The Secret Ingredient

What we did to update

Disclosures

AMR of West Michigan

Cannon Township Fire Department

Cascade Township Fire Department

Gerald R. Ford International Airport

Grand Rapids Fire Department

Grand Rapids Township Fire Department

Grandville Fire Department

Grattan Township Fire Department

Kent County Sheriff's Department

Kentwood Fire Department

Life EMS

Metro Health University of Michigan

Mercy Health

Oakfield Fire Department

Rockford Ambulance

Spectrum Health

Wyoming Fire Department

Non-transport Agency Providers
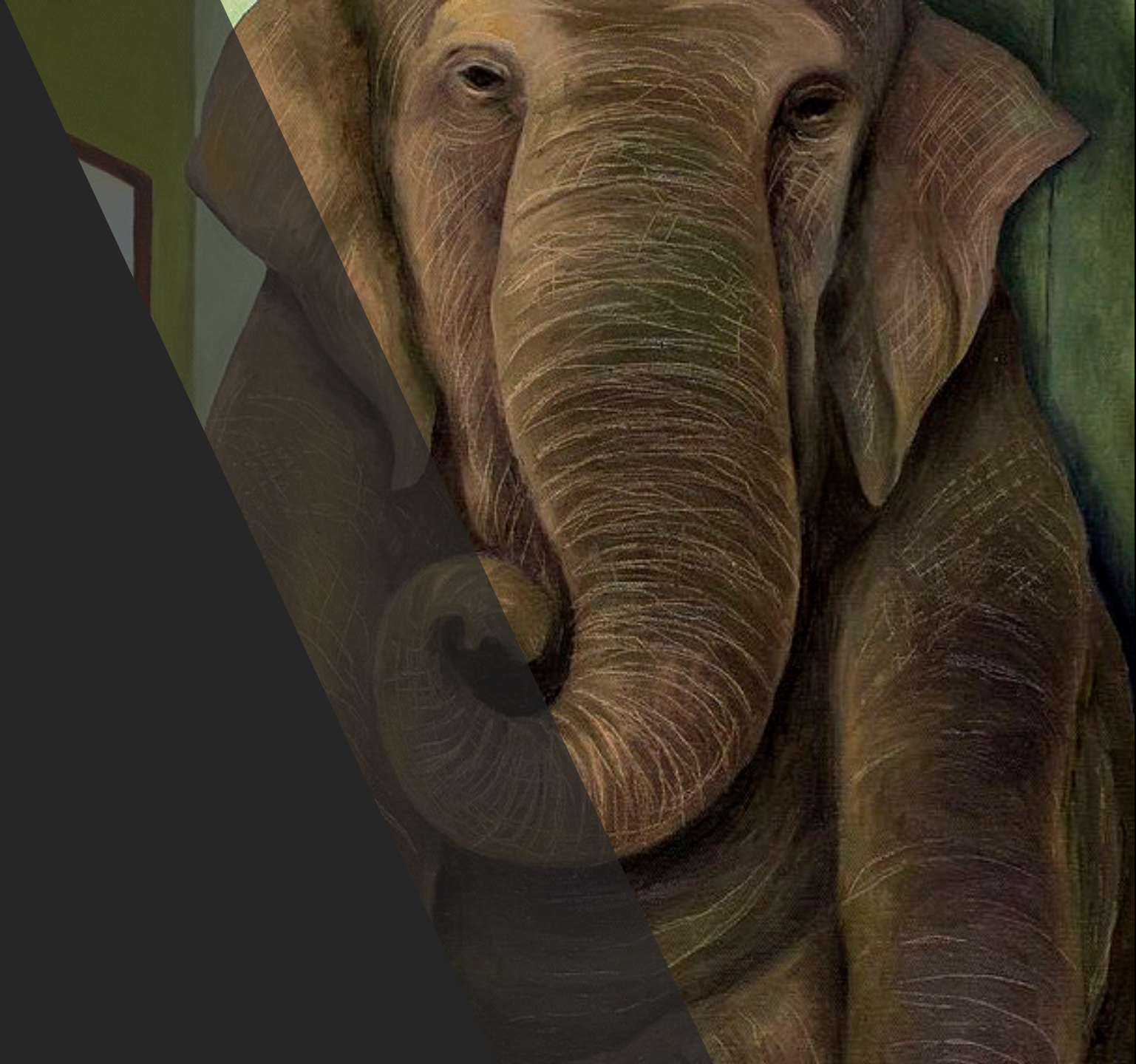
Transport Agency Providers

Agency Leadership

Telecommunicators

Hospital Healthcare Systems

Law Enforcement

MCA Board

The elephant in the room

The Secret Ingredient

Objectives

How did we identify our systems needs?

