

**ERIE COUNTY**  
**MASS CASUALTY**  
**INCIDENT PLAN**



**JULY 2018**



The Erie County, Pennsylvania Mass Casualty Incident (MCI) Plan has been developed as an operations guide for the management of field medical operations. This plan is based on the Incident Command System (ICS) and the components may be expanded, or contracted, as necessary. The plan may be initiated any time that the resources available at the incident are insufficient to meet the needs of the operation or structured organization is required.

These operating guidelines have been developed for use as a framework by fire departments, EMS agencies, dispatch centers, hospitals, non-government organizations and other governmental agencies that may assist or support a mass casualty incident.

**This plan is not meant to replace traditional training in Incident Command, Mass Casualty, Hazardous Materials or any other applicable disciplines.** Rather it is designed to establish a framework to which responders should base their agency response and on-scene operations. This plan has been divided into 3 volumes to better prepare responders for a mass casualty event. Some information is contained in all three volumes.

Volume I – Mass Casualty Incident Preparations  
Volume II – Mass Casualty Incident Operations  
Volume III – Mass Casualty Incident Field Guide

## Purpose

This plan is intended to be activated and utilized for actual/potential mass casualty incidents. It should be implemented whenever a situation occurs that requires resources beyond the normal day-to-day operations and overwhelms the resources of an EMS provider. This MCI plan provides for a uniform guideline for handling mass casualty incidents within the structure of the National Incident Management System (NIMS) and the Incident Command System (ICS). It is also meant to serve as an informational guide for future planning, training, exercises, and equipment procurement.

## MCI Overview

Early organization of an MCI is crucial to obtain the desired outcome. This early organization is dependent upon the actions of the first arriving units, which may include EMS, fire and law enforcement agencies. It is critical that a Unified Command be established as quickly as possible. As units arrive on the scene, personnel from these varied groups assume, or are assigned, positions with specific responsibilities and tasks, based on the best use of available personnel resources.

## Stages of an MCI

### Pre-Arrival

1. MCI occurs.
2. Dispatch is notified of the incident.
3. Dispatch sends appropriate personnel/equipment, advising of potential MCI.
4. Responding units notify dispatch en-route of possible hazards, alternate response routes, etc.

### Arrival

5. First arriving unit confirms/denies actual MCI
6. First arriving unit establishes command, notifies dispatch of size up, including approximate number/category of patients, wind direction, incident location, and requests additional resources if needed.
7. Dispatch activates MCI plan after receiving "ground truth" confirmation of MCI
8. First available personnel begin triage, using START system.
9. Additional units arrive.
10. MCI positions are established per ICS/NIMS standards.
11. Dispatch is advised of the exact number of victims and their categories.

### General Tasks

12. Additional assistance is requested as needed.
13. Medical command and area hospitals are notified.
14. Staging area, manpower pool, and equipment pool are established.
15. Media area is established.
16. Scene is secured.
17. Decontamination area is established.
18. Treatment area is established.
19. Transportation area is established.

## Patient Flow

20. Patients are properly tagged prior to movement.
21. Patients are prioritized to undergo decontamination procedures, if needed.
22. Patients are directed to appropriate treatment area.
23. Personnel treat patients and document injuries/treatment.
24. Patients are moved to the load zone.
25. Transportation Group Supervisor receives hospital capabilities report from PSAP.
26. Transportation Group Supervisor directs patient(s) transport, making sure all patients are transported to the assigned area hospital(s).

## De-escalation

27. Transportation of the deceased is the responsibility of the County Coroner. EMS Agencies may be requested to assist with this process.
28. Paperwork is completed and forwarded to the Incident Commander.
29. Mass Fatality Plan is activated if needed.
30. Demobilization process is completed.

## Quality Improvement

31. Typically held within 5 days after occurrence
32. County EMA, in conjunction with the Authority Having Jurisdiction (AHJ), may coordinate the process, or may delegate the process to the Regional EMS Council.
33. Agencies requesting a QI review should contact the AHJ.
34. The QI process may be informal, or formal, depending on the nature of the review.
35. All participating agencies are invited to send a representative, the coordinator may elect to request specific personnel be in attendance.

## Mass Casualty Levels

These recommendations should be adjusted taking into account; weather, transport time, EMS coverage. It is better to turn units around, rather than to wish you had more.

