**MULTIPLE CASUALTY INCIDENT (MCI) OPERATIONAL POLICY**

These procedures shall be implemented when personnel on the first arriving unit determine that **three or more ambulances** will be required to transport all victims from the scene to area hospitals. Due to the potential for HazMat or WMD in mass casualty incidents, extreme care should be taken to minimize risk to respondents. Other protocols may need to be integrated.

A. First Arriving Officer

The Officer on the first arriving fire unit shall be responsible for the initial scene assessment and coordination of the MCI response (When arriving first on scene, EMS personnel will initiate these tasks until relieved by fire personnel.). The Officer shall then assume Incident Command (IC) per Interagency Policy and Procedure and notify Dispatch, designating the incident as an “MCI.” (The Officer will maintain Incident Command until relieved.) The size-up report should also include the nature of the incident and an approximation of the number of victims, allowing Dispatch to anticipate the resources required to meet the immediate needs.

First Arriving Officer Checklist

* Scene assessment
* Coordination of the MCI response
* Assume Incident Command
* Notify Dispatch, designating the incident as an “MCI.”
* The size-up report should also include the nature of the incident and an approximation of the number of victims.

B. Incident Command

1. The first person to assume Incident Command must immediately communicate with Dispatch and designate themselves to this role. Every time IC is passed on to other personnel, the new IC must clearly communicate this to Dispatch.
2. The IC shall direct and coordinate all scene operations.
3. The IC shall designate a dedicated radio frequency for local scene communication (preferably two, one specifically for patient transportation).
4. The IC shall designate routes of ingress and egress of ambulances and will notify Dispatch on the radio.
5. The IC shall assign personnel to fill the roles of Triage Unit Leader and Transportation Unit Leader. The needs of the scene will help the Officer decide the most appropriate personnel to fill these roles. Typically, these assignments will be given to the crew of the first arriving ambulance, to allow those individuals to maintain supervision of medical operations from their arrival until the last patient is transported from the scene (“First in, last out.”). In some cases, the assignments may be given to personnel from a fire unit when they are not occupied with other duties and are adequately trained, thus allowing ambulance personnel to remain with the ambulance and available to treat and transport patients. The Officer should make these assignments after consulting with the senior member of the ambulance crew.
6. Once made, the IC will communicate the assignments to Dispatch.
	1. When a Command Post is established with Unified Command, the IC should participate as the representative of Fire/EMS.
	2. Establish site
	3. Green Light or Flag
	4. Representation by Law Enforcement, Fire, and EMS
	5. Dialogue, consultation, mutual planning and decision-making

Incident Command Checklist

* The IC shall direct and coordinate all scene operations.
* The IC shall designate routes of ingress and egress of ambulances and will notify Dispatch of it on the radio.
* The IC shall determine the need and make requests for resources or personnel that may be necessary for scene operations and management.
* After consulting with the Transportation Unit Leader, the IC shall designate the Helicopter Landing Zone (as necessary) and assign personnel for ground contact.
* When Unified Command is established, represent Fire/EMS.

C. Medical Group Supervisor

The Medical Group Supervisor role may be maintained or assumed by the IC in smaller incidents. When the IC is supervising multiple operations (i.e. suppression, HazMat, etc.), he/she may assign a Medical Group Supervisor.

MISSION of Medical Group Supervisor**:** *To ensure that supervision and coordination is provided for triage, treatment and transportation of all patients.*

Medical Group Supervisor (MGS) Checklist

* Report and provide frequent updates to the IC.
* The Medical Group Supervisor role may be assumed by the Incident Commander on small incidents
* Dress in identifying vest
* Locate in a visible position
* Assign radio TAC channel for MEDICAL
* Coordinate all medical operations
* Account for all personnel assigned to this group
* Monitor safety and welfare of group personnel
* Appoint and assign appropriate UNIT LEADERS underneath MGS and support staff

D. Triage Unit Leader

The attendant on the first arriving ambulance assumes the role of Triage Unit Leader until the IC makes the official assignment. Once assigned, the Triage Unit Leader shall don the appropriate vest, so as to be easily recognizable to all incoming ambulance crews.

