Agenda

4:00 p.m. 1. Introduction of Members and Guests

4:05 2. Approval of Minutes

4:06 3. Comments from the Public
   Members of the public may speak up to 3 minutes each on matters not on this agenda

4:09 4. Chair’s Report
   Ellen Leng, MD, EMCC Chair, Emergency Department Physicians Representative

4:12 5. Members’ Reports
   Any EMCC member may give a brief report or update

4:15 6. Brown Act
   Lauren Kovaleff, Assistant EMS Director

4:18 7. DRAFT Bylaws
   Review and Approval – Allan Tobias, MD, District II Representative

4:23 8. EMCC Annual Report Review - Approval
   Approval – Lauren Kovaleff, Assistant EMS Director

4:28 9. EMS System Plan – Draft 06/07 Priorities
   Review and Approval – Lauren Kovaleff, Assistant EMS Director

4:33 10. Multi Casuality Incident Plan
   Review and Approval – Tim Hennessey, Communications Center Managers’ Association Representative

4:48 11. Psychiatric Holds in the Hospital
   Suzanne Tavano, Chief of Mental Health Clinical Operations

5:03 12. Doctors Medical Center Status
   Gisella Hernández, Community Relations Manager

5:18 13. EMS Director’s Report
   Art Lathrop, EMS Director

5:24 14. EMS Medical Director’s Report
   Joseph Barger, MD, EMS Medical Director

5:29 15. Agenda Items for Next Meeting – March 14, 2006

5:30 16. Adjournment

Reasonable accommodations can be made for persons with disabilities planning to attend the EMCC Meeting by contacting EMS Staff at least 24 hours in advance at (925) 646-4690.
Meeting was called to order by Chair Leng at 4:00 p.m.

I. Introduction of Members and Guests
   Attendees made self-introductions.

II. Approval of Minutes
   M/S/C (Tobias/Altabet) to approve minutes of the June 2006 meeting.

III. Comments from the Public
   Member Mueller shared that AMR has recently moved into its new Contra Costa County Operations Center (located at 5151 Port Chicago Highway, Concord; phone: 1-888-267-6597). She had fliers outlining the center’s enhancements and listing contact numbers available. An open house and tours are scheduled in the coming months.

   Member Fay reported that CALSTAR will be opening an new operating base at the Nut Tree in Vacaville, which will serve as backup to Contra Costa County. The target date for opening the base is the first of October.
IV. Chair’s Report
Chair Leng indicated that her reporting will be covered in several of the agenda items.

V. Members’ Reports
There were no reports.

VI. DRAFT Bylaws Update
First Vice Chair Tobias reported that as the Draft Bylaws were not distributed in time to meet Bylaw requirements, a vote will be taken at the December meeting. The Draft Bylaws were distributed and First Vice Chair Tobias noted that the major changes are:
- Two-year terms for officers
- Attendance notification requirements

Chair Leng thanked First Vice Chair Tobias and the Bylaw Committee for all their work.

VII. DRAFT California EMS System Standards and Guidelines
Member Lathrop shared that the State EMS Authority has recently released a Pre-public Comment Draft of Revised System Standards and Guidelines (copies of which were made available to interested Committee members). EMS staff has reviewed the document in detail. The document was discussed at a recent State EMS Administrators’ meeting and the consensus was:
- The draft contains numerous standards for EMS agencies around hospital regulations, over which EMS agencies have no statutory authority.
- There was an onerous amount of required annual reporting (an 80% increase).

The State EMS Authority concurs that more work is needed on the draft prior to its release for public comment.

VIII. EMS System Plan – 06-/07 Priorities
Staff Kovaleff distributed copies of the plan objectives and indicated that this item would be voted on at the December meeting. Committee Members should contact Staff Kovaleff if they have questions. The document will also be distributed via e-mail to Committee Members.

IX. Family and Human Services on CPR
First Vice Chair Tobias reported that EMCC members met with the Family and Human Services Committee in an effort to secure assistance from the Board of Supervisors (BOS) to increase community CPR training. A copy of a report which Member Lathrop developed and presented was distributed. The outcome of the meeting was that although the BOS is not currently in a position to offer financial support, the Health Services Department will make information on CPR Training opportunities available on the County website and Contra Costa Television. First Vice Chair Tobias also reported that as of July 1, 2007 a new Health and Safety Code will go into effect requires all gyms, fitness and health clubs to have AEDs.

Member Lathrop applauded Member Talavera and First Vice Chair Tobias for their effort to initiate a free mass CPR training program in Contra Costa County. He also commented that AMR actually provided 30 free classes this past year.
X. **Doctors Medical Center Status**

**Dr. John Rampulla**, Director of ER for Doctors Medical Center, reported the following:

- Basically, there are not sufficient funds to cover payroll for this pay period.
- The ED is currently closed to ambulances but still accepts walk-in patients.
- Meetings with Doctors Medical Center administration and its Board, the Board of Supervisors, and Kaiser have been taking place.
- A Hospital Board meeting is scheduled for tonight. The agenda includes:
  - Request for authorization to close the Pinole Campus and OB unit.
  - Nurse and staff wage reduction.
  - Permission to file for Chapter 9 Bankruptcy.
  - Permission to change the level of the ED from Basic Emergency Status to urgent care center.
- If no financing is received from the County, the State, Kaiser, or other source within the next 24 hours Doctors may need to request a loan on accounts receivable. A bridge loan based on accounts receivable would mean that Doctors would most likely be closing within the next month.

**Chair Leng** noted that the EMCC has been monitoring the possible closing of Doctors Medical Center for the past two years. **Chair Leng** stated that there have been seven hospital closures in the State over the past two years and believes that there is little hope that local legislatures would be willing or able to apply sufficient political pressure to save Doctors.

**Member Lathrop** stated that when EMS became aware of the situation at Doctors he contacted Kaiser Richmond and they agreed not to go on ambulance diversion until further notice. AMR was then notified and immediately put additional ambulance units on in West County. At this point all hospitals within our EMS system have been advised that they cannot go on diversion until further notice. EMS is currently monitoring ambulance transports in West County, based on information supplied by AMR on a daily basis. Kaiser Richmond has committed to handling an additional load. **Member Lathrop** commented that for the short-term the situation appears to be manageable. He reminded the Committee that two years ago Abaris was commissioned to do a study of the potential impact of the closure of Doctors San Pablo. The report warned of notable impact on in-patient and ICU care, especially during winter when all hospitals are at ICU capacity. **Member Lathrop** concluded that the closure of Doctors will have a devastating effect on what is a large, low-income community and that this is a reflection on the current state of health care.

**Member Mueller**, on behalf of AMR, reported that AMR had done advance planning in consideration of a possible closure. Prior to September 11th, there were about 30 9-1-1 calls placed per day in the Richmond/El Cerrito/San Pablo/Kensington area. The distribution of destinations was approximately: 55% to Doctors San Pablo; 24% to Kaiser Richmond; 11% to Contra Costa Regional Medical Center, and; the remainder to a variety of other hospitals. AMR staff was advised to encourage Kaiser patients to go to Kaiser, and non-Kaiser patients to go elsewhere. **Member Mueller** reminded the EMCC that Policy 9 requires AMR to ask patients where they would like to go. Though many patients have been requesting to stay local, AMR has been fairly successful at spreading out the destination hospitals. Unit hours are being added, but at a high cost. AMR is working closely with EMS to project what the impact is going to be on time-on-task and patient care. AMR is also concerned about the cost of readiness.
She noted that further transport and heavy traffic could turn many Code 2 patients into Code 3 patients and that this possibility should be considered.

**Chair Leng** commented that an important role of the EMCC will be to keep the community updated as to where they can seek care should the hospital close. She commented that the Richmond Health Care Center pick up some of the ED patients.

**XI. Disaster Planning and Exercises**

**Staff Guerra** reported, on behalf of the Hospital Disaster Forum, the following:

- Over the last four years we have received $800,000 in HRSA Grants. A subcommittee of the Forum will be meeting to make spending recommendations for the upcoming Year 5 application. The emphasis this year will be training and exercising.
- Part of the funds have been expended to develop a web portal listing all the HRSA equipment. The idea is that during an emergency members of the Forum could view what inventory might be available from another hospital or clinic.
- The Golden Guardian exercise is scheduled for November 15th. It is designed to see how Federal, State, and local government interface during an emergency. The objective is on corrective activities.

In response to a question regarding interface between fire and law enforcement agencies, **Member Hoffman** shared that the Sheriff’s Department just completed the Urban Area Strategic Interoperability Initiative exercise and they were able to validate their ability to communicate at inter-operative levels between the agencies. They are in Year 4 of a 5-year plan and part of the plan includes purchasing a radio system, at a cost of $60 million, to support the infrastructure.

**XII. Electronic Patient Care Report System – Fire Agencies**

This topic has been moved to the December meeting.

**XIII. EMS Director’s Report**

**Member Lathrop** commented that over the past years there have been complaints from two Walnut Creek residents regarding siren noise. EMS is working with AMR to minimize that noise. There are national standards in place regarding the use of Code 3 (sirens) and Contra Costa County conforms to those standards.

**Staff Kovaleff** reported that seat nominations are due soon and asked members present to be sure to let their nominating group know if they are interested in continuing to serve on the EMCC.

**XIII. EMS Medical Director’s Report**

**Member Barger** reported on updated Prehospital policies and procedures.

**XIV. Agenda Items for Next Meeting – September 13, 2006**

- Doctors Medical Center Status
- MCI Plan – **Member Altabet**
- 5150 – **Member Freitas** (Invite County Mental Health staff to speak)
If anyone has any additional items to be placed on the agenda for the next meeting, contact the EMS office.

XV. **Adjournment**
Chair Leng recognized Member Flamm-McClane for her many years of service to the EMCC. She also thanked Tim Hennessy for his contribution to the Multi-Casualty Incident Plan development.

M/S/C (Tobias/Lee) to adjourn at 5:32 p.m.

Respectfully submitted,

EMCC Secretary
Emergency Medical Care Committee

BY-LAWS - DRAFT

MISSION STATEMENT

The goal of the Emergency Medical Care Committee (EMCC) is to assure the availability of an effective and efficient emergency medical services system that provides consistent, high quality emergency medical services to all people in Contra Costa County. The EMCC advocates Emergency Medical Services (EMS) system fiscal stability, provides a means for community involvement in defining levels of EMS, and promotes a system that can withstand future challenges and thrive. The EMCC provides the Board of Supervisors, under which it serves, and the Health Services Director with advice and recommendations on EMS system planning and oversight.

I. AUTHORITY.

The Contra Costa County Board of Supervisors, established the Contra Costa County EMCC (Resolutions 68/404, 77/637, 79/460 and by Board Order on February 24, 1998), in accordance with the California Health and Safety Code Division 2.5, Chapter 4, Article 3, to act in an advisory capacity to the Board and the County Health Services Director on matters relating to emergency medical services.

II. DUTIES.

A. The duties of the EMCC as specified in the California Health and Safety Code Section 1797.274 and 1797.276 are to review the operations of each of the following at least annually:
   1. Ambulance services operating within the county.
   2. Emergency medical care offered within the county, including programs for training large numbers of people in cardiopulmonary resuscitation and lifesaving first aid techniques.
   3. First aid practices in the county.

B. The EMCC shall, at least annually, report to the Authority, and the local EMS Agency its observations and recommendations relative to its review of the ambulance services' emergency medical care, and first aid practices, and programs for training people in cardiopulmonary resuscitation and lifesaving first aid techniques, and public participation in such programs in the county. The EMCC shall submit its observations and recommendations to the County Board of Supervisors which it serves and shall act in an advisory capacity to the County Board of Supervisors, and to the County EMS Agency, on all matters relating to emergency medical services as directed by the Board.

III. MEMBERSHIP.

A. Membership of the EMCC shall consist of the following:
   1. Consumer representatives - One representative and one alternate representative from each supervisorial district approved by the Board of Supervisors.
   2. One representative and one alternate representative from each of the following organizations or groups approved by the Board of Supervisors:
      a. Alameda-Contra Costa Medical Association
      b. American Heart Association
      c. American Red Cross
      d. California Highway Patrol
      e. Communications Center Managers' Association
      f. Contra Costa Fire Chiefs' Association
      g. Contra Costa Police Chiefs' Association
      h. Emergency Nurses Association
      i. Hospital Council, Bay Area Division
      j. Public Managers' Association
k. Trauma Center (Contra Costa Contract)
l. Contra Costa Sheriff-Coroner
m. Contra Costa Health Services
n. Community Awareness and Emergency Response – CAER
3. One representative and one alternate representative of each of the following groups nominated by the Health Services Director and approved by the Board of Supervisors:
a. Ambulance Providers (Contra Costa Contract)
b. Air Medical Transportation Provider (Contra Costa Authorized)
c. Base Hospital
d. Emergency Department Physicians
e. EMS Training Institution
f. Private Provider Field Paramedic
g. Public Provider Field Paramedic
4. Existing membership-elected EMCC Officers for the remainder of their terms.

B. The EMS Director shall serve as an ex officio member.

IV. APPOINTMENT PROCESS

A. The EMS Agency will contact each of the agencies, organizations and groups listed in Section A, above, to solicit nominations for one representative and one alternate representative prior to the expiration of its representative's and its alternate representative's term.
B. The nominations received from Sections 3.A.1-2 will be submitted to the Clerk of the Board for the Board of Supervisors’ consideration and approval.
C. The Health Services Director will consider suggested names received from Section 3.A.3. and will provide nominations for these groups for the Board of Supervisors’ consideration and approval.

V. TERMS.

A. EMCC members shall serve for terms not to exceed two years, and elected officers shall remain members of the EMCC for the balance of their terms in office. All terms will expire on November 30th on even-numbered years. There shall be no limit on the number of consecutive terms that an EMCC member may serve.
B. Any Board-appointed member or alternate member choosing to resign from the EMCC must submit a written letter of resignation to the Clerk of the Board of Supervisors with copy to the EMCC Chair.
C. The EMS Agency will follow the initial appointment procedure to fill a position for the remainder of a term when there is a resignation or lack of participation.

VI. OFFICERS.

A. The officers of the EMCC shall be a Chair, First Vice-Chair, and Second Vice-Chair.
B. Officers shall be elected by the EMCC membership to serve for two years or until their successors are elected. The term will begin on December 1st and terminate on November 30th of odd-numbered years.
C. Officers may not be elected for more than two consecutive terms in the same office.
D. In the event of an officer vacancy, the next Vice Chair moves up to the vacant position. In the event of a vacancy of the Second Vice Chair position, the Chair may appoint a member of the EMCC to serve as Second Vice Chair for the remainder of the officer term, subject to an affirmative vote of the EMCC.

VII. DUTIES OF OFFICERS.

A. The Chair shall preside over all meetings of the EMCC in addition to serving as the Chair of the Executive Committee. The Chair will be a spokesperson for the EMCC and assure that the EMCC
is informed about County emergency medical services issues and needs.

B. The First Vice-Chair shall assume the duties of Chair in the absence of the Chair and shall render assistance as requested by the Chair. The First Vice-Chair shall also serve as a member of the Executive Committee.

C. The Second Vice-Chair shall assume the duties of Chair in the absence of the First Vice-Chair and shall render assistance as requested by the Chair or First Vice-Chair. The Second Vice-Chair shall serve as a member of the Executive Committee.

D. In the absence of the Chair and Vice-Chairs, one of the two non-officer Executive Committee Members shall preside.

VIII. EXECUTIVE COMMITTEE

A. The Executive Committee is established to conduct the business of the EMCC between regular meetings and shall be composed of the:

1. EMCC Chair
2. EMCC First Vice-Chair
3. EMCC Second Vice-Chair
4. Two non-officer EMCC members

B. EMCC members elected to the Executive Committee will serve for two years or until their successors are elected. The term will begin December 1st, and terminate on November 30th of odd-numbered years. Executive Committee members may be elected to consecutive terms.

C. At least one member of the Executive Committee shall be a Citizen/Consumer.

D. The Executive Committee shall be subject to the orders of the EMCC and none of its acts shall conflict with action or directions of the EMCC.

E. The Executive Committee shall meet at the call of the Chair, or at the request of a majority of the members of the Executive Committee.

F. Whenever issues arise requiring the attention of the EMCC before its next regularly scheduled meeting, the Executive Committee shall be empowered to meet and take whatever action is considered appropriate. It will be the responsibility of the Chair to assure that all Executive Board members are notified of such meetings.

G. Whenever issues must be voted on at Executive Committee meetings in which other EMCC members are in attendance, the voting shall be limited to Executive Committee members.

IX. OFFICER AND EXECUTIVE COMMITTEE SELECTION

A. The EMCC Chair shall appoint a three-member nominating committee from the membership prior to the June EMCC meeting of odd-numbered years. This committee shall solicit one or more names for each office. The ballot shall be presented at the June meeting, at which time nominations from the floor may be added to the slate. If there are no additions to the slate from the floor and there is a single nomination for each of the Officers, the Chair may call for a vote at the June meeting.

B. The election of Officers and the two non-officer members of the Executive Committee will be carried out by mail ballot of members if there is more than one nomination for any of the positions. Results of any mail ballot elections will be announced at the September EMCC meeting.

C. Nominations and election of the two non-officer Executive Committee members will be handled in the same manner as the nomination of EMCC officers.

D. Whenever a vacancy occurs on the Executive Committee, the Chair shall appoint an EMCC member to fill the vacant position to complete the remainder of the existing term subject to an affirmative vote of the EMCC.

X. MEETINGS.
A. Regular meetings of the EMCC shall be held at least four times per year or more often as deemed necessary. Meetings will convene at 4:00 pm on the second Wednesday of March, June, September, and December unless otherwise directed by the EMCC or its Executive Committee.

B. The EMCC Chair may call special meetings as deemed necessary upon ten days prior written notification.

C. A quorum for the EMCC shall consist of all members (or their alternates) who are present.

D. Staff support for the EMCC will be provided by the County Emergency Medical Services Agency.

XI. ATTENDANCE.

A. EMCC members or their alternate members shall attend EMCC meetings.

B. Whenever a member, or his or her alternate, does not attend three consecutive, regularly scheduled meetings, the Chair of the EMCC may notify the appointing agency/organization of the absences.

XII. VOTING.

A. All motions placed before the EMCC shall be approved or disproved by the majority of members present and voting.

B. An alternate for a member shall have full voting rights in the absence of the appointed member.

C. The EMCC member, or in his or her absence, the alternate member, for each of the groups and agencies identified in Section III, above shall have the right to vote on any motion.

XIII. AD HOC COMMITTEES.

A. The EMCC membership may appoint ad hoc committees to address EMS related matters.

B. The EMCC Chair shall appoint chairs and members of any ad hoc committees.

C. Ad hoc committee members must be members or alternate members of the EMCC.

D. The EMCC Chair shall be ex officio, a member of all ad hoc committees.

E. Ad hoc committees shall meet at the call of the ad hoc committee Chair.

F. Members present shall constitute a quorum.

G. EMS Agency shall provide a staff member to attend each ad hoc committee meeting.

IVX. BROWN ACT AND BETTER GOVERNMENT ORDINANCE.

County advisory bodies are subject to both the Ralph M. Brown Act (Government Code, sections 54950 et. seq.) and the County’s expanded open meeting law, the Better Government Ordinance (Contra Costa County Code, Chapter 25-2.)

VX. PARLIAMENTARY AUTHORITY.

All proceedings of the EMCC and its ad hoc committees shall be conducted in a free and open manner. Upon the request of any three members of the EMCC or at the discretion of the Chair, parliamentary procedure as specified in Robert's Rules of Order will be followed provided they do not otherwise conflict with these by-laws.

VXI. AMENDMENT.

These by-laws may be amended by a two-thirds vote at any regularly scheduled meeting of the EMCC provided that the amendment has been submitted in writing to all members ten (10) working days prior to the meeting.
Contra Costa County
EMERGENCY MEDICAL CARE COMMITTEE
DRAFT
Annual Report for 2006

Advisory Body Name: Emergency Medical Care Committee (EMCC)

Advisory Body Meeting Time/Location: 4 p.m. - 5:30 p.m. on the second Wednesday of March, June, September, and December. Meetings are held at the Contra Costa County Schools Insurance Group Conference Room in Pleasant Hill.

Chair: Ellen Leng, MD

Staff person: Lauren Kovaleff, Health Services EMS

Reporting Period: December 1, 2005 - November 30, 2006

I. Activities:

The EMCC, over the four (4) meetings in the past year, was involved in or kept its membership informed in the following areas:

▪ Status of Doctors San Pablo Medical Center.
▪ Implementation of a restructured paramedic and emergency ambulance services delivery system.
▪ Emergency medical care and first aid practices, including the education of people about the benefits of cardiopulmonary resuscitation, public access defibrillation and lifesaving first aid techniques.
▪ EMCC’s Public Information and Education Subcommittee
▪ Public Access Defibrillation programs
▪ EMS System review and planning process
▪ Emergency ambulance services contract implementation process
▪ Psychiatric holds process in emergency departments
▪ First Responder Paramedic programs
▪ Prehospital personnel standards, protocols and policies
▪ Health Services disaster and bioterrorism preparedness efforts
▪ ReddiNet - EMS/hospital communications system
▪ DMAT (Disaster Management Assistance Team) CA-6 activities
▪ EMS committee activities including the Facilities and Critical Care Committee, the EMS Medical Advisory Committee and EMS Hospital Disaster Forum.
▪ Emergency Department Diversion

II. Accomplishments

The EMCC members provided information, input and feedback during the ongoing implementation of the restructured EMS paramedic and emergency ambulance services delivery system.

The EMCC’s Public Information and Education Subcommittee met with the Board of Supervisors’ Family and Human Services Committee regarding methods for providing CPR training for the public.

At the request of the Emergency Medical Care Committee, a new procedure including written agreements and a training program are being finalized which will allow emergency department physicians to place psychiatric holds on patients as indicated.

The EMCC sent a letter in support of Doctors Medical Center to CMAC in its efforts to obtain funding to keep the hospital open.
III. Attendance/Representation

The EMCC is a multidisciplinary committee with membership consisting of representation of specific EMS stakeholder groups and organizations plus one consumer member and one alternate nominated by each Board of Supervisor member. There are 27 member seats on the EMCC. Six seats were vacant due to no nominee submitted by the American Red Cross, American Heart Association, Contra Costa Police Chief’s Association, Public Managers Association, Private Provider Paramedics, or by Community Awareness and Emergency Response (CAER).

The majority of EMCC representatives or alternates were regular participants. A quorum was achieved at each of the 4 EMCC meetings in the past year.

IV. Training/Certification

Each EMCC representative and alternate representative was given a copy of the Advisory Body Handbook and copies of the “The Brown Act and Better Government Ordinance - What you Need to Know as a Commission, Board or Committee Member” and Ethics Orientation for County Officials” videotapes during their 2-year term. Responsibilities of County Boards were discussed including the responsibility to view the videotapes and submit signed certifications. Certification forms have been received from 20 of 24 of the representatives and 7 of 12 alternates. Two certifications are attached, the rest having been submitted last year.

V. Proposed Work Plan/Objectives for Next Year

Report to the local EMS Agency its observations and recommendations relative to its review of:

- Continued implementation of a restructured paramedic and emergency ambulance services delivery system.
- West County Hospital services availability
- Emergency medical care and first aid practices, including the education of people about the benefits of cardiopulmonary resuscitation and public access defibrillation.
- Disaster planning including communications capabilities, pandemic flu and other health related issues.
- A new multicasualty incident plan for Contra Costa County.
- Implementation of the new 5150 training and review process
To: Clerk of the Board’s Office
From: Lauren Kovaleff
EMS Asst. Director/EMCC Staff Support
Subj: Contra Costa Emergency Medical Care Committee (EMCC) - Annual Report for 2005

The Contra Costa County Emergency Medical Care Committee (EMCC) Annual Report for 2005 is being submitted to the Board of Supervisors as required by Contra Costa Board of Supervisors Resolution no. 2002/377.

If you have any questions or require additional information, please call me.
## FOLLOW UP AND OBJECTIVES FOR 06/07 SYSTEM PLAN UPDATE

