NORTHERN KENTUCKY
MASS CASUALTY INCIDENT (MCI) MANAGEMENT PLAN

PURPOSE

The purpose of this Mass Casualty Incident Management Plan is to provide structure and guidance to public safety personnel of the Northern Kentucky Counties of Boone, Campbell and Kenton when responding to incidents where the number of injured persons exceeds day to day operating capabilities requiring additional resources and/or distribution of patients to multiple hospitals. The ultimate goal on any incident is to provide the highest level of care, for the most people, in the shortest amount of time. Incident organization is based on the National Incident Management System (NIMS) and the Simple Triage and Rapid Treatment (START) method of triage.

INCIDENT MANAGEMENT SYSTEM

The National Incident Management System (NIMS) is designed to be a flexible management system designed to fit the specific needs of any incident. The NIMS organizational structure builds from the top down and expands as needed depending of the size of the incident and the resources available with responsibility and performance placed initially with the Incident Commander. The Incident Commander has the responsibility for the coordination of all public and private resources committed to the incident. In addition, the IC or his/her designee is responsible for notifying appropriate authorities, requesting resources and developing incident objectives and strategies.

Depending on the size and duration of the incident, the IC may directly supervise EMS operations or may delegate this responsibility to another resource. The IC may delegate specific tasks, functions, or geographic area to maintain an effective span of control.

EMS Positions within the Incident Management System

EMS Branch Director: (See EMS Branch Director Checklist)

- Reports to the Operations Chief. If Operations has not been established, reports to the Incident Commander.
- Supervises Treatment Group Supervisor
- Supervises Triage Group Supervisor
- Supervises Transportation Group Supervisor
- Requests additional personnel and equipment to staff triage, treatment and transportation groups.

Treatment Group Supervisor: (See Treatment Supervisor Checklist)

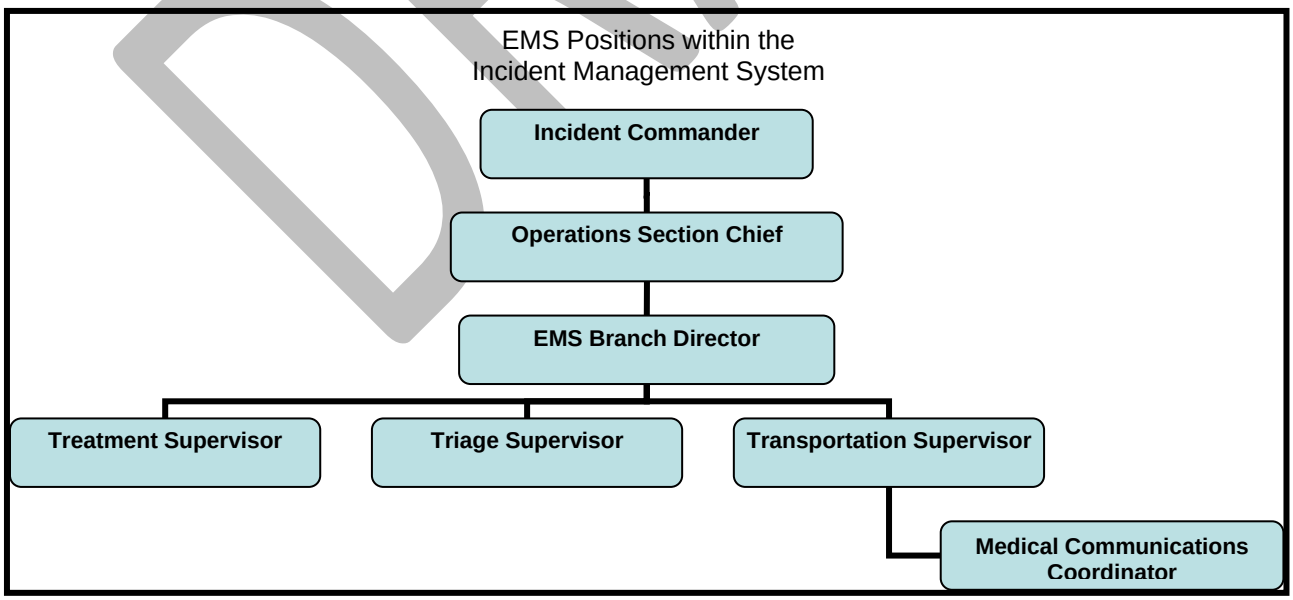
- Reports to the EMS Branch Director.
- Establishes a centralized Treatment Area.
- Requests additional personnel/equipment to staff the Treatment Areas.
- Determines which patients should be transported first.

