



INSTRUCTOR NOTES:

Introduction slide. The program may be taught in a group setting or self-taught.

Establishing the Multi-Casualty Incident Command System



The program highlights appropriate components of the National Incident Management System (NIMS) related to Emergency Medical Services



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INSTRUCTOR NOTES:

Begin the discussion of ICS for EMS. This should just be an overview to remind the student of the system structure. Emphasis should only be placed on the multi-casualty portion of the system. If there are time constraints, the instructor may choose not to go into great detail.

Enabling Objectives

Upon completion of this training the participant will be able to:

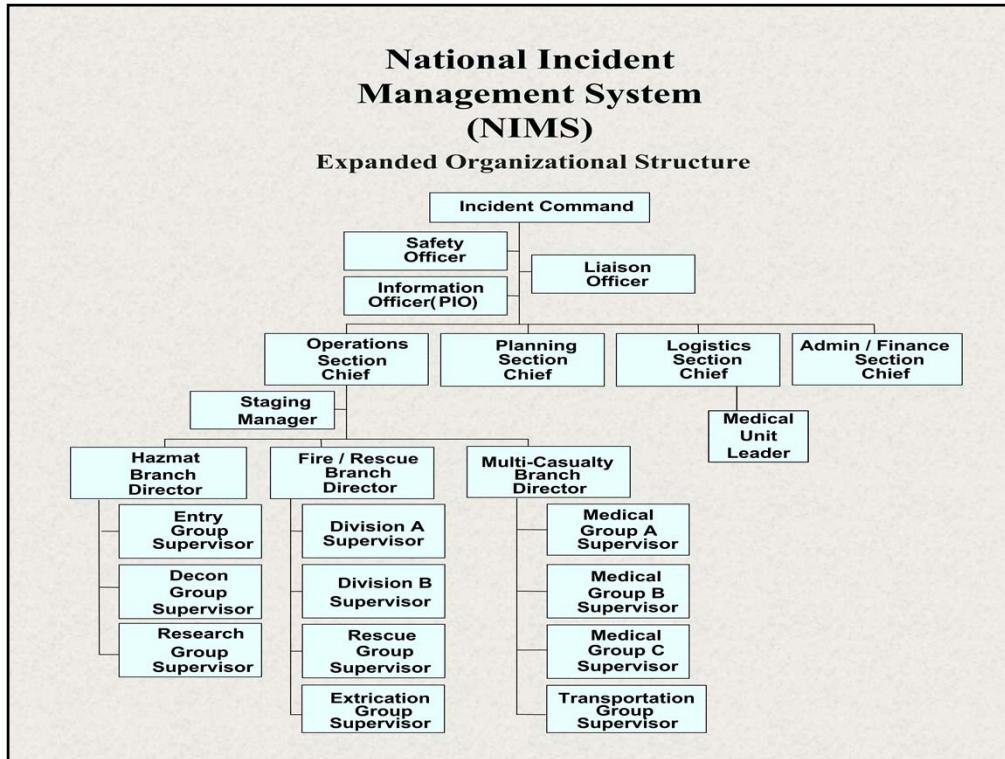
- **Identify the positions and the organizational structure of the Incident Command System (ICS) as it applies to a Multi-Casualty Incident**
- **Explain the responsibilities of the first unit arriving on scene**
- **Explain patient flow through the ICS Multi-Casualty structure**



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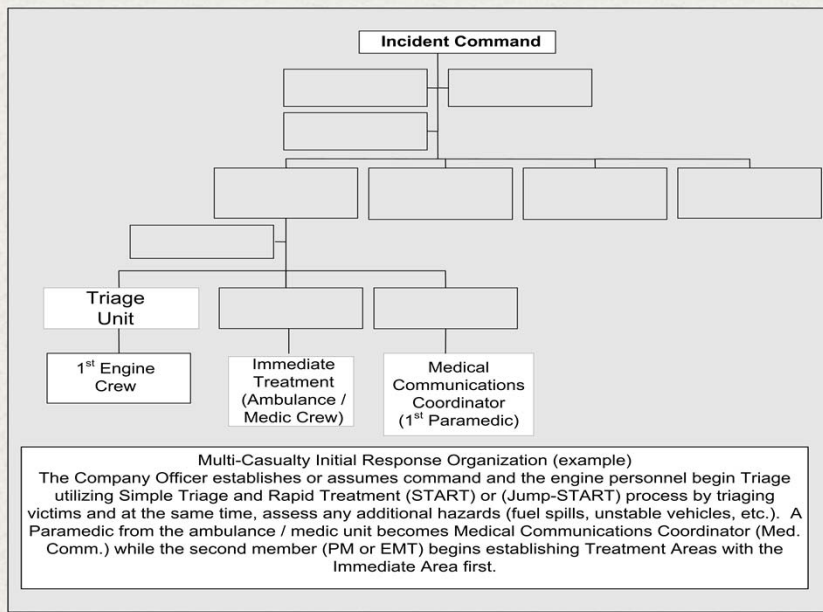
INSTRUCTOR NOTES:

The program will also review some of the basic principles of START and JumpSTART triage and ICS to remind the student of information they should have already learned and to tie together that information with the use of the triage tag, the HC handheld, and patient flow.

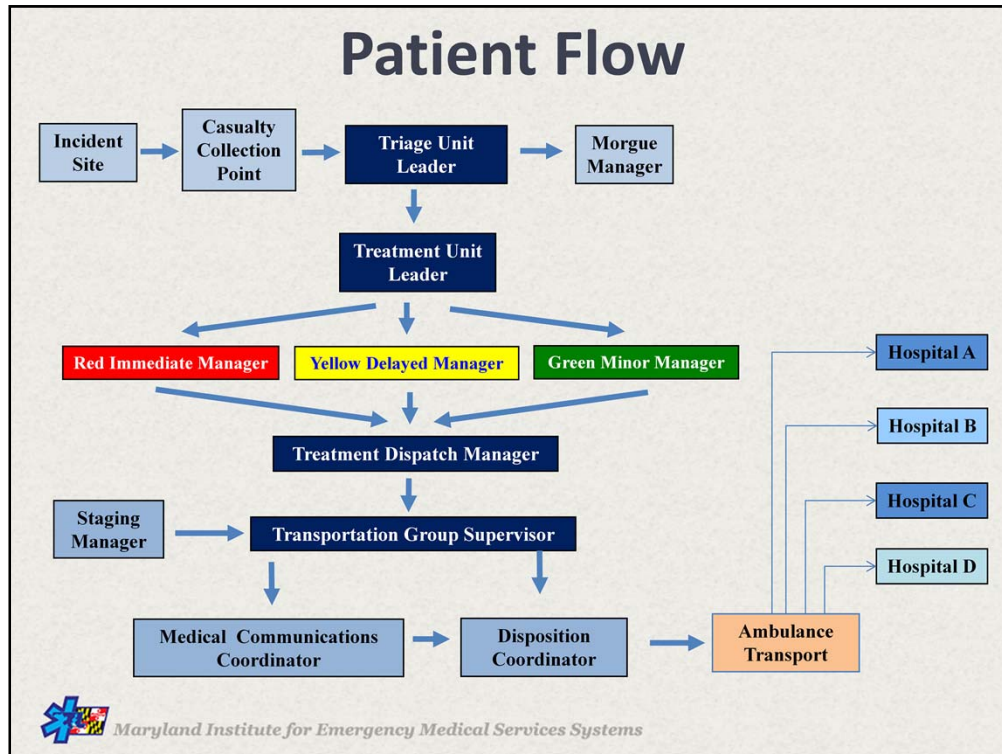


This shows a large build out of a major incident with several medical groups that may exist in multiple locations. It should be noted that under Operations you may have Medical Group Supervisors for treatment of patients only. There may also be a Medical Unit with a Leader under the Logistics Section that is there for the treatment of the personnel working on the incident.

Initial EMS Response



At a minimum these positions should be utilized in any multi-patient incident. The system can be expanded depending on the number of patients.



This is a schematic drawing of how the hierarchy may be deployed geographically at the incident site. The functions and reporting lines remain as in the previous organizational chart. The Casualty Collection Point could also be established between the Triage Unit Leader and the Treatment Unit Leader rather than prior to the Triage Unit Leader or at the treatment site.

INSTRUCTOR NOTES:

STRESS TO STUDENTS:

1. First unit to arrive must keep in mind that this schematic is the goal.
2. They must not just jump into treating patients or the entire infrastructure will fall apart and total chaos will ensue.
3. Relate back to how these areas fit into Incident Management System (IMS).

First Unit/Incident Command

- Assess and Secure the Scene
- Ensure safety
- Establish or assume command
- Direct incoming units
- Request additional resources
(Order Early and Order Big)
- Establish Triage Unit Leader



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INSTRUCTOR NOTES:

Relate to your students what the radio transmission of the first arriving unit might be in your jurisdiction.

