



MCI HOSPITAL GUIDELINES

Introduction

The functions of Base and Receiving Hospitals are affected by Multi-Casualty Incidents. The following guidelines have been devised to assist base and receiving hospitals to bolster their respective preparedness and response capability when an MCI occurs.

Prior to MCI

Both Coordinating (Jurisdictional) Base Hospitals and all receiving hospitals are expected to maintain their personnel's awareness of their roles in Coastal Valleys EMS Region's MCI Plan as well as the interface with internal hospital disaster plans.

MCI Plan Activation

Upon receipt of a MCI Plan activation notice from the first-in ambulance or ALS first responder, the jurisdictional Base Hospital (base hospital in whose jurisdiction the potential MCI has occurred) will need to do the following:

MCI Plan Activation-Base Hospital

After receiving notification from either the EMS dispatcher or on scene responder, the jurisdictional Base Hospital needs to:

- Establish contact with potential receiving hospitals, per resource guide. **(Note: Every facility on the matrix does not have to be contacted, stop at the point you have matched patient count with hospital receiving capability for reported triage categories).**
- Collect information regarding receiving hospitals' capability to treat patients of various triage categories and resources needed, if any.
- Maintain contact with **Medical Communications Coordinator** at incident scene to provide hospital availability information and specialty care receiving capability and to assist, if requested by Medical Communications, with patient destination determination.
- Maintain a log of number of casualties, including their disposition and destination.

MCI Plan Activation- Receiving Hospitals

Upon Plan activation, receiving hospitals will provide the following information when contacted by the jurisdictional Base Hospital:

- Supply shortages that affect treatment capability.
- Personnel shortages that affect treatment capability.
- Changes in ability to receive and care for emergency cases
- Changes in ability to receive severely injured that exceeds capacity of surgical suites or hospitalization as in-patients.
- Any problems that may or may not be related to medical and health functions that could hamper hospital functions.

Receiving hospitals will maintain a log of casualties received and their disposition. Be prepared to advise Jurisdictional Base Hospital of same when contacted.



MCI HOSPITAL GUIDELINES CONTINUED

Deactivation Procedures- Jurisdictional Base Hospital

After all the casualties have been transported, the event is finished. The Jurisdictional Base Hospital will be notified by the Medical Communication Coordinator/designee. After notification of deactivation, the Jurisdictional Base Hospital needs to contact and poll receiving hospitals for the following information:

- Number of casualties treated & corresponding injuries
- Number hospitalized, type of injuries, condition
- Number discharged to home or other facilities
- Number deceased

In addition to the above information, the Base Hospital will also need the following information for **each casualty**:

- Name or physical description
- START tag identification #
- Address, if available
- Sex
- Age
- Seriousness of injury

Lastly, Jurisdictional Base Hospital needs to ensure that receiving hospitals that did not receive casualties are notified of MCI Plan deactivation (incident completion).

• Deactivation Procedures- Receiving Hospitals

After acknowledging MCI Plan deactivation, receiving hospitals that received casualties need to:

- Complete casualty treatment log.
- Include the casualty history components listed above in the base hospital deactivation section.
- Base hospital will contact receiving hospitals to complete casualty tracking and status information.
- Fax copy of log sheets to Incident Commander and jurisdictional base hospital