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OPERATIONS MANUAL

STANDARD INSTRUCTION 09 EMERGENCY MEDICAL SERVICES

SECTION 15 MASS CASUALTY INCIDENT

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**I. PURPOSE**

Mass Casualty Incident (MCI) Multiple Patient Incident (MPI) Plan: A component of the Incident Command System designed to facilitate effective scene management during multiple-patient and mass casualty incidents. In addition, this Medical Operations plan is designed to interface with the operations and organization detailed in the Office of Emergency Services and the Unified Disaster Council of the Unified San Diego County Emergency Services Organizational Area, Emergency Mass Casualty/Disaster Plan known as Annex D.

Authorized by the County Medical Director under S-140 of the County EMS Protocol Manual

**II. SCOPE**

This policy shall apply to all SDFD Personnel and the 911 Transport Provider.

**III. AUTHORITY**

The Fire Chief authorizes the information within this policy.

**IV. DEFINITIONS**

- A. **Annex D** – Also known as the MCI Protocol, Annex D is the County of San Diego’s Emergency Operations Plan which addresses the County’s response to Mass Casualty Incidents (MCI). Annex D plan expedites access to transportation, communications, medical and hospital resources. There are two operational levels in the Annex D plan; Annex D Alert and Annex D Activation.
- B. **Controlling Base Hospital** –The controlling base hospital is identified as the hospital in which the MPI or MCI has occurred within their catchment area.
- C. **Casualty Collection Area** – An area of the incident identified by the IC where injured victims are moved and grouped by acuity due to the potential for further collapse or other eminent danger that could cause additional injuries to victims and care providers. This area is not a Treatment Area although the area may be identified using Triage Tarps with colors corresponding to the patient’s acuity, (Red, Yellow and Green). The IC may establish the Treatment Unit in the Casualty Collection Area later in the incident when sufficient resources are available.
- D. **Mass Casualty Incident (MCI)** - An incident that has the potential to escalate or will require the resources of multiple First Responder agencies, EMS agencies and receiving facilities. Any incident with multiple victims where the type of injuries can potentially overwhelm the resources of local hospitals.
- E. **MCI Protocol** – Also known as Annex D, the MCI protocol is activated in the field by the Transportation Unit Leader or Med Communications Coordinator (Med Com) (if established) through the controlling base hospital, and, activated by the IC through FCC. Both activations are required to assure the hospital system and County EMS systems are notified. The MCI Protocol can also be activated by the controlling base hospital MICN when hospital resources cannot support MPI activation from the field.

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- F. **Multi-Patient Incident (MPI)** - any incident where the IC determines that local first responders, transport providers and receiving facilities will not be impacted by the number or condition of victims and, expansion of the incident is not anticipated and, department resources can effectively manage the incident.

## V. **POLICY**

### A. **Goals**

1. To rapidly and effectively triage multiple victim incidents while providing appropriate treatment and transportation to local emergency facilities or casualty collection points (CCP).
2. To transport off scene any trauma center candidate within 10 minutes from the arrival of the transport unit, unless delayed by extrication, rescue operations, shortage of transport units or a shortage of receiving center beds.
3. To identify the resources at the local, state and federal levels available to the Incident Commander through the MCI activation process.

### B. **Controlling Base Hospital**

1. The controlling base hospital is identified on the MDC as the Trauma Base Hospital. These boundaries are identified as County Trauma Catchment Areas.
2. The controlling base hospital will be contacted by the on-scene Transportation Unit Leader or Med Com (if established) using:
  - a. MPI incidents - the City's 800 MHz radio system for all and the County's
  - b. MCI incidents - Regional Communication System (RCS) 800 MHz radio system for all.
  - c. When an incident is upgraded by the controlling base hospital MICN from an MPI to an MCI due to hospital resource issues, the Transportation Unit Leader/Med Com must reestablish radio communications on the RCS system.
3. Burn Surge – The designation of a specific type of incident where the primary patients are burn victims; burn Surge incidents shall utilize UCSD Burn Center.
4. Kid Surge – The designation of a specific type of incident where the primary patients are children (</= 14 years of age) requiring specialty care. During a Kid Surge incident, the controlling base hospital shall be Sharp Memorial Hospital.

