT)
      iii. Other specialty teams

3. Establish Field Treatment Sites (FTS) for patient collection areas at or near the point of departure
   a. NOTE: Medical care by regional EMS and medical personnel shall continue until the patient is transferred to the NDMS

4. The MST/FTS Guidelines for the transfer of patients out of the region include:
   - Unstable patients (usually determined by the NDMS flight crew) shall not be transported
   - Patients who expire while at the FTS shall be moved to a designated temporary morgue under the supervision of the Disaster Mortuary Operational Response Team – DMORT
   - Patients shall not be transported prior to decontamination
   - In a hazardous chemical or biological environment, all personnel shall don appropriate personal protective equipment and follow prescribed safety precautions
   - The patient-tracking procedures outlined in the CREPC Regional Emergency Deployment Plan (RED Plan) shall be utilized until the NDMS takes custody of the patients. The American Red Cross and the NDMS FCC Emergency Manager, utilizing the assets of the NDMS, shall continue to track patients through to repatriation
   - Receiving hospitals shall provide final admission/discharge summaries to the NDMS via the FCC Emergency Manager
   - If requested by NDMS, pharmaceutical and staffing needs at the FTS may be supported by the procedures outlined in the CREPC RED Plan
   - Local/regional law enforcement agencies shall be responsible for traffic control and security of the FTS.
Appendix B

Mass Casualty Incident (MCI) Guidelines
October 1, 2003
Endorsed by the Connecticut Department of Public Health

Consistent with New England Council for EMS mass casualty management policies and the incident command system, guidelines for declaring and operating at a mass casualty incident are:

1. Assess and avoid exposure to existing dangers.

2. A mass casualty incident will be declared by the incident commander if the community defined threshold number of patients is exceeded. The threshold will be when the number of patients or the extent of their injuries alters the normal day-to-day operations. Approval of the local MCI plan is indicated by endorsement of the local fire, police and EMS authorities.

3. The Incident Commander or designee will notify the dispatcher and the nearest hospital of the type of MCI and an estimate of number and type of patients. This communication will take place as soon as possible after the operations begin. In addition, the appropriate official will
   a. request additional EMS, fire and police assistance as needed.
   b. request all area hospitals be notified.

4. The EMS personnel arriving at the scene will report immediately to the Incident Commander or, if designated, the Operations Chief or, if designated, subordinate officers in the Incident Command System managing the EMS operations. All EMS officers defined below will wear identification vests to designate their assigned roles. In the following order, the positions will be appointed as qualified personnel become available:

5. An EMS CONTROL OFFICER will be appointed by the Incident Command System. This appointment will be made by the Incident Commander or authorized designee (Operations Chief or other). Reports to the Incident Command System. Responsible for all EMS operations, including patient triage, treatment, and transportation. This individual is authorized to appoint the remaining four EMS officers (listed below).

6. A PRIMARY TRIAGE OFFICER will be appointed by the EMS Control Officer. This individual is responsible for rapidly and continuously assessing all patients. This officer continues in this role as long as patients remain at the scene. This person is authorized to assigns available personnel to provide treatment for immediately life threatening conditions for patients who will benefit from immediate care with the resources available. Treatment is limited to:

   **Bleeding** - rapid pressure dressing if blood is observed moving from a wound
   **Airway** - by repositioning the patient_s head/neck/shoulders
   **Shock** - if rapidly progressing - by elevating extremities, covering the patient to maintain body heat, administration of oxygen, and providing someone (a bystander or other) who can provide continual reassurance.
7. SECONDARY TRIAGE OFFICER will be appointed by the EMS Control Officer. This individual will rapidly apply tags to all patients, or assign personnel to do tagging using METTAGs or equivalent color coded tags.

**Tag categories are:**

**RED (I):** Conditions requiring immediate transport by ambulance to prevent jeopardy to life or limb and which will not unduly deplete personnel/equipment resources. (Examples include patients showing signs of shock, major blood loss, multiple system injuries, severe respiratory distress and significant head injuries.)

**YELLOW (II):** Conditions not requiring immediate transportation to prevent jeopardy to life or limb, but which eventually require ambulance transport to a hospital for attention. (Examples include single system fractures, sprains, strains requiring X-rays, and open wounds which are not continuously bleeding but which require sutures).

**GREEN (III):** Minor conditions not requiring the patient to be seen at a hospital. (Examples include small abrasions, bruises or those patients not presenting with any injuries.)

**BLACK (0):** Patients who are clinically dead (without respirations or pulses) before the patient is located in the treatment area. Witnessed arrests in the treatment area if sufficient personnel are available will receive CPR and remain tagged in the RED (I) category.

