NORTHERN KENTUCKY
MASS CASUALTY INCIDENT (MCI) MANAGEMENT PLAN

PURPOSE

The purpose of this Mass Casualty Incident Management Plan is to provide structure and guidance to public safety personnel of the Northern Kentucky Counties of Boone, Campbell and Kenton when responding to incidents where the number of injured persons exceeds day to day operating capabilities requiring additional resources and/or distribution of patients to multiple hospitals. The ultimate goal on any incident is to provide the highest level of care, for the most people, in the shortest amount of time. Incident organization is based on the National Incident Management System (NIMS) and the Simple Triage and Rapid Treatment (START) method of triage.

INCIDENT MANAGEMENT SYSTEM

The National Incident Management System (NIMS) is designed to be a flexible management system that can be adapted to fit the specific needs of any incident. The NIMS organizational structure builds from the top down and expands as needed depending of the size and complexity of the incident as well as the resources available. The Incident Commander (IC) has the responsibility for the coordination of all public and private resources committed to the incident. In addition, the IC or his/her designee is responsible for notifying appropriate authorities, requesting resources and developing incident objectives and strategies.

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

EMS Positions within the Incident Management System

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

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

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

Transportation Group Supervisor: (See Transportation Officer/ Routing/ Scene to Hospital Coordinator Checklist**)**
- Reports to the EMS Branch Director.
- Communicates with the Hospital Disaster Radio Network.
- Orders transportation resources from Staging, notifies IC if additional transportation resources are required.
- Determines mode of transport for all on-scene patients.
- Contacts medical control as needed.
- Communicates/coordinates patient movement with the Treatment Supervisor and Medical Communications Coordinator.

Routing Officer/Scene to Hospital Coordinator: (Scene to Hospital Coordinator Checklist)
- Reports to Transportation Supervisor
- Communicates with the Hospital Disaster Radio Network Net Control.
- Determines destination hospital for ambulances through Net Control.
- Contacts medical control as needed.
- Documents the number of patients transported to each hospital.

EARLY RECOGNITION AND NOTIFICATIONS

Early recognition of the potential for a Mass Casualty Incident is critical for a timely response from emergency medical services and the hospitals. The goal should be to provide notification in the early stages of an incident to alert the system that an incident has the potential to exceed ordinary capabilities and may require activation of this plan to secure additional resources and initiate an appropriate Incident Command organizational structure.

MCI ALERT - An MCI Alert consists of: Initiation of this MCI Management Plan to include: use of the Incident Management System for response, mobilization of the necessary resources**,** and activation of the Hospital Disaster Radio Network.

Initiating an MCI Alert:

When to activate an MCI Alert	When the number of injured persons exceeds the available resources. This will be different for each incident based on time of day, location, resources available, etc. For example, consider initiating an MCI Alert when: • The number of patients may be more than: • Six (6) adult Immediate or three (3) pediatric immediate • Ten (10) delayed/minor patients (Adult or pediatric) • An incident may require the response of five (5) or more ambulances. • The number of patients exceeds the capabilities of the nearest hospital Emergency Department. • The Incident Commander deems necessary.
Who may activate	Any public safety supervisor responding to the incident or Dispatch
How to initiate	Through Dispatch on the primary frequency. Indicate the Alarm Level.
What information should be provided	Confirm location of the incident. Describe the nature of the incident and the estimated number of injured if known.
Dispatch Center Actions	Announce the MCI Alert on the primary Fire and Law Enforcement channels. Call the Dispatch Center in the other two NKY Counties and advise them of the MCI Alert. Request any units needed to fill alarm assignments. Change the nature code to a Mass Casualty Incident and dispatch the resources at the alarm level requested. Contact the Hamilton County Communications Center (513-825-2260) to request activation of the Hospital Disaster Network – provide the type of incident, location and estimated of the number of injured. Request any units needed to fill alarm assignments. Notify: St. Elizabeth Hospitals: 859-282-MASS (6277) University of Cincinnati Hospital, and Cincinnati Children's Hospital.
How to cancel an MCI Alert	Through dispatch by the Incident Commander once all patients have been transported or it is determined no additional resources are needed.

MCI Response Deployment (1MCI)

Once an MCI Alert has been issued dispatch will change the incident nature code in the Computer Aided Dispatch (CAD) system to 1MCI and dispatch the following resources for the incident based on the alarm level requested.

If the event is beyond the capacity of local resources assistance may be provided by: local mutual aid, EMS assets from outside of Northern Kentucky, the American Red Cross Medical Assistance Team (ARC MAT), the Kentucky Division of Emergency Management or through the National Disaster Medical System (NDMS).

Aero-medical resources may be used to augment medical staff and equipment within the treatment area. In most MCI incidents, critical patients will be transported by ground ambulance. However, aero-medical resources may be utilized to transport patients from the scene and/or from hospital to hospital. It is important to coordinate this through University Air Care Dispatch and the Hospital Disaster Network.

The best use of private ambulance service resources would be at the hospitals for hospital to hospital transports.

No resources should self-dispatch.

Fire Chiefs and Emergency Management personnel are included in the alarm assignments to assist with incident management.

