

MODOC OPERATIONAL AREA

MULTI-CASUALTY ANNEX



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- CalOES Region III MCI Plan (Field Operations Manual)
- Nor-Cal EMS #203 Multi-Casualty Incident
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- Modoc Medical Center Surge Plan
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MULTI-CASUALTY ANNEX

1. Introduction

The potential always exists for an event to occur that results in casualties beyond the scope of routine operations. Medical resources can be easily overwhelmed during an event, from a single vehicle accident with multiple victims, to a catastrophic natural disaster. The Multi-casualty Annex assumes that a multi-casualty incident (MCI) will involve multiple law enforcement agencies, fire and medical jurisdictions. If an incident is of an extended duration, other non-response based government agencies as well as non-government organizations will be called upon to meet the needs of the incident. An MCI is defined as an incident where current personnel and equipment are not adequate to care for all the victims involved. A normal level of stabilization and care cannot be achieved until additional resources are available.

Emergency response in rural Northern California presents unique challenges not typically seen in more urban responses. Challenges include limited Emergency Medical Services (EMS) to cover a large geographic area. In addition, there are only two receiving hospitals, Modoc Medical Center and Surprise Valley Hospital that only provide basic emergency medical care. Both facilities are able to stabilize a critical patient for transport to a tertiary care facility.

Communications can also be a problem. The operational area has a robust radio repeater system for local law enforcement, medical and fire communications, however communications with State and Federal agencies can at times present challenges at the onset of an event. Additionally, some locations in the operational area experience communication "dead spots" due to areas in where communication towers are unable to reach, primarily due to the geography of the area.

1.1 Purpose

The intent of the MCI Annex is to assist the Emergency Operations Center and the responder agencies in creating an effective response to a multi-casualty situation. The goals are as follows:

- To do the most good for the greatest number of victims
- To clarify roles and responsibilities of responding agencies
- To provide policy for the Emergency Operations Center (EOC)
- To establish a basic structure for an MCI, using the Incident Command System (ICS) and Standardized Emergency Management System (SEMS)
- To coordinate EOC response with the MCI Operational Plans of Modoc Medical Center, Surprise Valley Hospital, EMS, Modoc County Public Health and Social Services

1.2 Scope

The MCI Annex is a standard operating policy guide and not an operational response manual. It will guide the Sheriff's Office and Emergency Services in coordinating response with county departments, thirteen fire districts, two hospital districts, Disaster Service Workers, and other non-governmental organizations.

2.0 Assumptions

- All response based jurisdictions and responding agencies will establish an operating structure that utilizes the Incident Command System (ICS)
- All jurisdictions and agencies that participate in the Modoc Public Health Care Coalition will follow the Memorandum of Understanding for emergency response
- The City of Alturas's EOC will likely join the Modoc EOC as part of a unified command or as a liaison in an event that occurs within the City of Alturas's jurisdiction and if the City of Alturas declares an emergency or has exceeded its available resources
- The Medical Health Operational Area Coordinator, (MHOAC) or designee, will be part of the EOC
- Hospital jurisdictions will follow Nor-Cal EMS procedures for assessment, triage, and transport
- State, Regional, and/or Federal mutual aid will likely be requested

2.1

Authorities and References

- Modoc County Emergency Operations Plan and Annexes, 2017;
www.modocsheriff.us
- CalOES Region III, Multi-Casualty Incident Field Operations Plan;
www.caloes.ca.gov
- Nor-Cal EMS Policy and Procedures Manuals; www.norcalems.org
 - 203: Multi-Casualty Incident
 - 202: Hazardous Materials Incident
 - 103: Transition from MCI to Medical Disaster
- Modoc County Department of Public Health Emergency Operations Manual;
www.ph.co.modoc.ca.us
- Modoc Medical Center and Surprise Valley Hospital's Emergency Surge Plans;
www.modocmedicalcenter.org

3.0 Concept of Operations

The Modoc County Sheriff's Office of Emergency Services is responsible for coordination of resources that support emergency response within the Modoc Operational Area (MOA). That responsibility includes planning that addresses mitigation; acquisition and maintenance of equipment, systems and resources; and coordination of resources that support law enforcement, medical, fire, and hospital jurisdictions as an extension of the Modoc County Communications center. In an emergency, the Emergency Operations Center (EOC) will become the central point of logistical and resource coordination that extends beyond the immediate response of coordination of the first response community by the Modoc County Communications center. The EOC will coordinate with state, federal, and mutual aid partners as the situation warrants.

In the initial stages of an emergency, the EOC will focus on supporting first responders in lifesaving activities with coordination as directed by field operations. It will work toward re-establishing stabilized operations as driven by field operations.

