Introduction

This emergency Response Plan Procedure was developed to manage any type of multiple casualty incident. It is intended to outline a standardized response and notification procedure designed to provide predetermined quantities of equipment and personnel.

This Oconto County MCI plan has implemented and institutionalized processes, systems, and/or procedures to ensure effective cross-jurisdictional coordination between multiple local public safety organizations responding to an incident covering a large geographical area.

This Oconto County MCI plan has implemented and institutionalized processes to ensure:

- Field command and management functions are performed in accordance with a standard set of ICS organizations, doctrine, and procedures.
- Incident Commanders have the authority and flexibility to modify procedures and organizational structure as necessary to align with the operating characteristics of their specific jurisdiction or to accomplish the mission in the context of a particular hazard scenario.

The terms " EMS PLAN V; EMS PLAN IV; EMS PLAN III; EMS PLAN II; EMS PLAN I" are terms which will be utilized by field personnel when requesting support to manage a mass casualty incident.

This MCI plan ensures its ICS is modular and scalable through the following operating characteristics:

- Suitable for operations within a single jurisdiction or agency
- Suitable for operations within a single jurisdiction with multiagency involvement
- Suitable for operations within multiple jurisdictions with multiagency involvement
- Readily adaptable to new technology
- Adaptable to any emergency or incident to which domestic incident management agencies would be expected to respond
- Scalable in organizational structure based on the size and complexity of the incident

The agencies implementing this EMS response plan will work within the incident command structure of the National Incident Management System *(Appendix G)*.

The following plan has been endorsed by the agencies identified below (agreements on file):

BLS Ambulances

ALS Ambulances

Hospitals

Oconto County

- Oconto County Dispatch Center
- Oconto County Emergency Government

Section I

General Terms Defined

Advanced Life Support (ALS) (Type II) – ambulances containing advanced life support equipment and staffed by Paramedics *(Appendix F).*

Basic Life Support (BLS) (Type IV) – ambulances containing basic life support equipment and staffed by Emergency Medical Technicians EMT- Basic *(Appendix F).*

Command Center - location on scene from which the Incident Commander or Unified Command personnel operate.

Designated Command Hospital – the resource hospital where the mass casualty incident occurred. The emergency room physician at the designated command hospital shall be deemed medical control for the incident. Contact should be made with medical control before implementing any disaster medical protocols to be carried out on scene during the incident.

Primary Hospital(s) – even the most minimal plan activation (EMS Plan V) should utilize the primary hospital to facilitate optimal patient care. Destination determination should follow current EMS protocols, including factors such as proximity, services immediately available, and emergency department bed capacity at the time of the incident. Contact should be made with medical control of the hospital.

Secondary Hospitals – transport of patients to secondary hospitals may be necessary. It is the responsibility of the Transport Supervisor / Communications Manager or the Command Hospital to contact these facilities in order to determine their capacity to receive patients. Should the Communications Manager need assistance, they may contact the Command Hospital to facilitate this communication.

EMS Plans V - I – a standardized response to a request for additional assistance necessary to treat / transport multiple victims. Plans may be upgraded to the next level(s) if the incident should expand.

Helispot – any designated location where a helicopter can safely take off and land.

Medical Supply Cache – A cache consisting of standardized medical supplies and equipment stored in a predetermined location for dispatch to incidents.

ICS Terms Defined

Incident Commander (IC) – the highest ranking officer at the scene of any incident. The Incident Commander is responsible for all activities at the incident. This position may need to be established by a member of the first arriving ambulance. This position may be transferred to another member on scene such as the Fire Chief or Sheriff. A Unified Command Center may be implemented incorporating EMS, Fire, Police, and / or Haz-Mat Branch Directors.

Triage - the term triage comes from the French, and means "to sort" or "to categorize". Triage is to utilize START method for triaging patients: Simple Triage And Rapid Transport. The START and Jumpstart® program describes a rapid method of triaging large numbers of patients in an emergency incident *(Appendix C)*.
Triage establishes priorities for:

1) Treatment in the field
2) Transport to the hospital

Triage Unit Leader – member of the first arriving EMS personnel at the scene of an incident declared as an EMS Response Plan. The Triage Unit Leader controls the activities of the triage/litter bearers' teams. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the triage area.

Triage Tags – issued and approved color coded tags indicating the patient's treatment and transport priority.

Triage Categories – a method to establish the priority for treatment / transport of victims at a mass casualty incident. There are four distinct color coded categories: red, yellow, green, and gray.

- **Category RED**: Identifies victims having life-threatening injuries. Survival is dependent upon immediate treatment and transport.
- **Category YELLOW**: Identifies victims that are potentially seriously injured and require medical stabilization. Victim's survival is not dependent on immediate transport.
- **Category GREEN**: Identifies victims that are ambulatory wounded. Injuries are such that treatment and transport can be delayed.
- **Category GRAY**: Identifies victims as: 1) clinically dead (move to a morgue) or; 2) victims are so critical as to seriously limit their chances for survival even if all available resources were to be dedicated solely to their treatment.

Triage Team(s) – the first arriving EMS personnel. They are responsible for the rapid categorizing of patients in accordance with established protocol. Additional EMS personnel may be assigned this duty by the IC / Medical Branch Director based on patient load / need. Each team consists of two members with at least one being an EMT.

Treatment Area – an area designated by the IC / Medical Branch Director where victims may be medically stabilized before transport.

Treatment Area Unit Leader – designated by the IC / Medical Branch Director. The Treatment Area Unit Leader coordinates the movement of patients into and out of the treatment area. He/She notifies the Medical Communication and Transport Supervisor of patients prepared for transport and their triage categories. In addition, this Unit Leader controls the activities of the medical teams and all personnel assigned to the treatment area.

(Immediate, Delayed, Minor) Treatment Manager – reports to the Treatment Area Unit Leader in large scale incidents. They are responsible for treatment and re-triage of patients assigned to their respective area.

Morgue Manager – reports to the Triage / Treatment Area Unit Leader. Responsible for morgue area activities until relieved of that responsibility by the Office of the Coroner.

Casualty Collection Point – the CCP is designed to provide an area for triage, treatment, and transport of civilian casualties.

Medical Team(s) – if additional medically trained personnel first respond to a mass casualty incident they should report to the staging area. They will be organized into medical teams and assigned to either the Triage or Treatment Unit Leader by the IC / Medical Branch Director. The first arriving ALS unit should not intercept a BLS ambulance but be allowed to make it to the scene. Personnel and ALS equipment should be utilized in the treatment area. Teams may be organized into Strike Teams or Task Force.

Transport Unit Leader / Supervisor – assumes control over to which hospitals the patients are transported. This supervisor must be in communication with the Command Hospital. He/She may also initially serve in the Medical Communication Manager role. This supervisor maintains the hospital routing log.

Medical Communication Manager – the EMS manager at a MCI who contacts the Primary and Secondary Hospitals to coordinate the receiving of patients.

Medical Group/Division Supervisor - The Medical Group/Division Supervisor reports to the Medical Branch Director and supervises the Triage Unit Leader, Treatment Unit Leader and Medical Supply Coordinator.

Staging Area – a standby area for rigs (ambulances, fire trucks, personal vehicles) not actually committed to the incident. Resources can be placed in this location at the incident while awaiting a tactical assignment. The area is normally a location close to the incident but must be sufficiently removed as not to interfere with operations at the scene. The Staging Area Manager controls the movement into and out of this area. Staging Areas are managed by the Operations Section Chief.

Staging Area Manager – this person is designated by the Incident Commander / Operations Section Chief. He/She coordinates activities in the staging area.

Air / Ground Ambulance Coordinator – reports to the Transportation Supervisor and manages the Ground / Air Ambulance Staging area(s) and sends ambulances as directed.

