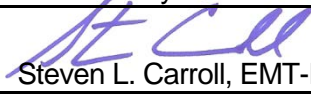



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Multi Casualty Incident Response		Policy Number 131	
APPROVED: Administration:  Steven L. Carroll, EMT-P		Date: June 1, 2016	
APPROVED: Medical Director:  Angelo Salvucci, M.D.		Date: June 1, 2016	
Origination Date:	September 1991	Effective Date:	June 1, 2016
Date Revised:	February 11, 2016		
Review Date:	March 1, 2018		

- I. PURPOSE: To develop a standardized protocol for Multi-Casualty Incident (MCI) response and training in Ventura County.
- II. AUTHORITY: California Health and Safety Code, Section 1797.151, 1798, and 1798.220.
- III. California Code of Regulations, Sections 100147 and 100169. APPLICATION: This policy defines the on-scene medical management, transportation of casualties, and documentation for a multi casualty incident utilizing the principles of the incident command system as outlined in the MCI Plan.
- IV. DEFINITIONS:
 - A. **MCI/Level I** - a suddenly occurring event that exceeds the capacity of the routine first response assignment. (3 - 14 victims)
 - B. **MCI/Level II** – a suddenly occurring event that exceeds the capacity of the routine first response assignment. (15 - 49 victims)
 - C. **MCI/Level III** - a suddenly occurring event that exceeds the capacity of the routine first response assignment. (50+ victims)
- V. TRAINING:

The following training will be required:

 - A. **Basic MCI Training** for fire companies, field EMS providers, and Mobile Intensive Care Nurses (MICNs).

Focus: Hands-on functions as described in the Ventura County EMS (VCEMS) basic MCI curriculum

 1. Initial basic course: 4 hours
 2. Prerequisite for the course (for fire companies and EMS providers): Introduction to the Incident Command System (ICS 100), and ICS for Single Resource and Initial Action Incidents (ICS 200). There is no prerequisite for MICNs.
 3. Course will be valid for two years
 - B. **Advanced MCI Training** for battalion chiefs, EMS managers, field supervisors, and pre-hospital care coordinators

Focus: command and major function integration as described in the VCEMS advanced MCI curriculum.

 1. The advanced MCI course is divided into two modules. The morning session (module 1)

is designed for new supervisory personnel and will cover specific principles of on-scene medical management, transportation of casualties and documentation for multi-casualty incidents. The afternoon session (module 2) will consist of a curriculum review and advanced MCI table top scenarios. Participants attending their initial advanced MCI course are required to attend both module 1 and module 2.

2. Initial advanced MCI training will be offered annually.
3. Initial Advanced MCI Course: 8 hours
4. Prerequisite for the Course: Introduction to the Incident Command System (ICS100), ICS for Single Resource and Initial Action Incidents (ICS 200), and National Incident Management System, an Introduction (ICS 700). Intermediate ICS for Expanding Incidents (ICS 300) is a desired prerequisite for the Advanced MCI Training, but it is not required.
5. Course will be valid for two years

C. **Basic MCI Refresher Training**

Focus: Overview of multi-casualty operations as described in the VCEMS MCI Basic Curriculum

1. Refresher Course: 2 hours
2. Course will be valid for two years

D. **Advanced MCI Refresher Training** (Module 2 of the Advanced MCI Course)

Focus: Overview of Command and Major Function Integration as described in the VCEMS Advanced MCI Curriculum

1. Refresher Course: 4 hours
2. Advanced MCI refresher course will be offered twice annually.
3. Course will be valid for two years

VI. **ACTIVATION OF THE MULTI CASUALTY INCIDENT RESPONSE PLAN:**

A. **Report of Incident**

The report of a multi casualty incident (MCI) will ordinarily be made to a Ventura County Public Safety Answering Point (PSAP) in the following manner:

1. Citizen/witness report via 9-1-1 Public Service Answering Point (fire service will activate the MCI plan).
2. Hospital personnel alert VCEMS.
3. Direct report from law enforcement, or an EMS Provider with capability to contact a PSAP.

B. **Prehospital Response**

1. The first responder agency or other public safety official will determine that the number and extent of casualties exceeds the capacity of the day-to-day EMS response and/or EMS system (depending on the level of the MCI) and will request their PSAP to contact the EMS Agency and activate the MCI Plan. The Incident Commander (IC) or

appropriate public safety official will request activation and/or response of any supporting public safety/service agencies which may be needed, for example:

2. Transportation resources; such as additional ambulances or buses
 - a. Ventura County Chapter American Red Cross
 - b. Public Health/EMS Emergency Preparedness Office
 - c. Disaster Medical Support Units (DMSU), Multi Casualty Unit (MCU) Trailers, or Disaster Caches
3. The IC will appoint a Patient Transportation Unit Leader or Group Supervisor, depending on the size and complexity of the MCI. The Patient Transportation Unit Leader / Group Supervisor will retain or delegate the Medical Communications Coordinator (MEDCOMM) position to communicate all casualty transportation information to the base hospital or designated VCEMS representative.

Periodically, a request will be made of involved hospitals to update their status in order to accommodate the number of casualties remaining to be evacuated from the scene. (The first responders will provide for the initial triage and treatment of casualties utilizing START and JumpSTART criteria.)

C. Ventura County Trauma System Considerations

1. For any level MCI in which a traumatic mechanism exists, the base hospital shall be the trauma center in whose trauma catchment area the incident occurred. On an MCI/Level I, patients with traumatic injuries shall be triaged utilizing the Ventura County Field Triage Decision Scheme, in addition to START triage. On an MCI/Level I, the applicable VC trauma step shall be relayed to the base hospital by MEDCOMM for all patients with traumatic injuries, in addition to START triage category, age, and gender.
2. Patients shall be transported in accordance with VCEMS 131 Attachment C - MCI Trauma Patient Destination Decision Algorithm.

D. Base Hospital Responsibilities

1. Upon receiving a declaration of an MCI from the field, the Base Hospital will activate the Reddinet communications tool and manage patient distribution and determine destination, while maintaining communications with MEDCOMM in the field. The management of the Reddinet MCI module on an MCI may include:
 - a. Alert all hospitals that an MCI has occurred and request that they prepare to receive casualties from the scene. This communication will include:
 - The type, size, and location of the incident.
 - The estimated number of casualties involved.

- Advise area hospitals to be prepared to confirm their status and make preparations for the possible receipt of patients.
- Update all hospitals periodically or when new or routine information is received. Hospitals in unaffected areas may or may not be requested to remain in a stand-by readiness mode.
- Inform MEDCOMM of each hospital's availability and determine destination for all MCI patients.

E. Hospital Response

1. Receive/acknowledge incident information and inform hospital administration.
2. Activate the hospital's disaster/emergency response plan to an appropriate level based upon the MCI's location type and number of casualties.
3. Hospitals experiencing difficulty in obtaining needed resources to manage casualties should make needs known to the EMS Agency Duty Officer.

F. Ventura County EMS Agency

Upon receiving MCI information and a request from scene public safety personnel to activate the MCI Plan, EMS may contact the Base Hospital that MEDCOMM has communicated with during the initial phases of the MCI, and request an update before relieving the Base Hospital of this duty. The EMS Agency may then act as the medical clearinghouse and perform the following:

1. Relay all requests/information regarding hospital resource needs or surplus to the Regional Disaster Medical Health Coordinator (RDMHC) representative, when appropriate. Coordinate response of additional medical equipment and personnel.
2. Receive MCI information from PSAP and alert the appropriate VCEMS and Ventura County Health Care Agency (HCA) personnel.
3. Initiate the VCEMS Emergency Response plan to a level appropriate to the information provided.
4. Activate the Health Care Agency – Department Operations Center, when appropriate.
5. Inform the Ventura County Sheriff's Office of Emergency Services (OES) and/or the Operational Area EOC of EMS activity, when appropriate.
6. Alert the RDMHC representative, when appropriate.
7. Request out-of-county medical resources, when necessary, with EMS/HCA management approval. Coordinate requests with OES staff and RDMHC representative.
8. Assist in the coordination of transportation resources.

9. Assist in the coordination of health care facility evacuation.
10. Communicate with hospitals, skilled nursing facilities and appropriate EOCs when warranted.
11. Assist in coordination of incident evaluations and debriefings.

G. Documentation

1. Level 1 MCI: The care of each patient will be documented using the Ventura County electronic patient care reporting system (VCePCR)
2. Level 2 and 3 MCI: At a minimum, each patient transported to a hospital shall have their care documented on a multi-casualty patient record (Policy 131, Attachment A).
 - a. The transporting agency is responsible for completion of the multi-casualty patient record. The record is designed to be completed by the transporting crew enroute to the receiving hospital.
 - b. The transporting agency retains the original of the multi-casualty patient record. A copy shall be left with the patient at the receiving hospital. The triage tag shall be attached to this copy and is included as official documentation in the patient's medical record.
 - c. The transporting agency shall distribute copies of the multi-casualty patient record to the base hospital and EMS Agency within twenty-four hours of de-mobilization of the incident.
 - d. Patients not transported from a Level II or Level III MCI, may be documented using the multi-casualty non-transport record, (Policy 131, Attachment B).
3. Ventura County EMS Approved MCI Worksheets
 - a. Ventura County EMS Providers will utilize the approved MCI worksheets described in the Basic and Advanced MCI courses and attached to this policy as follows:
 1. Form 131-C MCI Trauma Patient Destination Decision Algorithm (Policy 131, Attachment C)
 2. Form 131-1 Level 1 MCI Worksheet (Policy 131, Attachment D)
 3. Triage Count Worksheet
 4. Triage Tag Receipt Holder
 5. Bed Availability Worksheet
 6. Ambulance Staging Resource Status Worksheet

7. Transportation Receipt Holder

4. Mobile Data Computer (MDC) Equipped Ambulances

- a. In an effort to enhance patient tracking, transport personnel operating ambulances equipped with MDC's, when able, will document the triage tag number, patient name, and destination in the comment section of the dispatch ticket on the MDC.

VII. DE-MOBILIZATION OF THE MULTI CASUALTY INCIDENT RESPONSE PLAN:

A. Prehospital de-mobilization

1. When advised by the Incident Commander (IC) at the scene, the PSAP handling communications for the incident will notify the VCEMS Duty Officer when all casualties have been removed from the MCI scene.
2. Hospitals will be notified via Reddinet that the MCI scene has been cleared.
3. Hospitals will be notified via Reddinet that casualties may still be enroute to various receiving facilities.
4. Hospitals will supply EMS with data on casualties they have received via ReddiNet, telephone, fax or RACES.
5. If involved in incident operations, VCEMS will maintain communication with all participants until all activity relevant to casualty scene disposition and hospital resource needs are appropriately addressed.
6. Depending on size of incident, VCEMS will advise all participants when VCEMS has concluded operations related to the MCI.

VIII. CRITIQUE OF THE MULTI CASUALTY INCIDENT:

- A. VCEMS Agency may conduct a post-incident analysis of the MCI at their discretion or at the request of agencies involved in the incident. All medically involved participants will be invited.
- B. VCEMS Agency may publish a written report following the post-incident analysis. The report will include minutes from the post incident analysis meeting, any summary data available, and written reports.

IX. ADDITIONAL CONSIDERATIONS

- A. Multi Casualty Incidents related to an Active Shooter event, or any other type of incident involving a heavy law enforcement presence and the need for coordinated Rescue Task Force (RTF) operations will be conducted in accordance with VCEMS Policy 628 – Rescue

Task Force Operations.

- B.** Additional information related to medical health operations on an MCI and/or coordination of medical health assets on an MCI or during a disaster with widespread casualties can be found in the VCEMS Multi/Mass Casualty Medical Response Plan.

**Ventura County
Emergency Medical Services Agency
MULTI-CASUALTY PATIENT RECORD**
(For use on declared Level II or Level III MCI's only)

Date:	Agency	Unit#:	Location:	Incident #:		
Patient Name: _____ Age: _____ Sex: _____ Triage Tag #: _____ <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINOR	Injuries: _____ _____ _____ VC Trauma Step _____ _____	Airway: <input type="checkbox"/> Patent <input type="checkbox"/> Other (Explain) _____ Mental Status: <input type="checkbox"/> Follows Simple Commands <input type="checkbox"/> Fails to Follow Simple Commands	Cap Refill: <input type="checkbox"/> < 2 Seconds <input type="checkbox"/> > 2 Seconds Skin: <input type="checkbox"/> Normal <input type="checkbox"/> Other Resp Rate: _____ Pulse Rate: _____ B/P: _____	Tx Prior to Transport: <input type="checkbox"/> C-Spine <input type="checkbox"/> Oxygen <input type="checkbox"/> IV <input type="checkbox"/> Other (Explain) _____ _____ _____	Base Hospital: <input type="checkbox"/> LRHMC <input type="checkbox"/> VCMC <input type="checkbox"/> SJRMC <input type="checkbox"/> SVH Dest. Hosp: _____ Times: Depart: _____ Destination: _____	Comments: _____ _____ _____ _____

Receiving Hospital to Attach Triage Tag Here

PRINTED NAME

LICENSE #

SIGNATURE

Distribution: Original – Provider, Copies – Base Hospital, Receiving Hospital & EMS Agency

*Copy shall be left with Receiving Hospital at time of arrival and become part of the patient's medical record.
Transport provider to distribute completed copies to Base Hospital and EMS Agency within 24 hours of the incident.*

Ventura County
Emergency Medical Services Agency
MULTI-CASUALTY NON-TRANSPORT RECORD
(For use on declared Level II or Level III MCI's only)

Date: _____ Agency: _____ Unit #: _____ Location: _____ Fire Incident #: _____

Time: _____ Patient Name: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Tag #: _____	Airway: <input type="checkbox"/> Patent Mental Status: <input type="checkbox"/> Awake and Alert <input type="checkbox"/> Appropriate for Age	Skin: <input type="checkbox"/> Normal Resp: _____ Pulse: _____ B/P: _____	Treatment Provided: _____ _____ _____ <input type="checkbox"/> None Indicated	Comments: _____ _____ _____ _____	Disposition: <input type="checkbox"/> AMA Obtained <input type="checkbox"/> No AMA Obtained Other: _____ _____
--	--	---	--	--	---

Time: _____ Patient Name: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Tag #: _____	Airway: <input type="checkbox"/> Patent Mental Status: <input type="checkbox"/> Awake and Alert <input type="checkbox"/> Appropriate for Age	Skin: <input type="checkbox"/> Normal Resp: _____ Pulse: _____ B/P: _____	Treatment Provided: _____ _____ _____ <input type="checkbox"/> None Indicated	Comments: _____ _____ _____ _____	Disposition: <input type="checkbox"/> AMA Obtained <input type="checkbox"/> No AMA Obtained Other: _____ _____
--	--	---	--	--	---

Time: _____ Patient Name: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Tag #: _____	Airway: <input type="checkbox"/> Patent Mental Status: <input type="checkbox"/> Awake and Alert <input type="checkbox"/> Appropriate for Age	Skin: <input type="checkbox"/> Normal Resp: _____ Pulse: _____ B/P: _____	Treatment Provided: _____ _____ _____ <input type="checkbox"/> None Indicated	Comments: _____ _____ _____ _____	Disposition: <input type="checkbox"/> AMA Obtained <input type="checkbox"/> No AMA Obtained Other: _____ _____
--	--	---	--	--	---

Printed Name

License #

Signature

Distribution: Original – Provider, Copies – Base Hospital & EMS Agency

Agency completing form will distribute completed copies to Base Hospital and EMS Agency within 24 hours of the incident.

MCI TRAUMA PATIENT DESTINATION DECISION ALGORITHM

TRIAGE ALL PATIENTS UTILIZING START TRIAGE

IMMEDIATE

DELAYED

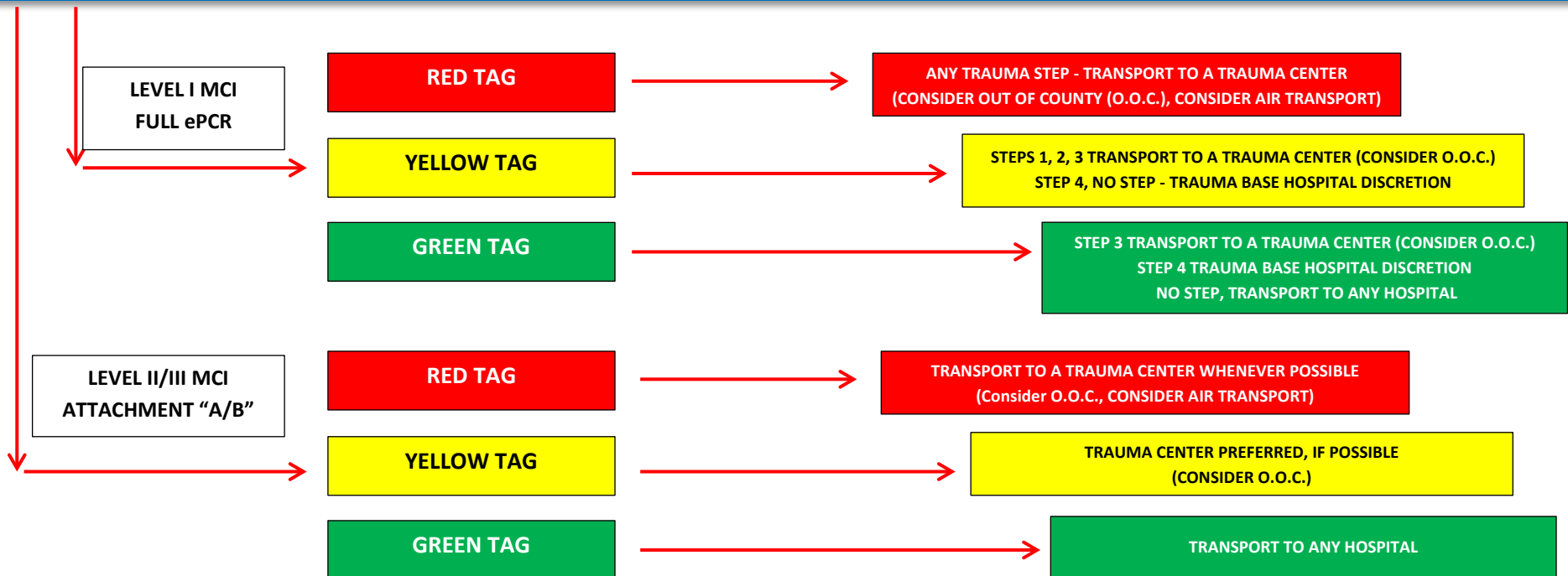
MINOR

ESTABLISH A TREATMENT AREA ON ALL MASS CASUALTY INCIDENTS

ESTABLISH A TREATMENT AREA ON ALL MASS CASUALTY INCIDENTS

PERFORM A FOCUSED EXAM AND BEGIN TO PROVIDE TREATMENT AS RESOURCES ALLOW

PATIENTS ON A LEVEL I MCI WITH TRAUMATIC INJURIES WILL ALSO BE TRIAGED INTO THE VC TRAUMA TRIAGE DECISION SCHEME



1. When trauma center capacity at local and neighboring county trauma centers has been exhausted, transport to non-trauma hospitals
2. For Level II/III MCI events, red tag patients with traumatic injuries exhibiting the following criteria should be prioritized to trauma centers:
 - Significantly decreased GCS with evidence of neurological trauma
 - Penetrating or blunt injury with signs and symptoms of shock
 - Penetrating wounds to the neck and/or torso

LEVEL 1 MCI WORKSHEET

INCIDENT: _____

DATE: _____

Person(s) filling out this form: _____

Pt #	AGE	SEX	PATIENT STATUS	VC TRAUMA STEP	INJURIES	DEST	TRANS UNIT ID	TRANS TIME	TRIAGE TAG # (Last 4)
1			I D M						
2			I D M						
3			I D M						
4			I D M						
5			I D M						
6			I D M						
7			I D M						
8			I D M						
9			I D M						
10			I D M						
11			I D M						
12			I D M						
13			I D M						
14			I D M						

	TIME	AVAIL	USED	AVAIL	USED	AVAIL	USED
VCMC							
	IMMEDIATE						
	DELAYED						
LRH	MINOR						
		AVAIL	USED	AVAIL	USED	AVAIL	USED
	IMMEDIATE						
Hospital	DELAYED						
	MINOR						
		AVAIL	USED	AVAIL	USED	AVAIL	USED
Hospital	IMMEDIATE						
	DELAYED						
	MINOR						
Hospital		AVAIL	USED	AVAIL	USED	AVAIL	USED
	IMMEDIATE						
	DELAYED						
Hospital	MINOR						
		AVAIL	USED	AVAIL	USED	AVAIL	USED
	IMMEDIATE						
	DELAYED						
	MINOR						
	Total			Total		Total	

The following organizational structures are intended to provide the Incident Commander with a basic, expandable system to manage any number of patients during incidents of varying complexity. The degree of organizational structure should be driven by incident complexity.

Modular Organizational Development

Initial Response Organization: The Incident Commander (IC) manages initial response resources as well as all Command and General Staff responsibilities. The IC assigns a resource with the appropriate communications capability as the Medical Communications Coordinator (MEDCOMM) to establish communications with the appropriate Base Hospital. In addition, the IC assigns a triage Unit Leader, establishes treatment areas, and assigns an ambulance coordinator.

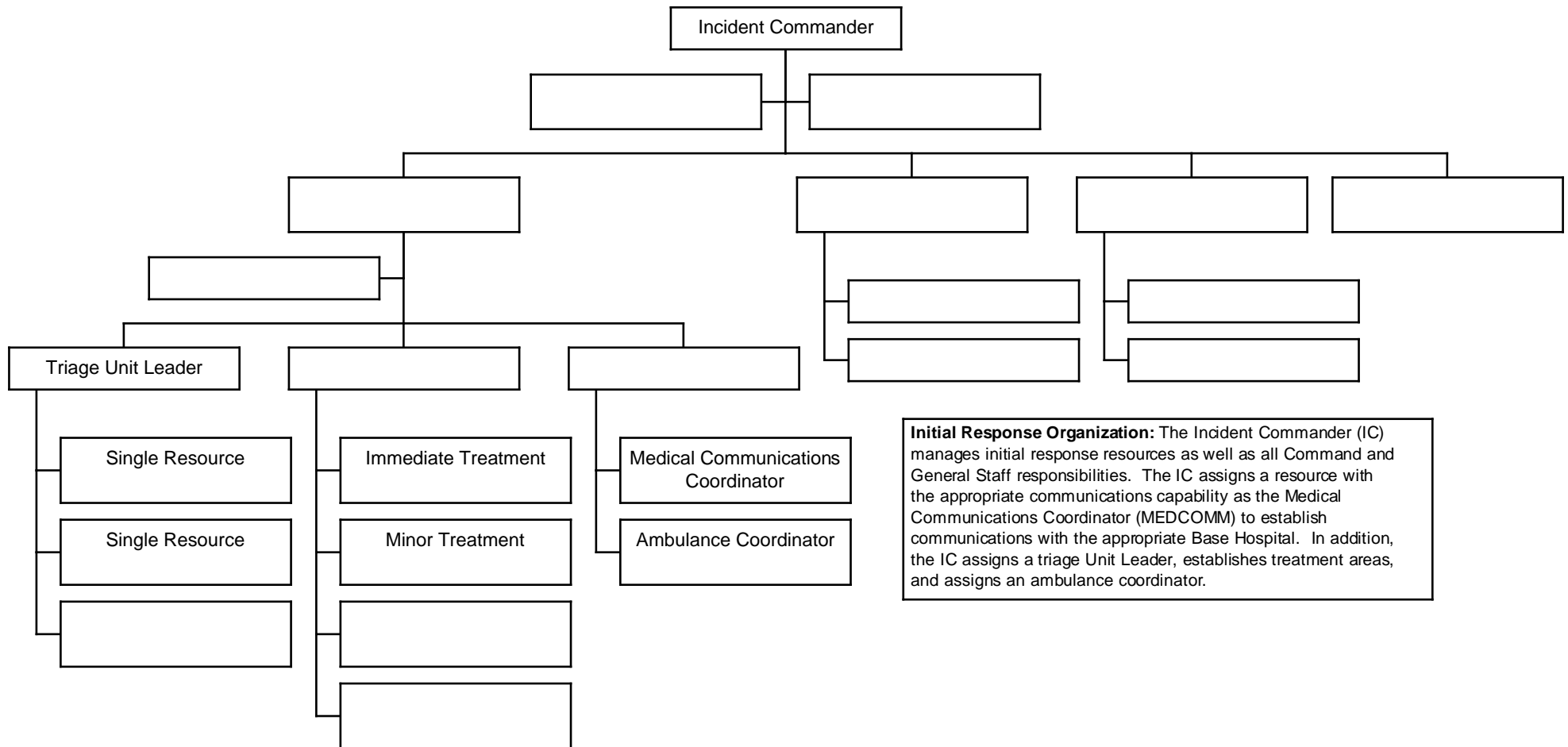
Reinforced Response Organization: In addition to the initial response, the Incident Commander (IC) establishes a Safety Officer, a Treatment Unit Leader, and a Patient Transportation Unit Leader. Immediate, Delayed, and Minor treatment areas are established and staffed. Considerations for additional resources should be considered for treatment area staffing and patient transportation.

Multi-Division/Group Response Organization: All positions within the Medical Group are now filled. The Air Operations Branch is shown to illustrate the coordination between the Patient Transportation Unit and the Air Operations Branch. A Rescue Group is established to three entrapped victims. *Consult with EMS Agency Duty Officer for additional medical supply, hospital, and/or transportation such as Ambulance Strike Teams, DMSU, or MCI trailers.

Multi-Branch Response Organization: The complete incident organization shows the Medical Branch and other Branches. The Medical branch has multiple Medical Groups due to incident complexity, but only one Patient Transportation Group. This is because all patient transportation must be coordinated through one point to avoid overloading hospitals or other medical facilities.

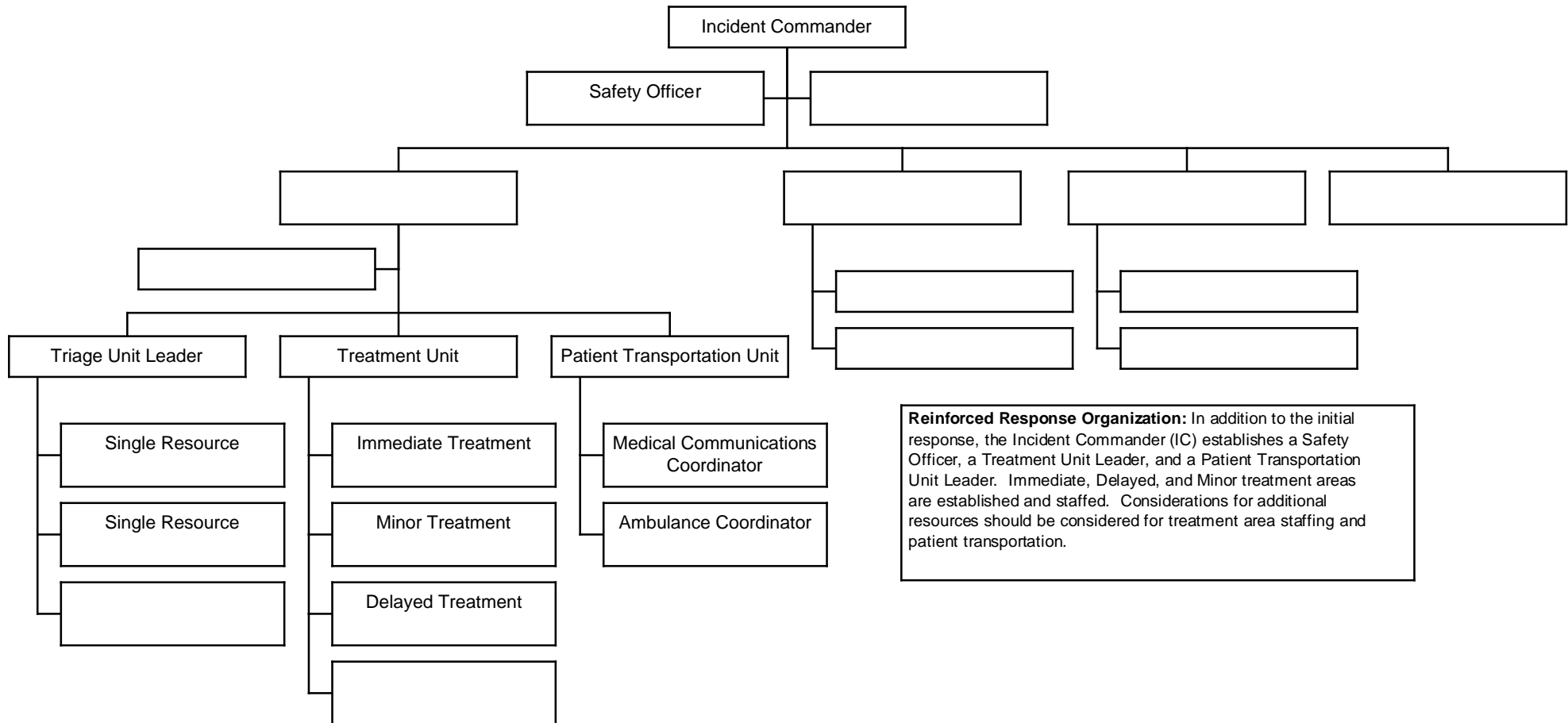
As the complexity of an incident exceeds the capacity of local medical and health resources, additional response capabilities may be provided through provisions of the Public Health and Emergency Operations Manual (EOM) through the EMS Agency Duty Officer and broader Medical Health Operational Area Coordinator (MHOAC). For this reason, the EMS Agency Duty will be notified of any/all MCIs, regardless of size or complexity.

Multi-Casualty Incident Response
Initial Response Organization
FOG - December 2012



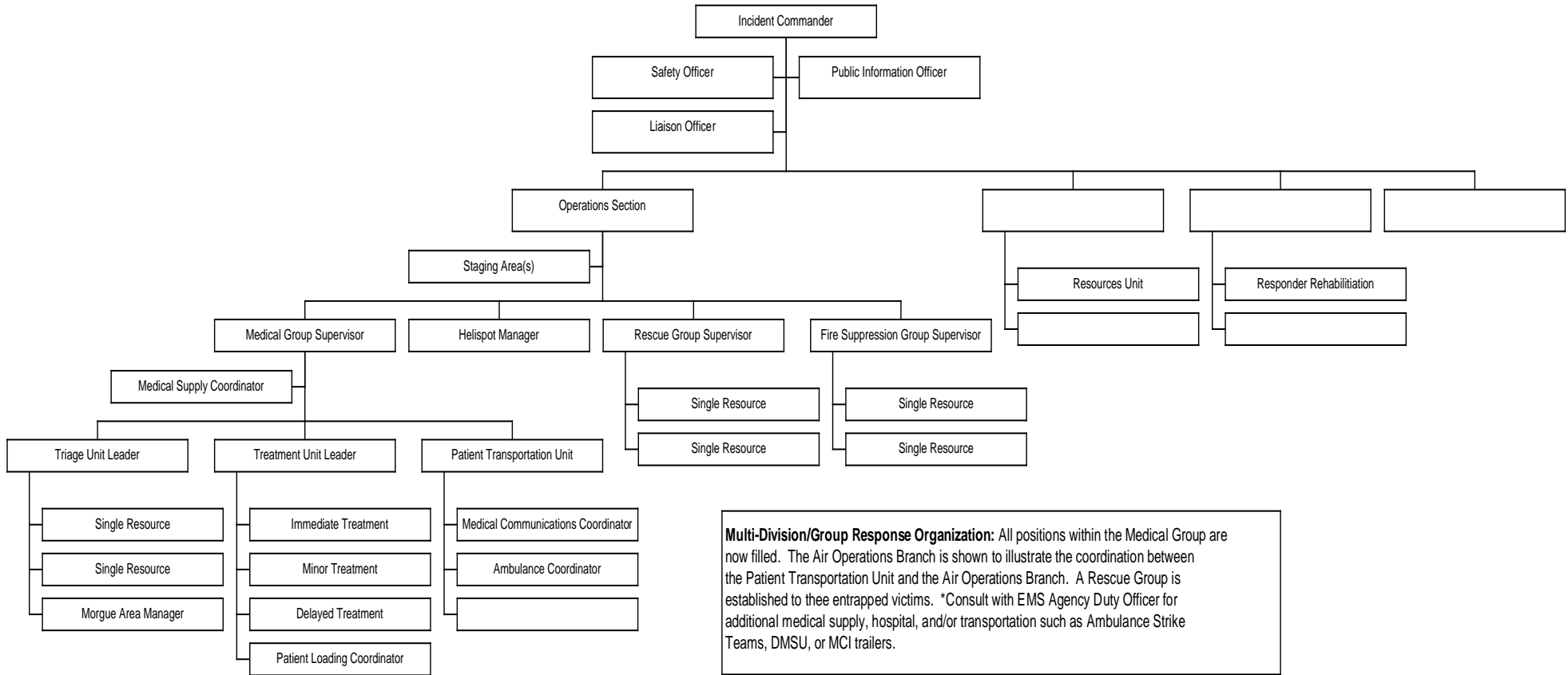
Initial Response Organization: The Incident Commander (IC) manages initial response resources as well as all Command and General Staff responsibilities. The IC assigns a resource with the appropriate communications capability as the Medical Communications Coordinator (MEDCOMM) to establish communications with the appropriate Base Hospital. In addition, the IC assigns a triage Unit Leader, establishes treatment areas, and assigns an ambulance coordinator.

