COASTAL VALLEYS EMS AGENCY

Multi-Casualty Incident Management Plan

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

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- Air Operations Branch Director
- Delayed Treatment Area Manager
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- Medical Branch Director
- Medical Communications Coordinator
- Medical Group Supervisor
- Medical Supply Coordinator
- Minor Treatment Area Manager
- Morgue Manager
- Patient Transportation Unit Leader/ Group Supervisor
- Treatment Dispatch Manager
- Treatment Unit Leader
- Triage Personnel
- Triage Unit Leader
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ADMINISTRATION SECTION

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 (LEMSA). (Sections 1797.204, 1797.250, 1797.103, and 1797.252)

Plan Objectives and Purpose

The Coastal Valleys Emergency Medical Services Agency MCI Plan is an approved policy of the Sonoma County Department of Health Services and the Mendocino County Health and Human Services Agency. EMS provider organizations shall comply with the operational roles and standards as defined in the MCI Plan. This includes all EMS providers, dispatch centers, hospitals, and relevant Emergency Operations Center or departmental operations center command staff.

The Multi-Casualty Incident Management Plan (MCI 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.

The primary mission of the Plan is to establish responsibilities and determine actions required to coordinate a multi-agency response to any multiple casualty incidents within the LEMSA area.

The Plan provides management strategies for events of various magnitudes rather than for a single event occurring within the LEMSA area. Effective implementation will provide assistance to the largest number of persons through coordinated incident management principles. It may and should be modified based on the number of patients, cause or severity of illness or injuries, and/or special circumstances surrounding the incident.

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 need for proper training, routine plan usage, appropriate resource use and review of incidents increase the effectiveness of responses and patient outcomes.

Definitions:

MCI Coordination Dispatch Center (MCDC)

An MCI Coordination Dispatch Center will be designated for each county within the LEMSA. Roles and functions of the MCDC are specified in the Plan**.**

- Sonoma County – Central EMS Contracted Dispatch Center
- Mendocino County – Central EMS Contracted Dispatch Center

Incident Command System (ICS)

A combination of equipment, personnel and procedures for effective communication within a common organizational structure organized for the management of assigned resources to effectively accomplish objectives pertaining to an emergency incident. ICS is a sub-system of the National Incident Management System (NIMS) and a component of Standardized Emergency Management System (SEMS).

Multi-Casualty Incident (MCI)

Any incident involving five (5) or more patients.

Multi-Patient Incident (MPI)

An incident involving more than two (2) patients, up to five (5) patients. MPI patients can be numbered sequentially or triage tags can be used.

Medical Communications Coordinator (MCC)

Establishes communications with the MCDC to determine the current status of hospital/medical facility availability and capability and maintains updates. Receives basic patient information and injury status from Treatment/Transport Unit personnel as staffing allows. Communicates hospital availability to Treatment/Transport Unit as staffing allows, along with patient destination decisions. Communicates patient transportation needs to Ambulance Coordinators based upon requests from Treatment/Transport Unit, as staffing allows. Updates IC on resource requests and transporting decisions.

***S.T.A.R.T*.**

Acronym for Simple Triage and Rapid Treatment, a method of triage utilizing evaluation of airway/breathing, circulation and level of consciousness.

Immediate= Respiratory rate greater than 30 per minute;
Radial pulse is absent, or capillary refill is over 2 seconds;
Unable to follow simple commands.

Triage/Transportation Tracking and Identification

A method of identifying patients and casualties involved in an MCI and the process of determining the priority of a patient's classification based on the severity of their condition. Triage tags with unique numbering and or electronic markings for identification purposes will be used to track the patient through the event including the transportation destination.

Policy: See Operation Section for additional guidance

Declaration of:

1. The “official” definition of a Multi Casualty Incident (MCI) is any incident that exceeds and overwhelms the capabilities of the initial response. For LEMSA purposes, MCIs will be considered any incident involving five (5) or more patients or that creates the need for the expansion of the ICS to include a Medical Sector Branch. Incidents involving 2-5 patients should be considered MPIs.
2. The first arriving emergency unit should be prepared to quickly size up the incident, provide a scene description, request additional resources; declare an MCI/MPI, and implement ICS Operations. Provide early notification to the MCDC of declared a MCI and assume roles and responsibilities according to the California Office of Emergency Services Region II Multi- Casualty Incident Plan or this Plan as size and scope dictate.
3. A dispatch center can also declare an MCI based upon reported information.
4. Once declared, an MCI/MPI cannot be “undeclared” by scene personnel until the incident is terminated and all patients have been transported or released.

Coordination of:

1. **ALL** MCI coordination and dispatch functions will be transferred to the appropriate MCDC by any local dispatch center.
2. Incident Command is used for overall control and coordination of on-scene resources
   a. Key functions staffed for any size MCI should be:
      - **Incident Commander (IC)**
      - **Medical Group Supervisor- expanding MCI, as needed**
      - **Transportation Unit Leader**
      - **Medical Communications Coordinator- expanding MCI, as needed**
      - **Treatment Unit Leader**
      - **Triage Unit Leader**
3. All additional resource requests should be made through the chain of command to the IC for accountability and to prevent duplication of ordering. The Transportation Unit Leader or MCC-if staffed- are the only other positions that will contact the MCDC for updates to hospital bed availability.

Patient Distribution:

1. The overall goal of patient distribution is to deliver MCI patients to appropriate and available treatment beds to meet their medical needs without overwhelming any one hospital with too many patients.
2. Patient destination is determined based on pre-established “first wave” distribution assignment and subsequent updated hospital capacity information. Trauma Triage Criteria should be considered when appropriate for destination decisions along with the the Point of Entry Treatment Guideline.
3. **This list does NOT imply that patients must be sent to the hospitals according to any specific sequence.** The Transportation Unit Leader or MCC may make adjustments based on the MCI situation or reported hospital availability.

4. Large scale (level 3 or 4, see page 19) 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.
5. MCDC will use the electronic bed polling platform to query in-house acute care hospital availability for additional patient placement needs.

Patient Tracking:

1. Field personnel will use the LEMSA approved Triage Tag system for initial patient tracking and accountability purposes via the LEMSA electronic MCI tracking platform- when available. Paper tracking will also be completed via the provided form
2. All MCI patients will be entered into a LEMSA compatible ePCR system immediately after the conclusion of the event.
3. All receiving facilities will document all MCI patient contact. Triage Tag Identifier Numbers, disposition and available demographic information into a LEMSA approved MCI electronic patient tracking platform.

Patient Care Documentation:

Documentation requirements are modified. A completed ePCR is only required once the incident is mitigated and all transports are completed by a unit. (Note: EMS Field Notes are acceptable but must be followed up with full ePCR); Triage Tags, a Multi-Patient Triage Tracking Form and/or an electronic tracking system integrated into the approved LEMSA MCI tracking module will be used for - *if available* - for patient accountability; ICS 214 and other appropriate ICS forms need to be completed by all participants if reimbursement is sought from Local, State and Federal government sources.

MCI Plan Training:

1. CEMSA endorses the California Office of Emergency Services Region II Multi-Casualty Incident (MCI) Plan, the Incident Command System
. (ICS), and the Standardized Emergency Management System (SEMS). All LEMSA EMS provider agencies must utilize either the Region II MCI Plan or this LEMSA approved MCI plan as size and scope dictate.
2. EMS provider organizations shall provide training to relevant staff to ensure proficiency in the following:
    a. Simple Triage and Rapid Treatment (START)
    b. California Standardized Emergency Management System (SEMS)
    c. Incident Command System (minimum of ICS 200 level)
    d. Hazardous Materials First Responder Awareness
    e. Working knowledge of CVEMSA Policies and Procedures
3. This plan should be trained on a regular basis and reviewed.

Quality Assurance:

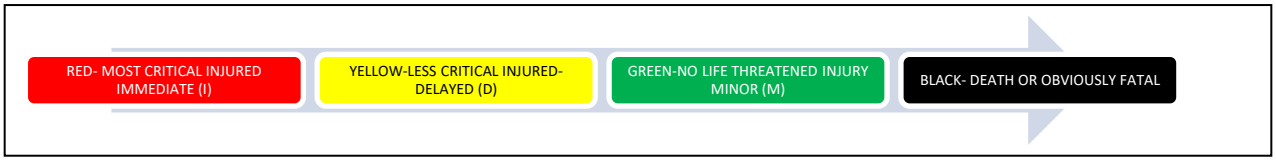
An analysis of an event (5 pts. or more) can be conducted using the CQI Committee Guidelines, as circumstances necessitate. Learning points from the CQI Committee's analysis of the event should be forwarded to the LEMSA provider contact list, Training Officers contact list and the Medical Advisory Committee.

MCI Plan Revisions:

As needed, and in consultation with first responder agencies, the MCI Plan may be revised and/or updated by the CVEMSA; based upon current medical knowledge, technology, procedure, and trends in prehospital care.

MCI Key Points

1. An MCI requires a streamlined approach to patient treatment and transport. MPI incidents require much of the same thought process as an MCI. However, a complete MCI position matrix does not need to be established for MPI, destination distribution becomes paramount for MPI.
2. Establishing ICS positions early in an incident will minimize scene time and help to easily manage a scene, thus doing the greatest good for the greatest number of patients.
3. **Transportation Unit Leader** should be the first (Medical Group) ICS position filled by a first-in transport paramedic. The **Transportation Unit Leader** will also establish direct communications to the MCDC. One person can assume multiple roles; however the **Medical Communications Coordinator** position should be filled independently when additional resources become available.
4. **Medical Communications Coordinator**. When additional transportation assets arrive on scene, the **Transportation Unit Leader** ICS position should be handed off to the next transport paramedic, if indicated by size and scope. **Medical Communications Coordinator** functions should remain with the first in transport paramedic. Minimal handoff of this position will allow for consistent communications throughout the incident.
5. **Treatment Unit Leader** can be the first arriving EMT.
6. CVEMSA subscribes to the "first arriving ambulance should be the last to transport" methodology.
7. **IC, Medical Group Supervisor and Transportation Unit Leader** need to have effective communication (face to face if possible). This will ensure easy communications when ordering resources, assigning hospital destinations and unit accountability.
8. The transportation staging area and other resource staging area will be located away from ingress and egress pathways for ground/air resources for the event. Additional ambulance(s) shall report, as directed, to the established staging area or to the IC if a staging area has not been established
9. Order EARLY and order BIG. You can always cancel later.
10. For larger incidents the *initial* triage person/team should **utilize colored tape** to triage patients. Know how to properly use triage tape/tags and MCI kits BEFORE the incident.



11. Re-triage patients frequently as they may deteriorate. Triage tags should be applied in the Treatment area upon re-triaging the patient. Triage tags should be applied for condition and tracking purposes.
12. Make centrally located treatment areas titled: Immediate, Delayed, and Minor. If you take a few minutes to gather your patients, this will ensure that they can be transported off scene quickly and no patients will be left behind.
13. Consider loading more than one patient in an ambulance.
14. Ensure destination instructions are clear and understood by the transporting agency. The "First wave" worksheet should be utilized for destination decisions. MPI incidents also benefit from these instructions.
15. Transporting units will make brief contact to the destination hospital once en route.

16. Ensure the Transport Unit Leader/ Medical Communications Coordinator has the most updated information on patient and hospital destinations. Triage tag tear-off portions shall be used for accountability. The Transport Unit Leader or designee will collect tear-off tags prior to transportation from the scene.
17. After the incident, ensure all patients are accounted for and have been transported. This should include re-contact of the MCDC to confirm patient numbers and destinations.
18. Use the supporting documentation within this Plan for assistance, ICS organizational charts, Patient Tracking and destination “First Wave” documents will be the most common. ICS Position checklists are provided for expanding incidents and additional ICS position needs.

Quick Reference

MCI Declaration Criteria

- Five(5) or more patients/victims or
- Overwhelms local resources regardless of patient/victim numbers

MCI Roles and Assignments-See Operations Section for Additional Duties

- **First arriving resource: Report on Conditions:** Nature and magnitude of the incident
  Estimate the number of injured.
  Initial priorities and resource requirements
- **Assume Incident Command (IC) and establish ICS. Advise dispatch center**
- **Declare an MCI, when criteria dictate, to the appropriate MCDC center.**
- **The LEMSA Contracted Dispatch Center will assign Command and Tactical radio channels**
- **Additional fire and ambulance resources will contact IC or Ops on the tactical channel for assignment**
- **The first-in transport paramedic will become Transportation Unit Leader and be responsible for Medical Communications Coordinator responsibilities, if required**
- **Establish the Medical Group when sufficient resources arrive, if required**
- **Treatment Unit Leader should be the first arriving ambulance EMT- and/or additional fire resources**
- **Transportation Unit Leader position handoff can occur as additional paramedic personnel arrive. MCC should remain with first contact personnel**
- **Fire or ambulance personnel can establish Triage and Transportation Units**
- **Be prepared to staff triage, treatment and transportation areas as required. Be prepared to request additional tactical radio channels as needed**
- **Triage colored tape should be used for initial triage. Use Triage Tags for retriage in the treatment area**
- **Hospital destinations should be evenly distributed, use MCI Hospital Capacity Form "First Wave" for guidance and bed counts from MCDC**
- **Transportation Unit Leader or MCC will advise the MCDC of final patient counts and destinations**
- **Transport units will contact the destination hospital directly and advise ED of the MCI declaration**

