



McLean County Area EMS System

705 N East Street
Bloomington, IL 61701

Phone: (309) 827-4348
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Title of Policy: <i>Mass Casualty Incident Policy</i>	Policy Number: D-101
Effective Date: 10/2004	Review Date: 01/22/2017
Policy Area: Disaster/MCI	Approvals: EMSSC, EMS MD

Policy:

I. General

- A. Mass casualty incidents for the purpose of this policy shall be defined as:
 - 1. An incident with 5 or more patients that are triaged Immediate (red) and or Delayed (yellow)
 - 2. An incident with more than 10 patients regardless of triage category
 - 3. An incident with 5 or more patients of any category that require special resources to treat or to gain access. Such as technical rescue, HazMat response, and or enhanced scene security.
- B. The first arriving company at an incident meeting the above definition shall notify dispatch that a mass casualty has occurred and shall institute the provisions of this standard
- C. Responding personnel at each MCI shall utilize the National Incident Management System.

II. Command and Control

- A. It shall be the responsibility of the first arriving company to establish command and manage the incident until relieved
- B. A staging area should be established and announced over the radio
- C. As more people arrive on scene one person should be assigned as the Operations Section Chief.
- D. Once an Operation Section Chief is assigned a Medical Group Supervisor should be assigned
- E. If no Operations Section is established the Incident Commander will assume the role of Section Chief.
- F. If no Medical Group Supervisor is established the Operations Section Chief will assume the role of the Medical Group Supervisor
- G. The Medical Group Supervisor shall establish a Triage Team, Treatment Team, and a Transport Team
- H. Each team leader shall report directly to the Medical Group Supervisor
- I. As the incident evolves the Incident Commander should assign the General Staff Functions

III. Responsibilities

- A. Incident Command
 - 1. Overall management of the incident.
 - 2. Establish the appropriate Divisions/ Groups and summon sufficient resources.
 - 3. Ensure that the EMS system coordinator and resource hospital are notified
- B. Triage



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1. The immediate area where rescue operations and initial patient evaluation is being performed. Multiple triage teams may be necessary depending on the magnitude of the incident. Responsibilities include:
 - a) Identify and prioritize mitigation of scene hazards
 - b) Identify and categorize patients on scene using the START triage system
 - c) Manage the disposition of victims who are obviously deceased
- C. Treatment/Casualty Collection Point (CCP)
 1. An area located a safe convenient distance from the triage area where victims are taken for pre transport stabilization. Secondary and ongoing triage shall be performed in this area. This team can be divided by patient triage category IE Red, Yellow, Green Responsibilities include:
 - a) Secondary and ongoing triage
 - b) Pre transport treatment and packaging
 - c) Determine the level and type of transportation required and communicate this information to the transport team leader.
 - d) Supervise the delivery of patients to the transport area
- D. Staging
 1. An area where personnel, ambulances and fire apparatus report to prior to being assigned. The level and number of staging areas will be determined by the size and magnitude of the incident.
Responsibilities include:
 - a) Determine the level of staging
 - b) Maintain a record of the names of all personnel deployed at the incident and record the amount and type of equipment managed by staging
 - c) Maintain a reserve of at least one ambulance, and a sufficient number of other resources as may be required
 - d) Request and deploy additional resources as needed
- E. Transport
 1. A separate area adjacent to the treatment area where the packaged patient is assigned to an ambulance for transportation to a medical facility Responsibilities include:
 - a) Ensure a communications link is established and maintained with the Resource Hospital
 - b) Notify Resource Hospital of the types and numbers of casualties including any special hazards e.g. hazardous materials
 - c) Obtain the patient's hospital destination from Medical Control and write the destination on the patients triage tag
 - d) Assign and arrange patient transportation using the patient's triage category and Resource Hospital assignment as indicated on the triage tags
 - e) Maintain a record of the patients transported and their respective destinations
 - f) Keep staging informed of estimated transport needs

IV. Operational Phases



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- A. To achieve maximum effectiveness and efficiency certain objectives must be met with each response. These objectives are outlined below and later described as operational phases. These phases are not intended to be a “step by step” requirement. These phases describe a flow of operational objectives or events that should be met to help ensure the best possible management of a mass casualty incident.
1. Initial agency response
 2. Establishment of incident command
 3. Scene report
 4. MCI declaration
 5. Secondary response
 6. Continued incident management
 7. Release/ termination
 8. Incident documentation/ review
- B. Phase 1- Initial agency response
1. Upon receipt of a call for service by the agency’s dispatch center, the primary jurisdiction shall be dispatched and provided all pertinent call information in accordance with established protocols and policies. The primary agency responding, based on dispatch information may declare a MCI or choose to wait until a scene assessment has been made.
- C. Phase 2 - Establishment of command
1. Incident command shall be established by the first arriving unit. This person will remain in command until relieved by a person of higher rank, training, and or experience. Regardless of who the incident commander is they should not be directly involved in patient care or triage
- D. Phase 3 - Scene report
1. As soon as the pertinent information is collected the following information should be communicated to the agency’s dispatch center
 - a) Location of incident (to become incident name)
 - b) Type of incident
 - c) Hazards
 - d) Casualty Estimates
 - e) Primary casualty types
 - f) Initial access
 - g) MCI declaration
- E. Phase 4 - MCI declaration
1. Once it has been determined that the incident meets the definition of a MCI as defined by this policy the incident commander will ensure the resource hospital and EMS system coordinator are notified. The agency’s dispatch center will dispatch resources as requested by the incident commander following the agencies EMS run cards.
- F. Phase 5 - Secondary response
1. The secondary response is defined as the units responding per run card assignments or special call by the incident commander. Responding units shall report to the designated staging area or assignment. Personnel shall stay with their unit and maintain crew integrity with exception made for incoming command staff requested to assist in unified command or



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to staff a position in the command structure. Responders are not to report on scene and begin an operation without being properly assigned and accounted for. Freelancing will hinder the effectiveness of the operation and put responders or other victims at risk.

