

# Monroe County Emergency Management



## MASS CASUALTY INCIDENT RESPONSE PLAN

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## I. Scope and Purpose

- A. This Mass Casualty Response Guide is intended as a guide for Emergency Medical Services personnel when addressing the functional responsibilities and scene management techniques, which must be employed at the scene of mass casualty incidents. It may also serve as a basic guide for the management of all routine calls. It provides a quick and easy procedure to follow during multiple / mass casualty incidents so as to standardize the method of operation which, if necessary can be modified given the number of patients, severity of injuries and special circumstances involved in the incident.
- B. The primary EMS agency responding to the incident is responsible for establishing the EMS / Medical functions. This is to ensure that extrication, triage, treatment, and transportation are implemented as needed. The manner in which each of these functions is implemented may differ according to the complexity of the situation. In multiple victim incidents, one or two individuals may be assigned the responsibility for the entire EMS / Medical functions. In mass casualty incidents, each function may need to be the responsibility of a separate individual.
- C. These guidelines are not designed to delay patient care, but to make that care more efficient. The need to establish complex on-scene organizational structures or obtain specialized equipment at the expense of providing triage and patient care is de-emphasized.
- D. It is important that every member, of each agency, familiarize themselves with these guidelines and procedures in order to be prepared in the event of a multiple / mass casualty incident.

## II. Mass Casualty Incident Management Goals

- A. Mass Casualty Patient Flow
  - 1. The Incident Scene
    - a) All victims are accounted for; trapped victims are rescued / extricated.
    - b) Patients are counted and quickly triaged (S.T.A.R.T.) **(See Section V)**
    - c) Triage ribbons are applied.
    - d) Ambulatory patients are directed to a medically supervised area.
    - e) These patients shall be moved from the scene to a Treatment Area as soon as that area is identified.
    - f) Porters move non-ambulatory patients from the scene to the Treatment Area.
    - g) Patients are decontaminated (as needed) prior to leaving the incident scene.
- B. The Treatment Area
  - 1. Patients arriving from the incident scene are prioritized for treatment using a more in-depth assessment method (Secondary Triage) and triage tagged.
  - 2. Patients are placed in the Treatment Area and definitive / stabilizing emergency medical care is provided on the basis of triage priority.

3. Separate areas are created in the Treatment Area for Immediate (Red), Delayed (Yellow) and Minor (Green) injured patients.
  4. A separate isolated area (Temporary Morgue) is created for casualties/ victims who die in the Treatment Area. **(Annex H – Health and Medical)**
  5. Personnel and equipment resources are allocated to patients on the basis of triage priority.
  6. Patients are continuously reevaluated (re-triage).
- C. Mass Casualty Patient Flow – continued
1. The Transportation Area
    - a. Hospitals are contacted to obtain information to assist with the most appropriate patient distribution to medical facilities. **(See Attachment 1 - Hospital Call List)**
    - b. Transportation resources are assigned on the basis of triage priority.
    - c. Porters will move patients from the Transportation Area to the appropriate transport vehicle.
    - d. Patients are transported to the most appropriate medical facility by the most appropriate means available.
    - e. Emergency medical care and continuous reassessment is provided en-route to the medical facility.

### III. COMMAND

- A. EMS will not usually be in command at a mass casualty incident but will function to support a response designed to mitigate the incident-producing casualties (i.e., riot, natural disaster, fire, hazardous materials incident, terrorism etc.).
- B. Position Function: To coordinate and manage the incident response so as to ensure life safety, stabilize the incident, conserve property, and provide for personnel safety, accountability, and welfare.
  1. First unit on scene assuming Command dons identifying vest and establishes INCIDENT COMMAND.
  2. Establish Command Post. Locate at a clear vantage point to the incident.
  3. Evaluate and provide Size-up. Gather information on: potentially hazardous situations, current situation, current resources committed, and number of injuries.
  4. Develop strategy for incident and revise plans on the basis of new information. Take whatever actions are necessary to stabilize incident.
  5. Request additional resources as needed, assign resources and monitor work progress. **(Annex C – Resource Management)**
  6. Account for all personnel assigned to the incident.

7. Appoint and assign additional functions as needed. Appoint a STAGING OFFICER early to handle the many responding resources:

- STAGING OFFICER: \_\_\_\_\_
- PIO OFFICER: \_\_\_\_\_
- SAFETY OFFICER: \_\_\_\_\_
- OPERATIONS: \_\_\_\_\_
- FIRE: \_\_\_\_\_
- EMS / MEDICAL: \_\_\_\_\_

8. Initiate, maintain, and control the communications process. Use a mobile radio. (**Annex B – Warning & Communications**)

9. Helpful Hints: **Remember to delegate tasks!**

C. First Emergency "MEDICAL" Unit On Scene

1. Check List

a) SURVEY the Scene (How Many & How Bad):

- (1) Type and / or Cause of Incident
- (2) Approximate Number of Patients
- (3) Severity of Injuries (Major or Minor)
- (4) SEND information and request assistance / resources
- (5) Contact dispatch with survey information
- (6) Declare Multiple Victim Incident or MCI Category 1, 2, or 3
- (7) Request resources and mutual-aid assistance as needed
- (8) Set-up scene to handle patients
- (9) S.T.A.R.T. – Simple Triage And Rapid Treatment

b) Alert local hospital/s

- (1) Number of patients
- (2) Type of incident
- (3) ETA

(a) REMEMBER: **Safety, Survey, Send, Set-up, and S.T.A.R.T.** (See Attachment 5 – Simple Triage and Rapid Treatment)

**IV. MASS CASUALTY INCIDENT CATEGORIES**

A. Multiple Victim Incident

1. >5 Major Injuries, <10 major injuries

B. Mass Casualty Incident

1. MCI Category 1 - Expanded Medical Incident

- a) Multiple casualties
  - (1) >10 Major injuries, <50 patients
  - (2) Local resources available to treat injured
- 2. MCI Category 2 - Major Medical Incident
  - a) >50 patients <200 patients
    - (1) Regional resources available to treat injured
- 3. MCI Category 3 – Disaster
  - a) >200 patients
    - (1) Lack of sufficient regional resources available to treat injured
    - (2) State, Federal resources required

#### **V. EMS / MEDICAL**

- A. To coordinate, direct and manage all EMS / MEDICAL functions including extrication, triage, treatment, and transportation.
  - 1. Don identifying vest
  - 2. Establish EMS / MEDICAL
  - 3. Locate at a clear vantage point to incident
  - 4. Remember to use Incident Medical Plan ICS Form 206 (**See Attachment 2**)
  - 5. Consider establishing & identify a separate AMBULANCE STAGING AREA for incoming units through OPERATIONS or COMMAND
  - 6. Appoint and assign EMS / MEDICAL functions as needed:

- a) AMBULANCE STAGING: \_\_\_\_\_  
(Name)
- b) EXTRICATION \_\_\_\_\_  
(Name)
- c) TRIAGE: \_\_\_\_\_  
(Name)
- d) TREATMENT: \_\_\_\_\_  
(Name)
- e) TRANSPORTATION: \_\_\_\_\_  
(Name)
- f) MEDICAL COMMUNICATIONS: \_\_\_\_\_  
(Name)
- g) LANDING ZONE: \_\_\_\_\_  
(Name)

- 7. Request additional resources as needed, assign resources and monitor work progress.
- 8. Account for all personnel assigned to EMS / MEDICAL
- 9. Monitor the welfare of assigned personnel. Request relief crews to maintain safety and mental health of personnel and maintain progress toward objectives. Consider C.I.S. Team for personnel.
- 10. Provide essential and frequent progress reports to OPERATIONS or COMMAND as appropriate.

**VI. MASS CASUALTY INCIDENT TRAILER STAGING**

A. Checklist

Position Function: To establish support for EMS/MEDICAL functions with equipment/supplies during an incident involving multiple accident victims (>5 major injuries)

- 1. The MCI trailer will be transported to the incident scene by the Sparta Ambulance Service
  - a) Sparta Ambulance will be notified by Monroe County Dispatch if the incident involves mass casualties
- 2. The MCI Trailer will be established near the EMS/MEDICAL triage area once on scene.
- 3. Personnel will be assigned to the trailer to track equipment and supplies

**VII. AMBULANCE STAGING (Ground Transportation)**

- A. To maintain resources of EMS manpower and EMS transport vehicles at a separate location away from the incident (may be included as part of incident STAGING).
  - 1. Don identifying vest

2. Establish AMBULANCE STAGING in coordination with OPERATIONS and / or COMMAND.
3. Establish the Ambulance Staging Area at a site away from the scene. The Ambulance Staging Area should:
  - a) Be large enough to handle the expected number of units
  - b) Have easy access and egress
  - c) Be close to major transportation routes
  - d) Have easy access to the Transportation Area
  - e) Provide appropriate vehicles, equipment and resources as requested.
4. Order all personnel to remain with unit.
5. Maintain and document the status of number and types of resources in AMBULANCE STAGING.

**B. Helpful Hints**

1. Maintain communications with EMS / MEDICAL and TRANSPORTATION.
2. Consider options for alternate transportation vehicles (Buses, etc.).
3. Consider options for removing medical supplies from ambulances for relocation to the TRIAGE and / or Medical Supply areas:
  - a) Backboards / Straps Splints / Bandages
  - b) Portable Oxygen Equipment / Supplies Blankets
  - c) Airway Equipment / Supplies IV's, etc.
  - d) ENSURE AMBULANCE COTS ARE NOT REMOVED FROM UNITS
4. Consider need for logistical supplies, food, drinks, etc.

**VIII.EXTRICATION**

- A. To locate and physically extricate and remove trapped victims.
1. Don identifying vest
  2. Locate in a visible position, accessible to arriving resources, with a clear view of the overall extrication operation.
  3. Locate and remove trapped victims / patients and deliver them to a safe area.

4. Appoint and assign resources to a specific area or group of victims / patients. Account for all personnel assigned to EXTRICATION.
5. Monitor welfare of assigned personnel. Request relief crews to maintain safety and mental health of personnel and to maintain progress towards extrication objectives.
6. Provide site safety and ensure the safety of extrication operations.
7. Determine if triage can be conducted at the incident site in the extrication area or if victims must be moved to a safe area prior to triage.
8. Determine need for emergency medical care for patients undergoing extended / delayed extrication.
9. Determine need for decontamination of patients prior to their leaving site.
10. Provide essential and frequent progress reports to TRIAGE and EMS / MEDICAL as appropriate.

**B. Helpful Hints**

1. Extrication equipment resources (Heavy Rescue Units, Ladder Companies, Tactical Rescue Units, and specialized equipment such as cranes) should be brought in close to the incident site without blocking access to the area.
2. Move non-ambulatory patients on backboards with C-spine precautions.

**IX. TRIAGE**

- A. To locate, assess and sort casualties so as to appropriately establish priorities for treatment and transportation; and move all patients to the treatment area.
1. Don identifying vest
  2. Establish TRIAGE on site or the closest "safe" area if the incident site is declared too dangerous to conduct triage. Locate in visible position, with a clear view of the overall triage operation.
  3. Account for all personnel assigned to TRIAGE.
  4. Establish Triage and Porter teams. Obtain backboards and straps from AMBULANCE STAGING for Porter Teams.
  5. Monitor welfare of assigned personnel. Request relief crews to maintain safety and mental health of personnel and maintain progress toward group objectives. The Porter function is especially exhausting, consider frequent relief.
  6. Triage Teams use "S.T.A.R.T." algorithm to assess and triage victims.
    - a) Mass Casualty Incident - Mark triaged victims with appropriately colored surveyor's tape.
    - b) Multiple Victim Incident- Mark Triaged victims with Triage Tags

- c) Porter Teams move non-ambulatory triaged patients to the Treatment Area on backboards with C-spine precautions.
7. Maintain communications with EXTRICATION and TREATMENT. Provide essential and frequent progress reports to EMS / MEDICAL as appropriate.

