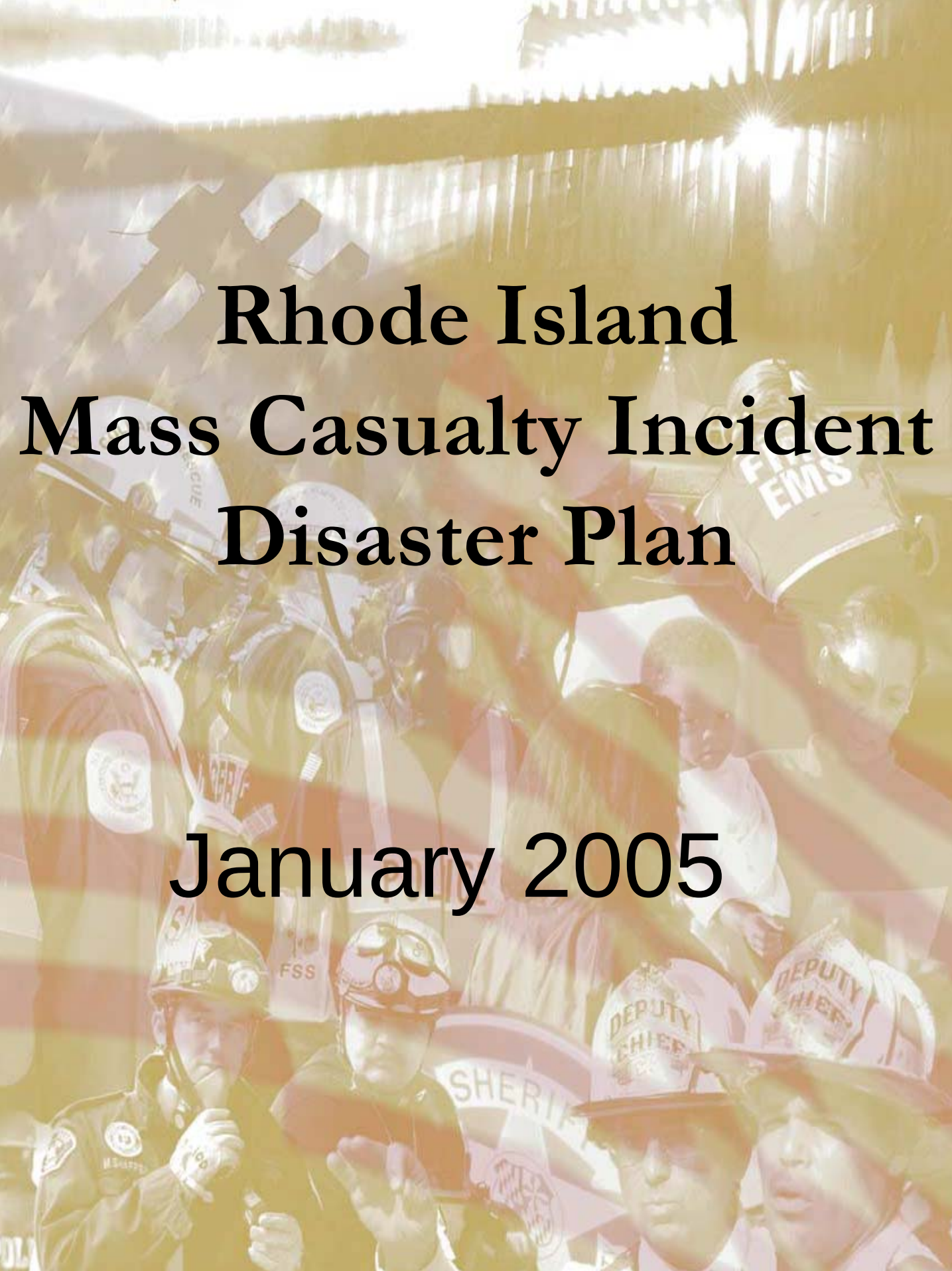

Rhode Island Mass Casualty Incident Disaster Plan

January 2005

Rhode Island

Mass Casualty Incident

Disaster Plan

January 2005

Plan Development: Rhode Island MCI Working Group
Rhode Island Emergency Management Agency 401-946-9996

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PREFACE

The State of Rhode Island has approximately 88 public and private licensed ambulance and rescue organizations. Each of these organizations determines the level of service it will provide to the residents it serves. Some organizations have developed and implemented plans for responding to an incident involving a large number of patients. These situations require on-scene triage, treatment, and transportation to an appropriate medical facility. Other organizations have more informal response plans, while the remainder may have yet to consider how they will meet the challenges presented by a mass casualty incident.

This Mass Casualty Incident Disaster Plan has been developed by the representatives of public and private agencies who have expertise in the efficient mitigation of a mass casualty incident. The goal of this plan is to aid in the recognition, organization, and efficient deployment of the resources needed to effectively deal with a mass casualty incident. Representatives from various fire departments, emergency medical services, hospitals, state agencies and other support agencies have endeavored to produce the necessary guidance to meet anticipated demands the incident management efforts of a mass casualty disaster.

Changes to this plan will be directed through the Rhode Island Emergency Management Agency in coordination with the Rhode Island Department of Health and select working groups and committees. These entities are chartered with building capacity among the first response community to better prepare for, respond to, and recover from man-made or natural disasters. Notification of a change to this plan will be disseminated among appropriate state and local disciplines.

Please take time now to review this plan and prepare your organization for its role. Note also that all references to the Emergency Operations Center (EOC) in this plan pertain to the State EOC located at:

645 New London Ave, Cranston RI 02920

24 hour telephone: (401) 946-9996

I. PURPOSE

The purpose of this plan is to outline responsibilities and procedures to implement a system of coordinated response efforts between state government, hospitals, and local jurisdictions during emergency disaster operations. This plan also defines responsibilities of several key agencies assigned to specific emergency operations during the preliminary stages of a mass casualty incident disaster.

II. DEFINITIONS

A. Class One Mass Casualty Incident (MCI): A Class One MCI is to be declared by an on scene incident commander upon either: 1) a level 3 request for resources; or 2) establishment of an equivalent amount of resources on scene as defined in the Southern New England Fire Assistance Plan. A Class One MCI can be likely handled by local resources and the existing Southern New England Fire Emergency Assistance Plan including the use of the regional mass casualty incident support trailers. The declaration of a Class One MCI implies that two notifications are to be made from the on-scene incident commander to:

1. RIEMA via (401) 946-9996 (24/7): This notification should come from the local dispatch center and (if necessary) include a request for a state liaison from RIEMA on scene to assist the incident commander with managing the event.
2. Host Hospital via the Nextel Hospital Communications Network (*see Concept of Operations).*

These notifications are to describe the event, including an estimated number of casualties and general description of injuries. The criterion on which a Class One MCI is based applies as the triggering mechanism for any MCI; Class One, Two, or Three. The local incident commander declares an appropriate 'Class' based on estimated victim count and any other applicable characteristics of the scene.

B. Class Two Mass Casualty Incident: A Class Two MCI is declared by an on-scene incident commander utilizing the same criteria and notification procedure described in a Class One MCI, but in addition requires immediate state intervention to begin planning for a prolonged event. State intervention will establish a victim hotline and initiate the setup, management, and operation of a large-scale family assistance center and, later, a family resource center. A Class Two MCI implies a unified command approach and requires abundant resources locally through mutual aid channels and at the state level through RIEMA and the RI Department of Health. Select federal resources will likely be needed as well.

C. Class Three Mass Casualty Incident: A Class Three MCI requires a significant expansion of all areas of command and general staff positions utilized in a Class Two MCI, along with federal intervention and the likelihood of a national disaster declaration. A Class Three MCI is declared by an on-scene incident commander

utilizing the same criteria and notification procedure described in a Class One MCI.

D. Command: Command is defined as the overall responsibility for directing response activities, including developing strategies, managing resources, and planning of overall operations. The command function within ICS may be conducted in two general ways:

1. **Single Command**: may be applied when there is no overlap of jurisdictional boundaries or when a single Incident Commander is designated by the agency with overall management responsibility for the incident. An Incident Commander is an individual responsible for the overall management of the incident.
2. **Unified Command:** may be applied when more than one agency shares management responsibility. Unified Command is also used when the incident is multi-jurisdictional in nature, or when more than one individual designated by his or her jurisdiction or agency shares overall management responsibility.

E. Emergency Operations Center (EOC): A facility designed and staffed to coordinate support activities during the management of a mass casualty incident including, but not limited to, communications, public information, personnel, and resources. RIEMA maintains the State EOC in Cranston while each jurisdiction maintains a local EOC.

F. Host Hospital: The Host Hospital is a duty that is vested with one of thirteen Rhode Island area hospitals that, at the time of a declared mass casualty incident, holds the duty of Nextel roll call. This duty changes by hospital on a monthly basis.

G. Incident Command System (ICS): The nationally-used, standardized on-scene emergency management concept specifically designed to provide first responders with an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries.

H. Mass Casualty Incident (MCI): Any event in which the number of victims at the scene exceeds the community's ability to bring to the scene the required resources as determined locally. The declaration of a mass casualty incident is vested with the local incident commander and the classification of the incident (Class 1, 2 or 3) is at his or her discretion.

I. National Incident Management System (NIMS): Developed by the Secretary of Homeland Security at the request of the President, the National Incident Management System (NIMS) integrates effective practices in emergency response into a comprehensive national incident management system designed to enhance the ability of the United States to manage domestic incidents.

J. Nextel Hospital Communications Network: In the event of a mass casualty incident, this network is designed to serve as a communication tool to coordinate the response between the regional fire communication centers, the first responders and the hospitals for efficient and timely transport of patients to proper receiving facilities. This network is utilized by the Host Hospital to conduct roll call for area hospitals to determine emergency department bed availability and other specified information.

K. Southern New England Fire Assistance Plan: A statewide mutual aid response system established by the Rhode Island Association of Fire Chiefs (RIAFC), with the consent and approval of local governments, for the purpose of updating, expanding, and controlling the availability of additional emergency response resources across jurisdictional lines. This plan is made available to all communities in Rhode Island, specifically the emergency dispatch centers (regional and local), and provides a common entity for exploring and improving other areas of management, operation, and effectiveness of the fire and emergency medical services.

L. Victim, Casualty, and Patient: A '**victim'** is operationally defined as an individual involved to some degree in a mass casualty incident. This person has not necessarily incurred physical wounds or been admitted to a hospital. Victim tracking accounts for all those persons involved in an incident include but are not limited to all casualties, the 'worried well' (those nearby at the time of the incident), and those adversely affected by the incident. A '**casualty'** is defined as an individual who was physically affected by the event. Casualties include both injuries and fatalities. The majority of casualties are likely transported by emergency medical services and admitted to hospitals. A '**patient**' is defined as a victim or casualty who seeks professional medical care related to the incident at a hospital or other care facility. Victims seeking medical attention at a hospital related to a mass casualty incident are tracked as patients internally by each hospital and statewide by the RI Department of Health.

III. DISASTER CONDITIONS:

A. Hospitals, nursing homes, funeral homes, morgues, and other medical facilities may be severely structurally damaged or totally destroyed depending on the disaster. Even undamaged or slightly damaged facilities may be unusable due to the lack of utilities. Staff may be unable to report for duty because of personal injuries or lack of communications or transportation.

B. Medical facilities that remain in operation and have the necessary utilities and staff may be overwhelmed with seriously injured victims who are admitted immediately after the event. If faced with a prolonged event with increasing demand on hospitals, medical supplies - including pharmaceuticals - and equipment will probably be in short supply. Most health care facilities maintain only a small inventory to handle their day-to-day patient care. Restocking of medical supplies could be hampered, depending on the severity of communication and transportation disruptions.

C. Mass casualty events resulting from an act of terrorism could significantly increase demand for specialized response teams, especially medical care personnel and equipment (see supplement entitled "Rhode Island Homeland Security Specialized Response Teams").

D. The stress imposed on individuals affected by a disaster may produce, in addition to physical injuries, a need for increased mental health outreach and crisis counseling to prevent or resolve further emotional problems.

IV. PLANNING ASSUMPTIONS

A. This plan is to be used as either a stand-alone document for any mass casualty event in Rhode Island or in coordination with any superseding federal plan deemed relevant to the incident such as that of the National Transportation Safety Board (NTSB) or Federal Aviation Administration (FAA).

B. The initial resources within the affected mass casualty disaster area will most likely be inadequate to treat all casualties at the scene or in the closest hospital facilities.

C. Additional resources urgently needed to supplement local jurisdictions for triage, treatment, and transport of casualties are found in the Southern New England Fire Emergency Assistance Plan. Accessing such resources is at the discretion of the local Incident Commander.

D. Additional State and Federal capabilities may be needed to supplement and assist the local jurisdictions with housing and identifying fatalities. All fatalities resulting from a disaster occurring in Rhode Island and its jurisdiction will be handled by the Office of the Medical Examiner, Rhode Island Department of Health.

E. Management of a mass casualty incident will likely shift as the incident escalates or requires an extensive period of time to manage. The Incident Command System provides the scalability and common terminology for expanding the management and control of a mass casualty event. All responding agencies, including local, state and federal, are to operate within an established incident command or unified command structure.

F. All agencies assigned responsibilities in this plan are accountable for developing or updating internal action plans that will ensure a continuing acceptable degree of operational readiness to carry out their responsibilities. Essential to any internal plan is a current listing of responsible individuals and alternates who may be contacted at any time in any emergency.

G. To keep this plan current and operational, periodic disaster drills ranging from jurisdiction-specific drills to full-scale state-wide exercises will be held throughout the state. RIEMA is the lead agency for the State Homeland Security Exercise and Evaluation Program which provides standards and guidelines for planning, conducting, and evaluating exercises.

V. CONCEPT OF OPERATIONS

A. General: The operational concept upon which this plan is based applies to any incident that causes an extraordinary number of casualties, defined as those in excess of the emergency treatment capability of the local community emergency medical services agency that has primary jurisdiction. When the magnitude of the MCI exceeds the capability of the local response system to provide extrication, hazard control, and patient care, a state level response may be activated.

All agencies tasked with operational responsibilities for assisting in the management of a mass casualty event will do so in conformity with the National Incident Management System. The following responsibilities have been added with the aim of minimizing delays in implementation of the state level response:

1. Rhode Island has adopted the National Fire Academy Incident Command System, providing strategic guidelines for mass casualty incident management and establishing a common standard for mass casualty responses which transcend state boundaries.
2. Any major incident involving mass casualties and causing this State plan to become activated will be managed by local officials with the Rhode Island Emergency Management Agency taking a lead role in coordinating state support at the request of the local incident commander.
3. **Local Community**: Each locality has the responsibility for planning for mass casualty incidents. The declaration of a Mass Casualty Incident is vested with the local Incident Commander.
4. **State:** The Rhode Island Emergency Management Agency serves as the lead state agency point of contact in support of the local incident commander during a mass casualty incident.

B. Local Incident Commander: Upon the local declaration of a mass casualty incident the local Incident Commander is responsible for notifying the Host Hospital and the Rhode Island Emergency Management Agency. This notification is to indicate the number of identified or suspected number of patients, the nature of the injuries, the exact location of the incident and nature of occurrence. It is to be made using Nextel communications (primary), HEAR radio (secondary), or other cellular phone or satellite communications as necessary. The procedure is as follows:

1. **Standard procedure:** The Incident Commander declares a mass casualty incident via local dispatch to Regional Control, triggering the specified level of mutual aid to be sent to the scene.
2. **Situation dependant:** Regional Control as part of the Nextel Radio Network will make the initial notification to the Host Hospital (triggering the hospital roll call) unless that mechanism has already been established by an on-scene official. Nextel Communications to the hospital community must go through Regional Control until the establishment of on-scene Nextel communications has occurred.(local official notifying the Host Hospital).

