Wintergreen Fire and Rescue Standard Administrative Policy	
Subject:	MCI Response - ICS
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Signature of Approval	Curtis Sheets, Chief

Purpose:
To establish a set of guidelines so all Wintergreen Fire & Rescue Department personnel shall have a clear understanding of responsibilities at the scene of a multiple casualty incident (MCI)

Introduction:
Accordingly, this policy mandates the use of the Incident Command System (ICS) as outlined by the National Incident Management System (NIMS) at all incidents that require more than three (3) ambulances, five (5) or more patients, or more than three (3) agencies. Use of ICS facilitates interagency cooperation by unifying command at all incidents. While large-scale incidents may require all sectors (reference Appendix B), on small incidents, some personnel will serve multiple roles, but remain responsible to accomplish all tasks of each position assumed. The procedures listed will act as a preparedness and operational guide for multiple casualty incidents.

Procedures:
Establishing Incident Command
- Determine if the scene meets requirements for declaring a MCI. Refer to Appendix A for additional details for these requirements.
- Command shall be established by the Officer or appropriately trained person on the first arriving Ambulance or Fire unit in all of the following circumstances:
    o Personal injury auto accidents involving more than 3 patients
    o Fire calls where Multiple EMS Casualties have occurred
    o Rescue incidents involving multiple units or personnel
    o MCI including MVCs
    o Hazardous material incidents
    o Law enforcement tactical incidents requiring Fire or EMS assistance
    o Advise the appropriate dispatch of additional resources required based on MCI level denoted in Appendix D.
- Command shall be unified with the appropriate EMS, Fire, and Law Enforcement commands as soon as possible after arrival on the scene. All operations shall adopt the principles of NIMS/ICS. The appropriate documentation for the incident will be completed using ICS forms appropriate for the incident (Available on MCI-100).
- If the original call was dispatched by Wintergreen, then all operations should be moved to Nelson County Communications Center to take advantage of additional personnel and resources.

- The first arriving unit shall do the following:
    - Mark as arriving at the scene and establish itself as Incident Command
    - Don an Incident Command Vest as soon as available and designate a Triage officer as needed (EMS incident). Next arriving person should be designated as a Transport officer as needed (EMS incident). Reference Appendix B for more information on officer roles and responsibilities.
    - Perform scene size-up.
    - Provide a brief initial scene report for other responding units and advise inbound units where to position or stage incoming units.
    - Advise crews to if there are specific instructions or tasks needed upon arrival
- Command shall be denoted on the radio by the designator "command" only, do not use radio numbers. Only one person in the unified command structure should be in contact with the 9-1-1 dispatch center. All on-scene units are to communicate through the IC for requests and/or needs.
- If command is transitioned to another ranking member or more appropriate person in the fire or EMS department; they now assume the designation "command". Notification of the change of command should be sent to the entire incident and 9-1-1 dispatch center.
- Command shall assume the responsibility of all sector functions for EMS personnel unless a sector officer is designated to handle that function. Once a function is delegated, the persons responsible shall wear the appropriate vest. Please refer to job action sheets for suggested instructions. Not all functions will be utilized on all incidents. Reference Appendix B for more information on officer roles and responsibilities. The following are EMS sector functions:
    - EMS Operations
    - Triage
    - Treatment
    - Transportation
    - Staging
    - Other functions at the incident that concern EMS
- Command shall assume the responsibility of all of sector functions for fire personnel unless a sector officer is designated to handle that function. Once a function is delegated, the person responsible shall wear the appropriate vest. Please refer to job action sheets for suggested instructions. Not all functions will be utilized on all incidents. Reference Appendix B for more information on officer roles and responsibilities. The following are fire personnel sector functions:
    - Extrication
    - Fire Suppression
    - Scene Safety
    - Staging Areas
    - Hazardous Materials Mitigation
    - Assisting in Patient Care Activities
- All personnel should have appropriate, visible EMS or fire identification (i.e. turnout gear, or ICS vest, fire, or EMS vest).
- All patients will be identified by a triage tag or appropriately colored tape. Maintain appropriate incident reporting on all patients as referenced in Appendix C.

Appendix A

Declaration of Multiple Casualty Incident

- The Multiple Casualty Incident (MCI) plan is to be implemented in stages depending on the following criteria:
  - An MCI shall be declared in all cases where there are more than three ambulances or five or more patients.
  - MCI shall be broken into the following levels based upon the TJEMS & CSEMS MCI Plan:
    - Level 1: MCI resulting in less than 10 surviving victims
    - Level 2: MCI resulting in 11 to 25 surviving victims.
    - Level 3: MCI resulting in greater than 25 surviving victims.
  - In addition to command activities in the earlier section, the following quick-actions should be taken at the discretion of command for all MCI incidents:

MCI Quick-Action Checklist

☐ First apparatus on scene should declare an MCI, provide an estimated number of patients, & inform dispatch of MCI Level. Don appropriate ICS Vests

☐ Incident Commander should determine staging location for incoming apparatus. No POVs should be allowed to report to scene

☐ Dispatch should transmit an EMS/Fire page to all Wintergreen & Nelson agencies declaring the level of MCI with instructions to report to respective agency for further instructions. No self-dispatching to the scene shall be performed.

