

ANNEX D of the

SAN LUIS OBISPO COUNTY

EMERGENCY OPERATIONS PLAN

MULTI-CASUALTY INCIDENT OPERATIONS PLAN

JUNE 2001

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GENERAL AUTHORITIES

California Emergency Services Act (California Government Code, Title 2, Division 1, Chap. 7)

County of San Luis Obispo Emergency Services Ordinance, San Luis Obispo County Code, Chapter 2.80

San Luis Obispo County Emergency Operations Plan

REFERENCES

California Emergency Medical Services Authority Multi-Causality Incident Guidelines

San Luis Obispo County Emergency Operations Plan

FIRESCOPE Field Operations Guide - ICS 420-1

DEFINITIONS

DOC	Department Operations Center.
Emergency Operations	Those actions taken during the emergency period to protect life and property, care for the people affected, and temporarily restore essential community services.
Emergency Operations Center	A centralized location from which emergency operations can be directed and coordinated.
Field Treatment Site	Site designated by county officials for the congregation, triage, austere medical treatment, holding, and evacuation of casualties following an emergency.
Medical Emergency	A condition or situation in which an individual has a need for immediate medical attention or where the potential for need is perceived by emergency or prehospital personnel, or the patient.
Multi-Casualty	As used in this plan, an incident which involves a sufficient number of injured persons to overwhelm the first responding medical resources or receiving hospitals and/or involves evacuation of a medical facility (hospital, convalescent home, etc.) and/or is a significant medical hazard to a large population, natural disaster, etc.

Incident Commander The highest ranking representative (or designee) of the public safety agency statutorily or contractually responsible for overall incident/scene management.

Operational Area An Operational Area is made up of all local governments within the geographical boundaries of a county.

Prehospital Personnel First responders, EMT-Is and paramedics who respond to medical emergencies.

ACRONYMS

EMSA Emergency Medical Services Agency (County) or Emergency Medical Services Authority (State)

MCI Multi-Casualty Incident

Med-Com Communications and coordination center which dispatches and coordinates coverage and responses of transporting medical units. This function is performed by the Sheriff's Department and is located with the Sheriff's PSAP.

MHOAC Medical Health Operational Area Coordinator

PSAP Public Safety Answering Point

1. INTRODUCTION

This plan/operations guideline describes the basic concepts and procedures for the management of a multi-casualty incident through coordination of resources from multiple agencies and jurisdictions throughout the San Luis Obispo County Operational Area. A multi-casualty incident is an event(s) involving a sufficient number of injured persons to overwhelm the first responder medical resources.

The San Luis Obispo County Sheriff's Department serves as the 24-hour coordination and communications conduit for dispatch, movement, and maintaining the status of ambulance providers throughout the Operational Area. Requests for emergency medical services resulting in the need for an ambulance are made through the Med-Com function at the Sheriff's Department. Med-Com dispatches the nearest available ambulance and notifies the appropriate fire agency PSAP/communications center (unless the communications center is the reporting party).

The day-to-day standard procedures for providing emergency medical services within the Operational Area are well understood by all providers. During multi-casualty incidents these standard procedures will be followed with minimum modifications. To summarize this plan, during multi-casualty incidents emergency medical service providers will prioritize injuries through existing triage principals in place, as determined by the County EMSA and the County Health Officer.

Operational guidance for field responders and those coordinating response efforts can be found in the Multi-Casualty chapter of the Firescope California Field Operations Guide (FOG), ICS 420-1. Each responder should be aware of the FOG and copies shall be made available in emergency response vehicles.

2. PURPOSE AND GOAL

This multi-casualty incident (MCI) Plan has been developed to provide an organized emergency medical response to an incident or incidents that involve numerous victims.

The goals of this plan are to organize and implement a countywide system EMS plan of action to manage multi-casualty incidents; provide the greatest medical good for the greatest number of patients; give early notification to area hospitals so they can assess and prepare their casualty care capabilities; early triage and separation of specific patient problems to ensure their distribution to the most appropriate hospital; avoid patient overload at any one hospital; ensure all EMS agencies follow the same multi-casualty incident plan of action.

This plan contains the basic concepts, guidelines, and policies for MCI response.

2.1. SCOPE

The concepts and procedures outlined in this plan should be utilized in the event of a mass casualty, hazardous material, or other incident which will negatively impact the day-to-day operations and delivery of the San Luis Obispo County EMS system.

