CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual:	Emergency Medical Services Administrative Policies and Procedures	Policy Number: 600 Page: 1 of 6
Subject:	Multi-Casualty Incident Response Overview and Summary	
References:	California Health and Safety Code EMS Policy and Procedures 610 through 690 California Code of Regulations - Title XXII FIRESCOPE - Fire Service Field Operations Guide (ICS 420-1)	Effective: 01/01/2001

I. POLICY

EMS responders (including dispatchers, first responders, ambulance, and Base/Receiving Hospital personnel) shall utilize multi-casualty incident (MCI) management policies and procedures for all incidents involving ***six (6) or more patients.***

II. PURPOSE

A. The primary purpose of the Multi-Casualty Incident Polices (600 Series) are to provide effective coordination and communications among incident responders, dispatch centers, area hospitals, EMS Agency Staff, Emergency Operations Center's (EOC), and local/state/federal agencies through the provision of standardized medical response policies and procedures. These policies attempt to provide the necessary information for a rapid response, treatment and transport of victims and patients by describing the roles, relationships, and responsibilities of responding personnel, dispatch centers, and hospitals.

This policy is a Multi-Casualty Incident Response Overview and Summary. The specific policies that are included in the Multi-casualty Incident polices are:

600 - Multi-Casualty Incident Response Overview and Summary
610 - Multi-Casualty Incident (MCI) Management – Dispatch Operations
620 - Multi-Casualty Incident (MCI) Management – Prehospital Operations
621 - Multi-Casualty Incident (MCI) Management – Field Treatment Sites
622 - Multi-Casualty Incident (MCI) Management – Casualty Collection Points
630 - Multi-Casualty Incident (MCI) Management – Base Hospital/Disaster Control Facility Operations
640 - Multi-Casualty Incident (MCI) Management – EMS Agency Operations
650 - Ambulance Strike Team Response
690 - Hazardous Materials Incident
690.1 - Clinical Management of Patients Exposed to Hazardous Materials

III. OVERVIEW

A. All EMS operations and multi-casualty incidents will be managed in accordance with Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS) and

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following the principles of the Incident Command System (ICS), in accordance with the Emergency Services Act, Chapter 7 of Division 1 of Title 2 of the California Government Code, Article 9.5, Section 8607.

IV. DISPATCH OPERATIONS

The designated EMS dispatch center for the impacted county will coordinate the response of appropriate EMS resources for multi-casualty incidents and manage those resources in a safe and effective manner. MCI Policy #610 provides the dispatch center personnel with the procedures necessary to direct and coordinate medical resources responding to a MCI incident and also manage the resources during the event. Dispatch Operations include:

A. Identification of a MCI as six (6) or more patients at a single incident or the report of 6 or more victims involved in a single incident before the arrival of public safety or EMS. The Dispatch Operations also includes the activation of an MCI response on incidents involving mass transportation vehicles (bus, train, etc) and low visibility incidents (fog, dust) that has historically involved a multi-ambulance response.

B. A Pre-Determined Response Plan that includes a specific number of EMS resources that are automatically dispatched based upon the number of patients or victims reported. The response plan includes number of ambulances, field supervisor response for support, EMS Agency response, and the dispatch of a Disaster Medical Support Unit and other medical resources. Similar to fire department response plans, the EMS response plan to a MCI provides for the immediate dispatch of EMS resources based upon the information received. Once law, fire or EMS personnel arrive on scene, EMS resources may be cancelled or added based on the event.

C. MCI Dispatch Procedures that allow the dispatch center to coordinate an EMS response based upon the size of the event. Upon determination of a MCI, specific dispatch procedures are implemented to assure proper management of the MCI. In MCI events where three (3) or more ambulances are dispatched, the EMS dispatcher will assign the following:

1. Incident Name – A name given to the incident that is based on the location of the incident (i.e. “Belmont Incident” or “Woodard Incident”. The name should be identical to the incident name used by law and fire agencies who are also responding on the incident.

