

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 8000
Effective Date: September 2, 2014
Supersedes: January 15, 2011

MULTI-CASUALTY INCIDENT POLICY

I. PURPOSE

This policy supports the San Francisco Emergency Medical Services Multi-Incident Casualty (MCI) Plan. The MCI Plan identifies and delineates the structure and processes for the provision of emergency medical care by local EMS system participants during a MCI event of any size or magnitude.

The overall objective of the MCI Plan is to minimize the morbidity and mortality associated with large scale emergency patient care incidents occurring in San Francisco by ensuring the provision of rapid and appropriate emergency medical care to the most possible patients through a coordinated response system based on incident management principles.

II. AUTHORITY

A. Statutory authorities for the MCI plan include:

- 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 Master Mutual Aid Agreement
- California Emergency Services Act

B. The MCI Plan complies with the following standards or references the following partner plans:

- National Incident Management System (NIMS)
- City and County Emergency Response Plan, April 2008
- San Francisco Bay Area Regional Coordination Plan – Medical and Health Subsidiary Plan, March 2008
- Firescope Field Operations Guide, ICS 420-1, July 2007
- California Standardized Emergency Management System (SEMS)
- California Public Health and Medical Emergency Operations Manual, July 2011

III. POLICY

- #### A. The San Francisco Emergency Medical Services MCI Plan is an approved policy and procedure of the Department of Emergency Management - EMS Agency. EMS provider

organizations shall comply with the operational roles and standards as defined in the MCI Plan. This includes all San Francisco ambulance providers, dispatch centers, hospitals and relevant Emergency Operations Center or departmental operations center command staff.

- B. All San Francisco ambulance providers, dispatch centers, and hospitals shall develop, maintain and train staff on Emergency Response Plans for their organizations, and maintain disaster supplies and equipment that will allow for a minimum of 72-hours of self-sufficient operations.

IV. TRAINING and EXERCISES

- A. All EMS provider organizations shall provide annual training and updates on the San Francisco Emergency Medical Services MCI Plan and participate in regular exercises of that plan with other EMS system participants.
- B. EMS provider organizations shall provide training to relevant staff to ensure proficiency in the following:
 - 1. First Receiver (Hospitals Only):
 - a) Simple Triage and Rapid Treatment (START) and JUMPSTART
 - b) Hospital Incident Command System
 - c) Hospital Incident Command System Hazardous Materials Awareness
 - d) Incident Command System (up to ICS 200 level)
 - e) National Incident Management System (NIMS) IS-700 and IS-800
 - f) Working knowledge of San Francisco EMS Agency Policies and Procedures
 - g) EMS related communication tools (radios, EMSsystem, etc.) as required in EMS policy.
 - 2. All Field First Responders:
 - a) Simple Triage and Rapid Treatment (START) and JUMPSTART
 - b) California Standardized Emergency Management System (SEMS)
 - c) Incident Command System (up to ICS 200 level)
 - d) National Incident Management System (NIMS) IS-700 and IS-800
 - e) Hazardous Materials First Responder Awareness
 - f) Working knowledge of San Francisco EMS Agency Policies and Procedures
 - g) EMS related communication tools (radios, EMSsystem, etc.) as required in EMS policy.
 - 3. Ambulance Strike Team Leader:
 - a) Incident Command System (up to ICS 300 level)
 - b) Ambulance Strike Team Leader Training (State EMS Authority course)
 - c) Ambulance Strike Team Provider Training (State EMS Authority course)

- d) EMS related communication tools (radios, EMSsystem, etc.) as required in EMS policy.
- 4. On-Scene Command Staff:
 - a) Incident Command System (up to ICS 400 level)
 - b) EMS related communication tools (radios, EMSsystem, etc.) as required in EMS policy.
 - c) EMS related communication tools (radios, EMSsystem, etc.) as required in EMS policy.
- 5. Assigned EOC or DOC Command Staff:
 - a) City and County Emergency Response Plan
 - b) City Departmental Emergency Response Plans (any city DOC staff)
 - c) Provider Emergency Operations Plan (any private provider DOC staff)
 - d) MGT 313 (or equivalent) – Incident Management / Unified Command
 - e) EMS related communication tools (radios, EMSsystem, etc.) as required in EMS policy.

V. MCI PLAN UPDATES

The EMS Agency is responsible for updates of the San Francisco Emergency Medical Services MCI Plan through its regular policy and protocol public comment process. This policy will be updated as appropriate to support the MCI Plan.

VI. QUALITY IMPROVEMENT

- A. The Medical Group Supervisor for a MCI will submit the MCI Summary Report along with a written narrative to the EMS Agency within 24 hours after the incident.
- B. DEC will submit a MCI Post Event Report Form to the EMS Agency within 24 hours of the incident.
- C. EMS provider organizations shall submit other incident or patient-related information *as requested* by the EMS Agency. Any submitted patient information must NOT contain specific patient identifiers in compliance with all applicable federal or state patient confidentiality requirements.
- D. The EMS Agency will review all MCI Post Event Report Forms and MCI Summary Reports as part of our on-going Quality Improvement process. The EMS Agency may coordinate an inter-agency debriefing for significant MCIs. A representative from each department or agency with an active role in the MCI incident will attend the debriefing. The EMS Agency will follow up all in-person inter-agency debriefings with a written After Action Report / Plan of Correction.