

**Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES**  
**Key Words: Policy/Procedure/Protocol**

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**SUBJECT:** Triage, Multiple/Mass Casualty Incidents,  
Annex D

**POLICY NO: S-413**  
**PAGE: 1 of 3**  
**DATE: July 1, 2019**

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**AUTHORITY:** California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220,  
1798.2, 1798.6(c), and 1798.170.

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## **I. PURPOSE**

To establish guidelines for management, transportation of casualties, and communication for a Multi or Mass Casualty Incident (MCI).

## **II. BACKGROUND**

### **A. Definitions**

Annex D:

In San Diego County Annex D is the Mass Casualty Incident (MCI) Operations Annex of the Emergency Operations Plan (EOP). The term Annex D is also used synonymously as the declaration of a mass casualty incident. The Annex is intended to assist and direct any agency that is confronted with any incident that results in enough patients that would strain or overwhelm the responding agency as determined by the Incident Commander (IC). The activation of an Annex D emergency allows the emergency resources of the County to be mobilized at the necessary level to support the incident.

Multi or Mass Casualty  
Incident (MCI):

An incident with sufficient casualties such that field scene command (Incident Command System) with a medical care branch is established.

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**III. PROCEDURES**

- A.** Early notification to the facilitating base hospital is paramount to successful management of MCIs. While en route, responding units and the primary dispatch center shall make this notification upon the earliest recognition of a potential MCI.
- B.** Only one (1) base hospital (facilitating base) will be contacted during the entire incident.
- C.** One person (MEDCOM) will assume responsibility for all scene medical communication. MEDCOM should be assigned as early as possible and provide the facilitating base with a brief size-up\* early.
- D.** Prehospital providers will utilize a nationally recognized triage system (e.g., Simple Triage and Rapid Treatment (START) or JumpSTART for pediatric patients) and use triage ribbon to indicate patient category. Treatment tags may be documented if time allows or transport is delayed.
- E.** Patient/Problem oriented information should be provided to facilitating base. The size, scope, and speed of the incident will determine how much patient information can be conveyed by MEDCOM, the priority elements of the MCI patient report:
  - 1. Patient number if assigned (i.e., #1, #2...)
  - 2. Triage color (RED/Immediate, YELLOW/Delayed, GREEN/Minor)
  - 3. Transporting unit
  - 4. Destination and ETA

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If available:

5. Age (adult or pediatric)
6. Gender
7. Primary impression or pertinent findings

- F.** Utilize the standard radio report for smaller, isolated multi-casualty incidents when the responding agency has an adequate amount of resources for the number of patients.
- G.** Transporting units should not make hospital or base contact, except in those rare cases where a patient's condition has greatly deteriorated, and additional resources will be required upon arrival.

\*Useful "size-up" information for the facilitating base includes a description of the incident, the estimated number of potential patients, and the geographic location of the incident. This will allow the facilitating base to inform nearby hospitals of the possibility of patients arriving by non-EMS transport (law enforcement, POV.).