DELAWARE COUNTY
Emergency Health Services Council
MCI PLAN

Approved
January 15, 2025
Updated
June 2, 2025

Table of Contents

Delaware County MCI Planning Proposal

- Adoption of EMS box requirements as described in the document.
    - Allows any EMS unit to operate anywhere in the county and have knowledge of what resources will be allocated in the event of an MCI.
    - Allows municipalities to continue to assign units they deem appropriate while maintaining the standard format.

- Relocation of county and state assets.
    - Assures no single incident or event can render all resources unavailable.
    - Assures proper maintenance and monitoring of the equipment.
    - Assures a timely asset response when requested.

- Identify appropriate locations for county and state assets.
    - Identify asset location and responsible department (non-EMS)
    - Identify secondary response department (primary unavailable)

- Assure our assets match regional assets for interoperability.

- Recommend asset CAD and radio identification.
    - EMS MCI Pod 1
    - EMS MCI Pod 2
    - EMS MSEC Trailer 4

SCOPE

This document will serve as a guideline for emergency disaster response within Delaware County, Pennsylvania. The guideline will address the Emergency Medical Service (EMS) portion of incident command, disaster operations and resources available in the Delaware County Emergency Health Service Region. Reference will also be made to resources in the Southeastern Pennsylvania Region and Commonwealth of Pennsylvania.

STATEMENT OF PURPOSE

The purpose of this document is to provide a guideline to assist Delaware County Emergency Medical Services (EMS) agencies in properly organizing, preparing and controlling resources at the scene of an emergency disaster incident. These guidelines will serve as a basic framework upon which each local jurisdiction can, and should, build a more specific plan. Such a plan may address other areas of concern and use of resources not referenced in this document. These guidelines are intended to standardize Mass Casualty Incident (MCI) response within Delaware County.

These emergency incident-operating guidelines are also intended to identify the basic working relationships, which should exist between EMS, fire, rescue, police and other agencies at a large-scale incident. The Delaware County Emergency Health Services (EHS) Council fully supports the use of the National Incident Management System (NIMS) and utilization of the concept of a Unified Incident Command System (UCS). It is strongly recommended that all Delaware County EMS organizations meet with their local emergency/public service agencies, municipal officials and county/local emergency management officials who might be involved in a large-scale incident to develop or review a specific emergency response plan for the community(s) they serve.

Homeland Security Presidential Directive 5 (NIMS)

"To prevent, prepare for, respond to, and recover from terrorist attacks, major disasters, and other emergencies, the United States Government shall establish a single, comprehensive approach to domestic incident management. The objective of the United States Government is to ensure that all levels of government across the Nation have the capability to work efficiently and effectively together, using a national approach to domestic incident management."

SEQUENCE OF DESIRED EVENTS
MASS CASUALTY INCIDENT

THE PRIMARY CONCERN OF ALL EMERGENCY RESPONSE OPERATIONS MUST BE TO SAVE AS MANY LIVES AS POSSIBLE WITH THE RESOURCES WHICH ARE AVAILABLE.

In certain cases, such as floods, hurricanes and tornadoes that have been forecast by the National Weather Service, rescue and evacuation operations may begin before the natural disaster actually strikes. This will occur by agencies being alerted to bring their immediate manpower needs up to operational levels.

The success of any operation will be enhanced by effective education and training on The National Incident Management System (NIMS) which have been planned in advance.

- Readiness and education
- Preparedness and response
- Activation of the emergency plan, to include early warning, notification and preparation for potential disasters, which may involve multiple patients

CRITERIA AND PROCEDURES FOR MCI PLAN

The following criteria will be used to request assistance and implement the regional Disaster Operating Guidelines:

- An emergency that meets the definition of an Mass Casualty Incident (MCI) or disaster has occurred or appears imminent
- The requesting jurisdiction or agency has committed all of its available resources and determines additional resources are needed to ensure quality pre-hospital patient care

The following procedures will be used for requesting assistance and implementing the regional MCI plan:

When it is determined by the Incident Commander of the affected jurisdiction that additional EMS assistance is required, he/she shall communicate this through the Delaware County Emergency Operations Center (EOC/911 Center). Requests for assistance shall include:

- Nature and location of the emergency
- Number of pre-designated EMS box alarms
- Location where assisting units should report and stage
- Requests for specialized equipment or resources
- Notification of all possible receiving hospitals
- EOC/911 Center will send an EVERBRIDGE message to “Mass Casualty (MCI) Alert” group which will include the nature of the incident, municipality involved, and the number of injuries reported.
- See Addendum (pg. 24-30) PA HIMS for Patient Tracking and Family Reunification (Juvare).

The Incident Commander (IC) will determine if assistance is required, and the level of assistance necessary to respond to the situation. For larger incidents, local assistance in Pennsylvania is coordinated by the local Emergency Management Coordinator (EMC) with support from the Delaware County Emergency Management Coordinator and Department of Emergency Services and the Pennsylvania Emergency Management Agency.

First Unit on the Scene:

Regardless of the location, nature or extent of the disaster, the first unit to arrive on the scene shall have initial command and control authority, and should:

- Assess the scene and check for unusual hazards and scene safety.
- Advise the Emergency Operations Center (EOC) of the situation, including patient count, if available.
- Establish a preliminary command post, give exact location of the preliminary command post to the Emergency Operations Center (EOC) and maintain command and control of the disaster location until relieved of command.
- Initiate triage.
- First arriving management personnel will generally assume command responsibility and advise the Emergency Operations Center (EOC) of such action, including, but not limited to, locations of command post, triage and vehicle staging areas.
- The Incident Commander (IC) will determine if the situation is a mass casualty incident and request assistance through the Emergency Operations Center (EOC).
- If the incident is a Chemical, Biological, Radiological, Nuclear or Explosive (CBRNE) mass casualty event it should be treated as a HazMat scene and if not already on scene, the appropriate resources should immediately be contacted for assistance.

Functional Areas and Personnel:

The following functional areas may be set up to accomplish management of the incident. These areas should be identified:

- Command Post
- Staging Area
- Triage Area
- Treatment Area
- Transport area
- Public Information Area/Joint Information Center

All emergency responders on the scene of the Mass Casualty Incident (MCI), including EMS personnel, should wear identification designating their jurisdiction/agency. Incident Command officials should be identified by vests.

