



MULTI-CASUALTY INCIDENT FIELD OPERATIONS

Overview of the OES Region III MCI Plan

What do you see?

- Vehicle placement?
- Tarp Placement?
- Position Vests?



Assumptions

- All field responders are trained to the ICS 100 level. ICS 200 strongly recommended
- Knowledge of the FIRESCOPE Field Operations Guide (FOG) guide





Purpose

The Field Operations Manual describes the response organization, personnel, equipment, resources, and procedures for field operations that are designed to be utilized by the thirteen counties which make up the Governor's Office of Emergency Services (OES) Region III. This plan is intended to establish a regional "minimum" standard. This does not prevent local agencies from developing additional protocols or procedures that do not conflict with this regional standard.



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Section 1 Command and Control

Incident Commander

- Overall responsibility for incident response and management
- Be at scene representing the public service agency having primary investigatory authority or responsibility
- Responsible for coordination of all public and private agencies engaged at the incident site and controls all responding agencies.
- Establishes the command post (CP)
- Establishes the type of command
 - Single
 - Unified



Section 2 Communications

Communications at the incident are managed through the use of a common communications plan and an incident based communications center established solely for the use of tactical and support resources assigned to the incident.

- English or clear text
- No 10 codes should be used
- All communications should be confined only to essential messages.
- Command Net – IC, Key Staff, Section Chiefs, Division and Group Supervisors
- Tac Net-May be several, May serve different agencies, groups, divisions or geographic areas

Section 3 Equipment and Supplies

- It is imperative that all tools necessary for initial scene organization and patient triage are available to the first-in emergency response units.
 - A Triage Kit (see Appendix D)
 - Minimum of two position (e.g. Triage Unit Leader & Medical Group Supervisor) vests.
- All remaining vests, Position Checklists, and the Medical Group Implementation Supplies should be carried in a supervisor/battalion vehicle which would be in the second wave dispatch to an MCI.



Section 4 Activation/Notification

Activation of the Multi-Casualty Incident System consists of the mobilization of the necessary resources, notification of the Control Facility, and initiation of the ICS.

- The early mobilization of resources and the notification of the Control Facility are paramount to the success of an MCI. You should not wait until units arrive at scene to make the determination of the need for additional resources.

Section 4

Activation/Notification Cont.

- **A. MOBILIZATION OF RESOURCES**
 - Three main categories of resources that should be considered are (E,M,T):
 - Equipment and Supplies (Caches/Disaster trailers)
 - Manpower (ALS, BLS, Litter Bearers, Task Forces)
 - Transportation (Ground, Air, Buses, AST)
- **B. NOTIFICATION OF THE CONTROL FACILITY(CF)**
 - Enroute
 - On Scene
 - Confirm or Cancel
 - Size up/Classification
 - MCI Trauma
 - MCI Medical
 - MCI HazMat
 - Updates
 - Triage activities

Section 5 Incident Operations

- Scene initiation of ICS
 - Report to the IC and get permission to establish the medical group. The following acronym will assist in gathering information in an organized manner.
 - **R**esources – Who is at scene and who is coming, enough?
 - **A**ssignments – Everyone should have a job to do, Triage
 - **C**ommunications – What are the lines of communication?
 - **I**ngress/Egress – Does dispatch know?
 - **N**ame – What is the name of the incident?
 - **G**eography – Staging, triage, treatment areas?

Section 5 Incident Operations Cont.

- EMS Field Management Personnel
 - *At the time any of the following positions are assumed or assigned, it is imperative that the personnel being assigned are given:*
 - *The appropriate vest for the position*
 - *The appropriate position checklist*
 - *The mode of communication being utilized*





Section 5 Incident Operations Cont.

The Medical Group Supervisor (MGS) shall be the first qualified responder for the position on the scene and, in accordance with local policy, may be law enforcement, fire department or private provider personnel.

