



EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Approved 9/12/18, Effective 1/15/19, replaces all prior versions

15A – MULTIPLE PATIENT SCENES/ MASS CASUALTY EVENT CONCEPTS

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

A Multi-Patient Scene (MPS) occurs when an incident involves more than one patient, but less than 5 critical patients and less than 10 total patients.

A Mass Casualty Incident (MCI) occurs when an incident involves several patients, specifically including five or greater critical patients or ten or more total patients, regardless of patient priority composition.

Incident command at multiple patient scenes (MPS) or mass casualty incidents (MCI) will be assigned according to the National Incident Management System (NIMS) guidelines and a unified command team consisting of representatives of police, fire, and EMS should be rapidly assigned and coordinated to ensure safe, efficient, and effective operations.

Multi-Patient Scene Tasks:

1. Initial Size-up Actions: (these are the same for Mass Casualty Incidents)
 - a. Park initial arriving apparatus in safe location at scene perimeter to avoid loss of its availability/use.
 - b. Advise dispatch:
 - i. Incident location (if different from initial dispatch)
 - ii. Incident type (transportation accident, fire, etc. if different from initial dispatch)
 - iii. Estimated number of patients.
 - iv. Numbers & types of additional resources needed.
 - v. Any hazardous conditions (weather, electrical, structural, toxic chemicals, etc).
 - vi. Identify a “HOT ZONE”/“Immediate Danger Zone” if applicable
 - vii. Best route & access to scene (if appropriate).
 - viii. Staging area location (if staging indicated).



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Multi-Patient Scene Tasks, cont.:

- c. Check in with Incident Command to determine ICS role. The medical treatment and transport of injured patients will normally be done through the position of Medical Branch Director and subordinate positions headed by Group Supervisors. However, the Incident Commander will determine which positions, if any, he or she feels needs to be filled.

2. Medical Branch Director:

- a. Reports to the Operations Section Chief.
- b. Don identification vest for position
- c. Establishes Triage, Treatment, and Transport Areas (if indicated) and assigns individuals to the role of Group Supervisors (unit leader) for each area.
- d. Maintains adequate span of control within Medical Branch
- e. Establish appropriate EMS communications with appropriate response elements (ie. Annex H, MERC, staging, logistics,)
- f. Establish and maintains communications with assigned Group Supervisors (unit leader)
- g. Oversees the triage, treatment, transportation and accountability of patients created by incident.
- h. Monitors the potential or actual effect of the incident on the existing medical infrastructure and communicates such with the Operations Section Chief, MERC, and/or Annex H
- i. Determines resource requirements to meet the medical needs of the incident and communicates needs to Operations Section Chief or designated response element.
- j. Determines the need for specialized medical resources and processes requests for such elements through appropriate channels.
- k. Provides situation updates and reports to the Operations Section Chief, MERC, and/or Annex H

3. Group Supervisor (Unit Leader):

- a. Establishes Area to perform assigned tasks
- b. Determine resource and staffing needs for Area of responsibility and communicates needs to Medical Branch Director
- c. Follows assigned duties as outline in Agency Plan, Task Cards, or Job Action Sheets.
- d. Provides situational updates and reports to the Medical Branch Director
- e. Establish communications with the Medical Branch Directors and other needed response elements.
- f. Monitors safety and welfare of patients and assigned personnel
- g. Ensures patient tracking and accountability of injured patients in assigned Area.



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Mass Casualty Incident Tasks, con't:

Triage Area Tasks:

1. Initial triage is at casualty locations unless hazards indicate that rapid extrication or casualty self-extrication should occur to a designated area safe for triage operations. In some instances, the use of priority-specific colored tape (red, yellow, green, black/blue) may be utilized to mark patients in the absence of readily usable triage tags.
2. Perform first pass (initial) triage. Do not perform any treatment in first pass triage other than very quick, simple and extremely urgent measures (i.e., open the airway by positioning). Move quickly to ensure all casualties are identified and triaged to minimize loss of life and limb.
3. Attach tag to patient using the string loop directly on their body. Over the head or on the upper arm works well. The left extremities should be utilized unless extremely injured. This will make it easier to utilize the triage tag during transport.
4. Use a reliable method to count the number of patients in each category. This information will need to be relayed to the Triage Group Supervisor (Unit Leader) officer, and in turn, the Medical Branch Director.
5. Direct ambulatory patients to the GREEN Treatment Area when it is established. Use discretion in allowing GREEN patients to assist in caring for the YELLOW and RED patients while those more serious casualties are awaiting extrication to the treatment areas. ALL persons involved in the incident are to be triaged and tagged - those without apparent injuries should be tagged GREEN.
6. Report number of casualties in each category and in total to the Triage Group Supervisor (Unit Leader).
7. Repeat triage sequence when possible and note changes in any casualty's condition. Perform a more detailed assessment, provide treatment, and write-in information on the tag while casualties are being extricated to the Treatment Area.



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Mass Casualty Incident Tasks, con't:

Treatment Area Tasks:

1. Establish treatment area in consultation with the Medical Branch Director regarding location. Think BIG to allow adequate space to treat casualties. Ensure the location promotes relative ease of ambulance loading and egress.
2. Request, assign, utilize, and oversee appropriate clinical personnel caring for patients.
3. Assemble into crews of at least 2 personnel equipped with a backboard and straps for assignment by the treatment officer to perform BASIC packaging and extrication of triaged casualties into the Red, Yellow, and Green treatment areas. The treatment officer may choose to have separate personnel perform treatment once inside the Treatment Area, depending on the logistics of the particular call. All persons involved in the incident triaged Green due to very minor or no apparent injury are to be kept in the Green Treatment Area until more fully evaluated. These individuals will be released at an appropriate time by the Transport Group Supervisor (Unit Leader). Depending on the circumstances, the Green casualties may be transported early or in large groups using alternative transport means
4. On the clinical side of the triage tag, circle injuries on the body diagram (if present), note the BP, pulse, and respirations. Note any IM or IV medication given and the time it was given. On the administrative side of the tag, note the time, date, patient name, address, city, state, and past medical history and prescriptions. Record the primary EMS caregiver.
5. If a casualty's condition worsens (e.g. Yellow to Red; Green to Yellow) inside the Treatment Area, apply a new triage tag indicating the more serious condition (leaving the original tag in place to indicate a change in condition occurred) and move the patient to the appropriate location in the Treatment Area. Notify the Treatment Group Supervisor (Unit Leader) of any change in casualty condition so that this may be recorded for overall patient accountability and reported to the Medical Branch Director.



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Mass Casualty Incident Tasks, con't:

Transportation Area Tasks:

1. Establish patient loading zone. Consider proximity to treatment area and ambulance approach AND exit routes. Establish ambulance traffic routes that prevent ambulances from having to back-up to load patients. This makes for safer and more efficient transport operations. While multiple ambulances may be in staging, minimize the number of ambulances in the immediate load zone. This makes for more accurate and efficient transport operations. Work with staging to ensure at least 1 ambulance is always in the loading zone. Ensure vehicle operators stay with their ambulances to ensure as soon as patients are loaded, the ambulance leaves.
2. Assign Unit Leaders to appropriate needed subordinate roles such as tracking and communications. The Transportation Area will likely require the coordinated effort of several people and can quickly overwhelm one individual. Loss of patient accountability can be the result of an inadequately staffed Transportation Area.
3. Communicate with Treatment Group Supervisor (Unit Leader) when ambulances are available for transport. **NO MORE THAN ONE CATEGORY RED PATIENT PER AMBULANCE.** May take another patient if yellow/green in category.
4. Supervise the assignment and loading of patients into available transport.
5. Communicate with response elements (Annex H, MERC, Communications Center) to determine hospital capacity and appropriate destination of patients based upon clinical condition(s) and vehicle operator familiarity with destination.
6. Consider the use of alternate means of transportation if indicated (busses, specialty vans)
7. Before patient leaves the scene to destination, the accountability process should be completed by whatever means being used (triage tag identifier slip, patient log).
8. Notify the Medical Branch Director when all patients have been cleared from the scene and transported. Maintain and secure records for the Medical Branch Director and secure the patient loading area.



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Mass Casualty Incident Tasks, con't:

Staging Group Supervisor Tasks:

1. If not already established and/or determined by Incident Command, establish staging area for medical transportation resources. Staging area should be an area large enough to contain numerous transportation assets, be far enough away so units don't get caught in incident, but close enough to loading zone to allow for short drive times.
2. Select and communicate a desired travel route for resources assigned to the Staging Area. This route should allow for easy access, but should take units away from the impacted area.
3. Staging Area for medical assets may be co-located with staging for other response assets, or may be a stand-alone area, depending on the desire of the Incident Commander. If co-located with other response assets, ensure medical assets are grouped together for accountability and an accurate assessment of available resources.
4. The Staging Group Supervisor (Unit Leader) should coordinate an orderly arrangement of arriving apparatus to allow for ease of ambulance ingress to the transport loading zone. Medical equipment assets (cache, trailers) should also be organized to allow for rapid deployment upon request.
5. The Staging Group Supervisor (Unit Leader) or the officer's designee should maintain a log of available resources in staging and communicate with the Medical Branch Director resource levels as appropriate and as requested by the Medical Branch Director.
6. The Staging Officer or the officer's designee should assure ambulance or specialty transport crews stay with their assigned vehicles to assure rapid availability of the asset when requested at the transport loading zone.
7. Deliver equipment needed in the treatment area that is requested from staging in an organized cache with a minimum of personnel leaving the staging area to deliver this equipment. Alternatively, all the requested equipment may be sent to the treatment area on one designated vehicle.
8. Assign and deploy transportation assets to the loading zone(s) per the request of the Medical Branch Director or the Transportation Group Supervisor depending on the established communication pathways.



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Mass Casualty Incident Tasks, con't:

Mass Casualty Medical Communications:

1. Medical communications during a mass casualty incident, like all other incident communications, are of critical importance and often will determine the level of effectiveness and success of the operation. Basic communication principals should be used during an incident.
 - a. Use of interoperable radio channels so all agencies are able to communicate.
 - b. Following the overall incident communications plan established by the Incident Commander.
 - c. Establishing assigned, clear, and understood lines of communications; who will communicate with whom, for what reason, and by what method.
 - d. Use of multiple and redundant means of communications including, but limited to, radio, data, phone, runners, face-to-face, and even hand signals.
 - e. Preparation for communications failure and immediately switching over to one of the established redundant communication means.
 - f. Ensuring communications sent receive a response of some manner to ensure the loop has been closed.
2. Medical communications from the scene of an MCI, depending on complexity and command structure, often involves up to three different levels of communications:
 - i. Communications (internal) with other Incident Command System elements
 - ii. Operations Section Chief or designee(s)
 - iii. Unified Command medical representatives
 - iv. Logistics, Planning, Admin/Finance if appropriate
 - b. Communications (internal) within the scene medical response infrastructure
 - i. Triage, Treatment, Transportation, Staging Group Supervisors
 - c. Communications (external) with local, county, or regional medical coordination entities
 - i. Local Emergency Response Coordinator (LERC)
 - ii. County Public Health Annex H Representative
 - iii. Medical Emergency Response center (MERC)
3. After assigning support positions, one of the first activities of the Medical Branch Director should to establish redundant communications pathways with the ICS structure, subordinate Group Supervisors (Unit Leader), and other medical response elements by:
 - a. Obtaining the ICS Communication Plan (incident channels etc).
 - b. Determine reporting lines and redundant means of communication with Groups Supervisors (Unit Leader). Example: Transport requesting assets through Medical Branch or directly to Staging.
 - c. Establishing and communicating manner for all communications acknowledgments.
 - d. Establish communications via radio, e-mail, or phone with outside medical coordination entities
 - e. Advise the ICS infrastructure of communication pathways for incorporation into updated ICS communication plan.