SAN JOAQUIN COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

TITLE: **MULTI CASUALTY INCIDENT POLICY**　　　　　EMS Policy No. **7040**

PURPOSE: The purpose of this policy is to provide Emergency Medical Services (EMS) personnel with direction in the event of a Multiple Casualty Incident (MCI).

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220., et seq.

DEFINITIONS:

A.　"Level I Multi Casualty Incident" means an MCI with a total of 15 or more patients or per the judgment of the Medical Group Supervisor (MGS) on scene the patient count will exceed the capabilities of the local EMS system (refer to EMS Policy No. 7010, Multi Casualty Incident Field Operations.).

B.　"Level II Multi Casualty Incident" means an MCI with 14 or less patients or per judgement of Medical Group Supervisor (MGS) on scene. Incidents with any of the following are considered an MCI:

　　a.　Three (3) or more Immediate patients using START triage criteria or,

　　b.　Six (6) or more Delayed patients using START triage criteria or,

　　c.　Ten (10) or more Minor patients using START triage criteria or,

　　d.　Any combination of Immediate, Delayed, or Minor patients using START triage criteria equal to or greater than five (5) patients.

POLICY:

I.　All MCI operations will be managed in accordance with the National Incident Management System (NIMS), California Standardized Emergency Management System (SEMS), and the Incident Command System (ICS).

II.　All MCI communications with the DCF will be conducted on Med Net channel 6, in accordance with EMS Policy No. 3400, Med Net Radio Communications Plan.

PROCEDURE:

I.　MCI Pre Alert:

　　A.　Field operations – EMS personnel responding to a potential MCI shall notify the DCF by providing the following information:
　　　　1.　Location of incident, with nearest cross streets
　　　　2.　Nature of incident (i.e., vehicle accident, fire, hazardous material exposure).

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Supersedes:　N/A

Approved:　　_Katherine Shafer, MD_　　　　　　　　　　　　_____
　　　　　　　Medical Director　　　　　　　　　　　　　　　EMS Administrator

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      3.   Possible number of patients.

    B.   DCF operations – The DCF shall create an MCI event in EMResource™ (or designated hospital bed polling system) and bed poll all San Joaquin County (SJC) hospitals and other approved regional trauma centers. The DCF may also initiate an MCI Pre Alert based on information provided during 9-1-1 call intake process which is consistent with this policy and shall notify all responding resources.

    C.   DCF will ensure that all responding resources are aware that a pre-alert has been created for this incident.

II.   MCI Confirmation:

    A.   Field operations - First arriving EMS personnel shall confirm, update, or cancel the MCI pre alert with the DCF. If confirmed, provide the following information:
        1.   Provide a patient count using START triage categories of Immediate, Delayed, and or Minor.
        2.   Incident name assigned by the Incident Commander (IC) if not already provided.
        3.   The Medical Group Supervisor (MGS) shall direct individual patient destination decisions based on DCF bed availability information.

    B.   DCF operations – Provide hospital bed poll information and patient destinations options for confirmed patients. DCF will only provide hospital bed availability information but will not make individual patient destination decisions.
        1.   Update MCI event to notify SJC Hospitals of patient count and nature of MCI.
        2.   All approved trauma centers per SJCEMSA Policy No. 5215, Trauma Patient Destination, shall receive patients meeting Immediate START triage criteria.

III.   Medical Group Supervisor:

    A.   The Medical Group Supervisor (MGS) position shall be assigned by the Operations Section Chief (OSC), or IC, if an OSC has not been assigned.

    B.   The OSC or IC shall provide the MGS with the following:
        1.   Incident Briefing, including Medical Group incident objectives

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             Medical Director   EMS Administrator

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2.   Tactical channel
3.   EMS resource ordering process, i.e., single or multi point ordering.

IV.   Medical Group Operations:

A.   All EMS personnel assigned to the Medical Group will check in at the designated location, receive a briefing and assignment from the MGS.

V.   Patient Distribution:

A.   All <u>trauma</u> patients triaged as Immediate shall be transported to designated trauma centers in accordance with SJCEMSA Policy No. 5215, <u>Trauma Patient Destination</u>.

B.   San Joaquin General Hospital will be the receiving trauma hospital for the first 2 trauma Immediate patients from any MCI.

C.   San Joaquin General Hospital shall receive a minimum of two (2) Delayed and two (2) Minor patients from all MCIs when there are no Immediate patients to be dispersed.

D.   When resources and circumstance allow Delayed patients shall be re-triaged using SJCEMSA Policy No. 5210, <u>Major Trauma Triage Criteria.</u> Patients meeting physiological or anatomic criteria shall be classified as Immediate patients.

E.   The MGS shall ensure destinations for patients triaged as Minor go to SJC hospitals closest from the incident.

F.   SJC non-trauma centers shall be expected to receive at minimum two (2) trauma patients triaged as Delayed or four (4) trauma patients triaged as Minor.

G.   Patients from MCIs that are not trauma related shall be distributed with no more than two (2) Immediate patients to the closest hospital. All remaining Delayed and Minor patients will be distributed to the next closest SJC hospitals.

VI.   Close of Incident:

A.   The DCF shall officially close the incident after receiving notification from the Medical Group Supervisor that all patients have been transported and the incident is closed.

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Supersedes: N/A

Approved:

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