

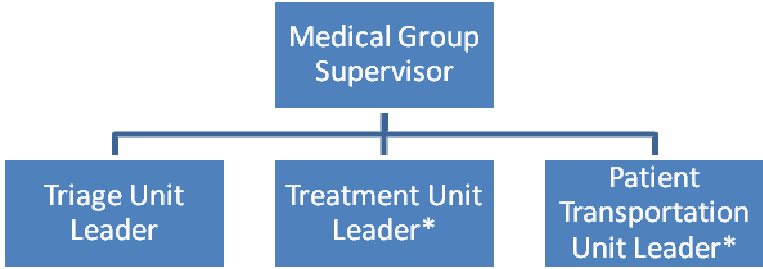
SIERRA-SACRAMENTO EMS AGENCY PROGRAM POLICY

MULTI-CASUALTY INCIDENT (MCI) FIELD OPERATIONS GUIDE

- I. **AUTHORITY:** Division 2.5, Health and Safety Code, Section 1797.220
- II. **PURPOSE:** To direct EMS responders regarding the response organization, personnel, equipment, resources, and procedures for field operations during a multiple casualty incident. This policy and procedures are intended to supplement the Cal-EMA Mutual Aid Region IV MCI Plan.
- III. **POLICY:** Field EMS responders shall use the following procedures when the corresponding triggers are met at each stage, during response to a multiple casualty incident.

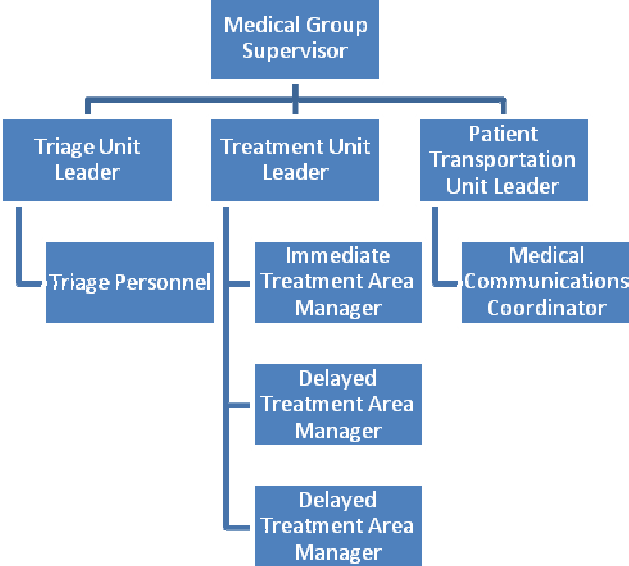
IV. **PROCEDURE:**

STAGE 1 MCI	
ACTIVATION TRIGGERS:	<p>Incident conditions significantly impact or overwhelm hospital or pre-hospital resources, which may include one or more of the following:</p> <ul style="list-style-type: none"> ➤ More than 6 patients at a single incident, or ➤ More than 2 Immediate/Delayed patients being sent to a single receiving facility, or ➤ More than 2 receiving facilities are needed, or ➤ The IC or MGS determined that Stage 1 MCI protocols are necessary
COMMAND & CONTROL:	<ol style="list-style-type: none"> 1. The Incident Commander (IC) shall be that individual present on scene representing the public service agency having primary investigatory authority or responsibility. 2. The IC may directly supervise operations or appoint an Operations Section Chief. 3. The first-in medical responders should be appointed Medical Group Supervisor (MGS) and Triage Unit Leader.
INITIAL RESPONDERS:	<p>The first medical unit enroute shall notify the Control Facility of a possible MCI. Once on scene, report to the IC and get permission to establish the medical group (or temporarily assume IC and establish the ICS), including:</p> <ul style="list-style-type: none"> ➤ Resources: Ensure adequate resources have been ordered (Equipment, Manpower, Transportation), and clarify with IC the ordering process (i.e. can MGS order additional medical resources). Update ambulance dispatch and the Control Facility as soon as possible upon arrival. ➤ Assignments: Assign Triage Unit Leader to begin triage. ➤ Communications: Determine medical tactical channel, command net, air ops (if any), etc. in cooperation with the IC. ➤ Ingress / Egress: Determine the best routes in and out of the incident with IC, and notify dispatch. ➤ Name: Clarify incident name with IC, and notify dispatch. ➤ Geography: Quickly determine with the IC where incoming resources will stage, establish triage, treatment, transport areas. <p>Note: The first in ambulance should generally be the last ambulance to leave the scene. Additionally, medical supplies from the first in ambulance should be used by triage/treatment units.</p>

RECOMMENDED NIMS / SEMS STRUCTURE	<p>Initial Multi-Casualty Organization:</p>  <pre> graph TD MGS[Medical Group Supervisor] --> TUL[Triage Unit Leader] MGS --> TUL*["Treatment Unit Leader*"] MGS --> PTUL*["Patient Transportation Unit Leader*"] </pre> <p>*Treatment /Transport Unit Leader positions may be performed by the MGS.</p>
TRIAGE	<ol style="list-style-type: none"> 1. The S.T.A.R.T. method of triage shall be used. Triage tags should be applied to each victim. 2. Personnel should spend no more than 30-60 seconds per victim triaging. 3. Treatment rendered will initially be confined to airway positioning and major hemorrhage control.
TREATMENT	<ol style="list-style-type: none"> 1. Designate Treatment Areas as needed: Immediate (Red), Delayed (Yellow), and Minor (Green). These areas should be located in safe areas, large enough to handle the number of victims, easily accessible to rescue vehicles, and away from the Morgue Area (Black). 2. Once they have been triaged, patients may be sent to the appropriate treatment area. Continuous re-triage and patient evaluation should occur in these areas until the patient is transported. 3. Personnel assigned to the treatment areas shall only function within their scope of practice and under medical control. 4. Any on-scene MD's and RN's should be assigned to the treatment areas.
TRANSPORTATION	<ol style="list-style-type: none"> 1. The Patient Transportation (Transport) Unit Leader in cooperation with the Control Facility will arrange transport of patients to the most appropriate facilities. 2. At all times the most immediate patients should be transported first to the most appropriate available medical facility. Patients may be transported by a lower level of trained personnel as determined by the Transport Unit Leader in cooperation with Treatment Area Managers based on available resources and personnel. 3. The Transport Unit Leader will contact the Control Facility and provide patient information, and total number of transport resources available. Patient information will be limited to age, gender, triage category, tag number, and major injury. 4. Control Facility relays patient information to receiving facilities. 5. Transport units shall not contact receiving facilities on the Med-Net radio.
COMMUNICATIONS	<ol style="list-style-type: none"> 1. On-scene coordination/car-to-car communications may occur on an EMS Tactical Channel. 2. If authorized by the IC, the MGS will request ambulance resources directly through Ambulance Dispatch and notify the IC or designee. 3. The Control Facility shall be notified: <ul style="list-style-type: none"> • enroute by first-in ambulance to known or suspected MCI; • after initial scene size-up, and after triage is completed, • when patients are ready for transport (to obtain destinations), • when units depart scene (with Unit #/ETA), and • when scene is clear.
DOCUMENTATION	<ol style="list-style-type: none"> 1. Patient Care Report shall be completed for each patient. 2. Patient Transportation Worksheet completed by Transport Unit Leader. 3. MGS is responsible to ensure all paperwork is complete (coordinate with

