

# Marin County EMS Agency

## DRAFT Multiple Patient Management Plan



***“Excellent Care – Every Patient, Every Time”***

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Final Draft

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Additional Appendices to be developed-

- Definitions and Acronyms
- Distribution
- Map of California mutual aid regions
- MCI Caches & supply lists
- PIO Manual
- Contact information
- Assessment teams
- Field Treatment Site (FTS) Manual
- EMS Aircraft Utilization Guideline

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# ADMINISTRATION CHAPTER

## Plan Objectives

The goal of the Multiple Patient Management Plan (MPMP) is to describe procedures designed to provide assistance to the greatest number of persons through coordinated incident management principles.

This plan, a component of the Marin County Emergency Medical Services (EMS) system, is designed to serve as a guideline for emergency response personnel. This plan describes coordinated response efforts to minimize loss of life, disabling injuries, and human suffering through effective emergency medical assistance for events of various magnitudes, from “routine” responses to large-scale incidents. This plan is utilized for incidents with more than 5 patients requiring transport and will involve a wide range of resources in Marin County, both public and private. Depending on the scope and nature of an incident, austere medical care principles may be implemented to serve the greater needs of the masses. In such cases, the provision of on-scene medical care shall be limited with a greater focus placed on the rapid transport or relocation of the ill or injured.

## Competency Levels

In order to utilize this Plan effectively, users should possess the following competencies:

- Working knowledge of the Incident Command System (ICS 100 minimum)
- Working knowledge of the National Incident Management System (NIMS)
- Working knowledge of the California Standardized Emergency Management System (SEMS)
- Hazardous Materials Awareness
- Simple Triage and Rapid Treatment/Transport (START)
- Working knowledge of FIRESCOPE, Field Operations Guide (FOG)
- Working knowledge of the Marin County Fire Mutual Aid Plan
- Working knowledge of Marin County Prehospital Care Policy
- Awareness of Marin Medical Health Annex to Emergency Operations Plan

In addition, the following competencies are recommended for fire service providers:

- Incident Command System 200, 300, and 400
- Hazardous Materials First Responder - Operations

The following competencies are recommended for hospital providers:

- Hospital Incident Command System 100, 200 and 700
- Working knowledge of Marin County Prehospital Care Policy
- Awareness of Marin Medical Health Annex to Emergency Operations Plan

## Authority

The California Health and Safety Code, Division 2.5, Chapter 4 – Local Administration, provides authorities for the development and implementation of this Plan by the Marin County Emergency Medical Services Agency. The authorities include sections 1797.204, 1797.250, 1797.103, and 1797.252.

## Standards and Guidance

This Plan meets the standards of the following by reference or incorporation and may be used for guidance when required:

- National Incident Management System (NIMS)
- Standardized Emergency Management System (SEMS)
- Incident Command System (ICS)
- Simple Triage and Rapid Treatment (START)
- FIRESCOPE FOG 420-1 (~~June 2004~~)
- California Master Mutual Aid Agreement
- California Government Code
- California Emergency Services Act
- Marin County Fire Service Mutual Aid Plan
- California Public Health and Medical Emergency Operations Manual
- California Patient Movement Plan (TBD)
- County of Marin Emergency Operations Plan
- County of Marin Medical and Health Annex
- County of Marin ACS Plan
- County of Marin FTS Guide (TBD)

Public Health and Medical resource requests and Situation Status reports will be done in accordance with the California Public Health and Medical Emergency Operations Manual (EOM) and will serve as the standard for Marin County for all Public Health and Medical incidents.

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## Roles and Responsibilities

An effective response to multiple patient events requires the participation of government and non-government resources through coordinated efforts. All disasters, of any size, are locally managed and may include support from external resources.

Public Safety organizations are responsible for the response, management, and mitigation of incidents that occur within their jurisdiction. A fire or law enforcement officer shall normally serve as the Incident Commander (IC) or participant in a Unified or Area Command, when applicable.

The IC holds the ultimate authority for all decisions made related to the incident. Some exceptions may apply with needed involvement and participation of county, state, or federal authority, based on the nature of the incident. Examples may include events involving terrorism, biological agents, natural disaster, federally regulated facilities and transportation, etc.

### **Fire Service**

Responds to multi-patient events, participates in unified command, provides scene management and associated treatment and transport. In addition, the Marin County Urban Search and Rescue team is available.

**Marin County Fire Department Woodacre ECC** is available to support or manage an incident as necessary.

### **California Highway Patrol**

Participates in unified command, scene security and access control for incidents involving freeways, state highways, and county-maintained roadways. Also, provides dignitary protection.

### **Local Law Enforcement**

Participates in unified command, scene security and access control involving their jurisdiction, provides required law enforcement duties.

### **Marin County Sheriff**

Responsible for search-and-rescue operations, intra-county and inter-county law enforcement mutual aid, disaster management, and standard law enforcement duties. Provides support for communications, security, personnel, and transportation of emergency equipment and supplies.

**Coroner's Division** coordinates with other first responder agencies to locate fatalities; arrange for their transportation; establish morgue facilities, as needed; establish a Family Assistance Center; and pursue identification of the dead. Responsible for determination of cause and manner of death; for identification of the dead; for locating and notifying their next of kin; for preserving evidence associated with a death; and for identifying and safeguarding personal property and the estate of a decedent.

**Communications Center** is responsible for notifications and alerting, dispatching resources, and assigning incident talk-groups, and provides Emergency Medical Dispatch capabilities.

**Office of Emergency Services** is responsible for supporting the activation and staffing of the Operational Area EOC.

### **Local Emergency Medical Services Agency (LEMSA)**

Responsible for EMS System planning and coordination. May make policy amendments, clinical care modifications, or modify agreements within its authority. Additional specific roles may include but are not limited to the following:

**Agency Representative** provides on-scene support and recommendations to Incident Command.

**Medical Health Operational Area Coordinator (MHOAC)** coordinates patient destination, ambulance resources, hospital resources and bed availability, medical mutual aid, etc. May also staff positions in the EOC / DOC.

### **Private Ambulance Services**

Serve as the primary patient transportation system for the medical care facilities (inter-facility transfer) within the county. During a multiple patient event, may be required to augment the 911 system to provide emergency transportation. Supply ambulances for hospital emergency transfers/discharges to increase hospital surge capacity. Private air ambulance services also provide emergency transportation services to the county.

### **Receiving Hospitals**

Provide emergency medical care to the victims of illness and/or injury.

### **Level III Trauma Center**

Serves as the coordinating hospital until MHOAC can assume patient distribution responsibilities (i.e. establish an Operational Area Patient Distribution Center (OAPDC)). At the onset of the incident, if the Level III Trauma Center cannot fulfill these duties, the responsibility may be transferred to the EDAT after consultation with the EDAT.

### **Marin Medical Reserve Corps (MMRC)**

Volunteer medical providers deployed by the MHOAC to staff Field Treatment Sites (FTS) or other emergency medical care sites.

### **Other public agencies that may have a response role include:**

- Mental Health
- Environmental Health
- Public Health
- Parks and Open Space
- National Park Service
- American Red Cross
- Department of Public Works
- Caltrans

- U.S. Coast Guard

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# OPERATIONS CHAPTER

## Concept of Operations Alerts and Activations, Description

The Marin County Multiple Patient Management Plan uses alerts and activations as a system for notification of, and some level of description of, an incident at its onset.

The alerting process is used to ensure that the EMS system as a whole is aware of and preparing to respond to an incident that may exceed local capabilities.

The activation process is to advise the EMS system that an actual incident has occurred. For the initial activation (>5 patients requiring transport), it is important to convey the level of response that may be anticipated for the incident. The Incident Commander should report that this is a small incident: "This is a local MCI" or a large incident: "This is a Level 1 or larger Incident." Any incident larger than a Level 1 may be determined once the overall impact of the incident is evaluated. In this case, the Incident Commander should only be concerned with scene management and resource ordering. The MHOAC Program will coordinate resources from the Region, State and/or Federal partners and also work to stabilize the EMS System. When needed, assistance or coordination may be provided by OES, EOC and/or DOC staff. Fire and Law Mutual Aid is requested through the Fire and Law mutual aid systems and, when possible, coordinated with the MHOAC program.

