

Welcome to the self-study Introductory Course of: Basic Multi-Casualty ICS

A project sponsored by Mountain-Valley EMS Agency.

Introduction to Basic MCI ICS

- “Clicking” anywhere on the screen will advance you to the next page
- At the end of the module, you will be given an opportunity to test your knowledge by a short exam



Course Objectives

Upon completion of this course, the student will be able to:

- 1 Identify the Medical components of the ICS Operations Section
- 2 List various positions within the Medical Branch
- 3 Describe several functions and units within the Medical Group
- 4 List several levels of response to an MCI



Course Objectives continued

Upon completion of this course, the student will be able to:

5. Identify the County Specific MCI Triggers
6. Identify when a Multi-Casualty Incident transitions into a Mass Casualty Incident by County



Course Contents

In this module, we will review:

1. Staffing & Organizing the Medical Branch
2. Effective On-scene Communications
3. The MCI Initial Response Organization
4. The MCI Reinforced Response Organization
5. Multi-Group and Multi-Branch Response
6. Demobilization Considerations



Function of the Operations Section

The Operations Section Chief activates and supervises organizational elements in accordance with the Incident Action Plan and directs its execution, including the development of unit operational plans and the request/release of resources.

INCIDENT COMMANDER

Multi-Casualty
Full Branch Organization

Operations Chief

Medical Branch
Director

Medical Group Supervisor

Medical Supply Coordinator

Triage Unit
Leader

Triage Personnel

Morgue Manager

Treatment Unit
Leader

Immediate Treatment
Manager

Delayed Treatment
Manager

Minor Treatment
Manager

Treatment Dispatch
Manager

Patient Transportation
Unit Leader

Medical Communications
Coordinator

Ambulance
Coordinator



The Medical Branch

- A function of the Operations Section
- Transportation needs and patient medical needs are overlapping. Patient condition determines mode of transport, while destination is determined by the Disaster Control Facility

Medical Branch Positions

- Medical Branch Director
- Medical Group Supervisor
 - Medical Supply Coordinator
 - Triage Unit Leader
 - Triage Personnel
 - Morgue Manager
- Treatment Unit Leader
 - Immediate Treatment Manager
 - Delayed Treatment Manager
 - Minor Treatment Manager
 - Treatment Dispatch Manager
- Patient Transportation Unit Leader
 - Medical Communications Coordinator
 - Ambulance Coordinator

General Goals of the Medical Group Supervisor

- ❑ Develop organization appropriate for the magnitude of the incident
- ❑ Manage triage, treatment, and medical transportation activities
- ❑ Manage medical resources and supplies needed for the incident
- ❑ Establish security for the treatment areas
- ❑ Maintain records

Summary

- ❑ The Medical Branch is part of the incident Operations Section
- ❑ The Medical Branch Director reports directly to the Operations Section Chief
- ❑ The primary functions of the Medical Group are: Triage, Treatment, and Transportation of patients

Staffing and Organizing the Medical Branch

Enroute

- Enroute to the incident, consider:
 - **E** – Equipment
 - **M** – Manpower
 - **T** – Transportation

- Change mindset from *patient care* to Scene Manager

SAFETY

- Conduct all tasks in a manner that ensures the safety and welfare of you and your co-workers
- Develop and implement accountability, safety and security measures for personnel and resources

S.A.F.E.

Upon arriving at an incident, remember...

- **S** - Size-up: Survey the incident site
- **A** - Action Plan: Make a Plan and share it
- **F** - Find a Safe Spot
- **E** - Establish a Post

Check-in

Check in with the Incident Commander or Ops Chief. Designated Check-in locations may be found at the:

- ❑ Incident Command Post
- ❑ Base or Camps
- ❑ Staging Areas
- ❑ Helibases



Communicate Effectively



Communicate Effectively

- Use **Active** dialogue vs **Passive** dialogue
- Human senses and cognitive abilities become narrowed during a crisis or state of emergency
- Obtaining vital information in the first few minutes of arriving on-scene will prevent potential delays in obtaining this information later



R.A.C.I.N.G.

The RACING acronym may help you to remember vital information needed during the first few minutes of response.

- R ESOURCES
- A SSIGNMENTS
- C OMMUNICATIONS
- I NGRESS/EGRESS
- N AME
- G EOGRAPHY



- **R**esources
 - What's already been ordered (Equipment, Manpower, Transport)?
 - What is the ordering process?
- **A**ssignments
 - What role are YOU filling?
 - What role am I filling?
- **C**ommunications
 - How will you communicate up? (to Med. Branch, Ops, IC, etc.)
 - How are you to communicate down, or to other medical responders?
 - Are there Command, Tactical, or Air-Ambulance frequencies?
- **I**ngress/Egress
 - What's the best way in and the best way out?
 - Who else needs this information?
- **N**ame of the Incident
- **G**eography
 - Have areas been designated for Staging, Triage, Treatment, Patient Loading, Morgue, Helispot?

On-scene Communications

- ❑ Effective communications includes both GETTING information and GIVING information
- ❑ Getting and giving the right information in the first few minutes of response is vital for effective incident management
- ❑ **Active** dialogue is more effective than **Passive** dialogue during an emergency

Passive vs Active Dialogue

- ❑ Questions made in the form of statements help focus the listener (e.g. “You are the Incident Commander, right?”).
- ❑ Open-ended questions require much more thought, and usually require the listener to ask additional questions to determine exactly what is being asked (e.g. “Who is in charge?”).

Passive vs. Active Dialogue

Passive

- ❑ Where can I get more resources?
- ❑ What position should I fill?
- ❑ How can I contact you if I need you?

Active

- ❑ I'll contact dispatch and get more resources, okay?
- ❑ I'll be Medical Group Supervisor, okay?
- ❑ If I need you, I'll contact you on the Command Net, right?

Passive vs. Active Dialogue

Passive

- Where should we stage ambulances?
- What's the name of this incident?

Active

- I'll have the ambulances stage right behind mine, okay?
- We're calling this the "Elm Street Incident," right?



S.A.F.E.

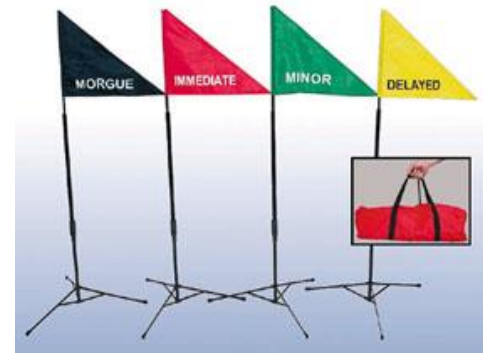
R. A. C. I. N. G.

Giving and getting the right information within the first few minutes of arriving on scene contributes to a more rapid and effective outcome

Organizing the Scene

Use visual cues whenever possible, such as :

- Vests
- Triage Tags
- Colored Cones/ Tarps/ Flags

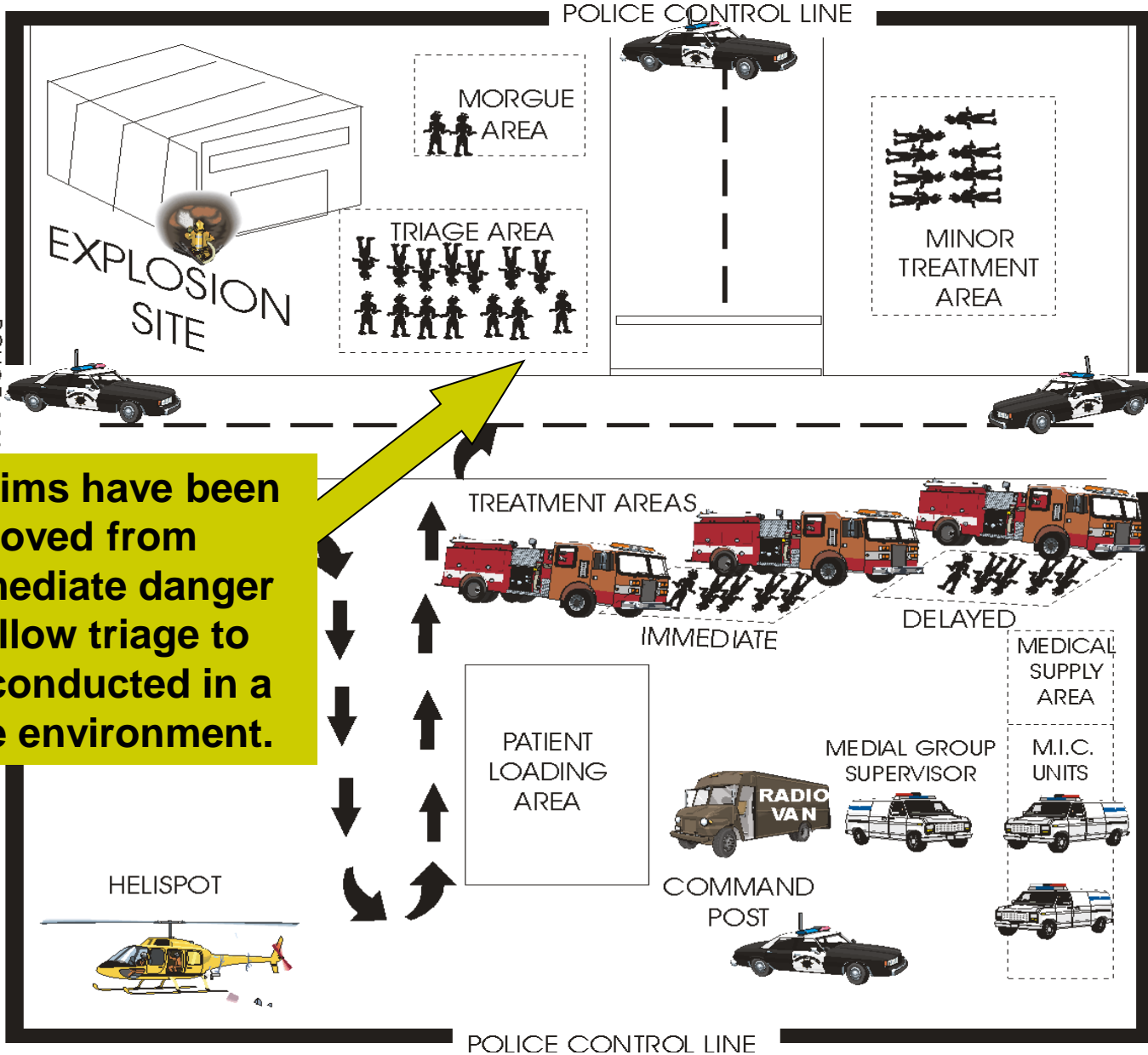


Visual Cues provide the ability to communicate with large groups of people.

