

**McHenry Western Lake County EMS**  
**Optional CE**  
**Paramedics, PHRN's and EMT-B**  
**MCI Review**  
**September 2006**

A mass casualty incident is usually declared when an incident involves multiple patients, challenging circumstances or puts an impacting strain on the system resources. If any of these events occur the first item at hand is to establish an incident command. If you and your partner are the first ones to arrive on the scene of a MCI your roles will immediately change to "Incident Commander" and "Triage Officer" until other units arrive at the scene. This is the most important step. Command and good communications must be established early in the incident. MCI's are won or lost in the first ten minutes. If this step is not established quickly things such as underestimating the severity of the incident, not requesting additional resources and inadequately prioritizing patients can occur. Incident command can be either a singular command or unified command. Singular is when one agency controls all resources and operations. Unified command is when agencies work independently but cooperatively with one another.

Once the first vehicle arrives on the scene, it is very important to do a scene size –up. This should be done while still in the vehicle. Things you want to note are all the elements of the incident and of course any hazards that may be present. The three priorities you need to keep in mind are life safety, incident stabilization and property conservation.

During this phase of the operation you should be locating or identifying where to place the staging area. The staging area should be in a location that is out of the smoke, fumes, water, chemicals or other hazards. Two sites should be chosen. The first will be the primary site the second will be available if conditions at the primary staging area become unstable.

The START triage method should be used to determine the priority of the patients involved. Begin by asking any person who can walk to get up and walk with you to an area that will be designated as the "green" or "priority 3" area. Your next step is to begin checking the non-walking patients. Start with the respiratory effort. If the patient is not breathing do a manual airway maneuver to open the airway. If breathing begins spontaneously, tag "red" or "priority 1". If an airway maneuver does not illicit breathing, then the patient should be tagged "black" or "priority 4". The breathing patient should be triaged by the effort of breathing. If the rate is over 30 breaths per minute, they will be "red" or "priority 1". If the respiratory rate is fewer than 30 breaths per minute assess the RADIAL pulse. If the radial pulse is present, you know that the person has a blood pressure of at least 90mmHg systolic. If the patient you are assessing is breathing but you are unable to palpate a radial pulse they should be tagged

“red” or “priority 1”. If the pulse is palpable then assess their mental status. A good way to do this is to ask the person to grab both of your hands. If they can do this they are tagged “yellow” or “priority 2”. If they can’t, they get a “red” or “priority 1”. By this time hopefully you will have more assistance. Each area (red, yellow, green) should have a paramedic assigned to it. The greens should be triaged and tagged appropriately. All areas should be monitored closely and evaluated and reassigned as needed by condition. If the condition worsens for a patient they need to be given a new priority. Remember don’t commit yourself to single patient care if you are triage.

Another big issue is communications. Without communications the whole incident will completely fall apart. As incident command is established there should be a report given to dispatch giving the type of incident, approximate number of patients, request for additional resources, staging instructions and a plan of action should be done as soon as possible. At this point all communications for the scene should be switched to a secondary channel. This will help the situation by keeping radio traffic to a minimum on the primary channel. When using radios remember to use common terminology. Drop the codes and use plain English.

Most MCI’s will need additional ambulances, personnel, equipment and supplies. Sometimes specialized equipment may be needed. As incident command you need to constantly reassess the incident and alter plans as needed. If helicopters are to be used, landing sites will need to be set up.

As more units arrive on the scene, command may be transferred to a more senior officer. Transfer of command should be done face to face and a brief report of the incident and what has transpired must be given. As personnel begin to arrive at the scene they will be assigned to particular roles. They need to report to the sector officer for specific duties. Once an assignment has been completed the personnel should once again report to the sector officer for other assignments. NEVER freelance on your own. This will only cause the scene to become unorganized and confused.

There can be many other officers or personnel that will be assisting command. These could include safety officer, extrication sector, public information officer, triage sector, transportation sector, decontamination sector, staging, and rehabilitation officer. Of course depending on the situation, the event will determine what sectors or officers you need to implement.

The role of the safety officer is to watch over all of the scene actions making sure no harmful conditions arise. These areas will include infection control, PPE’s, moving of patients, equipment, and lighting. He has the authority to stop any action that is thought to be an immediate life threat.

Any time there is an MCI the media converge on the scene almost immediately. It is a very good idea to assign a public information officer. It is the job of this person to collect information regarding the incident and then release the *appropriate* information to the press.

The staging officer will keep command informed as to what equipment and personnel are available to be implemented as needed into the scene. If special equipment is needed he will also advise when it has arrived.

The transportation officer will have the important job of communicating with both the treatment area and staging. After finding out which area hospitals can take which patients (red, yellow or green) it is his/her job to get the patients moved into ambulances and route those ambulances to the designated hospitals along with keeping track of who went where.

If your incident is a lengthy one you should have a rehabilitation area for the personnel. This is where the personnel can rotate into, that provides water, food, and medical monitoring for responders. There should also be CISD teams available to provide the emotional and psychological support that may occur with a MCI.

Some common problems that can arise during a MCI are:

- The inability to recognize command
- Proper triage
- Failure to organize and get your patients into the appropriate treatment areas.
- Triage personnel getting caught up in extended patient care.
- Distribution of patients to medical facilities. You don't want over crowd already busy emergency departments
- Communications break down

As rescue personnel we should all be very aware of our local plans for a MCI in our area. Know your pre-plans. The more you are aware of your protocols, pre-plans etc., the better you are able to handle any situation. In this day and age we all have to be prepared for anything. Anything can happen at any time to anyone.



6. List three different sector officers in an MCI and explain their role.