Mass Casualty Alarm Assignments

1MCI	Ambulances	Engines	Mass Casualty Unit	Chief Officers	Other Resources	Notes
1st Alarm	10	5	1	4	County EMA Command 100 Airport Command Staff (1) person to Routing Next County EMA	Dispatch to move with Command to Fire/EMS tactical channel. Law Enforcement supervisor to Command Post, Notify KyEM Duty Officer of the incident: 1-800-255-2587. Prompt Command to consider need for Polaris patient transport units from the Airport. PIO to Command Post
2nd Alarm	10	10	1	3	3rd County EMA	Prompt Command to consider: - aero-medical resources - Red Cross Medical Assistance Team - TANK or School Buses for walking wounded - Rehab for responders
3rd Alarm	10	10	0	3		
4th Alarm	10	10	1	3		
5th Alarm	25	0	0	0		Prompt Command to consider need for Airport Disaster Truck (999)

PATIENT CARE (TRIAGE – TREATMENT – TRANSPORTATION)

Triage

- Ensure the scene is safe for triage. Determine from the Incident Commander and/or Safety Officer the appropriate personal protective equipment for triage personnel. Secure approval from the Incident Commander to initiate triage.

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

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

> **Triage Packs (recommended contents)** spool of ribbon (1 of each) – Red, Yellow, Green, Black; 5 OP Airways; 5 chest seals; bandages/dressings; Tactical Bandages, 5 tourniquets; trauma shears; 5 needle decompression kits, permanent markers.

Triage ribbons should be used in the early stages of the incident to allow for rapid triage.

Triage tags should be used during secondary triage as patients enter the treatment area.

Triage Categories: The triage category will be identified using the following criteria:

CATEGORY	CRITERIA	ACTION(s)
IMMEDIATE (RED)	Critical patient, life-threatening injuries, likely to survive if patient receives definitive care within 30 minutes.	Immediate or non-ambulatory casualties will be moved with minimal stabilization as quickly as possible to treatment area for reassessment and treatment.
DELAYED (YELLOW)	Serious injuries but stable, maybe life threatening. Likely to survive if care is received within several hours.	Casualties tagged "Minor" or "Delayed" and patients without obvious injuries will be moved as quickly as possible to the ambulatory casualty collection area for reassessment and treatment.
MINOR (GREEN)	Not considered life threatening, walking wounded.	
DECEASED (BLACK)	Mortally wounded or death is eminent.	Casualties tagged "Deceased" will not be moved or disturbed unless approved by the Coroner.
CONTAMINATED	Contaminated by a hazardous substance.	Patient treatment delayed until the patient is decontaminated.

Casualty Collection Point (CCP)

Casualty collection points may be established in a safe location away from the immediate threat as an intermediate step in the continued movement of patients. Patients are moved to a casualty collection point to remove them from an unsafe environment. In the CCP patients can be sorted and prioritized and rapid life-saving treatments may be administered (i.e. bleeding control) pending further movement to treatment areas and transport to definitive care.

The goal is always to maintain forward movement of patients from the scene to the casualty collection point then on to the treatment area and eventually to transport to receiving facilities.

Treatment Area

Establish a treatment area in a safe location with room for expansion. Allow for a one-way flow in from the scene or CCP and out to transport. Ensure the ingress and egress of ambulances and other transport vehicles. Consider the potential locations for aero-medical helicopter landing zone(s).

Secondary Triage

- Triage ribbons should be replaced by Triage Tags applied during Secondary Triage when the patient arrives at the entrance to the treatment area. Triage tags should always be used.

- The Triage Tag Number will be documented on the Treatment Area Log.
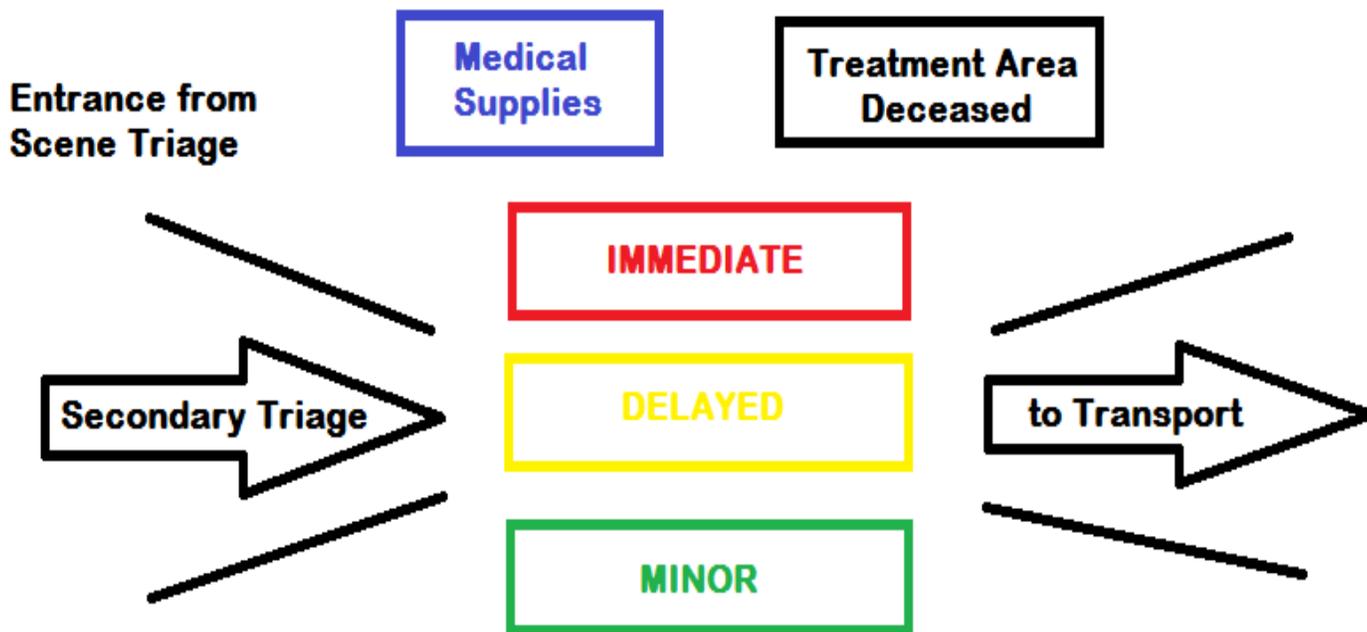
Treatment Area Log: The Treatment Supervisor will maintain the Treatment Area Log ([See Treatment Area Log](#))

The Medical Equipment Checklist: The Treatment Supervisor will maintain the Medical Equipment Checklist **(**[See Medical Equipment Checklist](#)**)**

DESIGNATED AREAS

The specific designated areas (such as the Casualty Collection Point, Treatment Area, Staging, Morgue, etc.) shall be determined/approved by the Incident Commander or his/her designee.

| Casualty Collection Point	Casualty collection points may be established in a safe location away from the immediate threat as an intermediate step in the continued movement of patients. In the CCP patients can be sorted and prioritized and rapid life-saving treatments may be administered (i.e. bleeding control) pending further movement to treatment areas and transport to receiving facilities.
Treatment Area	Treatment Areas should be located a safe distance away from hazards, upwind from toxic fumes and provide for easy access/egress. Clearly identify the Treatment Area representing the respective triage categories using tarps, flags and barricade tape. A Secondary Triage should be conducted as patients enter the treatment area and triage tag applied.
Staging Area	A separate area should be established for Fire/EMS resources. These areas will be the gathering point for personnel and equipment. Transport units will be maintained in a one way traffic pattern facing the loading area.
Loading Area	This is the area designated for the loading of patients into transport units. It shall be located in very close proximity to the Treatment Area. Position the helicopter landing zone to not block access or egress of ground transportation.
Morgue	Area designated for the temporary storage of deceased patients. This area should be located away from the treatment areas and is the responsibility of the Coroner. No patient should be moved without permission of the Coroner unless it is necessary for emergent access to patients or to complete rescues.

PATIENT DISTRIBUTION

The Transportation Supervisor or Routing Officer (Scene to Hospital Coordinator), if designated, will make patient destination decisions in cooperation with the Hospital Disaster Network. The Hospital Disaster Network is activated by calling the Hamilton County Communications Center at (513) 825-2260. Communication with Net Control once the Hospital Disaster Network is activated is via 800 MHz radio or through University Hospital at (513) 584-7522.

First Round Destination Procedure may be implemented without prior authorization prior to the Disaster Net having a bed count. St. Elizabeth hospitals should prepare to receive these patients upon receipt of the MCI Alert from Dispatch.

First Round Destination Procedure
Patients may be transported to three St. Elizabeth hospitals (Florence, Edgewood, Ft. Thomas):
Two (2) "Immediate" patients; Six (6) "Delayed and/or "Minor" patients For a total of twenty four (24) patients

Hospital Disaster Network:

The Transportation Supervisor and/or the Routing Officer (Scene to Hospital Coordinator) should establish contact with the Hospital Disaster Network early in the incident, as needed, for:

- Greater Cincinnati Area hospital bed availability
- Out-of-county trauma center availability
- If the number of patients will exceed the first round destination procedure, or to send more patients to hospitals included during the first round procedure.
- Destination assistance.

TRANSPORTATION / SCENE TO HOSPITAL COORDINATION

The Transportation Supervisor along with the Routing Officer (Scene to Hospital Coordinator) (if designated) will be responsible to coordinate 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 (example one immediate and one delayed patient per ambulance as opposed to two immediate per ambulance).

- Alternative methods of transportation, such as mass transit or school bus, may be used for the transportation of minor priority patients.

Net Control and the Routing Officer (Scene to Hospital Coordinator) will endeavor, whenever possible to see that patients are transported to the most appropriate facility without overloading any one facility. For example: transport critical "immediate" trauma patients to University of Cincinnati and "immediate" pediatric patients to Children's Hospital.

Hospital Capability and Patient Tally Sheet: The Transportation Supervisor or Routing Officer (Scene to Hospital Coordinator) (if designated) will maintain the Hospital Capability and Patient Tally Sheet **(**See Hospital Capability and Patient Tally Sheet**)**

Hospital Routing Log: The Transportation Supervisor or Routing Officer (Scene to Hospital Coordinator) (if designated) will maintain the Hospital Routing Log: **(**See Hospital Routing Log**)**

COMMUNICATIONS

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

It is recommended that each County develop its own template ICS Form 205 Communication Plan for a MCI.

RESOURCE MANAGEMENT

The Incident Commander has the overall responsibility for developing objectives and requesting the necessary resources required to mitigate the incident. The IC may delegate resource management responsibilities to a Logistics Section Chief.

A Staging Area with appropriate ingress/egress and sufficient space to should be established and access secured by law enforcement. A Staging Officer should be appointed and report to the Operations Section Chief. Some potential MCI Staging Areas have been predetermined. (See MCI Staging Areas)

EMS Unit Staging Log: The Staging Officer will maintain the EMS Unit Staging Log **(**See EMS Unit Staging Log**)**

LAW ENFORCEMENT

Law Enforcement will be notified of a MCI Alert on the primary law enforcement channel and appropriate units from the affected jurisdiction shall respond as needed. 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 to secure ingress for responding Fire/EMS units and begin to secure the area involved. A member of the Law Enforcement Command Staff from the affected jurisdiction shall respond to the Incident Command Post and will assume responsibilities as a member of the Unified Command Staff.

Scene Ingress and Egress
First arriving law enforcement personnel will attempt to ensure that incoming Fire/EMS units can access the scene by controlling traffic along ingress routes. Law Enforcement should coordinate with Incident Command to determine the egress routes to be used by ambulances transporting to hospitals. These egress routes should be secured by traffic control measures.

