Foothills Regional Emergency Medical & Trauma Advisory Council

Serving Boulder, Clear Creek, Gilpin, Grand, & Jefferson Counties

Regional Multiple Casualty Incident

(MCI)

Plan

Updated

March 2011

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1. FRETAC Message

The Foothills Regional Emergency Medical & Trauma Advisory Council (FRETAC) provides this plan to the agencies, facilities, counties, and state agencies within the boundaries of our RETAC with the understanding that it is considered a “living document”. Revisions of this plan are always on-going, and the plan will change as new information and data is obtained. Appendices to this plan are continually “in process” as events and data inspired standards are set.

The Foothills RETAC also acknowledges that resources around our state are changing very quickly, so the resource lists and other appendices will change.

This plan is meant as a "systems" plan only, and should NOT be interpreted as a functional plan. This plan, along with the FRETAC Field Guide, should be used as templates to develop individual agency plans that work within our regional system.

a. The RETAC as an Agency Resource

Colorado Legislature mandated the development of regional medical systems. Under Senate Bill 00-180, which updated Colorado Revised Statute (CRS) 25-3.5-101 et seq., the “Colorado Emergency Medical and Trauma Services Act” (the Act) further defines the creation of the Regional Emergency Medical & Trauma Advisory Councils (RETACs).

Based on direction provided under the Act, the Foothills FRETAC was created through the Boards of County Commissioners in Boulder, Clear Creek, Gilpin, Grand and Jefferson Counties. The Commissioners from each county appoint 3 regular members and 1 alternate member to represent their interests on the FRETAC Board of Directors

This Plan has been approved by the Foothills Regional Emergency Medical and Trauma Advisory Council Board of Directors, but will be continually updated as a living document.

b. Purpose

The Foothills Regional Emergency Medical and Trauma Advisory Council (FRETAC) was created to develop a comprehensive and regional, emergency medical and trauma care system.

This FRETAC MCI Plan (hereafter known as the Regional MCI Plan) establishes a basis for unified response to a Multiple Casualty or Mass Evacuation incident in our region. The region covers Boulder, Clear Creek, Gilpin, Grand, and Jefferson

Counties. It provides guidance for mutual aid response by EMS prehospital agencies and facilities.

Each Board of County Commissioners and Office of Emergency Management within our five counties will be given a copy of this plan for their review and use as appropriate for their county.

County MCI Plans may be tiered to this plan, and agency MCI standard operating guidelines may be tiered to respective county plans.

Successful outcomes from the use of the Regional MCI Plan depend upon cooperation and shared organization and planning among County Emergency Managers, health care professionals administrators in facilities, prehospital agencies, disaster related support agencies and government entities at all levels in the counties that comprise the FRETAC.

c. Administration and Support

The FRETAC MCI Committee is a standing committee of the Foothills RETAC. This committee shall work cooperatively with each county's Emergency Manager to link Local Emergency Planning with this Regional Plan

d. Plan Development:

This MCI Plan, along with the FRETAC MCI Field Guide (appendix E) was originally written in 2004 through the FRETAC MCI Committee. The current plan of 2010 will be distributed via a wide-range of media.

e. Maintenance

i. The FRETAC MCI Committee is responsible for yearly reviews of the MCI Plan and MCI Field Guide. Other revisions can be made at any time that national, state, and federal standards change, upon approval of the committee and the RETAC BOD.
ii. Proposed revisions, amendments and other changes shall be referred to the full FRETAC Council for action

f. Implementation

i. Revisions and/or amendments shall be acted upon by the FRETAC not longer than 60 days after all members have been notified of the proposed changes and have had an opportunity to respond through their representatives or in writing to the committee chair

2. Definition of Terms and Abbreviations

AHJ	Agency Having Jurisdiction
CISM	Critical Incident Stress Management
Communications Center	Dispatch Center
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Team
DOT	Department of Transportation
EMS	Emergency Medical Services
EMSystems	Electronic Patient Resource System
EMTS	Emergency Medical and Trauma Services
ETA	Estimated Time of Arrival
FRETAC	Foothills Regional Emergency Medical and Trauma Advisory Council
HazMat	Hazardous Material
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IMT	Incident Management Team
MCI	Multiple Casualty Incident
MOU	Memorandum of Understanding
MMRS	Metropolitan Medical Response System
NIMS	National Incident Management System

3. SITUATIONS AND ASSUMPTIONS

Each Agency will define what constitutes a Multiple Casualty Incident for their jurisdiction.

Situations

Potential MCIs in the FRETAC Region could include

- Major Vehicular accidents with multiple victims
- Urban, residential and wildland fires
- Severe winter storms or other severe weather or natural disaster related situations
- Public transportation accidents (aircraft, train, bus, chairlift)
- Construction and/or industrial and farm accidents including hazardous materials, or building collapses with multiple victims.
- River and/or localized flooding, dam failures, impassable highways, roads and bridges.
- Healthcare facility or other evacuations.
- Acts of terrorism, bio-terrorism and/or civil disobedience
- Military/Federally related incidents
- Any other incident that overwhelms the capabilities of local emergency response agencies without additional resources

Assumptions

- When considering activation of the Regional MCI Plan, all emergency response agencies are expected to maintain their own capabilities at predetermined levels to continue meeting local needs.
- Personnel, agencies and/or jurisdictions shall operate during an incident or evacuation under the National Incident Management System (NIMS) endorsed by the FRETAC MCI Committee and taught within the Region.
- Facilities and prehospital agencies shall participate in periodic training exercises for their MCI Plan.
- Each prehospital agency will have an MCI Plan in coordination with the Foothills RETAC plan.
- Each prehospital agency will be provided a template for their MCI Plan upon request.