8. TREATMENT OFFICER will be appointed by the EMS Control Officer. This individual will set up and supervise the treatment area. A differentiation of patients tagged Red will be made by marking an AA@ on the tag for unresponsive patients, and marking a AB@ on the tag for responsive red tagged patients. This officer will oversee the designation of the prioritization of patients to be taken from the treatment area for transportation and coordinates with Loading Officer to prepare for loading the patients for transportation. This officer may communicate to the sponsor hospital and medical control the individual characteristics of patients in the treatment area remaining in priority need for transportation. Such information will include, tag color, tag number, approximate or actual age, gender, chief complaint or problem, and the expected time for completion of treatment resulting in the patient being loaded for transportation.

9. LOADING OFFICER will be appointed by the EMS Control Officer. This individual will coordinate ambulances in loading area. Oversees the appropriate loading of patients in basic life support, intermediate and paramedic transport ambulances. Logs the information on patients loaded in ambulances and times they were released for transportation. Instructs ambulance personnel not to contact hospitals unless medical control is required for condition change. Notifies hospital of estimated time of arrival. Records departure times, hospital notification times, patient ID#s and destination of transporting vehicles.

10. As the operations continue, the EMS Control Officer will provide oversight of the subordinate EMS officers, and provide periodic updates to the command post. When a sufficient number of ambulances with their crews have arrived on scene and all of the remaining patients are receiving care, the EMS Control Officer will consider recommending to the Incident Commander that the MCI operations be terminated. If this is ordered, the EMS Control Officer will instruct all personnel to treat and transport the patients they are then working on, but to log in with the Loading Officer before leaving for a hospital.
MCI operations identifying the scene, treatment area and loading areas with location of the EMS officers.
Job Action Sheets, or job descriptions, are the component of the incident command system (ICS) that tells responding personnel "what they are going to do; when they are going to do it; and to whom they will report after they have done it." Job Action Sheets are especially useful in the ICS because personnel can be expected to receive appointments to different positions based on functions, not by routine job titles. A paramedic may be appointed to a position that does not involve direct patient care, and be held accountable for functions that are not routinely performed in carrying out routine paramedic roles.

There are five main positions that will direct various parts of mass casualty incident operations.

Job Action Sheets for each include the following:

EMS control officer

Primary triage officer

Secondary triage officer

Treatment officer

Loading officer
JOB ACTION SHEETS
For use in Connecticut Mass Casualty Incident Responses
April 11, 2001

EMS Control Officer

Appointed by and reports to the ICS (either the *incident commander* or the *operations chief*).

**Immediate:**

___ Receive appointment, review this Job Action Sheet and locate supplies required for this role, including vests or other identification markers, forms and writing implements.

___ Identify the type of incident; estimate the number of victims and their injuries. From this anticipate any need for mutual aid and any hazards or unique requirements for operations.

___ Coordinate with the command post for traffic and EMS access, including location of any staging areas.

___ Obtain authority from the *incident commander* or *operations chief* to enter the scene and establish the medical operations.

___ Communicate an estimate of casualties to both dispatch center and through CMED to the primary receiving hospital.

___ Appoint and initially supervise a *primary triage officer*. (See separate Job Action Sheet.)

___ Appoint and initially supervise a *secondary triage officer*. (See separate Job Action Sheet.)

**Intermediate:**

___ Direct incoming EMTs to assist in back boarding and other activities needed.

___ Coordinate with the command post for proper location of treatment area and loading (transportation) area.

___ Appoint and initially supervise a *treatment officer*. (See separate Job Action Sheet.)

___ Appoint and supervise a *loading officer*. (See separate Job Action Sheet.)

**Extended:**

___ Identify problems and reassign resources as needed.

___ Give periodic reports with appropriate information to the *incident commander* or the *operations chief*.

___ Using subordinates, including the four appointed officers identified above, supervise the various triage steps, patient care and packaging and the loading of patients for transportation to an appropriate destination hospital.

- When operations are under control, recommend to the *incident commander* or the *operations chief* that the MCI response be terminated - or declared "under control."
JOB ACTION SHEETS
for use in Connecticut Mass Casualty Incident Responses
April 11, 2001

Primary Triage Officer

Appointed by and reports to the EMS control officer.

Immediate:
___ Receive appointment, review this Job Action Sheet and locate supplies required for this role including vests or other identification markers, and a supply of gloves.
___ Circulate among all patients
___ Identify life-threatening problems: bleeding, airway and rapid onset of shock.
___ Direct available people, including EMS personnel, to manage bleeding, airway and the rapid onset of shock using only basic life support measures

Intermediate
___ Continually circulate among patients remaining outside the treatment area to assess for any changes that are life-threatening: bleeding, airway and rapid onset of shock.
___ Stand down when requested to do so by the EMS control officer when all patients have been either removed to the treatment area, or released to go home.
JOB ACTION SHEETS
for use in Connecticut Mass Casualty Incident Responses
April 11, 2001

Secondary Triage Officer

Appointed by and reports to the EMS control officer.

