

Southern Berkshire Volunteer Ambulance Squad

MASS CASUALTY INCIDENT PLAN

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Mass Casualty Protocols

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EMS MASS CASUALTY INCIDENT PROTOCOLS

A Mass Casualty Incident is defined as an event where the usual standard of care is compromised and the need to ration available resources arises. There are three levels of MCI:

Level I is a localized incident where additional EMS resources called through routine mutual aid are sufficient. A severe multiple patient motor vehicle accident requiring more than Southern Berkshire's two ambulances would be an example.

Level II is a situation where the large number of patients, or lack of local medical care facilities, are such as to require multi-jurisdictional (regional) medical mutual aid. An example would be a bus accident requiring ambulances from several towns.

Level III is an incident that overwhelms the regionally available resources and requires state and/or federal assistance. An example would be a natural disaster affecting large geographical areas.

1. Upon notification of a suspected MCI Central will follow the Mass Casualty Incident Dispatch Protocols. Per dispatch protocols the following events should have occurred:
 - A. The on-call team has been dispatched and is enroute with colored helmets and other MCI supplies.
 - B. The First Responders have been dispatched and are enroute.
 - C. Pager #331 has been dispatched and requested to respond to the garage.
 - D. Copake Community Rescue (518-329-2200), North Canaan Ambulance (860-624-7571) and Fairview Hospital (528-8600 ext. 3100, also 528-0790) have been notified. Copake Community Rescue/North Canaan ambulance is responding to the SBVAS garage (whichever service can get a unit here and still be able to cover their own territory). The other service will be on standby.
 - E. Berkshire County Sheriff's Dispatch (County Fire-KCH470)/Berkshire C-Med has been notified
2. When Pager #331 is dispatched all squad members are to report to the garage with their own jump kits, oxygen, identification, and any other personal equipment. No one is to call Central to acknowledge the page.
 - A. The second ambulance is loaded with the MCI boxes and extra equipment (backboards, suction units, radios, etc.)
 - B. The second ambulance does not leave the garage with fewer than 8 personnel unless there will be a long delay before enough personnel arrive.
 - C. One squad member is to go to the Emergency Department to assist with communications.
 - D. One EMT familiar with the coverage area is to stand by with Copake Community Rescue/North Canaan at the garage
 - E. As more personnel respond to the garage, they should arrange carpooling to the scene using trucks or other vehicles capable of carrying extra equipment. Do not respond alone unless instructed to do so by EMS Control.
 - F. The second ambulance should contact the EMS Control Officer on frequency 155.340 (channel 1) when responding to request instructions and advise EMS Control Officer of the personnel on board. This information can be used to plan officer appointments.

