

# MCI Update & Review

## December 2014 BMO

MOTS' DAY

HARSHING  
HOLLY'S MARATHON  
for the 1st

# Objectives

- Review Changes to the MCI Org Chart
- Review the TRIAGE process and discuss
  - Triage in place
  - Casualty Collection Triage
- Review START Triage and incorporate SALT TRIAGE & Local protocol
- Review the Transportation and Med Com Positions
- Identify new equipment

# New MCI Policy

TITLE OPERATIONS MANUAL	STANDARD INSTRUCTION 02	DEPARTMENT FIRE-RESCUE
SUBJECT MASS CASUALTY INCIDENT	SECTION 14	PAGE 1 of 19
		EFFECTIVE DATE DRAFT

- I. PURPOSE**  
Mass Casualty Incident (MCI) Multiple Patient Incident (MPI) Plan: A component of the Incident Command System designed to facilitate effective scene management during multiple-patient and mass casualty incidents. In addition, this Medical Operations plan is designed to interface with the operations and organization detailed in the Office of Emergency Services and the Unified Disaster Council of the Unified San Diego County Emergency Services Organizational Area, Emergency Mass Casualty Disaster Plan known as Annex D.
- II. SCOPE**  
This policy shall apply to all SDFD Personnel and the 911 Transport Provider.
- III. AUTHORITY**  
Authorized by the County Medical Director under S. 140 of the County EMS Protocol Manual and the City Medical Director. The Fire Chief authorizes the information within this policy.
- IV. DEFINITIONS**  
**Annex D – Also known as the MCI Protocol, Annex D** is 1 of 17 operational plans found in the County of San Diego's Emergency Operations Plan which specifically addresses the County's response to Mass Casualty Incidents (MCI). Annex D plan expedites access to transportation, communications, medical and hospital resources. There are two operational levels in the Annex D plan; Annex D Alert and Annex D Activation.
- Controlling Base Hospital** – The controlling base hospital is identified on the responding units MDC as the Trauma Base Hospital represented by preprogrammed County Trauma Catchment Areas. The controlling base hospital will be contacted by the on-scene Transportation Unit Leader or Medical Communications Coordinator (if established) using the City's 800 MHz radio system for all MPI incidents and the County's Regional Communication System (RCS) 800 MHz radio system for all MCI incidents. When an incident is upgraded by the controlling base hospital MICN from an MPI to an MCI due to hospital resource issues, the Transportation Unit Leader/Medical Communications Coordinator must reestablish radio communications on the RCS system.
- Burn Surge** – The designation of a specific type of incident where the primary patient load are burn victims requiring specialty care. During a Burn Surge incident the controlling base hospital shall be the UCSD Burn Center regardless of the location of the incident in the City of San Diego.
  - Kid Surge** – The designation of a specific type of incident where the primary patient load are children (<= 14 years of age) requiring specialty care. During a Kid Surge incident the controlling base hospital shall be Sharp Memorial Hospital regardless of the location of the incident in the City of San Diego.



