



# Scarborough Fire Department

## Scarborough, Maine



### Standard Operating Guidelines

<b>Book:</b>	<b>Emergency Operations</b>
<b>Chapter:</b>	<b>Medical Emergencies</b>
<b>Subject:</b>	<b>3430 Mass Casualty Incident Plan</b>
<b>Revision Date:</b>	<b>08/31/2012; revised 8/30/18</b>
<b>Approved by:</b>	<i>B. Michael Thurlow</i>

#### PURPOSE

The purpose of this policy is to establish guidelines for the response to incidents with multiple injuries and/or casualties which overwhelm the capabilities of initial responding resources.

#### POLICY

This policy integrates procedures for Mass Casualty Incidents (MCI), Maine State EMS Protocols, Metro Fire Chief Coalition's Strike Team plan for MCIs, the SMART® Triage system, and the framework of the incident command system. It is the responsibility of the Incident Commander (IC) to implement these procedures when the incident requires formally establishing a triage, treatment and transport area, normally involving 5 or more patients.

#### SCOPE

This policy applies to all department members regardless of assignment or EMS license level.

#### ASSUMPTIONS

The Department has participated in the design and supports the use of the Metro Fire Chief Coalition's Strike Team plan for MCIs which is designed to deploy ambulances in groups (levels or tiers) of 3 ambulances responding as a single strike team. Unless otherwise requested by the IC, these strike teams will be assigned to a Level I staging location with a Staging Officer.

The department has elected to use the SMART® Triage system using the standard tag color matrix of:

- Red indicating category 1 (Rapid Transport)
- Yellow indicating category 2 (Delayed Transport)
- Green indicating category 3 (Last to be Transported), and
- Black indicating category 0 (Clinically Dead) patients

## DEFINITIONS

- A. **Mass Casualty Incident (MCI)** - Any incident where the number or severity of patients strains the department's ability to provide appropriate and timely patient treatment and transport. The Scarborough Fire Department will normally consider any incident as an MCI when the IC determines the need to formally establish Triage, Treatment, and Transport Areas. This will likely happen when there are 5 or more patients.
- B. **Reunification Center** - A location established to provide assistance to the families/friends of the victims.
- C. **Triage** – Actions to assess and prioritize patients based on injuries to maximize effective patient treatment and transportation.
- D. **Treatment** – The overall management and patient care provided prior to transportation to a medical facility.
- E. **Transport** – The coordination of patient transport to appropriate medical facilities.
- F. **MCI Response** – Predetermined response to a confirmed or suspected MCI. The response will consist of:
  - a. 3 Ambulances
  - b. 2 Engines
  - c. Squad 7
  - d. Command Van
  - e. Car 7
- G. **Staging Area:** Location established where resources can be placed while awaiting a tactical assignment.
  - a. Level 1 staging - Uncommitted units parked at the scene of an incident while awaiting tactical assignments.
  - b. Level 2 staging - A remote staging location where uncommitted resources await tactical assignments. Level 2 staging is remote to the incident scene but within a 3 minute response and located in an area that is out of the way, not exposed to the incident's hazards.

## PROCEDURE

- A. Safety:
  - a. MCI incidents can be potentially dangerous. All members operating at these incidents should keep safety as a primary focal point throughout the event.
  - b. In the event of a violent and/or terrorist related MCI, refer to SOP 3800 – Active Shooter / Hostile Threat Event Policy.
- B. Operations:
  - a. Upon completing an initial size up, the IC will declare the incident an MCI anytime:
    - i. The number or severity of patients strains the department's ability to provide appropriate and timely patient treatment and transport (normally 5 or more patients)
    - ii. Formal establishment of Triage, Treatment, and Transport areas is required
  - b. The standard practice will be that the paramedic assigned to the 1<sup>st</sup> arriving unit will take the role of the Primary Triage Officer.

