

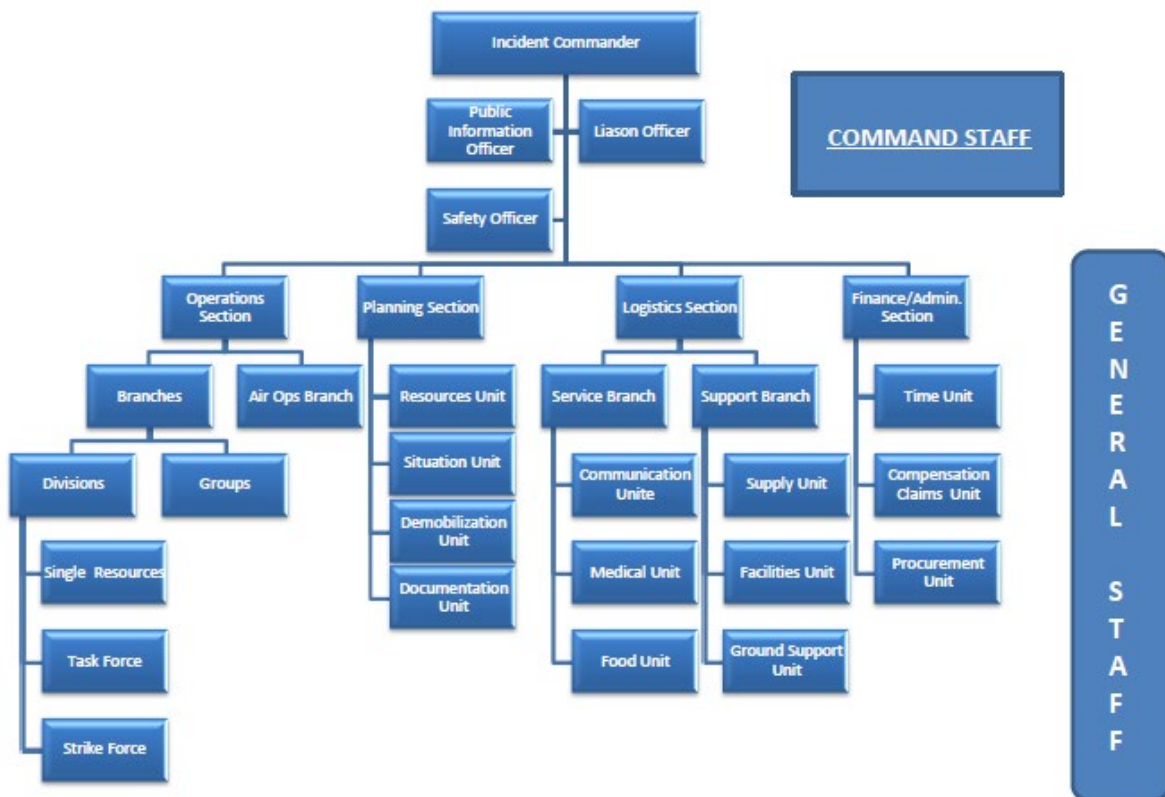
MULTI-CASUALTY INCIDENT COMMAND OPERATIONS

PURPOSE OF THE FIELD OPERATIONS MANUAL

The Field Operations Manual describes the response organization, personnel, equipment, resources, and procedures for field operations that are designed to be utilized by _____ EMS Agency

The State approved Incident Command System (ICS) is used to provide the basic organizational structure for the following multi-casualty field operations manual. ICS was developed through a cooperative inter-agency (local, State and Federal) effort. The basic organizational structure of the ICS has been developed over time and is designed to coordinate the efforts of all involved agencies at the scene of a large, complex, emergency situation, as well as the small day-to-day situation. The organizational structure of ICS is designed to be developed and expanded in a modular fashion based upon the changing conditions and size/scope of the incident.

This Field Operations Manual contains standardized position titles, procedures, checklists, forms, and tags in an effort to more efficiently and effectively utilize regional resources during a multi-casualty incident.



SECTION 1 - COMMAND & CONTROL

1.1 SELECTION OF THE "TYPE" OF COMMAND

1.2 FUNCTIONS OF THE INCIDENT COMMANDER

SECTION 2 - COMMUNICATIONS

2.1 RADIO NETWORKS

SECTION 3 - EQUIPMENT & SUPPLIES

SECTION 4 - ACTIVATION/NOTIFICATION

4.1 MOBILIZATION OF RESOURCES

4.2 NOTIFICATION OF CONTROL FACILITY

SECTION 5 - INCIDENT OPERATIONS

5.1 EMS FIELD MANAGEMENT PERSONNEL

5.1.1 Medical Group Supervisor (MGS)

5.1.2 Medical Supply Coordinator

5.1.3 Triage Unit Leader

5.1.4 Morgue Manager

5.1.5 Treatment Unit Leader

5.1.6 Patient Transportation Group Supervisor (PTGS)

5.1.7 Medical Communications Coordinator

5.1.8 Air Ambulance Coordinator

5.1.9 Ground Ambulance Coordinator

5.2 DESIGNATED AREAS

5.3 TRIAGE

5.3.1 Triage Categories

5.4 TREATMENT

5.4.1 Immediate

5.4.2 Delayed

5.4.3 Minor

5.4.4 Deceased

5.5 EMS RESOURCE MANAGEMENT

5.6 TRANSPORTATION/PATIENT DISPERSEMENT

5.7 CONTAMINATION

1.0 COMMAND & CONTROL

Within the ICS, the Incident Commander is that individual which holds overall responsibility for incident response and management, except as noted below, the Incident Commander shall be that individual present on scene representing the public service agency having primary investigatory authority or responsibility. Some examples are as follows:

- * HIGHWAY PATROL All freeways; all roadways in unincorporated areas to include right-of-way. (CVC 2454)
- * SHERIFF'S OFFICE Off-highway unincorporated areas, i.e., railroad right-of-ways, parks, private property, etc. (Local policy)
- * LOCAL FIRE/POLICE Specific areas of authority within their jurisdiction except freeways.
- * AIRPORT FIRE/POLICE Airports
- * U.S. MILITARY National Defense Area; a military reservation or an area with "military reservation status" that is temporarily under military control, e.g., military aircraft crash site.

The Incident Commander has responsibility for coordination of all public and private agencies engaged at the incident site, and controls all responding agencies, such as medical, coroner staff, etc. The Incident Commander has the specific responsibility for establishing and identifying the Command Post (CP) for notifying county dispatch centers, requesting resources, and providing the initial field assessment to enable appropriate decisions about the level of response necessary.

Jurisdictions where the City Council or other authority has assigned the function of Incident Commander to other than traffic law enforcement, i.e., fire service, that agency shall perform the incident command functions.

1.1 SELECTION OF THE "TYPE" OF COMMAND

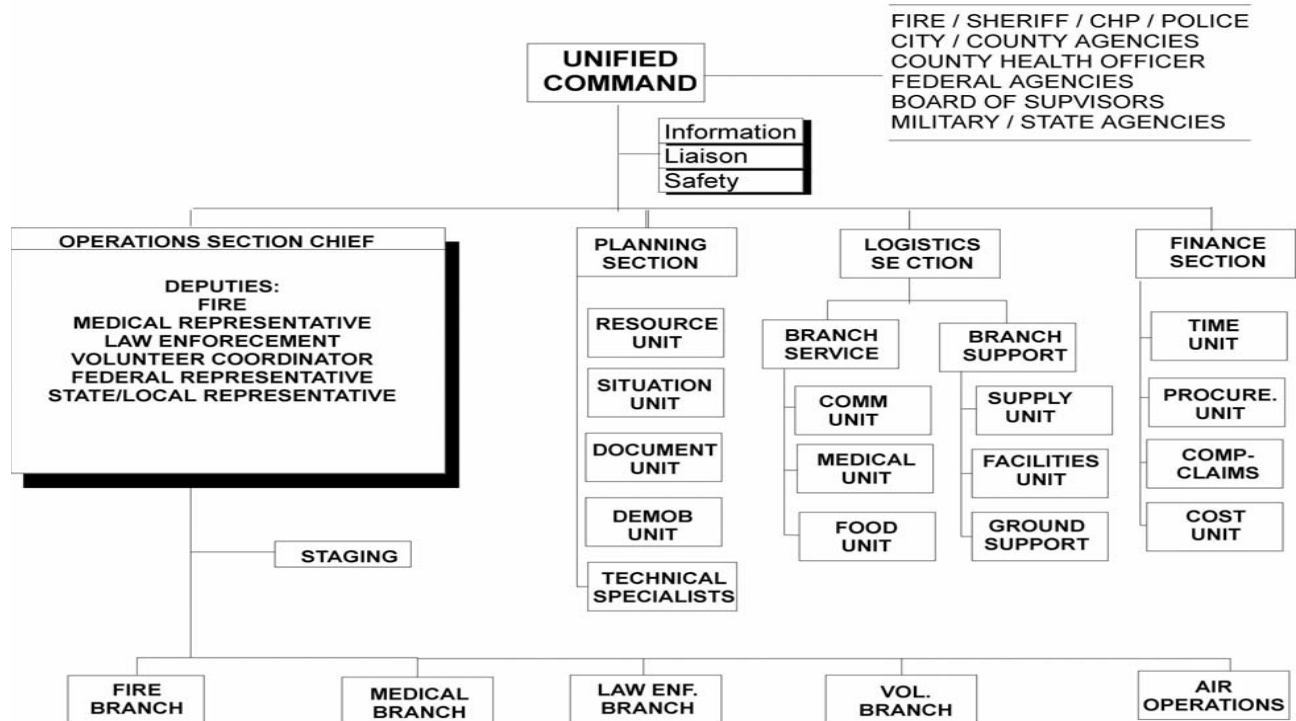
The choice of type of command will usually be made based upon the number of jurisdictions involved and the size of the incident.

* ***Single Command***: This is a system wherein a person determined by the impacted jurisdiction is given the lead role as Incident Commander. This person will usually be a high ranking official of the fire service or law enforcement as noted above. In the ICS, as the incident progresses in size or scope, the incident command may be turned over to a higher ranking official such as a fire chief.

In some cases, an advisory staff may be established to assist the Incident Commander. This will generally be comprised of officials of the major agencies involved such as fire, law enforcement, public works, and EMS. The EMS representative will be assigned by the Health Officer/EMS Medical Director or his/her designee and will normally be a member of the Health Department/Local EMS Agency or an ambulance service manager.

* **Unified Command:** This is a system where a group of officials from the major agencies involved share the lead responsibility. These officials may include fire, law enforcement, public works, and EMS. The EMS representative will again be determined by the Health Officer/EMS Medical Director or designee.

INCIDENT COMMAND SYSTEM UNIFIED



1.2 FUNCTIONS OF THE INCIDENT COMMANDER

The Incident Commander shall be responsible for the following general functions:

- * **Command:** Overall management and setting of objectives.
- * **Planning:** The development of a procedure to deal with operational problems.
- * **Logistics:** The acquisition and distribution of resources.
- * **Finance:** Recording, for purposes of reimbursement, who and what was involved in the incident.
- * **Operations:** The direct control of tactical operations and the implementation of objectives.

Depending on the size and duration of the incident, the Incident Commander may directly supervise operations or delegate this responsibility to an Operations Chief.

The EMS Multi-Casualty Field Operations will fall within the responsibility of Operations.

* The Incident Commander will determine when EMS personnel are no longer required and may be released from the incident.

* The Incident Commander or his/her designee will approve any information releases to the media.
Personnel shall not release information to the media without approval.

2.0 COMMUNICATIONS

Communications at the incident are managed through the use of a common communications plan and an incident based communications center established solely for the use of tactical and support resources assigned to the incident. All communications between organizational elements at an incident should be in plain English. No codes should be used, and all communications should be confined only to essential messages. The Communications Unit is responsible for all communications planning at the incident. This will include incident-established radio networks, on-site telephone, public address, and off-incident telephone/microwave/radio systems.

2.1 RADIO NETWORKS

Radio networks for large incidents should be pre-designated, when possible, through a cooperative effort of all involved local agencies and will normally be organized as follows:

* Command Channel- This net should link together: Incident Command, key staff members, Section Chiefs, Division and Group Supervisors.

* Tactical Channel- There may be several tactical Channels. They may be established around agencies, departments, geographical areas, or even specific functions. The determination of how Channels are set up should be a joint Planning/Operations function, and should be pre-designated whenever possible. The Communications Unit Leader will develop the plan in the event a pre-designated system is not in place.

* Support Channel- A support net will be established primarily to handle status-changing for resources as well as for support requests and certain other non-tactical or command functions.

The scene-to-Control Facility frequencies (Med-Net) fall under the categories of Support Net and, again, should be pre-designated.

* Ground to Air - A ground to air tactical frequency may be designated, or regular tactical Channels may be used to coordinate ground to air traffic.

* Air to Air - Air to air Channels will normally be pre-designated and assigned for use at the incident.

3.0 EQUIPMENT & SUPPLIES

It is imperative that all tools necessary for initial scene organization and patient triage are available to the first-in emergency response units. A Triage Packet and the following vests should be carried on all initial response units of the emergency services agency responsible for EMS field management:

- * Incident Commander (Orange)
- * Medical Group Supervisor (Kelly Green)
- * Triage Unit Leader (Kelly Green)
- * Treatment Unit Leader (Kelly Green)
- * Patient Transportation Group Supervisor (Kelly Green)

All remaining vests, Position Checklists, and the Medical Group Implementation Supplies should be carried in a supervisor vehicle which would be in the second wave dispatch to an MCI.

NOTE: Systems that have generic kelly green vests with velcro on which the appropriate position labels can be attached, may be required to carry only an orange Incident Commander vest and two generic vests on the first in units as long as all the appropriate position labels listed above are available.

4.0 ACTIVATION/NOTIFICATION

Activation of the Multi-Casualty Incident System consists of the mobilization of the necessary resources, notification of the Control Facility, and initiation of the ICS.

The mobilization of resources and the notification of the Control Facility should be initiated as soon as possible to assure adequate time for the system to respond. It is not necessary to wait until emergency personnel have arrived on scene. As soon as it is determined that an emergency call may prove to be a multi-casualty incident, an additional response dispatch and Control Facility notification should occur.

4.1 MOBILIZATION OF RESOURCES

Three main categories of resources that should be considered are:

- * Equipment and Supplies
 - Medical Group Implementation Supplies
 - Medical Supply Caches/Disaster Trailers
 - Rescue Equipment
 - Specialized Equipment

* Personnel

- ALS Personnel
- BLS Personnel
- Litter Bearers
- Task Forces
- Hospital Emergency Response Team(s) (H.E.R.T.)

* Transportation:

- Ground Ambulances
- Air Ambulances
- Buses
- Task Forces

4.2 NOTIFICATION OF CONTROL FACILITY

Enroute

The notification of the Control Facility (CF) should occur as soon as there is information that an MCI may exist. If this occurs at the time of dispatch or while responding to the incident, the CF should be contacted and advised of an "MCI Alert". Information concerning the location, approximate number of victims (if known), and a description of the incident should be given. The CF can be contacted by the dispatch center or pre-hospital responders.

On Scene

Immediately Upon Arrival (or upon confirmation of on-scene EMS first responders):

- * Confirm or cancel MCI alert with CF.
- * Identify location of MCI.

Following Scene Size-up, Update CF on:

- * Classification of Incident:
 - MCI Trauma Surgeon may be required for Immediate victims.
 - MCI Medical i.e., chlorine gas inhalation or burns in which a surgeon would not be required at the receiving facility.

- MCI HazMat An incident requiring decontamination.

* Approximate number of victims.

* Name of incident, i.e., "Main St." - Transportation (incident) (position reporting)

* Estimated time when triage will be completed.

Following Triage, Update CF on:

* Total number of patients and their triage categories, e.g., "A total of ten patients: 2 Immediate Heads, 4 Delayed, and 4 Minors."

* Number and description of transport units, e.g., "2 ALS ground ambulances, 1 BLS ground ambulance, and 1 ALS air ambulance.

5.0 INCIDENT OPERATIONS

5.1 EMS FIELD MANAGEMENT PERSONNEL

At the time any of the following positions are assumed or assigned, it is imperative that the personnel being assigned be given:

* The appropriate vest for the position.

* The appropriate position checklist.

* Mode of communications to be utilized.

5.1.1 Medical Group Supervisor (MGS)

This person is in charge of EMS Field Operations in an initial and reinforced level of response. While formal identification is not necessary on routine calls, on multi-casualty incidents with five (5) or more patients requiring transportation, an identification vest will be used.

The Medical Group Supervisor will report to the Incident Commander or his/her designee. If an Incident Commander has not been established early in a multi-casualty incident, the Medical Group Supervisor will coordinate operations with fire and law enforcement until an Incident Commander is assigned.

Overall command of EMS field operations in a Full Branch Response would be delegated to the Multi-Casualty Branch Director.

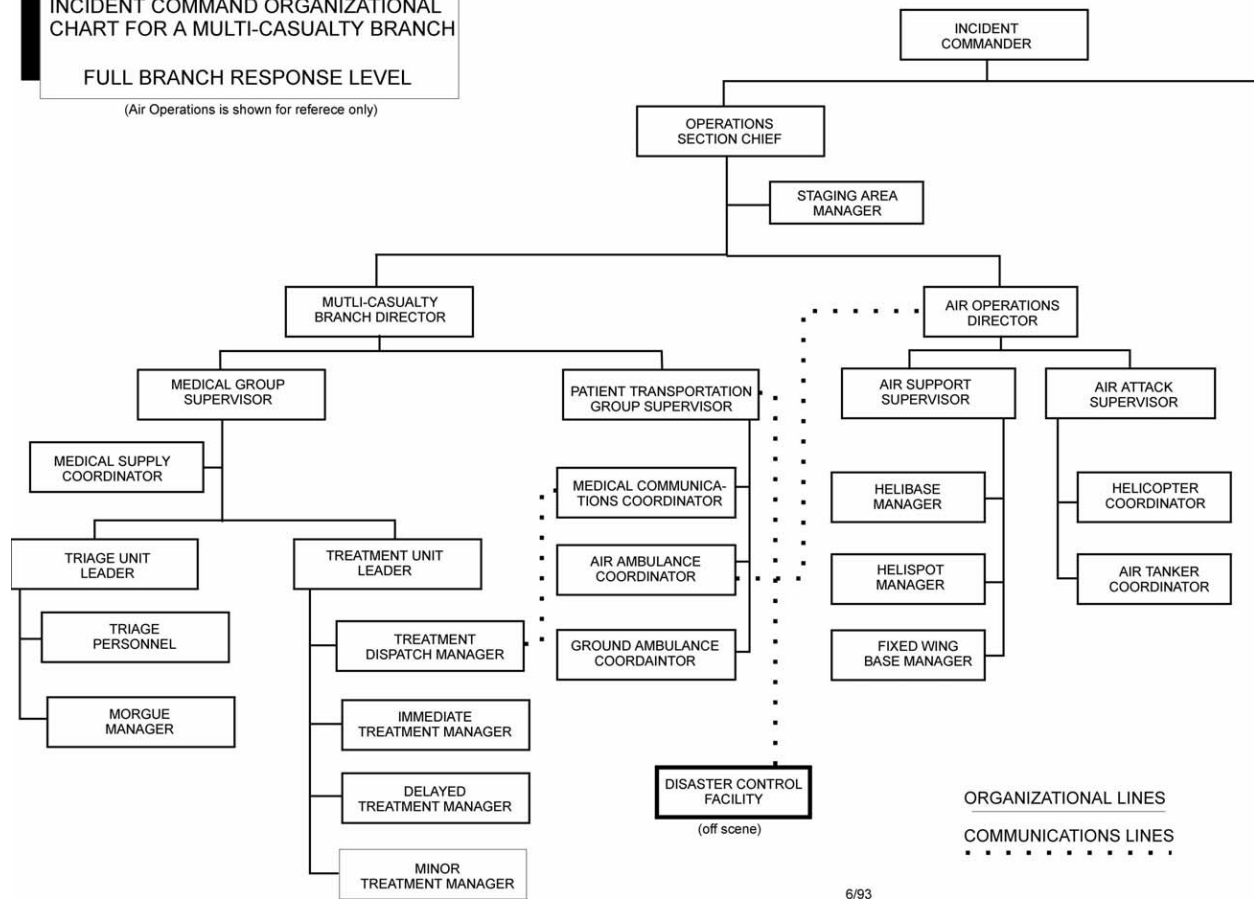
Selection: The Medical Group Supervisor shall be the first qualified responder for the position on the scene and, in accordance with local policy, may be a law enforcement, fire department, or private provider personnel.

The initial Medical Group Supervisor may be relieved or assisted by personnel more qualified for the position as they arrive.

INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH

FULL BRANCH RESPONSE LEVEL

(Air Operations is shown for reference only)



Function: The Medical Group Supervisor or Multi-Casualty Branch Director if assigned, will be responsible for triage and treatment in the multi-casualty incident, and should not be directly involved in patient care unless he/she is the only rescuer at the scene for extended lengths of time.