What was the process?

Our focus moving forward

Asking the right questions

Changing the way we normally do things

"How may I help?" vs. "Tell me about……"

MCI Plan

So, how big is yours?

Finding the right people

This was the most important question that we asked

Getting together

Have you ever……….

What we were able to create

Kent County
Mi-Disaster
MCI Guidebook

KCEMS — Kent County Emergency Medical Services, Inc.

Based on Current Mass Casualty Incident Plan 2018 - Kent County (Region 6)

Version 2.0

WMRMCC — West Michigan Regional Medical Control Consortium

First Arriving Actions

First arriving units should fill the roles below in order based on seniority and experience with roles after consulting with either the Incident Commander or the Medical Branch if assigned.

First unit on scene:

☐ Medical Branch: Name of Individual _____

☐ Triage Supervisor: Name of Individual _____

Second unit on scene:

☐ Treatment Supervisor: Name of Individual _____

☐ Transport Supervisor: Name of Individual _____

All additional responding units:

☐ Contact the Medical Branch or the Staging Officer (if assigned) for assignments and locations to respond.

☐ Consult the Staging Responding Unit card for more information

Possible assignments include transporting unit, assignment to treatment or triage section.

If a more experienced provider arrives on scene it may be beneficial to transfer the assignment to that individual. If this does occur, the Unified Incident Command and the agency's communication center must be notified of the change.

Suggested Communication Channels for Large Incidents

Channel Number	Function	Channel Name	Alternative Channel	Description
1	**Unified Incident Command**	**KCInterop**		**Unified Incident Command**
2	**Medical Command**	**VMEDTAC**		**Medical Branch Director**
3	**Triage Unit**	**VTAC11**		**Triage Patient Count and Priority**
4	**Treatment Unit**	**UTAC41**		**EMS & Fire Treatment Coordination**
5	**Transport Unit**	**UTAC41**		**EMS & Fire Transport Coordination**
6	**Staging Unit**	**VCALL10**		**Staging area manager and all incoming resources**
7				
8				
9				
10				

Medical Command

Medical Branch Command

Tasks

☐ **Determine Disaster Plan Level and advise agency's Communication Center and who is Medical Branch Command**

         Level 1: 4-9 patients   Level 2: 10 -24 patients   Level 3: 25+ patients

☐ **Do not get involved in patient care and stay with your vehicle or the Unified Incident Command (UIC) location to access all radio channels and advise of any updates**

☐ **Determine if there are any hazards, if so notify agency communication center & UIC to stage resources as appropriate**

☐ **Update UIC and agency's communication center every 15 minutes, or sooner if necessary, to provide updates and resource notifications. Updates should include the information below as needed and any additional information:**
- **Notifications about hazards on scene and best routes of ingress and egress for all responding units**
- **Provide location of the Unified Incident Command Center (UIC) to the agency's communication center**
- **Notification of any radio frequency changes**
- **Provide location of Staging for responding units if needed based on the size of the incident**
- **For larger incidents consult with UIC of radio frequencies to use or refer to Communications tab for initial frequencies**
- **Consider requesting RACES to be sent to the scene for plan 2 or plan 3 incidents**

☐ **Request a bed poll from the local hospitals through Resource or agency communication center & then document counts on the "Hospital Count" page in the Transport Section. Ensure information is relayed to the Transportation Supervisor if assigned.**

Medical Branch Command

Tasks (cont)

☐ **Delegate and record Triage, Treatment, and Transport Supervisors, ensure all equipment and supplies are given out.**