- c. The first arriving ambulance may need to be utilized for EMS supplies at the initial treatment area. This may negate the initial use of this ambulance for transport.
  - d. Staging is a critical aspect of an efficient MCI operation. Whenever mutual aid EMS units have been requested, but do not have an immediate assignment, the IC should assign these units to a staging area.
- C. EMS Branch Positions:
- a. EMS Operations Officer:  
Radio call name: EMS - white ICS vest with EMS Operations Officer logo
    - i. Assigned by and reports to IC. Dons ICS vest, follows the checklist and provides periodic updates to the IC.
    - ii. Is responsible for overall EMS operations to include but not limited to: patient triage, treatment, and transport. Identifies problem areas, requests and assigns resources as needed.
    - iii. Considers deploying the closest MCI trailer if necessary
    - iv. Considers requesting an ER doctor familiar with EMS operations to the scene for treatment area support if necessary.
    - v. Makes initial and ongoing communications with REMIS (Regional Emergency Medical Information Service – 207-662-2950) to inform and update them on the estimate of casualties and overall status of the incident.
    - vi. Assigns and supervises all other EMS Divisions/Groups such as Primary Triage Officer, Secondary Triage Officer, Treatment Officer and Loading Officer.
    - vii. Assures supplies and equipment are available to carry out the EMS sector functions.
  - b. Primary Triage Officer:  
Radio call name: Primary Triage - light green ICS vest with Primary Triage logo  
(Will usually be the paramedic assigned to the first in ambulance)
    - i. Assigned by and reports to the EMS Operations Officer. Dons light green vest and follows the position checklist.
    - ii. Upon completion of tasks, may be reassigned to Treatment Area.
    - iii. Begins the triage process by stating: “Anyone who can walk, please move to (designate a location)”.
    - iv. Rapidly assesses all patients and assigns transport priority using the SMART® Triage algorithm.
    - v. May elect to use SMART® tags or other approved tag.
    - vi. Provides immediate treatment to life threatening emergencies limited to:
      - 1) Bleeding (apply pressure)
      - 2) Airway (reposition patient’s airway)
      - 3) Shock (elevate extremities)
    - vii. Provides initial approximate patient count and priority to EMS Operations Officer.
    - viii. Works with Secondary Triage Officer to carry out triage and tagging of patients.
    - ix. Assigns and supervises arriving personnel to provide immediate treatment of life threatening illness or injuries.
  - c. Secondary Triage Officer:  
Radio call name: Secondary Triage - dark green ICS vest with Secondary Triage logo  
(Will usually be the A-EMT assigned to the first in ambulance)

- i. Assigned by and reports to the Primary Triage Officer. Dons dark green vest and follows the position checklist.
  - ii. Along with the Primary Triage Officer, triages patients by:
    1. Viewing all patients,
    2. Classifying all patients according to their need for treatment and transport using the SMART® Triage algorithm and applies SMART® tags or another approved tag.
  - iii. Supervises and coordinates with the Treatment Officer to efficiently transfer the patients to a Treatment or Loading area.
- d. Treatment Officer:  
Radio call name: Treatment – yellow ICS vest with Treatment Officer logo  
(Will usually be the paramedic assigned to the second in ambulance)
- i. Assigned by and reports to EMS Operations Officer. Dons yellow vest and follows the position checklist.
  - ii. Requests personnel to staff the treatment areas from the EMS Operations Officer.
  - iii. Is responsible for overall patient care and the assignment of personnel based on need vs. license level
  - iv. Establishes and supervises the patient treatment areas with the 4 colored triage tarps, flags, cones and barrier tape found on Squad 7, right side, 2<sup>nd</sup> rear most coffin compartment.
    1. Using the colored tarps and other supplies the Treatment Area should be set up such that the Red tagged patients are closest to the Loading Area followed by the Yellow and then the Green.
    2. Whenever possible, the Green tagged patients should be spaced away from the Red and Yellow tagged patients.
    3. The Black tagged area should be completely remote from any treatment area.
  - v. Requests sufficient supplies to provide patient care. Initially these supplies may come from an ambulance(s).
  - vi. Conducts or oversees ongoing triage within the Treatment Area and records patient information on SMART Tags®.
  - vii. Coordinates the movement of patients to the Loading Area with the Loading Officer.
  - viii. Deals with the security of the treatment area as needed.
  - ix. Gives periodic updates to the EMS Operations Officer.
- e. Loading Officer:  
Radio call name: Loading - navy blue ICS vest with Loading Officer logo  
(Will usually be the Duty Captain)
- i. Assigned by and reports to EMS Operations Officer. Dons navy blue vest and follows the position checklist.
  - ii. Identifies and marks Loading Area as near as practical to the patient treatment area using blue cones. Attempts to create a drive-through ambulance traffic flow pattern whenever possible to avoid ambulances backing up.
  - iii. Requests ambulances directly from the Staging Officer to respond to the Loading Area and assigns patients and hospital destinations to the ambulances.

