In an attempt to clarify a few concepts following the recent Basic MCI training all providers underwent, the Ventura County EMS Agency will be releasing a series of training bulletins over the next few months. These bulletins are intended to help standardize concepts and terms across all disciplines, as well as reinforce key concepts and best practices related to MCI response and management.

**Terminology**
- When reporting victim count to dispatch, Base Hospital, etc., the proper terminology needs to be triage category color (Red, Yellow, Green, Black, Blue).
- The use of Immediate, Delayed, Minor, Morgue are technically appropriate, but there has been increasing confusion with, and misuse, of these terms.
- Terms like “moderate” “critical” “severe” are not appropriate, and they should not ever be used on an MCI. These terms are highly subjective and do nothing but create confusion on scene and at receiving facilities.

*Please remember that this is an MCI, and it’s very important that terminology remain consistent amongst all prehospital providers and receiving facilities.*

**Secondary Assessment / Trauma Steps**
- The application of VCEMS Trauma Triage Criteria (Steps) should only be applied during an MCI/Level I with a Traumatic Mechanism.
- Injured victims in an MCI/Level II or MCI/Level III should be prioritized to trauma centers based on severity of injury. These conditions are better outlined in the bottom portion of VCEMS Policy 131 – Attachment C.
- The secondary assessment and trauma “stepping” does not occur as part of the primary triage. Victims should be initially contacted and triaged based solely on the START/JumpSTART criteria.
- Once victim has been moved to the treatment area, or when treatment starts, the victim should then be re-assessed. This is when a triage tag is applied, and this is when the trauma “stepping” occurs.
  - It is clear that a formal treatment area is not always feasible on smaller MCIs. For this reason, secondary assessments and “stepping might occur at different points. This varies from scene to scene, depending on resource availability and number/complexity of patients.