

MCI Addendum

While the GCMCA has adopted the state MCI Protocol, this addendum was added to address several areas specific to Genesee County. These items should be followed in conjunction with the state MCI Protocol.

1. EMS Incident Command (IC) (aka EMS Branch Director/Group Supervisor):

This individual is the officer responsible for management of all medical branch operations. This individual serves as the EMS component of the Unified Command, and is located at and remains at the command post. This individual should remain in a supervisory and managerial role, with a focus on ensuring that sufficient resources are provided and allocated for triage, treatment, and transport operations. This individual has no patient care responsibilities and is assigned solely to command functions. This individual must hold an EMS license with the state of Michigan and meet other requirements established in the Michigan MCI Protocol. Succession to this position will be as follows:

- First EMT/Paramedic
- GCSO (Genesee County Sheriff's Office) Paramedic
- GCSO (Genesee County Sheriff's Office) Paramedic Supervisor
- Medical Director of the Genesee County Medical Control Authority or his/her designee

2. Medical Control Responsibilities:

- A. Remain available for radio contact in the event that the EMS Branch Director/Group Supervisor requires direction beyond the normal protocols.
- B. Each hospital shall implement its internal emergency procedures and/or disaster plan as necessary based on the information received from the EMS Branch Director/Group Supervisor regarding potential incoming patients.
- C. Each hospital will assess capabilities and capacity to address incoming patients.
- D. The hospital closest to the incident will serve as the coordination point for the distribution of patients among the three facilities. They will maintain contact with the other medical facilities needed for appropriate patient treatment. Through communication with the EMS Branch Director/Group Supervisor, they will direct patient destination to the appropriate medical facilities, including facilities outside of Genesee County should the system become overwhelmed.

3. Communications

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- A. All patient communication will be directed by the Transport Officer or the Communications Officer, if one has been assigned by EMS Branch Director/Group Supervisor.
 - B. The primary communication source used between the scene and the hospitals will be through the 800 MHz radio system. Communication will occur on the talk groups used on a day-to-day basis. If radio traffic becomes too heavy or it is deemed necessary to have a specific talk group for field to hospital communication, the Genesee County 911 Center will assist in establishing that talk group. The backup communication source will be the Hospital Emergency Radio Network (HERN) 155.340 vhf.
 - C. Other frequencies available to EMS providers with the potential for use during a MCI include 155.160 vhf (EMS), 155.280 vhf (state-wide disaster), 155.355 vhf (state-wide disaster), and 800 MHz special event talk groups.
 - D. Cell phone and landline communication can be utilized if necessary and available.
4. 911 Responsibilities:
- A. The affected 911 Center will notify each of the three Genesee County hospitals of an incident when informed by field personnel that an incident has occurred involving multiple casualties. Accurate contact numbers for each hospital will be maintained by the 911 centers.
 - B. The Genesee County 911 Centers will be responsible for creating and implementing a Resource Assessment and Utilization Plan in the event of a MCI. This plan will include:
 - 1. Dispatch of necessary EMS personnel needed for the triage, treatment and transport of patients involved in the MCI.
 - 2. Ensure proper distribution of remaining EMS resources to adequately cover EMS needs throughout the county not directly related to the MCI.
 - 3. Activation of mutual aid to ensure adequate resources for the MCI and distribution of mutual aid resources to ensure adequate coverage for EMS needs throughout the county not directly related to the MCI. Consider Regional Medical Coordination Center (RMCC) inclusion when local resources are exhausted.

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5. EMS Agency Responsibilities:

- A. Provide all available resources requested by the EMS Branch Director/Group Supervisor, 911 Centers or Emergency Operations Center.
- B. Take direction for the utilization of resources from the EMS Branch Director/Group Supervisor or his/her designee.
- C. Properly manage all scheduled transfers and special events that may interfere with patient flow within the system until all patients at the scene of the MCI have been properly triaged, treated and transported.
- D. Establish and follow policy on contacting and activating available personnel as needed to respond to the incident and care for patients in the community.
- E. Ensure that all personnel are NIMS certified according to criteria established by the GCMCA, state and/or federal requirements.
- F. Ensure that all personnel are provided annual training on this document and the roles and function of EMS personnel during an MCI.

6. Post-Event Activities:

- A. If this plan is activated for the purposes of a drill or an actual incident, the GCMCA will organize and conduct an after action assessment (AAA) meeting. If the drill involves multiple sectors, the AAA will either be organized by the GCMCA and designed to include all sectors, or it will be done in consultation with the Emergency Management Office. If an AAA is conducted by the Emergency Management Office, the GCMCA will not be required to hold a separate AAA. The purpose of the AAA is to evaluate and review the incident for the purposes of plan improvement and enhanced preparation for a future event. If an AAA is conducted for an actual incident and held by the GCMCA, it will be done as part of the GCMCA PSRO.
- B. All agencies involved in the incident or drill must have a representative present during a critique to provide input on issues identified during the event or drill.