There will be two types of incidents:

1. Type I will be an incident that involves multiple individuals, generally caused by an accident or a natural disaster. The response is ambulance based. It will be a situation where the first on scene will be law enforcement, EMS, or fire, and response will be to assess, triage and transport
 - Response will follow Nor-Cal EMS MCI protocol and hospital surge plans
 - The incident will ramp up rapidly, and typically would not last more than a few hours: it will most likely, immediately tax the medical care system and activate surge protocol
2. Type II incidents will be less focused and ramp up slowly, possibly even initially going undetected. This could be an influenza outbreak, food poisoning, etc

The surge in patients will affect all local medical providers. Patients will typically self-present to a physician, community health center or emergency room. When symptoms become acute, they may inundate medical clinics and hospitals.

- Out of area transportation may be necessary
- It may involve ancillary departments such as Public Health and Social Services
- This surge will require regularly scheduled planning sessions among all community medical/health providers, EMS, Public Health, Fire, and the Office of Emergency Services
- It will be of longer duration

3.1 Preparedness

The Modoc County Sheriff's Office of Emergency Services is responsible for operational area planning, coordination, and development of resources that may include personnel, systems, and equipment that function on a 24-hour-a-day basis for law, fire, and EMS agencies. Assessment of functionality is ongoing; it encompasses the entire operational area to include coordination with multiple jurisdictions that reside within.

Preparedness for the operational area will focus on the following objectives:

- Train in ICS and multi-casualty incident management for responding jurisdictions' personnel
- Establish mutual aid and cooperative agreements to facilitate implementing the plan
- Cooperate with Nor-Cal EMS in developing a regional patient dispersal system
- For Level I or II incidents, to not move the disaster to the emergency room. Proper triaging and transporting will be critical
- Provide for training in field decontamination. (Decontamination will take place in the field.)
- Procure and place equipment and supplies, including multi-casualty caches as deemed practical
- Facilitate the establishment of compatible policies and procedures ~~in place~~ to work with multiple jurisdictions and to exercise those procedures

3.2 Response

Multi-casualty emergency response occurs when a situation occurs where normal medical facilities have exceeded their resources, equipment and personnel, and/or regular jurisdictions response has been severely compromised. The Emergency Operations Center has been activated.

3.2.1 Initial Actions

- First person on scene becomes the Incident Commander (IC) until a more qualified person assumes position, i.e., First Responder, EMT-1, EMT-P, RN, DR.
- IC secures the scene and manages safety of casualties and responders
- Initial responders assess the situation and should establish, as soon as practical, the number of actual casualties as well as the potential for other victims
- Determines whether this is a Level I or Level II incident; whether it is Medical Trauma, Hazardous Materials Trauma, or both
- Assesses the situation to include observation of ancillary problems such as weather factors, etc.
- Determines whether there is a resource need for a Decontamination Team and/or Shasta Cascade Regional Hazardous Materials Team (SCRHMT)
- IC has responsibility for coordination with Modoc County Communications Center (Dispatch) and follows procedures as stated in the Modoc Emergency Operations Plan, Communications Annex. The trigger point to activate the EOC will be dependent upon the resources that are being requested beyond the operational area's ability to meet those requests. Once activated, the MOHAC will join the EOC.
- IC has responsibility for coordination with all public and private agencies engaged at the site and controls all responding agencies, such as law enforcement, medical, coroner staff, etc.
- IC establishes a Command Post (CP), Staging Area (if necessary), coordinates communication with Dispatch, and orders resources (both personnel and equipment)
- IC Coordinates with the Director of Emergency services or designee to determine the necessity of declaring an Emergency Proclamation which allows the Modoc Communications Center to notify medical responders to activate their emergency procedures.

3.2.2 Subsequent Actions (Refer to NorCal EMS, Modoc County Health and Safety MCI Plan, and Modoc Medical Center Surge Plan for detailed procedures)

- As soon as possible, a Medical Leader should be designated for Medical Control. This should be a physician if at all possible.
- Secondary responders report to Staging Area or Command Post and report to Medical Leader
- Goal of EMS and onsite medical personnel is to triage, treat, and transport.
- S.T.A.R.T. method of triage will be used
- Patients will be tagged: designated as Black (Deceased), Red (Immediate), Yellow (Delayed), Green (Minor). (See NorCal EMS MCI Plan)
- Treatment areas will be designated: immediate, delayed, and "walking wounded" and an appropriate supervisor appointed for each area
- Personnel assigned to treatment areas should at all times function within their scope of practice. MDs and RNs should be assigned to immediate and delayed treatment areas.

- Medical Unit Leader, or designee, will coordinate transportation, using protocol as specified in emergency plans and subject to Control Facility designation. Transport crews will remain with their vehicles in the staging area until requested
- Resource requests will be managed through the Logistics Section of the EOC. When requested (through the EOC), the resource will be classed as Medical or Operational. Medical resources will be managed through the MOHAC located within the EOC.
- All information pertaining to the incident should be released through the EOC and/or Public Information Officer. All information for media is approved by the IC.

3.2.3 Ongoing Level II Incidents

- Consider need for potential site pre-planning to establish the following areas: Triage, Treatment Areas, EMS Staging Area for transports awaiting patients, Loading Area, and Morgue Area.
- Determine the need for a Field Treatment Site or Alternate Care Site and coordinate through the Emergency Operations Center (EOC) to establish them.
- Utilize emergency protocol for Public Health and Social Services as needed; alert outside agencies such as the American Red Cross as needed
- Re-assess the situation and plan accordingly

3.3 Recovery

3.3.1 Overview

As the timeline of the incident progresses, there is a continuous gradual transition from emergency systems back to regular operations and recovery. The following actions should be followed.

3.3.2 Documentation

- All on-site and response personnel will only function under the direction of the Incident Command System
- Response units will document personnel hours, expenditures, etc. with resource numbers provided by the EOC, using ICS forms.
- All forms approved for the Emergency Operations Plan will be used and submitted daily by responding teams/agencies
- All staff: County, private or public agencies, Disaster Service Volunteers/Workers will document their time and actions in logs. It may be an Incident Command (ICS) 214 Activity Logs
- Required reports for OES, NorCal EMS and Region III CalOES shall be submitted
- Triage personnel will document using the S.T.A.R.T. procedures

3.3.3 After-Action Report (AAR)

- Following protocol as outlined in the EOP, After Action Reporting/Improvement Plan will occur with subsequent mitigations initiated as recommended
- Depending on the incident, a Critical Incident Stress Debriefing (CISD) may be utilized. All agencies and personnel involved should be encouraged to participate.

3.4 Mitigation

Planning is an ongoing function of the Modoc County Sheriff's Office of Emergency Services. It is aided through various grants from FEMA, CalOES, and California Department of Public Health (CDPH). It is also critical that Medical Care Providers within the Operational Area have emergency policy and protocols in place.

Communication is the backbone of any emergency response. It is imperative that it be interoperable between jurisdictions in the operational area. It also will require redundancy to provide backup for primary systems and address the varied needs of different geographical areas. The goal of interoperability and redundancy is acquired over a long-term planning and acquisition process.

Because a multi-casualty incident will encompass multiple jurisdictions in law enforcement, medical, and fire agencies, training and exercising are ongoing and require commitment from all jurisdictions.

Planning should include Memorandums of Understanding between existing medical organizations for mutual aid response.

4. Organization: Coordination and Control

4.1 Roles and Responsibilities of Governmental Agencies

4.1.1 Modoc Sheriff's Office and Office of Emergency Services

The lead agency for emergency operations is the Modoc Sheriff's Office and the Office of Emergency Services.

A fundamental assumption, as stated in Modoc Emergency Operations Plan (EOP) is that all responders will follow National Incident Management System (NIMS) Incident Command System (ICS), and California Standardized Emergency Management System (SEMS).

4.1.2 Modoc County Emergency Operations Center

In an emergency, the responsibilities of the EOC are to coordinate resources in support of planning, operations, and logistics. It also documents finance and administration functions. It maintains an awareness of the tactical communications picture of all emergency operations in the MOA.

EOC primary responsibilities and roles in and emergency are as follows:

- Support first responders in coordination
- Coordinate with responding jurisdictions, California Office of Emergency Services (CalOES) and regional partners
- Maintain Mutual Aid agreements with local jurisdictions, non-governmental agencies, as well as state and regional agencies
- Maintain Memorandums of Understanding with MOA agencies, and private and public partners, to coordinate deployment of communication resources.
- To provide planning and logistical support for acquisition of resources, both personnel and equipment

- To provide a Public Information Officer to coordinate information
- To document incident response, as well as track resources and finances
- To liaison with responding agencies and partners involved in the incident

4.1.3 Sheriff's Office and Law Enforcement Agencies

- To provide for safety and security of everyone involved in the incident, both casualties and responders
- To coordinate security in the mass casualty areas if needed
- To coordinate evacuation as needed
- In conjunction with other law enforcement, provide traffic control

4.1.4 Modoc County Public Health

Provide medical and health public information and recommend protective actions through the Medical Health Operational Area Coordination Program (MHOAC).

- MHOAC will routinely prepare the Health and Medical Situation Report for the Operational Area.
- Assess immediate and long term medical needs
- Coordinate disaster medical and health resources
- Coordinate and establish temporary field treatment sites and an alternate care site if necessary
- Plan and coordinate the public health response and hospital disaster preparedness.
- Coordinate and track mutual aid resources as per Modoc County Health Coalition Memorandum of Understanding as part of the MOHAC

4.15 Other Modoc County Departments

In an emergency, certain city and county departments respond more frequently: Public Health, Social Services, Public Works, and Roads. Health Services and Social Services have emergency plans that deal with specific situations such as Care and Shelter, At-risk populations, infectious diseases, etc. This annex will not attempt to summarize or duplicate the specific policies and procedures for those agencies. In addition to duties specified in the Modoc EOP, it is the responsibility of these departments:

- to coordinate existing resources that reside within their departments inventory
- to participate in training and exercises
- to plan future needs as identified in exercises and existing situations as it pertains to the scope and duties of their departments.

4.2 Operational Area Jurisdictions

Currently within the Modoc OA are two hospital districts and thirteen fire protection districts, and one municipality. All coordinate with the Modoc County Office of Emergency Services and the Sheriff's Office for communications. This includes daily operations, acquisition and coordination of equipment, and training and exercises. Their responsibilities include:

- to coordinate acquisition of communications equipment and systems with the Sheriff's Office and Office of Emergency Services to ensure compatibility;
- to participate in training and exercises to exercise emergency plans

- to plan for alternate communications in the event that the primary communications protocol is non-functioning

4.2.1 Fire Districts

Because of the geographic size of Modoc County and its relatively small population, (2.5 persons per square mile), the reality of Modoc's situation, is that fire district volunteers are the most likely to be first on the scene of both fire and non-fire events. They are staffed by volunteers. It is important that the fire districts make every effort to have volunteers commit to Incident Command training, Basic First Aid and Emergency Medical Training for first responders, Hazardous Materials First Responder and update those trainings as required. When possible, volunteer fire departments should participate in exercises.

As first on the scene, their role is to:

- stabilize the situation
- communicate with 911 Dispatch
- rescue and provide medical treatment
- secure the scene for the safety of casualties and responders and take necessary steps if it is a hazardous materials incident
- provide support for medical and law enforcement responders

4.2.2 Hospital Districts: Surprise Valley and Last Frontier Hospital District/Modoc Medical Center

Each hospital in Modoc County serves a slightly different role in that Modoc Medical Center provides ambulance services to both hospitals. Because of the mountainous terrain between the two valleys, either hospital could be isolated from the other, as could their populations. Mutual aid agreements are in place; however, a "stand alone" operation could be part of an MCI or surge situation for either facility. Both hospitals are critical access hospitals with standby doctors on 30-minute call. This means that seriously injured casualties will be transported to definitive care facilities outside the county since no trauma centers or intensive care units are located within the operational area. Priorities will be to:

- Stabilize and transport (as necessary)
- Prevent Delayed Category patients from deteriorating to Immediate Category
- Coordinate transportation with NorCal EMS Control Center
- Follow hospital Surge Plans

4.3 Local Non-governmental Agencies

4.3.1 Amateur Radio Emergency Services (ARES)

ARES is a secondary resource that provides support for alternate emergency radio communications as requested. The Office of Emergency Services has an ongoing Memorandum of Understanding with them for response deployment. ARES maintains a contact list of licensed responders who will work under the direction of the EOC. They also will participate in training and exercises.

4.3.2 American Red Cross (ARC)

OES has an ongoing emergency response understanding with the ARC. Depending on the situation, it will be activated at the appropriate level. This may be assistance for individual families or sheltering situations.

5. Administration

Under California Standardized Emergency Management System (SEMS), special districts are considered local jurisdictions. As such, they are included in the emergency planning efforts throughout the Modoc County Operational Area (MOA). The MOA Emergency Organization functions within the SEMS protocol. In addition, the MOA functions within the Federal National Incident Management System (NIMS) and follows the Incident Command System (ICS). This allows various local, State and Federal governments as well as private-sector organizations to work together. Mutual aid, including personnel, supplies, and equipment, is provided in accordance with the California Master Mutual Aid Agreement as well as MOA Memorandums of Understanding.