☐ Request number of units needed or ensure predetermined response for Level ___ MCI are activated

☐ Notify UVA Medcom about number of patients that may be transported. Utilize Regional Hospital Coordination Center (RHCC) as needed for determining bed status of all area hospitals. The RHCC phone number can be found in the Hospitals section of the Wintergreen Rescue Squad app.

☐ Designate sector officers as needed

Appendix B

Section Officer's Roles and Responsibilities

- *EMS Site Operations* – At large incidents where EMS Command must stay within the command post with Fire and Law Enforcement command personnel, EMS Command shall appoint an Operations Officer to handle EMS Sector at the actual site.
    - o Should large numbers of injured persons need to be transported; the sector officer will ensure that the triage of patients is accomplished by the Triage Officer reporting to command.
    - o The EMS Sector Officer shall ensure that the location for patients to be moved for transport is identified and secured in cooperation with the Transportation Officer Section reporting to command.
    - o The EMS Operations Section is also required to determine if non-injured victims need transportation to a shelter and that each person is accounted for by obtaining names, ages, contact information, and the location that they will be sheltered, reporting to command.
    - o The Incident Commander is to be notified should Nelson County operations need to be activated so contact can be made to the Red Cross that a shelter will be needed following the Nelson County EOP requirements.
    - o All contact with the Red Cross and any Sheltering Activities are to be coordinated directly with the Nelson County Emergency Services Director or designee.

- *Triage Officer* – At Level 1 incidents the triage officer also fulfills the role of the treatment section officer. At fire and rescue incidents, the triage officer supervises all inner circles of EMS activities such as delivery of care, patient safety, and packaging and directs the medical aspects of rescue/extrication process. At larger scale incidents, the following is the role of the triage officer:
    - o Ensures that all patients receive primary triage using triage labels or tape
    - o Supervises initial patient care at the site
    - o Supervises patient packaging and transportation back to the treatment area
    - o Arranges for adequate personnel to move patients from the site to treatment area
    - o Has fire personnel assist in the movement of patients back to treatment area
    - o Utilize START triage for priority determination
    - o If noted to be a Mass Fatality Incident, contact the Office of the Chief Medical Examiner (804-786-3174). If storage of fatalities is needed, VDH Mass Fatality Trailers (20-fatality capability) located at Augusta Health & Charlottesville – contact Regional Hospital Coordination Center (RHCC) for deployment.

- *Treatment Officer*
    - o Establishes the treatment area with color coding for each triage level
    - o Establishes a corridor into and out of the treatment area
    - o Requests any additional equipment/supplies needed for treatment
    - o Supervises the treatment, re-triage and tagging of patients in the treatment area

- o   Coordinates the movement of patients to the hospital with the Transportation Officer
- o   Establishes treatment group leaders for each priority level

- ● *Transportation Officer*
    - o   Establishes and maintains an ambulance loading area
    - o   Instructs units not to remove stretcher or driver from unit
    - o   Coordinates the movement of patients out of treatment area
    - o   Determines patient destinations (ICS Form 205 & 308)
    - o   Maintains log of all patient destinations (ICS Form 306)
    - o   Appoints an aid if available to handle hospital communications
    - o   Advises command of how many persons need transportation by bus so information can be forwarded to appropriate EOC

- ● *Staging Officer*
    - o   Establishes a safe assembly area for personnel, vehicles, and equipment
    - o   Instructs units not to remove stretcher or driver from unit
    - o   Talks to inbound EMS units on proper frequency
    - o   Assists in assembles resources needed for support of the operation
    - o   Establishes a sign in/out roster (ICS Form 211) to account for all personnel
    - o   Appoints an aide to handle communications PRN
    - o   Keeps Incident Command informed of additional available resources

- ● *Safety Officer*
    - o   The assigned Safety Officer will serve to protect the victims of the multi-casualty incident as well as the safety of all personnel on the scene of the MCI
    - o   The Safety Officer will have the authority to at any time require activities to cease should safety practices be violated by on scene personnel
    - o   Once the Safety Officer has made this determination, they are to report to the Incident Command which will implement the requirements of the Safety Officer

- ● *Accountability Officer*
    - o   Responsible to ensure documentation of personnel operating on the scene and the agencies represented
    - o   Coordinates accountability at all the staging areas during an incident
    - o   Reports to the IC

Appendix C

Incident Reporting

- Transportation Sector
  - o Prior to any patient leaving the scene, the person functioning as transportation officer shall keep part of their MCI label and log the following information:
    - Patient name or assigned ID #
    - Patient priority
    - Hospital destination or disposition
  - o Provide regular updates to area hospitals regarding incoming patients. (Number of each triaged color as they depart the scene as possible)

