

County of Marin

Department of Health and Human Services

Emergency Medical Services System

Emergency Medical Response Plan

(Formerly known as the Multi-Casualty Incident Plan)

1999

TABLE OF CONTENTS

Table of Contents.....	i
Distribution List.....	iii
Plan Objectives	1
Plan Definition.....	1
Plan Goals.....	2
Phases of the Plan	
Level I, Initial Response.....	3
Level II, Reinforced Response.....	3
Level III, Multi-Leader/Multi-Group/Multi-Branch Response	4
Level IV, Area Command Response.....	5
Review of the Incident	6
Definition of Terms	7
Agency Responsibilities	9
Operational Concepts	
Incident Authority.....	11
Response	11
Incident Organizational Overview.....	12
Medical Overview.....	13
Mutual Aid.....	14
Ambulance Operations	14
Communications Center	
Implementation Protocol.....	16
Response Checklist.....	17
Initial Triage	21
Medical Supply Cache System.....	24
Scene Identification Guide	27
Hospital Guidelines.....	28
Casualty Identification and Tracking Procedures.....	30
Psychological Trauma Component	31
Off-Site Public Information Center.....	33
Procedures for Handling the Dead	34
Appendix A, Incident Command System	
Level I, Initial Response.....	A-2
Level II, Reinforced Response.....	A-3
Level III, Multi-Leader Response	A-4
Level III, Multi-Group Response	A-5
Level III, Multi-Branch Response	A-6
Level IV, Area Command Response.....	A-7
Appendix B, ICS position checklists	
Incident Commander	B-2
Safety Officer.....	B-3

Liaison Officer.....	B-4
Information Officer.....	B-5
Planning Section Chief.....	B-6
Logistics Section Chief.....	B-7
Finance Section Chief.....	B-8
Operations Section Chief.....	B-9
Staging Area Manager.....	B-10
Multi-Casualty Branch Director.....	B-11
Medical Group Supervisor.....	B-12
Medical Supply Coordinator.....	B-13
Triage Unit Leader.....	B-14
Triage Personnel.....	B-15
Morgue Manager.....	B-16
Treatment Unit Leader.....	B-17
Treatment Dispatch Manager.....	B-18
Immediate Treatment Manager.....	B-19
Delayed Treatment Manager.....	B-20
Minor Treatment Manager.....	B-21
Patient Transportation Group Supervisor.....	B-22
Medical Communications Coordinator.....	B-23
Ground Ambulance Coordinator.....	B-24
Air Ambulance Coordinator.....	B-25
Radio Designations.....	B-26
Appendix C, Triage	
Triage tag, front.....	C-2
Triage tag, back.....	C-3
START method of triage.....	C-4
Appendix D, Forms	
Multi-Casualty Branch Worksheet.....	D-2
Multi-Casualty Recorder Worksheet.....	D-3
Multi-Casualty Hospital Resource Availability.....	D-4
Multi-Casualty Ambulance Staging Resource Status.....	D-5
Multi-Casualty Medical Plan.....	D-6
Multi-Casualty Incident Status Summary.....	D-7
Unit Log.....	D-8
Appendix E, Medical Cache Supply List.....	E-1

DISTRIBUTION LIST

Fire Chiefs
Police Chiefs
Hospitals
Medical/Health DOC
OES
County Communications Center

PLAN OBJECTIVES

1. To establish a common organizational and management structure to coordinate the emergency field-level response to an incident.
2. To establish an efficient and effective emergency medical response at the field level.
3. To establish methods of care and transportation that will provide for the survival of the greatest number of casualties.

PLAN DEFINITION

1. This plan is intended for use by any and all agencies that might respond, primarily or in response to a mutual aid request, to any incident occurring within Marin County, including instances that require resources above and beyond those available on a normal routine basis.
2. The plan incorporates the triage system known as "Simple Triage and Rapid Treatment" (START) and the Incident Command System (ICS-MC-120-1).
3. This plan includes the following:
 - a. Defined operational concepts and policies for field operations.
 - b. A system of incident scene management based on predefined organization and checklists.
 - c. The response of a staffed Communications Vehicle (Mobile Command 1).
 - d. The notification of hospitals, ambulance services, coroner and specific agencies by a designated communication facility, as needed and/or requested.
 - e. A mechanism by which a single hospital directs the utilization of hospital resources and distribution of casualties.
 - f. Provision for an on-scene Information Officer to disseminate accurate information to the media.
 - g. Establishment of an off-site public information center.
 - h. A mechanism for obtaining mutual aid ambulances and maintaining ambulance zone coverage.
 - i. A method for identifying and tracking casualties.
 - j. A psychological trauma component available to involved personnel, casualties and their families.

PLAN GOALS

1. Goals for field personnel include the following:
 - a. Determine the number and triage category of all victims.
 - b. Transport patients to care facilities according to triaged category, giving priority to immediate patients.
 - c. Provide medical care to patients awaiting transport.

2. Goals for hospitals include the following:
 - a. If assigned as coordinating hospital
 - 1) Determine ability of receiving hospitals to receive and care for casualties.
 - 2) Coordinate, with appropriate field position (usually the Medical Communications Coordinator), the distribution of casualties to appropriate facilities.
 - 3) Maximize capabilities to receive and care for casualties.

 - b. If receiving hospital
 - 1) Maximize capabilities to receive and care for casualties.

PHASES OF THE PLAN

- I. Level I, Initial Response (Usual Operations)
 - A. Definition
 1. A situation in which the medical emergency does not exceed the normal response capabilities of the responders.
 - B. Response to the event
 1. The normal dispatching agency, after performing the Emergency Medical Dispatch functions, dispatches the appropriate level of first responders, ALS, and transport providers.
 2. Normally responding crew is able to handle the event without the need for additional resources.
 - C. The Organizational Chart for the management of a Level I response is depicted in Appendix A.
- II. Level II, Reinforced Response (Multi-Victim Incident)
 - A. Definition
 1. An incident has occurred or a condition exists which taxes the resources of a normal response.
 2. Designation is made in anticipation of the need for additional resources and assistance from the hospitals with the disposition of patients.
 - B. Response to the event
 1. Any one of the following may designate the event as a Level II event, requiring the relay of information to the County Communications Center or other appropriate dispatch agency indicating that conditions exist warranting that level of response:
 - a. Public safety agency at the scene
 - b. Paramedics for the affected zone
 - c. Any first responder fire or ambulance unit
 - C. Procedure to be followed when Level II event is declared:

1. Dispatch agency follows Communications Response Checklist, Level II, page 17.
2. Scene management structure for a Level II response is depicted in Appendix A and discussed in the text to follow.

D. Resolution of a Level II incident

1. A Level II incident is considered resolved when the scene Incident Commander indicates, to the Communications Center or appropriate dispatch agency, that the conditions for which the alert was initiated no longer exist or have been resolved.
2. Termination/cancellation procedure
 - a. All agencies notified of the Level II occurrence will be notified that the incident is resolved.

III. Level III, Multi Leader/Multi Group/Multi-Branch Response (Multi-Casualty Incident)

A. Definition

1. An incident has occurred or a condition exists where the number of injured persons exceeds the capabilities of the jurisdictional resources.

