General Policy and Procedure

Multiple Casualty Protocol

This policy shall serve as a guide for the categorization of incidents involving, or potentially involving multiple patients, notification of hospitals, and distribution of patients during a disaster activation.

Definitions:

Local Incident: Generally, a scene with less than ten (10) injured persons, which is stable with no danger of escalation. This category will generally not activate the pre-hospital disaster plan but will necessitate distribution of patients to more than one hospital.

Disaster: Generally, ten (10) or more injured, or a situation which could likely escalate into a situation where more than ten persons are injured.

Medical Officer: The Medical Officer as designated by the ambulance service will report and work within the Incident Command system. The Medical Officer is primarily responsible for the provision of care in the area of the disaster and responsible for organizing and implementing the incident medical plan, including supervising all on scene medical personnel, triage, patient care, and transportation activities. The Medical Officer will also coordinate surveillance and rehabilitation activities, as well as coordinate medical operations with the Incident Commander.

Procedure:

A. Assessment

1. Assessment of the scene will be performed by the first arriving EMS provider, and by supervisory staff. They will report their findings to the EMS central dispatch center.

2. The disaster plan may be activated either by the first arriving licensed EMS provider, by the EMS supervisor, or by the EMS central dispatch center.

3. EMS units will cooperate with law enforcement and fire agencies regarding ingress and egress to the scene, with particular regard to hazardous materials or other public safety hazards.

4. During activation of the disaster plan, transport of any patient to an area hospital must be coordinated with the MRCC. Contact MRCC through EMS Central Dispatch or call directly at 734-994-4111.

B. Notification and Resource Identification

1. The EMS Central Dispatch Center shall:

   a. Contact the MRCC as soon as possible following the activation of the disaster plan and advise that the disaster plan is being implemented, giving them as many specifics as are available at the time. If possible, this will include:

      1. Disaster situation
      2. Number of victims
      3. Location
      4. Potential for escalation

   b. Notify all ambulances that all related or unrelated transport destinations must be coordinated through the MRCC (or receiving hospital if the unit is unable to directly communicate with the MRCC) until the disaster plan is deactivated. Ambulances should also be instructed to revert to standing orders and give brief incoming reports.
c. Notify the EMS Central Dispatch Center in the other county (i.e. Washtenaw/Livingston) that the disaster plan has been activated.

d. Notify the appropriate county Emergency Management Department as soon as possible when the plan is activated.

2. The MRCC will do the following:

   a. Notify area hospitals through the MEDCOM system or telephone of the disaster and specific information known. Such notification will also be made to pertinent MEDCOM Centers or hospitals outside of the MCA, if appropriate (see Appendix "A").

   b. Remind system hospitals that communications concerning the disaster status should be filtered through the MRCC over the MEDCOM system.

   c. Receive, from area hospitals and adjacent MEDCOM centers, any specific changes and/or updates to their disaster pre-plan or capabilities.

   d. Anticipate contact from Medical Officer regarding patient transports from the scene, and provide direction on appropriate destinations.

   e. Receive reports and provide direction to other ambulances, not involved in the disaster scene, on patient destination.

   f. Notify area hospitals of incoming patients.

   g. Deactivate the disaster plan after consulting with the Medical Officer, as well as system hospitals. It should be noted that the disaster plan may need to be continued for a period of time after the scene is clear, giving time for hospital emergency departments to treat the influx of patients.

   h. Notify ambulance services, if requested by a system hospital, that they are unable to handle additional routine patients, and that the transport protocol as it pertains to their facility has been suspended.

3. The Medical Officer, or his/her designee shall:

   a. Establish communications with MRCC and identify themself as Medical Officer.

   b. Keep the MRCC informed of the latest assessment of the disaster scene.

   c. Communicate with the MRCC to direct departing ambulances on hospital destination.

   d. Advise the MRCC when all patients have left the scene, and discuss deactivation of the disaster plan.

4. The Receiving Hospital shall:

   a. Mobilize its internal resources to optimize its ability to respond to the care of incoming patients.

   b. Maintain a continuous communications link with the MRCC while the disaster plan is activated.

C. Patient Distribution During Plan Activation

1. The Medical Officer or designee at the scene will confer with the MRCC operator and together will determine the destination of ambulances leaving the scene of the disaster. This decision will be based on the condition categorization of the patients, their special needs, and the capability of the potential receiving hospitals. This capability will be expected to change as a hospital receives patients and/or improves staffing.
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2. Ambulances who are not involved in the disaster will contact the MRCC (or receiving hospital if the unit is unable to directly communicate with the MRCC) prior to transport, to determine the appropriate patient transport destination. In the event that a patient is not taken to the facility of their choice, the patient should be informed that they may be re-transferred to a hospital of their choice following the abatement of the disaster.

3. All hospitals will be expected to handle the following patients, as a minimum, during an activation:

- Critical (RED)  
  - 1
- Unstable (YELLOW)  
  - Up to 5
- Stable (GREEN)  
  - Up to 10

For the purpose of receiving patients during a disaster activation, hospitals will be divided into two categories, local and tertiary.

"Tertiary Care" Hospitals will be expected to divide the remaining patients regardless of condition.

The Veterans Administration Hospital in Ann Arbor may be utilized to care for stable (GREEN) patients if other hospitals reach capacity.

See Appendix "A" for a listing of "Local" and "Tertiary" Hospitals in and around the medical alert zone.

4. The MRCC and Medical Officer should consider utilizing medical helicopters for transporting seriously ill or injured patients to more distant hospitals, if the number of patients from the disaster has the potential to overtax local hospitals.

### Debriefing

1. Consideration should be given to holding a debriefing following the plan activation for the purpose of providing a positive critique of the plan and recommending improvements to the medical control board and respective county emergency management agencies.

2. Consideration should also be given to activating the local CISD team following the incident for the benefit of the participants.

### Appendix

Appendix A: Hospital Capability Pre-Plan Map
Appendix B: Communications Flow Chart

See also: Adult Trauma Triage Protocol 1-29
Appendix A
Hospital Capability Pre-Plan Map
*Tertiary Care Hospitals are boxed
Washtenaw/Livingston MCA

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see Excel file titled 1-06d Communications Flow Chart