Walworth County
MABAS Division 103
MULTIPLE PATIENT MANAGEMENT PLAN

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Revision date: January 9, 2019

(Formerly known as: Walworth County Mass Casualty Plan)
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ENDORSEMENTS

This plan has the endorsement of each Walworth County Department covered within the plan, the Medical Directors of each of the EMS Systems located within the boundaries of this plan and the Walworth County Emergency Government.
INTRODUCTION

The purpose of this plan is to enable Fire & EMS agencies and hospitals to respond effectively and efficiently to multiple patient incidents so as not to tax the resources of any single pre-hospital provider or healthcare facility and to provide optimal patient care. This plan is intended to supplement each participant’s individual mass casualty or disaster plan.

The plan assigns specific responsibilities to Fire & EMS providers and hospitals to coordinate resources and activities when an incident involves more than one patient. The plan outlines:

1. A classification system which promotes an orderly disbursement of patients to local hospitals; through communications linking responding Fire & EMS agencies to receiving hospitals and HEOC hospitals;

2. Responsibilities of responding providers;

3. Responsibilities of hospitals closest to a Class 1 multiple patient incident;

4. Responsibilities of the HEOC Hospitals who shall serve as Hospital Emergency Operation Center (HEOC) to assist in transportation management, managing logistics, obtaining hospital resource availability and communicating that information to scene personnel when the number of ill or injured persons exceeds the routine disbursement of patients (Classes 2 and 3); and

5. Basic guidelines for the management of an emergent evacuation of a healthcare facility.

Hospitals and Fire & EMS providers in Walworth County are responsible for functioning as a unified entity in the event of a multiple patient incident. This plan will enable all participants to serve their communities and patients with efficiency and competence.

Every agency participating in this plan should routinely conduct post-action reviews of all training exercises and plan activations to identify areas of improvement and to amend procedures as necessary. A form for such review is contained within the plan.
# WALWORTH COUNTY MULTIPLE PATIENT MANAGEMENT PLAN

## CLASS 1
- **Definition**: Able to meet normal level of care
  - Note: Box Alarms may be activated

## CLASS 2
- **Definition**: Unable to meet normal level of care

## CLASS 3
- **Definition**: Overwhelmingly unable to meet normal level of care
  - Note: May require EMS Divisions or on-scene treatment areas

## EMERGENT EVACUATION of a HEALTHCARE FACILITY (PATIENTS REQUIRING MEDICAL CARE)

### Initial Communication
- **Class 1**: Contact closest appropriate hospital
  - State: “WE ARE ON THE SCENE OF A CLASS 1 MULTIPLE PATIENT INCIDENT”
- **Class 2**: Contact HEOC Hospital
  - State: “WE ARE ON THE SCENE OF A CLASS 2 MULTIPLE PATIENT INCIDENT”
- **Class 3**: Contact HEOC Hospital
  - State: “WE ARE ON THE SCENE OF A CLASS 3 MULTIPLE PATIENT INCIDENT”

### Initial Information
- **Event description**
- **Specific # patients**
- **Specific patient categories**
- **Closest appropriate hospitals**

### Patient Disbursement
- After conferring with closest hospital regarding transportation management, transport agreed upon # of patients to that hospital
- Disburse no more than two patients to each remaining hospital
- If it is determined that more than two patients desire transport to the same hospital the closest hospital will confirm with the desired hospital(s) prior to transport
- Communicate remaining patients’ destinations to closest hospital

### Triage Tags
- **Class 1**: Triage tags not used
- **Class 2**: Triage tags MUST be used
- **Class 3**: Triage tags MUST be used

### Triage Method
- **Class 1**: Use rapid assessment to identify patient category
  - START Triage
- **Class 2**: START Triage
  - Within facility use REVERSE TRIAGE
  - Prior to transport use START TRIAGE
- **Class 3**: START Triage

### Pt Care Reports
- **Class 1**: Complete patient care reports as usual
  - (Triage Tags serve as written report)
- **Class 2**: Complete patient care reports as usual
- **Class 3**: No patient care reports
  - (Triage Tags serve as written report)
FIRE & EMS DEPARTMENT RESPONSIBILITIES