“Paramedic Engine 703 to communications. We have a collision involving two buses. I am establishing command and requesting four Medical Strike Teams with Rescue. Have the first team begin Triage and the second team establish the Treatment Area at the 7-Eleven parking lot. The third team should stage in the Kindercare Lot.” “Advise EMRC of the incident and that we could be transporting approximately 60 patients. Ask them to begin a hospital call-down. We will contact them for hospital status.”

First Unit/Incident Command

- Establish Medical Communications Coordinator
- Notify hospitals (EMRC)
- Establish initial Treatment Area
- Establish Transportation Group (when personnel available)
- Maintain the 5 S's of the Multi-Casualty Incident:
 - Safety, Size-up, Send, Set Up, and START/JumpSTART Triage



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INSTRUCTOR NOTES:

The IC should begin the build out of the command structure as units arrive. It is important to make sure Triage is performed first and no immediate treatment other than life-saving measures administered until additional help has arrived. If Triage is completed then that crew can be reassigned or begin treatment.

Maintain the 5 S's of the Multi-Casualty Incident:
Safety, Size-up, Send, Set Up, and START/JumpSTART Triage

Triage Unit Leader



- Coordinate with Treatment Unit Leader to determine if triage will be conducted in:
 - Incident/extrication area
 - Designated Casualty Collection Point (CCP)
 - Treatment area
- Approximate number and severity of victims
- Report this information to command
- Supervise:
 - Triage Teams
 - Porter Teams (Litter Bearers)
 - Additional resources



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INSTRUCTOR NOTES:

Triage Unit Leader is the first arriving suppression unit after hazards are addressed. He or she assumes responsibility for providing triage management and movement of patients from the Triage Area.

Maintain the 5 S's of the Multi-Casualty Incident:

Safety, Size-up, Send, Set Up and START/JumpSTART Triage

Be sure to stress universal precautions and scene safety. The Triage Unit Leader must be vigilant.

Triage Unit Leader



- Ensure safety of all personnel
- Ensure triage of patients is based on **START** or **JumpSTART** Algorithm
 - Primary Triage (ribbons only)
- Communicate resource requirements to IC or Medical Group Supervisor
- Provide frequent progress reports
- Establish Morgue if necessary



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INSTRUCTOR NOTES:

Maintain the rule of 60 seconds or less per patient contact time.

Law Enforcement should be requested to assist in securing the scene.

The morgue area is initially the responsibility of the Triage Unit Leader. The expired patients must remain in place as this is a potential crime scene. The living patients should be triaged and then moved to the treatment area, and the deceased should be black-ribboned or black-tagged. Do not move deceased patients until after consultation with police or medical examiner. Only patients that die in treatment area should be moved to the morgue until after the scene has been secured and the medical examiner has approved the movement of the scene dead.

Treatment Unit Leader

- Identify and establish Treatment Areas
 - Consider weather, size, accessibility, safety, and hazmat potential
- Assign Treatment Area Managers
- Notify IC of Treatment Area locations and give status report



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INSTRUCTOR NOTES:

Persons may leave incident site in several directions. **ALL** patients must be logged and accounted for by the Treatment Unit Leader.

People must be posted to direct litter bearers to Treatment Unit Leader.

Law Enforcement should be requested to assist in securing the scene.

Casualty Collection Point (CCP) should be established prior to patients entering treatment areas.

Treatment Unit Leader

- Establish communications with Triage Unit Leader
- Ensure each patient is issued a MIEMSS Triage Tag and does **NOT** leave area without one attached
- Utilize Patient Tracking Scanners (PTS) and/or Treatment Area Manager logs to track patients for each area



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Treatment Unit Leader

- Request sufficient medical caches and supplies as necessary
- Provide access for Medical Care Support Units (MCSU)
- Establish communications with patient Transportation Group Supervisor
 - Consider delegating this task to Treatment Dispatch Manager
- Maintain accountability/safety for all patients and personnel
- Assess mental and physical well being of personnel



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Make sure all patients are issued a triage tag and that it is attached to the patient for identification. If the patient tracking scanners are available, utilize them **IN ADDITION** to placing a triage tag on the patient.

Treatment Area Managers

Red Immediate Manager

Yellow Delayed Manager

Green Minor Manager

- Define Entry and Exit points
- Clearly identify each area and delineate each area's boundaries.
- Morgue needs to be distant from treatment areas
- Prepare equipment and supplies
- Brief Treatment Crew(s)
- Ensure Secondary Triage is completed
- Ensure each patient has been issued a Triage Tag
- Utilize Patient Tracking Scanners (PTS) to log patients or prepare and maintain a Treatment Log Sheet



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INSTRUCTOR NOTES:

Stress single entry and exit points

Placement of morgue should not be near treatment areas

Use colored ribbons, flags, and/or colored tarps for identification purposes

Fill out triage tags properly. Re-triage and relocate patients as necessary.

