ACTIVE THREAT INCIDENT PLAYBOOK

HAMPTON ROADS MASS CASUALTY INCIDENT RESPONSE GUIDE

December 2023

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INTRODUCTION

PURPOSE

The Hampton Roads Active Threat Incident Playbook was developed as an Emergency Medical Services (EMS) resource to support active threat planning and response. Much of the content included in this playbook is based on best practice research and lessons learned analysis conducted by the U.S. Fire Administration, the American College of Surgeons, the Federal Bureau of Investigation (FBI), and the Hartford Consensus Group.

This Active Threat Playbook is intended to provide responders with critical information required to understand the unique aspects of an active threat response, offer guidance to structure effective and agile response strategies, identify roles and responsibilities for response stakeholders, and provide tools to help Playbook users "on the fly" as they develop incident action plans for an active threat response.

This Playbook includes checklists and guidance on expected actions to facilitate decision-making and coordination. Stakeholders should familiarize themselves with this Playbook before an active threat and before conducting training or exercise activities related to active threat response operations.

This Playbook should be used in preparation for response to a threatened or actual active threat incident and as a reference for events requiring complex operational coordination and communication needs.

In preparation for any hazard to include an active threat, the following focus points were considered when developing this Playbook:

- **Awareness:** How are first in emergency responders receiving information that a hazard is present? To what extent are existing scene safety sensors and situational awareness methods maintained by the Emergency Medical Dispatch (EMD) and EMS response community capable of providing information about an acute hazard?
- **Initial Actions:** Once emergency responders receive an initial dispatch, what initial actions are taken when a hazard (e.g., active shooter) presents itself, especially those that require immediate action? Does the Playbook provide protocol or action/procedure, especially as the scene may still be evolving? After an initial assessment of the on-scene hazard potential and factoring in the urgency necessary to address the hazard appropriately, what actions are required to deploy appropriate personnel, resources, and facilities should be notified and informed of the hazard?
- **Planning Considerations:** Smart and effective planning of the response to an active threat is essential, particularly when aspects or the full scope of the hazard's disruptive potential are unknown. Proper and informed planning (proactive actions) is critical to the success of mitigation and response. Safety concerns dictate that all participating facilities, agencies, and stakeholders know what to expect from the others. Planning often requires a purposeful effort (reactive actions) to guide response activities specific to the roles and responsibilities of the responders.
- **Operational Considerations:** Operations encompass all activities that involve mitigating the impact of, responding to, and recovering from an active threat and its primary or cascading disruptions. Emergency responders and key stakeholders must make every effort to make the best possible decisions based on the collective understanding of the information available. When made proactively and communicated to partners, deviations from the Playbook must be acceptable and encouraged when appropriate. Such deviations are the focus of this Active Threat Playbook, providing general

guidance on actions (deviations) taken as an active threat incident evolves. This Playbook is designed to be a supplemental document to the Hampton Roads Mass Casualty Incident Response Guide. It provides repeatable directions and aids in roles and responsibility actions, existing and adaptive capacities, and the ability to manage unique needs or create new capabilities without an existing framework or best practice.

ACTIVE THREAT RESPONSE CHALLENGES

Based on the active threat, jurisdictions may face the following specific challenges when addressing active threats:

Operational Coordination: The complexity of an active threat requires responders to counter with a fully integrated, coordinated response.

Incident Command: The ability to rapidly transition from an ICS structure to a Unified Command to coordinate a joint response from multiple agencies.

Incident Command/Unified Command: The ability to rapidly transition from ICS to a Unified Command, with representatives from impacted jurisdictions comprising the command staff.

Operational Communication: The ability to ensure region-wide interoperability includes a multi-disciplinary communications approach to address emerging lifesaving and life-sustaining operations.

Public Information and Warning: Have regional systems in place fully capable of disseminating accurate crisis information and guidance to the public to include instructions related to protective actions to avoid the effects of an active threat (e.g., shelter-in-place) or to avoid certain areas or infrastructure (e.g., public transit).

Multiple Attack Locations: A characteristic of an active threat is the sequential or quick succession of incidents at multiple locations. For example, identifying a second attack at a separate location signifies the incident has evolved from a single-site incident (e.g., active shooter, arson) to an active Threat.

Self-Deployment/Self-Dispatch: Emergency response units self-dispatching and deploying to the active threat without being called. This also includes interested bystanders and social media "reporters". Self-deploying and dispatching may block emergency ingress/egress routes, delay responders gaining access to the site, loss of personnel accountability, and slow transport of critically injured personnel from the scene.

Fatality Management Services: An active threat may overwhelm available resources to appropriately address the timely and respectful recovery, identification, processing, and release of fatalities.

PLANNING ASSUMPTIONS

This section presents assumptions, situations, and concepts applicable to active threats.

National Incident Management System (NIMS): During a response to an active threat, all agencies and jurisdictions will operate under the National Incident Management System.

Hazards and Vulnerabilities: Stakeholder agencies are aware of the specific hazards and vulnerabilities.

Criminal Act: An active threat will include a criminal act, making law enforcement the lead agency. All responders entering the scene must be aware of evidence preservation and Law Enforcement investigative requirements.

Covert vs. Overt Attack: An active threat may not be apparent to responding organizations at individual incident sites (Covert Attack). An Overt Attack is when an attacker announces that an attack is imminent or has occurred (Overt).

Information Sharing: Agencies responding to a single incident that could be part of an active threat will share information and intelligence quickly to create a common operating picture.

Multi-Jurisdictional: An active threat in the Region may not be contained within the Region and will require coordination with adjacent regions and neighboring states.

All-Call Dispatch: All stakeholder agencies will participate in and support regional coordination efforts for active threat response.

Regional Intelligence: The resources needed to mitigate multiple simultaneous incidents depend on the incidents' size and complexity and their location; specialized resources not located within the Region, or the Commonwealth may be needed.

Mutual Aid: Expected mutual aid resources may not be available or may be significantly delayed. Resources from government agencies (local, state, and federal) and private-sector organizations may be available, but during an active threat may not be immediately available.

State and Federal Response Resources: Local agency resources will be more rapidly depleted during an active threat response than a single-site attack; extensive use of state and federal resources, including those obtained through mutual aid agreements, is anticipated.

AUTHORITIES

The following policies, statutes, bylaws, regulations, executive orders, or directives pertain to powers, authorities, or requirements that affect or relate to emergency planning and disaster response in the Hampton Roads Region.

FEDERAL

- OSAC 2022-N-0020 Standard for Mass Fatality Incident Management
- Robert T. Stafford Disaster Relief and Emergency Assistance Act and Amendments
- Homeland Security Presidential Directives #5, Management of Domestic Incidents
- Homeland Security Presidential Directive #8, National Preparedness
- Title 44 of the Code of Federal Regulations
- United States Department of Homeland Security (DHS)
- National Incident Management System (NIMS)
- National Response Framework (NRF)
- Emergency Management and Assistance, 44 Code of Federal Regulations (CFR)
- Hazardous Waste Operations & Emergency Response, 29 CFR 1910.120
- Federal Radiological Emergency Response Plan
- National Oil and Hazardous Substances Pollution Contingency Plan

- Target Capabilities List (TCL) 2.0
- Universal Task List (UTL) 2.0

COMMONWEALTH OF VIRGINIA

- Commonwealth of Virginia Emergency Services and Disaster Law of 2000, as amended, Title 44, Chapter 3.2 Code of Virginia, §44-146.19 through §44-146.28, as amended.
- Commonwealth of Virginia Emergency Operations Plan, Virginia Department of Emergency Management, October 2021.

REFERENCES

- ICS and NIMS Guidance from Federal Emergency Management Agency (FEMA)
- Homeland Security Exercise and Evaluation Program (HSEEP)

RECORD OF CHANGES

Change #	Page #	Section	Summary of Change	Change Made By	Date
1					
2					
3					

RECORD OF DISTRIBUTION

Department	Point of Contact (by Role)	Phone	Email	Date of Distribution

ACRONYMS

Acronym	Description
5-S's	Safety, Size Up, Send information, Set Up the scene, SALT
AEP	Ambulance Exchange Point
AHJ	Authority Having Jurisdiction
CONOPS	Concepts of Operations
CP	Command Post
CCP	Casualty Collection Point
CRC	Chief Regional Coordinator
CSALTT	Capability, Size, Amount, Location, Type, Time
CT	Contact Team
DHS	U.S. Department of Homeland Security
DMSU	Disaster Medical Support Unit
ED	Emergency Department
EM	Emergency Management/Emergency Manager
EMA	Emergency Management Agency
EMS	Emergency Medical Services
EOP	Emergency Operations Plan
EOC	Emergency Operations Center
EOCM	Emergency Operations Center Manager
EVHC	Eastern Virginia Healthcare Coalition
EPA	Environmental Protection Agency
FAA	Federal Aviation Administration
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
FRA	Federal Rail Administration
HCC	Health Care Center
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IC	Incident Command or Incident Commander (depending on context)
ICS	Incident Command System
ID	Identification

Acronym	Description
IV	Intravenous
JIS	Joint Information System
LE	Law Enforcement
LEO	Law Enforcement Officer
LZ	Loading Zone
MCETU	Mass Casualty Evacuation Transport Units
MCI	Mass Casualty Incident
NIMS	National Incident Management System
NRF	National Response Framework
NTSB	National Transportation Safety Board
PEMS	Peninsulas Emergency Medical Services
PIO	Public Information Officer
PPE	Personal Protective Equipment
PSAP	Public Safety Answering Points
REMO	Regional Emergency Medical Organization
RHCC	Regional Healthcare Coordination Center
RTF	Rescue Task Force
SALT	Sort, Assess, Lifesaving interventions, Treatment and/or Transport
SAU	Situational Awareness Unit
TBI	Traumatic Brain Injury
TBSA	Total Body Surface Area
TEMS	Tidewater Emergency Medical Services
THREAT	Threat suppression, Hemorrhage control, Rapid Extrication to safety, Assessment by a medical provider, Transport to definitive care
UC	Unified Command or Unified Commander
VDH	Virginia Department of Health
VEOC	Virginia Emergency Operations Center
VFC	Virginia Fusion Center
VSP	Virginia State Police

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CONCEPTS OF OPERATIONS (CONOPS)

MAXIMIZING SURVIVAL

Local Fire/EMS agencies, along with pre-planned coordination with Law Enforcement, are required during the response to these events to rapidly execute a rescue, save lives, and enable operations while reducing risk to personnel. Additionally, local and regional policies must be put in place before an active threat happens to ensure coordination and integrated planning, preparation, response, treatment and care.

The American College of Surgeons and the FBI have determined the best avenue for survivability in an active threat is responders capable of rapidly controlling hemorrhage as a core requirement in response to an active threat. The number one cause of preventable death in victims of penetrating trauma is hemorrhage. This practical recommendation includes the critical actions contained in the acronym **THREAT**:

- **T** - Threat suppression
- **H** - Hemorrhage control
- **RE** - Rapid Extrication to safety
- **A** - Assessment by medical providers
- **T** - Transport to definitive care

The THREAT concept is simple, basic and proven. According to the American College of Surgeons, life-threatening bleeding from extremity wounds is best controlled using tourniquets. In addition, internal bleeding resulting from penetrating wounds to the chest and trunk is best addressed through expedited transportation to a hospital setting.

ACTIVE THREAT ROLES AND RESPONSIBILITIY CHECKLIST

LAW ENFORCEMENT

- ☐ In any incident involving violence, EMS providers need to understand the actions Law Enforcement Officers (LEOs) may employ.
- ☐ On scene, LEOs will determine if the incident involves an active shooter or other types of violence.
- ☐ The first responding LEO will form a Contact Team (CT) and proceed to locate and isolate the suspect(s), thus decreasing the probability of injury or death to the victims.
- ☐ LEOs must maintain a safe perimeter or corridor in support of EMS personnel on the scene.
- ☐ Law Enforcement will take command of the incident and establish an initial Command Post (CP) until a higher-ranking LEO arrives.
- ☐ The ranking LEO should then enter the Unified Command with the highest-ranking on scene, EMS personnel, as soon as possible.

UNIFIED COMMAND

- Upon announcement of the establishment of the Unified Command, all various agency command personnel shall report to the CP.
- The CP shall be established in a safe location, preferably located in the Cold Zone or a remote location.
- Law enforcement should designate this area, and in most cases, an EMS Supervisor will function as EMS Command.

EMS ROLES AND RESPONSIBILITIES

- In all cases, the first arriving EMS personnel will collect as much information as possible and rapidly communicate that information to additional responding units.
- The first arriving EMS unit should contact the on-scene Law Enforcement Incident Commander, enter the Unified Command, and confirm the Command Post location.
- EMS personnel will don the appropriate level of Personal Protective Equipment (PPE) and maintain a high level of situational awareness.
- All EMS personnel must prepare to engage in Rescue Task Force (RTF) assignments or MCI-related duties.
- If an RTF is necessary, EMS personnel will conduct a face-to-face briefing with the LEO group leader to ensure that both groups understand the objective and direction of movement.
- During this phase of the operation, all EMS personnel must follow the direction and commands of law enforcement.
- The goal of the RTF is to safely move casualties to a Casualty Collection Point (CCP), render life-saving medical aid, and rapidly extract victims from further potential harm.

RTF TEAM MEMBERS

- Determine the EMS component of the RTF team has radio communications with Command.
- Establish the most optimal location for a Casualty Collection Point(s) (CCP).
- The preferred area is clear of hallways/doorways, easily secured by law enforcement, and has good egress for casualty extraction via an Ambulance Exchange Point (AEP).
- If the law enforcement personnel cannot extract or move the injured to a CCP, the RTF will need to search and locate casualties in the Warm Zone and relocate them to the CCP.
- Additional RTF groups shall be deployed as needed.
- All personnel operating in the Warm Zone should maintain a high level of situational awareness and anticipate having to hide behind areas of cover and concealment.
- As casualties are encountered, RTF members will conduct triage efforts with the SALT triage system and determine extraction priorities.
- Routinely provide EMS command with updated reports consisting of:

  - Number of patients
  - Types of injuries (penetrating, blast or blunt force)
  - Location of patients
  - Resources needed for care
  - Resources needed for extrication
- ☐ Provide treatment of immediate life-threatening injuries (such as profuse uncontrolled hemorrhage, airway compromise and tension pneumothorax).
- ☐ The goal of an RTF is to rapidly access and remove the patient(s), not to remain and provide care.
- ☐ Coordinate with EMS Command to implement the safe extraction of casualties from the CCP to the treatment/patient loading area by means of an AEP.