### C. **Emergency Response Levels**

1. Multi-patient incident (MPI)
  - a. Initial response of one first responder and one ALS transport is usually dispatched unless fire/medical dispatch obtains information from the reporting party.
  - b. Officers and crews always have the option to order additional resources.

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- 1) A general rule of one (1) ALS or BLS transport unit for every two (2) patients and one (1) First Responder unit for every two (2) ambulances can be used to order initial resources
  - c. Expansion of the incident to an MCI can be made by the IC, or through the base hospital MICN. All on-scene personnel must be made aware of the incident's upgrade to an MCI.
  - d. Notification to the IC and the base hospital MICN if the incident is upgraded
2. Procedure
- a. The Patient Transportation Unit Leader/Med Com shall establish contact with the controlling base hospital of the incident.
  - b. The assignment of a Med Com shall be implemented on every incident with 2 or more patients to streamline the reporting process and prevent multiple hospital contacts.
  - c. All Paramedic standing orders are in effect during the triage, treatment and transportation phase of the event.
  - d. Only one Base Hospital will be contacted throughout the entire event. Under the MPI protocol only, the Transport Unit Paramedic or EMT can provide limited updates to the controlling Base Hospital. This shall be done only when the Transportation Unit Leader/Med Com has completed the report to the Hospital or as an opportunity occurs.
  - e. MPI required reporting patient information will consist of the initial overall scene size-up and the following:
    - 1) Patient Number
    - 2) Patient Age
    - 3) Gender
    - 4) Mechanism of individual patient, i.e. "restrained driver"
    - 5) Chief Complaint
    - 6) Abnormal Findings
    - 7) Treatment provided
    - 8) Destination and Transporting Unit
    - 9) Estimated Time of Arrival
  - f. Documentation of each patient will be completed by the transporting paramedic or EMT.
  - g. The overall incident will be documented by the Med Com and will include, at a minimum, the following:
    - 1) Location of Incident
    - 2) Type of Incident, i.e. structure fire, hazardous materials incident, vehicle accident.
    - 3) Units assigned to the incident for the purposes of patient care or transportation of victims.

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- 4) Transport destination and unit assignment of victims.
- 5) Number of patients released or pronounced dead on scene.

3. Mass Casualty Incidents (MCI)

Incidents that have the potential to escalate or will require the resources of multiple Fire Departments, EMS agencies and receiving Trauma Centers and hospitals.

a. A Mass Casualty Response will be dispatched by FCC upon request from the IC or, when a credible reporting party is at scene with multiple victims. The initial MCI response will consist of;

- 1) 3 - First Responder Engines
- 2) 2 - Truck Companies
- 3) 1 - EMS Station Engine
- 4) 5 - ALS transport units
- 5) 2 - BLS transport units
- 6) 2 - Battalion Chiefs
- 7) Shift Commander Notification
- 8) DMS
- 9) 1 - Copter
- 10) Aero medical unit on standby
- 11) Medical Supervisor
- 12) PDS
- 13) Staff Notification
- 14) Battalion 33
- 15) Deputy 6

4. Alert and Activation

- a. Alert and Activation of the MCI Protocol: Alerting or activating this protocol will initiate specific protocols as defined in Annex D of the County's Emergency Operational Plan.
- b. Alert of the MCI Protocol: An Alert conducted by a representative of the EMS service provider and shall be announced to the controlling base hospital on report of an event or potential event may meet the MCI criteria
- c. The decision to activate the MCI protocol or request additional First Responder and Transport resources is made by the on-scene IC.
- d. Activation of the MCI Protocol: The activation of the County's MCI Protocol requires notification to the controlling Base Hospital, Fire Communications Center and the County Sheriff's Communication Center, Station M. Upon Alert or Activation:
  - 1) The IC will notify FCC that the County's MCI Protocol has been alerted or activated, provide an update and request any additional resources.

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- 2) FCC will notify Station M of the activation of the MCI protocol. The County's, duty EMS officer will contact FCC and assist as identified in the County's Emergency Operations Plan, Annex D.
- 3) FCC will notify the Shift Commander of the Activation
- 4) The Transportation Unit Leader/Med Com will:
  - a) Activate the County's MCI Protocol through the controlling base hospital and advise of the:
    - i. The magnitude of the incident
    - ii. Approximate number of injured
    - iii. Specialized facility needs (burn center, Trauma center, Children's Hospital)
    - iv. Request available bed status at local area hospitals
- 5) The controlling base hospital will coordinate with surrounding hospitals to receive a bed count and report back.
- 6) The transport of critically ill or injured victims should not be delayed by this process.
- 7) A provision in the County's MCI policy allows for the transport of 2 Immediate victims to each Trauma Center, and 1 Immediate/1 Delayed to other non-trauma receiving hospitals prior to establishing communications with the controlling base. This provision is intended for moving the most critical patients off scene as quickly as possible. The Transportation Unit Leader/Med Com will advise the controlling base of any transports made prior to contact.
- 8) In situations where the base hospital MICN activates the MCI Protocol, the MICN will notify the Transportation Unit Leader/ Med Com.
- 9) Once activated by the IC, the Transportation Unit Leader/Med Com or the MICN, the person making the activation will ensure the other affected agencies are notified.
- 10) All paramedic standing orders are in effect during the MCI event.
- 11) When care providers have exhausted their standing orders and require further patient treatment, the County's Radio Communication Failure protocol shall be used to continue care for the patient.
- 12) Only one base hospital will be contacted throughout the entire event.
- 13) In the event that a single large disaster creates two separate but associated incidents, a second Med Com will be assigned to communicate with the same controlling base hospital.

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- 14) In the event of a large-scale disaster creates multiple mass casualty locations in the County; the County will activate a single controlling base hospital to coordinate bed assignments. The radio assignments for the central controlling base hospital should remain the same as current contact frequencies unless otherwise directed by the MICN upon contact.
- 15) The Transportation Unit Leader/Med Com assigns patients to area hospital beds based on acuity and available hospital resources. Priority status should always be given to patients in higher priority status.
- 16) Any decision to load a large volume of victims on a bus or other large, non-medical transportation vehicle shall be approved by the controlling base hospital and the IC. Movement of large volumes of patients can overwhelm the receiving hospital.
- 17) The Transportation Unit Leader/Med Com should provide an initial report of overall conditions, mechanism and hospital resource needs. After providing the initial report, further information required for reporting patient information to the controlling base hospital will consist of the following:
  - a) Patient 4-digit Triage number
  - b) Patient status (Immediate, Delayed, Minor)
  - c) Transport destination
  - d) Transporting Unit
  - e) Estimated time of arrival of the ambulance at the receiving facility

**NOTE:** MED COM should not be influenced to provide more information regardless of the request as the decision to answer a question may result in delays in patient transportation.
- 18) Documentation for each patient will be completed by the transporting paramedic or EMT. The overall incident will be documented by the Med Com and will include, at a minimum, the following:
  - a) Location of incident Type of incident (e.g., structure fire, hazardous materials incident, vehicle accident)
  - b) Units assigned to the incident for the purposes of patient care or transportation of victims.
  - c) Transport destination and unit assignment of victims
  - d) Number of patients released or pronounced dead on scene.

D. ICS Roles and Responsibilities

1. Establishing the MCI/ICS Foundation

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The first-in Fire Officer is responsible to identify the needs of a MCI and assign initial units as necessary to mitigate life threatening hazards. Assignment of personnel to provide Triage, Treatment and Transport of victims is predicated on developing the MCI/ICS foundation.

