



Reference 811: Multiple Casualty Incident Plan

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MULTIPLE CASUALTY INCIDENT PLAN:  
Santa Cruz County Emergency Plan  
Medical and Health Annex, Attachment No. 8

Forward

The Santa Cruz County Multiple Casualty Incident Plan is Attachment No. 8 to the Health Services Agency's Annex to the Santa Cruz County Emergency Plan. This Multiple Casualty Incident Plan is written in two parts: part one is the Administrative Plan, and part two is the Field Operations Plan.

Part One, the Administrative Plan, follows the accepted format of all the 1984 revised County Emergency Plans and is the general information document for multiple casualty incidents.

Part Two, the Field Operations Plan, conforms to the Incident Command System model and is designed to be both the field responders' operations information document and working check sheet.

The Incident Command System has been adopted by all emergency responders and support services serving Santa Cruz County. It is only through the cooperation and coordination of all emergency responders and support services that this plan can be effective.

Special thanks go to Chief Jason Hajduk and the Santa Cruz County Fire Chiefs Association for the development of this plan

*D. Ghilarducci MD*

David Ghilarducci MD  
EMS Medical Director



## Part One

### Administrative Plan

- ❖ Purpose
  - The purpose of this Multiple Casualty Incident Plan is to define the authority, responsibility and function of the various emergency responders who will be called upon to coordinate their emergency response activities at the scene of a major accident.
- ❖ General
  - Authority
    - Santa Cruz County Emergency Plan, dates January 1984.
- ❖ References
  - FIRESCOPE Field Operations Guide ICS 420-1; Current Edition.
  - Applicability
    - This Multiple Casualty Incident Plan is applicable to ALL emergency responders and to ALL governmental and non-governmental medical support services in Santa Cruz County.
- ❖ Scope
  - This Multiple Casualty Incident Plan is intended to coordinate multi-agency response to the single site disaster which could overwhelm the day-to-day emergency medical response system. The Multiple Casualty Incident Plan is NOT designed to accommodate a County-wide ongoing disaster.
- ❖ Objectives
  - The objectives of this Multiple Casualty Incident Plan are to ensure adequate and coordinated efforts to minimize loss of life, disabling injuries and human suffering by providing effective emergency medical assistance through efficient utilization of medical and other resources in the event of an incident which results in many injured persons.
  - Furthermore, the objectives of this plan are to identify and provide the resources necessary for mobilizing teams to effectively deal with the victims resulting from an accident or incident while simultaneously providing teams to deal with the other emergency(s) associated with the accident or incident

### Organization

- ❖ Command Authority
  - Each agency shall retain full command authority within its jurisdiction always. Agencies that are assisting in support of a single jurisdiction will function under the direction of that jurisdiction's designated incident commander.
  - In multi-jurisdictional incidents, Incident Commanders may establish unified command, planning and coordinated strategies for controlling the overall incident at a single location command post.
- ❖ Incident Command System
  - The incident scene is organized using the Incident Command System (ICS) which provides a common organizational structure to accomplish set incident objectives and provides a means to interface all



agencies at any type of major emergency. The Incident Commander only needs to designate persons to fill positions needed for the size of the incident.

- ❖ General Duty Statements
  - The general duty statements of the Command Staff and the specialized multiple casualty positions are contained below:
- ❖ Incident Commander (IC)
  - The Incident Commander is responsible for overall management of the incident. The IC may be a law enforcement, fire or health person. The ultimate IC may be a senior law enforcement, fire or health person based upon the rules, policies or regulations established by the jurisdiction in which the incident has occurred.
- ❖ Liaison Officer (Liaison)
  - The Liaison Officer's function is to be a point of contact for representatives from other agencies which are directed to send their respective Liaison Officers to the Incident Command Post. The Liaison Officers reports directly to the Incident Commander.
- ❖ Public Information Officer (PIO)
  - The Public Information Officer is responsible for developing and releasing information about the incident to the media, incident personnel and other governmental agencies which desire information directly from the incident. The Public Information Officer reports directly to the Incident Commander.
- ❖ Safety Officer (Safety)
  - The Safety Officer's function is to develop and recommend measures for assuring personnel safety, and to assess and/or anticipate hazardous and unsafe situations. The Safety Officer reports directly to the Incident Commander.
- ❖ Planning Section Chief (Plans)
  - The Planning Section Chief is responsible for the collection, evaluation, dissemination and use of information about the development of the incident and status of resources. The Plans Section Chief reports directly to the Incident Commander.
- ❖ Logistics Section Chief (Logistics)
  - The Logistics Section Chief is responsible for providing facilities, services and material in support of the incident. Reports directly to the Incident Commander and supervises Support and Services Branches or units as assigned. Responsibilities include: ordering all resources from off-incident locations, providing facilities, transportation, supplies, equipment maintenance and fueling, feeding, communications and medical services for emergency responders.
- ❖ Operations Section Chief (Operations)
  - The Operations Section Chief is responsible for the direct management of all operations directly applicable to the primary mission. Reports directly to the Incident Commander and supervises organization elements in accordance with the Incident Action Plan.
- ❖ Staging Area Manager (Staging Manager)
  - The Staging Manager answers directly to the Operations Chief and is responsible for the temporary location of resources (except ambulances) which are available for immediate assignment. All resources within the designated staging area are under the direct control of the Operations Chief.



- ❖ Medical Branch Director (Medical)
  - The Medical Branch Director is responsible for the implementation of the Incident Action Plan within the Medical Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Group(s) and patient transportation function.
- ❖ Medical Group Supervisor
  - Reports to the Medical Branch Director and supervises the Triage Unit Leader, Treatment Unit Leader, Patient Transport Unit Leader and Medical Supply Coordinator. Establishes and maintains liaison with other participating medical service providers
- ❖ Triage Unit Leader (Triage)
  - The Triage Unit Leader reports to the Medical Group Supervisor and is responsible for initial point triage and movement of victims/patients to the treatment area. When triage is completed, the Triage Unit Leader may be reassigned as needed.
- ❖ Treatment Unit Leader (Treatment)
  - The Treatment Unit Leader reports to the Medical Group Supervisor and supervises Treatment Managers and the Patient Loading Coordinator. The Treatment Unit Leader is responsible for treatment, preparation for transport and the movement of patients to loading location(s).
- ❖ Patient Transportation Unit Leader (Transportation)
  - The Patient Transportation Unit Leader reports to the Medical Group Supervisor and is responsible for providing and coordinating patient transportation and maintenance of records relating to patient's identification, condition and destination. The Transportation Group Supervisor equipped with two radio frequencies (fire tactical channel and medical channel) must have in-depth field medical knowledge (Advanced Life Support Provider) and be familiar with local hospital capabilities. Consider Medic-100 for filling.
- ❖ Ambulance Coordinator (Ambulance Coordinator)
  - The Ambulance Coordinator reports to Patient Transportation Unit Leader must maintain close contact, visually or by radio, with the Patient Transportation unit leader. Manages the ambulance staging area(s) and dispatches ambulances as requested.
- ❖ Morgue Manager (Morgue)
  - The Morgue Manager reports to the Triage Unit Leader. A Law Enforcement Officer should be assigned if possible to establish and maintain a morgue area. Coordinates the handling of decedents with law enforcement and Coroner.
- ❖ Extrication/Rescue Branch Director (Extrication)
  - The Extrication/Rescue Branch Director is a firefighter who is responsible for site safety, initial patient care and disentanglement of and is responsible for the overall tactical management of patient extrication.
- ❖ Extrication/Rescue Group Supervisor
  - The Extrication Group Supervisor coordinates patient extrication activities.
- ❖ Suppression Branch Director (Suppression)
  - The Suppression Branch Director is responsible for the overall tactical management of fire suppression.
- ❖ Suppression Group



- The Suppression Group Supervisor coordinates fire suppression activities.
- ❖ Law Enforcement Branch Director (Law)
  - Law Enforcement Branch Director works closely with the Incident Commander or Incident Liaison Officer (#2 Liaison) and directs the overall tactical management of the Law Enforcement Groups.
- ❖ Perimeter Enforcement Group Supervisor (Perimeter Enforcement)
  - The Internal Enforcement Group Supervisor is responsible for security of persons, property, evidence preservation and general enforcement/exclusion of nonessential personnel in the internal perimeter of the incident site.
- ❖ Traffic Enforcement Group Supervisor (Traffic)
  - At the site of those incidents which occur in any unincorporated area of the County (California Highway Patrol traffic jurisdiction) a California Highway Patrol person will assume duties of the Traffic Enforcement Group Supervisor. The Traffic Enforcement Group Supervisor will report to the Incident Commander and be responsible for the direction of all non-essential traffic away from the incident site.
- ❖ Air Operations Branch Director (Air Branch)
  - The Air Operations Branch Director is primarily responsible preparing and implementing air operation strategic objectives in accordance with the Incident Action Plan.
- ❖ Helispot Manager (Helispot)
  - The Helispot Manager is responsible for arranging a helicopter landing area and for coordination of activities with the Medical Group, for off-loading of supplies and material and for loading of evacuees.

### Operations

- ❖ This Multiple Casualty Incident Plan will address specific problem areas representative emergency responders identified in preplanning agreement. The specific areas to be addressed are those where cooperative effort, mutual understanding and a coordination of activities are the essential ingredients for success.
- ❖ All aspects of on-scene operation at a Multiple Casualty Incident Plan will not be addressed because:
  - Emergency responder's standard operating procedures for situations vary.
  - Variety and complexity of the varied tasks would produce an unwieldy document.
- ❖ This plan is not intended to be a review of the Incident Command System, but rather an explanation of how the various emergency responders in Santa Cruz County will coordinate their respective responses and cooperate at the site of a multiple casualty incident.
- ❖ It should be noted, particularly by would-be Incident Commanders, that not all the positions outlined in this plan and organizational chart need to be filled on any given incident. However, the Span-of-Control recommended by the Incident Command System should be observed.

### Plan Activation

- ❖ When to Activate This Plan:
  - A single site incident which overwhelms the initial responder's human and/or equipment resources.
- ❖ Who May Activate This Plan?
  - Any fire, law enforcement or Medical-Health Services personnel.



- ❖ How to Activate This Plan:
  - Report to the appropriate Santa Cruz County dispatch center that the Multiple Casualty Incident Plan should be activated.
- ❖ Provide the Following Information at Time of Activation:
  - Declare Level of MCI 1, 2 or 3
  - Type of Incident
  - Location of Incident
  - Best Access Route to Incident Site
  - Number of Injured (Approximate)
- ❖ Request Special Resources (such as):
  - Special Rescue Equipment
  - Additional Law Enforcement (perimeter control/traffic enforcement)
  - Cal Trans/Public Works
  - Coroner
- ❖ Incident Commander
  - The Incident Commander shall direct, order and/or control resources by their explicit legal, agency or delegated authority. The initial Incident Commander may be the first supervisory fire, law enforcement, emergency medical care provider or health officer at an incident site.
  - The Incident Commander will identify themselves by using the name of the facility, street or road where the incident has occurred. For example, the Incident Commander may identify themselves as “Rodeo Gulch Command”, “Riverside Road Command”, or by some such other common landmark or area. In any case, once the Incident Commander chooses a name and identifies him or herself by that name, that name will be used throughout that incident.
- ❖ Unified Command
  - Unified Command is a team effort which allows all agencies with jurisdictional responsibilities for an incident, either geographical or functional, to participate in the management of an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility or accountability.
- ❖ Command Post
  - A single site command post shall be established and made immediately identifiable by the Incident Commander, pursuant to Incident Command System directions.
- ❖ Command Post Location
  - The Command Post shall be established keeping in mind:
    - Ease of access
    - Perspective of operation which does not conflict with emergency operations and provides an adequate margin of safety of all command and liaison personnel.
- ❖ Command Post Functions
  - The Command Post is the location from which all incident operations are directed. Law enforcement, Liaison, Public Information and Safety will co-locate at the Command Post. All other agencies or responders will report to the Staging Area when a staging area is set up.



❖ Staging

- This plan assumes incidents may dictate establishing two staging areas, a General Staging Area and an Ambulance Stand-by Area.
- General Staging Area
  - A General Staging Area may be established for temporary location of all arriving resources. For this plan, all medical supplies will be immediately relocated to the Treatment Area.
- Ambulance Staging Area
  - The Ambulance Staging Area will be established for the location of all ground medical transportation units. Ambulances will be directed to off-load certain supplies for the Treatment Area. Ambulance Stand-by will be located so that move-up for loading can be signaled visually or by radio.

❖ Ambulance Procedure

- Communications
  - Radio Frequency:
    - Ambulances are directed to use the usual Medical Network Radio Channel.
  - Additional Ambulances/Mutual Aid:
    - Requests for additional ambulances or mutual aid must be initiated by the Incident Commander and will be dispatched by Net Com.
- Ambulance Procedure on Site
  - Ambulances dispatched to the incident site will report to the Ambulance Staging Area. The Ambulance Coordinator will be signaled visually or by radio to direct incoming ambulances to the Ambulance Stand-by Area, and will ask the ambulance crew(s) to off-load the following types of equipment for the Treatment Area as indicate and as appropriate:
    - Backboards
    - Scoop stretchers
    - Portable oxygen tanks, masks and cannulas
    - Portable suction
    - Appropriate basic and advanced life support supplies
  - Under no circumstances should any ambulance surrender their gurney or folding stretchers (flats). This equipment must stay with the ambulance always, including after unloading patients at a designated hospital, since ambulance transportation is impossible without this equipment.
- On-Site Ambulance Dispatch
  - Ambulance Staging Area:
    - The Ambulance Coordinator will direct ambulances from the ambulance staging area to the loading area.
  - Ambulance Destination:
    - The Transportation Group Supervisor will direct the loaded, departing ambulances to a receiving hospital. The ambulance(s) so directed will be committed to the facility designated by the Transportation Group Supervisor.
- Reassignment of Ambulances/Completion of Incident



- Ambulances dispatched to an incident site under declaration of a MCI are assigned to that incident until released by the Incident Commander. After unloading patients at a receiving hospital, ambulances will contact the Ambulance Coordinator and advise ETA back to Ambulance Staging.
- The Ambulance Coordinator will advise if the inquiring ambulance should return to the incident site or be released from the incident.
  - When the ambulance is released from the incident, they are to contact Net Com and go in-service.
- ❖ Law Enforcement Branch
  - Law Enforcement Branch Director
    - The Law Enforcement Branch Director's responsibility is managing both the internal and perimeter components of the law enforcement function at the scene of a multi-casualty incident. This person is ideally the ranking officer in the law enforcement agency with jurisdiction who can make the decisions necessary to manage all the law enforcement tactical elements.
    - The Law Enforcement Branch Director shall, upon request of the Information Officer, mobilize the law enforcement members of the Survivor Data Teams for receiving hospitals. Refer to Survivor Data, a responsibility of the Information Officer.
  - First Officer on Scene
    - Absent those occasions where law enforcement will assume Incident Command, the first law enforcement officer from the agency having jurisdiction at the incident site will report to the Incident Commander at the Command Post. This first officer will remain at the Command Post until relieved by a supervisor or tactical manager. (Rank will vary with the agency).
    - The First Officer, a supervisor, tactical manager or Watch Commander will act as the Law Enforcement Branch Director.
  - Perimeter Enforcement Group Supervisor
    - A uniformed law enforcement supervisor or officer directly responsible to the Law Enforcement Branch Director, will call for barricades or other appropriate material to assist in perimeter control.
  - Controlled Zone Entry Point(s)
    - The Perimeter Enforcement Group Supervisor shall, at his discretion, designate the incident site a "controlled zone" and set up controlled zone entry points from which only authorized personnel and vehicles may enter that incident site.
  - Controlled Zone Entry Pass
    - A Controlled Zone Entry Pass will be issued to all authorized non-uniform non-emergency responders by an officer or officers at the zone entry point(s). If the agency or the jurisdiction does not have a controlled zone entry pass system set up, the Sheriff-Coroner has forms and directions available through the Sheriff's Watch Commander.
      - The Controlled Zone Entry Pass is an NCR form with space for the entrant's name, vehicle identification, a zone number designation, the date and the name and identification number of the issuing officer. The Internal Enforcement Group Supervisor and Members will then know that the entrant is authorized. Complete details appear in Sheriff's Office Policy No. 13.
  - Internal Enforcement Group Supervisor



