The plan includes the guidelines that Stark County emergency responders and healthcare facilities may use to respond to a Mass Casualty event. It also includes the guideline for deploying a Rescue Task Force

2025 Stark County MCI Plan

Mass Casualty Plan and Rescue Task Force Annex

Stark County Fire Chiefs/EHPC/ Stark County EMA

April 2025

RECORD OF CHANGES

CHANGE #	DATE OF CHANGE	DATE APPROVED	CHANGES MADE	MADE BY
Total Revision	4/2017	04/24/2017		Stark EMA
Update	11/2018		Removed Affinity	Stark EMA
Update	11/2018		Updated patient total from 21 to 16 for MCI Event p.9.	Stark EMA
Update	11/2018		Changed First Round to First Hour, p.10.	Stark EMA
Update	01/18/2023		Format and grammatical updates	Stark EMA
Update	01/18/2023		Pg. 6 updated activation number	
Update	01/18/2023		Pg. 9 added MCI Trailer locations	
Update	01/18/2023		Pg. 10 added causality Collection Point definition.	
Update	01/18/2023		Pg. 13-14 updated communications information	
Update	01/18/2023		Pg. 15 added info on Rescue Taskforce	
Update	01/18/2023		Pg. 19 updated the MCI Algorithm	
Update	01/18/2023		Pg. 20 added hospitals for the checklist.	

Update	01/18/2023		Pg. 22 updated radio information and contact numbers.	
Update	01/18/2023		Pg. 28 added/updated Triage Supervisor/Officer checklist.	
Addition	01/18/2023		Pg. 29 added START/Jump START Algorithm	
Update	01/18/2023		Pg. 34 updated EMS Unit Staging Log	
Addition	01/18/2023		Pg. 38-39 added MCI Trailer basic inventory	
Addition	01/18/2023		Pg. 40-41 added sample MCI Comms Plans	
Addition	01/18/2023		Pg. 42-45 added Rescue Taskforce Annex	
Change	12/2/2024		Pg. 38. Updated MCI tag to new tag	
Reformat	12/16/2024		Major revision to formatting	
Changes	12/16/2024		Changes to forms/checklists	
Updates	4/22/2025		Update to GPS locations.	

STARK COUNTY MASS CASUALTY INCIDENT (MCI) MANAGEMENT PLAN

PURPOSE

The purpose of the Mass Casualty Incident Management Plan is to provide structure and guidance to public safety personnel of Stark County, Ohio when responding to incidents where the number of injured people exceeds day-to-day operating capabilities. Such incidents frequently require additional resources and/or the distribution of patients to multiple hospitals. The ultimate goal of 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 the START (Simple Triage and Rapid Treatment) or SALT (Sort, Assess, Lifesaving Intervention, Treatment/transport) Triage.

SCOPE

This plan applies to all participating departments and agencies with jurisdictions contained within the geographical boundaries of Stark County.

SITUATION OVERVIEW

Stark County is located in northeastern Ohio, approximately fifty miles south of Cleveland. Stark County covers 579.4 square miles, ranking eleventh in the area of eighty-eight counties in Ohio. It is bounded on the north by Summit and Portage counties; east by Mahoning and Columbiana counties; south by Carroll and Tuscarawas counties; and west by Holmes and Wayne counties. The US Census Bureau shows that Stark County, Ohio has a population of approximately 373,834. The population exceeds 400,000 during the Professional Football Hall of Fame Festival and several other events each year.

Passing through and inside Stark County, there are 21 state highways, covering 232 miles; four national highways, covering 72 miles; and one interstate highway, covering 19 miles. There are three railroads in Stark County, two Class I railroads and one regional; listed respectively: CSX, Norfolk Southern Corporation, and Wheeling & Lake Erie Railway. These railroads transport raw materials as well as finished products. Passenger transportation is provided by AMTRAK. Several major professional and amateur sporting events bring together large groups of people in proximity numerous times over the year. The Akron-Canton Airport is partly located in Stark County as well as the runway approaching from the south provides steady traffic in and out of the airport.

INCIDENT MANAGEMENT

The National Incident Management System (NIMS) and the Incident Command System (ICS) are designed to be a flexible management system designed to fit the specific needs of any incident. The ICS organizational structure builds from the top down and expands as needed depending on the size of the incident and the resources available. Responsibility and performance are placed initially with the Incident Commander. The Incident Commander has responsibility for the coordination of all public and private resources committed to the incident. In addition, the IC or their designee is responsible for notifying appropriate authorities, requesting resources, and developing incident objectives and strategies.

For any event that would require assistance for command and control the Incident Commander can activate the Stark County Fire Chief's IMAT (Incident Management Assistance Team) by contacting CanCom at 330-649-5900.

ACTIVATION AND COORDINATION

MCI ALERT

Activation of an **MCI ALERT** consists of:

Mobilization of the necessary resources
Contacting the nearest receiving hospital
Activating the Stark County IMAT through CanCom
The initiation of incident management and the MCI Incident Management Plan

INITIATING AN MCI ALERT

When to Activate an MCI Alert	When the number of injured people exceeds the available resources. This will be different for each incident based on the time of day, location, resources available, etc. For example, consider initiating an MCI Alert when: • The patient number exceeds 16 • Declaration by local fire jurisdiction • 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 departments • The incident commander deems it necessary
Who may activate	Any responder to the incident of dispatch upon receiving credible information that an MCI event has occurred (I.e. multiple 911 calls that a commercial airliner has crashed).
How to initiate	Through Dispatch on the primary fire talk group
What information should be provided to CanCom	• Type of incident • The location of the incident • An estimate of the number of injured • Primary Coms Channel
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.

FIRST-HOUR DESTINATION PROCEDURES

First-hour procedures shall be implemented ***without*** prior authorization before a bed count is available. Hospitals ***should*** prepare to receive these patients upon receipt of the MCI Alert from Dispatch. **In an MCI, patients' preferred hospital based on insurance shall NOT be the deciding factor!**

First-Hour Destination Procedure
Patients transported to the following hospitals: Two (2) **"RED"** patients to each receiving hospital Three to four (3-4) "Yellow" patients to each receiving hospital ****Alliance Community Hospital can only accept one (1) RED****

Hospital	RED	YELLOW	GREEN
Aultman-Alliance	**1**	**3**	**NO LIMIT**
Aultman	**2**	**4**	**NO LIMIT**
Cleveland Clinic Mercy	**2**	**4**	**NO LIMIT**

Receiving Hospital Communication:

The Transportation Supervisor/Officer and/or Medical Communications Coordinator should establish contact with the hospitals early in the incident. IMAT members stationed at each hospital can work with the Transportation Supervisor/Officer, Medical Control Coordinator, and/or IMAT Control to get the information needed for:

- Stark County area hospital bed availability
- Out-of-county trauma center availability
- If the number of patients exceeds the first-hour destination procedure, or to send more patients to hospitals included in the first-hour procedure.
- Destination Assistance

TRANSPORTATION/SCENE-TO-HOSPITAL COORDINATION

The Transportation Supervisor/Officer along with the Medical Communications Coordinator or IMAT Control Officer (if designated) will be responsible for coordinating with the receiving hospitals the transportation of all injured patients.

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

- Vehicle loading should be maximized without jeopardizing patient care (for example one immediate patient per ambulance as opposed to immediate per ambulance).
- Alternative methods of transportation, such as mass transit or school buses, may be used for the transportation of minor priority patients.

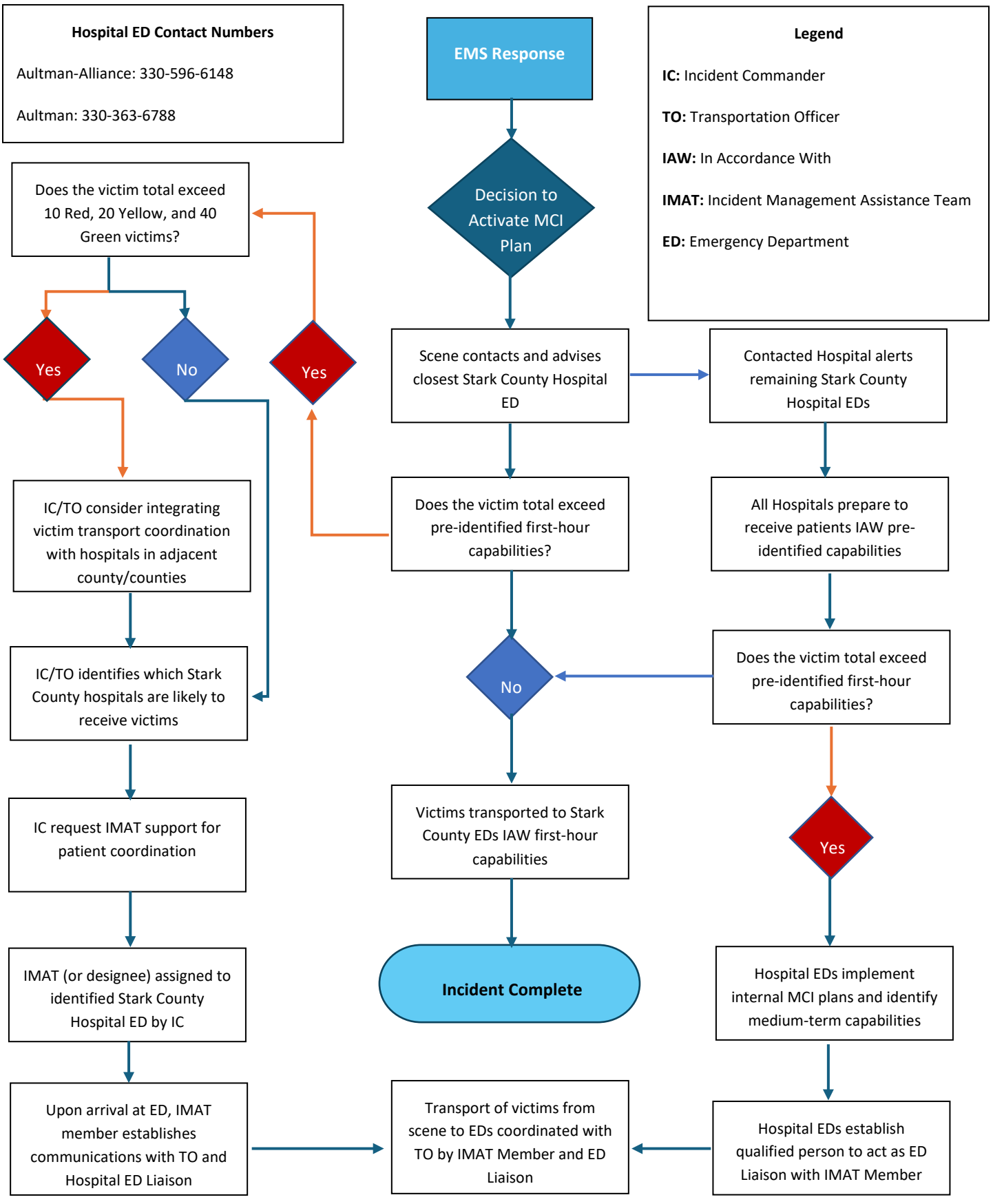
Whenever possible, patients should be transported to the most appropriate facility without overloading any one facility.

Communications should be from the Scene (Transportation Supervisor/Officer, Medical Communications Coordinator or IMAT Control) to the hospital only to advise a count and severity of the patient(s) (i.e. 1 Red and 2 Green).

Hospitals should likewise refrain from contacting the scene directly. All communications should be on the designated talk group only.

Hospital Capability and Patient Tally Sheet: The Transportation Supervisor/Officer, Medical Communications Coordinator, or IMAT Control (if designated) will maintain the Hospital Routing Log.

STARK COUNTY MULTI-VICTIM/MASS CASUALTY INCIDENT RECEIVING HOSPITAL ALGORITHM



COMMUNICATIONS

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

Command and General Staff must be capable of communicating on common channels/frequencies. Communications for MCI will be on Stark County Mutual Aid talk groups, ideally MARCS/MAC channels. Quick start, sample communications plans are below.

Additionally, communications with the hospitals will be done by phone, the designated hospital radio MARCs channels, or through IMAT members stationed at the hospitals.

SAMPLE MCI COMMS PRIMARY PLAN

Will Require monitoring of 2 Radion Freq.
Face to Face with IC
1 on Transporation/Staging
1 on Treatment/Triage
(consider supplemental aid when IMAT arrives)

Radio Freq:
LE COM 15
ZONE 6 CH.

Backup Radio Freq:

EMS Branch Director

Radio Freq:
LE COM 16
ZONE 6 CH. 16

Backup Radio Freq:

RTF Officer

RTF Entry

Radio Freq:

Relay talk group to be used when requesting additional units. This is for dispatch to relay to mutual aid departments.

Radio Freq:
LE COM 15
ZONE 6 CH. 15

Backup Radio Freq:

Staging

Triage

Radio Freq:
LE COM 16
ZONE 6 CH. 16

Backup Radio Freq:

IMAT
LE COM 13 (Transport to Control)
LE COM 14 (Control to Hospital)

Transportation Officer

Radio Freq:
LE COM 15
ZONE 6 CH. 15

Backup Radio Freq:

LZ Coordination (if no Op's Chief to aid)

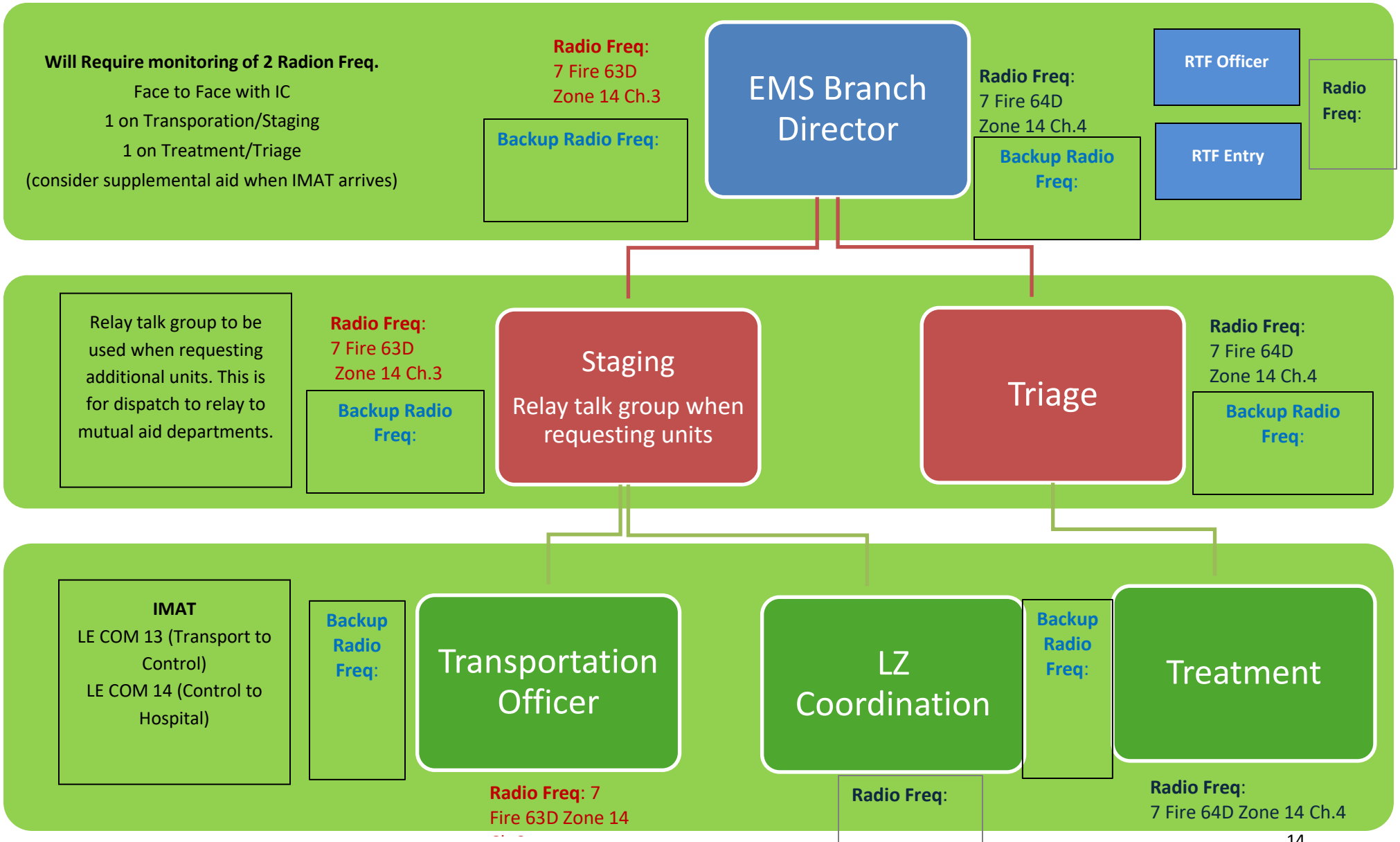
Radio Freq:

Treatment

Radio Freq:
LE COM 16
ZONE 6 CH. 16

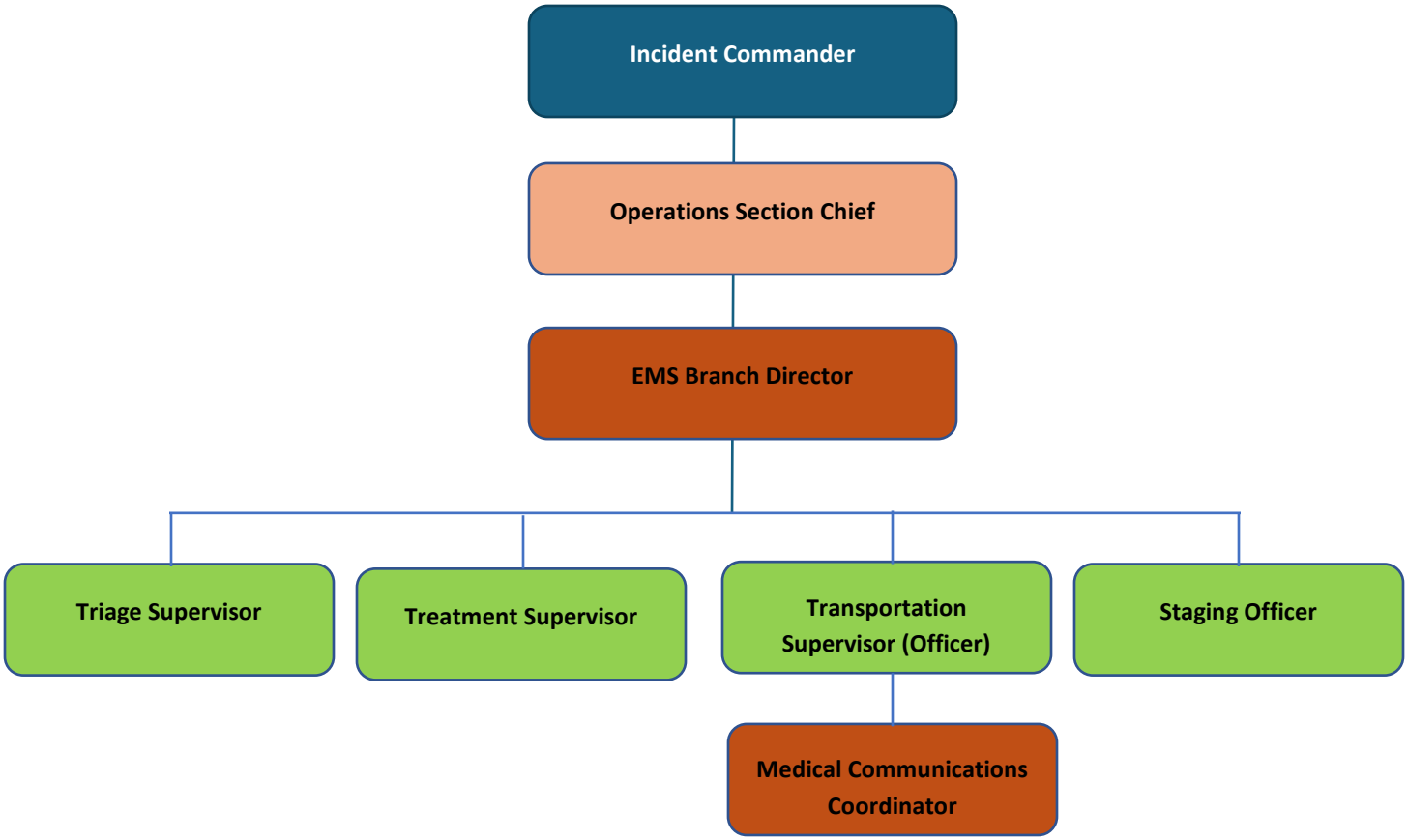
Backup Radio Freq:

SAMPLE COMMS SECONDARY PLAN



EMS POSITIONS WITHIN THE INCIDENT MANAGEMENT SYSTEM

Depending on the size and duration of the incident, the IC may directly supervise EMS operations or may delegate this responsibility to another resource. The IC may delegate specific tasks, functions, or geographical areas to maintain an effective span of control.



ICS Positions that may be initiated during an MCI event in the Medical Branch are:

EMS BRANCH DIRECTOR:

- Reports to the Operations Section Chief (if established) or the Incident Commander.
- Supervises Treatment Group Supervisor/Officer
- Supervises Triage Group Supervisor/Officer
- Supervises the Transportation Group Supervisor/Officer
- Requests additional personnel and equipment to staff triage, treatment, and transportation groups.

Positions that report to the EMS Branch Director:

TREATMENT GROUP SUPERVISOR:

- Establishes a centralized treatment area.
- Requests for additional personnel/equipment to staff treatment areas.
- Determines which patients should be transported first.
- Communicates/coordinates patient movement with the Transportation Supervisor/Officer or IMAT Control.

TRIAGE GROUP SUPERVISOR:

- Oversee 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 (OFFICER):

- Communicates with the receiving hospital if the Medical Communications Coordinator is not assigned.
- Orders transportation resources from staging and notifies IC if additional transportation resources are required.
- Contacts medical control if needed.
- Communicates/coordinates patient movement with the Treatment Supervisor, Medical Communications Coordinator or IMAT Control (if assigned).
- Consider more than 1 person to assist in this position.

Medical Communications Coordinator

- Reports to the Transportation Group Supervisor/Officer
- Communicates with the receiving hospital and/or IMAT Control
- Receives destination hospital for ambulances from receiving hospital
- Contacts medical control if needed.
- Documents the number of patients transported to each hospital.

STAGING OFFICER:

- Reports to the EMS Branch Director.
- Checks in and tracks all incoming resources.

- Dispatches resources at the Operations Section Chief's request.
- Requests Logistic Section Support, as necessary.
- Release/check out all resources.

IMAT SUPPORT:

Upon activation, IMAT may:

- Send 1-2 members to local hospitals
- Send 2-3 members to the EOC (IMAT Control Officer), 1 Virtual Coordination Center Manager (EOC Rep)
- Send 1-2 members to assist transport supervisor/officer

ACCOUNTABILITY OFFICER:

The Accountability Officer reports to the Incident Commander. The Accountability Officer will be utilized to control access to the scene. Consideration should be made to have an Accountability Aid established to assist in this role. Maintaining scene control is of paramount importance. The Accountability Officer will have any persons not authorized or any freelance group removed from the scene. If staging locations are utilized there will need to be a staging log and accountability at the staging area also.

LAW ENFORCEMENT

Law enforcement will be notified if an MCI Alert and appropriate units from the affected jurisdiction shall respond as needed. Upon notification of an MCI Alert, the dispatch center will issue an **MCI ALERT** on the primary law enforcement channel. The Law Enforcement supervisor on duty 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 for securing 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.

If the MCI is the result of an active shooter, law enforcement may take on additional roles in the following areas: Rescue Task Force. Refer to the Rescue Task Force (RFT) Annex attached.

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. Traffic control measures should secure these egress routes.

If it is an active aggressor/active shooter event, law enforcement's primary responsibilities will be to deal with the threat, ingress and egress will be secondary and may be addressed by mutual aid request.

STAGING AREA SECURITY

Law enforcement will need to provide security for any staging area that has been 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, and 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 to an MCI to limit disruption of any potential evidence. It is recognized that life safety including rescue and extrication of the injured is a priority and 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, and regional or State assets through the Stark County Emergency Management Agency. Law enforcement command personnel must be cognizant that extended operations will require the scheduling of sufficient law enforcement personnel to maintain their MCI response while still providing routine services.

CORNER/DECEASED PERSONS/TEMPORARY MORGUE

Ohio law provides that the County Corner is responsible for the disposition of all deceased persons. The County Corner will direct all operations about 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 before 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. Extraction of the deceased before the arrival of the Corner 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 morgue or other designated locations only by the direction of the Corner.

   When moving bodies or parts of any debris/wreckage becomes necessary, photographs should be taken showing their relative position within the debris/wreckage, and a sketch of their respective positions should be made before 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 or all tags issued.

2. **Temporary Morgue:** A temporary morgue trailer or facility may be required. The temporary morgue will be under the direction and control of the County Corner. The temporary morgue should be located as close to the disaster site as possible if needed.

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

   Essential morgue 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.

TRIAGE AND PATIENT CARE

There are multiple triage systems, use the Tirage system of your local jurisdiction. The Stark County MCI Plan lists two systems, Sort, Assess, Lifesaving Interventions, Treatment/Transport (SALT), and Simple Triage and Rapid Treatment (START)/Jump START. Both are listed below.

RECOGNIZED TRIAGE CATEGORIES

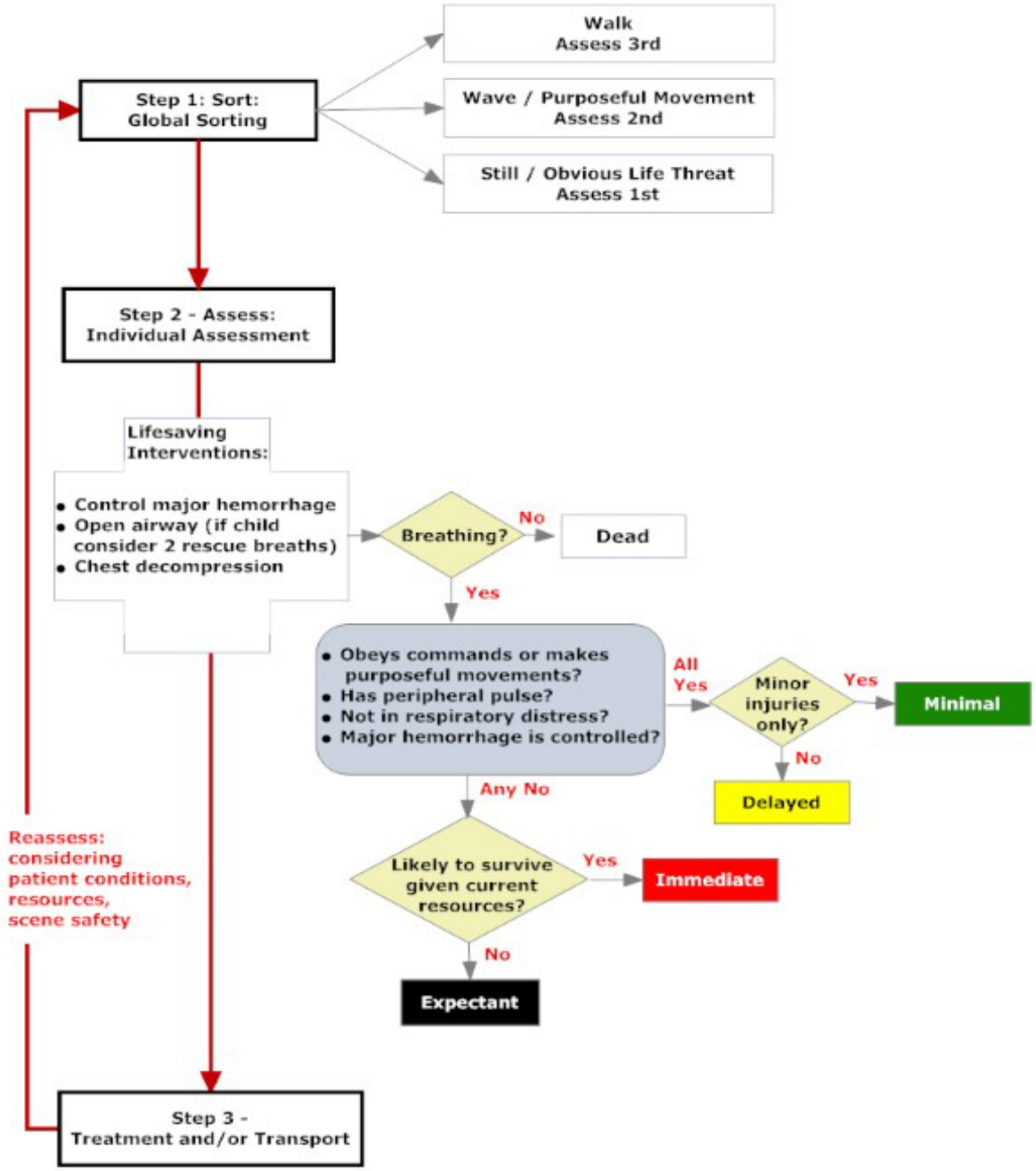
Standard terminology will be used. The triage category will be identified using the following criteria:

Category	Criteria	Action(s)
Immediate (RED)	Critical patients with life-threatening injuries are likely to survive if patients receive definitive care within 30 minutes.	Immediate or non-ambulatory casualties will be moved with minimal stabilization as quickly as possible to the treatment area for reassessment and treatment.
Delayed (Yellow)	Serious injuries, but stable, may be 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 to the ambulatory casualty collection point for reassessment and treatment
Minor (Green)	Not considered life-threatening, walking wounded.	
Deceased (Black)	Mortally wounded or death is imminent	Casualties tagged "deceased" will not be moved or disturbed unless approved by the coroner.
Contaminated	Contaminated by a hazardous substance.	Patient treatment is delayed until the patient is decontaminated.

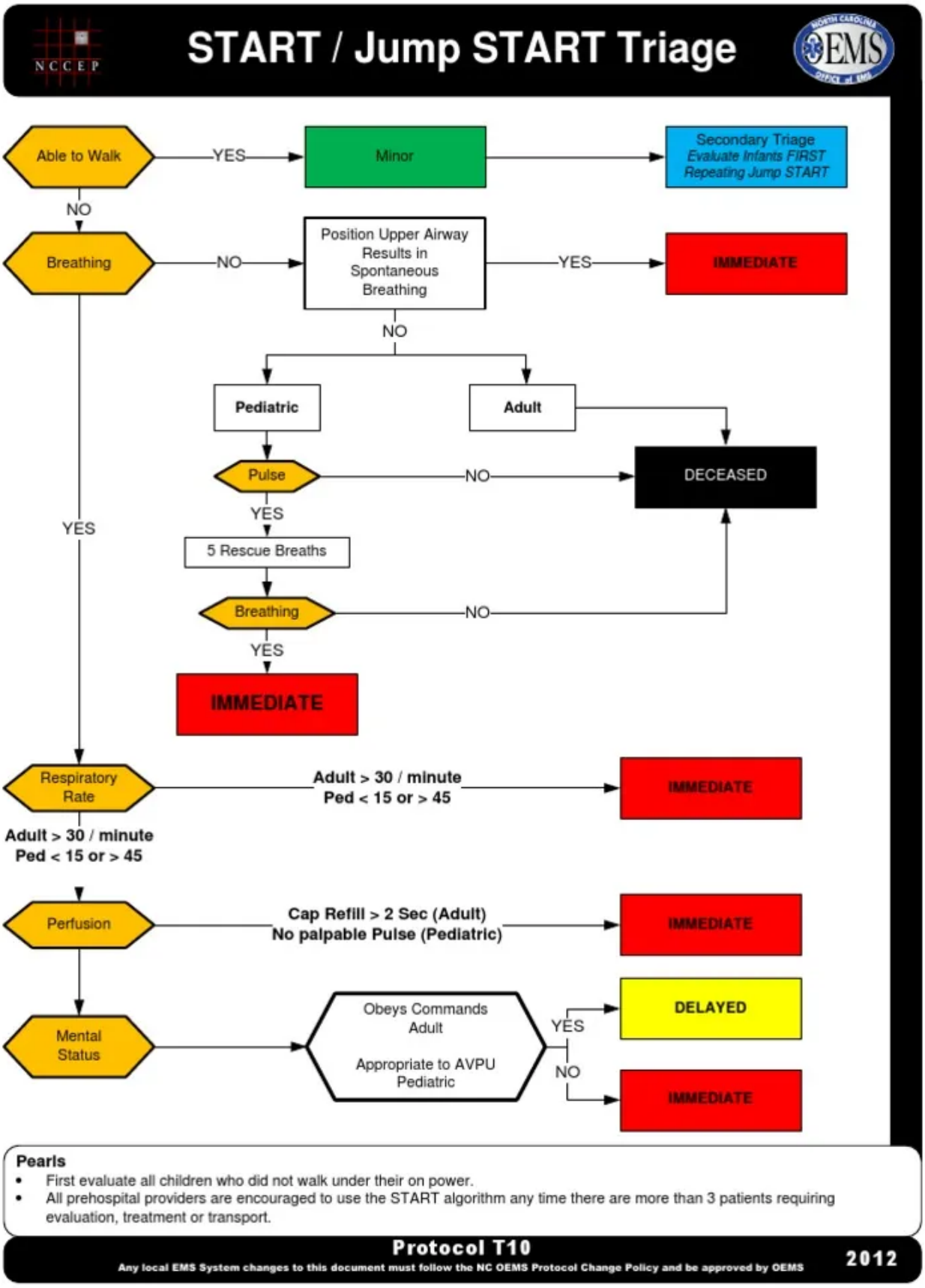
NOTE: For pediatric patients- START may not adequately identify the severity of pediatric casualties. Consider the use of the JumpSTART system or other age-appropriate vital signs and behaviors.

SALT MASS CASUALTY TRIAGE ALGORITHM

SALT Mass Casualty Triage Algorithm (Sort, Assess, Lifesaving Interventions, Treatment/Transport) — Adapted for a Very Large Radiation Emergency



SMART/JUMP START MASS CASUALTY TRIAGE ALGORITHM



TRIAGE BASICS

- Use your local jurisdiction's Tirage system. Stark County utilizes either SALT or START/JumpSTART systems.
- Triage packs are available to personnel on ambulances. It is recommended that triage packs be available on all ambulances to allow for rapid initiation of triage. The Recommended contents of the Trage Pack are below.
- Triage packs and ribbons/tape should be used in the early stages of the incident to allow for rapid triage. Triage tags should replace ribbons/tape applied when patients arrive in the 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 Packs (recommended contents)

1 each spool of ribbon/tape – Red, Yellow, Green, Black; 5 OP Airways; 5 chest seals; bandages/dressings; 2 hemostatic agents, 3 tourniquets; trauma shears; 2 CPR barrier devices; Sharpie markers.

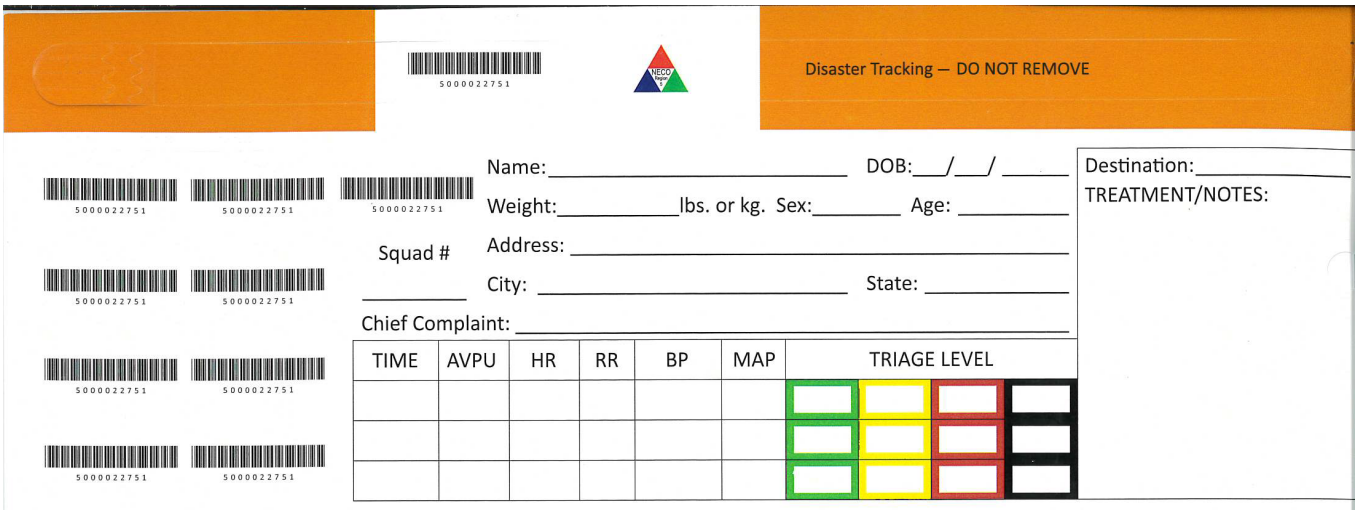
FORMS USED FOR TRIAGE

- **Treatment Area Log**: The Treatment Supervisor/Officer will maintain the Treatment Area Log
- **Medical Equipment Checklist:** The Treatment Supervisor/Officer will maintain the Medical Equipment Checklist

SAMPLE TRIAGE TAGS

Stark County utilizes regional triage tags. These tags have been distributed throughout the county and Northeast Ohio Central Ohio (NECO) region.

Ribbon/tape can be utilized to identify triage designations at the site before going to triage tags in treatment or transportation.



DESIGNATED MCI AREAS

After the scene has been determined safe, the Incident Commander or their designee shall determine and approve the specific areas.

