

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	<b>Document #</b>	7500.19
	<b>PROGRAM DOCUMENT:</b>  <b>MCI/Disaster Medical Services Plan</b>	<b>Initial Date:</b>	01/27/94
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EMS Medical Director

EMS Administrator

**Purpose:**

- A. To establish the medical aspects of the County of Sacramento approved Office of Emergency Services Region IV (OES4) Multi-Casualty Incident (MCI) Plan.
- B. To describe the OES4 MCI program requirements for out-of-hospital providers, base hospitals, and receiving hospitals in Sacramento County.
- C. To recognize the OES4 MCI Plan as the official disaster medical services plan for Sacramento County.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9
- C. California OES Region 4 MCI Plan

**Definitions:**

- A. Control Facility (CF):
  - 1. The Control Facility (disaster control facility) is the agency responsible for direct medical control and the dispersal of patients during all declared Multi-Casualty Incidents (MCI). The dispersal activities include:
    - a. Destination decisions, including out-of-county and out-of-region (coordinating with the Regional CF). Destination decisions by the CF supersedes Program Document (PD)# 5050 – Destination.
  - 2. The CF shall be designated by the Sacramento County Emergency Medical Services Agency (SCEMSA).
- B. Field Triage:
  - 1. Standard field triage shall be utilized until it can no longer meet the needs to triage all patients in a timely and effective manner
  - 2. A mass casualty triage algorithm shall be utilized when standard field triage can no longer meet the need to triage all patients promptly and effectively. Initial triage should take 30 seconds or less per patient. (see PD #7508 – Simple Triage and Rapid Treatment (START)).
  - 3. Triage of patients should occur where they lie only if the area is safe. The exception is for the patients to be directed to and able to move to a safe triage area, and they shall be triaged accordingly. All patients should be moved to a safe triage area if a hazard exists. All patients will be triaged and have a triage tag affixed to them before leaving the triage area/scene. Do not wait to triage patients until they are placed in a treatment area.

- C. Field Triage Categories when a mass casualty triage algorithm is used:
  - 1. Immediate: Critical, life-threatening, likely to survive if they receive care within thirty (30) minutes.
    - a. These patients meet physiologic trauma triage criteria
  - 2. Delayed: Serious may be life-threatening, likely to survive if care is received in thirty (30) minutes from several hours.
    - a. Patients without life-threatening injuries but with spinal immobilization will be triaged as delayed.
    - b. Delayed patients who meet any trauma triage criteria shall be reported as such to CF, so they may be directed to an appropriate trauma center if available
  - 3. Minor: Not considered life-threatening; care may be delayed hours. (In START triage, sometimes referred to as the “walking wounded”).
    - a. Minor patients who meet any trauma triage criteria shall be reported to CF, so they may be directed to an appropriate trauma center if available.
  - 4. Deceased: mortally wounded or expectant, clinically dead.
- D. Multi-Casualty Incident (MCI):
  - 1. An incident that requires more emergency medical resources to adequately deal with the victims than those available during routine responses. Routine procedures are no longer adequate for dealing with the situation.
    - a. Type:
      - (1) MCI Trauma
      - (2) MCI Medical: Decontamination is not required
      - (3) MCI HazMat: Requires decontamination
- E. Level 1:
  - 1. Expanded emergency levels.
  - 2. Local emergency, local assets adequate.
  - 3. Emergency Medical Services (EMS) units involved in the local emergency:
    - a. Destination per CF; no direct contact with any base or receiving hospital. Contact shall be with the CF only. Until available trauma center resources are fully utilized, patients who meet trauma triage criteria (regardless of START triage category) shall be distributed to an available trauma center.
  - 4. Non-MCI-involved EMS units - standard destination policy applies.
- F. Level 2:
  - 1. Local emergency, local assets are impacted.
  - 2. MCI Involved EMS units:
    - a. Destination per CF; no direct contact with any base or receiving hospital. Until available trauma center resources are fully utilized, patients who meet trauma triage criteria (regardless of START triage category) shall be distributed to an available trauma center.
  - 3. Non-MCI Involved EMS units:
    - a. Destination per CF, no direct contact with receiving hospitals.
- G. Level 3:
  - 1. Local or regional emergencies, local assets are inadequate.
  - 2. Regional emergency, regional assets being utilized (may include state and federal assets).
  - 3. Multiple CFs and the Regional CF may be functioning.
  - 4. Destination per CF, no direct contact with receiving hospitals.
  - 5. All Sacramento County Scope of Practice is on standing order status, including base hospital physician orders.