5.1 Planning: Information collection and data analysis

5.2 Logistics: Coordination of resources

5.3 Finance: Tracking of expenses and utilizing reimbursement programs

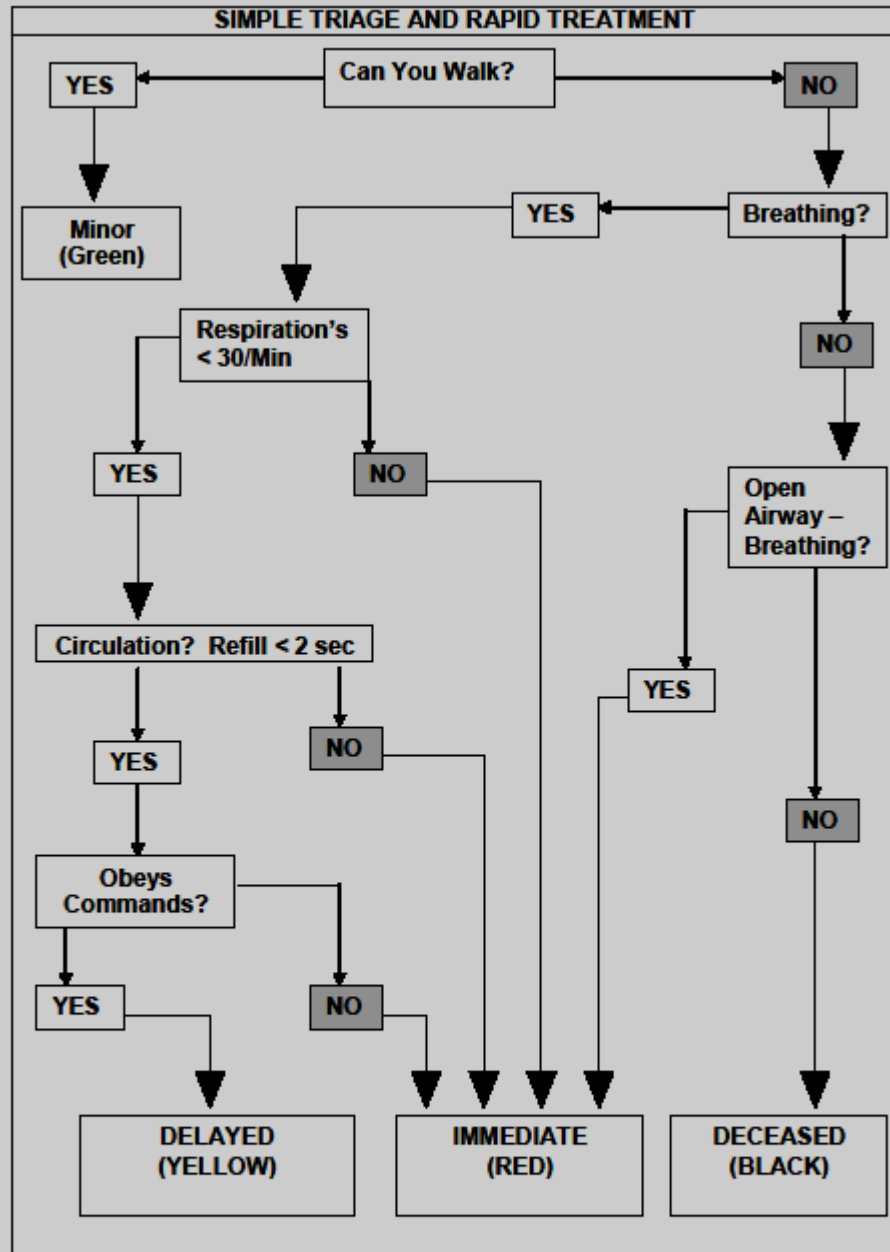
6. Development and Maintenance

All plans are dynamic. The Multi-casualty Annex is part of the Modoc County Emergency Operations Plan (EOP); and as such, all sections of the EOP are applicable to this Annex. It has been approved by the Modoc County Disaster Council and the Board of Supervisors. It is the intent of the Office of Emergency Services and partner agencies to exercise this plan and review it. No plan can be expected to address every potential problem or prescribe the correct action; therefore modifications as a result of exercising and utilization should be an integral part of an annual process.

7.0 Appendices

7.1 NorCal EMS Triage Procedures/forms for assessment, triage and transport

7.1.1 NorCal Simple Treatment and Triage Protocol



7.1.2 NorCal Scene Management; 16-0103 –Multi-Casualty Incident



16-0103 –Multi-Casualty Incident

PURPOSE

1. To establish an operational structure for a Multi-Casualty Incident (MCI), using the Incident Command System (ICS).
2. To define roles and duties of responding personnel.
3. To establish standard approach to triage.
4. To facilitate effectiveness of multi-agency response.

POLICY

To provide adequate personnel and equipment for victims involved at an incident that does not require activation of the Local Medical Emergency protocol.

DEFINITIONS:

1. **Multi-Casualty Incident:** Exists when current personnel and equipment are not adequate to care for all the victims involved. A normal level of stabilization and care cannot be achieved until additional resources are available.
2. **Goal:** To do the most good for the greatest number of victims.
3. **Method:** The Simple Triage and Rapid Treatment (S.T.A.R.T) program is adopted, as a standard method of triage and ICS shall be the organizational structure used in the Nor-Cal EMS region.

BLS/ALS

INITIAL RESPONDERS:

1. : Response:
If you are responding to an incident that may result in an MCI (bus crash, possible mass violence, air crash), "pre-alert" the CF by notifying them of an MCI Alert
2. The first medical unit on scene will:
 - a. Report to the Incident Commander (IC)/designee or establish the ICS if it is not operational.
 - b. Assess (size up) the scene, to include a quick count of the total number of victims and the approximate type of injuries. Furthermore, the type and number of additional resources should be assessed and requested.
 - c. Establish radio communications with the Control Facility (CF) for that county/Operational Area if not done during the response phase.
 - d. Inform the CF of the MCI Alert or confirm the MCI and give an incident "size up".
3. Subsequent units arriving on scene will report to the IC or designee for assignment or report to staging.
4. The goal of the medical personnel at the scene of an MCI is:
 - a. Triage.
 - b. Treatment.
 - c. Transportation as outlined below.
 - d. **Note:** In MCI situations the first in ambulance on scene should be performing triage and therefore is generally the last ambulance to leave the scene. As the first in ambulance you are more familiar with the incident and have working knowledge of the incident. Additionally, the first in ambulance should be stripped of all it equipment and supplies, so as to establish a cache of equipment and supplies closer to the patients.