Below are the **Zone A** recommendations

Level 1 (Up to 10 Patients)	Level 2 (11-20 Patients)	Level 3 (21-50 Patients)
Relatively minor incident involving 3-10 surviving persons. Local resources stressed for a short period of time.	Mass Casualty Incident involving 11- 20 surviving persons. County resources stressed for an extended time.	Catastrophic Casualty Incident involving 21- 50 surviving persons. Regional Resources stressed for an extended period of time.
<b>Respond To Scene</b>		
2 BLS Transportable Units 2 ALS Transportable Unit 2 Medic Units (Fly Car) 1 Rescue Company	4 BLS Transportable Units 3 ALS Transportable Units 2 Medic Units (Fly Car) 1 Rescue Company 1 Engine Company	6 BLS Transportable Units 4 ALS Transportable Units 2 Medic Units (Fly Car) EMS Strike Team 2 Rescue Companies 2 Engine Companies
<b>Place on Standby</b>		
Air Medical 1 BLS Transportable 1 ALS Transportable	Air Medical 2 BLS Transportable Units 1 ALS Transportable Unit Mass Transit vehicle	2 Air Medical 3 BLS Transportable Units 1 ALS Transportable Unit Mass Transit vehicle
<b>Transfer Assignment</b>		
Upon Request	Transfer 1 Engine/Rescue and 1 BLS Squad to 1 central station of affected area.	Transfer 1 Engine/Rescue and 1BLS Squad to 2 central stations of affected area.

Zone B – Add 1 ambulance

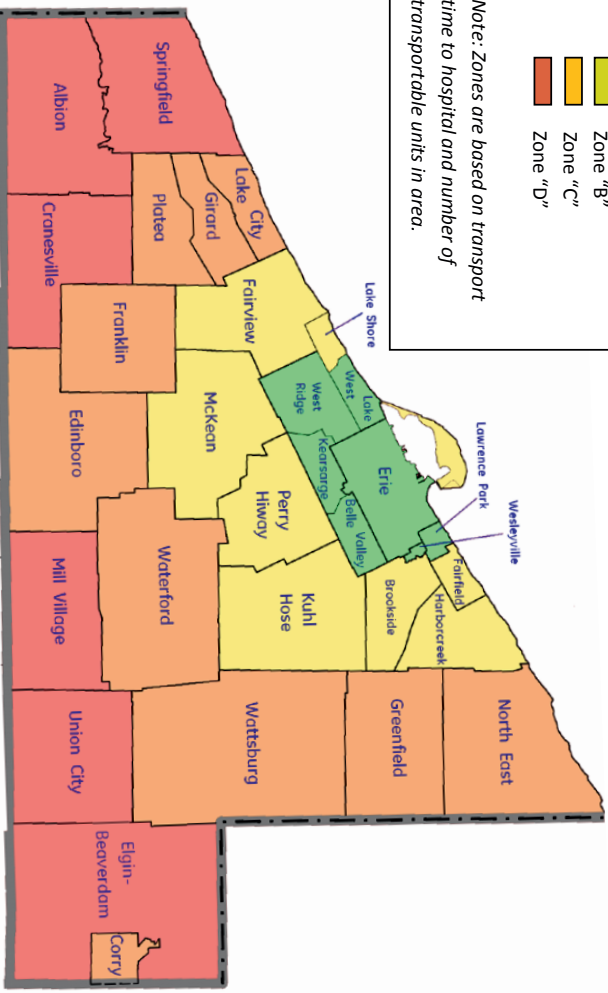
Zone C – Add 2 ambulances, 1 engine

Zone D – Add 3 ambulances, 2 engines, 1 rescue

Utilize UTV's for all interstate multi-vehicle accidents

- Zone "A"
- Zone "B"
- Zone "C"
- Zone "D"

*Note: Zones are based on transport time to hospital and number of transportable units in area.*





# FIRST UNIT ON SCENE

## SAFETY assessment. Assess the scene observing for:

- Electrical hazards
- Flammable liquids
- Hazardous Materials
- Secondary Devices
- Other life threatening situations

## SIZE UP the scene: How big and how bad is it? Survey incident scene for:

- Type and/or cause of incident.
- Approximate number of patients.
- Severity level of injuries (either Major or Minor).
- Area involved, including problems with scene access.

## SEND information:

- Contact dispatch with your size-up information.
- Clearly state **"THIS IS A MASS CASUALTY INCIDENT"**
- Request additional resources.

