Designation: F1288 – 90 (Reapproved 2009)

Standard Guide for Planning for and Response to a Multiple Casualty Incident[1]

This standard is issued under the fixed designation F1288; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ε) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 This guide covers the planning, needs assessment, training, integration, coordination, mutual aid, implementation, provision of resources, and evaluation of the response of a local emergency medical service (EMS) organization or agency to a multiple patient producing situation that may or may not involve property loss. This guide is limited to the pre-hospital response and mitigation of an incident up to and including the disposition of patients from the incident scene.

1.2 This guide addresses the background on planning, scope, structure, application, federal, state, local, voluntary, and nongovernmental resources and planning efforts involved in developing, implementing, and evaluating an EMS annex, or component, to the local jurisdiction's emergency operations plan (EOP) as defined in the Federal Emergency Management Agency (FEMA) publication, Civil Preparedness Guide (CPG) 1–8.[2]

1.3 *This standard does not purport to address the safety concerns associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 *ASTM Standards:*[3]

F1149 Practice for Qualifications, Responsibilities, and Authority of Individuals and Institutions Providing Medical Direction of Emergency Medical Services

3. Terminology

3.1 *Definitions of Terms Specific to This Standard:*

3.1.1 *command post*—the physical location from which incident command exercises direction over the entire incident.

3.1.2 *disaster*—a sudden calamity, with or without casualties, so defined by local, county, or state guidelines.

3.1.2.1 *medical disaster*—a type of significant medical incident which exceeds, or overwhelms, or both, the capability of local resources and of routinely available regional or multi-jurisdictional medical mutual aid, and for which extraordinary medical aid from state or federal resources is very likely required for further diagnosis and treatment.

3.1.3 *EMS control/medical group supervision*—the first emergency medical services response at the incident scene, or designated by the local response plan or incident command to be responsible for the overall management of the incident's EMS operation.

3.1.4 *extrication management*—the function of supervising personnel who remove entrapped victims.

3.1.5 *fatality management*—the function designated by existing plans, or the EMS control/medical group supervisor, to organize, coordinate, manage, and direct morgue services.

3.1.6 *incident commander*—the individual responsible for the overall on-site management and coordination of personnel and resources involved in the incident.

3.1.7 *logistics resources management*—the function responsible for acquiring personnel, equipment (including vehicles), facilities, supplies, and services as requested by the incident commander.

3.1.8 *medical communications management*—the function designated by the incident commander or EMS control/ medical group supervisor to establish, maintain, and coordinate effective communication between on-site and off-site medical personnel and facilities.

3.1.9 *medical supplies management*—the function designated by the incident commander to manage equipment and report to EMS control/medical group supervisor.

3.1.10 *mental health coordinator*—a qualified mental health professional responsible for coordinating the psychosocial assessments and interventions for responders, affected individuals, and groups.

3.1.11 *multiple casualty incident (MCI)*—a type of significant medical incident that may fall into the following categories:

3.1.11.1 *extended*—an incident for which local medical resources are available and adequate to provide for field

[1] This guide is under the jurisdiction of ASTM Committee F30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.03 on Organization/Management.

Current edition approved March 1, 2009. Published March 2009. Originally approved in 1990. Last previous edition approved in 2003 as F1288 – 90 (2003). DOI: 10.1520/F1288-90R09.

[2] Available from FEMA, 500 C St., SW, Washington, DC 20472.

[3] For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

medical triage and stabilization, and for which appropriate local facilities are available and adequate for further diagnosis and treatment.

3.1.11.2 *major*—an incident producing large numbers of casualties, for which routinely available regional or multi-jurisdictional medical mutual aid is necessary and adequate for further diagnosis and treatment.

3.1.12 *mutual aid*—the coordination of resources, including but not limited to facilities, personnel, vehicles, equipment, and services, pursuant to an agreement between jurisdictions providing for such interchange on a reciprocal basis in responding to a disaster or emergency.

3.1.13 *needs assessment*—a preliminary survey of real or potential hazards in a specific geographic area.

3.1.14 *operations officer*—individual who assists the incident commander on issues relating to the operations of the incident.

3.1.15 *public information*—a function designated by the incident commander for the dissemination of factual and timely reports to the news media.

3.1.16 *safety management*—the function that identifies real or potential hazards, unsafe environment or procedures at the incident scene, and recommends the appropriate corrective or preventive actions under the authority of the incident commander, to ensure the safety of all personnel at the incident scene.

3.1.17 *sector officers (group supervisors/leaders/managers)*—qualified personnel who control a specific area or task assignment.

3.1.18 *staging area*—the location where responding emergency services equipment and personnel assemble for assignment.

3.1.19 *staging management*—the function designated by the incident commander that is responsible for the orderly assembly and utilization of resources in a designated area.

3.1.20 *transportation management*—the function designated by the EMS control/medical group supervisor that is responsible for the transportation of the patients from the incident scene and for coordination with EMS control/ medical group supervisor, communications, and the incident commander.

3.1.21 *treatment area*—the site at or near the incident for emergency medical treatment prior to transport.

3.1.22 *treatment management*—the function that is responsible for the definitive on-scene medical treatment of patients.

3.1.23 *triage*—the process of sorting and prioritizing emergency medical care of the sick and injured on the basis of urgency and type of condition present, and the number of patients and resources available in order to properly treat and transport them to medical facilities appropriately situated and equipped for their care.

3.1.24 *triage area*—a location near the incident site to which injured persons should be brought, triaged, and taken directly to the treatment area.

3.1.25 *triage management*—the function that is responsible for triage and preliminary treatment of casualties.

4. Summary of Guide

4.1 This guide is based upon a body of knowledge on the planning, implementation, and evaluation of the emergency medical components of the local pre-hospital response to multiple casualty incidents.

4.2 The body of knowledge on which the guide is based was drawn from a wide variety of sources, including individual authors, academic institutions, and federal, state, regional, and local organizations.

4.3 This guide is organized in such a way as to provide those responsible for planning, implementing, and evaluating the emergency medical components of the local pre-hospital response to multiple casualty incidents with information they can readily use to ensure that their response is as expedient and appropriate as is reasonably possible.

4.4 The guide was created to organize, collate, and distribute related information in such a way as to be readily accessible to people in the fields of emergency medical services and emergency management.

4.5 This guide should not be perceived as an inflexible rule or standard but as a guide that should be adapted to the needs of the individual community, and should be refined and improved as the body of knowledge on which it is based increases.

5. Significance and Use

5.1 This guide is intended to assist the management of the local EMS agencies or organizations in the design, planning, and response of their jurisdiction's resources to multiple casualty incidents (MCIs).

5.2 This guide does not address all of the necessary planning and response of pre-hospital care agencies to an incident that involves the total destruction of community services and systems.

5.3 This guide does not address the necessary design, planning, and response to be undertaken by a medical care facility to an internal or external event that necessitates the activation of the facility's disaster plan.

5.4 This guide provides procedures to coordinate and provide a systematic and standardized response by responsible parties, including the local elected officials, emergency management officials, public safety officials, medical care officials (pre-hospital and hospital), local EMS agencies/organizations and others with objectives and tasks for the pre-hospital management of a significant incident.

5.5 This guide provides for the establishment of an incident command system with position descriptions that identify mission, functions, and responsibilities of the command structure to be used at a MCI. The incident command functions include but are not limited to staging, logistics, rescue/extrication, triage, treatment, transportation (air, land, and water), communications, and fatality management.