REGIONAL MULTIPLE CASUALTY INCIDENT (MCI) PLAN

Sierra-Sacramento Valley EMS Agency

Effective: December 1, 2024

CONTENTS

ADMINISTRATIVE

PURPOSE

- The S-SV EMS Regional MCI Plan is intended to establish minimum standards/ guidelines for managing these types of incidents and does not prevent local agencies from developing additional policies, protocols or procedures that do not conflict with the S-SV EMS Regional MCI plan.
- The ICS organizational structure is designed to be developed/expanded/contracted in a modular fashion, based on the size/scope of the incident and changing incident conditions. This plan contains standardized positions, procedures, checklists, and forms to more efficiently and effectively utilize regional resources during an MCI.

AUTHORITY

- California Health and Safety Code, Section 1797.151, 1797.204, 1797.206, 1797.214, 1797.218, 1787.220, 1798, 1798.2 & 1798.6.

TRAINING/EDUCATION

- Initial Training:
  - Who: Prehospital EMS personnel and MICNs.
  - Course: S-SV EMS Regional MCI Training course.
  - When: Course completion valid for (2) years.
- Refresher Training:
  - Who: Prehospital EMS personnel and MICNs.
  - Course: S-SV EMS Regional MCI Refresher Training course.
  - When: Course completion valid for (2) years.
- EMS system participants are responsible for ensuring that their personnel complete the initial and ongoing MCI training/education.

CONCEPTS OF OPERATIONS

ACTIVATION

- Activation of the MCI plan may be made by a first responder agency, ambulance provider, or hospital. If sufficient information is provided, activation may be made prior to on-scene arrival.
- As the number of patients increases, the focus shifts from individual incident management to system sustainability and performance. Activation levels are based on factors such as size, type, location, and other regional incidents that may impact both the EMS and hospital system.

POSITIONS & RESPONSIBILITIES

- Overall on-scene operations shall be under the direction/control of the Incident Commander (IC).
- The IC shall establish incident objectives that prioritize the four (4) T's: Triage, Treatment, Transport, and Tracking.
- Incident positions critical to success are:
  - Incident Commander (IC).
  - Triage Unit Leader.
  - Transportation Unit Leader.
  - Medical Communications Coordinator.
- If there are minimal resources available, the Medical Communications Coordinator may also initially fill the position of Transportation Unit Leader. The expectation is when additional resources arrive on scene, the Transportation Unit Leader ICS position should be handed off to the appropriate designee, as determined by the IC.
- The Medical Communications Coordinator ICS position should remain assigned to the person that made initial contact with the Control Facility (CF). Minimal hand off will allow for consistent communications throughout the incident.
- Due to the unique aspects of multi patient incidents, the first AEMT or paramedic on scene will not be able to effectively perform the same patient health care management responsibilities as they would during a single incident. The first arriving/initial AEMT or paramedic is expected to receive an ICS position from the IC. The position assigned will depend on the size and needs of the incident, as determined by the IC.
- Regardless of assigned ICS positions, '*authority for patient health care management in an emergency shall be vested in that licensed or certified health care professional, which may include any paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified specific to the provision of rendering emergency medical care. If no licensed or certified health care professional is available, the authority shall be vested in the most appropriate medically qualified representative of public safety agencies who may have responded to the scene of the emergency.'* (HSC Div. 2.5 § 1798.6).

- The expectation is that if/when an EMS Paramedic Field Supervisor arrives on scene, they will check in with the IC and receive an ICS position when appropriate.
- Each EMS system participant has specific responsibilities during an MCI response. Depending on the nature, size, and complexity of the event, certain activities may be modified from normal daily operating procedures.
- For MCIs involving multiple pediatric victims or multiple family members, consider a position to assist with family reunification at a designated area.

RESOURCES

- Resources should typically function within their pre-assigned responsibilities, i.e.- fire service personnel should focus efforts on incident command, patient triage, and disentanglement/extrication, while ground ambulance providers should focus on patient treatment and rapid transportation.
- Aside from safety hazard mitigation, the priority of the first resource on scene is completing a scene size up and obtaining an approximate patient count.
- Upon arrival at the incident, resources must check in with the IC or their assigned ICS supervisor.
- Typically, the first arriving ambulance will not be utilized for transport as those personnel will hold ICS positions/responsibilities.
- The positions of Transport Unit Leader and Medical Communications Coordinator should remain in close physical proximity to the IC to maintain effective communication and effective/efficient scene management.
- If a HEMS provider is assigned to an MCI, they will typically transport their assigned patient(s) to the furthest hospital. They may also be assigned patients and receiving hospital destinations based on clinical needs.

COMMUNICATIONS

- EMResource shall be used for notification/situational awareness purposes, and to quickly obtain bed availability from appropriate receiving hospitals.
- Patient destination is determined in coordination between the on-scene Medical Communications Coordinator and the CF. Level 3 incidents may include assistance from the S-SV EMS Duty officer if necessary.

Unified Response to Violent Incident (URVI)

DEFINITIONS:

- **Unified Response to Violent Incident (URVI):** An evolving event, primarily managed by law enforcement (LE), involving the use of force or violence on a group of people (e.g. mass shooting, bombing, riots, etc.). These incidents present a significantly higher threat of injury or loss of life to first responders, victims, and the public.
- **Cleared:** An area checked by LE and no apparent threats have been found.
- **Secured:** An area methodically/deliberately searched by LE and no threats have been found.
- **Hot Zone:** The area where a direct/immediate threat exists based on the complexity and circumstances of the incident, as determined by LE. An area within range of direct gunfire, suspected explosive devices or an unsecured/unsearched area where a suspect could be hiding.
- **Warm Zone:** The area where a potential threat exists, however the threat is not direct/immediate. This area is considered clear, however not secure. FD/EMS personnel operating within the Warm Zone should have adequate personal protective equipment, including body armor, and appropriate Force Protection.
- **Cold Zone:** An area where no significant danger/threat can be reasonably anticipated. The Cold Zone is the appropriate location for the Incident Command Post (ICP), Treatment Areas, Staging and logistical functions of the incident.
- **Life Saving Intervention (LSI):** A modified prioritization process for a tactical environment that focuses on major hemorrhage control, opening the airway, chest decompression due to pneumothorax, and providing chemical exposure antidotes.
- **Casualty Collection Point (CCP):** A location within the Hot Zone or Warm Zone, secured by Force Protection, where casualties can be temporarily moved for LSI while awaiting evacuation to the Cold Zone. A CCP established in the Hot Zone is staffed with LE SWAT teams or rescue teams with Tactical Medics/Tactical Emergency Medical Support (TEMS) Specialists.

PRINCIPLES

- Incident Command System (ICS), S-SV EMS Regional Multiple Casualty Incident (MCI) Plan, and Firescope ICS 701 Unified Response to Violence concepts shall be utilized for all URVIs.
- During an initial URVI response, LE personnel are focused on locating, containing, and eliminating the threat. Tactical Medics/TEMS Specialists are generally limited in number, not immediately available, and committed to their tactical team's assignment.
- Considerations, planning, and interagency training should occur around the concept of properly trained/equipped FD/EMS personnel who are escorted by LE into areas of higher but mitigated risk to execute rapid triage, LSI, and evacuation of casualties.

CONCEPTS

- Unified Command, including a single co-located ICP, should be established with FD and LE as Unified Incident Commanders (ICs) to effectively manage the incident.
- Immediate EMS considerations are for MCI operations. Appropriate resource ordering (through the IC) and staging considerations are essential for a successful operation.
- The IC will determine which FD/EMS personnel will locate/triage casualties, administer appropriate LSI, and/or provide/facilitate extrication to a safe location.
- Utilize staging areas to limit the number of responders. Stage responders for rapid evacuation and always have an escape route open to leave the scene quickly if needed.
- Utilize a deliberate/cautious approach to the scene. FD/EMS personnel should be escorted by LE when possible.
- Be alert for the presence of additional devices/hazards at the main scene and secondary scenes. If exposed to gunfire, explosions or threats, withdraw to a safe area or shelter in place.
- Only LE or specially trained/equipped FD/EMS personnel shall enter the Hot Zone to provide evacuation care. The goal of evacuation care is to provide LSI and prevent additional injuries. Minimal EMS interventions are warranted in this phase of care.
- Limited numbers of FD/EMS personnel, as directed by the IC, should enter the Warm Zone to provide casualty extrication or to establish a CCP. The goal of CCP care is to stabilize casualties to permit safe evacuation to dedicated medical treatment and transport assets. o Assess casualties and initiate appropriate LSI, as permitted by FD/EMS personnel/equipment resources.
- Utilize a ‘scoop and run’ response within the Warm Zone. Treatment, including splinting/spinal motion restriction/ALS procedures, can wait until the casualty is in a cleared or secured location.
- Upon approval of the IC, non-tactical FD/EMS personnel may enter the area once it has been cleared by LE to provide evacuation care. These personnel should utilize appropriate protective equipment, including body armor, and be escorted by LE personnel.

COMMUNICATIONS

- When establishing communication with the CF, assure that a single individual is assigned to the Medical Communications Coordinator position.
- The patient count may be dynamic and change throughout the incident. The CF should provide bed availability (including pertinent updates) to the Medical Communications Coordinator throughout the incident.
- The CF and Medical Communications Coordinator will work together to appropriately assign patient destinations as patients are identified.
- Due to the nature of URVIs, the incident may spread across a large physical location. It is imperative that an on-scene communication plan is established early.

DOCUMENTATION

PATIENT CARE REPORTS (PCRs)

- EMS PCRs shall be completed for all victims (patients and individuals determined to be deceased on-scene), according to applicable S-SV EMS policies, unless this requirement is waived by S-SV EMS on an incident specific basis.
- Patient triage tag numbers should be documented on the applicable PCR(s).

ICS FORMS

- EMS personnel shall complete additional ICS paperwork if requested by the IC, based on the nature/size of the incident.
- Patient Tracking Worksheet (Appendix H).
  - This worksheet shall be utilized to track all patients during an MCI.
  - Copies of completed patient tracking worksheets shall be submitted to S-SV EMS as soon as possible (either during or immediately following the conclusion of the event as appropriate based on specific incident circumstances).
- Patient Transportation Resource Staging Log (Appendix F).
  - This log shall be utilized by the Ground Ambulance Coordinator and/or HEMS Coordinator (as applicable) to track patient transportation resource availability and activities anytime a ground ambulance and/or HEMS staging area is established.
- ICS 214 Activity Log (Appendix I).
  - This log is used to record details of notable activities at any ICS level including:
    - Single resources.
    - Ambulance strike team/task force resources.
  - These logs provide basic incident activity documentation and are used as reference for after action reports.
  - These logs can be initiated/maintained by personnel in various ICS positions, as necessary/appropriate.
  - Personnel should document how relevant incident activities are occurring/ progressing, or any notable events/communications.

MCI FEEDBACK/REPORTING FORM

- An MCI Details/Feedback Form (Appendix J) shall be submitted to S-SV EMS within seven (7) calendar days of the incident by the following EMS providers:
  - Prehospital ground and air transport providers.
  - Control Facility (CF) and receiving facilities.
  - Incident Commander
  - Prehospital non-transport/first responder providers (recommended/optional).
- S-SV EMS will evaluate the incident details/documentation and determine if additional formal after-action review/follow-up is necessary.

APPENDIX A – MCI LEVELS

MULTIPLE-PATIENT INCIDENT LEVELS			
EMS SURGE INCIDENT	**LEVEL 1 MCI 5 - 15 PATIENTS**	**LEVEL 2 MCI 15 - 49 PATIENTS**	**LEVEL 3 MCI 50+ PATIENTS**
• An incident that does not overwhelm prehospital resources but has the potential to overwhelm hospital resources with multiple patients. • Three (3) or more ground or air transport resources are requested to respond to a single incident. • Multiple patients are released at scene who may arrive at a hospital(s) by private vehicle. • Three (3) or more patients are identified after arrival at the scene of an incident. • A Unified Response to Violent Incident (URVI).	• Single event, generally handled with local resources. • Can be declared enroute to the incident, with adequate dispatched information, or on scene.	• Simultaneous minor to moderate incidents or single moderate to large scale incident. • Requires modifications to the routine EMS system to support the incident. • Will likely require mutual aid/assistance. • Notification of the S-SV EMS Duty Officer required. • May require MHOAC Program notification.	• Catastrophic events producing excessive numbers of patients that overwhelm local and routine mutual aid resources. • Requires modifications to the routine EMS system to support the incident, including significant use of mutual aid resources. • Notification of the S-SV Duty Officer and MHOAC Program required.
EXAMPLES			
• Dispatched to a multiple vehicle collision at a high rate of speed. • Report of active shooter. • Hazmat incident with unknown patient count. • Structure fire with possible victims.	• Vehicle accident involving high occupancy vehicles. • Multiple acute overdoses. • Multiple confirmed shooting victims. • Multiple patients requiring transport to specialty receiving centers.	• Public transit or school bus accident. • Commercial structure fire with possible victims. • Vehicle into a large public gathering. • Hazmat incident at a public gathering.	• Catastrophic explosion with widespread damage. • Commercial aircraft crash. • Catastrophic earthquake.

APPENDIX B – PROVIDER RESPONSIBILITIES

CONTROL FACILITY (CF)

PRIMARY AREA(S) OF RESPONSIBILITY

- Coordinate patient distribution with on-scene Medical Communications Coordinator and receiving hospitals.

LEVEL 1 MCI	LEVEL 2 MCI	LEVEL 3 MCI
✓ Confirm location, type of incident and initial patient count. ✓ Complete EMResource event notice and receiving hospital polling. ✓ Coordinate appropriate patient distribution with on scene Medical Communications Coordinator.	✓ All Level 1 MCI responsibilities. ✓ Consider activating the hospital's surge plan.	✓ All Level 2 MCI responsibilities. ✓ Coordinate with the S-SV EMS Agency Duty Officer for regional/statewide bed availability as necessary.

RECEIVING HOSPITALS

PRIMARY AREA(S) OF RESPONSIBILITY

- Provide timely MCI patient receiving capability information to the Control Facility (CF) and receive/treat EMS transported patients.

LEVEL 1 MCI	LEVEL 2 MCI	LEVEL 3 MCI
✓ Respond to the CF generated EMResource event hospital bed availability poll within 5 minutes. ✓ Make internal notifications and institute appropriate emergency department procedures per hospital protocol. ✓ Monitor EMResource for CF generated incident updates and patient destination assignments.	✓ All Level 1 MCI responsibilities. ✓ Assess ability to handle additional patients. ✓ Consider activating the hospital's surge plan.	✓ All Level 2 MCI responsibilities.

S-SV EMS AGENCY DUTY OFFICER

PRIMARY AREA(S) OF RESPONSIBILITY

- Take any appropriate actions to ensure objectives are met. This may include suspension of hospital diversion, policy modification or suspension, modified dispatch procedures, etc.
- Assume the role of MHOAC or notify the MHOAC Program (as applicable) and possibly assume the Medical Health Branch Director ICS position.
- Coordinate medical mutual aid requests with the applicable Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) Program.

LEVEL 1 MCI	LEVEL 2 MCI	LEVEL 3 MCI
✓ Monitor the incident. ✓ Offer EMS system support as needed/requested.	✓ All Level 1 MCI responsibilities. ✓ Consider activation of the MHOAC Program. ✓ Make necessary notifications. ✓ Consider notifying the applicable OES coordinator for possible EOC activation.	✓ All Level 2 MCI responsibilities. ✓ Activate the MHOAC Program. ✓ Notify the applicable OES coordinator in order to establish an EOC. ✓ Perform ICS role as needed/requested by IC.

PUBLIC SAFETY AGENCIES

PRIMARY AREA(S) OF RESPONSIBILITY

- Overall on-scene incident management.

LEVEL 1 MCI	LEVEL 2 MCI	LEVEL 3 MCI
✓ Establish incident command. ✓ Fill appropriate ICS positions, guided by the 'Level 1 MCI Initial Response Organization Chart' (Appendix C). ✓ Fill additional positions as needed. ✓ Communicate with dispatch and all incoming units. ✓ Ensure early notification to the applicable Control Facility (CF), in coordination with ambulance provider agency personnel (as applicable). ✓ Consider additional resource needs if MCI escalates/expands.	✓ All Level 1 MCI responsibilities. ✓ Scale ICS positions according to the size of the incident. ✓ Fill appropriate additional ICS positions, guided by the 'Level 2/3 MCI Initial Response Organization Chart' (Appendix C). ✓ Evaluate current medical supply needs and consider requesting MCI Disaster Cache(s) or other additional resources.	✓ All Level 2 MCI responsibilities. ✓ Fill appropriate additional ICS positions, guided by the 'Level 2/3 MCI Initial Response Organization Chart' (Appendix C).

GROUND AMBULANCE PROVIDER AGENCIES

PRIMARY AREA(S) OF RESPONSIBILITY

- Assume/manage appropriate ICS positions, as assigned by the IC.
- Patient treatment and transportation to assigned hospital(s).

LEVEL 1 MCI	LEVEL 2 MCI	LEVEL 3 MCI
✓ Ensure early notification to the applicable Control Facility (CF), in coordination with the IC. ✓ Ensure response from an on-duty Paramedic Field Supervisor (if available). ✓ Evaluate the need for additional EMS/ transportation resources, in coordination with the IC.	✓ All Level 1 MCI responsibilities. ✓ Ensure response from an on-duty Paramedic Field Supervisor (if available). ✓ A Paramedic Field Supervisor may fill an appropriate ICS position, as assigned by the IC. ✓ Remain assigned to the incident until released by the IC/designee. ✓ Consider initiating internal disaster plans for extended operations. ✓ Consider recalling off-duty personnel to support extended medical operations.	✓ All Level 2 MCI responsibilities. ✓ Initiate internal disaster plans for extended operations. ✓ Recall personnel for extended operations.

HEMS PROVIDER AGENCIES

PRIMARY AREA(S) OF RESPONSIBILITY

- Patient treatment and transportation to assigned hospital(s).
- Provide clinical care on scene as appropriate/necessary.

LEVEL 1 MCI	LEVEL 2 MCI	LEVEL 3 MCI
✓ Monitor incident enroute. ✓ Provide aircraft availability if requested. ✓ Initiate/maintain contact with the IC/designee. ✓ Confirm patient/destination assignment with the IC or Transportation Unit Leader (as applicable) once on-scene.	✓ All Level 1 MCI responsibilities. ✓ Consider cancelling non-emergency HEMS activity. ✓ Remain in contact with other possible aircraft responding to the incident. ✓ Remain assigned to the incident until released by the IC/designee. ✓ Consider initiating internal disaster plans for extended operations. ✓ Consider recalling off-duty personnel to support extended medical operations.	✓ All Level 2 responsibilities. ✓ Initiate internal disaster plans for extended operations. ✓ Recall personnel for extended operations.

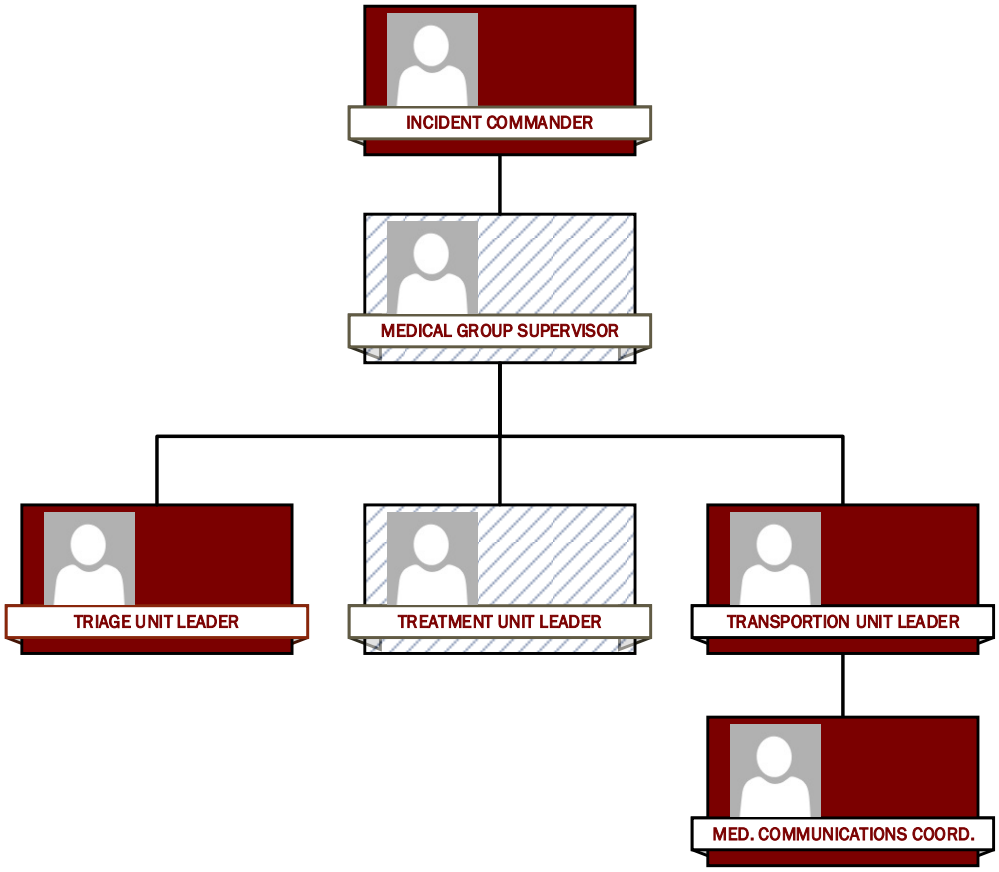
APPENDIX C – MCI ORGANIZATIONAL CHARTS

The following organizational charts are intended to provide the Incident Commander (IC) with a basic, expandable system to manage multiple-casualty incidents of varying complexity. The degree of organizational structure should be driven by the Incident needs, as determined by the IC. These charts may also be referenced by any responder so they may be able to anticipate their position and expectation prior to arrival on scene.

