#### Introduction

The ESF-8 Rally Planning Group (RPG) was established to focus on the coordination and collaboration of local, State and Federal agencies to prepare for, respond to and recover from the consequences of an emergency or disaster incident during the 75<sup>th</sup> Sturgis Motorcycle Rally and associated events.

The 75<sup>th</sup> Rally will bring an unprecedented number of visitors to the City of Sturgis and the Black Hills of South Dakota. Health and medical infrastructure will experience significant strain in day-to-day operations with limited mutual aid capacity.

The 75<sup>th</sup> Rally inherently raises the risk of an emergency or disaster incident resulting from existing and additional threats. The RPG focuses on completing the necessary planning components to prepare for, respond to and recover from an emergency or disaster incident that may occur during the rally

The ESF-8 RPG incorporates Public Health and Medical Emergency Support Function stakeholders, and key Local, State and Federal representatives. Planning activities focus on, but are not limited to, establishing specific levels of response based upon potential threats and resulting loss of life, human suffering and property damage.

#### **Situation Overview**

- 75<sup>th</sup> Sturgis Motorcycle Rally
- A normal rally of 350,000 attendees stresses public health, hospitals, emergency medical services, mortuary services, and other healthcare organizations with limited surge capacity.
- Public health, hospitals, emergency medical services, mortuary services, and other healthcare
  organizations can handle day-to-day operations during a Rally of over 800,000 attendees but
  with no surge capacity.
- Special Event Assessment Rating (SEAR) level three.
- Stakeholder Planning Group that identified gaps, resources, and processes to protect the public health of communities during the Rally.

#### **Threats & Hazards**

#### Natural

- Severe Weather
  - Thunderstorm
  - o Lightning
  - o Hail
  - o High Winds
  - o Tornado
  - o Flashflood
  - Excessive Heat
- Wildfire

#### Man-made

- Food & Water Contamination by Chemical or Biological agents
- Spread of Infectious, Food-borne, or Water-borne Disease
- Critical Infrastructure Failure

- Hazardous/Toxic Materials
- Potential accidents on highways & roads due to increased traffic and congestion
- Civil disturbance

#### **Terrorism**

- Chemical, Biological, Radiological, Nuclear, Explosive Hazards (CBRNE)
- Active Shooter
- Criminal Acts

# **Concept of Operations**

- Coordinate activities of public and private organizations to support large-scale healthcare and public health needs in the communities of the Black Hills during the 2015 Rally.
- Maintain compliance with NIMS, NRF, ICS and SD State Emergency Operations Plan
- Structure: Multiagency Coordination System (MACS) which provides the basic architecture for facilitating the allocation of resources, incident prioritization, coordination and integration of public and private agencies for large-scale incidents and emergencies.
- Tiered response structure
  - Tier 1 Individual Health Care Organization Response Primary site for point of service medical evaluation, treatment, transport. Local assets conduct emergency response.
  - Tier 2 Mutual aid, information sharing, and cooperative planning Allows for existing medical and public health resources to be optimally leveraged, promotes cooperation and support between healthcare organizations and healthcare coalitions.
  - Tier 3 Jurisdictional response Jurisdictional incident management coordination provides the integration of public health and medical assets into the functional organization of incident command within the traditional emergency response community.
  - Tier 4 State response Coordinated response of intrastate jurisdictions and state agencies according to the SD Emergency Operations Plan, and coordinated resource requests from interstate and regional jurisdictions.
  - Tier 5 Federal response Support to state and local jurisdictions by providing medical surge capacity and capability to support, not supplant, State and jurisdictional response efforts

#### **Stakeholders**

# Hospital

- Custer Regional Hospital
- Fall River Health Services
- Lead-Deadwood Regional Hospital
- Rapid City Regional Hospital
- Spearfish Regional Hospital
- Sturgis Regional Hospital

#### Pre-hospital & Patient Movement

- Custer Ambulance Services
- Hill City Ambulance Service
- Hot Springs Ambulance Service
- Keystone Ambulance
- Lead-Deadwood Ambulance
- Rapid City Emergency Medical Service
- Spearfish Emergency Ambulance Service
- Sturgis Ambulance Service
- Black Hills Life Flight
- Medical Air Rescue
- Other Black Hills Emergency Medical Services

#### **Local & State Agencies**

- County Emergency Managers
- SD Dept. of Health
- SD Dept. of Public Safety- Office of Emergency Management
- SD Dept. of Environment & Natural Resources
- South Dakota National Guard
  - o 730<sup>th</sup> Medical Support Company
  - o 82<sup>nd</sup> Civil Support Team
  - o 114<sup>th</sup> Medical Group
  - o C-189 Medevac Unit
- Black Hills American Red Cross
- Crook County Medical Services District, WY
- North Dakota Department of Health
- Wyoming Department of Health

#### **Federal Government**

- Department of Health and Human Services
- Federal Emergency Management Agency
- Department of Homeland Security
- Indian Health Service
- National Park Service
- VA Health System

#### **Hospital Branch**

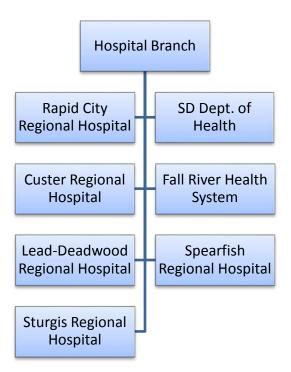
#### **Concept of Operations**

The Hospital Branch will operate between July 28th and Aug 10th.

Rapid City Regional Health and the SD Department of Health (DOH) will coordinate the functions of the hospital branch. Individual facilities are responsible for and will provide coordinated emergency and routine medical services. The branch will support the provision of medical care to residents and visitors to the Black Hills. The hospital branch is a coordinating entity. It is not responsible for actual medical care, which will be done at individual medical facilities. The Hospital Branch will assist as needed in coordinating mass casualty and medical surge response in all incidents in the Black Hills.

All involved agencies in the Hospital Branch will operate using the National Incident Management System (NIMS) and Incident Command System (ICS). Communication will adhere to the priniciples set forth by the ICS, including single-point ordering, tiered response structure and unity of command.

#### Organization



#### Responsibilities

Black Hills hospitals and healthcare systems will:

- Provide coordinated and timely medical response to any incident in the Black Hills.
- Work with local, county and state offices of emergency management to provide coordinated disaster and mass casualty response to any incident in the Black Hills.
- Coordinate the communication between Black Hills hospitals and healthcare systems.

Coordinate cooperation of Black Hills hospitals and healthcare systems. Assist in the
coordination of triage, treatment, transport, and tracking of patients from any mass casualty or
medical surge incident in the Black Hills.

# **Communications**

The Hospital Branch and the supporting agencies will coordinate the medical communications for all aspects of the 75<sup>th</sup> Rally via representation in all relevant operation centers and share appropriate information through daily calls, situation reports, and spot reports. The Hospital Branch will establish and coordinate communications with partners operating in the Black Hills through existing systems including Web-based Incident Management (WebEOC and eICS), Hospital Available Bed Emergency Database (HAvBED), SD State Radio, and SD Health Alert Network.

#### **Resources and Tools**

Necessary resources for the hospital branch and the supporting agencies include the following, but are not limited to:

- Medical Surge Resources
  - o Healthcare Coalition Caches
  - o Patient Movement Assets
- Medical Surge Personnel
- Information Sharing
  - o Regional Health Rally Tally
  - o Rally Operations Center Situation Report
  - o DOH Rally Report
  - o HAvBED, eICS & WebEOC
- SD National Guard
  - o 730<sup>th</sup> Medical Support Company Quick Response Team
  - o C-189 Medevac Unit
  - o 114<sup>th</sup> Medical Group
- ND Department of Health
- US Department of Health and Human Services

#### **Pre-Hospital & Patient Movement Branch**

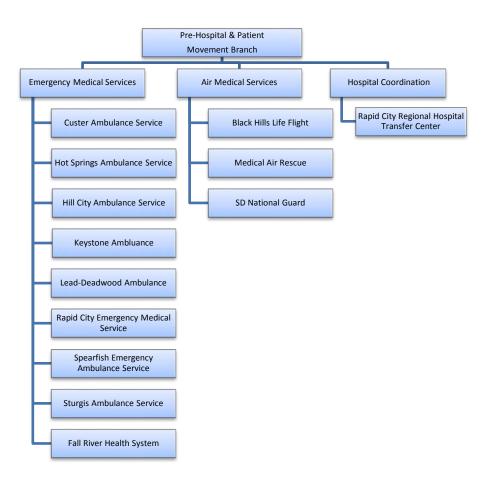
## **Concept of Operations**

The Pre-Hospital & Patient Movement Branch will operate between July 28th and Aug 10th.

SD Department of Health will support affected EMS agencies and coordinate the functions of the Prehospital & Patient Movement Branch. Individual organizations are responsible for and will provide coordinated emergency and routine medical services. The branch will support the provision of emergency medical treatment and transport to residents and visitors to the Black Hills. The Pre-hospital & Patient Movement Branch branch is a coordinating entity. It is not responsible for actual medical care and patient transport, which will be provided by at individual emergency medical services. The Pre-hospital & Patient Movement Branch will assist as needed in coordinating mass casualty and medical surge response in all incidents in the Black Hills.

All involved agencies in the Pre-Hospital & Patient Movement Branch will operate using the National Incident Management System (NIMS) and Incident Command System (ICS). Communication will adhere to the priniciples set forth by the ICS, including single-point ordering, tiered response structure and unity of command.

#### Organization



#### Responsibilities

Black Hills emergency medical services and air medical services will:

- Provide coordinated and timely emergency medical response to any incident in the Black Hills.
- Provide coordinated and timely transportation of patients from incident scene to hospital and from hospital to hospital during any incident in the Black Hills.
- Work with local, county and state offices of emergency management to provide coordinated disaster and mass casualty response to any incident in the Black Hills.
- Coordinate the communication between Black Hills emergency medical services and air medical services.
- Coordinate cooperation of Black Hills emergency medical services and air medical services
- Assist in the coordination of triage, treatment, transport, and tracking of patients from any
  mass casualty or medical surge incident in the Black Hills.

Rapid City Regional Hospital Transfer Center will:

- Coordinate all direct admission or transfers to Rapid City Regional Hospital or Spearfish Regional Hospital from other hospitals and local physicians.
- Assist if needed with coordinating transport from referring facility to accepting facility.
- Assist with an appropriate transfer to another facility if patient is unable to be treated within a Regional Facility due to no required specialty available or capacity issues.
- Assist with coordinating transfers from outlying hospitals to a Regional Health Facility or assist with transfer to another hospital if no specialty/capacity during a mass casualty event.

#### **Communications**

The Pre-Hospital & Patient Movement Branch and supporting agencies will coordinate emergency medical and patient transport communications for all aspects of the 75<sup>th</sup> Rally via representation in all relevant operation centers and share appropriate information through daily calls, situation reports, and spot reports. The Pre-hospital & Patient Movement Branch will establish and coordinate communications with partners operating in the Black Hills through existing systems including Web-based Incident Management (WebEOC and eICS), Hospital Available Bed Emergency Database (HAvBED), SD State Radio, and SD Health Alert Network.

The Pre-Hospital and Patient Movement Branch will meet daily by conference call from 9am-10am MT to share situational awareness. Daily conferences calls will run from July 28 to Aug 10. The calls will collect the following information: # Runs (trauma, medical, transport), # Mutual Aid Requests, brief comments.

#### **Traffic Congestion and EMS Vehicle Access**

SD Dept. of Transportation established four levels of traffic congestion at Exits 30 and 32 on the I-90 Interstate Highway.

<u>Level 0-</u> No congestion. Both lanes open and moving above 45 mph. Ramp traffic not backed up into the driving lane. Enter and exit the interstate as normal.

<u>Level 1-</u> Light congestion. Ramp traffic backed up or slowed to below 30 mph and up to ½ mile into driving lane of interstate. Passing lane is moving above 45 mph. Interstate ramps are open but delayed. I-90 left lane is open and moving. Stay in the passing lane and use sirens and lights to cut right at the top of the ramp.

<u>Level 2-</u> Moderate congestion. Traffic is backed up or slowed to below 30 mph in the driving lane and up to 2 miles past the exit. Interstate ramps are open but delayed. Passing lane is moving above 45 mph. Stay in the passing lane and use sirens and lights to cut right at the top of the ramp.

<u>Level 3-</u> Heavy congestion. Traffic is backed up or slowed to below 30 mph in both the passing and the driving lane up to 3 miles past exit. Interstate ramps are closed temporarily or longer term. Both the driving lane and passing lane on I-90 are moving with the ramps closed. Emergency vehicles should drive in the right lane and communicate with law enforcement to let all parties know their intent to drive around barricades to use the ramp.

<u>Level 4-</u> Extreme congestion. An incident on or immediately adjacent to I-90 or in Sturgis prompts closure of ramps. Both the driving lane and passing lane on I-90 are moving with the ramps closed. Emergency vehicles should drive in the right lane and communicate with law enforcement to let all parties know their intent to drive around barricades to use the ramp.

#### Resources

Necessary resources for the Pre-hospital & Patient Movement Branch and the supporting agencies include the following, but are not limited to:

- Mass Casualty Incident Resources
  - Additional medical personnel for on-scene triage and treatment
  - o SDARNG 730<sup>th</sup> Medical Support Company
  - SDARNG C-189 Medevac Unit
  - o SDANG 114th Medical Group
- Mass Patient Movement Resources
  - o Additional ambulances and aircraft for transporting critical (Immediate Triage) patients
  - Ambulance buses for transporting large numbers of non-critical (Minor/Delayed Triage) patients. Two buses are configured for stretchers (Rapid City, Sturgis) and one bus is configured for wheel chairs (Sturgis).
- Information Sharing Resources
  - o Regional Health Rally Tally
  - o Rally Operations Center Situation Report
  - o DOH Rally Report
  - HAvBED, eICS & WebEOC

#### **Public Health Branch**

#### **Concept of Operations**

The Public Health Branch will operate on July 28th through Aug 10th.

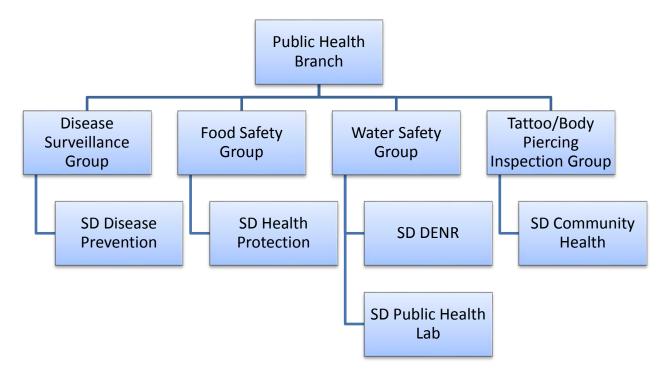
The Office of Health Protection will ensure food safety through licensing and inspection of permanent, temporary, and campground food vendors in Sturgis and throughout the Black Hills. Vendors are not allowed to sell food prior to inspection and will be re-inspected regularly as indicated by compliance and corrective actions. Health Protection will operate out of Sturgis City Hall.

The State Public Health Lab will deploy the State Mobile Lab to conduct drinking water-quality testing for total coliforms and *e. coli* at Black Hills campgrounds with private wells in Pennington, Lawrence, and Meade Counties. The State Mobile Lab is a fully self-contained Bio-Safety Level 3 Laboratory. It will be stationed in Meade County.

The Office of Disease Prevention will conduct surveillance of Rally-related disease and illness at hospitals, clinics, and urgent care facilities and resulting outbreak investigations. Hospitals outside of the Black Hills along major roadways also participate in Rally disease surveillance. Healthcare facilities will submit disease surveillance reports through online HAvBED forms.

All involved agencies in the Public Health Branch will operate using the National Incident Management System (NIMS) and Incident Command System (ICS). Communication will adhere to the priniciples set forth by the ICS, including single-point ordering, tiered response structure and unity of command.

# Organization



#### Responsibilities

SD Department of Health will:

- Prepare for and respond to environmental and public health related hazards that may endanger the health and safety of Rally participants, first responders and communities in the Black Hills.
- Monitor and evaluate for possible vector borne illness.
- Monitoring, survey and conduct inspection of food vendors and drinking water.
- Conduct infectious disease surveillance and prevention.
- Provide accurate, timely, and concise information dissemination and reporting.
- Provide technical support and resources for public and environment health operations and emergencies.
- Work with local, county and state offices of emergency management to provide coordinated public and environmental health response to any incident in the Black Hills.
- Coordinate with partners to provide identification of chemical, biological, radiological, and suspicious powder-related environmental hazards.

#### **Communications**

The Public Health Branch will coordinate public and environmental health communications for all aspects of the 75<sup>th</sup> Rally via representation in all relevant operation centers and share appropriate information through daily calls, situation reports, and spot reports. The Public Health Branch will establish and coordinate communications with partners operating in the Black Hills through existing systems including Web-based Incident Management (WebEOC and eICS), Hospital Available Bed Emergency Database (HAvBED), SD State Radio, and SD Health Alert Network.

#### **Resources and Tools**

Necessary resources for the public health branch include the following, but are not limited to:

- Information Sharing
  - o Rally Operations Center Situation Report
  - o DOH Rally Report
  - Disease surveillance reporting
  - HAVBED, eICS & WebEOC
- Laboratory Surge Capacity
  - o SD Mobile Lab
  - o SD Public Health Lab
  - o SDNG 82<sup>nd</sup> Civil Support Team
- Disease Surveillance and Outbreak Investigation
  - o SD State Epidemiologist
  - o Office of Disease Prevention
  - o Disease Investigation Specialists
- Food Vendor Inspection
  - o Office of Health Protection
  - Law Enforcement

#### **Mass Fatality Branch**

#### **Concept of Operations**

The Mass Fatality Branch will monitor Rally incidents from July 28<sup>th</sup> through August 10<sup>th</sup> and activate as needed.

Each South Dakota County employs a County Coroner. In response to a mass fatality event, investigation and custody of the deceased and personal affects will be the jurisdiction of the county coroner and law enforcement per SDCL 23-14-18 and SDCL 23-14-19. If the local coroner does not have the background, experience or training to fully manage a mass fatality response, he or she may delegate some duties to a more appropriate partner. The local coroner will maintain responsibility for obtaining death certificates.

SD Department of Health (DOH) will coordinate activation and support operation of the Mass Fatality Branch according to the Draft Mass Fatality Plan written by the Mass Fatality Planning Committee. The plan template is designed to be adaptable to any county in South Dakota.

The draft plan identifies State human and materiel resources as well as processes and procedures for setting up and operating a temporary morgue operation in response to a mass fatality event. This includes notifications, jurisdictional authorities and responsibilities, scene investigation, and decontamination, collection, processing, and final disposition of human remains and personal effects. Annexes also provide process and procedures for operating a Family Assistance Center and establish authority and responsibilities for Mass Fatality operations.

Once activated, the Mass Fatality Branch will operate independent of other ESF-8 response operations under the authority of the County Coroner and the Incident Commander. The Mass Fatality Branch will report directly to the Rally Incident Commander.

All involved agencies in the Mass Fatality Branch will operate using the National Incident Management System (NIMS) and Incident Command System (ICS). Communication will adhere to the principles set forth by the ICS, including single-point ordering, tiered response structure and unity of command.

#### Responsibilities

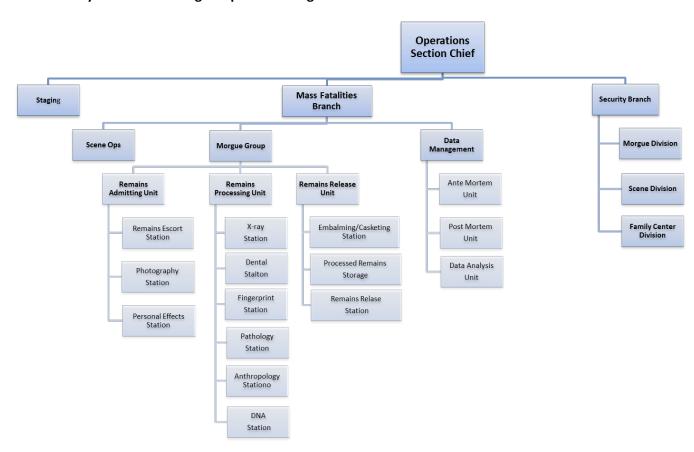
Local County Coroner will:

- Coordinate their response with Incident Command.
- Work with law enforcement on investigative aspects and evidence collection from the scene and from bodies.
- Provide data required for creating death certificates to SD DOH Office of Vital Statistics.
- Garner the necessary human and material resources to conduct an effective mass fatality operation.
- Will be an active member of the mass fatality response team, regardless of delegation of duty.

#### SD Department of Health will:

- Provide death certificates in coordination with the county coroner.
- Provide accurate, timely, and concise information dissemination and reporting as appropriate.
- Provide technical support, resources and oversight to ensure an effective response per SDCL 23-14-18.1.
- Work with local, county and state offices of emergency management to provide coordinated mass fatality response to any incident in the Black Hills.

#### **Mass Fatality Branch and Morgue Operations Organization**



#### **Communications**

The Mass Fatality Branch will coordinate mass fatality communications for all aspects of the 75<sup>th</sup> Rally via representation in all relevant operation centers and share appropriate information through daily briefings. The mass fatality branch will establish and coordinate communications with necessary partners working the mass fatality incident.

## Resources

Necessary resources for the Mass Fatality Branch include the following, but are not limited to:

- Mass Fatality Management Equipment
  - o Mobile Autopsy Unit (a.k.a. MACKS) stationed in Sioux Falls.

- Mortuary Enhanced Remains Cooling (MERC) unit capable of supporting 24 bodies.
   Stationed in Sioux Falls.
- Mass Fatality refrigerated trailer with racks for 20 bodies. Staged at Rapid City Regional Hospital to provide additional morgue space.
- Rapid City Medical Examiner: Dr. Donald Habbe, Private Contractor
- County Coroners
- Cache of body bags maintained by DOH and OEM
- Mass Fatality Planning Committee
  - o SD Department of Health
  - o Sioux Falls Health Department
  - o Minnehaha County Emergency Management
  - o Sioux Falls Emergency Management
  - o SD Office of Emergency Management
  - o SD Funeral Directors Association
  - o Minnehaha County Coroner/ME
- Interstate & Federal Mass Fatality Management Resources

#### **Appendix A: Acronyms**

CBRNE – Chemical, Biological, Radiological, Nuclear and Explosives

CRH -Custer Regional Hospital

CST - Civil Support Team

**DENR - Department of Environment & Natural Resources** 

DHHS - US Dept. of Health & Human Services

DOH - Department of Health

eICS -Online Incident Management System from Intermedix

EM - Emergency Management

EMS – Emergency Medical System or Emergency Medical Service

EMT – Emergency Medical Technician

FEMA - Federal Emergency Management Agency

FRHS - Fall River Health Services

HAVBED - Hospital Available Beds for Emergencies and Disasters

**HCO** – Healthcare Organization

ICS - Incident Command System

IHS - Indian Health Service

LDRH - Lead-Deadwood Regional Hospital

MACKS - SD Mobile Autopsy Suite

MACS - Multi-Agency Command System

MERCS - Mortuary Enhance Remains Cooling System

ND DOH – North Dakota Department of Health

NE - Nebraska

NIMS – National Incident Management System

RCRH - Rapid City Regional Hospital

RN – Registered Nurse

**ROC – Rally Operations Center** 

RPG - Rally Planning Group

SD - South Dakota

SDANG - South Dakota Air National Guard

SDARNG - South Dakota Army National Guard

SEAR - Special Event Assessment Rating

SPRH - Spearfish Regional Hospital

STRH - Sturgis Regional Hospital

VA - Veterans Affairs

WebEOC - Web Emergency Operation Center, Online Incident Management System from Intermedix

WY - Wyoming

# **Appendix B: Organization ICS Points of Contacts**

Organization	Primary Telephone	Secondary Telephone	POC Name/Email
Rally Operations Center (ROC)	866-320-2676	(Main)	DPSROC@state.sd.us
Black Hills Life Flight	(Dispatch)	(Local Admin)	
Black Hills VA	(Dispatch) (EMC Office)	(EMC Back-up)	
Custer Ambulance	(Office)	(Custer Dispatch)	
Custer rimbulance	(Office)	(Custer Disputerry	
Custer Regional Hospital	(Main)	(EMC)	
Fall River Health System	(Main)	(EMC)	
Hill City Ambulance	(Office)	(Service admin.)	
Hot Springs Ambulance	(Station)	(Service admin.)	
Keystone Ambulance	(Office)	(Service admin.)	
Lead-Deadwood Ambulance	(EMC)	(Hospital CEO)	
Lead-Deadwood Regional Hospital	(EMC)	(Hospital CEO)	
Medical Air Rescue	(Dispatch)	(EMC)	
Rapid City Emergency Medical Service	(On-Duty Battalion Chief)	(EMC)	
Rapid City Regional Hospital	(Admin On-Call)	(VP Quality/Safety)	
Spearfish Ambulance Service	(Office)	(Service admin.)	
Spearfish Regional Hospital	(EMC)	(Hospital Coord.)	
Sturgis Ambulance Service	(Office)	(Service admin.)	
Sturgis Regional Hospital	(Hospital CEO- Office)	(Hospital CEO- Cell)	
Crook County Public Health, Wyoming	(EMC)	(Sundance Office)	

# Appendix C: Resources and Capability by Organization or Agency

## **Pre-Hospital Ground Transport**

Custer EMS: 2 ALS and 1 BLS Ambulances

Keystone EMS: 1 ALS and 1 BLS Ambulances

Hot Springs EMS: 2 ALS Ambulances

Lead-Deadwood EMS: 3 ALS Ambulances, 1 ALS Ambulance pending

Rapid City Fire and EMS: 10 ALS Ambulances

Spearfish EMS: 5 ALS and 1 BLS Ambulances

Sturgis EMS: 6 ALS Ambulances

# **Pre-Hospital Air Transport**

#### Black Hills Life Flight:

3 ALS Helicopters staged in the Black Hills with 2 additional Helicopters staged in Casper, WY and Sheridan, WY.

2 ALS Fixed-Wing Aircraft staged in Rapid City, SD with 2 additional Fixed-Wing Aircraft in Casper, WY and Omaha, NE.

#### Medical Air Rescue Company:

2 ALS Fixed Wing Aircraft in Rapid City, SD with 1 additional Fixed Wing Aircraft in Valentine, NE.

# Hospital

Rapid City Regional Hospital: Level II Trauma Center. Daily Rally ED Census – 170.

Spearfish Regional Hospital: Level III Trauma Center.

