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**POLICY MEMORANDUM 6180**

**Implementation Date: December 1, 2013**  
**Revised Date: September 15, 2018**  
**Review Date: September 15, 2020**

**REVIEWED/APPROVED BY:**

Handwritten signature of Bryn Mumma.

MD, MAS

**BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR**

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**TED SELBY, EMS AGENCY ADMINISTRATOR**

**SUBJECT: MULTI CASUALTY INCIDENT (MCI) RESPONSE**

**AUTHORITY:** California Health & Safety Code, Division 2.5, Chapter 3, Article 4, Sections 1797.151 and 1797.153; Chapter 4, Article 1, Section 1797.220; Chapter 5, Sections 1798(a) – (b) and 1798.2; Chapter 6, Article 3, Section 1798.170  
California Code of Regulations, Title 22, Division 9, chapter 4, Article 2, Sections 100145, 100146, and 100148

**PURPOSE:**

- A. Establish common framework for single or multiple agencies to follow when responding to a Multi Casualty Incidents (MCI).
- B. Documentation Protocols associated with requesting mutual aid or assistance for MCIs.
- C. Outline standards to ensure Command and Control, Notification, Communication, and Patient Distribution and Tracking are managed consistently throughout the County.

**I. DEFINITIONS:**

- A. MCI – An incident with a significant number of patients/victims requiring immediate care and treatment which overwhelms the current Emergency Medical Services (EMS) system. This should be not less than five patients.
- B. START Triage – The system that field personnel will use to triage (sort) patients/victims into four categories: red (immediate), yellow (delayed), green (walking wounded), and black (dead).
- C. ReddiNet – An internet-based application that Solano County EMS uses to initiate hospital bed capacity polls for the various injured patients/victims at the scene of a MCI, distribute patients to specific hospitals, and assist with patient/victim and family re-unification. This application is also available as an app for mobile devices.
- D. MCI Base Hospital – A Solano County designated Base Hospital, employing Mobile Intensive Care Nurses (MICN), that is responsible for dispersal of patients during declared MCIs. (Patient destination may be to receiving hospitals in and out of county.)
  - 1. The MCI Base Hospital for Solano County shall be the designated Level II Trauma Center.
  - 2. MICNs will be authorized per Solano County EMS Policy 3500, Roles and Authorization/Reauthorization Requirements for MICNs

**II. MCI Personnel Procedure/Guidelines:**

- A. An incident will generate a response from an appropriate Public Safety Answering Point (PSAP).
- B. After an initial evaluation of the scene, the appropriate command staff will institute the Incident Command System (ICS) structure, declare a MCI if appropriate, and designate the appropriate level. An initial request for medical mutual aid can be made if necessary.
  - 1. MCI Level Definitions:
    - a. Level I – Expand Medical Event  
Five to fifteen (5-15) patients
    - b. Level II – Major Medical Event  
Sixteen to fifty (16-50) patients
    - c. Level III – Medical Disaster  
More than fifty (50) patients

2. Solano County Base Hospitals and Trauma Centers agree to accommodate the following numbers and severities of patients at the initial activation of an MCI:
  - a. Traumatic MCI
    - i. Trauma Centers – 2 red, 5 yellow, and 5 green
    - ii. Non-trauma Centers – 5 green
  - b. Medical MCI
    - i. All Base Hospitals – 2 red, 5, yellow, and 5 green
3. Medical Mutual Aid:
  - a. Using the Medical Mutual Aid Matrix (Attachment A), determine the geographic location of the incident and request through Solano Dispatch the appropriate level of response. Report the projected number of injured requiring transport and their triage categories.
    - i. When activating the Medical Mutual Aid Matrix ensure that the Exclusive Operating Area (EOA) Ambulance Contractor has been consulted and is a part of the ICS Command Structure for decision making.
    - ii. Solano County Dispatch will also notify the Medical Health Operational Area Coordinator (MHOAC) for assistance when requesting mutual aid especially when out-of-county resources are required.
    - iii. When out-of-county resources or supplies are needed, the MHOAC should contact the Regional Disaster Medical Health Specialist to facilitate a regional response.
  - b. Mutual Aid/Assistance Agreements between private ambulance providers may be entered into between operators, agencies, and/or Local Emergency Medical Services Agencies (LEMSAs).
  - c. Publicly operated ambulances must adhere to the State of California Master Mutual Aid Agreement.
- C. The Incident Commander (IC), or designee, will delegate contacting the Designated MCI Base Hospital and provide notification of the declared MCI, location, and estimated number of casualties and their categories, e.g. red, yellow, and green to the appropriate staff member following ICS standards.
  1. The Designated MCI Base Hospital will use ReddiNet, following Policy 7106, and make appropriate system hospital notifications.
  2. A Solano County Authorized Mobile Intensive Care Nurse (MICN) will be the point of contact at the MCI Base Hospital and will delegate transport destination to the IC or designee.
- D. Initial Field Crews must begin triaging patients using a triage system with the approved Triage Tags, e.g. START

