



MONTEREY COUNTY EMS MULTIPLE CASUALTY INCIDENT (MCI) RESPONSE PLAN



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SECTION 1.0: MCI PLAN ADMINISTRATIVE ELEMENT

1.1 SCOPE

This plan is limited to Multi-Casualty Incidents within the Monterey County Operational Area.

The Monterey County Emergency Medical Services MCI Plan is an approved EMS policy. EMS service provider organizations shall comply with the operational roles and standards as presented in the MCI Plan. This includes EMS providers, dispatch centers, hospitals, and other allied agencies.

1.2 OBJECTIVES

To ensure adequate and coordinated efforts to minimize loss of life and disabling injuries.

Establish a common organizational and management structure for the coordination of emergency response to an MCI in Monterey County using the Incident Command System (ICS), California's Standardized Emergency Management System (SEMS), and the FIRESCOPE Field Operations Guide (FOG).

Identify the equipment and personnel resources necessary to effectively and efficiently deal with the patient's resulting from an incident.

Develop strategy or strategies of care and transportation that will provide for the survival of the greatest number of casualties.

1.3 DEFINITIONS

- 1.3.1 **Advanced Life Support (ALS):** Those medical services that may be provided within the scope of practice of a person licensed as a paramedic (EMT-P) or RN.
- 1.3.2 **Ambulance:** Any vehicle or aircraft which is specially designed, constructed, maintained, supplied, or equipped for transporting sick, injured, infirm or otherwise incapacitated persons, and which is capable of supporting BLS or a higher level of care.
- 1.3.3 **Base Hospital:** The Base Hospital is the hospital authorized by the EMS Medical Director to provide medical control to Monterey County paramedics.
- 1.3.4 **Basic Life Support (BLS):** Those medical services that may be provided within the scope of practice of a person certified as an EMT-1 (Basic), First Responder, and public safety first aid.
- 1.3.5 **Chemical, Biological, Radiation, Nuclear, and Explosive (CBRNE):** Also known as Weapons of Mass Destruction (WMD). Response to a CBRNE incident requires specialized equipment, personnel, training, and medical treatment.
- 1.3.6 **Disaster Medical Support Unit (DMSU):** The DMSU is cargo van type vehicle (Ford E-450 chassis) which comes fully configured and equipped with medical supplies, emergency equipment and other items to support the initial response to a large scale medical disaster incident. As equipped, the unit is capable of providing necessary medical supplies to care for up to 50 patients. Supplies and equipment include triage support equipment, basic life support and advanced life support trauma kits, splinting/bandaging supplies, spinal immobilization equipment, oxygen and airway management supplies, infection control and personal protective equipment, patient litters, portable generator and flood lights,

portable radio and communications equipment, and emergency vehicle lighting and warning equipment.

- 1.3.7 **Emergency:** An emergency means a condition or situation in which an individual has a need for immediate medical attention, or where emergency personnel or a public safety agency perceives the potential for such need.
- 1.3.8 **EMS Dispatcher:** The individual(s) who dispatches ambulance resources, provides pre-arrival instructions, and coordinates emergency response activities with Monterey County Emergency Communications Department.
- 1.3.9 **EMS Dispatch:** Is staffed and maintained by the Primary Ambulance Provider and is co-located in the Monterey County Emergency Communications Center.
- 1.3.10 **EMS Duty Officer:** EMS Agency personnel designated as “on-call” for emergency notifications such as the declaration of an MCI. The EMS Duty Officer is or works under the Medical and Health Operational Area Coordinator and coordinates local, regional, state EMS resources.
- 1.3.11 **Flagging Tape:** Plastic tape included in the MCI kit usually used to mark boundaries of the treatment areas. There are four (4) colors: Green, Yellow, Red, and Black.
- 1.3.12 **Level - 1 MCI:** Is any incident in which the volume of patients overwhelms the initial responders, but the system has adequate resources to respond, treat, and transport. Level – 1 activation should be initiated by an incident with 5 to 10 patients, or 3 or more critical patients, or at the request of Incident Command on scene.
- 1.3.13 **Level - 2 MCI:** Is any incident in which the volume of patients not only overwhelms the initial response, but where an adequate amount of ambulances and personnel are not likely to be in close proximity to the incident. A Level 2 activation should be initiated by an incident with 10 to 25 patients, or 5 or more critical patients, or at the request of Incident Command at scene. Ambulance resources may need to be requested from outside of the County. The request for outside ambulances usually will only be for one or two ambulances. These ambulances should be geographically closer to the incident than ambulances based in Monterey County.
- 1.3.14 **Level - 3 MCI Activation:** An incident with multiple patients where the number of patients may overwhelm the number of available ambulances within the County. This describes a large-scale incident, such as a large airline crash or a building collapse. All the resources in a jurisdiction become overwhelmed, from the responders to the receiving hospitals. This is a localized incident differing from a Medical Disaster. However, the local disaster plan may be activated, enabling a regional resources response. Level – 3 activation should be initiated by an incident with 25 or more patients.
- 1.3.15 **Medical Disaster:** A widespread incident or multiple incidents with significant numbers of casualties. The local disaster plan is likely to be activated. Resources from outside Monterey County will likely be required to fully manage the incident(s).
- 1.3.16 **Medical Disaster Communications System (MDCS):** The MDCS (800 MHz Radio) allows emergency management, ambulance management, and hospitals to coordinate emergency response efforts.
- 1.3.17 **Medical Health Operational Area Coordinator (MHOAC).** The Director of Health and the EMS Director have jointly designated the Director of the Monterey County Emergency Medical Services (EMS) as the Medical and Health Operational Area Coordinator (MHOAC). Primary responsibilities of the MHOAC are to manage disaster medical resources, including personnel, equipment, and supplies; request mutual aid; activate hospital notifications and communication systems; survey EMS resources (hospitals and transportation

providers); orchestrate patient distribution; coordinate evacuation and patient tracking; and effectively and efficiently process all medical and health information.

- 1.3.18 *Medical Network (MedNet) Communications:*** Assigned communication frequencies for dispatch, command and control, and tactical coordination.
- 1.3.19 *Monterey County Emergency Communications Department (MCECD):*** The primary and centralized public safety answering point (9-1-1 Dispatch) for fire, law enforcement, and EMS for Monterey County; located in Salinas.
- 1.3.20 *Multi-Casualty Incident (MCI):*** An incident that produces more casualties than can be managed by the usual EMS response of one or two ambulances.
- 1.3.21 *START Triage:*** A triage system to quickly sort victims by severity in an MCI.
- 1.3.22 *Triage Tag:*** A card used to identify the patient for tracking purposes, to identify patient severity for prioritizing transport, and to record patient information when there are multiple patients at an incident. Only triage tags from DMS and approved by the EMS Agency are to be carried Monterey County based EMS service providers and used within Monterey County.

1.4 AN MCI DIFFERS FROM A MEDICAL DISASTER

- 1.4.1** Under an MCI all casualties originate from the same scene (as opposed to a widespread incident, such as an earthquake or flood).
- 1.4.2** Under an MCI medical resources have not been damaged or otherwise disabled by the incident (except in the case of a hospital fire, explosion or similar cause).
- 1.4.3** During an MCI, operational management is maintained at the scene of the incident.
- 1.4.4** An MCI is limited in scope. The number of casualties is generally known or can be estimated from the onset of the incident.

SECTION 2.0: OPERATIONAL ELEMENT

2.1 PRE-ARRIVAL ACTIVATION OF MCI PLAN:

The highest ranking public safety officer responding to the incident shall determine whether additional resources are likely to be needed and order those resources through MCECD.

2.2 ON SCENE MCI ACTIVATION:

2.2.1 ACTIVATION GUIDELINES FOR PERSONNEL ON SCENE

Personnel arriving on-scene first will either confirm the presence of an MCI or discover and declare an MCI.

- On Scene personnel will confirm the Level of MCI if a possible MCI was declared by MCECD or EMS Dispatch.
- Conduct a scene size-up to include an estimate of the number of casualties and known hazards.
- Communicate to MCECD or EMS Dispatch the estimated number of casualties and known hazards.
- Establish the Incident Command structure.
 - The Incident Commander is responsible for establishing goals and strategies.
 - Request additional resources as needed.

- All resources sent to the incident should be ordered through a single source (Incident Command).
- MCECD may assign tactical radio channels as needed.

2.2.2 ACTIVATION AUTHORITY

The following have the authority to activate the MCI plan:

- First Responder, public safety officer or ambulance personnel that arrive at the incident location first and recognize the presence of multiple casualties.
- Incident Commander (IC).

SECTION 3.0: MCI ACTIVATION RESPONSE PROCEDURES

3.1 LEVEL 1 INCIDENT

The number of patients is greater than can be handled by the usual initial response of one to two ambulances. The EMS system has adequate resources to respond and transport the patients. Duration of the incident is expected to be less than 1 hour.

3.1.1 Communications Procedure and Notifications:

- EMS Dispatch responsibilities:
 - Notify the ambulance field supervisor.
 - Notify all ambulances of MCI Activation and advise all units of Level – 1 MCI including the Location.
 - Dispatch an initial response of three ambulances unless additional ambulances are requested.
 - Dispatch additional ambulances as requested by the IC.
 - Initial notification of all hospitals in Monterey County by phone.
 - Provide and receive follow-up reports to and from Monterey County hospitals via 800MHz radio or phone
 - Report hospital information to Transportation Group Supervisor or other designated individual on scene.
 - Notify the EMS Duty Officer.
- MCECD responsibilities:
 - Dispatch Fire resources in whose jurisdiction the incident occurred.
 - Request Mutual Aid fire resources under any preplanned response matrix or at the request of the IC.