The Marin County Trauma Triage Tool should be followed when activating the MPMP until the readily available trauma center resources are utilized. Several factors weigh into the number of trauma patients that would fall into this group including: traffic, available trauma centers, available aircraft, weather, and ability to care for trauma patients at the scene. Once available trauma center resources are utilized, the Trauma Triage Tool may be waived and patients should be categorized and distributed following START and the Patient Routing Worksheet Activation Levels 1 and 2 ( page 48 & 49 )

**FIRESCOPE FOG 420-1 Chapter 15 Multi-Casualty** is a reference document for this plan and describes the progression from the initial response organization to reinforced, multi-group and multi-branch responses. The FIRESCOPE response structure progression may not progress in correlation to the activation levels described in this plan. This FIRESCOPE document should be used as guidance for scene incident operations. The MPMP plan describes the transition from scene incident management to county, regional, state and federal response management.

**The California Public Health and Medical Emergency Operations Manual** also uses activation or response levels that we have emulated; additionally, the state uses a Health and Medical Status System and Incident Typing System which is described in detail. The Medical Status System and Incident Typing System will be handled by the MHOAC Program or the EOC/DOC. Initial resource requests and size-up information will be used to prepare the early notifications for the state.

# EMS SYSTEM ALERT

This section gives a description, examples and actions to be taken to alert the system of an MCI or unusual incident.

- Provides early notification to prepare the EMS system for larger than expected numbers of patients.
- An Alert may be requested by any emergency service responder or based on report information initiated by the Marin County Communications Center.
- Alerts should either be elevated to Activation or cancelled once the scene has been appropriately evaluated.

## ALERT INITIATION

- The IC notifies their dispatch center to initiate an Alert.
- The dispatch center in the local jurisdiction immediately notifies Marin County Communications.

## ALERT CANCELLATION

- The IC notifies their dispatch center to cancel an Alert.
- The dispatch center in the local jurisdiction immediately notifies Marin County Communications.

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<b>Examples of Events Which May Trigger Alert</b>
<ul style="list-style-type: none"> <li>• Greater alarm structure or wildland fires</li> <li>• Hazardous Materials Incidents (proven or suspected)</li> <li>• Facility evacuation (skilled nursing, hospitals, schools, etc.)</li> <li>• Law enforcement activities (hostage situations, SWAT operations, etc.)</li> <li>• Vehicle accidents involving multiple vehicles and/or patients</li> <li>• Intelligence information indicates that an incident may occur that may cause a large number of ill or injured</li> <li>• Medical Mutual Aid is requested or is being provided to another county</li> <li>• Complete or partial failure of EMS system critical infrastructure (e.g., hospital compromise, communications system)</li> </ul>
<b>LEMSA System Actions</b>
<ul style="list-style-type: none"> <li>• <del>Query all fire and private ambulance services for total units available for system or incident response</del></li> <li>• The MHOAC or designee initiates actions to ensure the integrity of the EMS system, as appropriate</li> <li>• <del>Hospitals complete bed availability query via ReddiNet</del></li> <li>• The Office of Emergency Services may be notified</li> <li>• The County Public Health Officer may be notified</li> <li>• Region II Regional Disaster Medical Health Specialist (RDMHS) may be notified</li> </ul>
<b>County Communications Actions</b>
<ul style="list-style-type: none"> <li>• Dispatch only resources specifically requested by the IC.</li> <li>• Determine all number of fire and private ambulances services for total units available for system or incident response.</li> <li>• Notify Fire Service Battalion Chiefs, private ambulance Field Supervisors, and Sheriff's Office Watch Commander.</li> <li>• Notify hospitals via ReddiNet and phone.</li> <li>• Notify MHOAC or designee.</li> </ul>
<b>Hospital Actions</b>
<ul style="list-style-type: none"> <li>• Hospitals complete bed availability query via ReddiNet.</li> </ul>

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# ACTIVATIONS

This section gives a brief and general description of the general responsibilities of each involved Agency.

- Advises the EMS system that an actual incident has occurred.
- May be requested by any emergency service Incident Commander.

## ACTIVATION INITIATION

The IC notifies their dispatch center to initiate an Activation. The IC shall provide the following information to their dispatch center. The local dispatch center shall provide the information immediately to Marin County Communications.

- Level of Activation (Local MCI or Level 1 or Higher)
- Estimated number of patients requiring transportation
- Ground and/or air ambulance staging locations
- Safety or approach instructions
- Request Additional resources needed

## ACTIVATION CANCELLATION

The IC notifies their local dispatch center to cancel the Activation.

The local dispatch center in that jurisdiction immediately notifies Marin County Communications.

Marin County Communications notifies responders that the Activation has been cancelled.

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# ACTIVATION LEVEL SUMMARY and EXAMPLES

This section provides examples of the size of incident that would most likely match the activation level.

<p>Local MCI <u>6-15</u> <u>Patients</u></p>	<p><b>Operational Focus</b> is on incident management including the use of resources necessary to mitigate the problem (scene safety, security, specialty response, on-scene patient evaluation, etc.). EMS system modifications may be implemented. (e.g. suspending hospital diversions, amending dispatch criteria, etc.)</p> <p><b>Example:</b> Multiple vehicle collision involving 15 patients requiring transportation.</p>
<p>Level 1 <u>16-30</u> <u>Patients</u></p>	<p><b>Operational and Strategic Focus</b> shifts from individual incident management to maintaining the County's EMS system and a possible transition from focused patient care to population based care. EMS system modifications are implemented. In-county mutual aid resources are requested.</p> <p><b>Example:</b> Aircraft collision, skilled nursing facility evacuation, large motor vehicle collision, involving 20-30 patients.</p>
<p>Level 2 <u>31-100</u> <u>Patients</u></p>	<p><b>Operational and Strategic Focus</b> is on scene management, resources necessary to mitigate the incident and maintain the County's EMS System. This includes a transition from focused patient care to population based care. It is necessary to make modifications to the daily 911-EMS system to support the incident and stability of the system. This includes the use of out-of-county mutual aid resources from Region II.</p> <p><b>Example:</b> Large aircraft collision, hospital facility evacuation, isolated natural incident, involving 80 patients.</p>
<p>Level 3 <u>&gt;100</u> <u>Patients</u></p>	<p><b>Operational and Strategic focus</b> is on scene management, resources necessary to mitigate the incident and maintain the County's EMS System. This includes a transition from focused patient care to population based care. It is necessary to make modifications to the daily 911-EMS system to support the incident and stability of the system. This includes the use of out-of-county mutual aid resources from regional, state and federal partners.</p> <p><b>Example:</b> Significant natural incident or other incidents involving more than 100 patients.</p>

# Activation Action Plans

This section gives more detailed bullets of actions to be taken in each described subject area.

## Local MCI 6-15 Pts. Multi-Casualty Incident requiring only local resources

### Description

- Incident involves more than five (5) and up to fifteen (15) patients that require ambulance transportation
- Managed with local jurisdiction resources

### Focus

The focus is on the management of the scene and resources necessary to mitigate the incident (scene safety, security, specialty response, on-scene patient evaluation, etc.). It is not necessary for the County to make modifications to the EMS System to support the incident.

### Example

Multiple vehicle collision involving 11 patients, 6 requiring transportation.

### Roles and Responsibilities

#### Dispatch

- Local public safety jurisdiction PSAP continues normal operations not related to the incident
- County Communications coordinates the dispatch of all incident resources
- County Communications advises all hospitals and ambulance dispatch centers of an activation
- MCFD ECC manages incidents in their areas and may assist County Communications as needed
- Ensures all available ambulance resources are available to the EMS system and notifies the MHOAC if there is a shortage of ambulances for the system

#### Local Fire Department

- Incident management and mitigation
- Triage of the ill and/or injured
- On-scene treatment of the ill and/or injured

#### Law Enforcement Agency

- Overall incident management
- Scene security
- Investigation

#### Fire Service Ambulance Providers

- Supplies ambulances for the purpose of providing rapid transportation from the treatment area to the hospital appropriate facilities
- Coordinates ambulance operations

- ~~Ensures all available ambulance resources are available to the EMS system and notifies the MHOAC if there is a shortage of ambulances for the system~~

### **Private Ambulance Service Providers**

- May be used in the 911 system, either at the scene of the incident or by responding to 911 medical calls
- Supplies ambulances to the incident to provide transportation from the treatment area to ~~the~~ hospital appropriate facilities
- Air Ambulance Providers provide transportation to appropriate facilities when possible

### **LEMSA / MHOAC**

- Monitors incident ~~and may respond~~
- May respond to incident as an agency representative
- Provides incident support and assistance as needed

### **Hospitals**

- Prepare to receive patients transported from the scene as well as those who have left the scene on their own (ensure decontamination as appropriate)
- Consider implementing the Hospital Incident Command System (HICS)
- Initiate internal surge capacity and other appropriate contingency actions and plans
- Monitor ReddiNet for incident information
- Monitor MERA "HOSP" talk group for hospital coordination
- May serve as coordinating hospital as per county policy

**See Activation Action Plan Roles and Responsibilities Guide Table  
Page 20**

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# Level 1 16-30Pts.

