Harrison County
Fire Rescue Association

"Serving the Citizens of Harrison County"

MCIRS

Mass Causality Incident Response System

Dunlap Fire and Rescue
Little Sioux Fire and Rescue
Logan Fire and Rescue Association
Magnolia Fire and Rescue Association
Missouri Valley Fire and Rescue
Modale Fire and Rescue
Mondamin Fire and Rescue
Pisgah Fire and Rescue
Persia Fire and Rescue
Woodbine Fire and Rescue

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Purpose.

The purpose of the Mass Causality Incident Response System (MCIRS) is to provide a standardized system that will provide needed resources to the Incident Commander in a more efficient and effective manner to increase the preservation of life and quality of care given during a mass casualty incident.

General Conditions.

1. The Incident Command System, as required by NIMS, shall be established prior to MCIRS request.
2. The Start Triage System will be the standard triage system used by all departments.
3. A standardized Triage Tag will be used countywide and selected by the Harrison County Fire Rescue Association (HCFRA).
4. Responding agencies shall report to a designated staging area or command post in the interest of accountability, safety and the prevention of freelancing.

Operations Overview.

To achieve maximum effectiveness and efficiency, certain objectives must be met with each response. These objectives are outlined below and later described as operational phases. Keep in mind these operational are not intended to be a "step-by-step" requirement. These phases simply describe a flow of operational objectives or events that should be met to help ensure the best possible management of a mass casualty incident and this system.

1. Initial agency response
2. Establishment of Incident Command
3. Scene Report
4. MCIRS Request
5. Secondary Response
6. Continued Incident Management
7. Release/Termination
8. Incident Review

Within each of the following descriptions are also operational guidelines recommended during a MCIRS request.

Operations- Phase 1.
"Initial Agency Response"

Upon receipt of a call for service by the county E-911 center, the primary jurisdiction shall be dispatched and provided all pertinent call information in

accordance with established protocols. The primary agency responding, based on dispatch information, may request a MCIRS Level Response or choose to wait until a scene assessment has been made.

Operations – Phase 2.
"Establishment of Incident Command"

Incident Command shall be established by the primary responding agency in accordance with their policies and procedures, but nevertheless, Incident Command shall be established when a MCIRS Response is requested. A scene assessment has been completed and reported to the Communications Center with initial operations started (i.e., triage, BLS care, etc.).

Operations – Phase 3.
"Scene Report"

The scene assessment (status report) shall be given to the Communications Center for documentation and any additional inbound units.
Example:

IC:	"Dispatch, _____Command"
Dispatch:	"_____Command, go ahead"
IC:	"Dispatch, we have 2 cars & a minivan involved. There are 8 patients with possibly 2 entrapped. Dispatch a Level 1 Response to this location."
Dispatch:	"Understand command. Level 1 Response to your location, stand by for dispatch."

Operations Phase 4.
"MCIRS Request"

Upon a MCIRS request (as shown in Phase 3) the IC may add any additional resources that may be needed to help manage the incident. The Communications Center, upon request, shall dispatch the requested resources by following the MCIRS Guide for that specific jurisdiction. The IC may upgrade or downgrade response levels as needed.
Special consideration should be given for the need of specific equipment to accomplish the plan of action, since the MCIRS is an "EMS" specific resource guide. For example: additional pumpers for water support during extrication, scene lighting and generators or additional units and personnel for landing zone operations.

Operations Phase 5.
"Secondary Response"

The secondary response is defined as the units responding per the MCIRS Level Response requested by the IC. Responding units shall adhere to

standards set forth in the approved Incident Command/ Incident Management program as prescribed by NIMS. Responding units shall report to a designated location or assignment upon arrival. Personnel shall stay with their units until assigned to a specific job function, with exception made for incoming command staff requested to assist in a unified command or to staff a position in the existing chain of command. Responders are not to arrive on scene and begin an operation without being properly assigned and accounted for. Freelancing will hinder the effectiveness of the operation and put responders or other victims at risk. Freelancing also compromises the integrity of the incident Command structure.

Operations – Phase 6.
"Continued Incident Management"

The Incident Command System shall continue to manage the incident and expand and decrease as needed. The utilization and proper management of resources determine the effectiveness of any MCI. The IC may establish a Unified Command or a Unified Command Post, dependant on the need or size of the operation. The IC or their designee shall continually update the Communications Center (i.e., patient status, patient designations, ect.).

Operations – Phase 7.
"Release/Termination"

The Incident Commander shall release resources as soon as possible, in the interest of maintaining optimal coverage for all assisting jurisdictions. No unit shall return to service without accounting for their personnel and clearing accountability with the IC or their designee.
The IC shall terminate the established command upon completion of the operation and relay any pertinent information to the Communications Center (I.e., any vehicles left on the scene, etc.).

Operations – Phase 8.
"Incident Review"

After the use of MCIRS, a review shall be conducted. These reviews will be used solely to address the effectiveness of the system and to modify the system components, as needed. The review can also identify training objectives regarding MCI operations. Each participating agency (inclusive of law enforcement, hospital, Communications Center, etc.) will be asked to be represented in the review.

MCI Response Levels.

The following response levels are based on a standard patient to transport unit ratio. These are intended as <u>guidelines</u> for reasonably needed basic resources based on the number of patients. The IC, at their discretion, may request additional or specialized equipment. These responses are to be requested by the identified Incident Commander only. Communications shall not automatically dispatch a MCIRS without authorization from a responding departmental officer or the identified Incident Commander.

Note: An apparatus can not have command. The individual establishing command needs to use their identification number.

MCI Level 1 (5-10 patients).

2 BLS Transport Units
Air Transport Unit notified to standby status upon initial dispatch
Communication to notify 2 closest hospitals & on call trauma center.
ICS and Triage officers to be established immediately.
Ensure Law Enforcement is dispatched.

MCI Level 2 (11-20 patients).

6 BLS Transport Units
1 Air Transport launched, additional air transport notified to standby
   status (if available).
Communications to notify 3 closest hospitals & 2 area trauma centers.
County EMA Coordinator notified of incident.
Ensure Law Enforcement is dispatched.

MCI Level 3 (over 21 patients).

8 BLS Transport Units
1 ALS Transport Units
2 Air Transports launched
MCTU dispatched (Mass Casualty Triage Unit)
Communications to notify 4 closest hospitals & 2 area trauma centers
County EMA Coordinator notified of incident.
Ensure Law Enforcement is dispatched.

Closing.

As previously stated, this plan is designed to enable the Incident Commander to call for additional resources in a more effective and efficient manner. Secondly, the program is designed to take the guesswork out of dispatching a large amount of resources, knowing that those operations will also be overwhelmed during the time frame of the incident.

A MCIRS Guidebook will be provided for each jurisdiction, the Communications Center, and Emergency Management Coordinator. The goal of this plan is to utilize cooperative efforts to increase the preservation of life and quality of care during a MCI.

This plan may be utilized for any type of dispatch where the number of patients could reasonably overwhelm the local resources. It shall be the responsibility of the local jurisdiction (Incident Commander) to determine if simple mutual aid from 1 additional department is adequate or to upgrade the response to a Level 1, 2, or 3 response.