3.1.2 Field Operations Procedure:

- 3.1.2.1** The first responder to arrive at scene shall assume incident command and size up the situation by determining:
- Nature and magnitude of the incident
 - Estimate the number of injured.
 - Initial priorities and immediate resource requirements.
- 3.1.2.2** The first ALS unit on-scene shall report directly to the IC for assignment. Potential areas for assignment include:
- The establishment of the Medical Branch.
 - Transportation Group Supervisor.
 - Additional resource needs.
- 3.1.2.3** Additional ambulance(s) shall report, as directed, to the staging area or the IC upon arrival for assignment.
- 3.1.2.4** Additional personnel shall report to the IC or designated staging area as directed.
- 3.1.2.5** Use of Triage Tags is recommended to ensure patient identification and tracking.
- 3.1.2.6** Patient destination should be evenly distributed to as many hospitals as practical. Distribution should be made as evenly as practical based on severity and by total number of patients.

3.1.2.7 The Monterey County EMS Non-Transport Record shall be used for those people involved in the incident, have no medical need, and refuse assessment, care, and transport.

3.1.3 Hospital Roles:

- The ED physician shall be notified.
- The hospital shall prepare to receive multiple patients from the MCI.
- The hospital shall assure staff is available to monitor the 800 MHz radio.
- Communicate with MCECD regarding hospital impact from the MCI and other pertinent information such as receiving multiple patients from a separate incident.

3.2 LEVEL 2 INCIDENT

The initial responders are overwhelmed by the patient volume. An adequate number of additional ambulances are not likely to be immediately available, thereby creating a delay in transporting patients. Adequate ambulance resources should be available within the County to respond to the incident as well as other requests for service. The duration of incident may be greater than an hour.

3.2.1 Communications Procedure and Notifications:

- EMS Dispatch responsibilities:
 - Dispatch an initial response of three ambulances unless additional ambulances are requested.
 - Dispatch additional ambulances based on a request from the IC.
 - Request the EMS Dispatch Supervisor to the Communication Center to assist as needed.
 - Notify all ambulances of MCI Activation and advise all units of Level 2 MCI including the Location. Consider establishing a separate command channel for the incident on the MedNet system.
 - Initial notification of all hospitals in Monterey County by phone.
 - Communicate with the Transportation Group Supervisor regarding destination hospitals and to obtain an estimate of the number of patients to be transported to each hospital.
 - Notify the EMS Field Supervisor.
 - Provide and receive follow-up reports to and from Monterey County hospitals via 800MHz radio or phone.
 - Notify the hospitals receiving MCI patients of the expected number of patients that they may receive.
 - Initiate contact with hospitals in other counties that may receive patients by ground ambulance.
 - Report hospital information to Transportation Group Supervisor or other designated individual on scene.
 - Notify or request assistance from the EMS Duty Officer.
- MCECD responsibilities:
 - Dispatch Fire resources in whose jurisdiction the incident occurred.
 - Dispatch Mutual Aid fire resources under any preplanned response matrix or on the request of the IC.
 - Notify the Fire Area Coordinator.
 - Notify the OES Duty Officer depending on size and complexity of the incident.

3.2.2 Field Operations Procedure:

3.2.2.1 The first responder to arrive at scene shall assume incident command and size up the situation by determining:

- Nature and magnitude of the incident.
- Estimate the number of injured.
- Initial priorities and resource requirements.

3.2.2.2 The first ALS unit on-scene shall report directly to the IC for assignment that may include:

- The establishment of the Medical Group.

- Additional resource needs.
 - Logistical concerns (i.e. Triage and treatment areas).
 - Designation of Transportation Group Supervisor.
 - Medical Communications Coordinator
 - Communication with EMS Dispatch regarding destination hospitals and to provide an estimate of the number of patients to be transported to each hospital.
- 3.2.2.3** Additional ambulance(s) shall report to the staging area or the IC upon arrival for assignment.
- 3.2.2.4** Additional personnel shall report to the IC or designated staging area as directed.
- 3.2.2.5** Triage flagging tape shall be used for initial triage.
- 3.2.2.6** Triage Tags shall be used due to the large number of patients. Triage tags will be placed on the patient in the Treatment Area. The patient will receive a triage tag prior to transport with the destination strip of the triage tag provided to the Transportation Group Supervisor for patient tracking purposes. The Triage Tag may be used as the Patient Care Report (PCR).
- 3.2.2.7** The EMS Field Supervisor should respond to the scene to support management of the incident. The EMS Field Supervisor shall notify EMS dispatch of intent to respond.
- 3.2.2.8** Patient destination should be evenly distributed to as many hospitals as practical.
- 3.2.2.9** Patient distribution should be made as evenly as practical based on patient severity and total number of patients.
- 3.2.2.10** The Monterey County EMS Non-Transport Record shall be used for those people involved in the incident, have no medical need, and refuse assessment, care, and transport.
- 3.2.2.11** Ambulances transporting patients should use an abbreviated call-in format when advising the receiving hospital.
- 3.2.3** Hospital Roles:
- The ED physician shall be notified.
 - The hospital shall be prepared to accept multiple patients from the MCI.
 - The hospital shall assure staff is available to monitor the 800 MHz radio.
 - Communicate with EMS Dispatch regarding hospital impact from the MCI and other pertinent information such as receiving multiple patients from a separate incident.
 - The hospital should consider the activation of their disaster plan.

3.3 LEVEL 3 INCIDENT

The number of casualties from this level of incident overwhelms the resources available in Monterey County. It is likely not possible to respond with an adequate number of ambulances to the incident and promptly respond to other requests for ambulance service. This type of incident may result from a commercial airline crash, a building collapse or other similar type of incident. Not only will ambulance service be inadequate but receiving hospitals will be overwhelmed. In an incident of this size the operational area EOC and disaster plan may be activated, enabling a regional resources response.

3.3.1 Communication Procedures and notifications:

3.3.1.1 EMS Dispatch responsibilities:

- Dispatch an initial response of three ambulances.
- Dispatch additional ambulances based on a request from Incident Command.
- Notify the EMS Field Supervisor.
- Request the EMS Dispatch Supervisor to the Communications Center to assist.
- Notify all ambulances of the Level 3 MCI activation, location of the incident, and consider establishing a command channel for the incident on the MedNet system
- Provide initial notification of all hospitals in Monterey County.
- EMS Dispatch may seek out of county ambulance resources from the EMS Duty Officer.
- EMS Dispatch Supervisor will coordinate ambulance resources with the EMS Field Supervisor and the EMS Duty Officer.
- Communicate with the Transportation Group Supervisor regarding destination hospitals and to obtain an estimate of the number of patients to be transported to each hospital.
- Initiate contact with hospitals in other counties that may receive patients by ground ambulance.
- Provide and receive follow-up reports to and from Monterey County hospitals via 800MHz radio or phone.
- Notify or request response from the EMS Duty Officer.

3.3.1.2 MCECD responsibilities:

- Dispatch Fire resources in whose jurisdiction the incident occurred.
- Request Mutual Aid fire resources under any preplanned response matrix or on the request of Incident Command.
- Notify the Fire Area Coordinator.
- Notify the OES Duty Officer.

3.3.2 Field Operations Procedures

3.3.2.1 The first responder to arrive at scene shall assume incident command and size up the situation by determining:

- Nature and magnitude of the incident.
- Estimate the number of injured. This information should be provided to Fire Comm and EMS dispatch
- Initial priorities and immediate resource requirements.
- Consider requesting deployment of Disaster Medical Support Unit (DMSU) or MCI trailers.

- 3.3.2.2** The first ALS unit on-scene shall report to the IC for assignment. This assignment may include:
 - Triage Group Supervisor.
 - Treatment Group Supervisor.
 - Transportation Group Supervisor.
 - Ambulance Staging Coordinator.
 - Medical Communications Coordinator.
- 3.3.2.3** Additional ambulance(s) shall report to the staging area or the IC upon arrival for assignment.
- 3.3.2.4** Additional personnel shall report to the IC or designated staging area as directed.
- 3.3.2.5** Triage flagging tape shall be used for initial triage.
- 3.3.2.6** Triage Tags should be used due to the large number of patients. Triage tags will be placed on the patient in the Treatment Area. The patient will receive a triage tag prior to transport with the destination strip of the triage tag provided to the Transportation Group Supervisor for patient tracking purposes. The Triage Tag may be used as the Patient Care Report (PCR).
- 3.3.2.7** Patient destination of critical patients should be evenly distributed to as many hospitals as practical.
- 3.3.2.8** The Monterey County EMS Non-Transport Record shall be used for those people involved in the incident, have no medical need, and refuse assessment, care, and transport.
- 3.3.2.9** Ambulances are to use an abbreviated call in format for hospital notifications.

3.3.3 Hospital Roles:

- The ED physician shall be notified.
- Communications between EMS Dispatch and the hospital should continue via 800 MHz radio
- The hospital should consider activation of their disaster plan.
- The hospital should consider activation of the Hospital Incident Command System to manage the impact of the patient load.

3.4 TERMINATION OF AN MCI ACTIVATION

- 3.4.1** As soon as the condition has been mitigated and/or is under control, the Incident Commander (IC) should terminate the MCI declaration by radio to MCECD.
- 3.4.2** MCECD and EMS Dispatch will broadcast cancellation of the MCI declaration and notify all previously notified agencies of the cancellation.
- 3.4.3** EMS Dispatch will notify all hospitals of the MCI cancellation via the MDCS (800 MHz Radio) or telephone.

SECTION 4.0: COMMUNICATIONS

4.1 ACTIVATE MCI

- 4.1.1** MCECD will coordinate with EMS Dispatch for available ambulances, current resources, mutual aid coverage, staging, and external mutual-aid resources if requested. External mutual-aid resources shall be coordinated in collaboration with the Monterey County EMS Agency and/or the Medical and Health Operational Area Coordinator (MHOAC). The EMS Director or his/her designee acts as the Monterey County MHOAC.
- 4.1.2** MCECD has the responsibility for coordinating all MCI communications. All notifications and requests to other agencies shall originate from the Monterey County Emergency Communications Center.

SECTION 5.0: COMMAND STRUCTURE

5.1 INCIDENT AUTHORITY

Incident Organization shall be based on the Incident Command System (ICS) and comply with the following:

For single-jurisdictional incidents, incident command will be with the responsible legal jurisdictional agency.

For multi-jurisdictional incidents, a unified command structure may be established with the incident command responsibilities being jointly provided by those agencies (e.g. Fire, EMS Agency, ambulance provider, and/or law) sharing legal jurisdiction.

Incident Command, whether through individual or unified command, is responsible for:

- Determining the overall incident objectives;
- Selection of tactical strategies;
- Approving the joint-plan and tactical activities;
- Management of assigned resources;
- Processing and dissemination of information;
- Conducting integrated tactical operations; and
- Effectively and efficiently employing all assigned/available resources.

5.2 COMMAND AUTHORITY PRINCIPLES

- The Incident Commander (IC) will be a designated representative from a Law Enforcement, Fire Agency, or Health Department having jurisdictional, investigative, or legal authority for the incident.
- The first arriving personnel of any agency may function as the IC implementing the necessary actions until the role can be relinquished to the appropriate agency.
- Agencies that are assisting or providing mutual aid in support of an incident will function under the direction of the designated IC or Unified Command.
- In multi-jurisdictional incidents, a Unified Command may be established at a single (site) command post (location).
- Assign appropriate ICS roles to responding personnel using MCI job action sheets, vest, and appropriate documentation forms. Only those ICS positions required, due to the size and nature of the incident need be filled.
- Any large event (incident) may need to have several divisions and/or branches under one director. Any incident needing more than one (1) Medical Branch should refer to FIRESCOPE Field Operations Guide to assist with establishing ICS Command structure.

SECTION 6.0: FIELD OPERATIONS

6.1 INCIDENT COMMAND

- The Transportation Group Supervisor is responsible for managing patient transportation and is usually the first ambulance paramedic arriving on scene.
- All incoming personnel shall assume support roles based upon assignment/mission designated by the Incident Commander (IC). All personnel shall report to staging for direction unless instructed otherwise.
- During the MCI, all onsite agencies shall request additional resources through the Incident Commander or his/her designee.
- The IC should consider personnel needs to manage triage, patient movement, and patient management in the treatment areas when requesting resources.
- The IC or his/her designee, when requested by the Incident's Medical Branch Director, would order all EMS aircraft, assign the heli-spot manager and safety officer, and designate the landing zone(s).
- The IC or his/her designee should request Critical Incident Debriefing (CID) as soon as a need is identified.
- All personnel with an assigned ICS position should be easily identified through the use of ICS position vests.
- Establish ambulance staging, equipment and personnel staging, treatment, and morgue areas as needed.

6.2 INITIAL TRIAGE

- **S.T.A.R.T. TRIAGE** is the designated method for establishing the condition of the patients by the extrication/triage personnel. Initial triage will be with triage flagging tape. Patients should be triaged and tagged using the county-designated triage tag at the treatment area. All patients should be directed to appropriate treatment area(s) for re-triage, care, and transportation.
- Consideration should be made to reallocate personnel from the extrication and triage areas to the treatment area as patients are triaged and moved to the treatment areas.

6.3 SECONDARY TRIAGE AND TREATMENT

- Within the treatment area, separate and well defined sections for each category of patient should be established to facilitate identification of patients by severity.
- Personnel shall continue to follow Monterey County EMS policies and protocols including trauma patient destination.
- It is important to reassess patients in the treatment area and during transport.

6.4 TRIAGE TAGS

- 6.4.1** Triage Tags should be utilized in an MCI. Pre-hospital care personnel shall ensure that an adequate supply of tags is available during their shift. Engine Companies should carry at least ten (10) tags per vehicle and ambulances should carry at least fifteen (15) tags per unit. Triage tags may replace the PCR in declared Level 2 and Level 3 Multi-Casualty Incidents.
- 6.4.2** The Receiving Hospitals shall monitor and retrieve all triage tags utilized to identify patients brought in from the MCI. The triage tag, when used, will be saved as the medical record of prehospital care.

6.5 AMBULANCE STAGING

The staging area for ambulances and other transport vehicles should not restrict ingress and egress of other ambulances or patient movement.

6.6 PROVISIONS FOR EQUIPMENT

- 6.6.1** In certain MCIs, it will be necessary to establish treatment areas. The primary function of treatment areas is to provide stabilization of patients until they can be transported to receiving facilities. In such situations, it will be necessary to establish a cache of equipment to treat these patients.
- 6.6.2** Equipment and supply resources can be provided to the incident through the following resources:
- Fire units may be equipped with both ALS and BLS supplies.
 - All Monterey County Ambulances are equipped with both ALS and BLS supplies. Out of county ambulances may have only BLS supplies.
 - Ambulance supervisor units should carry BLS and ALS supplies.
 - Equipment cache trailers have BLS equipment to treat multiple patients.
 - The DMSU has supplies to treat fifty (50) injured patients.
- 6.6.3** Ambulances should not provide equipment such as the heart monitor or portable oxygen tank to a supply cache when it would make the ambulance unable to provide patient care during transport or to another patient should that ambulance be assigned to a separate incident.

6.7 MONTEREY COUNTY EMS NON-TRANSPORT RECORD

The Monterey County EMS Non-Transport Record shall be used for those people involved in the incident, have no obvious medical need, and refuse assessment, care, and transport.

SECTION 7.0: TRANSPORTATION OF THE INJURED

7.1 AMBULANCE REQUEST GUIDELINES:

During an MCI, care must be taken to balance the required number of ambulances to manage the MCI while maintaining county-wide ambulance coverage.

When ambulances respond into Monterey County from other counties for mutual aid purposes, these out-of-county ambulances should normally be assigned to the MCI incident rather than to county coverage. This is to allow Monterey County based ambulances to respond to other requests for ambulance service due to area familiarity.

The Monterey County ambulance provider should work with the EMS Duty Officer when a Level 2 or Level 3 MCI is declared to ensure a reasonable level of ambulance coverage for the county.

7.2 INITIAL CALCULATION OF THE REQUIRED NUMBER OF AMBULANCES

This guideline is meant to provide general guidance on determining the initial estimate for the number of transport ambulance units required to respond to an MCI based on the number of immediate patients. As a determination of the number of delayed and minor patients is made, additional ambulances or other transport vehicles, such as a bus, may be required. The request for additional transport vehicles, such as ambulance, bus, etc. should be made as early as possible.

A general rule-of-thumb for determining how many ambulances should initially be requested by first-arriving personnel can be calculated using the following formula:

REQUIRED AMBULANCES = NUMBER OF IMMEDIATE PATIENTS DIVIDED BY TWO (2) PLUS ONE (1). Example: Ten (10) Immediate Patients will require six (6) ALS Units/Ambulances.

7.3 REQUESTING AMBULANCE AND TRANSPORTATION RESOURCES

7.3.1 All requests for ambulance and transportation resources must originate from the IC or his/her designee. EMS resource requests shall include at a minimum:

- How many ambulances required
- Service types and mode (BLS, ALS, Air, Bus, etc.)
- Staging area location
- Radio frequency/channel (to be used for coordination with the Incident’s Transportation Group Supervisor)
- Numbers and types of patients/casualties (IMMEDIATE/DELAYED/MINOR)
- Factors (Trauma/HazMat/Medical) that may affect transport decisions.

7.3.2 Monterey County Emergency Communications will pass the Incident Commander’s initial request to EMS Dispatch. The Emergency Medical Dispatcher will identify and assign local EMS resources and, if needed, coordinate with neighboring counties under established Mutual Aid Agreements, and with the Medical and Health Operational Area Coordinator (EMS Duty Officer).

7.3.3 The number of required ambulances should be adjusted based upon the following considerations:

- Distance from the receiving hospitals
- Number of critical patients
- Hospital “turn-around” time
- Total number of patients
- Availability of alternative transport vehicles

7.4 TRANSPORT DESTINATION

Patient destination determination shall be made by the Transportation Group Supervisor.

- It is desirable to distribute patients as evenly as possible, in both total numbers as well as in severity, among receiving hospitals.
- Patient distribution should be to as many hospitals as practical.
- Use of air ambulance, as available, is encouraged to transport patients who meet major trauma patient destination criteria to trauma centers.
- Where possible, and secondary to patient care requirements, attempt shall be made to transport family members to the same hospital.
- Patients from an MCI should be distributed as equally as possible among all hospitals receiving patients. Equal distribution should be both in severity (immediate, delayed, minor) and in total numbers of patients. Considerations in patient destination decisions may include: Destination of patients from another MCI, walk-in patients to the closest hospital(s) from the MCI, distance, number of transport vehicles, etc.

7.5 AMBULANCE/HOSPITAL COMMUNICATIONS

7.5.1 During transport, all transporting ambulances shall provide a brief radio report to the receiving hospital, as early as possible, to include:

- Number of patients being transported
- Age and sex of the patient
- Chief complaint/mechanism of injury and field impression
- Patient level of consciousness and respiratory status
- Code of transport and ETA

7.5.2 It is imperative that paramedics, whether or not involved in the MCI, notify hospitals receiving MCI related patients as early as possible of any patient transports to their facility, to allow for adequate hospital preparation for incoming patients.

7.5.3 It is recommended that standing orders be used as much as possible during a declared MCI. Base station contact should generally be reserved for those situations requiring Base Station Physician orders.

SECTION 8.0: HOSPITAL ROLE

8.1 RESPONSIBILITIES

8.1.1 Upon notification of an MCI, the hospital shall prepare to receive patients from the incident. Hospitals that are proximal to the scene of the MCI should prepare for walk-in patients who left the scene prior to the arrival of EMS personnel.

- 8.1.2 The hospital shall ensure that the 800 MHz radio is constantly monitored.
- 8.1.3 Hospitals are encouraged to communicate the impact of the incident to EMS Dispatch via phone or 800MHz radio.
- 8.1.4 Inter-hospital communications should be by phone or through use of the 800 MHz radio.
- 8.1.5 The hospital shall follow their internal guidelines for managing heavy patient volume. This may include activation of the hospital's surge or disaster plan.
- 8.1.6 The hospital should consider activation of their Hospital Incident Command System.
- 8.1.7 The hospital shall have a process in place to ensure the ability to track the patients from the MCI from arrival through admission, discharge, or transfer. The ability to track these patients shall include coordination of the MCI tag number with hospital records.
- 8.1.8 The copy of the EMS triage tag shall be included in the patient's medical record. Both sides of the triage tag are to be copied.

SECTION 9.0: LAW ENFORCEMENT

9.1 RESPONSIBILITIES

- 9.1.1 Provide for Incident Command function or participate in Unified Command as needed for the incident.
- 9.1.2 Ensure effective communications with responding fire, EMS, and other agencies.
- 9.1.3 Provide law enforcement operations such as:
 - Scene/perimeter control
 - Traffic control
 - Crime scene identification, management, and evidence preservation
- 9.1.4 Morgue operations in coordination with the Coroner's office.
- 9.1.5 Assist with other MCI activities such as patient movement, equipment/ambulance staging, and other tasks as needed when available, and not otherwise assigned.

SECTION 10.0: PROCEDURES FOR HANDLING THE DECEASED

If it becomes necessary to move bodies in order to accomplish rescue/extrication and/or treatment of casualties, protect the health and safety of others, or to prevent further damage to the bodies, the following procedures should be followed:

- Do not remove any personal effects from the bodies;
- Tag the bodies with approved triage tags to indicate death;
- Bodies must be secured and safeguarded at all times; and,
- No variations to these procedures are authorized without the approval of the Morgue Unit Leader, Sheriff-Coroner, or their representative.

A Sheriff/Coroner deputy or representative should direct morgue operations.

SECTION 11.0: POST INCIDENT REVIEW

All agencies involved in any MCI should plan to attend an operational debrief of the incident response. The IC's parent agency is designated as the agency responsible for scheduling and

hosting the operational debrief. The elapsed time between the incident and the operational debrief is at the discretion of the host agency, however, it is recommended that the operational debrief be held as soon as practical after the incident, but no later than one week following the termination of the MCI. The operational debrief will be facilitated by the EMS Agency or a designated representative, and will follow the Monterey County EMS Agency's Quality Improvement Program Guidelines to ensure confidentiality, to promote positive and frank feedback, and identify lessons learned for training improvements.

Representatives of all agencies involved in the incident should be invited to the operational debrief, including all dispatchers who participated in the incident's communications. It is further recommended that, to the extent possible, all incident participants attend the operational debrief.

An "AFTER-ACTION REPORT" may be prepared by the Monterey County EMS Agency for distribution to all involved agencies. The purpose of the report is to identify the strengths and weaknesses of the MCI Plan, and develop a Plan of Action and Milestones to correct identified deficiencies and improve patient care.

SECTION 12.0: TRAINING AND EXERCISES

All EMS service provider organizations shall provide annual training and updates for their staff on the MCI Plan and participate in regular exercises of the MCI Plan with other EMS system participants.

SECTION 13.0: MCI PLAN REVISIONS

As needed, the Multi-Casualty Incident (MCI) Plan may be revised and/or updated by the EMS Agency; based upon current medical knowledge, technology, procedure, and trends in pre-hospital care.

Attachment A:

- **MONTEREY COUNTY FIRE AND EMS/AMBULANCE AGENCY IDENTIFICATION**

- 51xx Aromas Tri-County Fire District (CALFIRE)
- 52xx North County Fire Protection District
- 53xx Salinas Fire Department
- 54xx Marina Fire Department
- 55xx Monterey County Fire Protection District
- 56xx Spreckels Volunteer Fire Department
- 58xx Monterey County Emergency Medical Services (EMS) Agency
- 59xx Monterey County Office of Emergency Services
- 61xx Presidio of Monterey (POM)
- 62xx Seaside Fire Department
- 64xx Monterey City Fire Department
- 66xx Pebble Beach Fire Department (CALFIRE)
- 71xx Carmel Fire Ambulance
- 72xx Cypress Fire Protection District (CALFIRE)
- 73xx Carmel Highlands Fire Department (CALFIRE)
- 74xx Mid Coast Volunteer Fire Brigade
- 77xx Cachagua Fire Protection District
- 78xx Big Sur Volunteer Brigade
- 81xx Gonzales Volunteer Fire Department
- 82xx Correctional Training Facility
- 83xx Soledad Fire Protection District
- 84xx Greenfield Fire Protection District
- 85xx King City Fire Department
- 86xx SOMOCO Fire Protection District (CALFIRE)
- 87xx San Ardo Volunteer Fire Company
- 88xx Fort Hunter Liggett Fire Department
- 89xx Camp Roberts Fire Department
- 46xx CAL FIRE-Monterey/San Benito Ranger Unit

Note: The last two-digits (xx) of the identification designate the type of unit and station number.

Medic xx	Contract Ambulance Provider.
AMR x	Ambulance Supervisor

- USFS has a different numbering system.

Attachment B:

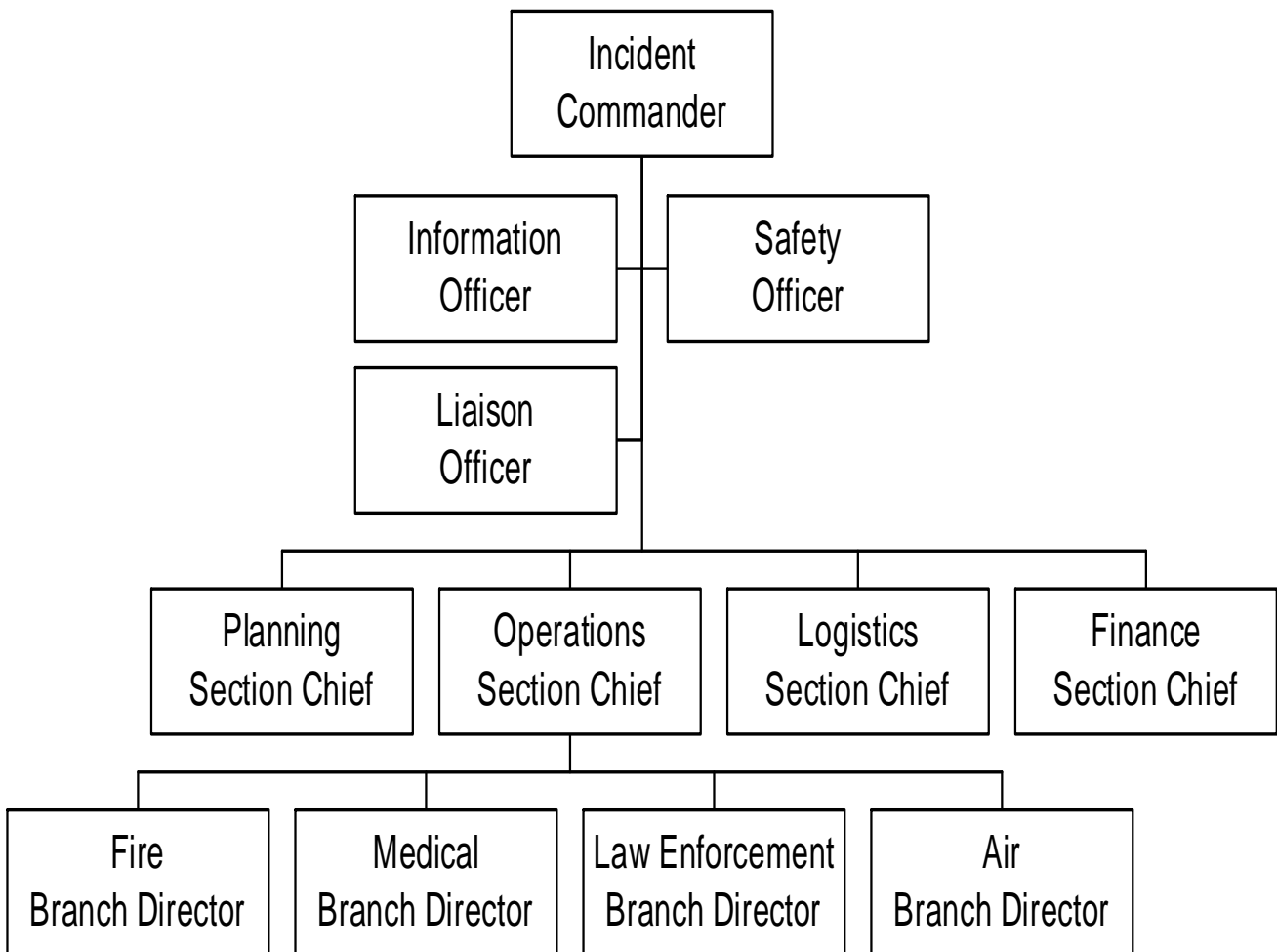
Hospital Destination

Hospital (Radio, Telephone, Address)	Patients Sent	
	Critical	Non-Critical
SVMHS (712) 450 E Romie Lane, Salinas		
MedNet 7 or 2 (831) 755-0700 Total		
NMC (714) 1441 Constitution Boulevard, Salinas		
MedNet 7 or 2 (831) 755-6268 Total		
CHOMP (613) 23625 Holman Highway, Monterey		
MedNet 6 or 2 (831) 625-4900 Total		
MEE (715) 300 Canal Street, King City		
MedNet 5 or 2 (831) 385-7220 Total		
WCH 75 Nielson Street, Watsonville		
MedNet 8 or 3 (831) 724-4741 Total		
DOMINICAN 1555 Soquel Drive, Santa Cruz		
MedNet 8 or 3 (831) 462-7710 Total		
Saint Louise 9400 No Name Uno, Gilroy		
(408) 848-2000 Total		
Hazel Hawkins 911 Sunset Drive, Hollister		
(831) 636-2640 Total		
Kaiser Santa Teresa 250 Hospital Park Way, San Jose		
(408) 972-3000		
S/Clara VMC 751 South Bascom Ave, San Jose		
(408) 885-5000 Total		
San Jose RMC 225 N. Jackson Ave, San Jose		
(408) 259-5000 Total		
Good Sam 2425 Samaritan Drive, San Jose		
(408) 559-2011 Total		
Twin Cities 1100 Las Tables Road, Templeton		
(805) 434-4550 Total		
Stanford Medical Center 300 Pasteur Dr. Stanford (650) 723-5111 Total		
Other Total		
Other: Total		
Other: Total		
TOTAL		

ICS-MC-308 (03/14)

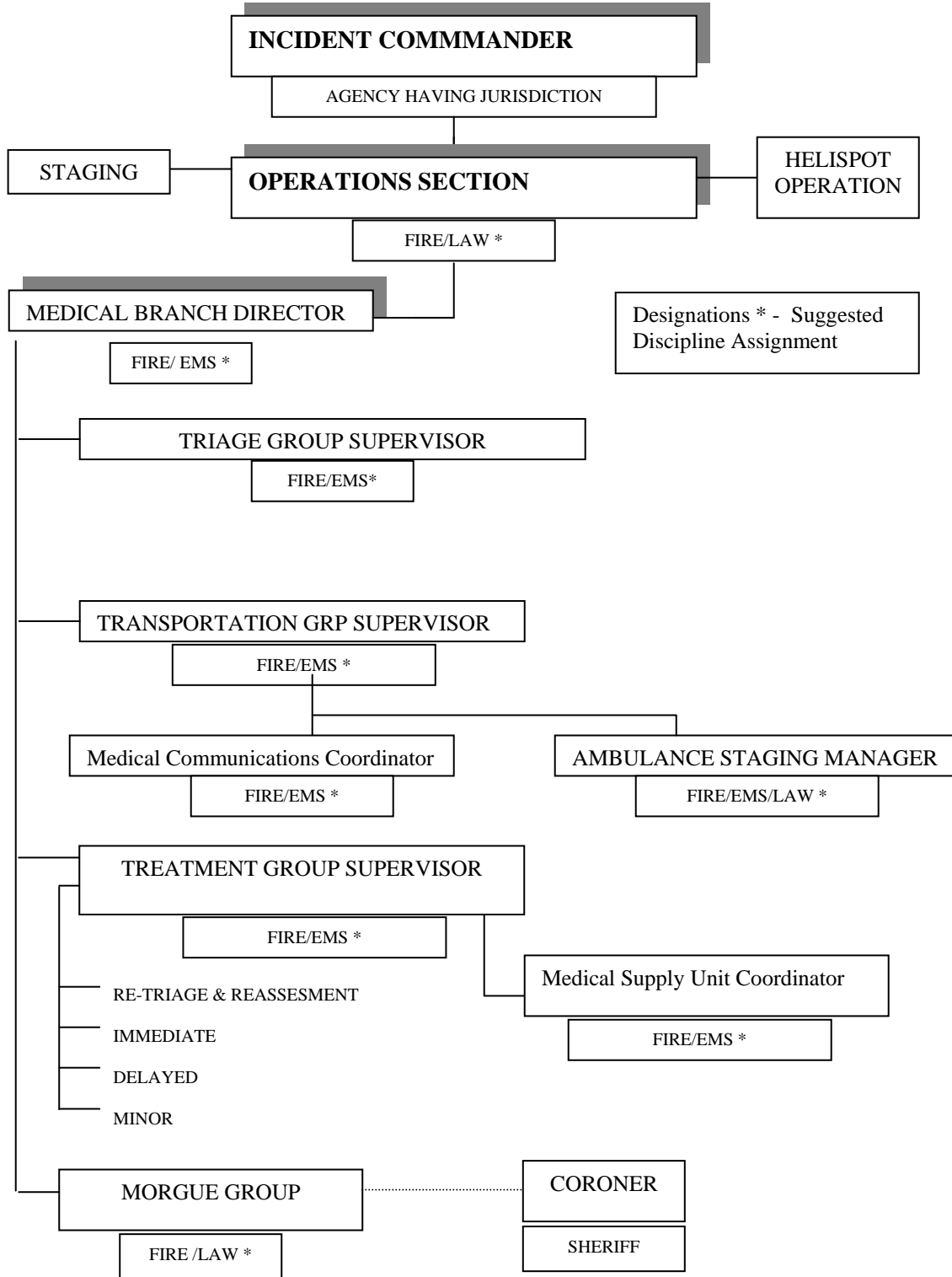
Attachment D:

ICS OVERVIEW CHART(Field Operations)



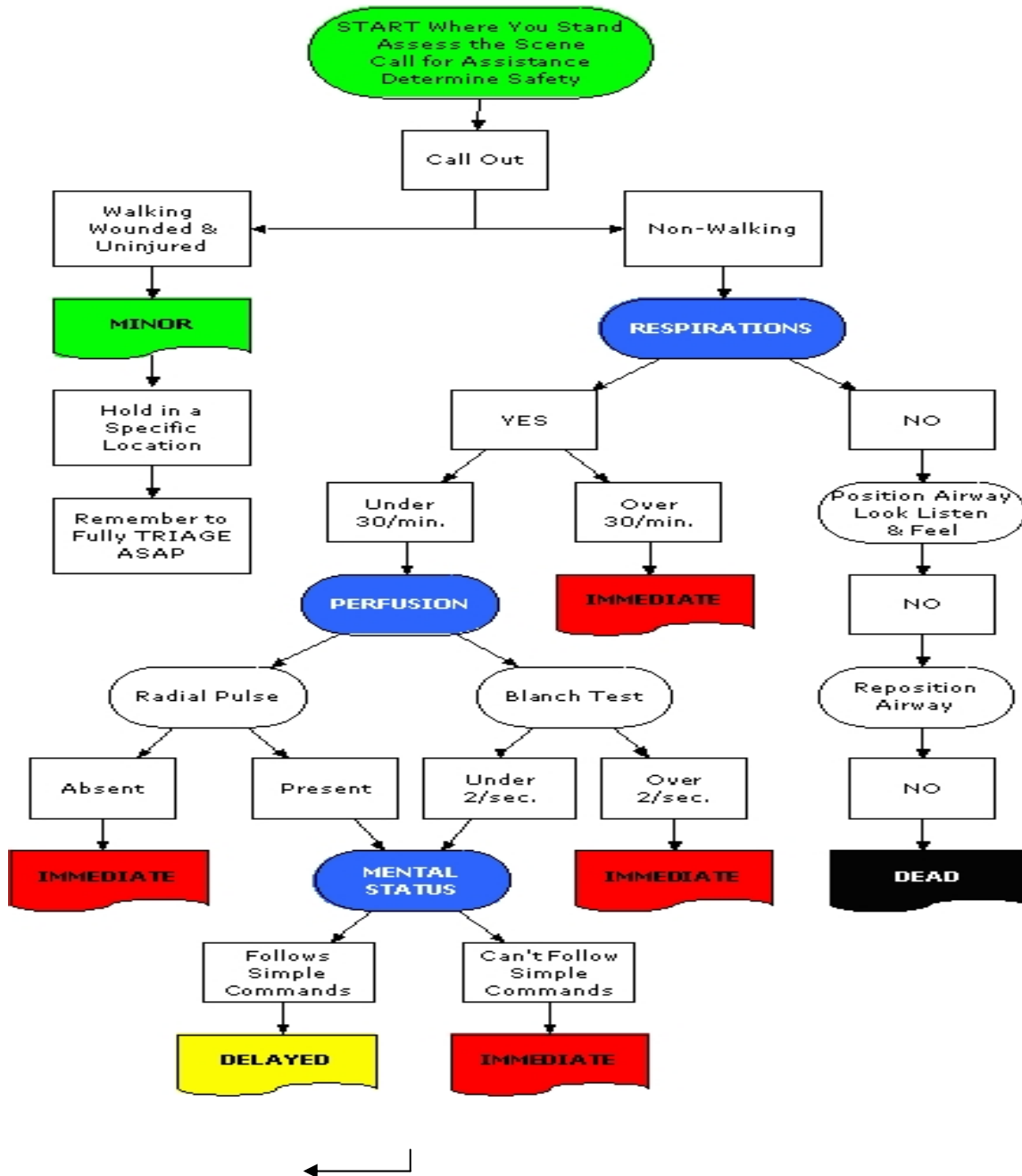
Attachment E:

**MONTEREY COUNTY MCI
MEDICAL BRANCH OVERVIEW**



Attachment F:

START - Simple Triage And Rapid Treatment



Attachment G: TRIAGE TAGS (EXAMPLE)

TRANSPORTATION RECEIPT Tag Number: 18004
 Destination: Via: Time: 1 2 3 4
TRIAS TAG 350018004
 Age: Sex: W: H: L: A: O: D: S: P: R: T: U: V: W: X: Y: Z: AA: AB: AC: AD: AE: AF: AG: AH: AI: AJ: AK: AL: AM: AN: AO: AP: AQ: AR: AS: AT: AU: AV: AW: AX: AY: AZ: BA: BB: BC: BD: BE: BF: BG: BH: BI: BJ: BK: BL: BM: BN: BO: BP: BQ: BR: BS: BT: BU: BV: BW: BX: BY: BZ: CA: CB: CC: CD: CE: CF: CG: CH: CI: CJ: CK: CL: CM: CN: CO: CP: CQ: CR: CS: CT: CU: CV: CW: CX: CY: CZ: DA: DB: DC: DD: DE: DF: DG: DH: DI: DJ: DK: DL: DM: DN: DO: DP: DQ: DR: DS: DT: DU: DV: DW: DX: DY: DZ: EA: EB: EC: ED: EE: EF: EG: EH: EI: EJ: EK: EL: EM: EN: EO: EP: EQ: ER: ES: ET: EU: EV: EW: EX: EY: EZ: FA: FB: FC: FD: FE: FF: FG: FH: FI: FJ: FK: FL: FM: FN: FO: FP: FQ: FR: FS: FT: FU: FV: FW: FX: FY: FZ: GA: GB: GC: GD: GE: GF: GG: GH: GI: GJ: GK: GL: GM: GN: GO: GP: GQ: GR: GS: GT: GU: GV: GW: GX: GY: GZ: HA: HB: HC: HD: HE: HF: HG: HH: HI: HJ: HK: HL: HM: HN: HO: HP: HQ: HR: HS: HT: HU: HV: HW: HX: HY: HZ: IA: IB: IC: ID: IE: IF: IG: IH: II: IJ: IK: IL: IM: IN: IO: IP: IQ: IR: IS: IT: IU: IV: IW: IX: IY: IZ: JA: JB: JC: JD: JE: JF: JG: JH: JI: JJ: JK: JL: JM: JN: JO: JP: JQ: JR: JS: JT: JU: JV: JW: JX: JY: JZ: KA: KB: KC: KD: KE: KF: KG: KH: KI: KJ: KK: KL: KM: KN: KO: KP: KQ: KR: KS: KT: KU: KV: KW: KX: KY: KZ: LA: LB: LC: LD: LE: LF: LG: LH: LI: LJ: LK: LL: LM: LN: LO: LP: LQ: LR: LS: LT: LU: LV: LW: LX: LY: LZ: MA: MB: MC: MD: ME: MF: MG: MH: MI: MJ: MK: ML: MM: MN: MO: MP: MQ: MR: MS: MT: MU: MV: MW: MX: MY: MZ: NA: NB: NC: ND: NE: NF: NG: NH: NI: NJ: NK: NL: NM: NO: NP: NQ: NR: NS: NT: NU: NV: NW: NX: NY: NZ: OA: OB: OC: OD: OE: OF: OG: OH: OI: OJ: OK: OL: OM: ON: OO: OP: OQ: OR: OS: OT: OU: OV: OW: OX: OY: OZ: PA: PB: PC: PD: PE: PF: PG: PH: PI: PJ: PK: PL: PM: PN: PO: PP: PQ: PR: PS: PT: PU: PV: PW: PX: PY: PZ: QA: QB: QC: QD: QE: QF: QG: QH: QI: QJ: QK: QL: QM: QN: QO: QP: QQ: QR: QS: QT: QU: QV: QW: QX: QY: QZ: RA: RB: RC: RD: RE: RF: RG: RH: RI: RJ: RK: RL: RM: RN: RO: RP: RQ: RR: RS: RT: RU: RV: RW: RX: RY: RZ: SA: SB: SC: SD: SE: SF: SG: SH: SI: SJ: SK: SL: SM: SN: SO: SP: SQ: SR: SS: ST: SU: SV: SW: SX: SY: SZ: TA: TB: TC: TD: TE: TF: TG: TH: TI: TJ: TK: TL: TM: TN: TO: TP: TQ: TR: TS: TT: TU: TV: TW: TX: TY: TZ: UA: UB: UC: UD: UE: UF: UG: UH: UI: UJ: UK: UL: UM: UN: UO: UP: UQ: UR: US: UT: UU: UV: UW: UX: UY: UZ: VA: VB: VC: VD: VE: VF: VG: VH: VI: VJ: VK: VL: VM: VN: VO: VP: VQ: VR: VS: VT: VU: VV: VW: VX: VY: VZ: WA: WB: WC: WD: WE: WF: WG: WH: WI: WJ: WK: WL: WM: WN: WO: WP: WQ: WR: WS: WT: WU: WV: WW: WX: WY: WZ: XA: XB: XC: XD: XE: XF: XG: XH: XI: XJ: XK: XL: XM: XN: XO: XP: XQ: XR: XS: XT: XU: XV: XW: XX: XY: XZ: YA: YB: YC: YD: YE: YF: YG: YH: YI: YJ: YK: YL: YM: YN: YO: YP: YQ: YR: YS: YT: YU: YV: YW: YX: YY: YZ: ZA: ZB: ZC: ZD: ZE: ZF: ZG: ZH: ZI: ZJ: ZK: ZL: ZM: ZN: ZO: ZP: ZQ: ZR: ZS: ZT: ZU: ZV: ZW: ZX: ZY: ZZ

