
Medical Annex

Western Lane Ambulance District

I. Introduction

An effective medical response, especially during the first hours of an emergency, may save more lives other emergency response function. It describes the basic concepts, policies and procedures for providing disaster medical care to persons during major natural disasters and technological incidents.

This plan applies primarily to major area-wide disasters creating sufficient casualties to overwhelm local disaster medical response capabilities. Medical response to single site emergencies, such as transportation accidents involving multiple casualties, is covered by local procedures and the Lane County Casualty Incident Plan.

The Medical Plan and response is the responsibility of the District Manager or designate.

II. Objectives

- A. Minimize loss of life, subsequent disability, and human suffering by ensuring timely and coordinated medical assistance or evacuation.
- B. Coordinate medical facilities, personnel, supplies, communications, and other medical resources.
- C. Provide information required for effective response to and recovery from a major disaster.

III. Phases of the Emergency

A. Before

During this phase, prepare plans, procedures, and checklists that will guide the disposition of public and private medical resources in an emergency. Plans and procedures should provide for coordination and communication with other agencies and individuals that normally operate independently. Prepare and maintain resource lists.

If a situation such as an approaching storm or a worsening weather situation warrants an increase in readiness, review and update documents, check medical facilities and supplies, and alert resource suppliers and emergency medical personnel.

B. During the Emergency

1. Warning Phase

This phase could begin upon receipt of a warning, such as the forecast of a flood or other crisis. During the warning phase, mobilize staff and use the medical checklists to guide your actions.

2. Impact Phase

Mobilize staff and provide medical care according to the above priorities. Use the medical checklists to guide your actions.

As you take action to protect life and property in the event the emergency occurs, continue to provide

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patient care and respond to day to day medical emergencies.

C. After (Recovery)

Continue to provide essential medical care services, and assist in recovery operations and restoring the District's medical care delivery capacity. Later, when time allows, review your actions and update this Emergency Plan, as needed.

IV. Organizations and Responsibilities

A. District

The management of the District's disaster medical operations is the responsibility of the District Manager. The District disaster medical care operations should be centered around the concept of local first aid stations being established in fire stations and community centers, and providing emergency medical support and assistance to hospitals in caring for disaster victims during and after an emergency.

1. Medical is responsible for:

- a. Coordinating resources required to support disaster medical care operations.
- b. Coordinating with Peace Harbor Hospital.
- c. Coordinating the non-emergency transportation of casualties and medical resources to first aid stations, shelters, and other designated areas as required.
- d. Coordinating the relocation patients from damaged or untenable health care facilities.
- e. Maintaining liaison with the Lane County Chapter of the American Red Cross and other volunteer services agencies within the jurisdiction of the District.
- f. Maintaining liaison with other government emergency functions.
- g. Communicating with the Lane County Health and Human Services Director on matters requiring assistance from other jurisdictions, county, state or federal governments.

2. The District's disaster medical response will be supported by the following organizations:

- a. American Red Cross: Under its charter, the Red Cross provides supplementary medical and nursing care in Red Cross shelters and other health services upon request and within limited capabilities.
- b. Professional Medical Service Personnel: Provide emergency medical care services.
- c. Other organizations, listed below under "Supporting organizations in the County" will also support cities and provide first aid, and pre-emergency disaster medical care training; provide, in coordination with county health officials, manpower to establish and staff emergency first aid stations; provide first aid treatment, litter bearers, and other medical assistance, including, but not limited to, transportation and essential supplies according to local plans and under local direction and provide for feeding of responding medical personnel.

3. Supporting Organizations in the County.

- a. Office of Coroner/Medical Examiner: Care of deceased persons.

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- b. Animal Control: Care and custody of small and large animals.
- c. Lane County Medical Society: Physician assistance.
- d. Salvation Army, Florence: First aid and medical transportation.
- e. Pharmaceutical Companies: Medical supplies.
- f. American Red Cross: First aid, medical supplies, blood services.
- g. Area Hospitals: Care of injured.
- h. Paramedics: Care and transportation of injured.
- i. Ambulance Service Companies: First aid and transportation of injured.
- j. Skilled Nursing Facilities: Care of injured.
- k. Lane County Health and Human Services Director.