## Multi-Casualty Incident requiring county-wide resources

### Description

- Event involves more than fifteen (15) and up to thirty (30) patients that require ambulance transportation
- Requires in-county mutual aid assistance

### Focus

Focus is on the management of the scene and resources necessary to mitigate the problem (scene safety, security, specialty response, on-scene patient evaluation, etc.). It may be necessary for the County to make minor modifications to the daily 911-EMS System to support the incident. This may include suspending hospital diversions, amending dispatch criteria, and others actions as appropriate to the incident.

### Example

Multiple vehicle collision involving 35 patients, 25 requiring transportation.

### Roles and Responsibilities (Level 1 and Higher)

#### Dispatch

- Local public safety jurisdiction PSAP continues normal operations not related to the incident.
- County Communications coordinates the dispatch of all incident resources
- County Communications advises all ambulance dispatch centers of event
- Ensures all available ambulance resources are available to the EMS system and notifies the MHOAC if there is a shortage of ambulances for the system

#### Local Fire Department

- Incident management and mitigation
- Triage of the ill and/or injured
- On-scene treatment of the ill and/or injured
- Orders local resources

#### Law Enforcement Agency

- Overall incident management
- Scene security
- Investigation

#### Fire Service Ambulance Provider

- Supplies ambulances for the purpose of providing rapid transportation from the treatment area to the hospital
- Coordinates ambulance operations
- ~~Ensures all available ambulance resources are available to the EMS system and notifies the MHOAC if there is a shortage of ambulances for the system~~

#### Private Ambulance Service Providers

- Used in the 911 system, either at the scene of the incident or by responding to 911 medical calls
- Supply ground or air ambulances to the incident for patient transportation from the treatment area
- Supply ambulances for urgent hospital transfers to enhance hospital surge capacity

### **LEMSA / MHOAC**

- Takes any appropriate actions which may include suspension of hospital diversion, policy modification or suspension, amended dispatch procedures, or any other actions needed for incident mitigation
- Ensures adequate resources are available to support the incident and the EMS system
- Provides technical assistance in support of the incident
- Coordinates Field Treatment Sites/Alternate Treatment Sites
- Coordinates in-county medical-health resources, including activation of MMRC
- Manages medical mutual aid requests
- Coordinates with the Operational Area EOC and RDMHS

### **Hospitals**

- Prepare to receive patients transported from the scene as well as those who have left the scene on their own (ensure decontamination as appropriate)
- Implement HICS
- Initiate internal surge capacity plans and other appropriate contingency actions and plans
- Monitor ReddiNet for incident information
- Monitor MERA HOSP talk group for hospital coordination
- Suspend diversions
- May serve as coordinating hospital as per county policy until LEMSA assumes control

**See Activation Action Plan Roles and Responsibilities Guide Table  
Page 20**

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# Level 2 30-100 Pts. Multi-Casualty Incident Requiring Regional Resources

## Description

- Involves from 30 to 100 patients requiring ambulance transportation
- Requires local, county and regional resources

A Level 2 Incident occurs when EMS system mutual aid resources are anticipated or requested from outside the county (Region II).

- Local fire or law enforcement agencies (or designee) request medical-health resources through the MHOAC.
- The MHOAC will serve as a resource coordinator for all medical-health resources within coming into the County
- MHOAC shall make appropriate notifications to the IC, RDMHS, and County OES.
- Non Medical and Health resources are ordered through Department Operations Centers and County EOC

## Focus

Focus is on the management of the scene and ordering resources necessary to mitigate the problem (scene safety, security, specialty response, on-scene patient evaluation, etc.). It may be necessary for the County to make modifications to the daily 911-EMS System to support the incident (e.g. hospital diversions, amending dispatch criteria, and others actions as appropriate to the incident).

Actions taken during Level 2 Incidents shall focus on maintaining the integrity of the EMS system, transition from focused patient care to population based patient care, providing resources to multiple patient incidents, and ensuring the general health and welfare of the public.

## Example

Aircraft collision, skilled nursing facility evacuation, or large motor vehicle collision, involving up to 50 patients.

**See Activation Action Plan Roles and Responsibilities Guide Table  
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# Level 3 >100 Pts.

## Multi-Casualty Incident requiring Regional, State and Federal Resources

### Description

A Level 3 Activation may be indicated when the Marin County EMS system resources are impacted due to an actual event requiring extraordinary measures that extend beyond the available resources of Marin County. These events exceed the county's ability to manage or mitigate the event without the assistance of regional, state and/or federal resources. A Level 3 activation involves more than 100 patients requiring ambulance transportation. The IC, Marin LEMSA Administrator, MHOAC, or designee shall hold the responsibility to authorize Level 3 Activations.

- Local public safety agencies (or designee) request medical-health resources through the MHOAC. The MHOAC will determine what resources are available and notify the appropriate ICS position for each event/jurisdictions of the resources that will be allocated.
- The MHOAC will serve as a resource coordinator for all medical-health resources within the county and shall make any appropriate medical mutual aid resource requests through the Region.
- Level 3 Activations require the use of non-traditional patient care delivery methods as coordinated by the Marin LEMSA.

### Description

- Involves over 100 patients requiring ambulance transportation
- Requires local, county, regional, state and federal resources
- Some incidents may elevate to a level 3 due to the need for state or federal resources regardless of the number of patients involved, e.g. WMD incident.

A Level 3 Incident occurs when EMS system mutual aid resources are anticipated or requested from the region, state and federal partners.

- Local fire or law enforcement agencies (or designee) request medical-health resources through the MHOAC.
- The MHOAC will serve as a resource coordinator for all medical-health resources within the County
- MHOAC shall make appropriate notifications to the IC, RDMHS, and County OES.
- Non-Medical and Health resources are ordered through Department Operations Centers and County EOC

### Focus

Is on scene management, resources necessary to mitigate the incident and maintain the County's EMS System. This includes a transition from focused patient care to population based care. It is necessary to make modifications to the daily 911-EMS system to support the incident and stability of the system. This includes the use of out-of-county mutual aid resources from regional, state and federal partners.

**Example**

Earthquake with multiple incidents, with over 100 patients requiring transportation. Or Terrorist WMD incident with 20 patients.

