



Rogers Fire Department Standard Operating Procedures

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PURPOSE

The purpose of this policy is to establish a standardized approach to dealing with Mass-Casualty Incidents (MCI) so that fire department personnel will conduct triage, treatment, and transportation appropriately and operate in a safe and controlled manner. This document was developed with the intent of meeting the standards of the National Incident Management System and it allows Rogers Fire Department personnel to work effectively with other agencies.

POLICY

This policy shall provide a framework for critical decision-making at incidents that involve multiple patients. It gives information pertaining to the recognition and declaration of a MCI, along with describing how scene control will be maintained through the establishment of the appropriate ICS positions.

Definitions

Mass-Casualty Incident - A mass casualty incident can be described as any incident that, due to the number and severity of patients, strains the department's ability to provide appropriate and timely patient treatment and transportation.

For the purpose of this policy the Rogers Fire Department will define a mass-casualty incident as any incident that the Incident Commander determines will require the establishment of formal Triage, Treatment, and Transportation Units in order to provide rapid and appropriate patient care.

MCI Goals

- ✓ Do the greatest good for the greatest number

- ✓ Make the best use of personnel, equipment and resources
- ✓ *Do NOT relocate the disaster*

MCI Actions

- ✓ *Triage*
- ✓ *Treatment*
- ✓ *Transport*

Triage Kit - The triage kit is a designated bag that is carried on each Medic Unit and fire company that contains the necessary supplies to perform triage at a MCI.

Triage Kit contents:

- 20 START triage tags
- Sharpie marker and grease pen
- Regular ink pen
- OPA 70mm (1), 80mm (2), 90mm (2), 100mm (1)
- Trauma shears
- 4x4 bandages (10)
- Trauma bandages
- Abdominal pads (4)
- Kerlex (2)
- MAT Tourniquet
- Roll of perforated tape

Declaring a Mass-Casualty Incident and Requesting Resources

It is anticipated that the majority of mass-casualty incidents that occur in the city of Rogers will initially be dispatched as a particular call-type, such as an MVA with injury. The presence of multiple patients will likely not be recognized or confirmed until the initial units arrive and assess the scene. Regardless of the initial call-type, the initial Incident Commander should declare a Mass-Casualty Incident once he recognizes the presence of multiple patients and determines that there is a need for dedicated Triage, Treatment, and Transportation Units.

The declaring of an MCI and the ordering of Medic Units will take place in two separate requests from the Incident Commander. First, the Incident Commander will declare an MCI by notifying RCD to dispatch a full MCI Alarm to the incident. Second, the Incident Commander will notify RCD of the number of Medic Units that he anticipates will be needed. When a full MCI Alarm is requested, RCD will dispatch the three closest fire companies and the Battalion Chief, if the Battalion Chief has not already been assigned. When a request for Medic Units is made RCD will dispatch the Rogers Fire Department Medic Units that are available and fill the remainder of the Medic Unit request by following the algorithm identified in SOP 234 - "EMS Mutual Aid."

Example of a radio transmission declaring a MCI:

"I-49 Command to RCD, make this a full MCI Alarm and dispatch five Medic Units to this location."

Actions and Responsibilities at a MCI:

The operational areas at a MCI will typically be organized as Groups/Units. Each Group/Unit is responsible for completing their assigned tasks and it is the Group Supervisor's/Unit Leader's responsibility to ensure that all tasks are addressed. It is preferable that the Group Supervisor/Unit Leader positions be staffed by Company Officers as opposed to Medic Unit personnel; this will allow the Medic Unit crews to remain together while treating and transporting patients. The Battalion Chief will assume the role of Incident Commander upon his/her arrival and may designate a company officer as the Medical Group Supervisor. Triage, treatment, and transportation areas should be identified over the radio, with the treatment and transportation areas located in close proximity to one another in order to facilitate the movement of patients. Patients will be classified (triaged) according to the START protocol for adults and JumpSTART protocols for pediatrics. Minor (Green) patients should be directed to the triage area to undergo secondary triage. Delayed (Yellow) patients and Immediate (Red) patients should be taken directly to the treatment area.

Transportation of Patients

During these extraordinary circumstances, Medic Units should anticipate transporting two non-ambulatory patients and one ambulatory patient, for a total of THREE patients per unit.

The Transportation Unit Leader is responsible for logging patient names, destinations, and the identity of the transporting units as patients leave the transportation area.

Medic Units must keep communication BRIEF with receiving hospitals while transmitting information, but should include the following data:

- Number of patients - Ambulatory status
- Brief Injury description - Adult/child/infant
- Triage Class (Red-Yellow- Green)

Mutual aid Medic Units will respond to the staging area unless otherwise directed by the Transportation Unit Leader.

