Trauma Management During Major Incident Response

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INTRODUCTION

A major incident is an event for which the available resources are insufficient to manage the volume of patients and the nature of the scene. Such events include natural disasters, aircraft crashes, train derailments, multi-vehicle car crashes, bus collisions, and building collapses. It is imperative that paramedics understand their role in responding to such large-scale incidents. This chapter will discuss the EMS response to such incidents with particular emphasis on functioning under the incident command system (ICS).

SUNSET LIMITED CASE REVIEW

0300 hours, September 22, 1993, Mobile, Alabama: Mobile Fire Department receives a call for assistance in the Mobile River Delta, an expanse of wilderness in Alabama’s Gulf Coast. The caller reports that an Amtrak train, the “Sunset Limited,” has derailed. The incident continues for 52 hours, produces 160 patients and 43 fatalities, and brings 106 supporting agencies together over a five-day period.¹ ²

INCIDENT: A tugboat belonging to Warrior and Gulf Navigation became disoriented in a heavy fog and entered a shallow bayou off the main river. The tugboat and its tow struck the Bayou Conat Railroad Bridge. Shortly afterward, the Sunset Limited crossed the damaged bridge and derailed.

OPERATIONS: After the initial dispatch, fire department personnel soon learned the only access to the scene would be by rail, water, or air. Fog prevented air travel during much of the first morning and limited access modes to rail and water. Mobile Fire Department established an Incident Command (IC) post eight miles from the incident at the first rail juncture.¹ Staging, secondary triage, treatment, and transport sectors were also established at the Incident Command
site. From this staging location, an Operation Sector or On-Scene Command was established on
deck of Mobile’s fire boat.¹ The Operation Sector’s primary duties were search, rescue, and fire
suppression.¹ During this event a Medical Officer was assigned, a morgue established, and
coordination implemented with area hospitals’ disaster plans. Operation Sector members
included the U.S. Marine Corps, two sheriff departments, and other public and private emergency
workers.¹,²

This event demonstrates the complexity of responders and the importance of the
principles of the Incident Command System (ICS). If responders had acted independently,
without coordinating efforts, the remote location and limited access could have resulted in
rescuer injury or death. The quick use of the ICS allowed Mobile Emergency Services to
systematically manage a difficult scene.

Examining the impact of ICS decisions helps local services consider their actions and
resources if similar demands were to occur. The derailment of Amtrak’s “Sunset Limited” is a
unique incident that highlights the vast demands such an accident can place on a system, how the
ICS must remain fluid, and how agencies can be thrown together in a working environment.

**CHANGING ENVIRONMENT**

Emergency Medical Services (EMS) are under great pressure to operate in an evolving
health care spectrum. Health care dollars are declining, competition is increasing, governmental
entities are evaluating privatization of programs, and managed care is affecting EMS providers.
As services change to meet the demands of the market, management must review their
capabilities and responsibilities to their communities in a major medical incident.

In the face of health care changes, few local governments, hospitals, or communities
allow emergency services to provide less coverage, nor do they always understand how
decreasing resources can impede response to special events. The constant pressure to “do more
with less” has produced a state in which an incident of relatively small magnitude can overwhelm a system’s ability to effectively manage patients and the situation. To meet the expectations of community and local governing bodies, EMS managers must review, plan, rehearse, and ensure that a multi-agency approach is undertaken in planning for major incidents. First, EMS systems must break down incidents into their impact or resource demands. Second, they must examine and explore the stages of involvement from outside sources or departments. Finally, they must form a multitask coalition to examine different aspects of response and management.

INCIDENT PLANNING

In preparing for special responses, agencies must first examine what resources are available, and second, how the agency will deploy those resources. In the past, many emergency service organizations believed each scene was too unpredictable and unique to plan initial actions, while other services believed the most important action upon arriving on a large scene was to evaluate and treat patients. This is no longer acceptable, and EMS systems must develop plans for the initial actions of responding agencies to effectively manage major incidents.

Essential to a provider’s success and contribution to the combined effort of all responding agencies is the initial actions of the first reporting organizations, and subsequently, the initial actions of all agencies as they are alerted of the event and initiate their responses. It is important to remember that on-line crews will make the initial response to many incidents, not the administrative branch of the service. The actions of these men and women during the initial "size-up" or evaluation will set the tone and direction of the entire operation. The planning and communication of expected performance of responding crews is crucial in the successful planning of any incident, regardless of magnitude. Planning at the administrative level that is never piloted or conveyed to the front line personnel is not effective planning.

Just as the actions of first responding crews direct the incident’s development, the
primary actions of secondary agencies are critical to ensure the success of the response. Agencies that are designed to support emergency services personnel during the response must be decisive and effective for the continued success of scene management.

Actions on scene and at supporting locations should develop around the scene and be adaptable to the situation. Actions of responders should be focused on the safe, efficient, and expedient care and transport of patients. Agencies should provide for the flexibility demanded at every scene, but the initial actions of agencies on any special response share common characteristics. Of these, the most important is the initial size-up of the incident, which always includes response and scene safety. Safety is often discussed in classrooms, table-top exercises, and emergency drills, but is often overlooked during the initial response. Agencies must educate and prepare field personnel in the ability to assess safety issues at all responses. Second, the initial responders must be able to make a quick assessment of needed resources and relay that information in a concise, clear manner. Included in the resource-needs analysis, responders must determine routes into and out of the scene and establish a staging area for responders. Other actions that must be conducted during the initial minutes are often dependent on the service, supporting agencies, the emergency service community, and the geographic area. The size and structure of the incident in regard to available resources determines planning functions and needs, but agencies must identify available resources, challenges, and initial performance expectations during the planning stages of response management. Development of these issues on the scene (after the event) does not facilitate an efficient, effective response.

Each region or service may use specific terminology to describe major events, and each may vary in implementation of their specific responses. It is important for EMS providers to define types of responses for their area and identify resources needed to effectively manage these special incidents. Responses unique in nature occur in every service, but different types of
incidents do have common characteristics and can be categorized.

**Disaster Responses**

A disaster is defined as any sudden event that threatens the security and potentially changes the community in which the event occurs. The response capabilities of any one agency are not sufficient to manage the wide array of community needs to resolve the event. Events do not have to fit into the traditional definition of a disaster to require a multi-agency approach. The events that EMS providers need to consider in a disaster response are specific to the service’s location and should be addressed by assessing potential threats to the area. Careful examination of potential threats should concentrate on judicious allocation of resources to real threats, not perceived or “what if” scenarios.

A way to ensure systems are properly allocating planning resources is to include members from each agency involved in managing a disaster response. Agencies must form a cooperative effort, each contributing their expertise or resources to the group of responders. Each incident will require unique demands and resources from the group of responders, and each agency’s involvement will be defined by the specific incident. The multi-agency task force should be composed of representatives from each responding agency. The selection of agencies to include in the task force is complex and should always include agencies not typically included in emergency services. Obvious members to include are fire departments, emergency medical services, convalescent providers, emergency management, communication centers, law enforcement agencies, rescue and recovery agencies, and local hospitals.

Agencies that are essential but are not generally classified as emergency responders include local government health departments, social services, transportation services, and school systems. Each should be consulted for assistance with public health, evacuation, and temporary housing considerations. Local utility companies are invaluable for providing an understanding of
water, electrical, natural gas, telephone matrixes, and supply systems. Red Cross and other relief agencies have specific plans and resources for long-term relief efforts. Each community must include other organizations that may have resources or expertise needed by EMS in a disaster.

These secondary agencies may not be needed at the onset of the response, but their involvement is critical for reducing the long-term effects on the community. Many of these agencies may already have disaster response plans for their employees or have contingency plans that easily accommodate emergency service responders. An EMS provider should contact the specific department or contact the local emergency management coordinator in their area for specific information related to the capabilities of local organizations. It is vitally important that EMS providers remember that the needs of the community continue long after the last patient is transported to the hospital or the immediate threat is reduced.

The coordination of agencies is often directed under a “lead agency” or department that is responsible for coordination of all response plans and organizations. EMS providers should evaluate their capabilities before undertaking a “lead agency” role. Emergency Management Coordinators are generally available and trained to coordinate the response agencies. It is important to remember that agencies may have a response plan that does not fit every situation. It is the responsibility of the lead agency to coordinate these different response policies into a document that allows for a coordinated effort. The unique requirements of each organization may not allow for a perfect merge of resources, but the task force must be aware of response roles and capabilities of each member.

