DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **MULTIPLE CASUALTY INCIDENT TRANSPORTATION MANAGEMENT** (EMT-I, PARAMEDIC, DISPATCH) REFERENCE NO. 519.3

PURPOSE: To provide guidelines for the rapid and efficient dispatch of multiple ambulances in response to multiple casualty incidents (MCI).

AUTHORITY: Health & Safety Code, Division 2.5, Chapter 3, Article 4
Health & Safety Code, Division 2.5, Chapter 4, Article 1, Section 1797.220
9-1-1 Emergency Ambulance Transportation Services Agreement

DEFINITIONS:

Level I Response – An MCI in which the number of ambulances required for the incident are 10 or less. The first ambulance must arrive within 8 minutes and 59 seconds.

> **NOTE: 9-1-1 providers with transport capabilities will follow their established operational response policy.**

Level II Response – An MCI in which the number of ambulances required for the incident exceeds the number of ambulances available through the 9-1-1 provider or is greater than 10.

Level III Response – An MCI in which the number of requested ambulances exceeds the number available within the County of Los Angeles Operational Area or is greater than 50. Ambulances may be requested from within Region I and/or neighboring Regions, depending on incident location.

Level IV Response – Request for ambulances from the Los Angeles Operational Area (LAOA) to respond to jurisdictions outside of the OA for immediate or a future operational period.

Ambulance Strike Team (AST) – Pre-established set of 5 ambulances and 1 supervisor which meets the guidelines established by the State EMS Authority.

Exclusive Operating Area (EOA) Contractor – Private Ambulance Company that is contracted with the Department of Health Services to provide emergency patient transportation within seven (7) established areas of the County where emergency transportation is not provided by the jurisdictional 9-1-1 provider.

Medical Alert Center (MAC) – Centralized communication center through which the MHOAC and RDMHC for Region I may be contacted.

Medical and Health Operational Area Coordinator (MHOAC) – Responsible for all medical and health operations for the operational area. EMS Agency administrator is the designated MHOAC and is contacted through the Medical Alert Center (MAC).

Medical Transportation Coordinator (MTC) – Responsible for the coordination and deployment of AST when requested from outside OAs.

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Operational Area (OA) – Consists of all political subdivisions within a county's geographical area that provides coordination and communication between local jurisdictions and OES Regions.

Fire Operational Area Coordinator (FOAC) – Los Angeles County Fire Department (LACOFD) which is contacted through its Dispatch Center.

Region I – Mutual aid region established by California Emergency Management Agency (CAL EMA) to manage and coordinate information and resources among Operational Areas of San Luis Obispo, Santa Barbara, Ventura, Los Angeles, and Orange counties.

Regional Disaster Medical and Health Coordinator (RDMHC) – Responsible for all medical and health operations for the regions. The EMS Agency administrator is the designated RDMHC and is contacted through the MAC.

Southern Region Emergency Operations Center (REOC) – Located in Los Alamitos and is one of the three state OES administrative regions that manage and coordinate information and resources among OAs within mutual aid regions and between the OAs and state agencies for support during emergency mitigation, response and recovery activities.

PRINCIPLES:

1. Exclusive Operating Area (EOA) contractors shall establish mutual aid agreements with surrounding ambulance companies to provide backup emergency ambulance transportation pursuant to the 9-1-1 Emergency Ambulance Transportation Services Agreements.

   NOTE: Jurisdictional 9-1-1 providers with transport capabilities will follow their established operational response policies related to mutual aid agreements with other 9-1-1 providers with transport capabilities.

2. Response Time frames:

   a. Level I – Immediate, with first ambulance arriving within 8 minutes and 59 seconds
   b. Level II – Tiered response with arrival to scene within 30 and 60 minutes.
   c. Level III – Predetermined response time, non-immediate need
   d. Level IV – Outgoing, planned need

3. All Ambulance requests out of the operational area require the following information:

   a. Requesting agency
   b. Field Command Agency Representative, name or identifier
   c. Type of incident
   d. Reporting location
   e. Number of ambulances requested
   f. Potential hazards encountered at scene
   g. Radio channel/frequency/phone # for ambulance coordinator
   h. Other special instructions (may include an order number)
   i. Other special instructions

4. Excluding still alarms, a private ambulance company shall not respond to an MCI unless specifically requested to respond.

5. Although the jurisdictional 9-1-1 provider may be able to provide the required number of ambulances as specifically defined in the levels of response, the MCI Transportation Management policy provides for the initiation of communication and the opportunity to exercise the system.