- **Provide overview of Incident Action Plan (IAP)**

☐ **When assigning the roles ensure you provide the following information:**
- **Impression of the number and the types of patients (burns, explosion, chemical, etc.)**
- **Ensure triage is being done and that treatment points are established for IMMEDIATE, DELAYED, MINIMAL & EXPECTANT/DEAD if not establish locations.**
- **Confirm radio frequencies for the Triage, Transport, and Staging Supervisor & conduct radio check**

  Medical Branch Command Channel: _____

  Triage Supervisor Channel: _____

  Treatment Supervisor Channel: _____

  Staging Supervisor Channel: _____
- **Obtain Treatment logs, writing instruments, and treatment area identification markers**

☐ **Collect Accountability Tags from all responders assigned to roles**

☐ **Ensure all resource requests are passed on and filled as soon as available.**

☐ **When appropriate turnover role to higher trained individual & advise UIC & agency's communication center of transition.**

EMResource Notification Required Information

Ensure that this information is relayed to the UIC and your agency's communication center for EMResource notifications and updates

- ☐ Confirmation of location of call

- ☐ Plan level and resources needed

- ☐ Individual who is the Medical Branch Command Supervisor

- ☐ Actual patient counts when available, or estimated numbers with initial notification

- ☐ Notify when all Priority 1 (ECHO) patients have been transported from the scene

- ☐ Notify when all patients have been transported from the scene

- ☐ Notify your agency's communication center when the incident has ended.

Incident Command / Scene Diagram

Incident Commander & Contact Method/Number	Incident Diagram
Triage Supervisor & Contact Method/Number	
Treatment Supervisor & Contact Method/Number	
Transport Supervisor & Contact Method/Number	
Staging Supervisor & Contact Method/Number	
Safety Officer & Contact Method/Number	
Public Information Officer & Contact Method/Number	

Medical Branch Command Personnel Request Log

Request Number	Requested From	Requested Time	PERSONNEL	When Needed	Time Received
(example)	Unified Incident Command (UIC)	8:00	3 ALS, 10 BLS	ASAP	8:12

Medical Branch Command Personnel Request Log

Request Number	Requested From	Requested Time	PERSONNEL	When Needed	Time Received
(example)	Unified Incident Command (UIC)	8:00	3 ALS, 10 BLS	ASAP	8:12

Triage Supervisor

Tasks

☐ When accepting assignment from the Medical Branch Director make sure you have the following information
- Review the Incident Action Plan
- Impression of the number and the types of patients (burns, explosion, chemical, etc.)
- Ensure triage is being done and that treatment points are established for IMMEDIATE, DELAYED, MINIMAL & EXPECTANT/DEAD if not establish locations.
- Confirm radio frequencies for the Medical Command, Triage, Transport, & Staging Supervisor. Conduct radio check

Medical Incident Command Channel: _____

Triage Supervisor Channel: _____

Treatment Supervisor Channel: _____

Staging Supervisor Channel: _____
- Obtain treatment logs, writing instruments, and treatment area identification markers

☐ Leave Accountability Tag with Medical Branch Director

☐ Collect Accountability Tags from all responders assigned to Triage Section

☐ Set up Triage Teams and assign then to a location in the incident and assign them a radio channel and triage kits

