

STANDARD OPERATING GUIDELINE



[Mass Casualty Incidents]

Department: Operations

SOG#208

Applicable to: All Staff

Effective Date: 1 March 2020

2 Pages

Authority: Chief Dean

Applicable CAAS Standard:

Revised Effective Date:

Purpose:

The purpose of this Standard Operating Guideline (SOG) is to outline the position of Brighton Volunteer Ambulance (BVA) regarding the response and mitigation of Multi Patient Incident Responses (MPIR).

Scope:

The scope of this document applies to all personnel subject to responding to a multi-patient incident response. These responses can be some of the most difficult scenarios faced by Emergency Medical Services (EMS). An MPIR can be as little as an EMS unit arriving to find there are more patients than resources available, up to well beyond total system capability.

Guideline:

1. In the event of a MPIR, the first responding unit is tasked with determining the number of patients, and relaying that information to the Emergency Communications Department (ECD).
2. Depending on the number of patients, a corresponding number of EMS Task Forces will be dispatched by ECD under the Multi Patient Incident Response (MPIR) Guide.
3. MPIR in the Brighton Ambulance District
 - 3.1. The first arriving unit to an MPIR whether dispatched as such, or determining an event is an MPIR upon arrival, will declare the number of patients over the radio, initiating a MPIR, and establishing themselves as a triage unit.
 - 3.2. Once the triage unit has completed it's triage of the scene, they will update dispatch with the following:
 - 3.2.1. Number of patients (Clarify number of patients)
 - 3.2.2. Life Safety Concerns
 - 3.2.3. Other needs not addressed in the MPIR algorithm.
 - 3.3. Until additional resources arrive, the first arriving unit will continue to treat in place, and direct arriving resources into place.
 - 3.4. Triage will arrange to have the highest priority patients transported first, and upon arrival of a command officer, will brief the command officer on the situation.
 - 3.5. Triage will continue to be treated in place at the casualty collection point, until all patients are transported.
 - 3.6. Depending on the dynamic nature of an MPIR, The arriving command officer must be prepared to continually expand operations until the event is mitigated, including transitioning from emergency response to a supporting role, to assist any ongoing

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- operations to mitigate the problem.
- 3.7. As the need for additional resources is exposed, the Medical Sector is encouraged to keep in mind that utilizing all 3rd Battalion ambulances does a disservice to our neighboring districts, and command is encouraged to utilize agencies well outside of the incident bubble, to provide a balanced response. Agencies from further distances that are started early in an incident will have ample time to reach a staging location, and provide support as needed.
- 3.8. However, ECD is tasked with assigning resources. Personnel are encouraged to remain cognizant of local utilization.
4. MPIR outside of the Brighton Ambulance District
- 4.1. When responding to MPIR's outside of our district, crews will be sure to verify the location of the call, as the desired response point may be different than that of the actual incident. Units will follow normal response procedures unless directed to do otherwise by on-scene command or dispatchers.
5. Supporting Documentation:
- 5.1. Appendix F: Multi Patient Incident Response

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