

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual: Emergency Medical Services Administrative Policies and Procedures	Policy Number: 610 Page: 1 of 7
Subject: Multi-Casualty Incident (MCI) Management - Dispatch Operations	
References: FIRESCOPE 420-1 Field Operations Guide Fresno County Emergency Services Plan	Effective: 01/01/2001

I. POLICY

The EMS dispatch center for the impacted county will coordinate the response of appropriate EMS resources for multi-casualty incidents and manage the resources in an effective and safe manner. The coordination of EMS resources shall be consistent with the Standardized Emergency Management System (SEMS), National Incident Management System (NIMS) and the Incident Command System (ICS).

II. PURPOSE

This policy establishes standard operating procedures for EMS dispatch operations in multi-casualty incidents. It provides for direction and coordination of EMS resources and provides for appropriate interaction between EMS dispatch, responding EMS resources, and other public safety agencies.

III. PROCEDURE

A multi-casualty incident (MCI) is defined as an incident involving **six (6) or more patients**.

A. Determination of an MCI – Multi-casualty incident dispatch procedures will be initiated in the following:

1. The on-scene prehospital unit or public safety agency has identified an MCI of **six (6) or more patients**
or
2. In situations when the dispatcher, based upon information received from the reporting party, believes that there is a high probability of the incident becoming an MCI (e.g., transportation collisions - bus, train, plane, or large numbers of victims reported).

B. Initial MCI Response – Upon report of a MCI or potential MCI, the EMS dispatcher will attempt to obtain the following information:

1. An ambulance or public safety agency is on-scene and reporting a MCI, request the following information:
 - a. Number of patients (or best estimate).
 - b. Number of additional ambulances or EMS resources needed.

Approved By: EMS Division Manager	DANIEL J. LYNCH (Signature on File at EMS Agency)	Revision:
EMS Medical Director	JIM ANDREWS, M.D. (Signature on File at EMS Agency)	10/01/2016

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c. Any instructions or directions for ambulances entering the scene.

NOTE: The number of ambulances and helicopters dispatched, and the response of the disaster medical support unit will be based upon the specific request from on-scene personnel.

2. An ambulance or public safety agency is NOT on-scene and information indicates a MCI, attempt to obtain the approximate number of victims involved in the incident.

a. Based upon the numbers of reported victims, the EMS dispatcher shall use the chart below to determine the appropriate initial EMS resource response:

NOTE: For the purposes of estimating victims, one vehicle = one victim.

Reported Victims	Ambulances	**Helicopter	*Field Supv	EMS Agency	Disaster 1
6 to 9 victims	2	1	1 (see note below)		
10 to 15 victims	3	1	1 (see note below)	1	
16 to 25 victims	5	2	1	1	
>25 victims	5	2	2	2	1
Unknown number of victims or patients	2	1	1 (see note below)		

*Field Supv serves as a supervisor for scene support and MCI equipment response
 **Simultaneous response of local helicopter in designated rural areas as per policy.

b. EMS and/or public safety agencies arriving on scene will confirm and/or modify the EMS resources responding to the incident.

NOTE: In incidents involving 6-9 victims, only dispatch a field supervisor for those ambulance zones that employ a field supervisor. For all incidents that involve ten (10) or more victims, the closest field supervisor shall be dispatched, regardless of jurisdiction.

3. Mass Transportation / Low visibility Collisions (Unknown Number of victims/patients) - For incidents involving mass transportation (i.e., bus, train, or airplane) or low visibility collisions (i.e., fog or dust) on a major transportation route with an unknown number of patients or vehicles involved, dispatching of units will be modified. Until on-scene personnel have determined the necessary number of response units, the EMS dispatcher shall immediately respond the following:

For the purposes of estimating victims, one vehicle = one victim.

Incident	Ambulances	*Helicopter	**Field Supv	EMS Agency	Disaster 1
Mass Transportation / Low visibility Collisions	2	1	1 (see note below)	1	

*Simultaneous response of local helicopter in designated rural areas as per policy.
 **Field Supv serves as a supervisor for scene support and MCI equipment response

If the EMS dispatcher receives more specific information on number of victims or vehicles involved after the initial dispatch of EMS resources, the EMS Dispatcher will use the chart in B.2.a. (above) for appropriate resources. Once EMS and/or public safety agencies arrive on scene, they will confirm and/or modify the need for EMS resources.

