FUNCTIONAL ANNEX: MASS CASUALTY

The Mass Casualty Plan includes the transfer and tracking of patients from the incident site to a medical care facility, establishment of MOA Alternate Care Sites (ACS), establishment of Federal Medical Stations (FMS), out-of-state patient transfers, and coordination of mass fatalities.

Primary Agencies:
- Municipality of Anchorage Office of Emergency Management
- Municipality of Anchorage Emergency Operations Center
- Municipality of Anchorage Department of Health and Human Services
- Local Area Hospitals
  - Providence Alaska Medical Center
  - Alaska Regional Hospital
  - Alaska Native Medical Center
  - St. Elias Specialty Hospital

Support Agencies:
- Anchorage School District
- American Red Cross of Alaska
- Municipality of Anchorage Fire Department
- Alaska Nurse Alert System
- Alaska Professional Volunteers
- Anchorage Medical Reserve Corps
- State of Alaska Emergency Coordination Center
- Voluntary Organizations Active in Disaster (VOAD)
- Municipality of Anchorage Development Services Department, Building Safety Division
- Municipality of Anchorage Maintenance & Operations Department, Facility & Fleet Maintenance Division
- Electric Utilities (ML&P, CEA, MEA)
- Natural Gas Utility (ENSTAR)
- Municipality of Anchorage Water & Wastewater Utility
- The Salvation Army
- Food Bank of Alaska
- Municipality of Anchorage Police Department
- Municipality of Anchorage Solid Waste Services
- Amateur Radio Emergency Services
- Anchorage Health Care Coalition
1. Purpose

The purpose of this plan is to provide guidance and a framework for the Municipality’s response to a casualty producing event where ten or more victims require hospital medical care or mortuary services and/or the number of casualties is likely to exceed local hospital medical surge and/or Alaska State Medical Examiner’s Office capacity. The plan also provides for a coordinated effort between lead and support agencies responsible for providing Mass Casualty services and resources within the MOA during both small scale emergencies and/or catastrophic disasters. A major earthquake, hazardous materials release, and/or acts of terrorism are examples of emergencies where a mass casualty incident might occur. While no single plan can provide complete and sufficient guidance to cover every situation, this plan is intended to be used with lead and support agency plans to facilitate a response to an emergency or disaster.

This Annex addresses the overall mission and functions of each lead and support agency involved in Mass Casualty as well. Detailed functional checklists for EOC positions are maintained at the EOC and within corresponding lead and support agency files.


2. Scope

The scope of the Mass Casualty plan addresses three types of mass casualty incidents. A reactive event is one that once it occurs additional casualties are expected to be low or nonexistent. An incident that requires management and coordination is an ongoing event where the total number of known casualties is likely to continue to increasing over time. A planned event is one where coordination is required among multiple agencies in anticipation of an incident that may produce mass casualties and/or exceed the surge capacity of local hospitals or the Alaska State Medical Examiner’s Office.

3. Policies

Emergency / Disaster Support for Neighboring Jurisdictions. Requests for Mass Casualty assistance by neighboring jurisdictions should be made through the OEM or EOC if activated. Requests for emergency aide by other jurisdictions will be considered, based on the availability of resources and projected MOA requirements.

Handling of Human Remains (AS 12.65.005) The State Medical Examiner’s Office shall be notified in the event of a Mass Fatality Incident to coordinate removal and transfer of human remains.

Requests for State / Federal Assistance. Whenever response and recovery requirements exceed MOA capabilities, requests for assistance or augment support will be forwarded by the EOC to the Alaska State Emergency Coordination Center (SECC). Where support from the State is not feasible, requests will be forwarded by the SECC to federal and/or military supporting agencies.
Joint Commission Hospital Standards. Joint Commission Emergency Management Standard XX, requires hospitals to have a 96-hour operational contingency plan to sustain hospital services.

Statewide Hospital Mutual Aid Agreement. The Mutual Aid Agreement (MAA) is a voluntary agreement among the hospitals in the State of Alaska for the purpose of providing mutual aid at the time of a medical disaster. This MAA addresses the loan of medical personnel, pharmaceuticals, supplies, and equipment, or assistance with emergent healthcare facility evacuation, including accepting transferred patients.

4. Planning Assumptions / Considerations

A. Causes. A Mass Casualty / Fatality event can be caused by any of the hazards associated with the Anchorage area bowl.

B. Medical Surge Capacity. Local hospital surge capacity may be exceeded during a major disaster or catastrophic incident.

C. State / Federal Assistance. State and federal medical aid will be required for mass casualty incidents associated with major disasters where there is damage to critical facility and transportation infrastructure.

D. Operational Sustainment. The arrival of state and federal medical aid may take up to five days. The ability of local hospitals to sustain their operations will be impacted by damage to critical infrastructure and the extent of supply chain disruption.

E. Critical Shortages. Major disasters will likely result in shortages of critical medical resources either from supply chain disruption and/or higher utilization rate that exceeds on-hand supplies.

F. Structural Damage. Major disasters where there is significant structural damage will likely restrict first response operations for mass casualty incidents.

G. Weather. Weather conditions may encumber mass casualty response and increase the overall number of casualties / fatalities.

H. Energy Utilities. Damage to the natural gas and electrical supply system will likely impact the local hospitals’ operational capabilities.

I. Special Needs and Vulnerable Populations. In pre-disaster planning for Mass Casualty operations, the MOA considers the unique requirements of special needs populations. During a disaster or catastrophic incident, medical services otherwise normally available may become limited or in short supply. It is critical that residents with special needs and/or their caregivers develop a personalized pre-disaster plan. Planning considerations should address any requirement for assistance during an evacuation and/or the need for accompaniment by an individual’s service animal. The non-availability of prescription medication and portable oxygen supplies are also factors to be considered in pre-disaster special needs planning. Likewise, the needs of service animals should also be considered.
During Pre-disaster planning, residents with special needs should contact the Office of Emergency Management for assistance and resources to help develop a personalized pre-disaster plan.

5. Concept of Operations

A. **EOC Activation.** The MOA Mass Casualty Plan is implemented through the EOC whenever an incident occurs where ten or more casualties or fatalities have occurred or are expected to occur. The plan is also implemented whenever the number of casualties is likely to exceed local hospitals’ medical surge and/or Alaska State Medical Examiner’s Office capacity.

B. **Establishing Alternate Care Sites.** An Alternate Care Site (ACS) is a temporary medical care site established at a municipal facility that meets the same criteria specified for mass sheltering. An ACS is a locally supported asset established to provide relief for hospitals where maximum surge capacity to treat critically ill or injured patients is likely to be exceeded. An ACS is designed to treat the “appropriate patient” as defined by federal guidelines for a Federal Medical Station. The MOA DHHS oversees the establishment, management, resourcing and staffing of the ACS from municipal agencies and local organizations. Sustaining operations at an ACS will largely depend on the availability of personnel to staff it as well as the availability of resources to support its continuing operation.

C. **Use of Municipal Facilities.** Municipal facilities for use as a potential (ACS) Alternate Care Site and/or Federal Medical Station (FMS) have been pre-identified. The Sullivan Arena is the primary location pre-identified as an ACS and/or FMS. Use of Anchorage School District (ASD) facilities may also be considered for use as an ACS where conditions warrant.

D. **Local Private Health Clinics / Facilities.** Local neighborhood clinics may or may not be available to provide various levels of care during a disaster or emergency.

E. **Establishing Federal Medical Stations.** The Federal Medical Station (FMS) is an extended duration medical care site established at a municipal facility. A FMS is a deployable all-hazards medical asset designed to provide scalable support for local hospitals’ medical surge plans to meet shortfalls in response to a mass casualty event. The federal government coordinates oversight, resourcing, and staffing at FMS locations.

F. **Appropriate Patient.** “Appropriate patient” is defined by U.S. Department of Health and Human Services as sub-acute patients that will not require surgical, blood bank, ventilator services, or intensive taxing of nurses. Patients that exceed the capability of care provided at an ACS and/or FMS are transferred to appropriate medical facilities.

G. **Disaster Medical Assistance Team (DMAT).** Alaska-1 Disaster Medical Assistance Team is a federally sponsored, local, volunteer-based medical disaster response team. The team is capable of fielding a 35-patient field medical facility.
that is able to operate independently and without re-supply for up to 72 hours. The team is made up of volunteer doctors, nurses, physician assistants, paramedics, EMT’s, and non-medical support personnel. The MOA requests DMAT support through the SECC.

H. State Medical Examiner’s Office (SMEO). The SMEO is responsible for coordinating the collection, identification, storage, and transfer of human remains during a mass fatality incident. The MOA will contact the SMEO as soon as possible when a mass fatality incident has been identified and will provide resource support for the SMEO’s actions, as available.

I. Disaster Mortuary Operational Response Team (DMORT). DMORT is a federal resource activated through the SECC and provides mortuary assistance such as temporary morgue services, victim identification; and processing, preparation and disposition of human remains. The MOA requests DMORT support through the SECC.

