

Solano County Health & Social Services Department

Mental Health Services
Public Health Services
Substance Abuse Services
Older & Disabled Adult Services



Eligibility Services
Employment Services
Children's Services
Administrative Services

Patrick O. Duterte, Director

EMERGENCY MEDICAL SERVICES AGENCY

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POLICY MEMORANDUM 6180

DATE: 5/14/2007

REVIEWED AND APPROVED BY:


STEVEN P. WHITELEY, M.D., EMS MEDICAL DIRECTOR


MICHAEL A. FRENN, EMS AGENCY ADMINISTRATOR

SUBJECT: MULTI-CASUALTY INCIDENT (MCI) PLAN

AUTHORITY: HEALTH & SAFETY CODE 1797.204, 1797.220; ADMINISTRATIVE CODE, TITLE 22, DIVISION 9, CHAPTER 4, SECTION 100168.

I. PURPOSE/POLICY:

- A. This plan is intended for use by any and all agencies that might respond, primarily or in response to a mutual aid request, to any multi-casualty incident (MCI) occurring within Solano County, including instances that require resources above and beyond those available on a normal routine basis. This plan also compliments the EMS Agency Surge Capacity Planning Document.
- B. The plan includes the triage system known as "Simple Triage and Rapid Treatment" (START) and the Incident Command System (ICS) as the standard of care for managing Multi-Casualty Incidents.
- C. This plan includes the following:
 1. Defined operational concepts and policies for field operations.
 2. A system of incident management based on pre-defined organization and checklists.
 3. The notification of hospitals, ambulance services, coroner and specific agencies as needed and/or requested
 4. A mechanism by which a single hospital directs the utilization of hospital resources and distribution of casualties.

5. Provision for an on-scene Information Officer to disseminate accurate information to the media. A mechanism for obtaining mutual aid ambulances and maintaining ambulance zone coverage.
6. A method for identifying and tracking casualties.
7. A psychological trauma component available to involved personnel.

II. GOALS

- A. To establish and maintain common organizational and management structure to coordinate the emergency response to an MCI.
- B. To establish an efficient and effective emergency medical response at the field level.
- C. To establish methods of care and transportation that will provide for the survival of the greatest number of casualties.

III. OBJECTIVES

- A. Objectives for field personnel include the following:
 1. Determine the number and triage category of all victims.
 2. Transport patients to care facilities according to triaged category, giving priority to immediate patients.
 3. Provide medical care to patients awaiting transport.
- B. Objectives for hospitals include the following:
 1. If coordinating hospital:
 - a. Determine ability of receiving hospitals to receive and care for casualties.
 - b. Coordinate, with appropriate field position, the distribution of casualties to appropriate facilities;
 - c. Maximize capabilities to receive and care for casualties.
 2. If receiving hospital:
 - a. Maximize capabilities to receive and care for casualties.

IV. LEVELS OF RESPONSE

- A. Level I – Expanded Medical Event (EME).
 1. Definition
 - a. Five to fifteen (5 – 15) reported patients.
 - b. An incident has occurred or a condition exists which taxes the resources of the affected area.
 - c. Designation is made in anticipation of the need for additional resources and assistance from the hospitals with the disposition of patients.
 2. Response to the event.

- a. Any one of the following may designate the event as a Level I event, relaying information to the appropriate dispatch agency indicating that conditions exist warranting that level of response:
 - 1). Public safety agency at the scene.
 - 2). Any first responder fire or ambulance unit.
 3. Procedure to be followed when Level I event is declared:
 - a. Dispatch agency follows Communications Response Checklist, Level I (See page 17).
 - b. Incident Command structure for a Level I response is depicted in Appendix A (See page 24).
 4. Resolution of a Level I Incident.
 - a. A Level I incident is considered resolved when the scene Incident Commander indicates, *to the appropriate dispatch agency*, that the conditions for which the alert was initiated no longer exist or have been resolved.
 - b. Termination/Cancellation Procedure.

All agencies notified of the Level I Occurrence will be notified that the incident is resolved.
- B. Level II Major Medical Event (MME)
- LOCAL DISPATCH immediately notifies Solano Dispatch.
1. Definition
 - a. An incident has occurred or a condition exists where the number of injured persons exceeds the capabilities of the jurisdictional resources.
 - b. Sixteen to fifty (16 – 50) reported patients.
 2. Response to the event:
 - a. Any one of the following may request designation of the event as a Level II event, relaying information to the Solano Sheriff's Dispatch indicating that conditions exist warranting a Level II response:
 - 1). Public Safety Agency at the scene.
 - 2). Any first responder fire or ambulance unit.
 - b. The on-scene Incident Commander will have authority to designate a Level II response.
 3. Information needed to designate a Level II Response:
 - a. Type of incident
 - b. Location and best access routes;
 - c. Need for types and numbers of specific additional resources
 - d. Approximate number of injured
 - e. Type of injuries if known (Immediate, Delayed, Minor)
 - f. Number of supply caches needed.
 4. Procedure following decision to designate a Level II Response

- a. The appropriate dispatch agency notifies or assures notification of persons/agencies listed on “Communications Checklist, Level II Response” (See page 18).
 - b. Agencies/personnel are advised of response, given information regarding the incident and will participate as indicate and/or requested.
5. Resolution of a Level II Incident.
- a. A Level II Incident is considered resolved when the On-Scene Incident Commander indicates to the appropriate dispatch agency, that the conditions for which the alert was initiated no longer exists or have been resolved.
 - b. Termination/Cancellation Procedure: All agencies notified of the Level II occurrence will be notified that the incident is resolved.
- C. Level III Medical Disaster.
1. Definition
 - a. More than one Level II and/or III incidents are currently occurring.
 - b. A widespread disaster situation has occurred.
 - c. Medical need outstrips the capability of local jurisdictions.
 - d. Fifty (50) or more patients.
 2. Response to the event:
 - a. Any one of the following may request designation of the event as a Level III event, relaying information to the appropriate dispatch center indicating that conditions exist warranting a Level III response:
 - 1). Incident Commander.
 - 2). **Public Safety Agency at the scene**.
 - b. The following have authority to designate a Level III Response:
 - 1). The Director of Emergency Services or a designee.
 - 2). Solano County Health Officer or designee.
 3. Procedures to be followed during a Level III Response.
 - a. Field level personnel will continue to conduct field operations according to procedures detailed for Level II incidents.
 - b. Jurisdictions will operate according to their local disaster plan, to include the Solano County Office of Emergency Services.
- D. Level IV Medical Catastrophe
1. Definition:
 - a. An emergency determined to be beyond the control of the existing resources within Solano County.
 - b. Medical emergency projected to last >24 hours.
 2. Response to the event.
 - a. The following have the authority to designate a Level IV response:
 - 1). Solano County Health Officer
 - 2). Director of Emergency Services
 3. Procedures to be followed during a Level IV Response.

- a. The Emergency Operations Center (EOC) will be activated and will function according to the Operational Area Emergency Plan, coordinating and assisting local and field levels as required.

V. REVIEW OF THE INCIDENT

- A. A Medical Group Supervisor Summary Report (sample attached) will be completed and submitted to the EMS Agency within 48 hours of the resolution of the incident.
- B. Level I incidents shall be reviewed within the Quality Improvement Program of the responding provider(s).
- C. Level II, III & IV incidents will be reviewed as follows:
 1. A formal, review/critique of the incident should be scheduled within 72 hours of the resolution of the incident.
 2. The Incident Commander, EOC Director or designee shall schedule and conduct the review/critique.
 3. All agencies 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 agencies may be invited to attend.
 4. The review should include a final summary containing written reports, discussion, conclusions and recommendations for the handling of future incidents as well as an evaluation of applicability and practicality of the written plan with recommendations for modification, if indicated.

VI. DEFINITION OF TERMS

Command Post	A location designated by the Incident Commander from which command functions are directed.
Base Hospital	The Solano County Hospital coordinating the distribution of casualties in conjunction with the Medical Communications Coordinator.
Solano Sheriff's Dispatch Center	The communications center located in the Solano Sheriff's office, having the capability of communication with hospitals, police, fire and ambulance providers.
Emergency Medical Services (EMS)	The Solano Emergency Medical Services (EMS) Agency within the Department of Health & Social Services, which administers the local EMS System.
Incident Commander (IC)	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. ICS is a sub-system of the Standardized Emergency Management System (SEMS).
Information Officer	The individual responsible for providing and/or coordinating the release of information to the media and public from the Public Information Center.
The appropriate dispatch agency	The agency having primary emergency dispatching authority for the jurisdiction(s) involved.
Medical Supply Cache(s)	A prescribed collection of medical equipment and supplies available for treatment of casualties.
Muti-Casualty Incident (MCI)	An emergency involving any number of injured persons, which may over-tax the rescue and medical resources of the responsible agencies within a portion of the County.
Office of Emergency Services (OES)	The primary coordinating agency for planning, training and other preparation for multi-agency response to earthquakes, floods, hazardous materials incidents and other major emergencies.
Public Safety Agency	The appropriate Fire or Law Enforcement agency having jurisdiction.
Standardized Emergency Management System (SEMS)	This refers to a management system, described in Section 8607 of the Government Code. This management system includes the incident command system and promotes multi-agency and/or inter-agency coordination. This plan is organized utilizing the SEMS structure.
START	Acronym for "Simple Triage and Rapid Treatment", a method of triage utilizing evaluation of airway/breathing, circulation and level of consciousness.

AGENCY RESPONSIBILITIES

AMBULANCE PROVIDER

- Emergency treatment
- Transportation

COMMUNITY MENTAL HEALTH SERVICES

- On-scene crisis intervention
- Assist Morgue Manager with counseling of grieving families
- Post-incident crisis counseling for personnel, victims, families
- Assist with incident debriefing

LOCAL DISPATCH CENTER

- Initial notification/alerting of personnel/agencies
- Maintenance of normal day-to-day EMS response
- Ambulance and fire response to incident, zone coverage

SOLANO SHERIFF DISPATCH CENTER

- Ambulance and fire mutual aid
- EMS Aircraft

BASE HOSPITAL

- Hospital resource coordination
- Planning for casualty distribution with on-scene personnel and receiving hospitals
- Casualty identification/location coordination

CORONERS OFFICE

- Identification of fatalities
- Identification, care of, storage, transportation of fatalities
- Notification of next-of-kin

FIRE DEPARTMENT

- Scene command and/or management
- Triage (START)
- Emergency medical care
- Organization and coordination of rescue efforts
- Hazard Control (Safety)
- Disentanglement and extrication
- Fire suppression

HOSPITALS

- Advise coordinating hospital of resources
- Provide definitive medical care for casualties
- Resource for additional medical supplies at scene

LAW ENFORCEMENT

- Scene command and/or management
- Scene protection and security
- Investigation
- Traffic control

EMERGENCY MEDICAL SERVICES (EMS)

- Public information
- County government resources
- Psychological trauma resources
- Coordinate medical resource attainment
- Regional Disaster Medical Health Coordinator

RED CROSS, SALVATION ARMY

- Care of the non-injured
- Handling of concerned family members
- Disaster welfare inquiries

OFFICE OF EMERGENCY SERVICES (SHERIFF)

- Emergency Services Response Team
- Mobile Command Unit
- Local, State liaison
- Specialized equipment and personnel for rescue activities.

LIST OF APPENDICES

- Appendix A Operational Concepts
- Appendix B Communication Center Implementation Protocol
- Appendix C Initial Triage
- Appendix D Incident Command System Structure
- Appendix E Incident Command System – Position Checklists
- Appendix F Triage Tag/START Method of Triage
- Appendix G Incident Command System Forms
- Appendix H Medical Cache Supply List
- Appendix I Guidelines for Responding to Weapons of Mass Destruction (WMD) Threats
- Appendix J Medical Communications for an MCI

APPENDIX A

OPERATIONAL CONCEPTS

OPERATIONAL CONCEPTS

I. INCIDENT AUTHORITY

- A. Command and incident management authority legally lies with the Law Enforcement Agency having primary investigative authority in whose jurisdiction the incident occurs. Law Enforcement Agencies may enter into written agreements with other public agencies to facilitate scene command and incident management during incidents occurring on highways, local streets or other roadways.
- Management of incidents not occurring on highways, local streets or other roadways will be managed by the public safety agency having jurisdiction.
- B. Under the direction of the Incident Commander, the Fire Department in whose jurisdiction the incident occurs is responsible for the fire, rescue and medical portion of an incident.
- C. ALS and BLS providers have authority for individual patient management under the authority of the Incident Commander, taking into consideration the scope of the total incident.
- D. The first arriving unit of any agency (law enforcement, fire or ambulance) will function as Incident Commander, implementing the necessary actions until the role can be assumed by the appropriate agency or individual. It will be the responsibility of the first-in unit to relay information on the scope and location of the incident to the appropriate dispatch center for relay to Solano County Dispatch.
- E. When the incident is multi-jurisdictional, a unified command structure should be established by the Incident Commander in accordance with ICS/SEMS concepts.

II. RESPONSE

- A. First arriving EMS units are responsible as follows:
1. Communicate report of conditions to the appropriate dispatch agency; request implementation of level as appropriate
 2. Request additional resources as needed.
 3. Begin triage of casualties utilizing START.
- B. All agencies are responsible for advising Solano County Dispatch of their availability when notified of Level I – IV status or implementation.
- C. Upon receipt of notification of a Level II, III or IV incident, Solano County Dispatch shall immediately notify or assure notification of all agencies or individuals listed according to the Communications Response Checklist.
- D. The level of the incident shall be clearly stated and shall include the following information:
1. Type of incident.
 2. Location
 3. Estimated number of victims
 4. Any other information available.

5. Any specific request that has been made and is applicable to the individual notified.
Example: A Level III incident has occurred. There has been a multiple vehicle accident involving a bus and an unknown number of vehicles eastbound Interstate 80 at Highway 37. Caller reports that the bus struck the center divider, rolled to its dies and was struck by several vehicles. There is an unknown number of injured and at least one vehicle is on fire. You are asked to be available for standby pending further information, the IC indicates out of county ambulances may be needed.”

III. INCIDENT ORGANIZATIONAL OVERVIEW

- A. The incident shall be managed utilizing the Incident Command System
- B. The Incident Commander will be the appropriate public safety official having jurisdictional authority at the scene.
- C. The Operations Section Chief will be a fire officer at the scene from the jurisdiction in which the incident occurs. Responsibility may be delegated to another appropriate fire officer.
- D. Degree and level of implementation of the Incident Command System will be determined by the Incident Commander based on the scope of the incident and availability of personnel.

IV. MEDICAL OVERVIEW

- A. First-in fire/medical units will evaluate the scene, make the appropriate requests, and begin triage of casualties utilizing the START system (refer to Appendix F).
- B. As medical resources arrive at the scene, initial triage is to be implemented so that treatment and transportation can begin.
- C. Casualties will be moved to treatment areas, according to their triage priorities, for treatment and transportation.
 1. Treatment areas function as collection points for casualties according to their triaged degree of severity. Treatment areas are categorized as Immediate (Red), Minor (Green), Delayed (Yellow), and Dead/Non-Salvageable (Black).
 2. Treatment areas should be established in the closest appropriate proximity to the incident and should have unobstructed communication between each area.
 3. Treatment areas shall be identified using colored tarps or other markings that clearly identify and separate each area.
 4. Those triaged as Immediate (major injuries, red tag)k will be moved as quickly as possible with minimal stabilization to designated treatment areas for r-e-assessment and treatment. Unless a hazardous environment exists treatment areas should be established prior to moving victims.
 5. Those triaged as Minor (ambulatory, green tag) will be moved as quickly as possible to the ambulatory casualty collection area for reassessment and relocation from the scene.
 6. Those triaged as delayed (yellow tag) will be moved and treated after Immediates have been cared for and Minors relocated.

7. Dead/non-salvageable (black tags) will not be moved unless the law enforcement/Coroner so directs, or if it is necessary to facilitate rescue work or protect the health and safety of others.
- D. Casualties triaged "Immediate" will be transported to the hospital(s) capable of providing appropriate medical care. Casualties triaged "Delayed" will be transported with a lesser priority, usually further from the incident.
- E. Hospitals, other than the Coordinating Hospital, will not provide medical direction during the incident. Paramedics shall function using the appropriate ALS treatment protocols approved by the Medical Director as standing orders.
- F. Additional medical supplies required at the scene will be provided to the incident when one or more caches are requested from Solano Dispatch Center. Medical supplies may be augmented by the hospitals, using ambulances to transport supplies on their return to the incident. Medical Supplies will be delivered as directed by the Medical Supply Manager.
- G. On-scene medical treatment is coordinated by the Treatment Unit Leader under the direction of the Medical Group Supervisor.

V. MUTUAL AID

- A. Arriving support units, unless otherwise directed, shall report to the Staging Area for assignment.
- B. Arriving units shall assume roles based on assignments made at the direction of the Incident Commander.
- C. Specific actions to be taken by persons in assigned positions will be defined in organizational and scene management checklists (Appendix E).
- D. Requests for emergency medical care supplies and personnel shall be direct to the appropriate dispatch agency. The authority for ordering resources rests with the Incident Commander or his/her designee.
- E. Any person at the incident scene with law enforcement, rescue and/or emergency medical care expertise who volunteers their assistance may be directed to the Staging Area Manager.
- F. For large scale MCI events, Travis AFB may be able to provide additional resources, such as an MCI transport bus or transport ambulances. However, this request must be made through the Solano County Dispatch Center and approval is subject to protocols developed by the County Office of Emergency Services.

VI. AMBULANCE OPERATIONS

- A. Responding ambulances shall report to the Staging Area Manager in the Staging Area. If the Staging Area is not yet established, they shall report as directed by the Solano County Dispatch.
- B. Ambulances shall be assigned and dedicated to the incident until released by Solano County Dispatch at the direction of the Incident Commander

- C. Ambulances shall return to the Staging Area after each transport. When released from the incident, they shall contact Solano County Dispatch and advise them of the release and availability for other service.
- D. Ambulance dispatch centers shall keep Solano County Dispatch informed of the number of available ambulances not committed to the incident.
- E. Ambulance requests for non-incident use shall be handled in the normal manner.
- F. Ambulance load capacity shall be determined by the Medical Group Supervisor Manager or Patient Transportation Group Supervisor following consultation with the Medical Communications Coordinator. When a limited number of ambulances are available or the number of casualties with immediate injuries is not known, casualties who are ambulatory shall be transported out of the impacted area by another means (non-ambulance).
- G. Ambulances transporting casualties will receive destination orders (receiving hospital) from the Medical Group Supervisor or Transport Group Supervisor.
- H. Ambulances shall not communicate with the receiving hospital by radio. The Base Hospital shall notify the designated receiving hospital of the number of casualties being transported and their triage category.
- I. Ambulance response, location or destination may be modified only by the Incident Commander, Medical Group Supervisor or Transportation Group Supervisor.

APPENDIX B

COMMUNICATION CENTER IMPLEMENTATION PROTOCOL

COMMUNICATION CENTER IMPLEMENTATION PROTOCOL

I. COMMUNICATIONS CENTER PERSONNEL

- A. Receives information from the scene indicating that a mass casualty incident has or may occur. If the incident requires resources from outside the local responding agency's jurisdiction, Solano Sheriff Dispatch must be notified.
- B. Receives direct request for implementation of an MCI response from field units.
- C. Contacts each person or agency listed on "Communications Response Checklist" (Page 17).
- D. Maintain appropriate records, including names of persons contacted, whether they were advised to respond or stand-by, estimated time of arrival if appropriate, and any other information that is indicated.
- E. Maintain incident response vehicles and personnel separately from other jurisdiction operations.

COMMUNICATIONS RESPONSE CHECKLIST**For LEVEL I Expanded Medical Event**

Notify or assure notification of the following:	NAME	RESULT
Fire/EMS Agency having jurisdiction		
Law Enforcement agency having jurisdiction.		
Dispatch number of engine companies/ambulances requested		
Notify Solano Dispatch if mutual aid and/or EMS Aircraft are requested.		
Notify the appropriate dispatch agencies of termination of event.		
SOLANO DISPATCH		
Establish EMS aircraft availability (Request EMS Aircraft if needed)		
Establish availability of additional in-county ambulances (Request additional ambulances, if needed)		

For Level II Major Medical Event (MME)

Notify or assure notification of the following:	NAME	RESULT
Fire Agency having jurisdiction, consider need for additional jurisdictional support		
Law Enforcement agency having jurisdiction, consider need for additional law enforcement		
Dispatch number of engine companies/ambulances requested; establish communications with neighboring county ambulance dispatch, notify of incident.		
Notify coordinating base hospital of activation of MCI.		
Establish EMS Aircraft availability		
Establish availability of all additional in-county ambulances, including reserve units that could be staffed.		
Notify the EMS Agency to communicate with Regional Disaster Medical Health Coordinator (RDMHC).		
Solano EMS Medical Director OR DESIGNEE.		
Solano/Napa CISD Team.		
Coroner		
OES Coordinator.		
Notify the appropriate dispatch agencies of termination of event.		

For Level III / IV Medical Disaster / Medical Catastrophe

Notify or assure notification of the following	Name	Result
Follow checklist for Level II Incident		
Consider, after consultation with the Incident Commander(s), the Communications Center Supervisor, and the EMS Administrator or designee, the need to activate the Local/Operational Area EOC.		
Activate the Operational Area EOC, move to utilization of the Operational Area Disaster Plan.		
Notify the appropriate dispatch agencies of termination of event.		

APPENDIX C

INITIAL TRIAGE

INITIAL TRIAGE

I. INTRODUCTION

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

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.

II. GENERAL PRINCIPLES

- A. Initial casualty triage, utilizing the START system, will be done by first-in EMS responders.
- B. Initial triage takes priority over emergency treatment.
- C. Casualties are sorted according to the seriousness of their injury and identified with tags establishing priority of treatment and transportation.
- D. Personnel will perform a basic triage examination, categorize the patient, and attach the appropriate colored tag in 60 seconds or less.
- E. All victims must be tagged. It is time consuming, and sometimes fatal, to triage without tagging the patients.
- F. Emergency care administered by triage teams is restricted to opening the airway, controlling severe hemorrhage and elevating patient's feet.
- G. Personnel assigned to treatment areas will perform a secondary exam and complete the triage tag.

III. CATEGORIES

- A. Casualties will be examined and tagged according to the seriousness of injury based on four categories.
 1. Dead or non-salvageable – **BLACK TAG**
 2. Immediate (Major Injury) – **RED TAG**
 3. Delayed (Minor Injury) – **YELLOW TAG**
 4. Minor (Walking Wounded) – **GREEN TAG**
- B. Definitions of categories
 1. Dead or non-salvageable: No ventilations present after airway is opened.
 2. Immediate: Ventilations present after positioning airway OR respirations over 30 per minute OR capillary refill greater than 2 seconds OR cannot follow simple commands.
 3. Delayed: Any patient not in Immediate or Minor Categories;
 4. Minor: Any patient requiring attention who "passes" the triage screening and is able to walk.

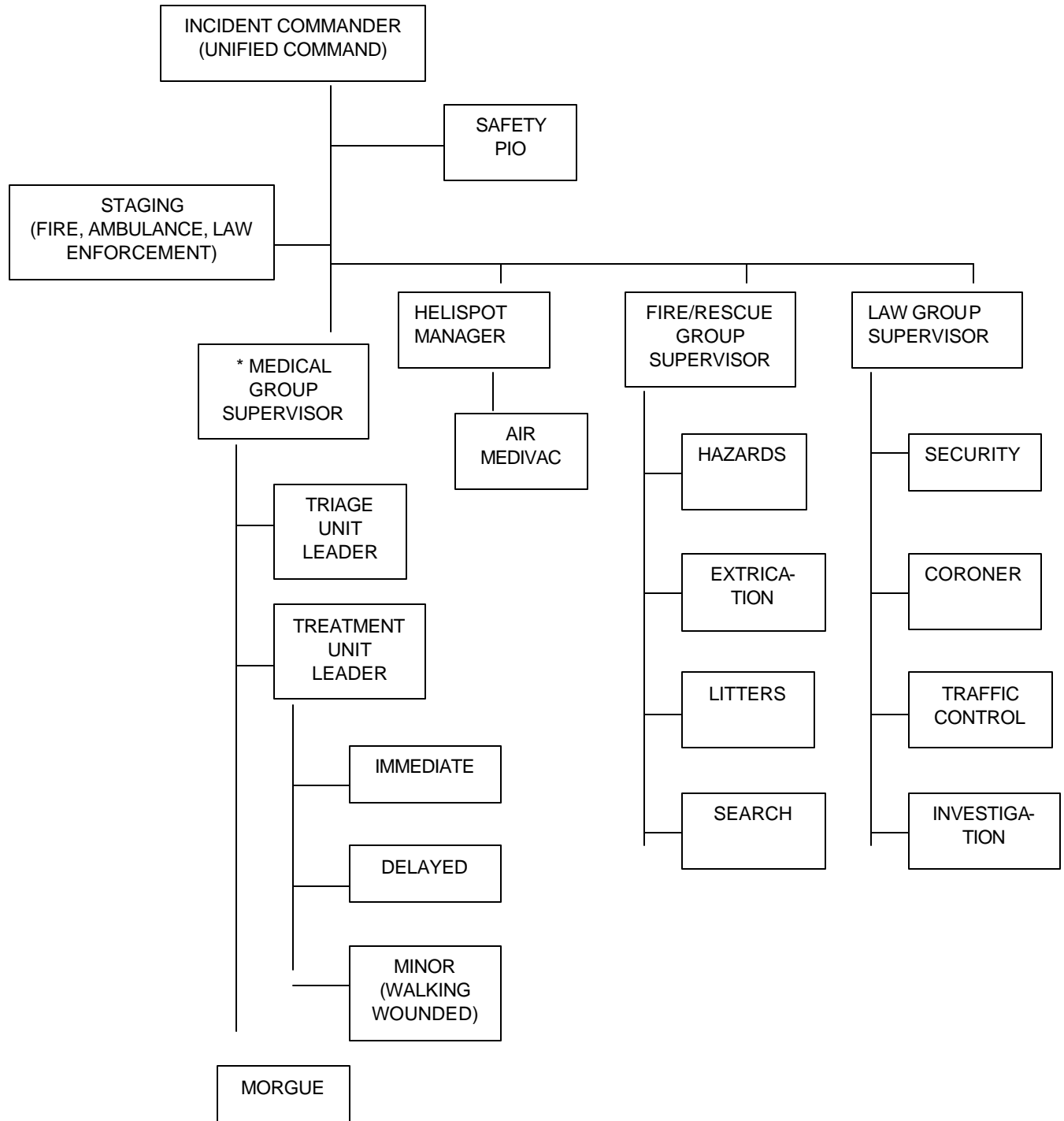
IV. PROCEDURE

- A. Initial triage, using the categories of Immediate, Delayed, Minor and Dead/Non-salvageable, will be assigned to first-in responders other than law enforcement officers.
- B. Personnel assigned to triage will function individually.
- C. All possible victims involved in the incident are to be quickly examined and tagged whether injured or not injured.
- D. Non-ambulatory casualties are to be triaged where they lie, unless they are in an unsafe area, which requires their immediate movement.
- E. Ambulatory patients are separated from the general group at the start of triage by staging "Anyone who can walk..." followed by an area assignment to which the patients will walk.
- F. Triage tags of the appropriate color are attached to casualties near the head.
- G. Initial triage personnel will perform the following procedures and move to the next victim:
 - 1. Open the obstructed airway;
 - 2. Stop arterial bleeding;
 - 3. Elevate the legs.
- H. Minor casualties (green tag) may be asked to stay with casualties needing critical care treatment.
- I. When all patients have been triaged, triage teams will be reassigned.
- J. Casualties will be triaged a second time on arrival at the treatment area.
- K. Triage categories will be changed by treatment teams based on second examination utilizing START.
- L. Following the second examination, treatment teams will provide stabilizing care and complete the attached triage tag.
- M. Priority of transportation will be given to casualty's tagged immediately following evaluation and necessary stabilization in the treatment area, not delaying transport for stabilization.
- N. If the triage priority of the patient changes, remove the entire bottom portion, leaving the injury information and adding a new tag identifying the new triage priority and the reason for the change.

APPENDIX D

INCIDENT COMMAND ORGANIZATION STRUCTURE

MULTI-CASUALTY ICS ORGANIZATION CHART LEVEL I or II INCIDENT

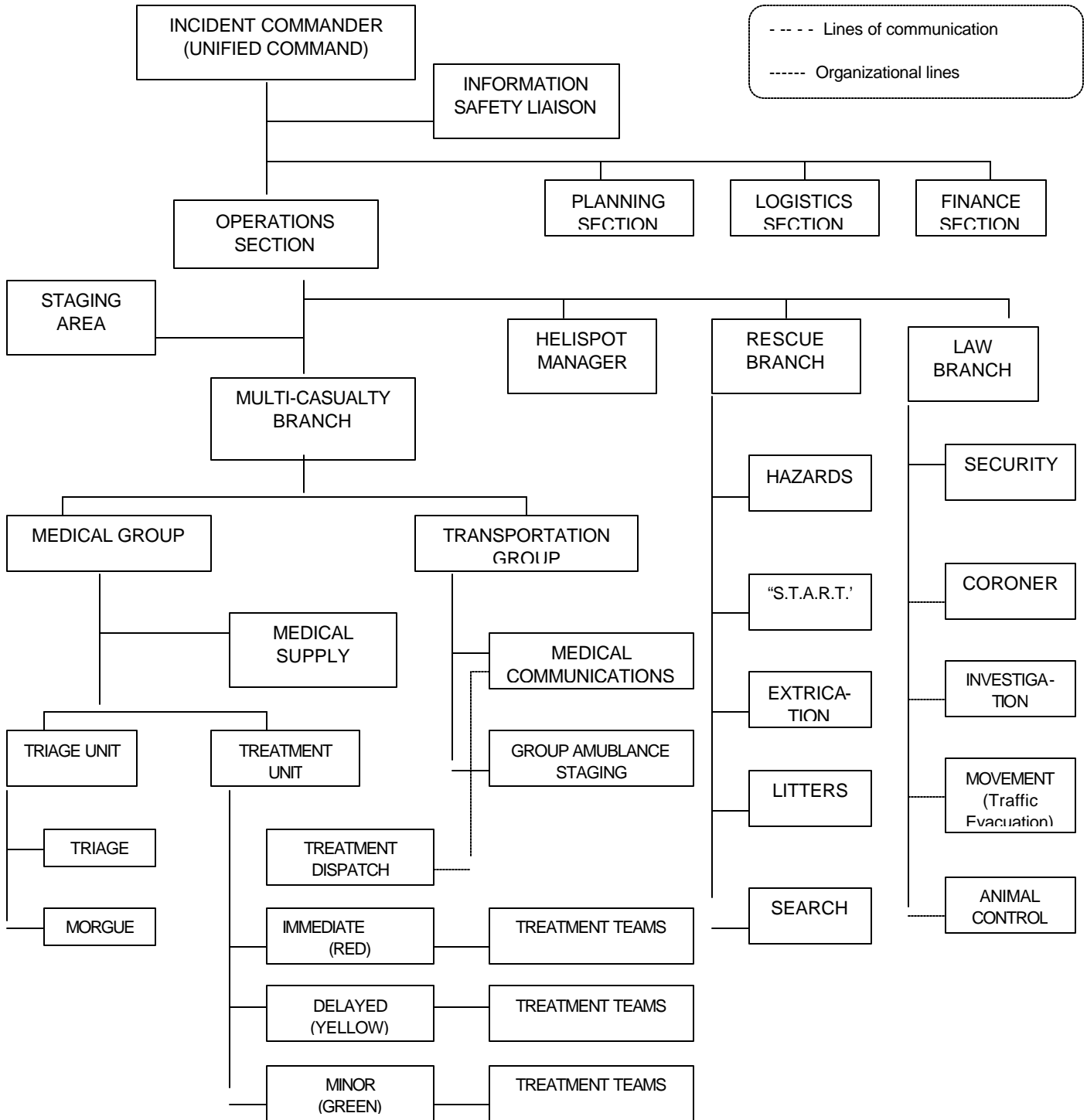


SUBJECT: Multi-Casualty Incident (MCI) Response Plan

POLICY: 6180
DATE: 5/14/2007

* NOTE: ON SMALL SCALE INCIDENTS, THE MEDICAL GROUP SUPERVISOR IS RESPONSIBLE FOR COORDINATING THE TRANSPORTATION OF PATIENTS AND COMMUNICATION WITH THE BASE HOSPITAL TO DETERMINE THE PATIENT'S DESTINATION.

MULTI-CASUALTY ICS ORGANIZATION CHART LEVEL III or IV INCIDENT



APPENDIX E

INCIDENT COMMAND SYSTEM

POSITION CHECKLISTS

INCIDENT COMMANDER – MCI

MISSION: Organize and Manage the Emergency Incident

RESPONSIBILITIES:

- Obtain situation briefing.
- Determine incident facts, probabilities and resource assignments.
- Establish a clearly identified Command Post.
- Don Position Identification Vest.
- Determine what resources have been requested.
- Modify initial resource request as required.
- Assign subordinates as needed:
 - Medical Group Supervisor
 - Safety Officer
 - Fire/Rescue Group Supervisor
 - Information Officer
- Set unified command as needed.
- Assign law enforcement for security function.
- Assign initial units and or personnel to supervisors.
- Review all checklists not assigned.
- Develop and maintain an incident activity log.
- Establish restricted area for aircraft fly over.
- Designate area for relatives of casualties.
 - At scene
 - Away from scene
- Authorize release of information to new media.
- Approve requests for additional resources.
- Determine need for additional communications support.

OPERATIONS CHIEF – MCI

MISSION: Organize and Manage the Emergency Incident

RESPONSIBILITIES:

- Obtain briefing from the I. C.
- Don Position Identification Vest
- Determine facts, probabilities and resource assignments.
- Determine rescue strategy and resource needs.
- Work with Incident Commander on rescue strategy.
- Modify initial rescue resource request as required.
- Assign divisions or groups.
 - Extrication/Disentanglement
 - Suppression/Hazards Control
 - Medical Care
 - Logistics
 - Air operations
 - Security
- Keep Logistics informed of resource needs.
- Assign initial units and/or personnel to supervisors.
- Review all checklists not assigned.
- Establish divisions/groups and make assignments accordingly.
- Identify the need for relief personnel.
- Establish communications with division supervisors.

MEDICAL GROUP SUPERVISOR – MCI

MISSION: 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.

RESPONSIBILITIES: Manage all medical activities on scene.

- Obtain briefing from the I. C.
- Don Position Identification Vest.
- Ensure “**S.T.A.R.T.**” triage has been initiated.
- Coordinate with I. C. regarding the need for additional resources.
- Determine number of patients & give Base Hospital an advisory.
- Follow up with more elaborate report to base hospital **with EXACT NUMBER OF PATIENTS & INJURY CATEGORIES. (Give this responsibility to MEDICAL COMMUNICATIONS UNIT LEADER *)**.
* for LEVEL III or LEVEL IV ONLY.
- Establish the following positions (have personnel lay out tarps & gather treatment items).
 - Treatment Unit Leader**
 - Immediate Treatment Manager**
 - Delayed Treatment Manager**
 - Walking Wounded Treatment Manager**
- Request police, if needed, to control the treatment areas.
- Establish Triage Unit Leader on major disasters only.
- Maintain communications with I. C. to coordinate medical strategy.
- Work with Base Hospital to determine patient transportation & transport mode decisions (*Review **TRANSPORTATION GROUP SUPERVISOR checklist if this position has not been assigned***).
- Stay abreast of patient conditions. Make certain the patients are being re-triaged while in treatment area.

