



San Benito County Emergency Medical Services Agency

MULTI-CASUALTY INCIDENT (MCI) MANAGEMENT PLAN

Policy: 4200

Effective: July 1, 2015

Reviewed: September 2014

I. Scope

Multi-Casualty Incident (MCI) Management Plan is intended for use by all emergency services agencies that respond to any incident involving more casualties than can be managed by normally available resources within San Benito County.

II. Purpose

The purpose of this plan is to update and standardize San Benito County MCI procedures through the use of consistent terminology, response organization responsibilities, job titles, communication protocols and review mechanisms.

III. Objective

The MCI Plan is designed to provide guidance to assist emergency response personnel in ensuring adequate and coordinated efforts to minimize loss of life, disabling injuries, and human suffering by providing effective emergency medical assistance. The primary mission of this plan is to provide rapid triage, care and transportation to the largest number of persons through coordinated incident management principals.

IV. MCI Coordination Facility

The MCI Coordination Facility for San Benito County is Hazel Hawkins Hospital, the Emergency Medical Services Base Hospital.

V. Notification

Santa Cruz Regional 911 (SCR911) is the Communications Dispatch center for all local and county agencies within San Benito County. State agencies (CalFire) are dispatched through their own agencies.

VI. Plan Definition

For the purposes of this plan, a multi-casualty incident (MCI) is defined as any incident that produces more casualties than can be managed by available resources. Three levels of incidents can be identified in Emergency Medical Services operations:

A. Day-to-Day

1. Handled appropriately with the resources normally available to the community

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EMS Medical Director

B. Multi-Casualty Incident (MCI)

1. Produces more casualties than can be managed by normally available resources

C. Medical Disaster

1. A catastrophic event producing excessive numbers of patients that overwhelms local and mutual aid resources. Response to this type of event will require coordination with the county's Office of Emergency Services, EMS Agency and will require activation of the County Emergency Operation Plan

VII. MCI vs. Medical Disaster

- A. Under an MCI, all casualties originate from the same scene, as opposed to a widespread incident, such as an earthquake or flood.
- B. Under an MCI, medical resources have not been damaged or otherwise disabled by the incident
- C. During an MCI, operational management is maintained at the scene of the incident.
- D. An MCI is limited in scope. The number of casualties is generally known or can be estimated from the onset of the incident.

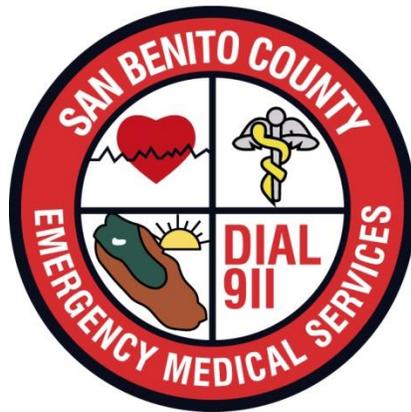
VIII. Notes

- A. This plan assumes that EMS resources have not been decommissioned by the incident and that the direction, control and coordination are maintained at the scene of the incident and at affected hospitals.
- B. MCI Plan Attached

San Benito County Emergency Medical Services Agency

MULTI-CASUALTY INCIDENT PLAN

Policy 4200



July 1, 2015

MCI PLAN

MULTI-CASUALTY INCIDENT PLAN

TABLE OF CONTENTS

Introduction.....	2
Participants & Roles.....	4
Phases of the MCI Plan.....	6
Deactivation.....	9
Treatment & Triage.....	10
Transportation & Destination.....	11
Patient Care Documentation.....	12
Handling the Deceased.....	12
Post Incident Review.....	12
Patient Identification & Tracking Process.....	13
Operations.....	14
Operational Considerations.....	16
Command Authority Principles.....	16
Definitions.....	17

INTRODUCTION

Scope

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The Multi-Casualty Incident (MCI) Management Plan is designed to provide guidance to assist emergency response personnel in ensuring adequate and coordinated efforts to minimize loss of life, disabling injuries, and human suffering by providing effective emergency medical assistance. The primary mission of this plan is to provide rapid triage, care and transportation to the largest number of persons through coordinated incident management principals.

MCI Coordination Facility

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Three levels of incidents can be identified in Emergency Medical Services operations:

- 1) Day-to-Day
 - a. Handled appropriately with the resources normally available to the community
- 2) Multi-Casualty Incident (MCI)
 - a. Produces more casualties than can be managed by normally available resources
- 3) 3) Medical Disaster
 - a. A catastrophic event producing excessive numbers of patients that overwhelms local and mutual aid resources. Response to this type of event will require coordination with the county's Office of Emergency Services, EMS Agency and will require activation of the County Emergency Operation Plan

MCI vs. Medical Disaster

- Under an MCI, all casualties originate from the same scene, as opposed to a widespread incident, such as an earthquake or flood.
- Under an MCI, medical resources have not been damaged or otherwise disabled by the incident
- During an MCI, operational management is maintained at the scene of the incident.
- An MCI is limited in scope. The number of casualties is generally known or can be estimated from the onset of the incident.

Plan Assumptions

This plan assumes that EMS resources have not been decommissioned by the incident and that the direction, control and coordination are maintained at the scene of the incident and at affected hospitals.

PARTICIPANTS & ROLES

Participants are not limited to those mentioned below.

Santa Cruz Regional 911 (SCR911)

All emergency services in San Benito County are dispatched by SCR911

- Initial dispatch of resources and personnel
- When MCI is declared by IC, notify all agencies, including air ambulances, of possible MCI with an estimate of patients/casualties to all responding personnel
- Notify Hazel Hawkins Hospital of event
- Request Mutual Aid at the request of IC
- Provide information to Transportation Unit Leader of how many ground units/helicopters are available and where they are responding from (ETA)
- Coordinate communication between responding agencies
- Notify San Benito County EMS Agency of event when requested by contracted ambulance provider or Incident Command
- Maintenance & management of normal day-to-day EMS response
- Notify all involved agencies, including Hazel Hawkins Hospital, when MCI is declared “Terminated”.

Fire Department

- Incident Command
- Triage (START)
- Emergency Medical Care
- Organization and coordination of:
 - Rescue efforts
 - Hazard control
 - Fire Suppression
 - Landing Zone coordination
- If requested, transport MCI Deployment Unit to scene
- Participate in Post Incident Reviews.

Contracted 911 Ambulance Provider

- Initiate contact with IC
- Patient Care Management (Triage)
 - Immediate
 - Delayed
 - Minor
 - Morgue
- Communicate with IC
- Maintain *MCI Patient Tracking Log*
- Review final log with IC & HAZEL HAWKINS HOSPITAL
- Participate in Post Incident Reviews.

Hazel Hawkins Hospital (Base Station)

MCI Coordinating Facility

- The hospital shall assure that qualified staff trained in EMSystems is available to monitor EMSystems and provide information to the IC
- Log all information on the *MCI Hospital Availability Destination Form* (electronically or hand written)
- Respond to the EMSystems poll and indicate electronically or verbally a realistic number and types (immediate, delayed) of patients that can be accepted
- Communicate findings from EMSystems to Medical Communications Coordinator
- Ensure staff is available to provide medical consult/orders to the field as requested.
- The hospital shall prepare to receive multiple patients from the MCI
- Retrieve Triage Tags from each patient received
- Hospital should consider the activation of their disaster plan
- Participate in Post Incident Reviews

Law Enforcement

- Scene protection and security
- Investigation
- Traffic control
- Morgue Operations (San Benito County Sheriff's Dept.)
- Participate in Post Incident Reviews

San Benito County EMS Agency

- Ensure the EMS system participants understand and train in their MCI incident roles
- Identify the need to activate Field Treatment Sites (FTS), local clinics, urgent care centers, to provide treatment for non-critical patients
- Can, if necessary, activate the Medical Health Operational Area Coordinator (MHOAC) role to request additional resources from outside the Operation Area
- Coordinate and lead the Post Incident Reviews

Critical Incident Stress Debriefing Team

- Coordinate and conduct a Critical Incident Stress Debriefing. When held, the CISD should take place before the Incident Review and within 72 hours of incident.

PHASES OF THE MCI PLAN

Overview

The San Benito County EMS Agency Multi-Casualty Incident (MCI) Plan consists of six phases:

- Planning
- Initial Response
- Activation of the Plan
- Deactivation
- Review of the Incident
- Plan evaluation/maintenance

Initial Response

- Possible MCI occurs and is called in to 911
- SCR911 dispatches first responders (fire & ambulance)

Activation of the Plan

Activation of the MCI Plan can be made by SCR911, any First Responder Agency, Ambulance provider or the EMS Agency upon determination of need based on incident specific information. Such determination may be made prior to on-scene arrival if the responding agency has reasonable information indicating that the incident will require MCI based operations. Each agency and system participant has specific responsibilities during an MCI response. Depending on the nature, size, and complexity of the event, certain activities may be modified from normal daily operating procedures.

First Responder

As the first rescue unit to arrive, you are responsible for the initial scene evaluation, the ordering of additional resources, scene safety, and the initial triage and treatment of patients.

- Identifies hazards and ensures scene safety
- Conduct a scene size-up to include an estimate of the number of casualties
- Communicate the location, estimated number of victims, and any known hazards to SCR911
- Establish Incident Command
- Estimates the number of patients
- Notifies SCR911 of "MCI Plan Activation"
- Requests additional units
 - Ground/air ambulances, extrication, hazmat, etc.
- Begin Triage using the START system and triage tags

When the second unit arrives on-scene, brief on:

- Hazardous conditions
- Estimated number of patients
- Additional resources that have been requested and ETA

SCR911 – notifies additional responding units of:

- Incident description including number of patients
- Incident location and/or staging area and best access routes
- Incident name & tactical frequency, if assigned
- Unusual circumstances/hazardous conditions
- Sends additional ambulance(s)
- Notifies Hazel Hawkins Hospital of event. The following will be provided:
 - Intention to activate MCI Plan
 - The location of the incident
 - Type of incident (trauma, medical, exposure, etc.)
 - Initial count of total number of patients
 - Initial count of Immediate (critical) patients
- Requests Mutual Aid (ground/air). Resource requests shall include:
 - Number of Units required
 - Service types and mode (Fire, Ambulance - ALS,/BLS, Air, Bus, Transit, etc.)
 - Staging Area/LZ location
 - Factors (Trauma/HazMat/Medical) that may affect transportation decisions
 - Numbers and types of patients/casualties
 - Immediate/Delayed/Minor

Hazel Hawkins Hospital (Base Station)

MCI Coordinating Facility

- SCR911 will notify of MCI Activation and will provide:
 - Intention to activate MCI Plan
 - The location of the incident
 - Type of incident (trauma, medical, exposure, etc.)
 - Initial count of total number of patients
 - Initial count of Immediate (critical) patients
- The hospital shall assure that qualified staff trained in EMSystems is available to monitor EMSystems and provide information to the **Transportation Group Leader**
- Log all information on the *MCI Hospital Availability Destination Form*
- Respond to the EMSystems poll and indicate electronically or verbally a realistic number and types (immediate, delayed) of patients that can be accepted
- Communicate information to the Transportation Group Leader
- Prepare to provide medical consult/orders to the field as requested
- The hospital shall prepare to receive multiple patients from the MCI
- Retrieve and Maintain Triage Tags from each patient

First-In Ambulance

The First-In Ambulance to arrive on-scene should report directly to the IC for assignment and situation briefing. Potential areas for assignment include:

- Establishment of the Medical Branch
- Patient Transportation Group Supervisor
- Additional resource needs
- Assess Scene Safety
- Request appropriate additional resources through IC
- Ensure Triage is under way (START)
 - Immediate
 - Delayed
 - Minor
 - Morgue
- Depart scene only after all patients have cleared the scene, or you have transferred your position to another medically qualified person capable of directing the needs of the remaining patients
- Notify EMS Agency of MCI Activation via email or phone call (post event) and provide documentation; i.e. prehospital care reports, and ICS forms within 24 hours of the incident
- Participate in Post Incident Review

Transporting Ambulances

- Report to Staging
- Crews stay with their ambulances and assist with loading
- Transport patients to destination as specified by the Transportation Unit Leader
- Contact receiving hospital, as early as possible, to allow for adequate hospital preparation for incoming patients, to include:
 - Number of patients being transported from MCI
 - Age and sex of patient(s)
 - Chief complaint/mechanism of injury and primary impression
 - Patient level of consciousness and respiratory status
 - Code of transport
- First ambulances to leave the scene should transport to the hospitals closest to the incident
- The next round of ambulances should transport to the most appropriate distant hospitals and work back towards those that are closest to the incident

DEACTIVATION

The Incident Commander terminates the MCI and notifies SCR911.

SCR911 notifies all involved agencies, including Hazel Hawkins Hospital, when MCI is declared Terminated.

Hot Wash

All agencies involved in any MCI should attend a Hot Wash (an “after-action” discussion and evaluation of the agencies’ performance) immediately following the incident, while the incident is fresh in their memory.

The main purpose of a Hot Wash session is to identify strengths and weaknesses of the response to the given to the incident. It serves as a form of after-action briefings for all parties involved analyzing what worked well, what needs improvement, what person or agency needs to be responsible for said improvements, and the assignment and timelines noted corrected and proactive improvements to be in place.

Review of the Incident

The *MCI After Action Checklist* will be completed for all incidents. The *MCI After Action Checklist* should be used by the Incident Commander after every incident to provide information for after action meetings and continuous quality improvement review (CQI).

The completed checklist will be submitted to the EMS Agency by the Incident Commander within 24 hours of the event.

The EMS Agency will schedule the After Action Review and request participation from other responding agencies in coordination with SCR911 and Hazel Hawkins Hospital. The review should be held within 5 days of the incident.

An *After Action Report* may be prepared by the EMS Agency for distribution to all involved agencies. The purpose of the report is to identify the operations that went well and opportunities for improvements of the MCI Plan, and develop a Plan of Action to correct identified deficiencies and improve patient care.