6. Out-of-Hospital units functioning under a non-Sacramento County CF or outside the county shall function under the Sacramento County Scope of Practice.
7. Out-of-Hospital units functioning outside the county may follow physician direction within the State of California Scope of Practice.

H. Level 4:

1. Multi-regional, state, or federal emergency, local, regional, state, and federal assets being utilized may be inadequate.
2. Same as level 3.

**Policy:**

A. Out-of-Hospital Provider:

1. Every out-of-hospital provider agency in Sacramento County shall be responsible for implementing the OES4 MCI plan within their organization.
2. The Provider shall require that all out-of-hospital personnel be familiar with the OES4 MCI plan as a minimum. Formal OES4 MCI training is highly recommended.
3. The Provider shall complete and submit to the SCEMSA the Out-of-Hospital Providers MCI Critique Form (program document 7501) within seven (7) working days.
4. The Provider shall notify the SCEMSA in writing when their agency will be operational with the OES4 MCI plan.

B. Base Hospital:

1. Every designated base hospital in Sacramento County shall be responsible for implementing the OES4 MCI plan within their organization.
2. The hospital shall require that all base hospital physicians and Mobile Intensive Care Nurses (MICN) be familiar with this policy at a minimum. Formal Hospital Incident Command System (HICS) training is highly recommended.
3. Base Hospitals will utilize Sacramento County Public Health approved patient tracking software.
4. The base hospital shall complete and submit to the SCEMSA the Receiving Facility MCI Critique Form (PD #7501) within seven (7) working days.
5. The base hospital shall notify the SCEMSA in writing when their agency will be operational with the OES4 MCI plan.

C. Receiving Hospital:

1. Every designated receiving hospital (program document #5050) is encouraged to implement the OES4 MCI plan within their organization and to familiarize their employees with the plan as a minimum. Formal OES4 MCI training is highly recommended.
2. Receiving Hospitals will utilize Sacramento County Public Health approved patient tracking software
3. The receiving hospital shall complete and submit to the SCEMSA the Receiving Facility MCI Critique Form (PD #7501) within seven (7) working days.

D. CF Utilization:

1. The CF shall be utilized when:
  - a. When the number of patients meeting critical trauma criteria equals four (4) or more.
  - b. The total number of immediate and/or delayed patients equals five (5) or more for an unofficial incident or
  - c. when the total number of "minors" exceeds ten (10) irrespective of the numbers of "immediate" and "delayed," or
  - d. at the discretion of the Provider.

2. Control Facility will utilize Sacramento County Public Health approved patient tracking software.
    - a. Control Facility will use OES Region IV approved MCI polling software for polling and responding to determine resource availability to assist in the appropriate dispersal of patients from the MCI scene.
  3. Patient distribution shall be as follows:
    - a. Once an MCI Trauma has been declared, the Provider may disperse up to one (1) patient that meets trauma triage criteria to each open trauma center while simultaneously contacting the CF. The field will report these patient dispersals to the CF, who will make all subsequent patient dispersals.
    - b. Level 1 and 2 MCIs: prehospital personnel will report to the CF the START triage level (Immediate, delayed, minor) as well as whether the patient meets Trauma Triage Criteria for each patient.
    - c. Level 3 and 4 MCIs: prehospital personnel will report to the CF only the START triage level (Immediate, delayed, minor) for each patient.
  4. The CF shall determine the level of the expanded emergency and, when appropriate, notify all base hospitals, receiving hospitals, and dispatch agencies within Sacramento County. All dispatch agencies shall notify out-of-hospital units that an MCI has been declared by the CF. Also, this notification shall include the level of the expanded emergency.
- E. All Agency Critiques:
1. The SCEMSA shall conduct or participate in an “all-participant critique” of an MCI for the purpose of improving future coordination and/or performance.
  2. A provider shall conduct or participate in a critique of all MCIs within their jurisdiction.

**Cross Reference:**    **PD# 7508** – Simple Triage and Rapid Transport (START)/JumpSTART Pediatric Triage  
                              **PD# 7501** – Multi-Casualty Critique  
                              **PD# 5050** – Destination