Mesa County MCI Communications Plan for EMS

Mesa County EMS System
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Objectives

• Review the issues surrounding MCIs
• Discuss reasoning behind Mesa County MCI Communications Plan
• Review roles for EMS in MCI plan
• Discuss variations in communications during an MCI
• Discuss how to get into and out of the MCI plan
Introduction

MCI may be defined as an incident which stresses the capabilities of the healthcare system in a given area, not just a single agency stressor.

What is our given area?

We are using the Mesa County healthcare system for our basis of these discussion.

MCEMSS

Facilities – SMH, CMH, CCMC, VA
Definitions

• Normal Operations – everyday operations

• Multi-Patient scene (MP) -> 3 patients (2-3 ambulances), but not enough to stress system. May stress agency.

• Mass Casualty Incident – stresses entire system, currently > 12 Reds OR > 25 Reds/Yellows. Greens don’t count!

• Transport Destination Coordinator (TDC) – runs destination matrix from remote location.

• Emergency Operations Center (EOC) – County oversight operations at Sheriff’s Office
Scenarios

- Large scale incident with potential for multiple casualties
  - Plane, trains and automobiles
  - Wildfires
  - Floods/landslides

- Who arrives first?
  - Law enforcement
  - EMS
  - Others?
Initial Evaluation

• Whoever arrives first will need to make a quick assessment

• Could this scene involve injured people?

• How many could be involved?

• If the answer is “more than 3 ambulances worth”, the pre-notification should occur
Pre-Notification

• First party on scene will notify dispatch that a “potential” MCI may have occurred.

• Dispatch will alert all parties that something has occurred and more information will follow
  • Law enforcement
  • All EMS agencies
  • Emergency Management
  • Medical Director
Pre-Notification

- Dispatch will await further notification before proceeding ahead.
- This stage allows ramping up of systems as needed for ability to act more rapidly.
- If law enforcement does initial pre-notification (PN), EMS may proceed directly to triage assessment.
- EMS will be notified by dispatch with page out if PN has already occurred.
EMS Triage Assessment

- First EMS providers on scene will do a quick triage assessment of number of patients and severity of injuries – Total patients, Reds, and Yellows

- **Per initial triage guidelines - NO TREATMENT is performed by triage provider during this process except for opening an airway**

- Other personnel or Engine Crews may begin care.

- Contact Dispatch with update as soon as possible with data. Need to have NUMBERS and COLORS!
Dispatch Update

- 3 Options
  - Normal operations – scene may be handled with normal EMS resources
  - Multi-patient scene (MP) – scene will require additional resources (more equipment, ambulances, etc.) but will not stress system.
  - Mass Casualty Incident (MCI) – scene has so many patients of acuity that the system needs to adapt to handle this. Currently that number is set at 12 or more Reds OR 25 or more combined Reds/Yellows
• Initial assessment – scene size up for potential MCI

• Pre-notification (PN) – If scene has potential for MCI, PN should be made to dispatch

• Initial Triage – quick count of patient types and numbers

• Update – tell dispatch what type of scene we have, normal, MP, MCI
Normal Operation

• This is what we do every day

• May include 4-5 patients who require more than one ambulance, usually by same agency

• This will not overtax the current EMS agency, let alone the healthcare system of the County

• Smaller agencies may require some mutual aid, but again nothing unusual
Multipatient Scene

- This occurs when the primary responding EMS agency may be overburdened by the number of patients
- This occurs when the agency does not have enough available transport personnel or vehicles to handle patient volume.
- May require mutual aid from adjacent agencies
- Will not overburden the County Healthcare system
Multipatient Scene

This definition will then be agency specific.

What may overburden Gateway-Unaweep may not overburden Grand Junction Fire.

Dispatch will help get additional resources underway to scene to assist lead agency.

This may be by automatic aid or mutual aid agreements already in place.
MCI

- This scenario means that the whole Mesa County Healthcare system will be taxed beyond normal operations.
- Hospitals may expect large numbers of very ill or injured patients and normal operations must change to be able to handle this increased flow efficiently.
MCI

• Most of these changes occur in the way communications will be handled

• This includes not only the MCI scene operations, but the normal EMS operations still occurring in the rest of the County

• In order to accomplish this, we will institute a “split function” system with two distinct communications pathways for those two operations
Split Functions

- We will divide communications into a system for the MCI scene including transport destinations and hospital communications.
- There will also be a separate pathway for normal operations which shall include destination directions.
MCI Scene Operations

- Normal ICS/NIMS operations at scene shall commence per training
- Change in process now comes from Transport Officer (TO) contacting the TDC
- Triage transport matrix will now be with the TDC and **NOT** on scene with TO
MCI Scene Operations

- Communication will be with TDC via FHW channel on 800 MHz radios. This function originates at CCMC, but will change to GJRCC. TO may notice voice change.

- Once ambulance loaded, TO will provide TDC with sex, age, and injury “color” of patients in ambulance
  - Try to limit to two patients per ambulance
  - May load up to three if needed

- TDC will provide TO with destination
MCI Scene Operations

- TO will keep portion of each triage tag to maintain number of patients transported
- TDC will contact hospital with incoming ambulance information
- **NO** direct contact from TO or ambulances to facilities
MCI Scene Operations

- Process will continue until all patients have left the MCI scene
- TO will notify TDC when last patient has departed scene.
- TDC will notify EOC and facilities
- TDC will remain online and available for 30 minutes after last patient has left in case more patients are found.
MCI Scene Operations

- If any providers are injured on scene, they will be considered part of normal operations and not MCI. Will not reset clock if MCI operations have ceased

- TO will contact TDC when shutting down scene operations

- TDC will contact TO if the above information has not occurred within 30 minutes of last patient
Normal Field Operations

- During an MCI, there will continue to be ill and injured patients calling for EMS in the rest of the County/System.
- Since the hospitals shall be listening ONLY to the TDC radio communications, normal on-line medical control and hospital communications shall be compromised.
Normal Field Operations

• Patients will continue to call 911 per normal to get a response from EMS

• Dispatch will operate normally and dispatch the closest available provider to respond. This may be an ambulance or an engine alone

• This may occur according to mutual or automatic aid parameters if local agency is involved in MCI operations
Normal Field Operations

• Ambulances will be dispatched with normal dispatch information provided.

• Responses will occur per normal operations, until determination of need for transport is made.

• Once determination of transport or not is made, EMS will contact dispatch requesting transport destination. **DO NOT LEAVE SCENE UNTIL DESTINATION GIVEN BY DISPATCH!**
Normal Field Operations

- During MCI operations the entire system may be overwhelmed.
- Hospitals may not be able to take normal patients, but specialty services may still be available.
- Alternate destinations may be necessary:
  - Urgent care, PCP
  - VA, others?
- Destinations may also be abnormal compared to day to day (i.e. Pregnancy to CMH). Destination given will supersede normal destination guidelines.
Normal Field Operations

- Medical control will be on-site at dispatch.

- Medical control through dispatch will handle all calls from normal operations from scene for:
  - Medication orders
  - Refusals
  - On-line medical control operations
  - Patient destination

- Medical control will contact receiving facility with patient information. **There will be no direct contact from field ambulances to receiving facilities.**
Communication Schema

EMS/Hospital MCI Communications Schema Draft

MCI
- Incident Command
- MCI EMS Response
- Transport Officer

IDT
- TAC Frequency
- MCI Law Enforcement

911
- Dispatch
- 911 Law Enforcement

Normal Frequencies

EMS Frequency

TAC Frequency

Hospitals / ACF’s
- Hospital Frequency

TDC
- Fire Dept. Rep

Medical Director
- Dispatch Rep

Medical Communications Group

EMS Frequency

State EOC

County EOC
Sometime It Must End!

• Normally MCI scene medical operations will not last more than 2 hours unless in remote area.

• Once all patients transported from scene, MCI has only been translocated to facilities

• Facilities will need time to wrap up MCI patients before returning to normal operations
Termination of MCI
Scene Medical Ops

- Last patient leaves scene of MCI
- TO notifies TDC who in turn notifies facilities
- TDC will remain online for 30 minutes after in case more patients are found or if providers now need care
- Once notified by TO of cessation of scene operations OR TDC contact at 30 minutes, TDC operations will close.
Termination of MCI Scene Medical Ops

- Normal operations shall continue to contact medical control via dispatch for all communication needs until notified otherwise.

- Alternate destinations may be needed for some time after MCI scene operations cease.
EOC Determination of System Status

• EOC and medical dispatch operations will monitor system for ability to return to normal operations

• Once ALL facilities and agencies are capable, the page will go out to return to normal operations.

• Everyone must be ready before we go back to normal operations
Return to Normal Operations

- Hospitals will be notified first by land line so they are prepared for normal communications to resume.

- Once the hospitals are back online, EMS will be notified
Return to Normal Operations

- Dispatch will send out a notification over same system which notified of MCI to let all facilities and agencies know that normal operations will resume.

- Dispatch medical operations will shut down.

- On-line medical control will return to the receiving facility or St. Mary’s as usual.
Summation

- MCIs stress the entire system, not just a single agency
- Changes in communication patterns and destination policies are required to help manage the system in the most efficient manner
- It is inherent upon all providers to be familiar and practice these changes so they may be instituted seamlessly
KISS Principal

- We are trying to make this as easy as possible
- We are developing a system we hope never to use
- Most of these components we have trained in and are very familiar with
  - ICS/NIMS
  - Patient care
  - MCI scene operations
- What we need to practice is a new communication and destination system
3 Items to Remember - #1

- First EMS on scene of a “potential” MCI will need to give “prenotification” to Dispatch
  - If you feel this may require more than 2-3 ambulances
  - If it is obviously a lot of patients – bus, plane, etc.
- This may be skipped if already done by law enforcement (dispatch will tell you if this has occurred)
3 Items to Remember - 

#2

• First EMS Provider to arrive needs to do a quick scene assessment for numbers and “colors” of patients
  • Highest level provider should accomplish this
  • Others may start providing care

• Have these numbers written down
3 Items to Remember - 

#3

- Contact Dispatch ASAP with determination of what type of incident this is based on previous patient number and type
  - Normal operations – May be handled by responding agency
  - Multi-patient incident – will likely require mutual aid and more ambulances, but will not stress system
  - MCI - > 12 Reds OR >24 Reds/Yellows
Going Forward

• Training
  • Need to make sure we know the basics well
  • Review all aspects of MCI operations

• MCI Triage “kits”
  • Review what is in triage kits
  • Throw out old transport destination forms
  • Update kits and make sure they are equipped with updated tags, vets, etc.
Going Forward

• MCI Triage functions
  • Initial triage – numbers for MCI determination
  • Ongoing triage for tx/transport

• MCI Ground Operations
  • Different roles – TO, Triage, scene ops (ingress/egress), fire operations, provider rehab, etc.
  • Communication – law enforcement, air transport, public utilities, TSA, etc.
Going Forward

• Agencies will be scheduling time to train on these items so they are ready to run an MCI ground operation

• We will go live with this plan on August 1, 2015

• Plan table top exercise in Fall 2015 for Mesa County EMS system

• Hope to plan a full scale exercise in 2016
Conclusions

• MCI communications from scene and from normal EMS responses will change during MCI operations

• Be familiar what you need to do so that you may participate in system as seamlessly as possible