Mass Casualty Plan (MCI)

YOLO COUNTY EMERGENCY MEDICAL SERVICES AGENCY

October 2019 v. 9

Contents

Administrative Section

Introduction

A Multi-Casualty Incident (MCI) is defined as a single, geographically-focused event that produces casualties of sufficient quantity and severity that necessitate special operations and organizations at the scene, and for the system. The responding resources mitigate hazards and provide triage, treatment, and transportation to victims.

During an MCI, coordination between responding agencies and organizations is critical. Scene management is essential for appropriate resource allocation to individual patients. Furthermore, the variation associated with the nature of MCI events (location, time of day, patient count, responding personnel, etc.), requires a coordinated, creative, flexible, and scalable response. A key characteristic of MCI events is that they are evolutionary in nature, with a distinct beginning, middle, and end.

Plan Objectives

The Multi-Casualty Incident (MCI) Management Plan (Plan) is designed to guide emergency response personnel in a coordinated effort such that loss of life, disabling injuries, and human suffering is minimized within Yolo County.

The overall goal during an MCI is the provision of assistance to the largest number of persons, through coordinated incident management principles. Based on the scope and nature of an incident, strict medical care principles may be implemented to serve the greater needs of the masses. In such cases, the provision of on-scene medical care shall be limited, with a greater focus placed on rapid transport or relocation of the ill or injured.

Rather than provide guidance for a single event occurring within Yolo County, this plan provides management strategies for events of various magnitudes. Sections of this plan are intended for specific audiences and for individuals with certain training levels or awareness competencies.

This plan is intended for use as a framework to facilitate an organized and effective response. Specific incidents may require responses to be modified based on the number of patients, cause or severity of illness or injuries, and/or other special circumstances surrounding the incident.

Goals

This MCI plan has the following goals:

- To establish and maintain common terminology organizational and management structure to facilitate the emergency response to an MCI.
- To establish efficient and effective emergency medical response at the field level.
- To establish methods of care and transportation that will provide for the survival of the greatest number of casualties.

Competency Levels

This plan meets the standards of the following by reference or incorporation. To effectively use this plan, agencies should possess working knowledge and competencies in the following areas:

- National Incident Management System (NIMS)
- California Standardized Emergency Management System (SEMS)
- Incident Command System (Level 100 minimum)
- Hazardous Materials Awareness
- Simple Triage and Rapid Treatment/Transport (START Triage)
- Pediatric Jump START
- Working knowledge of FIRESCOPE, Field Operations Guide (FOG)
- Working knowledge of Yolo County Fire Mutual Aid Plans
- Working knowledge of Yolo County EMS Prehospital Care Policies and Protocols
- California Master Mutual Aid Agreement (EMAC)
- Government Code, State of California
- California Emergency Services Act

In addition, the following trainings are recommended:

- Incident Command System 200, 300, 400
- NIMS 700, 800

Authority

The California Health and Safety Code, Division 2.5, Chapter 4 – Local Administration, provides the authority for the development and implementation of this plan by Yolo County Emergency Medical Service Agency. (§§ 1797.103, 1797.204, 1797.250, and 1791.252)

Yolo County Emergency Medical Services Agency (YEMSA)

YEMSA is responsible for the planning, implementation, and evaluation of emergency medical services within Yolo County. These responsibilities include ensuring the roles are filled appropriately and in accordance with the nature and magnitude of the incident. These may include, but are not limited to:

Agency Liaison: Provides counsel to various levels of Command Staff to ensure all public and private prehospital care services function and respond appropriately to the incident. Within its authority, YEMSA will make necessary policy amendments, clinical care modifications, and/or modifications of agreements, in order to mitigate the actual, or potential, danger that threatens the health and welfare of the public.

Agent of the County Health Officer: As partner to the County Community Health Division of the Yolo County Health and Human Services Agency (HHSA), YEMSA may serve at the will of

the Yolo County Health Officer. This includes, but is not limited to, authorization of any and all actions necessary for the prevention and/or mitigation of a potential, or actual, public health emergency and may be in coordination with other county services.

ICS Positions in the Field: YEMSA personnel may, as qualified and as appropriate, fill various ICS positions, with the approval on the Incident Commander. Commonly held field positions may include Medical Group/Division/Branch Supervisor, Transport Supervisor, Technical Specialist, etc. Such roles may also include the Medical Health Operational Area Coordinator (MHOAC).

County Emergency Operations Center/Health Department Emergency Operations Center Coordination: In the case of incidents of large scale or complexity, YEMSA may assist with the coordination of patient destinations, ambulance resources, hospital availability, medical mutual aid, etc. This coordination will be through the county/Operational Area Emergency Operations Center (EOC) or the Health Department Operations Center (DOC), and in coordination with the Office of Emergency Services, Fire Mutual Aid Coordinator, Law Mutual Aid Coordination, Regional IV Medical Health Operation Area, etc.

Incident Authority

Fire Service and Law Enforcement Organizations are responsible for the response, management, and mitigation of incidents that occur within their respective jurisdictions. A fire or law enforcement officer will typically serve as the Incident Commander (IC) or as a participant in a Unified or Area Command, when applicable. Per state statute, the agency jurisdiction may elect to temporarily or permanently pass the IC position to a more qualified person.

The IC has the ultimate authority for all decisions related to the incident. Based on the nature of the incident, some exceptions may apply in accordance with county, state or federal authority. Under normal circumstances, actions related to emergency medical services are accomplished through established policies and procedures and may be delegated to others by the local IC. In cases where specific or additional emergency medical services actions may be beneficial for the mitigation of the event, external partners are responsible for providing counsel to the IC. The IC makes informed decisions upon consideration of all counsel.

The first Paramedic on scene is responsible for obtaining information about the receiving hospital's bed availability, capability, and system status.

The California Highway Patrol (CHP) maintains authority for the freeway systems, county roadways, various levels of dignitary protection, and other public protection activities.
Yolo County Coroner should be notified early in the incident when there is a known fatality(ies). Law enforcement or the IC shall brief the coroner on the current situation and needs.

Control Facility

The Control Facility (CF) is pre-designated by the EMS Agency for Yolo County. The Control Facility is responsible for hospital resource coordination and preparation for casualty distribution with on-scene personnel and receiving hospitals. The detailed roles and functions of the facility are specified within this plan. Yolo County designated control facilities are:

Woodland Memorial Hospital (WMH)

County Resources

In addition to the EMS Agency, the following County departments/organizations play a key role in the management of multiple patient events:

- Yolo County Emergency Communications Agency (YECA)
- Yolo County Office of Emergency Services (YCOES)
- Yolo County Mental Health
- Yolo County Health System
- Yolo County Environmental Health
- Yolo County Public Works

Public/Private Service Providers and Community Based Organizations

A wide variety of public and private service providers and community-based organizations support the EMS system through the provision of resources that are critical to the management incidents involving multiple patients. These include, but are not limited to:

Ambulance Service Providers: Responds to multiple-patient-events and provides associated treatment and transport

Non-Ambulance Medical Transport Services: Offer patient care and transport for patients within the region that do not require ambulance-level services (e.g. paratransit vans, wheelchair vans, and buses)

Acute Care Hospitals: Provide clinical emergency medical care to victims of illness and/or injury

Community Clinics: Provide clinical care at the community level. May be used by the EMS system when general acute care hospitals are overwhelmed due to large events or extraordinary numbers of patients in need of clinical care

American Red Cross: Provides support services for responders and victims

Amateur Radio Emergency Services/Radio Amateur Communications Emergency System (ARES/RACES): Provide additional communication services to support operations during a large-scale incident

Continuous Quality Improvement

Level I (Minor) incidents shall be reviewed within the Quality Improvement Program of the responding providers or at the request of any agency involved.

