



IDHS District 10 Task Force  
Emergency Medical Services Branch

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Indiana Department of Homeland Security  
District 10 Task Force  
Emergency Medical Services Branch

# Mass Causality Plan

This plan was adopted by the District 10 EMS Oversight Committee on 11 August 2008



# IDHS District 10 Task Force Emergency Medical Services Branch

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## IDHS District 10 Task Force Emergency Medical Services Branch

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agency. The committee will serve as a guide to the branch director on complex and personnel issues.

Current District 10 EMS Oversight Committee Members:

Keith Kahre	Hospital Representative	kkahre@stmary.org
Tim Smith	Fire Department First Response	tsmith@vtfire.org
Rebecca Blagrove	IDHS Field Services, State of Indiana	rblagrove@dhs.in.gov
Sherry Fetters	Dispatch Liaison/ Private EMS	sherry.fetters@ame.net
Jerold Blackburn	Air Medical Providers	jwblackburn@stmarys.org
Jane Stout	County-based EMS	sceas@sbcglobal.net

### III. Application for Membership

Membership to the District 10 Task Force Emergency Medical Services Branch is on a volunteer basis. Any Paramedic, EMT, or First Responder has the opportunity to be a part of this response team. Members interested in participating on this response team must possess a valid driver's license, be free of any felony charges, and be in good standing within your home organization or current employer. General members will be kept informed of team information via e-mail. Any team member with questions should feel free to contact any of the command staff.

Membership applications can be downloaded from <http://www.indianadistrict10.org>.

### IV. Code of Conduct

The following are conduct expectations of the District 10 Emergency Medical Services Branch set forth by the District 10 EMS Branch Oversight Committee and the District 10 Incident Management Team.

- No Alcohol or Drugs will be consumed while on duty during deployment.
- Normal radio traffic, no 10 codes or unnecessary radio traffic.
- This is NOT a vacation.
- Know whom you are working for.
- Wear proper uniform.
- Your actions reflect you and your organization.
- Recreation will be limited to out-of-service time.
- Respect other people's property.
- All equipment must be returned after use, theft of equipment is a crime.
- Wear and maintain all of your proper PPE.



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### V. Mass Casualty Response Levels

Mass Casualty Incident response will initially be determined by the number of patients and resources available. The first arriving Medical unit will, as part of the initial size up, estimate what Emergency Medical Services (EMS) resources will be needed based on the categories below. Additional supervisory resources may be needed to establish the Incident Command System (ICS) under NIMS and could be called for when needed. Attached is an Incident Action plan for MCI Levels 1 and 2. MCI Levels 3 and 4 will require a written Incident Action Plan.

- **MCI Level 1** (3 Immediate/ Red victims 5 Delayed/ Yellow victims)
  - o 5 Ambulances (1 Ambulance Strike Team)
  - o 6 First Responders (Fire Dept, BLS first response)
  - o 1 EMS Command/Supervisory Staff
  
- **MCI Level 2** (6 Immediate/Red victims 15 Delayed/ Yellow victims)
  - o 10 Ambulances (2 Ambulances Strike Teams)
  - o 15 First Responder Personnel (Fire Dept, BLS first response)
  - o 2 EMS Command/Supervisory Personnel
  - o 1 MCI Trailer if needed
  
- **MCI Level 3** (8 Immediate/Red victims 20 Delayed/ Yellow victims)
  - o 15 Ambulances (3 Ambulance Strike Teams)
  - o 30 First Responder Personnel (Fire Dept, BLS first response)
  - o 3 EMS Command/Supervisory Personnel
  - o 1 MCI Trailer
  
- **MCI Level 4** (15 Immediate/Red victims 30 Delayed/ Yellow victims)
  - o 20 Ambulances (4 Ambulance Strike Teams)
  - o 30 First Responder Personnel (Fire Dept, BLS first Response)
  - o 2 Busses (Green Patients or Rehab)
  - o 5 EMS Command/Supervisory Personnel
  - o 2 MCI Trailers
  - o 1 Communications Trailer



Hazardous Materials Decontamination for Weapons of Mass Destruction (WMD) requires the use of the local or regional DECON team and may include the Scott Township Fire Department Emergency Medical Services Decontamination Unit (STFD EMS DECON).



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ESTABLISH COMMAND				INCIDENT MANAGEMENT			
<b>BIG 6 EMS SIZE UP (ETHANE REPORT)</b>				<b>STRATEGY</b>	<b>RESOURCES</b>		<b>RISK</b>
NAME AND LOCATE COMMAND POST  STAGING LOCATION  STATE OF THE SCENE ADDRESS ( <b>ETHANE REPORT</b> ) <b>E</b> – EXACT LOCATION <b>T</b> – TYPE OF INCIDENT <b>H</b> – HAZARD <b>A</b> – ACCESS AND EGRESS/STAGING <b>N</b> – NUMBER & SEVERITY OF CASUALTIES <b>E</b> – EMERGENCY SERVICES ON SCENE & ADDITIONAL RESOURCES REQUIRED  CALL THE PLAY ( <b>MAJOR INCIDENT, INTERMEDIATE, MINOR INCIDENT WITH COMPLEX, SIMPLE OR NO EXTRICATION</b> )  MANAGE STRATEGY, RESOURCES, RISK, AMBULANCE STRIKE TEAM AND SPAN OF CONTROL  UPDATE <b>ETHANE</b> REPORT AS NEEDED				<b>Major Incident</b> >2 hours  <b>Intermediate</b> 30 min to 2 hours  <b>Minor Incident</b> <30 minutes  Complex, Simple or No Extrication required	Ambulance Strike Teams  Helicopter & Landing Zone  Staging Area  Haz-Mat Team  Technical Rescue  Police  Medical Branch  PIO		Stabilize  Traffic  Scene  Vehicles  Headlight & Strobes Off  Safety Officer  Placards  LPG or NG  Hybrid  Fuel Cells  Visibility  Weather  Utility Control
<b>Extricated and at ER within “Golden Hour!”</b>  Landing Zone for Helicopters  <i>“Command Caveat: If it’s not there it’s too late”</i>				<b>Identify Vehicles</b>			
				<b>Identify Lanes</b>			
				<b>Color &amp; Number of Patients</b>			
				<b>Traffic Control Plan</b>			
PRIMARY PHASE				SECONDARY PHASE			
LIFE SAFETY	STABILIZE	PROPERTY	SUPPORT	LIFE SAFETY	STABILIZE	PROPERTY	SUPPORT
<b>Rapid Extrication</b>	<b>Traffic</b>	Personal Property	<b>Backup</b>	Secondary Treatment	Stabilize Fuel/Fluid Release (IDEM)	Personal Property Secured	Sand
<b>Triage</b>	<b>Scene</b>	Primary Salvage (if structure involved)	<b>Hoseline</b>	Transport			Absorb-all
Immobilize	<b>Vehicles</b>		<b>Helicopter</b>	<b>CUSTOMER SUPPORT</b>			
<b>Primary Treatment</b>	Relocate Green Patients		<b>Lighting</b>	CISD for Responders		Access to shelter	
	<b>Hot Zone</b>		Class B	CISD for Civilians		Assist with transport	
	Extrication		Foam	Retrieve valuable property		Arrange for pet care	
			Heavy Equipment				
			Utilities				
<b>“PRIMARY PHASE COMPLETE”</b>				<b>“SECONDARY PHASE COMPLETE”</b>			
<b>VEHICLES STABILIZED &amp; PATIENTS EXTRICATED</b>				<b>DEMOBILIZE UNITS &amp; TERMINATE COMMAND</b>			



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### VI. Use of the SMART Triage Tag System

The **Smart Tag™** was adopted by the IDHS Emergency Medical Services. To be used by EMS agencies, both BLS and ALS, transport and non-transport, state-wide. Tags are provided in hip kits that can be attached to the belts of triaging responders. Below are the contents of each hip kit. The **Smart Tag™** will be replaced on an as used basis from your local emergency department ambulance coordinator or the emergency department itself. The **Smart Tag™** The tag provides perforated sections to simplify categorization of victims. The codes include color, number and symbol classifications for priority of treatment and transportation. Once the appropriate category is determined, the tag is affixed to the patient in a safe manner in the pouch provided. The tag is folded so the selected sections/category of the tag is visible. The time, date, name and address of the victim can be entered and an area is provided for medical notes. The reverse side of the tag includes body diagrams to document sites of injury and a chart to log the time, BP, Pulse and respiratory rate of the victim. Any IV's or medications given should be documented in the space provided. Transportation should remove the smallest section of the tag. This portion contains various identifiers (category, destination and personal identifiers) and will allow for tracking of the patient. This information is retained by the Transportation section. The tag and holder shall remain on the patient. The **Smart Tag™** is usable in all conditions and will provide a permanent record of treatment and patient details. The **Smart Tag™** has military standard barcodes for tracking patients and is resistant to water, chemicals, and body fluids. Receiving facilities should retain the Smart Tag™ as part of the permanent medical record.



The Smart Tag system is only available for purchase from Bound Tree Medical. Additional information can be found at <http://www.tsgassociates.co.uk/English/Civilian/intro.php>.



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### VII. Mass Casualty Incident Response Trailers

Indiana Department of Homeland Security (IDHS) District 10 EMS Task Force has outfitted six identically equipped mass casualty incident trailers for rapid deployment to multi-patient incidents within the district. These trailers are designed to assist in treatment of 100 patients in counties without hospital resources (Crawford, Martin, Pike, Posey and Spencer, Vanderburgh County also received a trailer for being a large populous area.)

The Mass Casualty Incident Response Trailers are large-cache EMS equipment storage trailer. It is a twenty - four foot long trailer that is towed by a heavy duty truck (three quarter ton or larger). It is intended for mass casualty EMS incidents with a patient capacity of up 100 persons.

The Mass Casualty Incident Response Trailer are identically equipped and supplied. The trailers are numbered to coordinate with the county that they are located in:

Mass Casualty Incident Response Trailer-13 Crawford County  
Mass Casualty Incident Response Trailer -51 Martin County  
Mass Casualty Incident Response Trailer -63 Pike County  
Mass Casualty Incident Response Trailer -65 Posey County  
Mass Casualty Incident Response Trailer -74 Spencer County  
Mass Casualty Incident Response Trailer -82 Vanderburgh County

The Mass Casualty Incident Response Trailers may be requested by any on-scene incident commander (Fire, Law Enforcement, EMS) by calling 1-800-267-7828. These units will respond when requested outside of the counties that they are housed in. A call will be made to District 10 Dispatch requesting the Mass Casualty Incident Response Trailer, the closest unit shall be sent to assist the requesting units

A request can also be made to the EMS Branch of the task force for a non-emergency deployment. The EMS task force leader will notify dispatch and the requestor if the request is approved, where at which trailer will be used.

Blow is the list of supplies that are located in the Mass Casualty Incident Response Trailer;



## IDHS District 10 Task Force Emergency Medical Services Branch

### Command Supplies

Triage Tarp Set	1
Vest "TREATMENT"	2
Vest "TRIAGE"	2
Vest "TRANSPORT"	2
Traffic Cones	10

### Trauma Supplies

5"x9" ABD Pads	800
4"x4" Gauze Pads	600
3"x5yd Roller Gauze	50
3" Elastic Bandage	60
1" Medical Tape-Cloth	20
2" Medical Tape-Cloth	40
Triangle Bandages	70
Multi Trauma Dressings	50
1"x3" Adhesive Bandages (100) Box	3
BloodStoper Bandages	10
Burn Sheets 60"x96"	10
Polyform Blankets	50

### Splints

SAM Splints	20
Ladder Splints	24
Cardboard Splints	60
Cardboard Splints with foam 34"	40
Cold Packs	48

### Airway Supplies

Nasopharyngeal Airways 24	20
Nasopharyngeal Airways 28	20
Water-Based lubricant packet	40
No. 2 Oral Airway	10
No. 3 Oral Airway	20
No. 4 Oral Airway	20
No. 5 Oral Airway	20
Disposable BVM Adult	10
Disposable BVM Pedi	10
Manual Suction Unit	2
Dual Head Stethoscope	10

### Immobilization Supplies

Backboards with Pins	50
9' one piece backboard strap kit	50
Cervical Immobilization Device	50
Adult Adjustable Cervical Collar	30
Pedi Adjustable Cervical Collar	30
FERNO/ Washington Patient Mover	1

### Diagnostics

Blood Pressure Cuff Adult	10
Blood Pressure Cuff Adult Large	5
Blood Pressure Cuff Pedi	5

### Infection Control

Nitrile Exam Gloves Med	25
Nitrile Exam Gloves Lrg	50
Nitrile Exam Gloves XLrg	25
Surgical Mask with ear loops and shields	25
Large Bio-Hazard Bags	200
PPE Kits	50
Gallon Pump Jug Hand Sanitizer	5

### Oxygen Supplies

Oxygen Wrench	10
Non-Rebreather Mask	50

### OB Kit

OB Kit	2
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### Oxygen Equipment

H Tank	2
H Tank Dolly	2
Set of Ratchet Straps	1
5 outlet O2 manifold with 12LPM	2
Oxygen Tank Regulator	2
20' Oxygen Hose	1
6' Oxygen Hose	1



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### Mass Casualty Patient Flow

#### **The Incident Scene**

Ambulatory patients are directed to a safe place as soon as one is identified.  
(Green Treatment Area)

- Those that are able should be asked to assist with others.
- Self treatment supplies should be distributed

All victims accounted for; trapped victims are rescued or extricated.

- Patients are accounted for and quickly tagged (using START Triage)
- Triage Tags are to be applied

Non-Ambulatory patients are removed from the scene to the treatment area. Patients are decontaminated (as needed) prior to leaving the incident scene, prior to arrival at the Treatment Area.

*Deceased victims are left as they are, unless required to access live patients. Notification will be made to law enforcement that a decedent is present.*

#### **Patient Decontamination (WARM ZONE OPERATIONS)**

If a Hazardous Material or substance is present or suspected, patients will be decontaminated prior to being moved to the causality collection point/Treatment Area. EMS providers working in this area must be certified as Hazardous Materials-Operations level and be trained in wearing the proper PPE. Work with the Hazardous Materials team, ensure what decontamination solution is being used.