FIELD OPERATIONS GUIDE  
ICS 420-1

INCIDENT COMMAND SYSTEM PUBLICATION  
DECEMBER 2012

# Facts about MCI calls

- Low Frequency, High Risk Events
- Create multiple emotional responses

- Anger



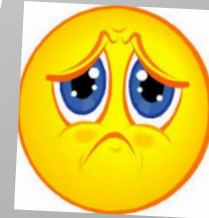
- Confusion



- Fear



- Sorrow



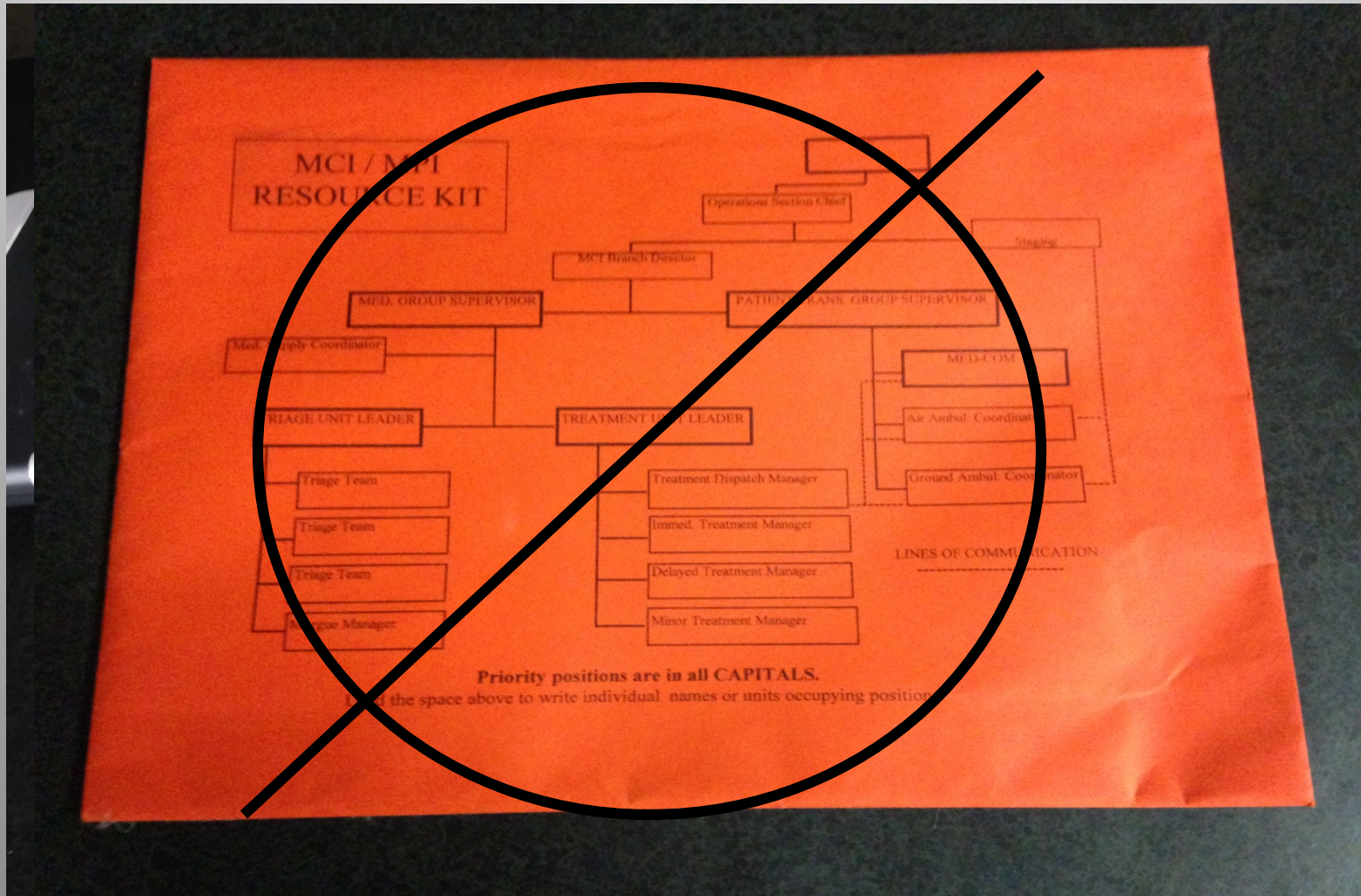
- MCI Tools help alleviate some of the stress