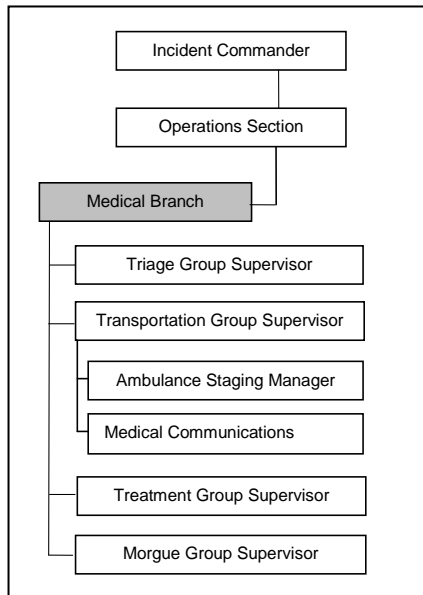
TRANSPORTATION RECEIPT For Use by Transportation Recorder Only
 Age: Sex: W: H: L: A: O: D: S: P: R: T: U: V: W: X: Y: Z: AA: AB: AC: AD: AE: AF: AG: AH: AI: AJ: AK: AL: AM: AN: AO: AP: AQ: AR: AS: AT: AU: AV: AW: AX: AY: AZ: BA: BB: BC: BD: BE: BF: BG: BH: BI: BJ: BK: BL: BM: BN: BO: BP: BQ: BR: BS: BT: BU: BV: BW: BX: BY: BZ: CA: CB: CC: CD: CE: CF: CG: CH: CI: CJ: CK: CL: CM: CN: CO: CP: CQ: CR: CS: CT: CU: CV: CW: CX: CY: CZ: DA: DB: DC: DD: DE: DF: DG: DH: DI: DJ: DK: DL: DM: DN: DO: DP: DQ: DR: DS: DT: DU: DV: DW: DX: DY: DZ: EA: EB: EC: ED: EE: EF: EG: EH: EI: EJ: EK: EL: EM: EN: EO: EP: EQ: ER: ES: ET: EU: EV: EW: EX: EY: EZ: FA: FB: FC: FD: FE: FF: FG: FH: FI: FJ: FK: FL: FM: FN: FO: FP: FQ: FR: FS: FT: FU: FV: FW: FX: FY: FZ: GA: GB: GC: GD: GE: GF: GG: GH: GI: GJ: GK: GL: GM: GN: GO: GP: GQ: GR: GS: GT: GU: GV: GW: GX: GY: GZ: HA: HB: HC: HD: HE: HF: HG: HH: HI: HJ: HK: HL: HM: HN: HO: HP: HQ: HR: HS: HT: HU: HV: HW: HX: HY: HZ: IA: IB: IC: ID: IE: IF: IG: IH: II: IJ: IK: IL: IM: IN: IO: IP: IQ: IR: IS: IT: IU: IV: IW: IX: IY: IZ: JA: JB: JC: JD: JE: JF: JG: JH: JI: JJ: JK: JL: JM: JN: JO: JP: JQ: JR: JS: JT: JU: JV: JW: JX: JY: JZ: KA: KB: KC: KD: KE: KF: KG: KH: KI: KJ: KK: KL: KM: KN: KO: KP: KQ: KR: KS: KT: KU: KV: KW: KX: KY: KZ: LA: LB: LC: LD: LE: LF: LG: LH: LI: LJ: LK: LL: LM: LN: LO: LP: LQ: LR: LS: LT: LU: LV: LW: LX: LY: LZ: MA: MB: MC: MD: ME: MF: MG: MH: MI: MJ: MK: ML: MM: MN: MO: MP: MQ: MR: MS: MT: MU: MV: MW: MX: MY: MZ: NA: NB: NC: ND: NE: NF: NG: NH: NI: NJ: NK: NL: NM: NO: NP: NQ: NR: NS: NT: NU: NV: NW: NX: NY: NZ: OA: OB: OC: OD: OE: OF: OG: OH: OI: OJ: OK: OL: OM: ON: OO: OP: OQ: OR: OS: OT: OU: OV: OW: OX: OY: OZ: PA: PB: PC: PD: PE: PF: PG: PH: PI: PJ: PK: PL: PM: PN: PO: PP: PQ: PR: PS: PT: PU: PV: PW: PX: PY: PZ: QA: QB: QC: QD: QE: QF: QG: QH: QI: QJ: QK: QL: QM: QN: QO: QP: QQ: QR: QS: QT: QU: QV: QW: QX: QY: QZ: RA: RB: RC: RD: RE: RF: RG: RH: RI: RJ: RK: RL: RM: RN: RO: RP: RQ: RR: RS: RT: RU: RV: RW: RX: RY: RZ: SA: SB: SC: SD: SE: SF: SG: SH: SI: SJ: SK: SL: SM: SN: SO: SP: SQ: SR: SS: ST: SU: SV: SW: SX: SY: SZ: TA: TB: TC: TD: TE: TF: TG: TH: TI: TJ: TK: TL: TM: TN: TO: TP: TQ: TR: TS: TT: TU: TV: TW: TX: TY: TZ: UA: UB: UC: UD: UE: UF: UG: UH: UI: UJ: UK: UL: UM: UN: UO: UP: UQ: UR: US: UT: UU: UV: UW: UX: UY: UZ: VA: VB: VC: VD: VE: VF: VG: VH: VI: VJ: VK: VL: VM: VN: VO: VP: VQ: VR: VS: VT: VU: VV: VW: VX: VY: VZ: WA: WB: WC: WD: WE: WF: WG: WH: WI: WJ: WK: WL: WM: WN: WO: WP: WQ: WR: WS: WT: WU: WV: WW: WX: WY: WZ: XA: XB: XC: XD: XE: XF: XG: XH: XI: XJ: XK: XL: XM: XN: XO: XP: XQ: XR: XS: XT: XU: XV: XW: XX: XY: XZ: YA: YB: YC: YD: YE: YF: YG: YH: YI: YJ: YK: YL: YM: YN: YO: YP: YQ: YR: YS: YT: YU: YV: YW: YX: YY: YZ: ZA: ZB: ZC: ZD: ZE: ZF: ZG: ZH: ZI: ZJ: ZK: ZL: ZM: ZN: ZO: ZP: ZQ: ZR: ZS: ZT: ZU: ZV: ZW: ZX: ZY: ZZ

DECONTAMINATED YES NO
EVIDENCE CONTAMINATED

DECONTAMINATED YES NO
EVIDENCE CONTAMINATED

MEDICAL BRANCH ICS CHECKLISTS

The following pages contain checklists for
each position in the Medical Branch.



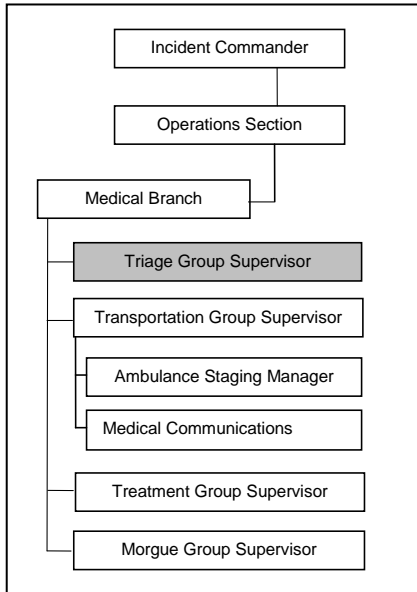
MEDICAL BRANCH DIRECTOR

Date: ___/___/___ Time of Assignment: ___: ___
 Incident Commander: _____
 Operations Chief: _____
 Triage: _____
 Transportation: _____
 Ambulance Staging: _____
 Medical Communications: _____
 Treatment Group: _____
 Morgue Group: _____
 Air Branch: _____
 Radio Frequency: _____
 Radio Identifier: "MEDICAL BRANCH"

The Medical Branch Director manages the medical tactical elements within the Incident site. The Medical Branch Director supervises the Triage, Transportation, and Treatment Groups, and coordinates with the activities of the Morgue Group.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

- Obtain a situation briefing from the Incident Commander or Operations Section Chief, depending on the size of the incident and Command structure.
- Don position identification vest and assure ability to communicate on assigned frequencies.
- Identify staging, triage, treatment, transport (air and ground), and morgue locations.
- Assess situation and appoint and brief staff as needed:
 - Appoint Staff Assistants as Necessary;
 - Extrication/Triage Group Supervisor;
 - Transportation Group Supervisor;
 - Treatment Group Supervisor; and/or,
 - Morgue Group Supervisor.
- Ensure staff is provided checklists.
- Re-assess communications between self and Incident Commander (IC), self and Medical Group Supervisors.
- Maintain contact with Treatment Group to ensure that their staffing needs are met.
- Maintain contact with the Morgue Group to ensure that their staffing needs (litter bearers) are met.
- Request from the IC resource requirements, i.e. staffing, equipment, supplies and materials.
- Request from the IC for on-site CID (Critical Incident Debriefing).
- Request the IC for EMS aircraft. Only the IC or designee may request air support.
- Coordinate with Air Branch Director, as required, for location of landing zone.
- Demobilize the Medical Branch and forward all logs, records, and checklists to the IC or designee.



TRIAGE GROUP SUPERVISOR

Date: ___/___/___ Time of Assignment: ___: ___

Incident Commander: _____

Operations Chief: _____

Medical Branch: _____

Transportation Group: _____

Ambulance Staging: _____

Medical Communications: _____

Treatment Group: _____

Morgue Group: _____

Air Branch: _____

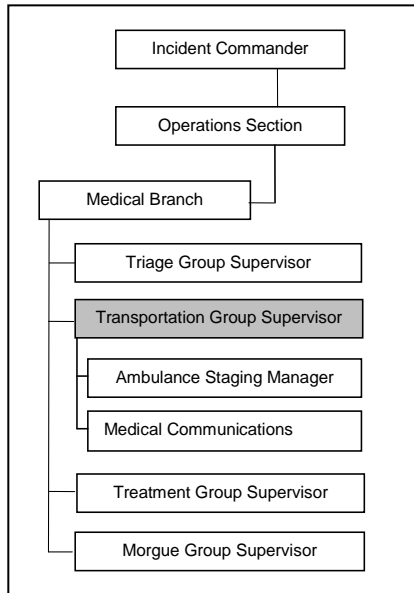
Radio Frequency: _____

Radio Identifier: "**TRIAGE**"

The Triage Group Supervisor is responsible for site safety, initial point triage, and the movement of victims/patients to the treatment area.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

- Obtain a situation briefing from the Medical Branch Director.
- Don position identification vest and verify your ability to communicate on assigned frequencies.
- Assess the situation and request tools, supplies, triage tags, and personnel, as required.
- Inform the supervisor of the number and extent of injuries (i.e. immediate, delayed, minor) and the need for the morgue/coroner.
- Collect torn triage tag numbers from triage teams.
- Request medical treatment staff to provide care for accessible victims of prolonged entrapment.
- Continually evaluate the mental-health status of victims, staff, and rescuers.
- Assure patients are re-assessed and re-triaged at regular intervals.
- Demobilize the Triage Group, forward all logs, records, checklists and triage tag numbers to the Medical Branch Director.