C. Host Hospital: Upon the local declaration of a mass casualty incident, the Host Hospital is responsible for conducting an immediate roll call with area hospitals to obtain individual counts of available emergency department beds to receive patients. This count is to be obtained using the START triage coding of 'Red', "Yellow" and "Green". The Host Hospital will provide the local on-scene transport officer with its own and other area hospital resource information, allowing the transport officer to more effectively send patients to care facilities. The Host Hospital is also responsible for coordinating resource needs and other logistics within and between the hospitals involved in receiving patients.

The Host Hospital is defined as that which, at the time of the incident, holds the duty of the Nextel roll call. If, however, at the time of an MCI, the regularly scheduled Host Hospital is or becomes overwhelmed, the duties of the Host Hospital will be transferred to the next hospital on the Nextel Hospital Communications Network. The RI Department of Health will assist in gathering patient data from area hospitals to contribute to the overall victim tracking operation managed in the State EOC.

D. State Agencies:

1. **Rhode Island Emergency Management Agency (RIEMA):** Upon notification of a declared mass casualty incident disaster, the Director of RIEMA or a designated representative, is responsible for the immediate notification of appropriate staff to assist in managing a mass casualty event to include the following responsibilities:

   a. Activating and operating of the State Emergency Operations Center if determined necessary by the RIEMA Director or designated representative.
   b. Notifying state agencies and activating state resources as required by the incident.
   c. Designating a representative to support the Incident Commander as requested.
   d. Assisting in the acquisition and coordination of personnel, supplies, transportation, communications, public information, and other resources and support as deemed necessary by the local incident commander.
   e. Establishing a victim hotline and staffing the EOC appropriately to handle telephone activity. (*See RIEMA SOP for Victim Tracking procedures).*
   f. Coordinating overall victim tracking to account for all victims involved in the mass casualty incident.

2. **RI Department of Health (HEALTH):** Upon notification of a declared mass casualty incident disaster, the Director of HEALTH, or a designated representative, is responsible for the immediate notification of appropriate staff to assist in managing a mass casualty event to include the following responsibilities:

   a. Providing a representative to the State EOC within one hour of initial notification.
   b. Coordinating all patient tracking information from area hospitals to include

patient names, location and status. This coordination should occur in the State EOC. The gathered information will be securely transmitted to RIEMA as requested by the RIEMA Director or representative to be included in the overall victim tracking operation. The patient information list is also to be made available to those professionals involved in the victim hotline.

c. Monitoring hospital resources during and post a mass casualty event

d. Activating and operating the HEALTH information hotline if necessary.

e. Office of the Medical Examiners (OME): Responsible for the mass fatality function within the command structure of a mass casualty incident. The OME will organize and operate the 'Mass Fatality Branch' within the 'Operations Section' for the incident commander, bringing all the necessary supplies and providing guidance as required (*See RI Mass Fatality Plan).*

3. **Rhode Island Department of Mental Health, Retardation, and Hospitals (MHRH):** Upon notification of a declared mass casualty incident disaster, the Director of MHRH or a designated representative is responsible for the immediate notification of appropriate staff to assist in managing a mass casualty event. MHRH is responsible for providing professional behavioral health care to those involved in a mass casualty incident; to include victims, families of victims, first responders and those professional agency representatives providing support to the management of the incident. MHRH is also responsible for the following:
   a. Deploying and managing of specialized behavioral health care teams to the state emergency operations center to provide support to the victim hotline operation managed by RIEMA. This team will consist of at least three MHRH representatives who will work closely with the victim hotline manager (RIEMA) and the Department of Health and respond to incoming callers (*See RIEMA's Victim Hotline SOP).*
   b. Deploying specialized behavioral health care teams to the Family Assistance Center and Family Resource Center as needed throughout the management of the incident. These teams will work within the established incident command or unified command organization.
   c. Providing a Critical Incident Stress Management Team for debriefing first responders involved in managing the incident.
   d. Providing professional debriefing to those support agency representatives involved in managing the incident.

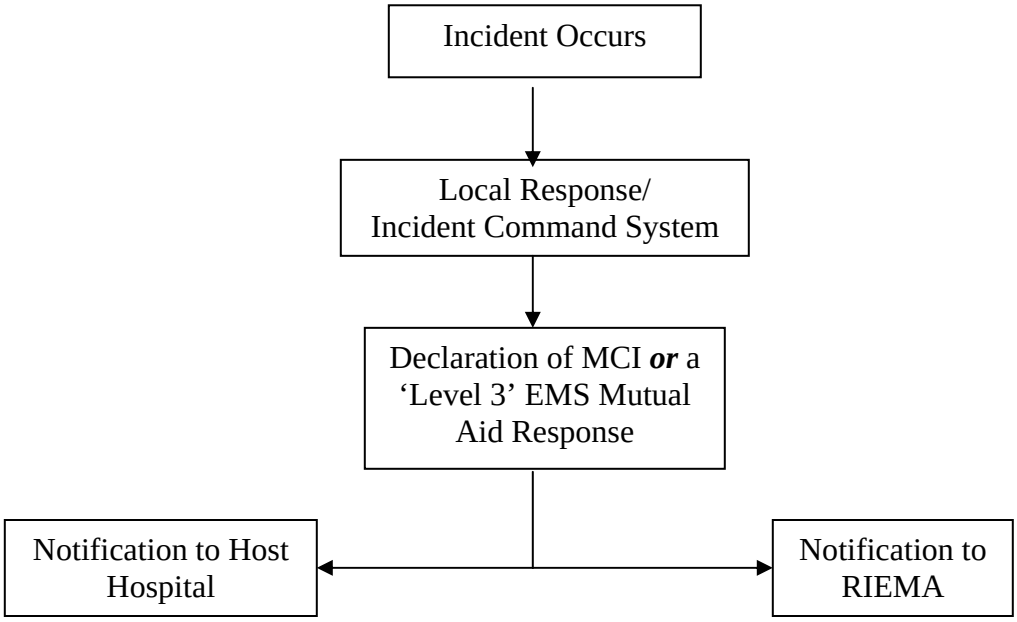
E. American Red Cross (ARC): The Rhode Island Chapter of the American Red Cross will provide trained personnel to operate within the Incident Command or Unified Command structure established to manage a mass casualty incident. The ARC will assist in logistical requirements of managing the incident and provide mental health services to civilians affected by the event. They may also provide canteen services for responding personnel in coordination with the Salvation Army.