3. When the first ambulance arrives on scene, the **Team Captain** becomes the **EMS Control Officer** and will be in overall charge of EMS operations. The EMS Control Officer must:
 - A. Declare the MCI and establish a Command Post (coordinated with Fire and Police) if not already done.
 - B. Appoint one or more people to perform primary triage. The leader of this team is the **Primary Triage Officer**. The team should also gather all the ambulatory patients into one area.
 - C. Consult with the senior fire officer to determine whether the scene is safe to enter and decide whether patients must be moved to a common collection area prior to triage, or if triage may be done at the scene.
 - D. With fire personnel, identify potential treatment, loading, staging, equipment and personnel pool areas, so as not to conflict with the arrival of fire apparatus.
 - E. Obtain a report from the **Primary Triage Officer** and request any necessary resources.
 - F. Appoint a **Secondary Triage Officer** (may be the Primary Triage Officer if that level of triage is completed); **Triage Master**, and **Loading Officer** when additional EMTs arrive.
 - G. Assure that all officers are on appropriate radio frequencies and are identified with helmets and vests
 - H. Remain in the Command Post for duration of MCI or until relieved
 - I. Contact County Dispatch (KCH470) on channel 3 and request that they notify all Berkshire County hospitals of incident. County Dispatch is also Berkshire C-Med, and may from that point on be contacted on 155.340 (channel 1).
4. Additional ambulances and equipment will be obtained by Central and KCH470 using the Mutual Aid Plan. The request will come from either the Incident Commander or EMS Control Officer.
5. It is understood that the Incident Commander will be either the senior Fire or Civil Defense Officer. The **EMS Control Officer** will answer to the Incident Commander.
6. Patient Triage and Flow:
 - A. Primary Triage is done by one or more members of the first ambulance crew on scene or by members of the local First Responders. It is done either at the scene, if possible and safe, or after the patients have been extricated to a safer location. The **Primary Triage Officer** circulates through all patients to obtain an idea of the nature, numbers and severity of the incident. This information is relayed to the EMS Control Officer. No more than 30 seconds should be spent on any one patient as attention is given to only immediately correctable life threats.
 - B. Following primary triage, secondary triage will be done using the Mettags. The **Secondary Triage Officer** oversees this level of triage, determines the order that the patients are taken to the treatment areas, and oversees the transfer of patients to the treatment areas. The Mettags should be applied to each patient's left ankle. First Responders should be used to backboard all red and yellow patients to facilitate moving them to the treatment areas, and perform any immediate first aid.
 - C. The **Triage Master** will review patient's triage status upon arrival in the treatment area. The Triage Master is also responsible for overseeing all patient care in the treatment areas.
 - D. The **Triage Master** will appoint one EMT or EMT-I to help coordinate the activities within each treatment area. They will be identified by a red, yellow or green helmet. These EMTs are responsible

for knowing which patients have been assessed, what their needs are, who is ready for transfer to hospitals, and which EMTs are available to supplement the transport teams. They must also make sure that information is being recorded on the Mettags and any additional information is being attached to the patients to ease handoff to the transport team.

- E. Once patients are prepared for transport the **Loading Officer** and **Triage Master** will determine the order in which patients will be transported, the mode (air or land), and their destination hospitals.

*The **Loading Officer** is responsible for the transport of all patients. This includes contacting the destination hospitals with a brief report, overseeing the staging area and assuring that all ambulances there have two or three EMTs or First Responders on board, including a driver. The **Loading Officer** will also need to maintain a transport log that includes each patient's Mettag number, the time they left, in which ambulance and to which hospital. Patients will be identified to hospitals by using the last four numbers on their Mettag, age and sex.*

- F. The **Loading Officer** will have all radio reports called in to the hospitals; the transporting ambulances are not to call in any radio reports unless otherwise directed to do so by the **Loading Officer** or the patient's status changes.

*The **Loading Officer** may appoint an assistant to stand-by in the Staging Area to assist with ambulance flow coordination. This assistant should have a radio on frequency 155.340 (ch. 1).*

7. As additional ambulances respond, they should be directed to the staging area. Fire personnel should be asked to take all portable oxygen, backboards, cravats, jump kits and other needed equipment from responding ambulances, police and fire apparatus to the Equipment Pool. Additional personnel aboard the ambulances should be directed to the Personnel Pool.

As additional squad or other EMS personnel arrive they should be directed to the Personnel Pool.

8. The transport teams will need to receive a brief report from the EMTs that were treating the patients. Information may also be written on 2-3" tape or notepaper and attached to the patient to ease this transition.
9. Upon delivering the patient to the Emergency Department the ambulance team returns to the Staging Area and awaits further orders.
10. The Incident Commander will notify the **EMS Control Officer** upon the conclusion of the MCI. The **EMS Control Officer** will then notify all EMS officers and personnel.

