INTRODUCTION
This plan establishes a standard structure and guidelines for the management of fire and E.M.S. Operations in a multi-casualty emergency medical situation. This plan will integrate into the overall Incident Command System as outlined in Farmers Branch Fire Department S.O.P. 2.01.

This tactical plan is intended to deal with incidents involving significant numbers of patients in need of emergency medical care.

1. **PURPOSE:** This procedure was established to provide a pre-planned medical management system to address the various demands generated by Mass Casualty Incidents in order to save the greatest possible number of casualties from death or serious, lasting disability.

2. **DEFINITIONS:**

   **Mass Casualty Incident (M.C.I.)** – Any type of disaster situation or medical emergency when the number of casualties exceeds the ability of the Farmers Branch Fire Department. This usually would involve five or more victims in the Priority One or Priority Two condition.

   **Incident Management System** – The Farmers Branch Fire Department Incident Management System as outlined in S.O.P. 2.01 of the department’s Standard Operating Procedures.

   **Farmers Branch M.C.I. Task Force** – task force established by the Farmers Branch Fire Dept. to respond to mass casualty incidents that occur within the Metroplex. This task force will include a Battalion Chief, one engine company, and Rescue 131. Issues relating to the MCI Task Force are covered in S.O.P. 4.05.

   **Farmers Branch M.C.I. Task Force Coordinator** – the person assigned to organize and maintain the task force. This person will also be responsible for the medical supplies that will be utilized during a mass casualty incident.

   **Triage Sector** – The immediate area where rescue operations and the assessment and categorization of casualties are being performed. Multiple triage sectors may be required, depending on the magnitude of the incident.

   **Treatment Sector** – a separate area near the Triage Sector where casualties receive advanced treatment prior to being transported to hospitals. This area may serve more than one Triage Sector. Multiple treatment sectors may be required, depending on the magnitude of the incident.

   **Transport Sector** – A separate area immediately adjacent to the treatment area where transportation arrangements are conducted. This area may serve more than one Treatment Sector. Multiple transportation sectors may be required, depending on the magnitude of the incident.

   **Staging Area** – A convenient location for responding equipment to report and receive assignments. For a M.C.I. the same staging area may be used for fire apparatus and E.M.S. apparatus unless multiple staging areas are necessary for the incident.
Extrication/Rescue Area – The area where triage and forcible extrication of patients is performed. Depending on the safety of the site and the arrangement of the patients, the companies in the extrication area are under the command of the Triage Sector Officer and are responsible for locating, removing, and transporting patients to appropriate treatment areas.

Sector Portfolios – Kits provided to sector officers, which contain checklists, forms and other supplies needed to manage individual sectors during an MCI.

ORGANIZATION
The organization of mass casualty incidents shall follow the structure of the department’s incident management system.

An Incident Commander shall be in charge of all operations as stated in S.O.P. 2.01.

If the Operations Section Chief position is utilized, all fire and EMS sectors are to be under the direct command of the Operations Section Chief.

When needed, an Emergency Medical Services (E.M.S.) Branch Officer shall be assigned by the Incident Commander and shall be in charge of the Triage, Treatment, and Transportation Sectors. The EMS Branch Officer shall operate directly under the command of the Incident Commander (or the Operations Section Chief if this position is utilized).

A Triage Sector Officer shall be assigned for each triage sector. This person will be responsible for all EMS operations within the sector and shall work closely with rescue personnel to coordinate rescue operations. During multi-patient incidents in which trapped victims require physical extrication, the Incident Commander may establish an Extrication/Rescue area that will be under the command of the Triage Sector Officer.

The Incident Commander will establish a treatment sector and assign a Treatment Sector Officer to supervise this operation. The Treatment Sector Officer should be a Farmers Branch paramedic if available.

The Incident Commander will establish a transportation sector and assign a Transportation Sector Officer to supervise this operation. Because of the potential of vehicle congestion at the disaster site, a staging sector for apparatus is also a major consideration.

The Incident Commander will establish a staging area and assign a Staging Sector Officer to supervise this operation.

A Safety Officer will be assigned to oversee operations with regard to the safety of the fire and EMS personnel.
PATIENT PRIORITY

Priority 1 (RED) – Patients with immediate life threatening conditions, critical injuries or sickness and are considered unstable.