F. Family Assistance and Family Resource Centers: (*See respective Standard Operating Procedures).*

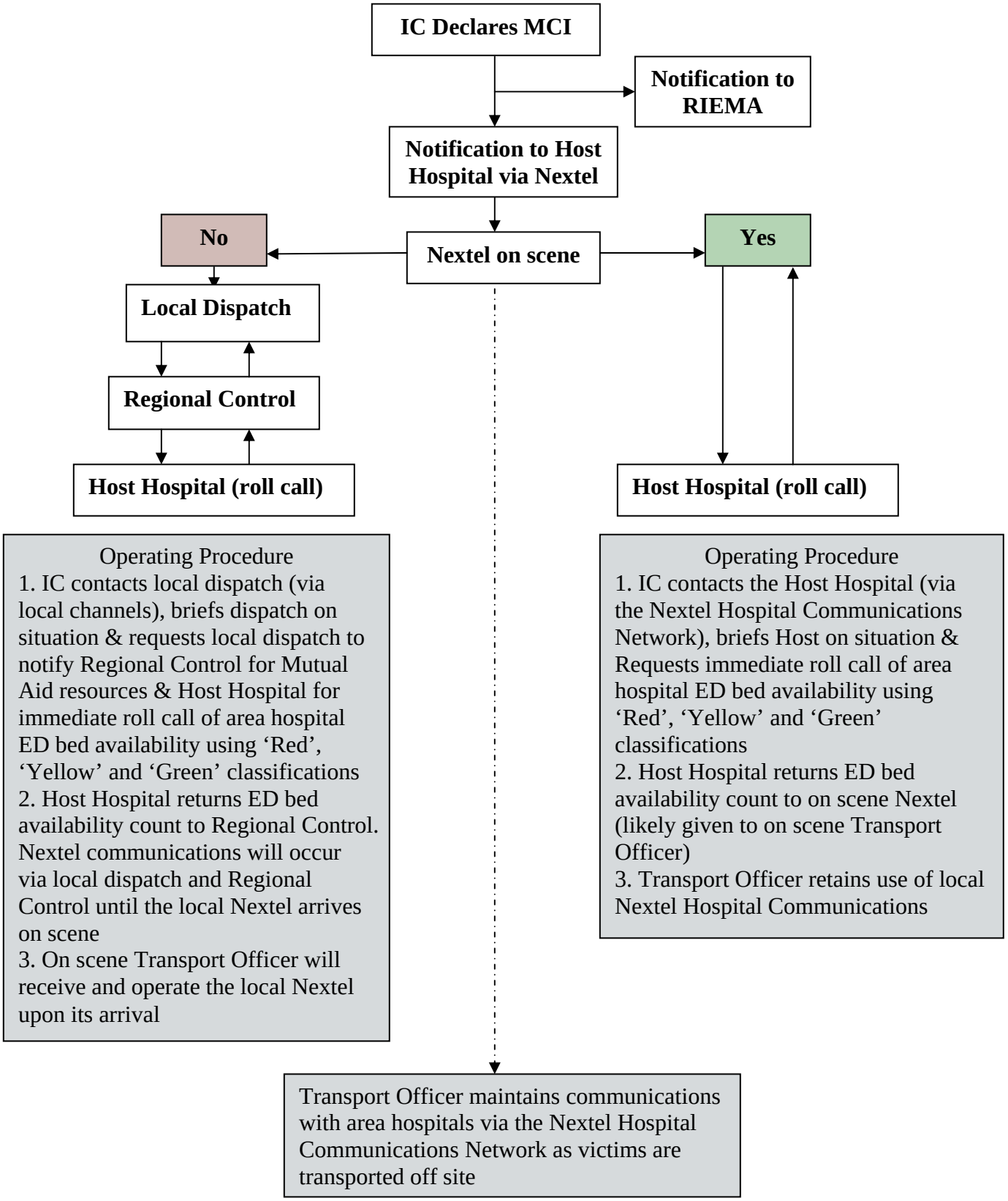
G. Implementation: The distribution of this plan is to originate from the Rhode Island Emergency Management Agency and proceed through state and local channels to reach those Rhode Island agencies that could be called upon to respond to a mass casualty incident. Primary receiving agencies are those mentioned in this plan and include all local responding disciplines and hospitals. Interagency dissemination and orientation is at the discretion of the Director or Chief of the agency or department. RIEMA strongly recommends that all staff become familiar with this plan and its proclamations.

H. Response Organization: Rhode Island has adopted the National Incident Management System into its own emergency response plans and operational procedures. They are depicted in the following organizational charts which serve as templates for mass casualty incident management.

1. Declaration of a Mass Casualty Incident: Local First Response Flow Chart



2. Declaration of a Mass Casualty Incident: Primary Communications Flow Chart



I. Introduction

This annex was developed to provide general information about existing communications equipment and emergency electrical power capabilities for medical facilities

II. Purpose

The purpose of this annex is to detail availability of existing communications and emergency electrical power during a mass casualty disaster incident. Policies and procedures that govern its operation are detailed elsewhere in this plan, supplemented by in-house emergency plans for each participating medical facility or support agency.

III. Concept of Operations

A. Most of the hospitals in Rhode Island are connected by statewide common radio frequency. Until such time as all medical facilities share a common frequency, it may be necessary to use support agencies, such as the EOC, fire, and police to either relay appropriate radio traffic or employ the cross-channel technique. Success in any mass casualty disaster incident depends on both the communications system and the operator. Therefore, the methods used should be employed to the fullest extent possible to help alleviate suffering on the part of victims, to lessen danger to others, and to control the orderly flow of casualties.

B. Receiving hospitals are expected to have adequate standby power to maintain operations.

C. Nextel Communications

1. **Hospitals:** Area hospitals maintain Nextel communications within each emergency room

2. **Local Jurisdiction:** Each local jurisdiction maintains Nextel communications within a locally designated official. This communication capability will be used to communicate directly from the scene of a mass casualty to the Host Hospital and surrounding areas hospitals and particular medical facilities.

IV. Responsibility and Organization

Responsibility for the conduct of communications in support of this plan shall be vested in the local incident command, the Host Hospital, and the State Emergency Management Agency.

V. Communications in Emergency Medical Service and support agencies

A. Hospitals: 22 health care facilities in the State of Rhode Island are connected by a common radio frequency (155.280 MHZ, and/or 155.340 MHZ); transceivers (transmitters-receivers) are generally located in the emergency room. Receiver speakers are usually muted with a tone-controlled squelch. Each receiver can be opened by an electronic tone transmitted from a calling station having a special dial installed.

These include:

	Facility	Dial Code
1.	Landmark Medical Center	101
2.	Memorial Hospital of RI	102
3.	St. Joseph Our Lady of Fatima	103
4.	Roger Williams Medical Center	104
5.	Miriam Hospital	105
6.	Rhode Island Hospital	106
7.	Kent County Hospital	107
8.	Newport Hospital	108
9.	South County Hospital	109
10.	Westerly Hospital	110
11.	Woman & Infants' Hospital	111
12.	Hasbro Children's	112
13.	Veterans Medical Center	113
14.	Bradley Hospital	114
15.	Butler Hospital	115
16.	Newport Naval Clinic	116
17.	Northern Control (Smithfield Fire Alarm)	201
18.	Metro Control (Cranston Fire Alarm)	202
19.	East Bay Control (Portsmouth Fire Alarm)	203
20.	Southern Control (Exeter Fire Alarm)	204
21.	Providence Fire Alarm	205
22.	RI Department of Health	301
23.	RI Emergency Management Agency	(Voice) 946-9996
24.	All CALL	999

Hospital Telephone Numbers

Hospital	Notification	Medical Control
Rhode Island Hospital 593 Eddy Street Providence, RI 02902	401.444.4220	401.444.5731
Memorial Hospital 111 Brewster Street Pawtucket, RI 02860	401.729.2191	401.729.2191
Miriam Hospital 164 Summit Avenue Providence, RI 02906	401.331.5698	401.274.3700(x)3000
Roger William Medical Center 825 Chalkstone Avenue Providence, RI 02908-4735	401.456.2121	401.456.2132
Kent County Hospital 455 Toll Gate Road Warwick RI, 02886	401.737.7000(x)1300	401.737.3320

	Notification	Medical Control
Our Lady of Fatima Hospital 200 High Service Avenue North Providence, RI 02904	401.456-3418	401.456.3402
South County Hospital 100 Kenyon Avenue Wakefield, RI 02879	401.782.8010	401.792.3883
Landmark Medical Center Woonsocket Unit 115 Cass Avenue Woonsocket, RI 02895	401 769-1125	401.769.1125
Hasbro Children's 593 Eddy Street Providence, RI 02902	401.444-6874/6875	Same
Butler Hospital 345 Blackstone Blvd Providence, RI 02906	401.455-6215	NA
Newport Hospital 11 Friendship Street Newport, RI 02840	401. 845.1205	401.845.1211
U.S. Naval Hospital Newport Naval Base One Riggs Road Newport, RI 02841	401.841.1200	same
Veterans Administration Hospital 830 Chalkstone Avenue Providence, RI 02908	401.457.3050	same
Westerly Hospital 25 Wells Street Westerly, RI 02891	401.596.6000 (x)325	same
Women's and Infants Hospital 101 Dudley Street Providence, RI 02905	401.453.7605	same

Out of State Hospital Facilities to assist in MCI situations in Rhode Island

	Notification	Medical Control
William W. Backus Hospital 326 Washington Street Norwich, CT 06360	860.889.4223	860.889.4323
Charleton Memorial Hospital 363 Highland Avenue Fall River, MA 02720	508.679.7040	508.679.7040
Day Kimball Hospital 320 Pomfret Street Putnam, CT 06260	860.928.2919	860.928.7503
Lawrence and Memorial Hospital 365 Montauk Avenue New London, CT 06320	860.444.5140	860.444.5140
St. Anne's Hospital 795 Middle Street Fall River, MA 02721	508.324-0954	508.324.0954
Sturdy Memorial Hospital 211 Park Street P.O. Box 2963 Attleboro, MA 02703	508.236.7911	508.324.7911

B Emergency Medical Units: Some units in the State of Rhode Island are equipped to activate (by dialing) each or all of the hospital receivers listed above using the hospital frequency, 155.280 MHz. Most units' services use cellular phone as their primary means to communicate with the hospitals. Cellular phones may not be available during a major emergency.

