

# Regional Multi-Casualty Incident and Medical Disaster Plan

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## Table of Contents

	Section	Page
I.	INTRODUCTION	2
II.	DEFINITION OF TERMS	3
III.	AGENCY RESPONSIBILITY	5
IV.	PHASES OF THE MCI PLAN	7
V.	ACTIVATION OF THE DISASTER HEALTH PLAN	9
VI.	OPERATIONAL CONCEPTS	11
VII.	TRIAGE PROTOCOLS AND PROCEDURES	14
VIII.	PATIENT IDENTIFICATION AND TRACKING	15
IX.	HOSPITAL GUIDELINES	16
X.	COORDINATING BASE HOSPITAL GUIDELINES	17
XI.	APPENDICES <ul style="list-style-type: none"> <li>• <b>Appendix A:</b> MCI Kit Recommended Inventory</li> <li>• <b>Appendix B:</b> MCI Medical Branch Position Responsibilities</li> <li>• <b>Appendix C:</b> Medical Branch Worksheet</li> <li>• <b>Appendix D:</b> Patient Tracking Worksheet</li> <li>• <b>Appendix E:</b> Ground Ambulance Resource Staging Log</li> <li>• <b>Appendix F:</b> ICS 214 Activity Log</li> <li>• <b>Appendix G:</b> MCI Details/Feedback Form</li> </ul>	20

<b>I. Introduction</b>	
Purpose	The purpose of this Multi-Casualty Incident (MCI) Plan and the Medical Disaster Plan is to update and standardize multi-jurisdictional MCI procedures using consistent terminology, response organization responsibilities, job titles, communications protocols and review mechanisms.
Intent	The intent of the Plans are to enhance and improve multi-casualty medical emergency response within the North Coast EMS Region.
Objectives	<p>Establish a common organizational management structure for the coordination of emergency response to an MCI.</p> <ul style="list-style-type: none"> <li>• Establish a dynamic emergency medical response capability.</li> <li>• Establish triage, care and transportation methods that will ensure the survival of the greatest number of casualties</li> </ul>
Agency use	This plan is intended for use by all EMS response agencies that respond to any incident involving three or more potentially critical patients.
ICS/SEMS	Incorporates the Incident Command System and the Standardized Emergency Management System.
ICS-MC-420-1	Contains position titles, procedures, checklists, forms and triage tags that have been adapted from the Multi-Casualty System Module (ICS-MC-4201) which was developed by the State FIRESOPE Medical Task Force.
START	Incorporates the triage system known as "Simple Triage and Rapid Treatment" (START).
Notification	Establishes the notification of first responders, hospitals, ambulance services, helicopters and other appropriate agencies by one or more designated dispatch centers.
Ambulance Coverage	Ensures adequate county ambulance zone coverage and a method for obtaining mutual aid ambulances
Plan Definitions	<p>For purposes of this plan, a multi-casualty incident (MCI) is defined as any incident in which there are three or more potentially critical patients or for which the number of patients requires resources above and beyond those normally available. For purposes of this plan, a Medical Disaster is defined as any disastrous event, when the health care system is overwhelmed, and the emergency management system cannot adequately function with the resources available.</p>
Plan Assumptions	<p>This plan assumes that:</p> <ul style="list-style-type: none"> <li>• The Plan is fully integrated with the Medical Annex of County Emergency Operations Plans.</li> <li>• EMS resources have not been decommissioned by the incident.</li> <li>• Direction, control and coordination are maintained at the scene of the incident and at affected hospitals.</li> </ul>

<b>II. Definition of Terms</b>	
Air Ambulance	Any aircraft specially equipped and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients
Air Ambulance Coordinator	The position within the Incident Command System (ICS) that is designated with responsibility to coordinate tactical or logistical air operations. The Air Ambulance Coordinator would typically coordinate with the Incident Commander, EMS aircraft, and the EMS personnel providing patient care. This position will be designated as the ground contact for incoming EMS aircraft.
Command Channel	The frequency designated by the Incident Commander for communication between the Incident Commander and each sector including the Medical Group.
Command Post	A location designated by the Incident Commander from which command functions are directed.
Coordinating Base Hospital (CBH)/Control Facility (CF)	The base hospital (normally the provider's base hospital) which polls receiving hospitals to determine their capacity for receiving patients, and in conjunction with the Medical Communications Coordinator (MCC), determines the optimal patient destination.
Criminal Multi-Casualty Incident	Multi Casualty Incident involving acts of violence.
EMS Dispatch Center	A dispatch center has the capability of communicating with hospitals, police, fire and ambulance providers. All EMS activities are coordinated through the EMS Dispatch Center. The EMS Dispatch Center may be a PSAP, private provider dispatch center or other designated dispatch center. Note: communication with this dispatch center to other involved entities need not necessarily be by radio.
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.
Incident Commander	The individual responsible for the management of all incident operations.
Medical Disaster	Exists in the wake of a disastrous event, when the health care system is overwhelmed, resulting in an exorbitant number of patients that are in need that the emergency management system cannot function with the resources available.
Medical Health Operational Area Coordinator (MHOAC)	A program that helps the County (OA) manage medical and health aspects of an emergency/disaster. The MHOAC Program is authorized by the California Health and Safety Code Section 1797.153 with designated person(s) filling the MHOAC Position. The MHOAC operates in coordination with and follows procedures consistent with the California Public Health and Medical Emergency Operations Manual and the California Mutual Aid Plan. The MHOAC Position represents the 24/7/365 single point of contact for the MHOAC Program and is responsible monitoring, ensuring, and procuring medical and health resources during a local emergency or disaster. The MHOAC is authorized to work with the

