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FIRE ACADEMY

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SPECIAL ANNOUNCEMENT

The attached Disaster Plan for City of Chicago has been revised, and additional information incorporated.

A separate map showing all Hospitals within the corporate limits of the City of Chicago, in addition to all Hospitals in Cook, Lake, Kane, DuPage, and Will Counties in Illinois, also, Lake County in Indiana, is enclosed.

This map also shows the correct address, telephone number, heliports, type of hospital and the number of beds available.

Robert J. Quinn

Fire Commissioner
and Acting Director:
Chicago Civil Defense Corps

DISASTER PLAN
for
CITY OF CHICAGO

Mayor Richard J. Daley
Coordinator

Robert J. Quinn
Fire Commissioner
Deputy Coordinator

Since there are so many kinds of disastrous emergencies which can strike a community and since there are wide variations in the details of similar types of situations, no definite, hard and fast rules of action can be laid down. This is especially true where statutes prescribe and regulate the functions, duties and responsibilities of various agencies and public officials. The successful solution of such involved problems is necessarily based upon a high degree of cooperation of the various officials and their respective agencies.

An Ordinance was passed by the City Council of the City of Chicago on April 25, 1947 for emergencies resulting from natural disasters.

"Mayor designated Coordinator Ex-Officio of Activities in cases of Emergency Arising from Fires, Explosions, Riots, etc.

A proposed Ordinance reading as follows:

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:

Section 1. Chapter 3 of the municipal code of Chicago is amended by adding thereto Section 3-11 as follows:

3-11 - The Mayor shall be ex-officio coordinator of activities in cases of emergency resulting from any explosion, fire, flood, riot, storm or other cause requiring concerted measures for the maintenance of public peace and order, the preservation of life and property and the relief of suffering, or for any of these purposes. He shall formulate, and, as

occasion therefore arises, he shall execute plans for the prevention of such emergencies is obligatory upon all departments and heads of departments and upon all other officers and employees of the City of Chicago. The Fire Commissioner shall be Deputy Coordinator of such activities under supervision of the Mayor as Coordinator. In the absence or inability to act of the Fire Commissioner, his powers and responsibilities shall be vested in an Acting Deputy Coordinator appointed by the Fire Commissioner."

BASIC PLAN OF OPERATION

In emergencies involving numerous casualties and fatalities, a central communications and central station should be set up in a suitable space, conveniently near the scene of the disaster. These stations should be easily identified so that hospital medical teams will know where to report. Injured persons are brought to the location for such immediate first-aid treatment as may be necessary or available. After treatment, those persons in need of further medical care are removed to the nearest hospitals having the necessary facilities and space available. Where considerable numbers of persons are involved, the Fire Alarm Office is requested to alert nearby hospital officials and ascertain the number of persons which can be taken in for treatment. This information is relayed to the person in charge of ambulance facilities at the scene of the emergency.

So that overcrowding does not occur, critically injured patients should be taken to nearest appropriate hospitals and ambulatory patients distributed to other appropriate hospitals. Likewise, when a number of dead persons are involved in the emergency, a temporary morgue is set up by direction of the County Coroner, usually in close proximity to the first-aid station. Here such identification as is possible is made and personal effects, if any, are impounded by the police. When transportation

facilities are available, victims are removed to the County Morgue. In every emergency, resulting in loss of life, the Cook County Coroner's Office must be notified and permission obtained before bodies can be removed from the scene.

Such other agencies and organizations, having services or equipment of kinds and types which may be of value at the disaster, are summoned when and as they may be required.

The successful operation of any Disaster Plan depends on immediate mobilization of a sufficient number of persons trained in handling emergency conditions and situations without delay. The organization must be available instantly, at all hours, day and night, on week days and Sundays and holidays as well.

Equipment, materials and supplies must be equally available to promptly meet the conditions of the emergency. Delay of any sort at the beginning phases of the emergency will definitely increase the severity and extent of damage and destruction through lack of restrictive action.

