Solano County Health & Social Services Department

POLICY MEMORANDUM 6180

DATE: October 16, 2013

REVIEWED/APPROVED BY:

_____

AARON BAIR, M.D., MSc., EMS AGENCY MEDICAL DIRECTOR

_____

TED SELBY, EMS AGENCY ADMINISTRATOR

AUTHORITY: HEALTH & SAFETY CODE 1797.204, 1979.206, 1797.220, 1798.6 (a), 1798.6 (c)

SUBJECT: MULTI- CASUALTY INCIDENT (MCI) RESPONSE

PURPOSE/POLICY:

1. Establish common framework for single or multiple agencies to follow when responding to a Multi-Casualty Incident (MCI).
2. Document Protocols associated with requesting mutual aid or assistance for MCIs.
3. Outline standards to ensure Command and Control, Notification, Communication, and Patient Distribution and Tracking are managed consistently throughout the County.

I. DEFINITIONS:

a) Multi-casualty Incident (MCI) – An incident with a significant number of patients/victims requiring immediate care and treatment which overwhelms the current EMS system. This should be not less than three patients.

b) START Triage – The system that field personnel will use to triage (sort) patients/victims into four categories: red (immediate), yellow (delayed), green (walking wounded), and black (dead).

c) ReddiNet – The program that Solano County EMS uses to initiate hospital bed capacity polls for the various injured patients/victims at the scene of a MCI, distribute patients to specific hospitals, and assist with patient/victim and family re-unification.

II. MCI Personnel Procedure/Guidelines:

a) An incident will generate a response/request from an appropriate responder/PSAP.

b) After an initial evaluation of the scene the appropriate command staff will institute the Incident Command System (ICS) structure, and declare a MCI if appropriate, and designate the appropriate level. An initial request for medical mutual aid can be made if necessary.

   i) MCI Levels:
     1) Level I – Expand Medical Event
       Five to fifteen (5-15) patients
     2) Level II – Major Medical Event
       Sixteen to fifty (16-50) patients
     3) Level III – Medical Disaster
       More than fifty (50) patients

   ii) Medical Mutual Aid:
     1) Using the Medical Mutual Aid Matrix (Appendix A) determine the triage categories and the projected number of injured requiring transport. Consider the geographic location of the incident and request through Solano Dispatch the appropriate level of response.
       a. When activating the Medical Mutual Aid Matrix ensure that the Exclusive Operating Area (EOA) Ambulance Contractor has been consulted and is a part of the ICS Command Structure for decision making.
     2) Mutual Aid/Assistance Agreements between private ambulance providers may be entered into between operators, agencies, and/or Local Emergency Medical Services Agencies (LEMSAs).
     3) Publicly operated ambulances adhere to the State of California's Master Mutual Aid Agreement.

c) The Incident Commander, or designee, will delegate contacting the Base Hospital and provide notification of the declared MCI, location, and estimated number of casualties and their categories, e.g. red, yellow, and green to the appropriate staff member following ICS standards.

    i) The Base Hospital will use ReddiNet, following Policy 7106, and make appropriate system hospital notifications.

d) Initial Field Crews must begin triaging patients using a triage system with the approved Triage Tags, e.g. START

e) The Incident Commander will fill the appropriate ICS positions to ensure the event and patients are managed safely. For the medical response these position(s) may include, but not be limited to: Medical Group Supervisor, Triage Unit Leader, Treatment Unit Leader, and Transportation Group Supervisor.

    i) The Medical Group Supervisor should consider utilizing all Solano County Resources, e.g. the Disaster Medical Support Unit (DMSU).
        1) If possible, the Medical Group Supervisor should be logged on to the Reddinet system to evaluate the receiving bed capabilities of system hospitals.
            (a) Communication(s) with hospitals should be via cellular phone or the MedNet Radio.

    ii) The Transportation Group Supervisor should consider using alternate forms of transportation for patients, e.g. city buses, trucks, and helicopters, if necessary.
        1) If possible, the Transportation Group Supervisor should be logged on to ReddiNet to evaluate the receiving bed capabilities of system hospitals.
        2) If possible, the Transportation Group Supervisor should be logged on to ReddiNet to assign destinations to transporting ambulances.
        3) In the event the Transportation Group Supervisor cannot access ReddiNet and use their tools, prehospital staff should enter appropriate data on behalf of the Transportation Group Supervisor.
            (a) In the event ReddiNet is unavailable or inaccessible, hard copy forms may be used to collect the necessary data (refer to Appendices B, C, D, and E).
            (b) Communication(s) with hospitals should be made via cellular phone or MedNet radio.

    iii) The Treatment Unit Leader should determine how to maximize treatment supplies. Depending on the size of the event this may include utilizing treatment supplies from local hospitals, pharmacies, or clinics.

f) Prehospital staff/Transporting staff at the scene of the MCI:
    i) Patients will be transported based on the transportation Group Supervisor's information.

    ii) When encountering individual(s) that are not injured the Refusal of Medical Assistance (RMA) policy may be used to allow those individual(s) to leave the scene. In lieu of signing the RMA form individual(s) may sign the triage tag. Demographic information must be captured on all patients leaving the scene of a MCI on the appropriate form submitted to the EMS Agency.

        1) Uninjured individuals wanting to leave the scene should be advised that they may seek medical attention at any time.

g) The Incident Commander should consider ending the MCI once the last patient has been transported from the scene.

h) Non-injured individuals should not be transported to hospitals.

i) Base Hospitals will follow the procedures outlined in Policy 7106, Use of ReddiNet during an MCI, when receiving, treating, and discharging MCI patients.

III. MCI Quality Improvement:

a) Review of MCIs will be based on the MCI Level. **All** MCIs will have the following quality improvement documentation submitted to the EMS Agency.

b) Level I MCI Review:

    i) A Medical Group Supervisor Summary Report (Appendix F) will be completed and submitted to the EMS Agency within 48 hours of resolution of the incident.

    ii) After review of the above information the EMS Agency may meet with the involved organizations to review and discuss the incident. The Incident Commander and command staff should be present.

c) Level II and III MCI Review:

    i) A Medical Group Supervisor Summary Report (Appendix F) and a FAR from the Incident Commander will be completed and submitted to the EMS Agency within 48 hours of resolution of the incident. The FAR should contain a brief review of the incident and the strengths and areas for improvement.

    ii) A formal, review/critique of the incident should be scheduled within 72 hours of the resolution of the incident.

    iii) The Incident Commander, EOC Director, or designee shall schedule and conduct the review/critique.

    iv) All entities involved in the resolution of, or response to, the incident shall be invited and encouraged to participate, both in discussion at the time and in formal written reviews of the events. Other interested organizations and surrounding LEMSA representatives will also be invited to attend.

v) The lead agency where the MCI occurred will issue a final summary
document containing any written reports, discussions, conclusions,
and recommendations for handling future incidents within 60 days of
the review being conducted.

/ /