- Communicates/coordinates patient movement with the Transportation Supervisor.

Triage Group Supervisor: (See Triage Supervisor Checklist**)**
- Reports to the EMS Branch Director.
- Oversees the Triage process.
- Notifies the EMS Branch Director of the total number of patients.
- Directs the movement of patients from the impacted area to the Treatment Area(s).

Transportation Group Supervisor: (See Transportation Officer/ Medical Communications Coordinator Checklist**)**
- Reports to the EMS Branch Director.
- Communicates with the Hamilton County Disaster Council Disaster Radio Network .
- Orders transportation resources from Staging, notifies IC if additional transportation resources are required.
- Determines mode of transport for all on-scene patients.
- Contacts medical control as needed.
- Communicates/coordinates patient movement with the Treatment Supervisor and Scene to Hospital Coordinator.

Medical Communications Coordinator: (Medical Communications Coordinator Checklist)
- Reports to Transportation Officer
- Communicates with the Hamilton County Disaster Council Radio Network.
- Determines destination hospital for ambulances.
- Contacts medical control as needed.
- Documents the number of patients transported to each hospital.



PATIENT CARE

Triage:

- Use the START method of triage. **(**See Start Algorithm**)**

- Triage packs will be available to personnel on the MCI trailers. It is recommended that triage packs be available on all ambulances to allow for rapid initiation of triage.

> **Triage Packs (recommended contents)**
> 1 each spool of ribbon – Red, Yellow, Green, Black; 5 OP Airways; 5 chest seals; bandages/dressings; 2 hemostatic agent, 3 tourniquets; trauma shears; 2 CPR barrier devices; Sharpie markers.

- Triage packs and ribbons should be used in the early stages of the incident to allow for rapid triage. Ribbons should be replaced by triage tags applied when the patient arrives in the treatment area. Triage tags should always be used.

- The Triage Tag Number will be documented on the Treatment Area Log and the Hospital Routing Log.

Recognized Triage Categories: Standard terminology will be used. The triage category will be identified using the following criteria:

CATEGORY	CRITERIA	ACTION(s)
IMMEDIATE (RED)	Critical patient, life-threatening injuries, likely to survive if patient receives definitive care within 30 minutes.	Immediate or non-ambulatory casualties will be moved with minimal stabilization as quickly as possible to treatment area for reassessment and treatment.
DELAYED (YELLOW)	Serious injuries but stable, maybe life threatening. Likely to survive if care is received within several hours.	Casualties tagged “Minor” or “Delayed” and patients without obvious injuries will be moved as quickly as possible to the ambulatory casualty collection area for reassessment and treatment.
MINOR (GREEN)	Not considered life threatening, walking wounded.	
DECEASED (BLACK)	Mortally wounded or death is eminent.	Casualties tagged “Deceased” will not be moved or disturbed unless approved by the Coroner.
CONTAMINATED	Contaminated by a hazardous substance.	Patient treatment delayed until the patient is decontaminated.

NOTE: For Pediatric patients - START may not adequately identify the severity of pediatric casualties. Consider use of the JumpSTART system or other age-appropriate vital signs and behaviors.

Treatment Area Log: The Treatment Supervisor will maintain the Treatment Area Log (See Treatment Area Log**)**

The Medical Equipment Checklist: The Treatment Supervisor will maintain the Medical Equipment Checklist **(**See Medical Equipment Checklist**)**

DESIGNATED AREAS

After the scene has been determined safe, the specific areas (such as the Treatment, Staging, Morgue Area, etc.) shall be determined/approved by the Incident Commander or his/her designee.

AREA	CRITERIA
Treatment Area	Treatment Areas should be located a safe distance away from hazards, upwind from toxic fumes and provide for easy access/egress. Clearly identify the Treatment Area representing the respective triage categories using tarps, flags and barricade tape.
Staging Area	A separate area should be established for Fire/EMS resources. These areas will be the gathering point for personnel and equipment. Transport units will be maintained in a one way traffic pattern facing the loading area.
Loading Area	This is the area designated for the loading of patients into transport units. It shall be located in very close proximity to the Treatment Area. Position the helicopter landing zone to not block access or egress of ground transportation.
Morgue	Area designated for the temporary storage of deceased patients. This area should be located away from the treatment areas and is the responsibility of the Coroner or law enforcement.

MCI ADVISORY - An MCI Advisory is used to notify the EMS system that a situation may exist that has the potential to exceed the day-to-day capabilities, requiring additional resources and/or complex organizational structure.

When to initiate an MCI Advisory	In the early stages of an incident to alert the system that a situation may exist that has the potential to exceed the day to day capabilities and may require additional resources and/or initiation of a complex organizational structure.
Who should initiate	**Any responder to the incident or a dispatcher if initial reports indicate an MCI incident.**
How to initiate	Through dispatch on the primary fire band frequency. MCI Advisory status may be upgraded at anytime to an MCI Alert after a more complete analysis has been completed
What information should be provided	**The location and type of incident.** Dispatch will notify all St. Elizabeth Hospitals and University of Cincinnati Hospital. This notification is for information only.
How to cancel an MCI Advisory	Through the Dispatch Center if it is determined that an MCI does not exist and no additional resources are needed.

MCI ALERT - An MCI Alert consists of: Mobilization of the necessary resources, Notification of the Hamilton County Disaster Council Disaster Radio Network and Initiation of the Incident Management System and this MCI Management Plan.

Initiating an MCI Alert:

When to activate an MCI Alert	When the number of injured persons exceeds the available resources. This will be different for each incident based on time of day, location, resources available, etc.
	For example, consider initiating an MCI Alert when:
	• The number of patients may be more than:
	  ◦ Six (6) adult Immediate or three (3) pediatric immediate
	  ◦ Ten (10) delayed/minor patients (Adult or pediatric)
	• An incident may require the response of five (5) or more ambulances.
	• The number of patients exceeds the capabilities of the nearest hospital Emergency Department.
	• The Incident Commander deems necessary.

Who may activate	**Any responder to the incident or Dispatch**
How to initiate	Through Dispatch on the primary fire band frequency.
What information should be provided to the Disaster Radio Net	**Type of Incident** **The location of the incident** **An estimate of the number of injured**
How to cancel an MCI Alert	Through dispatch by the Incident Commander once all patients have been transported or if it is determined that no additional resources are needed.

MCI Response Deployment (1MCI) – Once an MCI Alert has been issued dispatch will change the incident nature code in the Computer Aided Dispatch (CAD) system to 1MCI and dispatch the following resources for the incident.

If the event is beyond the capacity of local resources assistance may be provided by: local mutual aid, American Red Cross Medical Assistance Team (ARC MAT), the State or through the National Disaster Medical System (NDMS).

Aero-medical resources will most likely be used to augment medical staff and equipment within the treatment area. In most MCI incidents, critical patients will be transported by ground ambulance.

1MCI	Ambulances	Engines	Rescue	Chief Officer	Other	Notes
1st Alarm	**5**	**3**	**1**	**2**	**County EMA, County MCI Trailer, Command 100**	**Dispatch to move with Command to a Fire/EMS tactical channel, Law Enforcement dispatcher to send Police/Sheriff supervisor to Command Post, Notify KyEM Duty Officer of the incident: 1-800-255-2587**
2nd Alarm	**10**	**8**	**2**	**3**	**Next County EMA, Next County MCI Trailer,**	**Prompt Command to consider: Air Care, PHI, Transcare, Red Cross Medical Assistance Team (MAT), TANK or School Bus for walking wounded, PIO to Command Post**
3rd Alarm	**10**	**10**	**1**	**3**	**3rd County EMA**	
4th Alarm	**10**	**10**	**0**	**3**	**3rd County MCI Trailer**	
5th Alarm	**25**	**0**	**0**	**0**		**Prompt Command to consider need for Airport Disaster Truck (999)**

PATIENT DISTRIBUTION

The Transportation Supervisor or Medical Communications Coordinator (if designated) will make patient destination decisions in cooperation with the Hamilton County Disaster Radio Network. The Disaster Network is activated by calling the Hamilton County Communication Center at (513) 825-2260. Communication with Net Control once the Network is activated is through University Hospital at (513) 584-7522.

First Round Destination Procedure may be implemented without prior authorization prior to the Disaster Net having a bed count. St. Elizabeth hospitals should prepare to receive these patients upon receipt of the MCI Alert from Dispatch.

First Round Destination Procedure
Patients transported to the two nearest St. Elizabeth hospitals: Two (2) "Immediate" patients Six (6) "Delayed and/or "Minor" patients For a total of sixteen (16) patients

Hamilton County Disaster Council Disaster Radio Network:
The Transportation Supervisor and/or Medical Communications Coordinator should establish contact with the Disaster Radio Network early in the incident, as needed, for:

- Greater Cincinnati Area hospital bed availability
- Out-of-county trauma center availability
- If the number of patients will exceed the first round destination procedure, or to send more patients to hospitals included during the first round procedure.
- Destination assistance.

