

Putnam County Mass Casualty Response Plan

Putnam County Office of Public Safety (Putnam County Emergency Management
and Putnam County Emergency Medical Services)

Version: 1

8/9/22

I. CONTENTS

II. Purpose	2
III. Situation and Assumptions	2
A. Situations	2
B. Assumptions.....	3
IV. Concept of Operations.....	4
A. Assessment and Activation	4
B. Command, Control, and Coordination.....	4
First Arriving Unit.....	4
Establishing Incident Command	5
Medical Group Command Structure.....	7
Triage	7
Treatment	7
Transportation	8
Staging Areas.....	8
Fatalities.....	9
Evacuation.....	10
V. Organization and responsibilities	10
A. Involved Organizations and their Responsibilities.....	10
VI. Direction and Control.....	11
A. Communications	11
OHTrac	11
Radio Communications.....	11
VII. Administration and Logistics.....	12
VIII. Plan Development and Maintenance	12
IX. Authorities and References	13
B. References	13

II. PURPOSE

This plan will serve as the primary guideline for managing mass casualty response in Putnam County and will address the triage, treatment and transport of emergency victims. A mass casualty incident (often shortened to MCI) describes an incident in which emergency medical services resources, such as personnel and equipment, are overwhelmed by the number and severity of casualties.

Ohio Revised Code (ORC) 4766.01 O, P:

(O) "Mass casualty" means an emergency event that results in ten or more persons being injured, incapacitated, made ill, or killed.

(P) "Medical emergency" means an unforeseen event affecting an individual in such a manner that a need for immediate care is created.

III. SITUATION AND ASSUMPTIONS

A. SITUATIONS

- Putnam County is a rural county in Northwest Ohio, with a population of under 34,000
- Putnam County Office of Public Safety (PCOPS) is comprised of Putnam County Emergency Management Agency (EMA) and Putnam County Emergency Medical Services (EMS)
- PCOPS (EMA/EMS) is the lead agency for mass casualty incidents, accidents, and severe weather incidents, etc.
- PCOPS (EMA/EMS) supports hazardous material spill/leak, fire, or other disasters with medical care and or response management support
- This plan, **Putnam County Mass Casualty Plan** is utilized for mass casualty incidents in the county
- Putnam County has no hospital (hospital defined as having in-patient beds)
- Mercy Health Putnam County Emergency Room is standalone emergency room and an extension of Mercy Health
- Mercy Health Putnam County Emergency Room will follow surge capacity plans

- Putnam County Health Department (PCHD) is the lead response agency in a public health emergency for the County. The **Putnam County Health Department Emergency Response Plan** guides the health department's actions
- Putnam County Coroner is the lead for Mass Fatality incidents
- The **Putnam County Mass Fatality Plan** directs response in a Mass Fatality incident

B. ASSUMPTIONS

- At any time, Putnam County may experience an incident such as severe weather, terrorist attack (e.g., chemical, biological, radiological, nuclear or explosive), disease outbreak, mass shooting, infrastructure collapse, explosion, chemical spill or leak, or equipment failure that impacts the Health and Medical of the community
- Putnam County must be prepared to respond to an incident with little or no warning
- The success and effectiveness of this plan is supported by trained and knowledgeable staff who are equipped with tools and resources to best respond, manage, and make sound judgement decisions in emergency situations
- All agencies assigned responsibilities in this annex have the capability to support it.
- Putnam County will utilize the Incident Command System (ICS) and work with other applicable response agencies as part of National Incident Management System (NIMS)
- Incidents may occur across county, state, and jurisdictional lines and require collaboration or coordination between all levels of government and non-governmental agencies. Responses may differ in each jurisdiction because of "Home Rule"
- During an emergency incident, the activities of the Health and Medical community staff will be an extension of their normal duties
- In a mass casualty incident, all county EMS providers may be called upon
- Mutual aid resources from surrounding partners, hospitals, governments, private, and/or volunteer organizations may be requested during an incident
- Incidents may personally impact staff, partners, volunteers, and vendors and in turn inhibit their response ability
- Putnam may have incomplete information, and have to rely on federal, state and local partners to provide some critical details during response

IV. CONCEPT OF OPERATIONS

This Concept of Operations (CONOPS) section seeks to explain the process and strategy involved in preparing, responding, recovering, and mitigating against a Mass Casualty Incident (MCI).

A. ASSESSMENT AND ACTIVATION

A mass casualty incident (MCI) describes an incident in which emergency medical services resources, such as personnel and equipment, are overwhelmed by the number and severity of casualties. ORC defines “mass casualty” as an emergency event that results in ten or more persons being injured, incapacitated, made ill, or killed.

- A mass casualty incident will be declared by the first arriving unit at the scene of the incident. It may alternately be declared by a dispatcher, based on the information received about the nature and scope of the medical emergency.
- A formal declaration of an MCI is usually made by an officer or chief of the agency in charge. Initially, the most qualified EMT (or EMS Chief designee) at the scene will be in charge of the incident, but as additional resources arrive, a senior officer or chief will take command, usually using an incident command system structure to form a unified command to run all aspects of the incident.

B. COMMAND, CONTROL, AND COORDINATION

- All incidents are managed using the Incident Command System (ICS). The ICS organizational structure develops in a modular fashion based on the kind and the size of the incident. The organization’s staff builds from the top down with the responsibility initially with the Incident Commander.
- A mass casualty incident will utilize a Unified Command Structure due the complexity and shared responsibilities of responding agencies.

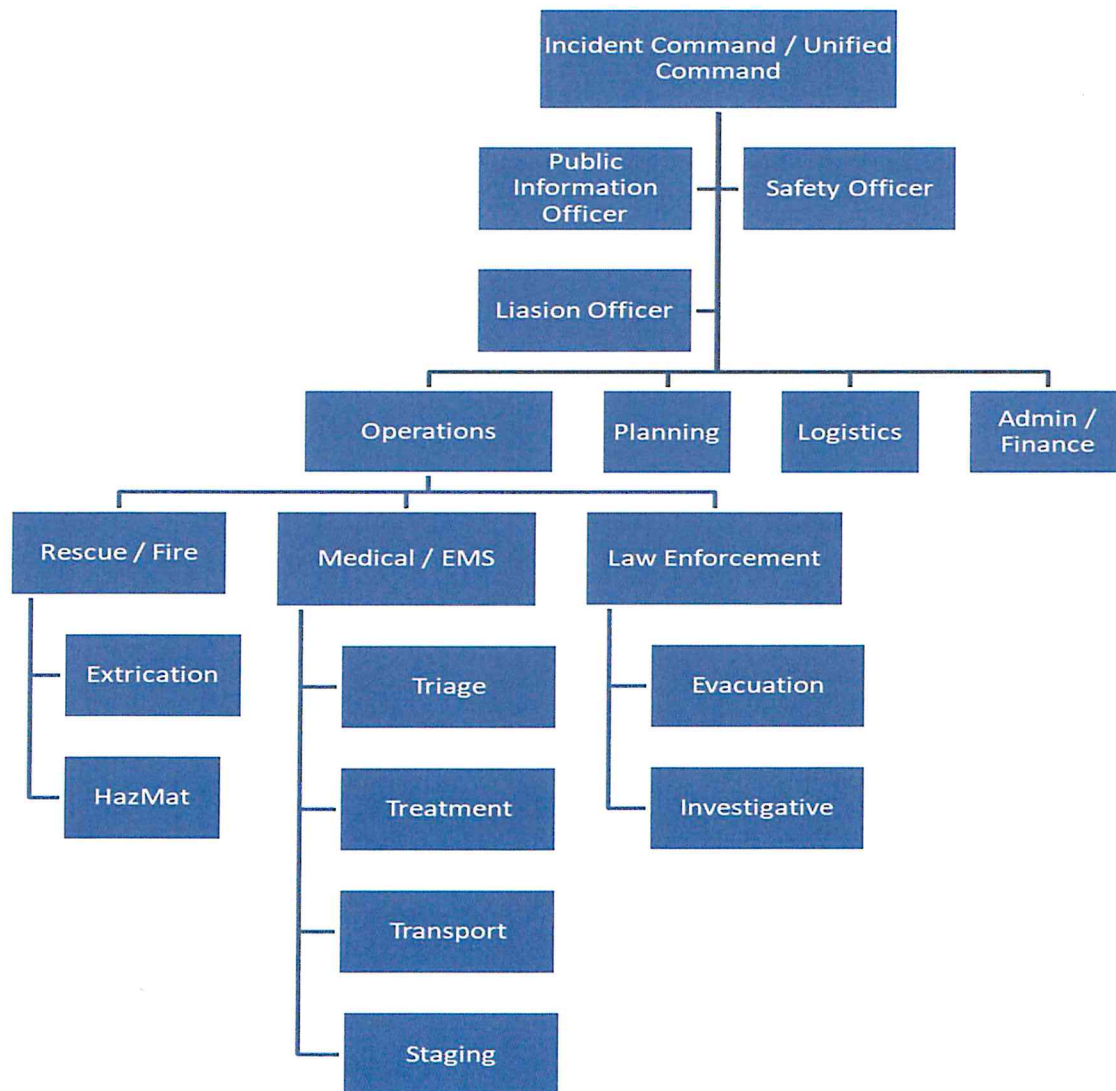
FIRST ARRIVING UNIT

1. Upon arrival, the first unit on the scene should estimate the number of casualties and the type of incident.
2. If an obvious Mass Casualty Incident exists, the first arriving unit immediately advises the local dispatcher.
 - a. The local dispatcher would immediately request mutual aid from surrounding EMS and fire departments.

- b. Request the Mass Casualty Trailer via dispatch. Dispatch has list of contacts who can be called upon to bring the Mass Casualty Trailer when requested.
 - c. The preplanned call-up of equipment, personnel, hospitals, and allied agencies should be made as soon as possible.
3. Scene safety must be established before allowing any rescuers to enter the area.
 4. The first arriving squad should begin the primary survival scan. Treatment should follow the EMS Medical Directors protocols and standing orders.

ESTABLISHING INCIDENT COMMAND

1. The jurisdictional Fire Chief or authorized representative, shall lead on scene and establish Incident Command / Unified Command. Below is an example of a potential command structure.



- a. The local dispatcher will assist the Incident Commander with resource acquisition until the Putnam County Emergency Management Director arrives on scene or establishes an EOC.
 - b. If the EOC is not activated, the Putnam County Emergency Management Director or designee should stage at the Command Post, if requested, to assist in acquiring special equipment or personnel if necessary.
2. The Incident Commander should appoint Division Supervisors and Command Staff as necessary. These may include:
 - c. Public Information Officer
 - d. Safety Officer
 - e. Liaison Officer
 - f. Operations, Planning, Logistics, Admin/Finance Branch
 - i. EMS/Medical Control Officer (EMS Chief or Senior EMS)
 - ii. Rescue/Extrication Officer
 - iii. Evacuation Officer
 - iv. HazMat Officer
3. An OHTrac incident will be created by a call to Ohio Fire Chief Emergency Response System Dispatch Center (OFERS) from the Incident Commander.
4. The senior law enforcement officer should be stationed at the Command Post and should request additional help as needed.
5. Law Enforcement will establish a police control line, maintain scene security, and order the traffic flow based on the Incident Commander's recommendations for hazard and scene control. Traffic routes in and out of the area should be established for emergency vehicles. All EMS vehicles should be directed to the proper staging or transport area.
6. The EMS Control Officer should then divide EMS operations into four areas and appoint:
 - a. Triage Officer
 - b. Treatment Officer
 - c. Transport Officer
 - d. Staging Manager
7. The EMS Control Officer will coordinate these areas and relate their problems and needs to the Command Post.

MEDICAL GROUP COMMAND STRUCTURE

Putnam County EMS will establish the Medical Group as part of Operations Section. The Medical Group and may include any and all of the following roles:

1. EMS Control Officer is in charge of all EMS related activities and is responsible to the scene commander
2. Triage Officer is in charge of all triage, tagging and movement into patient collection area and is responsible to the EMS Control Officer
 - a. The Triage Team performs on-scene triage and assigns patients to the appropriate treatment area and is responsible to the Triage Officer
3. Treatment Officer is in charge of all treatment and re-triage within the patient collection area and is responsible to the EMS Control Officer
 - a. Treatment Team: Immediate, Delayed and Minor - Directs the treatment and re-triage of victims assigned to their respective areas. They are responsible to the Treatment Officer
4. The Transport Officer is responsible for patient movement from the patient collection area to receiving hospitals and is responsible to EMS Control Officer. Oversees OHTrac entry.
 - a. Transportation Recorder - May be appointed to assist the Transport Officer
 - b. Ambulance Staging Manager - Coordinates the staging area and is responsible to the Transport Officer
 - c. Helispot Manager - In charge of air ambulance removals and is responsible to the Transport Officer
5. Morgue Officer - Coordinates morgue activities and is responsible to the County Coroner

TRIAGE

1. The Triage Officer will establish a triage team to continue tagging victims in the location found.
2. As mutual aid EMS personnel arrive, they should be assigned to assist the Triage Officer.
3. Victims should be removed from the incident scene on backboards, if possible, by tag color priority order (red, then yellow, then green). Also, if possible, this removal should be made without the use of vehicles.

TREATMENT

1. Implement and supervise Immediate, Delayed and Minor Treatment Areas.

2. If necessary, assign Managers to Immediate, Delayed, and Minor Treatment Areas.
 3. Request sufficient Treatment Teams and qualified emergency medical personnel to staff Treatment Areas.
 4. Request medical equipment, oxygen tanks, and supplies as necessary.
 5. Maintain triage assessment of patients throughout Treatment Areas.
 6. Assure appropriate use of all other medical personnel.
-

TRANSPORTATION

1. The Transport Officer should begin sending patients in priority order to all area hospitals (or intermediate facility if local hospitals are unable to provide any additional internal surge) in equal rotation as soon as ambulances or suitable transportation are available. Deviations from an equal rotation may be desirable due to patient age or hospital specialty.
 2. The Transportation Officer should ensure that each ambulance is properly staffed and equipped.
 3. Ambulances or suitable transportation should be used to their maximum efficiency.
 4. The Transportation Officer or Recorder should keep a record of each person's name, triage tag number and color, the transporting ambulance and the hospital destination in OHTrac, as able.
 5. If not already accomplished, the Transportation Officer should appoint Staging Managers to coordinate land and air ambulances.
 6. The Staging Managers should keep the Transportation Officer informed of current transport capabilities. If the Transport Officer is not ready to begin transport, ambulance crews should be assigned to triage or patient care.
 7. The Transportation Officer may request a school bus or other suitable transportation for removal of the minor category patients.
-

STAGING AREAS

1. Command Post - A fixed, clearly marked on-scene location where the Incident Commander, the Command Officers, and support agency representatives make command decisions and coordinate all scene operations.
 - A command post shall be used for each incident scene. It may be a specialized vehicle, trailer, or building but any location may serve as the command post as long as it is well marked with a green light, or flag, and clearly visible to in-coming participants.