Incident Command:

Concise response system implemented. First arriving police, fire and EMS units implement a unified command system. This includes the following:

- An Incident Command Post should be established and its location transmitted to responding emergency service units by their communications center before their arrival at the scene. This notification may be made through the use of a special radio alert tone and announcement as to the initiation and location of the incident command post. Incident Commander is established.
- The Incident Command Post is a joint effort between the Incident Commander and principal command personnel of all emergency service agencies represented at the scene and are to serve as the central base of operations at the disaster scene. Therefore, key officials, (i.e.: Fire, Police, EMS, Governmental Officials, EMA Officials, Federal Officials, building owners, etc.), should be directed to the Incident Command Post upon their arrival at the scene.
- The Incident Command Post should be identified by the display of a **GREEN** means of identification that is visible from all sides of the stationary Incident Command Post, so that it is easily identified at the scene. For example, a green Incident Command Post sign, flag or light might be used to make this designation.

Staging:

Incoming EMS units report to a pre-determined vehicle staging area designated by the EMS group supervisor/Operations section chief and drop off personnel and requested supplies/equipment. ** The driver must remain with the vehicle and litter awaiting further assignment. The importance of staging cannot be stressed enough to allow for movement and flow of vehicles and equipment to facilitate patient treatment and transport.

Triage:

First EMS personnel at the scene perform a primary survival scan, size-up of the incident scene and identify the EMS group supervisor.

- Initial Triage consists of an initial "walk through" by the Triage unit leader and first arriving emergency care personnel so that an approximate patient count can be determined. The Triage unit leader must quickly present a report on the patient count and approximate number of patients in each category to the EMS group supervisor.
- Initiation of critical life-saving treatment techniques during the rapid initial survey performed by the first arriving EMS personnel. For example, opening an airway or control of severe bleeding.
- Patients should be tagged according to appropriate priorities by the triage team. Utilize **SMART** Triage Tags (REGIONAL APPROVED).
- Notification of **extent** and **number of casualties** to the Emergency Operations Center (EOC) by the EMS group supervisor**.** The Emergency Operations Center (EOC) then notifies all agencies involved.
- Activation of area hospital disaster plans for external disasters according to the level of disaster that has been reported and the number of patients each facility may receive.

ALWAYS CONSIDER THE NEED FOR PATIENTS TO BE DECONTAMINATED ON SCENE IF THEY'VE BEEN EXPOSED TO ANY HAZARDOUS MATERIAL.

All patients found to be "Dead-On-Arrival" should be left where they were found, if possible, until the Medical Examiner and law enforcement officials confirm their disposition and complete their initial investigation of the incident. The deceased patients can be covered as long as the scene integrity will not be destroyed. If it becomes necessary to move a deceased victim in order to access or treat remaining victims, then the location and position that the deceased was found in must be noted in order to assist in identification and further investigation. A temporary morgue can be established in an area isolated from the patient care areas, if necessary.

Treatment:

Patient collection stations are established in well-marked areas by the Treatment leader.

- The Patient collection stations should be divided into **four** separate sections, color-coded by some means to match the regional triage tags:

Green	**Delayed**
Yellow	**Moderate**
Red	**Immediate**
Black	**Deceased**

- Each section should allow sufficient space to enable emergency personnel to move around freely and treat multiple patients simultaneously without causing interference to one another. This will also allow for the easy removal of selected patients by transport personnel once at-scene patient care is completed and the patients are ready to be moved to an EMS transport vehicle.
- An area adjacent to the patient collection stations should be established for those "patients" that have been involved in a disaster but have sustained no injuries. Non-injured individuals that subsequently complain of injuries or illness may be re-triaged and moved to the appropriate patient collection station. Uninjured patients should be identified and isolated but not necessarily by EMS personnel.

Transport:

Patients transported in priority sequence, if possible, to designated hospitals as assigned by transportation group supervisor. In a Mass Casualty Incident (MCI), several patients should be transported in each vehicle in order to maximize the transportation resources that are available. EMS units should not be allowed to leave the incident scene with only one patient on-board. Walking wounded should accompany other patients.

- The Transport group supervisor, in conjunction with the Treatment group supervisor, will oversee the selection of patients to be transported from the designated patient collection stations to EMS transport vehicles from an established vehicle staging area. The Transport group supervisor will also decide which hospital each patient is to be transported and will maintain a log of patient flow. It is therefore extremely important that the four (4) separate patient collection areas be maintained to ensure that the Transport group supervisor will have the means to make logical and concise decisions for transportation patterns. This saves time and lives.

Regional Protocols for EMS Operations:

When communications with area hospitals or other medical advisors cannot be used effectively or when there is an unavoidable delay in the transport of a patient to a medical facility, approved ALS and BLS protocols for EMS operations may be used.

Care must be consistent with statewide ALS and BLS Protocols as provided for within the practitioner's scope of practice.

Air Ambulance Use:

In the event of a level 4 or 5 disaster, the use of air ambulance may be necessary to facilitate transport to distant Trauma Centers or other specialty care centers.

- EMS Operations should notify the IC of the need and number required.
- A separate air transport section should be set up under the Transport leader.
- During disaster situations air ambulances will take destination assignments from ground leaders so patients are appropriately triaged and dispersed so as to not overwhelm local trauma centers.
- **PA Regional Trauma Centers include:**
  Penn Presbyterian Medical Center (Philadelphia, PA), **Paoli Hospital-Main Line Health** (Paoli, PA), **Jefferson Einstein Hospital** (NE Philadelphia, PA), **Jefferson Torresdale Hospital** (NE Philadelphia, PA), **Jefferson Abington Hospital** (Abington, PA), **Temple University Hospital** (North Philadelphia, PA), **St. Mary's Medical Center-Trinity** (Langhorne, PA), **Children's Hospital of Philadelphia CHOP** (Philadelphia, PA), and **St. Christopher's Hospital for Children** (North Philadelphia, PA).
- **NJ, DE trauma centers include: Cooper University Health Care** (Camden, NJ), **Christiana Care Hospital Main Campus** (Stanton, DE), **Christiana Care Wilmington Campus** (Wilmington, PA), **Saint Francis Hospital-Trinity** (Wilmington, DE) and **Nemours Children's Hospital-AI Dupont** (Wilmington DE).
- **Other Eastern PA trauma centers: Lehigh Valley Hospital-Cedar Crest** (Allentown, PA), **Lancaster General Health-Penn Medicine** (Lancaster, PA), **Reading Hospital-Tower Health** (West Reading, PA), and **York Hospital Trauma Services & Critical Care-WellSpan** (York, PA).