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NOTE: In incidents involving 6-9 victims, only dispatch a field supervisor for those ambulance zones that employ a field supervisor. For all incidents that involve ten (10) or more victims, the closest field supervisor shall be dispatched, regardless of jurisdiction.

- 4. Possible MCI without specific information – In the event the EMS dispatcher receives a report of multiple patients or victims but there is no specific information on the number involved, the EMS dispatcher shall immediately respond the following:

Incident	Ambulances	*Helicopter	**Field Supv	EMS Agency	Disaster 1
Reported MCI with no estimated number of victims or patients	2	1	1 (see note below)		

*Simultaneous response of local helicopter in designated rural areas as per policy.
 **Field Supv serves as a supervisor for scene support and MCI equipment response

EMS and/or public safety agencies arriving on scene will confirm and/or modify the EMS resources responding to the incident.

NOTE: Only dispatch a field supervisor for those ambulance zones that employ a field supervisor. If information is received that involves ten (10) or more victims, the closest field supervisor shall be dispatched, regardless of jurisdiction.

- C. MCI Dispatch Procedure - When a MCI is recognized, the EMS dispatcher shall provide appropriate information to responding EMS resources to allow for the appropriate management of the incident. While the designated dispatch centers have flexibility in the order and content of the dispatch information, the response information shall include the following:

- 1. Initial Dispatch – Standard response information
 - a. Priority of response
 - b. Unit Number(s)
 - c. Problem
 - d. Cross Streets
 - e. Address and Business name

Example: *Priority 1 Medic 305, Medic 310, Medic 325, multi-casualty traffic accident, Manning at Columbia, 985 Manning Avenue*

- 2. MCI Response Information – MCI information provides additional information to units responding to the MCI for coordination and management of the incident. In incidents involving three (3) or more ambulances, the EMS dispatcher shall also identify the incident with an incident name, response channel, TAC Channel, and person to contact on-scene.
 - a. Priority of response/Incident type
 - b. Unit number(s)
 - c. Problem

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- d. Cross Street
- e. Address / Business Name

If the incident involves the response of **three (3) or more ambulances**, the EMS Dispatcher will also include the following information:

- f. Incident Name and Location
 - 1) EMS dispatch will assign an incident name, which should be consistent with fire and/or law incident names.
- g. Primary Response Channel
 - 1) The primary response channel may be the normal dispatch channel or EMS dispatch may move the incident to a secondary response channel (i.e., Med 10 or a countywide command channel)
- h. On-scene Tactical Channel
 - 1) EMS dispatch will assign the incident a tactical – on-scene channel. The purpose of the tactical channel is to move on-scene communications off of the main command channel and allow the medical group supervisor to communicate directly with on-scene responders.
 - 2) If assigned a tactical channel, responding EMS units should switch radios to the channel upon arrival at scene. The medical group supervisor or assigned staff will provide further instructions and assignments.

Example #1: *Priority 1 Medic 141, Medic 404, for an evacuation of patients, Huntington at Bush, 5265 E Huntington, Raintree Convalescent,. Respond on Med 11, the TAC channel is Med 13. Contact Raintree Medical Group on Med 13 upon arrival.*

Example #2: *Priority 1 Medic 136, 151, 401, 405, 495, M101, and EMS-04, chemical exposure involving 30 victims, Whitesbridge at San Mateo, 29400 W Whitesbridge, Spreckels Sugar Company. Respond on Med 10, the TAC channel is CALCORD. You will stage at Whitesbridge and the Spreckels entrance. This will be the Spreckels Incident.*

D. Implementation of the Incident Command System (ICS) – In any incident or event that involves **six (6) or more patients**, EMS personnel are required to implement the ICS system for management of the incident. In most cases, on scene EMS personnel will be establishing Incident Command with other responding agencies (i.e. fire and law). The Incident Command System is a strict operational process and needs to be adhered to. Attachment A is an ICS organizational chart of the ICS structure in an event.

1. Incident Commander (IC) - The designated Incident Commander (usually fire or law enforcement personnel) has authority over the entire incident. The Incident Commander may cancel, modify, or add additional resources responding to the incident. The EMS dispatch centers shall comply with the requests of the Incident Commander. If a Medical Group Supervisor is on scene, the dispatch center may notify the Medical Group Supervisor of requests of the Incident Commander. Regardless of whether a Medical Group Supervisor is on scene, the requests of the Incident Commander shall be strictly followed. The IC Radio ID “{*incident name*} IC” (example: “Raintree IC”).

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2. Medical Branch Director – In large or more complex incidents, the EMS Duty Officer or field supervisor may be assigned as the Medical Branch Director through the IC and assumes management responsibility of the Medical Group(s) during the incident. When the Medical Branch Director position is implemented, the Medical Group Supervisor reports directly to this position and all requests for ambulance and EMS resources are approved and requested through this position. The Medical Branch Director will request additional resources from the EMS dispatch center. The Medical Branch Director Radio ID is “{incident name} Medical Branch” (example: “Raintree Medical Branch”)
 3. Medical Group Supervisor - When the Incident Command System is initiated, the first arriving paramedic assumes the responsibility of the Medical Group Supervisor. The Medical Group Supervisor will be responsible for the management of patient care and transportation and will maintain communications with the IC, EMS dispatch center and on scene resources. The Medical Group Supervisor could assign additional positions in the medical group in order to properly manage the event, (i.e. transportation leader, treatment leader, etc.). The Medical Group Supervisor Radio ID is “{incident name} Medical Group” (example: “Raintree Medical Group”).
 4. Medical Staging Area – In larger incidents, a staging area may be established for all responding ambulances and EMS resources. When a staging area is activated, a Staging Manager is assigned to the staging area for coordination of arriving resources. Responding ambulances will need to communicate directly with the staging area upon arrival at the incident. The Medical Staging Manager radio ID is “{incident name} ambulance coordinator” (example “Raintree Ambulance”).
 5. Incident Name – When an MCI is identified and the response includes three (3) or more ambulances, the EMS dispatcher shall identify the incident with an incident name. The incident name is related to the location of the incident, such as the street or facility name (i.e., Blackstone or Raintree, etc). The Incident name reduces confusion by identifying a name instead of a specific unit or ambulance. The incident name is used by all involved agencies, including the base hospital. The incident name should be the same incident name used by fire and law.
- E. Response and On-Scene Communications – Response channels are assigned by the EMS Dispatcher based on the most appropriate channel available for the response. In some situations, the EMS Dispatcher may keep responding resources on the primary dispatch channel; however, in larger incidents, the EMS Dispatcher may move the responding resources to a secondary channel (i.e., Med-10) in order to move the incident off of the primary channel that is dealing with the day-to-day incidents that normally occur.
- Tactical channels are used on-scene at the incident for the coordination of on-scene management, which also keeps radio traffic off of the main dispatch channel. The EMS dispatcher assigns the response and tactical channel that will be used on the incident (i.e., Med 10 and CALCORD)
1. California State-wide Interoperability– The federal, state, regional, and county areas have identified specific frequencies that are utilized for communications of law, fire, and EMS during emergency events. There are pre-designated channels in each county that can be used at the time of an event. In large scale disaster or incidents a County agency (i.e., Sheriff) will assign the appropriate channels for command, staging, and tactical use by responding personnel. All emergency vehicles within each county shall have access to the interoperability channels. These channels can be used after notifying the sheriff dispatch for the specific county.

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2. The following are the primary, secondary, and tactical channels available in the EMS region.