TREATMENT UNIT LEADER – MCI

MISSION: Manage 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.

RESPONSIBILITIES: Report to Medical Group Supervisor.

- Obtain briefing from Medical Group Supervisor.
- Don Position Identification Vest.
- Assess problem, triage treatment needs.
- Request needed resources from Medical Group Supervisor.
- Establish priority of transport/stabilization of injured; coordinate with Medical Transportation.
- Contact Security on the security needs of the triage/treatment areas.
- Report emergency care equipment needs to Medical Supply.
- Obtain additional triage tags (as needed) from Command Post.
- Keep Medical Group Supervisor apprised of status, number of injured.
- Direct available personnel to staging.
- Establish that Treatment Tarps are in-place w/a leader for each position.
 - Immediate Treatment Manager;
 - Delayed Treatment Manager.
 - Walking Wounded Treatment Manager.

TRANSPORT GROUP SUPERVISOR – MCI

MISSION: Coordination of patient transportation and maintenance of records relating to patient identification, injuries, mode of off-incident transportation, and destination.

RESPONSIBILITIES: Report to Medical Group Supervisor

- Obtain briefing from the Medical Group Supervisor.
- Don Position Identification Vest.
- Assess transportation requirements and priorities; coordinate with Triage/Treatment Officer.
- Establish ambulance-loading areas; notify Medical, Triage of location.
- Establish ambulance ingress and egress routes, coordinate with Security.

KEEP UNITS STAGED UNTIL NEEDED

- Establish non-ambulance loading area (if needed); notify Medical of triage location.
- Contact Security on security needs of loading areas.
- Maintain inventory of ambulance transporting units (coordinate with Staging).
- Obtain litter bearers from Medical Group Supervisor to transport casualties from treatment to loading areas.
- Identify transport needs for ambulatory casualties, relay information to Medical Group Supervisor.
- Instruct transporting units of destination in coordination with Medical Communications.
- Maintain accurate transportation logs reflecting types and numbers of patients transported by which ambulance to which hospital.
- Keep Medical Group Supervisor appraised of status.
- Direct “not needed” personnel to staging;
- Establish communications with Staging/assign Transportation Recorder as needed.

TRIAGE UNIT LEADER – MCI

MISSION: 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.

RESPONSIBILITIES: Report to Medical Group Supervisor

- Obtain briefing from Medical Group Supervisor.
- Don Position Identification Vest.
- Assess problem, triage treatment needs.
- Develop strategy, request needed resources from Medical Care;
- Develop sectors and assign triage teams accordingly;
- Identify location of treatment areas, ambulatory collection area and coordinate with Treatment Unit Leader.
- Obtain litter bearers from Medical Group Supervisor to transport casualties from triage to treatment areas.
- Assist Treatment Unit Leader with establishing priority of transportation; stabilization of injured.
- Coordinate with Medical Group Supervisor;
- Contact Security on security needs of the triage/treatment areas.
- Report emergency care equipment needs to Medical Supply.
- Obtain additional triage tags (as needed) from Command Post.
- Keep Medical Group Supervisor apprised of status, number of injured.
- Direct “not-needed” personnel to staging.

MEDICAL SUPPLY MANAGER – MCI

MISSION: Acquire and maintain control of appropriate medical equipment and supplies from units assigned to the Medical Group.

RESPONSIBILITIES: Report to Medical Group Supervisor.

- Obtain briefing from the Medical Group Supervisor;
- Don Position Identification Vest;
- Assess medical, emergency availability at scene;
- Establish medical equipment resources area(s) as specified by Medical Group Supervisor.
- Collect essential medical equipment from non-committed units on scene.
- Develop medical equipment inventory of:
 - Bandages and Dressings;
 - Fracture immobilization, backboard, scoop stretchers;
 - Non-ridged transporting devices;
 - Oxygen-ventilation-suction devices;
 - Advanced life support equipment

Additional resources may be requested through the local Emergency Operations Center (EOC), if activated.

MEDICAL COMMUNICATIONS UNIT LEADER – MCI

MISSION: Maintain Communications with Coordinating Base Hospital for the Appropriate Triage and Transportation of Casualties.

RESPONSIBILITIES: Report to Medical Group Supervisor.

- Obtain briefing from the Medical Group Supervisor;
- Don Position Identification Vest.
- Obtain briefing from Operations Chief;
- Establish radio communications with County Communications Center to determine coordinating base hospital.
- Establish and maintain radio communications with coordinating base hospital and report patient destinations through that system.
- Determine receiving hospitals' availability of resources;
- Maintain a close liaison and information exchange with Transportation Unit Leader for basic information and injuries status.
- In conjunction with coordinating base, designate patient destination and report information to Medical Transportation Leader.
- Provide medical input into the decision-making process at the Command Post.
- Maintain appropriate records;
- Give brief, concise patient reports to coordinating Base Hospital, to include:
 - Estimated number of patients;
 - Clinical impression;
 - Triage category

GROUND AMBULANCE STAGING COORDINATOR – MCI

MISSION: Manage ground staging area and move resources into loading area as needed.

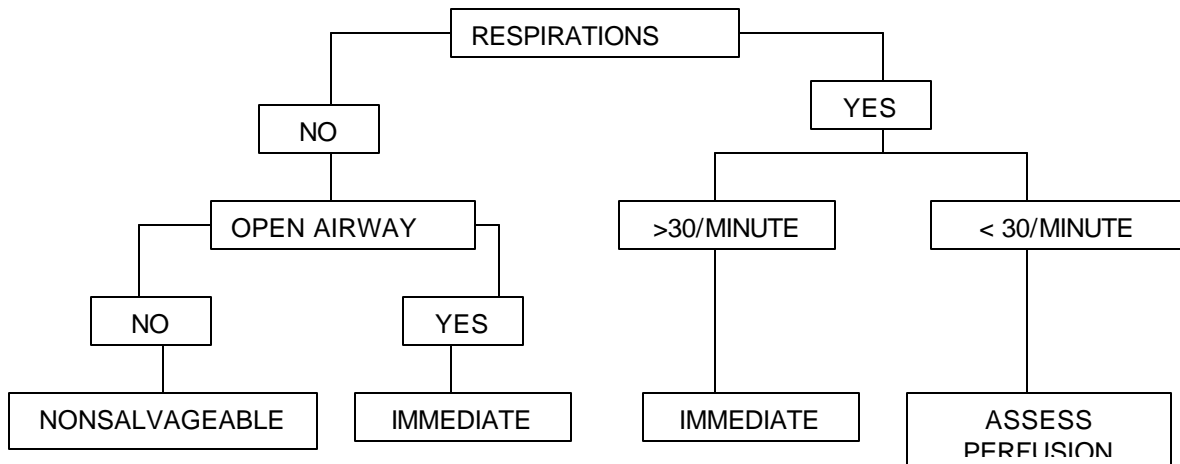
RESPONSIBILITIES: Report to Transport Unit Leader.

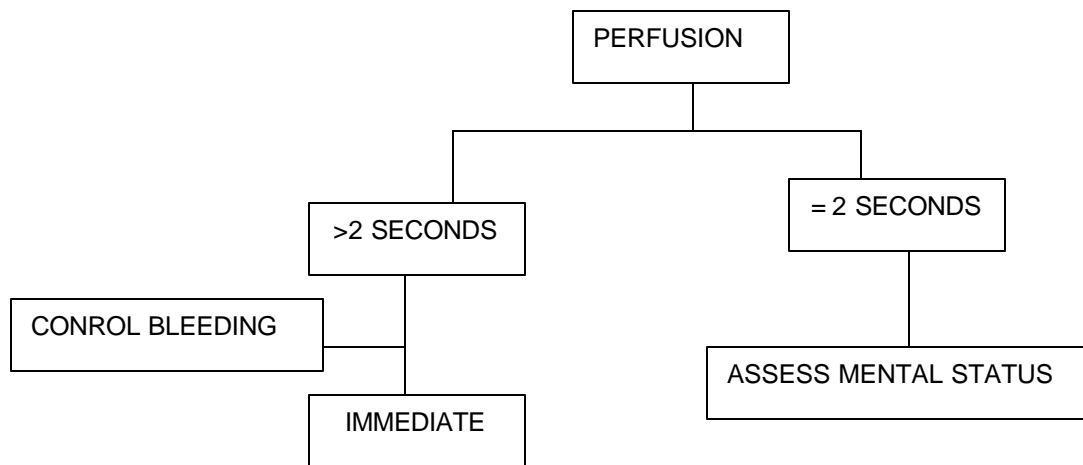
- Obtain briefing from the Transport Unit Leader;
- Establish ambulance staging at least 300 feet away from treatment area in the opposite direction from the incident scene.
- Provide ambulances for transportation upon request from the Transportation Unit Leader.
- Maintain ambulance status records.
- Establish immediate liaison with ambulance agencies at the scene and instruct all ambulance personnel to remain in staging area near their vehicles.
- Instruct ambulance crews to drop off their backboards upon arrival at the Medical Supply Area and return any FD equipment to the scene as it becomes available from the hospitals.
- Recommend additional ambulance agency resources, as appropriate.

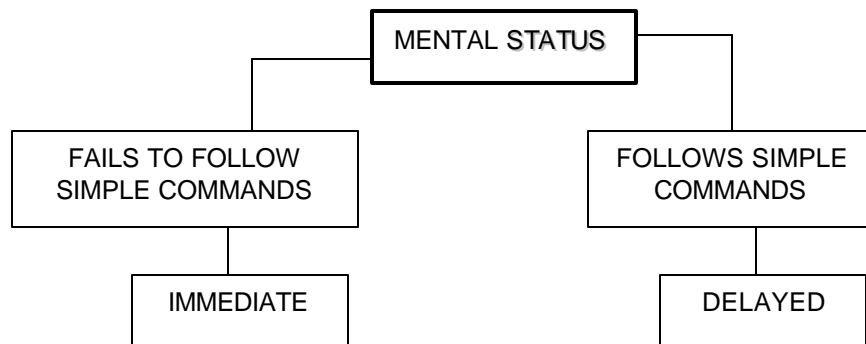
APPENDIX F

TRIAGE TAG / S.T.A.R.T. METHOD OF TRIAGE

S.T.A.R.T. METHOD OF TRIAGE







TRIAGE TAGS (Front)	TRIAGE TAGS (Back)
<p>In order to assign the patient to the appropriate treatment area, this side of the tag can be filled out by the triage team.</p> <p>LEFT and RIGHT corners are yellow and perforated along the lines shown.</p> <p>One corner can be retained by the Treatment Area Leader; the other can be retained by the Transportation Control Officer. Destination can be marked on the tabs.</p> <p>Area to record initial injuries. If bandage and dressing is used to cover the injury, the description can be circled and an arrow pointed to the injured site.</p> <p>Area to record initial vital signs, time and orientation.</p> <p>Perforate along the lines shown.</p> <p>BLACK with white lettering “DECEASED”</p> <p>RED with black lettering “IMMEDIATE”</p> <p>YELLOW with black lettering “DELAYED”</p> <p>GREEN with black lettering “MINOR”</p> <p>Leave all parts attached if PRIORITY III = MINOR care, or tear off bottom parts to update appropriate priority.</p>	<p>If the priority of patient changes, remove the entire bottom portion leaving the injury information and adding a second tag with proper priority indicating the reason for the change.</p> <p>This side of the tag can be used by the Treatment Area Personnel as time allows.</p> <p>Additional area for injuries, complaints or medical history.</p> <p>Drugs or solutions administered to the patient.</p> <p>Additional area for treatment or instructions.</p>

FRONT

No. 678406 **TRIAGE TAG** No. 678406
 PART I
 No. 678406
 CALIFORNIA FIRE CHIEFS ASSOCIATION®
 Leave the correct Triage Category ON the end of the Triage Tag

Move the Walking Wounded **MINOR**
 No respirations after head tilt **DECEASED**
 Respirations - Over 30 **IMMEDIATE**
 Perfusion - Capillary refill Over 2 seconds **IMMEDIATE**
 Mental Status - Unable to follow simple commands **IMMEDIATE**
 Otherwise- **DELAYED**

MAJOR INJURIES: _____
 HOSPITAL DESTINATION: _____
 ORIENTED DISORIENTED UNCONSCIOUS

TIME	PULSE	B/P	RESPIRATION

DECEASED
IMMEDIATE No. 678406
DELAYED No. 678406
MINOR No. 678406

BACK

TRIAGE TAG
 PART II

MEDICAL COMPLAINTS/HISTORY

ALLERGIES: _____
 PATIENT R: _____

TIME	DRUG SOLUTION			DOSE
	D ₅ W	R/L	NS	

NOTES: _____

PERSONAL INFORMATION
 NAME: _____
 ADDRESS: _____
 CITY: _____ TEL. NO.: _____
 MALE FEMALE AGE: _____ WEIGHT: _____

DECEASED
IMMEDIATE
DELAYED
MINOR

FRONT

Personal Property Receipt/ Evidence Tag *3234567*

Destination _____
Via _____ *3234567*

TRIASGE TAG *3234567*

S **L** **U** **D** **G** **E** **M**
Solution Lacerations Bleeds Debrides & G. Dresses Evers Molds

AUTO INJECTOR 1 2 3 4 5

No Primary Device
 No Secondary Device
 Solution

Blunt Trauma
 Eye
 C-Spine
 Chest
 Clavicle
 Fracture
 Laceration
 Paralytic Injury

Age _____
 Male Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose



BACK

Comments/Information

Patient's Name

R **RESPIRATIONS** Yes No
P **PERFUSION** + 2 Sec. - 2 Sec.
M **MENTAL STATUS** Can Do Can't Do

Move the Walking Wounded ▶ **MINOR**
 No Respirations After Head Tilt ▶ **MORGUE**
 Respirations - Over 30 ▶ **IMMEDIATE**
 Perfusion - Capillary Refill Over 2 Seconds ▶ **IMMEDIATE**
 Mental Status - Unable to Follow Simple Commands ▶ **IMMEDIATE**
 Otherwise ▶ **DELAYED**

IN SUPPORT OF


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 (626) 814-1924 • www.triage-tag.com

PERSONAL INFORMATION

NAME _____
 ADDRESS _____
 CITY _____ ST _____ ZIP _____
 PHONE _____
 COMMENTS _____ RELIGIOUS PREF _____

MORGUE

IMMEDIATE Life Threatening Injury	IMMEDIATE Life Threatening Injury
DELAYED Serious Non Life Threatening	DELAYED Serious Non Life Threatening
MINOR Walking Wounded	MINOR Walking Wounded

MORGUE
Pulseless/Non-Breathing

IMMEDIATE Life Threatening Injury	IMMEDIATE Life Threatening Injury
DELAYED Serious Non Life Threatening	DELAYED Serious Non Life Threatening
MINOR Walking Wounded	MINOR Walking Wounded

DECONTAMINATION TRIAGE TAG (New Version)

APPENDIX G

INCIDENT COMMAND SYSTEM / MCI FORMS

MCI Reporting Forms

The following forms are designed to assist with monitoring and maintaining record of the number of injured and the available medical resources dedicated to the MCI.

- Ambulance Staging Resources Status
- Casualty Recorder Work Sheet
- Hospital Resource Availability Sheet
- Patient Transportation Record

HOSPITAL RESOURCE AVAILABILITY SHEET

A = AVAILABLE	U = UTILIZED
----------------------	---------------------

Hospital	Critical	Non-Critical
A		
U		
Hospital	Critical	Non-Critical
A		
U		
Hospital	Critical	Non-Critical
A		
U		
Hospital	Critical	Non-Critical
A		
U		
Hospital	Critical	Non-Critical
A		
U		
Hospital	Critical	Non-Critical
A		
U		

PATIENT TRANSPORTATION RECORD

1. **Transportation Group Supervisor** requests one ambulance at a time from staging. The ambulance will receive patients and wait for instructions on hospital destination from **Medical Communications**.
2. **Treatment Unit Leader** only requests patients from treatment areas.
3. No more than one ambulance loads patients in a treatment area at one time.
4. **Transportation Group Supervisor** will record patient information, Transport Agency, Unit # & instruct litter bearers to place patients in the ambulance.
5. **Transportation Group Supervisor** requests the Hospital Destination from the **Medical Communications**.
6. **Transportation Group Supervisor**, when finished, will give the Patient Transportation Record to **Medical Communications**, and will instruct the ambulance crews of their destination.