Whenever possible deliver patients to EMS crews to avoid having EMS crews come to the patient.

- iv. Communicates with the hospital(s), each patient's status. Advise individual ambulance crews NOT to contact the hospital UNLESS patient status changes.
  - v. Communicates to hospital information from the SMART® tag Command Board:
    1. Patient Priority (by color) and Injury Type
    2. Patient Age
    3. Patient Sex
    4. SMART® Tag Number
    5. Transporting Unit Name, Number, and ETA
  - vi. Logs time ambulances left for hospital
  - vii. Retains the tear-away section of the tag for the SMART® Command Board to track the overall patient census and destinations.
  - viii. Requests a bus to the scene for transport of Priority 3 (Green tagged) patients as appropriate or to be used as a climate controlled holding area. If this transport mode is used an EMS provider should be assigned to monitor patients.
  - ix. Gives periodic reports to the EMS Operations Officer.
  - f. Staging Officer: Radio call name: Staging
    - i. The IC shall designate a Level 2 Staging Area for responding Ambulance Strike Teams and assign a Staging Officer.
    - ii. The Staging Officer is responsible for the tracking of uncommitted resources and assignment of resources based on request from EMS Operations or IC.
    - iii. The Staging Officer will be assigned a radio frequency to use for staging operations if needed (normally State Fire).
    - iv. The Staging Officer may request additional units through dispatch (consider another level of strike teams) to maintain a level of resources available for either the MCI event or other incident needs in the community.
- D. Hospital Destination:
- a. In Mass Casualty Incidents the hospital destination will be determined by REMIS based on information provided to them by the Loading Officer
- E. Documentation:
- a. For Mass Casualty Incidents, the crew shall enter as much information about the patient that is possible in an MCI log i.e., tag number, patient name/ID etc. One ePCR will be completed for the entire call.
  - b. A bus tracking form may be used as needed
  - c. The SMART® Commander will not be cleared until all necessary information is transferred to the ePCRs and/or fire report.
- F. Communications (see attached ICS-205 Form):
- a. On Scene: The IC will assign an operational frequency (usually Scarborough Fire Tactical).
  - b. Enroute to the hospital: Use Hospital or a cell phone.
  - c. Staging: The IC will assign the staging frequency (usually State Fire)
  - d. EMS Sector operations: Use EMS 1 or EMS 2 as assigned by IC.
- G. Media Relations:

- a. The release of any information to the media will be the responsibility of the IC or his designated PIO.
  - b. HIPAA regulations apply to PHI (Protected Health Information).
- H. Resources:
- a. Note the attached METRO Fire Chief's MCI (ambulance) Strike Team plan.
  - b. The Department also has access to the regional MCI trailer deployment plan. Each trailer is designed to handle 75 or more patients. These trailers are set up primarily to assist agencies with the basic on scene treatment and movement of patients.
  - c. The Department has elected to use the SMART® triage system. The SMART ®tags are stored on each ambulance, the Duty officer and D/C of EMS SUVs and S-7.
  - d. The SMART® Commander Patient tracking boards are stored on the Duty Officer and D/C of EMS SUVs and S-7.
  - e. The MCI kits are on each ambulance. These kits will contain the clipboards with the tasks and associated vests as listed within this policy.
  - f. The Trauma Intervention Program (TIP) is available to respond to MCIs to assist families and friends deal with the necessary initial emotional support that is needed as a result of these events.
  - g. The American Red Cross is available to assist with any relocation needs.
  - h. Consider the establishment of a Rehab Sector as needed
  - i. Consider decontamination if necessary due to a WMD/Haz Mat situation
  - j. Critical Incident Stress
    - i. MCI's can be one of the most stressful and demanding types of calls for even the most seasoned provider. It must be recognized that CISD must be an integral part of these calls as the need dictates.
    - ii. The Department has the ability to request its designated Chaplin and TIP.
    - iii. The Southern Maine EMS Critical Incident Stress Management team can also be contacted at: 207-791-7371 as needed.
  - k. Mobile or Fixed Morgue facilities:
    - i. If the incident produces a large number of fatalities that need to be kept on scene or nearby for a long period of time due to ongoing investigations, it may become necessary to provide for either mobile (refrigerated tractor trailers) or fixed (cafeteria or food storage facility) morgue facilities to be established.
    - ii. The authorization of morgue facilities should come from the Medical Examiner's office in Augusta.
  - l. Family Assistance Center:
    - i. A Family Assistance Center or Reunification Center may need to be established in order to deal with the families and victims of an MCI.
    - ii. If either of these is established, EMS presence should be required in a stand-by mode.
  - m. These incidents are rare and potentially emotionally demanding. Members should expect that an After Action Review (AAR) will be conducted and that some form of Critical Incident Stress Debriefing (CSID) will be offered.

## **RESPONSIBILITIES**

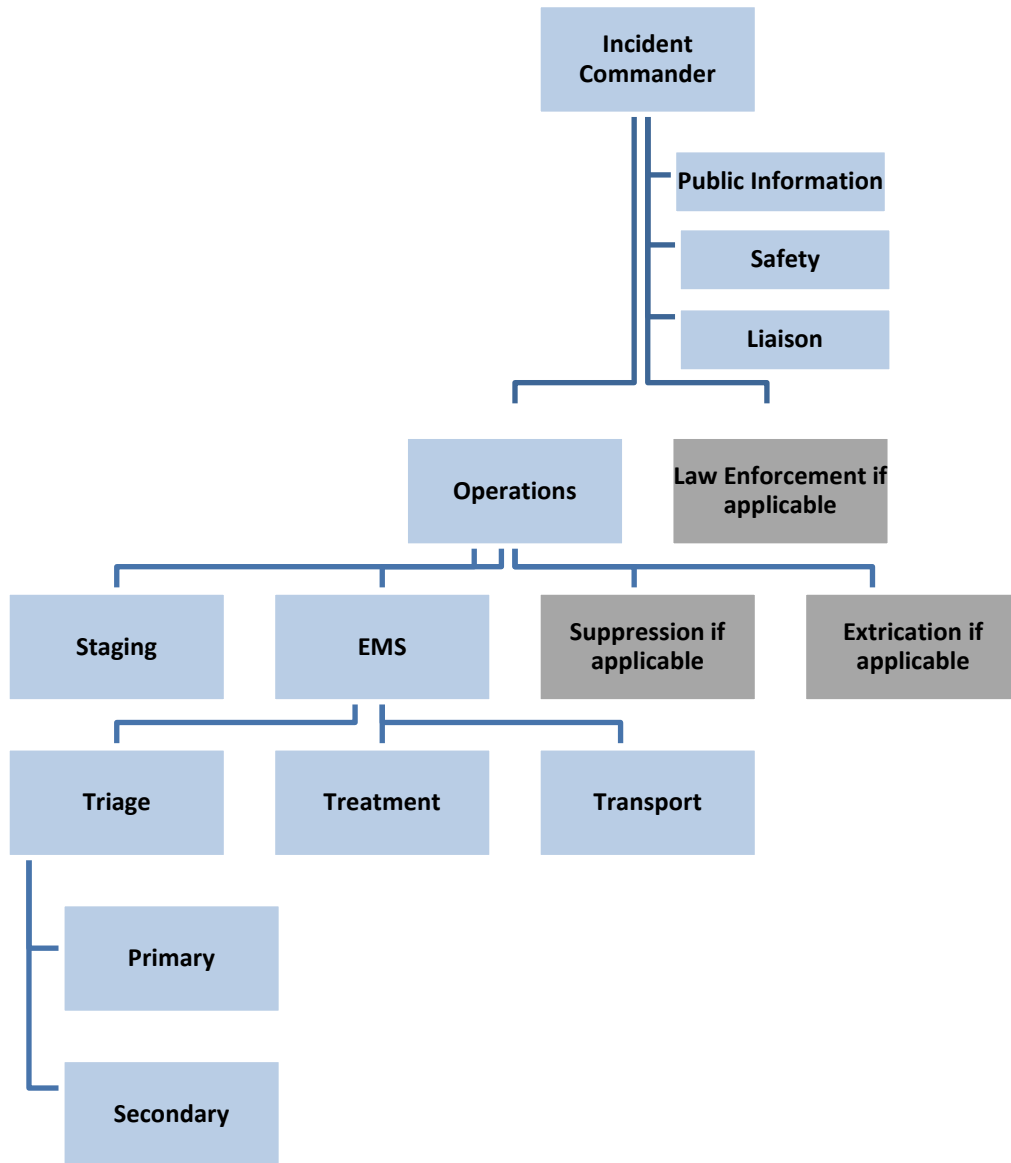
- A. It is the responsibility of every department member to be familiar with this guideline.

