Multi-Casualty Incident Plan

Prepared by:

Orange County Fire Chief's Association

INTENT

It is the intent of this plan to provide a system for managing Multi-Casualty Incidents that will provide the best care possible with the resources available.

A Multi-Casualty Incident is defined as "An incident with sufficient patients such that additional resources are required and command is established."

POLICY

A.   BASIC CONSIDERATIONS

A Multi-Casualty Incident is an organizational plan that will aid in assigning treatment teams and quickly moving patients off scene to an appropriate receiving center. The system can be used with as few as three (3) patients and can be expanded to an infinite number as it becomes necessary.

1.   **Treatment in these situations should take place while en-route to the hospital. Getting the patient to a hospital takes precedence over treating at the scene when transportation is available.** (On rare situations, patients requiring decontamination such as organophosphate poisoning, will need to be treated on scene).

2.   Paramedics will use standing orders for treatment to expedite patient care and transportation.

3.   Ordering adequate resources early is critical.

B.   ICS POSITIONS

1.   Five basic functions must take place on every Multi-Casualty Incident:

a.   Command the incident

b.   Triage the patients

c.   Load the patients

d.   Treat the patients

e.   Obtain a hospital destination

2.   Consequently, the following four ICS positions are available to perform these functions:

a.   Incident Commander

b.   Treatment Unit Leader

     c.   Medical Communications Coordinator (Med Com)

     d.   Ground Ambulance Coordinator

This does not mean that every overhead position must be filled on each incident. For example: During a four patient Multi-Casualty Incident, the first-in officer may decide to maintain IC and Treatment Unit Leader functions and only assign a Medical Communications and Ground Ambulance Coordinators. Conversely, additional ICS positions may be necessary based on incident needs.

C.   INCIDENT COMMANDER

The first-in company officer must:

1.   Establish Command and identify the incident as a Multi-Casualty Incident

2.   Assign triage

3.   Estimate the number of patients

4.   Notify Agency dispatch

5.   Request additional resources

    a.   Assign Triage

        1)   Triage will be performed using the Simple Triage and Rapid Treatment (START) Triage System. **Triage tags will be used on all Multi-Casualty Incidents.** A complete patient assessment will take place when a treatment team is assigned to the patient.

        2)   If appropriate resources are available, provide immediate spinal immobilization when dealing with potential spinal injuries.

        3)   Triage personnel will report the number of patients and their triage category to their supervisor as soon as that information is available.

    b.   Estimate the Number of Patients

        1)   Exact numbers or patient triage category are not required at this point. Estimates like: 3-5, 4-8, 10-15, 30-50, 100 plus are adequate in the early stages. A more accurate count can be communicated when available.

    c.   Dispatch Notification

        1)   When multiple patients are identified and Command is established, notify the Agency dispatch center of the Multi-Casualty Incident and provide the

estimated number of patients. The agency dispatch center shall provide Orange County Communications (OCC) with that information along with the location of the incident.

d. **Request Additional Resources**

1) Immediately order resources based on initial estimates. **Special consideration must be given to ordering an adequate number of ambulances.**

2) When possible, the following guidelines should be used when requesting resources:

a) Paramedic/EMT and Ambulance Resources

- One Paramedic, one EMT and one ambulance should be assigned to each Immediate patient.
- One Paramedic, one EMT and one ambulance should be assigned to each Delayed patient.
- A minimum of one EMT should be assigned to each small group of Minor patients.

3) When paramedic resources become scarce, patients should be transported by EMT's.

4) At some point, each ambulance may need to transport two patients and public transportation resources (vans) may by necessary for the Minor patients.
Note: Paramedics that respond on ambulance transport units should be considered treatment teams. Additional private transport should be requested if necessary.

5) Litter Teams - On incidents that require separate ambulance staging and loading areas or treatment areas, ambulance operators will remain at their respective ambulances and litter teams will be utilized to move patients. It takes 3 or 4 persons to make up a litter team.

D. **TREATMENT UNIT LEADER**

Assigning the Treatment Unit Leader early provides for rapid coordination of patient care. It is strongly recommended that the first-in company officer fill this position once the Battalion Chief takes command. There is no need for this position to be filled by a paramedic. The Treatment Unit Leader will:

1. Assign Treatment Teams to patients

2. Assign ambulance crews to patients for transport

3. Establish treatment areas if transportation is delayed

4. Request litter teams if necessary

    a. **Assign Treatment Teams to Patients**

        1) Paramedic teams should be split for the most efficient use of resources. One paramedic shall be assigned to each immediate patient first. Transportation without paramedics should be considered when paramedics become scarce. EMTs should be assigned to the minor patients as soon as possible to keep them grouped and identify patients that may deteriorate and need to be upgraded.

        2) Treatment teams are comprised of a Paramedic and an EMT.

        3) Treatment teams should perform a complete initial assessment. **Once a Paramedic assessment is completed, use of START terminology shall cease and treatment teams will use standard Orange County terminology when designating patient status for transport (mild, moderate, acute, MTV, CTV).**

    b. **Assign Ambulance Crews to Patients for Transport**

    Ambulance crews or Litter Teams will report to the Treatment Unit Leader who will assign them to a patient in order of priority.

    c. **Central treatment areas should be established only when:**

        1) There is a delay in transportation

        2) Safety concerns require the patients to be moved quickly

        3) The scene is dispersed over too large an area to adequately manage

    d. **Request Litter Teams if Necessary**

        1) Litter Teams need to be assigned when separate ambulance staging and loading areas are established or treatment areas have been established.

E. **GROUND AMBULANCE COORDINATOR**

The Ground Ambulance Coordinator is responsible for the staging and loading of ambulances. Supervisors from ground ambulance providers can assist in this function. The Ground Ambulance Coordinator will:

1.   Select the Ambulance Staging and Loading areas.

2.   Determine an ingress and egress route.

3.   Request Ground Ambulance assistants if necessary.

4.   Coordinate other transportation resources as necessary.

a.   **Select the Ambulance Staging and Loading Areas**

The Ground Ambulance Coordinator will set up the Ambulance Staging/loading areas based on the following considerations:

1)   Ambulance traffic flows must be unobstructed and efficient (no backing).

2)   Ambulances should be placed side-by-side so that patients can be loaded efficiently.

3)   On smaller incidents, ambulance staging and loading can be the same location.

4)   On larger incidents, ambulance staging and ambulance loading may need to be in two separate locations.

b.   **Determine an Ingress and Egress Route**

Develop a clear route the ambulances will use to enter the staging area, approach the loading area, and leave the loading area for the hospital. It is recommended that you work with law enforcement in developing and maintaining the route.

c.   **Coordinate Other Transportation Resources for the Minor Patients**

On large incidents, minor patients may be transported using public transportation such as Orange County Transportation Authority (OCTA) vans. Requests for public transportation will be made to Control One through Fire Dispatch. A minimum of one EMT should go on each van. It is recommended that the EMT have an 800 MHZ radio.

d.   **Request Ground Ambulance Assistants if necessary**

Ground Ambulance Assistants should be utilized when the staging area is separate from the loading area.

F.   **MEDICAL COMMUNICATIONS COORDINATOR**

The Medical Communications Coordinator (Med Com) is responsible for maintaining

communications with the Base hospital to assure appropriate patient destination. It is important to start this process early. It takes the Base a few minutes to identify the closest receiving centers and special facilities.

1. **The Medical Communications Coordinator will:**

   a. Consider establishing a position forward of Ambulance Loading.

   b. Contact OCC on 6 Alpha & ID themselves as "(incident name) Med Com".

   c. Contact Base and ID themselves as "(incident name) Med Com.

   d. Provide incident description and estimated number of patients.

   e. Give Patient Report.

   f. Relay hospital destination to ambulance treatment team.

   g. Consider a second radio on larger incidents.

2. **MCI Patient Report:** A limited report that will be given to the MICN. Report will include:

   a. Triage Tag number (last three numbers)

   b. Patient category (mild, moderate, acute, MTV, or CTV).

   c. Patient age

   d. Patient gender

   e. Major injury (on CTV report weak radial pulse or systolic blood pressure <90) and or illness

   f. A destination or specialty center requested

   g. Ambulance identifier (company and unit number)

   h. Whenever transporting an MCI patient, treatment team will notify designated receiving center of their ETA and patient information.

   Note: If a paramedic needs additional medical direction while en-route to the receiving center, they will contact OCC and get a frequency for base contact.

G. BASE HOSPITALS

The MICN will:

1. Immediately assess the current Patient Care Capacity Inventory (PCCI) of the Trauma Centers and Paramedic Receiving Centers via ReddiNet or phone.

2. Use the Base Hospital Multi-Casualty Incident Worksheet. Individual Base Hospital Reports are not required.

3.   Receive destination requests from Med Com and assign hospital destinations immediately.

4.   MICN's will notify receiving centers via landline unless OCC assistance is requested.

H.   ORANGE COUNTY COMMUNICATIONS

Upon receipt of the initial notice of an identified Multi-Casualty Incident, Orange County Communications (OCC) will:

1.   Notify the base hospital normally assigned to the area of the Multi-Casualty Incident and provide the type of incident, incident location, and estimated number of patients.

I.   Hospital Map and Patient Care Capacity Inventory Maintenance

Orange County Emergency Medical Services (OCEMS) will distribute updates to the default Patient Care Capacity Inventory (PCCI) and hospital maps to all fire agencies and licensed ambulance providers in January of each year. All Orange County Ambulance Operators will carry the hospital maps on each ambulance.

J.   Ambulance Providers

Once the ambulance receives destination information from Med-Com, and departs the scene, the ambulance must monitor Med-10 in case OCC or the base station needs to change the hospital destination.

K.   Fire Dispatch Centers

Upon identification of the Multi-Casualty Incident, the fire dispatcher will contact OCC and provide the location and type of incident, and the estimated number of patients.

L.   Documentation

Patient Care Reports will be completed by 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.

M.   Multi-Patient Incident Operational Plan Maintenance

Fire Chief's EMS and Operations Committees, OCEMS Quality Assurance Board and the Base Hospital Quality Improvement Program will evaluate each Multi-Casualty Incident on an ongoing basis.