

GENERAL:

In the event that the service responds to the scene of a multiple casualty incident (MCI) (more than the service is able to care for, or as the result of a mutual aid response to another services request during an MCI event) each responding squad shall follow these general guidelines. Because every MCI event is unique, flexibility is required but overall the Incident Command System (ICS) structure will be the guiding force behind deployment and patient care.

All protocols become standing orders.

- I. First on scene: Park vehicle and position yourself and other responders upwind/ upgrade and at a safe distance/location.
- II. First-In Report (Size up incident)
 - A. Identify yourself and your unit via radio to Dispatch
 - B. Describe the incident including exact location
 - C. Describe the type or types of structures/vehicles involved
 - D. Estimate the number of injuries or casualties
 - E. Determine safety hazards
 - F. Advise of the need for evacuation of the public
- III. Establish Command
 - A. State you are assuming command by identifying yourself and naming command (example: "...and I will be Hwy 13 Command.")
 - B. Give exact location of command post. Stay there.
 - C. Request additional resources needed immediately (ambulances, helicopter medical, law enforcement, traffic control, hazmat, etc.)
 - D. Identify route of approach for other responders (i.e. wind direction, traffic congestion, etc.)
 - E. Identify staging area location.
 - F. Request responding units report to staging area for assignment and maintain radio silence.
 - G. Request initial notification of closest hospital or medical control facility.
 - H. Designate radio frequencies for use on scene.
- IV. Initial Actions – Establish the following groups (it may be only one individual until arrival of additional personnel) and assign personnel to each or report to the appropriate group if previously established:
 - A. TRIAGE GROUP – sort and categorize all patients.
 1. Triage Group SUPERVISOR is responsible for initiating and directing the Triage Group.
 2. The Triage Group Supervisor receives direction from the EMS Branch Director or IC until EMS Branch established. Responsibilities include:
 - a. Implement START, Simple Triage and Rapid Treatment

- b. Estimate number and severity of patients and inform the EMS Branch Director
 - c. Establish triage and extrication teams
 - d. Report progress & needs to EMS Branch Director
 - e. Move patients by priority to treatment sector
- B. TREATMENT GROUP – provide on-scene treatment of patients
- 1. Treatment Group SUPERVISOR is responsible for initiating and directing the Treatment Group.
 - 2. The Treatment Group Supervisor receives direction from the EMS Branch Director or IC until the EMS Branch is established. Responsibilities include:
 - a. Establish treatment area close to incident - if possible
 - b. Limit access of non-essential personnel
 - c. Triage patient on arrival to treatment area
 - d. Group patients by priority (immediate and delayed)
 - e. Limits medical care to urgent needs
- C. TRANSPORTATION GROUP – ensure all patients are transported to the appropriate facility.
- 1. Transportation Group SUPERVISOR is responsible for initiating and directing the Transportation Group.
 - 2. The Transportation Group Supervisor receives direction from the EMS Branch Director or IC until the EMS Branch is established. Responsibilities include:
 - a. Establish patient loading zone
 - b. Establish and operate a helicopter landing zone
 - c. Request personnel to function as a Medical Resource with the hospitals for the purpose of:
 - 1) Ongoing identification of receiving hospitals' available resources
 - 2) Assigning patients in treatment areas to transporting units by priority
 - 3) Directing transporting units to the appropriate hospital based on available resource information
 - 4) Communicate with the receiving hospital a brief description of transporting units, numbers of patients, brief patient report, and ETA
 - 5) Maintain a patient log and tracking patients
 - 6) Maintain a communications link with receiving hospitals
 - d. Communicates with Medical Resource to identify receiving hospitals and tracks status
 - e. Reports to EMS Branch Director or IC and hospitals when last patient has been transported

D. STAGING OFFICER

1. Establishes staging location at a site remote from the incident to avoid "gridlocking" units
2. Coordinates with police to block streets and other access routes
3. Maintains log of units and inventory of all specialized equipment and medical supplies

V. Transfer of command

- A. As the incident progresses it may become prudent for command to be transferred to another responder. This is a normal occurrence in the ICS and should not be considered a reflection on the abilities of the current IC.
- B. Transfer of Command occurs for any of the reasons listed below:
 1. A person of equal or higher rank arrives on scene
 2. At the end of a shift or operational period
 3. As appropriate for predominant technical needs (fire, law enforcement, medical)
 4. IC defined by ordinance or preplanning
- C. Criteria for Transfer of Command
 1. Must be accomplished face to face
 2. Must include a briefing that includes the following (minimum):
 - a. Current situation
 - b. Incident goals
 - c. Summary of current actions
 - d. Resources and actions needed to resolve the incident
 3. Transfer of command must be announced (preferably via radio_ so all responders are aware of the transfer
- D. Once relieved, the new IC may assign the outgoing IC to other duties as needed.