TREATMENT & TRIAGE

BLS/ALS Personnel

- Complete initial “START” triage

Triage & Treatment

- Simple Triage and Rapid Treatment (START / JUMP START) Systems will be used by the initial on-scene responders (Triage Unit) in order to assess ill or injured patients involved in the incident
- Primary Triage takes priority over emergency treatment
- Personnel will perform a basic triage examination, categorize the patient and attach the appropriate colored tag near the patient’s head in 30 seconds or less
- Patients will be sorted according to the seriousness of their injuries and identified with colored tape on their right wrist establishing priority of treatment and transportation
 - **Immediate** – (RED) major injury
 - **Delayed** – (YELLOW) moderate injury
 - **Minor** – (GREEN) minimal injury/ambulatory
 - **Morgue** – (BLACK) non-salvageable or dead
- All patients must be sorted. It is time consuming and potentially fatal to triage without color coding patients.
- After initial triage, ALS personnel will use criteria specified in the San Benito County EMS Policy, Procedure & Field Treatment Guidelines to determine transportation destinations
- Patients are managed in the field by EMS personnel with patient care focused upon life stabilizing treatments and expeditious transport of victims to appropriate hospitals and trauma centers. Emergency care administered by Triage Teams is restricted to opening airway, controlling severe hemorrhage and elevating patient’s feet
- Personnel assigned to the Treatment Areas will perform a secondary exam (secondary triage) on each patient and apply and complete a Triage Tag. If Triage category changes, remove the colored tape from the patients right wrist.
- Receiving hospitals will retrieve all triage tags utilized to identify patients brought in from the MCI. The triage tag will be included in the PCR.
- For patients treated, but not transported, the Transfer of Care Form can be used as documentation, and should be scanned into the electronic Patient Care Report.
- Victims refusing treatment must sign an AMA.

Base Station Contact - Hazel Hawkins Hospital

It is recommended that standing orders be used as much as possible during a declared MCI. Base Station contact should generally be reserved for those situations requiring Physician orders.

TRANSPORTATION & DESTINATION

Transportation of the Injured

- All requests for ambulances (ground and/or air) and transportation resources must originate from the IC
- Transportation Group Leader will communicate any recommendations for resource requests (air and ground medical transport) to the IC
- Use of alternate transportation resources may be used to support large scale multi-victim incidents by providing transportation for patients not requiring ambulance transportation (e.g. busses, transit vehicles)

Transportation Staging

- Ambulance and other resource transportation should be located away from the ingress and egress pathways for ground/air resources for the operation
- All units shall report, as directed, to the established staging area

Patient Destination

- The Medical Communications Coordinator will determine transportation methods, based on the criteria specified in the San Benito County EMS Policy, Procedure & Field Treatment Guidelines
- Where possible, and secondary to patient care requirements, attempt shall be made to transport family members to the same hospital
- **Every patient transported requires a PCR.**

During Transport

All ambulances shall provide a brief report to the receiving hospital, as early in the transport as possible, to allow for adequate hospital preparation for incoming patients, to include:

- Number of patients being transported from MCI
- Age and sex of patient(s)
- Chief complaint/mechanism of injury and primary impression
- Patient level of consciousness and respiratory status
- Code of transport

PATIENT CARE DOCUMENTATION

Complete Patient Care Reports, utilizing the electronic patient care reporting program, are required for each patient transported. Triage Tag numbers should be input and the tag itself should be scanned into the document.

For patients triaged, including those not transported, the San Benito County Transfer of Care Form is sufficient.

AMAs must be completed for all victims refusing care, and/or transport.

San Benito EMS Agency must receive copies of all Transfer of Care Forms, AMAs, and ICS documents within 24 hours of incident.

HANDLING THE DECEASED

If it is necessary to move the bodies in order to accomplish rescue/extrication and/or treatment of casualties, protect the health and safety of others, or to prevent further damage to bodies, the following procedures should be followed:

- EMS personnel should tag the bodies with triage tags to indicate death
- Do not remove any personal belongings from the bodies
- Bodies must be secured and safeguarded at all times

POST INCIDENT REVIEW

The *MCI After Action* checklist will be completed for all incidents. The *MCI After Action Checklist* should be used by the Incident Commander after every incident to provide information for after action meetings and continuous quality improvement review (CQI).

The completed checklist will be submitted to the EMS Agency by the Incident Commander within 24 hours of the event.

All agencies involved in any MCI should attend an operational debrief of the incident. The EMS Agency will schedule the event and request participation from other responding agencies in coordination with SCR911 and Hazel Hawkins Hospital.

An *After Action Report* may be prepared by the EMS Agency for distribution to all involved agencies. The purpose of the report is to identify the operations that went well and opportunities for improvements of the MCI Plan, and develop a Plan of Action to correct identified deficiencies and improve patient care

PATIENT IDENTIFICATION AND TRACKING PROCEDURES

The objective of patient identification and tracking procedures are to systematically identify patients at an MCI and to document their movement from the incident location to receiving hospital.

Procedure

The Medical Communications Coordinator will record the following for each patient transported from the MCI on the *MCI Patient Tracking* form.

- Triage Tag #
- Category (I,D,M,X)
- Sex of patient
- Age of patient
- Chief complaint
- Transporting Unit
- Time Enroute
- Destination
- Notes – name of patient if available, etc.

After Transport

After all patients have been removed from the scene, the Incident Commander will forward a copy of the *MCI Patient Tracking* form to Hazel Hawkins Hospital, which in turn will convey the information to affected receiving hospitals. The original will be provided to San Benito County EMS Agency.

OPERATIONS

MEDICAL OPERATIONS

ALS and BLS providers have responsibility and authority for individual patient management under the authority of the Health & Safety Code (section 2.5, chapter 5, section 1798.6).

Medical Triage

All MCI victims shall be initially evaluated using the START method of triage. Primary triage needs to be completed as soon as possible so that a more reliable number of total patients and their status categories will be available.

Treatment Areas

Once primary triage is complete, patients may be moved by Triage Teams to safe, secure and easily accessible treatment areas for secondary triage, treatment and transport. Treatment areas will only be established if the number of patients ready for transport exceeds transport resources.

Separate Treatment Areas

If treatment areas are needed, it is important for the Medical Group Supervisor to establish separate areas. Isolate the Minor from the Immediate and Delayed, and isolate the Morgue to a secure area. Colored tarps or flags should be used to clearly delineate treatment areas.

Treatment Unit Leader

Treatment Unit Leader must be assigned by the Medical Group Supervisor as soon as treatment areas are established to ensure that secondary and ongoing triage is ongoing in a timely manner. When possible, ALS first responder personnel should be assigned to this position.

Immediate Category

“Immediate” patients (major injuries, **red** tag) will be moved as quickly as possible with minimal stabilization to designated areas for secondary treatment, further stabilization and preparation for transport.

Delayed Category

“Delayed” patients (**yellow** tag) will be moved to the Delayed Treatment Area for secondary triage, treatment and preparation for transport. The move should take place after the Immediate and Minors have been relocated.

Minor Category

“Minor” patients (ambulatory, **green** tag) will be moved as quickly as possible to the Minor Treatment Area for secondary triage, treatment and relocation from the scene. In some instances, “Minor” patients may remain to move with seriously injured patients as mother/child, care giver, etc.