**Activation Action Plan Roles and Responsibilities Guide Table**  
(Actions should be considered in a progressive manner from MCI to Level 3)

Description	Actions
<b>Communications</b>	<p><b>Local MCI</b></p> <ul style="list-style-type: none"> <li>Local jurisdictions and hospitals operate on their own talk groups</li> <li>Responding ambulances communicate on designated incident Talk Groups</li> <li>On-scene coordination/car-to-car communications may occur on an assigned Tactical Talk Group</li> </ul> <p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>Communications plan prepared</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>Command and Control coordination occur on talk groups as assigned</li> <li>On-scene communications occurs on assigned tactical talk groups</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>Alternate communications systems may be employed</li> </ul>
<b>Documentation</b>	<p><b>Local MCI</b></p> <ul style="list-style-type: none"> <li>Triage tags used, followed by a Patient Care Report (PCR) <u>when available</u> for each patient per county policy</li> <li>Patient Status Sheet used by Transportation Group Supervisor</li> <li>All ICS positions complete appropriate ICS forms</li> </ul> <p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>Only Triage tags used for each patient <u>during the incident</u></li> <li>After Action Report completed</li> <li>PCR' may be completed <u>post incident</u></li> </ul> <p><b>Level 2</b> Same as Level 1</p> <p><b>Level 3</b> Same as Level 1</p>
<b>Patient Destination</b>	<p><b>Local MCI</b></p> <ul style="list-style-type: none"> <li>One (1) immediate, one (1) delayed and two (2) minor patients may be routed to <u>any in-county closest appropriate facilities</u> hospital as appropriate</li> <li>The Transportation Group Supervisor shall ensure than no one hospital is inappropriately taxed through contact with coordinating hospital</li> <li>Trauma Triage Criteria and destination may be waived at the discretion of the Coordinating Hospital or the Medical Group Supervisor</li> <li>Hospitals are informed of Local MCI Activation via ReddiNet (no</li> </ul>

	<p>bed query requested)</p> <ul style="list-style-type: none"> <li>• Medical Communications Coordinator (Med Comm) notifies <u>Coordinating Hospitals</u> of pending ambulance arrivals</li> <li>• Coordinating Hospital initiates MCI on ReddiNet</li> </ul> <p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>• Ambulance diversions cancelled</li> <li>• Two (2) immediate, two (2) delayed and four (4) minor patients may initially be routed to <del>any in-county</del> <u>closest appropriate</u> facilities</li> <li>• The coordinating hospital shall ensure that patients are distributed appropriately</li> <li>• Trauma Triage Criteria and destination waived</li> <li>• All hospitals update bed availability (HAvBED) via ReddiNet</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>• Coordinating hospital and MHOAC, coordinate patient distribution</li> <li>• Use of field treatment sites/alternate care sites may be implemented</li> <li>• Hospitals are informed of Level 2 Activation via ReddiNet and immediately report total in-house bed availability.</li> <li>• Hospitals may implement in-house disaster/surge capacity plans</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>• Marin LEMSA routes patients to out-of-county facilities (through the EOC or DOC when activated)</li> <li>• Hospitals are informed of Level 3 Activation via ReddiNet and/or phone and immediately report total in-house bed availability.</li> </ul>
<b>EMS Resources</b>	<p><b>Local MCI</b></p> <ul style="list-style-type: none"> <li>• Request for resources will be made by the IC</li> <li>• The private EMS ambulance providers may be requested for 911 response</li> </ul> <p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>• Private EMS ambulance providers may suspend routine transfers for the duration of the activation</li> <li>• Local EMS system response will be altered</li> <li>• <u>Non-traditional EMS resources may be used (e.g. buses or other vehicles)</u></li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>• MHOAC and Fire Mutual Aid Coordinator coordinate requests for mutual aid ambulances</li> </ul> <p><b>Level 3</b> Same as Level 2</p>
<b>Public Safety Answering Points (PSAPs)</b>	<p><b>Local MCI</b></p> <ul style="list-style-type: none"> <li>• Local fire or law enforcement PSAP continues normal operations not related to the incident.</li> <li>• County Communications coordinates the dispatch of all incident ambulances and medical-health resources</li> </ul> <p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>• County Communications advises all ambulance dispatch centers of event</li> </ul> <p><b>Level 2</b> Same as Level 1</p> <p><b>Level 3</b></p>

	Same as Level 1
<b>LEMSA / MHOAC</b>	<p><b>Local MCI</b></p> <ul style="list-style-type: none"> <li>• <del>Monitors event and may respond</del></li> <li>• Monitors incident and may respond</li> <li>• <u>May respond to incident as an agency representative</u></li> <li>• Provides incident support and assistance as needed</li> </ul> <p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>• <u>Takes any appropriate actions which may include suspension of hospital diversion, policy modification or suspension, amended dispatch procedures, or any other actions needed for incident mitigation</u></li> <li>• <u>Ensures adequate resources are available to support the incident and the EMS system</u></li> <li>• <u>Provides technical assistance in support of the incident</u></li> <li>• <u>Coordinates Field Treatment Sites/Alternate Treatment Sites</u></li> <li>• <u>Coordinates in-county medical-health resources, including activation of MMRC</u></li> <li>• <u>Manages medical mutual aid requests</u></li> <li>• Coordinates with the Operational Area EOC and RDMHS</li> <li>• <del>Monitors event and may respond.</del></li> <li>• <del>May take any measures necessary to support the incident including protocol amendments or other system modifications</del></li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>• Based on the size and/or nature of the event, the HHS DOC or County Emergency Operations Center may be activated to coordinate medical health resources. In absence of activation, the EMS Administrator/MHOAC or designee will have responsibility for completing tasks.</li> <li>• Coordinates global patient destination/distribution</li> <li>• Coordinates field treatment sites/alternate care sites</li> <li>• Coordinates in-county medical-health resources</li> <li>• Coordinates medical mutual aid requests</li> <li>• Coordinates with the County EOC and RDMHS</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>• Authorizes use of mutual aid including ordering of resources</li> <li>• Coordinates with Region 2 and other Operational Areas</li> </ul>
<b>Notifications</b>	<p><b>Local MCI</b></p> <ul style="list-style-type: none"> <li>• Fire and Law enforcement agencies</li> <li>• Hospitals are informed via ReddiNet</li> <li>• Private ambulance operations managers</li> <li>• County Communications managers</li> <li>• LEMSA / MHOAC</li> </ul> <p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>• Local public safety agency determines internal notifications</li> <li>• OES notified</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>• EMS and HHS Emergency Operations Staff notified</li> <li>• All public safety and private ambulance dispatch centers notified</li> </ul> <p><b>Level 3</b></p> <p><u>Same as Level 2</u></p>

<p><b>Recommended ICS Structure (Medical Positions)</b></p>	<p><b>Local MCI</b></p> <ul style="list-style-type: none"> <li>• Medical Group Supervisor</li> <li>• Triage Unit Leader</li> <li>• Treatment Unit Leader</li> <li>• Transportation Unit Leader</li> <li>• Air Ambulance Coordinator</li> <li>• Medical Communications Coordinator</li> <li>• Any position assigned by the IC if qualified and trained for that position</li> </ul> <p><b>Level 1</b> Same as Local MCI and add:</p> <ul style="list-style-type: none"> <li>• Agency representatives</li> <li>• Technical Specialists</li> <li>• Other ICS positions as required</li> </ul> <p><b>Level 2</b> Same as Level 1 and add:</p> <ul style="list-style-type: none"> <li>• Medical Branch Director</li> <li>• Other ICS positions as required</li> </ul> <p><b>Level 3</b> Same as Level 2 and add:</p> <ul style="list-style-type: none"> <li>• Other ICS positions as required</li> </ul>
<p><b>Site Plan</b></p>	<p><b>Local MCI</b></p> <ul style="list-style-type: none"> <li>• Incident Command Post identified</li> <li>• Ambulance staging area identified</li> <li>• Treatment areas identified</li> <li>• Ambulance loading area</li> <li>• Ambulance travel pattern</li> </ul> <p><b>Level 1</b> Same as Local MCI</p> <p><b>Level 2</b> Same as Local MCI</p> <p><b>Level 3</b> Same as Local MCI</p>

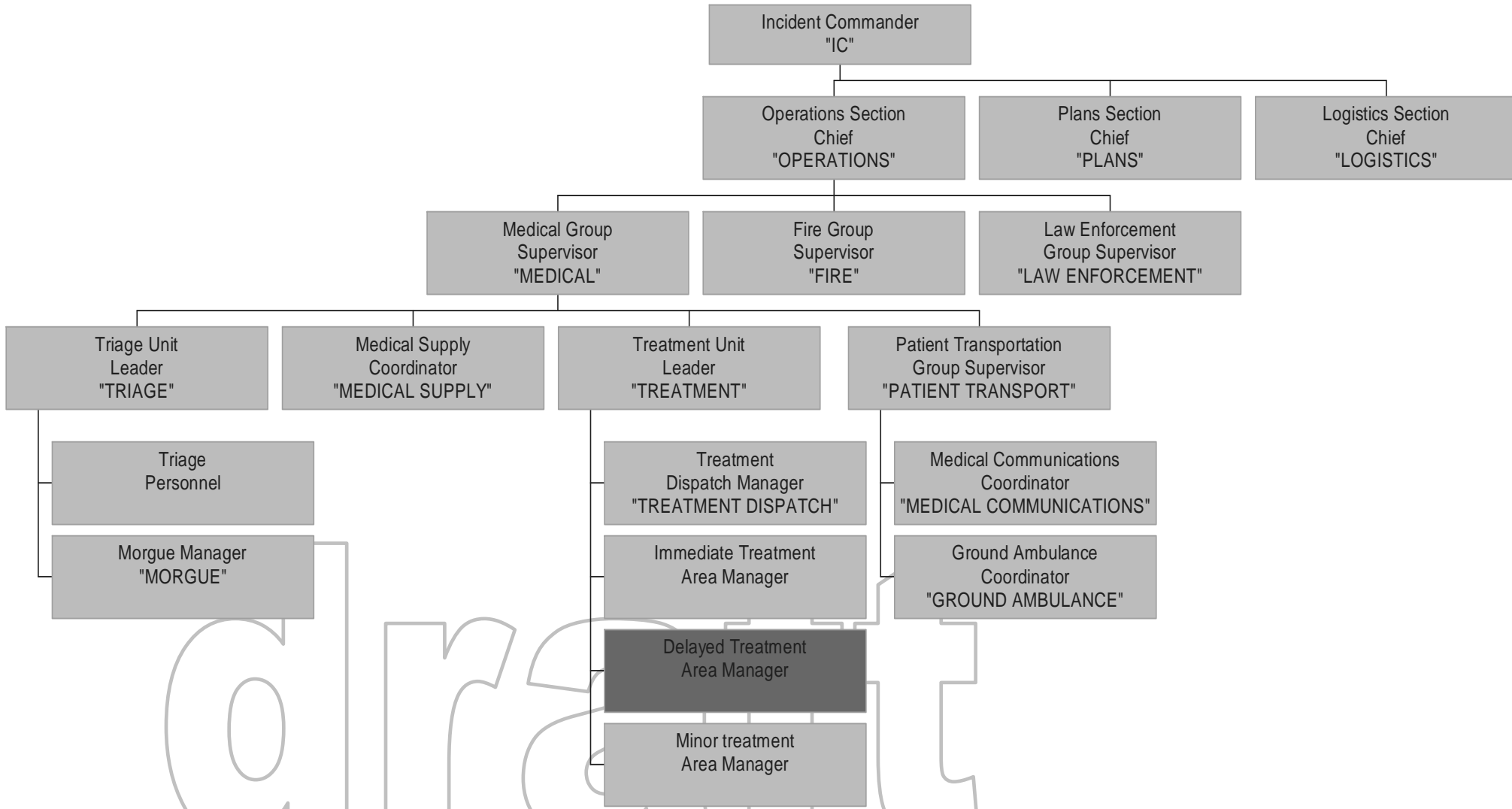
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# APPENDICES

## APPENDIX A – JOB ACTION SHEETS

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# Medical Group



# MEDICAL GROUP SUPERVISOR

## Job Action Sheet

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### Description

Reports to the Operations Section Chief. Supervises the Triage Unit Leader, Treatment Unit Leader, and Medical Supply Coordinator. Also supervises the Patient Transportation Unit Leader. Establishes command and controls the activities within a Medical Group

### Review FOG Common Responsibilities

### ICS Specific Responsibilities with Marin County additions

Radio Call Sign: "MEDICAL" or "MEDICAL GROUP 1," "MEDICAL GROUP 2," etc.

- Obtain situation briefing from Operations Chief, if established
- Don position identification vest
- Assess situation
- Participate in Medical Group / Operations Section planning activities
- Ensure that all work areas are out of hazardous areas
- Establish Medical Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident
- Appoint and brief staff, as needed:
  - Triage Unit Leader
  - Treatment Unit Leader
  - Patient Transportation Unit Leader
  - Medical Supply Coordinator
- Designate Unit Leaders and Treatment Area locations as appropriate
- Ensure that Triage and Patient Transportation have radio communication
- Coordinate location of medical supply, treatment, and morgue areas with Unit Leaders
- Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas
- Request law enforcement / coroner involvement, as needed

# MEDICAL GROUP SUPERVISOR

## Job Action Sheet, continued

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- Establish coordination with Fire Control, HazMat Control, and Extrication Groups and Units
- Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, and cots)
- Anticipate needs for:
  - Medical supplies, equipment
  - Relief personnel, additional personnel
- Ensure activation or notification of hospital alert system, local EMS/health agencies
- Contact Coroner via chain of command
- Direct and/or supervise on-scene personnel from agencies such as Coroner's Office, Red Cross, law enforcement, ambulance companies, county health agencies, and hospital volunteers
- Request proper security, traffic control, and access for the Medical Group work areas
- Direct medically trained personnel to the appropriate Unit Leader
- Maintain Unit/Activity Log (ICS Form 214)
- Demobilize group as directed by Operations Chief
- Maintain record of activities and forward all Medical Group records and reports to the Operations Section Chief and the LEMSA

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# MEDICAL COMMUNICATIONS COORDINATOR

## Job Action Sheet

---

### Description

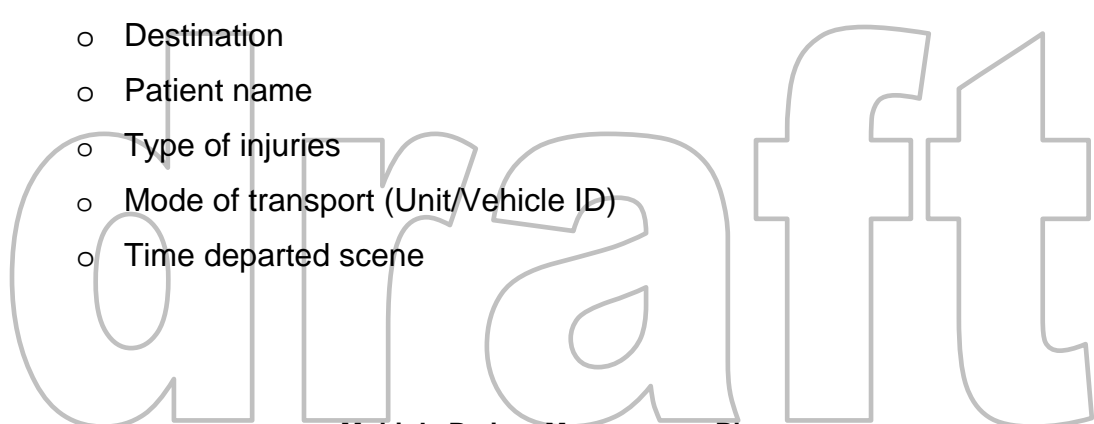
Reports to the Patient Transportation Unit Leader/Group Supervisor, and maintains communications with the hospital alert system to maintain status of available hospital beds to assure proper patient transportation. Assures proper patient transportation and destination.

### Review FOG Common Responsibilities

### ICS Specific Responsibilities with Marin County additions

Radio Call Sign: "MEDICAL COMMUNICATIONS "

- Obtain briefing from Patient Transportation Unit Leader/Group Supervisor
- Don position identification vest
- Establish contact with affected receiving facilities through MERA, RACES/ACS personnel or cellular phone, or other communications system
- Notify personnel of designated communication method
- Determine and maintain current status of hospital/medical facility availability and capability
- Coordinate with Logistics Chief and LEMSA on resource needs
- Coordinate with Patient Transportation Unit Leader/Group Supervisor on current status of hospitals/medical facilities available and capacity
- Receive basic patient information and condition from Treatment Dispatch Manager
- Assure recording of patient information including:
  - Triage tag number
  - Triage category
  - Destination
  - Patient name
  - Type of injuries
  - Mode of transport (Unit/Vehicle ID)
  - Time departed scene



# MEDICAL COMMUNICATIONS COORDINATOR

## Job Action Sheet, continued

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- Provide receiving facilities with incident information as requested, including any decontamination procedures performed in field
- Advise receiving facilities of inbound patients, including triage category and types of injuries
- Communicate patient transportation needs to Ambulance Coordinators based upon requests from Treatment Dispatch Manager
- Communicate patient air ambulance transportation needs to the Air Operations Branch Director based on requests from the treatment area managers or Treatment Dispatch Manager
- Maintain appropriate records and Unit/Activity Log (ICS Form 214)
- Complete all required transportation log forms. Transmit copy of transportation log to County Communications when incident is secure, and as requested
- Turn in all documentation to Patient Transportation Unit Leader/Group Supervisor

draft

# PATIENT TRANSPORTATION UNIT LEADER/ GROUP SUPERVISOR

## Job Action Sheet

---

### Description

Reports to the Medical Group Supervisor and supervises the Medical Communications Coordinator, and the Ambulance Coordinator. Responsible for the coordination of patient transportation and maintenance of records relating to the patient's identification, condition, and destination. The Patient Transportation function may be initially established as a Unit and upgraded to a Group based on incident size or complexity.

### Review FOG Common Responsibilities

#### ICS Specific Responsibilities with Marin County additions

Radio Call Sign: "PATIENT TRANSPORTATION"

- Obtain situation briefing from Medical Group Supervisor or Medical Branch Director
- Don position identification vest
- Assess situation
- Appoint and brief staff, as needed:
  - Medical Communications Coordinator
  - Ground Ambulance Coordinator
  - Litter bearers
- Insure the establishment of communications with hospital(s)
- Designate Ambulance Staging Area(s)
- Establish and identify ambulance-loading areas
- Direct the off-incident transportation of patients as determined by the Medical Communications Coordinator
- Develop ambulance ingress and egress traffic pattern and coordinate with Law Enforcement Group Supervisor
- Assure that patient information and destination are recorded
- Establish communications with Ambulance Coordinator
- Request additional ambulances as required
- Notify Ambulance Coordinator of ambulance requests

# **PATIENT TRANSPORTATION UNIT LEADER/ GROUP SUPERVISOR**

## **Job Action Sheet, continued**

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- Coordinate the establishment of the air ambulance helispots with the Medical Group Director and Air Operations Branch Director
- Maintain written records of patients, ambulance units and receiving facilities
- Provide patient information for transmission to the receiving facilities on the MERA, RACES/ACS, cellular phone, or other communication system
- Evaluate and request necessary resources, as needed
- Maintain Unit/Activity Log (ICS Form 214)
- Secure operations when advised and return ICS materials and equipment
- Forward records and reports to Medical Group Supervisor

draft

# GROUND AMBULANCE COORDINATOR

## (Ambulance Staging Manager)

### Job Action Sheet

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#### Description

Reports to the Patient Transportation Unit Leader/Group Supervisor, manages the Ambulance Staging Area(s), and dispatches ambulances as requested

#### ICS Specific Responsibilities with Marin County additions

Radio Call Sign: "GROUND AMBULANCE"

- Obtain situation briefing from Patient Transportation Unit Leader/Group Supervisor
- Don position identification vest
- Assess situation
- Appoint and brief staff:
  - Aides
- Establish appropriate staging area for ambulances
- Locate, prepare, and identify Ambulance Staging Area(s) using FOG
  - CONSIDER
    - Safety and accessibility
    - Traffic control must be monitored and directed
    - Area and resource location identifiers must be visible
- Establish appropriate routes of travel for ambulances for incident operations
- Advise Patient Transportation Unit Leader and Medical Communications Coordinator when operational
- Establish and maintain communications with the Ground Ambulance Coordinator regarding air ambulance transportation assignments
- Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager
- Provide ambulances upon request from the Medical Communications Coordinator
- Order and dispense resources as directed by Patient Transportation Unit Leader/Group Supervisor

# GROUND AMBULANCE COORDINATOR

## Job Action Sheet, continued

---

- Assure that necessary equipment is available in the ambulance for patient needs during transportation
- Establish contact with ambulance providers at the scene
- Request additional transportation resources as appropriate
  - Consider equipment/time limitations
- Provide an inventory of medical supplies available at ambulance staging area for use at the scene
  - Anticipate and advise on changing resource requirements
- Maintain records as required and Unit/Activity Log (ICS Form 214)
- Keep record of resource movement – staffing/equipment
  - Establish check-in/check-out function
- Maintain log of activities and other pertinent information acquired
- When ordered, secure activities and release personnel under supervision
- Demobilize resources in accordance with Demobilization Plan
- Forward all reports to Patient Transportation Unit Leader/Group Supervisor

draft

# AIR AMBULANCE COORDINATOR

## Job Action Sheet

**\*\*DRAFT\*\*** being developed by FIREScope at this time

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### Description

Reports to the Patient Transportation Unit Leader/Group Supervisor, coordinates the Air Ambulance landing and loading area, and dispatches air ambulances as requested

### ICS Specific Responsibilities with Marin County additions

Radio Call Sign: "AIR AMBULANCE"

- Obtain situation briefing from Patient Transportation Unit Leader/Group Supervisor
- Don position identification vest
- Assess situation
- Appoint and brief staff:
  - o Aides
- Establish appropriate staging area for ambulances
- Locate, prepare, and identify Ambulance Staging Area(s)/Landing Zone(s) using FOG
  - o CONSIDER
    - Safety and accessibility
    - Traffic control must be monitored and directed
    - Area and resource location identifiers must be visible
- Establish appropriate routes of travel for ambulances for incident operations
- Advise Patient Transportation Unit Leader and Medical Communications Coordinator when operational
- Establish and maintain communications with the Air Ambulance Coordinator regarding air ambulance transportation assignments
- Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager
- Provide ambulances upon request from the Medical Communications Coordinator

- Order and dispense resources as directed by Patient Transportation Unit Leader/Group Supervisor
- Assure that necessary equipment is available in the ambulance for patient needs during transportation
- Establish contact with ambulance providers at the scene
- Request additional transportation resources as appropriate
  - Consider equipment/time limitations
- Provide an inventory of medical supplies available at ambulance staging area for use at the scene
  - Anticipate and advise on changing resource requirements
- Maintain records as required and Unit/Activity Log (ICS Form 214)
- Keep record of resource movement – staffing/equipment
  - Establish check-in/check-out function
- Maintain log of activities and other pertinent information acquired
- When ordered, secure activities and release personnel under supervision
- Demobilize resources in accordance with Demobilization Plan
- Forward all reports to Patient Transportation Unit Leader/Group Supervisor

draft

# MEDICAL SUPPLY COORDINATOR

## Job Action Sheet

---

### Description

Reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from Units assigned to the Medical Group

### Review FOG Common Responsibilities

### ICS Specific Responsibilities with Marin County additions

Radio Call Sign: "MEDICAL SUPPLY" or "MEDICAL SUPPLY 1," "MEDICAL SUPPLY 2," etc.

- Obtain situation briefing from Medical Group Supervisor
- Don position identification vest
- Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group \*
- Make requests for needed medical equipment and supplies through Medical Group Supervisor \*
- Coordinate with Treatment Unit Leader(s) for equipment and supplies needed in Treatment Areas
- Request additional medical supplies \*
- Distribute medical supplies to Treatment and Triage Units
- Maintain log of all received, requested, on-hand, and distributed equipment and supplies
- Maintain Unit/Activity Log (ICS Form 214)
- Turn in all documentation to Medical Group Supervisor
- \* If the Logistics section is established, this position would coordinate with the Logistics Section Chief or Supply Unit Leader

draft

# TRIAGE UNIT LEADER

## Job Action Sheet

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### Description

Reports to the Medical Group Supervisor and supervises Triage Personnel/Litter Bearers and the Morgue Manager. Assumes responsibility for providing triage management and movement of patients from the triage area. When triage is completed, the Unit Leader may be reassigned as needed.

### Review FOG Common Responsibilities

### ICS Specific Responsibilities with Marin County additions

Radio Call Sign: "TRIAGE" or "TRIAGE 1," "TRIAGE 2," etc.