For Level II, III (Moderate, Major) incidents, the Medical Group Supervisor Summary Report will be completed and submitted to the EMS Agency within forty-eight (48) hours of incident resolution All agencies involved will be invited to participate in an open discussion to review the incident, review the written Plan, and to provide recommendations or modifications.

Level II, III, and IV (Moderate, Major, and Catastrophic) incidents will be reviewed as follows:

- A formal, review/critique of the incident should be scheduled within seventy-two (72) hours of the resolution of the incident.
- The IC, EOC and/or DOC Director or designee(s) shall schedule and conduct the review.
- All agencies involved in the resolution of, or response to, the incident shall be invited and encouraged to participate both in live discussion and by formal written reviews of the events. Other interested agencies may be invited to attend.
- The review should include a final summary that contains written reports, discussions, conclusions, and recommendations for the handling of future incidents as well as the evaluation of applicability and practicality of the written plan with recommendations for modifications as indicated.

Operations Section

Operational Concepts

- Incident organization is based on the principles and practices of the National Incident Management System (NIMS), including the use of the Incident Command System (ICS).
    - The organizational structure will expand and contract as the dynamics of the incident warrant.
    - Requests for resources from the incident will be ordered utilizing the Incident Command System and single point ordering.
    - Incident information will be transferred between organizational elements, the field Incident Commander (IC) or designee, and supporting communications centers in a timely fashion.

- First responders may utilize the triage tape system.
    - Patients will be assigned a Simple Triage and Rapid Transport (START) tag at designated Casualty Collection Point (CCP), in triage or upon transport.

- Triaged patients will be referred to as RED, YELLOW, GREEN, or BLACK
- First responders should not delay in sending patients to hospitals: All Yolo County Trauma Receiving Centers hospitals are prepared to accept a minimum of two (2) RED and four (4) YELLOW patients.
    - When making patient destination/distribution decisions CONSIDER:
        - Patients self-transporting to nearby facilities
        - Families involved in the incident
        - In the event of an earthquake or other infrastructure event some facilities may be offline or operating with reduced service capabilities

    - Incident Command should be established at a fixed location
        - Unified Command should be established WHEN APPROPRIATE

Medical Group Supervisor

The Medical Group Supervisor (MGS) position is integral to patient distribution and tracking. MGS shall be assigned to a the first in Engine or to the Paramedic Supervisor. If none are available, it shall be assigned to the most qualified responder on scene.

MGS, or designee, is responsible for assigning Treatment Unit Leader, Triage Unit Leader, and Transport Unit Leader, as the incident requires.

It is the responsibility of the MGS to report the following information in real time to the IC, or designee, as needed:

1. Patient count

2. Patient acuity (Red, Yellow, Green)
3. Patient triage tag
4. Unit transporting
5. Destination

Destination information and hospital availability, including out-of-county receiving hospital availability, will be available in Reddinet.

When there is a limited number of available ambulances for the magnitude of the incident, patients with minor injuries may be transported by other (non-ambulance) means.

A Patient Care Report (PCR) is needed for each casualty transported, if it can be accomplished, considering the situation and the resources:

- PCRs on patients that refuse transport shall be included, if possible.
- During large incidents, the EMS Administrator, or designee, is authorized to suspend standard PCR protocol and to direct that triage tags be used as the immediate and minimal level documentation of field assessment and treatment.

Medical Group Functions

Triage Unit Leader

Acuity-based triage colors for both triage tape and triage tags are universally accepted as Red (immediate/life threatening), Yellow (delayed/serious non-life threatening), Green (minor/walking wounded), Black (morgue/deceased). Red, Yellow, Green, and Black are the only acceptable triage colors.

Triage personnel should report the number of patients and the patients' respective triage categories to their supervisor as soon as the information is available. Exact numbers or patient triage categories are not required at this point. Estimates such as: 3-5, 4-8, 10-15, 30-50, 100+ are adequate in the early stages. A more accurate count can be communicated once available.

Patients are triaged and tagged in the triage area prior to them walking or being moved by litter bearers (if non-ambulatory) to the Treatment Area. An effective tactic is for the Triage Unit Leader to set up a physical "triage funnel" with tape, sawhorses, cones, traffic delineators etc., through which all patients are routed. The Treatment Unit Leader may consider placing personnel at the triage funnel to direct litter bearers to the appropriate treatment location.

Red patients must be transported as soon as possible. Red patients are to be moved to the Treatment Area only if there is a delay in transport resulting from a lack of transportation units.

Triage Unit Leader supervises triage personnel who perform the actual triage of patients and the Morgue Area Manager.

- Triage Unit Leader
  - Fire Personnel
  - Reports to Medical Group Supervisor
  - Responsible for triage management and movement of patients from the triage area to Treatment area
  - Identifies initial morgue area

Triage personnel may work closely with personnel from other Groups or Branches to gain access to patients, for example, a Rescue Group or Extrication Group may need to remove a trapped patient in order for Triage personnel to evaluate the patient. Triage Unit personnel may transition into Treatment area upon completion of triage.

Morgue Manager establishes morgue operations; this responsibility ultimately rests with law enforcement or the Medical Examiner's Office but may be staffed by others until their arrival.

Treatment Unit

Patient Treatment is a function established at MCI incidents when patient or casualty load exceeds the available transportation resources. If enough ambulances are not immediately available, or the extent of the MCI exceeds local resources, a Treatment Unit is necessary.

Getting the patient to a hospital takes precedence over treatment at the scene**.** If transportation is available, patients triaged as Red should move directly from Triage into an ambulance for transport to a hospital. Treatment in these situations should take place while en route to the hospital.

Treatment of immediate life-threatening injuries (severe bleeding and airway) are addressed initially during START Triage.

Victims are moved to a Treatment Unit at a safe location according to triage priority and are subsequently transported in ambulances, or other types of vehicles.

Treatment Areas must be large enough to accommodate the anticipated number of patients to be received.

Treatment Areas are divided into three (3) physically-separated areas.

1. Red Treatment Area
2. Yellow Treatment Area
3. Green Treatment Area

Areas should be marked with colored flags, tarps, or color markers, that match the patient acuity of the triage tag, (Red, Yellow, and Green).

