

## **Section V**

# **Special Emergency Situations**

## V (A) CRITICAL INCIDENT STRESS POLICY

Buncombe County Emergency Services recognize that our employees are our most valuable resource. We also recognize that stress during an emergency response can be significant. We believe that the systematic processing of and learning from the stressful experience of emergency work is necessary for continued employee effectiveness.

To enhance the professional development and personal well being of our members, it is the policy of BCEMS to request timely, confidential stress management services following critical incidents. The department's command or administrative staff arranges for this service through the Western North Carolina Critical Incident Stress Debriefing Team.

Critical incidents include:

Incidents involving children where death or serious injury occurs.

Line-of-duty death or serious injury to a co-worker.

Fires with unusual injuries or dangers.

Multiple patient incidents.

Severe burns from unusual situations such as high power electrocution.

Co-worker suicide.

Suicides involving unusual circumstances or injuries.

Incidents involving patients known to responders.

Extraordinarily prolonged incidents or rescue attempts.

Incidents involving significant threat to personal safety.

Injury or death of civilians resulting from emergency response operations.

Injuries intentionally inflicted on a senior citizen.

Incidents that attract intensive or critical media coverage.

Incidents charged with profound emotion.

Any incident in which circumstances, sights, or sounds produces significant stress levels.

Many incidents can result in profound emotional effect. If an incident causes anyone to think about CISD services, their assistance is probably needed.

The WNC CISD Team can be contacted by calling 1-800-962-2473 (1-800-WNC-CISD). The CISD Team can be contacted for advice following any incident.

WNC CISD provides a variety of services. On-scene support services are available for prolonged or unusually powerful incidents. Defusing are group interventions that typically take place within eight hours of the incident and usually involve responders from one agency. Debriefings are group interventions that usually take place 24 to 72 hours after an incident and involve all emergency responders involved. De-escalations/demobilizations are group activities that are useful following extended operations and are held off the incident site but prior to de-committing personnel from service. The CISD Team can provide advice as to which type of intervention would be appropriate for any given incident.

EMS personnel involved in any incident or aware that a co-worker may need intervention can contact the CISD Team. CISD Team contact does not have to be initiated by administrative staff.

## V (B) MUTUAL AID

1. "Mutual Aid" is defined as the assistance from outside sources given to a department faced with inadequate resources to properly manage a situation.
2. Buncombe County EMS will make mutual aid calls to any fire department, rescue squad, or EMS service requesting such assistance. Any function of Buncombe County EMS may be requested at any time.
3. EMS personnel may request mutual aid from any department. EMS personnel should advise EOC of their exact need and which department they want notified.
4. If EMS personnel may elect to transfer a patient to the county ambulance, the patient will be billed for BCEMS service.
  - a. If transfer of the patient would cause a harmful delay or environmental hazard, the patient should remain in the other department's ambulance.
5. Unless accompanied by an Buncombe County EMS supervisor or other leader, the unit and personnel will be under the command and responsibility of the requesting agency.

## V(C) STRUCTURE FIRE STANDBY

1. BCEMS units will respond for medical standby when requested by the fire department in charge of a structure fire.
2. EMS units will not respond to fire calls until it is determined that a fire or injury exists.
  - a. The unit will initiate an emergency response only if injuries are reported or suspected.
3. On-duty EMS employees will not engage in firefighting activities or the operation of fire vehicles. Rescue operations are not be conducted by EMS employees unless an absolute emergency exists and EMS personnel may safely perform such rescue. EMS should stay on scene until released by fire command.
4. EMS vehicles will be parked in a safe location that will not interfere with the fire operations. The vehicle driver is responsible for ensuring that the ambulance's exit routes do not become blocked.

