



MCI Initial Considerations

- Plan for the incident within the incident
- Declare MCI & Notify EMRC
- Alert nearby hospitals for potential of walk in patients
- Request resources (MAB, MCSU, Decon, EMS DO, etc) and establish staging area
- Establish Triage, Treatment, Transport Unit Leaders and assign appropriate resources
- Declare patient accountability method (ribbons, tags, short forms, etc)
- Consider dispatching a paramedic engine to the closest hospital for initial support

Acts of Violence/Active Shooter/Terrorism Law Enforcement Event

- Consider secure talk group (i.e.73C)
- Establish Unified Command; develop and coordinate objectives
- Crime Scene – be cautious; reminder - everything is evidence
- Be aware of additional threats or devices
- Ensure all patients are searched for weapons
- Identify Hot Zones, Warm Corridor(s) and Cold Zones
- Identify Casualty Collection Point (CCP)

Medical Communications Coordinator

- Contact EMRC and describe the incident. Include type, location, approximate patient count (by priority if possible) and request call down of hospitals.
- Document bed availability from EMRC
- Communicate availability to “Transport Recorder”
- Receive transport record ticket from “Transport Recorder”
- Communicate information to hospital. (Unit; jurisdiction and number; number of patients with priority of each)

Transport Recorder

- Coordinate with “Transport Unit Leader” on patient transport
- Receive patient ticket from ambulance driver
- Discuss next available hospital, appropriate for patient(s), with “Medical Communications Coordinator”
- Tell driver destination and confirm directions
- Write: Destination and Time Out on Transport Record Ticket.
- Give Transport Record Ticket to “Medical Communications Coordinator”
- Receive ticket back from “Medical Communications Coordinator”after hospital notification
- Track available beds at hospitals
- Place Transport Record Ticket on Hospital Destination Logs and note time

Triage Unit Leader

- Ensure Triage location(s) known to all
- Direct walking wounded to designated area
- Determine resource needs - 1 triage team (2 personnel) per 10 patients - 4 litter bearers
- Coordinate activities with other operating units and groups
- Consider need to establish morgue
- Report to the next level of Command when all patients have been moved to the designated treatment area and a final count of patients triaged is made
- Maintain incident documentation as needed
- Terminate triage activities and reallocate assigned resources as directed by next level of Command

Treatment Unit Leader

- Declare Treatment location
- Determine the resources required for the treatment of patients and report the needs to the next higher level of Command.
- Assign Treatment Area Managers
- Implement appropriate accountability process
- Everyone assessed, treated or transported must have a patient care report

Day to Day, Normal to Expanded Operations

- Immediate/Red - 2 ALS, 1 BLS per patient - 4 litter bearers
- Serious/Yellow - 2 ALS per 5 patients - 1 BLS per 3 patients, 4 litter bearers
- Delayed/Green - 1 BLS per 3 patients

Major Emergency Medical Incidents

- Immediate/Red - 2 ALS, 1 BLS per 2 patients - 4 litter bearers
- Serious/Yellow - 2 ALS per 5 patients - 1 BLS for 3 patients - 4 litter bearers
- Delayed/Green - 1 BLS per 10 patients

Disaster Level Operations

- Immediate/Red - 2 ALS per patient, 1 BLS per 5 patients - 4 litter bearers
- Serious/Yellow - 2 ALS per 10 patients, 1 BLS per 5 patients - 4 litter bearers
- Delayed/Green - 1 BLS per 10 patients

Transport Unit Leader

- Identify ground-transport staging and helicopter landing zones if needed.
- Establish a traffic plan
- Implement appropriate accountability process
- Assign “Medical Communication Coordinator” and “Transport Recorder”
- Communicate with ”Staging Manager” for transport units
- Communicate with “Treatment Unit Leader” for loading patients
- Direct transporting unit to “Transport Recorder”

Organizational Relationship

Direct Communication

