Butler County, Ohio

Mass Casualty Incident Response Plan

Butler County EMS Council | Butler County EMA | Butler County Fire Chief's Association

Revised February 2022

1. PURPOSE

The purpose of this Mass Casualty Incident Management Plan is to provide structure and guidance to public safety personnel of Butler County, Ohio when responding to incidents where the number of injured persons exceeds day to day operating capabilities. Such incidents frequently require additional resources and/or distribution of patients to multiple hospitals. The ultimate goal on any incident is to provide the highest level of care, for the most people, in the shortest amount of time. Incident organization is based on the National Incident Management System (NIMS) and locally adopted triage process (i.e. START, Jump START, SALT).

During a mass casualty incident, emergency services should conduct operations to provide immediate resources, to minimize loss of life through prompt medical treatment in the field, and to coordinate field medical services and activities with existing medical facilities and other support services/resources. It is critical that in the event of a mass casualty incident or possible mass casualty incident that the agencies responsible for providing resources be notified as soon as possible to initiate preparedness or response activities. Agencies responsible for mitigation, rescue, and recovery operations should also be mindful of the need to continue to conduct daily emergency service operations.

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2. SITUATIONS

Potential mass casualty incidents in the Butler County area could include:

- Major vehicular accidents with multiple victims
- Large fires
- Severe winter storms or other severe weather/natural disaster event
- Public transportation accident (aircraft, train, bus, etc.)
- Construction and/or industrial and farm accidents including hazardous materials
- Building collapses with multiple victims
- River and/or localized flooding, dam failures, impassable highways, roads and bridges
- Healthcare facility or other evacuations
- Acts of terrorism or civil unrest
- Hazardous Materials Incidents
- Any incident requiring resources from multiple departments

While this list incorporates many events that could cause a mass casualty incident other situations may arise that overwhelm the capabilities of local emergency response agencies.

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3. ASSUMPTIONS

- When considering potential activation of this mass casualty plan all emergency response agencies are expected to maintain their own capabilities at predetermined levels to continue meeting their local needs.
- Personnel, agencies, and jurisdictions shall operate under the National Incident Management System (NIMS) for all responses and healthcare facilities will operate under the Hospital Incident Command System (HICS) for incident involving their facilities.
- Medical facilities and emergency service agencies shall participate in periodic training exercises to test this plan and their own plans.

- Each EMS service should have an MCI plan that coordinates with this county-level plan. EMS services may choose to adopt this plan verbatim or may choose to edit some parts to best meet jurisdictional needs.
- Emergency service agencies will use any mutual aid agreements and memorandums of understanding between Fire/EMS, law enforcement, hospitals and healthcare facilities, and other assisting agencies.

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4. INCIDENT MANAGEMENT SYSTEM

The National Incident Management System (NIMS) is designed to be a flexible management system designed to fit the specific needs of any incident. The NIMS organizational structure builds from the top down and expands as needed depending of the size of the incident and the resources available. Responsibility and performance are placed initially with the Incident Commander. The Incident Commander has the responsibility for the coordination of all public and private resources committed to the incident. In addition, the IC or his/her designee is responsible for notifying appropriate authorities, requesting resources and developing incident objectives and strategies. Depending on the size, complexity, and duration of the incident the IC may directly supervise EMS operations or may delegate this responsibility to another resource. The IC should delegate specific tasks, functions, or geographic area to maintain an effective span of control.

Unified Command

Pursuant to Homeland Security Presidential Directive (HSPD) 5 and the National Response Framework the incident will establish a unified command among fire, EMS, law enforcement, and cooperating agencies. A unified command has the following features over each agency maintaining individual autonomy:

- A single integrated incident organization
- A single planning process
- Share planning, logistical and finance/administration
- A coordinated process for resource requests.

Unified command has a significant number of advantages over a multi-focal command:

- One set of objectives developed for the entire incident
- A collective approach to developing strategies to achieve the incident objectives
- Information flow and coordination is improved between all involved jurisdictions and cooperators
- All agencies with responsibility for the incident have an understanding of one another's' priorities and restrictions
- No agency's authority or legal requirements will be compromised or neglected
- Each agency is fully aware of the plans, actions, and constraints of the others.
- The combined effort of all agencies is optimized as they perform their respective assignments under a single planning process
- Duplicative efforts are reduced or eliminated; thus, reducing cost and chances for conflict

EMS Positions within the Incident Management System (for position specific checklists refer to Appendix A):

- **EMS Branch Director:**
  - Reports to the Operations Chief. If an Operations Section Chief has not been established, this position reports to the Incident Commander.
  - Supervises Treatment Group Supervisor
  - Supervises Triage Group Supervisor
  - Supervises Transportation Group Supervisor
  - Requests additional personnel and equipment to staff triage, treatment and transportation groups.

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

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

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

- **Medical Communications Coordinator:**
  - Reports to Transportation Officer
  - Communicates with proper Communications Center/Butler County Hospitals/ Disaster Net Control.
  - Receives destination hospital for ambulances from Net Control.
  - Contacts medical control as needed.

- **Patient Tracking Coordinator:**
  - Documents the number of patients transported to each hospital
  - Documents identities of patients transported to each hospital using triage tag serial number and patient's last name.
  - Manages the Hospital Capability and Patient Tally Sheet as well as the Hospital

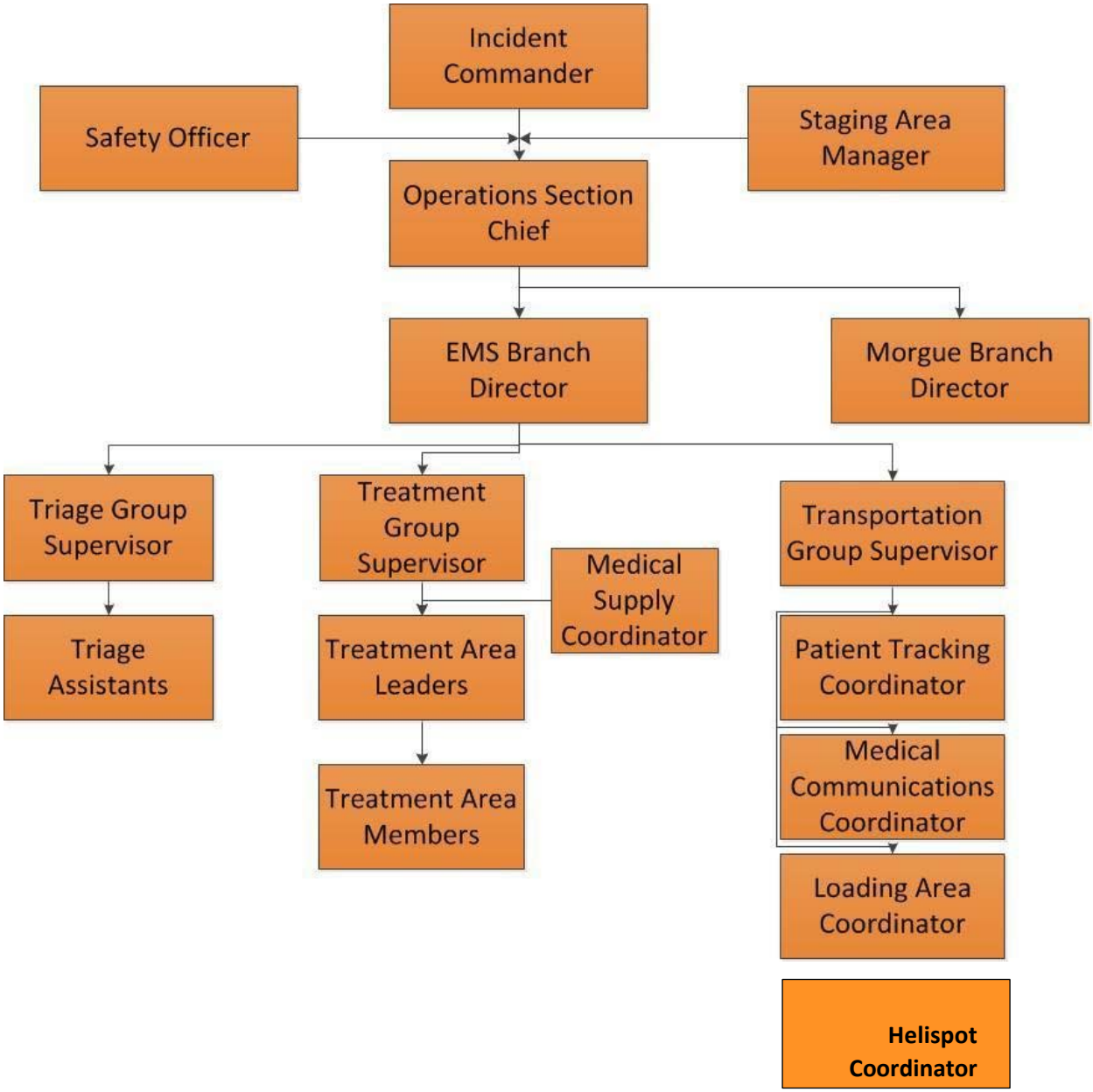
Routing Log in conjunction with the Medical Communications Coordinator
    - The importance of accurate patient tracking in an MCI cannot be emphasized enough to ensure proper reunification procedures take place.
    - Depending on the duration of the incident it may be necessary for the Patient Tracking Coordinator to work with the American Red Cross' family reunification specialists.

- **Medical Supply Coordinator:**
    - Monitors the equipment present to sustain the EMS branch of the incident.
    - Works with ESF 7 desk to order additional supplies to the incident site. If the ESF desk is not active this position may have to request supplies from other jurisdictions and medical facilities
    - Maintains Medical Equipment Checklist to document usage and monitoring of needed medical supplies

- **Morgue Branch Director**
    - Ideally a representative from the Coroner's Officer or law enforcement official
    - Coordinates all Morgue Area activities
    - Appoints staff and assistants as needed
    - Assesses resource and supply needs and orders are needed
    - Keeps area off limits to all but authorized personnel
    - Coordinates with law enforcement to assist the Coroner's Office or Medical Examiner
    - Oversees any movement of bodies
        - Maintains identification of original location of bodies through photos, grid drawings, etc.
    - Allows no one to remove a body, body part, or any personal effects from the scene without the authorization of the Coroner.

- **Helispot Coordinator**
    - Obtain a briefing from the EMS Branch Director
    - Make contact with the Transport Group Supervisor and Medical Communication Coordinator as this will be your primary patient information source
    - Obtain Patient Tally Sheet to begin/maintain tracking of transported patients by Air.
    - Identify and direct Helispot set up
    - Identify hazards and overhead obstructions
    - Maintain Helispot Safety and Security
    - Establish Communications with incoming Aircraft
    - Communicate identified hazards and overhead obstructions to incoming Aircraft and provide brief description of Helispot
        - Use plain language when communicating with Aircraft - no codes, signals, or jargon
    - Advise EMS Branch Director when helicopter is in sight, landing and taking off
    - If multiple Aircraft are inbound, request first incoming Aircraft shut down, for Pilot to serve as Air Boss and Crew assist in the treatment area
    - When Air Boss is activated, Helispot Coordinator and Air Boss will work as a team to ensure safe air operations. Air Boss will focus on staging aircraft in the air and coordinate landing/take off of aircraft with LZ Coordinator
    - Monitor personnel around you for signs of fatigue/stress
    - Prepare for unit demobilization once all tasks are completed.

EMS Positions within the Incident Management System



5. PATIENT CARE

Triage:

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

> **Triage Pack Recommended Contents:**
>
> 1 each spool of ribbon – red, yellow, green, orange dotted, black and white striped; 2 HALO chest seals; 4 CAT tourniquets; trauma shears; 1 CPR barrier devices; Sharpie markers.

- Triage packs and ribbons should be used in the early stages of the incident to allow for rapid triage. Ribbons should be replaced by triage tags applied when the patient arrives in the triage/treatment area. Triage tags should always be used.

- The Triage Tag Number will be documented on the Treatment Area Log and the Hospital Routing Log

Triage Process:

  - First arriving crews should perform a rapid triage using triage packs and triage tape.
  - Next arriving personnel tasked with moving patients should move them through a triage area where the Triage Group Supervisor or his/her designee re-triages the patients and assigns a triage tag to the patient.

In the event that decontamination is required prior to treatment it may be necessary to perform triage to determine decontamination priorities then perform a re-triage once decontamination is performed.

Recognized Triage Categories:

- Standard terminology will be used. The triage category will be identified using the following criteria:

CATEGORY	CRITERIA	ACTION(S)
IMMEDIATE (RED)	Critical patient, life-threatening injuries, likely to survive if patient receives definitive care within 30 minutes.	Immediate or non-ambulatory casualties will be moved with minimal stabilization as quickly as possible to treatment area for reassessment and treatment.
DELAYED (YELLOW)	Serious injuries but stable, maybe life-threatening. Likely to survive if care is received within several hours.	Casualties tagged "Minor" or "Delayed" and patients without obvious injuries will be moved as quickly as possible to the ambulatory casualty collection area for reassessment and treatment.
MINOR (GREEN)	Not considered life threatening, walking wounded.	
DECEASED (BLACK & WHITE STRIPPED)	Mortally wounded or death is imminent.	Casualties tagged "DECEASED" will be retriaged after all other R/Y/G have been triaged/treated and transported. Deceased patients will not be moved until approved by Coroner or designee.
CONTAMINATED (Orange Dotted)	Contaminated by a hazardous substance.	Patient treatment delayed until the patient is decontaminated Once the patient is decontaminated the dotted orange tape should be removed.

Treatment Area Log: The Treatment Supervisor will maintain the Treatment Area Log (See Appendix B)

The Medical Equipment Checklist: The Treatment Supervisor will maintain the Medical Equipment Checklist or will assign a Medical Supply Coordinator to oversee the management of supplies and maintain checklist.

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6. COUNTY MASS CASUALTY EQUIPMENT

While it is assumed that each EMS unit in Butler County will carry sufficient equipment to initiate triage it will likely be necessary to request additional equipment via 9Com to the scene to avoid depleting transport units of needed supplies. In this event the following assets are available in Butler County:

- MCI 1 – Large Mass Casualty Trailer located at Hanover Township Fire Department
- MCI 2 – Small Mass Casualty Trailer located at Wayne Township Fire Department
- MCI 3 – Large Mass Casualty Trailer located at Liberty Township Fire Department
- Decon 1 – Large Mass Decontamination Vehicle located with the Middletown Fire Department
- Gator/Rehab 1 – Rehab Trailer with Off-Road Vehicle located at the City of Oxford Fire Department
- Gator/Rehab 2 – Rehab Trailer with Off-Road Vehicle located at the Liberty Township Fire Department

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7. SPECIFIC RESPONSE INFORMATION FOR AMBULANCE PERSONNEL

- Respond to the site of the incident or staging area only when dispatched by your communications center.
- Do not respond to the incident site in private vehicles.
- Once en route, contact the incident command post or the Staging Area Manager (if designated) for instructions and assignment.
- Unless otherwise directed by the command post, Staging Area Manager, or communications center, proceed to the staging area and check in with the Staging Area Manager.
- Notify your home communications center of your status at the incident. It is also recommended that ambulance crews keep their own times when operating on the incident (to include transport times).
- Position your vehicle in the staging area so it can easily deploy to the incident. CREWS STAY WITH VEHICLES UNTILL DIRECTED BY INCIDENT COMMAND.
- Ensure that wheeled stretchers remain in the ambulance unless being removed to retrieve a patient from the loading area.
- Load patients only as directed by the Transportation Group Supervisor or his/her designee in the loading area.
- Receive instructions as to the patient's destination from the Transportation Group Supervisor or the Medical Communications Coordinator.
- Check out with the Patient Tracking Coordinator prior to departing the scene to ensure adequate patient tracking.
- DO NOT communicate directly with the receiving hospital. This will be handled by the Medical Communications Coordinator on scene in coordination with Disaster Net Control.
- When leaving the receiving hospital ambulance crews should check in with the Transport Group Supervisor or designee.

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8. DESIGNATED AREAS

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

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

9. MCI DECLARATION

MCI ALERT – An MCI ALERT consists of:

- Mobilization of the necessary resources,
- Notification of the proper Communications Center/Disaster Net Control and Initiation of the Incident Management System and this MCI Management Plan.
- ACTIVATE HOSPITAL DISASTER NETWORK.
- Request Dispatch contact Hamilton County Communications Center and activate Disaster Net.

Initiating an MCI Alert:

When to activate an MCI Alert?	When the number of injured persons exceeds or potentially will exceed the available resources. *This will be different for each incident based on time of day, location, resources available, etc.* For example, consider initiating an MCI Alert when: • The number of patients may be more than can be managed by the local fire department based on severity and/or quantity. • An incident may require the response of five (5) or more ambulances. • The number of patients exceeds the capabilities of the nearest hospital Emergency Department. • The Incident Commander deems necessary.
Who may activate?	Any first responder to the incident or the communications center.
How to initiate?	Through the communications center on the primary fire talk group.
What information should be provided to the Disaster Net?	• Type of incident • Location of incident • Estimate of the number injured
How to cancel an MCI alert?	Through dispatch by the Incident Commander once all patients have been transported or if it is determined that no additional resources are needed.

MCI Response Deployment – Once an MCI alert has been issued, the incident jurisdiction's communications center will dispatch the following resources for the incident (it will be necessary to notify other communications centers to request their resources. It is highly recommended that the incident's communications center put out a county-wide broadcast so all communications centers are aware of the incident and can make proper notification to their shift supervisors):

Mass Casualty Incident Alarms & Resource Requests:

MCI Level	Ambulances	E/Q/T/L	Chief Officers	Other	Notes
1st Alarm	6 Transport Units	3 w/ 3 Firefighters	Jurisdiction's duty officer. Others as requested by Incident Command	Butler County EMA Notification Only Consider: MCI Trailer	Communications to move all Fire/EMS to a mutual aid talk group, place law enforcement on another mutual aid talk group and send LE supervisor to the command post to coordinate resources. Open Disaster Net. Open EOC Notify Coroner's office immediately of incident if possible fatalities
2nd Alarm	6 Transport Units	3 w/ 3 Firefighters	Butler County IMAT via Butler County EMA	Consider: Additional MCI Trailers BRICS to respond for communications support.	Prompt Incident Command to consider: Air Care, CareFlight, MedFlight, Christ LifeFlight, IU LifeLine, Butler County Transit Authority, and/or Red Cross Medical Assistance Team
3rd Alarm	10 Transport Units	5 w/ 3 Firefighters		Butler County EMA Command 1/Command 31	Salvation Army SW CISM Team Prompt IC to notify State of Ohio for Mutual Aid
4th Alarm	10 Transport Units	5w/ 3 Firefighters	0	BRICS to respond for communications support. -	
5th Alarm	25 Transport Units	0	0		Activate State of Ohio Mutual Aid through the Ohio Fire Chief's/Ohio Emergency Plan 1-888-822-4900

In the event an incident occurs which will predictably overwhelm regional response assets beyond a 5th alarm a "Medical Disaster" shall be declared by the incident commander to the communications center. This type of event would likely be a county-wide disaster or catastrophic incident. When a "Medical Disaster" is declared the communications center should perform the following actions in addition to:

1. Request EMA activate the county emergency operations center for the following emergency support function (ESF) positions at a minimum:
    a. ESF 4 – Firefighting
    b. ESF 5 – Emergency Management
    c. ESF 6 – Mass Care, Emergency Assistance, Housing, and Human Services
    d. ESF 7 – Logistics Management and Resource Support
    e. ESF 8 – Public Health and Medical Services
2. Notify the following county's communications centers of the incident:
    a. Hamilton County
        i. Request they also notify City of Cincinnati Communications Center
    b. Warren County
    c. Clermont County
    d. Montgomery County
    e. Preble County
    f. Dearborn County, IN
    g. Franklin County, IN
    h. Fayette County, IN
    i. Union County, IN
    j. Wayne County, IN
3. Notify the Ohio EMA watch desk – 614-799-6500

If the event is beyond the capacity of regional resources assistance may be provided by:
Local mutual aid and/or American Red Cross Medical Assistance Team (ARC MAT). Consider the time needed to activate and mobilize these resources. Aero-medical resources will most likely be used to augment medical staff and equipment within the treatment area. If requesting air medical assets, it is imperative they be notified they are responding to an MCI in the initial resource request so they can respond with additional equipment. In most MCI incidents, critical patients will be transported by ground ambulance. Additionally, be mindful that in the event of a MCI/disaster, up to three-fourths of the patients will self-transport if able.

Numbers listed on the MCI Resource Alarm Orders and Resource Requests above are not steadfast and may be modified by jurisdictions as needed.

First Round Destination Procedure
This procedure may be implemented without prior authorization before the completion of the Disaster Net bed count. Hospitals should prepare to receive these patients upon receipt of the MCI alert from a communications center.

FIRST ROUND DESTINATION PROCEDURE

1. Two "Immediate" patients are transported to the CLOSEST TRAUMA CENTER. Additional "immediate" patients will be distributed to other trauma centers on a proximity basis.
2. Six "Delayed and/or Minor" patients are transported to the CLOSEST or PERIPHERAL HOSPITAL. Additional "delayed or minor" patients will be transported to other destinations based on proximity.

Disaster Radio Network (Disaster/Surge Net)
The Transportation Group Supervisor and/or the Medical Communications Coordinator should establish contact with Net Control or Hospital Point of Contact (POC) early in the incident, as required, for:

- Greater Cincinnati and Dayton Area and hospital bed availability
- Out-of-county trauma center availability
- If the number of patients will exceed the first round destination procedure, or to send more patients to hospitals included during the first round procedure.
- Destination assistance
- Communication with Net Control (University Air Care Dispatch) once the Network is activated is through Net Control via:
    - Radio
    - HSR6-MCI (**Butler County Zone E Channel 13)**
    - Phone
    - Net Control Direct Dial (800) 826-8100
    - AirCare/Mobile Care Dispatch (513) 584-7522

Reference: Butler/Warren County MCI Communications Job Aid

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10. TRANSPORTATION/SCENE TO HOSPITAL COORDINATION

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

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

Transportation Key Points:

- Vehicle loading should be maximized without jeopardizing patient care (i.e. one immediate patient per ambulance as opposed to two immediate per ambulance).
- Alternative methods of transportation, such as mass transit or school buses, may be used to the transportation of delayed/minor patients.
- Attempt to use as few transportation units as possible for tasks other than transporting patients.
- When possible, patients should be transported to the most appropriate facility while attempting to not overload any single facility.

Once the Net has been activated, all communications should flow through Net Control. Transport units should refrain from directly contacting the hospitals in a MCI Event to eliminate overwhelming the system. Communications should be from the Transportation Officer only to advise of the following:

- Unit Transporting's ID (Central City M21)
- # of Patients
- Adult / Pediatric
- Triage color for each patient with two-word descriptor (Red – Chest Trauma)
- *If HazMat event – not contaminated, gross decontaminated or secondary decontaminated*

INDIVIDUAL UNTS SHOUD REFRAIN FROM PLACING NOTIFICATION CALLS TO HOSPITAL WHILE EN ROUTE. Patient status change, contact Transportation Group Supervisor or Medical Communications Coordinator.

Hospital Routing Log and Patient Tally Sheet (See Appendix B for form)

The hospital routing log and patient tally sheet will be managed and maintained by the Patient Tracking Coordinator. In the event this position is not designated during an incident it is to be maintained by the Transportation Group Supervisor.

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11. ACCOUNTABILITY OFFICER

The Accountability Officer will be utilized to control access in to the scene. Consideration should be made to have an Accountability Aid established to assist in the role. Maintaining scene control is of paramount importance. The Accountability Officer will have any persons not authorized or any freelance groups removed from the scene. Accountability will be established and maintained using the adopted Butler County Fire Chief's Association standard.

The Incident Commander will assign an Accountability Officer from on scene personnel to handle this function. The Incident Commander or Accountability Officer should also ensure proper logging and accountability is being performed at the staging area by the Staging Area Manager.

Tactical Benchmarks

Benchmark timing should be completed and monitored by the Accountability Officer at designated intervals of 20 minutes. During these benchmarks the Transportation Group Supervisor or the Patient Tracking Coordinator should report the number of patients transported to the Incident Commander and appropriate communications center.

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12. COMMUNICATIONS

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

Command and General Staff must be able to communicate on common talk groups. Communications for an MCI shall be on Butler County Mutual Aid talk groups. Additional talk groups may be assigned by a communications center based upon specific incident needs (i.e. talk group encryption); however, this should be handled on a case by case basis.

In the event of a mass casualty incident, the communications center covering the impacted jurisdictions shall make an all-county broadcast of the MCI Alert or MCI Notification. It is also advisable that the impacted area's communications center work with other communications centers in the county to delegate communications tasks throughout the incident.

To assist the Incident Commander, it is critical that communications centers closely monitor the units that are responding to the incident and only deploy those that have been requested or exist on the alarm card so there is full accountability of all units and personnel responding.

The Transportation Group Supervisor or Medical Communications Coordinator (if designated) will make patient destination decisions in cooperation with the Net Control. The Hospital Network is activated by requesting your dispatch contact Hamilton County Communications (513-825-2260) and open the net. Communication with Net Control once the network is activated is achieved by:

- Radio HSR6-MCI Channel on BRICS Radio System (**Butler County Zone E Channel 13)**
- Phone
    - Net Control 1-800-826-8100
    - University Air Care Dispatch at (513) 584-7522

Net Control also has the ability to communicate with Region 3 (Greater Miami Valley) hospitals. (See Appendix F - MCI Communications Process Job Aid)

The Health Collaborative (THC) will coordinate communications between hospitals, MMRS, and public health as requested. The Disaster Web Portal will be utilized o provide quick, direct communication with all hospitals in the region. The Portal may also provide the link between the Regional Hospital Coordination site and the EOC. In the event a chemical agent was involved in the incident the THC can also coordinate with the Drug and Poison Information Center to provide information to receiving facilities or to the region using the Health Alert Network.

In the event communications statewide are necessary, the MARCS (Multi-Agency Radio Channel System) provides a link for emergency management, fire, EMS, law enforcement, hospitals, and public health to communicate.

13. RESOURCE MANAGEMENT

The Incident Commander has the overall responsibility for developing objectives and requesting the necessary resources required to mitigate the incident. The IC may delegate tasks or responsibilities to other qualified individuals. To ensure unity and clarity of leader's intent, clear two-way communications between all involved agencies is imperative.

A staging area with appropriate ingress/egress and sufficient space to expand as necessary should be established as soon as possible after the incident is determined. Access to this area should be secured by law enforcement.

EMS Unit Staging Log: The Staging Area Manager will maintain the EMS Unit Staging Log (See Appendix B).

Staging Areas

The Incident Commander may choose to utilize any of the pre-designated staging locations in the following chart or have an alternate staging location based on strategic need of the Incident. Use of the pre-designated locations will offer more familiarity of the locations to reduce confusion. These locations have been established because of ease of access and area capable of handling the large amount of equipment that will be staged there. First fire officer at the staging site will become the Staging Area Manager and advise the Incident Commander of such.

A table containing regional staging areas can be found in Appendix C.

14. LAW ENFORCEMENT

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

Scene Ingress and Egress

First arriving law enforcement personnel will attempt to ensure that incoming Fire/EMS units can access the scene by controlling traffic along ingress routes. Law Enforcement should coordinate with Incident Command to determine the egress routes to be used by ambulances transporting to hospitals. These egress routes should be secured by traffic control measures.
Staging Area Security Law Enforcement will need to provide security for any staging area which is established. Access to the staging area will be limited to public safety personnel and others authorized by Incident Command.

Perimeter Control

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

Evidence Preservation

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

Mutual Aid

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

Evacuation

In cases where the incident occurs in a populated or developed area, surrounding residential, commercial and industrial occupancies may be evacuated for safety concerns. If an evacuation is required, emergency management personnel will designate an appropriate reception and care

facility(s). The American Red Cross will coordinate and manage the reception and care facility. Re-entry into the evacuated area will be authorized by Incident Command.

Deceased Persons / Coroner / Temporary Morgue

Ohio law provides that once the injured are removed from a MCI site, the County Coroner is responsible for the disposition of all deceased persons. The County Coroner will direct all operations pertaining to the processing of the deceased. The concept of preservation of evidence should be applied when caring for the deceased. Therefore, recovery of the deceased will be methodical and managed thoroughly.

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

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

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

   Once notified of fatalities associated with an MCI the Coroner will determine the level of assistance required and then call upon the State Medical Examiner, other County Coroners, private practitioners in forensic sciences, morticians, and other professionals. If required a request may be made through Butler County Emergency Management for additional State assets or Federal assets such as the Disaster Mortuary Operational Response Teams (DMORT).

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

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

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15. PUBLIC INFORMATION

The incident jurisdiction will ensure the response of their designated Public Information Officer (PIO). The PIO will be the sole point of contact for all media and will not release any information

without the consent of the agency/jurisdiction administrator or incident commander in his/her absence.

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16. VOLUNTEER RESOURCES

Resources like the American Red Cross and Salvation Army are a tremendous asset in the event of a mass casualty incident to assist in providing support for mass care. In the event their services are required it is advisable to work with a Liaison Officer or delegate a Volunteer Services Coordinator (ESF 14) to directly manage any volunteer services coming in to the event so as not to impede incident mitigation. Some of the services these resources offer are:

- Supporting relief efforts for mass sheltering following an MCI
- Supporting local response by opening emergency shelters, providing food, first aid, blood and blood products as necessitated by the event.
- Collect, receive, and report information about the status of victims and assist with family reunification.
- Provide first aid and other related medical support within capabilities at temporary treatment centers.
- Provide food for emergency services workers, volunteers, and patients if requested.

In the event of the mobilization of volunteer resources they should be required to submit situational status updates, after action reviews, and any other documentation they produced that lends to the incident closeout package.

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17. DECONTAMINATION

In order to prevent disabling medical facilities through contamination it is imperative that patients contaminated with hazardous materials be grossly decontaminated prior to transport. Consider requesting mass decontamination assets to perform decontamination at an MCI scene if on scene apparatus cannot sufficiently perform the task. Additionally, ensure hospitals are notified regarding need for decontamination, type of scene decontamination and chemical/s involved.

As described in the Triage section of this document, patients that are contaminated should be marked with orange dotted triage tape as well as the standard medical triage tape initially. Once decontaminated, these patients should have orange dotted tape removed then re-triaged for medical needs and marked with red/yellow/green/black tape.

Butler County, Ohio Mass Casualty Plan

APPENDIX A:

EMS Branch Position Checklists

Revised: Feb 2022

EMS BRANCH DIRECTOR CHECKLIST

	Activate Butler County MCI Management Plan
	Activate MCI Alert and Disaster Net *Ensure activation of Disaster Radio Network (Disaster Net) through jurisdiction's communication center. *Contact HCCC directly at (513) 825-2260 ONLY if necessary. Radio Channel (Zone E Channel 13)*
	Work with Incident Command to Establish and ID Command Post
	Request through Incident Command - Additional Units and Equipment
	First Alarm
	Second Alarm
	Third Alarm
	Fourth Alarm
	Fifth Alarm
	Assign Group Supervisors and distribute Corresponding Job Aids
	Triage Group Supervisor
	Treatment Group Supervisor
	Transportation Group Supervisor, Medical Communications Coordinator, and Patient Tracking Coordinator
	EMS Staging Area Manager
	Consult with the IC to determine if it is safe to begin EMS Operations
	Coordinate all EMS operations during the incident; consult with others in the ICS as needed.
	If there are fatalities contact the IC to have the Coroner notified
	Advise Incident Commander when operations in the triage, treatment and transportation/routing are completed.

MCI Level	Ambulances	E/Q/T/L	Rescues	Chief Officers
1st Alarm	6 Transport Units	3 w/ 3 Firefighters		Jurisdiction's duty officer. Others as requested by Incident Command Mini IMAT
2nd Alarm	6 Transport Units	3 w/ 3 Firefighters		Butler County IMAT via Butler County EMA
3rd Alarm	10 Transport Units	5 w/ 3 Firefighters	Tech Rescue	0
4th Alarm	10 Transport Units	5 w/ 3 Firefighters	0	0
5th Alarm	25 Transport Units	0	0	0

TRIAGE GROUP SUPERVISOR CHECKLIST

	Obtain briefing from the EMS Branch Director
	Obtain Triage Supervisor Job Aid
	Determine equipment and personnel needs of the Triage Group; Request same from the EMS Branch Director
	Distribute Triage Kits to personnel as appropriate
	Advise Treatment Group Supervisor of approximate number of patients as soon as possible
	Coordinate transfer of patients by priority to treatment area
	Request personnel and equipment as needed to transfer patients to treatment area
	Check all areas around the MCI scene for potential patients, walk-aways, ejected patients, etc.
	Advise EMS Branch Director when initial triage and tagging operations are complete
	Conduct secondary search of the incident area for any missed patients.
	Begin relieving or reducing staff as necessary
	Report to EMS Branch Director for reassignment upon completion of tasks

TREATMENT GROUP SUPERVISOR CHECKLIST

	Obtain briefing from the EMS Branch Director
	Obtain Treatment Supervisor Job Aid
	Determine equipment and personnel needs of the Treatment Group; Request same from the EMS Branch Director
	Coordinate personnel assigned to the treatment area
	Establish Primary Treatment Area
	Think Big – Treatment Area must be capable of accommodating large numbers of patients and equipment
	Consider: Weather, Safety, Hazardous Materials
	Area must be readily accessible
	Ensure ease of access to Loading Area
	Designate entrance and exit to area
	Divide treatment area into four (4) distinct and well-marked areas (RED, YELLOW, GREEN, BLACK)
	Designation of Black Area out of view of other patients, public, and medic. Assign a law enforcement officer to monitor the area as it may serve mortuary functions and to keep media away.
	Designate secondary treatment area as alternative should the primary area become unusable
	Treatment Group Supervisor should not become involved in physical tasks
	Assign personnel to treatment areas based on their medical capabilities
	Secondary Triage- Re-triage patients upon arrival at the Treatment Area; place patients in appropriate sections
	COMPLETE Treatment Area Log as patients go through Treatment Area
	Advise Transportation Group Supervisor when patients have been prepared for Transport; Recommend transport priority to Transportation Group Supervisor; Evacuate patients by priority
	Regularly inventory supplies using the Medical Equipment Checklist and obtain or order supplies when low if Medical Equipment Coordinator has not been assigned.
	Consider request for a ChemPack through dispatch or via Joint Dispatch Facility at 866-599-LERP (5377)
	Monitor personnel for signs of fatigue and/or stress
	Begin relieving or reducing staff as necessary
	Report to EMS Branch Director for reassignment upon completion of tasks

TRANSPORTATION GROUP SUPERVISOR CHECKLIST

	Receive assignment and briefing from immediate supervisor
	Don identification vest, if available
	Acquire & organize work materials including appropriate PPE
	Identify assigned frequencies for your area of responsibility
	Organize, assign and brief assistants
	Assign Medical Communications Coordinator and Patient Tracking Coordinator
	Request additional ambulances/transport vehicles as required through Staging Area Manager
	Coordinate requests for HEMS transportation through the Air Operations Branch Director, Operations Section Chief, or other designee.
	Coordinate establishment of HEMS helispots with the EMS Branch Director, Air Operations Branch Director or designee, and safety officer
	Watch for fatigue/stress for other personnel in the Transportation Group
	Coordinate demobilization of personnel and units through Operations and Staging Area Manager

MEDICAL COMMUNICATIONS COORDINATOR CHECKLIST

	Receive assignment and briefing from immediate supervisor (Transportation Group Supervisor)
	Obtain, review and follow Butler/Warren Disaster Net MCI Communications Process Job Aid
	Don identification vest, if available
	Know the assigned talk groups for your area of responsibility
	Establish communications with Net Control through HSR6-MCI (Zone E Channel 13)
	Determine and maintain situational awareness re: status of hospital/medical facility availability and capability with the Patient Tracking Coordinator
	Receive basic patient information and condition from the Treatment Group Supervisor or his/her designee
	Coordinate patient destination through Net Control
	Communicate with Net Control as patients are ready to leave scene, provide: • Unit Transporting's ID (Central City M21) • # of Patients • Adult / Pediatric • Triage color for each patient with two-word descriptor (Red – Chest Trauma) • *If HazMat event – not contaminated, gross decontaminated or secondary decontaminated*
	Communicate patient transportation needs to Staging Area Manager
	Communicate patient air ambulance needs to the Air Operations Branch Director or air operations coordinator based on requests from the Treatment Group Supervisor
	Monitor personnel around you for signs of fatigue/stress

PATIENT TRACKING COORDINATOR CHECKLIST

	Obtain a briefing from the Transportation Group Supervisor
	Make contact with the Medical Communication Coordinator as this will be your primary patient information source
	Obtain copies of the Hospital Routing Log and Hospital Capability and Patient Tally Sheet to begin/maintain tracking of transported patients.
	Identify patient loading area as all transported patients should travel through this area prior to departure.
	Maintain running tally of patients transported and to which facilities they were transported
	Collect triage tag number from each transported patient.
	Monitor personnel around you for signs of fatigue/stress
	Prepare for unit demobilization once all tasks are completed.

MEDICAL SUPPLY COORDINATOR CHECKLIST

	Receive assignment and briefing from immediate supervisor
	Don identification vest, if available
	Know the assigned talk group for your area of responsibility
	Organize, assign, and brief assistants
	Acquire, distribute and maintain status of medical equipment and supplies within the Medical Branch
	Request additional medical supplies as needed • If a logistics section is established route this order through it • Consider request for a ChemPack through the Ohio Highway Patrol in the event of a nerve agent release or widespread organophosphate exposure.
	Manage the equipment and supplies of the MCI trailers
	Determine the status and availability of mutual aid resources, if needed
	Distribute medical supplies to Treatment Group and Triage Group personnel
	Maintain appropriate records of resource requests and activities
	Monitor personnel around you for signs of fatigue/stress
	Prepare for demobilization of assets
	Prepare for demobilization of personnel

HELISPOT COORDINATOR CHECKLIST

	Obtain a briefing from the EMS Branch Director
	Make contact with the Transport Group Supervisor and Medical Communication Coordinator as this will be your primary patient information source
	Obtain Patient Tally Sheet to begin/maintain tracking of transported patients by Air.
	Identify and direct HelispotLZ set up
	Identify hazards and overhead obstructions
	Maintain Helispot Safety and Security
	Establish Communications with incoming Aircraft
	Communicate identified hazards and overhead obstructions to incoming Aircraft and provide brief description of Helispot **use plain language when communicating with Aircraft - no codes, signals, or jargon**
	Advise EMS Branch Director when helicopter is in sight, landing and taking off
	If multiple Aircraft are inbound, request first incoming Aircraft shut down, for Pilot to serve as Air Boss and Crew assist in the treatment area
	When Air Boss is activated, Helispot Coordinator and Air Boss will work as a team to ensure safe air operations. Air Boss will focus on staging aircraft in the air and coordinate landing/take off of aircraft with Helispot Coordinator
	Monitor personnel around you for signs of fatigue/stress
	Prepare for unit demobilization once all tasks are completed.

Butler County, Ohio Mass Casualty Plan

APPENDIX B:

EMS Branch Logs & Forms

EMS UNIT STAGING LOG

Agency	Unit ID	Radio Freq./Talkgroup	BLS/ALS	Time Arrived	# of Personnel	Time to Loading Area

HOSPITAL ROUTING LOG

Transport Unit	Triage Tag Number	Patient Last Name, First Initial	Pt. Sex	Triage Level	Hospital/Destination	Time to Hospital
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		
			M - F	**R – Y – G**		

HOSPITAL CAPABILTY AND PATIENT TALLY SHEET

TRAUMA CENTERS	Receiving Capability	# of Patients Sent	County	Trauma Center	Interventional Cardiac Cath 24/7	L&D
Cincinnati Children's Hospital	Red: Yellow: Green:	Red: Yellow: Green:	Hamilton	Pedi-Level 1	No	No
Miami Valley Hospital	Red: Yellow: Green:	Red: Yellow: Green:	Montgomery	Adult-Level 1	Yes	Yes
University of Cincinnati Medical Center	Red: Yellow: Green:	Red: Yellow: Green:	Hamilton	Adult-Level 1	Yes	Yes
Dayton Children's Hospital	Red: Yellow: Green:	Red: Yellow: Green:	Montgomery	Pedi-Level 1	No	No
Kettering Medical Center	Red: Yellow: Green:	Red: Yellow: Green:	Montgomery	Adult-Level 2	Yes	Yes
Atrium Medical Center	Red: Yellow: Green:	Red: Yellow: Green:	Warren	Adult-Level 3	Yes	Yes
Bethesda North Hospital	Red: Yellow: Green:	Red: Yellow: Green:	Hamilton	Adult-Level 3	Yes	Yes
Grandview Medical Center	Red: Yellow: Green:	Red: Yellow: Green:	Montgomery	Adult-Level 3	Yes	No
Fort Kettering	Red: Yellow: Green:	Red: Yellow: Green:	Greene	Adult-Level 3	No	No
Soin Medical Center	Red: Yellow: Green:	Red: Yellow: Green:	Greene	Adult-Level 3	Yes	Yes
West Chester Hospital	Red: Yellow: Green:	Red: Yellow: Green:	Butler	Adult-Level 3	Yes	Yes
Miami Valley Hospital South	Red Yellow Green	Red Yellow Green	Montgomery	Adult Level 3	No	Yes

HOSPITALS	Receiving Capability	# of Patients Sent	County	Interventional Cardiac Cath 24/7	L & D
Bethesda Butler County	Red: Yellow: Green:	Red: Yellow: Green:	Butler	No	No
Children's Hospital - Liberty Township	Red: Yellow: Green:	Red: Yellow: Green:	Butler	No	No
Christ Hospital	Red: Yellow: Green:	Red: Yellow: Green:	Hamilton	Yes	Yes
	Red: Yellow: Green:	Red: Yellow: Green:			
Good Samaritan Hospital - Cincinnati	Red: Yellow: Green:	Red: Yellow: Green:	Hamilton	Yes	Yes
Good Samaritan Hospital - Dayton	Red: Yellow: Green:	Red: Yellow: Green:	Montgomery	Yes	Yes
Good Samaritan Hospital North - Dayton	Red: Yellow: Green:	Red: Yellow: Green:	Montgomery	No	No
Jewish Hospital	Red: Yellow: Green:	Red: Yellow: Green:	Hamilton	Yes	No
McCullough-Hyde Memorial Hospital	Red: Yellow: Green:	Red: Yellow: Green:	Butler	No	Yes
Mercy Hospital - Anderson	Red: Yellow: Green:	Red: Yellow: Green:	Hamilton	Yes	No
Mercy Hospital - Clermont	Red: Yellow: Green:	Red: Yellow: Green:	Clermont	No	No
Mercy Hospital - Fairfield	Red: Yellow: Green:	Red: Yellow: Green:	Butler	Yes	Yes
Mercy Hospital - West	Red: Yellow: Green:	Red: Yellow: Green:	Hamilton	Yes	Yes
Kettering Middletown	Red: Yellow: Green:	Red: Yellow: Green:	Butler	No	Yes
Southview Medical Center	Red: Yellow: Green:	Red: Yellow: Green:	Montgomery	No	Yes

HOSPITALS	Receiving Capability	# of Patients Sent	County	Interventional Cardiac Cath 24/7	L & D
Springfield Regional Medical Center	Red: Yellow: Green:	Red: Yellow: Green:	Clark	Yes	Yes
Sycamore Medical Center	Red: Yellow: Green:	Red: Yellow: Green:	Montgomery	No	No
VA - Cincinnati	Red: Yellow: Green:	Red: Yellow: Green:	Hamilton	No	No
VA - Dayton	Red: Yellow: Green:	Red: Yellow: Green:	Montgomery	No	No
WPAFB Medical Center	Red: Yellow: Green:	Red: Yellow: Green:	Montgomery	No	Yes

Freestanding ED	Receiving Capability	# of Patients Sent	County
Bethesda Arrow Springs	Red: Yellow: Green:	Red: Yellow: Green:	Warren
Dayton Children's South	Red: Yellow: Green:	Red: Yellow: Green:	Montgomery
Good Samaritan - Western Ridge	Red: Yellow: Green:	Red: Yellow: Green:	Hamilton
Jewish Hospital - Rookwood	Red: Yellow: Green:	Red: Yellow: Green:	Hamilton
KHN Emergency - Franklin	Red: Yellow: Green:	Red: Yellow: Green:	Warren
KHN Emergency - Huber Heights	Red: Yellow: Green:	Red: Yellow: Green:	Montgomery
KHN Emergency - Preble County	Red: Yellow: Green:	Red: Yellow: Green:	Preble
Mercy - Harrison Medi Center	Red: Yellow: Green:	Red: Yellow: Green:	Hamilton
Mercy - Western Hills	Red: Yellow: Green:	Red: Yellow: Green:	Hamilton

TREATMENT AREA LOG

Triage Tag Number	Patient Name (If Known)	Patient Sex	Tag Color/General Condition	Time In	Time to Loading Area
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		
		M - F	R – Y – G		

Butler County, Ohio Mass Casualty Plan

APPENDIX C:

Regional Staging Areas

Central Staging Sites		Latitude	Longitude
1	Butler County Fairgrounds 1715 Fairgrove Ave. Hamilton, Ohio 45011 (513) 892-1423	39°24'2.98"N	84°32'19.24"W
2	Showplace Cinemas 1453 Main Street Hamilton, Ohio 45011 (513) 867-8166	39°25'26.00"N	84°35'45.00"W
3	Jungle Jims 5440 Dixie Highway Fairfield, Ohio 45014 (513) 674-6000	39°20'11.54"N	84°31'33.34"W
4	Kroger 560 Wessel Drive Fairfield, Ohio 45014 (513) 858-8200	39°20'7.57"N	84°33'44.94"W
Northwest Staging Sites			
1	Walmart Supercenter 5720 College Corner Pike Oxford, Ohio 45056 (513) 524-4122	39°31'41.79"N	84°46'8.47"W
2	Millett Hall 500 E. Sycamore St. Oxford, Ohio 45056 (513) 529-2222	39°31'2.59"N	84°44'12.42"W
3	Talawanda Middle School 4030 Oxford-Reily Rd. Oxford, Ohio 45056 (513) 273-3300	39°29'19.50"N	84°45'31.45"W
4	Bogan Elementary School 5200 Hamilton-Richmond Road Oxford, Ohio 45056 (513) 273-3400	39°31'0.27"N	84°39'59.35"W
Southwest Staging Sites			
1	Diamond Heavy Haul 5045 Cincinnati-Brookville Rd. Shandon, Ohio 45063 (513) 738-450	39°19'46.71"N	84°43'25.44"W
2	Stricker's Grove 114900 Hamilton-Cleves Rd. Hamilton, Ohio 45013 (513) 521-9747	39°17'46.88"N	84°40'4.19"W

3	Ross High School 3601 Hamilton-Cleves Road Hamilton, Ohio 45013 (513) 863-1252	39°19'48.47"N	84°38'6.60"W
Southeast Staging Sites			
1	Crossroad Baptist Church 9900 Butler Warren Line Road Cincinnati, Ohio 45241 (513) 336-8222	39°17'36.70"N	84°21'9.46"W
2	West Chester Church of the Nazarene 7951 Tylersville Rd West Chester, OH 45069 (513) 777-6300	39°21'4.09"N	84°21'34.27"W
3	Ikea 9500 IKEA Way, West Chester, Ohio 45069 (888) 888-4532	39°18'58.72"N	84°26'6.38"W
4	Walmart Supercenter 8288 Cincinnati Dayton Rd, West Chester, Ohio 45069 (513) 777-2397	39°20'38.40"N	84°23'33.99"W
East Central Staging Sites			
1	Kroger Marketplace 7300 Yankee Road Liberty Township, Ohio 45044 (513) 786-0700	39°22'37.00"N	84°22'34.80"W
2	Heritage Elementary School 5052 Hamilton-Mason Road Liberty Township, Ohio 45011 (513) 863-7060	39°22'29.69"N	84°27'10.01"W
Northeast Staging Sites			
1	Trader's World 601 Union Road Lebanon, Ohio 45036 (513) 424-5708	39°26'39.75"N	84°19'34.24"W
2	Prime Outlets 400 Premium Outlets Drive Monroe, Ohio 45050 (513) 539-0710	39°26'11.61"N	84°20'7.88"W
3	Kroger 3033 Heritage Green Drive Monroe, Ohio 45050 (513) 727-7422	39°26'35.47"N	84°22'41.77"W
4	Towne Mall 3461 Towne Mall Blvd. Middletown, Ohio 45005 (513) 424-3318	39°29'42.07"N	84°19'53.82"W

5	Moose Lodge 3009 S. Main Street Middletown, Ohio 45044 (513) 422-6776	39°29'0.90"N	84°25'8.16"W
6	Hook Field 1707 Run Way Middletown, Ohio 45042 (513) 217-4777	39°31'41.28"N	84°23'44.09"W
7	Madison High School 5797 W. Alexandria Road Middletown, Ohio 45042 (513) 420-4760	39°31'53.62"N	84°26'45.75"W

Butler County, Ohio Mass Casualty Plan

APPENDIX D:

Regional Hospital Capabilities

TRAUMA CENTERS (Butler, Warren, Montgomery, Greene, Hamilton Counties)	Squad Phone Number	County	Trauma Center	Interventional Cardiac Cath 24/7	L & D
Cincinnati Children's Hospital	513-636-8008	Hamilton	Pedi-Level 1	No	No
Miami Valley Hospital	937-208-2440 937-208-2408	Montgomery	Adult-Level 1	Yes	Yes
University of Cincinnati Medical Center	513-584-7760	Hamilton	Adult-Level 1	Yes	Yes
Dayton Children's Hospital	937-641-4444	Montgomery	Pedi-Level 2	No	No
Kettering Medical Center	937-395-8080	Montgomery	Adult-Level 2	Yes	Yes
Atrium Medical Center	513-424-3924	Warren	Adult-Level 3	Yes	Yes
Bethesda North Hospital	513-984-8375	Hamilton	Adult-Level 3	Yes	Yes

Grandview Medical Center	**937-723-3419**	**Montgomery**	**Adult-Level 3**	**Yes**	**No**
Greene Memorial Hospital	**937-372-2297**	**Greene**	**Adult-Level 3**	**No**	**No**
Fort/Kettering Hospital	**513-867-2266**	**Butler**	**Adult-Level 3**	**Yes**	**Yes**
West Chester Hospital	**513-298-7777**	**Butler**	**Adult-Level 3**	**Yes**	**Yes**

HOSPITALS (Butler, Warren, Montgomery, Greene, Hamilton Counties)	**Squad Phone Number**	**County**	**Interventional Cardiac Cath 24/7**	**L & D**
Bethesda Butler County	**513-893-8222**	**Butler**	**No**	**No**
Children's Hospital - Liberty Township	**513-636-8008**	**Butler**	**No**	**No**
Christ Hospital	**513-585-0783**	**Hamilton**	**Yes**	**Yes**
Fort Hamilton Hospital	**513-867-2144**	**Butler**	**Yes**	**Yes**
Good Samaritan Hospital - Cincinnati	**513-221-5818**	**Hamilton**	**Yes**	**Yes**
Good Samaritan Hospital - Dayton	**937-275-9722 937-734-7579 (M)**	**Montgomery**	**Yes**	**Yes**
Good Samaritan Hospital North - Dayton	**937-540-1067**	**Montgomery**	**No**	**No**

HOSPITALS (Butler, Warren, Montgomery, Greene, Hamilton Counties)	Squad Phone Number	County	Interventional Cardiac Cath 24/7	L & D
Jewish Hospital	513-686-3184	Hamilton	Yes	No
McCullough-Hyde Memorial Hospital	513-524-5352	Butler	No	Yes
Mercy Hospital - Anderson	513-231-3702	Hamilton	Yes	No
Mercy Hospital - Clermont	513-732-8341	Clermont	No	No
Mercy Hospital - Fairfield	513-870-7007	Butler	Yes	Yes
Mercy Hospital - West	513-215-1111	Hamilton	Yes	Yes
Miami Valley Hospital South	937-438-2662 937-438-5817 (M)	Montgomery	No	Yes
Southview Medical Center	937-435-1832 937-401-6850 (M)	Montgomery	Yes	Yes
Springfield Regional Medical Center	937-532-1400	Clark	Yes	Yes
Sycamore Medical Center	937-384-8766	Montgomery	No	No
VA - Cincinnati	513-487-7070	Hamilton	No	
VA - Dayton	937-626-2172	Montgomery	No	No
WPAFB Medical Center	937-257-3295	Montgomery	No	Yes

FREESTANDING EMERGENCY DEPARTMENTS	ED Phone Number	County
Atrium Emergency Center - Mason	513-229-3672	Warren
Bethesda Arrow Springs	513-282-7222	Warren
Dayton Children's South	937-641-4444	Montgomery
Good Samaritan - Western Ridge	513-246-9926	Hamilton
Jewish Hospital - Rookwood	513-686-3184	Hamilton
KHN Emergency - Franklin	937-458-4728	Warren
KHN Emergency - Huber Heights	937-558-3301	Montgomery
KHN Emergency - Preble County	937-456-8328	Preble
Mercy - Harrison Medi Center	513-367-8003	Hamilton
Mercy - Western Hills	513-389-5222	Hamilton
Premier Emergency Center - Jamestown	937-374-5274	Greene

Butler County, Ohio Mass Casualty Plans

APPENDIX E:

MCI Tactical Worksheet

BUTLER COUNTY MCI MANAGEMENT TACTICAL WORKSHEET	
	COMPLETE
Activate Butler County MCI Management Plan through the jurisdictional communications center "MCI ALERT"	
Establish Unified Incident Command Post and request Butler County Mutual Aid Channel assignment for fire, EMS, and LE	
Determine resource needs and request appropriate MCI Alarm Level: • Level 1: 6 Ambulances, 3 Engines, Open Disaster Net/Surge Net • Level 2: Level 1 + 6 Ambulances, 3 Engines, County MCI Trailer, Butler County IMAT, Air Medical • Level 3: Level 1,2 + 10 Ambulances, 5 Engines, Command 1/CMD 31 Red Cross MAT • Level 4: Level 1,2,3 + 10 Ambulances, 5 Engines, MCI Trailer, • Level 5: Level 1,2,3 + 25 ambulances. Also consider State of Ohio Emergency Plan	
Assign accountability and safety officers	
Assign other MCI Incident Command positions and distribute appropriate checklists/forms	
Have LE representative to Unified Command initiate scene access control. ◦ Consider need to establish hot/warm/cold zones.	
Establish a Staging Area and a Staging Area Manager to coordinate the arrival and deployment of responding units. Initiate the use of the EMS Staging Log	
Ensure activation of the Hospital Disaster Network by having the MCI jurisdiction's communications center contact the Hamilton County Communications Center.	
Transport Officer / Medical Communications Coordinator should make contact with Net Control on HSR6-MCI (Zone E Channel 13) for direct communications once the Net is open.	
Determine if it is safe to begin primary START triage. Use triage tape/ribbon initially.	
Establish a Treatment Area – ensure sufficient space for expansion, provide for ingress from incident and egress to Loading Area, upwind and uphill from incident. Make sure all patients receive secondary triage and tags are applied as they arrive in treatment area. Treatment Group Supervisor should initiate use of the Treatment Area Log.	
Consider need for Red Cross Medical Assistance Team (MAT), air medical assets, private ambulances, METRO or School buses for "walking wounded."	
If there are fatalities have dispatch notify the Butler County Coroner (do not move the deceased from the incident site)	
Advise all personnel to exercise care not to disturb potential evidence on the scene unless necessary for rescue operations.	
When initial triage is completed perform a secondary search checking all areas around the scene for potential patients including "walk-aways", ejections, etc.	

Butler County, Ohio Mass Casualty Plan

APPENDIX F:

Butler/Warren County MCI Communications Process Job Aid

Revised Feb 2022

Butler/Warren Disaster Net
Mass Casualty Incident (MCI) Communications Process Job Aid

ACTION	PERFORMED BY:
Activate Disaster/Surge Net • Request dispatch contact Hamilton County Communications and request activation of Disaster Net • Provide the following information: A. There is an MCI at (location) as a result of (cause: bus crash, collapse, Haz-Mat spill, etc.) B. Provide a general statement on severity, such as approximate number of victims - If hazmat, advise whether or not gross or secondary decon is occurring at scene C. Any other information to be conveyed • Identify Transport Officer and/or Medical Communications Officer to communicate with Net Control via **HSR6-MCI** - Communicate with Net Control as patients are ready to leave scene, provide: - Unit Transporting's ID (Central City M21) - # of Patients - Adult / Pediatric - Triage color for each patient with two-word descriptor (Red – Chest Trauma) - If HazMat Event – not contaminated, gross decontaminated, secondary decontaminated - Provide periodic and significant event updates to Net Control - Upon last patient transport advise LAST PATIENT TRANSPORTED	**First unit to identify MCI**
Activate SW Ohio Disaster/Surge Net • Alert Hospitals providing event information known and request updating of Surge Net • Perform roll call • Activate Dayton's Regional Hospital Notification System by calling 937-333-8727 and providing pertinent information • Transfer Disaster/Surge Net to Net Control - Advise Net Control if Dayton RHNS been activated	**Hamilton County Communications**

Manage Net ◦ Monitor Hospital Capabilities via Surge Net - Follow up on hospital capabilities not updated in Surge Net - Request periodic updates ◦ Maintain communications with Scene - Request periodic updates ◦ Route patients from scene as appropriate - Track patient destination from scene ◦ Maintain communications with destination hospitals - Provide periodic scene updates - Net Control will communicate via both HSR6-MCI Zone E Channel 13 and HSR3-MCI Zone E Channel 12 ◦ Close Net as appropriate - Upon closure of Net, place call to **937-333-8727** to close **Dayton RHNS** with **ALL CLEAR** notification.	**Net Control**
Implement Mass Casualty Plans ◦ Acknowledge Disaster Net Radio Call - Assign Communications Coordinator to monitor communications via Disaster Net Radio **HSR6-MCI Zone E Channel 13** ◦ IMMEDIATELY update LMCI receiving capabilities in Surge Net - Update as capabilities change – increased staffing, bed availability, patients received, etc. ◦ Log in to OHTrac to see if incident has been initiated; if not create one - Enter patient information as patients are received, transferred, admitted, or discharged	**Hospitals**

Butler County, Ohio Mass Casualty Plan

APPENDIX G:

SALT Triage Algorithm

SALT TRIAGE SYSTEM: What the Receiving Facility Needs to Know….

The SALT (Sort, Assess, Life-Saving Intervention, Treatment/Transport) triage system was developed by the Centers for Disease Control and Prevention (CDC) to reduce triage time and to better utilize resources. This system has been adopted by pre-hospital providers in the Greater Dayton area as a standardized triage system to be used in the event of a mass casualty incident (MCI). This document will serve as an overview of the SALT triage system and will attempt to facilitate understanding of this method for receiving facilities.

RED – Immediate. Patients are critically injured and require immediate intervention to sustain viability. Patients may require more resources on arrival. Examples of these types of patients may include inhalation burns, neurologically decompensating patients with traumatic brain injuries, pericardial tamponade, and pneumothorax patients.

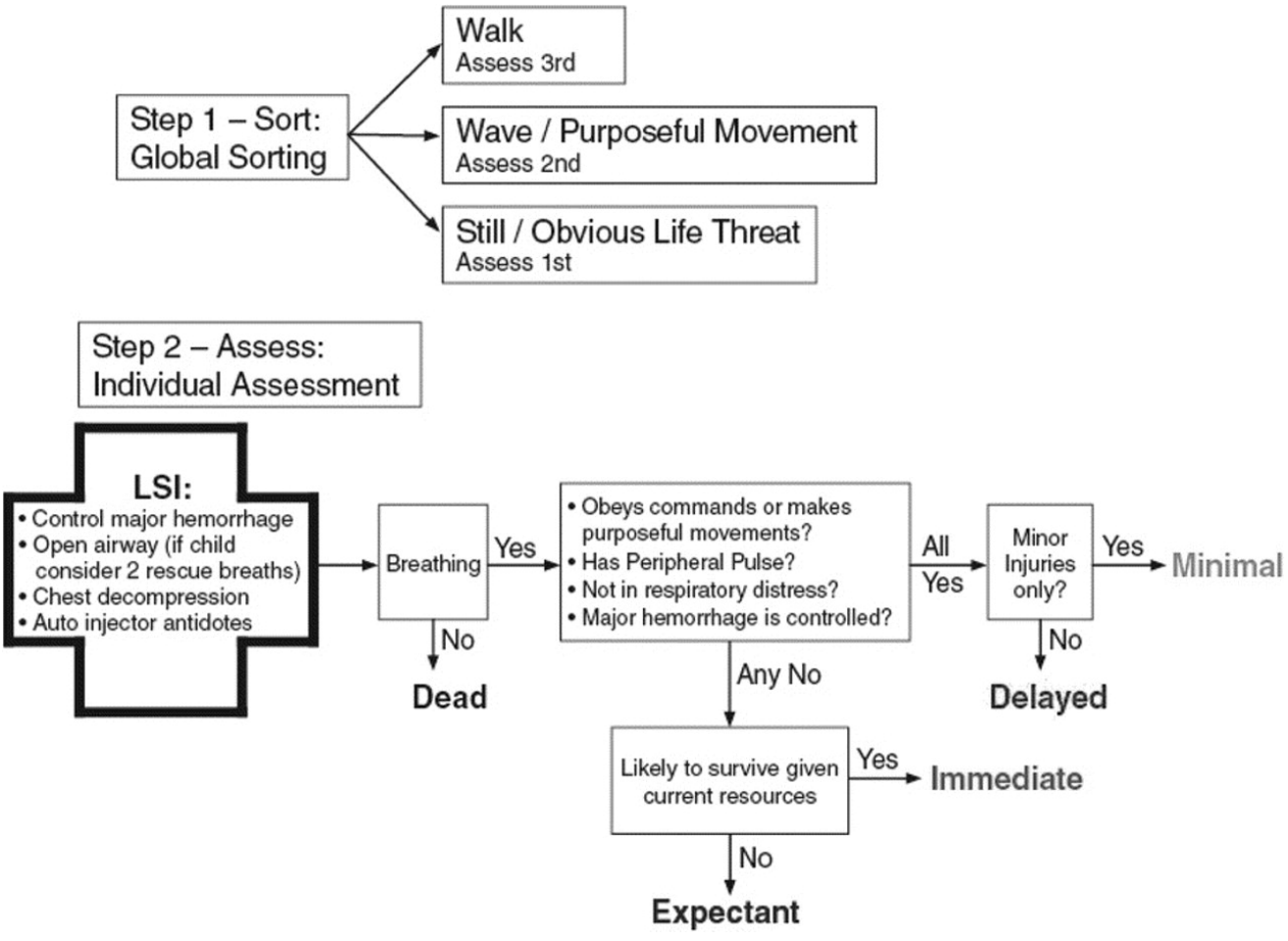
YELLOW – Delayed. These patients still have serious medical problems, but are expected to survive until definitive care can be rendered later. Examples include gunshot wounds to abdomen with stable vital signs, major fractures requiring ORIF, and spinal cord injuries with acceptable vital signs.

GREEN – Minimal. These patients are "the walking wounded". They may have sustained injuries such as ankle sprains or even closed fractures of lesser bones, but are not suffering from life threats.

GRAY – Expectant (not dead, but expected to not survive given current circumstances). These patients might include TBI with exposed brain, 90% TBSA burns, and the like. These patients may be later re-triaged and re-classified if resources change.

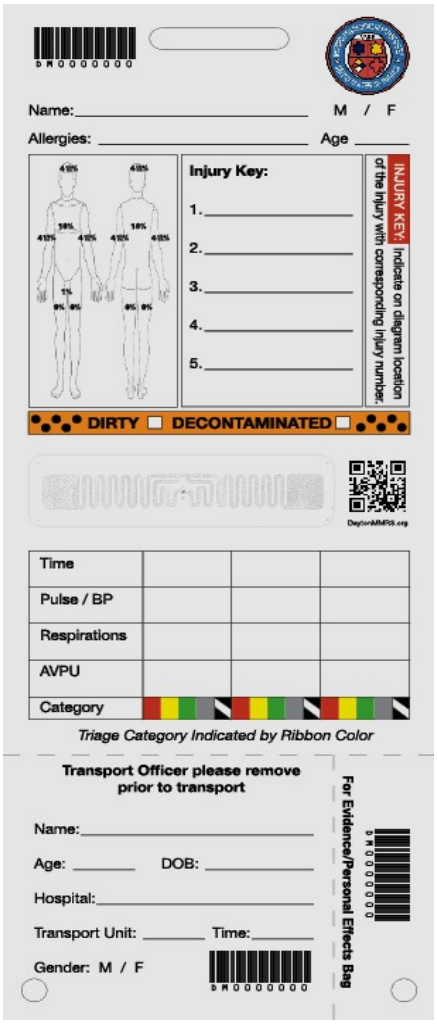
BLACK –Patient is deceased (black/white stripes used for low light situations).

ORANGE - used in addition to one of the above ribbons to indicate victim has been contaminated with a hazardous material. These are to be removed after decontamination and the orange box on the triage tag checked. EMS should always inform the hospital of any patient that has been contaminated or decontaminated.