- B. It is the responsibility of EMS crews assigned to each ambulance and the Duty Officer to be knowledgeable of the specific EMS Branch functions and the accompanying task sheets, vest, and their locations.
- C. It is the responsibility of the Incident Commander to be familiar with these guidelines and assign the EMS Operations Officer who in turn will assign the remaining EMS Branch officers as needed.
- D. It is the responsibility of the Incident Commander to assign other related branches and divisions such as Operations, Extrication, Staging, Public Information, and any related EMA functions as well as coordinate with law Enforcement as necessary.
- E. It is the responsibility of the Incident Commander to obtain necessary resources as requested by the EMS Operations Officer.
- F. It is the responsibility of all members to realize they may be requested to provide information regarding the potential crime scene investigation that may follow the treatment and transport phase of these calls. Patient care should remain the primary focus of our mission, however whenever possible minimizing the disruption of the scene could be helpful.

#### **REFERENCES**

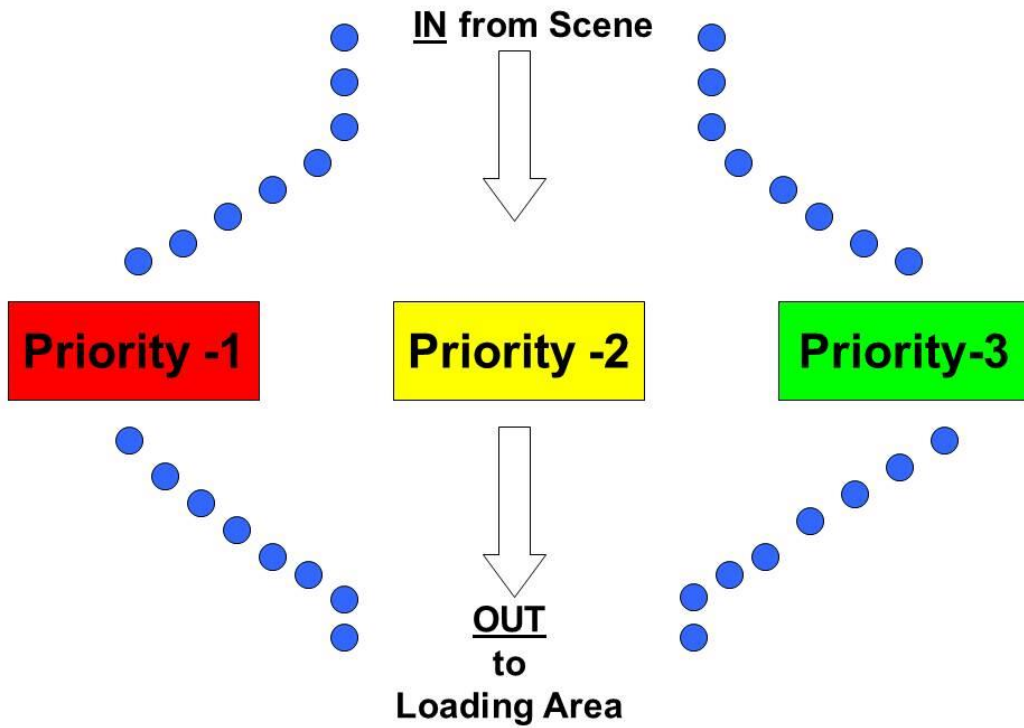
- A. Maine EMS Protocols
- B. SMART Triage program
- C. New England EMS Council on MCI response
- D. SOP # 1125 NIMS

