New York State
Department of Health
Emergency Medical Services Program

OPERATIONAL UPDATE

Supercedes/Updates: **87-41 Reissued**

No. **98-18**

Date **12/30/98**

Re: MANAGEMENT KITS FOR MCI FIELD RESPONSE

NYS-EMS

MULTIPLE CASUALTY INCIDENT

M.C.I. RESPONSE KIT

IMPORTANT IMPORTANT IMPORTANT

- **Do not respond to the incident, unless directed to.**
- **Be sure to load all disaster supplies to take to the site.**
- **Open this kit, review the field manual and your local response plan for specific responsibilities.**
- **Contact EMS COMMAND by radio prior to arriving on site for assignment.**

DRIVER ALWAYS STAY WITH THE AMBULANCE.
DO NOT LEAVE IT UNATTENDED.

NEW YORK STATE DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES PROGRAM

* New York State Emergency Medical Services has supplied Mass Casualty Incident (MCI) response kits to all ambulance agencies, many EMS first response units, course sponsors and county EMS program offices. These kits are designed for one time use at any real incident and it is suggested that use of the kit be so restricted. The field kit should be stored in your emergency response vehicle in a location that keeps it from being damaged, yet is accessible. *** Distributed in 1987**

Several EMS vendors supply the kits, their components and other items related to MCI management.

Some kits that were previously distributed by EMS agencies may have components which are compatible with the new standard contained in the new NYS kits, which uses the Incident Command System as its base. Old kits should be replaced and used for training (with inappropriate components discarded).

The NYS-EMS MCI Field Management Kit contains the following items:

- Field Manuals
- Command Officer Identification Vests
- Command Post & Area I.D. Signs
- Plastic Ribbon for Triage & Area Marking
- Armbands for ancillary personnel
- Pencils (#2) & grease pencil

There are other items that may be useful resources for your agency's response plan. You need to consider the following:

Equipment and Supplies

1. Equipment

All equipment must be boldly marked identifying the agency of ownership.

All cots/stretchers should be boldly marked to identify the agency and specific vehicle assigned to.

2. Agency Disaster Supplies:

Additional medical patient handling and administrative supplies need to be stored and made available. Typically these supplies include:

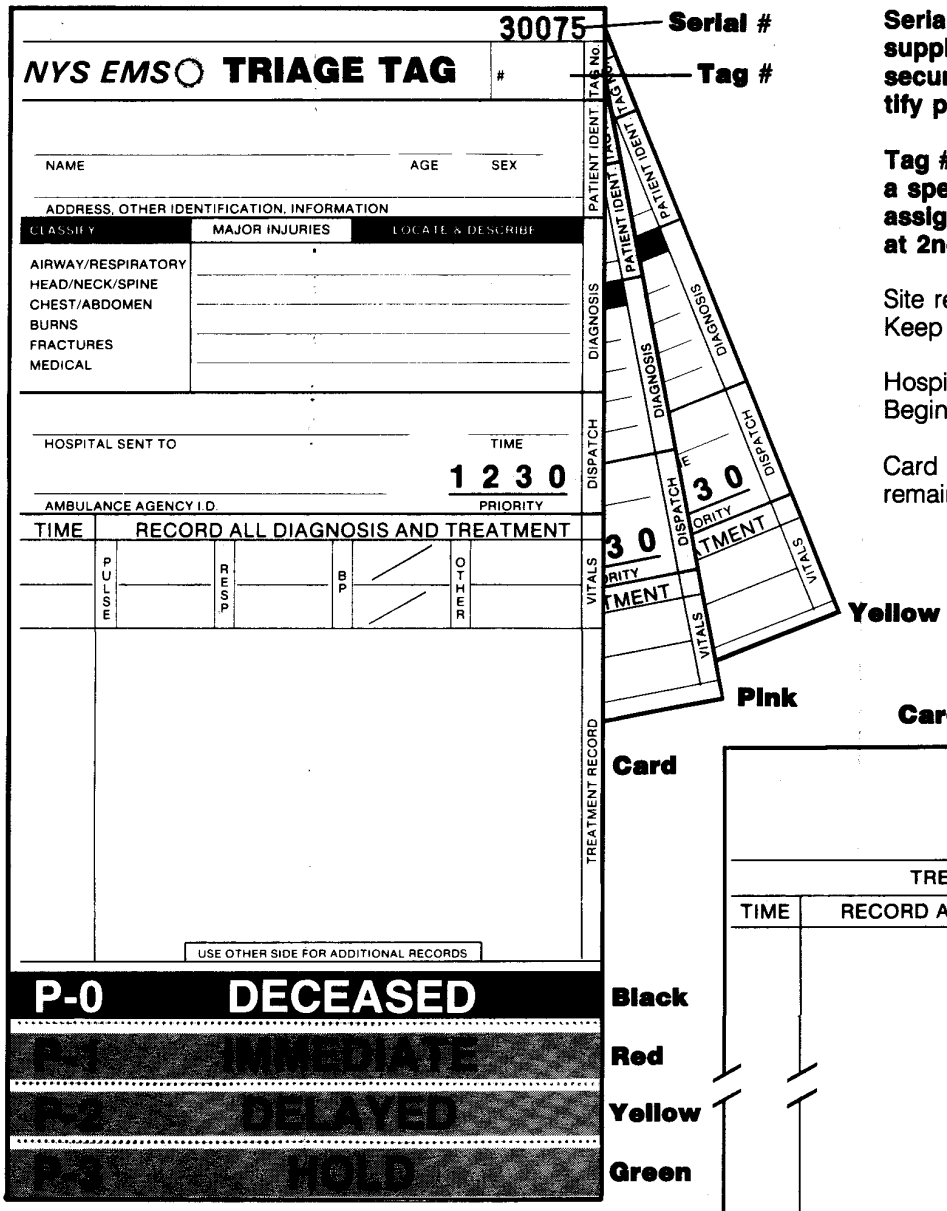
- 10 - 6′ × 16″ wooden spineboards
- Bandages, dressings
- Splints
- Oxygen & resuscitation equipment
- Pencils, clipboards & felt tips or indelible markers
- Flashlights & lanterns
- Blankets
- Ground cover/tarps (conveniently colored red/yellow/green)
- Tape
- ALS equipment
- Plastic ziploc bags
- Masking or duct tape
- Pylons
- Stapler
- Morgue bag
- Boundary marking tape
- Rope or perimeter

3. Replenishment of Supplies:

- At scene
- After incident
- Special supplies (ALS)

Although the kit provided is intended for one time use, the intentional use of individual components in training can enhance MCI preparation and education. Using Triage tags on specific days, patient types or multiple accident patients will familiarize ambulance personnel and hospitals with them. Staging, patient prioritizing and patient handling are good drills for the education of all agency members. Management and incident command concepts should be applied at many incidents and events occurring almost daily.

How to Use the NYS-EMS Triage Tag



Serial #: Use as tag identity not supplied in order or with any security. May be used to identify patients.

Tag #: Use to record patients in a specific incident. Serially assign each patient a number at 2nd stage triage point.

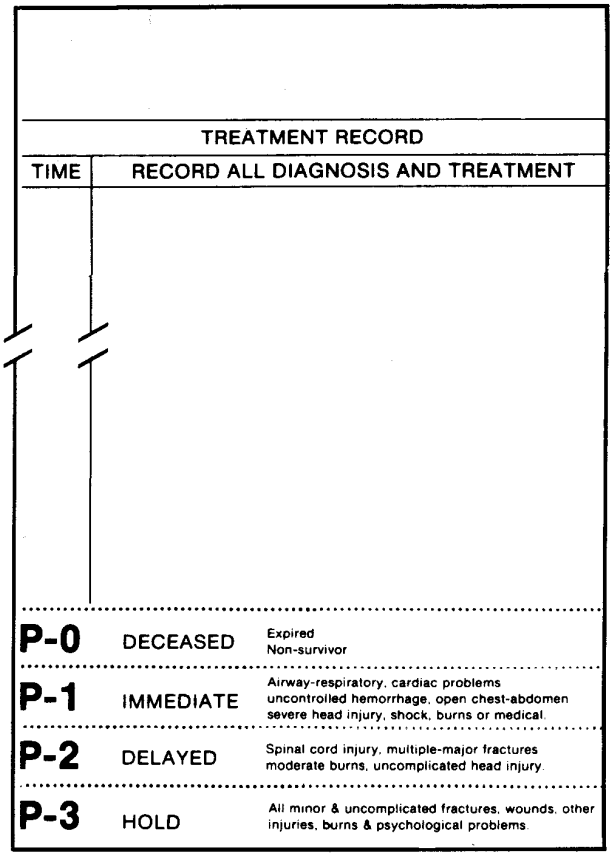
Site retains top copy (yellow). Keep with dispatch log.