SAMPLE PATIENT TRANSPORT RECORD

Triage Tag #	Unit ID #	Pt #	Age	Sex		Injury (Check all that apply)	Destination	Mode of Transport
E155836	CALSTAR	1	39	M <input type="checkbox"/> F <input type="checkbox"/>	I <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/>	Burns <input type="checkbox"/> Penetrating <input type="checkbox"/> Fx <input type="checkbox"/> C-Spine <input type="checkbox"/> Blunt Trauma <input type="checkbox"/> Lacerations <input type="checkbox"/> Cardiac <input type="checkbox"/> Other <input type="checkbox"/>	NBMC <input type="checkbox"/> JMMC <input type="checkbox"/> VVH <input type="checkbox"/> DGMC <input type="checkbox"/> UCDCMC <input type="checkbox"/> SSMC <input type="checkbox"/> KSRVJO <input type="checkbox"/> Other <input type="checkbox"/>	Ground Transport <input type="checkbox"/> CALSTAR <input type="checkbox"/> CHP <input type="checkbox"/> Reach <input type="checkbox"/> UCD Life Flight <input type="checkbox"/> Other <input type="checkbox"/>
E155837	AMR 610	2	22	M <input type="checkbox"/> F <input type="checkbox"/>	I <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/>	Burns <input type="checkbox"/> Penetrating <input type="checkbox"/> Fx <input type="checkbox"/> C-Spine <input type="checkbox"/> Blunt Trauma <input type="checkbox"/> Lacerations <input type="checkbox"/> Cardiac <input type="checkbox"/> Other <input type="checkbox"/>	NBMC <input type="checkbox"/> JMMC <input type="checkbox"/> VVH <input type="checkbox"/> DGMC <input type="checkbox"/> UCDCMC <input type="checkbox"/> SSMC <input type="checkbox"/> KSRVJO <input type="checkbox"/> Other <input type="checkbox"/>	Ground Transport <input type="checkbox"/> CALSTAR <input type="checkbox"/> CHP <input type="checkbox"/> Reach <input type="checkbox"/> UCD Life Flight <input type="checkbox"/> Other <input type="checkbox"/>
E155838	Medic 28 – E29	3	18	M <input type="checkbox"/> F <input type="checkbox"/>	I <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/>	Burns <input type="checkbox"/> Penetrating <input type="checkbox"/> Fx <input type="checkbox"/> C-Spine <input type="checkbox"/> Blunt Trauma <input type="checkbox"/> Lacerations <input type="checkbox"/> Cardiac <input type="checkbox"/> Other <input type="checkbox"/>	NBMC <input type="checkbox"/> JMMC <input type="checkbox"/> VVH <input type="checkbox"/> DGMC <input type="checkbox"/> UCDCMC <input type="checkbox"/> SSMC <input type="checkbox"/> KSRVJO <input type="checkbox"/> Other <input type="checkbox"/>	Ground Transport <input type="checkbox"/> CALSTAR <input type="checkbox"/> CHP <input type="checkbox"/> Reach <input type="checkbox"/> UCD Life Flight <input type="checkbox"/> Other <input type="checkbox"/>
E155839	AMR 611	4	25	M <input type="checkbox"/> F <input type="checkbox"/>	I <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/>	Burns <input type="checkbox"/> Penetrating <input type="checkbox"/> Fx <input type="checkbox"/> C-Spine <input type="checkbox"/> Blunt Trauma <input type="checkbox"/> Lacerations <input type="checkbox"/> Cardiac <input type="checkbox"/> Other <input type="checkbox"/>	NBMC <input type="checkbox"/> JMMC <input type="checkbox"/> VVH <input type="checkbox"/> DGMC <input type="checkbox"/> UCDCMC <input type="checkbox"/> SSMC <input type="checkbox"/> KSRVJO <input type="checkbox"/> Other <input type="checkbox"/>	Ground Transport <input type="checkbox"/> CALSTAR <input type="checkbox"/> CHP <input type="checkbox"/> Reach <input type="checkbox"/> UCD Life Flight <input type="checkbox"/> Other <input type="checkbox"/>
E155840	UCDLF	5	33	M <input type="checkbox"/> F <input type="checkbox"/>	I <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/>	Burns <input type="checkbox"/> Penetrating <input type="checkbox"/> Fx <input type="checkbox"/> C-Spine <input type="checkbox"/> Blunt Trauma <input type="checkbox"/> Lacerations <input type="checkbox"/> Cardiac <input type="checkbox"/> Other <input type="checkbox"/>	NBMC <input type="checkbox"/> JMMC <input type="checkbox"/> VVH <input type="checkbox"/> DGMC <input type="checkbox"/> UCDCMC <input type="checkbox"/> SSMC <input type="checkbox"/> KSRVJO <input type="checkbox"/> Other <input type="checkbox"/>	Ground Transport <input type="checkbox"/> CALSTAR <input type="checkbox"/> CHP <input type="checkbox"/> Reach <input type="checkbox"/> UCD Life Flight <input type="checkbox"/> Other <input type="checkbox"/>

PATIENT TRANSPORT RECORD

Triage Tag #	Unit ID #	Pt #	Age	Sex		Injury (Check all that apply)	Destination	Mode of Transport
				M <input type="checkbox"/> F <input type="checkbox"/>	I <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/>	Burns <input type="checkbox"/> Penetrating <input type="checkbox"/> Fx <input type="checkbox"/> C-Spine <input type="checkbox"/> Blunt Trauma <input type="checkbox"/> Lacerations <input type="checkbox"/> Cardiac <input type="checkbox"/> Other <input type="checkbox"/>	NBMC <input type="checkbox"/> JMMC <input type="checkbox"/> VVH <input type="checkbox"/> DGMC <input type="checkbox"/> UCDCMC <input type="checkbox"/> SSMC <input type="checkbox"/> KSRVJO <input type="checkbox"/> Other <input type="checkbox"/>	Ground Transport <input type="checkbox"/> CALSTAR <input type="checkbox"/> CHP <input type="checkbox"/> Reach <input type="checkbox"/> UCD Life Flight <input type="checkbox"/> Other <input type="checkbox"/>
				M <input type="checkbox"/> F <input type="checkbox"/>	I <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/>	Burns <input type="checkbox"/> Penetrating <input type="checkbox"/> Fx <input type="checkbox"/> C-Spine <input type="checkbox"/> Blunt Trauma <input type="checkbox"/> Lacerations <input type="checkbox"/> Cardiac <input type="checkbox"/> Other <input type="checkbox"/>	NBMC <input type="checkbox"/> JMMC <input type="checkbox"/> VVH <input type="checkbox"/> DGMC <input type="checkbox"/> UCDCMC <input type="checkbox"/> SSMC <input type="checkbox"/> KSRVJO <input type="checkbox"/> Other <input type="checkbox"/>	Ground Transport <input type="checkbox"/> CALSTAR <input type="checkbox"/> CHP <input type="checkbox"/> Reach <input type="checkbox"/> UCD Life Flight <input type="checkbox"/> Other <input type="checkbox"/>
				M <input type="checkbox"/> F <input type="checkbox"/>	I <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/>	Burns <input type="checkbox"/> Penetrating <input type="checkbox"/> Fx <input type="checkbox"/> C-Spine <input type="checkbox"/> Blunt Trauma <input type="checkbox"/> Lacerations <input type="checkbox"/> Cardiac <input type="checkbox"/> Other <input type="checkbox"/>	NBMC <input type="checkbox"/> JMMC <input type="checkbox"/> VVH <input type="checkbox"/> DGMC <input type="checkbox"/> UCDCMC <input type="checkbox"/> SSMC <input type="checkbox"/> KSRVJO <input type="checkbox"/> Other <input type="checkbox"/>	Ground Transport <input type="checkbox"/> CALSTAR <input type="checkbox"/> CHP <input type="checkbox"/> Reach <input type="checkbox"/> UCD Life Flight <input type="checkbox"/> Other <input type="checkbox"/>
				M <input type="checkbox"/> F <input type="checkbox"/>	I <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/>	Burns <input type="checkbox"/> Penetrating <input type="checkbox"/> Fx <input type="checkbox"/> C-Spine <input type="checkbox"/> Blunt Trauma <input type="checkbox"/> Lacerations <input type="checkbox"/> Cardiac <input type="checkbox"/> Other <input type="checkbox"/>	NBMC <input type="checkbox"/> JMMC <input type="checkbox"/> VVH <input type="checkbox"/> DGMC <input type="checkbox"/> UCDCMC <input type="checkbox"/> SSMC <input type="checkbox"/> KSRVJO <input type="checkbox"/> Other <input type="checkbox"/>	Ground Transport <input type="checkbox"/> CALSTAR <input type="checkbox"/> CHP <input type="checkbox"/> Reach <input type="checkbox"/> UCD Life Flight <input type="checkbox"/> Other <input type="checkbox"/>
				M <input type="checkbox"/> F <input type="checkbox"/>	I <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/>	Burns <input type="checkbox"/> Penetrating <input type="checkbox"/> Fx <input type="checkbox"/> C-Spine <input type="checkbox"/> Blunt Trauma <input type="checkbox"/> Lacerations <input type="checkbox"/> Cardiac <input type="checkbox"/> Other <input type="checkbox"/>	NBMC <input type="checkbox"/> JMMC <input type="checkbox"/> VVH <input type="checkbox"/> DGMC <input type="checkbox"/> UCDCMC <input type="checkbox"/> SSMC <input type="checkbox"/> KSRVJO <input type="checkbox"/> Other <input type="checkbox"/>	Ground Transport <input type="checkbox"/> CALSTAR <input type="checkbox"/> CHP <input type="checkbox"/> Reach <input type="checkbox"/> UCD Life Flight <input type="checkbox"/> Other <input type="checkbox"/>

SUBJECT: Multi-Casualty Incident (MCI) Response Plan

POLICY: 6180
DATE: 5/14/2007

MCI DISASTER LOG

DISASTER: Actual Drill **DISASTER TYPE:** Trauma Medical HAZMAT **TRIAGE LEVEL:** I II III
DATE: _____ **TIME:** _____ **TAPE #:** _____ **MICN:** _____ **MD:** _____
CALLER / EMT-P: _____ **UNIT #:** _____ **TOTAL # OF VICTIMS:** _____
INCIDENT NAME: _____ **NATURE OF CALL:** _____

PT #	AGE	SEX	SEVERITY	INJURIES	T/S	DESTINATION	ETA
			I D M DOA			G A	
			I D M DOA			G A	
			I D M DOA			G A	
			I D M DOA			G A	
			I D M DOA			G A	
			I D M DOA			G A	
			I D M DOA			G A	

APPENDIX H

MEDICAL CACHE SUPPLY LIST

(To Be Developed)

APPENDIX I

GUIDELINES FOR RESPONDING TO WMD THREATS

(Weapons of Mass Destruction)

Anonymous caller indicating a WMD threat (including anthrax)

- Respond law enforcement and notify local FBI Agent. FBI is the lead agency for any WMD threat or incident.
- Fire Department/HAZMAT response not recommended unless device or substance is found.
- Conduct routine law enforcement investigation.

