Government of Saint Lucia

National
Mass Casualty Management Plan

Document of the Saint Lucia National Emergency Management Plan
Revised: October 8, 2006 | February 27, 2007

Based on:
Draft PAHO - Health Sector Emergency Preparedness for Mass Casualty Management Guidelines for Caribbean Countries – 2001 &
Eastern Caribbean States Civil Aviation - Mass Casualty Incident Plan – 2003 &
Draft NEMA [TnT] – Disaster / Emergency, Standing Operating Procedures and Contingency Plans September 2000 &
Antigua & Barbuda Mass Causality Management Emergency Procedures [Date Unknown] &
U.S. Dept of Health, Education and Welfare, Division of Health Mobilization and distributed through courtesy of Medical Education for National Defense (MEND)

Approved 24th September, 2009 by Cabinet Conclusion 1151/2009


Cap Pt.
Pigeon I.
Rodney Bay
Gros Islet
CASTRIES
Grande Cul de Sac Bay
Babonneau
Anse la Raye
Roseau
La Caye
Canaries
Dennery
Mt. Gimie
Praslin
Soufrière
Micoud
Canelles
Desruisseaux
St. Lucia I.
Choiseul
Laborie
Hewanorra Int'l. Airport
Vieux Fort
Maria Is.

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DEFINITIONS & ABBREVIATIONS

Mass Casualty Incident: Any event resulting in a number of victims large enough to disrupt the normal course of emergency and health care services, for Saint Lucia this is 20 victims in one incident.

Stabilization: The medical measures used to restore basic physiologic equilibrium to a patient, to facilitate future definitive care, in order to ensure survival.

Triage: The sorting of casualties according to the nature and severity or their injuries.
Command Post: The location at the scene where command, coordination, control and communication for the activities are centralized.

Abbreviation	Meaning
AMP	Advance Medical Post
ATC	Air Traffic Control
CAA	Civil Aviation Authority
CDERA	Caribbean Disaster Emergency Response Agency
CMO	Chief Medical Officer
CP	Command Post
DCA	Director of Civil Aviation
E/CAR	Eastern Caribbean
EOC	Emergency Operation Centre
ICAO	International Civil Aviation Organization
MCI	Mass Casualty Incident
MCM	Mass Casualty Management
MOH	Ministry of Health
NDO	National Disaster Organization
PAHO	Pan American Health Organization
RCC	Rescue Coordination Centre
SAR	Search and Rescue
SOP	Standard Operating Procedures

1.0 Introduction

Mass Casualties in small countries have big consequences. Hospitals get overloaded with numbers of victims they cannot cope with, victims in critical conditions may die because treatment does not come on time, and victims who do not need to be hospitalized may create chaos within the limited hospital area.

Small countries therefore have to make plans to cope with accidents and disasters causing more victims than their health care facilities can handle.

The Mass Casualty Management (MCM) plan presented in this document is a proven method to cope with such constraints by using limited resources as efficiently as possible. One of the principles of this MCM plan is to initially bring the hospital to the patients instead of the patients to the hospital, treating patients in the field after prioritization according to the gravity of the injury and chance of survival of the victim.

Essential in MCM is the coordination between all involved agencies such as fire, police, hospitals and health centres. This MCM plan will have to provide for a clear role division, on which all groups have to agree. Training and simulation exercises are to familiarize every one with the contents of the plan.

The MCM is on the contingency plans of the national emergency management program. A mass casualty incident is an event resulting in a number of victims large enough to disrupt the normal course of emergency and health services[6].
The MCM Plan shall become active upon confirmation by the Emergency Services, A&E Department of a Hospital, Fire Services or Police that an emergency does exist and, that the number of **casualties exceeds 20* victims**.

1.1 Aim

- To develop procedures for a multi-sectoral approach to a mass casualty incident which will minimize disabilities and the loss of life while making maximum use of available resources
    - To ensure the efficient use of medical and rescue manpower, equipment and facilities, through a coordinated response of all agencies involved.
    - To avoid the relocation of the disaster from the scene to the hospitals or health care facilities through the use of field triage and priority evacuation.

1.2 Objectives

- To respond to a mass casualty incident in an effective and timely manner
- To provide coordinated support for the medical management of mass casualties.
- To ensure that victims presenting injuries are treated promptly for discharge or stabilized for transfer to Hospital
- Identification of the lead agencies involved
- Definition of roles and responsibilities of key agencies
- Identification of available and required resources
- Establish a coordination structure

- Establish foreign disaster assistance procedures

1.3 Scope

- Covering all mass casualty incidents (as defined in (1.0) in Saint Lucia.

1.4 Legal Basis

- National Emergency Powers (Disasters) Act No. 5 of 1995
- Disaster Management Act No 30 of 2006
- Coroner's Act No. 19 of 2002
- Police Ordinance Act No. 30 of 1965
- Fire Service Act No. 11 of 1973

Responsibilities of various Ministries are developed under the provisions of the Constitution and the various relevant Acts stated. Additionally there are many other pieces of legislation that are directly and indirectly related to mass casualty management. These Acts include, but are not restricted to:

- Public Health Act
- Quarantine Act
- Registration of Medical Practitioners Act
- Registration of Nurses and Midwives Act
- Pharmacy Act
- Mental Hospitals Act
- St. Jude Hospital Act
- Private Hospitals Act
- Public Hospitals (Management Act)

It should be noted that legislation and regulations pertaining to statutory bodies and private sector enterprises may also be relevant to mass casualty management. However, it is left to these agencies to identify these in their respective emergency plans.

1.5 Assumptions and Obligations

Given That a mass casualty incident affects a varied number of institutions, it is assumed/expected that all agencies at risk will:

i. Develop risk assessment and management plans to mitigate against these exposures.
ii. Develop emergency plans, inclusive of mass casualty contingency sections.
iii. Test these plans at least once a year
iv. Possess operational field communication equipment
v. Possess mobile medical emergency packs

1.6 Roles and Responsibilities

i. **MCM**

Mass Casualty Management involves a multi-sectoral approach inclusive of but not exclusive to, the following roles: First Responders, Initial Response and Damage Assessment; Security and Traffic Control; Medical; Overall Site Coordination; Refugee Support (Family and non-injured victim support); Media and Information; and Emergency Support Services. There exist under the law and supporting regulations, agencies charged with these roles and responsibilities.

ii. **NEMO Secretariat**

EOC Coordination* / Media and Information

- Establish EOC
- Assist all agencies in response
- Activate individual emergency plans (where specialized chemical/equipment facilities involved owner/operator will work in co-ordination with NEMO)
- Mitigate against hazards
- Identify and locate the Refugee Centre

iii. **SAINT LUCIA FIRE AND AMBULANCE SERVICE**

Initial Response, Coordination of the Command Post, Impact area

- Initiate first alert
- Confirm mass casualty event and issue second alert
- Command of the impact area
- Coordination of the Command Post
- Undertake initial assessment
- Determine site organization for emergency response & establish command post
- Take all reasonable steps to:
    - Rescue victims (1st Triage; transfer of victims from impact zone to AMP, and assist with transport to health facilities)
    - Eliminate further hazards
- Secure all personal effects and deposit with the Saint Lucia Police Service control on site.
- Request (if necessary) additional search and rescue assistance
- Issue the "area is safe" designation for the impact zone and hand over to relevant authorities.
- Field organization

iv. ROYAL SAINT LUCIA POLICE FORCE

Initial Response; Security and Traffic Control

- Confirm the initial alert/warning
- Confirm mass casualty event and issue second alert
- Establish secure area around impact zone and emergency coordination command post in coordination with the Saint Lucia Fire and Ambulance Service
- Control traffic along access roads
- Establish and control the holding area for emergency vehicles
- Secure victims' property
- Assist with identification and registration of the dead and seriously injured.
- Assist fire services with search and rescue and first triage where directed and where appropriately trained

v. LOCAL HEALTH AUTHORITIES

(e.g. Hospital or Community Health Facility in which the incident occurred)

Medical/Advance Medical Post

- Upon Local Stand – by to nearest hospital- alert relevant personnel
- Upon confirmation of a Full Emergency – activate call out procedure
- Dispatch medical personnel to establish Advanced Medical Post (AMP)
- Establish Command Post/s
- Coordinate medical management, medical resource management, patient transportation and information dissemination.
- Establish link between field and health facilities through command post

vi. MINISTRY OF HEALTH

Medical/Refuge Centre/Media and Information

- Activate Ministry of Health Disaster Management Plan
- Dispatch relevant officers (e.g Epidemiology , Environmental Health etc.) as appropriate to emergency site
- Dispatch personnel to Emergency Operations Centre with communications.
- Place on standby or request assistance of other medical support services
- Assist in the coordination of health personnel and facilities

vii. OTHER AGENCIES

- Owner/operator is expected to activate Agency's Emergency Response Plan and notify 911
- Coordinate Command Post Activities until Emergency response arrives
- Send representatives to EOC
- Alert/activate (where necessary) emergency support services

Oil Spill/HazMat Committee

Stress Response Team
Supply Management Committee

1.7 Assignment of personnel

Where such incidents involve specific owner/operator facility, this agency will appoint a senior officer to liase with the Coordinator – Command Post to work in tandem with the Coordinator – Command Post or his designate.

The response agency arriving on site first will assume control until the most Senior Fire Officer arrives. Once the safety of the site has been secured the site shall be handed over to the most senior Police Officer.

I Personnel for the Command Post – on site

- Coordinator Command Post – Senior Fire Officer [Senior Police Officer]
- Facility Owner/Operator
- Hospital/Health Centre representative
- MOH
- Information Officer
- Record Keepers
- Communications Officer
- NEMO Representatives

II Personnel for the Advanced Medical Post

- AMP Manager – Hospital / Health Centre Designate
- Doctors
- Nurses
- First Aiders
- Police Officers
- Fire Service Personnel as required
- Evacuation Officer
- Transportation Officer
- Records Officer/s

III Personnel for the Refugee Centre

(For victims who escaped serious injury and family members Location to be determined by coordinator)

- Coordinator – Refugee Centre: Facility Owner/Operator
- Health Centre Information/Communication Officer
- Psychology
- Social Workers
- Police Officers
- Red Cross volunteers

IV Personnel for the Media Centre

- Owner / Operator information Officer
- Government Information Officer (lead information officer)

V Personnel for the Staging Area

- Royal Saint Lucia Police Force
- Saint Lucia Fire Service
- Ambulance Personnel
- NEMO National Transportation Committee
- Other Emergency Transportation Person

1.8 Principles of Triage

1. GREEN: MINIMAL Treatment (norm is 40% of casualties)

Category One - have no priority for treatment, but treatment should be given early.

a. Small lacerations or contusions with bleeding controlled.
b. Closed fractures of small bones.
c. Moderate Neuropsychiatry disorders.
d. Short term whole body ionizing radiation doses of minor degree

2. RED: IMMEDIATE Treatment (norm is20% of casualties)

a. Hemorrhage from an easily accessible site.
b. Rapidly correctable mechanical respiratory defects.
c. Severe crushing wounds of extremities.
d. Incomplete amputations.
e. Severe lacerations involving open fractures of major bones.
f. Severe burns of face or upper respiratory tract necessitating tracheotomy.
g. Second and third degree burns of 15% to 40% of body.

3. YELLOW: DELAYED Treatment (norm is 20% of casualties)

Category Three - amount of delay depends on the situation.

a. Simple fractures of major bones (Extremities, pelvis, spine)
b. Moderate lacerations without extensive bleeding.
c. Severe eye injuries.
d. Non-critical central nervous system injuries.
e. Penetrating or perforating abdominal wounds.

4. BLACK: PENDING Treatment (norm is 20% of casualties)

Category Four - have lowest priority for treatment

a. Critical injuries of central nervous system or respiratory system (comatose or spinal cord injury)
b. Multiple severe injuries critical in nature.
c. Burns involving more than 40% of body surface.
d. Established lethal doses of total body radiation.

TABLE 1
SUMMARY RISK AND HAZARD ASSESSMENT

Hazard	Personal Exposure	Responsible Authority
Aircraft accident Fixed wing Rotary	20* - 600	SLASPA Civil Aviation Airline representative Helicopter Services Emergency Services
Mass concentrations Fire Structural Failure Riot Over-crowding	20* - 40,000	Emergency Services Boards of Management of all sporting facilities Cultural Development Foundation (CDF) Private Show Promoter
Vehicular accidents	20* - 100	Private vehicle owners Emergency Services
Ferry accidents	20* -	SLASPA Ferry Services Saint Lucia Coast Guard Maritime Services Division
Multi-story Accident or Dense Housing Accident Fire Collapse	20*	Emergency Services Property owners and occupiers
Health Incidents Poisoning Air/Water Pollution Epidemics	20* - 1500	Min. of Education Min. of Health Emergency Services
Industrial Accident Fire Explosion Gas Leak Boling Liquid Expanding Vapor Explosion [BLEVE] Spills	20* -	Emergency Services Min. of Commerce Min. of Labour Private and / or State Companies
Civil/ International Unrest Riot Looting Bomb Explosion War	20*-	Min. of National Security Saint Lucia Police Service Saint Lucia Fire & Ambulance Service
Natural Hazards Earthquake; Landslide; Flood; Storm surge/ Tsunami	20* -	Ministry of Works and Transport NEMO Property owners & occupiers

*** In collaboration with PAHO the Ministry of Health considers that a mass casualty event consists of 20 or more persons.*

SECTION 2: STANDARD OPERATING PROCEDURES

1. All agencies and personnel will carry out their responsibilities as determined under the laws of Saint Lucia.

2. Coordination of the activities within the command post will be the responsibility of the Commissioner of Police [or a representative]/Chief Fire Officer [or a representative] in coordination with the Senior Representatives of the Facility's Owner/Operator.

