

Procedure	Effective Date	Rescinds
Multiple Casualty Incidents	July 1, 1996	96-10

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Franklin County Fire Chief's Association
 Norwich Township Fire Department SOG #11

Purpose:

The purpose of this document is to provide a guideline for the operation at incidents or situations that may arise during the course of an operation. Each member is expected to know, understand and operate according to this guideline as each situation arises.

To establish an operating guideline for response to multiple casualty incidents in Central Ohio.

To identify and select common terminology that best describes equipment and mitigation techniques used during a multiple casualty incident.

Although not a primary objective, this document does address the transition of care from public emergency service to an appropriate medical facility. The use of physicians/nurses at the emergency scene has also been addressed.

Responsibility:

- I. All Supervisors are responsible for the training of their personnel and for ensuring proper compliance with this procedure.
- II. All members have the responsibility to adequately learn and carry out this procedure.
- III. All members shall always use reasonable judgment in their use of this procedure.

Scope:

This guideline was prepared by, and is intended for use by, the municipal emergency response agencies of Central Ohio. These groups include City, Township, Village, and/or Fire District.

1. DEFINITIONS/TERMINOLOGY

Body Stake - Used to indicate the exact location of a victim, body, or major body part.

ICS Branch - Major component of ICS where an entire mode of operations is separated into a common, manageable, unit. (Suppression, Medical, Hazmat etc...). Within the branch several divisions and/or groups may be assigned.

ICS Division - A component of ICS where Companies are divided and assigned by geographic location on the emergency scene. (Interior, exterior, roof, basement, third floor, etc...)

ICS Group - A component of ICS where Companies are divided and assigned by task. (Fire attack, ventilation, triage, transportation, search, extrication, etc...)

Multiple Casualty Incident - Although a finite definition may not be practical several criteria can be identified with all multiple casualty incidents:

- First arriving Companies are overwhelmed with tasks
- Multiple event types (fire, hazmat, rescue, etc...)
- Multiple victims ranging from having no injuries to fatalities
- Regional Hospital resources overwhelmed
- Requires multi-jurisdictional, multi-agency response

The declaration of a multiple casualty incident should set into motion a predetermined response which would typically include:

- Standard response or upgrade apparatus/resource responses
- Automatic notification of Hospitals and other Agencies
- Prearranged ICS/EOC community disaster procedures
- Call-ins/relocation of resources to respond to other emergencies

Multiple Casualty Unit - An apparatus specifically designated and minimally equipped to respond to multiple casualty incidents.

Recorders - Personnel that have the responsibility to record medical evaluation information onto a triage tag. This person is not expected to conduct the triage.

Survival Survey - Includes removing victims from hostile environments, opening airways, stopping bleeding, placing patients in the aspiration position, and continuing scene assessment.

2. COMMAND/SAFETY OPERATIONS

Command

The Franklin County Fire Chief's Association has adopted the Incident Command System (ICS) as developed by the Federal Emergency Management Agency (FEMA) and currently in use in Central Ohio.

Incident Command should be established at all emergency medical incidents where 3 or more EMS companies are dispatched. If initial units can make a more significant contribution to victim survivability by actively participating in patient care, then command should be passed to next arriving units. However, until later units arrive initial companies shall be in charge of the scene.

Once a stationary Command Post has been established the Incident Commander or Operations Chief may establish an EMS Branch and Staging.

Command should also establish perimeters to limit access of bystanders as well as emergency response personnel.

Safety

As soon as practical, and in accordance with recognized safety practices, a designated Safety Officer shall be established.

Safety Officer Duties include:

- Evaluating the level and types of protective clothing in use
- Assessing the scene for hazards to emergency response personnel
- Ensuring that safety policies/procedures are in place
- Eliminating/reporting unsafe conditions
- Evacuating/requesting the evacuation of personnel in imminent danger
- Recording safety related activities
- Maintain communications with Command
- Ensure that adequate levels of biohazard protection are used

Accountability

The Franklin County Fire Chief's Association has adopted the Passport Accountability System currently in use in Central Ohio.

Identification of Emergency Response Personnel

All emergency services personnel shall be identified by one or more of the following methods:

- Command, Branch, Groups by reflective vests*
- Standard uniform with department name, patch, or badge*
- Helmet that displays department/company identification*

Identification of Medical Personnel or other Agencies

Anyone seeking access into the incident site shall provide a photo I.D. and proper credentials. A photo I.D. may be held at the Command Post until the incident is terminated.

