DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **MANAGEMENT OF MULTIPLE CASUALTY INCIDENTS** (EMT, PARAMEDIC, MICN) REFERENCE NO. 519

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 Reference No. 519.1, 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 systemwide 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.

APPROVED: _____ Director, EMS Agency

_____ Medical Director, EMS Agency

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.

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.

POLICY:

I. Role of the Provider Agency

A. Institute ICS as necessary.

B. Implement MCI Triage Guidelines (modified START & Jump START) as necessary (refer to Ref. No. 519.2).

C. Establish early communication with either the:

1. MAC for 5 or more patients (via VMED28 when possible) for hospital bed availability, authorization of Procedures Prior to Base Contact (Ref. No. 806.1), lifting of trauma catchment and service areas; or

2. Base hospital for the purpose of patient destination and/or medical direction.

D. If the need for additional 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. 1126, Multiple Casualty Incident Transportation Management.

E. Request hospital based medical resources from the MAC as outlined in Ref. No. 817, Hospital Emergency Response Team (HERT) if necessary.

F. Provide the following scene information to the MAC or base hospital:

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 EDAPs.

7. Transporting provider, unit number and destination.

8. Type of hazardous material, contamination, and level of decontamination completed, if indicated.

G. Document the following patient information on the appropriate EMS Report Form:

1. Patient name

2. Chief complaint

3. Mechanism of injury

4. Age

5. Sex

6. Brief patient assessment

7. Brief description of treatment provided

8. Sequence number

9. 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).

I. Whenever departmental resources allow, the paramedic provider 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 Medical Alert Center

A. Provide prehospital care personnel with emergency department bed availability and diversion status as indicated by the ReddiNet poll.

B. Assist prehospital care personnel as necessary with patient destinations.

C. Arrange for additional ambulance transport units as requested by the FOAC or RDMHC.

D. Coordinate activation of HERT as requested.

E. Notify receiving facilities of incoming patients immediately via the ReddiNet.

F. Document, under the authority of the MAC Medical Officer on Duty (MOD) the implementation of Procedures Prior to Base Contact (Ref. No. 806.1). Lifting of trauma catchment and service areas is an EMS Administrator on Duty (AOD) function.

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 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 a paramedic provider agency Medical/Health Resource Directory and assist paramedic providers with MCI resource management when requested.

III. Role of the Base Hospital

A. Notify the MAC of the MCI as soon as possible, especially for newsworthy events, HAZMAT, multi-jurisdictional response and potential terrorism incidents.

B. Provide prehospital care personnel with emergency department bed availability and diversion status.

C. Assist prehospital care personnel as needed with patient destination.

D. Provide medical direction as needed.

E. 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. Level I Trauma Centers are automatically designated to accept 6 Immediate patients from MCIs that involve 20 victims or more.

C. Level II Trauma Centers are automatically designated to accept 3 Immediate patients from MCIs that involve 20 victims or more.

D. When activated by the EMS Agency, Burn Resource Centers (BRC) can accept up to 12 critically burned patients.

E. Accept MCI patients with minimal patient information.

F. Monitor the VMED28 and ReddiNet.

G. Provide the MAC or base hospital with patient disposition information, sequence numbers and/or triage tags when requested and enter information into the ReddiNet.

H. Maintain the "Receiving Facility" copy of the EMS Report Form and/or triage tag as part of the patient's medical record.

I. 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.

J. 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, **MCI Transport Priority Guidelines**
Ref. No. 519.4, **MCI Field Decontamination Guidelines**
Ref. No. 519.5, **Regional MCI Maps and Bed Availability Worksheets**
Ref. No. 803, **Paramedic Scope of Practice**
Ref. No. 806.1, **Procedures Prior to Base Contact, Field Reference**
Ref. No. 807, **Medical Control During Hazardous Material Exposure**
Ref. No. 808, **Base Hospital Contact and Transport Criteria**
Ref. No. 814, **Determination/Pronouncement of Death**
Ref. No. 817, **Hospital Emergency Response Team (HERT)**
Ref. No. 842, **Mass Gathering Interface with Emergency Medical Services**
Ref. No. 1126, **Multiple Casualty Incident Transportation Management**

FIRESCOPE's Field Operations Guide ICS 420-1.