

# LEON COUNTY E.M.S.

## Standard Operating Guideline

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Title: Multiple Casualty Incident (MCI) Plan

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### I. PURPOSE:

Treatment and transportation of casualties to hospitals will be the prime function required of LCEMS during an MCI. These guidelines are designed to assist LCEMS personnel in accomplishing that mission. The MCI plan may be implemented in part or its entirety, as the situation or incident warrants. Experience has taught that there are many sets of circumstances which can, if not dealt with immediately, escalate to the level of a major incident. No one will be criticized for treating an incident as serious, in the first instance, even if events later prove it not to be.

The procedures outlined in this plan establish responsibilities, outline establishment of command and coordination, and provide protocols for patient care and the orderly transport of patients involved in an MCI or major incident/terrorist act. In keeping with the Incident Command System, through the use of Job Action Sheets, various activities associated with the LCEMS response will be completed.

When the County disaster plan is activated or an MCI is declared, the following LCEMS personnel will be specifically notified:

- Chief
- Deputy Chiefs
- Captains
- Lieutenants
- Sergeants

### II. GUIDELINE:

When the County emergency plan is activated or an MCI is declared, this plan will be put into effect to the extent necessary to manage the event at hand.

It is a condition of employment for every LCEMS department employee to respond to departmental staff recall (see job description) for natural or man-made disasters resulting in an MCI. When notified, each LCEMS department member will report to Headquarters unless

otherwise directed. Employees must have their County picture ID with them when reporting to duty for a recall.

### III. PROCEDURE:

#### 1. GENERAL INFORMATION

- A. Multiple Casualty Incident is an EMS response where two or more patients are involved.
- B. Major incident/terrorist act .any emergency, natural or man-made that requires the implementation of special response by one or more emergency agencies.
- C. Hazardous materials incident (HAZMAT) .any substance, chemical, biological, radiological, which is known or suspected to present a health hazard.
- D. Weapons of mass destruction .devices/weapons employing explosives, chemical, biological, or radiological elements for the purpose of inflicting mass casualties.
- E. Incident Command System (ICS) - structured incident command process.
- F. Job Action Sheets - used in the ICS plan, Job Action Sheets provide guidance to command and response staff for critical actions that must be taken in the course of the response to a critical event. Job action sheets that pertain to this policy follow the narrative of this policy.

#### 2. AREAS OF RESPONSIBILITY AT AN MCI

- A. The overall on scene incident commander at an MCI is the senior representative of the Tallahassee Fire Department (TFD).
- B. The LCEMS commander, referred to as EMS command, will join the TFD Incident Commander under the concept of unified command. EMS Command may range from the first on scene EMS unit to the EMS Chief.
- C. All medical care on the scene of an MCI will be the responsibility of EMS Command. Once on scene, EMS Command will review/distribute the job action sheets and assign job action sheet duties to LCEMS personnel as needed in order to complete critical tasks. Included in the job action sheets are sheets for EMS Command, Communications, Staging, Triage, Transportation and the Helicopter LZ.
- D. MCI incidents that require patient decontamination will be the responsibility

of TFD. LCEMS personnel will operate in the cold zone receiving decontaminated patients from TFD.

E. LCEMS will triage patients using the S.T.A.R.T. triage process.

F. Perimeter control of the scene is the responsibility of TFD Command and law enforcement.

G. Patients that are deceased will be left in the location they are found in. The medical examiner is responsible for the processing and removal of the bodies.

### 3. COMMUNICATIONS

LCEMS will use the following call signs when on scene at an MCI:

LCEMS incident commander – EMS Command  
Communications – EMS Communications  
Triage – EMS Triage  
Transportation – EMS Transportation  
Staging – EMS Staging  
Helicopter landing zone – EMS LZ

Operating radio channels for MCI's: EMS Communications is the only EMS representative that will communicate with EMS dispatch. All EMS leaders on scene will communicate with EMS Command via EMS Communications.

EMS Command – Channel 3 and Channel 1  
EMS Communications – Channel 3 and Channel 1  
All other areas – Channel 3

Radio traffic should be kept to a minimum. Field medics are to report emergencies only via Channel 1.