DESCRIPTION OF SCENE AREAS

1. **Incident Site:** Actual location of event. Access to scene should be controlled and area should be kept clear of non-essential personnel. Area must also be secured of all hazards prior to granting access to rescue personnel. This is the responsibility of Fire and Police personnel.
2. **Command Post:** The Command Post is established by the Incident Commander and is where The Incident Commander, Fire Control, Police Control and **EMS Control Officers** are located.
3. **Patient Collection Area:** This is the area that patients are brought to after evacuation from the incident site if the area is not safe to perform triage in. Primary Triage would then be initiated when the patients were in a safe location. It is imperative to keep the patients together whenever possible, but in certain situation there may need to be more than one patient collection area. This area is under the direction of the **Secondary Triage Officer(s)**.
4. **Treatment Area:** These are the three areas that patients are brought to following triage so that teams may initiate further treatment. The Red, Yellow and Green areas correspond to the triage colors on the Mettags. One EMT should be placed in charge of each area and work under the **Triage Master**. This EMT will be identified by the appropriately colored helmet.
5. **Staging Area:** This is the area where waiting ambulances with one driver and two-three EMTs are staged until needed to transport patients. The purpose of the area is to collect all ambulances in a central location and to facilitate control of emergency vehicle traffic. This area should be far enough away from the scene that exhaust is not a hazard. Easy access and egress are critical. One person may be stationed here and able to communicate with the **Loading Officer** by use of the ambulance's radio.
6. **Loading Area:** This is where the **Loading Officer** is stationed. Ambulances are called from the Staging Area to the Loading Area by the Loading Officer and patients are placed into the ambulances for transport according to their triage category. It is important that ambulances are able to enter and leave easily. Patient information is communicated to the **Loading Officer** who records it in a transport log and either directly or through delegation has the information called to each receiving hospital.
7. **Equipment Staging Area:** All extra equipment that arrives or is taken from ambulances should be kept at a central location so that it may be distributed easily.
8. **Personnel Pool:** This is similar to the Equipment Pool but is instead where all personnel not assigned to a task should await orders. This area is where all responding EMTs should present themselves upon arrival.

COMMUNICATIONS PROTOCOL

1. Communications are a typical problem in almost every MCI. Their importance can not be emphasized enough. The following officers shall have radios: Incident Commander, EMS Control, Primary and Secondary Triage Officers, Triage Master and Loading Officer. All other personnel with radios shall turn them in to the equipment pool so that may be reassigned as needed.
2. Each officer who has a portable radio will keep it set to monitor 155.340 (channel 1).
3. The Loading Officer's radio will be set to 155.385 (channel 5) to communicate with the hospitals unless an alternative method of communication is used (amateur radio, cellular, land line, etc.) The Loading Officer may find it necessary to have two radios: one set to .340 and one to .385.
4. If 155.340 is overloaded the EMS Control Officer may order all officers to switch to 155.280 (channel 4). This must be acknowledged by all officers.
5. Alternative methods of communication should be used as much as possible to maintain open frequencies. These include cellular phone, telephone (land-line), amateur radio, runner, etc.
6. EMS shall **stay off** of the Fire and Police frequencies (**channel 2**-155.775, PL 207.2 and **channel 3**-154.310, PL 107.2) unless absolutely necessary.
7. The EMS frequencies are as follows:

155.340 (PL 107.2) (channel 1): officer to officer communications; Loading Officer to Staging Area communications.

155.385 (PL 107.2) (channel 5): scene to hospital communications

155.280 (PL 107.2) (channel 4): officer to officer communications if 155.340 is overloaded.

INCIDENT COMMANDER FUNCTIONS

FUNCTION

Establishes Command Post and directs all Fire, Police and EMS operations.

REPORTS TO

Chief of service and/or chief elected officials

SUPERVISES

Fire Service Officer

Police Officer

EMS Control Officer

OPERATIONAL COMMENTS

This role must be assumed by the first senior officer on the scene who may be relieved by a more appropriate person as the incident progresses. This position will most likely be held by a Fire Service Officer or Civil Defense but it is critical that the Command Post is established as early as possible.

