Northeast Fire Department Association

Operations
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Date Revised:

Tactical Guidelines: Mass Casualty Incidents and Triage

Approved by: Chief Wes Rhodes

NEFDA President

I. PURPOSE

To efficiently triage, treat and transport victims of multiple casualty incidents (MCIs). This guideline is applicable to all multiple victim situations.

II. PROCEDURE

A. Predetermined Response Plan.

1) An MCI shall be classified by different levels depending on the number of victims. The number of victims will be estimated during the initial size-up, prior to triage.

2) MCI LEVELS.

    a. **MCI LEVEL 1 (5-10 victims)** should, at a minimum, dispatch the following:
        4 ALS Transport Units
        2 Suppression Units
        1 Chief Officer

    b. **MCI LEVEL 2 (11-20 victims)** should, at a minimum, dispatch the following:
        6 ALS Transport Units
        2 Suppression Units
        2 Chief Officers
        1 NEFDA MCI Apparatus

    c. **MCI LEVEL 3 (over 21 victims)** should, at a minimum, dispatch the following:
        8 ALS Transport Units
        3 Suppression Units
        5 Chief Officers
        1 NEFDA MCI Apparatus

3) SPECIAL NOTES:
    a. Command can downgrade or upgrade the resource requests at any time.
    b. Consider Air Medical, AMBUS, Mass Transit and private ambulance companies
    c. Consider Mobile Command Vehicle (MCV) and MCI Vehicles as needed.
    d. NCTTRAC (817-607-7020) is the number to initiate an MCI in the region and to acquire the initial number of patients a hospital can receive.
    e. MEDSTAR (817-927-9620) is the contact for the AMBUS (and ambulances)
    f. Consider notifying your Emergency Manager for resource requests.

III. DOCUMENTATION

A. The Incident Commander will, at the completion of the incident, coordinate the gathering of all pertinent documentation.

IV. MCI KITS

Each City will determine which of their units carry MCI kits. MCI bags will contain:

A. Triage Ribbon Pack
B. EMS Gloves
C. 1 additional set of triage ribbon.
D. MCI paperwork for each Division, Group or Branch
E. 20 Triage Tags.
F. The following FOGs and documentation paperwork:

   1) FOG 1 - FIRST ARRIVING / RECON
   2) FOG 2 - COMMAND
   3) FOG 3 - MEDICAL
   4) FOG 4 - TRIAGE
      a. Triage Tag Receipt Holders
   5) FOG 5 - TREATMENT
      a. Treatment Unit Leader Count Worksheets
   6) FOG 6 - TRANSPORT
      a. Transportation Receipt Holder
      b. Hospital Capabilities Log (TRANSPORT OFFICER to maintain).
   7) FOG 7 - STAGING
      a. Ambulance Staging Resource Guide

V. TRIAGE

   A. START TRIAGE

      1) Ask those who can move to relocate to a safe location.
         A. Those who move – Green
         B. Did not relocate – Check Breathing

      2) Breathing (after opening airway)
         A. No – Black
         B. Yes – Check Radial Pulse

      3) Radial Pulse
         A. Not Present – RED
         B. Present – go to "obeys command" check

      4) Obeys Commands
         A. No- RED
         B. Yes - YELLOW
   B. PROCEDURE

      1. Initial Triage (First Arriving Unit (FOG 1))

    a. Utilize the Triage Ribbons (color-coded plastic strips). One should be tied to an upper extremity in a VISIBLE location (wrist if possible).

        i.   GREEN – Ambulatory (minor)
        ii.   YELLOW – Delayed
        iii.   RED – Immediate
        iv.   BLACK – Deceased (non-salvageable).

    b. Independent decisions should be made for each victim. Do not base triage decisions on the perception of too many REDs, not enough GREENs, etc.

    c. If borderline decisions are encountered, always triage to the most urgent priority (e.g. GREEN/YELLOW patient, tag YELLOW).

2. TRIAGE (FOG 4)

    a. Utilize the Triage Tags and attempt to assess for and complete all information required on the tag (time permitting). Affix the tag to the victim.

C. SPECIAL CONSIDERATIONS

1. The first assessment that produces a RED tag stops further assessment.

2. Only correction of life-threatening problems (e.g. airway obstruction or severe hemorrhage) should be managed during triage.

FOG 1- RECON
(First Arriving Unit Performing Initial Triage)

A. Perform the initial size-up. Determine any special needs, such as fire suppression, HAZ-MAT, extrication, etc.

B. Approximate the number of victims and announce the level of MCI:

   1) Level 1 (5-10 victims). 4 Medic Units, 2 Suppression Units, 1 Chief Officer

   2) Level 2 (11-20 victims). 6 Medic Units, 2 Suppression Units, 2 Chief Officers, NEFDA MCI Apparatus

   3) Level 3 (>20 victims). 8 Medic Units, 3 Suppression Units, 5 Chief Officers, NEFDA MCI Apparatus

C. Begin establishment of command structure, establish RECON and prepare to assign incoming units to specific groups, tasks or staging.

