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Ocean City Fire Department  
Standard Operating Guidelines

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## EMS Operations

Subject: Multi-casualty EMS Incidents  
Revised: N/A  
Effective: 02/01/2018  
Approved: 01/04/2018  
Section: 315.0

### 315.0 Purpose

To provide an organized response to multi-casualty incidents within the Ocean City Fire Department's primary response area. Multi-casualty incidents are those that will overwhelm the initial responding resources. The Incident Commander must have defined and expandable operational procedures in order to ensure appropriate prehospital care and to prevent further injury to the victims, bystanders and emergency responders.

### 315.1 Scope

This policy shall apply to all multi-casualty incidents within the department's primary response area.

### 315.2 Definition

The following events are examples of MCIs

- More than five patients from one or related incidents.
- Multi-patient events that require specialized rescue.
- Three or more Priority 1 patients.
- Multiple pediatric patients requiring specialty resources.
- More than one burn patient meeting burn center referral criteria.
- Multiple patients with unusual signs and symptoms.
- Decontamination of more than five patients resulting in at least one transport.

### 315.3 Response Guidelines

- A. Ocean City Communications shall be responsible for dispatching and providing information regarding multi-casualty incidents. Specific information should include:
1. Type of incident
  2. Number of victims
  3. Any entrapment
  4. Potential hazards at the scene

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### B. Incident Levels

#### 1. Level IV Incident

- a. Definition – Five (5) to nine (9) patients.
- b. Initial Dispatch
  - i. Ocean City Fire Department (silent alarm)
  - ii. Five (5) ambulances, of which a minimum of three (3) must be ALS units. Dependent upon availability, additional units from surrounding jurisdictions may be required.
  - iii. One (1) medevac helicopter
  - iv. On-duty Officer In Charge
  - v. On-duty Chief Officer
  - vi. Notification of Region IV EMRC – hospital call-down for bed availability. Communications should use the specific terms “MCI” or “Unusual Event”.
  - vii. Ocean City Communications shall enter the Time Stamp CVAC

\*If aviation is unavailable, consider an additional ALS unit

\*The number of units dispatched/requested may be altered based on the severity of injuries.

#### 2. Level III Incident

- a. Definition – Ten (10) to Twenty-four (24) patients
- b. Initial Dispatch
  - i. Ocean City Fire Department (fire alarm)
  - ii. Eight (8) ambulances, of which a minimum of five (5) must be ALS units (refer to dispatch matrix).
  - iii. Two (2) medevac helicopters
  - iv. Ocean City Fire Department Medical Support Trailer
  - v. On-duty Officer In Charge
  - vi. On-duty Chief Officer
  - vii. Notification of Ocean City Transportation Supervisor – the potential for needing a bus for the transportation of lower priority patients.
  - viii. Notification of Region IV EMRC – hospital call-down for bed availability. Communications should use the specific terms “MCI” or “Unusual Event”.
  - ix. Ocean City Communications shall enter the Time Stamp 4MCB

\*If aviation is unavailable, consider additional ALS units

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\*The number of units dispatched/requested may be altered based on the severity of injuries.

### 3. Level II Incident

a. Definition – Twenty-five (25) to Forty-nine (49) patients

b. Initial Dispatch

- i. Ocean City Fire Department (fire alarm) and automatic aid companies (refer to dispatch matrix).
- ii. Fourteen (14) ambulances, of which a minimum of eight (8) must be ALS units (refer to dispatch matrix).
- iii. Three (3) medevac helicopters
- iv. Ocean City Fire Department Medical Support Trailer
- v. Mobile Command Post
- vi. On-duty Officer In Charge
- vii. On-duty Chief Officer
- viii. Notification of Ocean City Transportation Supervisor – the potential for needing a bus for the transportation of lower priority patients.
- ix. Notification of Region IV EMRC – hospital call-down for bed availability. Communications should use the specific terms “MCI” or “Unusual Event”.
- x. Ocean City Communications shall enter the Time Stamp 4MCB

\*If aviation is unavailable, consider additional ALS units

\*The number of units dispatched/requested may be altered based on the severity of injuries.

### 4. Level I Incident

a. Definition – Fifty (50) to Ninety-nine (99) patients.

b. Initial Dispatch

- i. Ocean City Fire Department (fire alarm) and automatic aid companies (refer to dispatch matrix)
- ii. Twenty (20) ambulances, of which a minimum of fourteen (14) must be ALS units (refer to dispatch matrix).
- iii. Four (4) medevac helicopters

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- iv. Ocean City Fire Department Medical Support Trailer
- v. Mobile Command Post
- vi. On-duty Officer In Charge
- vii. On-duty Chief Officer
- viii. Notification of Ocean City Transportation Supervisor – the potential for needing a bus for the transportation of lower priority patients.
- ix. Notification of Region IV EMRC – hospital call-down for bed availability. Communications should use the specific terms “MCI” or “Unusual Event”.
- x. Ocean City Communications shall enter the Time Stamp 4MCB

\*If aviation is unavailable, consider additional ALS units

\*The number of units dispatched/requested may be altered based on the severity of injuries.

### 315.4 Initial On Scene Operations

The guidelines offered below outline priority steps in the overall management of the incident. The establishment of Command, the EMS Branch and triage of patients are crucial steps in communicating the needs of on-scene personnel to responding units.

- A. First Arriving EMS Unit
  - 1. Assess the scene for hazards and survey the scene for the type and cause of the incident.
  - 2. Estimate the number of victims.
  - 3. Give a Size-up report to Communications and establish Command; based on the number and/or severity of patients, Command may initially be Tactical.
  - 4. Declare an MCI Establish or update the response level based on the number of and/or severity of injuries.
  - 5. Begin the initial triage of patients.
- B. Second Arriving EMS Unit
  - 1. Report to Command for assignment.
  - 2. Identify and establish a Staging Area.
  - 3. Establish the EMS Branch; the senior medic shall assume the role of Branch Director.
- C. On-duty Officer In Charge
  - 1. Assume Command of the incident, complete the transfer of Command, assume a fixed position, and announce the location of the Incident Command Post.

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2. Contact the Region IV EMRC and declare an MCI. Obtain bed availability for local receiving facilities – this information should be passed on to the Transportation Supervisor for tracking.
3. Ensure that the EMS Branch was established.
4. Ensure that a Staging Area was established.
5. Ensure that the established response level is correct.
6. Request additional resources as necessary.
7. Begin the assignment of other critical tasks – Treatment Supervisor, Transportation Supervisor...

### 315.6 Guidelines for Triage, Treatment and Transport

- A. Initial triage will be performed utilizing the START/Jump START model. Patients will be tagged with color-coded ribbon, preferably tied to an upper extremity.
  1. Red – Immediate
  2. Yellow – Delayed
  3. Green – Stable
  4. Grey – Expectant (not likely to survive even with emergent intervention)
  5. Black – Non-salvageable
- B. Secondary triage will be performed in the treatment area by personnel assigned to the area. A treatment tag will be attached to the patient. The tag will include the patient's assigned ID number and pertinent medical information to be relayed to hospital staff.
- C. Treatment of patients during the initial triage phase will be limited to airway maneuvers and control of obvious hemorrhage. Performance of these tasks should not delay triage personnel from the task of triage.
- D. Treatment of patients shall be prioritized according to tag color, red, then yellow, and green last. Treatment should be limited to life-saving measures only, as secondary treatment will be provided by transport units.
- E. When patients leave the Treatment Area, the Transport Officer will receive the bottom portion of the treatment tag and will advise the transport unit of their destination. This information will be relayed to the Medical Communications Officer so that they can relay patient information to the receiving facility.
- F. Transport units shall document the treatment tag number in the patient care report.

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- 315.7      **Position Roles and Responsibilities**
- A. EMS Branch Director – Functions to control the activities of the EMS Branch. Duties are as follows:
    - 1. Supervise personnel operating within the EMS Branch.
    - 2. Establish the Triage, Treatment and Transportation Groups
    - 3. Coordinate with the Incident Commander the designation of operational channels for EMS functions (Transportation Group, EMS Communications Manager...)
    - 4. Determine the need for additional resources.
    - 5. Coordinate with the Incident Commander the need for an aviation landing zone.
  - B. Triage Group Supervisor – Management of the Triage areas. Duties are as follows:
    - 1. Ensure that initial triage is ongoing and/or complete.
    - 2. Establish a secondary triage point to ensure proper patient designation.
    - 3. Provide and maintain an actual patient count.
  - C. Treatment Group Supervisor – Management of the Treatment areas. Duties are as follows:
    - 1. Designate treatment areas for Immediate, Delayed and Minor designated patients.
    - 2. Assign a manager for each treatment area.
    - 3. Coordinate with the EMS Branch Director in order to provide a sufficient number of personnel to staff the treatment areas.
    - 4. Coordinate the movement of patients for transport with the Transportation Group Supervisor.
    - 5. Provide regular updates to the EMS Branch Director.
  - D. Transportation Group Supervisor – Functions to coordinate patient transport and maintenance of records that relate to patient identification, mode of transportation and destination. Duties are as follows:
    - 1. Coordinate the transport of patients from the treatment areas to the designated receiving facilities.
    - 2. Assure patient identification and destination are recorded.
    - 3. Request additional resources through the EMS Branch Director as required.
  - E. EMS Communications Coordinator – Functions to coordinate communications with receiving facilities. Duties are as follows:
    - 1. Establishes the Medical Communications Base.
    - 2. Communicates with the receiving facilities the number of, and priority of patients.