2.2 OBJECTIVES

The objectives of this plan include:

- Establish an administrative structure for the management and coordination of emergency response to a multiple-casualty incident.
- Establish notification guidelines for hospitals, public safety, and related agencies.
- To establish an efficient and effective emergency medical response to meet the needs of the injured.
- To establish methods of care and transport that will optimize the chances for survival for the greatest possible number of injured.

3. AGENCY SPECIFIC RESPONSIBILITIES

3.1 County Emergency Medical Communications

Emergency medical services field providers communications coordination is handled by Med-Com, a function within the Sheriff's Department PSAP. Med-Com tracks and responds ambulances throughout the Operational Area. Med-Com also dispatches medical calls for the South Bay Fire District and advises County Fire of emergency medical calls throughout the unincorporated area.

A primary day-to-day role of Med-Com is to respond ambulances to emergency calls for service and related assignments and to coordinate strategic coverage of the county by re-positioning ambulances as necessary.

During a Multi-Casualty incident, Med-Com will be involved not only with the initial dispatching of ambulances, but will also be the coordinating communications entity between the incident command agency and County EMSA and/or the County EOC. Requests from the incident commander or EMSA for resources such as mutual aid ambulances will be routed through Med-Com. Initially, Med-Com may need to be relied upon to coordinate between hospitals and personnel at the scene of the incident.

3.2 County Health Agency

The County Health Agency has the ultimate responsibility for assuring the disaster medical response readiness for prehospital healthcare providers.

3.3 County Emergency Medical Services Agency

The EMSA is responsible for the operational response and readiness preparation of all County medical and prehospital facilities. To achieve this goal, the County Health Agency director has designated the EMSA Executive Director as the Medical Health Operational Area Coordinator (MHOAC). The MHOAC is the local coordinator who reports to the State-designated Regional Disaster Medical Health Coordinator (RDMHC). The RDMHC is the contact point for requesting all medical and health mutual aid requests and information reporting. Local jurisdiction Incident Commanders or medical personnel who request medical mutual aid shall direct their request through Med-Com. Med-Com can then contact the MHOAC to place the request. If the MHOAC cannot be reached by Med-Com, Med-Com may contact County OES to place the request or contact the RDMHC directly to place the request.

The RDMHC will then fill the request through the existing system.

During large-scale MCIs and other disasters, the MHOAC will staff the County Emergency Operations Center. In smaller incidents EMSA staff may respond directly to the incident site.

3.4 Ground Ambulance Providers

Ambulances are dispatched by Med-Com at the request of Incident Commanders or other designated personnel. Ambulance personnel shall integrate into the Incident Command System as directed by the IC or MHOAC.

3.5 Fire Department of Jurisdiction

Fire agencies have responsibility for fire response and life safety/rescue within a particular department's jurisdiction. This often encompasses a wide spectrum of abilities and responsibilities depending on the individual jurisdiction. In most cases the fire department will often be the initial first responders to arrive at an MCI. They can provide triage management skills, emergency medical aid and treatment, incident command and communications, as well as other services associated with their normal responsibilities.

Incident command responsibilities are primarily a function of incident location and type (such as fire/rescue incident verses law enforcement incident). Where appropriate, the fire department should assume incident command positions within the system during Multi-Causality incidents.

3.6 California Highway Patrol (CHP)

The CHP is the Incident Commander for an MCI which occurs on a highway or highway right-of-way within their jurisdiction. In addition to IC duties, the CHP also oversees traffic control, traffic routing, and traffic safety, as well as public information functions. The CHP's Incident Command authority and duty is per state law, given that they are the primary investigative authority on highways and other unincorporated roadways.

3.7 County Office of Emergency Services

The role of the County Office of Emergency Services related to Multi-Casualty incidents is to coordinate planning and response activities not directly related to emergency medical care, law enforcement, fire suppression, or rescue. County OES roles may include emergency public information, coordinating a centralized process for resource requests, situation status information, liaison between field operations and local government policy makers, and Emergency Operations Center management.

3.8 County Coroner

The coroner is the lead authority for the handling and transport of deceased persons under any circumstances, including accidental deaths.

3.9 U.S. Department of Defense; U.S. Department of Energy; and Other Federal Agencies

The U.S. Department of Defense and Department of Energy retain control over all of their vessels and facilities. Any emergency medical incident involving DOD or DOE facilities or vessels falls under the jurisdiction of those agencies. While local EMS may respond, IC authority would remain with the federal agency. This situation may also occur with certain other federal agencies depending on jurisdictional issues. For example, while local agencies respond to emergencies on the ocean and other waterways, incident command authority for those areas may rest with the U.S. Coast Guard.