**Typical ICS Organizational Line Chart for an MCI Operation**

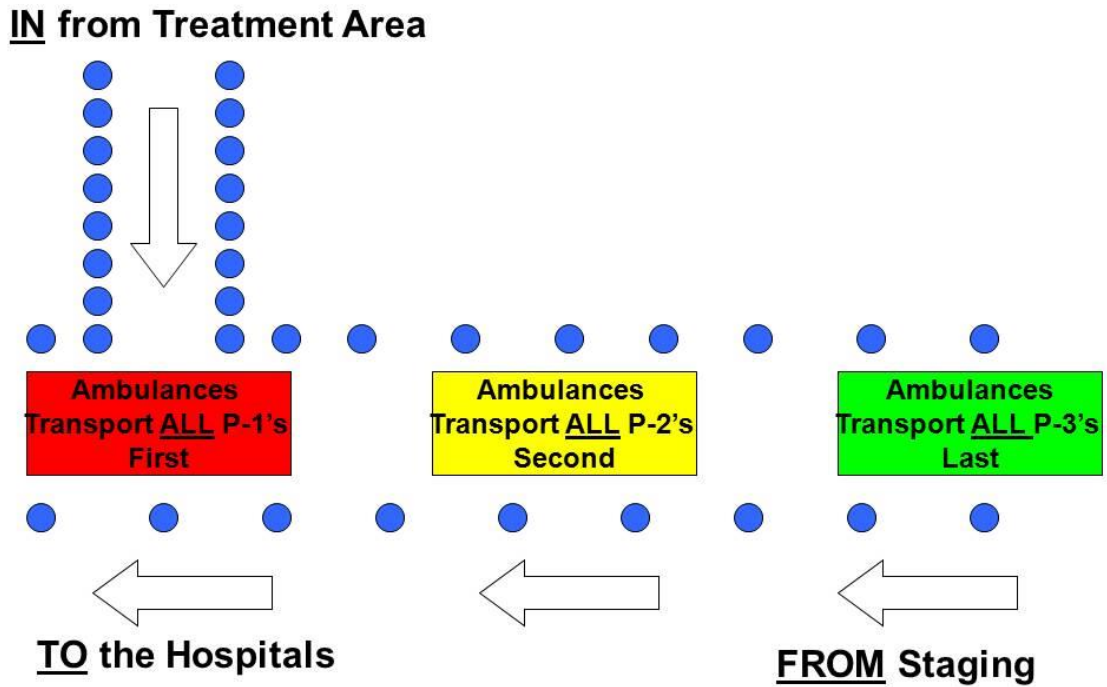




## Treatment Area Layout



## Loading Area Layout



***SCARBOROUGH STRIKE TEAM LIST***  
***(Ambulance)***

**COMMUNICATIONS CENTER VERSION**

11-03-2010

<b>TIER 1</b>	<b>Scarborough A-1</b>	<b>Scarborough A-2</b>	<b>Scarborough A-3</b>
<b>TIER 2</b>	<b>South Portland</b>	<b>Old Orchard</b>	<b>Gorham</b>
<b>TIER 3</b>	<b>Portland</b>	<b>Saco</b>	<b>Westbrook</b>
<b>TIER 4</b>	<b>Cape Elizabeth</b>	<b>Buxton</b>	<b>Biddeford</b>
<b>TIER 5</b>	<b>South Portland</b>	<b>Gorham</b>	<b>Portland</b>
<b>TIER 6</b>	<b>Falmouth</b>	<b>North East</b>	<b>Standish</b>
<b>TIER 7</b>	<b>Cumberland</b>	<b>North East</b>	<b>Windham</b>
<b>TIER 8</b>	<b>Old Orchard</b>	<b>North East</b>	<b>Westbrook</b>
<b>TIER 9</b>	<b>Cape Elizabeth</b>	<b>Kennebunk</b>	<b>Portland</b>
<b>TIER 10</b>	<b>Cumberland</b>	<b>Freeport</b>	<b>Yarmouth</b>

<b>Incident Radio Communication Plan</b>			1. Incident Name	2. Date/Time Prepared	3. Operational Period	
			MCI		Date/Time	
<b>4. Basic Radio Channel Utilization</b>						
Radio Type	W/N	Channel Alpha Display	Function	RX Frequency	TX Frequency	Remarks
N		SCAR FD	Primary Disp	R-154.130 PL 192.8	T-153.905 PL 114.8	Local Community Frequency Disp
N		SCAR TAC	FD Ops	155.775 PL 156.7		Incident Management
N		SF 310	Staging	154.31		State Fire Frequency
N		SCAR PD	LE	R-160.125 PL-192.8	T-155.415 PL 192.8	Law Enforcement Local
N		NWCC	LE- OPS	155.475		LE Operations
N		EMS 1	EMS Use	155.385		EMS Division (Triage)
N		EMS 2	EMS Use	155.16		EMS Division (Loading)
N		HOSP/REMIS	EMS Use	R-155.325	T-155.325 PL- 82.5	EMS Hospital Communications
N		County Fire	IMAT/Back-up	155.6250 PL-107.2	160.4550 PL 107.2	FD Operations IMAT
N		County Law	LE	R-154.8750 PL-107.2	T-160.5450 PL-107.2	LE Operations IMAT
N		CHF 265	IMAT	154.265		Function TBD by Incident Command
5. Prepared by (Communications Unit) G Sandler						

## **Position Checklist - EMS OPERATIONS OFFICER** **(Stays in one location, does not move around)**

- Assigned by and reports to Incident Commander. Dons White vest, follows this checklist and provides periodic updates to IC
- Is responsible for the overall emergency medical operations to include but not limited to: patient triage, treatment and transport. Identifies problem areas, requests and assigns resources as needed
- Consider deploying the closest MCI trailer if necessary
- Considers requesting an ER MD familiar with EMS operations to the scene for treatment area support
- Make initial and ongoing communications with REMIS (Regional Emergency Medical Information Service – 207-662-2950) to inform and update them on the estimate of casualties and on the overall status of the incident
- Assigns and supervises all other EMS Branch personnel:
  - Primary Triage Officer \_\_\_\_\_
  - Secondary Triage Officer \_\_\_\_\_
  - Treatment Officer \_\_\_\_\_
  - Loading Officer \_\_\_\_\_