TRANSPORTATION / SCENE TO HOSPITAL COORDINATION

The Transportation Supervisor along with the Medical Communications Coordinator (if designated) will be responsible to coordinate the transportation of all injured patients.

Once transport units are available, patients will be moved from the Treatment Area to the Loading Area.

- Vehicle loading should be maximized without jeopardizing patient care (example one immediate and one delayed patient per ambulance as opposed to two immediate per ambulance).
- Alternative methods of transportation, such as mass transit or school bus, may be used for the transportation of minor priority patients.
- In general, no more than two (2) transport units should be committed to duties or assignments other than the transport of patients.

Whenever possible patients should be transported to the most appropriate facility without overloading any one facility. For example: transport critical "immediate" trauma

patients to University of Cincinnati and “immediate” pediatric patients to Children’s Hospital.

Transport units will contact the receiving hospitals via Medical Channels 1 and 2 or by mobile phone and give a brief report on the patient(s):

- Age and Sex
- START category
- Significant injuries and/or circumstances (e.g. burns, unmanageable airway)
- ETA

Hospital Capability and Patient Tally Sheet: The Transportation Supervisor or Medical Communications Coordinator (if designated) will maintain the Hospital Capability and Patient Tally Sheet **(**See Hospital Capability and Patient Tally Sheet**)**

Hospital Routing Log: The Transportation Supervisor or Medical Communications Coordinator (if designated) will maintain the Hospital Routing Log: **(**See Hospital Routing Log**)**

COMMUNICATIONS

Communications between all involved agencies is of the utmost importance and should be established early in the incident. Communications procedures may vary depending on the type of incident and different agencies involved.

Command and General Staff must be capable of communicating on VHF channels/frequencies. Fire Band Communications channels are:

Boone County Channel Lineup

CHANNEL	USAGE	RX FREQ	TX FREQ	CTCSS
1	Primary Dispatch	155.865	153.965	192.8
2	Talk around	155.865	155.865	192.8
3	Fireground	154.205	154.205	192.8
4	Regional Mutual Aid	154.280	154.280	CSQ
5	Secondary Dispatch	151.400	154.295	192.8
6	Talk around	151.400	151.400	192.8
7	Medical Channel 1 (Simplex)	155.160	155.160	192.8
8	Medical Channel 2 (Simplex)	155.340	155.340	192.8

Campbell County Channel Lineup

Channel	Common Name	Function	TX	RX	CG/PL
1	Campbell County Fire 1	Simulcast	154.010	154.385	192.800
2	Campbell County Fire 2	Simulcast	155.790	154.860	173.800
3	Campbell County Tac 3	Tactical only	154.145	154.145	192.800
4	NK Mutual Aid	Tactical only	154.280	154.280	192.800
5	Local Use				
6	Campbell County Tac 4	Tactical only	154.235	145.235	192.800
7	National Mutual Aid	Tactical only	154.370	154.370	
8	Med One	Tactical only	155.160	155.160	192.800
9	Med Two	Tactical only	155.340	155.340	192.800
10	Rossford Interop	Station Repeater	153.650	158.190	431
11	Alexandria Interop	Station Repeater	153.650	158.190	464
12	Grants Lick Interop	Station Repeater	153.650	158.190	423
13	Local Use				
14	Local Use				
15	Local Use				
16	Local Use				
17	VMA Primary Call (State)	Simplex	155.4750		156.7
18	Vcall	Simplex	155.7525		156.7
19	VTAC1	Simplex	151.1375		156.7
20	VTAC2	Simplex	154.4525		156.7
21	VTAC3	Simplex	158.7375		156.7
22	VTAC4	Simplex	159.4725		156.7

Local Use channels designated at the discretion of individual departments.

Kenton County Channel Lineup

No radio lineup available

RESOURCE MANAGEMENT

The Incident Commander has the overall responsibility for developing objectives and requesting the necessary resources required to mitigate the incident. The IC may delegate tasks or responsibilities to other qualified individuals; however, this should not be assumed, clear communications between all involved agencies is imperative.

A Staging Area with appropriate ingress/egress and sufficient space to expand as necessary should be established and access secured by law enforcement. Some potential MCI Staging Areas have been predetermined. (See MCI Staging Areas)

EMS Unit Staging Log: The Staging Officer will maintain the EMS Unit Staging Log **(**See EMS Unit Staging Log**)**

LAW ENFORCEMENT

Law Enforcement will be notified of a MCI Advisory and appropriate units from the affected jurisdiction shall respond as needed. Upon notification of a MCI ALERT the dispatch center will issue a **MCI ALERT** on the primary law enforcement channel. The Law Enforcement supervisor on duty will assign additional on-duty law enforcement personnel to the incident and/or request mutual aid. Law enforcement personnel arriving at the location initially will be responsible to secure ingress for responding Fire/EMS units and begin to secure the area involved. A member of the Law Enforcement Command Staff from the affected jurisdiction shall respond to the Incident Command Post and will assume responsibilities as a member of the Unified Command Staff.