Position Checklist

- Resources: assess need for additional resources:
 - Equipment: medical supplies (e.g. medical caches, backboards, litters, cots).
 - Manpower: FRs, EMTs, paramedics
 - Transportation: air/ground, vans, buses
- Assignments:
 - Establish Medical Group, assign personnel.
 - Direct and/or supervise on-scene personnel from agencies such as Coroner's Office, Red Cross, ambulances, etc.
- Communications:
 - Participate in Medical Branch/Operations Section planning activities.
 - Ensure notification of the Control Facility.
- Ingress/Egress: Report staging area and transport routes to dispatch.
- Name: Confer with IC/Ops Chief to determine incident name, report to dispatch / Control Facility.
- Geography: Designate Treatment Area locations.
 - Isolate Morgue and Minor Treatment Area from Immediate/ Delayed Treatment Areas.
 - Request proper security, traffic control, and access for the Medical Group work areas. Maintain Unit/Activity Log (ICS Form 214).



Section 5 Incident Operations Cont.

Review “Common Responsibilities” and specific position responsibilities for the following positions:

- **Triage Unit Leader** - (BLS preferred) will coordinate the triage of all patients. Once patients are triaged and tagged, this person will supervise the movement of patients to their designated Treatment area.
- **Treatment Unit Leader** - Responsible for the on scene medical treatment. May assign Treatment Area Managers based on scope and size of the incident.
- **Patient Transportation Group Supervisor/Unit Leader** - This position may be filled concurrently by the MGS in the event there are not enough qualified personnel available. This position should be filled with the person most knowledgeable of local EMS/hospital procedures.

Section 5 Designated Areas

Locations of Designated Areas shall be approved by the IC or designee

- Treatment areas – Safe distance from hazards, upwind from toxic fumes, vehicle exhaust, allow for vehicle access(ingress and egress). Minor patient areas should be separated from Immediate/Delayed areas
 - The goal is to get the “RED” (immediate) patients off the scene first and the remainder of the patients should be transported as soon as practical.

Treatment Areas should be clearly marked with flags, tarp or flagging.





Section 5 Designated Areas Cont.

EMS Staging Area

- Collection point for EMS personnel and equipment
- Consider one way only traffic flow to prevent congestion
- May be shared in large incidents

Loading Area

- For loading patient into transport vehicles
- Should be in a line and one way
- Consideration should be given to vehicle exhaust affecting the area

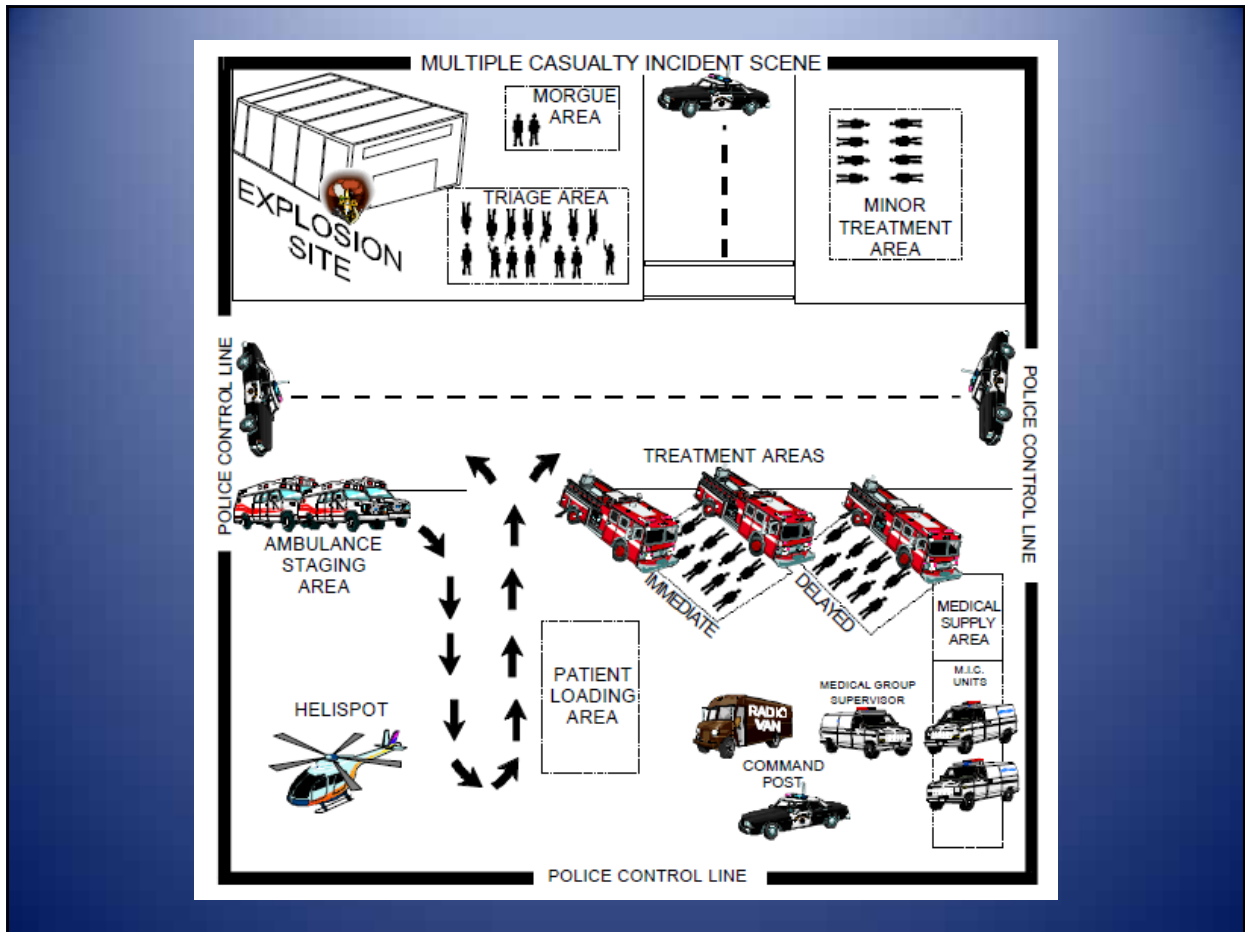
Section 5 Designated Areas Cont.