### 4. FIRST ARRIVING UNIT AT THE SCENE

The initial call to respond to the scene may not provide adequate information to identify the call as a major incident. The first arriving EMS unit will:

- Approach the scene with extreme caution. Do not rush into the area. Ensure your safety and the safety of those with you.
- If first arriving (or subsequent units) unit determines or suspects HAZMAT, WMD, or terrorist act is present, all LCEMS personnel will immediately evacuate the area to

a safe/cold zone upwind from the incident. A series of long blasts on the air horn and an announcement over the radio will indicate emergency evacuation of all personnel.

- Assess the situation and report the status to dispatch immediately.
- Leave vehicle emergency lighting on to identify the EMS Command site.
- If an MCI, the EMS vehicle driver will establish EMS Command/Communications. Join the TFD unified command post as soon as it is established.
- The Charge Paramedic will establish EMS Triage/Transportation.
- As other LCEMS units arrive, EMS Command will assign personnel to Communications/Transportation/staging/LZ, as needed.

#### 5. HAZMAT, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL INCIDENTS

All patients determined or suspected of exposure or contamination will the above noted agents will be decontaminated by TFD prior to patient care and transportation by LCEMS. LCEMS will operate only in the cold zone of one of these incidents. Personal protection from contamination is an essential activity for EMS personnel.

#### 6. TRIAGE PROCEDURE

The Simple Triage and Rapid Transport (S.T.A.R.T.) Method of triage will be used by LCEMS and TFD on MCI scenes.

#### 7. GUIDELINES FOR SECONDARY RESPONDERS

1. Extinguish emergency lighting as you arrive.
2. Contact EMS Communications on Channel 3 for assignment.
3. Remain with your vehicle until assignment is given by EMS Communications.

#### 8. CRITICAL INCIDENT STRESS (C.I.S.D.) DEBRIEFING TEAM

If EMS personnel notice other responders undergoing extreme stress, suggestion for a C.I.S.D. response should be made to EMS Communications. Arrangements can be made for the team to come to the scene or to be at the hospital or other appropriate facility.

### IV. RESPONSIBILITIES

The Fire Chief or his designee has responsibility for the overall MCI scene.

Responsibilities of LCEMS are set forth in this policy and procedure.

The Chief is responsible for review of the policy/procedure occurs.

Attachments:  
Job Action Sheets  
S.T.A.R.T triage system procedure

## **LEON COUNTY EMERGENCY MEDICAL SERVICES**

### **INCIDENT COMMAND SYSTEM**

#### **EMS COMMAND**

- Mission:** Organize and direct on scene EMS operations at MCI events
- Immediate:** Initiate EMS Command by assuming role of EMS incident commander  
Don EMS Command vest  
Establish the radio channel to be used on site by Communications, Triage, Transportation, Treatment, Staging and LZ leaders  
Confirm MCI/HAZMAT/Bio-chemical/radiological incident exists  
Protect the safety of LCEMS personnel  
Confirm status of incident with EMS dispatch and request needed resources  
Confirm that hospitals have been advised of the situation  
Activate incident response plan  
Establish and appropriately identify EMS command location  
Join TFD unified command once established  
Assign LCEMS personnel with the duties of Communications, Staging, Triage, Transportation and Helicopter landing zone coordinator  
Provide each with Job Action Sheets for their areas
- Intermediate:** Consult with TFD Incident Commander to determine continued safety of the scene  
Coordinate all EMS operations during incident  
Continue to consult with TFD Incident Commander  
Monitor resources and request/stand down resources as needed  
Act as liaison with other public safety agencies and hospitals on behalf of EMS  
Via EMS Communications, provide frequent situation status reports to dispatch
- Extended:** Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Call for C.I.S.D. as needed.

## **LCEMS EMERGENCY MEDICAL SERVICES**

### **INCIDENT COMMAND SYSTEM**

#### **EMS TREATMENT**

- Mission:** Organize and direct patient care at MCI events.
- Immediate:** Report to EMS Command and receive briefing  
Receive EMS Treatment Vest and Job Action Sheet  
Don EMS Treatment Vest  
Confirm with EMS Command the radio channel to be used  
Treatment officer should not become involved in patient care  
Report to treatment site and establish command of the work area  
Establish primary treatment area
- Think big – treatment area must be capable of accommodating large numbers of patients and equipment
  - Consider: weather, safety, HAZMAT
  - Area must be readily accessible
  - Designate entrance and exit to area
  - Divide treatment area into four (4) distinct and well marked areas: use appropriate colored flags, barricade tape, and/or tarps
- Determine equipment and personnel needs in treatment area and request resources via EMS Communications  
Coordinate personnel assigned to treatment area  
Designate secondary treatment area as an alternative should the primary area become unstable  
Inform EMS Command of primary and secondary site locations  
Assign personnel to treatment areas based on medical capabilities
- Intermediate:** Continue to triage/re-triage patients  
Advise EMS Transportation when patients have been prepared for transport  
Notify EMS Transportation which hospital the patient should be transferred to  
Evacuate patients by priority  
Regularly inventory supplies using the **MEDICAL EQUIPMENT CHECKLIST** and request resupply, via EMS Communications, when necessary
- Extended:** Begin relieving or reducing staff as necessary  
Report to EMS Command when Triage site activities are no longer necessary

## **LCEMS EMERGENCY MEDICAL SERVICES**

### **INCIDENT COMMAND SYSTEM**

#### **EMS TRANSPORTATION**

- Mission:** Organize and coordinate transportation of patients from an MCI incident
- Immediate:** Report to EMS Command and receive briefing  
Receive EMS Transport Vest and Job Action Sheets  
Don EMS Transportation Vest  
Confirm with EMS Command the radio channel to be used  
Report to Transportation site  
Do not become involved in patient care or loading of the patients  
Appoint radio operator, if necessary  
Determine equipment and personnel needs in transportation area; request same from EMS Communications  
Coordinate personnel assigned to Transportation area  
Determine location of helicopter LZ via EMS Communications  
Establish communications with EMS Triage and advise the location of the loading zone and helicopter LZ  
Loading zone should have separate entrance and exit routes  
Advise EMS Staging of the location of the loading areas  
Communicate with area hospitals:
- Relay information concerning incident to hospitals as needed
  - Ascertain each hospital's capabilities to receive patients
  - Inform hospitals of number of patients to expect and their conditions
- Begin completion of HOSPITAL CAPABILITY AND PATIENT TALLY SHEET  
Request from EMS Staging, ambulances/helicopters as needed for transport  
Coordinate routing of patients to proper ambulances
- Intermediate:** Maintain HOSPITAL TRANSPORTATION LOG. If Mettags are used, assure completion of the tag and retain corner tear off from tags  
Advise each ambulance of their hospital destination  
Advise receiving hospital of: name of unit transporting, number of patients in unit, brief description of patients' condition and ETA of ambulance  
Update HOSPITAL CAPABILITY AND PATIENT TALLY SHEET as patients are transported; complete totals at conclusion of incident

Extended:     Begin relieving or reducing staff as necessary.  
                  Advise EMS Command/Communications, EMS Triage, EMS Staging, Helicopter  
                  LZ when last patient is transported

## **LCEMS EMERGENCY MEDICAL SERVICES**

### **INCIDENT COMMAND SYSTEM**

#### **EMS TRIAGE**

- Mission:** Organize and coordinate triage of patients from an MCI incident
- Immediate:** Report to EMS Command and receive briefing  
Receive EMS Triage Vest and Job Action Sheet  
Don EMS Triage Vest  
Confirm with EMS Command the radio channel to be used  
Ascertain from the EMS Command, if it safe to initiate triage activities  
Do not become involved in direct patient care  
Designate a radio operator as necessary  
Determine equipment/personnel needs; request same from EMS Communications  
Coordinate personnel assigned to Triage  
Distribute S.R.A.R.T. tape to triage personnel  
Begin triage operations  
Advise EMS Treatment of approximate number of patients ASAP  
Coordinate transfer of patients by priority to Treatment area  
Request personnel and equipment as needed to transfer patients to treatment area  
**CHECK ALL AREAS AROUND MCI SCENE FOR POTENTIAL PATIENTS, WALK AWAYS, EJECTED PATIENTS, ETC**
- Intermediate:** Advise EMS Communications when initial triaging and tagging operations are complete
- Extended:** Begin relieving or reducing staff as necessary  
Advise EMS Command/Communications, EMS Transportation, EMS Staging, Helicopter LZ when last patient is transported to Treatment area