4. Concepts of Operations

a. General Scope of the MCI Plan

- **i.** Upon activation of this plan, the Communications Center, utilizing the Medical Resource Guide (Appendix D), contained in this plan, shall dispatch resources at the request of the IC at the incident
- **ii.** The Communications Center will post the incident on the EMSystems website.
- iii. Emergency operations on scene shall be conducted as outlined in the MCI Plan of the AHJ or in the FRETAC Field Guide (Appendix E), and in accordance with legislation, local plans, medical protocol and mutual aid agreements.
- iv. The Plan assumes and includes mutual aid agreements/MOUs between regional EMS, hospital/healthcare facilities and other prehospital agencies.
- v. All MCIs within the FRETAC Region shall be handled in cooperation with, and under direction of, the agency or individual having jurisdiction (AHJ).

b. FRETAC MCI Field Guide (Appendix E)

- i. Provides a standardized guide to assist in coordination and/or management of any response to an MCI within the FRETAC Region.
- ii. Effectively utilizes various resources for MCI management in the FRETAC Region.
- iii. Can assist in evacuation and care for a significant number of patients from any health care facility when the care and transportation of those patients exceeds the capabilities of the locality, facility, or jurisdiction.
- iv. Will help ensure the largest number of survivors in mass casualty situations or healthcare facilities evacuations.

c. Types of Multiple Casualty Events

The classification of the incident shall be determined by the IC based upon the needs of the scene and available resources. Resources for care and transportation of patients/victims are requested and posted on the EMSystems website.

- i. **LOCAL:** Required resources available within the county or immediately available through normal mutual aid.
- ii. **REGIONAL:** Required resources exceed county and immediately available mutual aid.

iii. **STATEWIDE:** When regional resources are overwhelmed, a statewide incident may be declared. Statewide mutual aid or a county disaster declaration must be activated through the County Emergency Management System.
iv. **FEDERAL:** Activation of Federal resources requires a State declaration by the Colorado Office of Emergency Management and the Governor's office.

d. Management Goals

i. Do the greatest good for the greatest number of people.
ii. Make the best use of manpower, equipment and facility resources.
iii. Avoid relocating the MCI to the receiving facilities.
iv. Comply with any local, state, federal rules and regulations regarding patient care and transport.

e. Incident Priorities

i. Facility or agency provider safety, accountability and welfare
ii. Life Safety
iii. Incident Stabilization
iv. Conservation of Property and Evidence

f. Critical Incident Stress Management

i. CISM team can be activated through the local Communications Centers.

5. Organization and Assignment of Responsibilities

a. Participants: The regional response to an MCI or evacuation may involve the following:

i. EMS providers with Emergency Response agencies
ii. Healthcare facilities
iii. Trained First Responders
iv. Local, State, and Federal government agencies
v. Non-transport support such as Fire organizations, CISM teams, American Red Cross, public utilities, amateur radio and any local volunteer organizations involved in disaster recovery.

b. Local Emergency Plans

i. It is recognized that some localities and each county have a local emergency operations plan.
ii. This Regional MCI Plan shall be transparent to, and support any local jurisdictional plan.
iii. The FRETAC MCI Committee will provide guidance to Emergency Managers to assist them in preparation and maintenance of their MCI plan.

c. Initial Response to an Incident

The MCI Plan uses NIMS nomenclature and a standardized ICS approach to all incidents. Requests for additional resources shall originate from the IC and be routed through the appropriate Communications Center.

d. Activating the Operational MCI Plan

i. The agency with jurisdictional responsibility (AHJ) can activate their MCI Plan from the scene.
ii. Once the MCI Plan is activated, the Communications Center will make appropriate notifications via EMSystems.
iii. The person activating the Plan will first identify him or herself, and give a report on the incident with type, location, number of patients and a callback number.

e. Responsibilities: Hospitals and Healthcare Facilities

i. Facilities that are activated or alerted under the MCI Plan shall provide, through EMSystems, confirmation or adjusted information on the numbers of patients they can accommodate in the three START Triage categories:

1. Red: Immediate
2. Yellow: Delayed
3. Green: Walking Wounded

ii. Facilities shall activate their own MCI plans for additional staffing based on anticipated patient counts from the scene

f. Responsibilities: Prehospital

i. Responding providers, including those responding in privately owned vehicles, shall report to their respective agencies, then report to staging and SHALL NOT self-dispatch to scene of the incident.
ii. To maintain security, all personnel responding to a MCI or facility evacuation shall be required to carry self-identification and proof of affiliation with their agency.

iii. At the discretion of the IC, responding units may be directed to the staging area or the Ambulance Loading Zone. They shall not be allowed direct access to the MCI site.
iv. All prehospital providers responding to a MCI in the Foothills region agree to operate under the ICS utilizing the START triage system.
v. Localities affected by an MCI shall be responsible for activating mutual aid in the region through their own Communications Centers. Use of the available statewide mutual aid resources through the Colorado Department of Public Health and Environment (CDPHE) shall be activated by a County Emergency Manager's request to the State of Colorado.
vi. Prehospital emergency response agencies agree to respond with personnel and equipment when the Regional MCI Plan is activated, but should not reduce local capabilities below acceptable levels.
vii. Personnel from responding agencies shall be responsible for all of their medical and incident documentation.
viii. Prehospital agencies shall encourage their providers to participate in on-going training in ICS, START triage system, EMSystem Training, hazard awareness programs and other related MCI skills, along with periodic training exercises.