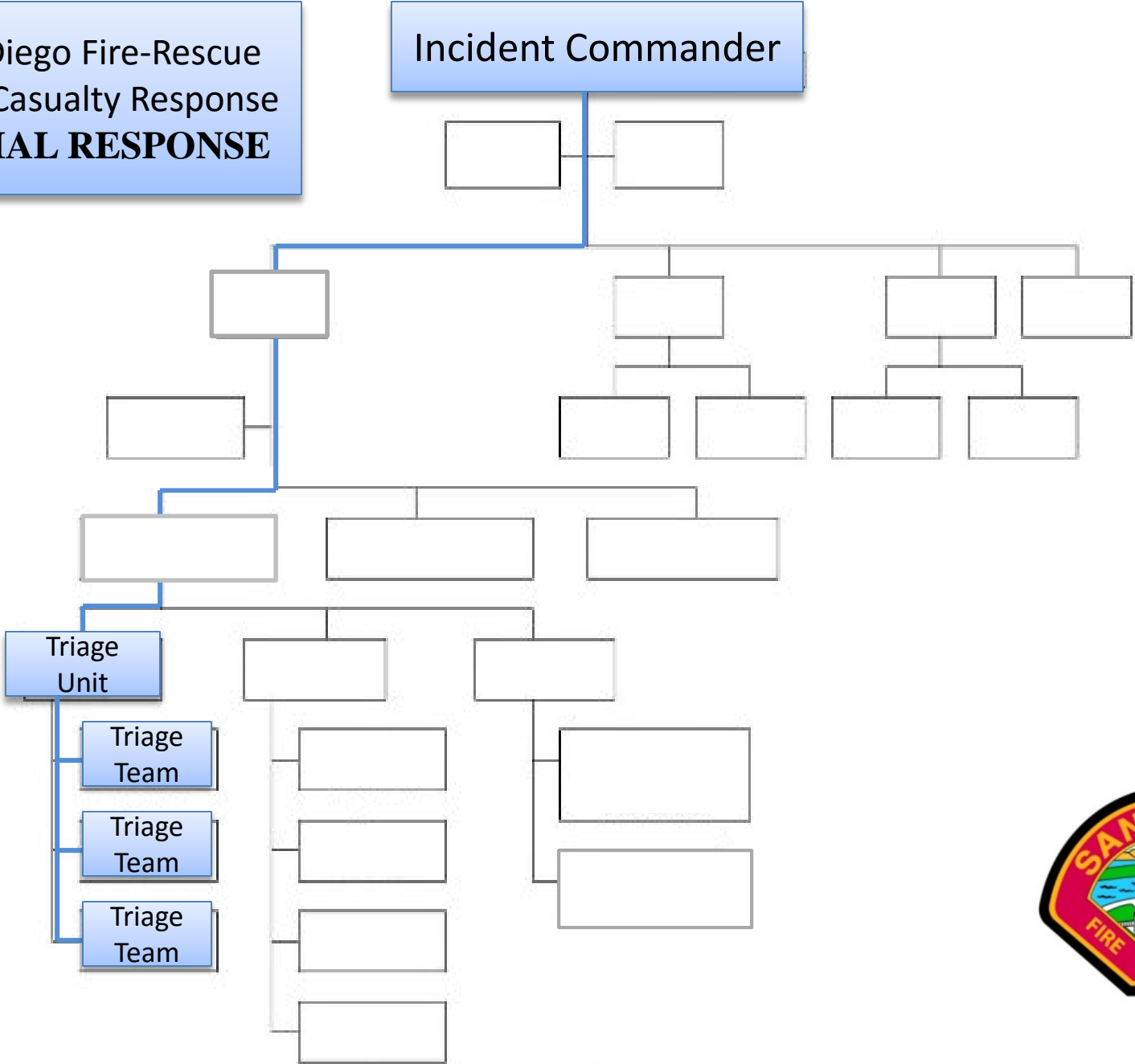
Photo: Reuters.com, AP Images



# What's in the Bag



San Diego Fire-Rescue  
Mass Casualty Response  
**INITIAL RESPONSE**



# Triage Process

- Primary assignment for initial arriving personnel
- IC must determine how/where Triage will take place
  - Ribbons Triage with victims in place
  - Casualty Collection Triage
- Managed by the Triage Unit Leader





# Control Bleeding

All Walking Wounded

**MINOR**

RESPIRATIONS

NO

YES

Position Airway

Under 30/min.

Over 30/min.

NO respirations

Respirations

**IMMEDIATE**

**DECEASED**

**IMMEDIATE**

PERFUSION

Radial Pulse Absent

Radial Pulse Present

OR

Over 2 seconds

Capillary Refill

Under 2 seconds

MENTAL STATUS

Control Bleeding

CAN'T Follow  
Simple Commands

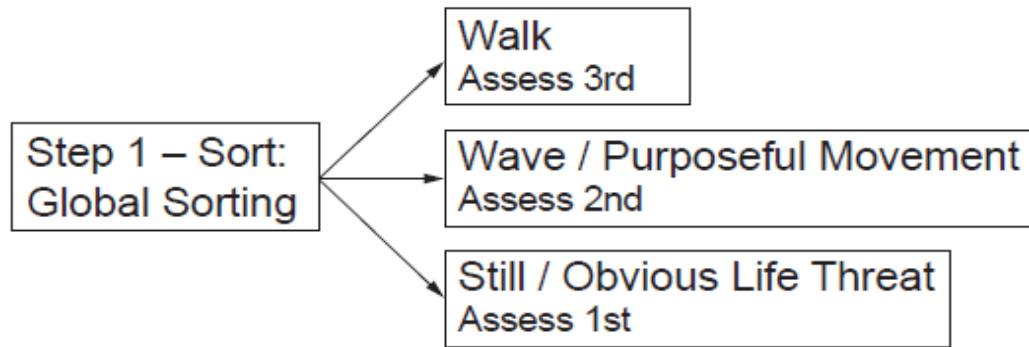
CAN Follow  
Simple Commands

**IMMEDIATE**

**DELAYED**

**IMMEDIATE**

# SALT



Step 2 – Assess: Individual Assessment

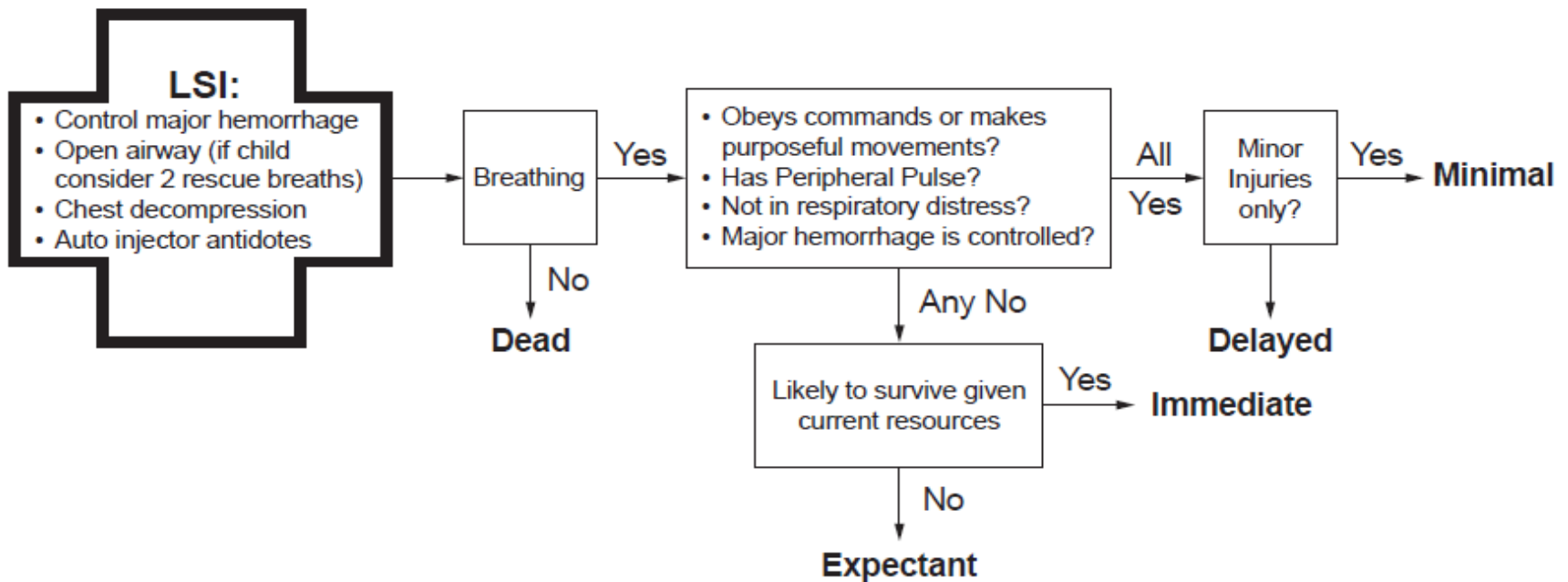


Figure 2: The Sort-Assess-Lifesaving Interventions-Triage/Treatment (SALT) Triage System

LSI= Lifesaving intervention

Voice Triage



~~Start where you Stand~~

Continue to use;  
Respirations  
Perfusion  
Mental Status  
Will require personal bag & protocol change  
Simplifies "Jump Start" criteria

*"If you can stand and walk please walk over to the \_\_\_\_\_."*

*"If you cant walk wave your arm"*

## Integrating SALT & START

# Inserting Local Protocol

- Assessment can be shortened by Utilizing Local Major Trauma Protocol Criteria
- Look for Traumatic Injuries considered automatic Major Trauma Patients
  - Flail Chest
  - Combination Trauma and Burns
  - Two or more Proximal Long-Bone Fractures
  - Penetrating Trauma to head, neck, torso or extremities proximal to the elbows/knees
  - Limb Amputations

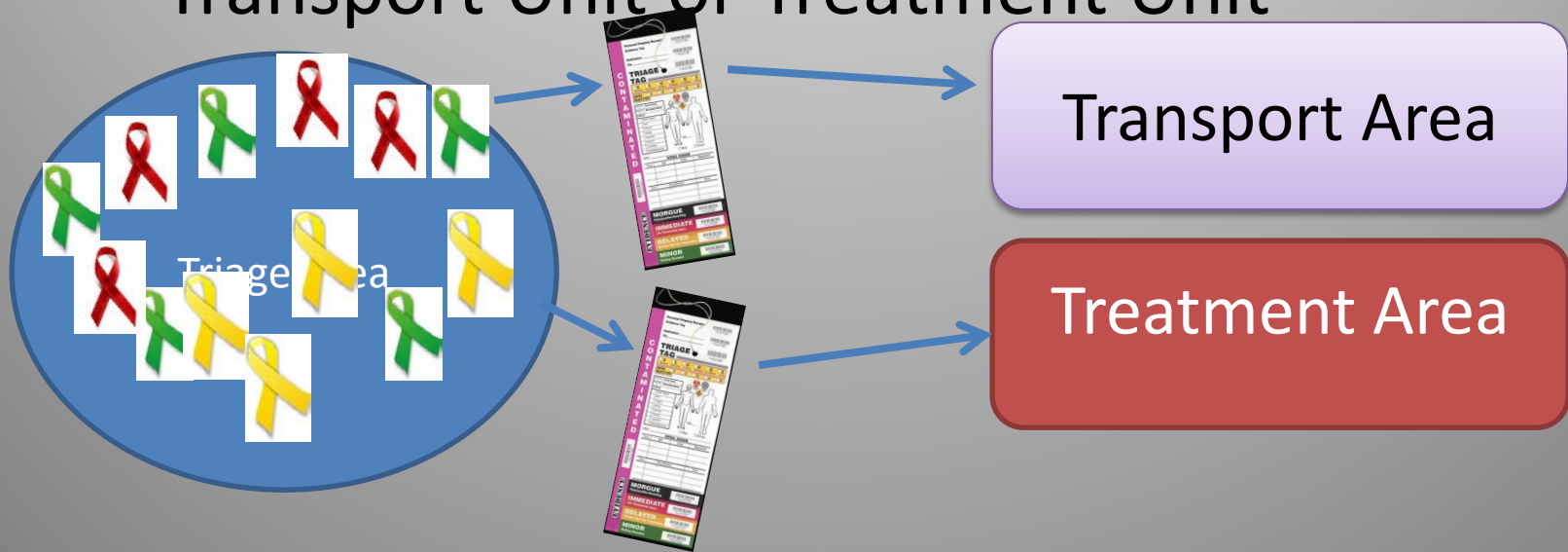
A man in a blue shirt is standing in a warehouse, surrounded by numerous stacks of cardboard boxes. The boxes are stacked high and are the primary focus of the image. The man is looking towards the camera. The text 'TRIAGE' is overlaid on the image in a large, bold, black font, and 'Unit Leader' is overlaid in a smaller, black font.

**TRIAGE**

**Unit Leader**

# Triage Ribbon system

- San Diego County required
- Utilizes plastic colored tape that tears easily
- Used in Primary Triage
- Patient is Tagged when moved to Transport Unit or Treatment Unit



# The MCI TAG

**AMBULANCE RECEIPT**

Destination: \_\_\_\_\_ Via: \_\_\_\_\_ Time: **1 2 3**

**TRIASAGE TAG** \*E10019590\*

Age: \_\_\_\_\_ First: \_\_\_\_\_ M. \_\_\_\_\_ Last: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Religious Pref: \_\_\_\_\_

**WRISTBAND**

**DECONTAMINATED** YES NO

**AMBULANCE RECEIPT**

Destination: \_\_\_\_\_ \*E10019590\*

**WRISTBAND**

**Personal Property Receipt**

Name: \_\_\_\_\_

**RE-TRIAGED**

<b>1</b>	<b>2</b>	<b>3</b>
<b>MORGUE 0</b>	<b>MORGUE 0</b>	<b>MORGUE 0</b>
<b>IMMEDIATE 1</b>	<b>IMMEDIATE 1</b>	<b>IMMEDIATE 1</b>
<b>DELAYED 2</b>	<b>DELAYED 2</b>	<b>DELAYED 2</b>
<b>MINOR 3</b>	<b>MINOR 3</b>	<b>MINOR 3</b>

**EVIDENCE CONTAMINATED** \*E10019590\*

**AMBULANCE RECEIPT**

Destination: \_\_\_\_\_ \*E10019590\*

**WRISTBAND**

**Personal Property Receipt**

Name: \_\_\_\_\_

**RE-TRIAGED**

<b>1</b>	<b>2</b>	<b>3</b>
<b>MORGUE 0</b>	<b>MORGUE 0</b>	<b>MORGUE 0</b>
<b>IMMEDIATE 1</b>	<b>IMMEDIATE 1</b>	<b>IMMEDIATE 1</b>
<b>DELAYED 2</b>	<b>DELAYED 2</b>	<b>DELAYED 2</b>
<b>MINOR 3</b>	<b>MINOR 3</b>	<b>MINOR 3</b>

**EVIDENCE CONTAMINATED** \*E10019590\*

First: \_\_\_\_\_ M. \_\_\_\_\_ Last: \_\_\_\_\_

**AMBULANCE RECEIPT**

**WRISTBAND**

**Personal Property Receipt**

Name: \_\_\_\_\_ First: \_\_\_\_\_ M. \_\_\_\_\_ Last: \_\_\_\_\_

**AMBULANCE RECEIPT**

First: \_\_\_\_\_ M. \_\_\_\_\_ Last: \_\_\_\_\_

**Tourniquet Applied** Time: \_\_\_\_\_ **Airway Management**  OPA  NPA

GCS Tx In: E: \_\_\_\_\_ M: \_\_\_\_\_ V: \_\_\_\_\_ Time: \_\_\_\_\_  
GCS Tx Out: E: \_\_\_\_\_ M: \_\_\_\_\_ V: \_\_\_\_\_ Time: \_\_\_\_\_

**Known Allergies:**

**Treatment Administered/Comments**

D	Time	Drug Solution	Dose

**S** **L** **OU** **OD** **G** **E** **M**  
Salvation Lubrication Urination Delegation GI Distress Emetics Moist

**INJECTOR TYPE** \_\_\_\_\_  1  2  3  
**INJECTOR TYPE** \_\_\_\_\_  1  2  3

**Primary Decon**  **2ndary Decon**

**START** triage system **Initial Ribbon Triage** **1 2 3**

**MINOR** Move the Walking Wounded

**RESPIRATIONS**  Yes  No **PERFUSION**  - 2 Sec.  + 2 Sec. **MENTAL STATUS**  Can Do  Can't Do

**IMMEDIATE** Respirations - Over 30  
**IMMEDIATE** Perfusion - Cap. Refill Over 2 sec. or Radial Pulse Absent  
**IMMEDIATE** Mental Status - Unable to Follow Simple Commands  
**DELAYED** All Others  
**MORGUE** No Respirations After Head Tilt

**MORGUE 0** Pulseless/ Non-Breathing  
**MORGUE 0** Pulseless/ Non-Breathing

**IMMEDIATE 1** Life Threatening Injury  
**IMMEDIATE 1** Life Threatening Injury

**DELAYED 2** Serious Non Life Threatening  
**DELAYED 2** Serious Non Life Threatening

**MINOR 3** Walking Wounded  
**MINOR 3** Walking Wounded

**EVIDENCE CONTAMINATED**



# The New MCI Tag

**TRANSPORTATION RECEIPT**  
E10004869 Tag Number 4869  
Destination Via Time 1 2 3  
Chief Complaint

**TRIAGE TAG**  
E10004869  
All Risk  
Age First Last Address City State Zip Phone Religious Pref  
If Contaminated  
DMS-0520P + Rev 8.11

**WHRISTBAND**  
EMT  
E10004869  
Personal Property Receipt

**DECONTAMINATED**  
YES NO

**EVIDENCE CONTAMINATED**  
E10004869

**RE-TRIAGED**  
1 2 3  
EXPECTANT 0  
IMMEDIATE 1  
DELAYED 2  
MINOR 3

**INJURY ASSESSMENT**  
Blunt Trauma  
Burn  
C-Spine  
Chest  
Crushing  
Fracture  
Laceration  
Penetrating Injury  
Other  
AFN  
Chief Complaint  
Mechanism of Injury

**VITALS**  
Time B/P Pulse Respiration

Property Tag, Patient Band and Evidence Bands

Remove Tags to reveal patient status and dispose of removed tags.

The Top Portion of the Tag is used for Patient's directed to the Transportation Area  
Several areas can be found on both sides of the card to document the Patient's Number to be used on treatment & Patient information.

# Sorting the Sorted

How do I pair  
Which Immediate is  
Whose Job is it?  
the most Immediate?  
Transport?



