



Procedures and Guidelines

DIRECTIVE NO. 250-PG-8710.2.2C
EFFECTIVE DATE: October 1, 2014
EXPIRATION DATE: October 1, 2020

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COMPLIANCE IS MANDATORY

Responsible Office: 250/Medical and Environmental Management Division (MEMD)
Title: Medical and Occupational Health Implementation Emergency Management Annex H

PREFACE

P.1 PURPOSE

This directive provides procedures and requirements for the delivery and coordination of health and medical services during mass casualty situations within the Goddard Space Flight Center (GSFC), Greenbelt site. These procedures are a small part of the broader Goddard emergency response plan. During activation of these procedures, routine functions of the clinic staff will be suspended.

P.2 APPLICABILITY

This directive applies to the Medical and Environmental Management Division Code 250.

P.3 AUTHORITY

NPG 8715.2, NASA Emergency Preparedness Plan Procedures and Guidelines

P.4 REFERENCES

None

P.5 CANCELLATION

250-PG-8710.2.2B

P.6 SAFETY

None

P.7 TRAINING

Medical and health services shall participate in drills and exercises conducted by the GSFC Emergency Preparedness Manager and other various agencies and services as required.

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P.8 RECORDS

Record Title	Record Custodian	Retention

P.9 METRICS

Effectiveness shall be assessed at debriefings following all drills and actual events.

P.10 DEFINITIONS

Mass casualty incident – A **mass casualty** incident (often shortened to MCI and sometimes called a multiple-**casualty** incident or multiple-**casualty** situation) is any incident in which emergency medical services resources, such as personnel and equipment, are overwhelmed by the number and severity of **casualties**

1. PROCEDURES

In this document, a requirement is identified by “shall,” a good practice by “should,” permission by “may” or “can,” expectation by “will” and descriptive material by “is.”

1.1 Concept of Operations

The GSFC Health Unit is primarily responsible for the day-to-day provision of many health and medical services at GSFC. As there are no military base or flight activities directly associated with the Greenbelt site, the probability of a mass casualty event is greatly reduced relative to other NASA sites. This, and the ready availability of community emergency medical services, renders an extensive onsite capability impractical. The GSFC occupational medical staff shall focus on the maintenance of the clinic, capability to receive and shelter, administer first aid, and prepare to transport the triaged green category – third priority (non-urgent) victims.

1.1.1 Phases of Management

a. Mitigation

- (1) Immunization;
- (2) Routine medical evaluations and maintain medical information on NASA Goddard civil servants;
- (3) Routine emergency medical training and certification (Basic Life Support (BLS), and Advanced Cardiovascular Life support (ACLS));
- (4) Epidemic intelligence monitoring, and detection of communicable diseases;
- (5) Normal employee and public health awareness programs; and

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(6) Coordinating with GSFC EMO and Protective Services when required.

b. Preparedness

- (1) Specialized training as directed by NASA or Occupational Health Contractor (bioterrorism, etc.);
- (2) Maintenance of medical supplies;
- (3) Maintenance of Appendix 3, Important Medical Telephone Numbers, Communications and Emergency Power, in a current status, and forwarding copies to the Emergency Console and GSFC Emergency Management Officer; and
- (4) Participation in practice and training drills/exercises.

c. Response

- (1) Activation of emergency medical response procedures (Appendix 1);
- (2) Disease control operations;
- (3) Assist in environmental health activities regarding medical waste disposal and disease vector control; and
- (4) Collection of casualty statistics.

d. Recovery

- (1) Continued response activities, as needed;
- (2) Compilation of health reports for community, Agency, state, and Federal officials;
- (3) Identification of potential or actual continuing hazards affecting employee or public health and an offer of appropriate guidance for mitigation of harmful effects;
- (4) Risk communication, focusing on anger and fear management;
- (5) Follow-up observation and medical care of victims; and
- (6) Employee Assistance Program (EAP) involvement as necessary, including the Critical Incident Stress Management (CISM) team.

