

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, if ASHE utilize FOG #9.
- If ASHE type incident, get briefing from Law Enforcement (LE), establish unified command, and co-locate with LE. Consider establishing Liaisons for FD and LE, the Liaisons can interact with each other allowing the transfer of info between agencies. If needed, establish Rescue Task Force with LE to make entry into warm zone. If unknown victims, initiate an MCI level 2 response and as needed, upgrade or downgrade the response.
- 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.). Conduct a 360 of the area and try to account for all victims.

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

- Establish Staging Area as soon as possible. Request additional units early as needed. Consider HAZMAT, TRT, extrication, Air Rescue.
- Assign positions to perform the following functions:
 - MEDICAL BRANCH (as needed)
 - TRIAGE
 - Triage Teams
 - Rescue Task Force (if needed)
 - Litter Bearers
 - Medical Examiner personnel
 - TREATMENT
 - RED, YELLOW, GREEN Treatment Teams & 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 agency 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.

Two sided (Predetermined Response Plan on back)

COMMAND

Predetermined Response Plan (For the back of COMMAND and MEDICAL FOG)**MCI LEVEL 1 (5-10 victims)**

4 ALS Transport Units	1 Shift Supervisor
2 Suppression units	1 EMS Supervisor

Note: The 2 closest hospitals & Trauma Center to the incident will be notified by MedCom.
(Medical Control or local communication center)

MCI LEVEL 2 (11-20 victims)

6 ALS Transport Units	2 Shift Supervisors
3 Suppression units	2 EMS Shift Supervisors

Note: The 3 closest hospitals & 2 Trauma Centers to the incident will be notified by MedCom.

MCI LEVEL 3 (21 - 100 victims)

8 ALS Transport Units	3 Shift Supervisors	Supply Trailer
4 Suppression Units	3 EMS Shift Supervisors	
Command Vehicle	Operations Chief	

Note: The 4 closest hospitals & 3 Trauma Centers to the incident will be notified by MedCom.
The Warning Point will notify the Emergency Management Agency.

MCI LEVEL 4 (101 – 1000 victims)

5 MCI Task Forces (25 units)	2 ALS Transport Strike Teams (10 units)
1 Suppression Unit Strike Team (5 units)	5 Shift Supervisors
2 BLS Transport Strike Teams (10 units)	3 EMS Shift Supervisors
2 Mass Transit Buses	1 EMS Chief
Command Vehicle	Operations Chief
2 Supply Trailers	Communications Trailer

Note: The 10 closest hospitals & 5 Trauma Centers to the incident will be notified by MedCom. The Warning Point will notify the Emergency Management Agency. In an on-going long term MCI, the Metropolitan Medical Response System (MMRS), State Medical Response Team (SMRT), FAST Florida and the Disaster Medical Assistance Team (DMAT) may be notified.

MCI LEVEL 5 (over 1000 victims)

10 MCI Task Forces (50 units)	4 ALS Transport Strike Teams (20 units)
2 Suppression Unit Strike Team (10 units)	10 Shift Supervisors
4 BLS Transport Strike Teams (20 units)	6 EMS Shift Supervisors
4 Mass Transit Buses	2 EMS Chiefs
2 Command Vehicles	2 Operations Chiefs
4 Supply Trailers	Communications Trailer

Note: The 20 closest hospitals & 10 Trauma Centers to the incident will be notified by Medical Control. The Warning Point will notify the Emergency Management Agency.

In an on-going long term MCI, the MMRS, SMRT, FAST; DMAT, International Medical & Surgical Response Team (IMSuRT) and the Medical Reserve Corp (MRC) may be notified.

Strike Team = 5 of the same type of units including common communications and leader

Task Force = 5 different types of units including common communications and leader

MCI Task Force = May be 2 ALS Transport units, 2 BLS Transport Units, 1 Suppression Unit including common communications and leader

MEDICAL

MCI PROCEDURE

FOG #2

- 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
 - Triage Team(s)
 - Rescue Task Force (if needed)
 - Litter Bearers
 - Medical Examiner Personnel
 - TREATMENT
 - RED, YELLOW, GREEN Treatment Teams & Managers
 - Treatment Personnel
 - TRANSPORT
 - Documentation Aide(s)
 - 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 with contaminated victims, refer to WMD FOG #8. Work with the Medical Intelligence Officer to assist with decontamination, antidotes,
 - and treatments of victims. If known or suspected ASHE type incident utilize FOG #9.

MEDICAL

TRIAGE

MCI PROCEDURE

FOG #3

- 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.
- If the scene is safe, direct personnel to triage and tag victims where they lay.
- If the scene is unsafe, wait for Command/Medical to determine if a Rescue Task Force will be formed to make entry into the warm zone. Triage personnel can triage and treat victims in the cold zone.
- Prioritize victims using colored triage ribbons.
- If an RTF is formed designate a Triage Aide to communicate with the RTF
- If more than one RTF team, designate the teams as RTF 1, RTF 2 etc.
- If in a building mark the doors with the victim count using a grease pencil R= __, Y=__ , G=__ , B=__ (greens should have left the area but may stay to assist with care or supervision (i.e., teacher).
- 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 the medical examiner/law enforcement be notified.
- 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 with contaminated victims, refer to WMD FOG #8. Work with the Medical Intelligence Officer to assist with decontamination, antidotes, and treatments of victims.
- If known or suspected ASHE incident utilize FOG #9. ASHE considerations: Be on high alert for suspicious individuals, packages, vehicles or potential IEDs. Integrated ASHER should include the critical actions contained in the acronym **THREAT** - **T**hreat suppression, **H**emorrhage control, **R**apid **E**xtrication to safety, **A**ssessment by medical providers, **T**ransport to definitive care.