3. MULTIPLE CASUALTY EMS OPERATIONS

Single Resources

An EMS Company may request single resources or a full multiple casualty assignment. If single resources are needed, the first arriving Company(s) may summon specific equipment. The Communications Center will dispatch a Chief or EMS Supervisor with any requests for additional companies.

Multiple Casualty Incident Apparatus Assignment

The following assignment is based on the number of expected personnel required to triage, relocate, re-assess, treat, and transport the victims of a multiple casualty incident.

THIS ASSIGNMENT DOES NOT TAKE INTO CONSIDERATION MANPOWER AND APPARATUS NEEDED TO PERFORM OTHER FUNCTIONS SUCH AS EXTRICATION, SUPPRESSION, DECONTAMINATION, ETC....

Apparatus assignments may be adjusted to meet local needs.

2 Engines	1 Multiple Casualty Unit
1 Ladder	3 Shift and/or EMS Supervisors
1 Rescue	5 Medics

Community Resources

Consideration must be given to maintaining an adequate level of emergency services for the region or area affected by the multiple casualty incident.

First Arriving Company Operations

First arriving units on the scene must make a rapid assessment of the situation and give a size-up to other incoming companies, including initial company objective(s).

THE CAUSE OF THE INCIDENT NEEDS TO BE CLEARLY UNDERSTOOD AND AN ASSESSMENT OF THE REMAINING RISKS IDENTIFIED.

SIMULTANEOUS TO INITIATING EMS OPERATIONS THE IC SHALL ENDEAVOR TO ELIMINATE MECHANICAL, EXPLOSIVE, FIRE, HAZARDOUS MATERIALS, AND OTHER RISKS TO PERSONNEL.

If equipment/personnel to properly mitigate the incident are not be available from the original assignment, additional resources must be summoned.

Survival Survey

If initial companies elect to begin patient care, in situations where needs exceed resources, their primary objective must focus on a SURVIVAL SURVEY. This includes removing victims from hostile environments, opening airways, stopping bleeding, placing patients in aspiration position and continuing scene assessment. No Advanced Life Support should be initiated at this point! Walking injured must be directed to a holding area.

Staging of Companies

Level II staging should be followed for units arriving at a multiple casualty incident. All outside agencies should also be dispatched to the staging area. This area should be at sufficient distance to keep the scene clear and maintain egress.

The first arriving Company shall assume Staging until relieved or control is transferred.

The Staging Area Manager shall be identified by keeping his/her apparatus emergency lighting on. All other apparatus shall turn their emergency lights off (as safety permits).

EMS BRANCH CHECKLIST

The EMS Branch Director is responsible for the entire medical operation and can request officers be assigned to act as triage, treatment and/or Transportation Group Leader. The EMS Branch Director shall request additional manpower from Command.

RADIO DESIGNATION EMS Branch

LOCATION Usually at the site of the Treatment Group but possibly at the transportation group.

ASSIGNMENT Normally, the EMS Branch will be directed by an Emergency Medical Service Coordinator.

DIRECTION/CONTROL See tactical command sheet on back of this page.

DUTIES

- _____ To keep the Incident Commander informed of all medical operation developments.
- _____ Establish the triage, treatment and transportation groups.
- _____ Coordinate EMS Branch with the Incident Commander and other division/group commanders as needed.
- _____ Establish an emergency operations radio channel (i.e., Franklin County Emergency Tactical, Local City Government, or Fire Operations.)
- _____ Notify/coordinate with receiving hospitals regarding numbers of patients/vehicles enroute to each facility, victim status, etc.
- _____ Update Incident Command on numbers of victims transported, to what facility, etc.
- _____ Maintain a written record of activities and communications within the EMS Branch.
- _____ Maintain hospital capacity status.
- _____ **Check when completed.**

STAGING AREA MANAGER CHECKLIST

An Officer shall be designated to establish a Staging area. This area should be set-up at a location that will facilitate deployment of needed equipment to various groups/divisions.

RADIO DESIGNATION Staging.

LOCATION Usually adjacent to the incident.

ASSIGNMENT Staging will be supervised by an Officer designated by either the Incident Commander or EMS Branch.

DIRECTION/CONTROL See tactical command sheet on back of this page.