Prioritize patients to be transported.

Request resources as necessary.

Treatment Dispatch Manager

- Receive information from Treatment Area Managers
- Establish and maintain communications with Medical Communications Coordinator
- Coordinate with Treatment Managers and Medical Communications Coordinator to transport patients to appropriate medical facilities
- Utilize Patient Tracking Scanners (PTS) for patient movement and/or mark the hospital destination on Transport Record of the Disaster Triage Tag
- This position is often combined with another position



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INSTRUCTOR NOTES:

The Treatment Dispatch Manager is responsible for communication and coordination of the patients ready for transport out of the treatment areas to the transportation area and makes sure transportation is ready to receive patients prior to moving patients to that area.

Transportation Group Supervisor

- *Establish One Way Traffic Flow*: There should always be a clear, unobstructed flow of transport units in and out of the transport area. Transport units should pull up, load, leave, but NOT execute a back-up of the vehicle
- *Utilize Patient Tracking Scanner (PTS)* and/or prepare and maintain a *Log Sheet*
- Establish exit point
- Assign *Communications (SYSCOM/EMRC) and Air/Ambulance Disposition Coordinators*



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INSTRUCTOR NOTES:

Locate near transportation area if possible. Establish and maintain vehicle movement corridor.

Stress Importance of **ONE WAY FLOW**. Direct units to avoid backing up if at all possible to load patients.

Backing up

- causes injuries
- tends to restrict flow
- slows process

Stress concerns over exhaust and unexpected movement from idling vehicles.

Medical Communication Coordinator

- Contact EMRC/Communications Center
 - Advise type of incident
 - Provide location
 - Describe incident
 - Provide approximate patient count (by priority if possible)
 - Request call down of hospitals
- Establish Communications Log
- Deploy Emergency Wireless Routing Access Point (EWRAP)



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INSTRUCTOR NOTES:

Establish and maintain a Communication Log which is simply a chronological listing of all communications including:

- time
- contact point
- brief message

Establish and maintain communications with EMRC.

Assign SPECIFIC hospital destinations and relay this information to Air/Ground Ambulance Disposition Coordinator.

Medical Communication Coordinator

- Receive bed availability from Communications Center
- Communicate availability to Ambulance Disposition Coordinator
- Update hospitals on incident status every 30 minutes
- Advise hospital(s) when incident is terminated



























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INSTRUCTOR NOTES:

The EWRAP (Emergency Wireless Routing Access Point) is a small, portable device that can be utilized in remote environments to provide secure wireless connections allowing patient information and tracking data sharing among the HC handheld, laptops, the EMRC, MIEMSS, and receiving facilities. It may be connected to multiple power sources including vehicle batteries, generators, solar cells, or an AC source. It supports operating distances of up to ½ mile for typical WiFi devices. It requires no user intervention and makes automatic information routing decisions. Multiple EWRAPS at the scene mesh seamlessly to create a high speed local network, allowing audio and video capture for situational awareness.

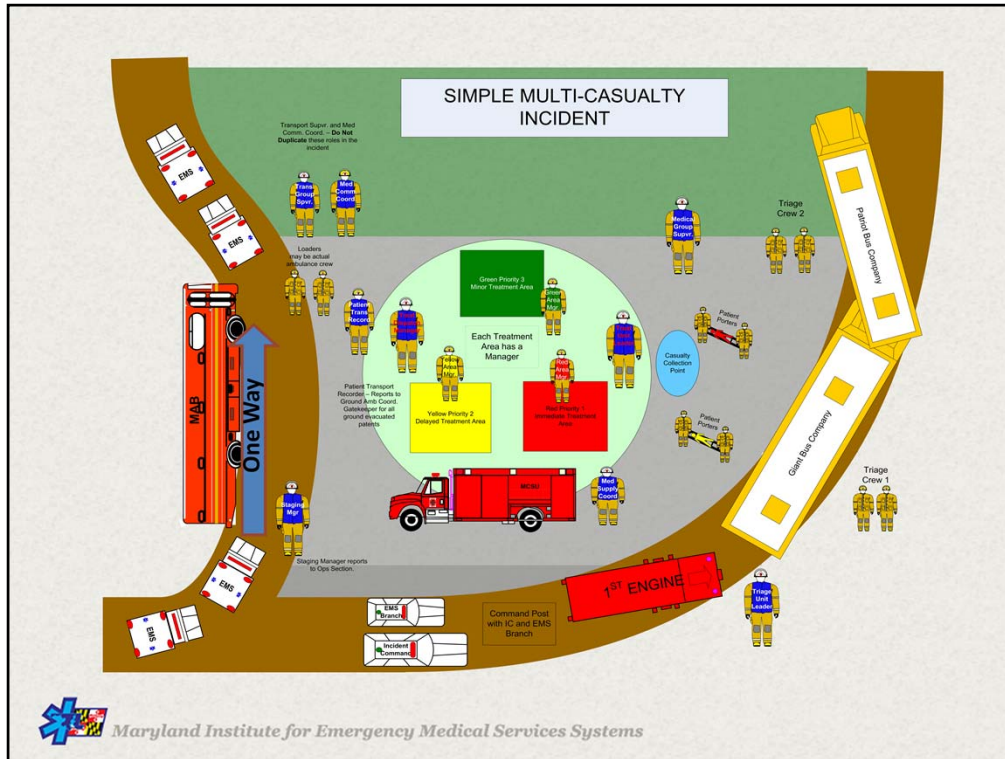
Air/Ground Ambulance Disposition Coordinator

