GLASTONBURY FIRE DEPARTMENT

STANDARD OPERATING GUIDELINE

SOG NUMBER: EMS-010   ISSUED DATE: 04/03/2017   EFFECTIVE DATE: 04/03/2017

REVISION #: 0   REVISED DATE: EFFECTIVE DATE:

CATEGORY: EMERGENCY MEDICAL SERVICE

SUB- CATEGORY: EMERGENCY MEDICAL SERVICE OPERATIONAL

SUBJECT: MASS CASUALTY INCIDENT

RELATED GUIDELINES: EMS-011

Section I – Introduction:

A. Objective

Whenever the ability of the Glastonbury Fire Department to assist in providing effective patient care is exceeded due to the number of people needing care, (the Mass Casualty Incident [MCI] threshold is exceeded), the Incident Commander will implement the MCI protocol. The group of victims will then be triaged and treated using the State of Connecticut approved SMART System.

Glastonbury Emergency Medical Service and Ambulance Service of Manchester will maintain a SMART Responder Triage Pac on each of their ambulances. Ambulance Service of Manchester will maintain a SMART EMS Command Kit in each of their intercept vehicles.

B. Applicability

It is reasonable to expect that the Glastonbury Fire Department will respond to emergency incidents at which there will be more injured persons than the standard EMS response will be capable of treating in the traditional manner.

C. References

East Hartford Fire Department Standard Operating Guideline; Number 1209 Mass Casualty Incidents, Original Date of Issue 8-1-92, Revision Date: 11-20-08.

Section II – Notification Guideline:

1. An MCI is identified.

2. An MCI is formally declared by the Glastonbury Fire Department Incident Commander (IC) to Dispatch and all Glastonbury Fire Department responders. Additional responders (mutual aid) are requested as needed.

3. Dispatch will automatically:

   a) If not yet done, activated the Fire Department's All Tone and dispatch an additional fire company and an additional advance life support ambulance.

   b) Be prepared to implement the Department's working fire protocol if requested by the IC.

   c) Notify Glastonbury Emergency Medical Service and Ambulance Service of Manchester to send any additional units available.

   d) Notify C-MED. C-MED is notified so that they may advise area hospitals, call-up additional ambulance units, and coordinate communications. C-MED will need the following information which the IC shall relay to Dispatch.

      1. EXTENT – number of known and estimated casualties

      2. NATURE – cause of the situation

      3. SEVERITY – estimate in percentage of ambulatory vs. severe patients

      4. SPREAD – geographic area involved

      5. NUMBER OF AMBULANCES NEEDED – 1 or 2 patients per unit.
         C-MED has a list provided by the Glastonbury Emergency Medical Service of the nearest ambulance providers (in expected arrival order)

   e) Notify the Fire Chief and Assistant Fire Chief

   f) Notify the Town Manager and the Emergency Management Director

   g) Be prepared to call upon the request

      1. Life Star

      2. Manchester Fire Rescue EMS

      3. East Hartford Fire Department

      4. Activation of Statewide Fire-Rescue Disaster Plan

Section III – Command Guidelines:

1. The IC shall:

   a) Establish a Command Post and designate the Incident Area.

   b) Survey the Incident Area to ensure the safety of the emergency response personnel and determine the scope of the operation.

   c) Declare a Mass Casualty Incident.

d) Implement the "Working Fire" protocol assignments.

e) Consider additional resources needed.

f) Establish a Staging Area, if necessary.

2. The IC will appoint a Medical Branch Director. The Medical Branch Director will be represented by either Glastonbury Emergency Medical Services or Ambulance Service of Manchester and shall:

    a) Designate the TREATMENT and LOADING AREAS as close to the INCIDENT AREA as safety allows.

    b) Appoint a TRIAGE UNIT LEADER, a TREATMENT UNIT LEADER, and a TRANSPORTATION UNIT LEADER.

    c) Distribute the MCI Kit assignment packets which include vests, all necessary tools, and job descriptions to each appointed position.

    d) Contact C-MED on Med-10. Identify himself/herself by name and request a channel to Medical Control. Ambulance-to-hospital radio traffic will be limited to essential communication-only when a patient's condition worsens while in route to the hospital and ambulance-to-hospital communication is imperative.

Section IV – EMS Assignments and Description of Duties:

1. Medical Branch Director

    a) May declare the MCI through the IC

    b) Appoints the three (3) additional Medical Branch Unit Leaders.

    c) Review Group assignments for effectiveness of current operations and modify as needed.

    d) Provide input to Operations Section Chief for the Incident Action Plan.

    e) Supervise Branch activities and confer with the Safety Officer to assure safety of all personnel using effective risk analysis and management techniques.

    f) Report to Operations Section Chief on Branch Activities.

    g) Maintain Unit/Activity Log (ICS Form 214).

    h) Responsible for the functions of Medical Group Supervisor and Medical Supply Coordinator until the size of the incident requires expansion.

2. Triage Unit Leader

    a) Sees all victims as quickly as possible using SMART System of Triage

    b) Inform Medical Branch Director of resource needs.

    c) Assign and supervise triage personnel.

    d) Implement triage process.

    e)   Coordinate movement of patients from the triage area to the appropriate treatment area.

    f)   Remains in this role until all victims are moved to Treatment Area; and then reports to the Medical Branch Director

3. **Treatment Unit Leader**

    a)   Direct and supervise Immediate, Urgent, and Delayed Treatment Areas and personnel.

    b)   Mark boundary lines for the red, yellow and green patients to be located.

    c)   Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.

    d)   Request sufficient medical caches and supplies as necessary.

    e)   Establish communications and coordination with Patient Transportation Unit Leader.

    f)   Ensure continual triage of patients throughout treatment areas.

    g)   Direct movement of patients to ambulance loading area(s).

    h)   Give periodic reports to the Medical Branch Director.

    i)   When all victims have been transported, reports to Medical Branch Director.

4. **Transportation Unit Leader**

    a)   Designates the ambulance loading area

    b)   Assigns patients to transport crews

    c)   Keeps SMART TAG numbers for each patient and maintains a list of hospitals where each patient was sent

    d)   Maintain communications with the Treatment Unit Leader and provides ambulances as requested

    e)   Request additional transport units as necessary through the Medical Branch Director.

    f)   Reports to Medical Branch Director

Additional position descriptions and checklists for expanding incidents are included in the MCI Command Kit.

Section VIII – Approval:

Fire Chief_____*Michael P. Thuy*_____   Date of Approval:____4/3/17_____