DUTIES

_____ Coordinate staging location with Command and Operations Branch. Advise Command of location once established.

_____ Keep a written record of available resources and advise Operations of same.

_____ Coordinate resources. Maintain adequate supply of resources in staging to anticipate these needs.

_____ Deploy available resources as requested.

_____ Collect/Assign any volunteers arriving on scene to offer assistance. Volunteer medical personnel (including physicians) may be helpful in Treatment, for example.

_____ Maintain a written record of activities.

_____ **Check when completed.**

TRIAGE GROUP CHECKLIST

Triage is responsible to prioritize the transportation and treatment of victims. Triage may be conducted by a Triage Team(s) during the survival survey or can be set up at the entrance to the treatment area. In some cases with multiple ambulatory victims, it will be more efficient to move victims to the treatment area where they can be triaged as they enter. Patients who are not breathing or are obviously dead should be left where found and marked so later-arriving rescuers know the patient is deceased and do not spend time re-evaluating the victim.

RADIO DESIGNATION Triage.

LOCATION Can occur at the incident site or at the entrance to the Treatment area.

ASSIGNMENT Normally, the Triage Group will be supervised (or in some cases staffed solely) by an EMT-Paramedic.

DIRECTION/CONTROL See tactical command sheet on back of this page.

DUTIES

_____ Coordinate with other groups and report to the EMS Branch on progress and estimated injuries.

_____ Recognize and identify victims with severe life-threatening injuries and categorize them for priority treatment. In all cases, care should be distributed to assure the best outcome for the most victims.

_____ If practical, establish triage at entrance to treatment area. Otherwise, triage should be conducted/established where practical.

_____ Whenever there are 5 or more victims triage tags will be used, regardless of the severity of the victim injuries.

_____ Maintain a written record of activities.

_____ **Check when completed.**

TREATMENT GROUP CHECKLIST

The Treatment Group is responsible to prioritize and coordinate companies to re-assess and treat victims prior to transport to a medical facility.

RADIO DESIGNATION Treatment Group.

LOCATION To be chosen by the EMS Branch, usually in a readily accessible area but away from any dangerous conditions associated with the incident.

COMMANDER Normally the treatment group will be supervised by assigning an EMS Coordinator or EMT-Paramedic.

DIRECTION/CONTROL See tactical command sheet on back of this page.

DUTIES

_____ Coordinate with other groups/divisions and report to EMS Branch estimated numbers of victims, resources required for treatment and documentation needs, and progress.

_____ Prepare for the arrival of patients from the incident area and report when ready.

Treatment areas should be based on triage tags:

RED (LEVEL 1) Unstable Patient

YELLOW (LEVEL 2) Potentially Unstable Patient

GREEN (LEVEL 3) Stable Patient

_____ Establish a readily-identifiable entrance to treatment area, preferably with a white cross on a blue background. If practical, triage should be located at this entrance.

_____ When triage is remote from treatment area, assign personnel to meet and direct arriving litter-bearers to the "LEVEL 1", "LEVEL 2", or "LEVEL 3" areas.

_____ Assign and coordinate EMS personnel for suitable treatment of all patients.

_____ Arrange patients in the treatment areas in rows with five feet between patients and with heads toward the aisles to provide working room.

_____ Assure paramedic functions, particularly IV's, will be given only in the LEVEL 1" treatment area. Less intensive patient monitoring and treatment will be given in the "LEVEL 2" treatment area with fewer personnel assigned.

_____ If the condition of a patient changes significantly (better or worse) consider transfer of the patient to a higher or lower priority area.

_____ Assign fire fighting personnel, EMS personnel, medical staff, and others as needed for Treatment Group. Obtain resources from responding EMS companies as needed.

- _____ Provide the necessary level of support to all personnel working the treatment group and make sure that all patients in need of treatment receive it.

- _____ Determine priorities for patients to be transported to medical facilities and consult with the transportation group on the allocation of patients to facilities.

- _____ Coordinate activities with on-scene Physicians/Nurses/Coroner within designated treatment area.

- _____ Maintain accurate treatment records.

- _____ **Check when completed.**

4. INCIDENT TERMINATION

Fatalities/Body Removal

The location of all fatalities and body parts shall be clearly identified by the use of a body stake or other marking device.

A completed triage tag shall be attached to each fatality.

Bodies, including detached parts shall not be moved unless required to facilitate apparatus placement, rescue, or fire suppression.

The Franklin County Coroner's Office must authorize the removal of any body from the incident scene. The Franklin County Coroner is charged with the responsibility and authority to investigate all multiple casualty incidents involving death.