Organizing the Scene

Areas to consider when organizing the scene include:

- The Medical Branch or Medical Group post should be located near the Incident Command Post whenever possible
- Triage is conducted in-place unless a threat or hazard is identified
- The Minor Treatment area should be located in an area visually removed from the other treatment areas
- The Patient Loading area must be accessible to transporting ambulances



Victims have been removed from immediate danger to allow triage to be conducted in a safe environment.

POLICE CONTROL LINE

POLICE CON

POLICE CONTROL LINE

POLICE CONTROL LINE

EXPLOSION SITE

MORGUE AREA

TRIAGE AREA

MINOR TREATMENT AREA

TREATMENT AREAS

IMMEDIATE

DELAYED

PATIENT LOADING AREA

COMMAND POST

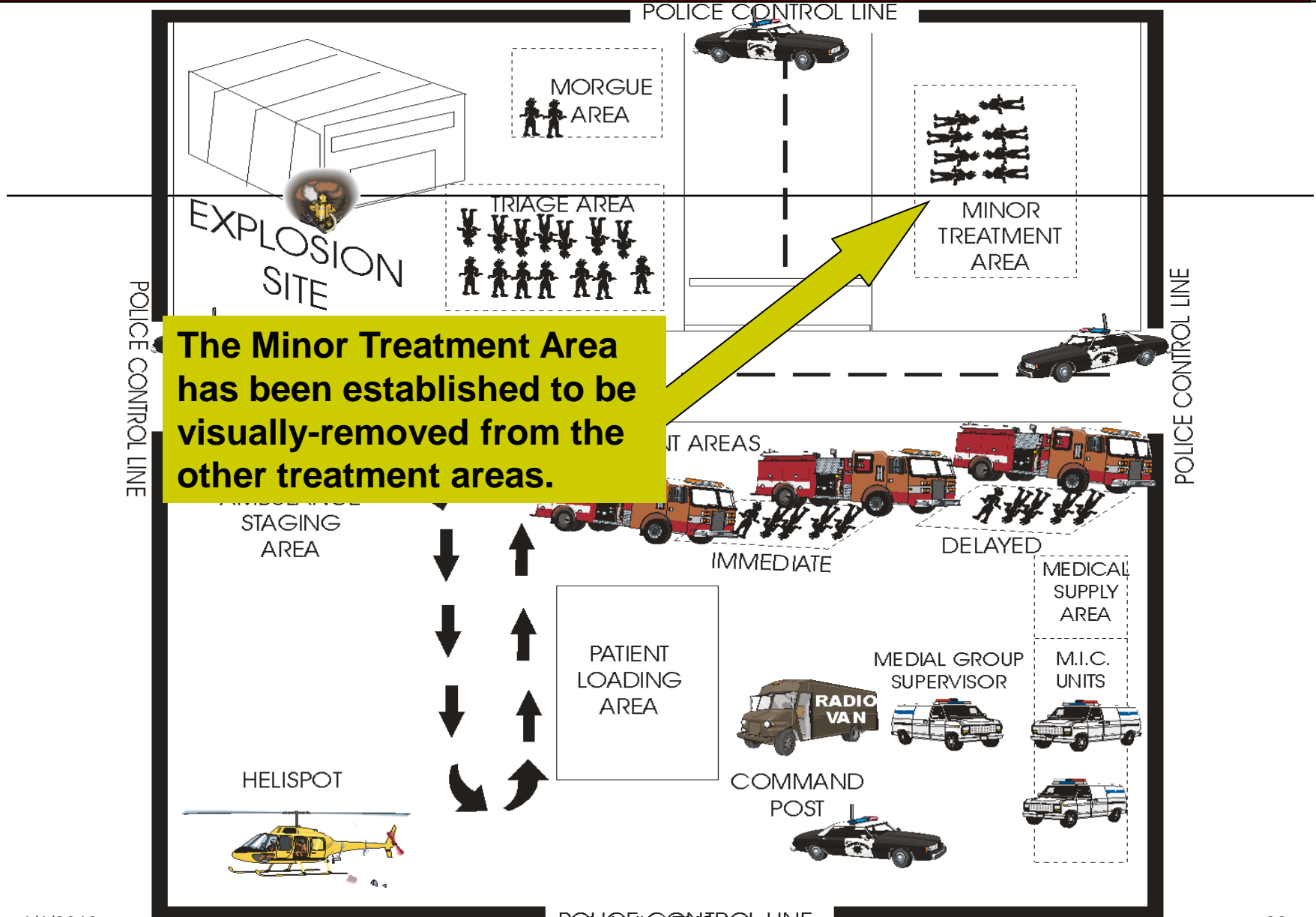
MEDIAL GROUP SUPERVISOR

MEDICAL SUPPLY AREA

M.I.C. UNITS

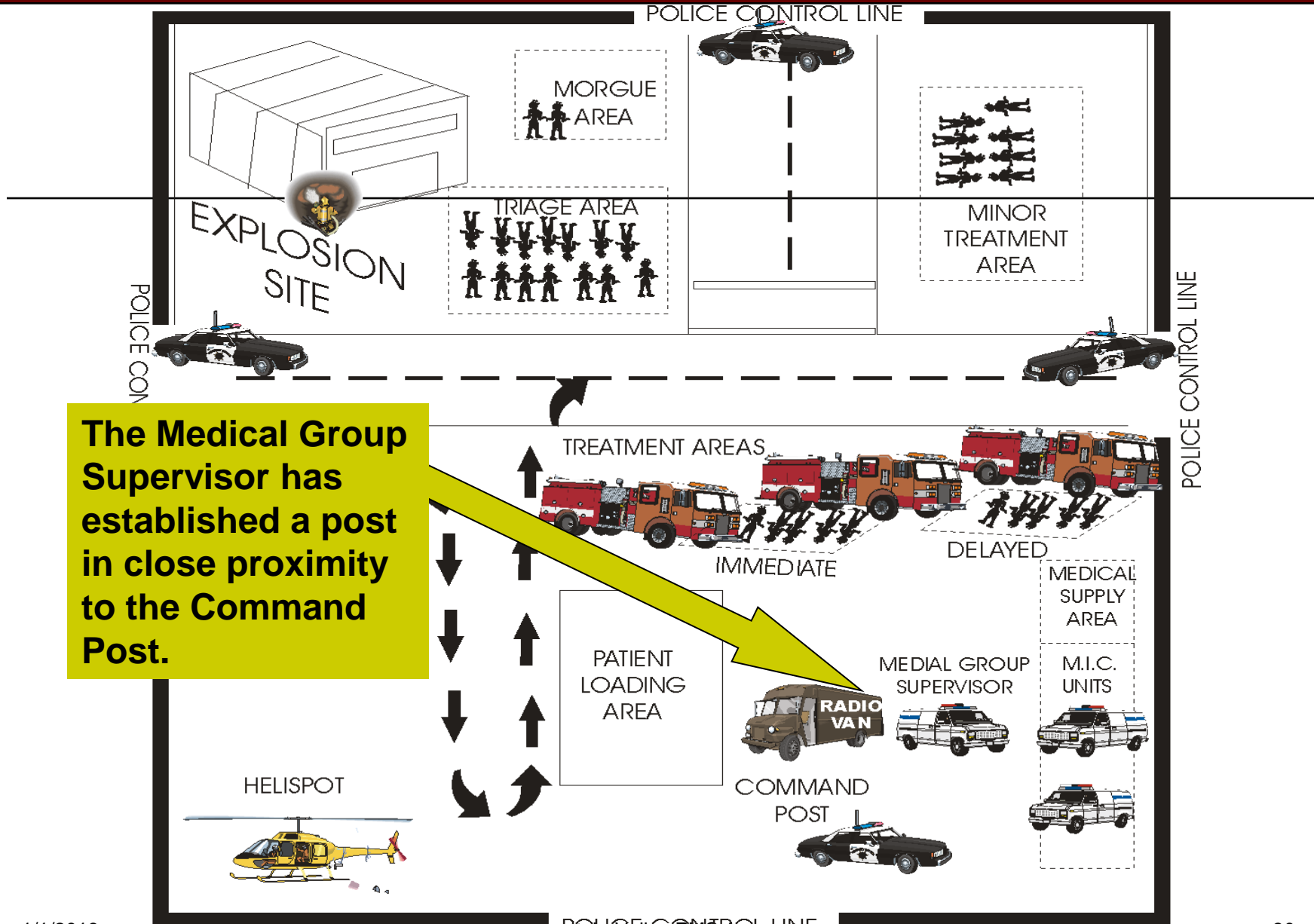
HELISPOT

Organizing the Scene



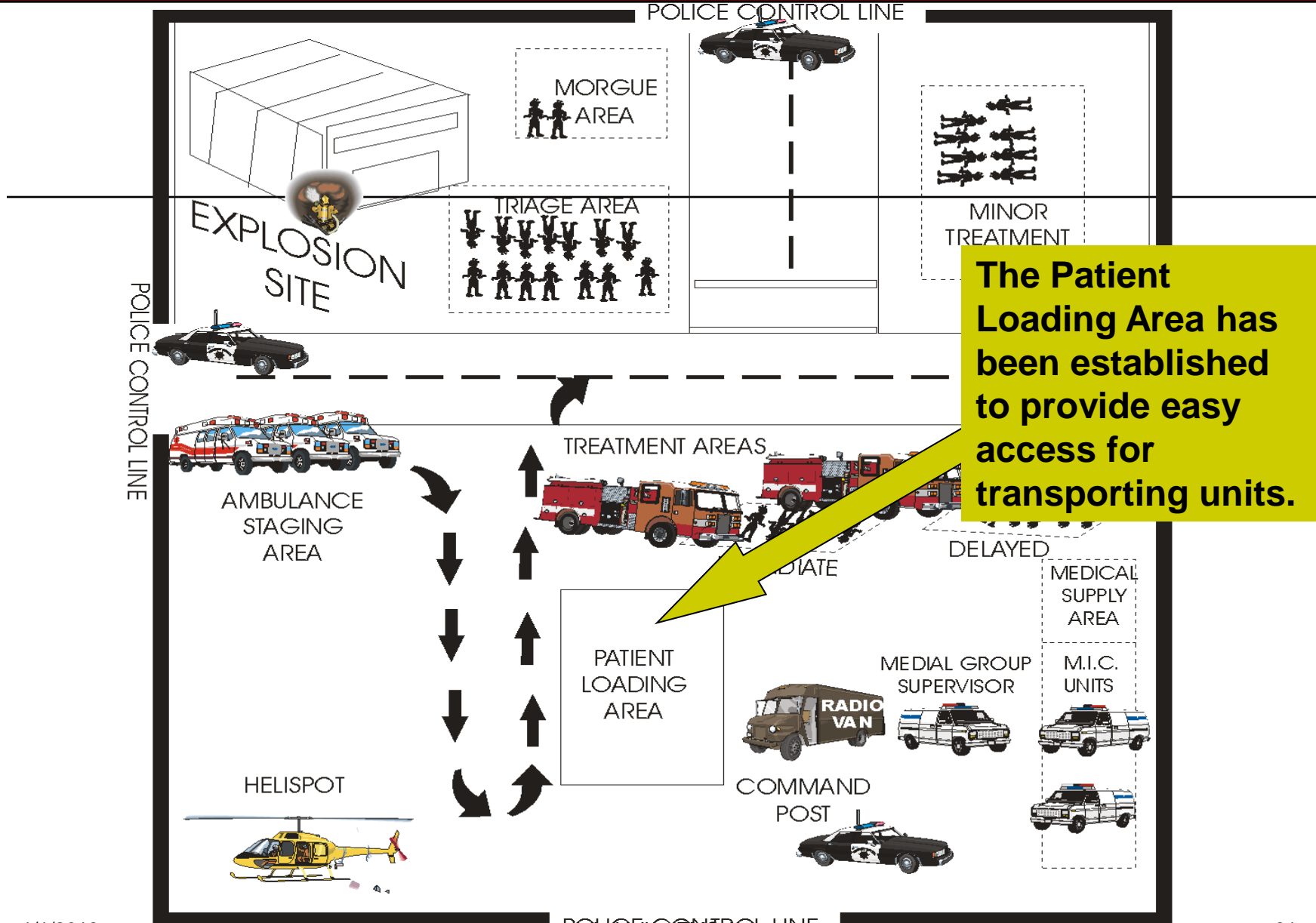
The Minor Treatment Area has been established to be visually-removed from the other treatment areas.

Organizing the Scene