	Regional Disaster Medical Health (RDMHC) Program to submit and respond to medical and health requests for resources outside of the Operational Area.
Medical Supply Cache(s)	A prescribed collection of medical equipment, incident management tools, and medical supplies is available for treatment of multiple patients.
Med-Net	The radio system that is designated for use for communication between ambulance units and hospitals and, in some areas, for dispatching ambulance units
Multi-Casualty Incident (MCI)	Any incident in which there are three or more potentially critical patients or for which the number of patients requires resources above and beyond those normally available.
Multi-Patient Incident (MPI)	An incident that agencies from within one geographical area can manage with the use of local mutual or automatic aid partners.
North Coast Emergency Medical Services (NCEMS)	The local EMS Agency operating under a joint powers' agreement with Del Norte, Humboldt, and Lake counties.
Office of Emergency Services (OES)	The primary coordinating agency for planning, training and other preparation for multi-agency responses to earthquakes, floods and other major medical disasters.
Public Information Center	The individual is responsible for providing and/or coordinating the release of information to the media and public from the Public Information Center.
Public Safety Answering Point (PSAP)	Jurisdictional public safety dispatch center where 911 calls are received.
Regional Disaster Medical Health Coordinators and Specialists (RDMHC) Program	Provides regional medical and health system coordination.
Rescue Aircraft	Any aircraft whose usual function is not prehospital emergency patient transport, but which can be utilized for prehospital emergency patient transport when use of an air or ground ambulance is unavailable or delayed.
SEMS	Standardized Emergency Management System, California's system for ordering/supplying resources to emergency situations.
START	Acronym for Simple Triage and Rapid Treatment, a method of triage utilizing evaluation of airway/breathing, circulation and level of consciousness.
Unified Command	In ICS, a Unified Command is a team effort which allows all agencies with responsibility for the incident, either geographically or functional, to manage an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility or accountability.

<b>III. AGENCY RESPONSIBILITIES</b>	
Ambulance Provider	Establishing and maintaining communication with the Coordinating Base Hospital Patient Transportation Patient care management
EMS Dispatch Center	Secondary dispatch of medical resources & personnel Maintenance of normal day-to-day EMS response Ambulance response to incident, zone coverage and ambulance mutual aid
Coordinating Base Hospital (CBH)/Control Facility (CF)	Hospital resource & availability determination Communication with the on scene Medical Communications Coordinator (MCC) Planning for patient distribution with MCC & receiving hospitals Patient identification/location coordination
Coroners' Office	Identification of fatalities Identification, care of, storage, transportation of fatalities Notification of next-of-kin Organ donor coordination
Fire Department	Incident command (provide I.C. or participate in unified command) Triage (START) Emergency medical care Organization and coordination of rescue efforts Hazard control (safety) Disentanglement and extrication Fire suppression Landing zone coordination (aircraft)
Hospitals (Receiving)	Advise CBH of resources/capabilities Provide definitive patient medical care Resource for additional medical supplies at scene Assist the coordinating base hospital with patient identification
Law Enforcement	Incident Command (participate in unified command) Scene protection and security Investigation Traffic control
MHOAC	The MHOAC will monitor, obtain and coordinate OA medical and health resources during an emergency/disaster (see above definition).
NCEMS	Provide appropriate policies and protocols and maintain the MCI Plan to ensure effective MCI response in the region. Ensure that EMS system participants understand and train in their MCI incident roles. Participates in post incident reviews and provides administrative support of the MHOAC program.
RDMHC Program	Responds to MHOAC mutual aid requests and provides support to MHOAC programs.

Public Safety Answering Point (PSAP)	<p>Initial dispatch of medical resources &amp; personnel. Provides medical tactical channel, comment net, air ops (if any), etc. in coordination with the IC as assigned by the PSAP.</p> <p>Ensure early notification of the Control Facility in coordination with the IC and Dispatch Center.</p> <p>Ensure a procedure for ordering resources with the IC.</p> <p>If requested by the IC in Del Norte and Humboldt counties, all air transport resources will be requested through the <i>ECC</i> in Fortuna.</p>
Search and Rescue Teams – Law Enforcement and/or Fire Departments	Specialized equipment and personnel for rescue activities
American Red Cross	<p>At the request of the Incident Commander through the agency dispatch center sends Disaster Action Team (DAT) volunteers to the scene (24 hrs./day)</p> <p>Shelter of the non-injured (motel or mass care) in coordination with Volunteers Active in Disasters (V.O.A.D.)</p> <p>Clothing and food for victims and rescuers in coordination with the Salvation Army</p> <p>Replacement of prescription items lost in incident</p> <p>Handling of concerned family members</p> <p>Assist victims in recovery planning</p>

#### IV. PHASES OF THE MCI PLAN

Overview	<p>The North Coast EMS Region Multi-Casualty Incident (MCI) Plan consists of four phases.</p> <ul style="list-style-type: none"><li>• Initial response</li><li>• Activation of the Plan</li><li>• Deactivation</li><li>• Review of the incident</li></ul>
Initial Response	<ul style="list-style-type: none"><li>• Possible MCI occurs and is reported to jurisdictional PSAP</li><li>• PSAP dispatches first responder(s).</li><li>• PSAP notifies EMS Dispatch of the need for ground ambulances and additional responding resources.</li><li>• EMS dispatcher sends ground ambulances</li></ul>
<b>Activation of the MCI Plan</b>	
First Responder	<p>Establishes IC</p> <ul style="list-style-type: none"><li>• Identifies hazards and ensures scene safety</li><li>• Determines number of patients</li><li>• Notifies PSAP/EMS Dispatch of MCI plan activation</li><li>• Begins triage</li></ul>
PSAP Dispatch	<p>Notifies additional responding units of:</p> <ul style="list-style-type: none"><li>• Incident description including number of patients</li><li>• Incident location and/or staging area and best access routes</li><li>• Incident name &amp; tactical frequency(s), if assigned</li><li>• Unusual circumstances/hazardous conditions.</li></ul> <p>If an MCI is apparent on initial dispatch, the PSAP, when possible, should notify the CBH/CF for the response area.</p>
EMS Dispatch	<ul style="list-style-type: none"><li>• Sends additional ambulances</li><li>• Verifies jurisdictional fire &amp; law response</li><li>• Notifies other ambulance providers as needed.</li><li>• Effects move-up coverage as needed.</li></ul>



