

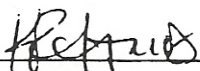
Subject: Administration - Communications
MCI Communications Plan

Associated Policies: 2508, 5322

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures
- II. Purpose
To define the North Coast EMS communication plan for use in Multiple Casualty Incidents.
- III. Procedure
At the scene of any medical incident where the incident overtaxes or encumbers resources, prehospital care personnel may choose, or may be requested to, activate the Multiple-Casualty Incident Radio Protocol (MCI Radio Protocol).
- IV. Policy
 - A. When, upon a brief initial scene assessment, the first arriving prehospital care personnel considers a potential need to operate under MCI protocol, the ALS provider should inform his/her base hospital or alternate base hospital of his/her decision to operate under MCI Radio Protocol. (Any mechanism of injury or other observation that suggest the possibility that three or more patients are significantly injured is sufficient cause for initiating MCI protocol.) Upon subsequent assessment, the ALS provider may later reverse this decision.
 - B. When the decision to operate under MCI protocol has been made, and the indicated base hospital or alternate base hospital has been advised, the following procedures shall be followed:
 - 1. The first arriving ALS provider will be designated the medical communications unit. The first arriving ALS provider may opt to transfer authority for medical scene management to a later arriving field provider of equal or higher medical qualification. The provider responsible for medical scene management should be the last provider to leave the scene.
 - 2. The communication unit will be the only ALS provider to communicate with the base hospital or alternate base hospital from the scene. Clear text is the recommended language for all communications.
 - 3. The base hospital or alternate base hospital will coordinate by telephone with receiving hospitals, and in turn, coordinate with the medical communications unit for patient destinations.
 - 4. The medical communications unit will advise the base hospital or alternate base hospital of the number and triage category of

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- patients with other essential information such that patients can be routed to the facility or facilities which can provide the most appropriate care. Detailed reports should be avoided.
5. The base hospital or the alternate base hospital should consider routing less critical patients to further destinations but should not overwhelm any one location with multiple patients regardless of injuries.
 6. Transporting ambulances should maintain radio silence with the receiving hospital, unless the patient deteriorates, necessitating an update to the hospital. This update also should be kept brief to keep radio traffic at a minimum.
 7. All ALS procedures shall be instituted as indicated in the Standing Orders Policy.
 8. The Medical Group Supervisor shall complete one detailed report for the entire incident.
 9. Prehospital Care Reports (PCR's) will be completed for each patient by the attending EMT or Paramedic.

Approved: 

Approved as to Form: 