RICE COUNTY

Emergency Medical Services
Disaster Response Plan

Prepared by:
Rice County Emergency Medical Services
Provider Council

Updated - January, 2004

Acknowledgments:

A committee comprised of Rice County EMS providers and Community Health Service staff originally drafted this plan in 1988-89. The Rice Emergency Management Office has since updated it. Committee members were as follows: Dr. David Larson, Dorothy Brodie, Byron Reed, Thelma Schedtler, Dave Augustin, Jeff Ringlien, Steve Nordmeier, Marva Ehman, Mike Monge, Dr. Reed Johnson, Rick Rabeneck, and Mary Ho.

The June 1998 Update was approved by the Rice County EMS Provider Council. The Council is composed of members representing the following organizations:

> Lonsdale Fire/Rescue, District One Hospital, Northfield Hospital, North Ambulance, Morristown First Responders, Nerstrand First Responders, Northfield Hospital Ambulance, Faribault Area Chaplains for Emergency Services (FACES), Northfield Police Department, Northfield Rescue Squad, Faribault Department of Public Safety, Faribault Police Department, Rice County Community Health Services, Rice County Board of Commissioners, and the Rice County Sheriff's Department.

At-large citizen representatives to the Council are Tim Isom and Betty Zimanske. The EMS Provider Council is appointed and supported by the Rice County Board of Commissioners, which also serves as the Rice County Community Health Board.

For further information, contact Rick Rabeneck at (507) 332-6119.

OUTLINE

County-Wide Disaster Response Plan
EMS Section
Rice County, Minnesota

E. Position Location

I. INTRODUCTION

A. Purpose of the Plan

To ensure an adequate response to multiple casualty incidents occurring within Rice County.

B. Implementation of the Plan

For implementation to be successful, the plan needs to be integrated, uniform, and flexible, involving all relevant agencies. To accomplish this, there need to be well defined and agreed upon lines of communication, authority, and responsibility.

II. GLOSSARY OF TERMS

Dispatcher - That person, usually an employee of the local police and/or sheriff's department, who receives incoming emergency calls and makes the initial decisions regarding first responding agency/personnel to be dispatched to the incident.

EMS (Emergency Medical Services) - Those services intended to protect the health of persons suffering a medical emergency and to ensure rapid and effective medical treatment. These activities include the coordination or provision of training, cooperation with public safety agencies, communications, life-support transportation, public information and involvement, and system management.

EOC (Emergency Operations Center) - Headquarters for the people and other resources needed to coordinate and support field efforts during a disaster. It is the source of final authority for decisions made during all phases of the operation and provides the personnel, equipment, supplies, and authority needed to complete tasks in the field.

Incident Zone - Immediate area affected by the disaster. Access to this area is restricted to personnel involved in the emergency response.

Incident Command Post - A designated location where the personnel responsible for the control of the tactical operations associated with a disaster would meet. It is the focal point for communication and coordination with and between the various agencies operating at the site of the disaster.

Incident Commander - That person who is in overall charge of field operations at the disaster scene.

Medical Transportation Officer - This is the person, designated by the Triage Officer, responsible for assuring that victims are transported from the triage area to the correct facilities. The Medical Transportation Officer also maintains records that identify who is transported, to what location, when, and by whom.

Medical Triage Officer - This person assumes overall command of the triage area and is responsible for coordination, delegation of assignments to other triage personnel, and communication with the Incident Command Post and receiving medical facilities.

MRCC (Medical Resource Control Center) -This is a control center in the Twin Cities area (East Metro for St. Paul and West Metro for Minneapolis) which determines ambulance deployment to hospitals in the seven-county Metro area. In a disaster MRCC would assist in determining which patients would go to the various hospitals in the Metro region. Telephone number is (612) 347-5710.

Search and Rescue - These are functions concerned with evaluating, confining, and terminating hazards to the public, extricating victims from hazardous locations, providing immediately necessary First Aid, and removing victims to a safe location.

Staging Area - This is the assembly point for resources such as personnel and equipment responding to the disaster scene. In addition it functions as a holding area for those resources until they are assigned a task.

Standby Alert - This refers to a situation in which hospitals and/or other resources are notified that there is potential for activation of the disaster response plan. The Incident Commander is responsible for implementing the Standby Alert.

Triage - The process of receiving, sorting and categorizing victims based upon the severity of injuries. The triage function may include establishment of treatment areas and does involve making decisions regarding transportation to appropriate medical facilities.

III. ACTIVATION OF THE PLAN

A. Criteria for Activation

It is expected that the disaster response plan will be activated whenever the situation overwhelms the resources that are immediately available.

B. Levels of Response

1. ***Level One:*** Can be managed by local hospital and EMS personnel (for example, 8-10 victims involved, with no more than 5 "reds").

2. ***Level Two:*** Includes response by both hospitals in the County (for example, 10-20 victims).

3. ***Level Three:*** Requires out-of-County resources for an adequate response.

4. ***Level Four:*** A prolonged disaster involving 50 or more victims.

C. Who Can Activate the Plan

The disaster response plan will usually be activated by the first person(s) on the scene, when it is apparent that immediately available resources will be insufficient to adequately manage the situation. The exact level of response (see B above) that is required can be determined somewhat later. Thus, the plan may be activated by First Responder Personnel, Police, Fire, EMS, or ambulance workers.

D. Role of the Dispatcher

1. What Information is Needed

The dispatcher needs to know who is reporting the situation, the location, and a telephone number if available; the type of incident found; wind direction and approximate speed; presence of injured or ill persons; presence of smoke, fire, fumes, or other hazards; presence of markings, labels, or placards on container or vehicles; transportation carrier names; location of incident command post; and other pertinent information.

2. Call List

The dispatcher needs to have available a call list with names and telephone numbers for ambulances and fire/police departments to be called in an emergency. In general, it will be the responsibility of the dispatcher to activate the fire and ambulance, while EMS activates the hospitals and the hospitals activate MRCC (612-347-5710). Additional transportation services, e.g. helicopters and other out-of-County resources can be activated only by the Triage Officer or the

hospital.

3. Standby Alert Status

In a situation in which there is a potential for activation of the disaster response plan but an assessment to this effect has not as yet been made, the dispatcher can notify hospitals of a possible influx.

IV. EMERGENCY
V. OPERATION CENTER (E.O.C.)

A. Definition

The Emergency Operations Center is the headquarters for the people and things needed to coordinate and support efforts in the field. It is the source of "final authority" for decisions made during the response, recovery and mitigation phase of the disaster and provides the personnel, equipment, supplies, and authority needed to complete tasks in the field. The E.O.C. should be of sufficient size to accommodate personnel and supplies and should have communication equipment capable of communicating with field personnel and others.

B. Location

While the E.O.C. can be located anywhere but in the incident zone, there are locations in Rice County already designated as potential E.O.C.'s Choice of location will depend upon the type of response needed and the site of the disaster scene. Potential E.O.C.'s in Rice County include the Law Enforcement Center in Faribault, the Fire Hall in Lonsdale, and the Safety Center in Northfield.

C. Activation

The E.O.C. can be activated when, in the judgment of the Incident Commander, the scope of the response goes beyond the capability of the resources immediately available.

D. Staffing

Staffing needs at the E.O.C. will be partially dependent upon the nature and extent of the incident. Everyone should be familiar with the job to which they are assigned and alternates should be available for each

position. The E.O.C. positions listed below should have local

people assigned, trained, and ready to function. Examples of persons who would fulfill these roles are in parentheses.

E.O.C. Coordinator	*(EMS or Civil Defense Director)*
Law Enforcement Chief	*(Sheriff, Police Chief)*
Fiscal Chief	*(County Auditor, City Comptroller)*
Legal Chief	*(County, City Attorney)*
Fire-Rescue Chief	*(Fire Dept. Chief)*
Engineering Chief	*(County, City Engineer)*
Assessor	*(County Assessor, Building Inspector, Fire Marshall)*
Maintenance Chief	*(Courthouse, City Maintenance Chief)*
Communication Chief	*(Designated by County or City)*
Public Information Officer	*(County Administrator, City Manager)*
Policy Group	*(Elected Officials: Mayor, Council Members, Commissioners)*

E. Responsibility/Authority

The overall responsibility for the Emergency Operation Center and the authority for decision-making rests with elected officials or law-enforcement.

V. INCIDENT COMMAND POST

A. Definition

The Command Post (CP) is the field headquarters, inside the secure area, responsible for the control of tactical operations associated with a disaster or emergency. It is the focal point for communication and coordination with and between the agencies operating in the field. The CP can be a vehicle, building, tent, or just a specific location. It needs to be identified clearly.

B. Lines of Authority: Who is the Incident Commander?

While the chief law enforcement official in the County is the Sheriff, who has statutory authority, the incident commander may be the Sheriffs Police Chief, Fire Chief, or EMS Director.

C. Position is Established

The CP is set up as soon as someone has taken charge of the situation.

D. Position Identification

The CP needs to be identified to Dispatch, including its exact location, which may be apart from where the incident is located. This may be the case, for example, when hazardous materials are involved.

E. Position Location

The CP is located inside the secure area in close proximity to the incident zone whenever possible.