- The Internal Enforcement Group Supervisor, directly responsible to the Law Enforcement Branch Director, will manage the jurisdiction's investigative and internal security element within the inner perimeter of the incident site.
  - Duties will range from supervising the investigation of the accident or incident to security of the site; emergency responder's equipment; victim's property not immediately retrieved; and crash debris which may be evidence.
- Traffic Enforcement Group Supervisor
  - The Traffic Enforcement Group Supervisor, responsible to the Law Enforcement/Traffic Control Branch Director, will maintain traffic flow around the incident site. Although the extent of traffic restriction and/or diversion will depend on many factors, the primary consideration shall be protection of the public and emergency responders and equipment responding to the incident.
- Coroner's Investigation
  - A Deputy Coroner will oversee the recovery of the dead at the scene of a multiple casualty incident and during his investigation will:
    - Note the position of each body, or part thereof, at or near the incident site and photograph and mark that body or part.
    - Each body or part thereof will be numbered at the scene and a secure and waterproof label will be attached. The label will be attached directly to the body, or part. One Sheriff-Coroner's case number will be utilized, and each body or part thereof will be numbered consecutively. (Example: 84-6400-306).
    - Each body, together with all its clothing and personal possessions, must be placed in a body bag. This includes identifying items found near that body.
    - Emergency ambulances shall not be used for the removal of bodies from the incident site.
    - Only Deputy Sheriff-Coroner's will mark bodies and collect clothing and personal possession.
- Remains "Left Where Found"
  - Authority:
    - It is essential that all human remains be left "where found" at any accident or incident site. The ONLY exception will be upon order of the Extrication Group Supervisor who will determine if existing hazards preclude leaving the remains "where found" for the coroner's investigation. If indeed the remains are likely to be destroyed, the Safety Officer will order their removal.
- Removal Procedure/Tagging of Dead:
  - If in the Safety Officers judgment, a body or bodies should be moved from "where found", that body or bodies shall be triage tagged and all possible data concerning "where found" shall be noted on the triage tag. An example could be "row 18, aisle seat, not belted" or "face up under left wing". In any case, where removal is ordered, the Extrication Group member making the removal and marking the triage tag shall put the Extrication Group members name on the tag, to assist the coroner's investigation.
- Investigation Task Force
  - It is the policy of the Sheriff-Coroner's Office to investigate all death cases which are classified as coroner cases, and in multiple death cases and an Investigation Task Force may be initiated to:



- Identify the dead
- Determine the cause of death
- Discover the cause of death to prevent a recurrence of the event(s) which resulted in the death(s)
- Reception and Processing Remains
  - The investigation, recovery, reception and processing of human remains is fully addressed in the Sheriff's Investigation Bureaus policy and procedure manual. All questions concerning this policy are to be directed to the Sheriff-Coroner's Investigation Bureau – Coroners Section.
- ❖ Information Officer
  - Identification/Responsibilities
    - The Information Officer is appointed by the Incident Commander, and the Information Officer's responsibility is to formulate and release information about the incident to the news media and other appropriate agencies.
  - Coordination of Activities
    - The designated Information Officer will coordinate activities with the Incident Commander to check restrictions to be set upon release of data, and application of 409.5 P.C. at this incident site. The Information Officer will establish liaison with the incident jurisdictions Public Information Officer and with other responding agencies representatives (State and Federal) to provide uniformity of new releases.
  - Survivor Data
    - If in the Incident Commanders Opinion, the incident warrants, the Information Officer will be responsible for activating a survivor coordinating point and for the mobilization of pre-designated Survivor Data Teams. If the Survivor Data Teams are mobilized, it is the Information Officer's responsibility, through amateur radio, to maintain liaison with these teams.
    - The mechanics are for the Incident Commander to advise his radio dispatch point (Net Com, CalFire Command Center) to notify the Sheriff-Coroner's office for officer coverage at Dominican, and the Watsonville Police Department for coverage at Watsonville Community Hospital. Coverage of course may be requested for one or both acute care hospitals in the county. In any case, amateur radio personnel must be notified at the same time, to provide for coverage at the hospital(s) and to provide a liaison officer at the incident site.
  - Survivor Data Coordinating Point
    - In any multi-casualty incident where there are large number of injured survivors who will be dispersed to local area hospitals, a localized all survivor coordinating point must be established. Such a point will be established by the American Red Cross Central Coast Chapter.
    - The Red Cross Chapter will staff telephones at their headquarters. The Red Cross Chapter headquarters will answer relative's inquiries and can, in most cases, direct relatives to the hospital where a specific victim has been taken.
  - Survivor Data Teams
    - Three Survivor Data Teams consisting of a Law Enforcement Officer, a Red Cross volunteer and an Amateur Radio person will obtain the names and victims received at the respective hospitals from



hospital personnel and will relay that data to the designated Red Cross Chapter headquarters for dissemination to relatives.

- The information can either be relayed by Amateur Radio or by telephone. In any case, the teams can maintain liaison with the Information Officer at the incident site through Amateur Radio and the Amateur Radio person at local hospitals may also relay ancillary non-emergency communications from the hospital to the incident site, when necessary.

❖ War Caused Disaster Operations

- The Multiple Casualty Incident Plan does not apply to war caused disaster operations.

❖ Natural Disaster Operations

❖ General Response

- While this Multiple Casualty Incident Plan is NOT designed to accommodate a County-wide disaster but to coordinate multi-agency response to the single-site disaster which could overcome the day-to-day emergency medical response system, it is not inconceivable that because of this magnitude and impact of the incident that an affected entity may proclaim a local emergency. In such a case, the entity could activate their emergency operating center to coordinate support for field operations.