Investigative actions during this response may include:

1. Information gathering at the scene.
2. Area evacuation and search following ICS protocol.
3. Control and inspection of the building ventilation system may be warranted based upon investigative findings. Look for forced entry and tampering.
4. Special attention should be focused on appliances or devices foreign to the surroundings.
5. Investigate similar to a bomb threat.

Suspicious findings during the investigation should initiate a public safety response from the following:

1. Local Fire/Police/EMS/OES/HAZMAT
2. EOD Team
3. Notifications should include local and state health departments.
4. Notify FBI agent for the area (County OES can coordinate).

Potential WMD Device Located

Follow local protocols for risk assessment and evaluation of potential explosive devices. Included in the response should be:

1. Law enforcement, Fire, EMS, HAZMAT, OES, FBI.
 2. EOD team. Request per agency policy.
 3. Local and state health departments.
- **If explosive device is not ruled out**, coordinate efforts with local/regional EOD authority and notify FBI Bomb Data Center (BDC).
 - **If explosive device is ruled out:**
 1. Evaluate for potential chemical, biological or radioactive agents.
 2. If a radioactive agent appears to be present, follow FBI plans for requesting additional assistance.

SUBJECT: Multi-Casualty Incident (MCI) Response Plan

POLICY: 6180
DATE: 5/14/2007

3. If no explosive devices appear to be present, response continues as a law enforcement incident.

Potential release of WMD material from a device

1. Control the ventilation system.
2. Follow protocols for a hazardous materials incident.
3. Evaluate the extent of contamination.
4. Establish a remote command post.
5. Evacuation of affected areas and decontamination procedures should be selected on the basis of the incident and risk assessment.
6. Provide medical response in accordance with Solano County Mass Casualty Incident Plan. Prepare for possible slow onset of symptoms for a significant number of victims.
7. Control and/or isolate the affected patients.
8. Treat as a potential major disaster, establish unified command.

APPENDIX J

MEDICAL COMMUNICATIONS FOR AN MCI

I. BASE HOSPITAL COMMUNICATIONS

- A. Sutter-Solano Medical Center shall be the Base Control Hospital for Ambulance Zone A (the cities of Benicia and Vallejo). North Bay Medical Center shall serve as the Base Control Hospital for Ambulance Zones B, C, D & E (including the cities of Fairfield, Suisun City, Vacaville and Rio Vista). *Sutter Davis or Vaca Valley Hospital shall serve as the base control for the City of Dixon.*
- B. Once an MCI is declared all standard medical Base Hospital/EMT Communications are suspended until the MCI is cleared.
1. Ambulance communications at the scene of an MCI incident will be coordinated through the Medical Group Supervisor or designee.
 2. Ambulances not committed to the MCI incident will communicate with the receiving hospitals via landline through their dispatcher. EMT-P's not committed to the MCI may use non-dedicated MED channels for base hospital consult, but are authorized to initiate ALS without Base Contact in accordance with EMS Policy to allow MCI communication needs to take priority.
- C. Standard medical communications shall stay suspended until the Medical Group Supervisor (or designee) has indicated to the controlling Base, County Dispatch and the Incident Commander that all patients have cleared the scene.
1. The Base Hospital shall notify all other hospitals that all patients have cleared the MCI.
 2. Solano County Dispatch shall notify all ambulance services that all patients have cleared the MCI and to revert to normal communications.
- D. All radio communications related to the on-scene medical operation shall be via cellular phone. This mode of communication is reserved for the Coordinating Base Hospital and the Medical Group Supervisor for the following functions:
1. Inventory of the number of injury and degree of severity to the Controlling Base Hospital.
 2. Destination of injured to appropriate receiving facility from the Controlling Base Hospital.
 3. Special medical order for unique circumstances (e.g., Medical Orders for a HAZ-MAT incident).
 4. Incident Commander (and/or Medical Group Supervisor) requests for special medical equipment, supplies, manpower or medical consultation.

The MEDNET channel is reserved for controlling Base Hospital communications with all medical receiving facilities. The County EOC and County Dispatch Hospitals shall maintain an open channel (inactivate PL's) and monitor MEDNET until the alert has been terminated/canceled.

- E. The back-up Medical Communication for **Sutter-Solano Medical Center is Cell Phone**. The back-up Medical Communication for **North Bay Medical Center is Cell Phone**. These cell phones are limited to communications between the Controlling Base Hospital and the Medical Group Supervisor or his/her designee. NorthBay Medical Center taped line is 707-429-7299; Sutter Solano Medical Center taped line is 707-642-7080.
- F. EMT-Ps transporting patients in ambulances do not have to make base station contact except in unusual circumstances when direct-on-line consultation is required.
- G. Transporting units do not use radio airtime to advise County Communications of vehicle movements (leaving scene, at hospital, etc).
- H. EMS Aircraft Channels.

II. COORDINATING BASE HOSPITAL RESPONSIBILITIES

- A. Immediate determination of patient(s) destination upon request by the Medical Group Supervisor or designee.
- B. Activate hospital external disaster plan.
- C. Assign one person as MEDCOM radio operator to remain at the radio at all times.
- D. Receive compiled emergency capacity for all hospitals. Hospitals report to Coordinating Base Hospital by telephone. The Coordinating Base Hospital is responsible for directing or redirecting ambulances based upon hospital capacities or requirements for special services.
- E. Notify other hospitals of the need for additional medical resources or that additional medical resources will not be needed.
- F. Receiving Hospital responsibilities:
 - 1. Activate hospital disaster plan, as necessary, based on expected number of casualties;
 - 2. Compile emergency capacity inventory. Report to Coordinating Base Hospital via telephone or MEDNET, fax, or blast phone (if available).
 - 3. Be prepared to accept patients at the door immediately upon arrival of the ambulance units. Ambulance units need to return to the scene as soon as possible if additional patients need transport at the MCI scene.
- G. It is the responsibility of the Coordinating Base Hospital to monitor the available medical services and the capability to appropriately manage projected/anticipated patients being transported for medical care. If it is determined that local medical resources cannot appropriately manage the MCI, the base shall declare a "Medical Disaster" and initiate the County Disaster plan.

To be submitted to the Solano County EMS Agency
Within 48 hours of a declared Multi-Casualty Incident

Solano County Emergency Medical Services
Multi-Casualty Incident Evaluation
Medical Group Supervisor Summary Report

Form completed by: _____

Date: _____

Date & Time of Incident: _____

Location of Incident: _____

Type of Incident (circle) MVA _____ Level of MCI declared: _____ Other: _____

Call Times (attach dispatch card copies or CAD printouts if available)

Call Received: _____

Agency Receiving Call: _____

1st Public Safety Unit in: _____

Agency: _____

MCI Declaration: _____

Agency: _____

MCI Coordination

Hospital Notification: _____

Hospital: _____

Solano Dispatch Notification: _____

Agency Notifying: _____

Last Patient Cleared Scene: _____

Via (transporting unit): _____

INITIAL EMS RESOURCES REQUESTED

Prehospital Provider Agency	# of units (specify ALS or BLS)

Additional EMS Resources Requested? Yes No. If "YES", specify Agency, # of units, and ALS or BLS status, on back of this page.

Initial estimate of patients	Actual # of patients	# of pt's, acuity, & Destinations
Immediate _____ Delayed _____	Immediate _____ Delayed _____	_____
Minor _____ Deceased: _____	Minor: _____ Deceased _____	_____

ICS Utilized? YES NO. Please explain "NO" answers on a separate page. Information will be used strictly for system improvement only.

Scene Command Agency: _____

Initial Medical Group Supervisor: _____ Final Medical Group Supervisor _____

(MGS)

(MGS)

Other Medical Positions established under the ICS

Position	Person, Agency	Time
Treatment Unit Leader		
Transport Unit Leader		
Medical Supply Mgr.		
Medical Personnel Mgr.		
Medical Comments Mgr.		

Please explain "NO" answers on a separate page. Information will be used strictly for system improvement only.

- IC and/or Command Post easily identified by incoming ambulance personnel? Yes No
- Adequate ambulance staging access, egress and area? Yes No
- Ambulance personnel briefed upon arrival? Yes No
- Patients triaged prior to movement? Yes No
- START method of triage used? Yes No

SUBJECT: Multi-Casualty Incident (MCI) Response Plan

POLICY: 6180
DATE: 5/14/2007

Delays in patient transport	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Base Hospital Coordination adequate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Were Cal-Fire Chiefs triage tags used?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

EMS Quality Improvement Document / NOT PART OF MEDICAL RECORDS

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