MULTIPLE CASUALTY INCIDENT (MCI) RESPONSE PLAN

September 1, 2009

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1.1   SCOPE

This plan is limited to Multi-Casualty Incidents within the Monterey County Operational Area.

1.2   OBJECTIVES

To ensure adequate and coordinated efforts to minimize loss of life and disabling injuries.

Establish a common organizational and management structure for the coordination of emergency response to an MCI in Monterey County using the Incident Command System (ICS).

Identify the equipment and personnel resources necessary to effectively and efficiently deal with the patient's resulting from an incident.

Develop strategy or strategies of care and transportation that will provide for the survival of the greatest number of casualties.

1.3   DEFINITIONS

1.3.1 *Advanced Life Support (ALS)***:** Those medical services that may be provided within the scope of practice of a person licensed as a paramedic (EMT-P) or RN.

1.3.2 *Ambulance:* Any vehicle or aircraft which is specially designed, constructed, maintained, supplied, or equipped for transporting sick, injured, infirm or otherwise incapacitated persons, and which is capable of supporting BLS or a higher level of care.

1.3.3 *Base Hospital:* The Base Hospital is the hospital authorized by the EMS Medical Director to provide medical control to Monterey County paramedics.

1.3.4 *Basic Life Support (BLS):* Those medical services that may be provided within the scope of practice of a person certified as an EMT-1 (Basic), First Responder, and public safety first aid.

1.3.5 *Chemical, Biological, Radiation, Nuclear, and Explosive (CBRNE):* Also known as Weapons of Mass Destruction (WMD). Response to a CBRNE incident requires specialized equipment, personnel, training, and medical treatment.

1.3.6 *Disaster Medical Support Unit (DMSU):* The DMSU is cargo van type vehicle (Ford E-450 chassis) which comes fully configured and equipped with medical supplies, emergency equipment and other items to support the initial response to a large scale medical disaster incident. As equipped, the unit is capable of providing necessary medical supplies to care for up to 50 patients. Supplies and equipment include triage support equipment, basic life support and advanced life support trauma kits, splinting/bandaging supplies, spinal immobilization equipment, oxygen and airway management supplies, infection control and personal protective equipment, patient litters, portable generator and flood lights, portable radio and communications equipment, and emergency vehicle lighting and warning equipment.

1.3.7 *Emergency:* An emergency means a condition or situation in which an individual has a need for immediate medical attention, or where emergency personnel or a public safety agency perceives the potential for such need.

1.3.8 *EMS Dispatcher:* The individual(s) who dispatches ambulance resources, provides pre-arrival instructions, and coordinates emergency response activities with Monterey County Emergency Communications.

1.3.9 *EMS Dispatch:* Is staffed and maintained by the Primary Ambulance Provider and is co-located in the Monterey County Emergency Communications Center.

1.3.10 *EMS Duty Officer:* EMS Agency personnel designated as "on-call" for emergency notifications such as the declaration of an MCI. The EMS Duty Officer is or works under the Medical and Health Operational Area Coordinator and coordinates local, regional, state EMS resources. The EMS Duty Officer or EMS Agency staff may respond to an MCI to assist with management of the MCI or as an Agency Representative.

1.3.11 *Fire Communications (Fire Comm.):* Is a division of Monterey County Emergency Communications Center that provides Fire Dispatch to the majority of the fire agencies in Monterey County.

1.3.12 *Medical Disaster Communications System (MDCS):* The MDCS (**800 MHz Radio**) allows emergency management, ambulance management, and hospitals to coordinate emergency response efforts.

1.3.13 *Medical Network (MedNet) Communications:* Assigned communication frequencies for dispatch, command and control, and tactical coordination.

1.3.14 *Monterey County Emergency Communications:* The primary and centralized public safety answering point (9-1-1 Dispatch) for fire, law enforcement, and EMS for Monterey County; located in Salinas.

1.3.15 *Multi-Casualty Incident (MCI):* An incident that produces more casualties than can be managed by the usual EMS response of one or two ambulances.

1.3.16 *Level - l MCI Activation:* Is any incident in which the volume of patients overwhelms the initial responders, but the system has adequate resources to respond, treat, and transport. Level – 1 activation should be initiated by a response of 3-5 ALS ambulances or at the request of EMS or public safety personnel on scene. Notification should be made to the ambulance supervisor and EMS Duty Officer. Level-1 activation may occur when only two (2) ambulances are needed but would most likely be used when three (3) or more ambulances are needed.

1.3.17 *Level - 2 MCI Activation (Multi-Causality Overload):* An incident with multiple patients where there is a need for more than five (5) ambulances or more than five (5) ambulance transports. Level – 2 activation should be initiated with a response of 5-10 ambulances or at the request of EMS or public safety personnel on scene. The ambulance supervisor and EMS Duty Officer should be requested to support management of the incident. Consideration should be made to request the DMSU and/or fire-based MCI trailers for prolonged incidents (greater than two hrs). Level-2 activation should require the transport of patients to multiple hospitals. Ambulance resources may be requested from outside of the County. The request for outside ambulances usually will only be for one or two ambulances. These ambulances should be geographically closer to the incident than ambulances based in Monterey County.

1.3.18 *Level - 3 MCI Activation:* This describes a large-scale incident, such as a large airline crash or a building collapse. All the resources in a jurisdiction become overwhelmed, from the responders to the receiving hospitals. This is a localized incident differing from a Medical Disaster. However, the local disaster plan may be activated, enabling a regional resources response. Level – 3 activation should initiate a response of 11+ ambulances, ambulance supervisor, EMS Duty Officer to either the scene or EOC, and the DMSU.

1.3.19 *Medical Disaster***:** A widespread incident or multiple incidents with significant numbers of casualties. The local disaster plan is likely to be activated. Resources from outside Monterey County will likely be required to fully manage the incident(s).

1.3.20 *Medical Health Operational Area Coordinator (MHOAC)*. The Director of Health and the EMS Director have jointly designated the Director of the Monterey County Emergency Medical Services (EMS) as the Medical and Health Operational Area Coordinator (MHOAC). The primary responsibilities of the MHOAC is to manage disaster medical resources, including personnel, equipment, and supplies; request mutual aid; activate hospital notifications and communication systems; survey EMS resources (hospitals and transportation providers); orchestrate patient distribution; coordinate evacuation and patient tracking; and effectively and efficiently process all medical and health information.

1.4 AN MCI DIFFERS FROM A MEDICAL DISASTER

1.4.1 Under an MCI all casualties originate from the same scene (as opposed to a widespread incident, such as an earthquake or flood).

1.4.2 Under an MCI medical resources have not been damaged or otherwise disabled by the incident (except in the case of a hospital fire, explosion or similar cause).

1.4.3 During an MCI, operational management is maintained at the scene of the incident.

1.4.4 An MCI is limited in scope. The number of casualties is generally known or can be estimated from the onset of the incident.

SECTION 2.0: OPERATIONAL ELEMENT

 2.1   PRE-ARRIVAL ACTIVATION OF MCI PLAN:

Situations where, in the judgment of Emergency Communications Center personnel or EMS Dispatchers, there is a potential for multiple patients, a possible MCI may be declared. Examples of such situations include:
- Reports of vehicular collisions with multiple injuries.
- Large-scale hazardous-materials or a CBRNE incident.
- Fires in heavily populated areas or heavily occupied structures.
- Multiple injuries or illnesses at a special event, business, school, etc.
- Commercial aviation emergency landings or plane crashes.
- Maritime fires or damage (i.e., visiting Cruise Liners).
- Passenger train or bus accidents.
- Hostage or terrorism situations with the potential for large numbers of casualties.

The declaration of a possible MCI should be given to all responding personnel. The closest hospital shall also be notified by Fire Comm due to the potential for self transport.

The highest ranking public safety officer responding to the incident shall, upon declaration of a possible MCI, determine whether additional resources are likely to be needed and order those resources through Fire Comm.

 2.2   ON SCENE MCI ACTIVATION:

 2.2.1   ACTIVATION GUIDELINES FOR PERSONNEL ON SCENE

Personnel arriving on-scene will either confirm the presence of an MCI or discover and declare an MCI.
- On Scene personnel will confirm the Level of MCI.
- Conduct a scene size-up to include an estimate of the number of casualties (Immediate, delayed, and minor).
- Establish the Incident Command structure.
- The Incident Commander is responsible for establishing goals and strategies.
- Request additional resources as needed.
- All resources sent to the incident should be ordered through a single source (Incident Command).
- Monterey County Emergency Communications may assign tactical radio channels as needed.

 2.2.2   ACTIVATION AUTHORITY
The following have the authority to activate the MCI plan:
- First Responder, public safety officer or ambulance personnel.
- Direct request from on-scene personnel.
- Incident Commander (IC).

SECTION 3.0: MCI ACTIVATION RESPONSE PROCEDURES

3.1 LEVEL 1 INCIDENT

The number of patients is greater than can be handled by the usual initial response but the system has adequate resources to respond and transport the patients. Duration of the incident is expected to be less than 1 hour.

3.1.1 Communications Procedure and Notifications:
- EMS Dispatch responsibilities:
  - ✓ Notify the ambulance field supervisor.
  - ✓ EMS Dispatch will channel patch MED NET Channels according to the area of the MCI.
  - ✓ Notify all ambulances of MCI Activation and advise all units of Level – 1 MCI including the Location and which channels have been patched.
  - ✓ Dispatch additional ambulances as requested by the IC.
  - ✓ Provide and receive follow-up reports to and from Monterey County hospitals via 800MHz radio or phone
- Fire Comm responsibilities:
  - ✓ Dispatch Fire resources in whose jurisdiction the incident occurred.
  - ✓ Request Mutual Aid fire resources under any preplanned response matrix or at the request of the IC.
  - ✓ Notify the EMS Duty Officer.
  - ✓ Initial notification of all hospitals in Monterey County by phone or 800MHz radio.
  - ✓ Report hospital information to Transportation Group Supervisor or other designated individual on scene.

3.1.2 Field Operations Procedure:
3.1.2.1 The first responder to arrive at scene shall assume incident command and size up the situation by determining:
  - ✓ Nature and magnitude of the incident
  - ✓ Estimate the number of injured.
  - ✓ Initial priorities and immediate resource requirements.
3.1.2.2 The first ALS unit on-scene shall report directly to the IC for assignment. Potential areas for assignment include:
  - ✓ The establishment of the Medical Branch.
  - ✓ Transportation Group Supervisor.
  - ✓ Additional resource needs.
3.1.2.3 Additional ambulance(s) shall report, as directed, to the staging area or the IC upon arrival for assignment.
3.1.2.4 Additional personnel shall report to the IC or designated staging area as directed.
3.1.2.5 Use of Triage Tags is recommended.
3.1.2.6 Patient destination should be evenly distributed to as many hospitals as practical. Distribution should be made as evenly as practical based on severity and by total number of patients.

3.1.3 Hospital Roles:
- ✓ The ED physician shall be notified.
- ✓ The hospital shall prepare to receive multiple patients from the MCI.
- ✓ The hospital shall assure staff is available to monitor the 800 MHz radio.
- ✓ Communicate with Fire Comm regarding hospital impact from the MCI and other pertinent information such as receiving multiple patients from a separate incident.

3.2 LEVEL 2 INCIDENT

The initial responders are overwhelmed by the patient volume. An adequate number of additional ambulances are not likely to be immediately available, thereby creating a delay in transporting patients. The duration of incident is expected to be greater than an hour.

3.2.1   Communications Procedure and Notifications:
- EMS Dispatch responsibilities:
    - ✓ Dispatch additional ambulances based on a request from the IC.
    - ✓ Request the EMS Dispatch Supervisor to the Communication Center to assist.
    - ✓ Channel patch MED NET channels (1, 5, 9, & 10).
    - ✓ Notify all ambulances of MCI Activation and advise all units of Level 2 MCI including the Location and which channels have been patched.
    - ✓ Communicate with the Transportation Group Supervisor regarding destination hospitals and to obtain an estimate of the number of patients to be transported to each hospital.
    - ✓ Notify the EMS Field Supervisor.
    - ✓ Provide and receive follo2-up reports to and from Monterey County hospitals via 800MHz radio or phone.
- Fire Comm responsibilities:
    - ✓ Dispatch Fire resources in whose jurisdiction the incident occurred.
    - ✓ Dispatch Mutual Aid fire resources under any preplanned response matrix or on the request of the IC.
    - ✓ Initial notification of all hospitals in Monterey County by phone or 800Mhz radio.
    - ✓ Initiate contact with hospitals in other counties that may receive patients by ground ambulance.
    - ✓ Report hospital information to Transportation Group Supervisor or other designated individual on scene.
    - ✓ Notify or request response from the EMS Duty Officer.
    - ✓ Notify the OES Duty Officer depending on size and complexity of the incident.

3.2.2   Field Operations Procedure:
  3.2.2.1 The first responder to arrive at scene shall assume incident command and size up the situation by determining:
    - ✓ Nature and magnitude of the incident.
    - ✓ Estimate the number of injured.
    - ✓ Initial priorities and resource requirements.
  3.2.2.2 The first ALS unit on-scene shall report directly to the IC for assignment that may include:
    - ✓ The establishment of the Medical Group.
    - ✓ Additional resource needs.
    - ✓ Logistical concerns (i.e. Triage and treatment areas).
    - ✓ Designation of Transportation Group Supervisor.
    - ✓ Communication with EMS Dispatch regarding destination hospitals and to provide an estimate of the number of patients to be transported to each hospital.

3.2.2.3 Additional ambulance(s) shall report to the staging area or the IC upon arrival for assignment.

3.2.2.4 Additional personnel shall report to the IC or designated staging area as directed.

3.2.2.5 Triage Tags should be used due to the large number of patients. The Triage Tag may be used as the Patient Care Report (PCR).

3.2.2.6 Patient destination should be evenly distributed to as many hospitals as practical.

3.2.2.7 Ambulances transporting patients should use an abbreviated call-in format.

3.2.3 Hospital Roles:
- ✓ The ED physician shall be notified.
- ✓ The hospital shall be prepared to accept multiple patients from the MCI.
- ✓ The hospital shall assure staff is available to monitor the 800 MHz radio.
- ✓ Communicate with Fire Comm regarding hospital impact from the MCI and other pertinent information such as receiving multiple patients from a separate incident.
- ✓ The hospital should consider the activation of their disaster plan.

3.3   LEVEL 3 INCIDENT

The number of casualties from this level of incident overwhelms the resources available in Monterey County. It is likely not possible to respond with an adequate number of ambulances to the incident and promptly respond to other requests for ambulance service. This type of incident may result from a commercial airline crash, a building collapse or other similar type of incident. Not only will ambulance service be inadequate but receiving hospitals will be overwhelmed. In an incident of this size the operational area EOC and disaster plan may be activated, enabling a regional resources response.

3.3.1   Communication Procedures and notifications:

3.3.1.1 EMS Dispatch responsibilities:
- ✓ Dispatch additional ambulances based on a request from Incident Command.
- ✓ Notify the EMS Field Supervisor.
- ✓ Request the EMS Dispatch Supervisor to the Communications Center to assist.
- ✓ Channel patch MedNet channels (1,5, 9, 10)
- ✓ Notify all ambulances of the Level 3 MCI activation, location of the incident, and which channels have been patched.
- ✓ EMS Dispatch may seek out of county ambulance resources from the EMS Duty Officer.
- ✓ EMS Dispatch Supervisor will coordinate ambulance resources with the EMS Field Supervisor and the EMS Duty Officer.
- ✓ Communicate with the Transportation Group Supervisor regarding destination hospitals and to obtain an estimate of the number of patients to be transported to each hospital.
- ✓ Provide and receive follow-up reports to and from Monterey County hospitals via 800MHz radio or phone.

