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Bureau for Public Health
West Virginia Department of Health and Human Resources

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West Virginia Mass Casualty Incident Management

Module II

Operations Level

Version: 2022

OBJECTIVES

- Define mass casualty incident
- List the goals of MCI management
- Relate 5-S to Medical Group operations
- Identify the roles in the incident management structure
- Describe the key roles in the Medical Group
- Describe basic responsibilities, tools, and tactics for medical group positions
- Describe the organization of the Medical Group
- Identify the focus of Extrication, Triage, Treatment and Transportation Units
- Perform duties in the Medical Group

CONSISTENT WITH:

- NFPA 1561 Incident Management System
- NIIMS Incident Command System
- NFA Incident Command System
- Fireground Command System
- West Virginia Protocols

Mass Casualty Incident

- Causes many injuries
- Exceeds system capacity
- Can’t use normal procedures
- Overloads resources

MCIs

- Force organizational changes
- Task and responsibility sharing
- New responders
- Cross jurisdictional boundaries

- Create new tasks
- Normal facilities or tools unusable
- New organizations emerge

Lessons Learned…The Hard Way

- Inadequate alerting
- Lack of primary stabilization
- Failure to rapidly move patients & collect them in one place
- Inadequate triage
- Time consuming care methods
- Premature transportation

Lessons Learned…The Hard Way—Cont'd

- Improper use of field personnel
- No recognizable command
- No preplanning
- Communications overload, lack of inter-operability
- Failure to establish & control staging
- Convergence (responders, media, public, relatives of involved, etc.)
- No rescuer accountability

“The measure of intelligence is the ability to change.”
-Albert Einstein

“Change is hard but inevitable.”
-Jenny Han

Goals of MCI Management

- Do the Greatest good for greatest number!
- Manage scarce resources!
- Don’t relocate the disaster!

MCI Priorities

- Life Safety
  - Victim & personnel safety
  - Accountability
  - Welfare
- Incident Stabilization
- Property Conservation

The Five S's

- **S**cene Safety S-1
- **S**cene Size-Up S-2
- **S**end for Help S-3
- **S**et-Up S-4
- **S**TART/JumpSTART S-5

START Triage

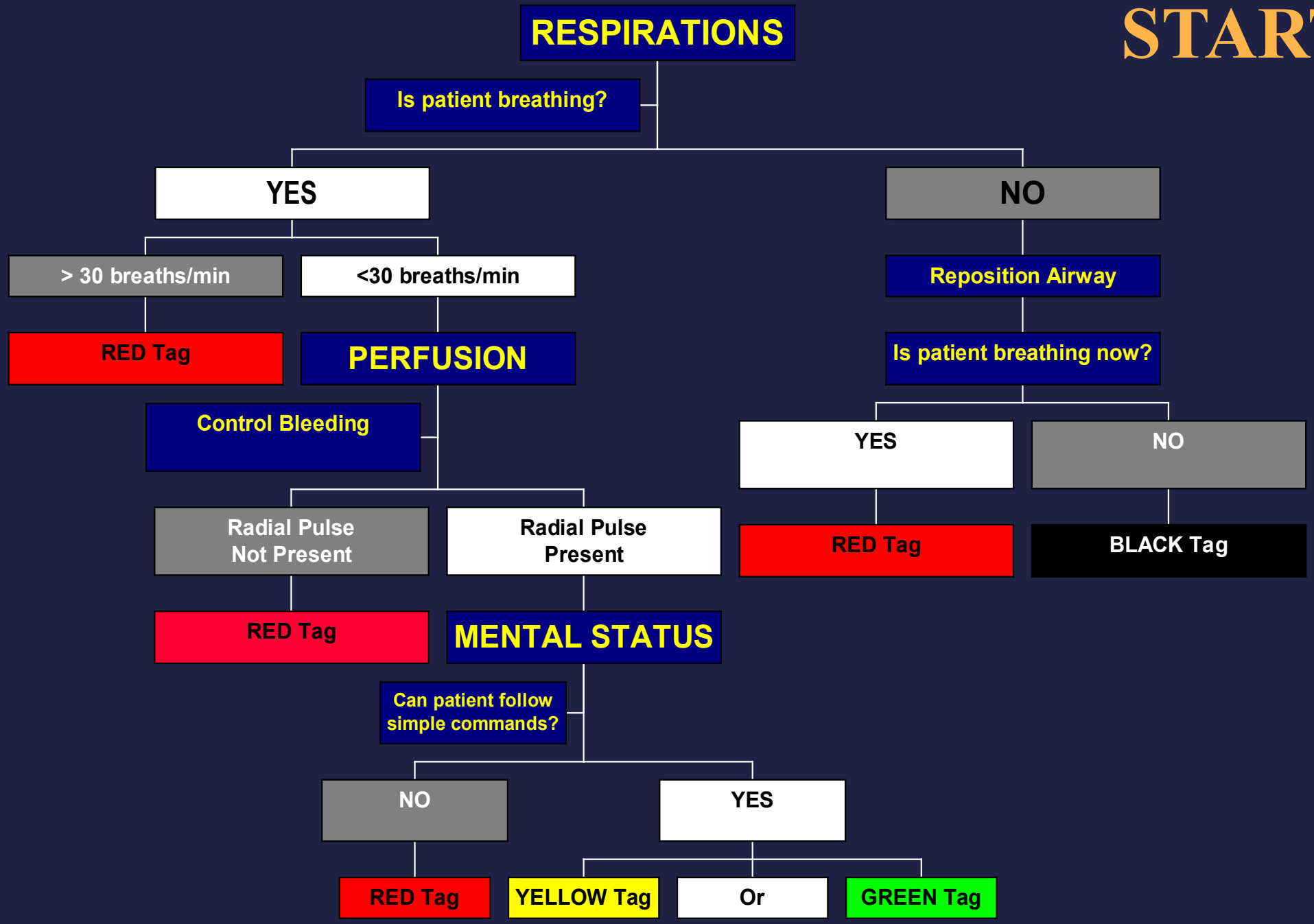
- The first step in assessing the medical characteristics of the incident.
- Uses standard colors
  - RED
  - YELLOW
  - GREEN
  - BLACK
  - LIGHT BLUE

START Triage

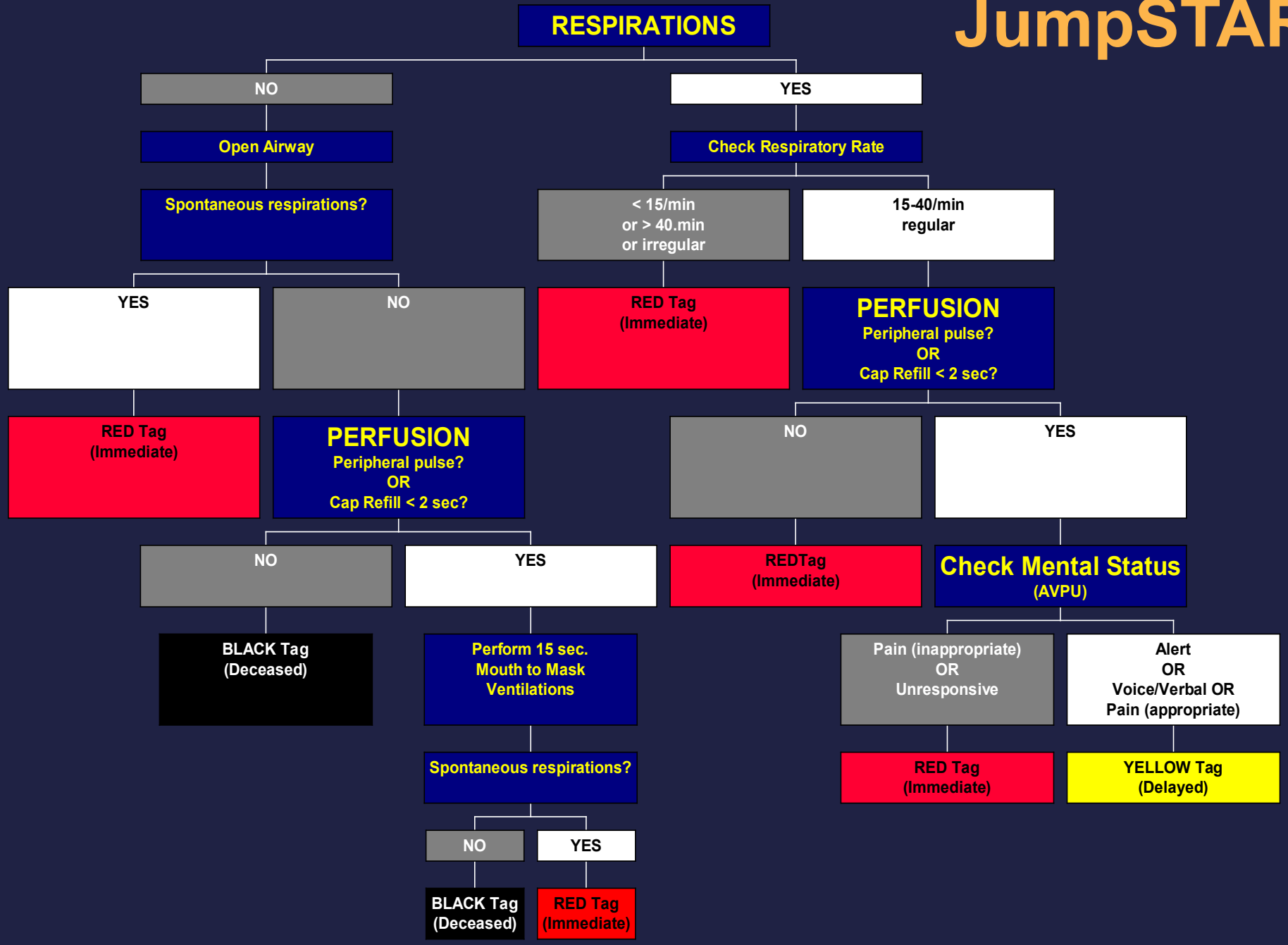
Uses standard procedure:

- Start where you stand
- Keep an accurate count
- Triage everyone
- Minimal treatment
- Keep moving
- Report results quickly

START


RESPIRATIONS
Is patient breathing?
YES
NO
> 30 breaths/min
<30 breaths/min
Reposition Airway
RED Tag
PERFUSION
Is patient breathing now?
Control Bleeding
YES
NO
Radial Pulse Not Present
Radial Pulse Present
RED Tag
BLACK Tag
RED Tag
MENTAL STATUS
Can patient follow simple commands?
NO
YES
RED Tag
YELLOW Tag
Or
GREEN Tag

JumpSTART


RESPIRATIONS
NO
YES
Open Airway
Check Respiratory Rate
Spontaneous respirations?
< 15/min
or > 40.min
or irregular
15-40/min
regular
YES
NO
RED Tag
(Immediate)
PERFUSION
Peripheral pulse?
OR
Cap Refill < 2 sec?
RED Tag
(Immediate)
PERFUSION
Peripheral pulse?
OR
Cap Refill < 2 sec?
NO
YES
NO
YES
REDTag
(Immediate)
Check Mental Status
(AVPU)
BLACK Tag
(Deceased)
Perform 15 sec.
Mouth to Mask
Ventilations
Pain (inappropriate)
OR
Unresponsive
Alert
OR
Voice/Verbal OR
Pain (appropriate)
Spontaneous respirations?
RED Tag
(Immediate)
YELLOW Tag
(Delayed)
NO
YES
BLACK Tag
(Deceased)
RED Tag
(Immediate)

Secondary Triage

RED - Immediate

- Life threatening
- injuries/illness
- Risk of asphyxiation or shock is present or imminent
- High probability of survival if treated & transported immediately
- Can be stabilized without requiring constant care or elaborate treatment

Secondary Triage

YELLOW - Delayed

- Potentially life-threatening injuries/illnesses
- Severely debilitating injuries/illnesses
- Can withstand a delay in treatment & transportation

Secondary Triage

GREEN - MINOR

- Non-life-threatening injuries/illnesses
- Patients who require a minimum of care with minimal risk of deterioration

Secondary Triage

BLACK - Deceased/Non-Salvageable

- Deceased en-route to the Treatment Area or upon arrival
- Unresponsive with no circulation; cardiac arrest

The Incident Management System

IMS Benefits

- Meets legal and standard requirements
- Standard organization structure
- Standard terminology
- Clear decision-making authority
- “All hazard” incident management system
- Allows multiple agencies/jurisdictions to integrate efforts

Common Approach

- One Incident Commander
  - Accommodates unified command
  - One COMMAND on radio
- One Command Post
- IMS organization expands as needed

Common Approach

- All responsibilities must be handled
- Common terminology
- Addresses span of control
- Reduces communications load

Incident Commander

- May change during the incident
- Sets overall strategy
- Sees that big picture carried out
- Establishes IMS organization

Command Responsibilities

MCI Priorities

- Life Safety
  - Victim & personnel safety
  - Accountability
  - Welfare
- Incident Stabilization
- Property Conservation

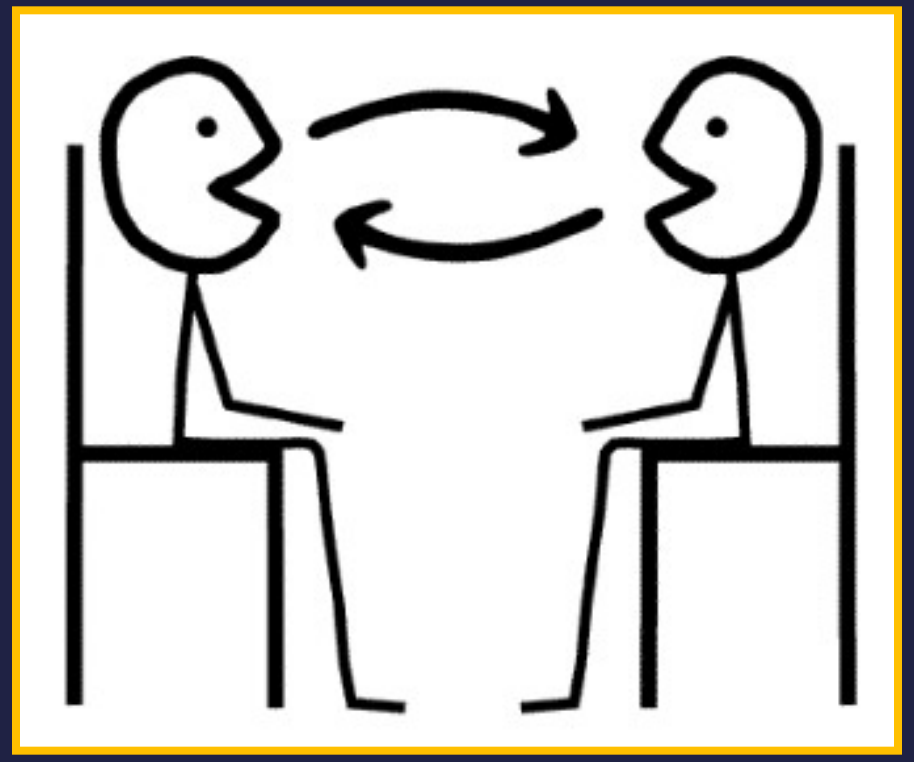
10

Establishing Command

- Assume command
- Announce you have command
- Initial assessment (Size-Up)
- Control communications
- Identify what must be done

Handing Over Command

Face-to-Face



Handing Over Command

- Good Briefing
  - Situation
  - Resources on scene
  - Actions taken
  - Resources responding
- Formal acknowledgement

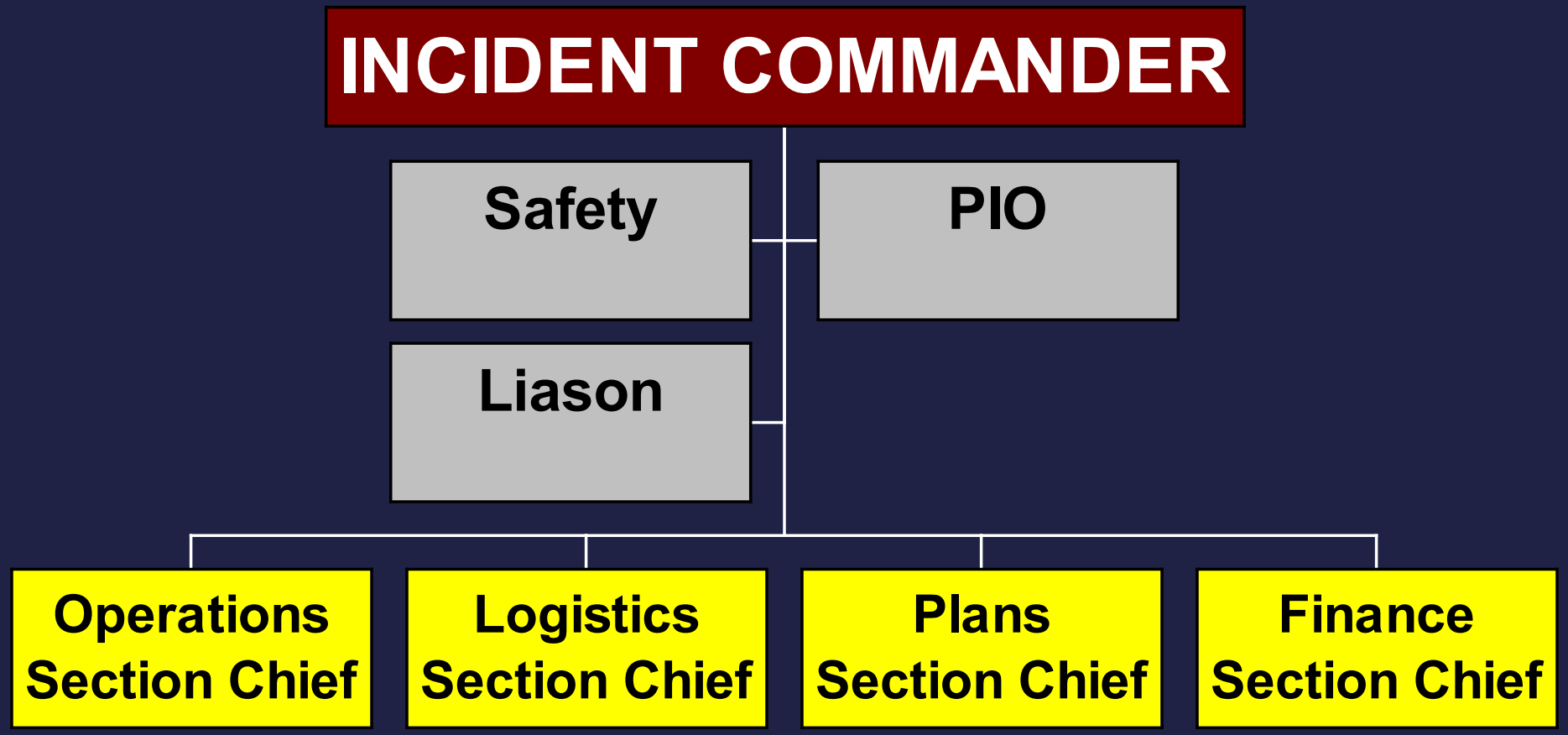
Unified Command

A method for all agencies or individuals who have jurisdictional responsibility, and in some cases those who have functional responsibility at the incident, to contribute to:

- Determining overall objectives for incident
- Selection of a strategy to achieve the objectives
- Still only one Incident Commander, but they may receive input from other involved agencies and/or jurisdictions

Command Staff

Four Sections



Below the Operations Section

- DIVISIONS
- GROUPS
- SECTORS
- BRANCHES

Position Titles

Organizational Level	Supervisor Title	Support Position Title
Incident Command	Incident Commander	Deputy
Command Staff	Officer	Assistant
General Staff (Section)	Chief	Deputy
Branch	Director	Deputy
Division/Group	Supervisor	N/A
Unit	Leader	Manager
Strike Team/Task Force	Leader	Single Resource Boss

Leader/Supervisor Roles

- Prioritize
- Tactical Decisions
- Assign Resources
- Evaluate Progress
- Intervene
- Reassign Resources
- Coordinate
- Safety/Accountability

Things to Remember

- You can’t do it all
- A good scene saves patients
- Good assignments means good care

Patient Flow

The Incident Scene

to

The Treatment Area

to

The Transportation Area

to

The Hospital

Ambulance Staging

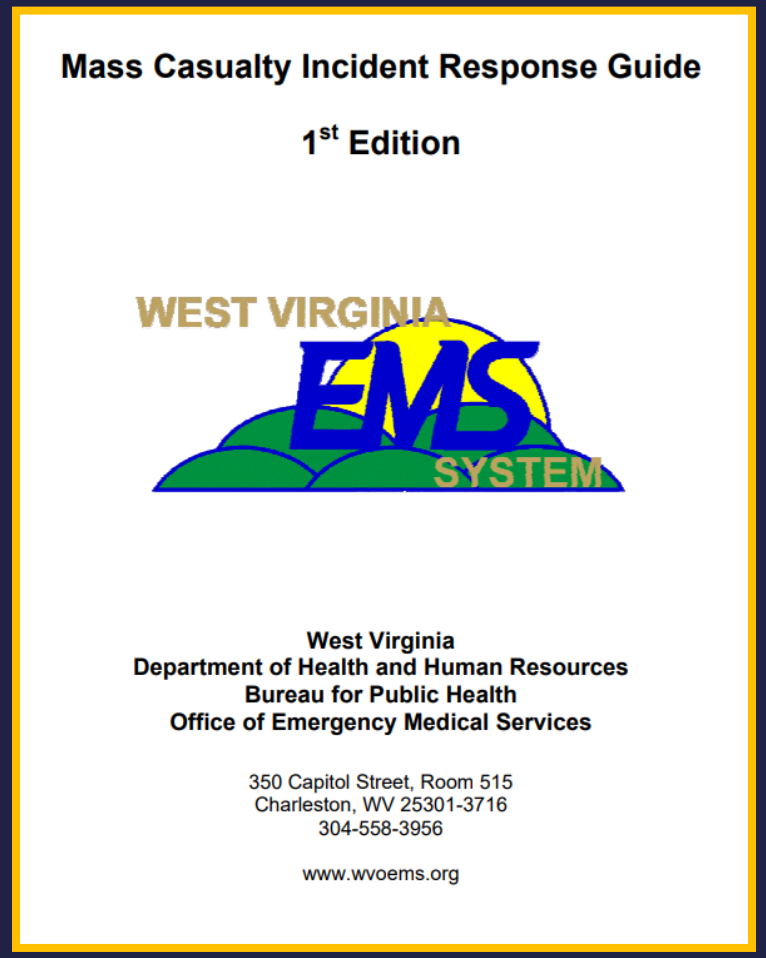
- Establish away from the scene
- Large enough to handle expected vehicles
- Easy access and egress
- Close to transportation routes
- Easy scene access

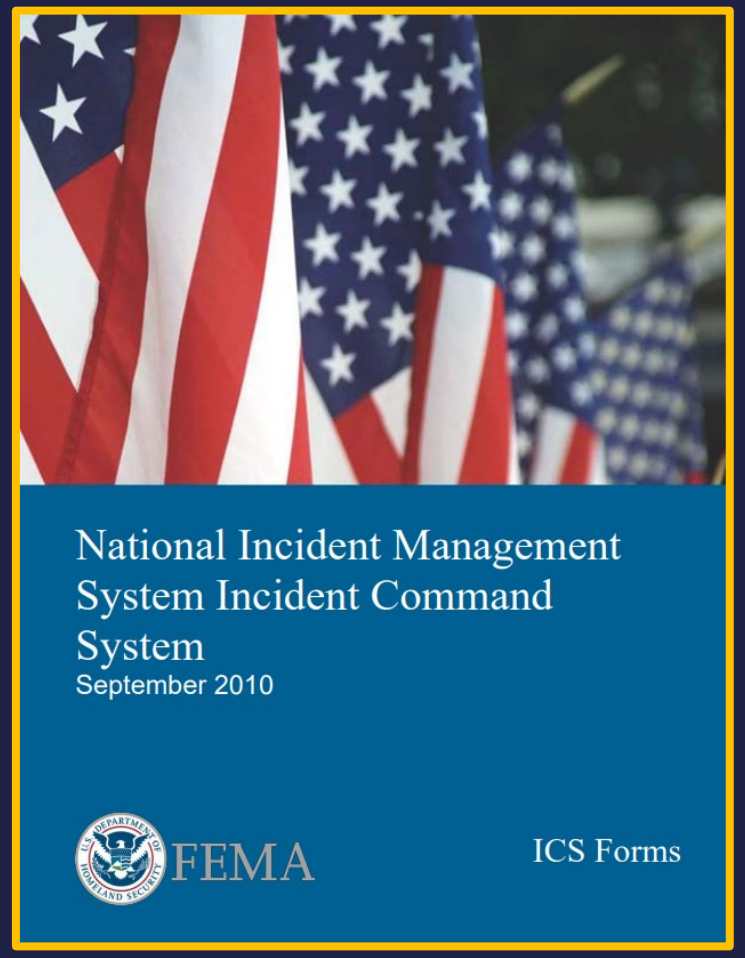
All Positions

- Choose the best location
- Put on the vest
- Use the Response Guide
- Use the Tactical Worksheets
- Keep your supervisor informed
- Keep your personnel informed
- Limit radio use
- Monitor your personnel

Common Tools

- Vests
- Response Guide
- Tactical Worksheets
- Communications





ICS Forms

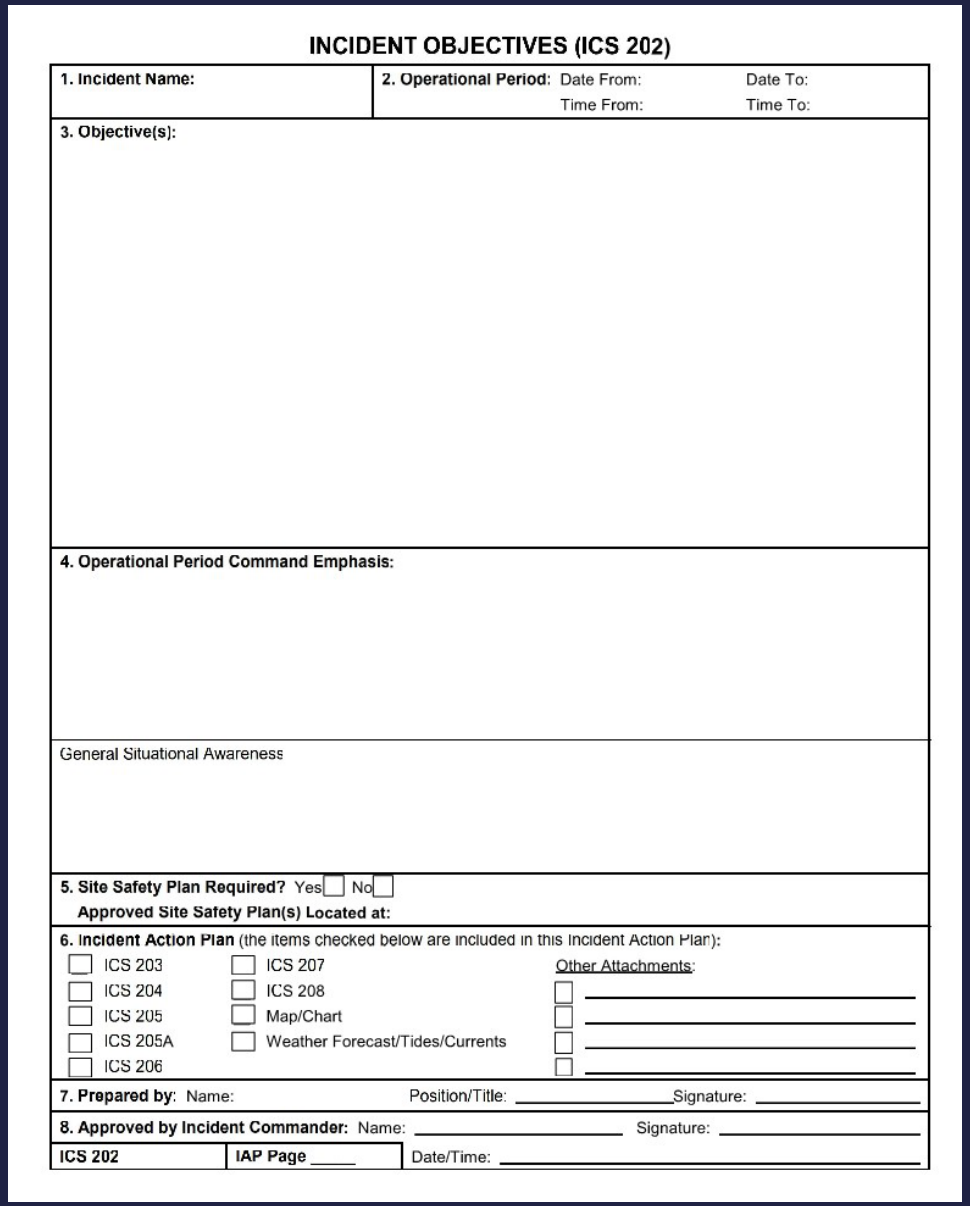
The next several slides contain a few important ICS forms that responders should be familiar with. This course is not a substitute for proper NIMS/ICS training. FEMA's "NIMS ICS Field Operation Guide" contains more forms and information that require further training for effective use.

- ICS Form 202 – Incident Objectives
- ICS Form 203 – Organization Assignment List
- ICS Form 204 – Assignment List
- ICS Form 206 – Medical Plan

ICS 202 – INCIDENT OBJECTIVES

The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command

emphasis/priorities, and safety considerations for use during the next operational period.



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

3. Objective(s):

4. Operational Period Command Emphasis:

General Situational Awareness

5. Site Safety Plan Required? Yes ☐ No ☐
Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

☐ ICS 203	☐ ICS 207	Other Attachments:
☐ ICS 204	☐ ICS 208	☐ _____
☐ ICS 205	☐ Map/Chart	☐ _____
☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐ _____
☐ ICS 206		☐ _____

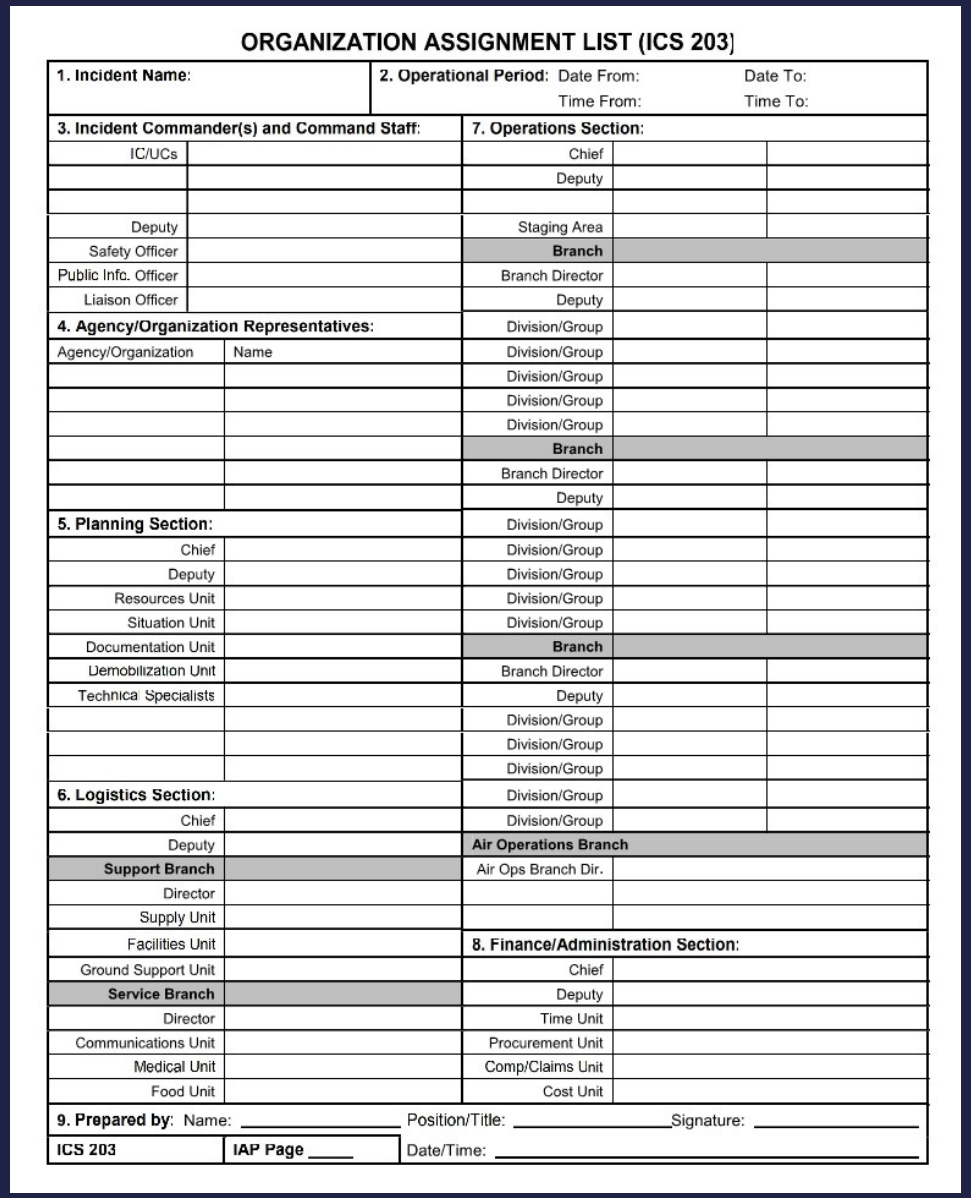
7. Prepared by: Name: Position/Title: _____ Signature: _____

8. Approved by Incident Commander: Name: _____ Signature: _____

ICS 202	**IAP Page** ____	Date/Time: _____

ICS 203 – ORGANIZATION ASSIGNMENT LIST

The Organization Assignment List (ICS 203) provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. Not all positions need to be filled. Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.



ORGANIZATION ASSIGNMENT LIST (ICS 203)

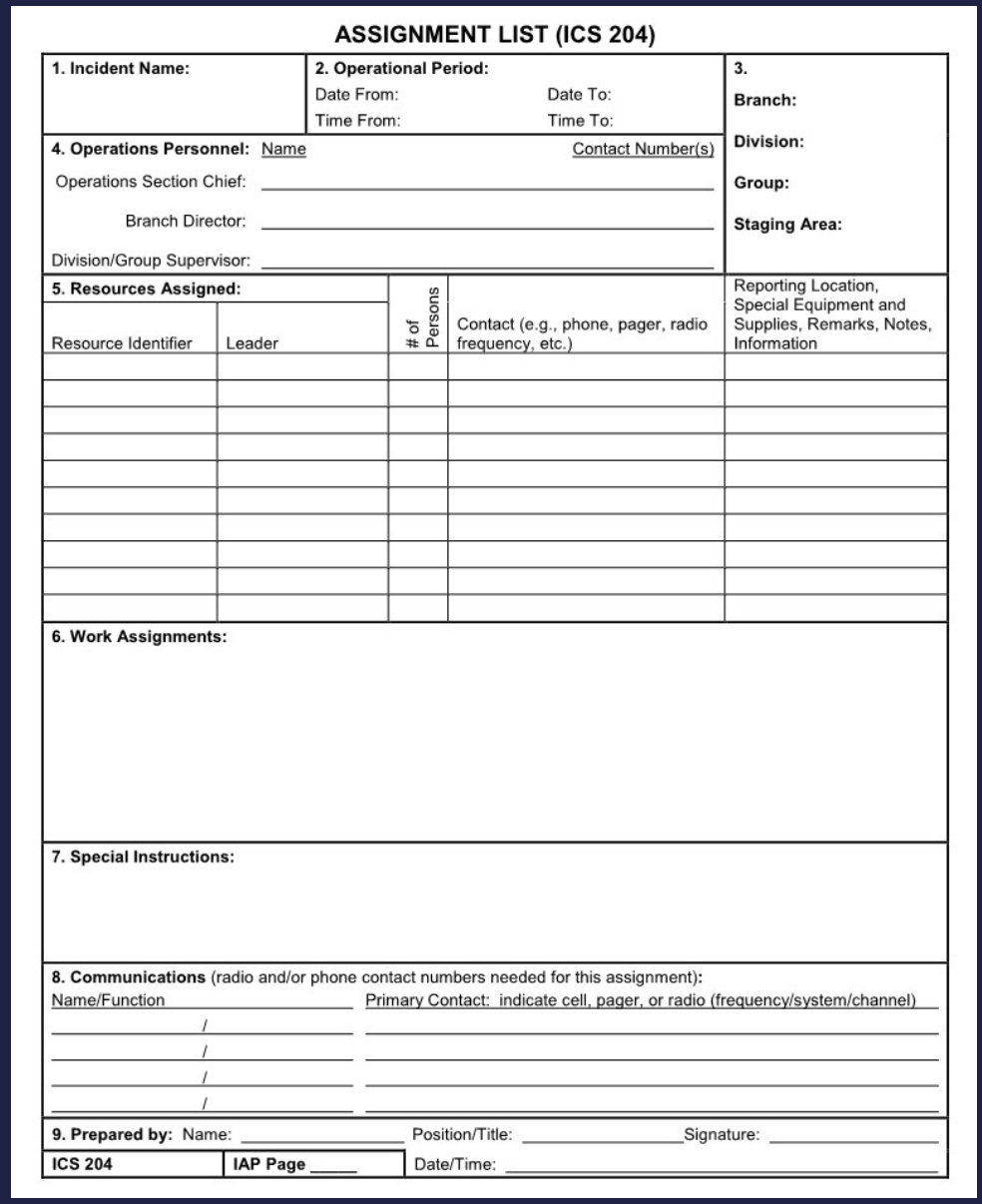
1. Incident Name:		**2. Operational Period:** Date From:		Date To:	
		Time From:		Time To:	
3. Incident Commander(s) and Command Staff:		**7. Operations Section:**			
IC/UCs		Chief			
		Deputy			
Deputy		Staging Area			
Safety Officer		**Branch**			
Public Info. Officer		Branch Director			
Liaison Officer		Deputy			
4. Agency/Organization Representatives:		Division/Group			
Agency/Organization	Name	Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		Branch Director			
		Deputy			
5. Planning Section:		Division/Group			
Chief		Division/Group			
Deputy		Division/Group			
Resources Unit		Division/Group			
Situation Unit		Division/Group			
Documentation Unit		**Branch**			
Demobilization Unit		Branch Director			
Technical Specialists		Deputy			
		Division/Group			
		Division/Group			
		Division/Group			
6. Logistics Section:		Division/Group			
Chief		Division/Group			
Deputy		**Air Operations Branch**			
Support Branch		Air Ops Branch Dir.			
Director					
Supply Unit					
Facilities Unit		**8. Finance/Administration Section:**			
Ground Support Unit		Chief			
Service Branch		Deputy			
Director		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
ICS 203	**IAP Page** ____	Date/Time: _____			

ICS 204 – ASSIGNMENT LIST

The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the

Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions

and Groups.



ASSIGNMENT LIST (ICS 204)

1. Incident Name:	**2. Operational Period:** Date From: Time From: Date To: Time To:	**3.** **Branch:** **Division:** **Group:** **Staging Area:**

4. Operations Personnel: Name — Contact Number(s)

Operations Section Chief: _____

Branch Director: _____

Division/Group Supervisor: _____

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information

6. Work Assignments:

7. Special Instructions:

8. Communications (radio and/or phone contact numbers needed for this assignment):

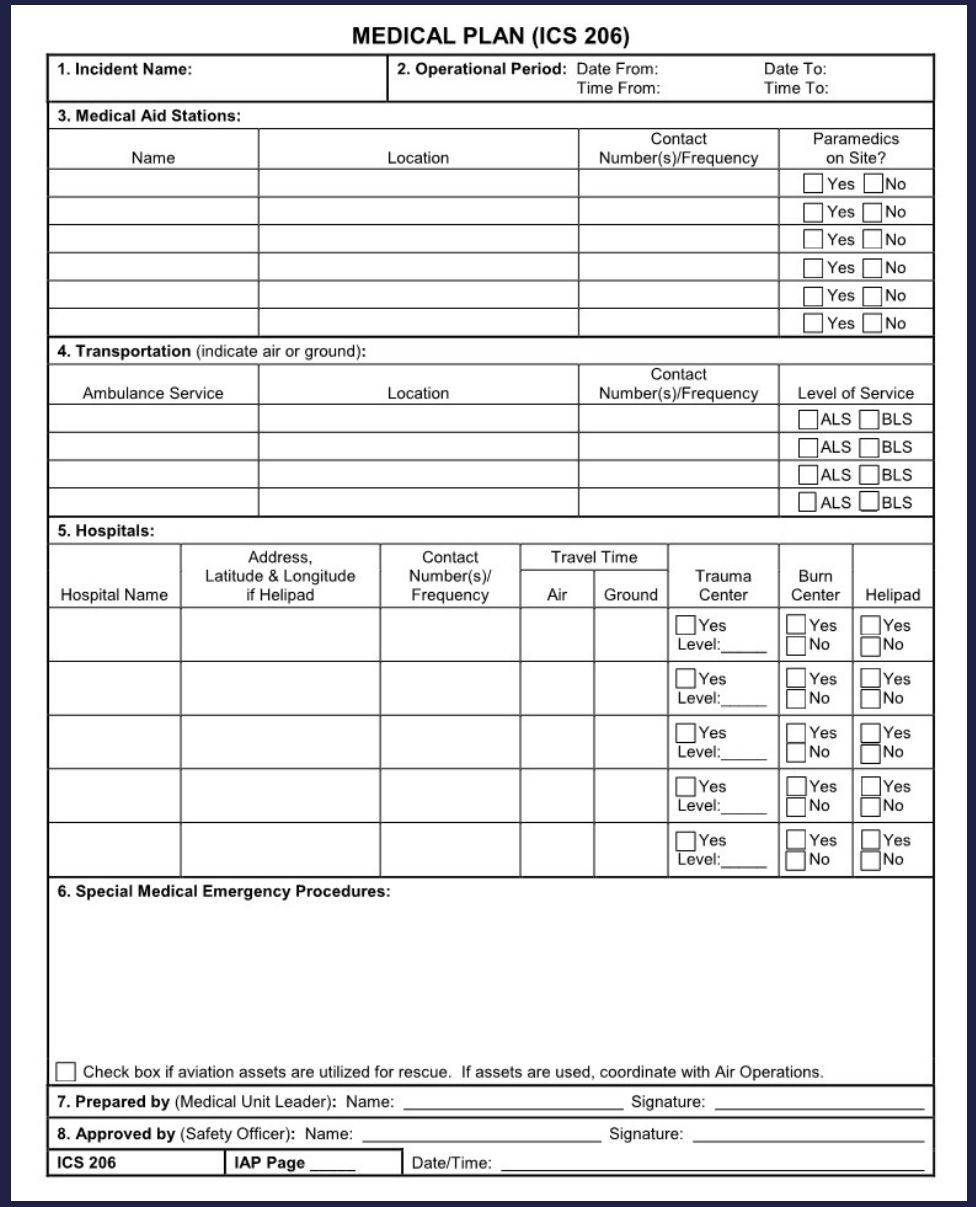
Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
/	
/	
/	
/	

9. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 204 | **IAP Page** ____ | Date/Time: _____

ICS 206 – MEDICAL PLAN

The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.



MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (indicate air or ground):

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time: Air	Travel Time: Ground	Trauma Center	Burn Center	Helipad
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No

6. Special Medical Emergency Procedures:

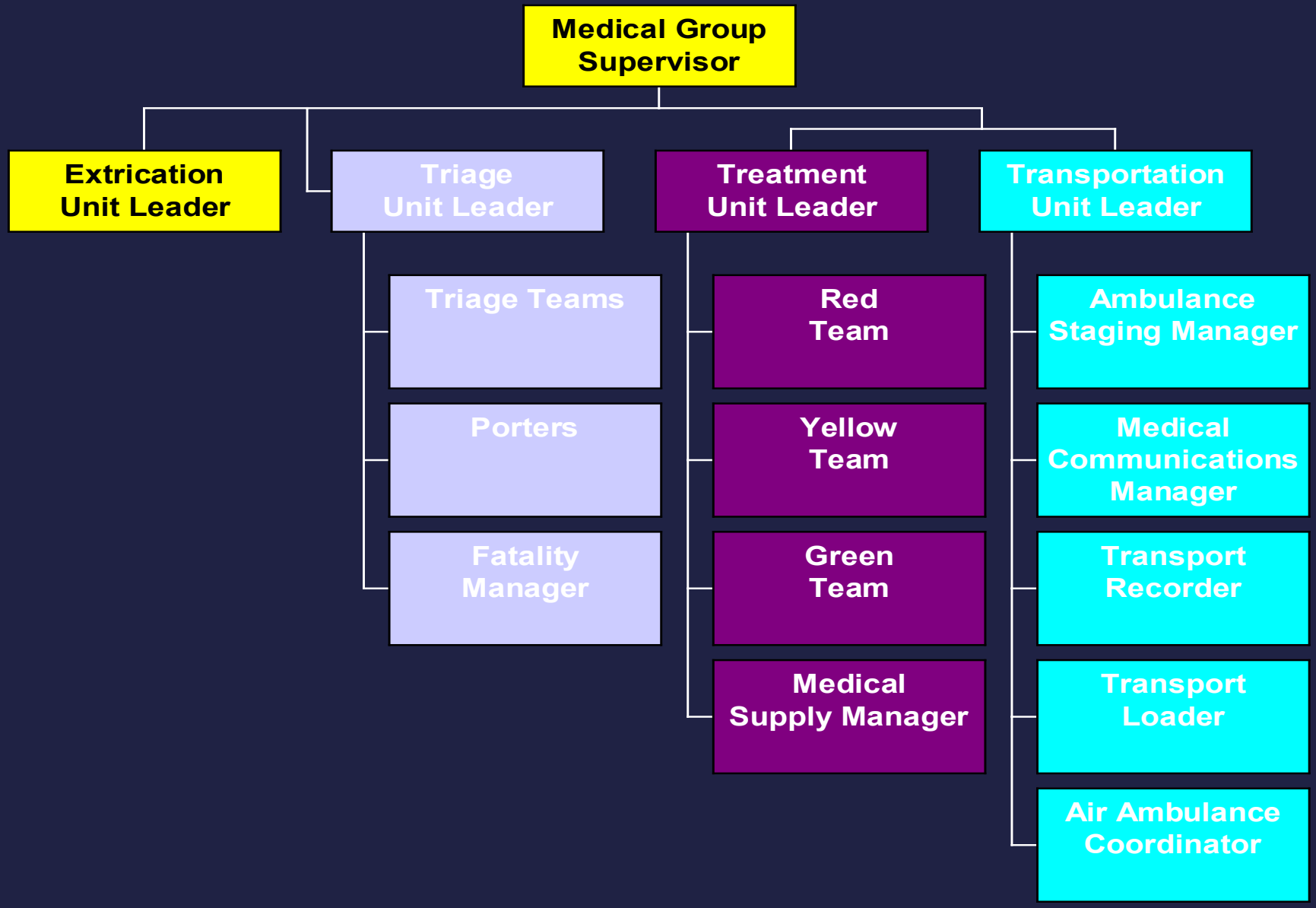
☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____

8. Approved by (Safety Officer): Name: _____ Signature: _____

ICS 206	IAP Page _____	Date/Time: _____

The Medical Group



Medical Group Supervisor

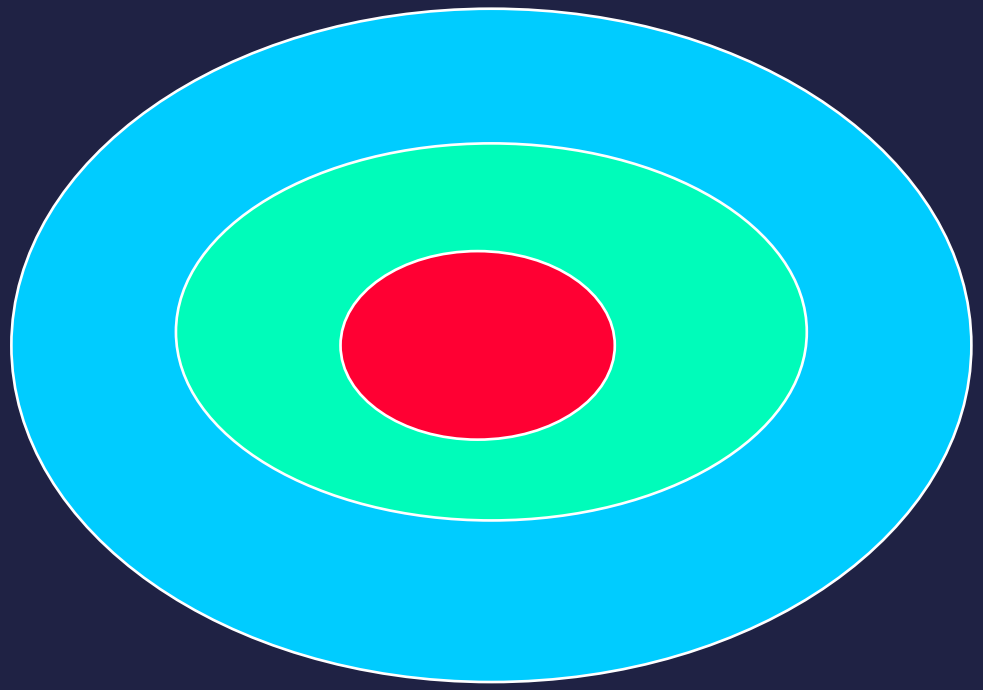
- Responsible for extrication, triage, treatment & transportation
- Talk to the IC and Operations Section Chief
- Communicate face to face when possible
- Choose where to set up
- Stay ahead of resource problem
- Monitor patient flow

Extrication Unit

- Responsible for finding & removing all victims to a safe location, hazard control, “triage decision”
- Talks to Medical & Triage

Extrication Unit—Cont'd

- Communicate face to face when possible
- Stay ahead of resource problem
- Monitor scene safety (hot, warm, cold concept)



Extrication Unit—Cont'd

- Extrication changes the medical problem:
  - flow slows after initial rush
  - patients may be in worse shape
  - longer on scene time
  - transition to mass fatality

Triage Decision

- Is it safe to triage on scene?
- Who does triage – where & when?

Triage Unit

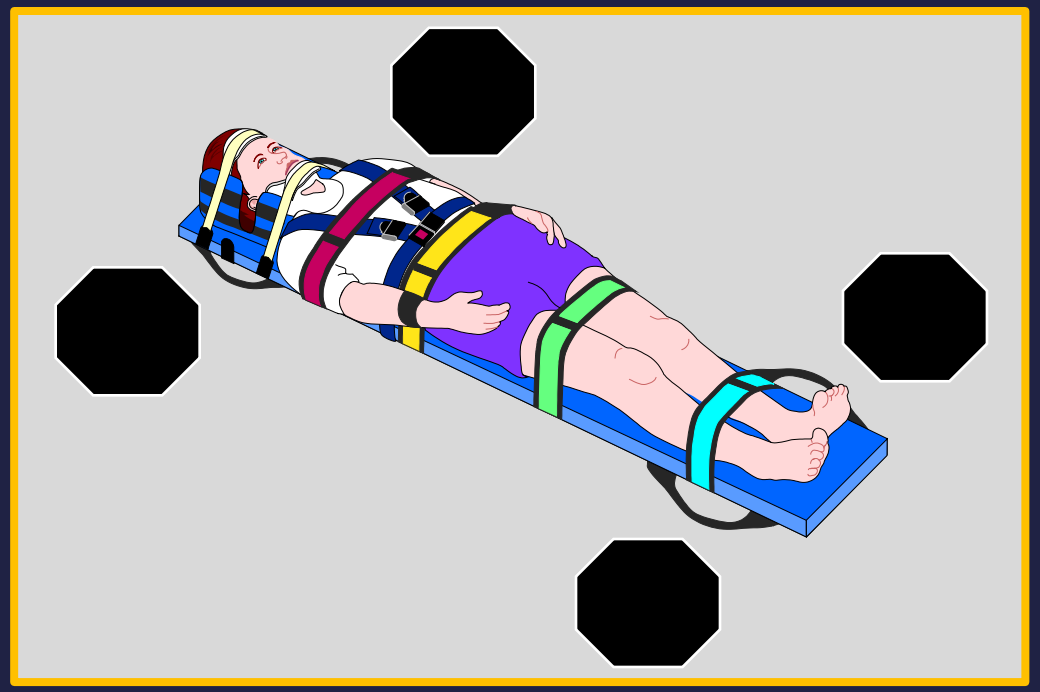
- Responsible for START triage of all patients, initial patient count, movement of patients to treatment area
- Talks to Medical, Extrication, & Treatment
- Communicate face to face when possible

Triage Unit—Cont'd

- Establish triage & porter teams
- Stay ahead of resource problem
- Monitor patient flow

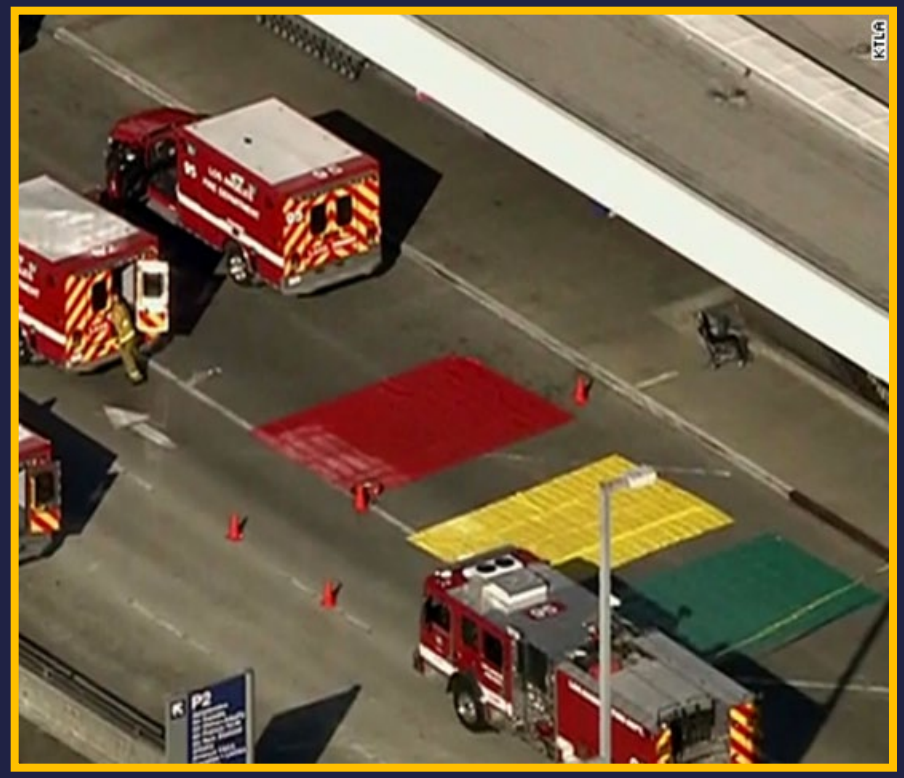
Portering

- It is ideal to have 4 people (porters) to carry a patient on a backboard/stretcher
- Patients should be moved feet first



Treatment Unit

- Responsible for secondary triage, treatment & “transportation decisions”
- Talk to Medical, Triage, & Transportation
- Communicate face to face when possible
- Choose where to set up
- Stay ahead of resource problem
- Monitor patient flow



Treatment Unit—Cont'd

- Red Area
- Yellow Area
- Green Area
- Black Area
- Medical Supply Area

Treatment Area

- Layout is critical
- Location is everything
- How much space do you need
- Relationship between areas
- Alternate layouts or locations

EXIT POINT

Transport/Disposition Officer

Red Tarp

Yellow Tarp ←3'→

Green Tarp

ENTRY POINT

Treatment/Aide Officer

SUPPLY AREA ALS

SUPPLY AREA BLS

EXIT
POINT

Transport/Disposition
Officer

Red Tarp

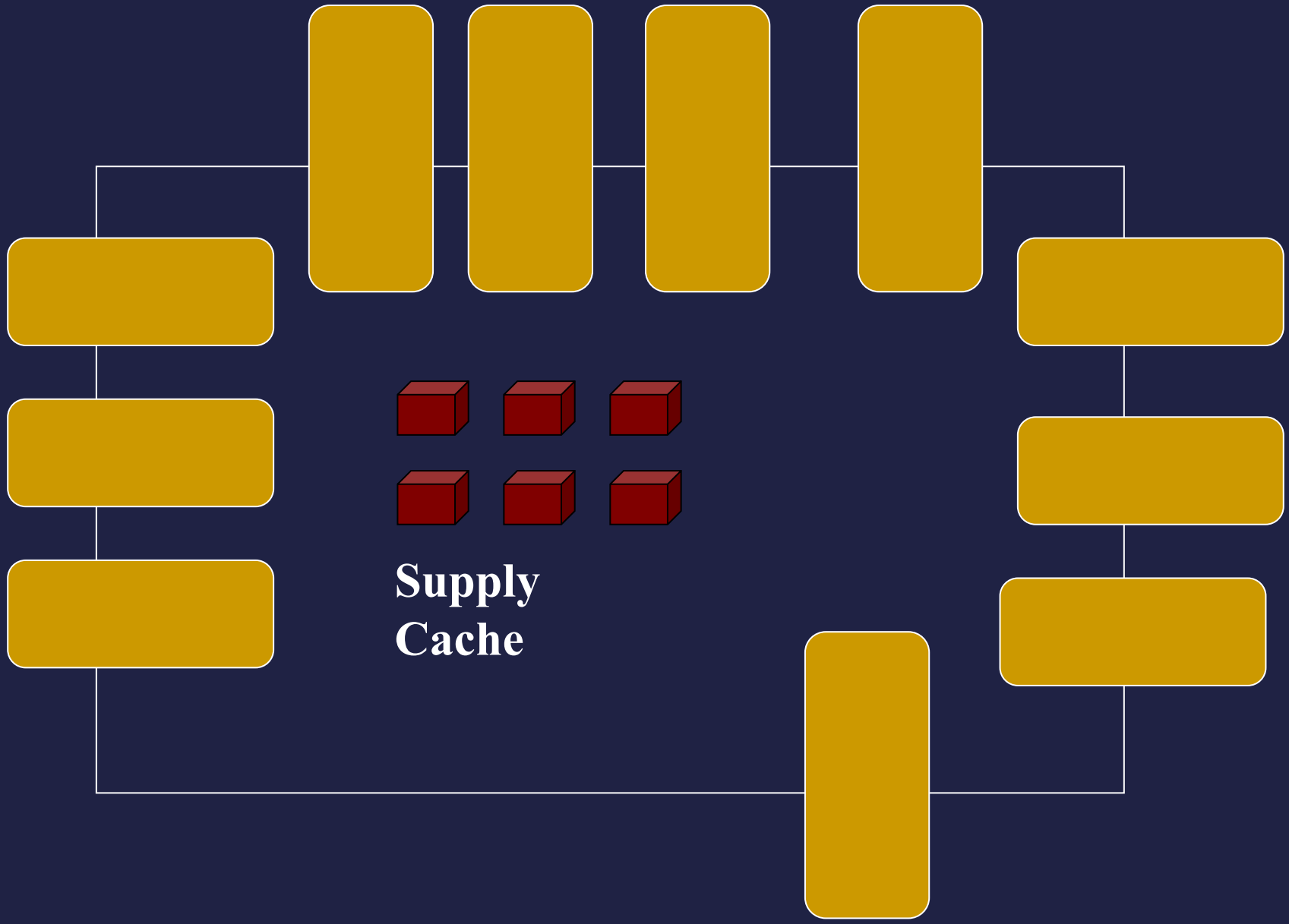
Yellow Tarp

Supply Area
BLS/ALS

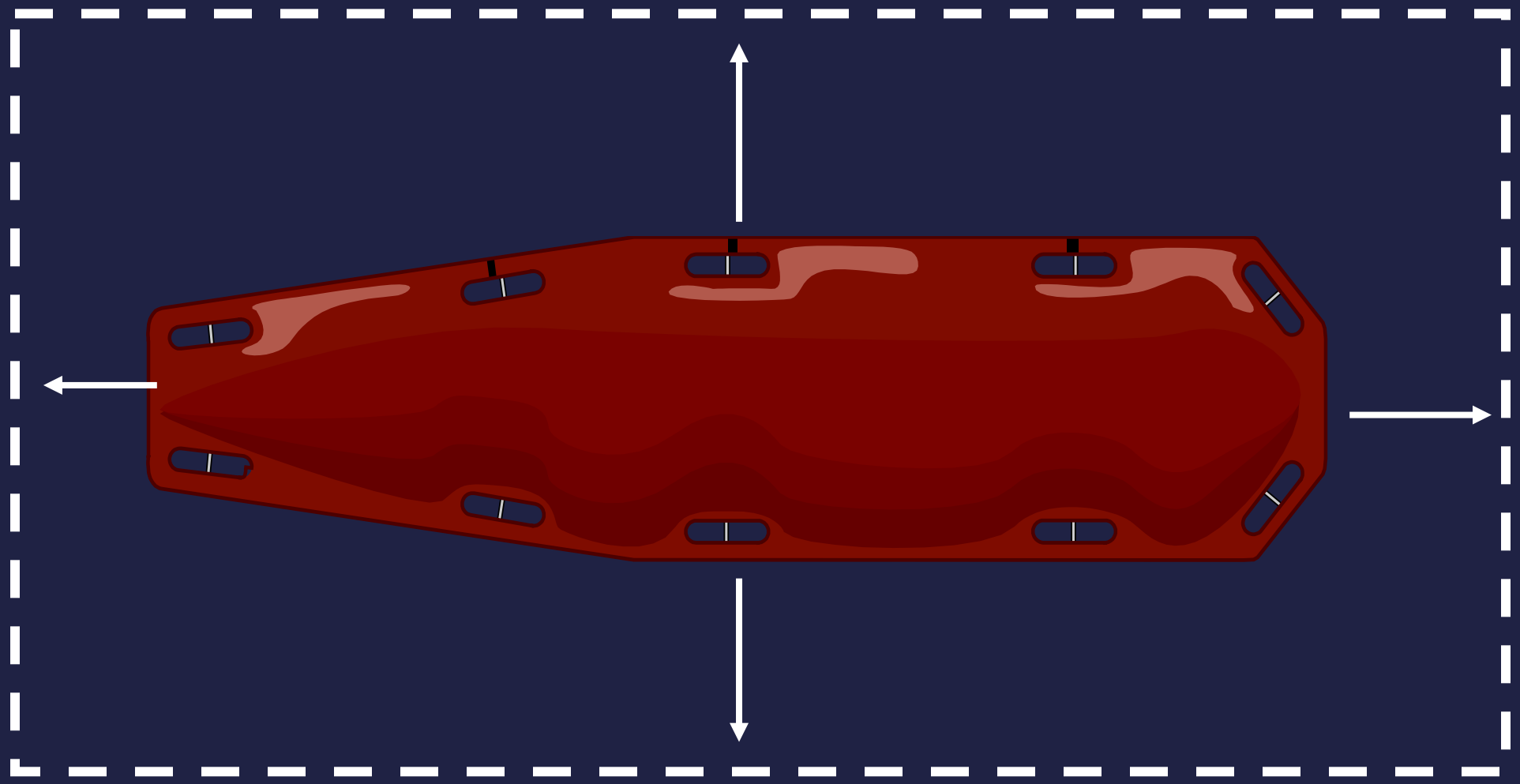
Green Tarp

Treatment/Aide
Officer

ENTRY
POINT


Supply
Cache

The Backboard Problem



Options for Locations

- Treatment Area does not have to be on a nice flat, open area.
  - Any shelter from weather - building
  - Under cover

Staffing

- 1st — 1 provider each area
- 2nd — 1 ALS for 2-3 RED
  1 ALS for 3-4 YELLOW
  1 BLS for 5 GREEN
- 3rd — 1 ALS and 1 BLS per RED
  1 BLS to 1 and 1 ALS to 3 YELLOW
  1 BLS per 3 GREEN

Procedure Teams

- **ALS** — **2 ALS providers** — **airways**, **IVs**
- **BLS** — **3 BLS providers** — **immobilize**, **splint**, **bandaging**

Special Situations

- Unaccompanied small children
- Sensory impaired patients
- Emotionally disturbed patients
- Patient who is medical and trauma
- Injured rescuers
- Non-English speaking persons

“Transportation Decision”

- Right patient at the Right time
  - Right method of transportation to
    - Right facility
- Made by Treatment & Transportation (combined)

Transportation Unit

- Responsible for medical communications, patient tracking, ambulance staging, air ambulance coordination & transportation decision
- Talk to Medical, Treatment, Ambulance Staging & Air Ambulance Coordination
- Assigns Medical Communication, transport recorder, transport loaders, ambulance staging, air ambulance coordination, & porters

Transportation Unit—Cont'd

- Communicate face to face when possible
- Choose where to set up
- Stay ahead of resource problem
- Monitor patient flow

Transportation Unit—Cont'd

- Ambulance Staging Area
- Medical Communications
- Transportation Recorder
- Transportation Loader
- Air Ambulances
- Porters

Transportation Considerations

- Number & triage status of patients
- Number, staffing (BLS/ALS/Special) & capacity of transport units
- Number and capacity of hospitals
- Distance and time to hospitals
- Special patients

QUESTIONS?

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Scenarios for tabletop and hands-on activities are included in the instructor's manual.