#### **Causality Collection Point/Treatment Area**

Patients are continuously reevaluated. Patients arriving from the scene are prioritized for treatment using secondary triage, and re triaged appropriately. Patients are placed in the treatment area and treated on the basis of triage priority. Create separate areas; Green, Yellow and Red Patients that die in the treatment area should be moved to a designated morgue area, not left in the treatment area.

#### **Transportation Area**

Emergency Departments are contacted early in the incident to obtain information to assist with patients' distribution to medical facilities. The closest



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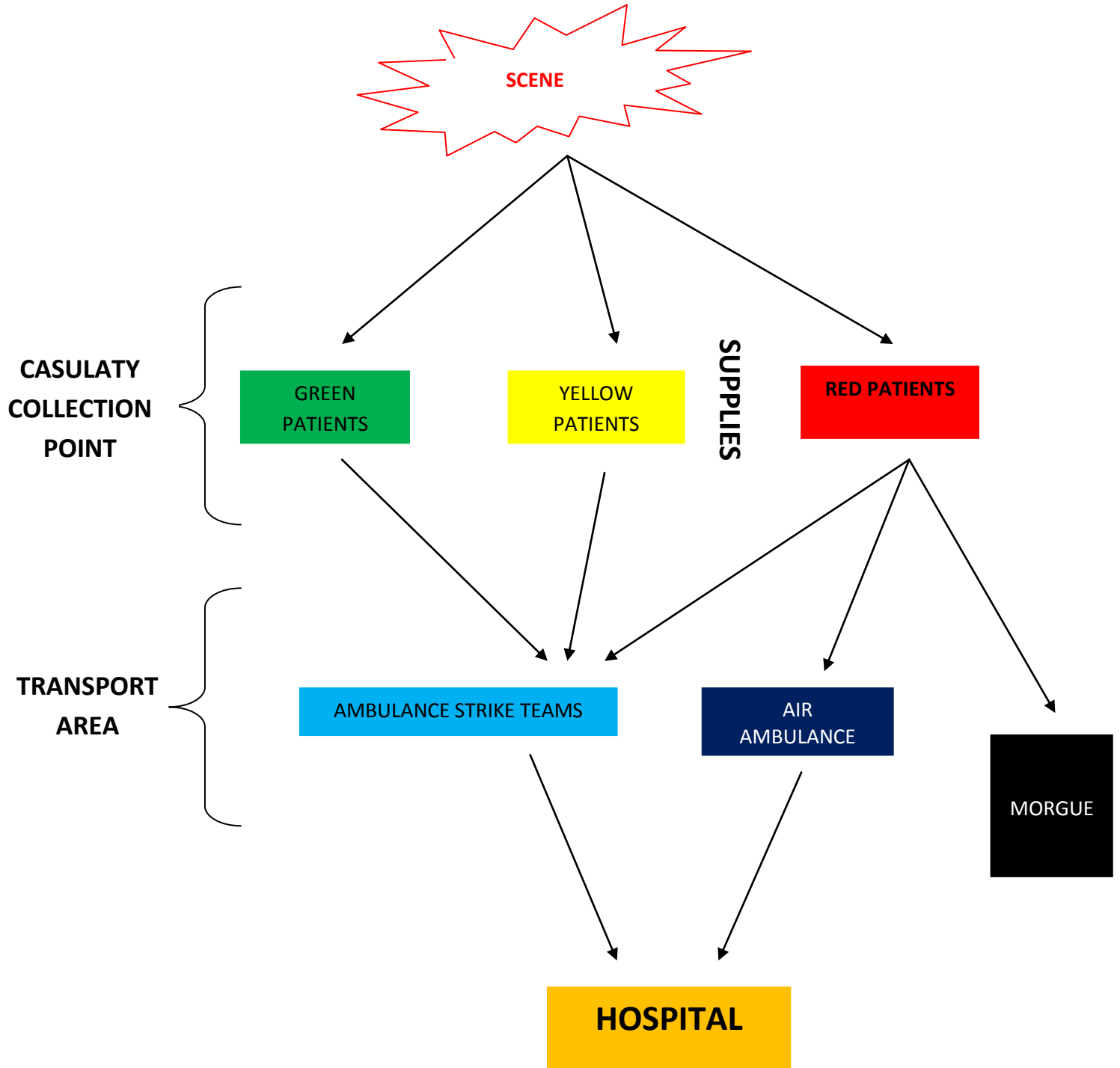
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Emergency Department (ED) will be designated the coordinating hospital.  
Transportation is assigned based on triage priority (Red, Yellow, Green)  
Emergency medical care is continued while en-route to the hospital. All patients' movements are documented.



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## Patient Flow for Non-Hazardous Materials Mass Causality Incidents

