Contra Costa County
Multi-Casualty Incident Plan

August, 2018

Document History		
Date	*Section*	*Action*
July 1, 2007	All	First edition distributed
July 15, 2011	Appendix E	Addition of Appendix E – Contra Costa County CHEMPACK Mobilization Plan
April 19, 2012	Appendix F	Addition of Appendix F – Field Treatment Sites
January, 2018	All Appendices	Stricken and/or moved to corresponding policy
January, 2018	All	Edited, distributed for stakeholder feedback,
August, 2018	All	Updates Finalized and MCI Plan Posted to https://cchealth.org/ems/
May, 2019	All	Sent out for stakeholder comment/feedback

No responses received |

Multi-Casualty Incident Plan Scope

The Contra Costa County Multi-Casualty Incident Plan was developed by a multi-disciplinary task force of personnel comprehensively representing the entire emergency response to a multi-casualty incident (MCI). This Plan is a component of the Contra Costa County Emergency Medical Services Agency System Plan, and represents the response to all MCI's that occur within the Contra Costa County Operational Area.

Multi-Casualty Incident Plan Objectives

1. Establish and sustain standardized organization, management, and communication structure to coordinate emergency response to MCI's.

2. Establish methods of triage and transportation that will provide the best medical outcome possible for the greatest number of casualties.

3. Establish pre-defined responsibilities for key entities to achieve successful activation of the plan.

4. This Plan will be drilled regularly and reviewed annually.

5. Following significant activations of the Plan and as directed by the EMS Director, incidents will be reviewed case by case.

Multi-Casualty Incident Operational Concepts

1. Incident organization will be based on the principles and practices of the National Incident Management System (NIMS), including the use of the Incident Command System (ICS).

   a. The organizational structure will expand and contract as the dynamics of the incident warrant.

   b. Requests for resources from the incident will be ordered utilizing the Incident Command System and single point ordering.

   c. Incident information will be transferred between organizational elements, the field Incident Commander (IC) or designee, and supporting communications centers in a timely fashion.

2. First responders may utilize the triage tape system.

   a. Patients will be assigned a Simple Triage and Rapid Transport (START) tag at designated Casualty Collection Point (CCP) OR upon transport.

3. Triaged patients will be referred to as <mark style="background-color: red">RED</mark>, <mark style="background-color: yellow">YELLOW</mark>, <mark style="background-color: lime">GREEN</mark>, or DECEASED

4. First responders should not delay in sending patients to hospitals: **All Contra Costa County receiving hospitals are prepared to accept a minimum of 2 <mark style="background-color: red">RED</mark> (immediate) and 4 <mark style="background-color: yellow">YELLOW</mark> (delayed) patients.**

   a. **When making patient destination/distribution decisions <u>CONSIDER</u>:**

      1. Patients self-transporting to nearby facilities

      2. Using out of county hospitals when appropriate

      3. In the event of an earthquake or other infrastructure event some facilities may be offline or operating with reduced service capabilities.

5. Incident Command should be established at a fixed location

   a. Unified Command should be established WHEN APPROPRIATE.

Multi-Casualty Incident Operational Policies

Authority and Scope

1. The MCI Plan may be initiated on the authority of:

   a. The Incident Commander, e.g., a fire officer, law enforcement officer or ambulance crew;

   b. A supervisor from Sheriff's Communications Center;

   c. A supervisor from Contra Costa Regional Fire Communications Center;

   d. Director of Contra Costa County Emergency Medical Services Agency, or designee;

2. The Sheriff's Communications Center, as the Emergency Medical Services Operational Area Communications Center (EMSOACC), will be responsible for initiating activation of the Plan in Reddinet.

3. All requests for activation should include the following information, when available (**do not allow incomplete information to delay initiation**):

   a. Multi-Casualty Incident Tier
   b. Type of incident

    c. Location

    d. Approximate number of injured

    e. HAZMAT: RULE OUT or IDENTIFY POTENTIAL THREAT

4. Authority for escalation to a higher tier MCI, de-escalation to a lower tier MCI, and deactivation of the MCI will rest with the Incident Commander.

   <mark>*******Incident Commander MUST take into account the potential for AMA patients to self-transport and create surges at local facilities.**</mark>

5. When in doubt regarding the appropriate MCI tier, the Incident Commander should consider the higher tier for incidents that may still be evolving. For incidents where there is no further significant medical threat and where most or all of the injuries are relatively minor, the Incident Commander may consider the lower MCI tier.

Incident Command and Control

6. Command and incident management authority should be established under unified command with the jurisdictional law enforcement agency, the jurisdictional fire agency, and other entities as appropriate.

7. The Incident Commander is expected to make the following notifications to their respective communication center:

   a. Name of the incident

   b. Location of Incident Command Post

   c. Location of Staging Area.

8. Incident operations should be established by the jurisdictional fire agency.

   a. A Deputy Operations Section Chief position may be assumed by the jurisdictional law enforcement agency.

9. Positions within the incident command structure should be assigned based on responder's discipline (EMS/Fire/Law) and experience.

10. The Incident Commander or designee shall specify a Heli-spot for EMS helicopters.

11. The Incident Commander of a multi-casualty incident will request additional resources utilizing their normal procedures.

12. Whenever possible, mutual aid ambulances will be dispatched directly to the Ambulance Staging Area of the incident and not used for zone coverage.

Medical Transportation Management

13. The Medical Group Supervisor (MGS) position is integral to patient distribution and tracking. **MGS shall be assigned to a Paramedic Supervisor** unless none are available, in which case it shall be assigned to most qualified responder on-scene.

    a. MGS or designee shall be responsible for transmitting the following info in real time commensurate with the MCI COMS Plan.

        1. Patient count

        2. Patient acuity

        3. Patient triage tag (last 4 numbers)

        4. Unit transporting

        5. Destination

14. Destination information and hospital availability, including out-of-county receiving hospital availability, will be available in Reddinet and via all com centers via radio or phone.

15. When there are a limited number of available ambulances for the magnitude of the incident, patients with minor injuries may be transported by other (non-ambulance) means.

16. Ambulances transporting patients from Tier 2 and Tier 3 MCIs shall not communicate with the receiving hospital. As time and workload permits, information received from the Transportation Group Supervisor/Unit Leader regarding the nature and extent of injuries on board an ambulance <u>may</u> be relayed by the EMSOACC to the receiving hospital via Reddinet.

17. A Patient Care Report is to be made out on each casualty transported if it can be accomplished taking into consideration the situation and the resources:

    a. ePCRs on patients who refuse transport shall be included if possible.

    b. During Tier 3 incidents, the EMS Branch Director, or designee, is authorized to suspend standard PCR protocol and direct that triage tags be used as the immediate and *minimal* level documentation of field assessment and treatment.

Tier Definitions

PRE-ALERT	Tier One MCI	Tier Two MCI	Tier Three MCI
Official notification of an incident that has the **POTENTIAL** to result in an activation of the plan at a higher tier (≥**6 patients)** even when the number of known victims is zero (in order to provide situational awareness for hospitals). "PRE-ALERT" activation is required for a Community Warning System Level II incident or any Emergency Department closure or evacuation.	An incident involving 6-10 patients when the scene is contained and the number of patients is not expected to rise significantly.	An incident involving more than 10 patients **OR** an incident involving less than 10 patients when there is a substantial chance that the number of patients may rise.	Any incident involving more than 50 patients; any incident involving mass casualties, or a reasonable expectation of mass casualties.

Examples

PRE-ALERT	Tier One	Tier Two	Tier Three
Report of an active shooter incident where the number of victims is not known or cannot be confirmed; passenger aircraft attempting emergency landing; evacuation of a facility due to potential threat to public safety; actual or potential significant hazardous materials incident, including transportation incidents.	Multi-vehicle traffic collision; multiple shooting victims at a contained scene and no ongoing active shooter threat.	Petrochemical incident involving dispersal cloud moving over populated area; passenger train derailment; an active shooter incident with an uncontained scene.	Actual or suspected WMD incident; significant explosion in or around occupied commercial or multi-unit residential structure or any significant explosion in a heavily populated area. Large-scale evacuation of a hospital or skilled nursing facility.

