

EvCC Emergency Management Plan

ANNEX #05 - Multiple Causality Incidents

1. INTRODUCTION

The City of Everett and Snohomish County has developed and implemented a “Multiple Causality Incident Plan” that has established a standardized regional approach to managing an incident resulting in multiple victims.

The goal of this annex is to establish an EvCC guideline for initiating a response to an MCI incident on campus until professional public safety responders are able to establish a command structure and fully assume control of the incident.

At minimum any procedures initiated by EvCC must be consistent with the procedures detailed in the Snohomish County MCI plan. This will assure an efficient and seamless transfer of command.

An additional consideration is that the incident that caused the multiple victims may also have been a regional event. In this instance the EvCC cannot expect outside assistance and must be prepared to manage multiple victims using only campus resources.

2. EVCC MCI PLAN

A The EvCC MCI guidelines are based on the Snohomish Multiple Causality Incident (MCI) Plan. The Snohomish MCI plan will be the final authority if there are inconsistencies between the EvCC MCI plan and the Snohomish County MCI Plan.

B A Mass Causality Incident (MCI) in Snohomish County is defined as any time the presence of multiple patients at an incident affects the treatment decisions of individual patients.

C When there are more patients that the resources on scene can adequately take care of, the goal is to provide the best treatment possible for as many patients as possible. This means that the operations must be adjusted to maximize the efficient use of available resources.

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- D The intent is that the EvCC response teams will only take minimum actions necessary to prevent loss of life and minimize the impacts of the event until public safety agencies (PSA's) have arrived and assume command of the incident. However, if the PSA's are delayed the scope of the EvCC MCI operations must be adjusted and expanded to maximize the efficient use of the available resources.

3. EVCC MCI – CONCEPT OF OPERATIONS

A. The Incident Command System will be established and used on all MCI incidents.

B. Initial Actions

1. Establish Command.
2. Conduct a rapid reconnaissance (size-up) of the entire MCI site.
 - a. Identify hazards.
 - b. Estimate number and condition of patients involved.
 - c. Identify the cause of the incident.
 - d. Identify any levels of Protective Equipment (PPE) needed.
3. Report status to Campus Command (security).
 - a. Report your “size-up” information
 - b. Communicate your resource needs (personnel, equipment).
4. Establish scene security considering secondary threats, crowd control, and traffic control.
 - a. Total exclusion of bystanders and volunteers may not be possible or practical.
 - b. Attempt to moderate the risk to both bystanders and rescue personnel.

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5. Establish a “GREEN” Patient area and direct all ambulatory patients to move that area. Assign a Green Patient Area Manager.
6. Initiate triage using the “Simple Triage – Rapid Treatment” (START) system.
 - a. Tag all victims based on their treatment and transport priority.
 - b. Each patient assessment should take no more than about a minute.
 - c. Maintain a record of numbers and priorities.
7. Establish Operational Zones only as needed.
 - a. HOT ZONE: The HOT ZONE will be considered the higher risk area and should be restricted to essential operational personnel.
 - b. WARM ZONE: The transition area between the HOT and COLD ZONES and will contain any decontamination procedures.
 - c. COLD ZONE: Will contain all emergency service activities not involved in the HOT or WARM ZONES. This will include the Treatment area, Transport Corridor, Command Post, and Staging areas.
 - d. EXCLUSION ZONE: Will be the outside limit of the COLD ZONE. The public and media will be located outside the EXCLUSION ZONE.

4. SIMPLE TRIAGE AND RAPID TRANSPORT (START) SYSTEM

A. Sorting the Patients

1. It is important not to become involved with the treatment of the first or second patient with whom you come in contact. Remember that your job is to get to each patient as quickly as possible, conduct a rapid assessment, and assign patients to broad categories based on their need for treatment.

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2. You should not stop during this survey, except to correct airway and severe bleeding problems quickly. Your job is to sort (triage) the patients. Other rescuers will provide follow-up treatment.

B. START System

1. The **Simple Triage And Rapid Treatment (START)** system was developed to allow first responders to triage multiple victims in 30 seconds or less, based on three primary observations: **R**espiration, **P**erfusion, and **M**ental Status (**RPM**).
2. The **START** system is designed to assist rescuers to find the most seriously injured patients.
 - a. As more rescue personnel arrive on the scene, the patients will be re-triaged for further evaluation, treatment, stabilization, and transportation.
 - b. This system allows first responders to open blocked airways and stop severe bleeding quickly.

C. Triage Tagging

1. Patients are tagged for easy recognition by other rescuers arriving on the scene. Colored surveyors' tape or colored paper tags are used.
 - a. GREEN: Delayed Care, can delay up to three hours.
 - b. YELLOW: Urgent Care, can delay up to one hour.
 - c. RED: Immediate care / life threatening
 - d. BLACK: Dead, no care required

D. START Triage Assessment

1. The START System is based on the patients respirations, pulse, and mentation (RPM's)

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2. Respiration Assessment

a. If the patient is not breathing, quickly clear the mouth of foreign matter.

- Open the airway and position the patient to breath.
- In this type of multiple- or mass-casualty situation, you may have to ignore the usual cervical spine guidelines when you are opening airways during the triage process.
- If the patient breathes, tag RED (IMMEDIATE).
- If the patient does not breath, tag BLACK (DEAD)

b. If the patient is breathing greater than 30 times a minute

- tag RED (IMMEDIATE)
- otherwise, continue with assessment

3. Pulse or Circulation

a. If the pulse is irregular or absent tag “RED”

4. Mental Status

a. Patients who can follow simple commands and have adequate respirations and pulses are tagged “YELLOW”.

b. Patients who are unresponsive or cannot follow simple commands are tagged “RED”.