The Transportation Unit Leader should consider the use of mass-transit, including school buses and Ozark Regional Transit buses, to move Minor (Green) patients to receiving hospitals. At least one Rogers Fire Department or mutual aid EMS provider should accompany each load of patients to their destination.

STANDING ORDERS

Although ultimate responsibility for on scene assignments rests with the City Wide Tour Commander, the institution of standing orders will assist with equipment and task responsibilities. Company officers and Incident Commanders may deviate from these standing orders upon direct order or when circumstances dictate alternative actions. Personnel should understand that it is impossible for these standing orders to address all the needs and required actions on the incident scene. Rather, this serves as a blueprint for anticipated and standard actions that regularly have to be addressed at Mass-Casualty Incidents.

Initial assignment for a reported MCI: 3 Closest Fire Companies and the Battalion Chief (Medic Units as requested)

The following is a detailed breakdown of the expected actions of the first alarm units at an MCI:

Command Unit

Battalion Chief - Incident Commander

Operate and manage ICS and Safety functions.

1st-In Fire Company

Captain - Triage Unit Leader

Firefighter - Triage

Firefighter - Triage

The company officer will be the initial IC and the crew will begin START triage. Once the Battalion Chief arrives on the scene the company officer will become the Triage Unit Leader.

2nd-In Fire Company

Captain - Treatment Unit Leader

Firefighter - Treatment

Firefighter - Treatment

The company officer will establish the Treatment Unit and identify an appropriate location for a treatment area. This may require movement of patients from their current location to the treatment area.

3rd-In Fire Company

Captain - Transportation Unit Leader

Firefighter - Transportation (possibly Air Ambulance Coordinator)

Firefighter - Transportation (possibly Medical Communications Coordinator)

The company officer will establish the Transportation Unit and the Firefighter and Driver/Operator may assist with shuttling patients from the treatment area to the transportation area or one member may be assigned as the Air Ambulance Coordinator and one member may be assigned as the Medical Communications Coordinator.

Medic Units

The first arriving Medic Unit will be assigned to the Treatment Unit and additional Medic Units will transport patients to receiving hospitals or trauma centers as directed by the Transportation Unit Leader. The first arriving Medic Unit should be located near the treatment area and used for supplies throughout the incident.

*Additional resources may be requested and assigned as directed by the Incident Commander.

Incident Command Concepts

1. Incident Commander

The Incident Command System dictates that the first or second arriving company officer should establish Command. It is imperative that this company understand their command role is minimal and merely a formality early on in the incident. Incident Command at an MCI when established by a fire company, should still conduct their primary standing orders. Formal, organized, and effective incident command will occur in the form of the City Wide Tour Commander. Once the Battalion Chief arrives on scene and assumes command he must determine the best location to establish the Command Post. The location of the Command Post is left at the discretion of the Incident Commander based on the circumstances present. Once a standard Command has been established, a green light should be displayed to indicate the location of the Command Post. Regardless of which location is chosen, the emphasis must be on establishing a strong comprehensive command presence.

Radio designation: "Command"

Duties of the Incident Commander:

- Operate and manage ICS and Safety functions.

2. Incident Safety Officer

The Incident Safety Officer (ISO) will be assigned by the Incident Commander and is responsible for assessing and correcting unsafe conditions and ensuring overall scene safety. The ISO reports directly to the Incident Commander and

should be a Chief Officer if possible. The ISO will be located at the Command Post and will maintain personnel accountability by collecting the accountability passports from all arriving units.

Radio designation: "Safety"

Duties of the Safety Officer:

- Monitor safe operations throughout incident.
- Stop unsafe actions immediately.
- Notify the Incident Commander of any unsafe actions.

3. Medical Group Supervisor

The Medical Group Supervisor is designated by the Incident Commander at larger MCI events and oversees the triage, treatment, and transportation of patients. The Medical Group Supervisor should be of paramedic level when available.

Radio designation: "Medical Group"

Duties of the Medical Group Supervisor:

- Communicate with the Incident Commander and request needed resources.
- Maintain an accounting of the resources assigned to the Medical Group.
- Direct the Triage, Treatment, and Transportation Unit Leaders.

4. Triage Unit Leader

The Triage Unit Leader oversees the separation and categorization of casualties and arranges for their transfer to the treatment area. He coordinates all triage activities, collects patient information, coordinates patient movement to the treatment area, and conducts a final sweep of the scene.

Radio designation: "Triage"

Duties of the Triage Unit Leader:

- Locate and triage patients.
- Direct personnel in the triage area.
- Communicate resource needs to the Medical Group Supervisor or Incident Commander.