G. Phase 6 - Continued incident management

1. The incident commander shall continue to manage the incident and expand or decrease as needed. Most initial branches, divisions, and groups should be established by this point. Operational objectives should be defined and in the process of completion.

H. Phase 7 – Release / termination

1. The incident commander shall release units as soon as possible, in the interest of maintaining optimal coverage for all assigned jurisdictions. No units shall return to service without accounting for their personnel and being release by the incident commander. Once all victims have reached their final disposition the IC shall notify the Resource Hospital. Upon completion of the operation the IC shall notify all participating agencies including the Resource Hospital that the operation is complete and command is terminated

I. Phase 8 Incident documentation / review

1. Incident documentation will be coordinated through the EMS office. The primary responding agency will be responsible for overall documentation. Each responding unit will be responsible for the documentation of the patients they transport.

2. After every MCI a review shall be conducted. These reviews will be used solely to address the effectiveness of the system and modify the system or components as needed. The review can also identify objectives regarding MCI operations. Each participating agency (inclusive of law enforcement, dispatch, hospitals etc) will be asked to be represented in the review.

V. Operational considerations

A. Triage

1. Initial triage of adult patients will use the START triage system
2. Initial triage of patients less than 8 years of age will use the Jump START triage system
3. Triage personnel will place SMART triage tags on all patients
 - a) Triage tags should be attached to the patient's upper or lower extremities. The head and neck can be used as a last resort
 - b) Triage tags should include the time and triage category

B. Treatment

1. Treatment areas should be established if patient transport cannot be accomplished quickly or if on scene stabilization will be necessary
2. Treatment areas and teams should be divided by triage category
3. For the establishment of long term treatment operations requests for RMERT or IMERT should be made by incident command to the EMS system coordinator
4. In the absence of a treatment area a casualty collection point (CCP) shall be established. The CCP shall be supervised and staffed so at a minimum secondary triage can be performed

C. Transport

1. Patient destination shall be determined by medical control through consultation with the treatment sector.



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2. Transport from scene does not have to be linear by triage category; i.e. all red then all yellow then all green. Patients of differing triage category may be transported in the same unit depending on patient acuity, crew capability and crew size.
3. Transport destination may be to a hospital or other designated alternative treatment site
4. Utilize alternative transport methods; i.e. busses, med vans, etc
5. Aeromedical transport should be consistent with the aeromedical policy

D. Patient tracking

1. Transport leader
 - a) The transportation leader on scene is responsible for ensuring that patient data including triage tag number, name (if available) triage category, transporting unit and destinations is recorded and that the information is accurate and current
2. Transport unit
 - a) The transport unit is responsible for ensuring that patient data including triage tag number, name (if available) triage category, assessment, care provided and destination is documented

E. Responding transport units

1. Responding units are to report to the staging area unless directed otherwise by incident command. Once at staging the personnel should sign in and remain with their unit.
2. Emergency warning lights should be turned off once in staging
3. While transporting a patient a brief radio report should be given to the receiving facility. It shall ONLY include:
 - a) Triage category
 - b) Life threats
 - c) ETA
4. After transporting the unit should return to service and return to the scene unless directed otherwise.
5. Responding units are responsible for documentation for the patients they cared for.

VI. Agency requirements

- A. All EMS agencies within the Mclean County area EMS system shall complete and use EMS run cards for MCI incidents
- B. All EMS agencies shall review this policy, associated disaster plans and MCI management annually

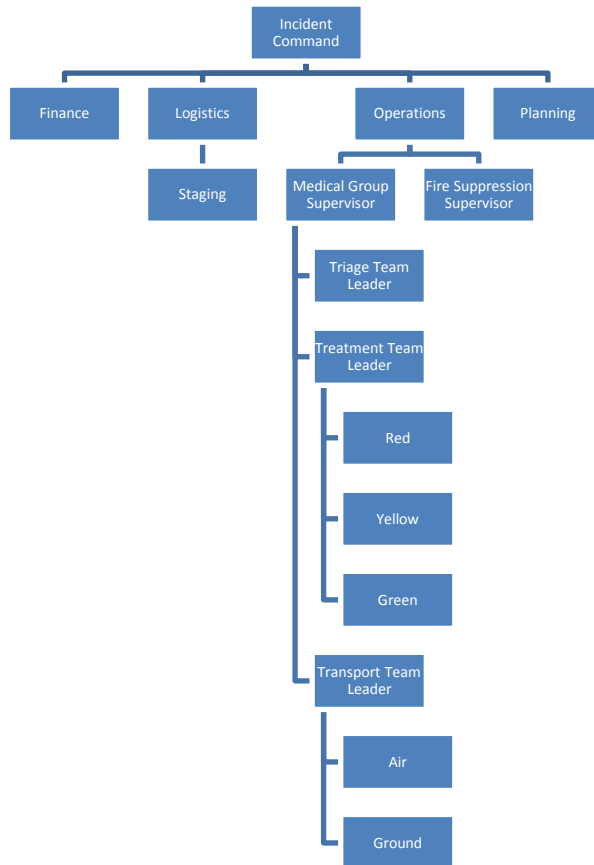


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VII. Sample Organization Chart



Resources: