Coastal Valleys Regional EMS
Medical Response System

Multi-Casualty Incident Management Plan

An operational plan for the management of multi-victim, and mass casualty events occurring in the Coastal Valleys EMS Region.

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ADMINISTRATION SECTION

Plan Objectives

The Multi-Casualty Incident Management Plan (Plan) is designed to provide guidance to assist emergency response personnel in ensuring adequate and coordinated efforts to minimize loss of life, disabling injuries, and human suffering by providing effective emergency medical assistance.

The primary mission of the Plan is to provide assistance to the largest number of persons through coordinated incident management principles. Based on the scope and nature of an incident, austere medical care principles may be implemented to serve the greater needs of the masses. In such cases, the provision of on-scene medical care shall be limited with a greater focus placed on the rapid transport or relocation of the ill or injured.

The Plan provides management strategies for events of various magnitudes rather than a single event occurring within the Region. As such, various parts of the plan will have different audiences, training levels, and awareness competencies.

Competency Levels

In order to effectively utilize this Plan, users should possess the following competencies.

- Working knowledge of the National Incident Management System (NIMS).
- Working knowledge of the California Standardized Emergency Management System (SEMS).
- Working knowledge of the Incident Command System (Level 100 minimum).
- Hazardous Materials Awareness
- Simple Triage and Rapid Treatment/Transport (START)
- Working knowledge of FIRESCOPE, Field Operations Guide (FOG).
- Working knowledge of the individual Counties' Fire Mutual Aid Plans.
- Working knowledge of Coastal Valleys EMS Prehospital Care Policy.

In addition, the following competencies are recommended (all users).

- Incident Command System 200, 300, and 400
- Hazardous Materials First Responder - Operations

Authority

The California Health and Safety Code, Division 2.5, Chapter 4 – Local Administration, provides the authorities for the development and implementation of this Plan by the Coastal Valleys Emergency Medical Services Agency. (Sections 1797.204, 1797.250, 1797.103, and 1797.252)

Standards and Guidance

This Plan meets the standards of the following by reference or incorporation:

- National Incident Management System (NIMS)
- Standardized Emergency Management System (SEMS)
- Incident Command System (ICS)
- Simple Triage and Rapid Transport (START)
- FIRESCOPE FOG 420-1 (July 2007 edition)
- California Master Mutual Aid Agreement
- Emergency Mutual Aid Agreement (EMAC)
- Government Code, State of California
- California Emergency Services Act
- Local County Fire Service and Rescue Mutual Aid Plan

Roles and Responsibilities

The response and mitigation of multiple patient events require the participation of public and private resources through coordinated efforts.

Successful management of multiple patient events requires the coordination of these resources for the mitigation and management of such incidents. No matter the size of an event, all disasters are locally managed with support from external resources. These include, but are not limited to:

Fire Service and Law Enforcement Organizations

These organizations are responsible for the response, management, and mitigation of incidents that occur within their jurisdiction. A fire or law enforcement officer shall normally serve as the Incident Commander or participant in a Unified or Area Command when applicable.

The Incident Commander holds the ultimate authority for all decisions made related to the incident. Some exceptions may apply as related to County, State, or Federal authority based the nature of the incident. Examples may include events involving terrorism, biological agents, natural disaster, federally regulated facilities and transportation, etc.

Under normal circumstances, emergency medical services related actions are accomplished though established plans and procedures and may be delegated to others by the local Incident Commander. In cases where specific or additional emergency medical services actions may be beneficial for the mitigation of the event, external partners are responsible to provide counsel to the Incident Command staff. The Incident Commander is responsible to consider all counsel and make informed decisions.

The California Highway Patrol maintains authority for the freeway systems, varied levels of dignitary protection, and other public protection activities.

The individual County Sheriffs hold the responsibility for search and rescue operations, coroner services, and disaster management in addition to standard law enforcement duties. The Sheriff's Office also provides support in the form of surveillance, command platforms, personnel and equipment transportation, etc.

Coastal Valleys Emergency Medical Services Agency

The EMS Agency is responsible to plan, implement, and evaluate emergency medical services in the Coastal Valleys EMS Region; including ensuring that appropriate roles may be filled based on the nature and magnitude an event. These may include, but are not limited to:

- **Agency Liaison** – Provides counsel to Command staff, at various levels, to ensure all public and private prehospital care services are functioning appropriately and are responsive to the needs of the event. The EMS Agency may make policy amendments, clinical care modifications, or modify agreements, within its authority, to ensure the mitigation of the actual or potential danger to the health and welfare of the public.

- **Serve as an Agent of the County Health Officer** – As a partner to the individual County Health Departments within the region; the EMS Agency may serve at the will of the County Health Officer. This includes, but is not limited to, authorization to take any and all actions to prevent or mitigate a potential or actual public health emergency including coordination with other County services.

- **Fill ICS Positions in the Field** – Agency personnel may (as qualified) fill various Incident Command System positions as appropriate. Commonly held field positions may include Medical Group/Division/Branch Supervisor, Transportation Supervisor, Technical Specialist, etc. Such roles may also include serving as the Medical Health Operational Area Coordinator (MHOAC).

- **County Emergency Operations Center/ Health Department Emergency Operations Center Coordination** – In events of a large or complex nature, the EMS Agency may assist with the coordination of patient destinations, ambulance resources, hospital availability, medical mutual aid, etc. though the County Emergency Operations Center or Health Department Emergency Operations Center in coordination with the Office of Emergency Services, Fire Mutual Aid Coordinator, Law Mutual Aid Coordinator, Region II Medical Health Operational Area, etc.

MCI Coordination Facility

An MCI Coordination facility will be designated for each county within the EMS region (see below). That facility may be an EMS Base Hospital or EMS Communications Center. Roles and functions of the MCI Coordination facility are specified in the Plan.

- Sonoma County – REDCOM
- Mendocino County – CalFire Howard Forest ECC
- Napa County – Queen of the Valley Hospital

County Resources

In addition to the EMS Agency, the following County departments/organizations play a key role in the management of multiple patient events.

- Mendocino, Napa & Sonoma County Communications
- Mendocino, Napa & Sonoma County Office of Emergency Services
- Mendocino, Napa & Sonoma County Mental Health
- Mendocino, Napa & Sonoma County Health System
- Mendocino, Napa & Sonoma County Parks and Recreation
- Mendocino, Napa & Sonoma County Environmental Health

Public / Private Service Providers and Community Based Organizations

A wide variety of public and private service providers and community based organizations support the EMS System by providing resources critical to the management of multiple patient incidents. These include, but are not limited to:

- Ambulance Service Providers – In addition to providing daily 911 EMS System response, the Ambulance Service Providers are also responsible for responding to multi-patient events and providing associated treatment and transport.

- Non-Ambulance Medical Transport Services - Provide non-emergency assistance to the EMS System when an event is beyond the resources provided by the Ambulance Service Providers. Non-ambulance transport providers offer patient care and transportation system for patients not requiring ambulance level services within the Region, e.g. paratransit vans, wheelchair vans, buses.

- General Acute Care Hospitals – Responsible for providing emergency medical care to the victims of illness and/or injury.