5. Treatment Unit Leader

The Treatment Unit Leader establishes and manages the patient treatment area. This individual determines transportation priorities, establishes an adequate treatment area, ensures adequate supplies, and updates the Transportation Unit Leader of changing RED-YELLOW-GREEN numbers.

Radio designation: "Treatment"

Duties of the Treatment Unit Leader:

- Select a suitable location for treating patients.
- Ensure that all arriving patients have been triaged.
- Ensure that all patients in the Treatment Area are treated and reassessed.
- Assign Immediate, Delayed, and Minor Treatment Area Managers as needed.
- Direct personnel in the treatment area.
- Communicate resource needs to the Medical Group Supervisor or Incident Commander.

6. Immediate Treatment Area Manager

The Immediate Treatment Area Manager is assigned by the Treatment Unit Leader and oversees the treatment of all patients who are triaged as Immediate (Red).

Duties of the Immediate Treatment Area Manager:

- Ensure all Immediate (Red) patients are treated and re-assessed.
- Communicate resource needs to the Treatment Unit Leader.

7. Delayed Treatment Area Manager

The Delayed Treatment Area Manager is assigned by the Treatment Unit Leader and oversees the treatment of all patients who are triaged as Delayed (Yellow).

Duties of the Delayed Treatment Area Manager:

- Ensure all Delayed (Yellow) patients are treated and re-assessed.
- Communicate resource needs to the Treatment Unit Leader.

8. Minor Treatment Area Manager

The Minor Treatment Area Manager is assigned by the Treatment Unit Leader and oversees the treatment of all patients who are triaged as Minor (Green).

Duties of the Minor Treatment Area Manager:

- Ensure all Minor (Green) patients are treated and re-assessed.
- Communicate resource needs to the Treatment Unit Leader.

9. Transportation Unit Leader

The Transportation Unit Leader oversees the loading of ambulances and recording of patient destinations. He must ensure that contact with appropriate medical facilities by telephone or medical facility radio is accomplished to notify them of the MCI and to determine the number of patients they are capable of receiving. The Transportation Unit Leader should assign one crew member of the 3rd - In Engine to function as the Medical Communications Coordinator

throughout the incident. The Transportation Unit Leader is responsible for directing ambulances to the appropriate medical facilities, tracking patient destinations, and assisting out of area units with directions.

Radio designation: "Transportation"

Duties of the Transportation Unit Leader:

- Select a suitable location for loading patients.
- Select an ambulance staging area.
- Direct personnel in the Transportation Area.
- Communicate resource needs to the Medical Group Supervisor or Incident Commander.

10. Air Ambulance Coordinator

The Air Ambulance Coordinator is assigned by the Transportation Unit Leader and oversees all aspects of air ambulance operations. This position will typically be filled by a crew member of the 3rd - In Engine. The Air Ambulance Coordinator will establish the landing zone (LZ), communicate with responding air ambulances, and oversee the movement of patients from the treatment area to the landing zone.

Radio designation: "Air Coordinator"

Duties of the Air Ambulance Coordinator:

- Select a suitable and safe location for a landing zone.
- Ensure that personnel operate safely in the area of the landing zone.
- Communicate needs and status to the Transportation Unit Leader.

11. Medical Communications Coordinator

The Medical Communications Coordinator is assigned by the Transportation Unit Leader and maintains communications directly with area medical facilities throughout the duration of the incident; he should be located in close proximity to the Transportation Unit Leader. This position will typically be filled by a crew member of the 3rd - In Engine.

Duties of the Medical Communications Coordinator:

- Notify area medical facilities of the MCI and ascertain the number of patients they can receive.
- Maintain on-going communications with receiving hospitals as needed.
- Assist the Transportation Unit Leader as needed.

12. Staging

Staging is the area in which available personnel, equipment, and apparatus are held awaiting deployment to an operational area. Staging is overseen by the Staging Area Manager (SAM).

Radio designation: "Staging"

Duties of the Staging Area Manager:

- Establish a check-in procedure for arriving and departing companies to track which companies are in Staging.
- Direct companies and equipment to designated operational areas as requested by the Incident Commander.
- Maintain an accounting of the equipment available in Staging and request more from the Incident Commander as needed (examples: Medic Units, medical supplies, tools, drinking water).

Special Considerations

Communications

Due to the possible size and configuration of an MCI, fire department personnel will be operating over a widespread area. In order to ensure incident control and accountability, it is essential that all fire companies maintain crew integrity and maintain communications with their immediate supervisor. Each company officer is responsible for keeping the Incident Commander informed of his company's location and reporting their arrival at their assigned operational areas.

