



SENECA COUNTY

Emergency Services



Standard Administrative Guideline

Subject: Mass Casualty Incidents

Reference Number: 49

Effective Date: 11/2016

Review Date: Annually: 2-2020

Purpose:

The purpose of this guideline is to provide the basic steps necessary to provide care during a multiple casualty incident, a multiple patient incident, or any incident that overwhelms or has the potential to overwhelm our normal response or resources.

Background:

The goals of any MCI guideline is to do the most good for most patients, make the best use of personnel and resources, and to ensure that we do not just “relocate the disaster” to one or more hospitals. Traditionally the primary source of problems involved in MCI type situations revolves around communication. This guideline is aimed at preventing communications difficulties. Utilizing the National Incident Management structure will help with this, and also the proper application of common sense is necessary to be successful.

Policy & Procedure

I Initial Actions of the First Arriving EMS units include:

1. Scene Safety Assessment & Recognition that the response involves Multiple Patients
2. Identifying the hazards – Fire, Electrical (Wires), Traffic, Hazmat, or other hazards.
3. Identify Type & Number of Patients (approximate)
4. Communicate the above to 911 Dispatch and ask for more resources (to include EMS1 & 2)
5. Request that 911 Dispatch contact the local hospitals with a brief overview and to standby for further communication from the scene (early notification of local hospitals is crucial).
6. Establish Command, Declare an MCI, & Assign or begin initial triage using the SMART system
7. Utilize the Fire Incident Commander to request specialized resources – EOC, MCI Trailer, Hazmat, Extrication, manpower, etc...

The Above actions can be summarized into the 5 S's – **Safety, Size Up, SEND info, Setup, SMART**

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- II. As other EMS units arrive:
1. Assign to Triage – utilize the SMART tags
 2. Assign to Treatment – isolate Red, Yellow, Green – provide immediate stabilizing care
 3. Assign to Transport – transport officer shall immediately initiate radio communication with each hospital in the area and determine the number and severity of patients they can accept
 - a. **The Transport Officer shall be the ONLY person on scene contacting the hospitals. Utilize the EOC as a resource if necessary**
- III. Once Triage begins it does not end until the last patient leaves the scene. Continuous re-triage and immediate stabilizing treatment continues until all patients are accepted at receiving hospitals.
- a. Triage Team members will incorporate themselves into the treatment area once all patients are extricated and moved to the treatment areas.
 - b. Treatment Team Members will most likely utilize the ambulance they came in as their treatment area. If a larger area is necessary, communicate to the IC that more EMS units are needed or for a large disaster type incident, mobilize the MCI trailer if necessary (more than 20 patients)
 - c. Transport Team members will identify the point of entry from Transporting EMS ambulances and the point of egress, the drivers of the Ambulances entering the transport area should NOT leave their seat. Get in, Load with 2 patients, and Get out as quickly as possible.
 - i. Time is lost more often in the loading area than anywhere else
- IV. Treatment is aimed at doing the most good for the most patients
- a. Most red tagged patients will be in the treatment area for a minimal amount of time (awaiting Helo transport, or ambulance).
 - b. Stabilize and move – minimize on scene time
 - c. CSpine, Airway, 2 IVs, Ensure they are Triage Tagged and Transport
 - i. The most severe patients sometimes are moved so quickly that no one triage tags them
So Remember to tag them in treatment area if they arrive without a tag.
- V. **COMMUNICATION IS THE KEY TO SUCCESS IN ALL MCI INCIDENTS**
EARLY NOTIFICATION OF ALL HOSPITALS IS CRUCIAL
- a. Before wrapping up – walk through and assess to ensure all patients – including black tags have been transported.
 - b. Documentation – ensure each patient has a triage tag. Ensure that the tear off portion is collected prior to transport, and that we know which hospital each patient went to.
 - c. After all patients are safely transported we will begin collecting face sheets from hospitals so that an emscharts PCR can be generated for each patient.
 - d. MCI tend to draw a lot of media attention – do not talk to anyone from the media, let them know that a Public Information Officer is available at the EOC for the media to contact.

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VI: Motor Vehicle Collision involving School Transportation Vehicle

POLICY: Procedure to manage the scene, transport, and disposition of persons/students involved, when the collision is minor, and there are no/minor claimed injuries.

DEFINITIONS: Minor Collision: a) little or no damage to the bus
b) low speed collision
c) no passenger thrown out of seat

No Injuries: involved students/passengers deny injury

Minor Injuries: claimed minor aches, pain, soreness, stiffness; without potential for serious injury (i.e. a person's head hitting and breaking a window would not qualify as minor).

PROCEDURE:

1. All students stay in the seats occupied when the collision occurred, a roster/seating chart should be made.
2. The first EMS person on the scene is in charge of scene assessment and management. They will determine the mechanism and magnitude of vehicle damage and any injuries. They will then *directly* communicate (per radio) with the nearest Emergency Department and Emergency Department Physician on duty for further instructions.
3. If medical personnel/EMT of higher qualification arrives on the scene, they will assume management of the incident. This person must then contact the local E.D. control for further instructions.
4. If no injuries are claimed, and the bus/vehicle(s) are released by law enforcement on scene, the bus is to proceed on to the school and the school will contact the parents. The parents may get their child at school or after school and, at their discretion, may contact their private physician or go to the local Emergency Department.
5. If the injuries are minor and/or only minor damage to the vehicle, the Emergency Department Physician may allow the bus to proceed to the school and follow the above same procedure.

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6. If the bus/vehicle is transporting persons home after school, no injuries or only minor injuries are claimed, and the bus is drivable, once released by law enforcement, the bus may continue on it's route and drop-offs with a letter given to each minor as they disembark to give to their parents. Also, the school official will follow-up by phone or mailing as soon as possible in the proceeding days.

SAMPLE LETTER

The following page is a sample that can printed and kept in your squad to give any child involved in a minor bus collision with no injuries. It is important to remember that the parents will already know of this crash (social media, text messaging).

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Date: ___ / ___ / _____

To: Parent of Minor Child involved in Minor Bus Collision.

From: Seneca County EMS

Your child was on the bus when a minor collision occurred. There were no claimed or apparent injuries. If you or your child feels medical attention is needed, contact your private physician or go to the local Emergency Department. Please notify your school's principal of any problems requiring medical attention.

Thank-You.

Signature: _____

Print Name: _____

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