The Medical Group Supervisor has established a post in close proximity to the Command Post.

Organizing the Scene



The Patient Loading Area has been established to provide easy access for transporting units.

Summary

- ❑ Effective communications include Active Dialogue
- ❑ The RACING acronym is designed to share essential information in the first few minutes of arrival on scene
- ❑ Visual Cues help in communicating with large groups of people

Initial MCI Response

- Next, we will review the responsibilities of the Medical Group and identify the first positions likely to be filled during the Initial Response to an MCI, and

- Review the Position Checklists for:
 - Medical Group Supervisor
 - Medical Communications Coordinator
 - Immediate Treatment Manager
 - Triage Unit Leader & Triage Personnel

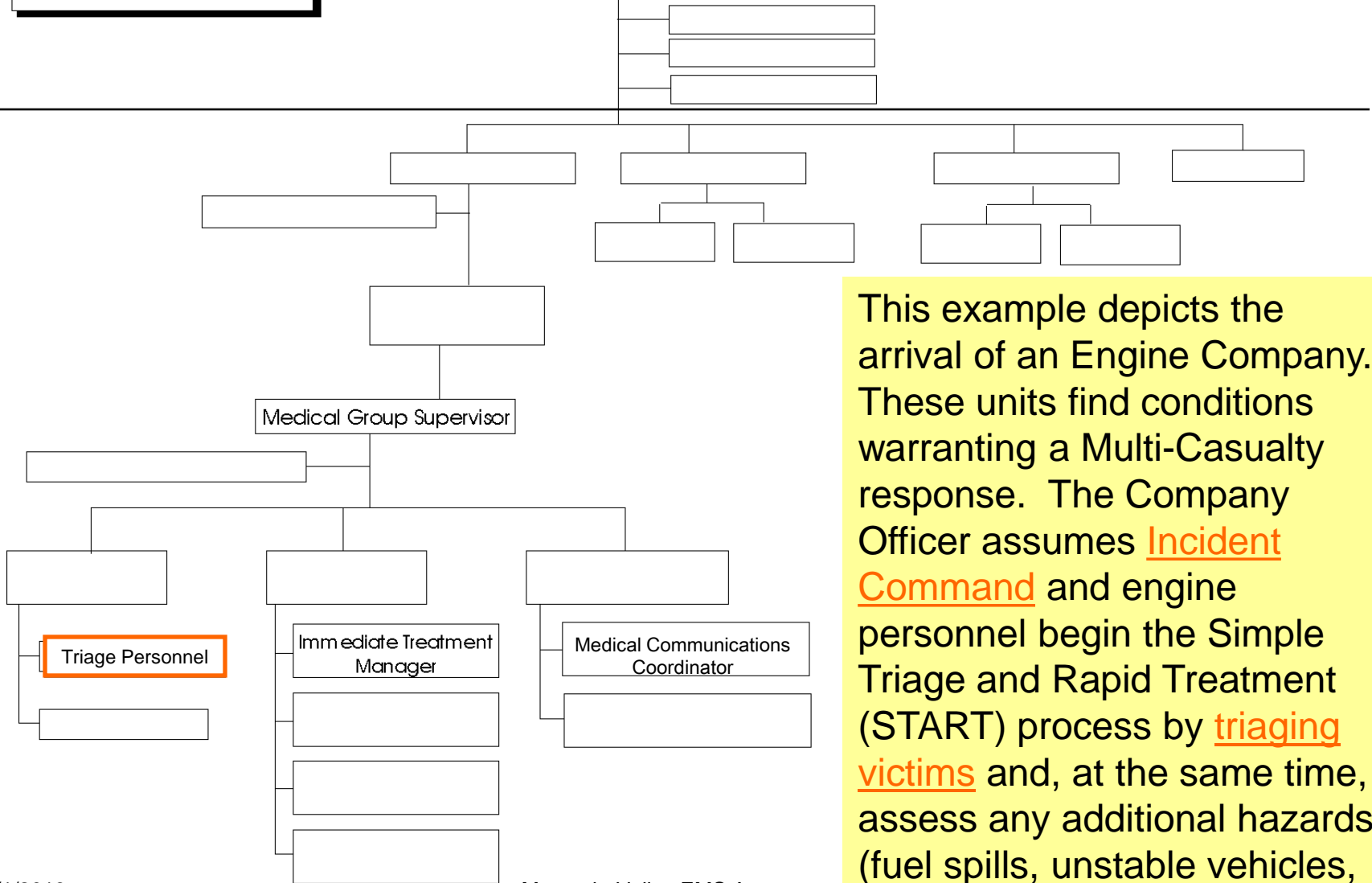


Mission-Goals of the Medical Group

- ❑ Develop the Medical Organization
- ❑ Implement the Incident Action Plan
- ❑ Manage Triage, Treatment, & Medical Transportation Activities
- ❑ Manage Medical Resources and Supplies
- ❑ Establish Security
- ❑ Maintain Records

Multi-Casualty
Initial Response Organization

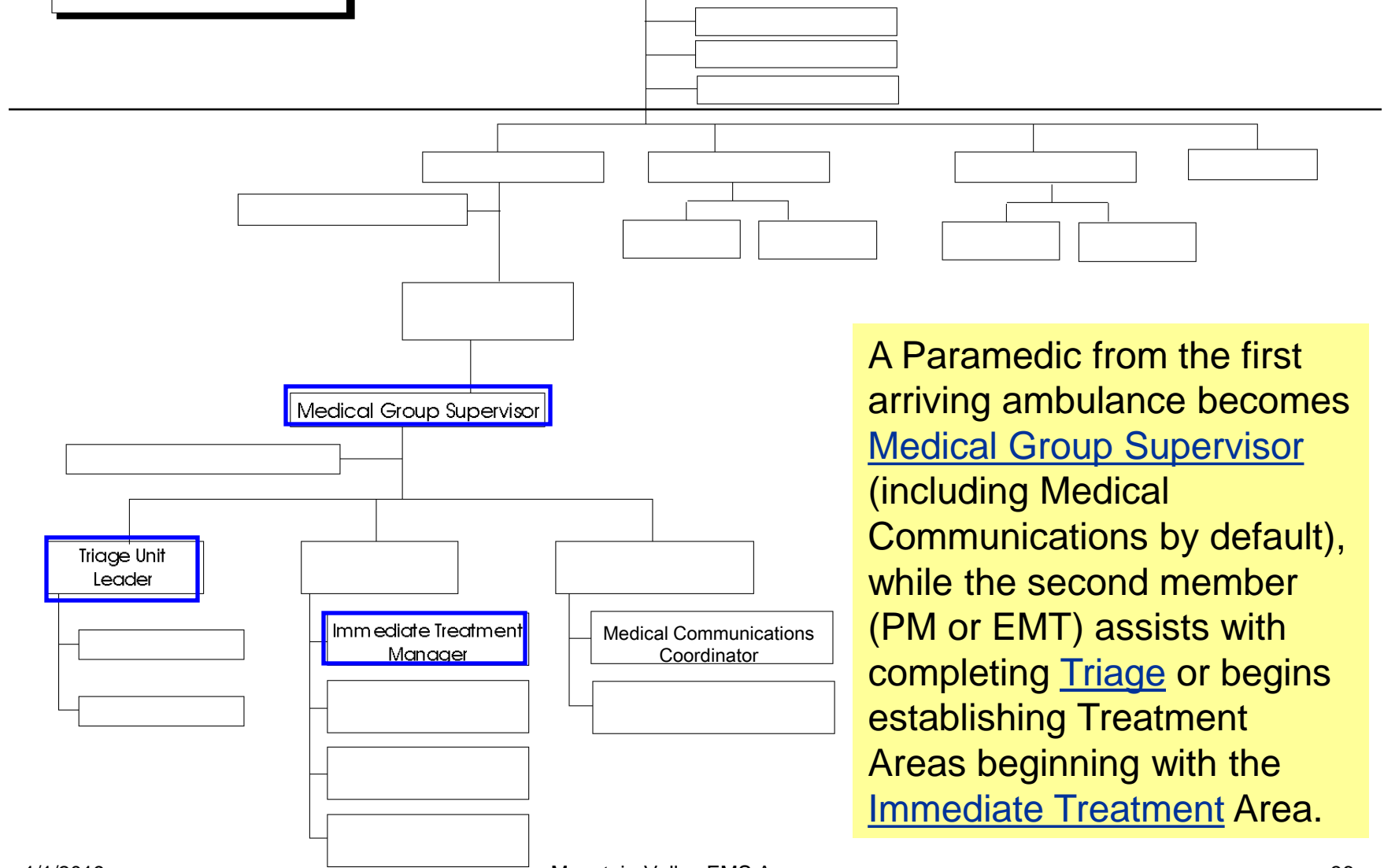
INCIDENT COMMANDER



This example depicts the arrival of an Engine Company. These units find conditions warranting a Multi-Casualty response. The Company Officer assumes **Incident Command** and engine personnel begin the Simple Triage and Rapid Treatment (START) process by **triaging victims** and, at the same time, assess any additional hazards (fuel spills, unstable vehicles, etc.). (continue)

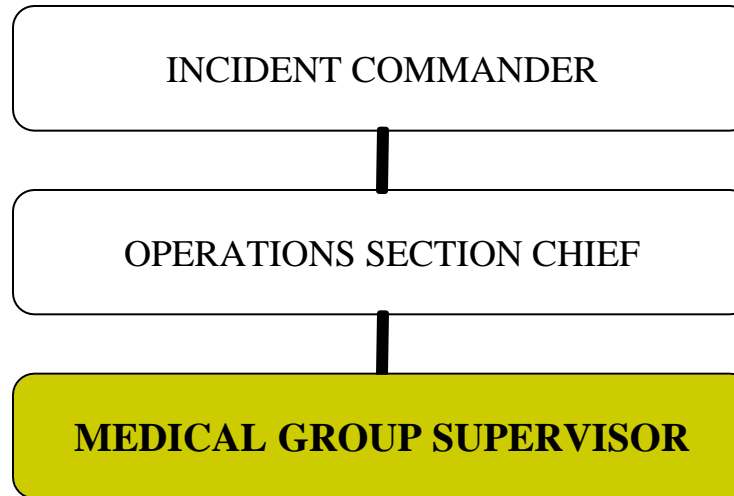
Multi-Casualty
Initial Response Organization

INCIDENT COMMANDER



A Paramedic from the first arriving ambulance becomes Medical Group Supervisor (including Medical Communications by default), while the second member (PM or EMT) assists with completing Triage or begins establishing Treatment Areas beginning with the Immediate Treatment Area.

Medical Group Supervisor



Now, let's review the role and responsibilities of the
Medical Group Supervisor

Medical Group Supervisor

(ICS-MC-222-3)

- ❑ Reports to the Medical Branch Director and supervises the Triage Unit Leader, Treatment Unit Leader, Patient Transportation Unit Leader, and Medical Supply Coordinator
- ❑ Establishes command and controls the activities within a Medical Group
- ❑ Participates in Medical Branch/Operations Section planning activities
- ❑ Establishes Medical Group with assigned personnel, requests additional personnel and resources sufficient to handle the magnitude of the incident

Medical Group Supervisor

(ICS-MC-222-3)

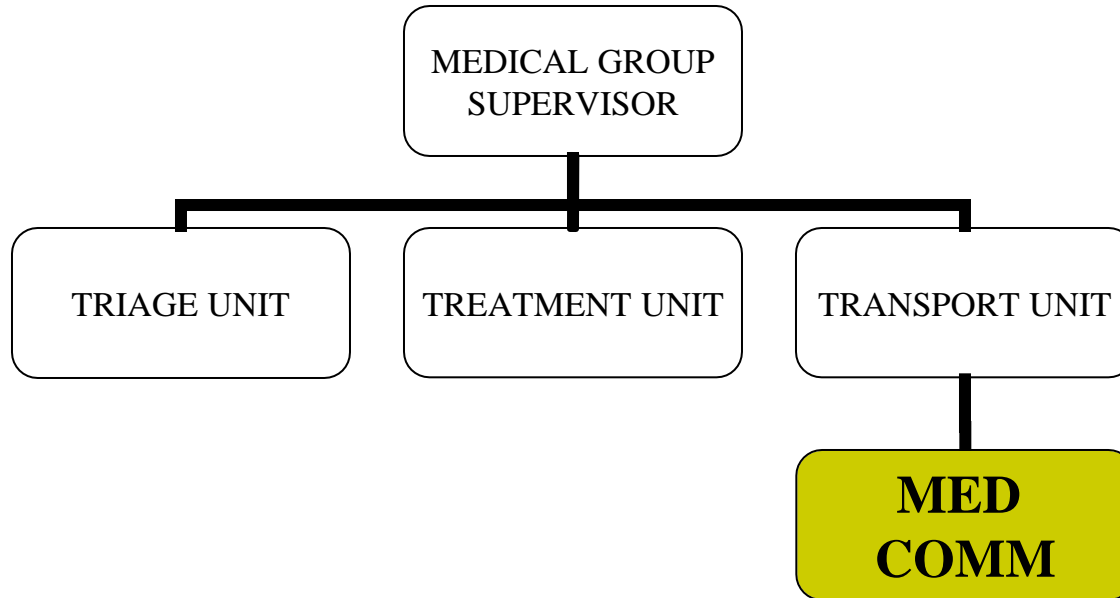
- ❑ Designates Unit Leaders and Treatment Area locations as appropriate
- ❑ Isolates Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas
- ❑ Requests law enforcement/coroner involvement as needed
- ❑ Determines amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, and cots)

Medical Group Supervisor

(ICS-MC-222-3)

- ❑ Ensures activation or notification of Disaster Control Facility and local EMS/Health Agencies
- ❑ Directs and/or supervises on-scene personnel from agencies such as Coroner's Office, Red Cross, law enforcement, ambulance companies, county health agencies, and hospital volunteers
- ❑ Requests proper security, traffic control, and access for the Medical Group work areas
- ❑ Directs medically trained personnel to the appropriate Unit Leader
- ❑ Maintains Unit/Activity Log (ICS Form 214)

Medical Communications Coordinator



Now, let's look at the role and responsibilities of the Medical Communications Coordinator.

Medical Communications

Coordinator (ICS-MC-222-7)

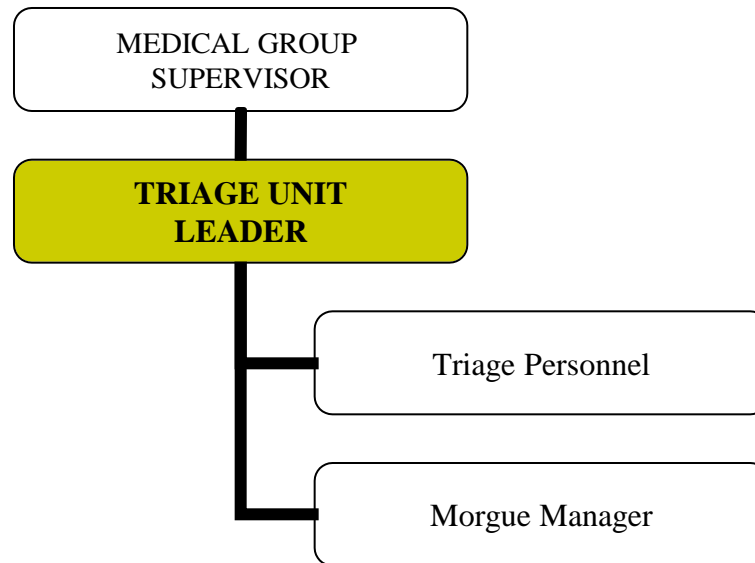
- ❑ Reports to the Patient Transportation Unit Leader
- ❑ Maintains communications with the Disaster Control Facility
- ❑ Assures proper patient transportation and destination
- ❑ Determines and maintains current status of hospital/medical facility availability and capability
- ❑ Receives basic patient information and condition from Treatment Dispatch Manager

Medical Communications

Coordinator (ICS-MC-222-7)

- ❑ Coordinates patient destination with the Disaster Control Facility
- ❑ Communicates patient transportation needs to Ambulance Coordinator based upon requests from Treatment Dispatch Manager
- ❑ Communicates patient air ambulance transportation needs to the Air Operations Branch Director, based on requests from the treatment area managers or Treatment Dispatch Manager
- ❑ Maintain appropriate records and Unit/Activity Log (ICS Form 214)

Triage Unit Leader



Next, let's look at the role and responsibilities of the Triage Unit Leader.

