13-0103 – Multi-Casualty Incident Response Guidelines

AUTHORITY:

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

Activation Triggers	Incident conditions have (or have the potential to) significantly impact/overwhelm prehospital or hospital resources, which may include one or more of the following: • **At the discretion of the EMS provider(s) on scene or the base/modified base hospital.** • Five (5) or more IMMEDIATE and/or DELAYED patients from a single incident, or • Ten (10) or more MINOR patients from a single incident, irrespective of the numbers of IMMEDIATE and/or DELAYED patients.
Command & Control	A. The Incident Commander (IC) shall be that individual present on scene representing the public service agency having primary investigatory authority or responsibility. This role may be delegated to another appropriate public safety representative (i.e. fire department) if necessary, or a Unified Command (UC) may be established based on the needs of the incident. B. The IC may directly supervise operations or appoint an Operations Section Chief. C. The first-in medical responders should be appointed Medical Group Supervisor (MGS) and Triage Unit Leader.
Initial Responders	A. The first medical unit enroute shall notify the appropriate Control Facility (CF) of a possible MCI. Once at scene, report to the IC and get permission to establish the Medical Group (or temporarily assume IC and establish the ICS), including: • **Resources**: Ensure adequate resources have been ordered (equipment, manpower and transportation), and clarify the ordering process with the IC. Provide appropriate updates to dispatch and the CF. • **Assignments**: Assign Triage Unit Leader to begin triage. • **Communications**: Dispatch will assign frequencies (i.e. tactical, command, air operations) for the incident. Clarify with the IC if necessary. • **Ingress/Egress**: Determine the best routes in and out of the incident in cooperation with the IC, and notify dispatch if appropriate. • **Name**: Incident name will normally be assigned by dispatch. Clarify incident name with the IC if necessary. • **Geography**: Quickly determine with the IC where staging, triage, treatment and transport areas will be established. B. The first-in ambulance should generally be the last ambulance to leave the scene. Medical supplies from the first-in ambulance should be used on scene by the triage and treatment units.
Position Identification	A. Appropriate position identification vests shall be utilized on scene. B. Transport providers shall carry a minimum of two position vests (Triage Unit Leader & Medical Group Supervisor) on all initial response units. C. Additional position vests should be available from supervisor/battalion vehicles and/or disaster/MCI support units

Triage	A. S.T.A.R.T. triage shall be used. Personnel should spend no more than 30-60 seconds per patient triaging. B. A colored ribbon system may be utilized for initial on scene primary triage. C. Nor-Cal EMS approved triage tags shall be utilized and attached to all patients prior to transport. D. Treatment rendered will initially be confined to airway positioning and major hemorrhage control. E. CPR shall not be initiated on cardiac arrest victims unless it is consistent with Nor-Cal EMS policy (i.e. – patient does not meet criteria for obvious death or probable death), and there are sufficient personnel on scene to not result in the detriment of care to other patients. F. Patients placed in spinal stabilization and/or unaccompanied pediatric patients must be categorized as a "DELAYED" at a minimum as these patients require an ED room/bed upon arrival at the receiving hospital.
Treatment	A. Designate Treatment Areas as needed: IMMEDIATE (Red), DELAYED (Yellow), and MINOR (Green). These areas should be located in safe locations, large enough to handle the number of victims, easily accessible to patient transport vehicles, and away from the MORGUE (Black) Area. B. Once initial triage has been completed, patients may be moved to the appropriate treatment area. Continuous re-triage and patient evaluation should occur in these areas until the patient is transported. C. Personnel assigned to the treatment areas shall only function within their scope of practice. D. Any on-scene MD's and RN's should be assigned to the treatment areas.
Patient Tracking	A. The Nor-Cal EMS approved Prehospital Patient Tracking Worksheet shall be utilized to track all patients (Policy #13-0104A). B. Every effort shall be made to complete all information fields on the patient tracking worksheet, including patient name and triage tag number, prior to transport. C. Submission instructions on the bottom of the patient tracking worksheet shall be followed.
Transportation	A. If a staging area has been established, transport crews shall remain with their vehicle in the staging area until requested or released. B. 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 will be limited to age, gender, triage category, triage tag number, and primary injury type. C. The most immediate patients should be transported first to the most appropriate medical facility. D. The Patient Transportation Unit Leader (or Medical Communications Coordinator if established) will arrange transport of patients as directed by the CF. E. Patients may be transported by a lower level of trained personnel as determined by the Patient Transportation Unit Leader in cooperation with Treatment Area Managers based on available resources and personnel. F. Non-traditional transport resources (e.g. buses, vans) may be used on large scale incidents, when appropriate, as directed by the CF. Appropriate EMS personnel must accompany patients transported by these non-traditional transport resources. G. The CF will relay patient information to the receiving facilities

Communications	A. On-scene coordination/car-to-car communications may occur on an assigned EMS Tactical Channel. B. All additional resources shall be requested through the IC (or Logistics Section if established). However, if authorized by the IC, the MGS may request ambulance resources directly through the appropriate ambulance dispatch and notify the IC or designee. C. The CF shall be notified of the following: • En route by the first-in EMS provider to a known or suspected MCI. • After initial scene size-up, and after triage is completed. • When patients are ready for transport (to obtain destinations). • When units depart the scene (with Unit #/ETA). • When the scene is clear and there are no further patients to be transported.
Documentation	A. Nor-Cal EMS approved triage tags, followed by a complete Patient Care Report (PCR), shall be used for all patients. B. The Nor-Cal EMS approved Prehospital Patient Tracking Worksheet shall be completed and submitted…(Policy #13-0104A) C. The MGS shall complete the Medical Branch Worksheet if necessary. D. The Ambulance Staging Log shall be completed by the Ambulance Coordinator if necessary. E. ICS 214 logs shall be completed by each position as requested by the IC or their designee. F. The MGS is responsible to ensure all paperwork is complete, in coordination with the CF as necessary. G. A MCI critique form shall be submitted to Nor-Cal EMS within seven (7) working days by the following: a. Control Facility (CF) (Policy #13-0104B) b. Receiving Facility (RF) (Policy #13-0104C) c. Transportation Unit Leader (Policy # 13-0104D)