VI. TRIAGE

A. Definition:

Triage is the function concerned with receiving, sorting and categorizing victims based on the severity of injuries. In some cases this may include establishing treatment areas as required. Triage also involves making decisions regarding transportation to appropriate medical facilities. Decisions regarding triage are made in accordance with the **START** (**S**imple **T**riage **A**nd **R**apid **T**reatment) system of triage.

B. Who is in Charge:

The Triage Officer is in overall charge of the triage area and is directed by the Incident Commander. The Triage Officer may be the senior or supervisor paramedic or EMT as designated by the primary EMS service. In some incidents, a physician may be called to the scene and will serve as the Medical Triage Officer and will assume command of the triage area. The Triage Officer should wear an identifying vest.

The Triage Officer's responsibilities include:

1. Overall coordination of the triage area.

2. Delegation of assignments to other triage personnel

3. Maintaining a communication link with Incident Command and receiving medical facilities.

C. Medical Triage Team

Depending on the size of the incident, victims will be categorized by

severity of injuries in a geographic fashion. there will be designated

areas for Red, Yellow, Green and Black victims. In large, multiple casualty incidents (examples would be level 3 or 4) additional triage personnel would be assigned as follows:

1. Entry Point Officer (EPO)

   Directed by Triage Officer to establish an entry point into the triage area where victims will be received and directed to the proper care level.

   The EPO is also responsible for assuring proper staffing of the triage area.

   The entry point area will be designated by the color white.

2. Supply Officer

   Directed by the Triage Officer to establish and maintain all necessary supplies. The SO oversees distribution of supplies to the triage areas. Supply area is designated by the color purple.

3. Red Supervisor

   Directed by the Triage Officer to establish an area to receive, treat and transport the seriously injured victims. This area will be designated by the color red.

4. Yellow Supervisor

   Directed by the Triage Officer to establish an area to receive, treat and arrange transport of moderately injured victims. This area will be designated by the color yellow.

5. Green Supervisor

   Directed by the Triage Officer to establish an area to receive and treat patients with minor injuries. This area will be designated by the color green.

6. Black Supervisor

   Directed by the Triage Officer to establish and assume responsibilities for a temporary morgue. Control of this area will be relinquished to the coroner eventually.

7. Medical Transportation Officer

Directed by the Triage Officer to establish exits from the triage area to transport vehicles. The primary responsibility is to assure transportation of victims from the triage areas to the correct hospital. The T.O. also records the following information:

1) victim destination
2) name of transport service
3) time of transport
4) other information as needed.

Exits from the triage area are marked with black and white checks.

8. Communication Officer

Establishes lines of communications and assists the Triage Officer in communicating with receiving hospitals, incident command and within triage areas.

D. Supplies

Supplies will be brought by incoming ambulances from area hospitals and stocked in the supply area. Procurement and distribution of supplies will be the responsibility of the Supply Officer.

E. Classification and Coding System

Patients will be classified as follows:

Red - life-threatening injuries
Yellow - serious but not immediately life-threatening injuries
Green - "walking wounded" and minor injuries
Black - dead.

(see chart on following page)

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VII. STAGING (EMS)

A. Definition

A staging area is an assembly point for incoming resources and becomes a holding area for those resources until they are deployed by the Command Post.

B. Responsibility

Staging officers should be representatives from law enforcement, fire, and/or EMS whenever possible.

C. Location

The nature and location of the emergency determines the placement of the staging area. It should be within the outer perimeter, but far enough from the hazard zone that it will not interfere with other operations.

D. Activation

Use of a staging area can be effective in almost all emergency situations in which there is a response from more than one unit. It is the responsibility of the commander(s) on the scene to establish the need for and location of the staging area.

VIII. COMMUNICATION

A. Frequencies

B. Protocols

1. Communication between the incident scene and hospitals will be on Regional EMS.

2. Communication between incoming EMS transportation vehicles and the Triage Area will be on Statewide EMS (155.340).

3. Communication between the Triage Area and the Incident Command Post will be on Statewide Fire (154.295) unless otherwise designated.

4. Communication between the Triage Area and hospital will be on

Regional EMS.

5. Hospital to hospital communication will be on statewide EMS (155.340) or by phone.

6. Medical Resource Control Center (MRCC) will decide, for those patients being transported beyond local facilities, which patients go to which hospitals. Communication between MRCC and the scene needs to be by phone or can go through local hospitals, which can communicate with MRCC via phone. (Hospitals and the scene to talk by radio; see #1 above).

7. Providers to consider installation of a dedicated line for cellular phone communication between ambulances and hospital emergency rooms.

C. Back-up Communications (Alternates)

1. MRCC has the ability to set up a "phone patch" with the scene.

2. Sheriff cars are able to communicate with MRCC; may need to provide written directions.

3. New Northfield Rescue Squad unit is equipped with a phone that could be used from the scene.

IX. SECURITY

A. Definition

These are the services responsible for establishment and maintenance of a "safe zone" around and including the area affected by the disaster. This needs to include control of entrance and exit through a check point and direct communication with the Command Post.

