Yolo County MCI Plan

2016 v.8 - Final

Contents

ADMINISTRATIVE SECTION

Introduction

A Multi-Casualty Incident (MCI) is defined as a single geographically focused event that produces casualties of sufficient number and/or severity where special operations and organizations are required at the scene, and for the system. These resources respond for the purpose of hazard mitigation, triage, treatment, and transportation of victims.

During an MCI there is a need for coordination between multiple responding agencies and organizations. The need to manage the scene so that appropriate resources are focused on individual patients; and, because no two MCIs are exactly alike (location, time of day, patient count, responding personnel, etc.), creates the need for flexibility and creativity. One key characteristic is that all MCI's are evolutionary in nature, in that they have a beginning, middle, and end.

Plan Objectives

The Multi-Casualty Incident (MCI) Management Plan (Plan) is designed to provide guidance to emergency response personnel to ensure adequate and coordinated efforts to minimize loss of life, disabling injuries, and human suffering within Yolo County.

The focus of this Plan is to provide assistance to the largest number of persons through coordinated incident management principles. Based on the scope and nature of an incident, strict medical care principles may be implemented to serve the greater needs of the masses. In such cases, the provision of on-scene medical care shall be limited with a greater focus placed on the rapid transport or relocation of the ill or injured.

The Plan provides management strategies for events of various magnitudes rather than a single event occurring within the County. Various parts of the Plan will have different audiences, training levels, and awareness competencies.

Note that this Plan is only a guideline. It may be modified based on the number of patients, cause or severity of illness or injuries, and/or special circumstances surrounding the incident.

Goals

To establish and maintain common organizational and management structure to facilitate the emergency response to an MCI.

To establish efficient and effective emergency medical response at the field level.

To establish methods of care and transportation that will provide for the survival of the greatest number of casualties.

Competency Levels

The Plan meets the standards of the following by reference or incorporation. In order to effectively utilize this Plan, agencies should possess working knowledge and competencies in the following areas:

- National Incident Management System (NIMS)
- California Standardized Emergency Management System (SEMS)
- Incident Command System (Level 100, minimum)
- Hazardous Materials Awareness
- Simple Triage and Rapid Treatment/Transport (START Triage)
- Pediatric Jump START
- Working knowledge of FIRESCOPE, Field Operations Guide (FOG)
- Working knowledge of Yolo County Fire Mutual Aid Plans
- Working knowledge of Yolo County EMS Prehospital Care Policies and Protocols
- California Master Mutual Aid Agreement (EMAC)
- Government Code, State of California
- California Emergency Services Act

In addition, the following competencies are recommended:

- Incident Command System 200, 300, 400
- NIMS 700, 800

Authority

The California Health and Safety Code, Division 2.5, Chapter 4 – Local Administration, provides the authority for the development and implementation of this Plan by Yolo County Emergency Medical Service Agency. (Sections 1797.103, 1797.204, 1797.250, and 1791.252)

Incident Authority

Fire Service and Law Enforcement Organizations are responsible for the response, management, and mitigation of incidents that occur within their jurisdiction. A fire or law enforcement officer shall normally serve as the Incident Commander (IC) or participant in a Unified or Area Command when applicable. At their discretion the agency having jurisdiction may elect to pass the IC position either temporarily or permanently to a more qualified person per State statute.

The IC has the ultimate authority for all decisions related to the incident. Some exceptions may apply as related to County, State or Federal authority based on the nature of the incident. Under normal circumstances, emergency medical services related actions are accomplished through established policies and procedures and may be delegated to others by the local IC. In cases where specific or additional emergency medical services actions may be beneficial for the mitigation of the event, external partners are responsible to provide counsel to the IC. The IC is responsible to consider all counsel and make informed decisions.

First arriving Paramedic on scene is responsible for obtaining information about receiving hospital bed availability, capability, and system status report.

The California Highway Patrol maintains authority for the freeway systems, county roadways, varied levels of dignitary protection, and other public protection activities.

Ensure the Yolo County Coroner is notified early in the incident where there is known fatality(ies). Law enforcement or the IC shall brief the coroner on the current situation and needs.

Yolo County Emergency Medical Services Agency (YEMSA)

The Yolo EMS Agency (YEMSA) is responsible for planning, implementation, and evaluation of emergency medical services within Yolo County; including ensuring the appropriate roles are filled based on the nature and magnitude of an incident. These may include, but are not limited to:

Agency Liaison – Provides counsel to Command Staff, at various levels, to ensure all public and private prehospital care services are functioning appropriately and are responsive to the incident. The YEMSA will make policy amendments, clinical care modifications, or modify agreements, within its authority, to ensure the mitigation of the actual or potential danger to the health and welfare of the public.

Serve as an Agent of the County Health Officer – As partner to the County Community Health Division of the Yolo county Health and Human Services Agency (HHSA), YEMSA may serve the will of the Yolo County Health Officer. This includes, but is not limited to, authorization to take any and all actions to prevent or mitigate a potential or actual public health emergency including coordination with other County Services.

Fill ICS Positions in the Field – YEMSA personnel may (as qualified) fill various ICS positions as appropriate. Commonly held field positions may include Medical Group/Division/Branch Supervisor, Transport Supervisor, Technical Specialist, etc. Such roles may also include the Medical Health Operational Area Coordinator (MHOAC).

County Emergency Operations Center/Health Department Emergency Operations Center Coordination – In the case of incidents of a large scale or complexity, YEMSA may assist with the coordination of patient destinations, ambulance resources, hospital availability, medical mutual aid, etc. through the County/Operational Area Emergency Operations Center (EOC) or the Health Departmental Operations Center (DOC) in coordination with the Office of Emergency

Services, Fire Mutual Aid Coordinator, Law Mutual Aid Coordination, Regional IV Medical Health Operation Area, etc.

Control Facility

The Control Facility (CF) is pre-designated by the EMS Agency for Yolo County. The Control Facility is responsible for hospital resource coordination, and planning for casualty distribution with on-scene personnel and receiving hospitals. The detailed roles and functions of the facility are specified in this Plan. Yolo County designated control facilities are:

Woodland Memorial Hospital (WMH)

County Resources

In addition to the EMS Agency, the following County departments/organizations play a key role in the management of multiple patient events.

- Yolo County Emergency Communications Agency (YECA)
- Yolo County Office of Emergency Services (YCOES)
- Yolo County Mental Health
- Yolo County Health System
- Yolo County Environmental Health
- Yolo County Public Works

Public/Private Service Providers and Community Based Organizations

A wide variety of public and private service providers and community based organizations support the EMS system by providing resources critical to the management of multiple patient incidents. These include, but are not limited to:

Ambulance Service Providers –Also responsible for responding to multiple patient events and providing associated treatment and transport

Non-Ambulance Medical Transport Services –Offer patient care and transportation for patients not requiring ambulance level services within the region, e.g. para- transit vans, wheelchair vans, and buses

Acute Care Hospitals – Responsible for providing clinical emergency medical care to victims of illness and/or injury

Community Clinics – Responsible for providing clinical care at the community level. May be used by the EMS system when general acute care hospitals are overwhelmed due to large events or extraordinary numbers of patient in need of clinical care

American Red Cross – Provides support services for responders and victims

Amateur Radio Emergency Services/Radio Amateur Communications Emergency System (ARES/RACES) – Provides additional communication services to support operations during a large scale incident

Continuous Quality Improvement

Level I (Minor) incidents shall be reviewed within the Quality Improvement Program of the responding providers, or at the request of any agency involved.

For Level II, III (Moderate, Major) incidents, the Medical Group Supervisor Summary Report will be completed and submitted to the EMS Agency within forty-eight (48) hours of the resolution of the incident. All agencies involved may be invited to participate in open discussion and review of the incident, as well as a review of the Plan with recommendations for modifications as indicated.

Level II, III, and IV (Moderate, Major, and Catastrophic) incidents will be reviewed as follows:

A formal, review/critique of the incident should be scheduled within 72 hours of the resolution of the incident.

The IC, EOC and/or DOC Director or designee(s) shall schedule and conduct the review.

All agencies involved in the resolution of, or response to, the incident shall be invited and encouraged to participate, both in live discussion and by formal written reviews of the events. Other interested agencies may be invited to attend.

The review should include a final summary containing written reports, discussions, conclusion and recommendations for the handling of future incidents as well as the evaluation of applicability and practicality of the written Plan with recommendations for modifications as indicated.

OPERATIONS SECTION

Alerts

Provides notification of any potential or actual event that may impact the daily operations of the EMS System.

Description

An alert may be requested by any emergency services responder. This may include but is not limited to:

Public Safety Agencies

Private Ambulance Provider having 9-1-1 emergency response jurisdiction

Communication Centers

LEMSA Duty Officer or Administrator

Yolo County Health Officer

Yolo County Medical Health Operational Area Coordinator (MHOAC)

Yolo County Office of Emergency Services

Provides an early notification to prepare the EMS System for larger than expected numbers of patients or resources utilization.

Alerts may be elevated to an **Activation** or **Cancellation** once the incident has been appropriately evaluated.

Standard alerts are activated automatically but any emergency responder may create an alert.

Standard Alert Triggers
• Five (5) or more reported possible patients • Three (3) or more initial ambulances requested • Intelligence exists that indicates the potential for an event that may cause a large number of ill or injured • Complete or partial failure of EMS system critical infrastructure (hospital compromise, communication system, etc.) • Potential or actual public health emergency • Facility evacuation (skilled nursing and hospitals)
Fire/Law Enforcement /EMS Communication Actions
• Support individual needs request as received • Notify EMS Provider Agency, LEMSA Duty Officer and Law/Fire Command

• LEMSA Duty Officer monitors incident and system events to ensure maintenance of normal EMS system operations and plans for system and operational changes as needed • No resources dispatched other than those specifically requested by the IC
First Responders Actions
• Establish IC • Assess number and nature of causalities • Assess the general nature of the emergency and relay that information to the IC • Initiate the Simple Triage and Rapid transport System (START/JumpSTART)
ALS Transport Providers Actions
• Notify Control Facility (CF) • May request hospitals complete a bed availability query • Query ambulance dispatch for total available units for system or event response
EMS System Actions
• The LEMSA Duty Officer may initiate actions to ensure the integrity of the EMS System, as appropriate • The Office of Emergency Services (OES) may be notified • The County Health Officer may be notified • Region IV Disaster Medical Health Coordinator may be notified

Activation

Activation of the MCI may be made by the IC upon determination of needs based upon incident specific information unique to each incident. Such determination may be made prior to on-scene arrival if the responding agency has reasonable information indicating that the incident will require MCI-based responses.

Agency and system participants have specific responsibilities during an MCI response. Depending on the nature, size, and complexity of the incident, certain activities may be modified from normal daily operating procedures.

The following highlights the actions and responsibilities of each agency after activation of the MCI. (Note, there is not a requirement that these items are completed in a particular order)

Dispatch Notifications

• Dispatch Center's will make the following notifications:
    o Control Facility
    o EMS Duty Chief

First Responders Actions
• Establish an IC • Assess number and nature of causalities, • Establish the general nature of emergency and the resources needed and relay that information to IC • Initiate the Simple Triage And Rapid Transport System (START/JumpSTART) • Establish contact with IC and determine the areas to be used for triage, treatment, and ambulance staging • Move victims to designated patient treatment area(s) • Assist with rescue, stabilization, fire control, hazard reduction, treatment and triage personnel as requested • Assist with loading ambulances • Assist with establishing morgue, if directed by the triage leader
Law Enforcement Actions
• Primary investigative authority for traffic and criminal events • Traffic Pattern, including air if needed • Notification of the coroner if needed
ALS Transport Provider Actions
• On-Duty Supervisor notification • Additional supervisor response per organization policy
Hospital Actions
• Make internal notifications and institute appropriate ED procedures as per facility protocol • Respond to ED HAvBED poll
EMS System Actions

- Ambulance services may be queried regarding total available units for system or event response
- The LEMSA Duty Officer may initiate actions to ensure the integrity of the EMS System, as appropriate
- Control Facilities will direct patient destination decisions to the transport supervisor
- The Duty officer will notify OES of the activation

Activation Special Considerations

Policy & Operations Modifications

Suspension or modification of policy may be made by the EMS Agency to facilitate incident management, e.g. allowing BLS units to be used for 9-1-1 responses, suspension of non-emergency patient transfers.

Use of Alternate Transportation Resources

Non-Ambulance Medical Transport Services may be used to support moderate and larger scale multi-victim incidents by providing transportation for patients not requiring ambulance transportation e.g. buses, paratransit vehicles. This may occur with EMS Agency Administrator or Medical Director approval.

Patient Care Documentation

Documentation requirements may be modified for moderate or larger scale incidents, e.g. Triage tags used in lieu of a complete patient care report (PCR) for each patient to expedite treatment and transportation; Multi-Causality Event Patient Tracking Form is used and other appropriate ICS forms are completed; appropriate check list are utilized. A copy of the MCI form shall be sent to the LEMSA Duty Officer at the end of each operational period.

Patient Destination

Patient destinations are managed using hospital capacity information provided by the Control Facility.

Destinations for specialty patients (e.g. burns, pediatric), may be considered if transport resources needed for overall scene management are not compromised.

Limited uses of casualty collection points/field treatment sites may be implemented for large scale incidents.

Scene Management

The overall authority for scene operations shall be under the direction and control of the IC usually from the agency with primary investigational jurisdiction over the incident.

Ambulances shall respond to a designated location unless otherwise assigned.

Formal treatment areas are identified by priority:

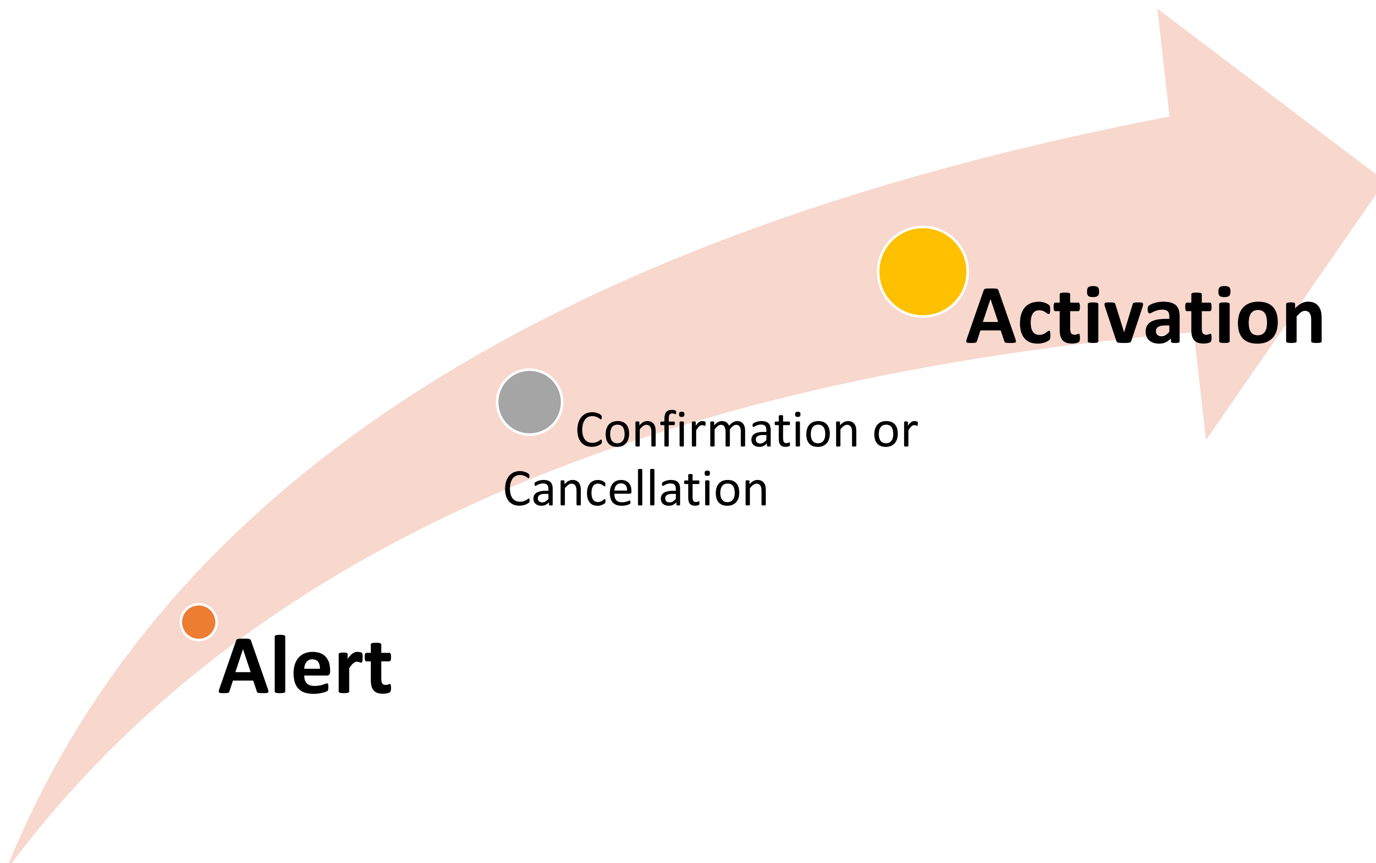
IMMEDIATE (I)	DELAYED (D)	MINOR(M)	DESEASED (X)

Activation Levels

As the number of patients increases, the focus shifts from individual incident management to system sustainability and performance. Activation Levels are based on factors such as the type, size, location, and number of incidents, and are used to denote overall system impact.

Determination of an Activation Level will normally occur at the Operational Area or EMS System level and is intended to advising system participants of the overall status of the EMS System. Such determinations are made by system management and not generally made by field personnel.

Level I (Minor)
• Single event • Generally handled with local resources • It is not necessary to modify the daily 9-1-1/EMS System to support the incident
Level II (Moderate)
• Simultaneous multiple minor incidents or a large-scale single event • It may be necessary to make minor modifications to the daily 9-1-1/EMS System to support the incident. • This may include transporting patients to facilities not within normal daily operations and amending dispatch criteria (example: stopping non-emergency patient transfers) • May require limited mutual aid assistance
Level III (Major)
• Simultaneous moderate-scale incidents or extraordinarily large-scale single event overwhelming all local resources • It is necessary to modify the daily 9-1-1/EMS System to support the incident and ensure stability of the system including the use of mutual aid resources • May require out of county/regional/ mutual aid resources
Level IV (Catastrophic)
• Catastrophic event producing excessive numbers of casualties that overwhelms local and mutual aid resources • It is necessary to modify the daily 9-1-1/EMS System to support the incident and stability of the System including significant use of mutual aid resources from state and Federal partners.


Activation
Confirmation or
Cancellation
Alert

COMMUNICATION

Communication and Notification

Communication is essential during an MCI to convey data and information that supports situational awareness to hospitals and response personnel. Emphasis is on sustaining internal and external communication with community partners (i.e. emergency management, public health, EMS, law enforcement, and other response partners, and the public): this supports consistent messaging and information dissemination during, and immediately following an MCI.

The response and mitigation of multiple patient events require the participation of public and private resources through coordinated efforts. The following Emergency Communication Centers will be responsible for the following:

Public Safety Answering Point (PSAP)

Initial notification/alerting of personnel/agencies

Fire and Law response to the incident and zone coverage

Dispatch appropriate resources

Request Mutual Aid fire resources under any preplanned response matrix or at the request of the IC

Inform all responding personnel of MCI and, the potential or known number of patients

Notify the contract ambulance provider

Inform all responders of the radio fire channel designated by IC

Inform the EMS Agency Duty Officer/MHOAC of the MCI

Inform the Yolo County Office of Emergency Services Duty Officer

Dispatch additional ambulance(s) per the IC

Note: Ambulance field supervisor in consultation with the IC may activate regional ambulance strike team as needed in response to the IC resource request. EMS Agency/MHOAC will be informed and will request additional medical mutual aid from Region IV in coordination with the ambulance provider.

American Medical Response Dispatch (AMR)

Initial notification/alerting of personnel/agencies

Notification of Mutual Aid Resources

Maintenance of normal day-today EMS responses

Ambulance response to incident and zone coverage

Amateur Radio Emergency Services (ARES)

Provides additional communication services to support operations during large scale incidents.

California Highway Patrol, Sacramento Communications Center (SCC)

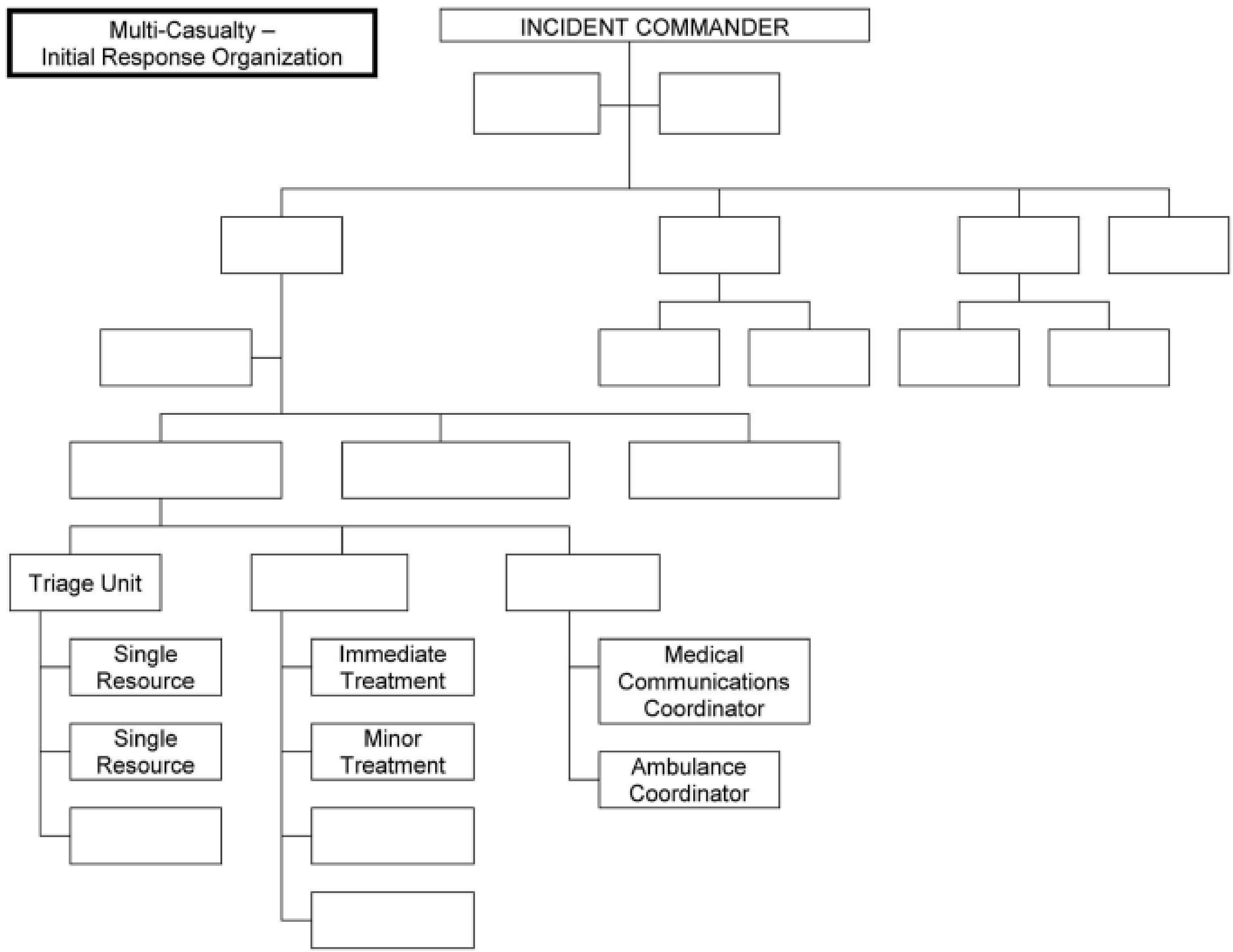
Initial notification/alerting of personnel/agencies

Law enforcement response to the incident

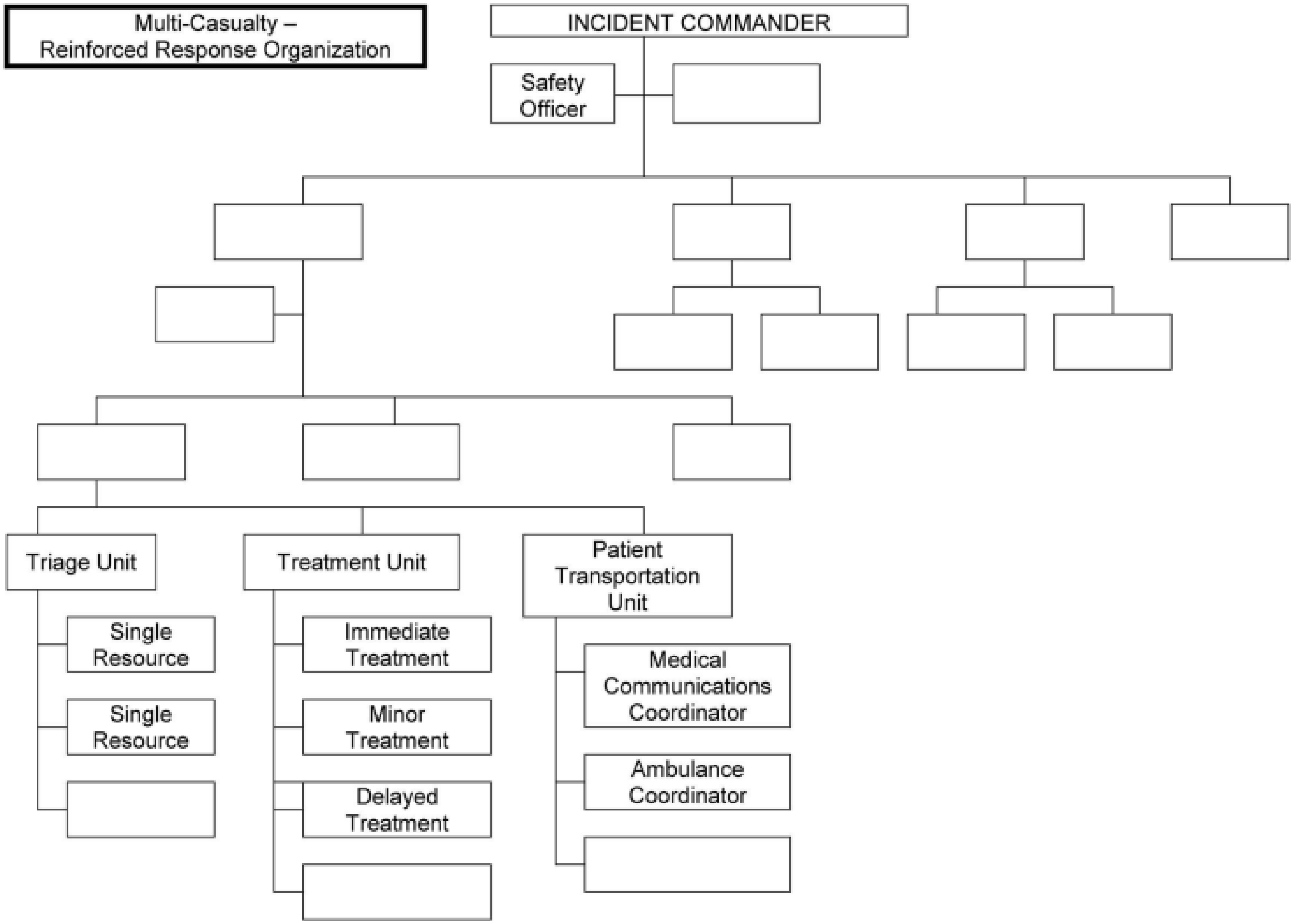
Notification and request for Fire/Law/Medical Mutual Aid

APPENDIX

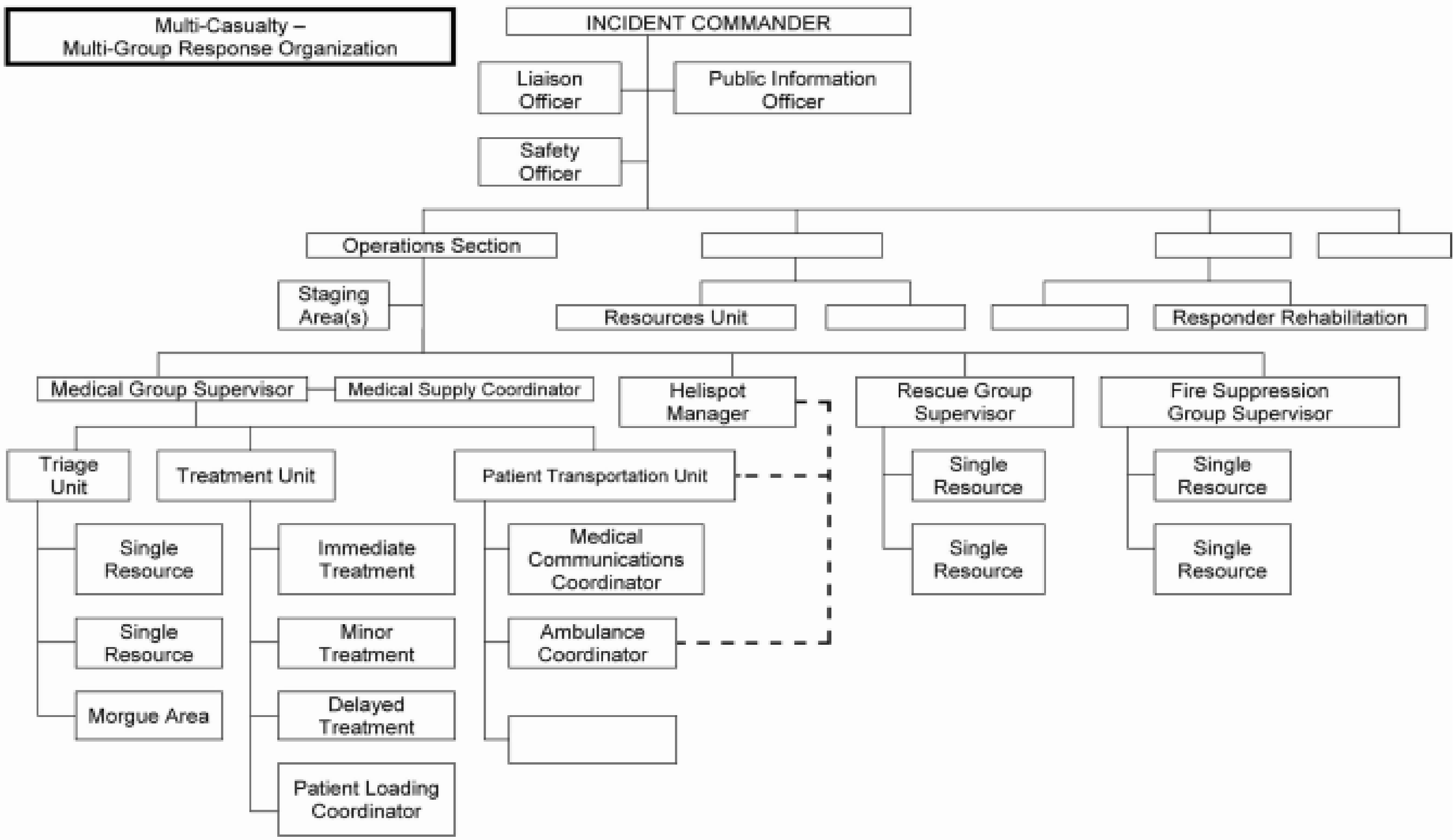
ICS Org Chart – MCI



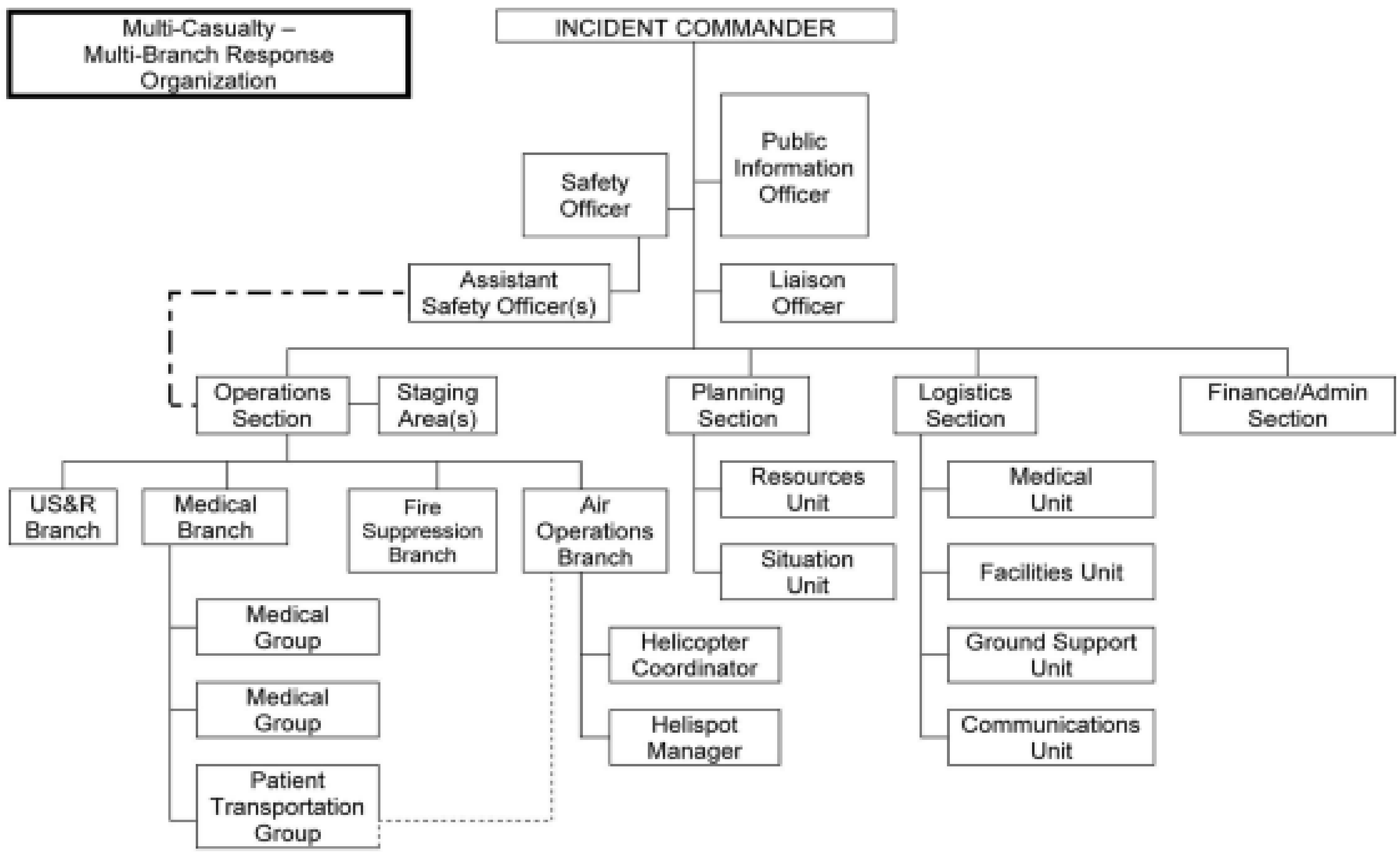
<u>Multi-Casualty Initial Response Organization:</u> The Incident Commander manages initial response resources as well as all Command and General Staff responsibilities. The Incident Commander assigns a resource with the appropriate communications capability as the Medical Communications Coordinator to establish communications with the appropriate hospital or other coordinating facility. In addition, the Incident Commander assigns a Triage Unit Leader, establishes treatment areas, and assigns an Ambulance Coordinator.



<u>Multi-Casualty Reinforced Response Organization:</u> In addition to the initial response, the Incident Commander establishes a Safety Officer, a Treatment Unit Leader, a Patient Transportation Unit Leader and Ambulance Coordinator, Immediate, Delayed, and Minor Treatment Areas are established and staffed. Ambulance Strike Teams may be requested to support local resources.



Multi-Casualty Multi-Group Response Organization: All positions within the Medical Group are now filled. The Air Operations Branch is shown to illustrate the coordination between the Patient Transportation Unit and the Air Operations Branch. A Rescue Group is established to free entrapped victims. *May consult with MHOAC/LEMSA for additional hospital and ambulance resources such as Ambulance Strike Teams.



<u>Multi-Casualty Multi-Branch Response Organization:</u> 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.

Job Action Sheets

AIR OPERATIONS BRANCH DIRECTOR POSITION CHECKLIST

The Air Operations Branch Director reports to the Operations Section Chief and is responsible for implementing and coordinating fixed and or rotor wing aircraft operating on the incident.

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Operations Section Chief or Incident Commander.
☐	2. Determine need for subordinate staff and flight crews and order through the Operations Section Chief.
☐	3. Determine aircraft and support equipment needs and order, as necessary.
☐	4. Brief subordinate staff: ▪ Incident and work objectives, schedules, mission requirements, priorities, time schedules, and process for briefings and debriefings. ▪ Work-site locations, status of aircraft, and crews and equipment assigned or ordered.
☐	5. Assign personnel to utilize skills and qualifications, and make adjustments, as needed.
☐	6. Establish line of authority and procedures for decision making.

AIR OPERATIONS BRANCH DIRECTOR POSITION CHECKLIST *(CONT)*

- [ ] 7. Debrief personnel and pilots and make assignment and staffing adjustments, as necessary:
    - Identify safety issues and hazards, and mitigate them.
    - Determine aircraft status.
    - Identify pilot and aircraft mission capabilities (carding).
    - Initiate system to monitor flight/duty hour limitations and ensure they are not exceeded.
- [ ] 8. Collect and process incident reports, gather daily fiscal information for other sections to include:
    - Flight hours flown.
    - Gallons of product applied.
    - Number of personnel transported.
    - Adjustment to Incident Action Plan (IAP) and support needs for other sections.
- [ ] 9. Evaluate performance of subordinate personnel and make adjustments, as necessary.
- [ ] 10. Inspect and visit areas of operation to insure compliance with agency rules, regulations, and procedures.
- [ ] 11. Ensure necessary organization positions are filled.

AIR OPERATIONS BRANCH DIRECTOR POSITION CHECKLIST *(CONT)*

☐ 12. Provide for the safety and welfare of assigned personnel during the entire period of supervision:

- Recognize potentially hazardous situations.
- Inform subordinates of hazards.
- Control positions and function of resources.
- Ensure that special precautions are taken when extraordinary hazards exist.
- Maintain work/rest guidelines.

☐ 13. Resolve airspace conflicts between incident and non-incident aircraft.

☐ 14. Gather intelligence and information for planning meeting (development of IAP):

- Obtain status and availability of aircraft and personnel for the next and future operational periods.

☐ 15. Participate in the planning and strategy meeting:

- Advise Operations Section Chief of capabilities and/or limitations to support the IAP.
- Determine mission priority.
- Identify start/stop times for Aviation Operations Branch.

AIR OPERATIONS BRANCH DIRECTOR POSITION CHECKLIST *(CONT)*

- Make assignments to carry out IAP.
- Identify resources that are or will be excess in meeting the IAP.
- Prepare Air Operations Summary (ICS Form 220) for the next operational period and give to planning staff.

☐ 16. Determine what information Aviation Operations Branch needs to furnish to the Logistics, Planning, and Finance/Administration Sections:

- Identify needs for Aviation Operations Branch support from each Section.
- Identify what information Aviation Operations Branch needs to provide to each Section and time frame for each item.

☐ 17. Coordinate with supporting dispatch office:

- Ensure that a Temporary Flight Restriction has been initiated, if appropriate, and is in effect over the incident or operating bases.
- Ensure that contact has been established with the military for special use airspace or military training routes in proximity to the incident.
- Obtain current information on availability and status of aviation resources assigned or ordered for the incident.
- Obtain information on aircraft external to the incident (media, VIPs, others).
- Establish procedures for emergency reassignment of aircraft on the incident.

AIR OPERATIONS BRANCH DIRECTOR POSITION CHECKLIST *(CONT)*

☐ 18. Determine need to close airports that are in or adjacent to the incident area of operations:

- Contact supporting dispatch office and request closure through appropriate channels.

☐ 19. Coordinate with vendors, incident personnel, and contractors.

☐ 20. Prepare demobilization schedule of aircraft, personnel, and equipment and coordinate with Planning Section and supporting dispatch.

☐ 21. Maintain/document all activity on Unit/Activity Log (ICS Form 214).

☐ 22. Forwards all reports and/or records to Operations Section Chief.

AMBULANCE COORDINATOR POSITION CHECKLIST

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

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Patient Transportation Unit Leader.
☐	2. Establish appropriate staging area for ambulances. Consider: ▪ Safety and accessibility. ▪ Traffic control must be monitored and directed. ▪ Area and resource location identifiers must be visible.
☐	3. Establish appropriate routes for travel for ambulances for incident operations.
☐	4. Establish and maintain communications with Air Operations Branch Director regarding Air Ambulance Transportation assignments.
☐	5. Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager.
☐	6. Provide ambulances upon request from the Medical Communications Coordinator.

AMBULANCE COORDINATOR POSITION CHECKLIST *(CONT)*

☐ 7. Assure that necessary equipment is available in the ambulance for patient needs during transportation.

☐ 8. Establish contact with ambulance providers at the scene.

☐ 9. Request additional transportation resources as appropriate.

- Consider equipment/time limitations.

☐ 10. Provide an inventory of medical supplies available at ambulance Staging Area for use at scene.

- Anticipate and advise on changing resource requirements.

☐ 11. KEEP RECORD OF RESOURCE MOVEMENT – staffing/equipment.

- Establish check-in/check-out function.

☐ 12. Maintain/document all activity on Unit/Activity Log (ICS Form 214).

☐ 13. Forward all reports and/or records to Patient Transportation Unit Leader/Group Supervisor.

DELAYED TREATMENT AREA MANAGER POSITION CHECKLIST

The Delayed Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Delayed Treatment Area.

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Treatment Unit Leader.
☐	2. Coordinate location of Delayed Treatment Area with Treatment Unit Leader, if not already established.
☐	3. Request or establish Medical Teams as necessary.
☐	4. Assign treatment personnel to patients received in the Delayed Treatment Area.
☐	5. Ensure treatment of patients triaged to the Delayed Treatment Area.
☐	6. Assure that patients are prioritized for transportation.
☐	7. Coordinate transportation of patients with Treatment Dispatch Manager.
☐	8. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
☐	9. Assure that appropriate patient information is recorded.
☐	10. Maintain records of numbers of patients treated and other activities.

DELAYED TREATMENT AREA MANAGER POSITION CHECKLIST *(CONT)*

☐ 11. Maintain/document all activity on Unit/Activity Log (ICS Form 214).

☐ 12. Forward all reports and/or records to Treatment Unit Leader.

IMMEDIATE TREATMENT AREA MANAGER POSITION CHECKLIST

The Immediate Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Immediate Treatment Area.

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Treatment Unit Leader.
☐	2. Coordinate location of Immediate Treatment Area with Treatment Unit Leader, if not already established.
☐	3. Request or establish Medical Teams as necessary.
☐	4. Assign treatment personnel to patients received in the Immediate Treatment Area.
☐	5. Ensure treatment of patients triaged to the Immediate Treatment Area.
☐	6. Assure that patients are prioritized for transportation.
☐	7. Coordinate transportation of patients with Treatment Dispatch Manager.
☐	8. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
☐	9. Assure that appropriate patient information is recorded.
☐	10. Maintain records of numbers of patients treated and other activities.

IMMEDIATE TREATMENT AREA MANAGER POSITION CHECKLIST *(CONT)*

☐ 11. Maintain/document all activity on Unit/Activity Log (ICS Form 214).

☐ 12. Forward all reports and/or records to the Treatment Unit Leader.

MEDICAL BRANCH DIRECTOR POSITION CHECKLIST

The Medical Branch Director is responsible for the implementation of the Incident Action Plan (IAP) within the Medical Branch. The Medical 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.

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Operations Section Chief or Incident Commander.
☐	2. Review Group Assignments for effectiveness of current operations and modify as needed.
☐	3. Provide input to Operations Section Chief for the IAP
☐	4. Supervise Branch Activities and confer with Safety Officer to assure safety of all personnel using effective analysis and management techniques.
☐	5. Report to Operations Section Chief on Branch Activities.
☐	6. Maintain/document all activity on Unit/Activity Log (ICS Form 214).
☐	7. Forward all reports and/or records to Operation Section Chief.

MEDICAL COMMUNICATIONS COORDINATOR POSITION CHECKLIST

The Medical Communications Coordinator reports to the Patient Transportation Unit Leader/Group Supervisor, and maintains communications with the hospital alert system to maintain status of available beds to assure proper patient transportation. The Medical Communications Coordinator assures proper patient transportation and destination.

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Patient Transportation Unit Leader/Group Supervisor.
☐	2. Establish communications with the hospital alert system.
☐	3. Determine and maintain current status of hospital/medical facility availability and capability.
☐	4. Receive basic patient information and condition from the Treatment Dispatch Manager.
☐	5. Coordinate patient destination with the hospital alert system.
☐	6. Communicate patient transportation needs to Ambulance Coordinator(s) based upon requests from Treatment Dispatch Manager.
☐	7. Communicate patient air ambulance transportation needs to the Air Operations Branch Director based upon requests from the treatment area managers or Treatment Dispatch Manager.
☐	8. Maintain/document all activity on Unit/Activity Log (ICS Form 214).

MEDICAL COMMUNICATIONS COORDINATOR POSITION CHECKLIST *(CONT)*

☐ 9. Forward all reports and/or records to Patient Transportation Unit Leader/Group Supervisor.

MEDICAL GROUP SUPERVISOR POSITION CHECKLIST

The Medical Group Supervisor reports to the Operations Section Chief or the Medical Branch Director if established and supervises the Triage Unit Leader, Treatment Unit Leader, and Medical Supply Coordinator. They also supervise the Patient Transportation Unit Leader if Medical Branch Director is not activated. The Medical Group Supervisor establishes command and controls the activities within a Medical Group.

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Operations Section Chief or Incident Commander.
☐	2. Participate in Medical Branch/Operations Section Planning activities.
☐	3. Establish Medical Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.
☐	4. Designate Unit Leaders and Treatment Area locations as appropriate.
☐	5. Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.
☐	6. Request law enforcement/coroner involvement as needed.
☐	7. Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, and cots.
☐	8. Ensure activation or notification of hospital alert system, local EMS/health agencies.

MEDICAL GROUP SUPERVISOR POSITION CHECKLIST *(CONT)*

- [ ] 9. Direct and/or supervise on-scene personnel from agencies such as Coroner's Office, Red Cross, law enforcement, ambulance companies, county health agencies, and hospital volunteers
- [ ] 10. Request proper security, traffic control, and access for the Medical Group work areas.
- [ ] 11. Direct medically trained personnel to the appropriate Unit Leader.
- [ ] 12. Maintain/document all activity on Unit/Activity Log (ICS Form 214).
- [ ] 13. Forward all reports and/or records to Medical Branch Director or Operations Section Chief.

MEDICAL SUPPLY COORDINATOR POSITION CHECKLIST

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. *If the Logistics Section were established, this position would coordinate with the Logistics Section Chief or Supply Unit Leader*.

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Medical Group Supervisor.
☐	2. Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group.
☐	3. Request additional medical supplies.
☐	4. Distribute medical supplies to Treatment and Triage Units.
☐	5. Maintain/document all activity on Unit/Activity Log (ICS Form 214).
☐	6. Forward all reports and/or records to Medical Group Supervisor.

MINOR TREATMENT AREA MANAGER POSITION CHECKLIST

The Minor Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Minor Treatment Area.

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Treatment Unit Leader.
☐	2. Coordinate location of Minor Treatment Area with Treatment Unit Leader, if not already established.
☐	3. Request or establish Medical Teams as necessary.
☐	4. Assign treatment personnel to patients received in the Minor Treatment Area.
☐	5. Ensure treatment of patients triaged to the Minor Treatment Area.
☐	6. Assure that patients are prioritized for transportation.
☐	7. Coordinate transportation of patients with Treatment Dispatch Manager.
☐	8. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
☐	9. Assure that appropriate patient information is recorded.
☐	10. Maintain records of numbers of patients treated and other activities.

MINOR TREATMENT AREA MANAGER POSITION CHECKLIST *(CONT)*

☐ 11. Maintain/document all activity on Unit/Activity Log (ICS Form 214).

☐ 12. Forward all reports and/or records to Treatment Unit Leader.

MORGUE MANAGER POSITION CHECKLIST

The Morgue Manager reports to the Triage Unit Leader and assumes responsibility for Morgue Area functions until properly relieved.

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Triage Unit Leader or Medical Group Supervisor.
☐	2. Assess resource/supply needs and order as needed.
☐	3. Coordinate all Morgue Area activities.
☐	4. Keep area off limits to all but authorized personnel.
☐	5. Coordinate with law enforcement and assist the Coroner or Medical Examiner representative.
☐	6. Keep identity of deceased persons confidential.
☐	7. Maintain appropriate records.
☐	8. Maintain/document all activity on Unit/Activity Log (ICS Form 214).
☐	9. Forward all reports and/or records to Medical Group Supervisor/Medical Branch Director via Triage Unit Leader if Coroner or Deputy Coroner not present at scene (Operations Section Chief will forward reports to Coroner).

PATIENT TRANSPORTATION UNIT LEADER OR GROUP SUPERVISOR POSITION CHECKLIST

The Patient Transportation Unit Leader reports to the Medical Group Supervisor and supervises the Medical Communications Coordinator, and the Ambulance Coordinator. The Patient Transportation Unit Leader is responsible for the coordination of patient transportation and maintenance of records relating t 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 the incident size or complexity.

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Medical Group Supervisor.
☐	2. Insure the establishment of communications with hospital(s).
☐	3. Designate Ambulance Staging Area(s).
☐	4. Direct the off-incident transportation of patients as determined by the Medical Communications Coordinator.
☐	5. Assure that patient information and destination are recorded.
☐	6. Establish communications with Ambulance Coordinator.
☐	7. Request additional ambulances as required.
☐	8. Notify Ambulance Coordinator of ambulance requests.
☐	9. Coordinate requests for air ambulance transportation through Air Operations Branch Director.

PATIENT TRANSPORTATION UNIT LEADER OR GROUP SUPERVISOR POSITION CHECKLIST *(CONT)*

- [ ] 10. Coordinate the establishment of the Air Ambulance Helispots with the Medical Branch Director and Air Operations Branch Director.
- [ ] 11. Maintain/document all activity on Unit/Activity Log (ICS Form 214).
- [ ] 12. Forward all reports and/or records to Medical Group Supervisor.

TREATMENT DISPATCH MANAGER POSITION CHECKLIST

The Treatment Dispatch Manager 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.

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Treatment Unit Leader.
☐	2. Establish communications with the Immediate, Delayed, and Minor Treatment Area(s) Managers.
☐	3. Establish communications with the Patient Transportation Unit Leader
☐	4. Verify that patients are prioritized for transportation.
☐	5. Advise Medical Communications Coordinator of patient readiness and priority for transport.
☐	6. Coordinate transportation of patients with Medical Communications Coordinator.
☐	7. Assure that appropriate patient tracking information is recorded.
☐	8. Coordinate ambulance loading with the Treatment Area Managers and ambulance personnel.
☐	9. Maintain/document all activity on Unit/Activity Log (ICS Form 214).

TREATMENT DISPATCH MANAGER POSITION CHECKLIST *(CONT)*

☐ 10. Forward all reports and/or records to Patient Transportation Unit Leader.

TREATMENT UNIT LEADER POSITION CHECKLIST

The Treatment Unit Leader reports to the Medical Group Supervisor and supervises Treatment Managers and the Treatment Dispatch Manager. The Treatment Unit Leader assumes responsibility for treatment, preparation for transport, and directs movement of patients to loading location(s).

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Medical Group Supervisor.
☐	2. Develop organization sufficient to handle assignment.
☐	3. Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas.
☐	4. Coordinate movement of patients from the Triage Area to the appropriate Treatment Area with Triage Unit Leader. ▪ Immediate Treatment Area. ▪ Minor Treatment Area. ▪ Delayed Treatment Area.
☐	5. Request sufficient medical caches and supplies as necessary.
☐	6. Establish communications and coordination with Patient Transportation Unit Leader.

TREATMENT UNIT LEADER POSITION CHECKLIST *(CONT)*

☐ 7. Ensure continual triage of patients throughout Treatment Areas.

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

☐ 9. Give periodic status reports to the Medical Group Supervisor.

☐ 10. Maintain records of numbers of patients treated and other activities.

☐ 11. Maintain/document all activity on Unit/Activity Log (ICS Form 214).

☐ 12. Forward all reports and/or records to Medical Group Supervisor.

TRIAGE PERSONNEL POSITION CHECKLIST

Triage Personnel report to Triage Unit Leader and triage patients and assign them to the appropriate Treatment Areas.

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Triage Unit Leader or Medical Group Supervisor.
☐	2. Report to designated on-scene location.
☐	3. Triage and tag injured patients. Classify patients while noting injuries and vital signs taken.
☐	4. Direct movement of patients to proper Treatment Areas.
☐	5. Provide appropriate medical treatment to patients prior to movement as incident conditions dictate.
☐	6. Forward all records and/or reports to Triage Unit Leader.

TRIAGE UNIT LEADER POSITION CHECKLIST

The Triage Unit Leader reports to the Medical Group Supervisor and supervises Triage Personnel/Litter Bearers and the Morgue Manager. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the triage area. When triage has been completed, the Triage Unit Leader may be reassigned as needed.

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**
☐	1. Obtain briefing from Operations Section Chief or Incident Commander.
☐	2. Develop organization sufficient to handle assignment.
☐	3. Inform Medical Group Supervisor of resource needs.
☐	4. Implement triage process.
☐	5. Coordinate movement of patients from the Triage Area to the appropriate Treatment Area. ▪ Immediate Treatment Area. ▪ Minor Treatment Area. ▪ Delayed Treatment Area.
☐	6. Give periodic status reports to Medical Group Supervisor.

TRIAGE UNIT LEADER POSITION CHECKLIST

- [ ] 7. Maintain security and control of the Triage Area.
- [ ] 8. Establish Morgue.
- [ ] 9. Maintain/document all activity on Unit/Activity Log (ICS Form 214).
- [ ] 10. Forward all records and/or reports to Medical Group Supervisor.

YEMSA MCI Transportation Worksheet

PTGS / MCC Name / Phone ____ Incident Name / Incident Type ____ Date ____ Disaster Control Facility Contact / Phone ____

Name / Triage Tag #	PT Status	Age / Sex / Injury Type	Unit ID	Hosp Dest	Trans Time	ETA
#	I D M	M F				
#	I D M	M F				
#	I D M	M F				
#	I D M	M F				
#	I D M	M F				
#	I D M	M F				
#	I D M	M F				
#	I D M	M F				
#	I D M	M F				
#	I D M	M F				

DCF Contact Times:							

Comments

Pg ____ of ____

PTGS / MCC Signature ____ MGS Signature ____ IC Signature ____

This form is intended as an adjunct to ICS Form 403 or any other official ICS Form

Total Patient Count

	Initial	Final		Intitial	Final
Immediate			Minor		
Delayed			Dead		

Hospital Availability

WMH	I		SDH	I	
#	D		#	D	
	M			M	
UCD	I		SMC	I	
#	D		#	D	
	M			M	
MGH	I		KSR	I	
#	D		#	D	
	M			M	
KFHN	I		KSRV	I	
#	D		#	D	
	M			M	
	I			I	
#	D		#	D	
	M			M	
	I			I	
#	D		#	D	
	M			M	

Version 1.0 DC2V

Ambulance Company / Unit ID #	Patient Name / Triage Tag #	Patient Status	Age	Sex	Hosp Dest	Depart Time	ETA Hosp
		I D M		M F			
		I D M		M F			
		I D M		M F			
		I D M		M F			
		I D M		M F			
		I D M		M F			
		I D M		M F			
		I D M		M F			
		I D M		M F			
		I D M		M F			
		I D M		M F			
		I D M		M F			
		I D M		M F			
		I D M		M F			
		I D M		M F			

HOSPITAL ABBREVIATION KEY	
WMH	Woodland Memorial
SDH	Sutter Davis
UCD	UC Davis Medical Center
SMC	Sutter Medical Center Sac
MSJ	Mercy San Juan
SGH	Mercy General
MH	Methodist
KV	Kaiser Vacaville
KN	Kaiser Morse
KS	Kaiser South
KR	Kaiser Roseville
NB	North Bay Medical Center

HOSPITAL AVAILABILITY

TIME						
WMH	I					
#	D					
	M					

TIME						
SDH	I					
#	D					
	M					

TIME						
UCD	I					
#	D					
	M					

TIME						
SMC	I					
#	D					
	M					

TIME						
MSJ	I					
#	D					
	M					

TIME						
SGH	I					
#	D					
	M					

TIME						
MH	I					
#	D					
	M					

TIME						
KV	I					
#	D					
	M					

TIME						
KN	I					
#	D					
	M					

TIME						
KS	I					
#	D					
	M					

TIME						
KR	I					
#	D					
	M					

TIME						
NB	I					
#	D					
	M					

ACTIVITY LOG (ICS 214)

1. Incident Name:	**2. Operational Period:** Date From: Date Date To: Date Time From: HHMM Time To: HHMM	
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name:	Position/Title:	Signature:
ICS 214, Page 1	Date/Time: Date	

ACTIVITY LOG (ICS 214)

1. Incident Name:	**2. Operational Period:**	Date From: Date Time From: HHMM	Date To: Date Time To: HHMM

7. Activity Log (continuation):

Date/Time	Notable Activities

8. Prepared by: Name:	Position/Title:	Signature: ______________
ICS 214, Page 2	Date/Time: Date	

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:	2. Operational Period:	Date From: Date	Date To: Date
		Time From: HHMM	Time To: HHMM

3. Incident Commander(s) and Command Staff:	
IC/UCs	
Deputy	
Safety Officer	
Public Info. Officer	
Liaison Officer	

4. Agency/Organization Representatives:	
Agency/Organization	Name

5. Planning Section:	
Chief	
Deputy	
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialists	

6. Logistics Section:	
Chief	
Deputy	
Support Branch	
Director	
Supply Unit	
Facilities Unit	
Ground Support Unit	
Service Branch	
Director	
Communications Unit	
Medical Unit	
Food Unit	

7. Operations Section:		
Chief		
Deputy		
Staging Area		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Air Operations Branch		
Air Ops Branch Dir.		

8. Finance/Administration Section:	
Chief	
Deputy	
Time Unit	
Procurement Unit	
Comp/Claims Unit	
Cost Unit	

9. Prepared by:	Name:	Position/Title:	Signature: ________________
ICS 203	IAP Page	Date/Time: Date	