

Ventura County Health Care Agency
EMERGENCY MEDICAL SERVICES
A Division of Public Health

MULTI/MASS CASUALTY
MEDICAL RESPONSE PLAN

Steven L Carroll, Paramedic
Ventura County EMS Administrator

Daniel Shepherd, MD
Ventura County EMS Medical Director

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MULTI/MASS CASUALTY MEDICAL RESPONSE PLAN

SECTION I INTRODUCTION

A. Purpose

The proper management of a large number of medical injuries following a natural or human-induced event is imperative if morbidity and mortality are to be minimized. The recognition of the type and number of injured (intelligence), and a rapid dissemination of known information (communication) are necessary elements to begin an effective response to a medical disaster. A well-organized medical community, which has a viable communication system, an effective intelligence-gathering network and scheduled exercises of its disaster response plan, will then be prepared to respond to the needs of the injured community.

The Ventura County Multi Casualty Medical Response Plan is the result of on-going cooperative effort of many public/private agencies and individuals committed to the prevention of further suffering and loss of life following a large medical incident.

The Ventura County Emergency Medical Services Agency (VCEMS) is responsible for leading efforts to define the structure and coordinating various components of the County's Multi Casualty Medical Response Plan. This plan is developed in concert with State, regional, municipal and other Ventura County agencies. It outlines the scope of responsibility for the County's multi casualty responders; however, it does not detail all duties entrusted to a particular organization.

The County of Ventura Multi Casualty Medical Response Plan is modeled after the State's Emergency Medical Services Authority Disaster Medical Response Plan (September 2007), to promote standardization and continuity of response throughout the State of California. Acknowledgement is given herein to the California EMS Authority's commitment to this goal.

B. Goal

It is the goal of this plan to provide definition, structure and coordination to the medical response elements within Ventura County to reduce multi casualty related morbidity and mortality at any time or location within the County.

C. Plan Organization

The County of Ventura Multi Casualty Medical Response Plan is divided into five sections:

Section I -	Introduction
Section II -	Response Organizations
Section III -	Response Narrative
Section IV -	Planning Concepts
Section V -	Information Management
Section VI -	Resource Acquisition

In Section I, the plan goal, organization and authorities are referenced. Also included in this section is a brief discussion on the subject of medical disaster planning and the nature and implications of a medical disaster.

D. Planning for Medical Disasters

1. Levels of Medical Disaster

When a multi casualty incident occurs it will be important to rapidly ascertain the actual (and projected) number of medical injuries. The number of victims injured will govern the community's medical response. Responsibility lies with responders to accurately report incident information and casualty data. Directors of EMS resources must have reliable knowledge of area and county wide medical capabilities. It is important for decision-makers to know the EMS systems capabilities at any given time during several phases of an MCI response (preparedness, response, and recovery). Together, incident information and resource knowledge can be combined to address the response to and MCI.

In Ventura County three levels of victim events have been defined. All involve more than one person injured; the separation of levels lies in the resources mobilized to respond to each situation. The listing in Section II begins to delineate the responders and their activities.

The following describes the three levels of victim situations as recognized by VCEMS:

- MCI/Level I:** a suddenly occurring event that exceeds the capacity of the routine first response assignment (3 - 14 victims).
- MCI/Level II:** a suddenly occurring event that exceeds the capacity of the routine first response assignment. (15 - 49 victims)
- MCI/Level III:** a suddenly occurring event that exceeds the capacity of the routine first response assignment. (50+ victims)

2. Addressing Medical Disasters

When planning the mitigation of a medical disaster, there are certain points which must be assumed prior to beginning the process: The MCI/LEVEL I is practiced regularly by local emergency agencies, occurring several times per week. An MCI/LEVEL II is less frequent and occurs several times a year.

An MCI/LEVEL III occurs rarely and the following assumptions are primarily applicable to these situations:

The very nature of a medical disaster will injure and kill a large amount of people within a relatively short period of time. This will create a medical need, which will immediately or very quickly overwhelm the day-to-day EMS response system. This situation may occur in one or more geographical locations of Ventura County, or may include the entire County.

The initial assessment of medical injuries may cause the disaster to be classified as a disaster scene at one level; however, further assessment may call for an upgrade of the size or classification. For example: an accident at a chemical plant, which initially injures 15 people, may be at first classified as an MCI/LEVEL II. However, if a toxic material cloud injures 100 more, the incident may be re-classified.

To assess the medical disaster appropriately, two components must be available to responding officials: 1) intelligence regarding the complexity of the incidents, the numbers and types of injuries, and: 2) communications to relay this intelligence to other responding/supporting agencies.

To respond to a medical disaster appropriately two elements are necessary: 1) anticipation of needed medical resources, and: 2) early request (activation) of those resources (in advance of when they are needed if possible.)

The requested medical resources must be rapidly available at the designated area if life and limb are to be saved. These resources may be found inside Ventura County, or sought outside the County.

F. SECTION II RESPONSE ORGANIZATIONS

The following is a list of the organizations that may play a role in the medical response to an MCI. Included is a brief description of the scope of responsibility of each organization. This inventory reflects the primary charge(s), however, other duties/responsibilities may be undertaken which are not listed here.

1. **Ventura County Health Care Agency (HCA)**

HCA is the parent organization of all of the County's health services. In a wide spread, declared medical crisis, policy and the general direction of medical services will come from the Agency's Director and the County Health Officer. The divisions of the Health Care Agency are Public Health, Hospitals (Ventura County Medical Center and Santa Paula Hospital), Clinics / Ambulatory Care, Behavioral Health, and the Medical Examiner.

Health Care Agency responsibilities during an MCI include:

- Providing overall direction of medical and health care response to an MCI.
- Requesting/offering of medical mutual aid from/to other counties through the Health Officer.
- Communicating with State agencies (Department of Health Service, Emergency Medical Services Authority, California Emergency Management Agency (CalEMA) in order to report on conditions and/or request needed services.
- Calling for the activation of a Field Treatment Site (FTS).

2. **Ventura County/Emergency Medical Services (VCEMS)**

VCEMS is a division of the Public Health department within the HCA. VCEMS coordinates and supports medical resources responding to an MCI; particularly those agencies and institutions offering emergency and acute medical care. EMS maintains working relationships with the State Emergency Medical Services Authority (EMS Authority), Ventura County medical transport and fire service providers, base and receiving hospitals, the Hospital Association of Southern California, and municipal emergency planning coordinators.

VCEMS responsibilities during an MCI may include some or all of the following:

- Coordinating destinations
- Ascertaining hospital availability
- Coordinating medical resources (in and out of county)
- Communicating with the County Health Officer
- Coordinating the dissemination of Public Health information
- Response to the scene, primary dispatch center, HCA Department Operations Center (DOC) or Emergency Operations Center (EOC)
- Obtaining briefing from base hospital for transition
- Establishing communication with OES (consider EOC activation)
- Working within the Incident Command structure, as the medical/health branch of the Operations Section at the County's EOC
- Advising the County Health Officer as to the status of medical resources in Ventura County
- Establishing a liaison with the EMS Authority through the Region I Regional Disaster Medical/Health Coordinator (RDHMC)
- Coordinating resource requests and availability between acute care hospitals, advanced life support providers, basic life support transport providers, skilled nursing facilities, and mental

health facilities

- Maintain communications with receiving hospitals with Ventura County and throughout the region through the use of the Reddinet hospital communications system.
- Establishing direct communications with the Hospital Disaster Support Communications Radio Amateur Civil Emergency Services (RACES)
- Establishing contact with medical coordinators within city emergency operations centers via the Ventura County EOC to ascertain status and conditions at local Medical Aid Stations (MAS) and any other medically related concerns
- Activate the Ventura County Medical Reserve Corps (MRC) as indicated and coordinate all MRC operations through VCEMS and HCA DOC.
- Requesting Disaster Medical Assistance Teams through the RDMHC to implement a Field Treatment Site (FTS) operation.
- Assisting in the request and coordination of deployment of Critical Incident Stress Management teams
- Gathering information and documentation from Medical Communications (Med Comm)
- Initiating / coordinating an incident review
- Collecting data on casualties

3. **Municipal Governments**

Have the responsibility and most likely the best capabilities for assessment of local community damage and injury. Public safety, Neighborhood Watch teams, Disaster Assistance Response Teams (D.A.R.T.), Community Emergency Response Teams (C.E.R.T.), and RACES operators are some of the data gathering groups which may report on conditions to city/county EOCs. Maintaining effective communications between VCEMS and the EOC managers/coordinators at the city level through the use of a medical/health branch liaison is essential in verifying emergency medical care and available medical resources within the city or county jurisdictions. The city/county and VCEMS will coordinate efforts to facilitate medical aid stations and hospitals in the management of casualty care.

Responsibilities of municipal governments during an MCI include:

a. Ventura County Office of Emergency Services

- Activating the EOC, coordinate large incidents
- Coordinating notifications and non-medical mutual aid requests (regional, state, etc.)
- Obtaining resources for on scene personnel
- Coordinating resource requests

b. Law Enforcement

- Providing force protection
- Providing Search and Rescue (SAR)
- Providing Scene Control
- Providing Traffic Control
- Assisting with Incident Command System (ICS) establishment / Unified Command
- Providing Body protection (morgue)
- Conducting Investigations
- Providing a Public Information Officer (PIO)
- Conducting Damage Assessment
- Managing Law Enforcement Air Operations

c. Coroner / Medical Examiner

- Response to the scene
- Processing fatalities
- Providing body removal bags
- Investigating with law enforcement
- Designating Morgue Manager
- Conducting family notifications
- Requesting additional personnel or resources through the California Coroner / Medical Examiner Mutual Aid Plan (this includes Federal Disaster Mortuary Teams)

d. Fire Departments

The fire departments will engage in public safety activity. Fire suppression, rescue, medical aid and mitigation of hazardous conditions will occupy their resources along with intelligence gathering operations. Fire agencies will report to municipal and County EOCs as appropriate.

Fire agency responsibilities during an MCI include:

- Providing community assessment of damage and casualties
- Conducting Mitigation of physical hazards
- Performing triage and treatment (including setting up, managing and staffing of treatment areas with First Responder ALS resources.
- Conducting Scene Assessment
- Determining resource needs
- Assisting with ICS establishment / Unified Command
- Conducting Hazard Control
- Providing Rescue
- Providing a Public Information Officer (PIO)
- Setting Incident Objectives
- Providing scene documentation
- Driving transport vehicles as needed
- Providing communications as needed (Notify EMS and Coroner)
- Providing Dispatch (automatic responses, coordinate with other fire dispatch, communicate with IC)
- Managing fire and medical air operations
- Providing comfort measures

4. Media

Local television, radio, and newspapers responsibilities during an MCI include:

- Public awareness (traffic, safety issues, etc.)
- Working with PIOs

5. Medical Transportation Agencies

The transportation agencies are those private air / ground ambulance operators licensed within Ventura County. During a time of medical crisis this definition could be expanded to include private and public providers from outside the county, as well as other medical transportation providers such as wheelchair vans and municipal buses (see Ventura County Transportation Authority below).

Responsibilities of transportation agencies during an MCI include:

a. Ground

- Providing MEDCOMM
- Setting up and staffing treatment areas
- Providing medical supplies (initial and ongoing)
- Conducting triage
- Providing documentation (collect and forward information to VCEMS and base/receiving hospitals as needed).
- Providing transport
- Providing scene assessment
- Determining resource needs
- Providing scene documentation (collect documentation and forward to EMS)
- Providing communications
- Advising receiving hospital of number of patients they will receive

b. Air

Air Ambulance

- Providing transport
- Providing documentation
- Conducting transfers
- Providing additional aircraft as needed

Rescue Aircraft

- Providing transport
- Providing documentation
- Conducting transfers
- Providing additional aircraft as needed

6. Hospitals (Acute Care Health Facilities)

Hospitals are considered by many to be the front line or main health care providers following a medical disaster. The base station hospitals will be responsible to coordinate patient destinations until relieved of that duty by VCEMS staff.

The primary responsibilities of a hospital in a medical crisis include:

Base Hospital

- Communicating with MEDCOMM at the scene(s) of an MCI
- Determining initial bed availability
- Establishing destination decisions
- Providing medical control
- Providing treatment
- Establishing patient tracking
- Activating in-house plan (as determined by hospital protocol)
- Coordinating with VCEMS
- Communicating casualty data to VCEMS
- Providing ongoing resource status and patient transport/destination information through the use of the ReddiNet system

Receiving Hospital

- Providing treatment
- Establishing patient tracking
- Activating in house plan (as determined by hospital protocol)
- Communicating casualty data to VCEMS
- Providing ongoing resource status and patient transport/destination information through the use of the ReddiNet system

7. American Red Cross - Ventura County Chapter

American Red Cross will assist in a variety of humanitarian ways to ease the negative consequences following a medical disaster.

American Red Cross identified duties during an MCI may include:

- Deployment of mental health teams for civilian critical incident stress management (Federal Mandate during air disasters).
- Establishing the disaster welfare inquiry service for the purpose of identifying and tracking medical disaster victims.
- Providing care and shelter for victims left homeless or displaced.
- Providing food / comfort services for emergency responders and victims.

8. California EMS Authority Region I Disaster Medical/Health Coordination (RDMHC)

RDMHC will act as a contact point for needed resources when an MCI exceeds the capability of the operational area (Ventura County) to manage the injuries.

The RDMHC is a network of regional counties, which are formed together in an effort to access medical mutual aid following a large incident or widespread disaster. This region includes San Luis Obispo, Santa Barbara, Ventura, Los Angeles and Orange Counties. Contact between the Region I RDMHC and Ventura County is the responsibility of the County's Medical Health Operational Area Coordinator (MHOAC), or his designee.

Duties of the RDMHC following an MCI/LEVEL III may include:

- Assessing the disaster-affected county to ascertain needed resources.
- Accessing other counties within Region I to acquire resources for the requesting county.
- Contacting the State EMS Authority to request additional resources and coordinate those already obtained.

9. State of California Emergency Medical Services Authority

The Emergency Medical Services Authority ensures quality patient care by administering an effective, statewide system of coordinated emergency medical care, injury prevention, and disaster medical response.

State EMS Authority identified duties during an MCI may include:

- Activate and/or liaison with the Region I RDMHC.
- Liaison between state and federal medical disaster relief.
- Maintaining communication with VCEMS relative to the status of the medical disaster and affected resources.

10. Hospital Association of Southern California (HASC)

The HASC consists of more than 200 hospitals (public, private, not-for-profit, for-profit and specialty hospitals). The region covers six counties: Los Angeles, Orange, Santa Barbara, Ventura, Riverside and San Bernardino.

HASC identified duties during an MCI may include:

Providing support and liaison to its member hospitals during a time of medical crisis.

11. Ventura County Transportation Authority

VCTA will respond at the request of public safety to assist with the evacuation of medical casualties from the scene. Buses, both large and small, may be used to transport casualties to and from hospitals, medical aid stations or field treatment sites.

12. Salvation Army

Salvation Army may be called upon to assist in the feeding and sheltering of emergency workers and those in need.

13. State and Federal Agencies that may be involved in an incident include:

- National Transportation and Safety Board
- Federal Aviation Administration
- State Office of Emergency Services
- State Emergency Medical Services Authority
- Regional Disaster Medical Health Coordinator / Specialist
- Federal Bureau of Investigation
- National Guard
- Military
- Alcohol, Tobacco and Firearms
- Hazardous Materials Organizations
- California Department of Forestry
- Federal Emergency Management Administration
- State Parks
- National Disaster Medical System (NDMS – DMAT, DMORT, etc).
- Coast Guard

SECTION III RESPONSE NARRATIVE

This section provides a narrative picture of the situations, which may typically unfold in the evolution of the three different types of medical disaster levels.

A. Multi Casualty Incident (MCI) LEVEL I

In the MCI/LEVEL I, fire and ambulance agencies will be dispatched to the scene by the 9-1-1 system. Upon arrival they will be presented with a situation which, by virtue of patient numbers, exceeds the capacity of the medical resources initially dispatched. Responders will notify the Ventura County Regional Dispatch Center of the need for additional resources. In order to organizationally address this incident, the Incident Command System will be utilized with emphasis upon the Multi Casualty Branch of the Operations Section.

The base hospital will provide direction primarily by assigning those patients involved to a receiving hospital destination; and when necessary, by directing the medical control of those acutely injured victims.

