

WAYNE COUNTY

**MASS CASUALTY
INCIDENT**

STANDARD OPERATING PROCEDURE

*Adopted April 2009 by the Wayne County Fire Chief's
Association*

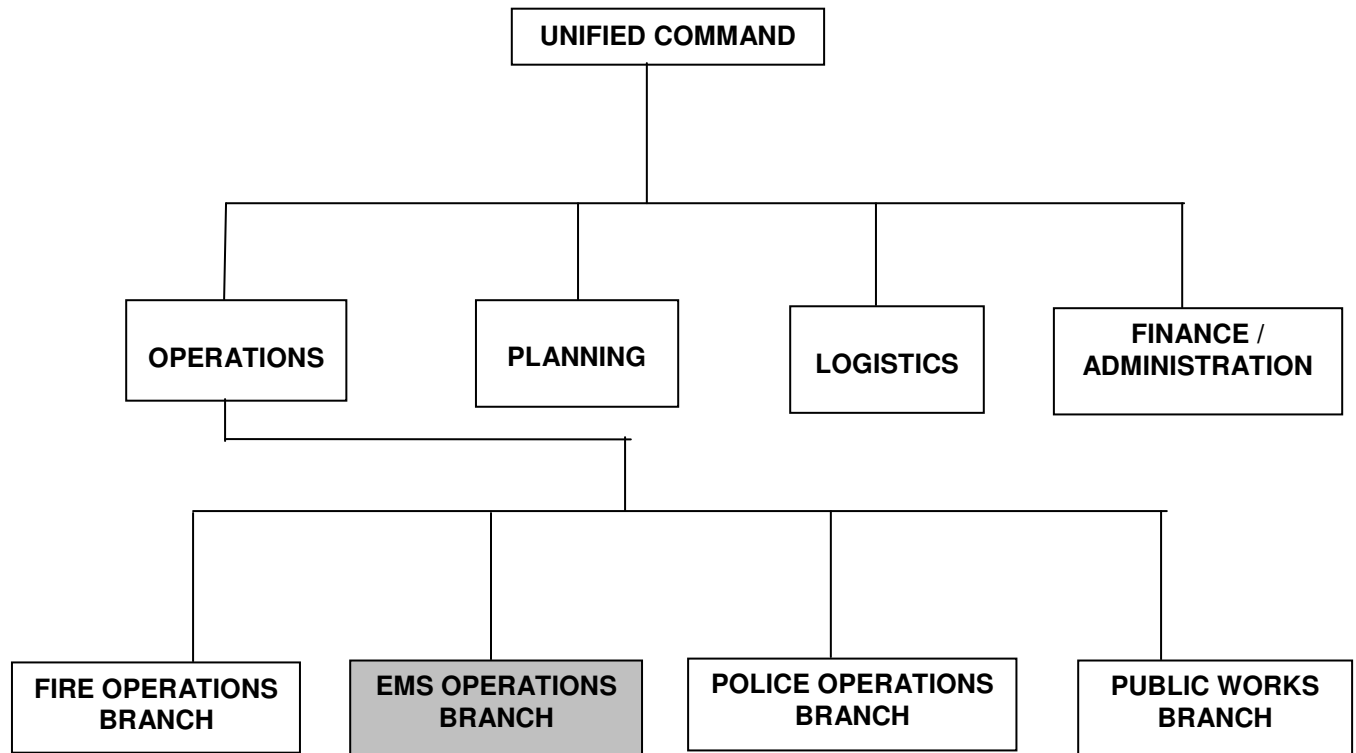
**This plan follows the National Incident Management System (NIMS) guidelines for
Mass Casualty Incident Management.**