- Community Clinics – Responsible for providing clinical care at the community level. May be used by the EMS System when general acute care hospitals are overwhelmed due to large events or extraordinary numbers of patients in need of clinical care exist.

- American Red Cross – Provides support services for responders and victims.

- Amateur Radio Emergency Service/Radio Amateur Communications Emergency System (ARES/RACES) – Provides additional communications services to support operations during large scale incidents.

OPERATIONS SECTION

ALERTS

Provides notification of any potential or actual event that may impact the daily operations of the EMS System

Description

- **An Alert may be requested by any emergency service responder but must be authorized by the IC or County designated Office of Emergency Services.**
- **Provides an early notification to prepare the EMS System for larger than expected numbers of patients.**
- **Alerts may be elevated to an Activation or cancelled once the incident has been appropriately evaluated.**

Examples of Alerts
• Several significant incidents exist (either by size or nature). • Intelligence information exists that indicates the potential for an event that may cause a large number of ill or injured. • Natural occurrences such as fire, flood, earthquake, etc. • Complete or partial failure of EMS system critical infrastructure (hospital compromise, communications system, etc.). • Potential or actual public health emergency. • Facility evacuation (skilled nursing, hospitals, schools, high rise, etc.). • Federal Aviation Administration Alerts (large aircraft).
Fire/EMS Communications Actions
• Support individual event needs and fill requests as received. • EMS Provider Agencies, EMS Agency Duty Officer, and Law/Fire Command notified. • EMS Communications Centers ascertain 911 ambulance system levels and take appropriate actions to ensure ambulance availability by (1) contacting ambulance providers with Alert information, and (2) determining ability to up-staff additional ambulances. • EMS Agency Duty Officer monitors incident and system events to ensure maintenance of normal EMS system operations. • Normal ambulance operations may be modified; e.g. off-duty times altered and interfacility transports may be suspended. • No resources dispatched other than those specifically requested by the IC (unless a preplan exists ie: FAA Alert II “aircraft approaching the airport is in major difficulty” or FAA Alert III “aircraft involved in an accident on or near the airport”)
EMS System Actions
• Ambulance services may be queried total available units for system or event response. • The EMS Agency Duty Officer may initiate actions to ensure the integrity of the EMS System, as appropriate • MCI Coordinating Facility may request hospitals to complete bed availability query. • The Office of Emergency Services may be notified. • The County Health Officer may be notified. • Region II Disaster Medical/Health Coordinator may be notified.

ACTIVATION
Special Considerations

Activation of the MCI Plan may be made by any EMS Communications Center, first responder agency, ambulance provider or the EMS Agency upon determination of need based on incident specific information. Such determination may be made prior to on-scene arrival if the responding agency has reasonable information indicating that the incident will require MCI based operations.

Each agency and system participant has specific responsibilities during an MCI response. Depending on the nature, size, and complexity of the event, certain activities may be modified from normal daily operating procedures.

Policy / Operation Modification

- Suspension or modification of policy made be made by the EMS Agency to facilitate incident management (e.g., allowing BLS units to be used for 9-1-1 response, suspension of non-emergency patient transfers)

Use of Alternate Transportation Resources

- Non-Ambulance Medical Transport Services may be used to support large scale multi-victim incidents by providing transportation for patients not requiring ambulance transportation. (e.g. busses, paratransit vehicles)

Patient Care Documentation

- Documentation requirements are modified, e.g. Triage Tags are used and followed by an approved Patient Care Report for each patient. (Note: EMS Field Notes are acceptable but must be followed up with full PCR within 12 hrs); Multi-Patient Triage Tracking Form is used; ICS 214 and other appropriate ICS forms are completed; appropriate position check lists are utilized.

Patient destination

- "First Wave" patient distribution matrix is used to determine appropriate initial patient destination.
- "Second Wave" and subsequent patient destinations are managed with hospital capacity information provided by the MCI Coordinating Facility.
- START categorization is the primary factor in determining appropriate patient destination. Trauma Triage Criteria for destination decision may be considered but it is secondary to START Triage categorization.
- Destinations for specialty patients, e.g. burns, pediatric, may be considered provided it does not consume transport resources that may be needed for overall scene management.
- MCI Coordinating Facility may direct patient destination in larger events, e.g. Level 3 or 4 incident.
- Limited use of casualty collection points/field treatment sites may be implemented for larger incidents, e.g. Level 3 or 4 incidents.

Scene Management

- Ambulances shall respond to a designated location until otherwise assigned
- All persons charged with an ICS position shall wear the appropriate vest.
- Formal treatment areas are identified by priority- IMMEDIATE- DELAYED- MINOR – MOURGUE

ACTIVATION LEVELS

Tactical and Operational Focus
As the number of patients increase, the focus shifts from individual incident management to system sustainability and performance. Activation Levels are based on factors such as the type, size, location, number of incidents and are used to denote overall system impact. **Determination of Activation Levels occur at the Operational Area or EMS system level and are intended as a means of advising system participants of the overall status of the EMS/medical response system.** Such determinations are made by system management (e.g. Communications Center, EMS Duty Officer) and not generally made by field personnel.

Level 1 (MCI Initial Response)
- Single event. Generally handled with local resources.
- It is not necessary to make modifications to the daily 911-EMS System to support the incident.

