

Mass Casualty Plan

Revised 4/10

The purpose of this section is to assure integrated operations with EMS in a mass casualty incident. This plan is intended to be in total sync with EMS and Communications MCI plans. Primary role of the FD is providing ICS structure, physical scene organization, and standard fire protection & extrication functions

Each FD should be aware of the local ambulance's mass casualty plan, and the FD's assigned roles within that plan. Lacking an approved plan (which everyone is obligated to follow), state law puts the FD in charge, and they are responsible for making all non-medical decisions.

Arrival/Reconnaissance (start of Triage):

- Initial units must make a count of the victims, and the severity of those injuries.
(special injuries like burns or chemical contamination should be noted)
- Findings (and subsequent updates) need to be communicated to C-MED

Request adequate resources:

- In general, one ambulance is needed for each significant injury.
 - The local EMS MCI plan should list the order of mutual aid ambulances to request
- Strip incoming ambulances of supplies needed at scene:
 - Backboards, jump kits, portable O2 units
- Some area organizations have caches of mass casualty equipment
(Torrington Fire, Canton EMS, Salisbury EMS, Woodbury EMS)

Scene Organization/Incident Command:

- Assure EMS Branch has Triage, Treatment, and Transport Groups established
 - Triage: sorting & tagging patients; advising C-MED on numbers/severities
 - Treatment: Collecting and tending to injured by tag status (red/yellow/green)
 - Transport: moving patients to ambulances; directing and tracking destination
 - Use MED channel to coordinate with C-MED
- Physical scene organization important: (also consider weather protection)
 - Ambulance flow to and from Transport area
 - Triage area in relation to injured persons and Transport area
 - Lifestar landing area sufficiently remote to avoid debris in Treatment area
- Staging area and Officer critical for managing multiple resources
- Likely need for Liaison and Public Information Officers
- Utilize County Coordinators as Operations Management Team; consider need for full IMT

Communications:

- C-MED-to-scene communications is critical:
 - Polling hospitals; advising Transport of best destination for specific injuries
 - Advising hospitals on status of incoming patients, and total numbers enroute
- EMS managers and ambulances operate on Med channels

Miscellaneous:

- Assign FD personnel to assist EMS Branch as litter bearers
- Implement coverage policy to manage other incidents in areas depleted of personnel and assets
 - EMS should have its own re-deployment plan
- Accounting for all victims is significant sector – perhaps handled best by PD