☐ Instruct triage team members to place triage tags or appropriate color surveyor's tape on each patient to prevent re-triage
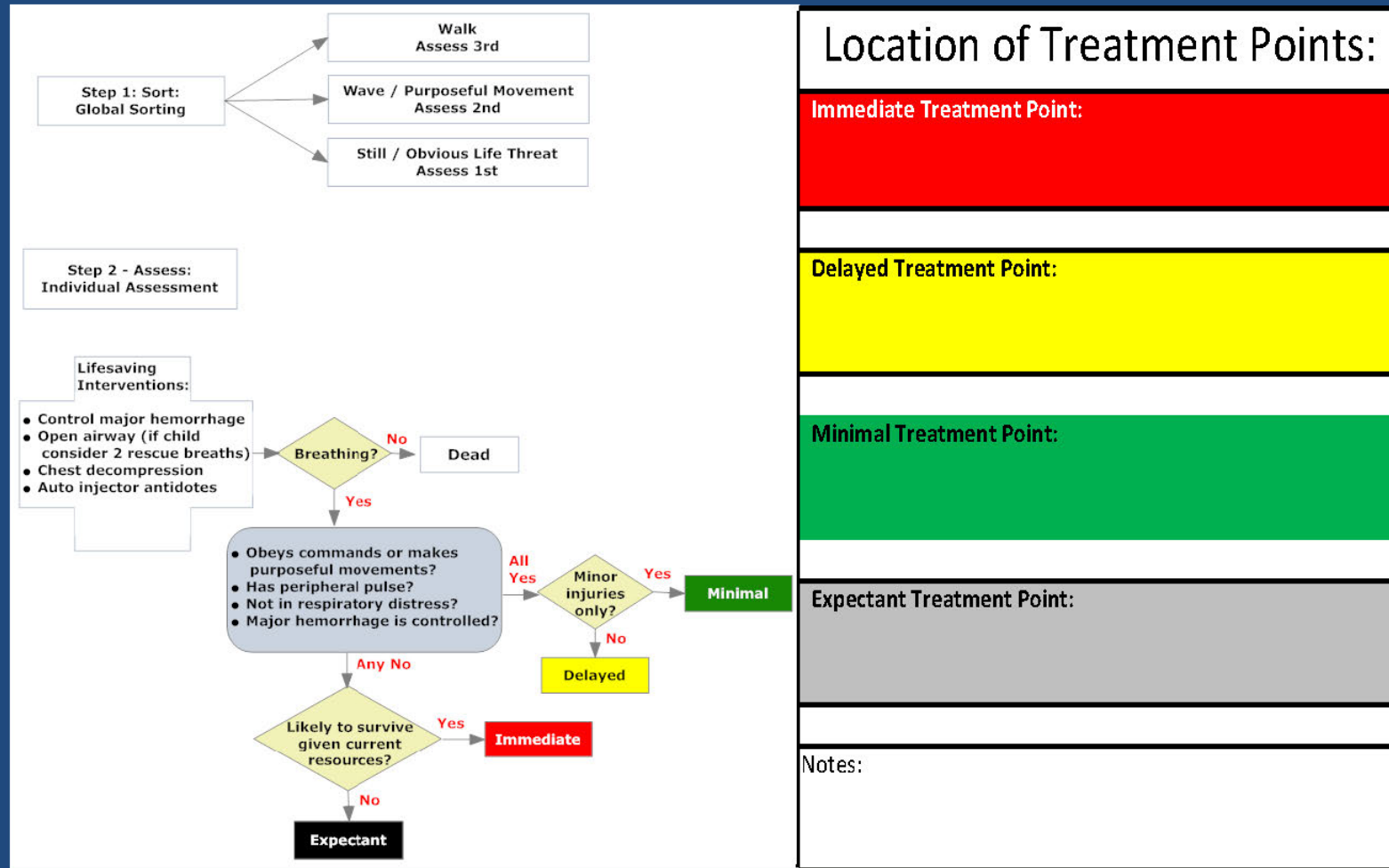
Triage Supervisor

Tasks (cont)

- [ ] Determine need for additional resources and request them from the Medical Branch Director

- [ ] **Request a PAR as necessary from staff triaging in the field**

- [ ] Tally a list and location of all IDME patients. Update the Medical Branch Director and complete Triage Count Log

- [ ] Ensure all IDM patients receive a Regional triage tag & are transported to the appropriate collection/treatment points

- [ ] Once all IDM patients are triaged and transported to collection points consider reevaluating EXPECTANT patients and transport to treatment area.

- [ ] Leave all dead patients where they are located unless instructed to do differently by UIC law enforcement representative

- [ ] Once all triage activities are completed, ensure an accurate PAR is completed with all Triage members

- [ ] Advise Medical Branch Director that function is completed and await direction on additional duties.
  Have triage members return to staging area for additional deployment unless other orders are received.

- [ ] Return accountability tags to members once they are assigned to a different operational area.

Triage

TRIAGE

Step 1: Sort: Global Sorting
- Walk — Assess 3rd
- Wave / Purposeful Movement — Assess 2nd
- Still / Obvious Life Threat — Assess 1st

Step 2 - Assess: Individual Assessment

Lifesaving Interventions:
- Control major hemorrhage
- Open airway (if child consider 2 rescue breaths)
- Chest decompression
- Auto injector antidotes

Breathing? — No → Dead

Breathing? — Yes ↓

- Obeys commands or makes purposeful movements?
- Has peripheral pulse?
- Not in respiratory distress?
- Major hemorrhage is controlled?

All Yes → Minor injuries only? — Yes → Minimal

Minor injuries only? — No → Delayed

Any No ↓

Likely to survive given current resources? — Yes → Immediate

Likely to survive given current resources? — No → Expectant

Location of Treatment Points:

Immediate Treatment Point:

Delayed Treatment Point:

Minimal Treatment Point:

Expectant Treatment Point:

Notes:

Triage - Patient Count

Immediate	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Delayed	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
	51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75

Minor	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
	51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75

Expectant	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Dead	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Treatment Supervisor

Tasks

☐ When accepting assignment from the Medical Branch Director make sure you have the following information

- Impression of the number and the types of patients (burns, explosion, chemical, etc.)

- Confirm Triage is being done and that treatment points are established for IMMEDIATE, DELAYED, MINIMAL & EXPECTANT

- Confirm radio frequencies for the Medical Branch, Triage, Transport, & Staging Supervisor. Conduct radio check

Triage Supervisor Channel: _____

Treatment Supervisor Channel: _____

Staging Supervisor Channel: _____

- Obtain Treatment logs, writing instruments, triage tags, and treatment area identification markers

☐ Leave your accountability tag with the Medical Branch Director before leaving Incident Command location

☐ Identify where Treatment Points are located and ensure that they are:

- Close enough that patients can be carried there

- Far enough away that the risk for danger is minimized.

- Room for reported number of patients, and ability to expand area if necessary

- Identified area for each type of patient.

- Consider availability for shelter.

☐ Collect Accountability Tags from all responders assigned to Treatment Section

Tasks (cont)

☐ **Make sure treatment areas are identified and that there is plenty of room between areas**

☐ **Ensure all patients are decontaminated and have Regional triage tags prior to entering the treatment areas.**

☐ **Request additional staff as soon as possible and assign individual treatment area leaders and turn over patient care duties as soon as able**

IMMEDIATE Team Leader: _____

DELAYED Team Leader: _____

MINIMAL Team Leader: _____

☐ **Ensure that each Team Leader has a Treatment Log to place Triage Tag Stickers for each patient seen in their area**

☐ **Consider requesting additional personnel as treatment areas become busier. No more than 7 staff per team leader.**

☐ **Provide regular updates to Medical Branch Director and Transport Supervisor**

☐ **Assess needs for equipment and personnel. Request resources from Medical Branch Director as needed.**

☐ **Ensure that all ambulance, buses, & alternative modes check out with the Transportation Supervisor before departing the scene**

Treatment

Treatment Personnel Request Log

Request Number	Requested From	Requested Time	PERSONNEL	When Needed	Time Received
(example)	Medical Branch Director (MBD)	8:00	3 ALS, 10 BLS	ASAP	8:12

Treatment Equipment Request Log

Request Number	Requested From	Requested Time	EQUIPMENT	When Needed	Time Received
(example)	Medical Branch Director (MBD)	8:05	12 Backboards with straps	ASAP	8:12

Staging Supervisor

Tasks

☐ **When accepting assignment from the Medical Branch Director make sure you have the following information**

- Confirm radio frequencies for the Medical Branch, Triage, Transport, & Staging Supervisor. Conduct radio check.

Triage Supervisor Channel: _____

Treatment Supervisor Channel: _____

Staging Supervisor Channel: _____

☐ **Utilize VCALL 10 for radio traffic to all responding units**

☐ **Coordinate with the Transport Supervisor on UTAC41 or UTAC 11, or other assigned frequency**

☐ **Designate a location for staging, taking into consideration:**

- Ingress and egress routes

- Area large enough for the number of vehicles that are expected and ability to expand

- Location that is close enough to the scene for rapid response to transport area, but far

enough away not to interfere with operations.

☐ **Request additional units through Medical Branch Director, or as identified based on needs of operational divisions.**

Plan ahead, can always release units not needed.