g. Medical Direction/Protocols

i. Established medical direction will be maintained by each agency's provider, even outside of the local agency's jurisdiction.
ii. Patient care shall be rendered in accordance with the established prehospital care protocols of each responding agency.

h. Fatalities and Mass Fatalities Incidents

i. It is critical that the Coroner's Office be notified as early as possible in any mass fatality situation.
ii. Fatalities and any incident debris need to be left in place to assist the Coroner in identifying victims.
iii. The Coroner and Law Enforcement shall be responsible for scene and evidence security.

i. Standard Precautions

i. All personnel involved in a response to any MCI or evacuation shall comply with standard precautions, to include universal precautions/body substance isolation, and all equipment and resources (PPE) for their own personal protection.

6. Direction and Control

a. Emergency Communications

i. The Communications Center shall be responsible for posting the incident on EMSystems and advising all receiving facilities of the number of people being transported to each facility, their START category and ETA.
   1. EMSystems should be used during the incident to monitor hospital capabilities and to assign patient destinations to available healthcare facilities.

ii. The Transportation Unit Leader shall report to the IC when all patients have been transported from the scene. This is a benchmark to be communicated to the Communications Center and posted to EMSystems.

iii. Only in cases of imminent life threats, shall ambulances make enroute changes to hospital destination. Notification must be made to both the receiving facility and to the Communications Center.

iv. Clear language shall be used in all MCI responses as per ICS standards. Currently, no cell systems have been exclusively dedicated to EMS. Therefore, the public access cellular system is likely to be very busy during an MCI. Once an open cell line has been established by the IC, it should be kept open for the duration of the MCI.

b. Technical Rescue Operations/Specialized Resources

i. When needs exceed local capabilities or resources, utilize the Medical Resource Guide (Appendix D) to locate specialized resources. Several local teams exist which have technical rescue capabilities.

ii. When needs exceed regional resources, additional assistance is available through the Colorado Division of Emergency Management (CDEM).

c. Hazardous Materials

i. A Hazmat activation and notification plan should exist locally for incidents involving hazardous materials.

ii. Patients exposed to hazardous materials shall not be transported unless decontaminated.

iii. All healthcare facilities are encouraged to have basic decontamination capabilities to treat patients exposed to hazardous materials.

iv. Patient self-transport should be anticipated by the facilities. Isolation and decontamination should be set up and available.

v. Decontamination shall be conducted according to accepted national guidelines established by DOT, OSHA, EPA, NFPA and any local hazardous material response plans.

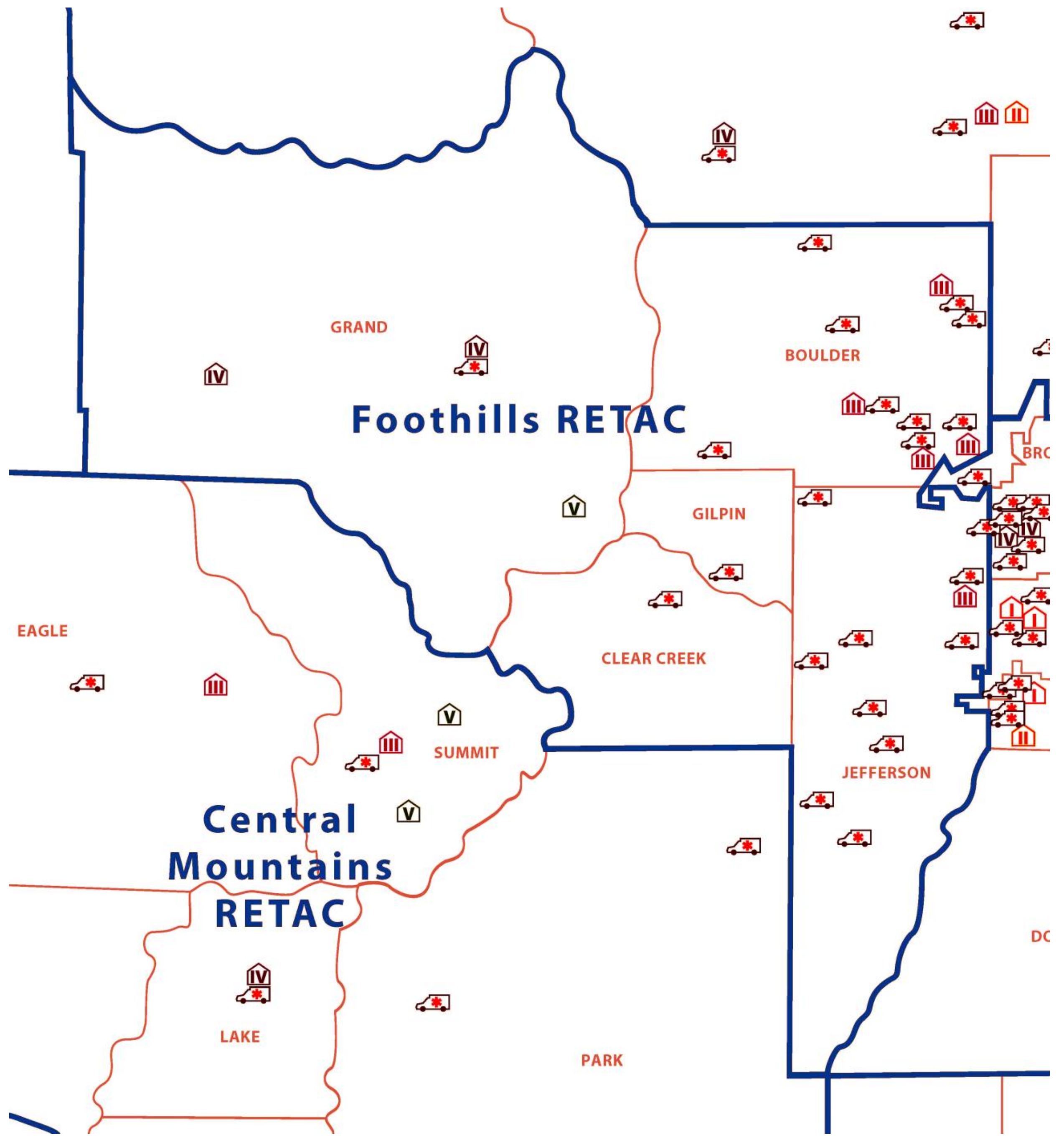
d. Air Operations

i. The Federal Aviation Administration (FAA) regulates airspace over an MCI.
ii. Requests for restriction of airspace over a MCI should be made by the County Emergency Operations Center to the FAA Air Traffic Control Center (ARTCC) in Washington D.C.
iii. County Sheriffs are able to request military air assistance for Search and Rescue Operations from the Air Force Rescue Coordination Center (AFRCC) .
iv. In large-scale emergencies the CDEM is available. They can assist with larger scale air resource needs.

APPENDICES

Appendix A

Foothills RETAC Map


GRAND
BOULDER
Foothills RETAC
GILPIN
EAGLE
CLEAR CREEK
SUMMIT
JEFFERSON
Central
Mountains
RETAC
LAKE
PARK

APPENDIX B

MCI TRANSPORT FORM FOR AGENCIES

Foothills RETAC Fire/EMS Agency

MCI Transportation Form

# Victims Reported by Triage Category				
I	II	III	IV	Totals

Date:______________________

Incident Location:____________________

Emergency Units Responding			

Hospitals						
Can Handle						
# Sent						

Tag Number	Category	Patient Name	Primary Injuries	Emergency Unit Transporting	Time of Departure	Hospital

Notes:

MCI Transport Form for PSAPs/Coms

Foothills RETAC Communications Office

MCI Transportation Form

# Victims Reported by Triage Category				
I	II	III	IV	Totals

Date:____________________

Incident Location:________________

Emergency Units Responding			

Hospitals						
Can Handle						
# Sent						

Emergency Unit Transporting	Arrival at Scene	# Of Patients with Triage Categories	Time of Departure	Hospital	Arrival Time at Hospital

Notes:

Appendix C

Prehospital Agency MCI Policy Template #1

STANDARD OPERATING PROCEDURES

EMERGENCY MEDICAL SERVICE

SOP #:

Category: Mass Casualty Incidents

Date: March 13, 2011

I. Purpose:

Rapidly establish triage, treatment and transportation of multiple field casualties.

II. Procedure:

These procedures shall be implemented when personnel on the first arriving unit determine that **three or more ambulances** will be required to transport all victims from the scene to area hospitals. Due to the potential for HazMat or WMD in mass casualty incidents, extreme care should be taken to minimize risk to respondents. Other protocols may need to be integrated.

A. First Arriving Officer Duties:

The Officer on the first arriving EMS or fire unit shall be responsible for the initial scene assessment and coordination of the MCI response. He/she shall then assume Incident Command (IC) per Department Policy and Procedure and notify the Communications Office, designating the incident as an "MCI." The size-up report should also include the nature of the incident and an approximation of the number of victims, allowing the Communications Office to anticipate the resources required to meet the immediate needs.

1. The IC shall direct and coordinate all scene operations.

2. The IC shall designate routes of ingress and egress of ambulances and will notify the Communications Office of those routes on the radio.

3. The IC shall assign personnel to fill the roles of Triage Unit Leader and Transportation Unit Leader. The needs of the scene will help the IC decide the most appropriate personnel to fill these roles. Typically, these assignments will be given to the crew of the first arriving ambulance, to allow those individuals to maintain supervision of medical operations from their arrival until the last patient is transported from the scene ("First in, last out."). In some cases, the assignments may be given to other adequately trained personnel when they are not occupied with other duties, thus allowing ambulance personnel to remain with their ambulances and be available to treat and transport patients. Another factor that may enter into the assignment of personnel would be the presence of a new ambulance crewmember who is being trained and evaluated and is not yet ready to solely assume one of these assignments.

4. The IC shall determine the need and make requests for resources or personnel that may be necessary for scene operations and management.

B. Triage Unit Leader:

The attendant on the first arriving ambulance assumes the role of Triage Unit Leader until the IC makes the official assignment. Once assigned, the Triage Unit Leader shall don the appropriate vest, so as to be easily recognizable to all incoming ambulance crews.

