

# COMMAND

## MCI PROCEDURE

**FOG #1**

- Don the appropriate vest and use the radio designation "COMMAND". Establish the Command Post in a safe, visible and fixed location uphill and upwind. Consider assigning an aide. If WMD involved also use FOG #8
- Perform the initial size-up including wind direction. Determine any special needs such as fire suppression, haz mat, extrication, etc. and request additional units as needed.
- Approximate the number of victims and category of injury (trauma, burns, smoke inhalation, etc.)

<b>MCI</b>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Level 4</u>	<u>Level 5</u>
<b>Victims</b>	5-10	11-20	21-100	101-1000	>1000

- Establish Staging Area as soon as possible, Request additional resources early as needed consider HAZMAT, TRT, extrication, Air Rescue/Helicopter.
- Assign positions to perform the following functions:
  - MEDICAL BRANCH (as needed)
  - TRIAGE
    - Litter Bearers
  - TREATMENT
    - RED, YELLOW, GREEN Treatment Managers
  - TRANSPORT
    - Documentation Aide
    - Medical Communication Coordinator
  - STAGING
  - MEDICAL SUPPLY, REHAB, SAFETY, DECON, EXTRICATION, PIO etc.
- Advise Communication Center of the exact number of victims and their categories once reported from TRIAGE.
- Request law enforcement for security for all areas, traffic control and access for emergency vehicles.
- When applicable, have a liaison for each involved agencies at the Command Post. Some examples would include, Law Enforcement, Medical Examiner, Emergency Management Agency, Occupancy owner/representative, etc.
- If the incident is due to a known or suspected WMD/terrorist event refer to WMD. FOG #8; establish a Medical Intelligence Officer to assist with decontamination, antidotes and treatment of victims.

(Paper color – White)Two sided (Predetermined Response Plan on back)



# MEDICAL

- Don the appropriate vest and use the radio designation “MEDICAL”.
- Establish in a safe, fixed and visible location or co-join command post.
- Utilize the EMS Tactical Command Worksheet.
- Verify that COMMAND has requested appropriate number of units.
- Assign the following functions, If not done by COMMAND.
  - TRIAGE
    - Litter Bearers
    - Medical Examiner Personnel
  - TREATMENT
    - RED, YELLOW, GREEN Treatment Managers
  - TRANSPORT
    - Documentation Aide
    - Medical Communication Coordinator
  - STAGING
    - Medical Supply Officer
- Advise the communication center of the exact number of victims and their categories once reported from TRIAGE.
- Determine amount and type of additional medical supplies needed, consider Medical Supply Officer.
- If the incident is due to a known or suspected WMD/terrorist event refer to WMD FOG #8; establish a Medical Intelligence Officer to assist with decontamination, antidotes and treatment of victims.

(Paper color – Blue) Two-sided (Predetermined Response Plan)

# TRIAGE

- Don the appropriate vest and use radio designation "TRIAGE".
- Assign personnel to triage the "walking wounded". Use bullhorn/PA system to direct victims to a specific location or to decon area if needed.
- Direct personnel to triage and tag victims where they lay if the scene is safe.
- Prioritize victims using colored triage ribbons.
- Request Litter Bearer Teams from COMMAND/MEDICAL to assist with movement of victims from the incident site to the Treatment Area. Coordinate movement with the TREATMENT Officer.
- Victims that are black tagged/deceased should be left where they are found and notify the medical examiner/law enforcement.
- Report to COMMAND/MEDICAL the number and category of victims.
- Ensure that all areas of the incident have been checked for victims and that all victims have been triaged.
- Once triage is completed contact COMMAND for further assignment.
- If victims are contaminated, Use the Disaster Management System (DMS) All Risk Triage tag to identify victims contaminated, and any antidotes administered. Have victims remove clothing and place in bags use ID strip from All Risk Triage tags to label; have law enforcements secure items.
- If the incident is due to a known or suspected WMD/terrorist event refer to WMD FOG #8.

