



MULTI-CASUALTY INCIDENT RESPONSE PLAN

I. AUTHORITY:

Health and Safety Code sections 1797.204, 1797.220, 1798.2, 1798.6(c), and 1798.170.

II. APPLICATION:

~~This policy defines the medical management, transportation of casualties, and documentation for a Multi-Casualty Incident (MCI), utilizing the principles of the Incident Command System.~~

~~**The Orange County Fire Services Operational Area Plan Annex Multi-Casualty Incident Plan is included with this policy and defines Orange County Fire Services field operation procedures during an MCI.**~~

This policy describes the health sector management, transportation of casualties and documentation for a Multi-Casualty Incident (MCI) originating in Orange County and for which a Base Hospital is contacted for determination of hospital receiving center destinations.

Separate from this policy, the Orange County Fire Services Operational Area Plan Annex Mass-Casualty Incident Plan defines field operation procedures during an MCI. The Field Annex provides for expansion of an MCI to a level that Orange County Communications (OCC) rather than an Orange County Base Hospital be contacted for destination determinations.

III. DEFINITIONS:

~~Multi-Casualty Incident (MCI): An incident with sufficient casualty or medical victims such that additional resources are required and command (Incident Command System) is established.~~ **An incident with sufficient casualties or medical victims such that field scene command (Incident Command System) is established. The event is declared by the scene incident commander or as needed for hospital-based management by an Orange County Base Hospital.**

~~MCI Activation Alert: Announcement initiated by a Base Hospital and sent over ReddiNet to activate hospitals, advising them of the incident type and that each hospital must update their Patient Care Capacity Inventory (PCCI).~~ **Announcement initiated by a Base Hospital (BH) or Orange County Communications (OCC) and sent over ReddiNet to activate hospitals, advising them of the incident type and that each hospital must update their ReddiNet Patient Care Capacity Inventory (PCCI).**

MCI Informational Message: A countywide broadcast(s) to all ReddiNet/H.E.A.R. hospitals with preliminary and follow-up information regarding a Multi-Casualty Incident.

MCI Patient Report: A limited report that will be given to the MICN when Base Hospital contact is made from the scene of an MCI. Report elements include:

~~A. Scene description (type of incident) – Given only with initial OCC and base contact.~~

~~B. Number of victims (estimate) and status – Given only with initial OCC and base contact.~~

~~C. The following victim specific information:~~

~~1. Triage Tag number (last three digits)~~

~~2. Patient category (mild, moderate, acute, or trauma victim)~~

~~3. Patient age~~



MULTI-CASUALTY INCIDENT RESPONSE PLAN

4. ~~Patient gender~~
5. ~~Major injury(s) and or illness (for patients meeting trauma triage criteria also report if weak radial pulse or systolic blood pressure < 90)~~
6. ~~Destination or specialty center requested~~
7. ~~Ambulance identifier (company and unit number)~~

A limited report that is provided when Base Hospital contact is made from the scene of an MCI with a request for designation of receiving hospital destinations. Report elements include:

- A. Scene description (type of incident)
- B. Number of victims (estimate)
- C. The following victim specific information:
 1. Triage Tag number (last three digits)
 2. Patient category (START Triage minor, delayed, immediate, or expectant)
 3. Patient age
 4. Patient gender
 5. Major injury(s) and or illness
 6. Any vital signs obtained; for victims meeting trauma triage criteria - report quality of radial pulse or systolic blood pressure
 7. Destination or specialty center requested
 8. Ambulance identifier (company and unit number)
- D. When transporting an MCI patient, treatment team or ambulance personnel will notify designated receiving center of their ETA and victim specific information as described in subsection C above.

~~Medical Communications Coordinator (Med Com): Individual at the scene of an MCI that communicates with the BH and provides transporting units with destination assignments.~~ Individual at the scene of an MCI that communicates with the BH or other coordinating facility/agency to maintain status of available hospital capacity and provides transporting units with destination assignments.

Patient Care Capacity Inventory (PCCI): The number of MCI patients for whom a hospital can provide care without prior notification.

START: An acronym for Simple Triage And Rapid Treatment, an assessment of respirations, pulse (perfusion), and mental status resulting in a classification of "immediate", "delayed", "minor" or "merguez". "expectant". START is used at the MCI site to determine which victims require an ALS level assessment.

Patient status classifications of S.T.A.R.T.:



MULTI-CASUALTY INCIDENT RESPONSE PLAN

Immediate: Highest level of patient priority. A patient that requires rapid assessment and medical intervention to increase chance of survival.

Delayed: Second level of patient priority. Injuries or exposure are less severe or pose no immediate threat to life.

Minor: Third level of patient priority. A victim that requires only simple medical care.

Morgue: ~~Lowest patient priority, found pulseless and non-breathing.~~ Expectant (black):
Lowest patient priority, found pulseless and non-breathing.

Split Paramedic Teams: When a **two**-paramedic team is separated to treat or transport separate victims, and divide their ALS equipment and supplies in a manner that is reasonable for the circumstances. ~~In this situation, a paramedic escorting a victim is not bound by the inventory requirements of OCEMS Policy # 325.00 (ALS Unit Inventory).~~

Triage Tag: ~~A unique numbered cardboard or plastic individual identification and information card attached to each patient in an MCI. The START Triage category the patient has been assigned is indicated at the bottom of the card.~~ A unique numbered identification and information card attached to each patient in an MCI. The START Triage category assigned the patient is indicated at the bottom of the card.

IV. MULTI-CASUALTY INCIDENT:

A. ACTIVATION OF THE MULTI-CASUALTY INCIDENT RESPONSE PLAN:

~~Activation of the MCI response plan occurs when fire service responders implement the Orange County Fire Services Operational Area Plan Annex Multi-Casualty Incident Plan.~~ Activation of the MCI response plan occurs when fire service responders announce that the Orange County Fire Services Operational Area Plan Annex Mass Casualty Incident Plan has been implemented for a specific incident.

B. FIRE DISPATCH CENTERS:

Upon identification of multiple victims and the establishment of Command, the fire dispatcher will contact Orange County Communications (OCC) and provide the location and type of incident, and the estimated number of victims.

C. ROLE OF MEDICAL COMMUNICATIONS COORDINATOR (**Med Com**)

- ~~1. The Medical Communications Coordinator (Med Com) maintains communications between the field and the Base Hospital to assure appropriate patient destination.~~
- ~~2. The Medical Communications Coordinator will:~~
 - ~~a. Contact OCC on 6 Alpha and identify themselves as "(incident name) Med Com" to request a Base Hospital assignment and radio frequency or talk group.~~
 - ~~b. Provide incident description and estimated number of victims.~~



MULTI-CASUALTY INCIDENT RESPONSE PLAN

- ~~e. Contact assigned Base Hospital and identify themselves as "(incident name) Med Com."~~
- ~~d. Provide incident description and estimated number of patients.~~
- ~~e. Give MCI Patient Reports to the Base Hospital and receive patient destinations.~~
- ~~f. Relay hospital destination to ambulance driver and treatment teams.~~
- ~~g. Notify the Base Hospital when the MCI scene has been cleared.~~

1. The Medical Communications Coordinator (Med Com) maintains communications between the field and the assigned Base Hospital to coordinate information and receiving center assignments between the Base Hospital and field Command and transport units.

D. ROLE OF ORANGE COUNTY COMMUNICATIONS (OCC) DURING AN MCI:

1. When notified of an MCI, OCC will assign a coordination talk group (6-Bravo through 6-Kilo) for use by Med Com.
2. Notify the base hospital normally assigned to the area of the MCI and provide the type of incident, incident location, and estimated number of casualties. An alternate base will be utilized in the event the preferred base is already handling another call(s).
3. When notified by a transporting field ALS Unit participating in the MCI of the need for a base assignment for radio contact, preferentially assign the Base managing the MCI before assigning an alternate Base.
4. Notify the EMS Administrator on-call for incidents involving 20 or more victims.
5. On complex level (high volume) MCIs as declared (per Field Operation MCI Annex) by the Incident Commander and communicated by Med Com to OCC, OCC will give destination determinations to Med Com.

E. ROLE OF BASE HOSPITALS (BH) DURING AN MCI:

1. The base hospital will receive notification of an MCI from OCC. Information will include the location, a general incident description, and estimated number of casualties.
2. The MICN will initiate an MCI by activating the ReddiNet MCI Module and select hospitals to poll as potential receiving facilities. The predetermined PCCI of trauma centers and paramedic receiving centers will be available on ReddiNet and can be used for initiating immediate MCI victim destination assignments.
 - A. In the event that the ReddiNet System fails, the MICN will use telephone (or other available communication systems) contact to alert receiving centers of victims being transported. The PCCI attached to this policy will be used for initial destination for MCI victims if the ReddiNet System fails. ~~The BH MCI Worksheet will be used as the Base Hospital Report (see # 5 below).~~
3. Med Com will contact the BH to provide ongoing incident information and coordinate transport of MCI victims from the scene.



MULTI-CASUALTY INCIDENT RESPONSE PLAN

4. The MICN will receive the MCI PATIENT REPORT from Med Com, assign a hospital destination and relay that destination to Med Com. MCI destination assignments will include trauma victims (meet trauma triage criteria), ~~acute, moderate, and mild~~ **immediate, delayed, and minor** (BLS level) patients.
5. ~~The BH MCI Worksheet (attached) will be used as the Base Hospital Report. Individual Patient BH Reports are not required. Documentation for mild (BLS) level patients may be minimal and include only age, gender, and last three digits of Triage Tag number.~~ **The Base Hospital MCI Worksheet will be used to collect data with this information transferred to an electronic Base Hospital Report at the conclusion of the MCI. Individual Patient BH Reports are not required. Documentation for minor (BLS) level patients may be minimal and include only age, gender, and last three digits of Triage Tag number.**
6. All MCI victims identified as meeting trauma criteria will be assigned to trauma centers. For trauma designated and burn victims the MICN will relay an abbreviated report to the trauma center via a ReddiNet message or phone call.
7. If a paramedic requires on-line medical direction while enroute to a receiving hospital, OCC will assign the same BH managing the MCI for further orders. ~~Documentation of medical direction will be written on the BH MCI Worksheet.~~

F. FIELD PROVIDER RESPONSIBILITIES:

ALS Providers:

1. ALS MCI procedures are described in the Orange County Fire Annex MCI Plan that accompanies this Policy.
2. ALS providers transporting victims will contact the assigned receiving facility by cell phone, 800 MHz radio, or through the provider dispatch center to alert the receiving facility staff of the age, gender, identification number (last 3 digits of Triage Tag number) and injury or medical complaint of the victim(s) being transported. This receiving center notification will be made at the earliest opportunity.

BLS Providers:

1. When enroute, ambulance personnel or treatment team will contact the assigned receiving center by cell phone or through the ambulance company dispatch center to alert the receiving center staff of the age, gender, identification number (last 3 digits of Triage Tag number) and injury or medical complaint of the victim(s) being transported. This receiving center notification will be made at the earliest opportunity.

G. REDDINET/H.E.A.R. ACTIVATED HOSPITAL RESPONSIBILITIES:

1. Acknowledge the MCI ACTIVATION ALERT via the ReddiNet.
2. Receive ReddiNet report from the BH managing the MCI.
3. Immediately update the ReddiNet PCCI when the ReddiNet MCI Screen is activated.
4. Victims of a declared MCI that have been assigned to a receiving facility by the BH may not be diverted by that receiving facility unless that facility is closed due to internal disruption as defined in OCEMS Policy 310.96.



MULTI-CASUALTY INCIDENT RESPONSE PLAN

5. Monitor, revise, and update the facility's PCCI as casualties are received
6. Identification data for MCI victims received will immediately be entered into ReddiNet. Victims will be tracked using the last 3 digits of the Triage Tag number.
7. MCI victims will arrive with a Triage Tag. Hospitals shall submit a copy of both sides of the Triage Tag to Orange County Emergency Medical Services within 5 (five) working days of the MCI event and retain the Triage Tag as part of the patient hospital medical record.
8. Continue to update the casualties received data screens on the ReddiNet system until all available information has been entered.

H. ORANGE COUNTY EMERGENCY MEDICAL SERVICES (OCEMS) RESPONSIBILITIES:

1. Receive MCI information when provided by OCC and monitor the ReddiNet.
2. Advise appropriate EMS and HCA personnel. When dictated by circumstances of the event, initiate the EMS Emergency Response plan to an appropriate level.

V. DE-ACTIVATION OF AN MCI:

A. Med Com:

1. Med Com will notify the BH when an MCI scene has been cleared.

B. ReddiNet/H.E.A.R. Hospital:

1. Submit required information on the ReddiNet Casualties Received Data Screen.
2. Follow hospital policies to share needed patient information with the Orange County Chapter of the American Red Cross.
3. ~~Forward copies of both sides of triage tags for all victims received to the Orange County EMS Medical Director:~~

~~FAX: (714) 834-3125
Mail: Orange County EMS Medical Director
Orange County Health Care Agency
405 W. Fifth Street, Suite 301A
Santa Ana, CA 92701~~

Retain triage tags as part of permanent receiving hospital medical record

C. Base Hospital:

Notify by ReddiNet all hospitals that were involved in the MCI, stating that the incident is closed and all victims have left the scene.

4. ~~Enter data from the MCI Worksheet into the BH database and forward a copy of the worksheet to OCEMS.~~

D. OCEMS Agency:

1. Acknowledge deactivation of the MCI event (if previously contacted).
2. Deactivate the EMS Department Operation Center as per protocol, if activated.



MULTI-CASUALTY INCIDENT RESPONSE PLAN

VI. QUALITY IMPROVEMENT ACTIVITIES:

- A. ~~The OCEMS Medical Director will review all MCI reports and forward review findings to the OCEMS Quality Assurance Board.~~ **The base hospital coordinators will write and review all MCI reports. Review findings from selected reports will be forwarded as appropriate. The OCEMS Medical Director may review selected MCI reports as indicated.**
- B. OCEMS System participants will participate in a disaster drill that tests MCI readiness once a year.

VII. ALTERNATIVE, BACK-UP COMMUNICATIONS:

- A. If OCC is in FAILSAFE mode, Med Com will contact the base hospital normally assigned to the paramedic units in that area following established FAILSAFE procedures. The base hospital/MICN will provide hospital destinations and notify receiving hospital staff with pertinent patient information.
- B. If the 800 MHz radio system is not functioning, Med Com shall establish communications with OCC via Med-10, landline, cellular phone, or the Hospital Disaster Support Communications System (HDSCS) Amateur Radio Emergency Service group.
- C. If communications cannot be established with OCC or the BH using any alternate means, Med Com will utilize the default PCCI attached to this policy to assign hospital destinations.

VIII. DOCUMENTATION:

- 1. Patient Care Reports will be completed by field agency personnel while en-route to or at the receiving centers until agency personnel are no longer available. When agency personnel are no longer available, Triage Tags in conjunction with ambulance run sheets will be utilized.
- 2. ~~Triage Tags will be kept with each patient as part of the official medical record and retained in the medical record of the receiving hospital after patient discharge. A copy of both sides of the triage tag shall be forwarded to the OCEMS Medical Director within 5 working days of the event.~~ **Triage Tags will be kept with each patient as part of the official receiving hospital medical record.**
- 3. For all MCI victims, the MCI box on the PCR will be checked.



MULTI-CASUALTY INCIDENT RESPONSE PLAN

**REDDINET/H.E.A.R. DIRECTORY
PATIENT CARE CAPACITY INVENTORY**

Hospital	City	Emergency Dept Phone #	HEAR/ReddiNet Phone #	Patient Care Capacity Inventory			ReddiNet Y/N
				TRAUMA (Immediate Injury Victim)	Acute and Moderate	Mild (ambulatory)	
Metro/Blue Net							
Anaheim Regional Medical Center	Anaheim	(714) 999-6174	(714) 774-1450		1	5	Y
Chapman Medical Center	Orange	(714) 633-0011x1393	(714) 633-0011		2	4	Y
Garden Grove Hospital	Garden Grove	(714) 741-2724	(714) 537-5160		2	5	Y
La Palma Intercommunity Hospital	La Palma	(714) 670-6053	(714) 670-7400		2	2	Y
Los Alamitos Medical Center	Los Alamitos	(562) 598-2411	(714) 826-6400		2	6	Y
St. Joseph Hospital	Orange	(714) 771-8233	(714) 633-9111		3	5	Y
UCI Medical Center (TC) (BC) (Helo)	Orange	(714) 456-5705	(714) 456-6011	4	4	6	Y
West Anaheim Medical Center	Anaheim	(714) 229-4088	(714) 827-3000		1	4	Y
Western Medical Center - Anaheim	Anaheim	(714) 563-2808	(714) 533-6220		1	5	Y

Footnotes

- (TC) - Trauma Center
- (BC) - Burn Center
- (Helo) - Helicopter Landing Site



MULTI-CASUALTY INCIDENT RESPONSE PLAN

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Hospital	City	Emergency Dept Phone #	HEAR/ReddiNet Phone #	Patient Care Capacity Inventory			ReddiNet Y/N
				TRAUMA (Immediate Injury Victim)	Acute and Moderate	Mild (ambulatory)	
Central/Red Net							
College Hospital	Costa Mesa	No E.R.	(949) 642-2734		0	4	N
Fairview Developmental Center	Costa Mesa	No E.R.	(714) 957-5000		0	2	N
Fountain Valley Regional Hospital	Fountain Valley	(714) 966-8105	(714) 966-7200		2	4	Y
Hoag Memorial Hospital	Newport Beach	(949) 764-8376	(949) 764-4624		2	4	Y
Huntington Beach Hospital	Huntington Beach	(714) 843-5011	(714) 843-5000		1	3	Y
Kindred Hospital - Westminster	Westminster	No E.R.	(714) 893-4541		0	2	N
Orange Coast Memorial Medical Center	Fountain Valley	(714) 378-7549	(714) 378-7000		2	10	Y
Western Medical Center – Santa Ana (TC) (BC) (Helo)	Santa Ana	(714) 953-3339	(714) 835-3555	2	2	6	Y

Footnotes

- (TC) - Trauma Center
- (BC) - Burn Center
- (Helo) - Helicopter Landing Site



MULTI-CASUALTY INCIDENT RESPONSE PLAN

**REDDINET/H.E.A.R. DIRECTORY
PATIENT CARE CAPACITY INVENTORY**

Hospital	City	Emergency Dept Phone #	HEAR/ReddiNet Phone #	Patient Care Capacity Inventory			ReddiNet Y/N
				TRAUMA (Immediate Injury Victim)	Acute and Moderate	Mild (ambulatory)	
North/Green Net							
Kaiser Hospital Anaheim	Anaheim	(714) 279-4202	(714) 279-4000		2	4	Y
Kindred Hospital Brea	Brea	No E.R.	(714) 529-6842		0	2	N
Placentia Linda Hospital	Placentia	(714) 524-4827	(714) 993-2000		2	6	Y
St. Jude Medical Center	Fullerton	(714) 992-3965	(714) 992-3280		2	6	Y

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MULTI-CASUALTY INCIDENT RESPONSE PLAN

**REDDINET/H.E.A.R. DIRECTORY
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Hospital	City	Emergency Dept Phone #	HEAR/ReddiNet Phone #	Patient Care Capacity Inventory			ReddiNet Y/N
				TRAUMA (Immediate Injury Victim)	Acute and Moderate	Mild (ambulatory)	
South/Yellow Net							
Hoag Irvine Hospital	Irvine	(949) 517-3004	(949) 517-3010		1	4	Y
Kaiser Hospital-Irvine	Irvine	(949) 932-2800	(949) 932-5000		1	5	Y
Mission Hospital (TC) (Helo)	Mission Viejo	(949) 365-2115x4	(949) 364-1400	2	2	4	Y
Mission Hospital Laguna Beach	Laguna Beach	(949) 499-7193	(949) 499-1311		1	3	Y
Saddleback San Clemente Hospital	San Clemente	(949) 489-4516	(949) 496-1122		1	3	Y
Saddleback Memorial Medical Center	Laguna Hills	(949) 770-3564	(949) 837-4500		2	4	Y

Footnotes

- (TC) - Trauma Center
- (BC) - Burn Center
- (Helo) - Helicopter Landing Site

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