COMMAND STRUCTURE:

1. Law enforcement personnel should secure the scene.
2. The overall command is under the direction of the IC who is responsible for:
 - a. Safety of the scene rescuers and bystanders.
 - b. Resource management.
 - c. May designate the following: Triage Unit Leader, Treatment Managers assigned to the immediate and delayed treatment areas, the Medical Transportation Unit Leader to determine patient destination from the scene to the surrounding facilities, and other ICS positions as the IC deems appropriate.

7.1.3 Start Triage Tags

TRANSPORTATION RECEIPT Tag Number **4869**
Destination _____ **Via** _____ **Time** **1 0 2 0 3 0**
 Chief Complaint _____

All Risk TRIAGE TAG E10004869
 Age _____ M _____ F _____
 First _____ M _____
 Last _____
 Address _____
 City _____ St _____ Zip _____
 Phone _____ Religious Pref _____

If Contaminated

Blast Injury
☐ Blunt Trauma
☐ Burn
☐ C-Spine
☐ Cardiac
☐ Crushing
☐ Fracture
☐ Laceration
☐ Penetrating Injury
☐ Other _____

AFN ☐ Chief Complaint _____
 Mechanism of Injury _____

VITALS

	Time	B/P	Pulse	Respiration
1				
2				
3				

RE-TRIAGED

	1	2	3
MORGUE 0 E10004869	MORGUE 0 E10004869	MORGUE 0 E10004869	MORGUE 0 E10004869
IMMEDIATE 1 E10004869	IMMEDIATE 1 E10004869	IMMEDIATE 1 E10004869	IMMEDIATE 1 E10004869
DELAYED 2 E10004869	DELAYED 2 E10004869	DELAYED 2 E10004869	DELAYED 2 E10004869
MINOR 3 E10004869	MINOR 3 E10004869	MINOR 3 E10004869	MINOR 3 E10004869

EVIDENCE CONTAMINATED E10004869

AMBULANCE RECEIPT
 Destination _____
 E10004869
WRISTBAND
 E10004869
Personal Property Receipt
 E10004869
DECONTAMINATED YES NO
 Name _____
 Comments _____

TRANSPORTATION RECEIPT **For Use by Transportation Recorder Only**
 Age _____ M _____ F _____
 First _____ M _____
 Last _____

☐ **Tourniquet Applied** Time _____
☐ **Airway Management** ☐ OPA ☐ NPA

GCS Tx In: E: _____ M: _____ V: _____ Time: _____
 GCS Tx Out: E: _____ M: _____ V: _____ Time: _____

Known Allergies: _____

Treatment Administered/Comments

D	Time	Drug Solution	Dose
R			
U			
G			
S			

INJECTOR TYPE ☐ S ☐ L ☐ O ☐ U ☐ D ☐ G ☐ E ☐ M
 Salivation Lachrimation Urination Defecation G.I. Distress Emesis Miosis

INJECTOR TYPE ☐ 1 ☐ 2 ☐ 3
☐ 1 ☐ 2 ☐ 3

Primary Decon ☐ **2ndary Decon** ☐ **SOLUTION**

START triage system **Initial Ribbon Triage** **1 0 2 0 3 0**

MINOR Move the Walking Wounded
RESPIRATIONS ☐ Yes ☐ - 2 Sec. ☐ Can Do
R ☐ No ☐ + 2 Sec. **M** ☐ Can't Do

IMMEDIATE Respirations - Over 30
IMMEDIATE Perfusion - Cap. Refill Over 2 sec. or Radial Pulse Absent
IMMEDIATE Mental Status - Unable to Follow Simple Commands
DELAYED All Others

MORGUE No Respirations After Head Tilt

	0	1	2	3
MORGUE Pulseless/ Non-Breathing	MORGUE Pulseless/ Non-Breathing	IMMEDIATE Life Threatening Injury	IMMEDIATE Life Threatening Injury	DELAYED Serious Non Life Threatening
IMMEDIATE Life Threatening Injury	IMMEDIATE Life Threatening Injury	DELAYED Serious Non Life Threatening	DELAYED Serious Non Life Threatening	MINOR Walking Wounded
DELAYED Serious Non Life Threatening	DELAYED Serious Non Life Threatening	MINOR Walking Wounded	MINOR Walking Wounded	MINOR Walking Wounded

