



Multi-Casualty Incident

PURPOSE

- I. The Multi-Casualty Incident (MCI) policy is designed to provide guidance to assist emergency response personnel in ensuring adequate and coordinated efforts to minimize loss of life, disabling injuries and human suffering within the County of Napa.

POLICY

I. ACTIVATION OF THE PLAN

- A. The “official” definition of a Multi-Casualty Incident (MCI) is any incident that exceeds and overwhelms the capabilities of the initial response. For the purposes of this plan, an MCI will be activated under the following circumstances:
 - 1. Any incident that requires the response of three (3) or more transport resources (both air and ground).
 - 2. Any point at which the incident commander identifies a reason that an incident can be better managed with enhanced coordination, e.g., incidents involving hazardous materials, damaged utilities, and incident involving active law enforcement tactical operations.
- B. The first arriving emergency unit should be prepared to quickly size up the incident, provide a scene description, request additional resources; activate the MCI Plan, and implement ICS Operations. Provide early notification to the Jurisdictional Communications Center (JCC) of the MCI Plan activation, begin triage, and notify the MCI Coordinating Facility (Queen of the Valley).
- C. A Jurisdictional Communications Center can also activate the MCI Plan based on reported information.

II. PATIENT DISTRIBUTION

- A. The overall goal of patient distribution is to deliver MCI patients to appropriate and available treatment beds to meet their medical needs without overwhelming any one hospital with too many patients.
- B. The Transportation Unit Leader or the Medical Communications Coordinator should contact the MCI Coordinating Facility to organize destination decisions as soon as possible.
 - 1. Transporting units should not routinely make direct hospital notifications to receiving facilities unless there is a change in patient condition. Any destination changes requested based on patient condition change shall be done through the MCI Coordinating Facility.
 - 2. A single EMS transportation unit may depart the scene with an Immediate (Red) patient prior to initiating the call to the MCI Coordinating Facility. When this occurs, the transportation call-in shall occur immediately following the initiation of patient transport.
- C. Patient destination is determined based on pre-established “first wave” distribution assignment and subsequent updated hospital capacity information. Destination determination criteria in [Administrative Policy 501, Patient Destination](#) should be considered when executing patient distribution.

III. PATIENT TRACKING

- A. Field personnel will use the Napa County approved Triage Tag system for initial patient tracking.
- B. All MCI patients will be entered into their prehospital ePCR system immediately after the conclusion of the event.
- C. All receiving facilities will document all MCI patient contact. Triage Tag Identifier Numbers, disposition and available demographic information into ReddiNet.

IV. DOCUMENTATION

- A. Documentation requirements are modified. A completed ePCR is only required once the incident has completed and all transports have reached their destinations. Note: EMS Field Notes are acceptable, but must be followed up with a full ePCR. Triage Tags, a [Multi-Casualty Incident Patient Tracking Form](#) and/or an electronic tracking system integrated into ReddiNet will be used for patient accountability. ICS 214 and other appropriate ICS forms should be completed by all participants.

V. SYSTEM MODIFICATION

- A. Suspension or modification of policy may be made by the EMS Agency to facilitate incident management e.g. allowing BLS units to be used for 911 responses, suspension of non-emergency patient transfers.
- B. Non-Ambulance Medical Transport Services may be used to support large scale multi-victim incidents by providing transportation for patients not requiring ambulance transportation e.g. buses, paratransit vehicles. May only occur with EMS Agency Duty Officer approval.

VI. CONTINUOUS QUALITY IMPROVEMENT

- A. An [EMS Event Report](#) will be completed and submitted to the EMS Agency within forty-eight (48) hours of the resolution of the incident.
- B. Minor incidents shall be reviewed within the Quality Improvement Program of the responding provider(s). An analysis of a multi-casualty incident can be conducted using the CQI Committee Guidelines, as circumstances necessitate.
- C. A formal, review/critique of the incident may be conducted based on a request by any involved agency, e.g., the Jurisdictional Public Safety Agencies, Jurisdictional Communications Center, the MCI Coordinating Facility, the EOA Ambulance Provider, an Area Hospital, an EMS Aircraft Provider, or the EMS Agency.