Other Considerations:

- Establish post incident equipment collection site.
- Develop a Demobilization Plan for personnel and units.
- Return equipment and supplies to agencies involved.
- Ensure that Critical Incident Stress Management (CISM) services are made available.
- Execute demobilization of personnel and units.
- Prepare and plan for long-term operations.
- Assemble reports and records for the Incident Commander.
- Conduct a post incident review of the disaster scene operations by all agencies involved, shortly after the incident.
- Review and update the MCI plan.
- Return to readiness and conduct training.

Incident Management:

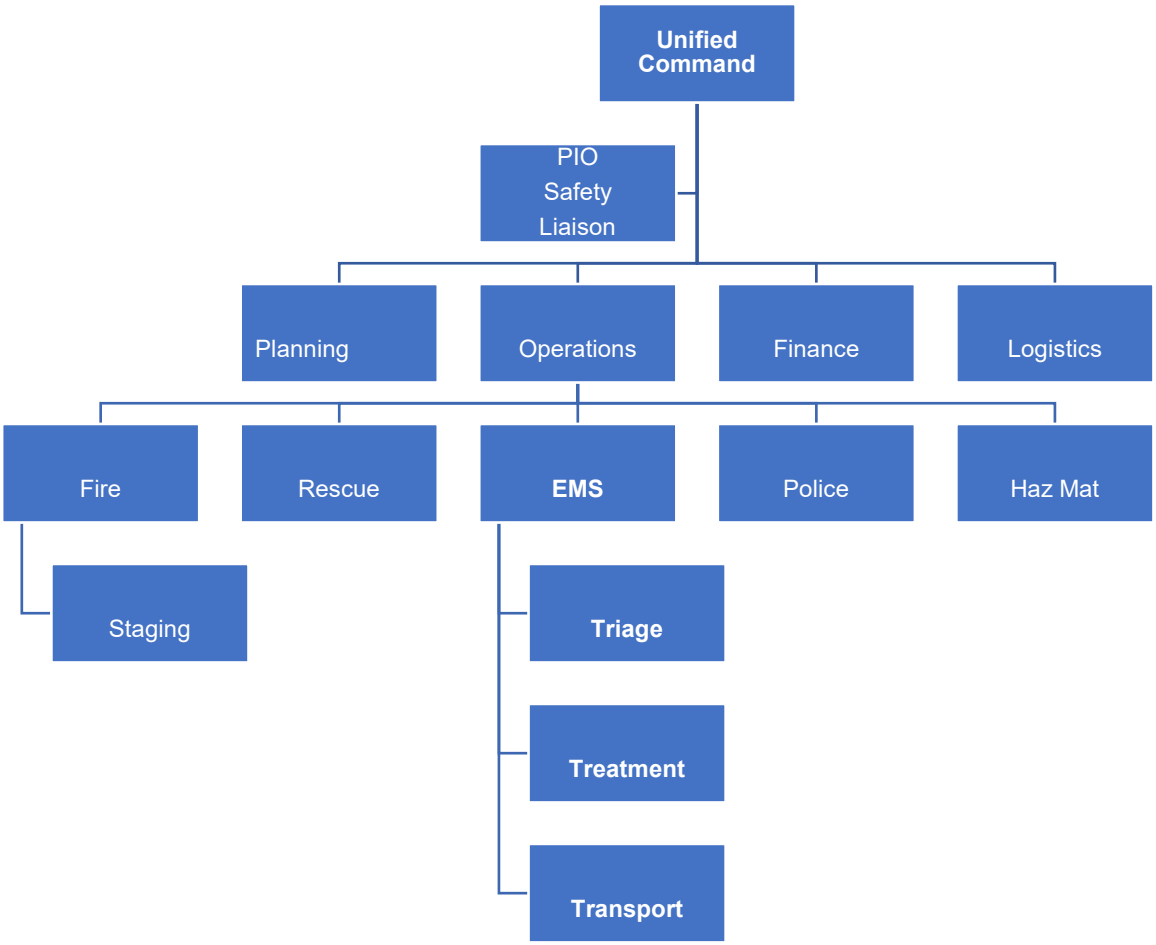
The National Incident Management System (NIMS) will be used to manage MCI incidents in the region. As defined in NIMS, the Incident Command System (ICS) will be used for all hazards incident management. The goal of ICS is to ensure central control, provide for inter-agency coordination and provide that no one individual becomes overloaded with specific assignments or details. On simple incidents, the Incident Commander or Medical Branch Leader may well serve multiple roles. The system provides the ability to delegate/step to a higher command within the established structure.

While these guidelines do not supplant or dictate local department operations, the MCI plan strongly encourages all agencies to follow consistent procedures. The more a system can be used on routine operations, the easier it will be to use on complex MCIs. The ICS is designed to allow even the smallest department to “fill out” the command staff on a large incident through the use of mutual aid resources. All EMS should follow NIMS for all responses, from a simple motor vehicle crash to a large-scale event.

Incident Command

This document will demonstrate a basic incident command structure. Incident Command should be utilized any time a disaster response is activated. All incidents should begin with the first arriving unit establishing Incident Command. NIMS is designed to contract and expand as the incident requires. Not all incidents will require all parts of the command structure. Some incidents will require more than displayed.

For every incident, consideration should be given to assigning a Staging leader. Personnel other than EMS can be responsible for staging but should consider loading, unloading and egress when staging ambulances.



Disaster Response Levels

Description	# of victims	Minimum EMS Disaster Box Alarms *automatically dispatched*	Description	NIMS MCI Type
MCI Level 1	**5-15**	**1**	Minor incident involving 5-15 surviving persons. Will stress local resources for a short period of time.	**5**
MCI Level 2	**16-25**	**2**	Minor incident involving 16-25 surviving persons. Will stress local resources for a short period of time.	**4**
MCI Level 3	**26-50**	**3**	Major Incident involving 26-50 surviving persons. Will tax Delaware County resources for a short period of time.	**3**
MCI Level 4	**51-100**	**4**	Mass Casualty Incident involving 51-100 surviving persons. Will tax all Delaware County resources for an extended time.	**2**
MCI Level 5	**>100**	**5**	Catastrophic Casualty Incident involving greater than 100 surviving persons. Will tax regional resources for an extended time.	**1**

Recommended levels of response:

First arriving unit/incident commander should advise Fireboard of the casualty level as soon as possible and request appropriate resources. Level 1 (Type 5) will not include the original response units. Each EMS box level is in addition to the previous:

EMS Disaster Box 1 First alarm disaster response should include 5 transport units and 2 ALS units.

EMS Disaster Box 2 Second alarm disaster response should include 5 transport units and 2 ALS units and an MCI POD 1 unit

EMS Disaster Box 3 Third alarm disaster response should include 5 transport units, 2 ALS units, an MCI POD 2 and Field Communications unit. Consider Private/Non-Municipality Companies.

EMS Disaster Box 4 Fourth alarm disaster response should include 5 Delco transport units, 2 Delco ALS units, 5 regional transport units, 2 regional ALS units, an MCI unit and a mass transit vehicle as needed. Consider air ambulances and medical examiner if needed.

EMS Disaster Box 5 Multiple alarm disaster response should include 5 Delco transport units, 2 Delco ALS units, 5 regional ambulances, 2 regional ALS units, additional MCI units and mass transit vehicle as needed, air ambulances and medical examiner if needed.

Additional Response Information:

- Conforming to NIMS, the MCI evaluation levels have been TYPED, with Type 5 as the smallest and Type 1 as the largest.
- Declaring an MCI LEVEL "#" will receive an automatic dispatch of EMS Disaster Box Alarms. If more units are needed they must be requested by the Incident Commander.
- Immediately upon reporting an MCI event, declare a STAGING AREA and STAGING OFFICER for future responding units. State this location on radio. If necessary, Fireboard may prompt the Incident Commander "where is staging?" Unless otherwise directed, all responding units are to report directly to the STAGING AREA.
- EMS Disaster Box Alarms only have EMS transport & non-transport units and Delco EMS MCI resources listed. Specialty units like EMS helicopters, buses, communication vehicles, emergency management Incident Support Teams, and PA DOH resources must be specifically requested.
- Conforming to regional policy, out of county regional resources should routinely be used directly at the incident scene, not as "cover" units. Using regional units for cover assignments may be appropriate for special or extreme situations.
- When developing EMS Disaster Response alarms it is suggested that companies with multiple units be called on first, using a geographically closest protocol. This will allow the least amount of "cover ambulances" to be necessary.
- MCI LEVELS 3, 4 & 5 will significantly impact county resources. The incident commander should consider requesting Delaware County Emergency Management and Communications support to the scene.
- The use of local and regional private ambulance services can be possible if necessary.
- Calling EMS units "buses" is discouraged and should not be used during an MCI event.
- EMS Disaster Box alarms 4 & 5 should utilize the closest regional mutual aid from Philadelphia, Montgomery, Chester, Bucks, New Castle or Gloucester County(s). More distant units may be requested once these are exhausted.
- **Example:** If you have 30 surviving victims, report a LEVEL 3 MCI, you will automatically receive 3 box alarms which will give you 15 additional transport units and 6 ALS units plus a MCI unit. Multiple walking wounded victims might also need a mass transit vehicle. Many non-walking victims might need more transport units. Specialty units must be specifically requested. When requesting additional EMS Disaster Box alarms, you should request the number of boxes needed to fulfill your needs. If you have 20 stretcher patients you would request an additional (4^{th}) EMS Disaster Box Alarm.
- When the Fireboard receives a request for multiple EMS Disaster Box alarms, they will be dispatched ***sequentially***. The above example LEVEL 3 MCI requires the automatic dispatch of 3 EMS Disaster Box Alarms. They will be dispatched as follows: EMS Disaster Box alarm #1, followed by EMS Disaster Box alarm #2, then EMS Disaster Box alarm #3; **NOT** 15 transports and 6 non-transports simultaneously.
- Unless otherwise directed, units that have transported to the hospital and cleared should respond directly back to staging.
- Whenever an IC states that they have an "MCI" and/or requests that an EMS Disaster Box alarm be dispatched, the EOC/911 Center will automatically send a "Mass Casualty (MCI) Alert" via EVERBRIDGE which will include the nature of the incident, municipality involved, and number of injuries reported.
- If any incident has a total of five (5) or more EMS transport units assigned, and an MCI has not been declared, the dispatcher may ask the IC "are you declaring an MCI?" If the answer is "yes" then a "Mass Casualty (MCI) Alert" message will be sent.

Delaware County Regional Emergency Medical Services Resources:

WHENEVER ANY DELAWARE COUNTY CONTROLLED OR SUPPLIED LOCAL, REGIONAL, STATE OR FEDERAL RESOURCES ARE PROVIDED TO ANY INCIDENT THE FOLLOWING IS APPLICABLE:

1. **The requesting Incident Commander assumes responsibility for any resource deployed into his/her command.**
    a. **All real or hard equipment (not disposable) should be accounted for and returned when use is no longer required. Equipment should be clean, repaired if necessary, and ready for use when returned.**
    b. **Disposable equipment is not expected to be returned.**
    c. **The Incident Commander is expected to support and/or take necessary action to have all used, damaged, lost or stolen equipment replaced.**
2. **A standard 'DELAWARE COUNTY EMERGENCY SERVICES RECEIPT OF EQUIPMENT' form will need to be signed by the Incident Commander or other proper responsible authority.**
    a. **Pre-planned incidents will require a responsible party signature upon receipt of any resource.**
    b. **Emergency incidents will not require an immediate signature; however the Incident Commander is still responsible for all deployed equipment, and will be expected to sign for all equipment received upon resolution of the emergency.**

EMS MCI PODS (there are two MCI PODS that must be deployed together)

General EMS Equipment

24	BLS bags
100	Disposable long backboards
5	MAN SAC large body surface reeves type bags
24	Spare oxygen "D" cylinders w/regulator in cart

BLS Bag Contents

2	trauma dressings
2	burn sheets
4	4x4 bandages
1	duct tape
2	cravats
1	set oral airways
1	trauma shears
2	SAM splints
1	adult bag valve mask
1	Vaseline gauze
1	PPE
1	gloves
1	oxygen bottle w/regulator

Disposable Long Boards include

1	board
3	straps
1	head immobilizer

Other support equipment

10	tables
20	chairs
1	portable 5kw gas generator
4	portable electric lights with cords
64	body bags

Pennsylvania Department of Health
Medical Surge Equipment Cache (MSEC) Trailer

Logistic Supplies

1	Trailer
30	E Channel Rings
12	Totes
20	20’ Heavy Duty Straps
3	Adjustable Cabinets
8	30” West Cot APC w/iv pole
42	Medical Needs Cot w/iv pole
6	3 Wall Dividers
12	Folding Chairs
8	6’ Folding Tables
8	4’ Folding Tables
2	8’ Folding Tables
4	8 Bed Carts
1	7 Bed Cart
2	Water Buffalos
2	23x24 Carts
150	Linen Packs
10	Directional Signs
1	Pharmacy Cart
1	Refrigerator
3	5’ Linen Carts
3	Disinfectant Gallons
3	Disinfectant Spray Bottles
1	Rag Bags
6	100’ 16 Gauge Extension Cords
6	Heavy Duty Power Strips
60	Cardboard Trash Boxes

The **MSEC** trailer is a 46 bed surge ward that can be requested for augmenting, reconstituting existing hospitals or providing a hospital where none exists. This alternate care site is designed to fit into an average school basketball court (50’ x 84’) and is supplied to care for minor or moderately sick patients for up to 3 days. Critically ill patients can be stabilized with additional resources and transferred to a more appropriate facility.

Specific medical equipment and supplies would need to come from other local or regional resources on a “just-in-time” basis to facilitate caring for patients.

Staffing for this resource is necessary from other sources. Suggestions may include but not be limited to EMS Strike Teams, Specialized Medical Response Teams or the Medical Reserve Corps.

The **MSEC** trailer is a Commonwealth asset that must be requested through the local EHS Office and PEMA.

MCI Worksheet

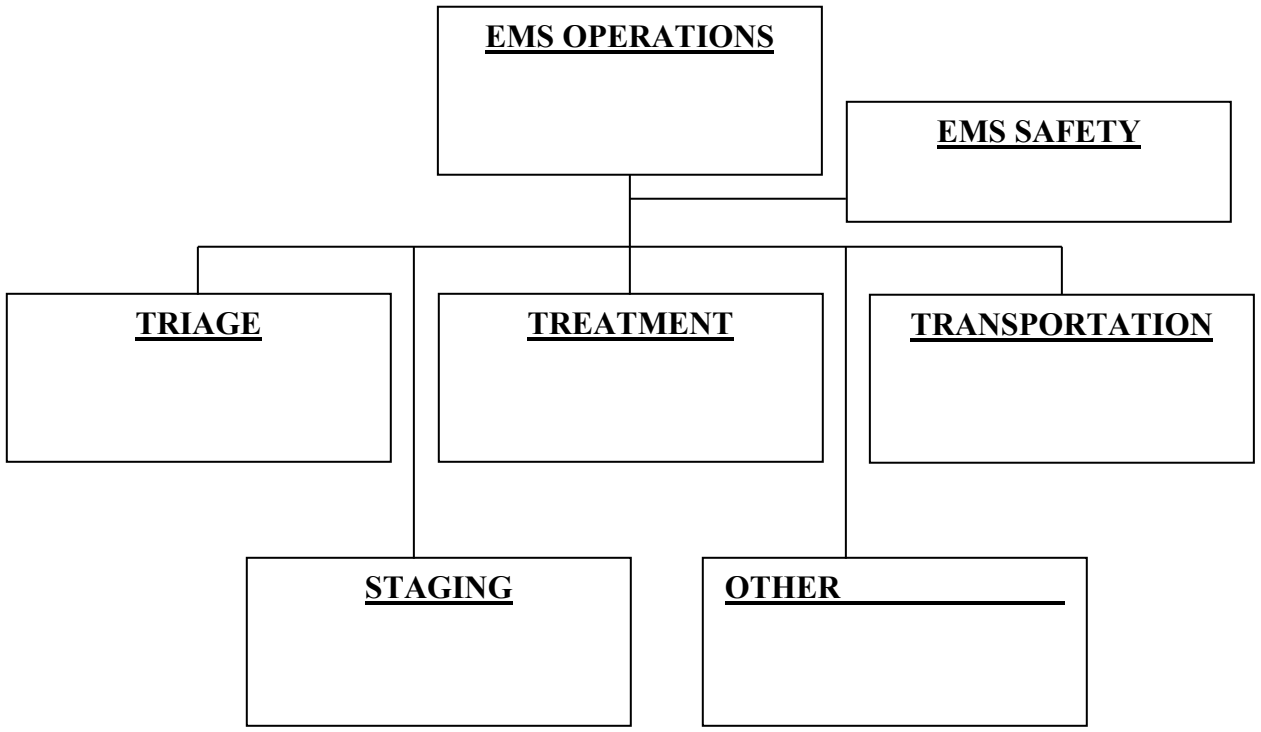
MCI Pre-Plan	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Map Sketch			
Page 1 of 4	**5. Prepared by (Name and Position)**		

Summary of Necessary Actions

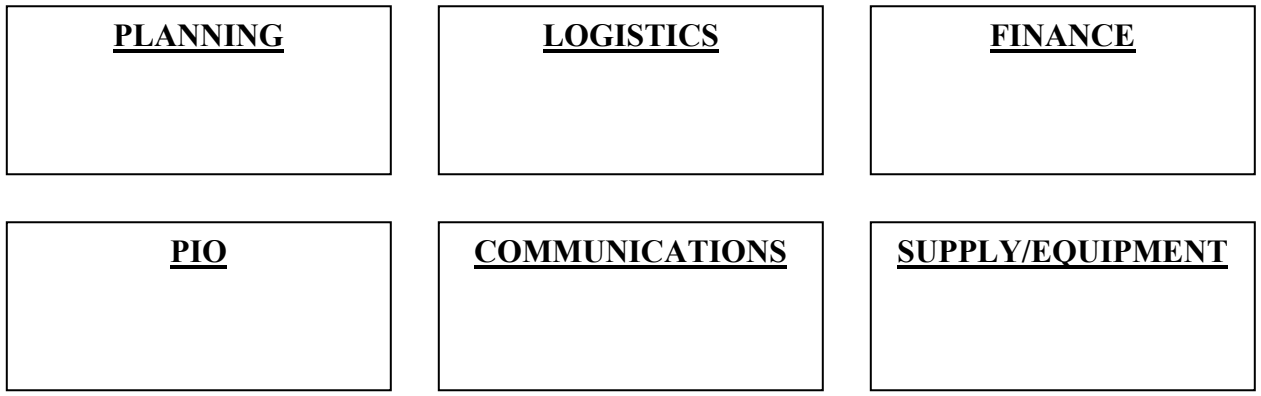
1. First arriving unit recognize incident size and call for assistance. Assure scene safety and begin size-up. MCI = 3 critical patients (or more), or 5 total patients (or more)
    a. Report "LEVEL {1-5}" MCI. EMS Disaster Box alarms will be automatically dispatched
    b. Dispatch EMS Supervisor if not already responding
    c. Request additional EMS and specialty units
        i. Suggested Delco EMS Disaster Box Alarm response has 5 transports and 2 Non-transport units for each alarm. 6 alarms total = 30 ambulances
    d. Request local fire Officer and Rescue/Engine to assist with ICS & patient flow
    e. Request additional police to assist with scene control and EMS traffic flow
    f. Request police be assigned to keep EMS traffic flow clear.
    g. Request Fireboard and DelCom announce anticipated EMS flow route "KEEP {street name} OPEN FOR EMS TRAFFIC FLOW"
    h. Request Fireboard announce "ALL DRIVERS STAY WITH VEHICLE UNLESS DIRECTED OTHERWISE"
2. Declare EMS Staging area and announce on radio. Send the Staging Officer to this area. If not assigned, the first arriving unit will become the Staging Officer.
    a. Request Fireboard direct responding units to travel a specific direction/approach if possible.
3. Establish Command and an ICS to support the incident.
    a. Incident Command Post (ICP) with unified command is required.
    b. Incidents needing above a 2nd alarm should request a mobile communications unit and emergency management support.
    c. Assign Triage, Treatment, Staging, Transportation and Safety officers
    d. Assign other sectors as necessary (i.e.: Communications, Equipment, PIO)
4. Triage will occur as patients are found. Tag all patients.
5. Have patients brought to treatment area via best means available.
6. If a Landing Zone is necessary:
    a. Declare LZ location on radio. Find and relay coordinates when possible.
    b. Request Fire Officer In-charge (OIC) to assign an engine to act as LZ officer.
7. Transportation Officer should poll the local hospitals and inquire how many patients they can handle. All ambulances will contact Transportation to be directed to a destination hospital before leaving the scene.
8. All patients transported, secure the scene.
9. Consider CISM for all responders.

MCI Pre-plan	Page 2

Organization



POSSIBLY:



MCI Pre-plan	Page 3

Additional forms available at:
http://www.fema.gov/emergency/nims/JobAids.shtm

EMS Resources Summary				
Resources Ordered	**Resource Identification**	**ETA**	**On Scene**	**Location/Assignment**
MCI Pre-plan	Page 4			

EMS Incident Communications Plan, ICS Form 205

INCIDENT RADIO COMMUNICATIONS PLAN	1. Incident Name MCI	2. Date/Time Prepared	3. Operational Period Date/Time

4. Basic Radio Channel Utilization

Area/Assignment	Channel	Function	Frequency/Tone	Notes
All EMS responding Units	**Med A/B**	Respond to staging unless otherwise directed	**Med A** Rx 506.5875 PL156.7 Tx 509.5875 PL156.7	Transporting units to return to this channel when leaving transportation sector en route to hospital
All Delco EMS units NOT responding to incident	**Med A/B**	Handle local incidents as usual	**Med B** Rx 506.6875 PL141.3 Tx 509.6875 PL141.3	
On scene EMS ops	Secondary Local Fire channel	Triage, Tx, Transport	Various	Staging will operate here. All units arriving at staging will switch to this channel.
On scene Fire ops	Local Fire channel	Rescue, Fire, Hazmat, etc.	Various	
COMMAND	CMD	EMS, POLICE, FIRE	**Command** Rx 508.4375 PL151.4 Tx 511.4375 PL151.4	UNIFIED COMMAND will operate here
On scene Police ops	Local Police Sector	Police	Various	
Landing Zone	Other Secondary Fire channel	LZ ops	Various	An adjacent fire area secondary channel will be assigned to LZ
Specific EMS Ops, i.e. Triage, Tx, Transport	Local Fire simplex (11-14)	Any on scene ops Assigned by IC	Various	Any on-scene operation needing additional communication frequency
Private Ambulance ops	Delco Assigned	Any on scene ops By private ambulance	Various	Any on-scene operation needing additional communication frequency
Hospitals	All Call	ER Communications		

5. Prepared by (Communications Unit)

DELAWARE COUNTY EMS & FIRE					
NAME	**Rx Freq**	**Tx Freq**	**PL/DPL**	**Site/Sites**	**notes**
Fire 1	506.8125	509.8125	173.8	Upper Darby	
Fire 2	508.0375	511.0375	192.8	Upper Darby	
Fire 3	508.1625	511.1625	146.2	Lima	
Fire 4	506.5125	509.5125	107.2	Radnor, Lima, Eddystone	Simulcast
Fire 5	508.1375	511.1375	100.0	Prison	
Fire 6	507.8125	510.8125	186.2	Prison	
Fire 7	508.6625	511.6625	156.7	Eddystone	
Fire 8	506.7125	509.7125	103.5	Eddystone	
Fire 9	507.9875	510.9875	100.0	Marple	
Fire 10	506.6625	509.6625	107.2	Marple	
Fire 11	506.6875	506.6875	110.9		Simplex
Fire 12	507.9875	507.9875	167.9		Simplex
Fire 13	506.5875	506.5875	192.8		Simplex
Fire 14	507.9875	507.9875	173.8		Simplex
MED A	506.5875	509.5875	156.7	U.D., Prison, TwinOaks, Radnor	
MED B	506.6875	509.6875	141.3	U.D., Lima, TwinOaks, Radnor	
COMMAND	508.4375	511.4375	151.4	U.D., Prison, TwinOaks, Radnor	
DELAWARE COUNTY POLICE					
NAME	**Rx Freq**	**Tx Freq**	**PL/DPL**	**Site/Sites**	**notes**
Sector 1	506.7625	509.7625	114.8	Lima, Twin Oaks	
Sector 2	506.8375	509.8375	110.9	Radnor, Lima, Eddystone	
Sector 3	506.8625	509.8625	114.8	Eddystone	
Sector 4	508.0875	511.0875	136.5	Upper Darby	
Sector 5	508.1125	511.1125	141.3	Upper Darby, Eddystone	
Sector 6	501.6750	504.6750	167.9	Upper Darby	
Sector 7	501.8500	504.8500	192.8	4 Site Simulcast	
M 1	508.1875	511.1875	146.2	Twin Oaks	
M 2	508.0625	511.0625	141.3	Lima	
M 3	508.3375	511.3375	103.5	Chester	
M 4	506.6375	509.6375	162.2	Upper Darby	
M 5	506.6125	509.6125	100.0	Upper Darby	
M 6	508.2375	511.2375	131.8	Upper Darby	
M 7	500.3375	503.3375	141.3	4 Site Simulcast	
Alpha	506.7375	506.7375	114.8	Simplex	
Bravo	507.8125	507.8125	136.5	Simplex	
Charlie	506.7375	506.7375	110.9	Simplex	
Delta	507.8125	507.8125	192.8	Simplex	
Echo	508.2375	508.2375	110.9	Simplex	
Foxtrot	506.7125	506.7125	151.4	Simplex	
Gulf	458.9250	458.9250	223DPL	Simplex	
DATA	506.5625	509.5625	151.4	U.D., Prison, TwinOaks, Radnor	
COMMAND	508.4375	511.4375	151.4	U.D., Prison, TwinOaks, Radnor	

