

Tuolumne County Emergency Medical Services Agency  
EMS System Policies and Procedures

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**Policy: Multi-Casualty Incident Management #520.00**

Medical Director:  Creation Date: 02/27/19

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I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.220, and 1798. California Office of Emergency Services Region IV Multi-Casualty Incident Plan. California Public Health and Medical Emergency Operations Manual (EOM).

II. PURPOSE

To define the standards for and provide guidance to field and hospital personnel in the management of Multi-Casualty Incidents.

III. DEFINITIONS

- A. Control Facility (CF) – An Operational Area hospital, dispatch center, warning center or other entity designated by the Local EMS Agency with the responsibility for the dispersal of patients during a multi-casualty incident (MCI).
- B. Incident Command System (ICS) - A system to organize equipment, personnel and procedures for communications in response to an event. ICS is a sub-system of the National Incident Management System (NIMS) and a component of Standard Emergency Management System (SEMS).
- C. Medical Health Operational Area Coordinator (MHOAC) - An individual appointed by a county Department of Health Director/Local Health Officer who is responsible in the event of a disaster or major incident where mutual aid is requested, for obtaining and coordinating services and allocation of resources within the Operational Area.
- D. Multi-Casualty Incident (MCI) – Any incident that exceeds the capabilities of the initial response including an incident that meets any of the following criteria:
  - 1. 3 or more patients that are triaged as IMMEDIATE (Red).
  - 2. 5 or more involved people regardless of triage category.
  - 3. Provider discretion
- E. Simple Triage and Rapid Treatment (START) - A triage method used to quickly classify the severity of injury of adult victims during a MCI.
- F. Jump Simple Triage and Rapid Treatment (JumpSTART) - A variation of the START triage system developed for use on any patient from newborn to 8 years of age or, if age is unknown, who appears to be a child.
- G. Patient - A person that is involved in a MCI and has sustained an illness, injury or hazardous exposure due to their involvement.

- H. Victim - A person that is involved in a MCI and has not sustained an illness, injury or hazardous exposure due to their involvement and has not requested treatment and/or transportation by EMS.

IV. POLICY

1. The Tuolumne County EMS Agency endorses the California Office of Emergency Services Region IV Multi-Casualty Incident (MCI) Plan, the Incident Command System (ICS), and the Standardized Emergency Management System (SEMS). All Tuolumne County EMS contracted agencies must utilize the Region IV MCI Plan. Emergency response agencies and personnel shall familiarize themselves with the aforementioned emergency management systems.
2. Tuolumne County EMS personnel shall be thoroughly familiar with the Region IV Multi-Casualty Incident Plan, START and JumpSTART triage procedures, the Incident Command System (ICS) and all MCI forms and triage tags.
3. The notification of the Base Hospital Control Facility (CF) should occur as soon as there is information that a MCI may exist. If this occurs at the time of dispatch or while responding to the incident, the CF should be contacted and advised of an "MCI Alert". Information concerning the location, approximate number of victims (if known), and a description of the incident should be given. The CF can be contacted by the dispatch center or pre-hospital responders.
4. The first arriving emergency unit should be prepared to quickly size-up the incident; request additional resources; declare MCI, and implement ICS operations; provide a scene description and early notification to the base station/CF; and assume roles and responsibilities according to the California Office of Emergency Services Region IV Multi-Casualty Incident Plan.
5. Upon confirmation or notification of a MCI by the responding ambulance crew, the Dispatcher shall
  - a. Notify fire and ambulance dispatch centers in adjacent jurisdictions that a MCI has occurred.
  - b. Notify all ambulances not assigned to the MCI that a MCI has occurred and that they are to function under the MCI policy until further notice.
  - c. Notify the MHOAC any time when more than five (5) out-of-County ambulances are requested or are responding to an incident(s) within Tuolumne County
6. Once declared, a MCI cannot be "undeclared" by scene personnel until the incident is terminated and all patients have been transported or released.
7. Upon notification of a MCI in progress all ambulance not assigned to the MCI shall;
  - a. Limit base hospital (CF) contact. Contact with the CF should be limited to hospital destination requests and ETA

- notifications.
- b. All patient care will be carried out by use of Tuolumne County EMS Treatment Guidelines with no base hospital contact required.
  - c. If patient care requires a medication or procedure normally requiring a Base Hospital Physician Order, the patient will be cared for as if an order from a Base Hospital Physician has been given and an ALS without Base Contact Form (Green Sheet) will be completed and submitted.
8. In circumstances where there is a large number of Minor (Green) Patients the use of non-traditional transportation resources may be authorized by the Incident Commander (IC) in coordination with the Medical Group Supervisor (MGS) and the Control Facility.
9. Non-traditional transportation resources may include;
- a. Law Enforcement Vehicles
  - b. Fire Department Apparatus
  - c. Buses
- If buses are used to transport Minor Patients a paramedic or EMT shall accompany the patients during transportation. There shall not be more than 15 Minor Patients to 1 paramedic or EMT.
10. In circumstances where there is a large number of Minor Patients the use of non-traditional receiving facilities may be authorized by the EMS Medical Director, or EMS Coordinator in coordination with the MHOAC. Non-traditional receiving facilities may include;
- a. Clinics,
  - b. Urgency Care Centers
  - c. Field Care Sites
  - d. Casualty Collection Points
  - e. Alternate Care Sites
11. All completed forms and any other recorded documentation shall be submitted to the EMS Agency within 72 hours of the incident or as soon as possible, given holidays and weekends.

### **MCI KEY POINTS**

1. A MCI requires a streamlined approach to patient treatment and transport. The goal is to minimize scene time, easily manage a scene by establishing ICS positions, and do the greatest good for the greatest number of patients.
2. MGS, Patient Transportation Group Supervisor (PTGS) and Medical Communications Coordinator (MCC) need to have very good communication (face-to-face if possible). This will ensure easy communications when directing patient dispositions and ordering resources.
3. MCI Flow
  - a. 1st arriving non-transport/assessment unit: IC and patient triage.
  - b. Additional non-transport/assessment unit(s): Assist as assigned. Utilize company officers for ICS roles

- c. 1st arriving medic unit: Medical Group Supervisor. Prepare to be utilized as supply cache.
  - d. Additional medic unit(s): Communicate early with IC/MGS to determine transportation flow path and approach plan. Prepare to receive patients.
4. Situational considerations:
- a. Depending on available resources, the first arriving medic unit may need to be utilized as supply cache. Consider removing equipment and supplies from medic unit and modifying staffing with other available personnel to allow medic unit to still transport.
  - b. Consider use of air ambulance(s) and need for additional ambulances to transport to helispot(s).
  - c. When operating with units from neighboring counties, Tuolumne CF will provide available transport destinations and MGS will assign individual resources. Out-of-county resources shall not contact their respective Base hospitals for destination decision.
5. Maximize use of ambulances. Send additional providers, when available, to transport as many patients as safely possible.
  6. Do not hesitate to order resources. You can always cancel later if they are not needed.
  7. Triage patients with ribbons/ triage tags for all declared MCIs. Know how to properly use triage tags and MCI kits BEFORE the incident.
  8. The initial triage person/team should utilize colored ribbons to triage patients.
  9. Make centrally located treatment areas titled: Immediate (Red), Delayed (Yellow), Minor (Green) and Deceased/Expectant (Black). If you take a few minutes to gather your patients, this will ensure that they can be transported off scene quickly and no patients will be left behind.
  10. Re-triage patients when they arrive at the treatment. Triage tags should be applied upon re-triaging the patient. Remove ribbons when triage tag is applied. NOTE: Obtain identification information if possible (describe clothing or possessions) to help with family reunification post incident.
  11. Ensure all patients have been accounted for and have been triaged.
  12. Consider transporting more than one patient in an ambulance. Ideally an Immediate patient with a Minor or Delayed patients. You may need to transport 2 immediate into 1 ambulance depending on resources.
  13. Ensure destination instructions are clear and understood by the transporting agency.
  14. Only one person, the Medical Group Supervisor or designee (PTSG or MCC), should communicate with the CF. This should be done very early in the incident and be maintained by the same person for the duration.
  15. The MGS, possible, not be involved in direct patient Care.
  16. After the incident, ensure all patients are accounted for and have been

- transported. This shall include re-contact of the CF to confirm patients and destinations.
17. Ensure that all victims, as defined in §III H, are documents on the MCI Victim Log.
  18. Ensure Medical Group Supervisor has the most updated information on patients and hospital destinations.
  19. Have good documentation during the Incident and one complete set of documentation at the conclusion of the incident. Reference MCI packet for proper documentation forms.

## **BASE HOSPITAL/CONTROL FACILITY**

### On Scene

1. Immediately upon arrival or upon confirmation of on-scene EMS first responders:
  - a. Confirm or cancel MCI alert with CF.
  - b. Identify location of MCI.
  - c. Name of incident
  - d. Report name of MGS and contact information.
  - e. A staff member will be assigned to incident for duration of event and maintain communications with on-scene MGS.
2. After Scene Size-up, Update CF on:
  - a. Classification of Incident:
    - i. MCI Trauma; Surgeon may be required for Immediate (Red) victims.
    - ii. MCI Medical; Surgeon may not be required at the receiving facility
    - iii. MCI HazMat; incident requiring decontamination.
  - b. Approximate number of victims
  - c. Estimated time when triage will be completed.
3. After Triage, Update CF on:
  - a. Total number of patients in each triage category
  - b. Number and description of transporting units
4. CF will obtain bed poll and report back to MGS:
  - a. Receiving Hospital Name
  - b. Number of patients of each category that can be transported to each receiving facility
5. Medical Group Supervisor will advise CF of each patient transport with the following information:
  - a. Triage category
  - b. Destination
  - c. Brief description of injury
  - d. Transporting unit
  - e. ETA to receiving facility
6. CF will contact receiving facility to notify of incoming Patient with above information
7. At the conclusion of the incident, report scene clear and confirm patients and destinations to ensure all patients are accounted for with CF. Report any identification information that is available to help with family reunification post-incident