Threshold to trigger request for assistance - 15 patients\*.

Sturgis Regional Hospital: Level V Trauma.

Threshold to trigger request for assistance - 10 patients\*.

Lead-Deadwood Regional: Level V Trauma.

Threshold to trigger request for assistance - 10 patients\*.

Custer Regional Hospital: Level V Trauma.

Threshold to trigger request for assistance - 10 patients\*.

Fall River Hospital: Level V Trauma.

Threshold to trigger request for assistance - 10 patients\*.

<sup>\*</sup>Thresholds are provided for planning purposes only. Actual requests for assistance will be situation dependent and will be determined the Incident Commander of the local organization or agency.

#### **South Dakota Department of Health**

<u>SD Mobile Public Health Lab:</u> True Biosafety Level 3 laboratory on 53-foot trailer, self-contained with generator or shore power. Deployed to Sturgis, SD to support water quality testing operations.

<u>Mobile Autopsy Suite (MACKS):</u> Autopsy suite with space for two simultaneous autopsies, mobile x-ray capable on 5<sup>th</sup>-wheel trailer. Maintained by Minnehaha County Emergency Management in Sioux Falls.

<u>Mortuary Enhanced Remains Cooling Systems (MERCS):</u> Portable cooling unit for 20 body bags. Maintained by Sioux Falls Health Department in Sioux Falls.

#### **South Dakota National Guard**

<u>Quick Reaction Team:</u> 1 Surgeon, 2 Physician Assistant, 3 Registered Nurse, 3 Paramedics, 3 EMT-B's for on-scene triage and treatment support or hospital emergency department support. Can deploy within 30 minutes by ground or air. On Federal exercise with SD National Guard.

#### **North Dakota Department of Health**

Evacuation Conversion Buses: ambulance buses configured for stretchers or wheel-chairs.

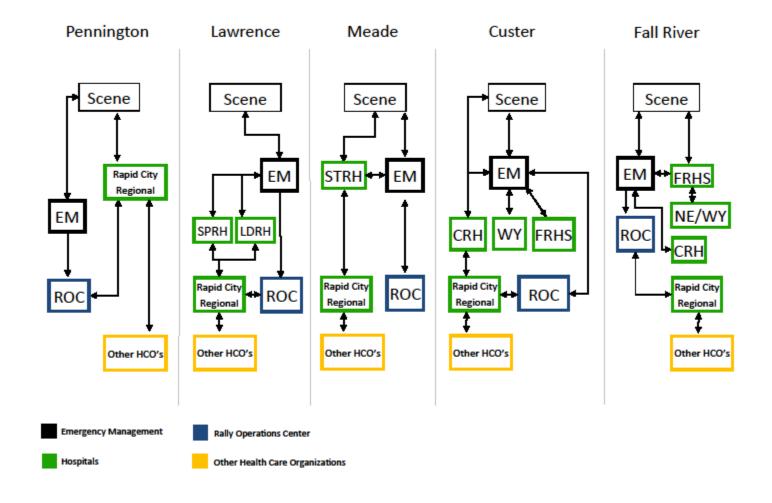
Pre-Hospital Stabilization Kits: 10-bed mobile medical shelters

Mobile Medical Unit: 10 bed mobile treatment vehicle.

#### **Health & Human Services**

<u>Disaster Medical Assistance Team (DMAT):</u> DMAT Type I (48 Person), Type II (36 Person), and Type III (24 Person) are capable of providing low to mid acuity medical (non-surgical) care to stabilize complex or critically ill patients 24 hours a day. They can support a geographically separated strike team performing medical aid station/medical screening. Team members include (but are not limited to) physicians, physicians assistants, nurse practitioners, nurses, paramedics, pharmacists, logisticians, and communications specialists. Deploys within 12 hours of request. Self-sustaining for 72 hours of operation.

# Patient Movement Information Flow During Mass Casualty Incident By County



#### Annex E: Resource Request Process

# Resource Request Process

