STANDARD OPERATIONAL PROCEDURE

Baltimore | County | Fire | Department |

S.O.P. #: TACTICAL OPERATIONS MANUAL - 30
SUBJECT: MULTIPLE CASUALTY INCIDENT RESPONSE
DIVISION: EMERGENCY OPERATIONS

Objective: To provide a standardized systematic response for Multiple Casualty Incidents (MCI). This S.O.P. is intended to expand and contract as necessary depending on the incident type and the total number of patients.

Goal:

Effective use of the Incident Command System to ensure an organized and effective use of resources and effective transportation of patients.

Section 1: Definition

A Multiple Casualty Incident occurs when the number of victims exceeds the number of medical personnel or resources immediately available and is declared by the local jurisdiction.

Section 2: Response Profile

1. First Alarm MCI
   a. 1 Battalion Chief
   b. 2 EMS District Officers (Notification of EMS Shift Commanders)
   c. 3 Engines/Truck/Tower/Rescue
   d. 6 Transport Units (any level)
   e. Safety Officer
   f. SORT 50
   g. Command engine

   - Upon on-scene confirmation of an active threat situation with multiple patients, the Incident Commander should consider the dispatching of a 2nd MCI alarm.

2. Additional Alarms MCI

   a. 1 BC
   b. 3 Engine/Truck/Tower/Rescue
   c. 6 Transport Units (any level)
   d. 1 District Officer

Section 3: Utilization

1. A First Alarm MCI would be appropriate for an incident requiring large numbers of porters/liter bearers to move patients or when more providers are needed to manage/provide care.
2. Additional resources e.g. ambulances can still be requested as needed.

Section 4: Incident Command

1. BIR/360/Incident Command/ Unified Command in accordance with S.O.P. Tactical 7
   a. Establish Medical Group

b. Establish Staging Group and Staging location
c. Establish Casualty Collection Group
d. Establish Triage/Treatment Group
e. Establish Transportation Group

2. Immediate Hazard Mitigation
3. Identify and develop access/egress points for transport units
4. Consider dispatching an engine to the involved hospitals to receive patients and assist in freeing up the transport unit to report back to the incident scene.
5. Consider requesting Emergency Operations Center (EOC) activation

Section 5: Division/Branch/Group Functions

A. Medical Group/Branch

1. Oversight of EMS operations/must be staffed
    a. EMS operations include:
        i. Triage/Treatment,
        ii. Casualty Collection
        iii. Transportation
2. Communicate with MDO/EMRC/Syscom and local facilities
3. EMRC may hold a consult channel for the necessary duration of the MCI
4. Notify EMRC that an MCI has been declared. Provide EMRC with the following information:
    a. General type of incident
    b. Incident location
    c. Age range of patients
    d. Estimated number of patients by triage status
    e. Approximate number of causalities
    f. Any hazardous materials involved

B. Triage Group

1. Establish Triage Group Supervisor
2. Initial triage will be conducted utilizing the SALT (Sort, assess, live saving interventions, treatment and/or transport) method.
3. Triage Ribbons will be placed on all patients.
    a. IMMEDIATE/Red
    b. DELAYED/Yellow
    c. MINOR/Green
    d. Expectant/Black
4. Utilize rapid deployment triage bags to perform life-saving interventions.
5. When all patients have been triaged and life- saving interventions performed, the Triage personnel will begin extricating victims to the casualty collection point.
6. The Triage group can request additional resources to extricate victims.
7. Communicate total number of casualties and priorities to group supervisors.
8. Triage Tags shall be utilized when appropriate.

C. Casualty Collection Group

1. Establish a Casualty Collection Point Group Supervisor.

2. The casualty collection point should be located so that patient flow is effective and ultimately feeds to the transportation area.
3. The casualty collection point should be secure and attempt to protect both providers and patients from environmental factors and media.
4. Receive casualties from Triage Group and reassess interventions.

D. Transportation Group

1. Work with staging officer to ensure adequate transport units and appropriate access/egress.
2. Utilize transportation tracking form
3. Determine appropriate transport destination for transport units (taking into account of priority, age, and any specialty referral)
4. Maintain patient accountability for family reunification and other purposes
5. Coordinate through EMRC/MDO the patient destination, and communicate the number of patients, general illnesses, ages, and triage category on each transport unit as they leave the scene to the receiving facilities
6. If a central point of contact cannot be established, individual transport units MUST communicate the above information individually through EMRC to the receiving hospitals during transport. Those units must announce that they are associated with the MCI or unusual event

Section 6: Staging

A staging location shall be identified by the first arriving unit. A staging officer shall be established as soon as practical to coordinate staged apparatus, equipment, and personnel. The staging location should be convenient to the incident and not hinder access or egress. Consider law enforcement to secure the staging area if needed.

Report arrival to IC

1. Assume control of the apparatus and personnel staging areas
2. Maintain situational awareness at all times.
3. **Determine and plan for quick access and egress routes for all involved units supporting the incident.**
4. Identify and appoint a scribe to document units, personnel, MCI equipment and special services in staging
5. Consider alternative transport units, i.e. Brush units, Fire Apparatus, special units.
6. For large scale MCI incidents consider recycling transport units

APPENDIX 1: Additional Resources

A. Local Additional Resource Considerations

1. BWI MCI Trailer
2. Baltimore City MCI Trailer
3. Howard County Ambulance Bus
4. Anne Arundel County Ambulance Bus
5. Harford County MCI Trailer
6. MTA Comfort Bus
7. FRA Bus
8. Volunteer Buses and ATVs
9. Go-Team
10. Associate Medical Directors and Fire Surgeons
11. MSP Aviation

12. MIEMSS
13. Decon 54
14. Rehab Units
15. E/M Shift and Bariatric Units
16. Emergency Management

B. Region III Health and Medical Task Force
    1. Consider for long term incidents. Requested through local HSEM (Homeland Security/Emergency Management) by a Chief Officer.
    2. Provides additional medical equipment, portable structures, and electronic equipment (patient tracking, communications etc). A logistics truck and personnel are required.
    3. Alternate Care Site (Reserved use for pandemics, and other long term disasters)

C. National Disaster Medical System (NDMS) Response
    1. Federal resource that can provide disaster medical, mortuary, and veterinary care.
    2. This is reserved for long term disaster response and requested through HSEM to MEMA.