

**BIRMINGHAM REGIONAL
EMERGENCY MEDICAL
SERVICES SYSTEM
MASS CASUALTY INCIDENT PLAN**

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EMERGENCY MEDICAL SERVICES

MASS CASUALTY INCIDENT PLAN

I. GENERAL

A. Purpose:

The Mass Casualty Incident Plan outlines the response policies and procedures for emergency medical services providers and agencies in BREMSS to be implemented in the event of a Mass Casualty Incident (MCI) when a city or counties capabilities are overwhelmed as determined by the hospital in the affected jurisdiction and the on scene medical sector coordinator.

B. Definitions:

Advanced Life Support (ALS) Unit: A unit staffed by at least one licensed EMSP, Advanced or Paramedic.

All-Call: An inter-hospital survey conducted on the 800 LINC System to determine the number of critical and/or non-critical patients each facility can handle.

Ambulance Staging Area: Area where arriving ambulances and personnel can be assembled in close proximity to the patient treatment area.

Basic Life Support (BLS) Unit: A unit staffed by at least one licensed EMSP.

Critical Incident Stress Debriefing (CISD): A confidential discussion organized and performed by a Critical Response Team (CRT) composed of responders, peers, and mental health professionals. The Critical Responses Team responds to any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which may have the potential to interfere with their ability to function either at the scene or later.

Communications Officer: Paramedic who coordinates with ATCC the patient destination with transporting ambulance assignments.

EMS Dispatch: The EMS Dispatch point within the affected jurisdiction which will function as the central point of 9-1-1 / Medical call taking and dispatch. During the Mass Casualty Incident, EMS Dispatch will monitor the operations frequency ,

assign additional requested resources, and ensure sufficient medical coverage of other EMS incidents.

Emergency Operations Center (EOC): A facility in the affected jurisdiction established and equipped to perform coordination in support of a large scale emergency or disaster.

Fire Command: Senior Fire Officer on-scene

Fire Rescue: A fire service unit which has medical capability

Fire Staging Area: Area where arriving fire service equipment, vehicles and personnel can be assembled in close proximity to the incident.

Hospital Emergency Administrative Radio (HEAR): VHF radio system coordinated by ATCC during a Mass Casualty Incident—used to ascertain and assemble information regarding hospital resources. (155.340 MHZ)

Immediate Danger Zone: Area surrounding an incident in which there is a potential danger to life. Incident command will determine its boundaries.

Incident Command (“Command”): Radio designation and “title” of person or persons responsible for overall direction of the incident.

Incident Commander: Person designated by the public safety agency in charge to command the scene.

Jurisdiction: The affected geo-political area whose resources have been exhausted in the MCI.

Landing Zone (LZ): A well marked area 100 ft. x 100 ft. designated and secured by fire or law enforcement personnel for helicopter landing.

Medical Sector Coordinator: Paramedic who coordinates all on-scene emergency medical service activities.

Morgue: Temporary area, initially designated by the Medical Sector Coordinator and Transportation Officer, where deceased victims will be taken—location may be set or changed by Medical Examiner.

Patient Loading Zone: Designated area adjacent to the patient treatment area, where transporting units receive and load patients.

Patient Treatment Area: Designated area where patients are brought, reassessed, and treated after initial triage and tagging by a Triage Officer. Treatment priority sections will be marked, corresponding with colors of triage tags.

Staging Officer: Individual designated by Incident Command to manage the Staging Areas(s)

Transportation Officer: EMT-P who establishes treatment areas and supervises patient loading into transport units.

Alabama Trauma Communications Center (ATCC):
Organizational entity of BREMSS which coordinates the destination of trauma, stroke, and STEMI patients daily, and directs the destination of all patients in a MCI. The ATCC is also responsible for coordination of all requested hospital/medical resources.

Triage: Process of sorting patients by severity of injury.

Triage Officer: Paramedic who coordinates triage, patient assessment and tagging.

Triage Priority Colors:

Red – Priority 1 –

Life threatening medical emergencies, i.e. airway, breathing and/or circulation problems

Yellow – Priority 2 –

Not as seriously injured as Priority 1 patients, but possibility exists for rapid deterioration physical condition.

Green – Priority 3 –

Require additional treatment, but can wait for transportation without immediate threat to life.

Black – Priority 0 –

Expired or mortal injuries

Triaging: Method used to categorize condition of patients, according to severity of injuries: red: priority 1; yellow: priority 2,

green: priority 3, black: priority 0. The triage tag shall stay with the patient through hospital admittance.

C. Policy:

The regional Mass Casualty Incident (MCI) Protocol will be used to coordinate incidents when a city or counties resources needed to effectively care for an EMS situation are exhausted and the appropriate person in charge has requested resources from outside the jurisdiction. A MCI may also be declared in advance of a potential incident if intelligence predicts a large number of patients.

During a mass causality incident, emergency medical service providers and agencies will conduct operations to provide immediate resources, to minimize the loss of life through prompt medical treatment in the field, and to coordinate field medical services and activities with existing medical facilities and other support services and resources.

It is EMS policy that agencies having the responsibility to provide needed emergency services be notified of an impending or actual incident as soon as appropriate in order to initiate preparedness or response activities.

On-scene personnel will have authority to act in a timely manner within the incident command system at the scene.

If the first unit responding to an incident is BLS or ALS staffed with only one Paramedic:

- A. Medical Sector Coordinator shall order ALS units as needed to fill the EMSP positions.
- B. Designated BLS personnel shall perform MCI tasks normally assigned to Paramedic until relieved.

II. ACTIVATION

First EMS Unit:

- Provides personnel to perform duties of the Medical Sector Coordinator and Triage Officer.
- Provides the identification vests, task cards and triage area tarps.

(If the first arriving Rescue/Fire Unit is not ALS staffed, the Triage Officer duties may be assigned to ALS Ambulance personnel and the Transportation Officer's duties assigned to BLS rescue/fire personnel until relived by rescue/fire ALS personnel).

Second EMS Unit:

- Provides personnel to perform duties of the Transportation Officer and communication Officer.

III. COMMUNICATIONS

Field units SHOULD NOT use the HEAR system – it is reserved for inter-hospital traffic. Units transporting patients should give receiving hospitals necessary updates or patient care reports through their company dispatch, cellular phone, or 800 LINC system.

MCI Medical Operation:

Interhospital Coordination:

HEAR System (VHF):

ATCC and Area Hospitals

LINC 800:

ATCC, Area Hospitals, LifeSaver, and Tx Agencies

Primary EMS Dispatch:

IV. DOCUMENTATION

A record of all notifications, incident events/procedures all callbacks shall be maintained by each agency.

The Communications Officers will fill out and maintain the Mass Casualty Incident Log.

V. DEMOBILIZATION

1. Appropriate callbacks will be made by agencies that made initial contact.
2. Agency representative on-scene will check with Incident command before clearing scene.
3. All agencies should consider contacting a Critical Response Team (CRT) which performs Critical Incident Stress Debriefing (CISD) for their personnel.

VI. ACTIVITY CHECKLIST

| <u>Position</u> | <u>Task</u> |
|--|---|
| Emergency Medical Services _____ Dispatch (affected jurisdiction) | Verify Mass Casualty Incident with the Medical Direction Hospital in the affected jurisdiction the location(s) and number of requested additional units and notify ATCC. Notify 911 Center supervisors, adjust staffing pattern and inform law enforcement dispatch. If EMS Dispatch is advised that hazardous materials are involved in the incident, <u>IMMEDIATELY</u> notify ALL responding agencies. Broadcast incident and frequency information to active EMS units. |
| First Arriving EMS Unit _____ | Advise Emergency Medical Services Dispatch of the following: <ol style="list-style-type: none">1. The exact location of the incident.2. The type of incident (transportation accident, fire, explosion, etc.)3. Environmental conditions (hazardous materials, extreme weather, etc.)4. Number of ALS ambulances needed.5. Immediate danger zone.6. Staging area.7. Recommended routes to and from the scene.8. Approximate number of patients. |
| First Arriving EMS Unit _____ | Provide the Medical Sector Coordinator and Triage Officer. |

Distribute the identification vest and task cards to the Transportation Officer, Communication Officer, Triage Officer, and Medical Sector Coordinator.

Provide triage Tags.

Provide color coded tarps or markers for treatment areas.

Medical Sector Coordinator _____
(Medical Branch Director)

Coordinator of ALL on-scene EMS activity

Coordinate with the Medical Direction Hospital and ATCC to determine the need for a Regional MCI response.

Ensure that EMS Dispatch gets pertinent incident information.

Appoint Triage Officer.

Order ambulances as needed, per Communications Officer.

Order additional resources for Medical Sector (manpower, buses medical supplies, Red Cross, Medical Examiner, etc.)

Delegate establishment of helicopter Landing Zone (LZ).

Constantly assess performance of other sectors/officers and make personnel changes if necessary.

Triage Officer _____
(Triage Group Supervisor)

Perform rapid triage.

Estimate number of patients and type of injuries, i.e., Head, Peds, OB, Chest, Burns, Radiation, HazMat.

Give this information to the Medical Sector Coordinator and the Communications Officer.

Go back; start directing patients to appropriate treatment areas.

Confer with Medical Sector Coordinator to establish extrication teams.

Ensure that no unnecessary equipment is brought into scene where patients are located.

Move patients to treatment areas as soon as possible.

Communications Officer _____

Establish communications with ATCC when the decision is made by the Associate Hospital & ATCC that a Region response is needed.

Designate the Ambulance Staging area. Relay location to Medical sector Coordinator.

Start MCI log, using information from the Triage Officer.

If necessary, designate a communications assistant to assure an organized flow of information from scene to ATCC.

Request additional ambulances via Medical Sector Coordinator.

Keep a unit ready for loading in the Loading Zone at all times.

As soon as a unit is ready to transport, tell ATCC then number type of patients on board. ATCC will determine unit destination.

Ensure ambulance safe departure, and immediately request another ambulance to move in from the staging area to the loading zone.

Attachment 5

Transportation Officer _____
(Medical Transportation Group Supervisor)

Establish patient treatment areas after conferring with the Medical Sector Coordinator regarding location.

Establish patient loading zone; consider proximity to treatment area and ambulance approach and exit routes.

Assign patients from treatment area to ambulances.

Supervise the actual loading of patients.

As soon as patients have been loaded, tell the Communications Officer the ambulance unit number/type of patients on board (Head, Peds, OB, Chest, Burns, Radiation, HazMat).

If extra medical equipment is needed, request from the Medical Sector Coordinator.

Do not allow patients to “stack” up in the loading zone.

If necessary, delegate the loading of ambulatory patients into buses.

Additional Arriving Ambulances _____

Go to the Ambulance Staging Area.

Report your arrival to the Communications Officer.

Load patients as assigned by Transportation Officer.

Transport to medical facility as assigned by ATCC and provide patient care en route.

Additional Arriving Rescues _____

Respond to Fire Staging Area.

Report arrival to the Staging Area.

Report arrival to the Medical Sector Coordinator and wait for assignment.

Air Ambulances _____

Respond to operations net for instructions and landing zone location.

Load patients as assigned by Transportation Officer.

Transport to medical facility as assigned by ATCC and provide patient care en route.

Alabama Trauma Communications Center (ATCC)_The role of the ATCC in coordination with EOC-EMC Branch managers is to:

1. Determine the need to call for Regional MCI response.
2. Determine the number of available ambulances;
3. Determine the number and type of available rescues;
4. Determine the number and type of available EMS personnel;
5. Provide a region wide all-call of hospitals in the region informing the hospitals of the MCI situation.
6. Determine the availability of needed beds and other facility resources by direct radio/telephone communications with other hospitals.
7. Direct patients to appropriate receiving hospitals based upon patient needs and facility abilities.

Medical Direction Hospital _____

Upon request, provide medical direction.

Determine with the Medical Sector Coordinator the need to call a regional MCI response.

Incident Commander _____

Oversee and manage all on-scene incident operations.

Law Enforcement _____

Coordinate with Incident command.

Attachment 5

| | |
|--|---|
| Fire Service _____ | Perform on-scene operations and tasks according to agency procedures. |
| Birmingham Regional Emergency Medical Services System (BREMSS) | Coordinate with Incident Command. Perform on-scene operations and tasks according to agency procedures. |
| All Agencies _____ | Provide ATCC functions and act as liaison between administrative support and EMS responders. Consider responding to EOC. Assist in assessing the need for out-of-jurisdiction resources. Increase support according to magnitude of incident. Coordinate arrival and dispersement of additional manpower and resources with EOC and Incident Command. |