The San Mateo County Multi-Casualty Incident (MCI) Response Plan is a San Mateo County EMS Agency policy that is initiated any time during a 911 medical call where the Incident Commander in the field declares the response to be a MCI, which is defined as an incident in which the combination of numbers of injured personnel and type of injuries go beyond the capability of an emergency service’s normal first response. For San Mateo County, an MCI is declared if more resources are needed than a responding fire apparatus with a paramedic onboard and an ambulance with a paramedic onboard.

The MCI Response Plan was developed for the purpose of creating a common operational framework, including organizational management and communications, for coordinating a multi-agency response to a MCI within San Mateo County’s Operational Area, or geographic boundaries. The MCI Plan is activated every time the Incident Commander in the field decides that a 911 medical response meets the definition of an MCI. In addition to operating within the San Mateo County EMS Agency’s policies and procedures, the MCI Response Plan is also developed in accordance with the National Incident Management System (NIMS), the California Standardized Emergency Management System (SEMS), the Incident Command System (ICS) structure and the California Public Health and Medical Emergency Operations Manual (EOM).

The MCI Response Plan is an all-hazards plan that can adjust according to the size and scope of the MCI, whether it is a car crash on Highway 101 or the 2013 Asiana Airlines Plane Crash or the 2010 San Bruno Gas Pipeline Explosion. The MCI Response Plan allows for first responders to work in concert with one another so that they can maintain situational awareness throughout the event and have the proper amount of resources, supplies, equipment and personnel necessary to respond accordingly.
The California medical countermeasures MCM plan addresses the requesting and distribution of MCM to local health departments (LHD) in response to a public health emergency. The plan also addresses the recovery of unused MCM and other durable assets as part of demobilization and recovery operations. Local responsibilities such as distribution of MCM within an operational area and dispensing operations are not covered in the state plan.

A large-scale public health emergency or any large-scale emergency with a significant public health component may quickly exceed the ability of the local government to respond. Bio and chemical terror events or large natural disasters may require more pharmaceuticals and medical supplies (MCM) than are available locally or regionally. These MCM can be requested through California’s Standardized Emergency Management System (SEMS). In short, field responders and local governments can request MCM from regional partners through state’s Regional Emergency Operations Center (REOC). If the request for MCM cannot be fulfilled from regional partners, the request will be forwarded to the State Operations Center (SOC). If the state cannot fulfill the request the request for MCM will be pushed to the Federal Government. The Strategic National Stockpile (SNS) is the Federal Government’s largest stockpile of MCM and managed by the CDC.

Once the request for MCM has been approved, the MCM will be shipped from strategically located federal warehouses to one of three warehouses managed by the California Department of Public Health (CDPH) also known as state receiving, storage and staging (RSS) sites. The state RSS sites serve as a hub for further distribution of the MCM to local health department warehouse or RSS sites. From the local RSS sites, the MCM are distributed to points of dispensing sites (PODS) or incident command centers for door-to-door distribution to individuals. PODS are the corner stone of the “pull” methodology where citizens travel to those sites to pick up MCM. The incident command centers serve as the hubs to push MCM to client’s homes.