Deceased Category

Deceased patients (**black** tag) will not be moved unless directed to do so by the San Benito County Sheriff’s Coroner, or if it is necessary to facilitate rescue work or protect the health and safety of others. Otherwise, the deceased should not be moved until all other casualties have received care.

Medical Direction/Control

Paramedics are to function under standing orders. Paramedics responding from outside San Benito County will function under Protocols from their accrediting county.

OPERATIONAL CONSIDERATIONS

- 1) Positions should be filled by qualified EMS personnel
- 2) The Patient Transportation Group Leader is responsible for managing patient transportation and is usually the first ambulance arriving on scene.
- 3) All incoming personnel shall assume roles based upon assignments designated by the Incident Commander (IC). All personnel shall report to Staging for directions unless otherwise instructed.
- 4) All personnel with an assigned position should be easily identified through the use of ICS position Vests.
- 5) All assigned personnel should have Job Action Sheets for their assigned positions.
- 6) During the MCI, all onsite agencies shall request additional resources through the IC. The IC shall communicate with Patient Transportation Group Leader regarding patient transportation resource needs.
- 7) Personnel should continue to follow San Benito County EMS Policies & Protocols.
- 8) Triage Tags will be used on all patients needing medical treatment.
- 9) Patients from an MCI should be distributed as equally as possible among all hospitals receiving patients. Equal distribution should be both in severity (Immediate, Delayed, Minor) and in total number of patients.
- 10) Ground Ambulance Coordinator will work with Staging Area Manager to coordinate patient loading.
- 11) Use of air ambulance is encouraged to transport patients who meet PAM criteria to trauma centers.
- 12) Consideration should be made to reallocate personnel from the extrication and triage areas to the treatment areas as patients are triaged and moved to the treatment areas.
- 13) It is important to reassess patients in the treatment area.

COMMAND AUTHORITY PRINCIPLES

- 1) The Incident Commander will be a designated representative from a Fire Agency, Law Enforcement or EMS Agency.
- 2) The first arriving personnel of any agency may function as the IC, implementing necessary actions until the role can be relinquished (with a face-to-face debriefing) to the appropriate agency representative.
- 3) Agencies that are assisting or providing mutual aid in support of an incident will function under the direction of the designated IC.
- 4) Only those ICS positions required, due to the size and nature of the incident needs to be filled.
- 5) Depending on the incident size and nature, unit leaders may hold more than one role.

DEFINITION OF TERMS

Coordinating Base Hospital – Hazel Hawkins Hospital is the base hospital for San Benito County. They will poll area receiving hospitals to determine their capacity for receiving patients using the EMSystems. They will also manage the *MCI Hospital Availability Destination Form* and communicate with the Transportation Unit Leader.

EMSystems – an internet based inter-hospital communication systems that can be used to determine hospital bed availability.

Incident Commander –The individual responsible for the management of all incident operations.

Incident Command System – a combination of equipment, personnel and procedures for communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish objectives pertaining to an emergency incident.

Medical Supply Cache – a prescribed collection of medical equipment, incident management tools, and medical supplies available for treatment of multiple patients. Also called the MCI Deployment Unit.

Multi-Casualty Incident (MCI) – any incident that produces more casualties than can be managed by normal available resources.

SCR911 – public safety dispatch center where all 911 calls are received and dispatched to emergency responders in San Benito County.

Public Information Officer – The individual responsible for providing and/or coordinating the release of information to the media and public.

San Benito County Emergency Medical Services Agency – the local EMS Authority.

START – acronym for “Simple Triage And Rapid Treatment”, a method of triage utilizing evaluation of airway/breathing, circulation and level of consciousness.

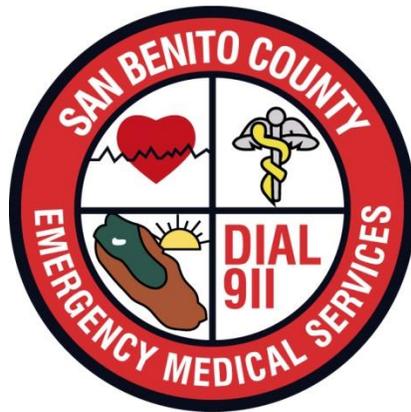
SEMS – Standardized Emergency Management Systems, California’s system for ordering/supplying resources to emergency situations.

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San Benito County Emergency Medical Services Agency

MULTI-CASUALTY INCIDENT PLAN ATTACHMENTS

Policy 4200



July 2015

MCI PLAN ATTACHMENTS

MULTI-CASUALTY INCIDENT PLAN ATTACHMENTS

TABLE OF CONTENTS

Initial Calculation of Required Number of Ambulances.....	2
ICS Medical Branch Positions.....	3
Job Action Worksheet & Check-List	
Incident Commander.....	4
Operations Section Chief.....	5
Staging Area Manager.....	6
Medical Branch.....	7
Triage Unit Leader.....	8
Treatment Unit Leader.....	9
Morgue Team.....	10
Patient Transportation Unit Leader.....	11
Medical Communications Coordinator.....	12
Ground Ambulance Coordinator.....	13
Air Ambulance Coordinator.....	14
MCI Coordinating Facility Coordinator.....	15
ICS Organization Chart.....	16
Hospital Availability Destination Form.....	17
Patient Tracking Log.....	18
Activity Log (ICS 214).....	19
Treatment Leader Count Worksheet.....	20
After-Action Checklist.....	21
Incident Critique Sheet.....	22
San Benito County First Responder Record.....	23
Combined START/JumpSTART Triage Algorithm.....	24
Map of San Benito County.....	25

INITIAL CALCULATION OF THE REQUIRED NUMBER OF AMBULANCES

A general rule for determining how many ambulances should initially be requested by 1st on-scene personnel can be calculated using the following formula:

Required Ambulances = Number of Immediate Patients

Divided by Two (2) + (plus) ONE (1)

Example: Ten (10) Immediate Patients/2 + 1 = 6 ALS Units/Ambulances

The number of required ambulances should be adjusted based upon the following considerations:

- Distance from the receiving hospitals
- Number of critical patients
- Hospital “turn-around” time
- Total number of patients
- Availability of alternate transport vehicles

INCIDENT COMMAND SYSTEM MEDICAL BRANCH POSITIONS

- Incident Commander
- Operations Section Chief
- Medical Branch Director
- Staging Area Manager
- Triage Group Leader
- Treatment Group Leader
- Morgue Team
- Transportation Group Leader
- Medical Communications Coordinator
- Ground Ambulance Coordinator
- Air Ambulance Landing Zone Coordinator
- MCI Coordinating Hospital – Hazel Hawkins Hospital

JOB ACTION SHEET & CHECK LIST

INCIDENT COMMANDER

Unit Identifier: IC

- Assume Incident Command (or receive briefing from previous IC)
- Size up the situation by determining the nature and magnitude of the incident, the estimated number of injured, and the severity of injuries.
- Confirm and communicate declaration of the MCI status to SCR911 and activate the MCI plan.
- Develop Incident Action Plan (IAP)
- Assign appropriate ICS roles to responding personnel using MCI Job Action Sheets, Vests, and appropriate documentation located in MCI Kits.
- Establish the Ambulance Staging Area, Triage and Treatments Areas and Morgue Area, as appropriate.
- Establish initial priorities and immediate resource requirements.
- Coordinate with the appropriate positions (Medical Group Supervisor, Transportation Group) regarding patient transportation resource needs.
- If Air Ambulances will be needed, assign personnel (Air Ambulance/LZ Coordinator) to set up the Landing Zone(s).
- Assure that communication with Hazel Hawkins Hospital has been established with the Transportation Group Leader.
- Order appropriate transportation resources.
- Consider requesting Mobil Incident Command Post
- Consider Medical Disaster declaration

JOB ACTION SHEET & CHECK LIST

OPERATIONS SECTION CHIEF

Unit Identifier: Operations

Reports to the Incident Commander. Directs the implantation of the plan. Assists with developing strategy, and identifies, assigns, and supervises the resources needed to accomplish the incident objectives.

- Obtain briefing from Incident Commander
- Organize Operations Section to ensure operational efficiency, personnel safety and adequate span of control
- Assign Operations personnel in accordance with Incident Action Plan (IAP)
- Assess life safety
 - Adjust perimeters, as necessary, to ensure scene security
 - Implement and enforce appropriate safety precautions
- Keep Incident Commander apprised of status of operational efforts
- Maintain necessary logs, reports and checklists
- Demobilize when directed by IC
- Receive Situation Reports from Leaders
- Manage Operations Strategy and Tactics

JOB ACTION SHEET & CHECK LIST

STAGING AREA MANAGER

The Staging Area Manager reports to the Operations Section Chief and is responsible to the Transportation Group Leader. Responsibilities include staging ground ambulances and other transportation resources and directing them to the Transportation Area upon request of the Transportation Group Leader.

Unit Identifier: Staging

- Obtain briefing from Incident Commander
- Establish communication with the Patient Transportation Group Leader that will allow the use of hand signals or other non-radio alternative (if possible) to facilitate the allocation of resources
- Ensure efficient check-in of ambulances and coordinate process with Operations Section Chief
- Identify and track resources assigned to Staging; report resource status changes to the Operations Section Chief
- Maintain Staging Area in orderly condition
- Demobilize Staging Area in accordance with instructions from the Operations Section Chief
- Document all activity on Log *ICS 214* and provide to Operations Section Chief before departing incident

JOB ACTION SHEET & CHECK LIST

MEDICAL BRANCH

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 Group.

Unit Identifier: Medical Branch

- Obtain situation briefing from IC or Operations Section Chief, depending on the size of the incident and Command structure.
- Establish Medical Group (Triage Group Leader, Treatment Group Leader, Transportation Group Leader), request additional personnel and resources sufficient to handle the magnitude of the incident.
- Ensure staff is provided Job Action Sheet & Checklists
- Maintain contact with Treatment Group to ensure staffing needs are met
- Determine amount and types of additional medical resources and supplies needed to handle the incident. Medical Supply Cache should be requested immediately upon recognizing a major MCI due to the travel time involved getting the deployment unit to the scene
- Supervise Branch activities
- Update Operations Section Chief on Branch activities
- Request from the IC resource requirements; staffing, equipment, supplies and materials
- Maintain Activity Log (ICS 214)
- Demobilize the Medical Branch and forward all logs, records and checklists to the Operations Section Chief

JOB ACTION SHEET & CHECK LIST

TRIAGE UNIT LEADER

The Triage Group Leader oversees Triage Group and reports to the Medical Branch Director. Assumes responsibility for site safety, initial point triage, and the movement of victims/patients to the treatment area. When triage is completed, the Leader may be reassigned as needed.

Unit Identifier: Triage

- Obtain situation briefing from the Medical Branch Director
- Assess the situation and request tools, supplies, triage tags, and personnel, as required
- Inform the Medical Branch Director of the number and extent of injuries (immediate, delayed, minor) and the need for the morgue/coroner
- Collect torn triage tag numbers from Triage teams
- Continually evaluate the mental health status of patients, personnel and rescuers
- Assure patients are re-assessed and re-triaged at regular intervals
- Coordinate movement of patients from the Triage Area to the appropriate Treatment Area
- Give periodic status reports to Medical Branch Director
- Maintain security and control of Triage area
- Perform secondary victim searches
- Coordinate with Treatment Group Leader for medical care needs in Treatment Areas
- Maintain Activity Log (ICS 214) and forward to Medical Branch Director, along with triage tag numbers, records and checklists.
- Demobilize Triage Unit when advised

JOB ACTION SHEET & CHECK LIST

TREATMENT UNIT LEADER

The Treatment Group Leader is responsible for managing a Treatment Area at a suitable location and is also responsible for the re-triage of patients, preparation for transport, and direct movement of patients to loading locations(s). Reports to the Medical Branch Director.

Unit Identifier: Treatment

- Obtain situation briefing from Medical Branch Director
- Develop organization sufficient to handle assignment
- Assign Paramedics, EMTs, and Fire Fighters to the Treatment Area
- Clearly designate treatment areas with the tarps from the MCI Kit
- Direct and supervise Immediate, Delayed and Minor Treatment Areas
- Establish Morgue if necessary
- Prioritize care of patients consistent with resources
- Ensure proper medical care procedures are followed
- Ensure continual triage of patients throughout Treatment Areas
- Request sufficient supplies as necessary
- Collaborate with Patient Transportation Leader for loading needs and appoint a Loading Coordinator (can be Ground Ambulance Coordinator)
- Maintain Activity Log (ICS 214) and forward to the Medical Branch Director, along with records and checklists
- Demobilize the Treatment Group after all on-site patients have been transported

JOB ACTION SHEET & CHECK LIST

MORGUE TEAM

San Benito County Sheriff's Office, or its representative, should act as the Morgue Team. This position reports to the Treatment Group Leader and assumes responsibility for the Morgue Area functions.

Unit Identifier: Morgue Manager

- Obtain situation briefing from the Treatment Group Leader
- Assess resource/supply needs and order as needed
- Appoint staff and assistants, as needed
- Secure body bags.
- Consider requesting refrigerated storage
- Keep area off limits to all but authorized personnel. Personnel entering should have proper identification.
- Allow no one to remove a body, body part, or any personal effects from the scene without authorization.
 - Move bodies only when necessary
 - Do NOT move bodies or personal effects without identifying the original location (photo, drawing, etc.)
- Maintain appropriate records and provide the Medical Group Supervisor with copies
- Establish a secured, temporary, holding area after the initial processing on-site
- Demobilize the Morgue Group once all activities have been completed.

JOB ACTION SHEET & CHECK LIST

PATIENT TRANSPORTATION GROUP LEADER

The Patient Transportation Leader (normally the first transport ambulance arriving on-scene) reports to the Medical Branch Director and is responsible for coordinating patient transportation (ground and air). Assures proper patient transportation and destination while maintaining records relating to the patient's identification, condition and destination.