J. MOA Mortuary Capacity. The State Medical Examiner’s Office, located in Anchorage, has the capacity to store 22 bodies on-site. Federal assistance is requested when capacity is expected to be reached. Prior to the arrival of state or local resources or federal support, private local vendors augment storage, increasing capacity to approximately 100 bodies.

K. Interoperable Communications. Positive communication is required between the EOC, local hospitals, and ACS and/or FMS locations. The Hospital Emergency Alert Response Network (HEARNet), a region-wide emergency radio network, is used during times of emergencies and disasters to communicate between the EOC, local and region-wide hospitals, local EMS, and local Red Cross.

L. Out of Jurisdiction/State Patient Transfers. Following an incident where local hospital capacity to treat seriously injured or ill patients is exceeded, it may become necessary to transfer certain patients out of the jurisdiction/state for treatment. Out of jurisdiction/state patient transfer operations for a mass casualty incident is coordinated by the EOC with local hospitals and the SECC.

M. Mass Casualty / Fatality Events at Ted Stevens Anchorage International Airport (TSAIA). The State of Alaska will assume incident management for mass casualty events that occur in the jurisdiction of the TSAIA. The MOA will support such events with local mass casualty resources as requested and available.

3. Responsibilities & Response Actions of Lead Agencies

A. Office of Emergency Management (OEM)

1. Coordinate pre-disaster planning and training with supporting agencies.

2. Maintain a contact list of agency partners that support the MOA Mass Casualty Plan.
3. Maintain the Hospital Emergency Alert Response Network (HEARNet) radio communication system at the EOC.

4. Maintain a resumé of Municipal facilities designated as suitable for mass casualty operations during an emergency or disaster.

5. Conduct an annual survey of Municipal facilities that may be designated as an ACS and/or FMS.

B. Anchorage Emergency Operations Center (EOC)

1. Oversee strategic long-term planning and coordination of mass casualty needs within the MOA during an emergency or disaster.

2. Coordinate with Incident Commanders to confirm number of casualties and fatalities and to determine the scope of the mass casualty incident.

3. Notify local area hospitals upon identification of a mass casualty incident.

4. Coordinate with local hospitals to determine current and expected medical surge capacity.

5. Designate ACS and/or FMS locations, as required.

6. Coordinate with MOA DHHS for the movement of equipment and supplies to support establishment of an ACS.

7. Ensure two-way communications between the EOC, Incident Commanders, ACS and/or FMS locations.

8. Coordinate with local hospitals for the transfer of patients to an MOA designated ACS.

9. Coordinate with AFD EMS and local hospitals to track patient transfers from incident site to the appropriate medical care facility.

10. Coordinate with local area hospitals and State Medical Examiner’s Office to establish staging areas and temporary morgue facilities for mass fatality incidents that exceed or are expected to exceed local capacity.

11. Coordinate requests for state and federal aid to support the Mass Casualty Plan.

12. Forward requests for FMS, DMAT and DMORT support to the SECC.

13. Coordinate with AWWU and SWS for delivery of essential services at MOA designated ACS and/or FMS locations.

14. Coordinate with MOA DHHS to identify and support the requirements of special needs populations at designated ACS and/or FMS locations.
15. Coordinate public information support for ACS and/or FMS locations; and ensure the requirements for special needs populations are addressed to include visual and hearing impaired and those requiring translation services.

16. Coordinate with the MOA Development Services Department, Building Safety Division, for required building inspections and documentation for all MOA designated ACS and/or FMS locations.

C. Anchorage Department of Health and Human Services (DHHS)

1. Develop and implement ACS Standard Operating Procedure guidelines.

2. Coordinate overall management of MOA designated ACS’s.

3. Coordinate with local agencies for staffing and resource support for ACS’s.

4. Maintain a current contact list of agencies that support ACS’s with staffing and other resources.

5. Coordinate with local neighborhood clinics and private healthcare providers to monitor their capability to support the overall Municipal Health Care effort during a disaster or emergency.

6. Assess the impact of mass casualty events on public health.

7. Coordinate with local hospitals to identify and prioritize distribution of scarce medical resources during a declared emergency of disaster.

8. Serve as municipal lead for the Anchorage Disaster Health Care Coalition to address disaster protocols and resource shortfalls during an emergency or disaster.

