



Standard Operating Guideline	
SOG Name:	Mass Casualty Incidents
SOG Number:	100.13
Standard:	TBD
Guideline Owner:	Emergency Operations – Incident Operations
Implementation Date:	May 31, 2017
Date of Last Revision:	May 31, 2021
Authority:	Larry H. Williams, Jr, Fire Chief

PURPOSE: A Mass Casualty Incident (MCI) presents an enormous challenge to our agency's ability to provide emergency medical care. The purpose of this guideline is to provide the needed tools used to mitigate a MCI event.

A. GENERAL

A MCI is an emergency incident that overwhelms available medical resources. The Dothan Fire Department classifies a MCI as level I, II, or III based on its size and complexity.

- Level I - 6-10 patients
 - 1 Engines,
 - 1 Truck
 - 1 Battalion Chief
 - 3 Ambulances (Addendum 7).
- Level II –11-25 patients
 - 3 Engines
 - 1 Truck
 - 1 Battalion Chief
 - Rehab
 - Duty Officer
 - 6 Ambulances
 - 1 City Transit Bus (Addendum 7)
 - Helicopter (Addendum 7)
- Level III – over 25 patients.
 - 4 Engines
 - 1 Truck
 - Rehab
 - 1 Battalion Chief
 - Duty Officer
 - 10 Ambulances
 - 1 City Transit Buses (Addendum 7)
 - Helicopter (Addendum 7)

Anytime a MCI is projected to stress resources, results in the recall of personnel, or is difficult in nature, the Department Operations Center (DOC) shall be activated and staffed. Any officer may initiate staffing of the DOC.

B. DEFINITION OF MCI POSITIONS

INCIDENT COMMANDER (IC)

The IC manages the initial response resources as well as all Command and General Staff responsibilities until expansion of specific roles and responsibilities can be achieved. The IC will be responsible for completing all Medical Branch Director's/Medical Group Supervisor's duties prior to delegating the position (Addendum 7/8).

MEDICAL BRANCH DIRECTOR

The Medical Branch Director is responsible for implementing the Incident Action Plan with all positions of the Medical Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Group(s) and the Patient Transportation function (unit or Group). Patient Transportation may be upgraded from a Unit to a Group based on the size and complexity of the incident. Common responsibilities of Medical Branch Director include:

1. Review Group assignments for effectiveness of current operations and modify as needed.
2. Provide input to Operations Section Chief concerning the overall Incident Action Plan.
3. Supervise Branch activities and work with Safety Officer to assure safety of all personnel through effective risk analysis and strong command and control.
4. Report to Operations Section Chief on Branch Activities.

MEDICAL GROUP SUPERVISOR

The Medical Group Supervisor reports to the Medical Branch Director and supervises the Triage Unit Leader, Treatment Unit Leader, Transportation Unit Leader, and Medical Supply Coordinator. The Medical Group Supervisor controls activities within the Medical Group. Common responsibilities of the Medical Group Supervisor include:

1. Participate in Medical Branch/Operations Section planning activities.
2. Establish Medical Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.
3. Designate Unit Leaders and Treatment Area locations.
4. Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.
5. Request law enforcement /coroner as needed.
6. Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical equipment, backboards, litters, cots available by request through EMA).
7. Ensure activation or notification of hospital alert system, local EMS/health agencies.

8. Direct and/or supervise on-scene personnel from agencies such as Coroner's Office, Red Cross, Law Enforcement, Ambulance Companies, County Health agencies, and hospital volunteers.
9. Request proper security, traffic control, and access for the Medical Group work areas.
10. Direct medically trained personnel to the appropriate Unit Leader.

TRIAGE UNIT LEADER

The Incident commander or Medical Group Supervisor shall designate a member to the position of Triage Unit Leader. The Triage Unit Leader reports to the Medical Group Supervisor, and supervises Triage Personnel and the Morgue Manager. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the triage to the treatment area. The Triage Unit Leader coordinates Triage Personnel so that triage is done in an organized and timely fashion. The Triage Tag used will be the Met-Tag barcode tag (Addendum 1). List of common responsibilities include:

1. Develop unit sufficient to handle incident.
2. Inform Medical Group Supervisor of resource needs.
3. Secure Triage Tag to patient's neck or limb, tear until appropriate color, and secure ticket stub for documentation.
4. Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.
5. Give periodic status reports to the Medical Group Supervisor.
6. Maintain security and control of the Triage Area.
7. Establish a temporary morgue until the Morgue Manager arrives. (mobile morgue unit available per request through EMA)
8. Complete Triage Officers Report (Addendum 3).

TRIAGE PERSONNEL

Triage Personnel report to the Triage Unit Leader, conduct patient triage, and assign them to the appropriate treatment areas. List of common duties include:

1. Report to designated on-scene triage location.
2. Triage adult patients using the Simple Triage and Rapid Treatment (S.T.A.R.T.) system and pediatric patients using the Jump START system (Addendum 2).
3. Secure appropriate color tape to patient's arm or leg.
4. Direct movement of patients to proper Treatment Areas.
5. Provide appropriate medical treatment prior to movement:
 - a. Manually open the airway
 - b. Insert oral adjunct
 - c. Bleeding control provided by patient or other patient with lesser injuries.

MORGUE MANAGER

The Morgue Manager reports to the Triage Unit Leader and assumes responsibility for Morgue Area functions until properly relieved. List of common responsibilities are as follows:

1. Assess resource/supply needs and request specific needs.
2. Coordinate all Morgue Area activities.
3. Secure the area to authorized personnel only.
4. Coordinate with law enforcement and assist the Coroner and/or Medical Examiner.
5. Keep identity of deceased persons confidential.
6. Maintain appropriate records.

TREATMENT UNIT LEADER

The Treatment Unit Leader reports to the Medical Group Supervisor and supervises Treatment Managers and the Treatment Dispatch Manager. The Treatment Unit Leader assumes responsibility for treatment, preparation for transport, and directs movement of patients to ambulance loading location(s). List of common responsibilities are as follows:

1. Develop unit sufficient to handle incident.
2. Direct and supervise Immediate, Delayed, and Minor Treatment Areas.
3. Coordinate movement of patients from triage area to treatment areas with Triage Unit Leader.
4. Request sufficient medical personnel and supplies.
5. Establish communications and coordinate with Patient Transportation Unit Leader.
6. Ensure continual triage of patients within Treatment Areas.
7. Direct movement of patients to ambulance loading area(s).
8. Give frequent status reports to Medical Group Supervisor.

TREATMENT DISPATCH MANAGER

The Treatment Dispatch Manager reports to the Treatment Unit Leader and is responsible for coordinating with the Transportation Unit Leader (or Group Supervisor if established), and transporting of patients out of the Treatment Areas. Responsibilities:

1. Establish communications with Immediate, Delayed, and Minor Treatment Managers.
2. Establish communications with the Transportation Unit Leader.
3. Advise Medical Communications Coordinator of patient readiness and priority for transport.
4. Coordinate transportation of patients with Medical Communications Coordinator.
5. Assure that appropriate patient tracking information is recorded.
6. Coordinate ambulance loading with the Treatment Managers and ambulance personnel.

IMMEDIATE (RED) TREATMENT AREA MANAGER

The Immediate Treatment Area Manager reports to the Treatment Unit Leader and is responsible for the treatment and continuous triage of patients assigned to Immediate Treatment Area.

1. Request or establish Medical Teams as necessary.
2. Assign treatment personnel to patients received in the Immediate Treatment Area.
3. Ensure treatment of patients triaged to the Immediate Treatment Area.
4. Assure that patients are prioritized for transportation.
5. Coordinate transportation of patients with Treatment Dispatch Manager.
6. Notify the Treatment Dispatch Manager of patient readiness and priority for transportation.
7. Assure appropriate patient information is recorded.

DELAYED (YELLOW) TREATMENT AREA MANAGER

The Delayed Treatment Area Manager reports to the Treatment Unit Leader and is responsible for the treatment and continuous triage of patients assigned to Delayed Treatment Area:

1. Request or establish Medical Teams as necessary.
2. Assign treatment personnel to patients received in the Delayed Treatment Area.
3. Ensure treatment of patients triaged to the Delayed Treatment Area.
4. Assure that patients are prioritized for transportation.
5. Coordinate transportation of patients with Treatment Dispatch Manager.
6. Notify the Treatment Dispatch Manager of patient readiness and priority for transportation.
7. Assure that appropriate patient information is recorded.

MINOR (GREEN) TREATMENT AREA MANAGER

The Minor Treatment Area Manager reports to the Treatment Unit Leader and is responsible for the treatment and continuous triage of patients assigned to Minor Treatment Area:

- 1.
2. Request or establish Medical Teams as necessary.
3. Assign treatment personnel to patients received in the Minor Treatment Area.
4. Ensure treatment of patients triaged to the Minor Treatment Area.
5. Assure that patients are prioritized for transportation.
6. Coordinate transportation of patients with Treatment Dispatch Manager.
7. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
8. Assure that appropriate patient information is recorded.

TRANSPORTATION UNIT LEADER OR GROUP SUPERVISOR

Transportation Unit Leader reports to the Medical Group Supervisor and supervises the Medical Communications Coordinator, and the Ambulance Coordinator. The Patient Transportation Unit Leader is responsible for the coordination of patient transportation and maintenance of records relating to the patient's identification, condition, and final destination. The Patient Transportation function may be initially established as a Unit and upgraded to a Group based on incident size and/or complexity:

1. Insure the establishment of communications with hospital(s).
2. Designate Ambulance Staging Area(s).
3. Direct the transportation of patients as determined by the Medical Communications Coordinator.
4. Complete Transportation Officer Report (Addendum 4).

MEDICAL COMMUNICATION COORDINATOR

The responsibility of the Medical Communications Coordinator (MCC) is to assure proper patient transportation through the use of all available resources. MCC reports to the Transportation Unit Leader. List of common responsibilities are as follows:

1. Establish communications with the hospitals.
2. Determine and maintain current availability and capability of medical facilities (Addendum 5).
3. Coordinate patient destination with the medical facilities.
4. Communicate patient transportation needs to Ambulance Coordinators based upon requests from the Treatment Dispatch Manager.
5. Communicate patient air ambulance transportation needs to the Air Operations Branch Director based on the requests from treatment area managers or the Treatment Dispatch Manager.

AMBULANCE COORDINATOR (STAGING)

The Ambulance Coordinator reports to the Patient Transportation Unit Leader, manages the Ambulance Staging Area(s), and dispatches ambulances as requested. List of common responsibilities include:

1. Establish appropriate Staging Area for ambulances.
2. Establish routes of travel for ambulances.
3. Establish and maintain communications with the Air Operations Branch Director regarding Air Ambulance Transportation assignments.
4. Establish and maintain communications with the Medical Communications Coordinator and the Treatment Dispatch Manager.
5. Provide ambulances upon request from the Medical Communications Coordinator.
6. Assure that necessary equipment is available in the ambulance for patient needs during transportation.

7. Establish contact with ambulance providers at the scene.
8. Request additional transportation resources as needed.
9. Provide an inventory of medical supplies available at ambulance Staging Area for use at the scene.

MEDICAL SUPPLY COORDINATOR

The Medical Supply Coordinator reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group:

1. Acquire, distribute, and account for medical equipment and supplies within the Medical Group.*
2. Request additional medical supplies.*
3. Distribute medical supplies to Treatment and Triage Units.

* If the Logistics Section is established, this position will coordinate with the Logistics Section Chief and/or the Supply Unit Leader.

AIR OPERATIONS BRANCH MANAGER

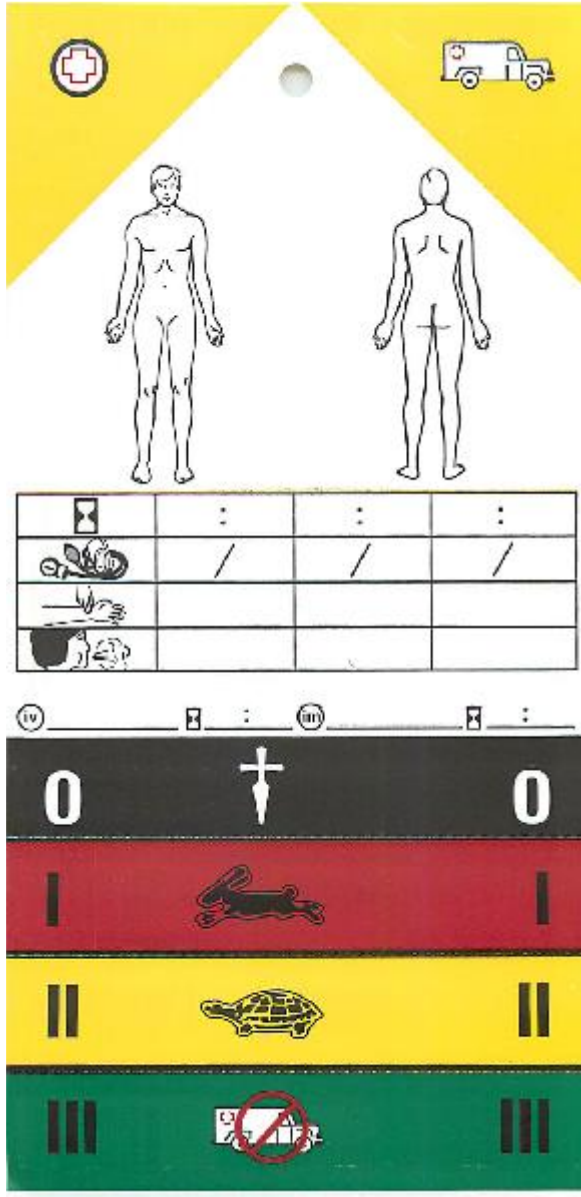
The Air Operations Branch Manager reports to the Operations Section Chief and coordinates the transportation of patients with the Patient Transportation Unit Leader. The Air Operations Branch Manager is responsible for ensuring transportation of patients by air in accordance with State Protocols. List of common responsibilities is as follows:

1. Establish appropriate landing zone(s) (Reference DFD Operational SOG 220.9 Landing Zone for Helicopter Operations).
2. Establish and maintain communications with Operations and Transportation Unit Leader.
3. Provide air ambulance(s) upon request.

(Signature on File)
Larry H. Williams, Jr.
Fire Chief
Dothan Fire Department

(Signature on File)
Mathew Krista, MD
Medical Director
Dothan Fire Department

ADDENDUM 1



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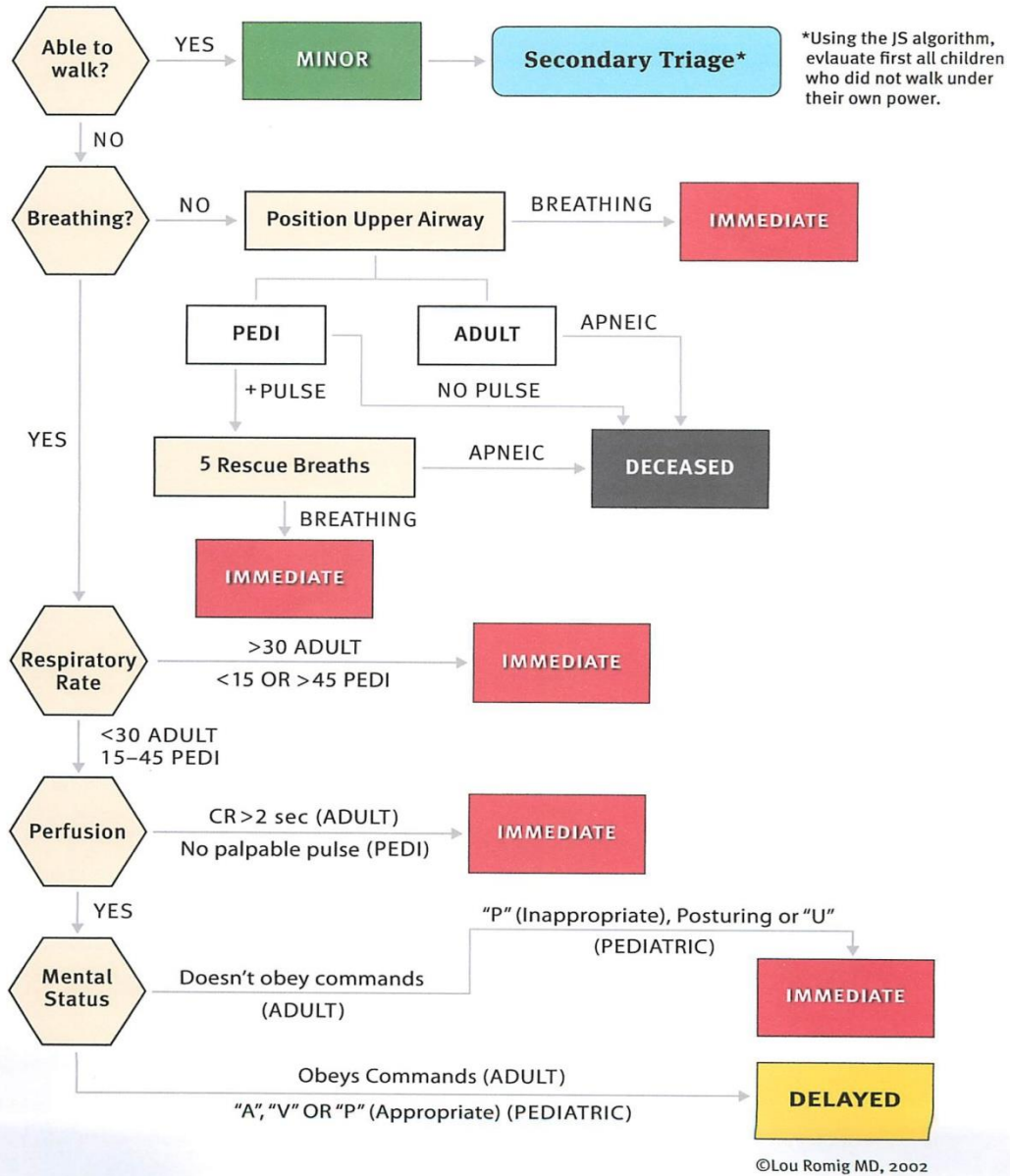
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III   H3237384

ADDENDUM 2

Combined START/JumpSTART Triage Algorithm



ADDENDUM 3

Date: _____

Incident

Number: _____

Triage Unit Supervisor:

MET-TAG Number	Triage Classification			
	Red	Yellow	Green	Black

ADDENDUM 4

Date: _____
 Incident Number: _____
 Transport Unit Supervisor: _____

MET-TAG Number	Triage Category			Chief Complaint	Hospital Destination	Service Transporting	Time Out
	Red	Yellow	Green				

ADDENDUM 5

Date: _____
 Incident Number: _____
 Medical Communication Coordinator:

Hospital Name	Phone Number	Number of Each Category Hospital Can Accept			Number of Each Category Transported		
		Red	Yellow	Green	Red	Yellow	Green
Southeast Health	334.793.2794						
Flowers	334.793.9694						
Medical Center Enterprise	334.393.3856						
Dale Medical Center (Ozark)	334.774.2601						
Wiregrass Medical (Geneva)	334.684.3655						
Medical Center Barbour (Eufaula)	334.688.7000						
Troy Regional Medical Center	334.670.5000						
Donaldsonville Hospital	229-524-5217						
Doctors Memorial Hospital (Bonifay)	850.547.1120						
Jackson Hospital (Mariana)	850.526.2200						

ADDENDUM 6

**The Dothan Fire Department
MCI Kit
2018**

1. Triage Pouch / Belt:

- a. 1 – Red, Yellow, Green, and Black tape
- b. Medical Shears
- c. Sharpie Marker
- d. Set of Oral-pharyngeal Airways (OPA)
- e. Airway Barrier Device
- f. 5 – 5x9 Combo-Dressings
- g. RPM Triage & Jump Start Triage Card
- h. 2 – Tourniquets

2. MCI Supervisor's Clipboard (Red):

- a. 25 – Triage Tickets
- b. 1 – Triage Tracking Form
- c. 1 – Transport Tracking Form
- d. 1 – Medical Communication Coordinator Form
- e. START Triage algorithm card
- f. Jump START Triage algorithm card
- g. Pen & Sharpie Marker

**Mass Casualty Incident Trailers
Equipment Inventory**

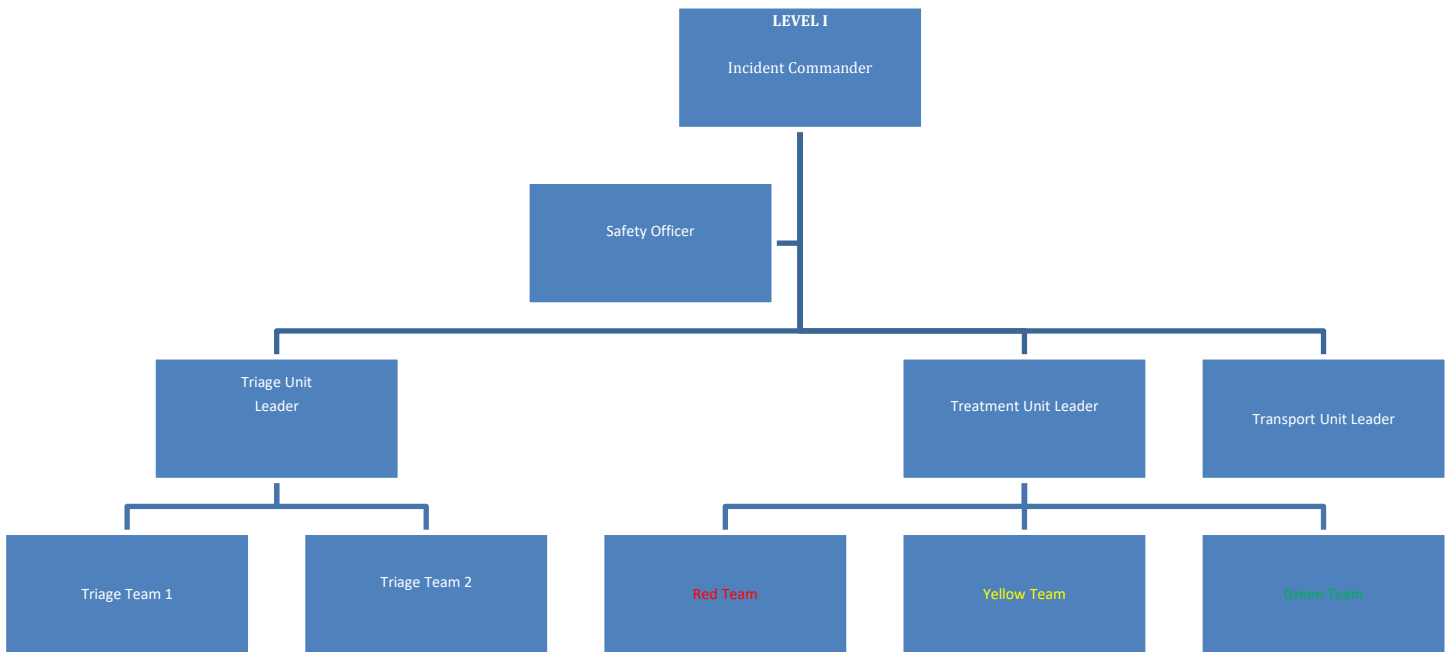
MCI EQUIPMENT SUPPLY TRAILERS #1 & #2		
LOCATION: SE Health Warehouse *		
Inventory Item	Quantity	
ENCLOSED TRAILERS	2	
1- 24 Foot & 1 – 20 Foot		
Inventory Item	Quantity	
Backboards	100	
Backboard straps	100	
Airway Management (Advance & Basic)	100	
Splinting / Bandaging (Basic)	100	
Intravenous Fluids / Start System	100	
Oxygen Cylinders / Cannulas / Tubing	100	
KEDs	6	
Assorted Batteries	100	
Flash Lights	25	
Miscellaneous EMS Bags	20	
Safety Cones	6	
Respirators N-95	500	
Assorted Tapes (Caution / Biohazard / Danger)	18	
Blood Pressure Cuffs	30	
Stethoscopes	30	
SAM Splints	50	
Cervical Collars Assorted	100	
Cutting Shears	50	
Clip Boards	2	
Traction Splints	6	
McGill Forceps (Assorted)	12	
Generator	2	
Floor Jacks	2	
Spare Tires	2	
Tool Kit Assorted	2	
Exam Gloves	8 Cases	
Can Liners	4 Cases	
Solutions / Ointments/ Saves	100	

