

SUBJECT: **MANAGEMENT OF MULTIPLE  
CASUALTY INCIDENTS**

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**PURPOSE:** To provide guidelines for the efficient management of multiple casualty incidents (MCI) through coordination between prehospital care personnel, receiving facilities, and the Medical Alert Center (MAC) to allow for maximum resource allocation, patient distribution, and to prevent unnecessary delays in patient care and transport.

To provide guidelines for transition from a MCI response to a Mass Casualty Incident Management Response.

This policy defines the roles of the provider agency, MAC, base hospital, and receiving facilities during an MCI.

**DEFINITIONS :** Refer to Ref. No. 519.1, Multiple Casualty Incidents (MCI) – Definitions.

**PRINCIPLES:**

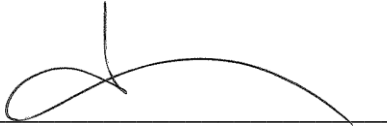
1. The Incident Command System (ICS) should be utilized at all MCI's.
2. Terminology is standardized.
3. Expedient and accurate documentation is essential.
4. The MAC is equipped to communicate with multiple receiving facilities simultaneously and can rapidly assess system wide emergency department bed status, hospital, and ambulance resources.
5. Request for hospital diversion status should be considered when determining patient destination; however, if appropriate, patients may be directed to hospitals requesting diversion (Exception: Internal Disaster).
6. Patients requiring Advanced Life Support (ALS) treatment or procedures should be transported by paramedics whenever possible; however, these patients may be transported by Basic Life Support (BLS) units based on available resources during the MCI. BLS units may transport to other than the Most Accessible Receiving (MAR) facility if the patient meets specialty care center criteria and based on available system resources.
7. The EMS Agency will facilitate a post-incident debriefing of large scale incidents to include all affected agencies.
8. To maintain system readiness, provider agencies, hospitals, MAC, and other disaster response teams should carry out regularly scheduled MCI, disaster drills, and monthly VMED28 radio checks.

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APPROVED:   
Director, EMS Agency

  
Medical Director, EMS Agency

9. On any MCI in which the need for air transport is identified, early notification to air operations providers is essential in order to ensure rapid access to medical care and preserve life. Air transport should be reserved for immediate patients whose transport destination is greater than can be achieved quickly by available ground ambulances.

POLICY:

- I. Role of the Provider Agency
- A. Institute ICS as necessary.
  - B. Implement MCI Triage Guidelines (modified START & Jump START) as necessary (see Ref. No. 519.2, MCI Triage Guidelines).
  - C. Establish early communication with the:
    - 1. MAC, to support incident management;
    - 2. Base hospital, if indicated and feasible, for the purpose of medical direction and/or patient destination.
    - 3. The transporting paramedic should make every attempt to notify the receiving facility if time permits. With the dynamic situation of an MCI, this may not be feasible.
  - D. If the need for additional ALS and/or BLS transport units exceeds the jurisdictional provider agency's capability, additional transport resources may be requested by the jurisdictional dispatch center or the Fire Operational Area Coordinator (FOAC) as per Ref. No. 519.3, Multiple Casualty Incident Transportation Management.
  - E. Request hospital based medical resources (i.e., HERT) from the MAC as outlined in Ref. No. 817, Regional Mobile Response Team if necessary.
  - F. Provide the following scene information to the MAC:
    - 1. Nature of incident
    - 2. Location of incident
    - 3. Medical Communications Coordinator (Med Com) provider unit and agency
    - 4. Agency in charge of incident
    - 5. Total number of estimated immediate, delayed, minor and deceased patients. If indicated, include total number and category of pediatric patients
    - 6. Nearest receiving facilities including trauma centers, PMCs, PTCs, and

