# Document History

<table>
<thead>
<tr>
<th>Date</th>
<th>Section</th>
<th>Changes</th>
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<tr>
<td>July 1, 2007</td>
<td>All</td>
<td>Initial plan released</td>
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<tr>
<td>July 15, 2011</td>
<td>Appendix E</td>
<td>Addition of Appendix E – Contra Costa County CHEMPACK Mobilization Plan</td>
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<tr>
<td>April 19, 2012</td>
<td>Appendix F</td>
<td>Addition of Appendix F – Field Treatment Sites</td>
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<tr>
<td>January 15, 2018</td>
<td>All appendices</td>
<td>Stricken and/or moved to corresponding policy</td>
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<tr>
<td>January 15, 2018</td>
<td>All</td>
<td>Edited and distributed for stakeholder feedback</td>
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<td>July 27, 2018</td>
<td>All</td>
<td>Updates Finalized and MCI Plan Posted</td>
</tr>
<tr>
<td>January 1, 2019</td>
<td>All</td>
<td>MCI Plan incorporated into policy manual as EMS resource document R02</td>
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I. MULTI-CASUALTY INCIDENT PLAN SCOPE
   A. The Contra Costa County Multi-Casualty Incident Plan was developed by a multi-disciplinary task
      force of personnel comprehensively representing the entire emergency response to a multi-casualty
      incident (MCI). This Plan is a component of the Contra Costa County Emergency Medical Services
      Agency (LEMSA) System Plan, and represents the response to all MCI’s that occur within the
      Contra Costa County Operational Area.

II. MULTI-CASUALTY INCIDENT PLAN OBJECTIVES
   A. Establish and sustain standardized organization, management, and communication structure to
      coordinate emergency response to MCI’s.
   B. Establish methods of triage and transportation that will provide the best medical outcome possible
      for the greatest number of casualties.
   C. Establish pre-defined responsibilities for key entities to achieve successful activation of the plan.
   D. This Plan will be drilled regularly and reviewed annually.
   E. Following significant activations of the Plan and as directed by the EMS Director, incidents will be
      reviewed case by case.

III. MULTI-CASUALTY INCIDENT OPERATIONAL CONCEPTS
   A. 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).
      1. The organizational structure will expand and contract as the dynamics of the incident warrant.
      2. Requests for resources from the incident will be ordered utilizing the Incident Command System
         and single point ordering.
      3. Incident information will be transferred between organizational elements, the field Incident
         Commander (IC) or designee, and supporting communications centers in a timely fashion.
   B. First responders may utilize the triage tape system.
      1. Patients will be assigned a Simple Triage and Rapid Transport (START) tag at designated
         Casualty Collection Point (CCP) or upon transport.
   C. Triaged patients will be referred to as RED, YELLOW, GREEN, or DECEASED.
   D. First responders should not delay in sending patients to hospitals. All Contra Costa County
      receiving hospitals are prepared to accept a minimum of two (2) RED (immediate) and four (4)
      YELLOW (delayed) patients.
      1. When making patient destination/distribution decisions, consider:
         a. Patients self-transporting to nearby facilities.
         b. Using out of county hospitals when appropriate.
         c. In the event of an earthquake or other infrastructure event some facilities may be offline or
            operating with reduced service capabilities.
   E. Incident Command should be established at a fixed location.
      1. Unified Command should be established when appropriate.
IV. MULTI-CASUALTY INCIDENT OPERATIONAL POLICIES

A. Authority and Scope
1. The MCI Plan may be initiated on the authority of:
   a. The Incident Commander (e.g., a fire officer, law enforcement officer, or ambulance crew);
   b. A supervisor from the Sheriff’s Communications Center;
   c. A supervisor from the Contra Costa Regional Fire Communications Center;
   d. Director of Contra Costa County Emergency Medical Services Agency, or designee.
2. The Sheriff’s Communications Center, as the Emergency Medical Services Operational Area Communications Center (EMSOACC), will be responsible for initiating activation of the Plan in Reddinet.
3. All requests for activation should include the following information, when available (do not allow incomplete information to delay initiation):
   a. Multi-Casualty Incident Tier
   b. Type of incident
   c. Location
   d. Approximate number of injured
   e. HAZMAT: Rule out or identify potential threat
4. Authority for escalation to a higher tier MCI, de-escalation to a lower tier MCI, and deactivation of the MCI will rest with the Incident Commander. **The Incident Commander must take into account the potential for AMA patients to self-transport and create surges at local facilities.**
5. When in doubt as to 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.

B. Incident Command and Control
1. Command and incident management authority should be established under unified command with the jurisdictional law enforcement agency, the jurisdictional fire agency, and other entities as appropriate.
2. The Incident Commander is expected to make the following notifications to their respective communication center:
   a. Name of the incident
   b. Location of Incident Command Post
   c. Location of Staging Area.
3. Incident operations should be established by the jurisdictional fire agency.
   a. A Deputy Operations Section Chief position may be assumed by the jurisdictional law enforcement agency.
4. Positions within the incident command structure should be assigned based on responder’s discipline (EMS/fire/law) and experience.

5. The Incident Commander or designee shall specify a heli-spot for EMS helicopters.

6. The Incident Commander of a multi-casualty incident will request additional resources utilizing their normal procedures.

7. Whenever possible, mutual aid ambulances will be dispatched directly to the ambulance staging area of the incident and not used for zone coverage.

C. Medical Transportation Management

1. The Medical Group Supervisor (MGS) position is integral to patient distribution and tracking. The role of MGS shall be assigned to a paramedic supervisor unless none are available, in which case it shall be assigned to the most qualified responder on scene.
   a. MGS or designee shall be responsible for transmitting the following info in real time commensurate with the MCI COMS Plan:
      i. Patient count
      ii. Patient acuity
      iii. Patient triage tag – last 4 numbers
      iv. Unit transporting
      v. Destination

2. Destination information and hospital availability, including out-of-county receiving hospital availability, will be available in Reddinet and via all com centers via radio or phone.

3. 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.

4. 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 may be relayed by the EMSOACC to the receiving hospital via Reddinet.

5. An electronic health record (EHR) is to be completed on each casualty transported if it can be accomplished taking into consideration the situation and the resources:
   a. EHRs for patients who refuse transport shall be included if possible.
   b. During Tier 3 incidents, the EMS Branch Director, or designee, is authorized to suspend standard EHR protocol and direct that triage tags be used as the immediate and minimal level documentation of field assessment and treatment.
### Tier Definitions

<table>
<thead>
<tr>
<th>Pre-Alert</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official notification of an incident that has the POTENTIAL to result in an activation of the plan at a higher tier (≥6 patients) even when the number of known victims is zero, in order to provide situational awareness for hospitals). &quot;PRE-ALERT&quot; activation is required for a Community Warning System Level II incident or any Emergency Department closure or evacuation.</td>
<td>An incident involving 6-10 patients when the scene is contained and the number of patients is not expected to rise significantly.</td>
<td>An incident involving more than 10 patients <strong>OR</strong> an incident involving less than 10 patients when there is a substantial chance that the number of patients may rise.</td>
<td>Any incident involving more than 50 patients; any incident involving mass casualties, or a reasonable expectation of mass casualties.</td>
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</table>

### Tier Examples

<table>
<thead>
<tr>
<th>Pre-Alert</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
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<tbody>
<tr>
<td>Report of an active shooter incident where the number of victims is not known or cannot be confirmed; passenger aircraft attempting emergency landing; evacuation of a facility due to potential threat to public safety; actual or potential significant hazardous materials incident, including transportation incidents.</td>
<td>Multi-vehicle traffic collision; multiple shooting victims at a contained scene and no ongoing active shooter threat.</td>
<td>Petrochemical incident involving dispersal cloud moving over populated area; passenger train derailment; an active shooter incident with an uncontained scene.</td>
<td>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.</td>
</tr>
</tbody>
</table>
### Hospital Responsibilities

<table>
<thead>
<tr>
<th>Pre-Alert</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Make internal notifications and institute appropriate ED procedures as per facility protocol</td>
<td>• All Pre-Alert responsibilities</td>
<td>• All Pre-Alert responsibilities</td>
<td>• All Pre-Alert responsibilities</td>
</tr>
<tr>
<td>• Respond to ED capacity poll from EMSOACC, when initiated</td>
<td>• Immediately prepare to accept 2 RED (immediate) patients and 4 YELLOW (delayed) patients</td>
<td>• Immediately prepare to accept 2 RED (immediate) patients and 4 YELLOW (delayed) patients</td>
<td>• Immediately prepare to accept 2 RED (immediate) patients and 4 YELLOW (delayed) patients</td>
</tr>
<tr>
<td>• Monitor Reddinet</td>
<td>• Assess ability to handle additional</td>
<td>• Assess ability to handle additional</td>
<td>• Assess ability to handle additional</td>
</tr>
<tr>
<td></td>
<td>• If applicable: Conduct damage assessment and report results to EMSOACC/EMS, VIA Reddinet</td>
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</tbody>
</table>

- **Tier 1**
  - Immediate preparation for accepting 2 RED (immediate) patients and 4 YELLOW (delayed) patients.
  - Assessment of ability to handle additional patients.

- **Tier 2**
  - Immediate preparation for accepting 2 RED (immediate) patients and 4 YELLOW (delayed) patients.
  - Assessment of ability to handle additional patients.

- **Tier 3**
  - Immediate preparation for accepting 2 RED (immediate) patients and 4 YELLOW (delayed) patients.
  - Assessment of ability to handle additional patients.
  - Damage assessment and reporting to EMSOACC/EMS via Reddinet.
### LEMSA Responsibilities

<table>
<thead>
<tr>
<th>Pre-Alert</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
</table>
| - Monitor incident  
- Consider activation of the EMS Operations Center if the incident has potential for escalation | - Monitor incident  
- Consider activation of the EMS Operations Center if the incident has potential for escalation  
- If appropriate, based on scenario: Create entry in WEBEOC or Health Services Incident Response Information System (IRIS) and post updates as needed | - Monitor incident  
- Consider activation of the EMS Operations Center if the incident has potential for escalation  
- If appropriate, based on scenario: Create entry in WEBEOC or Health Services Incident Response Information System (IRIS) and post updates as needed  
- 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  
- Provide ongoing updates to hospitals on status of incident  
- If applicable, provide updates on nature of exposure and recommended treatments  
- Consider activation MHOAC program and LEMSA Branch Operations Center | - All Tier Two responsibilities  
- Activate MHOAC Program and EMS Branch Operations Center  
- Provide SitStat for Health Officer  
- Activate Med/Health Surge Plan |
## Emergency Ambulance Zone Provider Responsibilities

<table>
<thead>
<tr>
<th>Pre-Alert</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
</table>
| - Paramedic Supervisor response  
- Notification of Communication Center  
- Notification of all on-duty administration  
- Monitor Reddinet | - Paramedic Supervisor response  
- Notification of Communication Center  
- Notification of all on-duty administration  
- Monitor Reddinet  
- Notification of management personnel as per organization’s policy | - Paramedic Supervisor response  
- Notification of Communication Center  
- Notification of all on-duty administration  
- Monitor Reddinet  
- Notification of management personnel as per organization’s policy  
- Additional notifications of administration personnel as per organization’s policy  
- Consider recall of employees to staff additional units | - Paramedic Supervisor response  
- Notification of Communication Center  
- Notification of all on-duty administration  
- Monitor Reddinet  
- Notification of management personnel as per organization’s policy  
- Additional notifications of administration personnel as per organization’s policy  
- Consider recall of employees to staff additional units |

## Permitted Non-Emergency Ambulance Provider Responsibilities

<table>
<thead>
<tr>
<th>Pre-Alert</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
</table>
| - Monitor Reddinet | - Monitor Reddinet | - Monitor Reddinet  
- Assess capability to respond to requests from EMSOACC  
- Respond to ReddiNet polling  
- Respond to incident ONLY when requested | - Monitor Reddinet  
- Assess capability to respond to requests from EMSOACC  
- Respond to ReddiNet polling  
- Respond to incident ONLY when requested  
- Consider recall of personnel to support resource requests |
## EMS Helicopter Provider Responsibilities

<table>
<thead>
<tr>
<th>Pre-Alert</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
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</thead>
</table>
| • Monitor incident  
  • Provide aircraft availability information if requested | • All Pre-Alert responsibilities  
  • Cancel non-emergency flight activity  
  • Respond only when requested  
  • Prepare to stage at closest airport or location designated by the Incident  
  • Notify requesting agency when responding  
  • Ascertain status of hospitals outside of Contra Costa County  
  • Maintain air-to-air contact with all aircraft responding to the MCI  
  • Contact heli-spot 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 formally requested by Contra Costa County designated Communications Center  
  • 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 Responsibilities

<table>
<thead>
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<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establish IC – (Consider Unified Command)</td>
<td>• All Pre-Alert responsibilities</td>
<td>• All Tier One responsibilities</td>
<td>• All Tier Two responsibilities</td>
</tr>
<tr>
<td>• Consult FOG (MCI section – Initial Response Organization)</td>
<td>• Scale ICS positions according to size of incident – Consider moving to Reinforced Response Organization (FOG – MCI)</td>
<td>• Establish Reinforced Organization (FOG – MCI) and consider establishing Multi-Group Response Organization</td>
<td>• Establish Multi-Group Organization (FOG – MCI) and consider establishing Multi-Branch Response Organization</td>
</tr>
<tr>
<td>• Keep dispatch informed of situation.</td>
<td>• Consult with EMSOACC as necessary</td>
<td>• Consider special calling for MCI caches or trailers</td>
<td>• Call for MCI caches and trailers if not already dispatched</td>
</tr>
<tr>
<td>• Recon potential locations for expanded incident needs</td>
<td></td>
<td>• Confirm Temporary Flight Restrictions have been requested</td>
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</tr>
<tr>
<td>• Consider what resources might be needed if situation escalates</td>
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<tr>
<td>• 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</td>
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[Image of Contra Costa County Emergency Medical Services Multi-Casualty Incident Plan]
### San Ramon and Richmond Fire Communications Center Responsibilities

<table>
<thead>
<tr>
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<th>Tier 1</th>
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<th>Tier 3</th>
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</thead>
<tbody>
<tr>
<td>• Notify EMSOACC via XCCEMS1</td>
<td>• All PRE-ALERT responsibilities</td>
<td>• All PRE-ALERT responsibilities</td>
<td>• All PRE-ALERT responsibilities</td>
</tr>
<tr>
<td>• Notify supervisory or management personnel as per agency policy</td>
<td>• If an environmental hazard is involved or suspected, contact appropriate Hazardous Materials Incident Response Team: CCCHazmat, Richmond Fire, and/or San Ramon Valley Fire</td>
<td>• If an environmental hazard is involved or suspected, contact appropriate Hazardous Materials Incident Response Team: CCCHazmat, Richmond Fire, and/or San Ramon Valley Fire</td>
<td></td>
</tr>
<tr>
<td>• Make additional notifications as necessary or requested</td>
<td>• Monitor ReddiNet</td>
<td>• Monitor ReddiNet</td>
<td></td>
</tr>
<tr>
<td>• Monitor ReddiNet</td>
<td>• All PRE-ALERT responsibilities</td>
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### Contra Costa Regional Fire Communications Center

<table>
<thead>
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<tbody>
<tr>
<td>• Notify EMSOACC via XCCEMS1 and transmit incident pertinent info</td>
<td>• Notify EMSOACC via XCCEMS1 and transmit incident pertinent info</td>
<td>• Notify EMSOACC via XCCEMS1 and transmit incident pertinent info</td>
<td>• Notify EMSOACC via XCCEMS1 and transmit incident pertinent info</td>
</tr>
<tr>
<td>• Notify supervisory or management personnel as per agency policy</td>
<td>• Monitor Reddinet</td>
<td>• Monitor Reddinet</td>
<td>• Monitor Reddinet</td>
</tr>
<tr>
<td>• Make additional notifications as necessary or requested</td>
<td>• Page agency MGMT paging group for agency with fire jurisdiction</td>
<td>• Page agency MGMT paging group for agency with fire jurisdiction</td>
<td>• Page agency MGMT paging group for agency with fire jurisdiction</td>
</tr>
<tr>
<td>• Page agency MGMT paging group for agency with fire jurisdiction</td>
<td>• Notify SRVFPD Communications, MOFD BC</td>
<td>• Notify SRVFPD Communications, MOFD BC</td>
<td>• Notify SRVFPD Communications, MOFD BC</td>
</tr>
<tr>
<td>• Notify OES Region II Fire/Rescue</td>
<td>• Notify OES Region II Fire/Rescue</td>
<td>• Notify OES Region II Fire/Rescue</td>
<td>• Notify OES Region II Fire/Rescue</td>
</tr>
<tr>
<td>• Consider dispatch of Incident Management Team (IMT)</td>
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## Jurisdictional Law Enforcement Agency Responsibilities

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<th>Tier 1</th>
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<th>Tier 3</th>
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<tbody>
<tr>
<td>• Broadcast information to field units</td>
<td>• Broadcast information to field units</td>
<td>• Broadcast information to field units</td>
<td>• Broadcast information to field units</td>
</tr>
<tr>
<td>• Make supervisory and command notifications as per department policy</td>
<td>• Make supervisory and command notifications as per department policy</td>
<td>• Make supervisory and command notifications as per department policy</td>
<td>• Make supervisory and command notifications as per department policy</td>
</tr>
<tr>
<td>• If not already responding, respond to the scene</td>
<td>• When appropriate consider establishing unified command or assume appropriate position within ICS structure</td>
<td>• If not already responding, respond to the scene</td>
<td>• When not already responding, respond to the scene</td>
</tr>
<tr>
<td>• When appropriate consider establishing unified command or assume appropriate position within ICS structure</td>
<td>• Determine need for additional police resources</td>
<td>• When appropriate consider establishing unified command or assume appropriate position within ICS structure</td>
<td>• When appropriate consider establishing unified command or assume appropriate position within ICS structure</td>
</tr>
<tr>
<td>• Determine need for additional police resources</td>
<td>• Handle traffic control and/or crowd control as needed</td>
<td>• Determine need for additional police resources</td>
<td>• Determine need for additional police resources</td>
</tr>
<tr>
<td>• Handle traffic control and/or crowd control as needed</td>
<td>• Consider immediate activation of mutual aid resources, including the Mutual Aid Mobile Field Force (MAMFF)</td>
<td>• Handle traffic control and/or crowd control as needed</td>
<td>• Consider immediate activation of mutual aid resources, including the Mutual Aid Mobile Field Force (MAMFF)</td>
</tr>
<tr>
<td>EMS Operational Area Communications Center (EMSOACC) Tasks</td>
<td>Pre-Alert</td>
<td>Tier 1</td>
<td>Tier 2</td>
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<td>-------------------------------------------------------------</td>
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</table>
| **Pre-Alert**                                               | • Broadcast incident on XCCEMS1  
• Advise hospitals and ambulance zone providers via Reddinet MCI Activation  
• Notify LEMSA Duty Officer  
• Ensure jurisdictional fire agency is aware of MCI status  
• Make additional notifications as necessary or requested | • Broadcast incident on XCCEMS1  
• Advise hospitals and ambulance zone providers via Reddinet MCI Activation  
• Notify LEMSA Duty Officer  
• Ensure jurisdictional fire agency is aware of MCI status  
• Make additional notifications as necessary or requested  
• Make telephone contact with any hospital not responding to Reddinet MCI function  
• If an environmental hazard is involved or suspected, contact the Environmental Health Hazardous Materials Incident Response Team, Contra Costa Fire, Richmond Fire and San Ramon Valley Fire | • All Tier One responsibilities  
• Notify the Alameda/Contra Costa blood bank via telephone  
• Notify on-call Health Officer  
• Establish communications with adjoining county EMS dispatch centers. Request mutual aid ambulances if requested by the Incident Commander or EMS Branch Director | • All Tier Two responsibilities  
• Coordinate with LEMSA Duty Officer on the activation of facility damage assessment poll |
EMS Transport Resource Ordering Overview

PSAP → Fire Coms Center

EMSACC (CCC Sheriff's Dispatch)

(OUTSIDE CCC) Immediate Need Mutual Aid – RDMHC via MHOAC (ALS/BLS)

(WITHIN CCC) All Zone Providers (BLS)

EMS Helicopter Providers

Request(s) for EMS resources should be made through requesting agency’s normal ordering process.

Police Field → Fire Field → Ambulance Field
MCI Communications Plan

CCRFCC (or) SRVFD

Medical Group Supervisor or Transport Unit Leader

EMSOACC (Sheriff’s Dispatch)

Reddinet