

MASS CASUALTY/FATALITY SOP

PURPOSE: The purpose of this SOP is to outline how mass casualty/fatality incidents will be responded to and managed differently than our normal response system.

SCOPE: This SOP is applicable for all EMS incidents that require more than 4 ALS units to provide patient care, or that clearly have caused 25 or more serious injuries/deaths.

GENERAL: Most mass casualty/fatality incidents occur without notice, yet require a major response effort. Because of the number of casualties, first arriving emergency workers are often overwhelmed. Mass casualty incidents in Pinellas County are most likely to occur as a result of:

- § A Passenger Airplane Crash
- § Terrorism
- § Major Highway Accident
- § Strong Tornado
- § Hazardous Materials Release

CONCEPT OF OPERATIONS:

- § A majority of our existing plans are designed to effectively respond to major incidents. However, for mass casualty/fatality incidents, they must be expanded in scope very quickly. The Incident Management SOP provides the means to accomplish this and maintain control.
- § The Incident Commander may be quickly overwhelmed with the needs of an incident. It will then be the Department of Emergency Management's responsibility to assist the incident commander with needed and anticipated resources. This may be accomplished from the scene, from the EOC, or both as may be necessary. Incidents occurring at the St. Petersburg-Clearwater International Airport must be responded to/managed in accordance with the FAA approved Airport Emergency Plan, under the Airport Director's/Assistant's control.

Note: Anytime a federal agency requests assistance from a local government, the federal agency becomes financially responsible to reimburse the providing entity for the item(s) and/or service(s) provided within the request. However, it is important that the Federal Agency Tasking Form (see attachment) be completed prior to any item(s) and/or service(s) being provided.

- § All assets of the County will be alerted and employed as necessary, to support the incident. These assets will be utilized to relieve and assist the Incident Commander to the maximum extent possible, in order that he/she can focus on critical functions and not support long term issues, such as food, security, the media, rehabilitation, temporary morgues, and more.
- § The attached checklist will be utilized by the Director of Emergency Management, to determine and initiate the appropriate level of support for mass casualty incidents.

Attachments: 1. Mass Casualty Action Checklist
2. Hospital Emergency Room Capacity/Status
3. Federal Agency Tasking Form Instructions
4. Federal Agency Tasking Form

MASS CASUALTY ACTION CHECKLIST

Type Incident? _____ (e.g. plane crash)

How many possible casualties? _____

Where? _____

Who's in charge? _____ Command post location? _____

Who's been notified? _____

What has been requested? _____

Staging area(s)? _____

Key notification necessary and function (as required):

- \$ Fire Departments - Suppression, Triage, EMS, Rehabilitation
- \$ Sheriff's Office - Security, Traffic/Crowd Control, Investigation, Command Bus
- \$ Sunstar - Ambulance Transport, ER Status, Air Ambulance Transport
- \$ School Board - Buses
- \$ PSTA - Buses (air conditioned)
- \$ Medical Examiner - Marking Remains, Temporary Morgue, Identification
- \$ Medical Director - Hospital Notification, Bed Availability, Victim
Destinations/Allocations
- \$ Public Affairs - Media Coordination
- \$ Emergency Management - Resources, Planning, Regional Mutual Aid
- \$ Justice Coordination - Law Enforcement Coordination
- \$ Public Works (Highway) - Heavy Equipment
- \$ Red Cross - Sheltering
- \$ Salvation Army - Canteen (feeding on site)
- \$ Facilities Management - Plans for County Buildings
- \$ Airport - Information on Passengers

Note: For incidents at the St. Petersburg-Clearwater Airport, see the FAA approved Emergency Plan.

HOSPITAL EMERGENCY ROOM CAPACITY/STATUS

Hospital	Official ER Capacity	Potential ER Capacity	Total Beds in Facility	Status	Allocation
All Children's	19	25	216		
Bayfront Medical Center	31	41	502		
Bay Pines VAMC	8	12	453		
Edward White	12	14	90		
Helen Ellis	10	15	168		
Largo Medical Center	19	25	256		
Mease-Countryside	24	27	168		
Mease-Dunedin	20	25	190		
Morton Plant	23	34	543		
Northside Medical Ctr.	10	25	288		
Palms of Pasadena	11	16	307		
St. Anthony's	25	25	415		
St. Petersburg Med. Ctr.	15	20	219		
Sun Coast	11	14	300		
Total Number of Beds	229	304	4,115		
Official Capacity is the published capacity of the Emergency Department (ED).					
Potential Capacity is the estimated number of patients the ED could handle by using hall space and extra rooms.					
Each Facility's Emergency Department provided this data.					

**FEDERAL AGENCY TASKING TO THE STATE OF FLORIDA
AND/OR LOCAL GOVERNMENT FORM- INSTRUCTIONS**

The form is to be utilized during major incidents where a Federal agency has the lead responsibility for the incident, such as Mass Migration or an aviation crash. Any requests from the lead Federal agency to the state or a local government shall be in the form of a “tasking”.

The requesting Federal agency making the request shall be financially responsible to reimburse the providing entity for the item(s) and/or service(s) provided within this request. This provision should be made clear to the Federal official making the request. This form should be completed and have the appropriate signatures prior to any item(s) and/or service(s) being provided. This does not include emergency response to protect life and safety.

1. **Type of Incident and Location:** Describe the specific incident and location.
2. **Date and time of Request:** The date and time the request is made.
3. **Requesting Federal Agency:** The Federal agency making the request.
4. **Address:** The mailing address of the requesting Federal Agency.
5. **FAO:** The name and title of the Federal official authorized to encumber the funds associated with the cost of the response to the request.
6. **Telephone numbers:** The permanent telephone number of the Federal Authorizing Official, also indicate any temporary telephone numbers assigned to the FAO during the incident as applicable.
7. **Description:** The description of the actions, location, delivery time, and duration of the requested service(s)/item(s). Be as specific as possible.
8. **Estimated Cost:** The estimation of cost provided by the assisting party to provide the requested item(s)/service(s) tasked in the description.
9. **Local Official, name, date, title:** The local official authorized to encumber funds and services on behalf of the local government agency. This information is not applicable to State only responses.
10. **State Official, name, date, title:** The state official authorized to encumber funds and services on behalf of the local government agency. In most cases this may be the Director of DEM or designee. The State signature and information is required on all requests.
11. **FAO signature:** The signature of the Federal Authorizing Official directing the state or local government agency to provide the requested item(s)/service(s). This signature is required prior to providing the requested item(s)/services(s).

Federal Agency Tasking to the State of Florida and/or Local Government

Type of Incident and Location

Date and time of Request: _____ / _____ / _____ : _____

Requesting Federal Agency

Address

Federal Authorizing Officer (Name and Title)

Telephone Number: (____) _____ **Fax Number:** (____) _____

Describe the specific item(s) requested to be performed and/or tasked by the State of Florida and/or local government, include the time frame(s), location(s), and support issues required:

Estimated cost submitted by the State of Florida and/or local government: \$ _____

By signature below, the State/Local Official has accepted the above request to support the above mentioned Federal Agency.

Local Official (Signature) (n/a if State only)

Date

Name (Print)

Title

Agency

State Official (Signature)

Date

Name (Print)

Title

Agency

By signature below, the Federal Authorizing Officer hereby tasks the State of Florida and/or local government with the above request for assistance and authorized payment for all costs incurred by the State of Florida and/or local government upon submission of a request for payment with adequate documentation according to all applicable Federal rules and regulations.

Federal Authorizing Officer (signature)

Date