3.3.1.2 Fire Comm responsibilities:
- ✓ Dispatch Fire resources in whose jurisdiction the incident occurred.
- ✓ Request Mutual Aid fire resources under any preplanned response matrix or on the request of Incident Command.
- ✓ Notify or request response from the EMS Duty Officer.
- ✓ Initial notification of all hospitals in Monterey County by phone or 800MHz radio.
- ✓ Initiate contact with hospitals in other counties that may receive patients by ground ambulance.

3.3.2   Field Operations Procedures

3.3.2.1 The first responder to arrive at scene shall assume incident command and size up the situation by determining:
- ✓ Nature and magnitude of the incident.
- ✓ Estimate the number of injured. This information should be provided to Fire Comm and EMS dispatch
- ✓ Initial priorities and immediate resource requirements.
- ✓ Consider deployment of Disaster Medical Support Unit (DMSU).

3.3.2.2 The first ALS unit on-scene shall report to the IC for assignment. This assignment may include:
- ✓ Triage Group Supervisor.
- ✓ Treatment Group Supervisor.
- ✓ Transportation Group Supervisor.
  - o Ambulance Coordinator.
  - o Air ambulance landing zone.
  - o Medical Communications Coordinator.

3.3.2.3 Additional ambulance(s) shall report to the staging area or the IC upon arrival for assignment.

3.3.2.4 Additional personnel shall report to the IC or designated staging area as directed.

3.3.2.5 Triage Tags should be used due to the large number of patients. The Triage Tag may be used as the Patient Care Report (PCR).

3.3.2.6 Patient destination of critical patients should be evenly distributed to as many hospitals as practical.

3.3.2.7 Ambulances are to use an abbreviated call in format for hospital notifications.

3.3.3 Hospital Roles:
- ✓ The ED physician shall be notified.
- ✓ Hospitals should consider activation of their internal disaster plan.
- ✓ Communications between Fire Comm and the hospital should continue via 800 MHz radio
- ✓ The hospital should consider activation of their disaster plan.
- ✓ The hospital should consider activation of the Hospital Incident Command System to manage the impact of the patient load.

3.4   CANCELLATION OF AN MCI ACTIVATION

3.4.1   As soon as the condition has been mitigated and/or is under control, the Incident Commander (IC) should cancel the MCI declaration by radio to Monterey County Emergency Communications (Fire Comm.).

3.4.2   Fire Comm. and EMS Dispatch will broadcast cancellation of the MCI declaration and notify all previously notified agencies of the cancellation.

3.4.3   Fire Comm will notify all hospitals of the MCI cancellation via the MDCS (800 MHz Radio) or telephone.

SECTION 4.0: COMMUNICATIONS

    4.1   PURPOSE

        The purpose of this section is to establish MCI communication and coordination procedures.

    4.2   PROCEDURE

        The Incident Commander will activate a specific Level of MCI. Fire Comm and EMS Dispatch will support field operations and provide dispatch, coordination and notification functions.

    4.3   ACTIVATE MCI

        4.3.1   Depending on the Level of MCI being activated, Fire Comm and EMS Dispatch will, in coordination, notify the following that an MCI has been declared, the location, the IC identification and identifier, and any other necessary information:

            4.3.1.1 EMS Dispatch:
- Notify all ambulances of MCI Activation.
- Notify ambulances of Channel Patching county wide of MedNet channels 1, 5, 9, and 10.
- Notify the field supervisor.

            4.3.1.2 Fire Comm:
- Notify affected fire agency(ies).
- Notify Monterey County hospitals, for initial contact, by phone or MedNet radio. Subsequent notification shall be by 800 MHz radio.
- Notify EMS Agency Duty Officer.
- Notify Office of Emergency Services Duty Officer.
- The Operational Area Emergency Operations Center, if activated.

        4.3.2   All ambulances responding to the incident may be requested by EMS Dispatch to switch to an alternate medical command channel on the MedNet radio system.

        4.3.3   Fire Comm will coordinate with EMS Dispatch for available units, current resources, internal mutual aid coverage, staging, and external mutual-aid resources if requested. External mutual-aid resources shall be coordinated in collaboration with the Monterey County EMS Agency and/or the Medical and Health Operational Area Coordinator (MHOAC). The EMS Director or his/her designee acts as the Monterey County MHOAC.

        4.3.4   The Monterey County Emergency Communications Center has the responsibility for coordinating all MCI communications. All notifications and requests to other agencies shall originate from the Monterey County Emergency Communications Center.

SECTION 5.0: HOSPITAL ROLE

    5.1   **PROCEDURE**

            5.1.1   Upon notification of an MCI, the hospital shall prepare to receive patients from the incident. Hospitals that are proximal to the scene of the MCI should prepare for walk-in patients who left the scene prior to the arrival of EMS personnel.

            5.1.2   The hospital shall assure that the 800 MHz radio is constantly monitored.

            5.1.3   Hospitals are encouraged to communicate the impact of the incident to Fire Comm via phone or 800MHz radio.

            5.1.4   Inter-hospital communications should be by phone or through use of the 800 MHz radio.

            5.1.5   The hospital shall follow their internal guidelines for managing heavy patient volume. This may include activation of the hospital disaster plan.

            5.1.6   The hospital should consider activation of their Hospital Incident Command System.

    5.2   **AMBULANCE/HOSPITAL COMMUNICATION**

            5.2.1   During transport, all transporting ambulances shall provide a brief radio report to the receiving hospital, as early as possible, to include:
- Number of patients being transported
- Age and sex of the patient
- Chief complaint/mechanism of injury and field impression
- Patient level of consciousness and respiratory status
- Code of transport and ETA

            5.2.2   It is imperative that paramedics, whether or not involved in the MCI, notify hospitals receiving MCI related patients as early as possible of any patient transports to their facility, to allow for adequate hospital preparation for incoming patients.

            5.2.3   It is recommended that standing orders be used as much as possible during a declared MCI. Base station contact should generally be reserved for those situations requiring Base Station Physician orders.

SECTION 6.0: TRANSPORTATION OF THE INJURED

    6.1   AMBULANCE REQUEST GUIDELINES:

    During an MCI, care must be taken to balance the required number of ambulances to manage the MCI while maintaining county-wide ambulance coverage.

    When ambulances respond into Monterey County from other counties for mutual aid purposes, these out-of-county ambulances should normally be assigned to the MCI incident rather than to county coverage. This is to allow Monterey County based ambulances to respond to other requests for ambulance service due to area familiarity.

    The Monterey County ambulance provider should work with the EMS Duty Officer when a Level 2 or Level 3 MCI is declared to assure a reasonable level of ambulance coverage for the county.

    6.2   INITIAL CALCULATION OF THE REQUIRED NUMBER OF AMBULANCES

    This guideline is meant to provide general guidance on determining the initial estimate for the number of transport ambulance units required to respond to an MCI based on the number of immediate patients. As a determination of the number of delayed and minor patients is made, additional ambulances or other transport vehicles, such as a bus, may be required. The request for additional transport vehicles, such as ambulance, bus, etc. should be made as early as possible.

    A general rule-of-thumb for determining how many ambulances should initially be requested by first-arriving personnel can be calculated using the following formula:

    REQUIRED AMBULANCES = NUMBER OF IMMEDIATE PATIENTS DIVIDED BY TWO (2) PLUS ONE (1). Example: Ten (10) Immediate Patients will require six (6) ALS Units/Ambulances.

