Del Norte County
Humboldt County
Lake County
Southern Trinity

North Coast EMS

MULTI-CASUALTY INCIDENT (MCI) PLAN

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INTRODUCTION

Purpose	The purpose of this Plan is to update and standardize multi-jurisdictional MCI procedures through the use of consistent terminology, response organization responsibilities, job titles, communications protocols and review mechanisms.
Intent	The intent of the Plan is to enhance and improve multi-casualty medical emergency response within the North Coast EMS Region.
Objectives	• Establish a common organizational management structure for the coordination of emergency response to a MCI. • Establish a dynamic emergency medical response capability. • Establish triage, care and transportation methods that will ensure the survival of the greatest number of casualties
Agency Use	This plan is intended for use by all EMS response agencies that respond to any incident involving three or more potentially critical patients.
ICS/SEMS	Incorporates the Incident Command System and the Standardized Emergency Management System.
ICS-MC-420-1	Contains position titles, procedures, checklists, forms and triage tags that have been adapted from the Multi-Casualty System Module (ICS-MC-420-1) which was developed by the State FIRESCOPE Medical Task Force.
START	Incorporates the triage system known as "Simple Triage and Rapid Treatment" (START).
Notification	Establishes the notification of first responders, hospitals, ambulance services, helicopters and other appropriate agencies by one or more designated dispatch centers.

INTRODUCTION (CONT.)

Ambulance Coverage

Ensures adequate county ambulance zone coverage and a method for obtaining mutual aid ambulances

Plan Definitions

For purposes of this plan, a multi-casualty incident (MCI) is defined as any incident in which there are three or more potentially critical patients or for which the number of patients requires resources above and beyond those normally available.

Plan Assumptions

This plan assumes that:

- The Plan is fully integrated with the Medical Annex of County Emergency Operations Plans.
- EMS resources have not been decommissioned by the incident.
- Direction, control and coordination are maintained at the scene of the incident and at affected hospitals.

DEFINITION OF TERMS

Command Post - A location designated by the Incident Commander from which command functions are directed.

Command Channel – The frequency designated by the Incident Commander for communication between the Incident Commander and each sector including the Medical Group.

Coordinating Base Hospital - The base hospital (normally the provider's base hospital) which polls area receiving hospitals to determine their capacity for receiving patients, and in conjunction with the Medical Communications Coordinator, determines optimal patient destination.

EMS Dispatch Center - A dispatch center having the capability of communicating with hospitals, police, fire and ambulance providers. All EMS activities are coordinated through the EMS Dispatch Center. The EMS Dispatch Center may be a PSAP, private provider dispatch center or other designated dispatch center. Note: communication with this dispatch center to other involved entities need not necessarily be by radio.

Incident Commander - The individual responsible for the management of all incident operations.

Incident Command System (ICS) - A combination of equipment, personnel and procedures for communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish objectives pertaining to an emergency incident.

Medical Supply Cache(s) - A prescribed collection of medical equipment, incident management tools, and medical supplies available for treatment of multiple patients.

Med Net – The radio system designated for use for communications between ambulance units and hospitals and, in some areas, for dispatch of ambulance units.

Multi-Casualty Incident (MCI) - Any incident in which there are three or more potentially critical patients or for which the number of patients requires resources above and beyond those normally available.

North Coast Emergency Medical Services (EMS) - The local EMS Agency operating under a joint powers agreement with Del Norte, Humboldt, Lake and southern Trinity counties.

Office of Emergency Services (OES) - The primary coordinating agency for planning, training and other preparation for multi-agency response to earthquakes, floods and other major emergencies.

Public Information Center - An off-site facility equipped and organized to provide information to the news media or relatives of the injured relating to the incident.

Public Information Officer - The individual responsible for providing and/or coordinating the release of information to the media and public from the Public Information Center.

Public Safety Answering Point (PSAP) - Jurisdictional public safety dispatch center where E-911 calls are received.

Reddinet – An internet based inter-hospital communication system that can be used to determine hospital bed availability and for patient tracking.

START - Acronym for Simple Triage and Rapid Treatment, a method of triage utilizing evaluation of airway/breathing, circulation and level of consciousness.

SEMS - Standardized Emergency Management System, California's system for ordering/supplying resources to emergency situations.

Unified Command – In ICS, a Unified Command is a team effort which allows all agencies with responsibility for the incident, either geographically or functional, to manage an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility or accountability.

AGENCY RESPONSIBILITIES

Ambulance Provider	• Establishing and maintaining communication with the Coordinating Base Hospital • Patient Transportation • Patient care management
C.I.S.D. Team	• Coordinate and conduct a Critical Incident Stress Debriefing upon the request of an involved agency. If held, the CISD should take place before the incident review.
EMS Dispatch Center	• Initial dispatch of medical resources & personnel • Maintenance of normal day-to-day EMS response • Ambulance response to incident, zone coverage • Ambulance mutual aid
Coordinating Base Hospital	• Hospital resource & availability determination • Communication with the on scene Medical Communications Coordinator (MCC) • Planning for patient distribution with MCC & receiving hospitals • Patient identification/location coordination
Coroners Office	• Identification of fatalities • Identification, care of, storage, transportation of fatalities • Notification of next-of-kin • Organ donor coordination
Fire Department	• Incident command (provide I.C. or participate in unified command) • Triage (START) • Emergency medical care • Organization and coordination of rescue efforts • Hazard control (safety) • Disentanglement and extrication • Fire suppression • Landing zone coordination (aircraft)

North Coast EMS

Hospitals (Receiving)	• Advise coordinating base hospital of resources/capabilities • Provide definitive patient medical care • Resource for additional medical supplies at scene • Assist the coordinating base hospital with patient identification
Law Enforcement	• Incident Command (participate in unified command) • Scene protection and security • Investigation • Traffic control
North Coast EMS	• Provide appropriate policies and protocols, and maintain the MCI Plan to ensure effective MCI response in the region. • Ensure that EMS system participants understand and train in their MCI incident roles. • Participate in post incident reviews.
Search & Rescue Team (Sheriff)	• Specialized equipment and personnel for rescue activities
American Red Cross	• At the request of the Incident Commander through the agency dispatch center sends Disaster Action Team (DAT) volunteers to the scene (24 hrs/day) • Shelter of the non-injured (motel or mass care) in coordination with Volunteers Active in Disasters (V.O.A.D.) • Clothing and food for victims and rescuers in coordination with the Salvation Army • Replacement of prescription items lost in incident • Handling of concerned family members • Assist victims in recovery planning

PHASES OF THE MCI PLAN

Overview

The North Coast EMS Region Multi-Casualty Incident (MCI) Plan consists of four phases.

- Initial response
- Activation of the Plan
- Deactivation
- Review of the incident

Initial Response

- Possible MCI occurs and is reported to jurisdictional PSAP
- PSAP dispatches first responder(s)
- PSAP notifies EMS Dispatch of responding resources
- EMS dispatcher sends ambulances (ground and/or air as indicated).

Activation of the Plan

First responder

- Establishes IC
- Identifies hazards and ensures scene safety
- Determines number of patients
- Notifies PSAP/EMS Dispatch of MCI plan activation
- Begins triage

PSAP/EMS Dispatch notifies additional responding units of:

- Incident description including number of patients
- Incident location and/or staging area and best access routes
- Incident name & tactical frequency(s), if assigned
- Unusual circumstances/hazardous conditions

EMS Dispatch

- Sends additional ambulances
- Verifies jurisdictional fire & law response
- Notifies other ambulance providers & helicopters as needed
- Effects move-up coverage as needed.

First In Ambulance Paramedic assumes role of Transportation Group Supervisor (TGS) and Medical Communications Coordinator (MCC)

- Notifies Coordinating Base Hospital (CBH) of MCI including location, description of incident, and number of patients.
- Ensures that triage is underway
- Maintains communication with the CBH and updates them with the number of patients and triage category
- Receives report on hospital resource availability from CBH.
- In coordination with the CBH directs patient destination(s)
- Leaves the scene only after notifying the Incident Commander and CBH and all patients have been transported or the functions of TGS/MCC are transferred to another qualified party

Coordinating Base Hospital

- Assesses in-house capability and activates internal emergency plans, if appropriate
- Polls closest potential receiving hospitals and trauma centers both in & out of county, if necessary.
- Advises MCC of receiving facility patient capabilities.
- In coordination with the MCC, determine patient destination
- Contacts receiving facilities with number and type of patients they are to receive and their estimate arrival time.

Transporting ambulances

- Report to staging or Transportation Group Supervisor (TGS)
- Crews stay with their ambulance and assist with loading
- Off load supplies that are not needed during patient transport for use in treatment areas if requested
- Transport patients to destination as specified by the TGS
- Provide patient care during transport
- Avoid contacting receiving hospital via radio unless significant patient change warrants it.

Deactivation

The Incident Commander terminates the MCI and notifies the PSAP and EMS Dispatch

EMS Dispatch notifies affected providers of termination

The Medical Communications Coordinator notifies base hospital that the incident is terminated.

Review of the Incident

A MCI review is a scheduled meeting called to evaluate the actions, accomplishments, and difficulties encountered by the MCI participants. It should be held for any MCI that involves multiple agencies.

- The review is normally organized by the Incident Commander's agency, but it may also be conducted by the Coordinating Base Hospital or by North Coast EMS
- The Incident Commander should consult with the Prehospital Nurse Coordinator (PCNC) at the base hospital to determine the need for an MCI review after each declared MCI.
- The review should be held within 5 days of the incident
- If a CISD is being conducted, it should occur before the review
- The MCI Critique Sheet incorporated in this plan should be utilized for the review
- Findings of the review should be sent to all participants
- Individual department/company policies as well as the MCI Plan should be evaluated and amended as appropriate to reflect recommendations made subsequent to the MCI review. Recommendations for changes to the MCI Plan should be sent to North Coast EMS.

OPERATIONAL CONCEPTS

Introduction	The Operational Concepts section of this Plan covers incident authority, Incident Command System utilization, medical operations, and communications.
Organization & Command	MCIs shall be managed by using the Incident Command System
Jurisdictional Authority	Ultimately the incident authority will lie with the agency or jurisdiction that has investigative responsibility. Until that agency is present and has assumed the role of incident command, it is the responsibility of those agencies on scene to take command and mitigate the incident.
Unified Command	When the incident is multi-jurisdictional or when the scope of the functional areas of responsibility exceed that of a single agency, a unified command structure or a mutually agreed upon command structure may be used. The command structure must adequately reflect the policy and needs of all the participating agencies and shall be established in accordance with ICS concepts.
Incident Commander	The individual serving as the Incident Commander will generally be the highest ranking officer from either the Law Enforcement or Fire Department having jurisdictional authority. The type of incident will often direct the choice of what agency will provide the incident commander.
Agency Liaison	When the MCI Plan has been implemented to assist an industrial, commercial, educational or government facility or other large entity, a representative from that entity shall function as agency liaison at the Command Post.
Incident Expandability	The degree and level of implementation of the ICS-MCI module will be determined by the Incident Commander based on the scope of the incident and the availability of staff.
Establish Command	The first arriving unit of any agency having jurisdictional or functional authority shall establish the Incident Command by designating the Incident Commander (IC) until the role can be relinquished to a more appropriate individual.

MEDICAL OPERATIONS	ALS and BLS providers have responsibility & authority for individual patient management under the authority of the Health & Safety Code, (section 2.5, chapter 5, section 1798.6).
Medical Triage	All MCI victims shall be initially evaluated using the START method of medical triage. (See Triage Protocols and Procedures) Primary triage needs to be completed as soon as possible so that a more reliable number of total patients and their status categories will be available.
Treatment Areas	Once primary triage is completed, patients may be moved by Triage Teams to safe, secure and easily accessible treatment areas for secondary triage, treatment and transport. Treatment areas will only be established if the number of patients ready for transport exceeds available transport resources.
Separate Treatment Areas	If treatment areas are needed, It is important for the Medical Group Supervisor to establish separate treatment areas. Isolate the Minor Treatment Area from the Immediate and Delayed Treatment Areas and isolate the Morgue to a secure area. Colored tarps, flags or other identifiers should be used to clearly delineate treatment areas.
Treatment Area Managers	Treatment Area Managers must be assigned by the Medical Group Supervisor as soon as treatment areas are established to ensure that secondary and ongoing triage is begun in a timely manner. When available, ALS first responder personnel should be assigned to these positions. All treatment rendered should be recorded on the triage tag.
Immediate Category	“Immediate” patients (major injuries, red tag) will be moved as quickly as possible with minimal stabilization to designated areas for secondary triage, further stabilization and preparation for transport.
Delayed Category	“Delayed” patients (yellow tag) will be moved to the Delayed Treatment Area for secondary triage, treatment and preparation for transport. The move should take place after Immediates and Minors have been relocated.