2. ROLES AND RESPONSIBILITIES

2.1 Organization

The Medical Director represents medical services on the Emergency Management Task Group. Response activities shall be coordinated from the Security Operations Center (SOC) or the Emergency Operations Center (EOC) if activated. Upon receipt of official notification of an actual or a potential emergency condition, the Medical Director shall receive and evaluate all requests for health and medical assistance and disseminate such notification to all appropriate public health, medical, and mortuary services. In addition, the Medical Director shall commit GSFC medical resources to respond to the emergency.

2.2 Emergency Functions

Under the GSFC Emergency Preparedness Plan, the Chief of MEMD shall provide the following services in response to emergency situations:

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- a. Assistance in triage and first aid for persons whose illnesses or injuries are a result of an emergency or where care and treatment are complicated by an emergency;
- b. Hazardous substance exposure assessment and environmental health assistance to the Incident Commander;
- c. Employee health protection for the affected population;
- d. Vital records services; and
- e. Damage assessment for GSFC medical facilities and systems.

2.3 Task Assignment

- a. MEMD shall direct and coordinate the following emergency programs relating to medical operations:
 - (1) Existing clinics and clinic-type facilities;
 - (2) Emergency treatment stations, including medical care centers for essential workers and continuing care for those workers who cannot be evacuated;
 - (3) Triage stations, Emergency Medical Services (EMS) teams, collection centers, and distribution;
 - (4) GSFC facilities that could be expanded into emergency treatment centers for victims; and
 - (5) Crisis augmentation of health/medical personnel; e.g., nurses, aides, paramedics, Red Cross personnel, and other trained personnel.
- b. The State of Maryland's Office of The Chief Medical Examiner (CME) is responsible for collecting, identifying, storing, and dispatching deceased victims.
- c. Office of Communications shall disseminate emergency employee information. The Chief of MEMD shall coordinate health and medical information intended for release through public media during emergency operations with support provided by those public health and medical services responsible for particular aspects of the response.

3. INCREASED READINESS ACTIONS

Most emergencies follow some recognizable build-up period during which actions can be taken to achieve a state of maximum readiness. The Greenbelt Health Unit staff shall follow, to the degree appropriate, the Department of Homeland Security (DHS) Security Advisory System for determining increased readiness actions.

- a. Threat Condition Yellow:
 - (1) Review and update Standard Operating Procedures (SOPs);
 - (2) Review assignment of all personnel; and
 - (3) Coordinate with local public health facilities on related health and medical activities.
- b. Threat Condition Orange
 - (1) Check readiness of Center health and medical facilities;
 - (2) Correct any deficiencies or supplies; and
 - (3) Alert key personnel.

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- c. Threat Condition Red
 - (1) Alert personnel of possible emergency duty; and
 - (2) Establish liaison with community public health and medical facilities.
- d. Actual event
 - Mobilize health and medical personnel.

APPENDIX 1 – EMERGENCY MEDICAL RESPONSE

1. RESPONSE PLAN

Prior to emergency response by occupational medical staff

- a. Upon notification of event, emergency console operator dispatches Emergency Response Team per standard procedure.
- b. The senior emergency medical technician (EMT) or paramedic who first arrives on the scene shall:
 - (1) Survey the emergency scene;
 - (2) Report to the on-scene Commander and establish a proper triage area; and
 - (3) Assume role of triage officer, begin screening of casualties and stabilizing and transporting those most critically injured as prioritized in section 3.1.1, Triage Priorities, of this appendix. The EMT shall record the number of casualties transported and their destination.
 - (4) The triage officer activities and responsibilities shall include:
 - (a) Conducting and overseeing triage;
 - (b) Coordinating with other GSFC EMT and the transport officer – Prince George’s Fire Dept. (PGFD) EMS officer – in the establishment and appropriate marking of a quarantine area, a casualty collection point, a triage area, a transport waiting area, and a temporary morgue as necessary.
- c. If the emergency warrants, the EMT shall request, via the Emergency Operations Center, that other ambulance service(s) begin responding by sending units to the scene. However, the GSFC EMT force must maintain generalized capability to respond to routine medical emergencies, in particular cardiac events.
- d. During normal duty hours the GSFC Medical Director/staff shall be notified by telephone (6-6666), or by emergency band radio, either by the emergency console operator or representative of the Chief of MEMD when authorized. During other than normal duty hours, the Medical Director/staff shall be contacted through the Facilities Management Division operations console.

2. EMERGENCY RESPONSE, OCCUPATIONAL MEDICAL STAFF

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- a. The Medical Director may assign a medical staff member to assist at the event site, but maintain functioning of the clinic in an emergency standby mode, with routine operations suspended;
- b. Medical staff in the clinic may be augmented as necessary by qualified GSFC personnel.
- c. The Medical Director shall maintain a reporting and information line to the on-scene commander; and
- d. The Medical Director shall assure contact is maintained with local hospitals to maintain awareness of scope and nature of potential casualties.

3. TRIAGE

- a. The PGFD EMS Officer is in charge of all ambulances and directs the loading and transportation of patients. He/she also, acts as liaison with the field and the hospitals.
- b. GSFC employees who are qualified in CPR or first aid and who are capable of assisting in the field shall work under the direction of the Triage Officer.

3.1.1 Triage Priorities

Patients with certain conditions or injuries have priority for transportation and treatment over others. An outline of these conditions is as follows:

- a. Red Category – First Priority (Most Urgent)
 - (1) Airway and breathing difficulties;
 - (2) Uncontrolled or suspected severe bleeding;
 - (3) Shock;
 - (4) Open chest or abdominal wounds;
 - (5) Severe head injuries; and
 - (6) Severe medical problems: Poisoning, diabetes with complications, cardiac disease.
- b. Yellow Category – Second Category (Urgent)
 - (1) Burns;
 - (2) Major or multiple fractures; and
 - (3) Back injuries with or without spinal damage.
- c. Green Category – Third Priority (Non-urgent)

Transportation and treatment are required for minor injuries, i.e., minor fractures or other injuries of a minor nature, but not necessarily by EMS personnel.
- d. Black Category – Fourth Priority (Deceased)
 - (1) Cardiac arrest; and
 - (2) Obviously deceased.

The triage tag should be placed around the patient's neck and the appropriate flap removed to indicate priority by the last remaining flap. Any medications administered before the patient's arrival at the

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hospital shall be indicated on the triage tag. Should the receiving hospital decide to institute its own tag upon the patient's arrival, the original triage tag shall be retained with the hospital victim tag.

3.1.2 Clinic staff functions

- a. Triageed green category – third priority (non-urgent), who may need only first aid or whose non-urgent status dictates that they may wait some time for transport to community hospital, should be taken to the GSFC clinic. No victim or responder suspected of carrying contamination will be allowed inside the clinic. Clinic access will be through the ambulance entrance. The transport area will be the parking lot outside the ambulance entrance. Clinic staff activities and responsibilities will include:
- (1) Treating and appropriate disposition of victims with minimal injuries;
 - (2) Treating, comforting, and monitoring those awaiting transport;
 - (3) Maintaining casualty statistics;
 - (4) Assuring smooth patient flow in and around the clinic; and
 - (5) Assuring maintenance of uncontaminated status of the clinic.

3.1.3 Chain of Command

The direction and control of procedures in relation to the care of injured victims will follow the chain of command detailed below:

- (1) GSFC Triage Officer;
- (2) PGFD EMS Officer;
- (3) GSFC EMT; and
- (4) Senior Ranking EMT

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APPENDIX 2 - COMMUNICATIONS AND EMERGENCY POWER

1. INTRODUCTION

This Appendix provides general information on existing communications equipment and emergency electrical power capabilities for medical facilities and support agencies to carry out the function of intercommunications in a coordinated manner during emergency situations.

1.1. Purpose

The purpose of this Appendix is to detail the availability of existing communications and emergency electrical power during time of emergency. The Appendix is supplemented by in-house emergency plans for each participating medical office or support agency.

1.2. Responsibility and Organization

Prime responsibility for the conduct of communications in support of this directive shall be vested in the lead Medical Officer and/or designated GSFC Communications Officer.

- a. GSFC uses two dedicated radio talk groups for safety and security purposes. Emergency personnel are equipped with hand-held and mobile radios that will be used in the event of an emergency.
- b. Appendix 3, Important Medical Telephone Numbers, will be kept current by the GSFC Health Unit. As changes are made to the Appendix, revised copies will be forwarded to the Emergency Console for central reference as required in their emergency duties. An information copy shall also be provided to the GSFC Emergency Preparedness Coordinator for reference.

1.3. Direction and Control

Communications used in an emergency situation is a support function. Operators, dispatchers, messengers, and others assigned duties in communications shall take their direction and control as defined in appropriate directives.

1.4 Emergency Power

The Health Unit is supplied with two independent electrical feeders providing redundancy to the system.

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APPENDIX 3 - IMPORTANT MEDICAL TELEPHONE NUMBERS

Area Hospitals

Doctor's Hospital Emergency Room 301-552-8665
Doctor's Hospital Emergency Room (fax) 301-552-8668

External Emergency Numbers

Prince George's Fire Department & 911
Ambulance Dispatcher 301-499-8400
Park Police Department 911
CHEMTREC 1-800-424-9300
Poison Control Center 202-625-3333

GSFC Emergency Numbers

Fire Department & Rescue (Emergency) 911 (cell) 301 286-9111
Emergency Console 286-8080
NASA/GSFC Security Dispatcher (24 hours) 286-8661

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CHANGE HISTORY LOG

Revision	Effective Date	Description of Changes
Baseline	8/01/04	Initial Release
A	9/11/09	<p>Modified to accurately identify the roles the clinic is expected to provide in an emergency situation.</p> <p>P.10, deleted word severe.</p> <p>1.1, deleted response to site by Medical Director.</p> <p>1.1.1 (2), clarified language for medical evaluations.</p> <p>2.1, changed Chief S&E to Medical Director.</p> <p>2.3, deleted section b, c and d.</p> <p>Appendix 1, 1 b (3) and (4), clarified role of EMT.</p> <p>Appendix 1, 2 b, c and d, clarify role of Medical Director.</p> <p>Appendix 1, 3.c., deleted transporting equipment to the scene.</p> <p>Appendix 1, 3.1.2.a, deleted establishment of a decontamination site.</p>
B	10/15/12	Administrative Change: Division Title and Signature Authority Name Change
C	10/2/2014	<p>Updated the Directive Version Number from 8710.2.2B to 8710.2.2C</p> <p>Updated the Effective and Expiration dates to reflect 10//2014 through 9/30/2016</p> <p>P.2, Replaced term S&E with The Medical and Environmental Management Division</p> <p>P.5, Deleted document number</p> <p>P.10, clarified language for Mass Casualty Incident</p> <p>1.1, Updated minor punctuation changes</p> <p>1.1.1a (3) Defined BLS and ACLS; 1.1.1 a (5) added in the work “and” 1.1.1 b (1) replaced Federal with Contractor 1.1.1 b (3) added in the word “Management Officer” 1.1.1 d (6) Spell out EAP</p>

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		<p>2.1 Defined response activities and coordination 2.2 Replaced S&E with MEMD 2.3 a Replaced S&E with MEMD 2.3.a.(5) Replaced the word volunteers with personnel 2.3 b Replaced “The coroner of the City of Greenbelt” with “Office of the Chief Medical Examiner. Inserted The State of Maryland’s. Inserted acronym (CME) 2.3.c replaced “ The Public Affairs Office” with “Office of Communications” 2.3. c clarified replaced Chief of S&E with Chief of MEMD 3. Replaced medical clinic with Health Unit Staff Appendix 1: 2.b. Replaced “and practical by security force personnel” with “by qualified GSFC personnel” 3.b. Replaced “registered nurses and paramedics with local ambulance services” with “qualified in CPR or first aid”. Replaced “providing advanced life support” with “assisting”. Replaced who volunteer to respond immediately to the emergency site with the” with “under the direction of the”. Delete “and apply their skills as required to victims.”</p>
C	09/30/19	Administratively extended for one year.