Some common areas for an MCI are:

Area	Criteria
Treatment Area	Treatment areas should be located a safe distance away from hazards, upwind from toxic fumes, and provided for easy access/egress. Clearly identify the Treatment Area representing the triage categories using tarps, flags, and barricaded 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.
Casualty Collection Point	This is a predetermined location(s) that is organized, staffed, and equipped to provide decontamination (if required), emergency medical assessment, treatment (if no treatment area), and onward transportation of victims.
Morgue	The area is designated for the temporary storage of deceased patients. This area should be located away from the treatment area and is the responsibility of the coroner of law enforcement.

Areo-medical resources will most likely be used to augment medical staff and equipment within the treatment area. In most MCI incidents, critical patients will be transported by ground units.

RESOURCE MANAGEMENT

The Incident Commander/Unified Command 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; however, this should not be assumed, clear communication between all involved agencies is imperative.

A Staging Area with appropriate ingress/egress and sufficient space to expand as necessary, should be established and access secured by law enforcement. Some potential MCI Staging Areas have been predetermined below.

STAGING AREAS

The Incident Commander may choose to utilize pre-designated staging locations in the chart below or have an alternate staging location based on the strategic need of the incident. The use of pre-designated staging locations will offer more familiarity with the locations to reduce confusion.

These locations have been established because of ease of access and the area capable of handling the large amounts of equipment that will be staged there. The first fire officer at the staging area will establish a Staging Command and advise the Incident Commander.

FORMS FOR STAGING

EMS Unit Staging Log: The Staging Officer will maintain the EMS Unit Staging Log. IMAT personnel area may be available to fill any ICS role deemed necessary by the IC.

RESOURCES

Stark County has four (4) Mass Casualty Trailers that can be called to an incident. The resources of these trailers can be found in Appendix A. These are located at the following fire departments:

- Jackson Township
- Plan Township
- Nimishillen Township
- Canton City

The Stark County Coroner also has a Temporary Morge Trailer located at the coroner's office.

STAGING AREAS FOR MASS CASUALTY INCIDENTS

NORTH STAGING SITES		**Longitude**	**Latitude**
1	Belden Village Mall Parking Lot MAP	**-81.42492049**	**40.85845437**
	4230 Belden Village Mall Cir NW – Canton		
2	Stark County Sheriff's Office MAP	**-81.30855443**	**40.8401519**
	4500 Atlantic BLVD NE Canton, OH 44705		
3.	Hartville Hardware	**-81.36240376**	**40.97220701**
	1315 Edison St. NW Hartville, OH 44632		
WEST STAGING SITES		**Longitude**	**Latitude**
1	Wal-Mart Massillon MAP	**-81.52222798**	**40.76647789**
	1 Massillon Marketplace DR SW Massillon, OH		
2	Clay's Park	**-81.6028034**	**40.85999673**
	13190 Patterson St NW North Lawrence, OH MAP		
3			
CENTRAL STAGING SITES		**Longitude**	**Latitude**
1	Stark County Fairgrounds MAP	**-81.40963611**	**40.80317219**
	305 Wertz Ave NW Canton, OH		
2			
3			
EAST STAGING SITES		**Longitude**	**Latitude**
1	Lowe's Parking Lot	**-81.15705458**	**40.90324271**
	2595 W. State		
2			
3			
SOUTH STAGING SITES		**Longitude**	**Latitude**
1	Southgate Shopping Center MAP	**-81.38334702**	**40.76398021**
	3047 Cleveland Ave SW Canton, OH		
2	Beach City Airport MAP	**-81.55275279**	**40.64299365**
	10099 Dolphin St SW Beach City, OH		
3	Magnolia Drag Strip	**-81.29877112**	**40.66119361**
	5910 Westbrook St SE, Magnolia, OH MAP		

OTHER THINGS TO CONSIDER

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. Emergency management personnel will design an appropriate reception and care facility(s) if any evacuation is required. The American Red Cross will coordinate and manage the reception and care facility. Incident Command will authorize re-entry into the evacuated area.

PUBLIC INFORMATION

The jurisdiction where the MCI occurred will ensure the response of its designated Public Information Officer (PIO), who will be the sole point of contact for all media.

TACTICAL BENCHMARKS

The Communications Center is to be complete and monitor benchmark timing and report to the Incident Commander. The Transportation Supervisor/Officer, along with the Medical Communications Coordinator or IMAT Support will advise the Incident Commander of the number of patients transported from the site.

MCI PLAN FORMS AND APPENDICES

The following forms may be utilized during an MCI event in Stark County. These forms can torn out or duplicated for use during an incident.

- MCI Tactical Worksheet
- Mass Casualty Incident (MCI) Hospital Worksheet
- Stark County Mass Casualty Incident (MCI) IMAT Hospital/EMS Liaison Job Action Sheet
- Operations Chief Checklist
- EMS Branch Director Checklist
- Triage Supervisor/Officer Checklist
- Treatment Area Log
- Transport Supervisor/Medical Communications Coordinator Checklist
- Hospital Routing Log
- EMS Unit Staging Log
- Hospital Capability and Patient Tally Sheet (multiple copies)

Appendix A: MCI Trailer Inventory

MASS CASUALTY INCIDENT (MCI) MANAGEMENT PLAN: TACTICAL WORKSHEET

Stark County
Mass Casualty (MCI) Management Plan
Tactical Worksheet

	Compete
Activation of the Stark County MCI Management Plan through Dispatch **(MCI Alert)**	
Establish a Unified Command Post	

Determine resource needs and requests:
• How many ambulances will be necessary?
• Is there a high likelihood of needing medical aid?
• Will communications be an issue?
• Notify Stark County IMNAT (Incident Management Assistant Team)
• Have the hospitals been notified?
  ○ Aultman
  ○ Altman-Alliance
  ○ Cleveland Clinic-Mercy	

Assign ICS positions and distribute corresponding vests, distribute the Stark County MCI Plan Checklists and forms	
Work with law enforcement to initiate scene access control. If necessary, establish hot/warm/cold zones.	
Ensure activation of Receiving Hospital communications. The Medical Communications Coordinator or IMAT support should initiate the use of the Hospital Capability and Patent Tally sheet.	
Consider the need for additional resources: air medical assets, private ambulances, SARTA or school busses for “walking wounded”	
Consider the need for a Family Reception Center. Contact the American Red Cross	
Consider with the IC to determine if it is safe to initiate triage (SALT or START). Use triage packs and either triage tags or ribbons initially (determination by IC).	
Advise all personnel to exercise care not to disturb potential evidence on the scene, unless necessary for rescue operations.	
Establish a Treatment Area- ensure sufficient space for expansion, and provide for ingress and egress of ambulances, upwind and uphill from the incident. Make sure all patients receive triage, and tags are applied as they arrive in the treatment area. The Treatment Supervisor/Officer should initiate the use of the Treatment Area Log	

Establish a Staging Area and a Staging Officer to coordinate the arrival and deployment of responding units. Initiate the EMS Staging Log. (The predetermined staging area locations in the Stark County MCI Plan can be utilized).	
If there are fatalities, have dispatch notify the County Coroner (do not move the deceased from the incident site).	
When the initial triage is complete, perform a secondary search checking all areas around the site for potential patients including walk-aways, ejections etc.	

EMERGENCY Department Direct Telephone Numbers

Aultman-Alliance Community Hospital: 330-596-6148

Aultman Hospital: 330-363-7417

Cleveland Clinic-Mercy: 330-489-1489

Outside the Couty:

Akron City (Summa) Main: 330-375-3198

Akron Summa Green, Step Down Unit: 330-899-2444

Akron General Main: 330-344-8451

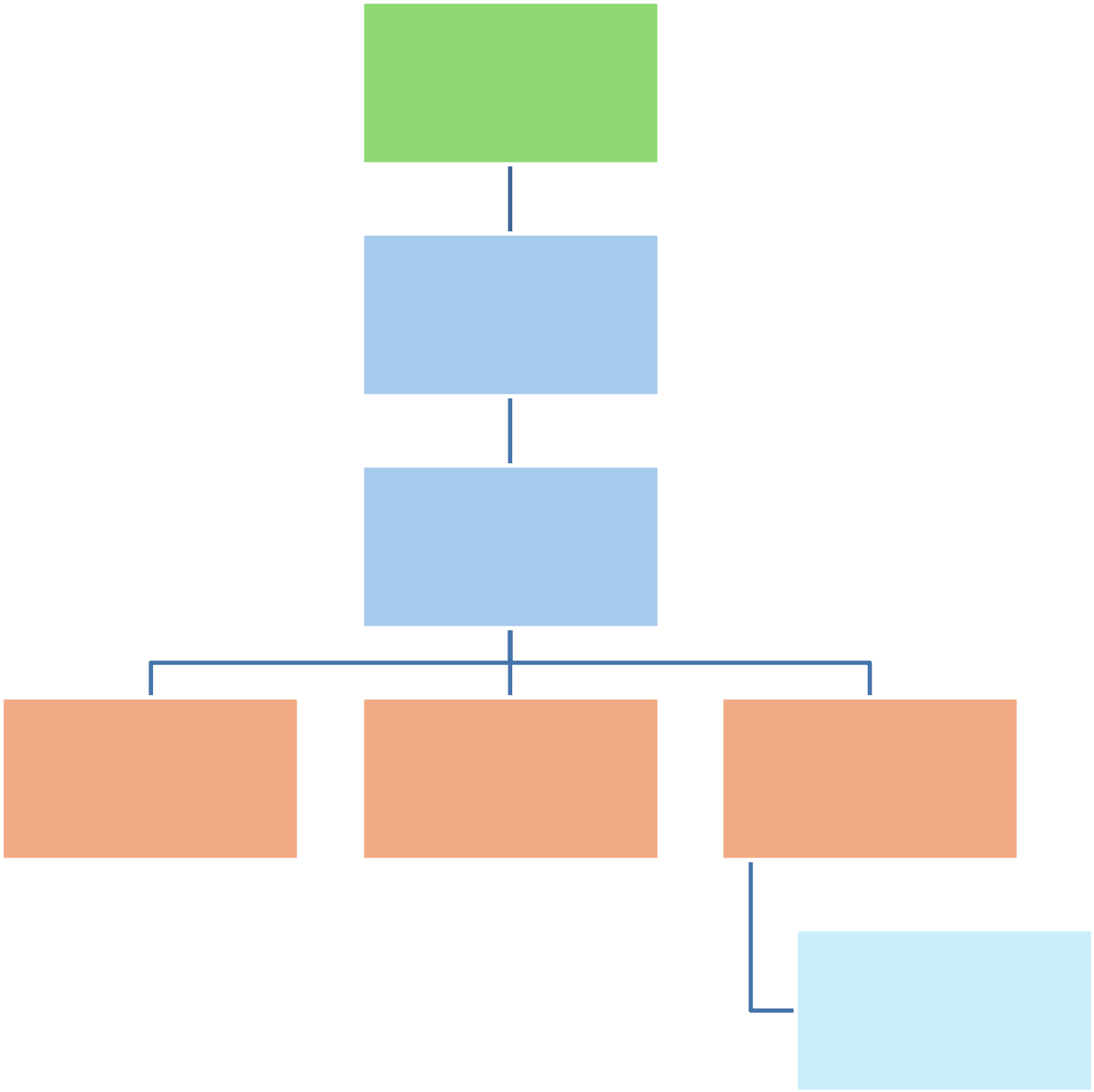
Akron General Green-Step Down Unit: 330-896-5011

Akron Children's: 330-543-8995

Barberton: 330-615-4507

Western Reserve: 330-971-7828

FILLABLE BASE ICS CHART



MASS CASUALTY INCIDENT (MCI) HOSPITAL ED.

Form to be completed by the E.D. Charge Nurse/Assistant Nurse Manager or IMAT member when contacted and advised of an MCI.

Mission: Identification of MCI essential elements of information (EEI) from first responder; communicate EEI to Stark County Hospital Emergency Departments, coordinate patient placement with Incident Management Assistant Team (IMAT) representative embedded in hospital emergency department(s).

Date:_____ Start time:_____ End Time:_____

Hospital:_____

Hospital Representative Name: _____

Stark County IMAT Representative Name: _____

Hospital E.D. receiving initial notification from scene/dispatch	Time	Initial
Identify the following information from the caller: • Name, title and jurisdiction of caller • Type of Mass Casualty Incident • Approximate number of victims • Hazmat: Y or N, if Y: Identify Agent		
Immediately notify all Stark County hospital emergency departments and advise them of the situation, provide all pertinent information. • Aultman-Alliance Hospital: 330-596-6148 • Aultman: 330-363-6788 • Cleveland Clinic-Mercy: 330-489-1489		
All hospitals (receiving primary, and secondary) notified		
Assign the individual to phone at Emergency Department Control Desk		
Obtain and monitor assigned MARCs or another radio channel		
Complete internal emergency notifications appropriate for your organization; consider the following: • Notify the charge nurse/ED Unit Director • Notify Safety Director/Security Director/Emergency Management Coordinator • Implementing your organization's Mass Casualty Incident (MCI) plan and activating the Hospital Command Center (HCC).		
Prepare to receive patients from MCI; refer to pre-authorized "first-hour capabilities" from Stark County MCI Plan.		

<table>
<tr><td>
<table>
<tr><td rowspan="2">Hospital</td><td colspan="3">Pre-authorized patient placement within the first hour of MCI</td></tr>
<tr><td>Red</td><td>Yellow</td><td>Green</td></tr>
<tr><td>Alliance</td><td>1</td><td>3</td><td>No Limit</td></tr>
<tr><td>Aultman</td><td>2</td><td>4</td><td>No Limit</td></tr>
<tr><td>Mercy</td><td>2</td><td>4</td><td>No Limit</td></tr>
</table>
</td><td></td><td></td></tr>
<tr><td>Upon arrival in your ED, assign a clinical team member to liaison with the Stark County IMAT representative with workspace in the ED. Share the following on an ongoing basis:
• Number of patients capable of receiving at present time (Red, Yellow, Green)
• Number of patients previously received from the MCI (Red, Yellow, Green)</td><td></td><td></td></tr>
<tr><td>Provide situational updates to the Hospital Leadership and/or Incident Command team on an ongoing basis.</td><td></td><td></td></tr>
<tr><td>Documents/tools
• Stark Count MCI Management Plan
• Organization-specific mass notification system
• Stark County 800 MHz, MARCs radios</td><td></td><td></td></tr>
</table>

STARK COUNTY MCI IMAT HOSPITAL/EMS LIAISON FORM

Form to be completed by the Stark County Incident Management Team (IMAT) member arriving at the hospital Emergency Department (ED).

Mission: Coordinate communication between the MCI scene with the EMS Transportation Supervisor/Officer or similar hospital ED liaison.

Position Reports to: **IMAT Team Leader** Command Location: Hospital ED:		
Position Contact Info: Phone: ( )____-_____ MARCs Channel: _____		
Hospital Command Center (HCC) Phone: ( )____-_____ MARCs Channel:_____		
Position Assigned to:	Date:	Start:
Signature:	Initials:	End:
Position Assigned to:	Date:	Start:
Signature:	Initials:	End:

Job Action Sheet

Qualifications: Members of Stark County IMAT, experience in Stark County 800 MHz/MARCs radios, communications, knowledge of communications systems, experience as EMS Transportation Supervisor/Officer (recommended), knowledge of SALT or START Triage techniques and terminology, familiarity of Stark County MCI plan and knowledge and knowledge of hospital ED layout.

Response (0.5 hrs.)	Time	Initials
Receive notification of an MCI and appointment to Stark County Hospital		
Proceed to the ED to report to the hospital ED Liaison (typically ED Charge Nurse)- Station in the ED squad room or designated radio area at the Nurse's station.		
Obtain briefing from IMAT Leader or Dispatch and Hospital Liaison • Size and complexity of incident-type of MCI, approximate number of victims, if hazmat: what agent • Expectations of Incident Commander • MARCs talk group to communicate with the scene and neighboring hospitals • Incident objectives • Incident activities and any special concerns		

Assess the operational situation:
• Assess, maintain, and expand communications as required, including (but not limited to):
  ○ Phone, fax, and satellite phone batteries, radio batteries, and internet connectivity
  ○ Virtual platforms and systems (i.e. EMTrack, Teams, WebEOC)
• Provide information as needed by working with the hospital liaison:		

○ Determine how many patients were received from the scene by ambulance, police, or private vehicle ○ Determine how many red, yellow, and green ○ Determine how many the hospital can take after the first hour ○ Discuss how many Ors and Trauma Surgeons/Teams are available or on the way *Note:* First-Hour Destination Procedures were implemented without prior authorization before a bed count was available per the Stark County MCI Plan. Hospitals prepared to receive these patients upon receipt of the **MCI-Alert**.		
Activities • Communicate with the Transportation Supervisor/Officer by radio regarding the transport of patients from the scene to the ED and to surrounding hospitals to share hospital capabilities and status. • Continue to communicate with the Hospital ED Liaison on hospital capabilities to accept patients and which triage colors. • Track throughout number of patients previously received. On MCI Plan Form Hospital Capability and Patient Tally Sheet • Determine continually from hospital ED liaison: ○ The number of patients the hospital is capable of receiving beyond First-Hour (Red, Yellow, Green)		
Resources • Assess issues and needs: coordinate resource management • Ensure equipment supplies and personal protective equipment (PPE) are available as needed.		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions.		

Intermediate Response (1-3 hrs.)	**Time**	**Initials**
Activities • Expand communications to the County Emergency Operations Center and/or IMAT Control when established and necessary. • Continue to evaluate whether other surrounding county MCI plans should be activated and consult with the IMAT Leader or scene IC. • Toward the end of the shift, consider replacement options to relieve you and transfer your role.		
Resources • Assess issues and needs, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed.		

OPERATIONS CHIEF CHECKLIST (RTF OPERATIONS)

	Reports to Command & establishes work area
	Assist IC with communications & resource tracking
	Work in conjunction with EMS Branch Director
	Request through IC additional units and equipment
	Establishes & supervises RTF/Warm Zone Extraction (Active Shooter Incident). Coordinates with triage officer
	Ensure perimeter control with the School Superintendent
	Establishes & manages Landing Zone(s), coordinates with Staging & Transport Officer
	Assist with reunification/patient tracking process

EMS BRANCH DIRECTOR CHECKLIST

	Activate Stark County MCI Management Plan
	Activate **MCI-Alert**
	Work with the incident command to establish needed locations
	Request through IC additional units and equipment
	Review EMS Branch Director Checklist
	Make sure the Communications Center notifies hospitals
	Activate receiving hospital and verify MARCs channel for communications
	Assign a Group Supervisor and distribute corresponding checklists
	Triage Group Supervisor assigned
	Treatment Group Supervisor assigned
	Transportation Group Supervisor and Medical Communications Coordinator assigned
	Staging Officer (if not assigned by IC)
	Consult with 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, have IC contact the Coroner
	Advise the IC when operations in the triage, treatment and transportation are complete

TRIAGE SUPERVISOR/OFFICER CHECKLIST

	Obtain briefing from the EMS Branch Director
	Confirm radio MARCs talk group with the EMS Branch Director- share with the Treatment Supervisor/Officer
	Determine equipment and personnel needs of the Triage section; request same from the EMS Branch Director
	Distribute Triage identification items such as tags, tape, ribbon etc. to personnel
	Confirm treatment location with the Treatment Supervisor/Officer
	Advise the Treatment Supervisor/Officer of the approximate number of patients as soon as possible
	Coordinate transfer of patients by priority to the treatment area and request additional personnel as needed
	Check all areas around the MCI scene for potential patients, walking-wounded ejected patients, etc.
	Ensure rapid triage tape/ribbons (if used) are changed out with Triage Tags
	Conduct continued triage in coordination with treatment
	Coordinate with the extraction team (if Rescue Taskforce is active)
	Advise the EMS Branch Director when initial triage & tagging operations are complete
	Begin relieving and reducing staff as necessary
	Report to the EMS Branch Director for relief or reassignment

	RED	YELLOW	GREEN	BLACK
Primary Casualty Count:				

	RED	YELLOW	GREEN	BLACK
Secondary Casualty Count:				

TREATMENT SUPERVISOR/OFFICER CHECKLIST

	Obtain Treatment Supervisor/Officer Checklist
	Obtain briefing from the EMS Branch Director
	Determine equipment and personnel needs of the Treatment Group. Request needs from the EMS Branch Director
	Coordinate personnel assigned to the treatment area
	Establish a Primary Treatment Area (think big – the treatment area must be capable of accommodating a large number of patients and equipment with an area for treatment)
	Consider weather, safety, and hazardous materials
	The area must be readily accessible
	Designate ingress and egress from the area
	Divide the treatment area into four (4) distinct and well-marked areas (Red, Yellow, Green, and Black) (the black area should be out of view of other patients, the public and the media)
	Designate a secondary treatment area as an alternate should the primary area become unusable
	Treatment Group Supervisor/Officer should not become involved in-patient care and physical tasks
	Assign personnel to treatment areas based on medical capabilities
	Secondary Triage: re-triage patients upon arrival at the Treatment Area; place patients in appropriate sections
	Complete the Treatment Area Log as patients go through the Treatment Area
	Advise the Transportation Group Supervisor/Officer when patients have been prepared for transportation; recommend transport by priority to the Transportation Group Supervisor/Officer
	Regularly inventory supplies using the Medical Equipment Checklist and obtain or order supplies when low
	Begin relieving or reducing staff as necessary
	Report to the EMS Branch Director for relief or reassignment

TREATMENT AREA LOG

Date: _____ Incident/Location:_____

Triage Tag Number	Patient Name (if known)	Patient Sex	Tag Color/General Condition	Time in	Time Out

TRANSPORTATION SUPERVISOR/OFFICER (MEDICAL COMMUNICATIONS COORDINATOR) CHECKLIST

	Obtain Transportation Supervisor/Officer Checklist
	Obtain briefing from the EMS Branch Director
	Determine equipment and personnel needs of the Transportation Group; request needs from the EMS Branch Director
	Coordinate personnel assigned to the Transportation Area
	Confirm receiving hospitals' MARCs channel for communications
	Relay information concerning the incident as needed
	If IMAT Control is not active; ascertain each hospital's capabilities beyond First-Hour procedure and the number of specialty beds available.
	Inform the hospital of the number of patients to expect and their classification if known (red, yellow, and green)
	Begin filling out the Hospital Capability and Patient Tally Sheet
	Consult with the Treatment Group Supervisor/Officer and establish an ambulance loading zone; the zone should have separate ingress and egress points.
	Advise the Staging Officer of the location of the loading zone and the best routes for access
	Consult with Operations to establish a Landing Zone for aeromedical units (if needed)
	Request ambulances from Staging as needed; notify the Staging Officer of the level of care required (BLS, ALS)
	Coordinate routing of patients to proper ambulances
	Advise ambulances of the destination hospital, and provide an address if needed
	Maintain Patient Tracking Log; verify triage tag properly filled out
	If IMAT Control is not active; advise the hospital of the number of patients in the unit, brief description of category and/or injuries, ETA of unit and destination hospital
	Update Hospital Capability and Patient Tally Sheet as patients are transported (complete tools after the incident)
	Advise the EMS Branch Director when the last patient is transported
	Report to the EMS Branch Director for relief or reassignment

TRANSPORTATION GROUP PATIENT TRACKING LOG

Incident Location: _____ Page #:_____

Unit	Patient #	Bar Code	Patient Name	Tag Color	Destination	IMAT/Hospital Notified
	1					
	2					
	3					
	4					
	1					
	2					
	3					
	4					
	1					
	2					
	3					
	4				Total Patients on Sheet	

EMS UNIT STAGING LOG

Date: ___________ Incident

Location:______________________________

Unit ID/Agency	MARCs	BLS/ALS	Time Arrived	# of Personnel	Div. Assigned	Out of Stage
Page _____ of _____						

HOSPITAL CAPABILITY AND PATIENT TALLY SHEET

Date: _____ Incident

Location:_____

Hospital Name	Notes	Number of patients the hospital can treat	Number of Red Sent	Number of Yellow Sent	Number of Green Sent	Total
Aultman		# Red: # Yellow: # Green:				
Aultman-Alliance		# Red: # Yellow: # Green:				
Cleveland Clinic: Mercy		# Red: # Yellow: # Green:				
Akron Children (Burn)		# Red: # Yellow: # Green:				
Akron General		# Red: # Yellow: # Green:				
		# Red: # Yellow: # Green:				
		# Red: # Yellow: # Green:				
		# Red: # Yellow: # Green:				
				Page _____ of _____		

HOSPITAL CAPABILITY AND PATIENT TALLY SHEET

Date: _____ Incident

Location:_____

Hospital Name	Notes	Number of patients the hospital can treat	Number of Red Sent	Number of Yellow Sent	Number of Green Sent	Total
Aultman		# Red: # Yellow: # Green:				
Aultman-Alliance		# Red: # Yellow: # Green:				
Cleveland Clinic: Mercy		# Red: # Yellow: # Green:				
Akron Children (Burn)		# Red: # Yellow: # Green:				
Akron General		# Red: # Yellow: # Green:				
		# Red: # Yellow: # Green:				
		# Red: # Yellow: # Green:				
		# Red: # Yellow:				

		# Green:				
					Page _____ of _____	

RECEIVING HOSPITAL LOG

Date: _____ Hospital: _____

Hospital IMAT Officer: _____

Transport Unit/Agency	Triage Tag # or patient name	Tag Color/general condition	Transp. Supervisor Confirmed	Receiving hospital confirmed	PT arrived/received	Transp. Unit return to scene

DESTINATION HOSPITAL RESOURCE FORM

Stark County Hospitals		
Aultman Main Hospital	2600 6th St SW Canton 44710	330-438-7417
Aultman North (Urgent Care)	6100 Whipple Ave NW North Canton 44720	330-305-6999
Aultman West (Urgent Care)	2021 Wales Ave NW Massillon 44646	330-834-1111
Aultman-Alliance Hospital	200 E. State St. Alliance 44601	330-596-6148
Cleveland Clinic-Mercy Hospital	1320 Mercy Dr. NW Canton 44708	330-489-1489
Cleveland Clinic-Mercy Stat-Care	6200 Whipple Ave NW North Canton 44720	330-966-8884
Summit County Hospitals		
Akron City (Summa) Hospital	525 E. Market Akron 44304	330-375-3198
Summa Health - Green (Urgent Care)	1825 Franks Parkway, Uniontown 44685	330-899-2400
Akron Children's Hospital ER	177 W. Exchange St. Akron 44302	330-543-8995
Akron General Hospital	1 Akron General Ave. Akron 44307	330-344-8451
Akron General-Green (Urgent Care)	1940 Town Park Blvd. Uniontown 44685	330-896-5011
Barberton Hospital	155 5th St NW Barberton 44203	330-615-4507
Western Reserve Hospital	1900 23rd St Cuyahoga Falls 44223	330-971-7828

Indicates Trauma Center

APPENDIX A: MCI TRAILER INVENTORY

Below are the basic supplies that are **usually** stored in the County MCI trailers. Supplies should be the same in each trailer, but the amounts available may differ.

Large Padded Trauma Bag	Biowaste Bag
5x9 ABD Pads	Triple Ointment
4x4 Gauze Pads	Mask/Eye Shield
3x5yd Rolled Gauze	Vaseline Dressing
3" Elastic Bandage	4x4 Gauze Pads
1"x10yd Medical Tape	1x3 Band-Aids
Triangular Bandage	4" Kling Bandage
Occlusive/Petroleum Gauze Dressing 3'x9"	Triangular Bandage
Multi Trauma Dressing	1" Tape
Blood stopper Dressing	Cold Packs
Burn Sheet 60"x90"	Eye Pads
Pocket Mask	Bulb Syringe
#3 Oral Airway	#3 Airway
#4 Oral Airway	Gloves
#5 Oral Airway	Penlight
Mylar Blankets	Trauma Shears
Penlight	Tote
Trauma Shears	Triangular Bandages
24"x24" Biowaste Bag	3" Elastic Bandages
Germicidal Hand Wipe	Sam Splints
Surgical Mask	18" Foam Cardboard Splint
Safety Mask	3"x5yd rolled Gauze
Command And Support	1"x10yd Medical Tape
Triage Tarp Set	NAJO Lite Backboards
150 Patient Triage Supply Kit	Tote
10"x12" Blue Thomas Cordara Packs	One Piece 9' Backboard Strap
5x9 surgipads	Tote
Mouth Barrier Device	Headblock CID's
3" Ace Bandage	Adjustable C-Collar Adult
Thermal Blankets	Extrication Collar Bag
Tote	Tote
Stethoscope (pros cope 660)	OB Kits
BP Cuff-Adult	Tote
BP Cuff-Adult Large	Body Bags
BP Cuff-Pedi	Hand Truck
Tote	Hand Truck Nose Pate Ext.
Hot Packs	Roll Duct Tape
Cold Packs	Tote

Tote	Gloves Medium
Mylar Blankets	Gloves Large
Gloves X-Large	#3 Oral Airway
Surgical Mask w/Ear Loop	#4 Oral Airway
1-qt Sharp Containers	#5 Oral Airway
Biohazard Bags	Mylar Blankets
Germicidal Hand Wipes	Trauma Shears
Sani Cloth HB Equipment Wipes (Tub)	24"x24" Biowaste Bags
Blanket Container	Germicidal Hand Wipes
Polyform Blankets	Surgical Mask
H Tank Oxygen	Safety Glasses
H Tank Dolly	Penlight
Ratchet Strap	Stethoscope
Tote	BP Cuff
5 outlet O2 manifold w/Extra Orifices	Laryngoscope Handle L
O2 Hose for Manifold 20'	#1 Miller Blade
O2 Hose for Manifold 6'	#2 Miller Blade
Oxygen Tank Regulator	#3 Miller Blade
O2 Wrench/Cable	#2 Mac Blade
BVM Disposable Adult w/O2 Bag & Tubing	#3 Mac Blade
Saver O2 Trauma Bag	C Batteries
5x9 ABD Pads	Adult Magill Forceps
4x4 Gauze Pads	6.0mm Cuffed ET Tube
3"x5yd Rolled Gauze	7.0mm Cuffed ET Tube
3" Elastic Bandage	7.5mm Cuffed ET Tube
1"x10yd Medical Tape	8.0mm Cuffed ET Tube
Triangular Bandages	Stylet
Occlusive/Petroleum Gauze Dressing 3'x9'	Surgical Lubricant 2.7g Packet-Water Based
Dressing	12cc Syringe
Blood stopper Dressing	Esophageal Intubation Detector
Burn Sheet 60x96	Trach Tape
Iso Tone Flushing Solution 8oz.	BVM Disposable Adult w/O2 Bag & Tubing
Pocket Mask	IV Start Sets
Gloves X-Large	#3 Oral Airway
Surgical Mask w/Ear Loop	#4 Oral Airway
1-qt Sharp Containers	#5 Oral Airway
Assembly	Zumro tent with rolling system and floors
Tote	waste water tanks model TTG-500
1000cc NS	sprayers model 2122
Regular Drip IV Admin Sets	sump pump model DDP50
IV Start Sets	Metro magic inflator
14g Angiocath	Toolbox w/ miscellaneous tools

16g Angiocath	LTA LED inflatable light
Axial blower fan model 1325D	Zumro tent with rolling system and floors
Inline heater model 1690 D	waste water tanks model TTG-500
Oil miser water heater model OM-148	Toolbox w/ miscellaneous tools
Honda generator model EG3500X	LTA LED inflatable light
Halogen spotlight	

TRAILER LOCATIONS:

Location	Longitude	Latitude
Plain Township Station #3	-81.4023608	40.82494976
2625 25th St NW Canton 44709		
Canton City Station #10	-81.38432995	40.84950632
4632 Vernon Ave NW Canton 44709		
Jackson Township Station #1	-81.48667766	40.86086737
7383 Fulton Dr. NW Canton 44646		
Nimishillen Township Station #3	-81.24830488	40.88419277
8000 Columbus Rd NE Louisville 44641		

STARK COUNTY RESCUE TASK FORCE (RTF) ANNEX

PURPOSE

The purpose of the Rescue Task Force (RTF) Annex is to provide Stark County First Responders with a baseline set of guidelines to utilize in a mass casualty event that may initiate an RTF response. The most likely event that may facilitate the activation of this annex is if an active shooter or armed aggressor in a local school or public location.

DEFINITIONS

Rescue Task Force: A group of resources deployed to provide point-of-wound care to victims where there is an ongoing ballistic or explosive threat. The task force treats, stabilizes and rabidly removes injured patients while wearing ballistic protective equipment and operating under the protection of members of law enforcement (LE) organizations. A typical RTF team is comprised of two to four EMS personnel, a minimum of two trained law enforcement officers, and additional support teams as needed.

Hazard Zones:

- Hot Zone: An area where there is a known hazard or life threat that is direct and immediate. An example of this would be any area not cleared by law enforcement that may contain an active shooter. **RTFs will not deploy into a Hot Zone.**
- Warn Zone: An area that has been cleared by law enforcement and where there is a minimal or mitigated threat. **An RTF is deployed into this zone to locate, treat, and extricate victims.**
- Cold Zone: An area where there is little or no threat due to geography or having been secured by law enforcement personnel. The triage, treatment, and transport areas will be established in the Cold Zone.

Contact Team: A team of law enforcement that is assigned to advance toward the threat and initiate contact with the active shooter to prevent further injury or loss of life. The contact team performs a primary clearing as they advance.

Casualty Collection Point (CCP): The location where patients are collected or evacuated to from the warm zone to be formally triaged. Multiple CCPs may be established by the RTF as needed. Triage in this area will follow the SALT or START triage guidelines established by the Stark County MCI Plan.

MINIMAL TRAINING

The minimal EMS training required for an RTF member is as follows:

- Ohio Trauma Triage (WBT921) (username and password required)
- RTF Awareness Online Course (WBT906) *(Law Enforcement Recommended)*
- Additional training with local law enforcement and internal department agencies such as:
    - Use of cover/movement
    - Stop the bleed/rapid trauma care

EQUIPMENT

Public service agencies within Stark County serving within the capacity of an RTF agree to find and equip their respective personnel and ambulances with the following minimum equipment necessary to perform and safely execute RTF operations.

All members functioning in an RTF setting shall be equipped with the proper minimum PPE and treatment kits before making entry.

The minimum level of equipment is:

- A 3A soft ballistic vest for each member (additional ballistic plate protection is subject to local jurisdiction)
- A ballistic Kevlar helmet
- Personal Individual First Aid (IFAK) kit
    - Basic kit may contain: CAT Tourniquet, 4” Emergency Trauma Dressing, 4 nitrile gloves, QuickClot Combat gauze (3” x 12”), Nasopharyngeal Airway with lubricant, Chest Seal
- Portable radio
- Proper blood-born pathogen protection
- Treatment Kit for each RTF member:

- 4 CAT tourniquets
- 2 SWAT-T/rubber band tourniquets
- 6 chest seals
- 2 decompression needles
- 4 compressed gauzes (recommended hemostatic gauze)
- 6 general trauma dressing/kling
- 4 NPA airways
- 1 permanent marker
- 1 trauma sheer
- Ribbon (black w/white stripe and orange)
- 1 patient litter/movement device

COMMAND RESPONSIBILITIES

Incidents that involve an active shooter or any type of ongoing ballistic or explosive threat shall require the fire department and law enforcement to understand the need for and operate within a unified command system. The activation and deployment of RTF teams shall be at the discretion of the Incident Commander or designee. Coordination with law enforcement command shall be established before deployment.

Additional considerations:

- Consider assigning an officer to directly oversee RTF operations
- Ensure the RTF assembled is properly equipped with minimum PPE and equipment (see section above)
- Obtain a situation report from the RTF (conditions, actions, needs) once inside the warm zone (see Communications section of this annex)
- Assemble additional RTF personnel and equipment to assist with casualty collection and patient extraction
    - RTF command shall determine the appropriate level of protective gear for backup personnel based on threat or incident status.

DEPLOYMENT OF RESCUE TASK FORCE TEAMS

Once a company has been assigned to an RTF Sector, they will don the appropriate minimum equipment and report to the designated location to be formed into an RTF team with law enforcement personnel.

- RTF will move in and out of the building through entrances and corridors that have been cleared by the initial contact team. The RTFs will operate only within those areas of the building designated by law enforcement commanding officers as a Warm Zone.

- All members of the RTF must remain within sight and sound contact with one another, with law enforcement officers providing front and rear security for the team during movement. The law enforcement members of the RTF must remain in a position to provide effective defensive cover for the team.
- The initial RTFs will be deployed into the Warm Zone to locate and stabilize patients according to the guidelines of this annex and the Stark County MCI Plan.
- The RTF team's initial priority will focus on providing patient stabilization that includes the stopping of major hemorrhages and addressing easily corrected airway and breathing issues. Secondary priorities will include but are not limited to moving non-ambulatory/critically injured patients to a casualty collection point.
    - The initial RTFs must exercise discretion in the amount of time spent with each patient based on their condition, the situation, and the number of anticipated patients. Keep in mind that the primary goal is to move rapidly through the Warm Zone providing stabilization techniques to the greatest number of patients within the shortest timeframe.
- Based on the circumstances of the incident, additional RTF teams may be deployed to assist, extricate patients, and restock supplies.

COMMUNICATIONS

- RTF shall consider utilizing an alternative radio frequency for communications with their operational command. This will enable direct communications without interference.
- It is the responsibility of the RTF team(s) to communicate effectively with the RTF Leader. The following communicational benchmarks should be transmitted and/or received:
    - Team number (assigned from RTF Command), personnel accountability report (PAR), and entry location
    - The direction of travel within the structure
    - Number of victims encountered and their location
    - Casualty collection locations (i.e. room number if established)
    - Changes in divisions (elevation)
    - Any change in conditions or needs (additional manpower or supplies)
    - RTF out of the structure with PAR

EMERGENCY EVACUATION PROCEDURES

If the area in which an RTF is operating changes from a Warm Zone to a Hot Zone due to a direct or imminent threat, the team should seek appropriate cover and determine if evacuation is necessary. Communication shall be made with the commanding officer.

INCIDENT COMMAND

A Rescue Task Force (RTF) will fall under the direction of the Operations Section Chief if established, otherwise, they will report directly to the Incident Commander.