Multi-Casualty Incident Response
 Reinforced Response Organization
 FOG - December 2012

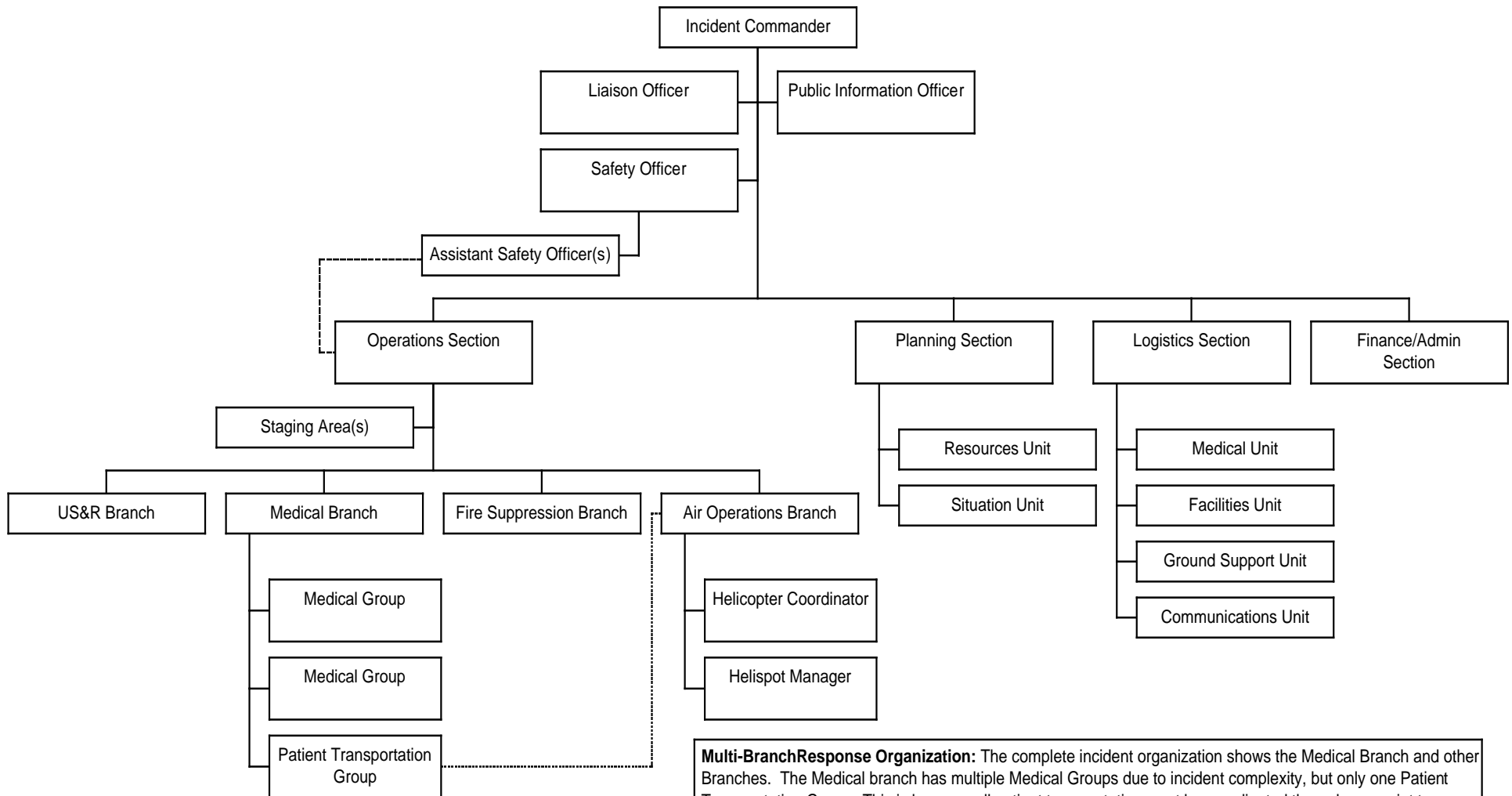


Reinforced Response Organization: In addition to the initial response, the Incident Commander (IC) establishes a Safety Officer, a Treatment Unit Leader, and a Patient Transportation Unit Leader. Immediate, Delayed, and Minor treatment areas are established and staffed. Considerations for additional resources should be considered for treatment area staffing and patient transportation.

Multi-Casualty Incident Response
Multi-Division/Group Organization
FOG - December 2012



Multi-Casualty Incident Response
Multi-Branch Organization
FOG - December 2012



Multi-Branch Response Organization: The complete incident organization shows the Medical Branch and other Branches. The Medical branch has multiple Medical Groups due to incident complexity, but only one Patient Transportation Group. This is because all patient transportation must be coordinated through one point to avoid overloading hospitals or other medical facilities.

Position: Ambulance Coordinator

(FOG – December 2012)

Ideal Staffing: BLS Fire Company or Ambulance Personnel (NOT A PARAMEDIC)

FORMER POSITION: Ambulance Staging Manager

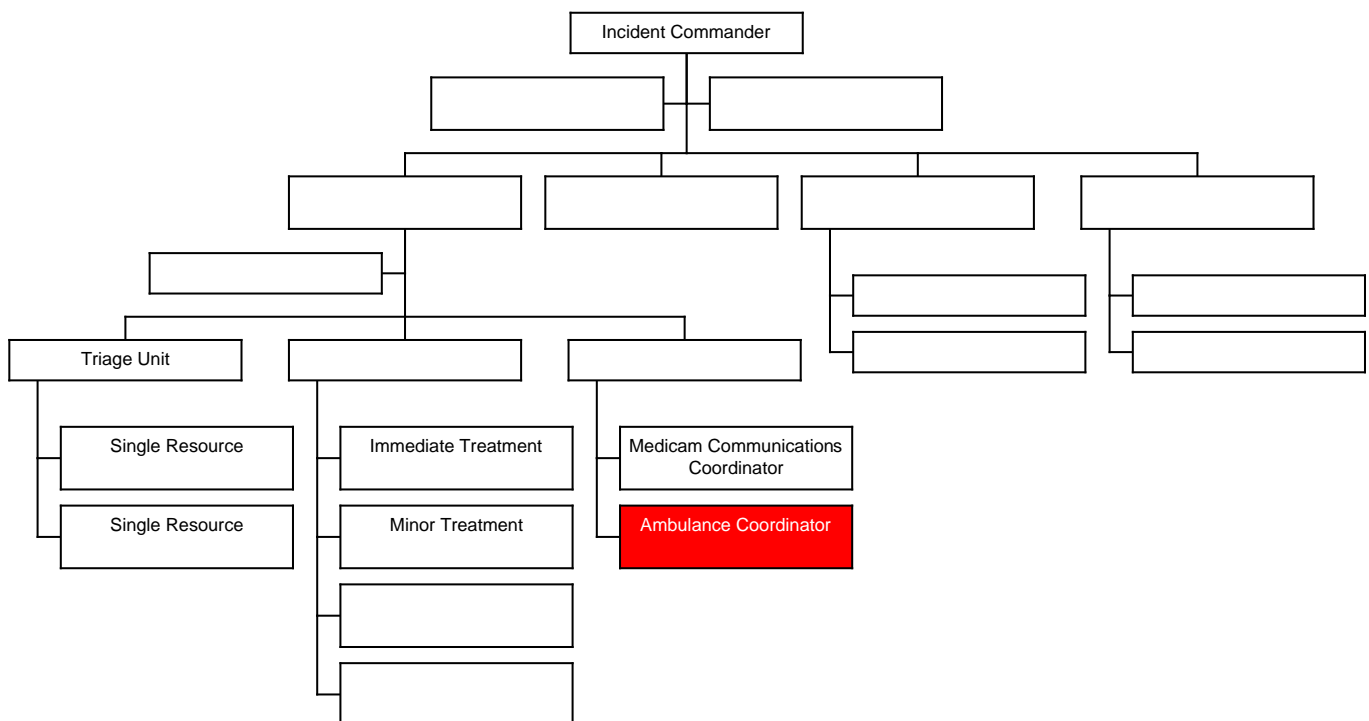
The Ambulance Coordinator reports to the Patient Transportation Unit Leader, manages the Ambulance Staging Area(s), and dispatches ambulances as requested:

- a. Establish appropriate Staging Area for ambulances
- b. Establish routes of travel for ambulances for incident operations
- c. Establish and maintain communications with the Helispot Manager, when applicable, regarding air transportation assignments.
- d. Establish and maintain communications with the Medical Communications Coordinator and the Patient Loading Coordinator
- e. Provide Ambulances upon request from the Medical Communications Coordinator
- f. Ensure the necessary equipment is available in the ambulance for patient needs during transportation
- g. Establish contact with ambulance personnel at the staging area
- h. Request additional ground transportation resources as appropriate, through the established incident chain of command.
- i. Consider the use of alternate transportation resources such as buses or vans, based on VCEMS guidelines.
- j. Provide an inventory of medical supplies available at ambulance Staging Area for use at the scene.
- k. Maintain adequate staging area records
- l. Maintain Activity Log (ICS Form 214)

MCI Management Equipment

- 1. Obtain Ambulance Coordinator Packet, including vest and clipboard with Ambulance Staging Resource Status form.

**Multi-Casualty Organization
Initial Response**



Position: Medical Branch Director

(FOG – December 2012)

Ideal Staffing: Fire Battalion Chief

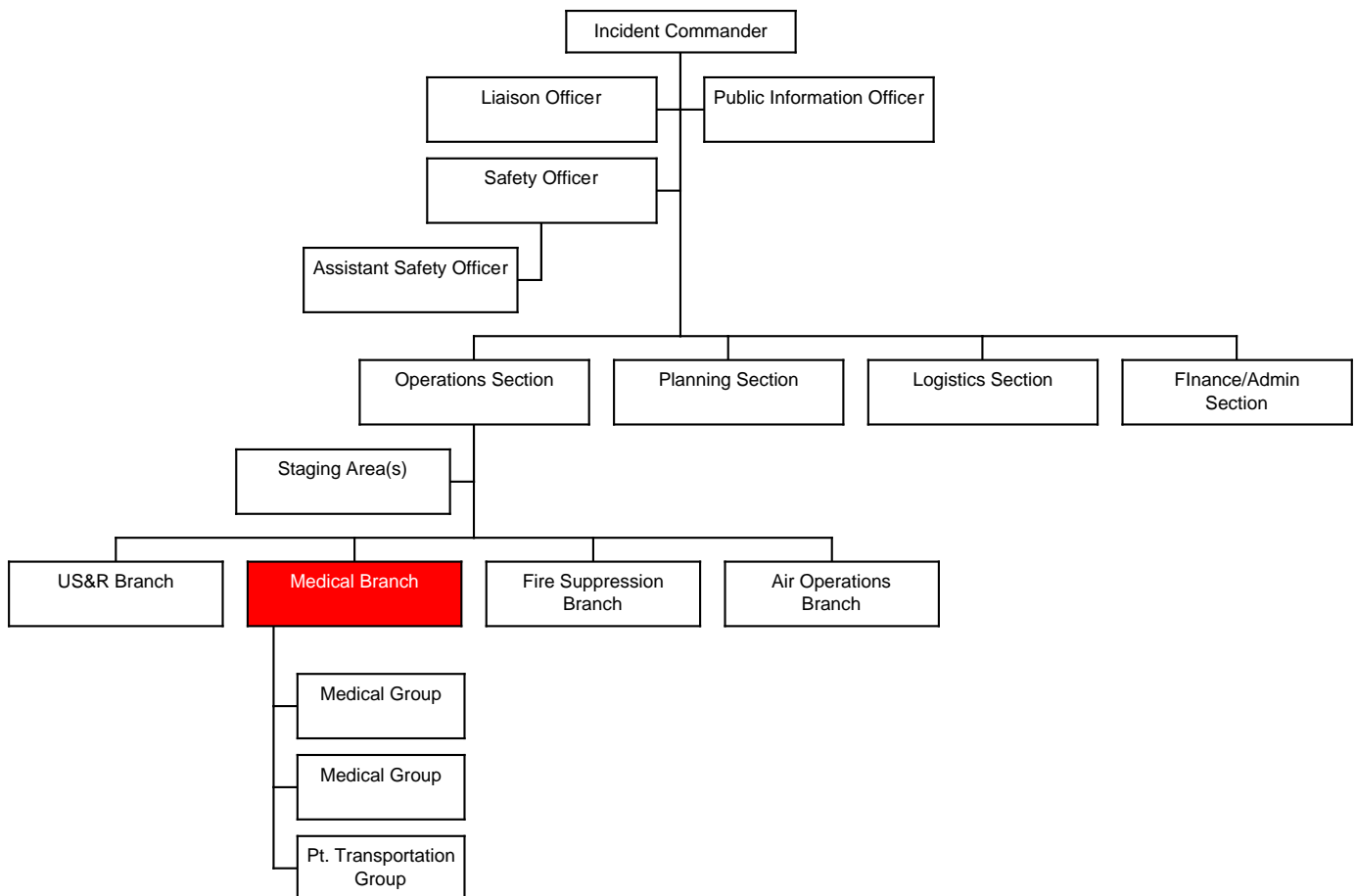
The Medical Branch Director is responsible for the implementation of the Incident Action Plan (IAP) within the Medical Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Group(s) and the Patient Transportation function (Unit or Group). Patient Transportation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

- a. Review Group Assignments for effectiveness of current operations and modify as needed.
- b. Provide input to Operations Section Chief for the IAP.
- c. Supervise Branch activities and confer with the Safety Officer to assure safety of all personnel using effective risk analysis and management techniques.
- d. Report to Operations Section Chief on Branch activities.
- e. Maintain Activity Log (ICS Form 214)

MCI Management Equipment

- 1. Multi-Casualty Incident Command Worksheet

**Multi-Casualty Organization
Multi-Branch Response**



Position: Medical Communications Coordinator (MEDCOMM) (FOG – December 2012)

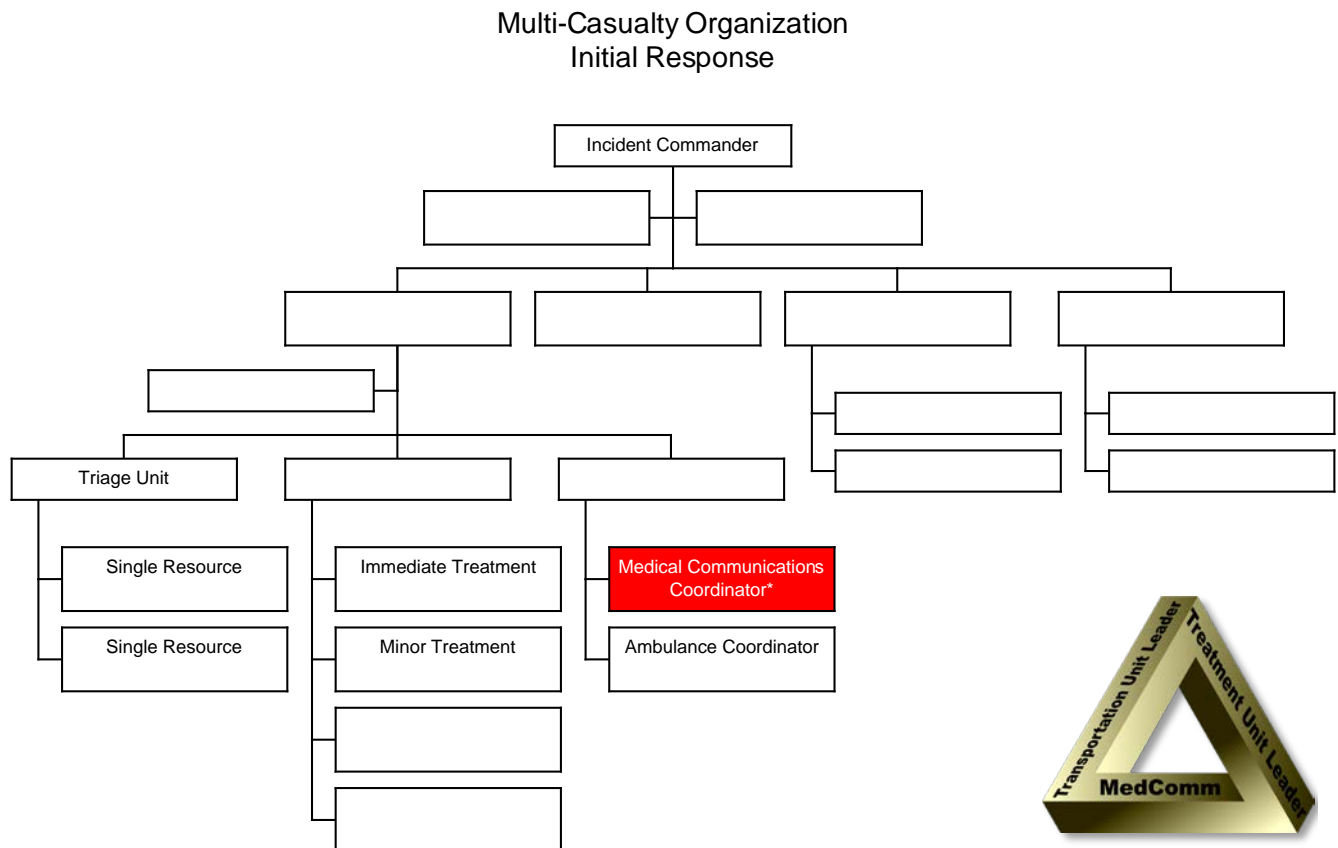
Ideal Staffing: Initial – Paramedic (Fire or Ambulance), Ongoing – Paramedic Supervisor

The Medical Communications Coordinator (MCCC or MEDCOMM) reports to the Patient Transportation Unit Leader and establishes communications with the appropriate Base Hospital (BH) to maintain status of available hospital beds to ensure proper patient destination:

- a. Establish communications with the appropriate Base Hospital. Provide pertinent incident information and basic patient information, as outlined in VCEMS Policy 131
- b. Determine and maintain current status of hospital availability and capability
- c. Receive basic patient information and condition from Treatment Area Managers and/or Patient Loading Coordinator
- d. Coordinate patient destination with the appropriate base hospital.
- e. Communicate patient transportation needs to Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator
- f. Communicate patient air transportation needs to the Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator
- g. Maintain Activity Log (ICS Form 214)

MCI Management Equipment

1. Obtain Medical Communications Coordinator packet, including vest and clipboard with Bed Availability Worksheet.
2. Phone (cellular or satellite) for Base Hospital Communications



***Note: Whenever staffing/resources allow, MEDCOMM should be staffed with two paramedics. First Paramedic will maintain communications with Base Hospital. Second Paramedic will act as a runner/scribe, gathering key information from other positions in the MCI organization.**

Position: Medical Group Supervisor

(FOG – December 2012)

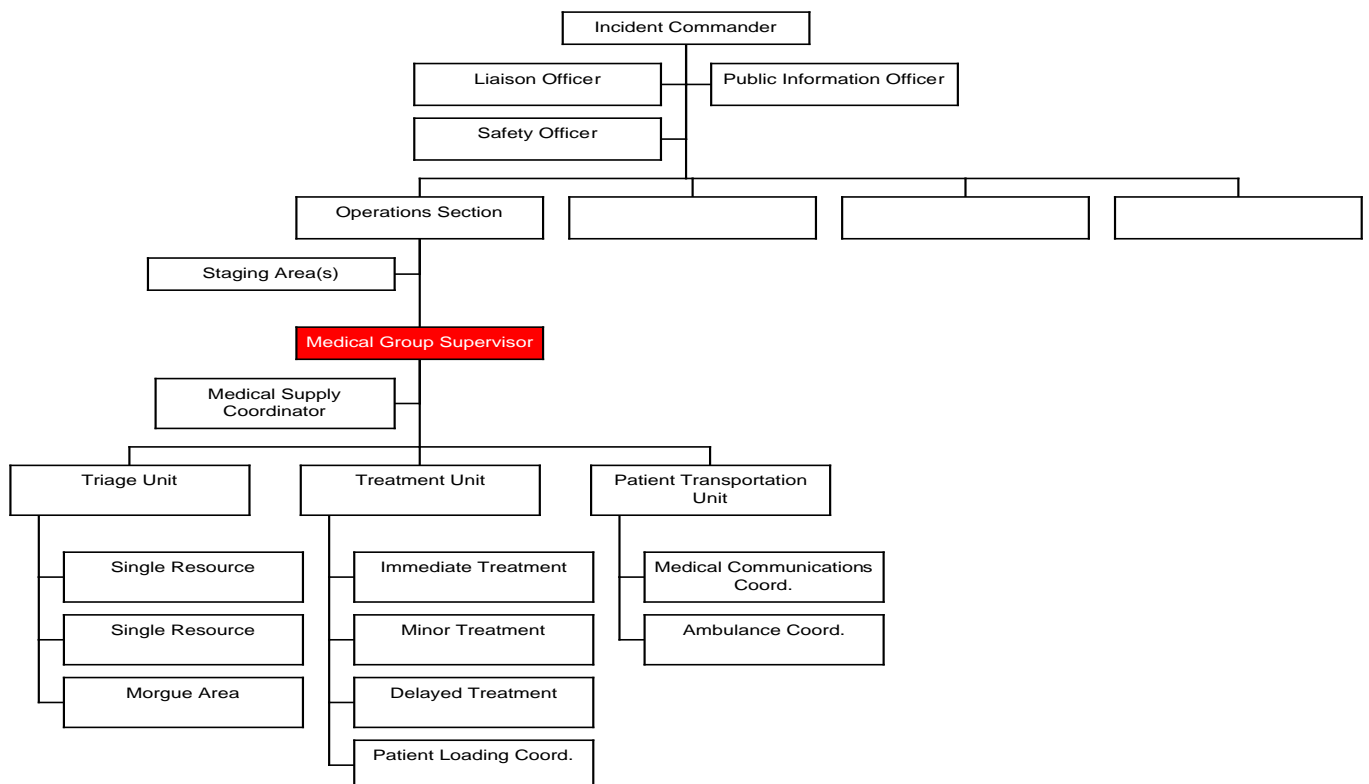
Ideal Staffing: Fire Company Officer or Paramedic Supervisor

The Medical Group Supervisor reports to the Operations Section Chief or Medical Branch Director, depending on incident organization, and supervises the various units within the Medical Group (Triage Unit, Treatment Unit, Patient Transportation Unit, and Medical Supply Coordinator). The Medical Group Supervisor establishes command and control activities within the Medical Group. In large and complex multi-casualty incidents, there may be a need to staff multiple Medical Groups:

- a. Participate in the Medical Branch / Operations Section planning activities.
- b. Establish Medical Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.
- c. Designate Unit Leaders and Treatment Area locations as appropriate.
- d. Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.
- e. Request law enforcement for security, traffic control, and access for the Medical Group areas.
- f. Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (MCI trailers, DMSU, etc.).
- g. Ensure communication with appropriate Base Hospital has occurred through the Medical Communications Coordinator, and that an MCI has been declared and activated in Reddinet.
- h. Coordinate with assisting agencies such as law enforcement, Medical Examiner, Public Health, and transport providers.
- i. Coordinate with agencies such as Red Cross and utilities.
- j. Ensure adequate patient decontamination and proper notifications have been made (when applicable)
- k. Consider responder rehabilitation
- l. Maintain Activity Log (ICS Form 214)

MCI Management Equipment

1. Obtain Medical Group Supervisor packet, including vest and clipboard



Position: Medical Supply Coordinator

(FOG – December 2012)

Ideal Staffing – Ambulance Company Representative (DMSU Trained), EMS Agency Representative

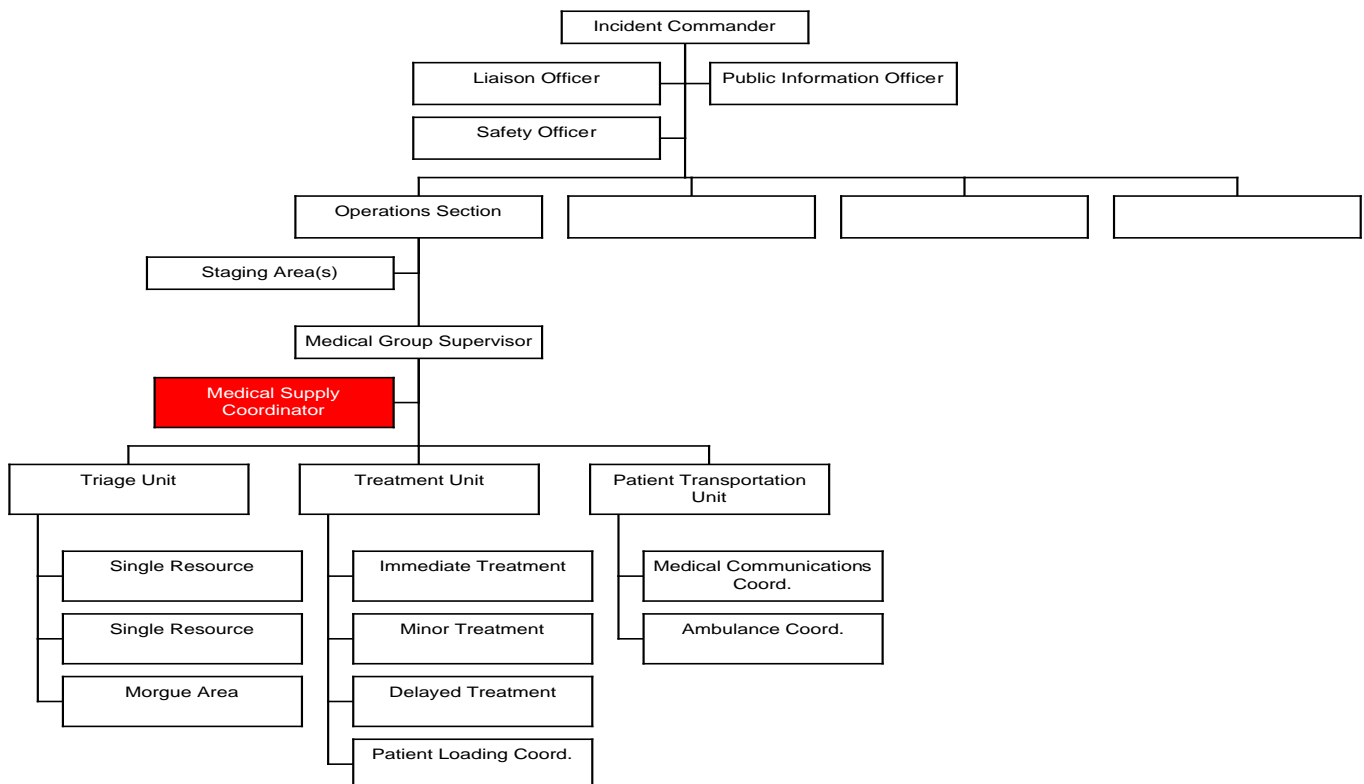
The Medical Supply Coordinator reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group:

- a. Acquire, distribute, and maintain status of medical equipment and supplies within the Medical Group*
- b. Request additional medical supplies*
- c. Distribute medical supplies to the Treatment and Triage Units
- d. Consider the use of a Disaster Medical Support Unit(s) (DMSU) or MCI trailer.
- e. Maintain Activity Log (ICS Form 214)

**If the Logistics Section were established, this position would coordinate with the Logistics Section Chief or Supply Unit Leader. Additional medical resources/supplies can be requested through the EMS Agency Duty Officer, as part of the Medical Health Operational Area program, when all local resources have been exhausted.*

MCI Management Equipment

1. Obtain Medical Supply Coordinator packet, including vest and clipboard.



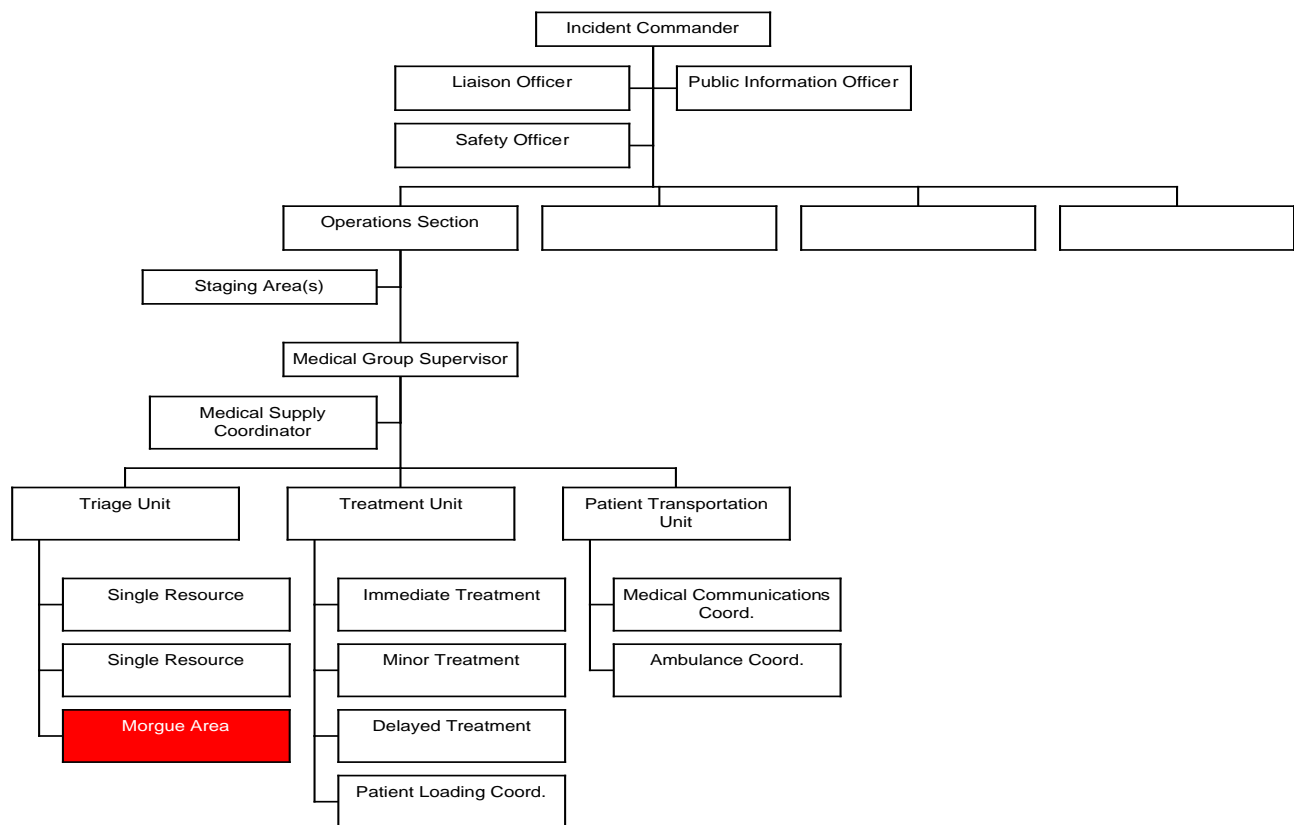
Ideal Staffing: Law Enforcement Personnel or Fire Company Personnel

The Morgue Area Manager (MCMM) reports to the Triage Unit Leader and assumes responsibility for the Morgue Area. MCMM coordinates the handling of decedents with law enforcement and the Medical Examiner:

- a. Assess resource/supply needs and order as needed.
- b. Coordinate all Morgue Area activities with investigative authorities.
- c. Keep area off limits to all but authorized personnel.
- d. Keep identity of deceased persons confidential.
- e. Maintain appropriate records.