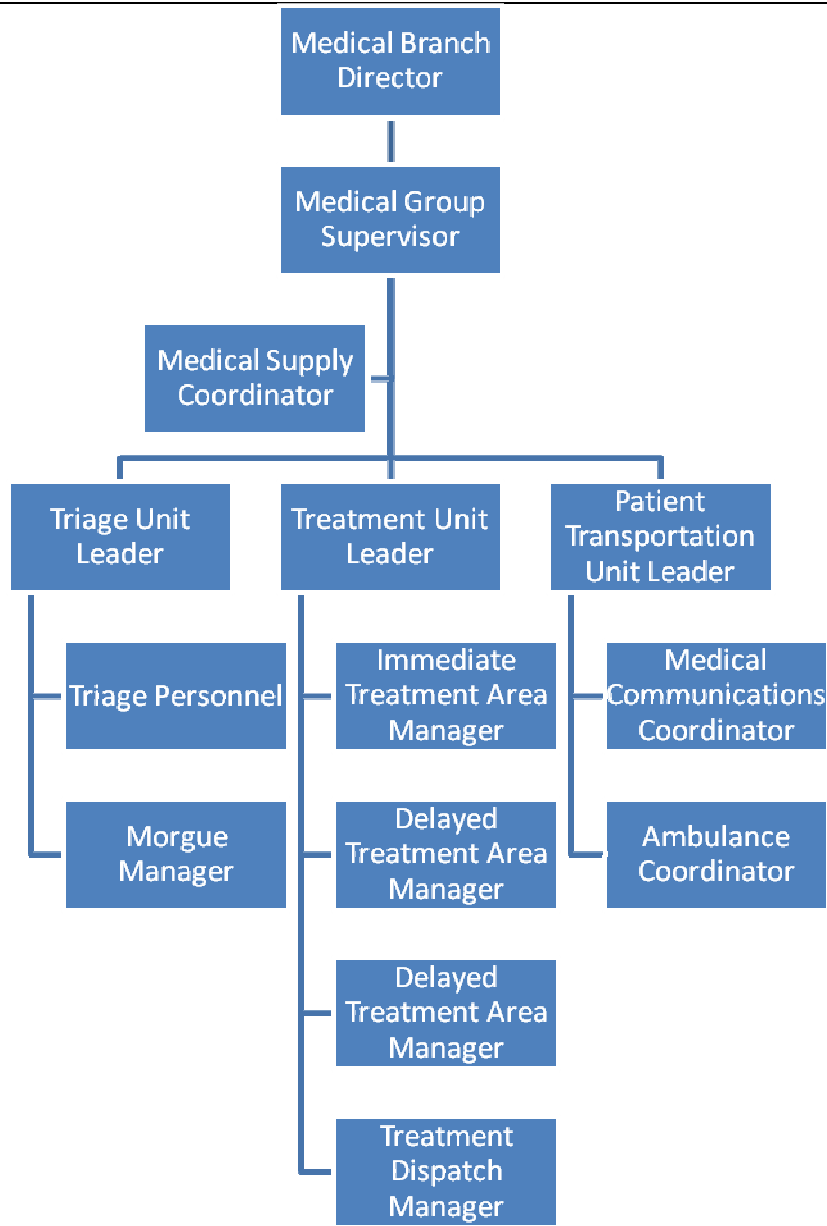
STAGE 2 MCI

ACTIVATION TRIGGERS:	<p>Incident conditions significantly impact or overwhelm hospital or pre-hospital resources, which may include:</p> <ul style="list-style-type: none"> ➤ More than 10 patients at a single incident, ➤ More than 4 Immediate/Delayed patients being sent to a single receiving facility, ➤ Receiving facilities are needed in more than 2 counties, or ➤ The IC or MGS determine that Stage 2 MCI protocols are necessary
COMMAND & CONTROL:	<ol style="list-style-type: none"> 1. The Incident Commander (IC) shall be that individual present on scene representing the public service agency having primary investigatory authority or responsibility. 2. The IC may directly supervise operations or appoint an Operations Section Chief. 3. The first in medical responders should be appointed MGS and Triage Unit Leader
INITIAL RESPONDERS:	<p>The first medical unit enroute shall notify the Control Facility of a possible MCI. Once on scene, report to the IC and get permission to establish the medical group (or temporarily assume IC and establish the ICS), including:</p> <ul style="list-style-type: none"> ➤ Resources: Ensure adequate resources have been ordered (Equipment, Manpower, Transportation), and clarify with IC the ordering process (i.e. can MGS order additional medical resources). Update ambulance dispatch and the Control Facility as soon as possible upon arrival. ➤ Assignments: Get approval to establish Medical post and begin Triage. ➤ Communications: Determine medical tactical channel, command net, air ops (if any), etc. ➤ Ingress / Egress: Determine the best routes in and out of the incident and notify dispatch. ➤ Name: Clarify incident name with IC, and notify dispatch. ➤ Geography: Quickly determine where incoming resources will stage, establish triage, treatment, transport, and morgue areas. <p>Note: The first in ambulance should generally be the last ambulance to leave the scene. Additionally, medical supplies from the first in ambulance should be used by triage/treatment units.</p>
RECOMMENDED NIMS / SEMS STRUCTURE	Reinforced Multi-Casualty Organization:

	 <pre> graph TD MGS[Medical Group Supervisor] --> TUL[Triage Unit Leader] MGS --> TML[Treatment Unit Leader] MGS --> PTUL[Patient Transportation Unit Leader] TUL --> TP[Triage Personnel] TML --> ITAM[Immediate Treatment Area Manager] TML --> DTM1[Delayed Treatment Area Manager] TML --> DTM2[Delayed Treatment Area Manager] PTUL --> MCC[Medical Communications Coordinator] </pre> <p>All persons appointed ICS positions shall wear the appropriate vest.</p>
<p>TRIAGE</p>	<ol style="list-style-type: none"> 1. The S.T.A.R.T. method of triage shall be used. Triage tags should be applied to each victim. 2. Personnel will spend no more than 30-60 seconds per patient triaging. 3. Treatment rendered will initially be confined to airway positioning and major hemorrhage control. 4. CPR should not be initiated for cardiac arrest victims.
<p>TREATMENT</p>	<ol style="list-style-type: none"> 1. Designate Treatment Areas as needed: Immediate (Red), Delayed (Yellow), and Minor (Green). These areas should be located in safe areas, large enough to handle the number of victims, easily accessible to rescue vehicles, and away from the Morgue Area (Black), if established. 2. Once they have been triaged, patients shall be moved to the appropriate treatment area. Continuous re-triage and patient evaluation should occur in these areas until the patient is transported. 3. Personnel assigned to the treatment areas shall only function within their scope of practice using Standing Orders. 4. Any on scene MD's and RN's should be assigned to the treatment areas.
<p>TRANSPORTATION</p>	<ol style="list-style-type: none"> 1. The Transport Unit Leader, in cooperation with the Control Facility will arrange transport of patients to the most appropriate available facilities. 2. At all times the most immediate patients should be transported first to the most appropriate available medical facility. Patients may be transported by a lower level of trained personnel as determined by the Medical Transportation Unit Leader in cooperation with the managers of the treatment areas based on available resources and personnel. 3. Transport crews will remain with their vehicle in the staging area until called up by the Transport Unit Leader. 4. The Transport Unit Leader will contact the Control Facility and provide patient information, and total number of transport resources available. Patient information will be limited to age, gender, triage category, tag number, and major injury. 5. Control Facility relays patient information to receiving facilities. 6. Transport units shall not contact receiving facilities on the Med-Net radio.
<p>COMMUNICATIONS</p>	<ol style="list-style-type: none"> 1. On-scene coordination/car-to-car communications may occur on an EMS Tactical Channel. 2. If authorized by the IC, the Transport Unit Leader will request ambulance resources through Ambulance Dispatch and notify the IC or designee. 3. The Control Facility shall be notified:

	<ul style="list-style-type: none"> • enroute by first-in ambulance to known or suspected MCI; • after initial scene size-up, and after triage is completed, • when patients are ready for transport (to obtain destinations), • when units depart scene (with Unit #/ETA), and • when scene is clear.
DOCUMENTATION	<ol style="list-style-type: none"> 1. Triage tags used, and followed by Patient Care Report for each patient. 2. Patient Transportation Worksheet completed by Transport Unit Leader. 3. MGS is responsible to ensure all paperwork is complete (coordinate with Control Facility) and copies submitted to the EMS Agency.

STAGE 3 MCI	
ACTIVATION TRIGGERS:	<p>Incident conditions significantly impact or overwhelm hospital or pre-hospital resources, which may include:</p> <ul style="list-style-type: none"> ➤ More than 50 patients at a single incident, ➤ Receiving facilities are needed outside of mutual-aid region capabilities ➤ The IC or MGS determine that Stage 3 MCI protocols are necessary
COMMAND & CONTROL:	<ol style="list-style-type: none"> 1. The Incident Commander (IC) shall be that individual present on scene representing the public service agency having primary investigatory authority or responsibility. 2. The IC may directly supervise operations or appoint an Operations Section Chief. 3. The first in medical responders should be appointed MGS and Triage Unit Leader
INITIAL RESPONDERS:	<p>The first medical unit enroute shall notify the Control Facility of a possible MCI. Once on scene, report to the IC and get permission to establish the medical group (or temporarily assume IC and establish the ICS), including:</p> <ul style="list-style-type: none"> ➤ Resources: Ensure adequate resources have been ordered (Equipment, Manpower, Transportation), and clarify with IC the ordering process (i.e. can MGS order additional medical resources). Update ambulance dispatch and the Control Facility as soon as possible upon arrival. ➤ Assignments: Get approval to establish Medical post and begin Triage. ➤ Communications: Determine medical tactical channel, command net, air ops (if any), etc. ➤ Ingress / Egress: Determine the best routes in and out of the incident and notify dispatch. ➤ Name: Clarify incident name with IC, and notify dispatch. ➤ Geography: Quickly determine where incoming resources will stage, establish triage, treatment, transport, and morgue areas. <p>Note: The first in ambulance should generally be the last ambulance to leave the scene. Additionally, medical supplies from the first in ambulance should be used by triage/treatment units.</p>
RECOMMENDED NIMS / SEMS STRUCTURE	Full Multi-Casualty Organization:



All persons appointed ICS positions shall wear the appropriate vest.

TRIAGE

1. The S.T.A.R.T. method of triage will be used. Triage tags shall be applied to each victim.
2. Personnel will spend no more than 30-60 seconds per patient triaging.
3. Treatment rendered will initially be confined to airway positioning and major hemorrhage control.
4. CPR shall not be initiated for cardiac arrest victims.

TREATMENT

1. Designate Treatment Areas as needed: Immediate (Red), Delayed (Yellow), and Minor (Green). These areas should be located in safe areas, large enough to handle the number of victims, easily accessible to rescue vehicles, and away from the Morgue Area (Black).
2. Once they have been triaged, patients shall be moved to the appropriate treatment area. Continuous re-triage and patient evaluation should occur in these areas until the patient is transported.
3. Personnel assigned to the treatment areas shall only function within their scope of practice using Standing Orders.
4. Any on scene MD's and RN's should be assigned to the treatment areas.

	5. Medical Supply Coordinator shall coordinate needed medical supplies with Logistics Section.
TRANSPORTATION	<ol style="list-style-type: none"> 1. Transport crews will remain with their vehicle in the staging area until called up by the Transport Unit Leader. 2. The Medical Communications Coordinator will contact the Control Facility and provide patient information, and total number of transport resources available. Patient information will be limited to age, gender, triage category, tag number, and major injury. 3. The Control Facility will provide patient destinations to the Medical Communications Coordinator. 4. Patients may be transported by a lower level of trained personnel as determined by the Transportation Unit Leader in cooperation with the MGS based on available resources and personnel. 5. The Control Facility relays patient information to receiving facilities. 6. Transport units shall not contact receiving facilities on the Med-Net radio. 7. Non-traditional transport resources may be used (e.g. buses, vans)
COMMUNICATIONS	<ol style="list-style-type: none"> 1. On-scene coordination/car-to-car communications may occur on an EMS Tactical Channel. 2. The IC or Logistics Section on scene shall coordinate all resource ordering. 3. The Control Facility shall be notified: <ul style="list-style-type: none"> • enroute by first-in ambulance to known or suspected MCI; • after initial scene size-up, and after triage is completed, • when patients are ready for transport (to obtain destinations), • when units depart scene (with Unit #/ETA), and • when scene is clear.
DOCUMENTATION	<ol style="list-style-type: none"> 1. Triage tags used, followed by Patient Care Reports (PCR) for each patient (The PCR requirement may be waived by the EMS Agency). 2. The Patient Transportation Worksheet shall be completed by the Transport Unit Leader. 3. The MGS shall complete the Medical Branch Worksheet. 4. Ambulance Staging Log shall be completed by the Ambulance Coordinator. 5. ICS 214 logs shall be completed by each position as requested by the IC. 6. MGS is responsible to ensure all paperwork is complete (coordinate with Control Facility) and copies submitted to the EMS Agency.