CLASS 1:
- Contact the CLOSEST APPROPRIATE HOSPITAL using normal modes of communication. State, "We are on the scene of a Class 1 multiple patient incident." Utilize the Field Provider Log Form (Appendix X, page 29) for assistance with field to hospital communication.
- Report event description, specific number of patients, specific patient categories and the closest appropriate hospitals.
- After conferring with the closest appropriate hospital, transport the agreed upon number of patients to that hospital.
- If the closest hospital cannot take all the patients from the incident, Incident Command or their designee will assign each transporting ambulance a destination hospital. Transport no more than two patients to each remaining hospital.
- If EMS desires more than two patients be transported to a hospital, the ED staff at the closest hospital should contact the desired hospital to confirm prior to transport.
- Communicate remaining patients’ destinations to the closest hospital.
- All transporting ambulances should contact their destination hospitals with patient care reports (abbreviated reports are acceptable). All radio reports must begin with, "We are transporting a patient from a Class 1 multiple patient incident".
- When the number of ill or injured patients exceeds the routine transport of patients to the nearest hospitals, contact the HEOC Hospital to coordinate remaining patient distribution.
- Complete an After-Action Report (Appendix X, page 31) following every multiple patient incident. Fax the report to the EMS Office at the HEOC Hospital.

CLASSES 2 and 3:
- Contact the HEOC Hospital IMMEDIATELY using normal modes of communication. State, "We are on the scene of a Class [X] multiple patient incident." Utilize the Field Provider Log Form (Appendix X, page 29) for assistance with field to hospital communication.
- Requesting transportation management, report event description, estimated numbers of patients, estimated patient acuities and closest hospitals. Provide the HEOC Hospital with a call-back number.
- After the HEOC Hospital reports hospital capabilities, record information and assign patients and destination hospitals to ambulances.
- Maintain communication with the HEOC Hospital until the scene has been cleared of patients. For each transporting ambulance report ambulance number, acuities of patients being transported and destination hospital to the HEOC Hospital.
- Complete an After-Action Report (Appendix X, page 31) following every multiple patient incident. Fax the report to the EMS Office at the HEOC Hospital.

EARLY COMMUNICATION WITH THE HOSPITAL IS INDICATED EVEN IF PATIENT COUNTS AND CONDITIONS HAVE NOT BEEN REFINED!
RECEIVING HOSPITAL RESPONSIBILITIES

CLASS 1:
Each medical control hospital within Walworth County and surrounding counties must be prepared to manage initial calls from local emergency responders during a Class 1 incident. The closest appropriate hospital will be contacted by a field provider representative for an initial discussion of patient disbursement. During some incidents, it may be possible for the closest hospital to accept all or most patients.

- Following the initial disbursement of patients to the closest hospital, each area-wide hospital will receive NO MORE THAN TWO patients from a multiple patient incident (according to appropriate trauma triage criteria) without giving specific approval prior to transport.
- In the event that EMS would like to transport more than two patients to a hospital (most often victims from the same family), the ED staff at the closest hospital will contact the desired hospital to confirm the receipt of additional patients prior to transport.
- Receiving hospitals will be notified of their arriving patients via normal modes of field to hospital communication. Providers will announce, “We are transporting a patient from a Class 1 multiple patient incident” at the beginning of their radio report. Most often, this will be the first notification for the receiving hospital that a multiple patient incident has occurred.
- Receiving hospitals MAY NOT divert ambulances transporting patients from a multiple patient incident.
Receiving Hospital Responsibilities, continued

CLASSES 2 and 3:
- If patient numbers or acuity prevents the even disbursement of patients to local hospitals, or if field providers are in need of immediate assistance for any reason, field providers will contact the HEOC Hospital for assistance with transportation management.
- Upon receiving notification from the HEOC Hospital, receiving hospitals should immediately report their ability to accept specific numbers of red, yellow and green patients. NOTE: Ambulances transporting patients from the scene will NOT contact the receiving hospital prior to their arrival.
  - Consider activation of hospital internal mass casualty / disaster plan in order to accommodate a larger number of patients.
  - Be prepared to report availability of medical personnel to send to the scene.
  - Maintain a log sheet of communication with the HEOC Hospital.
  - Report increases or limitations in treatment capability to the HEOC Hospital.
  - Be prepared to send pre-assembled bags of medical supplies to the scene (per regional guidelines).

**DO NOT** ATTEMPT TO STOP PATIENT FLOW FROM INDIVIDUAL AMBULANCES NOT ASSOCIATED WITH THE DISASTER SCENE.

*Complete an After-Action Report (Appendix X, page 31) following every multiple patient incident. Originals of all log sheets and disaster related records should be forwarded to the hospital EMS Coordinator of the HEOC of the incident.*
HEOC HOSPITAL RESPONSIBILITIES

The HEOC Hospital is contacted by scene personnel when the number of ill or injured patients exceeds the routine transport of patients to the nearest appropriate hospitals in order to coordinate the remaining patient distribution.

NOTE: The HEOC Hospital may be contacted at any time to assist field personnel.

Upon notification by scene personnel that a Class 2 or Class 3 multiple patient incident has occurred, the hospital defined on page 11 (Appendix II) will assume the duties of the Hospital Emergency Operation Center (HEOC), providing transportation management and serving as medical control throughout the incident.

The HEOC Hospital shall:

- Initiate a Hospital Information Flow Sheet (Appendix X, page 26).
- Collaborate with scene personnel to identify receiving hospitals based upon incident location, transport routes remaining open (consider natural disaster disruptions), volume and acuity of patients, and number of patients already transported.
  - Establish inter-hospital communications with possible receiving hospitals via telemetry, radio intercom, landline phone or EMS C frequency.
  - Instruct all possible receiving hospitals to update WI-TRAC MCI listing.
  - Inform the hospitals about the nature of the incident including approximate number, acuity and type of patients.
  - Assess receiving hospitals’ resources (may be incident specific):
    - Ability to receive patients, including numbers of red, yellow and green
    - Blood inventory
    - Ability to decontaminate patients
    - Ability to send medical personnel and supplies to the scene
- Continue to monitor, log and communicate receiving hospitals’ capacity throughout incident.
- Identify and alert additional receiving hospitals as casualty load exceeds the initial receiving hospitals’ patient capacity.
- Maintain communication with the scene Incident Commander or their designee, relaying receiving hospital availability and providing on-going transportation management.
- Consider contacting the alternate HEOC Hospital for assistance with communication.
- Monitor WITRAC throughout the incident.
- Obtain status of specialized facilities as needed (burn units, peds, etc.)
- Coordinate medical personnel to respond to the site as needed.
- Serve as Hospital Emergency Operation Center liaison with disaster and public agencies.
- An After-Action Report (page 31) should be completed following every multiple patient incident. Originals of all log sheets and disaster related records should be forwarded to the hospital EMS Coordinator.
HOSPITAL EMERGENCY OPERATION CENTER (HEOC)

During a Class 2 or Class 3 incident, *Hospital Emergency Operation Center will be assumed by Aurora Lakeland Medical Center (ALMC)*. However, the HEOC Hospital may be directly affected by the disaster or overwhelmed by patients and unable to function in that role. In such a case, Hospital Emergency Operation Center will be assumed by Mercy Walworth Medical Center (MWH).

The HEOC will utilize the State of Wisconsin EMResource to provide notification to regional hospitals and obtain real time capabilities to receive patients
### AREA-WIDE HOSPITALS

#### APPENDIX II

### WALWORTH COUNTY RESOURCE HOSPITALS

- Aurora Lakeland Medical Center
  - 262-723-2991

- Mercy Walworth Medical Center
  - 262-245-0537

<table>
<thead>
<tr>
<th>Hospital/Center</th>
<th>Telemetry / Cell Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aurora Medical Center Burlington</td>
<td>262-767-6100</td>
</tr>
<tr>
<td>Mercy Walworth Janesville</td>
<td>608-756-6171</td>
</tr>
<tr>
<td>Beloit Memorial Hospital</td>
<td>608-364-5559</td>
</tr>
<tr>
<td>Mercy Walworth Harvard</td>
<td>815-943-2693</td>
</tr>
<tr>
<td>Waukesha Memorial Hospital</td>
<td>262-928-1317</td>
</tr>
<tr>
<td>Froedttert Medical Center</td>
<td>414-805-6717</td>
</tr>
<tr>
<td>Children’s Hospital Milwaukee</td>
<td>414-266-2626</td>
</tr>
<tr>
<td>Northwestern Medical Center, McHenry</td>
<td>815-385-9080</td>
</tr>
<tr>
<td>Aurora Medical Center Kenosha</td>
<td>262-694-1968</td>
</tr>
<tr>
<td>Froedttert South- St. Catherine’s Medical Center Campus</td>
<td>262-577-8202</td>
</tr>
<tr>
<td>Ascension Health Care- St. Mary’s Campus</td>
<td>262-687-5123</td>
</tr>
<tr>
<td>Froedttert South- Kenosha Medical Center Campus</td>
<td>262-656-2202</td>
</tr>
<tr>
<td>Fort Health Care</td>
<td>920-568-5000</td>
</tr>
</tbody>
</table>
The position descriptions contained herein are dictated by experience as necessary for the successful management and resolution of a multiple patient incident. The performance outlines are simply suggestions and are not intended to be viewed as a requirement for activation of the plan.

**INCIDENT MANAGEMENT SYSTEM ORGANIZATION**
**MEDICAL BRANCH**

The Medical Branch may be organized as either a separate group or section under the Incident Management System, depending on the scope of the incident. Functions of the medical branch include triage, patient treatment and transportation. A single Medical Group Supervisor at a multiple patient incident may coordinate all these functions. However, such duties may be delegated as appropriate to a separate Triage Unit Leader, Treatment Unit Leader and / or Transportation Unit Leader in a multiple patient incident, overseen by a single Medical Group Supervisor who reports directly to Incident Command.

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**MEDICAL GROUP SUPERVISOR**

<table>
<thead>
<tr>
<th>Appointed By</th>
<th>Incident Command</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Description</td>
<td>Oversees the medical section of a multiple patient incident. May appoint and supervise triage, treatment and transportation units.</td>
</tr>
</tbody>
</table>

Responsibilities may include:
- Determining the approximate number of patients and extent / type of injuries
- Immediately advising either the closest hospital or the HEOC Hospital (depending on the Class of the incident) that an incident has occurred, utilizing normal modes of communication.
- Communicating patient numbers and acuity to the hospital.
- Advising the hospital of those hospitals closest to the incident scene.
- Determining the patient destination hospitals for each patient not transported to the closest hospital (during a Class 1 incident) and assigning such patients to a transporting ambulance crew.
- Advising transporting ambulances of their assigned destination hospitals according to communication received from the HEOC Hospital in a Class 2 or Class 3 incident.
- Maintaining communication with the hospital throughout the incident, OR appointing a group or branch supervisor to assume communication with the hospital.
- Continually assessing the need for additional ambulances, personnel and equipment, making such requests through Incident Command.
- Assessing the need for medical teams and aero-medical transportation (according to local system policy) in consultation with the HEOC Hospital and Incident Command. (If aero-medical transportation is required, staging must be notified by the Medical Group Supervisor to set up an appropriate landing zone.)
- Determining the extent of documentation (in the form of a patient care report) required per incident, relaying information to the Transportation Unit Leader who will pass the information to transporting ambulance crews.
- Ensuring that an After-Action Report (Appendix X, page 31) is generated following each incident and that a copy of the report has been faxed to the EMS Office at the HEOC Hospital of the host department.
**MEDICAL SUPPLY UNIT LEADER**

<table>
<thead>
<tr>
<th>Appointed By</th>
<th>Medical Group Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Description</td>
<td>Secures and organizes medical supplies and equipment</td>
</tr>
</tbody>
</table>

- Supplies and equipment include, but are not limited to, backboards, oxygen supplies, dressings and bandages, medications, volumes of sterile water, IV fluids and equipment.

This logistical function may be necessitated in Class 2 or Class 3 incidents or when specialized equipment and / or supplies are required.

Additional supplies and equipment may be obtained via mass casualty bags located on each ambulance or by requesting the mass casualty trailer be brought to the scene.

**TRIAGE UNIT LEADER**

<table>
<thead>
<tr>
<th>Appointed By</th>
<th>Medical Group Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Description</td>
<td>Provides coordination necessary for effective categorization and transportation of patients from the incident to the treatment area.</td>
</tr>
</tbody>
</table>

Responsibilities include:

- Supervision of triage personnel during the initial phase of a multiple patient incident.
- Determining and relaying number of patients and general acuity to the Medical Group Supervisor, updating information as necessary.
- Reporting any needs regarding equipment and manpower to the Medical Group Supervisor.
- Confirming that ALL patients have a triage tag present and that the appropriate area of the tag has been retained by triage personnel.
- Reporting to the Medical Group Supervisor for reassignment upon completion of triage and transfer of patients to the Treatment Unit Leader.
TREATMENT UNIT LEADER

<table>
<thead>
<tr>
<th>Designated By</th>
<th>Medical Group Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Description</td>
<td>Establishes and manages the patient treatment area.</td>
</tr>
</tbody>
</table>

Responsibilities include:

- Overseeing EMS personnel in the treatment and frequent reassessment of patients in the treatment area.
- Prioritization of patients for transport to hospitals.

The designation of the Treatment Unit Leader is intended for use in larger incidents where the Medical Group Supervisor would be unable to coordinate activities in the patient treatment area.

TRANSPORTATION UNIT LEADER

<table>
<thead>
<tr>
<th>Designated By</th>
<th>Medical Group Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Description</td>
<td>Establishes loading of ambulances and records patient destination.</td>
</tr>
</tbody>
</table>

Responsibilities include:

- Communication with the HEOC Hospital (initial communication may have been established by Medical Group Supervisor, or their designee).
  - The Transportation Unit Leader will:
    - give patient numbers and triage categories to the HEOC Hospital.
    - receive and record hospital capabilities as reported by the HEOC Hospital.
    - give specific hospital destination for each ambulance to the HEOC Hospital, including number of patients and triage categories.
- Establishment of patient loading area allowing for safe and coordinated access and egress of ambulances.
- Communication with Staging Area Unit Leader, requesting specific number and capabilities (ALS, BLS) of available ambulances.
- Notation of each patient’s triage tag number on a log sheet.
- Assignment of a destination hospital to each transporting ambulance.
**STAGING AREA UNIT LEADER**

<table>
<thead>
<tr>
<th>Designated By</th>
<th>Medical Group Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Description</td>
<td>Management of all incoming fire / rescue apparatus, ambulances and other resources.</td>
</tr>
</tbody>
</table>

Note:  
-The staging area is designated by Incident Command.  
-The first unit at the staging location will assume the role of Staging Unit Leader until such time as they are relieved by an officer designated by the Medical Group Supervisor.

Responsibilities include:

- Maintaining communication with the Medical Group (either Transportation or Treatment Unit Leader) to supply required vehicles.
- Maintaining communication with Incident Command to advise on available resources.
- Sending requested resources to the scene.
- Management of the staging area, assuring orderly parking, maintaining clear access to the incident site.
- Maintaining an accurate log of currently available equipment, apparatus and manpower.
- Collection of mass casualty bags located on each ambulance in staging upon request from the Medical Group Supervisor.
- Ensuring all incoming units are equipped with a Passport. A Passport make-up kit must be available at staging to supply proper accountability materials to any units that may be operating at the incident that do not have a Passport, such as private ambulances or hospital teams.

In a large-scale incident, the Staging Unit Leader may need to request additional personnel from Incident Command to assist in these functions.
The United States, like any other country, has experienced many disasters within its borders. Most areas of the United States are well provided with health care resources, however, a single city or state cannot be prepared for the numerous casualties that may occur when a large scale disaster occurs. The overwhelming effect of such a disaster would overtax the resources of one area. A system for dealing with the large number of potential casualties that provides “mutual aid” to all sections of the Nation has been developed.

The National Disaster Medical System (NDMS) is the system which was designed to care for the large number of casualties that might occur from a large domestic disaster situation or an overseas conflict. NDMS is a cooperative effort of the Department of Health and Human services (HHS), the Department of Defense (DOD) the Department of Veterans Affairs (VA) and the Federal Emergency Management Agency (FEMA), state and local governments, and the private sector. NDMS includes Disaster Medical Assistance Teams (DMATs) and Clearing-Staging units (CSUs) at the disaster site or receiving location, a medical evacuation system, and more than 100,000 pre-committed non-Federal acute care hospital beds in more than 1500 hospitals throughout the country. NDMS does not replace State and Local disaster planning efforts, it supplements and assists where State and Local medical resources are overwhelmed and Federal assistance is required.

The objectives of NDMS are as follow:

1. To provide medical assistance to a disaster area in the form of Disaster Medical Assistance Team (DMATs) and Clearing-Staging Units (CSUs) and medical supplies and equipment.