TASKS

1. Establishes and provides leadership to the Command Post.
2. Assesses immediate hazards to victims and rescuers.
3. Decides whether or not to commit rescuers to the incident.
4. Decides whether triage will begin at the scene or the victims will be moved to a safer location first.
5. Recognizes the senior Fire, Police and EMS officers.
6. Directs all strategic operations on site including staging areas for fire apparatus and helicopters.
7. Designates a communications officer, public relations officer, logistics officer, and other officers as needed.
8. Maintains communication with senior service officers and/or elected officials and dispatch centers.
9. Notifies dispatch and service officials of the termination of the MCI.
10. Assures adequate evaluation and critique of the MCI following the incident.

EMS CONTROL OFFICER FUNCTIONS

FUNCTION

Directs all medical operations. Identifies problems, obtains and assigns resources.

REPORTS TO

Incident Commander

SUPERVISES

Primary Triage Officer
Secondary Triage Officer
Loading Officer
Triage Master

OPERATIONAL COMMENTS

This role should be assumed immediately by the Team Captain of the first arriving ambulance. This person may be relieved by a senior ambulance member with the concurrence of the Incident Commander.

TASKS

1. Obtains permission from Incident Commander to enter the scene if not already done. Establishes Command Post and declares MCI if not already done.
2. Calls initial signal 300 or 400 and communicates an estimate of number and types of casualties to Fairview and the IC. Requests from Fairview an estimate of the number of patients it can receive. Requests that Fairview discuss with neighboring hospitals to establish what they can accept. Requests blanket ALS orders per ALS Protocol.
3. Designates the attendant on the first ambulance as Primary Triage Officer.
4. Designates a Secondary Triage Officer, Triage Master and Loading Officer from incoming personnel. The Secondary Triage Officer may be the Primary Triage Officer if that task is completed.
5. Establishes a Personnel Pool and directs incoming EMTs to wait for assignment there. Establishes an Equipment Pool and has all EMS equipment stored there.
6. Hands out officer task cards and identifying equipment (vests, helmets, etc.) as it arrives.
7. Follows the Communications Protocol (Appendix II) regarding frequency use
8. Requests that Berkshire C-Med notify local hospitals of situation and place them on stand-by

PRIMARY TRIAGE OFFICER FUNCTIONS

View all victims to identify and correct immediate life threatening problems. Assesses overall nature and severity of incident. Identify any hazards which must be assessed by Fire personnel.

REPORTS TO

EMS Control Officer

SUPERVISES

EMTs and First Responders assigned to assist in primary triage and treat life threatening problems.

OPERATIONAL COMMENTS

Under ideal conditions this function should be performed immediately by the attendant on the first ambulance or by a senior member of the responsible First Responder organization.

If a fire or other hazard exists (such as HazMat), the senior fire officer and the EMS Control Officer will decide on alternatives:

- Either evacuate all patients prior to triage or care or,
- control hazard first, followed by triage and care.

TASKS

1. Circulates among all victims
2. Identifies life-threatening problems: **Level of consciousness, airway, bleeding**
3. Directs others to provide initial patient care and avoids direct involvement in patient care. (May use bystanders and "Green" patients)
4. DOES NOT direct tagging with Mettags or manage non-life threatening problems.
5. Holds responsibility until all patients have been seen and is relieved by Secondary Triage Officer.
6. Gives report on the number of patients, types, hazards, special problems etc. to Secondary Triage Officer and the EMS Control Officer.
7. Follows Communications Protocol (Appendix II) regarding frequencies and radio usage.

SECONDARY TRIAGE OFFICER FUNCTIONS

Determines the order of patient evacuation from the scene to the treatment area and oversees evacuation.

REPORTS TO

EMS Control Officer. Receives report from Primary Triage Officer.

SUPERVISES

Other Triage Team members, personnel performing extrication

OPERATIONAL COMMENTS

It is important to understand that this does not have to be done immediately. For the first few minutes of an MCI the emphasis will be upon primary triage and the establishment of a command structure. Areas to receive patients must be in place prior to attempting any patient tagging and evacuation.

