

# Tully Hose Co. #1

Standard Operating Guidelines  
Mass Casualty Incidents  
Guideline # TF-314 – Rev.1

## **PREFACE**

The Mass Casualty Incident Response Guide is intended as the primary reference and standard operating guide for guidance and assistance of rescue in the management of mass casualty incidents.

## **SCOPE AND PURPOSE**

This Mass Casualty Incident (MCI) Response Guide is intended to address techniques in field operations that must be employed when the number of patients exceeds immediately available resources. In addition, it serves as the basis for routine operations. The key elements for successfully managing any incident are command, control and coordination.

This plan standardizes operations during mass casualty incidents. It is intended to be an “all hazards” plan to meet the needs of any MCI regardless of the incident’s cause. If necessary, these procedures can be modified based on the number of patients, severity of injuries and special circumstances involved in the incident.

Mass Casualty Incidents will be considered in one of four (4) categories:

1. Expanded Medical Incident - Requires the use of local resources and/or mutual aid to manage the incident.
2. Major Medical Incident - Requires the use of regional and/or multi-regional resources to manage the incident.
3. Disaster - Requires the use of state and/or federal resources to manage the incident.
4. Catastrophe - Destruction and loss of local infrastructure, outside resources required.

MCI size and EMS efforts will begin small and expand to meet the needs of the incident. The first arriving unit at a mass casualty incident should establish Incident Command. This is to ensure that Staging, Extrication/Rescue, Triage, Treatment and Transportation functions are implemented as needed.

## **Overview of Incident Command/EMS Structure and Responsibilities**

### **Incident Command**

Overall management and coordination of personnel and resources.

### **Staging function**

Assembly, coordination and control of resources.

**Extrication/rescue function**

The safe and rapid removal of entrapped patients and their prompt delivery to a treatment area. In large fires, some or all of this function may be performed by a search and rescue group. In a hazardous materials incident, some or all of this function may be performed by a hazardous materials group.

**Triage function**

To assess and sort casualties and appropriately establish priorities for treatment and transportation.

**Treatment function**

Overall management of patient care.

**Transportation function**

Coordination of patient transportation and medical record keeping.

**Expanded Medical Incident**

The scale of this incident can be managed by an incident commander and the designated functions of staging, extrication/rescue, triage, treatment and transportation. "EMS/MEDICAL" is appointed by and would report to the Incident Commander. In a small incident, one person may assume more than one function. In a larger incident, the functions are assigned.

In accordance with Onondaga County MCI plan, this would be considered a **Level I MCI**. (This will be defined at the end of this SOG.)

**Major Medical Incident**

This depicts a larger incident with multiple agency response and may deploy a fully developed EMS/medical group. An expanded incident on this scale also requires an increase in the number of functions, i.e. the addition of a liaison officer, or information officer.

In accordance with Onondaga County MCI plan, this would be considered a **Level II or higher MCI**. (This will be defined at the end of this SOG.)

**Disaster Incident**

An even larger incident would require the addition of functions such as planning, logistics and finance. This may be dictated by incidents covering large areas or of extended duration.

**BASIC PRINCIPALS****Mass Casualty Incident Management Goals**

- 1. Do the greatest good for the greatest number.**
- 2. Make the best use of personnel, equipment and facility resources**
- 3. Do not relocate the disaster.**

## Mass Casualty Patient Flow

### The Incident Scene

All victims are accounted for; trapped victims are rescued/extricated.

- Patients are quickly accounted for.
- These patients shall be moved from the scene to a treatment area as soon as that area is identified.
- Non-ambulatory patients are removed from the scene to the Treatment Area by available personnel.
- Patients are decontaminated (as needed) prior to leaving the incident scene, preferably prior to arrival in the Treatment Area.

### The Treatment Area

Patients arriving from the incident scene are prioritized for treatment using a more in-depth assessment method (Secondary Triage) and a triage tag applied. Patients are placed in the Treatment Area and definitive/stabilizing emergency medical care is provided on the basis of the triage priority. This function will be performed by the EMS Sector.

- Separate areas are created in the Treatment Area for Immediate (Red), Delayed (Yellow), and Minor (Green) injured patients.
- A separate isolated area (Temporary Morgue) is created for victims who die in the Treatment Area.

Personnel and equipment resources are allocated to patients based on the triage priority. Patients are continuously reevaluated (re-triage).

### FIRST UNIT ON SCENE

First unit on scene gives visual size-up, assumes and announces command, and confirms incident location, then...the 5 S's

#### 1. SAFETY assessment. Assess the scene observing for:

- Electrical hazards.
- Flammable liquids.
- Hazardous Materials
- Other life threatening situations.