To minimize the costly delays in getting any emergency action under way, it can be seen that the Fire Department Officer, the first to arrive on the scene, must make an intelligent survey, sizing up the situation and reporting to the Fire Alarm Office to initiate the plan of mobilization procedures immediately.

It is the established practice of the Fire Alarm Office to maintain listings of all cooperating agencies, either public or private, and to notify key personnel of the existing emergency and to request assistance as

may be required. Hospitals, specifically, should be notified initially if it is known that there are live casualties.

The following is a list of emergency groups that can be activated in Disaster and the functions of each agency:

FIRE DEPARTMENT:

To save lives - control and extinguishment of fires - rescue work - ambulance and airlift service, as well as such other emergency duties as may be required.

POLICE DEPARTMENT:

Preserve law and order, traffic control, crowd control, set up a cordon as the situation warrants, transport victims of disaster when necessary, also transport hospital and medical personnel as may be required.

BOARD OF HEALTH:

Supervise and coordinate all emergency medical service. Mobilize a staff of physicians and nurses, with medical supplies, and arrange for hospitalization at hospitals to care for victims requiring such treatment, control transportation of victims.

CHICAGO CIVIL DEFENSE CORPS:

Mobilize their manpower and special equipment.

AMERICAN RED CROSS:

Activate their Disaster Units as may be necessary, transportation of injured persons, First-Aid Corps, Doctors and Nurses, Emergency Shelter, food and clothing, medical supplies and equipment.

HOSPITALS:

To provide such facilities and services as hospital treatment, surgery, blood plasma, medical and nursing assistance as may be needed at the disaster scene and in the hospital.

METROPOLITAN AMBULANCE ASSOCIATION:

To supply emergency ambulance vehicles to transport injured persons.

DEPARTMENT OF PUBLIC WORKS:

Bureau of Water: To increase pumping volume and pressure when required for large fires.

BUREAU OF SEWERS:

To open sewers and drains to drain off surface water and prevent flooding of basements of buildings and subways.

CONSTRUCTION DIVISION:

To provide cranes, bulldozers and similar equipment to remove rubble and other materials.

BUREAU OF STREETS:

To provide such personnel and equipment as may be required to close off streets, remove debris, etc.

DEPARTMENT OF BUILDINGS:

To provide such technical assistance as may be required to determine safety and stability of buildings and other structures.

COOK COUNTY CORONER:

Establish temporary morgue and casualty clearing stations, to identify dead and to impound personal effects of victims.

SANITARY DISTRICT OF CHICAGO:

Maintain control of level and direction of flow of current in sanitary and ship canal. Operate river locks. Operate electric generating station at Lockport. Main source of electrical energy for street lighting.

PUBLIC UTILITIES:

To provide such emergency field personnel to handle utility facilities involved in emergency or disaster. This includes:

Commonwealth Edison Company
Peoples Gas, Light & Coke Company
Chicago Transit Authority
Illinois Bell Telephone Company
Western Union Telegraph Company
American Telephone & Telegraph Corporation
Railroads

BUILDING WRECKERS' ASSOCIATION:

For personnel and equipment where necessary; to tear down damaged structures as required.

UNITED STATES COAST GUARD:

To render such assistance as may be possible in connection with disasters occurring along the water fronts of the Chicago River, Chicago Harbor, Calumet River, Calumet Harbor and Lake Michigan.

OTHER AGENCIES:

1. C.T.A. - for buses, if needed, for ambulatory patients
2. Metropolitan Ambulance Association - Telephone: 252-7380
3. Metropolitan Chicago Blood Council - for coordination of blood collection

4. Chicago Hospital Council - Telephone: 751-0700
5. Either public or private, shall be contacted for assistance.
Machinery moving services, or equipment for heavy objects,
tow boats and barges for water front use. Diving equipment,
bell divers, skin divers for underwater operations.

