


Sierra – Sacramento Valley EMS Agency Program Policy

Multiple Casualty Incidents (MCI)

	Effective: 12/01/2020	Next Review: 09/2023	837
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PURPOSE:

To establish procedures for EMS operations during a multiple-casualty incident (MCI). This policy is intended to be utilized in coordination with applicable regional MCI plans, and to support the operational framework established in the California Public Health and Medical Emergency Operations Manual.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.218, 1797.220.
- B. CCR, Title 22, Division 9.
- C. CCR, Title 19, Division 2, Articles 1-8, § 2400 et seq.
- D. California Public Health and Medical Emergency Operations Manual (July, 2011).
- E. California Medical and Health Operational Area Coordinator Manual (January, 2017).

DEFINITIONS:

- A. **Multiple Casualty Incident (MCI)** – An incident which requires more emergency medical resources to adequately deal with victims, than those available during routine responses. This includes an incident that meets any of the following criteria:
 - 1. Five (5) or more IMMEDIATE and/or DELAYED patients, or
 - 2. Ten (10) or more MINOR patients, irrespective of the number of IMMEDIATE and/or DELAYED patients, or
 - 3. At the discretion of prehospital or hospital providers.
- B. **Control Facility (CF)** – An acute care hospital or EMS dispatch center responsible for patient dispersal during an MCI (Refer to S-SV EMS Hospital Capabilities Policy No. 505-A for a list of S-SV EMS designated CFs).

POLICY:

- A. The Nor-Cal EMS/S-SV EMS Regional MCI Plan, in coordination with S-SV EMS policies, shall be used as a standard for training personnel and managing MCIs within the S-SV EMS region. Provider agencies are responsible for ensuring that their personnel have appropriate knowledge/training to adequately manage MCI's.
- B. S-SV EMS treatment and destination policies/protocols shall apply during an MCI. The CF 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.

PROCEDURE:

A. MCI Response/Management:

EMS personnel shall utilize the following procedures for any event that meets the criteria of an MCI as defined in this policy:

1. CF Notification:

- CF notification ('pre-alert') shall be made as soon as possible, by the initial responding medical unit or dispatch center, to allow adequate time for hospital patient receiving capabilities polling. Pertinent updates shall be communicated to the CF in a timely manner (including MCI confirmation/cancellation once on scene, and when all patients have been transported and the scene is clear).

2. Establish/Utilize ICS:

- Once on scene, EMS personnel shall check in with the Incident Commander (IC) and establish Medical Command. The Medical Branch is responsible for the following:
 - **R**esources (Additional resources shall be ordered through the IC).
 - **A**ssignments (Refer to 'MCI Medical Organizational Chart' 837-A).
 - **C**ommunications (Establish incident and CF communications).
 - **I**ngress/Egress (Determine/communicate best ingress/egress routes).
 - **N**ame (Confirm/establish incident name).
 - **G**eography (Establish staging, triage, treatment and transport areas)
- Appropriate medical position identification vests shall be utilized on scene.
 - Ground transport providers shall carry a minimum of Medical Group Supervisor and Triage Unit Leader vests on all 911 response units.
 - Additional position vests should be available on supervisor vehicles and/or disaster/MCI support units.

3. Triage:

- The START method shall be utilized.
- A colored ribbon system may be utilized for initial triage.
- Approved triage tags shall be applied to all patients prior to transport.
- Treatment rendered during initial triage shall be limited to airway repositioning and major hemorrhage control.
- CPR shall not be initiated, unless there are sufficient personnel on scene to not result in the detriment of care to other patients.
- Any patient who has a tourniquet or hemostatic dressing applied shall be triaged IMMEDIATE, regardless of the START RPM algorithm criteria.
- Patients placed in spinal motion restriction and/or unaccompanied pediatric patients shall be categorized as DELAYED at a minimum.

4. Treatment:

- Designate treatment areas and assign staff as needed. Treatment areas should be located in safe locations, large enough to handle the number of victims and easily accessible to patient transport vehicles.
- Once initial triage has been completed, patients may be moved to appropriate treatment areas. Continuous re-triage and patient evaluation shall occur in treatment areas until the patient is transported.
- Medical supplies from the first-in ambulance or disaster/MCI support units should be used for on scene treatment.

5. Patient Tracking:

- S-SV EMS approved prehospital patient tracking worksheets (837-B) shall be utilized to track all patients. Copies of the patient tracking worksheets shall be submitted to S-SV EMS as soon as possible.

6. Transportation/CF Communication:

- If a staging area has been established, transport crews shall remain with their vehicle in the staging area until requested or released.
- 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 provided to the CF will be limited to age, gender, triage category, triage tag number, primary injury type and any special considerations (pregnancy, burns, etc.).
- The Patient Transportation Unit Leader/Medical Communications Coordinator will work collaboratively with the CF to ensure appropriate patient distribution, based on patient conditions and available transportation resources.
- IMMEDIATE patients should be transported first.

- If necessary, patients may be transported by BLS ambulances and/or non-traditional transport resources (e.g. buses, vans) as determined appropriate by the Patient Transportation Unit Leader/Medical Communications Coordinator in consultation with the CF. EMS personnel shall accompany patients transported by non-traditional transport resources.
- The first-in ambulance should generally be the last ambulance to leave.
- The Patient Transportation Unit Leader/Medical Communications Coordinator will notify the CF of the following:
 - When patients are ready for transport (to obtain destinations).
 - When units depart the scene (with unit # and ETA to receiving hospital).
 - When all patients are transported and the scene is clear.
- The CF will relay pertinent patient information to the receiving facilities.

7. S-SV EMS Notification:

- Prehospital ground transport providers (dispatch, supervisor, manager, etc.) shall notify the S-SV EMS Duty Officer of an MCI as soon as possible, and provide pertinent updates related to the incident and/or other system impacts resulting from the incident.

8. Incident Documentation:

- An electronic patient care report shall be completed for all patients, unless this requirement is waived by S-SV EMS on an incident specific basis.
- EMS personnel shall complete additional ICS paperwork if requested by the IC based on the nature/size of the incident (Medical Branch Worksheet, Ambulance Resource Staging Log, ICS 214 Activity Log, etc.). The Medical Group Supervisor is responsible to ensure all paperwork is complete.

B. MCI Review:

1. EMS provider agencies should conduct a hotwash as soon as possible after the conclusion of the incident.
2. An MCI Details/Feedback Form shall be submitted to S-SV EMS within seven (7) calendar days by the following providers:
 - Prehospital ground and air transport providers.
 - Control Facility (CF) and receiving facilities.
 - Prehospital non-transport/first responder providers (recommended/optional).
3. S-SV EMS will evaluate the incident details/documentation and determine if additional formal after-action review/follow-up is necessary.