## **LCEMS EMERGENCY MEDICAL SERVICES**

### **INCIDENT COMMAND SYSTEM**

#### **EMS STAGING**

**Mission:** Organize and coordinate offsite EMS vehicle resources at an MCI incident

**Immediate:** Report to EMS Command and receive briefing  
Receive EMS Staging Vest and Job Action Sheets  
Don EMS Staging Vest  
Confirm with EMS Command the radio channel to be used  
In cooperation with Incident Command, establish location of staging area

- LCEMS staging area should be distinct from TFD staging area but may be in the same general location
- Think big – staging area must be capable of accommodating large numbers of EMS vehicles
- Consider: safety and HAZMAT
- Area must be readily accessible
- Designate entrance and exit to staging area
- Consider need for secondary staging area as an alternative should the primary staging area become unusable

Notify EMS Communications for the Location of the Staging Area  
Proceed to Staging Area  
Determine equipment and personnel needs for Staging Area: Request same from EMS Command  
Coordinate personnel assigned to Staging Area  
Ascertain from EMS Transportation location of ambulance loading zone and best route to zone  
Ascertain from EMS Communications approximate number of EMS units to expect  
Maintain EMS UNIT STAGING LOG  
Give an INCIDENT PROTOCOL CARD to each arriving EMS unit; Complete the back of the card as appropriate  
Send EMS units to EMS Transportation when requested to do so

**Intermediate:** As the number of EMS units in Staging Area decreases, Advise EMS Communications of possible need for additional units

**Extended:** Report to EMS Command for reassignment upon closure of the Staging Area

## **LCEMS EMERGENCY MEDICAL SERVICES**

### **INCIDENT COMMAND SYSTEM**

#### **EMS COMMUNICATIONS**

**Mission:** Organize and coordinate communications for EMS Command at an MCI incident

**Immediate:** Report to EMS Command and receive briefing  
Receive EMS Communications Vest and Job Action Sheets  
Don EMS Communications Vest  
Confirm with EMS Command the radio channel to be used  
Stay with EMS Command  
Receive and relay all communications from/to EMS personnel at the incident site to EMS Command  
Contact EMS Triage, Transportation, Staging, Treatment and LZ leaders to establish radio communications link  
Receive and relay all communications between EMS Command and EMS Dispatch  
Document requests for additional resources

## **LCEMS EMERGENCY MEDICAL SERVICES**

### **INCIDENT COMMAND SYSTEM**

#### **EMS HELICOPTER LANDING ZONE**

- Mission:** Organize and coordinate activities at the helicopter landing zone at an MCI incident
- Immediate:** Report to EMS Command and receive briefing  
Receive EMS Communications Vest and Job Action Sheets  
Don EMS Communications Vest  
Confirm with EMS Command the radio channel to be used  
Proceed to helicopter landing zone  
In cooperation with Incident Command, establish location of the helicopter landing zone
- Helicopter landing zone should be distinct from TFD/EMS staging area but may be in the same general location
  - Think big – staging area must be capable of accommodating large numbers of helicopters and their required access and egress
- The helicopter landing zone must be flat, open, free of wires, trees, and other obstructions
- Consider: safety, wind direction, site security and HAZMAT
  - Area must be readily accessible by EMS vehicles
  - Designate EMS vehicle entrance and exit to helicopter landing zone
  - Consider need for secondary helicopter landing zone as an alternative should the primary landing zone become unusable
- Notify EMS Communications of the location of the helicopter landing zone  
Determine equipment and personnel needs for helicopter landing zone: Request same from EMS Command  
Coordinate personnel assigned to helicopter landing zone  
Maintain EMS UNIT STAGING LOG  
Give and INCIDENT PROTOCOL CARD to each arriving helicopter; Complete the back of the card as appropriate
- Intermediate:** As the number of EMS units in Staging Area decreases, Advise EMS Communications of possible need for additional units
- Extended:** Report to EMS Command for reassignment upon closure of the Staging Area