Patient care information transmitted to the base hospital will be abbreviated and patients will be placed in "immediate or red", "delayed or yellow" and "minor or green" categories in keeping with the Simple Triage and Rapid Treatment (S.T.A.R.T.) triage plan. Patients with traumatic injuries will also be triaged into the Ventura County trauma system and will be transported to a trauma center in accordance with VCEMS Policy 131 Attachment C - MCI trauma patient destination decision algorithm. Patient care is focused upon life stabilizing treatments and expeditious transport of victims to appropriate receiving hospitals.

Receiving hospitals receive those casualties as directed by the base hospital and provide emergency hospital care. They will be notified of the number of patients and classifications prior to their arrival and may be given a minimal accounting of the patient's injuries.

Review of the medical component of an MCI/LEVEL I is coordinated and managed by the base hospital. VCEMS will act primarily in a supportive role for this level incident, but may coordinate certain aspects of the incident as needed. VCEMS may conduct a post-incident analysis of the MCI at their discretion or at the request of agencies involved in the incident. Should a post-incident analysis be conducted, all medically involved participants will be invited. VCEMS will publish a written report following the post-incident analysis. The report will include minutes from the post incident analysis meeting, any summary data available and written reports.

B. Multi Casualty Incident (MCI) Level II

The initial phase of an MCI/Level II is similar to that of the MCI/Level I; fire and transport agencies are dispatched to an incident via the 9-1-1 system. However, upon arrival, rescuers are immediately presented with a scenario which provides a large number of patients too numerous to treat definitively in the field. The stabilization and transportation of prioritized casualties to an appropriate receiving hospital is the most immediate objective. Management of the MCI/Level II is predicated on the assumption that there are enough prehospital medical responders, adequate transportation resources, sufficient receiving hospitals, and the Reddinet hospital communications system is intact and functioning normally. VCEMS will coordinate with the Ventura County Regional Dispatch Center to assess current resources and determine adequacy.

Additional prehospital medical and public safety resources are requested through the communication center. The Incident Command System is utilized in management of the scene, in accordance with principles and practices outlined in the ICS, and the National Incident Management System (NIMS). Because of the greater number of injuries, more branches and positions of ICS will be activated. All scene responders, fire, law enforcement, ALS, BLS, first aid teams, and others will fall under the direction of the Incident Commander or Unified Command.

Initial responders will estimate the number of resources needed to appropriately triage and transport the casualties. Among the resources requested by the Incident Commander in the very early stages of the MCI/Level II will be the assistance of VCEMS. When VCEMS is activated, a representative will contact the base hospital MICN for an update and may relieve them at that time. VCEMS will also begin filling requests for additional appropriate resources for on scene support. Hospitals may activate triage/disaster plans and prepare to receive numerous casualties. Victims will be transported from the scene as soon as on scene personnel have classified patients according to the S.T.A.R.T. triage system

and when transportation resources are available. Patients with traumatic injuries, who are triaged as immediate, will be prioritized to a trauma center whenever possible, in accordance with VCEMS Policy 131 Attachment C. Because of the number of patients, trauma centers may become quickly inundated at which point patients should be transported to non-trauma hospitals.

If VCEMS is activated to support the on scene personnel, a representative will respond to the scene, the Health Care Agency Department Operations Center (DOC) or Ventura County Regional Dispatch Center. The VCEMS representative may assume the role of the base hospital from the scene, utilizing REDDINET to communicate with receiving hospitals. If VCEMS does assume the role of the base hospital from the scene of the MCI, it will do so in coordination with the original base hospital, and only after a verbal transition has occurred between VCEMS and the managing MICN at the base hospital. If the incident requires more medical resources than the county can provide, those resources will be requested by the MHOAC (or designee) through the regional disaster medical health system.

The activation of the County's EOC may or may not take place depending upon the complexity and needs of the incident. Activation of municipal EOC(s) may take place, again, depending upon the complexity and needs of the incident. If affected cities do activate EOCs, a limited activation of the County's EOC is required.

The MCI/Level II will begin demobilization as determined by the Incident Commander. The IC will notify EMS when the scene has been cleared. The designated medical communications officer (MEDCOMM) at the scene of the MCI will advise all hospitals that the scene has been cleared of casualties, but there may still be patient's enroute to participating facilities.

VCEMS may conduct a post-incident analysis of the MCI at their discretion or at the request of agencies involved in the incident. All medically involved participants will be invited. VCEMS will publish a written report following the post-incident analysis. The report will include minutes from the post incident analysis meeting, any summary data available and written reports.

C. Multi Casualty Incident (MCI) Level III

The MCI/LEVEL III brings about a situation where one or more of the major components of the emergency medical system are overwhelmed beyond the resources found within Ventura County.

Indications of an MCI Level III may be identified by many public safety agencies simultaneously. If telephone communications are intact, a flood of 911 calls will most likely be received. First responders will immediately go into an information-gathering mode in order to attempt to establish the magnitude of the situation. Individual public safety agencies, local municipalities and other emergency medical responders will, in most instances, be the first to recognize the inability of local resources to manage the medical casualties. The County of Ventura Sheriff's Office of Emergency Services will be notified and initiate the opening of the County EOC when directed by the Ventura County Sheriff or Chair of the Ventura County Board of Supervisors.

Similar to that of an MCI/Level II, Initial responders will estimate the number of resources needed to

triage and transport the casualties. Among the resources requested by the Incident Commander in the very early stages of the MCI/Level III will be the assistance of VCEMS. When VCEMS is activated, a representative will contact the base hospital MICN for an update and may relieve them at that time. VCEMS will also begin filling requests for additional appropriate resources for on scene support. Hospitals may activate disaster plans and prepare to receive casualties. Victims will be triaged and classified according to the S.T.A.R.T. triage system and when transportation resources become available, transport to the most appropriate location will be initiated. Patients with traumatic injuries, who are triaged as immediate, will be prioritized to a trauma center whenever possible, in accordance with VCEMS Policy 131 Attachment C. Because of the number of patients, trauma centers may become quickly inundated at which point patients should be transported to non-trauma hospitals.

Overwhelming numbers of victims may require non-traditional medical resources such as cities and their local clinics, urgent care centers, MRC, D.A.R.T, C.E.R.T or medical practices in order to provide initial emergency medical assistance. Spontaneous Aid Stations may be activated by cities, clinics, or the county and may be useful for treating walking wounded. The neighborhood medical first aid plan is built upon a three-way partnership between the city and pre-registered/pre-trained volunteers; all of who operate under ICS. Medical Aid Stations (MAS) will be quick to appear, relatively speaking, considering that the staff of participants has been recruited from the local neighborhood. Consideration should be given to the proximity of MAS to public shelters. The MAS form of community EMS may be quite important if the cause of the medical disaster has a significant impact upon transportation systems, communication networks and other infrastructure. Further instruction on utilization will be given at the time of the event.

Hospitals will be completing assessments of their own capabilities. It is presumed that some hospitals may be able to receive patients, while others may already be overwhelmed with casualties or may have become victims themselves. VCEMS will conduct assessments of all hospitals (as well as other medical care resources) to determine each facility's capabilities and needs following a major incident. RACES and VCEMS personnel at the County EOC or HCA DOC will handle the process of hospital assessment.

With data gathered from the hospitals, medical aid stations, EMS providers, skilled nursing facilities and other information sources, VCEMS will be able to proceed with a number of actions which include the following; 1) Advise the Health Officer to designate Field Treatment Sites (FTS). FTS's will be strategically located around the county, ideally near hospitals. 2) Provide the MHOAC and County Health Officer with a list of medical resources needed and suggest that mutual aid be requested through the Region I RDMH system. The MHOAC will direct medical resources to appropriate locations.

The Health Officer or his/her designee will establish FTSs as needed. The FTS will be a reception site for the patients who have been injured or are ill and unable to receive a hospital disposition. At the FTS, patients will receive a level of medical care commensurate to the level of staff and material resources available. The FTS will also function under the Incident Command System, thus promoting continuity throughout the Ventura County emergency medical care system. Patients sent to a FTS will be treated and held until a receiving hospital can be located. Location of a definitive medical receiving facility will be done through the cooperative efforts of the disposition personnel at the FTS and VCEMS. Telephone or amateur radio with the assistance of a County designated communicator will handle communication between these two entities, if available.

The requested activation of an FTS implies that the magnitude, complexity and duration of the MCI/Level III medical disaster have exceeded all available medical resources within Ventura County. It may also be apparent to local officials at this point that large amounts of out-of-county resources, such as the military may be necessary to assist with the movement of casualties to other sites of definitive medical care. VCEMS may make a request to the County Health Officer to seek the assistance of the State or Federal authorities in the establishment of a Regional Evacuation Point at a designated airport. The Disaster Medical Assistance Team (DMAT) or State/Federal/military operated Regional Evacuation Point (REP) will be that conduit for the relocation outside of the County of casualties needing definitive hospital care. It needs to be emphasized that this endeavor is rather drastic and an extremely large undertaking. It will only be considered when those hospitals in the Southern California area (within range of rotary wing aircraft) have reached a maximum patient saturation level.

The medical operations of the MCI/LEVEL III, unlike those of the MCI/LEVEL I which may last a few hours or the MCI/Level II which may be sustained for a number of hours, may go on for days or weeks before all casualties are dispositioned. The activation and deployment of personnel and material resources necessary to operate a MAS, FTS or REP will require a significant mobilization of equipment and personnel. It will take days to establish the entire medical response matrix, with some components operational before others.

Local officials at the municipal and county levels will direct demobilization of the MCI/LEVEL III. MAS in communication with their individual city EOCs will mutually determine when their services are no longer needed. This information will be passed on from the city EOC to the VCEMS. In turn VCEMS, in contact with the participating hospitals, will request to be advised when hospitals have decided to "stand down" from their disaster or surge modes and have returned to operations as usual. The collective status of the city EOCs, their MAS, the acute care hospitals, and the general state of the public's health will determine when VCEMS medical disaster operations are to be discontinued. The order to demobilize VCEMS medical disaster operations will be issued by the MHOAC or his/her designee.

VCEMS Agency may conduct a post-incident analysis of the MCI at their discretion or at the request of agencies involved in the incident. All medically involved participants will be invited. VCEMS Agency shall publish a written report following the post-incident analysis. The report will include minutes from the post incident analysis meeting, any summary data available and written reports.

SECTION V INFORMATION MANAGEMENT

VCEMS is dependent upon a multitude of resources for acquiring and processing information; it is called upon to collect credible information and share it with the medical community.

During an MCI/LEVEL I, information will be exchanged through the day-to-day base hospital communications method. Information and data is collected and shared between the base hospital, receiving hospitals and the prehospital care providers. When appropriate, VCEMS will receive data in a post-incident review provided primarily by the base hospital.

This information includes scene description, casualty numbers and acuity which is gathered and reported by

the responding fire service (or other public safety agency), will be relayed to hospitals, transport providers and VCEMS officials. Inter-jurisdictional frequencies normally used to coordinate public safety mutual aid will also be employed.

During an MCI /Level II and above, VCEMS may assume communications at the scene, at the Fire Communications Center (FCC) or HCA DOC (Department Operations Center), contact base hospital MICN, and will advise MEDCOMM of hospital availability. Casualty receiving hospitals will receive data about expected patient arrivals and information about events related to the disaster (such as conditions on scene) via ReddiNet, FCC or the HCA DOC. It will be the casualty receiving hospital's responsibility to relay back via the designated radio frequency or phone, information regarding the actual casualties received. RACES Amateur radio operators may provide primary or backup communications, when appropriate, to pass or confirm messages. They may also be used as an alternative means for relaying any data to and from the participating acute care facilities.

The nature of information gathered and transmitted during an MCI/LEVEL III will be different than that of the MCI/Level II. Information will be slower to compile and disseminate because of the magnitude of the disaster and probable disruption to communication systems. It will be the larger MCI/LEVEL III, which will truly test the primary and backup communication paths. There is speculation as to the reliability of the everyday communications systems in an MCI/LEVEL III; if this is true, then there is an urgency to see that those secondary communications pathways are in place. VCEMS plans to act as the medical resource status center after an MCI/LEVEL III. VCEMS will take a proactive posture in assuring that all contacts, State and local, are kept informed with the most current intelligence concerning the disaster and the related medical response.

SECTION VI RESOURCE ACQUISITION

The MCI/LEVEL III scenario assumes a shortage of medical resources within Ventura County. VCEMS will log resource requests and resource availability of health care facilities and medical transportation. With the approval of the MHOAC or designee, VCEMS will direct available medical resources to areas of greatest need based on the best possible intelligence. VCEMS will make resource needs known to the County's EOC, and RDMHC.

GLOSSARY OF TERMS

ARC American Red Cross

The Federally chartered relief organization, which is charged to supply relief services to those with physical and emotional needs in time of war or disaster.

Base Hospital

A hospital that has been approved by the local EMS Agency to provide medical direction to prehospital emergency medical care personnel within its area of jurisdiction.

C.E.R.T. Community Emergency Response Team

An organization of trained volunteers who assist official emergency agencies.

D.A.R.T. Disaster Assistance Response Team

An organization of volunteer Disaster Service Workers serving a governmental agency for the protection of public health, safety and welfare; in accordance with the California Emergency Services Act.

Deceased (patient)

Fourth (last) priority in patient treatment according to the S.T.A.R.T. triage system.

Delayed (patient)

Second priority in patient treatment according to the S.T.A.R.T. triage system. These patients require aid, but injuries are less severe or pose no immediate threat to life.

EOC Emergency Operations Center - City or County

A secured location where disaster / emergency mitigation and recovery efforts may be directed and coordinated by those designated authorities.

EMS Emergency Medical Services

A local government (county) agency with the primary responsibility of coordinating the medical response to a disaster and facilitating the acquisition of additional resources to carry out the medical recovery mission.

EMSA Emergency Medical Services Authority - State of California

That agency within the State Health and Welfare Agency which is devoted to the coordination of policy and practice relative to emergency medical services throughout the State of California. This includes disaster mitigation and planning efforts.

FTS Field Treatment Site

A medical operation called for by the local health officer for the established purpose of collecting injured disaster victims who are in need of definitive medical care.

HCA Health Care Agency - County of Ventura

The local government (county) agency, which is designated to develop, issue and regulate policy in areas of public health and welfare.

HICS Hospital Incident Command System

A generic medical response template developed by Ventura County EMS to provide health care facilities with an incident command based, standardized emergency response plan.

Hospital Inventory

The number of "Immediate" and "Delayed" patients which a hospital has identified that it may care for at any given time as a result of an MCI.

Immediate (patient)

First level of patient priority according to the S.T.A.R.T. triage system. A patient who requires rapid assessment and medical intervention in order to increase chances of survival.

MAS Medical Aid Station

A neighborhood disaster medical resource center; which may be organized under a three-way partnership; 1) a sponsoring city, 2) host medical site, and 3) community volunteers.

MCI Multi Casualty Incident

A suddenly occurring incident, which injures more than one individual, and presents conditions which may require fire and ambulance service mutual aid resources and the assistance of VCEMS.

Minor (patient)

Third priority of patient in the S.T.A.R.T. triage system. A patient requiring only simple, rudimentary first-aid. These patients are considered ambulatory.

MRC Medical Reserve Corps

A group of volunteers primarily comprised of medical personnel that is intended to strengthen the medical and health infrastructure of the community they serve.

NDMS National Disaster Medical System

NDMS is a federally coordinated system that augments the Nation's medical response capability. The overall purpose of the NDMS is to supplement an integrated National medical response capability for assisting state and local authorities in dealing with the medical impacts of major peacetime disasters. Components of NDMS include Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Operational Response Teams (DMORT), International Medical Surgical Response Teams (IMSURT), and National Veterinary Response Teams (NVRT).

RACES Radio Amateur Civil Emergency Services

RACES provides for amateur radio operation for emergency communications purposes only during periods of local, regional, or national emergencies. Members of RACES organizations make their volunteer services available to municipal, county and state governments; additionally, RACES will provide communication services wherever there is a need for life saving and property preserving assistance.

Receiving Hospital

A hospital that has been approved by the EMS Agency to receive patients requiring emergency medical services.

ReddiNet Rapid Emergency Digital Data Information Network

Web based computer system to coordinate hospital and paramedic services in the event of a major emergency. In non-emergency situations, ReddiNet provides hospitals with daily diversion status updates to determine which hospitals can provide appropriate patient care.

S.T.A.R.T. Simple Triage and Rapid Treatment

A prehospital patient prioritizing system developed by Hoag Hospital and Newport Beach Fire Department for use during an MCI/LEVEL I, II or III. The S.T.A.R.T. system is based on four levels of prioritization: Deceased, Minor, Delayed, or Immediate.

VCEMS Ventura County Emergency Medical Services

That agency within the County of Ventura Health Care Agency, which is responsible for those duties, assigned to the local government EMS.