B. Response to the event

1. Any one of the following may request designation of the event as a Level III event, relaying information to the County Communications Center indicating that conditions exist warranting a Level III response:
 - a. Public safety agency at the scene.
 - b. Paramedics for the affected zone.
 - c. Any first responder fire or ambulance unit.
2. The following have authority to designate a Level III response:
 - a. County Communications Center supervisor acting on information or direct request from on-scene Incident Commander
 - b. Health Officer
 - c. EMS office staff

C. Information needed to designate a Level III response:

1. Type of incident
2. Location and best access routes
3. Need for types and numbers of specific additional resources

4. Approximate number of injured
 5. Type of injuries if known (Immediate, Delayed, Minor)
 6. Number of supply caches needed
- D. Procedure following decision to designate a Level III response
1. County Communications Center notifies or assures notification of persons/agencies listed on "Communications Checklist, Level III Response", page 18.
 2. Agencies/personnel are advised of response, given information regarding the incident and will participate as indicated and/or requested
- E. A Level III incident is considered resolved when the scene Incident Commander indicates, to the Communications Center, that the following have occurred:
1. The response has been aborted
 2. All casualties have been cleared from the area
 3. Marin County medical units are returning to normal operations
- F. All involved persons/agencies will be notified of the deactivation by the Communications Center.

IV. Level IV, Area Command Response

- A. Definition
1. More than one Level II and/or III incidents are currently occurring.
 2. A widespread disaster situation has occurred (i.e. a large earthquake).
 3. Medical need outstrips the capability of local jurisdictions.
- B. Response to the event
1. Any one of the following may request designation of the event as a Level IV event, relaying information to the County Communications Center indicating that conditions exist warranting a Level IV response:
 - a. A field Incident Commander
 - b. An incorporated jurisdiction or district
 2. The following have authority to designate a Level IV response:
 - a. The Director of Emergency Services (a member of the Board of Supervisors)

- b. The Assistant Director of Emergency Services (a county administrator)
 - c. The sheriff
 - d. The Chief of the Marin County Fire Department
- C. Procedures to be followed during a Level IV response
 - 1. Field level personnel will continue to conduct field operations according to procedures detailed for Level III incidents. It is expected that there will be multiple Level II and III incidents throughout the county during a Level IV response.
 - 2. Incorporated cities will operate according to their city's local-level disaster plan.
 - 3. The Operational Area (County) level will function according to the Operational Area Emergency Plan, coordinating and assisting local and field levels as required.

V. REVIEW OF THE INCIDENT

- A. Level I incidents may be reviewed within the usual Quality Improvement program of the responding provider(s).
- B. Level II incidents should be reviewed within the usual Quality Improvement program of the responding provider(s) and the hospitals participating in resolution of the incident.
- C. Level III and Level IV incidents will be reviewed as follows:
 - 1. A formal, review/critique of the incident should be scheduled within 72 hours of the resolution of the incident.
 - 2. The Incident Commander or EOC Director or designee shall schedule and conduct the review/critique.
 - 3. All agencies involved in the resolution of or response to the incident shall be invited and encouraged to participate, both in discussion at the time and in formal written reviews of the events. Other interested agencies may be invited to attend.
 - 4. The review should include a final summary containing written reports, discussion, conclusions and recommendations for the handling of future incidents as well as an evaluation of applicability and practicality of the written plan with recommendations for modification if indicated.

DEFINITION OF TERMS

Command Post A location designated by the Incident Commander from which field command functions are directed.

Coordinating Hospital The Marin County hospital located farthest from the incident site that coordinates the distribution of casualties in conjunction with the Medical Communications Coordinator.

County Communication Center The communications center located in the Civic Center, having the capability of communication with hospitals, police, fire and ambulance providers.

Emergency Medical Services (EMS) The Emergency Medical Services (EMS) Program within the Department of Health and Human Services which administers the local EMS system.

Incident Commander The individual responsible for the overall management of the incident.

Incident Command System (ICS) A combination of equipment, personnel and procedures for communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish objectives pertaining to an emergency incident. ICS is a sub-system of the National Inter-Agency Incident Management System (NIIMS).

Medical Supply Cache(s) A prescribed collection of medical equipment and supplies located throughout Marin county and available for treatment of casualties.

Multi-Casualty Incident (MCI) An emergency involving any number of injured persons which may over-tax the rescue and medical resources of the responsible agencies within a portion of the County.

Office of Emergency Services (OES) The primary coordinating agency for planning, training and other preparation for multi-agency response to earthquakes, floods, hazardous materials incidents and other major emergencies.

Public Information Center An off-site facility equipped and organized to provide information to the news media or relatives of the injured relating to the incident.

Public Information Officer The individual responsible for providing and/or coordinating the release of information to the media and public from the Public Information Center.

Standardized Emergency Management System (SEMS) This refers to a management system, described in section 8607 of the Government Code. This management system includes the

incident command system and promotes multi-agency and/or inter-agency coordination. This plan is organized utilizing the SEMS structure.

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

AGENCY RESPONSIBILITIES

Ambulance Provider

- Emergency treatment
- Transportation

Community Mental Health Services

- On-scene crisis intervention
- Assist Morgue Manager with counseling of grieving families
- Post-incident crisis counseling for personnel, victims, families
- Assist with incident debriefing

County Communications Center

- Initial notification/alerting of personnel/agencies
- Maintenance of normal day-to-day EMS response
- Ambulance and fire response to incident, zone coverage
- Ambulance and fire mutual aid
- Staff Mobile Command Vehicle if utilized

Coordinating Hospital

- Hospital resource coordination
- Planning for casualty distribution with scene, receiving hospitals
- Casualty identification/location coordination

Coroners Office

- Identification of fatalities
- Identification, care of, storage, transportation of fatalities
- Notification of next-of-kin

Fire Department

- Scene command and/or management
- Triage (START)
- Emergency medical care
- Organization and coordination of rescue efforts
- Hazard control (safety)
- Disentanglement and extrication
- Fire suppression

Hospitals

- Advise coordinating hospital of resources
- Provide definitive medical care for casualties
- Resource for additional medical supplies at scene

Law Enforcement

- Scene command and/or management
- Scene protection and security
- Investigation
- Traffic control

Emergency Medical Services (EMS)

- Public information (off-site)
- County government resources
- Psychological trauma resources
- Coordinate resource attainment
- Mutual aid resources

Red Cross, Salvation Army

- Care of the non-injured
- Handling of concerned family members
- Disaster welfare inquiries

Search & Rescue Team (Sheriff)

- Specialized equipment and personnel for rescue activities

Urban Search & Rescue Team (USAR)

- Specialized equipment and personnel for specific rescue activities

OPERATIONAL CONCEPTS

I. INCIDENT AUTHORITY

- A. Command and incident management authority traditionally lies with the Law Enforcement Agency having primary traffic investigative authority in whose jurisdiction the incident occurs. Management of incidents not occurring on highways, local streets or other roadways will be managed by the local fire authority having jurisdiction.

Law Enforcement Agencies may enter into written agreements with other public agencies to facilitate scene command and incident management during incidents occurring on highways, local streets or other roadways.

- B. The Fire Department in whose jurisdiction the incident occurs is responsible for the overall rescue and medical operations of an incident.
- C. ALS and BLS providers have authority for individual patient management under the authority of the jurisdictional agency, taking into consideration the scope of the total incident.
- D. The first arriving unit of any agency (law enforcement, fire or ambulance) will function as Incident Commander, implementing the necessary actions until the role can be relinquished to a more appropriate agency or individual. It will be the responsibility of the first-in unit to relay information on the scope and location of the incident to County Communications Center or their own agency dispatch for relay to County Communications Center.
- E. When the incident is multi-jurisdictional, a unified command structure should be established by the Incident Commander in accordance with ICS concepts.

II RESPONSE

- A. First arriving units (law, fire or ambulance) are responsible as follows:
 - 1. Communicate size-up information to agency dispatch agency and/or County Communications Center (if Level II or above); request implementation of level as appropriate.
 - 2. Request additional resources as needed.
 - 3. Begin triage of casualties utilizing START if level exceeds Level I.

- B. All agencies are responsible for advising County Communication Center of their availability when notified of Level II-IV status or implementation.
- C. Upon receipt of notification of a Level II, III, or IV incident, County Communications Center shall immediately notify or assure notification of all agencies or individuals listed according to the Communications Response Checklist (pages 17-19).
- D. The level of the incident shall be clearly stated and shall include the following information:
 - 1. Type of incident
 - 2. Location
 - 3. Estimated number of victims
 - 4. Any other information available
 - 5. Any specific request that has been made and is applicable to the individual notified. Example: A Level III incident has occurred. There has been a multiple vehicle accident involving a bus and an unknown number of vehicles northbound on Hwy 101 at the Civic Center. Caller reports that the bus struck the center divider, rolled to its side, and was struck by several vehicles. There is an unknown number of injured and at least one vehicle is on fire. You are asked to be available for standby pending further information, the IC indicates out of county ambulances may be needed."

III. INCIDENT ORGANIZATIONAL OVERVIEW

- A. The incident shall be managed utilizing the Incident Command System.
- B. The Incident Commander will be the highest ranking law enforcement officer at the scene from the jurisdiction in which the incident occurs. Responsibility may be delegated to a fire officer.
- C. The Operations Section Chief will be a fire officer at the scene from the jurisdiction in which the incident occurs. Responsibility may be delegated to another appropriate fire officer.
- D. Degree and level of implementation of the ICS system will be determined by the Incident Commander based on the scope of the incident and availability of personnel.

IV. MEDICAL OVERVIEW

- A. First-in fire units will evaluate the scene, make the appropriate requests, and begin triage of casualties utilizing the START system. (Refer to Appendix C.)
- B. As medical resources arrive at the scene, initial triage is to be completed so that treatment and transportation can begin.
- C. Casualties will be moved to treatment areas, according to their triage priorities, for treatment and transport.
 - 1. Those triaged as Immediate (red tag) will be moved as quickly as possible with minimal stabilization to designated treatment areas for re-assessment and treatment. Unless a hazardous environment exists treatment areas should be established prior to moving victims.
 - 2. Those triaged as Minor (green tag) will be moved as quickly as possible to the ambulatory casualty collection area for re-assessment and relocation from the scene.
 - 3. Those triaged as Delayed (yellow tag) will be moved and treated after Immediates have been cared for and Minors relocated.
 - 4. Dead/non-salvageable (black tag) will not be moved unless the Coroner so directs, it is necessary to facilitate rescue work or protect the health and safety of others and/or until all other casualties have received care.
- D. Casualties triaged "Immediate" will be transported to the hospital(s) capable of providing appropriate medical care. Casualties triaged "Delayed" will be transported with a lesser priority, usually further from the incident.
- E. Hospitals, other than the Coordinating Hospital, will not provide medical direction during the incident. Paramedics shall function using the appropriate ALS treatment protocols approved by the Medical Director as standing orders.
- F. Additional medical supplies required at the scene will be provided to the incident when one or more caches are requested from County Communication Center. Medical supplies may be augmented by the hospitals, using ambulances to transport supplies on their return to the incident. Medical supplies will be delivered as directed by the Medical Supply Manager.

- G. On-scene medical control is coordinated by the Medical Group or Medical Branch Supervisor. Patient destinations are determined with the assistance of the Coordinating Hospital.

V. MUTUAL AID

- A. Arriving support units, unless otherwise directed, shall report to the Staging Area for assignment.
- B. Arriving units shall be assigned roles based on assignments made at the direction of the Incident Commander.
- C. Specific actions to be taken by persons in assigned positions will be defined in organizational and scene management checklists (Appendix B).
- D. Requests for emergency medical care supplies and personnel shall be directed to the ECC with jurisdictional authority. The authority for ordering resources rests with the Incident Commander or his designee.
- E. Any person at the incident scene with law enforcement, rescue and/or emergency medical care expertise who volunteers their assistance may be directed to the Staging Area Manager.
- F. When a Level III or IV Incident has been declared to assist an industrial or large agency, a representative from that agency shall function as agency liaison at the Command Post.

VI. AMBULANCE OPERATIONS

- A. Responding ambulances shall report to the Staging Area Manager in the Staging Area. If the Staging Area is not yet established, they shall report as directed by the County Communications Center, according to the request of the IC.
- B. Ambulances shall be assigned and dedicated to the incident until released by County Communications Center at the direction of the Incident Commander.
- C. Ambulances shall return to the Staging Area after each transport. When released from the incident, they shall contact County Communications Center and advise them of the release and availability for other service.
- D. Ambulance dispatch centers shall keep County Communications Center informed of the number of available ambulances not committed to the incident.

- E. All requests for ambulances for incident use shall be directed to the ECC having jurisdiction.
- F. Ambulance requests for non-incident use shall be handled in the normal manner.
- G. Ambulance load capacity shall be determined by the Treatment Dispatch Manager or Patient Transportation Group Supervisor following consultation with the Medical Communications Coordinator. When a limited number of ambulances are available or the number of casualties with immediate injuries is not known, casualties who are ambulatory shall be transported out of the impacted area by another means (non-ambulance).
- H. Mutual aid ambulances will be dispatched directly to the Staging Area.
- I. Ambulances transporting casualties will receive destination (receiving hospital) from the Treatment Dispatch Manager or Patient Transportation Group Supervisor.
- J. Ambulances shall not communicate with the receiving hospital by radio. The Coordinating Hospital shall notify the designated receiving hospital of the number of casualties being transported and their triage category.
- K. Ambulance response, location or destination may be modified only by the Incident Commander or Multi-Casualty Branch Director.

COMMUNICATION CENTER IMPLEMENTATION PROTOCOL

I. MEDICAL DISPATCHER

- A. Receives information from the scene indicating that a Level II, III, or IV incident has or may occur. If the incident requires resources from outside the initial responding agency zone, the County Communications Center, if not the normal dispatching agency, must be notified.
- B. Receives direct request for implementation of a Level II, III, or IV response.
- C. Notifies Communications Center duty Supervisor of above request.

II. COMMUNICATION CENTER SUPERVISOR

- A. Verifies that sufficient information exists to implement the response.
- B. Instructs dispatcher to implement appropriate level of response.

III. COMMUNICATION CENTER PERSONNEL

- A. Contact each person or agency listed on "Communications Response Checklist" (pages 17-19).
- B. Maintain appropriate records, including names of persons contacted, whether they were advised to respond or stand-by, estimated time of arrival if appropriate, and any other information that is indicated.
- C. Maintain normal response coverage in nonimpacted areas of county.
- D. Maintain incident response vehicles and personnel separately from other county operations.

COMMUNICATIONS RESPONSE CHECKLIST

For Level I, Initial Response

Dispatch according to Emergency Medical Dispatch guidelines. No other notifications are indicated.

For Level II, Reinforced Response

Notify or assure notification of the following:		
	(Name)	(Result)
Fire Agency having jurisdiction		
Law Enforcement agency having jurisdiction		
Dispatch number of engine companies requested		
Dispatch number of ambulances requested		
Notify Marin County hospitals, identify Coordinating Hospital		
Establish air ambulance availability		
Consider, based on evaluation of the incident and/or request from the scene, the following:		
Establish availability of additional in-county ambulances		
Notify of EMS Program Administrator (to approve use of out-of-county resources)		

For Level III, Multi Leader/Multi-Group/Multi-Branch Response

Notify or assure notification of the following:		
	(Name)	(Result)
Fire Agency having jurisdiction, consider need for additional jurisdictional support		
Law Enforcement agency having jurisdiction, consider need for additional law enforcement		
Dispatch number of engine companies requested		
Dispatch number of ambulances requested		
Establish communications with neighboring county ambulance dispatch, notify of incident. If requested by IC, approved by EMS Program Administrator, request mutual aid.		
Notify Marin County hospitals, identify Coordinating Hospital. Request that hospitals suspend non-emergency transportation		
Establish air ambulance availability		
Establish availability of all additional in-county ambulances, including reserve units that could be staffed		
Notify the EMS Program Administrator to approve use of out-of-county resources and to communicate with Regional medical resources		
Consider notification of the following if directed:		
On-call Health Officer		
Community mental health services crisis team		

Coroner		
County fire coordinator		
Environmental Health		
Urban Search and Rescue Team		

For Level IV, Area Command Response

Follow checklist for Level III incident		
Consider, after consultation with the Incident Commander(s), the Communications Center Supervisor, and the EMS Program Administrator or designee, the need to activate the Operational Area EOC.		
Activate the Operational Area EOC, move to utilization of the Operational Area Disaster Plan		

INITIAL TRIAGE

I. INTRODUCTION

During a multi-casualty incident, injured will outnumber initial rescuers and emergency medical treatment must be prioritized.

