



Standard Guide for Planning for and Response to a Multiple Casualty Incident¹

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1. Scope

1.1 This guide covers the planning, needs assessment, training, integration, coordination, mutual aid, implementation, provision of resources, and evaluation of the response of a local emergency medical service (EMS) organization or agency to a multiple patient producing situation that may or may not involve property loss. This guide is limited to the pre-hospital response and mitigation of an incident up to and including the disposition of patients from the incident scene.

1.2 This guide addresses the background on planning, scope, structure, application, federal, state, local, voluntary, and nongovernmental resources and planning efforts involved in developing, implementing, and evaluating an EMS annex, or component, to the local jurisdiction's emergency operations plan (EOP) as defined in the Federal Emergency Management Agency (FEMA) publication, Civil Preparedness Guide (CPG) 1–8.²

1.3 *This standard does not purport to address the safety concerns associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 ASTM Standards:

F 1149 Practice for Qualifications, Responsibilities, and Authority of Individuals and Institutions Providing Medical Direction of Emergency Medical Services³

3. Terminology

3.1 Definitions of Terms Specific to This Standard:

3.1.1 *command post*—the physical location from which incident command exercises direction over the entire incident.

3.1.2 *disaster*—a sudden calamity, with or without casualties, so defined by local, county, or state guidelines.

3.1.2.1 *medical disaster*—a type of significant medical incident which exceeds, or overwhelms, or both, the capability of local resources and of routinely available regional or multi-jurisdictional medical mutual aid, and for which extraordinary medical aid from state or federal resources is very likely required for further diagnosis and treatment.

3.1.3 *EMS control/medical group supervision*—the first emergency medical services response at the incident scene, or designated by the local response plan or incident command to be responsible for the overall management of the incident's EMS operation.

3.1.4 *extrication management*—the function of supervising personnel who remove entrapped victims.

3.1.5 *fatality management*—the function designated by existing plans, or the EMS control/medical group supervisor, to organize, coordinate, manage, and direct morgue services.

3.1.6 *incident commander*—the individual responsible for the overall on-site management and coordination of personnel and resources involved in the incident.

3.1.7 *logistics resources management*—the function responsible for acquiring personnel, equipment (including vehicles), facilities, supplies, and services as requested by the incident commander.

3.1.8 *medical communications management*—the function designated by the incident commander or EMS control/medical group supervisor to establish, maintain, and coordinate effective communication between on-site and off-site medical personnel and facilities.

3.1.9 *medical supplies management*—the function designated by the incident commander to manage equipment and report to EMS control/medical group supervisor.

3.1.10 *mental health coordinator*—a qualified mental health professional responsible for coordinating the psychosocial assessments and interventions for responders, affected individuals, and groups.

3.1.11 *multiple casualty incident (MCI)*—a type of significant medical incident that may fall into the following categories:

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² Available from FEMA, 500 C St., SW, Washington, DC 20472.

³ *Annual Book of ASTM Standards*, Vol 13.02.