6. If needed, A HERT should be requested in accordance with Ref. No 817, Hospital Emergency Response Team (HERT).

7. Educational sessions or drills regarding the communication and coordination involving the FOAC, MAC and EOA contractors should be conducted on a routine basis, at a minimum quarterly at each EOA, to evaluate the effectiveness of the policy and identify trends and training needs.

POLICY:

I. **Level I Response** – Within EOAs - up to 10 ambulances required

NOTE: 9-1-1 providers with transport capabilities will follow their established operational response policy.

A. The Jurisdictional 9-1-1 Dispatch Center (JDC) shall request ambulances from the EOA contractor in which the incident is located. The EOA contractors for the seven EOAs are as follows:

1. EOA 1 – AMR
2. EOA 2 – AMR
3. EOA 3 – Schaefer
4. EOA 4 – Westmed/McCormick
5. EOA 5 – AMR
6. EOA 6 – Care
7. EOA 7 – Westmed/McCormick

B. If contacted, the EOA contractor will provide the requested number of ambulances and notify the JDC of the number of units responding, the name of the company units, and the estimated time of arrival (ETA).

When necessary, the EOA contractor shall utilize mutual aid agreements with the other three EOA contractors to meet the requested number of ambulances. (Exception: The EOA 1 & 2 contractor may utilize other mutual aid resources.)

When responding to the incident, the EOA Contractor shall identify an Ambulance Supervisor who will liaison with the scene Ambulance Coordinator.

NOTE: In the event that an air ambulance is required and not available through the jurisdictional provider agency, the JDC shall contact the FOAC.

II. **Level II Response** – greater than 10 ambulances required

A. The JDC shall notify the FOAC of the MCI and the number of ambulances responding and provide the required information described in Principle 3.

B. The FOAC shall coordinate a conference call with the EOA contractors, the MAC, and any participating fire department area coordinators.

C. Conference call participants shall:

1. Provide the FOAC with the number of ambulances that will be available within 30 and 60 minutes.

2. Provide the FOAC with the number of units responding, the name of the company units, unit identifier and the estimated time of arrival (ETA).

3. Contact the licensed ambulance companies pre-assigned to the contractor if additional ambulances are needed to respond to the MCI.

D. The MAC shall contact the EMS Agency Administrator on Duty, the RDMHC.

E. The RDMHC shall:

1. Assess the incident and anticipate possible ambulance resource requirements from outside of the OA.

2. Notify the MHOACs of incident progression and de-escalation as appropriate.

III. **Level III Response** – greater than 50 ambulances

A. The FOAC shall:

1. Coordinate a conference call with the EOA contractors, MAC and participating fire department area coordinators to survey ambulance availability as in Level II.

2. Determine whether the incident needs exceed the ambulance resources available in the OA.

3. Determine the exact need and projected need for subsequent operational periods.

4. Coordinate resource requests with MAC.

5. Coordinate with RDMHC to ensure receipt and tracking of ambulances.

B. The MAC shall:

1. Coordinate with the FOAC to identify the number of ambulance resources required for a determined timeframe.

2. Notify and request ambulance resources from outside the OA.

3. Coordinate with Southern REOC to ensure the resource request and management processes are completed properly.

4. Ensure notification of resource fulfillment with requesting entity through the FOAC.

IV. **Level IV Response** – requests for ambulances to respond outside of the LA OA for either immediate need or Ambulance Strike Teams.

A. The requesting entity shall:

1. Notify and request ambulance resources from the Region I RDMHC (MAC)

2. Provide appropriate requesting information as listed in Principle 3 and indicate whether the request is for immediate need or planned need.

NOTE: Any company that receives a request for immediate response outside of the county shall fulfill the need within their capability and notify the MAC for the request and response.

B. The Region I RDMHC shall:

1. Notify the FOAC to initiate a conference call as defined in Level II for immediate need request or a AST conference call.

2. Coordinate with the Southern REOC to ensure that resource request and management processes are completed properly, as indicated.

3. Confirm resource fulfillment with the requesting entity

C. MAC shall:

1. Assign AST to the incident, as indicated.

2. Coordinate communication between the AST lead entity and RDMHC to ensure provision of updated information regarding incident conditions, status, and deployment planning.

3. Provide the RDMHC and FOAC with ongoing information regarding AST deployment and availability each operational period.

4. Contact all AST lead entity to begin de-escalation of AST deployment upon demobilization orders from the RDMHC.

5. Inform the RDMHC and FOAC when all AST resources have returned to LAOA.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 817, **Hospital Emergency Response Team (HERT)**