The objective of Triage is to sort casualties so that the maximum number of lives can be saved through effective utilization of rescuers, medical personnel and medical facilities.

II. GENERAL PRINCIPLES

- A. Initial casualty triage, utilizing the START system, will be done by first-in responders.
- B. Initial triage takes priority over emergency treatment.
- C. Casualties are triaged according to the START system and identified with tags establishing priority of treatment and transportation.
- D. Personnel will perform a basic triage examination, categorize the patient, and attach the appropriate colored tag in 60 seconds or less.
- E. All victims must be tagged. It is time consuming, and sometimes fatal, to triage without tagging the patients.
- F. Emergency care administered by triage teams is restricted to opening the airway, controlling severe hemorrhage and elevating patient's feet.
- G. Personnel assigned to treatment areas will perform a secondary exam and complete the triage tag.

III. CATEGORIES

- A. Casualties will be examined and tagged according to the START system based on four categories:
 - 1. Dead or non-salvageable - **Black Tag**
 - 2. Immediate (Major Injury) - **Red Tag**
 - 3. Delayed (Minor Injury) - **Yellow Tag**
 - 4. Minor (Walking Wounded) - **Green Tag**

- B. Definition of categories
 - 1. Dead or non-salvageable: No ventilations present after airway is opened
 - 2. Immediate: Ventilations present after positioning airway OR respirations over 30 per minute OR capillary refill greater than 2 seconds OR cannot follow simple commands
 - 3. Delayed: Any patient not in Immediate or Minor categories
 - 4. Minor: Any patient requiring attention who "passes" the triage screening **and is able to walk.**

IV. PROCEDURE

- A. Initial triage, using the categories of Immediate, Delayed, Minor, and Dead/Non-salvageable, will be assigned to first-in responders other than law enforcement officers.
- B. Personnel assigned to triage will function individually.
- C. All possible victims involved in the incident are to be quickly examined and tagged whether injured or not injured.
- D. Non-ambulatory casualties are to be triaged where they lie, unless they are in an unsafe area which requires their immediate movement.
- E. Ambulatory patients are separated from the general group at the start of triage by stating "Any one who can walk..." followed by an area assignment to which the patients will walk.
- F. Triage tags of the appropriate color are attached to casualties near the head. The removed portions of the tag should be delivered to the Medical Group/Medical Branch to assist in the determination of resource requirements.
- G. Initial triage personnel will perform the following procedures and move to the next victim:
 - 1. open the obstructed airway
 - 2. stop arterial bleeding
 - 3. elevate the legs
- H. Minor casualties (green tag) may be asked to stay with casualties needing critical care treatment.

- I. When all patients have been triaged, triage teams will be reassigned.
- J. Casualties will be triaged a second time on arrival at the treatment area.
- K. Triage categories can be changed by treatment teams based on second examination utilizing START.
- L. Following the second examination, treatment teams will provide stabilizing care and complete the attached triage tag.
- M. Priority of transportation will be given to casualties tagged immediate following evaluation and necessary stabilization in the treatment area, not delaying transport for stabilization.
- N. If the triage priority of the patient changes, remove the entire bottom portion, leaving the injury information and adding a new tag identifying the new triage priority and the reason for the change.

MEDICAL SUPPLY CACHE SYSTEM

I. DEFINITION

The medical supply cache program ensures that sufficient medical supplies are available for emergency treatment of up to fifty victims.

Identical caches are stored at predetermined locations.

II. USE OF SUPPLIES

- A. An Incident Commander may request that one or more caches be brought to the scene.
- B. County Communications Center will select the appropriate cache and determine the most appropriate method for transport to the scene.

Suggested methods for transport are:

- a. Neighboring fire department using pick-up truck or engine.
- b. Fire staff officer (cache can be dismantled and carried in a sedan).
- c. Police officer (cache can be dismantled and carried in a sedan).
- d. City or County Department of Public Works personnel.
- e. Any available transport with radio communications.

III. LOCATION OF CACHES

- A. Southern Marin
 - 1. Sausalito Fire Department, Station #1, 333 Johnson Street, Sausalito (Store room off engine room, door labeled)
 - 2. Tiburon Fire District, Station #10, 4301 Paradise Drive, Tiburon (Rear of Engine Room on top of lockers)
- B. Ross Valley
 - 1. Larkspur Fire Department, Station #16, 15 Barry Way, Larkspur (underneath stairway to mezzanine in engine room)

2. Ross Valley Fire Department, Station #21, 142 Bolinas Avenue, Fairfax
(Front office in the south-east corner)

C. San Rafael

1. San Rafael Fire Department, Station #4, 46 Castro Avenue, San Rafael (Utility 54 vehicle)
2. San Rafael Fire Department, Station #3, 30 Joseph Court, San Rafael (Storage room, L. rear of building)

D. Novato

1. Novato Fire Department, Station #1, 7025 Redwood Boulevard, Novato (Outside shipping container)
2. Novato Fire Department, Station #2, 450 Atherton Avenue, Novato (Outside shipping container)
3. Novato Fire Department, Station #3, 65 San Ramon Way, Novato (Outside shipping container)
4. Novato Fire Department, Station #4, 319 Enfrente Drive, Novato (Outside shipping container)

E. West Marin (note 1/2 cache at each location)

1. Marin County Fire Department, Point Reyes, Fourth & B Streets, Point Reyes (northeast corner of engine room above training lockers)
2. Bolinas Fire District, 100 Mesa Road, Bolinas (Engine room, west wall, bottom row of hose rack)
3. Marin County Fire Department, Woodacre, 33 Castle Rock, Woodacre (Middle bay of middle garage)
4. Marin County Fire Department, Tomales, 599 Tomales-Dillon Beach Road, Tomales (In cargo container in rear yard, right side of container)

IV. INVENTORY

A. Carried on rescue units

1. Oxygen manifold *
2. Oxygen masks and tubing *

3. Identification markers (1 ea red, green, yellow)
 4. Triage tags
 5. 15 Position vests
 6. Position checklists and/or unit logs
- * Manifold and oxygen equipment are stored with cache supplies in Novato Fire Protection District only

B. Stored in designated locations

1. 12 backboards with straps (3 each)
2. 6 carrying boxes containing identical supplies (see Appendix E)

SCENE IDENTIFICATION GUIDE

COMMAND POST

Identify using any of the following methods:

- Orange traffic cone (a least 18" in height) placed on roof of command vehicle
- Orange or yellow flag attached to command vehicle's radio antenna
- 2 or 3 sided sign with 4" letters "Command Post"
- Blue Light attached to command vehicle

COMMAND POSITIONS

Wear ORANGE traffic vests with contrasting letters designating function. Lettering on both sides of vest. This includes Incident Commander, Safety Officer, Liaison Officer, Information Officer, Operations Section Chief, Staging Area Manager, Planning Section Chief, Logistics Section Chief, and Finance Section Chief.

MULTI-CASUALTY BRANCH

Wear GREEN traffic vests with contrasting letters designating function. Lettering on both sides of vest.

