



GUERNSEY COUNTY EOP, ESF # 4  
FIREFIGHTING, EMS & RESCUE

<b>COORDINATING AGENCY:</b>	Guernsey County Firefighter's Association
<b>PRIMARY AGENCIES:</b>	Antrim Vol. Fire Department Byesville Vol. Fire Department Cambridge Fire Department Cassell Station Vol. Fire Department Cumberland Vol. Fire Department Fairview Vol. Fire Department Liberty Community Vol. Fire Department Lore City Vol. Fire Department New Concord Vol. Fire Department Old Washington Vol. Fire Department Pleasant City Vol. Fire Department Quaker City Vol. Fire Department Senecaville Vol. Fire Department United Ambulance Service Guernsey County Coroner
<b>Support Agencies:</b>	Guernsey County Emergency Management Agency Guernsey County Sheriff's Office Municipal Law Enforcement Agencies Southeastern Ohio Regional Medical Center
<b>State Agencies</b>	Ohio State Highway Patrol Ohio Fire Marshall's Office Ohio Fire Chief's Association ODNR Division of Forestry

I. Introduction

The responsibilities for fire service; emergency medical service and rescue operations in disaster situations are basically the same as in daily operations. Disaster operations differ in that fire departments and EMS may be called upon to perform additional tasks. They may have to coordinate their operations with other disaster response forces and will have to coordinate and report their on-scene activities to the Fire and EMS Services Coordinator representing them in the activated county Emergency Operations Center.

A. Purpose

ESF #4 provides for the coordination of fire services, rescue and emergency medical services activities to ensure the safety of life and property within the County during emergency situations.

Appendix 1 to this ESF outlines procedures for mass casualty incidents.

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#### B. Scope

1. Fire services for the purpose of this document are considered fire suppression and control, rescue, emergency medical care, and immediate life safety services as delivered by Guernsey County fire service agencies. Fire prevention, fire suppression, and hazardous materials operations are daily problems faced by fire service personnel in Guernsey County.
2. EMS activities include provisions for extended mass care and triage operations.
3. This function shall plan for, request and coordinate the use of mutual aid in order to mitigate fire rescue emergencies.

#### C. Policies

1. Priority will be given to saving lives and protecting property, in that order.
2. All ESF-4 agencies will manage and coordinate all fire, EMS, rescue and support operations under the National Incident Management System (NIIMS). All agencies supporting response and recovery efforts will coordinate activities through the unified command structure of the Incident Command System.
3. The Guernsey County Incident Command System (ICS) procedures will be implemented to effectively manage and control resources at the scene of emergencies.
4. On scene, the chief officer of the jurisdiction in which the incident has occurred is the incident commander. Incidents involving two or more agencies or jurisdictions will be managed using the unified command system.
5. Responsibility for situation assessment and determination of resource needs lies primarily with the Incident Commander(s).
6. Personnel Accountability Systems will be used to track and control the movement of Guernsey County fire, rescue and EMS personnel.
7. Policies and procedures utilized during disasters will support the protection of life, property and the environment. During disasters, normal policies and procedures may be modified based on circumstances.
8. Inquiries by the public regarding status of individuals injured or missing will be referred to Law Enforcement. Information concerning damage assessment, department status, resources, etc. will be reported to the EOC.

## II. Situation & Assumptions

#### A. Situation

1. One paid and 13 volunteer fire departments provide fire protection in Guernsey County.
2. One private and three volunteer fire departments provide EMS transport services in Guernsey County.
3. Six Volunteer fire departments provide first response medical services to their coverage area.
4. Under the best of circumstances, the management and coordination of a large firefighting, rescue or EMS operation is complex and may involve multiple agencies. .

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#### B. Assumptions

1. Available County fire protection and EMS personnel and equipment will be able to cope with most emergency situations using local resources and mutual aid agreements, when necessary.
2. Local fire protection, rescue and EMS activities will increase significantly during a major disaster, civil disturbance, or other emergency situation.
3. Local fire department and EMS department must be prepared to support each other during emergency situations using available expertise, equipment, and manpower, to ensure efficient and effective emergency operations.
4. Guernsey County, the surrounding municipalities and townships could be subject to an emergency situation that could overwhelm local fire departments and EMS capabilities.
5. When local resources do not exist or are depleted, outside assistance may be made available through other local, State, and Federal governments, but may not arrive on scene for many hours.

### III. Concept of Operations

#### A. General

1. Local jurisdictions have the ultimate responsibility of providing fire service protection.
2. In Guernsey County, fire departments utilize the Incident Command System (ICS) a component of the National Incident Management System (NIMS) at the scene of an emergency/disaster. The management and coordination of all resources, personnel, equipment, procedures, and communications will take place through the Guernsey County ICS procedures.
3. The appointed Fire and Rescue Coordinator is designated as the primary contact and will staff the Emergency Operations Center (EOC) upon activation and ensure 24-hour staffing coverage based on the level of activation.
4. The first department on the scene will alert other responders regarding the status of the situation. The Incident Commander is responsible for advising decision makers about the risks associated with the threat and recommending methods for suppression.
5. All response organizations will report appropriate information concerning casualties, damage observations, chemical/radiation exposure, and related information to the EOC (Emergency Operations Center).
6. If necessary, specialized teams or response organizations may be brought in to assist on scene in the suppression of the fire or containment of the emergency. Examples of these teams are, but not limited to; Urban Search and Rescue Teams, Hazardous Materials Response Teams, State Radiological Field Monitoring Teams.
7. Each fire and EMS organization is responsible for providing necessary support to his or her response personnel for food, water, fuel, and emergency power. Requests and support for necessary items may be coordinated through the EMA/EOC.