MCI Management Equipment

- 1. Morgue Packet, including vest and Triage Tag Receipt Holder with Clipboard



**Note: MCMM may be necessary on smaller multi-casualty events that do not necessarily warrant the staffing of all positions detailed above. Organizational development and positions staffed should be based on incident complexity.*

Position: Patient Loading Coordinator

(FOG – December 2012)

Ideal Staffing: Paramedic (Fire Company or Ambulance)

FORMER POSITION: Treatment Dispatch Manager

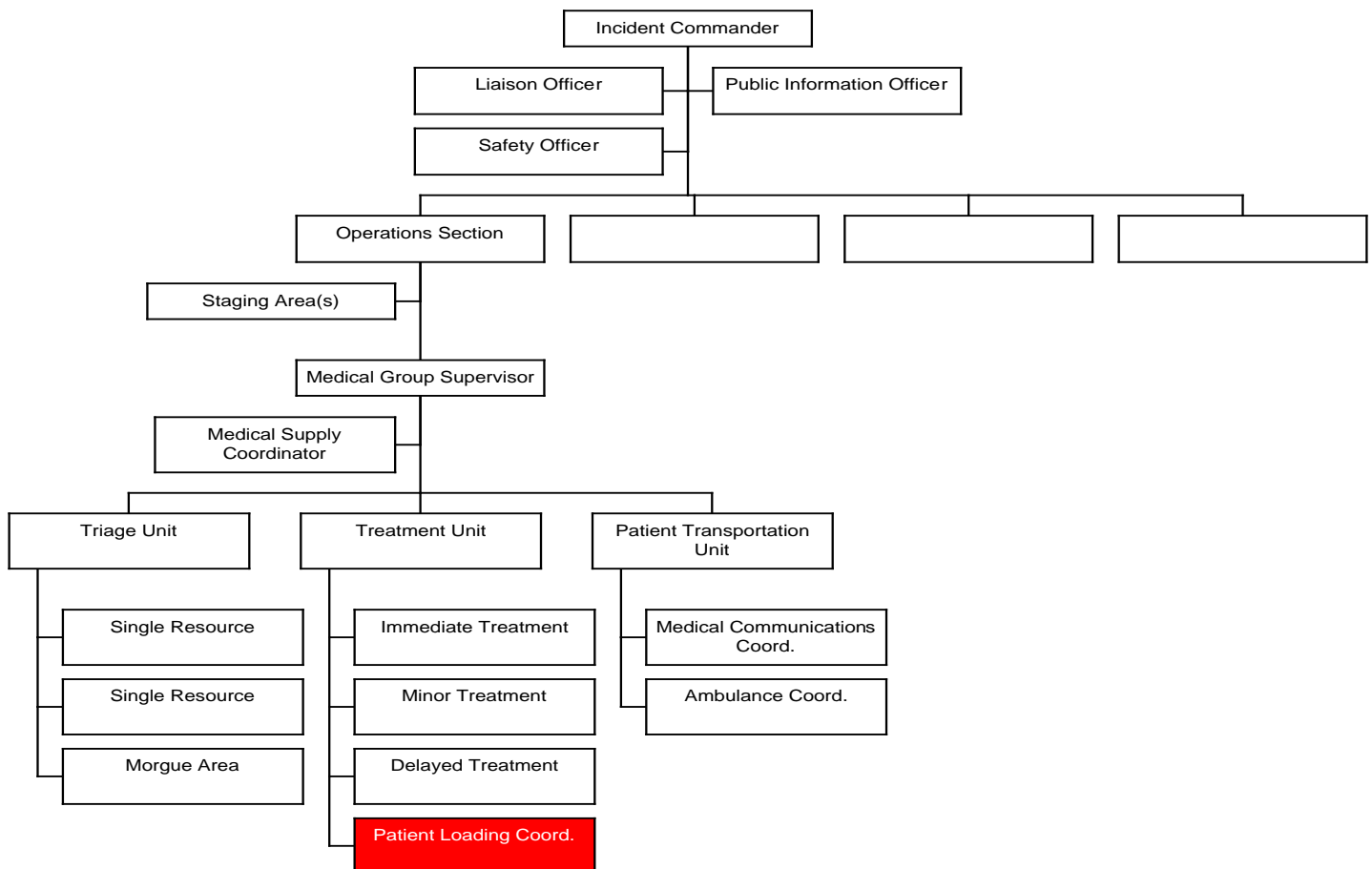
NOTE: On small to medium MCI incidents, the responsibilities of this role may be assumed by the Treatment Unit Leader.

The Patient Loading Coordinator reports to the Treatment Unit Leader and is responsible for coordinating with the Patient Transportation Unit Leader (or Group Supervisor if established), the transportation of patients out of the Treatment Areas:

- Establish communications with the Immediate, Delayed, and Minor Treatment Managers
- Establish Communications with the Patient Transportation Unit Leader.
- Verify that patients are prioritized for transportation.
- Advise Medical Communications Coordinator of patient readiness and priority for transport
- Coordinate transportation of patients with the Medical Communications Coordinator
- Ensure that appropriate patient tracking information is recorded
- Coordinate ambulance loading with the Treatment Managers and ambulance personnel
- Maintain Activity Log (ICS Form 214)

MCI Management Equipment

- Patient Loading Coordinator Packet, including vest and clipboard



Position: Patient Transportation Unit Leader

(FOG – December 2012)

FORMER POSITION: Ground Ambulance Coordinator

NOTE: On medium to large MCIs, this may need to be upgraded to a Group Supervisor level assignment. The roles and responsibilities would remain the same.

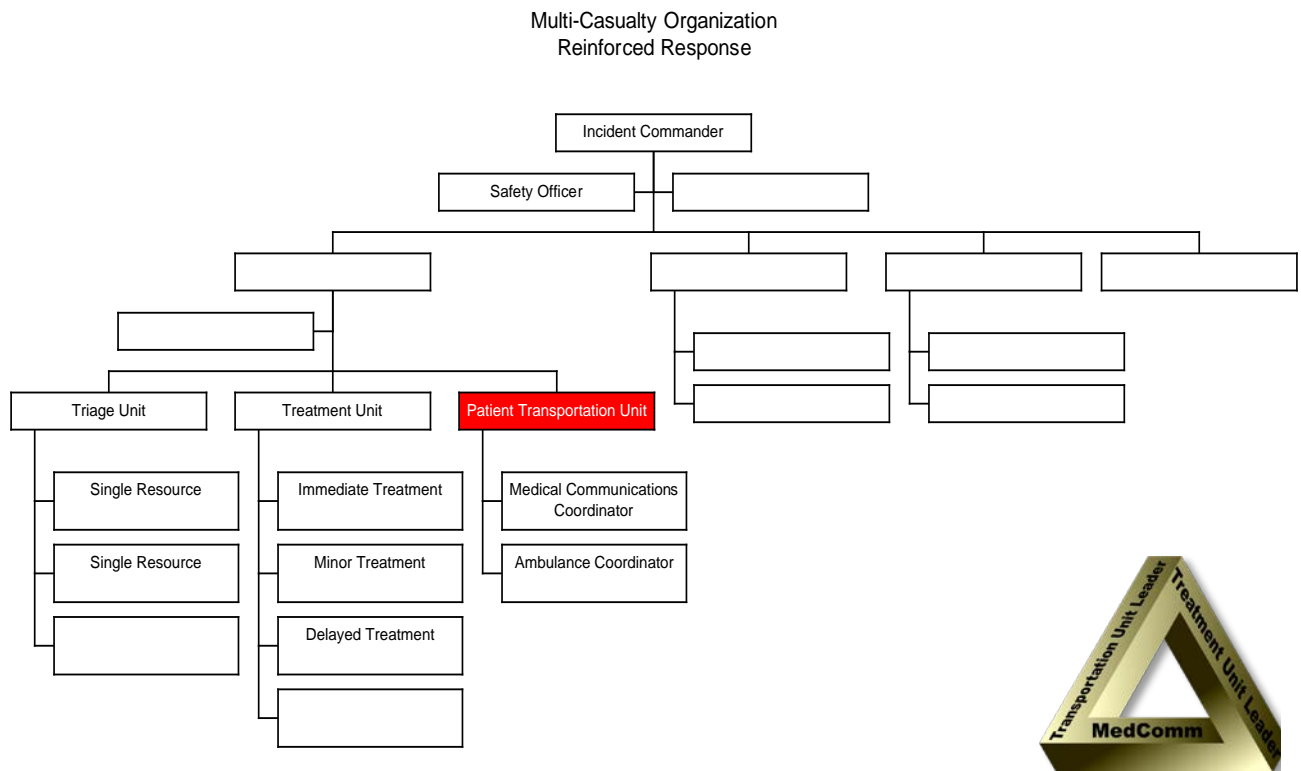
Ideal Staffing: Paramedic Supervisor

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

- Ensure the establishment of communications with the appropriate Base Hospital
- Designate Ambulance Staging Area(s). *Note, these should be separate from fire/rescue/other staging areas.
- Direct the off-incident transportation of patients as determined by the Medical Communications Coordinator.
- Ensure that patient information and destinations are recorded
- Establish communications with Ambulance Coordinator and the Helispot Manager
- Request additional medical transportation resources (air/ground) as required
- Notify the Ambulance Coordinator of ambulance requests
- Coordinate the establishment of Helispot(s) with the Medical Group Supervisor and the Helispot Manager
- Maintain Activity Log (ICS Form 214)

MCI Management Equipment

- Patient Transportation Group Supervisor Packet, including vest and clipboard.
- Maintain required records utilizing the Transportation Receipt Holders
- Provide Ambulance Coordinator with Ambulance Staging Resource Status form(s)



Position: Treatment Area Manager

(FOG – December 2012)

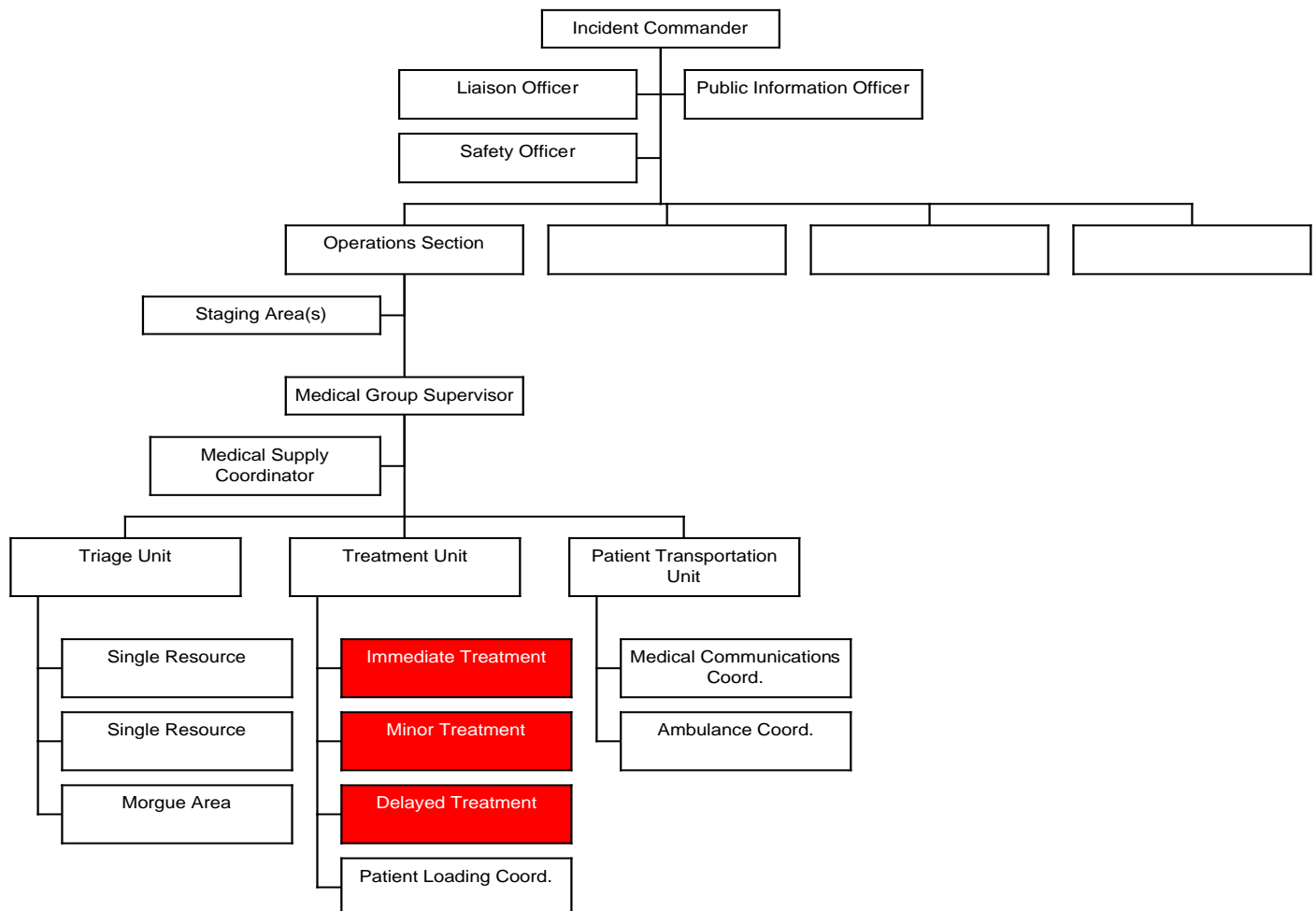
Ideal Staffing – Fire Company Officer

The Immediate, Delayed, and Minor Treatment Area Manager (MCIM, MCDM, MCMT) report to the Treatment Unit Leader and are responsible for treatment and re-triage of patients assigned to a particular treatment area:

- a. Assign treatment personnel to patients.
- b. Provide assessment of patients and re-triage/re-locate as necessary.
- c. Ensure appropriate level of treatment is provided to patients
- d. Ensure that patients are prioritized for transportation
- e. Coordinate transportation of patients with Patient Loading Coordinator
- f. Notify Patient Loading Coordinator of patient readiness and priority for transportation
- g. Ensure that appropriate patient information is recorded.
- h. Maintain Activity Log (ICS Form 214)

MCI Management Equipment

1. Obtain appropriate Treatment Area Managers packet, including vest and triage tag receipt holder form with clipboard.
2. Treatment area tarps



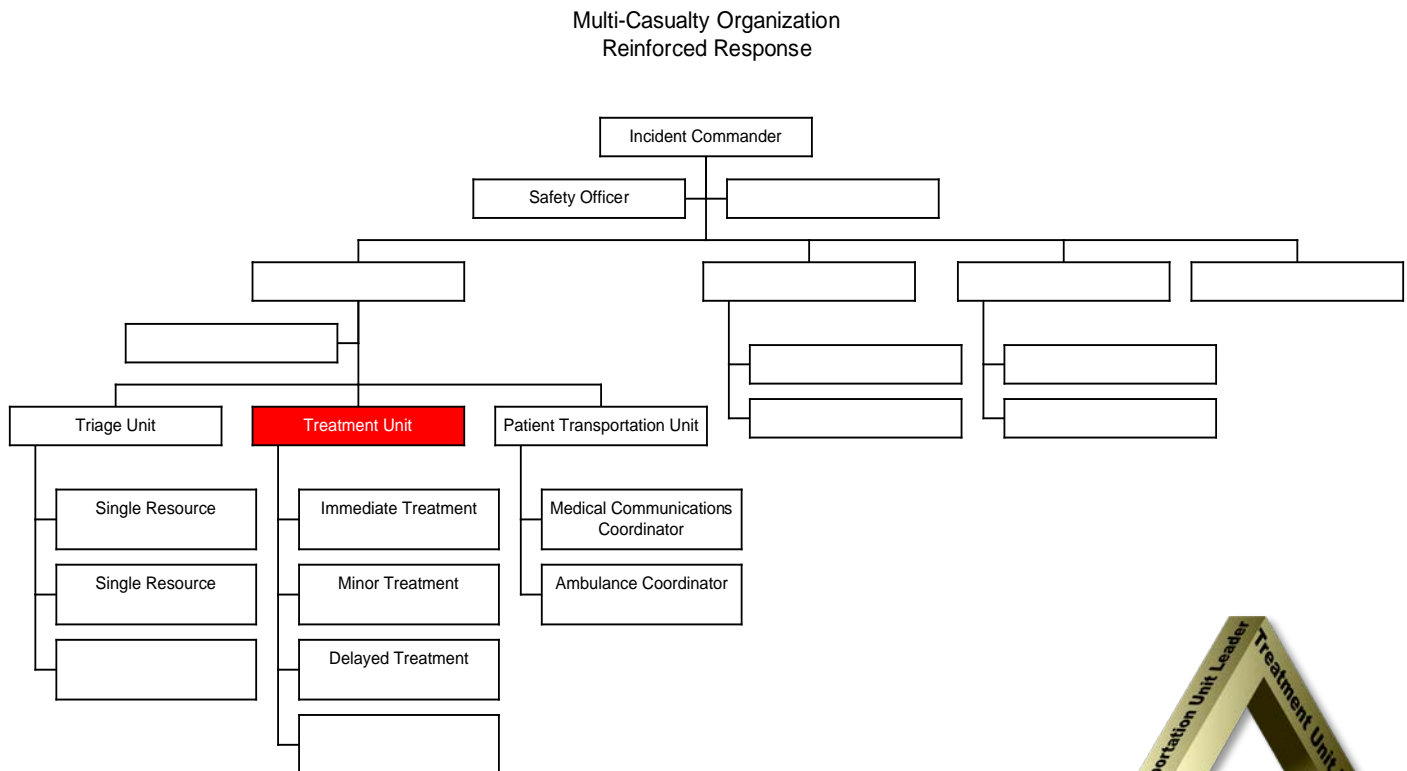
Ideal Staffing: Fire Company Officer

The Treatment Unit Leader (MCUL) reports to the Medical Group Supervisor and supervises Treatment Managers and the Patient Loading Coordinator. The Treatment Unit Leader assumes responsibility for treatment, preparation for transport, and the movement of patients to the loading location(s):

- a. Develop organization sufficient to handle assignment
- b. Direct and supervise Immediate, Delayed, and Minor Treatment Areas and Patient Loading Coordinator
- c. Ensure adequate patient decontamination and that proper notifications have been made (if applicable)
- d. Ensure continued assessment of patients and re-triage/re-locate as necessary throughout Treatment Areas
- e. Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader
- f. Assign incident personnel to be treatment personnel (remember 3-6-9 rule)
- g. Request sufficient medical caches and supplies including DMSU or MCI trailers
- h. Establish communications and coordination with Patient Transportation Unit Leader and Medical Communications Coordinator (Golden Triangle)
- i. Responsible for the movement of patients to ambulance loading areas
- j. Give periodic status update to superior, based on incident organization
- k. Request specialized medical resources through the EMS Agency Duty Officer (DMAT, DMORT, MRC, etc.)
- l. Maintain Activity Log (ICS Form 214)

MCI Management Equipment

1. Treatment Unit Leader Packet, including Treatment Unit Leader Count Worksheet, vest, and clipboard.
2. Treatment Area Manager vests and clipboards, as needed/staffed.
 - a. Provide vests, Triage Tag Receipt Holders and clipboards for all Treatment Area Managers, as needed/staffed.



Position: TRIAGE UNIT LEADER

(FOG December 2012)

Ideal Staffing: Fire Company Officer

The Triage Unit Leader (MCTL) supervises triage personnel/litter bearers and the Morgue Manager, when applicable. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the Triage Area. When triage has been completed and all the patients have been moved to the treatment areas, the Triage Unit Leader may be reassigned as needed:

- a. Develop organization sufficient to handle the assignment.
- b. Inform superior of resource needs, based on incident organization.
- c. Implement START/Jump START process
- d. Coordinate movement of patients from the triage area(s) to the appropriate treatment area(s)
- e. Ensure adequate patient decontamination and proper notifications are made, if appropriate
- f. Assign resources as triage personnel / litter bearers
- g. Give periodic status reports to superior, based on incident organization
- h. Maintain security and control of the triage area(s)
- i. Establish a temporary morgue area in coordination with law enforcement and Medical Examiner, if necessary.
- j. Maintain Unit Activity Log (ICS 214)

MCI Management Equipment

- 1. Obtain Triage Unit Leader packet, including vest and clipboards with form(s).
- 2. Obtain triage patient count cards from triage personnel and total triage numbers on the Triage Count Worksheet found in the Triage Unit Leader packet. Total numbers are reported to superior, based on incident organization.

**Multi-Casualty Organization
Initial Response**

