



People You Know.
Extraordinary Care.

POLICY:	200.26 MASS CASUALTY INCIDENT-DISASTER		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS		
EFFECTIVE DATE: 2/16/2024			ORIGINAL EFFECTIVE DATE: 08/16
DEPARTMENT SPECIFIC		EMERGENCY MEDICAL SERVICES	

I. PURPOSE:

To present an organized system of Emergency Medical Care at the Scene of a Mass Casualty Incident/Disaster (MCI) by the Morris Hospital EMS System personnel.

II. DEFINIION:

A. A mass casualty incident (MCI) exists when the:

1. Number of patients and the nature of their injuries make the normal level of stabilization and care unachievable; and/or
2. Resources that can be brought to the field within primary and secondary response times are insufficient to manage the scene under normal operating procedures; and/or
3. Stabilization capabilities of area hospitals are insufficient to handle all the patients.

The objective of the personnel is to provide the best care for the most casualties in the event of an MCI.

III. PROCEDURE:

A. First Emergency Medical Services (EMS) unit on scene establishes temporary scene command:

1. Oversee scene safety.
2. Determine the location and number of victims and any special hazards.
3. Triage functions shall be assigned to qualified EMS personnel.
4. The most senior member assumes responsibility of field to Medical Control Liaison.

B. Scene command/joint decisions with Medical Control:

1. Incidents involving more than six casualties require contact with Morris Hospital Medical Control either by Incident Command or assigned Medical Control Liaison.
2. Call Morris Hospital Medical Control from scene. Initial communication shall include:
 - a. Relay incident location; nature of incident; number of victims; general acuity; age groups; special needs; and estimated time of arrival (ETA).
 - b. Maintain communications with hospital once established.
 - c. Keep line open for updates.
 - d. Continuous communication shall include:
 - Changes in number of victims and classification of victims.
 - Notification of last casualty transport shall constitute closing communication.
3. Morris Hospital Medical Control shall assess receiving hospital status and relay receiving availability to scene.
4. Transportation officer should determine hospital destinations based on time of day, hospital resources available, and patient acuity.
 - a. Make all attempts to evenly distribute remaining patients to area hospitals – do not overburden one facility.
 - b. This may mean transports of longer than 25 minutes depending on patient volume.

- c. Preferable, but not necessary, to keep families together.
 - d. Trauma triage criteria to Level I and Level II Trauma Centers no longer apply.
- C. Assign the following functions in accordance with the currently adopted Incident Command System (ICS)/Incident Management System under the direction of the National Incident Management System (NIMS):
- 1. Triage/Coordination
 - a. Coordinate with appropriate units established within the ICS
 - b. Triage and prioritize casualties
 - c. Report any inadequacies in staffing and supplies to incident command
 - d. Further expand the ICS as dictated by the incident
 - 2. Treatment/Coordination
 - a. Coordinate with appropriate units established within the ICS
 - b. Establish treatment area and conduct appropriate treatment
 - c. Report any inadequacies in staffing and supplies to incident command
 - d. Further expand the ICS as dictated by the incident
 - 3. Transportation/Coordination
 - a. Coordinate with appropriate units established within the ICS
 - b. Establish transportation area and execute transportation
 - c. Report any inadequacies in staffing and supplies to incident command
 - d. Further expand the ICS as dictated by the incident
 - 4. Staging/Coordination
 - a. Coordinate with appropriate units established within the ICS
 - b. Establish staging area for equipment and personnel
 - c. Report any inadequacies in staffing and supplies to incident command
 - d. Further expand the ICS as dictated by the incident
- D. Depending on the nature and magnitude of an incident, the EMS Medical Director or State Medical Director may suspend all EMS operations as usual and direct that all care be conducted by SOP and/or using personnel and resources as available.

Approval:

James Kirchner **Date**
Vice President of Professional Services

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Manager of EMS & Emergency Management