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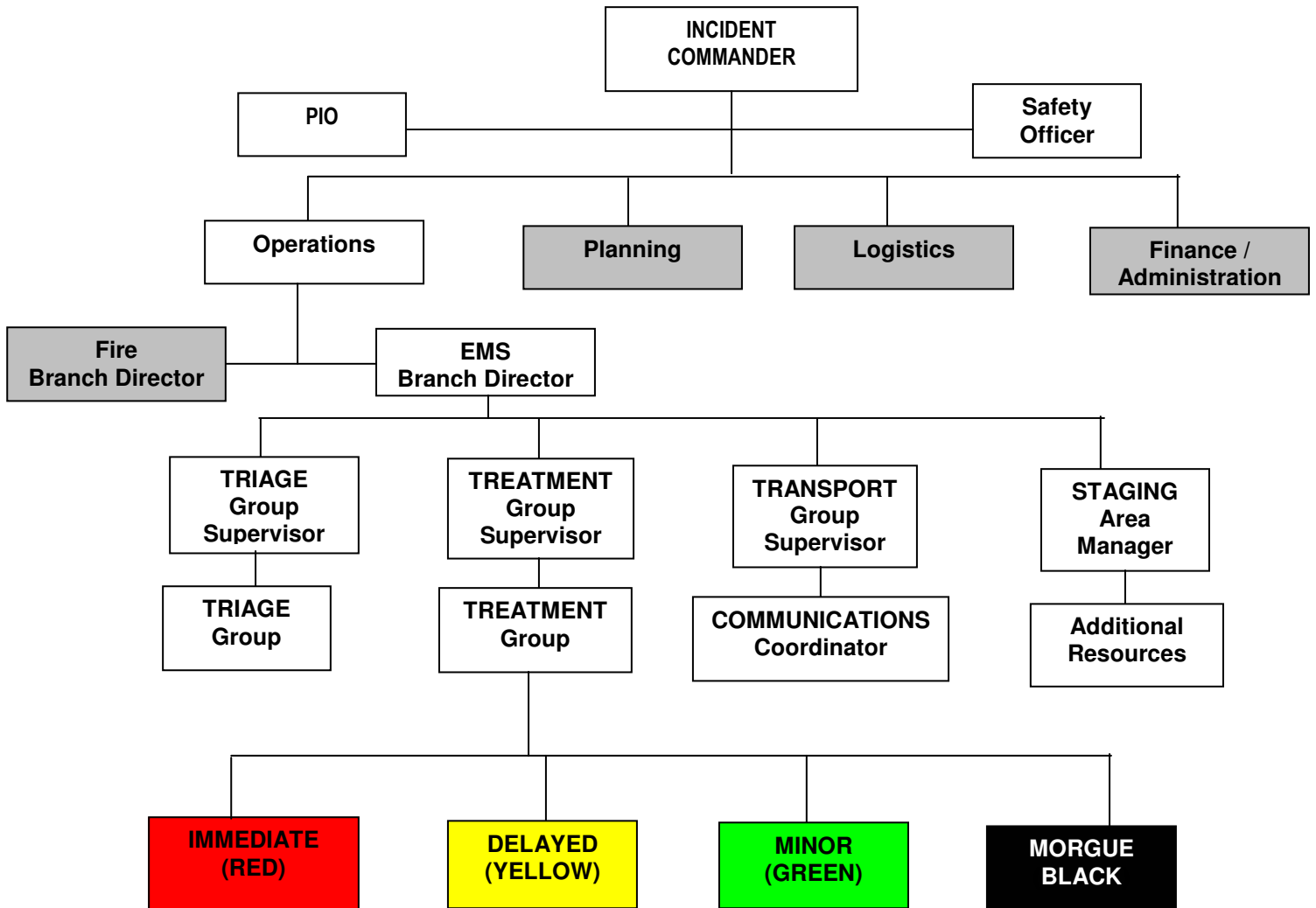
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COMPLEX INCIDENT COMMAND SYSTEM STRUCTURE

Specific EMS OPERATIONS BRANCH on following page



COMMAND STRUCTURE



LVI (*Limited Victim Incident*): 5 -14 victims

MCI (*Mass Casualty Incident*): 15 or more victims

** The OIC (Officer in Charge) may upgrade to an MCI regardless of the actual number of Victims

INCIDENT COMMAND (IC) OPERATIONS

MASS CASUALTY GUIDELINES

COMMAND POST: Fixed, clearly marked, on scene location where Incident Commander (*IC*), Branch Directors, and other support agency representatives make command decisions and coordinate all scene operations. A Command Post shall be used for each incident scene. The Command Post should be at the edge of the inner perimeter. It must be a well marked location identified with a flashing green light and/or green flag.

EMERGENCY OPERATIONS CENTER (EOC): A fixed location, permanent or temporary, where the Incident Commander, elected officials, and support agency representatives make command decisions during multiple scene or community-wide emergencies.

COORDINATING HOSPITAL: The Coordinating Hospital in a MCI will be the responding jurisdiction's EMS Medical Control and will coordinate communication and patient movement between the scene and all potential receiving hospitals. The Coordinating Hospital will also receive patients. The Coordinating Hospital will assist the Transport Group Supervisor in making transport decisions.

The following steps indicate the actions needed in a Mass Casualty response:

- Upon arrival, the FIRST UNIT establishes scene safety before rescuers enter the area to estimate the number of casualties and the type of incident. If an obvious MCI or LVI exists, the first arriving unit immediately advises the local dispatcher. If this notification is not made by the first unit, it should be made by the first arriving officer or other person designated to do so by local procedure. **IT IS CRITICAL THAT THE LOCAL DISPATCHER BE CLEARLY TOLD "THIS IS AN MCI / LVI" SO THAT ALL COMPONENTS OF THE PLAN CAN BE IMMEDIATELY ACTIVATED.**
- First squad begins primary survival scan using a systematic approach, limiting treatment to opening airways and controlling bleeding. NO other treatment, triage or tags at this point.
- Dispatcher automatically initiates MABAS (Mutual Aid Box Alarm System), preplanned call up of equipment, personnel, and agencies.
- IC designates: **Command Post, EMS Branch Director, Safety Officer, Triage Group Supervisor, Treatment Group Supervisor, Transport Supervisor, and Staging Area Manager.**

- IC advises dispatch of staging area as soon as it is designated.
- Groups should be assembled in the following order: Triage, Treatment, *and then* Transport.
- Assign an officer (if personnel available) to respond to the Coordinating Hospital Emergency Department to be the active liaison / information source. Officer should respond with a functional radio / communication device.
- Under the direction of the Triage Group Supervisor, the Triage Group begins tagging patients in the location found.
- Arriving EMS units report to Staging Area Manager. Equipment is offloaded for use in the patient treatment area. Personnel will be utilized as needed. While in the Staging Area, drivers shall remain with their vehicles.
- Move patients into the patient areas. When possible, patients are moved in tag color priority order (red, yellow, green, and then black).
- Law Enforcement, upon arrival, will: establish and maintain inner and outer perimeters, handle traffic flow, scene security, and other law enforcement related activities.
- Transporting EMS Units *shall not* make direct contact with receiving hospitals. The receiving hospital will be assigned by the Transport Group Supervisor. Limit all MCI radio traffic to signing on the air for acknowledgment and response of the unit to the scene.
- Other EMS Units (not involved in the MCI response) will make hospital radio / telephone contact following regular protocols.
- Response via personal vehicles shall be limited to those who have been requested and authorized.
- Typically, the ***first*** responding unit will be out of service due to demand and usage of supplies and equipment.

EXPECTED DISPATCHER ACTIONS

MASS CASUALTY GUIDELINES

- Uses MABAS to begin dispatching the number of squads requested by the IC.
- Expects to receive designation of staging area and advises all responding EMS units of location.
- Contacts Wayne County Emergency Management Agency (*EMA*) to advise of situation; EMA personnel will activate the Emergency Operations Center and provide additional resources once requested.
- Contacts the coordinating hospital and advises the activation of the MCI protocol.
- Notifies law enforcement for traffic / scene control.
- Contacts Coroner to report to the Command Post (only if there are confirmed fatalities).

EXPECTED HOSPITAL ACTIONS

MASS CASUALTY GUIDELINES

COORDINATING HOSPITAL: The Coordinating Hospital (*CH*) in a MCI will be the responding jurisdiction's EMS Medical Control and will coordinate communication and patient movement between the scene and all potential Receiving Hospitals. The Coordinating Hospital will also receive patients. The Coordinating Hospital will assist the Transport Group Supervisor in making transport decisions.

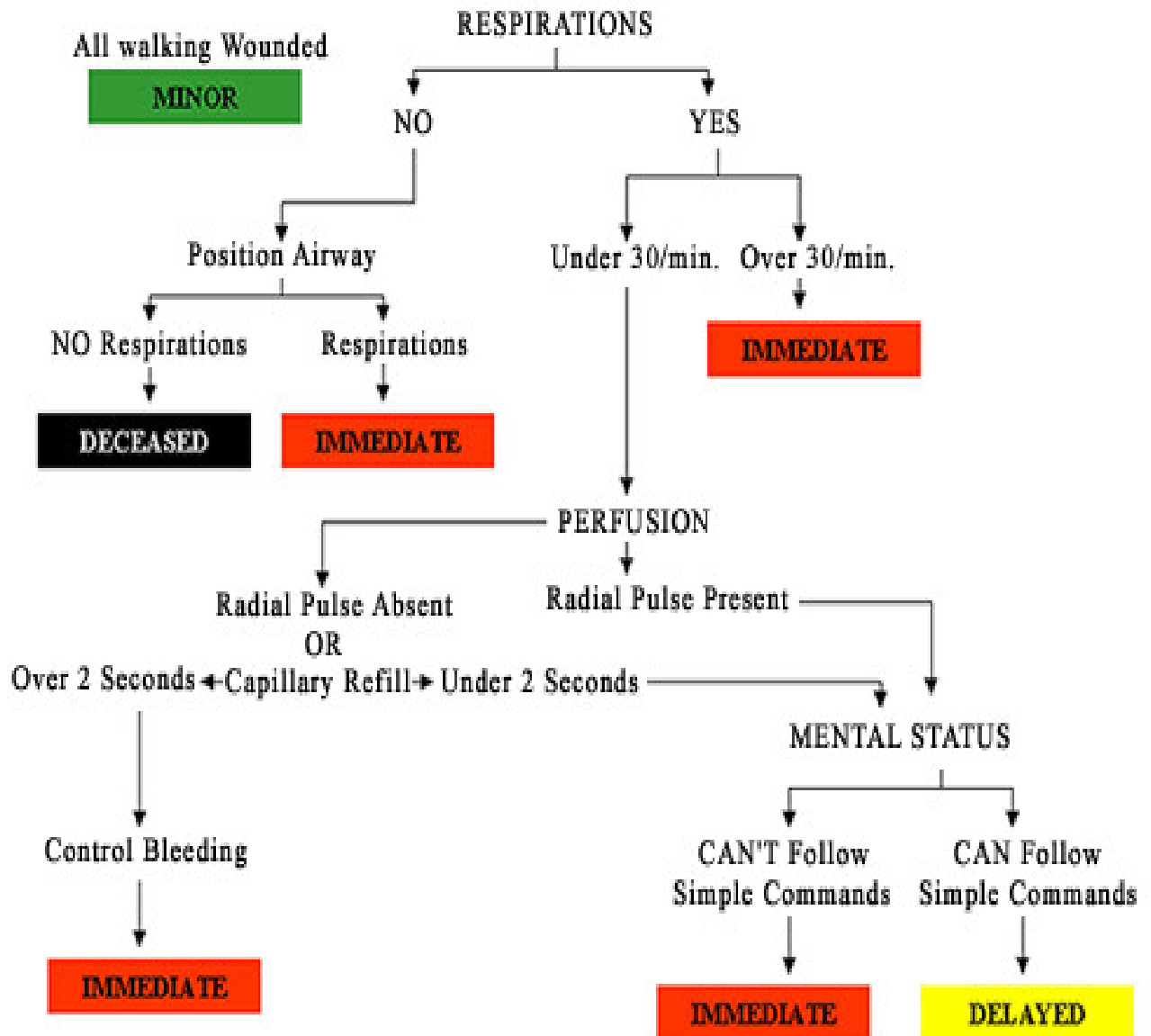
- Receives notification from the dispatcher indicating a possible / actual MCI.
- Communicates directly with the Transport Group Supervisor or the Communications Coordinator, after the initial call.
- Notifies all potential Receiving Hospitals through ED / EMS lines, of the nature of the incident and potential number of victims. *Considers the usage of specialty hospitals for BURNS (Akron Children's or Metro Health) or PEDIATRICS (Akron Children's or Aultman Hospital).*
- Ascertains from Receiving Hospital's bed availability for Red, Yellow and Green tagged patients and communicates this information to the Transport Group Supervisor.
- Receives second call from Transport Group Supervisor or Communications Coordinator at the scene once position is established-- **KEEPING PHONE LINES OPEN ONCE CALL INITIATED.** Expects periodic updates on scene activities, number of victims, and pertinent phone numbers (Emergency Operations Center, Red Cross, etc...) from Transport Group Supervisor. Communicates all pertinent phone numbers and information to Receiving Hospitals (they shall NOT initiate direct contact with EMS or dispatch).
- Decides on patient destinations in coordination with the Transport Group Supervisor.
- Receives information from Transport Group Supervisor, as victims are transported from the scene: transporting squad, number of patients, tag color, *brief* description of injuries, and Receiving Hospital. CH will notify Receiving Hospital of this information (EMS squad, tag colors, and nature of injuries).
- All Receiving Hospitals shall maintain **ALL** Triage Tags as a part of the patient's Medical Record; normal pre-hospital patient reports will NOT be completed.

TRIAGE PROCEDURES

MASS CASUALTY GUIDELINES

- Whenever Triage Tags are used, the following color-code will be used:
 - RED** (Immediate/ 1st Priority) - Patients with life threatening injury that have a high probability of survival if given immediate care and rapidly transported.
 - YELLOW** (Delayed/ 2nd Priority) - Patients with injuries that may have life- threatening implications if not treated; however, these patients are not yet in life- threatening shock or hypoxia.
 - GREEN** (Minor/ 3rd Priority) - Patients with localized injuries that need treatment but do not have an immediate systemic implication.
 - BLACK** (DOA/ 4th Priority) - Patients who are obviously dead or in full cardiopulmonary arrest.
- Completion of the Triage Tags will depend on the number of victims and rescuers and nature of the incident. Generally, the following steps will be taken:
 1. Each victim will be assessed and tagged prior to movement into the patient collection area. The primary nature of the injury will be noted in as few words as possible.
 2. On-going assessments and treatments will be noted, when possible, and as resources allow. Further information shall be listed on the triage tags: further treatment data, pertinent drawings, etc...
 3. Treatment or Transport will not be delayed in order to complete information on the Triage Tag.
 4. Victims tagged "Black / DOA" are coroner's cases; they will be left in the location found unless movement is needed to reach potentially viable patients.
 5. All triage tags will remain on/ with the patient at the Hospital.
 6. Normal EMS Patient Care Reports will not be completed for Mass Casualty Victims.
 7. If a new tag needs to be used for any reason, **DO NOT** remove initial tag! Place the new tag over the original.

S.T.A.R.T. TRIAGE



Event Conclusion

MASS CASUALTY GUIDELINES

- Upon the completion of a real or perceived MCI, ALL participating units are to return to the scene, or respond to another designated area as assigned by the OIC.
- As each squad leaves the hospital, please take a moment to gather any equipment that had previously been left at the ER, and return it to the designated area.
- Upon returning to the designated area, a minimum of the following should be done:

Cleaning: All equipment should be properly cleaned, disinfected, and returned to its appropriate place so as to make the unit ready for its next response.

Restocking: All equipment from the equipment staging area, equipment that has been returned from the ER's and that which comes from departmental supply, shall be re-stocked on each unit.

Debriefing / Critique`: All command staff, and members, participating in each event shall take part in a post-incident debriefing and critique` of the event. During this time it should be understood that this is a learning experience for all involved, and any comments should be constructive in nature and give ideas on ways to improve operations at future events.

Evaluations: At the conclusion of each event, the OIC and/or their designee shall complete the mandated NIMS forms, such as the incident action plan, ETC.

CISD: Since MCI's are outside of our normal realm of operations, contacting a CISD team for a Stress-Debriefing is highly encouraged.

MASS CASUALTY JOB DESCRIPTIONS

(USE AS A CHECKLIST)

EMS BRANCH DIRECTOR

MASS CASUALTY GUIDELINES

DUTIES: In charge of all EMS activities

REPORTS TO: Incident Commander

SUPERVISES: Triage Group Supervisor
Treatment Group Supervisor
Transport Group Supervisor
Staging Area Manager

ACTIONS:

- Confirms with IC that Dispatcher AND Coordinating Hospital have been Notified of an "MCI"
- Appoints Triage, Treatment, Transport Group Supervisors.
- Distributes vests and puts on "EMS Branch Director" Vest
- Designates patient collection area
- Supervises all EMS activity
- Assigns personnel as needed
- Requests additional assistance through Incident Commander

SAFETY OFFICER

MASS CASUALTY GUIDELINES

DUTIES: Identifies and coordinates the correction of any health and safety hazards affecting personnel at the incident.

REPORTS TO: Incident Commander

ACTIONS:

- Puts on Safety Officer's vest
- Observes operations on the scene and ensures a safe environment for personnel
- Identifies hazards and takes action to eliminate the hazard
- Sees that personnel are promptly and properly made aware of any immediate safety hazard and given appropriate instruction and / or alternatives
- Maintains communications with the Incident Commander and each Branch Director as to safety issues and hazards
- Has the authority to stop an operation when the health or safety of Operations personnel is affected
- Maintains records pertaining to any injury involving Operations personnel and sees that Incident Command has been notified
- Participates in post-incident debriefings to review safety issues and any incident which Operations personnel were injured
- Obtains additional resources through Incident Command as necessary
- Assures proper rehabilitation of personnel

PUBLIC INFORMATION OFFICER

MASS CASUALTY GUIDELINES

DUTIES: Acts as liaison between Incident Commander, Media, Red Cross, etc...

REPORTS TO: Incident Commander

SUPERVISES: Media Area

ACTIONS:

- Responds to Emergency Operation Center (*EOC*) once activated
- Designates an identifiable area (if *EOC* is not activated) where the news media activity can be controlled with the least use of available manpower
- Designates an identifiable press area (if *EOC* is not activated) where timed release of information (*ONLY AFTER APPROVAL OF IC*) to media, Red Cross, governmental agencies, etc...will occur.
- Provides news releases on a timely basis
- Maintains accurate information log of news released to media to prevent contradiction or inaccurate data
- Releases data using a written format if at all possible
- Responsible to coordinate, with the *IC*, the release of information to the responding departments concerning the welfare of their personnel, and the estimated duration of the incident. This information will be relayed to team members' families by the responding fire jurisdiction.
- Coordinates at least one press interview with the *IC*

TRIAGE GROUP SUPERVISOR

MASS CASUALTY GUIDELINES

DUTIES: Patient Triage, Tagging and Movement into the patient collection areas

REPORTS TO: EMS Branch Director

SUPERVISES: Coordinates Triage Group Personnel

ACTIONS:

- Puts on Triage Group Supervisor Vest
- Coordinates patient Triage (Patients tagged and left in place)

RED → IMMEDIATE

YELLOW → DELAYED

GREEN → MINOR

BLACK → DOA *or* Full Arrest

- Leave all BLACK TAG victims in position found unless they must be moved to assist viable patients
- Requests additional assistance as needed through the EMS Branch Director

