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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MASS CASUALTY INCIDENT
FIELD GUIDE

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

<table>
<thead>
<tr>
<th>Name/Unit</th>
<th>Position</th>
<th>Radio Frequency</th>
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<tbody>
<tr>
<td></td>
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TOTAL PATIENTS = _____________

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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
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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

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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 = _____________**

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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

- Scene & Triage
  - Secondary Triage
    - Red Supplies
    - Yellow Treatment Area
    - Green
      - Transportation Area
        - Ground Ambulance
        - Air Ambulance
      - Morgue
    - Hospitals
Example Patient Flow
Contaminated Patients

Scene & Triage

Decontamination

Secondary Triage

Red Supplies

Yellow

Treatment Area

Green

Morgue

Transportation Area

Ground Ambulance

Air Ambulance

Hospitals
S.T.A.R.T. -- Simple Triage and Rapid Treatment
Remember RPM (Respirations, Perfusion, Mental Status)

- **ASSESS RESPIRATIONS**
  - **YES**
    - > 30/Min
    - < 30/Min
    - **IMMEDIATE (RED)**
    - **ASSESS PERFUSION**
  - **NO**
    - **POSITION AIRWAY**
    - **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**
      - **IMMEDIATE (RED)**
    - **YES**
      - **DELAYED (YELLOW) (or GREEN)**

Source: Hoag Memorial Hospital
JumpSTART Pediatric MCI Triage

Able to walk?

YES

MINOR

Secondary Triage*

NO

Breathing?

NO

Position upper airway

APNEIC

Palpable pulse?

NO

DECEASED

YES

5 rescue breaths

APNEIC

DECEASED

YES

BREATHING

IMMEDIATE

Respiratory Rate

<15 OR >45

IMMEDIATE

15-45

NO

IMMEDIATE

YES

Palpable Pulse?

YES

AVPU

>P (INAPPROPRIATE), POSTURING OR "C"

IMMEDIATE

>"A", "N" OR P" (APPROPRIATE)

DELAYED

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* Evaluate infants first in secondary triage using the entire JS algorithm.
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## HOSPITAL/CLINICS RECEIVING CAPABILITY WORKSHEET

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- **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

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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!**