B. Helpful Hints

- 1. REMEMBER to have all non injured or slightly injured MINOR (Green) victims walk to designated supervised area.
- 2. If possible move all IMMEDIATE (Red) victims first and then all DELAYED (Yellow) victims. Leave all DECEASED/NON-SALVAGEABLE (Black) tagged victims where they lie until all living victims have been moved from the incident site to the Treatment Area.

**X. TREATMENT**

A. Primary Triage

- 1. To provide a continuous assessment and sorting of casualties; begin stabilizing and / or definitive treatment based on established priorities and available resources; determine priority for transportation to medical facilities.
  - a) Don identifying vest
  - b) Establish the Treatment Area. Consider size, safety, space, weather, lighting, and ease of access and egress for transport vehicles. Report location to EMS / Medical and TRIAGE.
  - c) Prioritize patients arriving in the Treatment Area for treatment using a more in-depth assessment method (Secondary Triage). Apply Triage tags to patients.
    - (1) Arrange Treatment Area in parallel rows of separate patient groupings IMMEDIATE (RED) / DELAYED (YELLOW) / MINOR (GREEN).
    - (2) Account for all personnel assigned to TREATMENT.
    - (3) Establish Treatment Teams.
  - d) Monitor welfare of assigned personnel. Request relief crews to maintain safety and mental health of personnel and maintain progress toward group objectives.
  - e) Provide appropriate pre-hospital patient care as per approved Treatment Protocols (Standing Medical Orders).
    - (1) Continually reassess patients' conditions and priorities.
    - (2) Determine the order of transport of patients and most appropriate transport based on recommendations from ALS treatment personnel.
  - f) Maintain communications with TRIAGE and TRANSPORTATION. Provide essential and frequent progress reports to EMS / MEDICAL as appropriate.

2. Helpful Hints

- a) Isolate emotionally disturbed patients if possible.
- b) Consider use of Special Procedures Teams (airway, IV, splinting, etc.).
- c) Consider establishing a Medical Supply Area.
- d) Establish a Temporary Morgue when the first victims die in TREATMENT. Move the deceased to the Temporary Morgue.

B. Secondary Triage

Most secondary triage decisions in a Mass Casualty Incident are based on clinical experience and judgment. Review the following:

1. Red **IMMEDIATE**

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

2. Yellow **DELAYED**

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

3. Green **MINOR**

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

4. Black **DECEASED / NON-SALVAGEABLE**

- a) Deceased en-route to the Treatment area or upon arrival
- b) Unresponsive with no circulation; cardiac arrest

5. **CATASTROPHICALLY INJURED**

- a) Not yet deceased
- b) Low probability of survival even with immediate treatment and transport
- c) They are placed separately in the DELAYED (Yellow) Treatment Area

- C. It is ultimately the decision of the TREATMENT and TRANSPORTATION personnel to determine when these patients will be transported to the hospital.

## **XI. TREATMENT / TRANSPORTATION AREA**

### **A. Temporary Morgue**

1. To establish and maintain a Temporary Morgue Area and provide security for bodies and personal effects.
  - a) Establish Temporary Morgue Area remote from the treatment area and not readily accessible to other victims.
  - b) Temporary Morgue Area should be accessible to vehicles.
    - (1) With the assistance of law enforcement, keep the area off-limits to all unauthorized personnel.
  - c) Ensure that no bodies are moved from the incident site prior to the arrival and approval of the Medical Examiner.
  - d) Maintain records, including victim's identities (if available), location found, personal effects, etc.
  - e) Coordinate with the Medical Examiner, funeral directors, and law enforcement as necessary.
  - f) Maintain communications with EMS / MEDICAL and TREATMENT

### **B. Helpful Hints**

1. Cover bodies with sheets (disposable, non-absorbent or with fluid barrier are the best type)
2. Temporary Morgue Area must have adequate capacity for the number of bodies expected.
3. The Medical Examiner is in charge of the bodies.
4. If possible obtain body bags (the best types for emergency use are opaque, with full zipper and side handles).

## **XII. TRANSPORTATION**

### **A. Check List**

1. Position Function: To coordinate all patient transportation and maintain all records related to patient and unit movement.
  - a) Don identifying vest
  - b) Establish the Transportation Area. Locate the area adjacent to the exit of the Treatment Area
  - c) Establish transport vehicle flow pattern from Ambulance Staging Area to Treatment Area and from the Treatment Area to Hospitals.

- d) Contact the Coordinating Hospital to determine the capability of receiving facilities to receive patients, how many, and what triage priority.
  - (1) Arrange transport for the patients that TREATMENT has selected for transport. TREATMENT should be sending patients to TRANSPORT in order with IMMEDIATE (RED) patients first, then DELAYED (YELLOW) patients and then MINOR (GREEN) patients.
  - (2) Use appropriate mode of transportation based on patient needs and transportation resources at the Ambulance Staging Area and Landing Zone Area.
- e) Establish Porter Teams to move patients from the Treatment Area to the Transportation Area and Landing Zone Area and load patients on transportation.
  - (1) Inform transport crews of their destination and document patient and unit movements.
- f) Maintain communications with TREATMENT, AMBULANCE STAGING, and MEDICAL COMMUNICATIONS. Provide essential and frequent progress reports to EMS / MEDICAL as appropriate.

2. Helpful Hints

- a) Suggest alternative modes of transportation to EMS / MEDICAL (e.g. busses, helicopter, etc.).
- b) Ensure that transport units are backed in parallel to each other, not end-to-end.
- c) Consider appointing TRANSPORT RECORDER(S), TRANSPORT LOADER(S), and LANDING ZONE.
- d) Patient Transport worksheet
- e) Clinic Triage Levels
- f) Hospital Triage Levels

**XIII. TRIAGE LEVELS**

- A. Hospital Triage Levels (see Attachment 4)
- B. HAZMAT Triage Levels (see Attachment 5)

**XIV. MEDICAL COMMUNICATIONS**

A. Check List

- 1. To maintain and coordinate all medical communications at the incident scene between TRANSPORTATION, the Coordinating Resource Hospital and EMS / MEDICAL
  - a) Don identifying vest

- b) Locate in close physical proximity to TRANSPORTATION
- c) Establish initial communications with the Coordinating Hospital or closest receiving hospital on COR Radio, Cellular telephone or Telephone and report:
  - (1) MCI 1, 2 or 3
  - (2) CAUSE of incident
  - (3) NUMBER of patients
  - (4) SEVERITY of injuries
  - (5) Obtain Hospital Emergency Capacity Information (Triage Levels).
  - (6) Provide Transport Reports to Coordinating Hospital, to include:
    - (a) UNIT Transporting
    - (b) DESTINATION Hospital
    - (c) NUMBER of Patients
    - (d) PATIENT INFORMATION (Age, Triage Category, Major Injury/Illness)
    - (e) ETA
  - (7) Document all victim / patient and unit movements.

B. Helpful Hints

- 1. Maintain contact with the COORDINATING HOSPITAL.
- 2. Maintain communications with TRANSPORTATION and EMS / MEDICAL.
- 3. Use tactical Worksheets.

**XV. INTERFACILITY AND TACTICAL COMMUNICATIONS**

- A. Communications between multi-agency EMS units for the purpose of tactical operations, utilize the following radio frequencies:
  - 1. 154.265 (PL 88.5) - WISTAC1 this is a state designated mutual aid frequency not actively utilized.
  - 2. Additional "common" frequencies recommended for scene use during mass casualty incidents include:
    - a) 154.010 – WISTAC2 state designated mutual aid frequency not actively utilized
    - b) 155.340 - EMS frequency actively utilized within Monroe County by ambulance services, hospitals and first responders (when communicating with ambulances).

- c) 158.745 – WEM VHF repeater at Ridgeville, would need clearance to use frequencies, WEM Duty officer: 1-800-943-0003.
- d) 158.805 – WEM VHF repeater at Ridgeville, would need clearance to use frequencies, WEM Duty officer: 1-800-943-0003.
- e) 154.115 – Transportation
- f) Amateur Radio/Ham Operators from scene to temporary morgue and also could be utilized to fill in for lack of frequencies for other EMS positions.

## **XVI. SCENE TO HOSPITAL COMMUNICATIONS**

- A. Amateur Radio/Ham Operators – Incident to both hospitals in Monroe County and both hospitals in La Crosse County.
- B. Cellular telephone - flexible, does not interfere with other operations. May be subject to busy cell sites or inclement weather. Once an open cell line is obtained, it is kept open for duration of the incident.

## **XVII. TRANSPORT LOADER**

- A. Check List
  - 1. To assist in ensuring the proper loading of patients aboard ground transportation and to provide directions to the receiving medical facilities
    - a) Don identifying Vest
    - b) Locate at assigned patient egress point in the Transportation Area.
    - c) Ensure patients selected for ground transport by TRANSPORTATION are:
      - (1) Ready for transport.
      - (2) Loaded aboard the ground transportation selected by TRANSPORTATION.

- d) Provide the following instructions to personnel of ground transportation:
    - (1) Directions to the hospital selected by TRANSPORTATION to receive patients
    - (2) Return / Do Not Return to AMBULANCE STAGING after delivering patients
  - e) Maintain close communications with TRANSPORTATION and TRANSPORT RECORDER.
2. HELPFUL HINTS
- a) Obtain map(s) of area to brief operators of ground transportation on directions to receiving hospitals.

## **XVIII. TRANSPORT RECORDER**

### **A. Check List**

- 1. Position Function: To assist in ensuring proper documentation of victim / patient and unit movements.
  - a) Don identifying Vest
  - b) Locate at assigned patient egress point in the Transportation Area.
  - c) Ensure that MEDICAL COMMUNICATIONS has the following information on each patient leaving the Treatment Area:
    - (1) UNIT Transporting
    - (2) DESTINATION Hospital
    - (3) NUMBER of Patients
    - (4) PATIENT INFORMATION (Age, Triage Category, Major Injury / illness)
    - (5) ETA
  - d) Relay information to MEDICAL COMMUNICATIONS for reporting to the COORDINATING HOSPITAL.
  - e) Document the following information on each patient:
    - (1) UNIT Transporting
    - (2) DESTINATION Hospital
    - (3) NUMBER of Patients
    - (4) PATIENT INFORMATION (Identification Number, Age, Triage Category, Major Injury / illness)

(5) TIME of Departure

2. Helpful Hints

- a) Use the tear-off Transport Records from the Wisconsin Patient Information / Triage Tags.

**XIX. LANDING ZONE**

A. Check List

1. To establish a helicopter Landing Zone and to coordinate all helicopter operations in that Landing Zone.

- a) Don identifying vest
- b) Assign personnel to assist in establishing a Landing Zone.
- c) Establish and Maintain radio contact with incoming helicopters.
- d) Coordinate loading and transport of patients with TRANSPORTATION.
- e) Ensure the safety and security of the Landing Zone and all Landing Zone operations.
- f) Prevent anyone from approaching aircraft in the Landing Zone who is not accompanied by the flight crew.

2. Helpful Hints

- a) Area must be large enough to land helicopter(s) safely:
- b) Small Helicopter- 60' x 60' area; 100' x 100' at NIGHT
- c) Medium Helicopter- 75' x 75' area; 125' x 125' at NIGHT
- d) Large Helicopter- 125' x 125' area; 200' x 200' at NIGHT
  - (1) The landing surface should be flat and firm, free of debris that could blow up into the rotor system. The Landing Zone should not be set too close to Treatment Area for this reason. (300' minimum distance)
- e) Advise the flight crew of the following before landing:
  - (1) Any obstructions at or near the Landing zone (e.g. Radio Tower, Power lines, etc.)
  - (2) Wind Direction or ground wind gusts
  - (3) Special Hazards (Select LZ upwind of a HazMat incident, etc)
  - (4) Mark the Landing Zone (Road flares are an intense source of ignition and must be closely managed. Other light sources are preferred if available.) At night

ensure that spotlights, floodlights, hand lights and other white lights are **NOT** pointed toward the helicopter.

| Agency/Organization                       | Number              |
|---|---------------------|
| <b>MONROE COUNTY</b>                      |                     |
| Tomah Memorial                            | 608-372-2182        |
| Franciscan-Skemp-Sparta Campus            | 608-269-2132        |
| Veterans Affairs Medical Center           | 608-372-3971        |
| Sparta Area Ambulance Service             | 608-269-6333        |
| Tomah Area Ambulance Service              | 608-374-7460        |
| Wilton Ambulance Service                  | 911                 |
| Norwalk Ambulance Service                 | 911                 |
| Kendall-Elroy Ambulance Service           | 911                 |
| <b>Fort McCoy Ambulance Service</b>       | <b>608-388-2508</b> |
| <b>JACKSON COUNTY</b>                     |                     |
| BRF EMS                                   | 715-284-2656        |
| Black River Memorial Hospital             | 715-284-5361        |
| <b>VERNON COUNTY</b>                      |                     |
| Vernon Memorial Hospital (Viroqua)        | 608-637-2101        |
| Tri-State Ambulance Service-Coon Valley   | 608-452-3470        |
| St Joseph's Memorial Hospital (Hillsboro) | (608) 489-2211      |
| Ontario Ambulance Service                 | 800-521-5133        |
| <b>EAU CLAIRE</b>                         |                     |
| Mayo One                                  | 800-237-6822        |
| IHLE Clinic                               | 800-472-7029        |
| IHLE Clinic                               | 715-834-2701        |
| Dr. Katz                                  | 800-421-6676        |
| Midelfort Clinic                          | 800-472-0827        |
| Midelfort Clinic                          | 715-839-5379        |
| Sacred Heart                              | 715-839-4121        |
| Luther Hospital                           | 715-839-3311        |
| <b>ROCHESTER</b>                          |                     |
| Mayo One                                  | 800-237-6822        |
| Mayo Clinic                               | 800-533-1564        |
| Mayo Clinic                               | 507-282-2511        |
| Rochester Methodist                       | 507-286-7890        |
| St. Mary's                                | 800-237-6822        |

| Agency/Organization                              | Number  |
|--|---|
| <b>LA CROSSE COUNTY</b>                          |   |
| Med Link Air (Gundersen-Lutheran Medical Center) | 800-527-1200  |
| Lutheran Medical Center                          | 800-362-9567  |
| Gundersen-Lutheran                               | 608-785-0530  |
| St. Francis                                      | 800-362-5454  |
| St. Francis NBICU                                | 608-782-2430  |
| Skemp Grandview                                  | 800-362-5454  |
| Skemp Grandview                                  | 608-782-9760  |
| Tri-State Ambulance Service                      | 608-784-4997  |
| <b>JUNEAU COUNTY</b>                             |   |
| Kathy Noe, EMS/Hospital (Hess Memorial)          | H: 608-847-6161                                       |
| Terry Arndt (Ambulance Service)                  | H: 608-427-6419<br>W: 608-427-3111                    |
| Ambulance Service, Charlene Kelly                | H: 608-462-5732                                       |
| Ambulance Service, Howard Fisher                 | H: 608-847-7450<br>W: 608-847-6324                    |
| Ambulance Service, Chris Rattunde                | H: 608-565-7429<br>W: 608-339-3331                    |
| Richard Weiland                                  | H: 608-562-3172<br>C: 608-547-5172<br>Page: 320 & 120 |
| Ken Field  | H: 608-464-3947                                       |
| Ambulance Service                                | B: 608-489-2350                                       |
| Ambulance service                                | B: 608-463-7124                                       |
| <b>MADISON</b>                                   |   |
| Madison General                                  | 608-267-6000  |
| Madison Va Hospital                              | 608-256-1901  |
| University Hospital                              | 608-263-6400  |
| <b>MARSHFIELD</b>                                |   |
| Spirit Of Marshfield                             | 800-320-4949  |
| Marshfield Clinic                                | 800-782-8581  |
| Marshfield Clinic                                | 715-387-5511  |
| St. Joseph Hospital                              | 800-221-3733  |
| Emergency Referral                               | 800-522-1332  |
| <b>BURN CENTER</b>                               |   |
| Burn Center                                      | 800-321-2876  |
| <b>POISON CONTROL</b>                            |   |
| Poison Control                                   | 800-815-8855  |

|   |  |                                     |                         |  |                                   |
|---|--|-------------------------------------|-------------------------|--|-----------------------------------|
| <b>MEDICAL PLAN</b>                     | <b>1. Incident</b>                           | <b>2. Date Prepared</b>             | <b>3. Time Prepared</b> | <b>4. Operational Period</b>             |                                   |
| <b>5. INCIDENT MEDICAL AID STATIONS</b> |  |                                     |                         |  |                                   |
| <b>Medical Aid Stations</b>             | <b>Location</b>                              |                                     |                         | <b>Paramedics/EMT's</b>                  |                                   |
|   |  |                                     |                         |  |                                   |
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| <b>6. TRANSPORTATION</b>                |  |                                     |                         |  |                                   |
| <b>AMBULANCE SERVICES</b>               |  |                                     |                         |  |                                   |
| <b>NAME</b>                             | <b>ADDRESS</b>                               | <b>PHONE</b>                        |                         | <b>Paramedics/EMT's</b>                  |                                   |
|   |  |                                     |                         |  |                                   |
|   |  |                                     |                         |  |                                   |
|   |  |                                     |                         |  |                                   |
|   |  |                                     |                         |  |                                   |
| <b>INCIDENT AMBULANCES</b>              |  |                                     |                         |  |                                   |
| <b>NAME</b>                             | <b>LOCATION</b>                              |                                     |                         | <b>Paramedics/EMT's</b>                  |                                   |
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|   |  |                                     |                         |  |                                   |
| <b>7. HOSPITALS</b>                     |  |                                     |                         |  |                                   |
| <b>B. NAME</b>                          | <b>ADDRESS</b>                               | <b>Travel Time</b><br>Air      Grnd |                         | <b>PHONE</b>                             | <b>Helipad</b> <b>Burn Center</b> |
|   |  |                                     |                         |  |                                   |
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| <b>8. MEDICAL EMERGENCY PROCEDURES</b>  |  |                                     |                         |  |                                   |
|   |  |                                     |                         |  |                                   |
| <b>ICS 206 8/96</b>                     | <b>9. Prepared by: (Medical Unit Leader)</b> |                                     |                         | <b>10. Reviewed by: (Safety Officer)</b> |                                   |



**HOSPITAL TRIAGE LEVELS**

| <b>Hospital</b>                       | <b>RED</b><br>(Immediate) | <b>YELLOW</b><br>(Delayed) | <b>GREEN</b><br>(Minor) |
|---------------------------------------|---------------------------|----------------------------|-------------------------|
| Franciscan-Skemp Hospital – Sparta    |                           |                            |                         |
| Tomah Memorial                        |                           |                            |                         |
| Veterans Affairs                      |                           |                            |                         |
| Lutheran Medical Center - La Crosse   |                           |                            |                         |
| Franciscan-Skemp Hospital – La Crosse |                           |                            |                         |
| Vernon Memorial – Viroqua             |                           |                            |                         |
| Black River Memorial – BRF            |                           |                            |                         |
| Hess Memorial – Mauston               |                           |                            |                         |
| Midelfort Clinic – Eau Claire         |                           |                            |                         |
| Sacred Heart – Eau Claire             |                           |                            |                         |
| Luther Hospital – Eau Claire          |                           |                            |                         |
| Rochester Methodist – Rochester, MN   |                           |                            |                         |
| Mayo Clinic – Rochester, MN           |                           |                            |                         |
| St. Mary’s – Rochester, MN            |                           |                            |                         |
| Madison General                       |                           |                            |                         |
| Madison VA Hospital                   |                           |                            |                         |
| University Hospital – Madison         |                           |                            |                         |
| Marshfield Clinic – Marshfield        |                           |                            |                         |
| St. Joseph Hospital – Marshfield      |                           |                            |                         |

**HAZ-MAT TRIAGE LEVELS**

| <b>Hospital</b>                       | <b>RED</b><br>(Immediate) | <b>YELLOW</b><br>(Delayed) | <b>GREEN</b><br>(Minor) |
|---------------------------------------|---------------------------|----------------------------|-------------------------|
| Franciscan-Skemp Hospital – Sparta    |                           |                            |                         |
| Tomah Memorial                        |                           |                            |                         |
| Veterans Affairs                      |                           |                            |                         |
| Lutheran Medical Center - La Crosse   |                           |                            |                         |
| Franciscan-Skemp Hospital – La Crosse |                           |                            |                         |
| Vernon Memorial – Viroqua             |                           |                            |                         |
| Black River Memorial – BRF            |                           |                            |                         |
| Hess Memorial – Mauston               |                           |                            |                         |
| Midelfort Clinic – Eau Claire         |                           |                            |                         |
| Sacred Heart – Eau Claire             |                           |                            |                         |
| Luther Hospital – Eau Claire          |                           |                            |                         |
| Rochester Methodist – Rochester, MN   |                           |                            |                         |
| Mayo Clinic – Rochester, MN           |                           |                            |                         |
| St. Mary’s – Rochester, MN            |                           |                            |                         |
| Madison General                       |                           |                            |                         |
| Madison VA Hospital                   |                           |                            |                         |
| University Hospital – Madison         |                           |                            |                         |
| Marshfield Clinic – Marshfield        |                           |                            |                         |
| St. Joseph Hospital – Marshfield      |                           |                            |                         |

## SIMPLE TRIAGE AND RAPID TREATMENT

### I. Purpose

By using a casualty sorting system, you are focusing your activities in the middle of a chaotic and confusing environment. You must identify and separate patients rapidly, according to the severity of their injuries and their need for treatment.

### II. En route

Even while you are responding to the scene of an incident, you should be preparing yourself mentally for what you may find. Perhaps you've been to the same location. Where will help come from? How long will it take to arrive?

#### A. Initial Assessment - Stay Calm

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

#### B. Your Initial Report - Creating a Verbal Image

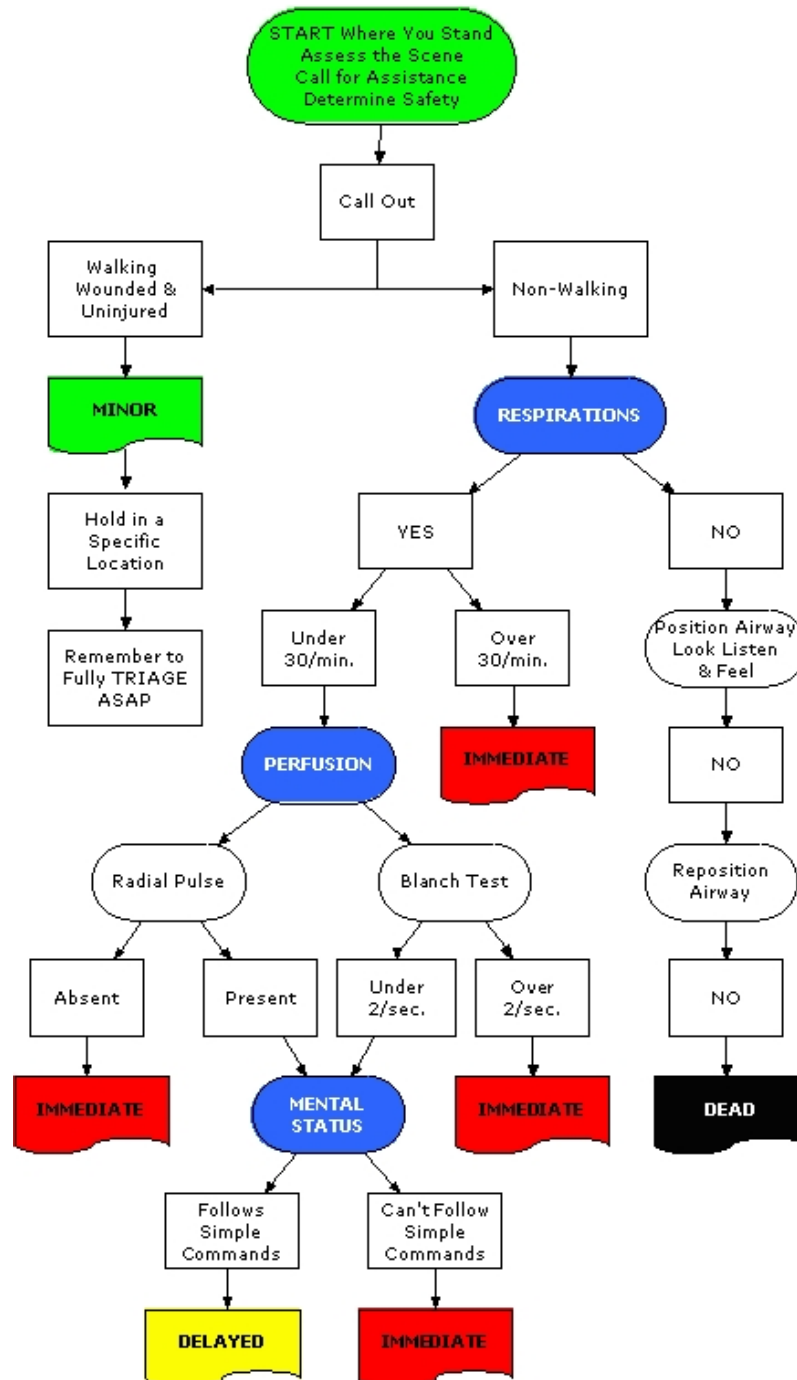
1. The initial report is often the most important message of a disaster because it sets the emotional and operational stage for everything that follows. As you prepare to give the first vital report, use clear language (no signals or radio jargon), be concise, be calm, and do not shout. You are trying to give the communications center a concise verbal picture of the scene.
2. The key points to communicate are:
  - a. Location of the incident
  - b. Type of incident
  - c. Any hazards
  - d. Approximate number of victims
  - e. Type of assistance required
3. Note: Be as specific with your requests as possible. Field experience has shown that a good rule of thumb initially, in multiple-or mass-casualty situations, is to request one ambulance for every five patients. For example, for 35 patients, request seven ambulances; for 23 patients request five ambulances, and so forth.
4. Before starting, take several deep breaths to give your mind time to catch up with your eyes and to try to calm your voice. You might give the following report: "This is a major accident involving a truck and a commercial bus on Highway 305, about 2 miles east of Route 610. There are approximately 35 victims. There are people trapped. Repeat: This is a major accident. I am requesting the fire department, rescue squad, and seven ambulances at this time. Dispatch additional police units to assist."

#### C. Sorting the Patients

1. It is important not to become involved with the treatment of the first or second patient with whom you come in contact. Remember that your job is to get to each patient as quickly as possible, conduct a rapid assessment, and assign patients to broad categories based on their need for treatment.
2. You cannot stop during this survey, except to correct airway and severe bleeding problems quickly. Your job is to sort (triage) the patients. Other rescuers will provide follow-up treatment.

**III. The START System: It really works!**

## START - Simple Triage And Rapid Treatment




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

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

B. Triage Tagging: To Tell Others What You've Found

Patients are tagged for easy recognition by other rescuers arriving on the scene. Tagging is done using a variety of methods determined by your local Emergency Services System. Colored surveyors' tape or colored paper tags may be used.

1. The Four Colors of Triage

- a.  Delayed care / can delay up to three hours
- b.  Urgent care / can delay up to one hour
- c.  Immediate care / life-threatening
- d.  Victim is dead / no care required

2. The First Step in **START**: Get up and Walk!

- a. The first step in **START** is to tell all the people who can get up and walk to move to a specific area. If patients can get up and walk, they are probably not at risk of immediate death.
- b. In order to make the situation more manageable, those victims who can walk are asked to move away from the immediate rescue scene to a specific designated safe area. These patients are now designated as MINOR.
- c. If a patient complains of pain on attempting to walk or move, do not force him or her to move.
- d. The patients who are left in place are the ones on whom you must now concentrate.

3. The Second Step in **START**: Begin Where You Stand

- a. Begin the second step of **START** by moving from where you stand. Move in an orderly and systematic manner through the remaining victims, stopping at each person for a quick assessment and tagging. The stop at each patient should never take more than one minute.
- b. **REMEMBER**: Your job is to find and tag the **IMMEDIATE** patients --those who require immediate attention. Examine each patient, correct life-threatening airway and breathing problems, tag the patient with a red tag and **MOVE ON!**

4. How To Evaluate Patients Using RPM

- a. The **START** system is based on three observations: RPM--Respiration, Perfusion and Mental Status. Each patient must be evaluated quickly, in a systematic manner, starting with Respiration (breathing).
- b. Breathing: It all **STARTS** Here.

- 1) If the patient is breathing, you then need to determine the breathing rate. Patients with breathing rates **greater than 30 per minute** are tagged **IMMEDIATE**. These patients are showing one of the primary signs of shock and need immediate care.
  - 2) If the patient is breathing and the breathing rate is less than 30 per minute, move on to the circulation and mental status observations in order to complete your 30-second survey.
  - 3) If the patient is not breathing, quickly clear the mouth of foreign matter. Use a head-tilt maneuver to open the airway. In this type of multiple- or mass-casualty situation, you may have to ignore the usual cervical spine guidelines when you are opening airways during the triage process.
  - 4) **SPECIAL NOTE:** The treatment of cervical spine injuries in multiple or mass casualty situations is different from anything that you've been taught before. This is the only time in emergency care when there may not be time to properly stabilize every injured patient's spine.
  - 5) Open the airway, position the patient to maintain the airway and - if the patient breathes -- tag the patient **IMMEDIATE**. Patients who need help maintaining an open airway are **IMMEDIATE**.
  - 6) If you are in doubt as to the patient's ability to breathe, tag the patient as **IMMEDIATE**. If the patient is not breathing and does not start to breathe with simple airway maneuvers, the patient should be tagged **DEAD**.
- c. **Circulation:** Is Oxygen Getting Around?
- 1) The second step of the **RPM** series of triage tests is circulation of the patient. The best field method for checking circulation (to see if the heart is able to circulate blood adequately) is to check the radial pulse.
  - 2) It is not large and may not be easily felt in the wrist. The radial pulse is located on the palm side of the wrist, between the midline and the radius bone (forearm bone on the thumb side). To check the radial pulse, place your index and middle fingers on the bump in the wrist at the base of the thumb. Then slide it into the notch on the palm side of the wrist. You must keep your fingers there for five to ten seconds, to check for a pulse. If the radial pulse is absent or irregular the patient is tagged **IMMEDIATE**. If the radial pulse is present, move to the final observation of the **RPM** series: mental status.
- d. **Mental Status:** Open Your Eyes:
- 1) The last part of the **RPM** series of triage tests is the mental status of the patient. This observation is done on patients who have adequate breathing and adequate circulation.
  - 2) Test the patient's mental status by having the patient follow a simple command:

- i. "Open your eyes." "Close your eyes," "Squeeze my hand." Patients who can follow these simple commands and have adequate breathing and adequate circulation are tagged **DELAYED**. A patient who is unresponsive or cannot follow this type of simple command is tagged **IMMEDIATE**. (These patients are "unresponsive" to verbal stimuli.)

#### IV. **START is Used to Find IMMEDIATE Patients**

This system is designed to assist rescuers to find the most seriously injured patients. As more rescue personnel arrive on the scene, the patients will be re-triaged for further evaluation, treatment, stabilization, and transportation. A patient may be re-triaged as many times and as often as time allows.

Remember that injured patients do not stay in the same condition. The process of shock may continue and some conditions will become more serious as time goes by. As time and resources permit, go back and recheck the condition of all patients to catch changes in condition that may require upgrading to **IMMEDIATE** attention.

##### A. Working at a Multiple- or Mass-Casualty Incident

1. You may or may not be the first person to arrive on the scene of a multiple- or mass-casualty incident. If other rescuers are already at the scene when you arrive, be sure to report to the incident commander before going to work. Many events are happening at the same time and the incident commander will know where your help and skills can best be used. By virtue of training and local protocols, the incident commander is that person who is in charge of the rescue operation.
2. In addition to initially sizing up an incident, clearly and accurately reporting the situation, and conducting the initial **START** triage, the first responder will probably also be called on to participate in many other ways during multiple- and mass-casualty incidents.
3. As more highly trained rescue and emergency personnel arrive on the scene, accurately report your findings to the person in charge by using a format similar to that used in the initial arrival report. Note the following:
  - Approximate number of patients.
  - Numbers that you've triaged into the four levels.
  - Additional assistance required.
  - Other important information.
4. After you have reported this information, you may be assigned to use your skills and knowledge to provide patient care, traffic control, fire protection, or patient movement. You may also be assigned to provide emergency care to patients, to help move patients, or to assist with ambulance or helicopter transportation.
5. In every situation-involving casualty sorting, the goal is to find, stabilize and move Priority One patients first.

## V. Triage in Hazardous Materials Incidents

- A. Hazardous materials (Hazmat) incidents involving chemicals occur every day, exposing many people to injury or contamination. During a hazardous materials incident, responders must protect themselves from injury and contamination.
- B. **REMEMBER:** A hazardous materials placard indicates a potential problem. But not all hazardous materials problems will be placarded. Be sure to find the proper response to the problem before beginning patient treatment.
- C. The single most important step when handling any hazardous materials incident is to identify the substance(s) involved. Federal law requires that hazardous materials placards be displayed on all vehicles that contain large quantities of hazardous materials. Manufacturers and transporters should display the appropriate placard, along with a four-digit identification number, for better identification of the hazardous substance. These numbers are used by professional agencies to identify the substance and to obtain emergency information.
- D. **IF THERE IS ANY SUSPICION OF A HAZARDOUS MATERIALS SPILL - STAY AWAY!**
  1. The U.S. Department of Transportation published the Emergency Response Guidebook, which lists the most common hazardous materials, their four-digit identification numbers, and proper emergency actions to control the scene. It also describes the emergency care of ill or injured patients.
  2. Unless you have received training in handling hazardous materials and can take the necessary precautions to protect yourself, you should keep far away from the contaminated area or "hot zone."
  3. Once the appropriate protection of the rescuers has been accomplished, triage in hazardous materials incidents has one major function--to identify victims who have sustained an acute injury as a result of exposure to hazardous materials. These patients should be removed from the contaminated area, decontaminated by trained personnel, given any necessary emergency care, and transported to a hospital.
  4. **REMEMBER: Contaminated patients will contaminate unprotected rescuers!**
    - a. Emergency treatment of patients who have been exposed to hazardous materials is usually aimed at supportive care, since there are very few specific antidotes or treatments for most hazardous materials injuries. Because most fatalities and serious injuries sustained in hazardous materials incidents result from breathing problems, constant reevaluation of the patients in Priorities Two and Three is necessary so that a patient whose condition worsens can be moved to a higher triage level.

## VI. Summary

- A. Every responder must understand the principles and operations behind your casualty sorting system.
  - 1. The **START** system is an excellent and easily understood triage or casualty sorting method.
  - 2. Responders should be involved in periodic community disaster drills so that their skills and capabilities can be tested and improved.
- B. You Should Know:
  - 1. The responder's role at multiple- or mass-casualty incidents.
  - 2. How to use the **START** system.
  - 3. How to recognize a hazardous materials placard.
- C. You Should Practice:
  - 1. Using the **START** system during a simulated multiple- or mass-casualty incident.