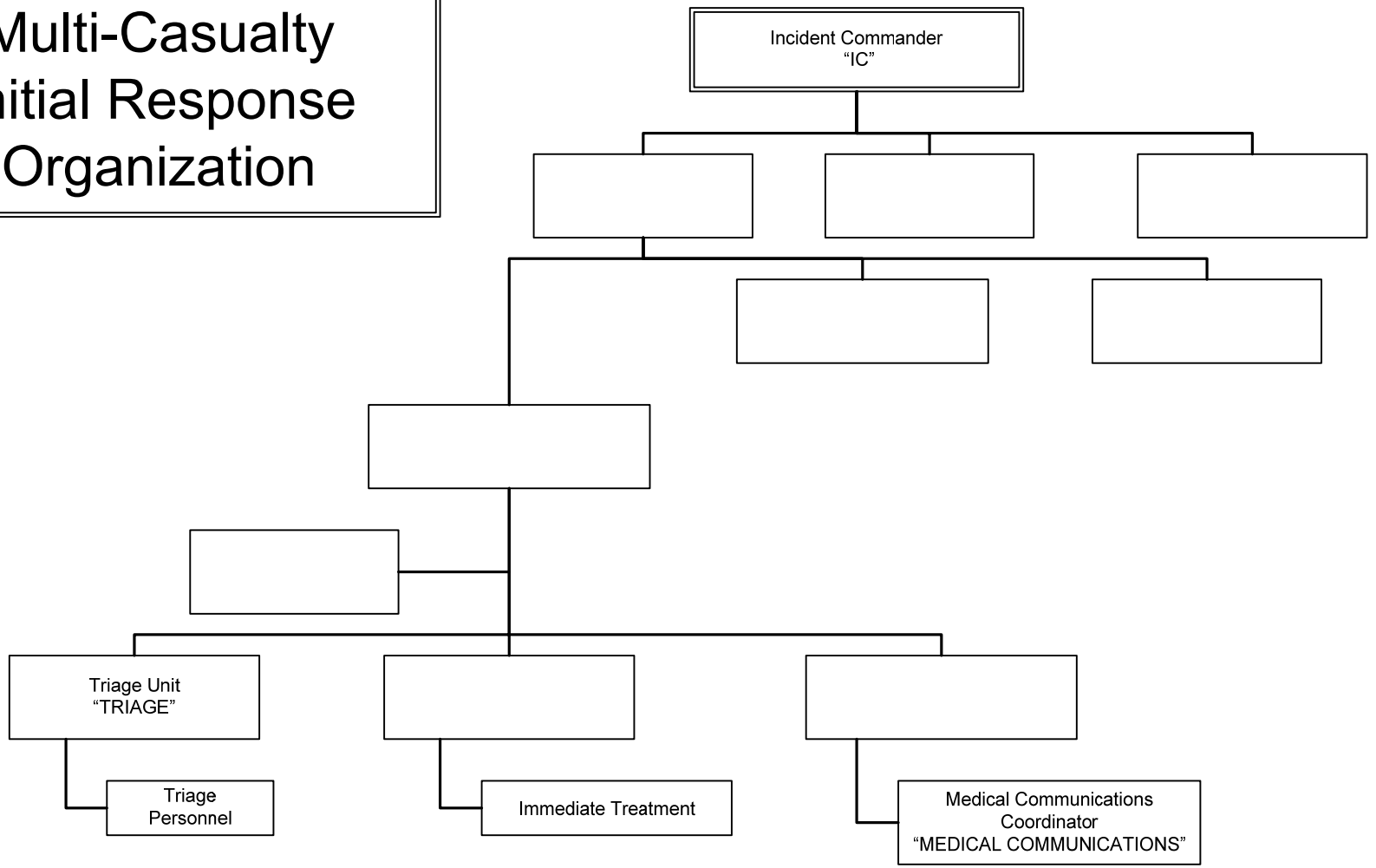
Level 2 (MCI Reinforced Response)
- Simultaneous multiple level 1 events or large scale single event possibly necessitating minor modifications to the daily 911-EMS System to support the incident. This may include transporting patients to facilities not within normal daily operations such as out-of area hospitals, amending dispatch criteria, etc. (example - stop non-emergent patient transfers, allow BLS units to be used for 9-1-1 response)
- May require limited mutual aid assistance.

Level 3 (MCI Multi-Group Response)
- Simultaneous multiple Level 2 events or extraordinarily large single event overwhelming all local resources.
- It is necessary to make modifications to the daily 911-EMS System to support the incident and stability of the System including the use of mutual aid resources.
- May require out-of county/regional mutual aid resources.

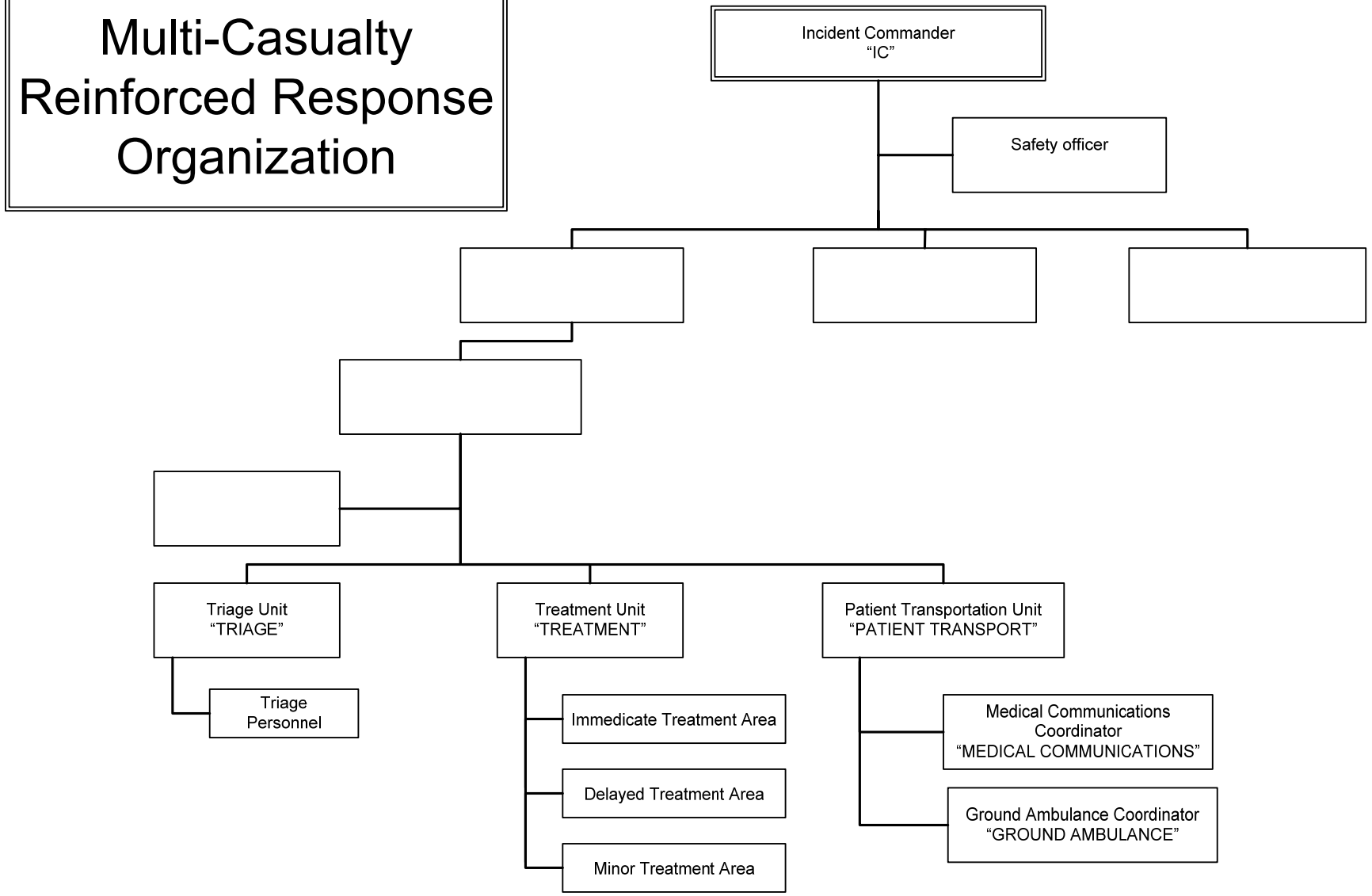
Level 4 (MCI Multi – Branch Response)
- Catastrophic event producing excessive numbers of patients that overwhelm local and mutual aid resources
- Requires modifications to the daily 911-EMS System support the incident and stability of the System including significant use of mutual aid resources from state and federal partners.

DOCUMENTS/TOOLS SECTION

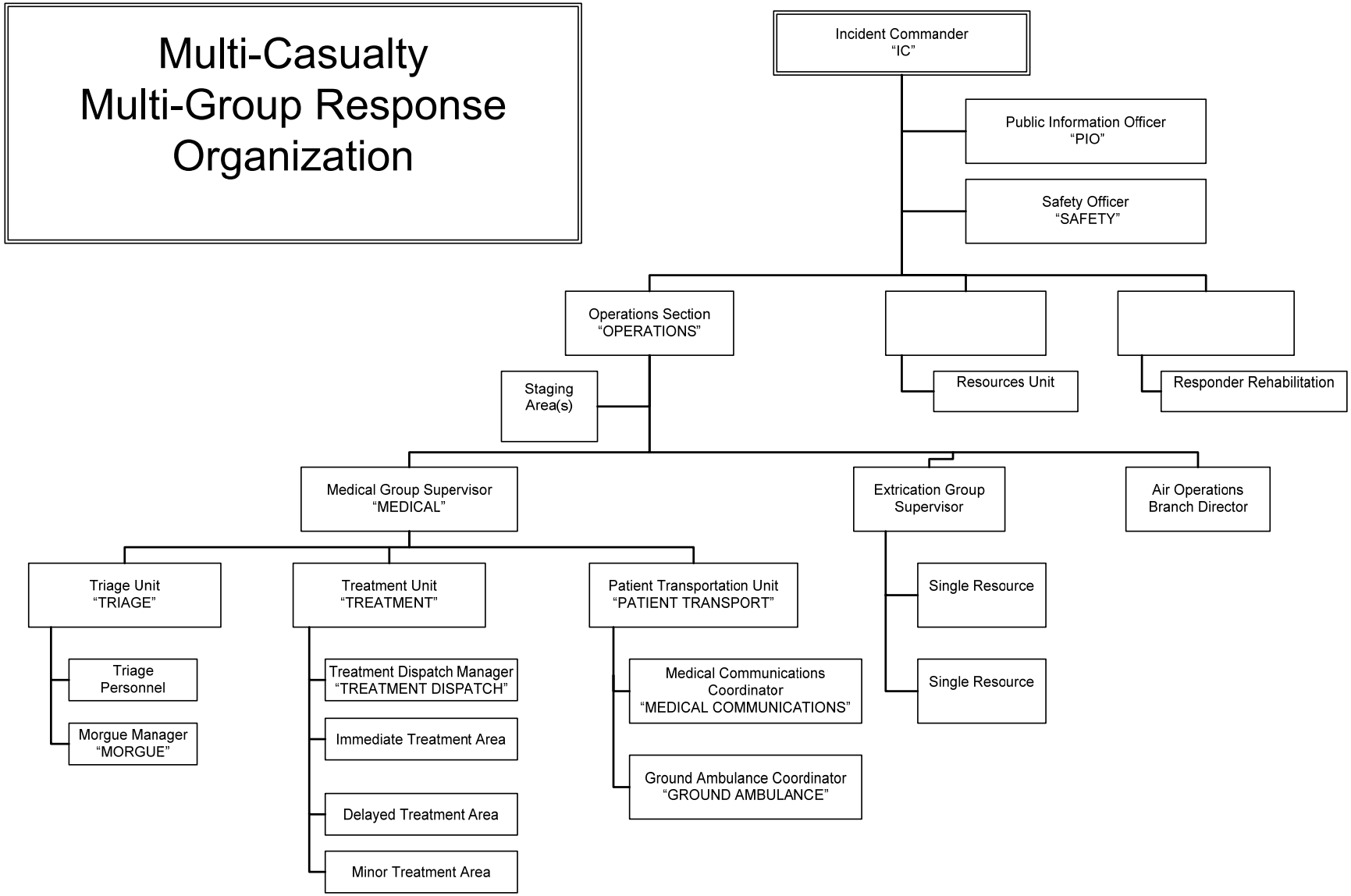
Multi-Casualty Initial Response Organization



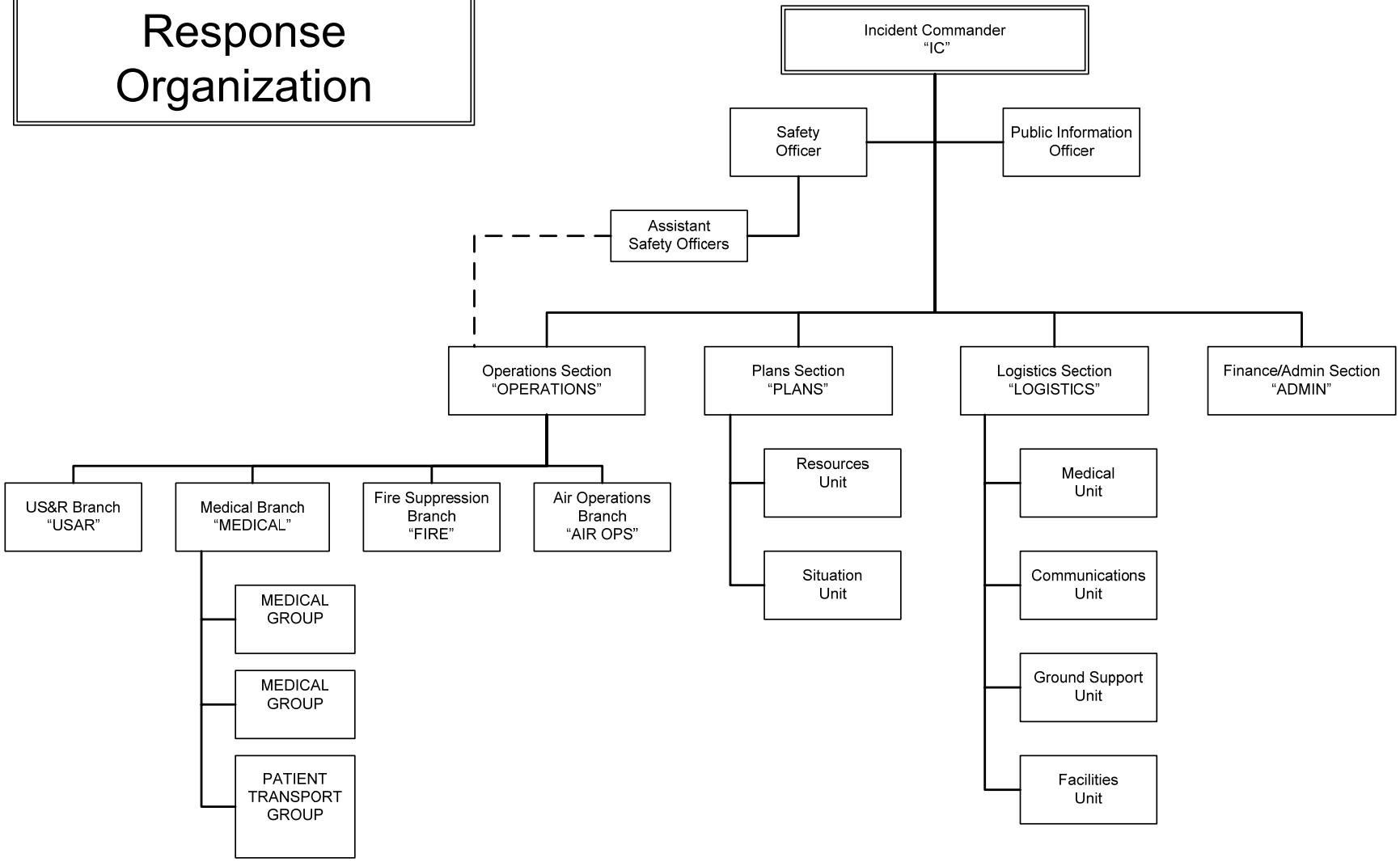
Multi-Casualty Reinforced Response Organization



Multi-Casualty Multi-Group Response Organization



Multi-Casualty Multi-Branch Response Organization



AIR OPERATIONS BRANCH DIRECTOR

Position Check List

Description
Reports to the Operations Section Chief and is responsible for implementing and coordinating fixed and/or rotor wing aircraft operating on the incident.