TREATMENT GROUP SUPERVISOR

MASS CASUALTY GUIDELINES

DUTIES: Patient Treatment and Re-Triage within the patient treatment areas;
Prioritizes patients for transport

REPORTS TO: EMS Branch Director

SUPERVISES: Treatment Group Personnel

ACTIONS:

- Puts on Treatment Group Supervisor Vest
- Establishes a patient treatment area with three (3) zones:

RED: Immediate - nearest to transport
YELLOW: Delayed
GREEN: Minor

- Any deaths that occur in the Treatment area shall be moved to the temporary morgue/ BLACK area.
- Obtains personnel and equipment for treatment through EMS Branch Director
- Re-Triage patients as they arrive in treatment area;
Continues monitoring and Re-Triage until patient is transported
- Supervises all treatment activities
- Coordinates transportation priorities with Transport Group Supervisor

TRANSPORT GROUP SUPERVISOR

MASS CASUALTY GUIDELINES

DUTIES: Patient movement from the treatment area to receiving hospitals & maintaining communications with coordinating hospital

REPORTS TO: EMS Branch Director

SUPERVISES: Transport Personnel
Communications Coordinator (*If Assigned*)

ACTIONS:

- Puts on Transport Group Supervisor Vest
- Appoints Communications Coordinator (*IF* personnel are available)
- Assigns scribes/runners as needed
- Confirms that necessary vehicles and equipment are en-route. Requests extra help through EMS Branch Director
- Transports in priority order: RED→ YELLOW→ GREEN
- Reminds ALL incident transport squads to NOT contact hospitals
- Provides Coordinating Hospital with periodic updates on the activities at the scene and the number of victims.
- Provides Coordinating Hospital phone numbers for Emergency Operations Center (*EOC*), Red Cross, Public Information Center, etc...
- Notifies Coordinating Hospital of specific situation / indications *IF* a Physician is needed at the scene. A physician shall be sent from the nearest medical facility with appropriate equipment via a returning squad or law enforcement vehicle once requested.

COMMUNICATIONS COORDINATOR

REPORTS TO: Transport Group Supervisor

If NOT assigned, these duties are the responsibility of the Transport Group Supervisor.

DUTIES:

- Contact Coordinating Hospital. The Coordinating Hospital will be the normal Medical Control for the community involved. **Once contact is made, the phone lines at the scene and the Coordinating Hospital must remain open. DO NOT HANG UP!**
- The COORDINATING HOSPITAL shall notify all potential Receiving Hospitals of the nature of the situation and the potential number of victims while obtaining the Receiving Hospitals' bed availability for RED, YELLOW, and GREEN tagged patients. The Coordinating Hospital should be prepared to advise the Transport Group Supervisor of the status of all Receiving Hospitals.
- Prior to departure of *EACH* victim, Communications Coordinator advises the Coordinating Hospital:
 - SQUAD NAME
 - TAG COLOR OF PATIENT
 - CHIEF PROBLEM / COMPLAINT
 - DESTINATION

Diversions for patient care may be necessary

STAGING AREA MANAGER

MASS CASUALTY GUIDELINES

- DUTIES: Coordinate responding emergency vehicle traffic
- REPORTS TO: EMS Branch Director
- SUPERVISES: Vehicles, equipment and personnel responding to and / or within the staging area
- ACTIONS:
- Puts on Staging Area Managers Vest
 - Designates Staging Area and advises IC of the location
 - Works closely with the Transport Group Supervisor to accommodate the transportation needs of the incident.
 - Maintains record of vehicles and personnel arriving at, dispatched from, and returning to the staging area (i.e.: times, dept. name and unit number, dispatch designation, and any problems)
 - Maintains records of personnel and their level of certification. (keeps this list current and available, to be used as resource list)
 - Directs drivers of emergency vehicles to remain with their vehicles!
 - Directs personnel upon arrival to keep radios silenced unless otherwise ordered
 - Coordinates remote staging as needed
 - Assigns scribes/runners as needed