MASS CASUALTY INCIDENT PLAN

Adopted by the Marion County Fire Defense Board

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A. Introduction

This Mass Casualty Incident (MCI) plan meets ATAB 2 recommendations for Multiple Patient Scene Protocol. **It can be used as the plan for any Marion County Fire District or other organization by completing the highlighted sections and otherwise modifying to fit local needs. If modifying it, be sure it is compatible with the plans of your mutual aid agencies.**

Mass Casualty Incidents involve a number of patients beyond the ability of the primary local responders and their normal mutual aid responders to deal with. The number of victims will vary from area to area. **This plan is designed for Level III incidents:**

LEVEL		**NUMBER OF VICTIMS (for your area)**
Level 1	Local resources are sufficient	2
Level 2	**Multiple Patient Scene (MPS)**; beyond local capabilities, some mutual aid from adjacent responders is required	4
Level 3	**Mass Casualty Incident (MCI);** mutual aid from numerous agencies will be needed	6

This plan consists of two parts:

1. **Procedures,** in the first section of the plan, are designed as training guides for each position and responsibility, and;

2. **Task Cards**, designed to be taken to the field and used as reminders during an event.

B. Procedures

1. Incident Command

The Incident Command System will be used. A Unified Command may be particularly effective when working with other agencies, which may have jurisdiction, such as the FAA at a plane crash. All tasks not assigned remain with Command. The key to managing any MCI is to recognize the scenario and establish an adequate command structure to deal with all issues. Failure to establish a command structure is the most common error made in large EMS incidents.

Communications on the scene are critical. Responding units will receive update information on their response frequency and receive additional information on arrival at Staging. The OPS channel assigned for the initial response becomes the Command Frequency.

Radio channels will be dependent upon the location of the event, and will be assigned by Command. For Level III incidents, the State Fire NET may be used for the staging channel to accommodate units from out of the area.

First unit on scene will:

_ Establish an effective Command system (retain or pass command)
_ Secure the Safety of the Area
_ Establish a Field Treatment Area

Size up Report will include the following:

"This is a Mass Casualty Incident" for _____or more patients
or "This is a Multiple Patient Incident" for less than_____ patients
The exact location and type of Incident
Immediate danger zone
Environmental conditions, if relevant
Approximate number of patients
Staging Area location
Additional resources needed

2. Hazmat Exposure

When the incident is a result of a Hazmat Incident, efforts will be made to coordinate patient care activities with Decon Sector. When patients are exposed to unknown substances and are symptomatic, they will be decontaminated before entering the Treatment Area.

If it is determined that there are multiple victims who have been exposed to an agent that has transient effects, such as tear gas, they should follow the Multiple Patient Toxic Exposure Protocol, attached.

3. Medical Resource Hospital

The Medical Resource Hospital will be determined by ____________________-.
Communications with the Medical Resource Hospital will be accomplished by

Medical Branch. The Medical Resource Hospital will determine the capabilities for local hospitals and keep Medical Branch apprised of the situation. The Medical Resource Hospital physician may assist Medical Branch in determining patient destination and provide on-line medical consultation for treatment decisions. The Medical Resource Hospital and Medical Branch will account for patients evaluated and treated at the scene using a Mass Casualty Transport log (attached). The Medical Resource Hospital will notify area hospitals of inbound patients.

4. Move up Procedures

Command will assist Dispatch with move ups necessary to cover the jurisdiction of the incident during the incident.

5. Tasks Assignments

Task Assignments are made by Command. Those who have been assigned will wear vests on scene and follow the duties listed on the cards in the vest. Vests and Task Cards for Medical Branch should be in each Ambulance as well as Command vehicles. If personnel resources are limited, positions should be combined. Assignments will change given the fluid nature of these incidents. The most critical assignments are Medical Branch and the Transport Officer, as these tasks assignments must account for all patients evaluated on scene.

For a Level I, (MPS), Command should assign:
- Medical Branch
- Triage/ Treatment/ and Transport Officer

This is normally the crew of the First Arriving Medic Unit.

Transition from MPS to MCI should occur when more than ____ patients are identified. Declare a MCI and make the appropriate assignments.

For a Level II or Level III (MCI) Command should assign:
- Medical Branch
- Triage Sector Officer
- Treatment Sector Officer
- Transport Sector Officer
- Staging Sector Officer
- Communications Sector Officer

A Level III MCI will be declared when the incident overwhelms available

Department resources. Command should consider expanding the Command Structure for Level III incidents to include:

Public Information Officer
Safety Officer
Liaison Officer

Command should also consider the activation of an RCC or the Emergency Operations Center (EOC). MCI may involve complex rescues that overwhelm Department capabilities or whose prolonged effort will require set up of overhead (Logistics, Planning, Finance, Operations) structure to handle volume, time, or specialized services issues.

6. Staging

Command will assign Staging for any MCI. Additional incoming units will respond to Staging and remain in their vehicles unit assigned. The Staging Officer may establish a separate area or location for medic units used in transport. Communications within Staging will be face to face or by radio on the assigned Channel (usually F1).

7. Rescue and Evacuation

The need for rescue will vary widely depending on the nature of the call. Rescue operations should be performed by qualified personnel and should not begin until major hazards are controlled. Properly trained and equipped personnel *may* attempt rescue *while* hazards are controlled. Command should be notified of any patients identified who have not been triaged and tagged.

Evacuation should be accomplished as quickly as possible. It is important to control the movement of survivors to account for them later. Non-injured patients should be directed to a safe, protected, secure area. Injured patents, including walking wounded, should be moved or directed to the Treatment Area.

8. Resources

1. Management Resources

   Each ambulance should carry the resources to establish Medical Branch (vests, task cards, and clipboards) and treatment areas (tarps and flags), as well as limited packaging equipment.

2. Medic Units and Personnel

Medic Unit personnel involved in treatment will bring the resources from their unit to the treatment area to form a supply pool until the MCI cache arrives.

When several medic units are required to manage an incident, experience has shown that additional personnel are needed as well.

3. Air Transport

Air transport utilizing Life Flight, Air Life, or the National Guard may be utilized for large incidents or transport for specialized care. Medical Branch will coordinate with Command to establish a Landing Zone. A Landing Zone Sector should be established and managed through Transport Sector.

Multiple Site Operations may be necessary when physical of geographic features divide the MCI scene. It may not be practical to transport patients from the injury site to a treatment area. Under these circumstances Command may assign more than one treatment area. It is the responsibility of the Transport Officer to coordinate transport resources between areas.

9. Treatment Area(s)

The treatment area is used to assess and stabilize patients prior to transfer in priority order to area hospitals, however the volume of patients may overload hospitals and it may be necessary to keep patients in the treatment area for some time.

The Treatment Areas are marked with flags to demonstrate treatment priorities with red (highest), yellow (intermediate), and green (lowest) flags to designate priority patients. Tarps are used to establish working area.

10. Morgue

The morgue area should be close to, but separate from the treatment area. Police, for security purposes, must supervise it, preferably. Incident circumstances, safety, available resources, weather, and other factors will dictate how bodies are handled at the scene. In general, bodies should not be moved or disturbed at the scene unless they must be moved to gain access to living patients. The Marion County Medical Examiner is the Health Officer with responsibilities for management of the bodies and moving them off site. A log with triage tag

numbers must be kept for all bodies assigned to the morgue.

11. Documentation

Operational, medical, and legal issues dictate that all pertinent aspects of the MCI be documented. All patients encountered in an MCI will receive a Triage Tag. The Treatment Sector Officer will assure that all relevant information has been added to the tag.

The Transport Sector Officer will use the Multiple Patient Worksheet or Mass Casualty Worksheet, depending on the scope of the incident. In either case, these worksheets will be compared with similar worksheets completed at the Medical Resource Hospital to confirm destination information for each patient.

Ambulance crews will use the Triage Tag and verbal report from the Treatment Area personnel to complete Patient Care Reports for each patient that they transport. If a return trip to the scene is necessary, the PCR may be deferred until the incident scales down. Keep careful notes.

12. Public Information

Public Information at a MCI requires constant attention because of intense interest and media pressure must be balanced against an obligation to maintain patient confidentiality.

- All inquiries about the incident will be referred to the PIO. Do not answer questions or consent to interviews, or allow photographs unless the person is accompanied by a PIO/Command staff representative. Command will determine what information can be released and when.
- Accuracy is extremely important and information will not be released unless it is verified. The privacy of victims and families will be protected whenever possible.

13. Scene Security

The purpose of Scene Security is to keep unauthorized persons out of a secured perimeter and keeping patients in controlled environment until they can be triaged and accounted for. Police Branch, or a unified command, may be appropriate to handle scene security and patient monitoring.

Every effort must be made to prevent potential patients from leaving the scene until accounted for. Walk a ways may contribute to hospital overload and may

complicate search and rescue operations because a search must be conducted for victims that aren't accounted for.

Persons who are triaged out of the medical system must be assembled and accounted for. Command will assign someone to establish a log and accounting for all persons including name, age, date of birth, tag number and destination when transferred offsite.

The emergency scene perimeter should be roped off with scene tape. If this is impractical, certain areas like medical treatment units and the morgue area must be cordoned off.

14. Rehabilitation

The Rehab Unit should be summoned in extreme climatic conditions, for extended MCI operations, or as Command deems necessary. Personnel may need relief from both physical and mental stresses as well as a sheltered resting place, fluids, and nourishment.

15. Critical Incident Stress Debriefing

Local and regional CISD personnel should be contacted as soon as circumstances allow. It is important that CISD be considered in any significant incident, the sooner the better. Consider integrating CISD functions with Rehab in extended field operations.

16. Emergency Incident Debriefing

Incident Debriefing is the process of bringing together all entities that responded to the emergency for the purpose of reviewing the operation and resolving problems.

- The focus is to clarify roles, actions and responsibilities, and identify problems and seek solutions.

- A written record of the debriefing should be recorded and distributed to all participants. The minutes become part of the official document of the incident.

- The debriefing is not a public meeting and should be conducted without the presence of the media, victims, or families. The final approved minutes are public record and may be released to the media.

- The debriefing should be conducted as soon after the conclusion of the incident as practical. Participants should be allowed time to recover from the physical and mental fatigue and write their own internal agency report on the incident.

C. Training Recommendations

DISCIPLINE	TRAINING	EXERCISE
EMS First Responders	Detailed, with emphasis on □First Unit□ and □First Ambulance In□ and positions that could be assigned to EMS (Group Supervisors, etc.)	*Annual; Inventory equipment every six months.*
Fire First Responders	Detailed, with emphasis on □First Unit□ and □First Fire Unit In□ and positions that could be assigned to Fire (Group Supervisors, etc.)	*Annual; Inventory equipment every six months.*
Hospital Staff	Overview, with emphasis on responsibilities of coordinating hospital assignments for all patients, radio protocols, and multiple toxic exposures.	*Annual*
Law Enforcement	Overview of responsibilities, concepts; detailed on □first unit in, radio protocols, incident area and landing zone security.	*Annual*
Identified first responders (non-EMS) from ODOT and Public Works agencies	Overview of responsibilities, concepts; detailed on radio protocols, incident area security.	*Annual*
PSAP Dispatchers	Overview of responsibilities, emphasis on radio communications.	*Annual*

D. Task Cards

This section contains task cards for each ICS position. These can be laminated or shrunk to fit in procedures books. The Communications Chart should be put on the back of each for easy reference.

TASK CARD - # 1

FIRST UNIT ON THE SCENE - COMMAND

Use COMMAND/OPS channel (Comm. chart on back of this card)

1. Assume Command and declare to dispatch:

   This is a Mass Casualty Incident involving ______ (what) at ________________ (location).

2. Inform dispatch of:

   1. The immediate danger zone.
   2. Environmental conditions (if relevant)
   3. Approximate number of patients.
   4. Resources including ambulances needed.
   5. Staging Areas
   6. Initial Command Post location.

3. If Command is to be passed to another individual - do it now.

4. Establish the following roles <u>NOW (or assume them)</u>:

   1. Staging Officer
   2. Ops Branch
      - (1) Rescue
      - (2) Fire
   3. Medical Branch
      - (1) Director
      - (2) Triage Group Supervisor - (ALS if available)
      - (3) Treatment Group Supervisor (for each treatment area)
      - (4) Transport Group Supervisor (for each treatment area)
   4. Delegate establishment of Helicopter Landing Zone (HLZ) [Task Card Attached]

5. <u>Hand out the packets from your MCI Kit with vests and Task Cards.</u>

6. Secure Scene

7. Request American Red Cross for assistance with patient families.

8. Request additional Law Enforcement and/or traffic control assistance if necessary.

TASK CARD - # 2

MEDICAL BRANCH DIRECTOR

Use COMMAND/OPS Channel (Comm. chart on back of this card)
Monitor EMS channel

1. Get briefed by IC if possible.

   YOUR JOB IS TO MANAGE EMS
   Whenever possible, delegate "hands on" jobs.

2. Coordinate all on-scene EMS activity.

3. Ensure that Dispatch gets the following information:
   - ☐ This is a Mass Casualty Incident (MCI)
   - ☐ Exact location and type of incident (fire, MVA, etc.)
   - ☐ Immediate danger zone.
   - ☐ Environmental conditions (hazardous materials, weather, etc.)
   - ☐ Approximate number of patients.
   - ☐ Ambulance and Fire Staging Areas (Assign Staging Area Manager)
   - ☐ Initial Command Post location, if needed.
   - ☐ Recommended routes to and from the scene.
   - ☐ Number of ambulances needed.

4. Notify Base Station Hospital of incident and that more information will be coming

5. Appoint: (see attached checklist for responsibilities)
   - ☐ Triage Group Supervisor (Give vest, tags, and task card)
   - ☐ Treatment Group Supervisor (Give task card)
   - ☐ Ambulance Staging Area Manager (Confirm area, give task card)
   - ☐ An assistant to help you with radio and face-to-face communications.

6. Order ambulances through Command.

7. Order additional resources for Medical Branch Command: (personnel, buses, medical supplies, Medical Examiner, Red Cross, etc.).

8. Assess performance of Communication, Transportation and Triage Group Supervisors and make personnel changes if necessary.

9. Work with Command to control access of incoming off-duty or civilian help. Send ALL personnel and equipment not specifically assigned to the Staging Area.

MEDICAL BRANCH DIRECTOR SCENE CHECKLIST	
TASKS	**RESPONSIBILITY**
ASSIGN SUPERVISOR	**MEDICAL BRANCH DIRECTOR**
ORDER MEDICAL RESOURCES Police (crowd/traffic control) Air ambulances/rescue Utility Units Medical Examiner Heavy equipment Buses Specialty teams/equipment Red Cross	**MEDICAL BRANCH DIRECTOR (THROUGH IC)**
HELICOPTER LANDING ZONE (delegate)	**MEDICAL BRANCH DIRECTOR**
EVALUATE AND TAG PATIENTS	**TRIAGE GROUP SUPERVISOR**
REMOVAL TEAMS	**TRIAGE GROUP SUPERVISOR**
TREATMENT AREAS	**TREATMENT GROUP SUPERVISOR**
AMBULANCE LOADING ZONE	**TRANSPORTATION GROUP SUPERVISOR**
REGIONAL CONTACT	**AMBULANCES in Loading Zone**
AMBULANCE STAGING AREA	**AMBULANCE STAGING MANAGER**
OTHER ASSIGNMENTS:	

TASK CARD- # 3

TRIAGE GROUP SUPERVISOR

Use EMS Channel (Comm. chart on back of this card)

1. Rapid triage (1st round, no tags, LESS THAN 30 SECONDS), estimate number of patients and main types of injuries.

2. **Use the S.T.A.R.T. protocol for each patient.**
   - **RED - Immediate**
   - **YELLOW - Delayed**
   - **GREEN - Ambulatory**
   - **BLACK - Deceased**

3. Give initial estimate of patients to the Medical Branch Director

4. Give Medical Branch Director estimate of personnel needs.

5. Tag patients. (You can delegate this to teams).

6. Start the patient log (attached to the task card), or assign an assistant to do so.

7. If large scene, or if triage within the disaster site would endanger patients and rescuers, consider the use of a "Triage Area" where patients are removed from the scene, brought through one or more triage areas to be tagged, and moved to treatment areas.

8. Ensure that no unnecessary equipment is brought into scene where patients are located. (Kits stay in treatment area -- exception would be a prolonged heavy extrication where on-scene stabilization is necessary.)

9. Move patients to Treatment Area as soon as possible!

Multiple Patient Scene Worksheet

PATIENT NUMBER	*TRIAGE TAG COLOR*	*AGE* / *SEX*	*TRAUMA SYSTEM ENTRY*	*INJURIES / REMARKS*	*VITAL SIGNS*	*RX*	*HOSP* / *UNIT*
	R Y G	______ M F	Y N		R- P- BP- LOC-	O_2 IV C-SPINE	______
	R Y G	______ M F	Y N		R- P- BP- LOC-	O_2 IV C-SPINE	______
	R Y G	______ M F	Y N		R- P- BP- LOC-	O_2 IV C-SPINE	______
	R Y G	______ M F	Y N		R- P- BP- LOC-	O_2 IV C-SPINE	______
	R Y G	______ M F	Y N		R- P- BP- LOC-	O_2 IV C-SPINE	______
	R Y G	______ M F	Y N		R- P- BP- LOC-	O_2 IV C-SPINE	______
	R Y G	______ M F	Y N		R- P- BP- LOC-	O_2 IV C-SPINE	______
	R Y G	______ M F	Y N		R- P- BP- LOC-	O_2 IV C-SPINE	______
	R Y G	______ M F	Y N		R- P- BP- LOC-	O_2 IV C-SPINE	______
	R Y G	______ M F	Y N		R- P- BP- LOC-	O_2 IV C-SPINE	______

TASK CARD - # 4

TREATMENT GROUP SUPERVISOR (S)

Use EMS channel (Comm. chart on back of this card)

1. Coordinate all activities in the treatment area with the Transportation Group Supervisor.

2. Organize treatment areas (RED, YELLOW, GREEN) and keep as secure as possible (Task Card attached).

3. Order additional medical equipment and personnel through the Medical Branch Director. If treatment supplies are needed, request that the Transportation Group Supervisor obtain them from ambulances in the Loading Zone.

4. Maintain contact with Triage Group Supervisor, accept patients into treatment areas.

5. Provide BLS care to patients. ALS care may be possible later on in the incident when resources allow.

6. Identify the order in which patients are to be transported. Coordinate movement of patients from Treatment Area to Ambulance Loading Zone with the Transportation Group Supervisor.

7. Provide *basic* (NOT detailed) information on injuries to the Transportation Group Supervisor:
   - Tag Color (RED, YELLOW, GREEN)
   - Basic Group or Type of Injury (HazMat Exposure, Burn, Trauma, Pediatric)

8. Keep the treatment area as secure as possible. Once there are enough personnel assigned to your area, DO NOT allow unassigned civilians to treat and/or remove patients.

9. If ambulatory patients are loaded onto buses or grouped together in one location, attempt to provide security to access and egress points so patients or their parents do not leave the scene.

All patients triaged must be accounted for!

TASK CARD - # 4

TREATMENT AREA SET-UP

1. Get direction from Transportation Group Supervisor for location of treatment areas.

2. Obtain salvage covers from fire apparatus.

3. Lay salvage covers out in close proximity to one another. If possible, leave room to walk between them (a minimum of 10 to 20 feet).

4. String barrier tape between treatment areas and crowd locations.

5. Place colored flags or markers on salvage covers to identify treatment area priority.

6. Get assistance bringing medical supplies; airway, IV, trauma kits, and EKG monitors, etc., to the treatment area. Obtain this equipment from unit's on-scene or equipment cache or contact Medical Branch Director. Do not bring this equipment into the scene!