TASKS

1. View all patients
2. Classifies all patients according to their need for treatment according to the Mettag triage categories (Black, Green, Yellow and Red)
3. Oversees back boarding and initial management (wound management, etc.) of red and yellow patients by First Responders and other BLS providers (to free up as many EMTs for use in treatment areas)
4. Oversees movement of patients from the scene to the Treatment Area where responsibility for their care is handed over to the Triage Master.
5. Holds responsibility until all patients are tagged and evacuated.
6. Follows Communications Protocol (Appendix II) regarding radio use

TRIAGE MASTER FUNCTIONS

FUNCTION

Reception of patients in treatment area and the assignment of personnel for patient care. Responsible for all medical care in treatment area.

REPORTS TO

EMS Control Officer. Receives report from Secondary Triage Officer.

SUPERVISES

All personnel moving and treating patients.

OPERATIONAL COMMENTS

- This person must match limited treatment resources to patients on a priority basis, and must make appropriate assignments of medical and paramedical personnel.
- This person should have a high level of training and experience.

TASKS

1. Identifies and marks patient treatment and staging areas with the Loading Officer.
2. Assigns personnel with advanced medical training to provide care in the patient treatment areas.
3. Assigns personnel to supervise treatment in patient care areas.
4. Receives and reviews the condition of all patients as they arrive in the triage/treatment area.
5. Assures that patient information is recorded on Mettags and communicated to Loading Officer. Additional information on patient status may be written on either cloth tape or note paper and attached to the patient.
6. In coordination with the EMS Control Officer, receives a report on available hospital beds and Emergency Department availability in area hospitals. This information is communicated to the Loading Officer.
7. Holds position until all patients have left the scene and relieved by EMS Control Officer.
8. Follows Communication Protocol (Appendix II) regarding radio and frequency usage.

LOADING OFFICER FUNCTIONS

FUNCTION

Assures controlled transport of patients to appropriate hospitals and proper communication of patient information to the receiving facility.

REPORTS TO

EMS Control and receives report from the Triage Master.

SUPERVISES

Ambulance service drivers and transport teams.

OPERATIONAL COMMENTS

- This person is responsible for assuring orderly transfers of patients from the scene to the hospitals.
- This person must be able to establish a clear vehicle staging area and assure a controlled vehicle flow.
- It is critical that the Loading Officer work closely with the Triage Master and that they communicate continually.

TASKS

1. Receives patient information from treatment personnel as recorded on Mettags, copies it onto a Transport Log for subsequent communication to receiving hospitals.
2. Assures that incoming ambulances are guided to the staging area and that each ambulance is staffed with a driver and one or two EMTs. Extra personnel from incoming ambulances will be used in the treatment area.
3. Assures that the transporting EMTs receive report from the personnel responsible for that patient's care in the treatment area.
4. Assures that no ambulances leave the area without his or her approval or knowledge.
5. Directs ambulances to come to the transport area.
6. Has brief patient reports called to receiving hospitals using the patient's age, sex and last four numbers on the Mettag for identification. See Appendix XI, 2.I. for more information.
7. Holds position until relieved by EMS Control Officer.
8. Follows Communications Protocol (appendix II) regarding radio and frequency use.

DUTIES OF TREATMENT AREA SUPERVISORS

FUNCTION

Coordinates care of patients in assigned treatment area.

REPORTS TO

Triage Master

SUPERVISES

All EMTs and First Responders providing care in treatment area.

OPERATIONAL COMMENTS

- There will be three EMTs assigned to coordinating care in the treatment areas-one each in the red, yellow and green areas.
- This EMT will be identified by wearing a colored helmet corresponding with the color of the treatment area.
- This person's role is very similar to that of a charge nurse.
- This EMT may, where possible, provide direct patient care.

