Contra Costa County

Emergency Medical Services

Multi-Casualty Incident Plan

Updated: April 19, 2012

CONTRA COSTA
HEALTH SERVICES

This Plan is Dedicated to the Memory of
Tim Hennessy
Contra Costa County Sheriff's Communications.
His expertise and commitment in developing the Plan
were invaluable.

Document History		
Date	***Section***	***Action***
July 1, 2007	All	First edition distributed
July 15, 2011	Appendix E	Addition of Appendix E – Contra Costa County CHEMPACK Mobilization Plan
April 19, 2012	Appendix F	Addition of Appendix F – Field Treatment Sites

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Multi-Casualty Incident Plan Scope

The Contra Costa County Multi-Casualty Incident Plan was developed by a multi-disciplinary task force of personnel responsible for various aspects of the emergency response to a multi-casualty incident. The Plan is a component of the Contra Costa County Emergency Medical Services Agency System Plan and as such covers the response to all incidents described in the Plan that occur within the Contra Costa Operational Area.

Multi-Casualty Incident Plan Objectives

1. Establish a common organization, management, and communications structure for the coordination of emergency response to a multi-casualty incident.

2. Establish methods of triage and transportation that will provide the best medical outcome possible for the greatest number of casualties.

3. Establish pre-defined responsibilities of all entities with key roles in achieving successful implementation of the plan.

4. The Plan will be drilled regularly, and reviewed annually and following significant activations of the Plan as directed by the EMS Director.

Multi-Casualty Incident Operational Concepts

1. Incident organization will be based on the principles and practices of the National Incident Management System (NIMS), including the use of the Incident Command System (ICS).

    a. The organizational structure will expand and contract as the dynamics of the incident warrant.

    b. Requests for resources from the incident will be ordered utilizing the Incident Command System and single point ordering.

    c. Incident information will be transferred between organizational elements and between the field and supporting communications centers in a timely fashion.

2. First responders will utilize the Simple Triage and Rapid Transport (START) method of triage.

3. First responders should not delay in sending patients to hospitals based on the concept that all receiving hospitals must prepare to accept 2 immediate and 4 delayed patients; however, they should take into consideration patients either

self-transporting or being delivered by other means to nearby facilities. First responders should utilize out-of-county hospitals when appropriate. They should also consider the fact that if this is an infrastructure event, some hospitals may be offline due to damage.

4. As of the 2006 draft of this Plan, there is not a single, integrated solution to address the interoperability needs of police, fire and EMS agencies operating on disparate radio systems during the first 45-60 minutes of an incident. Therefore, it is essential that the law enforcement employee tasked with leading the law enforcement efforts at the scene of the incident and the fire service employee tasked with leading the fire service efforts at the scene of the incident establish Unified Command as soon as possible, and maintain face-to-face communications until interoperable radio communications becomes available at the scene of the incident.

Multi-Casualty Incident Operational Policies

Authority and Scope

1. The MCI Plan may be initiated on the authority of:

    a. The Incident Commander – whether a fire officer, law enforcement officer or ambulance crew leader;

    b. A supervisor from Sheriff's Communications Center;

    c. A supervisor from Contra Costa Regional Fire Communications Center;

    d. Director of Contra Costa County Emergency Medical Services Agency, or designee; or

    e. On-call Health Officer.

2. The Sheriff's Communications Center, as the Emergency Medical Services Operational Area Communications Center (EMSOACC), will be responsible for initiating implementation of the Plan.

3. All requests for initiation should include the following information, if available (**do not allow incomplete information to delay initiation**):

    a. Multi-Casualty Incident Tier
    b. Type of incident
    c. Location and best access routes
    d. Known "immediate need" resources, including ambulances
    e. Approximate number of injured
    f. Types of injuries
    g. Whether any hazardous material is involved or potentially involved

4. Authority for escalation to a higher tier MCI, de-escalation to a lower tier MCI and deactivation of the MCI component of the incident will rest with the Incident Commander with consultation from the Health Officer and/or EMS Agency staff whenever practical.

5. When in doubt regarding the appropriate MCI tier, the Incident Commander should consider the higher tier for incidents that may still be evolving. For incidents where there is no further significant medical threat and where most or all of the injuries are relatively minor, the Incident Commander may consider the lower MCI tier.

Incident Command and Control

6. Command and incident management authority will be established under unified command with the jurisdictional law enforcement agency, the jurisdictional fire agency, and other entities as appropriate.

7. Regardless of which discipline establishes initial Incident Command, the ICS protocols of naming the incident, announcing the Incident Command Post location and the Staging Area for incoming units will be followed. This information will be immediately relayed by the communications center receiving it from the incident commander to the communications center of the other responding discipline.

8. Incident operations will be established by the jurisdictional fire agency with a Deputy Operations Section Chief position assumed by the jurisdictional law enforcement agency.

9. Positions within the incident command structure will be assigned based on qualifications.

10. The Incident Commander or Air Operations Branch Director shall specify a Helispot for EMS helicopters. Until the helispot has been determined, incoming helicopters will stage at the closest available airport.

Resource Ordering

11. The Incident Commander of a multi-casualty incident will request additional resources utilizing their normal procedures. EMS resources and supply requests received by other communications centers shall be directed to the EMSOACC.

12. Whenever possible, mutual aid ambulances will be dispatched directly to the Ambulance Staging Area of the incident and not used for zone coverage.

Medical Transportation Management

13. Destination information and hospital availability, including out-of-county receiving hospital availability, will be exchanged between the Incident and the EMSOACC.

14. Emergency ambulance zone providers shall be responsible for maintaining coverage in their emergency response area. Should a zone provider have insufficient ambulances available to maintain that coverage, they shall notify the EMSOACC and request the number of ambulances needed for zone coverage.

15. When there are a limited number of available ambulances for the magnitude of the incident, patients with minor injuries may be transported by other (non-ambulance) means.

16. Ambulances transporting patients from Tier 2 and Tier 3 MCIs shall not communicate with the receiving hospital. As time and workload permits, information received from the Transportation Group Supervisor/Unit Leader regarding the nature and extent of injuries on board an ambulance <u>may</u> be relayed by the EMSOACC to the receiving hospital.

17. A Patient Care Report is to be made out on each casualty transported if it can be accomplished taking into consideration the situation and the resources. PCRs on patients who refuse transport shall be included if possible. During Tier 3 incidents, the EMS Branch Director, or designee, is authorized to suspend standard PCR protocol and direct that triage tags be used as the ***minimal*** level documentation of field assessment and treatment.

18. All EMS helicopters assigned to a MCI are required to communicate their response to the Sheriff's Communications Center on XCC EMS1.

Tier Definitions

Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
Official notification of an incident that has the potential to result in an activation of the plan at a higher tier, even when the number of known victims is zero. Activation at this tier is required for a Community Warning System Level II incident or any receiving hospital Emergency Department closure or evacuation (not diversion or trauma bypass).	An incident involving 6-10 patients when the scene is contained and the number of patients is not expected to rise significantly.	An incident involving more than 10 patients **OR** an incident involving less than 10 patients when there is a substantial chance that the number of patients may rise. EMS Transportation Resource Ordering processed by EMSOACC.	Any incident involving more than 50 patients; any incident involving mass casualties, or a reasonable expectation of mass casualties. EMS Transportation Resource Ordering processed by EMSOACC.

Examples

Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
Report of an active shooter incident where the number of victims is not known or cannot be confirmed; passenger aircraft attempting emergency landing at Buchanan Field; actual or potential significant hazardous materials incident, including transportation incidents.	Multi-vehicle traffic collision; multiple shooting victims at a contained scene and no ongoing active shooter threat.	Petrochemical incident involving a dispersal cloud moving over populated area; passenger train derailment; an active shooter incident with an uncontained scene.	Actual or suspected WMD incident; significant explosion in or around occupied commercial or multi-unit residential structure or any significant explosion in a heavily populated area. Large-scale evacuation of a hospital or skilled nursing facility.

Hospital Responsibilities

Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
Make internal notifications and institute appropriate ED procedures as per facility protocol. Respond to ED capacity poll from EMSOACC, *if initiated*.	Immediately prepare to accept 2 critical patients and 4 delayed patients. Assess ability to handle additional patients and respond to ED capacity poll from EMSOACC. **Note: Diversion status does not apply during Tier 1, 2 or 3 Multi-Casualty Incidents.**	Immediately prepare to accept 2 critical patients and 4 delayed patients. Assess ability to handle additional patients and respond to ED capacity poll from EMSOACC. **Note: Diversion status does not apply during Tier 1, 2 or 3 Multi-Casualty Incidents.**	Immediately prepare to accept 2 critical patients and 4 delayed patients. Assess ability to handle additional patients and respond to ED capacity poll from EMSOACC. Conduct damage assessment and report results to EMSOACC/EMS, if necessary. Activate facility disaster plan, if necessary. **Note: Diversion status does not apply during Tier 1, 2 or 3 Multi-Casualty Incidents.**

EMS Agency Responsibilities

Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
• Monitor incident • Consider activation of the EMS Operations Center if the incident has potential for escalation.	• All Tier Zero responsibilities • Create entry in Health Services Incident Response Information System (IRIS) and post updates as needed	• All Tier One responsibilities • Staff at outside meetings contact office to determine need for additional personnel • Respond staff to Sheriff's Communications to assist with patient distribution and hospital notification • Contact surrounding hospitals/specialty centers to determine availability • Notify neighboring EMS Agencies if incident may impact their county • Provide ongoing updates to hospitals on status of incident • If applicable, provide updates on nature of exposure and recommended treatments • Consider activation of the Health Services DOC	• All Tier Two responsibilities • Activate the Health Services DOC

Emergency Ambulance Zone Provider Responsibilities

Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
• Notification of Comm Center • Notification of all on-duty administration	• All Tier Zero responsibilities • Additional supervisor responds as per organization's policy • Notification of management personnel as per organization's policy	• All Tier One responsibilities • Additional notifications of administration personnel as per organization's policy • Consider recall of employees to staff additional units • Notify EMSOACC if additional resources are needed to fulfill zone responsibilities	• All Tier Two responsibilities

Permitted Non-Emergency Ambulance Provider Responsibilities

Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
None	None	• Assess capability to respond to requests from EMSOACC or EMS Agency • Respond to incident only when requested	• Assess capability to respond to requests from EMSOACC or EMS Agency • Respond to incident only when requested

EMS Helicopter Provider Responsibilities

Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
• Monitor incident • Provide aircraft availability information if requested	• All Tier Zero tasks • Cancel non-emergency flight activity • Respond only when requested • Prepare to stage at closest airport or location designated by the Incident • Notify EMSOACC when responding • Ascertain status of hospitals outside of Contra Costa County • Maintain air-to-air contact will all aircraft responding to the MCI • Contact Helispot Manager on assigned air-to-ground frequency • Coordinate patient destination with Incident personnel • Notify EMSOACC of patient destination • Report back to EMSOACC after transport • Remain assigned to the incident until released by the IC or designee	• All Tier One responsibilities • Ascertain availability of EMS aircraft in other counties if requested by EMSOACC • Prepare to assist EMSOACC in requesting and coordinating helicopters from other counties • Facilitate declaration of restricted airspace if directed by IC or Op Area Law Enforcement Coordinator	• All Tier Two responsibilities • Initiate internal disaster plans for extended operations • Consider recall of personnel to support air medical operations and to staff additional aircraft

Jurisdictional Fire Agency Field Responsibilities

Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
• Establish IC – (Consider Unified Command) • Consult FOG (MCI section – Initial Response Organization) • Keep Dispatch informed of situation. • Recon potential locations for expanded incident needs (Treatment areas etc). • Consider what resources might be needed if situation escalates. • At any time, patient numbers are a guideline, not a hard and fast rule. Do not hesitate to raise the Tier rating if SITSTAT is incomplete or the incident can easily grow.	• All Tier Zero responsibilities • Scale ICS positions according to size of incident – Consider moving to Reinforced Response Organization (FOG – MCI) • Consult with EMSOACC as necessary.	• All Tier One responsibilities • Establish Reinforced Organization (FOG – MCI) and consider establishing Multi-Group Response Organization. • Consider special calling for MCI caches or trailers. • Consider requesting Temporary Flight Restrictions via the Op Area Law Enforcement Coordinator	• All Tier Two responsibilities • Establish Multi-Group Organization (FOG – MCI) and consider establishing Multi-Branch Response Organization. • Call for MCI caches and trailers if not already dispatched. • Confirm Temporary Flight Restrictions have been requested

Fire Communications Center Responsibilities

Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
• Ensure jurisdictional fire agency is aware of MCI status • Ensure jurisdictional law enforcement agency is aware of MCI status • Notify supervisory or management personnel as per agency policy • Make additional notifications as necessary or requested	• All Tier Zero responsibilities • If an environmental hazard is involved or suspected, contact the Environmental Health Hazardous Materials Incident Response Team, Richmond Fire and San Ramon Valley Fire	• All Tier One responsibilities	• All Tier Two Responsibilities

Operational Area Fire/Rescue Coordinator Comm Center

Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
• Notify CCCSO Comm1 as the EMSOACC and Op Area Law Enforcement Coordinator	• All Tier Zero responsibilities • Notify AMR, SRVFPD Comm, MOFD BC • Page agency MGMT paging group for agency with fire jurisdiction	• All Tier One responsibilities • Page FIRE MGMT paging group • Notify OES Region II Fire/Rescue • Dispatch Comm Support vehicle(s) • Fire Communications Unit Leader (COML) responds • Fire Communications Coordinator (COMC) coordinates with Comm Center	• All Tier Two responsibilities • Dispatch all Comm Support vehicles • Activate Fire DOC

Operational Area Law Enforcement Coordinator Comm Center

Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
• Notify Operational Area Fire/Rescue Coordinator (CON Fire) • Ensure jurisdictional law enforcement agency is aware of MCI status • Notify SO Officer of the Day • Notify OES Alert Duty Officer	• All Tier Zero responsibilities	• All Tier One responsibilities • Dispatch a Sheriff's patrol unit for intelligence gathering • Notify the on-duty Deputy Coroner. Note: initial notification only, not a request to respond to the scene unless requested by the Incident Commander or ranking Sheriff's Office officer on scene. • Initiate Temporary Flight Restrictions if requested by the IC	• All Tier Two responsibilities • Initiate Temporary Flight Restrictions and advise IC when in place

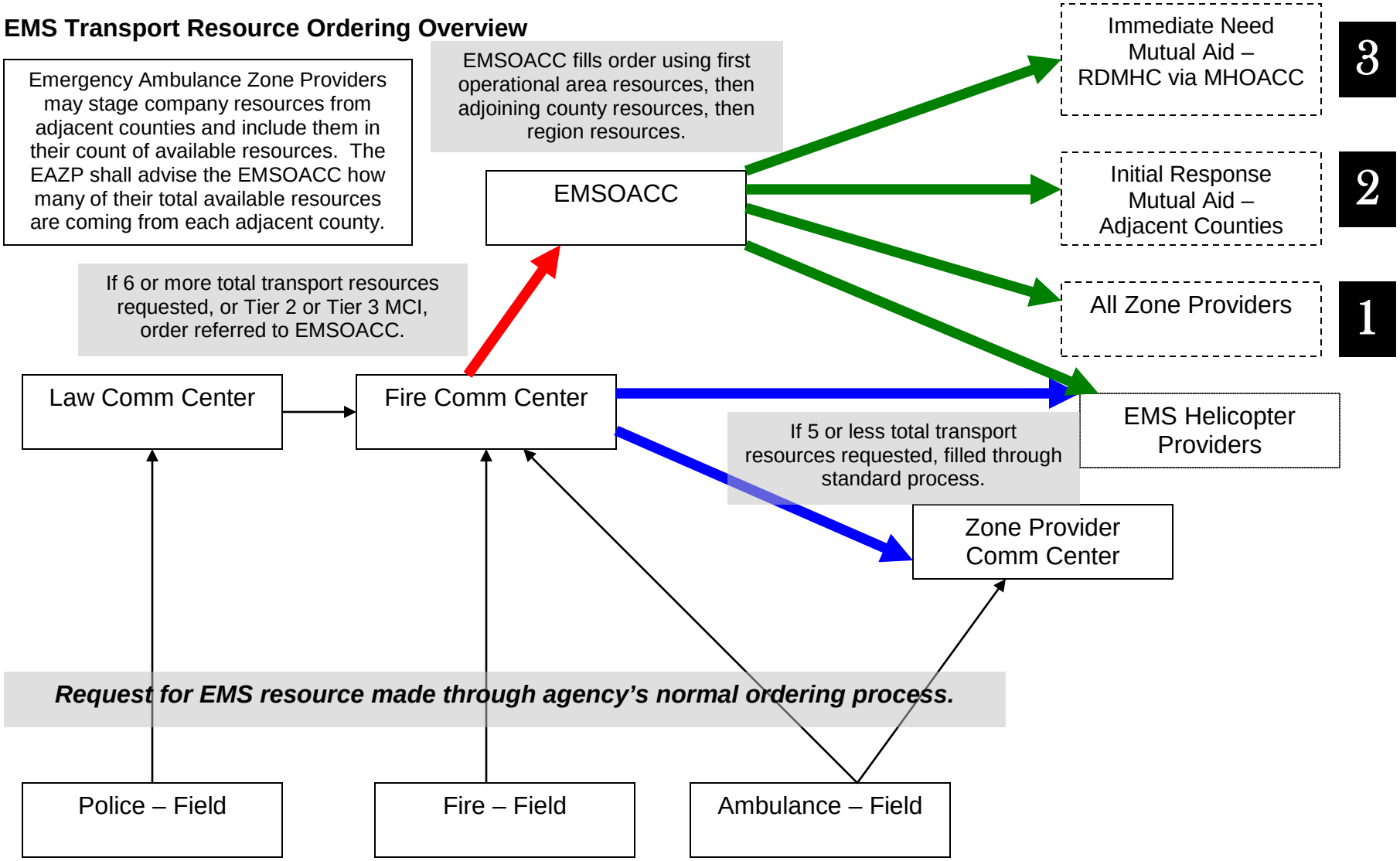
Law Enforcement Agency Responsibilities

Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
• Broadcast information to field units. • Make supervisory and command notifications as per department policy.	• All Tier Zero responsibilities • If not already responding, respond to the scene. • Establish unified command or assume appropriate position within ICS structure. • Determine need for additional police resources. • Handle traffic control and/or crowd control as needed.	• All Tier One responsibilities	• All Tier Two responsibilities • Consider immediate activation of mutual aid resources, including the Mutual Aid Mobile Field Force (MAMFF).

EMS Operational Area Comm Center (EMSOACC) Tasks

Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
• Broadcast incident on XCC EMS1 • Advise hospitals and ambulance zone providers via REDDINet memo or alternate means • Notify EMS staff • Notify on-call Health Officer • Ensure jurisdictional fire agency is aware of MCI status • Ensure jurisdictional law enforcement agency is aware of MCI status • Notify Operational Area Fire/Rescue Coordinator (CON Fire) • Make additional notifications as necessary or requested	• All Tier Zero responsibilities • Use the REDDINet MCI function to alert all Contra Costa hospitals and appropriate Alameda and Solano County hospitals – includes ED capacity polling • Make telephone contact with any hospital not responding to REDDINet MCI function. • Notify ambulance zone providers via REDDINet memo • If an environmental hazard is involved or suspected, contact the Environmental Health Hazardous Materials Incident Response Team, Richmond Fire and San Ramon Valley Fire	• All Tier One responsibilities • Notify the Alameda/Contra Costa blood bank via XCC EMS2 or telephone • Establish communications with adjoining county EMS dispatch centers. Request mutual aid ambulances if requested by the Incident Commander or EMS Branch Director • Notify permitted non-emergency ambulance providers	• All Tier Two responsibilities • Coordinate with EMS staff on the activation of facility damage assessment poll

EMS Transport Resource Ordering Overview



Communications Overview (see Annexes for additional Communications Information)

	Tier Zero Multi-Casualty Incident	Tier One Multi-Casualty Incident	Tier Two Multi-Casualty Incident	Tier Three Multi-Casualty Incident
Law – Dispatch and Resource Requests	Jurisdictional Law Agency Primary Channel	Jurisdictional Law Agency Primary Channel	Jurisdictional Law Agency Primary Channel	Jurisdictional Law Agency Primary Channel
Law – Tactical	Jurisdictional Law Agency Tactical Channel(s)	Jurisdictional Law Agency Tactical Channel(s)	Jurisdictional Law Agency Tactical Channel(s)	Jurisdictional Law Agency Tactical Channel(s)
Fire – Dispatch and Resource Requests	Jurisdictional Fire Agency Primary Channel	Jurisdictional Fire Agency Primary Channel	Jurisdictional Fire Agency Primary Channel	Jurisdictional Fire Agency Primary Channel
Fire – Tactical	Jurisdictional Fire Agency Tactical Channel(s)	Jurisdictional Fire Agency Tactical Channel(s)	Jurisdictional Fire Agency Tactical Channel(s)	Jurisdictional Fire Agency Tactical Channel(s)
EMS – Dispatch and Resource Requests	EMS Dispatch Channels and/or Jurisdictional Fire Agency Primary Channel	EMS Dispatch Channels and/or Jurisdictional Fire Agency Primary Channel	EMS Dispatch Channels and/or Jurisdictional Fire Agency Primary Channel	EMS Dispatch Channels and/or Jurisdictional Fire Agency Primary Channel
EMS – Tactical	Jurisdictional Fire Agency Tactical Channel(s)	Jurisdictional Fire Agency Tactical Channel(s)	Jurisdictional Fire Agency Tactical Channel(s)	Jurisdictional Fire Agency Tactical Channel(s)
Command Channel	None. Face-to-Face	None. Face-to-Face	XCC CMD 1 or CONTAC A	XCC CMD 1 or CONTAC A and/or Additional channel(s) patched via interoperability gateway
EMS Resource Coordination	N/A	<6 transport resources: Fire Comm Center to EMS Comm Center ≥6 transport resources: Fire and EMS Comm Centers to EMSOACC via Ringdown	Medical Branch or Transportation Group to EMSOACC on XCC EMS 1	Medical Branch or Transportation Group to EMSOACC on XCC EMS 1
Ambulance-Hospital Communications	XCC EMS 2 – Central/East XCC EMS 3 – South XCC EMS 4 - West	XCC EMS 2 – Central/East XCC EMS 3 – South XCC EMS 4 - West	Suspended.	Suspended.
Air-to-Ground / Helispot Coordination	CALCORD	CALCORD	CALCORD	CALCORD
Air-to-Air (General)	122.925	122.925	122.925	122.925
Air-to-Air (CHP)	122.875	122.875	122.875	122.875
Air-to-Air (CHP)	123.025	123.025	123.025	123.025

Patient Transportation Record

To be completed by the person responsible for documenting patient transports.

Tag #	Unit ID	Hospital	Tag Color	Name	Age	Sex
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F
			R / Y / G			M / F

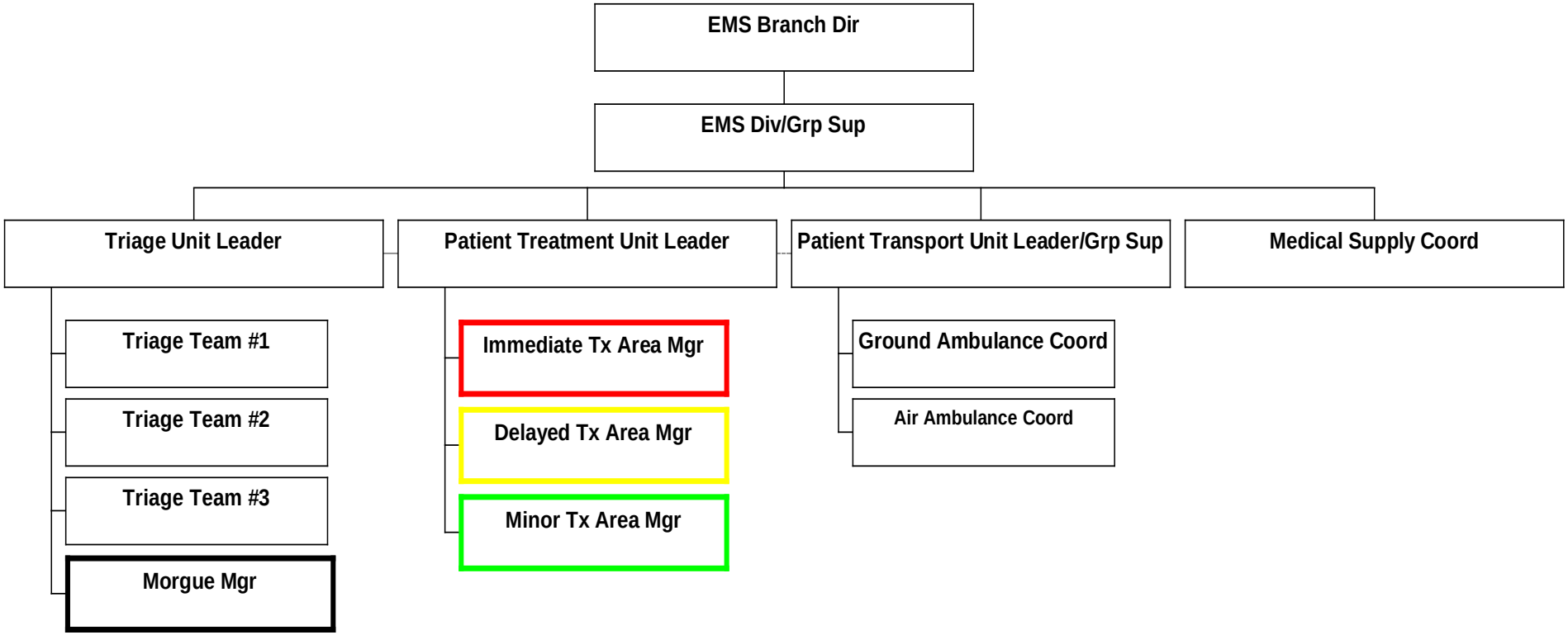
Glossary of Terms, Abbreviations and Acronyms

AMR	American Medical Response
BC	Battalion Chief
Comm	Communications
Comm1	Sheriff's Communications
CON Fire	Contra Costa County Fire Protection District
Departmental Operations Center (DOC)	An emergency operations center used by specific departments of government for emergency response coordination.
EMS	Emergency Medical Services
EMSOACC	Emergency Medical Services Operational Area Communications Center
FOG	Field Operations Guide – published by FIRESCOPE
IC	Incident Commander
ICS	Incident Command System
IRIS	Incident Response Information System (Health Services)
MAMFF	Mutual Aid Mobile Field Force
MCI	Multi-Casualty Incident
MGMT	Management
MOFD	Moraga-Orinda Fire Protection District
NIMS	National Incident Management System
OES	Office of Emergency Service
Operational Area	A term used in State Standard Emergency Management System (SEMS) to refer to a county and all the local governmental jurisdictions within the county. For example, the Contra Costa operational area includes the County jurisdiction, all of the cities, and all of the special districts within the County.
PCR	Patient Care Report
REDDINet	Rapid Emergency Digital Data Information Network: Proprietary system of networking hospitals and county central points for the purpose of sharing information of hospital status and other important information related to the EMS system, multi-casualty incidents, and disasters. The REDDINet system in Contra Costa links hospitals, EMS agencies, and ambulance dispatch centers in Contra Costa, Alameda, and Solano Counties. REDDINet is distributed through the Healthcare Association of Southern California and is in use by a number of other California counties.

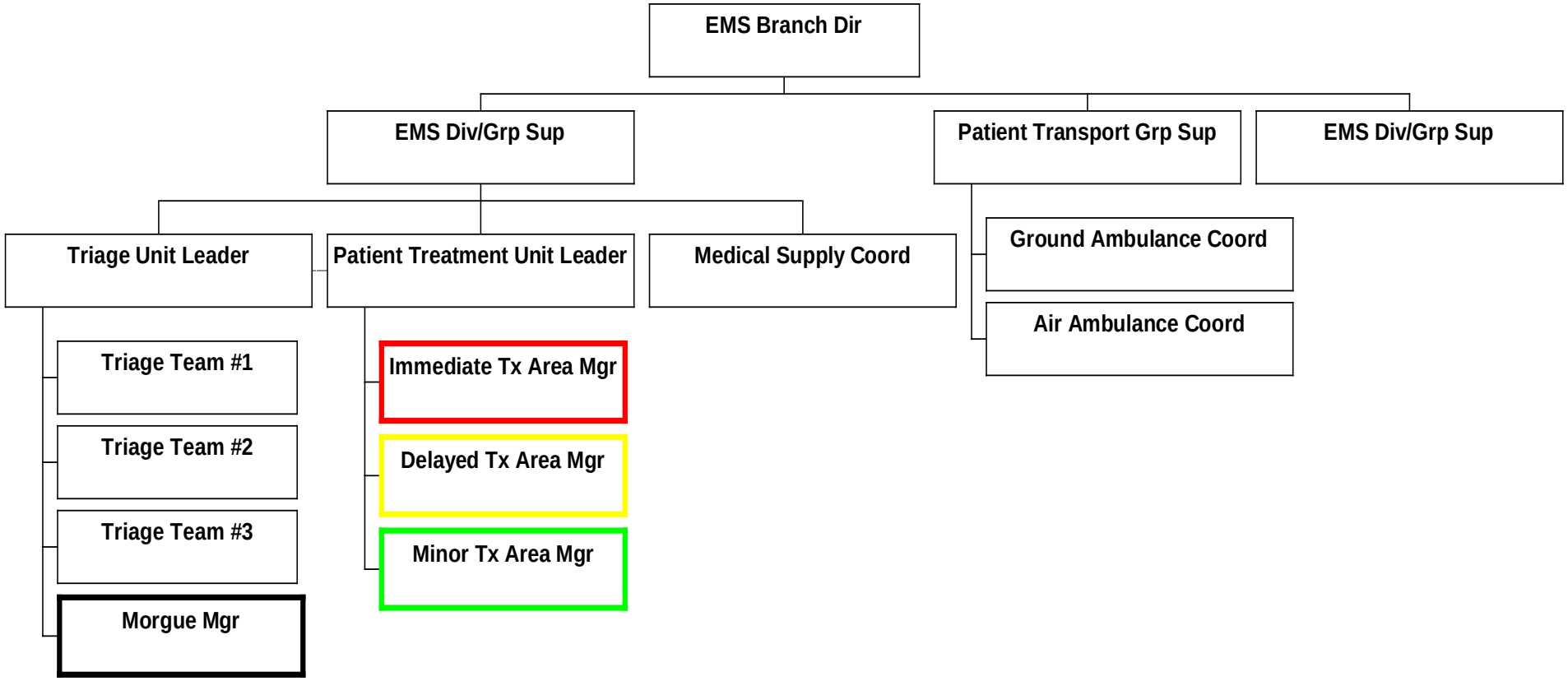
Single Point Ordering	The incident management concept that field personnel have a single point of contact for ordering resources needed for management of the incident
SITSTAT	Situation Status Report
SRVFPD	San Ramon Valley Fire Protection District
START	Simple Triage and Rapid Transport
Unified Command	The Incident Command System principle of bringing qualified decision makers from multiple disciplines and other involved entities into a single, unified, entity for making incident management decisions.
WMD	Weapon of Mass Destruction

Appendix A: ICS POSITION CHECKLISTS

MCI - Single EMS Div/Grp



MCI - Multiple EMS Div/Grps



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EMS BRANCH DIRECTOR

You report to the **Operations Section Chief**
MISSION: Responsible for the implementation of the Incident Action Plan within the EMS Branch and supervise the EMS Division(s)/Group(s) and the Patient Transportation function if multiple EMS Divisions/Groups established.

- ☐ Don position identification vest.
- ☐ Review entire checklist.
- ☐ Review Common Responsibilities (Back).
- ☐ Obtain briefing from the **Operations Section Chief**.
- ☐ Identify Radio Channels:
  - o _____ Command Net (monitor and use)
  - o _____ Tactical Net (monitor)
  - o _____ Air to Ground Frequency (monitor)
- ☐ Review Division/Group Assignments for effectiveness of current operations and modify as needed.
- ☐ Provide input to Operations Section Chief for the Incident Action Plan.
- ☐ Supervise Branch activities.
- ☐ Report to Operations Section Chief on Branch activities.
- ☐ Advise Operations Section Chief if MCI Tier needs to change.
- ☐ Approve suspension of PCRs and direct use of triage tags as minimal documentation method if appropriate.
- ☐ Maintain Unit/Activity Log (ICS Form 214).

NOTE: If the Incident is a Branch organization, yet only one EMS Division/Group is required, the EMS Branch Director assumes EMS Division/Group Supervisor duties. If multiple EMS Divisions and or Groups are required, upgrade the Patient Transportation Unit to a Group, thereby making a single Patient Transportation Group for the multiple EMS Divisions and or Groups. In this case the EMS Branch Director would supervise the various EMS Divisions and or Groups along with the single Patient Transportation Group.

COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel:

- ☐ Receive assignment from your agency, including:
  - o Job assignment, e.g., Strike Team designation, overhead position, etc.
  - o Resource order number and request number
  - o Reporting location
  - o Reporting time
  - o Travel instructions
  - o Any special communications instructions, e.g., travel frequency
- ☐ Upon arrival at the incident, check in at designated Check-in location.
  - o Incident Command Post
  - o Base or Camps
  - o Staging Areas
  - o Helibases
  - o If you are instructed to report directly to a line assignment, check in with the Division/Group Supervisor.
- ☐ Receive briefing from immediate supervisor.
- ☐ Acquire work materials.
- ☐ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers.
- ☐ Organize and brief subordinates.
- ☐ Know the assigned frequency or frequencies for your area of responsibility and ensure that communication equipment is operating properly.
- ☐ Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications" e.g., "Webb Communications".
- ☐ Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- ☐ Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position.

- ☐ Participate in incident planning meetings as required.
- ☐ Determine current status of unit activities.
- ☐ Confirm dispatch and estimated time of arrival of staff and supplies.
- ☐ Assign specific duties to staff and supervise staff.
- ☐ Develop and implement accountability, safety and security measures for personnel and resources.
- ☐ Supervise demobilization of unit, including storage of supplies.
- ☐ Provide Supply Unit Leader with a list of supplies to be replenished.
- ☐ Maintain unit records, including Unit/Activity Log (ICS Form 214).

EMS DIVISION/GROUP SUPERVISOR

You report to the **EMS Branch Director**
MISSION: Supervise the Triage Unit Leader, Treatment Unit Leader, Patient Transportation Unit Leader and Medical Supply Coordinator, establishes command and controls the activities within an EMS Division or Group. If multiple EMS Divisions/Groups established, Branch will establish and supervise a single Patient Transportation Group serving all EMS Divisions/Groups.

- ☐ Don position identification vest.
- ☐ Review entire checklist.
- ☐ Review Common Responsibilities (Back).
- ☐ Obtain briefing from the **EMS Branch Director**.
- ☐ Identify Radio Channels:
  - o _____Command Net (monitor and use with Director and peers)
  - o _____Tactical Net (monitor and use with subordinates)
  - o _____ Air to Ground Frequency (monitor)
- ☐ Participate in EMS Branch/Operations Section planning activities.
- ☐ Establish EMS Division/Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.
- ☐ Designate Unit Leaders and Treatment Area locations as appropriate.
- ☐ Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.
- ☐ Request law enforcement/coroner involvement as needed.
- ☐ Advise EMS Branch Director or Operations Section Chief if MCI Tier needs to change.
- ☐ Request proper security, traffic control, and access for the EMS Division/Group work areas.
- ☐ Direct medically trained personnel to the appropriate Unit Leader.
- ☐ Maintain Unit/Activity Log (ICS Form 214).

COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel:

- ☐ Receive assignment from your agency, including:
  - o Job assignment, e.g., Strike Team designation, overhead position, etc.
  - o Resource order number and request number
  - o Reporting location
  - o Reporting time
  - o Travel instructions
  - o Any special communications instructions, e.g., travel frequency
- ☐ Upon arrival at the incident, check in at designated Check-in location.
  - o Incident Command Post
  - o Base or Camps
  - o Staging Areas
  - o Helibases
  - o If you are instructed to report directly to a line assignment, check in with the Division/Group Supervisor.
- ☐ Receive briefing from immediate supervisor.
- ☐ Acquire work materials.
- ☐ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers.
- ☐ Organize and brief subordinates.
- ☐ Know the assigned frequency or frequencies for your area of responsibility and ensure that communication equipment is operating properly.
- ☐ Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications" e.g., "Webb Communications".
- ☐ Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- ☐ Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position.

- ☐ Participate in incident planning meetings as required.
- ☐ Determine current status of unit activities.
- ☐ Confirm dispatch and estimated time of arrival of staff and supplies.
- ☐ Assign specific duties to staff and supervise staff.
- ☐ Develop and implement accountability, safety and security measures for personnel and resources.
- ☐ Supervise demobilization of unit, including storage of supplies.
- ☐ Provide Supply Unit Leader with a list of supplies to be replenished.
- ☐ Maintain unit records, including Unit/Activity Log (ICS Form 214).

TRIAGE UNIT LEADER

You report to the **EMS Division/Group Supervisor**
MISSION: Supervise Triage Personnel/Litter Bearers and the Morgue Manager. Assumes responsibility for providing triage management and movement of patients from the Triage Area(s) to appropriate Treatment Areas.

- ☐ Don position identification vest.
- ☐ Review entire checklist.
- ☐ Review Common Responsibilities (Back).
- ☐ Obtain briefing from the **EMS Division/Group Supervisor**.
- ☐ Identify Radio Channels:
  - o _____ Command Net (monitor, use as last resort)
  - o _____ Tactical Net (monitor, use with Supervisor, peers, subordinates)
- ☐ Review Unit Leader Responsibilities (Back).
- ☐ Develop organization sufficient to handle assignment.
- ☐ Inform EMS Division/Group Supervisor of resource needs.
- ☐ Implement triage process.
- ☐ Coordinate movement of patients from the Triage Area to the appropriate Treatment Area with the Treatment Unit Leader.
- ☐ Give periodic status reports to EMS Division/Group Supervisor.
- ☐ Maintain security and control of the Triage Area.
- ☐ Establish Morgue. Utilize law enforcement personnel whenever possible.
- ☐ Maintain Unit/Activity Log (ICS Form 214).

COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel:

- ☐ Receive assignment from your agency, including:
  - o Job assignment, e.g., Strike Team designation, overhead position, etc.
  - o Resource order number and request number
  - o Reporting location
  - o Reporting time
  - o Travel instructions
  - o Any special communications instructions, e.g., travel frequency
- ☐ Upon arrival at the incident, check in at designated Check-in location.
  - o Incident Command Post
  - o Base or Camps
  - o Staging Areas
  - o Helibases
  - o If you are instructed to report directly to a line assignment, check in with the Division/Group Supervisor.
- ☐ Receive briefing from immediate supervisor.
- ☐ Acquire work materials.
- ☐ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers.
- ☐ Organize and brief subordinates.
- ☐ Know the assigned frequency or frequencies for your area of responsibility and ensure that communication equipment is operating properly.
- ☐ Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications" e.g., "Webb Communications".
- ☐ Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- ☐ Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position.

- ☐ Participate in incident planning meetings as required.
- ☐ Determine current status of unit activities.
- ☐ Confirm dispatch and estimated time of arrival of staff and supplies.
- ☐ Assign specific duties to staff and supervise staff.
- ☐ Develop and implement accountability, safety and security measures for personnel and resources.
- ☐ Supervise demobilization of unit, including storage of supplies.
- ☐ Provide Supply Unit Leader with a list of supplies to be replenished.
- ☐ Maintain unit records, including Unit/Activity Log (ICS Form 214).

TRIAGE PERSONNEL

You report to the **Triage Unit Leader**
MISSION: Triage patients and assign them to appropriate treatment areas.

- ☐ Review entire checklist.
- ☐ Review Common Responsibilities (Back).
- ☐ Obtain briefing from the **Triage Unit Leader**.
- ☐ Identify Radio Channels:
  - o _____ Command Net (can monitor, use as last resort)
  - o _____ Tactical Net (monitor, use with Unit Leader)
- ☐ Report to designated on-scene triage location.
- ☐ Triage and tag injured patients. Classify patients while noting injuries and vital signs if taken.
- ☐ Direct movement of patients to proper Treatment Areas.
- ☐ Provide appropriate medical treatment to patients prior to movement as incident conditions dictate.

COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel:

- ☐ Receive assignment from your agency, including:
  - o Job assignment, e.g., Strike Team designation, overhead position, etc.
  - o Resource order number and request number
  - o Reporting location
  - o Reporting time
  - o Travel instructions
  - o Any special communications instructions, e.g., travel frequency
- ☐ Upon arrival at the incident, check in at designated Check-in location.
  - o Incident Command Post
  - o Base or Camps
  - o Staging Areas
  - o Helibases
  - o If you are instructed to report directly to a line assignment, check in with the Division/Group Supervisor.
- ☐ Receive briefing from immediate supervisor.
- ☐ Acquire work materials.
- ☐ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers.
- ☐ Organize and brief subordinates.
- ☐ Know the assigned frequency or frequencies for your area of responsibility and ensure that communication equipment is operating properly.
- ☐ Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications" e.g., "Webb Communications".
- ☐ Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- ☐ Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position.

- ☐ Participate in incident planning meetings as required.
- ☐ Determine current status of unit activities.
- ☐ Confirm dispatch and estimated time of arrival of staff and supplies.
- ☐ Assign specific duties to staff and supervise staff.
- ☐ Develop and implement accountability, safety and security measures for personnel and resources.
- ☐ Supervise demobilization of unit, including storage of supplies.
- ☐ Provide Supply Unit Leader with a list of supplies to be replenished.
- ☐ Maintain unit records, including Unit/Activity Log (ICS Form 214).

MORGUE MANAGER

You report to the **Triage Unit Leader**
MISSION: Assumes responsibility for Morgue Area functions until properly relieved.

- ☐ Don position identification vest.
- ☐ Review entire checklist.
- ☐ Review Common Responsibilities (Back).
- ☐ Obtain briefing from the **Triage Unit Leader**.
- ☐ Identify Radio Channels:
  - o _____ Command Net (can monitor, use as last resort)
  - o _____ Tactical Net (monitor, use with Unit Leader)
- ☐ Assess resource/supply needs and order as needed.
- ☐ Coordinate all Morgue Area activities.
- ☐ Keep area off limits to all but authorized personnel.
- ☐ Coordinate with law enforcement and assist the Coroner or Medical Examiner representative.
- ☐ Keep identity of deceased persons confidential.
- ☐ Maintain appropriate records.

COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel:

- ☐ Receive assignment from your agency, including:
  - o Job assignment, e.g., Strike Team designation, overhead position, etc.
  - o Resource order number and request number
  - o Reporting location
  - o Reporting time
  - o Travel instructions
  - o Any special communications instructions, e.g., travel frequency
- ☐ Upon arrival at the incident, check in at designated Check-in location.
  - o Incident Command Post
  - o Base or Camps
  - o Staging Areas
  - o Helibases
  - o If you are instructed to report directly to a line assignment, check in with the Division/Group Supervisor.
- ☐ Receive briefing from immediate supervisor.
- ☐ Acquire work materials.
- ☐ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers.
- ☐ Organize and brief subordinates.
- ☐ Know the assigned frequency or frequencies for your area of responsibility and ensure that communication equipment is operating properly.
- ☐ Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications" e.g., "Webb Communications".
- ☐ Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- ☐ Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position.

- ☐ Participate in incident planning meetings as required.
- ☐ Determine current status of unit activities.
- ☐ Confirm dispatch and estimated time of arrival of staff and supplies.
- ☐ Assign specific duties to staff and supervise staff.
- ☐ Develop and implement accountability, safety and security measures for personnel and resources.
- ☐ Supervise demobilization of unit, including storage of supplies.
- ☐ Provide Supply Unit Leader with a list of supplies to be replenished.
- ☐ Maintain unit records, including Unit/Activity Log (ICS Form 214).

PATIENT TREATMENT UNIT LEADER

You report to the **EMS Division/Group Supervisor**

MISSION: Supervises Treatment Area. Assumes responsibility for treatment, preparation for transport, and directs movement of patients to loading location(s).

- ☐ Don position identification vest.
- ☐ Review entire checklist.
- ☐ Review Common Responsibilities (Back).
- ☐ Obtain briefing from the **EMS Division/Group Supervisor**.
- ☐ Identify Radio Channels:
  - o _____ Command Net (monitor, use as last resort)
  - o _____ Tactical Net (monitor, use with Supervisor, peers, subordinates)
- ☐ Review Unit Leader Responsibilities (Back).
- ☐ Develop organization sufficient to handle assignment.
- ☐ Direct and supervise Immediate, Delayed, and Minor Treatment Areas.
- ☐ Establish and maintain communications with the Triage and Patient Transportation Unit Leaders.
- ☐ Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.
- ☐ Verify that patients are prioritized for transportation and medical care delivered is recorded on Triage tags.
- ☐ Advise and coordinate with Patient Transportation Unit Leader of patient readiness and priority for transport.
- ☐ Direct movement of patients to ambulance loading area(s).
- ☐ Assure that appropriate patient tracking information is recorded.
- ☐ Request sufficient medical caches and supplies as necessary.
- ☐ Give periodic status reports to EMS Division/Group Supervisor.
- ☐ Maintain Unit/Activity Log (ICS Form 214)

COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel:

- ☐ Receive assignment from your agency, including:
  - o Job assignment, e.g., Strike Team designation, overhead position, etc.
  - o Resource order number and request number
  - o Reporting location
  - o Reporting time
  - o Travel instructions
  - o Any special communications instructions, e.g., travel frequency
- ☐ Upon arrival at the incident, check in at designated Check-in location.
  - o Incident Command Post
  - o Base or Camps
  - o Staging Areas
  - o Helibases
  - o If you are instructed to report directly to a line assignment, check in with the Division/Group Supervisor.
- ☐ Receive briefing from immediate supervisor.
- ☐ Acquire work materials.
- ☐ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers.
- ☐ Organize and brief subordinates.
- ☐ Know the assigned frequency or frequencies for your area of responsibility and ensure that communication equipment is operating properly.
- ☐ Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications" e.g., "Webb Communications".
- ☐ Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- ☐ Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position.

- ☐ Participate in incident planning meetings as required.
- ☐ Determine current status of unit activities.
- ☐ Confirm dispatch and estimated time of arrival of staff and supplies.
- ☐ Assign specific duties to staff and supervise staff.
- ☐ Develop and implement accountability, safety and security measures for personnel and resources.
- ☐ Supervise demobilization of unit, including storage of supplies.
- ☐ Provide Supply Unit Leader with a list of supplies to be replenished.
- ☐ Maintain unit records, including Unit/Activity Log (ICS Form 214).

IMMEDIATE TREATMENT AREA MANAGER

You report to the **Treatment Unit Leader**
MISSION: Responsible for treatment and re-triage of patients assigned to Immediate Treatment Area.

- ☐ Don position identification vest.
- ☐ Review entire checklist.
- ☐ Review Common Responsibilities (Back).
- ☐ Obtain briefing from the **Treatment Unit Leader**.
- ☐ Identify Radio Channels:
  - o _____ Command Net (can monitor, use as last resort)
  - o _____ Tactical Net (monitor, use with Unit Leader)
- ☐ Request or establish Medical Teams as necessary.
- ☐ Assign treatment personnel to patients received in the Immediate Treatment Area.
- ☐ Ensure treatment of patients triaged to the Immediate Treatment Area.
- ☐ Assure that patients are prioritized for transportation.
- ☐ Coordinate transportation of patients with Treatment Unit Leader.
- ☐ Notify Treatment Unit Leader of patient readiness and priority for transportation.
- ☐ Ensure continual triage of patients throughout Treatment Areas.
- ☐ Assure that appropriate patient information is recorded onto Triage tags.
- ☐ Maintain Unit/Activity Log (ICS Form 214).

COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel:

- ☐ Receive assignment from your agency, including:
  - o Job assignment, e.g., Strike Team designation, overhead position, etc.
  - o Resource order number and request number
  - o Reporting location
  - o Reporting time
  - o Travel instructions
  - o Any special communications instructions, e.g., travel frequency
- ☐ Upon arrival at the incident, check in at designated Check-in location.
  - o Incident Command Post
  - o Base or Camps
  - o Staging Areas
  - o Helibases
  - o If you are instructed to report directly to a line assignment, check in with the Division/Group Supervisor.
- ☐ Receive briefing from immediate supervisor.
- ☐ Acquire work materials.
- ☐ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers.
- ☐ Organize and brief subordinates.
- ☐ Know the assigned frequency or frequencies for your area of responsibility and ensure that communication equipment is operating properly.
- ☐ Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications" e.g., "Webb Communications".
- ☐ Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- ☐ Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position.

- ☐ Participate in incident planning meetings as required.
- ☐ Determine current status of unit activities.
- ☐ Confirm dispatch and estimated time of arrival of staff and supplies.
- ☐ Assign specific duties to staff and supervise staff.
- ☐ Develop and implement accountability, safety and security measures for personnel and resources.
- ☐ Supervise demobilization of unit, including storage of supplies.
- ☐ Provide Supply Unit Leader with a list of supplies to be replenished.
- ☐ Maintain unit records, including Unit/Activity Log (ICS Form 214).

DELAYED TREATMENT AREA MANAGER

You report to the **Treatment Unit Leader**
MISSION: Responsible for treatment and re-triage of patients assigned to Delayed Treatment Area.

- ☐ Don position identification vest.
- ☐ Review entire checklist.
- ☐ Review Common Responsibilities (Back).
- ☐ Obtain briefing from the **Treatment Unit Leader**.
- ☐ Identify Radio Channels:
  - o _____ Command Net (can monitor, use as last resort)
  - o _____ Tactical Net (monitor, use with Unit Leader)
- ☐ Request or establish Medical Teams as necessary.
- ☐ Assign treatment personnel to patients received in the Delayed Treatment Area.
- ☐ Ensure treatment of patients triaged to the Delayed Treatment Area.
- ☐ Assure that patients are prioritized for transportation.
- ☐ Coordinate transportation of patients with the Treatment Unit Leader.
- ☐ Notify Treatment Unit Leader of patient readiness and priority for transportation.
- ☐ Ensure continual triage of patients throughout Treatment Areas.
- ☐ Assure that appropriate patient information is recorded onto Triage tags.
- ☐ Maintain Unit/Activity Log (ICS Form 214).

COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel:

- ☐ Receive assignment from your agency, including:
  - o Job assignment, e.g., Strike Team designation, overhead position, etc.
  - o Resource order number and request number
  - o Reporting location
  - o Reporting time
  - o Travel instructions
  - o Any special communications instructions, e.g., travel frequency
- ☐ Upon arrival at the incident, check in at designated Check-in location.
  - o Incident Command Post
  - o Base or Camps
  - o Staging Areas
  - o Helibases
  - o If you are instructed to report directly to a line assignment, check in with the Division/Group Supervisor.
- ☐ Receive briefing from immediate supervisor.
- ☐ Acquire work materials.
- ☐ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers.
- ☐ Organize and brief subordinates.
- ☐ Know the assigned frequency or frequencies for your area of responsibility and ensure that communication equipment is operating properly.
- ☐ Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications" e.g., "Webb Communications".
- ☐ Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- ☐ Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position.

- ☐ Participate in incident planning meetings as required.
- ☐ Determine current status of unit activities.
- ☐ Confirm dispatch and estimated time of arrival of staff and supplies.
- ☐ Assign specific duties to staff and supervise staff.
- ☐ Develop and implement accountability, safety and security measures for personnel and resources.
- ☐ Supervise demobilization of unit, including storage of supplies.
- ☐ Provide Supply Unit Leader with a list of supplies to be replenished.
- ☐ Maintain unit records, including Unit/Activity Log (ICS Form 214).

MINOR TREATMENT AREA MANAGER

You report to the **Treatment Unit Leader**
MISSION: Responsible for treatment and re-triage of patients assigned to Minor Treatment Area.

- ☐ Don position identification vest.
- ☐ Review entire checklist.
- ☐ Review Common Responsibilities (Back).
- ☐ Obtain briefing from the **Treatment Unit Leader**.
- ☐ Identify Radio Channels:
  - o _____ Command Net (can monitor, use as last resort)
  - o _____ Tactical Net (monitor, use with Unit Leader)
- ☐ Request or establish Medical Teams as necessary.
- ☐ Assign treatment personnel to patients received in the Minor Treatment Area.
- ☐ Ensure treatment of patients triaged to the Minor Treatment Area.
- ☐ Assure that patients are prioritized for transportation.
- ☐ Coordinate transportation of patients with Treatment Unit Leader.
- ☐ Notify Treatment Unit Leader of patient readiness and priority for transportation.
- ☐ Ensure continual triage of patients throughout Treatment Areas.
- ☐ Assure that appropriate patient information is recorded onto Triage tags.
- ☐ Maintain Unit/Activity Log (ICS Form 214).

COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel:

- ☐ Receive assignment from your agency, including:
  - o Job assignment, e.g., Strike Team designation, overhead position, etc.
  - o Resource order number and request number
  - o Reporting location
  - o Reporting time
  - o Travel instructions
  - o Any special communications instructions, e.g., travel frequency
- ☐ Upon arrival at the incident, check in at designated Check-in location.
  - o Incident Command Post
  - o Base or Camps
  - o Staging Areas
  - o Helibases
  - o If you are instructed to report directly to a line assignment, check in with the Division/Group Supervisor.
- ☐ Receive briefing from immediate supervisor.
- ☐ Acquire work materials.
- ☐ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers.
- ☐ Organize and brief subordinates.
- ☐ Know the assigned frequency or frequencies for your area of responsibility and ensure that communication equipment is operating properly.
- ☐ Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications" e.g., "Webb Communications".
- ☐ Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- ☐ Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position.

- ☐ Participate in incident planning meetings as required.
- ☐ Determine current status of unit activities.
- ☐ Confirm dispatch and estimated time of arrival of staff and supplies.
- ☐ Assign specific duties to staff and supervise staff.
- ☐ Develop and implement accountability, safety and security measures for personnel and resources.
- ☐ Supervise demobilization of unit, including storage of supplies.
- ☐ Provide Supply Unit Leader with a list of supplies to be replenished.
- ☐ Maintain unit records, including Unit/Activity Log (ICS Form 214).

PATIENT TRANSPORTATION UNIT LEADER

You report to the **EMS Division/Group Supervisor**

MISSION: Supervise the Ground and Air Ambulance Coordinators and responsible for the coordination of patient transportation and movement along with maintenance of records relating to the patient's identification, condition, and destination.

May initially be established as a Unit under the EMS Div/Grp Sup. Based on incident size or complexity it may be upgraded to a Group and supervised by the EMS Branch Director.

☐ Don position identification vest.

☐ Review entire checklist.

☐ Review Common Responsibilities (Back).

☐ Obtain briefing from the **EMS Division/Group Supervisor**.

☐ Identify Radio Channels:

- o _____ Command Net (monitor, use as last resort)
- o _____ Tactical Net (monitor, use with Supervisor, peers, subordinates)

☐ Establish and maintain communications with the Patient Treatment Unit Leader.

☐ Establish and maintain communications with EMSOACC on XCC-EMS1.

☐ Coordinate patient destination with EMSOACC. Do not transport contaminated patients until proper decontamination has occurred. See **NOTE**.

☐ Direct the off-incident transportation of patients.

☐ Coordinate movement of patients from the Triage Area to the appropriate Treatment Area with the Patient Treatment Unit Leader.

☐ Assure that patient information and destination for all patients is recorded on CCC Patient Transportation Record.

☐ Request additional ambulances as required.

☐ Maintain Unit/Activity Log (ICS Form 214).

NOTE: **Tier One** – Do not automatically disperse patients on the 2/4 plan to nearest hospital(s), take into consideration hospital capabilities, equalization of patient loading and stability of patients. Consult with Base as well as EMSOACC as necessary.

Tier Two – Do not delay in sending patients to hospitals based on the 2/4 plan, however, take into consideration patients either self transporting or being delivered by other means to nearby facilities. Consider utilizing out-of-county hospitals. Coordinate all patient destinations with EMSOACC.

Tier Three – Do not delay in sending patients to hospitals based on the 2/4 plan, however, take into consideration patients either self transporting or being delivered by other means to nearby facilities. Utilize out-of-county hospitals whenever possible. Coordinate all patient destinations with EMSOACC.

COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel:

- ☐ Receive assignment from your agency, including:
  - o Job assignment, e.g., Strike Team designation, overhead position, etc.
  - o Resource order number and request number
  - o Reporting location
  - o Reporting time
  - o Travel instructions
  - o Any special communications instructions, e.g., travel frequency
- ☐ Upon arrival at the incident, check in at designated Check-in location.
  - o Incident Command Post
  - o Base or Camps
  - o Staging Areas
  - o Helibases
  - o If you are instructed to report directly to a line assignment, check in with the Division/Group Supervisor.
- ☐ Receive briefing from immediate supervisor.
- ☐ Acquire work materials.
- ☐ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers.
- ☐ Organize and brief subordinates.
- ☐ Know the assigned frequency or frequencies for your area of responsibility and ensure that communication equipment is operating properly.
- ☐ Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications" e.g., "Webb Communications".
- ☐ Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- ☐ Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position.

- ☐ Participate in incident planning meetings as required.
- ☐ Determine current status of unit activities.
- ☐ Confirm dispatch and estimated time of arrival of staff and supplies.
- ☐ Assign specific duties to staff and supervise staff.
- ☐ Develop and implement accountability, safety and security measures for personnel and resources.
- ☐ Supervise demobilization of unit, including storage of supplies.
- ☐ Provide Supply Unit Leader with a list of supplies to be replenished.
- ☐ Maintain unit records, including Unit/Activity Log (ICS Form 214).

GROUND AMBULANCE COORDINATOR

You report to the **Patient Transportation Unit Leader**
MISSION: Manage the Ambulance Staging Area(s), and dispatches ambulances as requested.

- ☐ Don position identification vest.
- ☐ Review entire checklist.
- ☐ Review Common Responsibilities (Back).
- ☐ Obtain briefing from the **Patient Transportation Unit Leader**.
- ☐ Identify Radio Channels:
  - o _____ Command Net (can monitor, use as last resort)
  - o _____ Tactical Net (monitor, use with Unit Leader)
- ☐ Establish appropriate staging area for ambulances.
- ☐ Establish routes of travel for ambulances for incident operations.
- ☐ Provide ambulances upon request from the Patient Transportation Unit Leader.
- ☐ Assure that necessary equipment is available in the ambulance for patient needs during transportation.
- ☐ Request additional transportation resources as appropriate through the Patient Transportation Unit Leader.
- ☐ Provide an inventory of medical supplies available at ambulance staging area for use at the scene.
- ☐ Maintain records as required and Unit/Activity Log (ICS Form 214).

COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel:

- ☐ Receive assignment from your agency, including:
  - o Job assignment, e.g., Strike Team designation, overhead position, etc.
  - o Resource order number and request number
  - o Reporting location
  - o Reporting time
  - o Travel instructions
  - o Any special communications instructions, e.g., travel frequency
- ☐ Upon arrival at the incident, check in at designated Check-in location.
  - o Incident Command Post
  - o Base or Camps
  - o Staging Areas
  - o Helibases
  - o If you are instructed to report directly to a line assignment, check in with the Division/Group Supervisor.
- ☐ Receive briefing from immediate supervisor.
- ☐ Acquire work materials.
- ☐ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers.
- ☐ Organize and brief subordinates.
- ☐ Know the assigned frequency or frequencies for your area of responsibility and ensure that communication equipment is operating properly.
- ☐ Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications" e.g., "Webb Communications".
- ☐ Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- ☐ Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position.

- ☐ Participate in incident planning meetings as required.
- ☐ Determine current status of unit activities.
- ☐ Confirm dispatch and estimated time of arrival of staff and supplies.
- ☐ Assign specific duties to staff and supervise staff.
- ☐ Develop and implement accountability, safety and security measures for personnel and resources.
- ☐ Supervise demobilization of unit, including storage of supplies.
- ☐ Provide Supply Unit Leader with a list of supplies to be replenished.
- ☐ Maintain unit records, including Unit/Activity Log (ICS Form 214).

AIR AMBULANCE COORDINATOR

You report to the **Patient Transportation Unit Leader**
MISSION: Coordinate patient movement and requests for air ambulances with Air Operations Branch Director or Helispot Manager once established.

- ☐ Don position identification vest.
- ☐ Review entire checklist.
- ☐ Review Common Responsibilities (Back).
- ☐ Obtain briefing from the **Patient Transportation Unit Leader**.
- ☐ Identify Radio Channels:
  - o _____ Command Net (can monitor, use as last resort)
  - o _____ Tactical Net (monitor, use with Unit Leader)
  - o _____ Air to Ground Frequency (monitor)
- ☐ Establish resources for and routes of travel to and from the Helispot.
- ☐ Establish and maintain communications with the Air Operations Branch Director or Helispot Manager regarding Air Ambulance Transportation assignments.
- ☐ Coordinate requests for air ambulance transportation through the Air Operations Branch Director or Helispot Manager.
- ☐ Coordinate the movement of patients to the Helispot
- ☐ Maintain records as required and Unit/Activity Log (ICS Form 214).

COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel:

- ☐ Receive assignment from your agency, including:
  - o Job assignment, e.g., Strike Team designation, overhead position, etc.
  - o Resource order number and request number
  - o Reporting location
  - o Reporting time
  - o Travel instructions
  - o Any special communications instructions, e.g., travel frequency
- ☐ Upon arrival at the incident, check in at designated Check-in location.
  - o Incident Command Post
  - o Base or Camps
  - o Staging Areas
  - o Helibases
  - o If you are instructed to report directly to a line assignment, check in with the Division/Group Supervisor.
- ☐ Receive briefing from immediate supervisor.
- ☐ Acquire work materials.
- ☐ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers.
- ☐ Organize and brief subordinates.
- ☐ Know the assigned frequency or frequencies for your area of responsibility and ensure that communication equipment is operating properly.
- ☐ Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications" e.g., "Webb Communications".
- ☐ Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- ☐ Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position.

- ☐ Participate in incident planning meetings as required.
- ☐ Determine current status of unit activities.
- ☐ Confirm dispatch and estimated time of arrival of staff and supplies.
- ☐ Assign specific duties to staff and supervise staff.
- ☐ Develop and implement accountability, safety and security measures for personnel and resources.
- ☐ Supervise demobilization of unit, including storage of supplies.
- ☐ Provide Supply Unit Leader with a list of supplies to be replenished.
- ☐ Maintain unit records, including Unit/Activity Log (ICS Form 214).

MEDICAL SUPPLY COORDINATOR

You report to the **Medical Division/Group Supervisor**
MISSION: Acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group.

☐ Don position identification vest if available.

☐ Review entire checklist.

☐ Review Common Responsibilities (Back).

☐ Obtain briefing from the **Medical Division/Group Supervisor**.

☐ Identify Radio Channels:
- o _____ Command Net (monitor, use as last resort)
- o _____ Tactical Net (monitor, use with Supervisor, peers, subordinates)

☐ Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group*.

☐ Request additional medical supplies*.

☐ Distribute medical supplies to Treatment and Triage Units.

☐ Maintain Unit/Activity Log (ICS Form 214).

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

COMMON RESPONSIBILITIES

The following is a checklist applicable to all ICS personnel:

- ☐ Receive assignment from your agency, including:
  - o Job assignment, e.g., Strike Team designation, overhead position, etc.
  - o Resource order number and request number
  - o Reporting location
  - o Reporting time
  - o Travel instructions
  - o Any special communications instructions, e.g., travel frequency
- ☐ Upon arrival at the incident, check in at designated Check-in location.
  - o Incident Command Post
  - o Base or Camps
  - o Staging Areas
  - o Helibases
  - o If you are instructed to report directly to a line assignment, check in with the Division/Group Supervisor.
- ☐ Receive briefing from immediate supervisor.
- ☐ Acquire work materials.
- ☐ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers.
- ☐ Organize and brief subordinates.
- ☐ Know the assigned frequency or frequencies for your area of responsibility and ensure that communication equipment is operating properly.
- ☐ Use clear text and ICS terminology (no codes) in all radio communications. All radio communications to the Incident Communications Center will be addressed: "(Incident Name) Communications" e.g., "Webb Communications".
- ☐ Complete forms and reports required of the assigned position and send through supervisor to Documentation Unit.
- ☐ Respond to demobilization orders and brief subordinates regarding demobilization.

UNIT LEADER RESPONSIBILITIES

A number of the Unit Leader responsibilities are common to all units in all parts of the organization. Common responsibilities of Unit Leaders are listed below. These will not be repeated in Unit Leader Position.

- ☐ Participate in incident planning meetings as required.
- ☐ Determine current status of unit activities.
- ☐ Confirm dispatch and estimated time of arrival of staff and supplies.
- ☐ Assign specific duties to staff and supervise staff.
- ☐ Develop and implement accountability, safety and security measures for personnel and resources.
- ☐ Supervise demobilization of unit, including storage of supplies.
- ☐ Provide Supply Unit Leader with a list of supplies to be replenished.
- ☐ Maintain unit records, including Unit/Activity Log (ICS Form 214).

Appendix B: Communication Resource Annexes

ICS217A – Resource Availability
ICS205 – Communications Plan (sample)

COMMUNICATIONS RESOURCE AVAILABILITY WORKSHEET						Frequency Band VHF, UHF, AVIATION		Description CONTRA COSTA COUNTY EMS	
Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	Tx Tone/NAC	Mode	Remarks
DISPATCH NETS:								
Repeater	**AMR RED**	Initial Dispatch	935.6875 W	None	896.6875 W	D134	A	AMR Ambulances – Central/East County
Repeater	**AMR GREEN**	Initial Dispatch	936.7125 W	None	897.7125 W	D134	A	AMR Ambulances – West County
Repeater	**SRM SOUTH**	Initial Dispatch	153.9950 W	100.0	154.9950 W	D162	A	San Ramon Valley Fire Ambulances
Repeater	**CON WEST**	Initial Dispatch	159.7350 W	156.7	154.2050 W	156.7	A	Moraga-Orinda Fire Ambulances, CCCFPD (ALS), Pinole (BLS), Rodeo-Hercules (ALS)
Repeater	**CON CENTRAL**	Initial Dispatch	160.1100 W	141.3	151.0250 W	141.3	A	CCCFPD (ALS)
Repeater	**CON EAST**	Initial Dispatch	159.6150 W	186.2	154.2050 W	186.2	A	CCCFPD (ALS), East Contra Costa (BLS)
Trunked Talkgroup	**RMD FIRE DISP**	Initial Dispatch	(Richmond 800 MHZ. Trunked Radio System)				A	Richmond (BLS), El Cerrito (ALS)
COMMAND NETS:								
Repeater	**XCC CMD 1**	Command & General Staff	154.3850 W	136.5	155.8200 W	156.7	A	
Simplex – B/M	**CONTAC A**	Command & General Staff	154.3850 W	136.5	154.3850 W	136.5	A	
COORDINATION NETS:								
Repeater	**XCC EMS 1**	EMS Branch & EMSOACC	488.4375 W	136.5	491.4375 W	136.5	A	CCCSO Comm 1 – EMS Operational Area Communications Center
Repeater	**XCC EMS 2**	Ambulance & Hospital	488.9125 W	136.5	491.9125 W	136.5	A	Ambulance to Hospital – Central/East
Repeater	**XCC EMS 3**	Ambulance & Hospital	488.6125 W	136.5	491.6125 W	136.5	A	Ambulance to Hospital – South County
Repeater	**XCC EMS 4**	Ambulance & Hospital	488.6625 W	136.5	491.6625 W	136.5	A	Ambulance to Hospital – West County
AIR-TO-GROUND NET:								
Simplex – Mo only	**CALCORD**	EMS Helicopters & Helispots	156.0750 W	None	156.0750 W	None	A	
AIR-TO-AIR NET:								
Simplex – Aircraft	**122.925**	All Helicopters in area	122.9250	None	122.9250	None	AM	EMS, Law, USCG & Media Helicopters

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25). All channels are shown as if programmed in a portable or mobile radio. Repeater and base stations must be programmed with the Rx and Tx reversed.

INCIDENT RADIO COMMUNICATIONS PLAN	Incident Name **SAMPLE MCI TIER 3 WALNUT CREEK**	Date/Time Prepared 8/16/2006 1400	Operational Period Date/Time 8/15/2006 1400 TO TBD

Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	Tx Tone/NAC	Mode	Remarks
1	DISPATCH – EMS	**AMR RED**	AMR Ambulances	935.6875 W	None	896.6875 W	D134	A	
2	DISPATCH – FIRE	**CON CENTRAL**	CCCFPD Engines	160.1100 W	141.3	151.0250 W	141.3	A	
3	DISPATCH – LAW	**WCPD 1**	Walnut Creek PD	460.4250 W	127.3	465.4250 W	225.7	A	
4	COMMAND	**XCC CMD 1**	Command & General Staff	154.3850 W	136.5	155.8200 W	156.7	A	Linked to CLEMARS 4 via Mobile Gateway @ ICP
5	COMMAND	**CLEMARS 4**	Command & General Staff	460.0250 W	None	460.0250 W	156.7	A	Linked to XCC CMD 1 via Mobile Gateway @ ICP
6	TACTICAL	**CONTAC C**	Operations – Fire & EMS	153.8150 W	136.5	153.8150 W	136.5	A	
7	TACTICAL	**WCPD 2**	Operations – Law	460.3250 W	127.3	465.3250 W	241.8	A	
8	COORDINATION	**XCC EMS 1**	EMS Branch & EMSOACC	488.4375 W	136.5	491.4375 W	136.5	A	EMS Branch to EMS Operational Area Communications Center
9	AIR-TO-GROUND	**CALCORD**	EMS Helicopters & Helispots	156.0750 W	None	156.0750 W	None	A	
10	AIR-TO- AIR	**122.925**	All Helicopters in area	122.9250	None	122.9250	None	AM	
11									
12									
13									
14									
15									
16									

5. Prepared by (Communications Unit)	Incident Location
TIER 3 Communications Unit Leader (925) 555-1212	County **Contra Costa** State **CA** Latitude **37-53-41** N Longitude **-122-4-12** W

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (Project 25)

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Appendix C:

MCI Cache and Trailer Locations and Information

MCI Cache and Trailer Locations and Information

Purpose

The purpose of the caches is to provide supplemental emergency medical supplies at the scene of a multi-casualty incident

Availability

The County has 5 trailers and 16 caches in locations throughout the County

Resource Request

Requests for Trailers / caches to an incident are handled in the same manner as for requesting a mutual aid resource. All dispatch centers will maintain a list of the location of all caches.

Locations

AGENCY	# OF Trailers	# OF Caches	LOCATION
CON	1		Station 10 -- 2955 Treat Blvd, Concord
	1		Station 14 -- 521 Jones Street, Martinez
	1		Station 82 -- 196 Bluerock Dr, Antioch
ECC		2	Station 54 -- 739 First Street, Brentwood
		1	Station 57 – P.O. Box 459, Byron
		1	Station 94 -- 15 A Street, Knightsen
ELC		1	Station 71 -- 10900 San Pablo Ave, El Cerrito
MOR		1	Station 41 -- 1280 Moraga Way, Moraga
		1	Station 42 -- 331 Rheem Blvd, Moraga
		2	Station 45 -- 33 Orinda Way, Orinda
PNL		2	Station 73 -- 800 Tennent Avenue, Pinole
RMD		2	Station 68 -- 2929 Hilltop Drive, Richmond
ROD	1		Station 76 -- 1460 Refugio Valley Rd, Hercules
SRM		1	Station 32 -- 1101 Stone Valley Road, Alamo
		1	Station 34 -- 12599 Alcosta Blvd, San Ramon
	1		Station 35 -- 505 Silver Oak Lane, Danville
		1	Station 39 -- 9399 Fircrest Lane, San Ramon
TOTAL	5	16	

Appendix D:

EMS Standardized Emergency Directives

Emergency Medical Services
Standardized Emergency Directives

Purpose

The EMS Standardized Emergency Directives are a list of actions that can be initiated at the direction of Contra Costa EMS administrative or medical staffs, in order to ensure overall stability of the Contra Costa County Emergency Medical Services System during a large-scale multi-casualty incident. These directives are designed to ensure that an appropriate level of care is available to patients suffering illness or injury throughout the County who may not be directly affected by a multi-casualty incident.

Authority

The Contra Costa EMS Duty Officer, EMS Medical Director, or County Health Officer may authorize any of the EMS Standardized Emergency Directives.

Implementation

Acting under direction of an authorized individual, responsibility for implementing the EMS Standardized Emergency Directives rests with the Emergency Medical Services Operational Area Communications Center (EMSOACC). In the event the EMSOACC is not functional, the alternate PSAP for implementing the directives is the Operational Area Fire/Rescue Communications Center.

#	EMS Directive
1	**Suspend ambulance-to-hospital communications on all channels.**
2	**Permit patient care documentation on a triage tag rather than the preferred full patient care report if necessary to expedite patient care.**
3	**Permit dispatch of BLS units to some or all 911 requests for service.** If needed and available, the first responder agency shall provide ALS care until patient is delivered to a receiving hospital.
4	**Delay response to non-urgent requests.**
5	**Discontinue dual response by both first responders and ambulances.**
6	**Transport patients to the closest open Emergency Departments regardless of patient severity and or chief complaint.**

#	EMS Directive
7	Move all ambulances (ALS and BLS) to pre-established Staging Areas. Direct out-of-county ambulances to an appropriate Staging Area. **This directive can be used in situations of critical communications infrastructure failure or when the safety and security of ambulance resources, including personnel, can be best accomplished by staging them at a consolidated location. The location in each part of the county will be determined by the EMSOACC.** *West County Staging Area* **All ambulances located west of Martinez.** **West-1: Hilltop Mall parking lot** **West-2: Hercules Transit Center Park-n-Ride** *Central County Staging Area* **All ambulances located between Martinez and the Concord/Bay Point line south to the county line.** **Central-1: Sun Valley Mall parking lot, south end** **Central-2: Alamo Plaza Shopping Center** *East County Staging Area* **All ambulances located east of Concord.** **East-1: County East Mall parking lot** **East-2: Contra Costa County Fairgrounds** **All ambulances are to check in on XCCEMS1 upon arrival, if the channel is functional. Otherwise ambulance dispatch centers will relay the arrival of units to staging areas to the EMSOACC. The EMSOACC, in consultation with EMS personnel, may direct the movement of ambulances between staging areas. Law enforcement will be requested to provide security for active staging areas.**

Appendix E:

Contra Costa County CHEMPACK Mobilization Plan

Chempack Activation Flowchart

Request from Field or Hospital:
Field or Hospital Incident Commander, or EMS Branch Director, recognizes a need and requests CHEMPACK deployment through their dispatch. Agency dispatch requests deployment by contacting Sheriff's Dispatch, including the following information:

- Nature & severity of release, symptoms, potential exposure threat, and any hazards for delivery personnel.
- Estimated number of patients to be treated (adults & Pedi).
- Staging location for delivery of CHEMPACK material.

Other requests from authorized individual/s* for CHEMPACK deployment:
- Any Public Safety Dispatch Center (in or out of county)
- Health Officer, Med/Health Op Area Coord.
- OES Coordinator or other OA Designee
- Regional Disaster Med/Health Coord/Spec.
- State Public Health or State EMSA

CHEMPACK is requested by contacting Sheriff's Dispatch Center

SHERIFF'S DISPATCH

1. **Initiate Deployment of CHEMPACK Cache/s**.
   - Estimated number of cases of each type of medication in the CHEMPACK requested (*see Cache Description and Deployment Recommendations on page 2 of this Mobilization Plan).*
   - Contact the CHEMPACK custodial sites (see locations below) and request that a specific number of Mark 1 auto injectors (Yellow label) and Diazepam auto injectors (Green label) be deployed to the field scene. Request Multi-Dose vials go to the hospitals where field medical managers anticipate transporting the patients (see Hospital Treatment Setting recommendations on Page 2).
   - Request transport arrangements through Contra Costa Regional Fire Communications Center Supervisor, to deploy CHEMPACK cache/s.
2. **After CHEMPACK deployment has been initiated, notify the following:**
   - On-Call Health Officer and the Contra Costa EMS Duty Officer
   - The State Warning Center and Regional Disaster Medical Health Coordinator.
3. **Request On-Call Health Officer (or Senior EMS Staff) to support CHEMPACK Cache deployment by:**
   - Establishing contact with Incident Commander (or highest ranking medical personnel on scene or at hospital) and verify the potential number of patients, the nature and severity of release and potential exposure threat, and estimated number of CHEMPACK material requested.
   - Consider the needs of potential receiving hospital/s and determine distribution of cache supplies to the field and to hospitals. Coordinate with transport agencies and establish estimated time/s for arrival.
   - Notify On-scene Medical Supervisor of hospitals that are being provided CHEMPACK cache supplies.

CHEMPACK STORAGE SITE CONTACTS

<u>CHEMPACK Deployment</u>:
1. Receive call and facilitate deployment of CHEMPACK cache/s.
2. Break out and ready supplies for transport to field scene and/or to potential receiving hospitals/treatment sites.
3. Transport or release contents to transport representative/s. Stand-by for further requests.
4. Confirm deployment for all potential receiving hospital/treatment sites and complete Distribution Log.
5. Re-secure remaining material in CHEMPACK Container. Document what removed, and per chain-of-custody.

Transport Alternatives

For In-county use:
1. Contra Costa Fire or San Ramon Valley Fire
2. Sheriff's Coordinator through SO Dispatch
3. Local Police Departments
4. Contracted 911 Ambulance Provider
5. Air Ambulance, and other helicopters coordinated through Sheriff's Dispatch
6. CC Haz Mat through SO Dispatch
7. Other Code 3-equipped law, fire or EMS asset.

For out-of-county requests:
Transportation is the responsibility of the requesting agency; however, assistance should be given when requested to expedite transportation.

Container Deployment Considerations

For consideration of time factors and ease of transport, it is recommended that the lowest denominator for deployment of any medication in the CHEMPACK Container is one full case.

Field Deployment Recommendations:

Product (Label color)	1 – 50 patients	51 – 100 patients	151 – 200 patients	201 – 250 patients	Greater than 250 patients	Pediatric Patients? If yes,
Mark 1 Kits auto-injector (Yellow)	**1 case**	**2 cases**	**3 cases**	**4 cases**	**5 cases**	
Diazepam (Valium) 5mg auto-injectors (Green)	**1 case**	**2 cases**				
Atropen 0.5 mg (Purple)						**1 case**
Atropen 1.0 mg (Grey)						**1 case**

Hospital Treatment Setting:
In addition to auto injector medications listed above, consider cases of Multi-Dose Vials of any of the following based on recommendations/requests of Emergency Department Physicians:

- **Atropine Sulfate 0.4 mg/ml (100 per case) Blue**
- **Pralidoxime 1 gm/20 ml (276 per case) Red**
- **Diazepam 5 mg/ml (25 per case) Green**
- **Sterile Water for injection, 20 ml (100 per case) White**

CHEMPACK Cache Description

EMS CHEMPACK Container – Treatment Capacity 454 Patients Primarily auto-injectors designed for pre-hospital emergency responder use; but are appropriate for hospital emergency departments as well.				
Material	**Color Code**	**Unit Pack**	**Cases**	**QTY**
Mark 1 auto-injector	Yellow	240	5	1200
Atropine Sulfate 0.4mg/ml 20ml (multi-use vial)	Blue	100	1	100
Pralidoxime 1gm inj 20ml (multi-use vial)	Red	276	1	276
Atropen 0.5 mg	Purple	144	1	144
Atropen 1.0 mg	Grey	144	1	144
Diazepam 5mg/ml auto-injector	Green	150	2	300
Diazepam 5mg/ml, vial, 10ml (multi-use vial)	Orange	25	2	50
Sterile water (SWFI) 20cc vials for injection	White	100	2	200

Hospital CHEMPACK Container - Treatment Capacity 1000 Patients Designed for hospital and treatment center use, have more multi-use vials.				
Material	**Color Code**	**Unit Pack**	**Cases**	**QTY**
Mark 1 auto-injector	Yellow	240	2	480
Atropine Sulfate 0.4mg/ml 20ml (multi-use vial)	Blue	100	9	900
Pralidoxime 1gm inj 20ml (multi-use vial)	Red	276	10	2760
Atropen 0.5 mg	Purple	144	1	144
Atropen 1.0 mg	Grey	144	1	144
Diazepam 5mg/ml auto-injector	Green	150	1	150
Diazepam 5mg/ml vial, 10ml (multi-use vial)	Orange	25	26	650
Sterile water (SWFI) 20cc vial	White	100	28	2800

Appendix F:

Field Treatment Site

Definition: A Field Treatment Site (FTS) triages and temporarily treats patients when immediate transport to an acute care hospital is unavailable. It is not a long-term solution to acute care treatment, such as an Alternate Care Site (ACS) may provide. Its operational period should not exceed 48 hours.

Activation: When an MCI reaches Tier 3, the IC, or designee (e.g., Med/Health Branch Director), should consider whether an FTS is necessary based on number of patients, prolonged extrication, expected duration, and availability of transport.

Checklists:

Activation (objective: Establish one or more FTS locations when existing resources will not be able to transport all incident patients in a timely manner.)

Incident Commander (IC)
❑ Notify Contra Costa County Dispatch that an FTS is necessary as there are more patients than can be transported by the on-scene capabilities (e.g., > 100 patients or prolonged rescue/extrication)
❑ Identify how many expected patients and any unique needs (e.g., decon, burns, peds)
❑ Appoint FTS Group Supervisor
❑ Deploy resources to the FTS as requested, including:
❑ Disaster Medical Services Unit (DMSU)
❑ MCI trailers, 1 for each 100 casualties per site
❑ Tents (from hospital caches, if not needed by hospitals for surge bed capacity), 2 plus 1 for each 100 casualties
FTS Group Supervisor
❑ Confirm incoming resources with Logistics Section
❑ Establish and maintain on-site communications
❑ Request an Assistant Safety Officer, if needed
❑ Coordinate needs and services with general staff and liaison(s)
❑ If not a pre-designated FTS location, identify a site layout diagram to accommodate triage, patient types, air/ground transportation, equipment, administration, etc. (use Attachment 2: FTS components and site layout diagram)
❑ Assign additional positions as needed (use Attachment 3: California EMSA Model, ideal)

Operations (objective: Provide for the safe and rapid triage and transport of injured casualties to a definitive level of care)

FTS Group Supervisor
❑ Provide on-going situation reports to the IC or Med/Health Branch Director
❑ Re-estimate the number of expected casualties and any special needs and update IC or Med/Health Branch Director
❑ Monitor status with unit leaders and request additional supplies/personnel, as needed
Logistics Section, specific FTS needs
❑ Identify what additional medical resources are necessary for sustained FTS operation and make request
❑ Establish secure area for medical supply cache
❑ Identify site needs for up to 48-hour FTS operation

❑ Food
❑ Water
❑ Bathrooms
❑ Tents/shelters
❑ Generators/fuel
❑ Lighting
❑ HVAC
❑ Consider requesting the American Red Cross for logistical support, specifically food and water for staff and casualties
Planning Section, specific FTS needs
❑ Document Unit shall include FTS
❑ Prepare Incident Action Plan (IAP) with FTS component
❑ Complete and communicate FTS Shift Report Form (use Attachment 4) to FTS Group Supervisor and/or Med/Health Branch Director
❑ Track needs when the FTS is demobilized

Demobilization (objective: Turn FTS back over to responsible party in the same/better condition and ensure all FTS, staff, and patient documentation is provided to EMS Agency)

Logistics Section, specific FTS needs
❑ Clean non-disposable FTS supplies and repack for storage
❑ Arrange for transportation of FTS resources back to their storage locations
❑ Arrange for removal of trash and biohazard waste
❑ Ensure facility is clean and left in the same or better condition
Planning Section, specific FTS needs
❑ Ensure all paperwork is completed, especially patient care and destination
❑ All FTS, staff, and patient information should be given to EMS agency
❑ Turn facility back over to owner or responsible party after walk-through

Attachment 1: Potential Sites and Site Assessment Checklist

Site Name	Address	City
1. Buchanan Airport	550 Sally Ride Drive	Concord
2. Contra Costa Community College	2600 Mission Bell Drive	San Pablo
3. Diablo Valley Community College	321 Golf Club Road	Pleasant Hill
4. Los Medanos Community College	2700 E. Leland Road	Pittsburg
5. Diablo Valley Comm. College Extension	Watermill Road	San Ramon
6. PG&E Conference Center	3301 Crow Canyon Road	San Ramon
7. County Fairgrounds	1201 West 10th Street	Antioch

Site Assessment Checklist

Site Name:
Address:
Thomas Brothers Map and Page grid #:

Attachments Needed With This Survey

Site Map and/or Floor plan drawing of facility structure

Items to Be Completed Prior to Survey Visit

Individual completing assessment:		
(Print)	Date	Phone
Primary contact, days:		Phone
Primary contact, after hours:		Phone
Secondary contact, days:		Phone
Secondary contact, after hours:		Phone
Point of Contact for facility maintenance (if applicable)		Phone
Point of Contact for site security (if applicable)		Phone

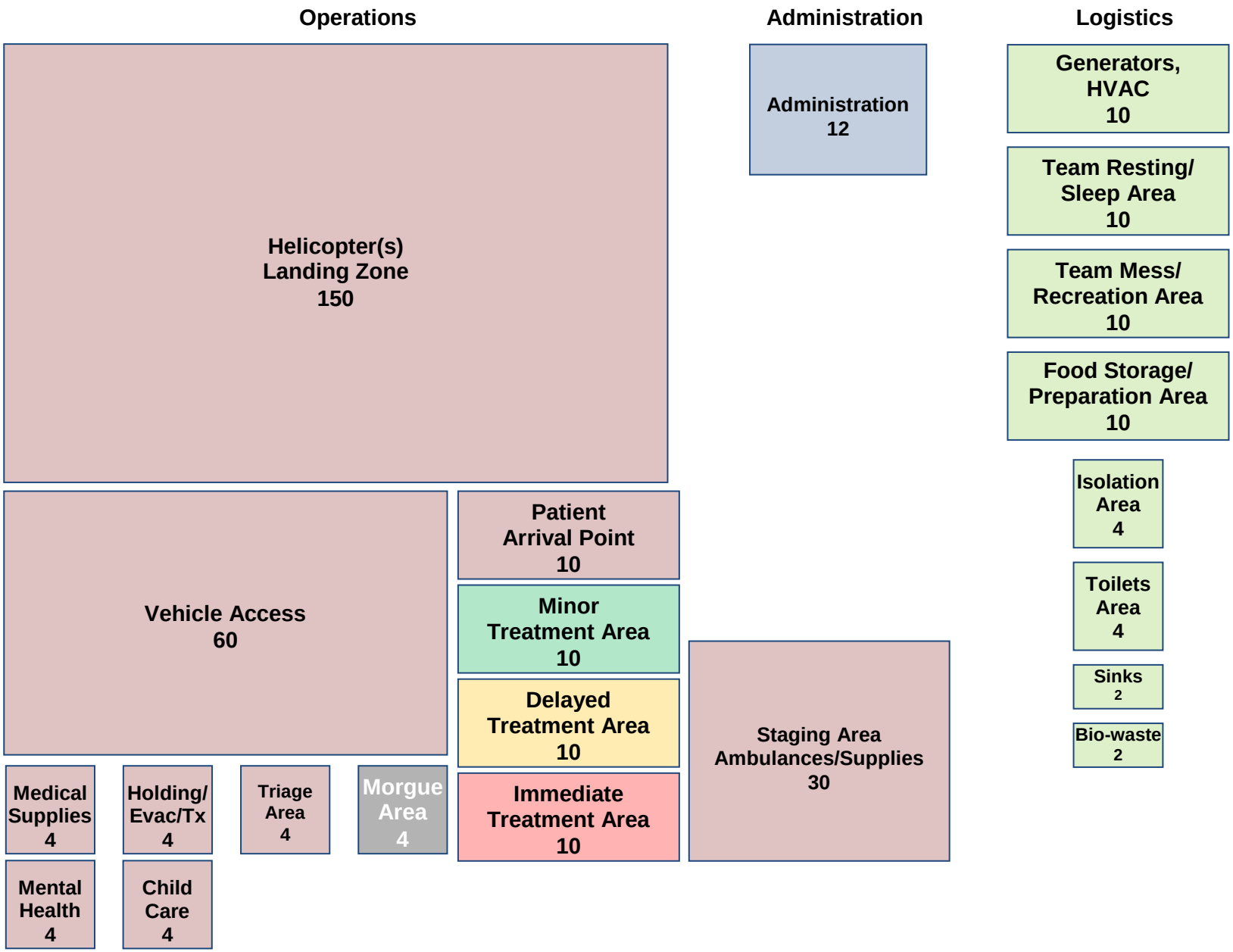
Total square feet: (estimate for 200 casualties & staff = 15,000 - 20,000)	Covered square feet:
# of buildings available:	(Circle) One floor or Multilevel, # of floors:

Gurney-sized doors, if Y, #:	Y	N	Toilets if yes, #:	Y	N
Water	Y	N	Water heater	Y	N
Electrical power	Y	N	Waste disposal	Y	N
Backup generator	Y	N	Biohazard waste disposal	Y	N
Heating	Y	N	Hand washing	Y	N
Cooling	Y	N	Food storage/preparation area	Y	N
Lighting	Y	N	Managers Area	Y	N
Staging area	Y	N	Staff area	Y	N
Helicopter landing area	Y	N	Telephone if yes, #:	Y	N
Ambulance arrival area	Y	N	Radio if yes, #:	Y	N
Casualty triage area	Y	N	Medical supply storage	Y	N
Patient treatment areas	Y	N	Parking if yes, #:	Y	N
Patient evacuation area	Y	N	Access control (fencing)	Y	N
Mortuary area	Y	N			

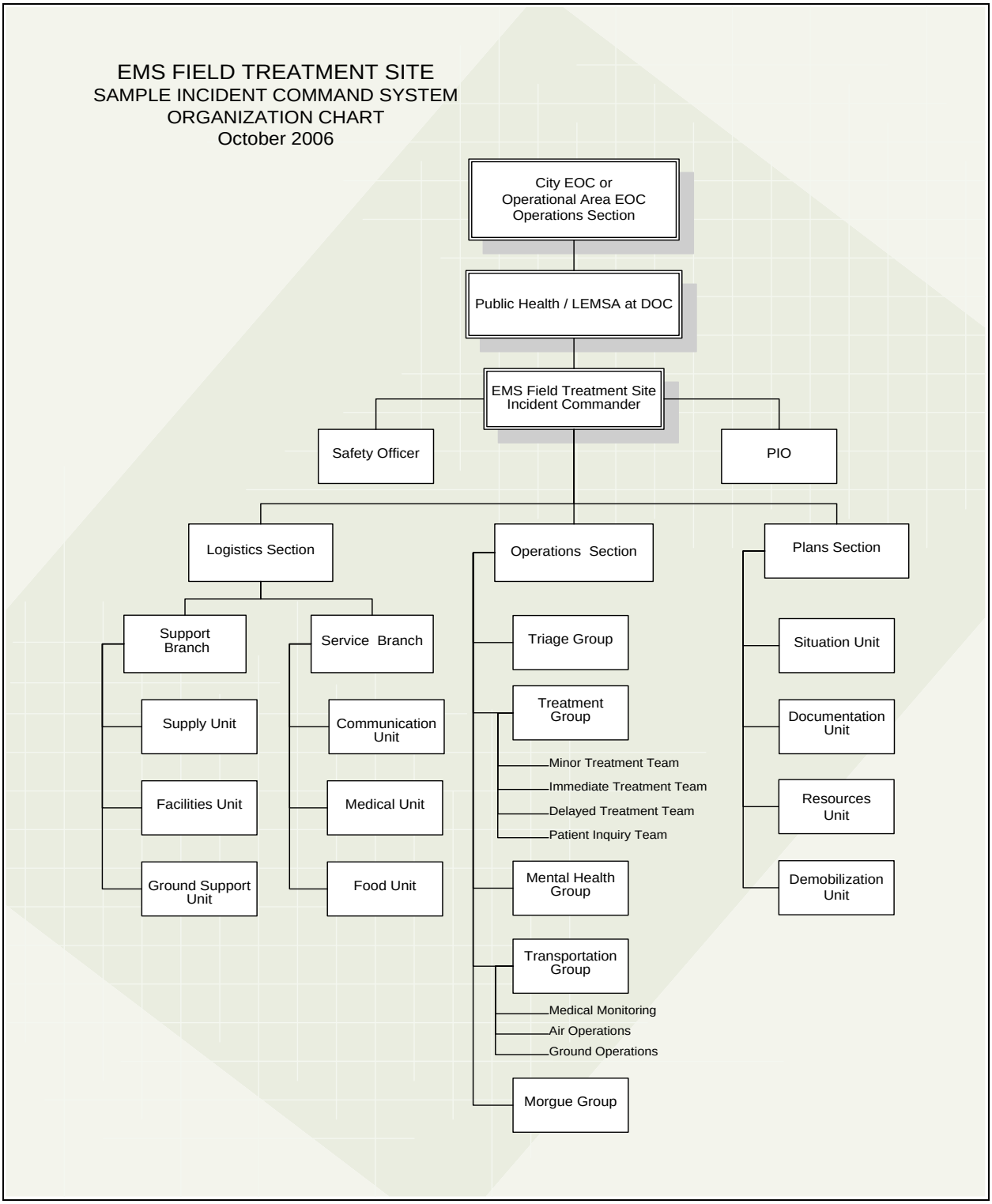
Do you have volunteers that help at your facility?	Y	N
Do they have special language capabilities?	Y	N
Has this site been identified for use in other emergencies?	Y	N
Number of onsite security staff: Working hours:		
ADA access for persons with disabilities?	Y	N
Special needs capabilities? If so, what:	Y	N
Size of largest open room: x feet		
Are there any other indigenous communications resources (i.e. security radios, intercom, Internet etc)? Comments:		
Generator Capacity: kilowatts Fuel type : Gas / Diesel Amount: gallons		
Runtime with existing fuel? hours		
Nearest major thoroughfare(s):		
Road size and number of lanes:		
How does the general layout look? Good Fair Congested		
Would material need to be relocated to use this facility/site?	Y	N
Estimate # of non-ambulatory casualties in all areas (@50 sq. ft. per patient)		
Problems, major stumbling blocks? Comments. What would have to be brought in?		

Attachment 2: FTS Components and Site Layout Diagram – to scale layout of each piece

Components (squares needed for 200 pts)	Draw FTS Layout Here (1 square = 50 square feet)
FTS Operations (296) ❑ Patient arrival point (10) ❑ Triage area (4) ❑ Minor treatment area (10) ❑ Delayed treatment area (10) ❑ Immediate treatment area (10) ❑ Deceased/morgue area (4) ❑ Vehicle routes in/out (consider possibility of contaminated units) (60) ❑ Staging area ambulances, supplies (30) ❑ Helicopter LZ (150, 3+ squares away) ❑ Holding/evacuation/transport area (4) ❑ Cache/medical supply area (4) ❑ Mental health/quiet area (4) ❑ Child care area, as required (4) **FTS Administration (12)** ❑ Command and control desk (4) ❑ Communications equipment area, control desk (4) ❑ Team debriefing area (4) **FTS Logistics (52)** ❑ Generator(s), HVAC, lights (10) ❑ Bio-waste disposal area/container (2) ❑ Sanitation (sink and water system) (2) ❑ Sanitation (portable toilets) (4) ❑ Team resting & sleeping quarters (10) ❑ Team mess and recreation area (10) ❑ Food storage, food preparation (10) ❑ Infectious or other isolation area (4)	


Operations
Administration
Logistics
Helicopter(s) Landing Zone 150
Administration 12
Generators, HVAC 10
Team Resting/ Sleep Area 10
Team Mess/ Recreation Area 10
Food Storage/ Preparation Area 10
Isolation Area 4
Toilets Area 4
Sinks 2
Bio-waste 2
Vehicle Access 60
Patient Arrival Point 10
Minor Treatment Area 10
Delayed Treatment Area 10
Immediate Treatment Area 10
Staging Area Ambulances/Supplies 30
Medical Supplies 4
Holding/ Evac/Tx 4
Triage Area 4
Morgue Area 4
Mental Health 4
Child Care 4

Attachment 3: California EMSA Model – considered ideal model, if resources are available



Attachment 4

FTS SHIFT SITUATION REPORT FORM

INSTRUCTIONS: *Complete this form at the end of each shift and provide to Incident Commander.*

Date:	**Time:**	**Site:**	**Person Reporting:**

Shift (Time Period Covered By This Report):

Phone # **Fax #**

# Patients Triaged:	Current Operational Period	Total	**# Patients Minor Injury - Treated and Released:**	Current Operational Period	Total
# Patients in Delayed:	Current Operational Period	Total	**# Patients in Immediate:**	Current Operational Period	Total
# Patients Transported to Hospital or Other:	Current Operational Period	Total	**# Patients Deceased:**	Current Operational Period	Total

Approximate # Waiting to be Triaged:

Overall Status of Site Operations: ☐ No Problems to Report

☐ **Problems With: (Describe)**

☐ Communications
☐ Staffing
☐ Security
☐ Supplies
☐ Public Information
☐ Translation
☐ Other

Resource Orders Pending:	**Staffing Requirements Next Shift:**

DOC Received By: Date: Time: