

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 8000  
Effective Date: February 3, 2020  
Supersedes: September 2, 2014

## MULTI-CASUALTY INCIDENT POLICY

### I. PURPOSE

This policy supports the San Francisco Emergency Medical Services Multi-Casualty Incident (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 1797.150-153 and 1797.204
  - 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)
  - San Francisco Bay Area Regional Coordination Plan – Medical and Health Subsidiary Plan, March 2008
  - Firescope Field Operations Guide, ICS 420-1, 2017
  - California Standardized Emergency Management System (SEMS)
  - California Public Health and Medical Emergency Operations Manual, 2019

### III. POLICY

- A. 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.

- C. All San Francisco ambulance providers, dispatch centers, and hospitals shall maintain:
  - 1. A designated screen and unobstructed view for Reddinet
  - 2. Remained logged-in and active on ReddiNet at all times
  - 3. Respond to MCI polls, whether a drill or real-event, within 5 minutes

#### **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 carrying out the assigned roles in a MCI response. This includes:
  - 1. First Receiver (Hospitals Only):
    - a) Hospital required disaster training;
    - b) Simple Triage and Rapid Treatment (START) and JUMPSTART;
    - c) Working knowledge of San Francisco EMS Agency Policies and Procedures; and
    - d) EMS related communication tools (radios, Reddinet, etc.) as required in EMS policy.
  - 2. All Field First Responders and On-Scene Command Staff as delineated in EMS Agency Policy 2000 Personnel Standards and Scope of Practice.
  - 3. Ambulance Strike Team Leader:
    - a) Ambulance Strike Team Leader Training (State EMS Authority course)
    - b) Ambulance Strike Team Provider Training (State EMS Authority course)

#### **V. QUALITY IMPROVEMENT**

- A. The MCI Medical Group Supervisor will submit a MCI Summary Report along with a written narrative to the EMS Agency within 24 hours after the incident.
- B. EMS provider organizations shall submit other incident or patient-related information as requested by the EMS Agency.
- C. 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 and /or Plan of Correction.