    6.3   REQUESTING AMBULANCE AND TRANSPORTATION RESOURCES

        6.3.1   All requests for ambulance and transportation resources must originate from the IC or his/her designee. EMS resource requests shall include at a minimum:
- How many ambulances required
- Service types and mode (BLS, ALS, Air, Bus, etc.)
- Staging area location
- Radio frequency/channel (to be used for coordination with the Incident's Transportation Group Supervisor)
- Numbers and types of patients/casualties (IMMEDIATE/DELAYED/MINOR)
- Factors (Trauma/HazMat/Medical) that may affect transport decisions.

        6.3.2   Monterey County Emergency Communications will pass the Incident Commander's initial request to EMS Dispatch. The Emergency Medical Dispatcher will identify and assign local EMS resources and, if needed, coordinate with neighboring counties under established Mutual Aid Agreements, and with the Medical and Health Operational Area Coordinator (EMS Duty Officer).

6.3.3 The number of required ambulances should be adjusted based upon the following considerations:
- Distance from the receiving hospitals
- Number of critical patients
- Hospital "turn-around" time
- Total number of patients
- Availability of alternative transport vehicles

6.4 TRANSPORT DESTINATION

Patient destination determination shall be made by the Transportation Group Supervisor.
- It is desirable to distribute patients as evenly as possible, in both total numbers as well as in severity, among receiving hospitals.
- Patient distribution should be to as many hospitals as practical.
- Use of air ambulance, as available, is encouraged to transport patients who meet MAP criteria to trauma centers.
- Where possible, and secondary to patient care requirements, attempt shall be made to transport family members to the same hospital.

6.5 PROVISIONS FOR EQUIPMENT

6.5.1 In certain MCIs, it will be necessary to establish treatment areas. The primary function of treatment areas is to provide stabilization of patients until they can be transported to receiving facilities. In such situations, it will be necessary to establish a cache of equipment to treat these patients.

6.5.2 Equipment and supply resources can be provided to the incident through the following resources:
- Fire units may be equipped with both ALS and BLS supplies.
- All Monterey County Ambulances are equipped with both ALS and BLS supplies. Out of county ambulances may have only BLS supplies.
- Ambulance supervisor units should carry BLS and ALS supplies.
- Equipment cache trailers at Monterey Airport and North Monterey County Fire District have equipment to treat multiple patients.
- The DMSU has supplies to treat fifty (50) injured patients.

6.5.3 Ambulances should not provide equipment such as the heart monitor or portable oxygen tank to a supply cache when it would make the ambulance unable to provide patient care during transport or to another patient should that ambulance be assigned to a separate incident.

6.6 TRIAGE TAGS

6.6.1 Triage Tags should be utilized in an MCI. Pre-hospital care personnel shall ensure that an adequate supply of tags is available during their shift. Engine Companies should carry at least ten (10) tags per vehicle and ambulances should carry at least fifteen (15) tags per unit. Triage tags may replace the PCR in declared Level 2 and Level 3 Multi-Casualty Incidents.

6.6.2 The Receiving Hospitals shall monitor and retrieve all triage tags utilized to identify patients brought in from the MCI. The triage tag, when used, will be saved as the medical record of prehospital care.

SECTION 7.0: PROCEDURES FOR HANDLING THE DECEASED

If it becomes necessary to move bodies in order to accomplish rescue/extrication and/or treatment of casualties, protect the health and safety of others, or to prevent further damage to the bodies, the following procedures should be followed:

- Do not remove any personal effects from the bodies;

- Tag the bodies with approved triage tags to indicate death;

- Bodies must be secured and safeguarded at all times; and,

- No variations to these procedures are authorized without the approval of the Morgue Unit Leader, Sheriff-Coroner, or their representative.

SECTION 8.0: POST INCIDENT REVIEW

All agencies involved in any MCI should plan to attend an operational debrief of the incident response. The IC's parent agency is designated as the agency responsible for scheduling and hosting the operational debrief. The elapsed time between the incident and the operational debrief is at the discretion of the host agency, however, it is recommended that the operational debrief be held as soon as practical after the incident, but no later than one week following the termination of the MCI. The operational debrief will be facilitated by the EMS Agency or a designated representative, and will follow the Monterey County EMS Agency's Quality Improvement Program Guidelines to ensure confidentiality, to promote positive and frank feedback, and identify lessons learned for training improvements.

Representatives of all agencies involved in the incident should be invited to the operational debrief, including all dispatchers who participated in the incident's communications. It is further recommended that, to the extent possible, all incident participants attend the operational debrief. An "AFTER-ACTION REPORT" may be prepared by the Monterey County EMS Agency for distribution to all involved agencies. The purpose of the report is to identify the strengths and weaknesses of the MCI Plan, and develop a Plan of Action and Milestones to correct identified deficiencies and improve patient care.

SECTION 9.0: MCI PLAN REVISIONS

As needed, the Multi-Casualty Incident (MCI) Plan may be revised and/or updated by the EMS Agency; based upon current medical knowledge, technology, procedure, and trends in pre-hospital care.

Attachment A:

COMMAND STRUCTURE

INCIDENT AUTHORITY
Incident Organization shall be based on the Incident Command System (ICS) and comply with the following:

For single-jurisdictional incidents, incident command will be with the responsible legal jurisdictional agency.

For multi-jurisdictional incidents, a unified command structure may be established with the incident command responsibilities being jointly provided by those agencies (e.g. Fire, EMS Agency, ambulance provider, and/or law) sharing legal jurisdiction and/or contributing to the process of:
- Determining the overall incident objectives;
- Selection of tactical strategies;
- Approving the joint-plan and tactical activities;
- Management of assigned resources;
- Processing and dissemination of information;
- Conducting integrated tactical operations; and
- Effectively and efficiently employing all assigned/available resources.

COMMAND AUTHORITY PRINCIPLES

- The Incident Commander (IC) will be a designated representative from a Law Enforcement, Fire Agency, or Health Department having jurisdictional, investigative, or legal authority for the incident.
- The first arriving personnel of any agency may function as the IC implementing the necessary actions until the role can be relinquished to the appropriate agency.
- Agencies that are assisting or providing mutual aid in support of an incident will function under the direction of the designated IC or Unified Command.
- In multi-jurisdictional incidents, a Unified Command may be established at a single (site) command post (location).
- Only those ICS positions required, due to the size and nature of the incident need be filled.
- Any large event (incident) may need to have several divisions and/or branches under one director. Any incident needing more than one (1) Medical Branch should refer to FIRESCOPE Field Operations Guide Chapter 8 and 15 as the guide for establishing ICS Command structure.

Attachment B:

OPERATIONAL CONSIDERATIONS

1) The Transportation Group Supervisor is responsible for managing patient transportation and is usually the first ambulance paramedic arriving on scene.
2) All incoming personnel shall assume support roles based upon assignment/mission designated by the Incident Commander (IC). All personnel shall report to staging for direction unless instructed otherwise.
3) During the MCI, all onsite agencies shall request additional resources through the Incident Commander or his/her designee.
4) The IC should consider personnel needs to manage triage, patient movement, and patient management in the treatment areas when requesting resources.
5) **S.T.A.R.T. TRIAGE** is the designated method for establishing the condition of the patients by the extrication/triage personnel. Patients should be triaged and tagged using the county-designated triage tag. All patients should be directed to appropriate treatment area(s) for re-triage, care, and transportation.
6) Pre-hospital care personnel should ensure an adequate supply of triage tags is available during their shift. Engine Companies should carry at least ten (10) tags per vehicle and ambulances should carry at least fifteen (15) tags per unit.
7) Patients from an MCI should be distributed as equally as possible among all hospitals receiving patients. Equal distribution should be both in severity (immediate, delayed, minor) and in total numbers of patients. Considerations in patient destination decisions may include: Destination of patients from another MCI, walk-in patients to the closest hospital(s) from the MCI, distance, number of transport vehicles, etc.
8) Use of air ambulance is encouraged to transport patients who meet MAP criteria to trauma centers.
9) Consideration should be made to reallocate personnel from the extrication and triage areas to the treatment area as patients are triaged and moved to the treatment areas.
10) Personnel shall continue to follow Monterey County EMS policies and protocols including MAP triage.
11) It is important to reassess patients in the treatment area and during transport.
12) The IC or his/her designee, when requested by the Incident's Medical Branch Director, would order all EMS aircraft, assign the heli-spot manager and safety officer, and designate the landing zone(s).
13) The IC or his/her designee should request Critical Incident Debriefing (CID) as soon as a need is identified.
14) Receiving hospital notifications should be brief and include the following information:
    ▪ Age and sex of patient
    ▪ Chief complaint/mechanism of injury
    ▪ Patient level of consciousness and respiratory status
    ▪ Code of transport and estimated time of arrival (ETA).
15) Base contact by ALS personnel, whether involved in the MCI or not, should routinely be limited to instances where treatment is restricted to physician order only.
16) All personnel with an assigned ICS position should be easily identified through the use of ICS position vests.

Attachment C:

- **MONTEREY COUNTY FIRE AND EMS/AMBULANCE AGENCY IDENTIFICATION**

51xx	Aromas Tri-County Fire District (CALFIRE)
52xx	North County Fire Protection District
53xx	Salinas Fire Department
54xx	Marina Fire Department
55xx	Salinas Rural Fire Protection District
56xx	Spreckels Volunteer Fire Department
58xx	Monterey County Emergency Medical Services (EMS) Agency
59xx	Monterey County Office of Emergency Services
61xx	Fort Ord Fire (POM)
62xx	Seaside Fire Department
63xx	Monterey Peninsula Airport
64xx	Monterey City Fire Department
66xx	Pebble Beach Fire Department (CALFIRE)
71xx	Carmel-by-the-Sea Fire Department
72xx	Cypress Fire Protection District (CALFIRE)
73xx	Carmel Highlands Fire Department (CALFIRE)
74xx	Mid Coast Volunteer Fire Brigade
76xx	Carmel Valley Fire Protection District
77xx	Cachagua Fire Protection District
78xx	Big Sur Volunteer Brigade
81xx	Gonzales Volunteer Fire Department
82xx	Correctional Training Institute
83xx	Soledad Fire Protection District
84xx	Greenfield Fire Protection District
85xx	King City Fire Department
86xx	SOMOCO Fire Protection District (CALFIRE)
87xx	San Ardo Volunteer Fire Company
88xx	Fort Hunter-Liggett Fire Department (POM)
89xx	Camp Roberts Fire Department

Note: The last two-digits (xx) of the identification designate the type of unit and station number.

Medic xx	Ambulance provider.
Sam x	Ambulance supervisor
71xx	CRFA from Carmel
76xx	CRFA from Carmel Valley

- USFS and CAL FIRE have different numbering systems.

Attachment D:

Hospital Destination

Hospital (Radio, Telephone, Address)	Patients Sent	
	Critical	**Non-Critical**
SVMHS (7120) (831) 424-4757 450 E Romie Lane, Salinas		
Total		
NMC (7140) (831) 424-9461 1441 Constitution Boulevard, Salinas		
Total		
CHOMP (7130) (831) 624-1945 23625 Holman Highway, Monterey		
Total		
MEE (7150) (831) 385-7220 300 Canal Street, King City		
Total		
WCH (831) 761-5613 75 Nielson Street, Watsonville		
Total		
DOM (831) 462-7710 1555 Soquel Drive, Santa Cruz		
Total		
Saint Louise (408) 848-8680 9400 No Name Uno, Gilroy		
Total		
Hazel Hawkins (831) 636-2640 911 Sunset Drive, Hollister		
Total		
Kaiser Santa Teresa (408) 972-7777 250 Hospital Park Way, San Jose		
Total		
S/Clara VMC (408) 885-6912 751 South Bascom Ave, San Jose		
Total		
San Jose RMC (408) 729-2841 225 N. Jackson Ave, San Jose		
Total		
Good Sam (408) 559-2211 2425 Samaritan Drive, San Jose		
Total		
Twin Cities (805) 434-4553 1100 Las Tables Road, Templeton		
Total		
Other: Total		
Other: Total		
Other: Total		
TOTAL		

ICS-MC-308 (03/09)

Attachment E:

RECORDER WORKSHEET

Ambulance Company	Ambulance ID Number	Patient Triage Tag Number	Patient Status	Hospital Destination	Off Scene Time
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____
			(I) (D) (M)		____:____

ICS-MC-306 (12/89)

Attachment F:

ICS OVERVIEW CHART(Field Operations)

```
                        ┌─────────────────┐
                        │    Incident     │
                        │   Commander     │
                        └────────┬────────┘
           ┌──────────────┐      │      ┌──────────────┐
           │ Information   │      │      │   Safety     │
           │   Officer     │──────┤      │   Officer    │
           └──────────────┘      │      └──────────────┘
           ┌──────────────┐      │
           │   Liaison     │      │
           │   Officer     │──────┤
           └──────────────┘      │
    ┌──────────┬─────────────────┼──────────────┬──────────────┐
┌───────────┐ ┌────────────┐ ┌────────────┐ ┌────────────┐
│ Planning  │ │ Operations │ │  Logistics │ │  Finance   │
│  Section  │ │  Section   │ │  Section   │ │  Section   │
│   Chief   │ │   Chief    │ │   Chief    │ │   Chief    │
└───────────┘ └─────┬──────┘ └────────────┘ └────────────┘
    ┌──────────┬────┴─────┬──────────────┐
┌──────────┐ ┌──────────┐ ┌────────────────┐ ┌──────────┐
│   Fire   │ │ Medical  │ │ Law Enforcement│ │   Air    │
│  Branch  │ │  Branch  │ │    Branch      │ │  Branch  │
│ Director │ │ Director │ │   Director     │ │ Director │
└──────────┘ └──────────┘ └────────────────┘ └──────────┘
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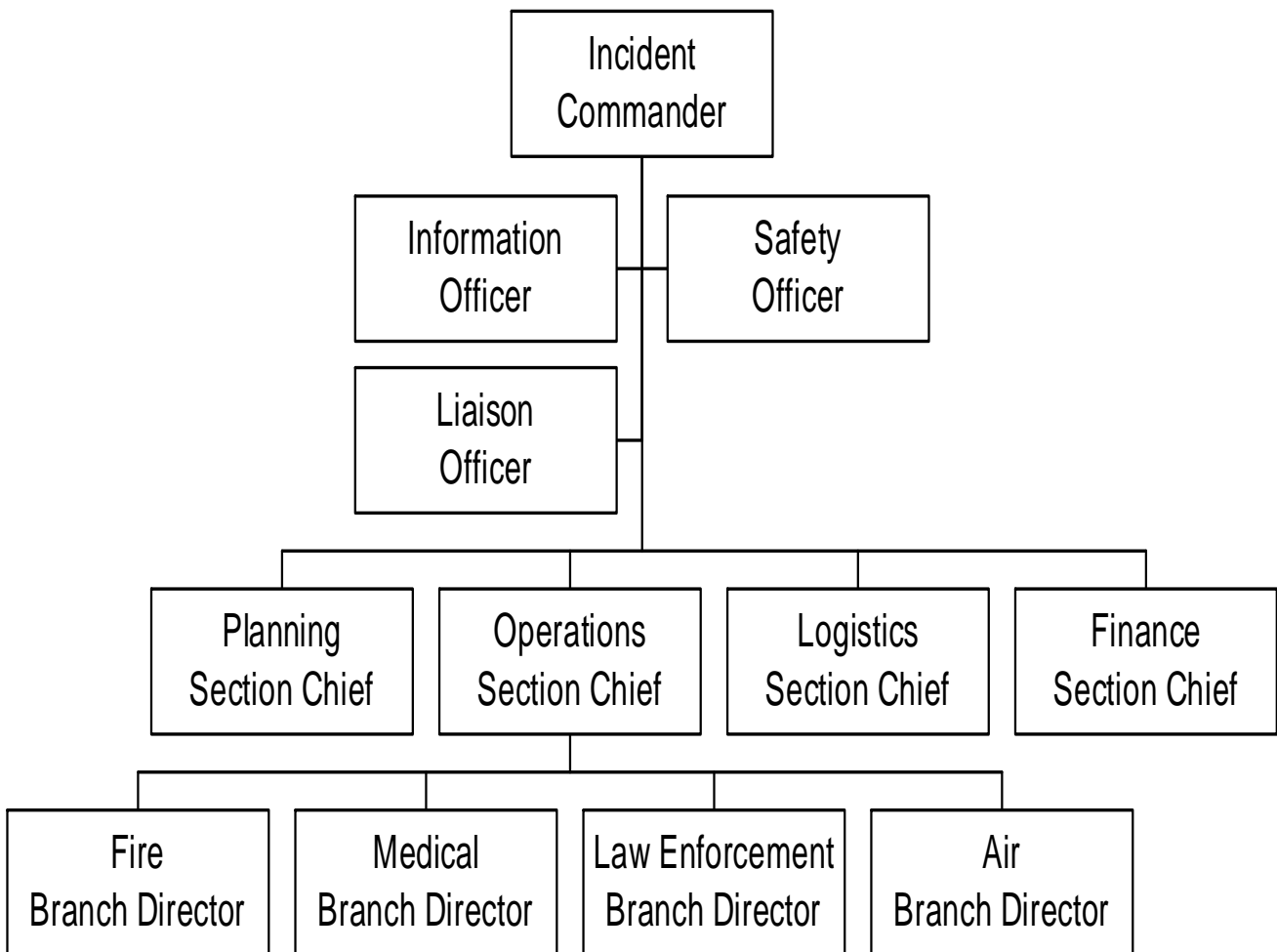
Attachment G:

MONTEREY COUNTY MCI
MEDICAL BRANCH OVERVIEW

INCIDENT COMMMANDER

AGENCY HAVING JURISDICTION

STAGING

OPERATIONS SECTION

HELISPOT OPERATION

FIRE/LAW *

MEDICAL BRANCH DIRECTOR

Designations * - Suggested Discipline Assignment

FIRE/ EMS *

TRIAGE GROUP SUPERVISOR

FIRE/EMS*

TRANSPORTATION GRP SUPERVISOR

FIRE/EMS *

Medical Communications Coordinator

FIRE/EMS *

AMBULANCE STAGING MANAGER

FIRE/EMS/LAW *

TREATMENT GROUP SUPERVISOR

FIRE/EMS *

Medical Supply Unit Coordinator

FIRE/EMS *

RE-TRIAGE & REASSESMENT

IMMEDIATE

DELAYED

MINOR

MORGUE GROUP

FIRE /LAW *

CORONER

SHERIFF

Attachment H:

START - Simple Triage And Rapid Treatment

START Where You Stand
Assess the Scene
Call for Assistance
Determine Safety

Call Out

Walking Wounded & Uninjured

Non-Walking

MINOR

RESPIRATIONS

Hold in a Specific Location

YES

NO

Remember to Fully TRIAGE ASAP

Under 30/min.

Over 30/min.

Position Airway Look Listen & Feel

PERFUSION

IMMEDIATE

NO

Radial Pulse

Blanch Test

Reposition Airway

Absent

Present

Under 2/sec.

Over 2/sec.

NO

IMMEDIATE

MENTAL STATUS

IMMEDIATE

DEAD

Follows Simple Commands

Can't Follow Simple Commands

DELAYED

IMMEDIATE

Attachment I:

<p align="center">**TRIAGE TAGS (EXAMPLE)**</p>

FRONT   BACK

Attachment J:

MEDICAL BRANCH ICS CHECKLISTS

The following pages contain checklists for
each position in the Medical Branch.
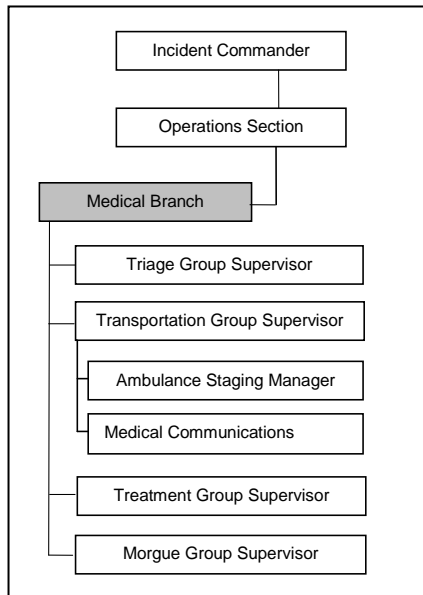
MEDICAL BRANCH DIRECTOR

Date: ___/___/___ Time of Assignment: ___: ___

Incident Commander: _____

Operations Chief: _____

Triage: _____

Transportation: _____

Ambulance Staging: _____

Medical Communications: _____

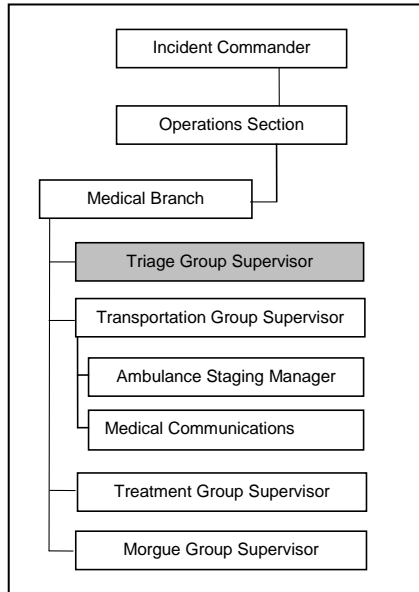Treatment Group: _____

Morgue Group: _____

Air Branch: _____

Radio Frequency: _____

Radio Identifier: "**MEDICAL BRANCH**"

The Medical Branch Director manages the medical tactical elements within the Incident site. The Medical Branch Director supervises the Triage, Transportation, and Treatment Groups, and coordinates with the activities of the Morgue Group.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

- ❑ **Obtain a situation briefing from the Incident Commander or Operations Section Chief, depending on the size of the incident and Command structure.**
- ❑ **Don position identification vest and assure ability to communicate on assigned frequencies.**
- ❑ **Identify staging, triage, treatment, transport (air and ground), and morgue locations.**
- ❑ **Assess situation and appoint and brief staff as needed:**
    - o **Appoint Staff Assistants as Necessary;**
    - o **Extrication/Triage Group Supervisor;**
    - o **Transportation Group Supervisor;**
    - o **Treatment Group Supervisor; and/or,**
    - o **Morgue Group Supervisor.**
- ❑ **Ensure staff is provided checklists.**
- ❑ **Re-assess communications between self and Incident Commander (IC), self and Medical Group Supervisors.**
- ❑ **Maintain contact with Treatment Group to ensure that their staffing needs are met.**
- ❑ **Maintain contact with the Morgue Group to ensure that their staffing needs (litter bearers) are met.**
- ❑ **Request from the IC resource requirements, i.e. staffing, equipment, supplies and materials.**
- ❑ **Request from the IC for on-site CID (Critical Incident Debriefing).**
- ❑ **Request the IC for EMS aircraft. Only the IC or designee may request air support.**
- ❑ **Coordinate with Air Branch Director, as required, for location of landing zone.**
- ❑ **Demobilize the Medical Branch and forward all logs, records, and checklists to the IC or designee.**

TRIAGE GROUP SUPERVISOR

Date: ___/___/___ Time of Assignment: ___: ___

Incident Commander: _____

Operations Chief: _____

Medical Branch: _____

Transportation Group: _____

Ambulance Staging: _____

Medical Communications: _____

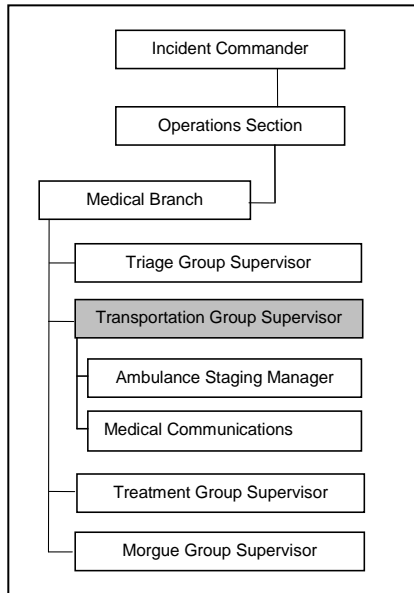Treatment Group: _____

Morgue Group: _____

Air Branch: _____

Radio Frequency: _____

Radio Identifier: "**TRIAGE**"

The Triage Group Supervisor is responsible for site safety, initial point triage, and the movement of victims/patients to the treatment area.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

☐　　　**Obtain a situation briefing from the Medical Branch Director.**

☐　　　**Don position identification vest and verify your ability to communicate on assigned frequencies.**

☐　　　**Assess the situation and request tools, supplies, triage tags, and personnel, as required.**

☐　　　**Inform the supervisor of the number and extent of injuries (i.e. immediate, delayed, minor) and the need for the morgue/coroner.**

☐　　　**Collect torn triage tag numbers from triage teams.**

☐　　　**Request medical treatment staff to provide care for accessible victims of prolonged entrapment.**

☐　　　**Continually evaluate the mental-health status of victims, staff, and rescuers.**

☐　　　**Assure patients are re-assessed and re-triaged at regular intervals.**

☐　　　**Demobilize the Triage Group, forward all logs, records, checklists and triage tag numbers to the Medical Branch Director.**

TRANSPORTATION GROUP SUPERVISOR

Date: ___/___/___ Time of Assignment: ___:___

Incident Commander: _____

Operations Chief: _____

Medical Branch: _____

Triage Group: _____

Ambulance Staging: _____

Medical Communications: _____

Treatment Group: _____

Morgue Group: _____

Air Branch: _____
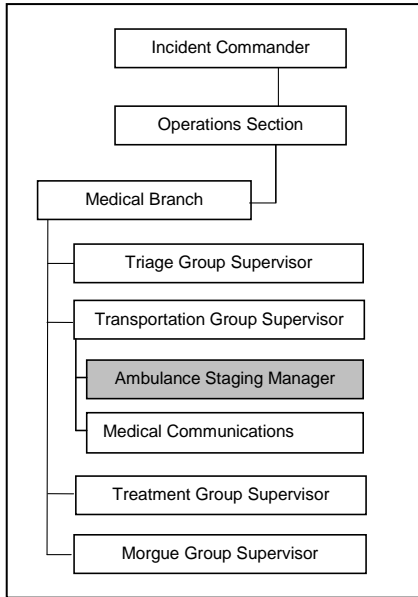
Radio Frequency: _____

Radio Identifier: "**TRANSPORTATION**"

The Transportation Group Supervisor (normally the first transport paramedic arriving on-scene) is responsible for providing and coordinating patient transportation and destination. This individual is responsible for maintaining records regarding patient destination.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

- ❑ **Obtain a situation briefing from Medical Branch Director and assure communications on Med-Net radio.**
- ❑ **Use MIC Trailers and/or Command Vehicles for a "quiet communications area."**
- ❑ **Don position identification vest and appoint/brief Ambulance Staging Manager and assistants.**
- ❑ **Determine destination hospitals to distribute patients to as many hospitals as practical.**
- ❑ **Ensure that transportation units have been summoned in sufficient quantity to handle the situation, as known: two immediate per ambulance; add delayed and/or minor patients as room permits.**
- ❑ **Consider using a one-way traffic pattern to facilitate access/egress from the "loading area."**
- ❑ **Establish a log, using the RECORDER WORKSHEET, of patient destination and unit transporting.**
- ❑ **Commence vehicle loading (multiple units simultaneously, if possible).**
- ❑ **Coordinate with EMS Dispatch whether transportation units should return to the incident or release to normal operations after patients are delivered to Receiving Hospitals.**
- ❑ **Advise the medical branch supervisor of additional resource needs.**
- ❑ **Coordinate with Air Branch Director if victim(s) are to be transported by EMS aircraft.**
- ❑ **Demobilize the Transportation Group after all on-site casualties/patients have reached Receiving Hospitals.**
- ❑ **Forward all logs, records, and checklists to the Medical Branch Director, before securing from scene.**

AMBULANCE STAGING MANAGER

Date: ___/___/___ Time Of Assignment: ___: ___

Incident Commander: _____

Operations Section: _____

Medical Branch: _____

Triage: _____

Transportation: _____

Medical Communications: _____

Treatment Group: _____

Morgue Group: _____

Air Branch: _____

Radio Frequency: _____

Radio Identifier: **"AMBULANCE STAGING"**

The Ambulance Staging Manager is responsible to the Transportation Group Supervisor and receives ambulances and other ground transportation resources from General Staging. The Ambulance Staging Manager will direct appropriate equipment off-loading from arriving resources and the delivery of the equipment to the designated treatment area. The Ambulance Staging Manager will assign resources to the Transportation Area upon the request of the Transportation Group Supervisor or designee.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

☐ **Obtain a situation briefing from Transportation Group Supervisor.**
☐ **Designate an area near the Transportation/Treatment Area where resources may be received prior to allocation to the Transportation Group Supervisor's loading site.**
☐ **Establish Communications with the Transportation Group Supervisor, that will allow the use of hand signals or other non-radio alternative (if possible) to facilitate the allocation of resources.**
☐ **Facilitate allocating resource to the Treatment/Transportation Area as requested by the Transportation Group Supervisor or the Supervisor's designee. Only the Transportation Group Supervisor, or designee, may request resource allocation.**
☐ **Ensure that the medical equipment off-loaded from arriving units is routinely moved to the Treatment Area.**
☐ **Demobilize upon direction of the Transportation Group Supervisor and forward all checklists.**

Medical Communications Coordinator

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┌─────────────────────────────────┐
│        Incident Commander       │
└─────────────────────────────────┘
┌─────────────────────────────────┐
│        Operations Section       │
└─────────────────────────────────┘
┌─────────────────────────────────┐
│         Medical Branch          │
└─────────────────────────────────┘
    ┌─────────────────────────────┐
    │    Triage Group Supervisor  │
    └─────────────────────────────┘
    ┌─────────────────────────────┐
    │ Transportation Group Supervisor │
    └─────────────────────────────┘
    ┌─────────────────────────────┐
    │   Ambulance Staging Manager │
    └─────────────────────────────┘
    ┌─────────────────────────────┐
    │    Medical Communications   │
    └─────────────────────────────┘
    ┌─────────────────────────────┐
    │  Treatment Group Supervisor │
    └─────────────────────────────┘
    ┌─────────────────────────────┐
    │   Morgue Group Supervisor   │
    └─────────────────────────────┘
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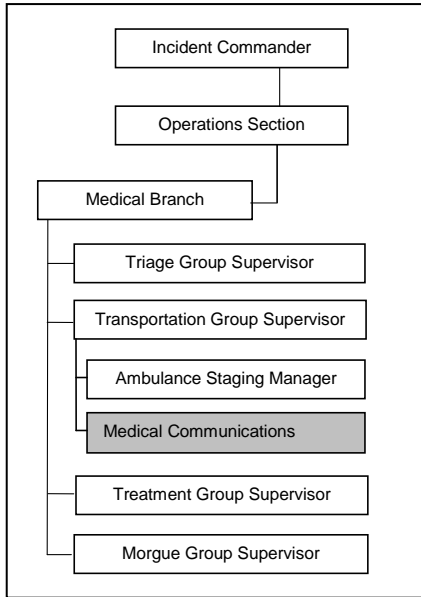
Date: ___/___/___ Time Of Assignment: ___: ___

Incident Commander: _____

Operations Section: _____

Medical Branch: _____

Triage: _____

Transportation: _____

Ambulance Staging: _____

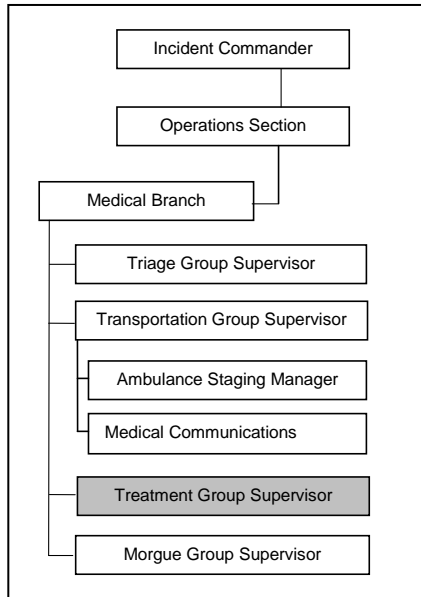Treatment Group: _____

Morgue Group: _____

Air Branch: _____

Radio Frequency:_____

Radio Identifier: **"MEDICAL COMMUNICATIONS"**

The Medical Communications Coordinator reports to the Transportation Group Coordinator. This individual assists the Transportation Group Coordinator in coordinating patient destinations. Communications with Fire Comm, EMS Dispatch, and receiving hospitals are the responsibility of this position.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

- ☐ **Obtain a situation briefing from Transportation Group Supervisor.**
- ☐ **Obtain a list of the hospitals which will receive patients from the MCI.**
- ☐ **Establish Communications with EMS Dispatch and Fire Comm.**
- ☐ **Provide regular updates to the receiving hospitals through EMS dispatch regarding the total number of patients still on scene and an estimate of the number of patients each hospital may receive.**
- ☐ **Demobilize upon direction of the Transportation Group Supervisor and forward all checklists.**

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┌─────────────────────────────────────┐
│        ┌──────────────────┐         │
│        │ Incident Commander│         │
│        └──────────────────┘         │
│                │                     │
│        ┌──────────────────┐         │
│        │ Operations Section│         │
│        └──────────────────┘         │
│                │                     │
│   ┌──────────────┐                  │
│   │ Medical Branch│                  │
│   └──────────────┘                  │
│        │                             │
│        ├─┤ Triage Group Supervisor  │
│        │                             │
│        ├─┤ Transportation Group Supervisor │
│        │                             │
│        ├─┤ Ambulance Staging Manager│
│        │                             │
│        ├─┤ Medical Communications   │
│        │                             │
│        ├─┤ Treatment Group Supervisor│
│        │                             │
│        └─┤ Morgue Group Supervisor  │
└─────────────────────────────────────┘
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TREATMENT GROUP SUPERVISOR

DATE: ___/___/___ TIME OF ASSIGNMENT: ___: ___

Incident Commander: _____

Operations Section: _____

Medical Branch: _____

Triage: _____

Transportation: _____

Ambulance Staging: _____

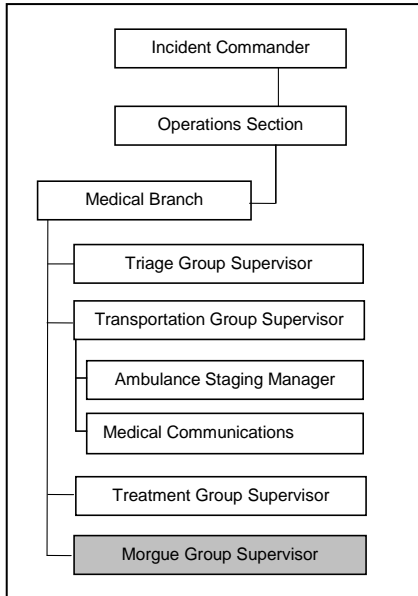Medical Communications: _____

Morgue Group: _____

Air Branch: _____

Radio Frequency: _____

Radio Identifier: "**TREATMENT**"

The Treatment Group Supervisor is responsible for establishing and operating a Treatment Area at a suitable location and is also responsible for the re-triage of extricated victims.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

☐ **Obtain a situation briefing from Medical Branch Director.**
☐ **Don position identification vest and appoint/brief assistants.**
☐ **Establish "funneled" zone into re-triage point.**
☐ **Establish treatment areas as needed: re-triage, immediate, delayed, minor.**
☐ **Clearly designate treatment areas with flags or other approved means.**
☐ **Provide the treatment location(s) to the Medical Branch Director.**
☐ **Ensure that ALL patients entering the Treatment Area are re-triaged. Assign this duty.**
☐ **Assign Paramedics, EMTs, and First Responders to the Treatment Area.**
☐ **Collaborate with Transportation Group Supervisor for loading needs and appoint a loading coordinator.**
☐ **Ensure the availability of required medical supplies to Treatment Area.**
☐ **Arrange for personnel and relief personnel as required.**
☐ **Demobilize the Treatment Group after all on-site casualties/patients have been transported.**
☐ **Forward all logs, records, and checklists to the Medical Branch Director, before securing from scene.**

MORGUE GROUP SUPERVISOR

DATE: ___/___/___ TIME OF ASSIGNMENT: ___: ___

Incident Commander: _____

Operations Section: _____

Medical Branch: _____

Triage: _____

Transportation: _____

Ambulance Staging: _____

Medical Communications: _____

Treatment Group: _____

Air Branch: _____

Radio Frequency: _____

Radio Identifier: "**MORGUE**"

Organizational chart:
- Incident Commander
- Operations Section
- Medical Branch
  - Triage Group Supervisor
  - Transportation Group Supervisor
  - Ambulance Staging Manager
  - Medical Communications
  - Treatment Group Supervisor
  - Morgue Group Supervisor

A Sheriff representative or Deputy Sheriff-Coroner should be appointed Morgue Group Supervisor, and will initiate the Coroner's Investigation with a task force, as necessary. The Morgue Group Supervisor shall help ensure that human remains are left "where found" until investigatory steps have been completed. The Morgue Group will recover, receive, and process human remains and those victims' personal possessions.

Duty Checklist: READ ENTIRE DUTY CHECKLIST

- ❑ **Obtain a situation briefing from Medical Branch Director.**
- ❑ **Remind Medical Branch Director of the "where found" rule and ask the Medical Branch Director to enforce the rule for incident's triage teams.**
- ❑ **Don position identification vest and appoint/brief assistants.**
- ❑ **Ensure that Crime Scene Investigation (CSI) personnel, photographers, and others who may be called upon to assist wear identification.**
- ❑ **Initiate Investigation Task Force, if warranted, to:**
  - o **Locate and identify the dead;**
  - o **Determine the cause of death;**
  - o **Recover personal property and possessions; and,**
  - o **Assist with the investigatory details at the site.**
- ❑ **If necessary, request the Incident Commander or his/her designee provides refrigeration units.**
- ❑ **Establish a secured, temporary, holding area after initial processing on-site.**
- ❑ **Maintain a record of activities. Forward this record to the Incident Commander upon completion of site investigation.**
- ❑ **Demobilize the Morgue Group once all activities have been completed.**