

ATTACHMENT 4 – MCI Checklist

FIRST UNIT ON SCENE CHECKLIST

- 1) CONSIDER:
 - a) Safety Needs – Full Personal Protective Clothing
 - b) Decontamination
 - c) Secondary Devices

- 2) MASS CASUALTY INCIDENT PLAN:
 - a) Type of Incident
 - b) Approximate number of patients
 - c) Severity of Injuries (Major or Minor)
 - d) If scene meets MCI criteria:
 - i) Contact OEC to declare Multiple Patient Incident or MCI Level 1, 2, or 3

- 3) IF CONTAMINATION IS SUSPECTED:
 - a) Notify dispatch or other responding apparatus
 - b) Establish a decontamination area
 - c) Isolate the area

- 4) IF CONTAMINATED VICTIMS ARE PRESENT:
 - a) Direct to decontamination area
 - b) Use Apparatus Public Address (PA) System if available
 - c) Initiate gross decontamination:
 - i) Master Stream
 - ii) Handlines

- 5) REQUEST NEEDED RESOURCES

INCIDENT COMMANDER

- 1) CONSIDER:
 - a) Safety Needs – Full Personal Protective Clothing for Personnel on Scene
 - b) Decontamination
 - c) Secondary Devices

- 2) MASS CASUALTY INCIDENT PLAN:
 - a) Confirm whether Multiple Patient Incident or MCI

- 3) ASSIGN:
 - a) Triage Group Supervisor (Engine or Ladder Company)
 - b) Medical Branch Director (Senior Supervisor or 1100)
 - c) Level II Staging Officer in Staging Area

- 4) IF CONTAMINATION IS SUSPECTED:
 - a) Isolate Area
 - b) Establish Decontamination Area and Assign Companies
 - i) Master Streams
 - ii) Handlines
 - c) Direct Victims to Decontamination Area with Apparatus PA System

- 5) REQUEST ADDITIONAL RESOURCES: (i.e. HMRT, Bomb Squad, FBI, HMST, HPD, OEM, etc.)

MEDICAL BRANCH DIRECTOR CHECKLIST

(Radio Call: 'MEDICAL')

- 1) DON MEDICAL BRANCH DIRECTOR VEST
- 2) CONSIDER - Safety Needs, Decontamination and Secondary Devices.
- 3) ASSIGN AND SUPERVISE AS NEEDED - Triage, Treatment, and Transportation Group Supervisors.
- 4) OBTAIN, AS NEEDED - Tactical Radio Channel(s) for EMS Operations.
- 5) OBTAIN - Victim Count.
- 6) DETERMINE AND REQUEST RESOURCE NEEDS - **As a Guideline for a Level 1 or Level 2 MCI:**
 - a) Medical Branch Director needs at least one (1) assistant to monitor the incident command channel and track resources.
 - b) The Triage Group will need 1 BLS Apparatus for every 10 ambulatory patients to actually conduct triage. Consider having 4 members for every 10 stretcher patients if manpower allows.
 - c) The Treatment Group requires a supervisor and/or Treatment Unit managers.
 - d) The Transportation Group will need at minimum an EMS Supervisor, Communications officer, and 2 patient tracking recorders.
 - e) Transportation Units: For every 2 stretcher patients, order 1 ambulance or helicopter.
 - f) Minor category (Green) patients may be transported with 5 in each ambulance, 20 per MPV unit or about 40 per Metro bus. MPV's are staffed with 6 EMS personnel; a Metro bus will have 1 EMT or paramedic per 10 patients.
 - g) EMS Task Force: 5 transport units (at least 2 ALS) and 1 EMS supervisor.
- 7) DETERMINE - Receiving Hospitals.
- 8) MASS CASUALTY INCIDENT PLAN - CONFIRM ACTIVATED THROUGH DISPATCH - Inform Dispatch:
 - a) Type of incident
 - b) Location
- 9) CONFIRM TELEMETRY (713-884-3800) HAS CREATED AN INCIDENT WITHIN THE REGIONAL PATIENT TRACKING SYSTEM (IF OPERATIONAL)
- 10) DETERMINE AMBULANCE TRANSPORT (transport and return to service or return to scene).
- 11) DIRECT - All incident EMS operations.

TRIAGE GROUP SUPERVISOR CHECKLIST

(Radio Call: 'Triage')

Responsibilities:

Direct and coordinate the triaging of all patients to include appropriate tagging based on START or JumpSTART triage while maintaining close communication with the medical branch director.

Duty Checklist:

- 1) Obtain needed equipment (triage belt, clipboard, vest, ribbons).
- 2) Don identification vest.
- 3) Identify Triage Unit member(s) and implement triage process.
- 4) Direct to Treatment Area – All walking patients.
- 5) Triage – Hot Zone (if applicable):
 - a) Responsive: Apply orange colored ribbon and given first priority for decontamination
 - b) Unresponsive: Apply blue colored ribbon and given second priority for decontamination
- 6) Estimate number of patients in each triage category and report to Medical Branch Director.
- 7) Acquire personal/supplies (Litter Bearers/Stretchers) for transporting patients to treatment area.
- 8) Identify and brief Stretcher Bearers responsible for patient movement to treatment area.
- 9) Coordinate with Treatment Supervisor to assure patients are being delivered to the correct treatment area.
- 10) Maintain safety and security of the Triage Area.
- 11) Keep Medical Branch Director informed of your status.
- 12) After All Living Patients Are Moved To the Treatment Area – Apply disaster tags to dead victims.
- 13) Report to Medical Branch Director for reassignment when triage is completed.

TREATMENT GROUP SUPERVISOR CHECKLIST

(Radio Call: 'Treatment')

Responsibilities:

Direct and coordinate treatment of patients in the Treatment Area.

Duty Checklist:

- 1) Obtain needed supplies (Regional Disaster Tags, medical supplies as units arrive and are assigned to treatment unit).
- 2) Don identification vest.
- 3) Obtain estimate of the number of patients.
- 4) Consult with Medical Branch Director to determine location of Treatment Area.
- 5) Set up Treatment Area into three sections and Assign Unit Mangers (as needed): Immediate (Red), Delayed (Yellow), and Minor (Green).
 - i) Consider setting up the Green Treatment area at a distance from the Yellow and Red to prevent patients from ambulating into other treatment areas
- 6) Place Regional Disaster Tags on all patients entering the Treatment Area.
- 7) Coordinate patient movement within Treatment Area. If a patient needs to be re-triaged to a different category, move the patient to the appropriate treatment unit.
- 8) Assign a minimum of 2 ALS units and 3 BLS Apparatus units to the Treatment Area and divide as follows:
 - i) Immediate (Red): 1 ALS Unit (Squad or Medic) and 1 BLS Apparatus (Engine or Ladder Company) per 4 patients
 - ii) Delayed (Yellow): 1 ALS Unit and 1 BLS Apparatus per 10 patients
 - iii) Minimal (Green): 1 BLS Apparatus per 20 patients
- 9) Establish communications and coordination with Transportation Group Supervisor and notify when patients are ready for transport.
- 10) Request medical supplies or personnel needs through Medical Branch Director.
- 11) Ensure patients are prioritized for transport.
- 12) Ensure appropriate patient documentation.

TRANSPORTATION SUPERVISOR CHECKLIST

(Radio Call: 'Transportation')

Responsibilities:

Direct, coordinate and record the transportation of all patients to medical facilities. Transportation supervisor will maintain radio communications with the Base Station to communicate an overview of the incident and patient needs as well as maintain a status board of receiving hospitals as communicated by Base Station.

Duty Checklist:

- 1) Don identification vest.
- 2) Obtain needed equipment (Status board, Clipboard, vest).
- 3) Obtain estimate of the number of patients.
- 4) Identify a safe, efficient loading area adjacent to the treatment area. Secure access and egress routes and inform the Medical Branch Director and Staging Area Manager (if present).
- 5) Additional equipment is requested through Medical Branch Director.
- 6) Advise Medical Branch Director of personnel needed.
- 7) Assign to Transportation Group as incident requires: Communication Officer (1), Hospital Status Board Recorder (1), Recorders for the Mass Casualty Register or to operate the Regional Electronic Patient Tracking System (1-4).
- 8) If the Electronic Patient Tracking System is available, confirm the incident has been created by Telemetry.
- 9) If available, operate Regional Patient Tracking System scanners as patients enter transport units.
- 10) Consult with Treatment Supervisor to determine when and what patients are ready for transport.
- 11) Identify personal to load patients (Litter Bearers).
- 12) Initiate communication with Base Station for patient distribution.
- 13) Direct the transportation of patients as determined by the Treatment Section Supervisor, using the following rule of thumb for transport, when possible:

- a) Minor category (Green) patients may be transported with 5 in each ambulance, 20 per MPV unit or about 40 per Metro bus. MPV's are staffed with 6 EMS personnel; a Metro bus will have 1 EMT or paramedic per 10 patients.
- 14) The Base Station must be advised of an intended release of a unit from the scene BEFORE the unit leaves. This will prevent units from arriving at hospitals without being notified.
- 15) Document patient destinations and transporting agencies on the Mass Casualty Register or on the Regional Patient Tracking System scanners.
- 16) Coordinate requests for air ambulance transportation as needed.
- 17) Maintain security and safety in-patient loading area.
- 18) Keep Medical Branch Director informed of your status and give patient tracking information to be passed on to receiving hospitals.

TRANSPORT GROUP COMMUNICATOR CHECKLIST

- 1) MAINTAIN CONTINUOUS CONTACT WITH BASE STATION OR CMOC
- 2) BEFORE EACH TRANSPORT UNIT DEPARTS - NOTIFY BASE STATION
 - a) Unit ID.
 - b) Destination.
 - c) Number of patients in each category on board.
- 3) Based on the input from the Base Station, the transportation group should be prepared to change the destination hospital for transporting units.
- 4) NOTIFY BASE STATION WHEN LAST PATIENT IS TRANSPORTED

HOSPITAL STATUS BOARD RECORDER
(Transportation Group)

- 1) Works closely with Transportation Group Communicator.
- 2) Hospital Status Board - Keep Updated - Record each transport with unit number and destination and status messages received from each hospital. This may be supplemented with online EMTrack web-based program.
- 3) Continually inform Transportation Group Supervisor of hospital status.

PATIENT RECORDERS

MASS CASUALTY RECORDER

- 1) This position should only be filled if the EMTrack system is non-operational.
- 2) Maintain a written account (patient registry) of transportation destination of each patient if needed (ex. Before Regional patient Tracking kit(s) arrives or if Regional Patient Tracking System fails).
 - a. Patient Registry should include: Tag Number, Name, age, unit transporting, and hospital destination
- 3) Collect and hold the triage category tabs and the destination tabs taken from the Regional Disaster Tags.

PATIENT TRACKING SYSTEM RECORDER

- 1) THE FOLLOWING TASKS MAY BE SPLIT BETWEEN MULTIPLE PERSONNEL:
 - a. Utilizing Handheld – Scan each patient into EMTrack utilizing license, other ID, or manual entry.
 - b. Record required demographics, acuity, destination, unit transporting, and other required information on tracking system handheld.

MASS CASUALTY INCIDENT CHECKLIST

DISPATCH

- 1) **Mass Casualty Incident Plan Activation:** (Simulcast on All Radio Frequencies and Pager Group 2-1-1, 710 and MCI page.)
"Attention all units. <Unit ID> has activated a Level "X" Mass Casualty Incident Plan for a <type of incident> at <location and Key map>. EMS Resource Management Procedures are now in effect."
- 2) **Assign:** Tactical Radio Channel(s)
- 3) **Notify:** Base Station of Incident
- 4) **Mutual Aid:** When the incident requires more than ten (10) HFD ambulances) - Request Mutual Aid Departments. The Dispatch Shift Supervisor has final authority in determining when to activate mutual aid. EMS mutual aid units will be used as necessary. Mutual Aid Units may be dispatched to 9-1-1 calls in areas of the City that have been "stripped" of ambulances for the incident or dispatched to the MCI scene.
- 5) **Mutual Aid Resources:** If responding to the MCI, dispatch to the MCI Staging Area.
- 6) **Houston Office of Emergency Management** - Notify Using Group Pager.
- 7) **Ambulance Units** - *Dispatch as requested. Create Ambulance Task Forces as requested. (An Ambulance Task Force is 5 transport units - with a minimum of 2 ALS units (Medic/Dual/Squad) - and one (1) EMS supervisor. An Ambulance Task Force may be a mix of HFD and mutual aid equipment.) Contact the EMS Assistant Chief, F&A Supply Supervisor and the—EMS District Chief to place ready reserve ambulances in service.*

BASE STATION CHECKLIST

- 1) ON-CALL MEDICAL DIRECTOR - Notify when MCI Plan Is Activated.
- 2) CREATE INCIDENT WITHIN EMTRACK IF REQUESTED– Allows handhelds to be deployed on scene.
- 3) CREATE INCIDENT IN EMRESOURCE – Notifies area hospitals about the MCI and requests their bed availabilities. Base Station will constantly monitor hospital bed availability information given by the hospitals via EMResource.
- 4) MAINTAIN CONTINUOUS CONTACT WITH THE TRANSPORT GROUP COMMUNICATOR AT INCIDENT. Base Station will coordinate movement of patients from the scene of the MCI, according to the patients' triage categories and bed availability of area hospitals. This will be done in consultation and coordination with the Transportation Group Supervisor.
- 5) AMBULANCE TRANSPORT NOTIFICATION - Receive from Transport Communications and Record. Report will include:
 - a) Unit ID
 - b) Destination
 - c) Number of patients in each triage category
- 6) RECEIVING HOSPITALS:
 - a) Notify of each ambulance transport.
 - b) Report will be limited to the information obtained in item 3.
 - c) Defer any conflicts from hospitals to the on-call Medical Director.
- 7) HOSPITAL STATUS:
 - a) Receive Reports
 - b) Forward to Transport Group Communicator while continuously updating the changing conditions at receiving hospitals.
 - c) If there is difficulty in directing patients to hospitals due to volume, advise the on-call Medical Director regarding status and possibility of activating CMOC.
- 8) CMOC - If the MCI is large enough or complex enough to require the CMOC (**see Attachment 1 for reasons to activate**), Base Station will give a situational report to the CMOC Operations Chief as soon as the CMOC is operational. Base Station will provide the Transportation Group Supervisor with Point-of-Contact information, and a phone number to the CMOC. Base Station shall also notify the on-call Medical Director of CMOC activation.
 - a) Base Station and CMOC will maintain periodic communications for situational awareness.