

EAST REGION EMS/TC COUNCIL
ALL HAZARDS REGIONAL PATIENT CARE PROCEDURE
Mass Casualty Incident (MCI)

- I. STANDARD:** EMS personnel, licensed ambulance and licensed aid services shall respond to a Mass Casualty Incident as identified in this document.
1. All verified ambulance and verified aid services shall respond to an MCI per the county MCI plans.
 2. Licensed ambulance and licensed aid services shall assist during an MCI per county MCI plans when requested by command through dispatch in support of county MCI Plan and/or in support of verified EMS services.
 3. EMS certified first response personnel shall assist during an MCI per county MCI plans when requested by command through dispatch in support of county MCI Plan and /or in support of verified EMS services.
 4. Pre-identified patient mass transportation, EMS staff and equipment to support patient care may be used.
 5. All EMS agencies working during an MCI event shall operate within the National Incident Management System or the Incident Command System (ICS) as identified in the jurisdiction that has authority, protocol and MCI plan.
- II. PURPOSE:**
1. To develop and communicate the information of regional trauma plan section VII prior to an MCI.
 2. To implement county MCI plans during an MCI.
 3. **Severe Burns:** *To provide trauma and burn care to at least 50 severely injured adult and pediatric patients per region.*
 4. To provide safe mass transportation with pre-identified EMS personnel, equipment, and supplies per the approved County Disaster Plan and/or the Hazardous Mitigation Plan.
- III. PROCEDURES:**
1. Incident Commander (IC) shall follow the county MCI Plan to inform medical control and the disaster medical control hospital when an MCI condition exists. (Refer to county specific Department of Emergency Management Disaster Plan.)
 2. Medical Program Directors agree that protocols being used by the responding agency should continue to be used throughout the transport of the patient, whether it is in another county, region or state. This ensures consistent patient care will be provided by personnel trained to use specific meds, equipment, procedures, and/or protocols until delivery at the receiving facility has been completed.
 3. EMS personnel may use the *Prehospital Mass Casualty Incident (MCI) general Algorithm* during the MCI incident (attached).
- IV. QUALITY IMPROVEMENT:**
- The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a county provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

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Post incident after action review is completed within 30 days. It shall be the responsibility of the agency managing the incident to coordinate the review.

V. Definitions

- **CBRNE** - Chemical, Biological, Radiological, Nuclear Explosive
- **County Disaster Plan** –Comprehensive Emergency Management Plan (CEMP)
- **Medical Control:** MPD authority to direct the medical care provided by certified EMS personnel in the prehospital EMS system.

Routing Box

Sample Rec'd from Mike Smith, DOH	5/2/05
Emailed to Josie Breshears	5/2/05
Reviewed PH Committee	5/11/05
Reviewed to RAC	5/17/05
Reviewed by PH	6/8/05
Reviewed by PH	7/13/05
Reviewed by PH	8/2/05
Distributed to Regional Council for Review	8/10/05
Distributed to MPDs for Review	9/23/05
Reviewed by PH	11.9.05
Reviewed by Chairs & Exec	11.9.05
Submitted to DOH for approval	11.9.05
Approved EMS & Trauma Steering Committee	11.16.05

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Mass Casualty Incident (MCI)**

Prehospital Mass Casualty Incident (IC) General Algorithm

Receive dispatch

Respond as directed

Arrive at scene & Establish Incident Command (IC)

Scene Assessment and size-up

Determine if mass casualty conditions exist

Implement county MCI plan

Request additional resources as needed

The dispatch center shall coordinate notification and dispatch of required agencies and resources including notification of the Regional Disaster Control Hospital (RCH). The Spokane Regional Health District (SRHD) shall be notified in events where a public health threat exists.

Identify hazards and determine needs to control or eliminate them. Take immediate action to isolate and deny access (Site Access Control) or mitigate the hazards as necessary to prevent additional injuries. Consider possibility of terrorist attack (WMD, secondary device)

Initiate START

Reaffirm additional resources

Initiate ICS 201 or similar tactical worksheet (See attached)

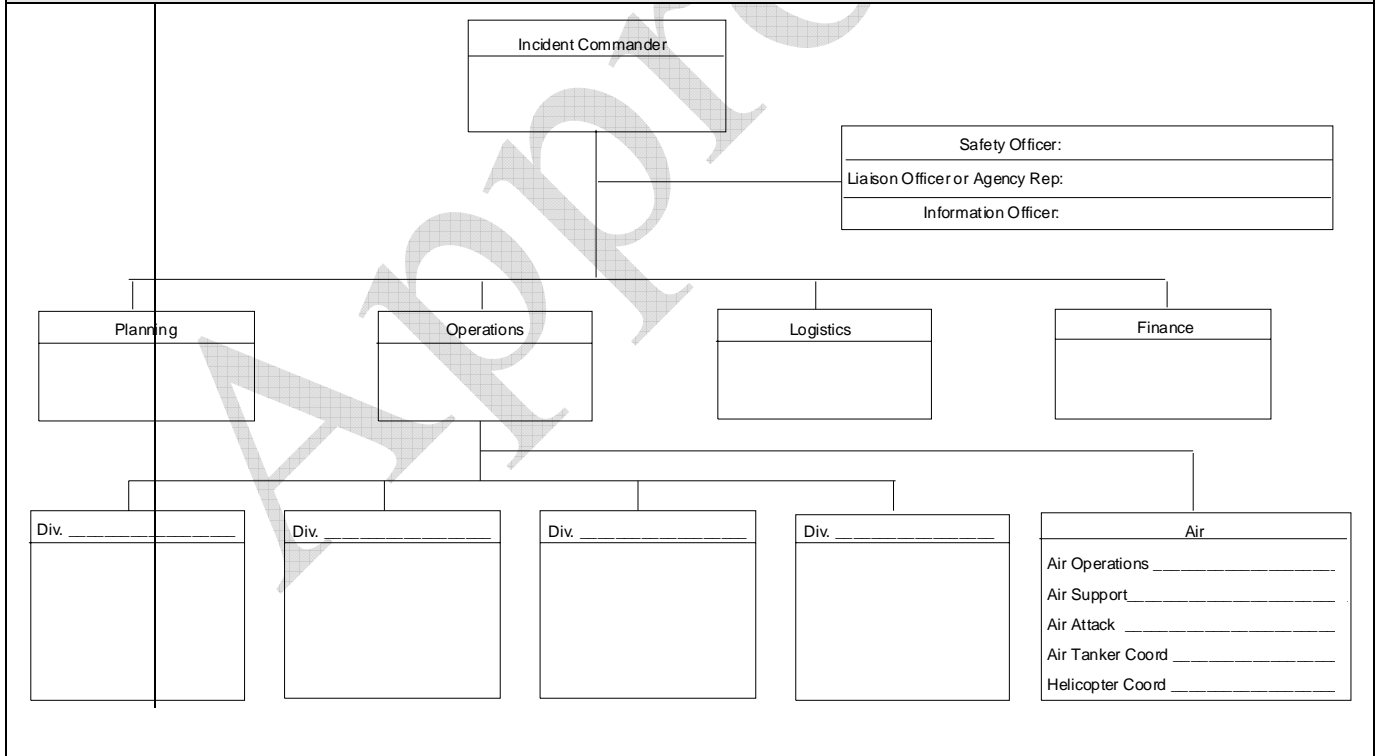
Upon arrival at Medical Center, transfer care of patients to medical centers staff (medical center should activate their respective MCI Plan as necessary).

Prepare transport vehicle to return to service

INCIDENT BRIEFING	1. Incident Name	2. Date	3. Time
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4. Map Sketch

5. Current Organization



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