Staging Area Security
Law Enforcement will need to provide security for any staging area which is established. Access to the staging area will be limited to public safety personnel and others authorized by Incident Command.

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

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

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

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

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

Deceased Persons / Coroner / Temporary Morgue

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

1. **Care of Fatalities Prior to Site Investigation -** Public safety personnel performing triage and treatment of injured persons shall not move deceased persons and attempt not to disturb the area immediately surrounding the deceased. Covering of deceased persons should only occur if absolutely necessary to protect the dignity of the deceased. It is imperative that the scene be disturbed as little as possible and the evidence be preserved. The Coroners prefer that photos be taken by Law Enforcement before covering whenever possible. Extrication of the deceased prior to the arrival of the Coroner should be performed only when necessary to prevent their destruction by fire or other similar compelling reasons. Otherwise, the deceased will be moved to the temporary morgue or other designated location only by direction of the Coroner.

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

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

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

PUBLIC INFORMATION

The jurisdiction where the MCI occurred will ensure the response of a designated Public Information Officer (PIO). A Joint Information Center (JIC) may need to be established. The other responding departments, agencies and the hospitals are encouraged to send a representative to the JIC. The PIO will be the sole point of contact for all media. No other individual, agency, department or other entity should issue a release or make any statements.

ATTACHMENTS
MCI Plan Tactical Worksheet
EMS Branch Director Checklist
Treatment Supervisor Checklist
Triage Supervisor Checklist
Transportation Supervisor / Routing/Scene to Hospital Coordinator Checklist
Treatment Area Log
Medical Equipment Checklist
Hospital List
Hospital Capability and Patient Tally Sheet
Hospital Routing Log
EMS Unit Staging Log
Mass Casualty Incident Staging Areas

Activate a MCI ALERT through dispatch	
Determine resource needs and request appropriate MCI Alarm Level: • First Alarm: 10 Ambulances, 5 Engines, 1 Mass Casualty Unit, 4 Chief Officers, 2 EMA, Command 100, 1 Airport Fire Command Staff to Transportation/Routing • Second Alarm: *in addition to 1st alarm* 10 Ambulances, 10 Engines, 1 Mass Casualty Unit, 3 Chief Officers, Additional County EMA • Third Alarm: * in addition to 1st and 2nd alarms* 10 Ambulances, 10 Engines, 3 Chief Officers • Fourth Alarm: *in addition to 1st, 2nd and 3rd alarms* 10 Ambulances, 10 Engines, 1 Mass Casualty Unit, 3 Chief Officers • Fifth Alarm: *in addition to 1st, 2nd , 3rd and 4th alarms* 25 additional ambulances	
Establish Unified Incident Command and select a Command Post location, If possible, move with Dispatch to a tactical radio channel, Assign ICS positions, Distribute vests, Distribute NKY MCI Plan checklists and forms. 	
Work with Law Enforcement to ensure ingress and egress for incoming units. Initiate scene access Controls. Establish perimeter control.	
Establish Staging Area - Staging Officer to coordinate the arrival and deployment of units to the scene. (When possible use site predetermined in NKY MCI Plan) Staging Officer initiates use of EMS Staging Log	
Initiate Triage if it is safe to do so. If necessary establish hot/warm/cold zones. What PPE is required? Use triage ribbons for initial triage.	
Establish a Treatment Area with one way flow for patients in from triage and out to transport. Ensure sufficient space for expansion, provide for ingress and egress of ambulances, upwind and uphill from Incident. Make sure all patients receive secondary triage and tags are applied as they arrive. Initiate use Of the Treatment Area Log.	
Ensure activation of the Hospital Disaster Network through Hamilton County Communications Center at (513) 825-2260 (this will initiate a hospital bed count and open Net Control) The Transportation Supervisor or Scene to Hospital Coordinator should communicate with Net Control (use 800 MHz radio or call 513-584-7522) and initiate use of the Hospital Capability and Patient Tally Sheet and Hospital Routing Log	
Consider aero-medical assets, Red Cross Medical Assistance Team (MAT)	
Advise all personnel to exercise care not to disturb potential evidence unless necessary for rescue operations.	
If there are fatalities have dispatch notify Coroner (do not move the deceased at scene)	
When initial triage is completed perform a secondary search checking all areas around the scene for potential patients including walk-ways, ejections, etc.	
Consider need for TANK or School bus(es) for "walking wounded".	

EMS BRANCH DIRECTOR CHECKLIST

_____   **Activate NKY MCI Management Plan – MCI Alert**

_____   **Work with Incident Command to Establish and ID Command Post**

_____   **Request through Incident Command - Additional Units and Equipment per MCI CAD deployment**

         _____**First Alarm**

         _____**Second Alarm**

         _____**Third Alarm**

         _____**Fourth Alarm**

         _____**Fifth Alarm**

_____   **Don Command Vest and review the EMS Branch Director Portfolio**

_____   **Make sure St. Elizabeth Hospitals and University Hospital are notified**

_____   **Activate Hospital Disaster Network through Hamilton County Communications Center at (513) 825-2260**

_____   **Assign Group Supervisors and distribute Corresponding portfolios**

         _____**Triage Group Supervisor**

         _____**Treatment Group Supervisor**

         _____**Transportation Group Supervisor and Scene to Hospital Coordinator**

         _____**Staging Officer**

_____   **Consult with the IC to determine if it is safe to begin EMS Operations**

_____   **Coordinate all EMS operations during the incident; consult with others in the ICS as needed**

_____   **If there are fatalities contact the IC to have the Coroner notified**

_____   **Advise Incident Commander when operations in the triage, treatment and transportation/routing are completed.**

TREATMENT SUPERVISOR CHECKLIST

_____   **Obtain briefing from the EMS Branch Director**

_____   **Obtain Treatment Supervisor portfolio**

_____   **Determine equipment and personnel needs of the Treatment Group; Request same from the EMS Branch Director**

_____   **Coordinate personnel assigned to the treatment area**

_____   **Establish Primary Treatment Area**

         _____   **Think Big – Treatment Area must be capable of accommodating large numbers of patients and equipment**

         _____   **Consider: Weather, Safety, and Hazardous Materials**

         _____   **Area must be readily accessible**

         _____   **Designate entrance and exit to area**

         _____   **Divide treatment area into four (4) distinct and well-marked areas (RED, YELLOW, GREEN, BLACK) Black Area should be located out of view of other patients, public and media.**