EVIDENCE CONTAMINATED

AMBULANCE RECEIPT
 Name _____ First _____ M _____ Last _____
Personal Property Receipt Name _____ First _____ M _____ Last _____
 Name _____ First _____ M _____ Last _____
ADHESIVE AREA

7.1.4 Patient Tracking Form

Page ____ of ____

TRANSPORTATION OFFICER
HOSPITAL TRANSPORTATION LOG

Date: _____ Incident / Location: _____

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

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Modoc County Healthcare Coalition

Mutual Aid Memorandum of Understanding for Healthcare Partners

1. Introduction

The Hospital Preparedness Program (HPP) grant requires that each participating entity enter into a voluntary Memorandum of Understanding (MOU) for the sharing of personnel, resources and information during a medical/health disaster or other event. MOU participants agree to voluntarily share resources only when resources are available, with the requesting organization agreeing to replace or pay the cost of the resource. An MOU participant is not required to share resources which it believes are needed to maintain its own operations, etc.

This MOU is designed to establish a process for resource sharing among the hospital, clinics and participating healthcare providers in Modoc County. The Modoc County Healthcare Coalition MOU augments the government authorized mutual aid process used during times of a declared or actual disaster or emergency.

2. Background

Healthcare Coalition Development

A primary focus for Local HPP Entities is to strengthen and expand existing partnerships and establish plans for triage of patients across the continuum of care. Additional responsibilities include development and documentation of plans for the sharing of information, staff and other resources. Integrated plans will ensure a common understanding of how health care services will be delivered during emergencies including the sharing of information and the process for requesting and sharing resources.

Partnerships should focus on:

- Integrating the plans and activities of all participating partners, resulting in a common understanding of how information will be communicated, the specific roles of each partner, and the process for requesting and sharing information and resources in the Operational Area.
- Ensuring that all health care facilities within the jurisdiction are aware of procedures for information flow and requesting resources.
- Ensuring that all health care facilities understand procedures to request operating supplies when government supplies caches are available and how to obtain them.
- Increasing medical response capabilities in the county as well as in the mutual aid region.
- Preparing to meet the medical/health needs of at-risk populations in the county.
- Encouraging all health care facilities to provide training on and have Personal Preparedness programs.

California Department of Public Health

The HPP Application Guidance requires participating entities to develop an MOU for the sharing of information, staff, and other resources.

3. Purpose of Mutual Aid Memorandum of Understanding

The purpose of this MOU is to assist participating entities in quickly obtaining emergency assistance in the form of personnel, equipment, supplies, information, facility space, and other associated services during emergencies/disasters.

This MOU is a voluntary agreement between participating Healthcare Coalition entities located within Modoc County. This document is not intended to replace each organization's disaster plan. By signing this MOU, participating entities are evidencing their intent to abide by the terms of the MOU as described below. The terms of this MOU are to be incorporated into each partner's disaster plan. Contact information for all participating entities is located on each entity's individual signature page.

4. General Terms of this Agreement

- a. **Agreement to Share Resources:** To the best of their ability, participating entities in this MOU agree to share the following available resources during an emergency/disaster:
 - i. Personnel
 - ii. Equipment
 - iii. Supplies
 - iv. Pharmaceuticals
 - v. Facility Space
 - vi. Information
- b. **Reimbursement:** The process for reimbursement during times of emergency/disaster will be conducted as outlined below.

Loaned Equipment:

The receiving entity shall return to the donor organization any and all equipment borrowed during the time of an emergency/disaster. Equipment shall be returned to the donor organization in the same condition in which it was received in a timely manner. If the loaned item has the potential of requiring maintenance of any sort (such as a vehicle, generator, lighting unit, etc.), the donor organization and the receiving entity shall determine potential maintenance activities and reimbursement rates before the items are distributed. The receiving entity shall also pay for any costs related to shipping/transporting the equipment back to the donor organization.

Loaned Supplies, Materials or Pharmaceuticals (Consumables):

The receiving entity shall return to the donor organization as soon as feasibly possible an exact replacement inventory of borrowed consumables. The receiving entity shall store borrowed consumables according to the appropriate manufacturer/vendor guidelines (if necessary, provided by the donor organization). It shall be the receiving entity's responsibility to pay for any costs related to shipping the consumables back to the donor organization.

Loaned Personnel:

The receiving entity shall reimburse the donor organization compensation for all borrowed personnel during times of disasters. Reimbursement rates shall be based on the current compensation rate and administrative costs for personnel as provided by the donor organization. The receiving entity is only responsible to reimburse wages and administrative costs for personnel that are specifically requested. Personnel that arrive to assist without being specifically requested shall be considered volunteers.

Loaned Facility Space:

The entity receiving the space shall return the space to the donor organization as soon as practical and in at least the same condition as when the receiving entity took over occupation. Unless otherwise agreed upon, the receiving agency will reimburse the donor organization for use of space, particularly if used for patient care/sheltering which the receiving agency is receiving payment. The receiving agency will also provide the necessary personnel, equipment, supplies and support for occupation in the donor organization's facility.