- E. The IC will fill the appropriate ICS positions to ensure the event and patients are managed safely. For the medical response these position(s) may include, but not be limited to: Medical Group Supervisor, Triage Unit Leader, Treatment Unit Leader, and Transportation Group Supervisor.
1. The Medical Group Supervisor should consider utilizing all Solano County Resources, e.g. the Disaster Medical Support Unit (DMSU).
    - a. The Medical Group Supervisor (MGS) should contact the MCI Base MICN for transport destination direction to system hospitals.
      - i. Communication(s) with hospitals should be via cellular phone or the MedNet Radio.
  2. The Transportation Group Supervisor should consider using alternate forms of transportation for patients, e.g. city buses, trucks, and helicopters, if necessary.
    - a. The Transportation Group Supervisor should coordinate with the MCI Base MICN to obtain transport destination and notify when a transport unit is en route to a receiving facility.
    - b. The MCI Base MICN will access ReddiNet to assign and update transport destination for all other receiving facilities.
      - i. Field crews will utilize Attachments B, C, D, and E to track all transport movements for late documentation.
      - ii. Communication(s) with hospitals should be made via cellular phone or MedNet radio.
  3. The Treatment Unit Leader should determine how to maximize treatment supplies. Depending on the size of the event this may include utilizing treatment supplies from local hospitals, pharmacies, or clinics.
    - a. All requests for outside assistance for equipment shall be requested through the Medical Health Operational Area Coordinator (MHOAC).
- F. Prehospital staff/Transporting staff at the scene of the MCI:
1. Patients will be transported based on the transportation Group Supervisor's information.
  2. When encountering individual(s) that are not injured, Policy 6125, Refusal of Medical Assistance (RMA), may be used to allow those individual(s) to leave the scene. In Lieu of signing the RMA form, individual(s) may sign the triage tag. Demographic information must be captured on all patients leaving the scene of a MCI on the appropriate form submitted to the EMS Agency.
    - a. Uninjured individuals wanting to leave the scene should be advised that they may seek medical attention at any time.
- G. The MGS should notify the MCI Base MICN once the last patient has been transported so ReddiNet can be updated.
- H. Non-injured individuals will not be transported to hospitals.

- I. All hospitals will follow the procedures outlined in Policy 7106, Use of ReddiNet during an MCI, when receiving, treating, and discharging MCI patients.

### **III. MCI Quality Improvement:**

Review of MCIs will be based on the MCI Level. All MCIs will have the following quality improvement documentation submitted to the EMS Agency.

A. Level I MCI Review:

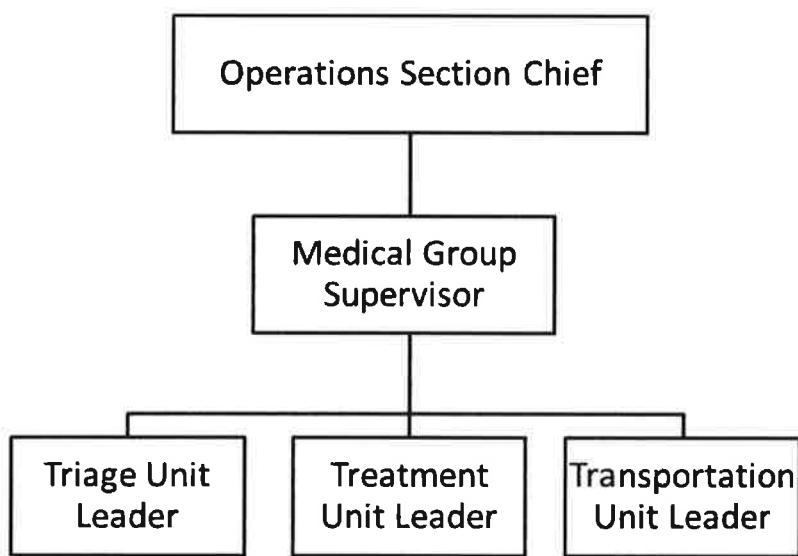
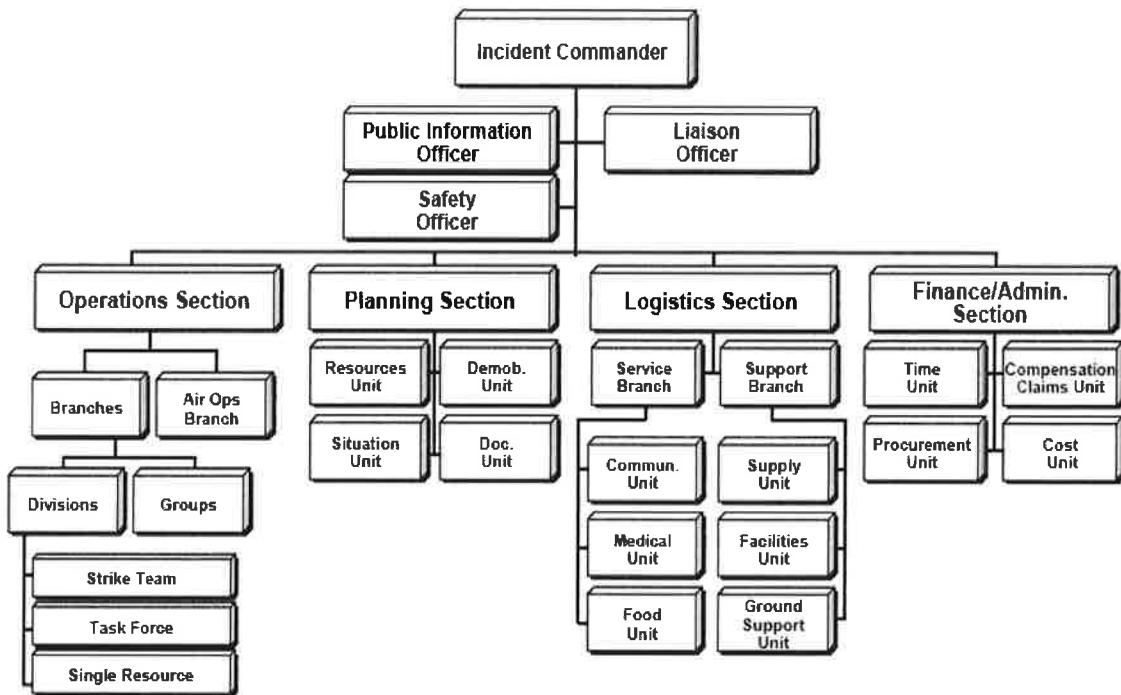
1. A Medical Group Supervisor Summary Report (Attachment F) will be completed and submitted to the EMS Agency within 48 hours of resolution of the incident.
2. After review of the above information the EMS Agency may meet with the involved organizations to review and discuss the incident. The IC and command staff should be present.

B. Level II and III MCI Review:

1. A Medical Group Supervisor Summary Report (Attachment F) and a Field Advisory Report (FAR) from the IC will be completed and submitted to the EMS Agency within 48 hours of resolution of the incident. The FAR should contain a brief review of the incident and the strengths and areas for improvement.
2. A formal, review/critique of the incident should be scheduled within 72 hours of the resolution of the incident.
3. The IC, Emergency Operations Center (EOC) Director, or designee shall schedule and conduct the review/critique.
4. All entities involved in the resolution of, or response to, the incident shall be invited and encouraged to participate, both in discussion at the time and in formal written reviews of the events. Other interested organizations and surrounding LEMSA representatives will also be invited to attend.
5. The lead agency where the MCI occurred will issue a final After Action Report (AAR) containing any written reports, discussions, conclusions, and recommendations for handling future incidents within 60 days of the review being conducted.
6. All entities involved with the incident will also perform a "lessons learned" presentation at the next scheduled Process Improvement meeting.



Policy 6180 MCI – ICS Organizational Chart



Note: This organizational chart is a representation of what ICS may be. Every incident is different and may not require all the positions shown. ICS positions may be added or subtracted as the incident dictates.

## Policy 6180 Attachment A – Mutual Aid Ambulance Response Matrix

Based on incident general geographic location

<b>Incident Location</b>	<b>Responder</b>
Vacaville Area, including Vacaville Fire Protection District area	<ul style="list-style-type: none"> <li>a. Contact Vacaville Fire</li> <li>b. Contact Medic Ambulance</li> <li>c. Contact Travis Air Force Base</li> <li>i. Ambulances</li> <li>ii. Am-buses</li> <li>d. Contact Solano Dispatch</li> <li>i. Yolo County transport resource</li> <li>ii. Sacramento County transport resource (depending on location)</li> <li>iii. Napa County transport resource (depending on location)</li> <li>e. Consider using alternate transportation resources, e.g. city buses</li> </ul>
Dixon Area, including Dixon Fire Protection District area	<ul style="list-style-type: none"> <li>a. Contact Medic Ambulance</li> <li>b. Contact Vacaville Fire</li> <li>c. Contact Travis Air Force Base</li> <li>i. Ambulances</li> <li>ii. Am-buses</li> <li>d. Contact Solano Dispatch</li> <li>i. Yolo county transport resource (depending on location)</li> <li>ii. Sacramento County transport resource (depending on location)</li> <li>e. Consider using alternate transportation resources, e.g. city buses</li> </ul>

**Assumption:** A large scale Multi-Casualty Incident (MCI) in specific geographic area requiring multiple ambulance response. This response matrix should be used when the number of non-ambulatory critical patients exceeds 30. In order to facilitate the transport of critical patients the closest Solano County transport resources must be used prior to requesting out of county transport resources. For non-critical ambulatory patients the use of local public transportation should be considered.

## Policy 6180 Attachment A – Mutual Aid Ambulance Response Matrix

Based on incident general geographic location

Incident Location	Responder
<b>Fairfield/Suisun/Cordelia Area, including Suisun Fire Protection District area</b>	<ul style="list-style-type: none"> <li>a. Contact Medic Ambulance</li> <li>b. Contact Vacaville Fire</li> <li>c. Contact Travis Air Force Base</li> <li>i. Ambulances</li> <li>ii. Am-buses</li> <li>d. Contact Solano Dispatch <ul style="list-style-type: none"> <li>i. Napa County transport resource (depending on location)</li> <li>ii. San Joaquin County transport resource (depending on location)</li> <li>iii. Yolo County transport resource (depending on location)</li> <li>iv. Contra Costa County transport resource (depending on location)</li> </ul> </li> <li>e. Consider using alternate transportation resources, e.g. city buses</li> </ul>
<b>Rio Vista Area, Including Montezuma Fire Protection District Area</b>	<ul style="list-style-type: none"> <li>a. Contact Medic Ambulance</li> <li>b. Contact Vacaville Fire</li> <li>c. Contact Travis Air Force Base</li> <li>i. Ambulances</li> <li>ii. Am-buses</li> <li>d. Contact Solano Dispatch <ul style="list-style-type: none"> <li>i. Sacramento County transport resource (depending on location)</li> <li>ii. Contra Costa County transport resource (depending on location)</li> <li>iii. San Joaquin County transport resource (depending on location)</li> </ul> </li> <li>e. Consider using alternate transportation resources, e.g. city buses</li> </ul>
<b>Benicia Area</b>	<ul style="list-style-type: none"> <li>a. Contact Medic Ambulance</li> <li>b. Contact Vacaville Fire</li> <li>c. Contact Travis Air Force Base</li> <li>i. Ambulances</li> <li>ii. Am-buses</li> <li>d. Contact Solano Dispatch <ul style="list-style-type: none"> <li>i. Contra Costa County transport resource (depending on location)</li> <li>ii. Napa County transport resource (depending on location)</li> </ul> </li> <li>e. Consider using alternate transportation resources, e.g. city buses</li> </ul>

## **Policy 6180 Attachment A – Mutual Aid Ambulance Response Matrix**

Based on incident general geographic location

Incident Location	Responder
Vallejo Area	<ul style="list-style-type: none"><li>a. Contact Medic Ambulance</li><li>b. Contact Vacaville Fire</li><li>c. Contact Travis Air Force Base<ul style="list-style-type: none"><li>i. Ambulances</li><li>ii. Am-buses</li></ul></li><li>d. Contact Solano Dispatch<ul style="list-style-type: none"><li>i. Napa County transport resource (depending on location)</li><li>ii. Contra Costa County transport resource (depending on location)</li></ul></li><li>e. Consider using alternate transportation resources, e.g. city buses</li></ul>

Policy 6180 Attachment B – MCI Disaster Log

**Disaster:** Actual Drill      **Disaster Type:** Trauma      Medical      HAZMAT      **MULTICASUALTY INCIDENT LEVEL:** I || III  
**Date:** \_\_\_\_\_      **Time:** \_\_\_\_\_      **Base Hospital:** \_\_\_\_\_      **Estimated # Victims:** \_\_\_\_\_  
**Incident Location:** \_\_\_\_\_      **Initial Responding Units:** \_\_\_\_\_

Policy 6180 Attachment C – Hospital Resource Availability Sheet

## Policy 6180 Attachment D – Casualty Recorder Worksheet

(I) Immediate/Red (D) Delayed/Yellow (M) Minor Green

Policy 6180 Attachment E – Ambulance Staging Resources Status Form

## Policy 6180 Attachment F – Mass Casualty Incident Medical Group Supervisor Summary/Evaluation Report

### Initial MCI Demographic Information:

1. Incident Number, Date, and Time: \_\_\_\_\_
2. Incident Location: \_\_\_\_\_
3. Incident Commander: \_\_\_\_\_
4. Level of MCI Declared: \_\_\_\_\_
5. Medical Group Supervisor: \_\_\_\_\_
6. Time Call Received: \_\_\_\_\_
7. Public Safety Arrival Time: \_\_\_\_\_
8. Public Safety Agency: \_\_\_\_\_
9. Time MCI Declared: \_\_\_\_\_
10. Base Hospital: \_\_\_\_\_
11. Time Solano Dispatch Notified: \_\_\_\_\_

### EMS MCI Response:

1. Estimated Number of Initial Victims: \_\_\_\_\_
2. Estimated Number of Victim's Triage Categories: I - \_\_\_\_\_; D - \_\_\_\_\_; M - \_\_\_\_\_.
3. Number and type of transport resources requested: \_\_\_\_\_
4. Incident Command System (ICS) Utilized YES/NO; *if no please use a separate piece of paper to explain*
5. Initial Medical Group Supervisor: \_\_\_\_\_
6. Final Medical Group Supervisor: \_\_\_\_\_
7. Other Incident Command positions filled, if applicable, Provide Name and Agency:
  - a. Triage Unit Leader - \_\_\_\_\_
  - b. Treatment Unit Leader - \_\_\_\_\_
  - c. Transportation Group Supervisor - \_\_\_\_\_
  - d. Medical Supply Leader - \_\_\_\_\_
  - e. Transportation Staging Manager - \_\_\_\_\_
  - f. Helispot Manager - \_\_\_\_\_

### Post MCI Evaluation:

Please explain "NO" answers on a separate page. Information will be used strictly for system improvement.

1. IC and/or Command Post easily identified by incoming ambulance personnel?  
 Yes       No
2. Adequate ambulance staging access, egress and area?  
 Yes       No
3. Ambulance personnel briefed upon arrival?  
 Yes       No
4. Patients triaged prior to movement?  
 Yes       No
5. START method of triage used?  
 Yes       No
6. Delays in patient transport?  
 Yes       No
7. Base Hospital Coordination adequate?  
 Yes       No
8. Were Cal-Fire Chiefs triage tags used?  
 Yes       No

Signature of Final Medical Group Supervisor: \_\_\_\_\_