



Jackson Hole Fire/EMS Operations Manual

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PURPOSE

This protocol predetermines, to the extent possible, actions to be taken by Jackson Hole Fire/EMS, to respond effectively to such disasters when they occur. This protocol is designed to supplement the County Emergency Operations Plan and corresponding JHFEMS protocols during mass casualty incidents.

SECTION I - SCOPE

The Mass Casualty Incident Plan provides general guidelines, reference material, and generic procedures for incident command and the efficient utilization of pre-hospital resources during a mass casualty incident.

The concept of a Mass Casualty Incident is affected by two major factors:

1. Resources available for response.
2. Number of casualties.

This plan is concerned with community response to Multi-Casualty Incidents such as a transportation accident, which will stress the community resources, but can usually be handled by resources in the immediate area.

The plan can also be applied to Mass Disasters such as a major earthquake, which overwhelms community resources, requires assistance from outside the immediate area, where emergency services personnel and their families may be among the victims, and facilities and equipment may be unusable, lost or damaged. In addition, the plan may be utilized in an initial response to an Epidemic-Endemic Disaster such as the combination of famine, epidemic, terrorism, war and refugees.

For the purposes of simplicity, this plan will refer to all of these incidents as "Mass Casualty Incidents" and will leave adaptations to the overall environment to local protocol and Standard Operating Procedures.

SECTION II - RESOURCES

Resources during a Mass Casualty event will be taxed significantly. Typical use of field medical resources may not occur. Vehicles not configured for ambulance use may be pressed into service as well.

A. Local Resources

1. Jackson Hole Fire/EMS (JHF/EMS) is the primary ambulance provider for the Teton County area.
2. Grand Teton National Park provides ambulance services within the boundaries of the National Park.
3. Medical Treatment Facilities include:

St. John's Medical Center	625 E Broadway	(307)733-3636
St. John's Urgent Care	1415 S. Hwy 89	(307)739-8999
Teton Outpatient Surgery	150 Buffalo Way	(307)733-8677
Teton Village Medical Clinic	3345 W Cody Lane	(307)739-7346
4. JHF/EMS maintains two MCI Supply Trailers, which are stocked with supplies to attend to 50 patients each. In addition, each station maintains an MCI cache with supplies for up to 50 patients packaged in such a way that the supplies can be mobilized quickly.
5. Additional local agencies which may assist with providing medical care to the injured include:

Teton County Search and Rescue
Teton Village Fire Department
Jackson Hole Airport Fire Department
Snow King & JH Mountain Resort Ski Patrols

B. Regional Resources

1. Ambulance Services within a 100 mile radius include:

Yellowstone National Park	(307) 242-7241
Fremont County, Dubois	(800) 967-2302 (SO Dispatch)
Sublette County EMS	(307) 367-4378 (SO Dispatch)
Alpine Junction Fire & EMS	(307) 885-5231 (SO Dispatch)
Thayne Ambulance	as above
Star Valley EMS (Afton)	as above
Teton Valley Ambulance, Driggs, Idaho	(208) 354-2323 (SO Dispatch)
Teton County Fire & Rescue, Idaho	as above
Idaho Falls Fire Department	(208) 529-1203
2. Aero Medical Services may be requested through TCSO dispatch or the Emergency Operations Center.
3. Regional requests should be coordinated with Teton County Emergency Management in order to activate the Wyoming Inter-County Mutual Aid

Agreement (WICMAA).

C. State Resources

1. State resources may be coordinated through Teton County Emergency Management which may include, but are not limited to:
 - a. Wyoming Regional Emergency Response Teams (RERTs) for patient decon
 - b. Wyoming National Guard 84th Civil Support Team (CST) for patient decon and medical support
 - c. Wyoming Air National Guard 153rd Airlift Wing for mass patient C-130 airlifts
 - d. Wyoming National Guard medical evacuation with UH-60A Blackhawk helicopters
 - e. State-owned Strategic National Stockpile (SNS) medical surge supplies
 - f. Federal Medical Station (FMS) 50 patient deployable healthcare facility supplies (building/tents must be supplied locally)

D. Federal Resources

1. Federal resources may also be coordinated through Teton County Emergency Management to the Wyoming Office of Homeland Security. They include, but are not limited to:
 - a. Federally-owned Strategic National Stockpile (SNS) medical surge supplies
 - b. Disaster Medical Assistance Team (DMAT)
 - c. Disaster Mortuary Operational Response Team (DMORT)
 - d. National Veterinary Response Team (NVRT)
 - e. National Medical Response Team (NMRT)

SECTION III - CONCEPT OF OPERATIONS

- A. All MCI operations will be conducted within the Incident Management System.
- B. If the emergency extends beyond the jurisdictional boundaries or beyond the capability of the local EMS services, requests for assistance or for additional EMS resources will be coordinated through Incident Command and the Emergency Operations Center.
- C. The officer of the first arriving unit of any agency (law enforcement, fire or EMS) will: function as Incident Commander (IC), implementing the necessary actions until the role can be relinquished to a more appropriate agency or individual. The IC will relay information relating to the scope and location of the incident to dispatch.
- D. The responsibility for requesting Mass Casualty Plan implementation lies with the incident commander whenever the number of injured persons exceeds responding jurisdictional resources. This is accomplished through a request to dispatch to dispatch units according to the MCI dispatch protocol.

SECTION IV - INCIDENT ORGANIZATION

- A. Succeeding arriving units of any agency should report to the IC until such time that an Incident Staging is established. At that time they should report to the Staging Area Manager.
- B. All incoming units should assume support roles based on assignments assigned by the IC or Operations Section Chief.
- C. The IC retains authority at the scene until all casualties are removed. At that time authority at the scene may transition to fire, law enforcement or coroner personnel as appropriate.
- D. Additional branches/sections may be required depending on the complexity of the incident. These may include, but are not limited to:
 - 1. Safety Officer
 - 2. Rescue Task Force (Tactical EMS incident)
 - 3. Medical Branch
 - 4. Landing Zone/Air Section
 - 5. Extrication
 - 6. HazMat
 - 7. Rehabilitation
 - 8. Public Information Officer (PIO)
 - 9. Medical Intelligence- to assist with suspected or known Weapons of Mass Destruction (WMD) events for decontamination, antidotes, and treatment.

SECTION V - MEDICAL CARE

- A. The Medical Group Supervisor is responsible for coordinating medical care on the scene.
- B. The START triage system is used by Jackson Hole Fire/EMS and will be implemented by first arriving units.
- C. Each patient will initially be tagged using triage flagging and subsequently receive a Triage Tag attached to their person in the treatment or transport area. Patients will be categorized by the severity of injury as follows:

Red: Immediate	Airway following positioning, Respirations >30/min, Radial pulse absent or Capillary refill >2 sec, Cannot follow simple commands
Yellow: Delayed	Airway present, Respirations <30/min, Radial pulse present and Capillary refill <2 sec, Can follow simple commands
Green: Minor	All walking wounded
Black: Expectant/Deceased	Cardiac arrest, those obviously dead, catastrophically injured with little chance of survival with immediate

medical care

- D. The Mass Casualty Incident Trailers must be dispatched early on to supplement necessary supplies on scene.
- E. Additional medical supplies required at the scene, such as dressings, bandages, and definitive care materials should be picked up from the closest station MCI cache or at hospitals/clinics by designated ambulances on their return trip to the incident.
- F. Medical providers at the scene of the incident may treat victims based on predefined protocol without communicating to the base hospital.

SECTION VI - TRANSPORTATION

- A. Casualties should be identified and tracked by triage tag number at the scene during triage, treatment and transportation.
- B. Ambulances transporting victims should obtain the patient destination (receiving medical facility) from the Transport Leader.
- C. Basic patient information will be relayed to the receiving facility by the Transport Leader. Ambulances transporting patients should limit communications with the receiving hospital to emergency traffic only during surge operations.
- D. Helicopters may be used for medical transportation if requested by Medical Group Supervisor through the Operations Section Chief and authorized by the Incident Commander.
- E. Consider mass-transit resources for multiple "walking wounded".

SECTION VII - PROCEDURES FOR HANDLING THE DEAD

To assure that a proper medical-legal investigation is conducted, including the identification of bodies and notification of the next of kin, adhere to the following procedures for handling the dead.

- A. Do not move body, unless necessary to attend to survivors.
- B. If body movement is necessary - notify coroner and advise of location of body(s).
- C. Do not remove any personal effects.
- D. At the completion of triage, assign available personnel to re-examine all casualties left in place. If body is moved, identify on the tag the location where it was found.
- E. The responsibility for assuring that the dead are handled properly at the scene of a mass casualty incident lies with the Coroner. Any variations to the procedures identified should receive Coroner approval.

NOTE: In most instances, the Morgue Leader will be a representative of the County Coroner.