Triage Unit Leader

(ICS-MC-222-5)

- Reports to the Medical Group Supervisor and supervises Triage Personnel/Litter Bearers and the Morgue Manager
- Assumes responsibility for providing triage management and movement of patients from the triage area. When triage has been completed, the Unit Leader may be reassigned as needed
- Develops organization sufficient to handle assignment

Triage Unit Leader

(ICS-MC-222-5)

- ❑ Informs Medical Group Supervisor of resource needs
- ❑ Implements triage process
- ❑ Coordinates movement of patients from the Triage Area to the appropriate Treatment Area
- ❑ Gives periodic status reports to Medical Group Supervisor
- ❑ Maintains security and control of the Triage Area
- ❑ Establishes Morgue
- ❑ Maintains Unit/Activity Log (ICS Form 214)

Triage Personnel

- Report to the Triage Unit Leader
- Report to designated on-scene triage location
- Triage and tag injured patients. Classify patients while noting injuries and vital signs if taken
- Direct movement of patients to proper Treatment Areas
- Provide appropriate medical treatment to patients prior to movement as incident conditions dictate

Immediate Treatment Manager

- Reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Immediate Treatment Area
- Requests or establishes Medical Teams as necessary
- Assigns treatment personnel to patients received in the Immediate Treatment Area
- Assures that patients are prioritized for transportation

Immediate Treatment Manager

- ❑ Coordinates transportation of patients with Treatment Dispatch Manager
- ❑ Notifies Treatment Dispatch Manager of patient readiness and priority for transportation
- ❑ Assures that appropriate patient information is recorded
- ❑ Maintains Unit/Activity Log (ICS Form 214)

Summary

The medical positions filled in the Initial Response to an MCI include:

- Medical Group Supervisor
 - Medical Communications Coordinator
- Triage Unit Leader
 - Triage Personnel
- Immediate Treatment Manager

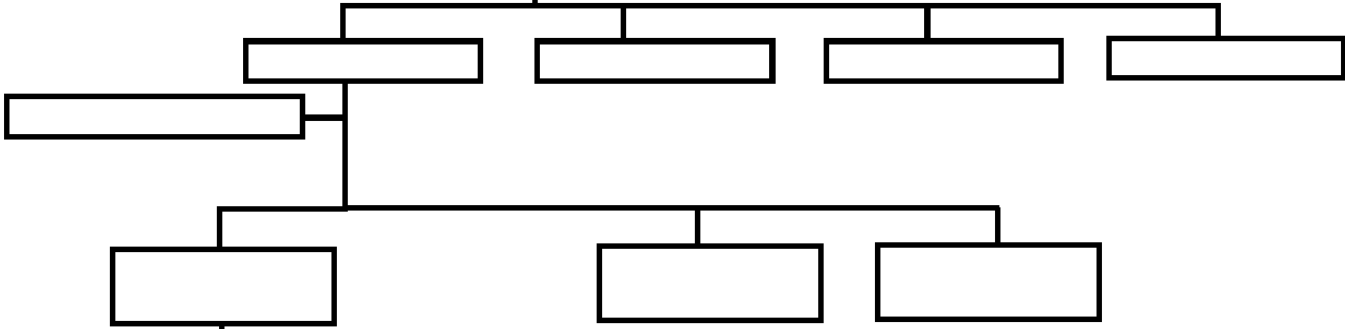
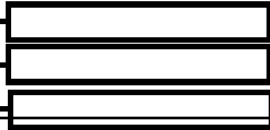
Reinforced Response

- Next, we will review the positions that would likely be filled in the Medical Branch once additional resources become available.

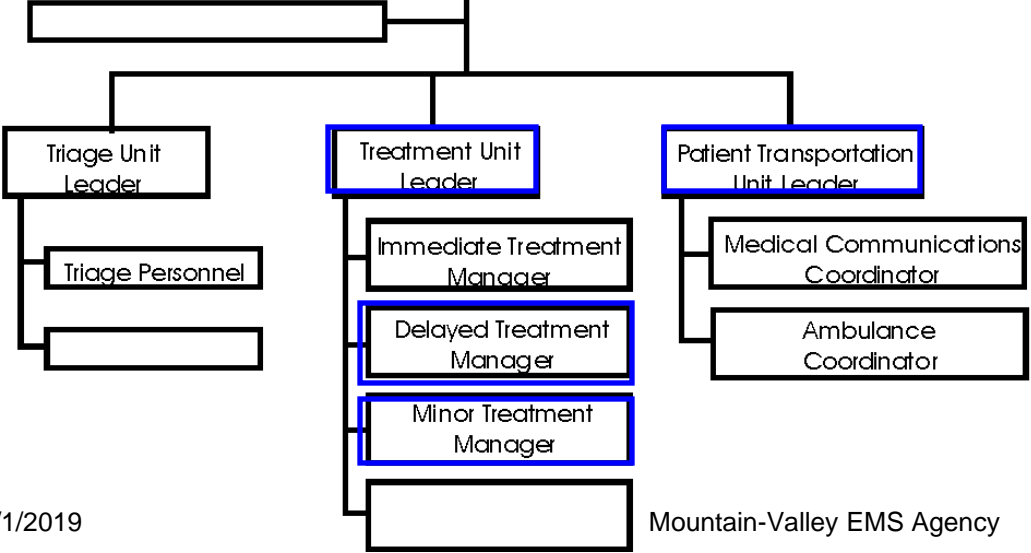
- We will review the Position Checklists for:
 - Treatment Area Managers
 - Patient Transportation Unit Leader
 - Ambulance Coordinator

Multi-Casualty
Reinforced Response Organization

INCIDENT COMMANDER

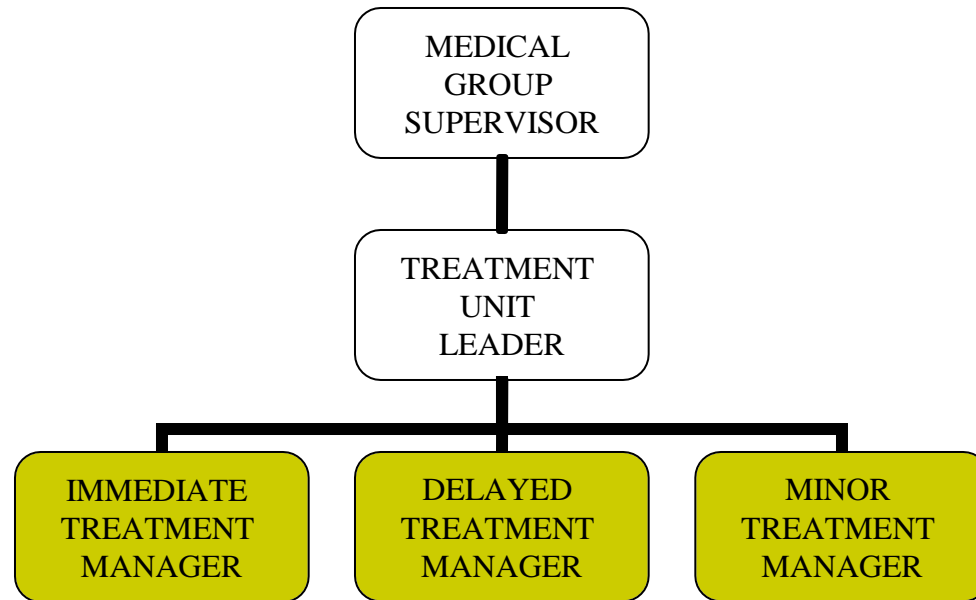


Medical Group Supervisor



With the arrival of additional engine companies, an additional ambulance, and an Ambulance Supervisor, the Medical Group Supervisor has assigned a Treatment Unit Leader, reinforced the Treatment Areas, and established the Patient Transportation Unit.

Treatment Area Manager



Now, let's look at the role and responsibilities of the Treatment Area Manager.



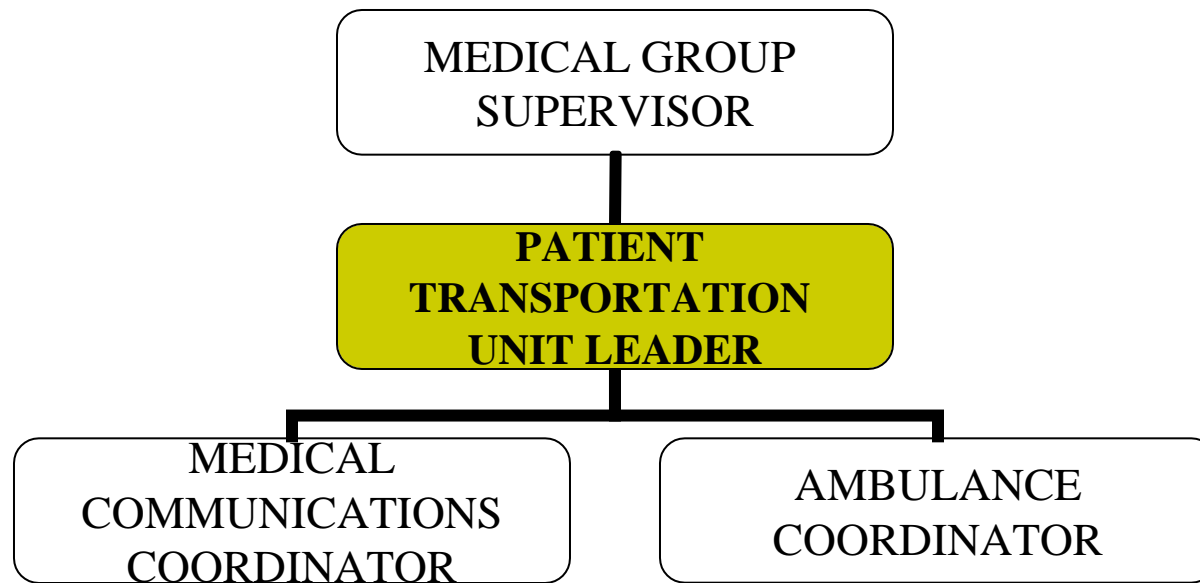
Treatment Area Manager

- Reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to the Treatment Area
- Requests or establishes Medical Teams as necessary
- Assigns treatment personnel to patients received in the Treatment Area
- Ensures treatment of patients in Treatment Area
- Assures that patients are prioritized for transportation

Treatment Area Manager

- ❑ Coordinates transportation of patients with Treatment Dispatch Manager
- ❑ Notifies Treatment Dispatch Manager of patient readiness and priority for transportation
- ❑ Assures that appropriate patient information is recorded
- ❑ Maintains Unit/Activity Log (ICS Form 214)

Patient Transportation Unit Leader



Next, let's look at the roles and responsibilities of the Patient Transportation Unit Leader.

Patient Transportation

Unit Leader (ICS-MC-222-2)

- ❑ Reports to the Medical Group Supervisor
- ❑ Supervises the Medical Communications Coordinator and the Ambulance Coordinator
- ❑ Responsible for the coordination of patient transportation
- ❑ Maintains records relating to the patient's identification, condition, and destination
- ❑ May be upgraded to a Group Supervisor based on incident size or complexity

Patient Transportation

Unit Leader (ICS-MC-222-2)

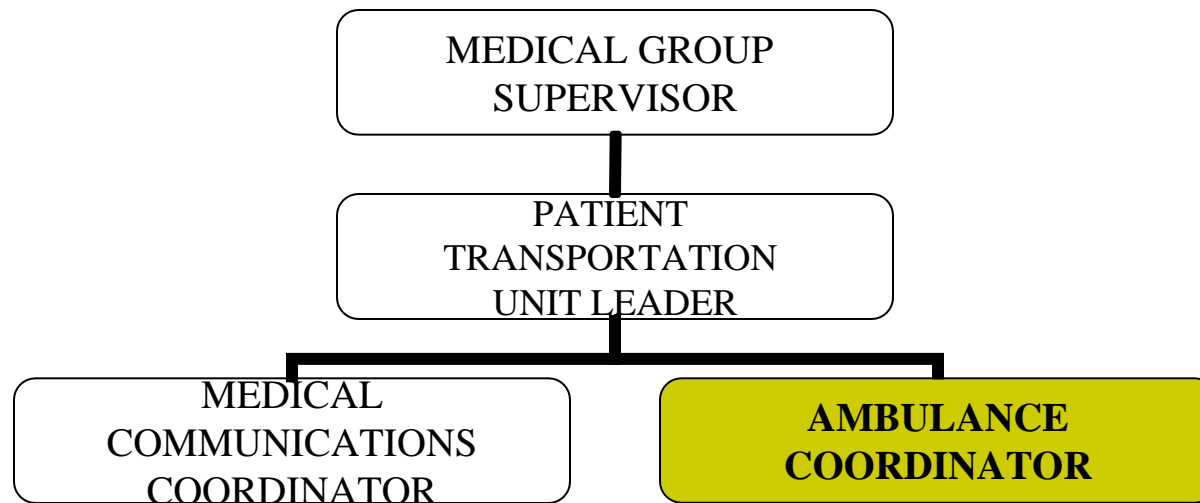
- Ensures the establishment of communications with hospital(s)
- Designates Ambulance Staging Area(s)
- Directs the off-incident transportation of patients as determined by The Medical Communications Coordinator
- Assures that patient information and destination are recorded

Patient Transportation

Unit Leader (ICS-MC-222-2)

- ❑ Requests additional ambulances as required.
- ❑ Notifies Ambulance Coordinator of ambulance requests
- ❑ Coordinates requests for air ambulance transportation through the Air Operations Branch Director
- ❑ Coordinates the establishment of the Air Ambulance Helispots with the Medical Branch Director and Air Operations Branch Director
- ❑ Maintain Unit/Activity Log (ICS Form 214)

Ambulance Coordinator



Next, let's look at the roles and responsibilities of the Ambulance Coordinator.

Ambulance Coordinator (ICS-MC-222-8)

- ❑ Reports to the Patient Transportation Unit Leader
- ❑ Establishes appropriate staging area for ambulances
- ❑ Establishes routes of travel for ambulances for incident operations
- ❑ Establishes and maintains communications with the Air Operations Branch Director regarding Air Ambulance Transportation assignments
- ❑ Establishes and maintains communications with the Medical Communications Coordinator and Treatment Dispatch Manager

Ambulance Coordinator (ICS-MC-222-8)

- ❑ Provides ambulances upon request from the Medical Communications Coordinator
- ❑ Assures that necessary equipment is available in the ambulance for patient needs during transportation
- ❑ Establishes contact with ambulance providers at the scene
- ❑ Requests additional transport resources as appropriate
- ❑ Provides an inventory of medical supplies available at ambulance staging area for use at the scene

Summary

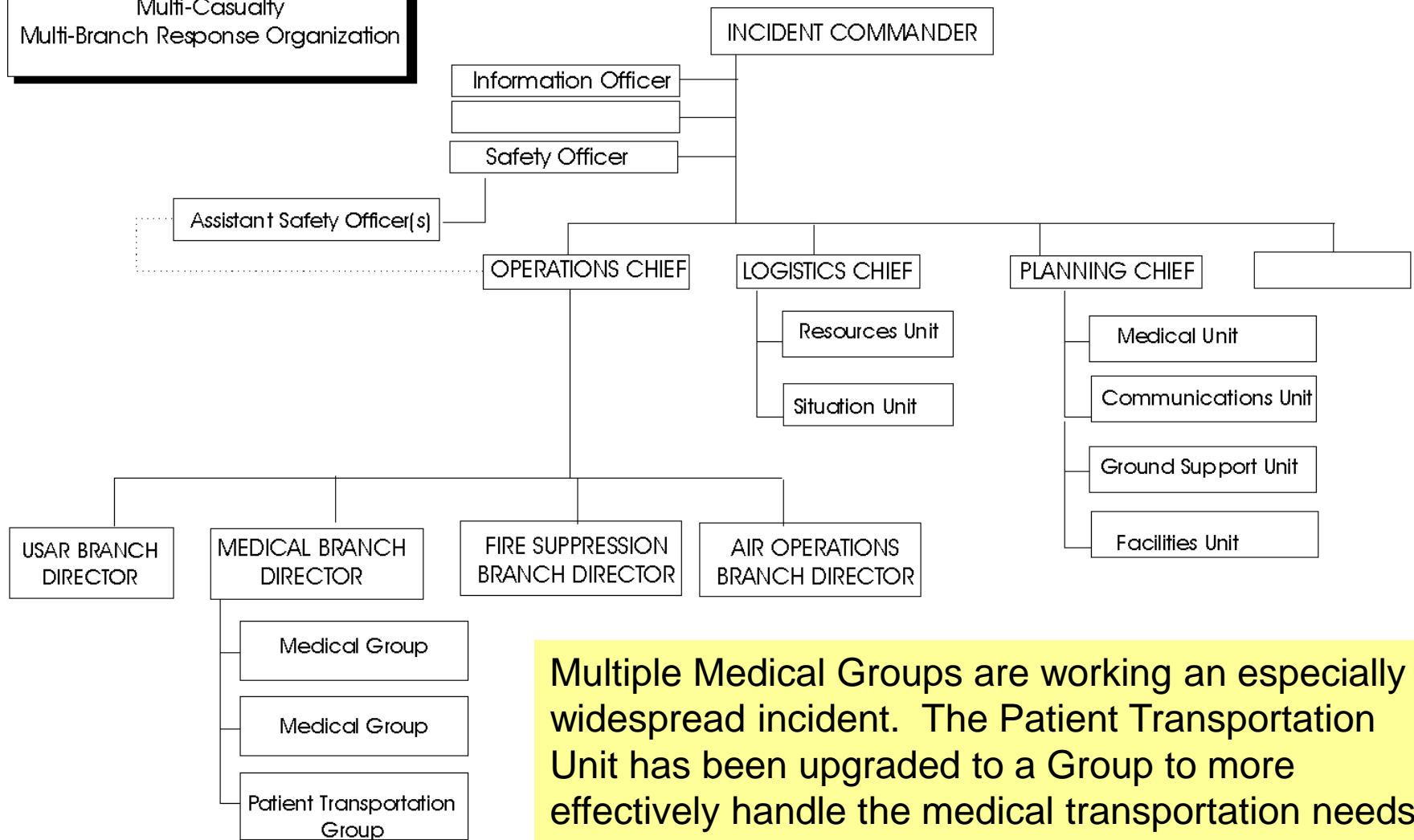
The medical positions filled in the Reinforced Response to an MCI include:

- Treatment Area Managers
- Patient Transportation Unit Leader
- Ambulance Coordinator

Multiple Branch Response

- We have reviewed the Initial Response and Reinforced Response to an MCI
- Now, let's look at a scenario requiring multiple branches and multiple medical groups

Multi-Casualty
Multi-Branch Response Organization



Multiple Medical Groups are working an especially widespread incident. The Patient Transportation Unit has been upgraded to a Group to more effectively handle the medical transportation needs from multiple Medical Groups. Other Branches are activated. Assistant Safety Officers are assigned within the Operations Section, US&R, and Fire Suppression.

Multi-Casualty
Multi-Group Response Organization

INCIDENT COMMANDER

Other elements of the
Command Staff are activated
as well as select elements of
the Planning and Logistics
Sections.

Information Officer

Safety Officer

Operations Chief

Staging Area Manager

Resources
Unit

Responder
Rehabilitation

The Operations Section Chief has now
turned attention to those victims who may
be entangled or entombed by establishing
an Extrication Group.

Medical Group Supervisor

Extrication Group Supervisor

Helicopter Coordinator

Medical Supply Coordinator

Triage Unit
Leader

Treatment Unit
Leader

Patient Transportation
Unit Leader

Triage Personnel

Morgue Manager

Immediate Treatment
Manager

Delayed Treatment
Manager

Minor Treatment
Manager

Treatment Dispatch
Manager

Medical Communications
Coordinator

Ambulance
Coordinator

In most cases, triage would
be winding down and those
personnel can be assigned
to treatment areas. A
Helicopter Coordinator is
assigned to work with the
Patient Transport Unit in
coordinating air
transportation of patients to
distant facilities.

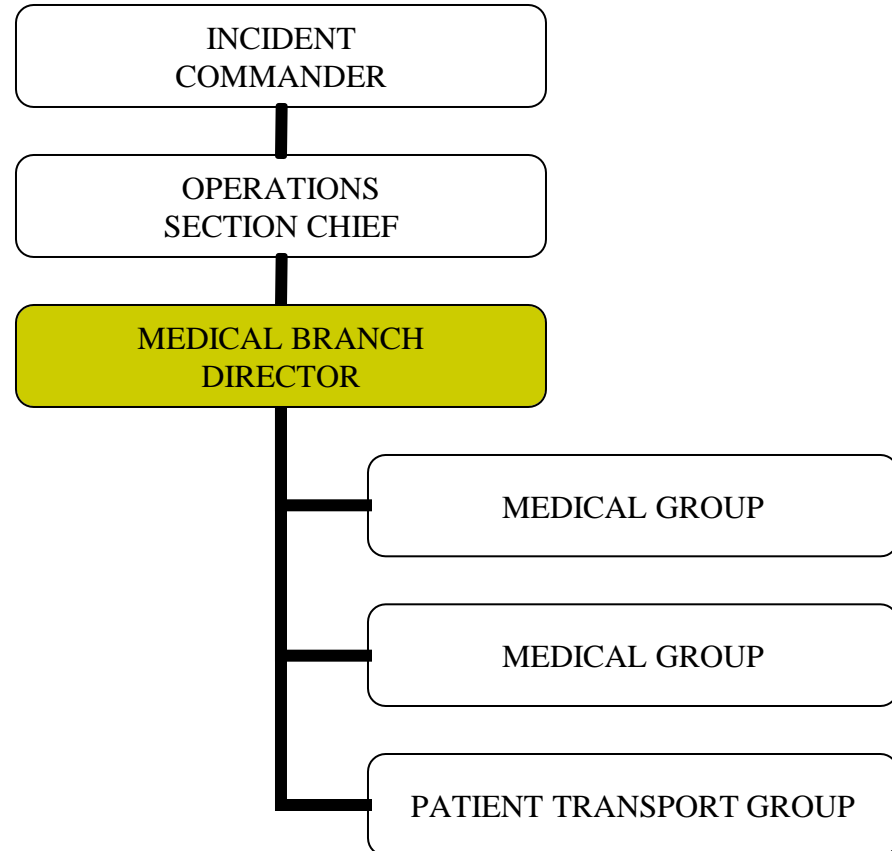
Multi-Group/Multi-Branch Response:

- Next, we will review additional positions that may be activated in various areas of the Incident Command structure as adequate resources become available

- We will review Position Checklists for the following positions within the Medical Branch:
 - Medical Branch Director
 - Medical Supply Coordinator
 - Treatment Dispatch Manager

Medical Branch Director

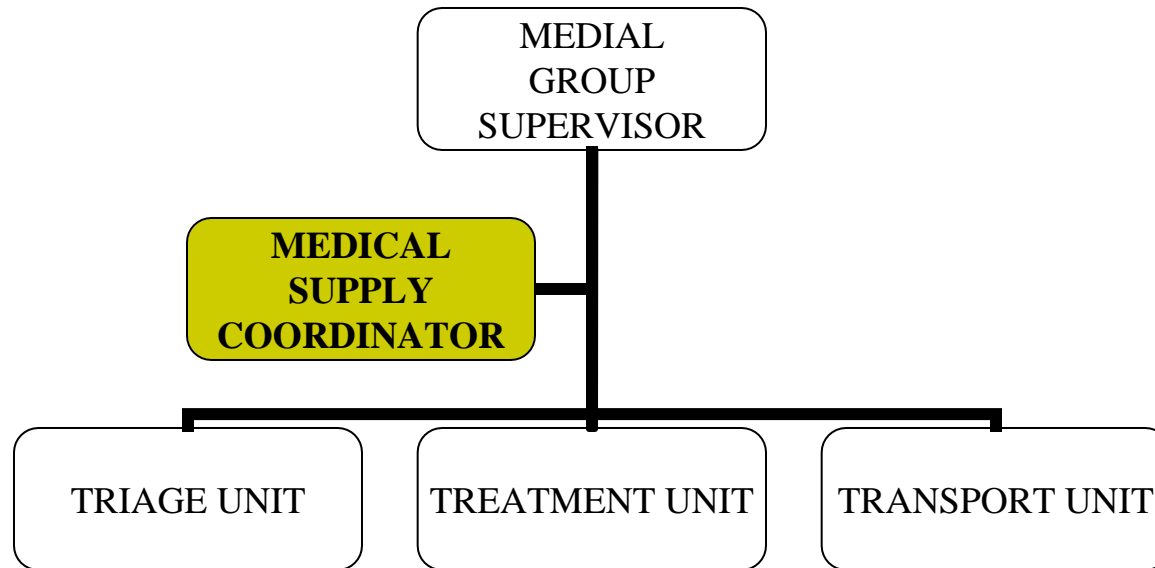
Let's look at the role and responsibilities of the Medical Branch Director.



Medical Branch Director (ICS-MC-222-1)

- ❑ Responsible for the implementation of the Incident Action Plan within the Medical Branch
- ❑ Reports to the Operations Section Chief and supervises the Medical Group(s) and the Patient Transportation function (Unit or Group)
- ❑ Reviews Group Assignments for effectiveness of current operations and modify as needed
- ❑ Provides input to Operations Section Chief for the Incident Action Plan
- ❑ Maintains Unit/Activity Log (ICS Form 214)

MEDICAL SUPPLY COORDINATOR



Next, let's look at the role and responsibilities of the Medical Supply Coordinator.

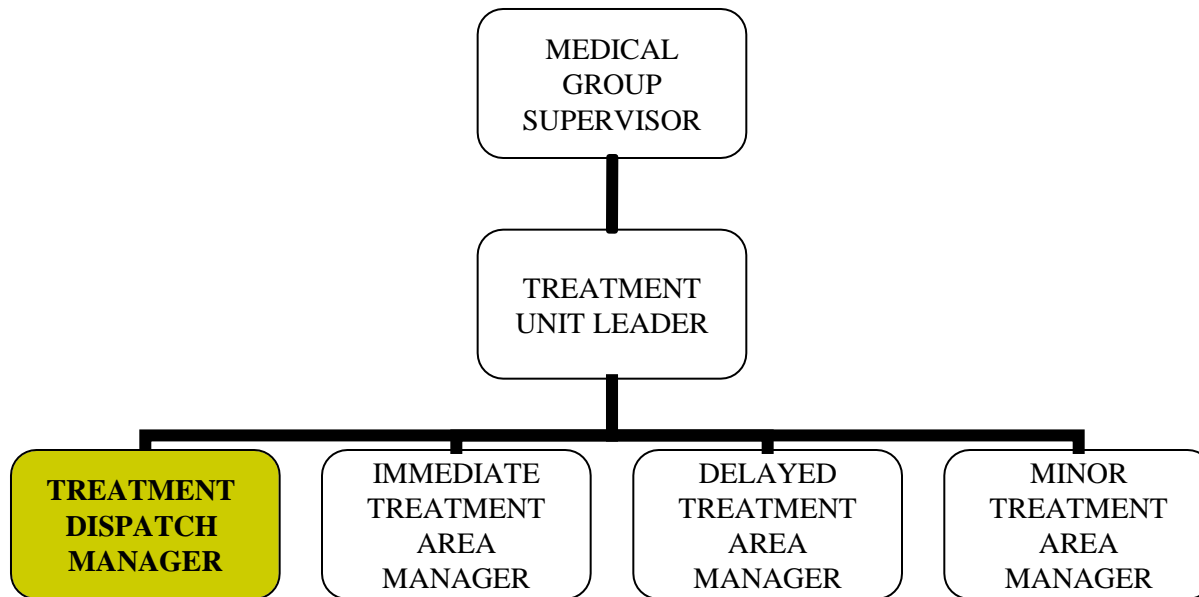
MEDICAL SUPPLY

COORDINATOR (ICS-MC-222-6)-

- Reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group
- Acquires, distributes and maintains status of medical equipment and supplies within the Medical Group*
- Requests additional medical supplies*
- Distributes medical supplies to Treatment and Triage Units
- Maintains Unit/Activity Log (ICS Form 214)

* If the Logistics Section is established, this position would coordinate with the Logistics Section Chief or Supply Unit Leader.

Treatment Dispatch Manager



Now, let's look at the role and responsibilities of the Treatment Dispatch Manager.