TRIAGE

TREATMENT

MCI PROCEDURE

FOG #4

- Don the appropriate vest and use the radio designation "TREATMENT".
- Direct personnel to either begin treatment of victims where they lay 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 with contaminated victims, refer to WMD FOG #8. Work with the Medical Intelligence Officer to assist with decontamination, antidotes, and treatments of victims. If known or suspected ASHE utilize FOG #9.

TREATMENT

TRANSPORT

MCI PROCEDURE

FOG #5

- 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 number 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 with contaminated victims, refer to WMD FOG #8. Work with the Medical Intelligence Officer to assist with decontamination, antidotes, and treatments of victims. If known or suspected ASHE utilize FOG #9.

TRANSPORT

MEDICAL COMMUNICATION

MCI PROCEDURE

FOG #5A

- Don the appropriate vest and use the radio designation “COMMUNICATION”.
- Establish early contact with Medical Control (MEDCOM/MRCC)
- Advise Medical Control of overall situation (i.e., smoke inhalation, trauma, burns, HAZMAT exposure, etc.) number 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.

MEDICAL COMMUNICATION

MEDICAL SUPPLY

MCI PROCEDURE

FOG #6

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

MEDICAL SUPPLY

STAGING

MCI PROCEDURE

FOG #7

- 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 at least 2 transport units. Should this go down, advise COMMAND.

STAGING

UNIT STAGING LOG

MCI PROCEDURE

LOG #7A

DATE: _____

PAGE ____ OF ____

INCIDENT / LOCATION: _____

Unit Number	Officer in Charge	Type Unit ALS/BLS/Other	Time Arrived	Time Assigned

Two-sided

UNIT STAGING LOG

MCI – Contaminated Victims/WMD Event

MCI PROCEDURE

FOG #8

Enroute

- Request additional resources. Examples are - HAZMAT, TRT, decon trailer, State or regional MCI/WMD 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, verify a 360 has been completed of the scene.
- Establish an incident perimeter - Secure the scene, deny entry. Establish control zones (Hot, Warm, Cold) with the assistance of HAZMAT. Request Law Enforcement to assist with the safety perimeter.
- 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 if available, 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 enforcement to secure. Notify Law Enforcement if any potential evidence is found.
- Notify hospitals/Medcom 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 1 second, followed by 1 second of silence this will be done for 30 seconds. Following this the IC should conduct a Personal Accountability Report (PAR)

MCI – Contaminated Victims/WMD Event

MCI – Active Shooter/Hostile Event Incident

MCI PROCEDURE

LOG #9

Enroute

- Have the Communication Center gather as much information as possible, victim location, number of victims.
- If unknown number of victims, initiate a Level 2 MCI response and provide staging location (upgrade or downgrade as more information is obtained).
- Request additional resources. Examples are, MCI trailers, command bus, TRT, HazMat, rehab trailer
- Use the FOG book, and/or Emergency Response to Terrorism Job Aid (ERG).
- Approach the area cautiously; from uphill/upwind if possible. Establish a safe staging area early.
- 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/join a Unified Command with all AHJs and assess the security of the command post. If co-location is not possible, establish liaisons for FD and LE, the liaisons can interact with each other allowing the transfer of info between agencies.
- Initiate an on-scene size up and hazard risk assessment, continually size up the incident, evaluate hazards and risks. Once the scene is safe to enter verify a 360 has been completed of the scene.
- ASHE considerations: Be on high alert for suspicious individuals, packages, vehicles or potential IEDs. Integrated LE/FD response should include the critical actions contained in the acronym THREAT - **T**hreat suppression, **H**emorrhage control, **R**apid Extrication to safety, **A**ssessment by medical providers, **T**ransport to definitive care.
- Direct victims using bullhorns/PA systems to a safe area.
- Working with LE establish Rescue Task Force (Rescue personnel and Law Enforcement personnel formed to make entry into a structure to triage victims and provide lifesaving immediate treatment as needed i.e., stopping hemorrhage). If an RTF is formed designate a Triage Aide to communicate with the RTF
- If more than one RTF team, designate the teams as RTF 1, RTF 2 etc.
- If in a building the RTF should mark the doors with the victim count using a grease pencil R= __, Y=__, G=__, B=__ (greens should have left the area but may stay to assist with care or supervision (i.e., teacher).
- Establish an incident perimeter - Request LE to establish safety parameter and establish control zones (Hot, Warm, Cold). Zones in relation to ASHE/MCIs:
 - Hot Zone – Direct Threat Care/Care Under Fire - This zone shall be designated at the area of the structure that has not been cleared by law Enforcement or the area that the perpetrator is currently in.
 - Warm Zone – Indirect Threat Care/Tactical Field Care - This zone shall be designated at any area of the ASHE that has been declared available for entry by Fire Rescue/EMS personnel with armed LE coverage to perform immediate lifesaving treatment and triage to victims prior to their removal from the initial hazard.
 - Cold Zone – Evacuation Care/Tactical Evacuation Care - This zone extends beyond the warm zone and is not in range by the perpetrator. This zone shall encompass positions such as the command post, staging and other functional groups.
- 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.

In an on-going incident, consider notifying the County Warning Point. They will notify the Emergency Management Agency. In an ongoing, long-term MCI, additional resources will be needed consider the Metropolitan Medical Response System (MMRS) and the State Medical Assistance Response Team (SMRT), Medical Reserve Corp (MRC), Florida Advanced Surgical Team (FAST) Disaster Medical Assistance Team (DMAT) and the International Medical and Surgical Response Team (IMSURT) may be notified.

MCI – Active Shooter/Hostile Event Incident