Medical Supply Coordinator – reports to the Medical Branch Director and acquires and maintains control of appropriate medical equipment and supplies from units assigned.

Medical Branch Director – the highest ranking EMS officer at the incident site. This director exerts command and control over EMS operations. He/She may have initially served as the Incident Commander. If the Incident Commander is already established, they are subordinate to the Incident Commander. The Medical Branch Director may be in the Unified Command structure. All EMS duties not assigned remain with the Medical Branch Director.

Incident Action Plan – contains objectives reflecting the overall incident strategy and specific tactical actions and supporting information for the next operational period. The Plan may be oral or written. When written, the Plan may have a number of forms as attachments (e.g., traffic plan, safety plan, communications plan, map, etc.).

Unified Command – a unified team effort which allows all agencies with responsibility for the incident, either geographic or functional, to manage an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility, or accountability.

Command Staff – the Command Staff consists of the Public Information Officer, Safety Officer, and Liaison Officer. They report directly to the Incident Commander. They may have an assistant or assistants, as needed.

Public Information Officer (P.I.O.) – appointed by the Incident Commander to communicate with media regarding mass casualty or disaster incidents. The P.I.O. is a member of the Command Staff responsible for interfacing with the public and media or with other agencies requiring information about the incident. This person must uphold patient confidentiality. The P.I.O. releasing the information to the media must review all press releases with the Incident Commander prior to speaking with the media. This person communicates with the Joint Information Center to coordinate information appropriately. There is only one Public Information Officer per incident.

Incident Safety Officer (I.S.O.) – reports to the Incident Commander. This person's responsibilities are to maintain scene safety of EMS, fire, and additional personnel involved in an incident. The officer will assists with rehabilitation of personnel on scene during an incident. This person must document any injuries and treatment that occurred to personnel during the incident. The I.S.O. has the authority to correct unsafe actions or remove responders from the threat of immediate danger. The I.S.O. must ensure that responders are utilizing the appropriate personal protective equipment and infection control procedures. This I.S.O. may also initially coordinate critical incident stress management teams.

Liaison Officer – a member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies.

Resource Unit Leader – reports to the Incident Commander or Planning Section Chief if one has been established. The Resource Unit Leader is in charge of keeping track of all personnel on scene.

General Staff – the group of incident management personnel reporting to the Incident Commander. They may each have a deputy, as needed. The General Staff consists of:

Operations Section Chief
Planning Section Chief
Logistics Section Chief
Finance/Administration Section Chief

Operations Section – the Section is responsible for all tactical operations at the incident. It includes Branches, Divisions and/or Groups, Task Forces, Strike Teams, Single Resources and Staging Areas.

Planning Section – responsible for the collection, evaluation, and dissemination of tactical information related to the incident, and for the preparation and documentation of Incident Action Plans. The Planning Section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident. It includes the Situation, Resource, Documentation, and Demobilization Units, as well as Technical Specialists.

Logistics Section – the Section responsible for providing facilities, services, and materials for the incident.

Finance/Administration Section – the Section responsible for all incident costs and financial considerations. It includes the Time Unit, Procurement Unit, Compensation/Claims Unit and Cost Unit.

Emergency Operations Center (EOC) – a predesignated facility established by an agency or jurisdiction to coordinate the overall agency or jurisdictional response and support to an emergency.

EMS Plan V

Section II: Procedures Affecting the Order of Events

EMS PLAN V

1. The Incident Commander may request an EMS Plan V based on the number of ill or injured patients and the severity of their injuries.

EMS – PLAN V 5-9 patients

2. Oconto County dispatch will page out the following:
   EMS Plan V
   Location of incident
   Type of incident
   Command Post and/or Staging location
   Direction or route of approach (if warranted)

3. Oconto County dispatch will dispatch the following ambulances:
   Response:
   4-BLS / ALS Ambulances

4. At the discretion of the Incident Commander, the following optional ambulances may be requested:
   1-2 BLS / ALS Ambulance(s)

5. Oconto County dispatch will notify the Incident Commander of the additional units assigned and the Designated Command Hospital.