☐ **Provide regular updates to the Medical Branch Director**

Staging Responding Unit

Tasks

☐ Incoming unit must contact Staging Supervisor on assigned radio channel, VCALL 10 unless otherwise assigned, when approximately 1 mile from the staging area for information about ingress route and location of staging. Unit must advise Staging Supervisor when they have arrived at staging.

☐ Transporting unit personnel must stay with their vehicles while awaiting an assignment. All assignments will come across assigned radio channel or in person.

☐ Units must transport to the hospital assigned to them by the Transport Supervisor.
No Deviations are permitted

☐ Units must complete documentation as dictated by their company policies. All patients must have name, DOB, and triage tag barcode documented.

☐ When transporting, units will send EMTrack notifications for all patients on-board. If EMTrack is unavailable, utilize MedComm Channel.

☐ Units clearing hospitals will not automatically report back to the Disaster/MCI scene. Direction will come from agency's communication center or Unified Incident Command.

Staging

Staging Request Log

Request Number	Requested From	Requested Time	EQUIPMENT	When Needed	Time Received
(example)	Medical Branch Director (MBD)	8:05	10 ALS Ambulances	ASAP	8:23

Transport Supervisor	Primary Radio Channel
	UTAC41

Tasks

☐ When accepting assignment from the Medical Branch Director make sure you have the following information:
- Initial estimated number of patients
- Ensure that a local hospital bed count has been requested
- Communicate with hospital(s) the estimated number of patients and priorities
- Use Transport Log to document how many patients each hospital can accept and track patient departures by facility
- Ensure there is defined ingress and egress for transporting units and advise Medical Branch Director
  and Staging Supervisor
- Confirm radio frequencies for the Triage, Transport, and Staging Supervisor & conduct radio check

  Triage Supervisor Channel: _____

  Treatment Supervisor Channel: _____

  Staging Supervisor Channel: _____

☐ Leave Accountability tag with the Medical Branch Director

☐ Multiple radio frequencies are required for this role. Ensure you have a RACES member assigned to you, or ensure your unit is with you so you may use both portable and mobile radios. Ensure you are able to communicate with the local hospitals (if needed, most communications to hospitals should be done by transporting units).

☐ Ensure you have access to EMResource for hospital bed availably and sending messages as needed.

Tasks (cont)

☐ Ensure all patients are distributed appropriately to the local hospitals based on bed availability and acuity.

☐ As Transportation Supervisor you need to remain in one set location. Make certain you establish the Transport Section in close proximity to the Treatment Section.

☐ If you are unable to keep up with radio communications, transport traffic, and recordkeeping request a scribe from from the Medical Branch Director

☐ Maintain regular communications with the Staging Supervisor and request transporting units as needed.

☐ Provide regular updates to the Medical Branch Director on patients transported from the scene.

☐ Provide an update to the Medical Branch Director when all IMMEDIATE patients have been transported from the scene.

☐ Once all living patients have been transported from the scene notify the Medical Branch Director.

☐ Handling and tracking deceased patients:
  - All deceased patients need to be triaged and tagged on tracking form & EMTrack
  - Ensure Medical Examiner, or law enforcement, has been called to the scene to take custody of any DEAD patients
    prior to termination of command.

Transport

Transport - Hospital Count

Circle the number they can take and then "x" out numbers when patients are sent out

Hospital #1 Name:																									
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
Hospital #2 Name:	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
Hospital #3 Name:	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
Hospital #4 Name:	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Transport - Hospital Count

Circle the number they can take and then "x" out numbers when patients are sent out