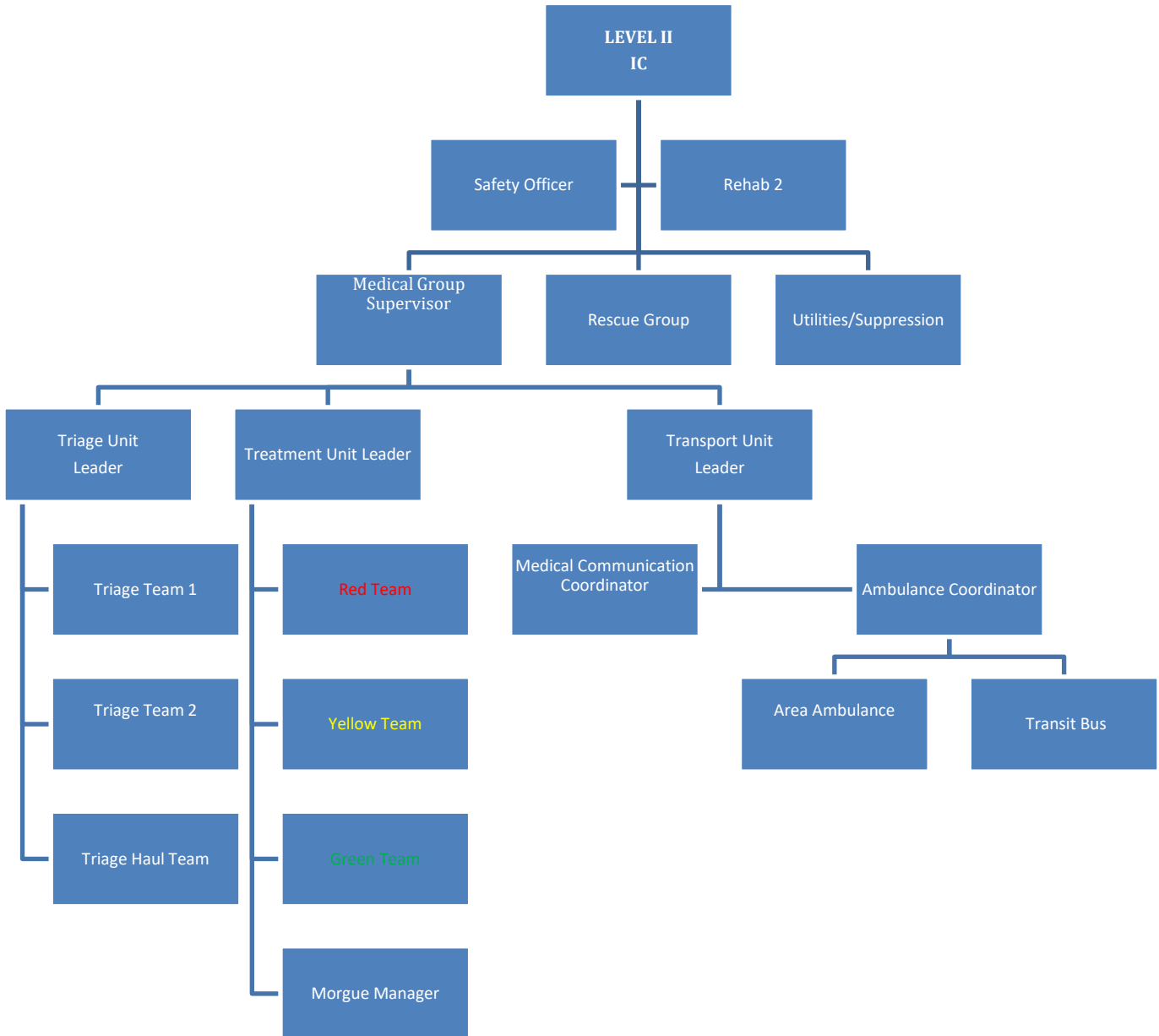
**Mass Casualty Equipment Trailers
Inventory (continued)**