B. Responsibility

Local law enforcement (police and/or sheriff) will be primarily responsible for security unless they have deferred to another agency. Additional aid may be called upon when local resources are not sufficient for an adequate response.

C. Activation

At least two safety zones or "perimeters" are established around the disaster scene. These inner and outer perimeters should be determined with reference to the type of emergency, with the inner perimeter given first consideration. A control point that is outside but in close proximity to the inner perimeter needs to be established as soon as possible so that access to the scene is controlled through this single entry position. The hazard zone will be determined immediately around the site with access restricted to responders with gear appropriate to the hazards that are present.

All policies and procedures will be established by law enforcement agencies.

X. SEARCH AND SUPPRESSION

A. Definition

Search and suppression are those functions concerned with evaluating, confining, and terminating hazards to the public, extricating victims from hazardous locations, providing immediate necessary first aid, and moving victims to a safe location (Triage Area).

B. Responsibility

The search and suppression function is primarily the responsibility of the local fire department, with mutual aid assistance if it is required.

Personnel assigned to the suppression effort will be taken from the staging area and will report to the appropriate sector supervisor. When surviving victims have been removed and the incident zone is in a safe condition, command of the incident zone will be given to the Coroner. The Search and Rescue Chief will maintain control of all sectors until this transfer takes place.

C. Activation

Duties of the Search and Suppression Chief are as follows:

1. Obtain situation briefing from Incident Commander.

2. Don position identification vest.

3. Read entire duty check list.

4. Assess situation.

5. Appoint and brief staff, as needed.

   a. Division Supervisor(s)

   b. Strike Team Leader(s)

   c. Company Officer(s)

   d. Aide(s)

   e. Others

6. Supervise Suppression and Rescue Operations.

7. Establish communications with Division Supervisor.

8. Consult and collaborate with Planning and Logistic Section Chiefs.

9. Develop Suppression and Rescue portion of Incident Action Plan with General Staff.

10. Assign personnel in accordance with Incident Action Plan.

11. Attend meetings, as necessary.

12. Determine need for immediate and anticipated resources.

13. Keep Incident Commander informed of any special conditions or activities.

14. Request periodic progress reports from Division Supervisors.

15. Initiate recommendations for demobilizing of resources .

16. Maintain record of activities.

17. When ordered, secure operations and replenish supplies.

18. Forward all collected incident documentation to Planning Section Chief.

All policies and procedures will be established by fire departments.

XI. PUBLIC INFORMATION

A. Definition

The public information function includes all activities and personnel involved in the organization and dissemination of pertinent information about a disaster.

B. Responsibility

The Information Officer needs to be a credible, high level official. This person should also be someone with experience in providing information to the media and the public.

C. Media Policies

As a matter of policy, all information about the disaster should be provided through the Public Information Officer. In this way, data is provided in a timely, consistent orderly manner. Duties of the Public Information Officer are as follows:

1. To provide accurate, timely information for the public.

2. To establish an Information Center.

3. To gather and assemble information.

4. To verify the accuracy of information before it is disseminated and to help determine what information should be made public and when.

XII. DEBRIEFING

A. Psychological Support During the Incident.

MRCC is able to activate personnel to come to the scene and provide this service.

B. Post-Incident Stress Debriefing and Trouble Shooting.

The SE Minnesota EMS Project of the Minnesota Department of Health and Zumbro Valley Mental Health have developed a program for

emergency care providers to receive support from trained facilitators after a critical incident. Beginning in the fall of 1989, Critical Incident Stress Debriefing (CISD) Teams have been available in SE Minnesota. EMS providers can call Linda Horth at (507) 255-6080 for further information.

C. Critique of the Incident.

All EMS providers responding to the disaster will meet at a designated time following the incident to review what took place and to make any needed modifications in Procedures or policies.

XIII. TRAINING

A. Training Plans

All involved services need to agree upon training plans for their individual units and also in conjunction with other services. This will help to ensure consistency in application of the plan to an actual disaster. For those units that provide the triage function, appropriate individuals will receive training in the START system.

B. Review of the Disaster Plan

Needs to be done at least annually by the EMS Provider Councils and more often if the need arises.

C. "Paper Drills"

Need to be conducted at least twice yearly, and ideally should have participation by all involved services.

D. Annual Disaster Drill

XIV. RESOURCES

Resource Lists Available From:

District One Hospital

North Ambulance: Faribault
Backboards for Disasters: SE Minnesota
Northfield Rescue Squad
Northfield Emergency Transportation, Inc.