



Regional No-Notice Emergency Medical Response CONOPS Plan Implementation Guide

1/2

Activation Triggers

- Any incident involving the detonation of multiple improvised explosive devices (IEDs) in the Catastrophic Medical Operations Center (CMOC) region. The CONOPS is not a plan for a response to a single incident site.

How to Activate this CONOPS

- Execution of the Concept of Operations (CONOPS) includes three phases:
 - Alert/Activation – First 2 hours after the event
 - Operations – E+2 hours to E+4 hours
 - Demobilization – E+4 hours and forward
- The following are the critical alert/activation tasks to activate regional emergency medical response operations:
 - Fire and Emergency Medical Services (EMS) obtain situational awareness at the incident.
 - EMS initiates triage and implement Simple Triage and Rapid Treatment (START).
 - EMS implements the regional patient-tracking system using appropriate technologies throughout the disaster continuum.
 - EMS notifies area hospitals via EMResource.
 - Fire, EMS, and law enforcement (LE) identify routes of ingress and egress for EMS units, and establish the first EMS staging area.
 - Fire, EMS, search and rescue (SAR), LE, and on-site volunteers move patients to a safe and secure treatment area.
 - Fire maintains visibility on the results from hazardous materials assessments.
 - Safety and Logistics implement and maintain accountability procedures for EMS personnel, equipment, and supplies.
 - Fire and EMS join Unified Command (UC) at the incident site(s).
 - The Regional Healthcare Preparedness Coalition (RHPC) activates the CMOC.
 - The UC or Emergency Operations Center (EOC) activate the Ambulance Operations (AMOPS) Response Plan to notify regional EMS assets.

Operational Considerations

The regional emergency medical response will be managed by local responders until the CMOC is fully operational, at which point it will execute the CMOC plan.

Regional emergency medical response objectives:

- Obtain situational awareness of the event to deploy resources into the affected area, including activation of the AMOPS plan.
- Initiate triage (i.e., the standardized regional triage system) Implement the regional patient tracking system using appropriate technologies throughout the disaster continuum.
- Transfer victims from SAR collection points to the triage area.
- Establish staging areas for ambulances .
- Join the developing IC structure at each incident site.
- Coordinate with the CMOC for transfer from the treatment area to an appropriate health care facility based on capability and capacity.
- Establish an IC structure at health care facilities and redundant communications with the CMOC
- Identify hospital surge and morgue capacity.
- Manage outside resources and volunteers.
- Establish the linkage between law enforcement and medical care for the gathering of evidence and investigation.
- Establish the demobilization process.

Communications Considerations

- If the Medical Care Group responders are users of a shared system, the shared system will be used to establish interoperable communications.
- If on disparate systems, a mutual aid channel will be used to establish interoperable communications.
- If on disparate systems on different frequency bands or a mutual aid is not available, a request should be made for use of a gateway system to connect the disparate systems.
- Web-based communications and dedicated frequencies exist throughout the region for hospital coordination and EMS transportation.

RCPI Plan Integration

MACC	
CMIS	X
HURR-SAR	X
IED-SAR	X
AMOPS	X
CMOC	X
PHCF	X
MFM	X
RECP	
TMC-FLU	
SWI	