2. To evacuate patients that cannot be cared for locally to designated locations throughout the United States.

3. To provide hospitalization in a national network of medical care facilities that have agreed to accept patients.

The NDMS is designed to care for as many as 100,000 victims of any incident that exceeds the medical care capability of an affected State, Region, or Federal health care system. It may be used in a variety of emergency events, such as, an earthquake, an industrial disaster, a refugee influx, or for military casualties evacuated to the United States. NDMS is not designed to cope with nuclear war casualties.
TRAINING GUIDELINES

APPENDIX V

In an effort to improve the effectiveness of this multiple patient management plan, all participating hospitals and pre-hospital providers have agreed to adhere to the following guidelines when planning training activities:

FIRE & EMS DEPARTMENTS

1. Field training exercises may include the transportation of patients to receiving hospitals via ambulances upon mutual agreement prior to the exercise.
2. Training for all personnel shall be carried out at the local and division level. Special emphasis should be given to the job functions associated with the incident management system of organization.
3. A variety of training options may be utilized to facilitate this purpose, including lecture / discussion, tabletop exercises and small-scale field exercises.
4. Local fire departments are encouraged to continue working with hospitals in their own community that participate in this plan for the purpose of assisting one another in meeting training and hospital accreditation requirements.

HOSPITALS

1. EMS continuing education training with respect to multiple patient incidents will focus on the areas of plan implementation, communication, field triage and treatment.
2. Hospitals are encouraged to partner with their local fire department in this in-house training to enhance local preparedness.
3. Per the State of Wisconsin WHEPP (Wisconsin Hospital Emergency Preparedness Plan) program, hospitals are expected to update their WITRAC status daily.

PRIVATE AMBULANCE PROVIDERS

Private ambulance companies will work with their HEOC Hospital to assure appropriate participation and compliance with the plan.

NOTE: An After-Action Report (Appendix X, page 31) should be completed following all training activities involving the Multiple Patient Management Plan.
MEDICAL PERSONNEL REQUESTED TO THE SCENE

Incident Command may request hospital-based medical personnel to respond to the scene of an incident for specific needs. This request shall be communicated through the HEOC Hospital. Personnel shall be assembled based on the specific need (e.g., surgical, toxicological, psychiatric, etc.).

The medical personnel shall:
- Respond with supplies to meet the needs of the specific incident.
- Respond with a police escort or via other official means of transportation. The escort will provide security, ensure a rapid response, and assist with access into restricted areas.
- Report directly to the Command Post.
- Be identified by a green helmet and / or reflective vest indicating “Medical Team”, or other official uniform.

Self-dispatching of personnel to a disaster scene is STRICTLY PROHIBITED!
Walworth County has adopted the SMART Incident Command System® as a standard for the process of START triage which includes the use of specific triage tags. The SMART® tag is designed to show just one color at a time but can be refolded to reflect any change in status. The triage process should be repeated at each link of the incident management chain. The primary (first) triage method will be used to sort victims into groups and is based upon vital signs and level of consciousness. The secondary triage method is utilized to prioritize treatment and transport goals and is based upon anatomic and physiologic criteria. The information included herein applies only to the SMART® System.

Components of the Triage Pack:
- Folding SMART® triage tags
- Mini-light sticks to identify RED patients at night
- Dead tags
- START Triage prompt cards
- Jump START Triage prompt cards
- Dynamic record of casualties already triaged
- Pencil
Primary Triage Procedure:

1. Triage personnel shall obtain a Triage Pack (designed to be carried on a belt to leave the hands free).
2. Ensure appropriate PPE.
3. The START triage process generally begins with a request for all ambulatory victims to move to an area of refuge (generally tagged Green or Priority 3).
4. Approach each remaining victim and assess triage priority by using the START Triage Prompt Card for adult victims and the Jump START Prompt Card for child victims.
5. Assign triage priority by removing the SMART® Tag from the plastic sleeve and folding the tag so the appropriate color priority is visible.
6. Attach the elastic band to the victim’s upper extremity.
7. If light is inadequate at the triage site, use a mini-light stick in addition to Red triage tag to designate most serious victims.
8. Life support interventions should be limited to opening the airway and hemorrhage control. This step may depend upon readily available resources.
9. Upon completion of the primary triage process, victims may be moved to a designated (color-coded) collection area.
Secondary Triage Procedure:

1. Upon arrival in a collection area, each victim should be (re)assessed by using the Glasgow Coma Scale, respiratory rate and systolic blood pressure.

2. The results of the secondary triage will determine treatment and transport priorities.

3. Secondary triage may also result in a change of original assigned priority code. This may be accomplished by refolding, but not removing or replacing, the original tag. Movement of the victim to another collection site is not necessary pending #2, above.

4. Prior to transport from the scene, the tag transport strip will be removed and retained by the transportation officer.
Critical Incident Stress Debriefing Team

The Critical Incident Stress Debriefing Team (CISD) consists of specially trained personnel associated with police departments, psychiatric/mental health, fire/rescue, and religious professionals. The CISD Team may be requested and deployed to the scene of the incident, the hospitals receiving casualties, or by any EMS Provider department or individual, to provide appropriate support to anyone affected by the incident.