TASK CARD - # 5

TRANSPORTATION GROUP SUPERVISOR

Use HEAR Channel and Monitor EMS Channel (Comm. chart on back of this card)

1. Establish Ambulance Loading Zone. Consider access from Staging, exit routes (NO backing), ability to load more than one ambulance, proximity to Treatment

2. Contact Base Station Hospital; request they contact regional hospitals to determine bed availability.

3. Start MCI log using info from the Triage Group Supervisor (Attached to task card)

4. Designate a Communication Assistant.

5. Call ambulances into the Ambulance Loading Zone from the Ambulance Staging Area. Keep one unit ready at all times.

6. Assign patients from treatment areas to ambulances. Multiple patients may be transported in one vehicle. Multiple critical patients MAY be transported in one ambulance if you determine resources require this approach. This is at your discretion, NOT the ambulance EMT.

7. If patients are contaminated by a Hazardous Material, they MUST be decontaminated prior to transporting them to a hospital. Coordinate with Medical Branch Director if needed.

8. Coordinate with the Base Station Hospital via HEAR on each patient's destination, and inform the ambulance.

9. Once the ambulance is loaded, report the following information to the Base Station Hospital: - The ambulance unit ID number
   - Tag NUMBERS and COLOR
   - Basic TYPE of injury
   - Destination

10. If necessary, use buses for treatment and transport.

11. Supervise patient loading into ambulances.

12. Off-load extra medical supplies, backboards, etc., from transporting units and/or request extra equipment from Medical Branch Director.

Mass Casualty Worksheet

Agency Name	Ambulance ID Number	Patient Triage Tag Number	Patient Status	Hospital Destination	Off Scene Time
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __
					__: __

TASK CARD - # 6

HELICOPTER LANDING ZONE

1. Landing area must be fairly level (Maximum 8-degree slope).

2. Minimum of 100-foot diameter, free of obstructions.

3. Check carefully for overhead wires, obstructions or other hazards!

4. Consider noise interference and rotor wash; establish HLZ far enough from the scene so this will not be a problem.

5. Mark area at night. Secure flares (if used) with heavy weight, so they do not blow away in rotor wash.

6. Notify Medical Branch Director and Transportation Group Supervisor of Helicopter Landing Zone (HLZ) location.

7. Maintain close security of landing zone.

TASK CARD - # 7

STAGING AREA MANAGER

Use STAGING Channel (Comm. chart on back of this card)
Monitor EMS

1. Maintain a visible presence at the Staging Area entry.
2. Ensure that ALL ambulances check in with you on arrival.
3. Ensure that ambulances have switched to the STAGING channel.
4. Keep a log of ambulance units as they arrive.
5. Dispatch ambulances to the Ambulance Loading Zone at the request of the Transportation Group Supervisor or Communications Group Supervisor.
6. Inform departing ambulances to check with you via Staging Channel after dropping off patients at hospital, to see if they are needed for further patients.
7. Inform the Medical Branch Director when ambulance level in the staging area is below two units.

TASK CARD - # 8

Base Station Hospital Coordination

1. The base hospital for the incident is responsible for determining area resources, and for tracking patient destinations.

2. **Assign a staff member to monitor the HEAR system throughout** the incident. HEAR will be the preferred communications method as cell phone systems are often jammed near large incidents.

3. Command will assign a Transportation Group Supervisor to talk directly with the base station hospital. Ambulances will be asked to not use the HEAR system to allow this to happen.

4. Determine your own current capabilities. If the incident exceeds them, contact other regional hospitals to determine their capabilities.

5. The Transportation Group Supervisor will report to you when each patient departs the scene. Record this onto the Multiple Patient Incident Log, attached, to act as a verification point for patient destinations.