C Emergency Operations Centers (EOC): Most EOC's in the state are fully equipped facilities with radio and telephone communications capable of coordinating emergency logistics in any emergency. In addition, some EOC's have access to the National Warning System.

D Mobile Command Post: The state mobile command post is a self-contained vehicle utilized for emergency response (see corresponding supplement).

Installed two-way radio communications include statewide common frequencies for:

Emergency Management - CDSTARS, Agency Systems
Medical service - H.E.A.R. System
Fire - Intercity Fire
Police - RISPREN, State Police
Mobile telephone - 2
A 4.0 KW generator installed is adequate to provide electrical power at any location. (See Command Post Supplement.)

E Air Ambulances (Helicopter)

Life Star (Hartford, CT)	1.800.221.2569
MED Flight (Boston, MA)	1.800.233.8998
U Mass Life Flight (Worcester, MA)	1.800.343.4354

F Private Ambulance Service Dispatch Number

Alert Ambulance	401-253-0044
Med Care Ambulance	401-738-1224
Med-Tech Ambulance	401-726-2000
New England Ambulance	401-461-1881
Roger Williams Mobile Care	401-456-2119
University / Intercity / Northeast	401-273-8020

G Other

State of Rhode Island Emergency Operatoins Center	401.946.9996
State Department of Health, Directors Office	401.222.2231
Chief Emergency Medical Services	401.222.2401
RI Medical Examiner's Office	401.222.2948
(Administrative Office (8:30AM-4:30PM)	401.274.1333
(after hours, weekends and holidays)	401.222.5952
Rhode Island State Police (24 hrs)	401.444.1111
US Naval Hospital - Newport, RI	401.841.3111
American Red Cross (24 hrs)	401.831.7700
RI Critical Incident Stress Management Team (24 hrs)	401.763.2778

H Direction and Control

Communications, however used in an emergency situation, is a support function. Operators, dispatchers, messengers and others assigned duties in communications will take their direction and control as defined in appropriate annexes located elsewhere in this plan.

MEDICAL FACILITIES

State / Military / VA Emergency Facilities

1. Bradley Hospital, 1011 Veterans Memorial Parkway, East Providence, RI 02915
2. Butler Hospital, 345 Blackstone Blvd, Providence, RI 02906
3. Hasbro Children's Hospital, 593 Eddy Street, Providence, RI 02902
4. Kent County Memorial Hospital, 455 Tollgate Rd, Warwick, RI 02886
5. Landmark Medical Center, 115 Cass Ave, Woonsocket, RI 02895
6. Memorial Hospital, Prospect St, Pawtucket, RI 02860
7. Miriam Hospital, 164 Summit Ave, Providence, RI 02906
8. Newport Hospital, 11 Friendship Street, Newport, RI 02840
9. Rhode Island Hospital, 593 Eddy St, Providence, RI 02903
10. Roger Williams Medical Center, 825 Chalkstone Avenue, Providence, RI 02908
11. South County Hospital, 100 Kenyon Ave, Wakefield, RI 02879
12. St. Joseph Hospital (Fatima Unit), 200 High Service Ave, N. Providence, RI 02904
13. Westerly Hospital, 25 Wells St, Westerly, RI 02891
14. Women and Infants Hospital, 101 Dudley St., Providence, RI 02905
15. *U.S. Naval Ambulatory Care Center, One Riggs Road, Newport, RI 02841
16. Veterans Administration Hospital, 830 Chalkstone Avenue, Providence, RI 02908

Level One Trauma Centers in Southern New England

1. Rhode Island Hospital, 593 Eddy St, Providence, RI 02903 401-444-4220
2. Bridgeport Hospital, 267 Grant St. Bridgeport CT 06610; 203-384-3999
3. Hartford Hospital, 80 Seymour St., Hartford CT 06102; 860-545-1082
4. Beth Israel Deaconess Medical Center, 330 Brookline Ave, Boston, MA 02215; 617-667-7000
5. Boston Medical Center, One Boston Medical Center Place, Boston, MA 02118; 617.638.8000
6. Brigham & Women's, 75 Francis Street, Boston, MA 02115 ·617-732-5500
7. Massachusetts General Hospital, 55 Fruit Street, Boston, MA 02114; 617- 724-8743
8. Floating Hospital at NE Medical Center (Pediatric), 755 Washington St. Boston, MA 02111
9. Bay State Medical, 759 Chestnut St, Springfield, MA 01199; 413-794-0000

Notes: *Military Hospital

RIEMA MOBILE COMMAND POST

I. General: The EMA Mobile Command Post (MCP) is a specialized vehicle that will respond upon request from the on-scene incident commander or his/ her designee. The intent of this vehicle is to provide support to on-scene operations during a mass casualty event or other types of disasters. The MCP can provide several capabilities for supporting a local incident command system.

A. Command Post: This vehicle can provide a command post for any on-scene commander and several command staff. On-scene operations can be run directly from the vehicle if needed.

B. Communications: The RIEMA holds a variety of communications equipment to assist in mitigating a mass casualty event such as:

HEAR: (**155.340**) for Rescue-Hospital Operations
(**155.280**) for Inter-Hospital Operations.

Fire Department : Rhode Island Intercity Fire VHF (**154.280**)
Police Department: RISPERN-VHF(**155.190**)Rhode Island State and Local Police
State Airport: VHF (**154.995**) T.F. Green State Airport, Warwick, RI
State Agencies-Low Band: (**45.44**) MHZ:

EOC (Command Readiness Center Building)
Department of Environmental Management

CELLULAR RADIO TELEPHONE: 2 Each
AMATEUR RADIO
SCANNER
MARINE RADIO
TV RECEIVERS

OTHER AVAILABLE EQUIPMENT/RESOURCES:

Portable Radios
VHF - Programmable
UHF - Fixed Channel Incident Commander's Net

II. Vehicle Specifications: The vehicle is a total of 25 feet long. The rear interior storage portion of the vehicle is a 14 feet long and 8 feet wide, and has a 7-foot high ceiling. The box or cargo area can be accessed through the truck cab and has an overall clearance height of 13 feet from ground level to the top of the vehicle. It has an eight cylinder, 351 cubic inch V8 engine; rear wheel drive and a three speed automatic transmission; 2 25-gallon fuel tanks utilizing regular unleaded gas; red emergency lights; a siren; and a P.A. system. It can be manned on a 24-hour basis since it is equipped with a 4000 watt, 110 volt generator, air-conditioning, heat and adequate counter space. Additional supplies include administrative supplies, reference manuals, disaster plans, maps, personnel control equipment (markers, rope, color coded flags, triage tags, etc.) blankets, emergency medical kits and supplies and radiation detection equipment.

III. **Vehicle Location:** The EMA Mobile Command Post is located at the Rhode Island Emergency Management Warehouse/ RI Urban Search & Rescue Headquarters, 279 Danielson Pike, North Scituate RI.

IV. **Requesting the Mobile Command Post:** To request use of the vehicle for emergencies under indicated guidelines, call the Rhode Island Emergency Management Agency, 401-946.-9996. This number may be called at any time. After hours our agency answering service will page on-call staff persons to provide assistance When requesting the vehicle, provide the following information:

- **A.** Location and type of incident,
- **B.** Estimated number and type victims
- **C.** Requesting agency and point of contact at scene

State Activated

Urban Search and Rescue	Access via RIEMA at 401-946-9996
Task Force 1 (lost person search team)	Access via RIEMA at 401-946-9996
Disaster Medical Assistance Team (DMAT)	Access via RIEMA at 401-946-9996
Disaster Mortality Response Team (DMORT)	Access via RIEMA at 401-946-9996
MHRH Behavioral Health Disaster Response Team	Access via RIEMA at 401-946-9996

Other State or Federal resources and descriptions thereof can be found in the Southern New England Fire Assistance Plan

Locally Activated

Hazardous Material Technician

Cranston Fire Department	Access via Cranston Fire Alarm 461-5000 or Intercity Radio System
Hope Valley Wyoming Fire Department	Access via Hope Valley Fire Alarm -539-2211
Newport Naval Station Fire Department	Access via NETC Fire Alarm- 841-2225
Providence Fire Department	Access via Providence Fire Alarm- 274-3344 or Intercity Radio System
Warwick Fire Department	Access via Warwick Fire Alarm- 468-4005 or Intercity Radio System
West Warwick / Coventry Fire Department	Access via W. Warwick Fire Alarm - 821-4211 or Intercity Radio System
Woonsocket Fire Department	Access via Woonsocket Fire Alarm- 765-2500 or Intercity Radio System

Decontamination Teams

Coventry – Hopkins Hill Fire Department	Access via Coventry Fire Alarm- 821-3456 or Intercity Radio System
East Providence Fire Department	Access via E. Providence Fire Alarm- 431-1111 or Intercity Radio System
Newport Fire Department	Access via Newport Fire Dept.- 846-2211
North Kingstown	Access via N. Kingstown Fire Alarm- 294-3344 or Intercity Radio System
North Providence Fire Department	Access via N. Providence Fire Alarm- 231-8500 or Intercity Radio System
South Kingstown- Kingston Fire District	Access via S. Kingstown Fire Alarm- 783-2422
Westerly Fire District	Access via Westerly Fire Alarm- 596-5846

Mass Casualty Incident Response Trailers

Charlestown Ambulance- Rescue Service	Access via Charlestown EMS- 364-1212
Cumberland Rescue Service	Access via Cumberland Fire Alarm- 333-2600 or Intercity Radio System
Hope Valley Ambulance Squad	Access via 539-2211 or 377-4440
Block Island Fire Department	Access via New Shoreham Police / Fire Dept. 466-3220 or Intercity Radio System
Pawtucket Fire Department	Access via Pawtucket Fire Alarm- 725-1420 or Intercity Radio System
Portsmouth Fire Department	Access via Portsmouth Fire Alarm- 683-1155 or Intercity Radio System
T.F. Green Airport Fire / Rescue	Access via Green Fire Dept- 737-4001 x 243 or Intercity Radio System
Scituate Ambulance Corps	Access via Scituate Fire Department- 821-5900

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