GENERAL PLAN

When a disaster occurs requiring the services of the Disaster Unit, the Commanding Officer, Battalion Chief or Division Marshal shall notify the Fire Alarm Office immediately as to Plan #1, #2, #3 to be placed in operation to meet the emergency.

Plan #1 - 5 to 15 victims

Plan #2 - 15 to 30 victims

Plan #3 - 30 or more victims

The request for Box Alarm or Multiple Alarms for fire shall remain the same. For example: Railroad Accidents, Building Collapse, Floods, Airplane Accidents, or any serious special duty. Principles of Triage will be used. See Page 10.

EXAMPLE:

Elevated Train Accident - (Overhead). The Fire Alarm Office is notified by telephone of the accident. Following standard operational procedures for a call of this nature is a "Still Alarm" response. The first Fire Officer arriving on the scene, finds a south bound train (4 coaches) involved in accident with another south bound train (4 coaches), at

elevated station platform with two (2) coaches telescoping one another -
time 5:00 o'clock P.M.

What action is necessary:

1. Size up situation at once
2. Life hazard - Fire hazard - Injured - Trapped - Dead
3. Emergency help - to meet the situation
 - a. Call Fire Alarm Office for additional help. (2-way radio) Box Alarm
 - b. Give Fire Alarm Office all necessary information as to extent of accident. Approximate number of persons involved in the accident and the emergency help necessary to meet the situation. Place Plan #1, #2 or #3 in operation.
 - c. Maintain communication by radio with Fire Alarm Office at all times, setting up communication car as close to disaster area as possible.
 - d. Coordinate the work of all agencies until the arrival of a superior officer. Set up Command Station.
 - e. See that First-Aid Station, Ambulance Service, Nurses and Doctors and Coroner's medical stations are set up as near the disaster area as possible.
 - f. Notify Fire Alarm Office to inform Chicago Transit Authority that all electrical power to cut off.
 - g. Notify Fire Alarm Office for any special equipment that may be needed such as: Electric Saws, Heavy Duty Jacks and Chains, Fire and Rescue Trucks, Heavy Duty Crane, etc.

- h. The Fire Alarm Office will notify at once the Fire Commissioner, Chief Fire Marshal, 1st and 2nd Deputies, Department Physician, Department Chaplain, Supervisor of Ambulances, Automotive Service Engineer and all other persons and facilities needed to cope with the situation such as Police Department, Health Department, American Red Cross, Hospitals (in the area), and other agencies that may be needed.

EXAMPLE:

POSSIBLE PLANE CRASH IN CONGESTED AREA OR AT AN AIRPORT

A jet air liner with up to 300 persons aboard crashes.

What action is necessary?

1. Size up situation at once.
2. Spreading Fire - exposure hazards.
3. Life hazard - plane occupants, building occupants, pedestrians in street.
4. Multiple alarm responses.
5. Jet fuel spillage.
6. Emergency help to meet the situation.

In a disaster of this type, the Chief Fire Officer will have a terrific fire-fighting problem on his hands that could develop into a spreading fire with exposure hazards and a serious loss of life.

Notify the Fire Alarm Office at once of the situation and the multiple alarm response necessary for fire fighting and the Disaster Plan Number to be placed in operation.

Consider the use of snorkels to form water curtains for radiation of heat, if fire is of any size or height. Attack fire from all possible sides to isolate, using fog streams where possible from adjoining buildings, roofs, fire escapes, windows and other points of advantage. Use standpipe systems in adjoining buildings where pressures are adequate.

Check basements - sewers - subway for seepage of gasoline; consider electric power and gas appliances for ignition of gasoline vapors. Commonwealth Edison and Peoples Gas Company emergency crews to handle this phase of work. C.T.A. for subways; Police Department to evacuate the area of people and traffic; Street Department to set up barricades; Water Department to check sewers and basements to provide ventilation where possible.