Position Specific Responsibilities (Note: the responsibilities below are intended to focus on typical responsibilities during multi-casualty incidents and ARE NOT inclusive of all the responsibilities as set forth in FIRESCOPE. See FIRESCOPE for complete position checklist.)

Unit Identifier: ***"Air Ops"***

- ☐ Obtain situation briefing from the Operations Section Chief
- ☐ Don position identification vest
- ☐ Organize preliminary air operations
- ☐ Request declaration (or cancellation) of restricted air space
- ☐ Perform operational planning for air operations
- ☐ Determine coordination procedures for use by air organizations with group branches, divisions, groups
- ☐ Coordinate with appropriate Operations Section personnel
- ☐ Supervise all air operations associated with the incident
- ☐ Evaluate Helibase locations
- ☐ Establish procedures for emergency reassignment of aircraft
- ☐ Report to Operations Section Chief on air operations activities
- ☐ Report special incidents/accidents
- ☐ Arrange for an accident investigation team when warranted
- ☐ Maintain Unit/Activity Log (ICS Form 214)
- ☐ Secure operations when advised
- ☐ Forward reports and records to Operations Section Chief

DELAYED TREATMENT AREA MANAGER

Position Check List

Description
Reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Delayed Treatment Area.

Position Specific Responsibilities

- ☐ Obtain situation briefing from the Treatment Unit Leader
- ☐ Don position identification vest
- ☐ Coordinate location of Delayed Treatment Area with Treatment Unit Leader
- ☐ Request or establish Medical Teams as necessary.
- ☐ Make requests for supplies and personnel through Treatment Unit Leader
- ☐ Assign treatment personnel to patients received in the Delayed Treatment Area.
- ☐ Ensure appropriate treatment of patients in the Delayed Treatment Area.
- ☐ Assure that patients are prioritized for transportation.
- ☐ Coordinate transportation of patients with Treatment Dispatch Manager.
- ☐ Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- ☐ Assure that appropriate patient information is recorded.
- ☐ Maintain Unit/Activity Log (ICS Form 214)
- ☐ Secure operations when advised
- ☐ Forward reports and records to Treatment Unit Leader

GROUND AMBULANCE COORDINATOR

Position Check List

Description
Reports to the Patient Transportation Unit Leader/Group Supervisor, manages the Ambulance Staging Area(s), and dispatches ambulances as requested.

Position Specific Responsibilities

Unit Identifier: ***"GROUND AMBULANCE"***

- ☐ Obtain situation briefing from Patient Transportation Unit Leader/Group Supervisor
- ☐ Don position identification vest
- ☐ Appoint and brief staff, including aides, as necessary
- ☐ Establish appropriate staging area for ambulances. Consider:
    - o Safety and accessibility
    - o Traffic control must be monitored and directed
    - o Area and resource location identifiers must be visible
- ☐ Establish appropriate routes of travel for ambulances for incident operations.
- ☐ Establish and maintain communications with the Air Operations Branch Director regarding Air Ambulance Transportation assignments.
- ☐ Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager.
- ☐ Provide ambulances upon request from the Medical Communications Coordinator.
- ☐ Assure that necessary equipment is available in the ambulance for patient needs during transportation
- ☐ Establish contact with ambulance providers at the scene.
- ☐ Request additional transportation resources as appropriate.
    - o Consider equipment/time limitations
- ☐ Provide an inventory of medical supplies available at ambulance staging area for use at the scene.
    - o Anticipate and advise on changing resource requirements
- ☐ Maintain records as required and Unit/Activity Log (ICS Form 214)
- ☐ KEEP RECORD OF RESOURCE MOVEMENT – staffing/equipment
    - o Establish check-in/check-out function
- ☐ Maintain log of your activities and other pertinent information acquired
- ☐ When ordered, secure activities and release personnel under your supervision
- ☐ Demobilize resources in accordance with Demobilization Plan
- ☐ Forward all reports to Patient Transportation Unit Leader/Group Supervisor

IMMEDIATE TREATMENT MANAGER

Position Check List

Description
Reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Immediate Treatment Area.

Position Specific Responsibilities

- ☐ Obtain situation briefing from the Treatment Unit Leader
- ☐ Don position identification vest
- ☐ Coordinate location of Immediate Treatment Area with Treatment Unit Leader
- ☐ Request or establish Medical Teams as necessary.
- ☐ Make requests for supplies and personnel through Treatment Unit Leader
- ☐ Assign treatment personnel to patients received in the Immediate Treatment Area.
- ☐ Ensure appropriate treatment of patients in the Immediate Treatment Area.
- ☐ Assure the patients are prioritized for transportation.
- ☐ Coordinate transportation of patients with Treatment Dispatch Manager.
- ☐ Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- ☐ Assure that appropriate patient information is recorded.
- ☐ Maintain Unit/Activity Log (ICS Form 214)
- ☐ Secure operations when advised
- ☐ Forward reports and records to Treatment Unit Leader

MEDICAL BRANCH DIRECTOR

Position Check List

Description
Responsible for the implementation of the Incident Action Plan within the Medical Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Group(s) and the Patient Transportation function (Unit or Group). Patient Transportation may be upgraded from a Unit to a Group based on the size and complexity of the incident.

Position Specific Responsibilities

*Unit Identifier: "**MEDICAL BRANCH**"*

- ☐ Obtain situation briefing from Operations Section Chief
- ☐ Don position identification vest
- ☐ Appoint and brief staff, as needed
- ☐ Review group assignments for effectiveness of current operations and modify as needed.
- ☐ Provide input to Operations Section Chief for the Incident Action Plan.
- ☐ Supervise Branch activities and confer with Safety Officer to assure safety of all personnel using effective risk analysis and management techniques.
- ☐ Report to Operations Section Chief on Branch activities.
- ☐ Forward reports and records to Operations Section Chief
- ☐ Maintain Unit/Activity Log (ICS Form 214).

MEDICAL COMMUNICATIONS COORDINATOR

Position Check List

Description
Reports to the Patient Transportation Unit Leader/Group Supervisor, and maintains communications with the MCI Coordinating facility to maintain status of available hospital beds to assure proper patient transportation. Assures proper patient transportation and destination.