A location near the Treatment Area should be established for persons involved in the MCI who have sustained no apparent injuries. These individuals should be continuously monitored. People in this group may have subsequent complaints that require movement to the Treatment Area. Prior to movement, initiate a Triage Tag for accountability.

Assign treatment teams consisting of one (1) Paramedic and one (1) EMT, or of two (2) EMTs. Treatment Teams may be split for more efficient use of resources. One (1) Paramedic may be assigned to each immediate patient. EMTs should be used to monitor minor patients, keep patients grouped together, and to monitor for patients that may deteriorate into a higher acuity category.

Patients shall be re-triaged upon arrival in the Treatment Area. Additional patient treatment consists of the following:

- Continual assessment; patients should be re-triaged every fifteen (15) minutes.
    - This is especially important for Yellow patients as their medical condition can quickly deteriorate into Red status.

- Check and record vital signs and chief complaint listed on the triage tag.
- Establish and maintain an airway and control hemorrhage.
- If staffing and time allows, provide a more detailed assessment and ALS treatment.

Personnel will follow Yolo County BLS/ALS Protocols for treatment to expedite patient care and transportation.

Preparing Patients for Transport

After initial triage, personnel will use criteria specified in the Yolo County EMS Trauma Triage Criteria and Patient Destination Policy to identify trauma patients who will require transport to a designated trauma hospital.

Patients should be moved from the Treatment Area to the Transport Area when:

- Patient is packaged and ready to go
- Hospital bed destination has been identified
- Transport ambulance is ready to accept the patient

The Treatment Unit Leader

- Is responsible for treatment, preparation for transport, and patient movement to ambulance loading location(s).
- Supervises Treatment Managers and the Patient Loading Coordinator. It is not necessary for the Treatment Unit Leader and Treatment Managers to be the most medically qualified personnel at the incident; the most medically qualified individuals should be working in treatment teams and performing patient care in the Immediate Patient Treatment Area. A Battalion Chief or Company Officer may fill the Treatment Unit Leader position as it does not require a Paramedic.

- Reports to Medical Group Supervisor.

Patient Loading Coordinator

- Verifies patients are prioritized for transportation.
- Matches patients in need of transportation with vehicles and assigned destinations.
- Coordinates patient movement from treatment areas to ambulance loading area(s) with Treatment Managers and Transportation Group
- Coordinates ambulance loading with Treatment Mangers and ambulance personnel.
- May be assigned to scan tags and update patient destination in Reddinet
    - Ensures appropriate patient tracking information is recorded.

Transportation Unit

One of the primary functions at an MCI event is expeditious transportation of victims from the incident to an appropriate medical facility.

Many victims are likely to leave the scene either on their own or via the assistance of nearby good Samaritans seeking shelter and/or treatment at the closest emergency department (ED) or hospital.

- This is likely to occur before first responders can complete the triage process and establish control of the scene.
- Unexpected patient influx may overwhelm the closest ED. This is of particular concern when an incident occurs in close proximity to a hospital.
- Quick notification of regional hospitals/trauma centers closest to the incident scene is essential.

The Transportation Group should be established separately from Medical Group/Divisions.

On large incidents, multiple Medical Divisions may be necessary. It is widely recognized that all patient transportation from an incident must be coordinated through one (1) Transportation Group. To do otherwise would likely move the disaster to the medical facilities. Lack of coordination will likely result in the overloading and disproportionate distribution of patients. For example, a train wreck may require a Medical Division on each side of the train (the train being a physical barrier between groups of patients), but only one (1) Transportation Group should exist to coordinate transportation.

Transportation Group

The Transportation Group Supervisor that directs the activities of the Medical Communications Coordinator, the Ground Ambulance Coordinator, and the Air Ambulance Coordinator, are collectively responsible for patient movement from the scene to medical facilities.

Transportation Group Supervisor

- Recommends assignment to the EMS Field Supervisor

- Reports to the Medical Group Supervisor
- Coordinates patient transportation and maintains records relating to patient identification, condition, and destination
- Establishes and directs Air and Ground Ambulance Coordinators
- Designates ambulance staging and loading areas

Medical Communications Coordinator

- Recommends assignment to EMS Field Supervisor
- Determines and maintains current status of hospital/medical facility availability and capabilities
- Coordinates patient destination with the appropriate hospital or other coordinating facility/agency
- Communicates patient transportation needs to Ground and Air Ambulance Coordinators based on requests from the Treatment Area Managers and/or Patient Loading Coordinator

Ground/Air Ambulance Coordinator

- Selects ambulance staging and loading areas
- Selects ingress and egress routes
- Coordinates other ground transportation resources as needed e.g., public transportation
- Establishes safe helispot(s) and coordinates with Air Operations Branch

Alerts

Provides notification of any potential or actual event that may impact the daily operations of the EMS System.

Description

An alert may be requested by any emergency services responder. This may include, but is not limited to:

- Public Safety Agencies
- Private Ambulance Provider having 9-1-1 emergency response jurisdiction
- Communication Centers
- LEMSA Duty Officer or Administrator
- Yolo County Health Officer
- Yolo County Medical Health Operational Area Coordinator (MHOAC)
- Yolo County Office of Emergency Services

Provides an early notification to prepare the EMS System for larger than expected numbers of patients or resource utilization.

Alerts may be elevated to an **Activation** or **Cancellation** once the incident has been appropriately evaluated.

Standard alerts are activated automatically but any emergency responder may create an alert.

Standard Alert Triggers
• Five (5) or more reported possible patients • Three (3) or more initial ambulances requested • Intelligence exists indicating the potential for an event that may cause a large number of ill or injured • Complete or partial failure of EMS system critical infrastructure (hospital compromise, communication system, etc.) • Potential or actual public health emergency • Facility evacuation (skilled nursing and hospitals)
Fire/Law Enforcement/EMS Communication Actions
• Support individual needs request as received • Notify EMS Provider Agency, LEMSA Duty Officer and Law/Fire Command • LEMSA Duty Officer monitors incident and system events to ensure maintenance of normal EMS system operations and plans for system and operational changes as needed • No resources dispatched other than those specifically requested by the IC
First Responders Actions
• Establish IC • Assess number and nature of causalities • Assess the general nature of the emergency and relay that information to the IC • Initiate the Simple Triage And Rapid Transport System (START/JumpSTART)
ALS Transport Providers Actions
• Notify Control Facility (CF) • May request hospitals complete a bed availability query • Query ambulance dispatch for total available units for system or event response
EMS System Actions
• The LEMSA Duty Officer may initiate actions to ensure the integrity of the EMS System, as appropriate • The Office of Emergency Services (OES) may be notified • The County Health Officer may be notified • Region IV Disaster Medical Health Coordinator may be notified

Activation

The IC may activate the MCI plan upon determination of the incident-specific needs. 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 responses.

Agency and system participants have specific responsibilities during an MCI response. Depending on the nature, size, and complexity of the incident, certain activities may be modified from normal daily operating procedures.

