

Managing the Mass Casualty Incident

Command Action Guidelines

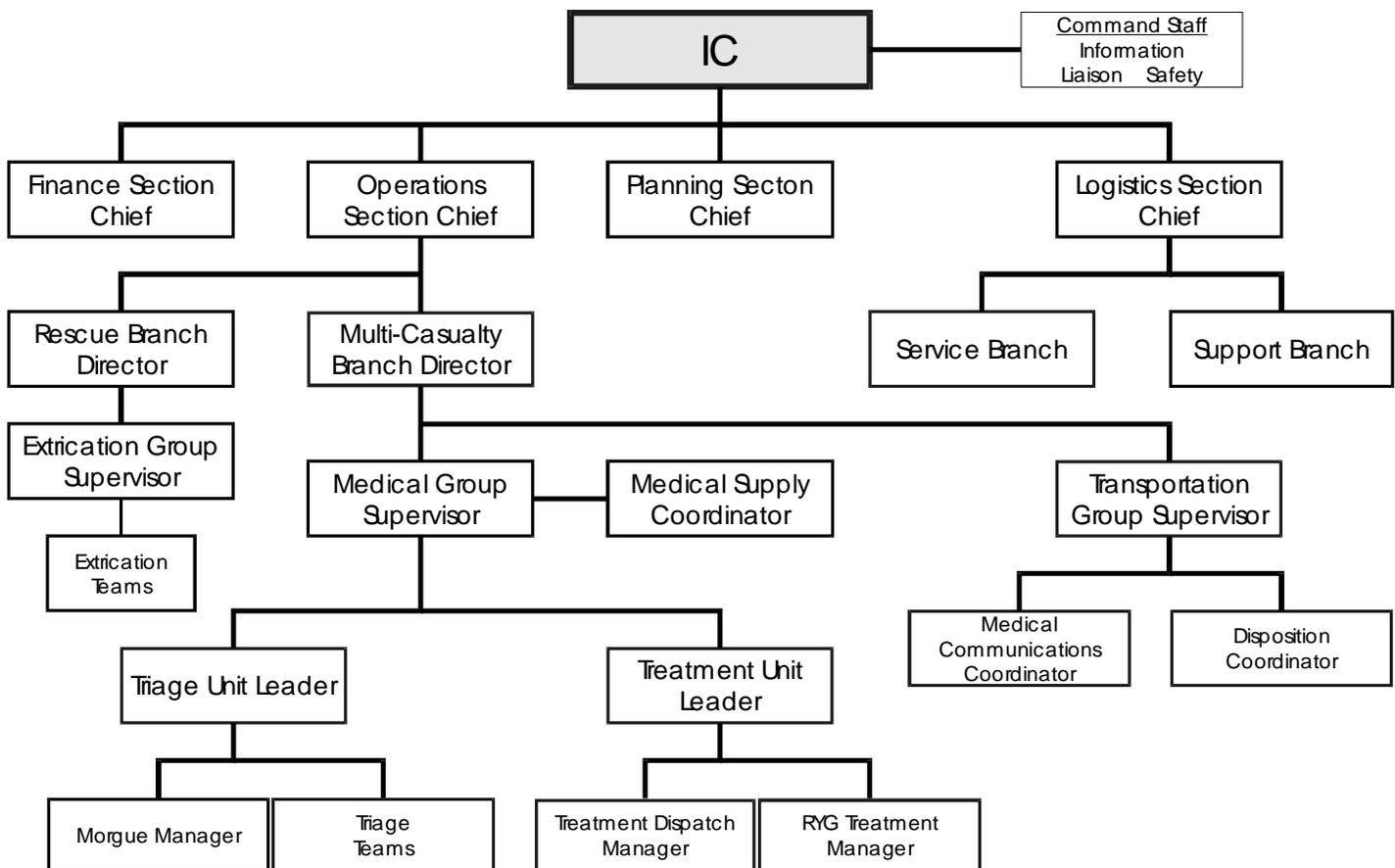
EFFECTIVE MANAGEMENT OF A MASS CASUALTY INCIDENT (MCI) REQUIRES RAPID TRIAGE AND STRONG COMMAND EARLY IN THE INCIDENT.

- Quickly scan the scene for hazards to fire/rescue personnel and civilians.
- Determine the level of PPE (personal protective equipment) needed and inform all personnel through ECC. (Do not overlook command and staff.)
- Rapidly estimate the number of patients:
 - Priority 1(red) •Priority 2(yellow) •Priority 3/4(green) •DOA(black)
- Quickly establish COMMAND, placing the command post upwind and upgrade. Use a mobile command center or fixed facility, away from direct involvement with casualties and operational personnel. Wear command vest and assign other vests.
- Request additional resources based on ANTICIPATED need. Order Big And Order Early:
 - additional EMS units command support police manpower units HazMat
 - medevac helicopters extrication units MCSU hospital teams PIO
 - MAB other buses (for ambulatory patients) CISM team
 - EMS Task Force (5 transport units, 2 paramedic engines, 1 additional ALS resource, EMS Duty Officer, Command Officer)
 - Fire Task Force (2 engines, 1 truck/tower, and 1 command officer)
- Direct walking wounded and those that do not appear injured to an assigned area. Assign a company to them ASAP.
- Quickly establish a Multiple Casualty Branch. Assign division/group supervisors and assign staff to build-out functions managed by unit leaders. Do not allow yourself to be overwhelmed by the incident. Delegate functions early. (Sample command structure on reverse)
- Alert the Emergency Medical Resource Center (EMRC) early. Have them coordinate the distribution of patients and notify hospitals about casualties who may be arriving by other means (e.g., POV's).
- Assign separate channel for groups and divisions to improve control and efficiency
- Request the Collapse Rescue Team to set-up portable tents to serve as field hospitals and to set-up field communication systems.
- Assign hospital teams to staff and manage the field hospital(s).
- Request the senior ranking law enforcement officer to report to and remain at the command post to coordinate: scene control/access evacuation other law enforcement agencies scene security (possible crime scene)
- Consider using a task force for a specific function (e.g., command support, safety, triage, extrication, treatment, etc.)
- Take steps to activate the Emergency Management Group (EMG) early to assist in mobilizing local, state, and federal assets.
- Assign a manager to mobilize apparatus using a one-way flow through the incident.
- Shelter those affected in HIGH SCHOOLS. Utilize a Church or warehouse as a temporary morgue.

- Consider nature of incident and need for DECON (refer to DECON Guide).
- Establish REHAB and crisis management for first responders.
- Establish a human services group to help meet the needs of those affected by the incident.

EMS Considerations

- Quickly conduct primary triage and apply ribbons (red, yellow, green, black).
- Have bystanders and Good Samaritans assist in moving patients/walking wounded.
- Establish treatment areas/secondary triage based on priority. Assign treatment teams.
- Consult with base hospital only. Limit communications.
- Check/triage walking wounded and others involved in incident when time and resources permit.
- Account for all persons involved in the incident.



© April, 1997—Revised March 2015 Montgomery County, Maryland Fire and Rescue Service. This action guide may be reproduced by fire, rescue, law enforcement, and hospital personnel. Reproduction for commercial use must receive expressed written permission from the Fire Chief.

100 Edison Park Drive • 2nd Floor • Gaithersburg, MD 20878 • 240-777-2400

Isiah Leggett
County Executive

Scott Goldstein
Acting Fire Chief