Examples:

Size-up declaring a MCI and stating nature of event:

Ladder 5- *"Ladder 5 on-scene, have a school bus rolled over with multiple patients, dispatch a full MCI alarm, Ladder 5 will have south Dixieland command."*

Dispatch- *"Ladder 5 on-scene with multiple patients, requesting a full MCI alarm, Ladder 5 has south Dixieland Command."*

Ladder 5 – "Affirmative"

As soon as practical after establishing a Group/Unit, the Group Supervisor/Unit Leader should give an initial report to the Incident Commander and should then give periodic situation reports throughout the duration of the incident. These reports should follow the CAN Method: Conditions, Actions, and Needs.

Examples:

"Transportation Unit to Command, we need three additional Medic Units for transport."

"Triage Unit to Command, we have all patients triaged and placed in the treatment area, we will be conducting a final sweep of the area."

Each company arriving at a Group/Unit should notify the Group Supervisor/Unit

Leader of their arrival. This notification SHOULD take place face-to-face; however, the radio may be used alternatively.

When communicating within a Group or Unit, the Group Supervisor/Unit Leader will have the radio designation of that Group/Unit while other companies operating within that Group/Unit will use their company designation.

Example:

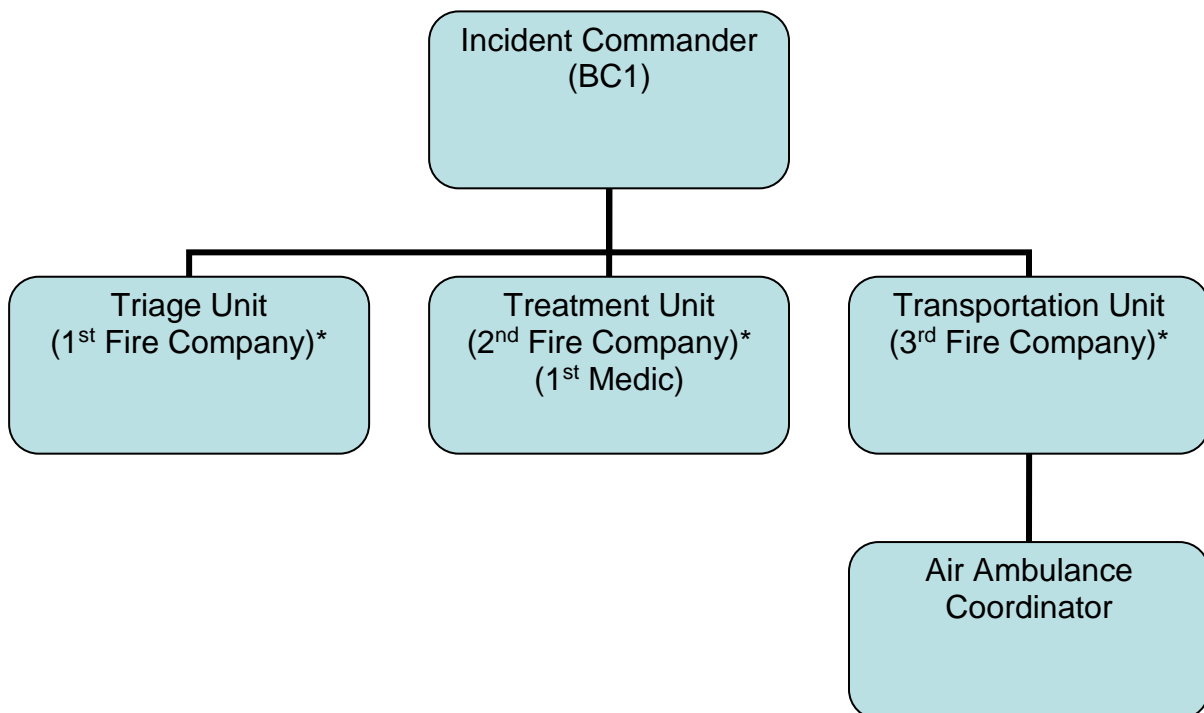
“Engine 2 to Treatment Group, we have arrived at the treatment area and are standing by for an assignment.”

Portable handheld radios are the primary means by which companies operating on the MCI will communicate.

Evacuation

The level of evacuation of an MCI should be based on the conditions present. Initially the only areas that will typically require mandatory evacuation would be where an imminent threat exists to patients or emergency personnel.

Hypothetical ICS Chart for a Small-Scale MCI:



Hypothetical ICS Chart for a Large-Scale Multi-Hazard MCI:

