The purpose of this protocol is to provide a uniform initial response to a Mass Casualty Incident (MCI).

1. Pre-hospital care providers will operate in accordance with medical control authority standard operating procedures.

   Definition of MCI: For the purpose of this document, an MCI will be defined as any incident, which because of its physical size, the number and criticality of its victims, or its complexity, is likely to overwhelm those local resources, which would typically be available.

All Levels of Pre-hospital Providers

2. **SCENE MANAGEMENT**

EMS personnel should accomplish the following actions upon arrival:

A. Survey the scene
   a. Confirm the incident location
   b. Perform an initial size-up to determine the number of victims and the level of resources needed
   c. Assume and announce command, if appropriate
   d. Conduct scene safety assessment
   e. Contact dispatch with scene information
   f. Ensure that sufficient resources have been dispatched

3. If Incident Command (IC) has not been established the most qualified EMS personnel shall assume the role of IC until command is transferred. The IC is responsible for all functions of the Incident Command System (ICS) until other personnel are assigned those functions**.**

   Incident Command and ICS supervisory roles at a mass casualty incident should be designated to personnel who have completed ICS training and who have experience in implementing an ICS structure.

   A. If Incident Command has not been established:
      a. Secure the area and limit access to nonessential personnel
      b. Determine whether the incident scene is safe to enter and whether decontamination is required.
      c. Assess the situation and request adequate resources.
   B. If Incident Command has been established:
      a. Report either to the IC, Operations Section Chief or staging area, as appropriate, for assignment.

C. Advise dispatch who has assumed command and who is the Operations Section Chief, Staging Area Manager, or EMS Branch Director/Group Supervisor.
D. IC or designee may call for additional resources:
    a. EMS personnel
    b. Any specialized equipment
    c. MEDDRUN
    d. CHEMPACK
    e. Regional/county MCI trailer(s)
    f. Regional Response Team Network (RRTN)

E. Inform the "Coordinating Resource" of nature and scope of incident and consider activation of Regional Medical Coordination Center (RMCC)

F. Assign roles to arriving EMS personnel
    a. Triage Leader Role
        1. Report to EMS Branch Director/Group Supervisor
        2. Coordinates rapid triage process
    b. Treatment Leader Role
        1. Within EMS Branch/Group Operations, establish treatment areas
        2. Assigns personnel to treatment area
        3. Supervise care in treatment areas
        4. Document care given
        5. Requests additional personnel needs to EMS Branch Director/Group Supervisor
    c. Transportation Leader Role
        1. Prioritize transportation of patients from scene
        2. With information from coordinating resource, assigns destination hospital
        3. Maintains log and tracking of patients transported

4. PERSONNEL ACCOUNTABILITY

A. EMS personnel responding to an incident should report to the designated staging area unless otherwise directed while en route to the incident.

    a. Off duty personnel should report to their own agency for assignment and <u>not</u> to the scene.
    b. Personnel Identification badges should be worn so they are visible at all times.
B. It is the Incident Commander's responsibility to establish a personnel accountability system and maintain the ability to account for all personnel at all times.

5. PATIENT MANAGEMENT

A. Primary Triage

a. Identify and manage immediate life threats. Necessary care will be limited to:
   1. Positioning airway
   2. Attempt hemorrhage control
   3. Chest decompression
   4. Antidotes by auto-injector

b. Identify patients for priority evacuation to treatment area.

Priority	Transport Priority	Color Designator
Priority 1	Immediate	Red
Priority 2	Delayed	Yellow
Priority 3	Minor	Green
Priority 0	Deceased/Expected	Black

c. The triage information (e.g. tag or colored strip) should be attached to the body and the appropriate section removed to indicate priority by the last remaining section.
d. Triaged patients (except black category) are taken or directed to corresponding treatment area.
e. Notify the "coordinating resource" of number, general injury type, and priority of patients when primary triage information is available.
   1. Updating the "coordinating resource" as primary triage information is updated is imperative.

B. Treatment

a. Do the most good for the greatest number of patients as resources permit.
b. Identify and treat potential life-threatening injuries/illnesses in treatment area in accordance with established patient care protocols.
c. Perform secondary triage within each treatment area as able.
d. Stabilize and prepare for transport on a priority basis to hospital(s).

C. Transport

a. EMS personnel assigned to transport activities should report to the transport group leader.

B. Transport personnel will assure wide distribution of patients to hospitals.

STATBAND
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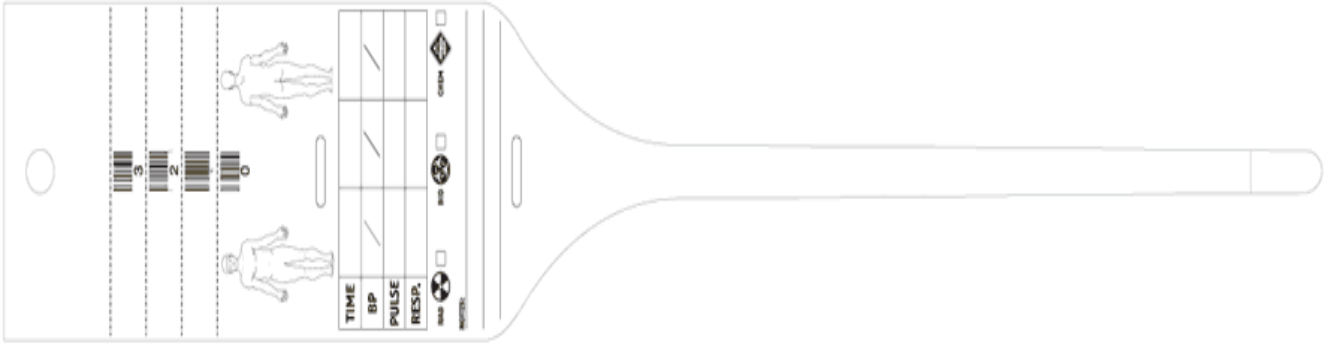
1
2
3
REMOVE THIS SECTION
IF GREEN STATUS


TIME
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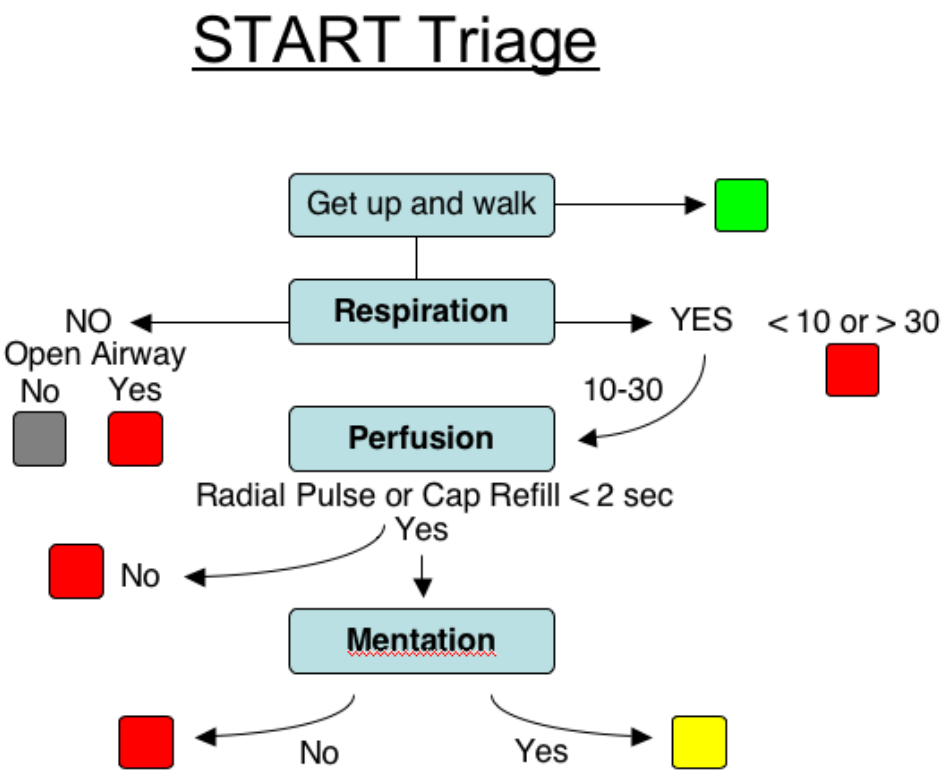
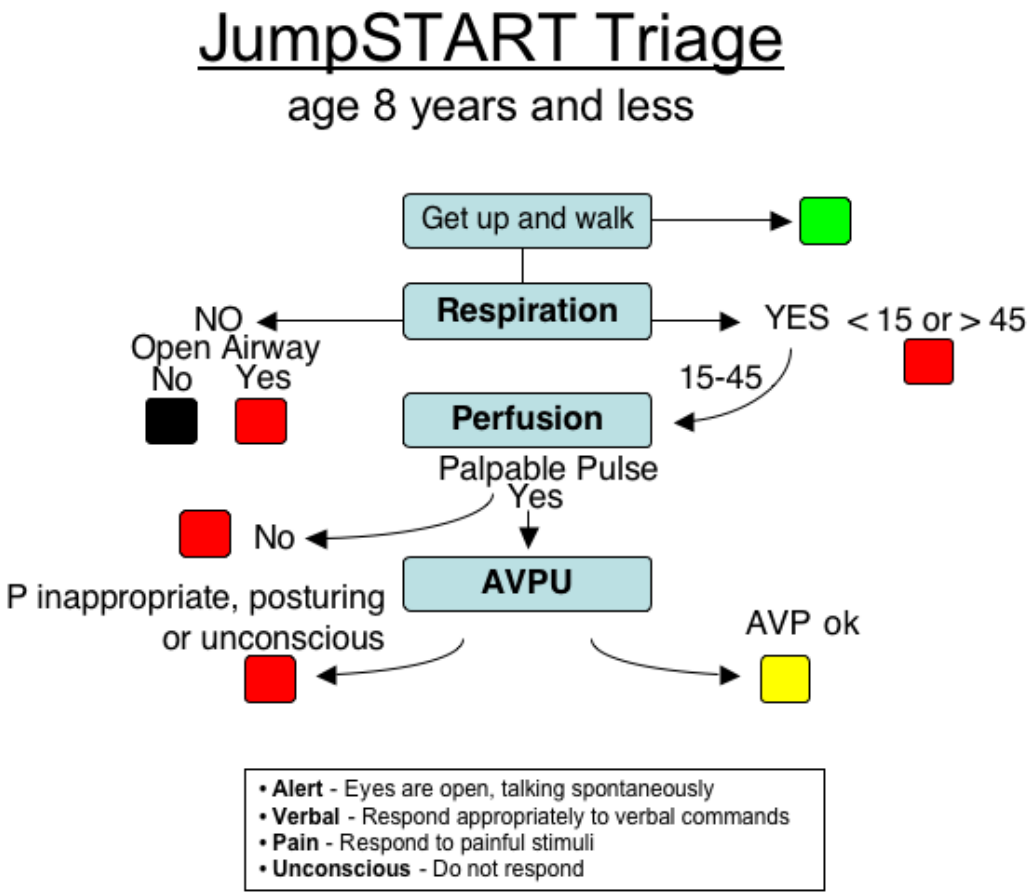
A. START Triage