- a. The Captain or Battalion Chief first on scene shall assume the role of Incident Commander (IC) and shall utilize the MCI Command bag to establish the following 4 priority ICS positions as sufficient resources arrive at scene:
  - 1) Triage Unit Leader
  - 2) Transportation Unit Leader
  - 3) Med Com
  - 4) Ambulance Staging Manager
- b. The IC shall assign the 4 primary ICS, MCI positions as needed and should not assign all positions to the first in crew. Priority should be given to the Triage of victims using the START/SALT Triage guidelines.
- c. The IC shall determine if Triage will be used and the location of the casualty collection points identified by the colored tarps.

## 2. TRIAGE UNIT LEADER

The IC shall ensure that adequate resources are directed to the Triage area and that 1 person is assigned to supervise the Triage area. This person shall assume the role of Triage Unit Leader. The Triage Unit Leader reports to the Medical Group Supervisor and supervises triage personnel and Morgue Manager. The call sign for this position is "TRIAGE"

- a. The Triage Unit Leader assumes the responsibility for providing triage management and movement of patients from the Triage Area.
- b. The IC may consider utilizing a transport paramedic to an ICS, MCI position. This assignment should not delay the transport of patients to the hospital.
- c. Ambulance personnel used in an ICS role shall be backfilled with a first responder for the purpose of patient transportation when necessary. At no time should a transport capable apparatus be used as a command post for Med Communications when transportation units are needed.
- d. When triage has been completed and all the patients have been moved to the treatment areas the, Triage Unit Leader may be reassigned as needed. The duties of the Triage Unit Leader include but are not limited to;
  - 1) Develop organization sufficient to handle assignment.
  - 2) Request resources through the Medical Group Supervisor/IC
  - 3) Implement the Ribbon Triage Process



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- 4) Coordinate movement of patients from the Triage area to casualty collection areas, transport area or treatment area.
- 5) Ensure adequate patient decontamination and proper notifications are made if applicable.
- 6) Assign resources to Triage teams and litter bearers.
- 7) Give Periodic updates to the Medical Group Supervisor/IC
- 8) Maintain security and control of the Triage Area
- 9) Establish a temporary Morgue Area in coordination with Law enforcement/Medical Examiner if necessary.
- 10) Maintain Unit Activity Log ICS 214

### 3. MORGUE MANAGER

The Morgue Manager reports to the Triage Unit Leader and assumes responsibility for the designated Morgue Area. The Morgue Manager works closely with Law Enforcement and the Medical Examiner on the location and movement of the deceased victims.

The duties and responsibilities of the Morgue Manager include but are not limited to;

- a. Assess resource and supply needs and order through the Triage Unit Leader
- b. Coordinate all Morgue activities with Law Enforcement/Medical Examiner
- c. Secures area from all but authorized personnel
- d. Maintains confidentiality of the identity of all deceased victims
- e. Maintains appropriate records using an MCI Tag

### 4. TRANSPORTATION UNIT LEADER

The IC shall ensure that 1 person controls the process of patient transportation. The Transportation Unit Leader/Group Supervisor reports to the Medical Group Supervisor/Branch Director and supervises the Med Com, Ambulance Staging Manager and Patient Loading Coordinator. When assigned to the role of Transportation Unit Leader the call sign for this position is "TRANSPORT". The IC should consider upgrading the position to TRANSPORTATION GROUP SUPERVISOR for incidents that are large or complex in nature. The duties and responsibilities of the Transportation Unit Leader/Group Supervisor include but are not limited to;

- a. Initiate Med Communications with the controlling base hospital or request additional personnel for the position of Med Com.
- b. Develop the Transportation Funnel and confirm location of Transportation Area with the Medical Group Supervisor/Branch Director