3. All requests information will be channeled through the Command Post which will communicate those request/information to the relevant external agencies *(See Emergency Telecommunications Procedures Manual Document 0103 of the Saint Lucia National Emergency Management Plan*).

4. All agency officers in the Command Post will possess direct radio contact with their operations personnel.

5. Agencies shall await the "*area is safe*" designation from the Saint Lucia Fire Services before entering the impact area.

6. All agency personnel will, as much as in reasonably possible, operate in uniform or display clearly their official identification.

7. Only the Government Information Service shall be the designated information officers are authorized to issue statements to the press and public. All inquiries will be directed to such persons.

8. All ambulance and other transport drivers will remain in their vehicles.

The After Action Report by the On Scene Commander(s) will be sent to the Incident Commander who in turn will forward copy of report to the Director NEMO within two weeks of the incident. NEMO will distribute the report to the appropriate agencies.

6.1 Communications

Multiple radio communication networks must be used because of the numerous agencies involved. Thus all field response agencies must ensure that a radio is stationed at the command post (on their frequency with an operator). Intra communications shall take place within responders while Cross / Inter Agency Communications shall take place on established NEMO Frequencies.

Thus for example, the Fire Services will use their frequency to control the impact area; the Medics / AMP and communication to the Ministry of Health EOC, the Police frequency – the perimeter control, media and refuge centers, and the emergency vehicle holding area.

SOP - The Alerting Process

A. Initial Alert

The dispatch centre (911) and any agency to receive alerting calls, should ascertain the following:

a. Exact location of the event
b. Type of incident
c. Potential risks, e.g. in a fire the presence of a gas station is a risk.
d. Population at risk, should there be evacuations?
e. How many victims are reported so far?
f. What other resources are needed?

Upon receipt of information of a mass casualty incident, staff at the Operations room of the Fire Service or Police Station will immediately follow a two –tier notification system for (a) an unconfirmed report, and (b) a confirmed incident report:

- As is the routine, Police and Fire Services inform each other of the Alert. Fire and Police Services will in turn inform the nearest hospital or Health Centre immediately using the term **LOCAL STANDBY**.

    - **LOCAL STANDBY** – A condition of warning to emergency response agencies of a potential mass casualty emergency, placing response agencies on alert to await confirmation of a **FULL EMERGENCY** or **STAND DOWN.**

- The Fire and Police Services will confirm whether the field situation is truly a mass casualty event and inform the relevant agencies as follows;

    - **FULL EMERGENCY** – A condition which confirms that a mass casualty situation exists (e.g. danger of an aircraft accident) requiring a response from multiple sectors.

    - **STAND DOWN**
      To a Local Standby -: A mass casualty situation does not exist.
      To a Full Emergency -: The mass casualty emergency is concluded.

Individual agencies will then follow their established call out procedures.

B Confirming alert

After the dispatch centre or any other agency has been alerted of the incident, an initial assessment team has to be sent as soon as possible to the area of the incident. Each agency should have its own contingency plan to decide how many people are to go to the initial assessment and with what equipment.

While the initial assessment team evaluates the situation, all agencies normally involved in that type of incident, must be alerted and put on standby. In the standby phase all preparatory arrangements have to be made in case of activation:

- All necessary equipment and supplies must be prepared
- Staff to be mobilized is to be contacted.

All response agencies shall use the NEMO Radio frequency in National MCM emergency situations for cross agency communications. For interagency communication, Agencies shall revert to their own frequency. Another radio frequency will be used for simulation exercises.

END OF PROCEDURE

SOP – Field Organization

Main Responsibility: First Response Agencies

Objective - To facilitate the rescue and medical management of victims in a safe and secure environment.

Steps:

A Command Post/Impact zone/safe zone

The Saint Lucia Fire Service is the responsible agency for the initial response coordination in mass casualty situations. If another agency arrives before the Fire Service then that first agency at the scene of the incident will coordinate all activities from the site to be established as Command Post.

Upon arrival of the Fire Service this Agency [including Police] shall hand over command of the incident. Once the site has been secured by the Fire Service the site shall in turn be handed over to the Royal Saint Lucia Police Force.

On arrival of the Fire Service at the scene of the emergency, the area should immediately be divided into safe and unsafe zones. The coordination within the unsafe (or impact) zone should be in hands of the Fire Service.

If there is a Search and Rescue team, they will work under the command of the Fire Service in the unsafe zone.

Permanent

1. Must ensure that the necessary communication equipment is available.
2. Must train officers in mass casualty management and incident command.
3. Keep updated maps showing population, routes etc. (for use in the CP).
4. Keep and verify monthly an updated communication network directory of all response agencies i.e. a complete and current list of inter agency telephone numbers.
5. Keep and test an alert procedure for all agencies expected to respond.
6. Keep a quantity of road sign supplies e.g. cones, rope etc.

During

1. On arrival at the incident site the first responders team would conduct an initial assessment and report immediately to the local command center, identifying and confirming the following:
    i. Precise location of incident
    ii. Access routes
    iii. Details pertinent to the incident such as details of aircraft
    iv. Estimated of number of casualties
    v. Any additional potential risk and exposed population
    vi. Proposed Location of the on-site CP

2. The team should then identify/establish the following field areas:
    i. The work areas i.e. impact zone (restricted area), secondary area (restricted area) and tertiary area (buffer zone);
    ii. A command post with (radio) communication, at the external boundary of the impact zone. It should be sited to facilitate on-site overall command, coordination and control.
    iii. A VIP/media area, and
    iv. An AMP (a minimum of approx. 85 sq. yards) within walking distance (50-100 meters) of the impact zone: in a safe area; with direct access to evacuation routes; at a short distance from the CP; and in a clear radio communication zone.
    v. Must implement safety measures to protect victims, responders and exposed populations.
    vi. Must implement crowd and traffic control measures.
    vii. Identify rendezvous point or staging area to prevent obstruction of the access route.

After

3. Debriefing and Report(s) to NEMO.

END OF PROCEDURE

SOP - On-site Emergency Care and Treatment.