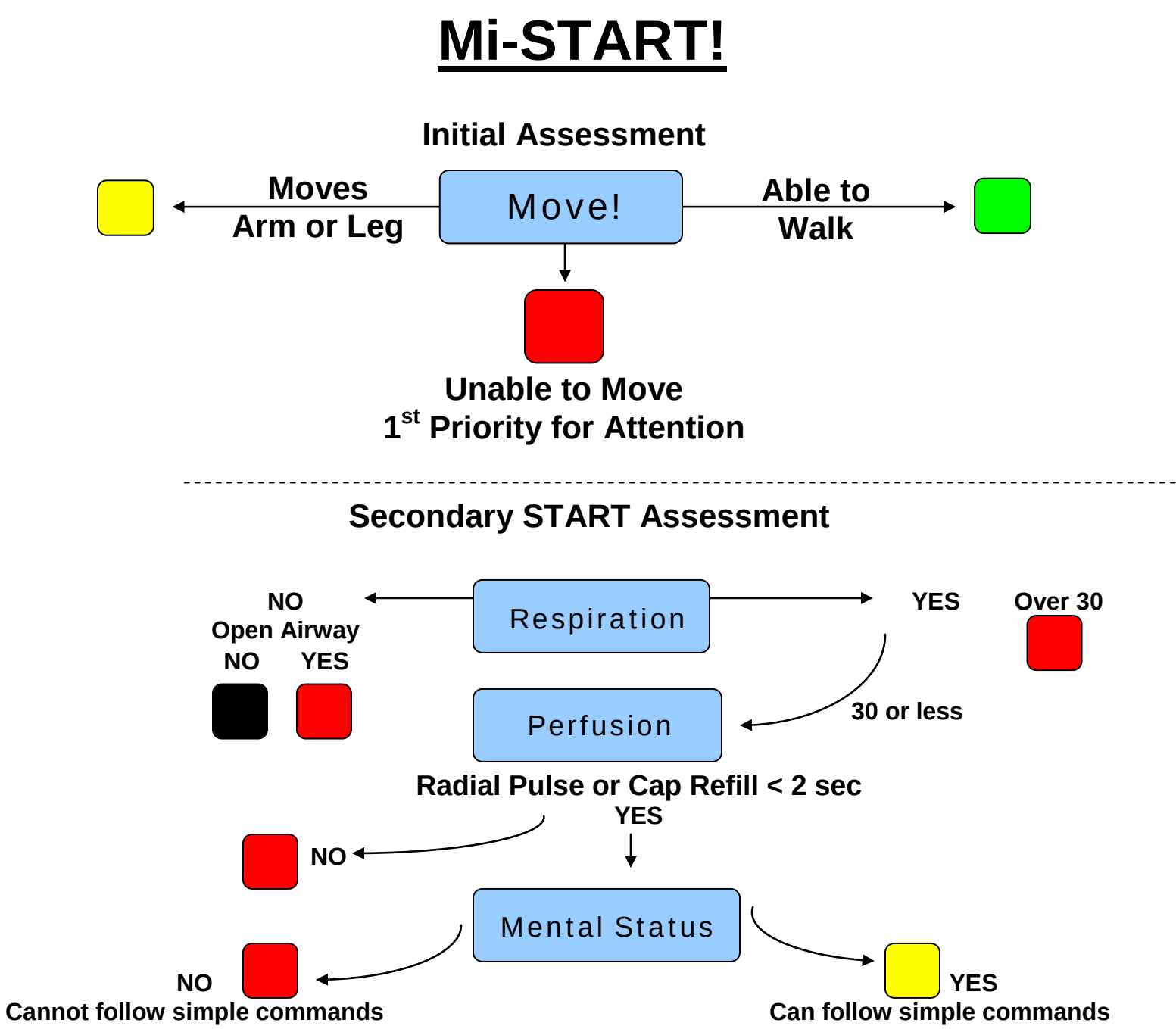


B. JumpSTART TRIAGE (for pediatrics)



C. For large scale disasters, consider Mi-START Triage

- Mi-START Triage



6. REGIONAL MEDICAL COORDINATION CENTER

The MCC serves as a regional multi-agency coordination center entity as defined by the National Incident Management System (NIMS). The MCC serves as a single regional point of contact for the coordination of healthcare resources. The MCC is intended to optimize resource coordination among hospitals, EMS agencies, medical control authorities and other resources. The MCC serves as a link to the Community Health Emergency Coordination Center (CHECC).

The MCC acts as an extension and agent of the Medical Control Authority.

A. MCC Responsibilities include, but are not limited to:

a. Maintain communications with all involved entities
   1. EMS Branch Directors
   2. EMS Division/Group Supervisors
   3. EMS Unit Leaders
   4. Hospitals
   5. Local EOCs (when activated)
   6. CHECC (when activated)
   7. MEMS sites (when activated)
   8. Other Regional MCCs (as appropriate)

b. Provide initial and update alerts via available communications resources.

c. Provide frequent updates to on-scene EMS Branch Directors/Group/ Supervisors (or designee) regarding hospital casualty care capacity.

d. May relay casualty transport information to receiving facilities.

e. May relay urgent and routine communications to appropriate entities.

f. May assist in coordination and distribution of resources.

g. Other appropriate tasks as necessary for an effective regional medical response.

7. REGIONAL MEDICAL COORDINATION CENTER IMMUNITY FROM LIABILITY

It is the intent of this protocol that the Medical Coordination Center and the personnel staffing the MCC and performing the functions are afforded immunity from liability whether or not a Mass Casualty Incident has occurred, as provided through MCL

333.20965 of Part 209 of PA 368 of 1978, as amended. This section specifically provides immunity from liability protection to Medical Control Authorities in the development and implementation of department-approved protocols (see language below):

333.20965 Immunity from liability.

Sec. 20965 (3) Unless an act or omission is the result of gross negligence or willful misconduct, the acts or omissions of any of the persons named below, while participating in the development of protocols under this part, implementation of protocols under this part, or holding a participant in the emergency medical services system accountable for department-approved protocols under this part, does not impose liability in the performance of those functions:

(a) The medical director and individuals serving on the governing board, advisory body, or committees of the medical control authority or employees of the medical control authority.

(b) A participating hospital or freestanding surgical outpatient facility in the medical control authority or an officer, member of the medical staff, or other employee of the hospital or freestanding surgical outpatient facility.

(c) A participating agency in the medical control authority or an officer, member of the medical staff, or other employee of the participating agency.

(d) A nonprofit corporation that performs the functions of a medical control authority.

STATE COMMUNITY HEALTH EMERGENCY COORDINATION CENTER

1. Operated by MDCH Office of Public Health Preparedness

2. EMS Personnel should be aware of the existence of CHECC but are not expected to directly interface with CHECC.

Appendix 1:

Definitions:

Incident Commander (IC): The IC is the individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site. EMS will typically fall under the IC through a subordinate Branch, Division or Group.

Section Chief: A Section Chief may be assigned to Operations, Logistics, Planning, or Administration/Finance depending on the size of the incident. Not all incidents will require all 4 sections to be assigned.

Branch Director: A Branch Director may be assigned under the Operations Section Chief. Branch Directors are responsible for managing a specific discipline including Fire, EMS, Law Enforcement, Public Works, Public Health, etc.

Division Supervisor: A Division Supervisor is assigned to an area that is separated by a barrier. Examples of a Division would be a multi level structure, include separated by a river, etc. Numbers are primarily used to identify divisions.

Group Supervisor: A Group Supervisor functions within the Operation Section and is assigned to a specific group. Letters of the alphabet are primarily used to identify groups.

Unit Leaders: Units can be assigned to the Command and General Staff or within a Group or Division.

Medical Unit Officer: The Medical Unit Officer is the individual responsible for the management of incident responder medical treatment and rehab.

Safety Officer: The IC shall appoint a Safety Officer who will ensure safety of responders and victims during the incident operations. With the concept of Unified Incident Command there is valid reasoning to have Assistant Safety Officers to include all disciplines involved in the operation. The Safety Officer appointed by the IC shall have the authority designed within the Incident Command System with the input and advice of all Assistant Safety Officers.

Deputies: Deputies are used within the Command and General Staff or Sections of the ICS. A Deputy may be a higher-ranking responder that assists the IC or Section Chief however does not assume Command.

Coordinating Resource: the entity within the local EMS system responsible for the notification and coordination of the mass casualty response. Examples include: medcom, resource hospital, MCA, medical control, dispatch

Regional Medical Coordination Center: The MCC serves as a regional multi-agency coordination entity as defined by the National Incident Management System (NIMS). The MCC serves as a single regional point of contact for the coordination of healthcare resources. The MCC is intended to optimize resource coordination among hospitals, EMS agencies, medical control authorities and other resources. The MCC serves as a link to the State Health Operations Center (SHOC).