The following highlights the actions and responsibilities of each agency after activation of the MCI. (Note, there is no requirement dictating the order in which these items are completed)

Dispatch Notifications

• Dispatch Centers will notify the following:
  ○ Fire Duty Chiefs
  ○ EMS Duty Officers

First Responders Actions
• Establish an IC • Assess number and nature of causalities • Establish the general nature of the emergency, the resources needed, and relay the corresponding information to IC • Initiate the Simple Triage And Rapid Transport System (START/JumpSTART) • Establish contact with IC and determine the areas to be used for triage, treatment, and ambulance staging • Move victims to designated patient treatment area(s) • Assist with rescue, stabilization, fire control, hazard reduction, treatment and triage personnel as requested • Assist with ambulance loading • Assist with morgue establishment, if directed by the triage leader
Law Enforcement Actions
• Primary investigative authority for traffic and criminal events • Traffic Pattern, including air, if needed • Notification of the coroner, if needed
ALS Transport Provider Actions
• Notify On-Duty Supervisor • Additional supervisor response, per organization policy • Update Control Facility on patient count, as needed • **Ensure patient disbursement is updated in ReddiNet**
Hospital Actions
• Make internal notifications and institute appropriate ED procedures, per facility protocol • Respond to ED HAvBED poll

EMS System Actions
• Ambulance services may be queried regarding total available units for system or event response • The LEMSA Duty Officer may initiate actions to ensure the integrity of the EMS System, as appropriate • Control Facilities will direct patient destination decisions to the transport supervisor • The Duty Officer will notify OES of the activation

Activation Special Considerations

Policy & Operations Modifications

The EMS Agency may suspend or modify policy in order to facilitate incident management (e.g. allowing BLS units to be used for 9-1-1 responses, suspension of non-emergency patient transfers).

Use of Alternate Transportation Resources

Non-Ambulance Medical Transport Services may be used to support moderate and larger-scale multi-victim incidents through the provision of transportation for patients do not require ambulance transportation (e.g. buses, paratransit vehicles). This may occur with EMS Agency Administrator or Medical Director approval.

Patient Care Documentation

Patient accountability must be maintained from a patient's inception into triage/treatment/ transport to the patient's discharge from field care or hospital. Tracking is a function under treatment, transportation, and hospitals.

Level 1 MCI - Triage Tags may be used in addition to the required Electronic Patient Care Report (ePCR).

Level 2 through Level 5 MCI - Triage Tags are used, followed by an approved ePCR for each patient.

- An ePCR is needed for each casualty transported.
- ePCRs on patients who refuse transport shall be included, if possible.
- The EMS Duty Officer is authorized to suspend standard ePCR protocol. Patient documentation options are as follows:
    - EMS Field Notes (ICS 214, First Responder Worksheet, etc.) or paper PCR followed up with a full ePCR within twenty-four (24) hours.
    - Triage Tags used as the minimal level documentation of field assessment and treatment.

Any time Triage Tags are used, the following actions must occur:

- Triage Tags will be kept with each patient as part of their official medical record and will be retained in the medical record of the receiving hospital.
- Ambulance personnel may photograph both sides of the Triage Tag of transported patients.
- The Triage Tag number shall be included in the documentation on each ePCR.

Patient Destination

Patient destinations are managed using hospital capacity information provided by the Control Facility.

Destinations for specialty patients (e.g. burns, pediatric), may be considered if transport resources needed for overall scene management are not compromised.

Limited uses of casualty collection points/field treatment sites may be implemented for large-scale incidents.

Scene Management
The overall authority for scene operations shall be under the direction and control of the IC, usually from the agency with primary investigative jurisdiction over the incident.

Ambulances shall respond to a designated location unless otherwise assigned.

Formal treatment areas are identified by priority:

IMMEDIATE (I)	DELAYED (D)	MINOR (M)	DESEASED (X)

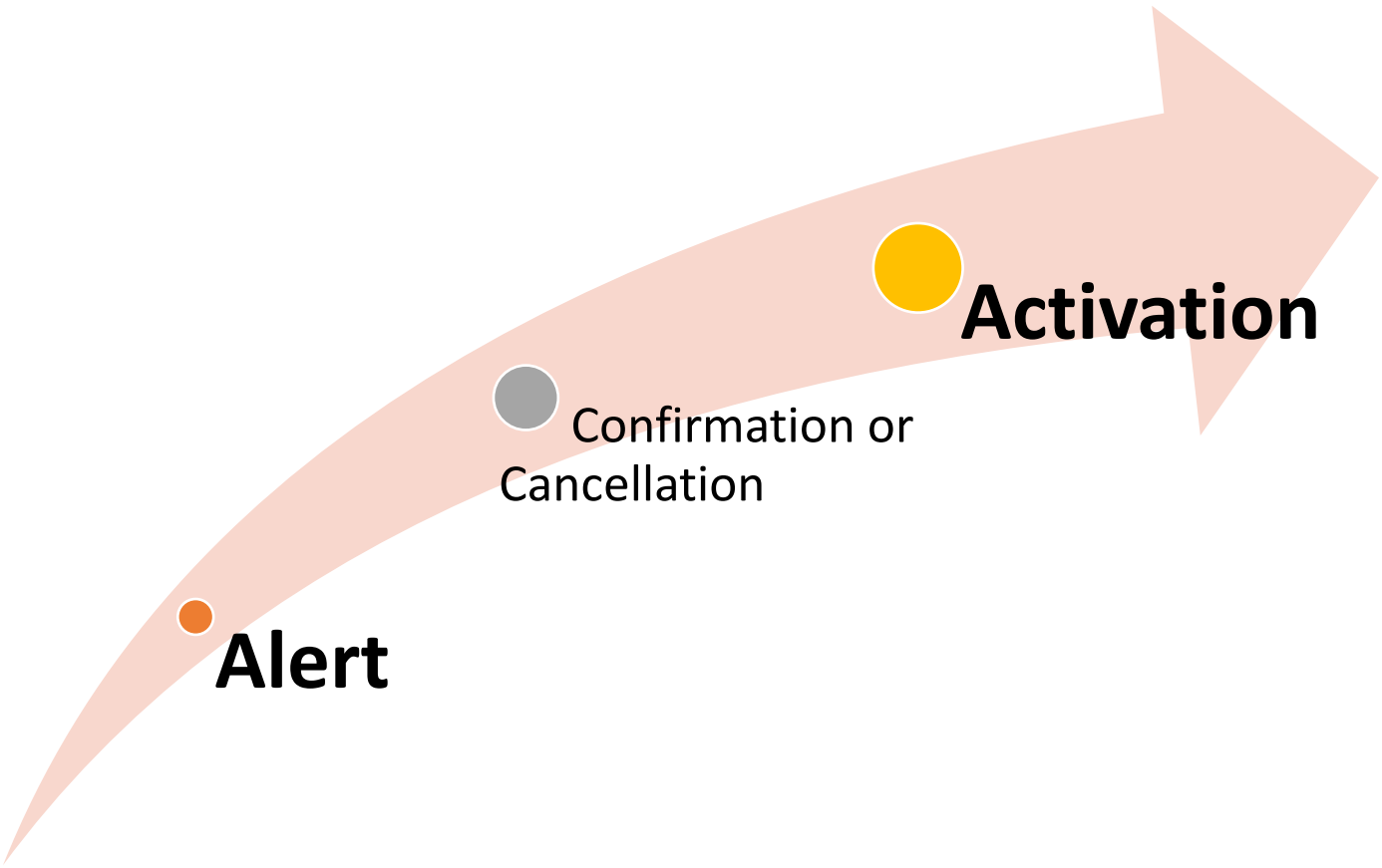
Activation Levels

As the number of patients increases, the focus shifts from individual incident management to system sustainability and performance. Activation Levels are based on factors such as the type, size, location, and number of incidents, and are used to denote overall system impact.