TASKS

1. Knows which patients are ready for transport
2. Assures that Mettags are filled out correctly. Additional information on patient condition may be recorded on either cloth tape or note paper and attached to the patient.
3. Assures that Mettags are properly placed on the patient's left ankle (red and yellow areas)
4. Assures that treatment is appropriate and correct
5. Identifies problems within treatment area as they arise and reports to Triage Master
6. Assures that treating EMTs give a brief report to the transporting EMTs of the patient's condition
7. Keeps the treatment area clear of non-essential people and controls access to the treatment area. Personnel who are not immediately needed should be sent back to the personnel pool.
8. Holds position until relieved by Triage Master.

TRIAGE PROTOCOLS

Note: Mettags are placed upon the patient's left ankle

Green: Lowest Priority

1. Fractures and other injuries of a minor nature.
2. Obvious mortal wounds where death appears certain and sufficient resources are not available to treat them.
3. Cardiac arrest where sufficient resources are not available to treat them.

Yellow: Second Priority

1. Burns (without airway compromise and signs of shock)
2. Major or multiple fractures
3. Back injuries with or without spinal cord injuries
4. Severe lacerations, severe soft tissue injury without shock or uncontrolled bleeding, etc.

Red: Highest Priority

1. Airway and breathing difficulties
2. Cardiac arrest when sufficient resources are available
3. Uncontrolled or suspected life threatening bleeding
4. Severe head injuries
5. Open chest or abdominal injuries
6. Shock
7. Severe medical problems (cardiac, diabetes, etc.)

Black: Non-transport

1. These patients are DOA and require no EMS intervention
2. The Police Department is responsible for calling the Medical Examiner and securing any bodies.
3. A dead body should only be transported if it is in the public interest to do so (refer to Standard Operating Procedures).

Reference: Prehospital Emergency Care and Crisis Intervention, Second Edition

PROTOCOL FOR APPLICATION AND USE OF METTAGS

- 1 50 to 100 Mettags should be kept in sealed bags in each ambulance at all times. These tags should not be used for drills.
- 2 **Application of Mettags**
 - A The tags will be applied to all patients during secondary triage.
 - B The tags will be placed on the left ankle of each non-ambulatory patient (i.e. those who are back boarded or will be back boarded). This will make it easier for EMS and hospital personnel to locate the tags.
 - C If possible, one of the numbered corners of the Mettag should be torn off and anchored to the ground or nearest fixed object to where the patient was when tagged. This will enable investigators to determine where the patient was when tagged.
 - D Marking on the anatomical chart will use “L” for lacerations, “B” for burn and “F” for actual or suspected fractures to identify major injury sites.
 - E Additional patient information may be written on either cloth tape or note paper and attached conspicuously to the patient.
 - F All ALS care will be documented on the Mettag and signed by the EMT who performed the procedure.
 - G The transporting ambulance team should tear off the remaining numbered corner of the Mettag so that they may later obtain patient information for their records.
 - H The tags are to be removed at the discretion of hospital personnel. They are not to be removed by EMS personnel.
 - I Radio communication between the Loading Officer and the receiving hospital will use the last four digits of the Mettag number, the patient’s age and sex to identify the patient. This will be followed by a brief radio report that will include chief complaint, level of consciousness and vital signs.

DUTIES OF STAND-BY EMTS

One EMT will stand-by in the ambulance garage, one other squad member (EMT is not necessary) will stand-by in the Emergency Department to assist with communications. Another Squad member may be requested at Central Dispatch. The list below refers to the EMT stationed in the garage.

1. Assist Copake Community Rescue/North Canaan Volunteer Ambulance with back-up coverage.
2. Call squad members without pagers.
3. Assist with any additional equipment requests by the Incident Commander or the EMS Control Officer and arranges for its transport to the scene. Assure that all MCI equipment located in the garage has been brought to the scene. Arrange for its transport if this has not been done.
4. Provide with Copake Community Rescue/North Canaan Ambulance a shuttle service between Fairview Emergency Department and any helicopters at the Great Barrington Airport or another designated LZ.
5. Contact the Great Barrington Airport (528-1010) if helicopters will be staged there.
6. Help coordinate car-pooling of other squad members responding to the scene from the ambulance garage.

IN A LARGE SCALE (REGIONAL) INCIDENT, CALL THE FOLLOWING

7. Contact the Regional EMS Office (1-413-586-6065) and advise them of the situation.
8. Contact the Office of Emergency Medical Services (State level) at 1-617-451-3433 and advise them of the situation.

MASS CASUALTY INCIDENT DISPATCH PROTOCOLS

NOTE: These dispatch protocols are concerned with the **AMBULANCE** and **EMS response ONLY** and do not include any provisions for the dispatch of appropriate Fire and Police assistance. Please refer to the Fire and Police dispatch protocols.

1. Dispatch **FIRST RESPONDERS**: “Respond Code 1 to a suspected Mass Casualty Incident at _____.”
2. **Page 730 (ON DUTY TEAM)**: “Respond code 1 to a suspected Mass Casualty Incident in the town of _____ at _____.”
3. Request the first unit into scene to advise Central of the situation.
4. **Page 331 (ALL CALL) FOUR TIMES**: “All ambulance personnel respond to the ambulance garage for a suspected CODE 64 in the town of _____ at _____.”
5. Set off Box Alarm 64.
6. **Notify Canaan Ambulance** at 860-624-7571 and **Copake Community Rescue** 1-518-329-2200 and request whichever service can respond CODE 1 to the SBVAS ambulance garage to stand by.
7. **Notify FAIRVIEW HOSPITAL** (528-8600 ext 3100) that “There is a report of a Mass Casualty Incident in the town of _____. Please activate your disaster plan.”
8. **Notify KCH470** of a “Suspected Mass Casualty Incident in the town of _____. Please standby by to assist with communications.”
9. **Please monitor** Police and Fire frequencies and assist with Mutual Aid requests. KCH470 will dispatch the majority of ambulances if requested.

HELICOPTERS

Depending upon the scope of the MCI it may become advisable for the EMS Control Officer and/or the Triage Master to consider requesting aeromedical assistance.

Generally there are two functions that flight personnel can fulfill:

- Utilizing the speed of the helicopter to rapidly evacuate critical patients from the scene to a distant trauma center.
- Utilizing their skills and equipment in a treatment area with the possibility of their providing direct Medical Control.

The decision regarding how best to use the flight personnel will depend upon the nature and severity of the incident and the flight crew's preference.

Should a helicopter be used to evacuate a patient, the decision should be made as to whether or not the helicopter should be requested to return to the scene, return to the Great Barrington Airport to stand by or be cleared from the incident. Obviously the availability of the aircraft is a crucial, and perhaps uncontrollable factor.

If the helicopter is not needed at the scene anymore and the aircraft is still available, Fairview should be contacted to determine if they will be needing it to transport patients from Fairview to another facility. If this is so, then the flight crew should be requested to return to the Great Barrington Airport. Copake Community Rescue/North Canaan Ambulance and the stand by EMTs will function as a shuttle. NOTE: Request that Central contact the Airport and advise them of this decision.

The Fire Department will be responsible for securing an acceptable landing area and providing any necessary fire suppression. The landing requirements are, in general:

- 60x60 foot area for each helicopter.
- No loose objects on ground.
- Notify pilot of any trees, wires, telephone poles or antennas nearby.
- Mark four corners of landing area with either secured flares or strobes facing the ground.

The Loading Officer will be responsible for assuring transportation of flight personnel to the MCI site and ambulance transport of patients and flight personnel back to the aircraft.

The pilots will need to communicate with the agency securing the landing site. The pilot will also stay with the aircraft.

ADVANCED LIFE SUPPORT TREATMENT PROTOCOLS

All Massachusetts Advanced Life Support personnel will follow the Massachusetts Statewide Treatment Protocols.

After declaration of a Mass Casualty Incident the EMS Control Officer or the first Intermediate on scene will call an initial Signal 400 into Fairview Medical Control (MedCon).