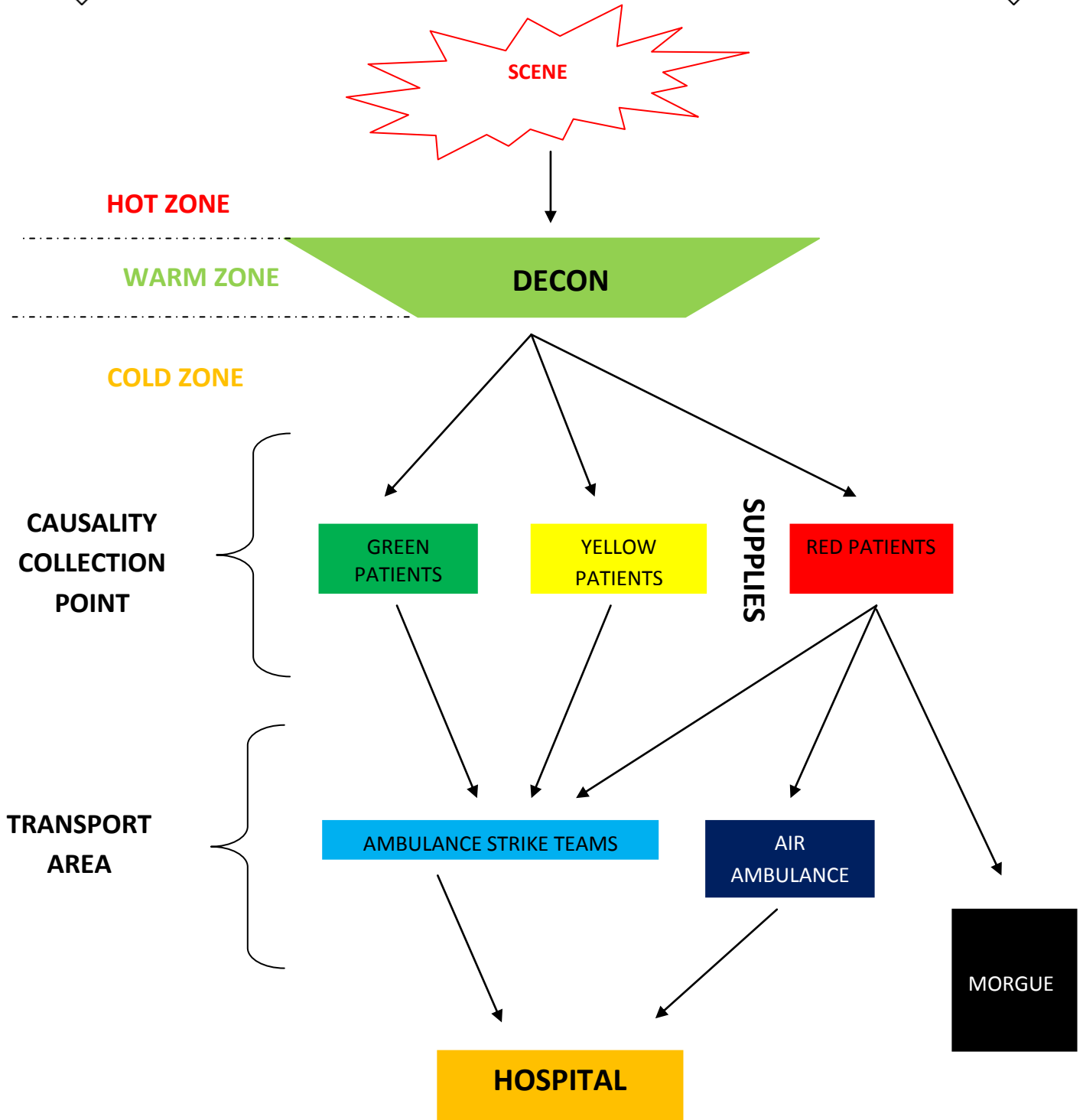




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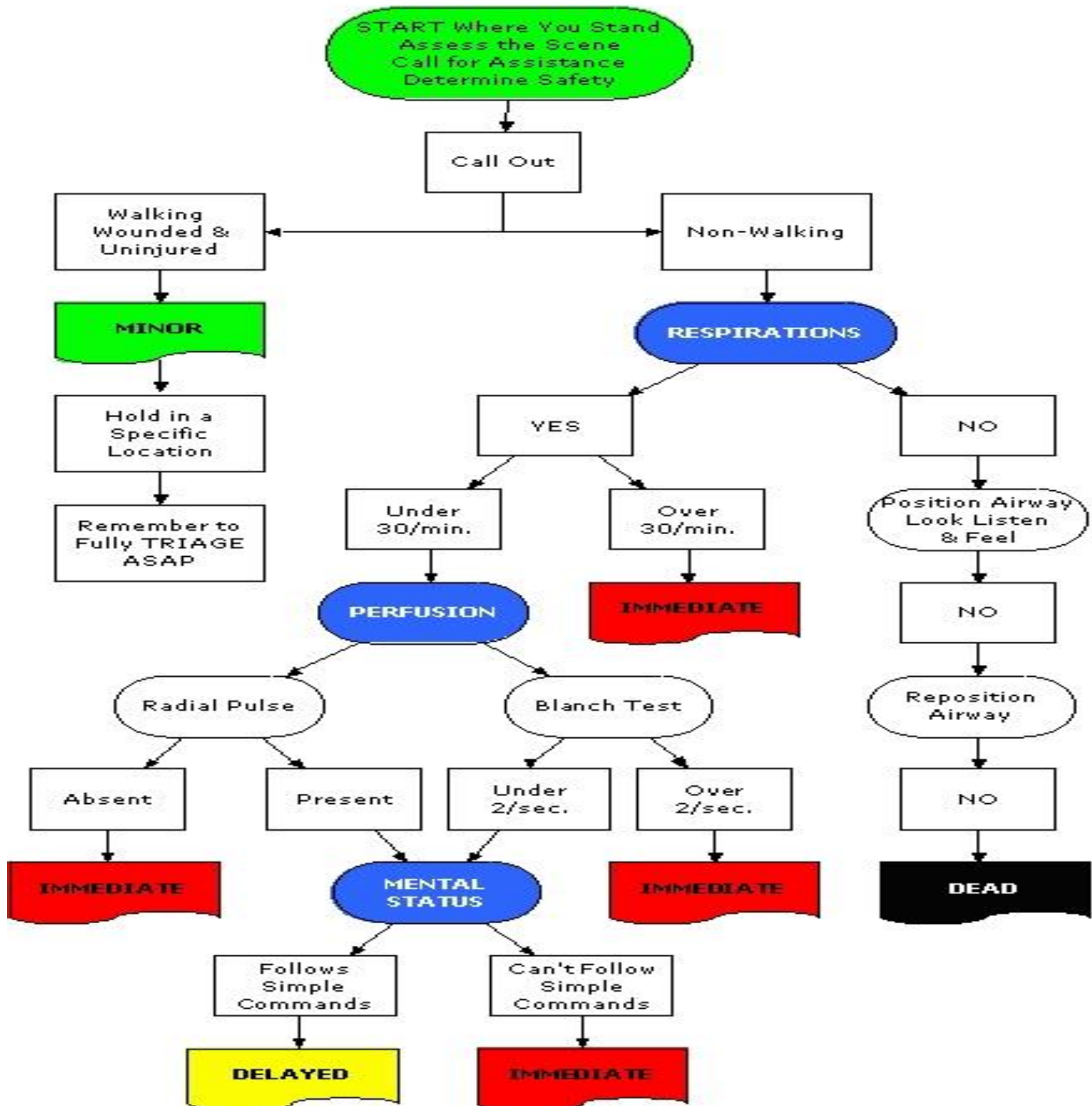
## Patient Flow for Hazardous Materials Mass Causality Incidents





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## START - Simple Triage And Rapid Treatment

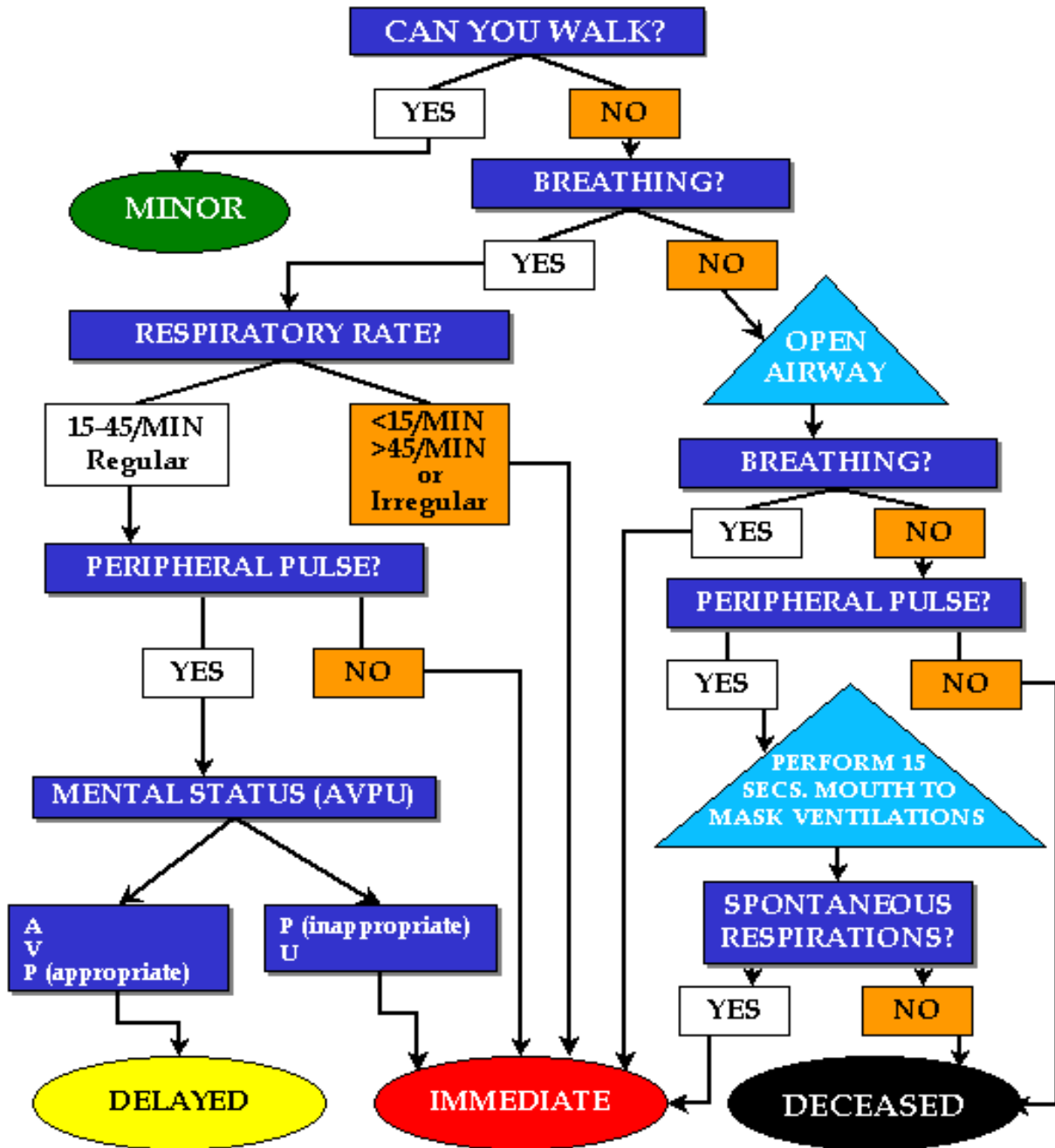




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**Jump START**

**Field Pediatric Multicasualty Triage System**



A=Alert  
V=Responds to voice  
P=Responds to pain (Appropriate or Inappropriate)  
U=Unresponsive



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### **VIII. Medical Response Team Operations**

#### **Identification**

All responders reporting to a scene of an emergency must have with them an appropriate picture ID. Preferably your Driver's License or a Department Issued ID card with picture. The D10 EMS Branch in conjunction with the District 10 Task Force will create an ID card for all members/responders responding to any incident, this will serve as an accountability system also. Both forms of ID should be carried during an incident and be clearly visible at all times.

#### **Uniforms**

All responders while on deployment for the EMS branch will look uniform in appearance. Your department t-shirt or District 10 task force t-shirt will be worn. The rest of EMS Branch uniform consist of Navy EMS cargo style pants, black belt, black steel or composite toe boots. These items must be furnished by the individual. The EMS Branch or District 10 task force will provide you with a shirt. Navy ball or boonie type hats are permitted. ID's will be worn as part of the uniform; ID's must be visible at all times and will be required to be worn above the waist line. Reflective high visibility vest will be worn on all deployments, or when deemed necessary

#### **State Aid Request**

District 10 Dispatch will receive a request from Indiana State EOC or request for EMS mutual aid from any District 10 ambulance provider. Request for this mutual aid can be made by calling 1-800-267-7828. District 10 Dispatch will immediately call in additional communications center personnel, which will become dedicated dispatchers for the incident. These additional staff members will activate and follow District 10 resources during activation and demobilization. If additional requests are made additional staff will be called in to help. District 10 Dispatch will activate the IMT and EMS Branch through a notification system (text message, cellular telephone). The message can request the IMT IC leaders to call a conference call number. The IMT IC and EMS Branch Director will then decide what resources to activate and the staging location. District 10 dispatch will activate the resources requested by the IMT IC or EMS Branch Director if EMS incident only. District 10 dispatch will relay the radio information when resources are activated. When a unit calls up on the state radio, District 10 dispatch will designate the resource number for that unit.



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District 10 dispatch will enter into the computer system all the information from the original call and each unit. Once the entire task force or strike team has arrived the staging location the IMT IC or EMS Branch Director will call District 10 dispatch to advise the units are enroute to the incident location. During transit the only person that will communicate with District 10 dispatch will be the IMT IC or EMS Branch Director. Once the “convey” arrives the incident location the IMT IC or EMS Branch Director will call District 10 dispatch. District 10 dispatch will “follow” each resource to their home location. Once the unit arrives at their home location the unit will call arriving with District 10 dispatch. Agencies will fax names and certification levels for all deployed personnel to 812-452-3051.

### **Mutual Aid Request**

Mutual Aid request will be handled in the same manner as above except for the notification process. The EMS Branch Director will be notified when resources from the surrounding counties have been dispatched to assist at an incident. The EMS Branch Director will start to make notifications to team members and agencies to be on stand-by. District 10 Dispatch will still coordinate all resources and “follow” them to and from the scene.

### **Team Member Activation**

Once a request has been made either by a mutual aid request from a local emergency service organization, or the Department of Homeland Security Emergency Operations Center or The Branch Director will be notified to discuss what resources and response type is necessary, either a partial or total deployment. Once the initial briefing between the Branch Director and Task Force Commander has occurred, the team responders will be notified via their respective departments or agencies. Team members also will be notified via voice, if phone information is given. Informing team members of the request for the District 10 Emergency Medical Services Branch shall take place within 20 minutes of initial briefing. Team members should respond to the designated staging area for deployment and equipment check. To insure that team members are properly covered by departmental insurance benefits. It is imperative that the Chief, Director, CEO or COO acknowledges your participation in the EMS Branch.



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### **Activation staging locations**

Based on the location of the response, and the number of resources needed staging area's will be at least one county away, usually being an Large Parking Lot, EMS Station, or Fire Station. Once activation and request for resources has been made, information will be sent to all members listed on team roster. Along with initial information contact information and location of staging sites will be also sent. Responders able to respond should report to staging locations or at minimal contact staging location and inform them of your location, or ETA to staging location so an adequate accounting of responders is available and a response team(s) can be organized.

### **Deactivation and Review of the Incident**

- ✎ Incident Commander terminates the MCI and notifies District 10 EMS Dispatch
- ✎ EMS Dispatch notifies affected providers and hospitals of termination
- ✎ The Medical Communications Coordinator notifies hospital staff that the incident is terminated.
- ✎ A MCI review is a scheduled meeting called to evaluate the actions, accomplishments, and difficulties encountered by the MCI participants. It should be held for any MCI that involves multiple agencies.
- ✎ The review is normally organized by the Incident Commander's agency, but it may also be conducted by the Indiana District 10 EMS Task Force
- ✎ The Incident Commander should consult with the EMS Coordinators at all hospitals involved to determine the need for an MCI review.
- ✎ The review will be held within five days of termination of the incident
- ✎ If a Critical Incident Stress Debriefing is being conducted, it should occur before the review
- ✎ A Critique Sheet should be incorporated and to be utilized for the review
- ✎ Findings of the review should be sent to all participants
- ✎ Individual department/company policies as well as the MCI Plan should be evaluated and amended as appropriate to reflect recommendations made subsequent to the MCI review.
- ✎ Recommendations for changes to the MCI Plan should be sent to the EMS Branch Director.

