# ESF#8-K

## Mass Casualty Incident (MCI)

Polk County Comprehensive Emergency Plan (CEP)

Emergency Support Function (ESF) #8: Public Health and Medical Services

Polk County Emergency Management Commission
1907 Carpenter Avenue
Des Moines, Iowa 50314
Ph. 515.286.2107
www.polkcountyiowa.gov

May 2023

## STATEMENT OF ADOPTION

***Emergency Support Function #8-K: Mass Casualty Incident (MCI)*** is hereby adopted by the Polk County Emergency Management Commission.

Adopted this 17th day of May 2023.

John TeKippe, Chairperson
Polk County Emergency Management Commission

A.J. Mumm, CEM, Director
Polk County Emergency Management Agency

# ESF#8-K: MASS CASUALTY INCIDENT (MCI)/MULTIPLE VICTIM INCIDENT (MVI)

## CONCEPT OF OPERATIONS (CON-OPS)

This plan provides a framework to coordinate efforts to a Mass Casualty/Multiple Victim Incident in Polk County. It effectively orchestrates the planning, organizing, and decision-making efforts of multiple agencies in a common response to an incident resulting in multiple casualties exceeding the typical capacities of a single agency. The plan applies regardless of the nature of the incident.

## EXPECTED OUTCOMES

Emergency Medical Services (EMS) resources are effectively and appropriately dispatched and provide pre-hospital triage, treatment, transport, tracking of patients, and documentation of care appropriate for the incident, while maintaining the collective capabilities of the EMS and hospital systems in the community.

## OBJECTIVES

| | |
|---|---|
| 1 | **Declare an MCI** for incidents involving (or suspecting to involve) five (5) or more critical patients or ten (10) or more total patients of any category. This may be done via an initial scene size up by responding personnel or by dispatchers based on reliable reports. |
| 2 | **Support the incident using interoperable radio communications** managed by the Primary Dispatch Centers (PSAP with jurisdictional authority), Central Medical Dispatch (CMED) performed by Polk County Sheriff's Communications Center, and Supporting Dispatch Centers (those providing mutual aid resources requested by the "primary" or CMED dispatch centers). |
| 3 | **Implement a triage system (**when practical to do so) and communicate number of patients by triage categories (Red/Immediate, Yellow/Delayed, Green/Minor and Black/Deceased) |
| 4 | **Request the appropriate number of Ambulance Strike Teams** (5 ambulances) by alarm level using the EMS Teams Cards (or equivalent) |
| 5 | **Establish a Staging Area and Staging Area Manager** to receive and assign incoming ambulances and other resources as needed by the Incident Commander or Transport Unit Leader |
| 6 | **Distribute RED patients** evenly split between the two trauma centers – Mercy One and Unity Point Methodist |
| 7 | **Distribute YELLOW patients** evenly to all Metro Area hospitals |
| 8 | **Distribute GREEN patients** evenly to all Metro Area hospitals |
| 9 | **Notify and routinely communicate with key stakeholders** (see below) for resource requests, situational awareness, existence of additional hazards, and contamination/decontamination status |
| 9a | Incident Commander (or his/her designee) will **update the primary dispatch center every 10 minutes** regarding Conditions, Actions, and Needs (CAN Report) |
| 9b | Primary dispatch center will **update Polk County/CMED every 10 minutes** for relay of this information to the hospitals |
| 10 | **Utilize EMS Hospital Liaisons** (when appropriate) to gain situational awareness on the conditions at the hospitals (self-reporting patient arrivals, resource needs, patient transfers, etc.) |
| 11 | **Complete Operations and Demobilize** once life safety priorities are satisfied and scene has been stabilized |

## KEY STAKEHOLDERS

- Public safety and emergency communications providers
- Emergency Medical Services (EMS) serving Polk County and Central Iowa
- Hospitals in the Des Moines/Polk County area

**REFERENCE** (for additional context and details):

- Polk County Comprehensive Emergency Plan (CEP)
  - Emergency Support Function (ESF) #8: Public Health and Medical Services
    - Section K: Triage, Pre-hospital Treatment and MCI

## OBJECTIVE 1: DECLARE MCI

**Declare a Mass Casualty Incident (MCI) for incidents involving (or suspecting to involve) five (5) or more critical patients or ten (10) or more total patients of any category. This may be done via an initial scene size up by responding personnel or by dispatchers based on reliable reports.**

A. If MCI criteria is confirmed by the incident commander (or their designee), an MCI declaration should be made by contacting the Primary Dispatch Center.

B. The Primary Dispatch Center will then contact Polk County Communications (acting as CMED).

C. Polk County Communications/CMED will make notification of the MCI to:
- All Metro hospitals (this may also include regional hospitals depending on size and location). Contacted hospitals will reply to Polk County Communications via CMED their receipt and acknowledgement
- Polk County Emergency Management Agency
- Polk County Health Department.

D. If after further investigation by arriving units the incident is found that MCI criteria is NOT met, the MCI should be cancelled by notifying the primary dispatch center who will notify Polk County Communications/CMED. CMED will then notify the hospitals of the cancellation.

E. The following information will be provided to the primary dispatch center when an MCI declaration is made:
- Nature of the incident
- Exact location, including scene boundaries
- Approximate number of patients and severity of injuries
- Staging area location (the Primary Communication center will notify incoming units of Staging Area location
- Request for more radio channels, if applicable

[Back to ConOps]

## OBJECTIVE 2: SUPPORT INCIDENT USING INTEROPERABLE RADIO COMMUNICATIONS

**Support the incident using interoperable radio communications managed by the Primary Dispatch Centers (PSAP with jurisdictional authority), Central Medical Dispatch (CMED) performed by Polk County Sheriff's Communications Center, and Supporting Dispatch Centers (those providing mutual aid resources requested by the "primary" or CMED dispatch centers).**

A. Primary Dispatch Center: Public Safety Answering Point (PSAP) responsible for dispatching agencies in the jurisdiction where the MCI occurred
- Des Moines Police and Fire Communications Center
- Polk County Sheriff's Office Communications Center
- Westcom Communication Center

B. Central Medical Dispatch (CMED): PSAP responsible for communicating MCI related information to Metro and Regional hospitals. Polk County Sheriff's Communications Center is responsible for this function.
- Polk County Sheriff's Communications Center may be both a Primary Dispatch Center and CMED if the MCI occurs in a jurisdiction dispatched by the Polk County Sheriff's Communications Center
- Primary dispatch Centers contact CMED with the details of the incident
- CMED communicates with the hospitals

C. Supporting Dispatch Centers: PSAPs responsible for dispatching agencies which provide resources as requested by the Primary Dispatch Center or CMED.
- May include PSAPs from outside of Polk County depending upon the type and quantity of resources requested

D. [Placeholder for CMED >>> ISICS comms plan, expected talkgroups to be used, simple ICS 205, reference to comms plan integration with TEAMS Cards/equivalent]

[Back to ConOps]

## OBJECTIVE 3: IMPLEMENT A TRIAGE SYSTEM

**Implement a triage system (when practical to do so) and communicate number of patients by triage categories (Red/Immediate, Yellow/Delayed, Green/Minor and Black/Deceased).**

A. While performing triage, take necessary actions to stabilize any patient with a life-threatening condition. This should include:
- Take steps to control massive hemorrhage
- Provide initial airway control if airway is compromised
- Seal penetrating torso wounds
- Place the patient in a recovery positioin

B. Primary Triage: occurs immediately after the initial scene size-up by responding personnel during the first contact with patients.
- Should take less than 30 seconds to perform per patient
- Based on assessment of Respiration rate, Perfusion and Mental status (RPM)
- Black/Deceased: Not breathing after positioning of airway
- Red/Immediate: Decreased level of consciousness, respiratory rate greater than 30, capillary refill greater than 2 seconds or absence of radial pulse (any one of three)
- Yellow/Delayed: Non-ambulatory but obeys commands
- Green/Minor: Walking wounded

C. Secondary Triage: occurs after the patient is placed or enters the treatment area.
- More detailed assessment of the patient
- Criteria on the SMART Triage Card with total score of 1-12 based on: Glasgow score (0-4), Respiratory rate (0-4) and Systolic blood pressure (0-4)
- Red/Immediate: 10 or less points
- Yellow/Delayed: 11 points
- Green/Minor: 12 points

D. START Triage: Simple Triage And Rapid Treatment (START) is a rapid triage system/method utilized by EMS responders to assess adults patients in an MCI

E. JumpSTART Triage: (JUMP) Simple Triage And Rapid Treatment (START) is a rapid triage system/method utilized by EMS responders to assess pediatric patients in an MCI

F. Smart Triage Pac: Part of the Smart incident command system used by EMS in Polk County. Pre-packaged triage kits that contain:
- SMART triage tags
- SMART WMD tags
- Triage flowchart
- Smart Tape (pediatric triage flowchart
- Deceased tags
- Light sticks

G. Implementation of a traditional triage system may not be possible or practical for a Multi-Victim Incident such as an active shooter, killer, or threat situation. See the *Other Situations, Considerations and Assumptions* Section later in this document.

[Back to ConOps]

## OBJECTIVE 4: REQUEST THE APPROPRIATE NUMBER OF AMBULANCE STRIKE TEAMS

**Request the appropriate number of Ambulance Strike Teams (five [5] ambulances per strike team) and EMS helicopters to adequately transport the number of patients identified, as well as provide adequate personnel, equipment and supplies to the scene. Requests will be made according to the alarm level using the EMS Teams Cards or equivalent.**

A. EMS TEAMS Cards: Tiered Emergency Asset Management System (TEAMS) Cards will be utilized for dispatching the appropriate number and providing service
   - TEAMS "Cards" are a tool used to implement a mutual aid response system for fire and EMS operations
   - Defines a preference (by Alarm Levels) of resource providers (and dispatching order) to jurisdictions that utilize TEAMS
   - Created and supported through a partnership between the Polk County Fire Chiefs Association and the Central Iowa EMS Directors Association
   - "Cards" should be interpreted to mean either a reference document/file or a CAD-programed dispatching order
   - Alarm Levels 1 and 2 identify preferred single resource(s)
   - Alarm Levels 3-8 equate to Strike Teams 1-6 where each Strike Team consists of 5 ambulances identified and assigned to that jurisdictions requested Strike Team (example: Alarm Level 5 = Strike Teams 1, 2 and 3 = 15 ambulances)
   - Dispatchers will fill the Strike Team(s) from the "Card" as requested by the Incident Commander
   - If services are unavailable to respond and "Fill the Card", the dispatcher should go to the next service in line from the next Alarm Level's Strike Team until each Strike Team consists of 5 ambulances

B. EMS Helicopters: If EMS helicopter(s) are requested, the incident commander will designate qualified personnel to establish a safe landing zone and appropriate radio communication to ensure safety air crew, ground personnel, and patients

[Back to ConOps]

## OBJECTIVE 5: ESTABLISH A STAGING AREA AND STAGING AREA MANAGER

**Establish a Staging Area and Staging Area Manager to receive and assign incoming ambulances and other resources as needed by the Incident Commander or Transport Unit Leader.**

A. Staging Area: Location(s) set up at or near an incident where resources are placed while awaiting a tactical assignment.
   - Established to maintain a ready reserve of tactical resources to support evolving or emergency operational resource requirements
   - Considerations for locations should include: access, ingress, egress, capacity, flow, safety, and proximity to other incident locations such as patient treatment/exchange/loading areas
   - Unless otherwise directed, all dispatched ambulance resources should report to the Staging Area and await assignment from the Staging Area Manager

B. Staging Area Manager (STAM): Position responsible for all activities within Staging Area, to include establishing, maintaining, check-in, and distribution of all resources at staging

[Back to ConOps]

## OBJECTIVE 6: DISTRIBUTE RED PATIENTS

**A. The total number of red patients will be divided equally between the two trauma centers. Attempt to split the pediatric patients evenly between the trauma centers if possible.**

- Mercy One Des Moines Medical Center, 1111 6th Ave., Des Moines, Iowa
- UnityPoint Health Iowa Methodist Medical Center, 1200 Pleasant St., Des Moines, Iowa

B. Preferably, red patients should be transported one patient per transport unit and should be under the care of at least one paramedic (preferably a two-person crew providing treatment)

C. The Patient Transportation Unit Leader will notify the Medical Group Leader of the total number of red patients each facility will be receiving. This information will be relayed to CMED for notification to all hospitals.

D. The transporting crew should AVOID making direct contact with the receiving facility (such as patient reports) unless it is medically necessary or the patient's condition significantly worsens. This is intended to reduce the demand on personnel resources at receiving hospitals.

E. Trauma center hospitals will work through the EMS Hospital Liaison to arrange for patients they cannot handle to be transported to another facility. Coordination of capacity issues and transfers should be managed with Incident Command through the assigned Hospital Liaisons.

[Back to ConOps]

## OBJECTIVE 7: DISTRIBUTE YELLOW PATIENTS

**A. The total number of yellow patients will be divided equally between all Metro hospitals, including the trauma centers. Attempt to split the pediatric patients evenly between hospitals if possible.**

- Broadlawns Medical Center, 1801 Hickman Rd., Des Moines, Iowa
- MercyOne Des Moines Medical Center, 1111 6th Ave., Des Moines, Iowa
- MercyOne West Des Moines Medical Center, 1755 59th Pl., West Des Moines, Iowa
- UnityPoint Health Methodist West Hospital, 1660 60th St., West Des Moines, Iowa
- UnityPoint Health Iowa Lutheran Hospital, 700 East University Ave., Des Moines, Iowa
- UnityPoint Health Iowa Methodist Medical Center, 1200 Pleasant St., Des Moines, Iowa

B. Preferably, yellow patients should be transported one patient per transport unit if severe or potentially unstable and should be under the care of at least one paramedic. If the yellow patient is less severe and more stable, a green patient may be transported with the yellow patient in the same ambulance.

C. The Patient Transportation Unit Leader will notify the Medical Group Leader of the total number of yellow patients each facility will be receiving. The information will be communicated to CMED for notification of all hospitals.

D. The transporting crew should AVOID making direct contact with the receiving facility (such as patient reports) unless it is medically necessary or the patient's condition significantly worsens. This is intended to reduce the demand on personnel resources at receiving hospitals.

F. Hospitals will work through the EMS Hospital Liaison to arrange for patients they cannot handle to be transported to another facility. Coordination of capacity issues and transfers should be managed with Incident Command through the assigned Hospital Liaisons.

[Back to ConOps]

## OBJECTIVE 8: DISTRIBUTE GREEN PATIENTS

**A. The total number of green patients will be divided equally among all Metro hospitals, including the trauma centers. Attempt to split the pediatric patients evenly between hospitals if possible.**

- Broadlawns Medical Center, 1801 Hickman Rd., Des Moines, Iowa
- MercyOne Des Moines Medical Center, 1111 6th Ave., Des Moines, Iowa
- MercyOne West Des Moines Medical Center, 1755 59th Pl., West Des Moines, Iowa
- UnityPoint Health Methodist West Hospital, 1660 60th St., West Des Moines, Iowa
- UnityPoint Health Iowa Lutheran Hospital, 700 East University Ave., Des Moines, Iowa
- UnityPoint Health Iowa Methodist Medical Center, 1200 Pleasant St., Des Moines, Iowa

B. Consider transporting a number of green patients to the Regional hospital(s) without overloading. Many of these patients will be seen and released with minimal time in the Emergency Department. Consideration may be given to implementation of a Medical Surge Plan for long-lasting situations and incidents with a primary or secondary impact beyond the Polk County/Central Iowa area.

E. Preferably, green patients should be transported several at a time, provided adequate and appropriate staff are available for each transport.

C. Consider using alternative mass transports (buses/vans) if possible to reduce demand on ambulances.

- A minimum of an EMT should ride with the patients.
- Any transportation units used (buses/vans) will offload all patients at a single location in accordance with the Emergency Medical Treatment and Labor Act (EMTALA). The bus/van should not make multiple stops.
- An appropriate number of buses/vans should be requested through Polk County Emergency Management Agency based on the preferred number of medical facilities to receive patients.

F. The Patient Transportation Unit Leader will notify the Medical Group Leader of the total number of green patients each facility will be receiving. The information will be communicated to CMED for notification of all hospitals.

D. The transporting crew should AVOID making direct contact with the receiving facility (such as patient reports) unless it is medically necessary or the patient's condition significantly worsens. This is intended to reduce the demand on personnel resources at receiving hospitals.

E. It should be the goal of the Patient Transportation Unit Leader to remove all minor and non-injured patients from the incident scene as quickly as possible. Minor/uninjured patients should be collected at an assembly point away from the incident.

F. EMS personnel should treat minor injuries and remain with the patient group to monitor for delayed symptoms. Patients with delayed symptoms which cause a change in triage category should be separated from the group and moved to the appropriate treatment area.

G. Hospitals will work through the EMS Hospital Liaison to arrange for patients they cannot handle to be transported to another facility. Coordination of capacity issues and transfers should be managed with Incident Command through the assigned Hospital Liaisons.

[Back to ConOps]

## OBJECTIVE 9: NOTIFY AND ROUTINELY COMMUNICATE WITH KEY STAKEHOLDERS

**A. Throughout the incident, the Incident Commander will communicate the following critical details about the incident to the Primary Dispatch Center as they become known or their status significantly changes;**

- Presence of hazardous materials, if present or suspected
- Status of decontamination, if necessary
- Changes in location of incident facilities such as Incident Command Post, Staging, etc
- Patient counts of Red, Yellow, Green, and Black
- Transport destination decisions

B. Incident Commander (or his/her designee) will update the Primary Dispatch Center every 10 minutes regarding Conditions, Actions, and Needs (CAN Report)

C. Primary Dispatch Center will update CMED every 10 minutes for relay of this information to the hospitals

D. Incident Commander (or his/her designee) will notify and routinely communicate with key stakeholders for resource requests, situational awareness, existence of additional hazards, and contamination/decontamination status.

[Back to ConOps]

## OBJECTIVE 10: UTILIZE EMS HOSPITAL LIAISONS

**When appropriate, utilize EMS Hospital Liaisons to gain situational awareness on the conditions at the hospitals. The EMS Hospital Liaisons establish a trusted connection between the hospitals and the Incident Command Post for information such as self-reporting patient arrivals, resource needs, patient transfers, etc.**

A. EMS Hospital Liaisons may be requested for deployment by the Incident Commander and assigned to hospitals and to the Incident Command Post depending on incident needs

B. Number of EMS Hospital Liaisons will be guided by TEAMS Card Alarm Levels determined by the Incident Commander and may be adjusted as needed

- Strike team of Chief Officers is determined by each jurisdiction
- The Primary Dispatch Center will assist Incident Command to notify and mobilize the appropriate number of Chief Officers to fill EMS Hospital Liaison positions

C. Unless otherwise directed by Incident Command, the EMS Hospital Liaisons will report to the Staging Area. EMS Hospital Liaisons will be re-assigned from the Staging Area to the hospital(s) as needed.

D. Once re-assigned from Staging Area to the hospital(s), the EMS Hospital Liaisons will connect with the Emergency Department Charge Nurse. The EMS Hospital Liaison and the ED Charge Nurse will together determine the best possible location and duties to satisfy the purpose of the EMS Hospital Liaison position.

E. Inter-hospital transfers related to the MCI will be coordinated through the EMS Hospital Liaison and any ambulances requested for these transfers will be done through the EMS Hospital Liaison at the Command Post, the MCI Staging Area and Staging Area Manager.

[Back to ConOps]

## OBJECTIVE 11: COMPLETE OPERATIONS AND DEMOBILIZE

**The MCI may be considered completed once all life safety priorities are satisfied, the scene operations are complete and medical systems, including hospitals, are returned to a stable condition.**

A. Subordinate units within the ICS will report to their supervisor when their assignments are complete.

B. Once all units report completion of their assignments and there are no pending assignments, the Incident Commander will notify the Primary Dispatch Center that MCI scene operations are completed and they are demobilizing.

C. The Primary Dispatch Center will notify CMED that the MCI scene operations are completed

D. CMED will notify all hospitals that the scene operations are completed

E. MCI as a whole is not considered completed until all medial systems (EMS and hospitals) are returned to a stable condition. This includes the resolution and reconciliation of patient tracking records among field personnel and hospitals

[Back to ConOps]

## OTHER SITUATIONS, CONSIDERATIONS, AND ASSUMPTIONS

A. National Incident Management System - Regardless of size or complexity, Polk County and its communities will utilize the processes, protocols, and procedures established through the National Incident Management System (NIMS). NIMS standardizes incident management for all hazards across all levels of government using the Incident Command System (ICS).

B. Medical or Non-Trauma MCI - In the event of a medical or non-trauma MCI, patients will be distributed evenly to all Metro hospitals. CMED will continue to be the form of communication to the hospitals. This guideline will be situationally dependent and based on the type of event and level of severity of patients. The Incident Commander may need to adjust these guidelines to fit the situation. Consideration may be given to implementation of a Medical Surge Plan for long-lasting situations and incidents with a primary or secondary impact beyond the Polk County/Central Iowa area.

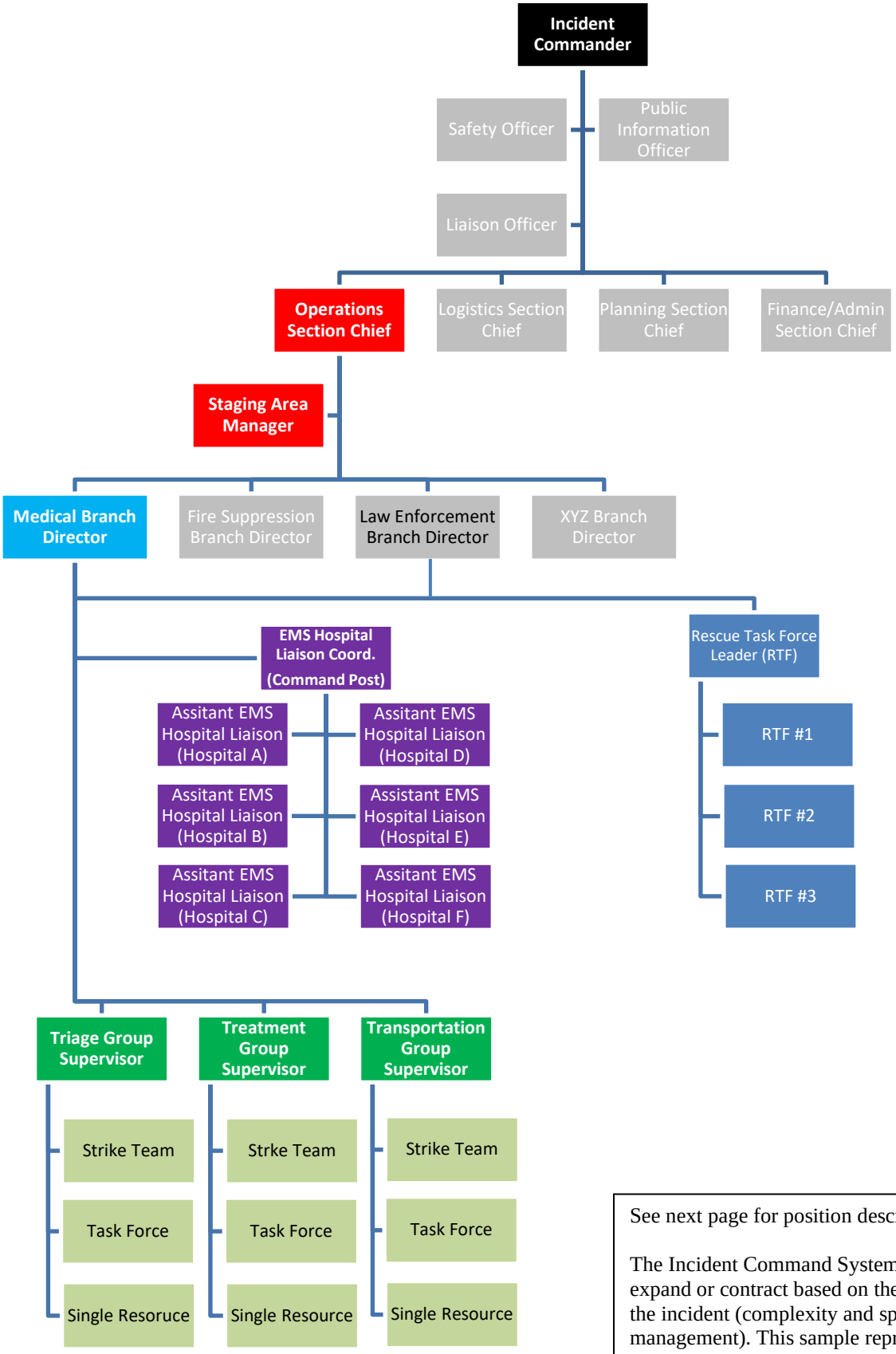
C. Active Threat Situation (Active Shooter/Active Killer/Multiple Victim Incident) is considered a subset of an MCI and may be unique in several ways. Active threat situations are unpredictable and evolve quickly. These situations require immediate deployment of law enforcement to prevent further harm of civilians and first responders.
   - The first survivors of an Active Threat/MCI/MVI may arrive at the hospital via methods other than ambulance transport (personal vehicle, law enforcement vehicles, taxis, walking, mass transit, etc.)
   - "Self-reporting" patients may create a potential that Emergency Departments are overrun with patients
   - "Self-reporting" patients may choose the closest hospital or the one they know, rather than the most appropriate for their injuries/severity
   - Traditional triage processes may be altered or not occur entirely before arriving at the hospital
   - If triage does occur at the scene, the numbers may not accurately reflect the total number of wounded and their triage classification
   - Triage may not occur due to the emergent need to remove patients/victims from a warm zone

[Back to ConOps]

**SUPPORTING DOCUMENTATION, ANNEXES AND JOB AIDS -**

- Sample Organizational Chart(s)
- Incident Command System (ICS) Position Descriptions
- Positional Job Aids
    - Rescue Task Force - Tactical Emergency Casualty Care (TECC) Guideline for Medical Care Providers
    - Medical Group Leader
    - Triage Unit Leader
    - Treatment Unit Leader
    - Staging Unit Leader
    - Transportation Unit Leader
    - Hospital Liaison
- Communications Plan (ICS 205 Sample)
- Information Flowchart
- Triage Algorithm(s)
- Smart Triage System
- MCI Trailers equipment lists
- List of hospitals with attributes

# Sample MCI Organizational Chart




See next page for position descriptions.

The Incident Command System (ICS) may expand or contract based on the demands of the incident (complexity and span of control management). This sample represents a complex or expanded incident. If positions are not explicitly created and delegated, then the supervising position is assumed to have responsibility.

## Incident Command System (ICS) Position Descriptions:

**Incident Commander –**

Person with overall command of the entire incident. He/she will appoint additional positions to assist in the management of the incident.

**Operations Section Chief –**

At larger incidents the Incident Commander may appoint an Operations Section Chief who will be responsible for all operations at the incident. All emergent EMS activities will take place in the Operations Section. The Operations Section Chief may appoint additional persons to assist with functional and geographic operations of the incident.

**Medical Branch Director –**

Person in charge of all EMS personnel and reports to the Operations Section Chief (if appointed) or the Incident Commander. However, in some medical situations, the Medical Branch Director and the Incident Commander may be the same person. The Medical Branch Director is responsible for designating other group supervisors as needed and assessing the need for requesting additional EMS or medical resources.

**Staging Area Manager –**

Individual in charge of staging area. Works with the Incident Commander, Operations Section Chief and Medical Branch Director to assign responding units to tasks. Generally, the person in this position should have knowledge of resources availability in the community and understand the capabilities of resources in staging.

**Triage Group Supervisor –**

Individual in charge of triage process. This individual will perform the triage process in a small incident and manage the triage process of all patients at a large incident. It means that the Triage Supervisor directs others to perform the triaging of patients and records and reports those findings through the chain of command. The Triage Supervisor should keep Incident Command as well as Treatment and Transportation Group Supervisors informed of benchmarks so that appropriate types and quantities of resources may be requested.

**Treatment Group Supervisor –**

Individual responsible for establishing treatment areas for RED, YELLOW and GREEN triaged patients and provide appropriate levels of Basic Life Support (BLS) and Advanced Life Support (ALS) care. This person must also manage the flow of patients into the treatment area and re-triage patients as they enter the area. The Treatment Supervisor should be in regular contact with the Transportation Supervisor to keep the flow of patients moving through treatment areas.

**Transportation Group Supervisor –**

Individual responsible for assigning and keeping records of the transportation of injured or ill patients in appropriate priority order to appropriate receiving facilities. They are also responsible for the medical communications to receiving facilities via CMED. Additional responsibilities would include arranging for buses to transport non-injured or GREEN patients. Regular communication with the Medical Group Supervisor and Staging Area Manager is required to maintain adequate supply of transportation resources.

**EMS Hospital Liaison –**

This person is the EMS expert assigned to represent the Incident Commander (or subordinate positions if appointed) at the hospital emergency departments. They should link with the hospital's emergency department charge nurse to obtain situational awareness. The EMS Hospital Liaison is the primary communication link between the scene and the hospital and should gauge the need to transport patients out of the hospital and manage EMS resource needs at the hospital in balance with those resource needs at the scene. During uncontained incidents that produce self-reporting patients arriving at the hospital, the EMS Hospital Liaison can keep the Medical Branch Director, Operations Section Chief, Staging Area Manager or Incident Commander appraised of the situation. A Primary EMS Hospital Liaison should be located at the scene and Assistant EMS Hospital Liaisons will be assigned to hospitals as needed. If a Primary EMS Hopital Liaison is not used, the Assistant EMS Hospital Liaisons will report directly to the Medical Branch Director, Operations Section Chief, or Incident Commander as determined by the complexity of the ICS structure.

# Tactical Emergency Casualty Care (TECC) Guideline for Medical Care Providers / Rescue Task Force

**Reports to**:
Medical Group Leader or
Incident Command if Medical Group not established

**Operates in conjunction with**:
Law Enforcement

**Operational Concept**: EMS works directly with Law Enforcement in the hazard zone during an active threat to bring immediate care to the injured victims as soon as possible, then rapidly transport to the appropriate medical facility. **Direct Threat (Hot) Zone** is an where EMS providers are exposed to active shooter(s) or device. **Indirect Threat (Warm) Zone** is where EMS providers are within the building/perimeter but not directly exposed. EMS personnel will work directly with Law Enforcement as part of a **Rescue Task Force**, comprised of 2-EMS personnel escorted by 1- or 2- PD officers.

- Don PPE and prepare to deploy into the Hazard Zone as a Rescue Task Force. Deploy with rapid medical/first in bag and triage kit.
- Under direct threat, assess between survivable and non-survivable wounds. Use direct pressure and/or tourniquets to control bleeding. Move patients to the CCP.
- Establish a Casualty Collection Point (CCP) inside the Indirect Threat Zone where patients can be brought for assessment and initial stabilization. Ensure IC, operating PD units are aware when and where the CCP has been established.
- At the CCP and during transport, use **MARCH** to assess and treat injuries:
  - **M**assive Hemorrhage control (direct pressure, would packing, tourniquets)
  - **A**irway Management control (clear airway, insert oral airway, bag/O2, recovery position)
  - **R**espiration (occlusive seals on chest wounds, O2)
  - **C**irculation (IV access, fluid bolus)
  - **H**ypothermia Prevention
- For Patients with Survivable Head Injuries (< 10%):
  - Control airway and maintain etCO2 between 35-45
  - Fluid resuscitate aggressively, SBP > 110
  - Position patient with head elevated 30 degrees, if possible
- Notify the Medical Group Leader (or IC of total patients).
- If possible, evacuate most seriously injured patients directly from the CCP to ambulances for further treatment and immediate transport.
- If necessary, evacuate less seriously injured patients from CCP to the Treatment/Transport Area in the Warm Zone.

**FOCUS SHOULD BE ON RAPID EXTRICATION & TRANSPORT, THEN TREATMENT**

# Medical Group Leader

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|---|---|
| **Reports to:** | Incident Command or EMS Operations Chief |
| **Operates in Conjunction With** : | Staging<br>Fire/Rescue Operations<br>Law Enforcement Operations (Active Threat Event) |
| **Directs:** | Triage<br>Treatment<br>Transportation<br>Medical Division Supervisors (if required)<br>Hospital Liaisons (Coordinator if required) |

The on-site EMS provider with the highest certification, seniority, and authority will be the Medical Group Leader until relieved by a senior officer. Leader should possess experience, strong ICS, EMS, and scene management skills. Should relieve command upon arrival of higher level personnel.

- ❑ Don **MEDICAL GROUP LEADER** vest.
- ❑ Make a rapid assessment of the incident. Identify and declare an MCI through the primary dispatch center: Advise the primary dispatch center:
  - ❑ Approximate number of patients and severity of injuries. This information be continually updated as the incident progresses.
  - ❑ Request additional resources using MCI TEAMS Cards
  - ❑ Determine if Hospital Liaisons will be required and request Command Strike Team.
  - ❑ Determine if multiple Medical Divisions will be required and establish their location/boundaries.
  - ❑ Request additional radio channel as needed.

- ❑ Assign the following EMS Unit Leaders:
  - ❑ Triage
  - ❑ Treatment
  - ❑ Transportation
  - ❑ Medical Division Supervisors (if required)
  - ❑ Hospital Liaisons (if required)
  - ❑ Assign a Morgue Manager

- ❑ Update IC with Triage Patient Counts
- ❑ Maintain accountability for resources assigned to the Medical Group
- ❑ Coordinate with Transport Unit Leader, Hospital Liaisons for patient distribution
- ❑ Terminate MCI efforts after the last patient has been transported.

| MEDICAL GROUP | IC/EMS OPS |
|---|---|
| | STAGING |

| Triage | Treatment | Transport |
|---|---|---|
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| HOSPITAL LIAISONS | UNIT # | TIMECHECKS | |
|---|---|---|---|
| MercyOne | | | |
| UnityPt Methodist | | | |
| Methodist West | | | |
| Mercy West | | | |
| Broadlawns | | | |
| Lutheran | | | |

| NOTES: |
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# Triage Unit Leader

**Reports to**: Medical Group Leader
Medical Division Supervisors (if required)

**Operates in conjunction with**: Treatment
Transportation

The Triage Unit/Leader should be an experienced EMS provider with familiarization with injury patterns related to the incident and familiar with the MCI process. The Triage unit should utilize the SMART Triage Packs to conduct triage and tag patients.

- ❑ Obtain briefing from the IC or Medical Group Leader (if assigned) and determine if it safe to begin triage operations.
- ❑ Don **TRIAGE** vest, obtain SMART Triage Pack, and Triage Worksheet
- ❑ Determine need for additional resources, multiple triage teams.
- ❑ Begin conducting **Primary Triage** using **START** and **JUMPSTART** Triage Methods.
    - ❑ Ensure triage personnel are utilizing SMART triage tag system.
    - ❑ Designate a casualty collection point (CCP) and direct patients who can walk to move to that location; assign a second Triage team (or Rescue Task Force) to the CCP.
    - ❑ Conduct Triage. Record patient numbers of Reds, Yellows, and Greens.
    - ❑ Report total number of Reds, Yellows, and Greens to Medical Group Leader once primary triage is completed.
    - ❑ Critical Patient Care actions should be delivered during the triage process.

- ❑ After patients have received initial triage, patients should be moved from the immediate incident site to a Treatment Area deemed as a "safe" area, and if possible, protected from the elements.
- ❑ Coordinate with Triage, Transport units to prioritize the order or transport of patients from the MCI area into the treatment or transport areas.
- ❑ Begin **Secondary Triage** evaluation and re-evaluation of patient condition within the CCP, treatment/transport area.
    - ❑ Record patient numbers of Reds, Yellows, and Greens.
    - ❑ Update total number of Reds, Yellows, and Greens to Medical Group Leader once secondary triage is completed.

