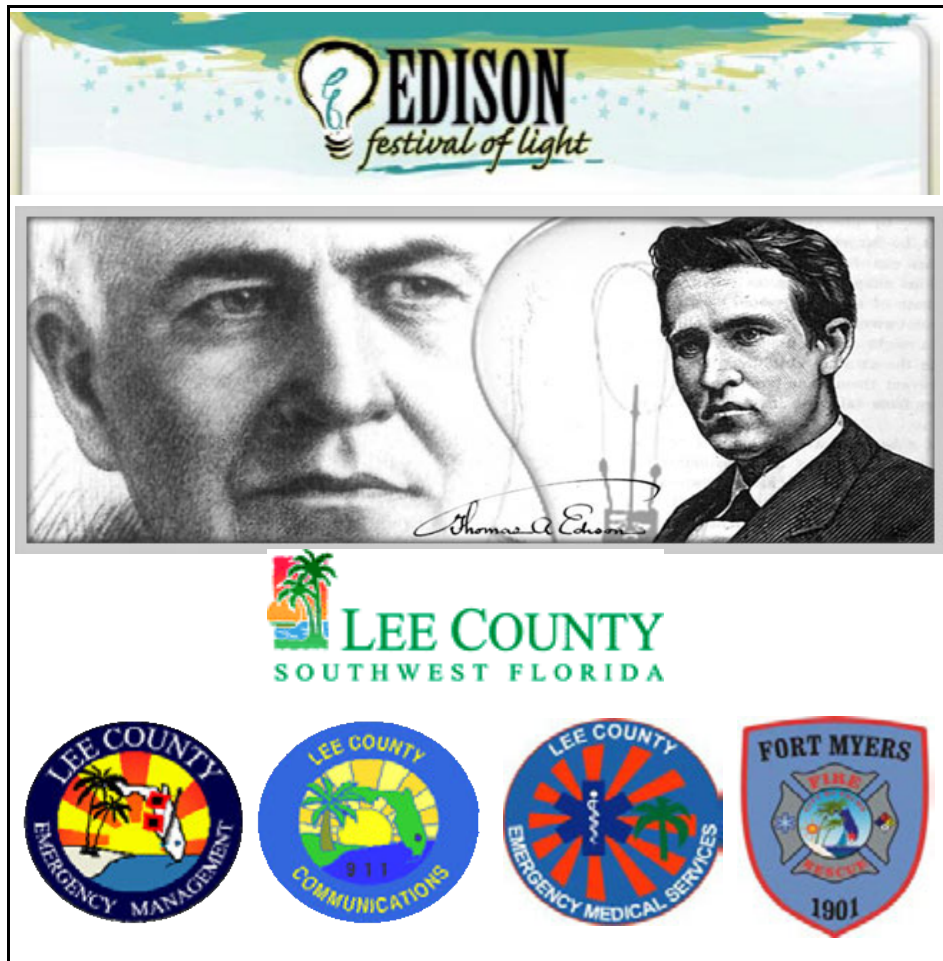


Edison Parade 2012


Lee County EMS Incident Action Plan



2/18/2012

1400-2300



Incident Objectives	1. Incident Name <i>Edison Parade 2012</i>	2. Date Prepared <i>2/9/2012</i>	3. Time Prepared <i>9:00</i>		
4. Operational Period (Date and Time) <i>2/18/2012 1400-2300</i>					
5. General Control Objectives for the Incident (include Alternatives)					
<i>To provide direction for LCEMS personnel assigned to this event. Primary objective is to provide pre-hospital medical care to the parade participants and attending general public.</i>					
<i>1. All personnel report to Centennial Park by 1400 - establish PAR (Personnel Accountability Record) with your Safety Officer.</i>					
<i>2. Briefing at Centennial Park prior to departing for staging.</i>					
<i>3. Establish Unified Command at Centennial Park with Mobile Response Unit (MRU) #1</i>					
<i>4. Establish Communications- Radio roll call with EDISON CONTROL to be done prior to 5K Race @ 1745.</i>					
<i>5. Demobilization at respective mobilization point.</i>					
6. Weather Forecast for Operational Period					
 <table border="0"> <tr> <td> Day Partly Cloudy High: 82°F Precip: 10% Wind: From W at 10 mph Humidity: 61% UV Index: 7 High Sunrise: 7:02 AM ET Avg. High: 78°F </td> <td> Night Mostly Clear Wind: From NE at 5 mph Humidity: 73% Sunset: Avg. Low: 56°F </td> </tr> </table>				Day Partly Cloudy High: 82°F Precip: 10% Wind: From W at 10 mph Humidity: 61% UV Index: 7 High Sunrise: 7:02 AM ET Avg. High: 78°F	Night Mostly Clear Wind: From NE at 5 mph Humidity: 73% Sunset: Avg. Low: 56°F
Day Partly Cloudy High: 82°F Precip: 10% Wind: From W at 10 mph Humidity: 61% UV Index: 7 High Sunrise: 7:02 AM ET Avg. High: 78°F	Night Mostly Clear Wind: From NE at 5 mph Humidity: 73% Sunset: Avg. Low: 56°F				
7. General Safety Message					
<i>1.) Remain on assigned Channel for event.</i> <i>2.) No Freelancing!</i> <i>3.) Maintain awareness of Traffic and Crowds.</i> <i>4.) Maintain Personnel safety</i>					
8. Attachments (check if attached)					
<input checked="" type="checkbox"/> Organization List (ICS 203) <input checked="" type="checkbox"/> Medical Plan (ICS 206) <input checked="" type="checkbox"/> <u>Appendic A - MCI Plan</u>					
<input checked="" type="checkbox"/> Assignment List (ICS 204) <input checked="" type="checkbox"/> Incident Map <input checked="" type="checkbox"/> <u>Appendic B - CEMP</u>					
<input checked="" type="checkbox"/> Communications Plan (ICS 205) <input type="checkbox"/> Traffic Plan <input checked="" type="checkbox"/> <u>Safety Message</u>					
ICS-202	9. Prepared by (PSC) <i>Lt. D. Drake</i>	10. Approved by (IC) <i>Lt. K. Poirier / Chief Dickerson</i>			

INCIDENT BRIEFING	1. Incident Name	2. Date Prepared	3. Time Prepared
	Edison Parade 2012	2/9/12	9:00

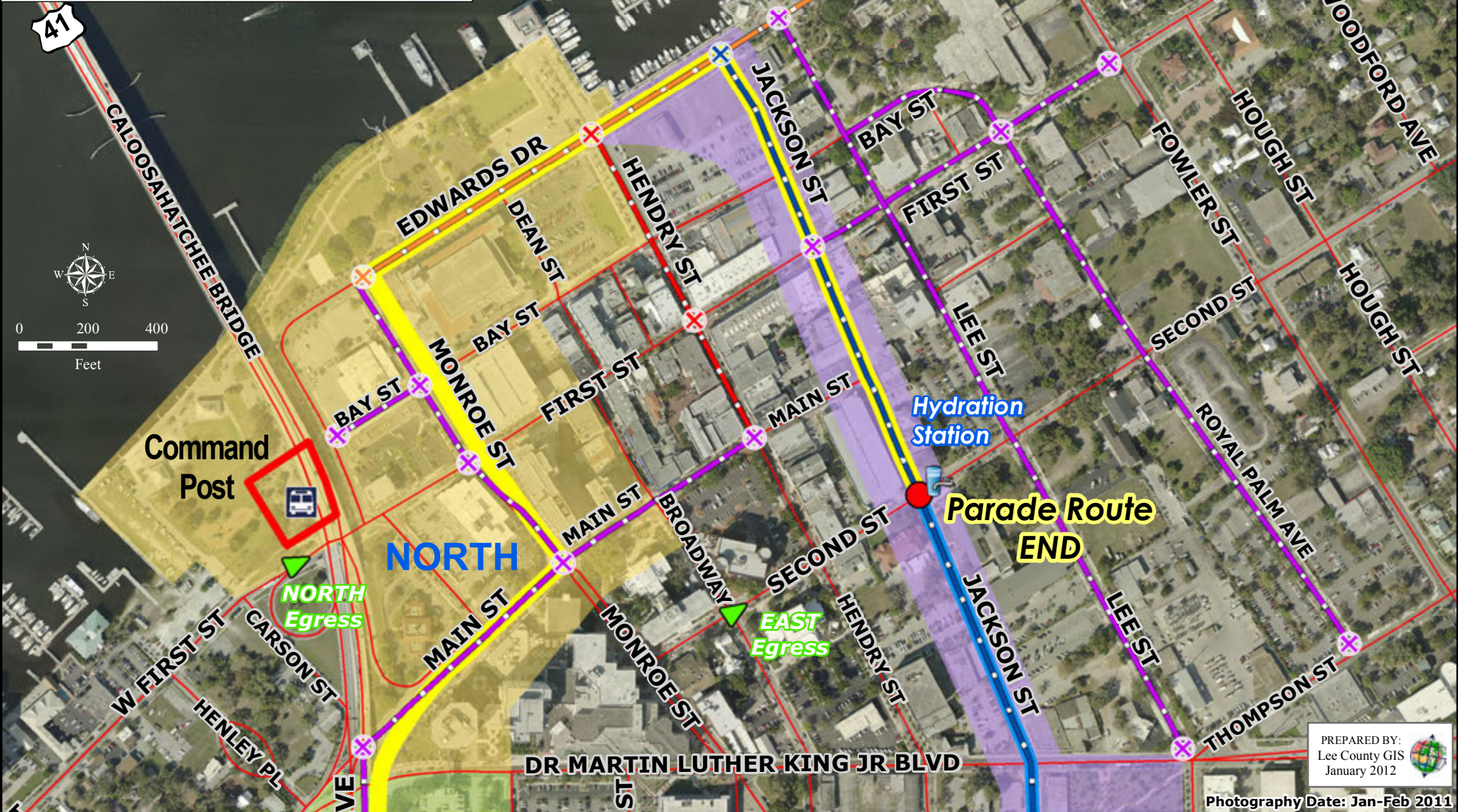
4. Map Sketch



ICS 201-1 NFES 1325	Page 1	5. Prepared by (Name and Position) Lt. D. Drake
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EDISON GRAND PARADE - NORTH Division

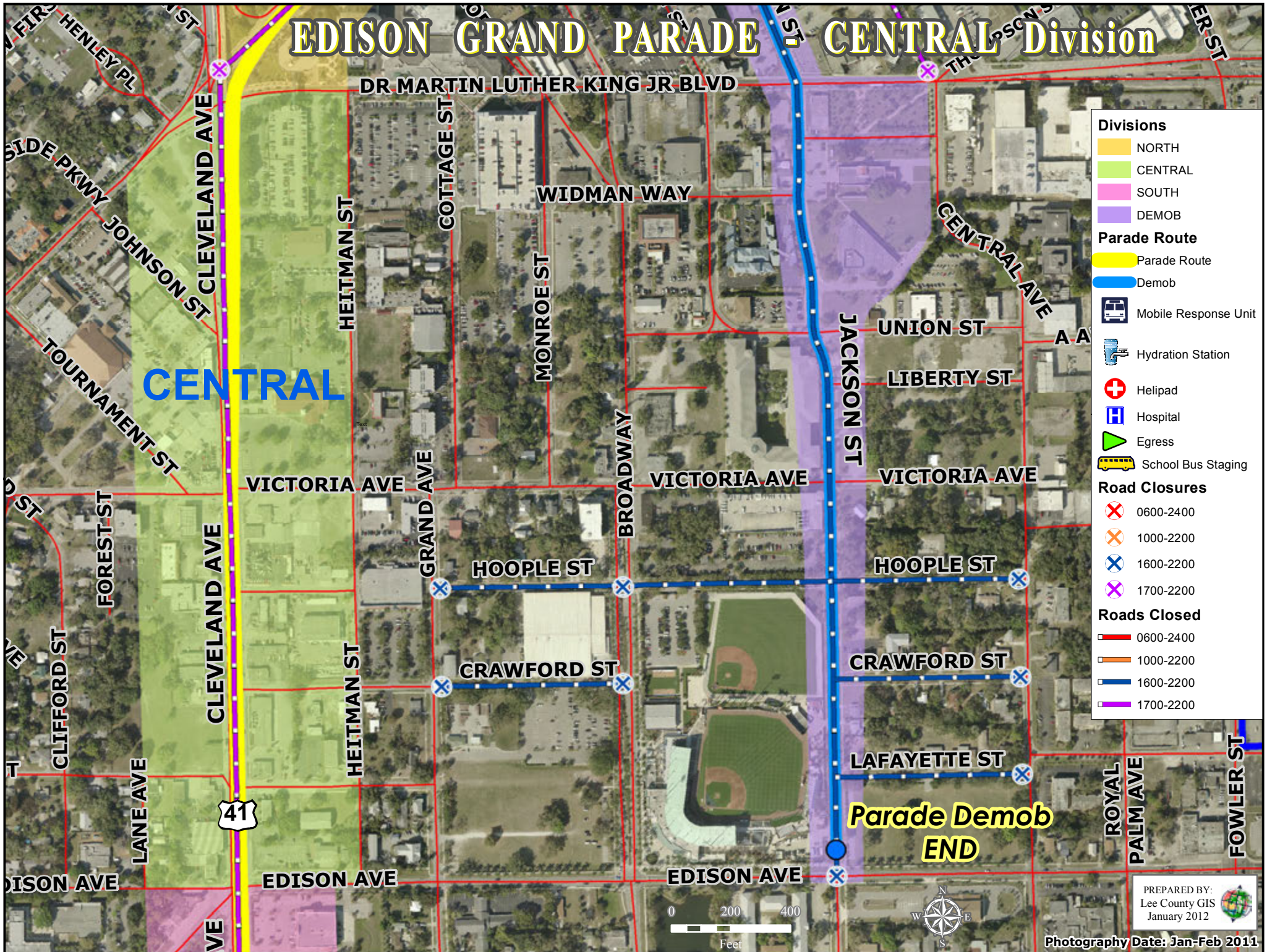
Divisions		Road Closures	
	NORTH		0600-2400
	CENTRAL		1000-2200
	SOUTH		1600-2200
	DEMOB		1700-2200
Parade Route		Roads Closed	
	Parade Route		0600-2400
	Demob		1000-2200
	Mobile Response Unit		1600-2200
	Hydration Station		1700-2200
	Helipad		0600-2400
	Hospital		1000-2200
	Egress		1600-2200
	School Bus Staging		1700-2200



PREPARED BY:
Lee County GIS
January 2012

Photography Date: Jan-Feb 2011

EDISON GRAND PARADE CENTRAL Division



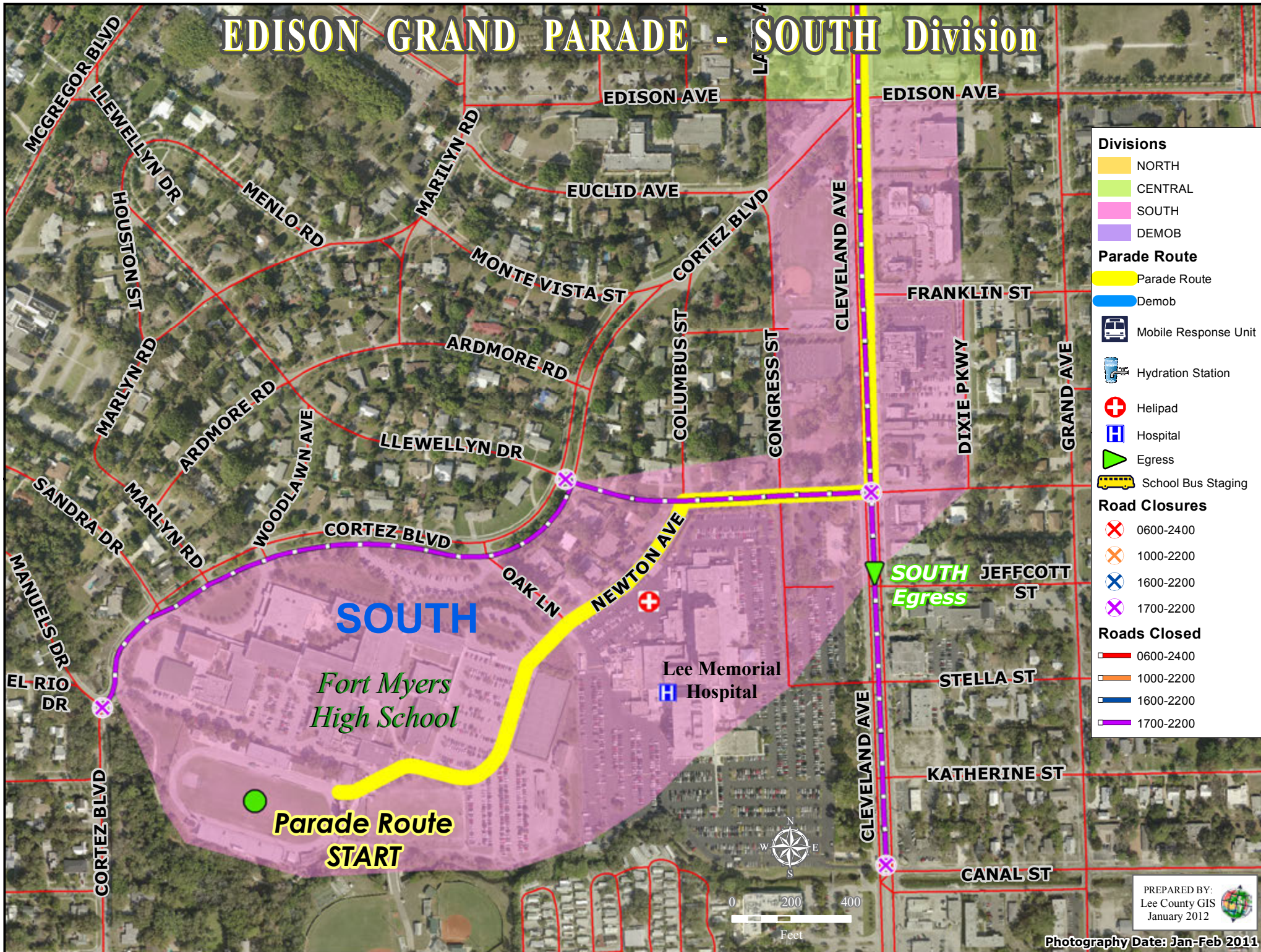
- Divisions**
- NORTH
 - CENTRAL
 - SOUTH
 - DEMOB
- Parade Route**
- Parade Route
 - Demob
- Icons**
- Mobile Response Unit
 - Hydration Station
 - Helipad
 - Hospital
 - Egress
 - School Bus Staging
- Road Closures**
- 0600-2400
 - 1000-2200
 - 1600-2200
 - 1700-2200
- Roads Closed**
- 0600-2400
 - 1000-2200
 - 1600-2200
 - 1700-2200

**Parade Demob
END**

PREPARED BY:
Lee County GIS
January 2012

Photography Date: Jan-Feb 2011

EDISON GRAND PARADE - SOUTH Division



Divisions

- NORTH
- CENTRAL
- SOUTH
- DEMOB

Parade Route

- Parade Route
- Demob

Icons

- Mobile Response Unit
- Hydration Station
- Helipad
- Hospital
- Egress
- School Bus Staging

Road Closures

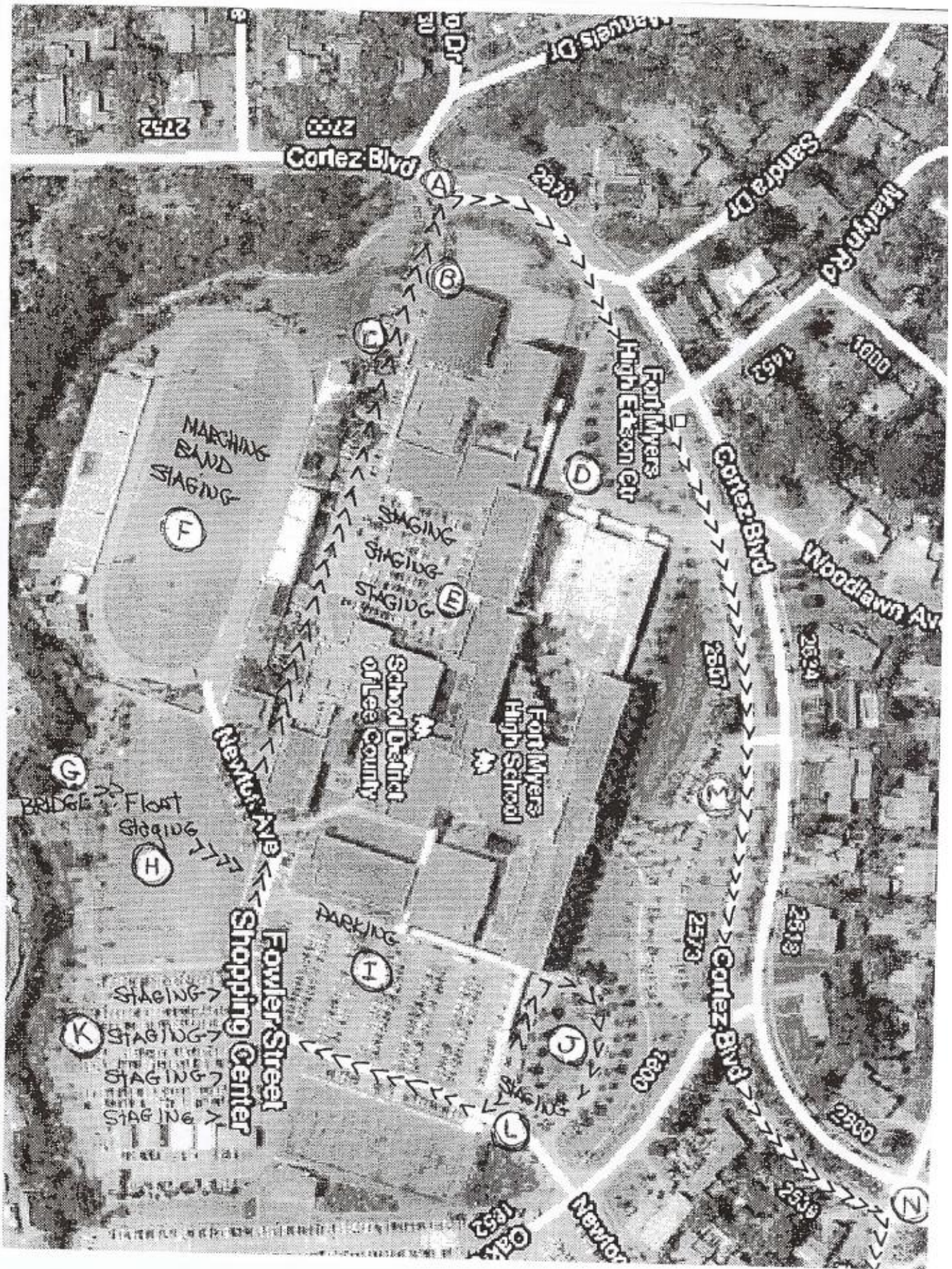
- X 0600-2400
- X 1000-2200
- X 1600-2200
- X 1700-2200

Roads Closed

- 0600-2400
- 1000-2200
- 1600-2200
- 1700-2200

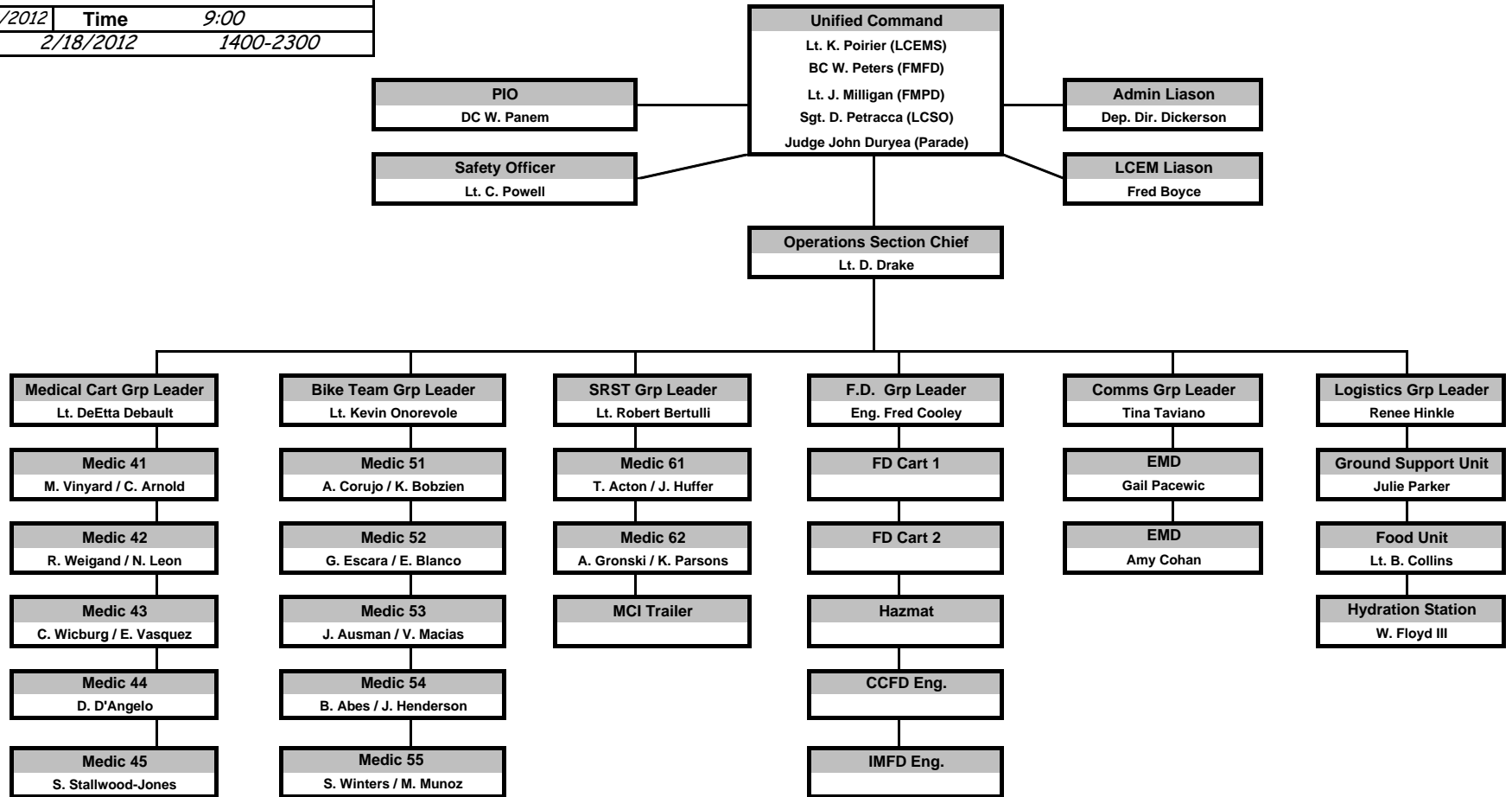
PREPARED BY:
Lee County GIS
January 2012

Photography Date: Jan-Feb 2011



ORGANIZATION ASSIGNMENT LIST			9. EMS OPERATIONS SECTION		
1. Incident Name		<i>Edison Parade 2012</i>		Chief	<i>Lt. Drew Drake</i>
2. Date	<i>2/9/2012</i>	3. Time	<i>9:00</i>		
4. Operational Period		<i>2/18/2012</i>	<i>1400-2300</i>	a.GROUP	Medical Cart
5. Incident Commander and Staff				Group Leader	<i>Lt. DeEtta Debault</i>
Unified Command	<i>LCEMS/FMPD/LCSO/FMFD/Parade</i>			Group	<i>M. Vinyard / C. Arnold (Medic 41)</i>
	<i>Lt. Keith Poirier</i>			Group	<i>R. Weigand / N. Leon (Medic 42)</i>
				Group	<i>C. Wicburg / E. Vasquez (Medic 43)</i>
Safety Officer	<i>Lt. Chris Powell</i>			Group	<i>D. D'Angelo (Medic 44)</i>
Information Officer	<i>DC Warren Panem</i>			Group	<i>S. Stallwood-Jones (Medic 45)</i>
6. Agency Representative				Group	
Agency	Name			Group	
<i>Edison Parade Committee</i>	<i>Judge J. Duryea</i>			Group	
<i>FMPD</i>	<i>Lt. J. Mulligan</i>			b.GROUP	EMS Bike Team
<i>FMFD</i>	<i>BC W. Peters</i>			Group Leader	<i>Lt. Kevin Onorevole</i>
<i>LCEM</i>	<i>Fred Boyce</i>			Group	<i>A. Corujo / K. Bobzien (Medic 51)</i>
<i>LCSO</i>	<i>Sgt. Dee Dee Petracca</i>			Group	<i>G. Escara / E. Blanco (Medic 52)</i>
<i>LC EMS Admin</i>	<i>Dep. Dir. Dickerson</i>			Group	<i>J. Ausman / V. Macias (Medic 53)</i>
				Group	<i>Lt. B. Abes / J. Henderson (Medic 54)</i>
				Group	<i>S. Winters / M. Munoz (Medic 55)</i>
				Group	
				c.Group	Special Response Strike Team
				Group Leader	<i>Lt. Robert Bertulli</i>
7. Planning Section				Group	<i>T. Acton / J. Huffer (Medic 61)</i>
Chief				Group	<i>A. Gronski / K. Parsons (Medic 62)</i>
Deputy				Group	<i>(MCI Trailer)</i>
Resource Unit				Group	
Situation Unit				Group	
Documentation Unit				Group	
Demobilization Unit				d.Group	Communications
Human Resources				Group Leader	<i>Tina Taviano</i>
Technical Specialists	(name / specialty)			EMD	<i>Gail Pacewic</i>
<i>W. Floyd III</i>	<i>Hydration Station</i>			EMD	<i>Amy Cohan</i>
				FMPD	
				e.Group	Fire Department
				Group Leader	<i>Eng. Fred Cooley</i>
8. Logistics Group				FD Cart 1	
Chief	<i>Renee Hinkle</i>			FD Cart 2	
Deputy				Hazmat	
Service Branch Dir.				CCFD Eng.	
Support Branch Dir.				IMFD Eng.	
Supply Unit					
Facilities Unit				Prepared by (Resource Unit Leader)	
Ground Support Unit	<i>Julie Parker</i>				
Communications Unit					
Medical Unit					
Security Unit					
Food Unit	<i>Lt. Bruce Collins</i>				

Incident Name	<i>Edison Parade 2012</i>		
Date	<i>2/9/2012</i>	Time	<i>9:00</i>
Operational Period	<i>2/18/2012</i>	<i>1400-2300</i>	



Agency Representatives	
Name	Agency
<i>Edison Parade Commit</i>	<i>Judge J. Duryea</i>
<i>FMPD</i>	<i>Lt. J Mulligan</i>
<i>FMFD</i>	<i>BC W. Peters</i>
<i>LCSO</i>	<i>Sgt. DeeDee Petracca</i>
<i>LCEM</i>	<i>Fred Boyce</i>

Technical Specialists	
Name	Specialty
<i>W. Floyd III</i>	<i>Hydration Station</i>

