

SUBJECT: **MANAGEMENT OF MULTIPLE
CASUALTY INCIDENTS**

CHANGE LOG

Published Date	Status	Section and Subsection Affected	Description of Change(s)
09/01/2023	Addition +Removal	PRINCIPLES 9; POLICY I Role of Provider Agency, II. Role of the MAC	<ul style="list-style-type: none">• In PRINCIPLES, added information to clarify the use of air transport in MCIs• Clarified role of the Provider Agency with regards to early communication. Removed number of patients on when to contact the MAC• Removed "Assist prehospital care personnel as necessary with patient destinations" for role of MAC
04/01/2024	Redate & Resign	Not applicable	<ul style="list-style-type: none">• No significant changes
04/01/2025	Revision	Policy I. C. 1 Policy I. C. 2 Policy I. C. 3; Policy IV.E	<ul style="list-style-type: none">• Removal of (via VMED28 when possible)• Addition of "and feasible" removal of "although it is acknowledged that there may be field circumstances that limit the feasibility of Base Contact including when BLS transport is used. In these cases, notify the receiving hospital whenever possible.• Addition of "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."• Revised to monitor VMED 28 and Reddinet as the default methods for MCI communications since Base Contact/notifications may not be feasible when field resources are limited.