Minor Category

"Minor" patients (ambulatory, green tag) will be moved as quickly as possible to the Minor Treatment Area for secondary triage, treatment and relocation from the scene. Note: In some instances "minor" patients may remain to move (with) seriously injured patients as care givers, e.g. mother & child.

Deceased Category

Deceased patients (black tag) will not be moved unless:

- The Morgue Manager so directs
- It is necessary to facilitate rescue work
- It is necessary to protect the health & safety of others
- All other casualties have received care

Medical Direction/Control

Paramedics are to function under standing orders. Paramedics responding from outside the region will function under protocols from their home areas.

Communications – On Scene

Communication between disciplines is critical to the success of the management of a MCI.
The Incident Commander will designate a command channel. The command channel will be used to facilitate communication between the IC and the various group supervisors. All ambulance and first responder agencies should have the following frequencies available to them for possible use as the command channel.

Name	Frequency MHz
CALCORD	156.075
OES - 1	154.16
OES - 2	154.22
NALEMAR	155.475

Unless otherwise specified by the IC, communication within groups should be on the frequencies normally utilized by them.

Communications – Scene to Hospital

The Medical Communications Coordinator must maintain communications with the Coordinating Base Hospital. This communication may take place via cellular phone or via the Med Net radio.
In Humboldt County a single Med Net frequency will soon be designated for disaster communication. In any incident that involves multiple hospitals and ambulance providers, this frequency will allow all involved parties to monitor communications between the Medical Communications Coordinator and the Coordinating base Hospital.

Quality Improvement	All MCIs shall be reviewed by the Provider agency's Liaison and the Pre Hospital Nurse Coordinator at the Base Hospital.
Medical Supplies	Medical supplies will be managed by the Medical Group Supervisor. Medical supplies may be augmented by the hospitals, using ambulances to transport supplies on their return to the incident. Medical Supply Caches should be requested immediately upon recognition of a major MCI due to the transportation time involved in getting them to the scene.
Reinforced Organizational Principles	As additional resources arrive, additional components of the MCI Plan may be put in place. Priorities vary based on the situation unique to each incident. The following principles should be used as guidelines. • Ensure that hazards are identified and mitigated. • Complete initial "START" (primary) triage with BLS trained personnel. • The Medical Group Supervisor may function as the Medical Communications Coordinator on incidents involving limited casualties. • Utilize ALS trained personnel to staff the Treatment Unit, giving priority to "Immediate" patients. Recognize that Paramedics are critical resources and should primarily function as ALS providers, **not** supervisors. • Prioritize extrication needs and sequences and assign Extrication Teams appropriately. • Utilize personnel with supervisory experience to staff supervisory positions within the overall organization. • Maintain a reasonable span of control and create supervisory positions as needed. • When assignment is complete, check with your supervisor for new assignment.

TRIAGE PROTOCOLS AND PROCEDURES

Introduction

The objective of triage is to sort casualties so that the maximum number of lives can be saved through effective utilization of rescuers, medical personnel and medical facilities.

Assumption

During a multi-casualty incident, injured will outnumber rescuers and emergency medical treatment must be prioritized.

General Principles

North Coast EMS Region MCI Plan Triage Protocols & Procedures are based upon the following principles:

- Primary triage, utilizing the START system, will be done by first-in responders
- Primary triage takes priority over emergency treatment
- Patients are sorted according to the seriousness of their injuries and identified with tags establishing priority of treatment and transportation
- Personnel will perform a basic triage examination, categorize the patient and attach the appropriate colored tag near the patient's head in 60 seconds or less
- All victims must be tagged. It is time consuming and potentially fatal to triage without tagging victims
- Emergency care administered by triage teams is restricted to opening airway, controlling severe hemorrhage and elevating patient's feet
- Personnel assigned to treatment areas will perform a secondary exam (secondary triage) and complete the triage tag.

Triage Categories

Casualties will be examined and tagged according to the seriousness of injury based on four categories:

- Non-salvageable or dead = Black Tag
- Immediate (Major Injury) = Red Tag
- Delayed (Moderate Injury) = Yellow Tag
- Minor (Walking Wounded) = Green Tag

Category Definitions	Category definitions are as follows: • **Non-salvageable** or dead: No ventilation present after airway is opened. • **Immediate:** Ventilation present after positioning airway **or** respirations over 30 per minute or less than 10 per minute **or** capillary refill greater than 2 seconds or no radial pulse **or** cannot follow simple commands. • **Delayed:** Any patient not in Immediate or Minor categories. These patients are generally non-ambulatory. • **Minor:** Any patient requiring attention who "passes" the triage screening **and** is able to walk.
Initial Triage	Ambulatory patients may be separated from the general group at the start of triage by stating "Anyone who can walk....." followed by an area assignment which the patients will walk to. These patients are to be tagged Minor.
Exam In Place	Non-ambulatory patients are to be triaged where they lie, unless they are in an unsafe area which requires patient's removal.
Care Givers	Minor casualties (Green Tag) may be used to stay with casualties needing critical care treatment, (e.g. mother & child).
Category Change	Triage categories may be changed by treatment teams based on results of a second examination. If the triage priority of the patient improves, remove the entire bottom portion of the tag, leaving the injury information and add a new tag identifying the new triage priority and the reason(s) for the upgrade.

PATIENT IDENTIFICATION AND TRACKING PROCEDURES

Introduction

The objectives of patient identification and tracking procedures are to systematically identify patients at an MCI and to document their movement from the incident location to receiving hospital.

Transport Procedure

The **Medical Communications Coordinator** or designee will record the following for each patient transported from the MCI on the Patient Triage And Destination Log:

- Triage Tag # (include category, sex, age and chief complaint)
- Transporting ambulance identifier
- Hospital destination
- Departure time from scene
- Triage category (Immediate, Delayed, Minor)
- Name of patient if available

The **Medical Communications Coordinator (MCC)** will relay the above information to the **Medical Group Supervisor (MGS)**. (Note: MGS may be acting as the MCC)

After Transport

After all patients have been removed from the scene, the **Medical Group Supervisor** will forward the Patient Triage and Destination Log to the Coordinating Base Hospital which in turn will convey the information to affected receiving facilities.

MCI HOSPITAL GUIDELINES

Introduction

The functions of Base and Receiving Hospitals are affected by Multi-Casualty Incidents. The following guidelines have been devised to assist base and receiving hospitals to bolster their respective preparedness and response capability when an MCI occurs.

Prior to MCI

Both Coordinating Base Hospitals and all receiving hospitals are expected to maintain their personnel's awareness of their roles in the North Coast EMS Region's MCI Plan as well as the interface with internal hospital disaster plans.

MCI Plan Activation

Upon receipt of a MCI Plan activation notice from the first-in ambulance or ALS first responder, the coordinating Base Hospital (base hospital in whose jurisdiction the potential MCI has occurred) will need to do the following:

MCI Plan Activation-Base Hospital

After receiving notification from either the EMS dispatcher or on scene responder, the coordinating Base Hospital needs to:

- Establish contact with potential receiving hospitals
- Collect information regarding receiving hospitals' capability to treat patients of various triage categories and resources needed, if any.
- Maintain contact with Medical Communications Coordinator at incident scene to provide hospital availability information and specialty care receiving capability and to assist with patient destination determination.
- Maintain a log of number of casualties, including their disposition and destination.

MCI Plan Activation-Receiving Hospitals

Upon Plan activation, receiving hospitals will provide the following information when contacted by the Coordinating Base Hospital:

- Supply shortages that affect treatment capability.
- Personnel shortages that affect treatment capability.
- Changes in ability to receive and care for emergency cases
- Changes in ability to receive severely injured patients
- Any problems that may or may not be related to medical and health

Receiving hospitals will maintain a log of patients received and their disposition. Be prepared to advise the Coordinating Base Hospital of same if contacted.

COORDINATING BASE HOSPITAL MCI GUIDE

MCI Plan Activation

First arriving paramedic will initiate MCI Plan activation by contacting you either on the radio or cellular phone.

Once the Incident Command System (ICS) is established at the scene, your contact person from the scene will be the **Medical Communications Coordinator** ("Medical Communications" will be his/her radio call sign).

MCI related communications must be brief and concise. Brevity is the key to successful MCI communications and interaction.

Base Hospital Interaction

The coordinating base hospital MCI interaction will be a three step process as follows:

Step 1

Initial MCI Plan activation notification will be given to you by the first arriving paramedic, once the incident is confirmed as a genuine MCI. You will be advised of the following:

- Intention to activate MCI Plan.
- The location of the incident (community and/or area of the county.
- Type of incident (trauma, medical, exposure etc.)
- Initial count of the total number of patients.
- Initial count of Immediate (critical) patients.

Estimated time for second call back by **Medical Communications** to you.

The paramedic expects you to poll the local or out of area hospitals to find out bed availability or reasons why these facilities may not be able to accept patients (e.g., scanner down, no neuro etc.) Note: You do not have to poll hospitals past the point of having enough capacity to handle the number of patients tallied at the scene, e.g. 5 patients, 3 facilities polled and between them they can accept the 5 patients.

Step 2

The Medical Communications Coordinator (MCC) will re-contact you for the availability and transport plan report, (the results of your roll call to the appropriate area hospitals). The MCC will discuss any concerns, transport priorities and general overview of the transport plan.

As each transport vehicle is loaded, the MCC will inform you:

- How many patients are on that vehicle
- Patient triage categories
- The destination hospital
- Estimated transport time
- Transporting unit

Upon receiving this information you must re-contact the receiving facility and give them this information.

Step 3

The Medical Communications Coordinator will advise you when all patients have been transported and the incident is terminated. If more than two receiving facilities are being utilized, a Patient Triage and Destination Log will be completed at the scene by the field paramedic (Medical Communications Coordinator or Transportation Group Supervisor) and given or faxed to you at the Base Hospital. Be sure to give the Medical Communications Coordinator your name and the name of the base hospital physician.

Following notification by the MCC that the incident is terminated, notify all receiving hospitals, and any facility that was polled for their resource availability but received no patients.

Post Incident

Audit all pre-hospital care reports and the scene overview report for quality assurance purposes.

Participate in post incident review.

Appendices:

A. First In Paramedic Role Description
B. First Responder Role Description
C. Incident Command Structure Chart/Medical Branch Worksheet
D. ICS Position Descriptions
E. Patient Tracking Forms
F. Incident Review Criteria
G. Triage Tag Samples (MetTag and CA Fire Chiefs)

Appendix A

First In Ambulance - Paramedic

As senior medical person on scene, you are responsible for management of all patients. Your goal is to identify and direct care and transportation of the most severely injured salvageable patients first, and direct the appropriate treatment and distribution of all other patients to definitive care in a timely manner.

- Assess Scene Safety
- Determine, or receive report from IC, the type and number of patients
- Request appropriate additional resources (through IC if established or through dispatch)
- Ensure that triage is underway using the START system and triage tags
- Avoid Direct Patient Care
- Contact the Base Hospital (*Medical Communications Coordinator*)
    - Declare a MCI
    - Identify yourself as (insert incident name) Communication
    - You are now the only person to communicate directly with the base hospital
    - Advise base hospital of the type of incident and number of patients
    - Request Information as to receiving facility capabilities
    - Update base hospital with patient number by triage category
    - In conjunction with base hospital determine optimal destination for each ambulance, helicopter, or other transportation means
    - Advise base hospital of each vehicle destination with number and type of patients and ETA.
    - Advise base when all patients are clear of scene
- Direct Patient Destination (*Patient Transportation Group Supervisor*)
    - Direct loading and transportation of patient
    - Patient's categorized as "immediate" should be identified and transported first, "delayed" next, followed by "minor".
    - Consider mixing patient category types in each vehicle in consideration of resources available in transit and the capabilities of the receiving facilities
    - Consider alternate means of transport and alternative receiving facilities for "walking wounded".
    - Track Patient Destination
- Depart scene only after all patients have cleared the scene, or you have transferred your position to another medically qualified person capable of directing the needs of the remaining patients.
- If communication with the base hospital can be maintained without your ambulance (cell phone, hand held radio) consider reassigning your partner with a driver to maximize your transport resources.
- Write scene overview report and convey overview to transporting units.
- Participate in post incident review.

Appendix B

First In Responder

As the first rescue unit to arrive, you are responsible for initial scene evaluation, the ordering of additional resources, scene safety, and the initial triage and treatment of patients.

Assess Scene Safety
Establish the Incident Command System
Determine the number of patients

- Ask a responsive patient how many people were involved
- Question witnesses to determine if any others were involved and left the scene or moved to uninvolved vehicles or nearby structures
- Search involved vehicles and the surrounding area carefully
- Obtain passenger or manifest list if available

Request appropriate additional resources

- Consider the number of ambulances and helicopters in your area and their response times. (A ground ambulance normally will transport no more than two moderate to severely injured patients at a time.)
- Request extrication, hazmat, search and rescue, and other specialized resources as soon as the need is identified.
- Request transport resources other than ambulances for walking wounded patients.
- Position emergency vehicles in a manner that will protect the patient and rescuers and allow for ambulance access and egress.

Initiate triage using the START system and triage tags

- Evaluate each patient categorizing them as Immediate, Delayed, Minor or Unsalvageable using the triage tag.

Brief the first in ambulance paramedic

- Hazardous conditions
- Number of patients by triage category
- Additional resources that have been requested and their eta.
- Designated frequency for medical group to IC communication

Package patients for transport

- Immediate patients should be prepared for transport first

Establish treatment areas by triage category if the number of patients exceeds transport capacity.

Provide medical care.

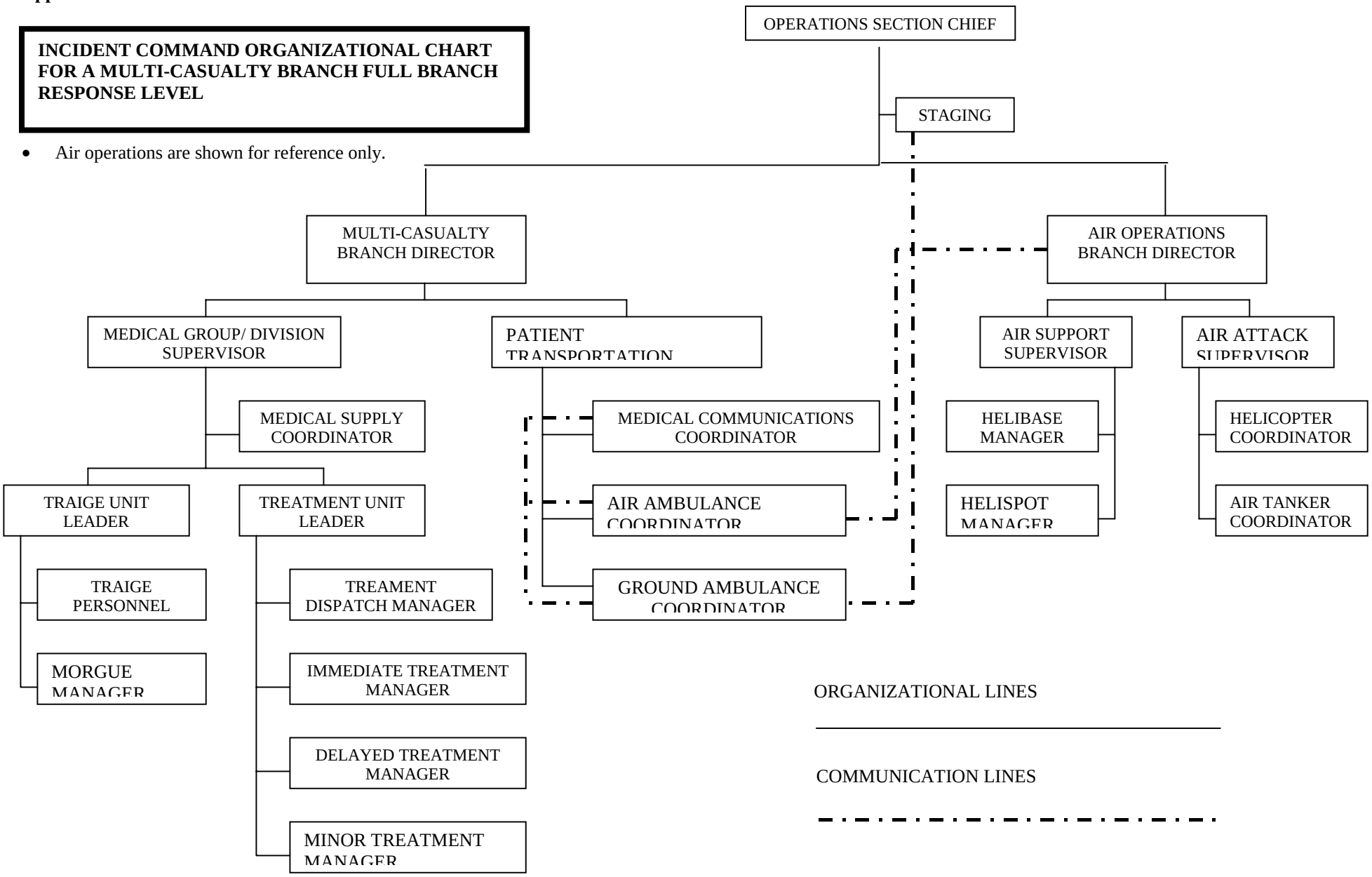
Participate in post incident review.

North Coast EMS MCI Plan

Appendix C

INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH FULL BRANCH RESPONSE LEVEL

- Air operations are shown for reference only.



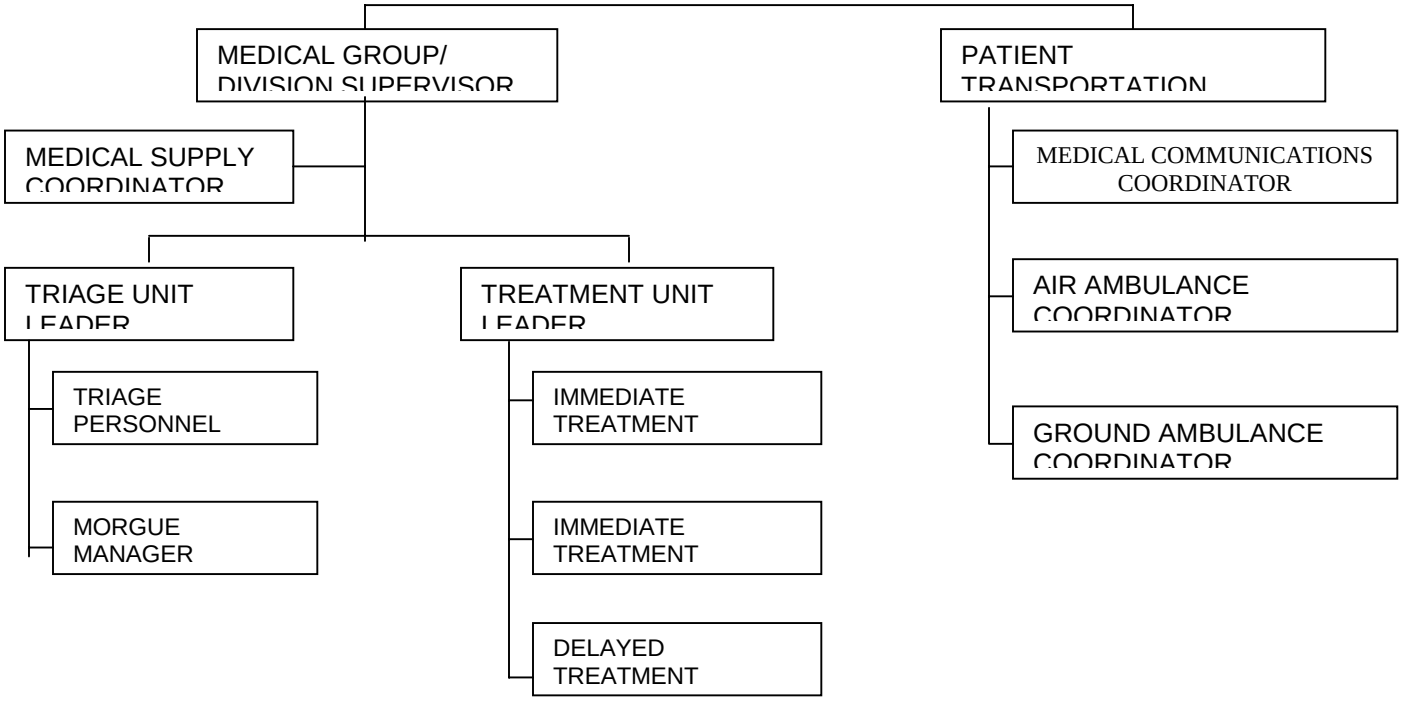
North Coast EMS MCI Plan

Appendix C

ICS-MC-120-1

MULTI-CASUALTY
BRANCH WORKSHEET

Incident Name	Date	Time
Incident Commander	Branch Director	



OTHER

MEDICAL CACHES
AIR AMBULANCE
LAW ENFORCEMENT
RADIO FREQUENCIES
CORONER
RED CROSS
CHAPLAIN
BUSES
MENTAL HEALTH

Appendix D

ICS Medical Branch Position Descriptions

- Multi-Casualty Branch Director
- Medical Group Division Supervisor
- Medical Supply Coordinator
- Triage Unit Leader
- Triage Personnel
- Treatment Unit Leader
- Treatment Dispatch Manager
- Immediate Treatment Manager
- Delayed Treatment Manager
- Minor Treatment Manager
- Patient Transportation Group Supervisor
- Medical Communications Coordinator
- Ground Ambulance Staging Manager
- Air Ambulance Staging Manager

MULTI-CASUALTY BRANCH DIRECTOR

Function	Responsible for implementation of the Incident Action Plan within the Branch. This includes the direction and execution of branch planning for the assignment of resources within the Branch.
Report to	**Operations Section Chief**, radio designation "**Operations**"
Radio Designator	Your radio designator is "**Multi-Casualty Branch**"
Subordinates	Group supervisors, (Medical, Patient Transportation)
Duties & Responsibilities	• Obtain briefing from Operations Section Chief • Review Group assignments for effectiveness of current operations and modify as needed • Provide input to Operations Section Chief for Incident Action Plan and keep apprised of Branch activities • Supervise Branch activities • Maintain Unit Log (ICS 214)

MEDICAL GROUP DIVISION SUPERVISOR

Function	Establish command and control the activities within a Medical Group, in order to assure the best possible emergency medical care to patients during a multi-casualty incident.
Report to	**Multi-Casualty Branch Director**, radio designation "**Multi-Casualty Branch**"
Radio Designator	Your radio designator is "**Medical**"
Subordinates	Triage, Treatment Unit Leaders, Medical Supply Coordinator
Duties & Responsibilities	• Obtain briefing from Multi-Casualty Branch Director or Operations Section Chief • Participate in Section planning activities • Establish Medical Group with assigned personnel; request additional personnel and resources sufficient to handle the magnitude of the incident (medical caches, ambulances, helicopter and other methods of patient transportation) • Designate Unit Leaders and Treatment Area locations as appropriate • Isolate Morgue and Minor Treatment Areas from immediate and Delayed Areas • Request law enforcement/coroner involvement as needed • Establish communications and coordination with Patient Transportation Group Supervisor • Direct and/or supervise on-scene personnel from agencies such as Coroner's office, Red Cross, law enforcement, ambulance companies, county health agencies and health care volunteers • Ensure proper security, traffic control and access for the Group area • Direct medically trained personnel to the appropriate Unit Leader • Maintain Unit Log (ICS 214)

MEDICAL SUPPLY COORDINATOR

Function	Acquire and maintain control of appropriate medical equipment and supplies from units assigned to the Medical Group.
Report to	**Medical Group Supervisor**, radio designation "**medical**"
Radio Designator	Your radio designator is "**Supply**"
Subordinates	Staff
Duties & Responsibilities	• Obtain briefing from Medical Group Supervisor • Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group/Division • Request/assure delivery of medical supply caches • Distribute medical supplies to Triage/Treatment Units as appropriate • Maintain record of activities as appropriate • Coordinate with Supply Unit Leader if Logistics Section is established

TRIAGE UNIT LEADER

Function	Manage triage activities; develop organization to handle triage; direct movement from area; provide guidance to triage personnel; establish safe triage area. When triage is complete, anticipate reassignment.
Report to	**Medical Group Supervisor**, radio designation "**Medical**"
Radio Designator	Your radio designator is "**Triage Leader**"
Subordinates	Triage personnel, Litter bearers, Morgue Manager
Duties & Responsibilities	• Obtain briefing from Medical Group Supervisor • Assess needs, develop strategy and organization sufficient to handle assignment • Request needed resources from Medical Group Supervisor • Develop sectors and assign triage teams accordingly • Supervise/manage triage activities • Maintain a safe triage area • Coordinate movement of patients from Triage Area to appropriate Treatment Transport Areas • Provide Medical Group Supervisor with periodic status reports • Establish Morgue area • Maintain security and control or Triage Area • Maintain Unit Log (ICS 214)

TRIAGE PERSONNEL

Function	To perform secondary triage of patients, categorize and confirm patient triage status
Report to	**Triage Unit Leader**, radio designation "**Triage Leader**"
Radio Designator	Your radio designator is "**Triage**"

Duties & Responsibilities	• Obtain briefing from Triage Unit Leader
	• Perform secondary triage and update/reorganize patients
	• Direct movement of patients to appropriate Treatment Areas
	• Perform only the following treatments during triage process
	  o Open airways
	  o Stop bleeding
	  o Place unconscious patients in coma position
	  o Maximize perfusion of core organs

TREATMENT UNIT LEADER

Function	Mange all activities within treatment unit. Assume responsibility for treatment, preparation for transport and coordination of patient treatment in the Treatment Areas. Direct movement of patients to transport vehicles.
Report to	**Medical Group Supervisor**, radio designation "**Medical**"
Radio Designator	Your radio designator is "**Treatment Leader**"
Subordinates	Treatment Dispatch Manager and Immediate, Delayed, Minor Treatment Managers
Duties & Responsibilities	• Obtain briefing from Medical Group Supervisor • Develop organization to handle assignment • Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas • Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader • Coordinate transportation needs with Patient Transportation Group Supervisor or Medical Communications Coordinator • Maintain area security • Monitor supply use and needs, requesting additional items as needed • Assure continual triage within the treatment areas • Maintain records as appropriate

TREATMENT DISPATCH MANAGER

Function	Coordinate the transportation of patients out of the Treatment Areas; organize same with Patient Transport Group
Report to	**Treatment Unit Leader**, radio designation "**Treatment Leader**"
Radio Designator	Your radio designator is "**Dispatch**"
Subordinates	Staff as needed
Duties & Responsibilities	• Obtain briefing from Treatment Unit Leader • Establish communications with Immediate, Delayed and Minor Treatment Managers • Establish communication with Patient Transportation Group Supervisor • Assess need for personnel and resources and request as appropriate • Verify patient transportation priority • Advise Medical Communications Coordinator of patient status and coordinate Transportation • Establish and maintain communication with ground and air ambulance managers to provide appropriate transport • Assure recording of appropriate records (ICS-MC-306, ICS-MC-308, Appendix D) • Coordinate ambulance loading with Treatment Manger and ambulance personnel

IMMEDIATE TREATMENT MANAGER

Function	Responsible for treatment and re-triage of patients assigned to Immediate Treatment Area
Report to	**Treatment Unit Leader**, radio designation "**Treatment Leader**"
Radio Designator	Your radio designator is "**Immediate**"
Subordinates	Medical Teams
Duties & Responsibilities	• Obtain briefing from Treatment Unit Leader and brief assigned personnel • Request or establish Medical Teams as necessary • Assign treatment personnel to patients received in the Immediate Treatment Area • Ensure treatment of patients triaged to Immediate Treatment Area • Assure prioritization of patients for transportation • Coordinate transportation of patients with Treatment Dispatch Manager • Notify Treatment Dispatch Manager of patient readiness and priority for transportation (unless victim numbers are overwhelming, most critical patients should have transportation priority) • Maintain records as appropriate

DELAYED TREATMENT MANAGER

Function	Responsible to treatment and re-triage of patients assigned to Treatment Area
Report to	**Treatment Unit Leader**, radio designation "**Treatment Leader**"
Radio Designator	Your radio designator is "**Delayed**"
Subordinates	Medical Teams
Duties & Responsibilities	• Obtain briefing from Treatment Unit Leader and brief assigned personnel • Request or establish medical teams as necessary • Assign treatment personnel to patients received in Delayed Treatment Area • Assure patients are prioritized for transportation • Coordinate transportation of patients with Treatment Dispatch Manager • Notify Treatment Dispatch Manager of patient readiness and priority for transportation (unless victim numbers are overwhelming, most critical patients will have transportation priority) • Maintain records are appropriate

MINOR TREATMENT MANAGER

Function	Responsible for treatment and re-triage of patients assigned to Minor Treatment Area
Report to	**Treatment Unit Leader**, radio designation "**Treatment Leader**"
Radio Designator	Your radio designator is "**Minor**"
Subordinates	Treatment Teams
Duties & Responsibilities	• Obtain briefing from Treatment Unit Leader and brief personnel • Request or establish Medical Teams as necessary • Assign treatment personnel to patients received in Minor Treatment Area • Ensure treatment of patients triaged to Minor Treatment Area • Assure prioritization of patients for transportation • Coordinate transportation of patients with Treatment Dispatch Manager • Notify Treatment Dispatch Manager of patient readiness and priority for transportation • Maintain records as appropriate • Coordinate volunteer personnel/organizations through agency representatives and Treatment Unit Leader

PATIENT TRANSPORTATION GROUP SUPERVISOR

Function	Coordination of patient transportation and maintenance of records relating to patient identification, injuries, mode of off-incident transportation and destination.
Report to	**Multi-Casualty Branch Director**, radio designation "**Multi—Casualty Branch**"
Radio Designator	Your radio designator is "**Transportation**"
Subordinates	Medical Communications Coordinator and Air and Ground Ambulance Managers

Duties & Responsibilities

- Obtain briefing from Multi-Casualty Branch Director or Operations Section Chief
- Establish communication (through Medical Communications Coordinator) with Base Hospital, maintain record of hospitals utilized and handling capabilities
- Designate ambulance staging area(s) and coordinate with Ambulance Staging Manager
- Direct the transportation of patients as determined by Treatment Unit Leader(s)
- Assure that patient information and destination is recorded (ISC-MC-306)
- Establish communications with Ambulance Staging Manager(s)
- Request additional ambulances, transportation as required
- Notify Ambulance Staging Manager of ambulance requests
- Coordinate requests for air ambulance transportation through Air Operations Director
- Establish Air Ambulance Helispot with the Multi-Casualty Branch Director and Air Operations Director
- Maintain Unit Log (ICS 214)

MEDICAL COMMUNICATIONS COORDINATOR

Function	Maintain communications with hospital and other medical facilities to assure proper patient transportation and designation. Coordinate information through Patient Transportation Group Supervisor and Transportation Recorder.
Report to	**Patient Transportation Group Supervisor**, radio designation "**Transportation**"
Radio Designator	Your radio designator is "**Communications**"
Subordinates	Transportation Recorder and staff as needed
Duties & Responsibilities	• Obtain briefing from Patient Transportation Group Supervisor • Establish communications with Base Hospital and determine status of receiving facilities • Receive basic patient information and status from Treatment Dispatch Manager, exchange information about receiving facilities • Coordinate patient off-incident destinations with Base Hospital • Communicate patient transportation needs to Staging Managers based on requests from Treatment Dispatch Manager • Select Modes of transportation and destinations for patients exiting treatment areas • Obtain standing orders for patient treatment • Maintain appropriate records

GROUND AMBULANCE STAGING MANAGER

Function	Manage Ground Ambulance Staging Area and move resources into loading area as needed.
Report to	**Patient Transportation Group Supervisor**, radio designation "**Transportation**"
Radio Designator	Your radio designator is "**Ground Staging**"
Subordinates	Staff as required
Duties & Responsibilities	• Obtain briefing from Patient Transportation Group Supervisor • Establish appropriate Staging Are for ambulances and personnel • Establish routes of travel for ambulances during incident operations • Develop organization sufficient to handle assignment • Establish and maintain communications with Medical Communications Coordinator and Treatment Dispatch Manager. Provide ambulances upon request from Medical Communications Coordinator • Assure availability of necessary equipment within ambulances during transportation • Request additional transportation resources as appropriate • Provide inventory of supplies available in area for incident use • Maintain appropriate records (ICS-MC-310)

AIR AMBULANCE STAGING MANAGER

Function	Manage Air Ambulance
Report to	**Patient Transportation Group Supervisor**, radio designation "**Transportation**"
Radio Designator	Your radio designator is "**Air Staging**"
Subordinates	Staff as required
Duties & Responsibilities	• Obtain briefing from Patient Transportation Manager • Establish safe helispot(s) • Coordinate with Incident ? • Establish and maintain communications with Medical Communications Coordinator and Treatment Dispatch Manager

Appendix E- MCI PATIENT TRACKING

Date: _____ Incident Name: _____ Medical Group Sup: _____

Command Channel: _____ Tactical Channel: _____ Communications Coord: _____ Page_____ of _____

Immediate	Delayed	Minor	Deceased

Tag #	Category (I,D,M,X)	Age	Sex	Chief Complaint	Transporting Unit	Time Enroute	Destination	Notes

Appendix E- MCI PATIENT TRACKING

Incident Name: _____

Tag #	Category (I,D,M,X)	Age	Sex	Chief Complaint	Transporting Unit	Time Enroute	Destination	Notes

Appendix F- Incident Critique Sheet

MULTI-CASUALTY INCIDENT CRITIQUE SHEET

INITIAL REPORT

- How was incident reported?
- What was reported? Any conflicting information?
- Who was notified? Who was not notified?
- Timeliness of notifications

INITIAL RESPONSE

- What was sent in the "first wave" dispatch? Why?
- Did first arriving responder do a size up/report on conditions?
- Were additional resources requested by first in units? What?
- Were there conflicting requests for resources? Why & how?
- Were mutual aid resources needed? Which?
- Were ambulance move-ups effected? Which?

SCENE MANAGEMENT

- Was incident declared and command established? Who was the IC?
- Were hazards identified and controlled?
- Was unified command ever established? Command post established?
- Which ICS positions were activated? Vests used?
- Were passerby's and/or other volunteers utilized? How?
- Ambulance staging established? Helispot established?

MEDICAL MANAGEMENT

- Which medical ICS positions, if any, were utilized? Which were combined?
- How did Incident Commander, Medical Group Supervisor, and Transportation Group Supervisor/Medical Communications Coordinator communicate?
- How were various positions identified? Vests used?
- Did the MCC make immediate contact with the Coordinating Base Hospital (CHB)?
- What information was relayed in the initial report?
- Did the CBH assign a single person to communicate with the MCC?
- Did the CBH survey other receiving facilities? Was this information relayed to the MCC?
- Were patients triaged prior to ambulance arrival? START tags used?
- Treatment areas designated and prepared?
- Were Treatment Areas utilized?
- How did initial triage compare to secondary triage/treatment?
- What information was or was not given to the CBH?
- Were ambulances loaded appropriately according to triage category? Other criteria?
- How were patients sorted among hospitals? Who determined destination?
- Did hospital(s) activate internal disaster plans?
- Did transporting ambulances refrain from direct communications with the receiving facilities?

MISCELLANEOUS: Lessons Learned

- What went well?
- What would you do differently?
- What problems were unique to the situation?
- What problems are likely to be encountered again?
- Any problems require MCI Plan modifications?