## V (D) OPERATIONS DURING RESCUE SITUATIONS

1. Buncombe EMS employees will cooperate with rescue personnel.
2. Buncombe EMS personnel maintain responsibility for patient care and will direct all activities that relate to patient care.
3. EMS personnel will be alert for hazards and potential hazards, will make reasonable attempts to control such hazards, and will request assistance when needed.
4. EMS personnel will wear county-provided protective gear in any hazardous situation.
5. EMS personnel will attempt to gain access to the patient, initiate primary life support activities, and evaluate the need for further extrication operations.
6. EMS personnel will advise the first on-scene rescue unit of any hazards present, the number of victims, the severity of their injuries, and of the anticipated disentanglement needs.
7. EMS personnel will coordinate the extrication efforts with the rescue unit while maintaining responsibility for patient care.
8. EMS personnel will direct the packaging, removal, and transfer stages of the extrication operation.
9. EMS personnel may periodically request a brief pause in the extrication operation for patient care or assessment.

## V (E) CRIME SCENES

1. Law enforcement personnel are in charge at crime scenes. BCEMS personnel will not disturb a crime scene more than is necessary for patient care. If the victim is obviously dead, crews should not touch anything and attempt to keep everyone out until law enforcement arrives. The EMS unit should return to service until law enforcement personnel request body transport.
2. EMS personnel shall note anything they alter at a crime scene.
3. If it is necessary to remove clothing from a possible crime victim, do not damage bullet or knife holes. If possible, give the removed clothing to an officer at the scene. Marking clothing removed from a patient will aid law enforcement in identifying who clothing belongs to.
4. Do not handle weapons unless absolutely necessary.
5. If law enforcement is not on the scene and the patient must be transported immediately, mark with tape the outline of the patient's body position, if possible. Be sure to document any items moved, where they originally were and where the item was moved to and why.
6. The ACR is likely to be admitted as court's evidence. Both crewmembers should review the call report for completeness and accuracy.
7. Crews may wish to make personal notes concerning who was present, descriptions, furniture positions, etc. This information should be given to the supervisor so that it may be filed for future reference. A decision to call EMS personnel to testify in court may be almost without notice, as well as several months or years after the call.

## V (F) MASS CASUALTY INCIDENTS

1. When an EMS unit finds more than one person ill or injured, one crewmember will assume command and transmit a brief radio report to EOC stating:
  - a. Nature of emergency
  - b. Approximate number of injuries
  - c. Hazards, location, or other pertinent information
  - d. What assistance is needed
  - e. That command is established
2. This person will remain in command until properly relieved.
3. The person in command will remain available for radio traffic and give directions to incoming units. If a large amount of additional resource are responding, a staging area will be established where all responding units will report for assignment.
4. Hospitals will be notified rapidly by EOC. This notification should include a description of the situation and estimated patient count.
5. The crewmember without command responsibilities will initiate triage.
6. If there are six or more patients, each patient will be tagged using the S.T.A.R.T. triage system.
  - a. Red Tag - major injuries with a high probability of survival
    - i. Respirations over 30
    - ii. Capillary Refill over 2 seconds
    - iii. Unable to follow simple commands.
  - b. Yellow Tag - injuries that may become life threatening. This patient can probably survive a 45-60 minute wait without constant care.
  - c. Green tags - injuries that are not life threatening, walking wounded.
  - d. Black - patients who are pulseless, apenic after head tilt, or obviously dead.
7. The color-tagged order of treatment/transport: red, yellow, green. The medical examiner will direct the disposition of black-tagged patients.

8. A patient collecting area will be established at a safe location near by the incident site. Patients will be moved from the site to this area prior to transport. Advanced life support procedures will often be initiated in this area. Physicians or other allied health personnel at the scene will be directed to report to the person in charge of the patient collecting area.
9. All contaminated patients are to be properly decontaminated prior to transport from the scene
10. All patients that are involved in a mass casualty incident or have been contaminated by a hazardous substance are to be transported to the Memorial Campus at Mission Hospitals. Non-disaster medical patients are to be transported to the St Joseph Campus, unless otherwise notified.