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.

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