MULTI-CASUALTY INCIDENT - EMS RESPONSE

1. **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.
2. An internal notification procedure should be identified by each agency. This procedure must also include notification of ACRECC
3. **INITIATE AN MCI ALERT**

MCI LEVELS	►**MCI LEVEL I 5-14 patients (approximately)** A suddenly occurring event that overwhelms the routine first response assignment. The number of patients is greater than can be handled by the usual initial response. Depending on the severity of the injuries the system may have adequate resources to respond and transport the patients. Duration of the incident is expected to be less than 1 hour. Examples: Motor vehicle accident, active shooter.
	►**MCI LEVEL II 15-50 patients (approximately)** A suddenly occurring event that overwhelms the first response assignment and, potentially, additional resources requested within the Operational Area and neighboring counties. Regional medical mutual aid system is activated. An adequate number of additional ambulances are not likely to be immediately available, creating a delay in transporting patients. The duration of incident is expected to be greater than an hour. Examples: Bus crash, train accident, active shooter, improvised explosive device (IED).
	►**MCI LEVEL III 50 + patients (approximately)** A suddenly occurring event that overwhelms the first response assignment, additional resources requested within the Operational Area, and mutual aid from neighboring counties (approximately 50+ victims). It is not possible to respond with an adequate number of ambulances to the incident and promptly respond to other requests for ambulance service. Regional medical mutual aid system is activated. Air and ground ambulance and other resources from outside the county will need to be requested. Not only will ambulance service be inadequate but receiving hospitals will be overwhelmed. In an incident of this size the operational area EOC and disaster plan may be activated. Examples: Commercial airline crash, building collapse, active shooter.
WHO MAY INITIATE	Any first arriving unit
HOW TO INITIATE	Through ACRECC
WHAT INFORMATION SHOULD BE PROVIDED TO ACRECC	Type of incident The location of the incident An estimated number of injured
HOW TO CANCEL AN MCI ALERT	Through ACRECC

4. MANAGEMENT OF MCI INCIDENTS AND PATIENT DISTRIBUTION

4.1 Once an MCI alert is determined by prehospital personnel, Alameda County Regional Emergency Communications (911 dispatch) will be notified and will "Initiate an MCI" under the Reddinet MCI module. ACRECC will immediately send an "ED Capacity poll and general notification" to the hospitals in Alameda County

4.2 For MCI Levels II & III, ACRECC will notify the EMS Duty Officer of the incident

4.3 Emergency responders shall perform triage using one of the following triage methods:

- ► The Simple Triage and Rapid Treatment (START) algorithm for adults and JumpSTART for pediatrics
- ► The Sort, Assess, Lifesaving Interventions, Treatment / Transport (SALT) algorithm for patients in all age groups

4.3.1 Acuity based Triage colors for both Triage Tape and Triage Tags are universally accepted as Black (expectant / deceased), Red (immediate / life threatening,), Yellow (delayed / serious non life threatening), and Green (minor / walking wounded). Only Black, Red, Yellow, and green are acceptable triage colors

4.3.2 The use of colored "Triage Tape" upon initial contact with victims at the crisis site is preferred over Triage Tags to identify initial acuity. Triage tags should be used at the external Casualty Collection Point (CCP) outside the crisis site or applied to patients during transport. Acuity guided transport of all patients shall occur in a coordinated and expedient manner

4.4 Hospital Poll: For MCI incidents involving 15+ patients, ACRECC will send a "bed capacity" poll to all hospitals in Alameda County to confirm bed availability

4.5 For the duration of the MCI, the Transportation Unit Leader under ICS will determine transportation methods and destinations

4.6 Whenever possible, patients should be transported to the most appropriate hospital without overloading one particular facility. Every effort will be made to transport trauma patients to a designated trauma hospital. In a Level II or III MCI, transport to a designated trauma center may not always be possible

4.7 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" ✓Four (4) "Delayed" and/or "Minor" *** e.g.: Medical incident, HazMat*	**Trauma patients** to each Alameda County Trauma Center (for a total of 7): ✓Three "Immediate" ✓Four (4) "Delayed" and/or "Minor"

4.8 ACRECC in conjunction with the incident command structure will track patient numbers, acuity and destinations in ReddiNet in as close to real-time as possible. ReddiNet will serve as the primary mechanism notifying receiving facilities of the number and acuity of incoming patients. Receiving hospitals will enter patient names and other relevant information into ReddiNet. This will facilitate patient accountability and reunification. On scene EMS Supervisors may also have the ability to enter information into ReddiNet

4.9 Verbal notification to hospitals: In a Level I MCI, transporting units should contact the receiving hospital enroute to give an abbreviated report on the patient(s) status and ETA. In a Level II or III MCI, if ReddiNet is unavailable or non-functional, a medical communications coordinator should be designated to notify receiving facilities of the number and acuity of incoming patients.

4.10 Incident Log - The Transportion Unit Leader should maintain an incident log

4.11 The on-scene Incident Commander or designee (ie. Medical Group Supervisor or Transportation Unit Leader) should contact ACRECC during and at the conclusion of the MCI to provide and reconcile patient tracking information to ensure accountability

5. **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 self-dispatching. 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 report to the designated staging area 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 ACRECC

5.2 Use ICS identification vests. At a minimum the IC, Medical Group Supervisor, Triage and Treatment, and Transportation Unit Leader should be clearly identified with vests