Scene Ingress and Egress

First arriving law enforcement personnel will attempt to ensure that incoming Fire/EMS units can access the scene by controlling traffic along ingress routes. Law Enforcement should coordinate with Incident Command to determine the egress routes to be used by ambulances transporting to hospitals. These egress routes should be secured by traffic control measures.

Staging Area Security

Law Enforcement will need to provide security for any staging area which is established. Access to the staging area will be limited to public safety personnel and others authorized by Incident Command.

Perimeter Control

When sufficient law enforcement personnel arrive an appropriate perimeter will be established. The perimeter will extend from the site of the incident outward to an appropriate distance that provides for the safety of emergency response personnel, the general public and provides security for injured persons and any debris or other

potential evidence. Access through the perimeter will be limited to public safety personnel and others authorized by Incident Command.

Evidence Preservation
Every effort will be made by all personnel responding on a MCI to limit disruption of any potential evidence. It is recognized that life safety including rescue and extrication of the injured may result in some unintended disruption of the scene.

Mutual Aid

For extended operations, law enforcement command personnel may request mutual aid assistance from neighboring jurisdictions, regional or State assets through Emergency Management. Law enforcement command personnel must be cognizant that extended operations will require scheduling of sufficient law enforcement personnel to maintain their MCI response while still providing routine services.

Evacuation

In cases where the aircraft emergency occurs in a populated or developed area, surrounding residential, commercial and industrial occupancies may be evacuated for safety concerns. If an evacuation is required, emergency management personnel will designate an appropriate reception and care facility(s). The American Red Cross will coordinate and manage the reception and care facility. Re-entry into the evacuated area will be authorized by Incident Command.

Deceased Persons / Coroner / Temporary Mortuary

Kentucky law provides that once the injured are removed from a MCI site, the County Coroner is responsible for the disposition of all deceased persons. The County Coroner will direct all operations pertaining to the processing of the deceased. The concept of preservation of evidence should be applied when caring for the deceased. Therefore, recovery of the deceased will be methodical and managed thoroughly.

1. **Care of Fatalities Prior to Site Investigation -** Public safety personnel performing triage and treatment of injured persons shall not move deceased persons and attempt not to disturb the area immediately surrounding the deceased. Extrication of the deceased prior to the arrival of the Coroner should be performed only when necessary to prevent their destruction by fire or other similar compelling reasons. Otherwise, the deceased will be moved to the temporary morgue or other designated location only by direction of the Coroner.

   When it becomes necessary to move bodies or parts of any debris/wreckage, photographs should be taken showing their relative position within the debris/wreckage, and a sketch of their respective positions should be made

prior to removal. In addition, tags should be affixed to each body or part of the wreckage that was displaced, and corresponding flags, stakes or tags should be placed where they where found in the wreckage. A journal should be kept of all tags issued.

2. **Temporary Morgue –** A temporary morgue facility may be required. The temporary morgue will be under the direction and control of the County Coroner. The temporary morgue should be located as close to the disaster site as possible.

   Once notified of fatalities associated with a MCI the Coroner will determine the level of assistance required and then call upon the State Medical Examiner, other County Coroners, private practitioners in forensic sciences, morticians, and other professionals. If required a request may be made through County Emergency Management for additional State assets or Federal assets such as the Disaster Mortuary Operational Response Teams (DMORT).

   Essential morgue operations include identification (dental charting, x-ray, fingerprinting, etc.), toxicology, documentation of personal effects, autopsies, embalming, a records area, a secured area for personal effects, clerical space, vital statistics personnel and a telephone bank for gathering and handling inquiries.

   Law enforcement personnel will be required at the facility to control access and provide security.

PUBLIC INFORMATION

The jurisdiction where the MCI event has occurred will ensure the response of their designated Public Information Officer (PIO). The PIO will be the sole point of contact for all media.

ATTACHMENTS

EMS Branch Director Checklist
Treatment Supervisor Checklist
Triage Supervisor Checklist
Transportation Supervisor / Medical Communications Coordinator Checklist
Start Algorithm
Treatment Area Log
Medical Equipment Checklist
Hospital Capability and Patient Tally Sheet
Hospital Routing Log
EMS Unit Staging Log
MCI Trailer Inventory List
Mass Casualty Incident Staging Areas