



MASS CASUALTY INCIDENTS



Escambia County, Florida - ALS/BLS Medical Protocol

To efficiently triage, treat and transport victims of multiple casualty incidents (MCIs).

The following protocol is applicable to all multiple victim situations.

This protocol is intended for the everyday MCI when the number of injured exceed the capabilities of the first arriving unit, as well as large scale MCIs. The number of casualties may exceed the capabilities of the local jurisdiction and will require assistance from other EMS providers.

I. PROCEDURE.

A. The officer of the first arriving unit will establish COMMAND and;

1. Perform a size up:

- a. Estimate the number of victims.
- b. Request a Level 1, 2, 3, 4, or 5 response (see 2.D).
- c. Request additional units and/or specialized equipment as required.

2. Identify a staging area.

3. Direct the remaining crewmembers and any additional personnel arriving to initiate triage.

- a. Triage will be performed in accordance with START or Jump START.
- b. Tag victims utilizing the color-coded ribbons as either:

Red - Immediate

Yellow - Delayed

Green - Ambulatory (minor)



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Black - Deceased (non-salvageable)

4. Locate and remove the walking wounded to one location away from the incident, if possible. These victims need to be assessed as soon as possible. Assign someone to keep the walking wounded together.

B. As additional units arrive, COMMAND will designate the following officers:

1. TRIAGE (Initially the responsibility of the First Arriving Officer).
2. TREATMENT.
3. TRANSPORT.
4. STAGING.

C. Additional officers may be required depending on the complexity of the incident. These officers may include, but are not limited to:

1. MEDICAL BRANCH.
2. LANDING ZONE.
3. EXTRICATION.
4. HAZ MAT.
5. REHABILITATION.
6. SAFETY.
7. MEDICAL INTELLIGENCE – to assist with WMD events for decon, antidotes and treatment.

D. Predetermined Response Plan.

1. **Considerations:**



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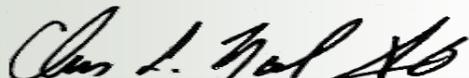
- a. An MCI shall be classified by different levels depending on the number of victims. The number of victims will be based on the initial size-up, prior to triage.
- b. Levels of response will augment the units already on the scene. Units on scene or enroute will be included in the assignment. The exception will be when in conjunction with a Fire Alarm assignment (e.g. Fire with multiple victims may be a Second Alarm with a MCI Level 3 response – this will be two separate assignments).
- c. COMMAND can downgrade or upgrade the assignment at any time.
- d. All units will respond to the Staging Area unless otherwise directed by COMMAND. When announcing an MCI, specify the general category (trauma, HAZMAT, smoke inhalation, heat exhaustion, etc.) of patients.
- e. Any victim meeting Trauma Transport Criteria must be reported to a State-Approved Trauma Center for determination of a transport destination. Trauma Transport Criteria will be determined during the secondary triage in the Treatment Phase (see General Protocol 1.10 – Trauma Transport).
- f. All units are to respond to the Staging Area in emergency response mode unless otherwise directed by COMMAND.
- g. Consider air transport for special needs, mass transit resources for multiple “walking wounded,” and private BLS transport units.
- h. Consider Mobile Command Vehicles, Medical Supply Trailers and Communication Trailers.
- i. Upon declaration of a MCI – Medical Control (Medcom/MRCC) will gather each hospital's capability and relay this information to the Transport Officer or Medical Communication Officer.
- j. On a large-scale incident, consider sending a Hospital Coordinator to each hospital to assist with communications.



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2. Definitions:

- a. **Strike Team** – is a specified combination of the same kind and type of resources with common communications and a leader (e.g. ALS Transport Unit Strike Team would be 5 ALS Transport Units with a leader).
- b. **Task Force** – is a group of resources with common communications and a leader (e.g. MCI Task Force would be 2 ALS Transport Units, 2 BLS Transport Units and 1 Suppression Unit with a leader).
- c. **Litter Bearer** – A team of personnel assigned to TRIAGE to move victims from the incident site to the Treatment Area or Transport Units.

3. MCI LEVEL 1 (5–10 victims)

- 4- ALS Transport Units
- 2- Suppression Units
- 1- EMS Supervisor

Note:

The 2 closest hospitals & Trauma Center to the incident will be notified by Medical Control (MedCom or local communication center).

4. MCI LEVEL 2 (11–20 victims)

- 6- ALS Transport Units
- 3- Suppression Units
- 2- EMS Supervisors



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Note:

The 3 closest hospitals & 2 Trauma Centers to the incident will be notified by Medical Control.

5. MCI LEVEL 3 (21–100 victims)

8- ALS Transport Units

4- Suppression Units

3- EMS Supervisors

1- Operations Chief

1- Command Vehicle

1- Supply Trailer

Note:

The 4 closest hospitals & 2 Trauma Centers to the incident will be notified by Medical Control. The Warning Point will notify the Emergency Management Agency.

6. MCI LEVEL 4 (Over 100 victims)

5- MCI Task Forces

2- ALS Transport Unit Strike Teams

1- Suppression Unit Strike Teams

2- BLS Transport Unit Strike Teams

2- Mass Transit Buses



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- 3- EMS Supervisors
- 1- EMS Chief
- 1- Operations Chief
- 1- Command Vehicle
- 2- Supply Trailers
- 1- Communications Trailer

Note:

The 10 closest hospitals & 5 Trauma Centers to the incident will be notified by Medical Control. The Warning Point will notify the Emergency Management Agency. Metropolitan Medical Response System (MMRS) may be notified.

7. MCI LEVEL 5 (Over 1000 victims)

- 10- MCI Task Forces
- 4- ALS Transport Unit Strike Teams
- 2- Suppression Unit Strike Teams
- 4- BLS Transport Unit Strike Teams
- 4- Mass Transit Buses
- 6- EMS Supervisors
- 2- EMS Chiefs
- 2- Operations Chiefs
- 2- Command Vehicles



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4- Supply Trailers

1- Communications Trailer

Note:

The 20 closest hospitals & 10 Trauma Centers to the incident will be notified by Medical Control. The Warning Point will notify the Emergency Management Agency, Metropolitan Medical Response System (MMRS), Disaster Medical Assistance Team (DMAT), and International Medical & Surgical Response Team (IMSuRT).

II. OFFICER RESPONSIBILITIES

A. COMMAND

1. Established by the First Arriving Officer.
2. Radio designation: COMMAND.
3. Follow Field Operations Guide FOG #1.
4. Remain in a fixed and visible location.
5. Determine the MCI Level (1, 2, 3, 4, or 5).
6. Designate a Staging Area.
7. Assign positions to perform the functions of TRIAGE, TREATMENT, TRANSPORT and STAGING.
8. Advise Communications Center of the number of victims and their categories once triage is complete.
9. During large scale or complex MCIs (e.g. fire with multiple victims),



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designate a Medical Branch to reduce the span of control.

10. If the incident is due to Weapons of Mass Destruction (WMD), establish a Medical Intelligence Officer to assist with documentation, antidotes and treatment of victims.

B. MEDICAL BRANCH.

1. Radio designation: MEDICAL.
2. Follow FOG #2.
3. Work directly with COMMAND.
4. Assure TRIAGE, TREATMENT and TRANSPORT have been established. If established by COMMAND, TRIAGE, TREATMENT and TRANSPORT will report to MEDICAL.
5. Direct and/or Supervise on-scene personnel from agencies such as Medical Examiner's Office, Red Cross, ambulance companies and hospital volunteers.
6. Ensure activation of Medical Control (Medcom/MRCC).

C. TRIAGE OFFICER.

1. Radio designation: TRIAGE.
2. Follow FOG #3.
3. Organize the Triage Team to begin initial triaging of victims, utilizing the START/JumpSTART triage system. Assemble the walking wounded and uninjured in a safe area.
4. Advise COMMAND (or MEDICAL if establish), as soon as possible, if there is a need for additional resources.
5. Coordinate with TREATMENT to ensure that priority victims are treated first.



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6. Ensure that all areas around the MCI scene have been checked for potential victims, walking wounded, ejected victims, etc., and that all victims have been triaged.
7. Supervise the Triage Personnel, Litter Bearers and Morgue/Medical Examiner Personnel.
8. Maintain security and control of the Triage Area. Request Law Enforcement.
9. Provide periodic status reports to COMMAND or MEDICAL.
10. Report to COMMAND or MEDICAL upon completion of duties for further assignments.

