

Concepts and Principles continued

- ICS incorporates measurable objectives
- Implementation of ICS should have least possible disruption on existing systems and processes
- ICS should be user friendly and be applicable to a wide range of emergency response and incident management disciplines



Major Players in Emergency Response

- Police
- Fire
- EMS
- Public Health
- Utility Companies
- Public Works
- Emergency Management
- Disaster Response Agencies



Agency Responsibilities

- What are roles of Law Enforcement in Emergency Management?
 - Scene Security
 - Evacuation
 - Traffic and Crowd Control
 - Ranking Officers at EOC, ICP
 - Lead Appropriate Investigations



Agency Responsibilities

- What are the roles of the Fire Department?
 - Fire Suppression and Prevention
 - Hazmat and Special Rescue Mitigation
 - Ranking Officers at EOC, ICP



Agency Responsibilities

- What are the roles of EMS?
 - Triage of the Victims
 - Provide on Scene Treatment of the Sick and Injured
 - Transport the Sick and Injured to the Appropriate Facility
 - Provide Medical Support for all Rescuers
 - Ranking Officers at EOC, ICP




What is ICS?

- A management tool that defines the roles and responsibilities of all units responding to and managing an incident
- A system that enables one individual to manage the incident
- A system designed to eliminate “Freelancing” on the emergency scene
- A model tool for establishing Command, Control and Coordination at the emergency scene
- Based on business principles of plan, direct, organize, coordinate, communicate, delegate, and evaluate
- ICS is not meant to be complicated




Single Incident Command

- When is it used?
 - Incident occurs with no jurisdictional boundary overlap
 - Incident is primarily the responsibility of one agency
 - Incident Command prepares incident objectives and approves final action plan
 - Incident Command requests and releases primary resources




Unified Command

- When is it used?
 - More than one jurisdiction involved
 - Multiple agencies within a jurisdiction
 - Several political and functional agencies
 - Incidents that affect more than one political jurisdiction



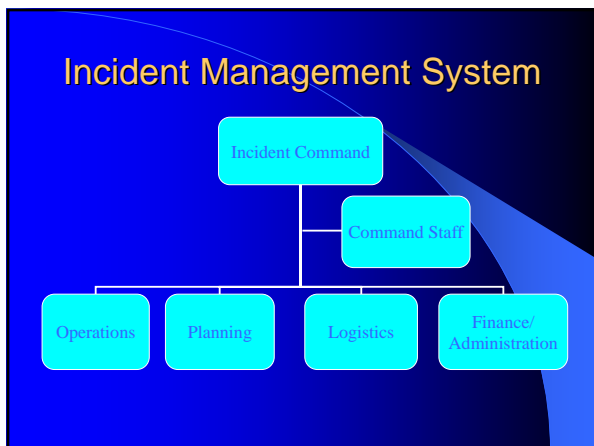
Components of Incident Command

- Uses common terminology
- Modular organization
 - I/C responsible, then delegates functions. Top-down approach
- Integrated Communications
 - Plan
 - SOP's
 - Radio Frequencies
- Unified Command Structure
 - One I/C but multiple agencies, expandable




Components of Incident Command

- Consolidated Action Plans
 - Strategic goals, tactical objectives and supportive activities
- Manageable Span of Control
 - 3-7 per supervisor with 5 optimum
- Designated Incident Facilities
 - Incident Command Post, Base, Staging Area
- Comprehensive Resource Management

Incident Commander

- Overall responsibility for incident
- Makes ultimate decisions
- Delegate authority and responsibility
- Effectively and efficiently mitigate the situation to a successful outcome



Command Staff Functions

- Command Staff is responsible for overall management of the incident
 - Positions report directly to I/C
 - Consists of:
 - Public Information Officer
 - Safety Officer
 - Liaison Officer



Safety Officer

- Operates as the safety “eyes and ears” of Command
- Insure that personnel accountability is in place
- Insure that personnel are operating safely and consistent with safety standards
- Monitor the health and mental welfare of personnel
- Provide progress reports to Command on safety related issues



Public Information Officer

- Provide liaison to the media
- Contact Command or Operations for updates
- Provide information to civilians and other agencies



Liaison Officer

- Serve as the “office manager” of the Command Post
- Establish and maintain contact with representatives of other agencies
- Represent Command in communicating with outside agencies



Functional Components of Incident Command System

- Command Structure
 - Three levels of Command
 - Strategy
 - I/C is responsible for overall direction
 - Tactical
 - I/C assigns operational objectives that are communicated through Branch Directors and Group/Division Supervisors
 - Task
 - Specific tasks at the “street level” where assignments are actually completed
 - At simple incident, I/C acts at Strategy and Tactics level with crews carrying out the tasks.
- ICS Expansion
 - ICS expansion based on functions, not number of personnel
 - As incident expands, I/C delegates functional areas of responsibility



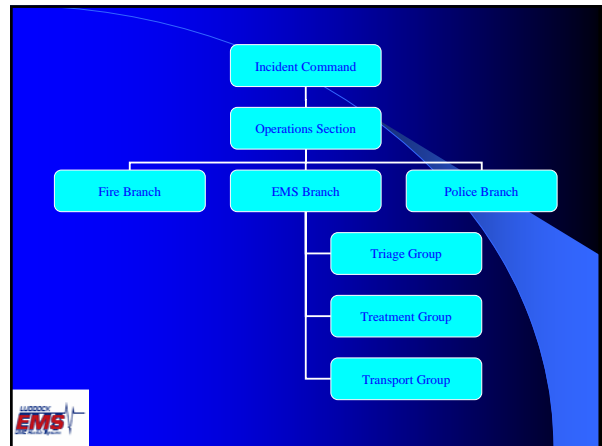
ICS Terminology


- Sections are the general staff functions
- Branches are an organizational level between groups or divisions and the Operations Section Chief or the I/C
- Divisions provide coordination and control of response operations – geographical relations
- Groups provide resources and coordination for special response
- Resources refer to a combination of personnel and equipment required to enable incident management operations



Incident Command

Organizational Level	Title
• Incident Command	• Incident Commander
• Command Staff	• Officer
• General Staff (Section)	• Chief
• Branch	• Director
• Division/Group	• Supervisor
• Unit	• Leader
• Strike Team/Task Force	• Leader

- ### Resources
- Single Resource
 - Individual crew
 - Police unit, Ambulance, Fire engine
 - Task Force
 - Combination of single, but different type of resources put together under a leader with common communications for a temporary assignment to meet a specific tactical need, not to exceed five resources
 - Strike Team
 - Composed of a set number of resources of the same type. Operate under a leader with common communications.
- 

- ### Command Structure
- Sections
 - Manage the major ICS Functional areas
 - Operations
 - Planning
 - Logistics
 - Finance and Administration
 - May Delegate management authority of their areas into functional units
- 

- ### Command Structure
- Branches
 - Organizational level above Division/Group
 - Established to relieve span of control issues or large number of resources committed to specific functional activity
 - Functional Branch Leader
 - Coordinates activities of Division or Group within the Branch
 - Determine if assigned objectives being met
 - Request additional resources
 - Keep immediate supervisor advised of Branch status
- 

- ### Command Structure
- Group
 - Organizational level established for a specific functional assignment
 - Usually organized under Operations or Logistics
 - Commanded by Group Supervisor
 - Groups can cross Divisional boundaries as directed by Supervisors
 - Groups/Divisions reduce span of control issues
- 

Command Structure

- Division
 - Organizational level having responsibility for operations within a defined GEOGRAPHICAL area
 - Commanded by Division Supervisor
 - Usually organized under Operations or Logistics
 - Established when number of resources exceed span of control of I/C or Operations Chief



Command Structure

- Division/Group Supervisor responsibilities
 - Provide accountability and ensure safety of response personnel
 - Including rotation/replacement
 - Implement their assigned portion of overall incident action plan
 - Coordinate activities within their assignment
 - Evaluate resources needed in their area of responsibility
 - Provide progress reports to next level supervisor



General Staff Functions

- As incident increases in complexity or size, I/C delegates major functional responsibilities to general staff
- Four Functional Areas
 - Operations
 - Planning
 - Logistics
 - Finance/Administration
- At minor incidents, I/C maintains all these functions or may delegate out specific functions



General Staff Functions

- Responsible for command, control and coordination of the incident
- Operations carries out the response activities described in the Incident Action Plan
- Main responsibilities are to direct and coordinate all tactical operations
- Assist I/C in developing operational plans
- Request or release resources through I/C
- Supervise the staging area



Operations Section

- Roles and Responsibilities
 - Usually the first section implemented at incidents
 - Manage the strategy of the I/C
 - Deploy, direct and coordinate the tactical resources
 - Establishing and supervising a staging area used for controlling resource deployment
 - May establish other elements of ICS as needed: Branches, Divisions, Groups, Task Forces, Strike Teams




Operations Section

- Primary Duties
 - Manage tactical operations
 - Coordinate with the I/C
 - Implement the Incident Action Plan
 - Assign resources to tactical level areas
 - Build the Organizational Structure as needed
 - Provide tactical objectives for Divisions and Groups
 - Control Staging and Air Operations
 - Provide for Life Safety
 - Determine the need and request resources
 - Consult with other sections and the I/C as needed




Planning Section

- Roles and Responsibility
 - Planning Section used in complex incidents such as natural and man-made disasters
 - Primary mission is to assist the I/C in managing the emergency
 - Gather, analyze, and record information to be used in decisions made by the I/C
 - Reviews past, identifies current and future needs of the incident
 - Works with technical areas
 - Maintaining an up to date account of the incident
 - Demobilizing the incident




Planning Section

- Primary Duties
 - Evaluate strategy & plan with I/C
 - Maintain resource status and Personnel Accountability
 - Refine & recommend changes to plan with input from Operations
 - Forecast possible outcomes
 - Evaluate operations and scene for safety factors
 - Evaluate future resource needs




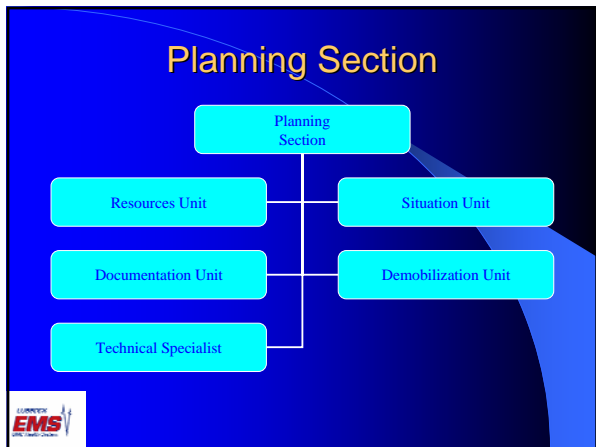
Planning Section

- Primary Duties (continued)
 - Coordinate with outside agencies for planning
 - Plan for incident demobilization
 - Maintain incident records
 - Supervise and coordinate the activities of the Resource Unit
 - Supervise and coordinate the activities of the Situation Status Unit
 - Establish a documentation unit



Planning Section

- Primary Duties (continued)
 - All resources assigned must be tracked
 - Control and maintain all records
 - Manage the Command Post

Logistics Section

- Roles and Responsibilities
 - Develop a long-term support system due to complexity and scope of certain incidents
 - May supply critical support areas with:
 - Transportation
 - Food, Shelter
 - Communications Equipment
 - Supplies; Building Materials; Clothing
 - Equipment
 - Fuel and Repairs



Logistics Section

- Primary Duties
 - Provide Medical Aid for Incident Personnel
 - Manage the Rehab of Personnel
 - Coordinate CISM
 - Provide and Manage Needed Supplies or Equipment
 - Forecast and Obtain Future Resource Needs
 - Provide for Fuel & Repairs to Equipment

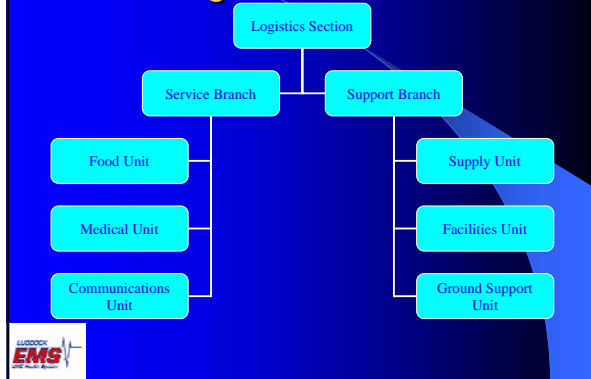


Logistics Section

- Primary Duties (continued)
 - Obtain Specialized Equipment or Experts as Needed
 - Provide Food and Associated Supplies
 - Secure any Needed Portable Facilities



Logistics Section



Finance/Administration Section

- Roles and Responsibilities
 - Required in agencies that have a specific need for financial services
 - Procurement of supplies and resources within and outside the organization
 - Analyze and manage the legal risk for incident
 - Document for compensation and claims of injury
 - Document all financial costs of incident
 - Document for possible cost recovery of services and/or supplies
 - Obtain any documentation relating to cost recovery of staffing hours

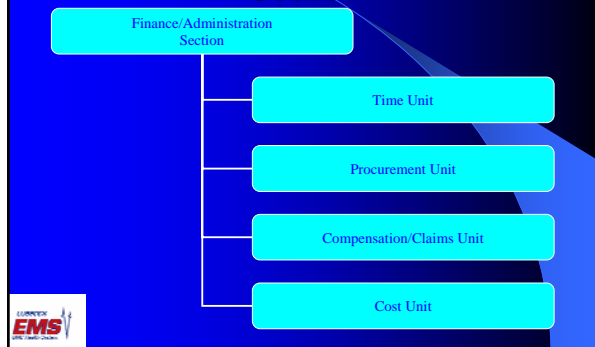


Finance/Administration Section

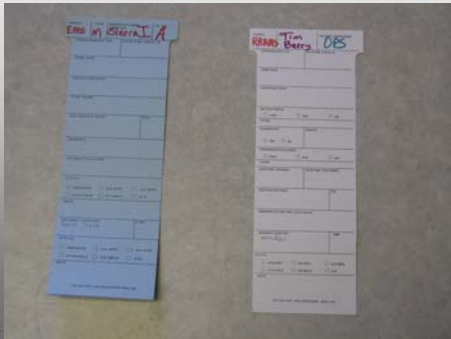
- Primary Duties
 - Procures services or supplies as needed
 - Documents all financial costs of an incident
 - Document for cost recovery for services and/or supplies
 - Analyze and manage any legal risks for incidents
 - Document for compensation and claims of injury



Finance/Administration Section



T-Cards



T-Card Sorter



EMS Disaster Response

Mass Casualty Incidents



Tim Berry
L.P., B.S.
Lubbock EMS
SPEMS/RRAMS Team



Sioux City Iowa Crash with survivors

Definitions

- What is a MCI?
 - An incident or group of incidents which overwhelms the local system
- What is a Disaster?
 - An incident or group of incidents which overwhelms the the communities medical resources



Changes due to Terrorism

- Crime Scenes
- Responders at risk
- Psychogenic casualties prevail
- More casualties
 - World Trade Center I – 6 dead, >1,000 injured
 - Oklahoma City – 168 dead, >700 injured
 - Tokyo Sarin Attack – 12 dead, >5,000 injured
 - WTC II/Pentagon – >2,500-3,000 dead, ? injured

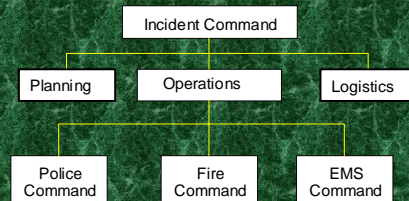


COLUMBINE HIGH SCHOOL

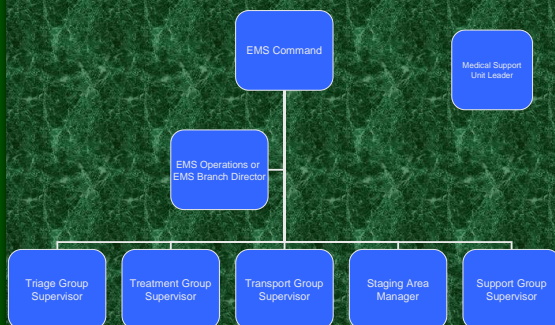
Incident Command System

- Brings order to Chaos.
- Allows for organized approach to control scene.
- Consistency.

Unified Command



EMS Command Structure



EMS Command

- Coordinate EMS
- Function in Unified Command

EMS Operations or EMS Branch Director

- In Field Coordinator
- Oversees Operations

Triage Group Supervisor

- Determine Triage Site
- Coordinate Rescue



Staging Area Manager

- Organize and Inventory Incoming Vehicles and Personnel
- Coordinate with Support Officer
- Coordinate with Transport Officer
- Request Units as Needed from Dispatch
- Functions Under Logistics

Treatment Group Supervisor

- Establish Treatment Area
- Assure Retriage of Patients
- Coordinate Treatment
- Coordinate with Transport Officer



Transport Group Supervisor

- Re-triage Patients
- Request Transport Units from Staging
- Coordinate with Treatment Officer
- Notify Receiving Facility of Transport via Radio

Air Ops Manager

- Secure Landing Zone
- Coordinate with Transport Officer

Support Group Supervisor

- Coordinate Supplies
 - Incoming
 - Dispersing

Medical Support Unit Leader

- Establish Rehab Area
- Monitor Physical and Mental Health of Rescuers
- Functions under Logistics

MCI Declaration

- Incident Occurred
- Nature
- Number Casualties
- Units Needed
- Staging Location
- Command Post
- Other Info

Triage

- START
 - Initial
 - ABCDs
- 4 Category
 - Treatment and Transport
 - Secondary Survey
 - Life Threats
 - Disabilities

START Triage



START Triage

Respirations
Perfusion
Mental Status

Waking Wounded

RPM

>30

Delayed

Simple Triage and Rapid Treatment

Minor

By: Jeffery L. Finkbeiner, EMT-P, IC

START Triage

Overview

- A simple approach
- Where to START
- One patient at a time
- START Triage Algorithm
- Patient scenarios

START Triage

A Simple Approach

Simple
Triage
And
Rapid
Treatment

In the early 1980's the START method was developed in California by Hoag hospital and Newport Beach Fire and Marine.

It provided rescuers with an easy, simple step-by-step approach to assessing and treating a large number of patients with varying degrees of injuries.

START Triage

A Simple Approach

Simple
Triage
And
Rapid
Treatment

The Initial assessment and treatment of each patient is accomplished within 30 seconds.

Initial treatment is limited to correcting immediate life-threatening conditions (i.e. opening an airway and controlling severe bleeding)

START Triage

A Simple Approach

The Triage Tag

Simple
Triage
And
Rapid
Treatment

A Tag is placed on each patient once they have been assessed. The tag displays the patient's current status and advises those providing treatment with one of the four possible treatment priorities:

Minor
Delayed
Immediate
Deceased



There are a variety styles and sizes of Triage Tags

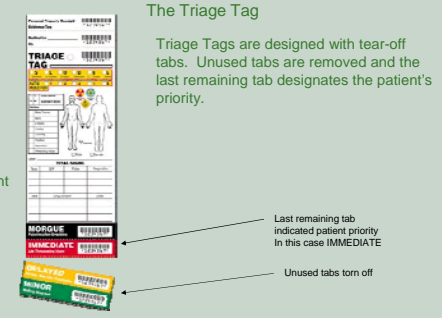
START Triage

A Simple Approach

The Triage Tag

Simple
Triage
And
Rapid
Treatment

Triage Tags are designed with tear-off tabs. Unused tabs are removed and the last remaining tab designates the patient's priority.




START Triage START Triage START Triage

A Simple Approach

The Triage Tag

Each tab is distinctly color-coded allowing fast patient priority identification from a distance

Simple
Triage
And
Rapid
Treatment




- DECEASED (Black)
- IMMEDIATE (Red)
- DELAYED (Yellow)
- MINOR (Green)

START Triage START Triage START Triage

Where to START

Upon your arrival, first make sure the scene is safe. Then begin by directing the walking wounded away from the immediate scene to a pre-determined evaluation and treatment area.

Tag them as MINOR (**GREEN**)



START Triage START Triage START Triage

Where to START

Start where you stand - begin the triage process with the patient closest to you. Solicit the help of bystanders and/or uninjured victims. They can be utilized to control bleeding, help maintain an open airway or hold c-spine traction.

Do not spend too much time on any one patient. Move quickly from one patient to the next.

Assess each patient's **RPMs**

Respirations
Perfusion
Mental Status



START Triage START Triage START Triage


One Patient at a Time

RPM
ASSESS **R**ESPIRATIONS

If the patient is not breathing then Open the Airway

If the patient is still not breathing then tag them as DECEASED (**BLACK**)

Move on to the next patient...



START Triage START Triage START Triage

One Patient at a Time


RPM
ASSESS **R**ESPIRATIONS

If breathing is present then Assess the Rate

If the rate is greater than >30 then tag them as IMMEDIATE (**RED**)

Move on to the next patient...

If the rate is less than <30 then assess **P**ERFUSION



START Triage START Triage START Triage


One Patient at a Time

RPM
ASSESS **P**ERFUSION

If a radial pulse is absent (or) the capillary refill is greater than > 2 seconds then tag them as IMMEDIATE (**RED**)

Move on to the next patient...

If a radial pulse is present (or) the capillary refill is less than < 2 seconds then assess **M**ENTAL STATUS



START Triage START Triage START Triage

One Patient at a Time


RPM
ASSESS MENTAL STATUS

If the patient cannot follow simple commands (or) has an altered mental status (or) is unconscious then tag them as IMMEDIATE (RED)

Move on to the next patient...

If patient is able to follow simple commands then tag them as DELAYED (YELLOW)

Move on to the next patient...



START Triage START Triage START Triage

One Patient at a Time


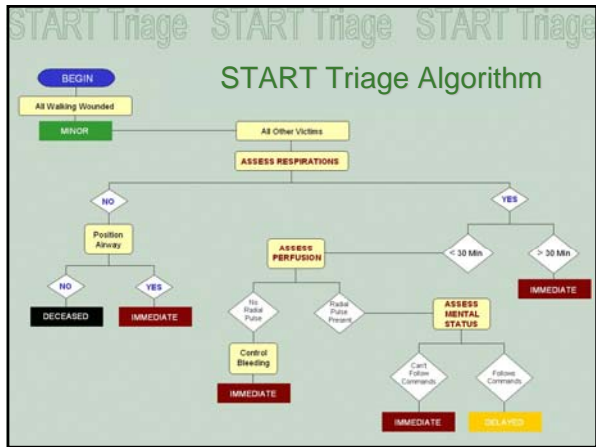
RPM
ASSESS MENTAL STATUS

If the patient cannot follow simple commands (or) has an altered mental status (or) is unconscious then tag them as IMMEDIATE (RED)

Move on to the next patient...

If patient is able to follow simple commands then tag them as DELAYED (YELLOW)

Move on to the next patient...

START Triage START Triage START Triage

Patient Scenario #1

Simple This patient states he cannot move or feel his legs
Triage His respirations are 24
And He has a radial pulse of 100
Rapid He is awake and oriented
Treatment

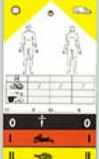
How would you triage this patient?

START Triage START Triage START Triage

Patient Scenario #1

Simple This patient states he cannot move or feel his legs
Triage His respirations are 24
And He has a radial pulse of 100
Rapid He is awake and oriented
Treatment

DELAYED (YELLOW)



START Triage START Triage START Triage

Patient Scenario #2

Simple This patient has a blood soaked shirt on
Triage His respirations are 36
And His capillary refill is less than 2 seconds
Rapid He is awake and oriented
Treatment


How would you triage this patient?

START Triage START Triage START Triage

Patient Scenario #2

Simple This patient has a blood soaked shirt on
Triage His respirations are 36
And
Rapid His capillary refill is less than 2 seconds
Treatment He is awake and oriented

IMMEDIATE (**RED**)



START Triage START Triage START Triage

Patient Scenario #3

Simple This patient has some minor abrasions on his forehead
Triage His respirations are 16
And
Rapid His capillary refill is less than 2 seconds
Treatment He is very slow in recalling his name and whereabouts

How would you triage this patient?

START Triage START Triage START Triage

Patient Scenario #3

Simple This patient has some minor abrasions on his forehead
Triage His respirations are 16
And
Rapid His capillary refill is less than 2 seconds
Treatment He is very slow in recalling his name and whereabouts

IMMEDIATE (**RED**)



START Triage START Triage START Triage

Patient Scenario #4

Simple This patient appears to have no injuries
Triage Her respirations are 20
And
Rapid Her capillary refill is less than 2 seconds
Treatment She is unconscious

How would you triage this patient?

START Triage START Triage START Triage

Patient Scenario #4

Simple This patient appears to have no injuries
Triage Her respirations are 20
And
Rapid Her capillary refill is less than 2 seconds
Treatment She is unconscious

IMMEDIATE (**RED**)



START Triage START Triage START Triage

Patient Scenario #5

Simple This patient is lying quietly on the floor
Triage He is not breathing
And
Rapid His capillary refill is more than 2 seconds
Treatment He is unconscious

What is the first thing you would do?

START Triage START Triage START Triage

Patient Scenario #5

Simple This patient is lying quietly on the floor
Triage He is not breathing
And
Rapid His capillary refill is more than 2 seconds
Treatment He is unconscious

REPOSITION THE AIRWAY!

START Triage START Triage START Triage

Patient Scenario #5

Simple He gurgles a couple of times as you attempt to open his airway but does not resume breathing on his own
Triage
And His capillary refill is still more than 2 seconds
Rapid
Treatment He is still unconscious

How would you triage this patient?


START Triage START Triage START Triage

Patient Scenario #5

Simple He gurgles a couple of times as you attempt to open his airway but does not resume breathing on his own
Triage
And His capillary refill is still more than 2 seconds
Rapid
Treatment He is still unconscious

DECEASED (BLACK)

[WMD](#)



Four Category System


- Used in Treatment Area and Transport Area
- Based on specific injuries and medical conditions



FOUR CATEGORY TRIAGE SYSTEM

Priority I (IMMEDIATE: Red)

- All airway problems or potential airway problems
- All penetrating chest trauma
- Blunt chest trauma associated with shock, significant Dyspnea, paradoxical movement of chest wall, possible pneumo/hemothorax
- All penetrating abdominal trauma
- Blunt abdominal trauma associated with shock, altered level of consciousness, guarding, rigidity or diffuse tenderness
- Uncontrolled or suspected severe hemorrhage
- All shock, regardless of cause
- All altered level of consciousness regardless of cause
- Major medical emergencies (non-traumatic chest pain, dysrhythmias, poisoning, status epilepticus, significant non-traumatic dyspnea, etc)
- Obstetrical complications
- Burns, if:
 - Third Degree > 10% body surface area (BSA)
 - Second Degree > 25% BSA
 - Face or Neck Involved
 - <11 or >50 years old
 - Associated with additional major trauma or chronic illness
 - Electrical




FOUR CATEGORY TRIAGE SYSTEM

Continued

Priority II (DELAYED: Yellow)


- Burns, if:
 - Third Degree 2-10% BSA
 - Second Degree 15-25% BSA
 - Hands, Feet, or Perineum Involved
- Spinal injuries with or without spinal cord damage
- Blunt chest trauma without shock or significant dyspnea
- Blunt abdominal trauma without shock or signs of peritoneal irritation (guarding, rigidity, diffuse tenderness)
- Major orthopedic or soft tissue injuries, including open fractures, impaired neurological function, or loss of distal pulse



FOUR CATEGORY TRIAGE SYSTEM
Continued

Priority III (Minor - Green)
-Burns, if:
-Third Degree <2% BSA
-Second degree <15% BSA
-First Degree
-Minor orthopedic and soft tissue injuries, including closed fractures with distal neurovascular function intact

Priority IV (Expectant - Nonsalvageable: Blue/Black/White)
-Full arrest without adequate manpower
-Neurological death (traumatic coma with areflexia and fixed, dilated pupils)
-Third Degree burns >80% BSA
-Obvious mortal wounds (severe open skull fracture: massive crushing trauma to chest, abdomen, or pelvis, etc.)
-Obvious D.O.S. (Decapitated, burned beyond recognition, dismembered)

 [Triage Scenarios](#)

M.A.S.S. Triage

M.A.S.S. Triage

- Used with large number of casualties
- Based off the S.T.A.R.T. system
- Only for use in the Initial Triage phase
- Reassessment is also a required throughout all patient contact

M – Move
A – Assess
S – Sort
S – Send

MOVE Of M.A.S.S. Triage
Goal: Action: Category: Group ambulatory patients
"Everyone who can hear me and needs medical attention, please move to the area with the green flag."
Minor initial group
Group awake, follow commands
Ask the remaining victims "Everyone who can hear me please raise an arm or leg so we can come help you."
Delayed initial group
Identify who is left
Proceed immediately to these patients and deliver immediate life-saving interventions (open airway and bleeding control)
Immediate initial group
Or
Expectant/Dead initial group

MOVE Of M.A.S.S. Triage

Goal:	Action:	Category:
Group ambulatory patients	"Everyone who can hear me and needs medical attention, please move to the area with the green flag." (or other identifier)	Minor initial group
Group awake, follow commands	Ask the remaining victims "Everyone who can hear me please raise an arm or leg so we can come help you."	Delayed initial group
Identify who is left	Proceed immediately to these patients and deliver immediate life-saving interventions (open airway and bleeding control)	Immediate initial group Or Expectant/Dead initial group

Weapons of Mass Destruction

Emergency Response Challenges

- Hazardous Materials
- Mass Casualty Incidents
- Secondary Devices
- Crime Scene

Recognizing Suspicious Incidents

- Occupancy
- Type of Event
- Timing of Event

Occupancy

- Symbolic/Historic
- Public Building/Assembly Areas
- Controversial Businesses
- Infrastructure Systems

Type of Event

- Explosion/Fire
- Firearms
- Non-Traumatic MCI

Timing of Event

- Significant Dates
- Weekend or Nights

On Scene Warning Signs

- Unexplained patterns of Illnesses or Deaths
- Unexplained signs/symptoms, skin, eye, or airway irritation
- Containers in unusual locations

Self Protection

- Time
 - Spend shortest time possible in hazard area
 - Protects crime scene and rescuers
- Distance
 - Maximize your distance from the hazard
- Shielding
 - Vehicles
 - Building
 - PPE

Staying Safe

- **S** – Safety is first
- **A** – Assess before acting
- **F** – Focus on avoiding the hazard
- **E** – Evaluate the situation and report
- *Don't* rush in
- *Don't* assume anything
- *Don't* TEST (taste, eat, smell, or touch)
- *Don't* become a victim

Remember RAIN

- **R** – Recognize a potential threat exists
- **A** – Avoid that threat, and make sure others avoid it as well
- **I** – Isolate the area and any exposed persons or materials
- **N** – Notify the appropriate authorities

Decontamination

- All patients **MUST** be decontaminated before being placed in a transport vehicle
- Gross Decon
- Definitive Decon

Types of Harm

- Thermal
- Radiological
- Asphyxiation
- Chemical
- Etiological
- Mechanical

Establish Control Zones

- Obtain safe, secure area
 - Control Access
- Self-Protection #1 Priority
- Anticipate multiple hazard locations
- Recognize and Evaluate Dangers

Determine Roles

- Fire
- Police
- EMS

Public Protection

- Evacuation
- Protect in Place
- Combination

Staging

- Uphill
- Upwind
- Have escape routes planned out

Incident Command System

- Will have Federal Intervention quicker than normal
- FBI is Lead Agency

Special Operations

Mass Gatherings:
Information Gathering,
Planning & Execution



Objectives

- Command & Control
- Information Gathering
- Planning
- Execution
- Positive Outcome

Command & Control

- Incident Command System
- MCI Structure
- Communications

Information Gathering

- Type of Event
 - Concert
 - Sporting Event
 - Festival
 - Other

- Type of Venue
 - Indoor/Outdoor
 - Shelter
 - Evacuation
 - Confined/Open
 - Weather
 - Heat
 - Cold
 - Rain
 - Wind
 - Severe Weather

- Age of Attendees
 - Youth
 - With Parents or Guardians
 - Without Parents or Guardians
 - Aged
 - ADA Access
 - Mobility
 - Fall Potential
 - Mixed

- Duration
 - Hours
 - Day Long
 - Multiple Days
 - Part Day Coverage
 - 24 Hour Coverage

- Access
 - Normal
 - One Unit Transport
 - Egress
 - MCI/Multiple Transport
 - Staging
 - Transport

- Level of Coverage Required
 - First Aid
 - Advanced Life Support
 - Doctor on Scene
 - Ambulance on Scene

- Availability of Beverages
 - Water
 - Alcohol

Planning

- Number of Personnel
- Type of Personnel
- Treatment
 - Number of Sites
 - Levels
 - Inside/Outside Venue
- Equipment & Medications
 - Available
 - Special Needs

- Resource Locations
 - Ambulances
 - Hospitals
 - Other Transport Options
 - Other Treatment Options
 - Equipment Caches
- Communications
- Notification of Ambulance Services and EDs

- Paperwork
 - ICS Plan – Incident Action Plan
 - Patient Reports
 - Incident Tracking
- Coordination with Outside Agencies
 - Event Staff
 - Law Enforcement
 - Other Agencies

Execution

- Briefing
 - Game Plan
 - Special Situations
 - Hazards
 - SOP's

- Mobilization
 - Prior to Start of Event
 - Position Assignments
- Treatment
 - Refusals
 - Treat & Release
 - Treat & Transport
- Transport
- Demobilization

- Customer Service
 - Help find seats
 - Keep them at event

RRAMS Team

- Rapid Response And Medical Support
- Regional Disaster Response Team
 - Manpower
 - Equipment
 - Organizational Support
- Medical Standby Team
 - At Venues
 - Outdoor Locations

Medical Support Trailer



Gator Trailer





To Apply for Membership

- rrams.org
- Go to Membership Tab
 - Copy requested information from page to an email, complete and send to tberry766@sbcglobal.net
 - MUST HAVE INSTRUCTORS RECOMMENDATION