

# HOUSTON FIRE DEPARTMENT

## SUBJECT: MASS CASUALTY MANAGEMENT GUIDELINES

**VOLUME NO. III**  
**REFERENCE NO. III-09**

**COMMAND:EMS**  
**SECTIONS 1.01 -6.09**  
**ATTACHMENTS 1 - 8**

### 1.00 PURPOSE

- 1.01 The purpose of this guideline is to guide members in planning for, responding to, and evaluating the Department's performance during Mass Casualty Incidents (MCI). The ultimate goal of the Houston Fire Department's response to a MCI is to provide appropriate and coordinated efforts that will minimize loss of life, disabling injuries, and human suffering.

### 2.00 OBJECTIVES

- 2.01 To provide efficient and effective care and transport the largest possible number of patients with available resources.
- 2.02 To integrate mass casualty operations into the National Incident Management System (NIMS).
- 2.03 To provide for efficient communications between HFD, receiving hospitals, and other city and regional entities as necessary to ensure an effective response to an MCI.
- 2.04 To provide Mass Casualty Incident Checklists to guide responding personnel.

### 3.00 DEFINITIONS

- 3.01 Advanced Life Support (ALS) – The level of medical care provided by paramedics who perform advanced procedures under the delegated medical practice of a licensed physician.
- 3.02 Ambulance – A ground transport unit staffed by at least 2 persons. It may be ALS or BLS capable and can carry 2 patients lying or 1 lying and 4 sitting.
- 3.03 Base Station – Located in the Houston Emergency Center (HEC), and is the coordinating entity for movement and transportation of HFD patients throughout the city. Also known as: HFD Base Station or Telemetry.
- 3.04 Basic Life Support (BLS) – The level of medical care provided by an emergency medical technician (EMT) – basic personnel.

- 3.05 Catastrophic Medical Operations Center (CMOC) – a regional entity housed in the Houston Emergency Operations Center staffed by regional hospital personnel, public health department personnel, special needs representatives, an EMS transportation coordinator, and a medical operations chief. Its purpose is to assist area hospitals, nursing facilities, and special needs people in the community with coordination of patient movement, asset organization, patient tracking, public health issues, regional patient tracking, and coordination of mass casualty and mass fatality issues when activated.
- 3.06 EMResource – Regional web based program utilized by the CMOC, EMS agencies (including Base Station), and healthcare facilities to report asset (e.g. bed, ventilator, ambulance) capabilities, provide notifications of evolving incidents and to designate the healthcare facility’s current capability to accept patients (diversion, caution, open).
- 3.07 EMTrack – A Regional Patient Tracking System that is a web based program that allows responders on the scene of an incident, coordinators in healthcare facilities, managers in shelters and embarkation hubs to track the movement of an individual throughout the disaster continuum (e.g.: scene to hospital to shelter or long-term care facility).
- 3.08 EMS Task Force – A responding group of assets to include 1 EMS Sector Supervisor and 5 transport units. At least two ALS units must be included (e.g. 5 BLS ambulances + 2 squads OR 3 BLS ambulances + 2 medics).
- 3.09 EMS Strike Team – A responding group of like assets (e.g. 3 BLS Ambulances).
- 3.10 Expectant – A term applying to patients that are not expected to survive given their apparent injury and/or illness, and the amount of medical resources available.
- 3.11 BLS Apparatus – An apparatus and its crew, usually an engine or ladder company, sent to provide immediate basic medical care or assistance at an EMS incident.
- 3.12 JumpSTART Triage – a triage method used to properly triage children up to 8 years of age during a MCI.
- 3.13 Level 1 MCI – A Mass Casualty Incident involving approximately 10-20 potentially transportable patients of whom a significant number have presumed substantial acuity (yellow/red) or decontamination. Local mutual aid may be needed in a Level 1 MCI.
- 3.14 Level 2 MCI – A Mass Casualty Incident involving approximately 20-50 potentially transportable patients of whom a significant number have presumed

- substantial acuity (yellow/red) or decontamination. Local mutual aid may be needed in a Level 2 MCI.
- 3.15 Level 3 MCI – An incident involving a large number of casualties (>50) of whom a significant number have presumed substantial acuity (yellow/red) or decontamination. (The activation of a Level 3 will potentially require regional or multi-jurisdictional medical mutual aid for field medical triage, treatment, and transportation. A Level 3 MCI may also require regional hospitals to assist local hospitals in further diagnosis and treatment).
  - 3.16 Level 1 Staging – Units staged in their direction of travel, uncommitted, approximately one or two blocks from the scene.
  - 3.17 Level 2 Staging - A formal staging area where companies report, designated by Command.
  - 3.18 Multiple Patient Incident– An incident in which multiple transport units, more than 3 (see 6.01), are needed to care for all patients on the scene, but the number and/or acuity of patients does not require an MCI level response or any form of decontamination. An EMS Supervisor will be dispatched to all such incidents.
  - 3.19 Multiple Patient Vehicle - MPV-602 (AMBUS) housed at station 8, is a multiple patient vehicle that is designed to carry 18 patients lying down or 24-26 sitting from an MCI or from a facility that is being evacuated. Internal modification can also allow for neonatal isolettes, children in car seats, and patients sitting in wheel chairs.
  - 3.20 Office of Emergency Communications (OEC) – The division of HFD which is responsible for dispatch and allocation of HFD resources throughout the city.
  - 3.21 Responsive Patient – A patient capable of producing a verbal or physical response to stimuli (such as a tap on the shoulder or a loud voice).
  - 3.22 START Triage – A method of triaging which allows responders to sort a large number of patients (over the age of 8 years) in a small amount of time.
  - 3.23 Transportation Area– The area utilized by responding EMS units for loading patients for transport to area hospitals and from which the Transportation Group supervisor communicates with the HFD Base Station regarding transport unit destinations.
  - 3.24 Transport Unit – An ambulance, bus, helicopter, or other vehicle used to transport patients.
  - 3.25 Trauma Center – A hospital designated by the Texas Department of State Health Services (DSHS) or the American College of Surgeons to evaluate and manage

trauma patients. **Base Station will maintain a current list of hospital trauma center designations.**

- 3.26 Treatment Area – The area where the Treatment Group re-triages and treats patients, completes the Regional Disaster Tags, places the disaster tags on the patients, and where patients await movement to their transport units.
- 3.27 Triage – The process of sorting and prioritizing emergency medical care of the sick and injured based on: urgency and type of condition(s) present; number of patients; available personnel and resources to care for patients; and availability of medical facilities to care for patients.
- 3.28 Unresponsive Patient – A patient not capable of producing any verbal or physical response to stimuli.

#### **4.00 SCOPE**

- 4.01 This guideline is applicable to all personnel and/or representatives of the Houston Fire Department.

#### **5.00 RESPONSIBILITIES**

- 5.01 All personnel will be responsible for adhering to the guidelines outlined in this document.
- 5.02 The Incident Commander shall be responsible for the management of Mass Casualty Incidents and will follow the HFD Incident Management Guidelines (Ref. II-06).
- 5.03 OEC will be responsible for: maintaining communications with HFD and Mutual Aid Companies; dispatching the appropriate units according to information communicated by the IC; and notifying Base Station by telephone and pager when a MCI has been declared by the IC.

#### **6.00 GUIDELINES**

Similar to the initial stages of a multiple-alarm fire response, management of a Mass Casualty Incident will have a natural progression. An MCI will typically start with a limited number of firefighters who are managing a potentially large number of patients. One of the primary responsibilities of the first arriving unit(s) will be to estimate the number of patients on the scene. This may be difficult, especially in large venues (e.g., high rises, stadiums, night-time operations, etc.) but will be necessary in order to determine the initial MCI Response Level. Members should not be overly concerned with providing an exact number of patients in this initial count.