



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. 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 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 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)



MULTI-CASUALTY INCIDENT RESPONSE PLAN

- D. When transporting an MCI patient, treatment team or ambulance personnel may 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 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". 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.:

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.

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 has been implemented for a specific incident.

B. FIRE DISPATCH CENTERS:

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.



MULTI-CASUALTY INCIDENT RESPONSE PLAN

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. 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 emergency receiving centers (ERCs) 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.
 - b. The PCCI attached to this policy will be used for initial destination determinations for MCI victims if the ReddiNet System fails.
3. Med Com will contact the BH to provide ongoing incident information and coordinate transport of MCI victims from the scene.
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), immediate, delayed, and minor (BLS level) patients.
5. 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. Victims identified as meeting trauma criteria will be assigned to trauma centers. For trauma-designated victims the MICN will relay an abbreviated report to the trauma center via a ReddiNet message or phone call.



MULTI-CASUALTY INCIDENT RESPONSE PLAN

7. If a paramedic requires on-line medical direction while transporting to a receiving hospital, OCC will assign the same BH managing the MCI for further orders.

F. FIELD PROVIDER RESPONSIBILITIES:

ALS Providers:

1. ALS MCI procedures are described in the Orange County Fire Annex MCI Plan.
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 transporting, 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.

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

1. Acknowledge the MCI ACTIVATION ALERT via the ReddiNet.
2. Review ReddiNet report from the BH managing the MCI. May only include number of patients and acuity.
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.
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 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.



MULTI-CASUALTY INCIDENT RESPONSE PLAN

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. 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.

1. Enter data from the MCI Worksheet into the BH database.

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.

VI. QUALITY IMPROVEMENT ACTIVITIES:

- A. 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-9, landline, or cellular phone.
- 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.



MULTI-CASUALTY INCIDENT RESPONSE PLAN

2. 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 ePCR will be checked.

DRAFT



MULTI-CASUALTY INCIDENT RESPONSE PLAN

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

Hospital	City	Emergency Dept Phone #	Red Phone #	Patient Care Capacity Inventory			ReddiNet Y/N
				TRAUMA (Immediate Injury Victim)	Immediate and Delayed	Minor (ambulatory)	
Anaheim Global Medical Center	Anaheim	(714) 563-2808	(714) 533-6220		1	5	Y
Anaheim Regional Medical Center	Anaheim	(714) 999-6174	(714) 774-1450		1	5	Y
Chapman Global Medical Center	Orange	(714) 633-0011x1393	(714) 633-0011		2	4	Y
Children's Hospital of Orange County (TC) (Helo)	Orange	(714) 509-9095	(714) 633-3081	2			Y
Foothill Regional Medical Center	Tustin	(714) 619-7736	(714) 619-7737		1	2	Y
Fountain Valley Regional Hospital	Fountain Valley	(714) 966-8105	(714) 966-7200		2	4	Y
Garden Grove Hospital	Garden Grove	(714) 741-2724	(714) 537-5160		2	5	Y
Hoag Irvine Hospital	Irvine	(949) 517-3004	(949) 517-3010		1	4	Y
Hoag Memorial Hospital Presbyterian	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
Kaiser Permanente Medical Center Anaheim	Anaheim	(714) 279-4202	(714) 279-4000		2	4	Y
Kaiser Permanente Medical Center-Irvine	Irvine	(949) 932-2800	(949) 932-5000		1	3	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
Mission Hospital Laguna Beach	Laguna Beach	(949) 499-7193	(949) 499-1311		1	3	Y
Mission Hospital Regional Medical Center (TC) (Helo)	Mission Viejo	(949) 365-2115x4	(949) 364-1400	2	2	4	Y
Orange Coast Memorial Medical Center	Fountain Valley	(714) 378-7549	(714) 378-7000		2	4	Y
Orange County Global Medical Center – (TC) (BC) (Helo)	Santa Ana	(714) 953-3339	(714) 835-3555	2	2	4	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 #	Red Phone #	Patient Care Capacity Inventory			ReddiNet Y/N
				TRAUMA (Immediate Injury Victim)	Immediate and Delayed	Minor (ambulatory)	
Placentia Linda Hospital	Placentia	(714) 524-4827	(714) 993-2000		2	4	Y
Saddleback Memorial Medical Center	Laguna Hills	(949) 770-3564	(949) 837-4500		2	4	Y
South Coast Global Medical Center	Costa Mesa	(714) 754-5550	(714) 754-5551				Y
St. Joseph Hospital	Orange	(714) 771-8233	(714) 633-9111		2	4	Y
St. Jude Medical Center	Fullerton	(714) 992-3965	(714) 992-3280		2	4	Y
UCI Medical Center (TC) (BC) (Helo)	Orange	(714) 456-5705	(714) 456-6011	4	4	4	Y
West Anaheim Medical Center	Anaheim	(714) 229-4088	(714) 827-3000		1	4	Y

Footnotes

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

Approved:

Sam J. Stratton, MD, MPH
OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

Original Date: 12/2004
 Reviewed Date(s): 5/5/2011; 3/22/2018
 Revised Date(s): 5/5/2011; 4/1/2015; 5/01/2018
 Effective Date: