

# SOUTH PORTLAND FIRE DEPARTMENT

## STANDARD OPERATING GUIDELINES

<b>SOG #:</b>	6.417	<b>Effective Date:</b>	2/15/2022
<b>Title:</b>	Mass Casualty Incidents (MCI)	<b># of pages:</b>	6
<b>Category:</b>	Emergency Medical Services	<b>Classification:</b>	Red

1. **PURPOSE:** To outline procedures for command and control of multi-patient situations to ensure efficient treatment and transportation of the victims.
2. **PROCEDURES:** This SOG is to be utilized whenever patient care requirements exceed the capabilities of the on scene personnel due to the number of patients and/or treatment requirements.

**Flexibility:** Any person may, with a justifiable reason, deviate from these standard operating guidelines for the greater benefit of those involved. Deviation from these SOGs may require a written report to a supervisor as to the reason for deviation.

**Recognition and Identification:** Upon arrival, personnel will determine if the patient care requirements exceed the capabilities on scene and request, from dispatch, the additional resources needed.

**Classification:** The level of classification will follow the MCI Level Plan attached. On scene personnel will determine the level of the incident based upon the following criteria, and notify the dispatcher of that level. It is not necessary to declare a Level 1 incident over the radio. When a level 4 incident is reached a call back of off-duty permanent personnel will be instituted.

### **Response:**

Dispatch shall:

- Automatically dispatch an engine with the request of a second ambulance to a scene (if not already dispatched), or if the initial report is for multiple patients.
- Level 3 or higher incident:
  - a. Transmit a desk box with units and manpower to respond to the staging area, to be established by incident command, for assignment. Units and personnel are to remain in the staging area until assigned elsewhere.
  - b. Dispatch Rescue 45, if not already assigned, for extrication, specialty equipment and/or lighting.
- Notify REMIS by telephone, if the report from the scene is three or more critical patients, or if the patient numbers appear to be five or more.
- Request additional ambulances as needed using the MCI Plan Worksheet strike team list (attached).
- Process other request from the IC as they are received.

**ICS Assignments:** The following ICS positions shall be established at multi-casualty incidents according to the following guidelines. Communications and transfer of positions shall be as per South Portland Fire Department Fire Ground Command SOG.

**Incident Commander:** Established as per SPFD Command System

Duties will include:

- a. Coordinate with EMS Officer for rescue and treatment of patients.
- b. Establish staging area for additional units.
- c. Designate positions as needed and outlined in the SOG for Incident Command.
- d. Establish a Liaison with other agencies such as police and public works.

**EMS Branch Officer:** The senior EMS Licensed Firefighter first on the scene will assume this position and report to the Incident Commander. This person shall have a portable radio and wear an identifying vest.

Duties, as needed, shall include:

- a. Notify REMIS of the incident and estimated casualties.
- b. Designate Primary Triage Officer – Usually the junior EMS licensed firefighter on the first arriving unit.
- c. Designate the Secondary Triage Officer- Usually from the second in unit.
- d. Designate the Treatment Officer – Usually the highest EMS license level available.
- e. Designate the Loading Officer
- f. Assign responding personnel to locations as needed for EMS work
- g. Request additional resources from Command.
- h. Establish a supply point for medical supplies and equipment to be stockpiles from responding units.
- i. Provide periodic updates to command as to patient conditions and operations status.
- j. Oversee all medical operations.

*Note: In some cases, the first arriving firefighter may be both the senior firefighter and the highest EMS license level on duty. In this case, the EMS Officers position will need to be transferred to another firefighter until an officer arrives and can assume command.*

**Primary Triage Officer:** The next arriving licensed firefighter will assume this position and report to the EMS Branch Officer.

Duties will include:

- a. Circulate among all victims to identify critical life threatening problems.
- b. Make decisions on who gets essential medical care first.
- c. Directs others to carry out essential patient care limited to immediate lifesaving treatments only, i.e. Airway, Breathing, and Shock.
- d. Reports to the EMS Branch Officer the general conditions and numbers of patients
- e. Holds position until all patients are removed to treatment area.

**Secondary Treatment Officer:** Designated by and reports to the EMS Branch Officer. May operate as an individual or as a leader of a team.

Duties to include:

- a. Responsible to evaluate and tag all victims with triage tags.
- b. Determines which patients shall be evacuated to treatment area first. Treatment limited to Breathing, Airway, Shock, Immobilization, and classification only until moved into the treatment area.
- c. Holds position until all patients are moved to the treatment area.

**Treatment Officer:** Highest EMS licensed person available on the scene. Designated by the EMS Branch Officer.

Duties include:

- a. Identify and mark patient treatment area.
- b. Receive and review patients as they arrive in the treatment area.
- c. Assign personnel to treat groups of patients and coordinate treatment of patients.
- d. Assign patients for transport on a priority basis with the Loading Officer.
- e. Hold position until all patients have been transported.

**Loading Officer:** Designated by and reports to the EMS Branch Officer. This person does not need to have an EMS license.

Duties include:

- a. Establish loading area for patients convenient to treatment area.
- b. Coordinate loading of patients into ambulances.
- c. Record names of patients, destination and brief evaluation. I.e.: Joe Jones-MMC-Severe Chest-Red.
- d. Notify receiving hospital of patients' enroute and general condition.
- e. Coordinate with Police and Staging Officer for ambulance access and egress.
- f. Assist in stockpiling of equipment from ambulances for use at scene.
- g. Hold position until all ambulances have left the scene.

## ICS Guidelines

**Level 1 Incidents:** Utilize one person to fill all sector positions

**Level 2 Incidents:** May utilize one person in all positions if situation allows. May consider dividing duties if incident is spread out or beyond the scope of one person

**Level 3 and above Incidents:** Utilize separate persons in ICS positions as soon as possible.

## Operations:

- Responders must consciously shift operations mode to deal effectively with multiple patients. "Normal" labor-intensive patient care is not appropriate in the MCI setting.
- During initial stages of an incident, when resources are limited, the focus must be on establishing a command structure and primary triage.
- The first ambulance to arrive shall be the medical command post and be the last unit to transport.

- Unless otherwise specified, supplies and equipment shall be stockpiled at the medical command post.
- ICS Officers shall remain available to direct their areas of responsibility and not become involved in patient care or other activities which could interfere with their sector responsibilities, unless absolutely necessary.
- Treatment areas should be established with salvage covers to provide a more stable working environment.
- Proper lighting of the triage and treatment area should be a primary concern.
- Patients triaged as red or yellow should be placed on longboards with cervical collars and carried to the treatment area for treatment.
- Police and Public Works assistance may be necessary to control emergency vehicle access and egress or to clear debris.
- A Mutual Aid Chief(s) will be assigned to Maine Medical Center and Mercy Hospitals to assist in supervising the arriving ambulances and coordinate with the Staging Officer and Loading Officer.
- Ambulances should plan on multiple trips to transport patients in major incidents. Paperwork can be completed after the situation is under control.
- Poor weather conditions will adversely affect both victims and rescuers, resulting in higher death rates. Shelter should be sought for treatment areas when indicated. These may include using South Portland city buses, nearby buildings, lee areas of buildings, and makeshift shelters using ladders and salvage covers against the side of a vehicle or building.
- Individual ambulances should not contact the hospital except in an emergency. The Loading Officer will contact the receiving hospitals to provide information.
- Once loaded ambulances must leave immediately for the hospital to make room for additional ambulances and to ensure quick turnaround times. Ambulances should unload patients at the hospital and return to staging as soon as possible.
- Patients needing to be de-contaminated must have that completed prior to being brought to the treatment area.

### 3. REFERENCES:

- None

By Order Of:



James P. Wilson  
Fire Chief

# MCI LEVEL PLAN WORKSHEET

## SOUTH PORTLAND

**A**

**B**

**C**

AFFECTED COMMUNITY HANDLES ALL DISPATCH FUNCTIONS FOR 1ST-3RD LEVELS				COMMAND OFFICER
LEVEL 1 MCI	COMMUNITY'S OWN RESOURCES			
LEVEL 2 MCI	1 from Scarborough	1 from MEDCU	1 from Cape Elizabeth	(Assign on-scene)
{Including a "Fan Out Notice on State Fire Frequency" to all area communities-Working LEVEL 2 MCI Early Notification}				
LEVEL 3 MCI	1 from Westbrook	1 from Gorham	1 from Falmouth	(Assign on-scene)
DURING LEVELS 1-3, COVER AFFECTED COMMUNITY W/UNIT FROM NEXT LEVEL FROM COLUMNS A,B,OR C				
PRCC (AND/OR CCRCC) HANDLES CONTACTING/ASSEMBLY OF 4TH-10TH LEVELS				
{Including a "Fan Out Notice on State Fire Frequency" to all area communities-Working LEVEL 3 MCI Early Notification}				
Units responding to 4th-10th level report to Affected Community's "Assigned Staging" Location per I.C.				
From this point on, the next due level is simultaneously called and back fills the vacant communities per Portland.				
"HOSPITAL(S) BASED STAGING OFFICER(S)" ASSIGNED TO MONITOR TIMES AND UNIT FLOW AT EACH HOSPITAL				
LEVEL 4 MCI	1 from MEDCU	1 from Scarborough	1 from Yarmouth	(Assign on-scene)
{Including a "Fan Out Notice on State Fire Frequency" to all area communities-Working LEVEL 4 MCI Early Notification}				
PRCC ASSIGNS A "REMOTE SECONDARY" STAGING AREA FOR LEVELS 5 AND 6				
LEVEL 5 MCI	1 from Westbrook	1 from Gorham	1 from Cumberland	
{Including a "Fan Out Notice on State Fire Frequency" to all area communities-Working LEVEL 5 MCI Early Notification}				
LEVEL 6 MCI	1 from MEDCU	1 from Cape Elizabeth	1 from Falmouth	(Assign on-scene)
{Including a "Fan Out Notice on State Fire Frequency" to all area communities-Working LEVEL 6 MCI Early Notification}				
PRCC ASSIGNS A "REMOTE SECONDARY" STAGING AREA FOR LEVELS 7 AND 8				
LEVEL 7 MCI	1 from Yarmouth	1 from Windham	1 from Freeport	
{Including a "Fan Out Notice on State Fire Frequency" to all area communities-Working LEVEL 7 MCI Early Notification}				
LEVEL 8 MCI	1 from Gray	1 from Buxton	1 from Cumberland	(Assign on-scene)
{Including a "Fan Out Notice on State Fire Frequency" to all area communities-Working LEVEL 8 MCI Early Notification}				
PRCC ASSIGNS A "REMOTE SECONDARY" STAGING AREA FOR LEVELS 9 AND 10				
LEVEL 9 MCI	1 from Windham	1 from Standish	1 from Freeport	
{Including a "Fan Out Notice on State Fire Frequency" to all area communities-Working LEVEL 9 MCI Early Notification}				
LEVEL 10 MCI	1 from Private	1 from Private	1 from Private	(Assign on-scene)
{Including a "Fan Out Notice on State Fire Frequency" to all area communities-Working LEVEL 10 MCI Early Notification}				

**LEVEL 11 PLUS MCI:** Comprised of "recycled" units arranged by Staging Officer/Portland.

**NOTES:**

- > Each level =s 1 "Strike Team" (except 1st level).
- > 1 "Strike Team" =s 3 ambulances ("Practice makes perfect!").
- > Part of the educational process needs to be: "No freelancing", stay in your community until called AND for communities with more than 1 unit, leave station enough crew remaining to staff 2nd unit.
- > Portland will handle assembly/contact of "Strike Teams" from level 4 and beyond. So. Portland will be their backup.
- > Portland will reassign units clearing hospital. Units report available status to Portland.
- > A "Staging Officer" needs to be assigned to a crew member from the community w/incident or one of the 1st arriving Strike Team.
- > All units in the "Primary Staging" area are "available" to the I.C. or dispatch with notice to the staging officer.
- > Intent of "Remote Secondary Staging" is to limit areas without coverage.
- > Once units are moved to a "On-Scene Staging" location, they will be considered "Assigned" until released by the I.C.
- > Columns A, B and C are to assist dispatch in selecting unit to "drop down" to for separate "911" call and "move up" in order to complete strike team group.
- > Community must "declare" they have an MCI and the level so declaration can be made over state fire.
- > "Hospital Staging Officer" will contact Portland and coordinated ER activities for rapid turnaround/next assignment. (MEDCU to MMC, So. Portland to Mercy, Scarborough to SMMC, Freeport to Memorial)
- > A "stand down" announcement will be made on state fire by Portland when incident is terminated.