



National Operational Guidance



NFCC
National Fire
Chiefs Council

Developed and maintained by the NFCC



Contents

Hazard - Multiple casualties	3
<i>Control measure - Plan reception centres</i>	3
<i>Control measure - Carry out triage</i>	4
<i>Control measure - Mass casualty and fatality plans</i>	7
<i>Control measure - Use casualty transport equipment</i>	9



Hazard - Multiple casualties

Hazard Knowledge

This hazard should be read in conjunction with National Operational Guidance - [Multiple casualties](#)



Control measure - Plan reception centres

Control measure knowledge

Depending on the scale and nature of the incident, suitable locations and logistics for the safe reception of large numbers of people may need to be identified and arranged. Reception centres in the form of survivor reception centres, emergency rest centres and humanitarian assistance centres are designed to cater for the needs of all casualties and others involved.

Experience has shown that in the immediate aftermath of an incident many people will travel to the scene or to meeting points, such as travel terminals, if they believe their family or friends may have been involved in an emergency. Friends and relatives who may be feeling intense anxiety, shock or grief, need a sympathetic and understanding approach. Appropriate and effective liaison and control must be in place to ensure that information is accurate, consistent and non-contradictory.

Local authorities work with statutory and specialist agencies and the voluntary sector who can provide additional specialist assistance at a large scale incident or one which requires additional logistical and public support. Such agencies include:

- Voluntary Sector Civil Protection Forum
- Red Cross — emergency response
- Disaster Action
- Salvation Army Trust
- Samaritans
- St. John Ambulance / St. Andrews Ambulance (Scotland)
- Royal Voluntary Service — formerly Women's Royal Voluntary Service

For further information, see: [Emergency Response and Recovery Non statutory guidance accompanying the Civil Contingencies Act 2004](#)

Strategic actions

Fire and rescue services should:

- Make appropriate arrangements with local authorities and partner agencies for pre-planned public reception centres as part of the community risk assessment
- Develop local guidance and appropriate arrangements on the available support services for people affected by emergency incidents
- Ensure that incident commanders have an understanding of the processes and arrangements for local emergency public support services

Tactical actions

Incident commanders should:

- Carry out timely liaison with partner agencies on the establishment of reception centres
- Instigate local arrangements for emergency public support services



Control measure - Carry out triage

Control measure knowledge

The core principle of triage is to do the most for the most. The initial triage method in a multiple casualty situation is the triage sieve. Triage sieves can be applied to either adults or children.

At the point when it has been identified that multiple casualties will require treatment, the fire control room should be notified so that the required resources can be mobilised. It may be appropriate to declare a major incident using the JESIP [M/ETHANE](#) model.

The triage sieve will identify immediately life-threatening problems based on the C < A B C > system, and correctly prioritise casualties for treatment. Not doing this will potentially risk lives.

Fire and rescue services should be prepared to employ triage sieves if there are multiple casualties or at a major incident.

As a principle, at a poorly resourced incident, minimal casualty care is provided if there are multiple casualties. The following actions can be achieved without breaching the core principle of triage:

- Quickly turn a casualty to protect their airway
- Encourage self-help
- Encourage a bystander to apply direct pressure

The Ambulance Clinical Practice Guidelines (JRCALC) acknowledge that now ambulance services are all practising C < A B C > in their initial patient assessment, the standard triage sieve needs to take account of the importance of initial assessment and treatment of catastrophic haemorrhage.

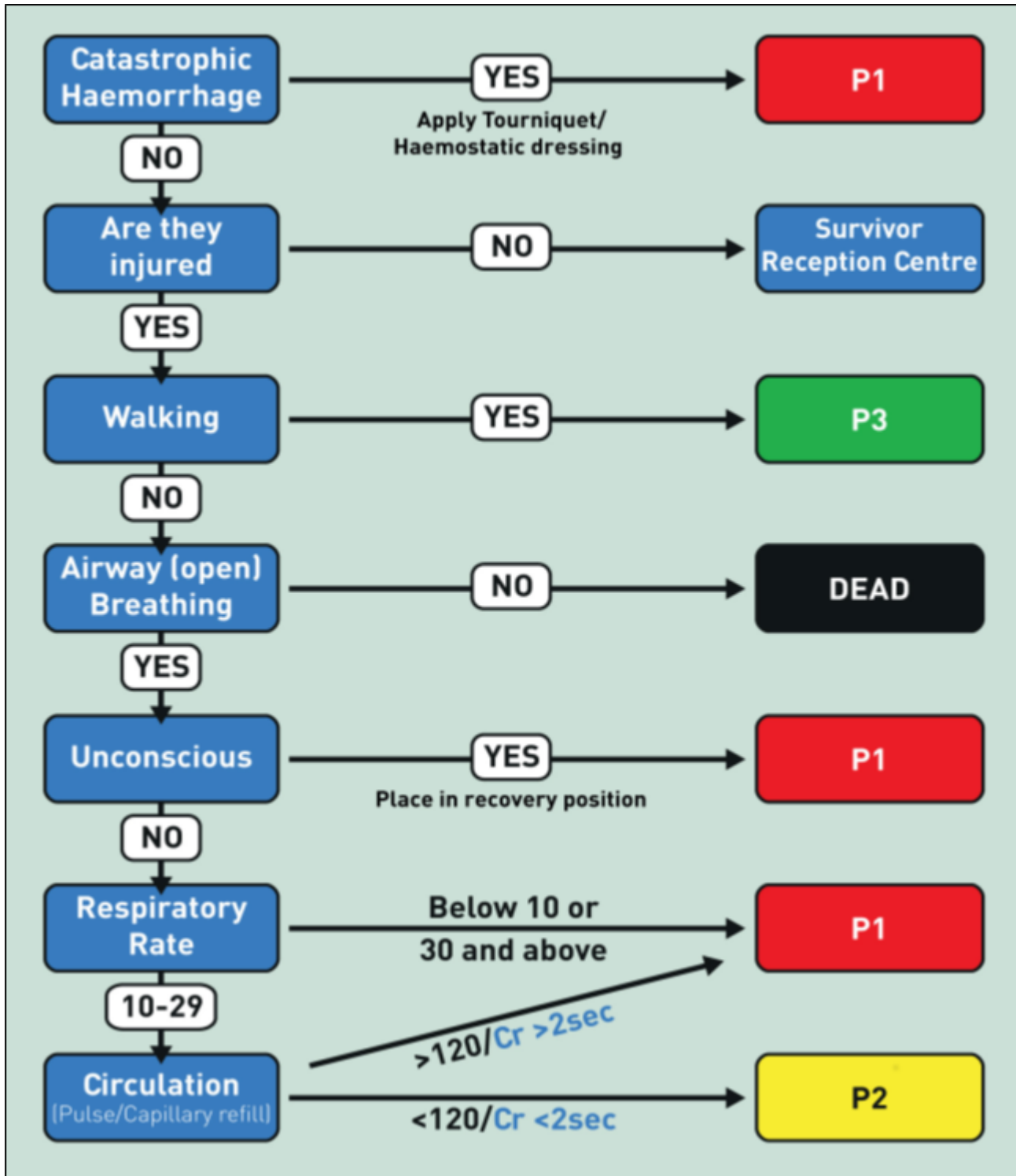
The diagram below is the National Ambulance Resilience Unit (NARU) Triage Sieve, which was published for use by all ambulance staff at a major incident.

The priorities are described as:

- P1 or red tags (immediate) are used to label those who cannot survive without immediate treatment but who have a chance of survival
- P2 or yellow tags (observation) are for those who require observation (and possible later re-triage). Their condition is stable for the moment and they are not in immediate danger of death. These casualties will still need hospital care and would be treated immediately under normal circumstances.
- P3 or green tags (wait) are reserved for the 'walking wounded' who will need medical care at some point, after more critical injuries have been treated.

The JESIP casualty triage has an additional priority:

- P4 or P1E (expectant) is used for those whose injuries are so extensive that they will not be able to survive given the care or resource that is available. This is only to be used under authorisation of the Medical Incident Officer. They alone have the responsibility to match these casualties' injuries with the number and type of the other casualties and the remaining resources available to the hospitals.



Triage Sieve Source: National Ambulance Service Medical Directors Group (NASMeD)

The same triage principles apply to children. Paediatric triage tape is available, which groups children by length, weight and age and provides normal physiological values for respiratory rate and pulse in each of the groups to carry out the triage process.

Having labelled the casualty with their priority, casualties are handed over to medical responders. A



record or log of the numbers of each priority should be kept and the fire control room notified.

When referring to casualties and the above priorities at the scene of an incident, everyone should be sensitive to those who could overhear the information; this could include relatives, members of the public or the media.

Strategic actions

Fire and rescue services should:

- Provide relevant personnel with details of how to carry out a triage sieve for adults or children

Tactical actions

Incident commanders should:

- Identify the number of casualties requiring medical attention and notify the fire control room
- Consider declaring a major incident for multiple casualties
- Carry out or assist with triage of casualties
- Record the outcome of the triage and discreetly communicate this information to medical responders and the fire control room



Control measure - Mass casualty and fatality plans

Control measure knowledge

Dealing with a mass casualty incident requires the planning, co-operation and response of numerous partner agencies. These incidents have the potential to rapidly overwhelm services and

careful pre-planning and a co-ordinated response has been shown to provide the best outcome for casualties.

Mass casualty plans are designed as an effective response to major incidents where conventional sudden impact events, or an emergency which results in mass casualties occur simultaneously in multiple locations. Plans are normally activated by the ambulance service of where the incident occurs. Conventional incidents are defined as those that cause traumatic injuries (involving burns, fractures, bleeding etc.) and/or fatalities and do not contain any CBRN (e) elements. See National Operational Guidance: Hazardous Materials – Exposure of the public to hazardous materials.

The number of casualties which determines the term ‘mass’, will depend on the geographical makeup of the area where the incident occurs and the number of casualties that local resources can normally deal with.

Because of the dynamics of a major incident, the activation of mass casualty plans will need to be based on the nature and severity of the trauma suffered, the ratio of ambulance and medical resources available and the accessibility and appropriateness of clinical expertise and resources available within the critical timeframe to reduce mortality from injury. It is therefore difficult to map options against fixed casualty thresholds; the options implemented will vary from one scenario to the next but should be based on pre-agreed emergency preparedness arrangements which outline agreed multi agency actions and responsibilities in responding to mass casualty incidents.

The level of fire and rescue services participation in the implementation of any mass casualty plan will need to be agreed based on the nature and hazards present at an incident and any specialist resources that may be required. See control measures Multi-agency communication and Multi-agency co-ordination

Once a mass casualty incident has been declared it may be necessary for all relevant response organisations to activate their own major incident plans (if they have not already done so). They should then establish a strategic coordinating group to identify the requirements necessary to maintain or increase, if necessary, the capability of the essential emergency services to sustain safe levels of service.

The casualty management plan must be discussed with partner agencies, ensuring that all on-scene commanders are aware of the contents. The plan should include:

- Tactical options to be conducted (treat and leave or treat and extricate)
- Composition of the teams delivering casualty care
- Initial locations for casualty collection points (CCP) and casualty clearing stations (CCS)
- The casualty management plan must be included as part of the joint decision making process and briefings, prior to staff being deployed into the warm zone, ensuring that all staff are aware of the tactics and procedures to be followed.

See Control Measure - Hazardous Materials Risk Assessment.

Strategic actions

Fire and rescue services should:

- Identify fire and rescue service roles, resources and assets required to support any mass casualty or mass fatality plans
- Ensure that staff are suitably trained in the tactical options used as part of a casualty or fatality management plan

Tactical actions

Tactical incident commanders should:

- Jointly agree a casualty management plan, taking account of the tactical options available
- Communicate hazards identified in the inner cordon or hazard zone
- Support other on-scene commanders with the nomination of casualty collection point (CCP) and casualty clearing station (CCS) locations
- Communicate the casualty management plan to other personnel

All personnel should:

- Carry out the tactical options included in the jointly-agreed casualty management plan



Control measure - Use casualty transport equipment

Control measure knowledge

Under the 'LAST' acronym, Transport is the final element to facilitate the casualty receiving appropriate and definitive medical care. It should provide the removal of casualties to a place of relative safety. It is important to remember that the casualty should be protected from any harm during this part of the operation.

Information that may be relevant and important for casualties to be safely and effectively transported, should be passed to the medical responders as part of the casualty handover. For further information refer to Handover of a casualty to a medical responder.

Rescues may need to be carried out using fire and rescue service equipment for extricating or transporting the casualty. The use of suitable equipment such as basket stretchers, scoop stretchers or equivalent should be considered.

Any equipment used should aim to reduce manual handling issues for personnel, while also reducing the risk of deterioration of the casualty's condition. Making a request for suitable resources or equipment from other agencies should be considered.

Stretchers

When using stretchers, the following points should be addressed:

- The stretcher and associated equipment must be fit for its intended use
- The stretcher and associated equipment must always be used within a safe system of work
- Consideration of additional loading in the rescue environment due to the use of emergency responders as stretcher attendants
- The need for physical protection to prevent injury of the casualty
- Warm clothing or covering for the casualty to prevent hypothermia

Generally, unconscious casualties and those with major or spinal injuries should be transported by stretcher in a horizontal position; movement in a vertical position should only be used temporarily in order to negotiate obstacles.

Motorised vehicles

It may be beneficial to consider the use of suitable motorised vehicles to assist personnel to extricate and transport the casualty. Requests for suitable resources or vehicles from other agencies should be considered.

The benefits of using motorised vehicles to transport casualties include:

- Improved access and egress to the scene of operations



- Reduced impact on the ongoing operations of other fire and rescue services or other agencies
- To prevent deterioration of the casualty
- Reduction in manual handling issues

There may be restrictions, such as insurance arrangements, on fire and rescue service vehicles being used to transport casualties to a place of relative safety, including hospitals. Fire and rescue services should have a corporate policy that clearly states whether this practice is allowed or prohibited. If it is allowed, the policy should include clear guidelines about when it would be an appropriate and justified action.

Strategic actions

Fire and rescue services should:

- Ensure that relevant personnel are aware of the casualty transport equipment available, and how to request it
- Ensure that relevant personnel are aware of the motorised casualty transport available, and how to request it
- Have a corporate policy that clearly states whether fire and rescue service vehicles can or cannot be used to transport casualties

Tactical actions

Incident commanders should:

- Consider using appropriate fire and rescue service equipment to extricate or transport the casualty
- Consider requesting appropriate equipment from other agencies to extricate or transport the casualty
- Consider using appropriate motorised vehicles to transport the casualty
- Consider requesting appropriate motorised vehicles from other agencies to transport the



casualty

- Follow service policy regarding the transportation of casualties in fire and rescue service vehicles