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Executive Director

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Medical Director

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STANISLAUS COUNTY MCI ACTIVATION

I. AUTHORITY

Division 2.5, Health and Safety Code, Section 1797.204, 1797.218 and 1797.220

II. DEFINITIONS

- A. “Casualty” – means a sick, wounded or injured person whose medical condition resulted from involvement in a single geographically focused event.
- B. “Delayed” - Second priority in patient treatment. These patients require rapid aid. Injuries are less severe than immediate victims.
- C. “Disaster Control Facility (DCF)” means the facility designated by the EMS Agency to monitor capacity and capability and to assume primary responsibility for directing patient destinations by ambulance during a Multiple Casualty Incident or EMS/Hospital System Saturation.
- D. “EMResource” - Formerly known as EMSsystems, the web-based program used to provide local government and healthcare professionals a method to receive real time information on the current status of the emergency medical and health system resources.
- E. “Field Treatment Site (FTS)”- means a designated treatment area established to hold and treat patients at or near the incident location until they can be transported to the appropriate medical facility, either within or outside the Operational Area (OA). The FTS can be pre-designated or on-scene locations.
- F. “Immediate” - A patient who requires rapid assessment and medical intervention for survival.
- G. “Mass Casualty Incident”- means a single geographically focused event, which produces casualties of a number and severity that exceeds the combination of operational area and mutual aid ambulance transport resources available to respond to the incident.
- H. “MHOAC” – Medical Health Operational Area Coordinator (Coordination Program)
- J. “Minor” - These patients’ injuries require simple basic first-aid, and are ambulatory.
- K. “Multi-Casualty Incident (MCI)” means any incident where the number of patients exceeds the day-to-day operating capabilities; requiring additional resources and/or distribution of patients to multiple hospitals.
- L. “Mutual Aid” – A statewide system designed to ensure that adequate resources, facilities, and other support are provided to jurisdictions whenever their own resources prove to be inadequate to cope with a given situation.

- M. "Patient" means any individual encountered by Pre Hospital Personnel who demonstrates any of the following:
 - 1. Suspected illness or injury
 - 2. Involved in an event with significant mechanism that could cause illness or injury
 - 3. Requests care or evaluation
 - 4. An altered level of consciousness
- N. "Pre Hospital Personnel" – Means any responding personnel with Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT) and/or Paramedic level certification and/or licensure.
- O. "Triage Tag" - A tag used by triage personnel to identify and document the patient's medical condition.

III. PURPOSE

The purpose of this policy is to provide Pre Hospital Personnel with additional direction in the event of an MCI. This policy is intended to supplement Stanislaus County EMS Agency Policy 810.00 – MCI Plan.

IV. POLICY

This Policy defines trigger points that activate an MCI in Stanislaus County.

V. PROCEDURE

A. MCI Pre-Alert

- 1. Pre Hospital Personnel pre-alerts DCF of the potential multi-casualty incident.
- 2. The following information should be disseminated to DCF:
 - a. Location of incident
 - b. Source of event (ie., vehicle accident, fire, hazardous exposure)
 - c. Possible number of patients
- 3. The DCF will create an MCI Alert in EMResource, adding the term "Pre-Alert" to the title of the event.

B. 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 DCF.
- 3. Consider the following:

- a. Weather condition limitations (i.e., fog slows response, air ambulance can't be used)
 - b. The number of patients exceeds the available resources
 4. 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.stanems.com)) and submit to the Agency within 24 hours after incident.
- C. Decision Points to initiate an MCI
1. 3 Immediate Patients; or
 2. 5 Delayed Patients; or
 3. 10 Minor Patients; or
 4. Any combination of categories that is equal to or greater than 5 patients.
 - a. For example – 2 Immediate patients, 2 Delayed patients, and 1 Minor patient
- D. Decision Points for the 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.
- E. Patient Distribution
1. All patients shall be tagged with a triage tag when an MCI is declared
 2. Communication will be made to the DCF for patient destinations.
 3. The following information will be communicated to the DCF:
 - a. Number of patients
 - b. Category of patient
 - c. Tag Number of patient
 - d. Age (Approximate)
 - e. Gender
 - f. Complaint

4. DCF will do the following:
 - a. Update EMResource Notification
 - b. Provide patient destinations to EMS