2. Triage Area - Triage should ideally occur at the accident site and victims tagged where they lay. This is secondary, however, to the determination of scene safety.
 - If hazardous materials or extrication is a problem, triage should be set up adjacent to the accident site and performed as patients are removed from the site.
3. Treatment Area - The treatment area should be located as close to the incident scene as safety and working conditions permit.
 - The treatment area could be indoors. (e.g. Neighborhood Emergency Help Center)
 - If a Mass Casualty Trailer is brought into the Treatment Area, it will be strategically located for easy access to medical supplies.
 - Special consideration should be given to both weather and lighting.
 - When Mass Casualty Trailer arrives, first remove treatment area bags (RED, YELLOW, GREEN) to aide in setting up the treatment area.
 - The treatment area should provide easy access for both incoming victims carried on backboards and for patient removal by ambulance.
 - This area should be divided into three well-marked zones, one for each triage category using triage flags and tarps that are kept in the Mass Casualty Trailer.
 - An effort should be made to keep patients in orderly rows.
4. Ambulance Staging Area - The staging area should be located within the law enforcement control line, yet not close enough to pose a problem of safety or continuity of the rescue scene. All incoming ambulances should first report to the staging area for assignment.
5. Helispot - Landing conditions will dictate the location of the Helispot. If possible, maintain this area within the law enforcement control line.
6. Medical Supply Staging - The first-in ambulances should off-load their equipment near the treatment area.
 - Additional supplies, including hospital Disaster Packs, may also be brought in by ambulances returning from hospitals or by helicopter.
 - If a Mass Casualty trailer is brought to the scene and set up.
 - This will provide the Treatment Area with medical supplies and equipment.
7. Morgue - Putnam County Coroner will be activated to lead. The morgue should be established at a location remote from the triage area and should not be readily available to other victims. It should be accessible to vehicles.
 - If conditions warrant, **The Putnam County Mass Fatality Plan** will be activated

FATALITIES

1. The Putnam County Coroner will be activated.
2. The **Putnam County Mass Fatality Plan** may be activated, as warranted

3. All dead on arrival (DOA) victims should be left in place at the incident site unless movement is needed to treat viable patients or as directed by the county coroner.
4. The Incident Commander may appoint a Morgue Officer to establish a temporary morgue away from the patient treatment area. This should be accomplished in conjunction with law enforcement and with the coroner's representatives.

EVACUATION

At any time during the incident, an evacuation of the emergency scene may be ordered by the Incident Commander or the Safety Officer. The signal for evacuation will be a continuous sounding of an air horn.

V. ORGANIZATION AND RESPONSIBILITIES

A. INVOLVED ORGANIZATIONS AND THEIR RESPONSIBILITIES

- **First Responding Agency / First Responder** – First on the scene will provide initial scene assessment and report of perceived threats and the scope and nature of the incident.
- **Putnam County Emergency Medical Services** – Lead agency of the Medical Group (a division of Operations Section). Triage the scene, provide treatment via Basic Life Support (BLS) and Advanced Life Skilled (ALS) and transport.
- **Putnam County Emergency Management** – Provide direction and control of the incident. Establish incident command and lead the Emergency Operations Center (EOC).
- **Dispatch Putnam County 911** – Make initial notifications to first responders. Request mutual aid from Fire and EMS departments and maintain communication with responding partners.
- **Fire** – Establish Unified Command. Ensure scene safety, hazard mitigation, and support EMS operations.
- **Jurisdictional Law Enforcement** – Provide scene security, traffic control and direction, and potential investigation.
- **Mercy Health Putnam County Emergency Room** -
- **Medical Director Putnam County EMS** - Provides standing orders and medical oversight to Putnam County EMS.
- **Putnam County Coroner** - Provide guidance on the handling of the deceased.
- **Putnam County Health Department** – Support planning and logistics and provide a liaison to the EOC.
- **American Red Cross**- Establish mass care / sheltering; Family Reunification Center (FRC). See Mass Care Annex
- **Putnam County Volunteer Organizations** – Putnam Medical Reserve Corps
- **Mental Health** – Pathways Counseling Center

VI. DIRECTION AND CONTROL

A. COMMUNICATIONS

OHTRAC

1. OHTrac is a web based patient tracking tool utilized during Mass Casualty Incidents for family reunification. OHTrac allows for patient racking amongst different hospitals and begins on scene.
2. **An OHTrac incident will be created by a call to Ohio Fire Chief Emergency Response System Dispatch Center (OFERS).**
 - a. <https://ohio.surgenet.org/Incidents.aspx> --- Phone # Found Under Add Incident button
 - b. Currently and at a minimum, Putnam EMA Director, Putnam EMS Chief, Putnam EMA Deputy Director, and Putnam County Health Department Emergency Coordinator have OHTrac access (additional OHTrac access is in process)
3. The Incident Commander/Jurisdictional Fire Chief or designee, shall make the initial call Ohio Fire Chief Emergency Response System Dispatch Center.
4. The Transport Officer will ensure that record of each person's name, triage tag number and color, the transporting ambulance and the hospital destination is noted in OHTrac.

RADIO COMMUNICATIONS

Radio communication during major incidents is almost always overburdened and confused. To help reduce confusion, the following guidelines should be followed:

1. When possible, communication should take place face to face. If radio transmissions are required, messages should be brief - to the point. If a long conversation or message is required, a runner should be sent or a meeting requested through the Command Post.
2. No one but the Incident Commander should have radio contact with the dispatcher or the EOC.
3. Radio assignments will be made by the Putnam County Sheriff's Dispatch. The local fire jurisdiction may consider additional radio channels. Additional channels may be assigned for EMS operations.
4. The Incident Commander should maintain radio contact with the operations supervisors.
5. The Transport Officer should be the only one communicating with area hospitals.
6. Communication between the scene and hospitals should be accomplished utilizing designated EMS frequency.

7. The Helispot Manager must have radio contact with incoming helicopters.
8. Units responding to the scene may notify the dispatcher of their response, but after that no other contact should be made.
9. Medic units transporting patients from the scene should not make a radio to the hospital.
10. Medic units not involved in the Mass Casualty Incident should likewise refrain from making radio reports to the hospitals when transporting other medical emergencies.
11. A press area should be established away from the Command Post by the Public Information Officer. The press should not be allowed inside the police control line without permission of the scene commander.

VII. ADMINISTRATION AND LOGISTICS

1. All facets of the health/medical community will continue their normal day-to-day activities along with the necessary duties encumbered by the emergency. Their priorities, however, will be directed to the emergency.
2. All departments will continue the submission of reports, and other criteria in the absence of the Administrator.
3. All departments will make provisions for the relocation of their personnel, equipment, records, and supplies to maximize their safety and well-being.
4. In the event that the health/medical community's resources prove to be inadequate during an emergency/disaster, requests will be made to other adjacent counties and communities through the use of mutual-aid agreements and letters of understanding.

VIII. PLAN DEVELOPMENT AND MAINTENANCE

1. The Putnam County Emergency Management Agency Director is responsible along with the respective agencies, for the development of this annex and ensuring that it is maintained. The reviewing of this annex and submission of new/updated information will be done on an annual basis.

2. All members of the Putnam County EMA, all other agencies, departments, and organizations in Putnam County are responsible for being familiar with its contents and for providing input to this annex.
3. It will be the responsibility of the EMA director, with the cooperation of the Health/Medical community, to see that all necessary revisions/changes are prepared, published, and distributed to those agencies/organizations holding the Putnam County EOP.
4. This Annex will be reviewed at least annually and tested in exercised periodically. Any deficiency encountered during drills and exercises will be corrected. Resources will be inventoried annually (to include personnel, equipment, supplies, etc.).

IX. AUTHORITIES AND REFERENCES

B. REFERENCES

Putnam County Emergency Operations Plan – Various annexes

Putnam County Emergency Operations Plan – Annex H; Public Health and Medical

The Putnam County Mass Fatality Plan