## LCEMS EMERGENCY MEDICAL SERVICES

### INCIDENT COMMAND SYSTEM

#### EMS DISPATCH

**Mission:** Organize and coordinate overall communications between other public safety agencies, the hospitals and EMS Communications at the MCI site

**Immediate:** When notified of a major incident/MCI contact the following personnel/areas of the hospital:

- EMS Chief
- Deputy Chiefs
- Captains
- Lieutenants
- Sergeants
- TMH and CRMC Emergency Centers

Assess locations of all on duty EMS units and relocate as necessary

Attempt to keep at least one EMS unit in service for non-MCI related calls

Confirm the response/awareness of other public safety agencies

Call in additional dispatch personnel

**IF THE INCIDENT INVOLVES AN AIRCRAFT, CALL FLIGHT SERVICES.(Gainesville 352-377-4681) OR (Flight tower at TLH 942-9642 6am-11pm/JAX (904) 549-1537 11pm-6am) TO GET THE TOTAL NUMBER OF SOULS ON BOARD**

**SEND AN OFFICER TO THE COUNTY EOC TO SERVE AS THE DEPARTMENT LIAISON OFFICER**

**ADVISE THE LIAISON OFFICER WHICH RADIO CHANNEL TO MONITOR**

**Intermediate:** After confirmation of a major event:

- Reconfirm notification/nature of event with EMS administrative personnel
- Confirm authorization to recall staff via EMS Administration
- Reconfirm notification/nature of event with both Emergency Centers
- Notify Leon County Sheriff's Office Division of Emergency Management via the Leon County Warning point (922-3300) of the incident
- Request mutual aid from Gadsden, Wakulla and Jefferson Counties through the EOC. Coordinate their access to the scene. Provide the radio channel for them to operate on at the incident site.

- **CONSIDER HELICOPTER SUPPORT AS AN AERIAL PLATFORM OR TO QUICKLY DELIVER STAFF AND SUPPLIES**

Extended: Refer all media inquiries to the County PIO  
Continue to support EMS Command at the incident site  
Plan for personnel, equipment and supply replenishment.

## **THE SIMPLE TRIAGE AND RAPID TRANSPORT (S.T.A.R.T) METHOD OF TRIAGE**

The Simple Triage and Rapid Transport (S.T.A.R.T.) method of triage will be used by LCEMS and TFD on MCI incidents.

S.T.A.R.T. triage is based on three assessments and two treatments:

### Assessments

- Is ventilation adequate?
- Is perfusion adequate?
- Is mentation adequate?

### Treatments

- Airway maintenance
- Hemorrhage control

### S.T.A.R.T. triage steps

1. Identify low priority "walking wounded" and direct them to a safe area (large tree, parking lot). Do not direct these patients to an ambulance. They may impede emergency care and transport of patients. Instructions may be given over the vehicles loud speaker. Advise these patients that you will send emergency workers to them. Spend no further time with this population of patients.
2. Begin triage where you stand and proceed in a systematic, orderly manner through the patients. Use METTAGS or colored ribbons. Attach the tag/ribbon to the patients arm or leg, not the patients clothing. The following colors are used to signify the noted patient condition:
  - RED - critical, immediate care
  - YELLOW - Serious, stable, delayed
  - GREEN - emergency treatment not necessary
  - BLACK - dead, expectant
  - BLUE - HAZMAT contamination
3. Assessing and tagging should take no longer that 60 seconds per patient. Identify urgent, life threatening conditions for second wave of rescuers.
4. If the victim is NOT BREATHING, reposition and clear the airway. If spontaneous breathing does not begin, tag the victim with BLACK RIBBON and MOVE TO THE NEXT VICTIM.
5. Deceased should not be moved unless it is necessary to reach a live victim or if the body is

likely to deteriorate due to environmental hazards such as fire

6. If a dead body is moved from its location at the incident, evidential continuity (chain of evidence) of the handling must be maintained through its recovery.