

## A. Introduction

To efficiently triage, treat, and transport victims of multiple casualty incidents (MCI's). The following procedure is applicable to all multiple victim situations. This procedure is intended for use when the number of injured exceed the capabilities of the first arriving unit.

## B. MCI Levels

- MCI Level 1 (5-10 victims)
  - MCI Level 2 (11-20 victims)
  - MCI Level 3 (21- 100 victims)
  - MCI Level 4 (101 - 1000 victims)
  - MCI Level 5 (Over 1000 victims)
1. The minimum number of units required to manage a specific MCI Level is outlined in Policy and Procedures III-E-51 Strategy for Alarm Assignments.
  2. Fire Alarm will dispatch the appropriate units for a declared MCI level to bring to a total the number of units required as outlined in Policy and Procedure III-E-51.
  3. All units will respond to the staging area unless otherwise directed by COMMAND.

## C. Procedure

1. First arriving unit:
  - a) Establishes COMMAND.
  - b) Performs a size up:
    1. Estimate the number of victims
    2. Request the appropriate MCI Level response
    3. Request additional units as needed
  - c) Identify a staging area that will permit an orderly flow in and out without creating congestion.
  - d) Assume control of Triage and then:
    1. Direct remaining crewmembers to initiate triage (**Procedure 35**).
    2. Direct the walking wounded to a place away from the incident. These persons shall be triaged as soon as resources permit.
  - e) As additional units arrive, Command will designate Group Leaders and assign personnel to the following areas:
    1. Triage. **The OIC of the first arriving unit will remain the Triage Group Leader after Command is transferred.**
    2. Treatment
    3. Transport

- f) Additional functional groups may be required depending on the complexity of the incident. These may include but are not limited to: Staging, Landing Zone, Extrication, Haz Mat, Rehabilitation, Manpower, PIO.

## **D. Incident Management Responsibilities**

### **1. Command**

- a) Use the radio designation COMMAND.
- b) Follow the appropriate Field Operational Guide (FOG).
- c) Established initially by the first arriving unit OIC.
- d) Perform the initial size-up as well as an ongoing evaluation of changing conditions.
- e) Request the appropriate level of response and augment as necessary.
- f) Maintain a visible presence, staying in a fixed location.
- g) Control resources.
- h) Encourage Group Leaders to provide frequent updates reflecting manpower needs, equipment requirements, and total numbers of patients.

### **2. Triage Group Leader**

- a) Use the radio designation, TRIAGE.
- b) Follow the appropriate FOG.
- c) Organize the Triage personnel to begin the initial triaging of victims using the colored ribbons.
- d) Advise COMMAND as soon as possible as to the total number and category of victims.
- e) Coordinate with TREATMENT to ensure that priority victims are moved to the treatment area.
- f) Ensure that all areas around the scene have been checked for potential victims, walking wounded, ejected victims, etc., and that all victims have been triaged.
- g) Report to COMMAND upon completion of duties for further assignments.

### **3. Treatment Group Leader**

**NOTE:** The goal of MCI management is to rapidly triage and transport victims. If transport is available, consideration must be made to coordinate transport of the critical patient (s), bypassing a formal treatment area.

- a) Use the radio designation, TREATMENT.
- b) Follow the appropriate FOG.

- c) Complete a "Treatment Log".
- d) Obtain a "Documentation Aide" to assist with the log.
- e) Direct personnel to either begin treatment on the victims where they lie when there are only a few victims involved OR establish a centralized Treatment Area.
- f) Ensure that all victims are re-triaged through a secondary exam and the assessment is documented on the Triage Tag.
- g) Personnel assigned to the Treatment Area that physically assess and/or treat a patient will document pertinent information on the Triage Tag, affix the tag on the patient in a visible location and remove the ribbon.
- h) Ensure that adequate equipment and personnel are available to effectively treat the victims.
- i) Considerations for a Treatment Area:
  - 1. Capable of accommodating the number of victims and equipment.
  - 2. Consider weather, safety and the possibility of hazardous materials (decon runoff, wind direction, etc.).
  - 3. Designate entrance and exit areas that are readily accessible.
  - 4. On large-scale incidents, divide the treatment area into three distinct areas based on triage priority (red, yellow, green).
- j) Communicate with TRANSPORT to coordinate proper transport of the appropriate patients.

#### **4. Transport Group Leader**

- a) Use the radio designation, TRANSPORT.
- b) Follow the appropriate FOG.
- c) Maintain a "Transport Log".
- d) Obtain a "Documentation Aide" with a second radio to assist with the log and communications.
- e) Retain the "Transport" section of the Triage Tag.
- f) Establish continuous contact with FAO and advise them to begin a "Tally" of hospitals close to the affected area.
- g) Coordinate the transport of all victims from the treatment area(s).
  - 1. Ground transported patients should be assigned to hospitals on a rotating basis.
- h) Communicate with the LZ Group the number of patients to be transported by air.
  - 1. Air transported patients should be assigned to distant hospitals, unless patient needs dictate otherwise (Trauma Center, burn unit, etc.).
- i) When units are prepared to transport, TRANSPORT or their aide will contact MedCom and supply them with the following information:
  - 1. The transporting unit number.

2. The number of patients going to a specific facility and,
  3. Their priority, RED, YELLOW, or GREEN.
  4. If any GREEN patients are immobilized on backboards, the receiving facility must be notified
- j) Once FAO receives the information from TRANSPORT, they **will notify** the appropriate hospital and then update the "Hospital Capability Sheet".
  - k) Transporting fire rescue units **will not** contact the receiving facility on their own unless there is a change in condition OR further Medical Control is required.

### 5. Staging Group Leader

- a) Use the radio designation, STAGING.
- b) Follow the appropriate FOG.
- c) Maintain a "Unit Staging Log".
- d) Ensure that all personnel stay with their vehicles unless otherwise directed.
- e) If personnel are directed to assist in another function ensure that the keys to the vehicles stay with each vehicle.
- f) Determine from TRANSPORT a location for loading BLS and ALS patients.
- g) Maintain a reserve of at least 1 BLS and 1 ALS transport vehicles. When the reserve is depleted, advise COMMAND.

### E. Fire Alarm Office (FAO)

1. Once notified of an MCI, begin notification to area hospitals as indicated below, unless otherwise directed by COMMAND or TRANSPORT:
  - a) **If a Level 1 MCI is declared:** notify the 2 closest hospitals geographically to the incident AND the nearest Trauma Center.
  - b) **If a Level 2 MCI is declared:** notify the 3 closest hospitals geographically to the incident AND the 2 closest Trauma Centers.
  - c) **If a Level 3 MCI is declared:** notify the 4 closest hospitals geographically to the incident AND the 3 closest Trauma Centers.
  - d) **If a Level 4 or Level 5 MCI is declared:** notify all hospitals AND all Trauma Centers.
2. The hospital will be advised of the total potential victims involved based on the level and of the generic nature of the incident, i.e. traffic accident, chemical exposure, etc.
3. Once a TRANSPORT Group is established, FAO will pass on the amount and type of patients that can be handled by each hospital as indicated on the Hospital Capability Chart "MCI" section. This information will be maintained and updated for the duration of the incident.
4. FAO will also advise the receiving facility to keep the Triage Tag with the patient(s) for our future documentation.

**F. Documentation**

1. The Incident Commander will, at the completion of the incident, coordinate the gathering of all pertinent documentation. This can be facilitated with the assistance of an EMS Field Supervisor and MedCom.
2. The EMS Division OIC or their designee will conduct a Post Incident Analysis (PIA) according to Policy and Procedure III-E-50 on any MCI Level 2 or greater.

**G. MCI Supplies**

Portfolios are red zippered folders containing information and equipment to assist each group officer.

1. A **Triage** kit is issued to each Operation's unit and contains:
  - 1 TRIAGE Field Operation Guide (FOG).
  - 1 TREATMENT FOG with, 1 Treatment Log.
  - 1 TRANSPORT FOG with, 1 Transport Log.
  - 1 STAGING FOG with, 1 Unit Staging Log.
  - 1 Clipboard.
  - 1 Triage identification vest.
  - 3 Rings of triage ribbons
  - 50 Triage Tags
2. A **Treatment** kit is issued to each Battalion and EMS Field Supervisor and contains:
  - 1 TREATMENT FOG
  - 5 Treatment Logs.
  - 1 each Red, Yellow, Green tarp
  - 1 Clipboard.
  - 1 Treatment identification vest.
  - 50 Triage Tags
3. A **Transport** kit is issued to each Battalion and EMS Field Supervisor and contains:
  - 1 TRANSPORT FOG.
  - 5 Transport Logs.
  - 1 Clipboard.
  - 1 Transport identification vest.
4. A **Staging** kit is issued to each Battalion and EMS Field Supervisor and contains:
  - 1 STAGING FOG.
  - 5 Unit Staging Logs.
  - 1 Clipboard.
  - 1 Staging identification vest.
5. An EMS Tactical Command Worksheet is issued to each Battalion and EMS Field Supervisor.