

Approved December 2020

Planned Review 2023



HAMILTON COUNTY

MASS CASUALTY INCIDENT (MCI)

RESPONSE PLAN



HAMILTON COUNTY MASS CASUALTY INCIDENT (MCI) MANAGEMENT PLAN

PURPOSE

The purpose of this Mass Casualty Incident Management Plan is to provide structure and guidance to public safety personnel of the Hamilton County, Ohio when responding to incidents where the number of injured persons exceeds day to day operating capabilities. Such incidents frequently require additional resources and/or distribution of patients to multiple hospitals. The ultimate goal on any incident is to provide the highest level of care, for the most people, in the shortest amount of time. Incident organization is based on the National Incident Management System (NIMS) and the Simple Triage and Rapid Treatment (START) method of triage. This plan should be included in any active shooter or any terroristic event and needs to reference the RESCUE TASK FORCE procedures.

Consideration **MUST** be given to utilize this system more frequently so that the emergency responders on the streets remain completely familiar with it. It is imperative to be familiar when the time comes to use it at a large-scale event. Incident commanders, company officers or anyone should feel comfortable activating this system.

INCIDENT MANAGEMENT SYSTEM

The National Incident Management System (NIMS) is designed to be a flexible management system designed to fit the specific needs of any incident. The NIMS organizational structure builds from the top down and expands as needed depending of the size of the incident and the resources available. Responsibility and performance are placed initially with the Incident Commander. The Incident Commander has the responsibility for the coordination of all public and private resources committed to the incident. In addition, the IC or his/her designee is responsible for notifying appropriate authorities, requesting resources and developing incident objectives and strategies.

Depending on the size and duration of the incident, the IC may directly supervise EMS operations or may delegate this responsibility to another resource. The IC may delegate specific tasks, functions, or geographic area to maintain an effective span of control.

EMS Positions within the Incident Management System

EMS Branch Director:

- Reports to the Operations Chief. If Operations has not been established, reports to the Incident Commander.
- Supervises Treatment Group Supervisor
- Supervises Triage Group Supervisor
- Supervises Transportation Group Supervisor
- Requests additional personnel and equipment to staff triage, treatment and transportation group.

Treatment Group Supervisor:

- Reports to the EMS Branch Director.
- Establishes a centralized Treatment Area.
- Requests additional personnel/equipment to staff the Treatment Areas.
- Determines which patients should be transported first.
- Communicates/coordinates patient movement with the Transportation Supervisor.

Triage Group Supervisor:

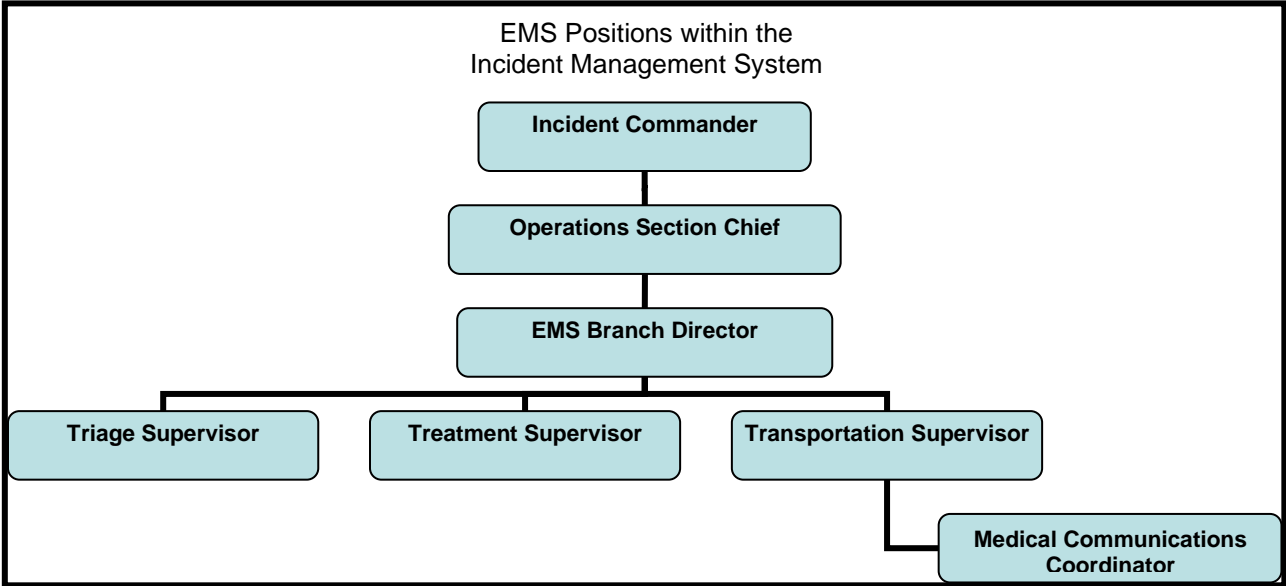
- Reports to the EMS Branch Director.
- Oversees the Triage process.
- Notifies the EMS Branch Director of the total number of patients.
- Directs the movement of patients from the impacted area to the Treatment Area(s).

Transportation Group Supervisor:

- Reports to the EMS Branch Director.
- Communicates with the Hamilton County Communication/ Net Control.
- Orders transportation resources from Staging, notifies IC if additional transportation resources are required.
- Determines mode of transport for all on-scene patients.
- Contacts medical control as needed.
- Communicates/coordinates patient movement with the Treatment Supervisor and Medical Communications Coordinator.
- Consider more than 1 person assisting this position

Medical Communications Coordinator:

- Reports to Transportation Officer
- Communicates with the Hamilton County Communication/ Net Control.
- Receives destination hospital for ambulances from Net Control.
- Contacts medical control as needed.
- Documents the number of patients transported to each hospital.
- Enter OHIO TRAC data at scene.
- MAY NEED 2 PEOPLE FOR THIS JOB FUNCTION



PATIENT CARE

Triage:

- Use the START method of triage.
- Triage packs are available to personnel on engines, ladders, ambulances and on the MCI trailers. It is recommended that triage packs be available on all ambulances to allow for rapid initiation of triage.

Triage Packs (recommended contents)

1 each spool of ribbon – Red, Yellow, Green, Black or black-white striped, orange or orange w/black polka dots; 5 OP Airways; 5 chest seals; bandages/dressings; 2 hemostatic agents, 3 tourniquets; trauma shears; 2 CPR barrier devices; Sharpie markers.

- Triage packs and ribbons should be used in the early stages of the incident to allow for rapid triage. Ribbons should be replaced by triage tags applied when the patient arrives in the treatment area. Triage tags should always be used.
- The Triage Tag Number will be documented on the Treatment Area Log and the Hospital Routing Log. Use of OHIO TRAC uses the triage tag.

Recognized Triage Categories: Standard terminology will be used. The triage category will be identified using the following criteria:

CATEGORY	CRITERIA	ACTION(s)
IMMEDIATE (RED)	Critical patient, life-threatening injuries, likely to survive if patient receives definitive care within 30 minutes.	Immediate or non-ambulatory casualties will be moved with minimal stabilization as quickly as possible to treatment area for reassessment and treatment.
DELAYED (YELLOW)	Serious injuries but stable, maybe life threatening. Likely to survive if care is received within several hours.	Casualties tagged “Minor” or “Delayed” and patients without obvious injuries will be moved as quickly as possible to the ambulatory casualty collection area for reassessment and treatment.
MINOR (GREEN)	Not considered life threatening, walking wounded.	
EXPECTANT OR DECEASED (BLACK or BLACK/WHITE STRIPED)	Mortally wounded or death is eminent.	Casualties tagged “Deceased” will not be moved or disturbed unless approved by the Coroner.
CONTAMINATED	Contaminated by a hazardous	Patient treatment delayed until

(ORANGE or ORANGE w/ BLACK POLKA DOTS)	substance.	the patient is decontaminated.
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NOTE: For Pediatric patients - START may not adequately identify the severity of pediatric casualties. Consider use of the JumpSTART system or other age-appropriate vital signs and behaviors.

Treatment Area Log: The Treatment Supervisor will maintain the Treatment Area Log

The Medical Equipment Checklist: The Treatment Supervisor will maintain the Medical Equipment Checklist

DESIGNATED AREAS

After the scene has been determined safe, the specific areas (such as the Treatment, Staging, Morgue Area, etc.) shall be determined/approved by the Incident Commander or his/her designee.

AREA	CRITERIA
Treatment Area	Treatment Areas should be located a safe distance away from hazards, upwind from toxic fumes and provide for easy access/egress. Clearly identify the Treatment Area representing the respective triage categories using tarps, flags and barricade tape.
Staging Area	A separate area should be established for Fire/EMS resources. These areas will be the gathering point for personnel and equipment. Transport units will be maintained in a one way traffic pattern facing the loading area.
Loading Area	This is the area designated for the loading of patients into transport units. It shall be located in very close proximity to the Treatment Area. Position the helicopter landing zone to not block access or egress of ground transportation.
Transportation Area	Designated point to get hospital assignment and for entering data in to OHIO TRAC. Transportation Officer should be in this location.
Morgue	Area designated for the temporary storage of deceased patients. This area should be located away from the treatment areas and is the responsibility of the Coroner or law enforcement.

MCI NOTIFICATION - An **MCI NOTIFICATION** is used to notify the EMS and Hospital systems that a situation may exist that has the potential to exceed the day-to-day capabilities, requiring additional resources and/or complex organizational structure.

When to initiate an MCI Notification	In the early stages of an incident to alert the system that a situation may exist that has the potential to exceed the day to day capabilities and may require additional resources and/or initiation of a complex organizational structure.
Who should initiate	Any responder to the incident or a dispatcher if initial reports indicate an MCI incident.
How to initiate	Through dispatch on the primary fire band frequency. MCI Notification status may be upgraded at anytime to an MCI Alert after a more complete analysis has been completed
What information should be provided	The location and type of incident. Dispatch will notify ALL hospitals via Net Control . This notification is for information only.
How to cancel an MCI Notification	Through the Dispatch Center if it is determined that an MCI does not exist and no additional resources are needed.

MCI ALERT - An **MCI ALERT** consists of: Mobilization of the necessary resources, Notification of the Hamilton County Communication/ Cincinnati FD Dispatch Center or Net Control and Initiation of the Incident Management System and this MCI Management Plan. ACTIVATE HOSPITAL NETWORK. The incident may go directly to MCI ALERT based on need.

Initiating an MCI Alert:

When to activate an MCI Alert	When the number of injured persons exceeds the available resources. This will be different for each incident based on time of day, location, resources available, etc. For example, consider initiating an MCI Alert when: <ul style="list-style-type: none"> • The number of patients may be more than can be managed by the local fire department based on severity and/or quantity. • An incident may require the response of five (5) or more ambulances. • The number of patients exceeds the capabilities of the nearest hospital Emergency Department. • The Incident Commander deems necessary.
Who may activate	Any responder to the incident or Dispatch
How to initiate	Through Dispatch on the primary fire band frequency.
What information should be provided to the Net Control Radio Net	Type of Incident The location of the incident An estimate of the number of injured
How to cancel an MCI Alert	Through dispatch by the Incident Commander once all patients have been transported or if it is determined that no additional resources are needed.

MCI Response Deployment – Once an MCI Alert has been issued Hamilton County Communications Center or Cincinnati Dispatch Center will dispatch the following resources for the incident.

If the event is beyond the capacity of local resources assistance may be provided by:
Local mutual aid.

1MCI	Ambulances	Engines	Rescue	Chief Officer	Other	Notes
LEVEL 1	5 Transport Units	3 w/3 FF's	1 Heavy 1 Medium/ Light	IMAT	USAR Duty Offr. HazMat Duty Offr. Hamilton County All Call Page Activate WEBEOC Contact Regional Operations Center	Dispatch to move with Command to a Fire/EMS tactical channel, Law Enforcement dispatcher to send Police/Sheriff supervisor to Command Post. Open Net Control/Surge Net. Fire Chief representative to HCCC. DECON Units prompt
LEVEL 2	10 Transport Units	8 w/3 FF's	1 Heavy 1 Medium/ Light	As requested by IC	UASI-MCI Trailer, Command 400	Prompt Command to consider: Air Care, Christ Life Flight, Metro Bus, Airport Disaster Truck (999), Polaris Trailers
LEVEL 3	10 Transport Units	10 w/3 FF's	1 Heavy 1 Medium/ Light	0	VA Transport UNITS	Salvation Army PEER Support Team Prompt IC to notify State of Ohio for Mutual Aid Assistance
LEVEL 4	10 Transport Units	10 w/3 FF's	0	0	Consider On Scene Rehab	Consider DMORT Team
LEVEL 5	25 Transport Units	0	0	0		Activate State of Ohio Mutual Aid Assistance

Aero-medical resources will most likely be used to augment medical staff and equipment within the treatment area. University Air Care/ Mobile Care will dispatch additional Aero-Medical resources as needed. In most MCI incidents, critical patients will be transported by ground ambulance. **Consideration to use Christ Life Flight, Care Flight or any other Aero-Medical Services.**

PATIENT DISTRIBUTION

The Transportation Supervisor or Medical Communications Coordinator (if designated) will make patient destination decisions in cooperation with the Net Control. The Hospital Network is activated by calling the Hamilton County Communication Center / Cincinnati FD Dispatch Center. Communication with Net Control once the Network is activated is through Net Control (University Air Care Dispatch) at (513) 584-7522. The direct number to Net Control is 1-800-826-8100. Communication can be made to Net Control via radio on the **HSR6 – MCI** talk group or via cell phone.

First Round Destination Procedure may be implemented without prior authorization prior to the Disaster Net having a bed count. Hospitals should prepare to receive these patients upon receipt of the MCI Alert from Dispatch.

First Round Destination Procedure

Patients transported to the following hospitals:
Two (2) "Immediate" patients – CLOSEST TRAUMA CENTER
Six (6) "Delayed and/or "Minor" patients – Closest or peripheral hospital

Hamilton County Disaster Radio Network:

The Transportation Supervisor and/or Medical Communications Coordinator should establish contact with the Net Control Radio Network early in the incident, as needed, for:

- Greater Cincinnati Area hospital bed availability
- Out-of-county trauma center availability
- If the number of patients will exceed the first-round destination procedure, or to send more patients to hospitals included during the first round procedure.
- Destination assistance.

TRANSPORTATION / SCENE TO HOSPITAL COORDINATION

The Transportation Supervisor along with the Medical Communications Coordinator (if designated) will be responsible to coordinate with Net Control the transportation of all injured patients.

Once transport units are available, patients will be moved from the Treatment Area to the Loading Area.

- Vehicle loading should be maximized without jeopardizing patient care (example one immediate patient per ambulance as opposed to two immediate per ambulance).
- Alternative methods of transportation, such as mass transit or school bus, may be used for the transportation of minor priority patients.
- In general, no more than two (2) transport units should be committed to duties or assignments other than the transport of patients.

Whenever possible, patients should be transported to the most appropriate facility without overloading any one facility. For example: transport critical “immediate” trauma patients to University Hospital and “immediate” pediatric patients to Children’s Hospital.

Transport units should refrain from directly contacting the hospitals in a MCI Event to eliminate overwhelming the system. **Communications should be from the Transportation Officer only to advise a count and severity such as 1 Red or 2 Green only.**

Hospital Capability and Patient Tally Sheet: The Transportation Supervisor or Medical Communications Coordinator (if designated) will maintain the Hospital Capability and Patient Tally Sheet

Hospital Routing Log: The Transportation Supervisor or Medical Communications Coordinator (if designated) will maintain the Hospital Routing Log

ACCOUNTABILITY OFFICER

The Accountability Officer will be utilized to control access in to the scene. Consideration should be made to have an Accountability Aid established to assist in the role. Maintaining scene control is of paramount importance. The Accountability Officer will have any persons not authorized or any freelance groups removed from the scene.

COMMUNICATIONS

Communications between all involved agencies is of the utmost importance and should be established early in the incident. Communications procedures may vary depending on the type of incident and different agencies involved.

Command and General Staff must be capable of communicating on Common channels/frequencies. Communications for MCI will be on Hamilton County Mutual Aid talk groups.

Consideration for a representative from Hamilton County Fire Chiefs Association respond to the Hamilton County Communications Center for assistance to dispatch.

RESOURCE MANAGEMENT

The Incident Commander has the overall responsibility for developing objectives and requesting the necessary resources required to mitigate the incident. The IC may delegate tasks or responsibilities to other qualified individuals; however, this should not be assumed, clear communications between all involved agencies is imperative.

A Staging Area with appropriate ingress/egress and sufficient space to expand as necessary, should be established and access secured by law enforcement. Some potential MCI Staging Areas have been predetermined.

EMS Unit Staging Log: The Staging Officer will maintain the EMS Unit Staging Log

LAW ENFORCEMENT

Law Enforcement will be notified of a MCI Advisory and appropriate units from the affected jurisdiction shall respond as needed. Upon notification of a MCI ALERT the dispatch center will issue a **MCI ALERT** on the primary law enforcement channel. The Law Enforcement supervisor on duty will assign additional on-duty law enforcement personnel to the incident and/or request mutual aid. Law enforcement personnel arriving at the location initially will be responsible to secure ingress for responding Fire/EMS units and begin to secure the area involved. A member of the Law Enforcement Command Staff from the affected jurisdiction shall respond to the Incident Command Post and will assume responsibilities as a member of the Unified Command Staff.

Scene Ingress and Egress

First arriving law enforcement personnel will attempt to ensure that incoming Fire/EMS units can access the scene by controlling traffic along ingress routes. Law Enforcement should coordinate with Incident Command to determine the egress routes to be used by ambulances transporting to hospitals. These egress routes should be secured by traffic control measures.

Staging Area Security

Law Enforcement will need to provide security for any staging area which is established. Access to the staging area will be limited to public safety personnel and others authorized by Incident Command.

Perimeter Control

When sufficient law enforcement personnel arrive, an appropriate perimeter will be established. The perimeter will extend from the site of the incident outward to an appropriate distance that provides for the safety of emergency response personnel, the general public and provides security for injured persons and any debris or other potential evidence. Access through the perimeter will be limited to public safety personnel and others authorized by Incident Command.

Evidence Preservation

Every effort will be made by all personnel responding on a MCI to limit disruption of any potential evidence. It is recognized that life safety including rescue and extrication of the injured may result in some unintended disruption of the scene.

Mutual Aid

For extended operations, law enforcement command personnel may request mutual aid assistance from neighboring jurisdictions, regional or State assets through Emergency Management. Law enforcement command personnel must be cognizant that extended operations will require scheduling of sufficient law enforcement personnel to maintain their MCI response while still providing routine services.

Evacuation

In cases where the incident occurs in a populated or developed area, surrounding residential, commercial and industrial occupancies may be evacuated for safety concerns. If an evacuation is required, emergency management personnel will designate an appropriate reception and care facility(s). The American Red Cross will coordinate and manage the reception and care facility. Re-entry into the evacuated area will be authorized by Incident Command.

Deceased Persons / Coroner / Temporary Morgue

Ohio law provides that once the injured are removed from a MCI site, the County Coroner is responsible for the disposition of all deceased persons. The County Coroner will direct all operations pertaining to the processing of the deceased. The concept of preservation of evidence should be applied when caring for the deceased. Therefore, recovery of the deceased will be methodical and managed thoroughly. Deceased or expectant victims should be tagged with BLACK tape. If contaminated also there should be consideration to add the ORANGE/BLACK tape for appropriate precautions.

- 1. Care of Fatalities Prior to Site Investigation** - Public safety personnel performing triage and treatment of injured persons shall not move deceased persons and attempt not to disturb the area immediately surrounding the deceased. Extrication of the deceased prior to the arrival of the Coroner should be performed only when necessary to prevent their destruction by fire or other similar compelling reasons. Otherwise, the deceased will be moved to the temporary morgue or other designated location only by direction of the Coroner.

When it becomes necessary to move bodies or parts of any debris/wreckage, photographs should be taken showing their relative position within the debris/wreckage, and a sketch of their respective positions should be made prior to removal. In addition, tags should be affixed to each body or part of the wreckage that was displaced, and corresponding flags, stakes or tags should be placed where they were found in the wreckage. A journal should be kept of all tags issued.

- 2. Temporary Morgue** – A temporary morgue facility may be required. The temporary morgue will be under the direction and control of the County Coroner. The temporary morgue should be located as close to the disaster site as possible.

Once notified of fatalities associated with a MCI the Coroner will determine the level of assistance required and then call upon the State Medical Examiner, other County Coroners, private practitioners in forensic sciences, morticians, and other professionals. If required a request may be made through County Emergency Management for additional State assets or

Federal assets such as the Disaster Mortuary Operational Response Teams (DMORT).

Essential morgue operations include identification (dental charting, x-ray, fingerprinting, etc.), toxicology, documentation of personal effects, autopsies, embalming, a records area, a secured area for personal effects, clerical space, vital statistics personnel and a telephone bank for gathering and handling inquiries.

Law enforcement personnel will be required at the facility to control access and provide security.

PUBLIC INFORMATION

The jurisdiction where the MCI occurred will ensure the response of their designated Public Information Officer (PIO). The PIO will be the sole point of contact for all media.

Hamilton County MCI Plan

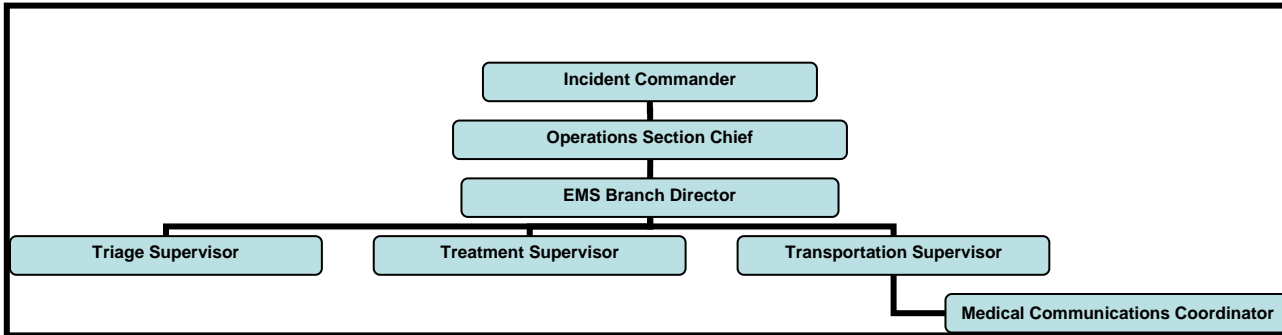
Staging areas for Mass Casualty Incidents

<u>NORTH STAGING SITES</u>		<u>Longitude</u>	<u>Latitude</u>
1	<u>Cincinnati Mills Mall Parking Lot</u> <u>600 Cincinnati Mills Drive – Forest Park</u>	<u>84°30'54.11"W</u>	<u>39°18'08.62"N</u>
2	<u>Hamilton County Communications Center – Civic Center Drive</u> <u>2377 Civic Center Drive – Area by Comm Center/Library/Sheriff's Office</u>	<u>84°33'58.30"W</u>	<u>39°16'47.48"N</u>
3	<u>Springdale Municipal Complex – 12147 Lawnview Avenue</u> <u>Near Exit 41 off of I-275 – Next to Station 90</u>	<u>84°29'03.21"W</u>	<u>39°17'22.80"N</u>
<u>WEST STAGING SITES</u>		<u>Longitude</u>	<u>Latitude</u>
1	<u>Whitewater Crossing Christian Church</u> <u>5771 State Route 128 – Whitewater Township</u>	<u>84°44'00.56"W</u>	<u>39°12'18.65"N</u>
2	<u>Blue Rock Road @ I-275</u> <u>Exit 31 off of I-275</u>	<u>84°37'41.19"W</u>	<u>39°14'06.10"N</u>
3	<u>Kilby Road @ I-275</u> <u>Kilby Road Area at Interchange Exit 21 off of I-275</u>	<u>84°46'41.64"W</u>	<u>39°11'10.50"N</u>
<u>CENTRAL STAGING SITES</u>		<u>Longitude</u>	<u>Latitude</u>
1	<u>Hamilton County Fairgrounds</u> <u>77th Street and Vine Street - Carthage</u>	<u>84°28'26.89"W</u>	<u>39°12'02.58"N</u>
2	<u>Princeton High School Complex – 100 Viking Way</u> <u>Sharon Road and Chester Road – Exit 15 off of I-75</u>	<u>84°26'40.07"W</u>	<u>39°16'14.70"N</u>
<u>EAST STAGING SITES</u>		<u>Longitude</u>	<u>Latitude</u>
1	<u>Coney Island/Riverbend/River Downs/Belterra</u> <u>Kellogg Avenue and Sutton Avenue – Anderson Township</u>	<u>84°25'00.45"W</u>	<u>39°03'22.05"N</u>
2	<u>Loveland Madeira Road @ I-275</u> <u>Exit 52 off of I-275 – Area by Lake Isabella Park</u>	<u>84°18'05.07"W</u>	<u>39°14'20.86"N</u>
3	<u>Milford Parkway @ I-275</u> <u>Milford Parkway Interchange Exit 59 off of I-275</u>	<u>84°15'57.54"W</u>	<u>39°09'31.24"N</u>
<u>SOUTH STAGING SITES</u>		<u>Longitude</u>	<u>Latitude</u>
1	<u>The Cincinnati Museum Center</u> <u>Union Terminal – 1301 Western Avenue - Cincinnati</u>	<u>84°31'57.06"W</u>	<u>39°06'33.65"N</u>
2	<u>West 2nd Street @ Elm Street – Transportation Center</u> <u>2nd Street area at Northeast side of Paul Brown Stadium</u>	<u>84°30'55.14"W</u>	<u>39°05'50.77"N</u>

Hamilton County
MASS CASUALTY INCIDENT (MCI) MANAGEMENT PLAN
TACTICAL WORKSHEET

	COMPLETE
Activate Hamilton County MCI Management Plan through HCCC = MCI ALERT	
Establish Unified Incident Command post	
<p>Determine resource needs and request appropriate MCI Alarm Level:</p> <ul style="list-style-type: none"> • LEVEL 1: 5 Ambulances, 3 Engines, 2 Rescues, IMAT(Notification), Open Net Control/Surge Net • LEVEL 2: *in addition to LEVEL 1* 10 Ambulances, 8 Engines, 2 Rescues, County MCI Trailer, Command 400 • LEVEL 3: * in addition to LEVEL 1 & 2* 10 Ambulances, 10 Engines, 2 Rescues, Hamilton County IMAT • LEVEL 4: *in addition to LEVEL 1, LEVEL 2 and LEVEL 3* 10 Ambulances, 10 Engines • LEVEL 5: *in addition to LEVEL 1, LEVEL 2, LEVEL 3, and LEVEL 4* 25 additional ambulances 	

Assign ICS positions and distribute corresponding vests, distribute the Hamilton County MCI Plan checklists and forms:



Work with Law Enforcement to initiate scene access control. If necessary, establish hot /warm/cold zones.

Ensure activation of the Hamilton County Net Control Radio by calling Hamilton County Communications or Cincinnati FD Dispatch Center. The Medical Communications Coordinator should initiate use of the Hospital Capability and Patient Tally Sheet

Consider need for air medical assets, private ambulances, METRO or School bus(es) for “walking wounded”.

Consult with the IC to determine if it is safe to initiate triage using the START method. Use triage packs and ribbons initially.

Advise all personnel to exercise care not to disturb potential evidence on the scene unless necessary for rescue operations.

Establish a Treatment Area – ensure sufficient space for expansion, provide for ingress and egress of ambulances, upwind and uphill from incident. Make sure all patients receive secondary triage and tags are applied as they arrive in treatment area. Treatment Supervisor should initiate use of the Treatment Area Log.

Establish a Staging Area and a Staging Officer to coordinate the arrival and deployment of responding units. (Use a staging area predetermined in the Hamilton County MCI Plan or if necessary, chose an alternate location) Initiate the use of the EMS Staging Log

If there are fatalities have dispatch notify the County Coroner (do not move the deceased from the incident site)

When initial triage is completed perform a secondary search checking all areas around the scene for potential patients including walk-aways, ejections, etc.

Contact Net Control by RADIO on HSR6-MCI talk group

REGIONAL MCI AND DECON TRAILERS WITH LOCATIONS

ACTUAL LOCATIONS OF MCI TRAILERS

Agency	Type	Location	City	State	County
Franklin Twp	Large MCI – 32	Station 14	Felicity	Ohio	Clermont
Miami Twp	Large MCI – 32	Station 131	Loveland	Ohio	Clermont
Erlanger FD	Large MCI – 32	Station 3	Erlanger	Kentucky	Kenton
Clearcreek TwpFD	Large MCI – 32	Station 21	Springboro	Ohio	Warren
Deerfield Twp	Large MCI – 32	Station 58	Mason	Ohio	Warren
Loveland FD	Large MCI – 32	Station 60	Loveland	Ohio	Hamilton
Loveland FD	Small MCI - 16	Station 60	Loveland	Ohio	Hamilton
Boone Cty EMA	Small MCI – 16	Florence Station 1	Florence	Kentucky	Boone
Campbell Cty EMA	Large MCI – 32	CC Fire Training Center	Highland Heights	Kentucky	Campbell
Butler Cty EMA	Small MCI – 32	Hanover Station 181	Hamilton	Ohio	Butler

ACTUAL LOCATIONS OF DECON AND POLARIS TRAILERS

Agency	Type	Location	City	State	County
Boone Cty EMA/ CVG Airport	Decon	CVG FD Station 2	Hebron	Kentucky	Boone
Butler County EMA	Decon	Middletown Station 1	Middletown	Ohio	Butler
Campbell Cty EMA	Decon	CC Fire Training Center	Highland Heights	Kentucky	Campbell
Central Joint Fire/EMS	Decon	Station 11	Batavia	Ohio	Clermont
Dayton FD	Decon	Station 12	Dayton	Ohio	Montgomery
Kenton County EMA	Decon	Training Center	Covington	Kentucky	Kenton
Lebanon FD	Decon	Station 42	Lebanon	Ohio	Warren
Paint Creek FD	Decon	Station 103	Greenfield	Ohio	Highland
CVG AIRPORT	Polaris	Station 2	Hebron	Kentucky	Boone
Cincinnati FD	Polaris	Station 18	Cincinnati	Ohio	Hamilton

Cincinnati/ Northern Kentucky International Airport FD

The Airport FD has a 53' semi-trailer with truck equipped as a Mass Casualty Incident response trailer. This truck and trailer are available by contacting the Airport Communications Center at 859-767-3111. This unit can handle large numbers of victims/ patients. The Airport will send the truck and trailer while the receiving agency must acknowledge the vehicle and maintain security for the supplies and materials. All supplies must be documented.

**EMS BRANCH DIRECTOR
CHECKLIST**

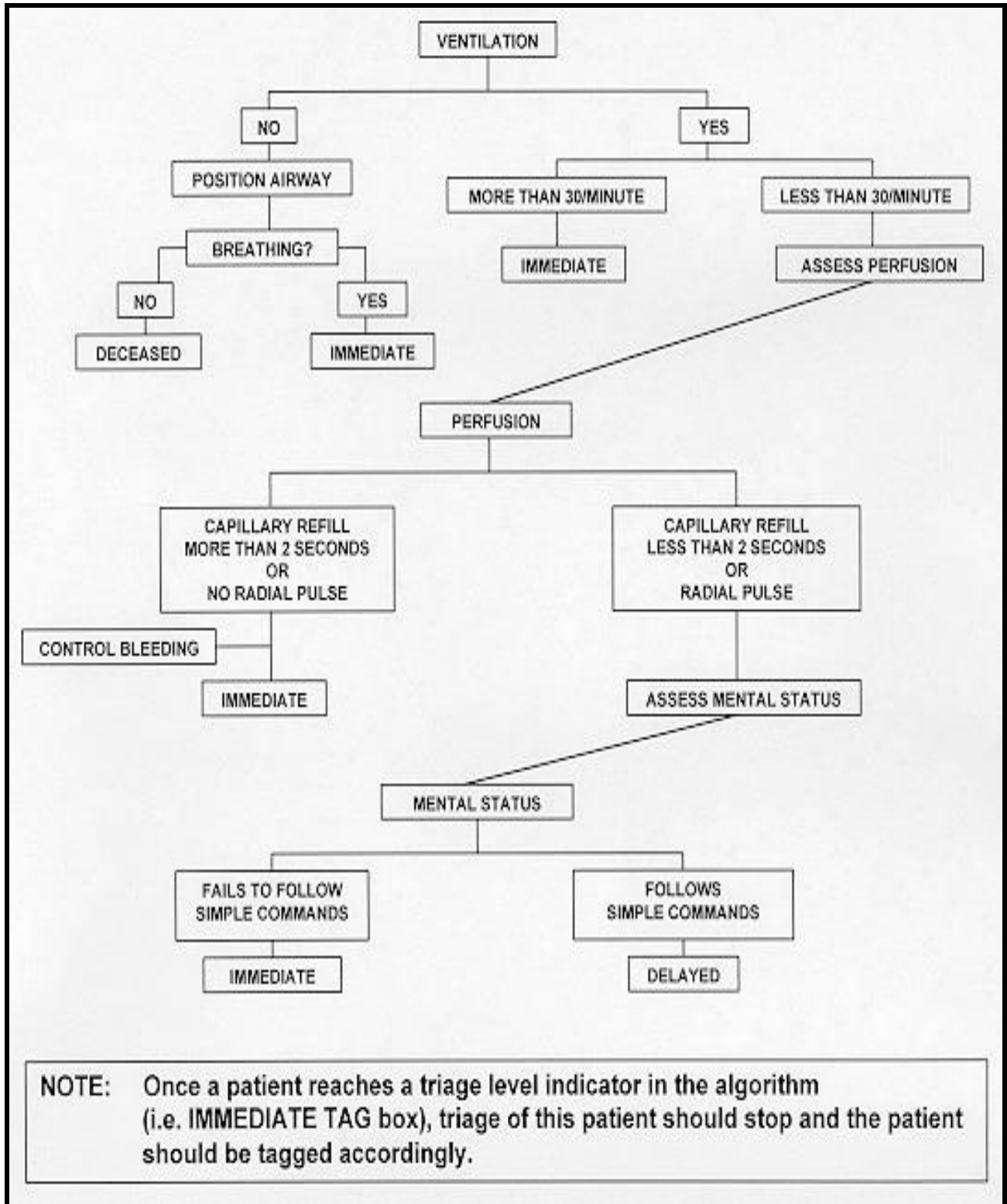
- _____ **Activate Hamilton County MCI Management Plan**
- _____ **Activate MCI Notification or MCI Alert**
- _____ **Work with Incident Command to Establish and ID Command Post**
- _____ **Request through Incident Command - Additional Units and**
- _____ **Equipment per MCI CAD deployment**
- _____ **Level 1 MCI**
- _____ **Level 2 MCI**
- _____ **Level 3 MCI**
- _____ **Level 4 MCI**
- _____ **Level 5 MCI**
- _____ **Don Command Vest and review the EMS Branch Director Portfolio**
- _____ **Make sure Hospitals are notified by Communications Center**
- _____ **Activate Hamilton County **Net Control** Radio Network through**
- _____ **Hamilton County Communications Center/ Cincinnati FD Dispatch**
- _____ **Center**
- _____ **Assign Group Supervisors and distribute Corresponding portfolios**
- _____ **Triage Group Supervisor**
- _____ **Treatment Group Supervisor**
- _____ **Transportation Group Supervisor and Medical Communications**
- _____ **Coordinator**
- _____ **Staging Officer**
- _____ **Consult with the IC to determine if it is safe to begin EMS Operations**
- _____ **Coordinate all EMS operations during the incident; consult with**
- _____ **others in the ICS as needed.**
- _____ **If there are fatalities contact the IC to have the Coroner notified**
- _____ **Advise Incident Commander when operations in the triage, treatment**
- _____ **and transportation/routing are completed.**

TRIAGE SUPERVISOR CHECKLIST

******* NO TREATMENT IS TO BE DONE IN THE TRIAGE AREA *******

- _____ Obtain briefing from the EMS Branch Director
- _____ Obtain Triage Supervisor portfolio
- _____ Determine equipment and personnel needs of the Triage Sector;
Request same from the EMS Branch Director
- _____ Distribute Triage tags to personnel as appropriate
- _____ Advise Treatment Supervisor of approximate number of patients as
soon as possible
- _____ Coordinate transfer of patients by priority to treatment area
- _____ Request personnel and equipment as needed to transfer patients to
treatment area
- _____ Check all areas around the MCI scene for potential patients, walk
aways, ejected patients, etc.
- _____ Advise EMS Branch Director when initial triage and tagging
operations are complete
- _____ Begin relieving or reducing staff as necessary
- _____ Report to EMS Branch Director for reassignment upon completion of
tasks
- _____ Report to Hazardous Materials for reassignment for decontamination
etc. for the ORANGE/BLACK contaminated patients.

START Triage Algorithm



TREATMENT SUPERVISOR CHECKLIST

- _____ **Obtain briefing from the EMS Branch Director**
- _____ **Obtain Treatment Supervisor portfolio**
- _____ **Determine equipment and personnel needs of the Treatment Group;**
Request same from the EMS Branch Director
- _____ **Coordinate personnel assigned to the treatment area**
- _____ **Establish Primary Treatment Area**
- _____ **Think Big – Treatment Area must be capable of accommodating large**
numbers of patients and equipment
- _____ **Consider: Weather, Safety, Hazardous Materials**
- _____ **Area must be readily accessible**
- _____ **Designate entrance and exit to area**
- _____ **Divide treatment area into five (5) distinct and well-marked areas**
(RED, YELLOW, GREEN, BLACK, ORANGE) Black Area should be located out of
view of other patients, public and media.
- _____ **Designate secondary treatment area as alternative should the primary area**
become unusable
- _____ **Treatment Group Supervisor should not become involved in physical tasks**
- _____ **Assign personnel to treatment areas based on their medical capabilities**
- _____ **Secondary Triage- Re-triage patients upon arrival at the Treatment Area;**
place patients in appropriate sections
- _____ **COMPLETE Treatment Area Log as patients go through Treatment Area**
- _____ **Advise Transportation Group Supervisor when patients have been**
prepared for Transport; Recommend transport priority to Transportation
Group Supervisor; Evacuate patients by priority
- _____ **Regularly inventory supplies using the Medical Equipment Checklist and**
obtain or order supplies when low
- _____ **Begin relieving or reducing staff as necessary**
- _____ **Report to EMS Branch Director for reassignment upon completion of tasks**

TREATMENT AREA LOG

Date: _____ Incident / Location: _____

Triage Tag Number	Patient Name (If Known)	Patient Sex	Tag Color / General Condition	Time In

**TRANSPORTATION SUPERVISOR / MEDICAL COMMUNICATIONS
COORDINATOR (**) CHECKLIST**

() – Tasks to be performed by the Medical Communications Coordinator (if designated)**

- _____ Obtain briefing from the EMS Branch Director
- _____ Obtain Transportation Group Supervisor portfolio
- _____ Determine equipment and personnel needs of the Transportation Group;
Request same from the EMS Branch Director
- _____ Coordinate personnel assigned to the Transportation Area
- _____ (**) Communicate with the Hospital Radio Network – Net Control
- _____ Relay Information concerning the incident as needed
- _____ Ascertain each hospital’s capabilities and number of specialty beds
available
- _____ Inform Net Control of number of patients to expect and their classification
if known (Red, Yellow, Green) and contaminated patients.
- _____ (**) Begin filling out Hospital Capability and Patient Tally Sheet (**)
- _____ Consult with Treatment Group Supervisor and establish ambulance loading
zone: The zone should have separate entrance and exit points
- _____ Advise Staging Officer of the location of the Loading Zone and the best
routes for access
- _____ Consult with Operations to establish Landing Zone for aeromedical units
- _____ Request ambulances from the Staging Officer as needed: Notify the
Staging Officer of Level of Care required (BLS, ALS)
- _____ Coordinate routing of patients to proper ambulances
- _____ (**) Advise ambulances of destination hospital and provide a map if needed
(**)
- _____ (**) Maintain Hospital Routing Log; verify triage tag properly filled out (**)
- _____ (**) Advise Net Control of: Name of Unit transporting; number of patients in
unit; brief description of patients by triage category and/or injuries, ETA of
unit and destination hospital (**)
- _____ (**) Update Hospital Capability and Patient Tally Sheet as patients are
transported; complete totals at the conclusion of the incident (**)
- _____ Advise EMS Branch Director when the last patient is transported

HOSPITAL ROUTING LOG

Date: _____

Incident / Location: _____

Transport Unit	Triage Tag Number And/or Patient Name	Pt Sex	Tag Color / General Condition	Hospital or Destination	Time to Hospital

EMS UNIT STAGING LOG

Date: _____

Incident Location: _____

Page _____ of _____

Unit ID / Agency	Radio Channel Frequency	BLS / ALS	Time Requested	Time Arrived	# of Personnel Available	Time to Loading Zone

Hamilton County MCI Plan

Hospital Availability

MCI PLAN

This list contains the hospitals within the Greater Cincinnati Disaster Preparedness Coalition region that have Emergency Services. Specialty hospitals without ED's are not listed.

HOSPITAL	COUNTY	CAPABILITY
Adena Greenfield Regional	Highland	Critical Access
Adams County Regional Medical Center	Adams	Critical Access
Atrium Medical Center	Warren	Level 3: TRAUMA CENTER
Bethesda North Hospital	HAMILTON	Level 3: TRAUMA CENTER
The Christ Hospital – Liberty Township	Butler	
Cincinnati Children's Hospital Med. Ctr	HAMILTON	Level 1: Pedi TRAUMA
Cincinnati Children's Liberty Township	Butler	Pedi
Clinton Memorial Hospital	Clinton	
Ft. Hamilton – Kettering Hospital	Butler	
Good Samaritan Hospital	HAMILTON	
Highland District Hospital	Highland	
McCullough-Hyde Hospital	Butler	
Mercy Health – Anderson Hospital	HAMILTON	
Mercy Health – Clermont Hospital	Clermont	
Mercy Health – Fairfield Hospital	Butler	
Mercy Health – West Hospital	HAMILTON	
The Christ Hospital	HAMILTON	
The Jewish Hospital – Mercy Health	HAMILTON	
University of Cincinnati Medical Center	HAMILTON	Level 1: Adult Trauma & Burn
West Chester Hospital	Butler	Level 3: Trauma
Veterans Affairs Medical Center	HAMILTON	Veterans
St. Elizabeth Edgewood	KY-Kenton	
St. Elizabeth Florence	KY-Boone	
St. Elizabeth Ft. Thomas	KY-Campbell	
Dearborn County Hospital	IN-Dearborn	
Margaret Mary Community Healthcare	IN-Ripley	
Free-Standing Emergency Departments		
Harrison Medical Center	HAMILTON	Free Standing ED
Good Samaritan Western Ridge	HAMILTON	Free Standing ED
Bethesda Arrow Springs	Warren	Free Standing ED
Mercy Mt. Orab	Brown	Free Standing ED
Mercy Rookwood	HAMILTON	Free Standing ED
Kettering – Mason	Warren	Free Standing ED
Atrium – Mason	Warren	Free Standing ED
St. Elizabeth Covington	Kenton	Free Standing ED
Bethesda Butler Hospital	Butler	Free Standing ED
Kettering Hospital - Franklin	Warren	Free Standing ED
Kettering Hospital – Middletown	Butler	Free Standing ED
10/2020		

HOSPITAL CAPABILITY AND PATIENT TALLY SHEET

Date: _____

Incident Location: _____

Page _____ of _____

Hospital Name	Hospital Notes	Number of Patients Hospital can Treat	Number of Red Patients Sent	Number of Yellow Patients Sent	Number of Green Patients Sent	Total
		# of Red: # of Yellow: # of Green:				
		# of Red: # of Yellow: # of Green:				
		# of Red: # of Yellow: # of Green:				
		# of Red: # of Yellow: # of Green:				
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HOSPITAL CAPABILITY AND PATIENT TALLY SHEET

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HOSPITAL CAPABILITY AND PATIENT TALLY SHEET

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HOSPITAL CAPABILITY AND PATIENT TALLY SHEET

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		# of Red: # of Yellow: # of Green:				

Consider where to transport contaminated patients. Contact Net Control for direction