

SCEMS Disaster Plan

I. Duties of the Personnel

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Support Services
Training
Operations
 On-duty
 Off-duty
Medical Director

II. Operations on scene

Medical operations
Communications
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III. Response of off duty personal

Uniform
Rally Location

Duties of the Personnel:

Roles and Responsibilities of the Administration:

1. Director
2. Asst. Directors
3. Training Majors and Captains.
4. Support Service personnel
 - A. Respond to the EOC
 1. Director or his designees
 - B. Respond to Building One
 1. The remainder of administrative staff.

Duties to be performed :

1. Initiate callback
2. Assign and equip units.
3. Assist EOC with notification of Allied EMS services.
4. Assist with call management if needed, by using CAD.

5. Coordinate with on scene captains in regard to needs (personnel, equipment).
6. Coordinate personnel for the on coming shift.
7. If the scene covers a large area, assist on scene Captains with geographic information by using and updating area maps.

Role and Responsibilities of Operation Captains:

1. On duty- respond as dispatched.
2. Off duty, respond to Building One, or if instructed to by EOC to another location to meet with on duty Captain, so that we can have 2 Captains per suburban.
3. Off duty Captains staff spare suburban, and respond as needed per the EOC.
4. Assist with notifications as needed.
5. Provide additional resources and operational suggestions to onsite Captains.

Role and Responsibilities of Lieutenants and EMICTs:

1. Await call from Staff.
2. If out, respond to Building One, whereas you will be assigned a task or a unit by the staff.

Note: All personnel should respond in uniform, this is important for identification purposes.

Medical Director:

1. Notification made by MCI page.
2. Medical Director may respond to scene as needed, to assist in Triage and Treatment.

Operations On Scene:

The dispatched Captain will proceed directly to the scene.

On the Captain's arrival.

- Establish Medical Operations
- Contact Command and advise them that you have setup Medical Operations.
- Declare MCI if the incident meets the criteria.
- Have Tac channel assigned and switch operations to this channel.
- Assign duties
 1. Triage officer
 2. Treatment officer
 3. Transport officer
 4. Liaison with Command
- Setup treatment area.
 1. Consider wind direction
 2. Consider egress and ingress
- Assign staging area for incoming units.
- Assign arriving units as needed from the staging area.
- Coordinate with EOC and Staff at Building One.

The unassigned on duty Captain.

Depends on the size of the incident.

- Respond to the scene as needed, to possibly set up additional operational areas.
- Coordinate the coverage for the rest of the County
- With the coordination of Medical Operations, start the process of utilizing Allied Agencies.
- Contact the Airport &/or Disaster Management and see if they can transport the extra spineboards to the scene.
- Determine the need to start call back procedures.

Communications:

- Move operations to Tac channel
- Medical Operations monitor Command channel
- Unassigned Captain monitors the Ops. Channel
- Units must limit radio traffic
 1. Acknowledge the call on Ops.
 2. State that the unit is en route
 - I.e.: Medic 34's en route. (Do not repeat address or where you're responding from, as this could tie up the channel for some time if a number of units are dispatched.)
- Limit the amount of call jumping as this confuses dispatch and units could be lost.
- Limit the amount of other traffic i.e.: lines are down, trees down etc. this is usually a given in the event of a storm, just attempt to make the assigned call as best as you can.
- If on the scene, try to go through medical operations with the radio traffic so as there won't be any duplication of traffic to dispatch. Just advise the number of patients, rough triage (3 reds and 2 grays) and location, then Medical Operations will assign units, as they are available, along with coordinating this with dispatch.
- The transporting unit will contact the receiving hospital, and give them a quick report. This should only include the number of patients, triage, and ETA. (Medic 34 traffic with St Francis, we are en route with 4 code red patients with an ETA of 5 minutes.) This should be brief, as other units may be trying to contact the same hospital, and someone may need to speak with a Physician for orders.

EMS Units

- Initial units dispatched respond as normal, but limit radio traffic. On arrival if it is a known large incident, determine a staging area and treatment area if possible. While one of the crewmembers is doing this, the other can start getting a quick triage or at least a number of patients
- When a large incident occurs units that are not initially dispatched need to move to their units and be prepared to respond or stage as dispatch advises. Try to refrain from volunteering to go to calls until dispatch sends you, as they will lose you in the confusion.
- When arriving on scene try to remember to use a staging area, this way you can be directed where to go. This may be into the treatment area or to another location.
- When transporting patients in a MCI situation there is no need to call trauma alert information, as the hospital staffs will account for this.
- When turning around at the hospital, try to restock your unit with spine boards and like equipment.

Allied Agencies:

- Try to determine the need for Allied Agencies early on so that notification can be made.

- If possible when using Allied Agencies try to place a Sedgwick County EMS personal on board to help with operational issues and navigation.

Response of Off Duty Personnel:

Off duty personnel:

- Off duty personnel should respond in uniform to assist with identification.
- Off duty personnel should only respond after being called by someone form EMS administration.
- Off duty personnel should respond to Building One unless told differently.
- Off duty personnel should respond with needed equipment i.e. safety vest, flashlight, bunker gear (if possible).