## **IX. Communications**

### **Radio Operations**



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Radio operations will be on the 800 Mhz Hoosier Safety Frequency as outlined by the state of Indiana. Contact will be made with the State EOC on the 800 Mhz Frequency with the State Wide Mutual Aid Channel. Once on Scene units will go to local channel if possible to communicate with incident command, or make personal contact with Incident command if not able to do so by radio and come up with communications plan at this point whether it is by cell phone or separate radio channels. Once on scene responders responding with the command trailer will be issued mobile radios from trailer and units will operate off M/A-5 frequency as needed. Alternate Communications: Cell phone use will probably be our best communications between units. Units on scene should have a cell phone and your number should be left with staging officer when arriving on scene. All hospital's in the district possess radio equipment to communicate with each other or rescue ambulance to hospital utilizing Indiana Hospital Emergency Radio Network (IHERN). VHF frequency of 155.3400 MHz and is designated as "ambulance to hospital". Attached is a District 10 phone list for all hospitals, in and out of state.

Indiana Dept. of Homeland Security District 10 Hospitals			
Gibson General Hospital	1808 Sherman Ave, Princeton, IN 47670	1 (812) 385-9342	1 (812) 385-9410
St. Mary's Medical Center	3700 Washington Ave, Evansville, IN 47750	1 (812) 485-4491	1 (812) 485-4529
Deaconess Hospital	600 Mary Street, Evansville, IN 47710	1 (812) 450-3405	1 (812) 450-7244
St. Marys Medical Center Warrick Hospital	1116 Mills Ave, Boonville, IN 47601	1 (812) 897-7171	1 (812) 897-7373
Deaconess Gateway Hospital	4199 Gateway Blvd, Newburgh, IN 47630	1 (812) 842-3030	1 (812) 842-3059
Perry County Memorial Hospital	1 Hospital Road, Tell City, IN	1 (812) 547-0117	1 (812) 547-0122
Jasper Memorial Hospital	800 West 9th Street, Jasper, IN 47546	1 (812) 482-0322	1 (812) 482-0321
Good Samaritan Hospital	520 South Seventh St, Vincennes, IN 47591	1 (812) 885-3344	1 (812) 885-3579
Daviess Community Hospital	1314 East Walnut St, Washington, IN 47501	1 (812) 254-2760	1 (812) 257-8615

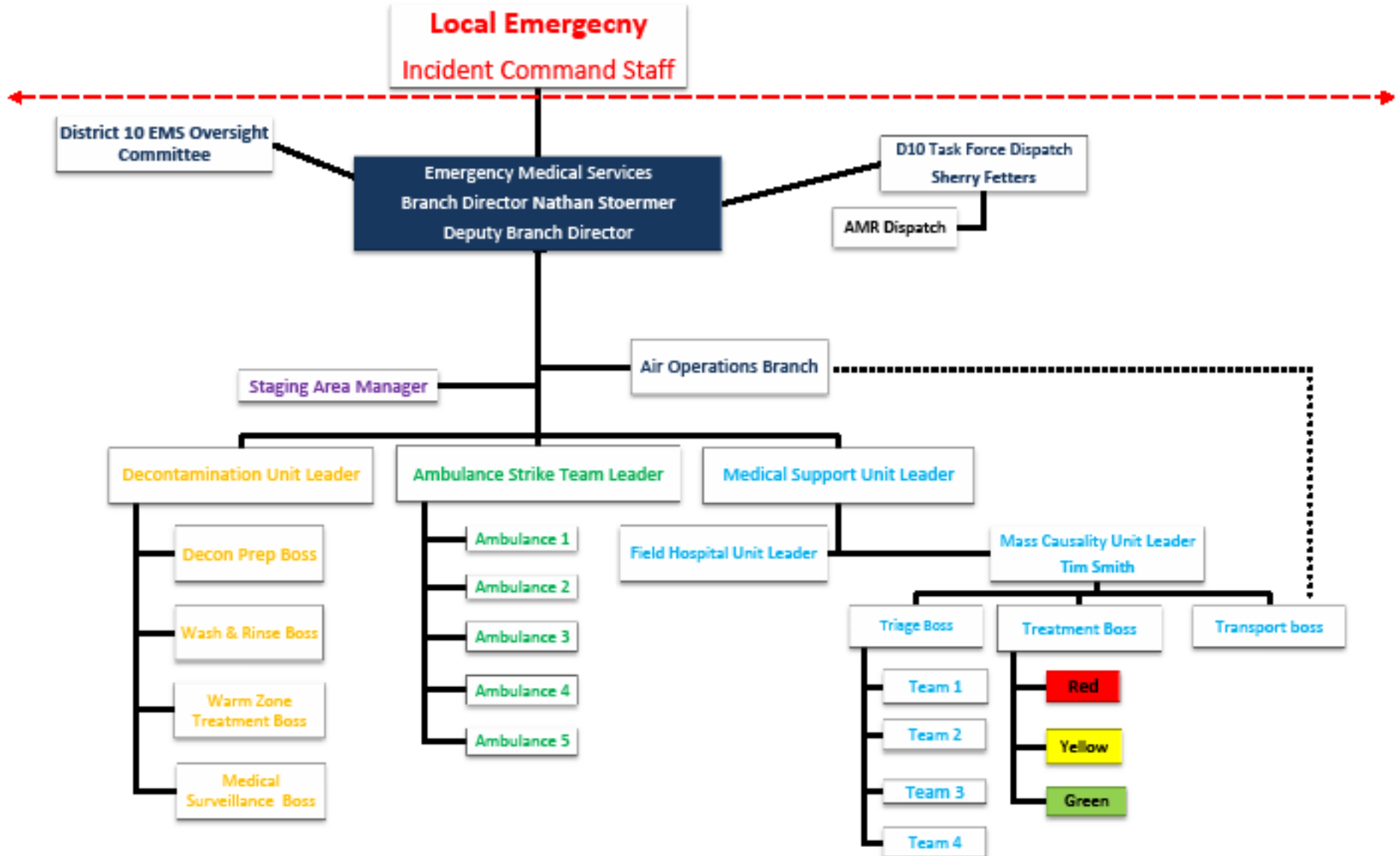
Out of State Hospitals			
Community Methodist	1305 North Elm Street, Henderson, KY 42420	1 (270) 827-7100	1 (270) 827-7446
Owensboro Medical Health	811 East Parish Ave, Owensboro, KY 42303	1 (270) 688-2911	1 (270) 685-0863

Hoosier Safe-T 800 Mhz
Regional Southwest Hospital Dispatch
Regional Southwest Hospital Ops 1
Regional Southwest Hospital Ops 2

IHERN VHF Radio System	
IHERN #1	155.3400 MHz
IHERN #2	155.2800 MHz



# DISTRICT 10 EMERGENCY MEDICAL SERVICES ORGANIZATIONAL CHART





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### X. APPENDICES

#### JOB DESCRIPTIONS

##### EMS BRANCH DIRECTOR

**MISSION:** Responsible for the implementation of the Incident Action Plan within the EMS Branch and supervise the EMS Division(s)/Group(s) and the Patient Transportation function if multiple EMS Divisions/Groups established.