## **Position Checklist – PRIMARY TRIAGE OFFICER** **(Generally the Paramedic on the 1<sup>st</sup> in ambulance)**

- Assigned by and reports to EMS Operations Officer. Dons light green vest and follows this checklist
- Upon completion of tasks, may be reassigned to Treatment Area
- Begin the triage process by stating: “Anyone who can walk, please move to (designate a location)”.
- Rapidly assesses all patients and assigns transport priority using the SMART® Triage algorithm.
- May elect to use SMART® tabs or other approved tag.
- Provides immediate treatment to life threatening emergencies *limited to*:
  - Bleeding – apply pressure
  - Airway -- reposition patient’s airway
  - Shock -- elevate extremities
- Provides initial approximate patient count and priority to EMS Operations Officer
- Works with Secondary Triage Officer to carry out triage and tagging of patients
- Assigns and supervises arriving personnel to provide immediate treatment of life threatening illness or injuries.

## Position Checklist – SECONDARY TRIAGE OFFICER

(Generally the A-EMT assigned to the 1<sup>ST</sup> in ambulance)

Assigned by and reports to Primary Triage Officer. Dons dark green vest and follows this checklist

Along with Primary Triage Officer, triages patients by:

1. Viewing all patients
2. Classifying all patients according to their need for treatment and transport using the SMART® Triage algorithm and applies SMART® tags or approved tags
3. Supervises and coordinates with the Treatment Officer to efficiently transfer the patients to a Treatment or Loading area.

SMART Tag color coding system is as follows:

Category	Color	Indication
<b>1</b>	<b>Red</b>	<b>Rapid Transport</b>
<b>2</b>	<b>Yellow</b>	<b>Delayed Transport</b>
<b>3</b>	<b>Green</b>	<b>Last to be Transported</b>
<b>0</b>	<b>Black</b>	<b>Clinically Dead</b>

## **Position Checklist - TREATMENT OFFICER**

**(Generally the Paramedic on the 2<sup>nd</sup> in ambulance)**

- Assigned by and reports to EMS Operations Officer. Dons yellow vest and follows this checklist
- Requests personnel to staff the treatment areas from the EMS Operations Officer
- Establishes and Supervises: the patient treatment areas with the 4 colored triage tarps, flags, cones and barrier tape found on Squad 7, overall patient care, the assignment of personnel based on need vs. license level and supplies for patient care.
- Security of the Treatment Area must be accounted for and dealt with as needed.
- Using the colored tarps (etc.) the treatment area should be set up such that the Red area is closest to the Loading Area followed by the Yellow and then the Green. Whenever possible, the Green area should be spaced away from the Red and Yellow areas. The Black areas should be completely remote from any treatment area.
- Conducts or oversees ongoing triage within the Treatment Area and records patient info on SMART Tag®.
- Coordinates the movement of patients to the Loading Area with the Loading Officer.
- Gives periodic updates to the EMS Operations Officer

## **Position Checklist - LOADING OFFICER**

**(Generally the Duty Officer)**

- Assigned by and reports to EMS Operations Officer. Dons Blue vest and follows this checklist
- Identifies and marks Loading Area adjacent to patient Treatment Area using blue cones. Attempts to create a “Drive-Through” ambulance traffic flow pattern whenever possible
- Requests ambulances to Loading Area directly from Staging Officer and assigns patients and hospital destinations to ambulances (whenever possible bring patients to EMS crew, not EMS crew to patient!)
- May request supplies from incoming ambulances be stockpiled
- Communicates with the hospital(s), each patient’s status (Advise individual ambulance crews NOT to contact the hospital UNLESS patient status changes)
- Information from SMART tag to share with hospital:
  - Tag Number
  - Patient Sex and Age
  - Patient Priority and Injury Type
  - Transporting Unit Name, Number and ETA
- Logs time ambulances left for hospital
- Retains the tear-away section of the tag for the SMART® Command Board to track the overall patient census and destinations
- Requests as appropriate, a bus to the scene for transport of Priority 3 (Green tagged) patients or to be used as a climate controlled holding area.
- Provides periodic reports to the EMS Operations Officer