

Madison County Department of Emergency Medical Services

Standard Operating Guideline



Title	MCI Operations
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Approved by	Lewis Jenkins, EMS Director



MCI Operations

Purpose:

To provide a framework and set of guidelines to facilitate a systematic and coordinated response to isolated incidents in which the demand for EMS resources exceeds those which are readily available. The declaration of an MCI is at the discretion of the incident commander.

I. Response

I. SIZE-UP

1. Upon arrival at the scene, the first in AIC will make an initial size-up. At a minimum, the following should be assessed and relayed to dispatch as soon as possible:
 - a. The nature/type of the incident
 - b. Approximation of the number of patients
 - i. Severity if available
 1. i.e., mostly priority Green, mostly priority Red, etc.
 - ii. Mass casualty vs. mass fatality
 - c. Who is in command and location of initial command post.
 - d. Have the Duty Officer dispatched to the scene.
 - e. Staging location for incoming resources
 - i. Advise on desired direction of approach if necessary.
 - f. Resources requested including Logistics 2, and additional ambulances, heavy squad, aeromedical transport, etc.
 - g. Declaration that the incident is an MCI.
 - h. Notify MJH, UVA, and CRH.
 - i. Notify O.M.D. via cellular phone.
2. At the request of the scene incident commander, dispatch can/will do the following:
 - i. Advise surrounding counties (Greene, Orange, Culpeper, Rockingham, etc.) of the occurrence of the MCI.
 - a. Check the status of the helicopter and/or place them on stand-by and/or request their response to the scene.
 - b. Notify VDOT and/or State Police for assistance with traffic control.
 - c. Consider asking dispatch to contact the bus depot for a bus(es) for transportation of priority Green patients, depending on number of stable patients.

II. Initial Actions

1. After initial size up and the request for additional resources, the incident commander shall formulate an incident action plan (IAP). The incident action plan shall outline the intended plan of action to successfully mitigate the incident in the most efficient and expeditious manner possible. In order to accomplish this goal, the incident commander shall focus on accomplishing the following tasks in order:
 - a. Triage
 - b. Treatment
 - c. Transport

2. The incident commander is responsible for all tasks during the course of the incident unless delegated to another person. During the course of the incident, these tasks may include:
 - a. Staging
 - b. Triage
 - c. Extraction
 - d. Extrication
 - e. Treatment
 - i. Green, Yellow, Red
 - f. Transport
 - g. Morgue
 - h. P.I.O.
 - i. Logistics
 - j. Rehab

3. The incident commander shall assign the above tasks to personnel as needed. Many of the above tasks will require more than one person to successfully accomplish. As a general rule, the above task should be assigned in descending order.

III. Incident Progression

1. As the incident evolves, the incident commander shall make periodic assessments of progress towards accomplishing the goals of the incident action plan (mitigation of the incident).
 - a. During these assessments, difficulties should be identified and plans developed to rectify those problems.
 - b. During assessments, resources should be evaluated at three levels:
 - i. What is presently needed
 - ii. What will be needed in the short term (<1hr)
 - iii. What will be needed in the long term (>1hr)
 - c. Personnel should be continually evaluated for signs of mental and or physical stress/exhaustion. A rehabilitation sector should be established as soon as personnel level permit and all crews rotated through rehab on a regular basis.

- i. Criteria for release from the rehab sector shall be the same as those used for the rehab sector during structure fire operations. Additional consideration shall be given to the mental fitness of the personnel. If it is determined that personnel are mentally exhausted, they shall be removed from the operation just as if they were physically exhausted.

IV. Incident Mitigation/Termination

Mass casualty incidents are resource intensive, both in terms of equipment and personnel. As the incident progresses and patients are transported from the scene, sectors should be adjusted accordingly. For example, after all patients have been triaged, members of the triage sector can be reassigned to other sectors. If sufficient personnel exist on scene to handle the incident, consideration can be given to releasing units/personnel from the scene.