EMS COMMAND

- ☐ Make contact with the Law Enforcement Commander.
- ☐ Determine conditions such as Hot Zone, Warm Zone, and Cold Zone boundaries and confirm the CP is in the Cold Zone.
- ☐ Relay potential threats such as fires and explosives to responding units.
- ☐ Develop an Incident Action Plan (IAP).
- ☐ Deploy resources to complete objectives such as delegating Rescue Task Force EMS personnel.
- ☐ Communicate with operating RTF groups to determine the number and status of patients.
- ☐ Estimate the number of injured and declare a Mass Casualty Incident (MCI) if applicable.
- ☐ Request resources as needed and determine safe avenues of ingress/egress.
- ☐ Request a Regional Emergency Medical Organization (REMO) physician to the scene.
- ☐ Consider assigning a Transport Officer and providing a location for a patient loading area.
- ☐ Consider assigning a Treatment Officer and provide a location for a treatment area.
- ☐ Consider assigning a Staging Officer and providing a location for available resources.
- ☐ Consider delegating an EMS Operations Officer to assist the EMS Commander by offloading critical tasks and assisting in support operations.
- ☐ Consider deployment of a Critical Incident Debriefing Team for responders.

TRANSPORT OFFICER

- ☐ Obtain Hot, Warm and Cold Zone boundaries.
- ☐ Establish an ambulance staging area and patient loading area in the Cold Zone.
- ☐ Communicate with EMS Command to determine the following:
  - Number of CCPs
  - Locations
  - Number of patients

- Provide pre-arrival instructions to responding ambulances to ensure a safe and expeditious response.
- Attempt to load patients onto ambulances as efficiently as possible.
- Transporting a Green category patient with a Yellow or Red category patient may assist in delivering patients to the most appropriate level of care without overloading any one facility with patients. However, this should not supersede good operational judgment.
- Coordinate the movement of patients out of the treatment area and transport them to hospitals.
- Determine the appropriate destination based on the following:
    - Patient severity
    - Hospital travel times
    - Number of casualties to be evacuated
- Maintain a Transport Log that includes:
    - Patient name (or assigned ID)
    - Priority
    - Transporting unit
    - Hospital destinations
- Consider assigning this task to one person to manage and maintain for accuracy.

TREATMENT OFFICER

- Establish a treatment area in close proximity to the ambulance loading area.
- Request additional personnel/equipment and establish treatment groups.
- Supervise the continued assessment, treatment, and re-triaging of patients.
- Coordinate with the Transport Officer to move patients off scene quickly and efficiently.

STAGING OFFICER

- Establish an area where readily available ambulances, supplies, and personnel can be positioned for rapid deployment.
- Function as a liaison between Transport Officer and staged resources.

INITIAL NOTIFICATIONS

Initial notifications that an active threat may develop are critical for real-time information analysis, operational coordination, and effective resource management. The Incident Commander (or their designee) will notify the PSAP. Initial Dispatch/PSAP notification actions are illustrated on the following page.

Dispatch/PSAP Initial Notifications Checklist

- ☐ Dispatch/PSAP
- ☐ Local Emergency Responders (Law Enforcement, Fire/EMS) and Mutual Aid Partners
- ☐ Local Emergency Management
  - ☐ Local Leadership/Local EOC Activation
- ☐ Area hospitals
  - ☐ VDH
  - ☐ Eastern Virginia Healthcare Coalition (EVHC)/RHCC Activation
- ☐ VDEM Situational Awareness Unit (SAU) and Chief Regional Coordinator (CRC)
  - ☐ Commonwealth Leadership/VEOC Activation
- ☐ Virginia State Police/Virginia Fusion Center (VFC)

Additional Notifications (depending on the type of attack):

- ☐ FBI Norfolk Ops Center (when active threat/active shooter event is verified)
- ☐ Federal Aviation Administration/National Transportation Safety Board (FAA/NTSB) for downed aircraft incidents.
- ☐ Federal Rail Administration/NTSB (FRA/NTSB) for incidents involving railroads.
- ☐ Environmental Protection Agency (EPA) for hazardous materials releases

ACTIVE THREAT ROLES AND RESPONSIBILITIES MATRIX

The following matrix denotes primary (P) and supporting (S) roles and responsibilities during an active threat incident.

Agencies **Functional Areas**	**Local EM**	**Local Fire**	**Local EMS**	**Local Law Enforcement**	**VDEM**	**HCC**	**VSP**	**VDH**	**Others**
Operational Coordination	**P**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	
Intelligence Gathering	**S**	**S**		**P**		**S**	**S**		
Public Information and Warning	**P**	**S**		**S**	**S**		**S**	**S**	
Mass Search and Rescue Operations	**S**	**P**	**S**	**S**			**S**		
On-Scene Security Protection and Law Enforcement	**S**			**P**			**S**		
Operational Communications	**P**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	
Public Health	**S**							**P**	
Healthcare	**S**	**S**	**S**			**P**		**S**	
Emergency Medical Services	**S**	**S**	**P**			**S**		**S**	
Situational Awareness	**P**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	
Other									
Other									

CCA, Active Shooter and Mass Casualty Incident Check List			
X	**#**	**Responsible Party**	**Item**
			Pre-incident
	1	EMA/AHJ	Multiple victim incident EOP completed
			Incident
	2	LOG	CP established
	3	LOG	CP secured
	4	LOG	U/C and communications method established and communicated to all personnel and communications center
	5	U/C	UC/LE establishes goals and overall strategy. Emphasize Rapid Triage, Treatment and Extrication – SALT Triage
	6	U/C	ICS established; command and general staff positions established
	7	OPS	Establish staging manager and staging areas
	8	U/C PIO	PIO staffed, JIS considered
	9	OPS	Fire, medical, and/or rescue branches or groups established in operations
	10	EMS	Establish casualty collection points, evacuation routes and LZs
	11	OPS	Size-up and determine resource requirement
	12	UC/LOG	Request required resources
	13	U/C	Notify hospitals to activate MCI plans
	14	OPS	Develop operational plan
	15	PLN	Start IAP process
	16	OPS	Aviation division established by air assets planned or airspace control required
	17	OPS	Safe, hardcover staging area established (multiples for discipline or geographically)
	18	LOG/ALL	Personnel have readily identifiable ID
	19	U/C	Duress code provided to all responders
	20	U/C	Plan approved by AHJ
	21	OPS	Accountability for victims and civilians involved — established
	22	EMS	Medical branch/group begins rapid triage, treatment (including hemorrhage control), and transportation portals and sites
	23	EMS	Account for persons triaged, treated and/or transported (record and track locations)
	24	PLN	Provide for rotation and maintenance of on-scene personnel
	25	LOG	Provide refueling, battery charging, and replenishment of expendable materials
	26	PLN	Demobilization plan in place
	27	PLN	After action report process established
	28	PLN	ICS evaluation report plan in place
	29	PLN	Debriefing personnel planned
	30	LOG	Critical stress debrief action planned
	31	PLN	Personnel released
			Post-incident
	32	PLN	After action report prepared
	33	PLN	After action report completed
	34	U/C	After action report submitted to AHJ
	35	PLN	Improvement plan established
	36	PLN	Plan updates processed
	37	AHJ	Plan updates promulgated

FIRST UNIT ON SCENE CHECKLIST

Mission: The first unit on the scene gives visual size-up, assumes and announces command, confirms the incident location, then performs the **5 S's**:

SAFETY assessment: Assess the scene observing for:

- ☐ Electrical hazards.
- ☐ Flammable liquids.
- ☐ Hazardous Materials
- ☐ Other life-threatening situations.
- ☐ Be aware of the potential for secondary explosive devices.

SIZE UP the scene**:** How big and how bad is it? Survey incident scene for:

- ☐ Type and/or cause of the incident.
- ☐ Approximate number of patients.
- ☐ Severity level of injuries (either Major or Minor).
- ☐ Area involved, including problems with scene access.

SEND information:

- ☐ Contact dispatch with your size-up information and declare a Mass Casualty Incident Level.
- ☐ Request additional resources.
- ☐ Notify the closest hospital/emergency department of the incident.

SET UP the scene for management of the casualties:

- ☐ Establish staging.
- ☐ Identify access and egress routes.
- ☐ Identify adequate work areas for Triage, Treatment, and Transportation.

SALT (Sort, Assess, Life-Saving Interventions, Treatment and/or Transport)

- ☐ Begin where you are.
- ☐ Ask anyone who can walk to move to a casualty collection point or designated area.
- ☐ Use surveyor's tape to mark patients.
- ☐ Move quickly from patient to patient.
- ☐ Maintain patient count.
- ☐ Provide only minimal treatment.
- ☐ Keep moving!

Remember…Establish COMMAND, SAFETY, SURVEY, SEND, SET UP, AND SALT TRIAGE

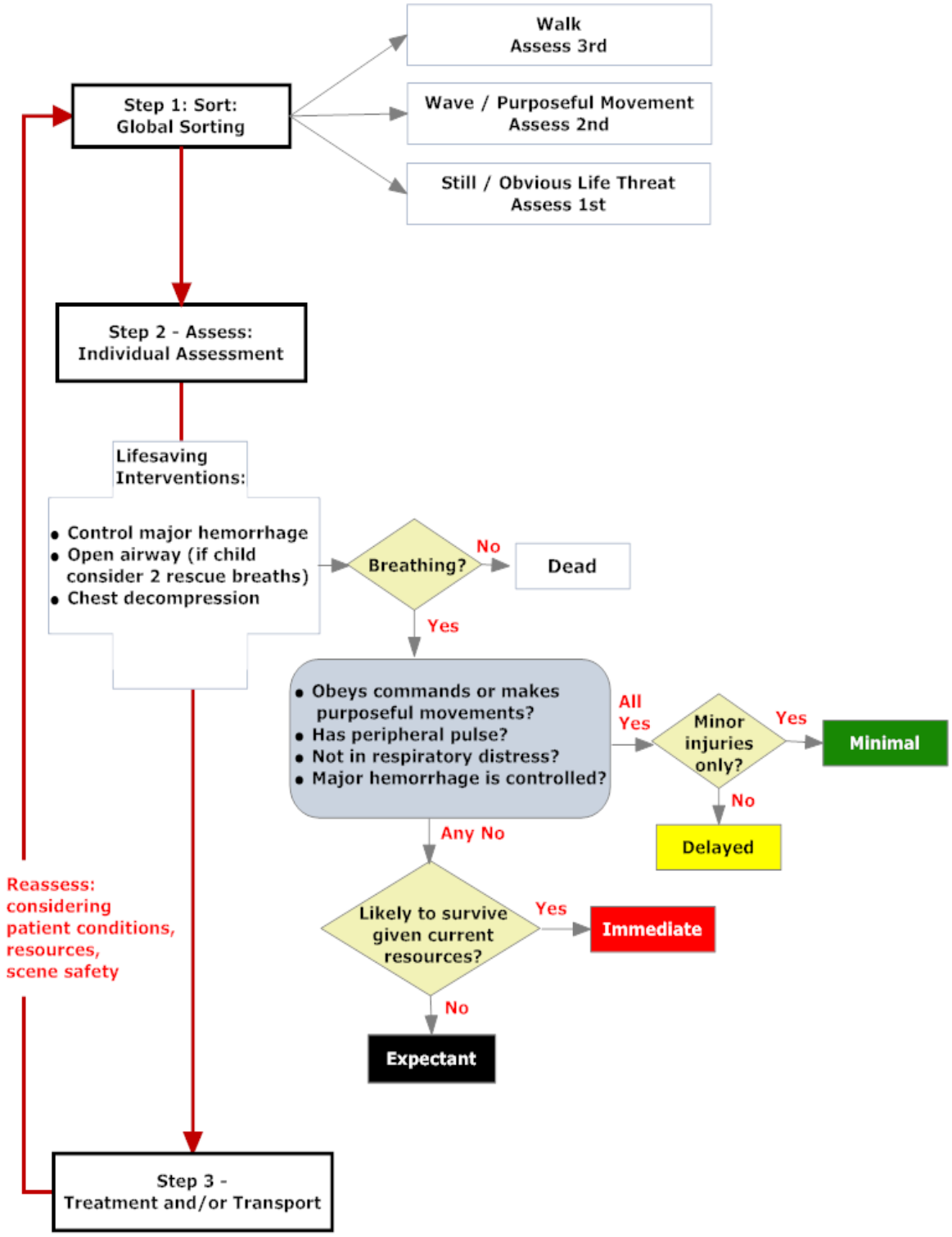


Figure. 1. SALT (Sort, Assess, Life-Saving Interventions, Treatment and/or Transport) Triage[1]

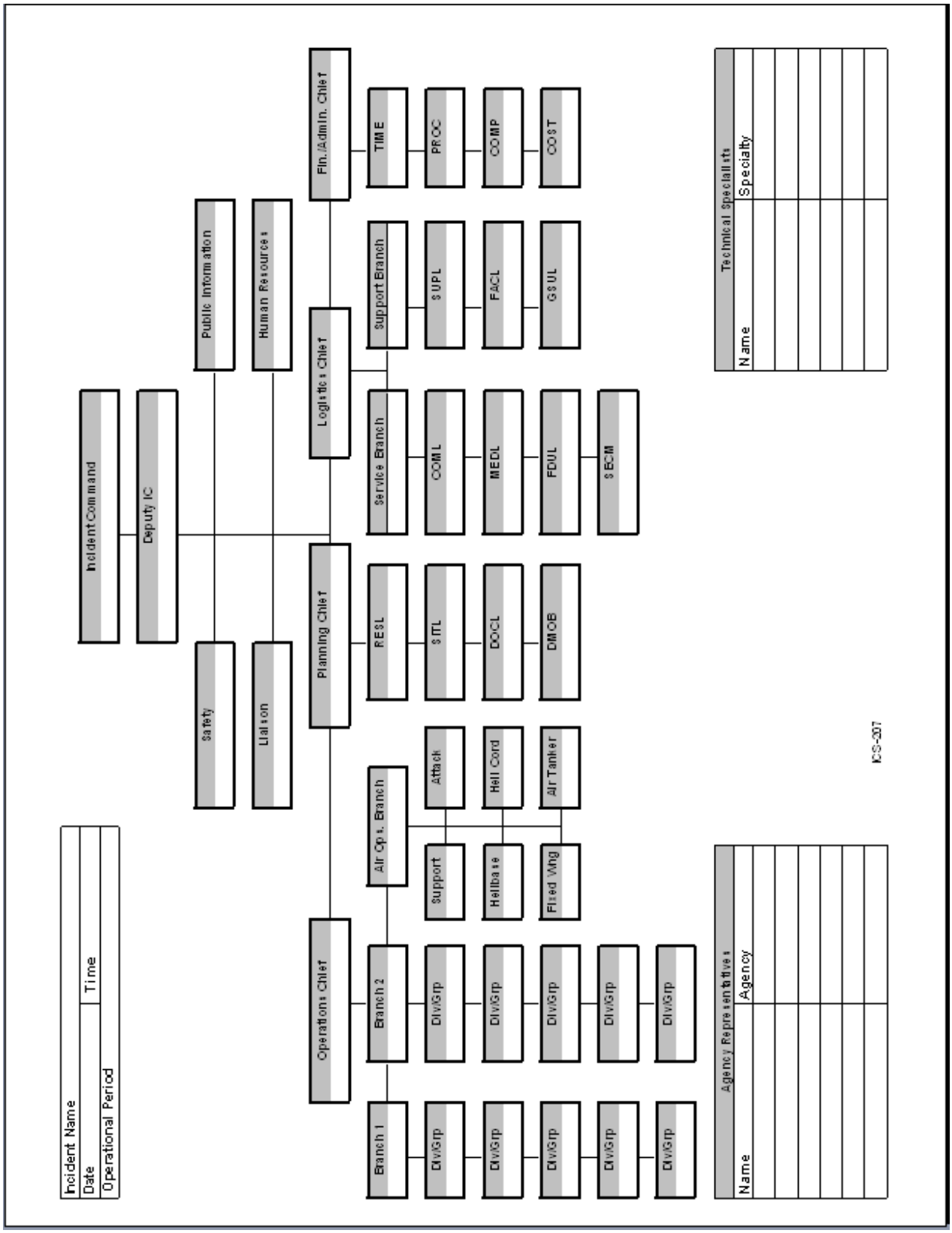
[1] https://chemm.hhs.gov/salttriage.htm