<p style="text-align: center;">MEDICAL GROUP SUPERVISOR (MGS)</p> <ul style="list-style-type: none"> • <u>Resources</u>: assess need for additional resources: <ul style="list-style-type: none"> ○ Equipment: medical supplies (e.g. medical caches, backboards, litters, cots). ○ Manpower: FRs, EMTs, paramedics ○ Transportation: air/ground, vans, buses • <u>Assignments</u>: <ul style="list-style-type: none"> ○ Establish Medical Group, assign personnel. ○ Direct and/or supervise on-scene personnel from agencies such as Coroner's Office, Red Cross, ambulance, etc. • <u>Communications</u>: <ul style="list-style-type: none"> ○ Participate in Medical Branch/Operations Section planning activities. ○ Ensure notification of the Control Facility. • <u>Ingress/Egress</u>: Report staging area and transport routes to dispatch. • <u>Name</u>: Confer with IC/Ops Chief to determine incident name, report to dispatch / Control Facility. • <u>Geography</u>: Designate Treatment Area locations. <ul style="list-style-type: none"> ○ Isolate Morgue and Minor Treatment Area from Immediate/ Delayed Treatment Areas. ○ Request proper security, traffic control, and access for the Medical Group work areas. • Maintain Unit/Activity Log (ICS Form 214). 	<p style="text-align: center;">TRIAGE UNIT LEADER</p> <ul style="list-style-type: none"> • Develop organization sufficient to handle assignment. • Inform Medical Group Supervisor of resource needs. • Implement triage process. <ul style="list-style-type: none"> ○ Ensure triage tags are properly applied to each victim. • Coordinate movement of patients from the Triage Area to the appropriate Treatment Area. • Give periodic status reports to Medical Group Supervisor, including total victim counts by triage category. • Maintain security and control of the Triage Area. • Establish Morgue. • Maintain Unit/Activity Log (ICS Form 214).
<p style="text-align: center;">TREATMENT UNIT LEADER</p> <ul style="list-style-type: none"> • Develop organization sufficient to handle assignment. • Direct and supervise Treatment Dispatch, Immediate, Delayed, & Minor Treatment Areas. • Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader. • Request sufficient medical caches and supplies as necessary. • Establish communications and coordination with Patient Transportation Unit Leader. • Ensure continual triage of patients throughout Treatment Areas. • Direct movement of patients to ambulance loading area(s). • Give periodic status reports to Medical Group Supervisor. • Maintain Unit/Activity Log (ICS Form 214) 	<p style="text-align: center;">PATIENT TRANSPORTATION UNIT LEADER</p> <ul style="list-style-type: none"> • Ensure the establishment of communications with the Control Facility. • Designate Ambulance Staging Area(s). • Direct patient destinations as reported by the Medical Communications Coordinator and Control Facility. • Ensure patient information and destination are recorded on the Patient Transport Worksheet. • Establish communications with the Ambulance Coordinator. • Request additional ambulances as required. • Notify Ambulance Coordinator of ambulance requests. • Coordinate requests for air ambulance transportation through the Air Operations Branch Director. • Coordinate the establishment of the Air Ambulance Helispots with the Medical Branch Director and Air Operations Branch Director (if assigned). • Maintain Unit/Activity Log (ICS Form 214).

<p style="text-align: center;">MEDICAL BRANCH DIRECTOR</p> <p>The Medical Branch Director is responsible for the implementation of the Incident Action Plan within the Medical Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Group(s) and the Patient Transportation function (Unit or Group). Patient Transportation may be upgraded from a Unit to a Group based on the size and complexity of the incident.</p> <ul style="list-style-type: none"> • Review Group Assignments for effectiveness of current operations and modify as needed. • Provide input to Operations Section Chief for the Incident Action Plan. • Supervise Branch activities. • Report to Operations Section Chief on Branch activities. • Maintain Unit/Activity Log (ICS Form 214). 	<p style="text-align: center;">TREATMENT AREA MANAGER</p> <ul style="list-style-type: none"> • Request or establish Medical Teams as necessary. • Assign treatment personnel to patients received in the Treatment Area. • Ensure treatment of patients triaged to the Treatment Area. • Assure that patients are prioritized for transportation. • Coordinate transportation of patients with Treatment Dispatch Manager. • Notify Treatment Dispatch Manager of patient readiness and priority for transportation. • Ensure that appropriate patient information is recorded. • Maintain Unit/Activity Log (ICS Form 214)
<p style="text-align: center;">MEDICAL COMMUNICATIONS COORDINATOR</p> <ul style="list-style-type: none"> • Establish communications with the Control Facility. • Determine and maintain current status of hospital/medical facility availability and capability. • Receive basic patient information and condition from Treatment Dispatch Manager. • Coordinate patient destination with the hospital alert system. • Communicate patient transportation needs to Ambulance Coordinator based upon requests from Treatment Dispatch Manager. • Communicate patient air ambulance transportation needs to the Air Operations Branch Director based on requests from the Treatment Area Manager(s) or Treatment Dispatch Manager. • Maintain Patient Transport Worksheet. • Maintain Unit/Activity Log (ICS Form 214) 	<p style="text-align: center;">AMBULANCE COORDINATOR</p> <ul style="list-style-type: none"> • Establish appropriate staging area for ambulances. • Establish routes of travel for ambulances for incident operations. • Establish and maintain communications with the Air Operations Branch Director regarding Air Ambulance Transportation assignments. • Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager. • Provide ambulances upon request from the Medical Communications Coordinator. • Assure that necessary equipment is available in the ambulance for patient needs during transportation. • Establish contact with ambulance providers at the scene. • Request additional transportation resources as appropriate. • Provide an inventory of medical supplies available at ambulance staging area for use at the scene. • Maintain records as required and Unit/Activity Log (ICS Form 214)

<p style="text-align: center;">MEDICAL SUPPLY COORDINATOR</p> <ul style="list-style-type: none"> • Acquire, distribute and maintain status inventory of medical equipment and supplies within the Medical Group*. • Request additional medical supplies* • Distribute medical supplies to Treatment and Triage Units. • Maintain Unit/Activity Log (ICS Form 214). <p>*If the Logistics Section is established, this position would coordinate with the Logistics Section Chief or Supply Unit Leader.</p>	<p style="text-align: center;">TREATMENT DISPATCH MANAGER</p> <ul style="list-style-type: none"> • Establish communications with the Immediate, Delayed, and Minor Treatment Managers. • Establish communications with the Patient Transportation Unit Leader. • Verify that patients are prioritized for transportation. • Advise Medical Communications Coordinator of patient readiness and priority for transport. • Coordinate transportation of patients with Medical Communications Coordinator. • Assure that appropriate patient tracking information is recorded. • Coordinate ambulance loading with the Treatment Managers and ambulance personnel. • Maintain Unit/Activity Log (ICS Form 214)
<p style="text-align: center;">MORGUE MANAGER</p> <ul style="list-style-type: none"> • Assess resource/supply needs and order as needed. • Coordinate all Morgue Area activities. • Keep area off limits to all but authorized personnel. • Coordinate with law enforcement and assist the Coroner or Medical Examiner representative. • Keep identity of deceased persons confidential. • Maintain appropriate records. 	