Primary Response Channels:

Med-92 – Tulare County (TCCAD)
 Med-11 – Fresno/Clovis Metro area
 Med-12 – American Ambulance rural response area
 Med-14 – Madera County
 Med-15 – Kings County
 Med-16 – Rural Fresno County

Secondary (command) Channels:

*Med 10 – Fresno, Kings, Madera, Tulare
 XFR-Command – Fresno County
 XKI-Command – Kings County
 XMA-Command 1 – Madera County
 XTU-Command – Tulare County

On-Scene – Tactical Channels:

*Med-13 - Fresno, Kings, Madera, Tulare
 *CALCORD - Fresno, Kings, Madera, Tulare
 XFR-TAC3 – Fresno County
 XKI-EMS TAC – Kings County
 XMA-EMS TAC – Madera County
 XTU-TAC3 – Tulare County

* These channels are preferred and the most commonly used for MCI events in the EMS Region

NOTE: CALCORD is also frequently used on-scene or at landing zones for helicopter to ground communications

F. Scene Information – When ICS is established, the EMS dispatcher shall obtain the following information and forward this information to responding EMS resources. Some of this information may not be available until an EMS resource or fire agency arrives on scene.

1. Location of Incident Command Post
2. Identification of Medical Group Supervisor
3. Recommended route(s) to scene (including any hazards or limitations)
4. Location and person units should report to (e.g., Staging or Medical Group Supervisor or IC).
5. If activated: Location of Staging Area and Staging Area contact and TAC channel.

G. Ambulance Coverage – In the event of a large incident within the operational area or in any of the surrounding counties that has potential impact on local resources, the ambulance dispatch centers shall advise all non-impacted ambulance providers of the incident. At the direction of the EMS Agency, the dispatch center may request ambulance providers to staff additional ambulances and prepare for response, respond to the MCI, or provide ambulance coverage in a neighboring jurisdiction.

During large incidents involving multiple victims, mutual aid ambulances should be utilized at the specific MCI location as opposed to utilizing these ambulances for response to other emergency calls in the Operational Area. When possible, local ambulances should be made available for responses to requests within its local service area.

H. Disaster Response Vehicles and Resources – Disaster response vehicles, trailers, and supply caches are located throughout the four-county EMS region. The following is a brief description of these resources:

1. Field Supervisors – Field Supervisor vehicles throughout the EMS region carry MCI management equipment (MCI Tarps, Tags, Vests, etc) and additional medical supplies and equipment that can be used at a MCI. The supervisor units are included in the dispatch matrices discussed in these policies.
2. Disaster Medical Support Units (DMSU) – Radio ID: “Disaster 1” or “D1” and “Disaster 2” or “D2” – The DMSU is a disaster support unit that is equipped with a large amount of medical supplies and equipment that can be used at a multi-casualty incident. The emergency vehicle D1 is located in Fresno and D2 is located in Visalia. These units are available to the entire four-county EMS region

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on an immediate response basis. The DMSU is also available to respond throughout the State at the request of the State EMS Authority.

- a. “Disaster 1” and “Disaster 2” are not staffed vehicles. Upon request, the EMS Dispatcher will coordinate its response with a Field Supervisor for staffing and response, which could include responding the closest BLS or ALS ambulance to pick up the disaster vehicle and respond to the incident. The response of this vehicle must be immediate.
 3. Disaster Medical Support Trailers (DMST) – Disaster Medical Support Trailers exist in Tulare County. The DMSTs are located in the City of Dinuba and the City of Tulare. The DMST are equipped with multi-casualty supplies and equipment. These trailers will require a truck that is capable of pulling the trailer to the scene.
 - a. In Tulare County, TCCAD will contact either the Dinuba City Fire Department or the Tulare City Fire Department and request response of the trailer.
 4. Medical Caches – Several medical caches are located throughout the 4-county EMS region. These caches include prehospital supplies and equipment, including nerve agent antidote kits. Upon request of a medical cache, the EMS Dispatcher will immediately contact the EMS Agency Staff.
- I. Notification - The following notifications should occur during a MCI
1. As necessary, notify fire service and law enforcement agencies for that jurisdiction of the MCI and the amount of equipment responding.
 2. Notify the EMS Duty Officer.

**ATTACHMENT A
MEDICAL BRANCH ORGANIZATION STRUCTURE UNDER ICS**