- Receive bed availability from Medical Communication Coordinator (EMRC)
- Prepare log sheet for each hospital and their “tickets”
- Update information on Patient Tracking Scanners (PTS)

MONTGOMERY COUNTY INCIDENT MANAGEMENT SYSTEM 2			PAGE	OF	
TRANSPORT RECORDER					
1	  	2	  	3	  
4	  	5	  	6	  
RECEIVING MEDICAL FACILITY		7	  	8	  
MEDICAL GROUP					
TRANSPORT STUBS					

INSTRUCTOR NOTES:

Communication and Disposition Coordinator must establish a good rapport and a system to share information. This should be done before patients begin to flow through area.



INSTRUCTOR NOTES:

Discuss the importance of ambulance flow peripheral to (not through) the incident. Ideally the flow should be one-way. Some geography, road damage and circumstances may not permit this.

Tracking Patient Flow



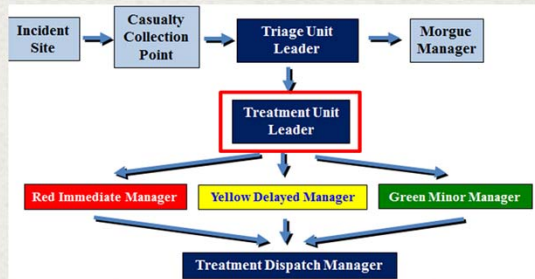
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INSTRUCTOR NOTES:

This section will track the flow of patients through the system using the ICS structure and emphasize how the triage tag components come into play at each stage.

Treatment Unit Leader

- Attach triage tag to ribbon
 - Each patient **must** receive a triage tag
- Circle priority at initial assessment



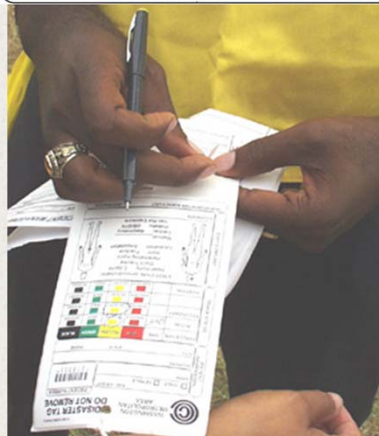
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INSTRUCTOR NOTES:

Colored ribbon stays on the patient and the triage tag is attached to it.

Treatment Unit Leader

- Scan Bar Code on triage tag with Patient Tracking Scanner (PTS)
 - Or remove treatment peel-off label and place on treatment log
- PTS will place a time stamp on patient record
 - Otherwise note time on tag



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INSTRUCTOR NOTES:
Patient tracking really begins at this stage.