Hospital admission copy (pink). Begins chart process.

Card copy (white) attaches to and remains on patient.

Tag attached to patient at prominent point (i.e., around neck, upper arm)

Card Reverse Side



New York State Department of Health Bureau of Emergency Medical Services MCI Drills & Exercises

Simulated exercises are held to test the components of the MCI Model independently and the local MCI Plan in its entirety. These exercises are the learning experiences that train emergency personnel in the community. Drills should be conducted with this purpose in mind and planned to achieve the maximum possible learning for all participants.

Considerations in Planning Drills:

1) **Purpose of Drill** — Predefine the purposes the drill is to accomplish. Is it to test patient transportation, vehicle staging, triage, communications, medical treatment, command functions, the hospital **ED** or the system, etc.? Keep your goals practical and within the capability and experience of all participants.

2) **Pre-announced or unannounced ("Surprise") drills** — For most purposes, pre-announced drills function better than unannounced ones. You can plan for personnel shortages and other problems that frequently occur in training. Any "Surprise" drill must be preceded by many announced component drills so all participants are totally familiar with the entire model and plan. Everyone involved must also be familiar with all administrative aspects before beginning with patient care problems.

3) **Victims** — After deciding on the purpose and scope of the drill, determine the scenario, the type and number of injuries, and select groups from which to recruit possible victims. Experiences have been good with boy/girl scouts, nursing schools, senior citizen groups, EMT candidates, ambulance squad members and junior corps and school groups including teachers. However, remember the victims need to match the situation.

4) **Timing** — Weekday, week night, weekend. What do the participating operations need to test or try. What groups have not had the experience of participation and what groups are available.

5) **Moulage** — It is effective only if field medical treatment is part of the scenario. If the exercise is transport only, communications, hospital flow, etc., and no patient care is included, moulage is not necessary. Use tags with injuries, vital signs and priority predetermined. If you use moulage, consider setting up a tracking system by numerically or alphabetically identifying each victim so a later critique can be provided to evaluate planned vs. recognized injuries, treatment, patient flow, times, etc.

6) **Scenario** — A realistic story and detailed script needs to be prepared to adequately run the exercise. A time line should also be developed as a guideline for later evaluation. Do not become trapped by the usual bus or airplane accident, look at your community or other events for examples. Amusement rides, grandstands, buildings, trains, mass sickness, gas leaks, smoke conditions are all examples.

7) **Staging** — For drills to be effective, realistic response times need to be provided. Estimate real response times (including crew response) and plan each unit's entry accordingly. In this manner, full crews can be in station or at a nearby staging area and dispatched accordingly. Similar dispatch timing procedures can be used from a simulated site for hospital drills where only a traffic or patient flow needs to be evaluated.

8) **Emergency operating conditions (lights and sirens)** — is **never** justifiable in a drill situation. Speed does not contribute to a drill's effectiveness. The confusion to the public and risk to all participants is unwarranted. Safety must be first and foremost always.

9) **Evaluation** - Recruit qualified observers to evaluate the exercise. Provide them with goals, objectives, injury set-up, time lines and evaluation forms. Attempt **not** to use local agency officers, crew chiefs, etc. Those persons who would normally be available and expected to be at a real exercise should participate in the EMS leadership roles. Provide evaluation checklists for each drill to identify the items being tested.

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Distribution: Regional EMS Councils; Regional EMS Programs; Course Sponsors; Ambulance Services; First Responder Agencies; Disaster Coordinators; County EMS Coordinators; Hospital Emerency Department Directors.