

**HEMS**  
**SPECIAL OPERATIONS**  
MULTIPLE PATIENT INCIDENTS – QUICK GUIDE

Date: June 2010, October 2021  
Last Revised: 2/8/2024

Section: 10-6(S)

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## **6-41 Multiple Patient Incidents**

Local Incident – 5-10 patients  
Minor Emergency – 11-25 patients  
Major Emergency – 26 + patients

<p><b>DISTRIBUTE PATIENTS APPROPRIATELY. DO NOT OVERLOAD INDIVIDUAL EDs WITH PATIENTS FROM A SINGLE INCIDENT.</b></p>
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### **Procedures**

Consistent with local plans, and EMS unit arriving at the scene of a multiple patient incident should proceed according to the following guidelines:

1. First unit arriving assess scene and establish command post.
2. Notify HEMS immediately. Be prepared to give the following information:
  - A. Nature of incident.
  - B. Exact location of incident.
  - C. Approximate number of patients.
  - D. Unit identification and location of Command Post and identity of the Medical Command Officer.
  - E. Request for additional resources.
  - F. Exact location of staging area for additional arriving units and personnel.  
**ALL ADDITIONAL RESPONDING UNITS AND PERSONNEL ARE TO REPORT TO THE STAGING AREA AND PROCEED FROM THERE ONLY AS DIRECTED BY THE COMMAND POST.**
  - G. Special factors (i.e. radiation or chemical hazard).
  - H. Hospitals which will probably receive patients from the incident.
3. HEMS will:
  - A. Assign a talk group/channel for communication with the Command Post.
  - B. Contact area hospitals (including trauma/burn centers) to access capacity to receive patients.
  - C. Contact private ambulance services to obtain additional units as requested by Command Post.
  - D. Notify surrounding hospitals and medical communications centers of the incident.
4. Incident Command should, as needed, assign the following to duties as defined in protocol:
  - A. Triage Officer
  - B. Transportation Officer

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- C. Communication Officer
  - D. Staging Officer
  - 5. If the scene is unsafe, patients should be removed to a safer area for triage and treatment. If the scene is safe, patients should be triaged and moved to a Treatment/Transportation area by priority.
  - 6. Assess patients per SALT Mass Casualty Triage (Triage tags should be utilized):
    - A. Priority 1 - Red – Immediate, move first.
    - B. Priority 2 - Yellow – Delayed (Per trauma triage mechanism of injury criteria move promptly)
    - C. Priority 3 - Green - Minimal, Walking wounded, delayed transport.
    - D. Priority based upon resources available- Gray – Expectant (mortally injured; provide resuscitation/comfort care if resources available).
    - E. Priority 4 - Black –Dead.
  - 7. As soon as the initial assessment is completed, update HEMS of the number of patients by priority and major type of injury.
  - 8. HEMS will advise the Command Post of area hospitals' capacity to receive patients. Incident Command will direct the distribution of patients based on this information and advise HEMS as described below.
  - 9. The Incident Command will provide each hospital with the following information regarding each ambulance transporting patients:
    - A. Transporting unit #.
    - B. Number and priority of patients.
    - C. Major type injuries.
    - D. ETA
  - E. ***NO COMMUNICATION SHOULD BE CONDUCTED BETWEEN TRANSPORTING UNITS AND RECEIVING HOSPITALS UNLESS CHANGE IN PATIENT CONDITION OR ADDITIONAL INFORMATION WARRANTS RADIO CONTACT.***