

Topic:	Multiple Casualty Incident Plan (MCIP) Overview
Speaker:	Josh Davies, Prehospital Programs Section Manager with Santa Clara County's Emergency Medical Services Agency
Date:	Thursday, 6-Oct-05, at 1930
Event:	Cupertino ARES general meeting, Orientation Training

On Thursday 6-Oct-2005, Josh Davies presented information on Multiple Casualty Incidents, what the County is doing, his observations relative recent disasters, and how he sees volunteers fitting in.

The following is a summary of the presentation made to a joint session of CARES, CERT, and MRC.

BACKGROUND

1. Josh was with a Southern California fire department for several years before moving to Santa Clara County.

THE VALUE OF VOLUNTEERS

2. He reported that the CERT teams down south were instrumental in helping with the Alaska Airline crash of many years ago, in manners that the local Emergency Management never considered. In short, local management could not have planned how CERT ended up helping.
3. Some see CERT in traditional roles. However, during a Pandemic (for instance), how do you vaccinate 1,000,000 people? Governments will need help from community-based groups, particularly with coordination and distribution.
4. During Northridge, people opened their doors to help, took in strangers who lost their homes. Government was overwhelmed with assistance.
5. ARES/RACES knows process, ICS, and is perceived valuable even without radios. The skills we bring include how to manage information, help with coordination, etc. Government relies on ARES/RACES, and slices off the information that we collect and manage.
6. There are 126 ambulances in Santa Clara County. There are 46 in San Francisco. Other Counties with less dense populations have even less. When County sends resources out of county (Fire, Ambulances, etc), County cannot serve the locals as much as we all would like, That's where we come in.

COUNTY RESPONSE

7. During a Multiple Casualty Incident, County will deploy "Casualty Collection Points" (CCPs) trailers. However, the do not have anyone to staff them. CCP Trailers are in place, and will help buffer the flow of patients to hospitals so that only the most critical get access to the hospitals first. Most people don't really need hospital care.
8. Regarding the movement of a large number of people: Cupertino is at about 100-170 feet above sea level. Assuming a tsunami hitting Northern California (hypothetical), people will be moving away from the bay coming toward us and higher ground (Alviso is already below sea level behind dikes). How do we handle a large incoming crowd of displaced persons?
9. The ICS Priorities: (i) protect the infrastructure, (ii) minimize further damage, (iii) medical/first aid.

THE ROLE OF THE RED CROSS

10. Josh talked about what happened during Katrina, specifically for the medically fragile.
11. In the aftermath of Katrina, 4 out of 10 people died in evacuation helicopter flights from the Astrodome to the airport (where medical services were available). There was no medical care at the Astrodome.
12. 22 out of 26 evacuated bed-ridden patients died when they were moved due to dislodging clots, aggravating bed sores, infections.
13. Red Cross Shelters will turn away the medically fragile. During a MCI or any disaster, the plan will to do the ... "greatest good for the greatest number of people". One-on-one medical care is a luxury that we cannot afford.

14. For the medically fragile, the approach will change from aggressive critical care to pain management.
15. Whereas the Red Cross will host temporary housing and feeding shelters, they do not provide for medical shelters... (NOTE: from the Red Cross website, "...the Red Cross provides shelter, food, and health and mental health services to address basic human needs."
<http://www.redcross.org/services/disaster/>). This is not well understood by the general public.
16. We can expect higher fatalities from the medically fragile.

Revision

10-Oct-05 Original