



PART 2: BACKGROUND

Section 2.1 Introduction

2.1.1 Objectives

The Department of Emergency Management - Emergency Medical Services (EMS) Agency Multi Casualty Incident (MCI) Plan (herein referred to as the “MCI Plan”) identifies and delineates the structure and operations for the provision of emergency medical care during a MCI event of any size or magnitude. The intent of the MCI Plan is to ensure the provision of rapid and appropriate emergency medical care to the most possible patients through a coordinated response system based on incident management principles.

The primary objective is to minimize the morbidity and mortality associated with large scale emergency patient care incidents occurring in San Francisco. This plan is compliant with the State of California Firescope, the California Standardized Emergency Management System (SEMS), the federal National Incident Management System (NIMS), as well as local planning, policies and procedures related to MCI activities.

2.1.2 Plan Organization

The **MCI Plan** is subdivided into three parts:

- **Part 1 – Standard Operating Procedures** - A script for easy reference to the initial actions for responders.
- **Part 2 - Background** - Provides relevant background information about the structure and response operations. It is intended for training or for responders who are new to MCI responses.
- **Part 3 - Operations** - Describes in detail the activities that all EMS participants must follow during a general response to a MCI.

Part 3 – Operations is further subdivided into sections based on the various components and phases of a system-wide EMS MCI response. The use of discrete sections provides responders with the information they need in user-friendly format that does not require reading the entire plan. The intent of this format is to provide quick, clear information on specific response operations. It also fulfills the requirement for scalability since only portions of the plan may be required for a particular incident response operation



The **Annexes** describe special emergency medical response operations for scenario specific situations (e.g. bombings, contaminated scenes, etc.). The Annexes supplement the Core Plan and are intended to be used in tandem with the general response information in the Core Plan.

The **Appendices** provide reference information relevant to supporting a successful response operation. It includes guides to the various EMS resources, Field Incident Command System Position Descriptions, maps, glossary and etc.

2.1.3 Authorities, Standards and Guidelines

The following authorities, standards and guidelines provide compliance for the development and implementation of Plan:

Local

- The San Francisco Emergency Medical Services MCI Plan is an approved policy and procedure of the Department of Emergency Management - EMS Agency
- City and County Emergency Response Plan, April 2008

State

- Firescope Field Operations Guide, ICS 420-1, July 2007
- California Standardized Emergency Management System (SEMS)
- California Health and Safety Code, Sections 1797.103; 1797.150-153; 1797.204; and 1797.220
- California Code of Regulations, Title 19, Division 2, Chapter 1
- California Code of Regulations, Title 22, Section 100167 (b) (2 - 3); 100168 (b) (4); and 100169 (a)
- California Code of Regulations, Title 22, Division 9, Section 100255
- California Government Code, Article 9, Section 8605
- California Public Health and Medical Emergency Operations Manual, July 2011
- California Master Mutual Aid Agreement
- California Emergency Services Act

Federal

- National Incident Management System (NIMS)

2.1.4 Personnel Training and Competency Levels

All EMS providers should check with their respective training providers for the most current training requirements specific to their roles during a MCI response. At a minimum, this plan assumes that users of this plan will be familiar with and proficient in the following:



First Receiver (Hospitals Only):

- Simple Triage and Rapid Treatment (START) and JUMPSTART
- Hospital Incident Command System
- Incident Command System (up to ICS 200 level)
- National Incident Management System (NIMS) IS-700 and IS-800
- Working knowledge of relevant San Francisco EMS Agency Policies and Procedures

All Field First Responders:

- Simple Triage and Rapid Treatment (START) and JUMPSTART
- California Standardized Emergency Management System (SEMS)
- Incident Command System (up to ICS 200 level)
- National Incident Management System (NIMS) IS-700 and IS-800
- Hazardous Materials First Responder Awareness
- Working knowledge of San Francisco EMS Agency Policies and Procedures

Ambulance Strike Team Leader:

- Incident Command System (up to ICS 300 level)
- Ambulance Strike Team Leader Training (State EMS Authority course)
- Ambulance Strike Team Provider Training (State EMS Authority course)

On-Scene Command Staff:

- Incident Command System (up to ICS 400 level)

Assigned EOC or DOC Command Staff:

- City and County Emergency Response Plan
- City Departmental Emergency Operations Plans (any city DOC staff)
- Provider Emergency Operations Plan (any private provider DOC staff)
- (Recommended) MGT 313 – Incident Management / Unified Command

Section 2.2 Patients

2.2.1 Triage

Triage is a French word meaning “to sort.” It is used to identify patients that have the most immediate need for medical care vs. those that may wait. Triage is the primary tool used in determining the most appropriate allocation of available medical care resources in a large multi-casualty incident.

Field treatment and the eventual distribution of patients to receiving facilities are determined by the systematic triage of patients at the scene. The flow of the entire emergency medical