Out of County Mutual Aid Response

Mutual Aid is the process by which resources from one service area are deployed to respond for a request for service in another area. Mutual aid may used in the following circumstances:

A. There are more calls in a service area than the primary responder can handle.
B. There is need for additional resources above what the service provider can provide at a single incident.
C. A mass casualty situation has occurred

EMS resources may be requested for Out of County incidents. These resources will be requested through Fire Board and the closest Delaware County municipalities pre-established MCI dispatch cards shall be referenced for dispatch.

In the event that the bordering local municipality does not have an MCI response entered into CAD, than the standard response of five (5) transports and (2) non-transports (as chosen by the Fireboard dispatcher at the time of the request) will be dispatched.

The below municipalities are bordering neighboring Counites

Bethel Township
Chadds Ford Township
Chester City
Concord Township
Darby Borough
Darby Township
Edgemont Township
Haverford Township
Lower Chichester
Marcus Hook Borough
Millbourne Borough
Newtown Township
Radnor Township
Tinicum Township
Thornbury Township
Upper Darby Township
Upper Chichester Township
Yeadon Borough

Depending on the scale of operation a Delaware County EMS Leader may be considered. This leader may assume the responsibilities and duties to include;

A. The safety of the personnel and equipment.
B. Coordinate the movement of the personnel and equipment traveling to and returning from an incident.
C. Supervise the operational deployment of the team at the incident, as directed by the Incident Commander.
D. Maintain familiarity with personnel and equipment operations, including assembly, response, and direct actions of the assigned units, keep the team accounted for at all times.
E. Contact appropriate Incident personnel with problems encountered on the incident, including mechanical, operational, or logistical issues.
F. Ensure vehicles have adequate communications capability.

COMMUNICATIONS PLAN

The standard Delaware County MCI Plan will still apply as possible with the following additions:

- If the event is relatively near the Delaware County Emergency Services radio system footprint than a SECOM patch should be established with the requesting county's EMS operational radio channel and Delaware County's local EMS operating channel, or any other channel assigned by Fireboard.

Appendix: PA HIMS for Patient Tracking and Family Reunification

NOTE: This template is designed to serve a supplemental document and resource to state/regional/county/municipal family reunification, mass casualty plan, and mass fatality plans. This template serves as a technical resource for adopting the Pennsylvania Health Incident Management System (HIMS) patient tracking platform, namely Juvare EMTrack, in mass casualty and mass fatality information management. This template does not supersede existing jurisdictions' plans, and authorities having jurisdiction should review and edit this template to ensure compliance with existing plans.

Introduction

The Pennsylvania Health Incident Management System (HIMS) has various components designed for information sharing and interagency coordination. The patient tracking component of HIMS is operated on Juvare EMTrack. It allows response agencies to gather to collect and share a wide range of information to facilitate victim accounting and family reunification. To ensure effective family reunification, stakeholders' participation and unified operations are required.

In the case of mass casualty or mass fatality incident, the tracking process begins with Emergency Medical Services (EMS) arriving on scene and conducting triage. By using mobile devices, EMS providers begin creating tracking records on the scene of an incident. This tracking records provide incident commanders, emergency managers, and hospitals with situational awareness. Once victims arrive at hospitals, hospital staff will help populate important identification information on their tracking records to assist with reunification.

In the case of mass care incident, the tracking process begins with mass care or emergency management agency registering displaced individuals at emergency shelter locations. By using laptops or mobile devices, mass care providers create tracking records at registration. These tracking records provide real-time shelter utilization data.

Medicolegal professionals (coroners and medical examiners) may utilize EMTrack for decedent tracking and to collect postmortem information. The application allows real-time documentation and geolocation of each decedent in a mass fatality incident. The platform also allows collection of detailed postmortem data, image files, and tracking of personal effects.

In the family reunification phase, this platform can be used to collect antemortem data, along with Family Assistance Center registrations and check-ins. More importantly, this platform allows reunification workers to perform advanced searches to locate victims.

Concept of Operations

There are three phases of family reunification: victim accounting, antemortem data collection, and reunification.

Victim Accounting

To ensure the accuracy and speed of victim accounting, the participation of pre-hospital, hospital, mass care, and medicolegal professionals are required.

Tracking records can be generated at the following locations:

- Scene of an incident
- Emergency departments
- Emergency shelters

- Morgue

This process begins with EMS creating triage records on the scene. Identification information would be limited during this stage as the priority of EMS is to provide life-saving intervention and transportation.

Once victims arrive at hospitals, hospital staff would begin to populate patient identification information. For unidentified victims, physical characteristics and attributes can be recorded to create searchable records.

Medical examiners and coroners can create descendant tracking records on scene. The platform can collect postmortem information to create searchable records.

The platform can also be utilized for mass care and mass evacuation operations. Any concurring mass care operation and MCI operation shall have independent incidents on the patient tracking platform for accurate statistics.

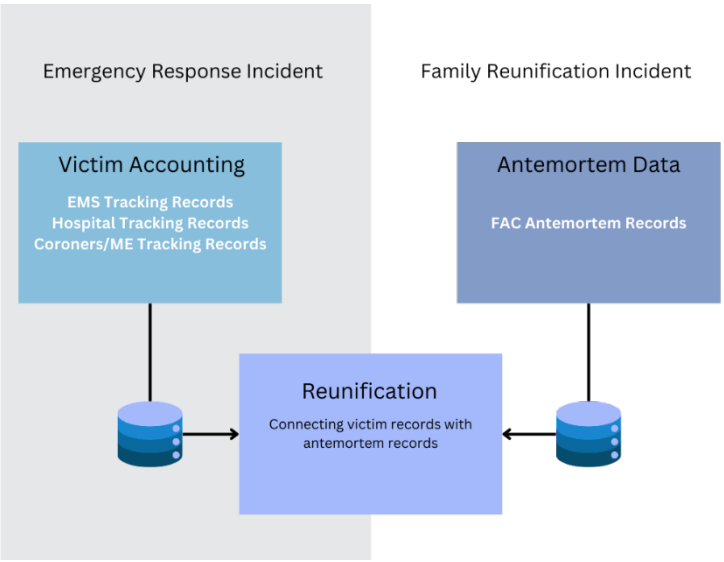
Antemortem Data Collection

[Family reunification staff] will create a separate incident on the platform to collect family members' information and antemortem data. Family reunification staff can utilize the platform to operate a Family Reception Center (FRC) and Family Assistance Center (FAC) by:

- using FRC/FAC Registration form to collect family members' information,
- using FRC/FAC check-in form,
- using the Antemortem form to collect information for reunification.

Reunification

The [Reunification lead] and the Regional Readiness Coordinator will access both the emergency response incident to access tracking information and the family reunification incident to access antemortem data. For privacy and operational security, FAC staff should not have access to the Emergency response incident. [Reunification workers] will use antemortem



data collected in the family reunification incident to create criteria to perform searches in the emergency response incident.

Once an individual in the Family Reunification Incident has been matched with a record in the Emergency Response Incident and positively identified by [medicolegal have jurisdiction], the record shall be discharged from the Family Reunification Incident to accurately reflect the reunification progress.

System Administration

The system is administered by the six regional Healthcare Coalitions (HCCs) across Pennsylvania. The following organizations shall have organizational access to the system:

- Emergency Management Agencies
- Acute care facilities
- Emergency Medical Services
- Public Health
- Voluntary Organizations Active in Disaster (VOAD)
- Medicolegal agencies

Agency administrator(s) of each organization are responsible for:

- creating and removing users
- listing of incident locations/ facility locations
- listing of vehicles
- creating incident templates

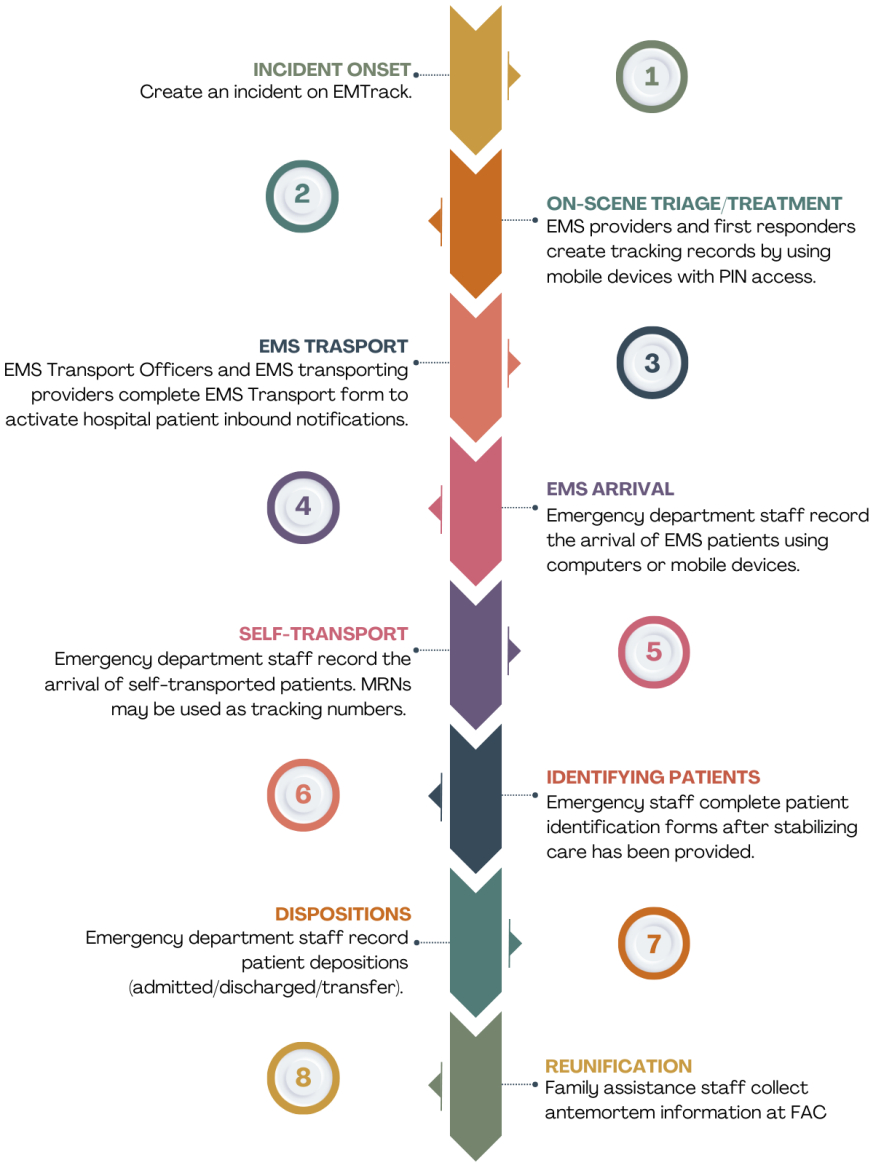
User administration: Agency administrators may create users and assign user roles as listed in Table 1 below. System administrator shall determine user roles in accordance with organizational policies and applicable privacy laws.

Incident / facility locations: Agency administrator of EMS/ mobile providers may create and edit incident locations. While incident locations such as triage, treatment, and transport are standard for MCI, agencies may create incident locations for planned events and mass gathering to improve common operating picture. Agency administrators of facilities may create facility locations to track internal movements (i.e. fast-track, trauma bays, alternative care sites).

Role	Description
ED-Admin	Administrator at the Emergency Department (or another department) of a provider facility.
ED-Normal	Standard user in the Emergency Department (or another department) at a provider facility.
EMS Admin	Administrator at an EMS agency or mobile provider.
Field EMS	Standard user at an EMS agency or mobile provider.
Field EMS with Incident Create	Standard user at an EMS agency or mobile provider who also has incident creation rights.
Public Health Admin	Administrator at a Public Health agency.
Public Health User	User at a Public Health agency.
Family Reunification Admin	Administrator in charge of family reunification efforts.
Family Reunification	Standard user working on family reunification efforts.

Table 1.

Patient Tracking Process Overview



Patient Tracking
Comprehensive Workflow