



# KNOX COUNTY EMERGENCY MANAGEMENT AGENCY

EMS MASS CASUALTY RESPONSE PLAN: STANDARD  
OPERATING GUIDLINE

1 July, 2010

**TABLE OF CONTENTS**

DRAFT AND REVISIONS PAGE.....3

I. SOG PURPOSE .....4

II. CONCEPT OF OPERATIONS .....4

III. DEFINITIONS .....6

IV. DECLARATION OF A MASS CASUALTY INCIDENT .....6

V. INCIDENT COMMAND ACTIONS .....7

VI. COMMUNICATIONS CENTER ACTIONS .....8

VII. ESTABLISHING MEDICAL OPERATIONS .....9

VIII. TRIAGE .....10

IX. TREATMENT .....13

X. LOADING .....14

XI. STAGING AREA .....15

XII. TRANSPORTATION .....15

XIII. INCIDENT COMMUNICATIONS PLAN .....16

XIV. RESOURCES .....17

XV. HAZARDOUS MATERIAL INCIDENTS .....17

XVI. DECEASED VICTIMS .....18

XVII. APPLICABLE PARTIES .....19

XVIII. APPENDIX .....19



## **I. SOG PURPOSE**

The Knox County Mass Casualty Incident Response SOG provides procedural guidance to the Incident Commander, EMS Group Supervisor, local first responders and the Regional Communications Center to implement an effective and decisive response to a Mass Casualty Incident that occurs in Knox County.

This SOG defines an effective command organization intended to eliminate confusion and enhance response capabilities during an MCI. This SOG details the communications requirements that should be implemented and the response activities that need to occur. This SOG provides methods to manage medical operations during an MCI to prevent unnecessary loss of life.

All parties involved must realize that this is a “living document” and is therefore subject to revision and change. While the plan shall be reviewed on an annual basis, it shall also be reviewed each time the plan is utilized. All stakeholders shall be consulted before any change to the plan is implemented.

## **II. CONCEPT OF OPERATIONS**

This SOG is based on the National Incident Management System (NIMS) version of the Incident Command System (ICS) and the START Mass Casualty Incident program.

The Incident Commander, the EMS Group Supervisor and all first responders must understand that a Mass Casualty Incident cannot function in the same manner as day-to-day EMS responses. The same level of care cannot be maintained during an MCI; there are too many patients and not enough EMS resources. Tough decisions will have to be made.

*These primary responsibilities during an MCI include:*

1. Maximum use of other emergency personnel (such as firefighters and police officers).
2. Concentration on patients most likely to be saved (proper triage).
3. Appoint an EMT-I or EMT-P as Treatment Officer.
4. Rapid transport having priority over Advanced Life Support (ALS) on the scene.
5. Providing ALS while en-route to hospitals.
6. Reserving on-scene ALS for those patients having to wait for transport.
7. All responding personnel working in a directed, coordinated effort.
8. Ensure Responder Safety

LIFE CYCLE OF A MASS CASUALTY INCIDENT RESPONSE

1. Initial reporting of an incident.
2. First responders arrive on scene.
3. Incident Command is established and an MCI is declared.
4. Communication Center dispatches additional responders and alerts hospital(s).
5. Patients are sorted and triaged.
6. Patients are moved to Treatment areas.
7. Patients are loaded on available ground and/or air ambulances.
8. Patients are transported to area hospitals.
9. Incident Command accounts for all patients and their hospital assignments.
10. Hospitals receive and treat patients.
11. Incident Command is terminated and resources are returned to service.

**ASSUMPTIONS**

Given the fact that the types of incidents encompassed by this plan will be different from day to day operations, there are several assumptions that need to be considered when implementing the MCI plan. It should be assumed that:

- the initial responding units will be quickly overwhelmed
- the immediate resources available to the municipality will not be able to handle the incident
- the Incident Command System will be implemented as soon as possible to assure a smooth response
- mutual aid units will be required to cover areas that they normally do not respond to
- hospitals will need to be advised sooner than normal as to numbers and types of casualties
- resources outside of the standard daily response may be needed to accomplish mitigation of the incident
- Incidents may involve a location that does not provide easy access to or transport of victims from the site. Incident Command should use their discretion when requesting resources and organizing incident positions such as the Command Post, Staging Area, etc.

### III. DEFINITIONS

*MASS CASUALTY INCIDENT*: This SOG defines a Mass Casualty Incident (MCI) as any incident where there is a need to mobilize EMS resources beyond those responding to everyday emergencies. In this incident there are more victims than EMS resources that are typically available within that EMS unit's service coverage area. For Knox County, the number of patients that will be classified as a mass casualty event will be five (5) or more.

*SPECIAL RESPONSE AREA*: Involvement of special response agencies (e.g. U.S. Coast Guard, Maine Wardens Service, etc.) should be considered when an incident occurs in an area of uncertain jurisdiction; is spread over multiple jurisdictions or requires a special response to reach and mitigate the event.

*AMBULANCE STRIKE TEAM*: When requesting large amounts resources from out of the area, the NIMS terminology of an "Ambulance Strike Team" shall be utilized. While the NIMS describes a strike team of any kind as five of the same type of resource, we realize that this is an unrealistic goal for the State of Maine. Therefore, in accordance with this plan, any reference to an "Ambulance Strike Team" will reference three (3) ambulances of the same type.

### IV. DECLARATION OF A "MASS CASUALTY INCIDENT"

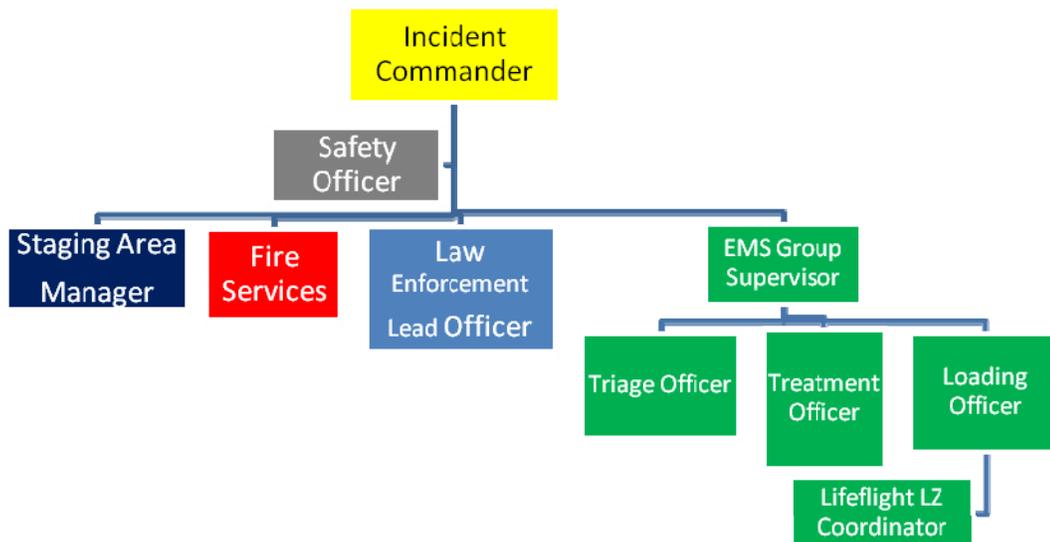
The Incident Commander or EMS Group Supervisor will contact the Knox County Regional Communications Center (KRCC) by radio or phone and transmit the following information:

1. Caller's Identification
2. Location of Incident
3. Best Access Route
4. Number of Injured/General Types of injuries
5. Known hazards
6. Staging Areas
7. Resources needed, including any special equipment
8. Identity of the Primary Hospital
9. Communication Plan
10. Report of on-scene personnel/classification

**Example:** “Union Portable 60 is on scene at 567 Common Road, Union. I am declaring a Mass Casualty incident. Access will be off Route 131 South. I have 24 victims with trauma injuries. There are hazardous materials present. Staging will be at the Come Spring Cafe. Penobscot Bay Medical Center will be the Primary Hospital. Please dispatch the following.....”

## V. INCIDENT COMMAND ACTIONS

1. Arrival Report: Transmit a brief initial radio report.
2. Command: Establish Incident Command.
3. Size Up: Evaluate the situation, identify if the incident is an MCI.
4. Staging: Identify location of staging area and means of access.
5. Action Plan: Develop a strategy to manage the scene.
6. Perimeters: Secure perimeter utilizing Law Enforcement.
7. Command Post: Assume effective Command position.
8. Communications: Identify the Command channel. Develop an Incident Communications Plan. The IC should request On-Site KRCC Incident Dispatch Support as needed. IC should also request CONOPS as needed.
9. Mutual Aid: Request appropriate additional assistance.
10. Hospital Alert: Report patient estimate to hospitals.



All responders must understand that the preceding organizational chart is simply the operations responsibilities of a minor incident. Should an incident expand in size or cover multiple operational periods, more positions of the NIMS ICS model will need to be activated.

## **VI. COMMUNICATIONS CENTER ACTIONS**

The Knox County Regional Communications Center (KRCC) Public Safety Dispatcher will query callers to obtain as much information about the incident as possible. The Dispatcher will dispatch the appropriate EMS Service and Fire Department. The Dispatcher will also dispatch a law enforcement officer as available and needed. Once the Incident Commander or EMS Group Supervisor has declared a Mass Casualty Incident (MCI), the Dispatcher will immediately dispatch all resources as requested by the Incident Commander or EMS Group Supervisor. If an MCI is declared and a request is not made, the Dispatcher will contact the Incident Commander as query as to which resources are required.

When an MCI is declared, the KRCC will utilize the "County Wide Tone" to alert and dispatch the proper resources to the incident. For each tier of mutual aid assets utilized, the KRCC will utilize the "County Wide Tone" rather than individual service tones to request assets to respond. The use of the "County Wide Tone" will allow the KRCC to not only dispatch multiple agencies in a shorter period of time, it will enable them to notify all county assets of a large scale incident that may involve their response should the situation escalate. Assets dispatched to the scene will depend on the incident location and the pre assigned assets according to the Knox County MCI Response Card. (Assignments in Appendix)

The Dispatcher will contact the County EMA Director and notify him of the situation.

As soon as practical, the dispatcher shall 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.).

Incidents of the magnitude to cause this plan to be implemented will be confusing and chaotic for all responders, especially the Incident Commander and the Dispatch center. Coordinated response of assets and staff is critical to the effective and timely mitigation of an MCI. No matter their proximity or relation to the event at hand, units **MUST NOT** "self dispatch" themselves to the incident. Doing so will

cause other areas affected by this plan to possibly go without adequate coverage, create dangerous responses by improperly intersecting apparatus and overwhelm the scene with apparatus and staff that has not been planned for.

## **VII. ESTABLISHING MEDICAL OPERATIONS**

After the establishment of Incident Command, the first arriving EMT will assume the responsibility of all EMS Operations and the title of EMS Group Supervisor. The EMS Group Supervisor will assign other EMS personnel to each of the following tasks:

1. Triage Officer: Rapidly assesses all patients and determines classification of patient using METTAG system. Directs all "Minor" injury patients to self extricate from area and move towards treatment area. Only attempts to open airway and apply tourniquets as needed for "Immediate" injury patients before moving on. Also oversees patient transfer to the Casualty Collection Point.
2. Treatment Officer: Sets up and supervises a Casualty Collection Point. Reassesses and retags (if necessary) patients and locates patients in sub-areas corresponding to their METTAG color; Assigns providers arriving from the staging area (as requested) to patients needing care or movement to the loading area; Prioritizes multiple patients of similar category for movement to loading area.
3. Loading Officer: Designates a holding area for vehicles assigned to patient transport duties. Supervises loading of patients on ambulances; Assigns patients to specific hospitals, ensures that they have the proper license level of EMT accompanying them (if available) and informs ambulance drivers of destination. Contacts hospital and coordinates on patients being sent to their ER and completes Patient Manifest.

As more EMS responders arrive on scene, the above listed positions can and should be filled and can be filled by any level of Emergency Medical Technician. Consider providing assistants to each of the above officers, as more EMT's become available.

All emergency medical services care provided on scene should be at the Basic Life Support (BLS) level. Advanced Life Support (ALS) may be accomplished on board the transporting ambulances while enroute to the hospital, if ALS qualified EMT's are on board. Consider using available firefighters and other responders to assist the Triage and Treatment Officers as Stretcher/Backboard carriers. Non-EMS may

be used to stay with patients during triage and treatment, to move patients from the Triage Area to the Treatment Area and from the Treatment Area to the Loading Area. Firefighters may also be used to manage Staging Operations. All EMS ICS Officer positions should wear the color coded vests provided in the MCI kits that clearly identify the roles to which they have been assigned. Each ambulance in Knox County is provided with an MCI kit. Additionally, the Knox County EMA has a supply of MCI vests.

### VIII. TRIAGE

After the EMS Group Supervisor is established, the next arriving EMT should be assigned as the Triage Officer. The Triage Officer will report to the EMS Group Supervisor the number and severity of injured.

The initial triage process should only take 5-10 seconds for each patient and should follow the format of the **START** (Simple Triage and Rapid Treatment) Triage Program. The only interventions to be performed at this stage are opening the airway through head positioning and applying a tourniquet to control life threatening bleeding. Patients will receive treatment once they reach the treatment area. Only patients requiring prolonged extrication will receive treatment where they lie.

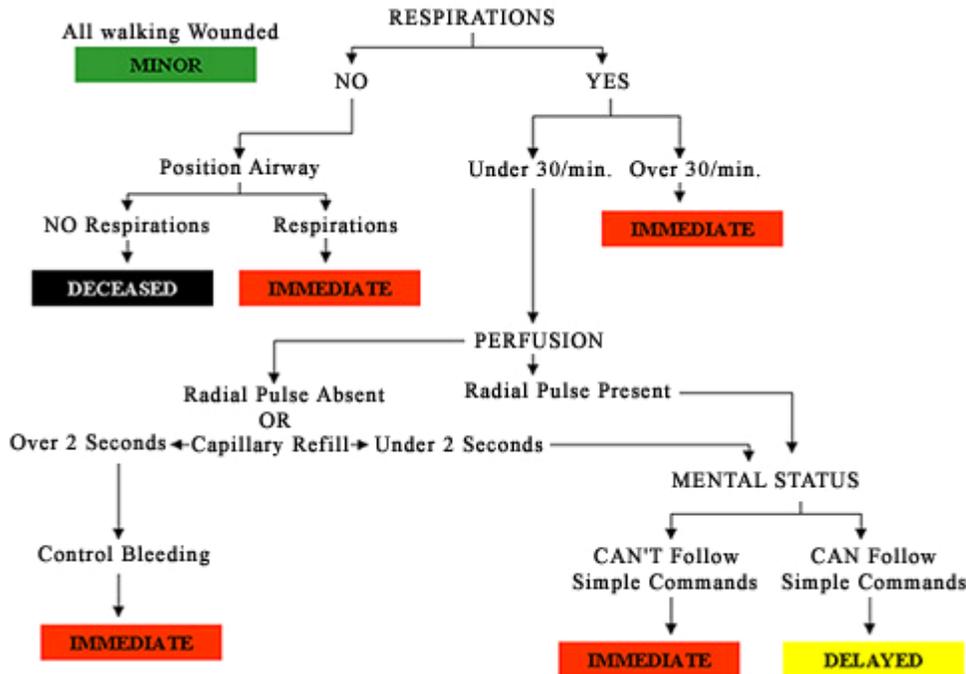
Once the Triage Officer has performed Airway, Bleeding and Circulation (Shock) assistance, and determined numbers of patients, he/she will start the process again.

When faced with more than one patient, it is the Incident Commander'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.

The Triage Officer will quickly determine the severity of each patient by completing a rapid survey and assign each patient to a priority "color" group.

<b>RED</b> <b>(Immediate)</b>	Correctable Life-Threatening Illness or Injury Conditions requiring immediate transport by ambulance to prevent jeopardy to life or limb and which will not unduly deplete personnel/equipment resources. Examples include progressive shock, major blood loss, major multiple injuries, severe respiratory distress, suspected heart attack, severe head injuries, cervical spine injuries, open wounds, fractures without distal pulses, femur fractures, critical or complicated burns
<b>YELLOW</b> <b>(Delayed)</b>	Serious But Not Life- Threatening Illness or Injury Not requiring immediate transport to prevent jeopardy to life and limb, but will eventually require ambulance transport to hospital for attention. Examples include moderate blood loss, and moderate burns

<b>GREEN</b> <b>(Minor)</b>	"Walking Wounded" or No Injuries Minor conditions probably not requiring ambulance transport to hospital. Examples include soft tissue injuries, sprains, and minor burns.
<b>BLACK</b> <b>(Deceased)</b>	Dead or obvious Fatal injuries, cardiac arrest (no pulse for over 20 minutes except with cold water drowning or severe hypothermia)



**FRONT**

Site Mark or Property Tag Patient #:  HAZMAT? Y/N (If yes, see back) 

Personal Property Tag Patient #:  HAZMAT? Y/N (If yes, see back) 

Commander's Log Patient #:  Status (circle): Red Yellow Green Black Sex: M/F Age: Name: Sent to: Time: Transport by: HAZMAT? Y/N

For Ambulance Use Patient #:  HAZMAT? Y/N (If yes, see back) DECON? Y/N (If yes, see back) 

**METTAG 2** Patient #:   **CHEM / BIO Triage Tag** Patient keeps this strip 

**HOSPITAL RECORD** Patient #:  Sex: M/F Pregnant? Y/N Age: Patient Name: Date: Address: Street: City: State: Zip: Notify: Name: Relationship: Zone Authorized? Patient | EMS | Other: By: Authorized in: Hot Warm Cold

Vitals	Time	BP	Pulse	Resp.	Alert Response
					Alert Verb. Pain Un.
					Alert Verb. Pain Un.

Med. History: Rx / Allergies / Problems? Front Eval  Back Eval: **Triage Status Log**

Time	Initials	Status
		RYGB
		RYGB
		RYGB

HAZMAT? Y/N/? (If Y or ?, see back, Note name and status above. Remove appropriate tag(s) below. Note changes above.) DECON? Y/N (If Y, see back)

USE ONLY UNDER GUIDANCE OF LOCAL AUTHORITIES. MAY NOT DUPLICATE FOR OFFICIAL USE ONLY © March 2004 The American Civil Defense Association

0 **EXPECTANT**  if dead: 

1 **IMMEDIATE** 

2 **DELAYED** 

3 **MINIMAL**  if no injuries: 

**BACK**

Site Mark or Property Tag

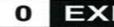
Notes/HAZMAT: Personal Property Tag Notes/HAZMAT: Commander's Log Notes/HAZMAT/DECON:

For Ambulance Use Patient #:  HAZMAT? Y/N (If yes, see back) DECON? Y/N (If yes, see back) 

**A-E Triage System™**  EMT/MD/Org. Name: EMT/MD/Org. Name: Badge #: **A1 Assess Risk** If danger, get all patients to safe triage/DECON area. **A2 Assess Priority** 1<sup>st</sup>: Send ambulatory patients to GREEN/DECON area. 2<sup>nd</sup>: Check those not moving or not alert. 3<sup>rd</sup>: Check all others. **B1 Breath** If not breathing, repo airway. If still not breathing, tag Expectant. Tag Immediate if major breathing problem (aver. > 1 breath per 2 secs). **B2 Bleeding** Control major bleeding. If can't, tag Expectant. If weak pulse or capillary refill takes > 2 seconds, tag Immediate. **C Categorize Remainder** If not alert & life is threatened, tag Immediate if serious, but no immediate threat to life, tag Delayed. If non-serious injuries or no injuries, tag Minimal (if no injuries, note on front). **D Decon** (check boxes, if done):  Gross Decon: Do upwind. Scrape away gross HAZMAT. Remove contaminated clothes & protective gear, watches etc. Cut away clothing if needed to prevent further skin contact. Wash hands.  Secondary: Use skin decon kit if available. If whole body exposure, use copious soap/water shower/spray. Chemical decon with 0.5% solutions (e.g. 1 part bleach/10 parts water) - not in eyes or open body cavities. Flush eyes with water. Put on fresh clothes. **HAZMAT/Decon notes:** **E Evacuate:** Check for dangerous items & HAZMAT status? If safe, check box  If not, explain:

Treatment Type	Amount/Rate/Etc.	Time	Initials

For more information or training materials call TACDA / METTAG Products Inc. at 1-800-425-5397 or visit our website at WWW.TACDA.ORG or WWW.METTAG.COM

0 **EXPECTANT** Notes: 

1 **IMMEDIATE** Notes: 

2 **DELAYED** Notes: 

3 **MINIMAL** Notes: 

The Triage Officer will utilize the METTAG system to categorize each patient. Triage tag categories will be torn off leaving the proper color category as the lower most portion of the tag. The triage tag should be attached to the lower left leg or foot when possible. The Triage Officer shall collect all torn off portions of the tags in order to complete the Patient Census Card. The Triage Officer will not fill in any information on the METTAG. The Treatment Officer will complete the METTAG as time allows.

The Patient Census Card is a simple form that is designed to track the number and types of casualties to allow accurate early reporting to the receiving hospital(s). Once this form is completed, it should be forwarded to the Loading Officer to allow him/her to notify receiving facilities about incoming casualties and to request the proper number of units to ensure expedient patient transport. The form should then be forwarded to the EMS Group Supervisor to provide a clear picture of the number of injuries/casualties involved in the incident.

## **IX. TREATMENT**

Once Triage, patients are taken to a Casualty Collection Point (CCP) and be physically separated into treatment groups based on their priority. It is in the CCP that medical personnel should begin treatment and packaging for transport under the direction of the Treatment Officer. RED Patients will be moved first, followed by YELLOW, then GREEN. Under optimal circumstances, multiple GREEN patients can be directed to the loading area on foot with an EMT in attendance to make the most room available for non-ambulatory casualties. Emergency personnel carrying patients will be directed by the Treatment Officer on where to set each Patient.

The Treatment Area will be broken up into a RED, YELLOW and GREEN sections as organized by the Treatment Officer. Those categorized as BLACK are left where they were found for investigative purposes and are moved to a temporary morgue when the Medical Examiner or lead law enforcement officer on scene dictates.

Using color coded signs or surveyor's tape, the treatment Officer will mark off the specific treatment areas to establish boundaries between the RED, YELLOW and GREEN areas.

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. The

Treatment Officer will retag those patients whose condition has changed. As time permits, the Treatment Officer and assistants will fill in as much information on the METTAG as possible.

RED patients will receive priority when loading for patients is being assigned. YELLOW Patients will be next. Advanced Life Support should be reserved for patients having to wait extended periods for transport. Treatment will be limited to Basic Life Support and limb-saving procedures. 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.

#### **X. LOADING**

The Loading Officer will be responsible for communicating with the Treatment Officer to determine the number and priority of victims. This information will assist in determining the number of transport units needed. It is up to the Loading Officer to determine the mode by which each victim will be transported; whether by helicopter, ground ambulance, bus, patrol car, etc. The Loading Officer will take into consideration the availability of resources, the weather conditions for Life Flight helicopter operations and available landing zones, the proximity to the nearest hospitals, and the number and nature of injuries. As examples, ambulances can transport one RED-tag Patient and one YELLOW-tag patient at the same time with a minimal crew while a bus can transport large numbers of GREEN Patients under minimal medical supervision.

The Loading Officer will forward all requests for transport resources, such as Life Flight helicopters, ground ambulances and busses, to the EMS Group Supervisor. The EMS Group Supervisor or Incident Commander will forward any requests for additional transport resources through the Regional Communications Center. The Incident Commander will request mutual aid by number and type of units or personnel needed through the Regional Communications Center. The Communications Center will dispatch the proper responding agencies per the Knox County MCI Response Card. The responding units will be advised to respond to the Staging Area and given the staging frequency. The Loading Officer will assign assistants to locate and set up a Life Flight landing Zone as needed or available. He/she will establish communications with the Life Flight helicopter upon its arrival in the area on State Fire.

Only the Incident Commander or the EMS Group Supervisor will be authorized to request the Life Flight helicopter. This request will be made through the Knox County Regional Communications Center. Flight requests are phoned in to 1-888-██████████. (*Refer to agency copy-number removed-online version only*)

The Loading Officer will maintain a Patient Manifest Listing (see Appendix) which will identify which hospital each patient is transported. Accountability on Patients will be tracked by the METTAG serial number if available.

If possible, the Loading Officer will contact the Hospital ER and report on which patients are being delivered to their ER and by what means. Patient identification will be accomplished using the METTAG serial number. On each Patient, transmit tag color and number, sex, age, and major injury. The Loading Officer will also discuss with the primary receiving hospital about the need to divert minor injuries to another facility. This will be done to prevent the primary hospital for the incident from becoming overwhelmed.

#### **XI. STAGING AREA**

All ambulances responding to the incident will park at the Staging Area, which is under the direction of the Staging Area Manager. EMS Transport units and their personnel will remain in this area until they are advised by the Staging Area Manager to relocate to the Loading Area or the Treatment Area as requested.

#### **XII. TRANSPORTATION**

Ambulances will give radio reports to the hospital ER when radio traffic allows. If the original driver of the ambulance was also an EMT, consideration should be made to reassign the responder to the incident scene under the direction of the EMS Group Supervisor and/or other assigned EMS officers to assist with the Triage, Treatment and Loading. A non-EMS responder should be reassigned to drive the ambulance if qualified. If a large group of minor patients is being transported to a facility together, a general call in should also be made to inform the hospital of general conditions and patient totals.



inbound calling freq., and gives contact information. If the request is approved, MEMA will notify all communications centers within the incident region through the State of Maine Public Safety Dispatch Centers. The IC must notify MEMA when operations terminate.

The Frequencies are:

CONOPS 1	Statewide State Police	154.7100
CONOPS 2	Nationwide Car to Car	155.4750
CONOPS 3	EMS	155.1600
CONOPS 4	State Police Car to Car	154.9350
CONOPS 5	State Fire	154.3100
CONOPS 6	Statewide Car to Car	154.6950

Copies of the State of Maine 205 FORM for CONOPS Implementation and the State of Maine 205-A form are included in the appendix section of this document.

#### **XIV. RESOURCES**

Each Ambulance should maintain the following MCI materials in a kit:

- Vests for: EMS Group Supervisor, Triage Officer, Treatment Officer, Loading Officer
- THOMAS Triage Kit with: 25 METTAGs , Surgical mask, Eye Protection, Colored Tagging Tape, Writing Tools, Patient Census Card,
- 2 Clipboards
- Patient Manifest Listing
- CONOPS Card
- Lifelight LZ Set Up Card
- Copy of Knox County Mass Casualty Incident Response SOG with Service Specific Response Card

#### **XV. HAZARDOUS MATERIAL INCIDENTS**

EMS personnel should be aware that a Mass Casualty Incident could be the result of a Hazardous Materials release. Personal protection and safety is paramount – if EMS personnel become victims themselves, they will add to the problem and not to the solution.

All Emergency Responders trained to the Hazardous Materials: First Responder –

Awareness Level may only complete the following activities:

- Assess the situation
- Secure the Area
- Protect Yourself
- Report your assessment up the chain and request HazMat Response Support

Care should be taken not to contaminate ambulances with victims who were exposed to hazardous materials. Decontamination of the victims by the Fire Department will be necessary prior to loading these victims.

**\*\*\*HAZ-MAT TRAINING REQUIREMENTS TO BE DETERMINED REGARDING CHANGES TO NFPA\*\*\***

## **XVI. DECEASED VICTIMS**

GENERAL RESPONSIBILITY FOR DECEASED PERSONS: The Office of Chief Medical Examiner is responsible for deceased victims of mass disasters including identification and removal from the scene. The Office of Chief Medical Examiner (1-800-██████████), (*Refer to agency copy-number removed-online version only*) should be informed immediately of any multiple fatality situations.

1. BODIES SHOULD BE LEFT IN PLACE AT SCENE except when they must be moved to preserve them from destruction or when they block access. The resting place of the victim may be critical for identification of the body and/or reconstruction of the incident. They should be tagged as fatalities to prevent other medical personnel from repeating examination.
2. IF DEATH OCCURS EN ROUTE TO THE HOSPITAL, the body need not be returned to the scene but can be brought to the hospital or other suitable storage place as determined by distances and needs of other patients in the ambulance. If the body is left anywhere other than the hospital or designated temporary morgue, the body should be tagged and the Office of Chief Medical Examiner should be advised.
3. THE SITE A VICTIM IS REMOVED FROM SHOULD BE NOTED on a tag along with the name and agency of the person who removed it whenever removal is needed and in cases of death after removal. Such information may be critical for identification of the body and/or reconstruction of the incident.

4. IF AN IDENTIFICATION OF A PATIENT IS MADE, a tag with at least the name and date of birth of the patient/deceased along with the identifier's name, relationship, address and where he/she can be located should be put on the body.

5. PERSONAL PROPERTY SHOULD BE LEFT WITH THE BODY including clothing removed from a patient if the victim dies. Nothing should be removed from those already deceased.

#### **XVII. APPLICABLE PARTIES**

This SOG shall apply to all Mass Casualty Incidents in Knox County. The applicable parties include:

1. All county-wide Ambulance Services
2. All county-wide Fire Departments
3. All county-wide Law Enforcement Agencies
4. Knox County Emergency Management Agency and associated teams/personnel
5. Knox County Regional Communications Center
6. Penobscot bay Medical Center

## **APPENDIX CONTENTS**

STATE OF MAINE FORM 205-A INCIDENT COMMUNICATIONS PLAN

STATE OF MAINE FORM 205 INCIDENT RADIO COMMUNICATIONS PLAN FOR CONOPS

PATIENT CENSUS CARD

PATIENT MANIFEST LISTING

IMPLEMENTATION AGREEMENT SIGNATURE SHEET

KNOX COUNTY MCI RESPONSE CARDS







**STATE OF MAINE FORM 205****INCIDENT RADIO COMMUNICATIONS PLAN FOR  
CONOPS**

1. Incident Name

2. Date/Time Prepared

3. Operational Period Date/Time

## 4. Basic Radio Channel Utilization

Radio Type/Cache	Channel	Function	Frequency/Tone	Assignment	Remarks
			CONOPS 1 SWSP 154.7100		
			CONOPS 2 NWCC 155.4750		
			CONOPS 3 EMS/Laser 155.1600		
			CONOPS 4 SPCC 154.9350		
			CONOPS 5 SF 154.3100		
			CONOPS 6 SWCC 154.6950		

5. Prepared by:







## **KNOX COUNTY MCI PATIENT MANIFEST LISTING**

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Time Loading Started: \_\_\_\_\_

Loading Officer: \_\_\_\_\_

*PRINT/SIGN*

							MODE OF TRANSPORT/ VEHICLE ID
PATIENT	COLOR	NUMBER	SEX/AGE	TIME ENROUTE	DESTINATION		
#1							
#2							
#3							
#4							
#5							
#6							
#7							
#8							
#9							
#10							
#11							
#12							
#13							
#14							
#15							
#16							
#17							
#18							
#19							
#20							
#21							
#22							
#23							
#24							
#25							

**DESTINATION = HOSPITAL INITIALS**

**MODE OF TRANSPORT: G = GROUND / A = AIR / NE = NON EMS**

**KNOX COUNTY MCI PLAN IMPLEMENTATION AGREEMENT**

With the signature affixed below the signer agrees, as a representative of their respective agency, to operate within the guidelines established in this document during an MCI event. Furthermore, having reviewed the plan and the applicable service based response plans, each service agrees to provide the support outlined within to the utmost of their staffing and apparatus availability.

<b><u>Service Name</u></b>	<b><u>Printed Name</u></b>	<b><u>Signature</u></b>	<b><u>Title</u></b>
Camden First Aid Association	-----	-----	-----
Cushing Ambulance	-----	-----	-----
Northeast Mobile Health	-----	-----	-----
North Haven Ambulance	-----	-----	-----
Rockland Fire/EMS	-----	-----	-----
St. George EMS	-----	-----	-----
Sterling Ambulance	-----	-----	-----
South Thomaston Ambulance	-----	-----	-----
Thomaston Ambulance	-----	-----	-----
Union Ambulance	-----	-----	-----
Vinalhaven Ambulance	-----	-----	-----
Warren Ambulance	-----	-----	-----



KNOX CO. AMBULANCE BOX ALARM SYSTEM					
Municipality		Zone		Description of Zone	
<b>CFAA</b>		<b>all</b>		Camden, Rockport, Hope and Lincolnville	
Level	Unit to Scene/Staging			Cover Assignments	
0	CFAA	CFAA	CFAA		
1	CFAA	RKLFD	RKLFD		Union to provide area coverage
2	UNIR	MDCOM	THMR		Sterling coverage for Union area
3	WARR	BELR	WDBR		So Thomaston to provide area coverage
4	RKLFD	STRLR	SRMR		
5	Lincoln strike for Rockport, Camden.			Waldo strike for Hope, Lincolnville	

Special note: For an MCI in Lincolnville dispatch Northport First Responders to the scene for personnel.

**Abbreviations** - KCAST - (Kennebec County Ambulance Strike Team), LCAST - (Lincoln County Ambulance Strike Team), WCAST (Waldo County Ambulance Strike Team)  
**\*\*\*AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY\*\*\***  
 CFAA - Camden First Aid, RKLFD - Rockland Fire/EMS, STGR - St. George Rescue, STHR - SouthThomaston Rescue, THMR - Thomaston Rescue, UNIR - Union Rescue, WARR - Warren Rescue, WDBR - Waldoboro Rescue, STRLR - Sterling Rescue, MDCOM - MedComm (Northeast), CUSR- Cushing Rescue  
**COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE NOTED**

KNOX CO. AMBULANCE BOX ALARM SYSTEM					
Municipality	Zone	Description of Zone			
<b>CUSHING</b>	<b>all</b>	ALL OF CUSHING			
Level	Unit to Scene/Staging			Cover Assignments	
0	CUSHING				
1	THMR	RKLDFFD	RKLDFFD		THMR to Cushing Station
2	WARR	STHR	CFAA		STGR To Westbrook St for Area Coverage
3	CFAA	WDBR	STGR		WDBR to TFD
4	CFAA	MDCOM	STRLR		LCAST to Warren FD
5	UNIR	WDBR	CFAA		WCAST to CFAA, KCAST to Union FD

**Abbreviations** - KCAST - (Kennebec County Ambulance Strike Team), LCAST - (Lincoln County Ambulance Strike Team), WCAST (Waldo County Ambulance Strike Team)

**\*\*\*AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY\*\*\***

CFAA - Camden First Aid, RKLDFFD - Rockland Fire/EMS, STGR - St. George Rescue, STHR - SouthThomaston Rescue, THMR - Thomaston Rescue, UNIR - Union Rescue, WARR - Warren Rescue, WDBR - Waldoboro Rescue, STRLR - Sterling Rescue, MDCOM - MedComm (Northeast), CUSR- Cushing Rescue

**COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE NOTED**

KNOX CO. AMBULANCE BOX ALARM SYSTEM					
Municipality				Zone	Description of Zone
<b>St. George</b>				<b>All</b>	Throughout ANYWHERE
Level	Unit to Scene/Staging			Cover Assignments	
0	STGR1	STGR2			
1	STHR	THMR	RKLFD	STHR - T. Harbor Station	
2	WARR	CUSR	WDBR	WARR - Rt. 73/ TH Station	
3	CFAA	STRLR	MDCOM	MDCOM - Rt. 73/ TH/ Port Clyde Station	
4	LCAST	WCAST	KCAST		
5	Contact EOC for more resources				

**NOTE:** if Pt. Coming in from Monhegan Island during MCI, please ask boat to take patient to Boothbay Harbor, not Port Clyde, so CLC Ambulance may transport to St. Andrews Hospital or Miles Hospital.  
(Weather and sea state may prevent this option)

**Abbreviations** - KCAST - (Kennebec County Ambulance Strike Team), LCAST - (Lincoln County Ambulance Strike Team), WCAST (Waldo County Ambulance Strike Team)

**\*\*\*AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY\*\*\***

CFAA - Camden First Aid, RKLFD - Rockland Fire/EMS, STGR - St. George Rescue, STHR - SouthThomaston Rescue, THMR - Thomaston Rescue, UNIR - Union Rescue, WARR - Warren Rescue, WDBR - Waldoboro Rescue, STRLR - Sterling Rescue, MDCOM - MedComm (Northeast), CUSR- Cushing Rescue

**COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE NOTED**

KNOX CO. AMBULANCE BOX ALARM SYSTEM					
Municipality	Zone	Description of Zone			
South Thomaston	all	All Of South Thomaston			
Level	Unit to Scene/Staging			Cover Assignments	
0	STHR				
1	RKLFD	RKLDFD	CFAA		
2	THMR	STGR	CFAA		
3	WARR	CUSR	WDBR		
4	CFAA	STRLR	MDCOM		WCAST to CFAA Station
5	CFAA	UNIR	LCAST		KCAST to Waldoboro Station

**Abbreviations** - KCAST - (Kennebec County Ambulance Strike Team), LCAST - (Lincoln County Ambulance Strike Team), WCAST (Waldo County Ambulance Strike Team)

**\*\*\*AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY\*\*\***

CFAA - Camden First Aid, RKLFD - Rockland Fire/EMS, STGR - St. George Rescue, STHR - SouthThomaston Rescue, THMR - Thomaston Rescue, UNIR - Union Rescue, WARR - Warren Rescue, WDBR - Waldoboro Rescue, STRLR - Sterling Rescue, MDCOM - MedComm (Northeast), CUSR- Cushing Rescue

**COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE NOTED**

KNOX CO. AMBULANCE BOX ALARM SYSTEM				
Municipality	Zone	Description of Zone		
<b>ROCKLAND</b>	<b>1</b>	All points East of Rt. 90 within City boundaries		
Level	Unit to Scene/Staging			Cover Assignments
0	RKLFD	RKLFD	RKLFD	
1	THMR	CFAA	STHR	STG Rx to 131&Wstbrk St./activate EOC
2	STGR	CFAA	WARR	CUSH to TFD
3	CUSR	UNIR	STRLR	WLDBRO to TFD for Area Coverage Aug FD to Union FD for Area Coverage
4	STGR	CFAA	WDBR	WLDBRO to TFD for Area Coverage
5	Contact EOC for more resources			

KNOX CO. AMBULANCE BOX ALARM SYSTEM				
Municipality	Zone	Description of Zone		
<b>ROCKLAND</b>	<b>2</b>	Rt. 90 within City boundaries		
Level	Unit to Scene/Staging			Cover Assignments
0	RKLDFFD	RKLDFFD	RKLDFFD	
1	CFAA	THMR	WARR	STAMB to RFD/activate EOC
2	STHR	CFAA	UNIR	STG to Wstbrk St for area coverage
3	STGR	WDBR	CUSR	AUG FD to Union FD for Area Coverage STG to Wstbrk St for area coverage
4	STGR	CFAA	STRLR	WLDBRO to TFD for Area Coverage
5	Contact EOC for more resources			

**Abbreviations** - KCAST - (Kennebec County Ambulance Strike Team), LCAST - (Lincoln County Ambulance Strike Team), WCAST (Waldo County Ambulance Strike Team)

**\*\*\*AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY\*\*\***

CFAA - Camden First Aid, RKLF D - Rockland Fire/EMS, STGR - St. George Rescue, STHR - SouthThomaston Rescue, THMR - Thomaston Rescue, UNIR - Union Rescue, WARR - Warren Rescue, WDBR - Waldoboro Rescue, STRLR - Sterling Rescue, MDCOM - MedComm (Northeast), CUSR- Cushing Rescue

**COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE NOTED**

KNOX CO. AMBULANCE BOX ALARM SYSTEM				
Municipality	Zone	Description of Zone		
<b>THOMASTON</b>	<b>all</b>	All Of Thomaston		
Level	Unit to Scene/Staging			Cover Assignments
0	THMR			
1	RKLDFD	RKLDFD	CFAA	Cushing to TFD/Activate EOC
2	WARR	STHR	CFAA	STG. To Wstbrk St for Area Coverage
3	CUSR	WDBR	STGR	Wldb to TFD
4	CFAA	MDCOM	STRLR	Lincoln Cty Strike team to WFD
5	UNIR	WDBR	CFAA	Waldo Strk Tm to camden, Kc Stk tm to union

**Abbreviations** - KCAST - (Kennebec County Ambulance Strike Team), LCAST - (Lincoln County Ambulance Strike Team), WCAST (Waldo County Ambulance Strike Team)  
**\*\*\*AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY\*\*\***  
CFAA - Camden First Aid, RKLFD - Rockland Fire/EMS, STGR - St. George Rescue,  
STHR - SouthThomaston Rescue, THMR - Thomaston Rescue, UNIR - Union Rescue,  
WARR - Warren Rescue, WDBR - Waldoboro Rescue, STRLR - Sterling Rescue,  
MDCOM - MedComm (Northeast), CUSR- Cushing Rescue  
**COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE NOTED**

KNOX CO. AMBULANCE BOX ALARM SYSTEM					
Municipality	Zone	Description of Zone			
<b>UNION</b>	<b>1</b>	Hope & Union			
Level	Unit to Scene/Staging			Cover Assignments	
0	UNIR				
1	STRLR	CFAA	CFAA		
2	RKLDFD	MDCOM	WARR		
3	WDBR	WDBR	RKLDFD		
4	WCAST				
5	KCAST				

KNOX CO. AMBULANCE BOX ALARM SYSTEM					
Municipality	Zone	Description of Zone			
<b>UNION</b>	<b>2</b>	Appleton & Washington			
Level	Unit to Scene/Staging			Cover Assignments	
0	UNIR				
1	STRLR	CFAA	WDBR		
2	WARR	RKLDFD	CFAA		
3	WDBR	LIBR	SRMR		
4	KCAST				
5	LCAST				

**Abbreviations** - KCAST - (Kennebec County Ambulance Strike Team), LCAST - (Lincoln County Ambulance Strike Team), WCAST (Waldo County Ambulance Strike Team)  
**\*\*\*AMBULANCE STRIKE TEAMS ARE 3 RESCUES FROM DESIGNATED COUNTY\*\*\***  
 CFAA - Camden First Aid, RKLFD - Rockland Fire/EMS, STGR - St. George Rescue,  
 STHR - SouthThomaston Rescue, THMR - Thomaston Rescue, UNIR - Union Rescue,  
 WARR - Warren Rescue, WDBR - Waldoboro Rescue, STRLR - Sterling Rescue,  
 MDCOM - MedComm (Northeast), CUSR- Cushing Rescue  
**COVERAGE ASSIGNMENTS - ALL RESCUES GO TO STAGING UNLESS OTHERWISE NOTED**