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- c. Coordinate movement of Patients from the Triage area to the Transportation area
  - d. Coordinate movement of Patients from the Treatment area to the Transportation area.
  - e. Utilizes the Patient Loading Coordinator (SCRIBE) to assist with patient loading and hospital assignments
  - f. Designates the ambulance staging area and requests transport units directly from the Ambulance Staging Manager and Heliport Manager.
  - g. Records each patient leaving scene utilizing the MCI Tag and ensures the MCI Tag bracelet is placed on the patient by the transporting unit if not already placed.
  - h. Maintains a record of patient transportation to include;
    - 1) Patient number from MCI Tag
    - 2) Patient status (Immediate, Delayed, Minor)
    - 3) Patient destination
    - 4) Transporting Unit
    - 5) Name and or description of any Minor victim (under age 18); this information is provided to the IC through the chain-of-command.
  - i. Requests additional transportation resources as required and consider the use of alternative transport units
  - j. Coordinates the establishment of the Heliport with the Medical Group Supervisor/Branch Director
  - k. Maintains Unit Activity Log ICS 214
5. MEDICAL COMMUNICATIONS COORDINATOR (MED COM)

The IC shall assign a paramedic to establish communications with the appropriate controlling base hospital as the Medical Communication Coordinator. The call sign for this position is “MEDCOM” and is subordinate to the Transportation Unit Leader/Group Supervisor when assigned.

The duties of the Med Com include but are not limited to;

- a. Establish communications with the designated coordinating hospital identified as the Trauma Catchment hospital on the units MDC.
- b. Establish communications with the designated Burn Center for incidents meeting the criteria of “Burn Surge”.
- c. Determine and maintain current status of hospital bed availability and capability
- d. Receive basic patient information from the Triage Unit Leader and Treatment Unit Leader
- e. Coordinate patient destination with the Transportation Unit Leader/Group Supervisor and Patient Loading Coordinator

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- f. Coordinate Air Ambulance needs with the Transportation Unit Leader/Group Supervisor and Patient Loading Coordinator.
- g. Maintain appropriate records and provide an ePCR for the entire call
- h. Maintain a Unit Activity Log ICS 214

6. AMBULANCE STAGING MANAGER

The IC shall identify and maintain appropriate ingress and egress for the purpose of transportation by staging unnecessary fire apparatus away from the incident and stage all transport units in a separate location from fire apparatus. Once a location is established for transport apparatus the IC shall assign an Ambulance Staging Manager. The call sign for this position is “AMBULANCE STAGING”

The duties of the Ambulance Staging Manager include but are not limited to;

- a. Establish an appropriate staging area for ground and air ambulance if one has not been established.
- b. Identify and establish routes of travel for ambulances and incident operations.
- c. Establish and maintain communications with the Transportation Unit Leader/Group Supervisor, Heliport Manager, and transport units from multiple agencies arriving at the incident.
- d. Provide ambulances upon request from the Transportation Unit Leader/Group Supervisor.
- e. Divide ground ambulance resources into similar type and dispatch the most advanced units first when requested.
- f. Coordinate with the Medical Supply Coordinator to collect surplus equipment and move it to needed areas for distribution.
- g. Notify the Transportation Unit Leader/Group Supervisor when available resources are depleted to 2 ALS and 2 BLS ambulances.
- h. Maintain a record of Transport units and a Unit Activity Log ICS 214

7. PATIENT LOADING COORDINATOR (SCRIBE)

The Patient Loading Coordinator, commonly called a scribe, reports to the Transportation Unit Leader/Group Supervisor. The call sign for this position is “SCRIBE” and the duties include but are not limited to;

- a. Establish position with the Transportation Unit Leader/Group Supervisor and Med Communication Coordinator at the funnel entrance.
- b. Coordinate patient movement from the Triage and Treatment areas with the Transport Unit Leader/Group Supervisor and Med Com.
- c. Verify the patient priority and confirm each patient receives an MCI Tag.
- d. Ensure patient tracking information is recorded
- e. Ensure minor patients (under age 18) have name or description documented.

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f. Ensure appropriate documentation on a Unit Activity Log ICS 214.

E. Expansion of the Medical Branch

When the size and scope of the MCI incident requires additional overhead to maintain a manageable span of control; or, when an incident will require an extended operational period, the assignment of additional ICS management positions may be required.