The EMS field organization builds from the top down with responsibility and performance placed initially with the Medical Group Supervisor. The specific organizational structure established for any given incident will be based upon the management needs of the incident. If one individual can simultaneously manage all major functional areas, no further organization is required. If one or more of the areas require independent management, an individual should be named to be responsible for that area.

In a small MCI, or in the early phases of a large MCI, the Medical Group Supervisor may also need to serve as Patient Transportation Group Supervisor and coordinate communications with the Control Facility and coordinate patient dispersal.

The Multi-Casualty Branch Worksheet (ICS-MC-305), and the Position Checklist found in Section 9, should be used any time it is appropriate. However, the Worksheet and Position Checklist must be used whenever more than two components of field operations have been assigned to other individuals.

Personnel: The Medical Group Supervisor will appoint personnel depending upon the needs of the incident. Personnel can be placed in charge of several areas if this is the best utilization of available resources. Additional personnel may include, but are not limited to:

- Triage Unit Leader
- Treatment Unit Leader
- Medical Supply Coordinator

5.1.2 Medical Supply Coordinator

The Medical Supply Coordinator shall acquire and maintain control of appropriate medical equipment and supplies from response vehicles assigned to the Medical and Patient Transportation Group.

5.1.3 Triage Unit Leader

The Triage Unit Leader (BLS level preferred) will coordinate the triage of all patients. After all patients have been triaged and tagged, this person will supervise the movement of patients to a treatment area. This person will remain at the triage area and will report to the Medical Group Supervisor. The Triage Unit Leader may assign as needed:

- Triage Personnel
- Morgue Manager

5.1.4 Morgue Manager

The Morgue Manager shall be responsible for establishing an on-scene morgue, if not previously established, and maintaining the integrity, security, and identification of deceased victims.

5.1.5 Treatment Unit Leader

The Treatment Unit Leader, who reports to the Medical Group Supervisor, is responsible for on scene emergency medical care of victims in the treatment area. This person will be located at the treatment area and may assign Treatment Managers to the Immediate, Delayed, and Minor Treatment Areas as needed. The Treatment Unit Leader may also assign a Treatment Dispatch Manager to coordinate patient readiness with the Patient Transportation Group Supervisor. Positions that may also be assigned are:

- Treatment Dispatch Manager
- Immediate Treatment Manager
- Delayed Treatment Manager
- Minor Treatment Manager

5.1.6 Patient Transportation Group Supervisor (PTGS)

This position establishes and maintains communications with the Control Facility and directs and coordinates patient loading into ambulances as determined by the Treatment Unit Leader(s). This position may be filled concurrently by the Medical Group Supervisor in the event there are not enough qualified personnel available. The Patient Transportation Group Supervisor may assign the following personnel as necessary:

- Medical Communications Coordinator
- Air Ambulance Coordinator
- Ground Ambulance Coordinator

5.1.7 Medical Communications Coordinator

The Medical Communications Coordinator shall establish and maintain medical communications with the Control Facility and shall select the mode of transport and patient destination based upon the direction of the Control Facility.

5.1.8 Air Ambulance Coordinator

The Air Ambulance Coordinator shall establish safe helispots, coordinate operations with the Air Operations Group, keep the Patient Transportation Group Supervisor advised of air ambulance availability, capability and complete applicable sections of the Patient Transportation Summary Worksheet.

5.1.9 Ground Ambulance Coordinator

The Ground Ambulance Coordinator is responsible for the coordination of incoming personnel and equipment, and reports to the Patient Transportation Group Supervisor. The Ambulance Staging Resources Status shall be used to track ambulance availability and activities.

This person will be located at the staging area to organize ambulances or other medical transportation vehicles, medical equipment, and medical personnel and dispatch them to duties at the request of the Patient Transportation Group Supervisor. Information to complete applicable sections of the Patient Transportation Summary Worksheet may be requested.

AMBULANCE STAGING RESOURCES STATUS	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
AGENCY	UNIT NUMBER	TIME IN STAGING AREA	TIME OUT STAGING AREA
ALS BLS	_____ : _____	_____ : _____	
ALS BLS	_____ : _____	_____ : _____	
ALS BLS	_____ : _____	_____ : _____	
ALS BLS	_____ : _____	_____ : _____	
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