

SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL SERVICES AGENCY
PREHOSPITAL POLICY

Policy Reference No: 126
Effective Date: 10/01/2008
Supersedes: N/A
Review Date: 10/01/2010

SUBJECT: MULTI- CASUALTY INCIDENT OPERATIONS

I. PURPOSE

To establish responsibilities and determine actions required to coordinate a multi-agency response to a multi-casualty incident (MCI) within San Luis Obispo County and/or within adjacent counties.

This policy represents operational guidelines for field emergency responders in San Luis Obispo County and replaces Annex D of the San Luis Obispo County Emergency Operations Plan – Multi-Casualty Incident Operations Plan (June 2001).

II. AUTHORITY

California Government Code, Title 2, Division 1, Chapter 7 (California Emergency Services Act).

III. REFERENCES

Firescope Field Operations Guide, ICS-420-1 (July 2007).

IV. SCOPE

This policy applies to all San Luis Obispo County EMS provider agencies and their personnel.

V. DEFINITIONS

- A. EMS Aircraft – Emergency medical services aircraft or EMS aircraft is any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
- B. Multi-Casualty Incident – An incident which involves a sufficient number of injured persons to overwhelm the first responding medical resources.
- C. Incident Command System (ICS) – The combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish stated objectives pertaining to the incident. ICS used to manage MCI incidents shall match the current version of Firescope ICS.

- D. Incident Commander (IC) – The public safety agency representative statutorily or contractually responsible for overall incident/scene management.
- E. Single Ordering Point – The single source of ordering incident resources for an MCI. The dispatch center of the agency having jurisdiction shall be the single ordering point for an MCI.
- F. START Triage – Simple triage and rapid treatment system designed to provide for immediate evaluation of multiple patients.
- G. Triage Tags – California Fire Chief’s Association first responder triage tag.

VI. POLICY/PROCEDURE

A. Declaration

- 1. The first arriving unit at scene shall declare the incident an MCI if the number of injured persons overwhelms the first responding resources.
- 2. An official declaration of “multi-casualty incident” shall be broadcast via first due unit radio frequency and transmitted by dispatch to all other responding units.

B. Communications

- 1. Communication shall be established via command, tactical and medical frequencies.
 - a) Command frequency – the primary frequency utilized for communication between the incident and single ordering point.
 - b) Tactical frequency – the frequency utilized for communication between field units working at the scene of the MCI (primarily Cal-Cord).
 - c) Medical frequency – the frequency designated by Med-Com for all medical communications between the incident and Med-Com. This frequency should be isolated from routine traffic for the duration of the incident.
 - (1) The medical frequency shall be utilized by the Medical Group Supervisor and/or Patient Transportation Unit Leader to communicate with Med-Com for the purpose of determining receiving facility bed availability.
 - (2) The medical frequency shall be utilized by the Medical Group Supervisor and/or Patient Transportation Unit Leader to communicate with receiving facilities regarding inbound patient transportation status.

C. Operations

- 1. The majority of emergency medical incidents are normally handled by initial responding units with subsequent requests for additional assistance depending upon the number of victims involved and the severity of their injuries.

2. The MCI will overwhelm the initial responding resources. The IC must have delineated and expandable operational procedures to assure that appropriate emergency pre-hospital care is delivered while effectively managing resources.
3. The following structure is designed to provide the IC with a basic, expandable system to manage a large number of patients during an incident. If incident conditions warrant, Medical Groups may be established under the Operations Section Chief. The degree of implementation is dependent upon the complexity of the incident.

D. MCI Response Organization

1. Initial Response Organization (Attachment 1)
 - a) The IC manages initial response resources as well as the command and general staff responsibilities. The first arriving ambulance should establish communications with Med-Com to determine receiving facility bed availability and become the Patient Transportation Unit leader; additional resources, including ambulances are ordered by the IC, not the first arriving ambulance. Other first arriving resources would become triage personnel.
2. Reinforced Response Organization (Attachment 2)
 - a) In addition to the initial response, the IC establishes a Safety Officer, Triage Unit Leader, Treatment Unit Leader and Patient Transportation Unit Leader. Patient treatment areas are established and staffed.
3. Multi-Group Response (Attachment 3)
 - a) All positions within the Medical Group are filled.

E. Position Checklists

1. Medical Group Supervisor- The Medical Group Supervisor reports to the Operations Section Chief and supervises the Triage Unit Leader, Treatment Unit Leader and Patient Transportation Unit Leader. The Medical Group Supervisor establishes command and controls the activities within a Medical Group:
 - a) Review common responsibilities.
 - b) Participate in Operations Section planning activities.
 - c) Establish Medical Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.
 - d) Designate Unit Leaders and Treatment Area locations as appropriate.

- e) Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.
 - f) Request law enforcement/coroner involvement as needed.
 - g) Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, and cots).
 - h) Ensure activation or notification of Med-Com to determine receiving facility bed availability.
 - i) Direct and/or supervise on-scene personnel from agencies such as Coroner's Office, Red Cross, law enforcement, ambulance companies, county health agencies, and hospital volunteers.
 - j) Request proper security, traffic control, and access for the Medical Group work areas.
 - k) Direct medically trained personnel to the appropriate Unit Leader.
 - l) Maintain Unit/Activity Log - ICS Form 214.
2. Triage Unit Leader - The Triage Unit Leader reports to the Medical Group Supervisor and supervises Triage Personnel/Litter Bearers and the Morgue Manager. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the triage area. When triage has been completed, the Unit Leader may be reassigned as needed:
- a) Review Common Responsibilities.
 - b) Review Unit Leader Responsibilities.
 - c) Develop organization sufficient to handle assignment.
 - d) Inform Medical Group Supervisor of resource needs.
 - e) Implement triage process.
 - f) Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.
 - g) Give periodic status reports to Medical Group Supervisor.
 - h) Maintain security and control of the Triage Area.
 - i) Establish Morgue.

3. Triage Personnel- Triage Personnel report to the Triage Unit Leader and triage patients and assign them to appropriate treatment areas:
 - a) Review Common Responsibilities.
 - b) Report to designated on-scene triage location.
 - c) Triage and tag injured patients.
 - d) Direct movement of patients to proper Treatment Areas.
 - e) Provide appropriate medical treatment to patients prior to movement as incident conditions dictate.

4. Morgue Manager - The Morgue Manager reports to the Triage Unit Leader and assumes responsibility for Morgue Area functions until properly relieved:
 - a) Review Common Responsibilities.
 - b) Assess resource/supply needs and order as needed.
 - c) Coordinate all Morgue Area activities.
 - d) Keep area off limits to all but authorized personnel.
 - e) Coordinate with law enforcement and assist the Coroner or Medical Examiner representative.
 - f) Keep identity of deceased persons confidential.
 - g) Maintain appropriate records.

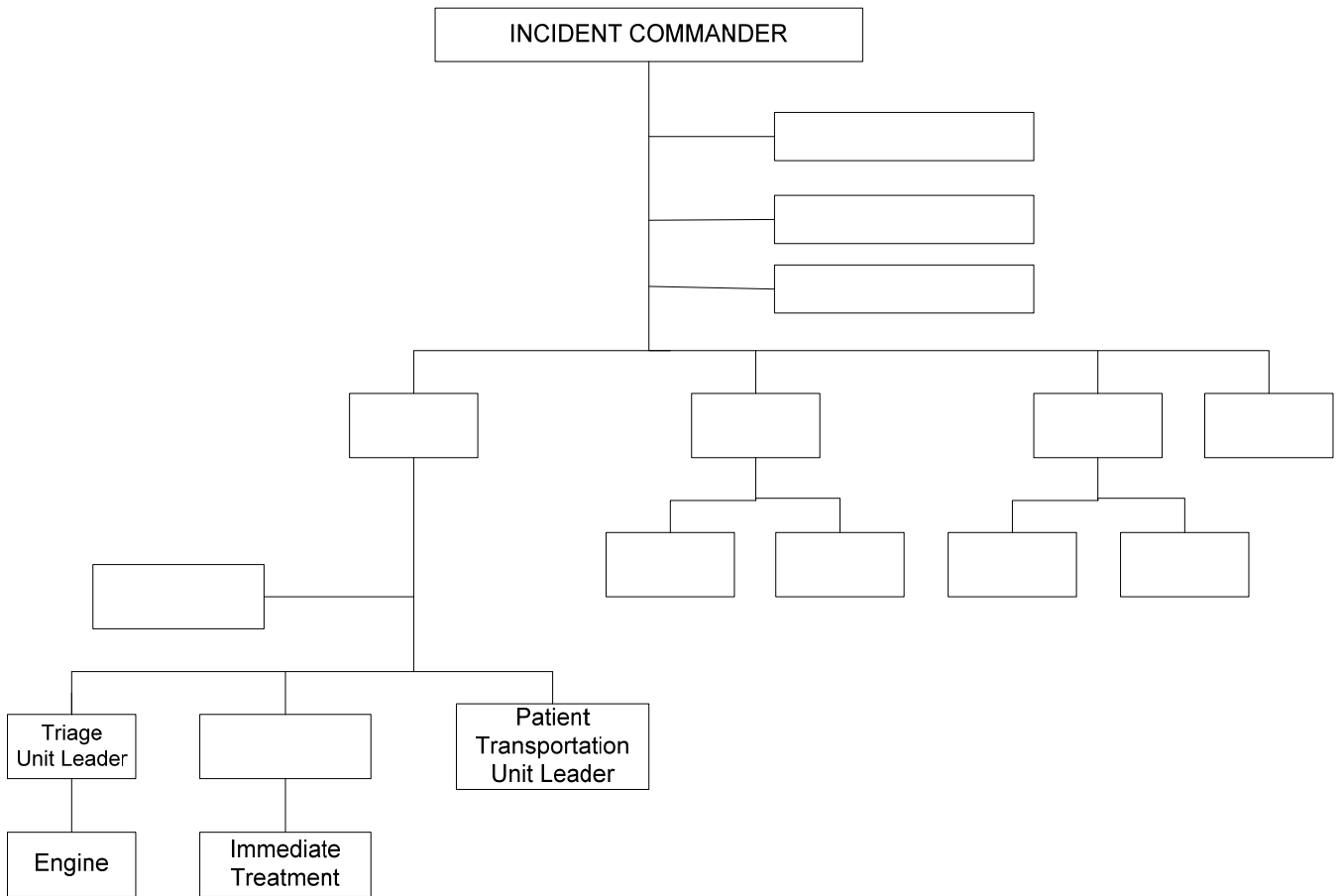
5. Treatment Unit Leader - The Treatment Unit Leader reports to the Medical Group Supervisor and supervises Treatment Managers and the Treatment Dispatch Manager. The Treatment Unit Leader assumes responsibility for treatment, preparation for transport, and directs movement of patients to loading location(s):
 - a) Review Common Responsibilities.
 - b) Review Unit Leader Responsibilities.
 - c) Develop organization sufficient to handle assignment.
 - d) Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas.
 - e) Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.

- f) Request sufficient medical caches and supplies as necessary.
 - g) Establish communications and coordination with Patient Transportation Unit Leader.
 - h) Ensure continual triage of patients throughout Treatment Areas.
 - i) Direct movement of patients to ambulance loading area(s).
 - j) Give periodic status reports to Medical Group Supervisor.
6. Immediate Treatment Area Manager - The Immediate Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Immediate Treatment Area:
- a) Review Common Responsibilities.
 - b) Request or establish Medical Teams as necessary.
 - c) Assign treatment personnel to patients received in the Immediate Treatment Area.
 - d) Ensure treatment of patients triaged to the Immediate Treatment Area.
 - e) Assure that patients are prioritized for transportation.
 - f) Coordinate transportation of patients with Transportation Unit Leader.
 - g) Notify Transportation Unit Leader of patient readiness and priority for transportation.
 - h) Assure that appropriate patient information is recorded.
7. Delayed Treatment Area Manager - The Delayed Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Delayed Treatment Area:
- a) Review Common Responsibilities.
 - b) Request or establish Medical Teams as necessary.
 - c) Assign treatment personnel to patients received in the Delayed Treatment Area.
 - d) Ensure treatment of patients triaged to the Delayed Treatment Area.
 - e) Assure that patients are prioritized for transportation.
 - f) Coordinate transportation of patients with Transportation Unit Leader.

- g) Notify Transportation Unit Leader of patient readiness and priority for transportation.
 - h) Assure that appropriate patient information is recorded.
8. Minor Treatment Area Manager - The Minor Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Minor Treatment Area:
- a) Review Common Responsibilities.
 - b) Request or establish Medical Teams as necessary.
 - c) Assign treatment personnel to patients received in the Minor Treatment Area.
 - d) Ensure treatment of patients triaged to the Minor Treatment Area.
 - e) Assure that patients are prioritized for transportation.
 - f) Coordinate transportation of patients with Transportation Unit Leader.
 - g) Notify Transportation Unit Leader of patient readiness and priority for transportation.
 - h) Assure that appropriate patient information is recorded.
9. Patient Transportation Unit Leader - The Patient Transportation Unit Leader reports to the Medical Group Supervisor. The Patient Transportation Unit Leader is responsible for the coordination of patient transportation and maintenance of records relating to the patient's identification, condition, and destination. The Patient Transportation function may be initially established as a Unit and upgraded to a Group based on incident size or complexity:
- a) Review Common Responsibilities.
 - b) Insure the establishment of communications with hospital(s).
 - c) Designate Ambulance Staging Area(s).
 - d) Direct the off-incident transportation of patients.
 - e) Assure that patient information and destination are recorded.
 - f) Request additional ambulances as required through the Medical Group Supervisor.
 - g) Coordinate requests for EMS aircraft transportation through the Air Operations Branch Director.

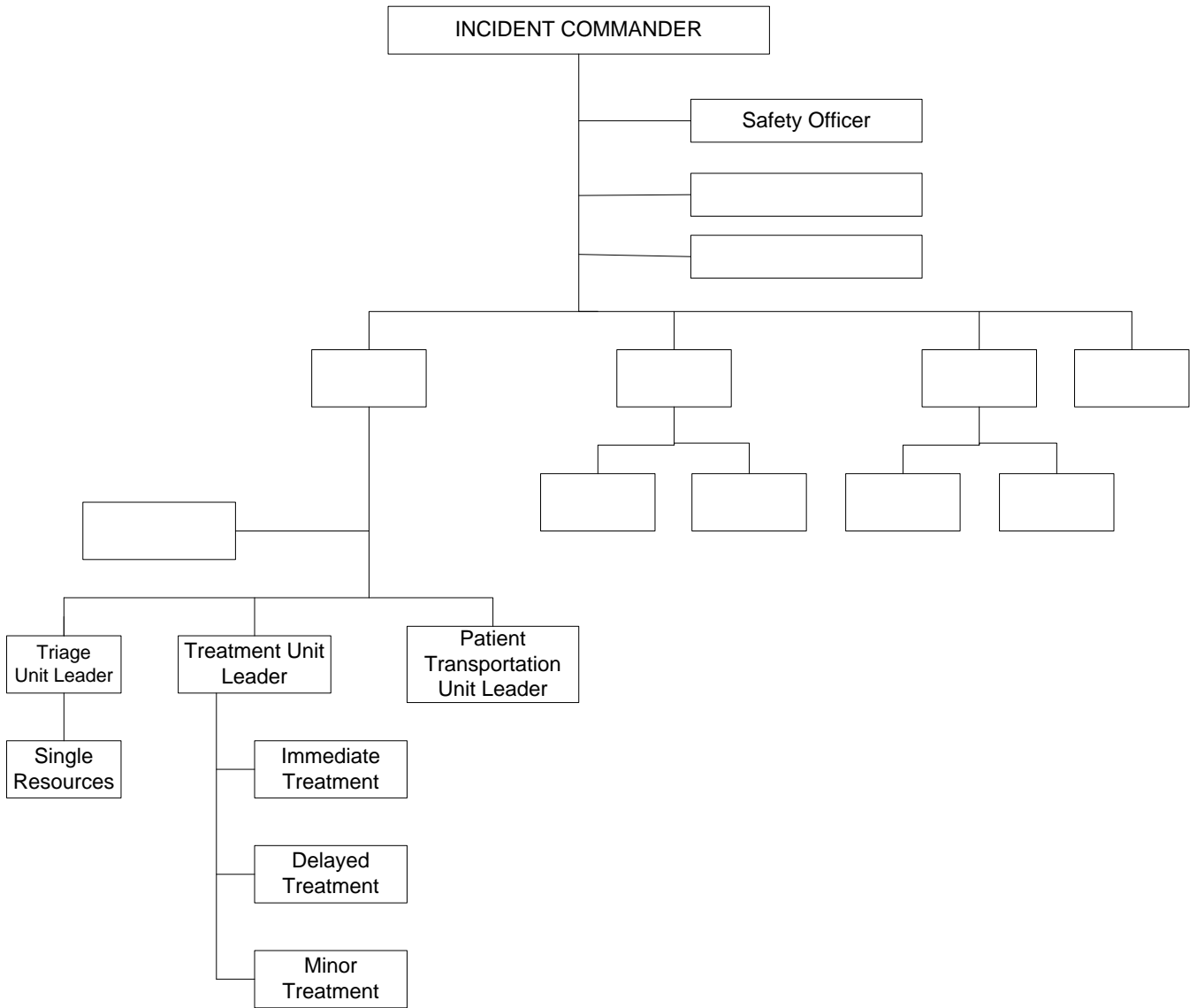
- h) Coordinate the establishment of the EMS aircraft Helispots.
- i) Determine and maintain current status of hospital/medical facility availability and capability.
- j) Receive basic patient information and condition from Treatment Area Managers.
- k) Coordinate patient destination with Med-Com.
- l) Establish routes of travel for ambulances for incident operations.
- m) Establish and maintain communications with the Air Operations Branch Director regarding EMS aircraft Transportation assignments.
- n) Assure that necessary equipment is available in the ambulance for patient needs during transportation.
- o) Request additional transportation resources (non-EMS) as appropriate through the Medical Group Supervisor.
- p) Provide an inventory of medical supplies available at ambulance Staging Area for use at the scene.
- q) Maintain records as required and Unit/Activity Log - ICS Form 214.

**MCI
Initial Response Organization**



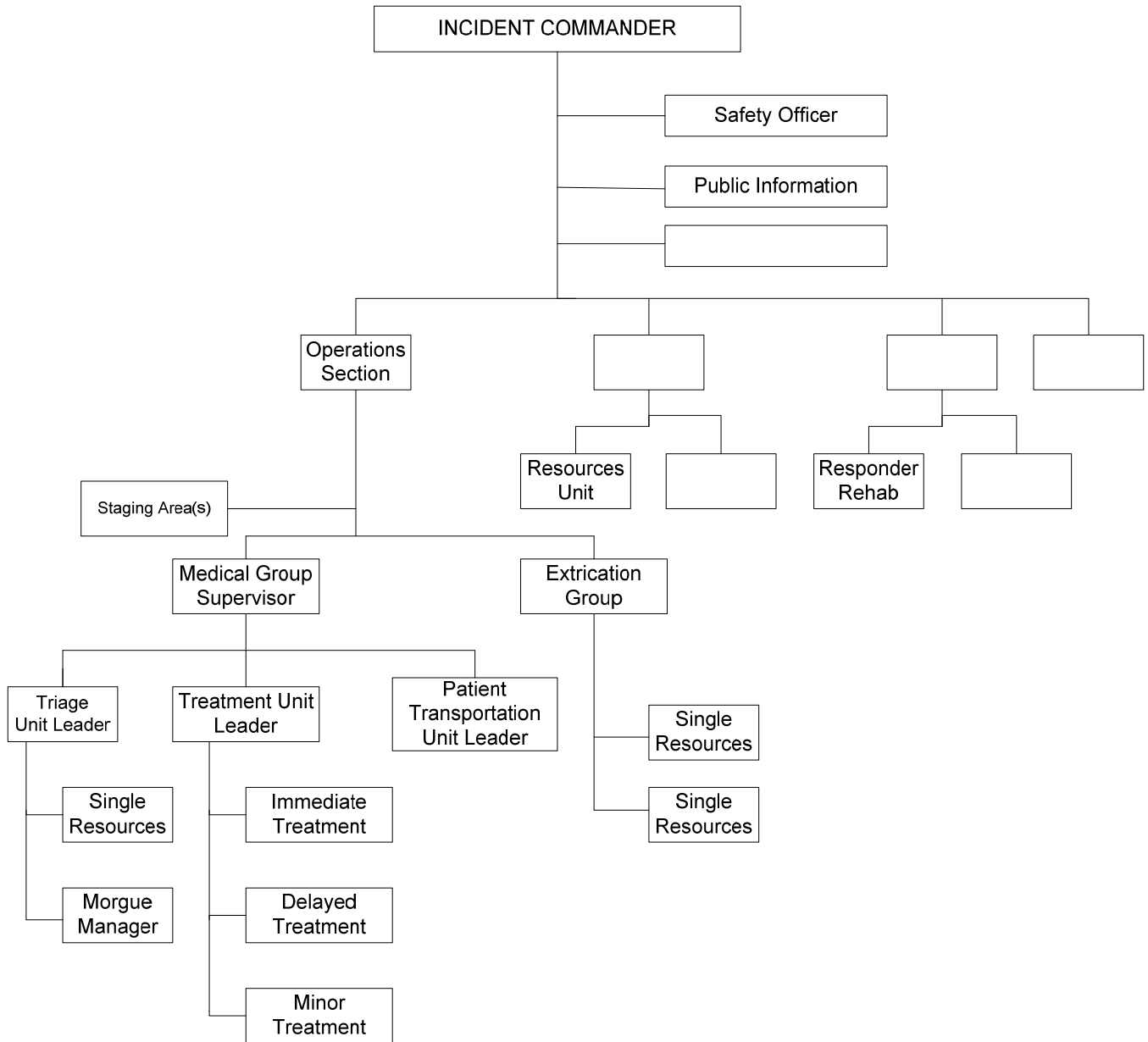
MCI – Initial Response Organization (example): This example depicts the arrival of an Engine Company and Ambulance. These units find conditions warranting a MCI response. The Engine Company Officer assumes Incident Command and engine company personnel begin the Simple Triage and Rapid Treatment process by triaging patients and, at the same time, assess any additional hazards (fuel spills, unstable vehicles, etc.). A paramedic from the ambulance becomes Patient Transportation Unit Leader while the ambulance EMT begins establishing treatment areas beginning with the Immediate Treatment Area.

**MCI
Reinforced Response Organization**



MCI – Reinforced Response Organization (example): With the arrival of additional engine companies, a Chief Officer, an additional ambulance and ambulance Field Supervisor, the Incident Commander has established Unit Leaders and reinforced the treatment areas. The Battalion Chief would become Incident Commander and the ambulance Field Supervisor Patient Transportation Unit Leader. The first-in Company Officer becomes Triage Unit Leader or Treatment Unit Leader and the first in Ambulance Paramedic initiates patient care in the Immediate Treatment Area. An incident Safety Officer has also been assigned.

**MCI
Multi-Group Response Organization**



MCI – Multi-Group Response Organization (example): The Medical Group Supervisor is managing treatment and transportation of patients. The Patient Transportation Unit Leader is managing the transportation of patients to receiving facilities. In most cases, triage would be winding down and those personnel can be assigned to a treatment area. The Operations Section Chief has sufficient resources to turn their attention to those patients that are entangled or entombed and established an Extrication Group. Other elements of the Command Staff are activated as well as selected elements of the Planning and Logistics Sections.