Disaster-response needs can be divided into three categories. Responding agencies need to coordinate and plan for the immediate needs, the short-term requirements, and the long-term needs of the community. As the incident develops, each agency’s involvement and impact change. Task force members must develop and identify their agency’s involvement at each stage,
and ensure that a coordinated plan provides for a fluid exchange of information as the incident evolves.

**Multi-Patient Responses**

An incident that exceeds immediate operational resources and affects the community, but has shorter resource requirements and community impact is classified as a multi-patient incident (MPI). These incidents are characterized by an acute, rapid event resulting in injuries that require immediate management and intervention. MPIs often require emergency service providers to concentrate on the immediate needs of the victims. The impact on the community as a whole is short-term and does not necessarily affect a large population within the community. An incident involving multiple patients does not necessarily require an MPI response. Each service must define its capabilities to handle patients and establish criteria for initiating an MPI response.

In determining the capabilities of a system to handle multi-patient injuries, EMS planners must examine the entire system. A service might easily respond to an incident with five critically injured patients without initiating a full MPI response, but the area hospital may only possess resources to manage three of the patients. This is an example of system overload, and proper planning and scene management must consider the capabilities of the entire response system.

A service’s preparation for a disaster response includes careful interagency cooperation to define organizations’ roles and responsibilities. A MPI requires the same careful approach, but since the long-term impact on the community is lessened, services can concentrate on immediate actions and responses of emergency services. Interagency planning is essential so roles can be defined prior to the incident and personnel prepared for assigned tasks. Valuable time and energy is lost if emergency agencies do not understand their relationship in the evolution of the incident.
MPIs may be the foundation for developing smaller plans for managing specific incidents. Planners may expand on the MPI plan to include specific actions for hazardous material incidents or handling emergencies with airlines, fires, or mass public events such as parades or concerts.

**Mass Fatality Incidents**

EMS personnel are conditioned to treat the injured while performing quick, assertive actions to manage the incident. In this context, it is often difficult for EMS to plan responses to events in which the loss of life is so great and the impact on the community so complex that the careful recovery and removal of the dead dictates the entire response. A mass fatality incident (MFI) is an event in which there are more deceased victims than can be managed using local resources. MFIs are characterized by a rapid onset and conclusion with long recovery periods. These events impact the community and involve the recovery and identification of the dead.

Because these incidents involve rescue or patient-care operations initially, many systems include this planning stage as part of their disaster response or MPI response. Agencies must be cautioned against considering this just another phase of a disaster or MPI. Due to the drastic change in the nature of work involved in organizing and managing tedious and gruesome recovery efforts, many emergency responders are unprepared to effectively deal with the new roles. Some services deny they will ever be involved in this type of recovery situation. The level of EMS involvement is dependent on local resources, but EMS providers must define their roles within the group of agencies involved and should expect to participate in some manner in the recovery response. Often Emergency Service Planners prepare for this type of response academically but do not involve all levels of operations and do not rehearse this type of response. It is reasonable to expect EMS involvement in this type of incident to be less than a lead role, but MFIs require the same level of planning and preparation as other responses.
Each response, unique in its resource requirements, shares common elements that EMS administrators should consider when addressing response plans. Recognizing shared elements can assist in the system’s preparation and planning of all types of emergencies identified by the task force. Shared characteristics among the different types of responses (outlined in Table 1) are the cornerstone for planning and implementing efficient systems.

**Table 1**

Characteristics of Major Incidents

- Rapid onset
- Stresses or surpasses local resources
- Impacts the community, requiring public support activities
- Requires an interagency approach in planning

**EMERGENCY MANAGEMENT**

Local EMS providers may not have on file the extensive resources needed to examine all the agencies that can interact in a community’s response. Services may find that discerning which resources are available can be overwhelming. An agency often viewed as the coordinating center for information is Emergency Management. Emergency Management organizations have been established at the local, state, and federal levels to act as a resource organization, collecting information and preparing local emergency services for catastrophic events. The main role of these special organizations is to coordinate a community’s efforts during a major incident. The individuals serving in these roles are excellent resources for EMS planners to consult when coordinating their response with a multi-agency coalition.

Emergency Management coordinators are involved in all levels of emergency response planning and are trained to manage long-term response efforts. The Federal Emergency
Management Agency (FEMA) is an organization that serves as a resource agency for local Emergency Management coordinators to evaluate damages and identify available services and resources after large-scale incidents.6,7

**SPECIAL OPERATION PLANNING**

Coordination between agencies is intended to define roles, response criteria, capabilities, and liabilities of each responder in an effort to ensure that each agency contributes to the combined response. Special operations require emergency service agencies to interact with each other, with many possessing unique internal structures. To allow all the agencies to work as a coordinated team, a system needs to be implemented that applies a systematic approach so all responders are aware of a chain of command and their position within the system.3,5

A systematic approach was developed in the late 1960s and early 1970s to alleviate the mass confusion caused by major woodland fires in Southern California.6,7 The approach was labeled as the Incident Command System (ICS), and it attempts to avoid the tendency for a group or service to operate in isolation, or “freelance,” which results in confusion for the entire group.3,4,6 The Incident Command System is an organized way of looking at the task of management.6 It is the intention of the ICS to ensure no one agency is given complete control of the scene, hindering the power or expertise of specific individuals or organizations. To be effective, all agencies and individuals involved in the incident must follow the same ICS techniques. Coordination and pre-planning are essential to ensure all agencies on-scene are familiar with the structure.

**ICS Components**

The Incident Command System has eight standard components that are universal and essential in developing an effective command structure (Table 2).6,9 Task forces developing a command system should ensure that the command structure permits implementation at various
stages to accommodate the needs and size of the incident or scene. ICS must be adaptable to any size scene and remain fluid. Services must develop common terminology and should agree to utilize “plain talk” once integrated into the incident. Avoiding the use of jargon or radio codes affords all members the ability to effectively communicate within the structure. The ICS should strive for an integrated communications system. Areas utilizing 800 MHz are able to develop “talk groups” to assist in on-scene communication between agencies. Talk groups are coordinated frequencies that allow different agencies operating within the same system to speak with each other on the same frequency without interfering with each individual organization’s main communication channels. Agencies not utilizing 800 MHz can still develop coordinated communication practices for on-scene communication.

Another principle of ICS is the use of a unified command structure, which is facilitated by a written consolidated action plan describing each agency’s function and outlining the command structure. The plan should define individual sectors and their tasks or relation in the overall structure. The command structure needs to ensure that the span of control each sector officer is assigned allows one individual to effectively manage the group. Data suggest that during a major incident, each supervisor can effectively be responsible for three to seven people carrying out a common task. Individual incidents may dictate the number of responders placed in a sector, but members must be able to communicate with each other.

The last two components of the ICS are essential to on-scene function. Task groups must coordinate and pool common types of resources through comprehensive resource management, allowing sector control and accountability of limited materials. Common materials or resources may be similar personnel, transport vehicles, water, housing, and fuel. Each incident will have different requirements and functions; it is the responsibility of the Incident Commander to designate incident facilities and areas of operation. Commonly established areas are the
command post, staging sector, media area, transport, and treatment sectors.\textsuperscript{6,7,9}

Table 2

Standard Components of Incident Command Systems

1. Adaptable

2. Common Terminology

3. Integrated Communication

4. Unified Command Structure

5. Consolidated Action Plan

6. Span of Control

7. Comprehensive Resource Management

8. Designated Incident Facilities

INCIDENT COMMAND SYSTEMS

Under the most commonly prescribed ICS, there are five main functional areas: Command, Operations, Planning, Logistics, and Finance. Each incident dictates the extent and formation of the command structure. During MPI response, a service may not set up all the major components of the system. Many emergency services have developed smaller, customized response structures for smaller incidents, but all individualized structures should fit into one of the five main components of the overall ICS plan.

The first component of the ICS structure is Command.\textsuperscript{6,8} This position is assigned to the individual in charge of the scene. This position is filled at all incidents regardless of the ICS level implemented. The Incident Commander (IC) may change throughout the course of the incident and the number of transfers is dependent on the size and complexity of the situation. The one rule that must be applied during IC transfers is that the new IC must be briefed, information
transferred, and a knowledge of the current status of the system assured before command is completely transferred. Transfer of command without thorough knowledge of the current status prohibits conclusion and containment of the incident.

The Operations branch or Operational Command is responsible for all tactical activities during the incident. Managing the tactical aspects of the ICS controls and stabilizes the incident. EMS, fire, and rescue are generally located in this sector. The size of Operations may require the formation of separate functional areas to facilitate command and control.

