	ASHER/MCI Incident Guide
ļ	MCI PROCEDURE FOG #9
	<u>Enroute</u>
	Have the Communication Center gather as much information as possible, victim location, number of victims.
	If unknown amount of victims, initiate a Level 2 MCI response and provide staging location (upgrade or downgrade as more information is obtained).
	Request additional resources. Examples are, MCI trailers, command bus, TRT, HazMat, rehab trailer
	Use the FOG book, and/or Emergency Response to Terrorism Job Aid (ERG).
	Approach the area cautiously; from uphill/upwind if possible. Establish a safe staging area early.
	Park a safe distance from an identified hazard or area that could endanger personnel or equipment. Use binoculars, look for unusual sights, sounds and be prepared to relocate if odor/cloud/casualties are noted. Consider the victim's reported signs, symptoms and mechanism.
	Consider secondary devices, and request Law Enforcement to sweep the area for a secondary device.
	Initiate an on-scene size up and hazard risk assessment, continually size up the incident, evaluate hazards and risks. Once the scene is safe to enter verify a 360 has been completed of the scene.
	ASHE considerations: Be on high alert for suspicious individuals, packages, vehicles or potential IEDs. Integrated LE/FD response should include the critical actions contained in the acronym THREAT - Threat suppression, H emorrhage control, R apid Extrication to safety, Assessment by medical providers, T ransport to definitive care.
	Direct victims using bullhorns/PA systems to a safe area.
	Working with LE establish Rescue Task Force (Rescue personnel and Law Enforcement personnel formed to make entry into a structure to triage victims and provide lifesaving immediate treatment as needed i.e. stopping hemorrhage). If a RTF is formed designate a Triage Aide to communicate with the RTF
	If more than one RTF team, designate the teams as RTF 1, RTF 2 etc.
	If in a building the RTF should mark the doors with the victim count using a grease pencil $R=$, $Y=$, $G=$, $B=$ (greens should have left the area but may stay to assist with care or supervision (i.e. teacher).
	Establish an incident perimeter - Request LE to establish safety parameter and establish control zones (Hot, Warm, Cold). Zones in relation to ASHE/MCIs:
	• Hot Zone - Direct Threat Care/Care Under Fire - This zone shall be designated at the area of the structure
	 that has not been cleared by law Enforcement or the area that the perpetrator is currently in. <u>Warm Zone</u> – Indirect Threat Care/Tactical Field Care - This zone shall be designated at any area of the active shooter/assailant incident that has been declared available for entry by Fire Rescue/EMS personnel with armed LE coverage to perform immediate lifesaving treatment and triage to victims prior to their removal from the initial hazard.
	 <u>Cold Zone</u> – Evacuation Care/Tactical Evacuation Care - This zone extends beyond the warm zone and is not in range by the perpetrator. This zone shall encompass positions such as the command post, staging and other functional groups.
	For contaminated victims - use the DMS All Risk Triage tag to identify victims contaminated, direct the victims to remove all clothing and place in bags, use ID strip from DMS All Risk Triage tags to label; and request law enforcements to secure. Preserve evidence, if found notify law enforcement.

In an on-going incident, consider notifying the County Warning Point. They will notify the Emergency Management Agency. In an ongoing, long-term MCI, additional resources will be needed consider the Metropolitan Medical Response System (MMRS) and the State Medical Assistance Response Team (SMRT), Medical Reserve Corp (MRC), Florida Advanced Surgical Team (FAST) Disaster Medical Assistance Team (DMAT) and the International Medical and Surgical Response Team (IMSURT) may be notified