4. CONCEPT OF OPERATIONS

Should any of the below criteria be met, the first agency on scene (public or private provider) shall notify their dispatch that a multi-casualty incident is being declared. From that point on the multi-casualty incident plan of action will be followed.

4.1 Implementation of this plan should be considered anytime an incident within the County of San Luis Obispo involves one of the following criteria. The following are general guidelines only and the decision to implement this plan or determining when to actually implement this plan rests with the Incident Commander.

- Involves a sufficient number of injured persons to overwhelm the first responding medical resources or receiving hospitals and/or;
- Involves evacuation of a medical facility (hospital, convalescent home, etc.) and/or;
- Is a significant medical hazard to a large population, natural disasters, etc).

4.2 Incident Command/Unified Ordering Point

Once an MCI is in effect, a single unified ordering point for additional resources needs to be established. This is necessary to minimize duplicate resource requests and confused ordering. The single unified ordering point should be coordinated with the IC.

4.3 Allocation of Patients to Hospitals

During an MCI, an operational issue that should be considered is to allocate patients to more than one hospital. While this may not be practical in some cases, in other cases transporting MCI patients to more than one hospital may help ensure a single hospital's emergency department is not overwhelmed. Overwhelming one hospital could result in delayed treatment, while allocating patients to various hospitals may help patients receive care in a more timely manner.

Allocation of patients to more than one hospital should especially be considered when there would be no more than a 15 minute travel time delay from the nearest facility. However, in some cases it may be necessary to allocate patients even with longer transport times.

The allocation of patients is an issue that can be partially addressed through coordination communications between the IC, Med-Com, and with hospitals, as is done on a day-to-day basis.

5. INITIAL NOTIFICATION

To dispatch the appropriate emergency medical resources, the first public safety or EMS unit to arrive at the scene should provide Med-Com, through routine channels, with the following "**REPORT OF CONDITIONS**" of the situation, including, but not limited to:

- Notification that a multi-casualty incident is being declared;
- Confirmation on the type and nature of the incident;
- Initial estimate on the number of injured and extent of injuries;
- Initial needed additional resources;
- Any special reporting instructions such as access or staging location.

6. IMPLEMENTATION OF THE PLAN

Upon implementation of this plan the following procedures shall be followed to assure a complete and coordinated response of emergency resources.

6.1 COMMUNICATIONS

6.1.1 ALERT AND NOTIFICATION

Alert and notification of EMS resources and key personnel is the responsibility of Med-Com. The notification process will include taking the following actions, which are also listed in the annex checklists for Med-Com:

- Broadcast to all units and others on the frequency to refrain from all but emergency traffic
- Notify hospitals
- Notify CDF/County Fire (as countywide/Operational Area fire mutual aid coordinator)
- Notify the EMSA (as countywide/Medical Health Operational Area Coordinator)
- Notify jurisdictional PSAP/communications center of MCI activation
- Consider notifying County Health Officer

6.1.1.1 Priority Communications

During a Multiple Casualty incident radio traffic over the Med-Com system could become overwhelming making effective tracking of communications difficult. When this happens there is the possibility that information may not be relayed to EMS units in a timely manner. This delay or loss of information could place patients or EMS crews lives in danger.

A majority of the communications over the Med-Com system can be temporarily eliminated without affecting the care of patients. When Med-Com determines that a secure radio system is needed to properly handle the high volume of radio traffic, an announcement should be made over the affected frequency that only emergency traffic should be broadcast until further notice. This includes limiting radio traffic to essential communications only with base stations/hospitals.

From this point on all communications will be suspended unless field units are directly contacted by Med-Com or involved in the same or similar emergency. Med-Com will cancel the “emergency traffic only” restriction as soon as possible.

On-scene radio traffic should use specific radio channels as assigned for the incident (such as Med-Com medical channels 3 and 4).

Activation and termination of emergency traffic restrictions shall be done on all Med-Com channels to assure receipt of message by all users.

6.1.1.2 Notification of CDF/County Fire, hospitals, EMSA, and the CHP.

In addition to ambulances and other medic units, support equipment with personnel and Advanced and Basic Life Support supply inventories will probably be needed at the scene of an MCI. Hospitals will need notification of the incident in order to prepare for a higher than average number of patients arriving nearly simultaneously. Emergency response vehicles, public safety personnel responding in private vehicles, media, and possibly family member response to the incident(s) site(s) may result in traffic and scene access difficulties, as well as traffic flow in surrounding areas. People in the area may be placing 9-1-1 calls for various reasons both before and after public safety units are on-scene. As a result, the Operational Area Fire and Rescue Coordinator (County Fire) should be notified of the incident, as well as all hospitals, and the CHP San Luis Obispo Communications Center.

