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, Paramedic	Date: July 1, 2023
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: July 1, 2023
Origination Date: September 1991 Date Revised: February 2, 2023 Review Date: February 28, 2025	Effective Date: July 1, 2023

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. California Code of Regulations, Sections 100147 and 100169.

III. 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. **MCI Training** for prehospital personnel (fire and ambulance), and Mobile Intensive Care Nurses (MICNs).

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

        1. Course Length: 4 hours

        2. Prerequisite for the course: 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. Mobile Intensive Care Nurses will utilize the MCI for MICN training module.

        4. Course will be valid for two years.

B. **MCI Refresher Training**

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

1. Refresher Course Length: 2 hours
2. 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 prehospital personnel 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 that an MCI be activated through the fire communications center (FCC). 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:

   a. Transportation resources, such as additional ambulances or buses
   b. Ventura County Chapter American Red Cross
   c. Ventura County Sheriff's Office of Emergency Services
   d. Public Health
   e. Disaster Medical Support Units (DMSU), Ventura County EMS Agency's Emergency Services Unit, Multi Casualty Unit (MCU) trailers, or other disaster caches

2. The incident commander will establish incident objectives that prioritize not only the safety of personnel at the scene, but also efficient and effective triage, treatment, transport, and tracking (the 4 T's) of victims involved in the MCI.

   A. Incident roles critical to the success of the incident will be triage unit leader, treatment unit leader, patient transportation unit leader, and MEDCOMM. It is

understood that one person may retain more than one of these roles for small-scale incidents within limited victims and complexity.

B.   The role of the Medical Communications Coordinator (MEDCOMM) position is to communicate all relevant victim information to the base hospital, and it should be established as soon as possible, based on available ALS resources at the scene of the incident.

   a.   This role may be initially fulfilled by ALS fire personnel and delegated, as appropriate, to transport personnel, an ambulance supervisor or the VC EMS Agency Duty Officer.

   b.   The role of MEDCOMM, and the coordination with the base hospital, is crucial to the success of the tracking of patients from the scene to hospitals.

For MCI involving multiple pediatric victims, or an MCI where multiple family members/parents are arriving on scene, consider a role to assist with family reunification at either the triage area or another designated area.

C.   Base Hospital Responsibilities

   1.   Upon receiving a declaration of an MCI from the field, the base hospital will activate the Reddinet MCI 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 in the county – including those outside of Ventura County as needed that an MCI has occurred and request that they prepare to receive casualties from the scene. This communication will include:

      i.   The type, size, and location of the incident.

      ii.   The estimated number of casualties involved.

      iii.   Utilizing the Reddinet MCI tool, advise hospitals to be prepared to confirm their status and prepare for the possible receipt of patients.

      iv.   Update all hospitals periodically or when new or routine information is received.

      v.   Inform MEDCOMM of each hospital's bed availability and determine destination for all MCI patients.

   b.   Periodically, a request will be made of involved hospitals to update their status in order to accommodate the number of casualties remaining to be transported from the scene

c. Patient information relayed from MEDCOMM to the base hospital will consist of the following elements:
- Patient Age
- Patient Gender
- Triage Category
- Triage Tag Number
- Trauma Triage Step (MCI/Level I only)

D. Receiving Hospital Responsibilities

1. Utilize all applicable modules of the Reddinet hospital communications application – including the MCI tool.

   A. Ambulance arrival time and patient information will be entered into the MCI tool once initial assessment has been conducted and patient registration has occurred.

2. Receive/acknowledge incident information and inform hospital administration.

3. Activate the hospital's internal disaster/emergency response plan to an appropriate level based upon the MCI's location type and number of casualties.

4. Hospitals experiencing difficulty in obtaining needed resources to manage casualties should make their needs known to the EMS Agency Duty Officer.

E. 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 and triage tag number.

2. Patients shall be transported in accordance with VCEMS 131 Attachment C - MCI Trauma Patient Destination Decision Algorithm.

3. For pediatric victims being transported to an out-of-county facility, consider obtaining a name or description along with the triage tag number for quicker reunification with parents.

F. Involved but Not Injured

1. Prehospital personnel may encounter individuals that are involved with an MCI, but not injured. These individuals do not require medical care on the scene or at a hospital but are still impacted by the events that have taken place. Personnel on scene should identify these individuals with the blue ribbon during the triage

process and be prepared to provide some level of support for these individuals until such time that law enforcement or some other responsible party can take over and provide support and/or shelter.

G.   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 Public Health 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 RDMHS/C 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.   Assist in the coordination of the Family Assistance Center (FAC) as needed.

11.   Communicate with hospitals, skilled nursing facilities and appropriate EOCs when warranted.

12.   Assist in coordination of incident evaluations and debriefings.

H.   Documentation

1.   MCI/Level I: The care of each patient will be documented using the Ventura County electronic patient care reporting system (VCePCR)

2.   MCI/Level II and MCI/Level III: 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 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 MCI Level II or III, 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 transported from the MCI scene.

2.   Hospitals will be notified via Reddinet that the MCI scene has ended, but that victims may still be enroute to various receiving facilities.

3.   Hospitals will supply EMS with data on victims they have received via ReddiNet, telephone, fax or RACES.

4.   If involved in incident operations, VCEMS will maintain communication with all participants until all activity relevant to victim scene disposition and hospital resource needs are appropriately addressed.

5.   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.   MCI 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.

Policy 131: Multi Casualty Incident

<div align="center">

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

</div>

Date:_____ Agency_____ Unit#:_____ Location:_____ Incident #:_____

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

<div align="center">

Receiving Hospital to Attach Triage Tag Here

</div>

_____
PRINTED NAME   **LICENSE #**   **SIGNATURE**

<div align="center">

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.

VCEMS 131 Attachment A

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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: ☐ Male ☐ Female

Age: _____

Tag #: _____

Airway:

☐ Patent

Mental Status:

☐ Awake and Alert

☐ Appropriate for Age

Skin:

☐ Normal

Resp: _____

Pulse: _____

B/P: _____

Treatment Provided:

_____
_____
_____
_____

☐ None Indicated

Comments:

_____
_____
_____
_____

Disposition:

☐ AMA Obtained

☐ No AMA Obtained

Other: _____

_____

Time: _____

Patient Name:

_____

Sex: ☐ Male ☐ Female

Age: _____

Tag #: _____

Airway:

☐ Patent

Mental Status:

☐ Awake and Alert

☐ Appropriate for Age

Skin:

☐ Normal

Resp: _____

Pulse: _____

B/P: _____

Treatment Provided:

_____
_____
_____
_____

☐ None Indicated

Comments:

_____
_____
_____
_____

Disposition:

☐ AMA Obtained

☐ No AMA Obtained

Other: _____

_____

Time: _____

Patient Name:

_____

Sex: ☐ Male ☐ Female

Age: _____

Tag #: _____

Airway:

☐ Patent

Mental Status:

☐ Awake and Alert

☐ Appropriate for Age

Skin:

☐ Normal

Resp: _____

Pulse: _____

B/P: _____

Treatment Provided:

_____
_____
_____
_____

☐ None Indicated

Comments:

_____
_____
_____
_____

Disposition:

☐ AMA Obtained

☐ 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.

VCEMS 131 Attachment B

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

LEVEL I MCI FULL ePCR

RED TAG	**ANY TRAUMA STEP - TRANSPORT TO A TRAUMA CENTER (CONSIDER OUT OF COUNTY (O.O.C.), CONSIDER AIR TRANSPORT)**
YELLOW TAG	**STEPS 1, 2, 3 TRANSPORT TO A TRAUMA CENTER (CONSIDER O.O.C.) STEP 4, NO STEP - TRAUMA BASE HOSPITAL DISCRETION**
GREEN TAG	**STEP 3 TRANSPORT TO A TRAUMA CENTER (CONSIDER O.O.C.) STEP 4 TRAUMA BASE HOSPITAL DISCRETION NO STEP, TRANSPORT TO ANY HOSPITAL**

LEVEL II/III MCI ATTACHMENT "A/B"

RED TAG	**TRANSPORT TO A TRAUMA CENTER WHENEVER POSSIBLE (Consider O.O.C., CONSIDER AIR TRANSPORT)**
YELLOW TAG	**TRAUMA CENTER PREFERRED, IF POSSIBLE (CONSIDER O.O.C.)**
GREEN TAG	**TRANSPORT TO ANY HOSPITAL**

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 #	TRIAGE TAG # (Last 4)	AGE	GENDER	PATIENT STATUS	VC TRAUMA STEP	INJURIES	DEST	TRANS UNIT ID	TRANS TIME
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						
VCMC		AVAIL	USED	AVAIL	USED	AVAIL	USED
	IMMEDIATE						
	DELAYED						
	MINOR						
LRH		AVAIL	USED	AVAIL	USED	AVAIL	USED
	IMMEDIATE						
	DELAYED						
	MINOR						
Hospital		AVAIL	USED	AVAIL	USED	AVAIL	USED
	IMMEDIATE						
	DELAYED						
	MINOR						
Hospital		AVAIL	USED	AVAIL	USED	AVAIL	USED
	IMMEDIATE						
	DELAYED						
	MINOR						
Hospital		AVAIL	USED	AVAIL	USED	AVAIL	USED
	IMMEDIATE						
	DELAYED						
	MINOR						
	Total		**Total**		**Total**		

VCEMSA Form 131-1: Level 1 MCI Worksheet
Instructions

User:	Any First Responder managing patient care in a MCI/Level I, or any incident with 14 or less patients.
Incidents:	Any MCI/Level I (3-14 victims)
Follow-up:	Dependent on individual agency CQI policy.

The Patient Section

TRIAGE TAG	Enter the last four digits of the patient's triage tag
AGE	Enter the patient's age
GENDER	Enter the Patient's gender
PATIENT STATUS	Circle the patient's Triage status
"I"	**Immediate**
"D"	**Delayed**
"M"	**Minor**
VC TRAUMA STEP	For MCI/Level I patients with traumatic injuries, the patient will be triaged using START and according the VC Field Triage Decision Scheme.
INJURIES	List patient's major injuries
DEST	Enter the patient's destination hospital
UNIT ID	Enter the transporting unit's Radio Identification ID
TRANS TIME	Enter the time the transporting unit left the scene enroute to the hospital

The hospital section is to be filled out during base station contact. The beds "available" and "used" sections are to be filled out as snap shots in time. These sections are not cumulative, meaning, you are not adding up the available beds and used beds each time you receive an update.

The Hospital section

TIME	The time you are given/receive hospital bed availability
HOSPITAL	The name of the hospital
AVAIL	Number of hospital beds available
USED	The number of hospital beds you are assigning at that specific time, from the beds available section
IMMEDIATE	Immediate level patients
DELAYED	Delayed level patients
MINOR	Minor level patients
TOTAL	Total number of beds used at that specific time
TOTAL BEDS ASSIGNED	This is the sum of the totals from each USED column. This number should match the number of patient transported.

BED AVAILABILITY WORKSHEET

INCIDENT:_____   DATE:_____

Person(s) Filling Out This Form:_____

TIME											TOTAL BEDS USED
	AVAIL	USED	AVAIL	USED	AVAIL	USED	AVAIL	USED	AVAIL	USED	
LRHMC											
IMMEDIATE											
DELAYED											
MINOR											
VCMC											
IMMEDIATE											
DELAYED											
MINOR											
SJRMC											
IMMEDIATE											
DELAYED											
MINOR											
SVH											
IMMEDIATE											
DELAYED											
MINOR											
CMH											
IMMEDIATE											
DELAYED											
MINOR											
PVH											
IMMEDIATE											
DELAYED											
MINOR											
SPH											
IMMEDIATE											
DELAYED											
MINOR											
OVCH											
IMMEDIATE											
DELAYED											
MINOR											

OUT-OF-COUNTY BED AVILABILITY WORKSHEET

INCIDENT:_____   **DATE:**_____

PERSON(S) COMPLETING THIS FORM:_____

SANTA BARBARA COUNTY: Santa Barbara Cottage, Goleta Valley Cottage Hospital, Lompoc Valley Medical Center, Marian Medical Center, Santa Ynez Valley Cottage Hospital

LOS ANGELES COUNTY: Henry Mayo, Kaiser Woodland Hills, LAC+USC, Harbor UCLA, Northridge, Holy Cross, St. Joseph, Ronald Regan – UCLA (Westwood), West Hills, Tarzana, Cedars Sinai, Children's Hospital Los Angeles

TIME	AVAIL	USED	AVAIL	USED	AVAIL	USED	AVAIL	USED	AVAIL	USED	TOTAL BEDS USED
IMMEDIATE											
DELAYED											
MINOR											
IMMEDIATE											
DELAYED											
MINOR											
IMMEDIATE											
DELAYED											
MINOR											
IMMEDIATE											
DELAYED											
MINOR											
IMMEDIATE											
DELAYED											
MINOR											
IMMEDIATE											
DELAYED											
MINOR											
IMMEDIATE											
DELAYED											
MINOR											
IMMEDIATE											
DELAYED											
MINOR											

VCEMSA Form 131-2: Bed Availability Worksheets
Instructions

User: Any First Responder managing patient destination in a MCI, usually Med-Com

Incidents: Any MCI/Level II or MCI/Level III

Follow-up: Dependent on individual agency CQI policy.

This form is to be filled out during base station contact. The beds "available" and "used" sections are to be filled out as snap shots in time. These sections are not cumulative, meaning, you are not adding up the available beds and used beds each time you receive an update.

TIME	The time you are given/receive hospital bed availability
AVAIL	Number of hospital beds available
USED	The number of hospital beds you are assigning at that specific time, from the beds available section
IMMEDIATE	Immediate level patients
DELAYED	Delayed level patients
MINOR	Minor level patients
TOTAL	Total number of beds used at that specific time
TOTAL BEDS ASSIGNED	This is the sum of the totals from each USED column. This number should match the number of patients transported.

Should the need arise to list out-of-county destinations, a blank version of this form has been provided, with the hospital names missing so you can add destinations as needed.

TRANSPORTATION WORKSHEET

INCIDENT: _____ DATE: _____

Person(s) filling out this form: _____ Agency: _____

	TRIAGE TAG # (Last 4)	AGE	GENDER	AGENCY	AMBULANCE ID	PATIENT STATUS			DEST	TRANS TIME
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		
15						I	D	M		
16						I	D	M		
17						I	D	M		
18						I	D	M		
19						I	D	M		
20						I	D	M		
21						I	D	M		
22						I	D	M		
23						I	D	M		
24						I	D	M		
25						I	D	M		

Instructions – Transportation Worksheet

User:	Any First Responder managing patient transport (Transportation Group Supervisor), in an MCI.
Incidents:	Any level MCI
Follow-up:	Dependent on individual agency CQI policy.

Once you have received destinations for patients and you are loading patients into ambulances, you will fill out this form.

TRIAGE TAG	Enter the last four digits of the patient's triage tag
AGE	Enter the patient's age
GENDER	Enter the patient's gender
AGENCY	Enter the ambulance company name
AMBULANCE ID	Enter the ambulance's radio ID
PATIENT STATUS	Circle the patient's Triage status
"I"	**Immediate**
"D"	**Delayed**
"M"	**Minor**
DEST	Enter the patient's destination hospital
TRANS TIME	Enter the time the transporting unit left the scene enroute to the hospital

TREATMENT TARP UPDATE WORKSHEET

INCIDENT: _____ DATE: _____

Person(s) filling out this form: _____ Agency: _____

TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL
TIME	IMMEDIATE	DELAYED	MINOR	MORGUE	TOTAL

Treatment Tarp Update Instructions

User:　　　　Any First Responder managing patient treatment in an MCI.
Incidents:　　Any Multi patient incident, Level 2 or greater.
Follow-up:　　Dependent on individual agency CQI policy.

The updates are snap shots in time. As your incident grows, the number of patients on your tarps may increase. As patients are transported and your incident shrinks, the number of patients on your tarps will decrease. You may be able to determine the total number of patients in your incident, by looking at the highest number of patients listed in the total column. This is when you had the most patients accounted for in you incident.

TIME	Enter time of update from treatment tarps
IMMEDIATE	Number of patient triaged as Immediate located on the treatment tarps
DELAYED	Number of patient triaged as Delayed located on the treatment tarps
MINOR	Number of patient triaged as Minor located on the treatment tarps
TOTAL	Enter total number of patients on all 3 tarps.

IMMEDIATE TREATMENT AREA WORKSHEET

INCIDENT: _____ DATE: _____

Person(s) filling out this form: _____ Agency: _____

TRIAGE TAG # (LAST 4)	AGE	GENDER	INJURIES	TIME OFF TARP

INSTRUCTIONS – IMMEDIATE TREATMENT AREA WORKSHEET

User: Any First Responder managing patient treatment in the Immediate
                Treatment Area (Immediate Area Treatment Leader), in a MCI.
Incidents: Any Level MCI
Follow-up: Dependent on individual agency CQI policy.

TRIAGE TAG #	Enter the last four digits of the patient's triage tag
AGE	Enter the patient's age
GENDER	Enter the patient's gender
INJURIES	List the patient's major injuries
TIME OFF	Enter the time the patient is removed from the treatment tarp over a transport team

DELAYED TREATMENT AREA WORKSHEET

INCIDENT: _____ **DATE:** _____

Person(s) filling out this form: _____ **Agency:** _____

TRIAGE TAG # (LAST 4)	AGE	GENDER	INJURIES	TIME OFF TARP

Instructions – Delayed Treatment Area

User: Any First Responder managing patient treatment in the Delayed Treatment Area (Delayed Area Treatment Leader), in an MCI.

Incidents: Any Level MCI

Follow-up: Dependent on individual agency CQI policy.

TRIAGE TAG #	Enter the last four digits of the patient's triage tag
AGE	Enter the patient's age
GENDER	Enter the patient's gender
INJURIES	List the patient's major injuries
TIME OFF	Enter the time the patient is removed from the treatment tarp over a transport team

MINOR TREATMENT AREA

INCIDENT: _____ DATE: _____

Person(s) filling out this form: _____ Agency: _____

TRIAGE TAG # (LAST 4)	AGE	GENDER	INJURIES	TIME OFF TARP

VCEMS 131-4C

Instructions – Minor Treatment Area

User: Any First Responder managing patient treatment in the Minor Treatment Area (Minor Area Treatment Leader), in an MCI.

Incidents: Any level MCI

Follow-up: Dependent on individual agency CQI policy.

TRIAGE TAG #	Enter the last four digits of the patient's triage tag
AGE	Enter the patient's age
GENDER	Enter the patient's gender
INJURIES	List the patient's major injuries
TIME OFF	Enter the time the patient is removed from the treatment tarp over a transport team

MORGUE WORKSHEET

INCIDENT: _____ **DATE:** _____

Person(s) filling out this form: _____ **Agency:** _____

TRIAGE TAG # (LAST 4)	AGE	GENDER	NOTES

Instructions: Morgue Area Manager

User:　　　　Any First Responder managing patient oversight in the Morgue Area (Morgue Area Leader), in a MCI.

Incidents:　　Any MCI where a morgue is established

Follow-up:　　Dependent on individual agency CQI policy.

TRIAGE TAG #	Enter the last four digits of the patient's triage tag
AGE	Enter the patient's age
GENDER	Enter the Patient's gender
TRIAGE TAG	Enter the last four digits of the patient's triage tag
NOTES	Enter any identifying information about the patient

INVOLVED/UNINJURED (BLUE RIBBON) WORKSHEET

INCIDENT: _____ **DATE:** _____

Person(s) filling out this form: _____ **Agency:** _____

#	AGE	GENDER	FIRST NAME	LAST NAME	PHONE NUMBER	TIME IN	TIME OUT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

INVOLVED/UNINJURED (BLUE RIBBON) WORKSHEET

Instructions – Involved/Uninjured (Blue Ribbon) Worksheet

User:　　　　Any First Responder managing patient treatment in the
　　　　　　　Immediate Treatment Area (Immediate Area Treatment Leader),
　　　　　　　in a MCI.
Incidents:　　Any Level MCI
Follow-up:　　Dependent on individual agency CQI policy.

#	Pre-determined number assigned to an involved but uninjured individual.
AGE	Enter the individual's age
GENDER	Enter the individual's gender
First Name	Enter the individual's first name
Last Name	Enter the individual's last name
Phone Number	Enter the individual's best phone number for future contact/follow-up.
Time In	Time individual was contacted, or when tracking began
Time Out	Time individual was released from scene, or when tracking ended.

Air/Ground Ambulance Coordinator Worksheet

INCIDENT: _____ **DATE:** _____

Person(s) filling out this form: _____ **Agency:** _____

AGENCY	UNIT #	ALS/BLS	Time IN	Time OUT

Instructions – Air/Ground Ambulance Coordinator Worksheet

User: Any First Responder managing resources in the staging area
(Staging Manager), in an MCI.

Incidents: Any level MCI

Follow-up: Dependent on individual agency CQI policy.

AGENCY	Enter the ambulance company name
UNIT #	Enter the ambulance's radio ID
ALS/BLS	Write ALS for Paramedic staffed units. Write BLS for EMT staffed units
Time IN	Enter the time the ambulance arrives at staging
Time OUT	Enter the time the ambulance leaves staging

Position: Medical Branch Director   **(FOG – 2022 Edition)**

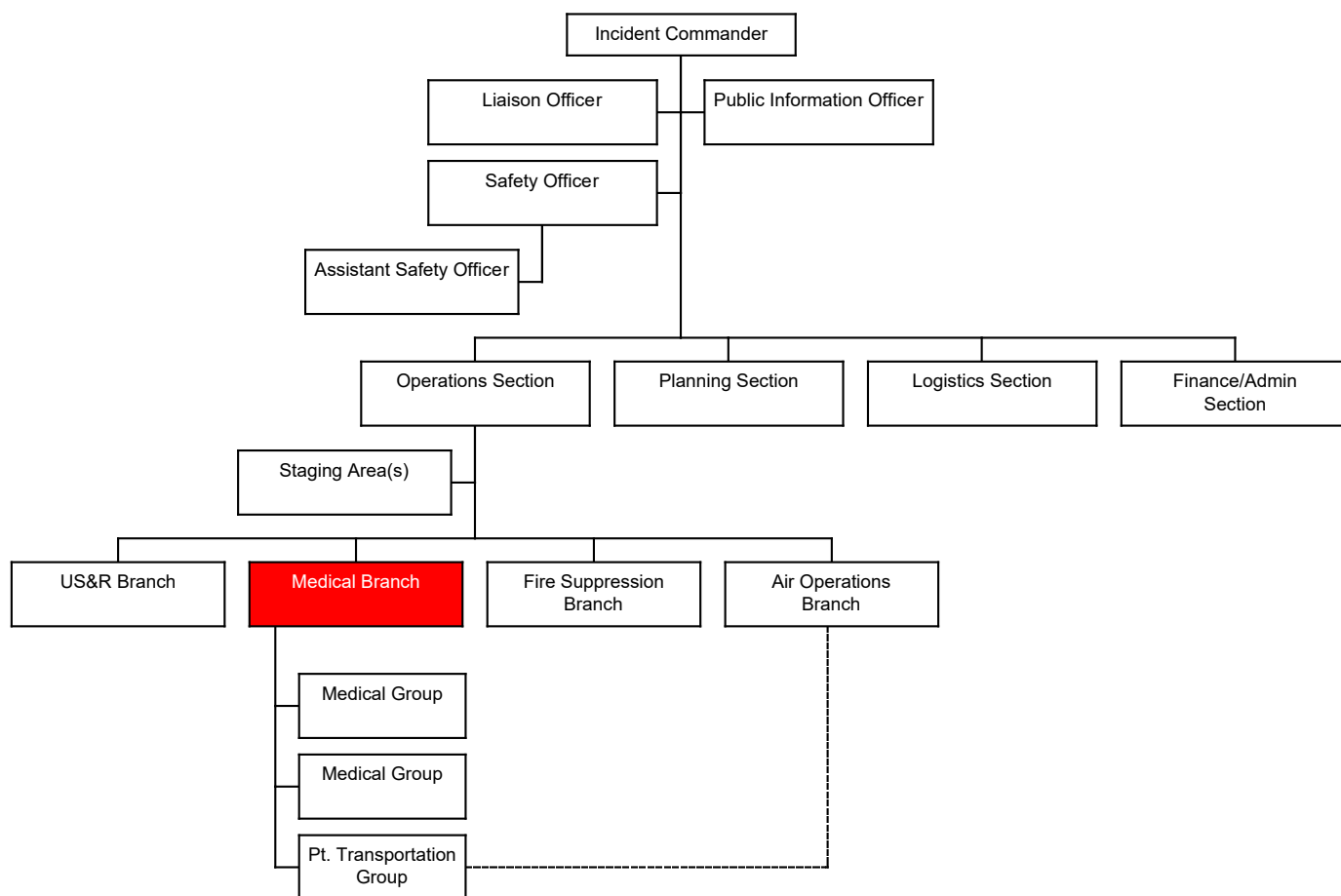**Ideal Staffing: Battalion Chief or EMS Agency Duty Officer**

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

```
                        ┌─────────────────────┐
                        │ Incident Commander  │
                        └─────────────────────┘
        ┌──────────────────┐        ┌────────────────────────────┐
        │ Liaison Officer  │        │ Public Information Officer  │
        └──────────────────┘        └────────────────────────────┘
        ┌──────────────────┐
        │  Safety Officer  │
        └──────────────────┘
┌───────────────────────┐
│ Assistant Safety      │
│ Officer               │
└───────────────────────┘

┌──────────────────┐  ┌─────────────────┐  ┌──────────────────┐  ┌──────────────────┐
│ Operations       │  │ Planning        │  │ Logistics        │  │ Finance/Admin    │
│ Section          │  │ Section         │  │ Section          │  │ Section          │
└──────────────────┘  └─────────────────┘  └──────────────────┘  └──────────────────┘

    ┌──────────────────┐
    │ Staging Area(s)  │
    └──────────────────┘

┌───────────────┐  ┌────────────────┐  ┌──────────────────┐  ┌────────────────┐
│ US&R Branch   │  │ Medical Branch │  │ Fire Suppression │  │ Air Operations │
│               │  │                │  │ Branch           │  │ Branch         │
└───────────────┘  └────────────────┘  └──────────────────┘  └────────────────┘

                 ┌──────────────────┐
                 │ Medical Group    │
                 └──────────────────┘
                 ┌──────────────────┐
                 │ Medical Group    │
                 └──────────────────┘
                 ┌──────────────────┐
                 │ Pt. Transportation│
                 │ Group            │
                 └──────────────────┘
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Position: Medical Division/Group Supervisor   **(FOG 2022)**
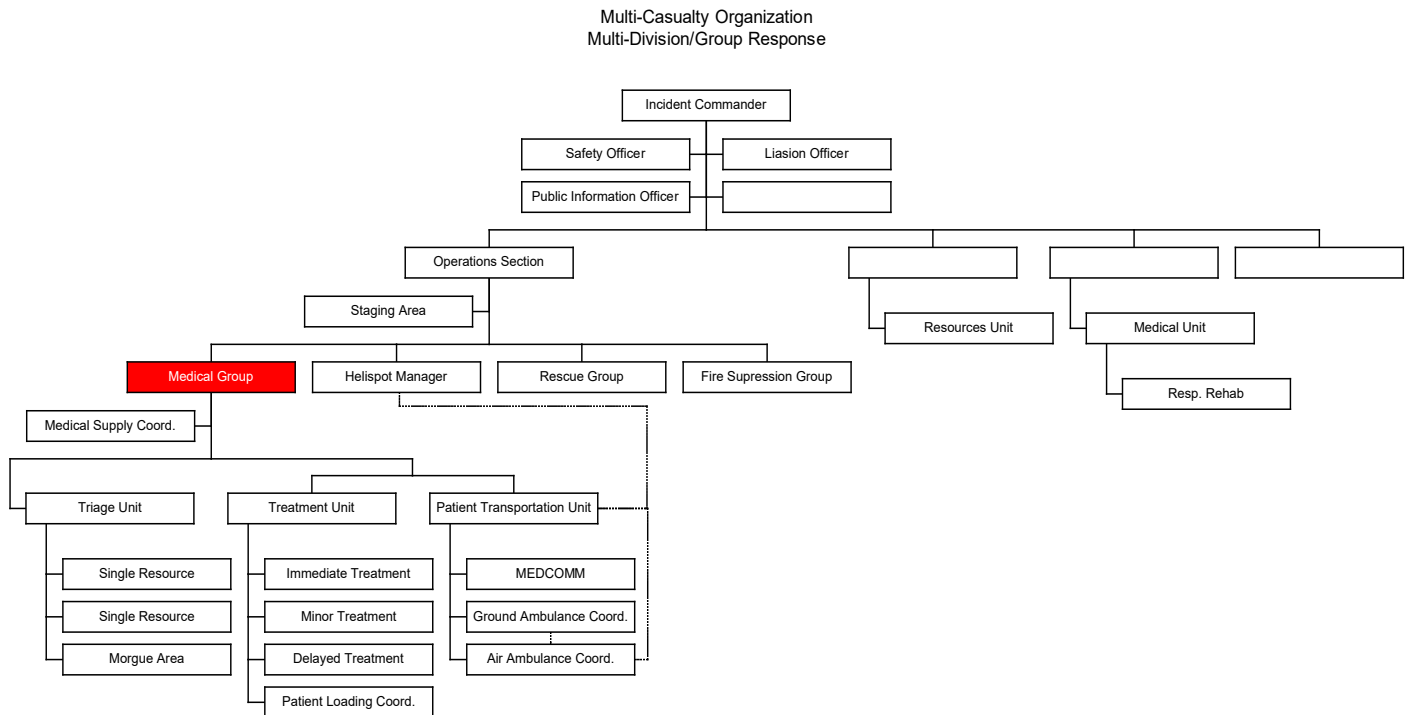
Ideal Staffing: Fire Company Officer or Paramedic Supervisor

The Medical Group Supervisor reports to the Operations Section Chief or Medical Branch Director (depending on level of 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 and 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 initiated in Reddinet.
h. Coordinate with assisting agencies such as law enforcement, Medical Examiner, Public Health, Behavioral Health and transport providers. Law enforcement / medical examiner shall have responsibility for crime scene and decedent management.
i. Coordinate with agencies such as American 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

Multi-Casualty Organization
Multi-Division/Group Response

Position: TRIAGE UNIT LEADER   **(FOG 2022)**
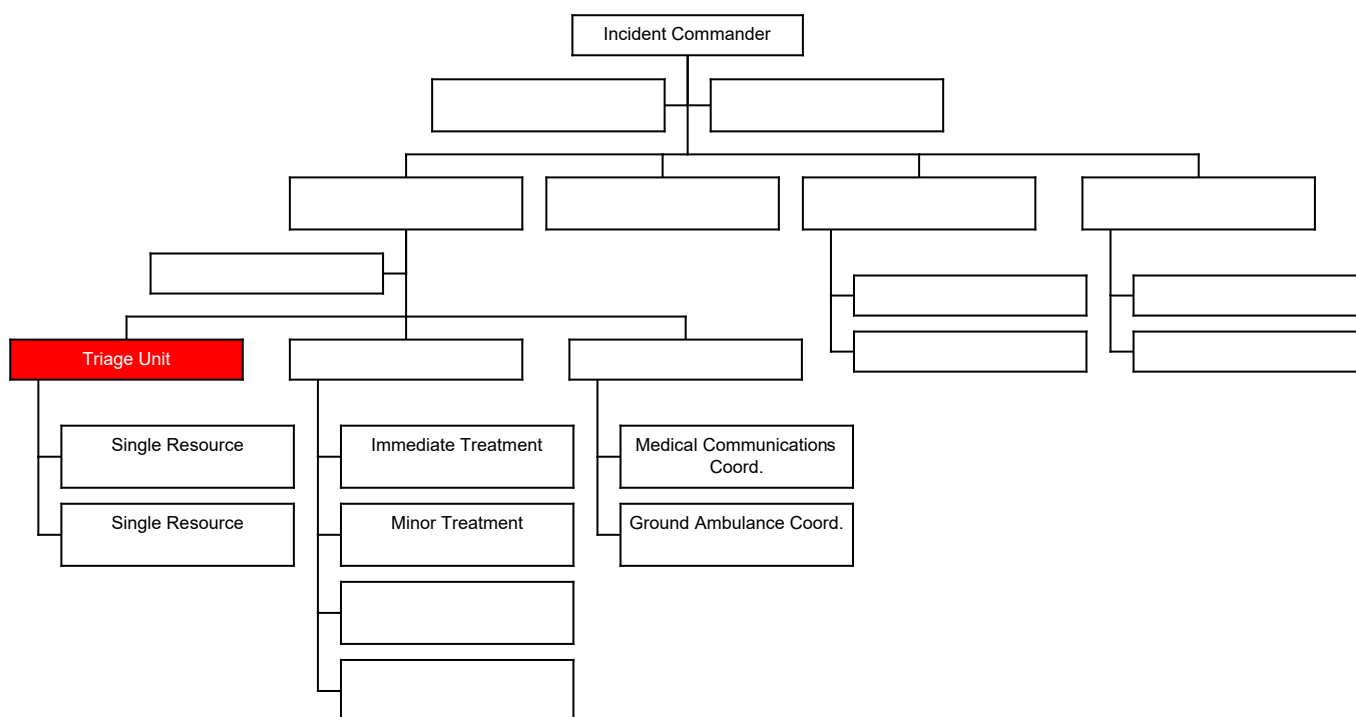
Ideal Staffing: Fire Company Officer

The Triage Unit Leader 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 Medical Group Supervisor of resource needs
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 Medical Group Supervisor
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 Medical Group Supervisor

Multi-Casualty Organization
Initial Response

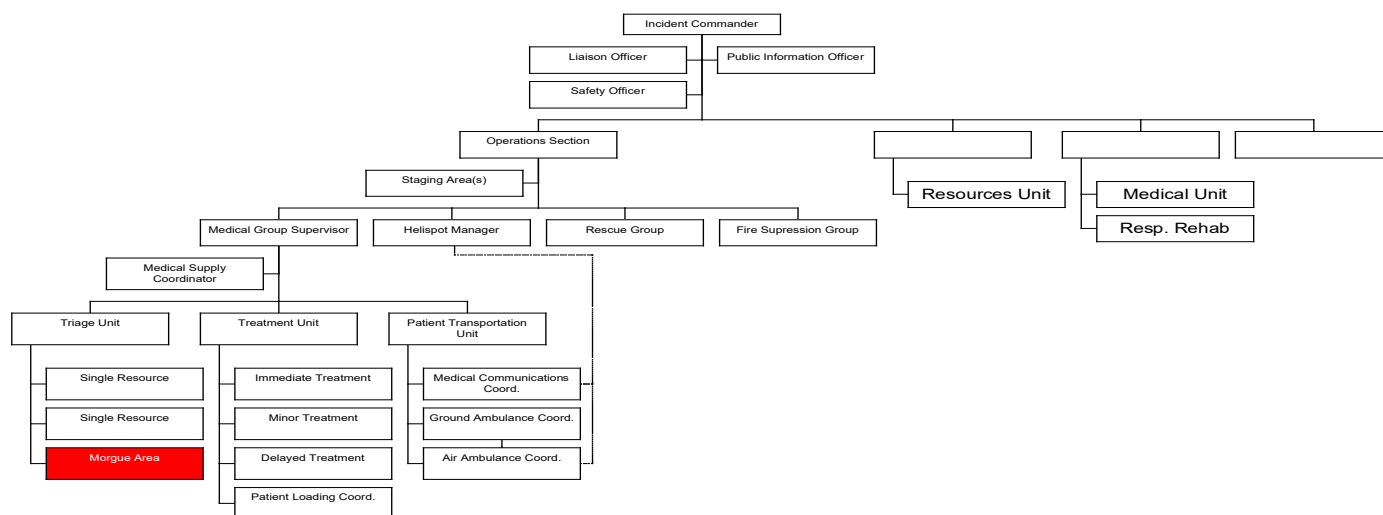**Position: Morgue Area Manager**   **(FOG 2022)**

Ideal Staffing: Law Enforcement Personnel or Fire Company Personnel

The Morgue Area Manager reports to the Triage Unit Leader and assumes responsibility for the Morgue Area. Coordinates the handling of decedents and their personal belongings with law enforcement and the Medical Examiner:

a. Assess resource/supply needs and order as needed.
b. Coordinate all morgue area activates with investigative authorities.
c. Keep area separated and off limits to all but authorized personnel.
d. Keep identity of deceased persons confidential.
e. Maintain appropriate records.
f. Maintain Unit/Activity Log (ICS Form 214)

MCI Management Equipment
1. Morgue Packet, including vest and Triage Tag Receipt Holder with Clipboard

Note: A morgue area manager 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.

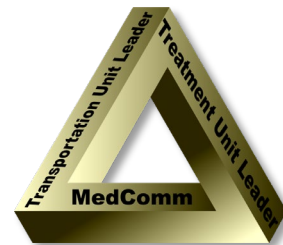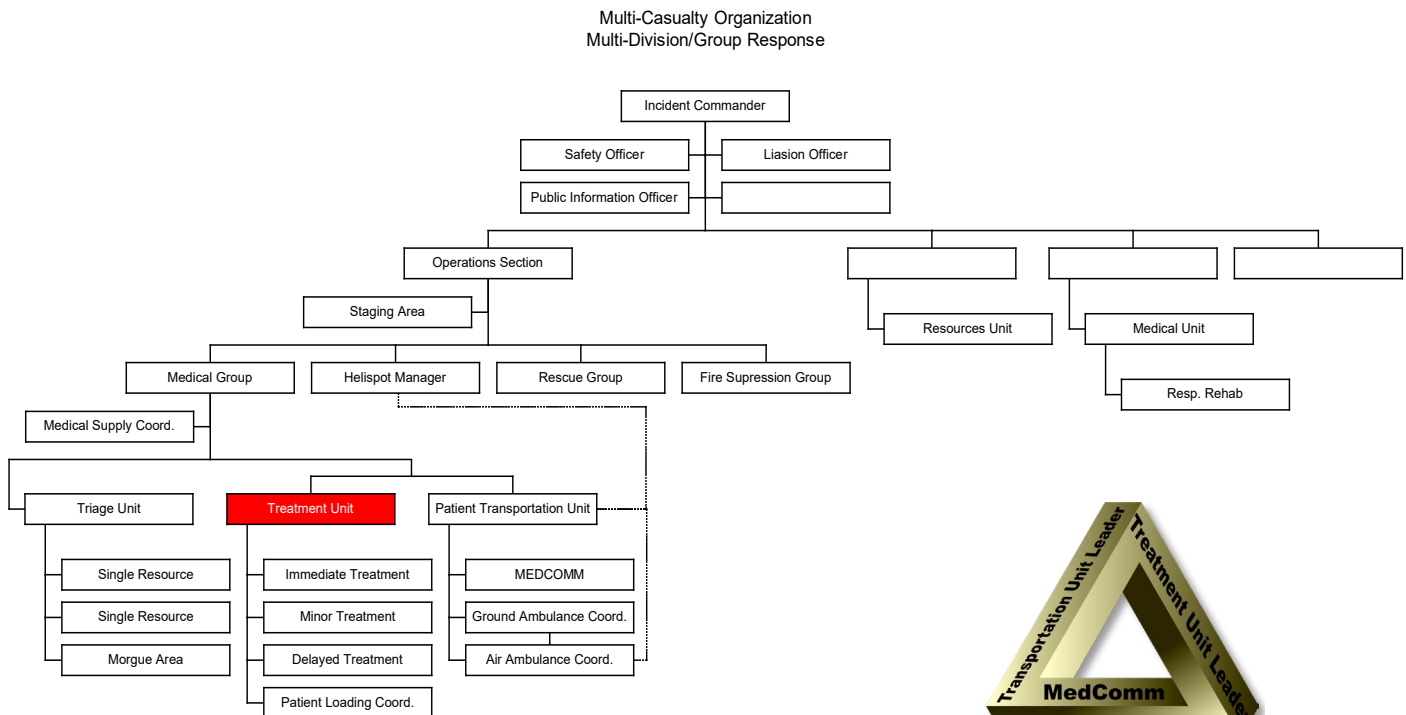**Position: Treatment Unit Leader**   **(FOG 2022)**

Ideal Staffing: Fire Company Officer

The Treatment Unit Leader reports to the Medical Group Supervisor and supervises Treatment Area 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-assess/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 Medical Group Supervisor
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.

Multi-Casualty Organization
Multi-Division/Group Response

Position: Patient Loading Coordinator **(FOG 2022)**

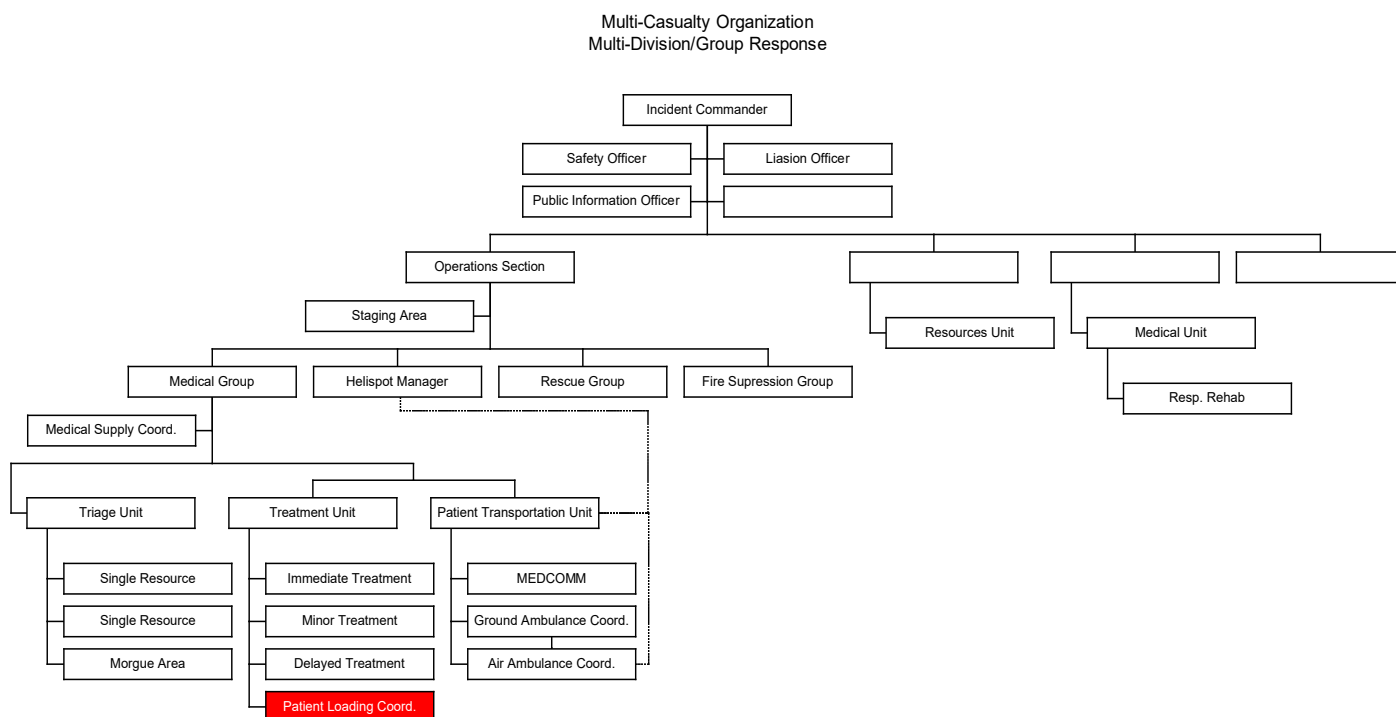**Ideal Staffing: Paramedic (Fire Company or Ambulance)**

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:

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

MCI Management Equipment

1. Patient Loading Coordinator Packet, including vest and clipboard

Multi-Casualty Organization
Multi-Division/Group Response

```
                              Incident Commander
              Safety Officer              Liasion Officer
         Public Information Officer
         Operations Section
              Staging Area                            Resources Unit      Medical Unit
    Medical Group   Helispot Manager   Rescue Group   Fire Supression Group        Resp. Rehab
 Medical Supply Coord.
     Triage Unit        Treatment Unit        Patient Transportation Unit
   Single Resource    Immediate Treatment        MEDCOMM
   Single Resource      Minor Treatment      Ground Ambulance Coord.
    Morgue Area       Delayed Treatment       Air Ambulance Coord.
                     Patient Loading Coord.
```
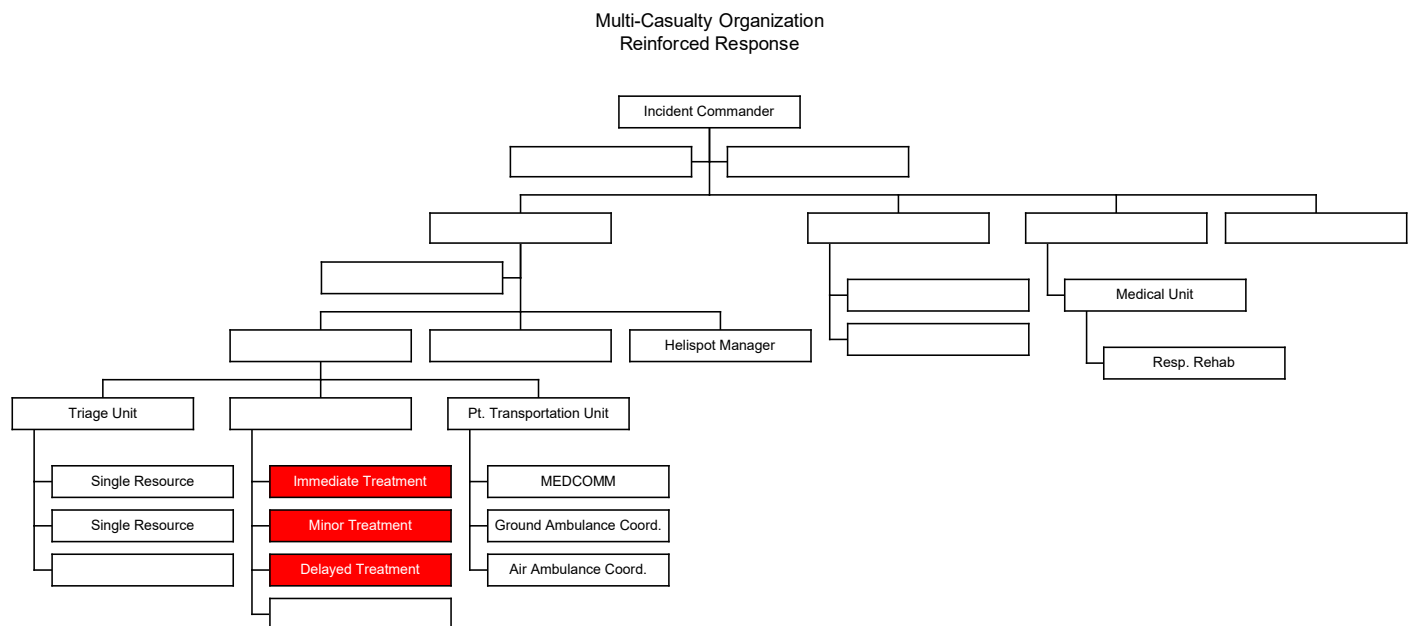
Ideal Staffing – Fire Company Officer

The Immediate, Delayed, and Minor Treatment Area Manager 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

Multi-Casualty Organization
Reinforced Response

Incident Commander

Triage Unit

Single Resource
Single Resource

Immediate Treatment
Minor Treatment
Delayed Treatment

Pt. Transportation Unit

MEDCOMM
Ground Ambulance Coord.
Air Ambulance Coord.

Helispot Manager

Medical Unit

Resp. Rehab

Position: Patient Transportation Unit Leader   **(FOG – 2022)**

NOTE: On medium to large MCIs or those of a dynamic/complex nature, this position may need to be upgraded to a Group Supervisor level assignment to better allow for flexibility within the incident organization. The roles and responsibilities would remain the same.

Ideal Staffing: Paramedic Supervisor or EMS Agency Duty Officer

The Patient Transportation Unit Leader reports to the Medical Group Supervisor and supervises the Medical Communications Coordinator, and the Ground/Air Ambulance Coordinators. 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:

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

MCI Management Equipment
1. Patient Transportation Group Supervisor Packet, including vest and clipboard.
2. Maintain required records utilizing the Transportation Receipt Holders
3. Provide Ground/Air Ambulance Coordinators with Ambulance Staging Resource Status form(s)

Multi-Casualty Organization
Reinforced Response

Position: Transportation Recorder   (FOG – 2022)
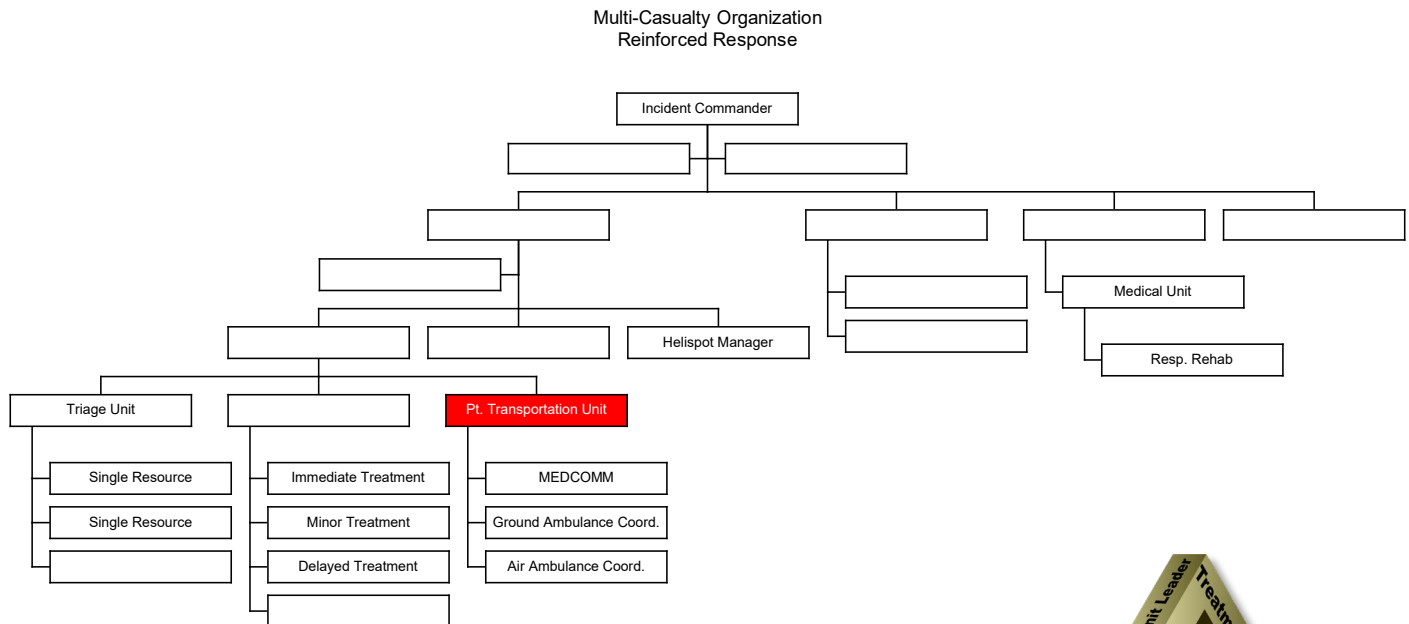
NOTE: The roles and responsibilities of this position have historically been filled by the role of MEDCOMM. On smaller incidents, MEDCOMM will likely retain this function under that position. On larger incidents, or those with increased complexity, this position may be filled by VCEMS personnel that have access to Reddinet in the field.
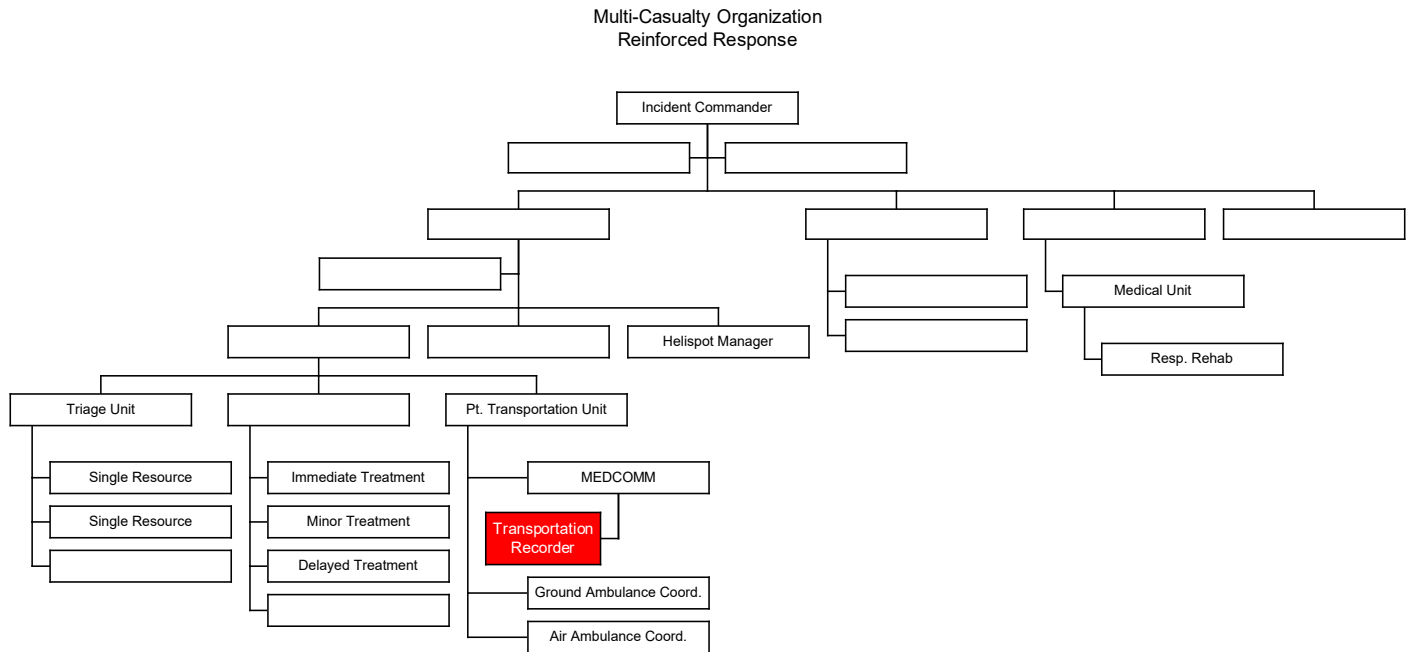
Ideal Staffing: Paramedic, Paramedic Supervisor or VCEMS Personnel

The transportation recorder, if filled, reports to/works in conjunction with MEDCOMM and will track patient destination and transportation information. This information will assist with family reunification and resource tracking:

a. Check-in with transportation Unit Leader / Group Supervisor
b. Utilize appropriate VCEMS MCI worksheets and/or patient tracking resources.
c. Coordinate and communicate with ground ambulance coordinator and MEDCOMM to ensure appropriate tracking of patient destinations, as determined by the appropriate base hospital.
d. Track patient specific information (triage tag number, age, gender, triage color, trauma step) utilizing appropriate worksheets or using the Reddinet application (VCEMS only)
e. Tracking information should be shared with the Family Assistance/Reunification function at the incident (if established)
f. Maintain records as required in addition to Unit Activity Log (ICS 214)

MCI Management Equipment
1. VCEMS Level I MCI Worksheet (131-1)
2. VCEMS Transportation Worksheet (131-3)

Multi-Casualty Organization
Reinforced Response

## Position: Medical Communications Coordinator (MEDCOMM)   (FOG – 2022)

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

The Medical Communications Coordinator (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 Ground Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator

f. Communicate patient air transportation needs to the Air 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

Multi-Casualty Organization
Initial Response
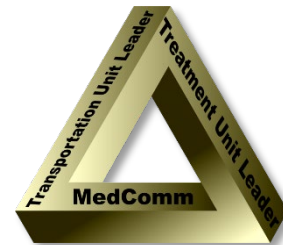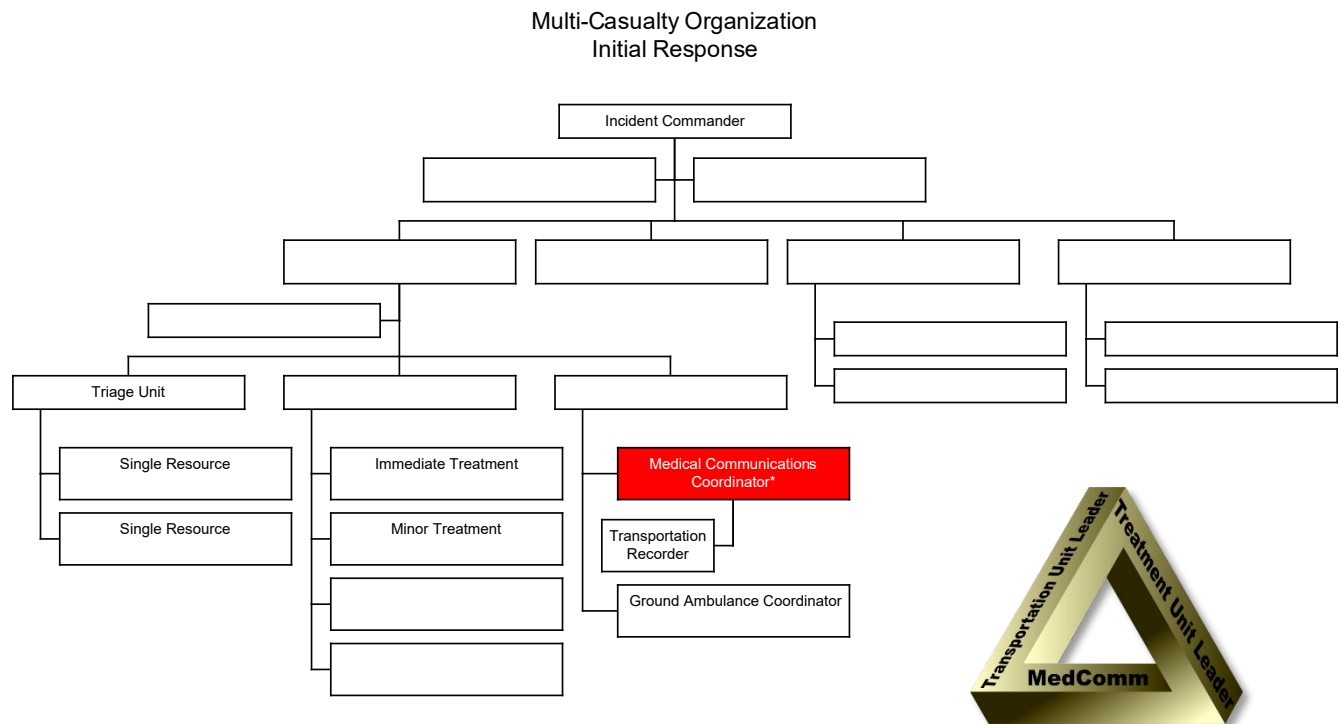
Note: Whenever staffing/resources allow, MEDCOMM should be staffed with two paramedics. First Paramedic will maintain communications with Base Hospital to relay patient information and receive destination assignments. Second Paramedic will act as a runner/scribe, and will serve as the transportation recorder (see MCI position card 9 for specific roles/responsibilities).

Position: Ground Ambulance Coordinator   **(FOG 2022)**

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

FORMER POSITION: Ambulance Staging Manager

The Ground 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 air ambulance coordinator and the helispot manager regarding air transportation assignments.
d. Establish and maintain communications with the Medical Communications Coordinator/Transportation Recorder and the Patient Loading Coordinator
e. Provide Ambulances upon request from the Medical Communications Coordinator/Transportation Recorder
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
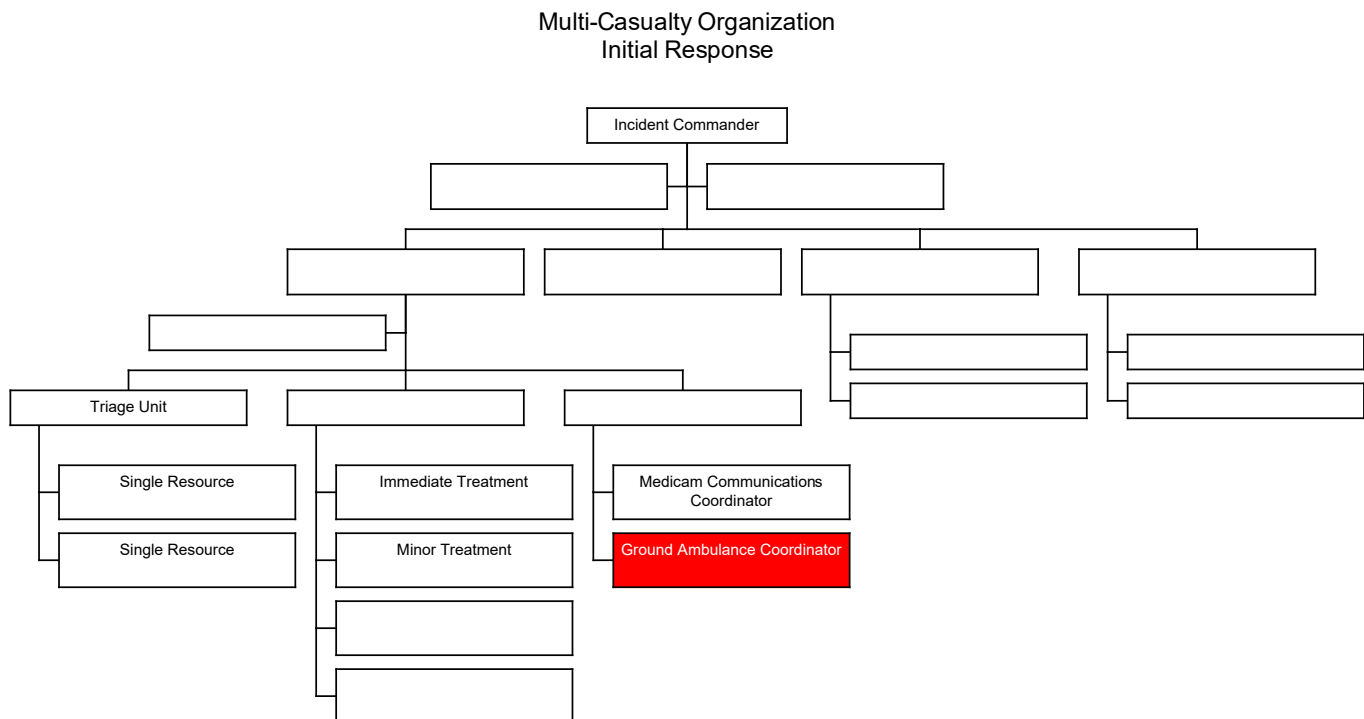
Position: Air Ambulance Coordinator   **(FOG 2022)**

Ideal Staffing: BLS Fire Company

FORMER POSITION: Ambulance Coordinator

The Air Ambulance Coordinator reports to the Patient Transportation Unit Leader; communicates with MEDCOMM or Transportation Recorder, Patient Loading Coordinator, and Ground Ambulance Coordinator; coordinates patient air transportation needs with the Helispot Manager:

a. Coordinate ambulance staging and patient loading procedures at the helispot with the helispot manager
b. Establish and maintain communications with MEDCOMM and Patient Transportation Unit Leader to determine hospital / medical facility destinations.
c. Confirm the type of air resources and patient capacities with the helispot manager, and provide this information to MEDCOMM and patient transportation unit leader
d. Confirm the patient destination with the air ambulance crew, and relay any diversions to MEDCOMM and Patient Transportation Unit Leader
e. Monitor patient care and status at the helispot when patients are waiting for air transportation
f. Maintain adequate records and Activity Log (ICS 214)

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

Multi-Casualty Organization
Reinforced Response Organization
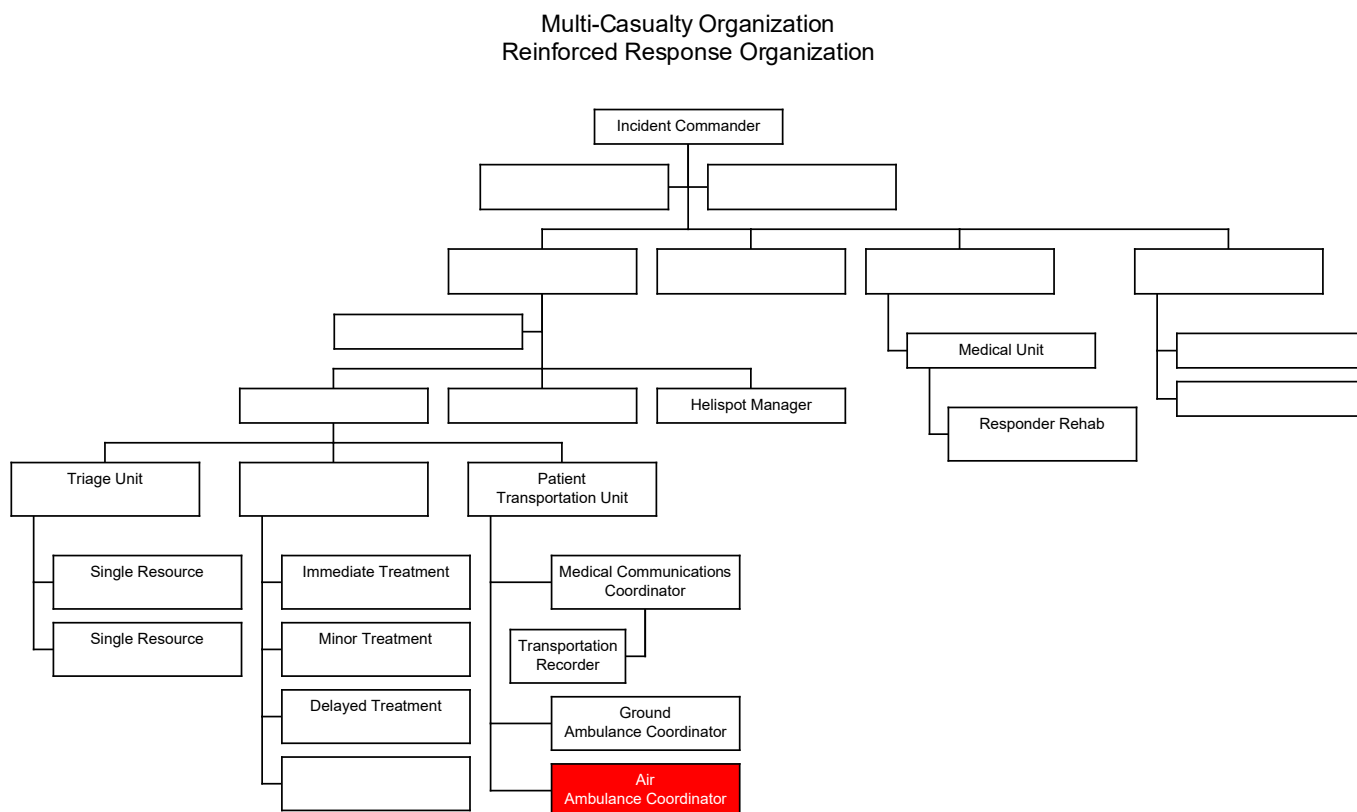
Position: Medical Supply Coordinator   (FOG 2022)

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.

Multi-Casualty Multi-DIvision/Group Response Organization
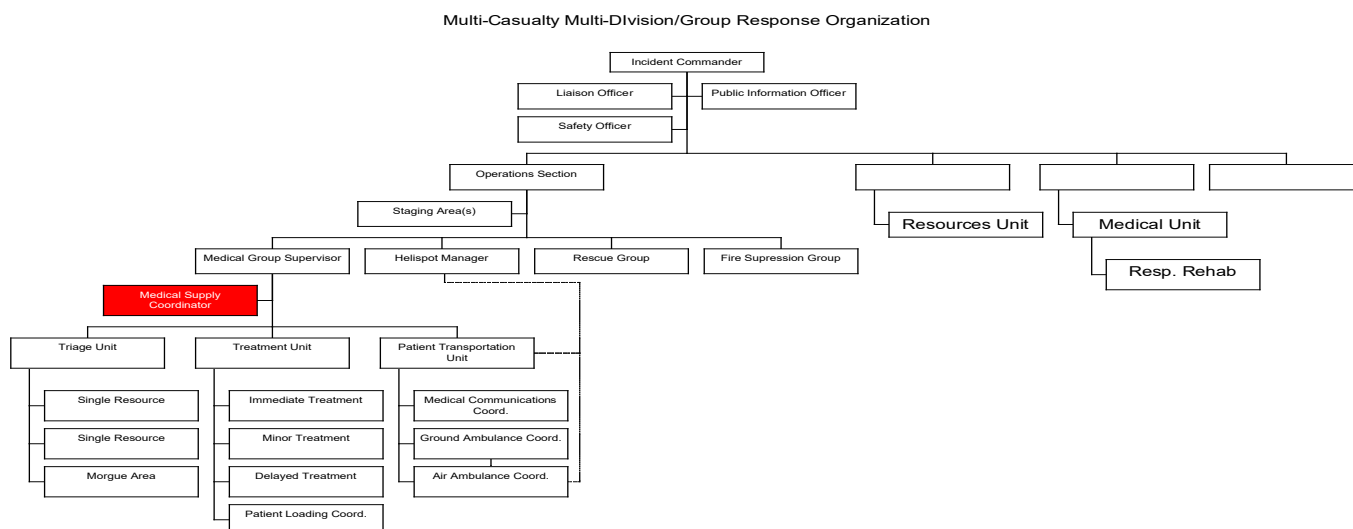
Modular Organizational Development (Adapted from 2022 FIRESCOPE Field Operations Guide)

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 and need.

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.

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 a ground 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. An air ambulance coordinator is established based on the complexity of the air ambulance operation, and a helispot manager is established to manage the designated helispot. Immediate, Delayed, and Minor treatment areas are established and staffed (*remember 3-6-9 rule*). Considerations for additional resources should be considered for treatment area staffing and patient transportation. *Consult with EMS Agency Duty Officer for additional medical supplies, hospital concerns, and/or transportation needs such as Ambulance Strike Teams, DMSU, or MCI trailers.

Multi-Division/Group Response Organization: All positions within the Medical Group are now filled. A Rescue Group is established to free entrapped victims. A fire suppression group is established to control any hazardous conditions. A medical unit and responder rehabilitation are established to support incident personnel. *Consult with EMS Agency Duty Officer for additional medical supplies, hospital concerns, and/or transportation needs 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. The air operations branch is shown to illustrate the coordination between the patient transportation unit and the air operations branch. *Consult with EMS Agency Duty Officer for additional medical supplies, hospital concerns, and/or transportation needs such as Ambulance Strike Teams, DMSU, or MCI trailers.

Multi-Casualty Incident Response
Initial Response Organization
FOG - 2022

| Incident Commander |

| Triage Unit Leader |

| Single Resource |

| Single Resource |

| Immediate Treatment |

| Minor Treatment |

| Medical Communications Coordinator |

| Ground Ambulance Coordinator |

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 a ground ambulance coordinator.

Multi-Casualty Incident Response
Reinforced Response Organization
FOG - 2022

Incident Commander

Helispot Manager

Medical Unit

Responder Rehab

Triage Unit

Patient
Transportation Unit

Single Resource

Single Resource

Immediate
Treatment

Minor
Treatment

Delayed
Treatment

MEDCOMM

**Transportation
Recorder**

Ground Ambulance
Coordinator

Air 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. An air ambulance coordinator is established based on the complexity of the air ambulance operation, and a helispot manager is established to manage the designated helispot. Immediate, Delayed, and Minor treatment areas are established and staffed (*remember 3-6-9 rule*). Considerations for additional resources should be considered for treatment area staffing and patient transportation. *Consult with EMS Agency Duty Officer for additional medical supplies, hospital concerns, and/or transportation needs such as Ambulance Strike Teams, DMSU, or MCI trailers.

Multi-Casualty Incident Response
Multi-Division/Group Organization
FOG - 2022

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                                    Incident Commander
                         Safety Officer        Public Information Officer
                         Liaison Officer

        Operations Section                                    Resources Unit      Medical Unit
             Staging Area(s)                                                       Responder
                                                                                  Rehabilitation

Medical Group Supervisor   Helispot Manager   Rescue Group Supervisor   Fire Suppression Group Supervisor

Medical Supply Coordinator                    Single Resource            Single Resource
                                              Single Resource            Single Resource

Triage Unit Leader   Treatment Unit Leader   Patient Transportation Unit

Single Resource      Immediate Treatment     MEDCOMM

Single Resource      Minor Treatment         Transportation Recorder

Morgue Area Manager  Delayed Treatment       Ground Ambulance Coordinator

                     Patient Loading Coordinator   Air Ambulance Coordinator
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Multi-Division/Group Response Organization: All positions within the Medical Group are now filled. A Rescue Group is established to thee entrapped victims. A fire suppression group is established to control any hazardous conditions. A medical unit and responder rehabilitation are established to support incident personnel. *Consult with EMS Agency Duty Officer for additional medical supplies, hospital concerns, and/or transportation needs such as Ambulance Strike Teams, DMSU, or MCI trailers.
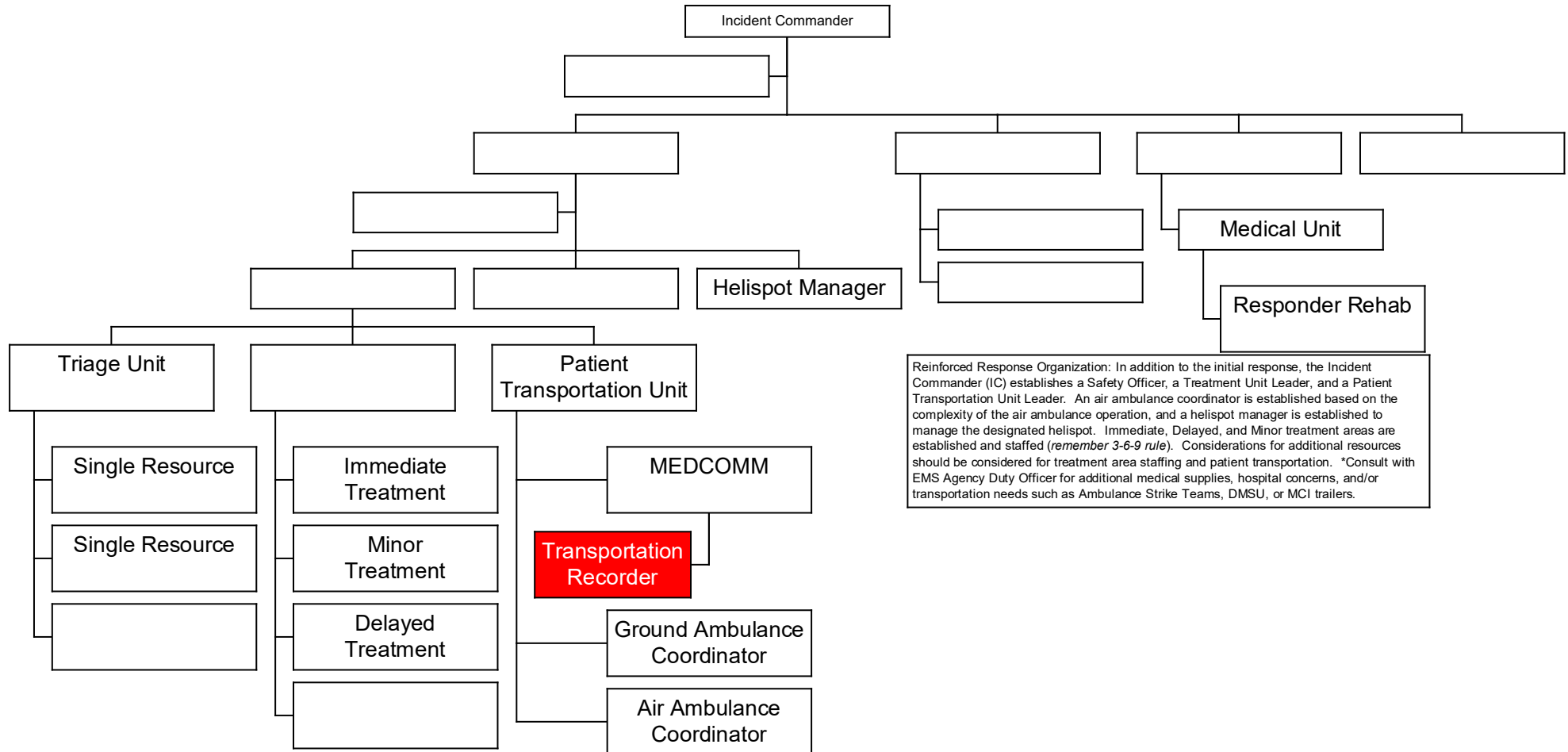
Multi-Casualty Incident Response
Multi-Branch Organization
FOG - 2022

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                          Incident Commander

        Liaison Officer              Public Information Officer

        Safety Officer

Assistant Safety Officer(s)

    Operations Section      Planning Section    Logistics Section    Finance/Admin Section

        Staging Area(s)

US&R Branch   Medical Branch   Fire Suppression Branch   Air Operations Branch

                                                Resources Unit    Medical Unit

                                                Situation Unit    Facilities Unit

            Medical Group           Helicopter Coordinator         Ground Support Unit

            Medical Group           Helispot Manager               Communications Unit

            Patient Transportation
            Group
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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. The air operations branch is shown to illustrate the coordination between the patient transportation unit and the air operations branch. *Consult with EMS Agency Duty Officer for additional medical supplies, hospital concerns, and/or transportation nee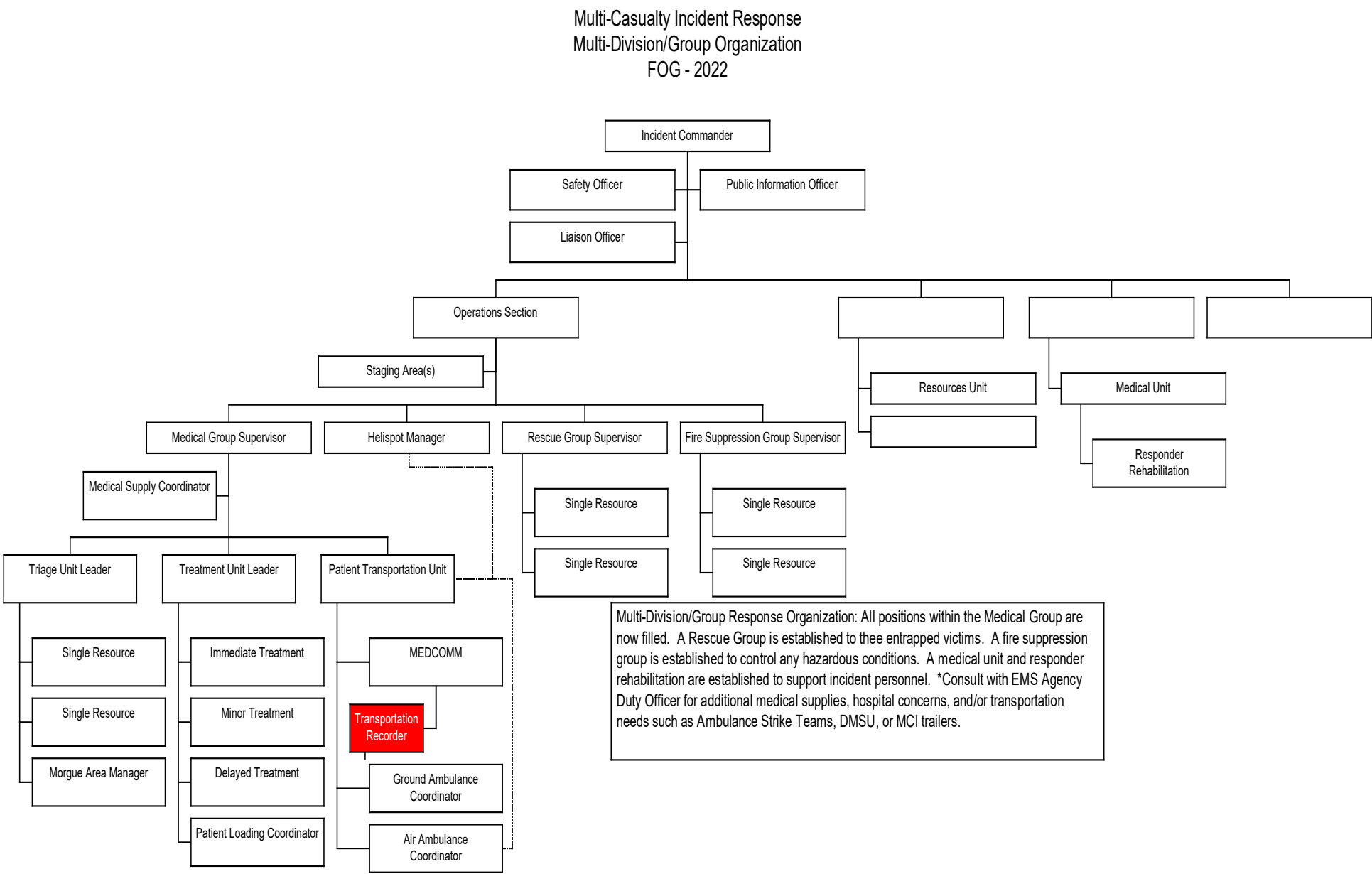ds such as Ambulance Strike Teams, DMSU, or MCI trailers.