

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 837-A

SUBJECT: MCI – RESPONSE PROCEDURES

Activation Triggers	<p>Incident conditions significantly impact or overwhelm hospital or prehospital resources, which may include one or more of the following:</p> <ul style="list-style-type: none">• Five (5) or more Immediate and/or Delayed patients from a unifocal incident, or• Ten (10) or more Minor patients from a unifocal incident, irrespective of the numbers of Immediate and/or Delayed patients, or• At the discretion of the EMS provider(s) on scene or the base/modified base hospital.
Command & Control	<p>A. The Incident Commander (IC) shall be that individual present on scene representing the public service agency having primary investigatory authority or responsibility. This role may be delegated to another appropriate public safety representative (i.e. Fire Department) if necessary, or a unified command may be established based on the needs of the incident.</p> <p>B. The IC may directly supervise operations or appoint an Operations Section Chief.</p> <p>C. The first-in medical responders should be appointed Medical Group Supervisor (MGS) and Triage Unit Leader.</p>
Initial Responders	<p>A. The first medical unit enroute shall notify the appropriate Control Facility (CF) 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 the IC the ordering process (i.e. can MGS order additional medical resources). Update dispatch as appropriate, and the Control Facility as soon as possible upon arrival.• Assignments: Assign Triage Unit Leader to begin triage.• Communications: Dispatch will assign frequencies (i.e. tactical, command, air operations) for the incident. Clarify with the IC if necessary.• Ingress/Egress: Determine the best routes in and out of the incident in cooperation with the IC, and notify dispatch if appropriate.• Name: Incident name will normally be assigned by dispatch. Clarify incident name with the IC if necessary.• Geography: Quickly determine with the IC where staging, triage, treatment and transport areas will be established. <p>B. The first-in ambulance should generally be the last ambulance to leave the scene. Medical supplies from the first-in ambulance should be used on scene by the triage and treatment units.</p>

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<p>Triage</p>	<p>A. S.T.A.R.T. triage shall be used. Triage tags shall be applied to each patient.</p> <p>B. Personnel should spend no more than 30-60 seconds per patient triaging.</p> <p>C. Treatment rendered will initially be confined to airway positioning and major hemorrhage control.</p> <p>D. CPR shall not be initiated on cardiac arrest victims unless it is consistent with S-SV EMS policy (i.e. – patient does not meet criteria for obvious death or probable death), and there are sufficient personnel on scene to not result in the detriment of care to other patients.</p>
<p>Treatment</p>	<p>A. 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 patient transport vehicles, and away from the Morgue Area (Black).</p> <p>B. Once initial triage has been completed, 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.</p> <p>C. Personnel assigned to the treatment areas shall only function within their scope of practice.</p> <p>D. Any on-scene MD’s and RN’s should be assigned to the treatment areas.</p>
<p>Transportation</p>	<p>A. If a staging area has been established, transport crews shall remain with their vehicle in the staging area until requested to the scene.</p> <p>B. The Patient Transportation Unit Leader (or Medical Communications Coordinator if established), in cooperation with the CF will arrange transport of patients to the most appropriate facilities.</p> <p>C. At all times the most immediate patients should be transported first to the most appropriate available medical facility.</p> <p>D. Patients may be transported by a lower level of trained personnel as determined by the Patient Transportation Unit Leader in cooperation with Treatment Area Managers based on available resources and personnel.</p> <p>E. The Patient Transportation Unit Leader (or Medical Communications Coordinator if established) will contact the CF and provide patient information, and total number of transport resources available. Patient information will be limited to age, gender, triage category, triage tag number, and major injury.</p> <p>F. The CF will relay patient information to the receiving facilities.</p> <p>G. Non-traditional transport resources (e.g. buses, vans) may be used on large scale incidents when appropriate, in consultation with the CF. Appropriate EMS personnel must accompany patients transported by these non-traditional transport resources.</p>

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<p>Communications</p>	<p>A. On-scene coordination/car-to-car communications may occur on an assigned EMS Tactical Channel.</p> <p>B. All additional resources shall be requested through the IC (or Logistics Section if established). However, if authorized by the IC, the MGS may request ambulance resources directly through the appropriate Ambulance Dispatch and notify the IC or designee.</p> <p>C. The Control Facility shall be notified:</p> <ul style="list-style-type: none"> • Enroute by the first-in ambulance to a 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 the scene (with Unit #/ETA), and • When the scene is clear and there are no further patients to be transported.
<p>Documentation</p>	<p>A. Triage tags shall be used, followed by a Patient Care Report (PCR) for each patient.</p> <p>B. The PCR requirement may be waived by the S-SV EMS Agency on large scale incidents.</p> <p>C. The Patient Transportation Worksheet shall be completed by the Patient Transportation Unit Leader.</p> <p>D. The MGS shall complete the Medical Branch Worksheet if necessary.</p> <p>E. The Ambulance Staging Log shall be completed by the Ambulance Coordinator if necessary.</p> <p>F. ICS 214 logs shall be completed by each position as requested by the IC or their designee.</p> <p>G. The MGS is responsible to ensure all paperwork is complete, in coordination with the CF as necessary.</p>