Position Specific Responsibilities

Unit Identifier: ***"MEDICAL COMMUNICATIONS" or "MED COMM"***

- ☐ Obtain briefing from Patient Transportation Unit Leader/Group Supervisor
- ☐ Don position identification vest
- ☐ Establish communications with the hospital system.
- ☐ Determine and maintain current status of hospital/medical facility availability and capability.
- ☐ Coordinate with Patient Transportation Unit Leader/Group Supervisor on current status of hospitals/medical facilities available and capacity
- ☐ Receive basic patient information and condition from Treatment Dispatch Manager.
- ☐ Assure recording of patient information including:
    - o Triage tag number
    - o Triage category
    - o Destination
    - o Type of injuries
    - o Mode of transport (Unit/Vehicle ID)
    - o Time departed scene
- ☐ Coordinate patient destination via MCI Coordinating facility.
- ☐ Provide receiving facilities with incident information if necessary, including any decontamination procedures.
- ☐ Communicate patient transportation needs to Ground Ambulance Coordinator based upon requests from Treatment Dispatch Manager.
- ☐ Communicate patient air ambulance transportation needs to the Air Operations Branch Director based on requests from the treatment area managers or Treatment Dispatch Manager.
- ☐ Maintain appropriate records and Unit/Activity Log (ICS Form 214)
- ☐ Complete all required transportation log forms.
- ☐ Turn in all documentation to Patient Transportation Unit Leader/Group Supervisor

MEDICAL GROUP SUPERVISOR

Position Check List

Description
Reports to the Operations Section Chief or the Medical Branch Director if established.
Supervises the Triage Unit leader, Treatment Unit leader, and Medical Supply Coordinator.
Also supervises the Patient Transportation Unit Leader if Medical Branch director is not initiated.
Establishes command and controls the activities within a Medical Group

Position Specific Responsibilities

*Unit Identifier: "**MEDICAL GROUP**" or "**MEDICAL GROUP 1**, **MEDICAL GROUP 2**, **etc**." if Medical Branch Director is established*

- ☐ Obtain situation briefing from Operations Chief or Medical Branch Director if established
- ☐ Don position identification vest
- ☐ Participate in Medical Branch/Operations Section planning activities.
- ☐ Establish Medical Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.
- ☐ Designate Unit Leaders and Treatment Area locations as appropriate.
- ☐ Ensure that Triage and Patient Transportation have radio communication
- ☐ Coordinate location of medical supply, treatment, and morgue areas with Unit Leaders
- ☐ Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.
- ☐ Request law enforcement/coroner involvement as needed.
- ☐ Ensure that all work areas are out of hazardous areas
- ☐ Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, and cots).
- ☐ Anticipate needs for additional supplies, equipment and personnel
- ☐ Ensure activation or notification of hospitals and EMS/health agencies.
- ☐ Direct and/or supervise on-scene personnel from agencies such as Coroner's Office, Red Cross, law enforcement, ambulance companies, county health agencies, and hospital volunteers.
- ☐ Request proper security, traffic control, and access for the Medical Group work areas.
- ☐ Direct medically trained personnel to the appropriate Unit Leader.
- ☐ Maintain Unit/Activity Log (ICS Form 214).
- ☐ Demobilize group as directed by Operations Chief of Medical Branch Director
- ☐ Maintain record of activities and forward all Medical Group records and reports to the Medical Branch Director or Operations Section Chief

MEDICAL SUPPLY COORDINATOR

Position Check List

Description
Reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from Units assigned to the Medical Group.

Position Specific Responsibilities

*Unit Identifier: **"MEDICAL SUPPLY" or "MEDICAL SUPPLY 1, MEDICAL SUPPLY 2**, etc."*

- ☐ Obtain situation briefing from Medical Group Supervisor
- ☐ Don position identification vest
- ☐ Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group. *
- ☐ Make requests for needed medical equipment and supplies through Medical Group Supervisor *
- ☐ Coordinate with Treatment Unit Leader(s) for equipment and supplies needed in Treatment Areas
- ☐ Request additional medical supplies. *
- ☐ Distribute medical supplies to Treatment and Triage Units.
- ☐ Maintain log of all received, requested, on-hand, and distributed equipment and supplies
- ☐ Maintain Unit/Activity Log (ICS Form 214)
- ☐ Turn in all documentation to Medical Group Supervisor

* If the Logistics section is established, this position would coordinate with the Logistics Section Chief or Supply Unit Leader.

MINOR TREATMENT AREA MANAGER

Position Check List

Description
Reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Minor Treatment Area.

Position Specific Responsibilities

- ☐ Obtain situation briefing from the Treatment Unit Leader
- ☐ Don position identification vest
- ☐ Coordinate location of Minor Treatment Area with Treatment Unit Leader
- ☐ Request or establish Medical Teams as necessary.
- ☐ Make requests for supplies and personnel through Treatment Unit Leader
- ☐ Assign treatment personnel to patients received in the Minor Treatment Area.
- ☐ Ensure appropriate treatment of patients in the Minor Treatment Area.
- ☐ Assure the patients are prioritized for transportation.
- ☐ Coordinate transportation of patients with Treatment Dispatch Manager.
- ☐ Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- ☐ Assure that appropriate patient information is recorded.
- ☐ Maintain records of numbers of patients treated and other activities
- ☐ Maintain Unit/Activity Log (ICS Form 214)
- ☐ Secure operations when advised
- ☐ Forward reports and records to Treatment Unit Leader

MORGUE MANAGER

Position Check List

Description
Reports to the Triage Unit Leader and assumes responsibility for the Morgue Area functions until properly relieved.

Position Specific Responsibilities

*Unit Identifier: "**MORGUE**" or **"MORGUE 1, MORGUE 2, etc."***

- ☐ Obtain Situation briefing from Medical Group Supervisor, Triage Unit Leader, and Treatment Unit Leader
- ☐ Don position identification vest
- ☐ Assess resource/supply needs and order as needed.
- ☐ Appoint staff and assistants, as needed
- ☐ Secure body tags
- ☐ Coordinate all Morgue Area activities.
- ☐ Keep area off limits to all but authorized personnel.
- ☐ Coordinate with law enforcement and assist the Coroner or Medical Examiner representative.
- ☐ Allow no one to remove a body, body part, or any personal effects from the scene without the authorization of the Coroner or Deputy Coroner
    - o Move bodies only when necessary
    - o Do not move bodies or personal effects without identifying the original location (photos, grid drawings, etc.)
- ☐ If necessary to move bodies, designate morgue area
- ☐ Maintain security of all personal belongings and keep with body
- ☐ Keep identity of deceased persons confidential.
- ☐ Maintain appropriate records.
- ☐ Secure operations when advised
- ☐ Forward reports and records to Medical Group Supervisor/Medical Branch Director via Triage Unit Leader if Coroner or Deputy Coroner not present at scene (Operations Chief will forward reports to Coroner)

PATIENT TRANSPORTATION UNIT LEADER / GROUP SUPERVISOR

Position Check List

Description
Reports to the Medical Group Supervisor and supervises the Medical Communications Coordinator, and the Ground Ambulance Coordinator. Responsible for the coordination of patient transportation and maintenance of records relating to the patient's identification, condition, and destination. The Patient Transportation function may be initially established as a Unit and upgraded to a Group based on incident size or complexity.