Main Responsibility: Ministry for Health & Health Services (NB Inclusive of EMS services)

Objective – To reduce loss of life by providing prompt and effective triage and field stabilization of victims, allowing them to tolerate delayed transfer to appropriate health care facilities.

Steps

Permanent

1. Train staff in MCM, triage and trauma management.
2. Establish and maintain specifically trained medical teams (medical mobile response teams).
3. Establish and maintain an emergency medical service or a patient care transport service.
4. Establish and maintain mobile response kit (medical supplies and equipment).

During

1. Dispatch to site expeditiously medical response team with mobile response kit, triage tags, medical record forms and AMP supplies.
2. Dispatch to site emergency medical service or a patient care transport service.
3. Establish the internal organization of AMP.
4. Conduct medical triage to determine level of care utilizing color code triage tag (red, yellow, green and black).
5. Provide field stabilization care to patients (intubations, tracheotomy, chest drainage, drug treatment of shock, analgesia, fluid replacement, faciotomy, fracture immobilization and dressing).
6. Organize patient transfer to adapted health care facility ensuring that the health care facility is correctly informed and ready to receive the patient.
7. Conduct evacuation triage prioritizing victims for transfer to ready-to-receive health care facility.
8. Maintain direct communication (by radio/phone) between the local responding health care facility and AMP via CP.
9. Ensure adequate supplies and equipment are available.
10. Gather and keep record, including names, destination and status of all patients passing through the AMP.

11. Ensure that all casualties have received attention before the operation is terminated.

After

16. Report to Command Post.
17. Report to MOH details of on-site patient care delivered.
18. Debriefing.

END OF PROCEDURE

Attachments

- Directory of medical mobile response team.
- Mobile response kit (medical equipment and supplies).
- Medical records forms.
- Triage tags.

SOP - Organization of Hospitals. Polyclinics, Health Centres.

Main Responsibility: Ministry for Health & Hospitals.

Objective – To prepare for the medical management of MCI victims through effective mobilization and management of available resources.

Steps:

Permanent

1. Maintain updated hospital/Polyclinic/health centre MCM procedures.
2. Ensure adequate staff is trained in MCM.
3. Establish and maintain a mobile team comprised of persons capable of effecting emergency care and treatment/emergency medicine.
4. Establish and maintain a contingency plan for blood donation.
5. Establish and maintain arrangements including MOUs to ensure adequate human resources (doctors and nurses) and facilities (operating rooms, laboratory etc.) including arrangements with private sector facilities as appropriate.
6. Establish a two-way communication system to provide a link between the hospital/polyclinic/health centres.

During

1. Activate the health facilities MCM procedures or emergency/contingency plan.
2. Activate health facilities EOC or Command Post with communication network.
3. Dispatch mobile team if within appropriate radius of the scene.
4. Reinforce key departments: Accident and Emergency, Surgery, Operating theatre(s), ICU.
5. Determine/estimate health facilities capacity (beds, human resources services and equipment) to deliver care.
6. Increase bed availability to accommodate victims by effecting discharges and transfers.
7. Establish a reception area where health facility triage would be conducted with direct access for the ambulance.
8. Provide medical care to the casualties that arrive.
9. Inform the field CP when capacity is reached.

10. Maintain constant communication between the health facilities EOC/CP, the field CP and the AMP.
11. Keep record of all victims seen/admitted to the hospital.

After

12. Report to Incident Commander.
13. Report to MOH (patient care delivered).
14. Debriefing.

END OF PROCEDURE

Attachments

- Medical record forms, Communication network, Health facility MCM procedures, Memoranda of Understanding

SOP - National Health response to Mass Causality Incident.

Main Responsibility: CMO

Secondary responsibility: PNO Community

Objective – To provide medical care to victims both on-site and at appropriate health facilities.

Steps -

Permanent

1. Train staff in MCM and keep updated information on trained personnel.
2. Keep updated MCM procedures and health facilities emergencies/contingency plan.
3. Keep updated directory of medical personnel (mobile response team and MCM trained personnel).
4. Keep supply of emergency medical supplies available.

During

5. Activate MCI and health facility disaster response plans.
6. Report to EOC
7. Be in contact with health facility and AMP.
8. Provide control and dispatch of casualties to appropriate external hospitals by land, sea or air.
9. Maintain an accurate list of casualties including those sent to external destinations for treatment.
10. Mobilise additional resources (manpower, supplies and equipment) needed to assist in managing the causalities.
11. Ensure that all casualties have received medical attention before confirming termination of the operation.

After

12. Debriefing.
13. Written report from AMP and responding health facilities.
14. Prepare final report and submit to all relevant authorities.

END OF PROCEDURE

Attachments

- List of personnel trained in MCM.
- MCM procedures.
- Health facilities emergencies/contingency plan(s).
- Directory of mobile response team.
- List of health facilities key and essential personnel and contacts.
- List of emergency medical supplies.

SOP – Command Post

1. Incident Command will be the responsibility of the Police. In the absence of the Police the incident commander will be assumed by the most senior fire official.

2. All requests information will be channeled through the Command Post which will communicate those request/information to the relevant external agencies.

3. All agency officers in the Command Post will possess direct radio contact with their operations personnel.

4. All agency personnel will, as much as in reasonably possible, operate in uniform or display clearly their official identification.

5. Only the Government Information Service shall be the designated information officers are authorized to issue statements to the press and public with information filtered through the CP.

6. The After Action Report by the On Scene Commander will be sent to the following within two weeks of the incident:
   Prime Minister
   Permanent Secretary – Office of the Prime Minister
   Director - Information Service
   Director - NEMO
   Commissioner of Police
   Chief Fire Officer

SOP - Saint Lucia Fire Service

MASS CASUALTY EVENTS PLAN

BEFORE

1. Prepare and upgrade checklist of equipment and expertise
2. Conduct training sessions involving Fire Service personnel
3. Conduct familiarization tours of special high risk areas
4. Periodic test of available equipment
5. Preplanning – create response standards for Emergency Response personnel
6. Test and Review standard operating procedures

NOTIFICATION

1. Upon receipt of information of a mass casualty event the Control Room Attendant will:

   (a) Alert and dispatch response crews

   (b) Inform the Station Commander/Crew Chief of:-

      i. Address of incident
      ii. Type of incident
      iii. Expected number of casualties involved if available

   (c) Inform:-

      i. The officer in charge of the Division
      ii. The nearest hospital
      iii. The Divisional P.A.O.
      iv. The Weekend Duty Officer as required
      v. The Deputy Chief Fire Officer
      vi. The Chief Fire Officer
      vii. The Police Control
      viii. Director Red Cross
      ix. Director NEMO if required – based on directive of incident commander.