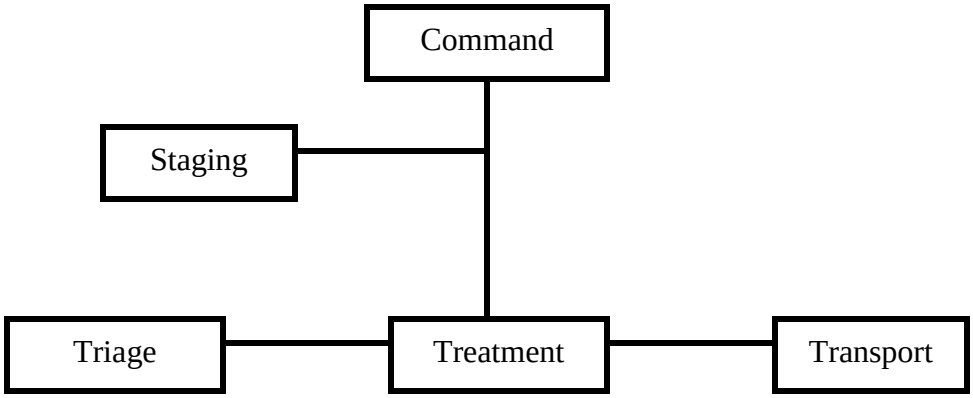
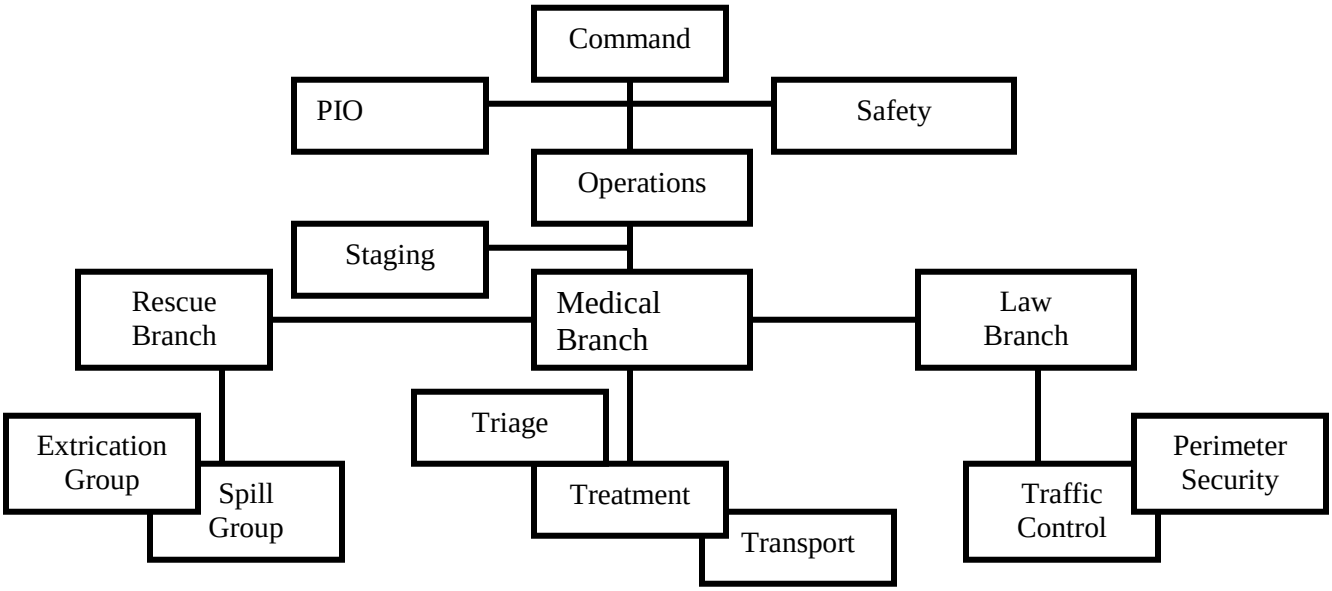
Community Health Emergency Coordination Center: The CHECC serves as a statewide multi-agency coordination entity as defined by NIMS. CHECC is intended to coordinate state-level healthcare and public health resources, to serve as a central point of contact for regional MCC's, and to serve as a resource to the State EOC. CHECC is expected to be activated following a major disaster or other public health emergency and should be operational within hours of activation.

Incident Command System: The ICS organizational structure develops in a top-down fashion that is based on the size and complexity of the incident, as well as the specific hazard environment created by the incident.

Unified Command: In incidents involving multiple jurisdictions, a single jurisdiction with multi-agency involvement, or multiple jurisdictions with multi-agency involvement, unified command can be implemented. Unified command allows agencies to work together effectively without affecting individual agency authority, responsibility, or accountability

Appendix 2:

Example organizational chart



Example command chart for complex incident