D. TREATMENT OFFICER.

Reports to COMMAND or MEDICAL. Supervises the TREATMENT RED, YELLOW, GREEN Manager. Coordinates the re-triage and tagging of all victims and on-site medical care. Directs movement of victims to loading areas.

1. Radio designation: TREATMENT.
2. Follow FOG #4.
3. Consider assigning a "Documentation Aide" to assist with paperwork.
4. Direct personnel to either begin treatment on the victims where they lay or establish a centralized Treatment Area.
5. Considerations for a Treatment Area:
 - a. Capable of accommodating the number of victims and equipment.
 - b. Consider weather, safety and the possibility of hazardous



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- materials.
- c. Designate entrance and exit areas, which are readily accessible (funnel points).
 - d. On large-scale incidents, divide Treatment Area into three distinct areas based on priority. Designate a Treatment Manager for each area (Red, Yellow, Green). Use color tarps if available.
- 6. Complete a "Treatment Log" as victims enter the area.
 - 7. Ensure that all victims are re-triaged through a secondary exam and the assessment is documented on the Triage tag (Disaster Management System Tag [DMS Tag] or METTAG). The rescuer filling out the DMS Tag or METTAG will keep a corner of the METTAG for future documentation.
 - 8. All Red tagged victims will be transported immediately as transport units become available. These victims should not be delayed in the Treatment Area.
 - 9. Ensure that enough equipment is available to effectively treat all victims.
 - 10. Establish communicates with TRANSPORT to coordinate proper transport of the appropriate victims. Direct movement of victims to ambulance loading areas.
 - 11. Provide periodic status reports to COMMAND/MEDICAL.

Note

RED, YELLOW, GREEN TREATMENT MANAGERS – report to the TREATMENT Officer and are responsible for the treatment and continual re-triaging of victims in their assigned areas. Notify TREATMENT Officer of victim readiness and priority for transportation. Assure that appropriate victim



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information is recorded.

E. TRANSPORT OFFICER.

Reports to COMMAND or MEDICAL. Supervises the Medical Communication Coordinator and Documentation Aide(s). The TRANSPORT Officer is responsible for the coordination of victims and maintenance of records relating to victim identification, injuries, mode of transportation and destination.

1. Radio designation: TRANSPORT.
2. Follow FOG #5.
3. Assign a Documentation Aide with a radio to assist with paperwork and communications.
4. Assign a Medical Communication Coordinator to establish continuous contact with Medical Control (MedCom or MRCC)(a).
5. Establish a victim loading area. Advise STAGING of the location and direction of travel. Consider Law Enforcement for security of loading area.
6. Arrange for the transport of victims from the Treatment Area. Maintain "Hospital Transportation Log" #5B. Keep piece of triage tag for future documentation.
7. Communicate with the Landing Zone (LZ)/ Helispot Officer and relay the number of victims to be transported by air.
 - a. Air transported victims should be assigned to distant hospitals, unless the victim's needs dictate otherwise (eg. Trauma Center, burn unit, etc.).

F. MEDICAL COMMUNICATION COORDINATOR.

Reports to the TRANSPORT Officer and is responsible for maintaining communication with Medical Control to assure proper victim transport information and destination.



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1. Radio designation: MEDICAL COMMUNICATION.
2. Follow FOG #5A.
3. Establish communication with Medical Control. Advise Medical Control of the overall situation (e.g. smoke inhalation, trauma, burns, Hazmat exposure, etc.), amount and category of victims.
4. Medical Control will survey area hospitals to determine their capabilities and capacities, and then relay this information. Document this information on the Hospital Capability Worksheet #5C and maintain this for the duration of the incident.
5. When units are prepared to transport, advise Medical Control and supply them with the following information:
 - a. The unit transporting.
 - b. The number of the victims being transported.
 - c. Their priority:

Red - Immediate

Yellow - Delayed

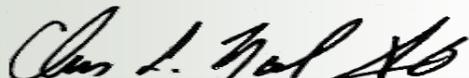
Green - Ambulatory (minor)
 - d. Any special need victims (e.g. cardiac, burns, trauma, etc.).
6. The Medical Communication Coordinator, in conjunction with Medical Control, will determine the most appropriate facility. Ground transported victims should be assigned to hospitals on a rotating basis.
7. Once Medical Control receives the information from the Medical Communication Coordinator, Medical Control will notify the appropriate hospital.



