MULTI-CASUALTY INCIDENT - EMS RESPONSE

- INTRODUCTION: Multi-Casualty Incident (MCI) is defined as any incident where the number of injured persons exceeds the day-to-day operating capabilities; requiring additional resources and/or the distribution of patients to multiple hospitals. This will be different for each incident based on time of day, location, resources available etc
 - 1.1 For example, consider initiating an MCI if there are more than:
 - ▶ 6 Adult or 3 Pediatric patients triaged as "Immediate"
 - ▶ 10 patients triaged as "Delayed" or "Minor" (adult or pediatric)
 - ▶ 6 or more ambulances are needed for transport
 - ► The number of patients exceeds the "First Round Destination Procedure"
 - 1.2 Incident organization is based on, and complies with the State of California Standard Emergency Management System (SEMS), principles and practices of standard Incident Command System (ICS), and the Simple Triage And Rapid Treatment (START) method of triage
 - 1.3 An internal notification procedure should be identified by each agency. This procedure must also include notification of ALCO-CMED

2. MCI ADVISORY

Initiating an MCI Advisory

initiating an mor Advisory	
When to initiate a MCI Advisory	In the early stages of an incident to notify the EMS system that a situation may exist that has the potential to overwhelm existing resources or require additional resources
Who should initiate	Any first arriving unit
How to initiate	Through internal dispatch and ALCO CMED
How to cancel an MCI Advisory	Through internal dispatch and ALCO CMED

3. MCI ALERT

Initiating an MCI Alert	
When to initiate a MCI Alert	 When the number of injured persons exceeds the available resources. For example, consider initiating an MCI Alert when: The number of patients may be more than: ✓ 6 Adult Immediate or 3 Pediatric Immediate ✓ 15 Delayed/Minor patients (adult or pediatric) The number of patients may exceed the "First Round Destination Procedure" An incident that may require the response of 6 or more ambulances
Who may initiate	Any first arriving unit
How to initiate	Through internal dispatch and ALCO CMED
What information should be provided to ALCO-CMED	Type of incident The location of the incident An estimated number of injured
How to cancel an MCI Alert	Through internal dispatch and ALCO-CMED

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4. PATIENT DISTRIBUTION

- 4.1 The Transport Group Supervisor will make patient destination decisions
- 4.2 First Round Destination Procedure may be implemented without prior authorization. All Alameda County receiving hospitals should prepare to receive patients, especially those in close proximity to the incident

First Round Destination Procedure			
Non-Trauma patients ^{**} to each Alameda County receiving hospital (for a total of 6): Two (2) "Immediate"	Trauma patients to each Alameda County Trauma Center (for a total of 7): ✓ Three "Immediate"		
✓Four (4) "Delayed" and/or "Minor" ** e.g.: Medical incident, HazMat	✓ Four (4) "Delayed" and/or "Minor"		

- 4.3 Whenever possible, patients should be transported to the most appropriate hospital with out overloading one particular facility
- 4.4 Hospital poll: Upon notification of an MCI, ALCO-CMED will immediately send a Reddinet message to all Alameda County receiving hospitals to confirm bed availability. A phone call will need to be made to Children's Hospital, Oakland due to no Reddinet at that facility. Highland General Hospital Base will coordinate all of the bed availability information. This information should be made available to the transport group supervisor as needed
- 4.5 Hospital notification: transporting units should contact the receiving hospital en route to give a brief report on the patient(s)
- 4.6 Incident Log The Transport Group Supervisor should maintain an incident log
- RESOURCE MANAGEMENT- The Incident Commander has the overall responsibility for developing objectives and requesting the necessary resources required to mitigate the incident. There will be no selfdispatching. Clear communications between all involved agencies is imperative
 - 5.1 The following items are MCI Management points to consider:
 - ► The three "T's" ensure that Triage, Treatment and Transport have been addressed
 - ► Request resources through the Incident Commander in the early stages of the incident. Ensure adequate personnel and equipment
 - Establish staging areas. Transport Units and/or other units that do not immediately have an assignment should stage one block away from the incident and wait for instructions
 - ► Use a one-way traffic pattern. Transport units should be staged to assure good access and egress from Loading Area
 - ► All incoming units drop off required EMS equipment at a designated location
 - ► County Disaster Trailers shall be requested through ALCO CMED
 - ► Use ICS identification vests. At a minimum the IC, Medical Group Supervisor, Triage and Treatment, and Transportation Group Supervisor should be clearly identified with vests