9. Coordinate with the MOA EOC for dissemination of public health information related to ACS and/or FMS locations.

10. Maintain a database of locally available medical resources. Ensure a current copy is on file with the EOC.

11. Monitor MOA designated ACS and/or FMS locations to identify and support the requirements of special needs populations.

12. Coordinate with AFD to establish decontamination sites at ACS and/or FMS locations, as required.

13. Coordinate with the Emergency Operations Center and the State Medical Examiner’s Office to establish staging areas and temporary mortuary facilities for mass fatality incidents that exceed or are expected to exceed local capacity.
14. Participate in the Municipality’s Policy Group planning effort for public health threats that may require deployment of the Strategic National Stockpile, DMAT, DMORT or other federal resources.

D. Local Area Hospitals

1. Participate in pre-disaster planning with the OEM to develop the Municipality Mass Casualty / Fatality Response Plan.

2. Develop contingency plans to support hospital evacuation requirements for an emergency or disaster. Coordinate with the Emergency Operations Center whenever there is a requirement to activate the plan.

3. Provide appropriate representation on the Anchorage Disaster Health Care Coalition to address disaster protocols and resource shortfalls during an emergency or disaster.

4. Coordinate with participating organizations through mutual aid agreements for the management and distribution of scarce medical resources during an emergency or disaster.

5. Provide an organizational representative to the Emergency Operations Center when activated for a response and for training.

6. Notify the OEM / EOC when hospital medical / mortuary surge capacity is expected to be exceeded as a result of a catastrophic incident.

7. Coordinate with the EOC for the transfer of patients from local area hospitals to an ACS and/or FMS.

4. Responsibilities & Response Actions of Support Agencies

A. Anchorage Fire Department (AFD)

1. Notify the OEM/EOC when an incident has the potential to produce mass casualties.

2. Coordinate with local area hospitals and the EOC for the tracking and transport of patients from the mass casualty incident to the appropriate care facility.

3. Coordinate with MOA DHHS to establish decontamination sites at ACS and/or FMS locations, as identified and required.

4. Oversee development and implementation of hazardous material response procedures, plans and policies for the MOA.

5. Coordinate and respond to chemical, biological, or radiological mass casualty events in accordance with the Hazardous Materials Emergency Response Plan.
6. Coordinate with other first responder agencies for assistance in the recovery and transfer of human remains during a mass fatality incident.

B. Anchorage Police Department (APD)
   1. Coordinate security at MOA designated ACS and/or FMS locations, temporary mortuary facilities, and local area hospitals during a mass casualty event.
   2. Coordinate with other first responder agencies for the recovery and transfer of human remains during a mass fatality incident.

C. Alaska Professional Volunteers / Medical Reserve Corps
   1. Coordinate with MOA DHHS for staffing support of ACS and/or FMS locations.
   2. Provide medical equipment and supplies for ACS and/or FMS locations.

D. Alaska Nurse Alert System
   1. Coordinate with MOA DHHS for staffing support of ACS and/or FMS locations.

E. Anchorage School District (ASD)
   1. Coordinate with MOA DHHS for staffing MOA designated ACS and/or FMS locations after the needs of students, staff and families have been met.

F. American Red Cross of Alaska (ARC)
   1. Provides basic first aid assistance at Alternate Care Sites as able.
   2. Activates Air Incident Response Team to respond to an aviation incident to establish a staff processing center at or near the event sites to coordinate staff and volunteer activities for delivering mental health services to meet the needs of victims, families, and Red Cross personnel responding to the incident.

G. Voluntary Organizations Active in Disaster (VOAD)
   1. Coordinate with MOA EOC to locate and activate voluntary agencies as requirements are identified.

H. MOA Public Transportation
   1. Support transport of patients during mass casualty event, as required.

I. MOA Waste Water and Utility (AWWU)
   1. Support delivery of essential services, as feasible.
J. MOA Solid Waste Services (SWS)

1. Support delivery of essential services, as feasible.

K. MOA Development Services Department, Building Safety Division

1. Coordinate with the MOA EOC for required building inspections and documentation for all MOA designated ACS and/or FMS locations.

L. Civil Air Patrol (C.A.P.)

1. Support mass casualty events by assisting in the transfer of patients and critical resources, as feasible.

M. Amateur Radio Emergency Services (ARES)

1. Provide equipment and resources to enhance emergency communication capabilities between the MOA EOC, local area hospitals and ACS/FMS locations, when required.

N. State Emergency Coordination Center (SECC)

1. Provide coordination for FMS, DMAT and DMORT support when medical and mortuary surge capacity is expected to be exceeded.

O. State of Alaska Medical Examiner