### TIMELINE/ACTIONS TO BE ADDRESSED

All State standards have been met. We plan to address or reassess the following objectives.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Meets State Standard</th>
<th>Objective</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.01</td>
<td>LEMSA Structure</td>
<td>Yes</td>
<td>Continue to recruit additional staff to work with the expanding first responder paramedic program.</td>
</tr>
<tr>
<td>1.15</td>
<td>Compliance With System Policies</td>
<td>Yes</td>
<td>Review and update local ambulance ordinance.</td>
</tr>
<tr>
<td>1.18</td>
<td>QA/QI</td>
<td>Yes</td>
<td>Expand current QI committee to include representatives from all EMS and dispatch providers. Further develop and implement electronic capture of patient care data within the fire agencies. Further integrate electronic data to provide expanded capability for EMS system evaluation.</td>
</tr>
<tr>
<td>1.27</td>
<td>Pediatric System Plan</td>
<td>Yes</td>
<td>Evaluate current pediatric system plan and make changes if indicated. Use “Development and Implementation of EMSC, a Step by Step Approach” as a resource.</td>
</tr>
<tr>
<td>2.01</td>
<td>Assessment of Needs</td>
<td>Yes</td>
<td>Further develop and implement fire/EMS Training Consortium projects.</td>
</tr>
<tr>
<td>2.05</td>
<td>First Responder Training</td>
<td>Yes</td>
<td>Further develop and implement the Fire EMS Training Consortium to develop tools to help standardize training activities.</td>
</tr>
<tr>
<td>2.06</td>
<td>Response</td>
<td>Yes</td>
<td>Work with interested fire first responder agencies to increase numbers of paramedics on first-response units.</td>
</tr>
<tr>
<td>5.05</td>
<td>Mass Casualty Management</td>
<td>Yes</td>
<td>Complete work on surge capacities for hospitals.</td>
</tr>
<tr>
<td>5.10</td>
<td>Pediatric System Design</td>
<td>Yes</td>
<td>Participate in addressing regional planning efforts.</td>
</tr>
<tr>
<td>6.01</td>
<td>QA/QI Program</td>
<td>Yes</td>
<td>Request EMS provider agencies to submit QI Plans for approval by the local EMS Agency pursuant to Title 22, Chapter 12. (Directed by EMSA as part of it’s review of CCC EMS System Plan)</td>
</tr>
<tr>
<td>6.02</td>
<td>Prehospital Records</td>
<td>Yes</td>
<td>Implement an electronic record and data collection system in fire services countywide.</td>
</tr>
<tr>
<td>6.03</td>
<td>Prehospital Care Audits</td>
<td>Yes</td>
<td>Complete a plan for routine and special audits</td>
</tr>
<tr>
<td>6.05</td>
<td>Data Management System</td>
<td>Yes</td>
<td>Continue to work on implementation of an integrated data management system.</td>
</tr>
<tr>
<td>6.09</td>
<td>ALS Audit</td>
<td>Yes</td>
<td>Continue to work on integrating first responder and receiving hospital data.</td>
</tr>
<tr>
<td>7.04</td>
<td>First Aid and CPR Training</td>
<td>Yes</td>
<td>Work with the local private emergency ambulance provider to develop a countywide CPR training project.</td>
</tr>
<tr>
<td>8.02</td>
<td>Response Plans</td>
<td>Yes</td>
<td>Complete the review and revision of the current local MCI plan to assure that the broadest possible scope of response possibilities is covered.</td>
</tr>
<tr>
<td>8.13</td>
<td>Disaster Medical Training</td>
<td>Yes</td>
<td>EMS Agency staff is required to successfully complete the National Incident Management system (NIMS) Training courses IS-00100, IS-00200, IS-00700.</td>
</tr>
<tr>
<td>8.15</td>
<td>Inter-hospital Communications</td>
<td>Yes</td>
<td>Develop a local ReddiNet polling and status drill procedure with the hospitals.</td>
</tr>
</tbody>
</table>
### SPECIFIC OBJECTIVES

#### Progress From Last Reporting Period – 05/06

<table>
<thead>
<tr>
<th>Standard</th>
<th>Objective</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.01 LEMSA Structure</td>
<td>Recruit additional staff to work with the expanding first responder paramedic program and data management.</td>
<td>Objective not met. Extensive recruitment of staff over past year—permanent positions not filled. Two contract workers are no longer with agency. Recruitment continues.</td>
</tr>
<tr>
<td>1.15 Compliance With System Policies</td>
<td>Review and update local ambulance ordinance.</td>
<td>Objective not met. 2 – 3 year project</td>
</tr>
<tr>
<td>1.18 QA/QI</td>
<td>Expand current QI committee to include representatives from all EMS and dispatch providers. Further develop and implement electronic capture of patient care data within the fire agencies. Further integrate electronic data to provide expanded capability for EMS system evaluation.</td>
<td>Objective partially met. Basic Initial QI Committee continues to meet, and anticipates that data from all prehospital providers should be available by early 2007, providing a major enhancement for Committee capabilities. Planned membership expansion has not yet occurred. Objective partially met. Electronic PCR and data collection system purchased for all fire first responder agencies. Work being completed on customization of software. Full implementation planned by early 2007. Objective partially met. The groundwork to provide individual provider data linkage is being laid. Initially this will provide response time data, but the addition of patient care data is planned.</td>
</tr>
<tr>
<td>1.22 Reporting of Abuse</td>
<td>Provide special training in abuse recognition and reporting for field personnel.</td>
<td>Objective not met. The local District Attorney's office applied for but was unable to obtain the grant necessary to fund the program.</td>
</tr>
<tr>
<td>1.27 Pediatric System Plan</td>
<td>Evaluate current pediatric system plan and make changes if indicated.</td>
<td>Objective partially met. 1-2 year project Local EMS staff is working with staff in nearby counties to look at ways to regionalize some services.</td>
</tr>
<tr>
<td>2.05 First Responder Training</td>
<td>Review the first responder master plan and update if necessary in light of the EMS system redesign process.</td>
<td>Objective partially met. EMS staff is supporting a Fire EMS Training Consortium that is working to establish EMS training standards and capabilities for use in fire agencies in the County. A human simulator has been purchased to enhance the training capabilities.</td>
</tr>
<tr>
<td>2.06 Response</td>
<td>Work with interested fire first responder agencies to increase numbers of paramedics on first-response units.</td>
<td>Objective partially met. 2 – 3 year project. The number of fire first responder paramedic units planned is 48 throughout the county. This number has increased from 31 to 38 fire first responder paramedic units during the past year.</td>
</tr>
<tr>
<td>3.05 Hospitals</td>
<td>Assure that emergency department, dispatch and EMS staff are trained and are familiar with the upgraded ReddiNet system when installed.</td>
<td>Objective met. Upgraded ReddiNet system installed in hospitals, ambulance dispatch centers, Sheriff's Communications, and EMS Agency office. A number of training opportunities were made available to all participants.</td>
</tr>
<tr>
<td>Section</td>
<td>Objective</td>
<td>Status</td>
</tr>
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<td>---------</td>
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<td>--------</td>
</tr>
<tr>
<td>4.10</td>
<td>Aircraft Availability</td>
<td>Yes</td>
</tr>
<tr>
<td>6.03</td>
<td>Prehospital Care Audits</td>
<td>Yes</td>
</tr>
<tr>
<td>6.05</td>
<td>Data Management System</td>
<td>Yes</td>
</tr>
<tr>
<td>6.09</td>
<td>ALS Audit</td>
<td>Yes</td>
</tr>
<tr>
<td>7.02</td>
<td>Injury Control</td>
<td>Yes</td>
</tr>
<tr>
<td>7.04</td>
<td>First Aid and CPR Training</td>
<td>Yes</td>
</tr>
<tr>
<td>8.02</td>
<td>Response Plans</td>
<td>Yes</td>
</tr>
<tr>
<td>8.15</td>
<td>Inter-hospital Communications</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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 the Sheriff’s Communications Center;
   c. A supervisor from the Contra Costa Regional Fire Communications Center;
   d. Director of the 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 may 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.
## Definitions

<table>
<thead>
<tr>
<th>Tier Zero Multi-Casualty Incident</th>
<th>Tier One Multi-Casualty Incident</th>
<th>Tier Two Multi-Casualty Incident</th>
<th>Tier Three Multi-Casualty Incident</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, 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).</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 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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

## Examples

<table>
<thead>
<tr>
<th>Tier Zero Multi-Casualty Incident</th>
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<th>Tier Two Multi-Casualty Incident</th>
<th>Tier Three Multi-Casualty Incident</th>
</tr>
</thead>
<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 at Buchanan Field; 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 a 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>Tier Zero Multi-Casualty Incident</th>
<th>Tier One Multi-Casualty Incident</th>
<th>Tier Two Multi-Casualty Incident</th>
<th>Tier Three Multi-Casualty Incident</th>
</tr>
</thead>
</table>
| 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

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

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

### Permitted Non-Emergency Ambulance Provider Responsibilities

<table>
<thead>
<tr>
<th>Tier Zero Multi-Casualty Incident</th>
<th>Tier One Multi-Casualty Incident</th>
<th>Tier Two Multi-Casualty Incident</th>
<th>Tier Three Multi-Casualty Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
<td>• Assess capability to respond to requests from EMSOACC or EMS Agency</td>
<td>• Assess capability to respond to requests from EMSOACC or EMS Agency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Respond to incident only when requested</td>
<td>• Respond to incident only when requested</td>
</tr>
</tbody>
</table>
### EMS Helicopter Provider Responsibilities

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

<table>
<thead>
<tr>
<th>Tier Zero Multi-Casualty Incident</th>
<th>Tier One Multi-Casualty Incident</th>
<th>Tier Two Multi-Casualty Incident</th>
<th>Tier Three Multi-Casualty Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish IC – (Consider Unified Command)</td>
<td>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.</td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td>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.</td>
<td></td>
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</tr>
</tbody>
</table>
## Fire Communications Center Responsibilities

<table>
<thead>
<tr>
<th>Tier Zero Multi-Casualty Incident</th>
<th>Tier One Multi-Casualty Incident</th>
<th>Tier Two Multi-Casualty Incident</th>
<th>Tier Three Multi-Casualty Incident</th>
</tr>
</thead>
</table>
| • 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

<table>
<thead>
<tr>
<th>Tier Zero Multi-Casualty Incident</th>
<th>Tier One Multi-Casualty Incident</th>
<th>Tier Two Multi-Casualty Incident</th>
<th>Tier Three Multi-Casualty Incident</th>
</tr>
</thead>
</table>
| • 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

<table>
<thead>
<tr>
<th>Tier Zero Multi-Casualty Incident</th>
<th>Tier One Multi-Casualty Incident</th>
<th>Tier Two Multi-Casualty Incident</th>
<th>Tier Three Multi-Casualty Incident</th>
</tr>
</thead>
</table>
| • 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

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

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

Emergency Ambulance Zone Providers may muster company resources from adjacent counties and include them in their count of available resources. The EAZP shall advise the EMSOACC how many of their total available resources are coming from each adjacent county.

If 6 or more total transport resources requested, or Tier 2 or Tier 3 MCI, order referred to EMSOACC.

EMSOACC fills order using first operational area resources, then adjoining county resources, then region resources.

Request for EMS resource made through agency’s normal ordering process.

Immediate Need Mutual Aid – RDMHC via MHOACC
Initial Response Mutual Aid – Adjacent Counties
All Zone Providers
EMS Helicopter Providers

Law Comm Center
Fire Comm Center
EMSOACC
EMS Helicopter Providers
Zone Provider Comm Center

Police – Field
Fire – Field
Ambulance – Field
## Communications Overview (see Annexes for additional Communications Information)

<table>
<thead>
<tr>
<th></th>
<th>Tier Zero Multi-Casualty Incident</th>
<th>Tier One Multi-Casualty Incident</th>
<th>Tier Two Multi-Casualty Incident</th>
<th>Tier Three Multi-Casualty Incident</th>
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</thead>
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<tr>
<td><strong>Law – Tactical</strong></td>
<td>Jurisdictional Law Agency Tactical Channel(s)</td>
<td>Jurisdictional Law Agency Tactical Channel(s)</td>
<td>Jurisdictional Law Agency Tactical Channel(s)</td>
<td>Jurisdictional Law Agency Tactical Channel(s)</td>
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<td><strong>Fire – Dispatch and Resource Requests</strong></td>
<td>Jurisdictional Fire Agency Primary Channel</td>
<td>Jurisdictional Fire Agency Primary Channel</td>
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<td><strong>EMS – Dispatch and Resource Requests</strong></td>
<td>EMS Dispatch Channels and/or Jurisdictional Fire Agency Primary Channel</td>
<td>EMS Dispatch Channels and/or Jurisdictional Fire Agency Primary Channel</td>
<td>EMS Dispatch Channels and/or Jurisdictional Fire Agency Primary Channel</td>
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<td><strong>EMS – Tactical</strong></td>
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<tr>
<td><strong>Command Channel</strong></td>
<td>None. Face-to-Face</td>
<td>None. Face-to-Face</td>
<td>XCC CMD 1 or CONTAC A</td>
<td>XCC CMD 1 or CONTAC A and/or Additional channel(s) patched via interoperability gateway</td>
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<tr>
<td><strong>EMS Resource Coordination</strong></td>
<td>N/A</td>
<td>&lt;6 transport resources: Fire Comm Center to EMS Comm Center</td>
<td>Medical Branch or Transportation Group to EMSOACC on XCC EMS 1</td>
<td>Medical Branch or Transportation Group to EMSOACC on XCC EMS 1</td>
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<td><strong>Ambulance-Hospital Communications</strong></td>
<td>XCC EMS 2 – Central/East XCC EMS 3 – South XCC EMS 4 - West</td>
<td>XCC EMS 2 – Central/East XCC EMS 3 – South XCC EMS 4 - West</td>
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<td><strong>Air-to-Ground/ Helispot Coordination</strong></td>
<td>CALCORD</td>
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<td><strong>Air-to-Air</strong></td>
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Patient Transportation Record
*To be completed by the person responsible for documenting patient transports.*

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<td>AMR</td>
<td>American Medical Response</td>
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<td>BC</td>
<td>Battalion Chief</td>
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<td>Comm</td>
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<td>Sheriff’s Communications</td>
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<tr>
<td>CON Fire</td>
<td>Contra Costa County Fire Protection District</td>
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<tr>
<td>Departmental Operations Center (DOC)</td>
<td>An emergency operations center used by specific departments of government for emergency response coordination.</td>
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<tr>
<td>EMS</td>
<td>Emergency Medical Services</td>
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<tr>
<td>EMSOACC</td>
<td>Emergency Medical Services Operational Area Communications Center</td>
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<td>FOG</td>
<td>Field Operations Guide – published by FIRESCOPE</td>
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<tr>
<td>IC</td>
<td>Incident Commander</td>
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<tr>
<td>ICS</td>
<td>Incident Command System</td>
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<tr>
<td>IRIS</td>
<td>Incident Response Information System (Health Services)</td>
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<td>MAMFF</td>
<td>Mutual Aid Mobile Field Force</td>
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<tr>
<td>MCI</td>
<td>Multi-Casualty Incident</td>
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<td>MGMT</td>
<td>Management</td>
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<td>MOFD</td>
<td>Moraga-Orinda Fire Protection District</td>
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<td>NIMS</td>
<td>National Incident Management System</td>
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<td>OES</td>
<td>Office of Emergency Service</td>
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<tr>
<td>Operational Area</td>
<td>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.</td>
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<td>PCR</td>
<td>Patient Care Report</td>
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<td>REDDINet</td>
<td>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.</td>
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<tr>
<td>Single Point Ordering</td>
<td>The incident management concept that field personnel have a single point of contact for ordering resources needed for management of the incident</td>
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<td>SITSTAT</td>
<td>Situation Status Report</td>
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<tr>
<td>SRVFPD</td>
<td>San Ramon Valley Fire Protection District</td>
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<tr>
<td>START</td>
<td>Simple Triage and Rapid Transport</td>
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<tr>
<td>Unified Command</td>
<td>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.</td>
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<td>WMD</td>
<td>Weapon of Mass Destruction</td>
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</tbody>
</table>
Appendix A: ICS POSITION CHECKLISTS
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 Heli bases
  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:
   - Command Net (monitor and use with Director and peers)
   - Tactical Net (monitor and use with subordinates)
   - 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:
  - _________ Command Net (monitor, use as last resort)
  - _________ 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:
  - Job assignment, e.g., Strike Team designation, overhead position, etc.
  - Resource order number and request number
  - Reporting location
  - Reporting time
  - Travel instructions
  - Any special communications instructions, e.g., travel frequency
- Upon arrival at the incident, check in at designated Check-in location.
  - Incident Command Post
  - Base or Camps
  - Staging Areas
  - Helibases
  - 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:
  - Job assignment, e.g., Strike Team designation, overhead position, etc.
  - Resource order number and request number
  - Reporting location
  - Reporting time
  - Travel instructions
  - Any special communications instructions, e.g., travel frequency
- Upon arrival at the incident, check in at designated Check-in location.
  - Incident Command Post
  - Base or Camps
  - Staging Areas
  - Helibases
  - 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:
  - Command Net (monitor, use as last resort)
  - Tactical Net (monitor, use with Supervisor, peers, subordinates)
- 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:
  - Job assignment, e.g., Strike Team designation, overhead position, etc.
  - Resource order number and request number
  - Reporting location
  - Reporting time
  - Travel instructions
  - Any special communications instructions, e.g., travel frequency

☐ Upon arrival at the incident, check in at designated Check-in location.
  - Incident Command Post
  - Base or Camps
  - Staging Areas
  - Helibases
  - 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:
  - _______ Command Net (can monitor, use as last resort)
  - _______ 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:
  - ________ Command Net (can monitor, use as last resort)
  - ________ 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:
  ○ Job assignment, e.g., Strike Team designation, overhead position, etc.
  ○ Resource order number and request number
  ○ Reporting location
  ○ Reporting time
  ○ Travel instructions
  ○ Any special communications instructions, e.g., travel frequency

☐ Upon arrival at the incident, check in at designated Check-in location.
  ○ Incident Command Post
  ○ Base or Camps
  ○ Staging Areas
  ○ Helibases
  ○ 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).
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:
  - Job assignment, e.g., Strike Team designation, overhead position, etc.
  - Resource order number and request number
  - Reporting location
  - Reporting time
  - Travel instructions
  - Any special communications instructions, e.g., travel frequency

☐ Upon arrival at the incident, check in at designated Check-in location.
  - Incident Command Post
  - Base or Camps
  - Staging Areas
  - Helibases
  - 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:
  - Command Net (monitor, use as last resort)
  - 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:
  ○ Job assignment, e.g., Strike Team designation, overhead position, etc.
  ○ Resource order number and request number
  ○ Reporting location
  ○ Reporting time
  ○ Travel instructions
  ○ Any special communications instructions, e.g., travel frequency

☐ Upon arrival at the incident, check in at designated Check-in location.
  ○ Incident Command Post
  ○ Base or Camps
  ○ Staging Areas
  ○ Helibases
  ○ 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:
  - ________ Command Net (can monitor, use as last resort)
  - ________ 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)
<table>
<thead>
<tr>
<th>Function</th>
<th>Channel Name/Trunked Radio System Talkgroup</th>
<th>Assignment</th>
<th>RX Freq</th>
<th>N or W</th>
<th>RX Tone/NAC</th>
<th>TX Freq</th>
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<tr>
<td>Repeater</td>
<td>AMR RED</td>
<td>Initial Dispatch</td>
<td>935.6875</td>
<td>W</td>
<td>None</td>
<td>896.6875</td>
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<td>D134</td>
<td>A</td>
<td>AMR Ambulances – Central/East County</td>
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<td>Repeater</td>
<td>AMR GREEN</td>
<td>Initial Dispatch</td>
<td>936.7125</td>
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<td>None</td>
<td>897.7125</td>
<td>W</td>
<td>D134</td>
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<tr>
<td>Repeater</td>
<td>SRM SOUTH</td>
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<td>153.9950</td>
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<td>100.0</td>
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<td>D162</td>
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<td>San Ramon Valley Fire Ambulances</td>
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<tr>
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<td>159.7350</td>
<td>W</td>
<td>156.7</td>
<td>154.2050</td>
<td>W</td>
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<td>Moraga-Orinda Fire Ambulances, CCCFPD (ALS), Pinole (BLS), Rodeo-Hercules (ALS)</td>
</tr>
<tr>
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<td>160.1100</td>
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<td>141.3</td>
<td>151.0250</td>
<td>W</td>
<td>141.3A</td>
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<td>Initial Dispatch</td>
<td>159.6150</td>
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<td>186.2</td>
<td>154.2050</td>
<td>W</td>
<td>186.2A</td>
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<td>CCCFPD (ALS), East Contra Costa (BLS)</td>
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<td>Trunked Talkgroup</td>
<td>RMD FIRE DISP</td>
<td>Initial Dispatch</td>
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<td></td>
<td></td>
<td></td>
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<td>(Richmond 800 MHZ. Trunked Radio System)</td>
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<td>COMMAND NETS:</td>
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<td></td>
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<td></td>
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<td></td>
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<td>XCC CMD 1</td>
<td>Command &amp; General Staff</td>
<td>154.3850</td>
<td>W</td>
<td>136.5</td>
<td>155.8200</td>
<td>W</td>
<td>156.7A</td>
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<tr>
<td>Simplex – B/M</td>
<td>CONTAC A</td>
<td>Command &amp; General Staff</td>
<td>154.3850</td>
<td>W</td>
<td>136.5</td>
<td>154.3850</td>
<td>W</td>
<td>136.5A</td>
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<td>EMS Branch &amp; EMSOACC</td>
<td>488.4375</td>
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<td>136.5</td>
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<td>136.5A</td>
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<td>CCCSO Comm 1 – EMS Operational Area Communications Center</td>
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<td>Repeater</td>
<td>XCC EMS 2</td>
<td>Ambulance &amp; Hospital</td>
<td>488.9125</td>
<td>W</td>
<td>136.5</td>
<td>491.9125</td>
<td>W</td>
<td>136.5A</td>
<td></td>
<td>Ambulance to Hospital – Central/East</td>
</tr>
<tr>
<td>Repeater</td>
<td>XCC EMS 3</td>
<td>Ambulance &amp; Hospital</td>
<td>488.6125</td>
<td>W</td>
<td>136.5</td>
<td>491.6125</td>
<td>W</td>
<td>136.5A</td>
<td></td>
<td>Ambulance to Hospital – South County</td>
</tr>
<tr>
<td>Repeater</td>
<td>XCC EMS 4</td>
<td>Ambulance &amp; Hospital</td>
<td>488.6625</td>
<td>W</td>
<td>136.5</td>
<td>491.6625</td>
<td>W</td>
<td>136.5A</td>
<td></td>
<td>Ambulance to Hospital – West County</td>
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<tr>
<td>AIR-TO-GROUND NET:</td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Simplex – Mo only</td>
<td>CALCORD</td>
<td>EMS Helicopters &amp; Helisports</td>
<td>156.0750</td>
<td>W</td>
<td>None</td>
<td>156.0750</td>
<td>W</td>
<td>None</td>
<td>A</td>
<td></td>
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<tr>
<td>AIR-TO-AIR NET:</td>
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<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Simplex – Aircraft</td>
<td>122.925</td>
<td>All Helicopters in area</td>
<td>122.9250</td>
<td>W</td>
<td>None</td>
<td>122.9250</td>
<td>W</td>
<td>None</td>
<td>AM</td>
<td>EMS, Law, USCG &amp; Media Helicopters</td>
</tr>
</tbody>
</table>

The convention calls for frequency lists to show four digits after the decimal point, 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

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

5. Prepared by (Communications Unit)

**TIER 3 Communications Unit Leader (925) 555-1212**

**Incident Location**

- **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)
Appendix C:

MCI Cache and Trailer Locations and Information
INTRODUCTION:

The County EMS Office and local Fire Agencies, using Measure H funds along with Federal Grant money, recently upgraded the County’s MCI caches. Many of the caches are now housed in 16’ trailers that can be towed to a scene when requested. In other locales, a cache is stored for transport to a scene also.

INFORMATION:

A. **Purpose**

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

B. **Replacement of Supplies**

   The County, through the EMS Office, is responsible for purchasing and replacing supplies utilized out of the caches.

C. **Storage Locations**

   Caches are stored at fire stations of departments who agree to:
   1. Store and maintain trailer / caches in a good condition
   2. Be capable of transporting the trailer / caches to an incident when requested, not exceeding a response time of 30 minutes after the request
   3. Be capable of assigning 2-3 firefighters to transport the trailer / caches and function as a mutual aid unit to the requesting agency

D. **Response**

   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.
E. **Availability**

The County will have 5 Trailers and various caches in the County assigned to the following locations and Districts or Departments:

<table>
<thead>
<tr>
<th>AGENCY</th>
<th># OF Trailers</th>
<th># OF Caches</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CON</td>
<td>1</td>
<td>1</td>
<td>Station 10 -- 2955 Treat Blvd, Concord</td>
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<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>Station 14 -- 521 Jones Street, Martinez</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>Station 82 -- 196 Bluerock Dr, Antioch</td>
</tr>
<tr>
<td>ECC</td>
<td>2</td>
<td>1</td>
<td>Station 54 -- 739 First Street, Brentwood</td>
</tr>
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<td></td>
<td></td>
<td>1</td>
<td>Station 57 -- P.O. Box 459, Byron</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Station 94 -- 15 A Street, Knightsen</td>
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<tr>
<td>ELC</td>
<td>1</td>
<td></td>
<td>Station 71 -- 10900 San Pablo Ave, El Cerrito</td>
</tr>
<tr>
<td>MOR</td>
<td>1</td>
<td>1</td>
<td>Station 41 -- 1280 Moraga Way, Moraga</td>
</tr>
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<td></td>
<td></td>
<td>1</td>
<td>Station 42 -- 331 Rheem Blvd, Moraga</td>
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<tr>
<td></td>
<td></td>
<td>2</td>
<td>Station 45 -- 33 Orinda Way, Orinda</td>
</tr>
<tr>
<td>PNL</td>
<td>2</td>
<td></td>
<td>Station 73 -- 800 Tennent Avenue, Pinole</td>
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<tr>
<td>RMD</td>
<td>2</td>
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<td>Station 68 -- 2929 Hilltop Drive, Richmond</td>
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<td>Station 76 -- 1460 Refugio Valley Rd, Hercules</td>
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<td>Station 39 -- 9399 Fircrest Lane, San Ramon</td>
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| TOTAL   | 5             | 16          |

G. **Inventories**

See inventory manual