2. Response Channel – the EMS dispatcher will determine if the EMS incident will remain on the normal dispatch channel or move the responding ambulances to a different response channel (i.e. Med 10).

3. Tactical (on-scene) Channel – The Tactical Channel is used for on-scene communications within the medical group. Ambulances and EMS resources arriving on-scene will communicate and monitor the tactical channel when directed.

D. Modified System Response Plan that includes the alerting of all ambulance providers for possible response or coverage assignments to assure that the County has adequate ambulance coverage and response.

E. Access to EMS Resources located throughout the four-county EMS region. A substantial amount of equipment and supplies are strategically located throughout the four-county EMS region. These resources include disaster response units, disaster trailers and large medical caches. Dispatch Operations includes information on the access and deployment of these resources at the time of an incident.

F. Notification Procedures that include specific information for the Disaster Control Facility or base hospital management of patient destination, notification of ambulance, law enforcement and fire agencies that may be impacted by the event.

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V. PRE-HOSPITAL / FIELD OPERATIONS

The prehospital response and management of a multi-casualty incident will be in coordination with law and fire response agencies. Prehospital Operations will be conducted in a manner that provides an efficient and safe response, triage, treatment, and transportation of all patients. MCI Policy #620 provides the prehospital EMS personnel with the procedures necessary to coordinate and manage a MCI through the use of ICS. Prehospital / Field Operations includes:

A. Acknowledgment that ICS will be used at a MCI.

B. Identifying authority for patient health care management in an emergency shall be vested in that licensed or certified health care professional, which may include any paramedic or other prehospital emergency personnel, at the scene of an emergency who is most medically qualified, specific to the provision of rendering prehospital emergency medical care.

C. Receiving dispatch and response information from the EMS dispatch center, which could include:

1. Incident Name – A name given to incidents where 3 or more ambulances have been dispatched. The incident name is based on the location of the incident (i.e. “Belmont Incident” or “Woodard Incident”). The name should be identical to the incident name used by law and fire agencies who are also responding on the incident.

2. Response Channel – the EMS dispatcher will determine if the EMS incident will remain on the normal dispatch channel or move the responding ambulances to a different response channel (i.e. Med 10).

3. Tactical (on-scene) Channel – The Tactical Channel is used for on-scene communications within the medical group. Ambulances and EMS resources arriving on-scene will communicate and monitor the tactical channel when directed.

D. Establishing the Medical Group Supervisor for **overall medical management** of the MCI.

E. Immediate scene survey by the Medical Group Supervisor that rapidly provides an estimate of patients and victims, which will allow the Medical Group Supervisor to request additional resources, if necessary, or cancel responding resources as needed.

F. Designating an EMS staging area in coordination with the Incident Commander

G. A notification call-in to the base hospital / Disaster Control Facility (DCF) by the medical group supervisor, which allows them to prepare for the distribution of patients and notification to other hospitals that a MCI is occurring.

H. Establishing medical branch positions, as needed, to manage the medical operations of the incident. The medical branch positions include:

1. Medical Branch Director – When designated, reports to the Incident Commander or Operations Section Chief and oversees the Medical Group Supervisor and Medical Branch operations.

2. Medical Group Supervisor – The most medically qualified pre-hospital person on-scene, usually a paramedic, who reports to the Incident Commander, Operations Section Chief or Medical Branch Director and manages the Medical Group operations.

3. Patient Transportation Unit Leader – Responsible for loading of patients and communications with the Base Hospital / DCF. This position oversees:

a. Medical Communications Coordinator – who can be assigned to hospital communications
b. Ambulance Coordinator – responsible for ambulance staging and movement of ambulance on scene

4. Triage Unit Leader – Responsible for triage and re-triage of all victims and patients and assists in the movement of patients to treatment areas. The Triage Unit Leader oversees the triage personnel and the Morgue Manager.