Determination of Activation Level will normally occur at the Operational Area or EMS System level and is intended to advise system participants of the overall status of the EMS System. Such determinations are made by system management and are not generally made by field personnel.

Level I (Minor)
• Single event • Generally handled with local resources • It is not necessary to modify the daily 9-1-1/EMS System to support the incident
Level II (Moderate)
• Simultaneous occurrence of multiple minor incidents or a single large-scale event • Minor minor modifications to the daily 9-1-1/EMS System may be necessary to support the incident. • This may include transporting patients to facilities outside that of normal daily operations and amending dispatch criteria (example: stopping non-emergency patient transfers) • May require limited mutual aid assistance

Level III (Major)
• Simultaneous moderate-scale incidents or extraordinarily large-scale single event overwhelming all local resources • It is necessary to modify the daily 9-1-1/EMS System to support the incident and ensure stability of the system including the use of mutual aid resources • May require out of county regional/mutual aid resources
Level IV (Catastrophic)
• Catastrophic event producing casualties in numbers that exceed local and mutual aid resources • Modification to the daily 9-1-1/EMS System is needed to support the incident and stability of the System, including significant use of mutual aid resources from State and Federal partners.


Activation
Confirmation or
Cancellation
Alert

Communications Section

Communication and Notification

Communication is essential during an MCI to convey data and information that supports situational awareness to hospitals and response personnel. Emphasis is placed on sustaining internal and external communication with community partners (i.e. emergency management, public health, EMS, law enforcement, and other response partners, and the public). This supports consistent messaging and information dissemination during and immediately following an MCI.

The response to and mitigation of multiple patient events requires the participation of public and private resources through coordinated efforts. Emergency Communication Centers and their respective responsibilities are listed below.

Public Safety Answering Point (PSAP)

- Initial notification/alerting of personnel/agencies
- Fire and Law response to the incident and zone coverage
- Dispatch appropriate resources
- Request Mutual Aid fire resources under any preplanned response matrix or at the request of the IC
- Inform all responding personnel of MCI and, the potential or known number of patients
- Notify the contract ambulance provider
- Inform all responders of the radio fire channel designated by IC
- Inform the EMS Agency Duty Officer/MHOAC of the MCI
- Inform the Yolo County Office of Emergency Services Duty Officer
- Dispatch additional ambulance(s) per the IC

    Note: Ambulance field supervisor in consultation with the IC, may activate regional ambulance strike teams as needed and in response to the IC resource request. EMS Agency/MHOAC will be informed and will request additional medical mutual aid from Region IV in coordination with the ambulance provider.

American Medical Response Dispatch (AMR)

- Initial notification/alerting of personnel/agencies
- Notify Mutual Aid Resources
- Maintain normal day-to-day EMS responses
- Ambulance response to incident and zone coverage

Amateur Radio Emergency Services (ARES)

- Provide additional communication services to support operations during large scale incidents.

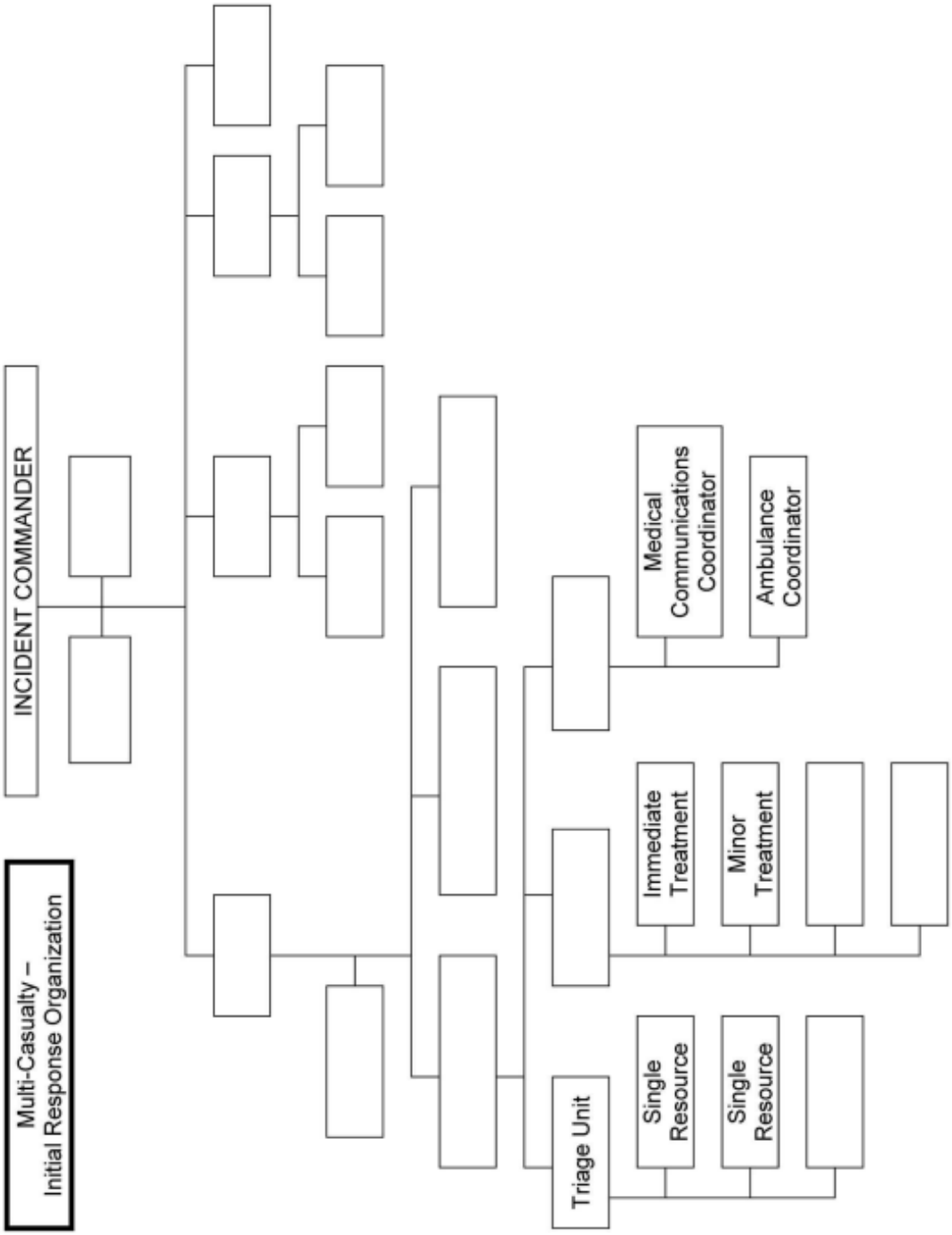
California Highway Patrol, Sacramento Communications Center (SCC)