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# TREATMENT

- Don the appropriate vest and use the radio designation "TREATMENT".
- Direct personnel to either begin treatment on victims where they lie OR establish a centralized Treatment Area. Ensure security with Law Enforcement.
- Coordinate the movement of victims into the Treatment area with the Litter Bearers.
- Consider obtaining a Documentation Aide to assist with paperwork.
- Request additional medical supplies as necessary from the MEDICAL SUPPLY Coordinator.
- Ensure personnel perform a secondary triage and tag victims with a triage tag. Personnel will then remove the colored ribbon.
- If the incident size warrants it designate a "Treatment Team Manager" for each color category. (RED, YELLOW, GREEN).
- Advise TRANSPORT of victim(s) requiring immediate transportation.
- Account for all victims triaged and treated on the Treatment Log.
- Advise COMMAND/MEDICAL as to any changes in the victim count.
- If victims are contaminated, Use the Disaster Management System (DMS) All Risk Triage tag to identify victims contaminated, and any antidotes administered. Have victims remove clothing and place in bags. Use the ID strip from DMS All Risk Triage tags to label the bag and request law enforcement to secure items. After decon is completed remove the pink contamination strip from DMS All Risk Triage tag (gross decon as a minimum).
- If the incident is due to a known or suspected WMD/terrorist event refer to WMD FOG #8. Work with the Medical Intelligence Officer to assist with decontamination, antidotes and treatment of victims.

(Paper color – Red)



# TRANSPORT

- Don the appropriate vest and use the radio designation “TRANSPORT”.
- Obtain a Medical Communication Coordinator to maintain continuous communication with Medical Control and document the hospital information on the Hospital Capability Worksheet.
- Obtain a Documentation Aide(s) to record the triage tag numbers, victim name, age/sex, transporting unit and hospital destination for each victim on the Hospital Transport Log. Keep a portion of the tag.
- Establish a Victim Loading Area accessible to the Treatment Area and preferably having clear entry and exit points.
- Consult with TREATMENT on the amount and priority of victims.
- Coordinate the loading of patients by priority to transport units and helicopter if needed coordinate with the Landing Zone Officer/Helispot.
- Assign 2-3 victims to each unit, ensuring adequate transport crew. The severity of victims should be mixed if multiple victims are assigned to a unit.
- Assign a hospital destination to each transporting unit; provide verbal and/or written travel instructions.
- Request additional transport units from STAGING.
- If the incident is due to a known or suspected WMD/terrorist event refer to WMD FOG #8. Transport decontaminated victims only; Ensure the pink contamination strip from the DMS All Risk Triage tag is removed after the victim has been decontaminated (gross decon as a minimum).

(Paper color – Green)

# MEDICAL COMMUNICATION

- Don the appropriate vest and use the radio designation “COMMUNICATION”.
- Establish early contact with Medical Control
- Advise Medical Control of overall situation (i.e. smoke inhalation, trauma, burns, HAZMAT exposure, etc.) amount and priority of victims.
- Medical Control will gather hospital capabilities and capacities. Document this hospital information on the Hospital Capability Worksheet.
- When units are prepared to transport, advise Medical Control and supply them with the following information:
  - a) The unit transporting.
  - b) The number of victims to be transported.
  - c) Their priority;      Red =      Immediate  
                                 Yellow =      Delayed  
                                 Green =      Ambulatory (minor)
  - d) Any special need victims, cardiac, burn, trauma, etc.
- Ground transported victims should be assigned to hospitals on a rotating basis.
- Notify the hospital(s) of HAZMAT/WMD exposure and any antidotes given.

(Paper color – Green)







# MEDICAL SUPPLY

- Don the appropriate vest and use the radio designation “SUPPLY”.
- Assure necessary equipment is available on the transporting vehicle.
- Assure support vehicles are requested, such as the MCI trailer(s)
- Consult with TREATMENT on the need for medical supplies in the Treatment Area.
- Provide an inventory of medical supplies at the Staging Area.

(Paper color - blue)

# STAGING

- Don the appropriate vest and use radio designation “STAGING”.
- Maintain Staging Area established by COMMAND or establish a location and notify the communication center to direct all incoming units.
- Establish a visible location in the Staging Area.
- Maintain a Unit Staging Log
- Ensure that personnel stay with their vehicle unless otherwise directed.
- Organize arriving units, keep like units together. If personnel leave their vehicle keep the keys with each vehicle.
- Have arriving units put ‘BLS’ or ‘ALS’ on their front windshield using a marker, sign or tape.
- Coordinate with TRANSPORT the need for units and direct units to the victim loading area.
- Maintain a reserve of ALS/BLS transport units. Should this go down, advise COMMAND.

(Paper color – Orange)



# MCI - WMD/Terrorist Event

## MCI PROCEDURE

FOG #8

### Enroute

- Request additional resources examples are - HAZMAT, TRT, decon trailer, MCI trailers.
- Use the DOT Emergency Response Guidebook (ERG) recommendations; Use the Florida Incident Field Operations Guide (FOG) book, and/or Emergency Response to Terrorism Job Aid.
- Respond in a combined approach of Fire-Rescue, Law Enforcement, and a HAZMAT Task Force.
- Approach cautiously; from uphill/upwind if possible. Establish a safe staging area early. Do not use radios/cell phones in close proximity to suspicious devices (within 500ft).
- Park a safe distance from an identified hazard or area that could endanger personnel or equipment. Use binoculars, look for unusual sights, sounds and be prepared to relocate if odor/cloud/casualties are noted. Consider the victim's reported signs, symptoms and mechanism.
- Consider secondary devices, and request law enforcement to sweep the area for a secondary device.

### On-Scene

- Establish Command, be prepared to establish a Unified Command with all agencies having jurisdiction and assess the security of the command post.
- Initiate an on-scene size up and hazard risk assessment, continually size up the incident, evaluate hazards and risks.
- Establish an incident perimeter - Secure the scene, deny entry, with the assistance of HAZMAT establish control zones (Hot, Warm, Cold). Request Law Enforcement to assist with the safety parameter.
- Direct victims using bullhorns/PA systems to gross decon area use large volumes of water at low pressure (elevated master streams, hose lines, showers, sprinkler system, etc.). Be aware of run off.
- Ensure personnel wear proper PPE (consult with HAZMAT/Poison Control Center as needed)
- If needed use a HAZMAT/WMD antidote kit from fire-rescue units. If a MARK 1 auto injector is administered tie an ORANGE plastic ribbon on the victim to verify type and amount of antidote given. If a CANA (valium) auto injector is administered use a WHITE plastic ribbon. Also write this information on the Disaster Management System (DMS) All Risk Triage tag.
- For contaminated victims -use the DMS All Risk Triage tag to identify victims contaminated, direct the victims to remove all clothing and place in bags, use ID strip from DMS All Risk Triage tags to label; and request law enforcements to secure. Preserve evidence, if found notify law enforcement.
- Notify hospitals/Medical Control of HAZMAT hazard, antidotes given and degree of decontamination completed; Transport decontaminated victims only, Ensure the pink contamination strip from the DMS tag has been removed after the victim has been decontaminated (gross decon as a minimum).

Emergency Evacuation Procedure – The term “Emergency Traffic” shall be used to clear radio traffic. The communication center will sound a radio alert tone followed by clear text identifying the type of emergency. If an evacuation is warranted the Incident Commander (IC) shall designate a specific vehicle(s) to sound the evacuation signal. The signal will consist of repeated short blasts of the air horn for approximately 10 seconds, followed by 10 seconds of silence this will be done 3 times. Following this the IC should conduct a Personal Accountability Report (PAR)

(Paper color- tan)