SECTION VIII – POSITION CHECKLISTS

- A. The following checklists are to be used as a guide to smooth operations during a Mass Casualty Incident. These checklists are not intended to be a complete set of guidelines for the roles and responsibilities of responders.

MEDICAL GROUP SUPERVISOR

MISSION: ORGANIZE AND COMMAND MEDICAL OPERATIONS

Call sign	MEDICAL GROUP
Reports to	Operations Section Chief
	Communicate with the Operations Section Chief
	Don identification vest
	Ensure scene security is established
	Obtain briefing from first-in units on incident facts, probabilities and resource assignments
	Meet with Operations Section Chief-determine incident strategy
	Determine what resources have been requested & modify as required
	Remain in a safe, fixed, and visible location, uphill and upwind of the incident.
	Establish organizational coordinators as needed: Triage Unit Leader Treatment Unit Leader Transport Unit Leader Morgue Unit Leader
	Advise receiving medical facilities of initial casualty estimates
	Assure regular status reports are given to Operations Section Chief
	Ensure transportation logs are maintained on all casualties transported
	During large-scale or complex MCIs, consider a Medical Branch to reduce the span of control.
	If the incident is due to a known or suspected WMD, designate a Medical Intelligence Officer to assist with decontamination, antidotes, and treatment of victims.
	Release medical scene to coroner when all live casualties have left

TRIAGE UNIT LEADER

MISSION: SORT AND TREAT ACCORDING TO PRIORITY OF INJURIES

Call sign:	TRIAGE LEADER
Reports to:	Medical Group Supervisor
	Don identification vest
	Assess problem, triage-treatment needs
	Develop strategy
	Organize the Triage Team to begin initial triaging, utilizing START
	Assemble the walking wounded and uninjured in a safe area
	Ensure all areas of the scene have been checked for potential victims, walking wounded, ejected victims, etc.
	Obtain litter bearers to transport casualties to treatment areas
	Keep Medical Group Supervisor appraised of status, number of injuries
	Report to Medical Group Supervisor upon completion of duties for further assignments

TREATMENT UNIT LEADER

MISSION: ORGANIZE MEDICAL TREATMENT ACTIVITIES

Call sign:	TREATMENT LEADER
Reports to:	Medical Group Supervisor
	Don identification vest
	Assess medical care problems and needs
	Report needs to Medical Group Supervisor (MGS)
	Consider assigning a Documentation Aide to assist with paperwork
	Select area for collecting ambulatory casualties
	Establish treatment areas based upon triage designations (red, yellow, green, black)
	Designate a Treatment Manager for each area (Red, Yellow, Green).
	<p>Considerations for a treatment area:</p> <ul style="list-style-type: none"> € Capable of accommodating the number of victims and equipment. € Consider weather, safety, and the possibility of hazardous materials. € Designate entrance and exit areas, which are readily accessible (funnel points). € Use appropriate color triage tarps if available.
	Coordinate the re-triage and tagging of all victims. Brief your law enforcement liaison officer on needs of security in medical care areas.
	Provide periodic status reports to MGS (medical needs, number and triage status of casualties).
	Notify MGS when and where casualty loading areas are defined.
	Direct the movement of victims to the loading area(s).
	Ensure all casualties leaving treatment area are positively identified by tag numbers and ambulance and destinations are logged.

TRANSPORT UNIT LEADER

MISSION: COORDINATE TRANSPORTATION OF ALL CASUALTIES

Call sign:	TRANSPORT LEADER
Reports to:	Medical Group Supervisor
	Don identification vest
	Coordinate with Treatment Unit Leader.
	Maintain accurate transportation logs positively identifying victims by triage tag number, triage color, transporting vehicle, and destination.
	Establish both ambulance & non-ambulance loading area & notify Medical Group Supervisor of location.
	Brief your law enforcement liaison officer on security needs of loading areas.
	Maintain inventory of available transporting units (coordinate with Staging Area Manager).
	Obtain litter bearers to transport casualties from treatment to loading areas.
	Identify transportation needs for ambulatory casualties. Instruct transporting units of hospital destination.
	Keep a corner of the triage tag with the patient ID # for future documentation.
	Advise receiving facilities of patient number, triage color and chief complaint.
	Communicate with the Landing Zone (LZ)/Heli-spot Officer and relay the number of victims to be transported by air.
	Air-transported victims should be assigned to distant hospitals, unless the victims' needs dictate otherwise (e.g., trauma center, burn unit).