First In Ambulance Paramedic	<p>Assumes role of Transportation Group Supervisor (TGS) and Medical Communications Coordinator (MCC)</p> <ul style="list-style-type: none"> <li>• Notifies CBH of MCI including location, description of incident, and number of patients.</li> <li>• Ensures that triage is underway</li> <li>• Maintains communication with the CBH and updates them with the number of patients and triage category</li> <li>• Receives report on hospital resource availability from CBH.</li> <li>• In coordination with the CBH directs patient destination(s)</li> <li>• Leaves the scene only after notifying the IC and CBH and all patients have been transported or the functions of TGS/MCC are transferred to another qualified party.</li> </ul>
Coordinating Base Hospital (CBH) / Control Facility (CF)	<ul style="list-style-type: none"> <li>• Assesses in-house capability and activates internal emergency plans, if appropriate</li> <li>• Polls closest potential receiving hospitals and trauma centers both in &amp; out of county, if necessary.</li> <li>• Advises MCC of receiving facility patient capabilities.</li> <li>• In coordination with the MCC, determine patient destinations.</li> <li>• Contacts receiving facilities with number and type of patients they are to receive and their estimate arrival time.</li> </ul>
Transporting Ambulances	<ul style="list-style-type: none"> <li>• Report to staging or Transportation Group Supervisor (TGS)</li> <li>• Crews stay with their ambulance and assist with loading</li> <li>• Off load supplies that are not needed during patient transport for use in treatment areas if requested</li> <li>• Transport patients to destination as specified by the TGS</li> <li>• Provide patient care during transport</li> <li>• Avoid contacting receiving hospital unless there is a significant change in a patient's condition or directed to provide an updated ETA and brief patient by the CBH or the MCC.</li> </ul>
Deactivation	<p>The Incident Commander terminates the MCI and notifies the PSAP and EMS Dispatch.</p> <p>EMS Dispatch notifies affected providers of termination.</p> <p>The Medical Communications Coordinator notifies base hospital that the incident is terminated.</p>

Activation of the Health Disaster Plan	
Initial Response - First Responders	<p>A focused scene size-up is imperative when a potential disaster incident exists.</p> <p>Responders are required to maintain situational awareness to quickly identify evidence of an underlying disaster event (I.E. a significant number of critically injured or the potential of significant patient volumes due to an ongoing chemical exposure, large fire event or multiple vehicle traffic collision or a Criminal Multi-Casualty Incident.)</p> <p>Notifies IC or PSAP of the presence of a possible medical disaster with a request to notify the county MHOAC.</p>
PSAP/EMS Dispatch	<p>Notifies additional responding units of:</p> <ul style="list-style-type: none"> <li>• Incident description including number of patients.</li> <li>• Incident location and/or staging area and best access routes</li> <li>• Incident name &amp; tactical frequency(s), if assigned</li> <li>• Unusual circumstances/hazardous conditions.</li> </ul> <p>Notifies the Primary Base Hospital/Control Facility of a potential medical Disaster event.</p> <p>If directed by the IC or first responders, make notification to the county MHOAC.</p>
EMS Dispatch	<ul style="list-style-type: none"> <li>• Sends additional ambulances.</li> <li>• Verifies jurisdictional fire &amp; law response.</li> <li>• Notifies ambulance supervisors.</li> </ul>
First In Ambulance Paramedic	<p>Assumes the role of Transportation Group Supervisor (TGS) and Medical Communications Coordinator (MCC).</p> <p>Notifies the IC of the incident meeting the criteria of a medical Disaster.</p> <ul style="list-style-type: none"> <li>• Notifies CBH of Medical Disaster including location, description of incident, and as soon as possible, an estimated number of patients.</li> </ul> <p>Ensure that the county MHOAC has been notified.</p> <ul style="list-style-type: none"> <li>• Ensures that triage is underway.</li> <li>• Maintains communication with the CBH and updates them with the number of patients and triage category</li> <li>• Receives report on hospital resource availability from CBH.</li> <li>• In coordination with the CBH directs patient destination(s)</li> <li>• Leaves the scene only after notifying the IC and CBH when the functions of TGS/MCC are transferred to another qualified party.</li> </ul>
Coordinating Base Hospital (CBH) / Control Facility (CF)	<ul style="list-style-type: none"> <li>• Assesses in-house capability and activates internal emergency plans.</li> <li>• Notifies closest potential receiving hospitals and trauma centers both in &amp; out of county, of a medical Disaster. •</li> <li>• In coordination with the MCC, determine patient destinations.</li> <li>• Contacts receiving facilities with number and type of patients they are to receive and their estimated arrival time.</li> </ul>

	In coordination with the MCC and transporting ambulances, additional updates can be given by the transporting ambulance.
Transporting Ambulances	<ul style="list-style-type: none"> <li>• Report to staging or Transportation Group Supervisor (TGS)</li> <li>• Crews stay with their ambulance and assist with loading</li> <li>• Off load supplies that are not needed during patient transport for use in treatment areas if requested</li> <li>• Transport patients to destination as specified by the TGS</li> <li>• Provide patient care during transport</li> <li>• Avoid contacting receiving hospital unless there is a significant change in a patient's condition or directed to provide an updated ETA and brief patient by the CBH or the MCC.</li> </ul>
Transporting Air Resources	<p>Respond only when requested by the appropriate dispatch agency.</p> <p>If law enforcement aircraft, ensure that the primary dispatch for each county is aware that this resource is in the incident air space.</p> <p>Staging or scene response will be determined by the IC and TCC.</p> <p>Patient transport destinations will be determined by the flight and TCC on scene.</p>

