
Central Oregon Mass Casualty Incident Field Guide

Area Trauma Advisory Board Region 7

East Cascades Emergency Medical Services Council

Central Oregon Fire Operations Group

**MASS CASUALTY INCIDENT
FIELD GUIDE**

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FIRST ARRIVING UNIT

Checklist

- [] Assume Command and Establish a Command Post
- [] Perform Safety Assessment:
 - Electrical hazards
 - Flammable liquids
 - Hazardous materials
 - Other life threatening situations
 - Be aware of potential secondary explosive devices
- [] Perform Size up:
 - Type and/or cause of incident
 - Approximate number of patients
 - Severity level of injuries
 - Area involved, including problems with scene access
- [] Send Information:
 - Contact dispatch with your size-up information:
 - Declare an MCI
 - Description of the incident including the number of patients
 - Report any critical hazards of the scene
 - Identify access and egress routes
 - Identify main radio frequency and tactical frequencies
 - Identify staging area
 - Request additional resources
 - Medical Task Forces
 - Structural Task Forces
 - Redmond Fire MCI Vehicle
- [] Setup the scene for the management of casualties
 - Implement the MCI plan
 - Identify adequate work areas for Triage, Treatment, and Transport
 - Assign Triage and EMS Branch to the next arriving units

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INCIDENT COMMANDER
Checklist

- [] Don vest
- [] Consult First Arriving Unit Checklist
- [] Assume Command and Establish a Command Post
- [] If not done, implement the MCI Plan
- [] Advise Resource Hospital to implement MCI Plan and determine area hospitals receiving capabilities
- [] Assign ICS functions
 - EMS Branch
 - Triage, Treatment, Transport
 - Staging Area Manager
 - Rescue Branch
- [] Develop and continually update operational plan
- [] Ensure adequate resources are available in Staging

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**INCIDENT COMMANDER
Tactical Worksheet**

Name/Unit	Position	Radio Frequency
_____	Incident Command	_____
_____	Operations	_____
_____	Staging Area Manager	_____
_____	EMS Branch	_____
_____	Triage	_____
_____	Treatment	_____
_____	Transport	_____
_____	Rescue	_____
_____	Extraction	_____
_____	Extrication	_____
_____	Suppression	_____

TOTAL PATIENTS = _____			
Red (Immediate)	Yellow (Delayed)	Green (Minor)	Black (Deceased)

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EMS BRANCH DIRECTOR

Objective: Manage the EMS branch functions of Triage, Treatment, and Transport.

You Report to: Incident Command (or Operations Chief)

Radio Designator: EMS

- Don vest
- Obtain a separate working radio frequency for use by EMS branch
- Contact Resource Hospital via cell phone and determine the receiving capabilities of area hospitals.
- As soon as possible assign:
 - Triage Group Supervisor
 - Treatment Group Supervisor
 - Transport Group Supervisor(Note: Until assigned, the EMS Branch Director is responsible for these functions. Do not hesitate to combine several of the above positions.)
- Determine the location and clearly mark:
 - Triage Corridor
 - Treatment Area
 - Medical Supply Cache
 - Ambulance Loading Zone
 - Air Ambulance Loading Zone
- Activate alternative care sites and Casualty Collection Points if necessary
- Order additional resources and ambulances through Command
- Order medical supplies from the resource hospital

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**EMS BRANCH DIRECTOR
Tactical Worksheet**

Name/Unit	Position	Radio Frequency
_____	Incident Command	_____
_____	Operations	_____
_____	Staging Area Manager	_____
_____	EMS Branch	_____
_____	Triage	_____
_____	Treatment	_____
_____	Transport	_____

TOTAL PATIENTS = _____			
Red (Immediate)	Yellow (Delayed)	Green (Minor)	Black (Deceased)

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TRIAGE GROUP SUPERVISOR

Objective: Locate and perform initial START and JumpSTART triage of all patients
You Report to: EMS Branch Director
Radio Designator: Triage

- Don vest
- If not completed, direct triage personnel to perform primary triage using START and JumpSTART
- Inform EMS Branch of the number of patients and severity
- Establish Secondary Triage Corridor and assign personnel to perform Secondary Triage
- When triage is completed report to EMS Branch for reassignment of personnel

TOTAL PATIENTS = _____			
Red (Immediate)	Yellow (Delayed)	Green (Minor)	Black (Deceased)

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TREATMENT GROUP SUPERVISOR

Objective: Coordinate the treatment of all patients
You Report to: EMS Branch Director
Radio Designator: Treatment

- Don vest
- Set-up and clearly mark the Treatment Area. Inform Triage and EMS Branch director of location. Consider:
 - Safety
 - Porting distance
 - Space
 - Weather
 - Lighting
 - Transportation access
- Arrange Treatment area in parallel rows of patients
 - Allow room for Red and Yellow areas to grow outward
- Assign Red and Yellow area managers
- Assign Treatment teams with Red and Yellow managers
- Consider the use of Special Procedures Teams for common treatments (airway, IV, splinting, etc.)
- Determine patient transport order and most appropriate means of transport
- Assign a Medical Supply Officer
- Do not allow treatment to slow the transportation of patients

TOTAL PATIENTS = _____			
Red (Immediate)	Yellow (Delayed)	Green (Minor)	Black (Deceased)

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MEDICAL SUPPLY OFFICER

Objective: Provide Porter teams and Treatment area with the supplies and equipment needed to move and treat the injured.

You Report to: Treatment Group Supervisor

- [] Set-up a Medical Supply Cache within reach of the Treatment Area
- [] Begin supplying the Medical Supply Cache from MCI vehicles and extra supplies from vehicles (keep essential equipment on vehicles).
- [] Coordinate with the Staging Area Manager to have crews bring extra supplies from vehicles to the Medical Supply Cache (keep essential equipment on vehicles). Request:
 - Backboards
 - Splints
 - Oxygen and airway kits
 - IV sets
 - Bleeding control supplies
- [] Issue supplies as needed within the Treatment Area
- [] Contact Transportation to arrange for the return of vehicles bringing additional supplies when needed

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FATALITY MANAGER

Objective: Locate and safeguard the remains and personal effects of the deceased pending the arrival of the Medical Examiner.

You Report to: EMS Branch Director

- Locate and tag the remains of incident casualties in the incident area
- Establish black casualty area separate from the Treatment Area
- Coordinate with the Treatment and Triage leaders for Porter teams to move patients who die in Treatment to the Black area
- Safeguard the remains and personal effects of the deceased.
- Turnover responsibility for remains to the Medical Examiner

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TRANSPORT GROUP SUPERVISOR

Objective: Coordinate all patient transportation and maintain all records of patient and unit movement.

You Report to: EMS Branch Director

Radio Designator: Transport

- [] Contact EMS Branch Director and obtain:
 - Number and severity of patients on scene
 - Receiving capabilities of area hospitals (if not completed, do so immediately)
- [] Log Hospital receiving capabilities on tactical worksheet
- [] Assign a Transport Recorder
- [] Setup the Transportation Unit at an exit from the Treatment Area
- [] Setup vehicle flow from Staging to Transport to the hospital
- [] Assign an Air Ambulance Landing Zone Officer if necessary
- [] Coordinate order of patient removal with Treatment.
- [] Load ambulances and direct them to the appropriate hospital
- [] When an ambulance departs the scene, contact the Resource Hospital with:
 - Triage tag # and Triage level
 - Destination (receiving hospital)
 - Unit number
 - Time enroute and ETA
- [] Frequently update the Hospital and Clinic Receiving Capabilities Log
- [] Obtain non-ambulance transportation (Buses or Vans) for Green patients

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TRANSPORT RECORDER

Objective: Assist Transport Group Supervisor with coordinating hospital destination for patients. Maintain the patient transport log.

You Report to: Transport Group Supervisor

- [] Setup at the patient loading point in the Transportation Area
- [] Record patient movement information on the Patient Transport Log
- [] Give Transport the following on every patient leaving Treatment:
 - Triage tag # and Triage level
 - Destination (receiving hospital)
 - Unit number
 - Time enroute and ETA

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STAGING AREA MANAGER

Objective: Maintain staffing and vehicle resources ready for assignment at a separate staging area
You Report to: Incident Commander (or Operations Chief)
Radio Designator: Staging

- Don vest
- If not completed, establish a Staging Area away from incident that is accessible and easy to identify. Inform the Incident Commander of the location
- Acquire radio equipment that allows constant and direct communications and monitoring of all incident frequencies
- Establish radio communications and direct incoming units to Staging
- Maintain Staging Log as units arrive/depart with:
 - Type of resource
 - Number of personnel
- Control and document all resources entering and leaving Staging
- Order all personnel to remain with their vehicles until assigned
- Coordinate ambulance flow to the ambulance loading zone with Transport
- Dispatch resources to the scene as requested
- Frequently update the Incident Commander and EMS Branch Director with staging resource status and order more resources as necessary

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RESCUE BRANCH DIRECTOR

Objective: Manage the Rescue branch functions of extrication, immobilization and extraction
You Report to: Incident Command (or Operations Chief)
Radio Designator: Rescue

- Don vest
- Obtain a separate working radio frequency for use by Rescue branch
- Obtain patient count from Command or EMS
- Request resources from Command
 - Identify extrication needs and request Heavy Rescue resources
 - Request DCSO SAR for immobilization and porter teams
- For large incidents, assign Extrication Group Supervisor and Extraction Group Supervisor
- Establish equipment supply area
- Assign resources for extrication, immobilization, and extraction
 - Extrication teams
 - Immobilization teams (2 personnel/team)
 - Porter teams (4 personnel/team)

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EXTRICATION GROUP SUPERVISOR

Objective: Gain access to patients so they can be immobilized and extracted from the scene.

You Report to: Rescue Branch Director

Radio Designator: Extrication

- [] Report equipment needs to Rescue Branch Director
 - Heavy extrication equipment
 - 1 Stretcher per porter team
- [] Assign crews to gain access to patients
- [] Once all patients have been accessed, send personnel to Extraction Group Supervisor

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EXTRACTION GROUP SUPERVISOR

Objective: Immobilize patients and extract them from the incident scene to the Treatment area via the Secondary Triage Corridor.

You Report to: Rescue Branch Director

Radio Designator: Extraction

- Report equipment needs to Rescue Branch Director
 - 1 backboard per patient
 - 1 stretcher per porter team
- Form immobilization teams (2 personnel/team)
- Form porter teams (4 personnel/team)
- Prioritize patients to extract based on severity and location

HELICOPTER LANDING ZONE

Checklist

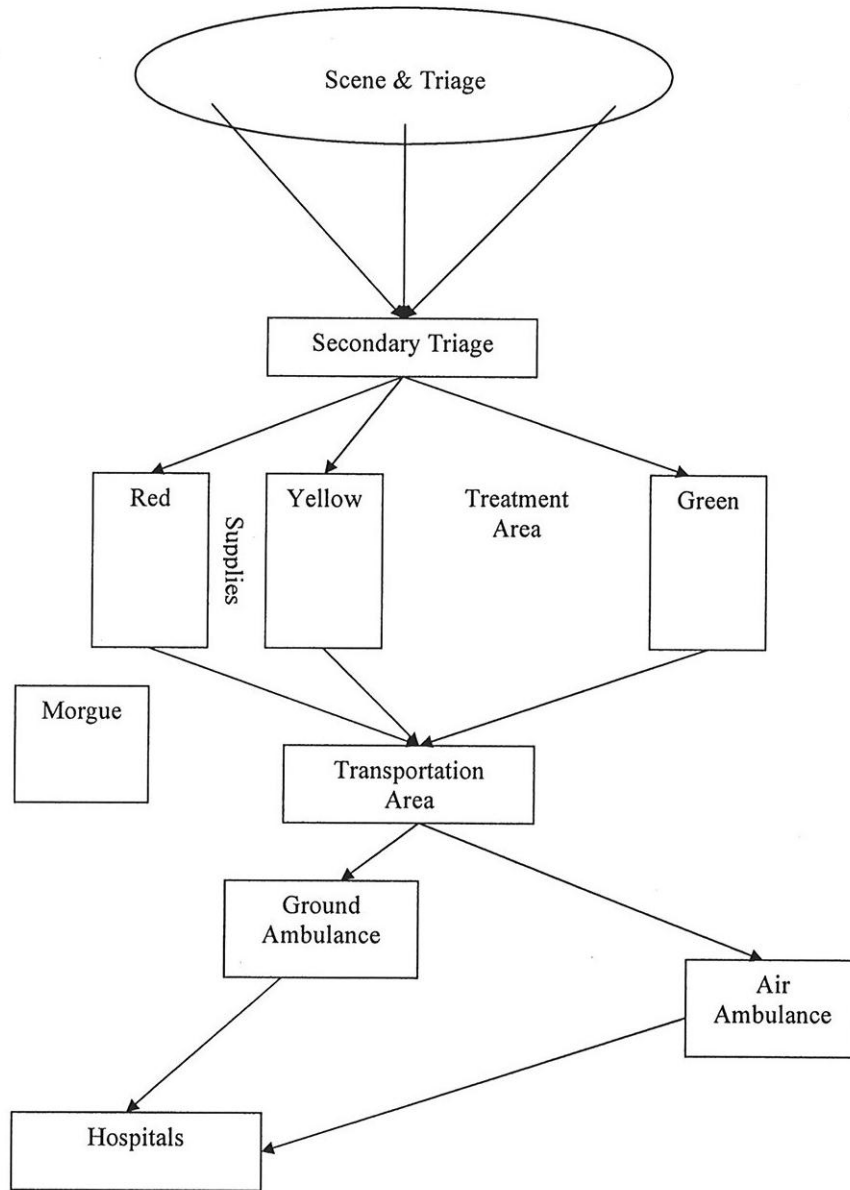
- [] Locate LZ close enough to the incident to minimize transport time, but consider:
 - Noise interference
 - Hazardous environment
 - Rotor wash
- [] Landing zone must be as flat as possible
- [] Minimum of 100 foot diameter, free of obstructions
- [] Clearly mark landing zone, so it can be identified from the air
- [] Identify all hazards:
 - Overhead wires
 - Obstructions
 - Aircraft
- [] Notify IC, EMS Branch Director, and/or Transport Group Supervisor of LZ location
- [] Maintain security of landing zone

TACTICAL WORKSHEETS

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- P. 20 Example Patient Flow – Contaminated Patients
- P. 21 Staffing Worksheet
- P. 22 START Flow Chart
- P. 23 JumpSTART Flow Chart
- P. 24 Hospital/Clinics Receiving Capability Log
- P. 26 Patient Transport Log
- P. 27 Staging Log
- P. 28 Helicopter Landing Zone Checklist

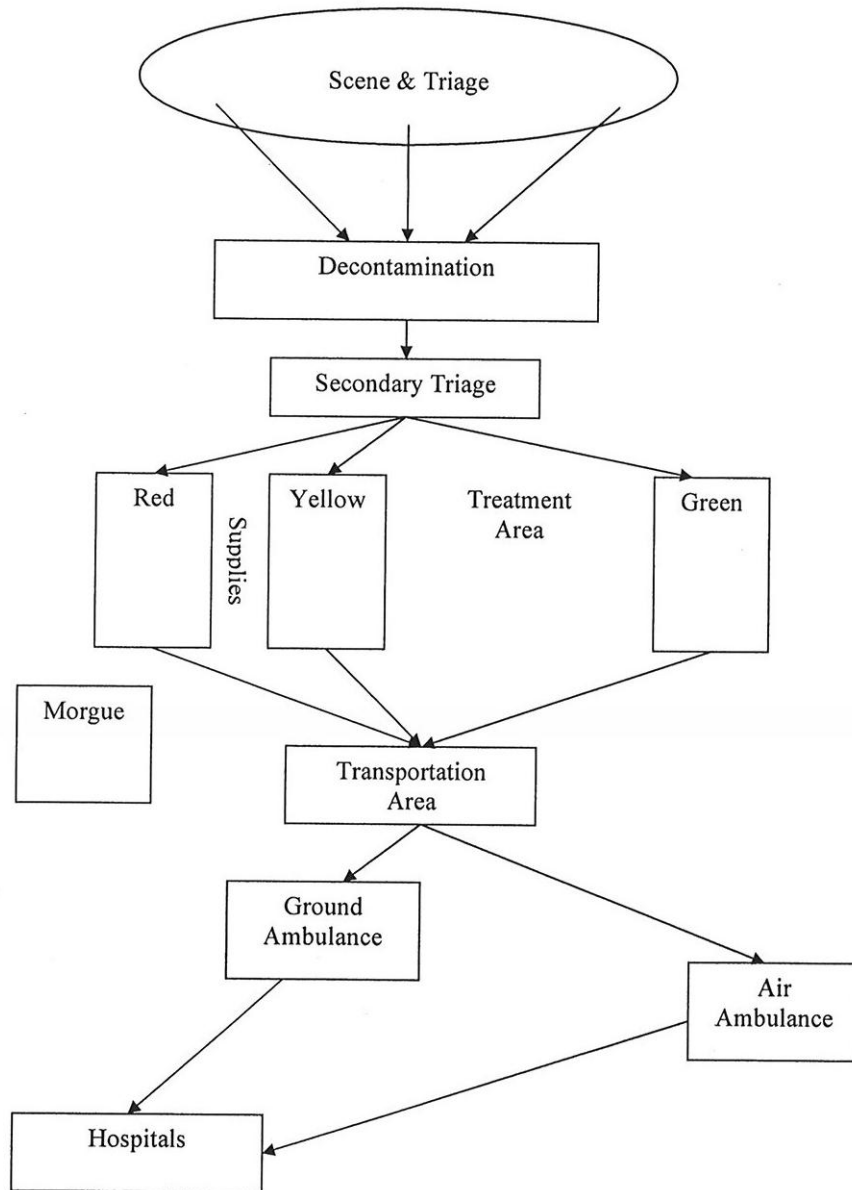
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Example Patient Flow