Red Cross and Health Department to care of injured - Coroner's Office to handle the dead - Ambulance Supervisor for Ambulance service from Fire Department - and Police Department. All the above additional help is incorporated in the Disaster Plan. Remember, keep in constant communication with the Fire Alarm Office at all times so they can give you the necessary help to cope with the situation.

TRIAGE

The term triage is a word of French origin which means sorting. When applied to multiple casualties it refers to sorting and classifying casualties to establish a priority for emergency care of victims.

In order to apply the principles of triage, it is necessary to readjust our basic impulse to provide care and comfort to all victims as we find them. In some cases this necessitates by-passing a person who is critically injured, and needs care and comfort, in favor of a victim less seriously injured. This may seem inhuman but when you consider that a proper choice may mean the difference between one survivor or no survivors, this choice is more than justified.

The principles of triage have been established to attain the best use of Emergency and Medical facilities and assure the greatest number of survivors possible.

Victims are classified in five categories according to priority of emergency care. In many cases this priority will apply to removal of victims to medical facilities as well. Much depends on the type of transportation available, the emergency and medical facilities at the scene and the extent of the injuries.

The five emergency care categories are:

Class I Priority

Victims whose chances of survival depend on immediate emergency care.

Class II Priority

Victims who need emergency care prior to transportation but whose survival is not dependent on immediate care.

Class III Priority

Victims who apparently require simple emergency care needs or those who appear uninjured and only require observation.

Class IV Priority

Victims with fatal injuries whose chances of survival are improbable even with ideal medical care.

Class V Priority

The obviously deceased victim.

It is difficult to establish a hard and fast rule to cover sorting of multiple casualties. Examination, out of necessity, has to be rapid and superficial; much is left to the judgement of persons with limited experience in this field. When medical attention is available, at the scene, emergency personnel should avail themselves of this professional guidance.

SPECIFIC INFORMATION REGARDING PRIORITIES

Class I Priority

Victims whose chances of survival depend on immediate care.

1. Severe Arterial bleeding - survival one minute or less.
2. Cardiac arrest - survival 2 to 4 minutes.
3. Respiratory arrest - survival 4 to 6 minutes.

The above life threatening problems have top priority because of the limited time available. However, with multiple victims in a disaster situation, where response time and initial survey account for 10 minutes or more, these victims may have to be considered as a Class V priority. With a large number of victims and limited manpower time will not permit extensive and complicated emergency care prior to transportation without neglecting several persons who would survive with minimal care.

4. Respiratory Problems (Airway and breathing difficulty)
 - a. Airway problems due to simple obstruction; foreign material improper position etc.
 - b. Severe maxillo - facial (upper jaw and face) wounds complicating the airway sucking wound of the chest and tension pneumothorax
5. Shock resulting from major hemorrhage or multiple injuries.
6. Severe head injuries or damage to the skull exposing intra cranial structure.
7. Wounds exposing abdominal organs - multiple injuries.
8. Severe medical problems
Poisoning ---- Cardiac problems ---- Diabetics
9. Burns involving 15% of the body area.

Class II Priority

Victims who need emergency care prior to transportation but whose survival is not dependant on immediate emergency care.

1. Penetrating abdominal or thoracic wounds without respiratory involvement or severe hemorrhage.
2. Amputations or severe wounds involving major blood vessels of the extremities which have been controlled by application of a tourniquet.
3. Head injuries without loss of consciousness or airway complications.
4. Spinal injuries or major multiple fractures.
5. Burns involving 10% of the body area.
6. Closed fractures and wounds.

Class III Priority

Victims who apparently require simple emergency care needs or those who appear uninjured and only require observation.

1. Suspected fractures, sprains or strains.
2. Minor wounds or contusions
3. Minor burns involving less than 10% of the body area.
4. Eye injuries
5. Severe psychiatric or emotional problems.

Although some victims in this category appear to be uninjured and emotionally stable they should be removed to a medical facility for consideration by trained medical personnel.

Class IV Priority

Victims with fatal injuries whose chances of survival are improbable even with ideal medical care.