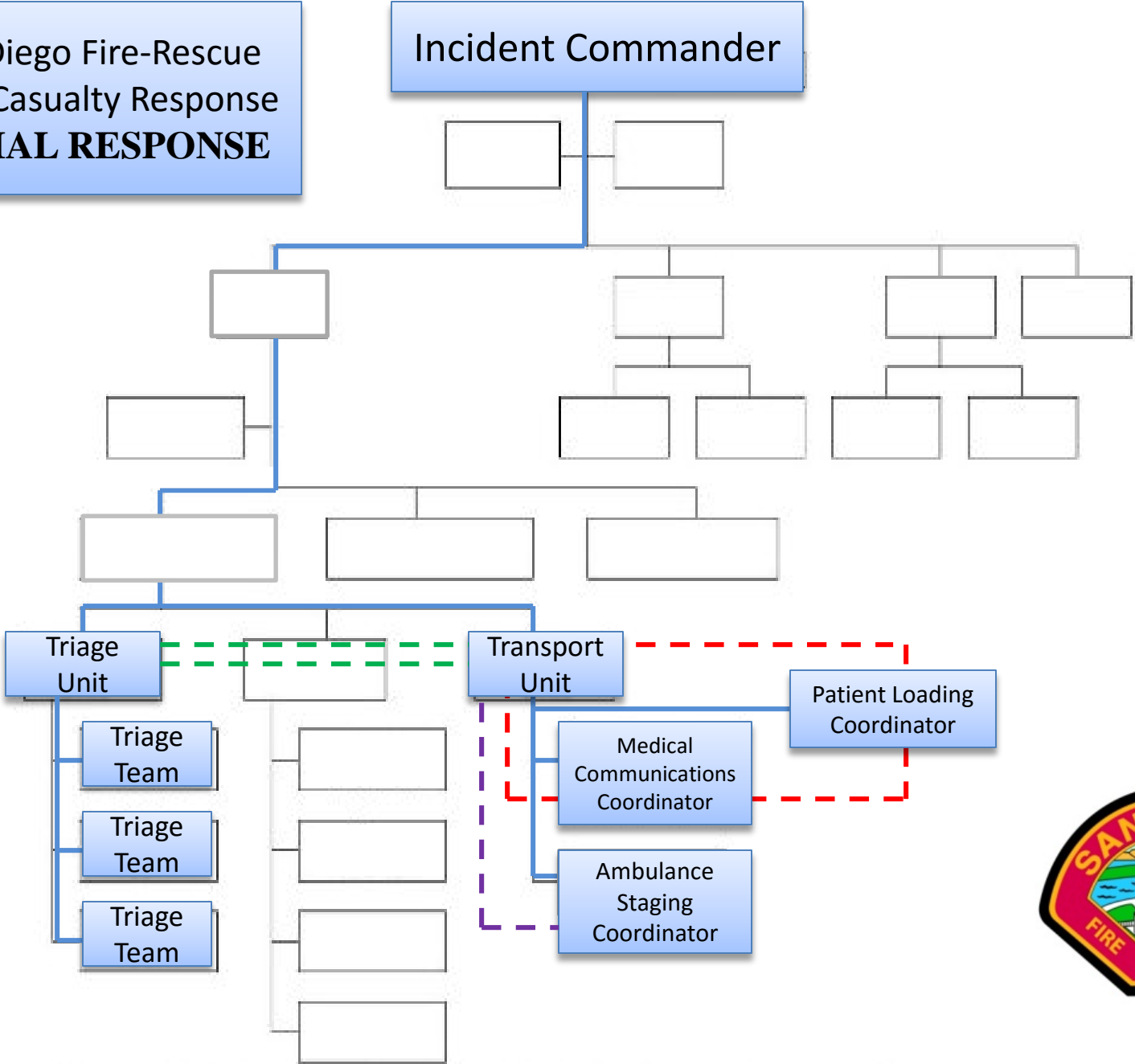
Do I send an Immediate  
with the Adult with  
a Child?



# What is Casualty Collection Triage



San Diego Fire-Rescue  
Mass Casualty Response  
**INITIAL RESPONSE**



# Transportation Supervisor

(Transportation Group Supervisor/Unit Leader)



# Medical Communications

## “Med Com”

- Selects Hospital and Report type
  - PAMSCATE
  - ANNEX-D
- Utilize Patient Loading Coordinator aka “Scribe” when assigned by “IC”
- Positions near “Transport” for information flow
- **Only one Hospital is contacted**
  - Multiple responders may contact the selected Hospital
  - Exception: When the same incident is divided geographically the County does allow for 2 points of contact

# “Med Com” Report

- Annex “D”
  - Pt. #, status, ambulance #, Destination ETA
- S-140 Multi-Patient Report
  - Patient number
  - Age
  - Mechanism/NOI
  - Sex (Gender)
  - Chief complaint
  - Abnormal findings
  - Treatment rendered/anticipated
  - Destination
  - ETA/Unit

# San Diego County Operational Emergency Plan

Unified San Diego County  
Emergency Services Organization  
and  
County of San Diego

## Operational Area Emergency Plan



### BASIC PLAN

<i>Annex A</i> Emerg. Management	<i>Annex I</i> Communications
<i>Annex B</i> Fire and Rescue	<i>Annex J</i> Construction/ Engineer.
<i>Annex C</i> Law Enforcement	<i>Annex K</i> Logistics
<i>Annex D</i> Multi-Casualty Plan	<i>Annex L</i> Emerg. Public Info.
<i>Annex E</i> Public Health	<i>Annex M</i> Mental Health
<i>Annex F</i> Medical Examiner	<i>Annex N</i> Damage Assess./Recov.
<i>Annex G</i> Care and Shelter	<i>Annex O</i> Animal Control
<i>Annex H</i> Environmental Health	<i>Annex P</i> Terrorism



# Activation of MCI Protocol (Annex D)

**When?** When transportation resources are depleted or hospital resources are depleted

**Who?** IC, Medical Communications Coordinator OR Base hospital MICN

**Which Hospital?** “Trauma Base Hospital of the Engine district where incident occurs”

**What Radio frequency is used?** RCS 800 MHZ

**Why?** – Required by County EMS

**Who Determines patient destination?**

– MED COM !!!

**Why is the IC notified of Activation?**

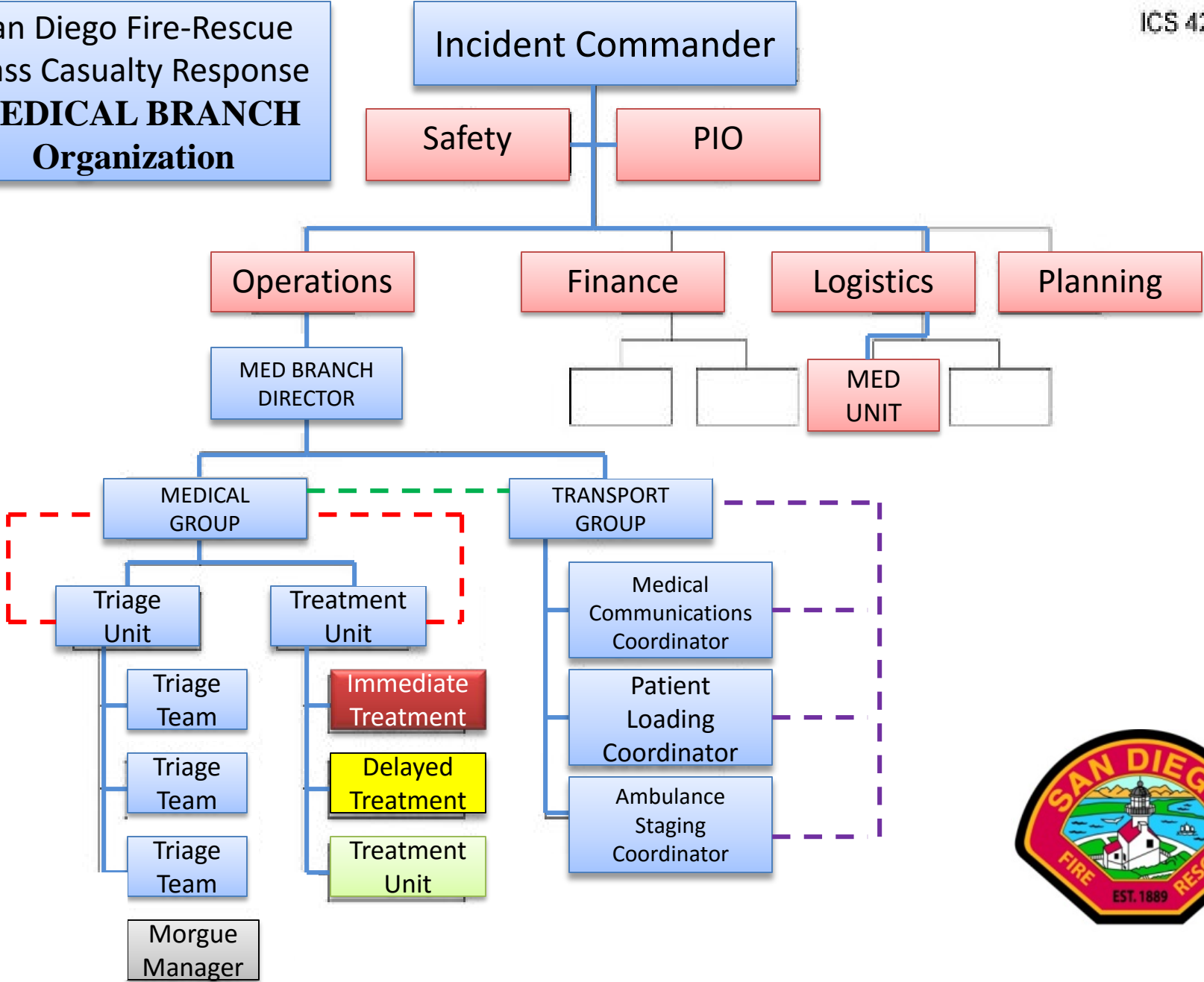
# Ambulance Staging Coordinator







San Diego Fire-Rescue  
Mass Casualty Response  
**MEDICAL BRANCH**  
Organization





# New MCI Equipment

QUESTIONS?



**EMS- Earn Money Sleeping**