Unit Identifier: Patient Transportation

- Obtain situation briefing from Medical Branch Director
- Appoint and brief staff as needed:
 - Medical Communications Coordinator
 - Ground Ambulance Coordinator
 - Air Ambulance Coordinator
- Determine patient destination based on information provided by Medical Communications Coordinator and criteria specified in the San Benito County EMS Policy, Procedure, & Field Treatment Guidelines
- Advise Medical Branch Director of additional resource needs
- Coordinate with Operations Section Chief whether transportation units should return to the incident or release to normal operations after patients are delivered to receiving hospitals
- Coordinate with Medical Communications Coordinator of victims being flown to a hospital
- Demobilize the Transportation Group after all on-site casualties/patients have reached receiving hospitals
- Maintain Activity Log (ICS 214) and forward to the Medical Branch Director prior to departing the incident

JOB ACTION SHEET & CHECK LIST

MEDICAL COMMUNICATIONS COORDINATOR

The Medical Communications Coordinator reports to the Patient Transportation Group Leader. This individual assists the Patient Transportation Leader in coordinating patient destination and maintains communications with the MCI Coordinating facility (Hazel Hawkins Hospital).

Unit Identifier: Medical Communications

- Obtain briefing from Transportation Group Leader
- Establish contact with the MCI Coordinating facility (Hazel Hawkins Hospital)
- Coordinate patient destinations with the Transportation Group Leader based on information provided by the MCI Coordinating facility (Hazel Hawkins Hospital) and criteria specified in the San Benito County EMS Policy, Procedure & Field Treatment Guidelines
- Maintain Activity Log (ICS 214) and *MCI Patient Tracking Form*
- Demobilizes upon direction of the Patient Transportation Leader and forwards all checklist before departing incident

JOB ACTION SHEET & CHECK LIST

GROUND AMBULANCE COORDINATOR

The Ground Ambulance Coordinator reports to the Patient Transportation Group Leader and coordinates resources with the Staging Area Manager. Responsibilities include directing staged ground ambulances and other transportation resources to the Transportation Area for patient loading upon request of the Transportation Group Leader.

Unit Identifier: Ground Ambulance Coordinator

- Obtain briefing from Transportation Group Leader
- Appoint and brief staff
- Designate an area near the Transportation/Treatment Area where patients can be loaded into ambulances or other transportation resources. Consider:
 - Safety and accessibility
 - Traffic control must be monitored and directed
 - Area and resource location identifiers must be visible
- Establish appropriate routes of travel for ambulances from staging to loading
- Establish communication with the Patient Transportation Group Leader that will allow the use of hand signals or other non-radio alternative (if possible) to facilitate the allocation of resources
- Ensure efficient check-in of ambulances and coordinate process with Operations Section Chief
- Identify and track resources assigned to Staging; report resource status changes to the Operations Section Chief
- Maintain Loading Area in orderly condition
- Establish contact with all ambulance providers in the loading area
- Request additional transportation resources as appropriate through the IC
 - Consider equipment/time limitations
- Demobilize Loading Area in accordance with instructions from the Transportation Group Leader
- Document all activity on Log *ICS 214* and provide to Patient Transportation Leader before departing incident

JOB ACTION SHEET & CHECK LIST

AIR AMBULANCE LANDING ZONE COORDINATOR

Reports to the Transportation Group Leader and is responsible for implementing and coordinating Air Ambulance Landing Zones.

Unit Identifier: Air Ambulance

- Establish Landing Zone
- Communicate with Transportation Group Leader on Air Ambulance readiness
- Communicate on CalCord with the Air Ambulance
 - Be prepared to provide Latitude and longitude
 - Inform of any nearby hazards (power lines, etc.)
- Provide destination information to Transportation Group Leader
- Maintain Activity Log (ICS Form 214)

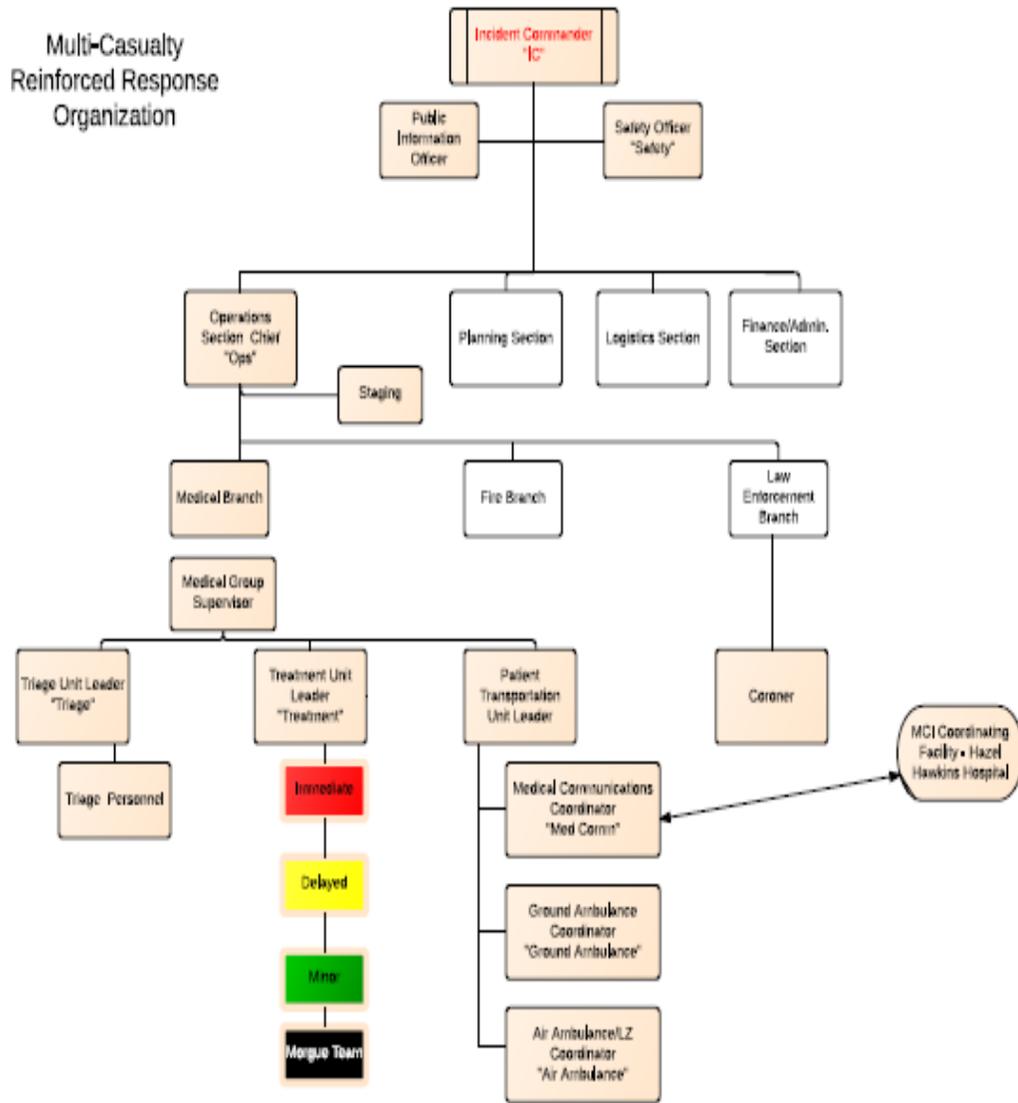
JOB ACTION SHEET & CHECK LIST

MCI COORDINATING FACILITY – HAZEL HAWKINS HOSPITAL

Serves as coordination point between Transportation Group Leader and hospital/medical facilities during MCI events. Polls receiving hospitals using EMSystems, alerts appropriate hospitals and medical facilities of declaration of MCI event. Maintains communication with the appropriate on-scene ICS staff (Transportation Group Leader), to relay information on the status of available hospital beds to assure proper patient transportation and destination.

