

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: 630 Page: 1 of 4
Subject: Multi-Casualty Incident Management – Base Hospital / Disaster Control Facility Operations Policy	
References:	Effective: 4/2/85

I. POLICY

Hospital's participating in a multi-casualty medical response, in coordination with its internal emergency plan, shall utilize the following procedures during the declared multi-casualty incident.

In the event of a large scale event, all hospitals must be prepared receive patients and maintain these patients for an extended period of time due to the suspension of transfers to the trauma center or other hospitals. In addition, a large event, all hospitals must be prepared to receive both pediatric and/or adult patients, depending on the type of incident.

II. PURPOSE

The purpose of this policy is to provide a standardized process for the coordination, distribution, and transportation of prehospital casualties and patients.

III. PROCEDURE

A. Overview

A multi-casualty incident is declared in the prehospital setting on any incident that involves **six (6) or more patients**. In multi-casualty incidents with less than ten (10) patients, the closest local Base Hospital serving the impact area will receive the notification call-in and manage the care and destination of patients. In incidents that involve **ten (10) or more patients**, EMS personnel at the scene of an incident are required to contact the Disaster Control Facility for patient management and destination.

Because a multi-casualty incident (MCI) can involve a large number of patients and demand more resources, the hospitals may need to modify normal operating procedures to deal with the increasing number of patients. This could include the hospital implementing its emergency plans that include the Hospital Incident Command System (HICS) for coordination and management of the event. Early notification and accurate information is important when coordination of a MCI is occurring. Hospitals will coordinate their activities through the Base Hospital handling the MCI or the designated Disaster Control Facility (DCF).

Approved By: EMS Division Manager DANIEL J. LYNCH (Signature on File at EMS Agency)	Revision: 10/01/2016
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B. Prehospital Response

1. The first Paramedic on-scene of a MCI will assume the role of the Medical Group Supervisor. The Medical Group Supervisor will be responsible for medical management of the incident. Upon arrival at scene, the Medical Group Supervisor will, among other things, complete the following:
 - a. Quickly survey the incident and determine the need for additional EMS resources.
 - b. Coordinate first responders and EMS personnel at scene
 - c. Contact the Base Hospital/DCF and provide a notification call-in notifying them of the MCI. Because the Medical Group Supervisor is still organizing the incident, the purpose of the notification call-in is to provide a “heads-up” that an MCI is occurring and that the Base Hospital or DCF needs to prepare for management of patient destinations.
 - 1) In incidents that involve the response of three (3) or more ambulances to an incident, the Medical Group Supervisor may provide the Base Hospital/DCF with an incident name, which is usually a name based on the street or location of the incident. In such case, the radio I.D. of the Medical Group Supervisor will be “{incident name} Medical Group” (example: “*Blackstone Medical Group*”).
 - 2) The notification call-in to the Base Hospital/DCF will be limited to the following:
 - a) Unit number or “{incident name} Medical Group Supervisor” (i.e. “*Raintree Medical Group*”)
 - b) Location of Incident
 - c) Nature of Incident (HazMat, Medical, Trauma)
 - d) Estimate number of patients
 - e) ETA (Only if Immediate Priority patients are enroute to the hospital.)
 - 3) As the incident gets organized, the Medical Group Supervisor may assign a Patient Transportation Unit Leader or a Medical Communications Coordinator, who will maintain communications with the Base Hospital/DCF.

The radio I.D. of the Patient Transportation Unit Leader will be “{incident name} Transportation Leader” (example: “*Blackstone Transportation Leader*”). Similarly, the radio I.D. of the Medical Communications Coordinator will be “{incident name} Medical Communications” (example: “*Blackstone Medical Communications*”).
2. In accordance with EMS policy #620, the Medical Group Supervisor may authorize the first three EMS transportation units to transport Immediate Priority (Red) patients from the scene prior to initiating the call-in to the Base Hospital/DCF; however, the call-in shall occur immediately following the initiation of patient transport(s). In the notification call-in, the medical group Supervisor will notify the DCF that patients have already been transported and the unit numbers transporting the patients.
3. Paramedics involved in the MCI shall function under radio failure protocols for the duration of the event. For treatments not allowed in radio failure procedures, contact an alternate Base Hospital.

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C. Base Hospital / Disaster Control Facility (DCF)

1. Designated Disaster Control Facilities

In incidents involving *ten (10) or more patients*, the Medical Group Supervisor at the scene of an MCI will contact the appropriate DCF. The designated DCFs are:

Designated DCF	Counties
Regional Medical Center (RMC)	Fresno, Kings, Madera, and Tulare Counties
Kaweah Delta Medical Center	Tulare County

2. Role of the Base Hospital / Disaster Control Facility:

- a. Communicate with designated incident personnel regarding information on patients and incident status and provide destination locations for transport vehicles.
- b. Coordinate patient distribution with receiving hospitals utilizing the appropriate Patient Distribution Zone List for that area (Attachment C).
- c. Communicate updated incident information received from the incident site with area hospitals.
- d. Assess the status and impact to area hospitals, including available patient capacity and emergency plan implementation.
- e. The DCF will maintain communications with the Emergency Operations Center (EOC) or the EMS Departmental Operations Center (DOC), when activated.
- f. The Base Hospital / Disaster Control Facility will have ultimate authority in determining patient destination during a MCI. The DCF will take into consideration patients that hospitals have received from other incidents or MCI's when determining destinations.

3. Communications

The Designated Med Channel for communications between the DCF and the incident site will be maintained through the Medical Group Supervisor and/or Patient Transportation Unit Leader on one or more of the following channels:

UHF Med Channel (Receive)	Operational Area Assignment
Med 4	South-East Fresno County - RMC
Med 5	North-East Fresno County - RMC
Med 6	Western Fresno and Kings Counties - RMC
Med 7	Madera County - RMC
Med 22	Tulare County - KDMC

NOTE: RMC has the ability to communicate on most Med Channels. It may be necessary to use a different Med channel due to the geographic location of the incident. The EMS Dispatch center can contact RMC and have them switch to a different Med Channel.

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4. Field to Hospital Communications

When a patient or patients are ready for transport, the Medical Group Supervisor, Patient Transportation Unit Leader, or designee will advise the Base Hospital/DCF of the following:

- a. Triage Tag Number (last 4 digits)
- b. Age
- c. Patient Care Priority Designation (color)
- d. Chief Complaint
- e. Request destination from Base Hospital / DCF
- f. Transporting Ambulance Number

The Base Hospital/DCF shall provide the destination for each transport unit. Once the Medical Group Supervisor, Patient Transportation Unit Leader, or designee is given the destination, they will confirm destination and provide an ETA.

5. Hospital to Hospital Communications

- a. The Patient Distribution Zone List for that area (Attachment C) may be utilized in MCI's. The Patient Distribution Zone List is primarily used for Immediate (Red) and/or Delayed (Yellow) Priority patients, but can be used in a large incident involving all Minor (Green) Priority patients.
- b. The Base Hospital / DCF will communicate directly with all local hospitals using the StatusNet911 or HEAR radio system. If unable to utilize StatusNet911 or HEAR the DCF will contact hospitals via landline.
- c. The Base Hospital / DCF will provide a notification report to the area hospitals that includes a brief overview of the MCI to include type of incident, location and approximate number of patients.
- d. When patients are routed to facilities, the Base Hospital / DCF will provide the receiving facility with the following information.
 - 1) Transport Unit #
 - 2) Number of patients.
 - 3) Triage Priority (triage color) of patients.
 - 4) Estimated ETA to receiving hospital.
- e. The DCF or EMS Agency may request Emergency Capacity Inventory updates as necessary via the StatusNet911 system.
- f. When all patients have been transported from the incident site, the DCF will notify the area hospitals of the "All Clear" status.

D. Event Documentation

Log all events into StatusNet911 or on the "Operational Log" Form HICS 214 (Appendix A).

The Base Hospital or DCF may use the "Medical Transportation Log" Form (Appendix B) to coordinate with patient distribution with the Medical Group Supervisor/Patient Transportation Unit Leader.

**APPENDIX B
MEDICAL TRANSPORTATION
INFORMATION LOG**

Field Form # _____
Nature _____
Location _____

Date: _____
Base: _____
MD/MICN: _____
PARAMEDIC/EMT: _____

NO.	METTAG #	AGE	PRIORITY/COLOR CHIEF COMPLAINT	DESTINATION	AMBULANCE	TIME
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
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25.						

ATTACHMENT C Patient Distribution Zones

- The Disaster Control Facility shall attempt to distribute patients proportionally to hospitals in a specific Zone.
 - By proportionally distributing patients, the receiving hospitals are less like to become immediately overwhelmed.
- The DCF may choose to use hospitals in neighboring jurisdictions at their discretion.
- The DCF shall attempt to “fan out” the patients during distribution by using closest hospitals first, then moving to hospitals further away.
- The DCF shall attempt to distribute Immediate Priority (Red) patients to a Trauma Center (if trauma related).
- Burn patients should be transported to RMC.
- Attempts should be made to keep families together.
- When Possible, send only pediatric patients to Valley Children’s Hospital.

ZONE 1	ZONE 2	ZONE 3	ZONE 4	ZONE 5
Regional Medical Center – TRAUMA CENTER	Regional Medical Center – TRAUMA CENTER	Regional Medical Center – TRAUMA CENTER	Regional Medical Center – TRAUMA CENTER	Kaweah Delta Medical Center – TRAUMA CENTER
Clovis Community	AMC – Hanford	AMC – Hanford	Clovis Community	Sierra View – Porterville
Kaiser Permanente	Kaweah Delta Medical Center	Kaweah Delta Medical Center	Kaiser Permanente	Tulare Regional Medical Center
Madera Community	St Agnes Medical Center	St Agnes Medical Center	Madera Community	AMC – Hanford
St Agnes Medical Center	Tulare Regional Medical Center	Tulare Regional Medical Center	St Agnes Medical Center	AMC – Selma
AMC – Reedley	AMC – Selma	AMC – Selma	AMC – Reedley	AMC – Reedley
AMC – Selma	Coalinga Regional Medical Ctr	Coalinga Regional Medical Ctr	AMC – Selma	
Veterans Hospital			Veterans Hospital	*KERN COUNTY– Delano Regional Medical Ctr
Valley Children’s Hospital	Valley Children’s Hospital	Valley Children’s Hospital	Valley Children’s Hospital	Valley Children’s Hospital
*MERCED – Mercy Med Center				
*MARIPOSA COUNTY – John C Fremont	*KERN COUNTY – Delano Regional Medical Ctr			Regional Medical Center
*MERCED COUNTY – Memorial - Los Banos				St Agnes Medical Center

Trauma Center – Comprehensive or Basic Emergency Department with extensive capabilities
Pediatric Trauma Center – Comprehensive or Basic Emergency Department with extensive capabilities
Basic Emergency Department and with extensive capabilities
Stand-By Emergency Departments - Limited capacity and capabilities

NOTE: The hospitals are listed in no specific order
The DCF should consider the closest hospitals to the incident first.

*Hospitals in Kern, Mariposa and Merced Counties are not on StatusNet and need to be contacted directly.

ATTACHMENT C Patient Distribution Zones