1. The Triage Unit Leader's first responsibility is to provide rapid triage using the Simple Triage and Rapid Treatment (START) system for all victims of the incident (see Denver Metropolitan Paramedic Protocols "Triage: Multiple Patient Assessment.") This requires the use of Triage Tags. When all victims are located within a small perimeter, the Triage Unit Leader can effectively perform triage for all victims and assign sufficient personnel to provide patient care while they await transportation. When several victims are scattered over a larger area, it may be necessary for the Triage Unit Leader to organize a team of rescue personnel to evacuate victims to a common location (Triage Funnel). The transfer of victims can be facilitated with the use of traffic cones, signs, or lengths of fire hoses deployed in a "cattle-chute" format (positioned from a wide area to a narrow end point). In this instance, the Triage Unit Leader may position himself at the Triage Funnel point to ensure that all victims are evaluated and triaged (or re-triaged).

2. When the transportation of several victims will be delayed, the Triage Unit Leader (in conjunction with the Transportation Unit Leader) may establish Patient Collection and Treatment Areas for each triage category. The location of these areas shall be in a safe area as close as possible to the Ambulance Loading Zone.

3. The Triage Unit Leader is responsible for designating (and communicating to the Transportation Unit Leader) the order of patients to be transported and which patients may require helicopter transportation.

4. When the Triage Unit Leader is the attendant on the first arriving ambulance, he/she resumes his/her original assignment when the last patients are prepared for transport. In most cases, the first ambulance to arrive on scene will be the last transporting ambulance.

C. Transportation Unit Leader:

The driver of the first arriving ambulance will assume the role of Transportation Unit Leader until IC makes the official assignment. Once assigned, the Transportation Unit Leader shall don the appropriate vest, so as to be easily recognizable to all incoming ambulance crews. The Transportation Unit Leader shall:

1. Be responsible for requesting the response of any additional EMS transportation resources (either to the Communications Office or to the IC/MGS). This may include the use of public transportation resources (i.e. buses), for numerous "walking wounded" patients.

2. Determine the divert status of potential receiving hospitals and instruct the Communications Office to contact specific hospitals to alert them of the scope of the incident and to request a

report of the number of patients (per triage category) that they are capable of receiving. **Remember:** A non-Trauma Center can often step up their capabilities and become a temporary "Trauma Center" if they are notified early into the incident and given enough time to mobilize staff, operating rooms, etc.

3. Designate the Ambulance Loading Zone and inform the IC or MGS.

4. Be responsible for establishing and ensuring proper placement and staging of all EMS ground and air units.

5. Work with the IC, the Triage Unit Leader, and the Communications Office to ensure that all incoming EMS crews are clearly aware of the following:

   a) Routes for vehicle ingress and egress

   b) Incident conditions and possible hazards

   c) Vehicle staging site (if necessary)

   d) Ambulance Loading Zone, located as close as possible to the Patient Collection and Treatment Area

   e) Location of Equipment Stockpile Area

   f) Key equipment needed from EMS units upon their arrival

   g) The need for drivers to stay with (or near) their vehicles

6. Assign patients to EMS transport units and maintains MCI Transportation Form. The Transportation Unit Leader must "patrol" the Transportation area and be concerned with removing patients from the scene expeditiously, with critical patients transported first, whenever possible. The Transportation Unit Leader should (when possible) avoid assigning more than one critical patient to each transport unit. Assigning one "Red" and one "Yellow" patient to each transport unit generally results in more effective patient care when there is only one attendant. It is important that the Transportation Unit Leader stay out of the Patient Collection and Treatment Areas to avoid being "trapped." To this end, to the Transportation Unit Leader may establish a well-defined "on-deck" area near the Ambulance Loading Zone, where the next patients to be transported will be temporarily placed.

7. Assign hospital destinations to the first "wave" of EMS transport units and communicate it to Communication Center. After the first "wave" of transports from the scene, the Transportation Unit Leader will assign hospital destinations with advice from the Communications Office.

8. In large scale MCIs, the Transportation Unit Leader may assign the responsibility for making hospital notifications to the Communications Office.

9. Be responsible for implementing a system for tracking patients with their transporting vehicles and hospital destinations. The Transportation Unit Leader must ensure that the Triage Tag Tracer Stub is retained for each patient and that a corresponding log is maintained. The Transportation Unit Leader or the MGS is well-advised to appoint an Aide or Scribe to maintain the log.

10. When the Transportation Unit Leader is the driver on the first arriving ambulance, he resumes his original assignment when the last patients are prepared for transport. In most cases, the first ambulance to arrive on scene will be the last transporting ambulance.

The IC may appoint a Medical Group Supervisor (MGS), to whom the Triage and Transportation Unit Leaders will report. In smaller incidents, the MGS may assume the role of Transportation Unit Leader.

D. Transport Unit Crews:

1. Responding Transport Units will obtain information from the Communications Office such as staging location, routes of ingress and egress, and (if available) the identity and location of the Transportation Unit Leader. Transport Units that respond to an MCI after the initial ambulance are responsible for reporting as assigned to the Ambulance Loading Zone or designated staging area.

2. When reporting to the Ambulance Loading Zone, transport unit crews will park their ambulances and then immediately contact the Transportation Unit Leader.

