

Falmouth Fire-EMS Operating Guideline

Mass Casualty Incident

Objective:

To provide all fire and EMS personnel with a consistent and effective system to conduct initial actions and triage of patients on mass casualty incidents.

To establish a standardized method and system to establish effective operations and patient handling during a mass casualty incident or an incident where there are multiple patients. This guideline will establish parameters for implementing Incident Command and the Incident Management System, triage systems, treatment and transport of patients and communications.

General Information:

A mass casualty incident, or MCI, is a situation where the number of injured patients is more than what the first arriving units can handle. There is no set number. It will depend on available crews, severity of the injuries, number of overall patients, and possibly the location of the incident. A scene with multiple serious or critical patients or with large numbers of minor injuries should trigger consideration of a mass casualty incident declaration.

Declaration of an MCI is a formal radio announcement from the Incident Commander to Fire Alarm (Dispatch) that alerts responding units as well as the hospital of the situation. Incoming units will be in MCI mode and the hospital will be given advance warning so that they may set up additional teams as needed.

Guidelines:

General Response

- First Unit to Arrive on Scene – Incident Commander (IC) (see NIMS - Incident Command SOG)
 - Overall in charge of the incident and scene safety
 - Provides Scene Size-up
 - All requests for resources goes through the Incident Commander
 - The IC role may be transferred to another responder upon arrival of a more senior officer or if requested by the IC.
 - Consider using an additional officer to assist the IC if there are enough personnel on scene.
 - Makes Declaration of MCI to Fire Alarm.
 - This is a formal transmission on the radio. Fire Alarm must reply that they have copied the message.
 - Ensures that the Triage, Treatment, and Transport Groups are established and have a safe working area.

- Ensures all personnel are wearing proper PPE throughout incident
- Assigns tactical radio frequencies as needed
 - Consider a separate channel for operations and for ambulances/transport group.
- Calls for MCI trailer as needed
 - County also has a larger 50-patient trailer
- First EMS Unit On Scene
 - Ambulance- Usually the 1st Rig is Staged and Stripped of Supplies
 - Crew- Possible Scenario (for crew of 2)
 - Crew performs Triage (see Triage below)
 - Crew- Possible Scenario (for crew of 3)
 - Crew of 2 perform Triage
 - If a 3rd EMS provider – Setup a Treatment area.
 - Bring EMS equipment to Treatment area
 - Backboards, straps, splints, etc.
- First Fire apparatus on Scene (if arriving before ambulance)
 - Engine- Fire Suppression & Scene Safety/ IC as needed
 - Crew- Fire Suppression as needed. If no Fire Suppression is needed, then:
 - Crew of 2 - Triage
 - Remaining Crew – Setup Treatment Group.
 - EMS Providers will treat patients and Non-EMS will help gather patients.
 - Bring EMS equipment to Treatment area
 - Med Kit, Backboard, straps, etc.
- First Fire Apparatus on Scene (If arriving after Ambulance)
 - Engine – Fire Suppression & Scene Safety/ IC as needed
 - Crew – Fire Suppression as needed. If no fire suppression is needed:
 - Setup Treatment Group.
 - EMS Providers will treat patients and Non-EMS will help gather patients.
 - Equipment- Bring EMS equipment to Treatment area
 - Med Kit, Backboard, straps, etc.

- How to Request More Resources
 - All request for resources comes from Incident Commander
 - IC will request from Fire Alarm
 - Just ask for the # of resources needed. Fire Alarm will assign based on mutual aid plans (ex. 5 ambulances).
 - Consider additional first response and fire units in addition to ambulances.
- Next Arriving Fire Apparatus/Crews
 - If no Fire Suppression or extrication needed, the next arriving fire crews report to Treatment Group and Transport Group as needed / directed by command.
 - Officer of Apparatus becomes Treatment Group Supervisor or Transport Group Supervisor if not already setup.
- Next Arriving Ambulances
 - Driver and 1 EMS Provider Must Remain with Ambulance in Staging
 - Additional EMS Providers Report to Treatment Group as needed.
 - Bring EMS supplies as needed / requested.
 - Establish Treatment Group Supervisor as needed.
- Incident Commander
 - Ensures Scene Safety through entire incident
 - If enough resources are on scene, consider appointing safety officer
 - Performs 360-degree scene survey
 - Determine # of Patients
 - Determine Resources Needed
 - Declare MCI as needed
 - Ensure Dispatch notifies Maine Medical Center
 - Calls for More Resources as Needed
 - Set up Staging Area for Arriving Personnel and Equipment
 - Consider creating Additional Levels of ICS as needed:
 - For example: Fire and EMS branches, Extrication Group, Suppression Group, etc.

- Triage Group
 - First EMS Unit On Scene
 - Triage
 - Rapid – less than 1 minute per victim
 - Bring MCI tags from Ambulance
 - Goal is to separate the levels of injured through Tagging
 - Priority 1 (RED) Life threatening but treatable injuries
 - Priority 2 (YELLOW) Potentially Serious Injuries but patient is stable
 - Priority 3 (GREEN) Walking Wounded, minor injuries, can relocate
 - DEAD (BLACK) Dead or injuries are not survivable. (leave where they are and black tag them)
 - Ask anyone who can walk to go to a designated area.
 - These patients are Priority 3 – GREEN.
 - Start with the first patient that you encounter.
 - Use three objective assessment criteria: Respiratory, Perfusion, Mental Status (RPM).
 - RESPIRATORY - Check for presence of Respirations:
 - NONE?
 - **Open the airway**
 - Still none?
 - **Tag BLACK, deceased**
 - Were respirations restored?
 - **Tag RED, immediate – move to next patient**
 - PRESENT?
 - **Assess respiratory rate**
 - RATE ABOVE 30 breaths per minute?
 - **Tag RED, immediate – move to next patient**
 - RATE BELOW 30 breaths per minute?
 - **Move on to assess perfusion criteria**

- PERFUSION
 - Radial Pulse Absent or Capillary Refill > 2 seconds
 - **Tag RED, immediate – move to next patient**
 - Radial Pulse Present or Capillary Refill < 2 secs
 - **Move on to assess mental status**
- MENTAL STATUS
 - Cannot follow simple commands? (unconscious or altered mental status)
 - **Tag RED, immediate – move to next patient**
 - CAN follow simple commands.
 - **Tag YELLOW delayed – move to next patient**
- Head Count – Reports the # of patients by priority to IC/EMS Group Supervisor (if applicable)
- Remember that if your patient falls into the RED TAG category on your first assessment, STOP right there, TAG them and move on to the next patient. Attempt only to correct airway problems or uncontrolled bleeding before moving on to the next patient. For this you may be able to use the “walking wounded” that appear capable of assisting. Some of these victims may be capable of assisting by maintaining head position to keep an open airway or keep direct pressure on a large wound. These people assisting should be protected from exposure to blood or other bodily fluids.
- Patients can be up triaged or down triaged as their conditions dictate
- Repeat throughout incident until all patients are moved to Treatment Group
- Advise IC when all patients are clear of triage area
- Treatment Group
 - Now that the patients have been triaged, more focused treatment can begin
 - Treatment Group Supervisor is typically the highest licensed provider on scene
 - Initially Treatment Group Leader is Hands On
 - Set up a Treatment Area
 - Stockpile EMS Supplies as needed (from incoming ambulances and fire apparatus)
 - Set up Carrying Teams to go get Patients and bring them to the Treatment Area

- Those tagged RED or immediate are moved to treatment areas first, followed by those tagged YELLOW or delayed. Patients tagged BLACK can be left in place
- Coordinate Treatment of Patients in the Treatment Area
- Prioritize Patients for Transport
- Patients can be up triaged or down triaged as their conditions dictate
- Treatment continues until all patients are transported from the scene
- Advise IC when all patients have been taken from treatment area
- Transport Group
 - Transport Group Supervisor may be someone who is not an EMS Provider
 - Set up Transport Area
 - Ask IC to assign a designated radio frequency for ambulances
 - Stage Ambulances in Ready Mode to Transport Patients when needed
 - Assign Ambulance Staging Officer if available
 - Make sure all ambulances have a driver
 - Eliminate backing up if possible.
 - Consider Using Traffic Cones to coordinate ambulance movements.
 - Get Stretchers from Staged Ambulances
 - Set up Teams to get patients from Treatment Area and bring them to the Staged Ambulances
 - Communicate with Maine Medical Center (REMIS) and Mercy
 - Advise ambulance ID, # of patients, chief complaint, estimated time of arrival (ETA)
 - Track Ambulances Arriving and Transporting
 - Also Track which patients go to which hospital
 - Transport continues until all patients are transported from the scene
 - Advise IC when all patients are transported from the scene

These guidelines may be changed or altered by the Fire Chief at any time.