The Planning sector is responsible for collecting, analyzing, and distributing (to appropriate sources) information about the development and progress of the incident, including the status of resources. This branch gathers information to assist in developing a flow chart outlining the current progress, future needs, and probable courses. In addition, sector members formalize alternative strategies to assist Command in decision-making. One of the most important aspects of this sector is that it must account for and formalize demands for specialized resources. It is this sector’s responsibility to devise plans for replenishing resources and supplies.

Working closely with the Planning members is the Logistics sector. This sector’s responsibility at a major incident is to provide the material needs and resources to sustain operations. Logistics members coordinate with Planning members to detail incident needs and coordinate future acquisition and staging of resources. The Planning members may rely on Logistics to assist in evaluating the validity of strategies. Logistic requirements depend on the extent of the crisis and may include temporary morgues, specialized heavy equipment, personnel needs, food service, and temporary housing for rescue workers and the community.

The last command sector within the major ICS structure is Finance. Sector members are charged with tracking and documenting costs during the incident. This sector, often overlooked in the planning stages, is not as prominent as operations but is equally crucial for effective
incident management. Inability to obtain federal assistance is most often contributed to failure to adequately document expenditures or cost of the response.\textsuperscript{3,7} Private insurance companies and underwriters often encourage and provide assistance to local agencies for planning organized responses to disasters. The Robert T. Stafford Disaster Relief and Emergency Assistance Act (1988) makes provisions for local agencies to recoup the cost of disaster response through the Federal Response Plan, but proper documentation and records must be maintained.\textsuperscript{6}

It is the Finance sector’s responsibility to allocate fiscal resources for logistics and communicate with the Planning Command to assist in evaluating strategies developed during the incident. Finance sector functions are often subdivided into four divisions. Planners assign members to track cost centers for time, procurement, compensation, and general cost.\textsuperscript{6}

**Operational Considerations**

The five major components of the ICS are dependent on the size and complexity of the incident. EMS planners are often frustrated by administrative constraints that limit autonomy. Understanding the EMS role in the structure can explain the operating limitations of the service. Many services have never participated in an incident requiring a complete ICS. Implementation of the ICS to responses of any size can benefit personnel and administration by increasing exposure and experience with the principles of the command structure. Services ignoring or choosing not to utilize the components, formally or informally, may find the ICS difficult or time consuming. Understanding and familiarization with the principles allow for a fluid control of resources, actions, and cost. The trend to “do more with less” is more difficult for administrators who choose not to use the principles of the ICS. Services managing MPIs may utilize an abbreviated structure, linking several sectors together.\textsuperscript{4} A service responding to an area devastated by a natural disaster may utilize every component of the system.

**EMS INCIDENT COMMAND AND STRUCTURE**
Within the Operations sector, Emergency Services (ES) establishes its own sectors and divisions. Each ES agency may function independently, coordinated by the Operations Commander, or may be combined under one command structure. The ability to adapt to any situation or changing need during the response allows for an effective management approach. To function as a unified system under the Operations Sector, EMS administration should carefully examine their organization, identifying specific strengths and weaknesses associated with the internal structure and resources of the service. This analysis can be taken a step further by including regional EMS resources in the evaluation. In establishing EMS Command and other sectors, it must be with the understanding that EMS operates within the ICS’ Operations Sector and reports to the Operations Command or Incident Command. The size of the response dictates the implementation of the EMS internal structure. Agencies may choose to develop protocols that outline EMS command structure. Protocols should discuss the implementation and the stages in which EMS coordinates with ICS’ Operations Command.

Each agency should develop internal EMS divisions or sectors based on the system’s abilities and needs. Large urban services may have resources to establish an elaborate and complex division of tasks within EMS operations. Smaller services or rural systems may need to combine and merge tasks among response members. All sectors should be familiar with the formal Incident Command System, and develop a plan for how EMS will function as a contingent of a larger operation. As EMS develops its IC structure, administration and planners need to allow for evaluation and revisions. This can be facilitated through the use of table-top drills, simulated response drills, administrative walk-through, and debriefings following real incidents.