B. State Mutual Aid Region

If the District medical resources are unable to meet the medical needs of disaster victims, the Incident Command may request assistance from neighboring jurisdictions, Lane County Health and Human Services Director and Oregon Emergency Management or the Oregon Emergency Medical Services Division.

C. State

1. Emergency Medical Services division will assist in coordinating state response.
2. Oregon Emergency Management
3. Military Department

Provides, as directed by the Governor at the request of Office of Emergency Management:

- a. Medical support for the emergency field treatment of casualties.
- b. Evacuation of casualties to appropriate disaster medical facilities.
- c. Emergency medical care and treatment.
- d. Communication and logistics support for medical response.

4. Other State Agencies:

- a. Department of Administrative Services
- b. Department of Forestry
- c. Oregon State Fire Marshal's Office

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D. Federal

Federal agencies operating under their own statutory authority may help directly. However, following a Presidential Declaration, the Federal Emergency Management Agency will coordinate the federal response system supporting emergency medical needs resulting from disasters. The Federal Emergency Management Agency will be supported by the Department of Health and Human Services, and Oregon Emergency Management.

E. Business and Industry

Businesses and industries with personnel and resources needed to meet emergency medical requirements will be incorporated into the local emergency organization.

V. Policies and Procedures

A. Reconnaissance and Information

District EMS Operations

County (Operational Area)

Regional Disaster Medical/Health Coordinator

Emergency Medical Authority at the State Operations Center

You will need the following information to manage disaster medical operations:

1. Location of Casualty Collection Points as designated by the District.
2. The number, by triage category, and location of casualties.
3. The location and air operations accessibility of Casualty Collection Points.
4. Land routes information to determine which Casualty Collection Points may be evacuated by ground transportation.
5. The resource needs of affected areas.
6. Location, capabilities, and patient evacuation needs of operational medical facilities in and around the affected area.

B. Transportation of Casualties

The transportation of the injured within the affected area will be the responsibility of the Medical Coordinator. Treat and transport casualties in accordance with local procedures and the Lane County Multi Casualty Incident Plan.

Treat casualties at local facilities if possible; transport medical personnel and supplies to the affected area. If local facilities are full or damaged, move patients to suitable facilities elsewhere.

Ambulances will be in great demand. If there are not enough ambulances, use buses, trucks, and cars for the less seriously injured. Use mutual aid channels to request more ambulances.

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C. Disaster Triage Procedures

Disaster triage procedures are in the Lane County Multi Casualty Incident Plan and Emergency Operation Plan.

D. Casualty Collection Points

1. What are Casualty Collection Points?

Casualty Collection Points are sites that have been pre-designated by county officials for the collection, triage, austere medical treatment and stabilization for evacuation of casualties during a major disaster. Only the most austere medical treatment will be available, and it will be primarily for the moderately to severely injured or ill who will require later definitive care and who stand a good chance of surviving until they are evacuated to other medical facilities.

Casualty Collection Points are not first aid stations for minor injuries, although provision may be made to refer such injuries to a nearby site for first aid. Nor are Casualty Collection Points only short term staging areas, since evacuation may be delayed due to transportation problems. Given the uncertainty of the flow of casualties, the availability of supplies and personnel, and the timeliness and rate of casualty evacuation, managers of Casualty Collection Points must be cautious in the allocation of resources (especially during the first twenty-four hours of operation).

2. Designation of Casualty Collection Points

Designation, establishment, organization, and operation of Casualty Collection Points are the responsibilities of the Operational Section Chief. Regional and state resources will be available to re-supply and augment Casualty Collection Point operations, but not during the initial response phase.

If you are requested by the County to designate a location for a Casualty Collection Point, consider:

- a. Proximity to areas which are most likely to have large numbers of casualties.
- b. Distribution in potential high-risk areas throughout the affected area.
- c. Ease of access for staff, supplies and casualties.
- d. Ease of evacuation by air or land.
- e. The ability to secure the area.

If a large number of casualties occur in an area distant from any Casualty Collection Point, you may request a new Casualty Collection Point near the casualties.

3. Medical Care

The purpose of medical care at Casualty Collection Points is to stabilize victims for transport and to relieve suffering. Supplies, personnel, and conditions will not usually allow definitive care of even minor or moderate injuries. Therefore, care will usually be limited to:

- a. Arrest of significant bleeding.
- b. Splinting of fractures.
- c. Maintenance or improvement of hemodynamic conditions by intravenous solution.

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- d. Treatment of severe respiratory conditions.
 - e. Pain relief.
4. Potential Problems
- a. The flow of casualties into a Casualty Collection Point is unpredictable and depends on several variables, including the distance from casualties, the success of public information efforts, accessibility, and the pace of search and rescue operations.
 - b. Casualty transportation delays may be lengthy, in which case a higher level of pre-hospital care at Casualty Collection Points may be needed. Also, you may want to reconsider the triage of the seriously injured.
 - c. Supplies from outside the disaster area to the Casualty Collection Points may be delayed.
 - d. Water, power, and other resources may be scarce, limiting the type of medical treatment feasible at a Casualty Collection Point.
 - d. Storms or smoke may hinder delivery of personnel and supplies and the evacuation of casualties.

5. Information Reporting and Tracking

The public, fire, and police agencies are to be told the locations of functioning Casualty Collection Points.

Each Casualty Collection Point will make a status report to the Operational Area Disaster Medical Coordinator, describing:

- a. Numbers and triage category of casualties.
- b. Medical supply needs.
- c. Personnel status and needs.
- d. Accessibility by air operations and ground transportation.

Patient tracking will begin at Casualty Collection Points, using the triage tag which was attached to the patient during triage operations. This tag will remain with the patient until the final medical treatment facility is reached.

E. Disaster Support Area.

1. What is the Disaster Support Area?

The Disaster Support Area is medical staging area through which casualties requiring hospitalization for substantial care are transported to the hospitals in uninvolved areas. The Disaster Support Area will most likely be located at or near an airfield that can handle large helicopters.

2. Coordination

The movement of casualties and resources will be coordinated with all appropriate levels of government, and medical response and emergency medical agencies in the affected area by Western Lane Ambulance and Peace Harbor hospital Staff.

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3. Operations

Casualties will be moved as follows:

Point of injury

Casualty Collection Point

Disaster Support

Distant Hospital

Personnel and supplies will then be transported to the affected area on the return trip. In general, only minimal medical stabilization aimed at preserving life will be performed at the Disaster Support Area.

Satellite medical operations (Medical Disaster Support Areas) may be created at other locations depending on the location of large pockets of casualties and the amount of responding resources available.

4. Medical Function Responsibilities

- a. Planning the organization and layout of the medical section of the Disaster Support Area.
- b. Establishing procedures for patient flow.
- c. Directing the establishment of the medical site and implementation of patient care procedures.
- d. Providing orientation for personnel staffing the Disaster Support.
- e. Area medical function.

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CHECKLIST

NOTE: THERE IS NO SET ORDER TO THESE CHECKLIST ITEMS.

INCREASED READINESS OPERATIONS

Started/Completed

? ? Arrange for the reduction of inpatient census in medical facilities.

Actions in Hazard Areas

? ? Prepare personnel assignments for hazard area duty and support to reception areas.

? ? Determine number of patients to be moved to reception areas.

Actions in Reception Areas

? ? Determine augmentation needs if evacuation is directed.

? ? Prepare to expand medical facilities to accommodate patients being moved from hazard areas.

EVACUATION OPERATIONS

? ? Mobilize, public, private and volunteer organizations that provide medical services.

Actions in Hazard Areas

? ? Coordinate with designated medical facilities to assure their preparedness to respond to the needs of essential workers and other persons remaining in the area.

? ? Evacuate hospital patients who can be moved to designated reception areas.

? ? Transport required medical resources to support operations in reception areas.

Actions in Reception Areas

? ? Coordinate with medical facilities to assure their preparedness to respond to the needs of both residents and evacuees.

? ? As required, establish Casualty Collection Points and Aid Stations to accommodate patients being moved from hazard areas.

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NOTES