

Vermont EMS District 12

Mass Casualty Incident (MCI) Management Plan



Quick Reference Guide

*Excerpted from the Vermont EMS District 12 MCI Plan.
Not intended to replace education or training
or serve as a substitute for the full plan.*

February 2008

Vermont EMS District 12

Vermont EMS District 12

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FIRST EMS UNIT ON-SCENE

Perform "The Five S's"

SAFETY Assessment

- Assess the scene observing for electrical hazards, flammable liquids, hazardous materials or other life threatening situations

SIZE-UP the scene

- Determine 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.
 - Identify access and egress routes.

SEND information:

- Notify dispatch of your size-up information.
- Request additional resources. Consider use of regional MCI Trailer & Coordinators
- Communicates the following to all responding agencies/personnel:
 - Incident description including approximate number of patients
 - Incident location and/or staging area and best access routes
 - Radio frequency to use or Tactical frequency(s), if assigned
 - Unusual circumstances/hazardous conditions
- Request activation of Regional MCI Coordinators
- Request notification of closest hospital.

SETUP the Scene

- Assign EMS Command Staff
- Designate Triage, Treatment, Transportation and Staging areas

START Triage

- f* **Assign 2nd EMT to TRIAGE OFFICER role**
 - **Simple Triage And Rapid Treatment)**
 - **JumpSTART (for pediatric patients).**
 - **See Triage Section**

Instructions for Responding Mutual Aid Units

1. Respond to the site of the incident only when dispatched.
2. Ensure adequate coverage of your area is provided (mutual aid)
3. Ensure that vehicles are equipped with appropriate disaster supplies (extra Backboards, dressings, oxygen cylinders, splints, carrying devices, etc.) and that maximum staffing is provided before responding to the site of the incident.
4. DO NOT RESPOND TO THE INCIDENT SITE IN PRIVATE VEHICLES.
5. Once enroute, **contact the Command Post by radio (155.280)** for instruction and assignment.
6. Keep radio transmissions brief.
7. For large scale incidents proceed directly to the personnel and equipment staging area, be prepared to drop additional personnel and equipment.
8. Position your vehicle in the area designated by the Incident Commander. Vehicle drivers must stay with their ambulance at all times.
9. Turn off all emergency lights upon arrival.
10. Ensure that wheeled ambulance stretchers remain in the ambulance.
11. Load patients as directed by the EMS Transportation Officer.
12. Receive instructions as to patient's destination from the EMS Transportation officer.
13. DO NOT communicate directly with the receiving hospital. This will be done by the EMS Transportation Officer.
14. Receive instructions from the Command Post regarding re-assignment when leaving the Receiving Hospital.
15. Follow the directions of Police or Fire Police personnel regarding traffic flow.

COMMUNICATIONS

- Primary Tactical (On-Scene) Channel HEAR II (155.280)
- Hospital – EMS Channel HEAR I (155.340)
- Helicopter LZ Channel V-Tac 4 (159.4725)

Scalability of EMS Response

- In an effort to make this document congruent with the National Incident Management System (NIMS), MCI Level guidelines have been *suggested* to allow for scalability based upon the needs of the individual incident or agency.

MCI Level	Total # of Patients	Ambulances	Helicopters	MCI Coordinators	MCI Trailers
1	3-10	5-6	1-2	1	0
2	11-20	10-15	2-3	2	1
3*	21-100	16-20	3+	All	2

* MCI Level 3 will require assistance from Vermont Emergency Management in resource acquisition.

** **These levels are “guidelines” to assist EMS Command with resource allocation. Several factors will require the EMS Commander to modify these levels; type & acuity of injuries, weather and transportation considerations, etc.**

Vermont MCI Trailer Locations

MCI Trailers equipped with supplies (backboards, bandages, BLS & ALS kits, etc.) to manage 25-50 victims have been strategically placed throughout the state by the Vermont Homeland Security Unit.

**Bennington Dispatch
802-442-1030**

If additional trailers are needed, contact
**Vermont Emergency Management
(1-800-347-0488)**

JOB ACTION SHEET

EMS COMMANDER

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

Report to: Incident Command Post

Radio ID: "EMS Command

Tasks:

% **SAFETY ASSESSMENT:**

- o Assess current situation
- o Look for potentially hazardous situations

% **SIZE-UP SCENE**

- o Determine how big and how bad is it?
- o Survey incident scene for:
 - f* Type and/or cause of incident.
 - f* Estimate number of patients.
 - f* Severity level of injuries (either Major or Minor).
 - f* Area involved, including problems with scene access.
 - f* Identify access and egress routes

% **SEND Information**

- o Assume EMS Command and Notify dispatch of MCI and pertinent information from Size-up.
- o Request additional resources. Consider use of regional MCI Trailer and early activation of helicopters.
- o Communicates the following to all responding agencies/personnel:
 - f* Incident description including approximate number of patients
 - f* Incident location and/or staging area and best access routes
 - f* Radio frequency to use or Tactical frequency(s), if assigned
 - f* Unusual circumstances/hazardous conditions
- o Request activation of Regional MCI Coordinators
- o Request notification of closest hospital.

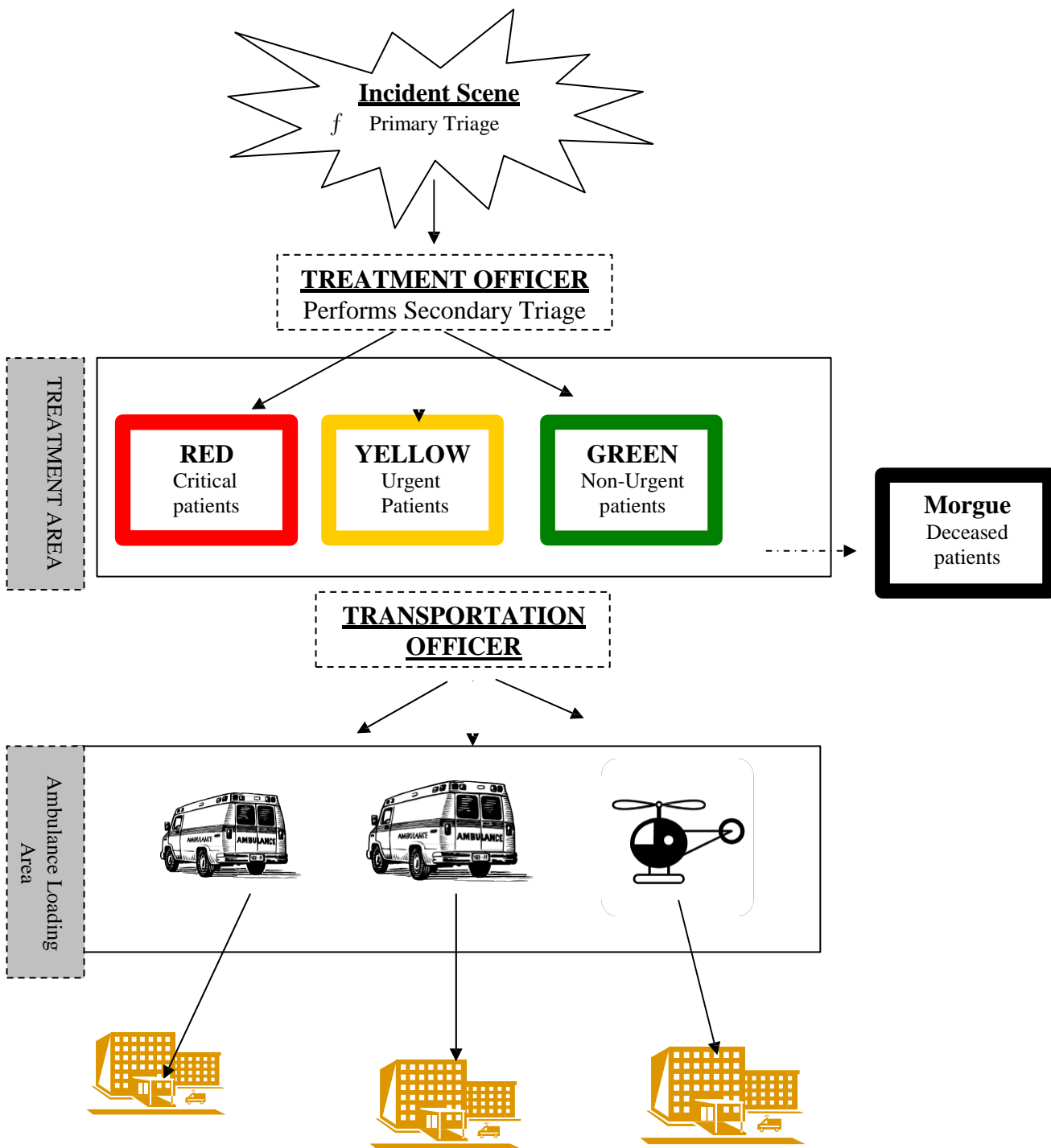
% **SET-UP scene**

- o Assign EMS command positions in the following order:
 - f* Triage Officer
 - f* Treatment Officer
 - f* Transportation Officer
 - f* Staging Officer
- o Designate Triage, Treatment, Transportation and Staging areas

% **START Triage**

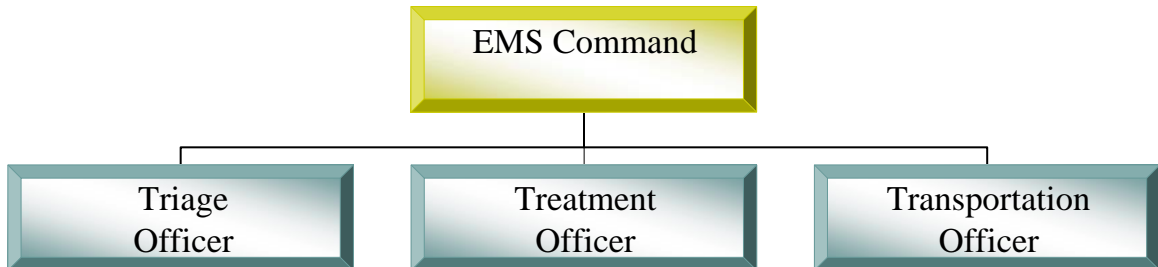
- o Assign Triage Officer to begin primary Triage
- o EMS Commander should NOT perform Triage

Scene Set Up: Routine MCI Scene

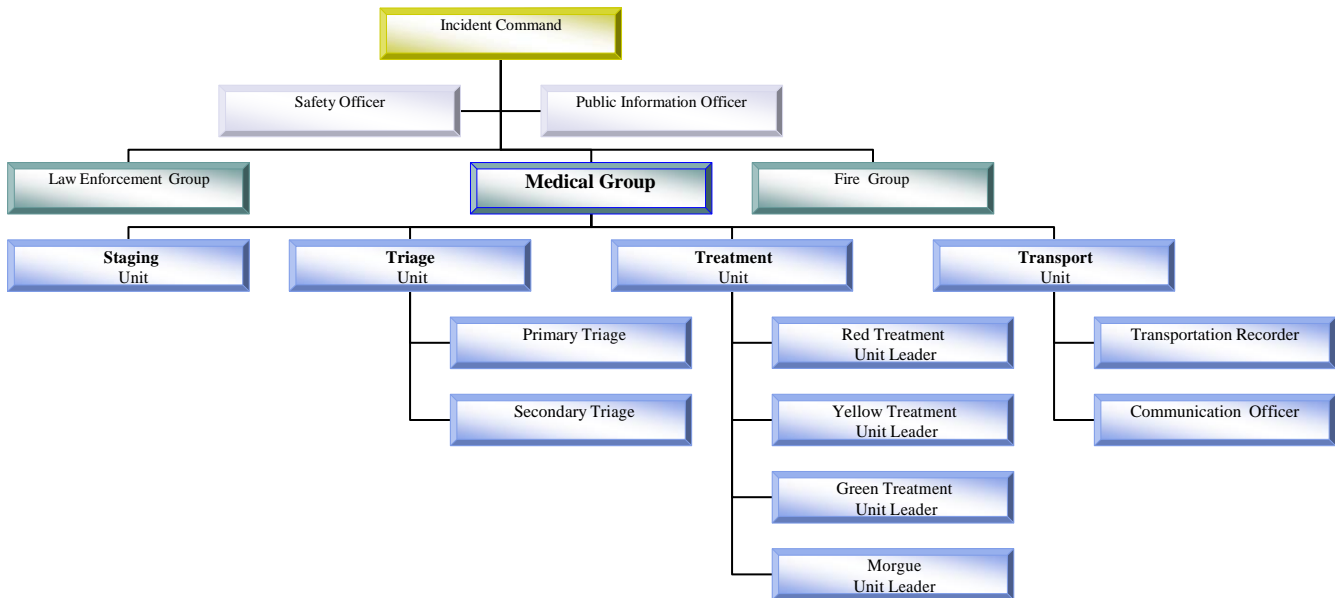


INCIDENT COMMAND SYSTEM (ICS)

On a **small scale, single agency response**, the following command structure may be sufficient.



At larger, multi-agency incidents, the ICS model evolves and EMS becomes one part of the entire system. At expanded/extended medical incidents, the Incident Commander or Operations Section Chief would appoint someone to manage the "MEDICAL" function. As an incident unfolds or there are several patients, the ICS model will expand to meet the needs.



JOB ACTION SHEET:

TRIAGE OFFICER

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

Report to: EMS Commander

Radio ID: "Triage"

Tasks:

- % The first step is to begin where you stand.
- % Identify those injured who can walk; those who can hear you, follow command and walk are consider "Walking wound" and should be tagged "Green"
- % Relocate the Green Tagged Patient
- % Move Green tagged patients to an easily recognized point away from immediate danger and outside the initial triage area.
- % Move in an orderly pattern
- % Assess each casualty you come to and mark the priority using triage ribbons.
- % Maintain a patient count
- % Mark each patient tagged on 2-3 inch tape on thigh.
- % Responders can also save a small piece of triage ribbon and count each piece once tagging is completed.
- % Provide Minimal treatment; only three patient interventions are used:
 - o Open the airway.
 - o Stop gross bleeding
 - o Safe patient positioning
 - f Shock position, Recovery position
- % Keep moving! QUICKLY!
 - o In an MCI, lengthy patient assessments are not practical.
 - o S.T.A.R.T. assessments should last approximately 30 seconds per patient.

REMEMBER:
Triage personnel are responsible for "sorting"
all the patients into the correct category of
medical urgency.
THEY ARE NOT TO PROVIDE MEDICAL CARE.

START Triage

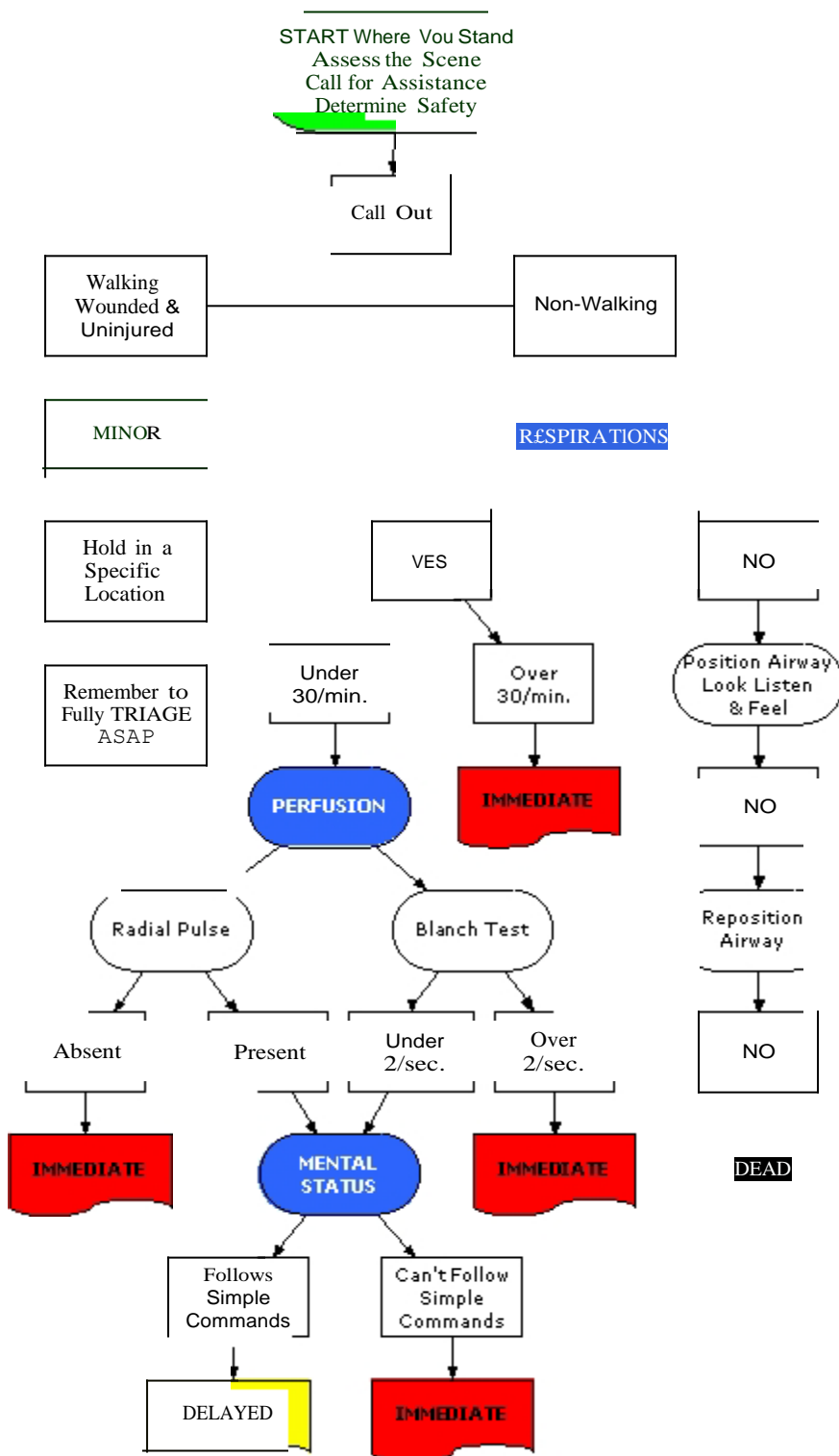
- The standard method of initial field triage to be utilized in Vermont EMS District 12 is the
 - **START (Simple Triage and Rapid Treatment)** method for adult patients
 - and **JumpSTART** Triage for Pediatric patients, ages 8 and under.
- f Vermont EMS District 12 standardizes the use of the **Mettag Triage tag**
- f Triage Tags should be placed on all patients who were involved in the incident; *regardless* whether they claim to be injured or not.
- f During Triage at the incident scene, the Triage Officer may only assess the Respirations, Pulse and Mental Status (“RPMs”) of START triage and tear off the color-coded tag.
- f All Triage Tag stubs should be saved and turned in to the Triage Officer for establishing the final patient count
- f When the patient arrives in the treatment area, the triage tags should be filled out with as much information about the patient as the Triage personnel are able to ascertain and complete.
- **All victims must be tagged with a ribbon or Triage Tag.** It is time consuming and potentially fatal to triage without tagging victims.

Triage Tag Color	Description
Red	Emergent. Life-threatening conditions <ul style="list-style-type: none"> • airway management difficulties, • cardiac compromise, • severe hemorrhage, • altered mental status
Yellow	Urgent. Less critical, <ul style="list-style-type: none"> • Potentially life-threatening • Chest pain, Shortness of Breath • Abdominal Pain
Green	Non-urgent. <ul style="list-style-type: none"> • Non-life or limb threatening emergencies • Sprain/Fractures, minor wounds,
Black	Dead or Death Expected. <ul style="list-style-type: none"> • Injuries so severe that patient is not expected to survive

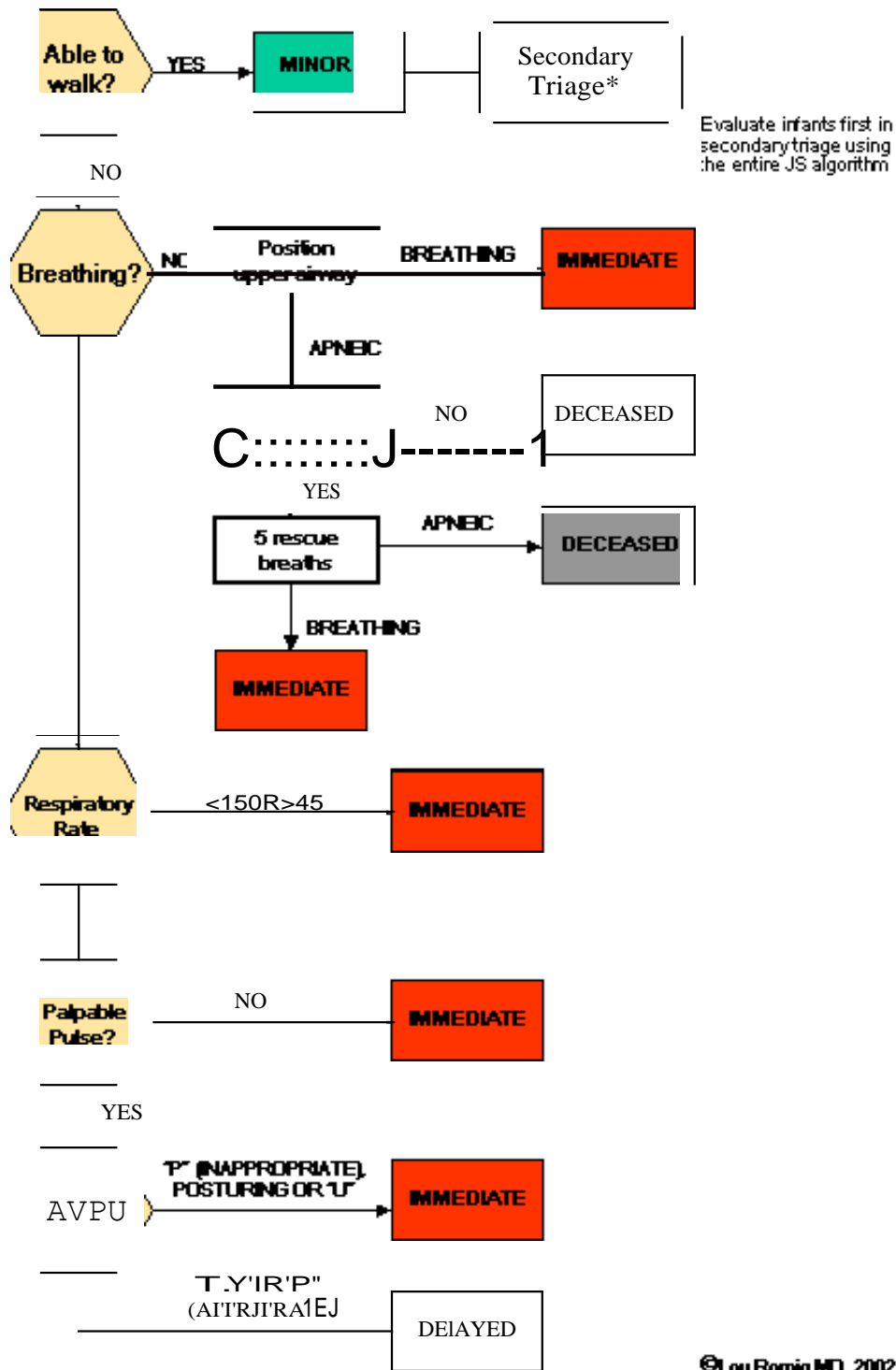
NOTE: *If patients are dead, they should be tagged and left where they are until the appropriate federal authority arrives. If a dead patient is moved, a tag should be placed at the site where found*

S.T.A.R.T (Simple Triage And Rapid Transport)

START- Simple Triage And Rapid Treatment



JumpSTART Pediatric MCI Triage



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JOB ACTION SHEET:

TREATMENT OFFICER

Mission: Provide continuing assessment, triage, and care to patients awaiting transportation.

Report to: EMS Command

Radio ID: "Treatment Officer"

Tasks:

- ... Dress in identifying vest.
- ... Acquire Portable Radio and develop communications with EMS Command and Transportation Officer
- ... Designate the treatment area; mark boundary lines or use tarps or flags to designate locations for red-tagged, yellow-tagged AND Green tagged patients.
- ... Clearly identify the treatment Area (use tarps, flags, etc)
- ... Establish a "funnel or cattle chute" entryway into and out of the Treatment area to control access.
- ... Receive and review the condition of all patients as they arrive in the treatment area and assigns patients to locations within the treatment area according to tag color
- ... Have Minor/Green Patients ("Walking Wounded") move to a Supervised out-of-the-way area
- ... Assign ALS technicians to treatment area.; Assign EMS providers to patients, and supervise all patient care.
- ... Maintain an inventory of supplies and equipment, and request additional supplies and equipment as needed through the EMS Control Officer.
- ... Maintain contact with TRANSPORT Officer and assist in moving patients to the transportation area.
- ... Coordinate transportation priority decisions with the Transportation Officer
- ... Constantly reassess patients' conditions and priorities.
- ... Appoint a MORGUE MANAGER (if needed)

Treatment Area Equipment List

Supplies	# Available	# Additional Needed
Adhesive Tape		
Advanced Airway (Endotracheal Tubes, Combitubes)		
Backboards (w headblocks, straps, etc)		
Bag-Valve-Mask (BVM) Devices		
Blankets		
Blood Pressure Equipment		
Burn Sheets		
Cervical Collars		
Cold Packs / Heat packs		
EKG Monitors		
Face Shields/Eye protection		
Gauze kling Wrap		
Gauze Pads (4x4, 2x2)		
Gloves (small, medium, large, extra-large)		
Gowns		
IV Catheters (14 ga, 16 ga, 18 ga, 20 ga)		
IV Solution (Normal Saline, Lactated Ringers)		
IV Tubing		
MAST (Adult / Pediatric)		
OB Kits		
Occlusive Dressings		
Oxygen (E-tanks, M-tanks)		
Oxygen Masks (NRB)		
Splints (long-bone, short-bone)		
Splints (Traction)		
Suction Units		
Trauma Dressings		
Triangular Bandages		

Treatment Area Patient Log

Triage Tag #	Triage Color			Pt Age	Sex	Assigned to	Time In
	Red	Yellow	Green				

JOB ACTION SHEET:

TRANSPORTATION OFFICER

Mission: To coordinate and document all patient transportation and maintenance of records relating to patient injuries as noted on triage tag.

Report to: EMS Command

Radio ID: "Transport Officer"

Tasks:

- ... Dress in identifying "Transport Officer" vest.
- ... Acquire Portable or Mobile radio and develop communications with EMS Command, Treatment Officer and Coordinating Hospital.
- ... Locate in a visible position at the Treatment Area Exit ("Loading Area")
- ... Establishes the loading area adjacent to the treatment area.
- ... Request means of transport from EMS Command (e.g. ambulances, buses, helicopters)
- ... Organize ambulances for rapid loading of several ambulances at a time. Ensure that transport ambulances are parked to allow easy patient loading and egress without being blocked by other ambulances.
- ... Load ALL Red/Immediate Patients FIRST and then proceed to Yellow/Delayed Patients.
- ... Assign appropriate level & number of providers to each ambulance based upon patient conditions.
- ... Inform transport crews of their destination, whether they need to return or not and of refueling sites; Provide drivers with proper routing instructions and maps if available.
- ... Remind ambulance crews that they do not need to contact receiving facility
- ... Transportation Officer communicates with receiving hospitals the following information for each patient:
 - f* Ambulance service and/or identification,
 - f* Number of patients in the ambulance
 - f* Patients' sex and approximate ages, Injuries, Tag Colors, etc
 - f* Estimated time of arrival.

Transportation Record

Date:

Incident Location:

Ambulance & Unit ID	Pt Name	Pt Age	Pt Gender	Patient Status	Hospital Destination	Time Off- Scene
			... Male ... Female	... Red ... Yellow ... Green ... Black		
			... Male ... Female	... Red ... Yellow ... Green ... Black		
			... Male ... Female	... Red ... Yellow ... Green ... Black		
			... Male ... Female	... Red ... Yellow ... Green ... Black		
			... Male ... Female	... Red ... Yellow ... Green ... Black		
			... Male ... Female	... Red ... Yellow ... Green ... Black		
			... Male ... Female	... Red ... Yellow ... Green ... Black		
			... Male ... Female	... Red ... Yellow ... Green ... Black		

Print Transportation Officer/Recorders Name

JOB ACTION SHEET:

STAGING OFFICER

Mission: To maintain separate stockpiles of manpower, reserve equipment and expended equipment at a staging area away from the incident.	
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Report to: EMS Command	Radio ID: "Staging"
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Tasks:

100% Dress in identifying vest.

100% Acquire Portable Radio and develop communications with EMS Command and Transportation Officer

100% Establish STAGING AREA.

100% Consider options for removing medical supplies from vehicles for relocation to TRIAGE and/or TREATMENT areas:

- | | |
|-----------------------|----------------------|
| ... Backboards/Straps | ... Splints/Bandages |
| ... Oxygen Supplies | ... Blankets |
| ... IV Supplies | |

100% Establish the AMBULANCE STAGING AREA at a site away from the scene. The

AMBULANCE STAGING AREA should:

- o Be large enough to handle the expected number of units
- o Have easy access and egress
- o Have easy access to the TRANSPORT AREA

100% As ambulances arrive, record names of all EMS providers (accountability)

100% Order drivers to remain with their vehicles.

100% Order all personnel to remain with their units until assigned.

100% Direct ambulance crews to leave stretchers in ambulances unless needed for patient movement.

100% Maintain status of number and types of resources in STAGING AREA.

100% Notify EMS Command if additional staffing, equipment, and resources are needed

100% Ensures unimpeded access and egress to and from staging

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EMS Staging Log

Date: _____

Staging Officer Name: _____

Agency/ Unit ID	Time Arrived	Crew		Assigned To (location)	Time Assigned	Time Release from Service
		Name	Cert Level			
		Name	Cert Level			
		Name	Cert Level			
		Name	Cert Level			
		Name	Cert Level			

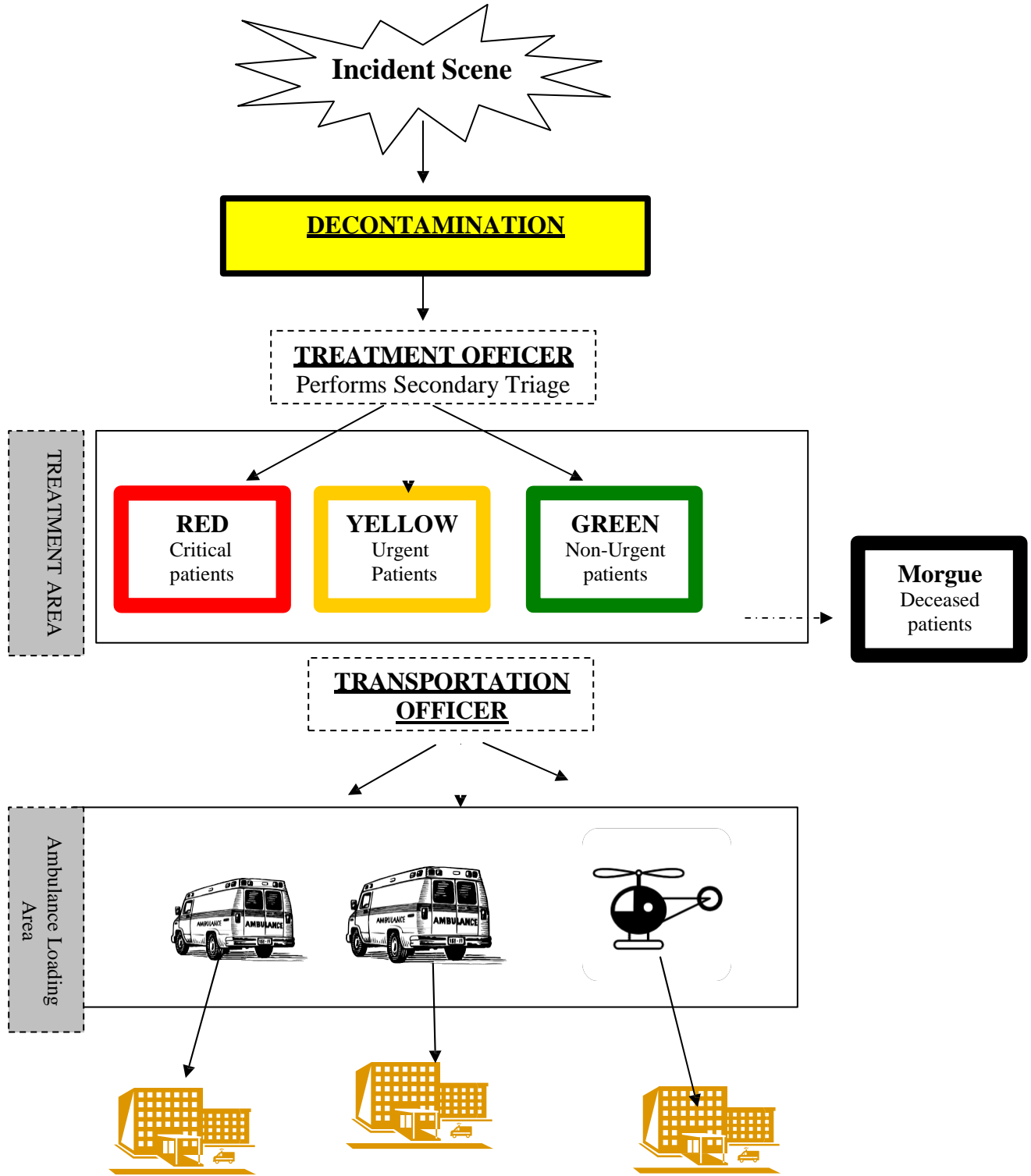
Hazmat, Terrorism, Weapons of Mass Destruction

- Chemical, Biological, and Radiological contamination is of great concern to responders. All victims of a "suspected" Hazardous Materials, or Terrorists Incident, should be considered **Contaminated** until proven otherwise.
- Proper decontamination of ALL victims during the event, and ALL equipment post event is essential.
- Once an event is identified as involving hazardous materials or terrorism, steps must be taken to ensure provider safety and victim decontamination.
- All personnel on scene and responding must be informed of the nature of the event and agents/materials involved.
- Proper Personal Protective Equipment (PPE), following the recognized recommendations of the ERG (DOT Orange Book) may be utilized.
- **Warn ALL personnel that this is a Hazardous Materials Incident.**
- Relocate all personnel and equipment to a safe area.
- Isolate the hazard and establish working zones (Hot, Warm, Cold).
- Deny entry into the Warm and Hot zone unless properly protected for hazard.
- Request additional resources (i.e. Hazmat Team, Fire, Police, etc.).
- Determine the need for Decon and the type of Decon needed
 - o Gross
 - o Technical
 - o Mass
- **Notify area hospitals of incident and inform them of the potential for contaminated patients arriving devoid of EMS care and proper decontamination.**












Note: Hazardous Materials (HAZMAT) and/or Weapons of Mass Destruction (WMD) requires the use of the specialized local, state or federal resources. The capacity to assemble these resources will be limited by the time needed to assemble and deploy them. The Incident Commander should request state and federal resources through the

**Vermont Emergency Management
Emergency Operations Center
(1-800-347-0488)**














Scene Set Up: Hazmat/WMD Scene Diagram
(Patients require Decontamination *BEFORE* moving to Treatment Area)










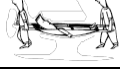
EMS Agency Resource List

<u>Agency Name</u>	<u>Type of Service</u>	<u>Highest Level of EMS Certification</u>	<u># of Ambulances</u>	<u>Radio Transmit Frequency</u>	<u>Radio Receive Frequency</u>	<u>PL or CG Tone</u>	<u>Dispatch Phone Number</u>
LifeNet of NY	Helicopter 	Critical Care Transport	5				1-800-435-3822
Arlington Rescue Squad	Ambulance 	EMT-Intermediate	2	155.805	155.805	179.9 both	442-5421
Bennington Rescue Squad	Ambulance 	EMT-Paramedic	5	158.790	155.205	D364N both	442-1030
Berlin Rescue Squad	Ambulance 	EMT-Basic	2				1-518-270-5252
Cambridge Valley Rescue Squad	Ambulance 	EMT-Intermediate / CC	3	154.760	154.760		518-747-3325
Deerfield Valley Rescue, Inc	Ambulance 	EMT-Intermediate	3	154.430-Dispatch 155.265-Ops	154.430-Dispatch 155.265-Ops	Dispatch-136.5 both Ops-82.5 Both	802-352-1100
DHART Dartmouth Hitchcock Advanced Response Team	Helicopter 	Critical Care Transport	2 (1-24 hrs, 1- 10a-10p)	155.3475	155.3475	136.5 both	1-800-650-3222
East Dover Vol. Fire Dept	First Responder 	EMT-Basic	0	154.43	154.43	136.5 both	802-352-1100
Easton Greenwich Rescue Squad	Ambulance 	EMT-Intermediate / CC	3	154.760	154.760		518-747-3325
Empire Ambulance Service	Ambulance 	Paramedic		155.2050	155.2050		518-
Grafton Rescue Squad	Ambulance 	EMT-Basic	1				1-518-270-5252

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<u>Agency Name</u>	<u>Type of Service</u>	<u>Highest Level of EMS Certification</u>	<u># of Ambulances</u>	<u>Radio Transmit Frequency</u>	<u>Radio Receive Frequency</u>	<u>PL or CG Tone</u>	<u>Dispatch Phone Number</u>
Granville Rescue Squad	Ambulance 	EMT-Intermediate / CC	4	154.760	154.760		518-747-3325
Hoosic Valley Rescue Squad	Ambulance 	EMT-Intermediate	3				1-518-270-5252
Johnsonville Vol. Ambulance	Ambulance 	EMT-Basic	1				1-518-270-5252
Londonderry Vol. Rescue Squad	Ambulance 	EMT-Paramedic	2	154.445	154.145	179.9 both	824-3166
Manchester Rescue Squad	Ambulance 	EMT-Paramedic	3	154.295	154.295	179.9 both	362-2021
North Adams Ambulance Service	Ambulance 	EMT-Paramedic	3	155.8425	155.8425	151.4	413-664-4933
Northeastern Ambulance Service	Ambulance 	EMT-Intermediate / CC	1	154.760	154.760		518.747-3325
Petersburgh Rescue Squad	Ambulance 	EMT-Basic	1				1-518-270-5252
Pittstown Rescue Squad	Ambulance 	EMT-Basic	2				1-518-270-5252
Pownal Fire Dept	First Responder 	EMT-Basic	0	154.31	154.31	107.2	413-445-4559
Pownal Rescue Squad, Inc	Ambulance 	EMT-Intermediate	2	155.295	155.295	179.9	447-7911
Rescue Inc.	Ambulance 	EMT-Paramedic	6	155.160	155.160	136.5 both	257-7946
Rutland Regional Ambulance Service	Ambulance 	EMT-Paramedic	6	155.28	155.28	131.8 both	773-1746

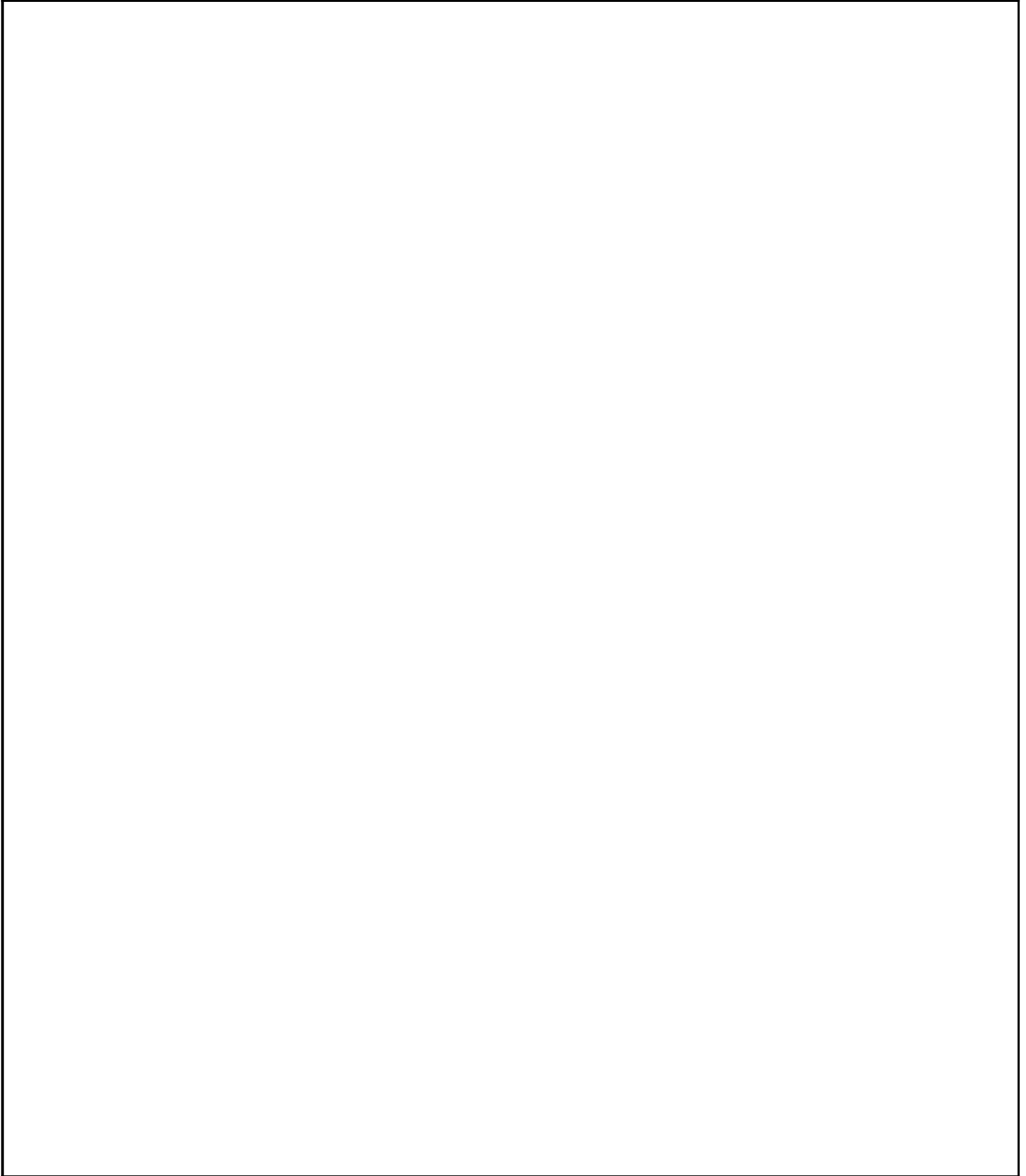
Vermont EMS District 12

<u>Agency Name</u>	<u>Type of Service</u>	<u>Highest Level of EMS Certification</u>	<u># of Ambulances</u>	<u>Radio Transmit Frequency</u>	<u>Radio Receive Frequency</u>	<u>PL or CG Tone</u>	<u>Dispatch Phone Number</u>
Salem Rescue Squad	Ambulance 	EMT-Intermediate / CC	3	154.760	154.760		518-747-3325
Southwestern Vt. Regional Ambulance, Inc.	Ambulance 	EMT-Paramedic	4	155.295	155.295	179.9	447-0413
Stamford Fire Dept.	First Responder 	EMT-Basic	0	154.31	154.31	CSQ	694-1314
Stratton Mt. Rescue Squad	Ambulance 	EMT-Paramedic	1	154.445	154.145	179.9	824-3166
Town of Hoosick Rescue Squad	Ambulance 	EMT-Basic	3				1-518-270-5252
Village Ambulance Service	Ambulance 	EMT-Paramedic	3	155.22	155.22	127.3 both	413-458-5733
Whitingham Ambulance	Ambulance 	EMT-Intermediate	2	154.43	154.43	136.5 both	802-352-1100
Winhall Rescue WINHALL POLICE DEPT	First Responder 	EMT-Intermediate	0	154.445	154.145	179.9	297-2121

Hospital Availability Chart

Hospital	Location	HEAR Frequency	Encoder #	ED Phone	Red	Yellow	Green
Albany Medical Center	Albany NY	155.340	018	518 262-3131			
Berkshire Medical Center	Pittsfield, MA	155.340	3922	413 447-2850			
Brattleboro Memorial	Brattleboro, VT	155.340	N/A	802 257-8222			
Cheshire Medical Center	Keene, NH	155.340 155.220	N/A	603 354-5400			
Dartmouth Medical Center	Lebanon, NH	155.340	020	603- 650-5000			
Franklin Med Ctr	Greenfield, MA	155.340		413- 773-2263			
Glens Falls Hospital	Glens Falls, NY	155.400	561	518 926-3050			
Grace Cottage	Townshend, VT	155.340	N/A	802 365-7676			
North Adams Hospital	N. Adams, MA	155.340	3928	413 664-5040			
Rutland Regional Medical	Rutland, VT	155.340	N/A	802 775-7111			
Samaritan	Troy, NY	155.400		518 271-3300			
Saratoga Hospital	Saratoga, NY	155.400	453	518 583-8313			
Southwestern Vermont Medical	Bennington, VT	155.340	017	802 447-5305			
Springfield Hospital	Springfield, VT	155.340	N/A	802 885-7554			
St. Mary's	Troy NY	155.400	413	518 268-5697			

Notes **Scene Dia** **ram**



Produced by

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Southwestern Vermont Medical Center**

For additional copies or more information:

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