Over the past few months, there has been an increase in “notification only” MCI declarations by personnel in the field. This “notification only” status has the potential to create confusion amongst personnel on scene and may impact roles and responsibilities related to MEDCOMM and communication with the Base Hospital. It should be noted that this “notification only” seems to be occurring only on small MCI/Level I incidents (3 or 4 patients).

As a reminder, VCEMS Policy 131 defines an MCI as a ‘suddenly occurring event that exceeds the capacity of the routine first response assignment.’

- This means that if you are on scene of an incident with 3 or more patients **AND** you call for additional resources (engines or ambulances) to handle those patients... **YOU ARE ON AN MCI.**
- Notification only is not defined in VCEMS policy, and therefore, should not be terminology used on any multi-casualty incident.

The number of patients constituting a particular level of MCI is not restricted simply to those needing transport.

- AMA patients are included in the count, as are DOA.
- All patients, including people that you think have a potential to become a patient, should be counted when “leveling” a mass casualty incident.

Remember...Declaring an incident an MCI is not a “bad” thing.

- For smaller incidents, nothing really changes except for possibly some additional resources and notification to EMS Agency.
- For larger incidents, much needed resources, operational, and logistical needs can begin to be addressed and mobilized.

Confusion and ill-defined roles on scene will likely bleed over into other aspects of the incident. Hospitals rely on effective communication through the Reddinet communications tool. Information for Reddinet is the result of interaction between MEDCOMM and the managing base hospital. Please remember that decisions made in the first 10-15 minutes of an MCI impact every aspect of the incident downstream – including destination determination and care at the hospital.

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