5. Treatment Unit Leader – supervises the treatment of patients and prepares the patients for transport. In large incidents a Treatment Unit Leader may be assigned to each triage area. The Treatment Unit Leader oversees:

a. Treatment Dispatch Manager – coordinates patient movement to the Transportation Area.
b. Immediate (Red) Treatment Area Manager
c. Delayed (Yellow) Treatment Area Manager
d. Minor (Green) Treatment Area Manager

6. Medical Supply Coordinator – responsible for the incoming and out-going medical supplies and equipment.

I. Performing Triage of all victims involved in the incident using the START and JUMP START (ages 8 or less) triage methods and using the Triage Tags for identification of patient priority level (Immediate (Red), Delayed (Yellow), Minor (Green), or Deceased (Black)).

J. Providing treatment to patients prior to transport. EMS personnel should function under radio failure protocols and not delay transport for treatment on scene. For treatments not allowed in radio failure, the transport unit shall contact an alternate base hospital.

K. Obtaining destinations for patient transports from the Base Hospital / DCF.

1. As a reminder, the first three (3) EMS transportation units may transport Immediate Priority (Red) patients from the scene prior to initiating the call-in to the Base Hospital / DCF. When this occurs, the transportation call-in shall occur **immediately** following the initiation of patient transport(s)

L. Coordinating transport of patients from MCI to hospitals or alternative treatment sites in coordination with the Base Hospital / DCF.

VI. HOSPITAL OPERATIONS

The hospital response and management of a multi-casualty incident will be in coordination with EMS personnel on scene of the MCI and with the area hospitals that may be impacted by the MCI event. Hospital operations will be conducted in a manner that provides efficient and safe treatment and transportation of all patients. MCI Policy #630 provides the Base Hospital/Disaster Control Facility personnel with the procedures necessary to coordinate and manage a MCI. Hospital Operations includes:

A. Activation of the Disaster Control Facility (DCF) in incidents involving ten (10) or more patients.

B. Receiving a notification call-in from the medical group supervisor, which allows the Base Hospital / DCF to prepare for the distribution of patients and notification to other hospitals that a MCI is occurring.

C. Activation of hospital emergency plan, as necessary, using the Hospital Incident Command System (HICS).

D. Maintaining communications with the Medical Group Supervisor (or Transportation Unit Leader or Medical Communications Leader) for patient information.

E. The Base Hospital or DCF will be contacted for distribution of patients. In incidents involving 10 or more patients, the Patient Distribution Zones List may be used for the coordination of patient destinations.

F. Continuous communications and coordination with receiving hospitals for information on the event and impact to each hospital.

VII. EMS AGENCY OPERATIONS

The EMS Agency response and management of a multi-casualty incident will be in coordination with EMS personnel on scene of a MCI, the Base Hospital/DCF, area hospitals, and Incident Command personnel. EMS Agency operations will be conducted in a manner that provides efficient and safe response, treatment, and transportation of all patients and mitigation of the medical aspects of the MCI. MCI Policy #640 provides a description of EMS Agency responsibilities in the coordination and management of a MCI. EMS Agency Operations includes:

A. The identification of the EMS Duty officer and EMS Agency response requirements.

B. The role and responsibility of the EMS Duty Officer at the scene of an MCI.

C. The assignment of EMS agency staff in large scale events, including assignments to the DCF, dispatch center. EOC, etc.

D. The notification of local, region, and state officials.

E. The role and responsibility of the Medical/Health Operational Area Coordinator (MHOAC).

F. The role and responsibility of the Regional Disaster Medical Health Specialist (RDMHS).

VIII. AMBULANCE STRIKE TEAM REQUESTS/RESPONSE

Ambulance Strike Teams may be requested into the EMS Region as a requested mutual aid resource in large events, or an Ambulance Strike Team(s) may be requested from within the EMS Region to respond to another area of the State. Requests or response of Ambulance Strike Teams shall be in coordination with the EMS Agency, Medical/Health Operational Area Coordinator (MHOAC), and Regional Disaster Medical/Health Coordinator (RDMHC) staff.

The response of an Ambulance Strike Team from the EMS Region involves a process that includes the staffing of a Disaster Medical Support Unit (Disaster-1 or Disater-2) with an approved Ambulance Strike Team Leader and five (5) ambulances for each strike team requested. MCI Policy #650 provides a description of Ambulance Strike Team procedures.

IX. FIELD TREATMENT SITES

A Field Treatment Site is established by the Medical Branch of an incident when the there is no capacity at area hospitals or alternative health care facilities to manage the sick and/or injured. The Field Treatment Site may also be used at a Casualty Collection Point while waiting for transport or upon receiving patients from another area. Field Treatment Sites are used as temporary care sites until transport destinations or adequate transportation resources have been identified. A Field Treatment Site is established in accordance with EMS Policy 621 – Field Treatment Sites. When a Field Treatment site is established, it is staffed with EMS personnel who provide ALS and BLS care in accordance with EMS Policy and Procedure. The Field Treatment Site also has an ICS command structure, similar to a field incident, which includes a Medical Group Supervisor and all of the sub-ordinate

positions as needed.

X. CASUALTY COLLECTION POINTS

A Casualty Collection Point(s) is a location where patients are gathered for the purpose of transporting them to other areas or receiving them from other areas. Fresno serves as a State designated Casualty Collection Point. In the event of a catastrophic event in other areas of the State, victims of the event could be transported directly to Fresno by ground or by air. These victims would be received at a Casualty Collection Point where they would be triaged, and transported to appropriate facilities. A Field Treatment Site may also need to be established at the Casualty Collection Point for the provision of basic medical care for the arriving victims. The Casualty Collection Point is responded to as an MCI and has an ICS medical branch structure similar to a field incident, which includes a Medical Group Supervisor and all of the sub-ordinate positions as needed.

A Casualty Collection Point can also be used to evacuate victims and/or patients from areas within the CCEMSA. In large events that overwhelm the health care facilities within the area, patients can be transported to an established casualty collection point for transport to other areas in the State. A Casualty Collection Point is established in accordance with EMS Policy 622 – Casualty Collection Point.

XI. HAZARDOUS MATERIALS INCIDENT

The Hazardous Materials Incident policy shall be utilized anytime there is the potential for contamination by a hazardous material. The responsibility for hazardous materials containment, identification, and decontamination, and victim evacuation rests with fire and/or law enforcement agencies. Decontamination of victims of a hazardous material incident are coordinated with EMS personnel. The care of patients involved in a hazardous materials incident is the responsibility of EMS personnel. MCI Policy #690 provides a description of Hazardous Material Incident Operations and procedures, which include:

A. Safety Considerations for responding EMS personnel, which includes staging up-wind from event, identification of a Hot Zone and decontamination requirements.

B. Notification of Base Hospital / Disaster Control Facility for potential receipt of HAZMAT victims.

C. Implementation of ICS in accordance with MCI policies, if more than six (6) patients.

ATTACHMENT A
DEFINITIONS

A. **AMBULANCE STRIKE TEAM** – An Ambulance Strike Team consists of 5 ALS Ambulances (2 personnel each) and 1 Ambulance Strike Team Leader in a Disaster Medical Support Unit (DMSU). They are able to deploy in the state within a few hours and are self-sufficient in a disaster area for up to 72 hours. They provide an immediate EMS operational response to disaster situations, with a focus upon transportation but may also work in concert with the California Medical Assistance Teams (CAL-MATs) and other state disaster personnel. They may also be used for medical and health support in various settings including first aid sites, shelters, command posts, and Mobile Field Hospitals.

B. **CAL-OES REGION V–** A mutual aid region of the California Emergency Management Agency comprised of Fresno, Kings, Madera, Mariposa, Merced, Tulare, and Kern Counties.

C. **CALIFORNIA FIRE CHIEFS' ASSOCIATION TRIAGE TAG (TRIAGE TAG)** – An approved medical triage tag used to identify each patient by number and triage classification. (See Attachment A)

D. **CASUALTY COLLECTION POINT** – A designated location where patients are gathered for the purpose of transporting them to other areas or receiving them from other areas.

E. **COMMAND POST (CP)** - The location where the Incident Commander/Unified Command manages personnel and materials. This location should be within visual contact of the disaster scene but safe from hazard. This is the on-site command and intelligence link to the EOC (when activated).

F. **DISASTER** - Any single event or multi-incident event that cannot be efficiently handled by the emergency care resources available to a community with normal "day-to-day" resources.

G. **DISASTER CONTROL FACILITY (DCF)** - A designated facility that receives emergency communications from the disaster site and relays information to other hospitals. The DCF is responsible for determining the destination of triaged patients.

H. **DISASTER MEDICAL SUPPORT UNIT (DMSU)** – The Disaster Medical Support Vehicle is one of the state owned disaster response vehicles strategically placed throughout the State to be used for civil defense and disaster purposes. The DMSU is used as part of a local, regional or statewide mutual aid response, activations of Ambulance Strike teams during emergencies, parades, displays and demonstrations, and training of EMTs and Paramedics.

I. **DISASTER MEDICAL SUPPORT TRAILER (DMST) -** Disaster Medical Support Trailers exist in Tulare County. In Tulare County, DMST trailers are located in the City of Dinuba and the City of Tulare. The DMST are equipped with multi-casualty supplies and equipment. These trailers will require a truck that is capable of pulling the trailer to the scene.

J. **EMERGENCY OPERATION CENTER (EOC)** – A predesignated facility established by an agency or jurisdiction to coordinate the overall agency or jurisdictional response and support to an emergency.

K. **EMS AGENCY STAFF or EMS DUTY OFFICER** - EMS Agency staff designated as being available and responsible for a specific function/position.

L. **EMS DISPATCH** – Refers to either the Fresno County EMS Communications Center or the Tulare County Consolidated Ambulance Dispatch Center.

M. **EMS REGION** – The Central California EMS Agency, which includes Fresno, Kings, Madera, and Tulare Counties.

N. **FIELD TREATMENT SITE** - Field Treatment Sites are used as temporary care sites until transport destinations, adequate transportation resources, or facility capacity has been identified. Field Treatment sites are staffed with EMS personnel who provide ALS and BLS care in accordance with EMS Policy and Procedure.

O. **HOSPITAL EMERGENCY ADMINISTRATIVE RADIO (HEAR)** – Hospital-to-hospital radio communications system between many hospitals in the four-county EMS region which allows for real time communications, multi-casualty incident management, sharing of critical information, and patient distribution assignment.

P. **HOSPITAL INCIDENT COMMAND SYSTEM (HICS)** - The incident command system developed for hospitals.

Q. **INCIDENT COMMANDER (IC)** - The individual in charge of the overall incident and is responsible to command and coordinate the disaster site response in its entirety. The IC is usually the public safety agency with primary investigative authority.

R. **INCIDENT COMMAND SYSTEM (ICS)** - The nationally used standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

S. **INSTANT AID** - Medical resources from outside of the local service area (from within or outside of the county) which are utilized as the primary medical resource.

T. **MEDICAL/HEALTH OPERATIONAL AREA COORDINATOR (MHOAC)** - In each operational area the county health officer and the local EMS agency administrator may act jointly as the medical health operational area coordinator (MHOAC). In the event of a local, state, or federal declaration of emergency, the MHOAC shall assist the operational area OES coordinator in the coordination of medical and health disaster resources within the operational area, and be the point of contact in that operational area, for coordination with the RDMHC, the CAL OES, the regional office of the CAL OES, the State Department of Health Services, and the authority. H&S Code 1791.153

U. **MULTI-AGENCY COORDINATION SYSTEM (MACS)** – a combination of facilities, equipment, personnel, procedures, and communications integrated into a common system with responsibility for coordination of assisting agency resources and support to agency emergency operations.

V. **MULTI-CASUALTY INCIDENT (MCI)** – ***6 or more patients*** at a single scene or multiple sites in close proximity.

W. **MUTUAL AID** - Medical resources which respond in a secondary or backup capacity to assist neighboring jurisdictions.

X. **NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)** - The National Incident Management System provides a comprehensive, nationwide, systematic approach to incident management, including the Incident Command System, Multiagency Coordination Systems, and Public Information, guiding departments and agencies at all levels of government, the private sector, and nongovernmental organizations to work seamlessly to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life, property, and harm to the environment.

Y. **PATIENT** – Person who has a medical complaint needing assessment, medical care or treatment.

Z. **CALIFORNIA STATE-WIDE INTEROPERABILITY** – The federal, state, regional, and county areas have identified specific frequencies that are utilized for communications of law, fire, and EMS during emergency events. There are pre-designated channels in each county that can be used at the time of an event. In large scale disaster or incidents a County agency (i.e., Sheriff) will assign the appropriate channels for command, staging, and tactical use by responding personnel. All emergency vehicles within each county shall have access to interoperability channels.

AA. **REGIONAL DISASTER MEDICAL/HEALTH COORDINATOR (RDMHC)** -The RDMHC coordinates disaster information and medical and health mutual aid and assistance within the Mutual Aid Region or in support of other affected Mutual Aid Region(s). The RDMHC may be a county health officer, county coordinator of emergency services, local emergency medical services administrator, or local emergency medical services medical director. Appointees are nominated by a plurality of the votes of local health officers in the Mutual Aid Region and jointly appointed by the Directors of CDPH and EMSA. H&S Code 1791.152

AB. **REGIONAL DISASTER MEDICAL/HEALTH SPECIALIST (RDMHS) -** The Regional Disaster Medical and Health Specialist (RDMHS) is a component of the RDMHC Program who directly supports regional preparedness, response, mitigation and recovery activities. The RDMHS is normally in direct contact with the Medical Health Operational Area Coordinators in each County.

AC. **STANDARDIZED EMERGENCY MANAGEMENT SYSTEM (SEMS)** - A system is based on the Incident Command System and its basic principals and is intended to standardize the response to local and regional emergencies involving single and multiple jurisdictions and/or multiple agencies. SEMS defines the Operational Area concept. Established in 1994, the Regulations are adopted under California Code of Regulations, Title 19, Division 2, Section 2400, Emergency Management Agency (CAL OES). The authority for the Regulations is California Government Code Section 8607(a).

AD. **START/ JUMP START – SIMPLE TRIAGE AND RAPID TREATMENT** - The START system is a method of making a rapid assessment (taking less than a minute) of every patient, quickly identifying victims who have immediately life-threatening injuries and who have the best chance of surviving and determining which of four categories patients should be in, and visibly identifying the categories for rescuers who will treat the patients. Jump START uses modified START criteria to meet the needs of pediatric patients that are 8 years old or less.

AE. **STATUSNET911** - Is an enhanced hospital-to-hospital communications system between all hospitals in the four-county EMS region. StatusNet911 allows interoperability, real time communications, multi-casualty incident management, sharing of critical information, patient distribution assignment, as well as allowing enhanced audio/visual alerting.

AF. **UNIFIED COMMAND** - Unified Command is unified team effort, which allows all agencies with responsibility for an incident, to manage that incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or relinquishing agency authority, responsibility or accountability.

AG. **VICTIM** - Person who are involved in an event or incident that have no medical complaint .