- ❑ Conduct a Secondary Search to ensure that all areas around MCI scene are checked for potential patients. On Active Threat Events, coordinate with Law Enforcement.
- ❑ Report to the Medical Branch Director for reassignment upon completion of tasks

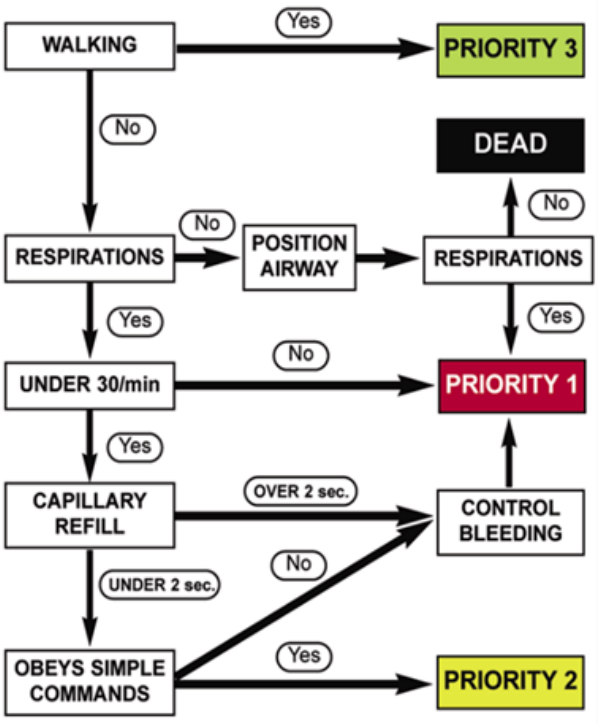
- **DO NOT BECOME INVOLVED IN PHYSICAL TASKS**

# TRIAGE UNIT WORKSHEET

## CASUALTY COLLECTION POINT:

- MCI – Relocate Green Pt's Here
- Active Shooter – Indirect Threat Area

## START TRIAGE




## PRIORITY 1 / RED PATIENTS

## PRIORITY 2 / YELLOW PATIENTS

## PRIORITY 3 / GREEN PATIENTS

## DECEASED / BLACK PATIENTS

## ACTIVE THREAT EVENTS


## BENCHMARKS

**TRIAGE INITIATED:** _____

**TRIAGE COMPLETE:** _____

**PATIENTS CLEARED:** _____

# Treatment Unit Leader

**Reports to**: Medical Group Leader
Medical Division Supervisors (if required)

**Operates in conjunction with**:
Triage
Transportation

- ❑ Obtain a briefing from the EMS Group Leader
- ❑ Don **TREATMENT** vest and review Treatment Worksheet
- ❑ Determine equipment and personnel needs of treatment unit and request it from the Medical Group Leader
- ❑ Establish **Primary Treatment Area**
  - ❑ Must be capable of accommodating large numbers of patients and equipment.
  - ❑ Consider: weather, safety, hazards, and potential need for shelter
  - ❑ Area must be readily accessible for ease of ambulance entry and exit.

- ❑ Divide area into three (3) distinct areas using colored tarps and flags (Green, Yellow, Red)
- ❑ Designate Secondary Treatment Area as alternate should primary area become unusable and inform the Medical Group Leader of each location.

- ❑ Assign personnel to treatment areas based on EMS certifications (example):
  - Paramedics & Paramedic Specialists = Immediate
  - EMT-B's, EMT-I's & FR's = Delayed or Minor

- ❑ Re-triage patients upon arrival at treatment area, place patients in appropriate sections. (Coordinate with Triage Unit Leader).
  - ❑ Ensure treatment personnel complete the **SECONDARY TRIAGE** section of the SMART TRIAGE TAG for each patient.
- ❑ Advise **Transportation Unit Leader** when patients have been prepared for transport; evacuate patients by priority.
- ❑ Regularly inventory supplies/order as needed and begin relieving or reducing staff as necessary.
- ❑ Report to the Medical Branch Director for reassignment upon completion of tasks
- ❑ Consider requesting additional MCI trailers as necessary to support the incident.

- **DO NOT BECOME INVOLVED IN PHYSICAL TASKS**

# Staging Unit Leader

**Reports to**: Incident Command

**Operates in conjunction with**: EMS Operations Branch Director
Medical Group Leader
Transportation

**Directs**: Incoming Unassigned Resources (inc. Hospital Liaisons)

- ❑ Obtain briefing from the Incident Command, Staging Location (if identified)
- ❑ Establish Staging Location and ensure all responding units are directed to report there.

- ❑ Don STAGING vest and review Staging Worksheet

- ❑ Determine best organizational layout for staging area.
  - ❑ Easily identifiable
  - ❑ Easily Accessible, with two means of egress if possible
  - ❑ Ensure Staging area is safe from possible hazards.

- ❑ Log all arriving resources: unit number, type, level of care (for EMS transport vehicles)
  - ❑ Ensure driver and crew remain while in staging.
  - ❑ Organize vehicles in a manner to ensure quick response of a requested resource.

- ❑ Update IC, Medical Group Leader of resources in staging
- ❑ If Hospital Liaisons are requested, assign them to area hospitals (this can be done via radio prior to arriving in Staging). Track unit number, hospital assigned to. Update Medical Group Leader with this information.
- ❑ Assign appropriate resources into the incident in a timely manner, log resources out of Staging as they are assigned.
- ❑ Communicate with staged units to ensure personal understand where to respond, what their role will be, who to report to, and which radio channel to communicate on.

- ❑ Ensure adequate number of resources are available in staging for use in MCI operations.
- ❑ Request additional resources from Dispatch as necessary, including the need for transport units to return to the scene as necessary.
- ❑ On Active Threat Events, communicate with the Law Enforcement (LE) Branch and advise them Staging is established, available for LE resources to stage as well.

- **DO NOT BECOME INVOLVED IN PHYSICAL TASKS**

**STAGING UNIT WORKSHEET** **Location:**

## FIRE APPARATUS

| UNIT # | TYPE | Time In | Time Out |
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**RADIO FREQUENCIES**

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## HOSPITAL LIAISONS

| HOSPITAL | Unit # |
|---|---|
| MercyOne/Peds | |
| UnityPt Meth./Blank | |
| Methodist West | |
| Mercy West | |
| Broadlawns | |
| Lutheran | |

## EMS APPARATUS

| UNIT # | TYPE | Time In | Time Out |
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## COMMAND / LAW

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# Transportation Unit Leader

| | |
|---|---|
| **Reports to**: | Medical Group Leader<br>Medical Division Supervisors (if required) |
| **Operates in conjunction with**: | Staging<br>Triage<br>Treatment |

- ❑ Obtain a briefing from the Medical Group Leader
- ❑ Don TRANSPORTATION vest and review Transportation Worksheet
- ❑ Determine equipment and personnel needs of Transportation Unit and request additional resources from the Medical Group Leader,

- ❑ Consult with the Treatment Unit Leader and establish patient loading zone.
  - ❑ Ensure loading zone will have separate entry and exit points if possible.
  - ❑ Advise the Medical Group Leader of loading zone locations, best route for access.
  - ❑ If Air Medical Transport is required, advise the Medical Group Leader of need, number (Air Transport Group will need to be established)

- ❑ Fill out and maintain **Patient Tally Sheet** using triage tag number, triage level, and hospital destination.
- ❑ Direct departing ambulances to hospitals based on patient status and provide periodic updates to the Medical Group Leader.
  - ❑ Divide Red Patients evenly between MercyOne and Unity Point Methodist
  - ❑ Red, Yellow Pediatric Patients should be evenly divided between Blank, MercyOne
  - ❑ Divide Yellow, Green Patients evenly other area hospitals
  - ❑ Use updates from Hospital Liaisons to recognize is any hospital is being impacted by self-transports (especially like in Active Threat Event) and modify transport plan accordingly.
- ❑ Request ambulances from Staging as needed. Clarify the need for BLS or ALS capabilities.
- ❑ Advise the Medical Group Leader when the last patient is transported.

- **DO NOT BECOME INVOLVED IN PHYSICAL TASKS**

# TRANSPORT UNIT LOGSHEET

| Patient Name | Tag Color | Destination | Triage Tag # |
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# Hospital Liaisons/Coordinator

**Reports to**: Staging
Medical Group Leader
Hospital Liaison Coordinator

**Operates in conjunction with**: Transport Unit Leader
Emergency Department Charge Nurse

This position will typically be filled by command officers from departments not immediately impacted or directly engaged in the MCI event. The purpose for the position is to provide real-time updates from the ED at various hospitals based on capacity, capability, and impacts from self-transports by patients from the MCI to the ED.

- ❑ While responding, contact Staging Unit Leader on designated radio frequency. Each department will maintain a Hospital Liaison Task Force list in their respective CAD to assign command officers to each of the six regional hospitals plus one Hospital Liaison Coordinator.
- ❑ Receive an assignment for which hospital(s) to liaison with
    - ❑ Six hospital liaisons should be assigned, one for each hospital.
    - ❑ One Liaison coordinator will report to the incident site (assigned by Staging) and report to the Medical Group Leader.

- ❑ Upon arrival at the assigned hospital(s), identify yourself to the ED Charge Nurse. Verify:
    - ❑ Awareness of the MCI and capability to receive patients.
    - ❑ Determine if the hospital is receiving any self-transport patients.
    - ❑ Determine the need for any facility-to-facility transfers.

- ❑ Notify the Hospital Liaison Coordinator via radio of the status for assigned hospital(s)
- ❑ Notify the Staging Unit Leader of the need for facility-to facility transfers related to the incident, including the need for any Air Transfers
- ❑ Relay to the ED Charge Nurse any updates on the total number of patients involved and the transport plan, if established.
- ❑ As transports from the scene arrive, ensure tracking for patient is in-place (Triage Tag Number, patient name).
- ❑ Notify the Hospital Liaison Coordinator of any changes in ED status throughout the incident.
- ❑ Remain at the assigned hospital(s) until all patients have been transported from the scene.

# Communications Plan (ICS 205 Sample)

To be determined.

# Information Flowchart

## 1. Initiation

Mass Causality Incident (MCI) Activated by Primary Dispatch

## 2. Information from Scene

Inform Dispatch of the following:

- Type of Incident
- Level of MCI
- Approximate number of patient and injury severity
- Location of Staging Area/Causality Collection Point (CCP)

## 3. Notify Polk County = CMED

Polk County Sheriff's Office Communications shall be notified with pertinent incident information. They will act as Central Medical Dispatch (CMED)

## 4. CMED Notifies Hospitals

Polk County Dispatch (CMED) will alert all hospitals with pertinent information, and shall verify with each hospital that information was received

## 5. CMED Notifies EMA and PH

Polk County Dispatch will notify EMA Duty Officer and Polk County Public Health

## 6. Updates to Primary Dispatch

Incident/Unified Command or Medical Group Leader shall update primary dispatch every 15 minutes with pertinent information.

## 7. CMED Updated by Primary Dispatch

Primary dispatch centers will report pertinent information from Incident/Unified Command or Medical Group Leader to Polk County Communications (CMED).

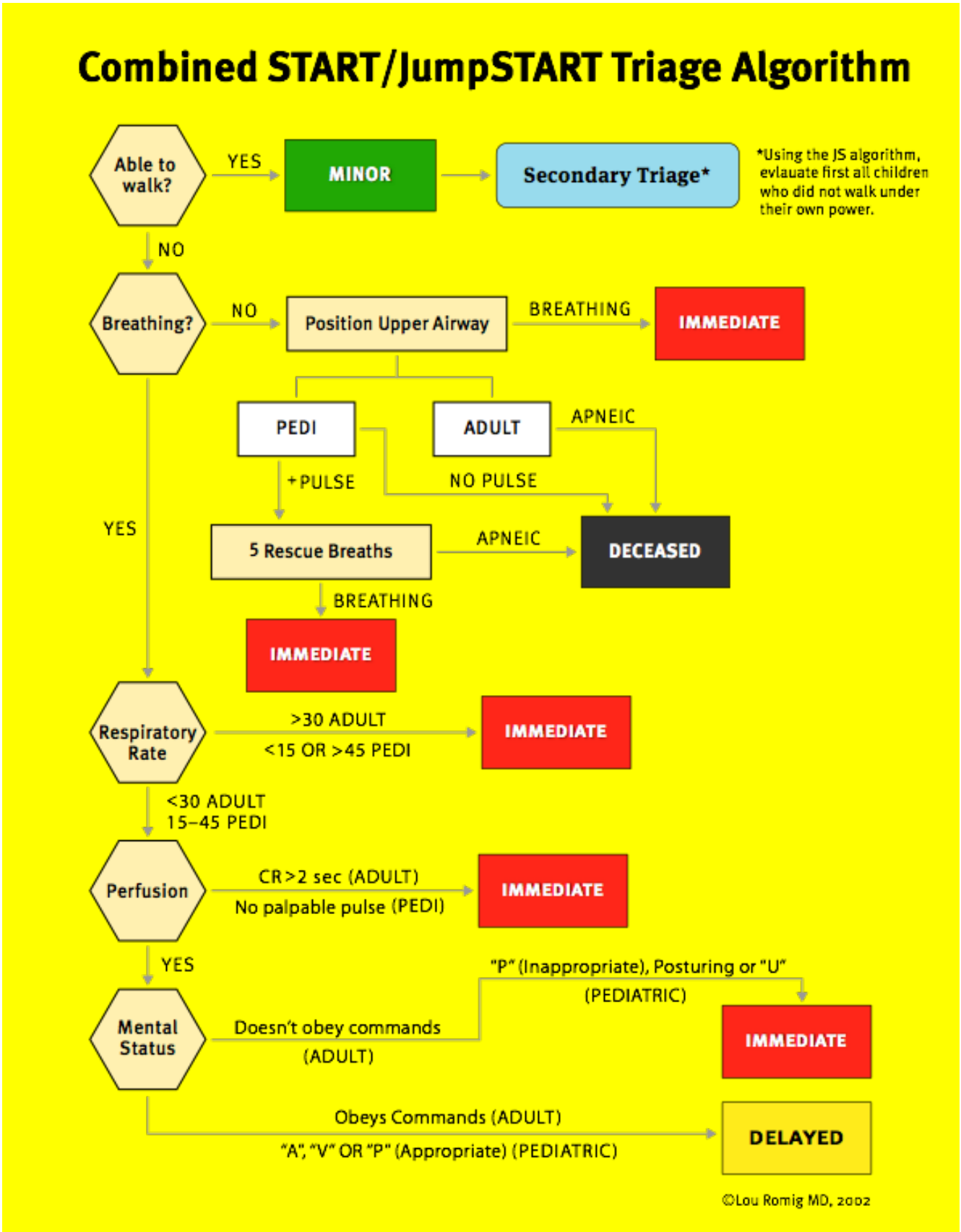
## 8. CMED Updates Hospitals

Polk County Dispatch will provide pertinent information to hospitals via CMED.

## 9. Demobilization Notifications

Incident/Unified Command or Medical Group Leader will advise primary dispatch centers when MCI operations are completed. Polk County Dispatch will advise hospitals when MCI operations are completed

# Triage Algorithm



# SMART Triage System

**Locations:**

- Each front-line ambulance in Polk County is provided with one (1) SMART Triage Pack.
- Each EMS/Fire department in Polk County is provided with one (1) SMART Triage Commander.
- Additional triage tags are available in the MCI Trailers or can be delivered to the scene form Polk County EMA.


**SMART Triage Pack (1 per ambulance):**
20 SMART Triage Tags
20 SMART CBRNE Tags
10 black dead tags
SMART Pediatric Triage Tape
5 Priority 1 lightsticks
2 pencils
START Triage algorithm and casualty count card

**SMART Commander (1 per agency):**
Incident sketch board
IMS Tracking Board
- Medical Group Leader Tracking
- Communications Tracking
- Casualty Count Tracking
- Incident Benchmark Tracking


**SMART Triage Tag System**
Primary Triage Color Coding Red/Yellow/Green
Unique Bar Code/Patient Number
Quick Sketch Patient Injury Locator
Secondary Assessment Work-Up
Protective cover

# MCI Trailer Equipment List

Response:

1. The closest trailer to the incident is dispatched when an MCI is activated. All MCI trailers will be dispatched upon request.
2. The host department of the trailer has responsibility for deployment of the trailer to the incident, however they do not have obligation for any set-up or use of the equipment.
3. The requesting department is responsible for re-stocking and returning everything to the trailer's pre-deployment state.

Locations:

1. MCI-1 is kept at the Norwalk Fire Department.
2. MCI-2 is kept at the Altoona Fire Department.

Equipment:

| MCI MANAGEMENT | MCI 1 Qty | MCI 2 Qty | MCI 3 Qty |
|---|---|---|---|
| MCI Vests | 1 set | 1 set | |
| MCI Worksheets | 1 set | 1 set | |
| Triage Tags | 0 | 0 | 200 |
| Triage Tarps | 1 set | 1 set | |
| Triage Tape | 1 set | 1 set | |
| Treatment Flags | 1 set | 1 set | |
| | | | |
| **MEDICAL EQUIPMENT** | | | |
| Back Boards w/ Straps | 25 | 25 | 32 |
| Cervical Collar (adult) | 25 | 25 | 25 |
| Cervical Collar (peds) | 10 | 0 | |
| Cervical Collar (inf) | 10 | 10 | |
| Stethoscopes | 5 | 5 | |
| BP Cuffs | 5 | 5 | |
| | | | |
| **MEDICAL SUPPLIES** | | | |
| Gloves, S, M, L, XL | 1 bx ea | 1 bx ea | |
| PPE Gowns | 15 | 15 | |
| N95 masks box | 1 bx | 1 bx | |
| Trauma Dressings | 25 | 25 | |
| Disposable blankets | 25 | 25 | 75 |
| Body Bags | 24 | 80 | |

| MEDICAL TENT EQUIPMENT | MCI 1 Qty | MCI 2 Qty | MCI 3 Qty |
|---|---|---|---|
| DRASH tent | 1 | 1 | |
| Flooring panels | 12 | 12 | |
| Head Bed (peds) | 15 | 15 | |
| Head Bed (adult) | 25 | 25 | |
| Generator | 1 | 1 | |
| Blower | 1 | 1 | |
| Propane heater | 1 | 1 | |
| Propane cylinder | 2 | 2 | |
| heater tubing | 1 | 1 | |
| Oxygen manifold | 2 | 2 | |
| Cart | 1 | 1 | |
| Cord Reel (twist lock plugs) | 2 | 2 | |
| Cord Lights | 1 | 1 | |
| spare light bulbs | 3 | 3 | |
| Tent stake bag | 1 | 1 | |
| Orange Cones | 5 | 5 | |
| 5gal bucket | 10 | 5 | |

# List of Hospitals with Attributes

| Hospitals – Des Moines Metro | Address | ER Phone # | Trauma | Helipad | Burn |
|---|---|---|---|---|---|
| Broadlawns Medical Center | 1801 Hickman Road, Des Moines, IA 50314 | 515-282-2253 | 3 | Y | N |
| Iowa Lutheran Hospital | 700 East University Avenue, Des Moines, IA 50316 | 515-263-5243 | 4 | Y | N |
| Unity Point Health | 1200 Pleasant Street, Des Moines, IA 50309 | 515-241-8262 | 1 | Y | N |
| MercyOne Des Moines Medical Center | 1111 6th Avenue, Des Moines, IA 50314 | 515-247-3434 | 2 | Y | N |
| MercyOne West Des Moines Medical Center | 1755 59th Place, West Des Moines, IA 50266 | 515-247-3434 | 4 | Y | N |
| Methodist West | 1660 60th Street, West Des Moines, IA 50266 | 515-343-1000 | 4 | Y | N |
| VA Medical Center | 3600 30th Street, Des Moines, IA 50310 | 515-699-5507 | 4 | N | N |

| Pediatric | Address | ER Phone # | Trauma | Helipad | Burn |
|---|---|---|---|---|---|
| Blank Children's Hospital | 1200 Pleasant Street, Des Moines, IA 50309 | 515-241-6224 | 2 | Y | N |
| MercyOne Children's Hospital | 1111 6th Avenue, Des Moines, IA 50314 | 515-247-3434 | 2 | Y | N |

| Hospitals – Regional | Address | ER Phone # | Trauma | Helipad | Burn |
|---|---|---|---|---|---|
| Boone County Hospital | 1015 Union Street, Boone, IA 50036 | 515-432-3140 | 4 | Y | N |
| Central Iowa Healthcare - Marshalltown | 3 South Fourth Avenue, Marshalltown, IA 50158 | 641-754-5040 | 3 | Y | N |
| Dallas County Hospital | 610 10th Street, Perry, IA 50220 | 515-465-7660 | 4 | Y | N |
| Knoxville Hospital & Clinics | 1002 South Lincoln Street, Knoxville, IA 50138 | 641-842-1420 | 4 | Y | N |
| Madison County Memorial Hospital | 300 West Hutchings Street, Winterset, IA 50273 | 515-462-5116 | 4 | Y | N |
| Mary Greeley Medical Center | 1111 Duff Avenue, Ames, IA 50010 | 515-239-2155 | 3 | Y | N |
| Pella Regional Health Center | 404 Jefferson Street, Pella, IA 50219 | 641-628-6682 | 3 | Y | N |
| MercyOne Newton Medical Center | 204 North 4th Avenue East, Newton, IA 50208 | 641-791-4300 | 4 | Y | N |
| Story County Medical Center | 640 South 19th Street, Nevada, IA 50201 | 515-382-7725 | 4 | Y | N |