- 📄 Don position identification vest
- 📄 Review entire checklist (Keep Reading)
- 📄 Review Common Responsibilities
- 📄 Obtain briefing from the **Operations Section Chief**
- 📄 Identify Communications Sheet (ICS Form 205)
- 📄 Review Division/Group Assignments for effectiveness of current operations and modify as needed
- 📄 Provide input to the Operations Section Chief , reference to Emergency Medical Planning
- 📄 Supervise Branch activities
- 📄 Report to Operations Section Chief on Branch activities
- 📄 Advise Operations Section Chief if MCI Tier needs to change
- 📄 Maintain Unit/Activity Log (ICS Form 214)

**NOTE:** If the Incident is a Branch organization, yet only one EMS Division/Group is required, the EMS Branch Director assumes EMS Division/Group Supervisor duties. If multiple EMS Divisions and or Groups are required, upgrade the Patient Transportation Unit to a Group, thereby making a single Patient Transportation Group for the multiple EMS Divisions and or Groups. In this case the EMS Branch Director would supervise the various EMS Divisions and or Groups along with the single Patient Transportation Group.

**NOTE:** If all else fails follow these Mass Casualty Incident Management Goals

1. Do the greatest good for the greatest number
2. Make the best use of personnel, equipment and facility resources
3. Do not relocate the disaster



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### EMS DIVISION

#### DECONTAMINATION GROUP SUPERVISOR

You report to the **EMS Branch Director**

**MISSION:** Supervise the Decontamination and treatment of patients. Supervises movement of patients to the Transportation Area Establishes command and controls the activities within an EMS Division or Group. If multiple EMS Divisions/Groups established, Branch will establish and supervise a single Patient Transportation Group serving all EMS Divisions/Groups.

- 📋 Don position identification vest
- 📋 Review entire checklist
- 📋 Obtain briefing from the **EMS Branch Director** and **Haz-Mat Personal**
- 📋 Participate in EMS Branch/Operations Section planning activities
- 📋 Establish EMS Division/Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident
- 📋 Designate Unit Leaders and Treatment Area locations as appropriate
- 📋 Identify the Decontamination Solution that is needed
- 📋 Request law enforcement/coroner involvement as needed
- 📋 Advise EMS Branch Director or Operations Section Chief if more personnel are needed
- 📋 Request proper security, traffic control, and access for the EMS Division/Group work areas
- 📋 Direct medically trained personnel to the appropriate Unit Leader
- 📋 Understands Decontamination Techniques and Practices
- 📋 Maintain Unit/Activity Log (ICS FORM 214)



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### EMS DIVISION

#### AMBULANCE STRIKE TEAM LEADER

You report to the **EMS Branch Director**

**MISSION:** Supervise five ambulances (ALS or BLS) treatment and transport of patients. Supervises movement of patients in loaded ambulances to the hospital. Will command and controls the activities within an EMS Division or Group. If multiple EMS Divisions/Groups established, Branch will establish and supervise a single Patient Transportation Group serving all EMS Divisions/Groups.

- 📋 Don position identification vest
- 📋 Review entire checklist
- 📋 Obtain briefing from the **EMS Branch Director**
- 📋 Participate in EMS Branch/Operations Section planning activities
- 📋 Establish EMS Division/Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident
- 📋 Designate Unit Leaders and Treatment Area locations as appropriate
- 📋 Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas
- 📋 Request law enforcement/coroner involvement as needed
- 📋 Advise EMS Branch Director or Operations Section Chief if more AST's are needed
- 📋 Request proper security, traffic control, and access for the EMS Division/Group work areas
- 📋 Direct medically trained personnel to the appropriate Unit Leader
- 📋 Maintain Unit/Activity Log (ICS FORM 214)



## IDHS District 10 Task Force Emergency Medical Services Branch

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### EMS DIVISION

#### MASS CAUSALITY GROUP SUPERVISOR

You report to the **EMS Branch Director**

**MISSION:** Supervise the Decontamination and treatment of patients. Supervises movement of patients to the Transportation Area Establishes command and controls the activities within an EMS Division or Group. If multiple EMS Divisions/Groups established, Branch will establish and supervise a single Patient Transportation Group serving all EMS Divisions/Groups.

- ✍ Don position identification vest
- ✍ Review entire checklist
- ✍ Obtain briefing from the **EMS Branch Director**
- ✍ Participate in EMS Branch/Operations Section planning activities
- ✍ Establish EMS Division/Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident
- ✍ Designate Unit Leaders and Treatment Area locations as appropriate
- ✍ Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas
- ✍ Request law enforcement/coroner involvement as needed
- ✍ Advise EMS Branch Director or Operations Section Chief if more AST's are needed
- ✍ Request proper security, traffic control, and access for the EMS Division/Group work areas
- ✍ Direct medically trained personnel to the appropriate Unit Leader
- ✍ Maintain Unit/Activity Log (ICS FORM 214)



## IDHS District 10 Task Force Emergency Medical Services Branch

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### EMS DIVISION

#### TRIAGE BOSS

**MISSION:** Supervise Triage Personnel/Litter Bearers and the Morgue Manager. Assumes responsibility for providing triage management and movement of patients from the Triage Area(s) to appropriate Treatment Areas.

- 📄 Don position identification vest.
- 📄 Review entire checklist.
- 📄 Obtain briefing from the **EMS Branch Director**.
- 📄 Develop organization sufficient to handle assignment.
- 📄 Inform EMS Branch Director of resource needs.
- 📄 Implement triage process.
- 📄 Coordinate movement of patients from the Triage Area to the appropriate Treatment Area with the Treatment Unit Leader.
- 📄 Give periodic status reports to EMS Division/Group Supervisor.
- 📄 Maintain security and control of the Triage Area.
- 📄 Establish Morgue. Utilize law enforcement personnel whenever possible.
- 📄 Maintain Unit/Activity Log (ICS Form 214).

#### TRIAGE PERSONNEL

You report to the **Triage Unit Leader**

**MISSION:** Triage patients and assign them to appropriate treatment areas.

- 📄 Don position identification vest.
- 📄 Review entire checklist.
- 📄 Obtain briefing from the **Triage Unit Leader**.
- 📄 Report to designated on-scene triage location.
- 📄 Triage and tag injured patients. Classify patients while noting injuries and vital signs if taken.
- 📄 Direct movement of patients to proper Treatment Areas.
- 📄 Provide appropriate medical treatment to patients prior to movement as incident conditions dictate.



## IDHS District 10 Task Force Emergency Medical Services Branch

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### EMS DIVISION

#### PATIENT TRANSPORTATION BOSS

**MISSION:** Supervise the Ground and Air Ambulance Coordinators and responsible for the coordination of patient transportation and movement along with maintenance of records relating to the patient's identification, condition, and destination. *May initially be established as a Unit under the EMS Div/Grp Sup. Based on incident size or complexity it may be upgraded to a Group and supervised by the EMS Branch Director.*

- 📄 Don position identification vest.
- 📄 Review entire checklist.
- 📄 Obtain briefing from the **EMS Branch Director**.
- 📄 Establish and maintain communications with the Patient Treatment Unit Leader.
- 📄 Establish and maintain communications with Hospitals on IHERN or Southwest Indiana Hospital Dispatch.
- 📄 Direct the off-incident transportation of patients.
- 📄 Coordinate movement of patients from the Triage Area to the appropriate Treatment Area with the Patient Treatment Unit Leader.
- 📄 Assure that patient information and destination for all patients is recorded on Patient Transportation Record.
- 📄 Request additional ambulances as required.
- 📄 Maintain Unit/Activity Log (ICS Form 214).



## IDHS District 10 Task Force Emergency Medical Services Branch

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### EMS DIVISION

#### PATIENT TREATMENT BOSS

**MISSION:** Supervises Treatment Area. Assumes responsibility for treatment, preparation for transport, and directs movement of patients to loading location(s).

- 📄 Don position identification vest.
- 📄 Review entire checklist.
- 📄 Obtain briefing from the **EMS Branch Director**.
- 📄 Develop organization sufficient to handle assignment.
- 📄 Direct and supervise Immediate, Delayed, and Minor Treatment Areas.
- 📄 Establish and maintain communications with the Triage and Patient Transportation Unit Leaders.
- 📄 Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.
- 📄 Verify that patients are prioritized for transportation and medical care delivered is recorded on Triage tags.
- 📄 Advise and coordinate with Patient Transportation Unit Leader of patient readiness and priority for transport.
- 📄 Direct movement of patients to ambulance loading area(s).
- 📄 Assure that appropriate patient tracking information is recorded.
- 📄 Request sufficient medical caches and supplies as necessary.
- 📄 Give periodic status reports to EMS Division/Group Supervisor.
- 📄 Maintain Unit/Activity Log (ICS Form 214)



## IDHS District 10 Task Force Emergency Medical Services Branch

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### XI. Definitions

**Ambulance Strike Team:** a group of 5 ambulances of the same type with common communications and a leader. It provides an operational grouping of ambulances complete with supervisory element for organization command and control. The strike team may be all ALS or all BLS.

**Ambulance Task Force-** Any combination of 5 ambulances of different types (can be ALS and BLS), with common communications and a task force leader. This resource typing is used to distinguish between a Task Force of Ambulances and an Emergency Medical Task Force.

**Critical Incident Stress Management Team (CISM):** the peer-based county response team that is available to assist responders (police, fire, ambulance, dispatchers) with the emotional aspects following a significant event.

**Decontamination:** the reduction or removal of chemical agents. Decontamination may be accomplished by removal of these agents by physical means or by chemical neutralization or detoxification. Decontamination of skin is the primary concern, but decontamination of eyes and wounds must also be done when necessary. Personal decontamination is decontamination of self; casualty decontamination refers to the decontamination of casualties; and personnel decontamination usually refers to decontamination of non-casualties.

**District 10:** The twelve counties in southwestern Indiana including; Crawford, Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick.

**EMS (Emergency Medical Service):** A system designed to provide care to sick and injured people. Using standard operational guidelines, protocols, and laws.

**EMS Branch Director:** provides direct supervision and guidance to a group of EMS personnel, functioning as crews, who are able to respond as a deployable resource in a task force team configuration. The Emergency Medical Task Force Leader is also responsible for supervising tactical assignments assigned to the Emergency Medical Task Force. The Leader reports work progress and status of resources, maintains work records on assigned personnel.

**EMS Dispatch Center:** A dispatch center having the capability of communicating with hospitals, police, fire and ambulance providers. All EMS activities are coordinated through the EMS Dispatch Center. The EMS Dispatch Center may be a PSAP, private



## IDHS District 10 Task Force Emergency Medical Services Branch

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provider dispatch center or other designated dispatch center. Note: communication with this dispatch center to other involved entities need not necessarily be by radio.

**IDHS:** Indiana Department of Homeland Security

**Incident Command System (ICS):** A combination of equipment, personnel and procedures for communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish objectives pertaining to an emergency incident.

**Incident Commander:** The individual responsible for the management of all incident operations.

**JUMPSTART Triage:** a system that allows field care personnel to triage pediatric patients aged 1-8 years into one of four categories: Immediate, delayed, minor and deceased (see attached JUMPSTART flowchart). Command Post - A location designated by the Incident Commander from which command functions are directed.

**Mass Casualty Incident (MCI):** Any incident in which there are three or more potentially critical patients or for which the number of patients requires resources above and beyond those normally available.

**Mass Casualty Response Trailers:** A 24 foot response trailer that is capable of treating up to 100 patients, these trailers are placed throughout district 10. These trailers are located in Crawford, Martin, Pike, Posey, Spencer, and Vanderburgh County. These trailers were funded through a Department of Homeland Security Grant.

**Medical Group Supervisor:** Manages the Medical Group and ensures that Triage, Treatment, Transport, Ambulance Staging, and Morgue functions are performed.

**Medical Task Force:** Any combination (within span of control) of resources (e.g., Ambulances, Rescues, Engines, Squads) assembled for a medical mission, with common communications and a leader (supervisor).

**Morgue:** Area designated for the collection, protection, and identification of the deceased. Triage: A system that allows for rapid field triage and limited treatment of multiple casualty victims.

**Project Hoosier Safe-T Radio:** a statewide, interoperable, wireless public safety communications system for Indiana local, state, and federal first responders/public safety officials. SAFE-T operates on a Motorola 4.1 Astro Smartzone OmniLink 800 MHz



## IDHS District 10 Task Force Emergency Medical Services Branch

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trunked voice and data system. IDHS district 10 uses the channel, southwest mutual aid 5 (S/W MA5). District 10 EMS also operates on Southwest Hospital Dispatch and Operations One.

**Public Information Officer:** The individual responsible for providing and/or coordinating the release of information to the media and public from the Public Information Center.

**Public Safety Answering Point (PSAP):** Jurisdictional public safety dispatch center where E-911 calls are received.

**Rehabilitation Areas:** The area for rescue personnel to be assessed, treated and cared for. Rescue personnel will be evaluated, nourished and rested in the rehab area.

**SMART Tags:** A system for determining the severity of injury to categorize victims.

**Staging Area Manager:** Individual assigned to coordinate the movement of arriving units and resources. Deployment of resources will be assigned by the Incident Commander or designee. Staging area manager shall ensure all transport units have immediate egress.

**START Triage:** Acronym for Simple Triage and Rapid Treatment that is a system that allows field care personnel to triage adult patients into one of four categories: Immediate, delayed, minor and deceased (see attached START flowchart).

**Transport Unit Leader:** Will organize and supervise the transportation of all patients to medical facilities. Coordinates patient transportation. Reports to the Medical Group Supervisor.

**Treatment Area:** The area designated for the collection and treatment of patients. Colored flags or tarps may be used to identify specific treatment areas.

**Treatment Unit Leader:** Will organize and supervise the treatment area. Reports to the Medical Group Supervisor.

**Triage Belt:** A belt worn by triage personnel that has colored flagging tape attached. (Red, yellow, green, black, and white) The tape is attached to the patients to identify their triage category.

**Triage Tags:** For consistency purposes the California Fire Chiefs Association or DMS Medical All Risk Triage Tags should be utilized in the field (see page 24). It is important to remember that each individual's triage tag number needs to be made available to the Triage and Treatment Unit Leaders as well as the Transport Group Supervisor.



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**Triage Unit Leader:** Will organize and supervise the triage area. Reports to the Medical Group Supervisor.

**Unified Command:** In ICS, a Unified Command is a team effort which allows all agencies with responsibility for the incident, either geographically 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.