

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 837

SUBJECT: MULTIPLE PATIENT/CASUALTY INCIDENTS

INTRODUCTION:

The Sierra-Sacramento Valley Emergency Medical Services Agency serves a 5 county area in California State OES Regions III and IV: Sutter and Yuba counties in Region III and Nevada, Placer, and Yolo counties in Region IV. EMS personnel must be prepared to quickly shift from a 1-on-1 patient / provider relationship to a multiple patient incident operation. This may include the routine 2-5 patient incidents through the Multiple / Mass Casualty Incidents. EMS personnel must be prepared to implement and function within the Standardized Emergency Management System (SEMS) and Multiple Casualty Incident (MCI)/Incident Command System (ICS). In addition to the National Incident Management System (NIMS) once fully adopted.

AUTHORITY:

Health & Safety Code, Division 2.5, Sections 1797.218, 1797.220.

California Code of Regulations, Title 22, Division 9, (Sections 100127, 100128, 100167, 100168, 100170).

California Code of Regulations, Title 19, Division 2, Articles 1-8, Sections 2400 et seq., Standardized Emergency Management System (SEMS) Regulations.

DEFINITIONS:

I. Multi-Casualty Incident (MCI)

An incident which requires more emergency medical resources to adequately deal with the victims than those available during routine responses. This may include the routine 2-5 patient incidents through the Multiple / Mass Casualty Incidents.

II. Control Facility (CF)

The Control Facility (CF) is the hospital responsible for the dispersal of patients during all Multi-Casualty Incidents. The CF for the S-SV region are as follows:

Rideout Memorial Hospital – Sutter and Yuba Counties

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Sierra Nevada Memorial Hospital – Western slope of Nevada County

Sutter Roseville Medical Center – Western slope of Placer County

Tahoe Forest Hospital – Tahoe basin and the Eastern slope of Nevada and Placer counties

Woodland Memorial Hospital – Yolo County

UCDMC – When requested by Woodland Memorial Hospital and agreed to by UCDMC, to handle patient dispersal for those MCI events that occur in Yolo County but patient dispersal will be primarily into Sacramento County.

POLICY:

I. GENERAL GUIDELINES

The OES Region IV MCI Plan shall be used as a standard for training and managing MCIs within the S-SV EMS Region. This plan details the procedures for MCI response in the field (manual 1), at the Control Facility (Manual 2), and the operational area and regional levels (Manual 3). Counties in Region IV will use all three manuals. Counties in Region III will use Manuals 1 and 2, and follow their local and regional protocols for local government, operational area, and regional assistance. The agency recommends adapting Manual 3 absent existing protocols.

- A. During an MCI all S-SV EMS Agency policies and procedures for treatment, destination, etc apply. The Control Facility shall consider trauma triage criteria before directing the transport of trauma patients. Immediate trauma patients shall be transported to designated trauma centers until the trauma centers are unable to accept further trauma patients.
- B. Emergency response agencies and personnel shall familiarize themselves with the Standardized Emergency Management System (SEMS) Regulations.
- C. EMS personnel shall apply Incident Command System (ICS) concepts routinely on all emergency responses so that shifting from 1-on-1 patient/provider relationship to a multiple patient incident will occur without difficulty.
- D. Provider agencies shall be responsible for the training of their personnel in the above.

II. ACTIVATION / NOTIFICATION:

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Activation of the Multi-Casualty Incident System consists of the mobilization of the necessary resources, notification of the Control Facility (CF), and initiation of ICS.

1. As soon as it is determined that an emergency call may prove to be an MCI, an additional response dispatch and Control Facility (CF) notification should occur.
2. The CF shall be utilized when the total number of immediate and/or delayed patients:
 - Equal five (5) or more for a unifocal incident, or
 - When the total number of “minors” exceeds ten (10) irrespective of the numbers of “immediate” and “delayed” patients, or
 - At the discretion of the Provider or base/modified base hospital.

CROSS REFERENCES:

Policy and Procedure Manual

Base Hospital/Modified Base Hospital Contact, Reference No. 812

Medical Control at the Scene of an Emergency, Reference No. 835