To request activation of the CISD in Walworth County page:
(262) 866-5312

Upon receiving the request, the coordinator of the team will return the dispatchers (or other requesting individuals) call and arrange an appropriate response.

NOTE: All hospitals participating in this plan will be expected to support at the scene the efforts of the CISD Team with respect to psychological and social services which are required.
# Recommended Disaster Supply Bags for Ambulances

## Disaster Supply Bags for Ambulances

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Triage Tags</td>
</tr>
<tr>
<td>1 box</td>
<td>Latex Free Gloves</td>
</tr>
<tr>
<td>2 pair</td>
<td>Trauma Shears</td>
</tr>
<tr>
<td>6 rolls</td>
<td>Silk Tape</td>
</tr>
<tr>
<td>20</td>
<td>4” kling</td>
</tr>
<tr>
<td>5 / 10 pack</td>
<td>4x4 dressings</td>
</tr>
<tr>
<td>25</td>
<td>5x9 ABD dressings</td>
</tr>
<tr>
<td>2</td>
<td>Trauma dressings</td>
</tr>
<tr>
<td>2</td>
<td>Occlusive dressings</td>
</tr>
<tr>
<td>1</td>
<td>Oral Airway Set (OPAs) (6)</td>
</tr>
<tr>
<td>1</td>
<td>Burn Sheet</td>
</tr>
<tr>
<td>1</td>
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<td>15</td>
<td>Band Aids</td>
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<td>Seat Belt Cutter</td>
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FORMS AND LOGS

- Hospital Information Flow Sheet
- Triage Tag Log Sheet
- Pre-Hospital Deceased Form
- Field Provider Log Form
- MCI Patient Destination – Field form
- Emergency Department Log Form
- MCI Patient Destination – Hospital form
- After-Action Report
## HOSPITAL INFORMATION FLOW SHEET

<table>
<thead>
<tr>
<th>TIME</th>
<th>CALLER</th>
<th>INFORMATION RELAYED</th>
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### TRIAGE TAG LOG SHEET

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<th>Triage Tag</th>
<th>Color (circle)</th>
<th>Transported To</th>
<th>Transport Time</th>
<th>Transported By</th>
<th>Comments</th>
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## PREHOSPITAL DECEASED FORM

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WALWORTH COUNTY
MULTIPLE PATIENT MANAGEMENT PLAN

FIELD PROVIDER LOG FORM

Date: ________________________  Time: ________________________  Fire Department: _______________

Hospital you are contacting: ___________________________________  ED Phone #: _______________

CLASS 1: “Business as usual”
Field personnel call the closest appropriate hospital

Hospital Name: ______________________________

“Hello. This is ______________________________
of the ________________________________
Fire Department. We are on the scene of a Class 1
multiple patient incident. The incident is a
__________________________________________
(describe the event to the ED Staff).

Our total number of patients is ________________

We have: (fill in the specific numbers of patients)

_____ Triaged Red Patients
_____ Triaged Yellow Patients
_____ Triaged Green Patients

How many patients can you take?”

If patients will be transported to other hospitals report those destinations to the
ED Staff and record below. NO MORE THAN TWO PATIENTS MAY
BE SENT TO HOSPITALS WITHOUT PRIOR APPROVAL FROM
THE RECEIVING HOSPITAL.

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<td>TOTALS</td>
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</table>

NOTE:
1) Complete an After-Action Report (critique form)
2) Fax both this form and the After-Action Report to the EMS Office
   of the Closest Hospital IMMEDIATELY following the incident.

CLASS 2 or CLASS 3
Field personnel call the HEOC Hospital for Transportation Management

“Hello. This is ______________________________
of the ________________________________
Fire Department. We are on the scene of a Class __
multiple patient incident. The incident is a
__________________________________________
(describe the event to the ED Staff).

Our estimated number of patients is ____________.

We estimate that we have the following types of patients:

_____ Triaged Red Patients
_____ Triaged Yellow Patients
_____ Triaged Green Patients

“MY CALL BACK TELEPHONE NUMBER IS”:

____________________________________

***Use SMART® Command Board to record
hospital availability and patient destinations OR use
the MCI PATIENT DESTINATION form found on page 30.

NOTE:
1) Complete an After-Action Report (critique form)
2) Fax both this form and the After-Action Report to the EMS Office
   of the Resource Hospital IMMEDIATELY following the incident.
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<tr>
<th>HOSPITAL NAME</th>
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<th>GREEN</th>
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<td>AVAILABLE</td>
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WALWORTH COUNTY
MULTIPLE PATIENT MANAGEMENT PLAN

EMERGENCY DEPARTMENT LOG FORM

Date: _____________________ Time: ________________ Fire Dept: __________________________________________

Type of Incident: __________________________________________________________________________________

CALL BACK NAME and PHONE NUMBER: ______________________________________________________________

(Do not forget to request call back number for field personnel!)

Circle One:  CLASS 1          CLASS 2          CLASS 3

CLASS 1 (only): “Business as usual”  
Field personnel will call the closest appropriate hospital.

Total # Patients: _____________________

During a Class I Multiple Patient Incident the caller will ask you ‘how many patients can your hospital receive?’

How many patients can our hospital receive?

  _____ Triaged Red Patients
  _____ Triaged Yellow Patients
  _____ Triaged Green Patients

The FD caller will tell you which hospitals will receive the rest of the patients. Please record below, including those transported to your hospital.

*Transporting ambulances will contact receiving hospitals with radio reports.

NOTE:  
1) Complete an After-Action Report (critique form)
2) Submit both this form and the After-Action Report to your EMS Coordinator.

CLASS 2 or CLASS 3 (HEOC HOSPITALS ONLY)

ESTIMATED total # of patients: _____________________

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*Verify these are additional patients from the original count.

CALL CLOSEST HOSPITALS FIRST.

- Use the MCI PATIENT DESTINATION – HOSPITAL form to document receiving hospital availability (page 32 of this plan)
- Ask for their ability to receive specific types and numbers of patients.
- Remind receiving hospitals they will NOT receive a radio report from transporting ambulances.
- Relay the information back to the FD caller.

Time patient disbursement information was relayed to field personnel: ______

NOTE:  
1) Complete an After-Action Report (critique form)
2) Submit both this form and the After-Action Report to your EMS Coordinator.

ATTENDING MD:                                
ED Staff:                                  

05/08
<table>
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<tr>
<th>HOSPITAL</th>
<th>TIME CONTACTED</th>
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<th>GREEN</th>
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WALWORTH COUNTY
MULTIPLE PATIENT MANAGEMENT PLAN

AFTER-ACTION REPORT

Date of Incident: ________ Time of Incident: ________ Location of Incident:______________________________

Primary Fire & Rescue Agency / HEOC Hospital: ________________________________

Description of Incident: ______________________________________________________________________

After-Action Report Completed by:_____________________________________________________________

Check One:
CLASS 1 ☐ CLASS 2 ☐ CLASS 3 ☐:
Total # patients: _____ (Specific #: Red _____ Yellow _____ Green _____ Deceased _____)

Please answer the following questions. Use the reverse side for additional comments (take note when faxing form).

Which hospital was first contacted by field personnel?____________________________________________

Mode of communication between field and hospital: Cell phone ☐ Telemetry ☐ MERCI ☐ other: ______

Any difficulties with initial communication? No ☐ Yes:____________________________________________

Was it difficult to determine the ‘Class’ of the incident? No ☐ Yes:________________________________

Any difficulties with triage? No ☐ Yes:___________________________________________________________

Receiving Hospitals / # pts to each hospital: ______________________________________________________

Any difficulties with patient disbursement? No ☐ Yes:___________________________________________

Any difficulties with ambulance to hospital communication (Class 1 only): No ☐ Yes:_______________

Was the Walworth County MCI Plan REFERENCE CARD (page 5) used? Yes ☐ No ☐
   If yes, was it helpful? Yes ☐ No ☐ Comments: _________________________________________________

Was the Walworth County MCI Plan LOG FORM used? Yes ☐ No ☐
   If yes, was it helpful? Yes ☐ No ☐ Comments: _________________________________________________

Overall, how effective was the Walworth County MCI Plan in successfully disbursing patients from the scene to area-wide hospitals?

   Very Effective ☐ Effective ☐ Ineffective ☐ Very Ineffective ☐

The success of the plan depends on your detailed comments. Please provide us with any additional information that may be helpful:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Hospital Personnel – Submit this form and Emergency Department Log form to your hospital EMS Coordinator.
Field Personnel – Fax this form and Field Provider Log Form to the Resource Hospital EMS Office.