



**SECTION 301 Multiple Patient / Mass Casualty Incidents Page |1**

**1.0 PURPOSE**

The purpose of this policy is to establish a flexible medical management and documentation strategy for multiple casualty incidents (MCI's) to improve patient outcomes and decrease patient scene time. Management should include focus on triage of the patients, including REMSA Trauma Triage Indicators and transport to the appropriate receiving facility for the patient's injuries. An MCI may be activated when there are (10) or more patients requiring transport or if deemed necessary by Incident Command.

**2.0 SCOPE**

This guideline shall apply to all personnel at Multi Casualty Incidents within Riverside County.

**3.0 RESPONSIBILITY**

- A. It shall be the responsibility of the Incident Commander at an MCI to implement this guideline and assure that all the applicable elements of this guideline are complied with.
- B. MCI's shall be named using a naming convention consistent with the incidents geographical location.
- C. MCI's shall be managed with an IC and a designated Medical Communication (MedCom) Coordinator role.
- D. All Personnel including ALS, BLS and Base Stations shall complete initial and ongoing training to stay up to date with MCI Operations for Riverside County.

**4.0 Procedure**

**A. Pre-Incident Preparation**

- 1. It is the responsibility of all crewmembers to ensure that all MCI related gear/equipment is maintained and accounted for on their unit each shift.

**B. Dispatch Procedures**

- 1. Dispatch shall provide responding resources with detailed information, as well as the circumstances of the reported incident.





2. As information comes in, consider requesting early, additional resources as the need for resources will grow rapidly. Responding units should, where possible, monitor appropriate Law Enforcement radio frequencies.

**C. First arriving unit initial actions**

1. Establish command, complete a rapid size up of the incident, and declare the incident an MCI by notifying dispatch.
2. Request additional resources
3. Initiate the ICS, begin triage of victims using START system and approved triage tags (Reference REMSA MCI Operational Policy).
4. Assign a MedCom coordinator position as soon as possible, preferably a Paramedic.
5. Establish an appropriate initial staging area for responding units. Consider an area out of line of sight of incident, in line with approach to location, or a pre-determined area from pre-plans.
6. Update incoming and request additional resources.

**D. First arriving Chief Officer**

1. Assume command, enter into unified command with Law Enforcement (LE) and other appropriate agencies.
2. Assign a Medical Group Supervisor and other appropriate MCI scene management positions as defined by FIRESCOPE.
3. Consider assigning an Operations position and/or need to expand the ICS system.
4. All responding personnel/units will contact the IC or his/her designee on the assigned radio channel to request assignment or staging instructions.
5. The IC has the authority to change assignments as he/she sees fit.
6. All on scene providers will follow legal orders of/from the IC.





5.0 Multiple Casualty Incident (MCI) Scene Management

A. The ICS system as defined by FIRESCOPE will be utilized at all MCI's. Its multi casualty organization module is designed to provide for the necessary supervision and control of essential functions required during an MCI. The primary functions will be directed by the Medical Group Supervisor, if activated (otherwise Operations), who reports to the Multi-Casualty Branch Director, if activated, or directly to the IC. Resources having direct involvement with patients are supervised or coordinated by one of the functional leaders or coordinators. The required functional positions under the Medical Group Supervisor (Operations) are:

1. Triage Unit Leader: Supervises triage personnel, who perform the actual triage of patients. Once triaged, directs movement of patients to the treatment area, usually via backboard or litter carried by litter bearers. Once all initial triage is complete, secondary patient assessment utilizing a comprehensive physical exam shall continue until all patients have been transported from the incident.
2. Medical Communication (MedCom) coordinator: Maintains communications with Base Hospital (BH)/Coordinating facility. Responsible for reporting location, mechanism, and approximate number of immediate, delayed, and minor patients, requesting hospital availability and determining patient transportation and destination decisions.
3. Treatment Unit Leader: Supervises personnel assigned to treat patients in the three treatment areas. Assumes responsibility for treatment, preparation for transport, coordination of patient treatment and directs movement of patients to the loading area. Responsible for continued triage and assessment as the incident evolves.
4. Ambulance Coordinator: The Ambulance coordinator reports to the Patient Transportation Unit Leader, manages the Ambulance Staging Area(s), and dispatches ambulances as requested.
5. Patient Transportation Unit Leader: The Patient Transportation Unit Leader is responsible for the coordination of patient transportation and the maintenance of records relating to the patient's identification, condition, and destination.

