
	<b>Maryland Institute for Emergency Medical Services Systems</b>		
	<b>Policy: <i>Extraordinary Event Awareness and Notification</i></b> <b><i>EMRC Roles and Responsibilities</i></b>		
	<b>Originator: <i>Emergency Operations</i></b>		
	Policy Number	Effective Date	Revision Date
	350.01	October 27, 2014	n/a

**Purpose:** This policy delineates the roles and responsibilities of the Emergency Medical Resource Center (EMRC) when key EMS-related events occur within Maryland. This includes information collection and dissemination for the following types of events: Extraordinary Events, Hospital Mini-Disaster requests, and Critical Incident Stress Management requests.


## 1. Definitions

- a. Extraordinary Event – Events which include any of the following elements: are large and/or complex in scale; involve or threaten first responders or MIEMSS personnel and/or infrastructure; have unique characteristics or are potentially high profile which may lead to questions from the news media or public officials; events which, in the judgment of the EMRC supervisor, are significant and/or unusual enough to warrant initiation of this policy.
- b. Hospital Mini-Disaster An event in which the emergency department requests that their facility suspend operations due to an inability to receive any emergency patients because of situations such as a power-outage, fire, gas leak, bomb scare, etc.
- c. Critical Incident Stress Management (CISM) Request – A request from a field provider for assistance from trained CISM team members. Requests usually follow difficult responses which have adversely affected first responders.
- d. Field Operations Support Team (FOST) – A group of selected MIEMSS employees with adequate training and experience who are capable of responding to emergency incidents to represent MIEMSS and coordinating State Resources.
- e. Field Operations Administrator On Call (AOC) – The MIEMSS Field Operations 24/7 point of contact for emergency notifications and Field Operations Support Team (FOST) deployments.
- f. MIEMSS Administration, for the purposes of this policy this includes the following positions:
  - i. Executive Director
  - ii. State Medical Director
  - iii. Assistant Attorney General
  - iv. Deputy Director / Director of Government Affairs
  - v. Chief Administrative Officer
  - vi. Chief of Field Operations and Regional Programs
  - vii. Chief of IT and Communications
  - viii. Director of Emergency Operation
  - ix. Director of SYSCOM/EMRC
  - x. Director of Educational Support Services
  - xi. Director of IT
  - xii. Field Operations Administrator On Call (AOC)
  - xiii. Director of SOCALR


## 2. Extraordinary Events Policy Initiation and Procedures

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- a. Upon becoming aware of any of the events listed below, EMRC personnel shall follow the steps list in Section 2.b., “Notification Procedure.”
  - i. Mass/Multi Casualty event as declared by the authority having jurisdiction
    - Early indicators include multiple consults for multiple patients from the same scene or a bed availability request
  - ii. An incident of sufficient complexity or scale that has the potential to require state support or coordination
    - Examples include hazardous materials incident, school with carbon monoxide exposures, aircraft accident involving a passenger jet, active assailants, multiple patients from the same location
  - iii. CHEMPACK Request/Alarm
  - iv. Hospital placed on Mini-Disaster
  - v. Radiation-related incidents
  - vi. Requests for Field Operations Support Team (FOST) response
  - vii. National Disaster Medical System (NDMS) Alert/Call Down
  - viii. Health Facility Evacuation – initial call
    - Examples include Hospitals, Long-Term Care Facilities, Senior Living Facilities, Nursing Homes
  - ix. Atypical ED patients
    - Examples include first responders, community leaders and elected officials, chemical exposures, unusual/multiple drug overdoses, unusual infections such as meningitis, multiple patients with unusual symptoms coming from the same location
  - x. Incidents involving critical infrastructure
  - xi. Significant functionality issues affecting EMRC/SYSCOM
    - Examples include complete system failure(s) or inability to function caused by non-equipment issues such as internet issues or cyber attack
  - xii. Go Team Deployment
  - xiii. Notifications Originating MIEMSS/FOST Staff
    - Initial notification of events may come from MIEMSS/FOST staff prior to the EMRC becoming aware of the event.
  - xiv. Notifications Originating from Field Units - Field units are required to advise EMRC of the mass casualty; EMRC should attempt to collect available information of each of these events:
    - More than five patients from one or related incidents
    - Multi-patient events that require specialized rescue
    - Three or more immediate (Priority 1) patients
    - Multiple pediatric patients requiring specialty resources.
    - More than one burn patient meeting burn center referral criteria
    - Use of more than two medevac helicopters

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- Use of a Medical Ambulance Bus
  - Multiple patients with unusual signs and symptoms
  - Unresolved Weapons of Mass Destruction (WMD)-related activity that could result in multiple patients (bomb threat, intentional WMD agent release, etc.)
  - Active assailant(s) incident
  - Decontamination of more than five patients resulting in at least one transport
  - Unresolved hazardous material incident that has the potential to affect multiple patients
  - Evacuation of a licensed healthcare facility or housing complex for individuals requiring special assistance
- xv. Any incident within the judgment of the EMRC/SYSCOM staff that:
- Could adversely strain the function of the emergency healthcare resources or disrupt the function of one of the resources.
  - Has the potential to be a high profile event, or
  - Is significant and /or unusual enough to warrant initiation of this policy.
- b. Notification Procedure - Upon becoming aware of any of the above types of events, EMRC shall:
- i. Collect all available information on the event, including type of event, number, priority of patients, and age ranges involved (adult/pediatric).
  - ii. Send a page/text/email to the affected region extraordinary event group (this includes the Regional Administrator/Associate and MIEMSS leadership).
  - iii. Call (via phone) the Emergency Operations AOC and make notification of the event. The AOC shall be told the known facts (from the list above) of the event and shall be advised of the contact at EMRC for call back if required.
  - iv. If contact cannot be made with the AOC within five minutes, the designated back-up shall be called next, followed by the Office of the Medical Director (OMD) if the designated back-up is also unreachable within five minutes.
  - v. If the event is large or complex, the AOC may ask the EMRC to conference in other MIEMSS Administration staff, or make additional notifications.
  - vi. FOST response to the scene – the AOC may request that FOST personnel respond to the scene. When this occurs EMRC staff shall do the following:
    - Contact the affected jurisdiction or hospitals and advise them that FOST personnel are responding to their location.
    - Open a call in Flight Vector and document response, on-scene, and other applicable times for deployed FOST personnel. FOST shall advise EMRC of their status changes via phone or radio.

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- c. FOST staff in EMRC - Based on the complexity of the event, the AOC may deploy FOST to assist with information collection and coordination within the EMRC.

### 3. Hospital Mini-Disaster Request and Approval Notification Procedure

- a. Upon receipt of a request from a hospital to go on Mini-Disaster, EMRC shall:
- i. Document the name of the facility, caller, and call back number.
  - ii. Determine and document the reason for the request.
  - iii. If the reason for the request is an immediate threat to life safety, such as those listed below place the hospital on Mini-Disaster immediately, then proceed with the approval process that follows.
    - Bomb Threats
    - Active Assailant /Shooter
    - Haz-Mat
    - Explosion
    - Major Structural damage (i.e. collapse) or impending damage (i.e. roof overburdened with snow and concern over collapse)
    - Biologic contamination
    - Other emergent security or life safety threats (discretion of the supervisor)
  - iv. Call the OMD or designee and provide the information above.
  - v. The OMD shall then approve or deny the request, or seek additional information from the affected facility
  - vi. EMRC may be asked to facilitate a conference call with the facility and the OMD.
  - vii. Once the OMD has approved or denied the request for mini-disaster status, EMRC shall notify (through the applicable regional extraordinary event group) the affected region (this includes the AOC and MIEMSS administration) of the request, the reason for request, and the decision by OMD (approval or denial)
  - viii. If the facility is approved to go on Mini-Disaster, EMRC shall post this on CHATS and make notification to the Maryland Joint Operations Center, DHMH on-call, and AOC

### 4. Critical Incident Stress Management Notification Procedure

- a. Upon receipt of a CISM request, EMRC shall:
- i. Ascertain the following information:
    - Caller's name
    - Requesting agency name
    - Call back number
    - Gather brief information on the event and nature of the request

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- ii. Alert the on-call MIEMSS CISM Coordinator. If unable to reach the Coordinator within 10 minutes, then the designated back-up coordinator shall be notified.
- iii. The CISM Coordinator or designee shall make contact with the regional CISM coordinator in the affected region and provide notification to the appropriate Regional Administrator/Associate Administrator. Generally, there is no additional information sharing following these events.

**Public/Private Designation: Public** - This document is approved for publication and unrestricted distribution.

Policy approved by MIEMSS:

Signature: Pat Gainer Date: 10-20-2014  
 Pat Gainer, JD, MPA  
 Acting Co-Executive Director

Signature: Richard Alcorta Date: 10/27/2014  
 Richard Alcorta, MD  
 Acting Co-Executive Director