Hospital Responsibilities

PRE-ALERT	Tier One	Tier Two	Tier Three
• Make internal notifications and institute appropriate ED procedures as per facility protocol • Respond to ED capacity poll from EMSOACC, when initiated • Monitor Reddinet	• All Pre-Alert responsibilities • Immediately prepare to accept 2 RED (immediate) patients and 4 YELLOW (delayed) patients • Assess ability to handle additional	• All Tier One responsibilities	• All Tier Two responsibilities • If applicable: Conduct damage assessment and report results to EMSOACC/EMS, VIA Reddinet

EMS Agency Responsibilities

PRE-ALERT	Tier One	Tier Two	Tier Three
• Monitor incident • Consider activation of the EMS Operations Center if the incident has potential for escalation	• All PRE-ALERT responsibilities • IF APPROPRIATE based on scenario: Create entry in WEBEOC or Health Services Incident Response Information System (IRIS) and post updates as needed	• All Tier One responsibilities • Staff at outside meetings contact office to determine need for additional personnel • Respond staff to Sheriff's Communications to assist with patient distribution and hospital notification • Provide ongoing updates to hospitals on status of incident • If applicable, provide updates on nature of exposure and recommended treatments • Consider activation MHOAC program and LEMSA Branch Operations Center	• All Tier Two responsibilities • Activate MHOAC Program and EMS Branch Operations Center • Provide SitStat for Health Officer • Activate Med/Health Surge Plan

Emergency Ambulance Zone Provider Responsibilities

PRE-ALERT	Tier One	Tier Two	Tier Three
• Paramedic Supervisor response • Notification of Communication Center • Notification of all on-duty administration • Monitor Reddinet	• All PRE-ALERT responsibilities • Notification of management personnel as per organization's policy	• All Tier One responsibilities • Additional notifications of administration personnel as per organization's policy • Consider recall of employees to staff additional units	• All Tier Two responsibilities

Permitted Non-Emergency Ambulance Provider Responsibilities

PRE-ALERT	Tier One	Tier Two	Tier Three
Monitor Reddinet	All Pre-Alert responsibilities	• All Tier One responsibilities • Assess capability to respond to requests from EMSOACC • Respond to ReddiNet polling • Respond to incident **ONLY** when requested	• All Tier Two responsibilities • Consider recall of personnel to support resource requests

EMS Helicopter Provider Responsibilities

PRE-ALERT	Tier One	Tier Two	Tier Three
• Monitor incident • Provide aircraft availability information if requested	• All PRE-ALERT tasks • Cancel non-emergency flight activity • Respond only when requested • Prepare to stage at closest airport or location designated by the Incident • Notify requesting agency when responding • Ascertain status of hospitals outside of Contra Costa County • Maintain air-to-air contact with all aircraft responding to the MCI • Contact Heli spot Manager on assigned air-to-ground frequency • Coordinate patient destination with Incident personnel • Notify EMSOACC of patient destination • Report back to EMSOACC after transport • Remain assigned to the incident until released by the IC or designee	• All Tier One responsibilities • Ascertain availability of EMS aircraft in other counties if formally requested by Contra Costa County designated Communications Center • Facilitate declaration of restricted airspace if directed by IC or Op Area Law Enforcement Coordinator	• All Tier Two responsibilities • Initiate internal disaster plans for extended operations • Consider recall of personnel to support air medical operations and to staff additional aircraft

Jurisdictional Fire Agency Field Responsibilities

PRE-ALERT	Tier One	Tier Two	Tier Three
• Establish IC – (Consider Unified Command) • Consult FOG (MCI section – Initial Response Organization) • Keep Dispatch informed of situation. • Recon potential locations for expanded incident needs • Consider what resources might be needed if situation escalates • At any time, patient numbers are a guideline, not a hard and fast rule. Do not hesitate to raise the Tier rating if SITSTAT is incomplete or the incident can easily grow	• All PRE-ALERT responsibilities • Scale ICS positions according to size of incident – Consider moving to Reinforced Response Organization (FOG – MCI) • Consult with EMSOACC as necessary	• All Tier One responsibilities • Establish Reinforced Organization (FOG – MCI) and consider establishing Multi-Group Response Organization • Consider special calling for MCI caches or trailers • Consider requesting Temporary Flight Restrictions via the Op Area Law Enforcement Coordinator	• All Tier Two responsibilities • Establish Multi-Group Organization (FOG – MCI) and consider establishing Multi-Branch Response Organization • Call for MCI caches and trailers if not already dispatched • Confirm Temporary Flight Restrictions have been requested

San Ramon and Richmond Fire Communications Center Responsibilities

PRE-ALERT	Tier One	Tier Two	Tier Three
• Notify EMSOACC via XCCEMS1Notify supervisory or management personnel as per agency policy • Make additional notifications as necessary or requested • Monitor Reddinet	• All PRE-ALERT responsibilities • If an environmental hazard is involved or suspected, contact appropriate Hazardous Materials Incident Response Team: CCCHazmat, Richmond Fire, and/or San Ramon Valley Fire	• All Tier One responsibilities	• All Tier Two responsibilities

Contra Costa Regional Fire Communications Center

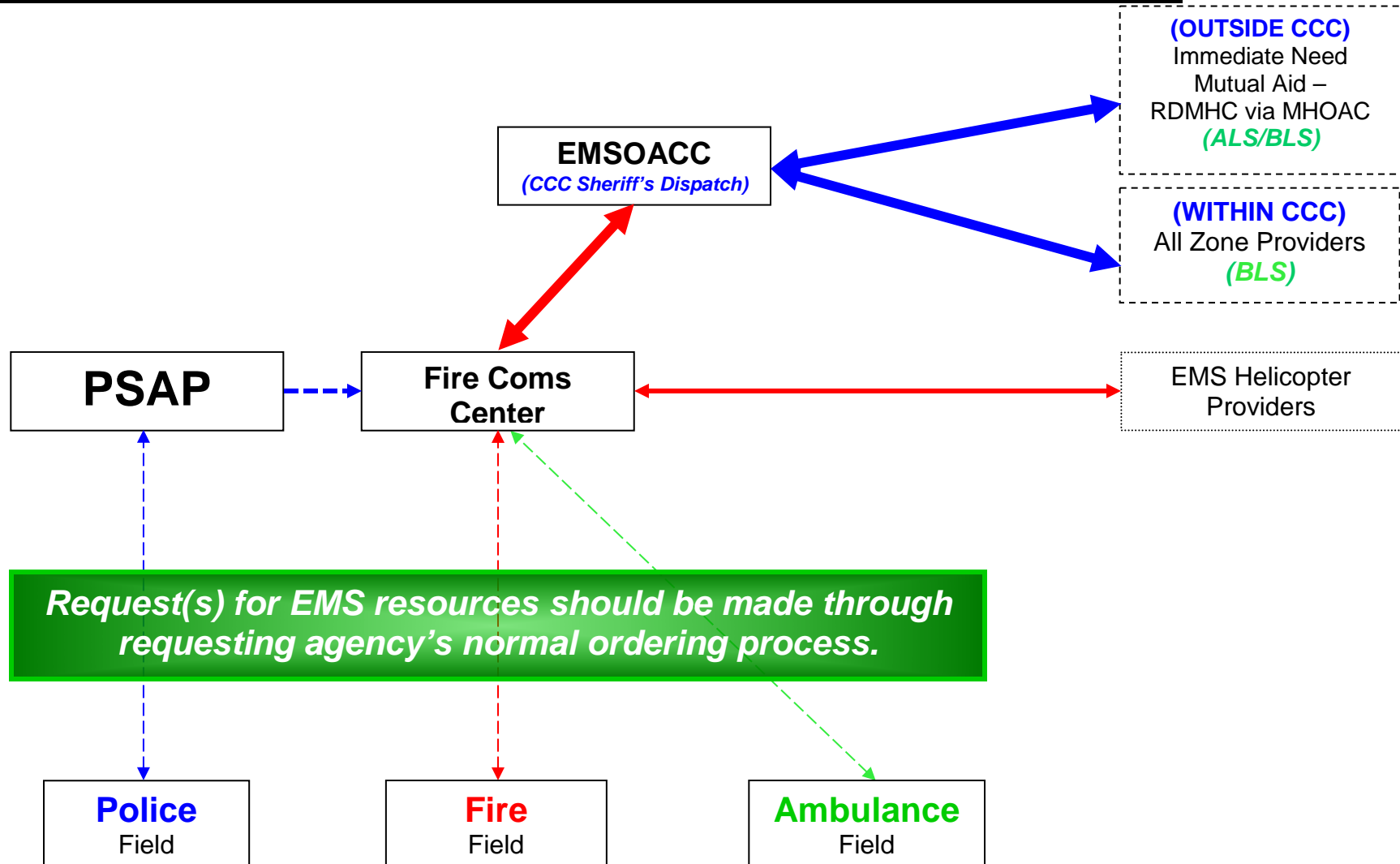| PRE-ALERT	Tier One	Tier Two	Tier Three
• Notify EMSOACC via XCCEMS1 and transmit incident pertinent info • Monitor Reddinet	• All PRE-ALERT responsibilities • Page agency MGMT paging group for agency with fire jurisdiction	• All Tier One responsibilities • Notify SRVFPD Communications, MOFD BC • Page FIRE MGMT paging group • Notify OES Region II Fire/Rescue	• All Tier Two responsibilities • Consider dispatch of Incident Management Team (IMT)

Jurisdictional Law Enforcement Agency Responsibilities

PRE-ALERT	Tier One	Tier Two	Tier Three
• Broadcast information to field units • Make supervisory and command notifications as per department policy	• All PRE-ALERT responsibilities • If not already responding, respond to the scene • When appropriate consider establishing unified command or assume appropriate position within ICS structure • Determine need for additional police resources • Handle traffic control and/or crowd control as needed	• All Tier One responsibilities	• All Tier Two responsibilities • Consider immediate activation of mutual aid resources, including the Mutual Aid Mobile Field Force (MAMFF)

EMS Operational Area Communications Center (EMSOACC) Tasks

PRE-ALERT	Tier One	Tier Two	Tier Three
• Broadcast incident on XCC EMS1 • Advise hospitals and ambulance zone providers via Reddinet MCI Activation • Notify EMS DO • Ensure jurisdictional fire agency is aware of MCI status • Make additional notifications as necessary or requested	• All PRE-ALERT responsibilities • Make telephone contact with any hospital not responding to Reddinet MCI function • If an environmental hazard is involved or suspected, contact the Environmental Health Hazardous Materials Incident Response Team, Contra Costa Fire, Richmond Fire and San Ramon Valley Fire	• All Tier One responsibilities • Notify the Alameda/Contra Costa blood bank via telephone • Notify On-Call Health Officer • Establish communications with adjoining county EMS dispatch centers. Request mutual aid ambulances if requested by the Incident Commander or EMS Branch Director	• All Tier Two responsibilities • Coordinate with EMS Duty Officer on the activation of facility damage assessment poll

EMS Transport Resource Ordering Overview

(OUTSIDE CCC)
Immediate Need
Mutual Aid –
RDMHC via MHOAC
(ALS/BLS)

(WITHIN CCC)
All Zone Providers
(BLS)

EMSOACC
(CCC Sheriff's Dispatch)

PSAP

Fire Coms Center

EMS Helicopter Providers

Request(s) for EMS resources should be made through requesting agency's normal ordering process.

Police
Field

Fire
Field

Ambulance
Field

MCI COMMUNICATIONS PLAN

CCRFCC
(or)
SRVFD

Medical Group
Supervisor
or
Transport Unit Leader

XCCEMS1

XCCEMS1

EMSOACC
(Sheriff's
Dispatch)

Reddinet