Central Oregon
Mass Casualty Incident
Field Guide

Area Trauma Advisory Board Region 7

East Cascades Emergency Medical Services Council

Central Oregon Fire Operations Group

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FIRST ARRIVING UNIT

Checklist

[ ] Assume Command and Establish a Command Post

[ ] Perform Safety Assessment:

- Traffic hazards
- Electrical hazards
- Flammable liquids
- Hazardous materials
- Other life threatening situations
- Be aware of potential secondary explosive devices

[ ] Perform Size up:

- Type and/or cause of incident
- Approximate number of patients
- Severity level of injuries
- Area involved, including problems with scene access

[ ] Send Information:

- Contact dispatch with your size-up information:
    - Declare an MCI
    - Description of the incident including the number of patients
    - Report any critical hazards of the scene
    - Identify access and egress routes
    - Identify main radio frequency and tactical frequencies
    - Identify staging area
- Request additional resources
    - Medical Task Forces
    - Structural Task Forces
    - Redmond Fire MCI Vehicle
    - Haz-mat Team
    - Law Enforcement
    - ODOT
    - Search and Rescue

[ ] Setup the scene for the management of causalities

- Implement the MCI plan
- Secure the scene with law enforcement
- Identify adequate work areas for Triage, Treatment, and Transport
- Assign Triage and EMS Branch to the next arriving units

INCIDENT COMMANDER
Checklist

[ ] Don vest

[ ] Consult First Arriving Unit Checklist

[ ] Assume Command and Establish a Command Post

[ ] Contact the Transfer center on the MCI Line (541-706-4844)

- Obtain receiving capabilities for area hospitals

[ ] Assign ICS functions

- EMS Branch
  - Triage, Treatment, Transport
- Staging Area Manager
- Rescue Branch

[ ] Develop and continually update operational plan

[ ] Ensure adequate resources are available in Staging

INCIDENT COMMANDER
Tactical Worksheet

Name/Unit	Position	Radio Frequency
_____	Incident Command	_____
_____	Operations	_____
_____	Staging Area Manager	_____
_____	EMS Branch	_____
_____	Triage	_____
_____	Treatment	_____
_____	Transport	_____
_____	Rescue	_____
_____	Extraction	_____
_____	Extrication	_____
_____	Suppression	_____

TOTAL PATIENTS = _____			
Red (Immediate)	**Yellow (Delayed)**	**Green (Minor)**	**Black (Deceased)**

EMS BRANCH DIRECTOR

Objective: Manage the EMS branch functions of Triage, Treatment, and Transport.
You Report to: Incident Command (or Operations Chief)
Radio Designator: EMS

[ ] Don vest

[ ] Obtain a separate working radio frequency for use by EMS branch

[ ] If not completed, immediately contact the Transfer center on the MCI Line (541-706-4844)

- Obtain receiving capabilities for area hospitals

[ ] As soon as possible assign:

[ ] Triage Group Supervisor
[ ] Treatment Group Supervisor
[ ] Transport Group Supervisor

(Note: Until assigned, the EMS Branch Director is responsible for these functions. Do not hesitate to combine several of the above positions.)

[ ] Determine the location and clearly mark:

[ ] Triage Corridor
[ ] Treatment Area
[ ] Medical Supply Cache
[ ] Ambulance Loading Zone
[ ] Air Ambulance Loading Zone

[ ] Activate alternative care sites and Casualty Collection Points if necessary

[ ] Order additional resources and ambulances through Command

[ ] Order medical supplies from the resource hospital

EMS BRANCH DIRECTOR
Tactical Worksheet

Name/Unit	Position	Radio Frequency
_____	Incident Command	_____
_____	Operations	_____
_____	Staging Area Manager	_____
_____	EMS Branch	_____
_____	Triage	_____
_____	Treatment	_____
_____	Transport	_____

TOTAL PATIENTS = _____			
Red (Immediate)	**Yellow (Delayed)**	**Green (Minor)**	**Black (Deceased)**