6. Oconto County dispatch will dispatch:
   Oconto County Sheriff Department / Local Police Department
   Fire Department

7. Oconto County dispatch will notify:
   Designated Command Hospital

EMS Plan IV

EMS PLAN IV

1. The Incident Commander may request an EMS Plan IV based on the following:

EMS – PLAN IV 10-15 patients

2. Oconto County dispatch will page out the following:
   EMS Plan IV
   Location of incident
   Type of incident
   Command Post and/or Staging location
   Direction or route of approach (if warranted)

3. Oconto County dispatch will dispatch the following ambulances:
   Response:

   7- BLS / ALS Ambulances

4. At the discretion of the Incident Commander, the following optional resources may be requested:
   1-2 BLS / ALS Ambulance(s)
   Additional Fire Departments

5. Oconto County dispatch will notify the Incident Commander of the additional units assigned and the Designated Command Hospital.

6. Oconto County dispatch will dispatch:
   Oconto County Sheriff Department / Local Police Department
   Fire Department

7. Oconto County dispatch will notify:
   Designated Command Hospital
   Emergency Government Director

EMS Plan III

EMS PLAN III

1. The Incident Command Center may request an EMS Plan III based on the following:

EMS – PLAN III 16-24 patients

2. Oconto County dispatch will page out the following:
   EMS Plan III
   Location of incident
   Type of incident
   Command Post and/or Staging location
   Direction or route of approach (if warranted)

3. Oconto County dispatch will dispatch the following ambulances:
   Response:
   11- BLS / ALS Ambulances

4. At the discretion of the Incident Commander, the following optional resources may be requested:
   1-2 BLS / ALS Ambulance(s)
   Medical Helicopters
   Additional Fire Departments

5. Oconto County dispatch will notify the Incident Commander of the additional units assigned and the Designated Command Hospital.

6. Oconto County dispatch will dispatch:
   Oconto County Sheriff Department / Local Police Department
   Fire Departments

7. Oconto County dispatch will notify:
   Designated Command Hospital
   Emergency Government Director
   County Sheriff Departments in Surrounding Counties

EMS Plan II

EMS PLAN II

1. The Incident Commander may request an EMS Plan II based on the following:

EMS – PLAN II   25 - 34 patients

2. Oconto County dispatch will page out the following:
   EMS Plan II
   Location of incident
   Type of incident
   Command Post and/or Staging location
   Direction or route of approach (if warranted)

3. Oconto County dispatch will dispatch the following ambulances:
   Response:
   16 – BLS / ALS Ambulances

4. At the discretion of the Incident Commander, any number of the following optional resources may be requested:
   1-2 BLS / ALS Ambulance(s)
   Medical Helicopters
   Additional Fire Departments

5. Oconto County dispatch will notify the Incident Commander of the additional units assigned and the Designated Command Hospital.

6. Oconto County dispatch will dispatch:
   Oconto County Sheriff Department / Local Police Department
   Fire Departments

7. Oconto County dispatch will notify:
   Designated Command Hospital
   Emergency Government Director
   County Sheriff Departments in Surrounding Counties

EMS Plan I

EMS PLAN I

1. The Incident Commander may request an EMS Plan I based on the following:

   EMS – PLAN I >35 patients

2. Oconto County dispatch will page out the following:
   EMS Plan I
   Location of incident
   Type of incident
   Command Post and/or Staging location
   Direction or route of approach (if warranted)

3. Oconto County dispatch will dispatch the following ambulances:
   Response:
   16 + - BLS / ALS Ambulances

4. At the discretion of the Incident Commander, any number of the following optional resources may be requested:
   BLS Ambulance(s)
   ALS Ambulance(s)
   Medical Helicopters
   Fire Departments

5. Oconto County dispatch will notify the Incident Commander of the additional units assigned and the Designated Command Hospital.

6. Oconto County dispatch will dispatch:
   Oconto County Sheriff Department / Local Police Department
   Fire Departments

7. Oconto County dispatch will notify:
   Designated Command Hospital
   Emergency Government Director
   County Sheriff Departments in Surrounding Counties

Section III: Specific Duties and Functions

A. First Arriving Ambulance

1. The first arriving ambulance at the scene of a mass casualty incident may be designated as the Command Post. Its officer may become the Incident Commander or the Medical Branch Director in a Unified Command Center. Other members of the first arriving ambulance shall become the triage team.

2. Triage
   a. The Triage Team will quickly assess all victims and report its finding as to the magnitude and severity of injuries to the Incident Commander. Quick interventions such as airway and/or external hemorrhage control may be attempted.
   b. The Triage Team will return to all victims and make a second quick assessment and tag each patient.

3. Additional arriving ambulances may also be designated as members of the Triage Team depending on the magnitude of the incident and the number of victims yet to be triaged.

4. If a treatment area has been established and all victims have been triaged, the team(s) may be reassigned to provide care in the treatment area.

B. Second Arriving Ambulance

1. The second arriving ambulance will report to the Incident Commander / Medical Branch Director for assignment.
2. On a large scale incident, the second ambulance may be required to establish a treatment area or may become an additional triage team.

C. Additional Ambulances

All other ambulances shall report to the EMS Staging Area unless otherwise directed by the Incident Commander / Medical Branch Director

MEDICAL BRANCH

The Medical Branch structure in this plan is designed to provide the Incident Commander with a basic, expandable system for managing a large number of patients during an incident. If incident conditions warrant, one or more additional Medical Groups may be established under the Medical Branch Director. The degree of implementation will depend upon the complexity of the incident.

D. Incident Commander

The Incident Commander is responsible for the entire incident. The I.C.'s initial responsibilities include, but are not limited to:

- Size up incident scene
- Establish perimeter
- Establish command and command site
- Activate appropriate EMS Plan
- Request additional resources
- Assign incoming personnel and division /group assignments
- Notify dispatch and command hospital of approximate patient numbers
- Coordinate command with fire, police, etc.
- Periodically re-evaluates status of incident and provides updates

Ongoing responsibilities include, but are not limited to:

- Ensuring responder safety
- Assessing incident priorities
- Determining operational objectives
- Developing and implementing the Incident Action Plan (IAP)
- Developing an appropriate organizational structure
- Maintaining a manageable span of control
- Managing incident resources
- Delegating functions
- Coordinating overall emergency activities
- Coordinating the activities of outside agencies
- Authorizing the release of information to the media
- Keeping track of costs

E. Medical Branch Director:

May also be the Incident Commander until a Unified Command Center is established or command is passed to another authority. The Medical Branch Director is responsible for the implementation of the Incident Action Plan within the Medical Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Group(s).

- Assumes control of all EMS scene operations during the incident
- Assigns medical division / group supervisors as appropriate or assumes the duties associated with those positions not assigned
- Determines when the plan is medically secured or needs to be upgraded to a higher level plan and advises the appropriate personnel
- Determines and requests additional personnel and resources sufficient to handle the magnitude of the incident
- Receives status report from division / group supervisors
- Establishes a secondary triage and treatment area
- Isolates morgue and minor treatment areas from immediate and delayed treatment areas
- Requests law enforcement / coroner involvement as needed

- Ensures activation of the hospital alert system
- Periodically re-evaluates status of incident and provides updates
- Provides input to Incident Command on the Incident Action Plan
- Ensures proper security, traffic control, and access for the medical area
- Directs medically trained personnel to the appropriate Supervisor
- Maintains Unit/Activity log

F. Triage Unit Leader

The Triage Unit Leader reports to the Medical Group Supervisor and supervises Triage Personnel/Litter Bearers and the Morgue Manager. When triage has been completed, the Unit Leader may be reassigned as needed. Member of the first arriving ambulance and is responsible for, but not limited to, the following:

- Notifies Incident Commander / Medical Group Supervisor of approximate patient number and severity of injuries
- Causes the immediate and secondary triage of all victims
- Assigns triage teams
- Inform Incident Command or Medical Group Supervisor of resource needs
- Reports progress and needs to Incident Command or Medical Group Supervisor
- Establishes contact with Treatment Area Unit Leader

G. Treatment Area Unit Leader

The Treatment Unit Leader reports to the Medical Group Supervisor and supervises Treatment Managers. The Treatment Unit Leader assumes responsibility for treatment, preparation for transport, and directs movement of patients to loading location(s). Designated by the IC / Medical Group Supervisor and is responsible for, but not limited to, the following:

- Establishes and identifies triage / treatment area as requested by Incident Command or the Medical Group Supervisor
- Ensures set-up of treatment area in a safe place
- Establishes morgue (if warranted)
- Ensure continual triage of patients throughout Treatment Areas
- Assumes control over all EMS personnel providing treatment in the treatment area
- Supervises the movement of victims into and out of the treatment area
- Advises Transport Supervisor when victims have been readied for transport
- Ensures adequate personnel and medical supplies to provide treatment of all patients
- Requests sufficient medical caches and supplies as necessary
- Reports progress and needs to Incident Command or Medical Group Supervisor

H. Immediate, Delayed, and Minor Treatment Area Manager

They report to the Treatment Area Unit Leader and are responsible for treatment and re-triage of patients assigned to Immediate Treatment Area.

- Request or establish Medical Teams as necessary
- Assign treatment personnel to patients received in the Treatment Area
- Ensure treatment of patients triaged to the Treatment Area
- Assure that patients are prioritized for transportation
- Assure that appropriate patient information is recorded

I. Morgue Manager

- Assumes responsibility for Morgue Area functions until properly relieved
- Assess resource/supply needs and order as needed
- Coordinate all Morgue Area activities
- Keep area off limits to all but authorized personnel
- Coordinate with law enforcement and assist the Coroner or Medical Examiner representative
- Keep identity of deceased persons confidential

J. Transport Group Supervisor

The Patient Transportation Group Supervisor supervises the Medical Communications Coordinator, and the Ambulance Coordinator. He/She are responsible for the coordination of patient transportation and maintenance of records relating to the patient's identification, condition, and destination. Designated by the IC / Medical Branch Director and is responsible for, but not limited to, the following:

- Insure the establishment of communications with hospital(s)
- Obtains a status report from the IC / Medical Branch Director or Staging Manager on the number of ambulances available for transport
- Establishes safe ambulance loading area
- Assumes control over the movement of all patients out of the treatment area and removal into receiving hospitals
- Loads patients by priority and distributes them evenly to appropriate receiving hospitals
- May also assume Medical Communication Coordinator duties until one is assigned
- Coordinates communications with Treatment Unit Leader, Medical Communication Coordinator, and Staging Managers
- Coordinate the establishment of the Air Ambulance Helispots with the Medical Branch Director and/or Air Operations Branch Director
- Provides periodic status reports to the IC / Medical Branch Director
- Maintains hospital routing log and accountability of all patients

K. Medical Communications Coordinator

The Medical Communications Coordinator reports to the Patient Transportation Supervisor, and maintains communications with the hospital alert system to maintain status of available hospital beds to assure proper patient transportation. The Medical Communication Coordinator assures proper patient transportation and destination. Designated by the Medical Branch Director / Transport Supervisor and is responsible for, but not limited to, the following:

- Assumes control of all communications with the Designated Command Hospital
- Inquires about status and availability of all receiving hospitals through the Command Hospital
- Communicate patient air ambulance transportation needs
- Communicates all patient information received from the Transport Supervisor to the hospital

L. Ground / Air Ambulance Coordinator

The Ground/Air Ambulance Coordinator reports to the Transportation Supervisor.

- Establish routes of travel for ambulances for incident operations
- Assure that necessary equipment is available in the ambulance for patient needs during transportation
- Establish contact with ambulance providers at the scene
- Provide an inventory of medical supplies available at ambulance staging area for use at the scene
- Provide ambulances upon request from the Medical Communications Coordinator.
- Request additional transportation resources as appropriate.

M. Medical Supply Coordinator

The Medical Supply Coordinator reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group.

- Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group*
- Request additional medical supplies*
- Distribute medical supplies to Treatment and Triage Units

  * If the Logistics Section is established, this position would coordinate with the Logistics Section Chief or Supply Unit Leader

N. Staging Manager

Designated by the Incident Commander / Operation Section Chief and is responsible for, but not limited to, the following:

- Establishing a safe and large enough staging area at the request of Incident Commander
- Secures the staging area and stages the rigs for easy access

- Notifies Incident Command / Operation Section Chief or Medical Branch Director of units' arrival
- Informs ambulances to drop off necessary EMS equipment at proper location
- Provides the best route into the scene from the staging area
- Sends unit into the incident at the request of the Incident Commander

O. EMS Communications at the Scene

1) EMS units responding will communicate with the appropriate dispatch in accordance with geographical boundaries

2) Arriving units will notify:
   a. The appropriate dispatch of their arrival at the scene
   b. The Medical Branch Director on the EMS disaster channel or if staging is established report face-to-face to the Staging Manager

3) Ambulances transporting victims:
   a. Will report their departure preferably face-to-face to the Transport Supervisor
   b. Will report their arrival at the receiving hospital to the appropriate dispatch

4) During EMS Plan incidents, the EMS disaster frequency will be used as EMS ground operations. All EMS units assigned to the incident will switch their portables, mobiles, and radios to the EMS disaster channel after reporting their arrival to dispatch. EMS units will remain on the disaster channel until after departure from the scene.

5) Ambulances will only use the hospital channel to report their arrival at the receiving hospital or when released from the plan by the IC / Medical Branch Director. Ambulances should never give patient reports, even if the patient worsens.

6) Communications between dispatch and the Medical Branch Director shall be via the EMS dispatch channel.

7) In order to avoid confusion, unit numbers shall be utilized throughout the Plan (example: Ambulance 11, Ambulance 41, and Ambulance 31)

8) Use simple language, avoid 10 codes

P. Hospital Communications

1) Communications with the Designated Command Hospital will only be made by the Medical Communication Coordinator. Individual ambulances will not contact the Designated Command Hospital or secondary hospitals.

2) Medical management is determined by patient care protocols and notification to the Command Hospital is through the Medical Communication Coordinator.

3) The Medical Communication Coordinator will provide the Designated Command Hospital and Secondary Hospitals with the information on each patient based on the importance of the information for the management of the patient and allowable time.

4) The Medical Communication Coordinator will communicate to the hospitals the following information on each patient:
   a. Triage color category
   b. Transporting ambulance
   c. Age group – adult, pediatric
   d. Major type of injuries or illness
   e. Estimated arrival time (ETA)
   f. Additional medical conditions, i.e., impending delivery (optional)

Q. Documentation and Reports

1) The Triage Team shall attach the triage tag and indicate any treatment rendered to the victim by the Triage Team.

2) Further treatment will be recorded on the triage tag by the Medical Treatment Team initiating the care in the treatment area.

3) The procedures for preparing run reports will remain the same during mass casualty incidents.

4) EMS personnel will initiate one run report for each patient they transport to a hospital from a mass casualty incident.

5) The run report will be initiated as soon as practically possible based on patient load, weather conditions, medical needs, etc.

6) The run report shall be initiated by the transport crew. This report will include treatment recorded on the triage tag and any further care provided during transportation.