_____   **Designate secondary treatment area as alternative should the primary area become unusable**

_____   **Treatment Group Supervisor should not become involved in physical tasks**

_____   **Assign personnel to treatment areas based on their medical capabilities**

_____   **Secondary Triage- Re-triage patients upon arrival at the Treatment Area; apply triage tag and place patients in appropriate sections**

_____   **COMPLETE Treatment Area Log as patients go through Treatment Area**

_____   **Advise Transportation Supervisor when patients have been prepared for Transport; Recommend transport priority to Transportation Supervisor; Evacuate patients by priority**

_____   **Regularly inventory supplies using the Medical Equipment Checklist and obtain or order supplies when low**

_____   **Begin relieving or reducing staff as necessary**

_____   **Report to EMS Branch Director for reassignment upon completion of tasks**

TRIAGE SUPERVISOR CHECKLIST

***** _NO TREATMENT IS TO BE DONE IN THE TRIAGE AREA_ *****

_____   **Obtain briefing from the EMS Branch Director**

_____   **Obtain Triage Supervisor portfolio**

_____   **Determine equipment and personnel needs of the Triage Sector; Request same from the EMS Branch Director**

_____   **Distribute Triage ribbon and kits to personnel as appropriate**

_____   **Advise Treatment Supervisor of approximate number of patients as soon as possible**

_____   **Coordinate transfer of patients by priority to treatment area**

_____   **Request personnel and equipment as needed to transfer patients to treatment area**

_____   **Check all areas around the MCI scene for potential patients, walk aways, ejected patients, etc.**

_____   **Advise EMS Branch Director when initial triage operations are complete**

_____   **Begin relieving or reducing staff as necessary**

_____   **Report to EMS Branch Director for reassignment upon completion of tasks**

TRANSPORTATION SUPERVISOR / SCENE TO HOSPITAL COORDINATOR (**) CHECKLIST

(**) – Tasks to be performed by the Scene to Hospital Coordinator (if designated)

_____ **Obtain briefing from the EMS Branch Director**

_____ **Obtain Transportation Group Supervisor portfolio**

_____ **Determine equipment and personnel needs of the Transportation Group; Request same from the EMS Branch Director**

_____ **Coordinate personnel assigned to the Transportation Area**

_____ **(**) Communicate with the Hospital Disaster Network – Net Control at University Hospital (513) 584-7522 (**):**

　　　_____ **Relay Information concerning the incident as needed**

　　　_____ **Ascertain each hospital's capabilities and number of specialty beds available**

　　　_____ **Inform hospitals of number of patients to expect and their classification if known (Red, Yellow, and Green)**

_____ **(**) Begin filling out Hospital Capability and Patient Tally Sheet (**)**

_____ **Consult with Treatment Group Supervisor and establish ambulance loading zone: The zone should have separate entrance and exit points.**

_____ **Advise Staging Officer of the location of the Loading Zone and the best routes for access**

_____ **Consult with Operations to establish Landing Zone for aeromedical units**

_____ **Request ambulances from the Staging Officer as needed: Notify the Staging Officer of Level of Care required (BLS, ALS)**

_____ **Coordinate routing of patients to proper ambulances**

_____ **(**) Advise ambulances of destination hospital and provide a map if needed (**)**

_____ **(**) Maintain Hospital Routing Log; verify triage tag properly filled out (**)**

_____ **(**) Advise Net Control of: Name of Unit transporting; number of patients in unit; brief description of patients by triage category and/or injuries, ETA of unit and destination hospital (**)**

_____ **(**) Update Hospital Capability and Patient Tally Sheet as patients are transported; complete totals at the conclusion of the incident (**)**

_____ **Advise EMS Branch Director when the last patient is transported**

TREATMENT AREA LOG

Date:_____   Incident/Location:_____   Page:_____ of _____

Triage Tag Number	Patient Name (If Known)	Patient Sex	Tag Color / General Condition	Time In

MEDICAL EQUIPMENT CHECKLIST

TIME SUPPLIES CHECKED OR REORDERED				
BLANKETS				
BACKBOARDS & STRAPS				
CERVICAL COLLARS AND IMMOBILIZATION				
TRAUMA DRESSINGS & GAUZE DRESSINGS				
TRIANGULAR BANDAGES				
EXAM GLOVES				
OCCLUSIVE DRESSINGS				
SPLINTS AND SPLINTING SUPPLIES				
BLOOD PRESSURE CUFFS & STETHOSCOPES				
COLD PACKS / HEAT PACKS				
BURN SHEETS & BURN SUPPLIES				
OXYGEN				
OXYGEN ADMINISTRATION EQUIPMENT				
AIRWAY MAINTENANCE EQUIPMENT				
SUCTION UNITS AND SUPPLIES				
IV SUPPLIES				
EKG MONITORS / DEFIBRILLATORS				
ALS EQUIPMENT				
BAG-VALVE-MASK DEVICES				

Northern Kentucky MCI Plan
Hospital Availability

This list contains the hospitals within the Greater Cincinnati Disaster Preparedness Coalition region that have Emergency Services. Specialty hospitals without ED's are not listed.