TREATMENT AREAS

Area tarps colored red (immediate area), yellow (delayed area), and green (minor area) delineate care areas.

HOSPITAL GUIDELINES

I. PRIOR TO INCIDENT

Maintain personnel awareness of county-wide response plan and its interface with internal hospital disaster plan.

II. LEVEL I RESPONSE

A. Provide on-line medical direction to field personnel if requested.

III. Level II and III Responses

A. Coordinating hospital

1. Receive information from the communications center
2. Establish contact with possible receiving hospitals
3. Obtain information regarding receiving hospital availability to treat patients, resources needed
4. Establish and maintain contact with Medical Communication Coordinator (Communications) at scene to coordinate destination determination for casualties

B. Receiving hospitals

1. Estimate, inventory or complete the following:
 - a. number and type of patients that could be treated immediately
 - b. number of personnel or supplies needed
 - c. hospital resource inventory
2. Provide Coordinating Hospital with information listed above
3. Notify the Coordinating Hospital of:
 - a. supply shortages
 - b. personnel shortages
 - c. changes in ability to receive and care for emergency cases
 - d. ability to receive severely injured that exceeds capacity of surgical suites or hospitalization as in-patients
 - e. problems, related or not related to medical and health functions, that hamper hospital functions

4. Maintain log and advise Coordinating hospital of number of casualties received and their disposition.

IV. Level IV Response

- A. Estimate, inventory or complete the following:
 - 1. Number and type of patients that could be treated immediately
 - 2. Number of personnel or supplies needed
 - 3. Hospital resource inventory
- B. Inventory facility, prepare to report status to Operational Area EOC when requested
- C. Operate according to facility and County Operational Area Disaster Response Plan(s).

IV. CONCLUSION OF THE INCIDENT

- A. Provide the following information to the Coordinating Hospital:
 - 1. Number of casualties treated and types of injuries
 - 2. Number hospitalized, types of injuries, condition
 - 3. Number discharged to home or other facilities
 - 4. Number dead
 - 5. For each casualty:
 - a. name or physical description
 - b. sex
 - c. age
 - d. address
 - e. seriousness of injury
- B. Participate in scheduled review of response.

CASUALTY IDENTIFICATION AND TRACKING PROCEDURES

I. OBJECTIVE

The objective of casualty identification and tracking procedures is to:

- A. establish a method to rapidly and systematically obtain information regarding casualty identification and location
- B. eliminate duplication of efforts and remove workload from agencies involved in the incident

II. PROCEDURE

- A. During incident
 - 1. Casualty information (transporting company, ID number, patient triage status, hospital destination and off-scene time) will be recorded (form ICS-MC-306, appendix D) by the Treatment Dispatch Manager (or staff) and relayed to the Medical Group Supervisor.
 - 2. Coordinating Hospital will receive casualty information from receiving hospitals for relay to the appropriate public information officers.
- B. After all casualties have been removed from the scene
 - 1. Multi-Casualty Recorder Worksheet (ICS-MC-306) will be forwarded to the Coordinating Hospital and the Incident Commander.
 - 2. Coordinating Hospital will contact each receiving facility and obtain the name (or description), address, sex, age and seriousness of injury (good, fair, serious, critical) of each casualty transported to or arriving at the hospital from the incident.

PSYCHOLOGICAL TRAUMA COMPONENT

I. ACTIVATION

- A. Mental Health Crisis team may be alerted by the Communications Center if requested by the Incident Commander.
- B. Contact person is the on-duty supervisor at the Mental Health Crisis Unit.
- C. Team will report to the scene when requested to do so by County Communications Center.

II. DURING THE INCIDENT

- A. Enter the scene through the Staging Area, check in with Staging Area Manager, then report to Liaison Officer or as directed by Staging Area Manager.
- B. Team members will provide psychological assessment and counseling to the following groups of individuals as needed:
 - 1. Casualties
 - 2. Rescuers
 - 3. Bystanders
 - 4. Families of casualties
- C. Staff may be requested to provide services at the following locations:
 - 1. At scene, designated treatment area(s) for psychological care
 - 2. Off-scene area
 - 3. At hospitals where victims are transported
 - 4. In morgue area where relatives are identifying deceased
- D. Priorities of care
 - 1. Team members will initiate a rapid psychological assessment to determine immediate psychiatric needs
 - 2. Individuals in need of inpatient psychiatric care (physical condition permitting) will be identified and transported appropriately
 - 3. Individuals in need of psychiatric services, but not requiring inpatient care, will be identified

III. AFTER THE INCIDENT

- A. Provide post-incident crisis intervention as needed to anyone involved in the incident. This service will be provided at a location designated by the Liaison Officer or the Incident Commander.
- B. Conduct a psychological debriefing for responding personnel within one week of the incident if, in the opinion of the Incident Commander and the mental health personnel, psychological/emotional stress experienced during the incident warrants same.
- C. Participate in the scheduled critique of the incident.
- D. Assist in the referral of persons for short or long-term psychological support and treatment. Continue availability as resource for referrals.

OFF-SITE PUBLIC INFORMATION CENTER

I. OBJECTIVE

- A. To provide the public with information about the location/status of family or relatives who were or may have been involved in the incident.
- B. To provide a resource for media to obtain accurate and complete information regarding the incident.

II. PROCEDURE

- A. When requested to do so, County Communications Center will notify the OES Office and request an individual to staff an Information Center in conjunction with the hospital Public Information Officer.
- B. The Coordinating Hospital receives information via radio/telephone from:
 - 1. County Communication Center
 - 2. Medical Group Supervisor
 - 3. At-scene Information Officer
- C. Coordinating Hospital relays information received to the Information Center for forwarding to
 - 1. family or relatives of casualties or potential casualties
 - 2. media
- E. Information Officer at scene of incident releases telephone number for Off-site Information Officer to media and general public.

PROCEDURES FOR HANDLING THE DEAD

To assure that a proper medical-legal investigation is conducted, including the identification of bodies and notification of the next of kin, adhere to the following procedures for handling the dead.

- A. Do not move bodies unless necessary to facilitate rescue work or protect the health and safety of others.
- B. If body movement is necessary, move bodies to designated morgue area.
- C. Attach tag or label to the body containing the following information:
 - 1. Date and time found
 - 2. Exact location, including floor/room number
 - 3. Name/address, if known
 - 4. If identified, how and when
 - 5. Name/phone of person making identification or filling out tag
 - 6. If body is contaminated
- D. Cover body, place in disaster pouch or plastic sheeting if possible. Attach second tag to wrapping.
- E. If personal effects are found and thought to belong to a body, place in separate container and tag. Do not assume loose effects belong to body.
- F. Move properly tagged body with personal effects to single locale, preferably one with refrigeration.
- G. Keep insects and other animal life away from bodies. In case of extreme heat or direct sunlight, move to a cool shaded area or refrigerated room as soon as possible.
- H. Bodies must be secured or safeguarded at all times until the arrival of the Coroner or his authorized representative.