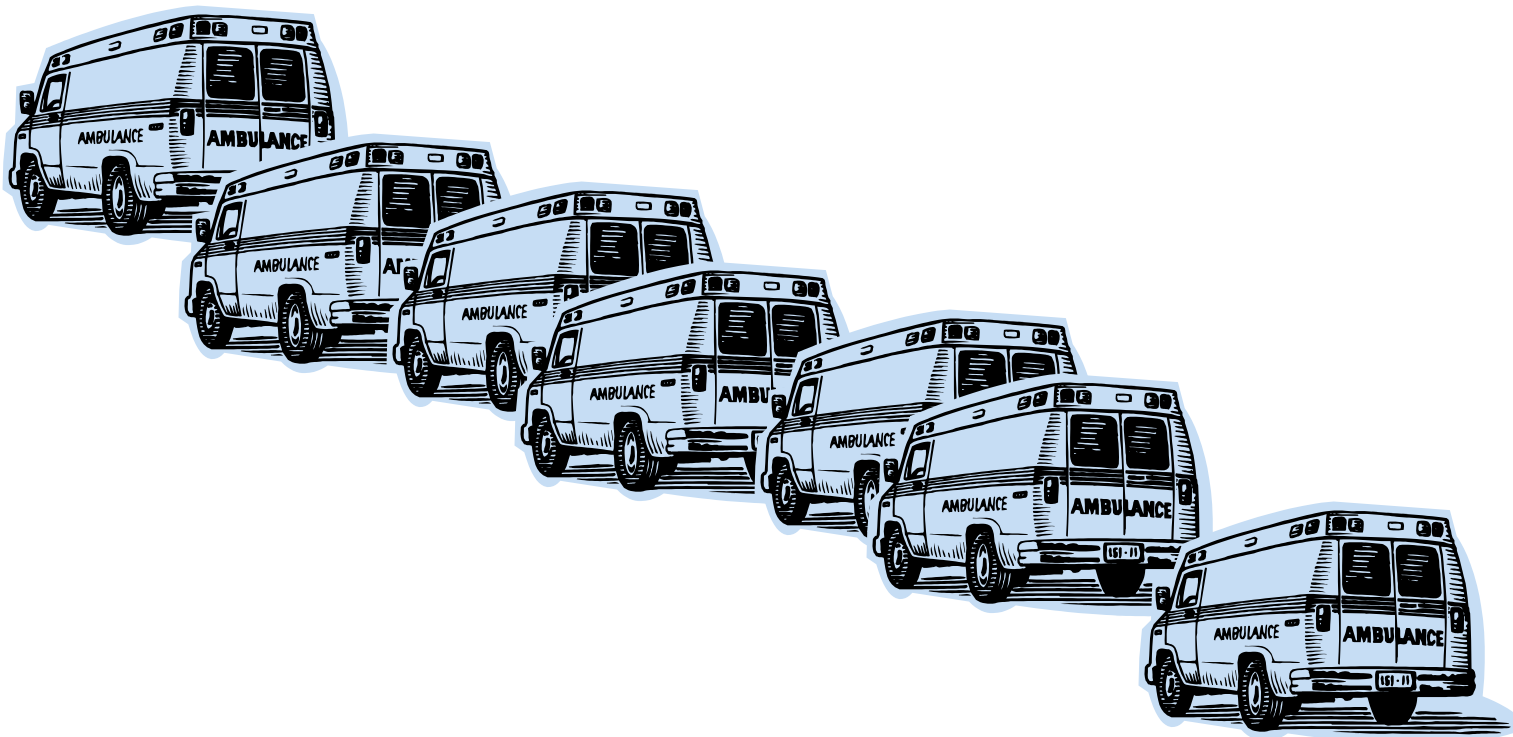
Treatment Dispatch Manager

- ❑ Reports to the Treatment Unit Leader
- ❑ Establishes communications with the Immediate, Delayed, and Minor Treatment Managers
- ❑ Establishes communications with the Patient Transportation Unit Leader
- ❑ Verifies that patients are prioritized for transportation
- ❑ Advises Medical Communications Coordinator of patient readiness and priority for transport
- ❑ Coordinates transportation of patients with Medical Communications Coordinator
- ❑ Assures that appropriate patient tracking information is recorded
- ❑ Coordinates ambulance loading with the Treatment Managers and ambulance personnel

Summary

- ❑ The Medical Group Supervisor may have to coordinate with other groups or units within the ICS organization such as the Extrication Group and Helicopter Coordinator
- ❑ Multiple Medical Groups may be necessary for widespread incidents
- ❑ The Patient Transportation Unit may be upgraded to a Group to more effectively handle the medical transportation needs from multiple Medical Groups

Demobilization



Demobilization Plan

- The Planning Section is responsible for developing the Demobilization Plan

- Factors to consider during Demob include:
 - Priority release of personnel and units
 - Need for resources to be sent to other incidents
 - Feasibility of demobilization schedule
 - Inspection and replacement of equipment and medical supplies
 - Completion of ALL documentation
 - Restoration of area to pre-incident conditions (e.g. Disposing of medical waste)



Demobilization Plan

- Other items to consider during Demob include possible need for:
 - Significant Exposure Reporting
 - Critical Incident Stress Management

Review (Medical Group Supervisor Checklist)

- ENROUTE: Change mindset from patient care to Scene Manager. Think...
 - 1. RESOURCES- (**Equipment, Manpower, Transportation**)
 - 2. SCENE MANAGEMENT (Disaster Pack, Vests, Duty Sheets)
 - 3. DISBURSEMENT (Alert Control Facility)

- ON SCENE:
 - Check in with the IC or Ops Chief:
 - **R** Resources: confirmed resources ordered and ordering process
 - **A** Assignments: get approval to become Medical Group Supervisor
 - **C** Communications: Command/Tactical frequencies or face-to-face
 - **I** Ingress/Egress: Best way in and out - Notify dispatch
 - **N** Name of the Incident
 - **G** Geography: Identify triage, treatment, helispot, staging area

Review (Medical Group Supervisor Checklist)

- ORDER NEEDED RESOURCES/ UPDATE DISPATCH

- UPDATE Disaster Control Facility
 - a. MCI Type (Trauma, Medical, Haz-Mat)
 - b. Location of Incident
 - c. Name of Incident
 - d. Approximate Number of Victims
(exact triage/injury info when available)
 - e. Number and type of transport resources

- ESTABLISH THE MEDICAL BRANCH:
 - -Assign positions, give out vests & duty sheets
 - -Establish method of communications with officers

- ONGOING:
 - Resources, Scene Management, Disbursement, Demob

Amador & Calaveras MCI Triggers

Declaration of an MCI

1. An MCI can ONLY be declared by Pre Hospital Personnel on scene
2. Once MCI is declared, Pre Hospital Personnel shall notify the base hospital and report the number of patients. The base hospital then becomes DCF for the incident.
3. Consider the following:
 - a. Weather condition limitations (i.e., snow/ice slows response, air ambulance can't be utilized)
 - b. The number of patients exceeds the available resources
4. An MCI declaration may be cancelled by the first arriving paramedic on scene
 - a. If the MCI is canceled, the Paramedic must document in detail, his/her reasoning on the Agency's MCI Evaluation Tool form (located on the Resources Page (Disaster Preparedness) at www.mvemsa.org) and submit to the Agency within 24 hours after the incident

All patients shall be tagged with a triage tag when an MCI is declared

Amador & Calaveras MCI to Mass Casualty Transition

Decisions Points for the MCI transitioning into a Mass Casualty Incident

1. Resource request to the MHOAC due to exhaustion of mutual aid ground transport ambulances; or
2. Extended field operations for greater than 6 hours; or
3. Need for establishment of a Field Treatment Site

See MVEMSA Policy# 928.40 “ Amador/Calaveras County MCI Activation” for complete policy information

Mariposa County MCI Triggers

An MCI can ONLY be declared by Pre Hospital Personnel on scene

Consider declaration of an MCI for all incidents involving 3 or more patients, with 2 or more categorized as Delayed or Immediate.

- a. An MCI Declaration may be canceled by the first arriving Paramedic on scene if the incident does not meet Declaration of MCI criteria. The Paramedic must document in detail, his/her reasoning on the Agency's MCI Evaluation Tool and submit to the Agency within 24 hours after the incident.

- b. The MCI Evaluation Tool (located on the Resources page (Disaster Preparedness) at www.mvemsa.org) shall be submitted electronically to MVEMSA within 24-hours of the incident.

Mariposa County MCI Triggers

Upon declaration of an MCI, Dispatch shall notify

- 1) the Supervisor for the ALS ambulance provider and
- 2) The Supervisor for the ALS ambulance provider shall respond if their ETA to scene is less than the second responding ambulance.

Once MCI is declared, Pre Hospital Personnel shall notify the base hospital. The base hospital then becomes DCF for the incident.

Consider the following:

- a) Weather condition limitations (i.e., snow/ice slows response, air ambulance can't be used)
- b) The number of patients exceeds the available resources

Pre Hospital Personnel shall update dispatch when the patient count and triage status have been completed

All patients shall be tagged with a triage tag when an MCI is declared

Mariposa County MCI to Mass Casualty Transition

Decision Points- for an MCI escalating into a Mass Casualty Incident

1. Resource request to the MHOAC due to exhaustion of mutual aid ground transport ambulances; or
2. Extended field operations for greater than 6 hours; or
3. Need for establishment of a Field Treatment Site (FTS)

See MVEMSA Policy# 948.40 “ Mariposa County MCI Activation” for complete policy information

Stanislaus County MCI Triggers

Declaration of an MCI

An MCI can ONLY be declared by pre hospital personnel on scene

Once MCI is declared, pre hospital personnel shall notify the base hospital. The base hospital then becomes DCF for the incident.

Consider the following:

- a. Weather condition limitations (i.e., snow/ice slows response, air ambulance can't be used)
- b) The number of patients exceeds the available resources

Stanislaus County MCI Triggers

An MCI declaration may be canceled by the first arriving paramedic on scene.

- a. If the MCI is canceled, the Paramedic must document in detail, his/her reasoning on the Agency's MCI Evaluation Tool form (located on the Resources Page (Disaster Preparedness) at www.mvemsa.org) and submit to the Agency within 24 hours after incident.

Trigger Points to initiate an MCI:

3 Immediate Patients or

5 Delayed Patients or

10 Minor Patients

Any combination of categories that is equal to or greater than 5 patients.

For example – 2 Immediate patients, 2 Delayed patients, and 1 Minor

All patients shall be tagged with a triage tag when an MCI is declared

Stanislaus County MCI to Mass Casualty Transition

Decision Points- for an MCI escalating into a Mass Casualty Incident

1. 25 or more delayed and/or immediate patients; or
2. Need for more than 1 out of county resource transport resource in the event mutual aid has been exhausted; or
3. Extended field operations for greater than 6 hours; or
4. Need for establishment of a Field Treatment Site (FTS)

See MVEMSA Policy# 958.40 “ Stanislaus County MCI Activation” for complete policy information

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