1. Multiple severe injuries with critical respiratory involvement.
2. Severe burns involving 40% or more of the body area.
3. Obvious deterioration of the central nervous system.

In this category death is imminent with or without your treatment.

Class V Priority

The obviously deceased victim. Fatal wounds such as a crushed skull or severe wounds involving vital organs. Absence of pulse, respiration and dilatation of pupils.

TRANSPORTATION PRIORITY

Class I Emergency Care Priority

Victims with life threatening problems where survival is dependant on prompt and proper care.

Persons in this category should be transported to a medical facility immediately in a well equipped ambulance.

Class II Emergency Care Priority

Victims with serious injury other than life threatening injuries and emergency care can be delayed for a reasonable time without creating additional problems.

Persons in this category should be transported to a medical facility in a well equipped ambulance as soon as possible.

Class III Emergency Care Priority

Transportation priority in this category should be determined by conditions at the scene. In most cases transportation to a medical facility by Bus or Automobile is satisfactory.

It may be desirable to detain some of this group in an area at the accident scene to release ambulances for transportation of some Class IV priority of victims.

Class IV Emergency Care Priority

This group should be removed by ambulance, if possible, only after all true emergencies have been handled. Any border line cases or victims who show some improvement should be moved first.

Class V Emergency Care Priority

This group, the obviously deceased can be removed by Police Squadrol to a medical facility to be pronounced dead. Removal from the Squadrol is not necessary.

Triage has been described as a difficult and soul searching task. Proper application requires compromising our basic standards and demands a severe self discipline. The knowledge of a job well done, however, can only result in placid satisfaction.

Recommendations to Local Authorities for Dealing with Incidents Involving Radioactive Materials*

The United States Atomic Energy Commission has established emergency monitoring teams capable of taking measures to evaluate and control radiation potential hazards and advising in the field of medical treatment of injuries resulting from such incidents.

If radioactive materials are involved in incidents causing their spillage or release, and if immediate actions in the involved area are necessary for the preservation of life and health, minimum contact with radioactive materials by emergency personnel may be allowed if you observe the following precautions:

1. Notify immediately the Manager of the Chicago Operations Office, United States Atomic Energy Commission, Lemont, Illinois. Telephone CLearwater 7-7711 (ask for duty officer), or your nearest Illinois State Police Headquarters.
2. If the incident involves wreckage and a person is believed to be alive and entrapped, make every effort possible to rescue him.
3. Restrict area of accident. Keep public as far from scene as practical. Souvenir collection should be forbidden.
4. Segregate and retain those who have had possible contact with radioactive material until they can be examined further. Obtain names and addresses of those involved.
5. Remove injured from area of accident with as little contact as possible and hold at a transfer point. Take any measures necessary to save life, but carry out as minimal first-aid and surgical procedures as possible until help is obtained from radiological team physicians or other physicians familiar with radiation medicine. DO NOT take injured to local hospital or doctor's office unless certain that he is not contaminated with radioactivity.
6. In incidents involving fire, fight fires from upwind as far as possible. Keeping out of any smoke, fumes or dust arising from the accident. Treat as fire involving toxic chemicals. DO NOT handle suspected material until it has been monitored and released by monitoring personnel. Segregate clothing and tools used at fire until they can be checked by radiological emergency teams.

7. In the event of a radiological incident involving a vehicle accident, detour all traffic around scene of accident. If not possible, move vehicle shortest distance necessary to clear right of way. If radioactive material is spilled, prevent passage through area unless absolutely necessary. If right of way must be cleared before AEC radiological assistance arrives, wash spillage to shoulders of right of way with minimum dispersal of wash water.
8. DO NOT eat, drink or smoke in the area. DO NOT use food or drinking water that may have been in contact with material from the accident.
9. DO NOT try to do too much prior to the arrival of radiation specialists and physicians.

*From materials furnished by the United States Atomic Energy Commission, Chicago Office.