Checklists for Med-Com to use as a guideline for making the notifications can be found in Attachment 1.1 of this document.

6.2. Communications and Liaison

Once an MCI occurs, one entity should act as a liaison to coordinate Med-Com or alternate frequency traffic related to the incident in order to maintain effective communication between the on-scene managers and the off-scene support. This liaison position, which by default remains with Med-Com until relieved by a field responder, EMSA or other authorized representative, is responsible for:

- Obtaining a patient count and specific injuries from the Medical Group Supervisor on scene
- Tracking and passing this information on to the hospitals to determine their ability to receive and effectively treat specific conditions
- Relay hospital availability to the on-scene Medical Group Supervisor so that he/she can assign destinations to the ambulances
- Track and document the units and their destinations
- Continue to monitor the incident radio frequency for safety, scene changes and distribute information accordingly

7. INCIDENT EMERGENCY RESPONSE MANAGEMENT

The Incident Command System (ICS) will be the emergency management system used for an MCI, since it is used for other emergencies throughout the county and the state. Responders should use the information, guidance, and checklists contained in the Firescope California Field Operations Guide (FOG), ICS 420-1 (particularly the multi-casualty chapter). The information in this section provides an overview. ICS FOGs should be referred to and used for field operations.

The Incident Commander who will handle command responsibilities manages initial response resources. The first arriving resource with appropriate medical and communications capability should establish communications with Med-Com in order to provide information as referenced in the previous section (Communication and Liaison). This first arriving medical resource should become the Medical Group Supervisor at scene.

ICS multi-casualty positions can be expanded and staffed as needed. All response personnel should have ICS training and at least an overall awareness of that emergency management system to the degree they can function effectively during an MCI.

7.1 ICS Multi-Casualty Branch

The follow information is an overview of documentation and checklists included in the Firescope California Field Operations Guide (FOG) ICS 420-1. A copy of the current edition FOG shall be carried in emergency response vehicles.

The ICS Multi-Casualty Branch is designed to provide the Incident Commander with a basic expandable system for handling any number of patients in a multi-casualty incident.

One or more additional Medical Group/Divisions may be established under the Multi-Casualty Branch Director, if geographical or incident conditions warrant. The degree of implementation will depend upon the complexity of the incident. The following section lists some of the concepts involved.

7.1.1 Concept of Modular Development

A series of examples of modular development are included in the FOG, which illustrate one possible method of expanding the incident organization.

Initial Response*

The Incident Commander manages initial response resources. The first arriving resource with the appropriate communications capability should establish communications with Med-Com and/or the appropriate base hospital. Other first arriving resources would become triage personnel.

Reinforced Response Organization*

At this level of response, in addition to the initial response, the Incident Commander designates a Triage Unit Leader, a Treatment Unit Leader, Treatment Teams and a Ground Ambulance Coordinator.

Multi-Leader Response Organization*

At this level of response, the Incident Commander establishes an Operations Section Chief who has, in turn, established a Medical Supply Coordinator, a Manager for each treatment category and a Patient Transportation Group Supervisor. The Patient Transportation Group Supervisor is needed in order for the Operations Section Chief to maintain a manageable span of control, based on the assumption that other operations are concurrently happening in the Operations Section.

Multi-Group Response*

All positions within the Medical Group and Patient Transportation Group are now filled. Air Operations Branch is shown to illustrate the coordination between the Air Ambulance Coordinator and the Air Operations Branch. An Extrication Group is freeing trapped victims.

Complete Incident Organization*

The complete incident organization shows the Multi-Casualty Branch and other Branches with which there might be interaction. The Multi-Casualty Branch now has three (3) Medical Divisions (geographically separate).

*See organization chart in the Multi-Casualty chapter of the FOG

8. SCENE MANAGEMENT

Overall scene management will be accomplished using ICS, as described in the preceding pages. Included and/or compatible with the concept of ICS are specific scene management tools that should be used on MCIs. These include the Simple Triage and Rapid Treatment (START) system, the use of common triage tags, following ICS staging area guidelines, working under coroner guidelines for mortality management, and following standard hazardous material procedures for contaminated patients.

8.1 S.T.A.R.T System

During a multi-casualty incident, initial triage should be accomplished using the START system if possible and when necessary.

8.1.1 Triage Tags and Tracking

One common design triage tag should be used throughout San Luis Obispo County. The triage tag used in San Luis Obispo County is the type that has been adopted by the California Fire Chief's Association. This tag includes the tear off corners with individual numbers that can be used for tracking patients.

8.2 Staging Areas

An area to stage incoming resources may be needed in order to maintain on-scene coordination of response equipment and personnel. An Incident Commander or Operations Section Chief may establish a staging area and, if needed, a staging area manager. Resources may be staged in order to prioritize and maximize the use of incoming equipment. A staging area may also be needed in the case of criminal activity at a scene that must be secured by law enforcement before EMS personnel can safely approach. The Firescope Field Operations Guide, ICS 420-1, contains basic staging area manager duties.

8.3 Hospital Resource Availability/Allocation of Patients

As indicated in Section 4.3 of this document, during an MCI, an operational issue that should be considered is to allocate patients to more than one hospital.

The use of ICS Form ICS-MC-308, Hospital Resource Availability, or a similar tracking process, may assist with monitoring hospital availability to accept patients.

8.4 Mortality Management

Mortality management within the County of San Luis Obispo falls under the authority of the Sheriff-Coroner Department. All mortality operations should follow instructions and operational guidelines provided by that agency. If the Sheriff's Department has not responded to an incident involving fatalities, request their response through the Incident Commander. Note: all San Luis Obispo County Deputy Sheriff's are also Deputy Coroners.

8.5 Documentation

As with regular responses on a day-to-day basis, accurate and timely documentation of actions taken during an MCI should be kept and retained. Included with overall documentation, accurate and timely documentation of resource orders is strongly encouraged.

SAN LUIS OBISPO COUNTY
MULTI-CAUSALITY INCIDENT OPERATIONS GUIDELINES

ATTACHMENT 1 - CHECKLISTS

- 1.1 Med-Com Notification Checklist
- 1.2 Sheriff's Department Watch Commander Checklist

ATTACHMENT 2 - Incident Command System Multi-Casualty Worksheets

- 2.1 Multi-Casualty Branch Worksheet (Form ICS-MC-305)
- 2.2 Multi-Casualty Recorder Worksheet (Form ICS-MC-306)
- 2.3 Multi-Casualty Hospital Resource Availability (Form ICS-MC-308)
- 2.4 Multi-Casualty Ambulance Resource Status (Form ICS-MC-310)

SEPARATE DOCUMENTS

ICS 420-1: Firescope California Field Operations Guide

Standardized Emergency Management System Introductory Course

ATTACHMENT 1.1

INITIAL MCI NOTIFICATION INFO AND CHECKLIST FOR MED-COM

Note: By definition, a Multi-Casualty incident is one which involves a sufficient number of injured persons to overwhelm the first responding medical resources or an incident with is a significant medical hazard to a large population (natural disaster, haz mat, etc) or involves evacuation of a medical facility (hospital, convalescent home, etc).

Upon notification by a public safety unit of an MCI, or if reporting party information makes it obvious and MCI has occurred, the following may be helpful for use while notifying other agencies.

Broadcast to all units and others on the frequency to refrain from all but emergency traffic.

- Notify CDF/County Fire (as Countywide/Operational Area fire mutual aid coordinator)
- Notify hospitals
- Notify EMS Agency
- Notify jurisdictional PSAP/communications center of MCI activation

Entity to Notify	Confirm notification/time/notes
Watch Commander	
CDF/County Fire (as Operational Area fire mutual aid coordinator)	
Units on Med-Com channels- Advise to refrain from all but emergency traffic or MCI incident traffic	
Notify jurisdictional PSAP/communications center	
Potentially Affected Hospitals	
EMS Agency (as Medical/Health Operational Area Coordinator)	

ATTACHMENT 1.2

**SHERIFF'S DEPARTMENT WATCH COMMANDER
MCI NOTIFICATION LIST**

AGENCY TO NOTIFY	NOTIFICATION METHOD	TIME NOTIFIED
EMSA director or alternate	Standard Notification Methods	
CHP if on highway or in unincorporated area, unless Med-Com has been/is already communicating with CHP		
County OES (Only if special assistance is requested or needed, such as if the County EOC will need to be staffed for coordination)		

ATTACHMENT 2.3

**MULTI-CASUALTY
HOSPITAL RESOURCE AVAILABILITY**

HOSPITAL		CRITICAL	NON-CRITICAL
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		

A=AVAILABLE U=USED

ICS-MC-308 (12/89)

