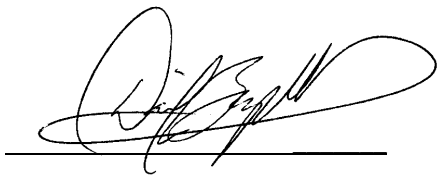
EL DORADO COUNTY EMS AGENCY
FIELD POLICIES

Effective: July 2009
Reviewed: July
Revised: July 2014, 2016, **2018**
Scope: ALS/BLS Personnel



EMS Agency Medical Director

MULTIPLE CASUALTY INCIDENTS

PURPOSE:
To establish responsibilities and determine actions required to coordinate multi-agency response to any Multiple Casualty Incidents in El Dorado County.

DEFINITIONS:

Control Facility (CF) – Base Hospital designated by the Local EMS Agency with the responsibility for the dispersal of patients during a multi-casualty incident (MCI).

Disaster Medical Services (DMS) – The manufacturer of the disaster kits utilized in El Dorado County. DMS forms and triage tags are to be utilized for MCIs as appropriate.

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 National Inter-Agency Incident Management System (NIIMS) and a component of Standard Emergency Management System (SEMS).

Multi-Casualty Incident (MCI) – **Any** incident that exceeds the capabilities of the initial response including an incident that meets any of the following criteria:

1. 5 or more Patients that are triaged either IMMEDIATE or DELAYED
2. 6 or more patients that are triaged MINOR regardless of the number of IMMEDIATE or DELAYED
3. Provider discretion

S.A.L.T. – Sort, Assess, Life-Saving Interventions, Treatment/Transport: a method of mass casualty triage utilizing evaluation of airway/breathing, circulation and level of consciousness.

POLICY:

1. The El Dorado County EMS Agency endorses the California Office of Emergency Services Region IV Multi-Casualty Incident (MCI) Plan, the Incident Command System (ICS), and the Standardized Emergency Management System (SEMS). All El Dorado County EMS contracted agencies must utilize the Region IV MCI Plan or a County approved equivalent plan.

2. Emergency response agencies and personnel shall familiarize themselves with the Standardized Emergency Management System (SEMS) regulations.

3. El Dorado County EMS personnel should be thoroughly familiar with the Multi-Casualty Incident Plan used by the local public safety agencies, the SALT triage procedures, the Incident Command System (ICS) and the DMS kits including all forms and triage tags (See DMS ppt. training on EMS website).

4. The notification of the Base Hospital Control Facility (CF) should occur as soon as there is information that an MCI may exist. If this occurs at the time of dispatch or while responding to the incident, the CF should be contacted and advised of an "MCI Alert". Information concerning the location, approximate number of victims (if known), and a description of the incident should be given. The CF can be contacted by the dispatch center or pre-hospital responders.

5. The first arriving emergency unit should be prepared to quickly size up the incident; request additional resources; declare MCI, and implement ICS operations; provide a scene description and early notification to the base station/CF; and assume roles and responsibilities according to the California Office of Emergency Services Region IV Multi-Casualty Incident Plan.

6. Once declared, an MCI cannot be "undeclared" by scene personnel until the incident is terminated and all patients have been transported or released.

7. All completed DMS forms and any other recorded documentation shall be submitted to the EMS Agency within 72 hours of the incident or as soon as practicable, given Holidays and weekends. An EMS Event Analysis Form shall be completed for all declared MCIs. The EMS event analysis form shall be forwarded to the Continuous Quality Improvement (CQI) Committee Chairperson and El Dorado County EMSA. Confidentiality of responder's names and patient names will follow the CQI policy.

8. An analysis of the event shall be conducted using the CQI Committee Guidelines, and be conducted at the next scheduled CQI meeting. The CQI Committee should notify all responding agencies and the base hospital for all MCI reviews.

9. Learning points from the CQI Committee's analysis of the event should be forwarded to the El Dorado County EMSA, El Dorado County Training Officers, and the El Dorado County Medical Advisory Committee.

10. This plan shall be trained on regularly and reviewed/updated every two years.

MCI KEY POINTS

1. An MCI requires a streamlined approach to patient treatment and transport. Designed to minimize scene time, easily manage a scene by establishing ICS positions, and do the greatest good for the greatest number of patients.

2. There are **six** ICS positions that must be filled during an MCI – These are placed in suggested order of assignment as resources arrive (See MCI Flow below):
   - Incident Commander (IC)
   - Patient Sorting and Triage Unit Leader
   - Medical Communications Coordinator – (Paramedic)
   - Transportation Group Supervisor
   - Treatment Unit Leader – (Paramedic)
   - Medical Group Supervisor

   IC, Triage and Med Comms should be filled on every incident. On smaller incidents, an individual may hold multiple roles however; the **Medical Communications Coordinator** position should be filled independently.

3. Medical Group Supervisor, Transportation Group Supervisor and Med Communications Coordinator need to have very good communication (face to face if possible). This will ensure easy communications when directing patient dispositions and ordering resources.

