CALIFORNIA OFFICE OF EMERGENCY SERVICES REGION IV

MULTI-CASUALTY PLAN

MANUAL 1

MULTI-CASUALTY INCIDENT FIELD OPERATIONS

JUNE 1998

MANUAL 1

MCI FIELD OPERATIONS

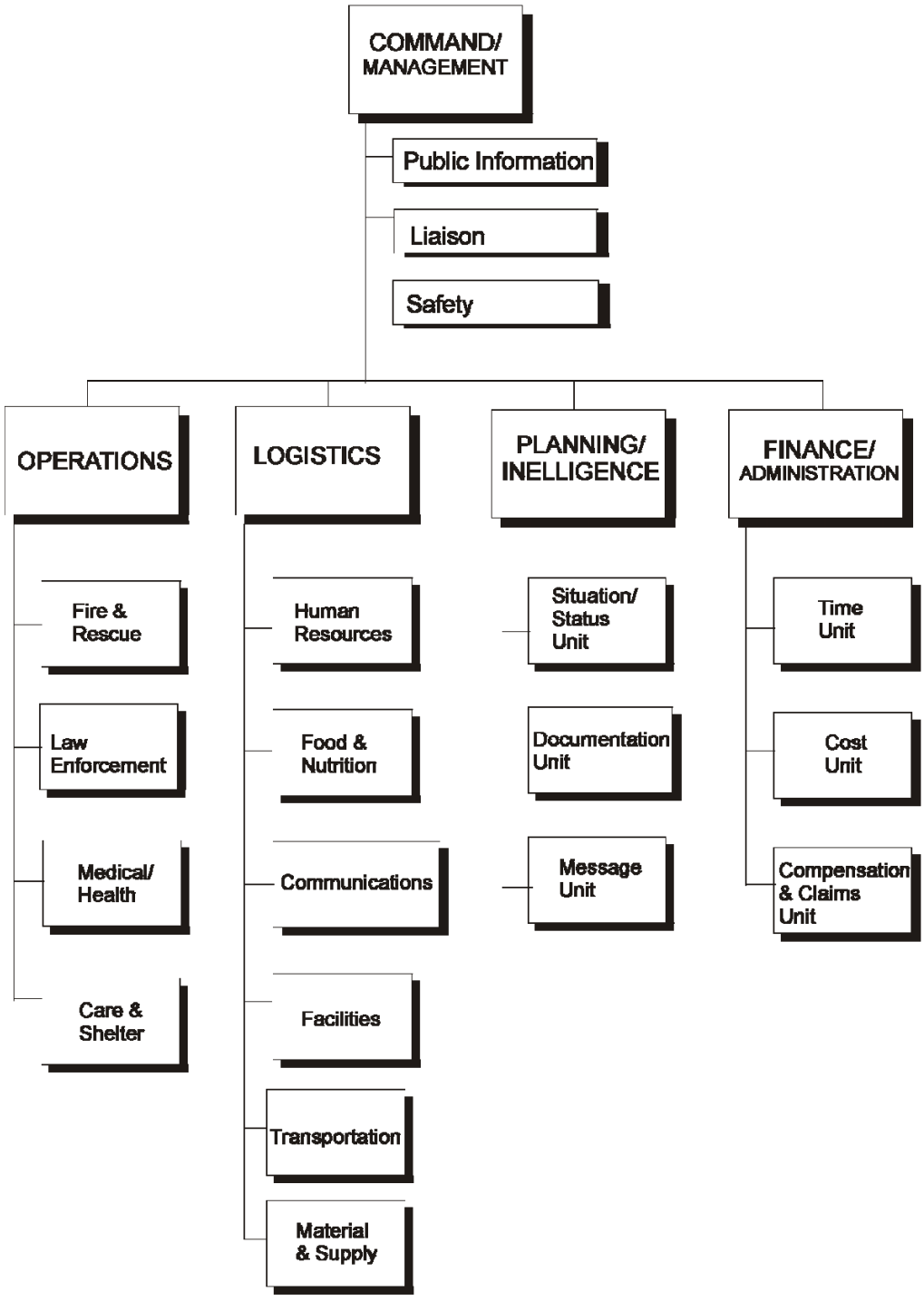
PURPOSE OF THE FIELD OPERATIONS MANUAL

The Field Operations Manual describes the response organization, personnel, equipment, resources, and procedures for field operations that are designed to be utilized by the eleven counties which make up State OES Region IV.

The State approved Incident Command System (ICS) is used to provide the basic organizational structure for the following multi-casualty field operations manual. ICS was developed through a cooperative inter-agency (local, State and Federal) effort. The basic organizational structure of the ICS has been developed over time and is designed to coordinate the efforts of all involved agencies at the scene of a large, complex, emergency situation, as well as the small day-to-day situation. The organizational structure of ICS is designed to be developed and expanded in a modular fashion based upon the changing conditions and size/scope of the incident.

This Field Operations Manual contains standardized position titles, procedures, checklists, forms, and tags in an effort to more efficiently and effectively utilize regional resources during a multi-casualty incident.

Incident Command System Organization Structure



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SECTION 1

COMMAND & CONTROL

Within the ICS, the Incident Commander is that individual which holds overall responsibility for incident response and management, and, except as noted below, the Incident Commander shall be that individual present on scene representing the public service agency having primary investigatory authority or responsibility. Some examples are as follows:

*	HIGHWAY PATROL	All freeways; all roadways in unincorporated areas to include right-of-way. (CVC 2454)
*	SHERIFF'S OFFICE	Off-highway unincorporated areas, i.e., railroad right-of-ways, parks, private property, etc. (Local policy)
*	LOCAL FIRE/POLICE	Specific areas of authority within their jurisdiction except freeways.
*	AIRPORT FIRE/POLICE	Airports
*	U.S. MILITARY	National Defense Area; a military reservation or an area with "military reservation status" that is temporarily under military control, e.g., military aircraft crash site.

The Incident Commander has responsibility for coordination of all public and private agencies engaged at the incident site, and controls all responding agencies, such as medical, coroner staff, etc. The Incident Commander has the specific responsibility for establishing and identifying the Command Post (CP) for notifying county dispatch centers, requesting resources, and providing the initial field assessment to enable appropriate decisions about the level of response necessary.

Jurisdictions where the City Council or other authority has assigned the function of Incident Commander to other than traffic law enforcement, i.e., fire service, that agency shall perform the incident command functions.

1.1 SELECTION OF THE "TYPE" OF COMMAND

The choice of type of command will usually be made based upon the number of jurisdictions involved and the size of the incident.

* Single Command: This is a system wherein a person determined by the impacted jurisdiction is given the lead role as Incident Commander. This person will usually be a high ranking official of the fire service or law enforcement as noted above. In the ICS, as the incident progresses in size or scope, the incident command may be turned over to a higher ranking official such as a fire chief.

In some cases, an advisory staff may be established to assist the Incident Commander. This will generally be comprised of officials of the major agencies involved such as fire, law enforcement, public works, and EMS. The EMS representative will be assigned by the Health Officer/EMS Medical Director or his/her designee and will normally be a member of the Health Department/Local EMS Agency or an ambulance service manager.

* Unified Command: This is a system where a group of officials from the major agencies involved share the lead responsibility. These officials may include fire, law enforcement, public works, and EMS. The EMS representative will again be determined by the Health Officer/EMS Medical Director or designee.

1.2 FUNCTIONS OF THE INCIDENT COMMANDER

The Incident Commander shall be responsible for the following general functions:

* Command: Overall management and setting of objectives.

* Planning: The development of a procedure to deal with operational problems.

* Logistics: The acquisition and distribution of resources.

* Finance: Recording, for purposes of reimbursement, who and what was involved in the incident.

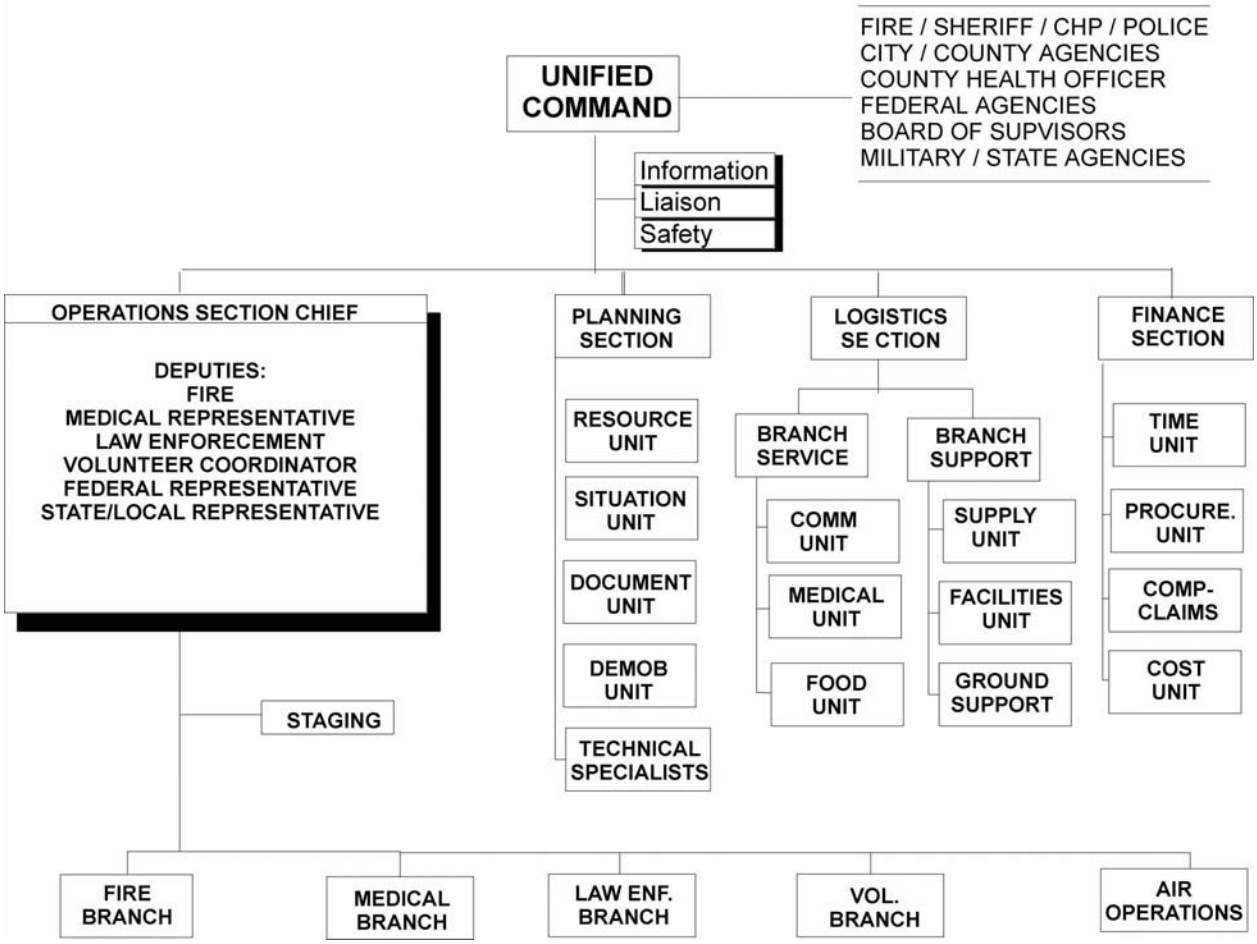
* Operations: The direct control of tactical operations and the implementation of objectives.

Depending on the size and duration of the incident, the Incident Commander may directly supervise operations or delegate this responsibility to an Operations Chief.

The EMS Multi-Casualty Field Operations will fall within the responsibility of Operations.

* The Incident Commander will determine when EMS personnel are no longer required and may be released from the incident.
* The Incident Commander or his/her designee will approve any information releases to the media. **Personnel shall not release information to the media without approval.**

INCIDENT COMMAND SYSTEM
UNIFIED



SECTION 2

COMMUNICATIONS

Communications at the incident are managed through the use of a common communications plan and an incident based communications center established solely for the use of tactical and support resources assigned to the incident. All communications between organizational elements at an incident should be in plain English. No codes should be used, and all communications should be confined only to essential messages. The Communications Unit is responsible for all communications planning at the incident. This will include incident-established radio networks, on-site telephone, public address, and off-incident telephone/microwave/radio systems.

2.1 RADIO NETWORKS

Radio networks for large incidents should be pre-designated, when possible, through a cooperative effort of all involved local agencies and will normally be organized as follows:

* Command Net - This net should link together: Incident Command, key staff members, Section Chiefs, Division and Group Supervisors.

* Tactical Nets - There may be several tactical nets. They may be established around agencies, departments, geographical areas, or even specific functions. The determination of how nets are set up should be a joint Planning/Operations function, and should be pre-designated whenever possible. The Communications Unit Leader will develop the plan in the event a pre-designated system is not in place.

* Support Nets - A support net will be established primarily to handle status-changing for resources as well as for support requests and certain other non-tactical or command functions.

  The scene-to-Control Facility frequencies (Med-Net) fall under the categories of Support Net and, again, should be pre-designated.

* Ground to Air - A ground to air tactical frequency may be designated, or regular tactical nets may be used to coordinate ground to air traffic.

* Air to Air - Air to air nets will normally be pre-designated and assigned for use at the incident.

SECTION 3

EQUIPMENT & SUPPLIES

It is imperative that all tools necessary for initial scene organization and patient triage are available to the first-in emergency response units. A Triage Packet (see ENCLOSURE E) and the following vests should be carried on all initial response units of the emergency services agency responsible for EMS field management:

* Incident Commander	(Orange)
* Medical Group Supervisor	(Kelly Green)
* Triage Unit Leader	(Kelly Green)
* Treatment Unit Leader	(Kelly Green)
* Patient Transportation Group Supervisor	(Kelly Green)

All remaining vests, Position Checklists, and the Medical Group Implementation Supplies should be carried in a supervisor vehicle which would be in the second wave dispatch to an MCI.

NOTE: Systems that have generic kelly green vests with velcro on which the appropriate position labels can be attached, may be required to carry only an orange Incident Commander vest and two generic vests on the first in units as long as all the appropriate position labels listed above are available.

SECTION 4

ACTIVATION/NOTIFICATION

Activation of the Multi-Casualty Incident System consists of the mobilization of the necessary resources, notification of the Control Facility, and initiation of the ICS.

The mobilization of resources and the notification of the Control Facility should be initiated as soon as possible to assure adequate time for the system to respond. It is not necessary to wait until emergency personnel have arrived on scene. As soon as it is determined that an emergency call may prove to be a multi-casualty incident, an additional response dispatch and Control Facility notification should occur.

4.1 MOBILIZATION OF RESOURCES

Three main categories of resources that should be considered are:

* Equipment and Supplies
  - Medical Group Implementation Supplies
  - Medical Supply Caches/Disaster Trailers
  - Rescue Equipment
  - Specialized Equipment

* Personnel
  - ALS Personnel
  - BLS Personnel
  - Litter Bearers
  - Task Forces
  - Hospital Emergency Response Team(s) (H.E.R.T.)

* Transportation:
  - Ground Ambulances
  - Air Ambulances
  - Buses
  - Task Forces

4.2 NOTIFICATION OF Control Facility

Enroute

The notification of the Control Facility (CF) should occur as soon as there is information that an MCI may exist. If this occurs at the time of dispatch or while responding to the incident, the CF should be contacted and advised of an "MCI Alert". Information concerning the location, approximate number of victims (if known), and a description of the incident should be given. The CF can be contacted by the dispatch center or pre-hospital responders.

On Scene
Immediately Upon Arrival (or upon confirmation of on-scene EMS first responders):

* Confirm or cancel MCI alert with CF.
* Identify location of MCI.

Following Scene Size-up, Update CF on:

* Classification of Incident:

  - MCI Trauma Surgeon may be required for Immediate victims.

- MCI Medical i.e., chlorine gas inhalation or burns in which a surgeon would not be required at the receiving facility.

- MCI HazMat An incident requiring decontamination.

* Approximate number of victims.

* Name of incident, i.e., "Main St." - Transportation
(incident) (position reporting)

* Estimated time when triage will be completed.

Following Triage, Update CF on:

* Total number of patients and their triage categories, e.g., "A total of ten patients: 2 Immediate Heads, 4 Delayed, and 4 Minors."

* Number and description of transport units, e.g., "2 ALS ground ambulances, 1 BLS ground ambulance, and 1 ALS air ambulance.

SECTION 5

INCIDENT OPERATIONS

5.1 EMS FIELD MANAGEMENT PERSONNEL

At the time any of the following positions are assumed or assigned, it is imperative that the personnel being assigned be given:

* The appropriate vest for the position.
* The appropriate position checklist.
* Mode of communications to be utilized.

5.1.1 **Medical Group Supervisor** (MGS)

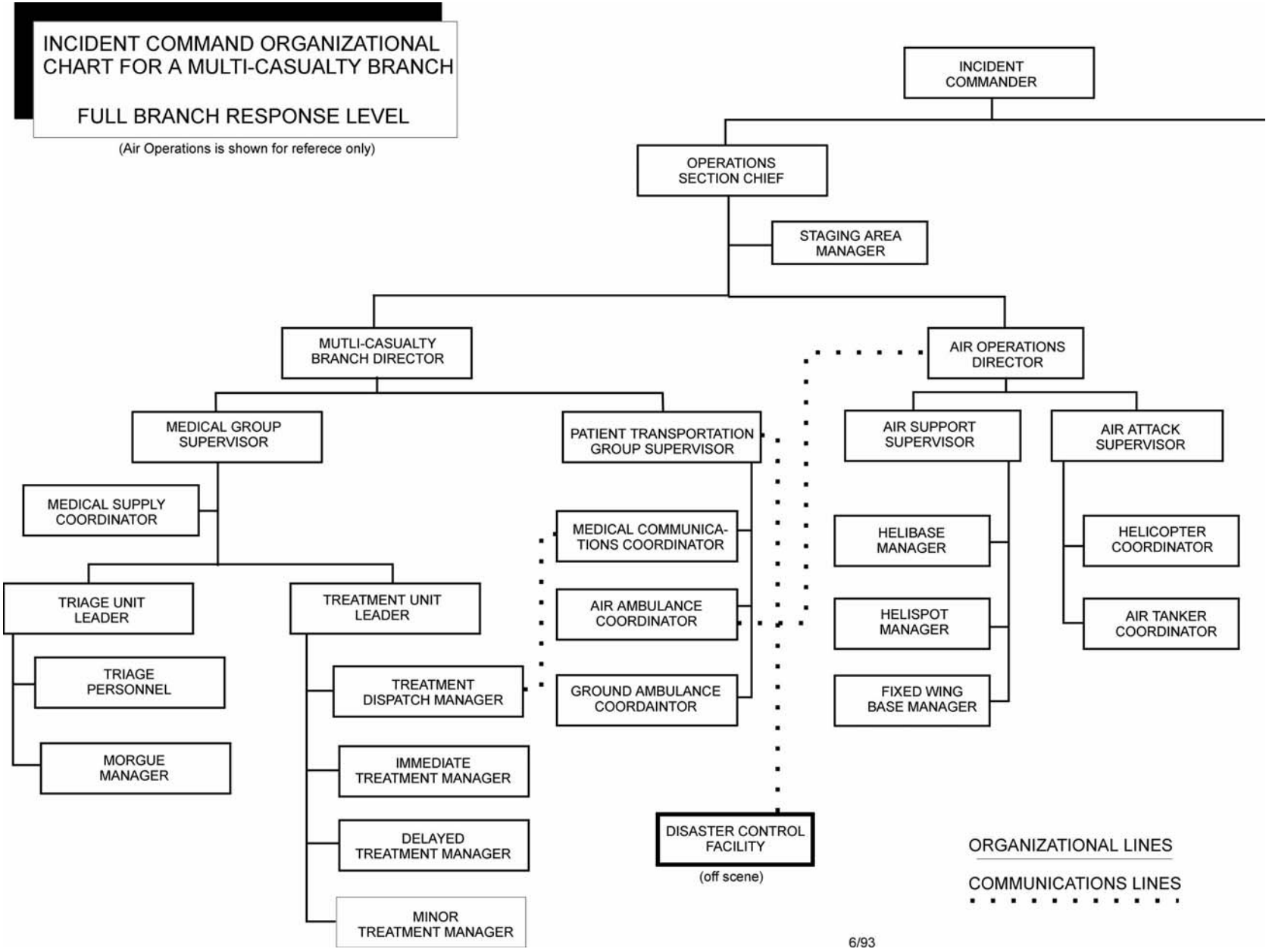
This person is in charge of EMS Field Operations in an initial and reinforced level of response. While formal identification is not necessary on routine calls, on multi-casualty incidents with five (5) or more patients requiring transportation, an identification vest will be used.

The Medical Group Supervisor will report to the Incident Commander or his/her designee. If an Incident Commander has not been established early in a multi-casualty incident, the Medical Group Supervisor will coordinate operations with fire and law enforcement until an Incident Commander is assigned.

Overall command of EMS field operations in a Full Branch Response would be delegated to the Multi-Casualty Branch Director.

Selection: The Medical Group Supervisor shall be the first qualified responder for the position on the scene and, in accordance with local policy, may be a law enforcement, fire department, or private provider personnel.

The initial Medical Group Supervisor may be relieved or assisted by personnel more qualified for the position as they arrive.


INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH
FULL BRANCH RESPONSE LEVEL
(Air Operations is shown for referece only)
INCIDENT COMMANDER
OPERATIONS SECTION CHIEF
STAGING AREA MANAGER
MUTLI-CASUALTY BRANCH DIRECTOR
AIR OPERATIONS DIRECTOR
MEDICAL GROUP SUPERVISOR
PATIENT TRANSPORTATION GROUP SUPERVISOR
AIR SUPPORT SUPERVISOR
AIR ATTACK SUPERVISOR
MEDICAL SUPPLY COORDINATOR
MEDICAL COMMUNICA-TIONS COORDINATOR
HELIBASE MANAGER
HELICOPTER COORDINATOR
TRIAGE UNIT LEADER
TREATMENT UNIT LEADER
AIR AMBULANCE COORDINATOR
HELISPOT MANAGER
AIR TANKER COORDINATOR
TRIAGE PERSONNEL
TREATMENT DISPATCH MANAGER
GROUND AMBULANCE COORDAINTOR
FIXED WING BASE MANAGER
MORGUE MANAGER
IMMEDIATE TREATMENT MANAGER
DELAYED TREATMENT MANAGER
DISASTER CONTROL FACILITY
(off scene)
MINOR TREATMENT MANAGER
ORGANIZATIONAL LINES
COMMUNICATIONS LINES
6/93

Function: The Medical Group Supervisor or Multi-Casualty Branch Director if assigned, will be responsible for triage and treatment in the multi-casualty incident, and should not be directly involved in patient care unless he/she is the only rescuer at the scene for extended lengths of time.

The EMS field organization builds from the top down with responsibility and performance placed initially with the Medical Group Supervisor. The specific organizational structure established for any given incident will be based upon the management needs of the incident. If one individual can simultaneously manage all major functional areas, no further organization is required. If one or more of the areas require independent management, an individual should be named to be responsible for that area.

In a small MCI, or in the early phases of a large MCI, the Medical Group Supervisor may also need to serve as Patient Transportation Group Supervisor and coordinate communications with the Control Facility and coordinate patient dispersal.

The Multi-Casualty Branch Worksheet (ICS-MC-305), and the Position Checklist found in Section 9, should be used any time it is appropriate. However, the Worksheet and Position Checklist must be used whenever more than two components of field operations have been assigned to other individuals.

Personnel: The Medical Group Supervisor will appoint personnel depending upon the needs of the incident. Personnel can be placed in charge of several areas if this is the best utilization of available resources. Additional personnel may include, but are not limited to:

- Triage Unit Leader
- Treatment Unit Leader
- Medical Supply Coordinator

5.1.2 **Medical Supply Coordinator**

The Medical Supply Coordinator shall acquire and maintain control of appropriate medical equipment and supplies from response vehicles assigned to the Medical and Patient Transportation Group.

5.1.3 **Triage Unit Leader**

The Triage Unit Leader (BLS level preferred) will coordinate the triage of all patients. After all patients have been triaged and tagged, this person will supervise the movement of patients to a treatment area. This person will remain at the triage area and will report to the Medical Group Supervisor. The Triage Unit Leader may assign as needed:

- Triage Personnel
- Morgue Manager

5.1.4 **Morgue Manager**

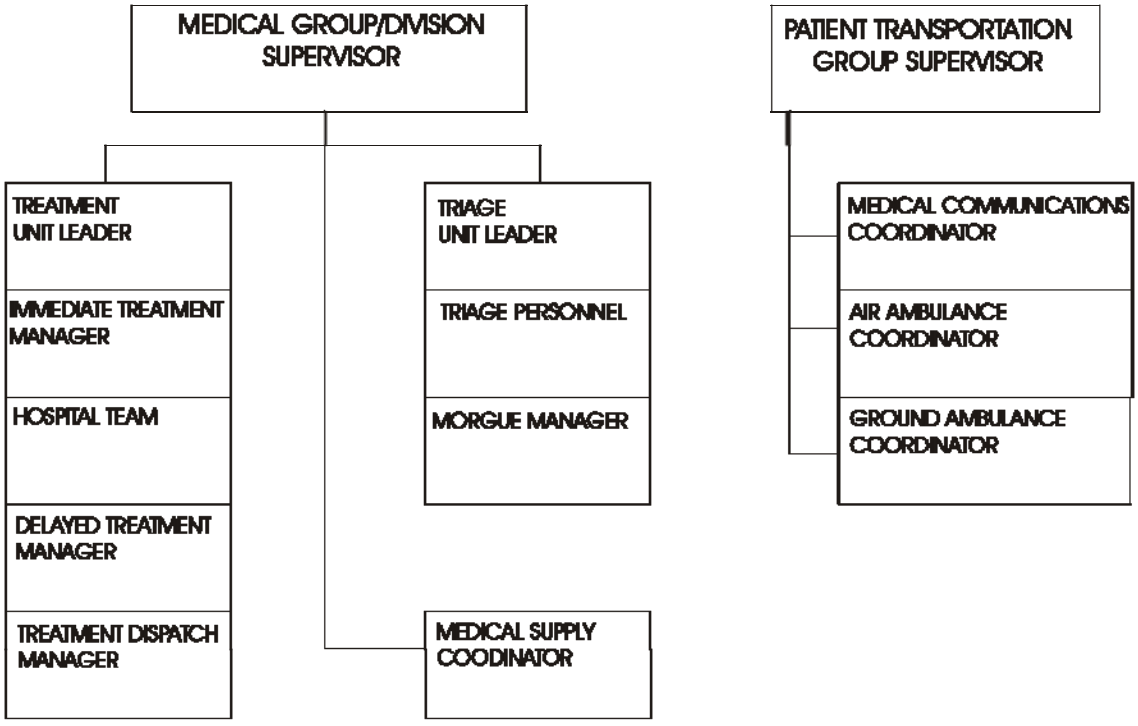
The Morgue Manager shall be responsible for establishing an on-scene morgue, if not previously established, and maintaining the integrity, security, and identification of deceased victims.

December, 1989 (Rev. 1/8/92)

ICS-MC-120-1

MULTI-CASUALTY BRANCH WORKSHEET

INCIDENT NAME		DATE	TIME
INCIDENT COMMANDER	MULTI-CASUALTY BRANCH DIRECTOR		



OTHER

MEDICAL CACHES
AIR AMBULANCES
LAW ENFORCEMENT
RADI FREQUENCIES
CORONER
RED CROSS
CHAPLAIN
BUSES
MENTAL HEALTH

5.1.5 **Treatment Unit Leader**

The Treatment Unit Leader, who reports to the Medical Group Supervisor, is responsible for on scene emergency medical care of victims in the treatment area. This person will be located at the treatment area and may assign Treatment Managers to the Immediate, Delayed, and Minor Treatment Areas as needed. The Treatment Unit Leader may also assign a Treatment Dispatch Manager to coordinate patient readiness with the Patient Transportation Group Supervisor. Positions that may also be assigned are:

- Treatment Dispatch Manager
- Immediate Treatment Manager
- Delayed Treatment Manager
- Minor Treatment Manager

5.1.6 **Patient Transportation Group Supervisor** (PTGS)

This position establishes and maintains communications with the Control Facility and directs and coordinates patient loading into ambulances as determined by the Treatment Unit Leader(s). This position may be filled concurrently by the Medical Group Supervisor in the event there are not enough qualified personnel available. The Patient Transportation Group Supervisor may assign the following personnel as necessary:

- Medical Communications Coordinator
- Air Ambulance Coordinator
- Ground Ambulance Coordinator

5.1.7 **Medical Communications Coordinator**

The Medical Communications Coordinator shall establish and maintain medical communications with the Control Facility and shall select the mode of transport and patient destination based upon the direction of the Control Facility.

5.1.8 **Air Ambulance Coordinator**

The Air Ambulance Coordinator shall establish safe helispots, coordinate operations with the Air Operations Group, keep the Patient Transportation Group Supervisor advised of air ambulance availability, capability and complete applicable sections of the Patient Transportation Summary Worksheet.

5.1.9 **Ground Ambulance Coordinator**

The Ground Ambulance Coordinator is responsible for the coordination of incoming personnel and equipment, and reports to the Patient Transportation Group Supervisor. The Ambulance Staging Resources Status (Enclosure - J, MCM-404) shall be used to track ambulance availability and activities.

This person will be located at the staging area to organize ambulances or other medical transportation vehicles, medical equipment, and medical personnel and dispatch them to duties at the request of the Patient Transportation Group Supervisor. Information to complete applicable sections of the Patient Transportation Summary Worksheet may be requested.

AMBULANCE STAGING RESOURCES STATUS	1. INCIDENT NAME			2. DATE PREPARED	3. TIME PREPARED
AGENCY	UNIT NUMBER			TIME IN STAGING AREA	TIME OUT STAGING AREA
			ALS BLS	_____ : _____	_____ : _____
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			ALS BLS	_____ : _____	_____ : _____

5.2 DESIGNATED AREAS

Locations of designated areas, as detailed below, shall be approved by the Incident Commander or one of his/her staff. Once the location has been assigned to EMS, the Medical Group Supervisor or his/her designee will oversee the organizing of specific areas within the agreed upon location.

* Treatment Areas

Treatment areas should be safely distanced from hazards, upwind from toxic fumes, including EMS vehicle exhaust, and allowance made for vehicle access to an adjacent loading area. There should be adequate space to lay the patients side by side and in groups by triage priority.

In a small incident, if a treatment area needs to be established, a single treatment area is recommended for the Immediate and Delayed patients. The Minor patients should be grouped and treated away from all areas of active operations. The Deceased should be left at the impact area or moved to a separate morgue area.

In the case of large incidents or if problems with having only one treatment area develop, a treatment area may be designated for each triage category. The Immediate and Delayed treatment areas should be grouped together and the Minor treatment area located a distance away.

Remember, Immediate patients must be transported as soon as possible. Movement of these patients to a treatment area may be inappropriate if it unnecessarily delays transport.

* EMS Staging Area

This area will be the gathering point for EMS personnel and equipment. Supervision of this area may be assigned to the first unit which arrives in the Staging Area. Transport vehicles will be maintained in a one way traffic pattern towards the loading area, if possible. Request law enforcement assistance through the Incident Commander if a change of normal traffic pattern is necessary. If necessary, a field inventory will be established at the staging are`a. In a large incident, the staging area will include many other non-medical components. In this case, the Air/Ground Ambulance Coordinator will handle EMS resources and report to the person in charge of staging for the entire incident. EMS staging may be incorporated in a joint Staging Area if one has been established by the Operations Chief.

* Loading Area

This area is for loading patients into transporting vehicles. The loading area should be adjacent to the treatment area(s) and in line with the one way traffic from the Staging Area.