Please Note – Any deviation from the above process must be agreed upon by the receiving entity and donor organization in writing.

- c. **Activation of the Mutual Aid Memorandum of Understanding:** Only the Incident Commander (or designee) at each participating entity has the authority to activate this MOU.
- d. **Credentialed Personnel:** Each participating agency that wishes to request prescreened medical personnel, whose credentials are verified once every 24 hours, may request personnel through the Modoc County Public Health Department (MCPHD). MCPHD serves as the county administrator of the Disaster Healthcare Volunteers (DHV) of California. To request personnel, contact MCPHD DHV administration at 530-233-6311.

Each participating agency is strongly encouraged to have their personnel register with the Modoc County unit of the DHV to ensure that there are always an adequate number of prescreened personnel during a disaster. Online registration is available at <https://medicalvolunteer.ca.gov>.

5. Regional III Medical/Health Mutual Aid System

If assistance is not available on Operational Area (OA) level and through procedures identified in the MOU, participating agencies may request additional aid through the Region III medical/health mutual aid system. The process for requesting medical and health mutual aid resources will be coordinated by the Modoc County Medical Health Operational Area Coordinator (MHOAC) and the Region III Regional Disaster Medical Health Specialist (RDMHS). To request medical/health mutual aid from the MHOAC/RDMHS, participating agencies must meet requirements as outlined in Appendix A, which is made part of this memorandum.

6. Mutual Aid Memorandum of Understanding (MOU) Administration

Modoc County Public Health Department will maintain all of the original MOU documents and provide copies to all participating entities.

All correspondence with MCPHD should be sent to:

Modoc County Public Health Department
Attn: Kristi Olio
441 N. Main St.
Alturas, CA. 96101

7. Term and Termination

The terms of this agreement will commence on the date this agreement is signed and will continue in full force and effect for five (5) years from that date unless terminated or modified by mutual written agreement by all participating entities. An individual entity may elect to terminate its participation in this MOU by providing thirty (30) days written notice to other participating healthcare organizations of its intent to terminate.

8. References

- California Department of Public Health's Application Guidance for Local Health Departments and Local Hospital Preparedness Program Entities: U.S. Department of Health and Human Services (HHS) Assistant Secretary for Prevention and Response (ASPR) Hospital Preparedness Program (HPP)
- California Public Health and Medical Emergency Operations Manual
- Modoc County Public Health and Medical Emergency Operations Plan

Signature pages follow:

APPROVED AS TO FORM:

Dr. Richert MD.
Health Officer, Modoc County

Approved By:

- ☐ Director of Health Services _____
☐ Deputy Director of Public Health _____

IN WITNESS WHEREOF, the undersigned have executed this agreement on behalf of:

Modoc County Health Services Agency

By: _____
Name, Title Date

Contact Information

(Individuals/ positions that may be contacted during emergencies/disasters)

Individual	Title	Phone (include alternate #s)	Email

Submit this original signature page to:

Modoc County Public Health
Attn: Kristi Olio
441 N. Main St.
Alturas CA. 96101

Appendix A

Criteria to Request Medical/Health Mutual Aid through the MHOAC (Outside of the Modoc County OA)

MHOAC Resource Requesting Process

The MHOAC Program coordinates medical and health disaster resources within the Operational area. The MHOAC Program maintains an updated directory of medical and health resources, existing mutual assistance agreements, and key supplier contacts for their Operational Area. During an emergency, medical or healthcare providers request needed resources from local agencies consistent with local protocol. If the resources cannot be obtained locally, the MHOAC Program should be contacted.

The MHOAC Program attempts to locate the needed resources within the Operational Area and through all available suppliers. If the MHOAC Program cannot satisfy the request for additional resources through those mechanisms, the MHOAC Program may request medical and health resources from outside the Operational Area. Prior to submitting a resource request to the MHOAC, it is incumbent upon the requesting entity to confirm the following:

- a) Is the resource need immediate and significant?
- b) Has the supply of the requested resource been exhausted, or is exhaustion imminent?
- c) Is the resource available from your internal, corporate supply chain?
- d) Is the resource available through participating entities associated with the MOU or other existing MOU's your agency has in place?
- e) Have payment/reimbursement issues been addressed?

If the requesting entity has addressed the above criteria and still requires medical/health mutual aid assistance by way of the MHOAC and RDMHS, contact information is as follows:

MHOAC:

Modoc County Public Health
441 N. Main St.
Alturas, CA. 96101
(530) 640-1109

Region III RDMHS:

Sierra Sacramento Valley EMS
2775 Bechelli Lane
Redding, CA 96002
(530) 410-6008

MHOAC (Alternate):

Modoc County Public Health
441 N. Main St.
Alturas, CA. 96101
(530) 708-2691