Priority 2 (YELLOW) – Patients with serious injuries or sickness that are minimally life threatening, but have the potential for significant morbidity or delayed development of life-threat.

Priority 3 (GREEN) – Patients with minimal life-threatening injuries or sickness. Priority Three survivors will be gathered at a designated area to await transportation to a hospital or shelter by bus, ambulance, or other means as determined by the transportation sector officer.

Priority 4 (BLACK) – DOA. Probable outcome does not justify the resources required to manage these patients. Priority Four fatalities will remain at the scene until all survivors have been moved.

M.C.I. PLAN WITHIN THE CITY OF FARMERS BRANCH

When the number of casualties exceeds the ability of the Farmers Branch Fire Department, the first Fire Department member/company to arrive at the scene shall assume Command and state “We have a Mass Casualty Incident.” It is the responsibility of Command to make an early determination of situations requiring the implementation of this plan. The type of situation and the approximate number and condition of patients should be communicated to the Communication Center as soon as possible. The initial reports from Command should indicate the scale of the incident to allow the Communication Center to notify other appropriate agencies.

Upon notification that a Mass Casualty Incident has occurred within the city of Farmers Branch, the Communication Center shall dispatch a full response if not already dispatched.

The first priority is to locate the patients, assess the emergency care they will need, and remove them from any immediate physical danger or protect them from the hazards present. This may require forcible extrication of trapped patients. Extrication/Rescue personnel should remove ambulatory patients (Green) immediately to an “Assembly area” where limited medical care will be made available. Red and Yellow non-ambulatory patients should be moved to Treatment Sectors for more intensive medical care.

Multiple patient EMS incidents normally require patient triage, extrication, treatment and transportation. These needs form natural basic sectors for the Incident Command System. Additional sectors may be assigned depending on the situation.

Battalion Chief

Upon arrival at the scene of an MCI the Battalion Chief shall assume command. If necessary, the Incident Commander may assign an on scene fire department member to act as the EMS Branch Officer. The Incident Commander or EMS Branch Officer if utilized shall reassess the location and identification of the Triage, Treatment, Transportation and Staging Sectors and, if necessary, make modifications. The responsibilities of the EMS Branch Officer are as follows
A. Reassess and, if necessary, modify the Emergency Medical Services response.
B. Reassess the location and identification of the triage, treatment and transportation areas, and, if necessary, make modifications.
C. Assign fire department members to sector officer positions for the Triage, Treatment and Transportation Sectors and provide them with a safety vest and sector portfolio identifying them as such.
D. Assign Rescue 131 to distribute medical supplies to the appropriate treatment sector(s) as requested by the respective Sector Officers.
E. Report logistics needs to the Incident Command Post.

**Triage Officer**
The Incident Commander or EMS Branch Officer if utilized, shall assign a Triage Sector and will provide him or her with the triage sector portfolio and a safety vest for identification. The Extrication area shall be within the span of control of the Triage Sector Officer. The Triage Sector Officer shall request additional resources (i.e., personnel, extrication tools, etc.) as needed. The responsibilities of the Triage Sector Officer are outlined as follows.

A. Coordinate with extrication/rescue area personnel at the scene in immediately removing patients from areas where significant threats to life or safety exist.
B. Perform triage functions to assess the severity of each patient’s life-threatening condition and tag each patient with an appropriate triage priority. If other paramedics are already on scene he/she will direct the other paramedics to perform this function.
C. Expedite the removal of casualties to the treatment area after patients have been tagged and ABC’s covered.
D. Evaluation of resources needed for extrication of trapped patients and removal of patients to the treatment area.
E. Communicate resource requirements to the EMS Branch Officer and advise him or her when companies are available for reassignment.
F. Establishment of Assembly Area for Green patients to await delayed transportation.
G. Reporting of progress to EMS Branch Officer and “all-clear” when all victims have been removed.
H. Provide the EMS Branch Officer with updated information on the number of casualties and the severity of their injuries as needed to control response.
I. Once triage functions are complete, report progress to EMS Branch Officer and await further instructions.

Ambulatory (Green) patients who do not need urgent medical assistance should be removed from the scene as soon as possible to reduce confusion. This may require the assignment of one or more companies to assemble these patients and remove them to an area where they will receive medical attention if needed and available.

If the patients requiring extrication are spread over a large area, companies should be assigned to a specific area or group of patients. The company officer will determine the immediate needs of those patients and request assistance if necessary. The Triage Sector Officer has responsibility for all those patients until they are delivered to a treatment area or assigned to another company.
Patients should be triaged and tagged while in the Extrication/Rescue area. The first priority for removal to the Treatment Area will be “Red” patients followed by the “Yellow” patients. Red patients should be moved to a treatment area without delay. In some cases of confined entrapment, removing Yellow or Green patients to the treatment area may be necessary in order to gain access to Red patients.

If fire is involved, coordination with firefighting sectors will be required. The safety of patients and Fire Department personnel must be the primary concern.

**Treatment Officer**
The Incident Commander or EMS Branch Officer if utilized, shall assign a Treatment Sector and will provide him or her with the treatment sector portfolio and a safety vest for identification. The responsibilities of the Treatment Sector Officer are outlined as follows.

A. Establish a treatment area to provide stabilization and continuing care of Red and Yellow patients until they can be transported to a medical facility. This area should be large enough to absorb all patients and the number of treatment personnel. Weather, safety of personnel and accessibility should be taken into consideration when establishing treatment sectors.

B. Use treatment sector personnel to control the flow of patients into and out of the treatment area. He/She will assure that each patient is continuously triaged and assigned a triage tag with a priority.

C. If needed, establish multiple treatment sectors and assign branch treatment sector officers to maintain control of the incident (i.e., treatment east, treatment west).

D. Face-to-face communication with the Treatment Sector personnel to insure that each patient receives on-going triage and advance treatment as necessary.

E. Direct incoming litter-bearers from the Triage Sector to position patients in order of their priority. Red patients should be placed nearer to the Transportation Sector to facilitate their removal.

F. Determine the need for additional medical supplies at the scene and request their deliver through the EMS Branch Officer.

G. Direct Green patients and walking wounded to a designated holding area.

H. Maintain a record of patients passing through the treatment sector utilizing the treatment sector portfolio.

I. Coordinate patient removal with the transportation officer.

**Transportation Officer**
The Incident Commander or EMS Branch Officer if utilized, shall assign a Transportation Sector and will provide him or her with the transportation sector portfolio and a safety vest for identification. The responsibilities of the Transportation Sector Officer are as follows.

A. Utilize “Biotel” channel on portable radio or cell phone to notify hospitals through Biotel and ascertain patient receiving capabilities. Hospitals must be advised of:
   a. Nature and location of incident
   b. Total number of patients
   c. Number of patients by priority
   d. Any other pertinent information
B. Request ambulances from the Staging Sector Officer based on patient transportation requirements and availability of ambulances.
C. Reporting of resource requirements and progress to Incident Commander or EMS Branch Officer if utilized.
D. Identification of ambulance staging, patient loading areas and helicopter landing zones.
E. Coordination with Biotel or Communication Center to remain updated on medical facility status.
F. Coordination of patient transportation and allocation with Treatment Sector utilizing indicated priorities as marked on the triage tags.
G. Transportation of patients from the treatment area to ambulance and/or helicopter loading areas. Patients should not be removed from the Treatment Sector until transportation is available for them.
H. Accurate accounting of all patients and destinations using triage tagging system indicating the triage tag number of each patient transported, the triage priority, the nature of their injuries, the destination, and the unit providing transportation.
I. Coordination with other sectors, especially Treatment.
J. Assign transportation sub-sectors when needed to more effectively coordinate the responsibilities of transportation.
K. Keep the EMS Branch Officer advised of the status of patient dispersal operations.

Transportation Sector Personnel may be assigned to each Treatment Area as well as to ambulance loading areas and helicopter landing zones. The Transportation Sector Officer will coordinate all of these assignments and assign necessary resources to them. Therefore, this will facilitate the amount of communications necessary between the Sector Officer and the assigned personnel at each location. The EMS Branch Officer will assign this channel.

The Transportation Sector personnel at each location will report their transportation needs to the Transportation Sector Officer to obtain resources. The Transportation Sector Officer will then request the Staging Sector Officer to direct the required number of ambulances to each specific pick-up point.

If a bus is required to transport Priority Three patients to a hospital or shelter, transportation may be secured by calling DART by notifying the Carrollton/Farmers Branch School District Security office.

**Staging Officer**
The Incident Commander or EMS Branch Officer, if utilized, shall assign a Staging Sector and will provide him/her with a safety vest for proper identification. The Staging Sector Officer shall remain in constant communication with the Incident Commander and the Transportation Sector Officer and shall provide appropriate fire apparatus or patient transportation as requested.

The Incident Commander or EMS Branch Officer, if utilized, shall direct the remaining fire department members to assist in specific sectors or to distribute supplies to the individual sectors as requested. These functions will be determined by the specific incident or by the requests made by established sectors.

In situations where a building or area evacuation and/or decontamination is necessary, the Incident Commander shall assign any available fire department personnel to assist with this function.
Commander may notify the Communication Center and request assistance from the Police Department in evacuating people in uncontaminated areas.

**TRIAGE TAGS**

At the scene of a Mass Casualty Incident, paramedics assigned to triage will assign a triage priority and identifying number to every person involved in the incident, including the dead and uninjured. Triage priorities will be assessed at the initiation of basic treatment (where patient is found), at the initiation of advanced treatment (treatment sector), and prior to transport, making revisions where necessary. The following information shall be marked or indicated on the tag:

- A. Triage classification.

Red and Yellow survivors will be placed on numbered backboards and transported to the Triage Sector for priority tagging. Numbered markers attached to the backboards will be placed at the site the victim was located. The backboard number will need to be noted on the triage tag.

Tags shall be attached to the victims in the following locations:

- A. Upper extremities (wrist), first if possible, utilizing the most visible extremity.
- B. Lower extremities (ankles), second if possible, utilizing the most visible extremity.
- C. Head (neck) as a last resort.

E.M.S. personnel assigned to the Treatment Sector shall utilize the tags as follows:

- A. Record patient’s vitals.
- B. Fill out the necessary definitive therapy actions.
- C. Indicate injuries or tourniquet areas.
- D. Again triage victim for transportation to the hospital.
- E. Reclassify triage condition and modify tag if needed.

Personnel assigned to the Transportation Sector shall utilize the tags as follows:

- A. Fill in the information on the triage tag stub (bottom of tag).
- B. Remove a numbered corner from the triage tag and maintain as a record of transported patients.

Ambulances transporting patients to area hospitals shall be directed to remove the other numbered corner of the triage tag for their patient records. The triage tag will remain with the patient for identification at the hospital.

Uninjured persons and patients tagged as Green will be asked to remain in a holding area until discharged or transported to a medical facility.

EMS personnel will not attempt to detain persons wishing to leave the scene. Law enforcement officers will be requested to conduct any physical restraint or detention of uncooperative or disturbed persons as needed.
Victims tagged as Black will be the responsibility of the Medical Examiner or the Justice of the Peace depending on the county. The following procedures will be observed in handling the dead:

A. Bodies will not normally be moved unless the responsible authority or his authorized deputy gives permission.
B. Obviously dead persons will be tagged and then covered with a sheet or blanket until removal is authorized.
C. Personal belongings of deceased persons will be left with their bodies to aid in identification.
D. If a body must be moved to gain access to other patients or restore normal traffic, every effort will be made to record its original location.
E. The EMS Branch Officer will coordinate with the authority responsible for facilities in arranging for temporary morgue facilities and transportation.
F. The EMS Branch Officer will consult with City/County Health Officer as needed concerning appropriate procedures to safeguard the health of personnel assigned to move the fatalities.

All on-scene information releases to the news media will be issued through the Incident Command Post.

COMMUNICATIONS AT A MASS CASUALTY INCIDENT
On-scene radio communications will be kept to an absolute minimum. When possible, direct verbal contact, public address systems, or runners will be used to transmit messages. Radio channels shall be assigned by the Incident Commander or, as required, by the EMS Branch Officer to his assigned sectors. Individual sectors requesting exclusive channels shall get prior approval from the EMS Branch Officer or the Incident Commander if under his direct supervision.

Alternate methods of communication that can be utilized at the scene include:

A. Face-to-face
B. Separate tactical channel
C. Talk-around channel
D. Runners
E. Cell phones

CONCLUDING THE MASS CASUALTY INCIDENT
As the incident comes to a conclusion and most of the patients have been triaged, treated and transported, each individual sector should report to EMS Branch Officer or Command and request to be made available for assisting other sectors that are still active. For example, once all the patients have been triaged and taken to the treatment sector(s), Triage Sector personnel should report to the EMS Branch Officer and request to assist possibly in the Treatment Sector where they can continue to re-triage and treat the patients. Once the majority of patients have been treated and are ready for transportation, Treatment Sector personnel may request to assist in the Transportation Sector. This will allow the personnel to be transferred to an area of immediate need or allow the personnel to report to a “Rehab” area.
The EMS Branch Officer will report the status of each sector under his command to the Incident Commander and keep him informed at all times regarding new assignments. A report will be submitted by the EMS Branch Officer to the Incident Commander once the MCI response personnel have been released, and the personnel assigned to the responding units will return all extrication equipment, remaining medical supplies and vests to Rescue 131 and return to quarters. If any equipment or personnel require decontamination, this will be completed prior to placing on any apparatus.

The MCI Task Force Coordinator will be responsible for ordering supplies at the conclusion of a mass casualty incident for restocking Rescue 131.

**POST-DISASTER DEBRIEFING**
During multi-patient emergencies, emergency response personnel may experience physical, emotional, or psychological stress that may later affect job performance, health and families.

In an effort to address these reactions following a major disaster, professional debriefing teams may be made available for the City of Farmers Branch. The Chief of the Farmers Branch Fire Department may request a team from the city of Dallas, Fort Worth, or Garland. These teams are comprised of volunteer professionals assembled for a short period of time immediately after the mass casualty event, and are not intended to replace professional counseling programs, but will provide immediate incident-specific debriefings.

If a local team is not available, a request may be made through the Dallas Fire Department Disaster Management Office for activation of a Debriefing Team of its own.

In order to assist victims of a major emergency and their families, the local chapter of the American Red Cross may be contacted to arrange for debriefing teams to be made available for counseling. The American Red Cross will inform victims of the availability of stress debriefing sessions when that service has been arranged.
Typical Layout of MCI Scene

Incident Command

Extrication Area

Triage Sector

Treatment Sector

Transportation Sector
INCIDENT COMMAND SYSTEM
(Mass Casualty Incident)

INCIDENT COMMANDER

Operations Group (If Needed)

EMS Branch Officer (If Needed)

EMS Staging Sector (If Needed)
Triage Sector
Treatment Sector
Transportation Sector

Use as many Sectors as are needed.
SAMPLE

No. 626328
PART I

Triage Tag

No. 626328

CALIFORNIA FIRE CHEF ASSOCIATION

Leave the correct Triage Category ON the end of the Triage Tag

- Move the Walking Wounded: MINOR
- No respirations after head tilt: DECEASED
- Respirations - Over 30: IMMEDIATE
- Perfusion - Capillary refill: IMMEDIATE
- Mental Status - Unable to follow simple commands: IMMEDIATE
- Otherwise: DELAYED

MAJOR INJURIES: Fx ulna-rad.

HOSPITAL DESTINATION: RHD.

ORIENTED X [ ] 3 DISORIENTED [ ] UNCONSCIOUS [ ]

TIME PULSE B/P RESPIRATION
1420 80 130/70 26
1438 72 126/72 24

DECEASED
IMMEDIATE No. 626328
DELAYED No. 626328
MINOR No. 626328

No. 626328
PART II

Triage Tag

MEDICAL COMPLAINTS/HISTORY

Developed minor CP @ 1HR
Hx of Angina + HTN

ALLERGENS: Sulfa

PATIENT Rx: NTG, Propranolol

TIME DRUG SOLUTION DOSE
1952 D2W R/L (NS TKO
14:57 NTG 0.4 mg

NOTES:
Only injury is fx Qu-R, multiple lass and abrasions to arm + shoulder

PERSONAL INFORMATION

NAME: John Doe
ADDRESS: 1234 Main Street
CITY: Any town, TEL NO: 972-555-1
MALE [ ] FEMALE [ ] AGE: 62 WEIGHT: 190

DECEASED
IMMEDIATE
DELAYED
MINOR
APPROVED BY: __________________________

KYLE KING, FIRE CHIEF