3. The crews should anticipate the rapid assignment of patients for transport, along with a hospital destination, from the Transportation Unit Leader. Transport unit crews must avoid becoming separated from their ambulances so they can load and leave the scene expeditiously.

4. In consideration of the potentially large amount of telephone or radio traffic, hospital notifications should be as concise as possible. In very large scale MCIs, the Transportation Unit Leader may decide to assign hospital notifications to the Communications Office or the Incident Dispatcher if assigned by Command.

5. Freelancing by transport units shall be avoided and may result in release from the incident as determined by IC or MGS.

E. The Communications Office:

1. When personnel at the scene designate an “MCI,” the Communications Office is responsible for entering the incident on the EMSystems website.

2. Dispatch available resources to meet the initial needs of the scene per procedure.

3. Contact other transport agencies to inform them of the incident and to determine available resources as necessary.

4. Dispatch additional resources as requested by IC or MGS.

5. Communicate to all responding ambulances designated routes for ingress and egress.

6. Monitor EMSystems website or contact area hospitals as necessary to determine capabilities for receiving patients (number per triage category) and relay information to Transportation Unit Leader.

7. Inform Command and on-scene resources as appropriate.

8. Maintain MCI Transportation Form and record number and type of patients, transport units, hospital destinations and appropriate times (especially arrival times at hospitals). Make recommendations for hospital destinations to the Transportation Unit Leader based upon information from the MCI Transportation Form.

9. When assigned by the Transportation Unit Leader, personnel in the Communications Office will make hospital notifications that should be concise and include:

    a) Identification of the transport unit

    b) Number of patients with their triage category designation

    c) ETA for each transport unit

III. Reference:

Denver Metro Paramedic Protocols
West Metro Fire Rescue EMS SOP #603

PREHOSPITAL AGENCY MCI POLICY TEMPLATE #2

MULTIPLE CASUALTY INCIDENT (MCI) OPERATIONAL POLICY

These procedures shall be implemented when personnel on the first arriving unit determine that **three or more ambulances** will be required to transport all victims from the scene to area hospitals. Due to the potential for HazMat or WMD in mass casualty incidents, extreme care should be taken to minimize risk to respondents. Other protocols may need to be integrated.

A. First Arriving Officer

The Officer on the first arriving fire unit shall be responsible for the initial scene assessment and coordination of the MCI response (When arriving first on scene, EMS personnel will initiate these tasks until relieved by fire personnel.). The Officer shall then assume Incident Command (IC) per Interagency Policy and Procedure and notify Dispatch, designating the incident as an "MCI." (The Officer will maintain Incident Command until relieved.) The size-up report should also include the nature of the incident and an approximation of the number of victims, allowing Dispatch to anticipate the resources required to meet the immediate needs.

First Arriving Officer Checklist

- Scene assessment
- Coordination of the MCI response
- Assume Incident Command
- Notify Dispatch, designating the incident as an "MCI."
- The size-up report should also include the nature of the incident and an approximation of the number of victims.

B. Incident Command

1. The first person to assume Incident Command must immediately communicate with Dispatch and designate themselves to this role. Every time IC is passed on to other personnel, the new IC must clearly communicate this to Dispatch.
2. The IC shall direct and coordinate all scene operations.
3. The IC shall designate a dedicated radio frequency for local scene communication (preferably two, one specifically for patient transportation).
4. The IC shall designate routes of ingress and egress of ambulances and will notify Dispatch on the radio.
5. The IC shall assign personnel to fill the roles of Triage Unit Leader and Transportation Unit Leader. The needs of the scene will help the Officer decide the most appropriate personnel to fill these roles. Typically, these assignments will be given to the crew of the first arriving ambulance, to allow those individuals to maintain supervision of medical operations from their arrival until the last patient is transported from the scene ("First in, last out."). In some cases, the assignments may be given to personnel from a fire unit when they are not occupied with other duties and are adequately trained, thus allowing ambulance personnel to remain with the ambulance and available to treat and transport patients. The Officer should make these assignments after consulting with the senior member of the ambulance crew.
6. Once made, the IC will communicate the assignments to Dispatch.

a. When a Command Post is established with Unified Command, the IC should participate as the representative of Fire/EMS.
b. Establish site
c. Green Light or Flag
d. Representation by Law Enforcement, Fire, and EMS
e. Dialogue, consultation, mutual planning and decision-making

Incident Command Checklist

- The IC shall direct and coordinate all scene operations.
- The IC shall designate routes of ingress and egress of ambulances and will notify Dispatch of it on the radio.
- The IC shall determine the need and make requests for resources or personnel that may be necessary for scene operations and management.
- After consulting with the Transportation Unit Leader, the IC shall designate the Helicopter Landing Zone (as necessary) and assign personnel for ground contact.
- When Unified Command is established, represent Fire/EMS.

C. Medical Group Supervisor

The Medical Group Supervisor role may be assumed by the IC in small scenes. When the IC is supervising multiple operations (i.e. suppression, HazMat, etc.), he/she may assign a Medical Group Supervisor.

MISSION of Medical Group Supervisor**:** *To ensure that supervision and coordination is provided for triage, treatment and transportation of all patients.*

Medical Group Supervisor Checklist

- Report and provide frequent updates to the IC.
- The Medical Group Supervisor role may be assumed by the Incident Commander on small incidents
- Dress in identifying vest
- Locate in a visible position
- Assign radio TAC channel for MEDICAL
- Coordinate all medical operations
- Account for all personnel assigned to this group
- Monitor safety and welfare of group personnel
- Appoint and assign UNIT LEADERS and support staff

D. Triage Unit Leader

The attendant on the first arriving ambulance assumes the role of Triage Unit Leader until the IC makes the official assignment. Once assigned, the Triage Unit Leader shall don the appropriate vest, so as to be easily recognizable to all incoming ambulance crews.

1. The Triage Unit Leader's first responsibility is to provide rapid triage using the Simple Triage and Rapid Treatment (START) system. This requires the use of Triage Tags. When all victims are located within a small perimeter, the Triage Unit Leader can effectively perform triage for all victims and assign sufficient personnel to provide patient care while they await transportation. When several victims are scattered over a larger area, it may be necessary for the Triage Unit Leader to organize a team of rescue personnel to evacuate victims to a common location (Triage Funnel). The transfer of victims can be facilitated with the use of traffic cones, signs or lengths of fire hoses deployed in a "cattle-chute" format (positioned from a wide area to a narrow end point). In this instance, the Triage Unit Leader may position himself at the point of the Triage Funnel to ensure that all victims are evaluated and triaged (or re-triaged).
2. When the transportation of several victims will be delayed, the Triage Unit Leader (in conjunction with the Transportation Unit Leader) may establish Patient Collection and Treatment Areas for each triage category. The location of these areas shall be in a safe area as close as possible to the Ambulance Loading Zone.
3. Assigns personnel to provide patient care and re-triage to victims while they await transportation.
4. The Triage Unit Leader is responsible for designating (and communicating to the Transportation Unit Leader) the order of patients to be transported and which patients may require helicopter transportation.
5. When the Triage Unit Leader is the attendant on the first arriving ambulance, he/she resumes his/her original assignment when the last patients are prepared for transport. In most cases, the first ambulance to arrive on scene will be the last transporting ambulance.

<u>Triage Unit Leader Checklist</u>

- Provide rapid triage using the Simple Triage and Rapid Treatment (START) system for all victims of the incident.
- Perform triage for all victims and assign sufficient personnel to provide patient care while they await transportation if victims are located in a small area.
- Request a team of rescue personnel to evacuate victims to a common location if victims are scattered.
- When the transportation of several victims will be delayed, establish Patient Collection/Treatment Areas for each triage category. The location of these areas shall be in a safe area as close as possible to the Ambulance Loading Zone. The Triage Unit Leader will assign personnel to provide patient care and re-triage while victims are awaiting transportation.
- Designate (and communicate to the Transportation Unit Leader) the order of patients to be transported and which patients may require helicopter transportation.
- Resume original assignment when the last patients are prepared for transport.

E. Transportation Unit Leader

The driver of the first arriving ambulance will assume the role of Transportation Unit Leader until the IC makes the official assignment. Once assigned, the Transportation Unit Leader shall don the appropriate vest, so as to be easily recognizable to all incoming ambulance crews.

1. The Transportation Unit Leader is responsible for requesting the response of any additional EMS transportation resources (either through Dispatch or through the IC). This may include the use of public transportation resources, i.e. buses, for numerous “walking wounded” patients.
2. The Transportation Unit Leader must determine divert status of potential receiving hospitals and instruct Dispatch to contact specific hospitals to alert them of the scope of the incident and to request a report of the number of patients (per triage category) that they are capable of receiving. **Remember:** A non-Trauma Center can often step up their capabilities and become a temporary “Trauma Center” if they are notified early into the incident and given enough time to mobilize staff, operating rooms, etc.
3. The Transportation Unit Leader must designate the Ambulance Loading Zone and inform the IC and ensure proper placement and staging of all EMS ground and air units. Consult with IC to determine best location for a Helicopter Landing Zone when necessary.
4. Requests the response of the MCI Trailer as necessary.
5. Works with the IC, the Triage Unit Leader and Dispatch to ensure that all incoming EMS crews are clearly aware of the following:
    - Routes for vehicle ingress and egress
    - Incident conditions and possible hazards
    - Vehicle staging site (if necessary)
    - Ambulance Loading Zone, located as close as possible to the Patient Collection and Treatment Area
    - Location of Equipment Stockpile Area
    - Key equipment needed from EMS units upon their arrival
    - The need for drivers to stay with (or near) their vehicles
6. Assigns patients to EMS transport units and maintains MCI Transportation Form. The Transportation Unit Leader must “patrol” the Transportation area and be concerned with removing patients from the scene expeditiously, with critical patients transported first, whenever possible. The Transportation Unit Leader should (when possible) avoid assigning more than one critical patient to each transport unit. Assigning one Category Red and one Category Yellow patient to each transport unit generally results in more effective patient care when there is only one paramedic attending. It is important that the Transportation Unit Leader stay out of the Patient Collection/Treatment Areas to avoid being “trapped.”
7. To this end, it is often advisable to establish a well-defined “on-deck” area near the Ambulance Loading Zone, where the next patients to be transported will be temporarily placed.
8. Assigns hospital destinations to the first “wave” of EMS transport units and communicates it to Dispatch. After the first “wave” of transports from the scene, the Transportation Unit Leader will assign hospital destinations with advice from Dispatch.
9. In very large scale MCIs, the Transportation Unit Leader may assign the responsibility for making hospital notifications to Dispatch.
10. Responsible for implementing a system for tracking patients with their transporting vehicles and hospital destinations. The Transportation Unit Leader must ensure that the Triage Tag Tracer Stub is retained for each patient and that a corresponding log is maintained.
11. When the Transportation Unit Leader is the driver on the first arriving ambulance, he/she resumes his/her original assignment when the last patients are prepared for transport. In most cases, the first ambulance to arrive on scene will be the last transporting ambulance.