APPENDIX A

INCIDENT COMMAND SYSTEM

APPENDIX B

INCIDENT COMMAND SYSTEM POSITION CHECKLISTS

INCIDENT COMMANDER

Your radio designation is "IC"

Subordinates: Command staff
Section chiefs

Function: **Responsible for incident activities including the development and implementation of strategic decisions and for approving the ordering and releasing of resources.**

Duties/Responsibilities:

Obtain briefing from prior incident commander

Assess incident situation

Conduct initial briefing

Activate elements of incident command system appropriate to incident, assigning command staff

Approve and authorize implementation of incident action plan

Determine information needs and inform command personnel

Coordinate staff activity

Manage incident operations

Approve requests for additional resources and release of same

Authorize release of information to news media

Develop and maintain incident activity log

Approve plan for demobilization

SAFETY OFFICER

Report to INCIDENT COMMANDER (radio designation "IC")

Your radio designation is "SAFETY"

Subordinates: Staff

Function: **Monitor and assess hazardous and unsafe situations, develop measures for assuring personnel safety. Maintain awareness of active and developing situations, approves the Medical Plan.**

Duties/Responsibilities:

Obtain briefing from Incident Commander

Identify hazardous situations associated with the incident

Participate in planning meetings

Review Incident Action Plans

Identify potentially unsafe situations

Exercise emergency authority to stop and prevent unsafe acts

Investigate accidents occurring within incident areas

Review and approve Medical Plan (ICS 206)

Maintain Unit Log (ICS 214)

LIAISON OFFICER

Report to INCIDENT COMMANDER (radio designation "IC")

Your radio designation is "LIAISON"

Subordinates: Staff

Function: **Point of contact for assisting and cooperating agency representatives, including other fire agencies, Red Cross, law enforcement, public works, engineering organizations and all others.**

Duties/Responsibilities:

Obtain briefing from Incident Commander

Provide point of contact for assisting/cooperating agency representatives

Identify agency representatives including communications link and location

Respond to requests from incident personnel for inter-organizational contacts

Monitor incident operations to identify current or potential inter-organizational problems

Maintain Unit Log (ICS 214)

INFORMATION OFFICER

Report to INCIDENT COMMANDER (radio designation "IC")

Your radio designation is "INFORMATION OFFICER"

Subordinates: Staff

Function: **Formulates and releases information about the incident to the news media and other appropriate agencies and organizations.**

Duties/Responsibilities:

Obtain briefing from Incident Commander

Contact jurisdictional agency to coordinate public information activities

Establish single incident information center if possible

Arrange for necessary work space, materials, telephones and staffing

Obtain copies of current ICS-209s

Prepare initial information summary ASAP

Observe constraints on release of information imposed by Incident Commander

Obtain approval for release of information from Incident Commander

Release news to news media and post information in command post and other appropriate locations

Provide Coordinating Base Hospital (Off-Site PIO) with information regarding on-scene news information and releases

Attend meetings to update information releases

Provide fire retardant clothing for media and VIPs

Respond to special requests for information

Maintain Unit Log (ICS 214)

PLANNING SECTION CHIEF

Report to INCIDENT COMMANDER (radio designation "IC")

Your radio designation is "PLANNING"

Subordinates: Planning Section Staff

Function: **Responsible for the collection, evaluation, dissemination and use of information about the development of the incident and status of resources to 1) understand the current situation; 2) predict probable course of events; and 3) prepare alternative strategies and control operations.**

Duties/Responsibilities:

Obtain briefing from Incident Commander

Activate planning section units and assign personnel as appropriate

Establish information requirements and reporting schedules for all ICS positions

Notify resources unit of section activation, names and locations of personnel

Establish weather data collection system if indicated

Supervise preparation of Incident Action Plan, assemble information on alternative strategies

Assemble and disassemble strike teams not assigned to operations, prepare recommendations for release of resources for submission to IC

Identify need for use of specialized resources

Perform operational planning for planning section; supervise units, instruct section in distribution of information

Provide periodic predictions on incident potential

Compile and display status summary information

Advise general staff of significant changes in status

Provide traffic plan

Insure collection and reporting requirements are met

LOGISTICS SECTION CHIEF

Report to INCIDENT COMMANDER (radio designation "IC")

Your radio designation is "LOGISTICS"

Subordinates: Branch Directors within Logistics section

Function: **Provide facilities, services, and material in support of the incident. Participate in development and implementation of the Incident Action Plan and supervise the branches and units within the logistics section.**

Duties/Responsibilities:

Obtain briefing from Incident Commander

Plan organization of section, assign work locations, preliminary tasks and personnel

Notify resources unit of activation, names and locations of personnel

Assemble and brief branch directors and unit leaders

Participate in preparation of Incident Action Plan

Identify service and support requirements

Provide input to and review communications, medical, and traffic plans

Coordinate and process requests for additional resources

Review Incident Action Plan and estimate section needs

Insure Incident Communications Plan is prepared

Advise on current service and support capabilities

Prepare service and support elements of Incident Action Plan, estimating future requirements

Receive Demobilization Plan from planning section

Recommend release of resources in conformity with plan

Insure general welfare and safety of section personnel

FINANCE SECTION CHIEF

Report to INCIDENT COMMANDER (radio designation "IC")

Your radio designation is "FINANCE"

Subordinates: Unit personnel

Function: **Responsible for all financial and cost analysis aspects of the incident and for supervising members of the finance section.**

Duties/Responsibilities:

Obtain briefing from Incident Commander

Attend briefing with responsible agency to gather information

Attend planning meeting

Develop operating plan for finance function

Prepare work objectives for section, brief staff, make assignments, evaluate function

Determine need for commissary operation

Inform IC and general staff of section operations

Meet with assisting and cooperating agency representatives as appropriate

Provide cost analysis and financial input during planning sessions

Maintain daily contact with agency administration headquarters

Insure personnel time records are forwarded to home agencies

Participate in all demobilization planning

Insure obligation documents are properly prepared and completed

Brief agency administration on incident related business management issues as indicated

OPERATIONS SECTION CHIEF

Report to INCIDENT COMMANDER (radio designation "IC")

Your radio designation is "OPERATIONS"

Subordinates: Staging Area Manager
Branch Directors

Function: **Responsible for management of all operations directly applicable to primary mission. Activates and supervises organization elements in accordance with Incident Action Plan and directs its execution. Also directs preparation of unit operational plans, requests or releases resources, makes expedient changes to Incident Action Plan as needed and reports such to the IC.**

Duties/Responsibilities:

Obtain briefing from Incident Commander

Develop operations portion of Incident Action Plan

Brief and assign personnel to divisions or groups in accordance with Incident Action Plan

Supervise operations

Determine need and request additional resources

Review suggested list of resources to be released and initiate recommendation for release of resources

Assemble and disassemble strike teams assigned to section

Report information about special activities, events, and occurrences to IC

STAGING AREA MANAGER

Report to OPERATIONS SECTION CHIEF (radio designation "OPERATIONS")

Your radio designation is "STAGING"

Subordinates: Staff

Function: **Manages all activities within a staging area.**

Duties/Responsibilities:

- Obtain briefing from Operations Section Chief

- Establish staging area layout

- Determine support needs for equipment, feeding, sanitation, security

- Establish check-in function

- Post areas for identification and traffic control

- Request maintenance service for equipment as appropriate

- Respond to request for resource assignments from operations or via incident communications center

- Obtain and issue receipts for radio equipment and supplies distributed and received

- Report resource status changes

- Maintain area in orderly condition

- Demobilize area in accordance with incident demobilization plan

- Maintain unit log (ICS 214)

MULTI-CASUALTY BRANCH DIRECTOR

Report to OPERATIONS SECTION CHIEF (radio designation "OPERATIONS")

Your radio designation is "MULTI-CASUALTY BRANCH"

Subordinates: Group supervisors

Function: **Responsible for implementation of the Incident Action Plan within the Branch. This includes the direction and execution of branch planning for the assignment of resources within the Branch.**

Duties/Responsibilities:

Obtain briefing from Operations Section Chief

Review Group assignments for effectiveness of current operations and modify as needed

Provide input to Operations Section Chief for Incident Action Plan and keep apprised of Branch activities

Supervise Branch activities

Maintain Unit Log (ICS 214)

MEDICAL GROUP SUPERVISOR

Report to MULTI-CASUALTY BRANCH DIRECTOR (radio designation "MULTI-CASUALTY BRANCH")

Your radio designation is "MEDICAL GROUP"

Subordinates: Triage, Treatment Unit Leaders
Medical Supply Coordinator

Function: **Establish command and control the activities within a Medical Group in order to assure the best possible emergency medical care to patients during a multi-casualty incident.**

Duties/Responsibilities:

Obtain briefing from Multi-Casualty Branch Director or Operations Section Chief

Participate in Section planning activities

Establish Medical Group with assigned personnel; request additional personnel and resources sufficient to handle to magnitude of the incident (medical caches, ambulances, helicopter and other methods of patient transportation)

Designate Unit Leaders and Treatment Area locations as appropriate

Isolate Morgue and Minor Treatment Areas from Immediate and Delayed Areas

Request law enforcement/coroner involvement as needed

Establish communications and coordination with Patient Transportation Group Supervisor

Direct and/or supervise on-scene personnel from agencies such as Coroner's office, Red Cross, law enforcement, ambulance companies, county health agencies and health care volunteers

Ensure proper security, traffic control and access for the Group area

Direct medically trained personnel to the appropriate Unit Leader

Maintain Unit Log (ICS 214)

MEDICAL SUPPLY COORDINATOR

Report to MEDICAL GROUP SUPERVISOR (radio designation "MEDICAL")

Your radio designation is "MEDICAL SUPPLY"

Subordinates: Staff

Function: **Acquire and maintain control of appropriate medical equipment and supplies from units assigned to the Medical Group.**

Duties/Responsibilities:

Obtain briefing from Medical Group Supervisor

Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group/Division

Request/assure delivery of medical supply caches

Distribute medical supplies to Triage/Treatment Units as appropriate

Maintain record of activities as appropriate

Coordinate with Supply Unit Leader if Logistics Section is established

TRIAGE UNIT LEADER

Report to MEDICAL GROUP SUPERVISOR (radio designation "MEDICAL")

Your radio designation is "TRIAGE UNIT LEADER"

Subordinates: Triage personnel
Litter bearers
Morgue Manager

Function: **Manage triage activities; develop organization to handle triage; direct movement from area; provide guidance to triage personnel; establish safe triage area. When triage is complete, anticipate reassignment.**

Duties/Responsibilities:

Obtain briefing from Medical Group Supervisor

Assess needs, develop strategy and organization sufficient to handle assignment

Request needed resources from Medical Group Supervisor

Develop sectors and assign triage teams accordingly

Supervise/manage triage activities

Maintain a safe triage area

Coordinate movement of patients to appropriate Treatment Areas

Provide Medical Group Supervisor with periodic status reports

Establish Morgue area

TRIAGE PERSONNEL

Report to TRIAGE UNIT LEADER (radio designation "TRIAGE LEADER")

Your radio designation is "TRIAGE"

Function: **To triage patients, utilizing the START system, and attach triage tags to each patient.**

Duties/Responsibilities:

Obtain briefing from Triage Unit Leader

Triage and tag injured patients

Direct movement of patients to appropriate Treatment Areas

Perform only the following treatments during triage process:

open airways

stop bleeding

place unconscious patients in coma position

maximize perfusion of core organs

MORGUE MANAGER

Report to TRIAGE UNIT LEADER (radio designation "TRIAGE LEADER")

Your radio designation is "MORGUE MANAGER"

Subordinates: Staff

Function: **Assume responsibility for and manage all Morgue related activities until relieved by Office of the Coroner; collect, protect and identify bodies.**

Duties/Responsibilities:

Obtain briefing from Triage Unit Leader

Coordinate all Morgue Area and related activities, limiting access to area

Coordinate with law enforcement, assist Coroner's office as appropriate

Maintain records as appropriate

Assess resource/supply needs and request as needed

Refer to Procedures for Handling the Dead

TREATMENT UNIT LEADER

Report to MEDICAL GROUP SUPERVISOR (radio designation "MEDICAL")

Your radio designation is "TREATMENT LEADER"

Subordinates: Treatment Dispatch Manager
Immediate, Delayed, Minor Treatment Managers

Function: **Manage all activities within treatment unit. Assume responsibility for treatment, preparation for transport and coordination of patient treatment in the Treatment Areas. Direct movement of patients to transport vehicles.**

Duties/Responsibilities:

Obtain briefing from Medical Group Supervisor

Develop organization to handle assignment

Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas

Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader

Coordinate transportation needs with Patient Transportation Group Supervisor or Medical Communications Coordinator

Maintain area security

Monitor supply use and needs, requesting additional items as needed

Assure continual triage within the Treatment Areas

Maintain records as appropriate

TREATMENT DISPATCH MANAGER

Report to TREATMENT UNIT LEADER (radio designation "TREATMENT LEADER")

Your radio designation is "TREATMENT DISPATCH"

Subordinates: Staff as needed

Function: **Coordinate the transportation of patients out of the Treatment Areas; organize same with Patient Transportation Group.**

Duties/Responsibilities:

Obtain briefing from Treatment Unit Leader

Establish communications with Immediate, Delayed and Minor Treatment Managers

Establish communication with Patient Transportation Group Supervisor

Assess need for personnel and resources and request as appropriate

Verify patient transportation priority

Advise Medical Communications Coordinator of patient status and coordinate transportation

Establish and maintain communication with ground and air ambulance managers to provide appropriate transport

Assure recording of appropriate records (ICS-MC-306, ICS-MC-308, Appendix D)

Coordinate ambulance loading with Treatment Manager and ambulance personnel

IMMEDIATE TREATMENT MANAGER

Report to TREATMENT UNIT LEADER (radio designation "TREATMENT LEADER")

Your radio designation is "IMMEDIATE"

Subordinates: Medical Teams

Function: **Responsible for treatment and retriage of patients assigned to Immediate Treatment Area.**

Duties/Responsibilities:

Obtain briefing from Treatment Unit Leader and brief assigned personnel

Request or establish Medical Teams as necessary

Assign treatment personnel to patients received in the Immediate Treatment Area

Ensure treatment of patients triaged to Immediate Treatment Area

Assure prioritization of patients for transportation

Coordinate transportation of patients with Treatment Dispatch Manager

Notify Treatment Dispatch Manager of patient readiness and priority for transportation (unless victim numbers are overwhelming, most critical patients should have transportation priority)

Maintain records as appropriate

DELAYED TREATMENT MANAGER

Report to TREATMENT UNIT LEADER (radio designation "TREATMENT LEADER")

Your radio designation is "DELAYED"

Subordinates: Medical Teams

Function: **Responsible for treatment and retriage of patients assigned to Delayed Treatment Area.**

Duties/Responsibilities:

Obtain briefing from Treatment Unit Leader and brief assigned personnel

Request or establish medical teams as necessary

Assign treatment personnel to patients received in Delayed Treatment Area

Assure patients are prioritized for transportation

Coordinate transportation of patients with Treatment Dispatch Manager

Notify Treatment Dispatch Manager of patient readiness and priority for transportation (unless victim numbers are overwhelming, most critical patients will have transportation priority)

Maintain records as appropriate

MINOR TREATMENT MANAGER

Report to TREATMENT UNIT LEADER (radio designation "TREATMENT LEADER")

Your radio designation is "MINOR"

Subordinates: Treatment Teams

Function: **Responsible for treatment and retriage of patients assigned to Minor Treatment Area.**

Duties/Responsibilities:

Obtain briefing from Treatment Unit Leader and brief assigned personnel

Request or establish Medical Teams as necessary

Assign treatment personnel to patients received in Minor Treatment Area

Ensure treatment of patients triaged to Minor Treatment Area

Assure prioritization of patients for transportation

Coordinate transportation of patients with Treatment Dispatch Manager

Notify Treatment Dispatch Manager of patient readiness and priority for transportation

Maintain records as appropriate

Coordinate volunteer personnel/organizations through agency representatives and Treatment Unit Leader

PATIENT TRANSPORTATION GROUP SUPERVISOR

Report to MULTI-CASUALTY BRANCH DIRECTOR (radio designation "MULTI-CASUALTY BRANCH")

Your radio designation is "TRANSPORTATION GROUP"

Subordinates: Medical Communications Coordinator
Air and Ground Ambulance Managers

Function: **Coordination of patient transportation and maintenance of records relating to patient identification, injuries, mode of off-incident transportation and destination.**

Duties/Responsibilities:

Obtain briefing from Multi-Casualty Branch Director or Operations Section Chief

Establish communication (through Medical Communications Coordinator) with Coordinating Hospital, maintain record of hospitals utilized and handling capabilities

Designate ambulance staging area(s) and coordinate with Ambulance Staging Manager

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

Assure that patient information and destination is recorded (ICS-MC-306)

Establish communications with Ambulance Staging Manager(s)

Request additional ambulances, transportation as required

Notify Ambulance Staging Manager of ambulance requests

Coordinate requests for air ambulance transportation through Air Operations Director

Establish Air Ambulance Helispot with the Multi-Casualty Branch Director and Air Operations Director

Maintain Unit Log (ICS 214)

MEDICAL COMMUNICATIONS COORDINATOR

Report to PATIENT TRANSPORTATION GROUP SUPERVISOR (radio designation "TRANSPORTATION")

Your radio designation is "MEDICAL COMMUNICATIONS"

Subordinates: Transportation Recorder
Staff as needed

Function: **Maintain communications with hospital and/or other medical facilities to assure proper patient transportation and designation. Coordinate information through Patient Transportation Group Supervisor and Transportation Recorder.**

Duties/Responsibilities:

Obtain briefing from Patient Transportation Group Supervisor

Establish communications with Coordinating Hospital and determine status of receiving facilities

Receive basic patient information and status from Treatment Dispatch Manager, exchange information about receiving facilities

Coordinate patient off-incident destinations with Coordinating Hospital

Communicate patient transportation needs to Staging Managers based on requests from Treatment Dispatch Manager

Select modes of transportation and destinations for patients exiting treatment areas

Obtain standing orders for patient treatment

Maintain appropriate records

GROUND AMBULANCE COORDINATOR

Report to PATIENT TRANSPORTATION GROUP SUPERVISOR (radio designation TRANSPORTATION")

Your radio designation is "GROUND AMBULANCE COORDINATOR"

Subordinates: Staff as required

Function: **Manage Ground Ambulance Staging Area and move resources into loading area as needed.**

Duties/Responsibilities:

Obtain briefing from Patient Transportation Group Supervisor

Establish appropriate Staging Area for ambulances and personnel

Establish routes of travel for ambulances during incident operations

Develop organization sufficient to handle assignment

Establish and maintain communications with Medical Communications Coordinator and Treatment Dispatch Manager. Provide ambulances upon request from Medical Communications Coordinator.

Assure availability of necessary equipment within ambulances during transportation

Request additional transportation resources as appropriate

Provide inventory of supplies available in area for incident use

Maintain appropriate records (ICS-MC-310)

AIR AMBULANCE COORDINATOR

Report to PATIENT TRANSPORTATION GROUP SUPERVISOR (radio designation "TRANSPORTATION")

Your radio designation is "AIR COORDINATOR"

Subordinates: Staff as required

Function: **Manage Air Ambulance Staging Area.**

Duties/Responsibilities:

Obtain briefing from Patient Transportation Group Supervisor

Establish safe helispot(s)

Coordinate with Incident Air Operations Group

Establish and maintain communications with Medical Communications Coordinator and Treatment Dispatch Manager

RADIO DESIGNATIONS

POSITION	RADIO DESIGNATION
Incident Commander	IC
Safety Officer	Safety
Liaison Officer	Liaison
Information Officer	Information Officer
Operations Section Chief	Operations
Staging Area Manager	Staging
Multi-Casualty Branch Director	Multi-Casualty Branch
Medical Group Supervisor	Medical Group
Medical Supply Coordinator	Medical Supply
Triage Unit Leader	Triage Unit Leader
Triage Personnel	Triage
Morgue Manager	Morgue Manager
Treatment Unit Leader	Treatment Leader
Treatment Dispatch Manager	Treatment Dispatch
Immediate Treatment Manager	Immediate
Delayed Treatment Manager	Delayed
Minor Treatment Manager	Minor
Patient Transportation Group Supervisor	Transportation Group
Medical Communications Coordinator	Medical Communications
Air Ambulance Coordinator	Air Coordinator
Ground Ambulance Coordinator	Ground Ambulance Coordinator
Planning Section Chief	Planning
Logistics Section Chief	Logistics
Finance Section Chief	Finance

APPENDIX C

TRIAGE

Triage tag, front, page C-2 with instructions for completion

Triage tag, back, page C-3 with instructions for completion

Protocol for START method of triage

APPENDIX D

FORMS

The following forms and/or instructions are provided for use during a multi-casualty incident.

1. Multi-Casualty Branch Worksheet (ICS-MC-305) page D-2
For use as needed to track positions and names of persons filling positions, space for notations as needed.
2. Multi-Casualty Recorder Worksheet (ICS-MC-306) page D-3
For use by Treatment Dispatch and or Recorder(s). Form should be retained following incident. Tracks name of ambulance company, ambulance ID number, patient triage tag number, patient status (triage category), hospital destination, and off-scene time.
3. Multi-Casualty Hospital Resource Availability (ICS-MC-308) page D-4
Tracks hospital name, number of beds available or used according to categories of "immediate", "delayed" and "minor".
4. Multi-Casualty Ambulance Staging Resource Status (ICS-MC-310) page D-5
Tracks ambulance resources by agency name, unit number, entry into and out of staging area.
5. Multi-Casualty Medical Plan (ICS-206) page D-6
For use by command structure. Delineates organization of overall medical plan.
6. Multi-Casualty Incident Status Summary (ICS-209) page D-7
For use by command structure. Summarizes the incident itself, tracks resources.
7. Unit log (ICS-214) page D-8
To be used as indicated in job checklists. Tracks each unit, personnel assigned, and activities of the unit.

APPENDIX E

MEDICAL CACHE SUPPLY LIST

Supplies are located as per pages 19 and 20. Each cache contains the following:

12 backboards with straps (3 each)

6 carrying boxes with supplies as below

Item #	Per Box	# Per Cache
Bandage-Elastic Coban	2	12
Bandage-Kerlix	12	72
Bandage-1" Band Aid	24	144
Bandage-Triangular	2	12
Vaseline Dressing - 3" X 3"	4	24
Gauze Sponge - 4" X 4"	25	150
Ice Packs-Instant - 6" X 9"	4	24
Dressing - 8" X 7 1/2"	4	24
Eye Pads - Sterile	6	36
Sterile Burn Sheets	2	12
Tape - 1" Adhesive	4	24
Tape - 2" Adhesive	4	24
Alcohol Wipes	20	120
Stethoscopes	1	6
Blood Pressure Cuff	1	6
Airway #0	1	6
Airway #3	1	6
Airway #5	1	6
Normal Saline 1000cc w/setup	4	24
Scissors-Bandage-Utility	1	6
Splints - Leg Cardboard	1	6
Splints - Arm Cardboard	1	6
Armboards 3" X 18"	4	24
16 ga. Medicut	4	24
18 ga. Medicut	2	12
Oxygen Nasal Cannula	2	12
Oxygen Mask (Adult)	2	12
Stiffneck Collars	2	12
Triage Tags	8	48

Carried in rescue units

Oxygen manifold

Oxygen masks and tubing

Identification markers (1 ea red, green, yellow)

Triage tags

15 position vests

Position checklists and/or unit logs

APPENDIX F

MOBILE COMMAND VEHICLE