#### 2. SIZE UP the scene: How big and how bad is it? Survey incident scene for:

- Type and/or cause of incident.
- Approximate number of patients.
- Severity level of injuries (either Major or Minor).
- Area involved, including problems with scene access.

#### 3. SEND information:

- Contact dispatch with your size-up information.
- Request additional resources.
- Contact closest hospital.

**4. SETUP the scene for management of the casualties:**

- Establish staging.
- Identify access and egress routes.
- Identify adequate work areas for Triage, Treatment, and Transportation.

**5. START (Simple Triage And Rapid Treatment)**

- Begin where you are.
- Ask anyone who can walk to move to a designated area.
- Move quickly from patient to patient.
- Maintain patient count.
- Provide only minimal treatment.
- Keep moving!

**Remember...ESTABLISH COMMAND, SAFETY, SURVEY, SEND, SET-UP AND START**

**INITIATING AN MCI**

Contact Fire Control and let them know what you have and have them initiate the **County MCI plan**. If Hazardous Materials are involved then activate the **County Hazardous Materials Response plan**.

## **INCIDENT COMMANDER CHECK LIST**

**MISSION:** Responsible for the overall management and coordination of personnel and resources responding to the incident.

### **Tasks:**

- # Assumes command and announces name and title to the communications center.
- # Identify potentially hazardous situations.
- # Assess current situation.
- # Estimate number of patients.
- # Request additional manpower and equipment as appropriate.
- # Establish a visible command post.
- # Initiate, maintain and control communications.
- # Assign ICS functions.
- # Assign and direct resources.
- # Track current resources committed.
- # Develop, evaluate and revise operational plans.
- # Coordinate with other agencies.
- # Control and facilitate media.

Name Position Radio Freq

_____	Staging Officer _____	_____
_____	Rescue/Extrication _____	_____
_____	Triage _____	_____
_____	Treatment _____	_____
_____	Transportation _____	_____
_____	IO Officer _____	_____
_____	Safety Officer _____	_____
_____	Fire Group _____	_____
_____	EMS/Medical Group Supervisor _____	_____
_____	Other _____	_____
_____	_____	_____
_____	_____	_____

### **HELPFUL HINTS**

- Use a mobile radio when possible.
- Many units will be coming in so be sure to stage them "Down the Street".
- Appoint a STAGING OFFICER early on to handle this for you, if necessary.
- Remember the IMS concept - you cannot do it all!
- As tasks are completed, move people on to other tasks

**STAGING OFFICER CHECK LIST**

**MISSION:** To maintain separate stockpiles of manpower, reserve equipment and expended equipment at a staging area away from the incident.

**Tasks:**

- # Report to INCIDENT COMMANDER (or OPERATIONS CHIEF in a major incident)
- # Dress in identifying vest.
- # Locate in a visible position.
- # Establish STAGING AREA in conjunction with INCIDENT COMMAND as needed.
- # Provide appropriate vehicles, equipment, and resources as requested.
- # Maintain status of number and types of resources in STAGING AREA.
- # Recommend additional vehicles, equipment, and resources when necessary.
- # Order all personnel to remain with unit.
- # Establish an equipment pool location.
- # Control and document all equipment and manpower entering and leaving STAGING AREA.
- # Ensures unimpeded access and egress to and from staging area.
- # Coordinate security for staging area.

**HELPFUL HINTS**

- Maintain communications with TRANSPORTATION LEADER.
- Locate and secure buses for use by TRANSPORTATION LEADER.
- Use a mobile radio when possible to communicate with incoming units.
- Size of incident may require that a separate AMBULANCE STAGING area be established.
- Direct ambulance crews to leave stretchers in units unless needed for patient movement.

**EXTRICATION/RESCUE UNIT LEADER CHECK LIST**  
***NON-CONTAMINATED PATIENTS***

**MISSION:** To ensure the safe and rapid removal of entrapped patients and their prompt delivery to treatment area.

**Tasks:**

- # Report to and provide updates to INCIDENT COMMANDER or Unit Leader.
- # Dress in identifying vest.
- # Locate in a visible position with clear view of overall extrication operation.
- # Supervise and coordinate the EXTRICATION process
- # Determine if triage can be conducted at the incident site or if victims must be moved to a safe area prior to triage.
- # Locate and remove trapped victims/patients and deliver them to the treatment area.
- # Determine need for emergency medical care for patients undergoing extended/delayed extrication and request additional medical resources.
- # Maintain patient and team safety during all phases of the EXTRICATION.
- # Request relief crews to maintain progress towards extrication objectives.
- # Request specialized equipment and/or supplies through Unit Leader or Incident Commander
- # Request additional manpower and/or fire suppression personnel to protect entrapped victims during the EXTRICATION process.
- # Provide essential and frequent progress reports to Unit Leader or Incident Commander.

**HELPFUL HINTS**

- If in hazardous area, EXTRICATE patients rapidly and move to TREATMENT AREA.
- Assist TREATMENT and TRANSPORTATION LEADERS in moving patients when all extrications are complete (if needed).

**EXTRICATION/RESCUE UNIT LEADER CHECK LIST**  
***CONTAMINATED PATIENTS***

**MISSION:** To ensure the safe and rapid removal of contaminated and/or entrapped patients and their prompt delivery to treatment area.

**NOTE:** This position will report to the Hazmat Operations sector. However, close coordination between the Hazmat and Medical Groups is essential. This function most likely will be performed by qualified HAZMAT Technicians. This will require the mobilization of the Dutchess County HAZMAT Team. Under no circumstances will untrained or unprotected firefighters be put in hazardous situations.

**Tasks:**

- # Report and provide updates to HAZMAT OPERATIONS OFFICER.
- # Locate in a safe visible position with clear view of overall rescue operation.
- # Supervise and coordinate the RESCUE process
- # Determine if personnel and equipment are available to safely conduct triage at the incident site or if triage must be delayed until after the patients are decontaminated.
- # Locate and remove victims in the hot zone to the decontamination area.
- # Determine need/feasibility to provide treatment before the decontamination process and request additional medical resources.
- # Ensure personnel are assigned to move the patients from the discharge point of the decontamination line to the patient collection area.
- # Maintain patient and team safety during all phases of the RESCUE.
- # Request relief crews to maintain progress towards rescue objectives.
- # Request specialized equipment and/or supplies through chain of command.
- # Provide essential and frequent progress reports to HAZMAT OPS,

**SAFETY OFFICER CHECK LIST**

**MISSION:** To monitor and assess hazardous and unsafe situations and develop measures for ensuring personnel safety.

**Tasks:**

- # Report to the INCIDENT COMMANDER.
- # Dress in identifying vest.
- # Provide a ring of safety around the incident.
- # Take immediate corrective action or stop unsafe situations or practices.
- # Notify COMMAND and OPERATIONS if unsafe situations are observed
- # Observes the rescue ground for:
  - # Unsafe practices
  - # Use of protective equipment
  - # Need for relief crews
  - # Need for personnel rehab
- # Observes structural integrity.
- # Monitors hazardous/toxic environments and exposure levels of emergency personnel.
- # Investigates injuries to department personnel and ensures proper levels of care are provided.
- # Assures that personnel accountability system is in use and operating effectively.

**INFORMATION OFFICER CHECK LIST**

**MISSION:** To disseminate factual and timely reports to the news media concerning the nature and extent of the incident and emergency medical care and treatment of victims.

**Tasks:**

- # Report to the INCIDENT COMMANDER.
- # Dress in identifying vest.
- # Contact the INCIDENT COMMANDER for a briefing.
- # Develop complete and accurate information regarding the incident.
- # Establish a media area away from the COMMAND POST.
- # Act as liaison to the press.

NAMES OF PATIENTS SHOULD NEVER BE RELEASED PRIOR TO NOTIFICATION OF NEXT OF KIN.

## # The media should be given:

- Time of incident.
- Type of incident.
- Extent of incident.
- Location of incident.
- Number of rescue personnel on scene.
- Rescue efforts underway.
- Amount of equipment.
- Number of people rescued/injured.
- Nature of injuries.
- Hospitals to which injured patient(s) are taken.

## # The Information Officer should:

- Prepare Press Releases with IC.
- Be the only person to deal with the media.
- Release accurate information in a timely manner.
- Educate the media about MCI/ICS Systems.
- Facilitate interviews, brief responders, document actions.

**LANDING ZONE MANAGER (Helo Coordinator) CHECK LIST**

**MISSION:** To assume responsibility for the coordination and landing of all aircraft in the LANDING ZONE AREA.

**Tasks:**

- # Assign personnel and a fire unit, if available to establish a LANDING ZONE.
- # Maintain sufficient LZ size
- # Maintain LZ security
- # Maintain radio contact with incoming helicopters.
- # Coordinate loading and transport of patients with TRANSPORTATION.

**HELPFUL HINTS**

- Landing Zone Manager should follow the guidelines set forth by Standard Operating Guideline TF-306 Helicopter Operations.