RACINE COUNTY

MABAS Division 102

MULTIPLE PATIENT MANAGEMENT PLAN

Effective Date: 10/28/2020
Updated 10/28/2020

RACINE COUNTY
MULTIPLE PATIENT MANAGEMENT PLAN

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ENDORSEMENTS

This plan has the endorsement of each Racine County Department covered within the plan, the Medical Directors of each of the EMS Systems located within the boundaries of this plan and the Racine County Emergency Management.

Contact information:

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Phone: 262-948-5648 or 262-948-5645 Fax: 262-948-5699

Aurora Medical Center Burlington - EMS Coordinator
Phone: 262-767-6101 Fax: 262-767-6235

Ascension–All Saints – EMS Liaison
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INTRODUCTION

The purpose of this plan is to enable Fire & EMS agencies and hospitals to respond effectively and efficiently to multiple patient incidents so as not to tax the resources of any single pre-hospital provider or healthcare facility and to provide optimal patient care. This plan is intended to supplement each participant's individual mass casualty or disaster plan.

The plan assigns specific responsibilities to Fire & EMS providers and hospitals to coordinate resources and activities when an incident involves more than one patient. The plan outlines:

1. A classification system which promotes an orderly disbursement of patients to local hospitals; through communications linking Dispatch Centers and responding Fire &EMS agencies to receiving hospitals and HEOC hospitals;

2. Responsibilities of responding providers;

3. Responsibilities of hospitals closest to a Class 1 multiple patient incident;

4. Responsibilities of the HEOC Hospitals who shall serve as Hospital Emergency Operation Center (HEOC) to assist in transportation management, managing logistics, obtaining hospital resource availability and communicating that information to scene personnel when the number of ill or injured persons exceeds the routine disbursement of patients (Classes 2 and 3); and

5. Basic guidelines for the management of an emergent evacuation of a healthcare facility.

Hospitals and Fire & EMS providers along with our Communications Center and Law Enforcement Agencies in Racine County are responsible for functioning as a unified entity in the event of a multiple patient incident. This plan will enable all participants to serve their communities and patients with efficiency and competence.

Every agency participating in this plan should routinely conduct post-action reviews of all training exercises and plan activations to identify areas of improvement and to amend procedures as necessary. A form for such review is contained within the plan.

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	CLASS 1	CLASS 2	CLASS 3	
Definition	**Able to meet <u>normal</u> level of care**	***Unable* to meet normal level of care** **Note: Box Alarms may be activated**	***Overwhelmingly unable* to meet normal level of care** **Note: May require EMS Divisions or on-scene treatment areas**	**EMERGENT EVACUATION of a HEALTHCARE FACILITY (PATIENTS REQUIRING MEDICAL CARE)**
Initial Communication	**Contact closest appropriate hospital** **State: "WE ARE ON THE SCENE OF A CLASS 1 MULTIPLE PATIENT INCIDENT"**	**Contact HEOC Hospital** **State: "WE ARE ON THE SCENE OF A CLASS 2 MULTIPLE PATIENT INCIDENT"**	**Contact HEOC Hospital** **State: "WE ARE ON THE SCENE OF A CLASS 3 MULTIPLE PATIENT INCIDENT"**	**Contact HEOC Hospital** **State: "WE ARE ON THE SCENE OF AN EMERGENT EVACUATION of a HEALTHCARE FACILITY"**
Initial Information	• **Event description** • ***Specific* # patients** • ***Specific* patient categories** • **Closest appropriate hospitals**	• **Event description** • **Estimate # pts.** • **Estimate patient acuities (Use RED, YELLOW, GREEN)** • **Closest Hospitals**	• **Event description** • **Estimate # pts.** • **Estimate patient acuities (Use RED, YELLOW, GREEN)** • **Closest Hospitals**	• **Event description** • **Estimate # pts.** • **Closest hospitals** • **Possible alternative receiving facilities**
Patient Disbursement	• **After conferring with closest hospital regarding transportation management, transport agreed upon # of patients to that hospital** • **Disburse *no more than two patients* to each remaining hospital** • **If it is determined that *more than two patients* desire transport to the same hospital the closest hospital will confirm with the desired hospital(s) *prior to transport*** • **Communicate remaining patients' destinations to closest hospital**	**HEOC coordinates transportation management and destination of patients**	• **HEOC Hospital coordinates transportation management and destination of patients**	• **HEOC Hospital works in conjunction with field command and administration of affected facility to determine where patients will be transported**
Triage Tags	**Triage tags not used**	**Triage tags MUST be used**	**Triage tags MUST be used**	**Triage tags MUST be used**
Triage Method	**Use rapid assessment to identify patient category**	**SALT Triage**	**SALT Triage**	• **Within facility use REVERSE TRIAGE** • **Prior to transport use SALT TRIAGE**
Ambulance to Hospital Communication	**Every transporting ambulance contacts their receiving hospital with abbreviated report** **State: "WE ARE TRANSPORTING FROM A CLASS ONE MULTIPLE PATIENT INCIDENT"**	**NO CONTACT BETWEEN TRANSPORTING AMBULANCE AND RECEIVING HOSPITAL**	**NO CONTACT BETWEEN TRANSPORTING AMBULANCE AND RECEIVING HOSPITAL**	**NO CONTACT BETWEEN TRANSPORTING AMBULANCE / PATIENT TRANSPORTATION VEHICLE AND RECEIVING FACILITIES**
Pt Care Reports	**Complete patient care reports as usual**	**Complete patient care reports as usual**	**No patient care reports (Triage Tags serve as written report)**	**No patient care reports (Triage Tags serve as written report)**

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FIRE & EMS DEPARTMENT RESPONSIBILITIES

CLASS 1:

- Contact the CLOSEST APPROPRIATE HOSPITAL using normal modes of communication. State, *"We are on the scene of a Class 1 multiple patient incident."* Utilize the **Field Provider Log Form** (Appendix X, page 30) **as needed**, for assistance with field to hospital communication.
- Report event description, specific number of patients, specific patient categories and the closest appropriate hospitals.
- After conferring with the closest appropriate hospital, transport the agreed upon number of patients to that hospital.
- If the closest hospital cannot take all the patients from the incident, Incident Command or their designee will assign each transporting ambulance a destination hospital. **Transport no more than two patients to each remaining hospital.**
- If EMS desires more than two patients be transported to a hospital, the ED staff at the closest hospital should contact the desired hospital to confirm prior to transport.
- Communicate remaining patients' destinations to the closest hospital.
- All transporting ambulances should contact their destination hospitals with patient care reports (abbreviated reports are acceptable). All radio reports must begin with, *"We are transporting a patient from a Class 1 multiple patient incident"*.
- When the number of ill or injured patients exceeds the routine transport of patients to the nearest hospitals, contact the HEOC Hospital to coordinate remaining patient distribution. **Consider upgrading to Class 2 event.**
- After-Action Report (Appendix X, page 34) **may be** completed following every multiple patient incident to document any concerns or issues relating to event. Fax the report to the EMS Office at the HEOC Hospital. For Class 1 events these forms are not required.

CLASSES 2 and 3:

- Racine County Communication Center can assist in initial contact of HEOC and in initiating the notification of Hospitals for faster bed count information.
- Contact the HEOC Hospital IMMEDIATELY using normal modes of communication. State, *"We are on the scene of a Class [X] multiple patient incident".* Utilize the **Field Provider Log Form** (Appendix X, page 30) for assistance with field to hospital communication. Use of radio Hear 340 hospital frequency is preferred so receiving hospitals can stay informed on incident conditions.
- Requesting transportation management, report event description, estimated numbers of patients, estimated patient acuities and closest hospitals. Provide the HEOC Hospital with a call-back number.
- After the HEOC Hospital reports hospital capabilities, record information and assign patients and destination hospitals to ambulances.
- Maintain communication with the HEOC Hospital until the scene has been cleared of patients. For each transporting ambulance report ambulance number, acuities of patients being transported and destination hospital to the HEOC Hospital.
- Complete an After-Action Report (Appendix X, page 34) following every multiple patient incident. Fax the report to the EMS Office at the HEOC Hospital.

EARLY COMMUNICATION WITH THE HOSPITAL IS INDICATED EVEN IF PATIENT COUNTS AND CONDITIONS HAVE NOT BEEN REFINED!

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RECEIVING HOSPITAL RESPONSIBILITIES

CLASS 1:

Each medical control hospital within Racine County, Kenosha County and surrounding counties must be prepared to manage initial calls from local emergency responders during a Class 1 incident. The closest appropriate hospital will be contacted by a field provider representative for an initial discussion of patient disbursement. During some incidents, it may be possible for the closest hospital to accept all or most patients.

- Following the initial disbursement of patients to the closest hospital, each area-wide hospital will receive **NO MORE THAN TWO** patients from a multiple patient incident (according to appropriate trauma triage criteria) without giving specific approval prior to transport.
- Receiving hospitals will be notified of their arriving patients via normal modes of field to hospital communication. Providers will announce, "*We are transporting a patient from a Class 1 multiple patient incident"* at the beginning of their radio report. Most often, this will be the first notification for the receiving hospital that a multiple patient incident has occurred.
- **Receiving hospitals MAY NOT divert ambulances transporting patients from a multiple patient incident.**

Receiving Hospital Responsibilities, continued

CLASSES 2 and 3:

- If patient numbers or acuity prevents the even disbursement of patients to local hospitals, or if field providers need immediate assistance for any reason, field providers will contact the HEOC Hospital for assistance with transportation management.
- Upon receiving notification from the HEOC Hospital, receiving hospitals should immediately report their ability to accept specific numbers of red, yellow and green patients. NOTE: Ambulances transporting patients from the scene will NOT contact the receiving hospital prior to their arrival.
    - Consider activation of hospital internal mass casualty / disaster plan to accommodate a larger number of patients.
    - Be prepared to report availability of medical personnel to send to the scene. (see Appendix VI)
    - Maintain a log sheet of communication with the HEOC Hospital. (Appendix X page 27)
    - Report increases or limitations in treatment capability to the HEOC Hospital.

DO NOT ATTEMPT TO STOP PATIENT FLOW FROM INDIVIDUAL AMBULANCES **NOT** ASSOCIATED WITH THE DISASTER SCENE.

Once the HEOC Hospital has been contacted by field personnel for assistance with transportation management
ALL COMMUNICATION MUST GO THROUGH THE HEOC HOSPITAL!

•Do not attempt to contact the scene.
•Do not attempt to contact dispatch.
•Do not divert individual ambulances.

*Complete an After-Action Report (Appendix X, page 34) following every activated multiple patient incident. Originals of all log sheets and disaster related records should be forwarded to the hospital EMS Coordinator of the HEOC of the incident.

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HEOC HOSPITAL RESPONSIBILITIES

The HEOC Hospital is contacted by scene personnel when the number of ill or injured patients exceeds the routine transport of patients to the nearest appropriate hospitals to coordinate the remaining patient distribution.
If the Communications Center has initiated any of these duties, the HEOC will continue to update the information that was started by Communications Center Staff.

NOTE: ***The HEOC Hospital may be contacted at any time to assist field personnel.***

Upon notification by scene personnel that a Class 2 or Class 3 multiple patient incident has occurred, the hospital defined on page 10 will assume the duties of the Hospital Emergency Operation Center (HEOC), providing transportation management and serving as medical control throughout the incident. ***It is recommended that once the HEOC duties are assumed, the HEOC facility will assign one individual to operate the communications between the hospital and the scene.***

The HEOC Hospital shall:

- Initiate a Hospital Information Flow Sheet (Appendix X, page 27).
- Collaborate with scene personnel to identify receiving hospitals based upon incident location, transport routes remaining open (consider natural disaster disruptions), volume and acuity of patients, and number of patients already transported.
    - Instruct all possible receiving hospitals to update EMResourse (AKA.WI-TRAC) MCI listing. Establish inter-hospital communications with possible receiving hospitals via EMResourse. Other communication methods such as telemetry, radio intercom, landline phone or WISCOM can be established as needed.
    - Inform the hospitals about the nature of the incident including approximate number, acuity and type of patients.
    - Assess receiving hospitals' resources *(may be incident specific)*:
        - Ability to receive patients, including numbers of red, yellow and green
        - Blood inventory
        - Ability to decontaminate patients
        - Ability to send medical personnel and supplies to the scene
- Continue to monitor, log and communicate receiving hospitals' capacity throughout incident.
- Identify and alert additional receiving hospitals as casualty load exceeds the initial receiving hospitals' patient capacity.
- Maintain communication with the scene Incident Commander or their designee, relaying receiving hospital availability and providing on-going transportation management.
- Consider contacting the alternate HEOC Hospital for assistance with communication.
- Monitor EMResourse throughout the incident.
- Obtain status of specialized facilities as needed (burn units, peds, etc.)
- Coordinate medical personnel to respond to the site as needed.
- Serve as Hospital Emergency Operation Center liaison with disaster and public agencies.
- An After-Action Report (page 34) should be completed following every HEOC activated multiple patient incident. Originals of all log sheets and disaster related records should be forwarded to the hospital EMS Coordinator.

HOSPITAL EMERGENCY OPERATION CENTER (HEOC)

During a Class 2 or Class 3 incident, *Hospital Emergency Operation Center will be assumed by the Resource Hospital affiliated with the Fire and Rescue Department that has jurisdiction over the incident location. Usually this will be the Hospital holding Medical Control* However; the HEOC Hospital may be directly affected by the disaster or overwhelmed by patients and unable to function in that role. In such a case, Hospital Emergency Operation Center will be assumed by the first or second alternate hospital designated below.

Racine County

Hospital Emergency Operation Center will be assumed by for the following: Ascension-- All Saints - Spring Street Campus

Racine Fire Department
South Shore Fire
Caledonia Fire
Raymond Fire

First Alternate: Aurora Medical Center – Kenosha
Second Alternate: Aurora Medical Center Burlington

Hospital Emergency Operation Center will be assumed by Aurora Medical Center Burlington for the following:

Burlington City Fire
Union Grove – Yorkville Fire
Wind Lake
Kansasville Fire
Waterford Fire
Rochester Fire
Tichigan Fire

First Alternate: Aurora Medical Center – Kenosha
Second Alternate: Ascension - All Saints - Spring Street Campus

PARTICIPATING MABAS DIVISION APPENDIX I

MABAS DIVISION 102

DEPARTMENT	EMS SYSTEM	PRIMARY DISPATCH
Racine Fire Department	Aurora - Kenosha	Racine County
Caledonia Fire Department	Aurora - Kenosha	Racine County
South Shore Fire Department	Aurora - Kenosha	Racine County
Union Grove - Yorkville Fire	Aurora - Burlington	Racine County
Raymond Fire	Aurora - Burlington	Racine County
Kansasville Fire	Mercy Walworth	Racine County
Wind Lake Fire	Aurora – Burlington	Racine County
Waterford Fire	Waukesha Memorial	Racine County
Rochester Fire	Aurora – Burlington	Racine County
Tichigan Fire	Aurora – Burlington	Racine County
Burlington City Fire	Aurora - Burlington	Racine County
Burlington Town Fire	NA	Racine County
Contacted by County Dispatch as needed as MABAS Request		
Paratech		866-525-8888
Medix		800-236-1077
Flight for Life – Air and Ground		800-344-1000
LJH		262-658-4422
Erickson Ambulance		262-632-5412
Bell Ambulance		800-545-BELL
North Central EMS		877-37-NCEMS
Superior Ambulance		800-832-2000

AREA-WIDE HOSPITALS

APPENDIX II

RACINE COUNTY HOSPITALS

- Ascension - All Saints **(Trauma Level - III)**
  - 262-687-5036 ED Fax 262-687-4334 ECG Fax 262-687-1693
  - 262-637-7747 (backup line)
- Aurora Medical Center Burlington **(Trauma Level - III)**
  - 262-763-4287 ED Fax 262-767-6098 ECG Fax 262-767-6228

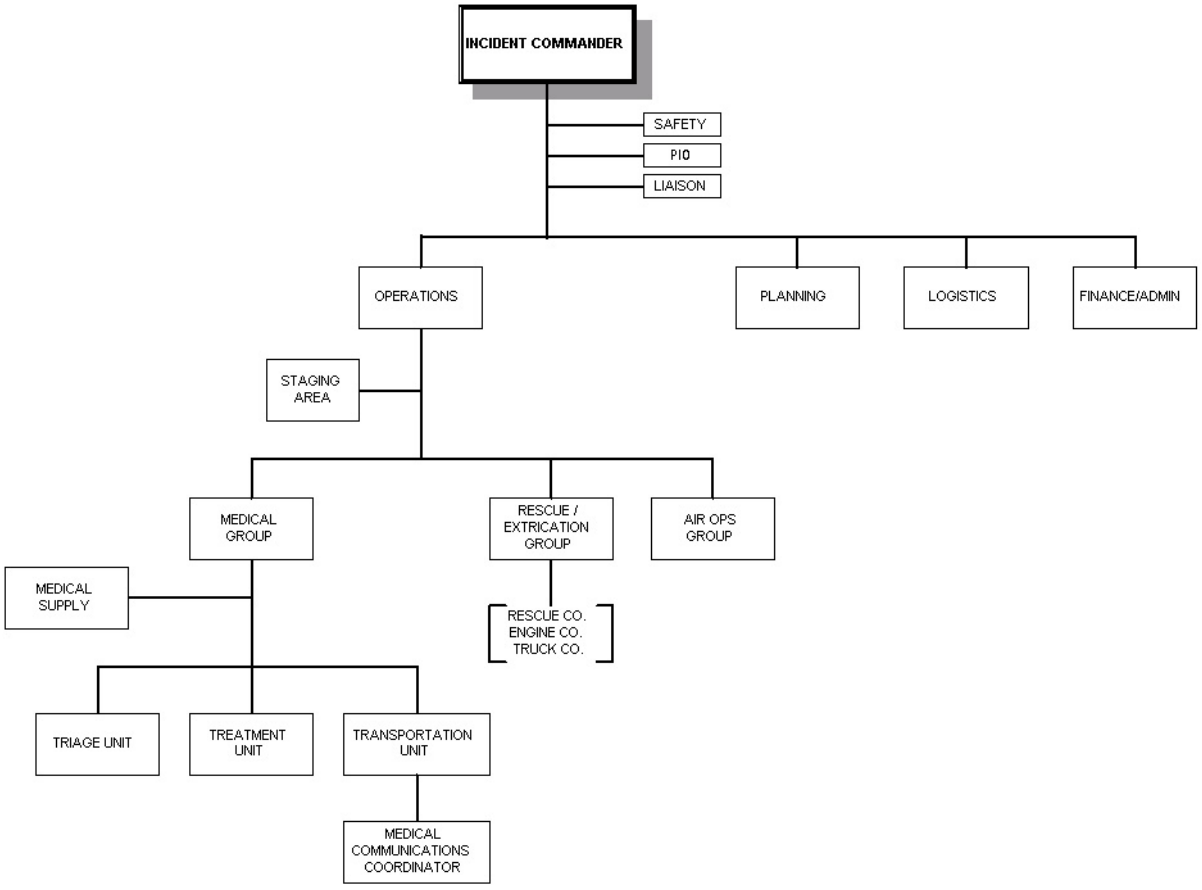
Additional Hospitals	Trauma Level	Telemetry / Cell Line	Fax # for Patient Reporting
Aurora Medical Center Kenosha	**3**	262-694-1968	262-948-5705
Froedtert South – Pleasant Prairie Hospital (St. Catherine's)	3	262-697-5563 262-697-5469	262-577-8706
Ascension – Franklin	4	414-325-8474	414-325-8461
Froedtert South – Kenosha Hospital	3	262-656-2202	262-653-5187
Froedert Medical Center	1	414-805-4343	
Children's Hospital Milwaukee	1	414-805-4343	
Aurora Lakeland Medical Center, Elkhorn	3	262-741-2000	262-741-2330
Mercy Walworth Medical Center, Lake Geneva (Region 5)	3	262-245-0537	
Aurora – St. Luke's South Shore	4	414-489-4055	
Aurora – St Luke's Medical Center	Undesignated	414-649-6333	
Ascension- Healthcare – St. Francis	4	414-647-5000	
Mukwonago Emergency Department (no inpatient facility-green patients only)	Undesignated	262-928-0620	
Waukesha Memorial Hospital	3	262-928-1317	
Other region 7 facilities as needed			
Northwestern Medicine McHenry Hospital (NIMC) will be contacted by HEOC if additional assistance will be needed.	IL-2	815-759-3100	815-363-9044

Note: Since IL providers will not be seen on the WI system, the HEOC will receive a phone update as the bed count progresses giving the hospitals and available beds. The HEOC will forward this information to the scene.

MODEL POSITION DESCRIPTIONS APPENDIX III

The position descriptions contained herein are dictated by experience as necessary for the successful management and resolution of a multiple patient incident. The performance outlines are simply suggestions and are not intended to be viewed as a requirement for activation of the plan.

INCIDENT MANAGEMENT SYSTEM ORGANIZATION



MEDICAL BRANCH

The Medical Branch may be organized as either a separate group or section under the Incident Management System, depending on the scope of the incident. Functions of the medical branch include triage, patient treatment and transportation. A single Medical Group Supervisor at a multiple patient incident may coordinate all these functions. However, such duties may be delegated as appropriate to a separate Triage Unit Leader, Treatment Unit Leader and / or Transportation Unit Leader in a multiple patient incident, overseen by a single Medical Group Supervisor who reports directly to Incident Command.

MEDICAL GROUP SUPERVISOR

Appointed By	Incident Command
General Description	Oversees the medical section of a multiple patient incident. May appoint and supervise triage, treatment and transportation units.

Responsibilities may include:

- Determining the approximate number of patients and extent / type of injuries
- Immediately advising either the closest hospital or the HEOC Hospital (depending on the Class of the incident) that an incident has occurred, utilizing normal modes of communication.
- Communicating patient numbers and acuity to the hospital.
- Advising the hospital of those hospitals closest to the incident scene.
- Determining the patient destination hospitals for each patient not transported to the closest hospital (during a Class 1 incident) and assigning such patients to a transporting ambulance crew.
- Advising transporting ambulances of their assigned destination hospitals according to communication received from the HEOC Hospital in a Class 2 or Class 3 incident.
- Maintaining communication with the hospital throughout the incident OR appointing a group or branch supervisor to assume communication with the hospital.
- Continually assessing the need for additional ambulances, personnel and equipment, making such requests through Incident Command.
- Assessing the need for medical teams and aero-medical transportation (according to local system policy) in consultation with the HEOC Hospital and Incident Command. (If aero-medical transportation is required, staging must be notified by the Medical Group Supervisor to set up an appropriate landing zone.)
- Determining the extent of documentation (in the form of a patient care report) required per incident, relaying information to the Transportation Unit Leader who will pass the information to transporting ambulance crews.
- Ensuring that an After-Action Report (Appendix X, page 34) is generated following each incident and that a copy of the report has been faxed to the EMS Office at the HEOC Hospital of the host department.

MEDICAL SUPPLY UNIT LEADER

Appointed By	Medical Group Supervisor
General Description	Secures and organizes medical supplies and equipment

- Supplies and equipment include, but are not limited to, backboards, oxygen supplies, dressings and bandages, medications, volumes of sterile water, IV fluids and equipment.

This logistical function may be necessitated in Class 2 or Class 3 incidents or when specialized equipment and / or supplies are required.

Additional supplies and equipment may be obtained via mass casualty bags located on each ambulance or by requesting additional supplies be brought to the scene. (from Supply Centers, Hospital Supply Chain, or Mobile Supply assets)

TRIAGE UNIT LEADER

Appointed By	Medical Group Supervisor
General Description	Provides coordination necessary for effective categorization and transportation of patients from the incident to the treatment area.

Responsibilities include:

- Supervision of triage personnel during the initial phase of a multiple patient incident.
- Determining and relaying number of patients and general acuity to the Medical Group Supervisor, updating information as necessary.
- Reporting any needs regarding equipment and manpower to the Medical Group Supervisor.
- Confirming that ALL patients have a triage tag present and that the appropriate area of the tag has been retained by triage personnel.
- Reporting to the Medical Group Supervisor for reassignment upon completion of triage and transfer of patients to the Treatment Unit Leader.

TREATMENT UNIT LEADER

Designated By	Medical Group Supervisor
General Description	Establishes and manages the patient treatment area.

Responsibilities include:

- Overseeing EMS personnel in the treatment and frequent reassessment of patients in the treatment area.
- Prioritization of patients for transport to hospitals.

The designation of the Treatment Unit Leader is intended for use in larger incidents where the Medical Group Supervisor would be unable to coordinate activities in the patient treatment area.

TRANSPORTATION UNIT LEADER

Designated By	Medical Group Supervisor
General Description	Establishes loading of ambulances and records patient destination.

Responsibilities include:

- Communication with the HEOC Hospital (initial communication may have been established by Medical Group Supervisor or their designee).
    - The Transportation Unit Leader will:
        - give patient numbers and triage categories to the HEOC Hospital.
        - receive and record hospital capabilities as reported by the HEOC Hospital.
        - give specific hospital destination for each ambulance to the HEOC Hospital, including number of patients and triage categories.

- Establishment of patient loading area allowing for safe and coordinated access and egress of ambulances.
- Communication with Staging Area Unit Leader, requesting specific number and capabilities (ALS, BLS) of available ambulances.
- Notation of each patient's triage tag number on a log sheet.
- Assignment of a destination hospital to each transporting ambulance.

STAGING AREA UNIT LEADER

Designated By	Medical Group Supervisor
General Description	Management of all incoming fire / rescue apparatus, ambulances and other resources.

Note: -The staging area is designated by Incident Command.
-The first unit at the staging location will assume the role of Staging Unit Leader until they are relieved by an officer designated by the Medical Group Supervisor.

Responsibilities include:

- Maintaining communication with the Medical Group (either Transportation or Treatment Unit Leader) to supply required vehicles.
- Maintaining communication with Incident Command to advise on available resources.
- Sending requested resources to the scene.
- Management of the staging area, assuring orderly parking, maintaining clear access to the incident site.
- Maintaining an accurate log of currently available equipment, apparatus and manpower.
- Collection of mass casualty bags located on each ambulance in staging upon request from the Medical Group Supervisor.
- Ensuring all incoming units are equipped with a Passport. A Passport make-up kit must be available at staging to supply proper accountability materials to any units that may be operating at the incident that do not have a Passport, such as private ambulances or hospital teams.

In a large-scale incident, the Staging Unit Leader may need to request additional personnel from Incident Command to assist in these functions.

DISASTER PLAN LEVELS APPENDIX IV

National Disaster Medical System

The United States, like any other country, has experienced many disasters within its borders. Most areas of the United States are well provided with health care resources; however, a single city or state cannot be prepared for the numerous casualties that may occur when a large-scale disaster occurs. The overwhelming effect of such a disaster would overtax the resources of one area. A system for dealing with the large number of potential casualties that provides "mutual aid" to all sections of the Nation has been developed.

The National Disaster Medical System (NDMS) is the system which was designed to care for the large number of casualties that might occur from a large domestic disaster situation or an overseas conflict. NDMS is a cooperative effort of the Department of Health and Human Services (HHS), the Department of Defense (DOD) the Department of Veterans Affairs (VA) and the Federal Emergency Management Agency (FEMA), state and local governments, and the private sector. NDMS includes Disaster Medical Assistance Teams (DMATs) and Clearing-Staging units (CSUs) at the disaster site or receiving location, a medical evacuation system, and more than 100,000 pre-committed non-Federal acute care hospital beds in m ore than 1500 hospitals throughout the country. NDMS does not replace State and Local disaster planning efforts, it supplements and assists where State and Local medical resources are overwhelmed, and Federal assistance is required.

The objectives of NDMS are as follow:

1. To provide medical assistance to a disaster area in the form of Disaster Medical Assistance Team (DMATs) and Clearing-Staging Units (CSUs) and medical supplies and equipment.

2. To evacuate patients that cannot be cared for locally to designated locations throughout the United States.

3. To provide hospitalization in a national network of medical care facilities that have agreed to accept patients.

The NDMS is designed to care for as many as 100,000 victims of any incident that exceeds the medical care capability of an affected State, Region, or Federal health care system. It may be used in a variety of emergency events, such as, an earthquake, an industrial disaster, a refugee influx, or for military casualties evacuated to the United States. NDMS is not designed to cope with nuclear war casualties.

TRAINING GUIDELINES APPENDIX V

In an effort to improve the effectiveness of this multiple patient management plan, all participating hospitals and pre-hospital providers have agreed to adhere to the following guidelines when planning training activities:

FIRE & EMS DEPARTMENTS

1. Field training exercises may include the transportation of patients to receiving hospitals via ambulances upon mutual agreement prior to the exercise.
2. Training for all personnel shall be carried out at the local and division level. Special emphasis should be given to the job functions associated with the incident management system of organization.
3. A variety of training options may be utilized to facilitate this purpose, including lecture / discussion, tabletop exercises and small-scale field exercises.
4. Local fire departments are encouraged to continue working with hospitals in their own community that participate in this plan for assisting one another in meeting training and hospital accreditation requirements.

HOSPITALS

1. EMS continuing education training with respect to multiple patient incidents will focus on the areas of plan implementation, communication, field triage and treatment.
2. Hospitals are encouraged to partner with their local fire department in this in-house training to enhance local preparedness.
3. Per the State of Wisconsin WHEPP (Wisconsin Hospital Emergency Preparedness Plan) program, hospitals are expected to update their EMResource/WITRAC status daily. Hospitals are expected to have the EMResource system open and operational in the hospital ED.

PRIVATE AMBULANCE PROVIDERS

Private ambulance companies will work with their HEOC Hospital/Medical Control to assure appropriate participation and compliance with the plan.

NOTE: An After-Action Report (Appendix X, page 34) should be completed following all training activities involving the Multiple Patient Management Plan.

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COMMUNICATIONS PLAN

APPENDIX VI

RADIO COMMUNICATIONS PLAN			Incident Name			Date/Time Prepared 03/27/2020		Operational Period Date/Time	
Ch #	Function	Channel Name/Trunked Radio System Talk group	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	Tx Tone/NAC	Mode A, D or M	Remarks
1	COMMAND	**IFERN**	COMMAND					A	OS COMMAND
2	SUPPORT/LOGS	**FG WHITE/FG 8**	STAGING					A	LOGISTICS
3	TACTICAL	**FG RED/FG 7**	OPERATIONS					A	PRIMARY OPS
4	TACTICAL	**FG BLACK/FG 10**	ALT OPERATIONS					A	BACKUP OPS
5	TACTICAL	**FG BLUE/FG 9**	EMS OPERATIONS					A	EMS OPS
6	TACTICAL	**FG RED**	SAFETY					A	SAFETY
7	COMMAND	**MARC 2 SIMPLEX**	ALT TO MARC 1					A	SIMPLEX
8	TACTICAL	**MARC 3 SIMPLEX**	LE					A	LE
9	TACTICAL	**MARC 4 SIMPLEX**	CONTINGENCY					A	CONTINGENCY
	Special considerations: WHENEVER POSSIBLE UTILIZE MOBILE RADIOS FOR COMMUNICATIONS								
	Contact with DISPATCH shall be over IFERN unless it becomes congested. Command will designate appropriate alternative.								
	ON SCENE OR NEAR SCENE COMMAND – Command will utilize IFERN FOR Dispatch and incoming units and 7/Red for on scene operations or UTAC 41 Repeater.								
	All Branch and Section Chiefs shall report to CP/IC and have the ability to operate on VHF Red								
	ONLY one cross band repeater per channel grouping. DO NOT cross band repeated channels. IC is the only one who can authorize cross band repeaters to be turned on. cross band Repeaters MUST be monitored. Only repeated communications on lines 2 and 3.								

Prepared By (Communications Unit)	Incident Location
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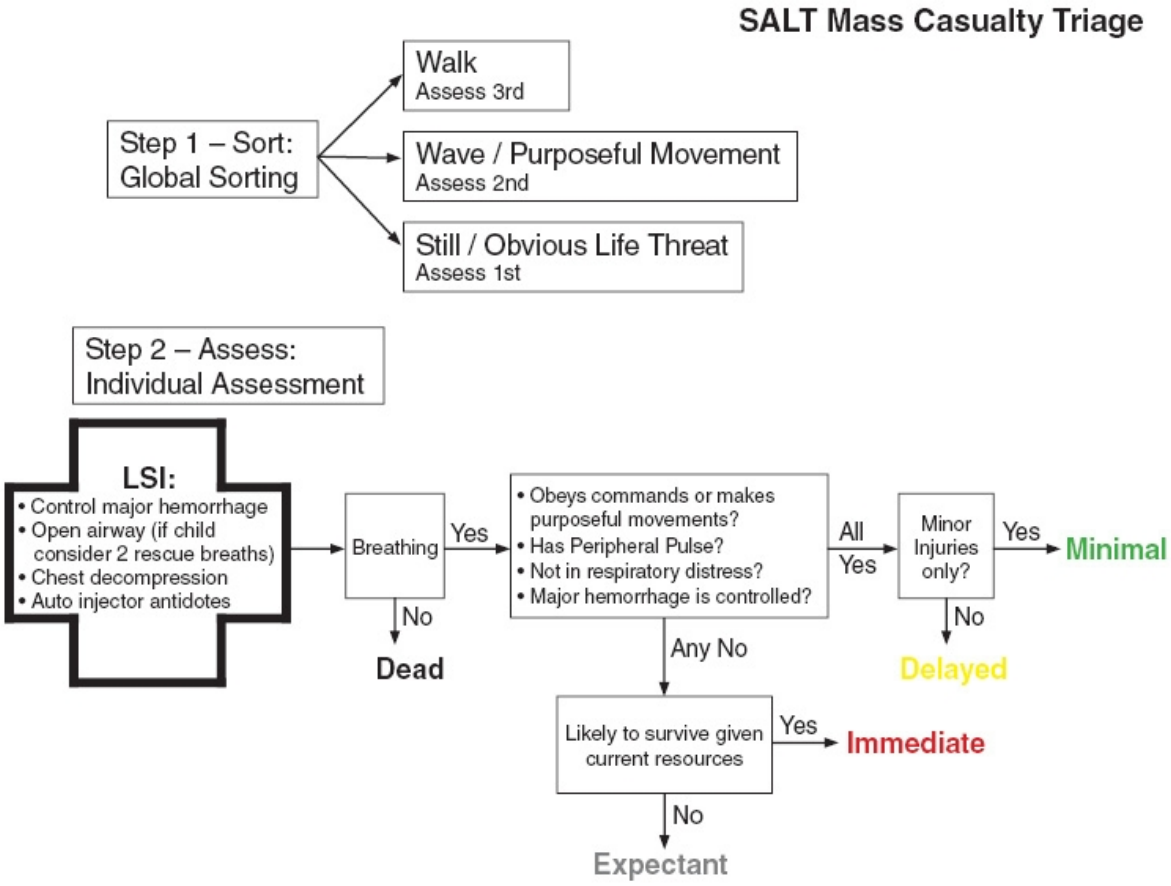
The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.

ICS 205 Excel 3/2007

TRIAGE INSTRUCTIONS APPENDIX VII

Racine County has **not** adopted a standard for the process triage which includes the use of specific triage tags. The triage process should be repeated at each link of the incident management chain. The primary (first) triage method will be used to sort victims into groups and is based level of consciousness. The secondary triage method is utilized to prioritize treatment and transport goals and is based upon anatomic and physiologic criteria.

Using aspects of the existing triage tag systems and based on best evidence, SALT (Sort – Assess - Life Saving Interventions - Treatment and/or transport) was developed as a national all-hazards mass casualty initial triage standard for all patients (e.g., adults, children, special populations). SALT was designed to allow agencies to easily incorporate it into their current MCI triage protocol through simple modification. SALT methods will work well with any of the currently available Triage Tag System.



Step 1: Sort

SALT begins with a global sorting of patients, prioritizing them for individual assessment. Patients who can, should be asked walk to a designated area and should be assigned last priority for individual assessment. Those who remain should be asked to wave (i.e., follow a command) or be observed for purposeful movement. Those who do not move (i.e., are still) and those with obvious life threat should be assessed first since they are the most likely to need lifesaving interventions.

Step 2: Assess

The individual assessment should begin with limited rapid lifesaving interventions (LSI):

- Controlling major hemorrhage using tourniquets or direct pressure provided by other patients or devices
- Opening the airway through positioning or basic airway adjuncts (no advanced airway devices should be used)
    - If the patient is a child, consider giving 2 rescue breaths
- Chest decompression
- Auto injector antidotes

LSI should only be performed within the responder's scope of practice and only if the equipment is immediately available.

Patients should be prioritized for treatment and/or transport by assigning them to one of five categories: Immediate, Expectant, Delayed, Minimal, Dead. Patients who have mild injuries that are self-limited if not treated and can tolerate a delay in care without increasing their risk of mortality should be triaged as minimal and should be designated with the color green. Patients who are not breathing even after life-saving interventions are attempted should be triaged as dead and should be designated with the color black. Patients who do not obey commands, **or** do not have a peripheral pulse, **or** are in respiratory distress, **or** have uncontrolled major hemorrhage should be triaged as immediate and should be designated with the color red. Providers should consider if these patients have injuries that are likely to be incompatible with life given the currently available resources; if they are then the provider should triage these patients as expectant and they should be designated with the color gray. The remaining patients should be triaged as delayed and should be designated with the color yellow.

SALT Triage

STEP 1 – Global Sorting of Patients:

Walk – move patients who can walk away, **lowest** priority

Wave/Purposeful Movement – pts who can gesture are **2nd priority**

Still/Obvious Threat – patients not moving are **TOP PRIORITY**

STEP 2 – Individual Pt Assessment/Triage:

Life-Saving Interventions (LSI) first:

1. Control major bleeding
2. Open airway (if child, give 2 rescue breaths)
3. Auto-injector antidotes (if nerve gas or pesticides)
4. Chest decompression (if indicated)

If NOT breathing after LSI = DEAD

- ☐ Obeys commands or making purposeful movement
- ☐ Peripheral pulse
- ☐ No respiratory distress
- ☐ Bleeding controlled

If any checkboxes missing, then IMMEDIATE (red)
If unlikely to survive given current resources, then EXPECTANT (gray)

If all boxes checked, then assess – only minor injuries?
No - DELAYED (yellow)
Yes - MINIMAL (green)

POST-INCIDENT RECOVERY SERVICES APPENDIX VIII

Critical Incident Stress Debriefing Team

The Critical Incident Stress Debriefing Team (CISD) consists of specially trained personnel associated with police departments, psychiatric/mental health, fire/rescue, and religious professionals. The CISD Team may be requested and deployed to the scene of the incident, the hospitals receiving casualties, or by any EMS Provider department or individual, to provide appropriate support to anyone affected by the incident.

To request activation of the CISD in Racine County:
Contact Dispatch or HEOC Hospital

Upon receiving the request, the coordinator of the team will return the dispatchers (or other requesting individuals) call and arrange an appropriate response.

NOTE: All hospitals participating in this plan will be expected to support at the scene the efforts of the CISD Team with respect to psychological and social services which are required.

APPENDIX IX

RECOMMENDED DISASTER SUPPLY BAGS FOR AMBULANCES

DISASTER SUPPLY BAGS FOR AMBULANCES

QUANTITY	ITEM
25	Triage Tags
1 box	Latex Free Gloves
2 pair	Trauma Shears
2	Tourniquets
10	Hemostatic Gauze
6 rolls	Tape
20	4” kling
5 / 10 pack	4x4 dressings
25	5x9 ABD dressings
2	Trauma dressings
2	Occlusive dressings
1	Oral Airway Set (OPAs) (6)
1	Burn Sheet
1	Stethoscope
5	Cold Packs
15	Band Aids
1	Seat Belt Cutter

*** Normally the first in ambulance will be used for supplies and triage stations. Supplies from ambulances that are transporting patients can be used for patients and triage operations.

IF additional supplies would be needed should be requested by Logistics personnel from local supplies or area Hospitals.

APPENDIX X

FORMS AND LOGS

- Hospital Information Flow Sheet
- Triage Tag Log Sheet
- Pre-Hospital Deceased Form
- Field Provider Log Form
- MCI Patient Destination – Field form
- Emergency Department Log Form
- MCI Patient Destination – Hospital form
- After-Action Report

HOSPITAL INFORMATION FLOW SHEET

TIME	CALLER	INFORMATION RELAYED

TRIAGE TAG LOG SHEET

Triage Tag	Color	Transported To	Transport Time	Transported By	Comments

PREHOSPITAL DECEASED FORM

Triage Tag #	Transported to:	Transported by:	Turned over to:	Turned over by:

RACINE COUNTY
MULTIPLE PATIENT MANAGEMENT PLAN

FIELD PROVIDER LOG FORM

Date: _____ Time: _____ Fire Department: _____

Hospital you are contacting: _____ ED Phone #:_____

CLASS 1: "Business as usual"

Field personnel call the closest appropriate hospital

Hospital Name:_____

"Hello. This is _____

of the _____

Fire Department. We are on the scene of a Class 1 multiple patient incident. The incident is a

_____
(describe the event to the ED Staff).

Our total number of patients is _____

We have: (fill in the specific numbers of patients)

_____ Triaged Red Patients

_____ Triaged Yellow Patients

_____ Triaged Green Patients

How many patients can you take?" _____

If patients will be transported to other hospitals report those destinations to the ED Staff and record below. **NO MORE THAN <u>TWO PATIENTS</u> MAY BE SENT TO HOSPITALS WITHOUT PRIOR APPROVAL FROM THE RECEIVING HOSPITAL.**

Complete table with specific hospital name(s), #'s and patient acuities.	Red:	Yellow:	Green:
(Closest Hospital)			
TOTALS			

<u>NOTE:</u>
1) Complete an After-Action Report (critique form)
2) Fax both this form and the After-Action Report to the EMS Office of the Closest Hospital IMMEDIATELY following the incident.

CLASS 2 or CLASS 3

Field personnel call the HEOC Hospital for Transportation Management

"Hello. This is _____

of the _____

Fire Department. We are on the scene of a Class __ multiple patient incident. The incident is a

_____
(describe the event to the ED Staff).

Our estimated number of patients is _____.

We estimate that we have the following types of patients:

_____ Triaged Red Patients

_____ Triaged Yellow Patients

_____ Triaged Green Patients

"MY CALL BACK TELEPHONE NUMBER IS":

_____

Use SMART® Command Board to record hospital availability and patient destinations ***<u>OR</u> use the MCI PATIENT DESTINATION form found on page 31.

<u>NOTE</u>:
1) Complete an After-Action Report (critique form)
2) Fax both this form and the After-Action Report to the EMS Office of the Resource Hospital IMMEDIATELY following the incident.

MCI PATIENT DESTINATION – FIELD

HOSPITAL NAME	RED		YELLOW		GREEN	
	AVAILABLE	SENT	AVAILABLE	SENT	AVAILABLE	SENT

RACINE COUNTY
MULTIPLE PATIENT MANAGEMENT PLAN

EMERGENCY DEPARTMENT LOG FORM

Date: _____ Time: _____Fire Dept: _____

Type of Incident: _____

CALL BACK NAME and PHONE NUMBER: _____
(DO NOT forget to request call back number for field personnel!)

Circle One: CLASS 1 CLASS 2 CLASS 3

CLASS 1 (*only*): "Business as usual"

Field personnel will call the closest appropriate hospital.

Total # Patients: _____

During a Class I Multiple Patient Incident the caller will ask you 'how many patients can your hospital receive?'

How many patients can our hospital receive?

_____ Triaged Red Patients

_____ Triaged Yellow Patients

_____ Triaged Green Patients

The FD caller will tell you which hospitals will receive the rest of the patients. Please record below, including those transported to your hospital.

*Transporting ambulances **will** contact receiving hospitals with radio reports.

NOTE:
1) Complete an After-Action Report (critique form)
2) Submit both this form and the After-Action Report to your EMS Coordinator.

CLASS 2 or CLASS 3 *(HEOC HOSPITALS ONLY)*

ESTIMATED total # of patients: _____

TIME	RED	YELLOW	GREEN	**TOTAL**
*				
*				
*				
*				

*Verify these are additional patients from the original count.

CALL CLOSEST HOSPITALS FIRST.

- Use the MCI PATIENT DESTINATION – HOSPITAL form to document receiving hospital availability (page 32 of this plan)
- Ask for their ability to receive specific types and numbers of patients.
- *Remind receiving hospitals they will NOT receive a radio report from transporting ambulances*.
- Relay the information back to the FD caller.

Time patient disbursement information was relayed to field personnel: _____

NOTE:
1) Complete an After-Action Report (critique form)
2) Submit both this form and the After-Action Report to your EMS Coordinator.

ATTENDING MD:
ED Staff:

MCI PATIENT DESTINATION - HOSPITAL

HOSPITAL	TIME CONTACTED	RED	YELLOW	GREEN

RACINE COUNTY
MULTIPLE PATIENT MANAGEMENT PLAN

AFTER-ACTION REPORT

Date of Incident: _____ Time of Incident: _____ Location of Incident:_____

Primary Fire & Rescue Agency / HEOC Hospital:_____ _____

Description of Incident: _____

After-Action Report Completed by:_____

Check One:

CLASS 1 CLASS 2 CLASS 3 :
Total # patients: _____ (Specific #: Red _____ Yellow _____ Green _____ Deceased _____)

Please answer the following questions. Use the reverse side for additional comments (take note when faxing form).

Which hospital was first contacted by field personnel?_____

Mode of communication between field and hospital: Cell phone Telemetry HEAR other: _____

Any difficulties with initial communication? No Yes:_____

Was it difficult to determine the 'Class' of the incident? No Yes:_____

Any difficulties with triage? No Yes:_____

Receiving Hospitals / # pts to each hospital: _____

Any difficulties with patient disbursement? No Yes:_____

Any difficulties with ambulance to hospital communication (Class 1 only): No Yes:_____

Was the Racine County MPM Plan **REFERENCE CARD** (page 5) used? Yes No
If yes, was it helpful? Yes No Comments: _____

Was the Racine County MPM Plan **LOG FORM** used? Yes No
If yes, was it helpful? Yes No Comments: _____

Overall, how effective was the Racine County MPM Plan in successfully disbursing patients from the scene to area-wide hospitals?

Very Effective Effective Ineffective Very Ineffective

The success of the plan depends on your detailed comments. Please provide us with any additional information that may be helpful:

_____

_____

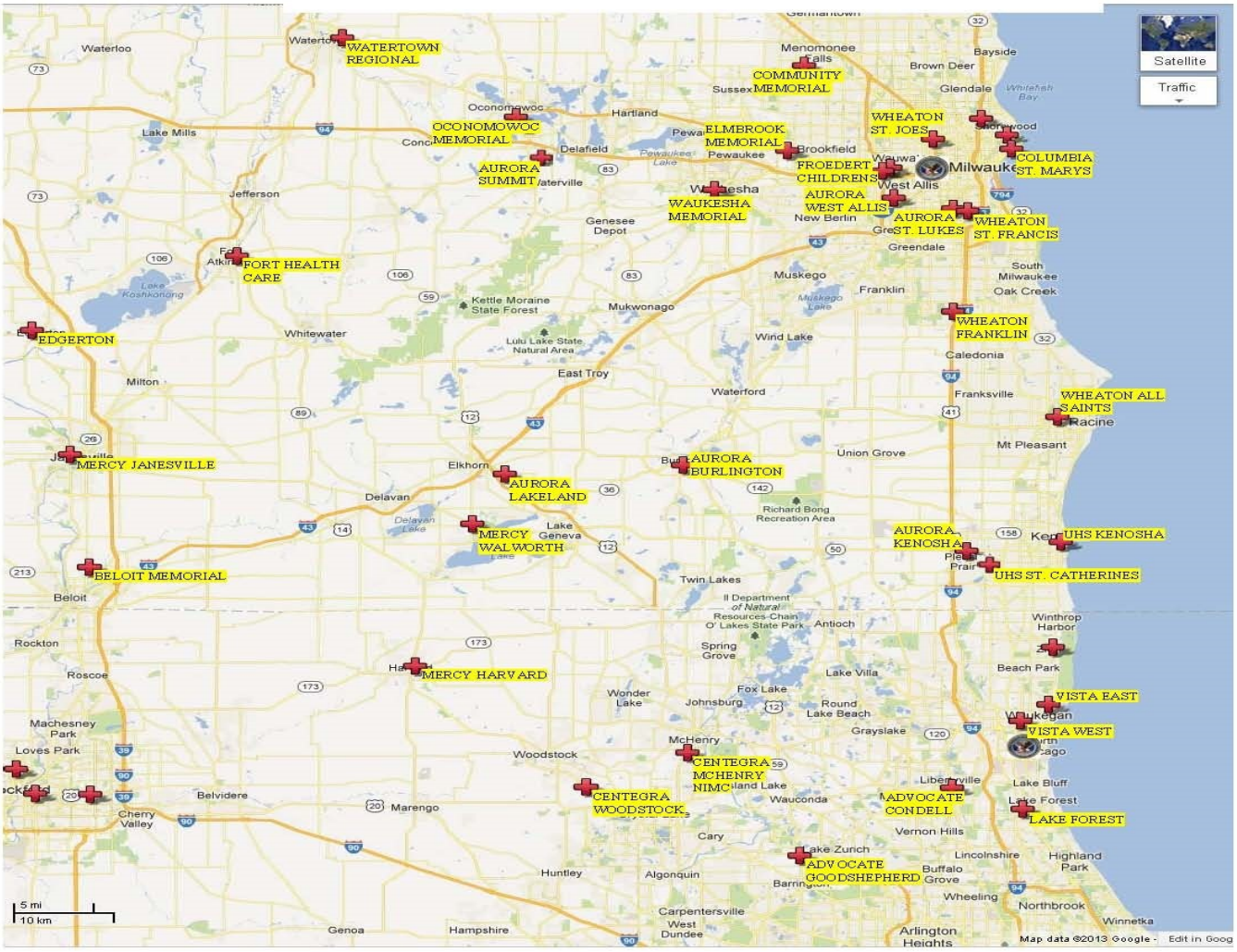
_____

Hospital Personnel – Submit this form and Emergency Department Log form to your hospital EMS Coordinator.
Field Personnel – Fax this form and Field Provider Log Form to the Resource Hospital EMS Office.

Hospital Locations

APPENDIX XI

AREA HOSPITALS OVERALL MAP



Ascension - All Saints
3801 Spring St
Racine, WI 53405

Aurora Medical Center Burlington
252 McHenry Street
Burlington, WI 53105

Aurora Medical Center Kenosha
10400 75th Street
Kenosha, WI 53142

Froedtert South – Pleasant Prairie (St. Catherine's)
9555 76th Street
Pleasant Prairie, WI 53158

Ascension – Franklin
10101 S. 27th Street
Franklin, WI 53132
414-325-3910

Froedtert South - Kenosha Hospital
5000 68th Ave.
Kenosha, WI 53144

Froedtert Memorial Lutheran Hospital
9200 W Wisconsin Ave
Milwaukee, WI 53226-3522

Children's Hospital of Milwaukee
8701 W Watertown Plank Rd
Milwaukee, WI 53226

Aurora Lakeland Medical Center
W3985 County Road NN
Elkhorn, WI 53121

Mercy Walworth Medical Center
N2950 State Road 67
Lake Geneva, WI 53147

Mercy Hospital - Harvard
901 Grant St
Harvard, IL 60033

Mercy Hospital - Janesville
1000 Mineral Point Ave
Janesville, WI 53548-2982

Beloit Memorial Hospital
1969 W. Hart Road
Beloit, WI 53511-2230

Waukesha Memorial Hospital
720 American Dr.
Waukesha, WI 53188

Northwestern Medicine McHenry Hospital (NIMC)
4201 Medical Center Drive
McHenry, IL 60050

Fort Health Care
611 Sherman Avenue East
Fort Atkinson, WI 53538

Northwestern Medicine Woodstock Hospital
3701 Doty Road
Woodstock, IL 60098

ProHealth Care
240 Maple Ave.
Mukwonago, WI 53149

Ascension- Healthcare – St. Francis
3237 S. 16th Street
Milwaukee, WI 53215

Aurora St. Luke's Medical Center
2900 W Oklahoma Ave
Milwaukee, WI 53215

Aurora St. Luke's South Shore
5900 S Lake Dr
Cudahy, WI 53110

Aurora Sinai Medical Center
945 N 12th St
Milwaukee, WI 53233

Aurora West Allis Medical Center
8901 W Lincoln Ave
West Allis, WI 53227

Ascension – Elmbrook Memorial Campus
19333 W. North Avenue
Brookfield, WI 53045

Community Memorial Hospital
W180 N8085 Town Hall Road
Menomonee Falls, WI 53051

Aurora Medical Center in Summit
36500 Aurora Dr
Summit, WI 53066

Oconomowoc Memorial Hospital -
ProHealth Care
791 Summit Ave.
Oconomowoc, WI 53066