Chapter 10B—Mass Casualty

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Chapter 10B

Mass Casualty

Definition

The purpose of this portion of *the Florida Operations Guide* (FOG) is to define the organizational plan to efficiently triage, treat, and transport victims of multiple/mass casualty incidents (MCIs). In addition, it contains additional health and medical resources to manage a variety of incidents. This procedure is intended for incidents involving a number of injured that exceeds the capabilities of the first arriving unit(s). This portion of the *Florida Operations Guide* is intended to enhance the local jurisdiction's ability to transition from MCI response protocols contained in the *Uniform Pre-Hospital Multiple Casualty Incident Procedure* to large-scale incidents involving overwhelming numbers of sick and/or injured casualties not addressed by the *Uniform Pre-Hospital Multiple Casualty Incident Procedure*.

The Multi-Casualty Branch Structure is designed to provide the Incident Commander with a basic expandable system for handling any number of patients in a multi-casualty incident.

Modular Development

The Initial Response Organization will be in accordance with *Uniform Pre-Hospital MCI Initial Response Procedure* currently in use by many public and private agencies in the State of Florida.

Initial response resources are managed by the Incident Commander who will administer 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.

Uniform Pre-Hospital Multiple Casualty Incident (MCI) Procedure Predetermined Response Plan

An MCI will be classified by different levels depending on the number of victims. The number of victims will be based on the initial size-up, prior to triage.

MCI Level 1 (5-10 Victims): Four (4) Advanced Life Support (ALS) Transport Units, two (2) Engine Companies (or equivalent), and Command Staff per local protocol.

NOTE: The Incident Commander or local Communications Center will notify the two nearest hospitals and the nearest Trauma Center.

MCI Level 2 (11-20 Victims): Six (6) ALS Transport Units, three (3) Engine Companies (or equivalent), and Command Staff per local protocol.

NOTE: The Incident Commander or local Communications Center will notify the three nearest hospitals, Trauma Center and local Emergency Management Office.

MCI Level 3 (21-100 Victims): Eight (8) ALS Transport Units, four (4) Engine Companies (or equivalent), and Command Staff per local protocol.

NOTE: The Incident Commander or local Communication Center will notify the four closest hospitals, Trauma Center and local Emergency Management Office.

MCI Level 4 (101-1000 Victims): Five **(**5) MCI Task Forces (25 units—each TF may consist of two (2) ALS Units, two (2) Basic Life Support (BLS) Units and one (1) Fire Suppression Unit, two (2) ALS Transport Unit Strike Teams (10 units), one (1) Suppression Unit Strike Team (5 units), two (2) BLS Transport Unit Strike Teams (10 units), two (2) Mass Transit Bus Supply Trailers, Communication Trailer, and Command Staff per local protocol). The 10 closest hospitals and 5 Trauma centers will be notified by Medical Control. The local Warning Point will notify the Emergency Management Agency. Metropolitan Medical Response System (MMRS) may be notified.

MCI Level 5 (over 1,000 Victims, or when regional resources are overwhelmed or exhausted): Ten **(**10) MCI Task Forces (50 units), four (4) ALS Transport Unit Strike Teams (20 units), two (2) Suppression Unit Strike Teams (10 units), four (4) BLS Transport Unit Strike Teams (20 units), four (4) Mass Transit Bus Command Vehicles, Supply Trailer(s), Communication Trailer Command Staff per local protocol, Medical Control will notify the 20 closest hospitals and 10 Trauma centers. The local Warning Point will notify the State Warning Point, which may activate one or more. Disaster Medical Assistance Teams (DMAT) and MMRS shall be notified.

The following structures are also contained in the FEMA Field Operations Guide (HYPERLINK) along with position descriptions.

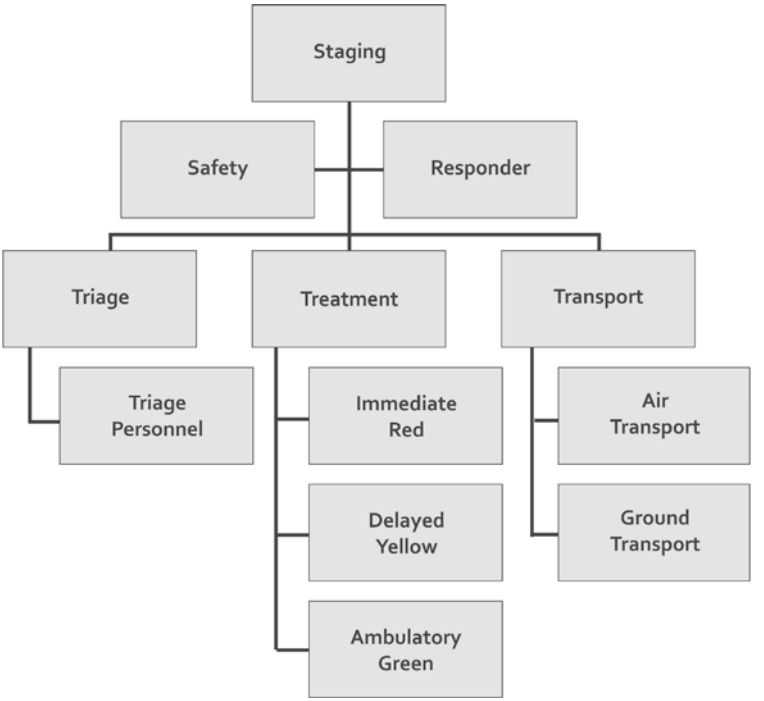
Multi-Casualty ICS Forms

The forms listed below may be used in addition to the adopted forms utilized in the *Uniform Pre-Hospital Multiple Casualty Incident Procedure Predetermined Response Plan*.

Figure 30 – Multi Casualty ICS Forms

ICS-MC-305	Multi-Casualty Branch Worksheet
ICS-MC-306	Multi-Casualty Recorder Worksheet
ICS-MC-308	Multi-Casualty Hospital Resource Availability
ICS-MC-310	Multi-Casualty Ambulance Resource Status
ICS-MC-312	Medical Supply Receipt and Inventory Form

Figure 31 – Uniform Pre-Hospital MCI Initial Response Procedure Multi-Branch Response



Multi-Branch Response

Responders will utilize the basic Simple Triage and Rapid Treatment (START) and JUMPSTART (triage of children) protocols to assess victims and fatalities at the scene.

Field Caches

The State has caches of a variety of medical countermeasures in differing amounts throughout the State. These include mass casualty supplies, biological treatment and prophylaxis, chemical interventions and radiological treatment. The local RDSTF has knowledge of these countermeasures and should be contacted in an event for deployment. For rapid deployment of Medical Examiner/morgue assistance, the Florida Emergency Mortuary Operations Response Team (FEMORS) will assist. They can be deployed through ESF-8. This team will provide assessment, fatality management and tracking, medical examiner assistance and remains preparation, and have the capability of providing a family consultation and identification group.

Mass casualty events that are not crash or explosion related (biological, radiological) will require specialized medical technical assistance.

Radiological—The environmental aspects of the incident are managed by Department of Environmental Protection (DEP) and Florida Department of Health (DOH). However, the medical management and subsequent, decontamination and counter measure guidance requires specialized medical assistance and not necessarily local hospital assets. The FDOH can provide a Medical

Advisory Group to assist in this phase of the operation while DEP/FDOH handles the environmental component.

Biological—Biological agents require additional assessment for the appropriate medical countermeasures. Remember that a biological agent requires an incubation period, and therefore, careful medical assessment can occur prior to treatment. Consultation with State assets from the FDOH and their use of the Centers for Disease Control (CDC) should occur prior to dispensing of any countermeasure.

In an explosive event, one should keep in mind that a terrorist bomber may be personally infected with an agent or may have contrived the weapon and therefore their blood/bone shards can transmit diseases. To assure that appropriate medical countermeasures can be provided in a timely manner, a sample of the attackers' blood must be expedited to the nearest medial laboratory for analysis of Hepatitis B or HIV. Contact the local Health Department for assistance in this matter.

Chemical—Chemical responses are managed through the protocols established for the HazMat teams and should be followed. Follow-up treatment and countermeasures should occur through the Unified Command (see chapter 9C for further information on Command Structures).

HEALTH & MEDICAL

Emergency Support Function (ESF)-8 Overview

Primary Agency: Florida Department of Health

Support Agencies: Agency for Health Care Administration, American Red Cross, Department of Agriculture and Consumer Services, Department of Business and Professional Regulation, Department of Elder Affairs, Department of Environmental Protection, Department of Law Enforcement, Department of Military Affairs, Department of Children & Families, Florida Wing Civil Air Patrol, Florida Funeral Directors Association, U.S. Department of Energy.

Purpose

The Florida Department of Health (DOH) has been designated as the lead State agency for ESF-8 and, in this capacity coordinates the State's health, medical and limited social service assets in the event of a major natural or man-made disaster. ESF-8 operates within the Florida Division of Emergency Management in support of county emergency management or regional Multi-Agency Coordination Groups (MACS). ESF-8 operations are in consonance with the National Incident Management System (NIMS). To accomplish this goal ESF-8 oversees the emergency management functions of preparedness, recovery, mitigation, and response with all agencies and organizations that carry out health or medical services.

ESF-8 coordinates and manages overall public health response, triage, treatment, and transportation of victims of a disaster; assistance in the evacuation of victims out of the disaster area after the event; immediate support to hospitals and nursing homes; provision of emergency behavioral health crisis counseling for individuals and the community and the re-establishment of all health and medical systems. Assistance in pre-event evacuation may also be provided whenever patients or clients of the State and DOH are affected, or pre-established plans for any health care institution have failed.

Responsibilities

The following ESF-8 services provide the framework upon which the Department supports any emergency or disaster incident occurring in Florida:

a. Assessment of health and medical needs
b. Coordination of disease control/epidemiology investigation response
c. Assistance to health care agencies and county special needs shelters in locating and providing health/medical care personnel
d. Assistance to and coordination of Emergency Medical Services (EMS) (pre-hospital)
e. Coordination of patient evacuation
f. Coordination with the Agency for Health Care Administration (AHCA) to ensure in-hospital and nursing home care is maintained
g. Assurance of food and drug safety, and availability of certain food and drugs
h. Coordination of Critical Incident Stress Debriefing (CISD) for all responders, health and safety
i. Coordination of radiological/chemical/biological hazard surveillance and control
j. Coordination of public health information
k. Coordination of environmental health issues: vector monitoring/control, water potability, and disposal of sewage, wastewater, and solid waste
l. Assurance of victim identification/mortuary service

Common Interface:

All responding/deployed staff report to the Incident/Unified Commander (during a statewide event the IC may be located at the State Emergency Operations center – SEOC). Refer to Page 18-10:

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MASS CASUALTY

- Assess for needed public health and Emergency Medical Services (EMS) activities.
- Establish communications with County (local) ESF-8.
- Establish communications with State DOH Duty Officer.
- Alert hospital system to possible influx of patients (with AHCA).
- Determine individual hospital operational status (with AHCA).

EMS Interface:

Patient Care:

- Identify gaps in needs and services for patients and systems.
- Assure patient care tasks completed.
  - Triage, treatment, decontamination, transport, patient tracking.
- Work with AHCA to determine individual hospital operational status.

Communicate Identified Resource Needs:

- Inform Incident Commander
- Inform County/State EOC (ESF-8)

Public Health Interface:

Assist Planning or Operation Section:

- Provide advice regarding chemical, biological, and radiological agents, Personal Protective Equipment (PPE), evacuation, sheltering-in-place, & decontamination.
- Provide advice to responders on assist in entry and sample collection.

Receive Sample Agents if Appropriate:

- Advise responders on appropriate packaging and documentation.
- Arrange for transportation to appropriate laboratory.
- Provide advance notification to lab.

Identify Requirements for Specialists/Resources:

- Personnel to record contact information (Epidemiology)
- Disaster Community Health Assessment Teams (DCHAT)
- Disaster Medical Assistance Teams (DMAT)
- Disaster Mortuary Operational Response Teams (DMORT & FEMORS)
- Environmental Health Specialists
- Epidemiology/surveillance
- Laboratories
- Radiation Control
- Regional Emergency Response Advisors (RERA)
- Strategic National Stockpile(SNS)
- Agents

Communicate Identified Resource Needs:

- Incident Commander
- Inform County/State EOC (ESF-8)

Resources:

Personnel to Record Contact Information: During an event, it is important to note the people who encounter a particular agent or people who are exposed. A representative of the health department can help record the names, addresses, and telephone numbers of these persons. Coordinate these lists with those of law enforcement to ensure complete coverage.

Disaster Medical Assistance Teams (DMAT): Organized and funded by the U. S. Department of Homeland Security. The teams consist of physicians, nurses, paramedics and other allied health professionals who voluntarily participate in training activities geared to providing health and medical care under austere conditions. There are six teams in Florida fully trained and equipped to respond. The teams are part of the National Disaster Medical System (NDMS) and are normally deployed to major disasters throughout the nation resources may be requested through State ESF-8.

Disaster Mortuary Operational Response (DMORT/FEMORS): In the case of a mass fatality incident, there may be a need for the activation of the Disaster Mortuary Operational Response (DMORT) or a Florida Emergency Mortuary Operations Response Team (FEMORS). A DMORT has been established for each region of the United States. DMORTs are part of the National Disaster Medical Service (NDMS). In Florida, the medical examiner system is placed within the Department of Law Enforcement. The Department of Health Office of Emergency Operations will request deployment of a DMORT in Florida when necessary through FEMA Region IV, US Public Health Service. This request will be made after coordinating with the Department of Law Enforcement. FEMORS is a State of Florida sponsored group of volunteer mortuary technicians and morticians who can assist local medical examiners and funeral homes. FEMORS is also requested through State ESF-8.

Special Investigative Units (Strike Teams)

Special teams for epidemiological investigations and Environmental Health can be deployed either independently or with Task Forces from other agencies. There are teams in each Region.

Animal Disease (Zoonosis) and Foreign Animal Disease

The Department of Agriculture has investigative teams, laboratory capability, and a special response unit (State Animal Response Team- SART) capable of assisting with ill or displaced animals as well as investigation.

Laboratories—The Bureau of Laboratories has major laboratories located in Jacksonville, Tampa, and Miami with a branch lab in Pensacola. In addition to the primary public health services provided, these labs have capacity to identify bioterrorism agents. The Pensacola branch lab also has the capability to identify bioterrorism agents.

Regional Emergency Response Advisors (RERA)—The Office of Emergency Operations has placed a regional advisor in each of the seven domestic security task force regions. The RERA is assigned to work directly with the Regional Health Co-Chair as assigned by the Regional Domestic Security Task Force. RERA's have the capability of assisting DEP's Emergency Response Teams if needed

Radiation Control—The Department's Bureau of Radiation Control is the primary State responder to all radiological incidents and emergencies. This includes unexpected radiation releases from nuclear power plants, transportation accidents, lost or stolen radioactive sources, contamination of a facility or the environment, and radiological exposures from a terrorist event. The Bureau responds only to the environmental aspects of the incident. For medical assistance, the Department has identified physicians and health physicists trained in all types of nuclear/radiation incidents.

Strategic National Stockpile (SNS)—The U.S. Centers for Disease Control and Prevention (CDC) has developed a number of stockpiles, containing antibiotics, antidotes, medical supplies and equipment, and certain controlled substances. A stockpile can be deployed to Florida when needed to respond to an attack of chemical, radiological, or biological terrorism incident. The DOH Office of Emergency Operations, in conjunction with the DOH Bureau of Pharmacy is responsible for requesting the SNS.

Hospitals

The priorities in a disaster are to:

- Protect current patients, staff and faculty
- Decontaminate and provide care to contaminated patients presenting to facility
- Continue providing essential healthcare services

Examples for Activation Levels (Varies by Hospital)

- LEVEL 1: 10-20 casualties (If all critically injured, Level 2)
- LEVEL 2: 20-50 casualties with mixed injuries
- LEVEL 3: 50 or more casualties with mixed injuries

Event – Health Focus

Evaluation (CBRNE)

- Chemical
- Biological
- Radiological (radioactive material contamination)
- Nuclear (fission/fusion reaction devices)
- Energetic (Explosive)

Chemical/Biological Agent or Radiological/Nuclear Event

- Patient and responder decontamination may be required

Decontamination Issues

- Request Hazardous Materials Teams and Fire Department assets.
- Establish alternate off-site facility.
- Direct worried well to alternate facility.

Chemical/Biological Agent or Radiological/Nuclear Event

- Patient and responder decontamination may be required

Initiate Decontamination

- Provide temporary clothing
- Secure patient's personal belongings

After the victim has been decontaminated the victim should be moved to the triage or treatment area.

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