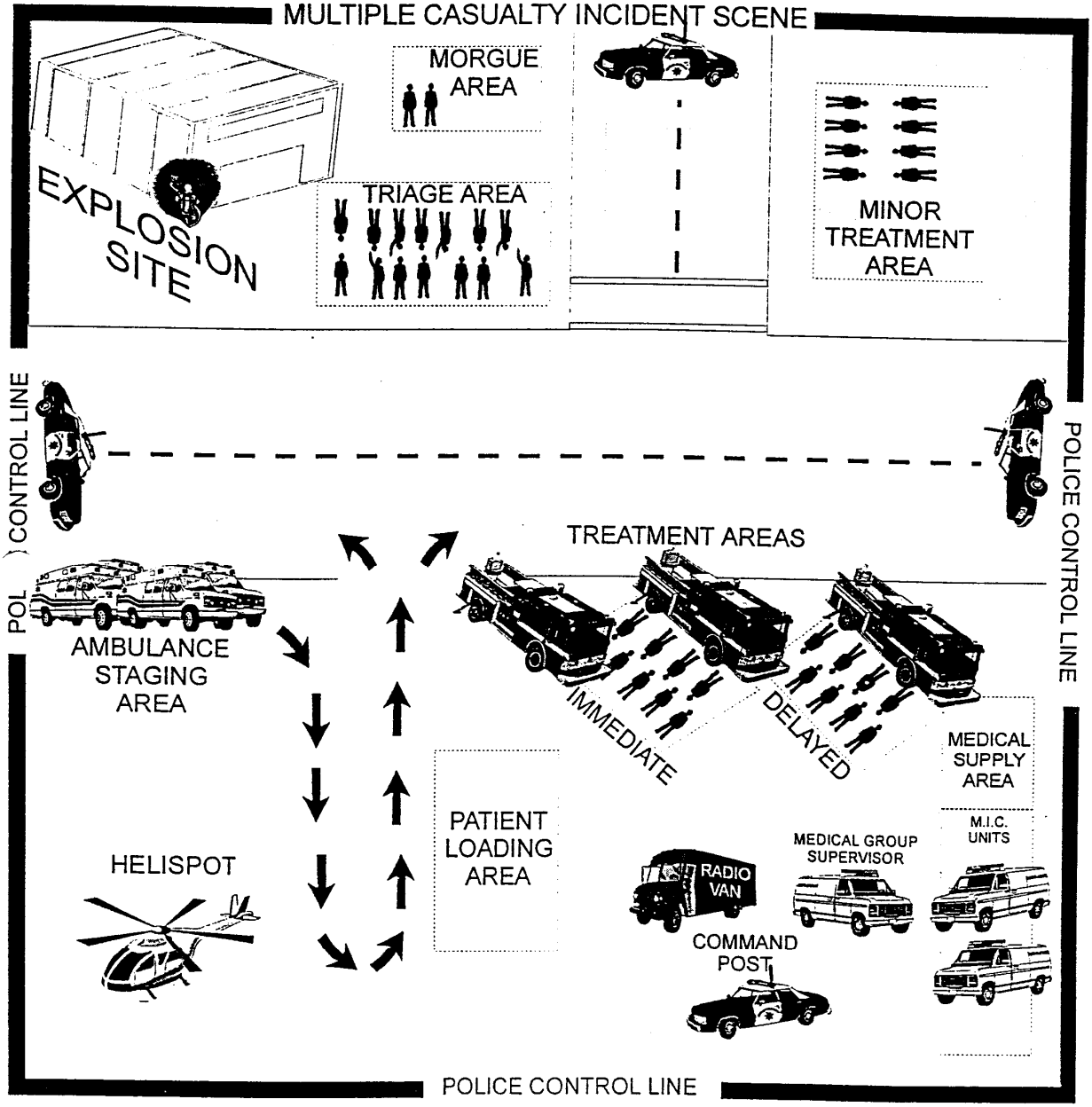
* Morgue Area

In most cases the deceased should not be moved. A Morgue Area should be established only if it becomes necessary to remove deceased patients from the impact site, i.e., to gain access to salvageable patients. This area should be located away from the treatment area(s) and is the responsibility of the Coroner's Office. EMS personnel assistance may be required in the establishment of the field morgue.

There may be instances in which it may be necessary to establish a second morgue area for victims that expire within the treatment areas if it is impractical to remove those casualties to the morgue area established at the impact site.

* Triage Area

Victims should usually be triaged where they lie. If this is not feasible due to physical or hazardous restraints, the victims may be removed to an area where the Triage Unit Leader or triage teams will triage, tag, or utilize optional flags. See Section 5.3 and direct litter bearers to the appropriate treatment area.


MULTIPLE CASUALTY INCIDENT SCENE
MORGUE AREA
EXPLOSION SITE
TRIAGE AREA
MINOR TREATMENT AREA
POLICE CONTROL LINE
POLICE CONTROL LINE
TREATMENT AREAS
AMBULANCE STAGING AREA
IMMEDIATE
DELAYED
MEDICAL SUPPLY AREA
M.I.C. UNITS
PATIENT LOADING AREA
HELISPOT
RADIO VAN
MEDICAL GROUP SUPERVISOR
COMMAND POST
POLICE CONTROL LINE

5.3 TRIAGE

Once it has been established that the scene is safe from hazards, an initial walk through may be necessary to provide a baseline estimate of casualty figures. Triage will be supervised by the Medical Group Supervisor. Triage responsibilities may be assigned to a Triage Unit Leader if the demands of the incident warrants such expansion, or if necessary, all personnel may be assigned to triage initially.

* Treatment prior to triage of all patients shall be restricted to airway establishment and to control hemorrhage.

* CPR should generally not be initiated unless an overabundance of ALS personnel, equipment, transport units, and immediate receiving facilities exist.

The Medical Group Supervisor or Triage Unit Leader is responsible for stopping CPR when not appropriate in multi-casualty situations.

* Initial triage should take 30 seconds or less per patient. Initial triage should be performed utilizing the S.T.A.R.T. method (see ENCLOSURE B). Adjustments may be necessary during retriage and when triage is being done by higher trained personnel.

* Triage of patients should occur where they lie only if the area is safe. If a hazard exists, patients should be moved to a safe triage area. Patients should be triaged and tagged prior to leaving the triage area. Do not wait to triage patients until they are placed in a treatment area. This will cause confusion as the patients will have to be rearranged into triage categories.

OPTION NOTE: Some jurisdictions may choose to utilize red, yellow, green, and black triage flags (ENCLOSURE E) for initial field triage and apply triage tags in the treatment areas. If flags are used, they should be removed and collected when tags are applied in the treatment areas.

* Triage personnel will return unused tags to the Medical Group Supervisor or Triage Unit Leader and will, at that time, be reassigned to treatment or transport areas.

5.3.1 **Triage Categories**

* IMMEDIATE: Critical, life-threatening. Likely to survive if they receive care within thirty (30) minutes.

* DELAYED: Serious, may be life threatening. Likely to survive if care is received in thirty (30) minutes to several hours.

* MINOR: Not considered life threatening. Care may be delayed hours or days. MINOR patients are ambulatory and should be able to wait in a receiving facility's waiting room unsupervised.

* DECEASED: Mortally wounded or expectant. Clinically dead.

5.4 TREATMENT

Once all patients have been triaged, the Immediate patients must be transported as soon as possible. If there is going to be a delay in transport due to a lack of transportation units or a high number of victims, patients should be moved to a treatment area. The Treatment Area will be supervised by the Treatment Unit Leader (if assigned). The Treatment Unit Leader may in turn assign supervision of the various treatment areas to Treatment Manager(s).

* Assign EMTs to specific patients or groups of patients, ensuring adequate BLS/ALS coverage to the extent possible (priority to immediate and delayed patients). Volunteer medical personnel must report to the staging area. The Transportation/Ambulance Provider will advise the Air/Ground Ambulance Coordinator, as to assignment of personnel. EMT-Is should be assigned to the minor treatment area.

* CPR should not be initiated unless staffing allows for immediate treatment of all immediate and delayed patients.

* Retriage every fifteen (15) minutes, if possible. If staffing allows, retriage should be more precise than the initial S.T.A.R.T. method.

5.4.1 **Immediate**

Once in the treatment area, a set of vital signs should be taken, vital signs recorded on the triage tag, and patients prepared for transportation. Treatment should not delay transporting immediate patients. As with all critical trauma patients, the emphasis is on the ABCs and early transport.

5.4.2 **Delayed**

These patients should be retriaged (assessment and vital signs) as often as manpower allows. Delayed patients may require ALS and/or BLS treatment while waiting for transportation.

5.4.3 **Minor**

Minor patients should be kept away from all areas of active operations, including other treatment areas, morgue, and impact area (inner perimeter). These patients should receive an assessment and have vital signs taken and have triage tags applied. BLS treatment should be performed as necessary.

5.4.4 **Deceased**

Deceased patients should be left in the position they are found, if possible. Do not separate patient from identification. If it is necessary to move deceased patients, a field morgue will be established away from the other areas and under the direction of the Coroner. Movement of deceased patients shall be done only after consultation with the Coroner's Office, if possible.

5.5 EMS RESOURCE MANAGEMENT

EMS resources shall be requested through the Incident Commander or Logistic Section if developed. In a small incident, the Medical Group Supervisor and Patient Transportation Group Supervisor may be allowed to directly request EMS resources, but this should not be assumed. A procedure for requesting resources should be arranged with the Incident Commander. In an incident with expanded ICS activation, resources are the responsibility of Logistics.

EMS resources will be supervised by the Medical Group Supervisor. Supervision of a medical staging area may be assigned by the Incident Commander to the Patient Transportation Group Supervisor, who may assign an Air/Ground Ambulance Coordinator.

* All EMS personnel, equipment, and supplies shall be directed to the staging area.

* Resources (personnel, equipment, etc.) will be assigned or distributed to specific tasks. They will be dispatched by the Air/Ground Ambulance Coordinator or the Patient Transportation Group Supervisor at the request of the Medical Group Supervisor.

* Transport vehicles will be maintained in a one way traffic pattern adjacent to the loading area. The Patient Transportation Group Supervisor or Ground Ambulance Coordinator if assigned, may request law enforcement assistance through the Incident Commander or his/her designee if necessary to assist with traffic flow.

* **If possible, keep a driver with each vehicle. If drivers are needed for triage or treatment, KEYS MUST BE LEFT IN VEHICLE.**

* Remove equipment not necessary for transport. Create a field inventory at the staging area which can be rapidly moved to treatment area(s) as needed, e.g., backboards, stretchers, splints, oxygen, solutions, etc.

5.6 TRANSPORTATION/PATIENT DISPERSEMENT

Once transporting vehicles are available, patients will be moved from the treatment area to the loading area.

The Patient Transportation Group Supervisor will request transport vehicles from the Ground Ambulance Coordinator as patients are ready for transport.

* Vehicle loading should be maximized without jeopardizing patient care. Unless it is the only option, two immediate patients should not be transported in the same ambulance. Instead, an immediate may be transported with a delayed patient to better assure that pre-hospital staff can adequately care for patients during transport. Each patient transported must be registered in the Patient Transportation Summary Worksheet (MCM-403). See sample below.

* In a large MCI, the method of transportation for minor priority patients may be of a type that cannot be used for the transportation of Immediate and Delayed patients, i.e., buses with fixed seats. Loading of minor patients should not interfere with the loading of immediate or delayed patients and a separate loading area may be required. Minor patients can be transported in the front seat of ambulances transporting Immediate or Delayed patients if necessary.

* Once prepared for transportation, the Treatment Unit Leader should notify the Patient Transportation Group Supervisor of the number of patients, their triage categories, and a one word classification of their injuries, i.e., "one Immediate head and one Immediate chest." After receiving direction from the Control Facility, the Patient Transportation Group Supervisor will advise the transporting units of the appropriate hospital destination.

* The Patient Transportation Group Supervisor should assign either the Air/Ground Ambulance Coordinator or a recorder to log patient names and/or triage tag numbers, unit numbers of transporting units, triage category, destination, time of transport, and ETA on a Patient Transportation Summary Worksheet as the patients are loaded for transport.

5.7 CONTAMINATION

Pre-hospital personnel must remain alert to the potential for toxic and hazardous materials at the scene of all incidents. Familiarization with the State document "Hazardous Materials Medical Management Protocols" and the Incident Command System document "Hazardous Materials Operational System Description (ICS-HM-120-1)" is essential to avoid further and unnecessary contamination of personnel/equipment. (See ENCLOSURE H) General guidelines include:

PATIENT TRANSPORTATION SUMMARY WORKSHEET				1. INCIDENT NAME:			2. DATE PREPARED	3. TIME PREPARED:	
PATIENT READY	PATIENT STATUS	INJURY TYPE (IE: HEAD)	MODE OF TRANSPORT	HOSPITAL DESTINATION	AMBULANCE CO. AND ID	PATIENT NAME/ TAG NUMBER	OFF SCENE TIME	ETA	HOSPITAL ADVISED
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
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	I D M								
	I D M								
MCM 403		4. PREPARED BY (PATIENT TRANSPORTATION GROUP SUPERVISOR/MEDICAL COMMUNICATIONS COORDINATOR)							

* Contaminated patients and the entire area of contamination must be isolated from equipment and other personnel and the area labeled a "hot zone." An additional "warm zone" must be established around the periphery. Only personnel who have been trained in the proper use of self contained breathing apparatus and are equipped with appropriate suits should enter the hot zone. All designated areas must be established upwind from the hot zone and no one should be allowed to enter the area downwind of the hot zone unless they are equipped with self contained breathing apparatus and properly attired.

* Accurate information on the identification and health effects of the substance and the appropriate pre-hospital evaluation and care of the victim must be obtained.

* Initial decontamination must occur on scene by qualified personnel. Decontaminated patients must be properly packaged to prevent contamination of the transporting units and personnel and be transported by medical triage categories and not by level of contamination.

NOTE: Transportation units other than ambulances may be needed to transport some victims with significant exposure to prevent secondary contamination and the subsequent removal from service of those ambulances.

* The Disaster Control Facility should be advised of patient contamination as early as possible to assure that a properly equipped facility can accept them.

* Clearly indicate on the triage tag and field assessment form "CONTAMINATED", in addition to the specific identity of the contaminate, if known.

STANDING ORDERS

During an MCI, it is imperative that radio transmissions be kept to a minimum. Therefore, advanced life support and limited advanced life support personnel will function under standing orders.

If Base Hospital contact is necessary due to extenuating circumstances, the following guidelines should be adhered to:

* On-Scene:
- Contact should only be made following approval of the Medical Group Supervisor.

* Enroute:
- Updates with the receiving facilities should only be made if there is a clear frequency not being utilized for MCI.

SECTION 6

RESOURCES & ANCILLARY OPERATIONS

6.1 DAY-TO-DAY MUTUAL AID

During small incidents or in the initial phases of a large incident, resources should be requested utilizing the usual day-to-day mutual aid process.

6.2 MASTER MUTUAL AID

If the usual day-to-day mutual aid system will not provide adequate resources, the Master Medical Mutual Aid system should be accessed as soon as possible. Instructions for the activation of this system are outlined in Manual 3 of the OES REGION IV MCI PLAN.

6.3 ANCILLARY OPERATIONS

Besides fire, EMS, and law enforcement agencies, the following is a list of ancillary services involved in EMS Field operations and should be involved in any local multi-casualty incident planning and training.

- Dispatch Centers
- Disaster Control Facilities
- Receiving Facility
- Local Emergency Medical Services Agencies
- Local Office of Emergency Services
- Local Military Establishments
- Local Red Cross
- Local H.A.M. Operators

SECTION 7

DOCUMENTATION

Original ICS-MC & MCM FORMS for use with this manual are found on yellow paper in ENCLOSURE J. An Index is provided listing the most recent form number and date for each form. The yellow originals should be used to make white copies as they are needed for use in the field. Position Checklist form yellow originals are found in Section 9.

NOTE: Do NOT use the yellow original copies in your manual. Make copies of the yellow original forms for use in the field.

7.1 TRIAGE TAGS

Upon arrival at the scene, the Medical Group Supervisor will distribute tags to qualified triage personnel. The number of tags distributed should be noted to better assess the actual number of patients.

7.1.1 **Triage Personnel** should:

- initially tag patients with the S.T.A.R.T. triage method;
- tag only arms and legs - avoid injured areas;
- report to the Medical Group Supervisor or designee;
- return unused tags and ask for further assignment.

7.1.2 **Treatment Personnel** should:

- when the victims arrive in the treatment areas, indicate the time, date of triage, and briefly the chief complaint/major injuries;
- document vital signs and times obtained on Part I of the tag;
- list treatment and time administered on Part II of the tag;
- assign non-medical personnel to complete patient identification section of the triage tag (name, address, phone, sex, age, weight) if possible.

Re-evaluate triage as necessary. If the initial triage was categorically incorrect or is full of information, DO NOT REMOVE. Obtain a second tag, detach and discard all numbered tabs, and mark through all tag numbers on second tag. Leave all remaining tabs on the original tag. The original tag number shall remain as the patient number until the victim is hospitalized. Note on the second tag the time and reason it was attached.