TRIAGE GROUP SUPERVISOR

Objective: Locate and perform initial START and JumpSTART triage of all patients
You Report to: EMS Branch Director
Radio Designator: Triage

[ ] Don vest

[ ] If not completed, direct triage personnel to perform primary triage using START and JumpSTART

[ ] Inform EMS Branch of the number of patients and severity

[ ] Establish Secondary Triage Corridor and assign personnel to perform Secondary Triage

[ ] When triage is completed report to EMS Branch for reassignment of personnel

TOTAL PATIENTS = _____			
Red (Immediate)	**Yellow (Delayed)**	**Green (Minor)**	**Black (Deceased)**

TREATMENT GROUP SUPERVISOR

Objective: Coordinate the treatment of all patients
You Report to: EMS Branch Director
Radio Designator: Treatment

[ ] Don vest

[ ] Set-up and clearly mark the Treatment Area. Inform Triage and EMS Branch director of location. Consider:

- Safety
- Porting distance
- Space
- Weather
- Lighting
- Transportation access

[ ] Arrange Treatment area in parallel rows of patients

- Allow room for Red and Yellow areas to grow outward

[ ] Assign Red and Yellow area managers

[ ] Assign Treatment teams with Red and Yellow managers

[ ] Consider the use of Special Procedures Teams for common treatments (airway, IV, splinting, etc.)

[ ] Determine patient transport order and most appropriate means of transport

[ ] Assign a Medical Supply Officer

[ ] Do not allow treatment to slow the transportation of patients

TOTAL PATIENTS = _____			
Red (Immediate)	**Yellow (Delayed)**	**Green (Minor)**	**Black (Deceased)**

MEDICAL SUPPLY OFFICER

Objective: Provide Porter teams and Treatment area with the supplies and equipment needed to move and treat the injured.
You Report to: Treatment Group Supervisor

[ ] Set-up a Medical Supply Cache within reach of the Treatment Area

[ ] Begin supplying the Medical Supply Cache from MCI vehicles and extra supplies from vehicles (keep essential equipment on vehicles).

[ ] Coordinate with the Staging Area Manager to have crews bring extra supplies from vehicles to the Medical Supply Cache (keep essential equipment on vehicles). Request:

- Backboards
- Splints
- Oxygen and airway kits
- IV sets
- Bleeding control supplies

[ ] Issue supplies as needed within the Treatment Area

[ ] Contact Transportation to arrange for the return of vehicles bringing additional supplies when needed

FATALITY MANAGER

Objective: Locate and safeguard the remains and personal effects of the deceased pending the arrival of the Medical Examiner.
You Report to: EMS Branch Director

[ ] Locate and tag the remains of incident casualties in the incident area

[ ] Establish black casualty area separate from the Treatment Area

[ ] Coordinate with the Treatment and Triage leaders for Porter teams to move patients who die in Treatment to the Black area

[ ] Safeguard the remains and personal effects of the deceased.

[ ] Turnover responsibility for remains to the Medical Examiner

TRANSPORT GROUP SUPERVISOR

Objective: Coordinate all patient transportation and maintain all records of patient and unit movement.
You Report to: EMS Branch Director
Radio Designator: Transport

[ ] Contact EMS Branch Director and obtain:

- Number and severity of patients on scene
- Receiving capabilities of area hospitals (if not completed, immediately contact the Transfer center on the MCI Line (541-706-4844)

[ ] Log Hospital receiving capabilities on tactical worksheet

[ ] Assign a Transport Recorder

[ ] Setup the Transportation Unit at an exit from the Treatment Area

[ ] Setup vehicle flow from Staging to Transport to the hospital

[ ] Assign an Air Ambulance Landing Zone Officer if necessary

[ ] Coordinate order of patient removal with Treatment.