- Initial notification/alerting of personnel/agencies

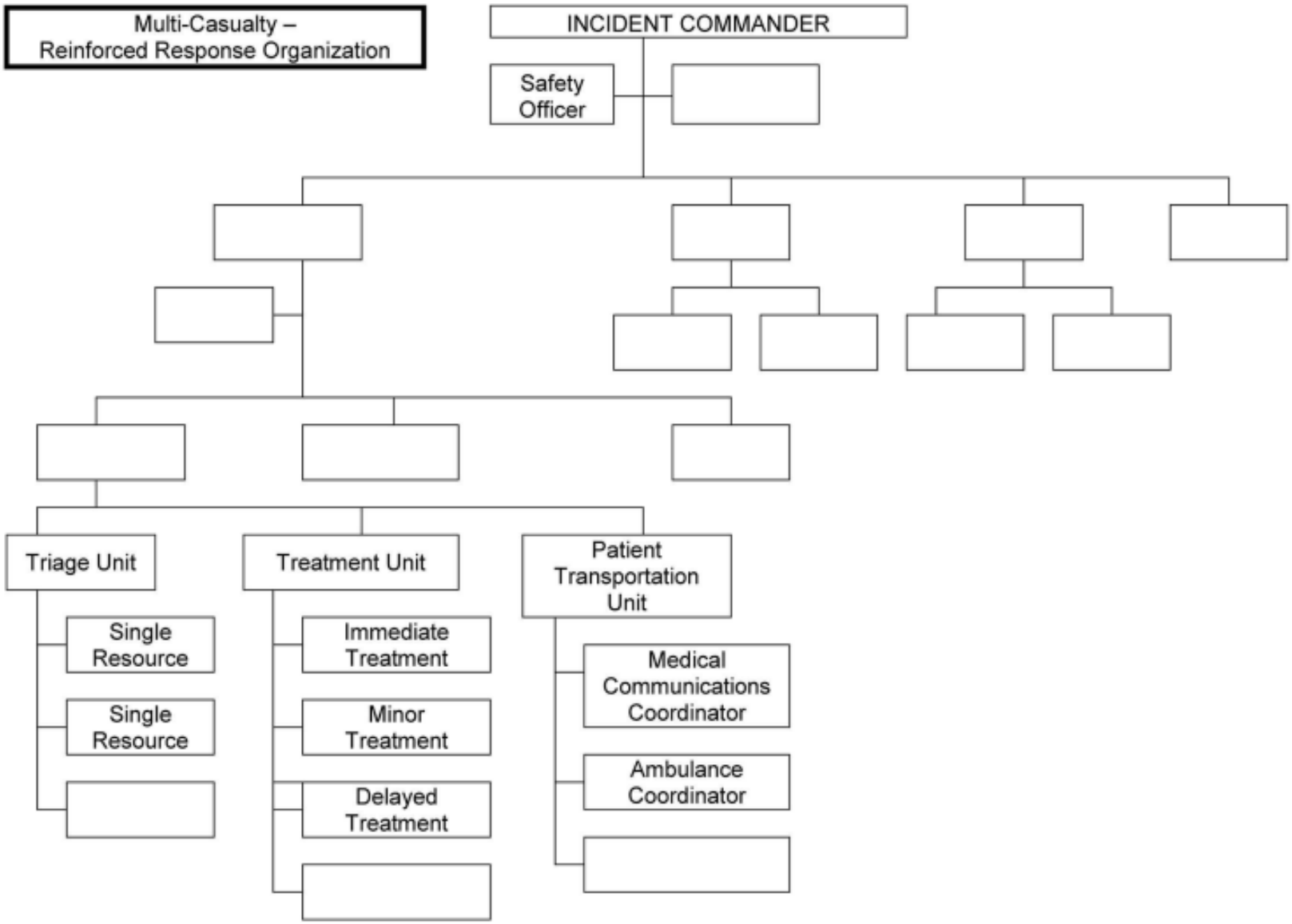
- Law enforcement response to the incident
- Notify and request Fire/Law/Medical Mutual Aid

APPENDIX

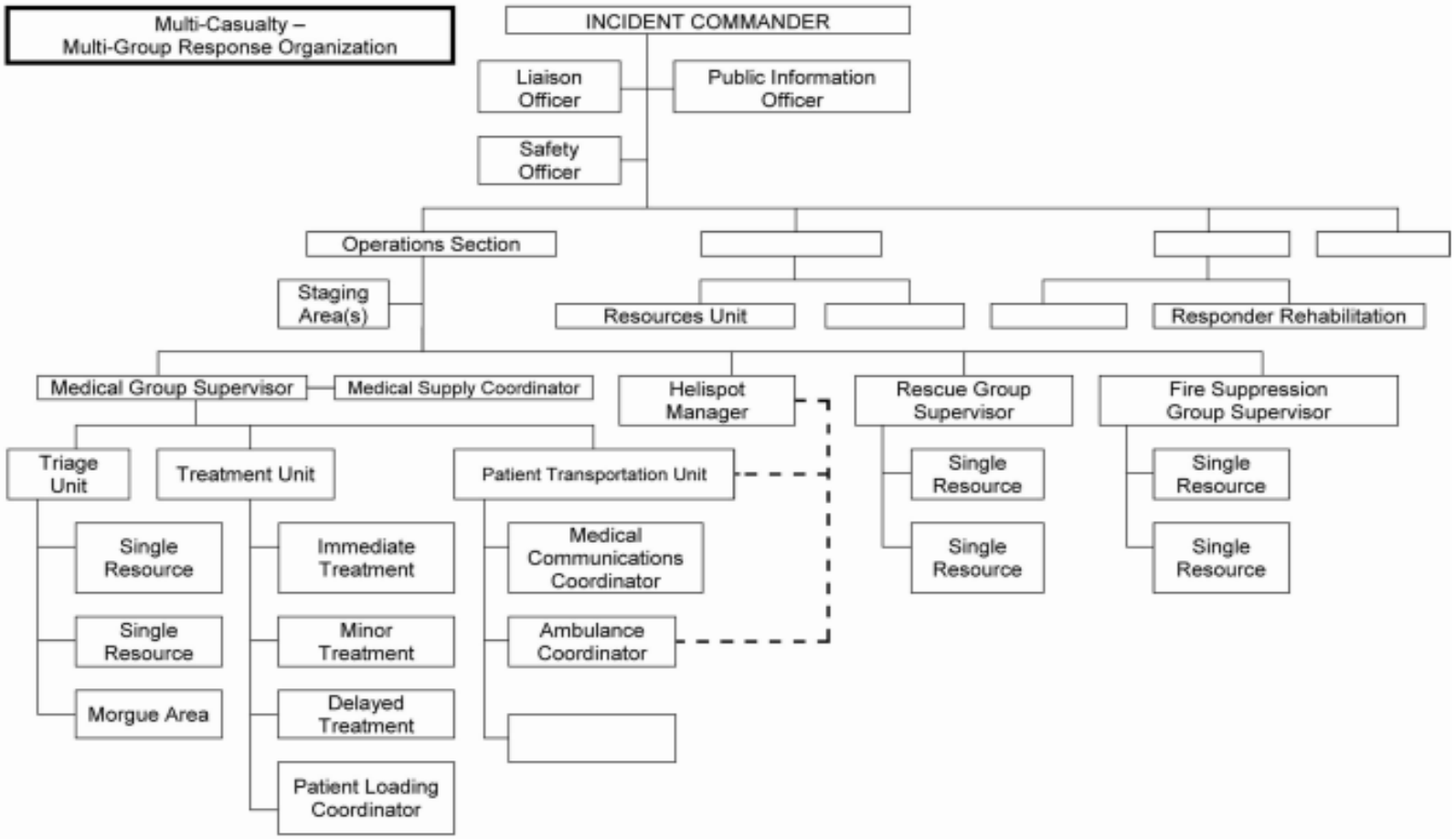
ICS Org Chart – MCI



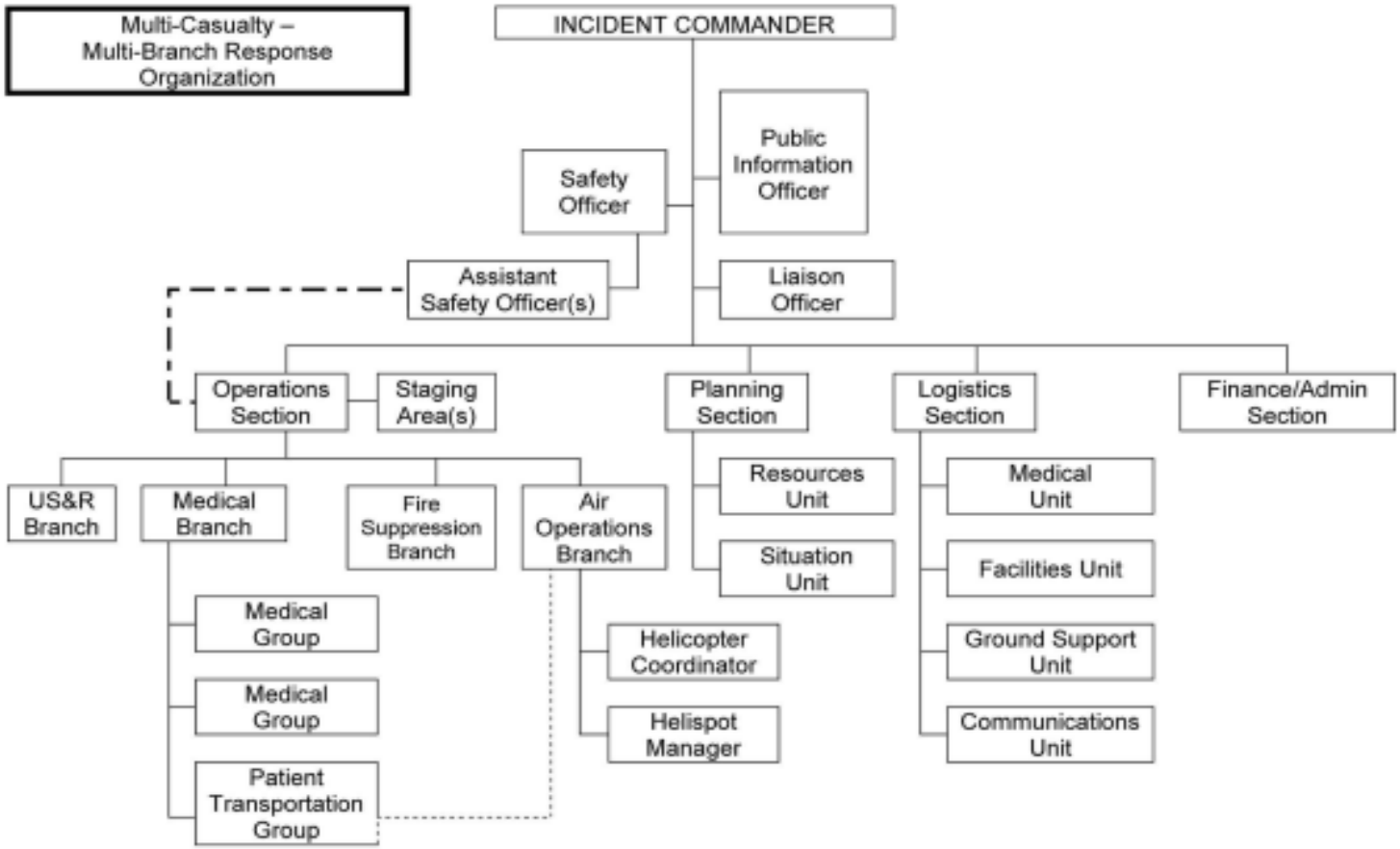
Multi-Casualty Initial Response Organization: The Incident Commander manages initial response resources as well as all Command and General Staff responsibilities. The Incident Commander assigns a resource with the appropriate communications capability as the Medical Communications Coordinator to establish communications with the appropriate hospital or other coordinating facility. In addition, the Incident Commander assigns a Triage Unit Leader, establishes treatment areas, and assigns an Ambulance Coordinator.



Multi-Casualty Reinforced Response Organization: In addition to the initial response, the Incident Commander establishes a Safety Officer, a Treatment Unit Leader, a Patient Transportation Unit Leader and Ambulance Coordinator, Immediate, Delayed, and Minor Treatment Areas are established and staffed. Ambulance Strike Teams may be requested to support local resources.



Multi-Casualty Multi-Group Response Organization: All positions within the Medical Group are now filled. The Air Operations Branch is shown to illustrate the coordination between the Patient Transportation Unit and the Air Operations Branch. A Rescue Group is established to free entrapped victims. *May consult with MHOAC/LEMSA for additional hospital and ambulance resources such as Ambulance Strike Teams.



Multi-Casualty Multi-Branch Response Organization: The complete incident organization shows the Medical Branch and other Branches. The Medical Branch has multiple Medical Groups due to incident complexity, but only one Patient Transportation Group. This is because all patient transportation must be coordinated through one point to avoid overloading hospitals or other medical facilities.