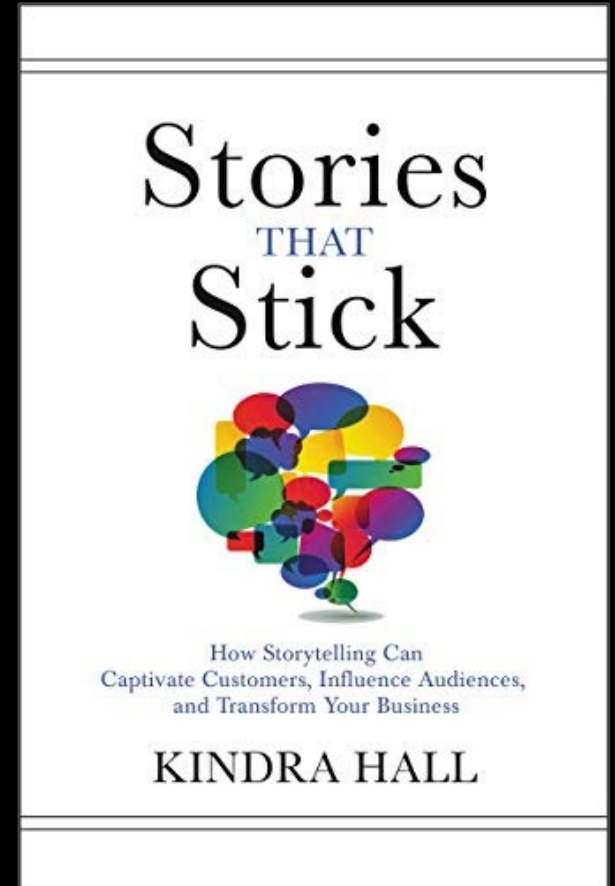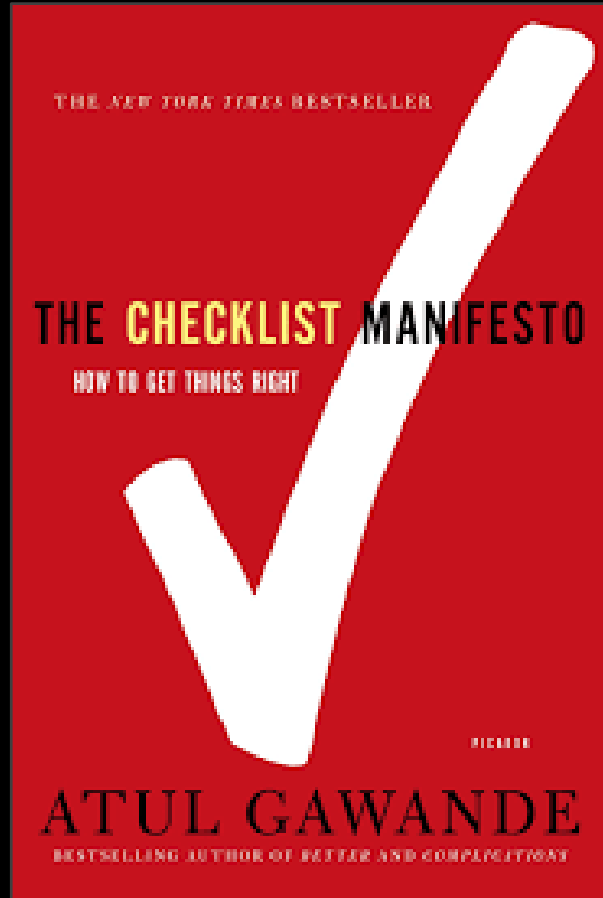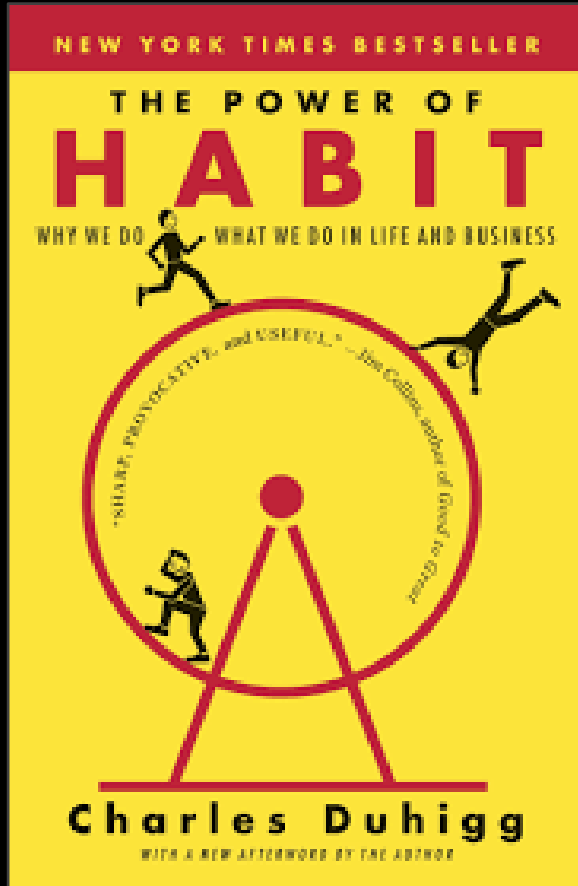| Hospital #5 Name:																									
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
Hospital #6 Name:	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
Hospital #7 Name:	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
Hospital #8 Name:	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
	26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Patient Transport Log