[ ] Load ambulances and direct them to the appropriate hospital

[ ] When an ambulance departs the scene, contact the Transfer center with:

- Triage tag # and Triage severity level
- Destination (receiving hospital)
- Unit number
- Time enroute and ETA

[ ] Frequently update the Hospital and Clinic Receiving Capabilities Log

[ ] Obtain non-ambulance transportation (Buses or Vans) for Green patients

TRANSPORT RECORDER

Objective: Assist Transport Group Supervisor with coordinating hospital destination for patients. Maintain the patient transport log.
You Report to: Transport Group Supervisor

[ ] Setup at the patient loading point in the Transportation Area

[ ] Record patient movement information on the Patient Transport Log

[ ] Give Transport the following on every patient leaving Treatment:

- Triage tag # and Triage severity level
- Destination (receiving hospital)
- Unit number
- Time enroute and ETA

STAGING AREA MANAGER

Objective: Maintain staffing and vehicle resources ready for assignment at a separate staging area
You Report to: Incident Commander (or Operations Chief)
Radio Designator: Staging

[ ] Don vest

[ ] If not completed, establish a Staging Area away from incident that is accessible and easy to identify. Inform the Incident Commander of the location

[ ] Setup the Staging Area for easy access and egress of different types of resources

[ ] Acquire radio equipment that allows constant and direct communications and monitoring of all incident frequencies

[ ] Establish radio communications and direct incoming units to Staging

[ ] Maintain Staging Log as units arrive/depart with:

- Type of resource
- Number of personnel

[ ] Control and document all resources entering and leaving Staging

[ ] Order all personnel to remain with their vehicles until assigned

[ ] Coordinate ambulance flow to the ambulance loading zone with Transport

[ ] Dispatch resources to the scene as requested

[ ] Frequently update the Incident Commander and EMS Branch Director with staging resource status and order more resources as necessary

RESCUE BRANCH DIRECTOR

Objective: Manage the Rescue branch functions of extrication, immobilization and extraction
You Report to: Incident Command (or Operations Chief)
Radio Designator: Rescue

[ ] Don vest

[ ] Obtain a separate working radio frequency for use by Rescue branch

[ ] Obtain patient count from Command or EMS

[ ] Request resources from Command

- Identify extrication needs and request Heavy Rescue resources
- Request DCSO SAR for immobilization and porter teams

[ ] For large incidents, assign Extrication Group Supervisor and Extraction Group Supervisor

[ ] Establish equipment supply area

[ ] Assign resources for extrication, immobilization, and extraction

- Extrication teams
- Immobilization teams (2 personnel/team)
- Porter teams (4 personnel/team)

EXTRICATION GROUP SUPERVISOR

Objective: Gain access to patients so they can be immobilized and extracted from the scene.
You Report to: Rescue Branch Director
Radio Designator: Extrication

[ ] Report equipment needs to Rescue Branch Director

- Heavy extrication equipment
- 1 Stretcher per porter team

[ ] Assign crews to gain access to patients

[ ] Once all patients have been accessed, send personnel to Extraction Group Supervisor

EXTRACTION GROUP SUPERVISOR

Objective: Immobilize patients and extract them from the incident scene to the Treatment area via the Secondary Triage Corridor.
You Report to: Rescue Branch Director
Radio Designator: Extraction

[ ] Report equipment needs to Rescue Branch Director

- 1 backboard per patient
- 1 stretcher per porter team

[ ] Form immobilization teams (2 personnel/team)

[ ] Form porter teams (4 personnel/team)

[ ] Prioritize patients to extract based on severity and location

HELICOPTER LANDING ZONE

Checklist

[ ] Locate LZ close enough to the incident to minimize transport time, but consider:

- Noise interference
- Hazardous environment
- Rotor wash

[ ] Landing zone must be as flat as possible

[ ] Minimum of 100 foot diameter, free of obstructions

[ ] Clearly mark landing zone, so it can be identified from the air

[ ] Identify all hazards:

- Overhead wires
- Obstructions
- Aircraft

[ ] Notify IC, EMS Branch Director, and/or Transport Group Supervisor of LZ location

[ ] Maintain security of landing zone

TACTICAL WORKSHEETS

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P. 22 Example Patient Flow – Contaminated Patients

P. 23 START Flow Chart

P. 24 JumpSTART Flow Chart

P. 25 Staffing Worksheet

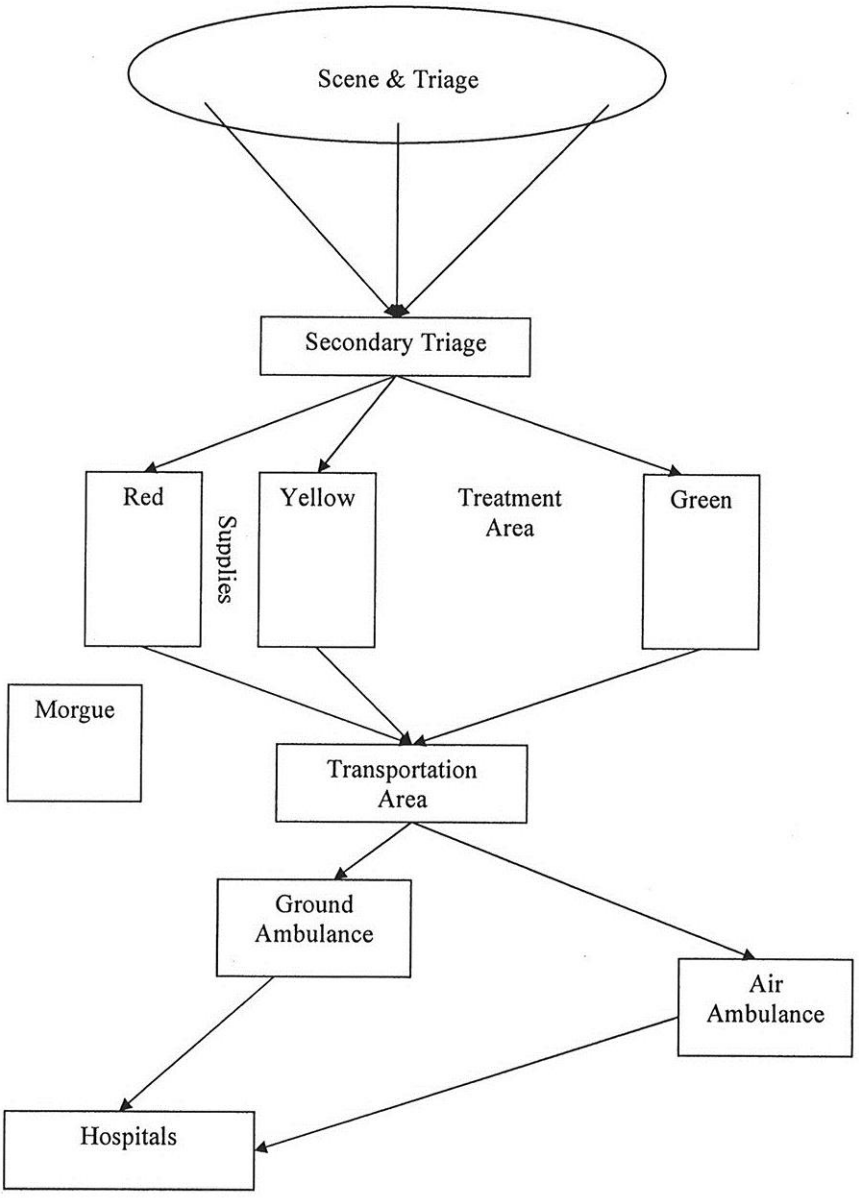
P. 26 Hospital/Clinics Receiving Capability Log