- Receives information from SCR911 regarding declaration of MCI
- Alerts surrounding hospitals and medical facilities and indicate “MCI Alert” poll via EMSystems
- Maintain communication with Transportation Group Leader
- Gathers information obtained from “MCI Alert” regarding status of available hospital beds and resources.
- As requested, relay “MCI Alert” poll results to Transportation Group Leader
- Assess situation and appoints additional staff as needed to support MCI Coordinating Facility functions
- Upon direction from Transportation Group Leader, advise appropriate hospitals and medical facilities of pertinent updates, and, when appropriate, termination of MCI event
- Maintains documentation and records of your operations and provides copies to the EMS Agency

ICS ORGANIZATION CHART



MCI HOSPITAL AVAILABILITY DESTINATION FORM

Incident Name: _____	Available	1st Wave Transported			2nd Wave Transported			3rd Wave Transported			Total Transported	
Date: _____ Time: _____												
Hospital Name/Location		I	D	M	I	D	M	I	D	M		
Hazel Hawkins Hospital Base Station (831) 636-2640												
St. Louise Hospital, Gilroy Helipad (408) 848-8680												
Watsonville Community Hospital, Watsonville Helipad (831) 761-5613												
Dominican Hospital, Santa Cruz Helipad (831) 462-7710												
Salinas Valley Memorial Hospital, Salinas (831) 424-4757												
Natividad Medical Center, Salinas Helipad (831) 424-9461												
Mee Memorial Hospital, King City (831) 385-7220												
Community Hospital of Monterey Peninsula (CHOMP), Monterey (831)624-1945												
Kaiser San Jose (408) 972-7777												
Good Samaritan Hospital, San Jose Helipad (408) 559-2211												
El Camino Hospital Los Gatos (408) 866-4040												
Valley Medical Center, San Jose Helipad / TRAUMA (peds/burns) (408) 885-6912												
Kaiser Santa Clara (408) 851-1000												
O'Connor Hospital, San Jose (408) 947-2500												
Regional Medical Center, San Jose Helipad / TRAUMA (408) 729-2841												
Stanford University, Palo Alto Helipad / TRAUMA (peds) (650) 723-5111												
Community Regional Medical Center, Fresno Helipad / TRAUMA (burns) (559) 459-6000												
Total Transported												

Treatment Group Leader Count Worksheet

Date: _____ Incident: _____

Recorder Name: _____ Agency: _____

IMMEDIATE	Count	Time	Count	Time	Count	Time	Count	Time
Area Manager								
Wants/Needs								

DELAYED	Count	Time	Count	Time	Count	Time	Count	Time
Area Manager								
Wants/Needs								

MINOR	Count	Time	Count	Time	Count	Time	Count	Time
Area Manager								
Wants/Needs								

MORGUE	Count	Time	Count	Time	Count	Time	Count	Time
Area Manager								
Wants/Needs								

After-Action Checklist

Date of MCI _____ Initial Responding Unit(s)# _____ Incident
Commander _____

of patients: _____

Circle correct response

- | | | |
|--|-----|----|
| 1. The IC declared an MCI and SCR911 was notified | YES | NO |
| 2. The Contracted 911 Ambulance Provider Field Supervisor was notified by SCR911 | YES | NO |
| 3. The EMS Agency Duty Officer was notified by SCR911 of an active MCI | YES | NO |
| 4. Hazel Hawkins Hospital initiated an EM Systems poll | YES | NO |
| 5. Hazel Hawkins Hospital contacted the IC and informed him/her of the EM Systems poll and transport resources available | YES | NO |
| 6. The Contracted 911 Ambulance Provider personnel checked in with the IC for assignment to an MCI position | YES | NO |
| 7. All resources were ordered through the IC | YES | NO |
| 8. Triage and Treatment areas were set up | YES | NO |
| 9. On-Scene patient care and transport destinations reviewed for appropriateness | YES | NO |
| 10. MCI positions were assigned to all personnel using the ICS Org Chart | YES | NO |

Was the operational response different than described in the San Benito County MCI Plan?
If so, describe any resource limitations or other reasons why the plan could not be followed.

Multi-Casualty Incident Critique Sheet

Initial Report

- How was incident reported?
- What was reported? Any conflicting information?
- Who was notified? Who was not notified?
- Timeliness of notifications

Initial Response

- Who was dispatched initially?
- Did first arriving responder do a size-up/report on conditions?
- Were additional resources requested by first units in? What was requested?
- Were there conflicting requests for resources? Why and how?
- Were mutual aid resources needed? What was needed?
- Were county resources affected?

Scene Management

- Was the incident declared and command established? Who was the IC?
- Were hazards identified and controlled?
- Which ICS positions were activated? Vests used?
- Ambulance staging established? LZ established?

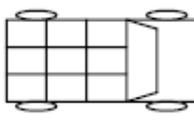
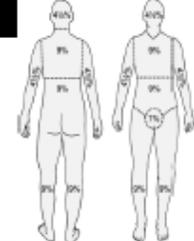
Medical Management

- Which medical ICS positions, if any, were assigned? Which were combined?
- How did the position leaders communicate?
- How were various positions identified? Vests worn?
- Did the Medical Group Supervisor and Hazel Hawkins Hospital make immediate contact?
- What information was relayed in the initial report?
- Did HHH assign a single person to communicate with the MCC?
- Did HHH poll receiving facilities and relay to MCC?
- Were patients triaged and tagged prior to ambulance arrival?
- Were treatment areas designated and prepared?
- How did initial triage compare to secondary triage/treatment?
- Were ambulances loaded appropriately according to triage category/
- Who determined destination?
- Did HHH activate internal disaster plans?
- Did transporting ambulances notify receiving hospital of incoming patient promptly and appropriately?

ETC.

- What went well?
- What would you do differently?
- What problems were unique to the situation?
- What problems are likely to be encountered again?
- Any problems require MCI Plan modification?

SAN BENITO COUNTY EMS TRANSFER OF CARE DOCUMENT

Date: / /		On scene time:		Fire Unit #		Run #		AMR Unit #		Run #					
Run address:				EMT name:				Medic name:							
Patient name:						DOB / /		Age:		<input type="checkbox"/> M <input type="checkbox"/> F		Pt. Weight: Kgs.			
Patient address:										Phone:					
Scene conditions:															
Chief Complaint				Medications				PERSONAL ITEMS/VALUABLES							
P								Wheelchair: <input type="checkbox"/> Walker: <input type="checkbox"/> Cane: <input type="checkbox"/>							
Q								Hearing Aids: <input type="checkbox"/> Left <input type="checkbox"/> Right							
R								Dentures: <input type="checkbox"/> Glasses/Contacts: <input type="checkbox"/>							
S								Purse/Wallet: <input type="checkbox"/> Watch: <input type="checkbox"/>							
T				<input type="checkbox"/> Med list attached <input type="checkbox"/> Meds with patient				<input type="checkbox"/> Other _____ <input type="checkbox"/> None							
DNR paperwork presented: <input type="checkbox"/> Yes <input type="checkbox"/> No				Allergies				Primary MD:							
Patient History <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Abdominal <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Behavioral <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac <input type="checkbox"/> CHF <input type="checkbox"/> COPD <input type="checkbox"/> CVA <input type="checkbox"/> Diabetes <input type="checkbox"/> Drugs/ETOH <input type="checkbox"/> HTN <input type="checkbox"/> Renal Failure <input type="checkbox"/> Seizures <input type="checkbox"/> Other: _____															
Cardiac Arrest		Witnessed <input type="checkbox"/> Yes <input type="checkbox"/> No		Time of arrest:		Bystander CPR <input type="checkbox"/> Yes <input type="checkbox"/> No		Time of ALS:							
Stroke		<input type="checkbox"/> Facial droop <input type="checkbox"/> Arm drift <input type="checkbox"/> Slurred speech		Symptom Onset Date: / /		Time: _____									
Trauma		PAM Hits:		Physiological		Anatomical		Mechanism							
Mechanism of injury: <input type="checkbox"/> Assault <input type="checkbox"/> Auto vs Pedestrian _____ mph <input type="checkbox"/> Bicycle <input type="checkbox"/> Bite/Sting <input type="checkbox"/> Burn <input type="checkbox"/> Ejection <input type="checkbox"/> Electrical <input type="checkbox"/> Explosion <input type="checkbox"/> Fall _____ ft. <input type="checkbox"/> Motorcycle _____ mph <input type="checkbox"/> MVA _____ mph <input type="checkbox"/> Near drowning <input type="checkbox"/> Rollover <input type="checkbox"/> Shooting <input type="checkbox"/> Stabbing <input type="checkbox"/> Other _____															
 Mark patient location with x Mark impact area with arrow Shade damaged areas		Patient Protection: <input type="checkbox"/> Airbags deployed <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Lap belt <input type="checkbox"/> Lap/Shoulder belt <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Other _____													
		Glasgow Coma Score Not Assessed: <input type="checkbox"/>													
		Eyes		Verbal				Motor							
Spn	Volw	Pain	None	Orient.	Cont.	Word	Sound	None	Cmd.	Local	Widw	Flex	Ext	None	Total
4	3	2	1	5	4	3	2	1	6	5	4	3	2	1	
Assessment Findings / Comments															
															
Vitals				Monitor		Treatment Type						ID			
Time	B/P	Pulse	RR	O ² sat	BG	Rhythm	Shocks	Meds	Route	Amount	Other				
Received by (signed and printed): _____ <input type="checkbox"/> RN <input type="checkbox"/> MD Facility: <input type="checkbox"/> HHH <input type="checkbox"/> WCH <input type="checkbox"/> Other _____															
Paramedic (signed and printed): _____															

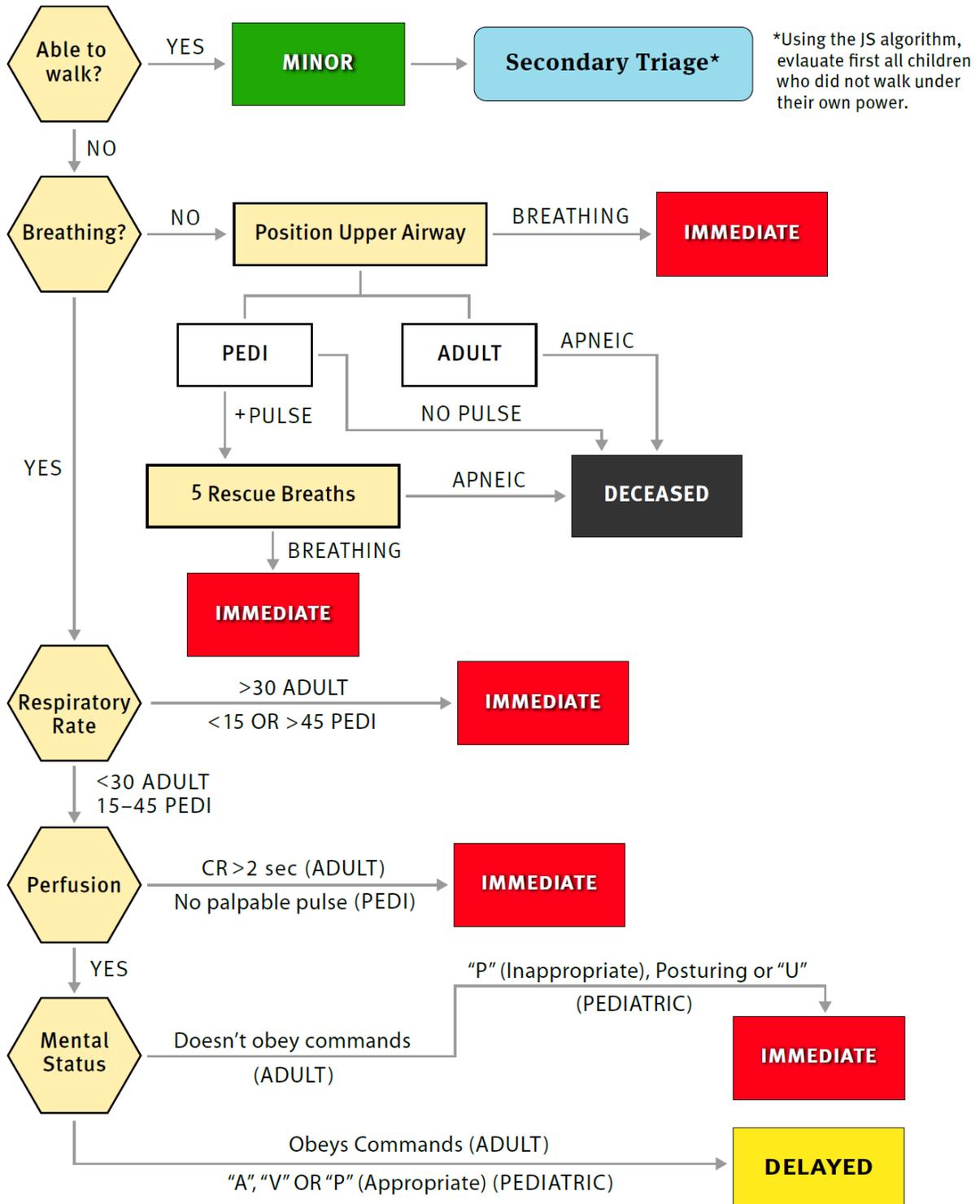
Top copy - Receiving Facility

Middle copy - Transporting Agency

Bottom copy - Fire Agency

REV: 05/01/15

Combined START/JumpSTART Triage Algorithm



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