INTRODUCTION

A Multi-Casualty Incident (MCI) is defined as a medical incident that initially overwhelms the ability of responders and/or medical care facilities to initially provide normal levels of care and transportation to injured victims. There are no specific numbers or types of victims that triggers an MCI; rather the ratio between victims and resources is the defining factor.

When an MCI exists the essence of the problem confronting providers is, “How do we utilize existing available resources to save the most lives?” The answer lies in (1) recognizing that following normal operating procedures and levels of care will NOT save the most lives, (2) that casualties must be quickly triaged, (3) a management organization is needed to distribute scarce resources to those patients that are most in need, and (4) a process must be put in place to transport patients by priority to the appropriate treatment facility.

The purpose of this MCI Field Operations Guide is to describe a Multi-Casualty Branch organizational structure to provide the Incident Commander with a basic expandable system for handling any number of patients in a multi-casualty incident. The guide is consistent with the National Incident Management System (NIMS) and uses common terminology, modular organization, integrated communications, unified command structure, consolidated action plans, manageable span-of-control, pre-designated incident facilities and comprehensive resource management.

The intent of this Field Operations Guide is to enhance and improve multi-casualty medical emergency response. One or more additional Medical Group/Divisions may be established under the Multi-Casualty Branch Director if geographical or incident conditions warrant. The degree of implementation will depend upon the complexity of the incident.

Fire/Rescue Branch and Law Enforcement Branch organization and selected position checklists are included in recognition of the frequency (almost daily) of motor vehicle collisions having multiple victims, hazards and law enforcement presence. These elements will also be needed in the event of a hazardous materials incident or WMD terrorist attack.

Spokane Regional Health District (SRHD) will provide guidance to county agencies and individuals on issues involving protection of the community’s health (See Spokane City/County CEMP and Emergency Support Function 8 (ESF 8)) and assist in the assessment of environmental contamination and public health risk from hazardous materials spills.

The Spokane County Medical Examiner has jurisdiction over bodies of the deceased although procedures may vary depending upon the jurisdiction with investigative/oversight authority.

Spokane County Mental Health will provide oversight for mental health services to the public and/or responders. The Disaster Intervention Response Team (SMHDIRT) can provide psychological trauma counseling and debriefing to victims and provide resource/referral support. Responder needs will be met initially by the interagency Spokane County Critical Incident Stress Management (CISM) Team dispatched by the Spokane County CCC.

INCIDENT AUTHORITY

Due to the varied potentials for an MCI in various jurisdictions it is impossible to designate any one agency as the absolute responsible authority. Local, state or federal agencies with either functional or jurisdictional responsibility may need to come together in order to mitigate the

incident. Additional agency representatives may be part of Unified Command as appropriate to the incident.

When the incident is multi-jurisdictional or when the scope of the functional areas of responsibility exceed that of a single agency, a Unified Command structure or a mutually agreed upon command structure should be used. The command structure must adequately reflect the policy and needs of all the participating agencies and shall be established in accordance with ICS concepts.

COMMAND

The first arriving unit of any agency having jurisdictional or functional authority shall establish Incident Command and assume the role of Incident Commander (IC) until relieved by a more appropriate individual. The senior fire official and law enforcement officer will normally form a Unified Command.

When there is a Unified Command structure the individuals designated must jointly determine strategy, objectives and priorities that adequately reflect the policy and needs of all the participating agencies.

Incident Command will determine the degree and level of implementation of the MCI Field Operations Guide based on the scope of the incident and availability of personnel.

Strategies and prioritization for managing the health consequences of a biological or WMD incident will take place in the Spokane County ECC / EOC when activated. Coordination with the ECC / EOC allows health and medical professionals easy access to one another and a point of contact for additional resources.

ON SCENE MEDICAL AUTHORITY

EMS response/treatment by Spokane County agencies will be provided according to Spokane County and Regional Patient Care Procedures and Protocols. All EMS agencies from outside Spokane County who are called upon to provide medical assistance within Spokane County should operate under their home county procedures and protocols.

Patient care at an incident is subject to the following in ascending order of authority:

1. First Responder (first arriving, on-duty).
2. Emergency Medical Technician (first arriving, on-duty).
3. Paramedic or Flight Nurse (first arriving, on-duty).
4. Physician.
5. EMS Supervising Physician.
6. The Health Officer or designee (in events where a public health threat exists).

The first arriving ambulance or ambulance supervisor equipped with HEAR (155.340) radio capability will be designated the Medical Communications Coordinator. The paramedic will normally be designated Treatment Unit Leader. Ambulance crews are selected for this role because of their daily familiarity with medical transportation in the area. This first arriving ambulance will normally be the last transporting ambulance to leave the incident. Additional arriving medical personnel will assume appropriate roles in the EMS / Medical Branch.

In general, paramedic personnel should not be assigned management or supervisory roles in the MCI ICS organization, but instead should focus on providing actual patient care at the incident and during transport.