Treatment Unit Leader

Red Immediate Patients

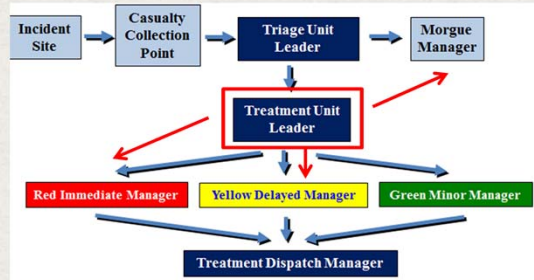
Yellow Delayed Patients

Green Minor Patients

Morgue



Direct crew to appropriate patient area



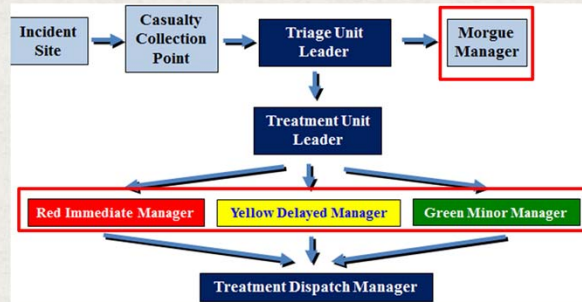
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INSTRUCTOR NOTES:

The Treatment Unit Leader is responsible for ensuring that the treatment areas are staffed and equipped.

Treatment Area Managers

- Scan patient's triage tag with PTS
 - Or log patient into area
 - Take "other" barcode label and place on log



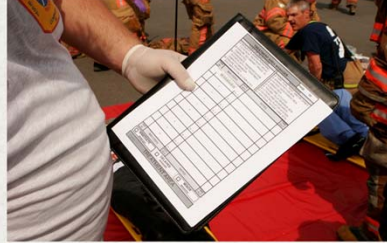
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INSTRUCTOR NOTES:

Utilize the "sticky" labels from the triage tags to track patient flow as well as mark personal effects.

Treatment Area Managers

- Assign crew to care for patient
 - Reassess ABC's
 - Stabilize life threatening conditions (airway, needle decompression, tourniquet, antidote)
 - Immobilize
 - Treat major fractures
 - Package patient for transport to appropriate facility
 - Utilize Patient Tracking Scanner (PTS) to note assessment and treatment interventions and/or on triage tag
- Ensure patient can be transported safely



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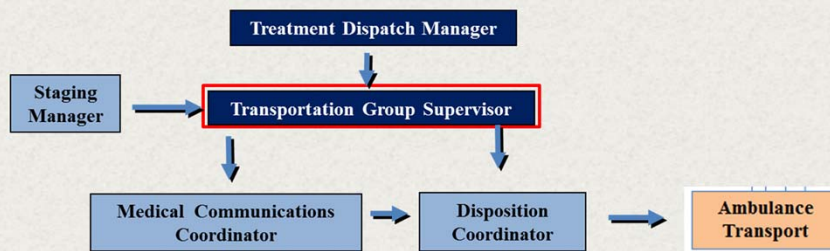
INSTRUCTOR NOTES:

Typically, in an MCI, **rapid transport** of the seriously ill/injured is key to a successful outcome. The objective is to ensure that the patient can be transported in a safe manner (e.g., patent airway, immobilized on backboard).

If established, coordinate with the Treatment Dispatch Manager before moving patient out of treatment areas.

If Treatment Dispatch Manager is not established, wait for the Transportation Group Supervisor authorization before moving patients out of the Treatment Area.

Transportation Group Supervisor



- Coordinate loading of patients
- Assign
 - *Medical Communication Coordinator*
 - *Air/Ambulance Disposition Coordinator*



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INSTRUCTOR NOTES:

Transportation Group Supervisor and Medical Communications Coordinator positions should not be duplicated in an incident. This helps prevent confusion on how many and which patients are going to a specific hospital. There may be multiple Disposition Coordinators at different locations that communicate with the Transport Group Supervisor.

Transportation Group Supervisor Patient Loading

- Contact Staging for transport units
- Contact Treatment Dispatch Manager /Treatment Areas for patients ready to load
- Scan triage tag and insert **Unit Number and Priority**
- Write information on tear-off transportation record section (commonly called "**Ticket**") part of triage tag
- Scan with PTS or peel off a barcode label and place on log sheet

TREATMENT	* M 5 4 2 0 7 7 3 *	HOSPITAL	* M 5 4 2 0 7 7 3 *
OTHER	* M 5 4 2 0 7 7 3 *	OTHER	* M 5 4 2 0 7 7 3 *
OTHER	* M 5 4 2 0 7 7 3 *	OTHER	* M 5 4 2 0 7 7 3 *
OTHER	* M 5 4 2 0 7 7 3 *	OTHER	* M 5 4 2 0 7 7 3 *

<input type="checkbox"/> UNDETERMINED	AGE	PATIENT NUMBER * M 5 4 2 0 7 7 3 *
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DOB	
NAME		
CHIEF COMPLAINT		
DESTINATION	HOSP NOTIFIED	TRIAS STATUS RED YELLOW GREEN
TRANSPORTATION AGENCY/UNIT	TRANSPORT TIME	GREY BLACK



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INSTRUCTOR NOTES:

Remind students that ambulatory (MINOR or GREEN) patients may be transported in the front seat of the ambulance and in other vehicles such as buses, utility units, etc.

Patient Loading

- Load patient into transport unit
- Tear off Transportation Record (“Ticket”) and hand to driver



TRANSPORT RECORD	<input type="checkbox"/> UNDETERMINED	AGE	PATIENT NUMBER
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DOB	
	NAME		W 1 5 4 2 0 7 7 3 3 X
	CHIEF COMPLAINT		TRIAGE STATUS
	DESTINATION	HOSP NOTIFIED	<input type="checkbox"/> RED <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN <input type="checkbox"/> GREY <input type="checkbox"/> BLACK
	TRANSPORTATION AGENCY/UNIT	TRANSPORT TIME	



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INSTRUCTOR NOTES:

Remind the students that the Transportation Group Supervisor must direct the driver to see the Ambulance Disposition Coordinator. The Ambulance Disposition Coordinator will determine the designated facility to which the patient is to be transported.

Patient Loading

- Remind provider to update or complete **Transport Line** on the PTS or Tag once hospital is assigned

TRANSPORTATION AGENCY/UNIT	DESTINATION	TIME ARRIVED
----------------------------	-------------	--------------

- On hospital arrival, place **Barcode Labels** on official printout copies of the *Electronic Patient Care Report (ePCR)* or *electronic Maryland EMS Data System (eMEDS)* and hospital chart

TREATMENT *M D 4 2 0 7 7 1 *	HOSPITAL *M D 4 2 0 7 7 1 *
OTHER *M D 4 2 0 7 7 1 *	OTHER *M D 4 2 0 7 7 1 *
OTHER *M D 4 2 0 7 7 1 *	OTHER *M D 4 2 0 7 7 1 *
OTHER *M D 4 2 0 7 7 1 *	OTHER *M D 4 2 0 7 7 1 *



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INSTRUCTOR NOTES:

Remind the provider to fill out TRANSPORTATION line and place labels on ePCR/eMEDS printout sheets.

Medical Communication Coordinator

- Receive ticket from Ambulance Disposition Coordinator
- Communicate information to hospital
 - *Unit, jurisdiction, and number*
 - *Number of patients with priority of each*
- Initial ticket in the “Notified” field

TRANSPORT RECORD	<input type="checkbox"/> UNDETERMINED	AGE	PATIENT NUMBER		
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DOB	K 7 3 4 2 0 7 2 1 8		
	NAME		[Barcode]		
	CHIEF COMPLAINT		TRIAGE STATUS		
	DESTINATION	HOSP NOTIFIED	RED	YELLOW	GREEN
	TRANSPORTATION AGENCY/UNIT	TRANSPORT TIME	GREY	BLACK	



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INSTRUCTOR NOTES:

Hospitals do not need much more information during a MCI. **HC Standard Handheld automates most of this process.**

Patient Loading

- Direct Transport Unit to Ambulance Disposition Coordinator
- Maintain **One Way** traffic flow
- Do NOT have unit back up or back in



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INSTRUCTOR NOTES:

One way traffic flow, whenever possible, is crucial to smooth patient flow from the area.

Ambulance Disposition Coordinator

- Receive *Transport Record* (commonly called “Tickets”) from driver
- Scan ticket with PTS
 - Select input and select destination
 - Hit the “Now Button”
- Transport “Tickets” go from the driver to the Disposition Coordinator

TRANSPORT RECORD	<input type="checkbox"/> UNDETERMINED	AGE	PATIENT NUMBER
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DOB	
	NAME		* M D Y P 0 7 7 1 *
	CHIEF COMPLAINT		TRIAGE STATUS
	DESTINATION	HOSP NOTIFIED	<input type="checkbox"/> RED <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN
	TRANSPORTATION AGENCY/UNIT	TRANSPORT TIME	<input type="checkbox"/> GREY <input type="checkbox"/> BLACK



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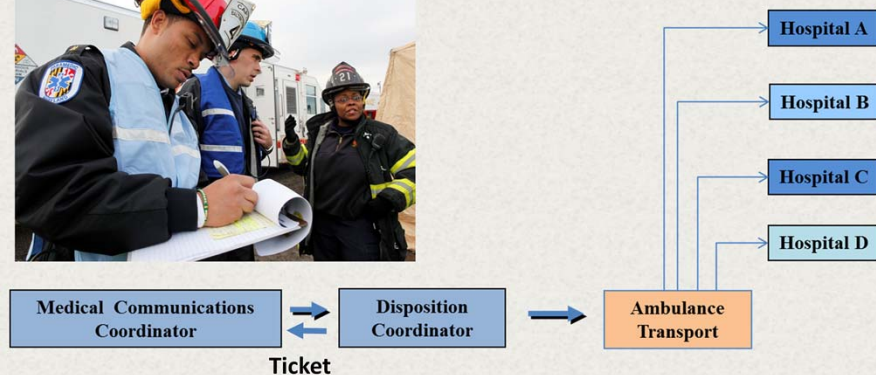
INSTRUCTOR NOTES:

The disposition coordinator will keep track of patient distribution, bed availability, and keep chain of command informed.

TRANSPORT TICKETS GO FROM THE DRIVER TO THE DISPOSITION COORDINATOR.

Ambulance Disposition Coordinator

Discusses the destination hospital (appropriate for patient condition) with the Medical Communication Coordinator



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INSTRUCTOR NOTES:


This process can get quite confusing, and CAN SLOW the entire FLOW OF PATIENTS FROM THE INCIDENT. Be sure the process is clear between the two officers. Runners may be utilized to go between the ambulance and these officers.

Medical Communications Coordinator provides the available destination hospitals to Ambulance Disposition Coordinator. Once patient is assigned to hospital by Ambulance Disposition Coordinator, assignment is relayed to Medical Communications Coordinator.

Ambulance Disposition Coordinator

- Give driver destination and confirm directions
- Insert hospital info on PTS
- Write destination and transport time on ticket
- Give ticket to

Medical Communication Coordinator

TRANSPORT RECORD	<input type="checkbox"/> UNDETERMINED	AGE	PATIENT NUMBER
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DOB	
	NAME		
	CHIEF COMPLAINT		
	DESTINATION	HOSP NOTIFIED	TRIAGE STATUS
TRANSPORTATION AGENCY/UNIT	TRANSPORT TIME	<input type="checkbox"/> RED <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN <input type="checkbox"/> GREY <input type="checkbox"/> BLACK	



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INSTRUCTOR NOTES:

Make sure the hospital destination is filled out and what time they left the scene.

Ambulance Disposition Coordinator

- Receives “ticket” back from Medical Communications Coordinator
- Tracks available beds at hospitals
- Scans barcode label with PTS
- Places “ticket” label on hospital destination logs and notes time



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INSTRUCTOR NOTES:

The Ambulance Disposition Coordinator is a key position (and potential choke point) in the flow of information, tags/tickets, and patients.

The Process in Review

- Incident Occurs
- Walking wounded sent to *Casualty Collection Point*
- Triage of Patients
 - Patient receives a ribbon by *Triage Unit Leader* or designee
 - Only attempt to life-saving interventions (Airway, Needle decompression, Tourniquet, Antidote)
- Patient is moved to various treatment areas at direction of *Treatment Unit Leader* and receives triage tag and treatment



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INSTRUCTOR NOTES:

The next few slides are a review of the patient flow process for a full build out multi-casualty incident.

The Process in Review

- *Treatment Dispatch Manager* coordinates with *Transportation Group Supervisor/Patient Transport Recorder*
 - Arranges for patient to be moved to transport vehicle
 - Triage tag to remain with patient at all times
- EMS Staging Manager dispatches ambulance to designated pick-up area
- Driver is given *Transport Record "Ticket"* piece of triage tag
- Proceeds to *Ambulance Disposition Coordinator*



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INSTRUCTOR NOTES:

When the patient moves from the treatment area to the transportation area, the triage tag stays with the patient but the bottom part or "Ticket" is given to the driver. The driver will then proceed to the checkout position and hand the tag to the Ambulance Disposition coordinator or Transportation Group supervisor who will coordinate with the Medical Communications coordinator as to hospital transport location and information relayed to that hospital.

The Process in Review

- Driver gives “*Ticket*” to *Ambulance Disposition Coordinator*
 - Coordinates with *Medical Communication Coordinator* for hospital availability and dispatch
- Driver is given hospital transport information prior to leaving scene
- Patient is transported to designated hospital
- Arrival time should be placed on triage tag



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INSTRUCTOR NOTES:

The driver will then be given the hospital transport destination for his patient. On arrival at the hospital, the driver should note the time of arrival or advise the caretaker to note it on the PTS scanner for the patient.

Maryland Triage System

MIEMSS gratefully acknowledges the following individuals for their efforts in the development of this program:

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Maryland Triage System



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