**EMS Command**

Internally, EMS should consider implementing an EMS Commander. Again, the
autonomy of this position is dependent on the complexity of the incident. In a multi-agency response, the EMS Commander will coordinate with the ICS Operation Commander or the overall IC. EMS Command should be the minimum required position during major EMS operations in the field. Duties and responsibilities of this position are similar in nature and context to that of the ICS Incident Commander or Operations Sector Commander. The EMS Commander is responsible for command, control, and direction of EMS operations during the incident. This individual coordinates all communications between the higher echelons or communication center and field sectors. Specific to the incident, this individual is accountable for scene size-up and report, tasking personnel and resources within sectors, requesting additional resources, and coordinating with other agencies.

**Triage/Treatment/Transport**

Triage is an internal EMS sector that should be implemented on every EMS scene. The Triage Officer should be a senior paramedic or EMS officer who is responsible for the primary identification of patients, their medical needs, treatment plans, and patient transport priorities. Triage reports to EMS Command and coordinates the actions of personnel, including first responders, assigned to this sector.

Depending on local resources and the needs of the service, a Treatment Sector may be established within the Triage Sector or in a separate area. If established as a separate sector, a Treatment Officer receives information from Triage and directs all patients’ treatment following triage and preceding transport. This sector coordinates with the Transport Sector, if established.

The Transport Sector assigns and coordinates ambulances and technicians to transport patients, coordinates transport destinations, maintains records for patient information, and tracks patients by ambulance or provider and receiving facility. The local provider must determine sectors within the EMS Command Structure that may be delegated, combined, or managed by
Command.

**Expanded Sectors**

Optional sectors within the EMS ICS may include Extrication, Medical Officer, Operations, and Staging. These sectors are dependent on the agency, incident, and local protocol.

The Extrication Officer duties may be managed by the Triage/Treatment Sector(s). This position is usually attached to Fire/Rescue Operations to assist in patient removal during a mechanical extrication. This individual is the patient’s safety advocate during the extrication process. The Extrication Sector can assist in performing rescue functions, supervision of activities, or patient treatment during the process. This position coordinates with Triage, Treatment, and Transport Sectors to follow through with patient care and transport.

The Medical Officer is the EMS Medical Director or designated physician. An alternate physician or practitioner should also be designated prior to the incident in the event that the primary medical officer is unavailable. The Medical Officer needs to be familiar with the local EMS response plan, protocols, and responsibilities at the scene. This individual reports to the Treatment Sector to direct patient care and assists in the Triage, Treatment, and Transport Sectors in determining appropriate patient treatment actions and receiving facilities. The Medical Officer can also serve as a liaison to other physicians or health care practitioners arriving on the scene.

An Operations Sector is established when the size or location of the incident does not allow for an effective span of control to occur from the EMS Command position. Incidents covering large areas or mass injuries may necessitate delegation of the hands-on activities to an Operations Officer. This internal EMS position serves in very much the same role as the Operations Sector does in the larger, formal ICS.
Another area useful in organizing EMS resources on the scene is the Staging Sector. The functions of this position are essential if access is limited into or out of a scene. Staging acts as a holding center for ambulances, personnel, and equipment. From the Staging Sector, coordination with internal operations can distribute the needed resources to exact locations without confusion or congestion.

An essential role in every EMS operation is a Safety Officer. This position is charged with the overall safety of responders and operations during the scene. This position reports directly to EMS Command and advises on potentially dangerous or harmful activities.

**EMS ICS Follow-Up**

All EMS Command functions operate within the larger ICS, and if the formal ICS is activated, EMS operates within the ICS Operations Sector. The size of the incident and number of responding agencies dictate the importance of the ICS and the boundaries within which EMS agencies operate. EMS personnel should not attempt to act as a sole responder or “freelance” in a major incident involving multi-agency response and regional coverage. The reason for an internal EMS ICS is to assist a service operating outside its normal operations in a situation that stresses the system’s resources. Agencies will develop individualized ICS to fit the department and its resources, but the plan should embody the eight common components of ICS.

**Summary**

The classification of responses into disaster response, MPI response, or MFI response is relative to each provider’s ability to manage the different levels a scene demands. Early recognition of limited resources and excessive demand will allow ES operations to implement a systematic approach to managing the incident. Local EMS administrators and planners should carefully examine their operational capabilities to determine how to best utilize limited resources. Agencies coordinating through a task force allow for an effective approach to incident
management. Local planners should rely on available resources such as Emergency Management
Coordinators who assist in compiling a resource list and evaluate relief efforts and responses.

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