Once the destination facility has been determined, it will be written on the tag. The Patient Transportation Group Supervisor will note the tag number on a Patient Transportation Summary Worksheet (MCM-403). Transporting personnel will note the triage tag number on the patient care record/field assessment form. This will enable information to be obtained at a later time and permit a rapid return to the incident scene.

Hospital admitting personnel will use the triage tag number in the admitting process in such a means that patient information and medical records may be retrieved rapidly by the use of the triage tag number.

7.2 FORMS

* **Field Pre-Hospital Care Records**

Pre-hospital Care Records should be completed according to local policy.

* **Multi-Casualty Branch Worksheet**

The Multi-Casualty Branch Worksheet (MCM-402) is used by the Medical Group Supervisor as an organizational aid. This worksheet is an abbreviated flow chart that provides space for names of persons filling positions and a checklist for other resources to be considered. The Medical Group Supervisor must use this form whenever more

than one component has been delegated to other individuals.

* **Patient Transportation Summary Worksheet**

This worksheet (see instructions, ENCLOSURE D) may be used by the Patient Transportation Group Supervisor, Medical Communications Coordinator, Treatment Unit Leader, and Air/Ground Ambulance Coordinators to maintain an accurate status list of patients as they are moved through the system.

It is used by the Medical Communications Coordinator (if assigned) to record information from the Treatment Unit regarding the status of patients ready for transport as well as to record patient destination information as directed by the Disaster Control Facility (DCF). The Worksheet is also utilized by the Patient Transportation Group Supervisor (PTGS) and Air/Ground Ambulance Coordinators to record the transport of patients from the scene.

In the event that Medical Communications Coordinator or Air/Ground Ambulance Coordinator has not been assigned, a single worksheet can be utilized by the Patient Transportation Group Supervisor to record all of the above information.

* **Ambulance Staging Resource Status**

This status worksheet (MCM-404) should be maintained by the Ground Ambulance Coordinator to track ambulance availability and activities. Space is provided for the agency name and unit identification number, as well as their time in and out of staging.

* **Supply Receipt & Inventory Form**

This status form (ICS-MC-312) is used by the Medical Supply Coordinator to document supplies and equipment obtained from response agency vehicles for allocation to medical group units.

7.3 MULTI-CASUALTY INCIDENT REVIEW/QUALITY IMPROVEMENT

Copies of all multi-casualty incident forms will be forwarded to the local EMS agency by the Medical Group Supervisor within forty-eight (48) hours after the incident. The local EMS Agency may conduct an "all agency critique" of a multi-casualty incident for the purpose of improving future coordination and/or performance. An "all agency critique" will be conducted with incidents involving ten (10) or more immediate patients or a combination of fifteen (15) or more immediate and delayed patients. At least one all-agency critique of a multi-casualty incident will be conducted every six (6) months.

SECTION 8

POSITION CHECKLISTS

The following Position Checklists should be issued, along with the appropriate vest and mode of communications that will be utilized, to personnel at the time they are assigned.

Position Checklists are listed by MCM number and current revision date.

NOTE: Original Position Checklist forms for use with this manual are found on yellow paper in this Section. The yellow originals should be used to make white copies as they are needed for use in the field.

CHECKLIST:

Multi-Casualty Branch Director

Medical Group/Division Supervisor
- Triage Unit Leader
- Triage Personnel
- Medical Supply Coordinator
- Morgue Manager

Treatment Unit Leader
- Treatment Dispatch Manager
- Immediate Treatment Manager
- Delayed Treatment Manager
- Minor Treatment Manager
- Medical Teams
- Hospital Emergency Response Team, (H.E.R.T.) (MCM 428)

Patient Transportation Group Supervisor
- Medical Communications Coordinator
- Air/Ground Ambulance Coordinator

MULTI-CASUALTY BRANCH DIRECTOR

Mission: Implementation of the Incident Action Plan within the Branch. This includes the direction and execution of branch planning for the assignment of resources within the Branch. The Branch Director reports to the Operation Section Chief and supervises the Medical Group/Division and Patient Transportation Group Supervisors. (ICS-MC-222-1)

Supervised by: Operations Section Chief

Report to: _____

Communications: _____

_____ Review Common Responsibilities.*

_____ Review Group/Division Assignments for effectiveness of current operations and modify as needed.

_____ Provide input to Operations Section Chief for the Incident Action Plan.

_____ Supervise Branch activities.

_____ Report to Operation Section Chief on Branch activities.

_____ Maintain Unit/Activity Log (ICS Form 214).

*COMMON RESPONSIBILITIES

_____ Receive Assignment.

_____ Acquire work materials.

_____ Maintain accountability of assigned personnel as to exact location(s), personnel safety and welfare at all times.

_____ Organize and brief subordinates.

_____ Know your assigned frequency(s) and ensure that communications equipment is operating properly.

_____ Maintain Unit/Activity Log (ICS Form 214).

_____ Use clear text and ICS terminology (no codes) in all radio communications.

_____ Complete forms and reports.

_____ Respond to demobilization orders and brief subordinates regarding demobilization.

MEDICAL GROUP/DIVISION SUPERVISOR

Mission: Supervise Triage Unit Leader, Treatment Unit Leader and Medical Supply Coordinator. Establish command and control of the activities within a Medical Group/Division, in order to assure the best possible emergency medical care to patients during a multi-casualty incident. (ICS-MC-222-3)

Supervised by: Multi-Casualty Branch Director

Report to: _____

Communications: _____

_____ Review Common Responsibilities*

_____ Check-in and obtain briefing from the Multi-Casualty Branch Director or Operations Section Chief.

_____ Participate in Multi-Casualty Branch/ Operations Section planning activities.

_____ Provide input to Multi-Casualty Branch Director/ Operations Section Chief for the Incident Action Plan.

_____ Establish Medical Group/Division 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.

_____ Isolate Morgue and Minor Treatment Areas from Immediate and Delayed Treatment areas.

_____ Request law enforcement/coroner involvement as needed.

_____ Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (Medical Caches, Backboards, litters, cots, etc).

_____ Establish communications and coordination with the Patient Transportation Group Supervisor.

_____ Ensure activation of the hospital alert system, local 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.

_____ Ensure proper security, traffic control and access for the Medical Group/Division area.

_____ Direct medically trained personnel to the appropriate Unit Leader.

*COMMON RESPONSIBILITIES

_____ Receive Assignment.

_____ Acquire work materials.

_____ Maintain accountability of assigned personnel as to exact location(s), personnel safety and welfare at all times.

_____ Organize and brief subordinates.

_____ Know your assigned frequency(s) and ensure that communications equipment is operating properly.

_____ Maintain Unit/Activity Log (ICS Form 214).

_____ Use clear text and ICS terminology (no codes) in all radio communications.

_____ Complete forms and reports.

_____ Respond to demobilization orders and brief subordinates regarding demobilization.

TRIAGE UNIT LEADER

Mission: Supervise Triage Personnel/Litter Bearers and the Morgue Manager. Responsible for providing triage management and movement of patients from the triage area. When triage is completed, the Triage Unit Leader may be reassigned as needed. (ICS-MC-222-5)

Supervised by: Medical Group/Division Supervisor

Report to: _____

Communications: _____

_____ Review Common Responsibilities*

_____ Review Unit Leader Responsibilities**

_____ Develop organization sufficient to handle assignment.

_____ Inform Medical Group/Division Supervisor of resource needs.
Implement triage process.

_____ Coordinate movement of patients from Triage Area to the appropriate Treatment Areas.

_____ Give periodic reports to Medical Group/Division Supervisor.

_____ Maintain security and control of Triage Area.

_____ Establish Morgue.

_____

*COMMON RESPONSIBILITIES

_____ Receive Assignment.

_____ Acquire work materials.

_____ Maintain accountability of assigned personnel as to exact location(s), personnel safety and welfare at all times.

_____ Organize and brief subordinates.

_____ Know your assigned frequency(s) and ensure that communications equipment is operating properly.

_____ Maintain Unit/Activity Log (ICS Form 214).

_____ Use clear text and ICS terminology (no codes) in all radio communications.

_____ Complete forms and reports.

_____ Respond to demobilization orders and brief subordinates regarding demobilization.

**UNIT LEADER RESPONIBILITIES

	Participate in incident planning meetings, as required.
	Determine current status of unit activities.
	Confirm dispatch and estimated time of arrival of staff and supplies.
	Assign specific duties to staff; supervise staff.
	Develop and implement accountability, safety and security measures for personnel and resources.
	Supervise demobilization of unit, including storage of supplies.
	Provide Supply Unit Leader with a list of supplies to be replenished.
	Maintain unit records, including Unit/Activity Log (ICS Form 214).

TRIAGE PERSONNEL

Mission: Triage patients on-scene and assign them to the appropriate Treatment Areas .

Supervised by: Triage Unit Leader

Report to: _____

Communications: _____

_____ Review Common Responsibilities*

_____ Report to designated on-scene triage location.

_____ 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 (ABC's) to patients prior to movement as incident conditions dictate.

*COMMON RESPONSIBILITIES

_____ Receive Assignment.

_____ Acquire work materials.

_____ Maintain accountability of assigned personnel as to exact location(s), personnel safety and welfare at all times.

_____ Organize and brief subordinates.

_____ Know your assigned frequency(s) and ensure that communications equipment is operating properly.

_____ Maintain Unit/Activity Log (ICS Form 214).

_____ Use clear text and ICS terminology (no codes) in all radio communications.

_____ Complete forms and reports.

_____ Respond to demobilization orders and brief subordinates regarding demobilization.

TREATMENT UNIT LEADER

Mission: Supervise Treatment Managers and Treatment Dispatch Manager. Assume responsibility for treatment, preparation for transportation, coordination of patient treatment in the Treatment Areas and direct movement of patients to loading location(s).

Supervised by: Medical Group/Division Supervisor

Report to: _____

Communications: _____

_____ Review Common Responsibilities*

_____ Review Unit Leader Responsibilities**

_____ Develop organization sufficient to handle assignment.

_____ Direct and Supervise Treatment Dispatch, Immediate, Delayed and Minor Treatment Areas.

_____ Request sufficient caches and supplies as necessary.

_____ Establish communications and coordination with Patient Transportation Group.

_____ Ensure continual triage of patients to ambulance loading area(s).

_____ Direct movement of patients to ambulance loading area(s).

_____ Give periodic status reports to Medical Group/Division Supervisor.

*COMMON RESPONSIBILITIES

_____ Receive Assignment.

_____ Acquire work materials.

_____ Maintain accountability of assigned personnel as to exact location(s), personnel safety and welfare at all times.

_____ Organize and brief subordinates.

_____ Know your assigned frequency(s) and ensure that communications equipment is operating properly.

_____ Maintain Unit/Activity Log (ICS Form 214).

_____ Use clear text and ICS terminology (no codes) in all radio communications.

_____ Complete forms and reports.

_____ Respond to demobilization orders and brief subordinates regarding demobilization.

	**UNIT LEADER RESPONIBILITIES
	Participate in incident planning meetings, as required.
	Determine current status of unit activities.
	Confirm dispatch and estimated time of arrival of staff and supplies.
	Assign specific duties to staff; supervise staff.
	Develop and implement accountability, safety and security measures for personnel and resources.
	Supervise demobilization of unit, including storage of supplies.
	Provide Supply Unit Leader with a list of supplies to be replenished.
	Maintain unit records, including Unit/Activity Log (ICS Form 214).

IMMEDIATE TREATMENT LEADER

Mission: Treatment and re-triage of patients assigned to Immediate Treatment Area.

Supervised by: Treatment Unit Leader

Report to: _____

Communications: _____

_____ Review Common Responsibilities*

_____ Request or establish Medical Teams as necessary.

_____ Assign treatment personnel to patients received in the Immediate Treatment Area.

_____ Ensure treatment of patients triaged to the Immediate Treatment Area.

_____ Assure that patients are prioritized for transportation.

_____ Coordinate transportation of patients of patients with Treatment Dispatch Manager.

_____ Notify Treatment Dispatch Manager of patient readiness and priority for transportation.

_____ Assure that appropriate patient information is recorded.

*COMMON RESPONSIBILITIES

_____ Receive Assignment.

_____ Acquire work materials.

_____ Maintain accountability of assigned personnel as to exact location(s), personnel safety and welfare at all times.

_____ Organize and brief subordinates.

_____ Know your assigned frequency(s) and ensure that communications equipment is operating properly.

_____ Maintain Unit/Activity Log (ICS Form 214).

_____ Use clear text and ICS terminology (no codes) in all radio communications.

_____ Complete forms and reports.

_____ Respond to demobilization orders and brief subordinates regarding demobilization.

DELAYED TREATMENT LEADER

Mission: Treatment and re-triage of patients assigned to Delayed Treatment Area.

Supervised by: Treatment Unit Leader

Report to: _____

Communications: _____

_____ Review Common Responsibilities*

_____ Request or establish Medical Teams as necessary.

_____ Assign treatment personnel to patients received in the Delayed Treatment Area.

_____ Ensure treatment of patients triaged to the Delayed Treatment Area.

_____ Assure that patients are prioritized for transportation.

_____ Coordinate transportation of patients of patients with Treatment Dispatch Manager.

_____ Notify Treatment Dispatch Manager of patient readiness and priority for transportation.

_____ Assure that appropriate patient information is recorded.

*COMMON RESPONSIBILITIES

_____ Receive Assignment.

_____ Acquire work materials.

_____ Maintain accountability of assigned personnel as to exact location(s), personnel safety and welfare at all times.

_____ Organize and brief subordinates.

_____ Know your assigned frequency(s) and ensure that communications equipment is operating properly.

_____ Maintain Unit/Activity Log (ICS Form 214).

_____ Use clear text and ICS terminology (no codes) in all radio communications.

_____ Complete forms and reports.

_____ Respond to demobilization orders and brief subordinates regarding demobilization.

MINOR TREATMENT LEADER

Mission: Treatment and re-triage of patients assigned to Minor Treatment Area.

Supervised by: Treatment Unit Leader

Report to: _____

Communications: _____

_____ Review Common Responsibilities*

_____ Request or establish Medical Teams as necessary.

_____ Assign treatment personnel to patients received in the Minor Treatment Area.

_____ Ensure treatment of patients triaged to the Minor Treatment Area.

_____ Assure that patients are prioritized for transportation.

_____ Coordinate transportation of patients of patients with Treatment Dispatch Manager.

_____ Notify Treatment Dispatch Manager of patient readiness and priority for transportation.

_____ Assure that appropriate patient information is recorded.

*COMMON RESPONSIBILITIES

_____ Receive Assignment.

_____ Acquire work materials.

_____ Maintain accountability of assigned personnel as to exact location(s), personnel safety and welfare at all times.

_____ Organize and brief subordinates.

_____ Know your assigned frequency(s) and ensure that communications equipment is operating properly.

_____ Maintain Unit/Activity Log (ICS Form 214).

_____ Use clear text and ICS terminology (no codes) in all radio communications.

_____ Complete forms and reports.

_____ Respond to demobilization orders and brief subordinates regarding demobilization.

PATIENT TRANSPORTATION GROUP SUPERVISOR

Mission: Supervise the Medical Communications, Air and Ground Ambulance Coordinators. Coordination of patient transportation and maintenance of records relating to patient identification, injuries, mode of off-incident transportation and destination. (ICS-MC-222-2)

Supervised by: Multi-Casualty Branch Director

Report to: _____

Communications: _____

_____ Review Common Responsibilities*

_____ Establish communications with hospital(s).

_____ Designate ambulance staging area(s).

_____ Direct the transportation of patients as determined by Treatment Unit Leader(s).

_____ Assure patient information and destination is recorded.

_____ Establish communications with Ambulance Coordinator(s).

_____ Request additional Ambulances, as required.

_____ Notify Ambulance Coordinator(s) of ambulance requests.

*COMMON RESPONSIBILITIES

_____ Receive Assignment.

_____ Acquire work materials.

_____ Maintain accountability of assigned personnel as to exact location(s), personnel safety and welfare at all times.

_____ Organize and brief subordinates.

_____ Know your assigned frequency(s) and ensure that communications equipment is operating properly.

_____ Maintain Unit/Activity Log (ICS Form 214).

_____ Use clear text and ICS terminology (no codes) in all radio communications.

_____ Complete forms and reports.

_____ Respond to demobilization orders and brief subordinates regarding demobilization.

MEDICAL COMUNICATIONS COORDINATOR

Mission: Supervise the Transportation Recorder and maintain communication with the hospital alert system and/or other medical facilities to assure proper patient transportation, destination and coordination information through Patient Transportation Group Supervisor and the Transportation Recorder. (ICS-MC-222-7)

Supervised by: Patient Transportation Group Supervisor

Report to: _____

Communications : _____

_____ Review Common Responsibilities*

_____ Establish communications with hospital alert system.

_____ Determine and maintain current status of hospital/medical facility availability and capability.

_____ Receive basic patient information and injury status from Treatment Dispatch Manager.

_____ Communicate hospital availability to Treatment Dispatch Manager.

_____ Coordinate patient off-incident destination with the hospital alert system.

_____ Communicate patient transportation needs to Ambulance Coordinators based upon requests from Treatment Dispatch Manager.