TRANSPORTATION GROUP SUPERVISOR

Date: ___/___/___ Time of Assignment: ___:___

Incident Commander: _____

Operations Chief: _____

Medical Branch: _____

Triage Group: _____

Ambulance Staging: _____

Medical Communications: _____

Treatment Group: _____

Morgue Group: _____

Air Branch: _____

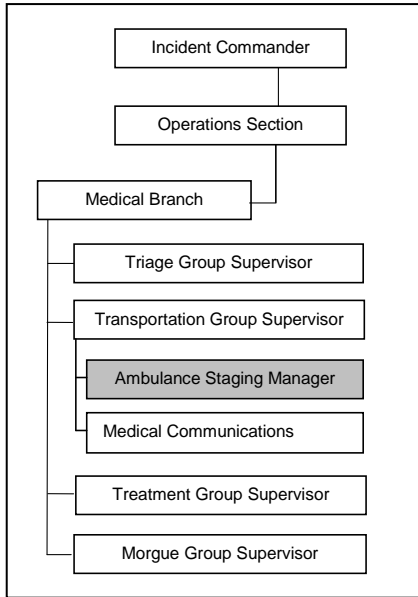
Radio Frequency: _____

Radio Identifier: "TRANSPORTATION"

The Transportation Group Supervisor (normally the first transport paramedic arriving on-scene) is responsible for providing and coordinating patient transportation and destination. This individual is responsible for maintaining records regarding patient destination.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

- Obtain a situation briefing from Medical Branch Director and assure communications on Med-Net radio.
- Use MIC Trailers and/or Command Vehicles for a "quiet communications area."
- Don position identification vest and appoint/brief Ambulance Staging Manager and assistants.
- Determine destination hospitals to distribute patients to as many hospitals as practical.
- Ensure that transportation units have been summoned in sufficient quantity to handle the situation, as known: two immediate per ambulance; add delayed and/or minor patients as room permits.
- Consider using a one-way traffic pattern to facilitate access/egress from the "loading area."
- Establish a log, using the RECORDER WORKSHEET, of patient destination and unit transporting.
- Commence vehicle loading (multiple units simultaneously, if possible).
- Coordinate with EMS Dispatch whether transportation units should return to the incident or release to normal operations after patients are delivered to Receiving Hospitals.
- Advise the medical branch supervisor of additional resource needs.
- Coordinate with Air Branch Director if victim(s) are to be transported by EMS aircraft.
- Demobilize the Transportation Group after all on-site casualties/patients have reached Receiving Hospitals.
- Forward all logs, records, and checklists to the Medical Branch Director, before securing from scene.



AMBULANCE STAGING MANAGER

Date: ___/___/___ Time Of Assignment: ___: ___

Incident Commander: _____

Operations Section: _____

Medical Branch: _____

Triage: _____

Transportation: _____

Medical Communications: _____

Treatment Group: _____

Morgue Group: _____

Air Branch: _____

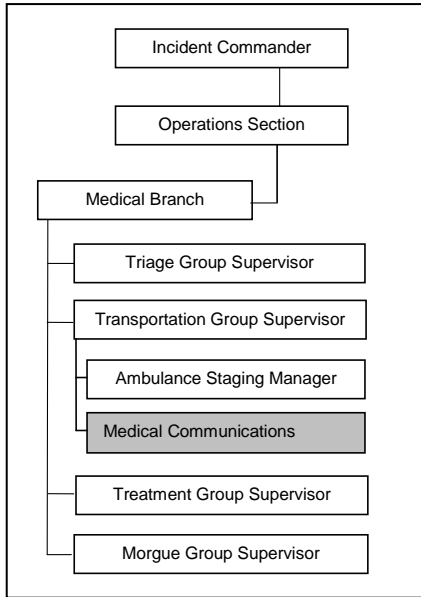
Radio Frequency: _____

Radio Identifier: "AMBULANCE STAGING"

The Ambulance Staging Manager is responsible to the Transportation Group Supervisor and receives ambulances and other ground transportation resources from General Staging. The Ambulance Staging Manager will direct appropriate equipment off-loading from arriving resources and the delivery of the equipment to the designated treatment area. The Ambulance Staging Manager will assign resources to the Transportation Area upon the request of the Transportation Group Supervisor or designee.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

- Obtain a situation briefing from Transportation Group Supervisor.
- Designate an area near the Transportation/Treatment Area where resources may be received prior to allocation to the Transportation Group Supervisor's loading site.
- Establish Communications with the Transportation Group Supervisor, that will allow the use of hand signals or other non-radio alternative (if possible) to facilitate the allocation of resources.
- Facilitate allocating resource to the Treatment/Transportation Area as requested by the Transportation Group Supervisor or the Supervisor's designee. Only the Transportation Group Supervisor, or designee, may request resource allocation.
- Ensure that the medical equipment off-loaded from arriving units is routinely moved to the Treatment Area.
- Demobilize upon direction of the Transportation Group Supervisor and forward all checklists.



Medical Communications Coordinator

Date: ___/___/___ Time Of Assignment: ___: ___

Incident Commander: _____

Operations Section: _____

Medical Branch: _____

Triage: _____

Transportation: _____

Ambulance Staging: _____

Treatment Group: _____

Morgue Group: _____

Air Branch: _____

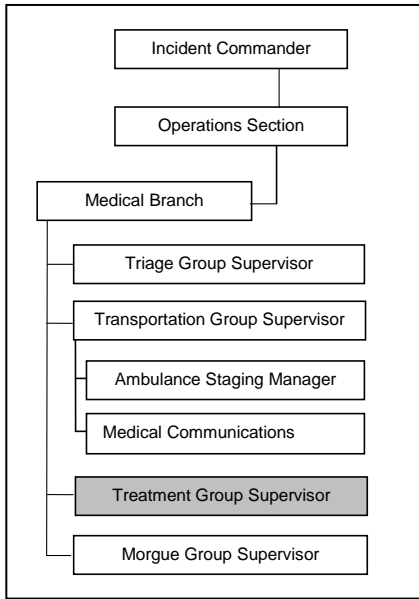
Radio Frequency: _____

Radio Identifier: "MEDICAL COMMUNICATIONS"

The Medical Communications Coordinator reports to the Transportation Group Coordinator. This individual assists the Transportation Group Coordinator in coordinating patient destinations. Communications with Fire Comm, EMS Dispatch, and receiving hospitals are the responsibility of this position.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

- Obtain a situation briefing from Transportation Group Supervisor.
- Obtain a list of the hospitals which will receive patients from the MCI.
- Establish Communications with EMS Dispatch and Fire Comm.
- Provide regular updates to the receiving hospitals through EMS dispatch regarding the total number of patients still on scene and an estimate of the number of patients each hospital may receive.
- Demobilize upon direction of the Transportation Group Supervisor and forward all checklists.



TREATMENT GROUP SUPERVISOR

DATE: ___/___/___ TIME OF ASSIGNMENT: ___: ___

Incident Commander: _____

Operations Section: _____

Medical Branch: _____

Triage: _____

Transportation: _____

Ambulance Staging: _____

Medical Communications: _____

Morgue Group: _____

Air Branch: _____

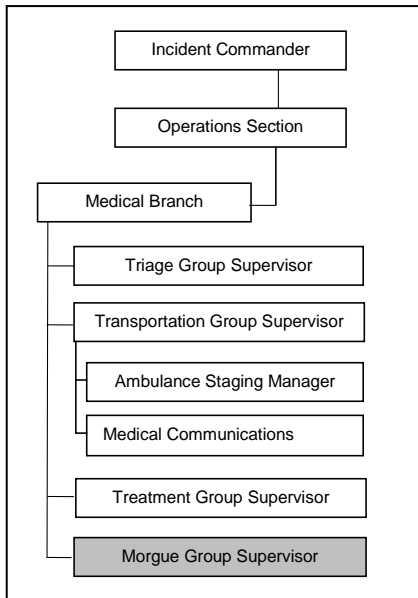
Radio Frequency: _____

Radio Identifier: "TREATMENT"

The Treatment Group Supervisor is responsible for establishing and operating a Treatment Area at a suitable location and is also responsible for the re-triage of extricated victims.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

- Obtain a situation briefing from Medical Branch Director.
- Don position identification vest and appoint/brief assistants.
- Establish "funneled" zone into re-triage point.
- Establish treatment areas as needed: re-triage, immediate, delayed, minor.
- Clearly designate treatment areas with flags or other approved means.
- Provide the treatment location(s) to the Medical Branch Director.
- Ensure that ALL patients entering the Treatment Area are re-triaged. Assign this duty.
- Assign Paramedics, EMTs, and First Responders to the Treatment Area.
- Collaborate with Transportation Group Supervisor for loading needs and appoint a loading coordinator.
- Ensure the availability of required medical supplies to Treatment Area.
- Arrange for personnel and relief personnel as required.
- Demobilize the Treatment Group after all on-site casualties/patients have been transported.
- Forward all logs, records, and checklists to the Medical Branch Director, before securing from scene.



MORGUE GROUP SUPERVISOR

DATE: ___/___/___ TIME OF ASSIGNMENT: ___: ___

Incident Commander: _____

Operations Section: _____

Medical Branch: _____

Triage: _____

Transportation: _____

Ambulance Staging: _____

Medical Communications: _____

Treatment Group: _____

Air Branch: _____

Radio Frequency: _____

Radio Identifier: **“MORGUE”**

A Sheriff representative or Deputy Sheriff-Coroner should be appointed Morgue Group Supervisor, and will initiate the Coroner’s Investigation with a task force, as necessary. The Morgue Group Supervisor shall help ensure that human remains are left “where found” until investigatory steps have been completed. The Morgue Group will recover, receive, and process human remains and those victims’ personal possessions.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

- Obtain a situation briefing from Medical Branch Director.
- Remind Medical Branch Director of the “where found” rule and ask the Medical Branch Director to enforce the rule for incident’s triage teams.
- Don position identification vest and appoint/brief assistants.
- Ensure that Crime Scene Investigation (CSI) personnel, photographers, and others who may be called upon to assist wear identification.
- Initiate Investigation Task Force, if warranted, to:
 - Locate and identify the dead;
 - Determine the cause of death;
 - Recover personal property and possessions; and,
 - Assist with the investigatory details at the site.
- If necessary, request the Incident Commander or his/her designee provides refrigeration units.
- Establish a secured, temporary, holding area after initial processing on-site.
- Maintain a record of activities. Forward this record to the Incident Commander upon completion of site investigation.
- Demobilize the Morgue Group once all activities have been completed.