

MASS CASUALTY RESPONSE

1. The EMS Command: The designation of the EMS Command will be considered the first Paramedic to arrive on-scene. If a Paramedic level unit is not the first unit on scene, the highest level provider on the first unit on scene will assume the role of EMS Command. The authority of the EMS Command is for overall control of medical operations at the MCI scene. He/she will coordinate operations with the fire chief, ranking law enforcement, and rescue personnel on-scene. Specific responsibilities will include:
 - 1.1. Determine Incident Commander (IC) / Command Post, and immediately report in to IC
 - 1.2. Quick assessment of the situation via “Hot Lap” to confirm the level of the initiated response is adequate to manage the situation.
 - 1.3. Report to EMDC;
 - 1.3.1. EMS Command exact location
 - 1.3.2. Responding unit route of ingress and egress, as well as staging area (if applicable)
 - 1.3.3. Approximate number of patients and number of units needed
 - 1.3.4. Method of communication with responding units (radio channel, etc.)
 - 1.4. Contact LERN (MCI of < 10 patients. For MCIs with > 10 patients, this task is assigned to the Transportation Officer.
 - 1.4.1. Identify yourself as IC
 - 1.4.2. Approximate number of patients and levels of triage
 - 1.4.3. Inform LERN of the number of resources responding
 - 1.4.4. Request destinations for those patients
 - 1.4.5. Assign tasks
 - 1.5. Designate and assign Safety, Triage, Treatment, and Transportation Officers. The EMS Command may fill these positions until additional personnel are available.
 - 1.6. Assign tasks as manpower and other resources arrive.
 - 1.7. Designate staging and collecting/treatment stations.
 - 1.8. Responsible for all communications between scene and the Communication Center.
 - 1.9. Coordinate requests for manpower, supplies, and transportation with Transportation Officer, Treatment Officer, and Triage Officer.
 - 1.10. Maintain the safety of EMS personnel.
 - 1.11. Coordinate Air Med efforts, including a possible "fly over" to fully assess the scene (possibly coordinated with law enforcement).
 - 1.12. Equipment needed:
 - 1.12.1. Portable VHF radio and/or cellular telephone
 - 1.12.2. Clipboard with paper
 - 1.12.3. Triage tags
 - 1.12.4. Hat/Vest for identification as the EMS Command
2. Triage Officer and team
 - 2.1. Simple Triage and Rapid Treatment (START)—See **START Triage Protocol** in the CORE section of this manual. Triage Tags should be utilized especially in large scale events.
 - 2.2. Green-tag (minor) patients should be asked to walk to a designated area, tagged, and managed by first responders until additional EMS units arrive.
 - 2.3. All remaining patients should be rapidly assessed using START triage and tagged appropriately.

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- 2.4. After all victims have been triaged, they are then moved into a field collecting station (Treatment area) by priority order for further stabilization and to await transportation to the hospital.
- 2.5. Equipment needed:
 - 2.5.1. Portable VHF radio and/or cellular telephone
 - 2.5.2. Clipboard with paper
 - 2.5.3. Triage tags
 - 2.5.4. Hat/vest for identification.
3. Treatment Officer: The Treatment Officer is designated by EMS Command and will typically be a paramedic.
 - 3.1. In large scale events, you may be assigned to set up collection stations (treatment areas) for patients that should be clearly marked red, yellow and green. The treatment area should be carefully selected in conjunction with EMS Command to assure a safe, environmentally protected area near the ingress/egress path.
 - 3.2. As the patients are carried into the collecting station (treatment area), they are re-triaged and placed into rows of the same category patients: reds, yellows, and greens.
 - 3.3. The black category patients are not brought into the collecting station, but are left where they are found by responders. They may eventually be brought into a make-shift morgue at the disaster scene, but this task should be performed by non-medical personnel to avoid wasting valuable resources. The make-shift morgue should be out of sight of the live patients within the collecting station.
 - 3.4. Task and job assignments within the collecting station(s).
 - 3.5. Continuously triage victims in the collecting station; reassigning priorities as necessary.
 - 3.6. Supervise medical care of victims awaiting transportation. In very large events, personnel from additional arriving EMS units may be taken off their ambulance and utilized in the Treatment area to provide stabilizing treatment to awaiting patients until the patients are transported.
 - 3.7. Equipment needed:
 - 3.7.1. VHF and cellular radio
 - 3.7.2. Clipboard with manila envelope attached
 - 3.7.3. Triage tags
 - 3.7.4. Hat/vest for identification
 - 3.7.5. Red, yellow, and green tarps if available (for designation of treatment areas and ground cover to protect patients). These may be located on Operations Supervisor vehicles and will likely not be immediately available.
4. Transportation Officer: The Transportation Officer designated by the EMS Command. The Transportation Officer is authorized to take charge of all ambulances and equipment on-scene and in the staging area. He/she reports directly to the EMS Command. Specific responsibilities include:
 - 4.1. Command of transport vehicles involved with the MCI.
 - 4.2. Direct unloading of equipment from units and distribution at MCI scene and collecting station.
 - 4.3. Coordinate with the Treatment Officer to move victims from the scene in order of priority.
 - 4.4. Coordinate transport of patients with LERN and the communications center

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- 4.5. When transportation is initiated, transport one red and one yellow per unit until all reds and yellows have been moved to the hospital. Greens can then be transported to the hospital via ambulance if not moved to hospital via bus.
- 4.6. Equipment needed:
 - 4.6.1. VHF and cellular radio
 - 4.6.2. Clipboard with manila envelope attached
 - 4.6.3. Hat/vest for identification
5. Hospital Coordinator: The Hospital Coordinator, designated by the Communication Center Supervisor, where practical, should be an EMD in the Communication Center. The Hospital Coordinator is assigned to conduct radio communications between the receiving hospitals and the scene. In large scale incidents, this may be handled by regional entities and the Hospital Coordinator would communicate between the regional entity and the Transport officer. Specific responsibilities include:
 - 5.1. Advise the Transportation Officer of hospital's ability to handle additional injuries.
 - 5.2. Relay ETA of incoming units, number and severity of injuries to hospitals.
 - 5.3. Coordinate needed supplies transfer from hospital to the scene.
 - 5.4. Coordinate with LaSalle Ambulance operations for manpower to assist at the hospital.
 - 5.5. Notify the hospital upon termination of MCI.
6. Safety Officer: The Safety Officer is designated upon arrival by the EMS Command. He/she is charged with the responsibility of securing and maintaining the safety of EMS personnel at the MCI scene. The responsibilities of the Safety Officer may be incorporated into those of the Transportation Officer if the incident is more confined and relatively small. Specific responsibilities include:
 - 6.1. Ensure that EMS personnel are not operating in an environment that is dangerous due to hazardous materials, fire or explosion hazards, electrical hazards, etc.
 - 6.2. Ensure that appropriate patient carrying and handling techniques are used at all times.
 - 6.3. Ensure that appropriate personal protective equipment (PPE) is utilized if deemed necessary.
 - 6.4. Work with Transportation Officer to ensure safe parking of ambulances.
 - 6.5. Ensure that all EMS personnel are following universal blood borne pathogen precautions at all times.
 - 6.6. Ensure that all units and equipment released from the incident have been properly cleaned and disinfected.
 - 6.7. Act as liaison for LaSalle Ambulance Safety Department.
 - 6.8. Equipment needed:
 - 6.8.1. Portable VHF Radio and/or Cellular telephone
 - 6.8.2. Clipboard with safety check-off sheets
 - 6.8.3. Hat/vest for identification
7. Responsibilities of additional units and personnel upon arrival (**NOTE that in smaller events, Treatment and Transport Sections may not be needed, so the second, third, etc arriving units may be directed to directly treat and transport patients):
 - 7.1.1. Report to staging area and Staging Officer (if applicable) and wait for further orders
 - 7.1.2. If no staging area is established, report immediately to the designated EMS Command for assignment.
 - 7.1.3. Once assigned, carry out tasks quickly and without questions.

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- 7.1.4. Do not unload your unit until directed by EMS Command or Transportation Officer to do so
- 8. Termination of the Mass Casualty Incident: As the resources required to manage the mass casualty incident place a severe burden on the operations of LaSalle Ambulance, the event will not be considered complete until all termination procedures are conducted. Termination procedures generally include:
 - 8.1. Notify hospitals of termination of MCI
 - 8.2. Collect equipment and resupply units and designate assignment of personnel
 - 8.3. The Critical Incident Stress Management (CISM) team assumes coordination of debriefing of affected personnel.
 - 8.4. Complete required documentation of patient records.
 - 8.5. Complete incident critiques.