<b>V. Operational Concepts</b>	
Introduction	The Operational Concepts section of this Plan covers incident authority, Incident Command System utilization, medical operations, and communications.
Organization and Command	MCI shall be managed by using the Incident Command System
Jurisdictional Authority	Ultimately the incident authority will lie with the agency or jurisdiction that has investigative responsibility. Until that agency is present and has assumed the role of incident command, it is the responsibility of those agencies on scene to take command and mitigate the incident.
Unified Command	When the incident is multi-jurisdictional or when the scope of the functional areas of responsibility exceeds that of a single agency, a unified command structure or a mutually agreed upon command structure may be used. The command structure must adequately reflect the policy and needs of all the participating agencies and shall be established in accordance with ICS concepts.
Incident Commander	The individual serving as the Incident Commander will generally be the highest-ranking officer from either the Law Enforcement or Fire Department having jurisdictional authority. The type of incident will often direct the choice of what agency will provide the incident commander
Agency Liaison	When the MCI Plan has been implemented to assist an industrial, commercial, educational or government facility or other large entity, a representative from that entity shall function as agency liaison at the Command Post.
Incident Expandability	The degree and level of implementation of the ICS-MCI module will be determined by the Incident Commander based on the scope of the incident and the availability of staff.
Establish Command	The first arriving unit of any agency having jurisdictional or functional authority shall establish the Incident Command by designating the Incident Commander (IC) until the role can be relinquished to a more appropriate individual.
Medical operations	ALS and BLS providers have responsibility & authority for individual patient management under the authority of the Health & Safety Code, (section 2.5, chapter 5, section 1798.6).
Medical Triage	All MCI victims shall be initially evaluated using the START method of medical triage. (See Triage Protocols and Procedures) Primary triage needs to be completed as soon as possible so that a more reliable number of total patients and their status categories will be available.
Treatment Areas	Once primary triage is completed, patients may be moved by Triage Teams to safe, secure and easily accessible treatment areas for secondary triage, treatment and transport. Treatment areas will only be established if the number of patients ready for transport exceeds available transport resources.

Separate Treatment Areas	If treatment areas are needed, it is important for the Medical Group Supervisor to establish separate treatment areas. Isolate the Minor Treatment Area from the Immediate and Delayed Treatment Areas and isolate the Morgue into a secure area. Colored tarps, flags or other identifiers should be used to clearly delineate treatment areas.
Treatment Area Managers	Treatment Area Managers must be assigned by the Medical Group Supervisor as soon as treatment areas are established to ensure that secondary and ongoing triage is begun in a timely manner. When available, ALS first responder personnel should be assigned to these positions. All treatment rendered should be recorded on the triage tag.
Immediate Category (Red)	“Immediate” patients (Red tag or red flagging) will be moved as quickly as possible with minimal stabilization to designated areas for secondary triage, further stabilization and preparation for transport.
Delayed Category (Yellow)	“Delayed” patients (yellow tag or yellow flagging) will be moved to the Delayed Treatment Area for secondary triage, treatment and preparation for transport. The move should take place after Immediate (Red) and Minor (Green) have been relocated.
Minor Category (Green)	“Minor” patients (ambulatory, green tag or flagging) will be moved as quickly as possible to the Minor Treatment Area for secondary triage, treatment and relocation from the scene. Note: In some instances, "minor" patients may remain to move (with) seriously injured patients as care givers, e.g. mother & child.
Deceased Category (Black)	Deceased patients (black tag) will not be moved unless: <ul style="list-style-type: none"> <li>• The Morgue Manager so directs</li> <li>• It is necessary to facilitate rescue work</li> <li>• It is necessary to protect the health &amp; safety of others</li> <li>• All other casualties have received care</li> </ul>
Medical Direction/Control	Paramedics are to function under standing orders. Paramedics responding from outside the region will function under protocols from their home areas.

Communications – On Scene	<p>Communication between disciplines is critical to the success of the management of an MCI.</p> <p>The primary PSAP of the incident or the Incident Commander will designate a command channel and Tac channels for on-scene communications. All ambulance and first responder agencies should have radio capabilities to use multiple channels for communications with other agencies.</p> <p>Unless otherwise specified by the IC, communication within groups should be on the frequencies normally utilized by them.</p>
Communications – Scene to Hospital	<p>The Medical Communications Coordinator must maintain communications with the Coordinating Base Hospital. This communication may take place via cellular phone or via the Med Net radio.</p>
Medical Supplies	<p>Medical supplies will be managed by the Medical Group Supervisor.</p> <p>Medical supplies may be augmented by the hospitals if available, using ambulances to transport supplies on their return to the incident.</p> <p>Medical Supply Caches should be requested immediately upon recognition of a major MCI due to the transportation time involved in getting them to the scene.</p>
Reinforced Organizational Principles	<p>As additional resources arrive, additional components of the MCI Plan may be put in place. Priorities vary based on the situation unique to each incident.</p> <p>The following principles should be used as guidelines.</p> <ul style="list-style-type: none"> <li>• Ensure that hazards are identified and mitigated.</li> <li>• Complete initial "START" (primary) triage with BLS trained personnel.</li> <li>• The Medical Group Supervisor may function as the Medical Communications Coordinator on incidents involving limited casualties.</li> <li>• Utilize ALS trained personnel to staff the Treatment Unit, giving priority to "Immediate" patients. Recognize that Paramedics are critical resources and should primarily function as ALS providers, not supervisors.</li> <li>• Prioritize extrication needs and sequences and assign Extrication Teams appropriately.</li> <li>• Utilize personnel with supervisory experience to staff supervisory positions within the overall organization.</li> <li>• Maintain a reasonable span of control and create supervisory positions as needed.</li> <li>• When assignment is complete, check with your supervisor for new assignment.</li> </ul>

<b>VI. TRIAGE PROTOCOLS AND PROCEDURES</b>	
Introduction	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.
Assumption	During a multi-casualty incident, injured will outnumber rescuers and emergency medical treatment must be prioritized.
General Principles	<p>North Coast EMS Region MCI Plan Triage Protocols &amp; Procedures are based upon the following principles:</p> <ul style="list-style-type: none"> <li>• Primary triage, utilizing the START system, will be done by first-in responders</li> <li>• Primary triage takes priority over emergency treatment</li> <li>• Patients are sorted according to the seriousness of their injuries and identified with Triage tags or flagging to establish priority of treatment and transportation.</li> <li>• Personnel will perform a basic triage examination, categorize the patient and attach the appropriate colored Triage tag or attach flagging in 60 seconds or less</li> <li>• All victims must be triaged and tagged with either a Triage Tag or flagging. It is time consuming and potentially fatal to triage without tagging victims</li> <li>• Emergency care administered by triage teams is focused on opening airways and controlling severe hemorrhage.</li> <li>• Patients that are immediately loaded for transport will have a Triage Tag placed prior to leaving the scene.</li> </ul> <p>Personnel assigned to treatment areas will perform a secondary exam (secondary triage) and complete the triage tag or apply one prior to patient transport. .</p>
Triage Categories	<p>Casualties will be examined and tagged according to the seriousness of injury based on four categories:</p> <ul style="list-style-type: none"> <li>• Non-salvageable or dead = Black Tag</li> <li>• Immediate (Major Injury) = Red Tag</li> <li>• Delayed (Moderate Injury) = Yellow Tag</li> <li>• Minor (Walking Wounded) = Green Tag</li> </ul>
Category Definitions	<p>Category definitions are as follows:</p> <ul style="list-style-type: none"> <li>• Non-salvageable or dead: No ventilation present after airway is opened.</li> <li>• Immediate: Ventilation present after positioning airway or respirations over 30 per minute or less than 10 per minute or capillary refill greater than 2 seconds or no radial pulse or cannot follow simple commands.</li> <li>• Delayed: Any patient not in Immediate or Minor categories. These patients are generally non-ambulatory.</li> <li>• Minor: Any patient requiring attention who "passes" the triage screening and can walk.</li> </ul>

Initial Triage	Ambulatory patients may be separated from the general group at the start of triage by stating "Anyone who can walk." followed by an area assignment which the patients will walk to. These patients are to be flagged green (Minor).
Exam In Place	Non-ambulatory patients are to be triaged where they lie, unless they are in an unsafe area which requires patient's removal.
Care Givers	Minor casualties (Green Tag patients) may be used to stay with casualties needing critical care treatment, (e.g. mother & child).
Category Change	Triage categories may be changed by treatment teams based on results of a second examination. If the triage priority of the patient improves, remove the entire bottom portion of the tag, leaving the injury information and add a new tag identifying the new triage priority and the reason(s) for the upgrade.

## **VII. PATIENT IDENTIFICATION AND TRACKING PROCEDURES**

Introduction	The objectives of patient identification and tracking procedures are to systematically identify patients at an MCI and to document their movement from the incident location to receiving hospital.
Transport Procedure	<p>The Medical Communications Coordinator or designee will record the following for each patient transported from the MCI on the Patient Triage and Destination Log:</p> <ul style="list-style-type: none"> <li>• Triage Tag # (include category, sex, age and chief complaint)</li> <li>• Transporting ambulance identifier</li> <li>• Hospital destination</li> <li>• Departure time from scene</li> <li>• Triage category (Immediate, Delayed, Minor)</li> <li>• Name of patient if available</li> </ul>
After Transport	After all patients have been removed from the scene, the Medical Group Supervisor will forward the Patient Triage and Destination Log to the Coordinating Base Hospital which in turn will convey the information to affected receiving facilities.



<b>VIII. MCI HOSPITAL GUIDELINES</b>	
Introduction	The functions of Base and Receiving Hospitals are affected by Multi-Casualty Incidents. The following guidelines have been devised to assist base and receiving hospitals to bolster their respective preparedness and response capability when an MCI occurs.
Prior to MCI	Both Coordinating Base Hospitals and all receiving hospitals are expected to maintain their personnel's awareness of their roles in the North Coast EMS Region's MCI Plan as well as the interface with internal hospital disaster plans.
MCI Plan Activation	Upon receipt of an MCI Plan activation notice from the first-in ambulance or ALS first responder, the coordinating Base Hospital (base hospital in whose jurisdiction the potential MCI has occurred) will need to do the following:
MCI Plan Activation-Base Hospital	<p>After receiving notification from either the EMS dispatcher or on scene responder, the coordinating Base Hospital needs to:</p> <ul style="list-style-type: none"> <li>• Establish contact with potential receiving hospitals</li> <li>• Collect information regarding receiving hospitals' capability to treat patients of various triage categories and resources needed, if any.</li> <li>• Maintain contact with Medical Communications Coordinator at incident scene to provide hospital availability information and specialty care receiving capability and to assist with patient destination determination.</li> <li>• Maintain a log of number of casualties, including their disposition and destination.</li> </ul>
MCI Plan Activation Receiving Hospitals	<p>Upon Plan activation, receiving hospitals will provide the following information when contacted by the Coordinating Base Hospital:</p> <ul style="list-style-type: none"> <li>• Supply shortages that affect treatment capability.</li> <li>• Personnel shortages that affect treatment capability.</li> <li>• Changes in ability to receive and care for emergency cases</li> <li>• Changes in ability to receive severely injured patients</li> <li>• Any problems that may or may not be related to medical and health</li> </ul> <p>Receiving hospitals will maintain a log of patients received and their disposition. Be prepared to advise the Coordinating Base Hospital of same if contacted.</p>

## **IX. COORDINATING BASE HOSPITAL MCI GUIDE**

MCI Plan Activation	First arriving paramedic will initiate MCI Plan activation by contacting the CBH either on the radio or cellular phone. Once the Incident Command System (ICS) is established at the scene, your contact person from the scene will be the Medical Communications Coordinator (MCC) (“Medical Communications” will be his/her radio call sign). MCI related communications must be brief and concise.
Base Hospital Interaction	The coordinating base hospital MCI interaction will be a three-step process as follows:
Step 1	<p>Initial MCI Plan activation notification will be given to you by the first arriving paramedic, once the incident is confirmed as a genuine MCI. The CBH may receive a “pre-alert” from the PSAP prior to any agency arriving on scene to alert the CBH of a possible MCI.</p> <p>You will be advised of the following:</p> <ul style="list-style-type: none"><li>• Intention to activate MCI Plan.</li><li>• The location of the incident (community and/or area of the county.</li><li>• Type of incident (trauma, medical, exposure etc.)</li><li>• Initial count of the total number of patients.</li><li>• Initial count of Immediate (critical) patients.</li></ul> <p>Estimated time for second call back by Medical Communications to you.</p> <p>The paramedic expects you to poll the local hospitals to find out bed availability or reasons why these facilities may not be able to accept patients (e.g., scanner down) Note: You do not have to poll hospitals past the point of having enough capacity to handle the number of patients tallied at the scene, e.g. 5 patients, 3 facilities polled and between them they can accept the 5 patients.</p>

Step 2	<p>The Medical Communications Coordinator (MCC) will re-contact you for the availability and transport plan report, (the results of your roll call to the appropriate area hospitals). The MCC will discuss any concerns, transport priorities and a general overview of the transport plan.</p> <p>As each transport vehicle is loaded, the MCC will inform you:</p> <ul style="list-style-type: none"> <li>• How many patients are on that vehicle</li> <li>• Patient triage categories</li> <li>• The destination hospital</li> <li>• Estimated transport time</li> <li>• Transporting unit</li> </ul> <p>Upon receiving this information, you must re-contact the receiving facility and give them this information.</p>
Step 3	<p>The Medical Communications Coordinator will advise you when all patients have been transported and the incident is terminated. If more than two receiving facilities are being utilized, a Patient Triage and Destination Log will be completed at the scene by the field paramedic (Medical Communications Coordinator or Transportation Group Supervisor) and given or faxed to you at the Base Hospital. Be sure to give the Medical Communications Coordinator your name and the name of the base hospital physician.</p> <p>Following notification by the MCC that the incident is terminated, notify all receiving hospitals, and any facility that was polled for their resource availability but received no patients.</p>
Post Incident	<p>Audit all pre-hospital care reports and the scene overview report for quality assurance purposes. Participate in post incident review.</p>
Review of the Incident	<p>An MCI review is a scheduled meeting called to evaluate the actions, accomplishments, and difficulties encountered by the MCI participants. It should be held for any MCI that involves multiple agencies.</p> <ul style="list-style-type: none"> <li>• The review is normally organized by the IC agency, but it may also be conducted by the Coordinating Base Hospital or by NCEMS.</li> <li>• The IC should consult with the Prehospital Nurse Coordinator (PCNC) at the base hospital to determine the need for an MCI review after each declared MCI.</li> <li>• The review should be held within 5 days of the incident</li> <li>• If a Critical Incident Stress Debriefing is being conducted, it should occur before the review</li> <li>• The MCI Critique Sheet incorporated in this plan should be utilized for the review</li> <li>• Findings of the review should be sent to all participants</li> <li>• Individual department/company policies as well as the MCI Plan should be evaluated and amended as appropriate to reflect recommendations made after the MCI review.</li> </ul>

	Recommendations for changes to the MCI Plan should be sent to NCEMS.

<b>X. Appendices</b>	<ul style="list-style-type: none"> <li>• <b>Appendix A:</b> MCI Kit Recommended Inventory</li> <li>• <b>Appendix B:</b> MCI Medical Branch Position Responsibilities</li> <li>• <b>Appendix C:</b> Medical Branch Worksheet</li> <li>• <b>Appendix D:</b> Patient Tracking Worksheet</li> <li>• <b>Appendix E:</b> Ground Ambulance Resource Staging Log</li> <li>• <b>Appendix F:</b> ICS 214 Activity Log</li> <li>• <b>Appendix G:</b> MCI Details/Feedback Form</li> </ul>
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## Appendix A

### MCI Kit Recommended Inventory

The following list is a recommended inventory of MCI equipment/supplies to be carried on each first response vehicle. Equipment should be kept in a readily accessible location within the vehicle, preferably accessible from the cab.

<b>MCI Equipment/Supplies</b>	<b>Quantity</b>
Folio or gear bag for MCI Kit contents	1 each
MCI position vests for Triage Unit Leader & Medical Group Supervisor	1 each
MCI Medical Branch Position responsibilities (Appendix B) references for the following: <ul style="list-style-type: none"> <li>• Medical Branch Director</li> <li>• Medical Group Supervisor</li> <li>• Triage Unit Leader</li> <li>• Treatment Unit Leader</li> <li>• Treatment Area Manager</li> <li>• Patient Loading Coordinator</li> <li>• Patient Transportation Unit Leader</li> <li>• Medical Communications Coordinator</li> <li>• Ground Ambulance Coordinator</li> <li>• Air Ambulance Coordinator</li> </ul>	1 each
DMS All Risk START Triage Tags	10 each
Grease pencils & ball point pens	2 each
Trauma shears	1 each
Clipboard (consider small dry erase clipboard with markers)	1 each
Barrier tape	1 roll
Glow sticks	2 each
CF Communications Plan/Reference/Map	1 each
Forms: <ul style="list-style-type: none"> <li>• MCI Medical Branch Worksheet (Appendix C)</li> <li>• Patient Tracking Worksheet (Appendix D)</li> <li>• Ground Ambulance Resource Staging Log (Appendix E)</li> <li>• ICS 214 Activity Log (Appendix F)</li> </ul>	2 each

## Appendix B

### MCI Medical Branch

#### Position Responsibilities

MEDICAL BRANCH DIRECTOR	MEDICAL GROUP SUPERVISOR
<ul style="list-style-type: none"> <li>• Review Group Assignments for effectiveness of current operations and modify as needed</li> <li>• Provide input to Operations Section Chief for the Incident Action Plan</li> <li>• Supervise Branch activities and confer with Safety Officer to assure safety of all personnel using effective risk analysis and management techniques</li> <li>• Report to Operations Section Chief on Branch activities</li> <li>• Maintain ICS 214 Activity Log</li> </ul>	<ul style="list-style-type: none"> <li>• <b>R-A-C-I-N-G:</b> <ul style="list-style-type: none"> <li>○ <b>R</b>esources (assess resource needs) <ul style="list-style-type: none"> <li>▪ Equipment and supplies</li> <li>▪ Manpower: ALS, BLS, litter bearers</li> <li>▪ Transportation: ambulances, buses, vans</li> </ul> </li> <li>○ <b>A</b>ssignments: <ul style="list-style-type: none"> <li>▪ Establish the Medical Group and assign personnel</li> <li>▪ Direct/supervise Medical Group personnel</li> </ul> </li> <li>○ <b>C</b>ommunications <ul style="list-style-type: none"> <li>▪ Ensure early notification of the applicable Control Facility (CF)</li> <li>▪ Participate in Medical Branch/Operations Section planning activities</li> </ul> </li> <li>○ <b>I</b>ngress/Egress <ul style="list-style-type: none"> <li>▪ Report staging location and transport routes to dispatch</li> </ul> </li> <li>○ <b>N</b>ame <ul style="list-style-type: none"> <li>▪ Confer with IC/Operations Section Chief to determine incident name, relay to dispatch &amp; Control Facility (CF)</li> </ul> </li> <li>○ <b>G</b>eography <ul style="list-style-type: none"> <li>▪ Designate treatment area locations</li> <li>▪ Isolate MORGUE and MINOR treatment areas from IMMEDIATE/DELAYED treatment areas</li> <li>▪ Request adequate security, traffic control and access for the Medical Group work areas</li> </ul> </li> </ul> </li> <li>• Maintain ICS 214 Activity Log</li> </ul>

## Appendix B

## MCI Medical Branch Position Responsibilities

TREATMENT AREA MANAGER	PATIENT LOADING COORDINATOR
<ul style="list-style-type: none"> <li>• Assign treatment personnel to patients received in the treatment area</li> <li>• Provide assessment of patients and re-asses/ re-locate as necessary</li> <li>• Ensure appropriate level of treatment is provided to patients</li> <li>• Ensure that patients are prioritized for transportation</li> <li>• Coordinate transportation of patients with Patient Loading Coordinator</li> <li>• Notify Patient Loading Coordinator of patient readiness and priority for transportation</li> <li>• Ensure that appropriate patient information is recorded</li> <li>• Maintain ICS 214 Activity Log</li> </ul>	<ul style="list-style-type: none"> <li>• Establish/maintain communications with the IMMEDIATE, DELAYED and MINOR Treatment Managers</li> <li>• Establish/maintain communications with the Patient Transportation Unit Leader</li> <li>• Verify that patients are prioritized for transportation</li> <li>• Advise Medical Communications Coordinator of patient readiness and priority for transport</li> <li>• Coordinate transportation of patients with Medical Communications Coordinator</li> <li>• Ensure that appropriate patient tracking information is recorded</li> <li>• Coordinate ambulance loading with the Treatment Managers and ambulance personnel</li> <li>• Maintain ICS 214 Activity Log</li> </ul>



## Appendix B

### MCI Medical Branch

### Position Responsibilities

PATIENT TRANSPORTATION UNIT LEADER	MEDICAL COMMS. COORDINATOR
<ul style="list-style-type: none"> <li>• Establish/maintain communications with the Control Facility (CF)</li> <li>• Designate Ambulance Staging Area(s)</li> <li>• Direct patient destinations as determined by the Medical Communications Coordinator, in coordination with the Control Facility (CF)</li> <li>• Ensure that patient information and destinations are adequately recorded</li> <li>• Establish/maintain communications with the Ground Ambulance Coordinator, the Air Ambulance Coordinator (if established), and the Helispot Manager</li> <li>• Request additional medical transportation resources (air/ground) as required</li> <li>• Notify the Ground Ambulance Coordinator and the Air Ambulance Coordinator of ambulance requests</li> <li>• Coordinate the establishment of the Helispot(s) with the Medical Group Supervisor, the Air Ambulance Coordinator, and the Helispot Manager</li> <li>• Maintain ICS 214 Activity Log</li> </ul>	<ul style="list-style-type: none"> <li>• Establish/maintain communications with the Control Facility (CF), in coordination with the Patient Transportation Unit Leader – provide pertinent information and periodic updates</li> <li>• Determine/maintain current status of receiving facility availability and capacity</li> <li>• Receive basic patient information and condition from Treatment Area Managers and/or Patient Loading Coordinator</li> <li>• Coordinate patient destination with the Control Facility (CF)</li> <li>• Communicate patient ground transportation needs to the Ground Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator</li> <li>• Communicate patient air transportation needs to the Air Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator</li> <li>• Maintain ICS 214 Activity Log</li> </ul>

## Appendix B

### MCI Medical Branch

### Position Responsibilities

GROUND AMBULANCE COORDINATOR	AIR AMBULANCE COORDINATOR
<ul style="list-style-type: none"> <li>• Establish an appropriate staging area for ambulances</li> <li>• Establish routes of travel for ambulances for incident operations</li> <li>• Establish/maintain communications with Air Ambulance Coordinator and the landing zone. Manager regarding air transportation assignments</li> <li>• Establish/maintain communications the Medical Communications Coordinator and Patient Loading Coordinator</li> <li>• Provide ambulances upon request from the Medical Communications Coordinator</li> <li>• Ensure that necessary equipment is available in the ambulance for patient needs during transportation</li> <li>• Establish/maintain contact with ambulance providers on scene</li> <li>• Request additional ground transportation resources as appropriate</li> <li>• Consider the use of alternate transportation resources (buses, vans, etc.)</li> <li>• Provide an inventory of medical supplies available at Ambulance Staging Area for use at the scene</li> <li>• Maintain ICS 214 Activity Log</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate air ambulance staging and patient loading procedures at the landing zone with the Landing Zone Manager</li> <li>• Establish/maintain communications with the Medical Communications Coordinator and Patient Transportation Unit Leader to determine receiving hospital destinations</li> <li>• Confirm the type of air resources and patient capacities with the landing zone Manager, and provide information to the Medical Communication Coordinator and Patient Transportation Unit Leader</li> <li>• Confirm the patient destination with the air ambulance crew, and relay any diversions to the Medical Communication Coordinator and Patient Transportation Unit Leader</li> <li>• Monitor patient care and status at the landing zone when patients are waiting for air transportation</li> <li>• Maintain ICS 214 Activity Log</li> </ul>

## Appendix C

### Medical Branch Organization Chart Notes

#### MCI MEDICAL BRANCH ORGANIZATIONAL CHART NOTES

- Positions are assigned based on incident size and personnel qualifications.
- The Medical Branch Director is typically only assigned on larger incidents.
- Smaller incidents may only utilize a Medical Group Supervisor and Triage Unit Leader, who are also responsible for Treatment Unit and Patient Transportation Unit duties.

#### MCI MEDICAL BRANCH PRIMARY TASK CHECKLIST

Task	Completed
1. Ensure Control Facility (CF) MCI notification (including pre-alert if applicable)	
2. Check in with the Incident Commander (IC) and establish Medical Command	
3. Establish appropriate roles/functions (Triage, Treatment, Transportation)	
4. Utilize appropriate MCI vests for identification	
5. Order additional transport/medical resources through the IC	
6. Ensure that triage tags are applied to all patients prior to transport	
7. Maintain adequate CF communications to ensure appropriate patient distribution	
8. Utilize the patient tracking worksheet to adequately track all patients	
Notes	

Incident Name/Location			Incident Date	Form Completed By			Contact Telephone #		
Triage Status	Triage Tag # (Last 4)	Age	Primary Injury Type	Ready For Trans.	Hospital Destination	Trans. Unit ID	Trans. Time	ETA	CF Advised
	Patient Name (First & Last)	Gender							
IDM									
		M F							
IDM									
		M F							
IDM									
		M F							
IDM									
		M F							
IDM									
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## Resource Staging Log

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## Appendix F: ACTIVITY LOG (ICS 214)

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## ACTIVITY LOG (ICS 214)

[illegible]

## ICS 214

### Activity Log

**Purpose.** The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

**Preparation.** An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

**Distribution.** Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

#### Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Name</b>	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	<b>ICS Position</b>	Enter the name and ICS position of the individual in charge of the Unit.
5	<b>Home Agency</b> (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	<b>Resources Assigned</b>	Enter the following information for resources assigned:
	<ul style="list-style-type: none"><li>• Name</li></ul>	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	<ul style="list-style-type: none"><li>• ICS Position</li></ul>	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	<ul style="list-style-type: none"><li>• Home Agency (and Unit)</li></ul>	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	<b>Activity Log</b> <ul style="list-style-type: none"><li>• Date/Time</li><li>• Notable Activities</li></ul>	<ul style="list-style-type: none"><li>• Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day.</li><li>• Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc.</li><li>• This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.</li></ul>
8	<b>Prepared by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).



## Appendix G

### MCI Details and Feedback Form

REPORTING ENTITY			
Reporting Agency:		Reporting Person:	
Telephone:		Email Address:	
INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR AGENCY'S ROLE)			
Incident Date:		Incident Name:	
Incident Location:			
Dispatch Time:	On Scene Time:	Incident End Time:	
First Responder Agencies Utilized:			
Ground Transport Agencies Utilized:			
Air Transport Agencies Utilized:			
Other Type Of Transport Resources Utilized:			
Incident Commander:		Medical Group Supervisor:	
Triage Unit Leader:		Treatment Unit Leader:	
Pt. Trans. Unit Leader:		Were MCI ID Vests Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were Triage Tags Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were Pt. Tracking Sheets Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number & Type Of Patients			
IMMEDIATE:	DELAYED:	MINOR:	DECEASED:
Total # Of Adult Patients:		Total # Of Pediatric Patients:	
# Of Patients Transported:		# Of Patients Refusing Transport:	
Control Facility (CF) Information			
CF Name:		Initial CF Contact Time:	
CF Issues/Comments:			

[illegible]

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