D. Remain in a visible location or with your unit.

E. Direct remaining personnel to begin initial triage utilizing triage tape.

F. Locate and remove the walking wounded away from the incident site for later triage.

G. Coordinate movement of patients to TRIAGE.

H. As additional units arrive, assign positions per Command FOG #2.

START TRIAGE

   1) Ask those who can move to relocate to a safe location.
      A. Those who move – Green
      B. Did not relocate – Check Breathing

   2) Breathing (after opening airway)
      A. No – Black
      B. Yes – Check Radial Pulse

   3) Radial Pulse
      A. Not Present – RED
      B. Present – go to "obeys command" check

   4) Obeys Commands
      A. No- RED
      B. Yes - YELLOW

COMMAND – FOG 2

A. Radio designation COMMAND.

B. Establish in a visible location and remain with your unit.

C. Request additional units early, as needed.

D. Confirm that the NCTTRAC has been notified of the MCI (817-607-7020). Include patient totals, types of injuries and any other information that would help receiving facilities. Acquire initial hospital MCI availability from NCTTRAC. Ask NCTTRAC to begin an incident in ETRACS.

E. MEDSTAR number for AMBUS (and other ambulances) is 817-927-9620

F. Set up the EMS Tactical Command Worksheet.

G. Assign positions to perform the following functions:

1) RECON (Initial Triage)
2) TRIAGE
3) TREATMENT
4) TRANSPORT
5) STAGING
6) REHAB (as needed)
7) SAFETY (as needed)
8) EMS (as needed for span of control)
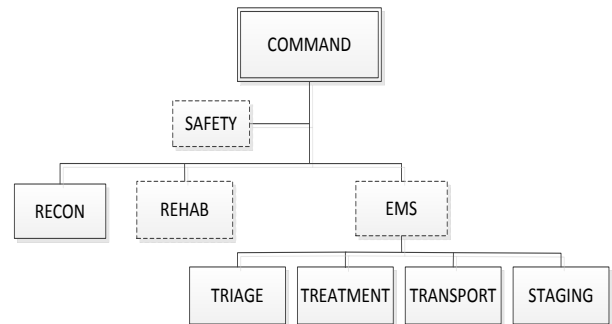
H. When applicable, have a liaison of each involved party at the Command Post. Some examples would include PD, private ambulance company representative, building representatives, etc.

I. Consider a mobile command vehicle, MCI vehicles, air medical, private ambulances, AMBUS.

J. In large scale or a complex MCI, designate the EMS Branch; TRIAGE, TREATMENT, and TRANSPORT will report to EMS.

MCI LEVEL 1 (5-10 victims)	MCI LEVEL 2 (11-20 victims)	MCI LEVEL 3 (> 21 victims)
4 ALS Transport Units	6 ALS Transport Units	8 ALS Transport Units
2 Suppression Units	2 Suppression Units	3 Suppression Units
1 Chief Officer	2 Chief Officers	5 Chief Officers
	NEFDA MCI Unit	NEFDA MCI Unit

EMS – FOG 3

A. Radio designation EMS (if established by COMMAND for span of control)

B. Confirm that the NCTTRAC has been notified MCI (817-607-7020). Include patient totals, types of injuries and any other information that would help receiving facilities

C. Establish in a visible location or join the established Command Post.

D. Set-up the EMS Tactical Command Worksheet.

E. Assign positions to perform the following functions (if not done by COMMAND):

    1) TRIAGE
    2) TREATMENT
    3) TRANSPORT
    4) STAGING

F. Advise COMMAND the exact number of victims and their categories.

MCI LEVEL 1 (5-10 victims)	MCI LEVEL 2 (11-20 victims)	MCI LEVEL 3 (> 21 victims)
4 ALS Transport Units	6 ALS Transport Units	8 ALS Transport Units
2 Suppression Units	2 Suppression Units	3 Suppression Units
1 Chief Officer	2 Chief Officers	5 Chief Officers
	NEFDA MCI Unit	NEFDA MCI Unit

TRIAGE OFFICER – FOG 4

A. Radio designation TRIAGE.

B. Coordinate the movement of all victims into TREATMENT

C. Triage Tags are placed on all patients in TRIAGE. The tags do not have to be completely filled out in TRIAGE.

D. Report to COMMAND (or EMS if established) the number and category of victims.

E. Once TRIAGE is completed, contact COMMAND (or EMS if established) for re-assignment of personnel.

TREATMENT – FOG 5

A. Radio designation TREATMENT.

B. Direct personnel to perform ongoing triage and to concentrate on lifesaving interventions before performing interventions.

C. If the incident size warrants, designate a "Treatment Team Leader" for each color category.

D. Advise TRANSPORT of victim(s) requiring immediate transportation.

E. Consider having a documentation aide.

F. Account for all victims triaged and treated on the Treatment Unit Leader Count Worksheet.

G. Advise COMMAND (or EMS if established) as to any changes in the victim count or category.

H. Coordinate with TRANSPORT the movement of victims to the transportation area.

TRANSPORT OFFICER – FOG 6

A. Radio designation TRANSPORT

B. Notify NCTTRAC (817-607-7020). Include patient totals, types of injuries and any other information that would help receiving facilities. Acquire initial hospital MCI availability from NCTTRAC. Ask NCTTRAC to begin an incident in ETRACS.

C. Establish a transportation area accessible to the treatment area and preferably having clear entry and exit points.

D. Coordinate the loading of patients by priority.

E. Obtain Transportation Receipt from each triage tag; record necessary information on receipt and place receipt in the Transportation Receipt Holder.

F. Request additional transport units from STAGING.

G. Contacting COMMAND (or EMS if established), utilize Transportation Receipt Holder to relay the number of patients transported.

Facility Name	Address	City	County	Trauma Level	Phone
LEVEL 1 Trauma Centers					
Childrens Medical Center - Dallas	1935 Medical District Dirve	Dallas	Dallas	Level 1	214-456-2123
JPS	1500 S. Main Street	Fort Worth	Tarrant	Level 1	817-702-2407
Parkland Memorial Hospital	5201 Harry Hines Blvd.	Dallas	Dallas	Level 1	214-590-8848
LEVEL 2 Trauma Centers					
Baylor University Medical Center	3500 Gaston Ave.	Dallas	Dallas	Level 2	214-820-2505
Cook Childrens Medical Center	801 7th Ave.	Fort Worth	Tarrant	Level 2	682-885-6155
Medical Center - Plano	3901 W. 15th Street	Plano	Collin	Level 2	972-985-7435
Methodist - Dallas Medical Center	1441 N. Beckley Ave.	Dallas	Dallas	Level 2	214-947-8486
THR - Fort Worth	1301 Pennsylvania Ave.	Fort Worth	Tarrant	Level 2	817-332-6454
LEVEL 3 Trauma Centers					
Baylor Medical Center - Carrolton	4343 N. Josey Lane	Carrollton	Denton	Level 3	972-394-2280
Baylor Medical Center - Garland	2300 Marie Curie	Garland	Dallas	Level 3	972-487-5152
Baylor Regional Medical Center - Grapevine	1650 W. College Street	Grapevine	Tarrant	Level 3	817-488-1139
Denton Regional Medical Center	3535 S. I-35 E.	Denton	Denton	Level 3	940-566-5053
Medical Center - Arlington	3301 Matlock Road	Arlington	Tarrant	Level 3	817-465-9161
THR - HEB	1600 Hospital Pkwy.	Bedford	Tarrant	Level 3	817-848-4615
THR - Plano	6200 W. Parker Road	Plano	Collin	Level 3	972-981-8013
LEVEL 4 Trauma Centers					
Dallas Regional Medical Center	1011 N. Galloway Ave.	Mesquite	Dallas	Level 4	214-320-7190
THR - Allen	1105 Central Expressway N.	Allen	Collin	Level 4	972-747-6115
THR - Azle	108 Denver Trail	Azle	Tarrant	Level 4	817-444-8667
Baylor All Saints	1400 8th Avenue	Fort Worth	Tarrant		817-921-5340
Baylor Medical Center Irving	1901 N MacArthur	Irving	Dallas		972-579-8110
HCA Medical Center	3301 Matlock Road	Arlington	Tarrant		817-472-4862
HCA North Hills Hospital	4401 Booth Calloway	NRH	Tarrant		817-255-1819
HCA Plaza Medical Center	900 Eighth Avenue	Fort Worth	Tarrant		817-877-5761
THR Arlington Memorial	800 W Randol Mill Road	Arlington	Tarrant		817-960-6211
THR Presybertian	8200 Walnut Hill Lane	Dallas	Dallas		214-345-8309
UT Southwestern Medical Center	2201 Inwood Road	Dallas	Dallas		214-645-5282

STAGING OFFICER – FOG 7

A. Radio designation STAGING.

B. Establish the specific location of STAGING and advise COMMAND and Dispatch to direct all incoming unit to that location.

C. Maintain the Ambulance Staging Resource Status form.

D. Ensure that personnel stay with their vehicle unless otherwise directed.

E. If personnel leave their vehicle, keep the keys with each vehicle.

F. Coordinate with TRANSPORT the need to move units to TRANSPORT.

G. Consider the necessity of staging larger vehicles such as Mobile Command Vehicles, AMBUS, MCI vehicles and air medical.

H. Maintain at least two (2) transport units. Notify COMMAND anytime this level not maintained.