- Ambulance Crews
  - o On Level 1, 2, and 3 incidents, crews shall complete a PPCR on each patient and obtain the following minimal information
    - Name
    - Address
    - Major complaint
    - Vital signs
    - Other information as directed prior to MCI by protocols
  - o In all instances, the PPCR must be completed as per agency protocols or procedures.
  - o In report to hospital, provide short report with the following:
    - Unit ID
    - MCI transporting from
    - Number Patients Unit is Transporting & their Triaged Color
    - Airway Status
    - Major Injuries
    - Any additional information requested

- Fire Crews
  - o In incident report will be prepared using the principles of NFIRS and/or local requirements for reporting
  - o Reports will be made available to the Nelson County Emergency Services Director with all pertinent information concerning the incident

Incident Command System (ICS) Documentation
- All incident documentation should use the ICS Principles and forms for each incident
- ICS Forms should be placed in any vehicle that may be used as a command post function
- Documentation must be completed/reviewed by the IC post incident

Appendix D

Suggested Resources for each MCI Level

Level 1 Suggested Resources: 5 to 10 patients

Action	Comments
Dispatch 3 to 7 Ambulances	To the Scene
Dispatch Two (2) Fire Agencies to the scene or 6 first responders	Manpower – No POVs, must be in agency vehicle unless all agency vehicles are in use
Dispatch one (1) Heavy Duty Squad	Standby
Dispatch one (1) MCI Trailer (Wintergreen)	Standby
Dispatch Wintergreen OIC	To the Scene
Notify UVA Medcom with potential number of patients being transported	Potential for affected persons to by-pass Emergency Services. Notify if any Hazardous Material exposure
One (1) Aeromedical Transport Unit	Standby
Dispatch additional Law Enforcement Assistance	To the Scene
Notify Nelson County Emergency Services Coordinator	

Level 2 Suggested Resources: 10 to 25 patients

Action	Comments
Dispatch 7 to 13 Ambulances	To the Scene
Dispatch Three (3) Fire Agencies to the scene or 15 first responder personnel	Manpower – No POVs, must be in agency vehicle unless all agency vehicles are in use
Dispatch one (1) Heavy Duty Squad	To the Scene
Dispatch one (1) MCI Trailer (Wintergreen)	To the Scene
Dispatch Wintergreen OIC	To the Scene
Dispatch one (1) school bus	To the Scene
Notify UVA Medcom with potential number of patients being transported	Potential for affected persons to by-pass Emergency Services. Notify if any Hazardous Material exposure
Notify Regional Hospital Coordination Center	Will be able to directly communicate with all hospitals to determine bed availability. Communicate results with Incident Command
Two (2) Aeromedical Transport Units	Standby
Dispatch additional Law Enforcement Assistance	To the Scene
Notify Nelson County Emergency Services Coordinator	

Level 3 Suggested Resources: 25+ patients

Action	Comments
Dispatch 15 Ambulances*	To the scene
Dispatch Six (6) Fire Agencies to the scene or 30 First Response Persons	Manpower – No POVs, must be in agency vehicle unless all agency vehicles are in use
Dispatch one (1) Heavy Duty Squad	To the Scene
Dispatch one (1) Light/Medium Duty Squad	To the Scene
Dispatch two (2) MCI Trailers (Wintergreen & SARS/CARS/HRS)	To the Scene
Dispatch Wintergreen OIC	To the Scene
Dispatch one (1) school bus	To the Scene
Notify UVA Medcom with potential number of patients being transported	Potential for affected persons to by-pass Emergency Services. Notify if any Hazardous Material exposure
Notify Regional Hospital Coordination Center (RHCC)	Will be able to directly communicate with all hospitals to determine bed availability. Communicate results with Incident Command
Three (3) Aeromedical Transport Units	Standby
Dispatch additional Law Enforcement Assistance	To the Scene
Notify Nelson County Emergency Services Coordinator	

*For over 30 patients, utilize following calculation to determine number of transport vehicles needed (VDH, 2007)

$$\text{Number of Ambulances Required} = \frac{(\text{Total \# of Patients})(\text{Time Required for Round Trip})}{(\text{Total time to complete operation})(\text{\# Patients per ambulance})}$$

Example

$$25 \text{ Ambulances Required} = \frac{(60 \text{ patients})(100 \text{ minute round trip transport})}{(120\text{-Minute Operation})(2 \text{ Patients per ambulance})}$$

Appendix E

Important Phone Numbers

Dispatch Center Phone Numbers:
Wintergreen Dispatch: 434-325-1106
Nelson Dispatch: 434-263-7050
Augusta ECC: 540-245-5501
Charlottesville/Albemarle ECC: 434-977-9041
Louisa County ECC: 540-967-1234
Amherst County ECC: 434-946-3900
Harrisonburg/Rockingham ECC: 540-434-2004