INITIAL RESPONSE ORGANIZATION
LEVEL 1 MCI

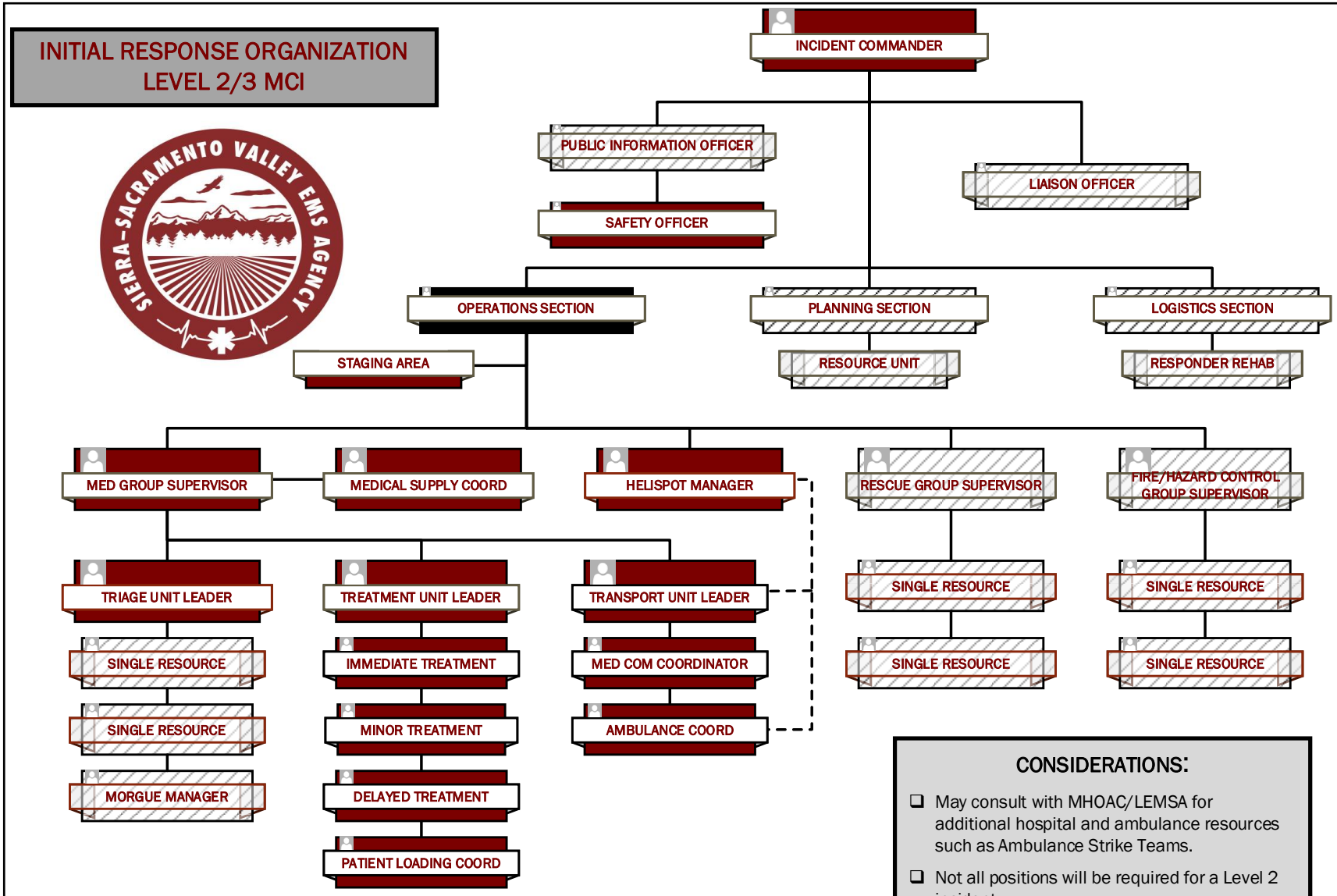
CONSIDERATIONS:

- ❑ Declare MCI
- ❑ Assume command
- ❑ Scene survey, size-up, initial resource order
- ❑ Assess scene hazards including need for decontamination
- ❑ At a minimum, assign Triage Unit Leader and Transportation Unit Leader (Transportation Unit Leader will assume the Medical Communication Coordinator position until additional resources are available)
- ❑ Begin START/JUMPSTART triage
- ❑ Establish appropriate treatment areas
- ❑ Complete patient tracking forms



Initial Response Organization: The Incident Commander manages initial response resources as well as all Command and General Staff responsibilities. All arriving resources shall check in with the Incident Commander for assignment. Positions in red shall be assigned prior to assigning other positions. As additional ALS/LALS resources become available, the Transportation Unit Leader and/or Triage Unit Leader positions may be re-assigned. The Medical Communications Coordinator position should not be transferred after communication with the hospital has been established. The Incident Commander, Transportation Unit Leader and Medical Communication Coordinator should remain in close physical proximity throughout the event.

INITIAL RESPONSE ORGANIZATION
LEVEL 2/3 MCI

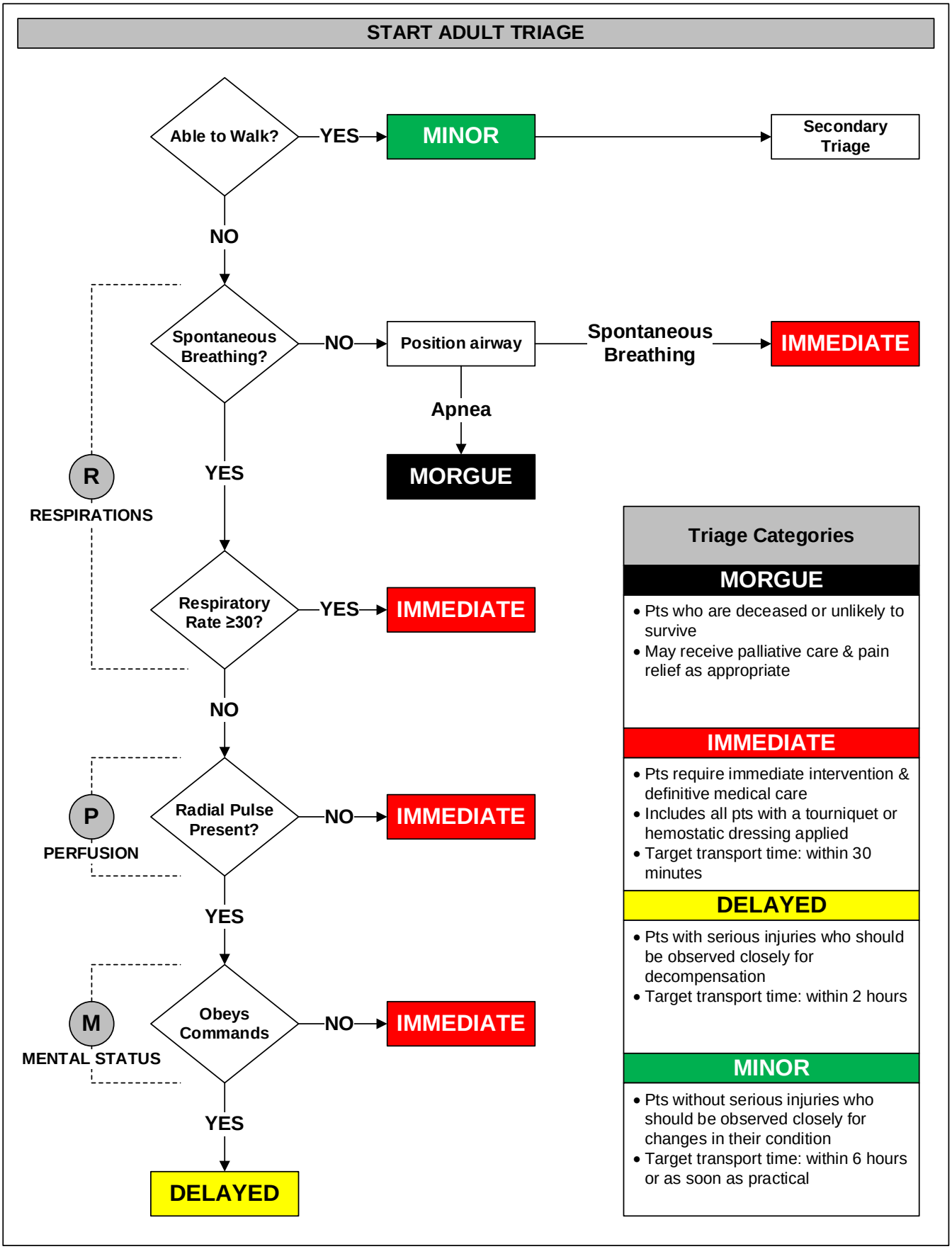


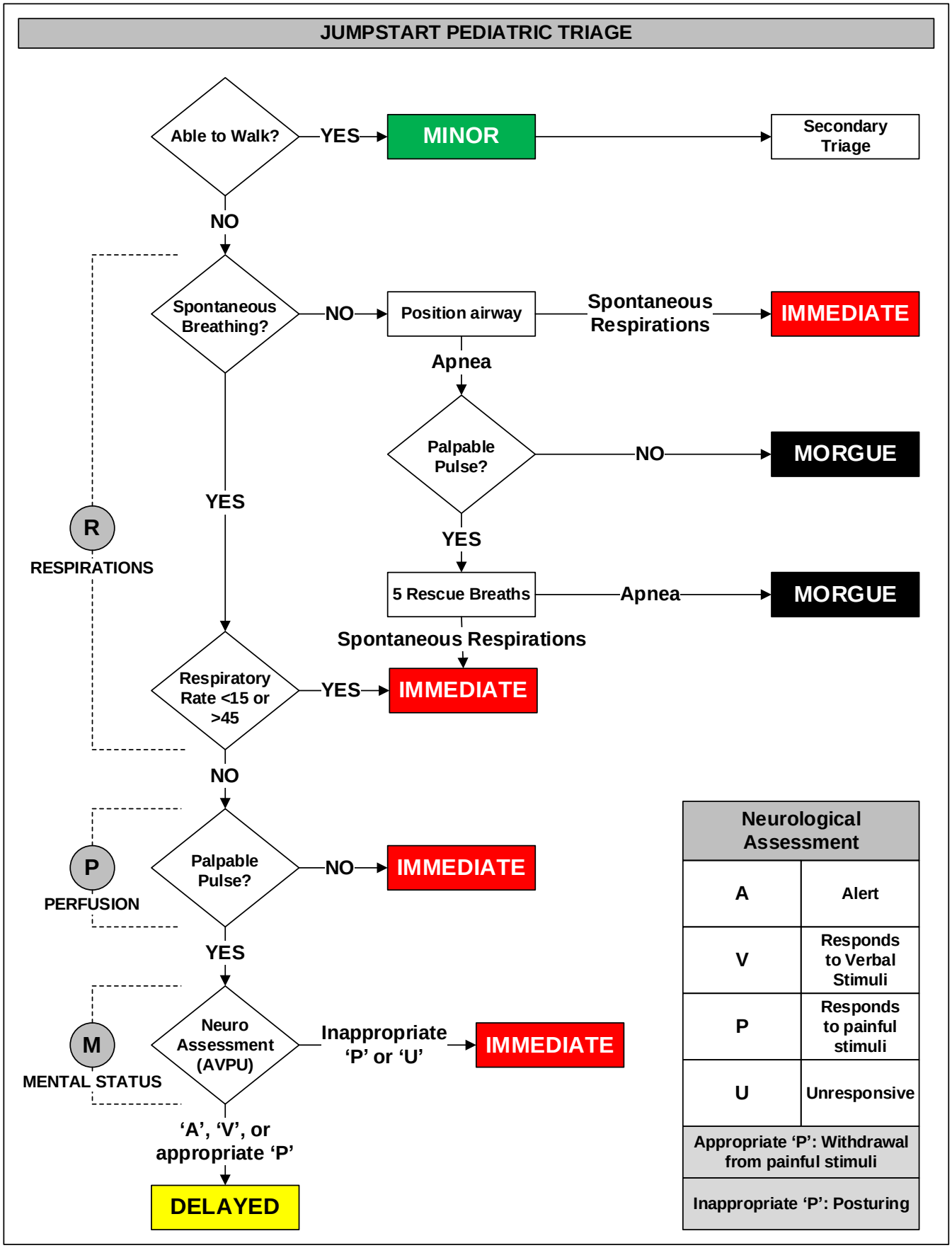
CONSIDERATIONS:

- ❑ May consult with MHOAC/LEMSA for additional hospital and ambulance resources such as Ambulance Strike Teams.
- ❑ Not all positions will be required for a Level 2 incident.

Multi-Group Response: All positions within the Medical Group are now filled. Rescue Group may be established to free entrapped victims. Fire/Hazard Control Group may be established to control any fire or hazardous conditions.

APPENDIX D – START & JUMPSTART TRIAGE ALGORITHMS


START ADULT TRIAGE
Able to Walk?
YES
MINOR
Secondary Triage
NO
Spontaneous Breathing?
NO
Position airway
Spontaneous Breathing
IMMEDIATE
Apnea
MORGUE
R
RESPIRATIONS
YES
Respiratory Rate ≥30?
YES
IMMEDIATE
NO
P
PERFUSION
Radial Pulse Present?
NO
IMMEDIATE
YES
M
MENTAL STATUS
Obeys Commands
NO
IMMEDIATE
YES
DELAYED
Triage Categories
MORGUE
• Pts who are deceased or unlikely to survive
• May receive palliative care & pain relief as appropriate
IMMEDIATE
• Pts require immediate intervention & definitive medical care
• Includes all pts with a tourniquet or hemostatic dressing applied
• Target transport time: within 30 minutes
DELAYED
• Pts with serious injuries who should be observed closely for decompensation
• Target transport time: within 2 hours
MINOR
• Pts without serious injuries who should be observed closely for changes in their condition
• Target transport time: within 6 hours or as soon as practical


JUMPSTART PEDIATRIC TRIAGE
Able to Walk?
YES
MINOR
Secondary Triage
NO
Spontaneous Breathing?
NO
Position airway
Spontaneous Respirations
IMMEDIATE
Apnea
Palpable Pulse?
NO
MORGUE
YES
YES
R
RESPIRATIONS
5 Rescue Breaths
Apnea
MORGUE
Spontaneous Respirations
Respiratory Rate <15 or >45
YES
IMMEDIATE
NO
P
PERFUSION
Palpable Pulse?
NO
IMMEDIATE
YES
M
MENTAL STATUS
Neuro Assessment (AVPU)
Inappropriate 'P' or 'U'
IMMEDIATE
'A', 'V', or appropriate 'P'
DELAYED
Neurological Assessment
A
Alert
V
Responds to Verbal Stimuli
P
Responds to painful stimuli
U
Unresponsive
Appropriate 'P': Withdrawal from painful stimuli
Inappropriate 'P': Posturing

APPENDIX E – MCI ICS POSITION JOB SHEETS

TRIAGE UNIT LEADER

Description:

The Triage Unit Leader supervises Triage Personnel. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the triage area. When triage has been completed and all patients have been moved to treatment areas, the Triage Unit Leader may be reassigned.

Responsibilities:

- ✓ Determines initial patient count.
  - Notifies IC of initial patient count as soon as determined.
  - If Medical Communications Coordinator and/or Transportation Unit Leader have been established, also notifies these positions of initial patient count.
- ✓ Informs IC or appropriate ICS supervisor of needs.
- ✓ Implements triage process.
  - Utilize START (adult)/Jump START (pediatrics) criteria.
- ✓ Assures triage tags are utilized for all patients.
- ✓ Receives/maintains all triage tag stubs until they are passed to the Treatment Unit Leader.
- ✓ Coordinates movement of patients from the triage area to the treatment area if different location.
- ✓ Gives periodic status updates to the IC or appropriate ICS supervisor.
- ✓ At the completion of START/Jump START triage, patients may be re-triaged as time and resources permit.

Who is Appropriate for This Position?

- ✓ **Fire Department EMT, AEMT, or Paramedic (Preferred).**
- ✓ Ground ambulance EMT, AEMT, or Paramedic.

Equipment Needed

- ✓ ICS vest.
- ✓ Radio/cell phone for CF communications.
- ✓ Patient Tracking Worksheet.

TRANSPORTATION UNIT LEADER

Description:

The Transportation Unit Leader supervises the Medical Communications Coordinator, Ground Ambulance Coordinator, and Air Ambulance Coordinator (if applicable). They are responsible for coordination of patient transportation and maintenance of records relating to patient's identification, condition, and destination. The responsibilities of this position may initially be assigned to/managed by the Medical Communications Coordinator. Upon arrival of additional resources, the Transportation Unit Leader position shall be handed off to an appropriate designee (in coordination with the IC). Depending on the size/complexity of the incident, this position may need to be upgraded to Group Supervisor level as determined by the IC.

Responsibilities:

- ✓ Designates ambulance staging area(s).
- ✓ Establishes communication with Medical Communications Coordinator, Ground/Air Ambulance Coordinators.
- ✓ Directs transportation of patients as determined by the Medical Communications Coordinator.
- ✓ Assures the documentation of patient information and destinations.
- ✓ Coordinates the establishment of the Helispot(s).
- ✓ Requests additional medical transportation resources as needed from IC or appropriate ICS supervisor.

Who is Appropriate for This Position?

- ✓ **Paramedic Field Supervisor (Preferred).**
- ✓ Non-transport provider AEMT or paramedic.
- ✓ Ground ambulance provider AEMT or paramedic.
- ✓ Non-transport or ground ambulance provider EMT (if no AEMT/paramedic available).

Equipment Needed

- ✓ ICS vest.
- ✓ Patient Tracking Worksheet.

TREATMENT UNIT LEADER

Description:

The Treatment Unit Leader supervises treatment area managers and the Patient Loading Coordinator. The Treatment Unit Leader assumes responsibility for re-triage, treatment, preparation for transport, and movement of patients to the loading locations.

Responsibilities:

- ✓ Directs/supervises the Immediate, Delayed, and Minor Treatment Areas and the Patient Loading Coordinator.
- ✓ Establishes communication with the Transportation Unit Leader (when applicable) and Patient Loading Coordinator.
- ✓ Ensures proper patient decontamination and notifications (when applicable).
- ✓ Ensures continued re-triage and movement of patients within the treatment areas when necessary.
- ✓ Coordinates movement of patients from the Triage Area to the Treatment Area(s).
- ✓ Assigns treatment personnel, in coordination with the IC or appropriate ICS supervisor.
- ✓ Requests sufficient medical caches/supplies.
- ✓ Coordinates movement of patients to the patient loading area(s).
- ✓ Gives periodic status updates to the appropriate ICS supervisor.
- ✓ Requests special medical resources through the IC.

Who is Appropriate for This Position?

- ✓ **Ground ambulance paramedic (preferred for Level 1 MCIs).**
- ✓ **Paramedic Field Supervisor (preferred for Level 2/3 MCIs).**
- ✓ Non-transport provider paramedic.
- ✓ AEMT or EMT (if no paramedic available or ETA is extended).

Equipment Needed

- ✓ ICS vest.
- ✓ Treatment Area Worksheets.

MEDICAL COMMUNICATIONS COORDINATOR

Description:

The Medical Communications Coordinator establishes communication with the appropriate Control Facility (CF) to determine patient destination assignments. They should remain near the IC or appropriate ICS supervisor. The Medical Communications Coordinator should not be assigned additional ICS positions or be involved in triage or treatment of patients. The position of Medical Communications Coordinator is crucial to the success of the tracking of patients from the scene to hospitals. This position should be established as early as possible.

Responsibilities:

- ✓ Establishes communication with the appropriate CF.
- ✓ Provides pertinent basic patient information to the CF as follows:
  - Patient Age.
  - Patient Gender.
  - Triage Category.
  - Triage Tag #.
- ✓ Receives basic patient information and triage information from the Triage Unit Leader and re-triage information from the Treatment Unit Leader (if applicable).
- ✓ Receives patient destinations from the CF.
- ✓ Works with the Transportation Unit Leader to coordinate patient transportation needs.

Who is Appropriate for This Position?

- ✓ **Ground ambulance paramedic (preferred).**
- ✓ Paramedic Field Supervisor.
- ✓ Non-transport provider paramedic.
- ✓ Ground ambulance AEMT or EMT (if no paramedic available).

Equipment Needed

- ✓ ICS vest.
- ✓ Radio/cell phone for CF communications.
- ✓ Patient Tracking Worksheet.

GROUND AMBULANCE COORDINATOR

Description:

The Ground Ambulance Coordinator manages the ground ambulance staging area(s) and dispatches ground ambulances as requested.

Responsibilities:

- ✓ Establishes appropriate staging area for ground ambulance resources and communicates the location of the staging area(s) to the IC or appropriate ICS supervisor.
- ✓ Establishes route of travel from staging area to the patient loading area
- ✓ Establishes communications/mode of contact with ambulance personnel in the ground ambulance staging area(s).
- ✓ Establishes/maintains communication with the Medical Communications Coordinator.
- ✓ Provides ambulance resources upon request from the Medical Communications Coordinator or appropriate ICS position.
- ✓ Ensures the necessary equipment/personnel to manage patient needs is provided in each ambulance.
- ✓ Requests additional ground ambulance resources through the IC or appropriate ICS position, based on incident needs.
- ✓ Considers the use of alternative transportation resources, when necessary, in conjunction with Medical Communications Coordinator and the Control Facility (CF).
- ✓ Provides an inventory of medical supplies available in the ground ambulance staging area.

Who is Appropriate for This Position?

- ✓ **BLS fire department/district personnel (preferred).**
- ✓ Ground ambulance EMT.
- ✓ Other fire department/district personnel.

Equipment Needed

- ✓ Patient Transportation Resource Staging Log.

HEMS COORDINATOR

Description:

The HEMS Coordinator communicates with the Transportation Unit Leader and Ground Ambulance Coordinator. They coordinate patient air transportation needs with the Helispot Manager.

Responsibilities:

- ✓ Establishes communication with the Transportation Unit Leader to determine hospital destinations.
- ✓ Coordinates patient loading from ground ambulances with the Helispot Manager.
- ✓ Confirms type of HEMS resources/patient capabilities with the Helispot Manager and provides this information to the Medical Communications Coordinator and the Transportation Unit Leader.

Who is Appropriate for This Position?

- ✓ **BLS fire department/district personnel (preferred).**
- ✓ Other fire department/district personnel.

Equipment Needed

- ✓ Patient Transportation Resource Staging Log.

PATIENT LOADING COORDINATOR

Description:

The Patient Loading Coordinator is responsible for coordinating with the Transportation Unit Leader (or Group Supervisor if established), the transportation of patients out of the Treatment Areas.

*Note: During a level 1 MCI, this position may be held by the Treatment Unit Leader

Responsibilities:

- ✓ Establishes communication with treatment area managers and the Transportation Unit Leader.
- ✓ Verifies prioritization of patients for transport.
- ✓ Advises the Medical Communications Coordinator when patients are ready for transport.
- ✓ Coordinates transportation of patients with the Medical Communications Coordinator.
- ✓ Coordinates ambulance loading with treatment managers and ambulance personnel.

Who is Appropriate for This Position?

- ✓ **BLS fire department/district personnel (preferred).**
- ✓ Other fire department/district personnel.

Equipment Needed

- ✓ N/A

MEDICAL GROUP SUPERVISOR

Description:

The Medical Group Supervisor reports to the IC on smaller incidents and the Medical Branch Director on larger incidents. The Medical Group Supervisor supervises the Triage Unit Leader, Treatment Unit Leader, Transportation Unit Leader, and Medical Supply Coordinator if applicable.

Responsibilities:

- ✓ Supervises Triage, Treatment, and Transportation Unit Leaders.
- ✓ Ensures that proper medical care is rendered at the treatment areas.
- ✓ Determines resources and supplies needed for the medical aspect of the incident.
- ✓ Establishes direct communication with the Transportation Unit Leader.

Who is Appropriate for This Position?

- ✓ **Paramedic Field Supervisor (preferred).**
- ✓ ALS/LALS non-transport provider fire captain.
- ✓ Non-transport provider AEMT or paramedic.
- ✓ Ground ambulance AEMT or paramedic.

Equipment Needed

- ✓ ICS vest.
- ✓ Appropriate ICE forms.

MEDICAL BRANCH DIRECTOR

Description:

The Medical Branch Director is responsible for implementing the Incident Action Plan (IAP) within the medical branch. They supervise the medical group(s) and Transportation Unit/Group.

Responsibilities:

- ✓ Reviews/modifies group assignments as needed.
- ✓ Provides input to the Operations Section Chief for the IAP.
- ✓ Supervises Medical Branch activities and confers with the Safety Officer.
- ✓ Reports to the Operations Section Chief on branch activities.

Who is Appropriate for This Position?

- ✓ **S-SV EMS Agency Duty Officer (preferred).**
- ✓ Fire department/district Battalion Chief.

Equipment Needed

- ✓ ICS vest.
- ✓ Appropriate ICE forms.

APPENDIX F – PATIENT TRANSPORTATION RESOURCE STAGING LOG

PATIENT TRANSPORTATION RESOURCE STAGING LOG

Incident Name			Ground Ambulance/HEMS Coordinator		
Provider Agency	**Unit ID**	**Unit Type**	**Staging Time In**	**Staging Time Out**	**Unit Disposition**

APPENDIX G – TREATMENT AREA LOGS

IMMEDIATE TREATMENT AREA LOG

INCIDENT NAME:	
INCIDENT DATE:	
TREATMENT MANAGER NAME:	

TRIAGE TAG #	AGE	GENDER	INJURIES	TRANSPORT TIME

DELAYED TREATMENT AREA LOG

INCIDENT NAME:	
INCIDENT DATE:	
TREATMENT MANAGER NAME:	

TRIAGE TAG #	AGE	GENDER	INJURIES	TRANSPORT TIME

MINOR TREATMENT AREA LOG

INCIDENT NAME:	
INCIDENT DATE:	
TREATMENT MANAGER NAME:	

TRIAGE TAG #	AGE	GENDER	INJURIES	TRANSPORT TIME

MORGUE AREA LOG

INCIDENT NAME:	
INCIDENT DATE:	
TREATMENT MANAGER NAME:	

TRIAGE TAG #	AGE	GENDER	INJURIES	TRANSPORT TIME

APPENDIX H – PATIENT TRACKING WORKSHEETS

S-SV EMS Region MCI Patient Tracking Worksheet (Horizontal) - Updated 10-2024

Incident Name/Location	Incident Date	Form Completed By	Contact Telephone #

Triage Status	Triage Tag # (Last 4) Pt Name (First & Last)	Age Sex	Primary Injury Type	County of Origin Code	Transport Destination	Trans. Unit ID	Trans. Time	ETA	CF Advised
I D M		M F U							
I D M		M F U							
I D M		M F U							
I D M		M F U							
I D M		M F U							

County of Origin Codes

Butte **(XBU)** Colusa **(XCO)** Glenn **(XGL)** Lassen **(XLS)** Modoc **(XMO)** Nevada **(XNE)** Placer **(XPL)** Plumas **(XPU)**
Shasta **(XSH)** Sierra **(XSI)** Siskiyou **(XSK)** Sutter **(XSU)** Tehama **(XTE)** Trinity **(XTR)** Yuba **(XYU)**

Submit completed worksheets via email to Dutyofficer@ssvems.com

S-SV EMS Region MCI Patient Tracking Worksheet (Vertical) - Updated 10-2024

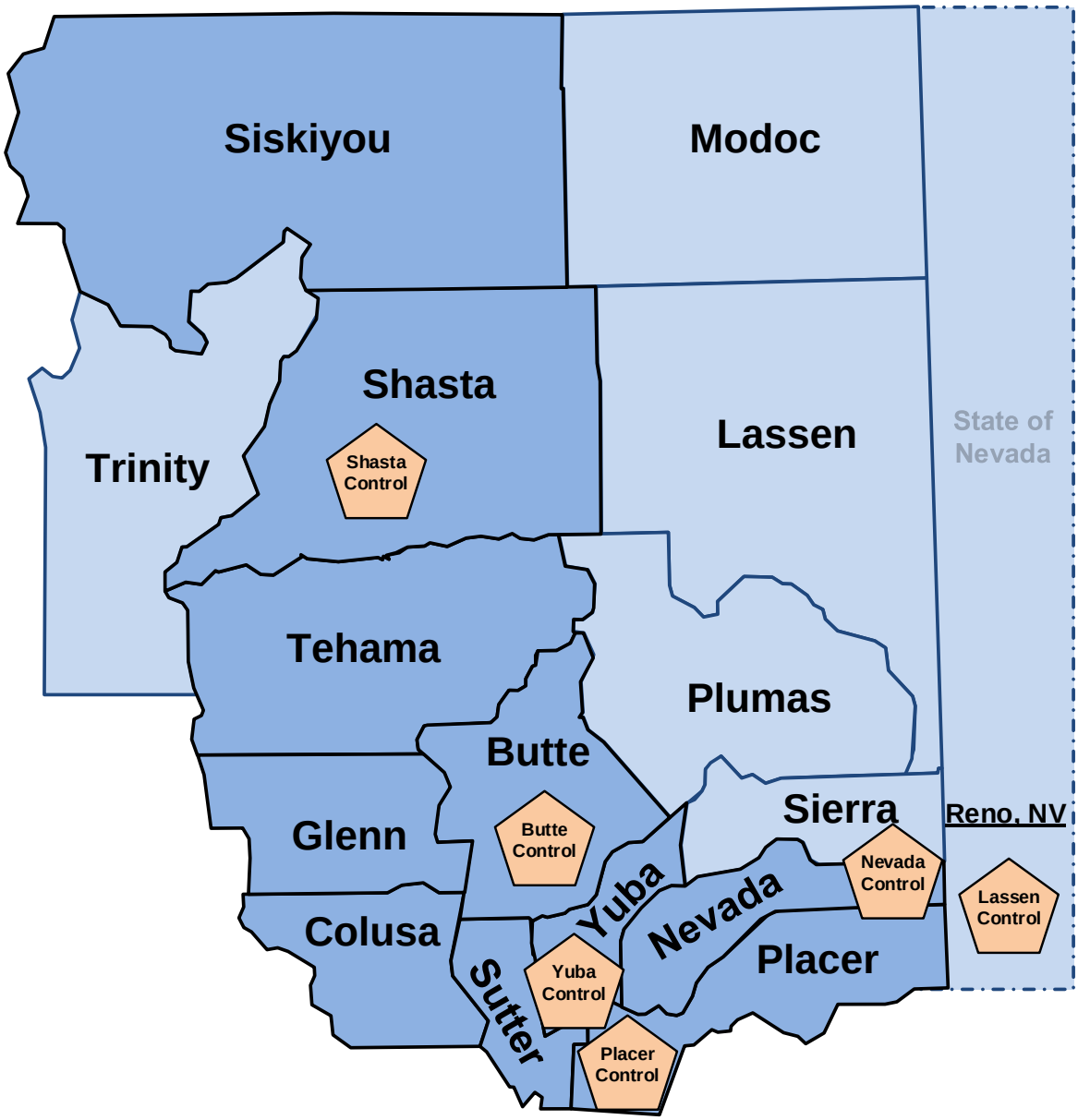
Incident Name:	**Incident Date:**

Triage Status (I/D/M)	Triage Tag # (Last 4)	Pt Age/ Gender	Pt Name	Injury Type	Transport Destination	Trans. Unit	Trans. Time

Submit Completed Patient Tracking Worksheets by email to Dutyofficer@ssvems.com

APPENDIX I – CONTROL FACILITY (CF) MAP

Control Facility (CF) Map



Local EMS Agencies (LEMSAs)

- Nor-Cal EMS Counties (Lassen, Modoc, Plumas, Sierra, Trinity)
- S-SV EMS Counties (Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, Yuba)

Control Facilities (CFs)

- "Butte Control" – Enloe Medical Center (EMC) – Chico, CA
- "Lassen Control" – Regional Emergency Medical Services Authority (REMSA) – Reno, NV
- "Nevada Control" – Tahoe Forest Hospital (TFH) – Truckee, CA
- "Placer Control" – Sutter Roseville Medical Center (SRMC) – Roseville, CA
- "Shasta Control" – Mercy Medical Center Redding (MMCR) – Redding, CA
- "Yuba Control" – Adventist Health +Rideout (AHR) – Marysville, CA

APPENDIX J – ICS 214 ACTIVITY LOG

ACTIVITY LOG (ICS 214)

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

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

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

7. Activity Log (continuation)**:**

Date/Time	Notable Activities

8. Prepared by: Name: ____________________ Position/Title: ____________________ Signature: ____________________

ICS 214, Page 2 Date/Time: ____

ICS 214
Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Name**	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	**ICS Position**	Enter the name and ICS position of the individual in charge of the Unit.
5	**Home Agency** (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	**Resources Assigned**	Enter the following information for resources assigned:
	• Name	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	• ICS Position	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	• Home Agency (and Unit)	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	**Activity Log** • Date/Time • Notable Activities	• Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.
8	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

APPENDIX K – MCI FEEDBACK/REPORTING FORM

MCI FEEDBACK/REPORTING FORM

REPORTING ENTITY	
Reporting Agency:	Reporting Person:
Telephone:	Email Address:

INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR AGENCY'S ROLE)	
Incident Date:	Incident Name:
Incident Location:	
Dispatch Time:	First Unit On Scene Time:
First Transport Unit On Scene Time:	Supervisor On Scene Time:
Incident End Time:	

NUMBER & TYPE OF PREHOSPITAL EMS RESOURCES			
First Responder Agencies Utilized:			
Ground Amb. Providers Utilized:			
# of Ground Amb. Requested:		# of Ground Amb. Utilized	
HEMS Providers Utilized:			
# of HEMS Aircraft Requested:		# of HEMS Aircraft Utilized:	
Other Transport Resources:			
Incident Commander:		Transportation Unit Leader:	
Triage Unit Leader:		Med. Communications Coord.:	
Treatment Unit Leader:		Were MCI ID Vests Used? ☐ Yes ☐ No	
Were Triage Tags Used? ☐ Yes ☐ No		Were Pt. Tracking Sheets Used? ☐ Yes ☐ No	

NUMBER & TYPE OF PATIENTS			
IMMEDIATE:	DELAYED:	MINOR:	DECEASED:
# Of Adult Pts:		# Of Pediatric Pts:	
# Of Pts Transported by EMS:		# Of Pts Refusing Transport:	

HOSPITAL INFORMATION (CF = CONTROL FACILITY)	
CF Name:	Initial CF Contact Time:
Initial CF Notification Received From:	
Number Of CF Staff Assigned:	CF Pt Dispersal Officer:
Receiving Facilities Utilized:	

MCI COMMENTS/ISSUES/SUGGESTIONS/OBSERVATIONS (REQUIRED)