Position Specific Responsibilities

Unit Identifier: ***"PATIENT TRANSPORTATION"***

- ☐ Obtain situation briefing from Medical Group Supervisor or Medical Branch Director.
- ☐ Don position identification vest
- ☐ Appoint and brief staff, as needed:
  - o Medical Communications Coordinator
  - o Ground Ambulance Coordinator
  - o Litter bearers
- ☐ Insure the establishment of communications with hospital(s).
- ☐ Designate Ambulance Staging Area(s).
- ☐ Establish and identify ambulance-loading areas
- ☐ Direct the off-incident transportation of patients as determined by the Medical Communications Coordinator.
- ☐ Develop ambulance ingress and egress traffic pattern and coordinate with Law Enforcement Group Supervisor
- ☐ Assure that patient information and destination are recorded.
- ☐ Establish communications with Ambulance Coordinator.
- ☐ Request additional ambulances as required.
- ☐ Notify Ambulance Coordinator of ambulance requests.
- ☐ Coordinate the establishment of the Air Ambulance Helispots with the Medical Branch Director and Air Operations Branch Director.
- ☐ Maintain written records of patients, ambulance units, and receiving facilities
- ☐ Provide patient information for transmission to the receiving facilities
- ☐ Evaluate and request necessary resources, as needed
- ☐ Maintain Unit/Activity Log (ICS Form 214)
- ☐ Secure operations when advised
- ☐ Forward records and reports to Medical Group Supervisor or Medical Branch Director

TREATMENT DISPATCH MANAGER

Position Check List

Description
Reports to the Treatment Unit Leader and is responsible for coordinating with the Patient Transportation Unit Leader (or Group Supervisor if established), the transportation of patients out of the Treatment Areas.

Position Specific Responsibilities

Unit Identifier: ***"TREATMENT DISPATCH" or TREATMENT DISPATCH 1, TREATMENT DISPATCH 2, etc."***

- ☐ Obtain situation briefing from Treatment Unit Leader
- ☐ Don position identification vest
- ☐ Establish communications with the Immediate, Delayed, and Minor Treatment Managers.
- ☐ Establish communications with the Patient Transportation Unit Leader.
- ☐ Assess situation
- ☐ Verify that patients are prioritized for transportation.
- ☐ Advise Medical Communications Coordinator of patient readiness and priority for transport.
- ☐ Coordinate transportation of patients with Medical Communications Coordinator.
- ☐ Assure that appropriate patient tracking information is recorded.
- ☐ Coordinate ambulance loading with the Treatment Managers and ambulance personnel.
- ☐ Forward records and reports to Patient Transportation Unit Leader
- ☐ Maintain Unit/Activity Log (ICS Form 214)

TREATMENT UNIT LEADER

Position Check List

Description

Reports to the Medical Group Supervisor and supervises Treatment Area Managers and the Treatment Dispatch Manager. Assumes responsibility for treatment, preparation for transport, and directs movement of patients to loading location(s).

Position Specific Responsibilities

Unit Identifier: ***"TREATMENT" or "TREATMENT 1, TREATMENT 2, etc."***

- ☐ Obtain situation briefing fro Medical Group Supervisor
- ☐ Don position identification vest
- ☐ Develop organization sufficient to handle assignment.
- ☐ Appoint and brief staff, as needed
- ☐ Assign medical care personnel to Treatment Areas
- ☐ Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas
- ☐ Prioritize care of patients consistent with resources
- ☐ Ensure proper medical care procedures are followed
- ☐ Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.
- ☐ Request sufficient medical caches and supplies as necessary.
- ☐ Establish communications and coordination with Patient Transportation Unit Leader.
- ☐ Ensure continual triage of patients throughout Treatment Areas.
- ☐ Direct movement of patients to ambulance loading area(s).
- ☐ Expedite movement of patients for evacuation
- ☐ Give periodic status reports to Medical Group Supervisor.
- ☐ Maintain Unit/Activity Log (ICS Form 214)
- ☐ Maintain Records of numbers of patients treated and other activities
- ☐ Secure operations when advised
- ☐ Forward reports and records to Medical Group Supervisor

TRIAGE PERSONNEL

Position Check List

Description
Reports to the Triage Unit Leader. Triage patients and assign them to appropriate treatment areas.

Position Specific Responsibilities

- ☐ Obtain situation briefing from Triage Unit Leader
- ☐ Don position identification vest
- ☐ Report to designated on-scene triage location.
- ☐ Secure adequate supplies of triage tags
- ☐ Assess situation
- ☐ Triage and tag injured patients. Classify patients while noting injuries and vital signs if taken.
- ☐ Direct movement of patients to proper Treatment Areas.
- ☐ Provide appropriate medical treatment to patients prior to movement as incident conditions dictate.
- ☐ Forward reports and records to Triage Unit Leader.

TRIAGE UNIT LEADER

Position Check List

Description

Reports to the Medical Group Supervisor and supervises Triage Personnel/Litter Bearers and the Morgue Manager. Assumes responsibility for providing triage management and movement of patients from the triage area. When triage is completed, the Unit Leader may be reassigned as needed.

Position Specific Responsibilities

Unit Identifier: ***"TRIAGE" or "TRIAGE 1, TRIAGE 2, etc."***

- ☐ Obtain situation briefing from Medical Group Supervisor
- ☐ Don position identification vest
- ☐ Develop organization sufficient to handle assignment
- ☐ Inform Medical Group Supervisor of resource needs
- ☐ Assess situation and appoint staff as needed
- ☐ Implement triage process
- ☐ Secure adequate supplies as needed
- ☐ Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.
- ☐ Maintain records of your operations
    - o Number of victims triaged, by category
- ☐ Give periodic status reports to Medical Group Supervisor
- ☐ Maintain security and control of triage area
- ☐ Coordinate with Treatment Unit Leader for medical care needs in treatment areas
- ☐ Establish Morgue, if needed
- ☐ Maintain Unit/Activity Log (ICS Form 214)
- ☐ Secure operations when advised
- ☐ Forward reports and records to Medical Group Supervisor

MCI COORDINATING FACILITY

Check List

Description
Serves as coordination point between field responders and hospitals/medical facilities during MCI events. Alerts appropriate hospitals and medical facilities of declaration of MCI event. Maintains communications with the appropriate on-scene ICS staff, i.e. Medical Communications Coordinator, to relay information on the status of available hospital beds to assure proper patient transportation. Assists field personnel in assuring proper patient transportation and destination.

Specific Responsibilities

Unit Identifier: ***Entity specific identifier (REDCOM, Queen of the Valley, Howard Forest ECC)***

- ☐ Obtain information from on-scene responders regarding declaration of MCI.
- ☐ Alert appropriate hospitals and medical facilities and initiate "MCI Alert" poll via approved system, e.g. EMSystem.
- ☐ Maintain communications with appropriate incident ICS staff (Medical Communications Coordinator).
- ☐ Gather information obtained from "MCI Alert" regarding status of available hospital beds and resources.
- ☐ As requested, relay "MCI Alert" poll results to on-scene Medical Communications Coordinator regarding resource availability.
- ☐ Assess situation and appoint additional staff as needed to support MCI Coordinating Facility functions.
- ☐ If requested by on-scene personnel, assist with determination of destinations for patients.
- ☐ Upon direction from on-scene personnel, advise appropriate hospitals and medical facilities of pertinent updates and, when appropriate, termination of MCI event.
- ☐ Maintain documentation and records of your operations.