ACTIVITIES BY RESPONDING CREWS

1. Respond to the incident site via the safest and most convenient routes
2. Carry out assessment of the situation and determine the need for additional support
3. Report that information to base
4. Initiate emergency rescue
5. Triage victims in order of severity of injury
6. Providing ambulance evacuation of victims to the advance medical post and or hospital
7. Provide fire fighting services if required
8. Assist in the provision of medical care to victims
9. Keep a log of activities and occurrences at the scene

ACTIVITIES BY THE ON SCENE COMMANDER

1. take action to minimize the danger, injury and suffering to victims
2. Identify and set up:-
   i. Command post
   ii. Casualty clearance zone
   iii. Staging area
3. In consultation with medical personnel, set up the advanced medical post
4. Activate NEMO as necessary
5. Liaise with other responding agencies
6. Coordinate and supervise all necessary procedures in keeping with incident command system procedure
7. Advise EOC on Stand-Down and demobilization of responding Agencies

AFTER

1. Response personnel retrieve all equipment utilized during response activities
2. Compilation of incident reports
3. Debriefing by personnel involved in the incident

4. Submission of reports to NEMO Director

END OF PROCEDURE

Attachments

Number of persons trained in Mass Casualty Management

- Lambert Charles – Divisional Officer (Ag.)
- Station Officer Godfrey Aimable
- Leading Fireman John Clarke
- Leading Fireman (Ag.) Alvin Edward

Number of Persons Trained in Triage

- Divisional Officer (Ag.) Lambert Charles
- Station Officer Godfrey Aimable
- Station Officer George Victorin
- Sub. Officer Constantine Defraites
- Sub. Officer Tonia Albert
- Sub.Officer (Ag.) Elvin St. Juste
- Leading Fireman Peter Gabriel
- Leading Fireman John Clarke
- Leading Fireman Alvin Edward
- Leading Fireman Altenor
- Leading Fireman Ronald Pelius
- Leading Fireman Peterson Mathurin
- Leading Fireman Titus Degonzague
- EMT Fernando James

All Fire Personnel are First Aid BLS trained

Persons trained in ALS

EMT Fernando James

List of Ambulances

Ambulance	Age
SLG 052	1991 – 14 years
SLG 055	“
SLG 064	“
SLG 464	“
SLG 466	“
SLG 050	1998 – 7 years
SLG 065	1999 – 6 years
SLG 840	2000 – 5 years
SLG 894	2000 – 5 years
SLG 954	2002 – 3 years
SLG 926	2002 – 3 years
SLG 984	2002 – 3 years
SLG 982	2002 – 3 years

List of Supplies on each ambulance

Head immobilizing device	1
Stifneck Extrication collar	
Spine board	1
Kendrick extrication device	1
Sager traction splint	1
Adult Bag Valve Mask	1
Infant Bag Valve Mask	1
Oral Airways	1set
Orophrengeal Airways	1set

Two Oxygen cylinders	2
Oxygen regulator with flow meter	1
Oxygen humidifier	1
Oxygen Face masks	
Nasal cannular	
Thermometer	1
Glucometer	1
Blood pressure Kit	1
Disposable gloves	
Shears	2
Flash light	1
Folding Stretcher	1
Rolling stretcher	1
Umbilical clamps	
Padded Board Splints	1set
Suction unit	1
Dressings	
Bandages	
Automated Defibrillator	1
Sterile Gauze Pads	
Anti shock Trousers	1

END OF PROCEDURE

SOP - Royal Saint Lucia Police Force

IN THE EVENT OF A MAJOR INCIDENT THE POLICE IS EXPECTED TO TAKE THE FOLLOWING ACTION(S)

A. POLICE CONTROL ROOM (PCR)

1. The Police Control Room **(PCR)** is likely to be the first point of contact in the event of any major incident/disaster:

2. Upon receiving information concerning any major incident, disaster or other life threatening situation, initiate contact with all emergency response units, (i.e.) Fire Service, Special Services Unit (SSU), Traffic Unit (TU), Central Police Station (CPS), Victoria Hospital

3. Inform relevant authorities of the situation, as reported, and that as soon as further is received same will be past on (i.e) Commissioner of Police, ACP Operations, ACP Crime, ACP Training, including divisional Commander depending on the location of the incident;

4. Maintain regular contact with response units throughout

B. SPECIAL SERVICES UNIT (SSU)

1. Having responded to a call of emergency, the SSU will do the following:

2. Initiate command and control at the scene

3. If there is no structure in place cause one to be initiated

4. Cordon off the scene, with particular emphasis on the main access and exist points;

5. Having established a cordon perimeter, ensure that persons inside or outside the cordon area must be ordered to remain at their designated location (that is in the event the situation is a terrorist threat/attack;

6. Provide protection to other support agencies , such as; Fire Service, Medical Crew, other agencies which might need police assistance;

7. Allow only authorized personnel (persons with appropriate ID) to enter the cordon area,

8. Media personnel must not be allowed to enter the cordon area, unless authorized or accompanied by a member of the Emergency Operations Centre (EOC)
9. Upon responding to any call for emergency support, the SSU is expected to respond appropriate (prepare for the worse scenario);

10. The SSU unit commander and Unit leaders when responding to any emergency must always bear in mind the likely hood of the intervention being hampered, delayed or sabotage, especially in the event of a terrorist threat;

11. The SSU must always have in place alternative plans or options in place;

12. The SSU will be expected to use such force as deems necessary, given the magnitude of the situation. The on scene commander will determined what level of force to use, in order protect life and or property, or to restore normalcy.

C. Traffic Unit (TU)

1. The traffic Unit will manage the flow of traffic to, from and within the scene;

2. Given traffic guidance and support when necessary

3. Assist support agencies such as, Fire Service, ambulance services in maneuvering;

4. Maintain an efficient traffic management strategy around and within the scene and its surrounding roads and streets;

5. Identify alternative routes to reduce/minimize traffic congestions;

6. Maintain free vehicular passage for all emergency vehicles.

D. Police Marine Unit (PMU)

a. The Police Marine Unit is expected to respond to all calls of emergency, particularly if it has a marine impact

b. Initiate initial response to any incident/disaster which may have impacted over water or within close proximity to sealine;

c. Be prepared to assist the SSU to cross the harbor coast towards the GFLC Airfield, in the event there is an act of sabotage or other forms of interruption along the normal traffic route,

d. Be prepare to assist in the transportation of victims of an incident to any identifiable medical facility(Victoria Hospital and Tapion,

e. Work along side SLASPA,s Pilot boats,

f. Be prepared to be used as a shuttle support during any major disaster

Criminal Investigations Department (CID)

- To investigate all disasters or major situations, whether fowl play is suspected or not.
- Mobilize the crime scene officers for possible prints, photographs, etc.
- And to render any other assistance when requested.

Uniform Police Personnel: - will assist in all aspects of:

- Crowd control and to protect cordon perimeters
- Assist with Traffic management / control
- Protection of property
- Render assistance when called upon

END OF PROCEDURE

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SOP - Chief Medical Officer

Main Responsibility:
Chief Medical Officer

Secondary Responsibility
Deputy CMO

On receipt of notification of a mass casualty incident the Chief Medical Officer (CMO), representative must report to the Emergency Operations Centre. He will be in charge of coordinating the Health response to the incident/accident and must be in constant and close contact with other authorities involved in the management of the incident.

END OF PROCEDURE

SOP - Senior Officer – A&E Department

The following procedures apply to the following conditions:

- Medical Emergency

Main Responsibility:
Senior Officer – A&E Department

Secondary Responsibility:
Administrator - Hospital

DUTY:

Upon receipt of the call that a response to a situation is in progress the Senior Officer – A&E Department shall notify [but not activate] Staff.

Once a situation report has been received and confirmed, the Staff shall be activated and resources deployed as needed.

~*~*~*~*~*~*~*~*~

RELATED DOCUMENTS
This SOP is a "stand alone" procedure that may be activated to support all national Disaster Plans. Other documents related to this procedure are:

1. Victoria Hospital Disaster Plan
2. Tapion Hospital Disaster Plan
3. The Ministry of Health Disaster Plan
4. Health Centres Disaster Plans
5. National Mass Causality Response Plan

END OF PROCEDURE

SOP - Saint Lucia Red Cross

The following procedures apply to the following conditions:

Main Responsibility:
Director General – Saint Lucia Red Cross Society

Secondary Responsibility:
Disaster Officer – Saint Lucia Red Cross Society

DUTY:

Upon receipt of the call that a response to a mass casualty situation the DG shall notify [but not activate] the Society

Once a situation report has been received and confirmed the Society shall be activated and resources deployed as needed.

The Saint Lucia Red Cross shall provide support in the areas of:

- Triaging
- First Aid / CPR
- Tracing
- Ambulance Service
- Counseling

RELATED DOCUMENTS
This SOP is a “stand alone” procedure that may be activated to support other national Disaster Plans.

END OF PROCEDURE

SOP – NEMO Secretariat

Main Responsibility:
Director – NEMO

Secondary:
Deputy Director - NEMO

Upon receipt of the call from the Incident Commander that a response to a Mass Causality Event is in progress; conduct the following.

- Notify [but not activate] NEMO.
- Notify [but not activate] The Stress Response Team

Once a situation report has been received and confirmed by the Cabinet Secretary, NEMO shall be activated and resources deployed as needed.

END OF PROCEDURE

SOP - Other Ministries, Agencies and Committees

Upon receipt of the call from the Director NEMO that a response to a Mass Causality Event is in progress; conduct the following.

- Notify [but not activate] Members

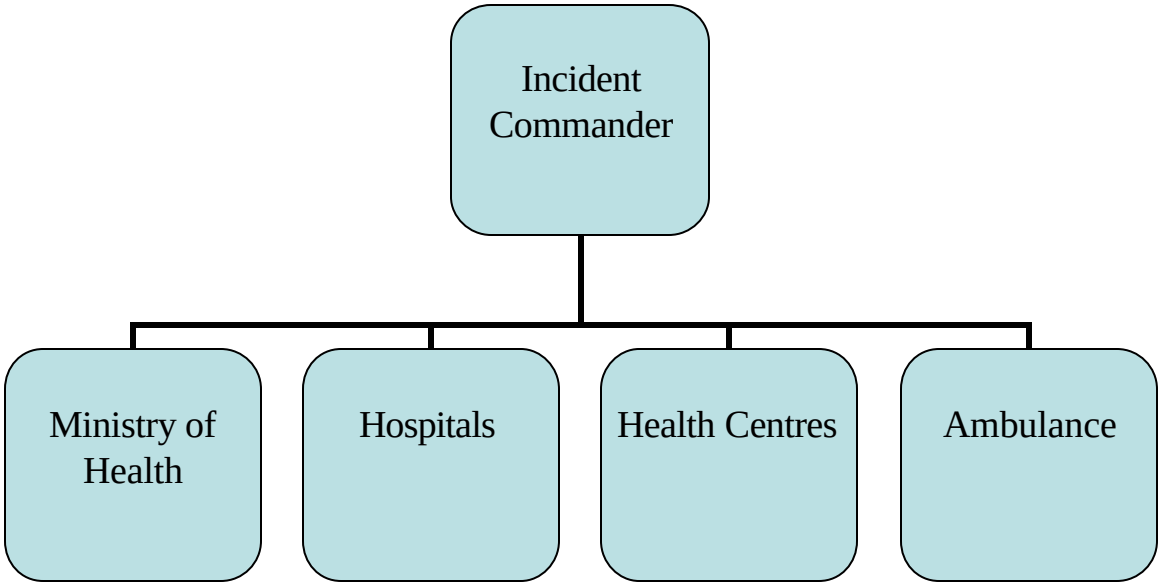
Once a situation report has been received and confirmed by the Director NEMO all NEMO members on stand by shall

- Activate membership and deploy as instructed.

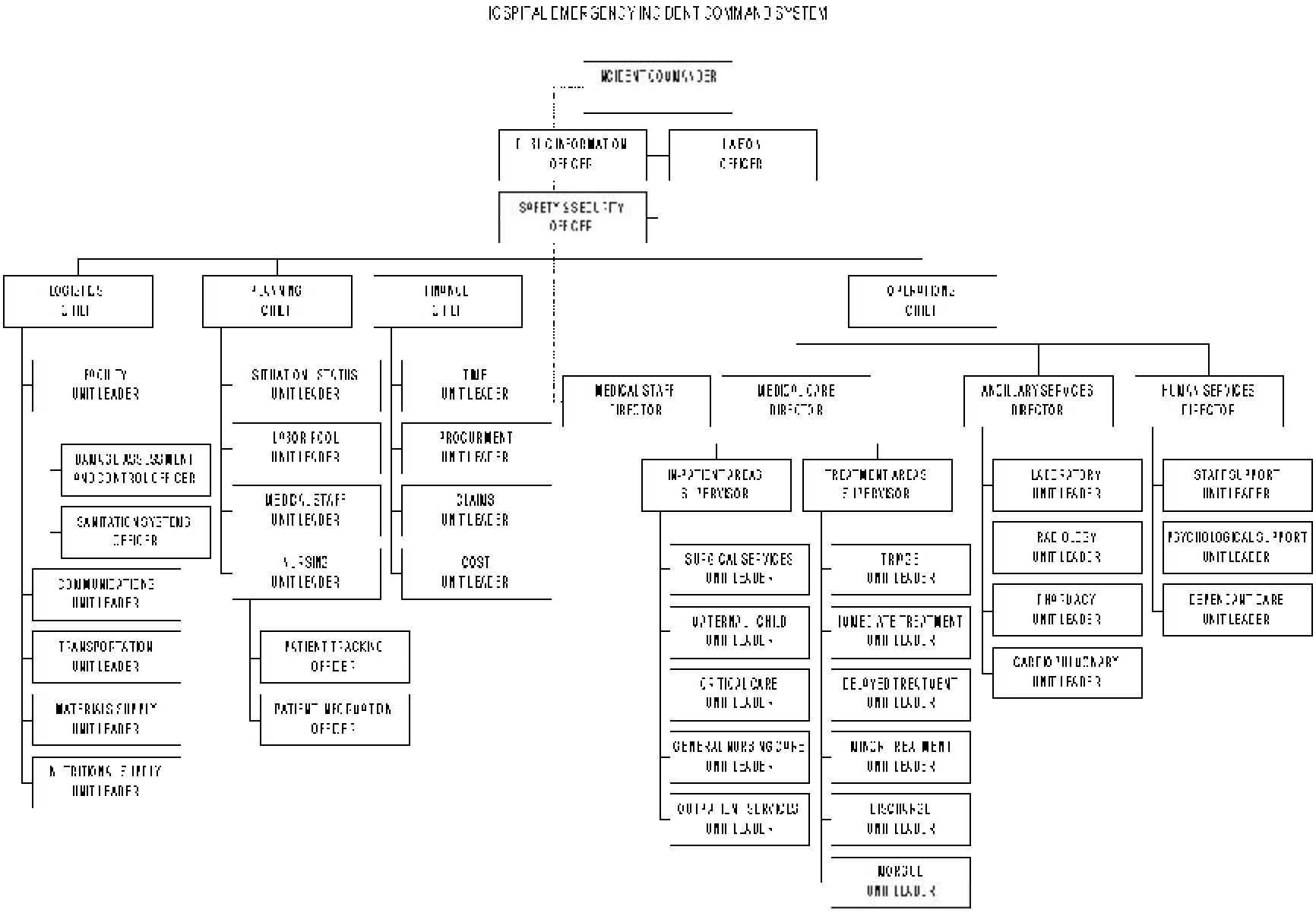
END OF PROCEDURE

SECTION 3: APPENDICES

Appendix 1 – Response Levels

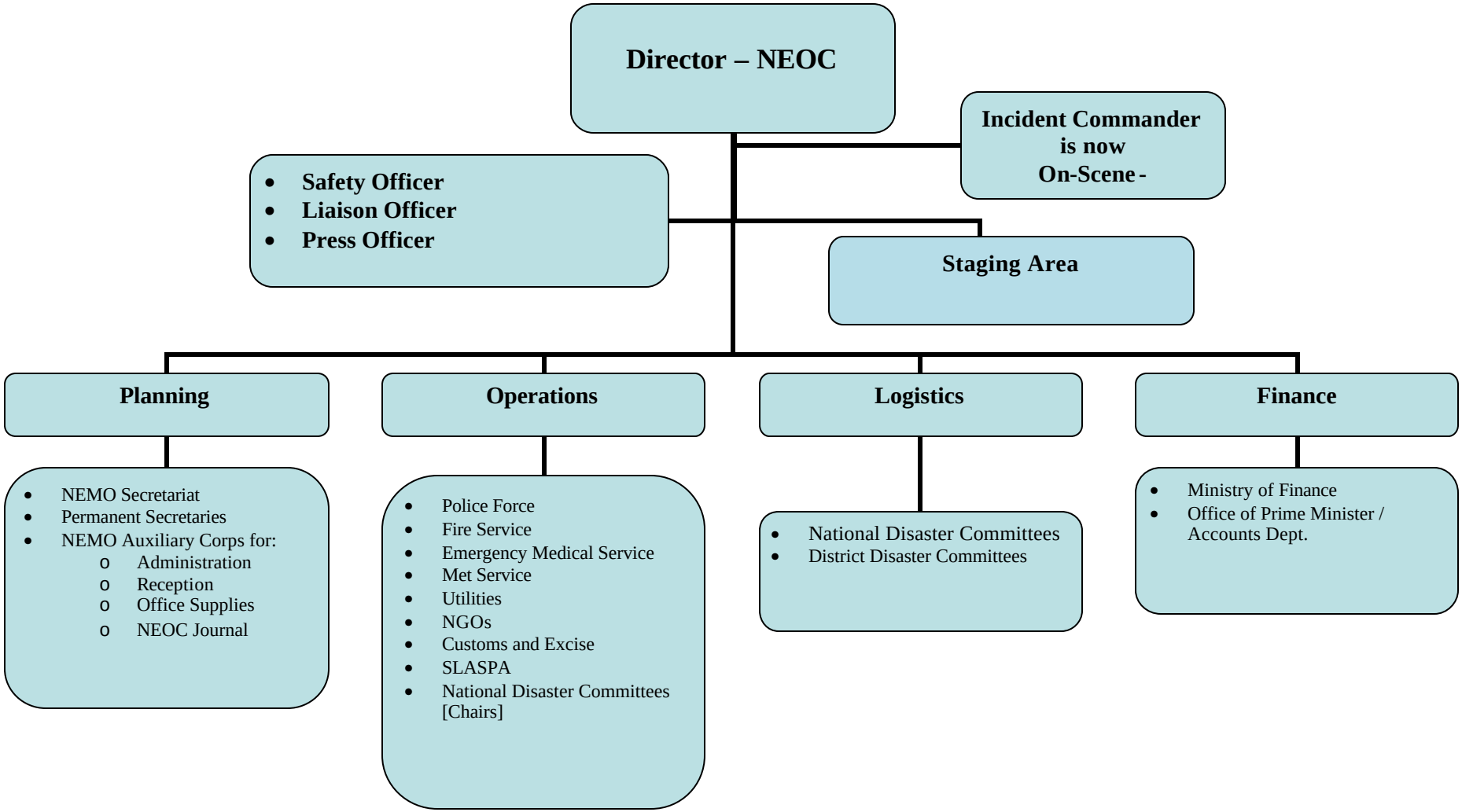


Level I Response: A localised incident where additional EMS Resources called through routine mutual aid are sufficient.



Model Source: http://www.emsa.ca.gov/Dms2/ORG2.HTM

Level II Response: A situation where the large number of patients, or lack of local medical care facilities, is such as to require multi-regional medical intervention.



Level III Response: An incident that overwhelms the regionally available resources and requires National or International assistance.

Appendix 2 - Contact List

The *Contact List* is part of this MCI Plan and is a stand alone document.

Appendix 3 - Directory of medical mobile response team

The *Directory of the Medical Mobile Response Team* is part of this MCI Plan and is a stand alone document available from the Ministry of Health.

Appendix 4 - Mobile response kit (medical equipment and supplies)

The *Mobile Response Kit* (medical equipment and supplies) is part of this MCI Plan and is a stand alone document available from the Ministry of Health.

Appendix 5 - Medical records forms

The *Medical Records Forms* are part of this MCI Plan and is a stand alone document available from the Ministry of Health.

Appendix 6 - Communication network

The *Communications Network* is reflected in the National Telecoms Plan which for purposes of MCI is a stand alone document.

Appendix 7 - Hospital MCM procedures

The *Hospital MCM Procedures* are reflected in the respective Hospital Response Plans which for purposes of MCI are support documents and are stand alone documents available from the Ministry of Health.

Appendix 8 - List of personnel trained in MCM

The *List of personnel trained in MCM* is part of this MCI Plan and is a stand alone document available from the Ministry of Health.

Appendix 9 - Directory of mobile response team

The *Directory of Mobile Response Team* is part of this MCI Plan and is a stand alone document available from the Ministry of Health.

Appendix 10 - List of health facilities key and essential personnel and contacts

The *List of health facilities key and essential personnel and contacts* is part of this MCI Plan and is a stand alone document available from the Ministry of Health.

Appendix 11 - List of emergency medical supplies

The *List of emergency medical supplies* is part of this MCI Plan and is a stand alone document available from the Ministry of Health.

Appendix 12 - Memoranda of Understanding

Memoranda of Understanding which for purposes of MCI are support documents and are stand alone documents.

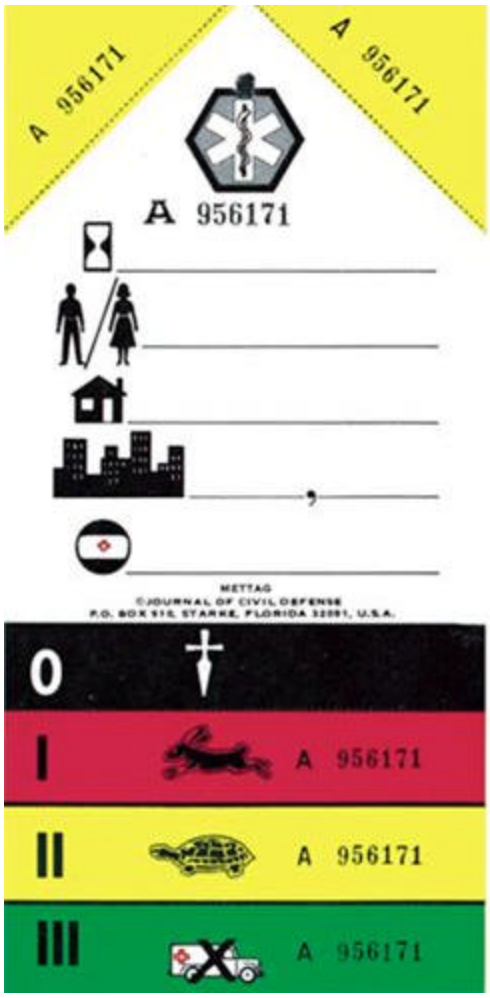
Examples include:

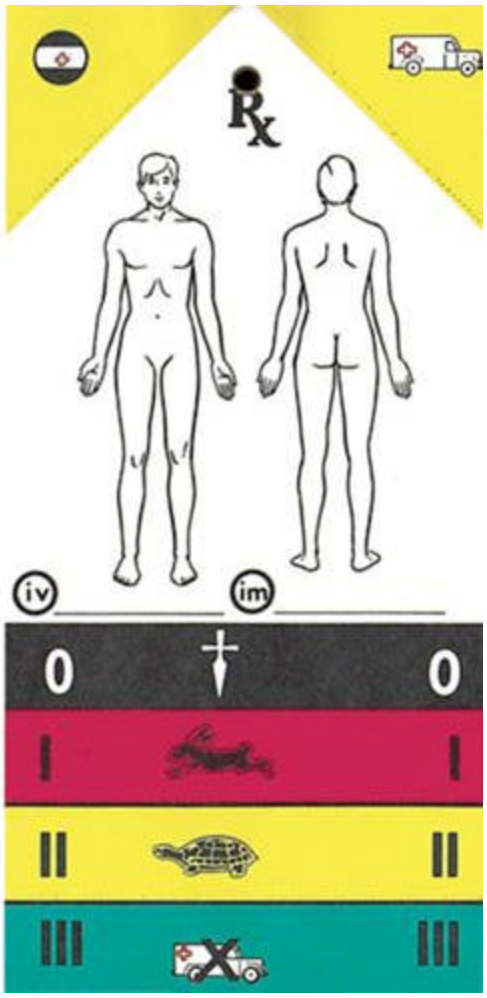
MOU between Government of Saint Lucia and the Prefecture of Martinique on MediVac Service

MOU between NEMO and the Saint Lucia Fire Service on Mass Causality Management [MCM]

Appendix 13 - Triage tags

Triage Tags are part of this MCI Plan and is a stand alone documents supplied to responders by their parent agency.





Appendix 14 – Situation Report

Based on *Belize National Hazard Management Plan - Structural Fire Response Plan*

SITUATION REPORT NEMO Form 002

1. DATE: TIME:

2. LOCATION OF INCIDENT:

3. SITUATION: …….……

3. DEATHS…….. INJURIES…….MISSING…….

4. RESPONSE ACTIONS TAKEN:
(Since last report)

5. PERSONNEL, EQUIPMENT ON SCENE

6. AREA /BUILDINGS THEATENED BY FIRE:

7. THREAT OF HAZARDOUS MATERIALS IF ANY:

8. NEED FOR EVACUATION (Y) (N)

9. APPROXIMATE NO. OF PERSONS:

10. SPECIAL POPULATION NEEDS:

11. ADDITIONAL RESOURCES NEEDED IN PRIORITY ORDER:

12. COMMENTS on need for activating NEOC [use back of page]

SGD…… DATE…… TIME…….
ON-SCENE COMMANDER

NEMO Secretariat Fax: 453-2152