TOXIC RESPONSE PROTOCOL - # 9

PURPOSE:

To provide guidelines for emergency response personnel on scenes that involve multiple victims who have been exposed to a hazardous material or hazardous environment. This procedure would be used when MSDS and DOT information indicate that victims may suffer untoward effects from their exposure and need short-term, continuing medical assessment. It would also apply when victims are symptomatic and have been exposed to a hazardous environment that poses little risk of long-term effects, such as discharge of tear gas. *This protocol is NOT intended for use when there are symptomatic patients and the substance they were exposed to is unknown or when there is a potential for serious or long-term medical consequences.*

PROCEDURE:

A. Triage Group Supervisor determines that there are multiple victims who have been exposed to a hazardous material or environment, and that these victims are presently asymptomatic or has been exposed to an agent that has transient effects (e.g., tear gas).

B. Triage Group Supervisor will assist the Hazardous Materials (trained) Paramedic/EMT (HMP) in coordinating removal of the victims from the potentially hazardous environment, then isolate the victims as best as possible in a safe, well lit, and climate controlled environment. (Consider using a bus or a room in a nearby building) If clothing is contaminated, removal of contaminants and proper procedures will be employed prior to isolating victims.

C. Access to and egress from the Triage and Treatment Area must be strictly controlled at all times. It is necessary to keep track of patients who are under the care of EMTs, especially when the patient is a minor and his/her parent(s) are present. Patients should not be allowed to leave the treatment or triage area without the knowledge of the appropriate Group Supervisor. It is recommended that the Group Supervisors post a guard at the entrance and exit to control patient movement.

D. The HMP will attempt to determine the type and level of exposure. The HMP will then contact Medical Resource Hospital with information on the type of chemical and level of exposure. Medical Resource Hospital will consult with

Poison Control to determine any symptoms that are to be expected, the approximate time line for onset of symptoms, and recommended treatment modalities. When possible, a three-way phone link among the scene, Medical Resource Hospital, and Poison Center should be arranged. The HMP will report this information to the Triage Group Supervisor and to the Medical Branch Director.

E. All potential patients entering the area will be triage tagged and baseline vitals will be obtained and recorded. It is recommended that the Triage Group Supervisor consult with the Medical Branch Director and assign one EMT for every 8 to 10 patients. If any exposure victim starts exhibiting symptoms, s/he will be immediately removed to the designated Treatment Area.

F. In consultation with Medical Resource Hospital, the Triage Group Supervisor and HMP will make a determination regarding how long the victims will be observed and the frequency of evaluating and taking vital signs of each patient. A log will be maintained of all patients treated and released. This log will include the patient's name, DOB, the date, symptoms (if any), and disposition.

1. If the patients are asymptomatic after the designated observation time, they may be released. The HMP or Triage Group Supervisor will individually brief the patients regarding the symptoms they should watch for and should recommend further medical evaluation by their own physician. Minor patients should only be released to their parent or guardian.

2. The Triage Group Supervisor or the HMP will inform the Medical Branch Director of the number of patients being released.

G. It is recommended that the Medical Branch Director proceed with initiating procedures normally undertaken during an MCI.

F. Radio Communications Chart

Use of the State Fire Net for Staging is recommended for all areas, as it is the most common channel. Other frequencies are suggested; **edit for local preferences**.

Region	**Dispatch** responders	**Staging** (responding to and arriving at the scene)	**Command/ Ops** (IC, Division Heads for Rescue, Medical)	**EMS** On-Scene	**Transport** (between Transportation Group Sup. and Base Station Hospital
Salem/Keizer	Normal dispatch channels	State Fire Net 154.280	*(800)*	*(154.385, F5)*	*(HEAR)*
North County	Normal dispatch channels	State Fire Net 154.280	*(154.160, F2)*		*(HEAR)*
East County/Canyon	Normal dispatch channels	State Fire Net 154.280			*(HEAR)*
South County	Normal dispatch channels	State Fire Net 154.280	*(154.415, F3)*		*(HEAR)*
Silverton	Normal dispatch channels	State Fire Net 154.280			*(HEAR)*
Your Location	Normal dispatch channels	State Fire Net 154.280			

Units arriving at Staging will receive channel assignments in person from the Staging Officer.
Other agencies including law enforcement coordinate communications via the Unified Command Post.