- Obtain situation briefing from Medical Group Supervisor
- Don position identification vest
- Develop organization sufficient to handle assignment
- Inform Medical Group Supervisor of resource needs
- Secure adequate supplies of triage tags
- Implement triage process
- Assess situation
  - Advise Medical Group Supervisor
  - Advise Treatment Unit leader
  - Secure aides and litter bearers as needed
  - Designate Triage Area in safe location
- Appoint persons as taggers in each Triage Area
  - Designate sectors and assign triage teams as appropriate
- Coordinate movement of patients from the Triage area to the appropriate Treatment Area
- Maintain records of operations
  - Number of victims triaged, by category
- Give periodic status reports to Medical Group Supervisor.
  - Number of and extent of injured
  - Need for Morgue/Coroner

# TRIAGE UNIT LEADER

## Job Action Sheet, continued

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- Maintain security and control of the Triage Area
- Coordinate with Treatment Unit Leader for medical care needs in treatment areas
- Establish Morgue
- Maintain Unit/Activity Log (ICS Form 214)
- Secure operations when advised and return ICS materials and equipment
- Forward reports and records to Medical Group Supervisor

draft

# TRIAGE PERSONNEL

## Job Action Sheet

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### Description

Reports to the Triage Unit Leader. Triage patients and assigns them to appropriate treatment areas.

### Review FOG Common Responsibilities

#### ICS Specific Responsibilities with Marin County additions

- Obtain situation briefing from Triage Unit Leader
- Don position identification vest
- Report to designated on-scene triage location
- Secure adequate supplies of triage tags
- Assess situation
- 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

draft

# TREATMENT UNIT LEADER

## Job Action Sheet

---

### Description

Reports to the Medical Group Supervisor and supervises Treatment Managers and the Treatment Dispatch Manager. Assumes responsibility for treatment, preparation for transport, and directs movement of patients to loading location(s).

### Review FOG Common Responsibilities

### ICS Specific Responsibilities with Marin County additions

Radio Call Sign: "TREATMENT" or "TREATMENT 1," "TREATMENT 2," etc.

- Obtain situation briefing from Medical Group Supervisor
- Don position identification vest
- Assess situation
- Develop organization sufficient to handle assignment
- Appoint and brief staff, as needed:
  - Treatment Area Managers
  - Treatment Dispatch Manger
  - Litter Bearers
  - Runners
- Assign medical care personnel to Treatment Areas
- Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas
- Prioritize care of patients consistent with resources
  - Number of victims
  - Availability of transport
- Ensure proper medical care procedures are followed
  - Alert "Safety" and "Law" to emotionally disturbed patients in need of isolation
- Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader

draft

# TREATMENT UNIT LEADER

## Job Action Sheet, continued

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- Request sufficient medical caches and supplies as necessary
- Establish communications and coordination with Patient Transportation Unit Leader
- Ensure continual triage of patients throughout Treatment Areas
- Direct movement of patients to ambulance loading area(s)
- Expedite movement of patients for evacuation
- Give periodic status reports to Medical Group Supervisor
- Maintain Unit/Activity Log (ICS Form 214)
- Maintain records of numbers of patients treated and other activities
- Secure operations when advised and return ICS materials and equipment
- Forward reports and records to Medical Group Supervisor

draft

# IMMEDIATE TREATMENT MANAGER

## Job Action Sheet

---

### Description

Reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Immediate Treatment Area

### Review FOG Common Responsibilities

### ICS Specific Responsibilities with Marin County additions

- Obtain situation briefing from the Treatment Unit Leader
- Don position identification vest
- Assess situation
- Coordinate location of Immediate Treatment Area with Treatment Unit Leader
- Request or establish Medical Teams, as necessary
- Make requests for supplies and personnel through Treatment Unit Leader
- Assign treatment personnel to patients received in the Immediate Treatment Area
- Ensure treatment of patients triaged to the Immediate Treatment Area
- Ensure proper medical procedures are followed
- Assure the patients are prioritized for transportation
- Coordinate transportation of patients with Treatment Dispatch Manager
- Notify Treatment Dispatch Manager of patient readiness and priority for transportation
- Assure that appropriate patient information is recorded
- Maintain records of numbers of patients treated and other activities
- Maintain Unit/Activity Log (ICS Form 214)
- Secure operations when advised and return ICS materials and equipment
- Forward reports and records to Treatment Unit Leader

draft

# DELAYED TREATMENT AREA MANAGER

## Job Action Sheet

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### Description

Reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Delayed Treatment Area

### Review FOG Common Responsibilities

### ICS Specific Responsibilities with Marin County additions

- Obtain situation briefing from the Treatment Unit Leader
- Don position identification vest
- Assess situation
- Coordinate location of Delayed Treatment Area with Treatment Unit Leader
- Request or establish Medical Teams, as necessary
- Make requests for supplies and personnel through Treatment Unit Leader
- Assign treatment personnel to patients received in the Delayed Treatment Area
- Ensure treatment of patients triaged to the Delayed Treatment Area
- Ensure proper medical procedures are followed
- Assure the patients are prioritized for transportation
- Coordinate transportation of patients with Treatment Dispatch Manager
- Notify Treatment Dispatch Manager of patient readiness and priority for transportation
- Assure that appropriate patient information is recorded
- Maintain records of numbers of patients treated and other activities
- Maintain Unit/Activity Log (ICS Form 214)
- Secure operations when advised and return ICS materials and equipment
- Forward reports and records to Treatment Unit Leader

draft

# MINOR TREATMENT AREA MANAGER

## Job Action Sheet

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### Description

Reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Minor Treatment Area

### Review FOG Common Responsibilities

### ICS Specific Responsibilities with Marin County additions

- Obtain situation briefing from the Treatment Unit Leader
- Don position identification vest
- Assess situation
- Coordinate location of Minor Treatment Area with Treatment Unit Leader
- Request or establish Medical Teams, as necessary
- Make requests for supplies and personnel through Treatment Unit Leader
- Assign treatment personnel to patients received in the Minor Treatment Area
- Ensure treatment of patients triaged to the Minor Treatment Area
- Ensure proper medical procedures are followed
- Assure the patients are prioritized for transportation
- Coordinate transportation of patients with Treatment Dispatch Manager
- Notify Treatment Dispatch Manager of patient readiness and priority for transportation
- Assure that appropriate patient information is recorded
- Maintain records of numbers of patients treated and other activities
- Maintain Unit/Activity Log (ICS Form 214)
- Secure operations when advised and return ICS materials and equipment
- Forward reports and records to Treatment Unit Leader

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# TREATMENT DISPATCH MANAGER

## Job Action Sheet

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### Description

Reports to the Treatment Unit Leader and is responsible for coordinating with the Patient Transportation Unit Leader (or Group Supervisor, if established), the transportation of patients out of the Treatment Areas

### Review FOG Common Responsibilities

### ICS Specific Responsibilities with Marin County additions

Radio Call Sign: "TREATMENT DISPATCH" or "TREATMENT DISPATCH 1," "TREATMENT DISPATCH 2," etc.

- Obtain situation briefing from Treatment Unit Leader
- Don position identification vest
- Establish communications with the Immediate, Delayed, and Minor Treatment Managers
- Establish communications with the Patient Transportation Unit Leader
- Assess situation
- Verify that patients are prioritized for transportation
- Advise Medical Communications Coordinator of patient readiness and priority for transport
- Coordinate transportation of patients with Medical Communications Coordinator
- Assure that appropriate patient tracking information is recorded
- Coordinate ambulance loading with the Treatment Managers and ambulance personnel
- Maintain Unit/Activity Log (ICS Form 214)

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# MORGUE MANAGER

## Job Action Sheet

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### Description

Reports to the Triage Unit Leader and assumes responsibility for the Morgue Area functions until properly relieved

### Review FOG Common Responsibilities

### ICS Specific Responsibilities with Marin County additions

Radio Call Sign: "MORGUE" or "MORGUE 1," "MORGUE 2," etc.

- Obtain situation briefing from Medical Group Supervisor, Triage Unit Leader, and Treatment Unit Leader
- Don position identification vest
- Assess resource/supply needs and order, as needed
- Appoint staff and assistants, as needed:
  - Aides
  - Litter bearers
- Secure body tags
- Coordinate all Morgue Area activities
- Keep area off limits to all but authorized personnel
- Coordinate with law enforcement and assist the Coroner or Deputy Coroner
- Allow no one to remove a body, body part, or any personal effects from the scene without the authorization of the Coroner or Deputy Coroner
  - Move bodies only when necessary
  - Do not move bodies or personal effects without identifying the original location (photos, grid drawings, etc.)
- If necessary to move bodies, designate morgue area
- Maintain security of all personal belongings and keep with body
- Keep identity of deceased persons confidential
- Maintain appropriate records
- Secure operations when advised and return ICS materials and equipment
- Forward reports and records to Medical Group Supervisor via Triage Unit Leader if Coroner or Deputy Coroner not present at scene (Operations Chief will forward reports to Coroner)

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# PATIENT ROUTING WORKSHEET ACTIVATION LEVELS- Local MCI and Level 1

Incident Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Basic Guideline**

- Ambulances should transport to the hospitals most appropriate for patient condition.
- This table is for patients assigned to in-county hospitals; out-of-county patient destinations will be coordinated by the Coordinating Hospital.