## SETUP the scene for management of the casualties:

- Establish triage
- Identify access and egress routes.
- Identify adequate work areas for Triage, Treatment, and Transportation.

## START (Simple Triage And Rapid Treatment) and JumpSTART (for pediatric patients)

- Begin where you are.
- Ask anyone who can walk to move to a designated area.
- Use surveyor's tape/triage tags to mark patients.
- Move quickly from patient to patient.
- Maintain patient count.
- Provide only minimal treatment.
- Keep moving!



# INCIDENT COMMAND

Name/Unit	Position	Radio Freq
	Operations	
	Staging	
	EMS Branch	
	Triage	
	Treatment	
	Transport	
	Safety	
	Extrication	
	PIO	

## Tasks:

- Assumes command and announces name and title to the communications center.
- Dress in identifying vest.
- Identify potentially hazardous situations.
- Assess current situation.
- Estimate number of patients.
- Request additional manpower and equipment as appropriate.
- Mark Incident Command Post (ICP) with green light
- Transition to Unified Command when appropriate
- Initiate, maintain and control communications
- Assign ICS functions
- Develop, evaluate and revise operational plans
- Coordinate with other agencies

# EMS/MEDICAL BRANCH

Responsible for the overall management and coordination of personnel and resources responding to the incident

## NOTES

### HELPFUL HINTS

- On small incidents this position may also be the INCIDENT COMMANDER position.
- Consider having a Medical Command Physician report to the scene for onsite medical direction.
- The EMS/MEDICAL BRANCH DIRECTOR is not to be confused with the MEDICAL UNIT LEADER. The MEDICAL UNIT LEADER is responsible for responder medical needs, and reports to LOGISTICS OFFICER.

# EMS/MEDICAL BRANCH

Name/Unit	Position	Radio Freq
	IC/UC	
	Operations	
	Staging	
	Triage	
	Treatment	
	Transport	
	Safety	
	Extrication	
	PIO	

## Tasks:

- Assume command of EMS/MEDICAL BRANCH.
- Report and provide frequent updates to the OPERATIONS CHIEF.
- Determine main Base/Coordinating Hospital
- May also have the role of Incident Command on small incidents.
- Dress in identifying vest.
- Locate in a visible position.
- Coordinate, direct and manage all EMS/MEDICAL BRANCH operations.
- Account for all personnel assigned to this group.
- Monitor safety and welfare of group personnel.
- Consider relief crews.
- Request separate ambulance staging area if needed.
- Consider Casualty Collection Point or Alternate Care Sites.



# SAFETY OFFICER

Bullhorn	Flashlights
Marking Tape	Clipboard(s)
Barricade Tape	Portable Radio
Grease Pencils/Marking Pens	Marking Paint
Safety Forms	"SAFETY OFFICER" Vest
<b>EQUIPMENT CHECKLIST</b>	

## Tasks:

- Report to the INCIDENT COMMANDER.
- Dress in identifying vest.
- Provide a ring of safety around the incident.
- Identify hazardous situations associated with the incident.
- Take immediate corrective action or stop unsafe situations or practices.
- Notify COMMAND and OPERATIONS if unsafe situations are observed
- Observes the rescue ground for:
  - \*unsafe practices
  - \*use of protective equipment
  - \*need for relief crews
  - \*need for personnel rehab
- Observes structural integrity.
- Monitors hazardous/toxic environments and exposure levels of emergency personnel.
- Investigates injuries to department personnel and ensures proper levels of care are provided.
- Ensures that personnel accountability system is in use and operating effectively.
- Coordinate CISM/Mental Health debriefings



# OPERATIONS

	PIO	
	Extrication	
	Safety	
	Transport	
	Treatment	
	Triage	
	EMS Branch	
	Staging	
	IC/UC	
Radio Freq	Position	Name/Unit

## Tasks:

- Meets with IC/UC to assist in creating IAP
- Dress in identifying vest.
- Identify potentially hazardous situations.
- Create tactics to accomplish incident objectives
- Brief key personnel on tactics
- Request additional manpower and equipment as appropriate
- Maintain and control communications.
- Assign ICS functions as directed by IC
- Develop, evaluate and revise operational plans with IC
- Coordinate with other agencies



# STAGING OFFICER

Key Tags	Lighting
Clipboard(s)	Road cones
Portable Radio	Staging Sector Forms
"STAGING" Vest(s)	Barricade Tape
"STAGING MANAGER" Vest	Grease Pencils/Marking Pens
<b>EQUIPMENT CHECKLIST</b>	

**Tasks:**

- Report to OPERATIONS SECTION CHIEF
- Dress in identifying vest.
- Establish STAGING Area in coordination with OPERATIONS and/or COMMAND.
- Establish the STAGING AREA at a site away from the scene. The STAGING AREA should:
  - Be large enough to handle the expected number of units
  - Have easy access and egress
  - Be close to major transportation routes
  - Have easy access to the TRANSPORTATION AREA
- Provide appropriate vehicles, equipment, and resources as requested.
- Order all personnel to remain with their vehicles.
- Maintain and document the status, number and types of resources in STAGING.







# TRIAGE TEAM LEADER

EQUIPMENT CHECKLIST		TRIAGE KIT(S)
"TRIAGE TEAM LEADER" Vest	Triage tags	
"TRIAGE" Vest(s)	4x4 Dressings (25)	
Portable Radio	2" Tape (2)	
Clipboard(s)	4" Kling (2)	
Lighting	Oral Airway Set	
Grease Pencils/Marking Pens	Vaseline Gauze (3)	Colored Ribbons

## Tasks:

- Report and provide updates to EMS/MEDICAL BRANCH DIRECTOR
- Dress in identifying vest.
- Locate in a visible position between the incident site and the treatment area.
- If danger exists, ensure all patients are moved out of INCIDENT AREA before establishing TRIAGE.
- Establish controlled pathway ("cattle shoot") from the incident site to the treatment area.
- Direct walking wounded to designated treatment area.
- If START/JumpSTART not yet completed by first arriving crews, appoint triage teams to perform START/JumpSTART using triage tags.
- Coordinate the transfer of patients to TREATMENT area with EXTRICATION. Request "porters" from INCIDENT COMMAND (or EMS/MEDICAL BRANCH DIRECTOR)
- Apport "porters" to transport patients via backboards to treatment area. At hazardous materials incidents, a team must be assigned to move patients from the decontamination line to the treatment area.
- Maintain communications with EMS/MEDICAL BRANCH DIRECTOR and other OFFICERS.

START Triage  
**Assess, Treat, (use bystanders)**  
 When you have a color  
 STOP - TAG - MOVE ON

**-- Move Walking Wounded**

-- No RESPIRATIONS after *head tilt*

-- **Breathing** but UNCONSCIOUS

-- **Respirations** - over 30

-- **Perfusion** Capillary refill > 2  
 or NO RADIAL PULSE  
*Control bleeding*

-- **Mental Status** Unable to follow simple  
 commands

-- Otherwise

**REMEMBER:**

Respirations - 30

Perfusion - 2

Mental Status - Can Do

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**START TRIAGE**







	DECEASED
	IMMEDIATE
	DELAYED
	MINOR
PEDIATRIC	
	DECEASED
	IMMEDIATE
	DELAYED
	MINOR
ADULT	

# EXTRICATION LEADER

To ensure the safe and rapid removal of entrapped patients and their prompt delivery to treatment area.

## NOTES

### HELPFUL HINTS

- If in hazardous area, EXTRICATE patients rapidly and move to TREATMENT AREA.
- Maintain close contact with TRIAGE and TREATMENT UNIT LEADERS.
- Assist TRIAGE in orderly transfer of patients to TREATMENT Area moving ALL RED TAGS FIRST.
- Assist TREATMENT and TRANSPORTATION OFFICERS in moving patients when all extrications are complete (if needed).

# EXTRICATION LEADER

\* Note\* Contaminated patients must be decontaminated prior to being moved to triage or treatment areas.

- Tasks:**
- Report to and provide updates to OPERATIONS OFFICER or EMS/MEDICAL BRANCH DIRECTOR
  - Dress in identifying vest.
  - Locate in a visible position with clear view of overall extrication operation.
  - Supervise and coordinate the EXTRICATION process
  - Assist TRIAGE UNIT LEADER in determining if triage can be conducted at the incident site or if victims must be moved to a safe area prior to triage.
  - Locate and remove trapped victims/patients and deliver them to the treatment area.
  - Assist in determining need for emergency medical care for patients undergoing extended/delayed extrication and request additional medical resources.
  - Maintain patient and team safety during all phases of the EXTRICATION.
  - Request relief crews to maintain progress towards extrication objectives.
  - Request specialized equipment and/or supplies through OPERATIONS or LOGISTICS
  - Request additional manpower and/or fire suppression personnel to protect entrapped victims during the EXTRICATION process.
  - Provide essential and frequent progress reports to TRIAGE and EMS/MEDICAL BRANCH DIRECTOR as appropriate.

# TREATMENT LEADER

Provide continuing assessment, triage, and care to patients awaiting transportation.

## NOTES

### HELPFUL HINTS

- Arrange and clearly mark TREATMENT Area. Patients should be placed in parallel rows based on triage category.
- Identify areas for each triage category using colored tarps, flags, tape, etc.
- Isolate emotionally disturbed patients.
- Have "WALKING WOUNDED" (GREEN) move to an out-of-the-way area.
- Continuously triage ALL patients. Remove ribbons once tags applied since patient conditions may have changed.
- Assign appropriate medical personnel to treatment area. Consider establishing special teams (i.e. IV teams, bandaging teams, etc)
- Maintain contact with TRANSPORTATION UNIT LEADER and assist in moving patients to transportation area.
- Establish "cattle chutes" staffed with triage personnel as "gatekeepers" at entrance to and exit from TREATMENT AREA to control patient flow.

# TREATMENT LEADER

Treatment Sector	"TREATMENT TEAM LEADER" Vest
Treatment Sector Forms	"TREATMENT" Vest(s)
Grease Pencils/Marking Pens	Portable Radio
Barricade Tape	Clipboard(s)
Treatment Flags/Tarps	Lighting
Treatment Supplies	

## EQUIPMENT CHECKLIST

- Tasks:**
- Report and provide updates to the EMS/MEDICAL BRANCH DIRECTOR
  - Dress in identifying vest.
  - Locate in a visible position.
  - Establish TREATMENT area.
  - Triage patients constantly. Initially use the START/JumpSTART method, but apply more detailed assessments as Secondary Triage is initiated.
  - Verify triage tags as patients are moved into the treatment area.
  - Apport immediate, delayed and minor care managers as needed.
  - Work with TRANSPORTATION UNIT LEADER to determine appropriate order of transport.
  - Constantly reassess patients' conditions and priorities.
  - Consider requesting Medical Command Physician to area for on-site medical direction.





	DECEASED
	IMMEDIATE
	DELAYED
	MINOR
PEDIATRIC	
	DECEASED
	IMMEDIATE
	DELAYED
	MINOR
ADULT	

# TRANSPORT LEADER

To coordinate all patient transportation and maintenance of records relating to patient injuries as noted on triage tag

## NOTES

### HELPFUL HINTS

- Suggest means of transport to EMS/MEDICAL BRANCH DIRECTOR (e.g. buses, helicopters, etc.)
- Ensure that transport ambulances are parked to allow easy patient loading and egress without being blocked by other vehicles. Avoid the need to have vehicles operate in reverse.
- Maximize use of resources; 1 RED + 1 YELLOW, 2 YELLOW. Avoid ambulances leaving with only 1 patient.

# TRANSPORT LEADER

Tracking sheets	Lighting
Hospital availability	Clipboard(s)
Barricade Tape	Portable Radio
Grease Pencils/Marking Pens	Landing Zone Identification
Transport Sector Forms	"TRANSPORT TEAM LEADER" Vest
<b>EQUIPMENT CHECKLIST</b>	

- Tasks:**
- Report and provide updates to the EMS/MEDICAL BRANCH DIRECTOR
  - Dress in identifying vest.
  - Locate in a visible position.
  - If not already accomplished establish ambulance STAGING area and appoint STAGING OFFICER, ensuring that drivers remain with units.
  - Arrange transport for those patients whom TREATMENT has selected for transport.
  - Record each patient's triage tag number and destination
  - Utilize different modes of transport based on patient needs and capabilities at the STAGING AREA.
  - Inform transport crews of their destination and of refueling/restocking sites (if necessary).
  - Remind ambulance crews that they do not need to contact receiving facility.
  - Document patient and unit movements and destination.
  - Apoint LANDING ZONE OFFICER as necessary.



	Tag #	ALS/BLS	Unit	Destination	Depart Time





INDICATES COIL HOLES & WILL NOT PRINT.