1. Medical Branch Director

When a complex incident exceeds the span of control for the Incident Commander, they may assign a Fire Captain or Chief Officer to the role of Medical Branch Director. This person will assume the responsibility for all Medical Operations at the incident. The Medical Branch Director is responsible for the implementation of the Incident Action Plan within the Medical Branch and reports to the Operations Section Chief when established. The Medical Branch Director supervises the Medical Group and Transportation Unit or Group. When assigned to the role of Medical Branch Director the call sign for this position is “MED BRANCH”.

The duties of the Medical Branch include but are not limited to;

- a. Review Group assignments for effectiveness and modify as needed
- b. Provide situational awareness for IC/OPS for development of IAP
- c. Coordinate with assisting agencies such as law enforcement, Coroner, Public Health and private transport companies.
- d. Coordinate with agencies such as the Red Cross and utilities.
- e. Confer with Safety Officer to ensure safety of all personnel
- f. Report to OPS/IC on Branch activities
- g. Maintain Unit Activity Log ICS 214

2. Medical Group Supervisor

The Medical Group Supervisor is responsible for medical care of victims and supervises the Triage Unit, Transportation Unit Leader, Treatment Unit Leader, Morgue Manager and Medical Supply Coordinator. When assigned to the role of Medical Group Supervisor the call sign for this position is “MED GROUP” The Medical Group Supervisor plays a key role in the coordination of patient movement from the Triage Unit to Transport; the Triage Unit to Treatment; and the Treatment Unit to Transport.

- a. In larger sized incidents the IC should consider upgrading the Transport Unit to Transport Group in complex or large incidents. Transportation Unit Leader/Group Supervisor should be assigned at the same time to provide Transportation and Hospital communications coordination.

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- b. The duties of the Medical Group Supervisor include, but are not limited to;
  - 1) Participate in Branch/Operations Section planning
  - 2) Assign personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.
  - 3) Designate Unit Leaders and Treatment Area locations
  - 4) Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment areas.
  - 5) Request law enforcement for security, traffic control and access for Medical Group Areas
  - 6) Determine number and type of additional resources and supplies needed to handle the magnitude of the incident.
  - 7) Ensure adequate patient decontamination and proper Hazardous Materials notifications are made
  - 8) Consider responder rehabilitation
  - 9) Maintain a Unit Activity Log ICS Form 214

### 3. Treatment Unit

When resources are available, the IC shall identify a specific area and assign sufficient resources to develop the Treatment Unit. The IC shall assign one person to control the ingress and egress of victims through the Treatment Unit and coordinate the assignment of personnel to assist within the 3 subdivisions of the Treatment Unit. This person shall assume the role of Treatment Unit Leader.

### 4. Treatment Unit Leader

The Treatment Unit Leader reports to the Medical Group Supervisor and supervises the Treatment Area. The call sign for this position is "TREATMENT". The duties of the Treatment Unit leader include but are not limited to;

- a. Develop organization sufficient to handle assignment.
- b. Direct and supervise Immediate, Delayed and Minor Treatment Areas
- c. Ensure adequate patient documentation using MCI Tags
- d. Ensure continued assessment of patients to include reassessment and relocation as necessary throughout the Treatment area.
- e. Coordinate movement of patients from the Triage Area to the Treatment area with the Triage Unit Leader
- f. Coordinate movement of patient from the Treatment Area to the Transportation area with the Transportation Unit Leader/Group Supervisor.
- g. Assign personnel to be treatment personnel or litter bearers
- h. Request sufficient medical caches and supplies
- i. Give periodic status reports to the Medical Group Supervisor

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- j. Request specialized medical resources through the chain-of-command to include UDC, DMAT, DMORT and USAR.
- k. Maintain a Unit Activity Log ICS 214

5. Immediate Treatment Manager

The Immediate Treatment Manager is assigned by the Treatment Unit Leader and is responsible for supervising patient entry, patient care providers and patient disposition for all patients assigned to the Immediate Treatment Area. When assigned to as the Immediate Treatment Manager the call sign for this position is "IMMEDIATE TREATMENT".

The duties of the Immediate Treatment Manager include but are not limited to;

- a. Identifies the medical and logistical needs for the Immediate Treatment area and requests additional resources.
- b. Assign treatment personnel to patients.
- c. Ensures assessment of patients and reassessment/relocation as needed
- d. Ensures patients are prioritized for transport.
- e. Coordinates movement of patients with the Treatment Unit Leader
- f. Ensures the appropriate patient information is recorded on the MCI Tag
- g. Ensures the patient receives the MCI Tag bracelet
- h. Maintain Unit Activity Log ICS 214

6. Delayed Treatment Manager

The Delayed Treatment Manager is assigned by the Treatment Unit Leader and is responsible for supervising patient entry, patient care providers and patient disposition for all patients assigned to the Delayed Treatment Area. When assigned to as the Delayed Treatment Manager the call sign for this position is "DELAYED TREATMENT".

The duties of the Delayed Treatment Manager include but are not limited to;

- a. Identifies the medical and logistical needs for the Delayed Treatment area and requests additional resources.
- b. Assign treatment personnel to patients
- c. Ensures assessment of patient and reassessment/relocation as needed
- d. Ensures patients are prioritized for transport
- e. Coordinates movement with the Treatment Unit Leader
- f. Ensures the appropriate patient information is recorded on the MCI Tag
- g. Ensures the patient receives the MCI Tag bracelet
- h. Maintain Unit Activity Log ICS 214

7. Minor Treatment Manager

<b>TITLE</b> OPERATIONS MANUAL	<b>STANDARD</b> INSTRUCTION 09		<b>DEPARTMENT</b> FIRE-RESCUE
<b>SUBJECT:</b> EMERGENCY MEDICAL SERVICES MASS CASUALTY INCIDENT	<b>SECTION</b> 04	<b>PAGE</b> 1 of 16	<b>EFFECTIVE DATE</b> 02/10/2015

The Minor Treatment Manager is assigned by the Treatment Unit Leader and is responsible for supervising all Minor or “walking wounded” patients assigned to the Minor Treatment Area. When assigned to as the Minor Treatment Manager the call sign for this position is “MINOR TREATMENT”.

The duties of the Minor Treatment Manager include but are not limited to;

- a. The Minor Treatment Manager identifies the medical and logistical needs for the area and requests additional resources.
- b. Assign treatment personnel to patients
- c. Ensures assessment of patient and reassessment/relocation as needed
- d. Ensures patients are prioritized for transport
- e. Coordinates movement of patients from the Minor Treatment area with the Treatment Unit Leader
- f. Ensures the appropriate patient information is recorded on the MCI Tag
- g. Ensures the patient receives the MCI Tag bracelet
- h. Maintain Unit Activity Log ICS 214

#### 8. Medical Supply Coordinator

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 incident. When assigned as the Medical Supply Coordinator the call sign for this position is “MED SUPPLY”. If the Logistics Section is established the Medical Supply Coordinator would coordinate the needs of the incident through the Supply Unit Leader or the Logistics Section Chief.