_____ Maintain appropriate records.

*COMMON RESPONSIBILITIES

_____ Receive Assignment.

_____ Acquire work materials.

_____ Maintain accountability of assigned personnel as to exact location(s), personnel safety and welfare at all times.

_____ Organize and brief subordinates.

_____ Know your assigned frequency(s) and ensure that communications equipment is operating properly.

_____ Maintain Unit/Activity Log (ICS Form 214).

_____ Use clear text and ICS terminology (no codes) in all radio communications.

_____ Complete forms and reports.

_____ Respond to demobilization orders and brief subordinates regarding demobilization.

AIR/GROUND AMBULANCE COORDINATOR

Mission: Manage the Air/Ground Ambulance Staging Areas and dispatch ambulances as requested. (ICS-MC-222-8 & ICS-MC-222-9)

Supervised by: Patient Transportation Group Supervisor

Report to: _____

Communications: _____

_____ Review Common Responsibilities*

_____ Establish appropriate staging area for ambulances.

_____ Establish routes of travel for ambulances for incident operations.

_____ Establish and maintain communications with the Air Operations Branch Director.

_____ Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager.

_____ Provide ambulances upon request from the Medical Communications Coordinator.

_____ Maintain records as required.

_____ Assure that necessary equipment is available in ambulance for patient needs during transport.

_____ Establish immediate contact with ambulance agencies at the scene..

_____ Request additional transportation resources as appropriate.

_____ Provide inventory of medical supplies available at ambulance staging for use at the scene

*COMMON RESPONSIBILITIES

_____ Receive Assignment.

_____ Acquire work materials.

_____ Maintain accountability of assigned personnel as to exact location(s), personnel safety and welfare at all times.

_____ Organize and brief subordinates.

_____ Know your assigned frequency(s) and ensure that communications equipment is operating properly.

_____ Maintain Unit/Activity Log (ICS Form 214).

_____ Use clear text and ICS terminology (no codes) in all radio communications.

_____

	Complete forms and reports.
	Respond to demobilization orders and brief subordinates regarding demobilization.

MEDICAL SUPPLY COORDINATOR

Mission: Acquire and maintain control of appropriate medical equipment and supplies from units assigned to the Medical Group. (ICS-MC-222-6)

Supervised by: Medical Group/Division Supervisor
Report to: _____

Communications: _____

_____ Review Common Responsibilities*

_____ Acquire, distribute and maintain status o f medical equipment and supplies within the Medical Group/Division.

_____ Request additional medical supplies (medical caches).
NOTE: If Logistics Section is established, this position would coordinate with the Supply Unit Leader.

_____ Distribute medical s upplies to Treatment and Triage Units.

_____ Maintain Unit/Activity Log (ICS-214)

_____ Maintain records as required.

_____

*COMMON RESPONSIBILITIES

_____ Receive Assignment.

_____ Acquire work materials.

_____ Maintain accountability of assigned personnel as to exact location(s), personnel safety and welfare at all times.

_____ Organize and brief subordinates.

_____ Know your assigned frequency(s) and ensure that communications equipment is operating properly.

_____ Maintain Unit/Activity Log (ICS Form 214).

_____ Use clear text and ICS terminology (no codes) in all radio communications.

_____ Complete forms and reports.

_____ Respond to demobilization orders and brief subordinates regarding demobilization.

MORGUE MANAGER

Mission: Assume responsibility for Morgue Area activities until relieved of that responsibility by the Office of the Coroner.

Supervised by: Triage Unit Leader

Report to: _____

Communications: _____

Review Common Responsibilities*

_____ Review Common Responsibilities*

_____ Assess resource/supply needs and order as needed.

_____ Coordinate all Morgue Area activities.

_____ Keep area off limits to all but authorized personnel.

_____ Coordinate with law enforcement and assist the Coroner's Office as necessary.

_____ Keep identity of all deceased persons confidential.

_____ Maintain appropriate records.

*COMMON RESPONSIBILITIES

_____ Receive Assignment.

_____ Acquire work materials.

_____ Maintain accountability of assigned personnel as to exact location(s), personnel safety and welfare at all times.

_____ Organize and brief subordinates.

_____ Know your assigned frequency(s) and ensure that communications equipment is operating properly.

_____ Maintain Unit/Activity Log (ICS Form 214).

_____ Use clear text and ICS terminology (no codes) in all radio communications.

_____ Complete forms and reports.

_____ Respond to demobilization orders and brief subordinates regarding demobilization.

HOSPITAL EMERGENCY RESPONSE TEAM (H.E.R.T.)

Qualification:	A hospital emergency response team is recommended to consist of a minimum of three medical personnel, optimum of five medical personnel, which includes a team leader (1Base Hospital Physician and 1 MICN preferred) and any combination of physicians, nurses or physician assistants. H.E.R.T. Teams will be requested through the Incident Commander.
Mission:	Assume responsibility for patient assessment and treatment as assigned.
Supervised by:	Treatment Unit Leader
Report to:	_____
Communications:	_____

_____ Report to Incident Command Post for assignment.

_____ Perform medical treatment and other duties as assigned.

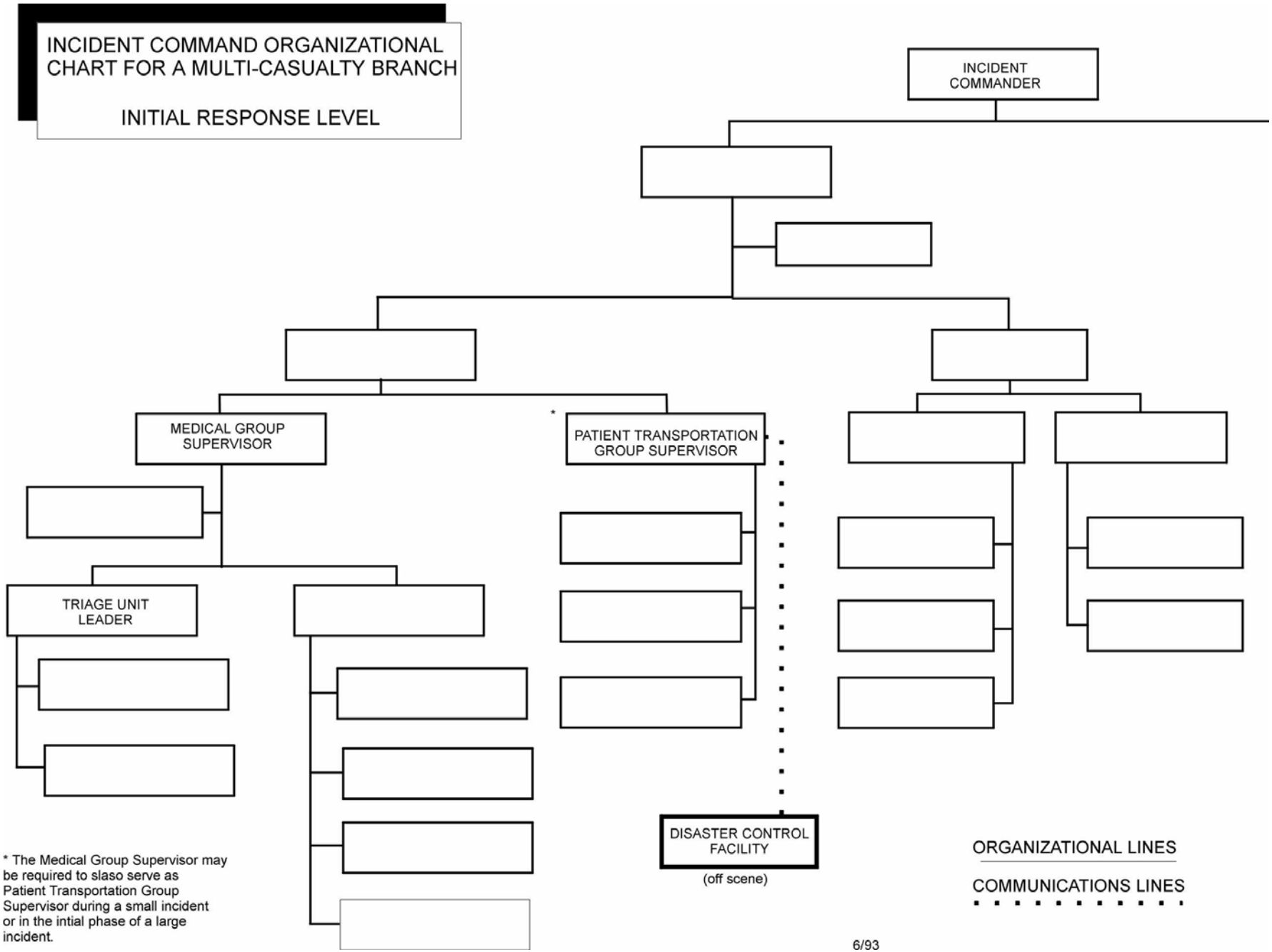
_____ Remain at the Treatment Unit unless otherwise reassigned.

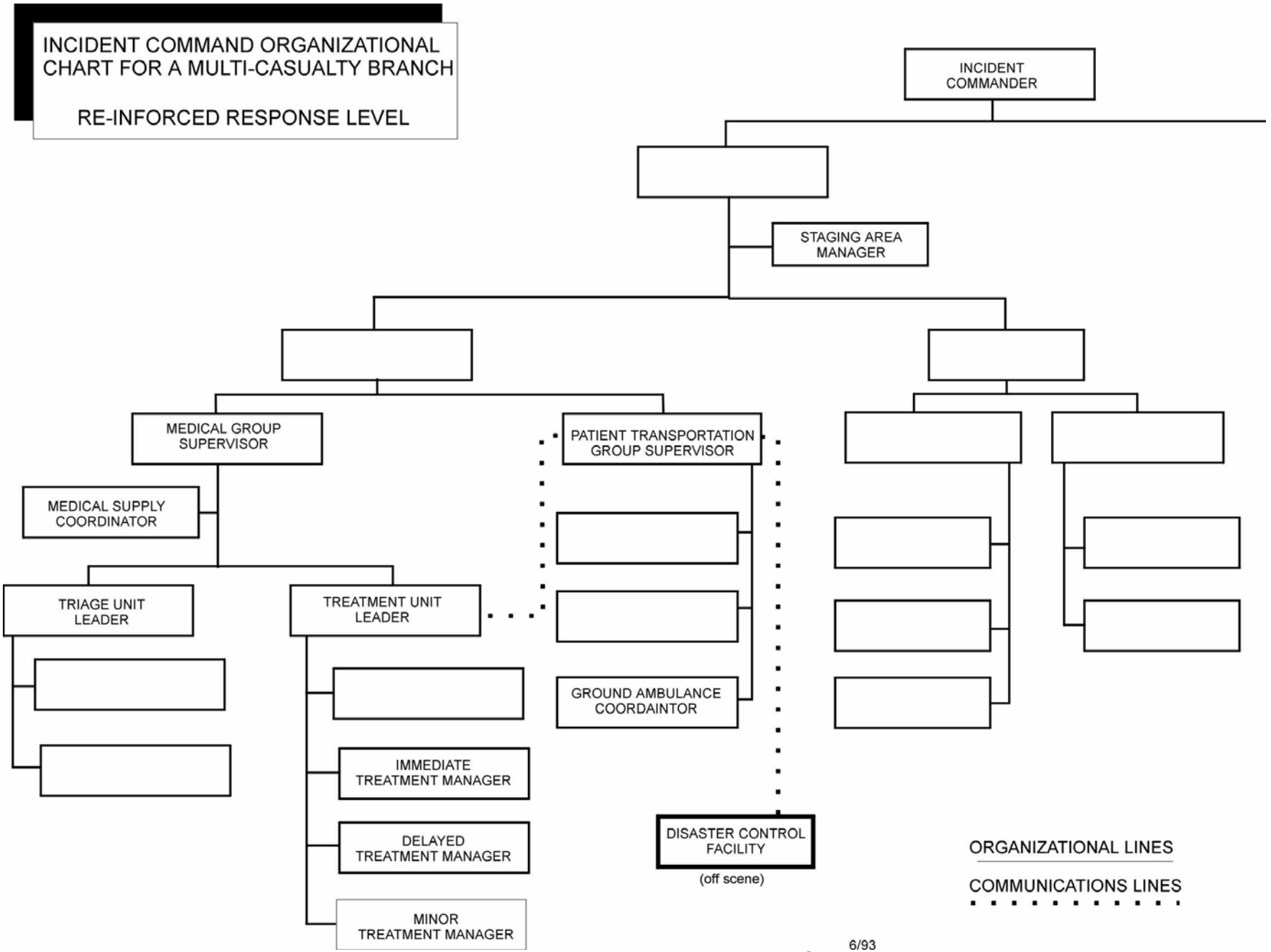
_____ Respond to the scene with appropriate emergency medical equipment.

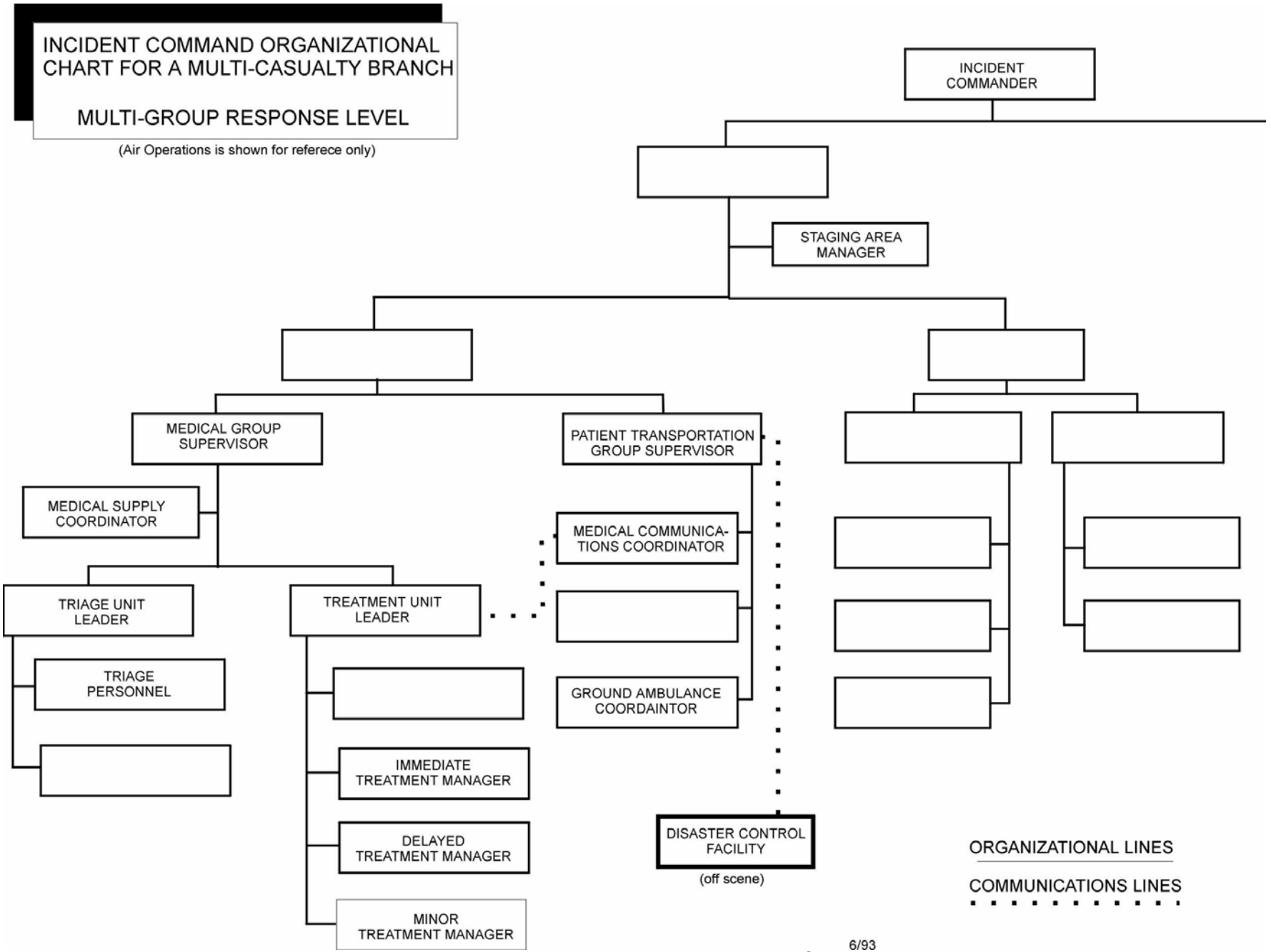
Enclosure A

MULTI-CASUALTY

BRANCH MODULAR DEVELOPMENT


INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH
INITIAL RESPONSE LEVEL
INCIDENT COMMANDER
MEDICAL GROUP SUPERVISOR
PATIENT TRANSPORTATION GROUP SUPERVISOR
TRIAGE UNIT LEADER
DISASTER CONTROL FACILITY
(off scene)
* The Medical Group Supervisor may be required to slaso serve as Patient Transportation Group Supervisor during a small incident or in the intial phase of a large incident.
ORGANIZATIONAL LINES
COMMUNICATIONS LINES
6/93

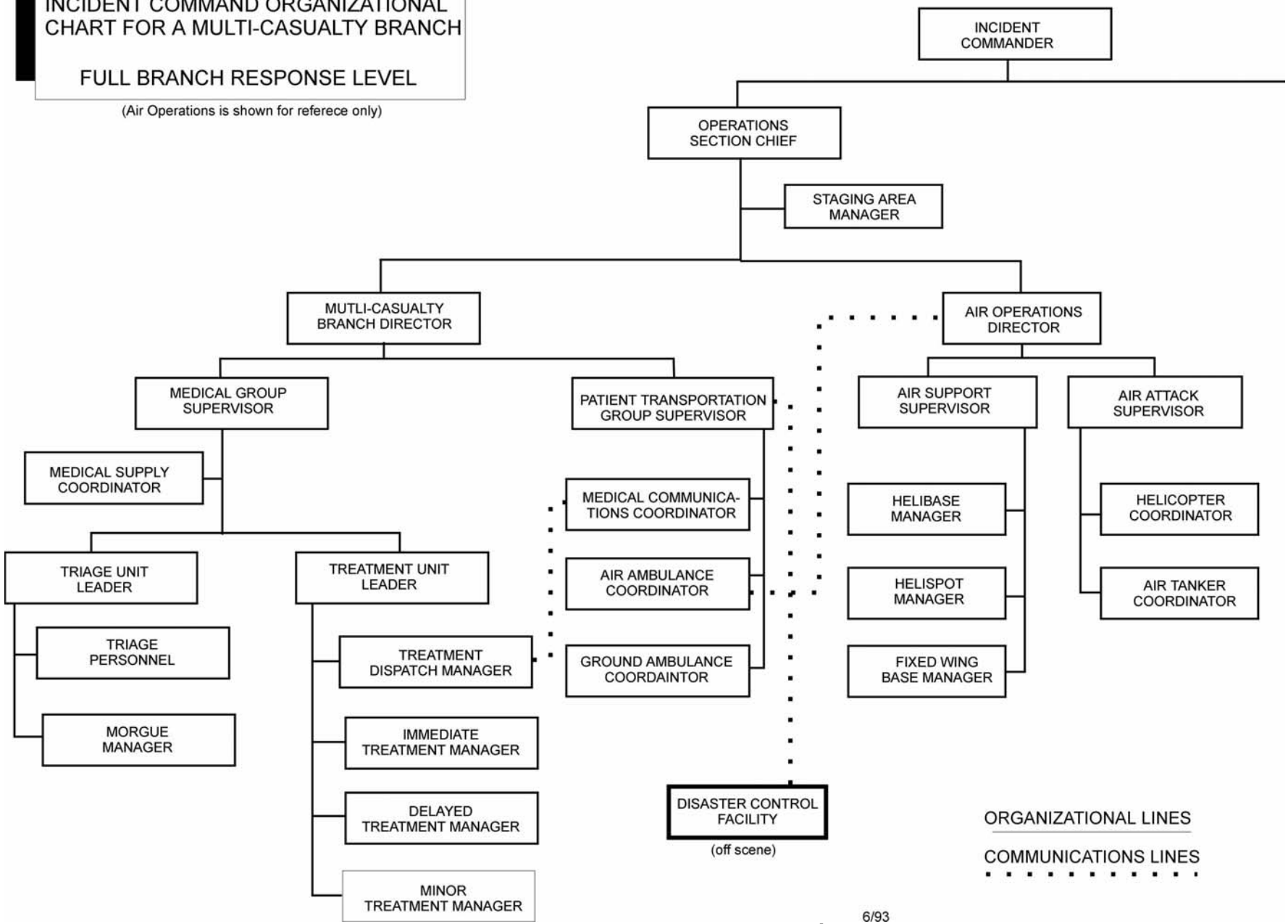

INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH
RE-INFORCED RESPONSE LEVEL
INCIDENT COMMANDER
STAGING AREA MANAGER
MEDICAL GROUP SUPERVISOR
PATIENT TRANSPORTATION GROUP SUPERVISOR
MEDICAL SUPPLY COORDINATOR
TRIAGE UNIT LEADER
TREATMENT UNIT LEADER
GROUND AMBULANCE COORDAINTOR
IMMEDIATE TREATMENT MANAGER
DELAYED TREATMENT MANAGER
MINOR TREATMENT MANAGER
DISASTER CONTROL FACILITY
(off scene)
ORGANIZATIONAL LINES
COMMUNICATIONS LINES
6/93


INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH
MULTI-GROUP RESPONSE LEVEL
(Air Operations is shown for referece only)
INCIDENT COMMANDER
STAGING AREA MANAGER
MEDICAL GROUP SUPERVISOR
PATIENT TRANSPORTATION GROUP SUPERVISOR
MEDICAL SUPPLY COORDINATOR
MEDICAL COMMUNICA-TIONS COORDINATOR
TRIAGE UNIT LEADER
TREATMENT UNIT LEADER
TRIAGE PERSONNEL
GROUND AMBULANCE COORDAINTOR
IMMEDIATE TREATMENT MANAGER
DELAYED TREATMENT MANAGER
MINOR TREATMENT MANAGER
DISASTER CONTROL FACILITY
(off scene)
ORGANIZATIONAL LINES
COMMUNICATIONS LINES
6/93

INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH

FULL BRANCH RESPONSE LEVEL

(Air Operations is shown for referece only)



6/93

Enclosure B

RECOMMENDED TRIAGE PRINCIPLES

RECOMMENDED INITIAL TRIAGE PRINCIPALS:
(Adapted from ICS-MC-120-1, APPENDIX B - 12/89)

FIRESCOPE RECOGNIZES THE ADOPTION OF THE S.T.A.R.T. PROGRAM FOR TRIAGE BY THE CALIFORNIA FIRE CHIEFS' ASSOCIATION

There are several principles that must be learned to effectively triage and deliver disaster style medicine. The objective of triage is to accomplish the greatest medical good for the greatest number of patients.

A primary goal of triage is to select the patients in greatest need of urgent care. It is recognized that triage in a mass-casualty situation offers little time or resources for doing CPR, taking blood pressures, or even counting pulse rates. However, minimal intervention to stabilize the airway or to control hemorrhage is done at the same time as the initial triage.

The START plan allows the first responders to triage patients in 60 seconds or less, depending on three simple observations. These physical assessments are: ventilation, perfusion, and mental status. The START plan does not attempt to make diagnoses. A "START Field Guide" is located on the following pages of this Enclosure.

Triage personnel must tag ALL patients. IT IS A TIME CONSUMING AND OFTEN FATAL MISTAKE TO TRIAGE IN THE FIELD WITHOUT TAGGING A PATIENT. Patients are tagged so that rescuers arriving later can immediately turn their attention to the patients most in need. This Manual refers to the "California Fire Chiefs' Association Triage Tag" for use by Region IV MCI personnel. See Enclosure D.

Triage Personnel must rate or place the injured into one of four categories:

1. Deceased (non-salvageable)
2. Immediate
3. Delayed
4. Minor

Deceased: No ventilation present even after attempting to position the airway

Immediate: Ventilation present only after positioning the airway;

Or respirators over 30 per minute;

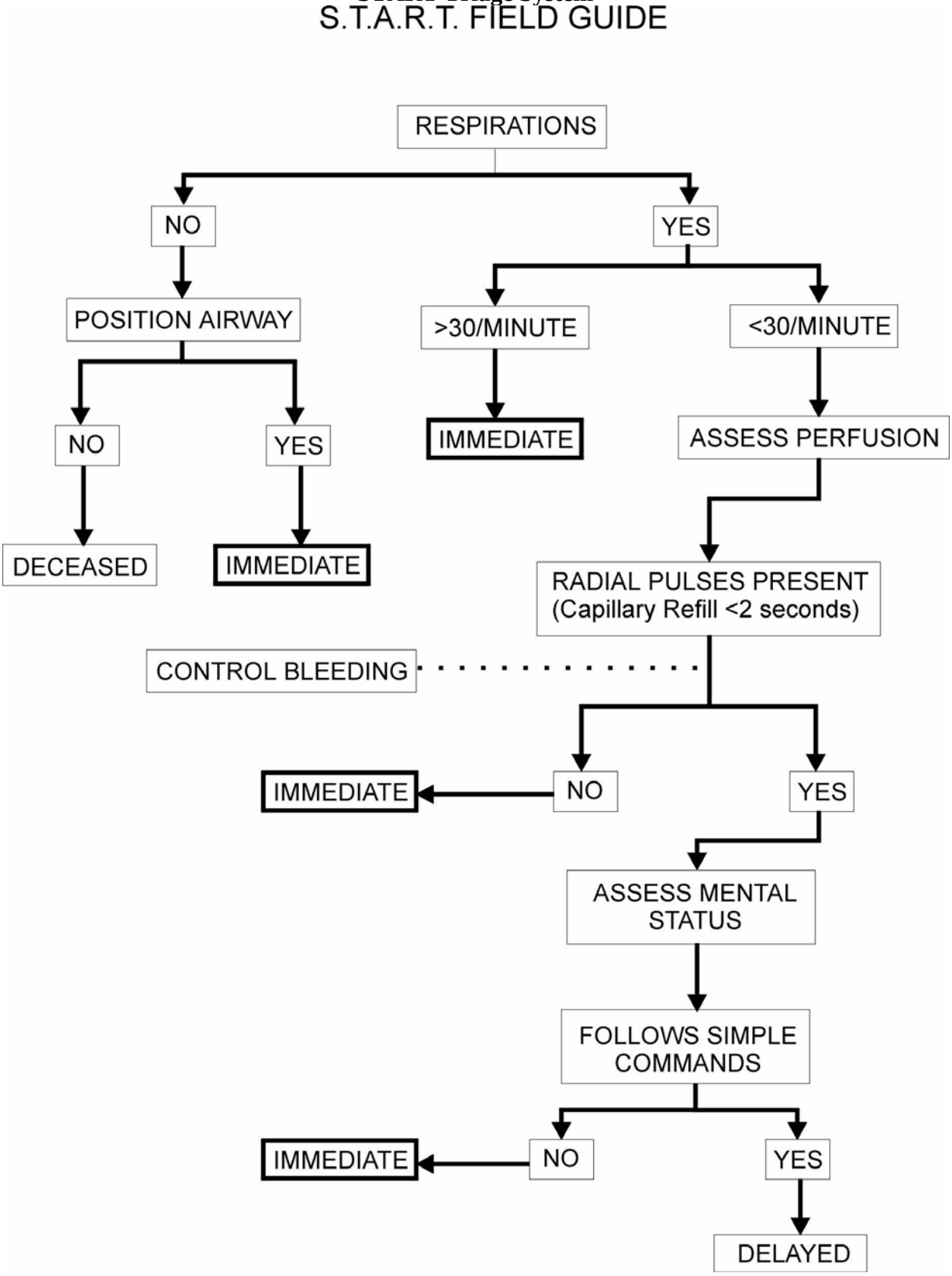
Or Capillary refill takes over 2 seconds;

Or patient fails to follow simple commands.

Delayed: Any patient who does not fit the immediate category or the Minor category.

Minor: These patients are separated from the general group at the start of triage by ordering "any one who can walk" followed by an area assignment for the patients to walk to.

START Triage System



Enclosure C

MORTALITY MANAGEMENT GUIDELINES

MORTALITY MANAGEMENT GUIDELINES

DRAFT WORKING GUIDELINES RECOMMENDED BY ADHOC CORONERS
COMMITTEE DURING DISASTER OPERATIONS
(Adapted from ICS-MC-120-1, APPENDIX C - 12/89)

In the event of a major disaster within the State of California, it may be some time before bodies can be collected and cared for by the Office of the Chief Medical Examiner-Coroner.

Therefore, the following guidelines have been prepared to aid local agencies in handling the dead until the Coroner can relieve those agencies of that responsibility.

Handling the Dead

When it becomes necessary to remove bodies from disaster sites due to rescue work or the health and safety of others, a set of specific procedures must be followed:

1. Do not remove any personal effects from the body. The personal effects must remain with the body at all times.

2. Attach tag or label to the body with the following information:

a. Date and time found.
b. Exact location where found, including floor/room number.
c. Name/address of decedent, if known.
d. If identified, how and when.
e. Name/phone of person making identity or filling out tag.
f. If the body is contaminated, so state.

3. Place the body in a disaster pouch or in plastic sheeting and securely tie to prevent unwrapping. Attach a second tag to the sheeting or pouch.

4. If personal effects are found and thought to belong to a body, place them in a separate container and tag. Do not assume any loose effects belong to a body.

5. Move the properly tagged body with their personal effects to one locale, i.e., garage or other cool building, preferably one with refrigeration.

Note: Portable air-conditioning may be obtained or self-contained refrigerated van/trucks or rail cars can be used. Do not use a vehicle or storage area with floors that can become permeated with body fluids or other liquids.

6. Notify your local law enforcement agency of the location/identity of the body.

7. Keep insects and other animal life away from the body. In case of extreme heat or direct sunlight, move the body to a cool shaded area or refrigerated room as soon as possible.

8. Bodies must be secured or safeguarded at all times until the arrival of the Coroner or his authorized representative.

Enclosure D

FIELD FORM INSTRUCTIONS

FIELD FORM INSTRUCTIONS

Form numbering systems that start with "ICS-MC-XX" are developed by FIRESCOPE. Region IV developed forms begin with MCM XXX.

TRIAGE TAG

Explains how the treatment personnel will fill out the Triage Tags.

MULTI-CASUALTY BRANCH WORKSHEET (ICS-MC-305)

An abbreviated flow chart is included with the space for names of persons filling the positions. At the bottom is a checklist for other things to be considered, and space for hospital team identification and names of cooperating agencies. Also included is a Full Branch Response Level Chart with space available for the names of the persons filling the positions (page 7).

PATIENT TRANSPORTATION SUMMARY WORKSHEET (MCM-403)

The Patient Transportation Summary Worksheet will serve two purposes. First, it is used by the Medical Communications Coordinator to record, in the following order, the total number of casualties by triage category (Column 2), a brief classification of their injuries, i.e., head, chest, abdomen, (Column 3), when the Treatment Dispatch Manager advises a patient is ready for transport (Column 1), whether the patient is to be transported by air or by ground (Column 4), and the hospital destination (Column 5) as directed by the Disaster Control Facility. Second, this form is also utilized by the Patient Transportation Group Supervisor (PTGS) to record the transport of patients from the scene. Once the PTGS is advised by the Communications Unit Leader (CUL) that a patient is ready for transport, the PTGS would fill in Columns 2-5 per the CUL's report and would request a transport unit from the appropriate Air/Ground Ambulance Coordinator. The PTGS shall then log on the worksheet when the patient is ready for loading into the ambulance (Column 1), and, as the patient is being loaded, the ambulance company and identification number (Column 6), the patient name (if available) and/or the patient triage tag number (Column 7), the time the transport unit leaves the scene (Column 8), and the estimated time of arrival (ETA) at the receiving facility (Column 9). This information would then be communicated to the CUL so the DCF can advise the Receiving Facilities, and Column 10 would be checked.

Once notified by the PTGS that the patient is leaving the scene, the CUL would complete the information in Column 6, 8 and 9 on his/her worksheet for the specific patient, notify the DCF, and check Column 10 once that is completed.

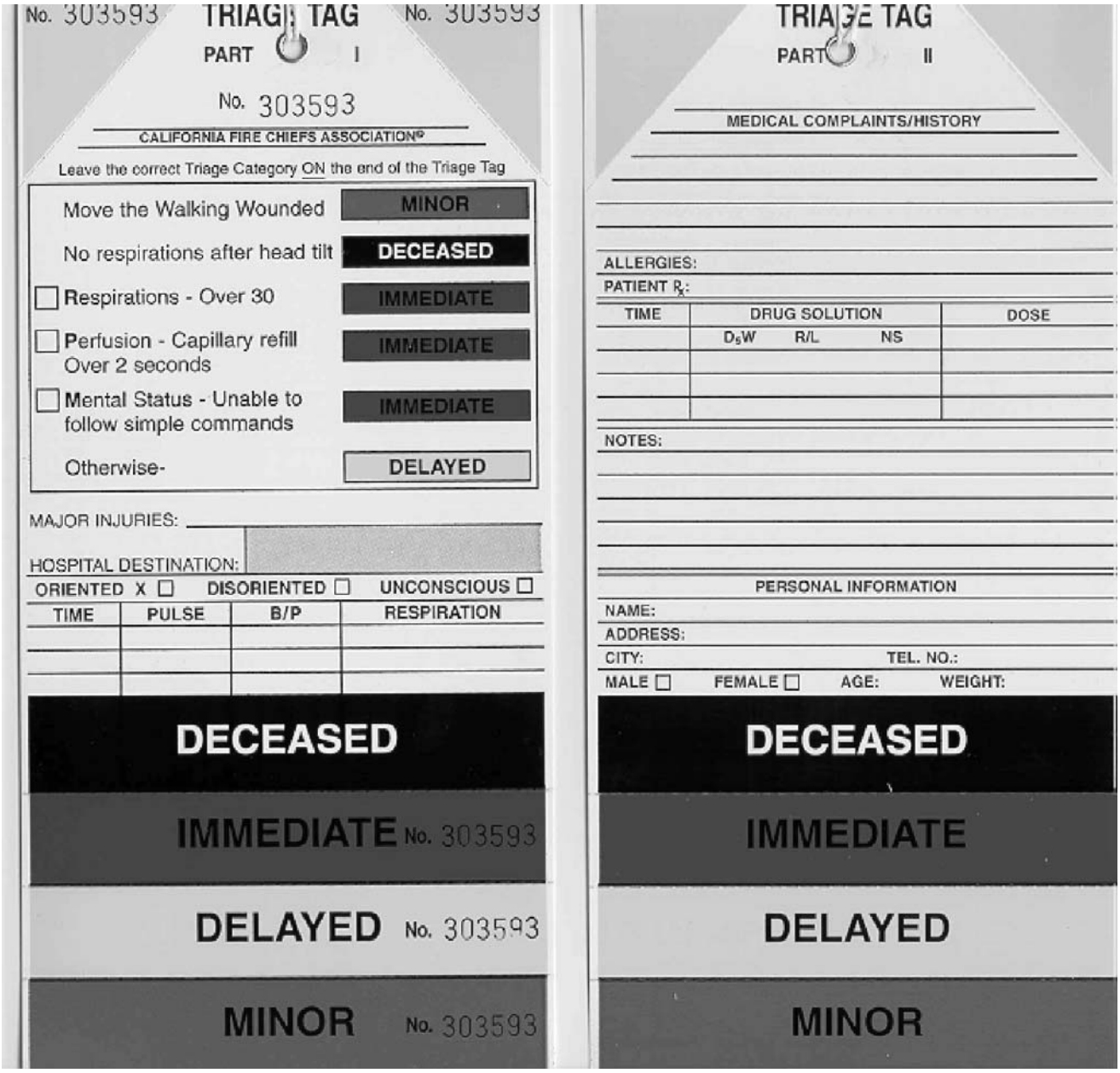
In the event that a CUL has not been assigned, a single worksheet can be utilized by the PTGS to record all of the above information.

MULTI-CASUALTY AMBULANCE RESOURCE STATUS (ICS-MC-310)

This form is used to record resource status. Space is provided for the agency name and unit identification number, their classification as Advanced or Basic Life Support, as well as their time in and out of staging.

SUPPLY UNIT RECEIPT & INVENTORY FORM (ICS-MC-312)

The source, type, and quantity of medical material obtained must be documented. Such records should be kept current and may require the use of a recorder assigned specifically to conduct this task. This form is designed to be used by the Medical Supply Coordinator. In reviewing this form, it becomes very helpful when supplies or equipment are received, that they are identified with markers or tape. Sources supplying such equipment should be encouraged to identify their equipment/supplies so as to facilitate the inventory or possible incident reimbursement of such supplies. Incident reimbursement of any supplies will only be based upon supplies or equipment listed on the original form. The original form should be placed in the Medical Supply Unit and will comprise the total unit inventory.


No. 303593
TRIAGE TAG
No. 303593
PART I
No. 303593
CALIFORNIA FIRE CHIEFS ASSOCIATION®
Leave the correct Triage Category ON the end of the Triage Tag
Move the Walking Wounded
MINOR
No respirations after head tilt
DECEASED
Respirations - Over 30
IMMEDIATE
Perfusion - Capillary refill Over 2 seconds
IMMEDIATE
Mental Status - Unable to follow simple commands
IMMEDIATE
Otherwise-
DELAYED
MAJOR INJURIES:
HOSPITAL DESTINATION:
ORIENTED X
DISORIENTED
UNCONSCIOUS
TIME
PULSE
B/P
RESPIRATION
DECEASED
IMMEDIATE No. 303593
DELAYED No. 303593
MINOR No. 303593
TRIAGE TAG
PART II
MEDICAL COMPLAINTS/HISTORY
ALLERGIES:
PATIENT Rx:
TIME
DRUG SOLUTION
D5W
R/L
NS
DOSE
NOTES:
PERSONAL INFORMATION
NAME:
ADDRESS:
CITY:
TEL. NO.:
MALE
FEMALE
AGE:
WEIGHT:
DECEASED
IMMEDIATE
DELAYED
MINOR

December, 1989 (Rev. 1/8/92) ICS-MC-120-1

MULTI-CASUALTY BRANCH WORKSHEET

INCIDENT NAME	DogTown	DATE	TIME
		5/4/93	0300
INCIDENT COMMANDER	J. MELLO	MULTI-CASUALTY BRANCH DIRECTOR	N/A

MEDICAL GROUP/DIVISION SUPERVISOR: S. MURRAY

PATIENT TRANSPORTATION GROUP SUPERVISOR:

TREATMENT UNIT LEADER: H. HIRATA

TRIAGE UNIT LEADER: R. RODRIGUEZ

MEDICAL COMMUNICATIONS COORDINATOR: F. LAU

IMMEDIATE TREATMENT MANAGER: L. PEREZ
HOSPITAL TEAM

TRIAGE PERSONNEL

AIR AMBULANCE COORDINATOR: B. VLAOVICH

MORGUE MANAGER

GROUND AMBULANCE COORDINATOR: T. BHARDWAJ

DELAYED TREATMENT MANAGER: ? MARRACCINI
HOSPITAL TEAM

MEDICAL SUPPLY COORDINATOR: R. Kelly

MINOR TREATMENT MANAGER: A. TSCHIRKY

TREATMENT DISPATCH MANAGER

SAMPLE

OTHER

MEDICAL CACHES			
AIR AMBULANCES	FL 1	CS 4	NG 2201
LAW ENFORCEMENT	4-11	2021	F+G 2352
RADIO FREQUENCIES			
CORONER			
RED CROSS	ERV-1		
CHAPLAIN			
BUSES			
MENTAL HEALTH	CISD		

Page 5 of 8

Manual 1, Enclosure D
ICS-MC-305 (12/91)

PATIENT TRANSPORTATION SUMMARY WORKSHEET

1. INCIDENT NAME: MAIN ST. INCIDENT

2. DATE PREPARED: 2-1-91

3. TIME PREPARED: 13:00

PATIENT READY	PATIENT STATUS	INJURY TYPE (IE: HEAD)	MODE OF TRANSPORT	HOSPITAL DESTINATION	AMBULANCE CO. AND ID.	PATIENT NAME / TAG NUMBER	OFF SCENE TIME	ETA	DCF ADVISED
(1)	I (2) M	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
✓	(I) D M	HEAD	AIR	GENERAL HOSP.	LIFE FLIGHT 1	486624	13:12	12	✓
✓	(I) D M	HEAD	GROUND	DOCTORS HOSP	ACME/MED 1	483290	13:15	18	✓
✓	(I) D M	CHEST	AIR	DOCTORS HOSP.	LIFE FLIGHT 2	463021	13:24	15	✓
✓	(I) D M	ABD.	GROUND	ST. MARY'S	COUNTY AMB MEDIC 4	470231	13:29	13	✓
✓	I (D) M		GROUND	DOCTORS HOSP.	ACME/MED 1	PETE JONES 481262	13:15	18	✓
✓	I (D) M		GROUND	ST MARY'S	COUNTY AMB MEDIC 4	472032	13:29	13	✓
✓	I D (M)		BUS	ST LUKE	SHERIFF'S OFFICE, BUS 13	JIM SMITH 487209	13:41	20	✓
✓	I D (M)		BUS	" "	" "	JOHN SMITH 487210	13:41	20	✓
✓	I D (M)		BUS	" "	" "	KEVIN JONES 487211	13:41	20	✓
✓	I D (M)		BUS	" "	" "	SALLY JONES 487212	13:41	20	✓
✓	I D (M)		BUS	" "	" "	PETE KELLY 487213	13:41	20	✓
✓	I D (M)		BUS	" "	" "	ALAN BUTLER 487214	13:41	20	✓
✓	I D (M)		BUS	" "	" "	KIM SOLE 487215	13:41	20	✓
✓	I D (M)		BUS	" "	" "	CLAUDE JONES 487216	13:41	20	✓
	I D M						:__		
	I D M						:__		
	I D M						:__		

MCM 403 ( )

4. PREPARED BY (PATIENT TRANSPORTATION GROUP SUPERVISOR / MEDICAL ( ) / NICATIONS COORDINATOR): JOHN SILVA, EMT

AMBULANCE STAGING RESOURCES STATUS	1. Incident Name: Main St. Incident		2. Date Prepared: 2-1-91	3. Time Prepared: 13:00
AGENCY	UNIT NUMBER		TIME IN STAGING AREA	TIME OUT STAGING AREA
Acme	Medic 1	✓ ALS / BLS	13:01	13:08
County Ambulance	Medic 4	✓ ALS / BLS	13:06	13:13
County Ambulance	Medic 20	✓ ALS / BLS	13:10	13:50
County Sheriff's Office	Bus 13	✓ BLS	13:30	13:32
		ALS / BLS	:_____	:_____
		ALS / BLS	:_____	:_____
		ALS / BLS	:_____	:_____
		ALS / BLS	:_____	:_____
		ALS / BLS	:_____	:_____
		ALS / BLS	:_____	:_____
		ALS / BLS	:_____	:_____
		ALS / BLS	:_____	:_____
		ALS / BLS	:_____	:_____
		ALS / BLS	:_____	:_____
		ALS / BLS	:_____	:_____
		ALS / BLS	:_____	:_____
		ALS / BLS	:_____	:_____
		ALS / BLS	:_____	:_____
MCM 404 (6/93)	4. PREPARED BY (GROUND/AIR AMBULANCE STAGING MANAGER): Stanley Fisk, Fire Fighter, SFD			

December, 1989 (Rev. 1/8/92) ICS-MC-120-1

SAMPLE

MEDICAL SUPPLY UNIT RECEIPT & INVENTORY FORM

INCIDENT NAME: DOG TOWN INCIDENT #: 93-6

A. Supplies/Equipment received from: F. DeLANI DATE: 5/4/93.

Agency: FH Unit ID#: 52 Name: _____
(Whenever possible, use masking tape and markers to identify all equipment)

B. Supplies/Equipment Received by:

NAME: R. Kelly INCIDENT POSITION: Med supply Coor.

No.	Item Description *(Print All Entries)*	Unit*	Amount
1.	Plywood backboard	3	
2.	DeFib	1	
3.	Motorola VHF BT1000 #222	2	
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

*Unit - list a measurable description of the item (gauge, gm, ml, bag, doz., ect.)

Form distribution: (Use carbon paper) Original - Medical Supply Coordinator
Copy - Source of Supply

INCIDENT RE-IMBURSEMENT OF ANY SUPPLIES/EQUIPMENT WILL BE BASED ONLY UPON ORIGINAL FORM LISTINGS.

Page 8 of 8

ICS-MC-312 (1/8/92)
Manual 1, Enclosure D

Enclosure E

SAMPLE MULTI-CASUALTY SUPPLY CACHE

SAMPLE MULTI-CASUALTY
SUPPLY CACHE
(Adapted from ICS-MC-120-1, APPENDIX E - 12/89)

The following Medical Supply Cache System is designed to provide the rapid response of standardized medical supplies and equipment necessary to support emergency treatment and triage at multi-casualty incidents.

This cache is designed to treat up to 50 patients.

STRUCTURE

The Medical Supply System can be made up of the Medical Supply Cache, Medical Implementation Cache, Triage Packet, and 02 Manifold System.

I. Medical Supply Cache

A. Six boxes per cache, each of the six boxes to contain the following 29 items, with the box containing the oxygen manifold system clearly marked with green tape.

B. Contents:

1. 2 each Bandage Elastic Coban
2. 12 each Bandage Kerlix
3. 24 each Bandage Bandaid 1"
4. 2 each Bandage Triangular
5. 4 each Dressing Vaseline 3" x 3"
6. 25 each Gauze Sponge 4" x 4"
7. 4 each Ice Packs Instant
8. 4 each Dressing 8" x 7 1/2"
9. 6 each Pads Eye Sterile
10. 2 each Sheets Burn Sterile
11. 4 each Tape Adhesive 1"
12. 4 each Tape Adhesive 2"
13. 20 each Alcohol Wipes
14. 1 each Stethoscope
15. 1 each Blood Pressure Cuff
16. 1 each Airways, Sizes 0, 3 and 5
17. 4 each Normal Saline 1000cc with set up (or equivalent)

18. 1 each Scissors Bandage Utility

19. 2 each C-collars

20. 2 each 6'18" Wooden Backboards with straps (see vendor supplement)

21. 1 each Trauma Box (see vendor supplement)

22. 1 set Leg, Arm, Card board Splints

23. 4 each Arm board 3" X 18"

24. 4 each Administration Set (Adult)

25. 4 each 16 Ga. Medicut (or equivalent)

26. 2 each 18 Ga. Medicut (or equivalent)

27. 2 each Oxygen Nasal Cannula

28. 2 each Oxygen Mask (Adult)

29. 5 sets Disposable Rubber Gloves

C. Dimensions

1. Height 14"

2. Width 20"

3. Length 80"

D. Cache weight approximately 200 pounds

II. Medical Group Implementation Supplies

A. Treatment Area Identification Runners (3' x 15')

1. Red - Immediate Treatment Area

2. Yellow - Delayed Treatment Area

3. Green - Minor Treatment Area

B. Identification Vests (Letter/Slip On) Bright Kelly Green with White Letters to be lettered as follows: (see vendor supplement)

1. Medical Group Supervisor

2. Patient Transportation Group Supervisor

3. Triage Unit Leader

4. Treatment Unit Leader

5. Medical Communications Coordinator

6. Immediate Treatment Manager

7. Delayed Treatment Manager

8. Minor Treatment Manager

9. Medical Supply Coordinator

10. Morgue Manager (optional)

11. Recorder (6)

12. Ground Ambulance Coordinator (1 each Air and Ground)

C. Triage Packet Contents:

1. 1 each Vinyl Zippered Envelope 12" x 15"

2. 1 each Triage Tag Instructions with 50 Triage Tags

3. 1 each Ruled Paper Tablet

4. 1 roll 1" Masking Tape

5. 5 each #2 Pencils

6. 2 each Black Felt Tip Marking Pens

7. 1 each Medical Group Structure and Function Sheets

8. 25 each Patient Disposition Sheets

9. 1 each List of local phone numbers

D. O2 Manifold System Contents: (Bottles to be provided at scene)

1. 3 each Portable assembly containing three 4 patient manifolds that will serve a total of 12 patients, oxygen at a present flow rate of 10 L.P.M. (see vendor supplement).

2. 1 each Preset regulator, 3000# reduced to 50#

3. 1 each 10' oxygen hose to two 5' oxygen hose to connect the manifolds in line to the regulator.

Enclosure F

SAMPLE HOSPITAL
EMERGENCY RESPONSE TEAM

SAMPLE
HOSPITAL EMERGENCY RESPONSE TEAM (H.E.R.T.)
(Adapted from ICS-MC-120-1, APPENDIX F - 12/89)

Definition: A minimum of three medical personnel, optimum of five medical personnel, which includes a team leader (Base Hospital ER Physician and 1 MICN preferred) and any combination of physicians, nurses, or physician's assistants. H.E.R.T. Teams will be requested through the Incident Commander.

Supervised by: Treatment Unit Leader

Function: Assume responsibility for patient assessment and treatment as assigned.

Duties:

1. Report to the Incident Command Post for assignment.

2. Perform medical treatment and other duties as assigned.

3. Remain at the Treatment Unit unless otherwise reassigned.

4. Respond to the scene with appropriate emergency medical equipment.

Enclosure G

VENDORS SUPPLEMENT

VENDORS SUPPLEMENT
(Adapted from ICS-MC-120-1, APPENDIX G - 12/89)

The objective of this Vendors Supplement is to suggest some of the equipment used for multi-casualty management.

Therefore, this Vendors Supplement is offered to assist agencies in locating manufacturers of the specialized equipment used.

Should any agency wish to use their own resources in manufacturing this equipment, the specifications for each piece of equipment is also included with the Vendor.

Mention in this supplement does not express or imply endorsement, recognition, or recommendation by the FIRESCOPE decision process.

* Backboard to be constructed of 5/8" Finland Birch Plywood Grade BB.

* Runners to be constructed of White Oak, Red Oak or Birch 3/4" thickness minimum. (60" x 1" x 3/4") Ends to be miter cut.

* All edges and hand holes to be rounded over with 1/4" router rounding over bit.

Note:

* 1 End cut to 2 3/8" radius

* 2 Hand Holes 4 5/8" x 1 5/8" with 13/16" radius

* 3 Rails to be attached using carpenters glue, at least 3 wood screws, and stapled or nailed at 8" intervals.

* Scale 1" = 1'

MULTI-CASUALTY DISASTER TAG:

PURCHASING INFORMATION
ADDRESS:

California Fire Chiefs'
Association
825 "M" Street
Rio Linda, CA 95673
(916) 445-9882

AMOUNT:

Orders must be in lots of 100

PRICE:

Call for current price
and shipping cost.

BANDING KIT:

The following item is what is used to band the Medical Supply Cache:

Polypropylene Strap-Pac Kit

#501-1017 Strap-Pac 5,000 1/2" x 4000' (tensile strength 500 lbs.)

Self-Dispensing Carton, portable and convenient to use

Kit contains 4,000 foot coil of strapping, hand tentioner, and 250' 1/2" wire buckles

Order from Marfred Paper Company, Inc.
(818) 896-0550 (213) 875-3184 (714) 250-1085
12708 Branford
Sun Valley, CA 91353

"START"

The film, with training materials, is available in a three-quarter inch video or one-half inch VHS at a cost of $97.50. To order, call (714) 760-5689 or write Hoag Memorial Hospital Presbyterian, 301 Newport Boulevard, Box Y, Newport Beach, CA 92663, Attention: Paramedic Department. Make checks payable to: Hoag Memorial Hospital Presbyterian. Allow three to four weeks for delivery.

The START Triage Plan is endorsed by FIRESCOPE.

MULTI-CASUALTY DISASTER PACKS

SOURCE: Prison Industry Authority
560 E. Natoma Street
Folsom, CA 95630-2200
Contact: Sherry Dorithy
(916) 355-0213, Extension 30

ITEM #1
BAG = "MULTI-CASUALTY DISASTER KIT"
COLOR = "GLOW GREEN" COLOR# N78WHK GLOGREEN
PRICE = $20.00 per Bag + $25.00 per order Set-Up Charge (printing labels, for total # of bags)

Example:

1 Bag	=	$20.00	Bag		
		+ 25.00	Printing		
		$45.00	Total		
5 Bags	=	$100.00	Bags		
		+ 25.00	Printing		
		$125.00	Total		

ITEM #2

VESTS = For MULTI-CASUALTY PERSONNEL
COLOR = KELLY GREEN with WHITE LETTERING ORDER# 8415-001-4896-8
PRICE = $11.55 Each

LETTERED AS REQUESTED BY PURCHASER, recommend printing on front and back with reflective letters.

POSITION TITLES:
Multi-Casualty Branch Director
Medical Group Supervisor
Patient Transportation Group Supervisor
Triage Unit Leader
Treatment Unit Leader
Immediate Treatment Manager
Delayed Treatment Manager
Minor Treatment Manager
Medical Supply Coordinator
Morgue Manager
Recorder

**** NOTE:** Free shipping and handling if order is over $200.00

Enclosure H

REFERENCES & AUTHORITIES

REFERENCES & AUTHORITIES

Hazardous Materials Medical Management Protocols; California Emergency Medical Services Authority & Toxic Epidemiology Program, Los Angeles County Department of Health Services, March 1989.

Hazardous Material Operational System Description (ICS-HM-120-1); September 1990.

Enclosure I

MULTI-CASUALTY
BRANCH GLOSSARY

MULTI-CASUALTY BRANCH GLOSSARY

ALS (Advanced Life Support) - Allowable procedures and techniques utilized by PARAMEDIC and EMT-II personnel to stabilize critically sick and injured patient(s) which exceed Basic Life Support procedures.

ALS Responder - Licensed Paramedic or Certified EMT-II.

BLS (Basic Life Support) - Basic non-invasive first-aid procedures and techniques utilized by PARAMEDIC, EMT-II, EMT-I, and First Responder personnel to stabilize critically sick and injured patient(s).

BLS Responder - Certified EMT-I or First Responder.

Delayed Treatment - Second priority in patient treatment. These people require rapid aid, but injuries are less severe than immediate victims.

EMT I (Emergency Medical Technician) - An individual trained in Basic Life Support according to the standards prescribed by the Health and Safety Code and who has a current and valid EMT-I certificate in the State of California issued pursuant to the Health and Safety Code.

EMT II (Emergency Medical Technician II) - An individual with additional training in limited Advanced Life Support according to the standards prescribed by the Health and Safety Code and who has a current and valid certificate issued pursuant to the Health and Safety Code.

Paramedic - An individual EMT-1 or EMT-II who has received additional training in Advanced Life Support according to the Health and Safety Code and who has a current and valid State License issued pursuant to the Health and Safety Code.

Expanded Emergency - Any medical emergency, which exceeds normal first response capabilities.

First Responder - Personnel who have responsibility to initially respond to emergencies such as firefighters, police officers, California Highway Patrol Officers, lifeguards, forestry personnel, ambulance attendants and other public service personnel. California law requires such persons to have completed a first-aid course and to be trained in cardiopulmonary resuscitation.

Hospital Alert System - A communications system between medical facilities and on-incident medical personnel, which provides available hospital patient receiving capability and/or medical control.

Hospital Emergency Response Teams - Prearranged hospital teams that respond to the incident upon request.

Immediate Treatment - A patient who requires rapid assessment and medical intervention for survival.

Qualified - A person meeting the certification and/or requirements established by the agency that has jurisdiction over the incident.

Major Emergency- Any emergency which would require the access of local mutual aid resources.

Group Organizational Structure - This is designed to provide the Incident Commander with a basic expandable system for handling patients in a multi-casualty incident.

Team - Combinations of medical trained personnel who are responsible for on scene patient treatment.

Supply Cache - A cache consists of standardized medical supplies and equipment stored in a predetermined location for dispatch to incidents.

MICU - Mobile Intensive Care Unit refers to a paramedic equipped vehicle. It would include drugs, medications, cardiac monitors and telemetry, and other specialized emergency medical equipment.

Minor Treatment - These patients injuries require simple rudimentary first-aid, and are ambulatory.

Morgue (Temporary on Incident) - Area designated for temporary placement of the dead. The Morgue is the responsibility of the Coroner's Office when a Coroner's representative is on scene.

Multi-Casualty - The combination of numbers of injured personnel and type of injuries going beyond capability of an entity's normal first response.

Patient Transportation Recorder - Supervised by the Patient Transportation Supervisor. Responsible for recording pertinent information regarding off-incident transportation of patients.

START - S.T.A.R.T. - Acronym for Simple Triage And Rapid Treatment. This is the initial triage system that has been adopted for use by the California Fire Chiefs' Association.

Standing Orders - Policies and Procedures approved by the local EMS Agency for use by an EMTII or PARAMEDIC in situations where direct voice contact with a Base Hospital cannot be established or maintained.

Triage - The screening and classification of sick, wounded, or injured persons to determine priority needs in order to ensure the efficient use of medical manpower, equipment, and facilities.

Triage Personnel - Personnel responsible for performing triage on patients at the scene of an incident, and assigning them to an appropriate Treatment Area.

Triage Tag - A tag used by triage personnel to identify and document the patient's medical condition.

Enclosure J

FORM ORIGINALS

ENCLOSURE J

FORM ORIGINALS

The following FORMS are used to implement the procedures in MANUAL 1. FORMS are listed by title and MCM or ICS-MC FORM number.

The FORMS are provided in this section on yellow paper in order that white copies might be made for use in the field. Position Checklist yellow forms are found in Section 9.

NOTE

Do NOT use the yellow original copies in your manual. Make copies of the yellow original forms for use in the field.

MCM FORM TITLE

ICS-MC-305 - Multi-Casualty Branch Worksheet

MCM FORM 403 - Patient Transportation Summary Worksheet

MCM FORM 404 - Ambulance Staging Resources Status

ICS-MC-312 - Medical Supply Unit Receipt & Inventory Form

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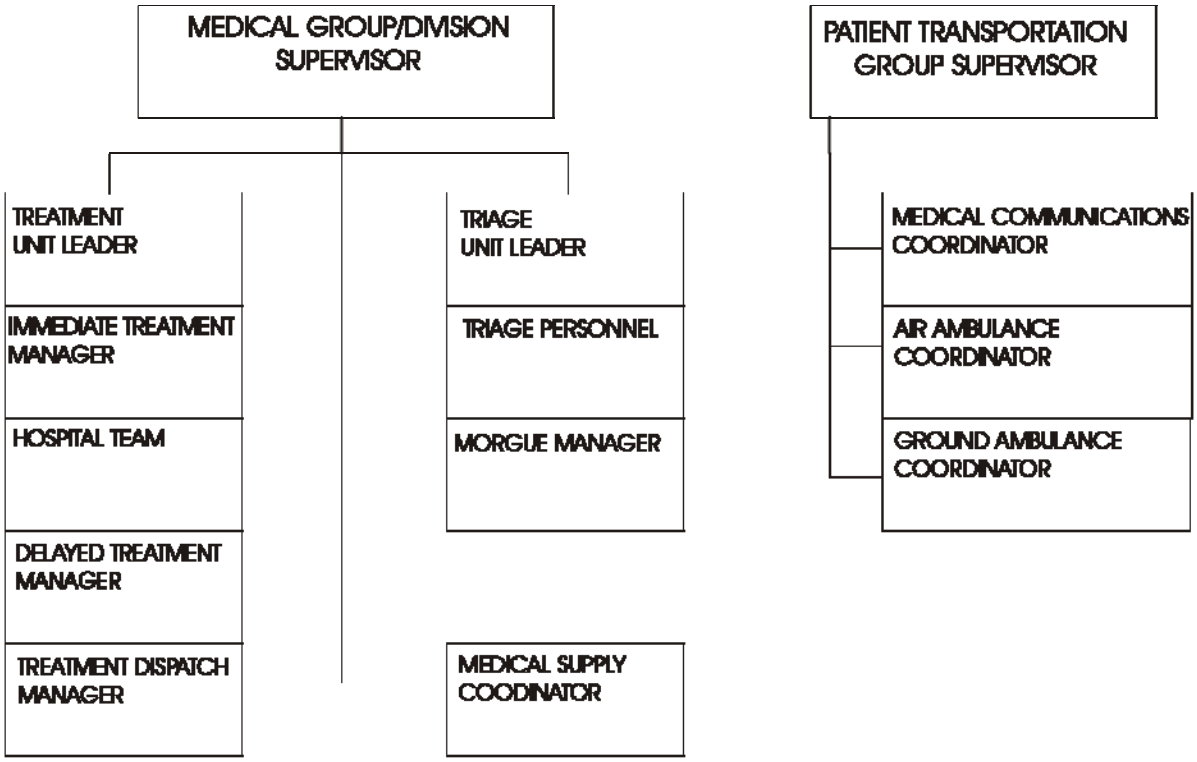
ICS-MC-120-1

MULTI-CASUALTY BRANCH WORKSHEET

INCIDENT NAME		DATE	TIME
INCIDENT COMMANDER	MULTI-CASUALTY BRANCH DIRECTOR		



OTHER

MEDICAL CACHES
AIR AMBULANCES
LAW ENFORCEMENT
RADI FREQUENCIES
CORONER
RED CROSS CHAPLAIN
BUSES
MENTAL HEALTH

AMBULANCE STAGING RESOURCES STATUS	1. INCIDENT NAME			2. DATE PREPARED	3. TIME PREPARED
AGENCY	UNIT NUMBER			TIME IN STAGING AREA	TIME OUT STAGING AREA
			ALS BLS	_____ : _____	_____ : _____
			ALS BLS	_____ : _____	_____ : _____
			ALS BLS	_____ : _____	_____ : _____
			ALS BLS	_____ : _____	_____ : _____
			ALS BLS	_____ : _____	_____ : _____
			ALS BLS	_____ : _____	_____ : _____
			ALS BLS	_____ : _____	_____ : _____
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			ALS BLS	_____ : _____	_____ : _____
			ALS BLS	_____ : _____	_____ : _____
			ALS BLS	_____ : _____	_____ : _____
			ALS BLS	_____ : _____	_____ : _____

PATIENT TRANSPORTATION SUMMARY WORKSHEET				1. INCIDENT NAME:			2. DATE PREPARED	3. TIME PREPARED:	
PATIENT READY	PATIENT STATUS	INJURY TYPE (IE: HEAD)	MODE OF TRANSPORT	HOSPITAL DESTINATION	AMBULANCE CO. AND ID	PATIENT NAME/ TAG NUMBER	OFF SCENE TIME	ETA	HOSPITAL ADVISED
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
	I D M								
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	I D M								
	I D M								
MCM 403		4. PREPARED BY (PATIENT TRANSPORTATION GROUP SUPERVISOR/MEDICAL COMMUNICATIONS COORDINATOR)							

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MEDICAL SUPPLY
RECEIPT & INVENTORY FORM

INCIDENT NAME: _____ INCIDENT #: _____

A. Supplies/Equipment received from: _____ DATE: __/__/__

Agency: _____ Unit ID# _____ Name: _____
(Whenever possible, use masking tape and markers to identify all equipment)

B. Supplies/Equipment Received by:

NAME: _____ INCIDENT POSITION: _____

No.	Item Description (*Print All Entries*)	Unit*	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

*Unit - list a measurable description of the item (gauge, gm, ml, bag, doz., ect.)

Form distribution: (Use carbon paper) Original - Medical Supply Coordinator
Copy - Source of Supply

INCIDENT RE-IMBURSEMENT OF ANY SUPPLIES/EQUIPMENT WILL BE BASED ONLY UPON ORIGINAL FORM LISTINGS.

ICS-MC-312 (1/8/92)