Medical Plan	Incident Name	Date Prepared	Time Prepared	Operational Period				
	<i>Edison Parade 2012</i>	<i>2/9/2012</i>	<i>9:00</i>	<i>2/18/12 1400-2300</i>				
5. Incident Medical Aid Stations								
Medical Aid Stations	Location	Paramedics						
		Yes	No					
6. Transportation								
A. Ambulance Services								
Name	Address	Stretcher	Paramedics					
			Yes	No				
<i>Medic 41</i>		<i>YES</i>	<i>X</i>					
<i>Medic 42</i>		<i>YES</i>	<i>X</i>					
<i>Medic 43</i>		<i>YES</i>	<i>X</i>					
<i>Medic 44</i>		<i>No</i>		<i>X</i>				
<i>Medic 45</i>		<i>No</i>		<i>X</i>				
<i>Medic 61</i>		<i>No</i>	<i>X</i>					
<i>Medic 62</i>		<i>No</i>	<i>X</i>					
B. Incident Ambulance Egress Points								
Name	Location							
<i>NORTH Egress</i>	<i>West First Street & Carson St</i>							
<i>EAST Egress</i>	<i>Broadway Ave & Second Street</i>							
<i>SOUTH Egress</i>	<i>Cleveland Avenue (Rte. 41) & Jeffcott Street</i>							
7. Hospitals								
Name	Address	Travel Time		Phone	Helipad		Burn Center	
		Air	Grnd		Yes	No	Yes	No
<i>D1</i>	<i>2776 Cleveland Ave</i>		<i>5</i>	<i>343-2329</i>	<i>X</i>			<i>X</i>
<i>D3</i>	<i>1500 Lee Blvd.</i>		<i>25</i>	<i>368-4410</i>	<i>X</i>			<i>X</i>
<i>D4</i>	<i>636 Del Prado Blvd. South</i>		<i>20</i>	<i>424-2222</i>	<i>X</i>			<i>X</i>
<i>D5</i>	<i>13681 Doctors Way</i>		<i>15</i>	<i>343-0434</i>	<i>X</i>			<i>X</i>
<i>D7</i>	<i>9981 South Health Park Dr.</i>		<i>25</i>	<i>343-5334</i>	<i>X</i>			<i>X</i>
8. Medical Emergency Procedures								
1. ALL patient south of MLK on 41, transport directly to D1 if appropriate. 2. ALL other patients to be transported to the closest egress point. 3. On scene time to be kept as short as possible. 4. ALL offloads and transfer of care will be kept to 5 minutes or less. 5. ALL other incidents consult with your Group Leader								
ICS-206 NFES 1331	Prepared by (Medical Unit Leader) <i>Lt. D. Drake</i>				Reviewed by (Safety Officer) <i>Lt. Chris Powell</i>			

Edison Parade 2010 Appendix A (MCI Contingency Plan):

In the event an MCI is declared during the first operational period of the Edison Parade Unified Command will follow the guidelines outlined and referenced in this contingency plan.

Reference: Appendix B - Lee County Comprehensive Emergency Management Plan, Annex:C-6
- Mass Casualty Incident Plan

➔ Classification of MCI size - Appendix B page 5

(Use the response plan applicable for the respective declared level of the MCI.)

➔ Use the respective ICS flow charts in establishing command structure.

(Edison Parade IAP Attachments 1-3)

➔ For a declared MCI that is Level 2 or 3- further assistance will be required from LC EMS MedComs & 911 units.

These units will be requested from Unified Command to Lee Control.

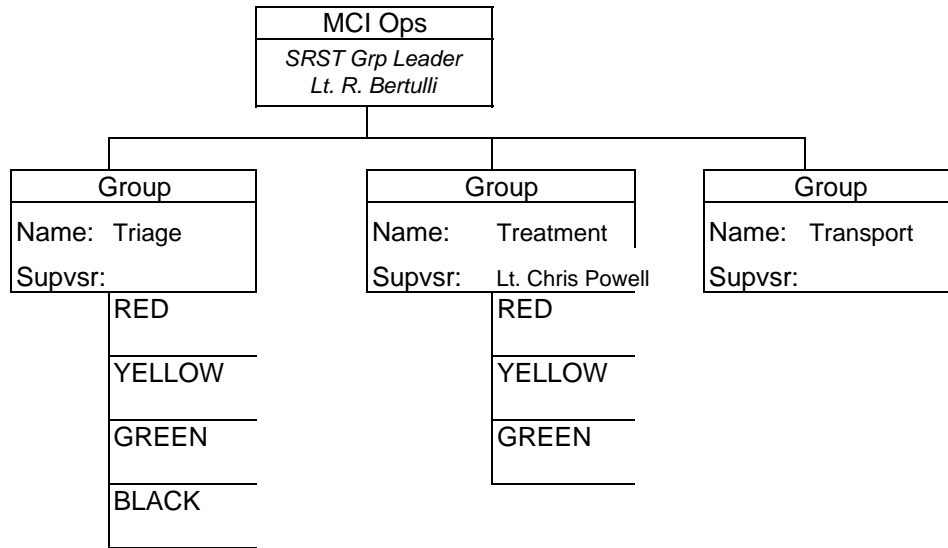
➔ ALL LCEMS 911 units requested to respond will report to the STAGING AREA and check in with the STAGING Officer.

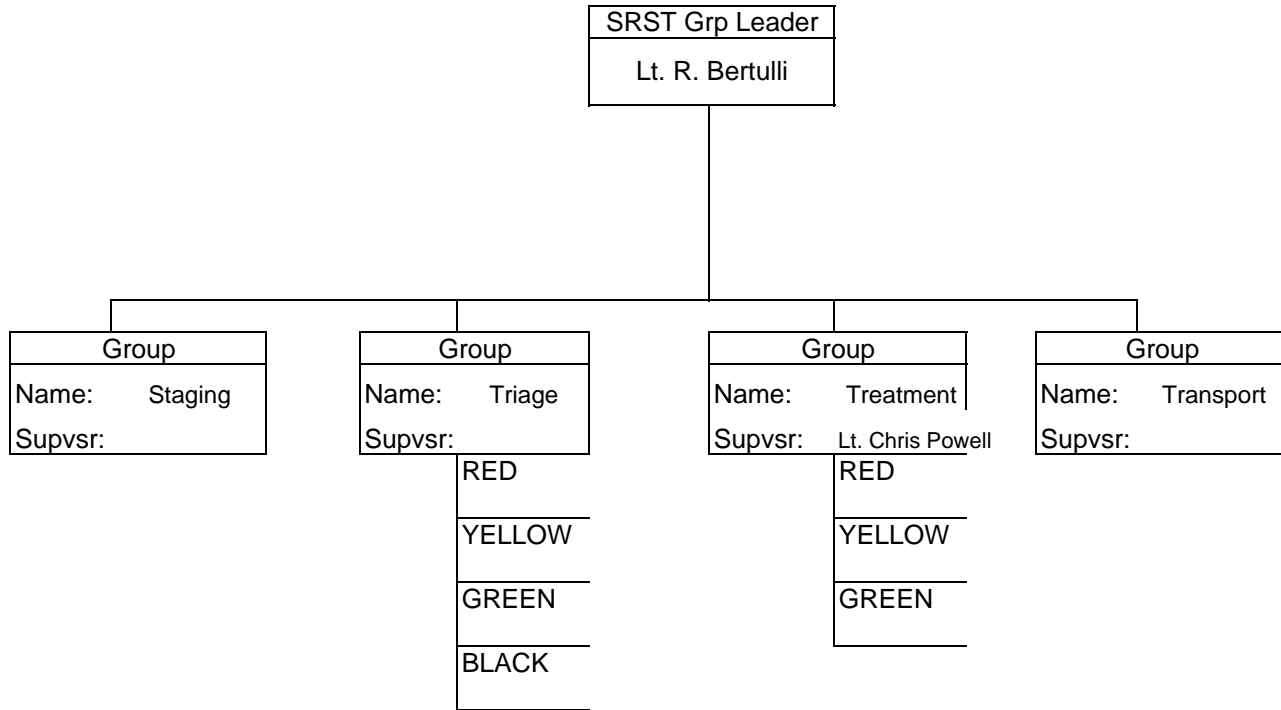
STAGING AREA - Parking Lot on the southeast corner of Fowler Street & Market Street

Helo Spot to be used will be the landing pad at D1.

--

(Attachment 1) MCI Level 1





* Will Be Assigned By Command

Lee County	Comprehensive Emergency Management Plan	Page 1 of 20
Annex: C-6		Date Issued: 09/2009
Revision:	Mass Casualty Incident Plan	Next Review: TBD
Prepared By: Lee County	on 12/11/2008	Approved By: J. A. Stakenburg
Revised By:	on 7/1/2009	Approval Date: 7/1/2009

PURPOSE:

To provide the Incident Commander with a basic expandable system for handling any number of patients in a mass casualty incident. The degree of implementation will depend upon the complexity of the incident.

APPLICABILITY:

This protocol applies to all agencies, departments, and organizations with mass casualty incident response tasks in Lee County, Florida.

TERMS and DEFINITIONS:

Strike Team is a combination of the same kind and type of resources with common communications and a leader. (i.e. ALS Transport Unit Strike Team consists of 5 ALS Transport Units with a leader and communications).

Task Force is a group of resources with common communications and a leader (i.e. MCI Task Force may be 2 Transport Units, 2 BLS Transport Units and 1 Suppression Unit with a leader and communications).

Litter Bearer is a team of personnel assigned to the Triage Officer to move victims from the incident site to the Treatment Area or Transport Units.

PROCEDURES:

It is the responsibility of all personnel to exercise the appropriate control dictated by his/her rank in the implementation of this guideline. All responding units are to report to the staging area(s) unless otherwise directed.

Incident Commander (IC): [Attachment A](#) #1

The first arriving unit will establish COMMAND. The Incident Commander will assess scene **Safety**, conduct a scene **Size-up**, approximate the number of victims and **Send** this information to Lee Control. The Incident Commander will then assign personnel to conduct **START/JumpSTART** Triage using ribbon triage. Primary triage results must be reported back to the Incident Commander. The Incident Commander will then assign personnel to begin to **Set-up** the Triage, Treatment and Transport areas.

Other resources would be assigned to the Triage Group Supervisor and/or the Treatment Group Supervisor as appropriate. The Incident Commander should also allow for accountability on the incident scene, which may include establishing a Safety Officer to handle personnel accountability.

As personnel arrive, the Incident Commander will utilize the Lee County Common MCI Tactical Worksheet (See [Attachment C](#)) as applicable and assign the functional responsibilities listed below. As additional crews arrive and do not have an immediate assignment, a staging area should be established and crews should avoid reporting to the incident scene.

The size of the incident will dictate the scale of the command structure. On small-scale incidents, an Operations Section Chief may be able to handle many of the roles listed under the Medical Branch Director below. On larger incidents, an Operations Section Chief may need to establish a Medical Branch Director to handle medical functions while other functions are handled by their

respective Group Supervisors (i.e. Fire Group, Extrication Group, and Law Enforcement Group) and managed by the Operations Section Chief.

Medical Branch Director: [Attachment A #2](#)

The MEDICAL function is utilized in larger events to maintain span of control. MEDICAL will assign appropriate functions and maintain the Status Report section of the MCI Tactical Worksheet, if not done by COMMAND. MEDICAL will also monitor the supplies and equipment required for the incident and should recommend establishing a Medical Supply Officer as necessary (Attachment A #6).

Triage Unit Leader: [Attachment A #3](#)

TRIAGE will direct "walking wounded" victims to a specific location or decontamination area as necessary. TRIAGE will direct personnel to triage and ribbon tag victims where they lay if the scene is safe. TRIAGE, in coordination with TREATMENT, will direct Litter Bearers to move victims from the incident site to the Secondary Triage/Treatment Area.

Treatment Unit Leader: [Attachment A #4](#)

TREATMENT will establish a centralized Secondary Triage/Treatment Area. TREATMENT will ensure personnel perform a rapid trauma survey / secondary triage on patients and apply a triage tag. If the incident size warrants, TREATMENT will designate a Treatment Team Manager for each color category. TREATMENT will advise TRANSPORT of victims requiring immediate transportation and COMMAND/OPERATIONS/MEDICAL as to any changes in the victim count.

Transportation Unit Leader: [Appendix A #5](#)

TRANSPORTATION will maintain communication with OPERATIONS/MEDICAL and TREATMENT. TRANSPORTATION is responsible for completing the Hospital Bed Status and the Hospital Transport Log sections of the MCI Tactical Worksheet. TRANSPORTATION will establish a Victim Loading Area accessible to the Secondary Triage/Treatment Area and coordinate the loading of patients by priority and destination to transport units. TRANSPORTATION will assign a hospital destination to each transporting unit and provide verbal or written travel instructions. They will request additional transport units from STAGING.

Because HIPAA restricts the sharing of information, it is recommended that representatives from other affected organizations (local school board, airlines) be partnered with TRANSPORTATION to record information for their own use.

Staging Area Manager: [Attachment A #7](#)

STAGING will maintain the Staging Area established by COMMAND or establish a location and notify Lee Control to direct all incoming units. STAGING will coordinate with TRANSPORT to identify the need for additional resources and direct resources as they depart the Staging Area. STAGING will maintain the Ambulance Resources section of the MCI Tactical Worksheet and a reserve of ALS/BLS transport units. As resources are deployed, STAGING will advise COMMAND, OPERATIONS, or MEDICAL as appropriate.

Standard Triage Methods

The method of initial field triage to be utilized is the START (Simple Triage and Rapid Treatment) method for adult patients and Jump START for pediatric patients, ages 8 and under.

Ambulatory patients are initially directed to a designated treatment area where they will be assessed and re-triaged as personnel become available. For all remaining patients, triage personnel quickly move from patient to patient, using START and Jump START to assess and apply color-coded triage ribbons.

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 who are able should be asked to assist with others.

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

- Patients are accounted for and quickly triaged (START/JumpSTART)
- Triage ribbons are applied.

Non-ambulatory patients are removed from the scene and placed in the Secondary Triage/Treatment Area by litter bearers. Deceased victims are tagged black and left where they are found unless movement is required to access live patients.

Contaminated Patients

When patients have been exposed to a hazardous agent or atmosphere, initial triage will occur in the hot or warm zone. As the patients come through decontamination, they will be taken to the Secondary Triage/Treatment Area for further assessment and re-triage.

The Secondary Triage/Treatment Area

Patients are continuously reevaluated. Patients arriving from the incident scene are prioritized for treatment using the Rapid Trauma Assessment method (Secondary Triage) and a triage tag is applied.

Patients are placed in the Secondary Triage/Treatment Area and emergency medical care is provided on the basis of the triage priority.

- Separate areas are created in the Treatment Area for Immediate (Red), Delayed (Yellow), and Minor (Green) injured patients.
- A separate isolated area (Temporary Morgue) is created for victims who die in the Secondary Triage/Treatment Area.

Personnel, equipment, and medical care resources are allocated to patients based on the triage priority.

The Transportation Area

Emergency Departments need to be contacted early in the incident to obtain information to assist with the most appropriate patient distribution to medical facilities. EMS Shift Command will contact the hospitals and use EMS systems' web-based tracking or current system to retrieve bed availability and notify hospitals of incident.

Transportation resources are assigned based on triage priority.

Patients are transported to the most appropriate medical facility by the most appropriate means available. Emergency medical care is continued en route to the hospital. Patient movements are documented on the Hospital Transport Log and Hospital Bed Status Worksheet.

Concluding the Incident

At the end of the incident, the Incident Commander should plan for demobilization of resources. This may be tasked to the Planning Section, if established. Conducting a hot wash and activating CISD are other considerations for the Incident Commander.

Attachment A

MCI Functional Positions

COMMAND

MCI PROCEDURE

- Don the appropriate vest and use the radio designation "COMMAND". Establish the Command Post in a safe, visible and fixed location uphill and upwind. Consider assigning an aide. If WMD involved also use Attachment #8
- Perform the initial size-up including wind direction. Determine any special needs such as fire suppression, HAZMAT, extrication, etc. and request additional units as needed.
- Approximate the number of victims and category of injury (trauma, burns, smoke inhalation, etc.)
- Advise Lee Control the initial patient count (estimate).
- Establish Staging Area as soon as possible, request additional units as needed. (consider HAZMAT, USAR, extrication, Aero medical Transport)
- Assign positions to perform the following functions as needed and if available:
 - MEDICAL BRANCH
 - TRIAGE
 - Litter Bearers
 - TREATMENT
 - RED, YELLOW, GREEN Treatment Managers
 - TRANSPORT
 - Documentation Aide
 - Medical Communication Coordinator
 - STAGING
 - MEDICAL SUPPLY, REHAB, SAFETY, DECON, EXTRICATION, PIO etc.
- Advise Lee Control of the exact number of victims and their categories once reported from TRIAGE.
- Request law enforcement for security for all areas, traffic control and access for emergency vehicles.
- When applicable, have a liaison for each involved agency at the Command Post. Some examples would include: Law Enforcement, Medical Examiner, Emergency Management Agency, Occupancy owner/representative, etc.
- If the incident is due to a known or suspected WMD/terrorist event refer to WMD Attachment #8.

(Paper color – White)Two sided (Predetermined Response Plan on back)

MCI PROCEDURE

*****THIS PAGE IS FROM THE STATE PLAN*****

Predetermined Response Plan (For the back of COMMAND and MEDICAL)

MCI LEVEL 1 (5-10 victims)

4 ALS Transport Units 1 Shift Supervisor
2 Suppression units 1 EMS Supervisor

NOTE: Lee Control will notify all Lee County hospitals and acquire bed status.

MCI LEVEL 2 (11-20 victims)

6 ALS Transport Units 2 Shift Supervisors
3 Suppression units 2 EMS Shift Supervisors

NOTE: Lee Control will notify all Lee County hospitals, acquire bed status, and notify Lee County Emergency Management.

MCI LEVEL 3 (21 - 100 victims)

8 ALS Transport Units 3 Shift Supervisors Supply Trailer
4 Suppression Units 3 EMS Shift Supervisors
Command Vehicle Operations Chief

NOTE: Lee Control will notify all Lee, Collier, and Charlotte County hospitals, acquire bed status, and notify Lee County Emergency Management

MCI LEVEL 4 (101 – 1000 victims)

5 MCI Task Forces (25 units) 2 ALS Transport Strike Teams (10 units)
1 Suppression Unit Strike Team (5 units) 5 Shift Supervisors
2 BLS Transport Strike Teams (10 units) 3 EMS Shift Supervisors
2 Mass Transit Buses 1 EMS Chief
Command Vehicle Operations Chief
2 Supply Trailers Communications Trailer

Note: The 10 closest hospitals & 5 Trauma Centers to the incident will be notified by Medical Control. The County Warning Point will notify the Emergency Management Agency. In an on-going long term MCI the Metropolitan Medical Response System (MMRS) and the Disaster Medical Assistance Team (DMAT) may be notified.

MCI LEVEL 5 (over 1000 victims)

10 MCI Task Forces (50 units) 4 ALS Transport Strike Teams (20 units)
2 Suppression Unit Strike Team (10 units) 10 Shift Supervisors
4 BLS Transport Strike Teams (20 units) 6 EMS Shift Supervisors
4 Mass Transit Buses 2 EMS Chiefs
2 Command Vehicles 2 Operations Chiefs
4 Supply Trailers Communications Trailer

Note: The 20 closest hospitals & 10 Trauma Centers to the incident will be notified by Medical Control. The County Warning Point will notify the Emergency Management Agency.

In an on-going long term MCI the MMRS, DMAT, International Medical & Surgical Response Team (IMSuRT) and the Medical Reserve Corp (MRC) may be notified.

Strike Team = 5 of the same type of units including common communications and leader

Task Force = 5 different types of units including common communications and leader

MCI Task Force = May be 2 ALS Transport units, 2 BLS Transport Units, 1 Suppression Unit including common communications and leader

MEDICAL

MCI PROCEDURE

#2

- Don the appropriate vest and use the radio designation “MEDICAL”.
- Establish in a safe, fixed and visible location or co-join command post.
- Utilize the Lee County Common MCI – Tactical Worksheet / board.
- Verify that COMMAND has requested appropriate number of units.
- Assign the following functions, If not done by COMMAND.
 - TRIAGE
 - Litter Bearers
 - Medical Examiner Personnel
 - TREATMENT
 - RED, YELLOW, GREEN Treatment Managers
 - TRANSPORT
 - Documentation Aide
 - Medical Communication Coordinator
 - STAGING
 - Medical Supply Officer
- Advise Lee Control of the exact number of victims and their categories once reported from TRIAGE.
- Determine amount and type of additional medical supplies needed, consider Medical Supply Officer.
- If the incident is due to a known or suspected WMD/terrorist event refer to WMD Attachment #8.

(Paper color – Blue) Two-sided (Predetermined Response Plan)

TRIAGE MCI PROCEDURE

- Don the appropriate vest and use radio designation "TRIAGE".
- Assign personnel to triage the "walking wounded". Use bullhorn/PA system to direct victims to a specific location or to decon area if needed.
- Direct personnel to triage and tag victims where they lie if the scene is safe.
- Prioritize victims using colored triage ribbons.
- Request Litter Bearer Teams from COMMAND/MEDICAL to assist with movement of victims from the incident site to the Secondary Triage/Treatment Area. Coordinate movement with the TREATMENT Officer.
- Victims that are black tagged/deceased should be left where they are found and notify the medical examiner/law enforcement.
- Report to COMMAND or MEDICAL (depending on size of event) the number and category of victims.
- Ensure that all areas of the incident have been checked for victims and that all victims have been triaged.
- Once triage is completed contact COMMAND or MEDICAL for further assignment.
- If victims are contaminated, Use the Disaster Management System (DMS) All Risk Triage tag to identify victims contaminated, and any antidotes administered. Have victims remove clothing and place in bags use ID strip from All Risk Triage tags to label; have law enforcements secure items.
- If the incident is due to a known or suspected WMD/terrorist event refer to WMD Attachment #8.

(Paper color – Yellow)

TREATMENT MCI PROCEDURE

- Don the appropriate vest and use the radio designation "TREATMENT".
- Direct personnel to either begin treatment on victims where they lie OR establish a centralized Secondary Triage/Treatment Area. Ensure security with Law Enforcement.
- Coordinate the movement of victims into the Secondary Triage/Treatment Area with the Litter Bearers.
- Consider obtaining a Documentation Aide to assist with paperwork.
- Request additional medical supplies as necessary from the MEDICAL SUPPLY Coordinator.
- Ensure personnel perform a secondary triage and tag victims with a DMS triage tag. Personnel will then remove the colored ribbon.
- If the incident size warrants it designate a "Treatment Team Manager" for each color category. (RED, YELLOW, GREEN).
- Advise TRANSPORT of victim(s) requiring immediate transportation.
- Advise COMMAND or MEDICAL as to any changes in the victim count.
- If victims are contaminated, Use the Disaster Management System (DMS) All Risk Triage tag to identify victims contaminated, and any antidotes administered. Have victims remove clothing and place in bags. Use the ID strip from DMS All Risk Triage tags to label the bag and request law enforcement to secure items. After decon is completed remove the pink contamination strip from DMS All Risk Triage tag (gross decon as a minimum).
- If the incident is due to a known or suspected WMD/terrorist event refer to WMD Attachment #8

(Paper color – Red)

TRANSPORT

MCI PROCEDURE

- Don the appropriate vest and use the radio designation "TRANSPORT".
- Obtain a Medical Communication Coordinator to maintain continuous communication with Medical Control and document the hospital information on the Hospital Capability Worksheet.
- Obtain a Documentation Aide(s) to record the triage tag numbers, victim name, age/sex, transporting unit and hospital destination for each victim on the Hospital Transport Log. Keep top portion and one color portion of tag.
- Establish a Victim Loading Area accessible to the Secondary Triage/Treatment Area and preferably having clear entry and exit points.
- Consult with TREATMENT on the amount and priority of victims.
- Coordinate the loading of patients by priority to transport units and helicopter if needed. Coordinate with the Helispot Manager.
- Assign 2-3 victims to each unit, ensuring adequate transport crew. The severity of victims should be mixed if multiple victims are assigned to a unit.
- Assign a hospital destination to each transporting unit; provide verbal and/or written travel instructions.
- Request additional transport units from STAGING.
- If the incident is due to a known or suspected WMD/terrorist event refer to WMD Attachment #8. Transport decontaminated victims only. Ensure the pink contamination strip from the DMS All Risk Triage tag is removed after the victim has been decontaminated (gross decon as a minimum).

(Paper color – Green)

STAGING MCI PROCEDURE

- Don the appropriate vest and use radio designation “STAGING”.
- Maintain Staging Area established by COMMAND or establish a location and notify Lee Control to direct all incoming units.
- Establish a visible location in the Staging Area.
- Maintain the Ambulance Resources section of the MCI Tactical Worksheet or ICS 211 Form.
- Ensure that personnel stay with their vehicle unless otherwise directed.
- Organize arriving units, keep like units together. If personnel leave their vehicle keep the keys with each vehicle.
- Have arriving units put ‘BLS’ or ‘ALS’ on their front windshield using a marker, sign or tape.
- Coordinate with TRANSPORT the need for units and direct units to the victim loading area.
- Maintain a reserve of ALS/BLS transport units. Should this go down, advise COMMAND.

(Paper color – Orange)

MCI - WMD/Terrorist Event

#8

MCI PROCEDURE

Enroute

- Request additional resources. Examples are: HAZMAT, USAR, decon trailer, MCI trailers.
- Use the DOT Emergency Response Guidebook (ERG) recommendations; Use the Florida Incident Field Operations Guide (FOG) book, and/or Emergency Response to Terrorism Job Aid.
- Approach cautiously; from uphill/upwind if possible. Establish a safe staging area early. Do not use radios/cell phones in close proximity to suspicious devices (within 500ft).
- Park a safe distance from an identified hazard or area that could endanger personnel or equipment. Use binoculars, look for unusual sights, sounds and be prepared to relocate if odor/cloud/casualties are noted. Consider the victim's reported signs, symptoms and mechanism.
- Consider secondary devices, and request law enforcement to sweep the area for a secondary device.

On-Scene

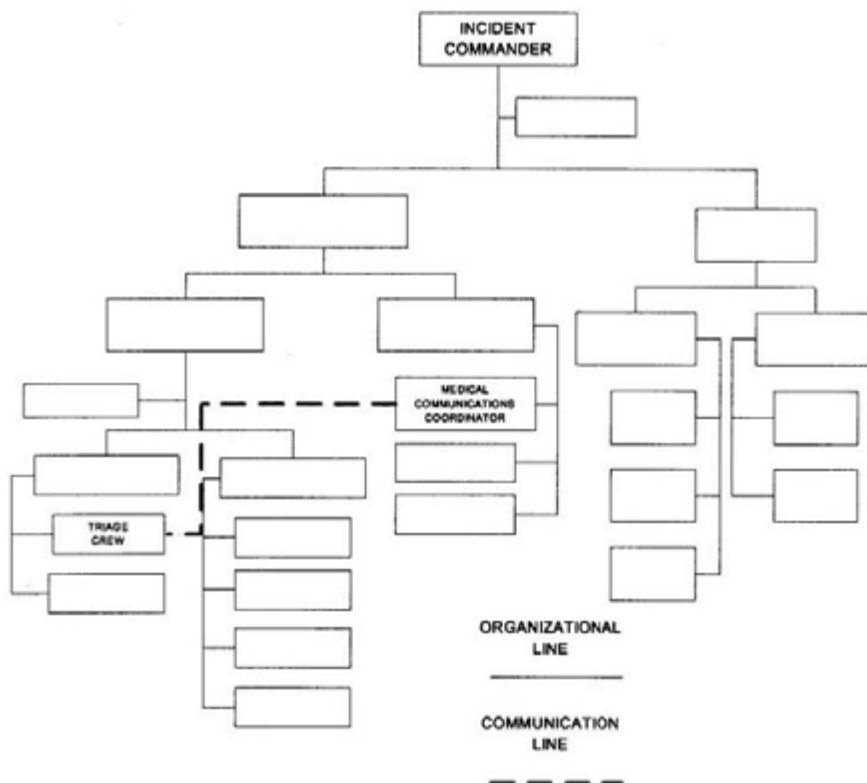
- Establish Command, be prepared to establish a Unified Command with all agencies having jurisdiction and assess the security of the command post.
- Initiate an on-scene size up and hazard risk assessment, continually size up the incident, evaluate hazards and risks.
- Establish an incident perimeter - Secure the scene, deny entry, with the assistance of HAZMAT establish control zones (Hot, Warm, Cold). Request Law Enforcement to assist with the safety parameter.
- Direct victims using bullhorns/PA systems to gross decon area use large volumes of water at low pressure (elevated master streams, hose lines, showers, sprinkler system, etc.).
- Ensure personnel wear proper PPE (consult with HAZMAT/Poison Control Center as needed)
- If needed use a HAZMAT/WMD antidote kit from. If a MARK 1 or CANA (valium) auto injector is administered verify type and amount of antidote given. Write this information on the Disaster Management System (DMS) All Risk Triage tag.
- For contaminated victims -use the DMS All Risk Triage tag to identify victims contaminated, direct the victims to remove all clothing and place in bags, use ID strip from DMS All Risk Triage tags to label; and request law enforcement to secure. Preserve evidence, if found notify law enforcement.
- Notify hospitals/Medical Control of HAZMAT hazard, antidotes given and degree of decontamination completed. Transport decontaminated victims only. Ensure the pink contamination strip from the DMS tag has been removed after the victim has been decontaminated (gross decon at a minimum).

Emergency Evacuation Procedure – The term “Emergency Traffic” shall be used to clear radio traffic. The communication center will sound a radio alert tone followed by clear text identifying the type of emergency. If an evacuation is warranted the Incident Commander (IC) shall designate a specific vehicle(s) to sound the evacuation signal. The signal will consist of repeated short blasts of the air horn for approximately 10 seconds, followed by 10 seconds of silence this will be done 3 times. Following this the IC should conduct a Personal Accountability Report (PAR)

Attachment B

MCI Modular Development

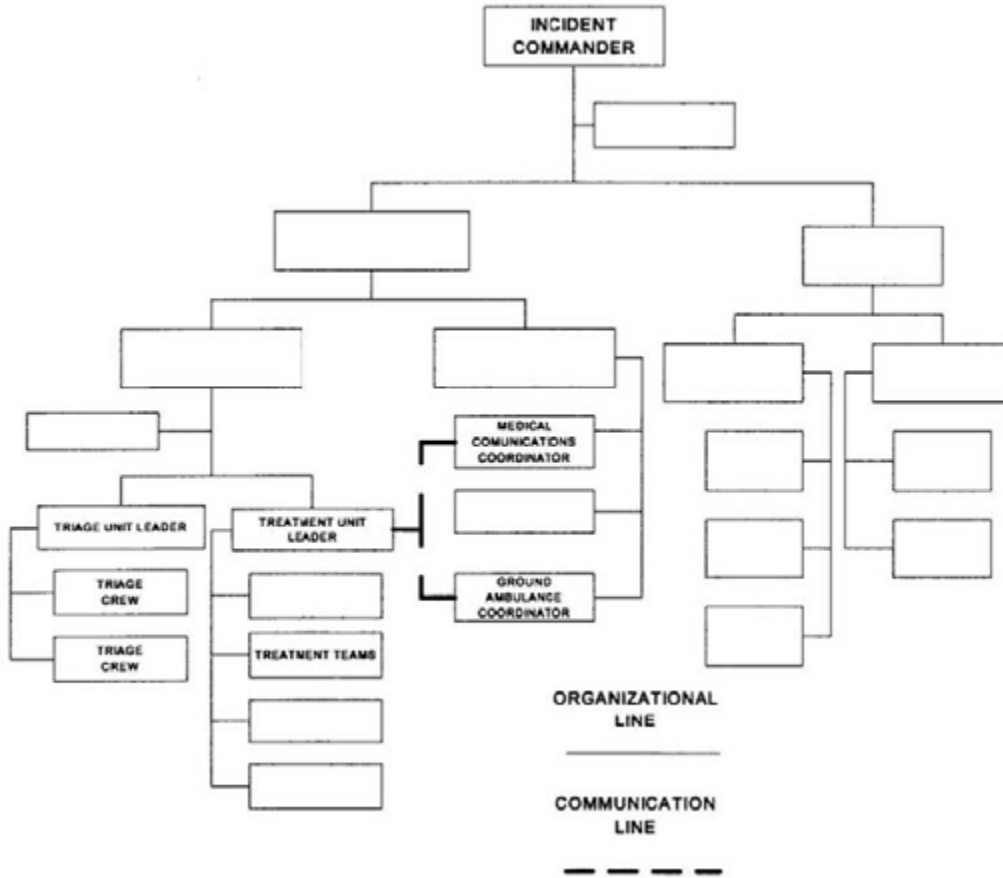
INITIAL RESPONSE ORGANIZATION CHART



Initial Response Organization

Initial response resources are managed by the Incident Commander, who will handle all Command and General Staff responsibilities. The first arriving resource with the appropriate communications capability should establish communications with the appropriate hospital or other coordinating facility and become the Medical Communications Coordinator. Other first arriving resources would become Triage Crew.

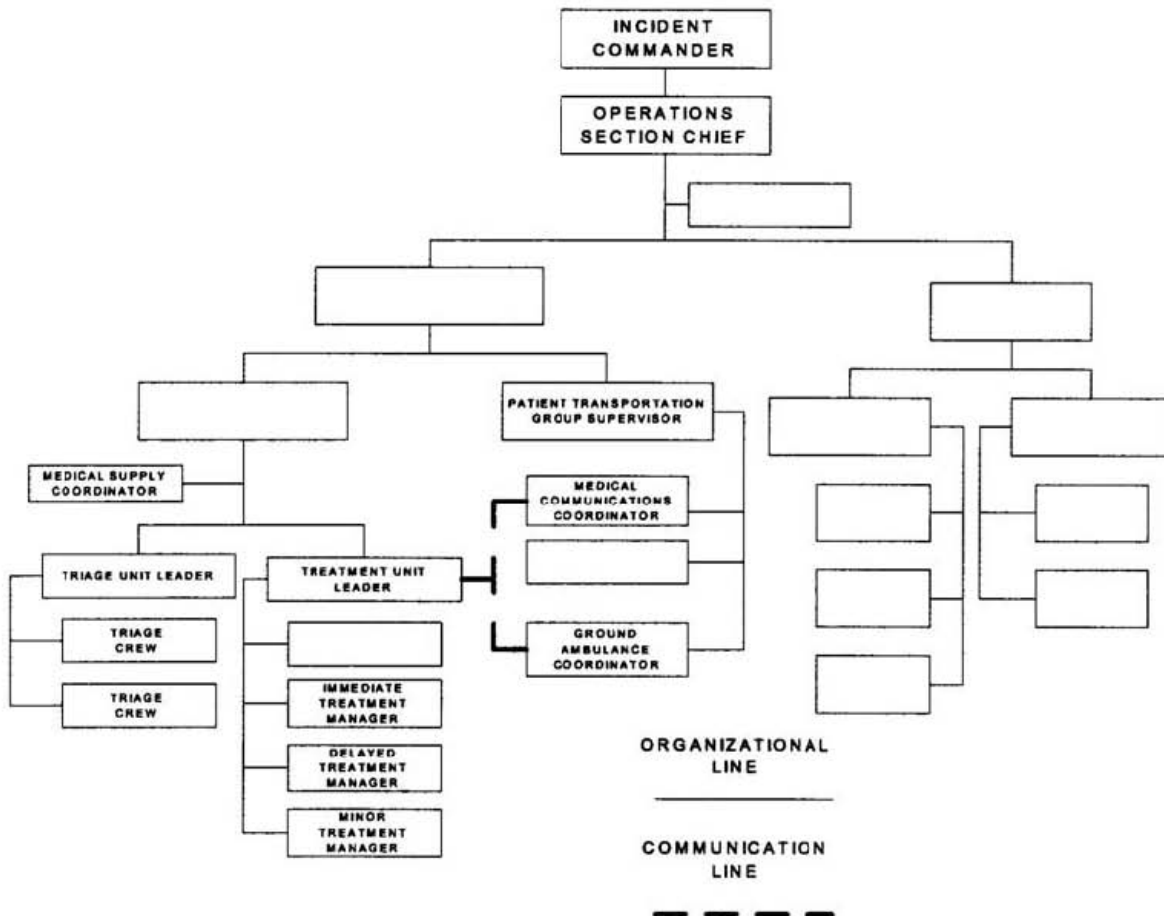
REINFORCED RESPONSE ORGANIZATION CHART



Reinforced Response Organization

In addition to the initial response, the Incident Commander designates a Triage Unit Leader, a Treatment Unit Leader, Treatment Teams, and a Ground Transport Coordinator.

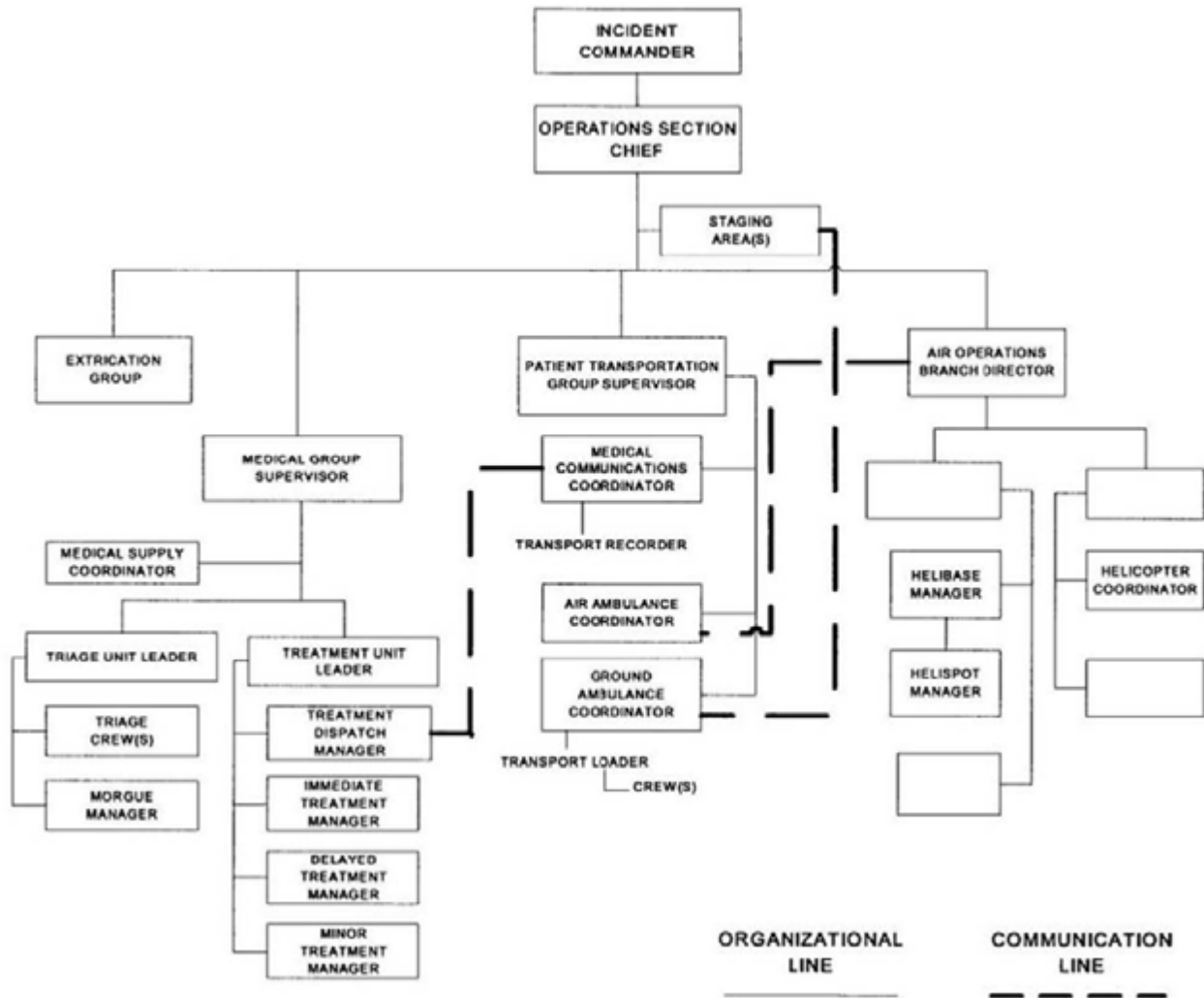
MULTI-LEADER RESPONSE ORGANIZATION CHART



Multi-Leader Response Organization

The Incident Commander has now established an Operations Section Chief, who has in turn established a Medical Supply Coordinator, a Manager for each treatment category, and a Patient Transportation Group Supervisor. The Patient Transportation Group Supervisor was needed in order for the Operations Section Chief to maintain a manageable span of control, based on the assumption that other operations are concurrently happening in the Operations Section.

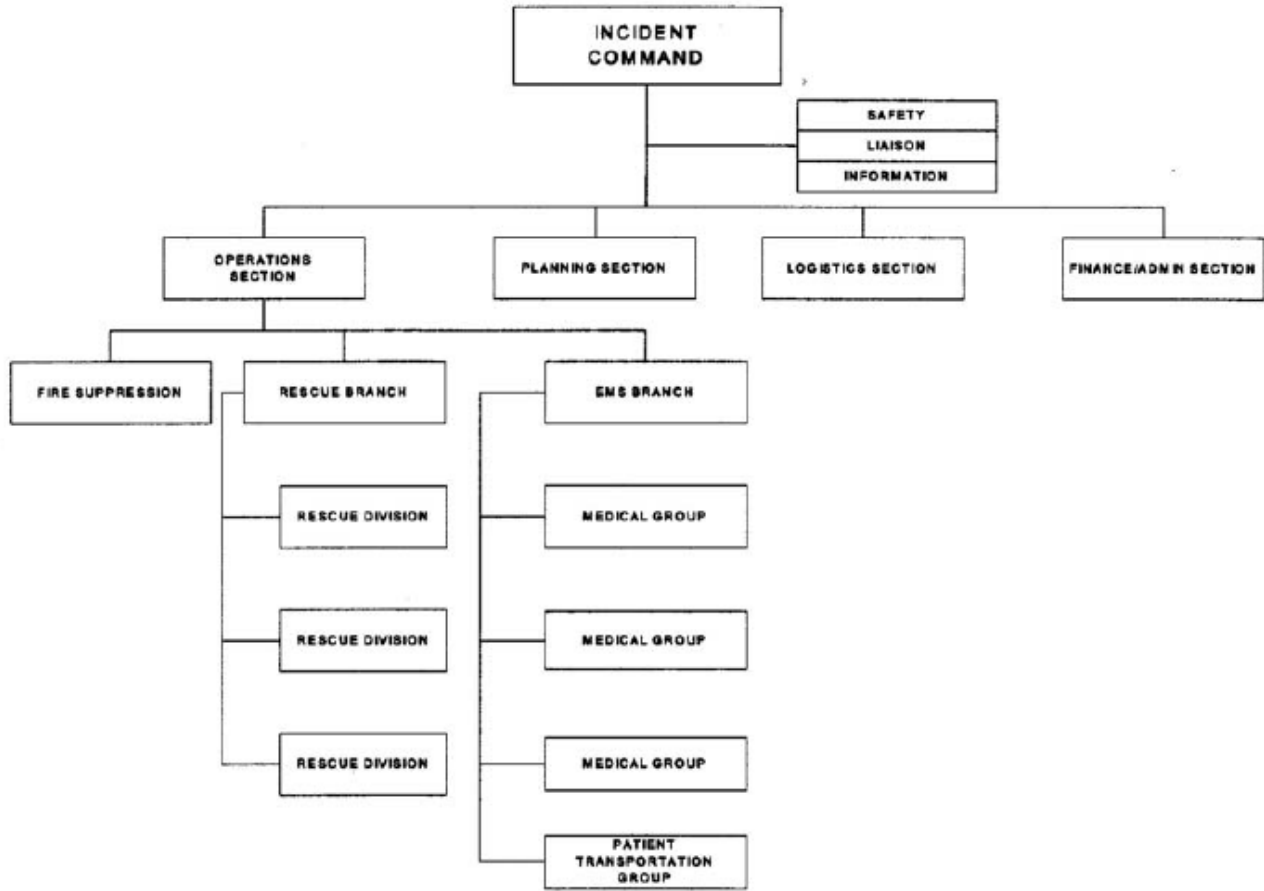
MULTI-GROUP RESPONSE CHART



Multi-Group Response

All positions within the Medical Group and Patient Transportation Group are now filled. Air Operations Branch is shown to illustrate the coordination between the Air Transportation Coordinator and the Air Operations Branch. Extrication Group is freeing trapped victims.

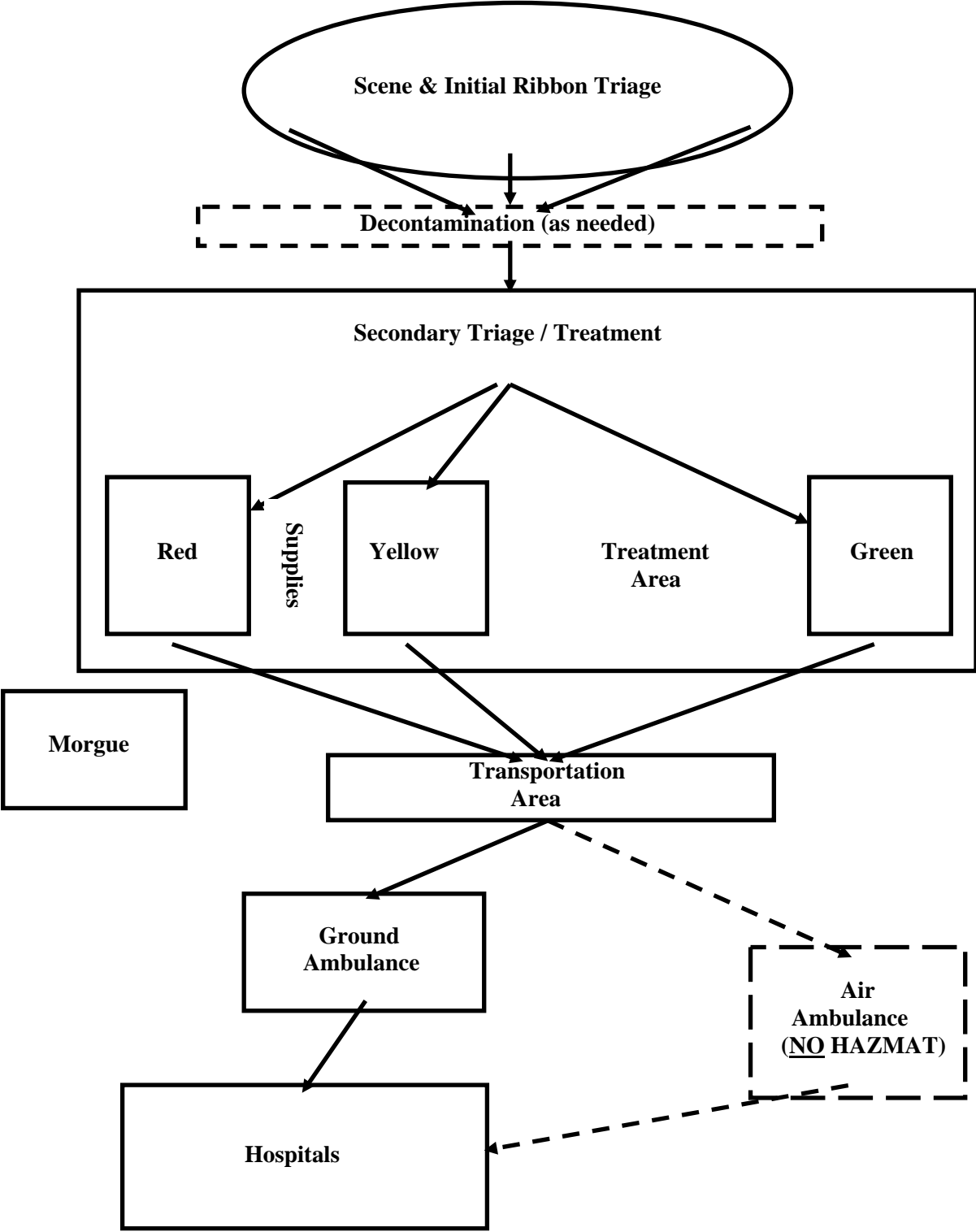
MULTI-BRANCH ORGANIZATION CHART



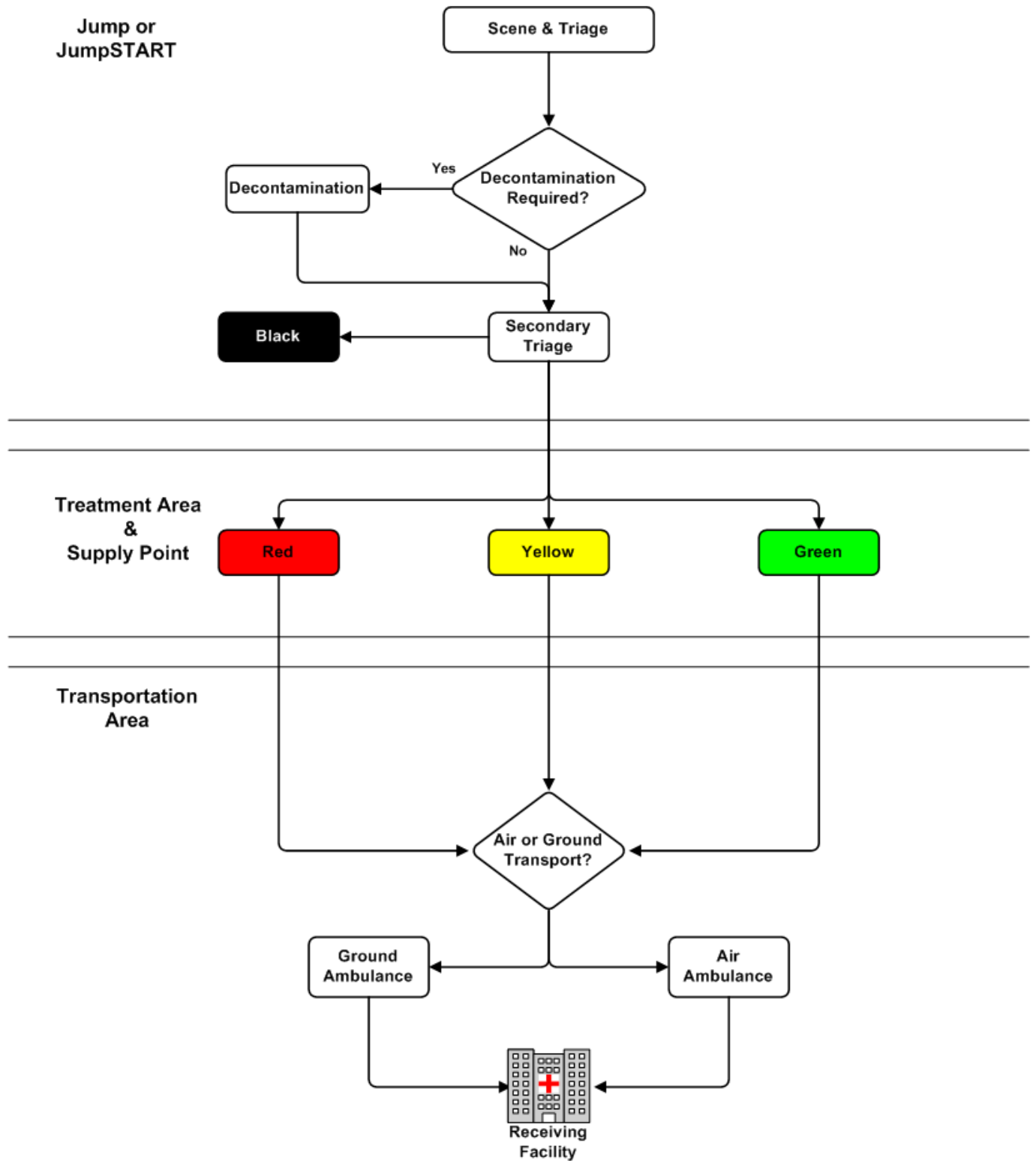
Multi-Branch Organization

The complete incident organization shows the EMS Branch and other Branches with which there might be interaction. The EMS Branch now has three (3) Medical Groups (geographically separate) but only one Patient Transportation Group. This is because all patient transportation must be coordinated through one point to avoid overloading hospitals or other medical facilities.

MCI Patient Flow Diagram



MCI Patient Flow Chart



Attachment C

LEE COUNTY COMMON M.C.I. - TACTICAL WORKSHEET