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7. Transporting provider, unit number, and destination
  8. Type of hazardous material, contamination, level of decontamination completed, if indicated
  9. Name of law enforcement agency on scene if involved in patient care and/or transportation
- G. Document the following patient information on the appropriate Patient Care Record:
1. Patient name
  2. Chief complaint
  3. Triage category
  4. Mechanism of injury
  5. Age
  6. Sex
  7. Brief patient assessment
  8. Brief description of treatment provided
  9. Sequence number
  10. Transporting provider, unit number, and destination
- H. Reassess situational status to identify available resources and resource needs. If the anticipated resource needs exceed available local and mutual aid resources, contact the FOAC. Additional resources beyond the operational area shall be requested through the Regional Disaster Medical and Health Coordinator (RDMHC) via the MAC.
- C. Whenever departmental resources allow, the EMS provider agency should consider assigning a provider agency representative to report to the MAC to assist with communications and coordination of patient destination.
- II. Role of the MAC
- A. Provide prehospital care personnel with emergency department bed availability and diversion status as indicated by the ReddiNet poll.
  - B. Arrange for additional ambulance transport units as requested by the FOAC or RDMHC.

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- C. Coordinate activation of Regional Mobile Response Teams as requested.
  - D. Coordinate Air ambulance resources.
  - E. Notify receiving facilities of incoming patients immediately via the ReddiNet®.
  - F. Document, under the authority of the EMS Administrator on Duty (AOD) lifting of trauma catchment and service areas.
  - G. Maintain an “open MCI victim list” via the ReddiNet® for 72 hours.
  - H. Complete a written report to include a summary of the incident and final disposition of all patients involved as indicated.
  - I. Notify the EMS AOD and Medical Officer on Duty (MOD) per MAC policies and procedures.
  - J. The EMS Agency, as the Medical and Health Operational Area Coordinator (MHOAC) for the County of Los Angeles, will assess the situational status and evaluate available resources and resource needs. If the anticipated resource needs exceed the available resources the EMS Agency, via its role as the RDMHC, will request resources from surrounding counties.
  - K. Maintain an EMS provider agency Medical/Health Resource Directory and assist EMS providers with MCI resource management when requested.

III. Role of the Base Hospital

- A. Provide EMS personnel with emergency department bed availability and diversion status.
- B. Assist EMS personnel as needed with patient destination.
- C. Provide medical direction as needed.
- D. Notify receiving facilities of incoming patients.

IV. Role of the Receiving Facility

- A. Provide the MAC or base hospital with emergency department bed availability upon request.
- B. Trauma Centers are automatically designated to accept 20 Immediate patients (adult and pediatric) from MCIs, if needed MAC will distribute patients systemwide based on the incident.
- C. When activated by the EMS Agency, Burn Resource Centers (BRC) can accept up to 20 critically burned patients (includes both adult and pediatric).
- D. Accept MCI patients as directed by the MAC or base hospital.

- E. Monitor VMED 28 and ReddiNet®, recognizing that these are the default methods for MCI communications since Base Contact and/or notification may not be feasible when field resources are limited.
- F. Provide the MAC or base hospital with patient disposition information, sequence numbers, and/or triage tags when requested and enter information into the ReddiNet®.
- G. Maintain the “Receiving Facility” copy of the Patient Care Record and/or triage tag as part of the patient’s medical record.
- H. Ensure that requested patient information is entered as soon as possible into the ReddiNet® “MCI victim list” for all patients received from the MCI. The “MCI victim list” will remain open for 72 hours after the incident.
- I. Notify the MAC if resource needs exceed available resources.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 201, **Medical Direction of Prehospital Care**  
Ref. No. 502, **Patient Destination**  
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**  
Ref. No. 506, **Trauma Triage**  
Ref. No. 510 **Pediatric Patient Destination**  
Ref. No. 511, **Perinatal Patient Destination**  
Ref. No. 519.1, **MCI Definitions**  
Ref. No. 519.2, **MCI Triage Guidelines**  
Ref. No. 519.3, **Multiple Casualty Incident Transportation Management**  
Ref. No. 519.4, **MCI Transport Priority Guidelines**  
Ref. No. 519.5, **MCI Field Decontamination Guidelines**  
Ref. No. 519.6, **Regional MCI Maps and Bed Availability Worksheets**  
Ref. No. 803, **Paramedic Scope of Practice**  
Ref. No. 807, **Medical Control during Hazardous Material Exposure**  
Ref. No. 814, **Determination/Pronouncement of Death**  
Ref. No. 817, **Regional Mobile Response Team**  
Ref. No. 842, **Mass Gathering Interface with Emergency Medical Services**

FIRESCOPE’s Field Operations Guide ICS 420-1. December 2012