Immediate:
___ Receive appointment, review this Job Action Sheet and locate supplies required for this role including vests or other identification markers, METTAGs, clear tape, nails and safety pins.
___ View all patients, first identifying and correcting any remaining life-threatening problems: bleeding, airway and rapid onset of shock.
___ Classify each patient according to their need for treatment:
   green if no ambulance is needed for transportation to a hospital;
   black if in cardiopulmonary arrest before arriving in the treatment area;
   yellow (delayed) if the patient must go to the hospital by ambulance, but no signs or symptoms of shock are present; and
   red (immediate) if the patient must go to the hospital by ambulance and signs or symptoms of shock are present.
___ Tag each patient with a METTAG properly color coded to patient's condition.
___ Apply tag according to protocol: around patient's neck if green, all others on an ankle. Save colored strips that have been removed. Place corner triangle on ground or a fixed location for later investigation.

Intermediate
___ Continue through group until all patients have been tagged.
___ Complete and turn in a final written report on the number and color categories of patients tagged.
___ Stand down when requested to do so by the EMS control officer.
JOB ACTION SHEETS
for use in Connecticut Mass Casualty Incident Responses
April 11, 2001

Treatment Officer

Appointed by and reports to the EMS control officer.

Immediate:
___ Receive appointment, review this Job Action Sheet and locate supplies required for this role including vests or other identification markers, colored tape with anchors to mark boundaries of treatment area, colored flags or markers for use inside the area, forms and writing implements.

___ Receive from the EMS control officer the authorized location for the treatment area to be set up.

___ Set up the treatment area. Include a demarcation within the boundary lines set for the red tagged and the yellow tagged patients to be located. Identify the entry to the treatment area and clearly mark (as with traffic cones) to channel all arriving patients through a single check-in point.

___ Directly or by use of designated subordinates, assume command and control over all personnel in the treatment area. Supervise all patient care by assigning personnel with advanced medical training to appropriate areas. Provide for required security arrangements.

___ Directly or by use of designated subordinates, receive and review the condition of all patients as they arrive in the treatment area; conduct or oversee the third level triage of these patients who have been tagged red (by writing an "A" on the METTAG if the patient is unresponsive, a "B" for all responsive patients).

Intermediate
___ If assigned this role, communicate with CMED or the primary receiving hospital for each patient: the triage tag color, the METTAG number, approximate age and gender, major characteristics of the injury, and anticipated departure time. Request the identification of the destination hospital. (Some or all of these tasks may be assigned instead to the loading officer.)

___ Directly or by use of designated subordinates, maintain an inventory of supplies and equipment, requesting additional as needed through the EMS control officer.

___ Make decisions on transport order and refers patients to the loading officer.

___ Give periodic reports to the EMS control officer.

Extended:
___ Continue until all patients have been seen in the treatment area.

___ Complete and turn in a final written report on the number and color categories of patients seen in the treatment area.

___ Stand down when requested to do so by the EMS control officer.
JOB ACTION SHEETS
for use in Connecticut Mass Casualty Incident Responses
April 11, 2001

Loading Officer

Appointed by and reports to the EMS control officer.

Immediate:

___ Receive appointment, review this Job Action Sheet and locate supplies required for this role including vests or other identification markers, forms and writing implements.

___ Receive from the EMS control officer the authorized location for the loading area to be established.

___ Establish the loading area adjacent to the treatment area. Collect available ambulance vehicles and drivers into this area in an organized way that permits rapid loading of more than one ambulance at a time.

___ Assign patients cleared by the treatment officer to ambulances and the ambulances to the hospitals. Maintain a written record of the patients loaded including tag colors, tag numbers, hospitals to which they were taken, name of transporting ambulance company and vehicle, and time of departure from the loading area.

___ Provide all drivers with proper routing instructions with maps if required.

Intermediate

___ If assigned this role, communicate with CMED or the primary receiving hospital for each patient: the triage tag color, the METTAG number, approximate age and gender, major characteristics of the injury, and anticipated departure time. Receive the name of the destination hospital. (Some or all of these tasks may be assigned instead to the treatment officer.)

___ Give periodic reports to the EMS control officer.

Extended:

___ Continue until all patients have been transported.

___ Complete and turn in a final written report on the patients loaded.

___ Stand down when requested to do so by the EMS control officer.
CHECKLISTS
for use in Connecticut Mass Casualty Incident Responses
October 1, 2003
Endorsed by the Connecticut Department of Public Health

Checklists can be presented as summarized items taken from Job Action Sheets, or job descriptions. They remind responding personnel in the field "what they are going to do; when they are going to do it; and to whom they will report after they have done it."

Checklists lack detail and the Job Action Sheets should be consulted for clarification.

Checklists are presented for each of the following:

EMS control officer
Primary triage officer
Secondary triage officer
Treatment officer
Loading officer
EMS Control Officer

Appointed by and reports to the ICS

If hazards exists, the Incident Commander may order patients evacuated, or may control hazards before allowing EMS to enter.

_____ Identify the type of incident
_____ Estimate the number of victims and their injuries.
_____ Coordinate with the command post for traffic and EMS access, including location of any staging areas.
_____ Call CMED and dispatch with an estimate of casualties.
_____ Appoint a primary triage officer.
_____ Appoint a secondary triage officer.
_____ Direct incoming EMTs to assist in back boarding and other activities needed.
_____ ID with Command Post location of treatment and loading (transportation) areas.
_____ Appoint a treatment officer.
_____ Appoint a loading officer.
_____ Identify problems and reassign resources as needed.
_____ Using subordinates, assign EMTs as needed and Secure needed equipment and supplies.
_____ Recommend to the incident commander the MCI response can be terminated.
_____ Give periodic reports to the incident commander (Identify with times below:)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Primary Triage Officer

Appointed by and reports to the EMS control officer.

- Circulate among all patients
- Identify life-threatening problems: bleeding, airway and rapid onset of shock.
- Direct people, including EMTs, to manage bleeding, airway and the rapid onset of shock.
- Continually circulate to assess any changes that are life-threatening: bleeding, airway and rapid onset of shock.
- Stand down when requested to do so by the EMS control officer.
Secondary Triage Officer

Appointed by and reports to the EMS control officer

_____ View all patients, first identifying and correcting any remaining life-threatening problems: bleeding, airway and rapid onset of shock.
_____ Classify each patient according to their need for treatment
_____ Tag each patient with a properly color coded METTAG.
_____ Continue through group until all patients have been tagged.
_____ Complete and turn in a final written report on the number and color categories of patients tagged:

_____ Total # of tags started with
minus _____ # of unused tags
_____ = total # of patients
    _____ # of green stubs = # of yellow patients
    _____ # of green and yellow stubs = # of red patients
    _____ # of green, yellow and red stubs = # of black patients
minus _____ = total of yellow, red and black patients
    _____ = # of green patients

Date__________ Officer's Name___________________________________


Stand down when requested by the EMS control officer.
**Treatment Officer**

Appointed by and reports to the EMS control officer.

_____ Set up the treatment area.

_____ Mark boundary lines for the red and yellow patients to be located.

_____ Supervise all patient care.

_____ Receive and review the condition of all patients as they arrive in the treatment area.

_____ Do the third level triage (A/B sorting of red tagged patients).

_____ Communicate, if indicated, with CMED or the primary receiving hospital for each patient:

- the triage tag color,
- the METTAG number,
- approximate age and gender,
- major characteristics of the injury, and
- anticipated departure time.

- Request the identification of the destination hospital.

(Some or all of these tasks may be assigned instead to the *loading officer*.)

_____ Maintain an inventory of supplies and equipment, requesting additional as needed through the *EMS control officer*.

_____ Decide transport order and refers patients to the *loading officer*.

_____ Give periodic reports to the *EMS control officer* (Identify with times below:)

_____ Stand down when requested by the *EMS control officer*. 
**Loading Officer**

Appointed by and reports to the EMS control officer.

_____ Establish the loading area adjacent to the treatment area.

_____ Organizes ambulances for rapid loading of several ambulance at a time.

_____ Assign patients cleared by the treatment officer to ambulances and the ambulances to the hospitals.

_____ Keeps a written record of the patients loaded including:
  - triage tag colors
  - the tag numbers,
  - hospitals to which they were taken,
  - name of ambulance company and vehicle, and
  - time of departure.

_____ Provide all drivers with proper routing instructions with maps.

_____ If indicated, communicate with CMED or the primary receiving hospital for each patient:
  - the triage tag color,
  - the METTAG number,
  - approximate age and gender,
  - major characteristics of the injury, and
  - anticipated departure time.

  - Receive or report the name of the destination hospital.

(Some or all of these tasks may be assigned instead to the *treatment officer.*)

_____ Give periodic reports to the *EMS control officer* (Identify with times below:)


_____ Stand down when requested by the *EMS control officer.*