HOSPITAL	ACTIVATION Local MCI STANDARD Number of Patients			ACTIVATION Local MCI ACTUAL Number of Patients			ACTIVATION Level 1 STANDARD Number of Patients			ACTIVATION Level 1 ACTUAL Number of Patients		
	I	D	M				I	D	M			
MARIN GENERAL HOSPITAL (TRAUMA)	1	1	2				2	2	4			
KAISER TERRA LINDA (HAZ-MAT)	1	1	2				2	2	4			
NOVATO COMMUNITY HOSPITAL	1	1	2				2	2	4			
<u>Other Facility</u>												
<u>Other Facility</u>												
<u>Other Facility</u>												
<u>Other Facility</u>												
TOTAL NUMBER OF PATIENTS TRANSPORTED												

I = Immediate  
D = Delayed  
M = Minor

draft

# PATIENT ROUTING WORKSHEET ACTIVATION LEVELS 2 and 3

Incident Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Basic Guidelines**

- ReddiNet is used to query in-house acute care hospital availability – this form tracks the number of patients sent to each facility.
- Patient destination is coordinated by the County MHOAC Program through County Communications, Public Health DOC, or County EOC.
- This form may be used by Area Commands, individual incidents, or for countywide patient tracking.

HOSPITAL (SPECIALTY)	TIME			TIME			TIME			TIME		
	I	D	M	I	D	M	I	D	M	I	D	M
MARIN GENERAL HOSPITAL (TRAUMA)												
KAISER TERRA LINDA (HAZ-MAT)												
NOVATO COMMUNITY HOSPITAL												
SANTA ROSA MEMORIAL HOSPITAL (TRAUMA)												
JOHN MUIR MEDICAL CENTER (TRAUMA)												
OAKLAND CHILDRENS HOSPITAL (PEDIATRIC)												
SAN FRANCISCO GENERAL HOSPITAL (TRAUMA)												
QUEEN OF THE VALLEY HOSPITAL (TRAUMA)												
CALIFORNIA PACIFIC MEDICAL CENTER												
PETALUMA VALLEY HOSPITAL												
PALM DRIVE HOSPITAL												
SONOMA VALLEY HOSPITAL												
SUTTER SANTA ROSA HOSPITAL												
<u>Other Facility</u>												
<u>Other Facility</u>												
<u>Other Facility</u>												
<u>Other Facility</u>												
Total Number of patients transported												





## TRANSPORTATION GROUP SUPERVISOR - WORKSHEET

### Marin County Emergency Medical Services System

NUMBER OF VICTIMS REPORTED BY TRIAGE PRIORITY				
Immediate	Delayed	Minor	Deceased	TOTALS

DATE: \_\_\_\_\_

AMBULANCES ATTACHED			

Medical Group
Patient Transportation
Ground Ambulance Coordinator
Air Ambulance Coordinator
Medical Communications Coordinator

**CRITICAL ACTIONS CHECKLIST**

These items are provided as reminders and do not replace standard ICS actions related to each position.

- Move on-scene ambulances to appropriate **MERA talk groups**
- Ascertain **system 911 ambulance availability as soon as possible**
- Attain **Hospital Status** (en route to incident, if possible)
- Prepare **information for relay** by County Communications (send HAZMAT/decon. information, hospital availability, etc.)
- Receive Assignment** when on-scene (order additional ambulance resources after receiving assignment and if authorized by the IC or designee)
- Provide a **Report on Conditions** to the LEMSA Administrator, MHOAC or designee (provide follow-up as often as practicable)
- Consider recommending **MCI Cache(s)** request (via the IC)



## **Appendix C: Marin County Public Safety Communications Centers**

### **Marin County Sheriff's Office**

- Law Enforcement intra-county and inter-county mutual aid coordination
- Fire Service intra-county mutual aid coordination
- Primary 9-1-1 PSAP for unincorporated communities
- Primary 9-1-1 PSAP for the cities and towns of Belvedere, Mill Valley, Ross, Sausalito and Tiburon
- Police dispatch center for the Sheriff's Office, Belvedere PD, Mill Valley PD, Ross PD, Sausalito PD, Tiburon PD and the Point Reyes National Seashore
- Fire dispatch center for Corte Madera FD, Kentfield FD, Larkspur FD, Mill Valley FD, Novato FD, Southern Marin FD, Ross FD, Ross Valley FD and Tiburon FD

### **Marin County Fire Department**

- Fire Service inter-county mutual aid coordination
- Fire dispatch center for Marin County FD, Bolinas FD, Inverness FD, Muir Beach FD, Nicasio FD, Skywalker Ranch FD, Stinson Beach FD and Tomales VFD

### **San Rafael Police Department**

- Primary 9-1-1 PSAP for the city of San Rafael
- Police dispatch center for San Rafael PD

### **Novato Police Department**

- Primary 9-1-1 PSAP for the city of Novato
- Police dispatch center for Novato PD

### **San Anselmo Police Department**

- Primary 9-1-1 PSAP for the town of San Anselmo
- Police dispatch center for San Anselmo PD and College of Marin PD

### **Fairfax Police Department**

- Primary 9-1-1 PSAP for the town of Fairfax
- Police dispatch center for Fairfax PD

### **Twin Cities Police Department**

- Primary 9-1-1 PSAP for the town of Corte Madera and the city of Larkspur
- Police dispatch center for Twin Cities PD

**California Highway Patrol-Golden Gate Communications Center**

- Primary 9-1-1 PSAP for wireless calls on or adjacent to divided state highways
- Police dispatch center for the California Highway Patrol

**United States Park Police – Golden Gate NRA Communications Center**

- Police dispatch center for the US Park Police and National Park Rangers
- Fire dispatch center for the Presidio of San Francisco FD

**Appendix D: Marin County Public Safety MCI Cache Locations**  
**THIS INFORMATION TO BE PLACED WITH COUNTY COMMUNICATIONS**

<b>Jurisdiction</b>	<b>Department</b>	<b>Address</b>	<b>Location of cache</b>
Ross Valley	Larkspur Fire Department	Station #16, Barry Way, Larkspur	White trailer in rear parking lot
	Ross Valley Fire Department	Station # 21, 142 Bolinas Avenue, Fairfax	Front office in the southeast corner
Novato	Novato Fire Department	Station # 1, 7025 Redwood Boulevard, Novato	Outside shipping container
	Novato Fire Department	Station # 2, 450 Atherton Avenue, Novato	Outside shipping container
	Novato Fire Department	Station # 3, 65 San Ramon Way, Novato	Outside shipping container
	Novato Fire Department	Station # 4, 319 Enfrente Drive, Novato	Outside shipping container
	Novato Fire Department	Station # 5, 5 Bolling Circle, Novato	Cargo container
San Rafael	San Rafael Fire Department	Station #3, 30 Joseph Court, San Rafael	Storage room, left rear of building
	San Rafael Fire Department	Station #4, 46 Castro Avenue, San Rafael	Utility 54 vehicle
Southern Marin	Sausalito Fire Department	Station #1, 333 Johnson Street, Sausalito	Storeroom off engine room, door labeled
	Tiburon Fire District	Station #10, 4301 Paradise Drive, Tiburon	Rear of engine room on top of lockers
West Marin		(1/2 cache at each location)	
	Marin County Fire Department	Point Reyes Station, Fourth and B Streets, Point Reyes	Northeast corner of engine room
	Bolinas Fire District	100 Mesa Road, Bolinas	Engine room, west wall, bottom row of hose rack
	Marin County Fire Department	Woodacre Station, 33 Castlerock, Woodacre	Cargo container, east side of yard
	Marin County Fire Department	Tomales Station, 599 Tomales-Dillon Beach Road, Tomales	Cargo container in rear yard, right side of container