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### B. Organization

#### 1. County Fire Departments

- a. County fire departments are comprised of one paid and thirteen volunteer departments serving in specific geographical areas known as coverage areas. The primary focus of the departments is structural fires within their area. Some fire departments also include rescue, EMS and first response personnel that operate within the Fire Department's coverage area (Refer to Attachment 1, Guernsey County Fire Coverage Area Map).
- b. There is a county wide mutual aid agreement between all county fire departments to provide assistance as necessary to each other. Additional resources, which may be required to respond to a large fire or emergency, may be obtained through the Ohio Fire Chief's Response Plan.
- c. Fire department resources, communications, and equipment are listed in the county resource manual.

#### 2. County EMS

- a. County EMS is comprised of one private paid service and three volunteer fire departments serving in specific geographic areas. Six additional fire departments provide first response service in their coverage areas.
- b. Guernsey County EMS units will respond to establish field triage areas, direct triage and treatment operations and initiate communications with Southeastern Ohio Regional Medical Center.
- c. Assignment of patients to hospitals or temporary treatment facilities will be coordinated with Southeastern Ohio Regional Medical and transporting squads. Victims will be transported to area hospitals according to the severity of their injuries.
- d. Emergency Medical Services resources, communications, and equipment are listed in the county resource manual.

### C. Pre-Incident Actions (Preparedness & Mitigation)

1. Establish policies, procedures and guidelines for response and control of fire, rescue and EMS related incidents.
2. Provide fire prevention programs to the general public.
3. Negotiate, coordinate, and prepare mutual-aid agreements.
4. Train response staff and volunteers to perform emergency functions.
5. Assist in development of a communications SOP in cooperation with the Guernsey County EMA for interaction with the EOC during an emergency.
6. Provide a listing of available equipment for countywide fire, BNICE, and hazardous material response to EMA.
7. Adopt the Guernsey County SOP for incident command to include coordination between the incident commander, the EOC, and other response forces.
8. Participate in emergency preparedness exercises.

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D. Incident Period Actions (Response)

1. Assume and announce Command and establish an effective operating position for the Incident Command Post (ICP).
2. When the Guernsey County Emergency Operations Center is activated, assign a fire, EMS and rescue coordinator to the EOC to coordinate fire, EMS, rescue service resources.
3. An EMS liaison will report to the EOC to coordinate field triage activities if requested.
4. Stabilize the incident and provide for life safety.
5. Where possible, remove immediately endangered injured and non-injured persons.
6. Provide for the safety, accountability, and welfare of all response personnel and the general public. This priority is ongoing throughout the incident.
7. Prioritize missions in coordination with the Executive Policy Group (EPG) based on life safety, protection of property, and available resources as detailed in the Incident Action Plan.
8. Coordinate mutual aid and private vendor resource needs to request parties within the County, through the proper resource request procedure once local resource capabilities have been exhausted.
9. Provide ALS & BLS care as needed during emergency situations and coordinate necessary medical transportation of the injured.
10. Provide triage at each multiple casualty site following procedures outlined in appendix 1 to this ESF.
11. Direct and/or support emergency search and rescue operations.
12. Assist in the dissemination of warning to the public.
13. Primary agency for implementing evacuations.
14. Provide fire protection in public shelters.
15. Establish on-going radio communications between the EOC and the site of the emergency.
16. Designate staging areas for equipment and personnel.
17. Designate and man decontamination areas.
18. Identify and contain potential fire hazards, such as damaged gas lines and downed power lines.

E. Post Incident (Recovery)

1. Support cleanup and recovery operations.
2. Provide fire control measures at designated burn sites, as required.
3. Reports and records of activities during an emergency/disaster will be collected and maintained by the Fire, EMS and Rescue Coordinator.
4. Provide After Action Report to Guernsey County EMA.

F. Deactivation

1. The Incident Commander determines deactivation of fire and EMS service resources.
2. Deactivation may be done in stages as the situation stabilizes.

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IV. Direction and Control

A. Emergency Operations Center

1. During a major disaster/emergency situation, all fire, EMS, and rescue activities will be coordinated through the Guernsey County EOC, when activated. Each fire and EMS organization will maintain authority within its own jurisdiction and relay reports during emergency operations to the County Fire, EMS and Rescue Coordinator in the Guernsey County EOC.
2. The County Fire, EMS and Rescue Coordinator (generally designated by the IC) will relocate to the EOC upon its activation. From this location, he will advise decision-makers and coordinate fire, EMS and rescue activities with the on-scene commander(s) and act as liaison between fire and EMS organizations and EOC representatives for material and personnel support. This shall include:
  - a. Support on-scene medical operations by acquiring and coordinating of private agencies (life flight, private EMS, etc.) to include the process of staging and integrating those assets to the scene.
  - b. Acquire additional medical resources needed (backboards, meds, etc.) identified by the IC by use of existing mutual-aid agreements or if exhausted locally by requesting assistance from Ohio EMA/EOC.
3. The Fire, EMS and Rescue Coordinator shall coordinate with ESF-8 EOC personnel to acquire additional medical supplies and resources as needed by on-scene personnel.
4. Procedures for Law Enforcement personnel to contain and stabilize the disaster (crowd control, hostage negotiation, evacuate areas, collect evidence, etc.) are located in ESF-13.
5. Procedures for support agencies to assist in stabilization of the disaster site (public works to support heavy equipment rescue needs, engineer's office to control or provide access to/from immediate area, etc.) are provided in ESF-1 & ESF-3

B. On-Scene Command

1. Fire Service
  - a. The highest-ranking officer of the first fire department to arrive on-scene shall be in charge of the fire and rescue field operations unless and until relieved of duty by a higher-ranking fire official or the incident is stabilized and terminated.
  - b. When more than one public safety agency (i.e., fire, EMS, law enforcement) responds to the scene of the incident, the fire chief shall be the on-scene commander for the duration of the response effort.
  - c. The on-scene commander will relay reports on the status of the emergency to include the number of casualties, injuries, extent of damage, potential for evacuation, BNICE/chemical exposure levels, and support requirements to the Fire and Rescue Coordinator in the EOC.
  - d. In the event of the activation of mutual-aid, the on-scene commander will establish a chain of command to integrate and manage fire and rescue resources from other responding jurisdictions.
  - e. The Incident Commander ("Command") will designate a Staging Area for arriving personnel and equipment if the size and complexity of the incident warrants it. The Staging Officer will be responsible for staging of arriving

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personnel and equipment and the selection and assignment of personnel to perform tasks requested by Command. Further IC procedures are outlined in the Guernsey County Incident Command Procedures.

- f. Procedures to implement specific Search and Rescue operations (confined space, heavy equipment, water rescue, etc.) will be implemented following the local jurisdictional agencies policies and procedures. Emergency Support Function #-9 outlines implementation of major search and rescue operations.

### 2. EMS

- a. The responding EMS agency will identify priorities for use of medical resources, provide care for, and transport of victims using established agency procedures.
- b. Identified shortfalls in medical supplies (backboards, meds, etc.) will be forwarded to the EOC and coordinated between ESF-4 and ESF-8 EOC personnel to acquire those needed additional resources either locally or from external sources.
- c. All EMS units will utilize the Incident Command System (ICS).
- d. On-Scene emergency medical services will be directed and coordinated by the ICS Operations Section, Emergency Medical Branch Director assigned by the Incident Commander.
- e. Additional positions may be assigned; these include: EMS Triage Officer, EMS Treatment Officer, and EMS Transport Officer. The severity of the incident and number of injured will affect the organization and assignment of positions.
- f. In a mass casualty incident a Triage Officer will be appointed to coordinate all triage, tagging, and movement into patient collection areas. The Triage Officer will be responsible to the EMS Branch Director. Triage will be accomplished by protocols established by EMS agencies Medical Director(s).
- e. A Transportation Officer will be appointed to coordinate transportation of victims to hospitals. The Transportation Officer will be responsible to the EMS Branch Director.
- g. Southeastern Ohio Regional Medical Center and/or any other receiving medical facility will follow their internal policies and procedures to coordinate patient arrival and diversion of patients to other medical facilities with the EMS Transportation Officer.

### C. General Organization

- 1. All organizations that support this ESF are responsible for developing their respective SOPs for conducting or supporting firefighting, emergency medical services, and rescue operations in Guernsey County.
- 2. All organizations that support this ESF are responsible for coordinating with other organizations from which they require local support to develop letters of understanding or mutual aid agreements for that support.
- 3. All fire fighting, EMS, and rescue organizations supporting emergency operations in the County will coordinate their planning and operational efforts through implementation of the National Incident Management System (NIMS).

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D. Primary Agencies

1. Fire & EMS

- a. Maintain internal personnel notification and recall rosters.
- b. Provide a list of available equipment for countywide fire, BNICE, and hazardous material response to the Guernsey County EMA on a yearly basis.
- c. Ensure all personnel take NIMS required training.
- d. Provide a list of all department members and copies of their training certificates to the Guernsey County EMA on a yearly basis.
- e. Participate in emergency preparedness exercises.

2. Fire Service

- a. Coordinate firefighting operations throughout the county during time of emergency/disaster.
- b. Provide for coordination of manpower, as needed, during disaster operations.
- c. Provide facilities to be used, as needed, for a command post to be established serving as a link to the EOC.
- d. Supply initial damage assessment reports to the Guernsey County EMA Director as requested.
- e. Provide a Fire and Rescue Coordinator to the Guernsey County EOC (when activated) when needed based on the scope and nature of the incident.
- f. Conduct response activities in accordance with written Standard Operating Procedures (SOPs).
- g. Direct evacuation efforts in coordination with elected officials of the affected jurisdiction and law enforcement officers.
- h. Direct BNICE response and hazardous material response in coordination with appropriate state/federal organizations.

3. Emergency Medical Services (EMS)

- a. Provide liaison to EOC as requested.
- b. Provide personnel to administer emergency medical assistance at the disaster scene.
- c. Provide first-aid/medical supplies for disaster use.
- d. Establish and maintain field communications and coordination with other emergency services; police, fire, health, hospitals, nursing homes, etc.
- e. Provide field triage to include:
  - (1) Identification of facilities that can be converted to triage centers.
  - (2) Maintain required levels of medical supplies at triage sites.
- f. Provide emergency medical care for essential workers following an evacuation by establishing a mobile medical center outside of the hazardous area.
- g. Coordinate with hospitals/medical centers to track patients injured during emergencies.



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- h. Provide transportation and care for individuals from the disaster site to medical facilities.
- i. Obtain additional EMS personnel and supplies as needed to address the emergency.

E. Support Agencies

1. Law Enforcement

- a. Provide traffic control support at emergency scenes upon request of the lead agency.
- b. Provide vehicle escorts into storm-affected areas upon request of the lead agency.
- c. Provide crowd control and scene security for emergency personnel upon request of the lead agency.

2. Guernsey County Emergency Management Agency

- a. Maintain a roster of all support agency contact persons.
- b. Maintain a listing of all available fire, rescue and EMS resources within Guernsey County.
- c. Develop with the Guernsey County Firefighters Association and maintain standard operating procedures (SOPs) to allow for the efficient and effective mobilization of fire, rescue and EMS resources on a countywide basis, in time of disaster scenarios.
- d. Negotiate, coordinate, and prepare mutual-aid agreements.
- e. Develop a system to track resources deployed for disaster response.

3. Ohio Fire Chief's Association

Activate Ohio Fire Chief's Response Plan upon request.

4. Ohio Fire Marshall's Office

Provide logistical support upon request.

V. Supporting Plans and Procedures

Guernsey County Haz-Mat Response Plan

Date of Last Revision: 2004

Available From: Guernsey County EMA

Ohio Fire Chief's Response Plan

Date of Last Revision:

Available From: Guernsey County EMA

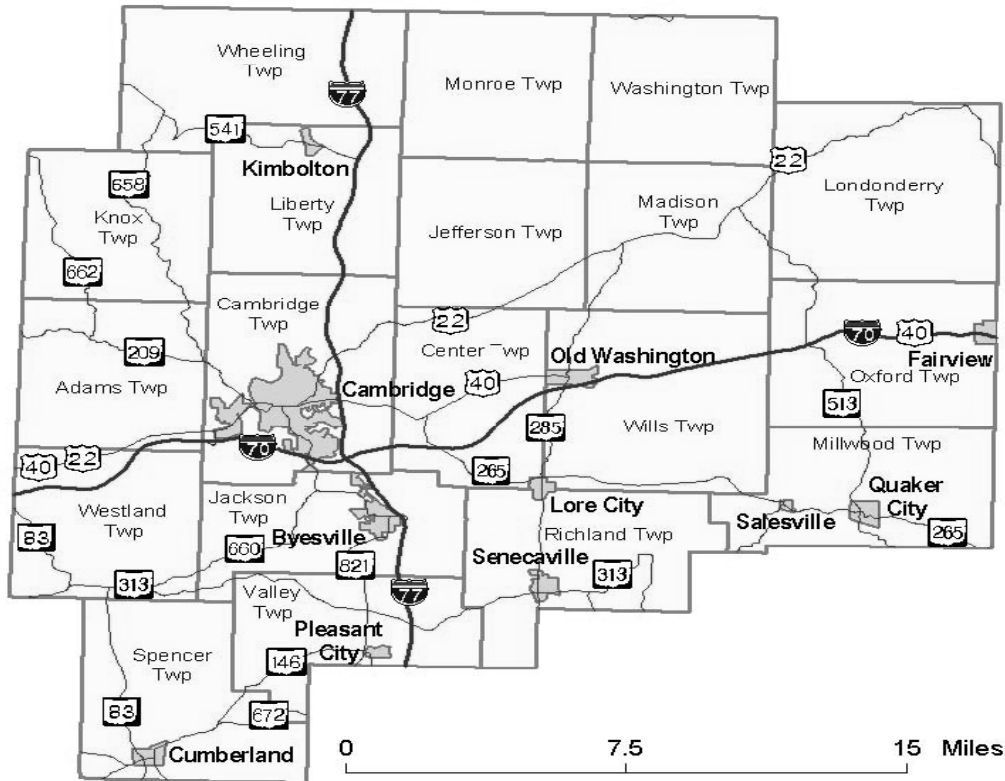
Guernsey County ICS Procedures

Date of Last Revision: 2005

Available From: Guernsey County EMA

# EMERGENCY SUPPORT FUNCTION # 4 FIREFIGHTING, EMS & RESCUE

## Attachment 1



Township	Fire Department
Adams	Cassell Station
Cambridge	Cambridge
Center	Old Washington, Lore City
Jackson	Byesville
Jefferson	Antrim, Liberty
Knox	Liberty, Cassell Station
Liberty	Liberty
Londonderry	Antrim
Madison	Antrim
Millwood	Quaker City
Monroe	Antrim, Liberty
Oxford	Fairview, Quaker City, Antrim
Richland	Senecaville, Lore City
Spencer	Cumberland
Valley	Pleasant City
Washington	Antrim
Westland	Cassell Station, New Concord
Wheeling	Liberty, Newcomerstown
Wills	Old Washington, Lore City

## **EMERGENCY SUPPORT FUNCTION #4**

### **Appendix 1 (Mass Casualty)**

#### **I. Introduction**

From the moment a Mass Casualty Incident is identified, it is crucial for all EMS personnel involved to follow their Medical Directors established protocols and procedures to protect victims and reduce the incidence of death or injury (Copies will be available in the EOC for reference by ESF-4 & ESF-8 personnel). The following appendix outlines the responsibilities of the dispatcher taking the MCI call, how the first arriving medical personnel establish Incident Command, and how to establish Medical Operations. Additionally, guidance and definitions are provided for initial and secondary triage as well as staging and transport guidelines.

#### **II. Mass Casualty Incident**

Guernsey County has defined a Mass Casualty Incident (MCI) as any incident involving five or more victims with life threatening or serious illness or injury. An MCI can also be stated as an incident involving five or more red and/or yellow-tag victims (as defined later in the triage section).

#### **III. Purpose**

- A. This appendix provides guidance to emergency response agencies in Guernsey County so that a multi-agency response to a Mass Casualty Incident can be effectively orchestrated. This appendix provides an umbrella system through which multi-agency responses will be effectively planned, organized, and coordinated across command jurisdictions. This appendix defines an effective command organization intended to eliminate confusion and enhance response capabilities during an MCI.
- B. This appendix also provides methods to manage medical operations during an MCI to prevent unnecessary loss of life. This appendix establishes an effective Mass Casualty Incident organization, defines the activities and responsibilities assigned to Medical Command during an MCI, and establishes procedures to process information to support mass casualty incident management, planning and decision making.

#### **IV. Concept of Operations**

- A. This appendix is based on the Incident Command System (ICS) a component of the National Incident Management System (NIMS). This appendix includes terminology, assignments, and responsibilities and should be studied carefully. It is based on the premise that specific activities of most Emergency Medical personnel will simply be applying daily routine functions on a larger scale. In the event of a MCI, it shall be the responsibility of the primary provider in whose area the disaster occurs, to direct, coordinate, and implement the MCI appendix.
- B. The major complications that emergency medical personnel encounter during a disaster are the limited number of trained personnel available and response personnel working without authority or independent of organized effort. These problems are addressed herein by narrowing the responsibilities and expectations of emergency medical personnel responding to the disaster scene. These primary responsibilities include:
  - 1. Maximum use of other emergency personnel (as available).
  - 2. Concentration on patients most likely to be saved (proper triage).
  - 3. Rapid transport having priority over Advanced Life Support (ALS) on the scene.
  - 4. Providing ALS while en-route to hospitals.

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5. Reserving on-scene ALS for those patients having to wait for transport.
  6. All responding personnel working in a directed coordinated effort.
  7. Generally, EMS personnel will not operate within the hot zone of a hazardous materials or weapons of mass destruction incident scene.
  8. EMS personnel will, whenever possible, limit their exposure to known or suspected contaminated persons.
- C. The first unit on the scene must not blindly rush to individual patients, but briefly stop and make a rapid assessment of the situation. Their actions and decisions in the first few minutes will influence the entire response and management of the incident. Proper actions and decisions will avoid confusion, chaos, and inefficiency.
- V. Communication Objectives
- A. Obtaining adequate information about an incident is essential to making an effective and safe entry into any MCI scene. Dispatchers will query callers to obtain as much information about the incident as possible.
  - B. Agency protocols should require dispatchers to initially dispatch two EMS Squads and first responders to the scene of any known MCI. Information, including the nature of an incident, the means of access to scene, etc. will be relayed to all responding units on appropriate radio channels.
  - C. As soon as practical, dispatchers should obtain the location of staging and other essential information from *Incident Command*. Safety information should be collected from *Incident Command* and relayed to other responding units as soon as possible (i.e. power lines down, chemicals involved, spectators in the roadway, emergency vehicles blocking traffic, armed suspect still on the scene, officer directing traffic at intersection, etc.).
  - D. Dispatch should notify Southeastern Ohio Regional Medical Center that an MCI has occurred and keep them abreast of conditions including the number of casualties.
- VI. First Arriving Personnel On Scene
- A. The first dispatched unit that arrives on-scene will establish *Incident Command*. It is *Incident Command's* responsibility to coordinate with other responding units in an effort to establish a well-managed command and control effort. The designation of *Incident Command* will remain with the first arriving unit until relieved by another unit or until the MCI operations have concluded.
  - B. *Incident Command* should brief dispatch and the EOC (if activated) about the situation and the nature and numbers of resources that will be needed. A brief description of the incident, obvious conditions, the approximate number and severity of injured, and safety conditions should be reported. Information should be updated as the situation changes, either for better or for worse.
  - C. It is important to note that every person in any emergency response agency has the potential to be the lead person during an MCI. The first dispatched response personnel that arrive on the scene will institute effective incident management techniques including establishing *Incident Command*. The first arriving unit **does not** need supervisory confirmation for activation of the Mass Casualty Appendix.

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### Appendix 1 (Mass Casualty)

- D. Once *Command* has been established, the dispatcher should relay information to the scene through *Command*. The following procedures should be instituted immediately upon arrival.

1. Initial Actions

- a. Transmit a brief initial radio report.
- b. Establish *Incident Command*.
- c. Evaluate the situation, identify if the incident is an MCI.
- d. Identify location of staging area and means of access.
- e. Develop a strategy to manage the scene.
- f. Secure perimeter utilizing Law Enforcement.
- g. Assume effective *Command* position.
- h. Brief responding support agencies by radio on all frequencies.
- i. Request appropriate additional assistance.
- j. Report casualty estimate through Communications to hospitals.

2. Scene Coordination

Emergency Responders should secure access to the scene to prevent accidents and protect the injured. Also, they should identify routes for emergency vehicles that will be arriving. In some cases, it may be necessary to designate parking spaces until a staging area is established. In addition, they should evaluate the need for control lines and safety control zones.

3. Establishing Medical Operations

- a. The first arriving paramedic will assume the responsibility of *Medical Operations*. The *Medical Operations Officer* is responsible for all emergency medical activities at the scene including both care provided to victims and care provided to responders that require medical attention during the incident. The *Medical Operations Officer* will report to or establish a command post (usually a vehicle) in cooperation with other responding agencies.
- b. It is possible in most minor incidents for *Medical Operations* to supervise *Triage*, *Extrication*, on-scene *Treatment*, and *Transport* of victims. In a larger incident it will be the *Medical Operations Officer's* responsibility to assign officers to each of the tasks defined below:

**Triage:** Determination of the number of victims, their status and priority for treatment. In a multiple casualty situation, the triage process progresses from a primary survival scan to qualitative triage to quantitative triage. Color-coded Triage tags will be used to identify patients, their status and treatment requirements.

**Extrication:** The specialized strategy of removing a victim from entanglement or entrapment, and the transfer of victims to a casualty collection point for on-scene treatment. Qualified personnel with specialized training must perform extrication.

**Treatment:** The extent of patient treatment in the field will vary with the type of incident (small scale vs. large scale), and the type of illness or injury (e.g., trauma vs. radiation incident). On an MCI the patients are moved to a casualty collection point for treatment as compared to a routine EMS incident, where patients are usually treated where found.

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**Transport:** Transfer of the patient from the incident to an appropriate hospital. Transport options include ground or air ambulance, bus, police car or private vehicle. The type of incident, the type of illness or injury, and the availability of transport vehicles shall determine the exact method of transfer.

#### **VII. Initial Triage**

- A. After *Command* is established the next arriving medical personnel should begin *Triage*. These personnel will report to *Medical Operations* (or *Triage Officer*) with the number and severity of injured. When faced with more than one patient, it is the medical responder's duty to afford the greatest number of people the greatest chance of survival. To accomplish this, care and transport is provided according to the seriousness of a victim's injury or illness. To determine severity a rapid survey of each patient is performed and each patient is assigned to a priority group.
- B. The patients are classified into one of four groups based on severity:
  - 1. Red: Correctable Life-threatening Illness or Injury – Examples include respiratory obstruction, suspected heart attack, severe bleeding, severe head injuries, cervical spine injuries, open chest or abdominal wounds, fractures without distal pulses, femur fractures, critical or complicated burns or burns involving respiratory complications, severe shock, tension pneumothorax.
  - 2. Yellow: Serious But Not Life- Threatening Illness or Injury – Examples include moderate blood loss, moderate to critical burns without complications, open or multiple fractures (open increases priority), eye injuries, other medical emergencies including stable drug overdose.
  - 3. Green: "Walking Wounded" – Examples include soft tissue injuries, simple fractures, sprains, minor to moderate burns.
  - 4. Black: Dead or Fatally Wounded – Examples include exposed brain matter, cardiac arrest (no pulse for over 20 minutes except with cold water drowning or severe hypothermia), decapitation, severed trunk, and incineration.
- C. The initial triage process should only take 3 - 5 seconds for each patient; the only intervention to be performed at this stage is opening the airway through head positioning. Patients will receive treatment once they reach the treatment area. Only patients requiring prolonged extrication will receive treatment where they lie.

#### **VIII. Secondary Triage and Treatment**

- A. As more trained medical personnel arrive on scene, Medical Operations will direct them to complete initial triage. Victims should be taken to a casualty collection point or treatment area and be physically separated into treatment groups based on their priority. It is in the *Treatment Sector* that medical personnel should begin treatment and packaging for transport as directed by a *Treatment Officer*.
- B. Utilizing *Simple Triage and Rapid Treatment (START)* protocols, patients will be separated into four treatment groups. The "walking wounded" should be separated from the other injured as soon as possible. Trained personnel will continue to monitor them but they should ideally be separated from the more severely injured. Fatalities should be either left in place for investigative purposes, and should only be moved to a temporary morgue when the Coroner or lead law enforcement officer on scene dictates.

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### **Appendix 1 (Mass Casualty)**

- C. The condition of victims in the treatment areas should be continually assessed until the last victim has left the scene of the incident. If a victim's condition worsens they should be moved to an increased priority group. If a victim's condition improves, they may be moved to a lower priority group.
- D. Advanced Life Support should be reserved for patients having to wait for transport. Under no circumstance should transport be delayed for treatment purposes, especially in cases where trauma treatment can be performed en-route to the hospital. Trauma victims will be saved in the operating room, not in the field, thus rapid transport is the key.

#### **IX. Staging and Transportation**

- A. All emergency units responding to the incident should respond to a *Staging Area* designated by the *Incident Commander*. The *Staging Area* will be under the direction of a *Staging Officer*, who will advise responding units of their assignments as they arrive. Transport units and their personnel will remain in this area until advised by the *Staging Officer*. Depending on the size and the estimated extent of the incident, the staging area should allow for bathroom facilities, refreshments and shelter for responding personnel. Once a *Staging Area* is established, no unit should respond to the scene without having been directed by the *Staging Officer*.
- B. The *Transport Officer* will be responsible for communicating with each treatment sector to determine the number and priority of victims. This information will assist in determining the number of transport units needed.
- C. It is up to the *Transport Officer* to determine the mode by which each victim will be transported; whether by helicopter, ground ambulance, bus, or patrol car. Taken into consideration are availability of resources, weather conditions for helicopter operations and available landing zones, proximity to the nearest hospitals, and the number and nature of injuries. Ground ambulances can transport up to two red-tag victims at the same time with a minimal crew. Busses can transport large numbers of "Walking Wounded" under minimal medical supervision.
- D. Requests for additional resources such as helicopters, ground ambulances, and busses will be processed by the dispatcher (EOC if activated). *Command* should request mutual aid by number and type of units or personnel needed, not by specific agency. The dispatcher/EOC will contact the closest surrounding agencies for mutual aid, and the responding units will be advised to respond to the *Staging Area*. It is imperative that the responding units be given clear directions to the *Staging Area* as many will not be familiar with the area, and the dispatcher may not have radio contact with them.
- E. The *Transport Officer* will maintain a patient manifest listing to which hospital each patient is transported. Patient reports including priority group and general injury descriptions will be given by the *Transport Officer* to the hospital prior to transport. This way the hospitals know what to expect, do not receive patients they are incapable of handling, and do not receive a disproportionate share of patients. In large-scale incidents ambulances will not give radio reports to the hospital unless a serious decline in patient condition occurs.

## **EMERGENCY SUPPORT FUNCTION #4**

### **Appendix 2 (Scene Safety)**

#### **I. Introduction**

An Incident Commander (IC) has no greater responsibility at any incident and/or emergency scene than seeing to the safety and well-being of responders and the general public.

Elements critical to personnel safety are the appointment of a Safety Officer and the implementation of an incident scene accountability system. Other critical elements include establishing procedures for broadcasting emergency radio messages, deploying dedicated Rapid Intervention Crews, and establishing Responder Rehabilitation operations.

NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*, sets a minimum requirement for a fire-service related occupational safety and health program.

All agencies have the obligation to provide safety equipment and develop operational procedures for their individual members to follow. But it is incumbent on individual responders to use the personal protective equipment issued and follow agency operational procedures to ensure the safety of all personnel.

As described in agency regulations, members who are provided safety clothing shall use the protective ensemble that is appropriate for the type of incident and the hazards to which they are exposed. These include: highway incidents, structural fire fighting, wildland fire fighting, emergency medical incidents, proximity fire fighting, and hazardous materials incidents.

Responders must wear the appropriate respiratory protection when exposed to Immediately Dangerous to Life and Health (IDLH) atmospheres, and a Personal Alert Safety System (PASS) shall be activated prior to entry. Eye, face, and hearing protection needs to be worn when appropriate for protection. Retro-reflective clothing must be worn whenever working on the highway. Responders operating at highway incidents shall, whenever practicable, operate in crews of two or more.

The following are some of the ways identified in NFPA 1500 to reduce the overall risks to members operating at the scene of emergency incidents:

- Adopt rules of engagement.
- Appoint an Incident Safety Officer.
- Implement a personnel accountability system.
- Provide for emergency traffic communications.
- Control access to the scene.

#### **II. Rules Of Engagement**

##### **A. Incident Management**

The Incident Management System starts with the arrival of the first responder. Risk management shall be integrated into the routine functions of incident command. As referenced in NFPA 1500, objective 8.2.2, the concept of risk management shall be utilized on the basis of the following principles:

1. Activities that present a significant risk to safety of personnel shall be limited to situations where there is a potential to save endangered lives.
2. Activities that are routinely employed to protect property shall be recognized as inherent risks to the safety of personnel. Actions shall be taken to reduce or avoid hazards and unnecessary risks.
3. No risk to the safety of personnel shall be acceptable when there is no possibility to save lives or property.



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#### **B. Risk Analysis**

Risk assessment is a continuous process lasting the entire duration of each incident. The Incident Commander should continually reevaluate conditions to determine if the level of risk has changed and a change in strategy or tactics is necessary. At a minimum, the risk analysis for an incident should consider:

1. Scene Characteristics
  - Traffic hazards
  - Fire and explosion hazards
  - Environmental hazards
  - Hazardous material hazards
  - Criminal and terrorist threats
2. Incident Factors
  - Scene access and egress
  - Environmental conditions
  - Evidence
3. Responder Capabilities
  - Available resources
  - Operational capabilities
  - Operational limitations
  - Training
  - Experience
  - Rest and rehabilitation

#### **III. Incident Safety Officer (ISO)**

- A. Safety always remains the responsibility of the Incident Commander.
- B. Whenever the size or complexity of the incident prevents the IC from personally monitoring safety and health conditions at the incident, the IC will appoint an ISO as a member of the Command Staff and delegate his authority to perform these functions.
- C. Assistant Safety Officers may be required at complex incidents, incidents that cover a large geographic area, or those with operations occurring at multiple locations.
- D. The following items should be considered regarding the appointment of an ISO:
  1. The ISO must be assigned as early in the incident as possible.
  2. The ISO shall monitor the scene for unsafe conditions, hazards, and risks. As a result of these ongoing surveys, the ISO recommends to the IC any changes to the Incident Action Plan.
  3. The ISO shall have the authority to alter, suspend, or terminate any activity he determines to be unsafe or to involve an imminent danger, informing the IC and other involved operational personnel immediately of any such action.
  4. Where an ISO identifies unsafe conditions, operations, or hazards that do not present an imminent danger, the ISO shall recommend appropriate action to the IC to mitigate or eliminate the unsafe conditions, operations, or hazards.

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5. The ISO addresses health and safety issues associated with all responders and support personnel, including those operating away from the immediate incident scene (for example, at Staging, at traffic control points, or the rehabilitation area). Adequate Assistant Safety Officers must be used to provide incident safety oversight. For example, separate Assistant Safety Officers could be designated to monitor widely separated Traffic Control Areas.
6. The ISO is responsible for the health and safety of his assistants as well as his own. All must use required personal protective equipment and retro-reflective clothing.
7. The ISO must have radio communication equipment and not operate alone in hazardous environments. He must monitor the use of the accountability system, any emergency radio traffic, the Responder Rehabilitation Unit, and the deployment of Rapid Intervention Companies/Crews.
8. The ISO may require specialized knowledge concerning hazards and operations in order to adequately protect those at the scene.

#### **IV. Incident Scene Accountability**

- A. Agencies responding to emergencies must adopt and routinely use a standard personnel identification system to maintain accountability for each of their members assigned to each incident. Written guidelines shall be established by all agencies and departments that provide Incident Commanders with the capability to account for all responders assigned to their incident.
- B. Even though the Incident Commander is responsible for overall personnel accountability, he may utilize additional accountability officers based on the size, complexity, or needs of an incident. Each ICS position is accountable for all subordinate responders through the chain of command to the IC.

#### **C. Accountability Systems**

Several accountability systems have been developed by various agencies in Guernsey County and, while they vary in design, there are common elements that each agency can adopt for use at emergency incidents to fully account for their personnel. Whatever the design, the accountability system must be able to account for every responder periodically during the incident. In addition, the system shall be:

1. Capable of incorporating accountability for responders who actually respond to the scene and removing members from accountability who actually depart from the scene.
2. Capable of documenting the entry of responders into and exit from specifically identified hazard zones (e.g., confined space, IDLH atmospheres, hazardous materials hot zones, unstable crime scenes).
3. Capable of conducting a roll call at the beginning of the incident and at nominal 15-minute intervals throughout the operation. Dispatch shall remind the IC of the need to conduct a roll call when needed.
4. Capable of signaling when a responder is missing or late returning from an assignment and the need to mount an immediate rescue effort, such as by the RIC (See below).

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### **Appendix 2 (Scene Safety)**

- D. It is critical for each resource (responder, apparatus, company, unit, etc.) to be uniquely identified, or the IC will likely lose track. Different agencies are likely to employ different identification systems and methods due to their specialized individual needs. These independently developed methods and systems may be unlikely to be compatible with each other and can contain duplicates of resource identifiers used in other agencies. (For example, there is an “Engine 1” in many fire departments.) It is unlikely that all agencies could justify the expense of converting to a common identification system. However, it may be possible for agencies to internally convert their resource designations in a coordinated manner with each other so that no duplicates remain.
- E. Nevertheless, Incident Commanders must still be able to identify and locate responders assigned to their incidents by roll call, regardless of their home agency.
1. Adopting the rule of using the combination of each responder’s identification number and their agency’s name should ensure that unique identifiers always appear on each incident’s rolls. “Cambridge PD 1” would then be clearly distinguishable from “Byesville PD 1” and from “Guernsey SO 1.” Same as “Byesville Engine 1” would be distinguished from “Cambridge Engine 3”.
  2. For any incident operations, the common elements of an accountability system are the following:
    - Full integration into the ICS.
    - Mandatory use by all personnel on the scene.
    - An on-scene responder is assigned the task of accounting for all on-scene personnel, starting with the arrival of the first responder.
    - Identified benchmarks for required roll calls (Personnel Accountability Reports) throughout an incident. (Possible Benchmarks: Change in status from offensive to defensive operations, secondary event, hazardous materials event, significant environmental event, structural collapse, reported lost responder, or based on set periods of elapsed time.)
  3. The Personnel Accountability Report (PAR) is the utilization of the accountability system to conduct and record a roll call of all personnel at an incident. The IC shall conduct a PAR for the Operations Section (and may conduct a PAR for the entire ICS organization) whenever a change in conditions could increase the hazard to ongoing operations.
  4. A PAR should be conducted whenever an evacuation order has been given to provide a systematic method of confirming the health and welfare of all personnel operating at the incident. The IC may request a PAR anytime during an incident to provide this accountability.
- V. Establishment of Formal Exclusion Zones
- A. Responsibility
1. It shall be the responsibility of the Incident Commander using departmental policies and procedures to establish formal exclusion zones to protect the public (Hot or Evacuation Area and Warm or Safety/Buffer Zones). This shall be coordinated with local law enforcement and the EOC.
- B. Accountability systems shall be used to account for response personnel as they enter and leave the hazard zone.

## **EMERGENCY SUPPORT FUNCTION #4**

### **Appendix 2 (Scene Safety)**

#### **VI. Emergency Traffic Communications**

- A. Emergency services agencies communication systems should provide a standard method to give priority over routine radio communication to the transmission of emergency messages and notification of imminent hazards to all levels of the incident command structure. NFPA 1221, Standard for the Installation, Maintenance, and Use of Emergency Services Communications Systems, provides additional information regarding the requirements for this capability.
- B. To ensure safety, plain English will be used in emergency communications at an incident. The radio term “Emergency Traffic” will be used as a designation to clear radio traffic. Any responder who is in trouble or subject to an emergency condition can declare Emergency Traffic. Various radio tones maybe used to draw attention to this “Emergency Traffic” message
- C. Examples of emergency conditions that could warrant emergency radio traffic include:
  - 1. A responder down
  - 2. A responder missing
  - 3. A responder trapped
  - 4. The need to immediately evacuate the work zone
  - 5. An adverse wind shift causing a smoke or hazardous materials threat to responders
  - 6. Discovery of new danger such as a hazardous material, secondary device, or unseen hazard
- D. When a member has declared an emergency traffic message, he should use terms identified in the department’s standard operating guideline, such as “responder down.” At the conclusion of the emergency condition, an “All Clear” must be transmitted to allow a return to normal radio and incident operations.
- E. In addition to an emergency traffic radio message, Incident Commanders could use an additional signal, such as an apparatus air horn, to signal an ordered “evacuation” of personnel. Some departments have incorporated a series of three 10-second short blasts on an air horn with a 10-second silence between each series of blasts of an air horn. For ICs using this system, it is very important for them to select apparatus away from the Command Post to reduce the possibility of missing radio messages while the air horns are sounding.

#### **VII. Rapid Intervention Teams (RITS)**

- A. A RIC will be designated to stand by in a state of readiness should the need arise to initiate a rescue effort for downed or missing responders.
- B. A RIT is comprised of a minimum of two responders who are attired and equipped to perform the actions necessary to affect the rescue of other responders. The best practice is to utilize a complete resource and keep it intact. The RIT should have awareness of where resources are committed on the incident, and the RIT should not be assigned to other duties that would in any way delay or impede their rescue effort. More than one RIT may be required for large-area, large-scale, or complex operations. The RIT should be capable of quickly deploying a minimally effective heavy-rescue, EMS, and traffic-control response anywhere along the avenues of approach to the scene, particularly to where responders are conducting traffic control.

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#### **VIII. Responder Rehabilitation (REHAB)**

- A. In a full implementation of the ICS, Rehab is located within the Operations Branch. Of course, if the Operations Branch has not been implemented, Rehab may be moved upwards in the organization.
- B. Command has the responsibility to ensure that the physical and mental condition of emergency responders operating at the scene of an incident does not deteriorate to a point where it affects the safety of each member or it jeopardizes the safety and integrity of the operation. The purpose of Rehab is to evaluate and assist personnel who may be suffering from the effects of sustained physical exertion or exposure to high stress conditions during highway incident operations. Rehab provides a specific area where personnel will assemble to receive the following:
  - 1. Medical assessment
  - 2. Revitalization rest, refreshments, etc.
  - 3. Treatment for injuries
  - 4. Monitoring of physical condition
  - 5. Patient (responder) transportation
  - 6. Initial critical incident stress debriefing
- C. Command officers should consider the need for Rehab during the initial planning stages of an emergency response. Climatic or environmental conditions (e.g., high or low temperatures) should not be the sole justification for establishing Rehab. Any activity or incident that is large in size, long in duration, and/or labor intensive will rapidly deplete the energy and strength of personnel and therefore merits the establishment of Rehab.
- D. All supervisors should maintain an awareness of the condition of each member operating within their immediate span of control and ensure that adequate steps are taken to provide for each member's safety and health. The command structure should be used to request relief and the reassignment of fatigued crews.
- E. Critical components of all Rehab operations include:
  - 1. Nourishment
  - 2. Rest
  - 3. Recovery
  - 4. Medical evaluation and treatment
  - 5. Accountability
- F. The Rehab Unit should offer shelter and security to units assigned to it.

#### **IX. Critical Incident Stress Management**

- A. Major incidents have the potential of creating significant emotional and physical stress in responding personnel. This is especially true in incidents involving children, violent crime, or many deaths or injuries. All agencies involved in major incident responses should have a programmed method of identifying incidents that may negatively affect the well being of responders and providing appropriate stress management response. Certain incidents, including mass casualty, those involving serious injury or death of a responder, or those involving close community relationship to the victims, warrant an automatic critical incident stress management (CISM) response.

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- B. CISM is generally considered a scaled response based on the type of incident, numbers involved, and the needs. The manner in which CISM response is delivered depends upon the organization and the jurisdiction. There are numerous local, state, and national organizations that can provide CISM resources. Guernsey County utilizes debriefing teams from Six Counties Inc., a representative from Six Counties Inc. shall be requested to report to the EOC when activated.
  
- C. The Incident Commander should consider the need for CISM early into an incident and request the mobilization of these resources as appropriate. Often CISM activities begin at the scene. Because most major incidents are multi-agency or multi-jurisdictional, the primary jurisdiction should include the needs of all responders in CISM plans or response.

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