This report will state:

- Estimated number of casualties
- Types of injuries and/or mechanism of injury
- An outline of events taking place at present time
- Estimated time before patients will be transported

He or she will then:

1. Request permission to start a second IV on patients who need immediate fluid replacement in order to maintain their blood pressure. (Initiating IV therapy in critical trauma patients is standing orders).
2. Request permission to apply and inflate MAST in patients with a systolic BP below 90 and clinical signs of shock (where there are no contraindications to MAST application).
3. Request permission to secure the airways of patients who have unstable airways, are unresponsive or are in immediate danger of aspiration using either endotracheal tubes, CombiTubes, LMAs or EGTAs (according to ALS Protocols).

All advanced procedures will be done according to protocol and must be documented on the Mettags.

Additional patient information may be recorded on 2-3" cloth tape or note paper and attached in a conspicuous location to the patient. The EMT should write the patient's Mettag number on any extra information in the event that it is removed from the patient accidentally.

It is understood that Medical Control has the authority to refuse to grant standing orders, and may expect to receive a report on each patient. A preliminary report then should be called by a designee of the Triage Master as soon as possible.

IDENTIFICATION OF OFFICERS AND AREAS

Stored in each ambulance will be the following equipment to identify officers and scene areas:

- Vests for EMS Control, Triage Master, Primary Triage, Secondary Triage and Loading Officer.
- Red, yellow and green cyalume lightsticks to mark the perimeter of the treatment areas.
- Eight traffic cones to mark off treatment areas

Stored in the garage will be the following equipment to identify officers:

- Blue helmets for EMS control, Triage Master, Primary Triage, Secondary Triage and the Loading Officer.
- Red, Yellow and Green helmets to identify the EMT in charge of each treatment area. They may also attach a colored lightstick to themselves for additional identification at night.

EMS EVACUATION PROTOCOL

In the event that SBVAS is requested to assist with evacuation where people may be injured, the following protocol will take place.

All squad EMTs will be ordered by Central to respond to the garage and await further instruction.

The Team Captain on duty will become the EMS Control Officer (EMS Control Officer) and will be positioned at the Command Post with a portable radio set to frequency 155.340 (channel 1). If 155.340 is overloaded, then 155.280 (channel 4) may be used instead. It will be important for EMS to avoid using police and fire frequencies.

Both SBVAS ambulances and any additional ambulances called in on mutual aid will be staged in the Fairview Hospital back parking lot near the ambulance garage. The base radio in the ambulance garage will be utilized for communication with the Command Post. The Incident Commander or EMS Control Officer may order a different staging area as needs change. Different staging areas to consider include shopping centers and school parking lots.

One Team Captain will need to be at the staging area to coordinate activities and personnel. This person will need to wear the blue Captain's helmet from one of the ambulances.

This Captain will be responsible for directly dispatching ambulances upon request of the EMS Control Officer and coordinating activities with the EMS Control Officer and establishing ambulance crews. Ideally this person should not be an advanced EMT as EMT-Is and EMT-Ps will be needed to staff each ambulance team. The EMS Control Officer will determine who fills this role and has the power to replace this person as other EMTs arrive.

In the event that large numbers of people are injured the regular MCI plan will go into effect as needed.

CONTENTS OF MCI BOXES

In the event of a Mass Casualty Incident, the second ambulance team responding to the scene should bring the ten orange MCI boxes stored in the garage. These kits are intended to supply the immediate needs of personnel working in the red and yellow areas. These kits will contain:

- One trauma dressing
- 4x4 10 packs
- Four 5x9 dressings
- Four 4" Conform
- Four cravats
- One BP cuff
- Two disposable stethoscopes
- Two penlights
- One trauma shear
- One patient information pad *
- Two 2" cloth tape
- Two 1" cloth tape
- Four space blankets

* May be attached to patient to supplement the Mettag. Attach to patient in an obvious location and record the patient's Mettag number on the paper.

Each kit will be sealed with a twist-off lock for security.