INCIDENT COMMAND CHECKLIST

Mission: Responsible for the overall management and coordination of personnel and resources responding to the incident.

Tasks:

- ☐ Assumes command and announces the name and title to the communications center.
- ☐ Don an identifying vest and establish a visible command post.
- ☐ Initiate, maintain and control communications. Consider additional tactical channels to accommodate suppression operations, medical operations, staging, etc.
- ☐ Conduct a scene size-up.
- ☐ Estimate number of patients.
- ☐ Declare a Mass Casualty Incident Level.
- ☐ Notify the closest hospital/emergency department of the MCI.
- ☐ Request additional resources as appropriate.
- ☐ Assign an IC aide (if needed).
- ☐ Assign critical EMS ICS positions:
    - Medical Group Supervisor/Branch Director
    - Triage Officer
    - Treatment Unit Leader
    - Transportation Group Supervisor
- ☐ Assign a Personnel Accountability Officer.
- ☐ Assign a Safety Officer.
- ☐ Establish a Staging Area and assign a Staging Officer.


Incident Name
Date
Time
Operational Period
Incident Command
Deputy IC
Public Information
Human Resources
Safety
Liaison
Operations Chief
Planning Chief
Logistics Chief
Fin./Admin. Chief
Branch 1
Branch 2
Air Ops. Branch
DivGrp
Support
Attach
Heli Coord
Helibase
Air Tanker
Fixed Wng
RESL
SITL
DOCL
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Service Branch
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SECM
Support Branch
SUPL
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GSUL
TIME
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COMP
COST
Technical Specialists
Name
Specialty
Agency Representatives
Name
Agency
ICS-207

MEDICAL GROUP SUPERVISOR/MEDICAL DIRECTOR CHECKLIST

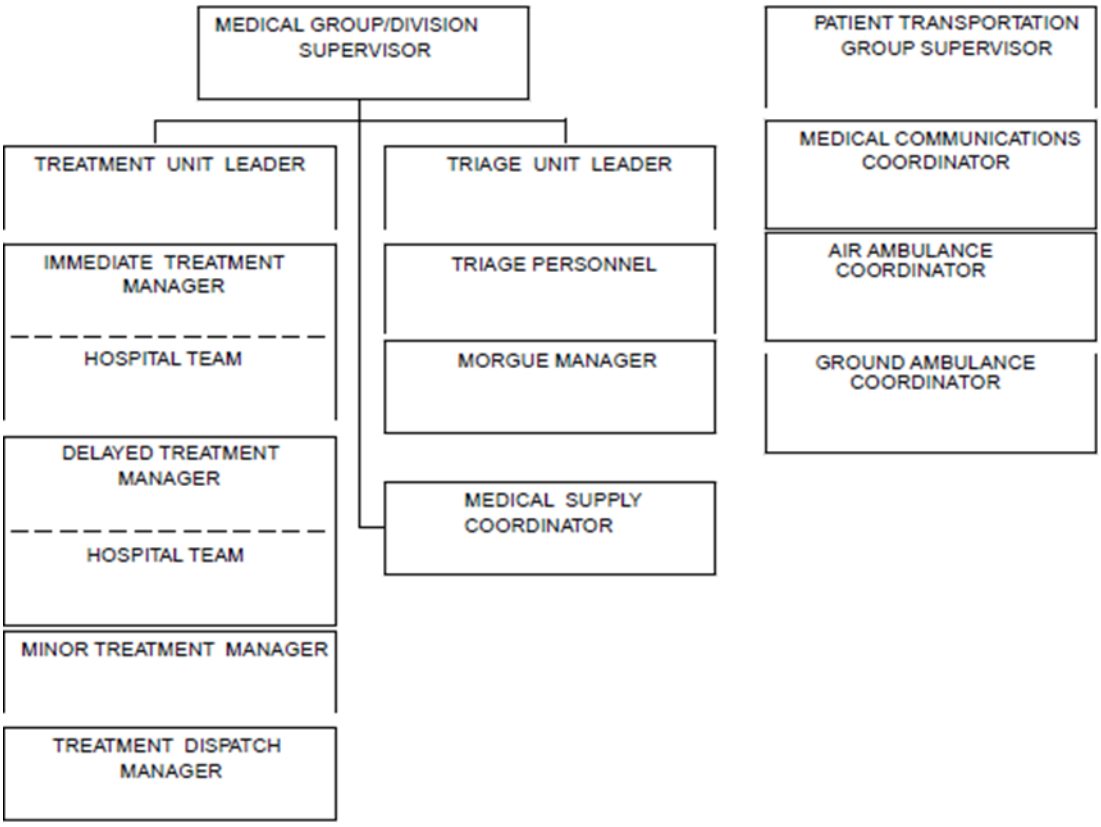
Mission: To ensure supervision and coordination are provided for extrication, triage, treatment, and transportation of all patients.

Tasks:

- ☐ Report and provide frequent updates to the INCIDENT COMMANDER or OPERATIONS SECTION CHIEF. The Incident Commander may assume the Medical role on small incidents.
- ☐ Don an identifying vest.
- ☐ Position Medical Group in a visible area.
- ☐ Assume responsibility for MEDICAL GROUP/BRANCH.
- ☐ Coordinate, direct and manage all MEDICAL GROUP/BRANCH operations.
- ☐ Assign Medical Group/Unit Leaders, including Triage, Treatment, Transportation, etc., as necessary.
- ☐ Use the Multi-Casualty Branch Worksheet/Position (ICS-MC-305) to document assignments.
- ☐ Identify and request resources. Consider using local and regional mutual aid resources, the RHCC, etc.).
- ☐ Maintain personnel accountability assigned to this group/branch.
- ☐ Monitor the safety and welfare of group personnel.
- ☐ Consider responder rehabilitation.
- ☐ Consider Provider Wellness and Peer and Crisis Support Services .
- ☐ Establish and maintain accountability for all victims/patients.
- ☐ Assign a Staging Officer.
- ☐ Maintain the Unit Log (ICS Form 214).

MULTI-CASUALTY BRANCH WORKSHEET

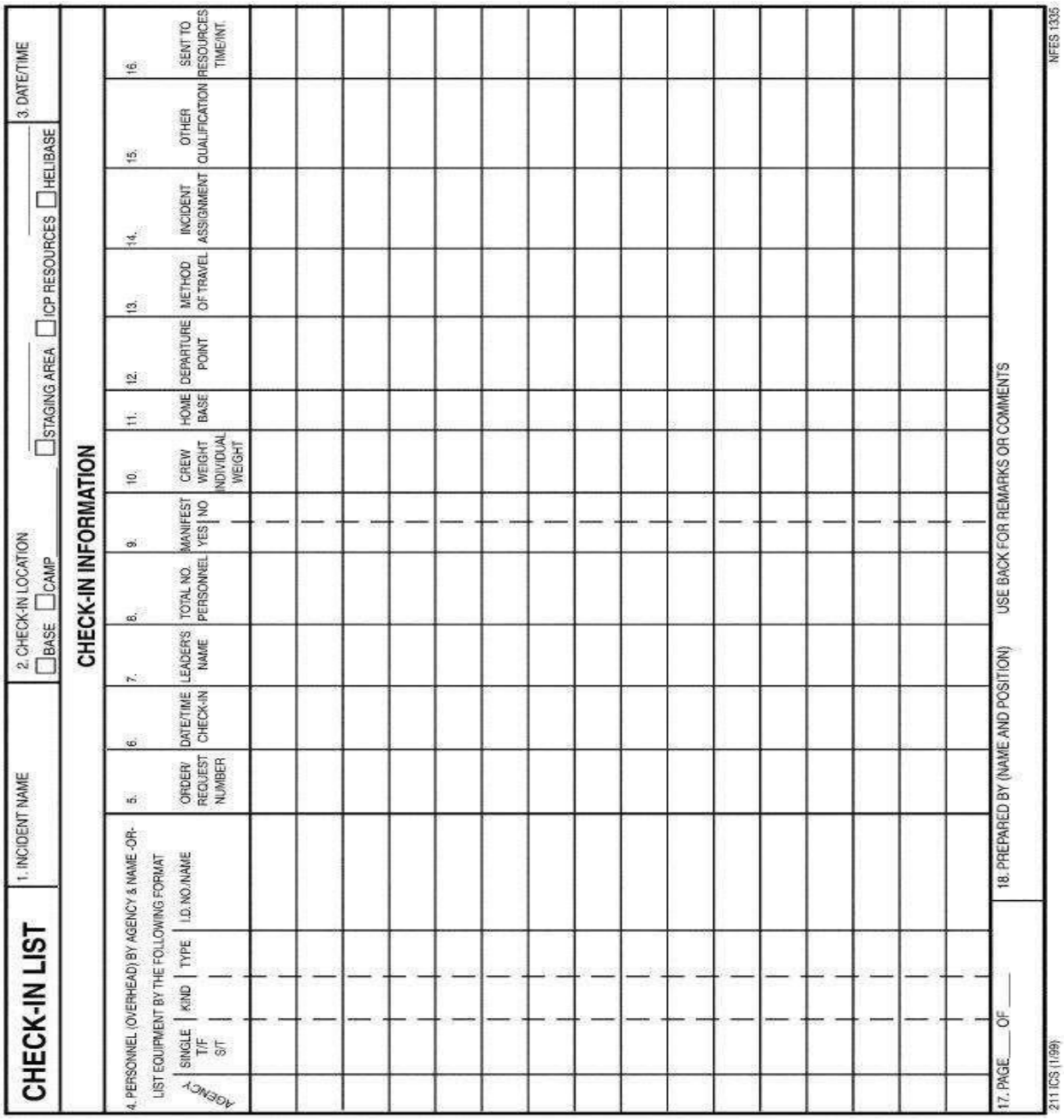
INCIDENT NAME	DATE	TIME
INCIDENT COMMANDER	MULTI-CASUALTY BRANCH DIRECTOR	



OTHER

DMSUs / MCI TRAILERS:
MCETUs / BUSES:
AMBULANCES:
RADIO FREQUENCIES:
MEDICAL EXAMINER:
RED CROSS:
CHAPLAIN:
MENTAL HEALTH:

INCIDENT CHECK-IN LIST FORM (ICS 211)



CHECK-IN LIST

1. INCIDENT NAME

2. CHECK-IN LOCATION ☐BASE ☐CAMP _____ ☐STAGING AREA _____ ☐ICP RESOURCES ☐HELIBASE

3. DATE/TIME

CHECK-IN INFORMATION

4. PERSONNEL (OVERHEAD) BY AGENCY & NAME -OR- LIST EQUIPMENT BY THE FOLLOWING FORMAT: AGENCY / SINGLE T/F S/T / KIND / TYPE / I.D. NO./NAME	5. ORDER/ REQUEST NUMBER	6. DATE/TIME CHECK-IN	7. LEADER'S NAME	8. TOTAL NO. PERSONNEL	9. MANIFEST YES / NO	10. CREW WEIGHT INDIVIDUAL WEIGHT	11. HOME BASE	12. DEPARTURE POINT	13. METHOD OF TRAVEL	14. INCIDENT ASSIGNMENT	15. OTHER QUALIFICATION	16. SENT TO RESOURCES TIME/INT.

17. PAGE ___ OF ___

18. PREPARED BY (NAME AND POSITION) USE BACK FOR REMARKS OR COMMENTS

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TRIAGE UNIT LEADER CHECKLIST

Mission: To assess and sort casualties to establish priorities for treatment and transportation appropriately.

Tasks:

- ☐ Report and provide updates to INCIDENT COMMANDER (or MEDICAL GROUP SUPERVISOR/MEDICAL BRANCH DIRECTOR)
- ☐ Don an identifying vest.
- ☐ Position Triage Unit in a visible area between the incident site and the treatment area.
- ☐ If the patients are in imminent danger, move all patients out of the INCIDENT AREA before establishing TRIAGE.
- ☐ Establish a controlled pathway from the incident site to the treatment area.
- ☐ Direct walking wounded to the casualty collection point or designated treatment area.
- ☐ If SALT Triage is not yet completed by the first arriving crews, appoint triage teams to perform using triage ribbons.
- ☐ Obtain an accurate count of all victims by triage category (Red/Yellow/Green/Gray/Black) and report the count to the MEDICAL GROUP SUPERVISOR/MEDICAL BRANCH DIRECTOR.
- ☐ Coordinate the transfer of patients to the Treatment Unit Leader.
- ☐ Affix a triage tag to each patient upon entry into the Treatment Area.
- ☐ Appoint "porters" to transport patients via backboards to the treatment area. In hazardous materials incidents requiring patient decontamination, a team must be assigned to move patients from the Warm Zone/decontamination line to the Cold Zone treatment area.
- ☐ Maintain communications with the MEDICAL GROUP SUPERVISOR/MEDICAL BRANCH DIRECTOR and other units as needed.
- ☐ Work with the Treatment Unit Leader to account for all victims initially triaged to ensure all living patients moved to the Treatment Area.
- ☐ Incident Benchmark: Announce over the radio when the initial triage of victims is complete.

	Treatment Area Patient Count					
Patient Care Area	**RED**	**YELLOW**	**GREEN**	**GRAY**	**BLACK**	**TOTAL # PATIENTS**
No. of Patients Present	**RED**	**YELLOW**	**GREEN**	**GRAY**	**BLACK**	**TOTAL # PATIENTS**
No. of Pts Sent to Transportation Area	**RED**	**YELLOW**	**GREEN**	**GRAY**	**BLACK**	**TOTAL # PATIENTS**
Total Number of Patients	**RED**	**YELLOW**	**GREEN**	**GRAY**	**BLACK**	**TOTAL # PATIENTS**

TREATMENT UNIT LEADER CHECKLIST

Mission: Provide patient counts, triage, treatment and track patients.

Tasks:

- ☐ Report and provide updates to the INCIDENT COMMANDER (or MEDICAL GROUP SUPERVISOR/MEDICAL BRANCH DIRECTOR).
- ☐ Don an identifying vest.
- ☐ Position Treatment Unit in a visible location.
- ☐ Appoint Treatment Area Managers for the Red, Yellow and Green patient care areas.
- ☐ Establish a TREATMENT AREA large enough to accommodate all patients allowing a 3-foot clearance on all sides of each patient.
- ☐ Re-triage each patient and affix a triage tag to each patient upon entry into the Treatment Area and establish and maintain a patient accountability system.
- ☐ Appoint a MEDICAL SUPPLY COORDINATOR (if needed).
- ☐ Working with the Treatment Area Managers, determine the transportation priority and most appropriate transport method for each patient.

	Treatment Area Patient Count					
Patient Care Area	**RED**	**YELLOW**	**GREEN**	**GRAY**	**BLACK**	**TOTAL # PATIENTS**
No. of Patients Present	**RED**	**YELLOW**	**GREEN**	**GRAY**	**BLACK**	**TOTAL # PATIENTS**
No. of Pts Sent to Transportation Area	**RED**	**YELLOW**	**GREEN**	**GRAY**	**BLACK**	**TOTAL # PATIENTS**
Total Number of Patients	**RED**	**YELLOW**	**GREEN**	**GRAY**	**BLACK**	**TOTAL # PATIENTS**

SECONDARY TRIAGE DECISIONS

Most secondary triage decisions in an MCI are based on clinical experience and judgment. Review the following:

IMMEDIATE (RED TAGGED)

- ☐ Life-threatening injuries/illnesses.
- ☐ Risk of asphyxiation or shock is present or imminent.
- ☐ High probability of survival if treated and transported immediately.
- ☐ Can be stabilized without requiring constant care or elaborate treatment.

DELAYED (YELLOW TAGGED)

- ☐ Potentially life-threatening injuries/illnesses.
- ☐ Severely debilitating injuries/illnesses.
- ☐ Can withstand a slight delay in treatment and transportation.

MINOR (GREEN TAGGED)

- ☐ Non-life-threatening injuries.
- ☐ Patients who require a minimum of care with minimal risk of deterioration.

EXPECTANT (GRAY TAGGED)

- ☐ Not dead but not expected to survive given the injuries and current circumstances.
- ☐ Traumatic Brain Injury (TBI) with exposed brain.
- ☐ 90% total body surface area (TBSA) burns.
- ☐ These patients may be later re-triaged and re-classified if resources change.

DECEASED (BLACK TAGGED)

- ☐ Expired en route to or in the treatment area.
- ☐ Unresponsive with no circulation; cardiac arrest.

TRIAGE TREATMENT AREA MANAGERS CHECKLIST

Mission: Provide patient counts, triage, and treatment to patients awaiting transportation.

Tasks:

- ☐ Report and provide updates to the TREATMENT UNIT LEADER
- ☐ Don an identifying vest.
- ☐ Establish a TREATMENT AREA large enough to accommodate all patients allowing for a 3-foot clearance on all sides of each patient.
- ☐ Clearly identify your treatment area with the appropriate colored flag, tarp, and/or chemical light.
- ☐ Ensure patients are re-triaged upon entry to the treatment area using Secondary Triage and ensure a triage tag is applied to each patient.
- ☐ Maintain accountability of all patients in your treatment area.
- ☐ Determine the transportation priority and the most appropriate transport method for each patient.
- ☐ Report the transportation priority of patients and recommended transport method for each patient to the Treatment Unit Leader.
- ☐ Continually reassess each patient's condition and triage status.
- ☐ Request the establishment of special patient care teams (e.g., IV team, bandaging team,etc.) as necessary to support the care of your patients.
- ☐ Request additional personnel as needed to provide care for your patients.
- ☐ Provide palliative care for catastrophically injured (Gray) patients until resources allow for their transportation to a hospital.
- ☐ Coordinate the relocation of any patient who dies in the treatment area to the Incident Morgue (Black Tagged Treatment Area). Leave all medical devices in place.

	Treatment Area Patient Count					
Patient Care Area	**RED**	**YELLOW**	**GREEN**	**GRAY**	**BLACK**	**TOTAL # PATIENTS**
No. of Patients Present	**RED**	**YELLOW**	**GREEN**	**GRAY**	**BLACK**	**TOTAL # PATIENTS**
No. of Pts Sent to Transportation Area	**RED**	**YELLOW**	**GREEN**	**GRAY**	**BLACK**	**TOTAL # PATIENTS**
Total Number of Patients	**RED**	**YELLOW**	**GREEN**	**GRAY**	**BLACK**	**TOTAL # PATIENTS**

INCIDENT MORGUE AREA MANAGER CHECKLIST

BLACK-TAGGED PATIENT TREATMENT AREA

Mission: To establish and maintain an incident morgue area for deceased persons who expire en route to or in the Treatment Area.

Tasks:

- ☐ Report to the TREATMENT UNIT LEADER.
- ☐ Don an identifying vest.
- ☐ Verify with the TREATMENT UNIT LEADER that the closest Office of the Chief Medical Examiner has been notified of deceased persons:
    - Norfolk Office: (757) 683-8366
    - Richmond Office: (804) 786-3174
- ☐ Establish a secure morgue area separate from the TREATMENT AREA and accessible to vehicles (i.e., emergency vehicles, law enforcement).
- ☐ With the assistance of Law Enforcement, secure the area from all unauthorized personnel and provide security to the morgue area.
- ☐ Reassess each patient upon entry to the Incident Morgue/Black Tagged Patient Care Area to confirm death. Annotate the patient assessment on the triage tag. If the patient does not have a triage tag, attach a completed triage tag to the patient.
- ☐ Leave all medical interventions in place (i.e., IVs, bandages, etc.).
- ☐ Cover patient(s) with sheets or enclose remains in disaster pouches or similar body bags.
- ☐ Ensure no human or animal remains are moved from the incident site prior to the arrival and approval of the Medical Examiner/Chief Law Enforcement Officer.
- ☐ Coordinate activities with the Medical Examiner's Office, funeral directors, and law enforcement, as necessary.
- ☐ Maintain accountability of all victims received in the treatment area using the MCI Patient Tracking Form (ICS-MC-306).

MCI PATIENT TRACKING FORM (ICS-MC-306)

#	Triage Tag No.	Priority R/Y/G	Patient's Primary Injuries	Unit Transporting Pt to ED/Hospital	Time Left Scene	Patient Destination
1						
2						
3						
4						
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MEDICAL SUPPLY COORDINATOR CHECKLIST

Mission: Acquire, distribute and maintain the status of medical equipment and supplies.

Tasks:

- ☐ Report and provide updates to the MEDICAL GROUP SUPERVISOR/MEDICAL BRANCH DIRECTOR).
- ☐ Don an identifying vest.
- ☐ Locate medical supplies in a central position in the Treatment Area using caution to avoid blocking access and egress to and from the Treatment Area.
- ☐ Maintain an inventory list of equipment, supplies, and Disaster Medical Support Units (DMSUs)/MCI Trailers received and distributed. Provide receipts upon request.
- ☐ Continually assess the status of medical supplies and equipment. Then, request additional supplies and equipment through the Medical Group Supervisor/Medical Branch Director.
- ☐ Distribute medical supplies and equipment to the patient care areas.
- ☐ Request personnel to assist in the collection and distribution of supplies and equipment. Consider a need to have a vehicle(s) transport supplies and equipment.

TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER CHECKLIST

Mission: Track and distribute patients to medical facilities by assigning each patient's mode of transportation and destination.

Tasks:

- ☐ Report and update the INCIDENT COMMANDER (MEDICAL GROUP SUPERVISOR/MEDICAL BRANCH DIRECTOR).
- ☐ Don an identifying vest.
- ☐ Position Transportation Group in a visible area between the incident site and the treatment area.
- ☐ Verify the Staging Area location.
- ☐ Collaborate with the Treatment Unit Leader to determine patient transportation priorities and patient destinations using the ICS-MC-308 form.
- ☐ Communicate transportation resource needs to the MEDICAL GROUP SUPERVISOR/BRANCH DIRECTOR.
- ☐ Appoint a MEDICAL COMMUNICATIONS COORDINATOR and establish communication with the Emergency Department.
- ☐ Appoint a TRANSPORT RECORDER.
- ☐ Track each patient by their triage tag number using the MCI Patient Tracking Form (ICS-MC-306).
- ☐ Appoint TRANSPORT LOADERS.
- ☐ Inform transport crews of their destination. Tell crews to return to the Staging Area after their patients

are turned over at the hospital unless otherwise directed.

- ☐ Remind ambulance crews to contact the receiving facility only if there is significant deterioration in the patient's condition or if they need a physician's orders.
- ☐ Maintain close communications with INCIDENT COMMAND or MEDICAL GROUP/BRANCH, TREATMENT, GROUND and AIR OPERATIONS.
- ☐ Once the last patient has been transported, and before demobilization, work with the Transport Recorder, Transport Loader, Medical Communications Coordinator, and the Emergency Department to **account for 100% of the patients/victims.**
- ☐ Incident Benchmark: Announce over the radio and notify the Emergency Department when all patients have been transported from the scene.

MCI PATIENT TO HOSPITAL DISTRIBUTION AND TRANSPORT TOOL

The tables below are intended to be used by Emergency Medical Services (EMS) personnel as a guide to assist the Transportation Officer in distributing patients to area hospitals during an active threat incident. The transportation of patients from the incident scene will begin as soon as the transportation EMS has the assets to do so.

PATIENT COUNT AND DISTRIBUTION WORKSHEET (ICS-MC-308)

Date:_____ Incident Name / Location:_____

	Number of Patients Reported By Triage Category					
On-Scene Location	Red (Immediate)	Yellow (Delayed)	Green (Minimal)	Gray (Expectant)	Black (Deceased)	Total Number of Victims

Available Transport Units					

Patient Distribution															
ED or Hospital Name															
Capacity (R/Y/G)															
No. of Pts Sent															
ED or Hospital Name															
Capacity (R/Y/G)															
No. of Pts Sent															

TRANSPORT RECORDER CHECKLIST

Mission: To ensure proper documentation of victim/patient and unit movements.

Tasks:

- ☐ Report to TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER.
- ☐ Don an identifying vest.
- ☐ Position yourself at the assigned patient egress point in the TRANSPORT area.
- ☐ Document patient transport information on triage tags and collect tag stubs.
- ☐ Complete an entry on the triage tag and the MCI Patient Tracking Form (ICS-MC-306) for each patient leaving the Transportation Area. Complete, then remove and save the tear-off portion of the triage tag.
- ☐ Deliver triage tag Transportation Records to MEDICAL COMMUNICATIONS/TRANSPORTATION as directed.

ACTIVE THREAT PATIENT TRACKING FORM (ICS-MC-306)

#	Triage Tag No.	Priority R/Y/G	Patient's Primary Injuries	Unit Transporting Pt to ED/Hospital	Time Left Scene	Patient Destination
1						
2						
3						
4						
5						
6						
7						
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TRANSPORT LOADER CHECKLIST

Mission: Ensure patients are safely loaded into the assigned ground ambulance, air ambulance, or other vehicle, and verify vehicle destination and travel directions.

Tasks:

- ☐ Report to TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER.
- ☐ Don an identifying vest.
- ☐ Ensure patients selected for transportation are:
  - Ready for transport
  - Safely loaded aboard the ambulance or other vehicle designated by the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER
- ☐ Provide the following information to ambulance personnel:
  - Inform crews of the destination hospital/Emergency Department.
  - Provide travel directions to the receiving hospital/Emergency Department (available in Hampton Roads Mass Casualty Incident Response Guide, Annex E.
  - Remind ambulance crews that they only need to contact receiving facility if there is significant deterioration in the patient's condition or if they need physician's orders.
  - Remind crews to return to the Staging Area upon completing their assignment unless otherwise directed.
- ☐ Ensure all patients being loaded have triage tags attached and the transport stub has been removed.
- ☐ Maintain close communications with the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER and TRANSPORT RECORDER.

MEDICAL COMMUNICATION COORDINATOR CHECKLIST

Mission: To maintain and coordinate medical communications at the incident scene between the TRANSPORT GROUP SUPERVISOR/UNIT LEADER and the closest Hospital Emergency Department.

Tasks:

- ☐ Report to TRANSPORT GROUP SUPERVISOR/UNIT LEADER.
- ☐ Don an identifying vest.
- ☐ Remain in close proximity to the TRANSPORT and TREATMENT areas.
- ☐ Assist the TRANSPORTATION GROUP SUPERVISOR/UNIT LEADER with documentation.

EMS ROLES AND RESPONSIBILITIES

Transportation of patients during an incident will be conducted by licensed prehospital EMS agencies guided by the Incident Commander or designee. In accordance with local plans and policies, units and personnel involved in mutual aid response to an active threat will be dispatched through the responding agency's PSAP.

In accordance with local plans, each prehospital agency will operate under their Operational Medical Director's (OMD) purview using their agency's protocols. In addition, the accepted Virginia Pre-hospital Patient Care Report and/or the Virginia Triage Tag will be used for documentation.

Any agency or other entity responding to an ACTIVE THREAT will be responsible for maintaining all medical and operational documentation. Operational and medical documentation will be readily available to the Incident Commander or their designee.

- **Local Emergency Medical Services** will primarily be responsible for the following:
  - Provision of initial medical care to address immediate threats to life or limb
  - Triage and initial stabilization for the systematic evaluation and categorization of victims
  - Transportation of patients to the trauma center or hospital
  - Participating in a Rescue Task Force (if applicable)

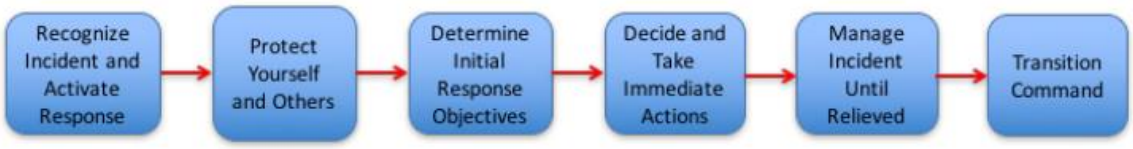

Figure 2. Initial Response Process for Chemical HAZMAT Incident

OPERATIONS CHECKLIST

This Playbook's emergency medical response operations component addresses key operational details central to the successful delivery of emergency medical care.

LOCAL EMERGENCY MEDICAL SERVICES

- ☐ Provision of initial medical care to address immediate threats to life or limb.
- ☐ Triage and initial stabilization for the systematic evaluation and categorization of victims.
- ☐ Transportation of patients to the trauma center or hospital.
- ☐ Participating in a Rescue Task Force (if applicable).
- ☐ Coordinate deployment of personnel, equipment, supplies and other resources necessary to implement regional plans and programs for an emergency medical response during an incident when requested by local emergency management.
- ☐ Assist with locating and coordinating the deployment of EMS resources. Provide incident management assistance and/or support as requested for emergency operations.
- ☐ Submission of state-required records and reports.