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8. Transporting units will not contact the individual hospital on their own, unless there is a need for medical direction/care outside of protocols.

G. MEDICAL SUPPLY COORDINATOR.

Reports to MEDICAL and is responsible for acquiring and maintaining control of all medical equipment and supplies.

1. Radio designation: MEDICAL SUPPLY.
2. Follow FOG #6.
3. Assure necessary equipment is available on the transporting vehicle.
4. Provide an inventory of medical supplies at the Staging Area for use on scene .

H. STAGING OFFICER.

Reports to COMMAND and is responsible for managing all activities within the Staging Area.

1. Radio designation: STAGING.
2. Follow FOG #7.
3. Establish the location of a Staging Area and notify the Communications Center to direct any incoming units.
4. Maintain a "Unit Staging Log"#7A.
5. Ensure that all personnel stay with their vehicles unless otherwise directed by COMMAND.
 - a. If personnel are directed to assist in another function, ensure that the keys stay with each vehicle.
6. Coordinate with the TRANSPORT Officer the location for a victim loading area and best route to the area.



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7. Maintain a reserve of at least 2 transport vehicles. When the reserve is depleted request additional units through COMMAND.

III. DOCUMENTATION

- A. The Incident Commander will, at the completion of the incident, coordinate the gathering of all pertinent documentation.
- B. A Post Incident Analysis (PIA) should be completed on all MCIs.

Note

- (a) MRCC - Medical Resource Coordination Center - prime function is to maintain a status as to the number of victims and the hospital readiness status to accept victims, coordinate transportation and direct them to the appropriate hospital during a disaster or other situation requiring a high demand of medical resources.

IV. MCI KITS

Each Unit will carry an MCI bag. Included in the MCI bag will be:

- A. Two (2) Triage packs with:
1. Two (2) combine dressings
 2. Six (6) 4x4's
 3. Six (6) pairs of gloves
 4. One (1) pediatric face mask, assorted oropharyngeal (OPA) and nasopharyngeal (NPA) airways



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5. Two (2) clip rings containing triage ribbons paired in red and yellow, green and black. There are 15 ribbons of each color per ring.

B. One (1) additional set of triage ribbon.

C. Fifty (50) Triage tags – Disaster Management Tags (DMS tags) or METTAGs.

D. Three (3) mechanical pencils and three (3) grease pencils.

E. MCI paperwork for each Officer Vest Color

1. COMMAND FOG #1 White

2. MEDICAL FOG #2 Blue

3. TRIAGE FOG #3 Yellow

4. TREATMENT FOG #4 Red

5. TREATMENT FOG #4A

6. TRANSPORT FOG #5 Green

7. MEDICAL
COMMUNICATION
COORD. #5A Green Stripped

8. HOSPITAL TRANSPORTATION
LOG #5B

9. HOSPITAL CAPABILITIES
WORKSHEET #5C

10. MEDICAL SUPPLY #6 Blue Stripped

11. STAGING FOG #7 Orange

12. UNIT STAGING LOG #7A



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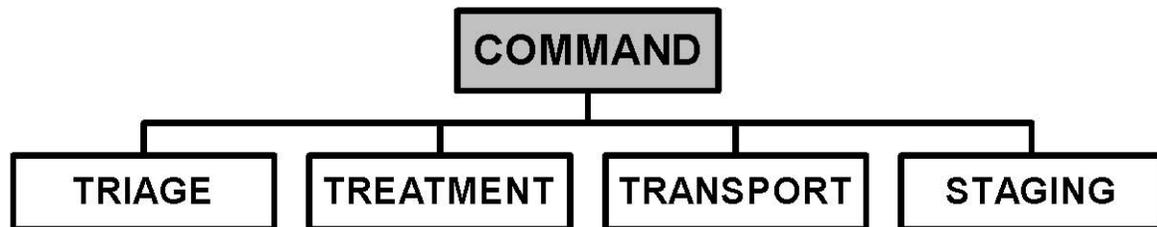


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BASIC MCI COMMAND STRUCTURE FOR MEDICAL RESPONSES



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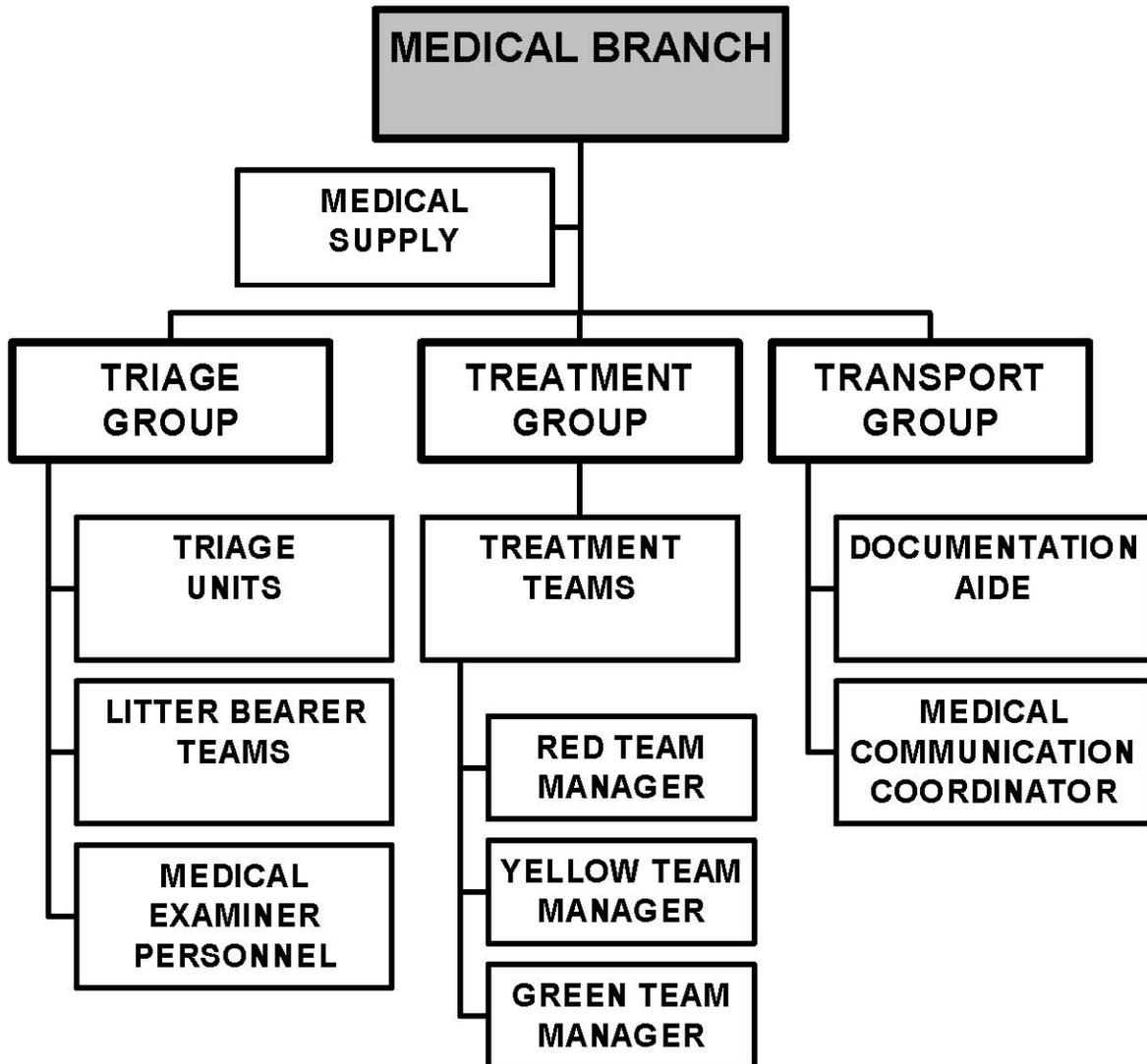


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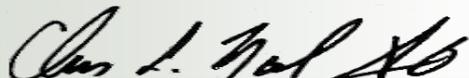
COMPLEX MCI COMMAND STRUCTURE FOR MEDICAL RESPONSES



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