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.

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.

2. The MICN will initiate an MCI by activating the ReddiNet MCI Module and select hospitals to poll as potential receiving facilities. At a minimum, the MICN must poll all BHs so they are aware of the incident. The predetermined PCCI of trauma centers and emergency receiving centers (ERCs) will be available on ReddiNet and is 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 is 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 to include (when available): **Tag #, Triage Category, Age, Gender, Major Injuries, Vital Signs, Destination or Specialty Request, and Ambulance Identifier**; assign a hospital destination; and relay that destination to Med Com. Patient report information (**vital signs, injuries**) should be entered into the ReddiNet **Chief Complaint** section so that receiving facilities can anticipate the incoming patient's needs.

5. The Base Hospital MCI Worksheet is used to collect data with this information transferred to an electronic Base Hospital Report at the conclusion of the MCI. Documentation for minor (BLS) level patients may be minimal, but at minimum, must include age, gender, and last three digits of Triage Tag number.

6. Victims identified as meeting specialty criteria are preferentially assigned to specialty centers based upon field triage, Med Com/BH communications, and specialty bed availability. In the event of a large-scale MCI, the BH will need to prioritize which specialty center criteria patients would benefit most from available specialty center beds. For specialty designated patients, the MICN will relay an abbreviated report to the receiving hospital when possible.

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. ROLE OF FIELD PROVIDERS DURING AN MCI:

ALS Providers:

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

2. ALS providers should relay the following information, when available, to Med Com to facilitate BH entry of patient information into ReddiNet (which serves as ERC notification): **Tag #, Triage Category, Age, Gender, Major Injuries, Vital Signs, Destination or Specialty Request, and Ambulance Identifier.**

3. Med Com will receive ERC destinations from the BH and communicate with transporting providers. Communication of scene details and the scope of the incident from Med Com to the BH will aid in BH destination decision making.

4. If the escorting paramedic needs to contact the assigned receiving center to provide a patient status update, the paramedic must clarify that the MCI patient is already assigned to the receiving hospital, and should reference the patient's age, sex, and Tag# to avoid confusion.

5. If a paramedic requires on-line medical direction while transporting to a receiving hospital, they should request OCC assign them to the same BH managing the MCI.

BLS Providers:

1. BLS providers should relay the following information, when available, to Med Com to facilitate BH entry of patient information into ReddiNet (which serves as ERC notification): **Tag #, Triage Category, Age, Gender, Major Injuries, Vital Signs, Destination Request, and Ambulance Identifier.**

2. Med Com will receive ERC destinations from the BH and communicate with transporting providers. Communication of scene details and the scope of the incident from Med Com to the BH will aid in BH destination decision making.

3. If the escorting EMT needs to contact the assigned receiving center to provide a patient status update, the EMT must clarify that the MCI patient is already assigned to the receiving hospital, and should reference the patient's age, sex, and Tag# to avoid confusion.

G. ROLE OF REDDINET/H.E.A.R. ACTIVATED HOSPITALS DURING AN MCI:

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 is entered.

H. ROLE OF ORANGE COUNTY EMERGENCY MEDICAL SERVICES (OCEMS):

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. 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 are 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, utilize Triage Tags in conjunction with ambulance run sheets.

2. Keep Triage Tags with each patient as part of the official receiving hospital medical record.

3. For all MCI victims, check the MCI box on the ePCR.

PATIENT CARE CAPACITY INVENTORY

DESIGNATED TRAUMA CENTERS

Hospital	City	Emergency Dept Phone #	Red Phone #	Patient Care Capacity Inventory		
				TRAUMA (Immediate Injury Victim)	Immediate and Delayed	Minor (ambulatory)
Long Beach Memorial Hospital **(Helo)**	Long Beach	(562) 933-1400	(562) 933-1406	4	4	4
Mission Hospital – Mission Viejo **(Helo)**	Mission Viejo	(949) 365-2202	(949) 364-1181	4	4	4
Orange County Global Medical Center – **(BC) (Helo)**	Santa Ana	(714) 953-3331	(714) 835-6465	4	4	4
Rady Children's Hospital Orange County **(Helo)**	Orange	(714) 509-9095	(714) 633-3081	4 (Children)	4 (Children)	4 (Children)
UCI Health - Orange **(BC) (Helo)**	Orange	(714) 456-5705	(714) 456-6480	4	4	4

Footnotes

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

DESIGNATED EMERGENCY RECEIVING CENTERS

Hospital	City	Emergency Dept Phone #	Red Phone #	Patient Care Capacity Inventory	
				Immediate and Delayed	Minor (ambulatory)
Anaheim Global Medical Center	Anaheim	(714) 563-6220	(714) 956-5641	1	5
Anaheim Regional Medical Center	Anaheim	(714) 999-6111	(714) 991-1251	1	5
Chapman Global Medical Center	Orange	(714) 450-1858	(714) 880-8356	2	4
Foothill Regional Medical Center	Tustin	(714) 619-7736	(657) 267-0700	1	2
Garden Grove Hospital	Garden Grove	(714) 741-2724	(714) 537-3810	2	5
Hoag Hospital - Irvine	Irvine	(949) 517-3010	(949) 450-0188	1	4
Hoag Hospital – Newport Beach	Newport Beach	(949) 764-8376	(949) 642-9001	2	4
Huntington Beach Hospital	Huntington Beach	(714) 843-5011	(714) 842-4543	1	3
Kaiser Permanente Medical Center – Anaheim	Anaheim	(714) 644-2800	(714) 644-2862	2	4
Kaiser Permanente Medical Center – Irvine	Irvine	(949) 932-2800	(949) 932-2656	1	3

Hospital	City	Emergency Dept Phone #	Red Phone #	Patient Care Capacity Inventory	
				Immediate and Delayed	Minor (ambulatory)
La Palma Intercommunity Hospital	La Palma	(714) 670-6133	(714) 521-5760	2	2
Mission Hospital – Laguna Beach	Laguna Beach	(949) 499-1311	(949) 433-8056	1	3
Orange Coast Memorial Medical Center	Fountain Valley	(714) 378-7535	(714) 378-7666	2	4
Saddleback Memorial Medical Center	Laguna Hills	(949) 452-3569	(949) 837-1430	2	5
South Coast Global Medical Center	Santa Ana	(714) 754-5550	(714) 754-5551	2	4
St Joseph Hospital	Orange	(714) 771-8002	(714) 639-6900	2	4
St Jude Medical Center	Fullerton	(714) 992-3965	(714) 446-5311	2	4
UCI Health – Fountain Valley	Fountain Valley	(714) 966-8105	(714) 979-3787	4	6
UCI Health – Irvine	Irvine	(657) 579-2424	(657) 579-2454	2	4
UCI Health – Los Alamitos	Los Alamitos	(562) 598-2411	(562) 799-3588	2	6
UCI Health – Placentia Linda	Placentia	(714) 524-4827	(714) 993-5252	2	4
West Anaheim Medical Center	Anaheim	(714) 229-4088	(714) 826-8271	1	4

Approved:

Almaas A. Shaikh, MD, MPH, FACS
OCEMS Medical Director

Daniel McDonnell, MS, MBA, NRP
OCEMS Administrator

Original Date: 12/2004
Reviewed Date(s): 08/04/2025, 10/10/2026
Revised Date(s): 12/22/2025, 10/10/2026
Effective Date: 10/10/2026

APPENDIX A: MCI FIELD LEVELS AND PATIENT REPORT

Scene situation (example: active shooter, pediatric only victims), scene safety (example: toxic gas risk, active fire), and numbers of victims dictate the urgency to move victims off scene and may result in limited MCI patient reports. The following are field response levels (based on numbers of victims) for MCIs:

MCI Level 1
Approximately 3-10 victims

Level 1 Patient Report:

Triage Tag # (last three digits)
Patient Category (Immediate, Delayed, Minor)
Need for Specialty Center Destination
Patient Age
Patient Gender
Major Injuries
Vital Signs (including Blood Pressure or Pulse Quality)
Destination of Specialty Center Request
Ambulance Identifier

MCI Level 2
Approximately 10-30 victims

Level 2 Patient Report:

Triage Tag # (last three digits)
Patient Category (Immediate, Delayed, Minor)
Destination or Specialty Center Request
Ambulance Identifier
Additional Information as available

MCI Level 3
Approximately 30 or more victims

Level 3 Patient Report:

Level 2 Report when possible
Destination or Specialty Center Request