



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 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.

III. **DEFINITIONS:**

Multi-Casualty Incident (MCI): 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 (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 delivered when Base Hospital contact is made from the scene of an MCI with a request for receiving hospital destinations. MCI patient report elements will differ based on the type of incident, safety at the scene, and number of victims (see Appendix A – Level of MCI and Patient Report):

Medical Communications Coordinator (Med Com): 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 “expectant”. At the MCI scene, START is used to determine which victims require an ALS level assessment.

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

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

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

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

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



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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.

Triage Tag: 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 announce that the Orange County Fire Services Operational Area Plan Annex Mass Casualty Incident Plan is implemented for a specific incident.

B. ROLE OF FIRE DISPATCH CENTERS DURING AN MCI:

Upon notification 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 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 and assign a base hospital.
2. Notify the Base Hospital normally assigned to the area of the MCI and provide the type of 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, assign to the Base managing the MCI. If the base is unable to handle the call, OCC will assign an alternate Base.
4. Notify the EMS Duty Officer on-call for incidents involving 20 or more victims.
5. Separate from this plan, the Orange County Fire Services Operational Area Plan Annex Mass-Casualty Incident Plan provides for expansion of an MCI to a level that Orange County Communications (OCC) rather than an Orange County Base Hospital can be contacted for receiving center destination determinations.

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.