Morgue Area

- Most MCI's are considered crime scenes until proven otherwise and the deceased should not be moved. Deceased should only be move to gain access to salvageable patients.
- Area should be far away from active treatment areas
- Consideration should be given to establishing a secondary Morgue Area to facilitate patient that have expired in the treatment areas.

Triage Area

- Victims are usually triaged where they lie. There may be instances where patients must be moved due to hazardous conditions. Triage would begin once the patients arrive.



Section 5 Triage

Begin Triage once the scene has been deemed safe:

- Have those that can move under their own power go to a designated area (Minor Treatment Area)
- Treatment in the Triage area should be limited to repositioning the airway and hemorrhage control
- Begin Triage utilizing the S.T.A.R.T. triage method
 - **Immediate** (Critical, life-threatening)
 - **Delayed** (Serious, may be life-threatening)
 - **Minor** (Walking Wounded, non-life or limb threatening injuries)
 - **Deceased** (Mortally wounded)
 - **Expectant (Predicated to not survive injuries)**



Section 5 Treatment

Once all patients have been Triageed you can begin transport of the Immediate patients. If there is going to be a delay in transport due to a lack of transport resources, patients should be moved to designated treatment areas

- **Immediate**– ABC's, vitals, do not delay transport
- **Delayed**– ABC's, vitals, re-triage as needed
- **Minor**– BLS care, keep contained in treatment area
- **Deceased**– Establish away from other areas
- Expectant (Predicated to not survive injuries)



Section 5

EMS Resource Management

EMS resources shall be requested through the IC or designee.

EMS resources will be supervised by the MGS (Medical Group Supervisor)

- All EMS resources to staging
- Resources will be assigned specific tasks
- Maintain one way traffic flow if possible
- Crews should remain with vehicles while in staging and keys should remain in the vehicle at all times
- Begin establishing medical equipment cache

Section 5

Transportation/Patient Dispersal

As transport vehicle become available, patient can be moved from treatment areas to the loading area.

- Vehicle loading should be maximized without jeopardizing patient care. Unless there are no other options, two immediate patients should not be transported in the same ambulance.
- In larger MCI, alternate transport vehicles may be utilized, buses, vans ect. Patients must be accompanied by BLS personnel
- Once the patients are ready for transport the Treatment Area Leader should notify the Patient Transportation Group Supervisor with the number of patients and their category and a one word classification of their injury (one immediate head and two delayed chest)
- All patient movement will be tracked on the Patient Transportation Summary Worksheet.



Section 5 Contamination

Pre-hospital personnel must remain alert to the potential for toxic and hazardous materials at the scene of all incidents. Familiarization with the State document "Hazardous Materials Medical Management Protocols" and the Incident Command System document "Hazardous Materials Operational System Description (ICS-HM-120-1)" is essential to avoid further and unnecessary contamination of personnel/equipment.