Ribbon Colors Match Triage Categories

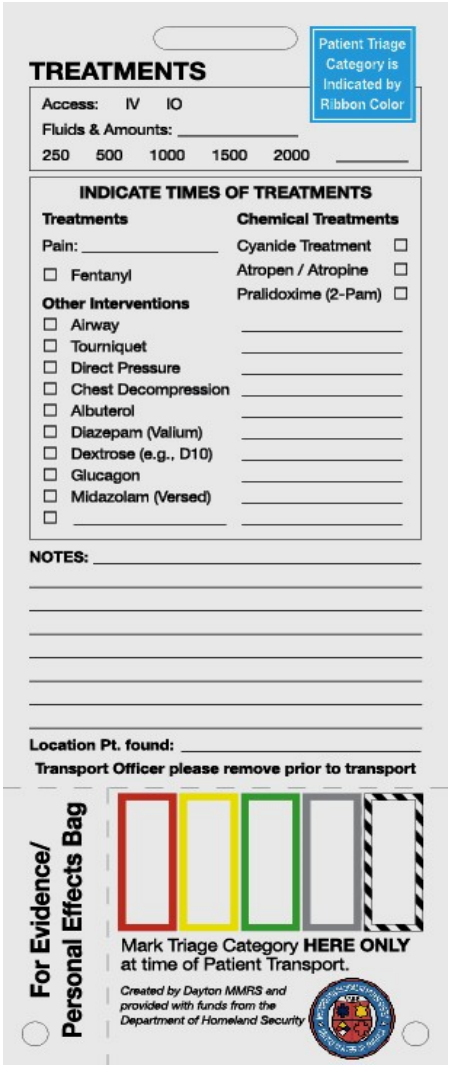
- Immediate
- Delayed
- Minimal
- Expectant
- Dead
  - (Ribbon/Tag zebra-striped)



Ribbons reflecting the respective triage category will be used to attach the triage tag to the patient.

The triage tags reflect name, age, sex, Injuries, vital signs, triage category, And significant interventions given.

For more details on SALT, see the EMS Standing Orders at: http://www.gmvemsc.org, or go to http://www.gmvems.com/salt.html for links to educational materials and training videos.



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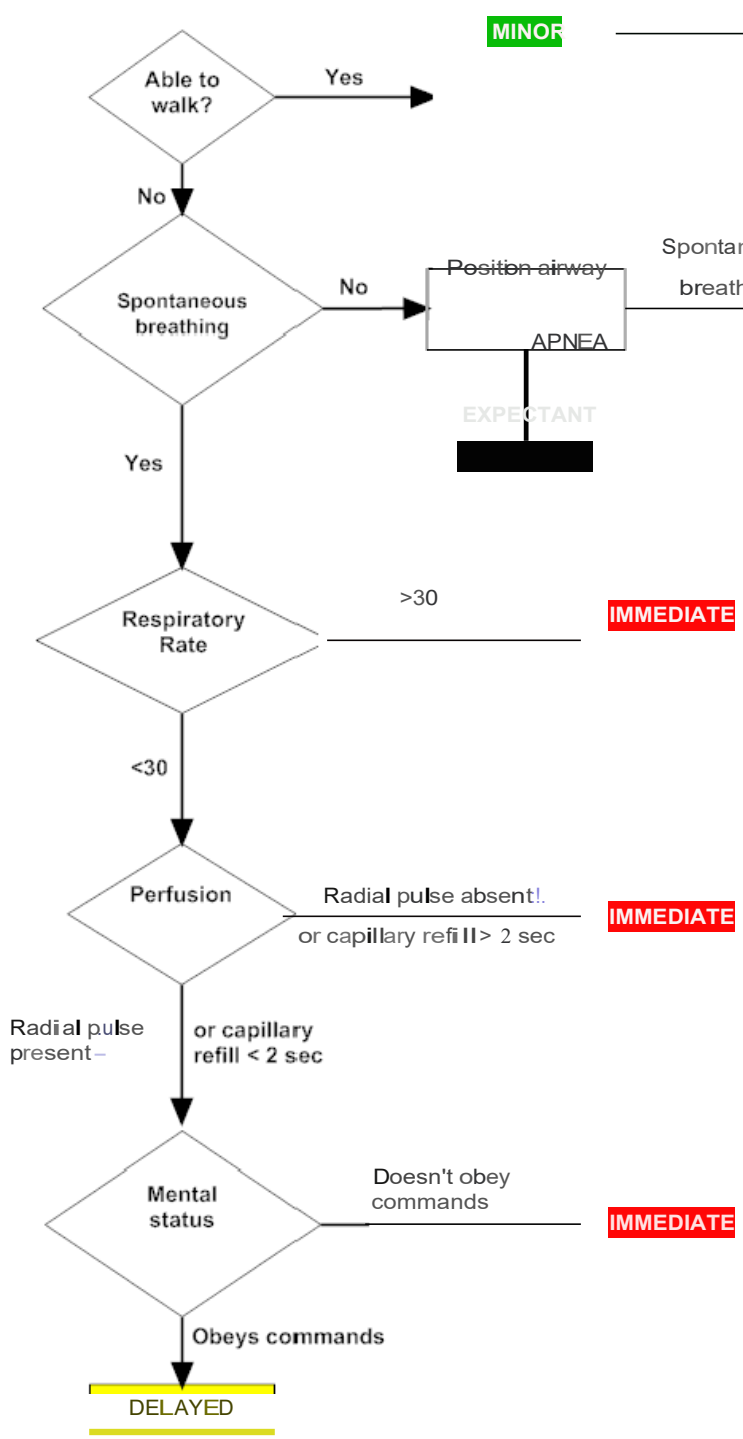
APPENDIX H:

START and Jump START Triage Algorithms

START Adult Triage



Triage Categories

EXPECTANT Black Triage Tag Color

- Victim unlikely to survive given severity of injuries, level of available care, or both
- Palliative care and pain relief should be provided

IMMEDIATE Red Triage Tag Color

- Victim can be helped by immediate intervention and transport
- Requires medical attention within minutes for survival (up to 60)
- Includes compromises to patient's Airway, Breathing, Circulation

DELAYED Yellow Triage Tag Color

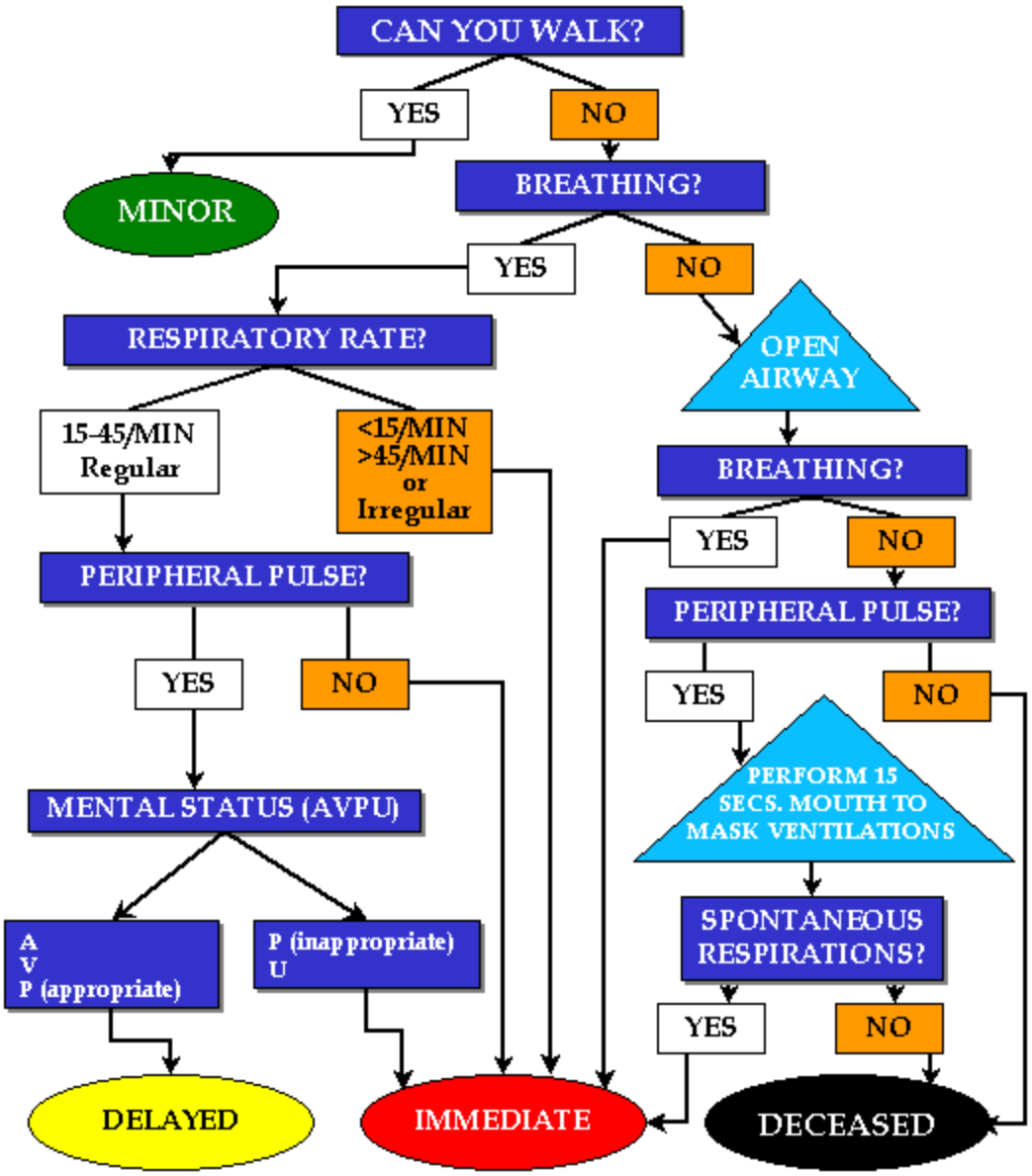
- Victim's transport can be delayed
- Includes serious and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours

MINOR Green Triage Tag Color

- Victim with relatively minor injuries
- Status unlikely to deteriorate over days
- May be able to assist in own care; "Walking Wounded"

Jump START

Field Pediatric Multicasualty Triage System



A=Alert
V=Responds to voice
P=Responds to pain (Appropriate or Inappropriate)
U=Unresponsive