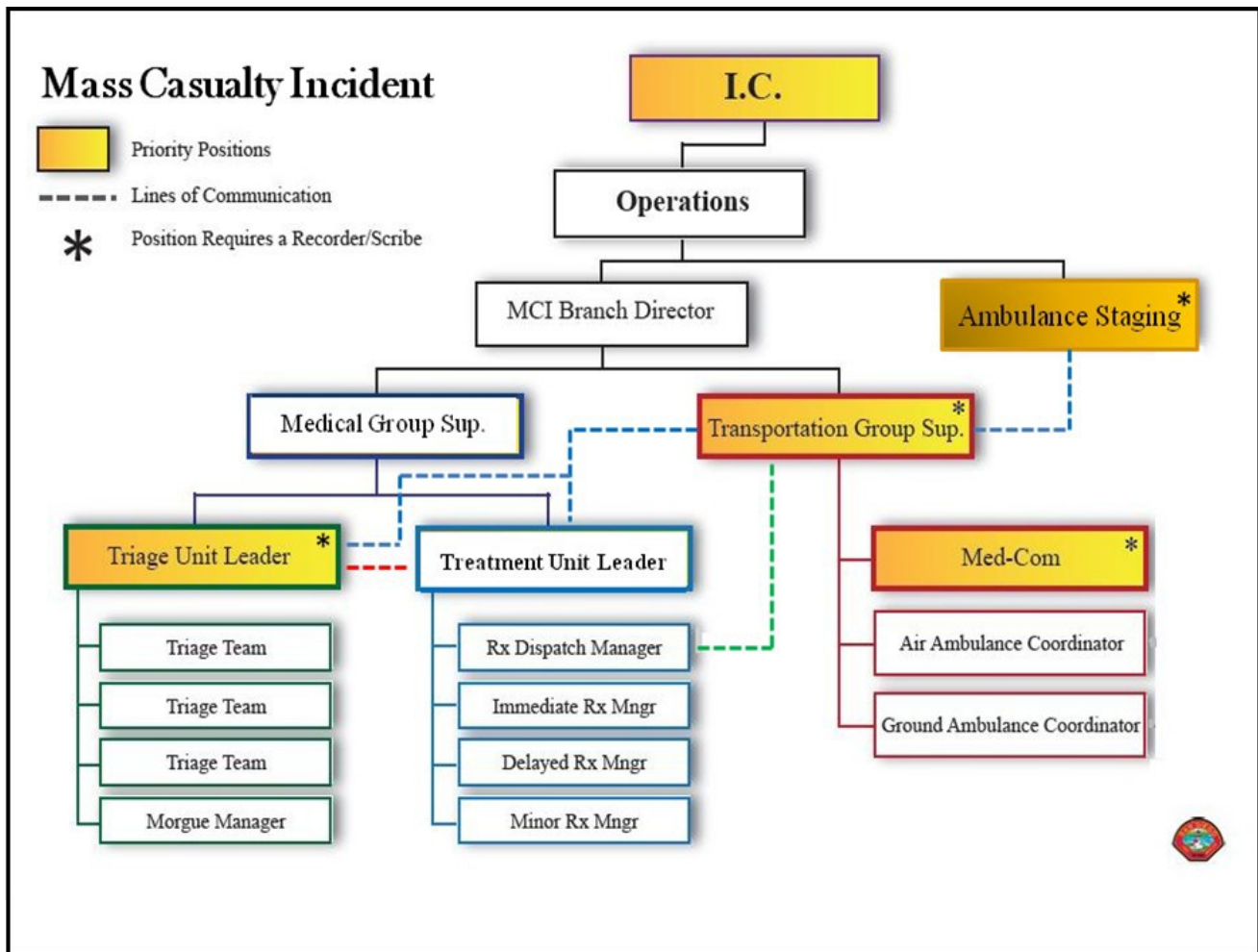
The duties of the Medical Supply Coordinator include but are not limited to;

- a. Acquire, distribute and maintain the status of medical equipment and supplies within the incident.
- b. Request additional resources as needed
- c. Coordinate with the Ambulance Staging Manager for the removal and use of supplies on ambulance units in Staging.
- d. Request additional medical supplies through the chain-of-command
- e. Distribute medical supplies to Treatment and Triage as requested.
- f. Consider the utilization of UDC Disaster Medical Support, DMAT and USAR supplies
- g. Maintain a Unit Activity Log ICS 214

<b>TITLE</b> OPERATIONS MANUAL	<b>STANDARD</b> INSTRUCTION 09		<b>DEPARTMENT</b> FIRE-RESCUE
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F. ICS Flow Charts

1. Four Primary/Initial assignments





<b>TITLE</b> OPERATIONS MANUAL	<b>STANDARD</b> INSTRUCTION 09		<b>DEPARTMENT</b> FIRE-RESCUE
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2. Mass Casualty Incident - Reduced Response