❖ Operational Concepts

➤ Command Authority

- Operational requirements of the Multiple Casualty Incident Plan dictate that Command Authority is vested in the Incident Commander, and all Emergency Operating Center personnel shall be considered staff support for the respective appointees at the incident site.

➤ Carrier Support

- A commercial passenger carrier will send investigators to the incident site and will provide both victim identification and public information support. Freight carriers will provide salvage information and provide security for freight, damaged and undamaged.

➤ Federal/State Support

- The Federal Aviation Administration and any other Federal service immediately affected by the incident will be called upon to respond, and if the entity proclaims a local emergency State agencies can then assist, if local resources are called upon first.

➤ Fiscal Operations Support

- The entity's Chief Executive Officer or Director of Emergency Services to support on-site operations.

➤ Social Services Support

- The county's Human Resources Agency can be called upon to assist in coordinating the response of volunteer social services organizations who may be called upon to provide coordinated support.
- Medical and Health, Flood, Landslide Hazard Mitigation and Private Property Damage Assessment, Operational Information, Public Works/Engineering, Transportation, Supply, and Public Information and Education may be called upon to assist, if necessary.

## Resources and Support Systems



- ❖ An entity's Emergency Operating Center and operations support services may be activated should the situation warrant. All available support of both regular and volunteer agencies shall, upon order of the Chief Administrative Officer, be made available to the Incident Commander.

### Authentication

- ❖ This Multiple Casualty Incident Plan is hereby adopted and will be supported by:

Brenda Brenner  
Director, Emergency Medical Services

David Ghilarducci, MD, FACEP, FAEMS  
Medical Director, Emergency Medical Services

### Part Two

### Field Operations Plan

- ❖ Purpose
  - The purpose of this MULTIPLE CASUALTY INCIDENT PLAN is to define the authority, responsibility and function of the various emergency responders who will be called upon to coordinate their emergency response activities at the scene of a major accident.
  - This Part Two of the MULTIPLE CASUALTY INCIDENT PLAN is the Field Operations Plan. The plan should be utilized in conjunction with the current issue of Firescope's Field Operations Guide to provide position checklists for each position identified on the Multiple Casualty Incident Plan organizational chart.
- ❖ Function
  - It is intended that prospective Incident Commanders have a copy of Part Two of the MULTIPLE CASUALTY INCIDENT PLAN available to them when this plan is initiated. Further, when the positions designated on the organizational chart are assigned, that each assignee has a copy of the Position Checklist from the current FOG manual outlines that assignment.
- ❖ Level One MCI
  - Incident involving 10 patients with 5 or more requiring transportation.
  - Additional Resources assigned will include 2 Engines, a Duty Chief, Medic 100, 2 ALS Ambulances, 1 BLS ambulance and 2 Air Ambulances.
  - Local hospitals to accept 1 Immediate and 2 Delayed patients regardless of status.
- ❖ Level Two MCI
  - Incidents involving 10 to 40 patients with 15 or more requiring transportation.
  - Additional resources assigned will include 4 Engines, 2 Duty Chiefs, 2 ALS Ambulances, 2 BLS Ambulance and 2 Air Ambulances.
  - Local hospitals to accept 2 Immediate and 4 Delayed patients regardless of status.
- ❖ Level Three MCI
  - Incidents involving 40 to 100 patients with 25 or more requiring transportation.



- Additional resources assigned will include 6 Engines, 2 Duty Chiefs, 2 ALS Ambulances and 1 Air Ambulance.
- Local hospitals to accept 2 Immediate and 4 Delayed patients regardless of status.



Santa Cruz County EMS Agency  
Reference Materials

Section 800

APPENDIX A: Overall Roles

MCI Level	Level One MCI	Level Two MCI	Level Three MCI	Typical Resource Assignments by Call Type
Description	Operational Focus is on incident management using resources to mitigate the problem on scene. Use of additional resources can be used for scene safety, security, patient evaluation, patient treatment, specialty resource response, etc.	Operational Focus is on incident management using resources to mitigate the problem on scene. Use of additional resources can be used for scene safety, security, patient evaluation, patient treatment, specialty resource response, etc. Additionally, actions will be taken to maintain the integrity of the entire EMS system. This will transition the system from focused patient care to population based patient care.	Operational and Strategic Focus is on scene management, resources necessary to mitigate the incident and maintain the County's EMS System. This includes a transition from focused patient care to population based care. It is necessary to make modifications to the daily 911-EMS system to support the incident and stability of the system. This includes the use of out-of-county mutual aid resources requested from Region II and adjoining Counties.	Medical 1-Engine 1 ALS Ambulance
Example	Multiple vehicle accident involving 10 patients with 5 requiring transport.	Multiple vehicle accident, active shooter incident, aircraft collision, skilled nursing facility requiring evacuation, or an incident involving 10-40 patients with 16 requiring transport.	Large aircraft collision, hospital facility evacuation, isolated natural incident, involving 40-100 patients. More than 25 requiring transport	Vehicle Accident 1-BC Varies by agency generally 2 units 1-Engine & 1-Truck or 2-Engines) 1 ALS Ambulance
LEMSA / MHOAC/County	County may make modifications to daily 911 EMS dispatch to support incident *See MCI standing orders	County will make modifications to daily 911 EMS dispatch to support incident. *See MCI standing orders *LEMSA/MHOAC will notify RDMHS to request assistance with notifications to adjacent counties and with requesting out of county ambulance resources as needed.	County will make modifications to daily 911 EMS dispatch to support incident. *See MCI standing orders County will request out of County resources through region 2 OES County will activate emergency operations plan	Structure Fire 1-BC Varies by agency, generally 5 units. 4-Engines & 1-Truck or 5-Engines 1-M100



APPENDIX A, Cont.

MCI Level	Level One MCI	Level Two MCI	Level Three MCI	Typical Resource Assignments by Call Type
Fire	<p>Orders local resources Incident management and mitigation Triage of the ill and/or injured On-scene treatment of the ill and/or injured</p>	<p>Orders local resources Incident management and mitigation Triage of the ill and/or injured On-scene treatment of the ill and/or injured</p>	<p>Orders local resources &amp; requests additional resources as needed Coordinates use of mutual aid resources Incident management and mitigation Triage of the ill and/or injured On-scene treatment of the ill and/or injured</p>	
Law	<p>Scene security Investigation Overall incident management depending on jurisdiction Consider agency representative to Command Post</p>	<p>Scene security Investigation Overall incident management depending on jurisdiction Representative to Command Post for Unified Command</p>	<p>Scene security Investigation Overall incident management depending on jurisdiction</p>	
Ambulance Provider	<p>Triage of the ill and/or injured On scene treatment of the ill and/or injured Transportation coordination Transport of the ill and/or injured</p>	<p>Triage of the ill and/or injured On scene treatment of the ill and/or injured Transportation coordination Transport of the ill and/or injured Agency representative will respond as liaison to SCR911 and to assist with County EMS response.</p>	<p>Triage of the ill and/or injured On scene treatment of the ill and/or injured Transportation coordination Transport of the ill and/or injured</p>	
Dispatch	<p>SCR911 or Felton ECC will notify other dispatch centers of MCI event occurring. Dispatch center will notify local Hospitals of MCI Dispatch center will notify zone coordinators *Consider IDT *Consider emergency response team *Notify County EOC</p>	<p>SCR911 or Felton ECC will notify other dispatch centers of MCI event occurring. Dispatch center will notify local Hospitals of MCI Dispatch center will notify OAC Dispatch center will activate zone coordinators IDT response to scene Implement emergency response team Notify County EOC</p>	<p>SCR911 or Felton ECC will notify other dispatch centers of MCI event occurring. Dispatch center will notify local Hospitals of MCI Dispatch center will notify OAC Dispatch center will activate zone coordinators IDT response to scene Implement emergency response team Activate County EOC</p>	



Santa Cruz County EMS Agency  
Reference Materials

Section 800

APPENDIX B: FIELD RESPONSE

MCI Level	Level One MCI	Level Two MCI	Level Three MCI	Typical Resource Assignments by Call Type
Example	Multiple vehicle accident involving 10 patients with 5 requiring transport.	Multiple vehicle accident, active shooter incident, aircraft collision, skilled nursing facility requiring evacuation, or an incident involving 10-40 patients with 16 requiring transport.	Large aircraft collision, hospital facility evacuation, isolated natural incident, involving 40-100 patients. More than 25 requiring transport.	Medical 1-Engine 1 ALS Ambulance
Hospital	1 immediate/ 2 delayed regardless of status. Hospital will implement surge disaster plan.	2 immediate/ 4 delayed regardless of status. Hospital will implement surge disaster plan.	2 immediate/ 4 delayed regardless of status Hospital will implement surge disaster plan Priority will be on out of County transportation and distribution of patients to appropriate facilities. Goal is to not overwhelm any one destination treatment center. Region 2 disaster medical health specialist will be activated and used for coordination of patient transport to regional Hospitals	Vehicle Accident 1-BC Varies by agency generally 2 units 1-Engine & 1-Truck or 2-Engines) 1 ALS Ambulance
Resources Assigned	2-Engines, 1-BC, 1-M100 2 ALS Ambulance 1 BLS Ambulance 2 Air Ambulance *Specialized equipment ordered as needed *Designated PIO	4-Engines, 2-BC 2 ALS Ambulance 2 BLS transport 2 Air Ambulance Consider alternate transport modalities: metro bus, etc. *Specialized equipment ordered as needed *Out of County ambulance strike team *Designated PIO	6-Engines, 2-BC 2 ALS Ambulance 1 Air Ambulance Consider alternate transport modalities: metro bus, etc. *Specialized equipment ordered as needed *Multiple out of County ambulance strike team *Designated PIO	Structure Fire 1-BC Varies by agency, generally 5 units. 4-Engines & 1-Truck or 5-Engines 1-M100
Cumulative Total of Resources Assigned	2-Engines, 1-BC, 1-M100 2 ALS Ambulance 1 BLS Ambulance 2 Air Ambulance (Plus initial resources dispatched)	6-Engines, 3-BC 4 ALS Ambulance 3 BLS transport 4 Air Ambulance (Plus initial resources dispatched) Consider alternate transport modalities: metro bus, etc. *Specialized equipment ordered as needed *Out of County ambulance strike team *Designated PIO	12-Engines, 5-BC 6 ALS Ambulance 5 Air Ambulance (Plus initial resources dispatched) Consider alternate transport modalities: metro bus, etc. *Mutual aid from out of County *Specialized equipment ordered as needed *Multiple out of County ambulance strike team *Designated PIO	

\* MCI Levels are sequential with cumulative totals of resources.

\* Any responding resource can report the potential of a MCI activation. However only an IC can declare and activate a MCI.

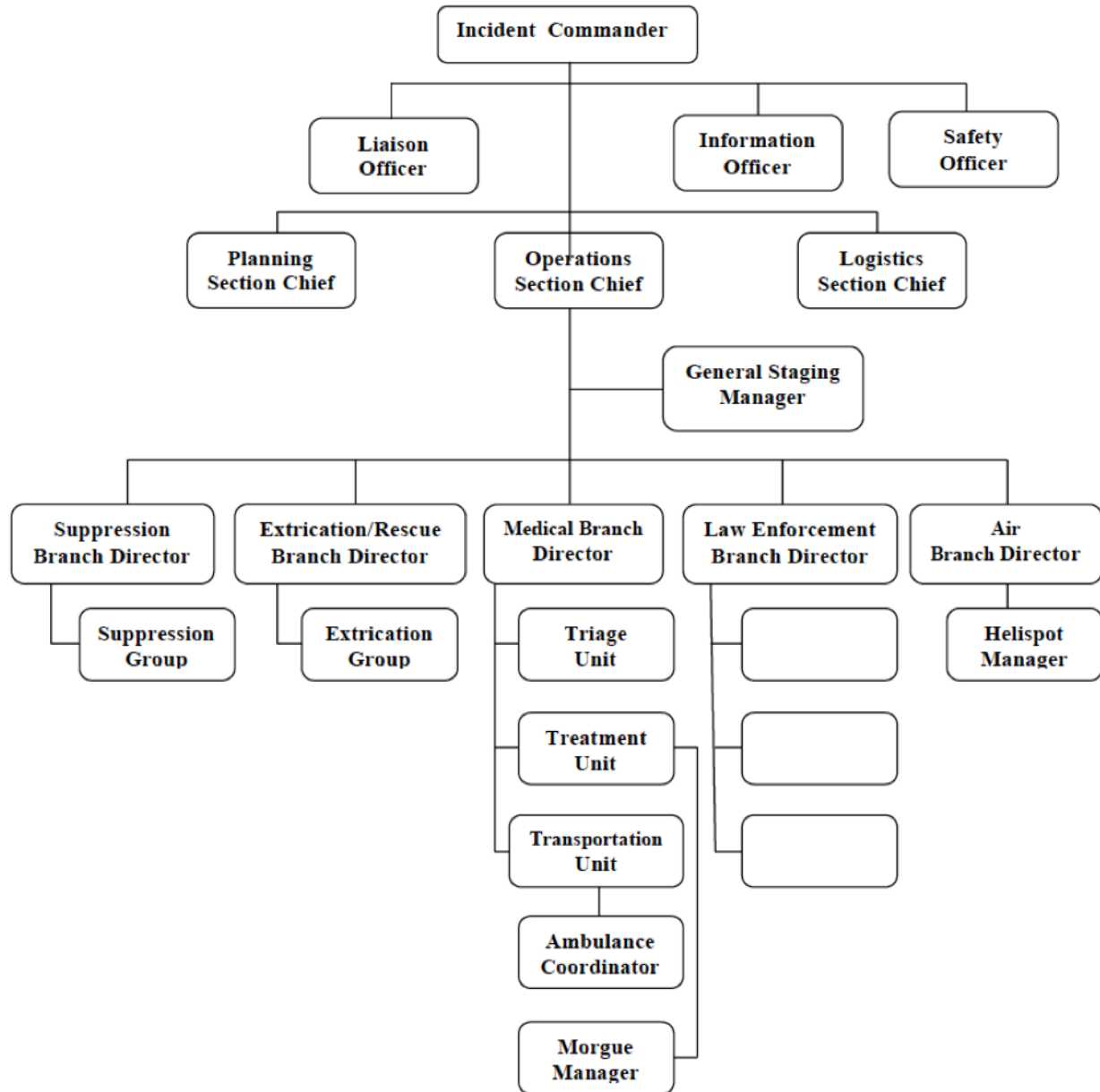


APPENDIX C: SC County MCI Orders

Order #	Description of Orders	*Who Determines & Enacts.
1	<b>All Hospitals Ordered Open</b> <u>Field Crew Response:</u> Hospital diversion statuses are suspended.	*Automatic with any level MCI
2	<b>Discontinue all Patient Care Reports (PCRs) and Replace with Triage Tags.</b> <u>Field Crew Response:</u> Discontinue all Patient Care Reports (PCRs) and Replace with Triage Tags. Only basic patient information and criticality are collected.	*Automatic with any level MCI
3	<b>Dispatch BLS Ambulances to "Alpha", "Bravo" and/or "Code 2" EMS responses.</b> <u>Field Crew Response:</u> Once attached to a response, the BLS ambulance shall remain on the response even if the call is upgraded. If ALS is required, the first responder agency shall provide this service (if available) and accompany the patient to the hospital if needed.	*Automatic above Level One MCI *Enacted by Zone Coordinator or M100
4	<b>All Ambulance Responses are Handled "Code 3".</b> <u>Field Crew Response:</u> To increase ambulance availability, all ambulance responses are handled Code 3, regardless of patient severity.	*Automatic above Level One MCI *Enacted by Zone Coordinator or M100
5	<b>Automatic Ambulance Dispatches are Suspended Until a First Response Unit Arrives on-the-scene and Verifies that a Patient Needing Emergency Transport Exists.</b> <u>Field Crew Response:</u> Ambulances shall only be sent to calls for when a patient has been identified in need of EMERGENCY transportation by ambulance. Patients not in immediate need will not be transported.	*Automatic above Level Two MCI *Enacted by Zone Coordinator or M100
6	<b>Ambulance Dispatches to "Alpha", "Bravo" and/or "Code 2" EMS Calls are Suspended.</b> <u>Field Crew Response:</u> This may follow Order # 3, Order # 4 and/or Order # 5, if adequate ambulance resources are not available.	*Automatic above Level Two MCI *Enacted by Zone Coordinator or M100

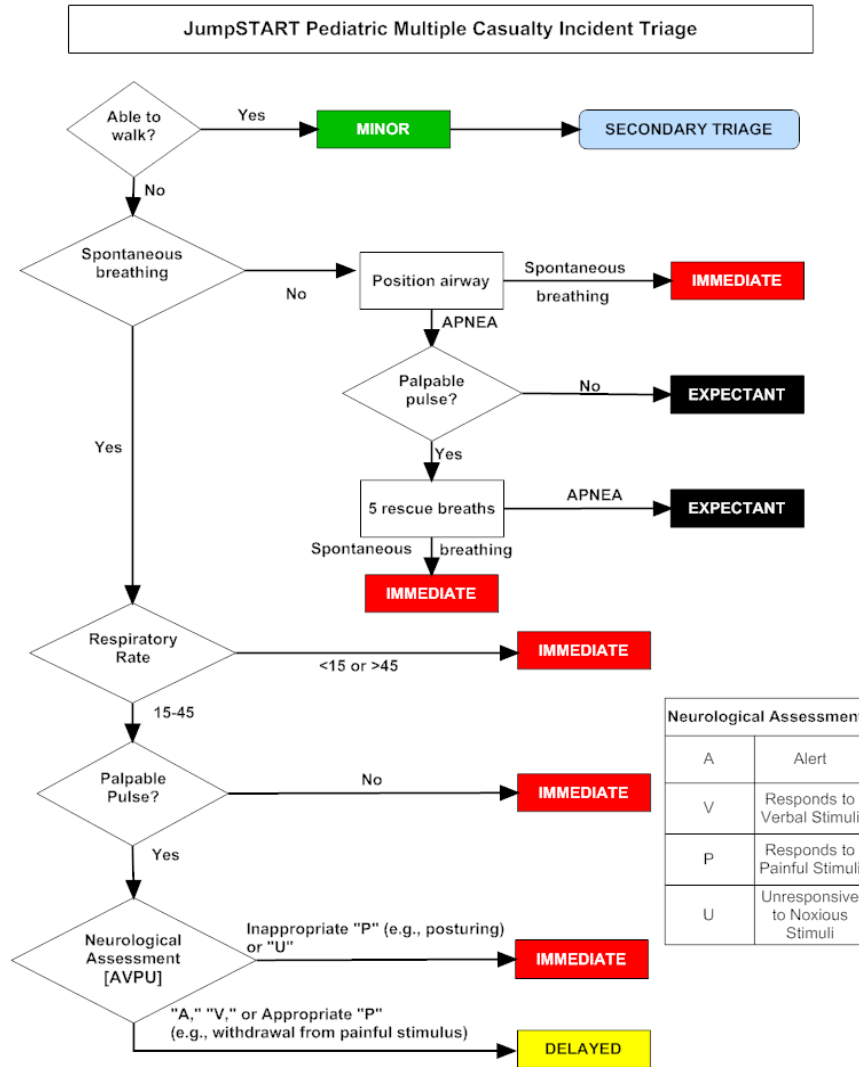


APPENDIX D: Organizational and Functional Chart





APPENDIX E: Jump Start Triage



Use JumpSTART if the Patient appears to be a child.

Use an adult system, such as START, if the patient appears to be a young adult.

**Triage Categories**

<p><b>EXPECTANT</b> Black Triage Tag Color</p> <ul style="list-style-type: none"> <li>Victim unlikely to survive given severity of injuries, level of available care, or both</li> <li>Palliative care and pain relief should be provided</li> </ul>	<p><b>DELAYED</b> Yellow Triage Tag Color</p> <ul style="list-style-type: none"> <li>Victim's transport can be delayed</li> <li>Includes serious and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours</li> </ul>
<p><b>IMMEDIATE</b> Red Triage Tag Color</p> <ul style="list-style-type: none"> <li>Victim can be helped by immediate intervention and transport</li> <li>Requires medical attention within minutes for survival (up to 60)</li> <li>Includes compromises to patient's Airway, Breathing, Circulation</li> </ul>	<p><b>MINOR</b> Green Triage Tag Color</p> <ul style="list-style-type: none"> <li>Victim with relatively minor injuries</li> <li>Status unlikely to deteriorate over days</li> <li>May be able to assist in own care: "Walking Wounded"</li> </ul>



TRIALGE TAG (Part 2)

**TRIALGE TAG**  
PART II

MEDICAL COMPLAINTS/HISTORY

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ALLERGIES:

PATIENT R<sub>x</sub>:

TIME	DRUG SOLUTION			DOSE
	D <sub>5</sub> W	R/L	NS	

NOTES:

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PERSONAL INFORMATION

NAME:

ADDRESS:

CITY: TEL. NO.:

MALE  FEMALE  AGE: WEIGHT:

**DECEASED**

**IMMEDIATE**

**DELAYED**

**MINOR**

Part II of the Triage Tag can be used by the Treatment Units for documentation, as time allows.

Additional areas for symptoms and medical history, medications given, treatment notes and personal information.





APPENDIX I: MCI Treatment Facility Worksheet

Treatment Facility	Critical Beds	Non-Critical Beds
Available:		
Used:		
Available:		
Used:		
Available:		
Used:		
Available:		
Used:		
Available:		
Used:		
Available:		
Used:		
Available:		
Used:		