Medical Group

Reports to: See appropriate ICS Flowchart
Duties: Assign
1-TRIAGE UNIT LEADER
2-TREATMENT UNIT LEADER
3- ALL UNIT LEADERS UNDER BRANCH

Coordinate with TREATMENT UNIT LEADER in locating treatment areas
Determine additional medical resource needs and attain

Patient Transportation Leader/Supervisor

First in TRANSPORT paramedic-dual role as MCC until able to handoff role

Reports to: See appropriate ICS Flowchart

Duties: Coordination of patient transportation-Ground and Air
Designate staging area
Designate loading area

Request additional transport units-Med Group

Treatment Unit Leader

First in EMT

Reports to: See appropriate ICS Flowchart

Duties: Establish treatment areas
Communicate with Triage Unit
Assign Triage Zone Managers
Track patients
Request additional resources

Medical Communication Coordinator (MCC)

Initial dual role with Transportation Leader role

Reports to: See appropriate ICS Flowchart
Duties: Establish communication with MCDC
Determine and maintain bed status/availability use "**MCI Hospital Capacity & Destination Form"**
Assign hospital destinations to transport units via IC, Transportation or Treatment dispatch manager

Patient Distribution

- Patient distribution should be to the closest appropriate facility or specialty center. Transport Unit/ MCC should refer to the "First Wave" destination form for guidance. A declared MCI allows for Immediate classified patients to be accepted at non specialty centers.
- Air ambulances can provide transportation to specialty centers outside the local area as needed.

Triage Unit Leader

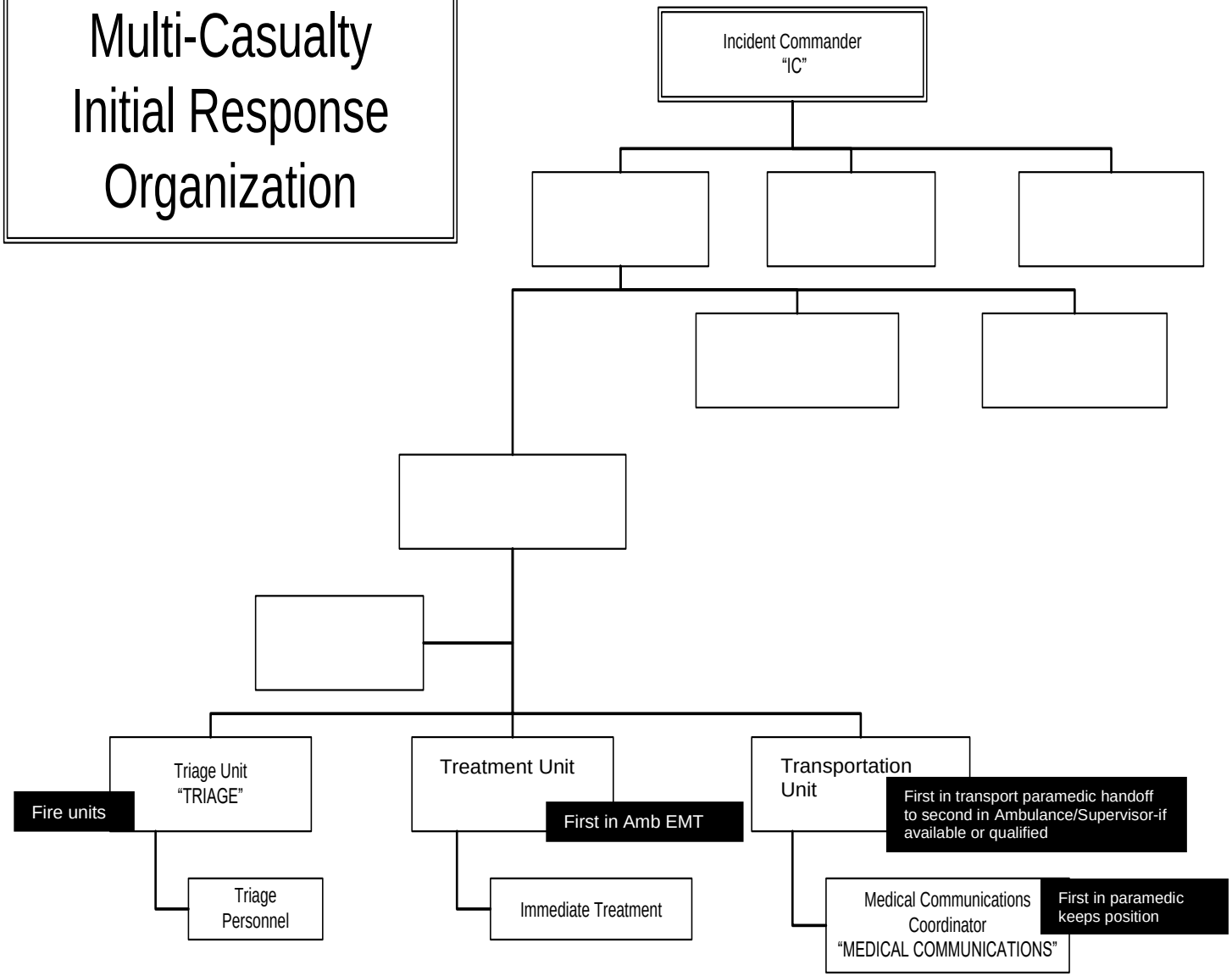
Fire or EMS Personnel

Reports to: See appropriate ICS Flowchart

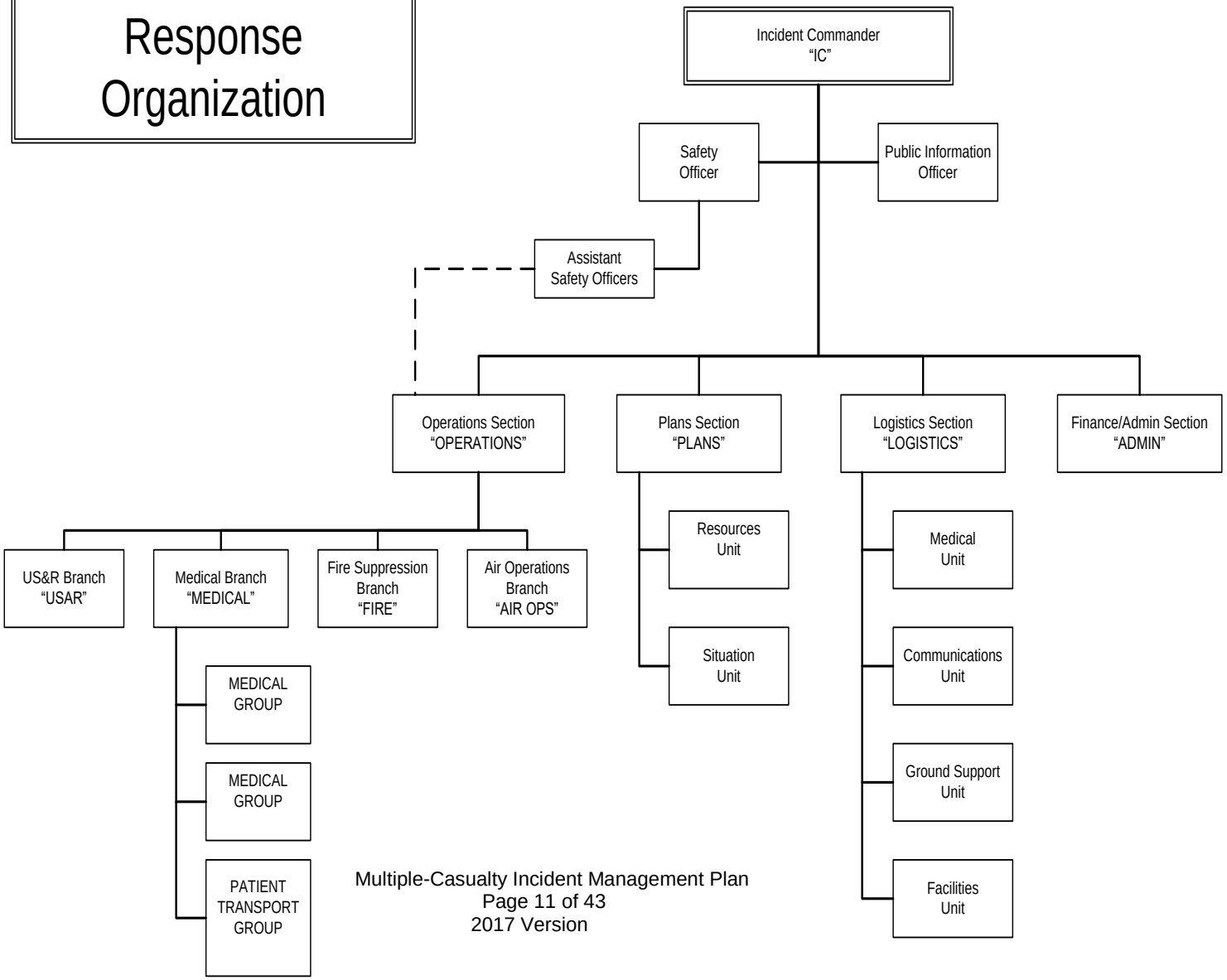
Duties: Triage management and movement of patients from the triage area

Triage location and setup

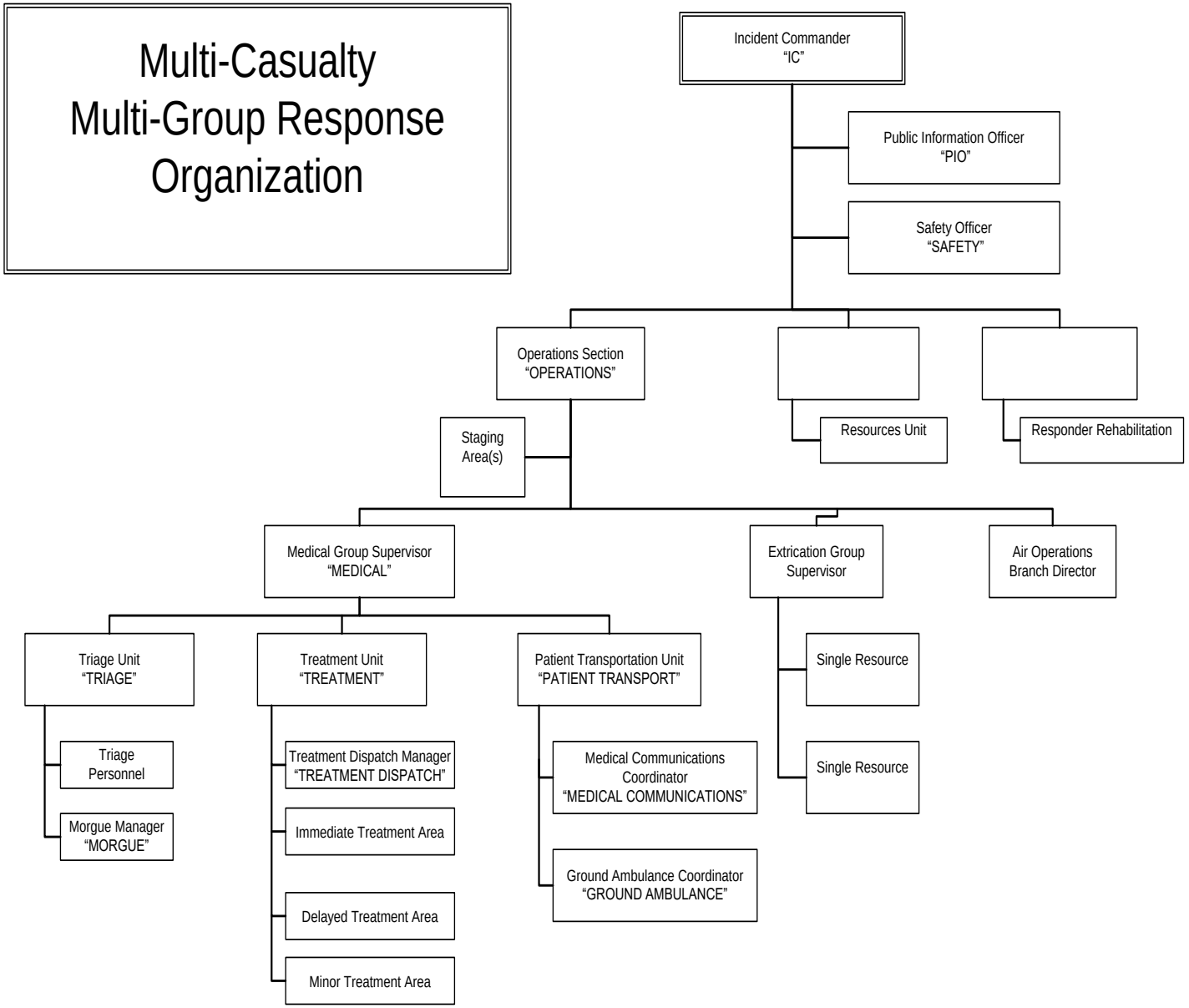
Multi-Casualty Initial Response Organization



Multi-Casualty Multi-Branch Response Organization



Multi-Casualty Multi-Group Response Organization



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 200 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

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 (LEMSA)
The LEMSA is responsible to plan, implement, and evaluate emergency medical services in the LEMSA area, 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 LEMSA 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.

- **Agent of the County Health Officer** – As a partner to the individual County Health Departments within the CVEMSA region; the LEMSA 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 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 Operations Center Coordination** – In events of a large or complex nature, the LEMSA may assist with the coordination of patient destinations, ambulance resources, hospital availability, medical mutual aid, etc. through the County Emergency Operations Center or Health Department 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.

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 & Sonoma County Communications
- Mendocino & Sonoma County Office of Emergency Services
- Mendocino & Sonoma County Behavioral Health
- Mendocino & Sonoma County Health System Providers
- Mendocino & Sonoma County Parks and Recreation
- Mendocino & 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 when 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 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-MCDC
• Support individual event needs and fill requests as received. • EMS Provider Agencies, LEMSA 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. • LEMSA 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: MCI Dispatch Pre-determined Matrix, FAA Alert II or FAA Alert III
EMS System Actions
• Ambulance services may be queried for total available units for system or event response. • The LEMSA Duty Officer may initiate actions to ensure the integrity of the EMS System, as appropriate via MHOAC entity notifications • Affected County Emergency Services entity may be notified. • The affected County Health Officer may be notified. • Region II Disaster Medical/Health Coordinator may be notified. • Disaster Medical Support Unit-DMSU may be requested

ACTIVATION
Special Considerations

Activation of the MCI may be made by the IC or MCDC upon determination of needs based upon incident specific information unique to each incident. 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 responses.

Agency and system participants have specific responsibilities during an MCI response. Depending on the nature, size, and complexity of the incident, certain activities may be modified from normal daily operating procedures.

The following highlights the actions and responsibilities of each agency after activation of the MCI. (Note, there is not a requirement that these items are completed in a particular order)

Dispatch Notifications

- MCDC will make the following notifications:
    - EMS Duty Officer notification via ImageTrend Resource Bridge
    - Initiate ImageTrend MCI Alert

First Responders Actions

- Establish an IC
- Assess number and nature of causalities,
- Establish the general nature of emergency and the resources needed and relay that information to IC
- Initiate the Simple Triage And Rapid Transport System (START)
- Establish contact with IC and determine the areas to be used for triage, treatment, and ambulance staging
- Move victims to designated patient treatment area(s)
- Assist with rescue, stabilization, fire control, hazard reduction, treatment and triage personnel as requested
- Assist with loading ambulances
- Assist with establishing morgue, if directed by the triage leader

Law Enforcement Actions

- Primary investigative authority for traffic and criminal events
- Traffic Pattern, including air if needed
- Notification of the coroner if needed

ALS Transport/ALS First Response Provider Actions

- Establish Transportation Unit and Medical Communications Coordinator if required
- On-Duty Supervisor notification per organization policy

Hospital Actions

- Make internal notifications and institute appropriate ED procedures per facility protocol
- Monitor ImageTrend Resource Bridge for additional polls and updates, respond as requested

EMS System Actions

Activation of the MCI Plan may be made by any MCDC, first responder agency, ambulance provider or the LEMSA 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 LEMSA 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. A completed ePCR is only required once the incident is mitigated and all transports are completed by a unit. (Note: EMS Field Notes are acceptable but must be followed up with full ePCR); Triage Tags, a Multi-Patient Triage Tracking Form and/or an electronic tracking system integrated into the approved LEMSA MCI tracking module will be used for - *if available* - for patient accountability; ICS 214 and other appropriate ICS forms need to be completed by all participants if reimbursement is sought from Local, State and Federal government sources.

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 MCDC.
- 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.
- MCDC 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 – MORGUE

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 occurs at the Operational Area or EMS system level and is 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

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:
    - Safety and accessibility
    - Traffic control must be monitored and directed
    - 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.
    - Consider equipment/time limitations
    - Provide an inventory of medical supplies available at ambulance staging area for use at the scene.
    - 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
    - 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
- ☐ 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:
    - Triage tag number
    - Triage category
    - Destination
    - Type of injuries
    - Mode of transport (Unit/Vehicle ID)
    - Time departed scene
- ☐ Coordinate patient destination via MCI Coordinating facility.
- ☐ Provide receiving facilities with incident information if necessary, including any decontamination procedures performed or needed.
- ☐ 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
- ☐ 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
    - Move bodies only when necessary
    - 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:
    - Medical Communications Coordinator
    - Ground Ambulance Coordinator
    - 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)

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 from 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, colored tape
- ☐ 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.
- ☐ Maintain Unit/Activity Log (ICS Form 214)

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
    - 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 DISPATCH CENTER (MCDC)

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: ***Dispatch entity specific identifier***

- ☐ 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. ImageTrend.
- ☐ 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.
- ☐ Maintain Unit/Activity Log (ICS Form 214)

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	4	4	8										
Sutter Santa Rosa (707) 576-4040	2	4	8										
Kaiser Santa Rosa (707) 393-4800 No Helipad	4	4	8										
Petaluma Valley (707)778-2634	2	4	4										
Healdsburg District (707) 431-6301 No Helipad	2	4	4										
Sonoma Valley (707) 935-5100 No Helipad	2	4	8										
Hospitals													
Queen of the Valley Level 3 TC (707) 257-4038	3	4	8										
St Helena (707) 963-6425	2	4	8										
Other Hospitals													
Marin General Level 3 TC (No Helipad) (415) 925-7200	2	4	8										
UC Davis Level 1 TC (adult & ped) (916) 734-5669	4	4	8										
John Muir Level 2 TC (925) 939-5800	4	4	8										
Oakland Childrens Level 1 Pediatric (510) 428-3240	4	4	8										
Ukiah Valley Level 4 TC (707) 463-7330	2	4	4										
Kaiser San Rafael (415) 444-2400 No Helipad	2	4	8										
Novato Community (415) 209-1350 No Helipad	2	4	4										
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 4 TC (707) 463-7330	2	4	4										
Howard Memorial Level 4 TC (707) 456-3050	2	4	4										
Mendocino Coast (707) 961-1234	2	4	4										
Sonoma Hospitals													
SR Memorial Level 2 TC (707) 525-5207	4	4	8										
Sutter Santa Rosa (707) 576-4040	2	4	8										
Kaiser Santa Rosa (707) 571-4800 No Helipad	4	4	8										
Healdsburg District (707) 431-6301 No Helipad	2	4	4										
Petaluma Valley (707)778-2676	2	4	4										
Lake Hospitals													
Sutter Lakeside (707) 262-5050	2	4	4										
St Helena Clearlake (707) 995-5890	2	4	4										
Hospitals													
Queen of the Valley Level 3 TC (707) 257-4014	3	4	8										
St Helena (707) 963-6425	2	4	8										
Other Hospitals													
UC Davis Level 1 TC (adult & ped) (916) 734-5669	4	4	8										
Marin General Level 3 TC (No Helipad) (415) 925-7200	2	4	8										
John Muir Level 2 TC (925) 939-5800	4	4	8										
Oakland Childrens Level 1 Pediatric (510) 428-3240	4	4	8										

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

214 LOG

UNIT LOG	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Unit Name/Designators	5. Unit Leader (Name and Position)		6. Operational Period

7. Roster of Assigned Personnel

Name	ICS Position	Home Base

8. Activity Log

Time	Major Events

9. Prepared by (Name and Position)

Time	Major Events

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 Dispatch Center 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**