Medical Group Supervisor

Reports to: Incident Command (IC)

Supervises: Triage, Treatment and Transport Unit Leaders. For larger incidents, includes Medical Supply Coordinator

Mission: Supervise Unit Leaders and establish command and control of the activities within the Medical Group

Filled by: Fire Personnel or AMR Supervisor. May be first in engine company officer after IC is assumed by a higher rank

Immediate Actions

- ☐ Donn identifying ICS position vest and locate in a visible position.
- ☐ Determine initial resources and request from IC, as needed based on incident size – Chart below is a guide

3-10 RED Patients	11-20 RED Patients	21-100 RED Patients
5 Ambulances 2 Fire companies 1 Ops Chief 1 EMS Supervisor	10 Ambulances 5 Fire companies 1 Ops Chief 1 EMS Supervisor 1 DMSU Unit or MCI Trailer	15 to 50 Ambulances 10 Fire companies 2 Ops Chiefs 1 EMS Supervisor 2-4 DMSU Units or MCI Trailers

- ☐ Assign or ensure ICS positions are filled as needed:
  - ☐ Triage Unit Leader _____
  - ☐ Treatment Unit Leader _____
  - ☐ Transport Unit Leader (AMR) _____
  - ☐ Morgue Manager _____
- ☐ Coordinate with Unit Leaders to designate Treatment Area(s), Transport Loading Area, and Ambulance Staging Area

- ☐ Isolate Morgue Area and coordinate with Treatment Unit Leader to establish Treatment Areas for Immediate, Delayed and Minor patients

☐ Coordinate with Transport Unit Leader to establish ingress and egress for ambulance staging and ambulance loading locations.

☐ Obtain initial patient count from Triage Unit Leader and communicate information to Transport Unit Leader

- ☐ **Immediate** _____ **Delayed** _____ **Minor** _____ **Deceased** _____
- ☐ Designate landing zone, if needed, and assign engine company to assist with landing
- ☐ As needed, request law enforcement for security and traffic control and the coroner for investigation

Ongoing Actions

☐ Determine additional type and amount of resources needed, based on requests from Unit Leaders (personnel, medical supplies, transportation)

☐ Request resources through IC

☐ Designate medical equipment resources to Staging or Medical Cache, if appropriate

☐ Obtain updates from Unit Leaders on patient count, transports, and situation awareness as needed and report information to IC

☐ Maintain ICS 214 Form and provide information to IC for 201 Form

Triage Unit Leader

Reports to: Medical Group Supervisor (or IC on small incidents)

Supervises: Triage personnel, Litter Bearers and Morgue Manager

Coordinates with: Treatment Unit Leader, Transport Unit Leader

Mission: Supervise the coordination of triage personnel to rapidly identify and triage all patients by priority category: Immediate, Delayed, Minor, Deceased and coordinate with Treatment Unit Leader to move patients to the respective Treatment Area(s).

Filled by: Fire Personnel

Immediate Actions

- ☐ Donn identifying ICS position vest and locate in a visible position between the incident and the Treatment Area
- ☐ If patients are in imminent danger, move them out of the incident area prior to establishing triage
- ☐ Request resources (Triage Tape, Tags, personnel, etc.) through Medical Group Supervisor
- ☐ Implement the use of triage tape for initial triage using Start Triage
- ☐ Obtain a count of all patients by triage category: Immediate, Delayed, Minor, Deceased
- ☐ Coordinate with Treatment Unit Leader to move patients from the incident/Triage Area to the appropriate Treatment Area(s)
    - ☐ Direct walking wounded to designated Treatment Area
    - ☐ Organize Litter Teams to move non-ambulatory to Treatment Area(s)
    - ☐ Designate Morgue Area and assign Morgue Manager

Ongoing Actions

- ☐ Re-assign triage teams to Treatment Area after initial triage is complete
- ☐ Provide updates to Medical Group Supervisor (or IC for smaller incidents)
- ☐ Maintain ICS 214 Form and provide information to IC for 201 Form

Treatment Unit Leader

Reports to: Medical Group Supervisor

Supervises: Treatment Area Manager(s)

Works/Coordinates with: Triage Unit Leader, Transport Unit Leader

Mission: Supervise Treatment Area Manager(s) to rapidly perform on-scene medical treatment of patients and coordinate the movement of patients for transport

Filled by: Fire or AMR Personnel

Immediate Actions

- ☐ Donn identifying ICS position vest and locate in a visible area in the Treatment Area
- ☐ Establish a Treatment Area in a safe location that is large enough to accommodate all patients
    - ☐ Identify Treatment Areas for each triage category: Immediate, Delayed, Minor, Deceased using colored tarps, tape, chemical lights etc.
    - ☐ Allow 3-foot clearance on all sides of each patient on a tarp
- ☐ Identify and request resources through Medical Group Supervisor for on-scene patient treatment and movement
- ☐ Based on span of control, appoint necessary Treatment Area Managers for each triage category
- ☐ Ensure patients receive secondary triage with triage tags upon entry into the Treatment Area(s)
    - ☐ Ensure triage ribbon is removed after application of triage tag
- ☐ Coordinate patient movement from the Treatment Area to the ambulance Loading Area based on priority of the patient's condition within each Treatment Area

☐ Immediate first, then delayed, then minor

Ongoing Actions

☐ Ensure patients are regularly re-triaged, assigned to the appropriate Treatment Area, and packaged for transport based on patient condition

☐ Ensure patients are regularly re-triaged, assigned to the appropriate Treatment Area, and packaged for transport based on patient condition

☐ Coordinate patient movement and maintain communication with Transport Unit Leader

☐ Request additional resources (medical supplies, personnel, etc.) through Medical Group Supervisor

☐ Provide updates to Medical Group Supervisor (or IC for smaller incidents)

☐ Maintain ICS 214 Form and provide information to IC for 201 Form

Ongoing Actions

☐ Consider appointing a Medical Supply Coordinator

☐ Consider establishing specialty patient care teams (IV teams, bandaging teams, transport loaders)

Transportation Unit Leader

Reports to: Medical Group Supervisor

Supervises: Ambulance Coordinator (Staging)

Works/Coordinates with: Treatment Unit Leader, Triage Unit Leader

Mission: Responsible for communicating with Control Facility (WMH), coordinating patient loading into ambulances or other patient transport vehicles, ensuring that patient information and destinations are recorded using ReddiNet, and communicating transportation resource needs to the Medical Group Supervisor

Filled by: AMR Personnel

Immediate Actions

- ☐ Donn identifying ICS position vest and locate in a visible location in Transportation Corridor
- ☐ Establish communications with Control Facility (CF) to initiate bed polling through ReddiNet
- ☐ Coordinate with Medical Group Supervisor to verify/designate Ambulance Staging Area(s) and maintain ingress and egress routes for transporting units
- ☐ Request ambulances and other transport resources (air and alternative transport) through Medical Group Supervisor
- ☐ Coordinate movement of patients from the Treatment Area to Transportation/Loading Area

Ongoing Actions

- ☐ Ensure CF has accurate patient count in order to facilitate accurate patient tracking
- ☐ Provide updates to Medical Group Supervisor (or IC in smaller incidents)
- ☐ Maintain ICS 214 Form and provide information to IC for 201 Form

Large Scale Incidents

- ☐ Utilize Transport Loaders for patient movement from Treatment Area to Transportation/Loading