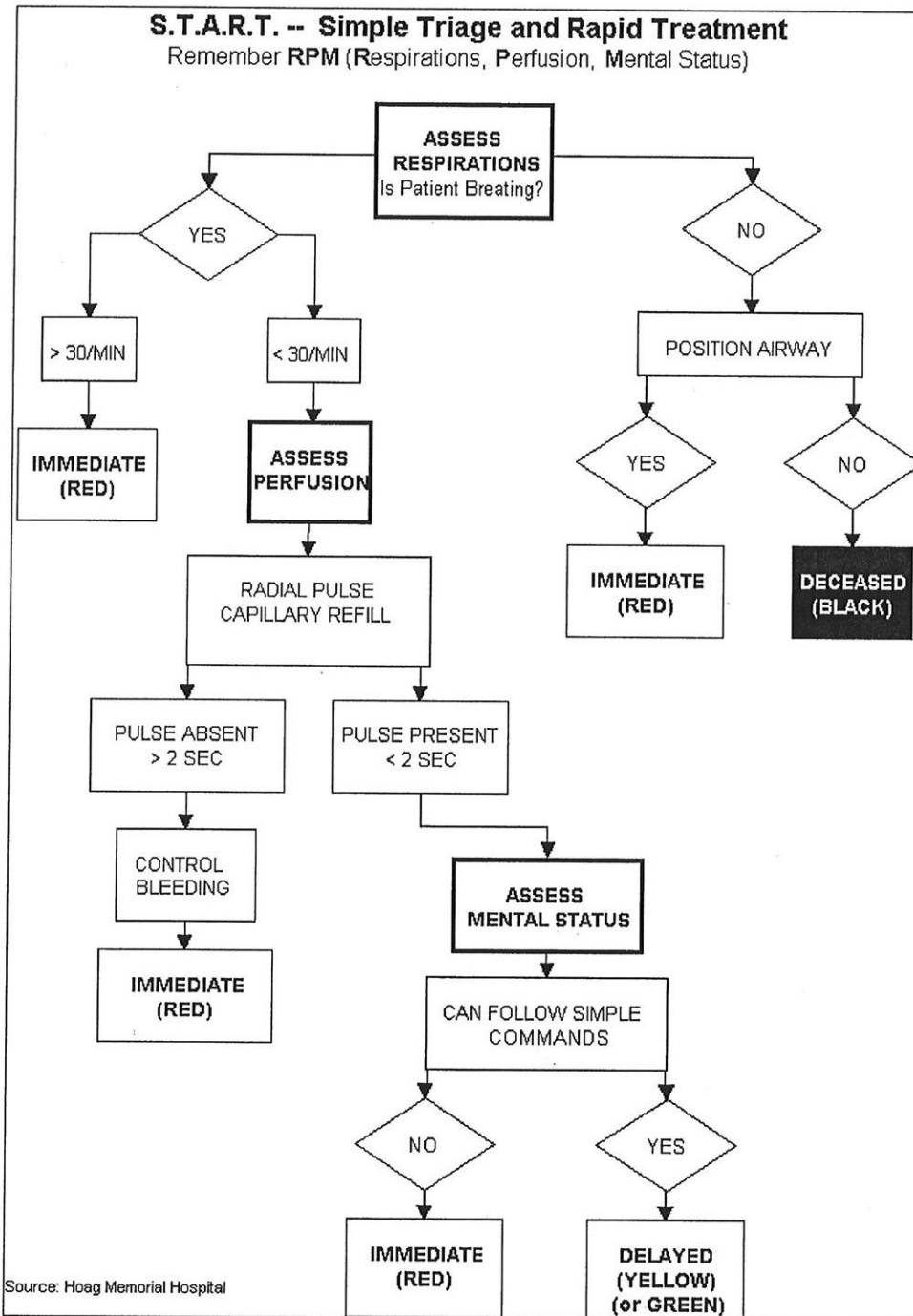


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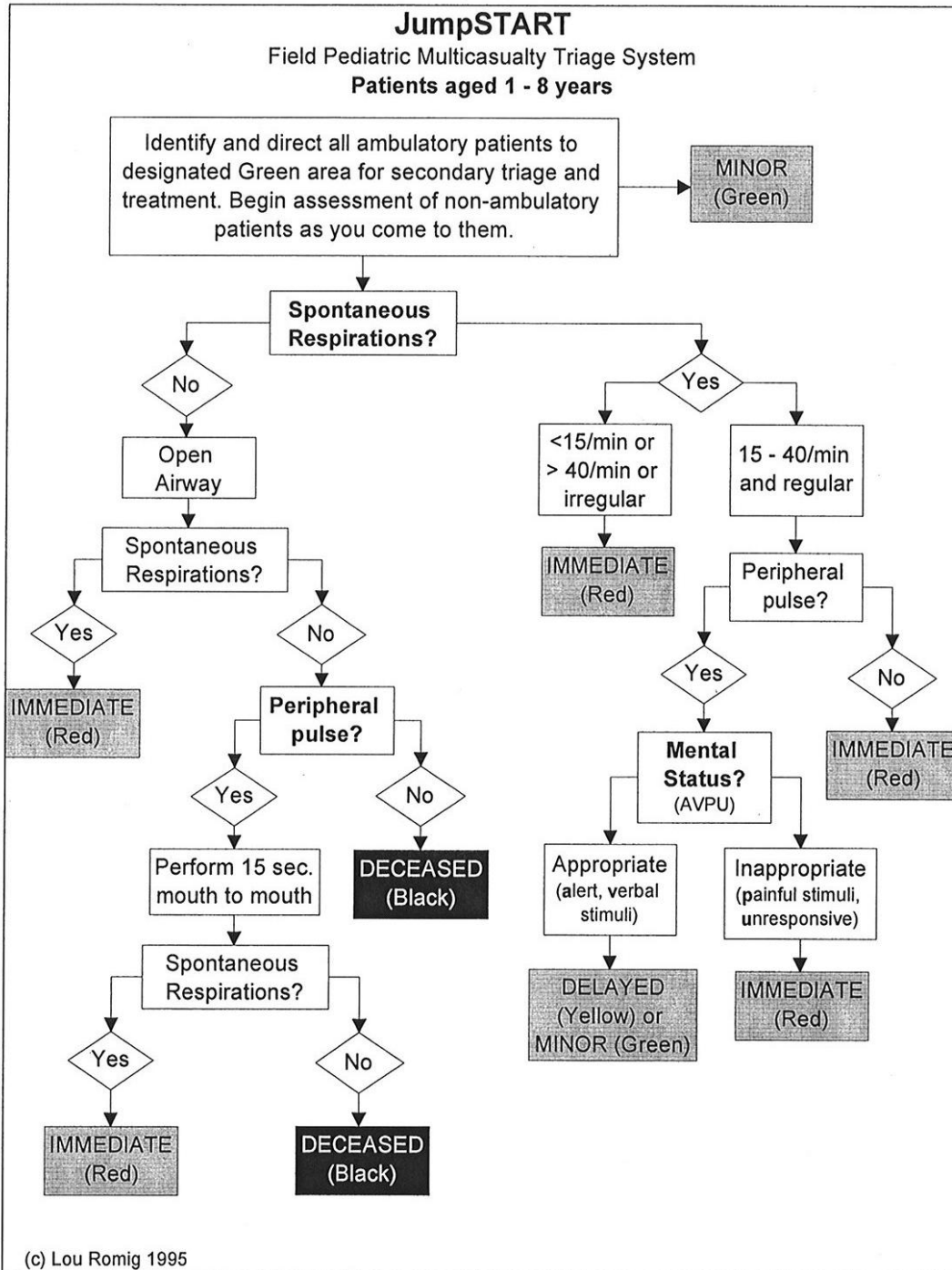
**Example Patient Flow
Contaminated Patients**



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STAFFING WORKSHEET

Incident:		Date:	
Assignment	Name	Frequency	Cell Phone #
Incident Command			
• PIO			
• Safety Officer			
Operations Chief			
Staging Area Manager			
EMS Branch Director			
• Triage			
• Treatment			
• Red Area Manager			
• Yellow Area Manager			
• Transport			
• Transport Recorder			
• Landing Zone Coordinator			
• Fatality Manager			
Rescue Branch Director			
• Extrication			
• Extraction			
Fire Suppression			

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**HOSPITAL/CLINICS RECEIVING CAPABILITY
WORKSHEET**

INCIDENT:	DATE:	PAGE: of
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Number of Patients		
Red Immediate	Yellow Delayed	Green Minor

HOSPITAL/ CLINIC	Available Beds			Patients Transported		
	Red Immediate	Yellow Delayed	Green Minor	Red Immediate	Yellow Delayed	Green Minor
SCMC-B (Level 2), Bend						
SCMC-R (Level 3), Redmond						
Pioneer Memorial (Level 4), Prineville						
Mt. View (Level 4), Madras						
Blue Mt. (Level 4), John Day						
Harney Dist. (Level 4), Burns						

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TRANSPORTATION LOG

INCIDENT:			DATE:		Page:	of
Triage Tag # (Last 4)	Triage Level	Destination	Unit #	Time Enroute	ETA	Notified ✓
1	R Y G					
2	R Y G					
3	R Y G					
4	R Y G					
5	R Y G					
6	R Y G					
7	R Y G					
8	R Y G					
9	R Y G					
10	R Y G					
11	R Y G					
12	R Y G					
13	R Y G					
14	R Y G					
15	R Y G					
16	R Y G					
17	R Y G					
18	R Y G					
19	R Y G					
20	R Y G					