Section 5 Standing Orders

- During an MCI, it is imperative that radio transmissions be kept to a minimum. Therefore, advanced life support and limited advanced life support personnel will function under standing orders.
- If Base Hospital contact is necessary due to extenuating circumstances, the following guidelines should be adhered to:
 - On-Scene:
 - Contact should only be made following approval of the Medical Group Supervisor or Patient Transportation Unit Leader/Group Supervisor.
 - Enroute:
 - Updates with the receiving facilities should only be made if there is a clear frequency not being utilized for the incident.



Section 6

Resources and Ancillary Operations

DAY-TO-DAY MUTUAL AID

- During small incidents or in the initial phases of a large incident, resources should be requested utilizing the usual day-to-day mutual aid process.

MASTER MUTUAL AID

- If the usual day-to-day mutual aid system will not provide adequate resources, the Master Medical Mutual Aid system should be accessed as soon as possible. Instructions for the activation of this system are outlined in CAL-EMA REGION III Medical/Health Mutual Aid Plan.

ANCILLARY OPERATIONS

- Besides fire, EMS, and law enforcement agencies, the following is a list of ancillary services involved in EMS Field operations and should be involved in any local multi-casualty incident planning and training.
 - Dispatch Centers
 - Control Facilities
 - Receiving Facility
 - Local Emergency Medical Services Agencies
 - Local Office of Emergency Services
 - Local Military Establishments
 - Local Red Cross
 - Local H.A.M. Operators

Section 7 Documentation

Original ICS-MC & MCM FORMS for use with this manual are found in Appendix E. An Index is provided listing the most recent form number and date for each form. Position Checklist forms are found in Appendix A.

- *Triage Tags*
 - Note: There are several different types and manufacturers of triage tags. OA's should decide and train with one type of triage tag. Triage Tags should incorporate S.T.A.R.T.
 - Fire and EMS personnel upon arrival at the scene, will distribute tags to qualified triage personnel. The number of tags distributed should be noted to better assess the actual number of patients.



Section 7 Documentation Cont.

Forms

- Field Pre-Hospital Care Records
- Medical Branch Worksheet
- Patient Transportation Summary Worksheet
- Ambulance Staging Resource Status
- Supply Receipt & Inventory Form

Multi-Casualty Incident Review/Quality Improvement

- Copies of all forms should be forwarded to the LEMSA within 48 hours of the incident.
- Agency Critique



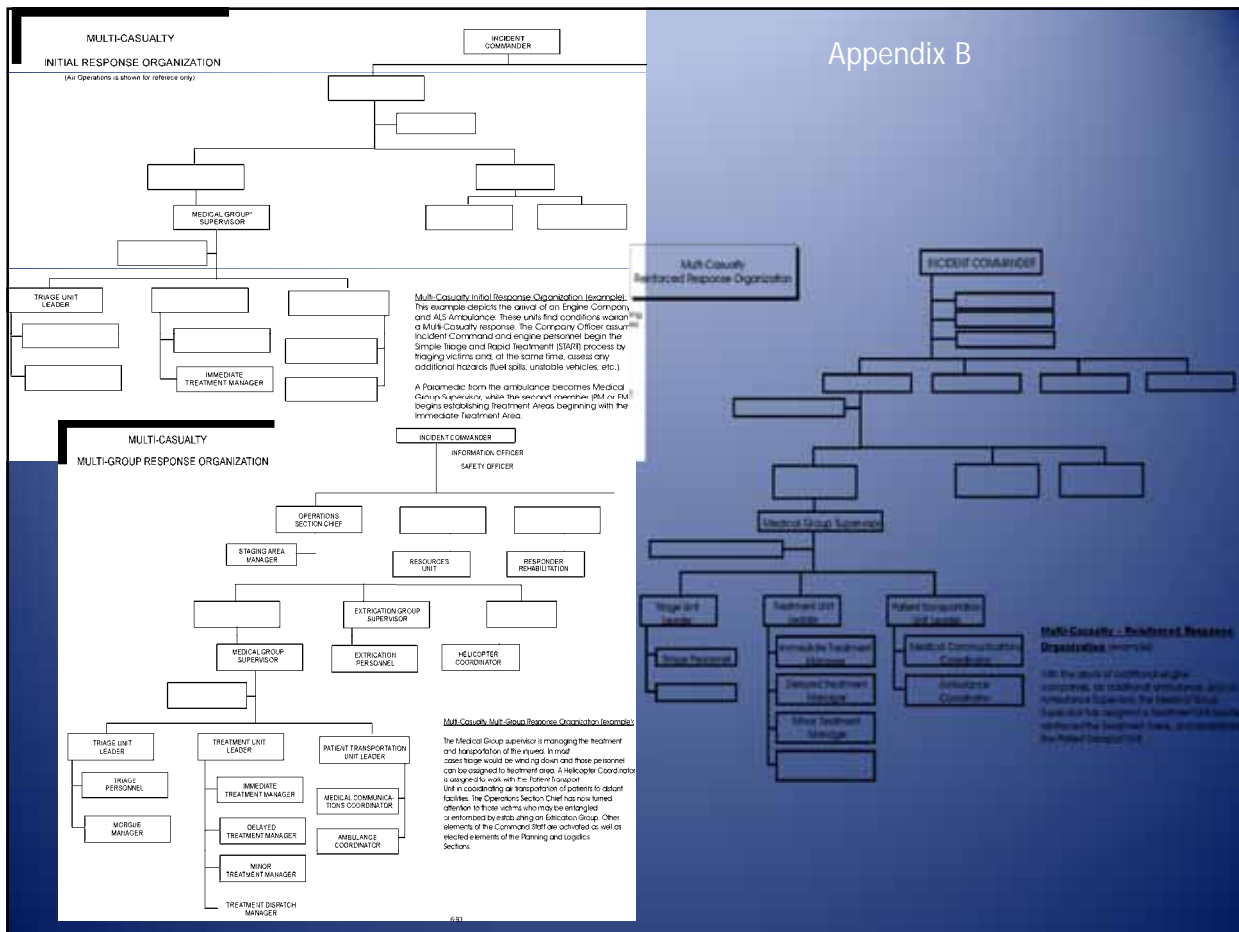
Appendices

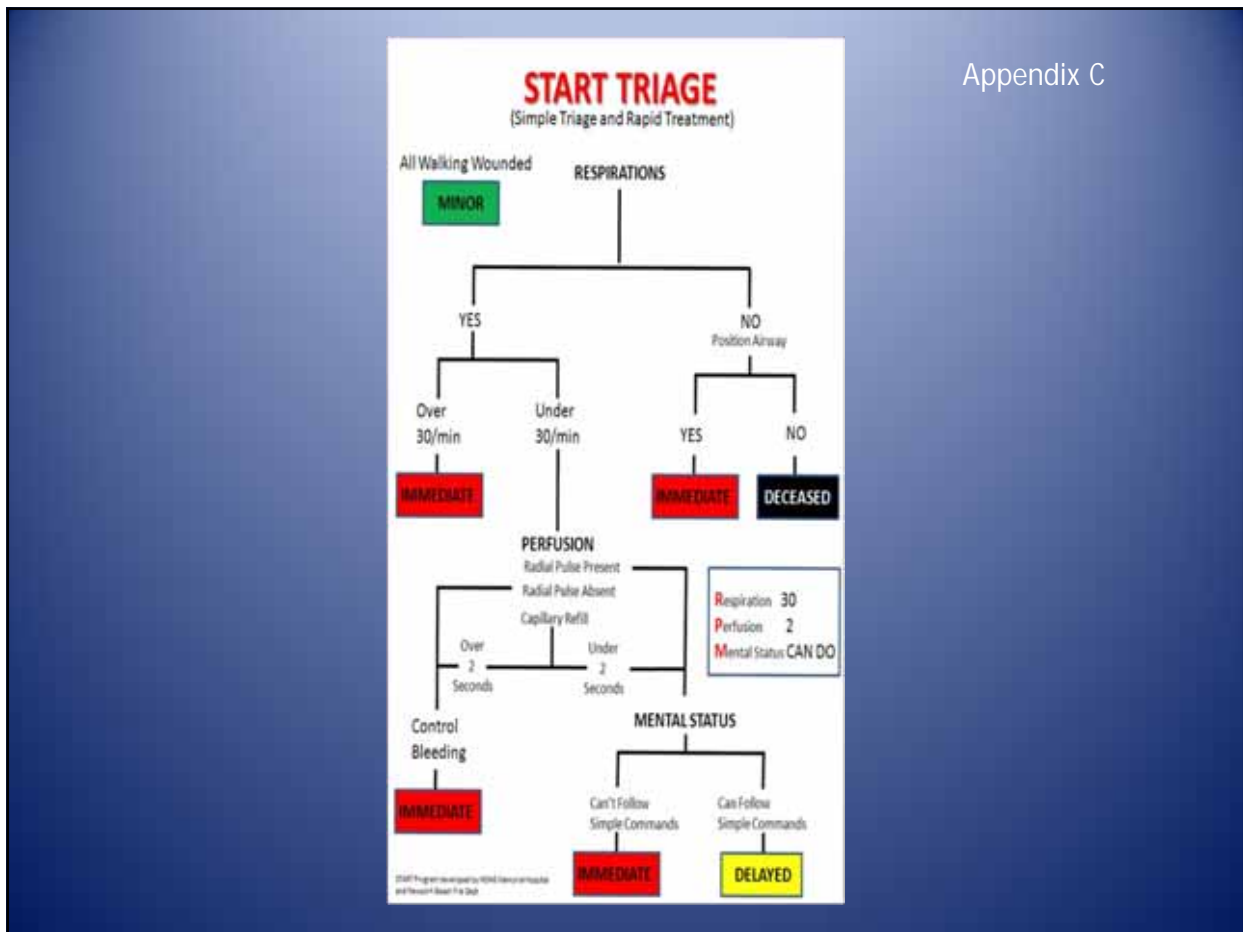
- A – Position Checklist
- B – Medical Branch Modular Development
- C – S.T.A.R.T. (Triage Algorithm)
- D – Sample Triage Kit
- E – Forms
- F - Glossary



Appendix A

- Review Common Responsibilities
 - Medical Group Supervisor
 - Triage Unit Leader
 - Treatment Unit Leader
 - Patient Transportation Unit Leader
 - Medical Branch Director
 - Treatment Area Manager
 - Medical Communications Coordinator
 - Ambulance Coordinator





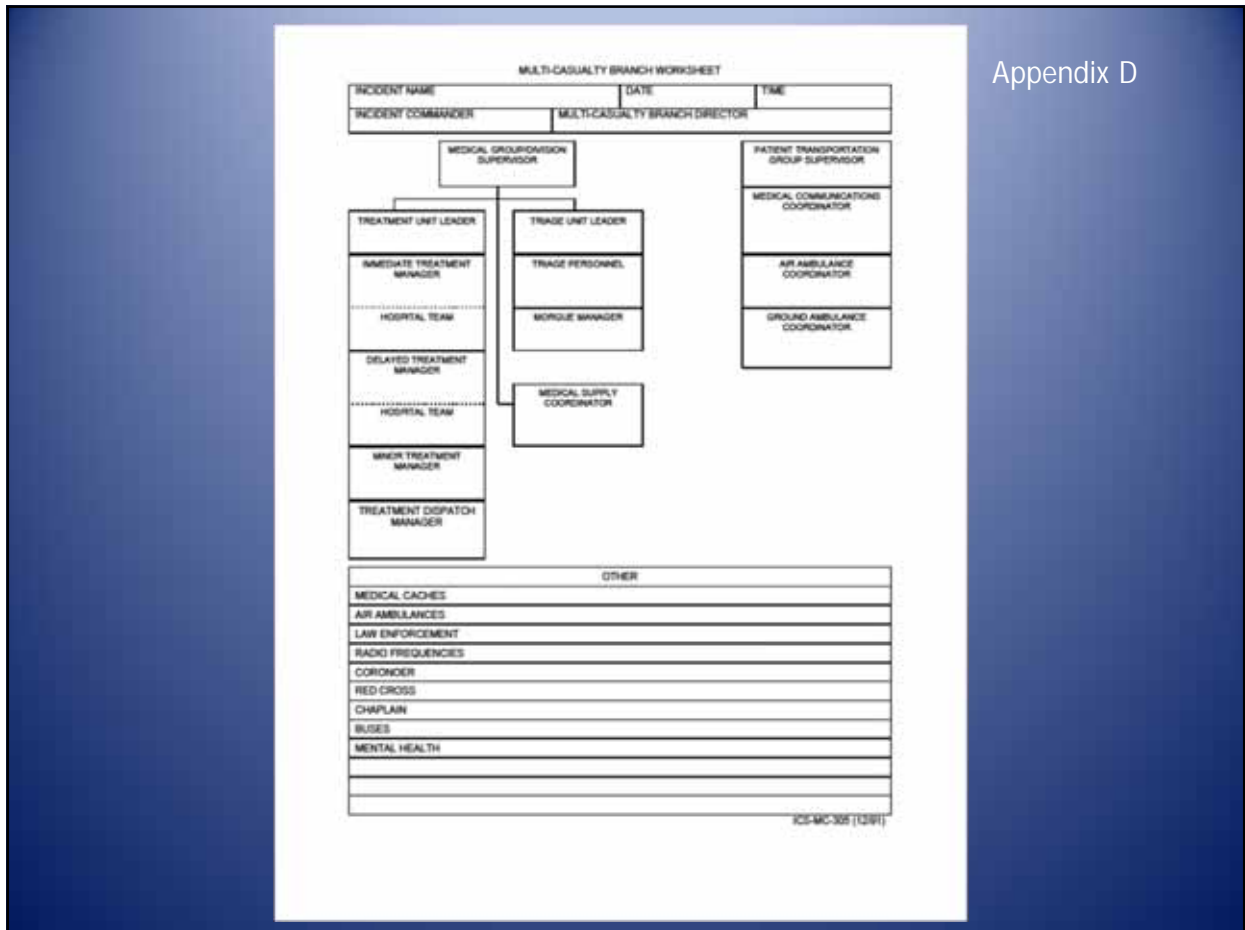
Appendix C

APPENDIX D: SAMPLE TRIAGE KIT

- 2 ea MCI position vests for Triage and Medical Group Supervisor positions
- 1 ea Position Checklist for the following positions
 - Medical Group Supervisor
 - Medical Communications Coordinator
 - Triage Unit Leader
 - Treatment Area Leader
 - Patient Transportation Unit Leader
 - Medical Supply Coordinator
- 30 ea START Triage Tags (must meet OA/LEMSA requirement for content and quantity)
- 2ea Grease pencils, ball point pens
- 1ea Trauma Shears
- 1ea Clipboard (consider small dry erase clipboard with markers)
- 1ea START Triage reference sheet
- 1rl Barrier Tape
- 2ea Glow Sticks
- 1ea Folio or gear bag for contents
- 1ea CF Communications Plan
- 2 eaForms:
 - Medical Branch Worksheet
 - Patient Transportation Summary Worksheet
 - Ambulance Staging Resources
 - Medical Supply Receipt/Inventory



Appendix D





Nor-Cal EMS
Region III MCI Plan Manual I
Field Operations

PATIENT TRANSPORTATION SUMMARY WORKSHEET				1. INCIDENT NAME: Main			2. DATE & TIME PREPARED: 5-23-14 1420		
PATIENT READY	PATIENT STATUS	INJURY TYPE (E: HEAD)	MODE OF TRANSPORT	HOSPITAL DESTINATION	AMBULANCE CO RADIO ID	PATIENT NAME TAG NUMBER	OFF SCENE TIME	ETA	CF ADVISED
✓	I D M	Chest	ground	MMCR	TCLS 301	Mickey Mouse 1234567	1421	45min	✓
✓	I D M	ABD	AIR	MMCR	REACH REACH 5	Minnie Mouse 2345678	1430	12min	✓
✓	I D M	Head	AIR	ENLOE	PHI MED 4-3	Wiley Coyote 3456789	1450	35min	✓
✓	I D M	Leg FX	ground	SRMC	TCLS 303	Elmer Fud 4567890	1500	45min	✓
✓	I D M	Arm FX	ground	Trinity	TCLS 302	Paul Bunyan 9876543	1505	5min	✓
✓	I D M	Head lac	ground	Trinity	TCLS 302	Babe Bunyan 8765432	1505	5min	✓
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4. PREPARED BY (PATIENT TRANSPORTATION UNIT LEADER/GROUP SUPERVISOR/MEDICAL COMMUNICATIONS COORDINATOR)									
MCM 403 v1.2 1-13									

Nor-Cal EMS Agency
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