1. The Triage Unit Leader’s first responsibility is to provide rapid triage using the Simple Triage and Rapid Treatment (START) system. This requires the use of Triage Tags. When all victims are located within a small perimeter, the Triage Unit Leader can effectively perform triage for all victims and assign sufficient personnel to provide patient care while they await transportation. When several victims are scattered over a larger area, it may be necessary for the Triage Unit Leader to organize a team of rescue personnel to evacuate victims to a common location (Triage Funnel). The transfer of victims can be facilitated with the use of traffic cones, signs or lengths of fire hoses deployed in a “cattle-chute” format (positioned from a wide area to a narrow end point). In this instance, the Triage Unit Leader may position himself at the point of the Triage Funnel to ensure that all victims are evaluated and triaged (or re-triaged).
2. When the transportation of several victims will be delayed, the Triage Unit Leader (in conjunction with the Transportation Unit Leader) may establish Patient Collection and Treatment Areas for each triage category. The location of these areas shall be in a safe area as close as possible to the Ambulance Loading Zone.
3. Assigns personnel to provide patient care and re-triage to victims while they await transportation.
4. The Triage Unit Leader is responsible for designating (and communicating to the Transportation Unit Leader) the order of patients to be transported and which patients may require helicopter transportation.
5. When the Triage Unit Leader is the attendant on the first arriving ambulance, he/she resumes his/her original assignment when the last patients are prepared for transport. In most cases, the first ambulance to arrive on scene will be the last transporting ambulance.

Triage Unit Leader Checklist

* Provide rapid triage using the Simple Triage and Rapid Treatment (START) system for all victims of the incident.
* Perform triage for all victims and assign sufficient personnel to provide patient care while they await transportation if victims are located in a small area.
* Request a team of rescue personnel (shuttle teams) to evacuate victims to a common location if victims are scattered.
* When the transportation of several victims will be delayed, establish Patient Collection/Treatment Areas for each triage category. The location of these areas shall be in a safe area as close as possible to the Ambulance Loading Zone. The Triage Unit Leader will assign personnel to provide patient care and re-triage while victims are awaiting transportation.
* Designate (and communicate to the Transportation Unit Leader) the order of patients to be transported and which patients may require helicopter transportation.
* Resume original assignment when the last patients are prepared for transport.

E. Transportation Unit Leader

The driver of the first arriving ambulance will assume the role of Transportation Unit Leader until the IC makes the official assignment. Once assigned, the Transportation Unit Leader shall don the appropriate vest, so as to be easily recognizable to all incoming ambulance crews.

1. The Transportation Unit Leader is responsible for requesting the response of any additional EMS transportation resources (either through Dispatch or through the IC). This may include the use of public transportation resources, i.e. buses, for numerous “walking wounded” patients.
2. The Transportation Unit Leader must determine divert status of potential receiving hospitals and instruct Dispatch to contact specific hospitals to alert them of the scope of the incident and to request a report of the number of patients (per triage category) that they are capable of receiving. Dispatch may utilize EMSystems website to query hospitals for capabilities. **Remember:** A non-Trauma Center can often step up their capabilities and become a temporary “Trauma Center” if they are notified early into the incident and given enough time to mobilize staff, operating rooms, etc.
3. The Transportation Unit Leader must designate the Ambulance Loading Zone and inform the IC and ensure proper placement and staging of all EMS ground and air units. Consult with IC to determine best location for a Helicopter Landing Zone when necessary.
4. Requests the response of the MCI Trailer as necessary.
5. Works with the IC, the Triage Unit Leader and Dispatch to ensure that all incoming EMS crews are clearly aware of the following:
* Routes for vehicle ingress and egress
* Incident conditions and possible hazards
* Vehicle staging site (if necessary)
* Ambulance Loading Zone, located as close as possible to the Patient Collection and Treatment Area
	+ Location of Equipment Stockpile Area
	+ Key equipment needed from EMS units upon their arrival
	+ The need for drivers to stay with (or near) their vehicles
1. Assigns patients to EMS transport units and maintains MCI Transportation Form. The Transportation Unit Leader must “patrol” the Transportation area and be concerned with removing patients from the scene expeditiously, with critical patients transported first, whenever possible. The Transportation Unit Leader should (when possible) avoid assigning more than one critical patient to each transport unit. Assigning one Category Red and one Category Yellow patient to each transport unit generally results in more effective patient care when there is only one paramedic attending. It is important that the Transportation Unit Leader stay out of the Patient Collection/Treatment Areas to avoid being “trapped.”
2. To this end, it is often advisable to establish a well-defined “on-deck” area near the Ambulance Loading Zone, where the next patients to be transported will be temporarily placed.
3. Assigns hospital destinations to the first “wave” of EMS transport units and communicates it to Dispatch. After the first “wave” of transports from the scene, the Transportation Unit Leader will assign hospital destinations with advice from Dispatch.
4. In very large scale MCIs, the Transportation Unit Leader may assign the responsibility for making hospital notifications to Dispatch.
5. Responsible for implementing a system for tracking patients with their transporting vehicles and hospital destinations. The Transportation Unit Leader must ensure that the Triage Tag Tracer Stub is retained for each patient and that a corresponding log is maintained.
6. When the Transportation Unit Leader is the driver on the first arriving ambulance, he/she resumes his/her original assignment when the last patients are prepared for transport. In most cases, the first ambulance to arrive on scene will be the last transporting ambulance.

Transportation Unit Leader Checklist

* Assume the role of Transportation Unit Leader until IC makes the official assignment.
* Responsible for requesting the response of any additional EMS transportation resources.
* Determine status of potential receiving hospitals and instruct Dispatch to contact specific hospitals to alert them of the scope of the incident and to request a report of the number of patients (per triage category) that they are capable of receiving.
* Designate the Ambulance Loading Zone and inform the IC.
* Requests the response of the MCI Trailer as necessary.
* Works with the IC, the Triage Unit Leader and Dispatch to ensure that all incoming EMS crews are clearly aware of the following:
	+ Routes for vehicle ingress and egress
	+ Incident conditions and possible hazards
	+ Vehicle staging site (if necessary)
	+ Ambulance Loading Zone, located as close as possible to the Patient Collection and Treatment Area
	+ Location of Equipment Stockpile Area
	+ Key equipment needed from EMS units upon their arrival
	+ The need for drivers to stay with (or near) their vehicles
* Assign patients to EMS transport units and maintain MCI Transportation Form.
* Establish a well-defined “on-deck” area near the Ambulance Loading Zone, where the next patients to be transported will be temporarily placed.
* Assign hospital destinations to the first “wave” of EMS transport units and communicate them to Dispatch.
* After the first “wave” of transports from the scene, the Transportation Unit Leader will assign hospital destinations with advice from Dispatch.
* In very large scale MCIs, the Transportation Unit Leader may assign the responsibility for making hospital notifications to Dispatch.

F. Transport Unit Crews

1. Transport Unit Crews will obtain information from Dispatch such as staging location, routes of ingress and egress, and (if available) the identity and location of the Transportation Unit Leader. They are to report as assigned to the designated staging area or directly to the scene if ordered.
2. When reporting to the scene, transport unit crews will park their ambulances at the designated loading zone or ambulance staging area (if designated) and immediately contact the Transportation Unit Leader (or Staging Officer).
3. The crews should anticipate the rapid assignment of patients along with a hospital destination from the Transportation Unit Leader. Transport unit crews must avoid becoming separated so they can load and leave the scene expeditiously.
4. Hospital notifications should be made and as concise as possible. In very large scale MCIs, the Transportation Unit Leader may assign hospital notifications to Dispatch.
5. Freelancing by transport units shall be avoided and may result in release from the incident as determined by IC.

Transport Unit Crews Checklist

* Obtain information from Dispatch such as staging location, routes of ingress and egress, and (if available) the identity and location of the Transportation Unit Leader.
* Park ambulances at the designated loading zone or ambulance staging area (if designated) and then immediately contact the Transportation Unit Leader.
* Anticipate the rapid assignment of patients for transport and hospital destination.
* Hospital notifications should be as concise as possible.

G. Dispatch

1. When personnel at the scene designate an “MCI,” Dispatch is responsible for entering the incident on the EMSystems website.
2. Dispatch available resources to meet the initial needs of the scene per established procedure.
3. At the direction of the IC, designate a dedicated radio frequency for local scene communication and inform all responding apparatus/agencies.
4. Contact other transport agencies to inform them of the incident and to determine available resources as necessary.
5. Communicate to all responding ambulances designated routes for ingress and egress.
6. Monitor the EMSystems website and contact area hospitals as necessary to determine capabilities for receiving patients (number per triage category) and relay information to the Transportation Unit Leader.
7. Maintain the MCI Transportation Form to record number and type of patients, transport units, hospital destinations and appropriate times. Dispatch may make recommendations for hospital destinations to the Transportation Unit Leader upon information from the MCI Transportation Form and EMSystems. When requested by the Transportation Unit Leader, personnel in Dispatch will make hospital notifications that should be concise and include:
	* Identification of the transport unit
	* Number of patients with their triage category designation
	* ETA for each transport unit

Dispatch Checklist

* Enter the incident on the EMSystems website.
* Dispatch available resources to meet the initial needs of the scene per procedure.
* Contact other transport agencies to inform them of the incident and to determine available resources as necessary.
* Dispatch additional resources as requested by IC or designee.
* At the direction of the IC, designate a dedicated radio frequency for local scene communication and inform all responding apparatus/agencies.
* Communicate to all responding ambulances designated routes for ingress and egress.
* Monitor EMSystems website and contact area hospitals as necessary to determine capabilities for receiving patients (number per triage category) and relay information to Transportation Unit Leader.
* Inform IC and on-scene resources as appropriate.
* Maintain MCI Transportation Form to record number and type of patients, transport units, and hospital destinations.
* Make recommendations for hospital destinations to the Transportation Unit Leader based upon information from the MCI Transportation Form and hospital capability reports on the EMSystems website.
* When assigned by the Transportation Unit Leader, Dispatch will make hospital notifications that should be concise and include:
	+ Identification of the transport unit
	+ Number of patients with their triage category designation
	+ ETA for each transport unit