Transportation Unit Leader Checklist

- Assume the role of Transportation Unit Leader until IC makes the official assignment.

- Responsible for requesting the response of any additional EMS transportation resources.
- Determine status of potential receiving hospitals and instruct Dispatch to contact specific hospitals to alert them of the scope of the incident and to request a report of the number of patients (per triage category) that they are capable of receiving.
- Designate the Ambulance Loading Zone and inform the IC.
- Requests the response of the MCI Trailer as necessary.
- Works with the IC, the Triage Unit Leader and Dispatch to ensure that all incoming EMS crews are clearly aware of the following:
    - Routes for vehicle ingress and egress
    - Incident conditions and possible hazards
    - Vehicle staging site (if necessary)
    - Ambulance Loading Zone, located as close as possible to the Patient Collection and Treatment Area
    - Location of Equipment Stockpile Area
    - Key equipment needed from EMS units upon their arrival
    - The need for drivers to stay with (or near) their vehicles
- Assign patients to EMS transport units and maintain MCI Transportation Form.
- Establish a well-defined "on-deck" area near the Ambulance Loading Zone, where the next patients to be transported will be temporarily placed.
- Assign hospital destinations to the first "wave" of EMS transport units and communicate them to Dispatch.
- After the first "wave" of transports from the scene, the Transportation Unit Leader will assign hospital destinations with advice from Dispatch.
- In very large scale MCIs, the Transportation Unit Leader may assign the responsibility for making hospital notifications to Dispatch.

F. Transport Unit Crews

1. Transport Unit Crews will obtain information from Dispatch such as staging location, routes of ingress and egress, and (if available) the identity and location of the Transportation Unit Leader. They are to report as assigned to the designated staging area or directly to the scene if ordered.
2. When reporting to the scene, transport unit crews will park their ambulances at the designated loading zone or ambulance staging area (if designated) and immediately contact the Transportation Unit Leader (or Staging Officer).
3. The crews should anticipate the rapid assignment of patients along with a hospital destination from the Transportation Unit Leader. Transport unit crews must avoid becoming separated so they can load and leave the scene expeditiously.
4. Hospital notifications should be made and as concise as possible. In very large scale MCIs, the Transportation Unit Leader may assign hospital notifications to Dispatch.
5. Freelancing by transport units shall be avoided and may result in release from the incident as determined by IC.

<u>Transport Unit Crews Checklist</u>

- Obtain information from Dispatch such as staging location, routes of ingress and egress, and (if available) the identity and location of the Transportation Unit Leader.
- Park ambulances at the designated loading zone or ambulance staging area (if designated) and then immediately contact the Transportation Unit Leader.
- Anticipate the rapid assignment of patients for transport and hospital destination.

- Hospital notifications should be as concise as possible.

G. Dispatch

1. When personnel at the scene designate an "MCI," Dispatch is responsible for entering the incident on the EMSystems website.
2. Dispatch available resources to meet the initial needs of the scene per established procedure.
3. At the direction of the IC, designate a dedicated radio frequency for local scene communication and inform all responding apparatus/agencies.
4. Contact other transport agencies to inform them of the incident and to determine available resources as necessary.
5. Communicate to all responding ambulances designated routes for ingress and egress.
6. Monitor the EMSystems website and contact area hospitals as necessary to determine capabilities for receiving patients (number per triage category) and relay information to the Transportation Unit Leader.
7. Maintain the MCI Transportation Form to record number and type of patients, transport units, hospital destinations and appropriate times. Dispatch may make recommendations for hospital destinations to the Transportation Unit Leader upon information from the MCI Transportation Form and EMSystems. When requested by the Transportation Unit Leader, personnel in Dispatch will make hospital notifications that should be concise and include:
    - Identification of the transport unit
    - Number of patients with their triage category designation
    - ETA for each transport unit

<u>Dispatch Checklist</u>

- Enter the incident on the EMSystems website.
- Dispatch available resources to meet the initial needs of the scene per procedure.
- Contact other transport agencies to inform them of the incident and to determine available resources as necessary.
- Dispatch additional resources as requested by IC or designee.
- At the direction of the IC, designate a dedicated radio frequency for local scene communication and inform all responding apparatus/agencies.
- Communicate to all responding ambulances designated routes for ingress and egress.
- Monitor EMSystems website and contact area hospitals as necessary to determine capabilities for receiving patients (number per triage category) and relay information to Transportation Unit Leader.
- Inform IC and on-scene resources as appropriate.
- Maintain MCI Transportation Form to record number and type of patients, transport units, and hospital destinations.
- Make recommendations for hospital destinations to the Transportation Unit Leader based upon information from the MCI Transportation Form and hospital capability reports on the EMSystems website.
- When assigned by the Transportation Unit Leader, Dispatch will make hospital notifications that should be concise and include:
    - Identification of the transport unit
    - Number of patients with their triage category designation
    - ETA for each transport unit

Appendix D

Medical Resource Guide

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Appendix E

FRETAC MCI Field Guide

Separate Document