HOSPITAL	STATE / COUNTY	CAPABILITY
Adena Greenfield Regional	OH - Highland	Critical Access
Adams County Regional Medical Center	OH - Adams	Critical Access
Atrium Medical Center	OH - Warren	Level 3 Trauma Center
Bethesda Butler Hospital	OH - Butler	
Bethesda North Hospital	OH - Hamilton	Level 3 Trauma Center
Children's Hospital Medical Center	OH - Hamilton	Level 1 Pediatric Trauma
Cincinnati Children's Liberty Township	OH - Butler	Pediatric
Clinton Memorial Hospital	OH - Clinton	
Dearborn County Hospital	IN - Dearborn	
Ft. Hamilton Hospital	OH - Butler	
Good Samaritan Hospital	OH - Hamilton	
Highland District Hospital	OH - Highland	Critical Access
Margaret Mary Community Healthcare	IN - Ripley	Critical Access
McCullough-Hyde Hospital	OH - Butler	
Mercy Health - Anderson Hospital	OH - Hamilton	
Mercy Health - Clermont Hospital	OH - Clermont	
Mercy Health - Fairfield Hospital	OH - Butler	
Mercy Health -West Hospital	OH - Hamilton	
St. Elizabeth - Edgewood	KY - Kenton	
St. Elizabeth - Florence	KY - Boone	
St. Elizabeth - Grant County	KY - Grant	Critical Access
St. Elizabeth - Ft. Thomas	KY - Campbell	
The Christ Hospital	OH - Hamilton	
The Christ Hospital - Liberty Township	OH - Butler	
The Jewish Hospital - Mercy Health	OH - Hamilton	
University of Cincinnati Medical Center	OH - Hamilton	Level 1 - Adult Trauma and Burn
West Chester Hospital	OH - Butler	Level 3 Trauma Center
Free Standing Emergency Departments		
Atrium - Mason	OH - Warren	Free Standing ED
Bethesda Arrow Springs	OH - Warren	Free Standing ED
Good Samaritan Western Ridge	OH - Hamilton	Free Standing ED
Harrison Medical Center	OH - Hamilton	Free Standing ED
Kettering - Mason	OH - Warren	Free Standing ED
Mercy Mt. Orab	OH - Brown	Free Standing ED
Mercy Rookwood	OH - Hamilton	Free Standing ED
St. Elizabeth - Covington	KY - Kenton	Free Standing ED
Apr-18		

HOSPITAL CAPABILITY AND PATIENT TALLY SHEET

Date: _____   **Incident Location:** _____   **Page**_____**of** _____

Hospital Name	Hospital Notes	Number of Patients Hospital can Treat	Number of Red Patients Sent	Number of Yellow Patients Sent	Number of Green Patients Sent	Total
		# of Red: # of Yellow: # of Green:				
		# of Red: # of Yellow: # of Green:				
		# of Red: # of Yellow: # of Green:				
		# of Red: # of Yellow: # of Green:				
		# of Red: # of Yellow: # of Green:				
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HOSPITAL CAPABILITY AND PATIENT TALLY SHEET

Date: _____   **Incident Location:** _____   **Page_____of _____**

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HOSPITAL CAPABILITY AND PATIENT TALLY SHEET

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HOSPITAL CAPABILITY AND PATIENT TALLY SHEET

Date: _____   Incident Location: _____   Page_____of _____

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		# of Red: # of Yellow: # of Green:				
		# of Red: # of Yellow: # of Green:				

HOSPITAL ROUTING LOG

Date: _____   **Incident / Location:** _____

Transport Unit	Triage Tag Number And/or Patient Name	Pt Sex	Tag Color / General Condition	Hospital Or Destination	Transport Time

STAGING AREA LOG

Date: _____   Incident Location: _____   Page _____ of _____

Unit ID / Agency	Radio Channel Frequency	BLS / ALS	Time Requested	Time Arrived	# of Personnel Available	Time to Loading Zone

MASS CASUALTY INCIDENT STAGING AREAS

Boone County Staging areas for Mass Casualty Incidents

	Airport	Longitude	Latitude
1	South Staging: ARFF Training Facility 615 South Airfield Erlanger, KY 41018	84°39'34.3"W	39°02'17.9"N
2	North Staging: North ARFF Station, 81 Clay Drive, Hebron KY 41048	84°39'53.7"W	39°03'44.3"N
1	South Loop Drive @ Airport Training Center	84°43'40"W	38°58'11"N
	Belleview/McVille	**Longitude**	**Latitude**
1	6775 McVille Road (Kelly Elementary)	84°49'38"W	38°58'58"N
2	6256 Main St (Town Grid)	84°49'34"W	38°59'09"N
3	6293 Beaver Road (Power Plant Access Rd)	84°50'45"W	38°54'56"N
	Burlington	**Longitude**	**Latitude**
1	5895 Centennial Circle	84°40'16"W	39°00'55"N
2	3000 Conrad Lane (Boone County Sheriff's Office)	84°43'27"W	39°02'15"N
3	Intersection of Pebble Creek Way and Timber Ridge Way	84°42'29"W	38°59'43"N
4	Intersection of Hanover Blvd and Cinnamon Ridge Drive	84°43'04"W	39°00'42"N
	Florence	**Longitude**	**Latitude**
1	7500 Turfway Road (Turfway Park)	84°38'16"W	39°01'31"N
2	7950 Freedom Way (Florence Freedom Stadium)	84°38'19"W	38°59'01"N
3	500 Technology Way (Gateway Community and Technical College)	84°37'53.3"W	38°57'41.8"N
4	5000 Mall Circle Road (Florence Mall)	84°39'02"W	38°59'42"N
	Hebron	**Longitude**	**Latitude**
1	2395 Progress Drive (Marriott Inn)	84°39'23"W	39°04'34"N
2	3380 Langley Drive (Across from Hebron St 1)	84°42'21"W	39°03'44"N
3	875 North Bend Road (North Pointe Elementary)	84°44'08"W	39°06'57"N
4	2791 Sunchase Drive (Sunchase Drive and Petersburg Road)	84°45'25"W	39°04'49"N
5	2800 Bullitsburg Church Road (Answers In Genesis)	84°46'58"W	39°05'10"N
	Petersburg	**Longitude**	**Latitude**
1	Intersection of SR20 and SR 8 (I-275@ Exit 11)	84°47'24"W	39°05'15"N
2	Intersection of Market and Second Streets	84°52'02"W	39°04'07"N
	Pt. Pleasant	**Longitude**	**Latitude**
1	4600 Houston Road (Citi Bank Rear Parking Lot)	84°37'15"W	39°01'30"N
2	Intersection of Circleport Drive and Olympic Blvd	84°37'50"W	39°03'11"N
	Union	Longitude	Latitude
1	10379 US 42 (Ryle High School)	84°40'44"W	38°55'54"N
2	3380 Beaver Rd -Big Bone Lick St Park	84°44'51"W	38°53'06"N
3	9190 Camp Ernst Rd. - Central Park	84°43'20"W	38°57'50"N
	Verona	**Longitude**	**Latitude**
1	2740 Verona-Mudlick Rd, Verona, KY 41092 (Walt Ryan Way) W/V Sports Complex	84°40'48.7"W	38°49'56.4"N
2	15066 Porter Road (Walton Verona Elementary)	84°40'15"W	38°49'10"N
3	2202 Verona-Mudlick Road (New Bethany Baptist Church)	84°39'57"W	38°49'17"N
4	14578 Walton Verona Road (Connector with Eads Road)	84°38'52"W	38°49'14"N
5	15076 Lebanon–Crittenden Rd (At the RR yard)	84°39'30"W	38°49'01"N
6	Sierra Drive – Sterling Materials Boone / Gallatin Line	84°45'10"W	38°49'48"N
	Walton	**Longitude**	**Latitude**
1	183 Beaver Road (Walton Armory)	84°37'31"W	38°51'43"N
2	164 Winning Colors Drive	84°37'39"W	38°55'15"N
3	47 South Main Street (First Baptist Church – Walton)	84°36'39"W	38°51'46"N
4	30 School Road (Walton Verona High School)	84°37'08"W	38°51'49"N
5	Intersection of Shorland Drive and Duro Way (Walton Industrial Park)	84°37'08"W	38°55'18"N

Campbell County Staging areas for Mass Casualty Incidents

	Alexandria	Longitude	Latitude
1	Village Green Shopping Center - 6900 Alexandria Pike	84 °24'021"W	38 °59'176"N
2	Tractor Supply - 7900 Alexandria Pike	84 °23'444"W	38 °58'353"N
3	Alexandria Park and Ride - 9040 Alexandria Pike	84°23'38.7"W	38°56'53.0"N
	Belleview/Dayton	**Longitude**	**Latitude**
1	Bellevue Plaza – 15 Donnermeyer	84 °29'009"W	39 °05'885"N
2	Manhattan Harbor – 1301 4th Ave	84 °27'648"W	39 °06'963"N
	Central Campbell	**Longitude**	**Latitude**
1	NKU Parking Lots - Kenton Drive	84°27'51.8"W	39°02'05.7"N
2	Disabled American Veterans – 3725 Alexandria Pike	84 °26'743"W	39 °01'646"N
3	Crossroads Shopping Center - Crossroads Blvd.	84 °25'142"W	39 °00'311"N
	Fire District 1(Eastern, Silver Grove, Camp Springs)	**Longitude**	**Latitude**
1	Camp Springs Fire Station 4 Mile Road	84 °21'50.13"W	38 °59'38.05"N
2	Eastern Campbell Fire Station Smith Road	84 °15'66.01"W	38 °53'09.55"N
3	Morscher sports Complex Route 8 in Silver Grove	84 °24'27.15"W	39 °2'22.54"N
	Ft. Thomas	**Longitude**	**Latitude**
1			
2	Tower Park – 1000 North Ft. Thomas Ave.	84 °26'697"W	39 °03'838"N
3	90 Alexandria Pike	84 °26'913"W	39 °03'214"N
	Melbourne		
1	Pendery Park Route 8 in Melbourne	84 °20'45.21"W	39 °01'40.81"N
	Newport	**Longitude**	**Latitude**
1	Parking Lot at 4th and Columbia	84 °29'902"W	39 °05'518"N
2	Pavillion Complex I471 At Memorial	84 °28'672"W	39 °05'456"N
3	Newport Shopping Center – 1700 Monmouth Street	84 °28'864"W	39 °04'929"N
	Southern Campbell	**Longitude**	**Latitude**
1	Campbell County High School 909 Camel Crossing	84 °23'587"W	38 °55'124"N
2	Southern Campbell Fire Station 1050 Race Track Rd	84 °23'010"W	38° 53'026"N
3	Plum Creek Church 961 Nagel Rd	84 °22'930"W	38 °50'719"N
	Southgate	**Longitude**	**Latitude**
1	Newport Shopping Center 1700 Monmouth Street	84 °28'864"W	39 °04'929"N
2	St. Therese Church 2516 Alexandria Pike	84°28'19.5"W	39°04'21.6"N
3	525 Alexandria Pike	84 °27'670"W	39 °03'853"N
	Wilder	**Longitude**	**Latitude**
1	Wilder City Building 520 Licking Pike	84 °29'324"W	39 °03'308"N
2	Town and Country Sports Complex 1018 Town Drive	84 °29'037"W	39 °01'136"N

Kenton County Staging areas for Mass Casualty Incidents

Bromley		Longitude	Latitude
1	Ludlow Vets	N39 05' 29.93"	W84 32' 58.88"
2	Bromley Ball Field, Shelby & Steve Tanner	N39 04. 57.99'	W 84 33' 42.02

Covington		Longitude	Latitude
1	Parking Lot @ foot of Greenup Street	N39.05.457	W84.30.534
2	Parking Lot @ Latonia Shopping Center	N39.02.614	W84.30.353
3	Park & Ride Lot @ 3L and Old South 3L (south end)	N38.59.639	W84.32.178
4	Calvary Christian School, 5955 Taylor Mill Rd 38.975748, -	N38.975748	W84.504765
5	Cappel Sports Complex, 4305 Decoursey	N39.038303	W84.499089
6	Holmes H.S, 2500 Madison Ave.	N39.062060	W84.499031
7	Kenton County Admin Bldg., 1840 Simon Kenton Way	N39.076443	W84.519021
8	IRS Parking Lot, 302 W 4th St.	N39.087141	W84.516725

Crescent Springs/Villa Hills		Longitude	Latitude
1	R.A. Jones – 2701 Crescent Spring Road	N39.02.57	W84.35.03
2	Villa Sports Complex - 2500 Amsterdam Road	N39.03.95	W84.35.34
3	Ashley Furniture – 550 Clock Tower Way	N39.03.13	W84.34.28
4	Ludlow Vets – 830 Elm Street	N39 05' 29.93"	W84 32' 58.88"

Edgewood		Longitude	Latitude
1	President's Park – 281 Dudley Road	N39.00.652	W84.34.447
2	Freedom Park – Freedom Park Drive	N39.00.509	W84.33.401
3	Turkeyfoot Middle School – 3230 Turkeyfoot Road	N39.00.807	W84.34.769
4	Dixie Heights High School – 3010 Dixie Hwy	N39.01.409	W84.35.146
5	Saint Pius School – 348 Dudley Road	N39.00.594	W84.34.129

Elsmere		Longitude	Latitude
1	3825 Dixie Hwy	N39.00.48	W84.36.17
2	6850 Industrial Road	N38.59.08	W84.36.23

Erlanger		Longitude	Latitude
1	Lloyd High School – 450 Bartlett	N39.01.301	W84.36.523
2	Forest Lawn Memorial Park – 3227 Dixie Hwy.	N39.01.066	W84.35.741
3	Erlanger Lions Club – 456 Sunset	N39.01.145	W84.37.093
4	Open Door Community Church – 3528 Turkeyfoot Road	N38.59.815	W84.35.043
5	Erlanger Baptist Church – 116 Commonwealth Ave.	N39.01.105	W84.36.087
6	Northern Kentucky Water District – 2835 Crescent Springs Rd.	N39.01.990	W84.35.459
7	U.S. Post Office – 3135 Dixie Hwy.	N39.01.162	W84.35.495
8	Newcomer Funeral Home - 4350 Dixie Hwy.	N39.00.550	W84337.067
9	Park & Ride- Houston Road	N39.01.666	W84.37.067

Ft. Mitchell		Longitude	Latitude
1	Drawbridge Inn	N39.02.49.03	W84.34.19.76
2	USA Hotel	N39.03.08.04	W84.33.09.09
3	Kroger	N39.02.53.79	W84.33.11.22
4	Crestview Hills Town Center	N39.01.31.93	W84.34.46.06

Independence		Longitude	Latitude
1	Fire Station 1 – 1980 Delaware Crossing	N38.55.57.47	W84.32.44.49
2	Summit View Elementary	N38*57'32.2	W84*32'23.5
3	Saint Barbara Church	N38*58'23.0	W84*35'46.6
4	Simon Kenton High school	N38*55'28.2	W84*32'38.6
5	Twenhofel Middle School	N38*54'49.8	W84*31'41.0
6	St. Patrick Church	N38*56'53.2	W84*30'01.4

Kenton		Longitude	Latitude
1	Kenton Fire Station – 14081 Decoursey Pk.	N38.51.46	W84.27.33
2	Visalia Elementary School – 4041 Visalia Rd.	N38.54.44.37	W84.26.54.81

Ludlow		Longitude	Latitude
1	Ludlow Vets	N39 05'29.93	W84 32'58.88
2	Celebrations Lot, 848 Elm Street	N39 05'12.80	W84 33'32.11

		Longitude	Latitude
3	Carlisle Ball Field, Sleepy Hollow	N39 05'12.80	W84 33'5.94
4-LZ	Bromley Ball Field, Shelby & Steve Tanner	N39 04'57.99	W84 33'42.02
	Piner	**Longitude**	**Latitude**
1	Piner-Fiskburg Firehouse – 1851 Bracht Piner Road	N38.83.07	W84.53.95
2	Piner Baptist Church – 15044 Madison Pike	N38.82.71	W84.53.47
3	Shamrock Bar – 14555 Dixie Hwy.	N38.04.62	W85.89.91
	Ryland	**Longitude**	**Latitude**
1	Ryland Heights Firehouse – 10041 Decoursey Pike	N38.57.17	W84.27.23
	Taylor Mill	**Longitude**	**Latitude**
1	Scott High School – 5400 Old Taylor Mill Road	N38.59.48	W84.30.26
2	Remkes – 5130 Old Taylor Mill Road	N39.1.055	W84.30.373
3	Taylor Mill Fire Station	N39.0.935	W84.29.922