PATIENT DISTRIBUTION

Basic Guidelines & Considerations

- First ambulances to leave the scene should transport to the hospitals closest to the incident.
- If sufficient resources are available, the next round of ambulances to leave the scene should transport to the most appropriate distant hospital and work back towards those that are closest to the incident.
- Air ambulances should transport to the hospitals furthest from the incident unless the needs of a specialty center apply.
- EMSystem is used to query in-house acute care hospital availability for additional (second wave) patients.
- Patient destination is determined based on pre-established “first wave” distribution assignment and subsequent updated hospital capacity information. Large scale (level 3 or 4) events may include assistance (based on size, type, and location of incident) from the EMS Duty Officer, Medical Health Operational Area Coordinator, Health Department DOC, or County EOC in determining appropriate destinations when utilizing out-of-county hospitals.

MCI Hospital Capacity & Destination Form – SONOMA COUNTY

Hospital	1st Wave MCI Declared: _____ *Available* *Sent*			Poll #1 Time: _____ *Available* *Sent*			Poll #2 Time: _____ *Available* *Sent*			Final Total *Available* *Sent*			Comments
	I	D	M	I	D	M	I	D	M	I	D	M	
Sonoma Hospitals													
SR Memorial Level 2 TC (707) 525-5207	2	3											
Sutter Santa Rosa (707) 576-4040	1	2											
Kaiser Santa Rosa (707) 571-4800 No Helipad	1	2											
Petaluma Valley (707)778-2676	1	2											
Palm Drive (707) 829-4370	0	2											
Healdsburg District (707) 431-6301 No Helipad	0	2											
Sonoma Valley (707) 935-5100 No Helipad	1	2											
Napa Hospitals													
Queen of the Valley Level 3 TC (707) 257-4014	1	3											
St Helena (707) 963-6425	1	2											
Other Hospitals													
Marin General Level 3 TC (No Helipad) (415) 925-7200	1	2											
UC Davis Level 1 TC (adult & ped) (916) 734-5669	1	-											
John Muir Level 2 TC (925) 939-5800	1	-											
Oakland Childrens Level 1 Pediatric (510) 428-3240	1	-											
Ukiah Valley Level 3 TC (707) 463-7330	1	2											
Kaiser San Rafael (415) 444-2400 No Helipad	1	2											
Novato Community (415) 209-1350 No Helipad	1	2											
Sutter Solano (707) 554-5210													
Kaiser Vallejo (707) 651-4910 No Helipad													

MCI Hospital Capacity & Destination Form – MENDOCINO COUNTY

Hospital	1st Wave MCI Declared: _____ *Available* *Sent*			Poll #1 Time: _____ *Available* *Sent*			Poll #2 Time: _____ *Available* *Sent*			Final Total *Available* *Sent*			Comments
	I	D	M	I	D	M	I	D	M	I	D	M	
Mendocino Hospitals													
Ukiah Valley Level 3 TC (707) 463-7330	1	2											
Howard Memorial (707) 456-3051 No Helipad	1	2											
Mendocino Coast (707) 961-1234	1	2											
Sonoma Hospitals													
SR Memorial Level 2 TC (707) 525-5207	2	3											
Sutter Santa Rosa (707) 576-4040	1	2											
Kaiser Santa Rosa (707) 571-4800 No Helipad	1	2											
Healdsburg District (707) 431-6301 No Helipad	0	2											
Palm Drive (707) 829-4370	0	2											
Petaluma Valley (707)778-2676	1	2											
Lake Hospitals													
Sutter Lakeside (707) 262-5050													
St Helena Clearlake (707) 995-5890													
Napa Hospitals													
Queen of the Valley Level 3 TC (707) 257-4014	1	3											
St Helena (707) 963-6425	1	2											
Other Hospitals													
UC Davis Level 1 TC (adult & ped) (916) 734-5669	1	-											
Marin General Level 3 TC (No Helipad) (415) 925-7200	1	2											
John Muir Level 2 TC (925) 939-5800	1												
Oakland Childrens Level 1 Pediatric (510) 428-3240	1	-											

MCI Hospital Capacity & Destination Form – NAPA COUNTY

Hospital	1st Wave MCI Declared: _____ Available / Sent			Poll #1 Time: _____ Available / Sent			Poll #2 Time: _____ Available / Sent			Final Total Available / Sent			Comments
	I	D	M	I	D	M	I	D	M	I	D	M	
Napa Hospitals													
Queen of the Valley Level 3 TC (707) 257-4014	1	3											
St Helena (707) 963-6425	1	2											
Sonoma Hospitals													
SR Memorial Level 2 TC (707) 525-5207	2	3											
Sutter Santa Rosa (707) 576-4040	1	2											
Kaiser Santa Rosa (707) 571-4800 No Helipad	1	2											
Petaluma Valley (707)778-2676	1	2											
Sonoma Valley (707) 935-5100 No Helipad	1	2											
Lake Hospitals													
Sutter Lakeside (707) 262-5050													
St Helena Clearlake (707) 995-5890													
Other Hospitals													
Sutter Solano (707) 554-5210													
Kaiser Vallejo (707) 651-4910 No Helipad													
UC Davis Level 1 TC (adult & ped) (916) 734-5669	1	-											
John Muir Level 2 TC (925) 939-5800	1	-											
Oakland Childrens Level 1 Pediatric (510) 428-3240	1	-											
Marin General Level 3 TC (No Helipad) (415) 925-7200	1	2											
Kaiser San Rafael (415) 444-2400 No Helipad	1	2											
Novato Community (415) 209-1350 No Helipad	1	2											
Ukiah Valley Level 3 TC (707) 463-7330	1	2											

MCI Patient Tracking Form

Date: _____ **Incident:** _____ **Location:** _____

Med. Comm: _____ **Tac Channel:** _____ **Page** _____ **of** _____

Tag #	Category (I, D, M, X)	Age	Sex	Chief Complaint	Transport Unit	Destination	Time	Notes

Notes/Comments_____

_____

_____

_____

_____

UNIT LOG **ICS 214** (SEMS 2003)	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. ORGANIZATION POSITION	5. LEADER NAME	6. OPERATIONAL PERIOD	

7. PERSONNEL ROSTER ASSIGNED		
NAME	ICS POSITION	HOME BASE

8. ACTIVITY LOG (CONTINUE ON REVERSE)	
TIME	MAJOR EVENTS
	9. PREPARED BY (NAME AND POSITION

TRANSPORTATION GROUP SUPERVISOR - WORKSHEET

NUMBER OF VICTIMS REPORTED BY TRIAGE PRIORITY				
Immediate	Delayed	Minor	Deceased	TOTALS

AMBULANCES ATTACHED		

Medical Group / Branch
Medical Communications
Patient Transportation
Triage Unit Leader
Treatment Dispatch Manager
Ground Ambulance Coordinator
Air Ambulance Coordinator

CRITICAL ACTIONS CHECKLIST

These items are provided as reminders and do not replace standard ICS actions related to each position.

- ❑ Ensure **MCI Coordinating Facility notified** of MCI
- ❑ **Receive Assignment** when on-scene (order additional ambulance resources after receiving assignment and if authorized by the IC or designee)
- ❑ Provide a **Report on Conditions** to the MCI Coordinating entity (follow-up often)
- ❑ Consider requesting **Regional EMS MCI Support Unit** (EMS 133 dispatched by REDCOM 568-5992)
- ❑ Consider requesting local **MCI Cache Unit/Trailer**