



DEPARTMENT OF PUBLIC HEALTH
Emergency Medical Services Agency

POLICY #810.00

TITLE: **MULTIPLE CASUALTY INCIDENT (MCI) – FIELD OPERATIONS**

APPROVED: ON-FILE

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ON-FILE

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PAGE: 1-4

Authority: Multi-casualty planning is conducted by EMS Agencies in accordance with Sections 1797.200-1797.226 and 1797.252 of the California Health and Safety Code.

Purpose:

To establish the standards for pre-hospital personnel in providing care during Multiple Casualty Incidents (MCI).

Policy:

All Multiple Casualty Incident operations within Merced County shall follow the Incident Command System and the procedures established herein. All medical resource requests shall be coordinated with the Incident Commander.

1. An MCI shall be declared for any incident with six (6) or more transportable patients of any category and / or when the number and severity of patients will overwhelm currently available resources.

2. **MCI Alert to Disaster Control Facility (DCF)**

An MCI alert to the Base Hospital, Mercy Medical Center which serves as the county's disaster control facility, should occur as soon as there is information that an MCI may exist (pre-alert). If this occurs at the time of dispatch or while responding to the incident, the CF will be contacted and advised of an "MCI Alert". Information concerning the location and County, approximate number of victims (if known), and a description of the incident should be given (i.e. Hazmat, Trauma, Medical).

3. Authority for and Confirmation of MCI

Immediately upon arrival on-scene or upon patient count update from on-scene first responders, the first arriving ALS crew or Supervisor shall:

A. Confirm or cancel the MCI alert with DCF

B. Confirm location and County of MCI to the DCF.

C. Number of patients.

1. If ten (10) or more patients, Merced County Medical Dispatch will notify EMS Agency on-call personnel.

4. **MCI Management**

A. Medical Group Supervisor - Once it has been determined that an MCI exists, the first arriving paramedic shall coordinate with the Incident Commander (IC) and, if assigned, assume the Medical Group Supervisor position. All additional positions and functions will be assigned as

necessary to mitigate the incident and shall be consistent with the Incident Command System (ICS). The following positions fall under the Medical Group Supervisor:

1. Triage Unit Leader.
2. Treatment Unit Leaders.
3. Medical Supply Coordinator.
4. Transportation Group Supervisor.

B. Transportation Group Supervisor - responsible for coordinating all patient transportation and for completion of the Field Disposition Summary form. The following positions fall under the Transportation Group Supervisor:

1. Medical Communications Coordinator.
2. Air Ambulance Coordinator. Landing Site Coordination shall be the responsibility of the fire agency with jurisdiction for the area of the incident.
3. Ground Ambulance Coordinator.

5. **MCI Operations**

The first ALS ambulance/Supervisor on scene will, if assigned by the IC, assume Medical Group Supervisor, Medical Communications Coordinator and Treatment Unit Leader, until resources allow for assignment to other personnel.

6. **Triage**

Initial Triage shall be performed utilizing the S.T.A.R.T. method (see attached Field Guide).

A. Triage Categories:

1. Immediate (Red)
2. Delayed (Yellow)
3. Minor (Green)
4. Deceased (Black)

B. If staffing allows, re-triage shall be more precise than the initial S.T.A.R.T. method.

7. **Treatment**

A. During an MCI, ALS personnel will operate under standing orders.

B. CPR shall not be initiated unless appropriate treatment and transportation are available for the immediate treatment of **all** immediate and delayed patients.

8. **Transportation**

A. The DCF will advise the Medical Group Supervisor of hospital and resource capability.

B. The Medical Group Supervisor or designee will be responsible for determining transportation mode for all patients on scene.

C. The Medical Group Supervisor or designee shall notify the DCF of patient destinations, categories, and counts.

D. Patients must meet trauma triage criteria to be sent to a trauma center, unless directed there by the DCF.

9. **Communications**

During an MCI, it is imperative that all radio/phone transmissions be kept to a minimum. To ensure adequate radio/phone time, the following guidelines shall be adhered to:

- A. During transport – updates with the DCF by transporting units will only be made if there is a change (worsening) in the patients triage category.
- B. All Other System Radio/Phone Traffic:
 - 1. Only that communication which is necessary for patient/personal safety or operational integrity shall be conducted during an MCI.
 - 2. All necessary communication shall be less than thirty (30) seconds and only contain information regarding patient(s) category, destination and ETA.

10. **Documentation**

- A. **Triage Tags** - Upon arrival at the scene, the Medical Group Supervisor will distribute Fire Scope approved triage tags to qualified triage personnel. These tags will be completed in accordance with the Merced County Patient Documentation Policy.
- B. **Base Hospital Routing Log** – Copies of the Base Hospital Routing Log will be forwarded to the EMS Agency by the next business day.
- C. **Field Disposition Summary Form** - Copies of the Field Disposition Summary Form will be forwarded to the EMS Agency by the next business day.
- D. All patient contact will be documented in accordance with the Merced County Patient Documentation Policy.

