2025

Sacramento County Multi-Casualty Incident Plan

COUNTY OF SACRAMENTO | 9616 Micron Ave Suite 940, Sacramento

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ADMINISTRATION

AUTHORITY:

The California Health and Safety Code, Division 2.5, Chapter 4 – Local Administration

OBJECTIVE:

The Sacramento County Emergency Medical Services Agency (SCEMSA) Multi-Casualty Incident Management Plan (MCI Plan) is a sanctioned plan authorized by the Sacramento County Department of Health Services. EMS provider organizations are required to adhere to the operational roles and standards outlined in the MCI Plan. This requirement extends to all EMS providers, dispatch centers, hospitals, and relevant Emergency Operations Center or departmental operations center command staff.

The MCI Plan aims to ensure rapid and efficient care and transport of victims from an incident scene to appropriate medical facilities, minimizing harm and maximizing survivability.

The primary objective of the Plan is to define responsibilities and outline necessary actions for coordinating multi-agency responses to multiple casualty incidents within Sacramento County. Effective implementation aims to assist the greatest number of individuals by applying principles of coordinated incident management. The Plan may be adjusted based on factors such as the number of patients, the cause or severity of injuries or illnesses, and unique circumstances surrounding the incident.

Depending on the scale and nature of an incident, austere medical care principles may be employed to address the broader needs of the affected population. In such scenarios, emphasis is placed on rapid transport or relocation of the ill or injured, with on-scene medical care being limited.

Ensuring proper training, regular use of the plan, appropriate resource allocation, and thorough incident reviews are crucial for enhancing response effectiveness and improving patient outcomes.

GLOSSARY OF TERMS:

- **Area Command** – An organization that oversees the management of multiple incidents or oversees the management of a very large or evolving situation with multiple ICS organizations
- **Bioterrorism** – The intentional release of viruses, bacteria, or other germs that can sicken or kill people, livestock, or crops
- **CBERN** –Chemical, Biological, Explosive, Radiological, Nuclear
- **Control Facility** – The entity that has been designated to manage and coordinate patient distribution during an MCI.
- **Delayed (triage category) –** A conscious patient deemed to have non-life threating injuries that will need further medical attention

- **Expectant (triage category)** – An unresponsive patient with inadequate or absent pulse and breathing, requiring resuscitative measures. Also known as "Deceased"
- **Field Treatment Site (FTS)** – A location within a jurisdiction that is used for the assembly, triage (sorting), medical stabilization and subsequent evacuation of casualties
- **First Wave** - The number of patients any of the county/region acute care hospitals have agreed to automatically accept during an MCI
- **Immediate (triage category)** – A conscious or unconscious patient deemed to be salvageable but in immediate need of further medical care
- **Level 1**: 5-10 patients manageable with local resources and limited external aid
- **Level 2: 11**-20 patients, necessitating mutual aid and impacting routine EMS operations.
- **Level 3:** 21-40 patients, exhausting local resources and requiring regional support.
- **Level 4 (Catastrophe):** 40+ patients, involving state and federal assistance.
- **Medical Health Operational Area Coordinator (MHOAC)** – the entity responsible for ensuring the assessment of immediate medical needs, coordination of disaster medical and health resources, coordination of patient distribution and medical evaluations, and the coordination of emergency care providers
- **Minor (triage category)** – A conscious patient deemed to have minor injuries and typically ambulatory
- **Mutual Aid** – The obtaining of additional emergency resources from non-affected jurisdictions
- **National Incident Management System (NIMS)** – a consistent nationwide template to enable partners across the Nation to work together to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity
- **Operational Area** - in most areas of the state this is the same as the county boundaries
- **Public Safety Organizations** - agencies such as fire departments, law enforcement, EMS, and emergency management, responsible for protecting life, property, and public health during an incident.
- **RDMHS** – Regional Disaster Medical Health Specialist
- **Receiving Hospital** – The facility specially equipped and staffed to accept new patients requiring initial diagnosis or treatment
- **SALT Triage** – Sort, Assess, Lifesaving Interventions, Treatment/Transport; a triage method used by first responders during a MCI to quickly and efficiently classify victims based on the severity of their injuries
- **Second Wave Distribution** – The management of patient distribution during an active MCI after the First Wave distribution has been exhausted
- **Staging** – An area established to maintain a ready reserve of tactical resources and operational overhead to support evolving or emergent operational resource requirements
- **Standardized Emergency Management System** – A state-wide California system providing the fundamental structure for the response phase of emergency management

STANDARDS AND GUIDANCE:

This plan includes the following resources by reference or incorporation and may be used for guidance when appropriate:

- Incident Command System (ICS)
- Standardized Emergency Management System (SEMS)
- County of Sacramento Emergency Operations Plan
- Mutual Aid Agreement Between Sacramento County Fire Agencies
- SALT Triage
- California Public Health and Medical Emergency Operations Manual
- National Incident Management System (NIMS)

ROLES AND RESPONSIBILITIES:

In Sacramento County, an effective response to incidents involving multiple patients requires collaboration between government and non-government resources through coordinated efforts. All disasters, regardless of scale, are managed locally, with external resources providing support as needed.

Public safety organizations are responsible for responding to, managing, and mitigating incidents within their jurisdiction. Typically, a fire or law enforcement officer will serve as the Incident Commander (IC) or participate in a Unified or Area Command, depending on the incident's complexity.

The IC has the ultimate decision-making authority for managing the incident, except in cases where county, state, or federal authorities assume partial or full control due to the nature of the event.

Fire Service: Responds to all incidents, serves as Incident Command and/or participates in a Unified Command, provides scene management and associated triage, treatment, and transport of patients.

California Highway Patrol: Participates in unified command, scene security, and access control for incidents involving freeways, state highways, and county-maintained roadways.

Local Law Enforcement: Participates in unified command, scene security, and access control involving the respective jurisdiction, provides required law enforcement duties.

Sacramento County Sheriff: Responds to all incidents, serves as Incident Command and/or participates in a Unified Command, provides scene management, responsible for search-and-rescue operations, intra-county and inter-county law enforcement mutual aid, disaster management, and

standard law enforcement duties. Provides support for communications, security, personnel, and transportation of emergency equipment and supplies.

Office of Emergency Services: Responsible for supporting the incident response and staffing of the EOC.

Sacramento Coroner Division: Coordinates with other first responder agencies to locate fatalities; arrange for transportation; establish morgue facilities, as needed; establish a Family Assistance Center; and pursue identification of the dead.

Local Emergency Medical Services Agency: Responsible for EMS System planning and coordination. May make policy amendments, clinical care modifications, or modify agreements within its authority. Additional specific roles may include but are not limited to the following:

Medical Health Operational Area Coordinator (MHOAC): Coordinates patient distribution, ambulance resources, hospital resources and bed availability, medical mutual aid. May also staff positions in the EOC/DOC.

EMS Agency: Provides support for on-scene Incident Command and/or Sacramento County Emergency Operation Center.

Private Ambulance Services (Air and Ground): May be utilized to augment the 911 system. Serve as primary resource for inter-facility transfer of patients both in and out of the county.

Receiving Hospitals (Local and Regional): Provide emergency medical care to the victims of illness and/or injury.

Control Facility: The individual or team responsible for documenting the final distribution and transportation of patients during an MCI. The Control Facility works directly with the on-scene Incident Command and the hospitals to ensure proper documentation of patient distribution. The first wave of patient distribution will occur automatically based on the predetermined first wave distribution plan.

Other public agencies that may have a response role include:

- Behavioral Health
- Environmental Health
- Public Health
- Parks and Open Space
- National Park Service
- American Red Cross
- Department of Public Works
- Caltrans
- U.S. Coast Guard

OPERATIONS

ALERTS AND ACTIVATION:

The MCI plan can be activated by a first responder agency, ambulance provider, or hospital. If adequate information is available, activation may occur even before arriving on the scene.

As the number of patients grows, the emphasis transitions from managing individual incidents to ensuring system sustainability and performance. Activation levels are determined by factors such as the scale, nature, and location of the incident, as well as the impact of other regional events on the EMS and hospital systems.

The MCI alerting system will utilize EMResource, which serves as the primary notification platform. EMResource is designed to ensure efficient and timely communication among emergency response teams, healthcare facilities, and other stakeholders. Its centralized system provides real-time updates, enabling better coordination and resource allocation during mass casualty incidents.

INCIDENT LEVELS:

Incident Levels	Level 1 5-10 Patients	Level 2 11-20 Patients	Level 3 21-40 Patients	Level 4 (Catastrophe) 40+ Patients
Description	Local emergency, local assets adequate.	Local emergency, local assets are impacted.	Local or regional emergencies, local assets are inadequate.	Multi-regional, state, or federal emergency, local, regional, state, and federal assets being utilized may be inadequate.
Activation	First arriving unit communicates with dispatch and CF to activate MCI.	First arriving unit communicates with dispatch and CF to activate MCI.	Dispatch contacts CF; multiple CFs and the Regional CF may function.	Requires state and federal coordination; assets may be inadequate.
EMS Units	Destination per Patient Distribution chart; transporting unit contacts receiving hospital. Trauma patients sent to available trauma centers.	Destination per Patient Distribution chart; transporting unit contacts receiving hospital. Trauma patients sent to available trauma centers.	Destination per CF; no direct hospital contact. Follow Sacramento County Scope of Practice on standing order status.	Regional coordination for all EMS units; function under California or regional protocols.
Scope of Practice	Standard Sacramento County Scope of Practice.	Standard Sacramento County Scope of Practice.	All Sacramento County and State Scope of Practice apply.	All Sacramento County and State Scope of Practice apply.
Assets	Local assets adequate.	Local assets impacted.	Regional assets being utilized; local assets inadequate.	Local, regional, state, and federal assets may be overwhelmed.

SALT TRIAGE CATEGORIES:

The following triage categories are based on the SALT Triage System and will be used to categorize patients during a multi-casualty incident. The term "injury" is used generically to describe the patients being triaged and is inclusive of both medical and trauma patients.

- **Minimal** – Conscious patient deemed to have a minor illness or injury and typically ambulatory
- **Delayed** – Conscious patient deemed to have non-life threating injuries that will need further medical attention
- **Immediate** – Conscious or unconscious patient deemed to be salvageable but in immediate need of further medical care
- **Expectant/Deceased** – Unresponsive patient with inadequate or absent pulse and breathing, requiring resuscitative measures

Category	Color	Description	Key Characteristics
Minimal	Green	Patients with minor injuries or illnesses that need little to no medical care.	Conscious, ambulatory, self-care capable, walking wounded.
Delayed	Yellow	Patients with non-life-threatening injuries that need medical attention but can wait.	Stable vital signs, injuries not compromising airway or perfusion.
Immediate	Red	Patients with life-threatening injuries that need immediate intervention to survive.	Life-threatening issues (airway, bleeding, shock), correctable with rapid care.
Expectant	Gray	Severe injuries with a very low likelihood of survival, even with treatment.	Catastrophic injuries, profound shock, minimal chance of recovery despite interventions.
Dead	Black	Patient shows no signs of life.	No pulse, no breathing, and no response to resuscitation efforts.

START TRIAGE CATEGORIES:

The following triage categories are based on the START (Simple Triage and Rapid Treatment) System and will be used to categorize patients during a multi-casualty incident. START emphasizes rapid assessment of **respirations, perfusion, and mental status (RPM)** to assign patients into categories.

Category	Color	Description	Key Characteristics
Minor	Green	Patients with minor injuries or illnesses that need little to no medical care.	Ambulatory "walking wounded", able to obey commands, minor cuts/abrasions.
Delayed	Yellow	Patients with serious but not immediately life-threatening injuries who can wait for treatment.	Breathing <30/min, cap refill <2 sec (or radial pulse present), able to follow commands. Stable but need care.
Immediate	Red	Patients with life-threatening conditions who can be stabilized with rapid intervention.	Breathing >30/min OR cap refill >2 sec OR cannot follow commands. Severe bleeding, compromised airway, or shock.
Deceased	Black	Patients with no signs of life or injuries incompatible with survival.	Not breathing after airway repositioning, pulseless, or obviously deceased.

****Sacramento County will no longer be using START after May 1, 2026.* Please transition to **SALT Triage** for all training and MCI applications.

PATIENT DISTRIBUTION AND TRACKING:

ADULT TRAUMA[1] & (MEDICAL)			
Hospital	Immediate Red	Delayed Yellow	Minor Green
UC Davis Medical Center (Level I)	5 (5)	4 (4)	8 (8)
Kaiser South Sacramento (Level II)	1 (2)	2 (2)	5 (5)
Mercy San Juan (Level II)	2 (2)	4 (4)	5 (5)
Sutter Roseville (Level II)	1 (2)	2 (2)	5 (5)
Marshal (Level III)	1 (2)	2 (2)	5 (5)
Methodist	0 (1)	3 (3)	6 (6)
Sutter Sacramento	0 (1)	3 (3)	6 (6)
Mercy General	0 (1)	3 (3)	6 (6)
Kaiser North (Morse)	0 (1)	3 (3)	6 (6)
Mercy Folsom	0 (1)	3 (3)	6 (6)
VA	0 (1)	3 (3)	6 (6)
Kaiser Roseville	0 (1)	3 (3)	6 (6)
Woodland Memorial	0 (1)	1 (1)	6 (6)
TOTAL	**10 (21)**	**36 (36)**	**76 (76)**

[1]Patients who meet SCEMSA Critical Trauma Criteria

PEDIATRIC TRAUMA[2] & (MEDICAL)			
Hospital	Immediate Red	Delayed Yellow	Minor Green
UC Davis Medical Center (Level I)	1st 6 Trauma (6)	1 (1)	2 (2)
Kaiser South Sacramento (Level II)	1 (1)	2 (2)	5 (5)
Mercy San Juan (Level II)	1 (1)	2 (2)	5 (5)
Sutter Roseville (Level II)	1 (1)	2 (2)	5 (5)
Marshal (Level III)	1 (1)	2 (2)	5 (5)
Methodist	0 (1)	2 (2)	5 (5)
Sutter Sacramento	0 (1)	3 (3)	6 (6)
Mercy General	0 (1)	2 (2)	4 (4)
Kaiser North (Morse)	0 (1)	2 (2)	4 (4)
Mercy Folsom	0 (1)	2 (2)	4 (4)
VA	0 (0)	0 (0)	0 (0)
Kaiser Roseville	0 (1)	3 (3)	6 (6)
TOTAL	**10 (16)**	**23 (23)**	**51 (51)**

[2]Patient's who meet SCEMSA Critical Trauma Criteria

DOCUMENTS AND TOOLS

TRIAGE TAGS:

Triage Tags: For incidents involving 20 patients or fewer, the patient tracking form shall be used. For incidents involving 21 or more patients, triage tags shall be utilized to support patient tracking, accountability, and documentation.

PATIENT TRACKING FORM:

Patients shall be equitably distributed across hospitals to prevent overwhelming individual facilities

MCI - Patient Dispersal / Tracking

Page: _____ of _____

Date: _______________ Incident name: ____ Med Grp Sup: ____________________

Begin: _____ End: _______ Location: ____ Contact #: ______________________

Pt #	Time	Sex	Age	Immed	Delayed	Minimal	Expectant	Dead	Injury	Triage Tag#	Trauma Triage Criteria	Unit #	Hosp
											Y / N		
											Y / N		
											Y / N		
											Y / N		
											Y / N		
											Y / N		
											Y / N		
											Y / N		
											Y / N		
											Y / N		
			TOTAL										

SACIT: Sex/Age/Condition/Injury/Triag Tag#

Revised 8/12/2025

Sacit = sex age condition injury triage tag number

NOTE: Patient Tracking forms shall be submitted to SCEMSAInfo@saccounty.gov within one (1) hour following the conclusion of the MCI.

TRAINING AND COMPETENCY

TRAINING:

Ongoing training and exercises shall be implemented to ensure readiness for MCI scenarios.

COMPETENCY LEVELS:

First responders should possess the following competencies:

- Working knowledge of the Incident Command System (ICS 100, 200, 700 minimum)
- Working knowledge of the National Incident Management System (NIMS)
- Working knowledge of the California Standardized Emergency Management System
- (SEMS)
- Familiarity with the Hazardous Materials Response Guide
- Working knowledge of Sacramento County Prehospital Policies and Procedures
- Awareness of the SCEMSA MCI Plan

In addition, the following competencies are recommended for fire service providers:

- Incident Command System 300 and 400
- Hazardous Materials First Responder – Operations Level

Dispatchers should possess the following competencies:

- Working knowledge of the Incident Command System (ICS 100, 200, 700 minimum)
- Working knowledge of the National Incident Management System (NIMS)
- Working knowledge of the California Standardized Emergency Management System (SEMS)
- Familiarity with the Hazardous Materials Response Guide
- Awareness of the SCEMSA MCI Plan

The following competencies are recommended for hospital providers:

- Hospital Incident Command System 100, 200, and 700
- Working knowledge of Sacramento County Prehospital Policies and Procedures
- Awareness of the SCEMSA MCI Plan

SPECIAL CONSIDERATIONS

HAZARDOUS MATERIAL INCIDENTS:

- Notify Control Facility of chemicals as soon as possible
- Regardless of MCI level, CF contact for CHEMPAK deployment ASAP

INTENTIONAL MCI:

- All MCI scenes will be treated as a crime scene unless determined otherwise by on-scene Command.
- Law Enforcement will prioritize preservation of the scene after lifesaving efforts have been completed and determine which jurisdiction as appropriate. Example, active shooter, airplane crash, gas pipe explosion, arson, etc.

OTHER CONSIDERATIONS:

- Prioritize keeping families together. If pediatric patients are involved, contact UC Davis to confirm they can accommodate the entire family.
- For incidents with three (3) or more pediatric patients, coordinate with UC Davis for resource planning.

MCI DEBRIEFING

SCEMSA will debrief every MCI for the first 18 months following the implementation of this plan. After this period, SCEMSA and the MCI workgroup will reconvene to determine whether ongoing meetings after every MCI remain necessary.

EMS agencies will use a standardized template to distribute resources equitably during an MCI. Naming incidents appropriately will aid in organization and tracking. EMS providers must utilize the MCI drop-down options to ensure accurate data collection.

QUALITY ASSURANCE AND PLAN REVISIONS

The MCI workgroup will meet quarterly, or more frequently as needed, to review QI/QA findings and implement necessary revisions. This iterative process ensures that the MCI Plan remains a dynamic and effective tool for managing multi-casualty incidents.

MCI FEEDBACK/REPORTING FORM

REPORTING ENTITY	
Reporting Agency:	Reporting Person:
Telephone:	Email Address:

INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR AGENCY'S ROLE)	
Incident Date:	Incident Name:
Incident Location:	
Dispatch Time:	First Unit On Scene Time:
First Transport Unit On Scene Time:	Supervisor On Scene Time:
Incident End Time:	

NUMBER & TYPE OF PREHOSPITAL EMS RESOURCES	
First Responder Agencies Utilized:	
Ground Amb. Providers Utilized:	
# of Ground Amb. Requested:	# of Ground Amb. Utilized
HEMS Providers Utilized:	
# of HEMS Aircraft Requested:	# of HEMS Aircraft Utilized:
Other Transport Resources:	
Incident Commander:	Transportation Unit Leader:
Triage Unit Leader:	Med. Communications Coord.:
Treatment Unit Leader:	Were MCI ID Vests Used? ☐ Yes ☐ No
Were Triage Tags Used? ☐ Yes ☐ No	Were Pt. Tracking Sheets Used? ☐ Yes ☐ No

NUMBER & TYPE OF PATIENTS

IMMEDIATE:	DELAYED:	MINIMAL:	EXPECTANT	DECEASED:

# Of Adult Pts:	# Of Pediatric Pts:
# Of Pts Transported by EMS:	# Of Pts Refusing Transport:

HOSPITAL INFORMATION

CF Representative Name:	Initial CF Contact Time:
Initial MCI Notification Received From	
Number of CF Staff Assigned:	CF Pt Dispersal Officer:
Receiving Facilities Utilized:	

FEEDBACK AND SUGGESTIONS