4. **MCI Flow**
   - **1st arriving non-transport/assessment unit:** IC and patient sorting/triage. Pass IC to incoming officer when appropriate.
   - **2nd arriving non-transport/assessment unit:** Assist with patient sorting/triage. If ALS, have ALS provider assume med comms.
   - **Additional non-transport/assessment unit(s):** Assist as needed. Utilize company officers for ICS roles and ALS personnel for Med Comms and Treatment Unit.
   - **1st arriving medic unit**: Med Comms (in not already established). Prepare to be utilized as supply cache.
   - **Additional medic unit(s)**: Communicate early with IC to determine transportation flow path and approach plan. Prepare to receive patients.

5. **Situational considerations:**
   - Depending on available resources, may need to utilize first arriving medic unit as supply cache and ALS personnel for Med Comms. Consider removing equipment and supplies from medic unit and modifying staffing with other available personnel to allow medic unit to still transport.
   - Consider use of air ambulance(s) and need for additional medic units to transport to helispot(s).
   - When operating with units from neighboring Counties, Marshall Hospital will provide available transport destinations and Med Comms/Transportation will assign individual resources. Out of county resources shall not contact their respective Base hospitals for destination decision.
   - Maximize use of medic units. Send additional providers, when available, to transport as many patients as possible.

6. Order **EARLY** and order **BIG**. You can always cancel later.

7. Triage patients with ribbons/ triage tags for all declared MCIs. **Know how to properly use triage tags and MCI kits BEFORE the incident. (See DMS ppt. training on EMS website).**

8. The initial triage person/team should utilize colored ribbons to triage patients.

9. Make centrally located treatment areas titled: Immediate, Delayed, and Minor. If you take a few minutes to gather your patients, this will ensure that they can be transported off scene quickly and no patients will be left behind.

10. Separate Triage Tag Receipt Holders are used by each treatment area manager.

11. Re-triage patients when they arrive at the treatment area as they may deteriorate. Triage tags should be applied upon re-triaging the patient. Remove ribbons when triage tag is applied. **NOTE:** Obtain identification information if possible (describe clothing or possessions) to help with family reunification post incident.

12. Ensure all patients have been accounted for and have been triaged.

13. Consider loading more than one patient in an ambulance. Ideally an Immediate patient with a couple of Minor or Delayed patients. You may ***need*** to load 2 immediate into 1 ambulance depending on resources.

14. Ensure destination instructions are clear and understood with transporting agency.

15. Only one person the Medical Communications Coordinator should communicate with the Base Hospital/Control Facility. This should be done very early in the incident and be maintained by the same person for the duration.

16. **THE MEDICAL COMMUNICATIONS COORDINATOR SHOULD NOT BE INVOLVED WITH PATIENT CARE.**

17. Transporting units will make brief contact to destination hospital once en route. Begin the communication with the incident you are coming from and give triage tag number. There is no need to contact CF if that is your destination.

18. After the incident, ensure all patients are accounted for and have been transported. This shall include re-contact of the base hospital/CF MICN to confirm patients and destinations.

19. Ensure Medical Communications Coordinator has the most updated information on patients and hospital destinations.

20. Have good documentation during the Incident and one complete set of documentation at the conclusion of the incident. These are cases that end up in court. Reference MCI packet for proper documentation forms.

21. The complete set of paperwork needs to be sent to the hosting agency post incident, the Base Hospital/CF, and forwarded to the EMS office.

BASE HOSPITAL/CONTROL FACILITY

On Scene

1. Immediately upon arrival or upon confirmation of on-scene EMS first responders:
    a. Confirm or cancel MCI alert with CF MICN.
    b. Identify location of MCI.
    c. Name of incident
    d. Report name of MedCom officer and contact number
    e. An MICN will be assigned to incident for duration of event and maintain communications with on-scene Med Comms Coordinator

2. Following Scene Size-up, Update CF MICN on:
    a. Classification of Incident:
        i. MCI Trauma, Surgeon may be required for Immediate victims.
        ii. MCI Medical, Surgeon may not be required at the receiving facility
        iii. MCI HazMat, incident requiring decontamination.
    b. Approximate number of victims
    c. Estimated time when triage will be completed.

3. Following Triage, Update CF MICN on:
    a. Total number of patients in each triage category
    b. Number and description of transporting units

4. CF MICN will obtain bed poll and report back to MedCom Officer:
    a. Receiving Hospital Name
    b. Number of patients of each category that can be transported to each receiving facility

5. MedCom Officer will advise CF MICN of each patient transport with the following information:
    a. Triage Tag Number
    b. Triage category
    c. Destination,
    d. Brief description of injury
    e. Transporting unit
    f. ETA to receiving facility

6. CF MICN will contact receiving facility to notify of incoming Patient with above information

7. Report scene clear and confirm patients and destinations to ensure all patients are accounted for with CF MICN. Report any identification information that is available to help with family reunification post incident.

SALT Triage Algorithm