Triage Tag	Gender	Injuries	Triage Color	Destination	Transport Agency	Unit Number	Departure Time
(example)	M / F	Brief Description	Red, Yellow, Green	Hospital or other location	AMR, Life, Rockford		8:12

Patient Transport Log

Triage Tag	Gender	Injuries	Triage Color	Destination	Transport Agency	Unit Number	Departure Time

Notes Page

Resource Page

Resources		Contact Methods
Kent County Hospital Contact	Spectrum Health (Butterworth, Blodgett & Helen Devos Children's)	(616) 391-5319
	Mercy Health St. Mary's	(616) 685-3077
	Mercy Health Southwest	EMTrack or MedCom Channel
	Metro Health	(616) 252-6900
Kent County Resources	Kent County Dispatch Center	(616) 632-6357
	City of Grand Rapids Communication Center	(616) 456-3434
	HazMat Incidents - Grand Rapids Fire Department & Kentwood Fire Department	Contact Communication Centers
	MMRS Oxygen Trailer (located at Walker Fire Department)	Contact Communication Centers
	MMRS Disaster Trailer (located at GRFIA)	Contact Communication Centers
	RACES	Contact Communication Centers
	Canteen	Contact Communication Centers
	Emergency Manager	Contact Communication Centers
Regional Regional	Region 6 MCC	(855) 734-6622
	Medical Reserve Corp	Contact Communication Centers
State & Federal Resources	MEDDRUN & CHEMPACK	Primary (877) 633-7786 Secondary (616) 391-5330
	American Red Cross	Kent County Dispatch Center
Additional Resources	AeroMed	(800) 862-0921

Helping the
conversation

NEW YORK TIMES BESTSELLER

THE POWER OF
HABIT
WHY WE DO — WHAT WE DO IN LIFE AND BUSINESS

"SHARP, PROVOCATIVE, and USEFUL." —Jim Collins, author of Good to Great

Charles Duhigg
WITH A NEW AFTERWORD BY THE AUTHOR

THE *NEW YORK TIMES* BESTSELLER

THE CHECKLIST MANIFESTO
HOW TO GET THINGS RIGHT

PICADOR

ATUL GAWANDE
BESTSELLING AUTHOR OF *BETTER* AND *COMPLICATIONS*

Stories
THAT
Stick

How Storytelling Can
Captivate Customers, Influence Audiences,
and Transform Your Business

KINDRA HALL

Where do we go from here?

Building on the success

Thank you

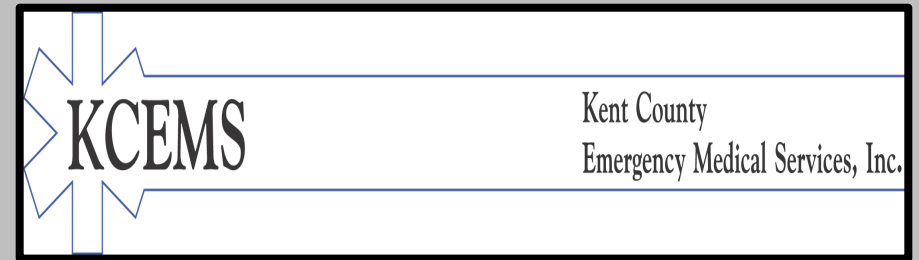Lance Corey, Paramedic, I/C, CP-C

MCA Systems Administrator

Kent County EMS

lcorey@kcems.org

C: (231) 742-1131

O: (616) 451-8438

www.wmrmcc.org

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