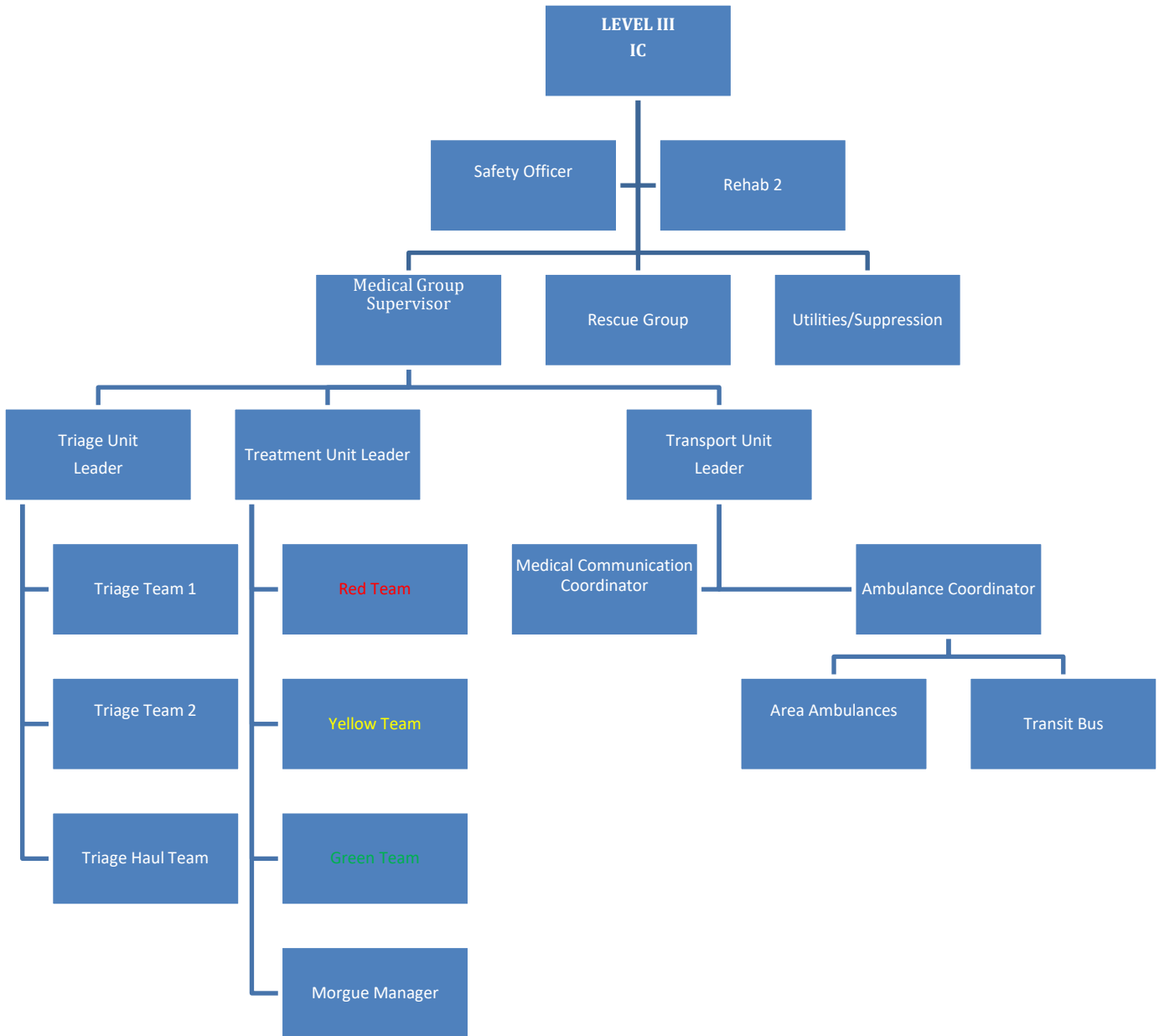
Inventory Item	Quantity	
Sterile Water	4 Cases	
Tourniquets / Tongue Depressors	100	
Triage Kits	100	
20# Fire Extinguishers	2	
Stretchers (Folding / Pole)	20	
V-Vac Suction Units	20	
Incident Command Vests	16	
Megaphone	2	
Extension Cords	12	
Portable Morgue (16 bay)	16	

*** MCI Equipment trailers are located at the SE Health Warehouse behind the helipad.
When needed, these resources are requested through Houston County EMA***

ADDENDUM 7







ADDENDUM 8

Mass Casualty Incident
Command Check List

- Secure the area and limit access
- Determine what hazards are present and what resources are needed to manage:
 - Hazmat/Decon
 - MCI trailer
 - Mobile Morgue
 - Coroner
 - EMA
 - Air Ambulance
- Stop the patient generator
- Establish appropriate staff positions (CFLOP) as needed
- Establish Medical Group (Triage-Treatment-Transport)
- Have communications notify hospitals of MCI
- Establish traffic pattern that provides for a smooth flow of patients and vehicles
- Establish level II staging
- Ensure that appropriate record keeping takes place
- Demobilize resources as appropriate
- Arrange for Critical Incident Stress Management (CISM), if needed
- Conduct Post Incident Analysis