P. 27 Patient Transport Log

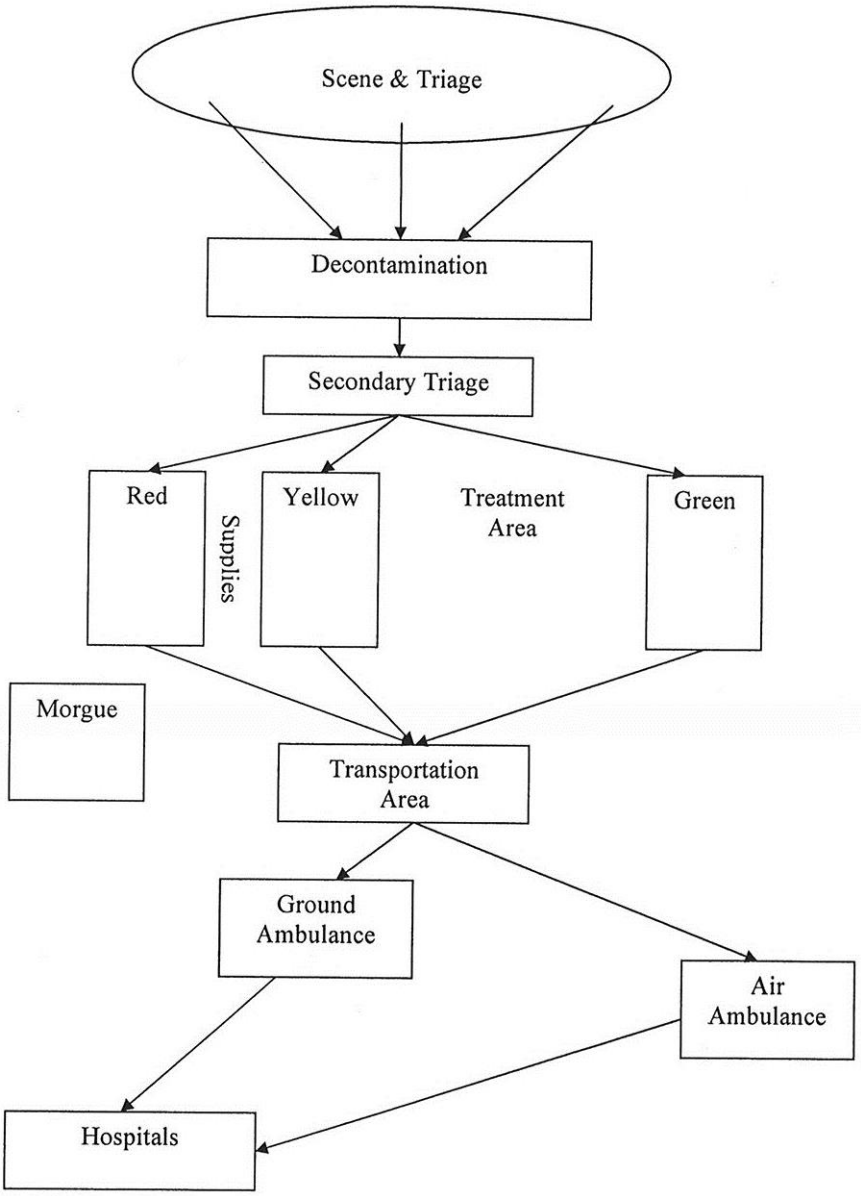
P. 28 Staging Log

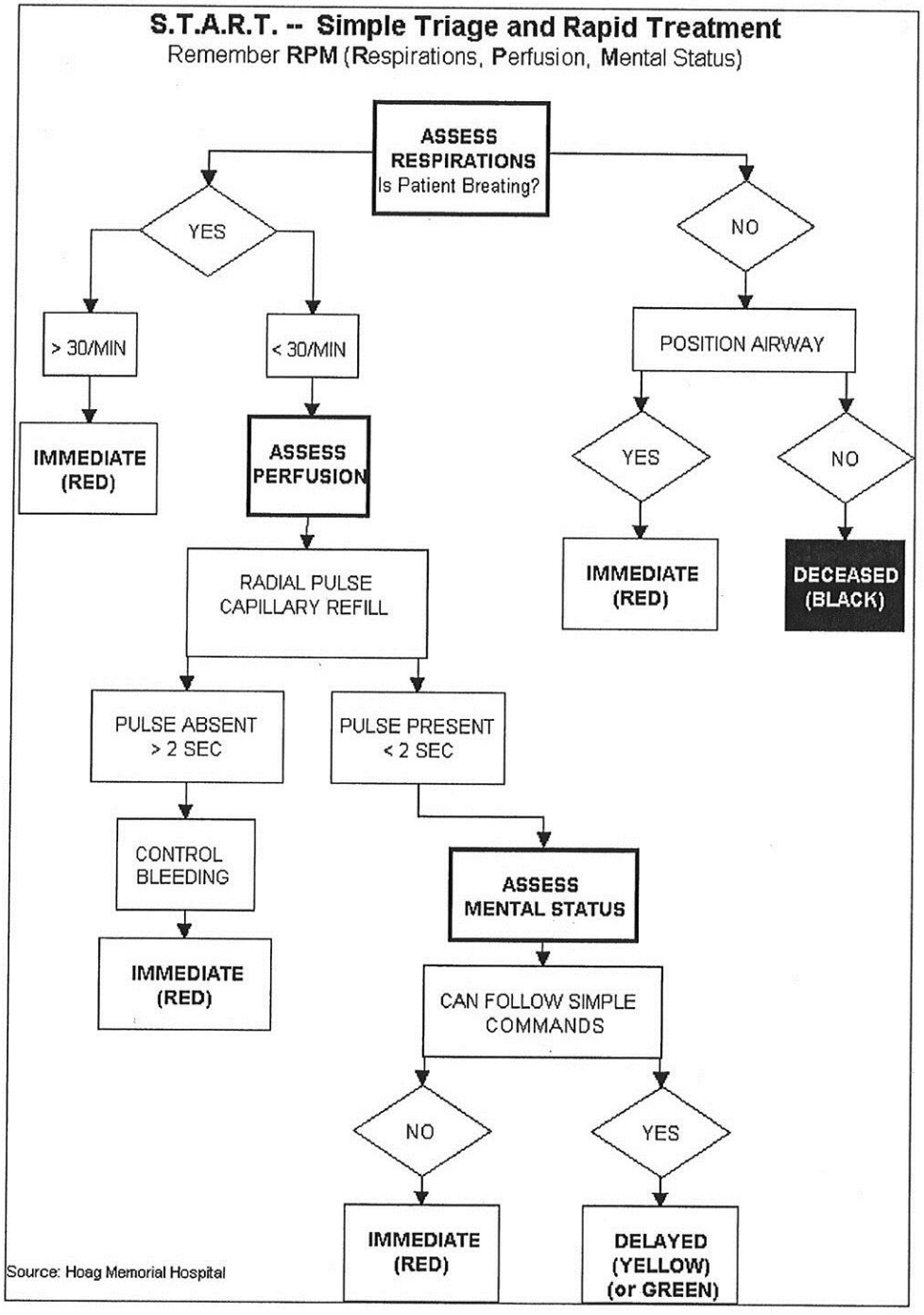
P. 29 Medic Unit Transport Slip

Example Patient Flow

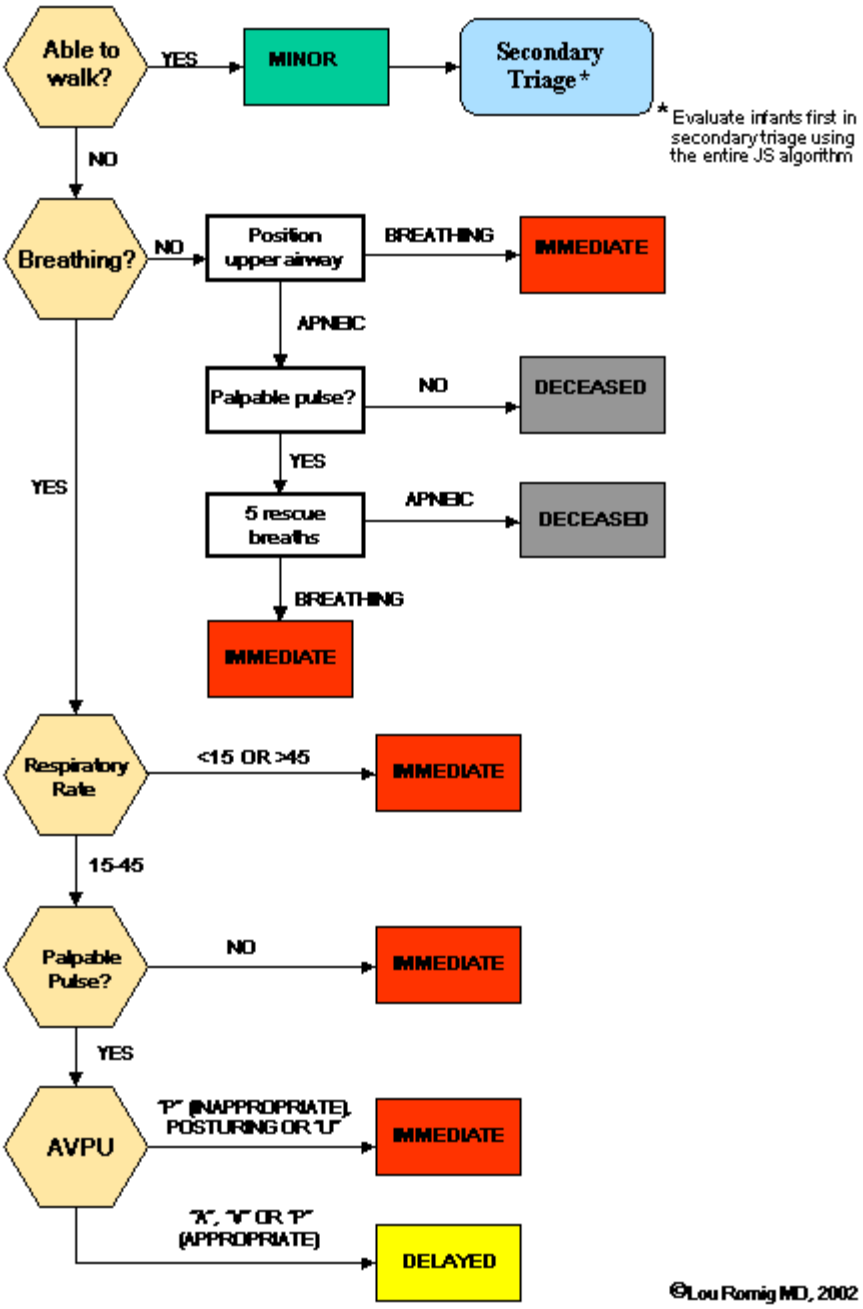


Example Patient Flow
Contaminated Patients




S.T.A.R.T. -- Simple Triage and Rapid Treatment
Remember RPM (Respirations, Perfusion, Mental Status)
ASSESS RESPIRATIONS
Is Patient Breating?
YES
NO
> 30/MIN
< 30/MIN
IMMEDIATE (RED)
ASSESS PERFUSION
POSITION AIRWAY
YES
NO
IMMEDIATE (RED)
DECEASED (BLACK)
RADIAL PULSE CAPILLARY REFILL
PULSE ABSENT > 2 SEC
PULSE PRESENT < 2 SEC
CONTROL BLEEDING
IMMEDIATE (RED)
ASSESS MENTAL STATUS
CAN FOLLOW SIMPLE COMMANDS
NO
YES
IMMEDIATE (RED)
DELAYED (YELLOW) (or GREEN)
Source: Hoag Memorial Hospital

JumpSTART Pediatric MCI Triage©



STAFFING WORKSHEET

Incident:		Date:	
Assignment	Name	Frequency	Cell Phone #
Incident Command			
• PIO			
• Safety Officer			
Operations Chief			
Staging Area Manager			
EMS Branch Director			
• Triage			
• Treatment			
• Red Area Manager			
• Yellow Area Manager			
• Transport			
• Transport Recorder			
• Landing Zone Coordinator			
• Fatality Manager			
Rescue Branch Director			
• Extrication			
• Extraction			
Fire Suppression			

HOSPITAL/CLINICS RECEIVING CAPABILITY WORKSHEEET

INCIDENT:	DATE:	PAGE: of

SCMC-Bend:
Red: 1 2 3 4 5 6 7 8 9 10
Yellow: 1 2 3 4 5 6 7 8 9 10

SCMC-Redmond:
Red: 1 2 3 4 5 6 7 8 9 10
Yellow: 1 2 3 4 5 6 7 8 9 10

SCMC- Madras:
Red: 1 2 3 4 5 6 7 8 9 10
Yellow: 1 2 3 4 5 6 7 8 9 10

SCMC- Prineville:
Red: 1 2 3 4 5 6 7 8 9 10
Yellow: 1 2 3 4 5 6 7 8 9 10

John Day (Blue Mt.):
Red: 1 2 3 4 5 6 7 8 9 10
Yellow: 1 2 3 4 5 6 7 8 9 10

Burns (Harney District):
Red: 1 2 3 4 5 6 7 8 9 10
Yellow: 1 2 3 4 5 6 7 8 9 10

Other:_____:
Red: 1 2 3 4 5 6 7 8 9 10
Yellow: 1 2 3 4 5 6 7 8 9 10

Other:_____:
Red: 1 2 3 4 5 6 7 8 9 10
Yellow: 1 2 3 4 5 6 7 8 9 10

Instructions:

1. Circle the number of beds available at each hospital after contacting the transfer center (541-706-4844).
2. Mark an X through the number of patients that have been transported to that hospital.

TRANSPORTATION LOG

INCIDENT:		DATE:				Page: of
	Triage Tag # (Last 4)	Triage Level	Destination	Unit #	Time Enroute	ETA	Notified ✓
1		R Y G					
2		R Y G					
3		R Y G					
4		R Y G					
5		R Y G					
6		R Y G					
7		R Y G					
8		R Y G					
9		R Y G					
10		R Y G					
11		R Y G					
12		R Y G					
13		R Y G					
14		R Y G					
15		R Y G					
16		R Y G					
17		R Y G					
18		R Y G					
19		R Y G					
20		R Y G					

STAGING RESOURCE LOG

Agency/ Unit #	Resource Type / Unit Description (Personnel, Equipment)	Arrival Time	Depart Time	Assignment

Medic Unit Transport Slip

MEDIC UNIT#_____

Transport to the Following Facility:

___ **SCMC: Redmond (1253 NW Canal Blvd)**
___ **SCMC: Bend (2500 NE Neff Rd)**
___ **SCMC: Prineville (384 SE Combs Flat Rd)**
___ **SCMC: Madras (470 NE A St)**
___ **SCMC Family Care: Redmond (211 NW Larch Ave)**
___ **Other: _____**

You are Transporting the Following Number and Priority of Patients:

Red (Immediate) _____ **Triage Tag # (Last 4)** _____
Yellow (Delayed) _____ **Triage Tag # (Last 4)** _____
Green (Minor) _____ **Triage Tag # (Last 4)** _____

The Receiving Facility Has Already Been Notified of Your Transport Status

DO NOT CONTACT THE RECEIVING FACILITY UNLESS ABSOLUTELY NECESSARY!