	1304	Multi-Casualty Incident
Nor-Cal EMS Policy & Procedure Manual	Treatment Guidelines	
Effective Date: 03/01/2025	Next Revision: 03/01/2028	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

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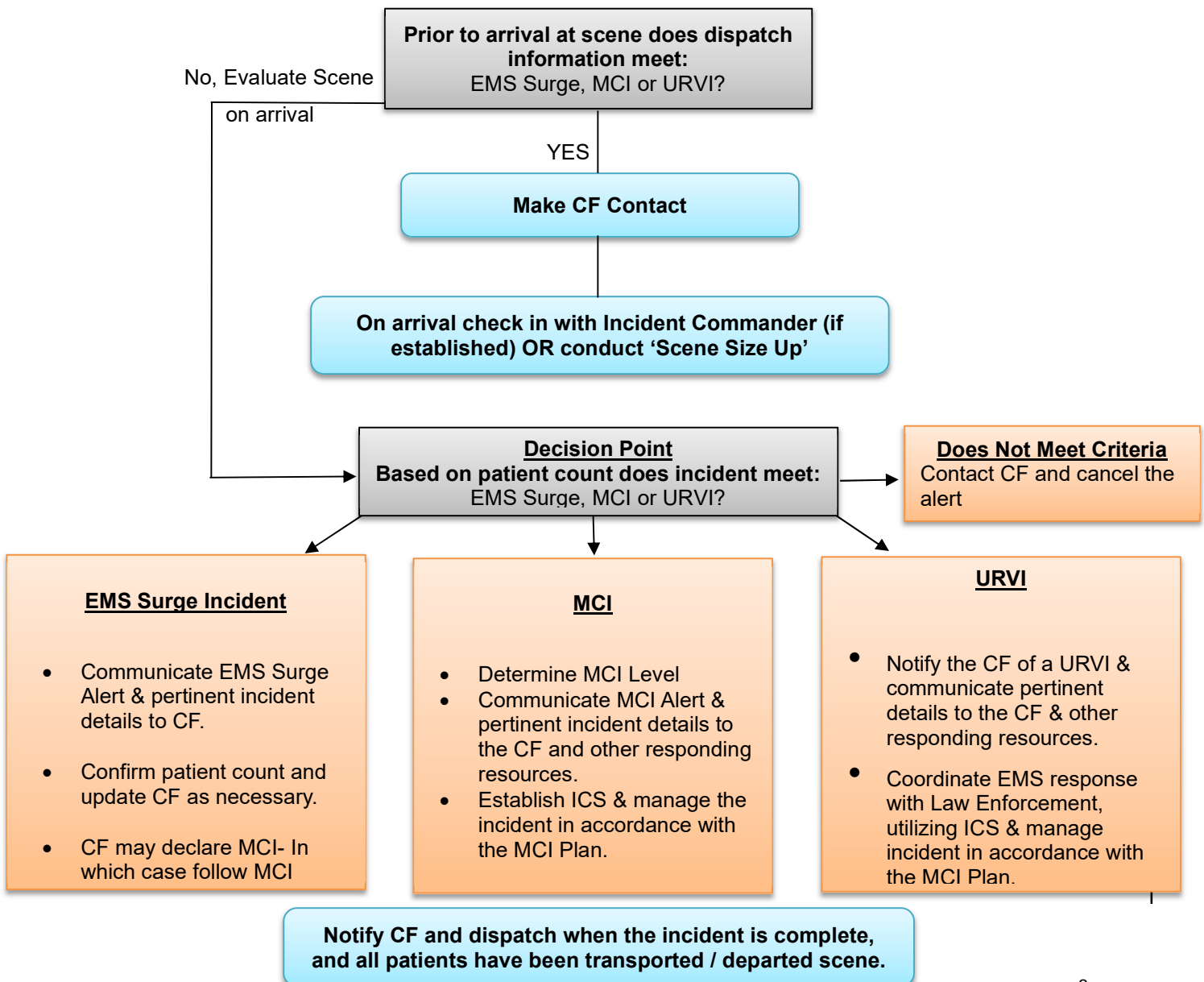
1304D Consolidated MCI Worksheets (1304D1,D2,D3, ICS 214) – See Separate FILE

1. **Control Facility (CF):** An agency authorized to direct patient dispersal during MCI or URVI.
2. **EMS Surge Incident:** An incident that does not overwhelm prehospital resources but has potential to overwhelm hospital resources.
3. **Multi-Casualty Incident:** Exists when current personnel and equipment are not adequate to care for all the victims involved.
4. **Unified Response to Violent Incident (URVI):** Unified response between Fire/EMS and law enforcement agencies to provide for the expedited removal of victims from an incident where a suspect may potentially still be active and not yet apprehended.

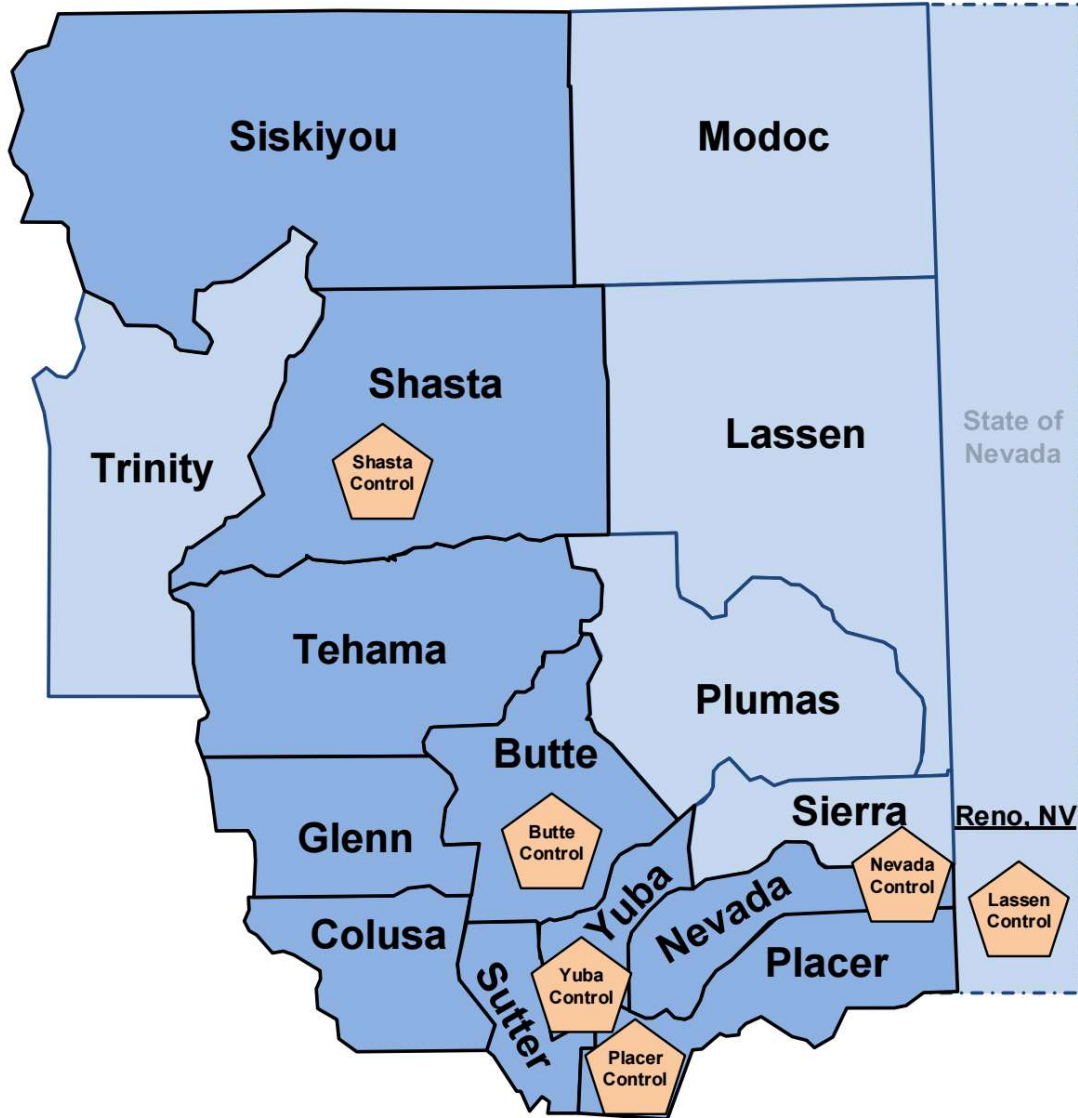
Level 1 MCI: Approximately 5-14 patients

Level 2 MCI: Approximately 15-49 patients

Level 3 MCI: 50+ patients, expected duration greater than 1 hour



Control Facility (CF) Map



Local EMS Agencies (LEMSAs)

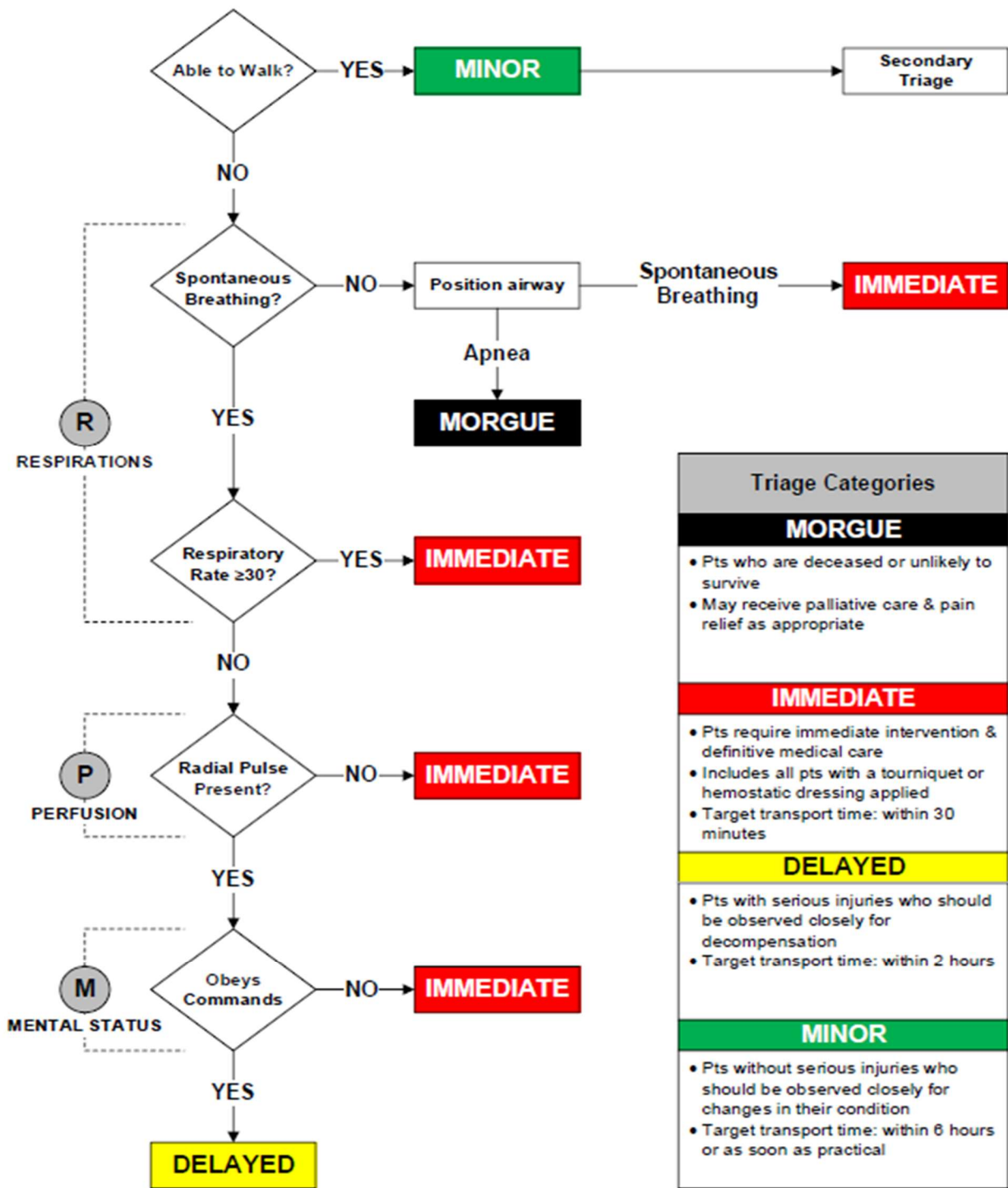
Nor-Cal EMS Counties (Lassen, Modoc, Plumas, Sierra, Trinity)

S-SV EMS Counties (Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, Yuba)

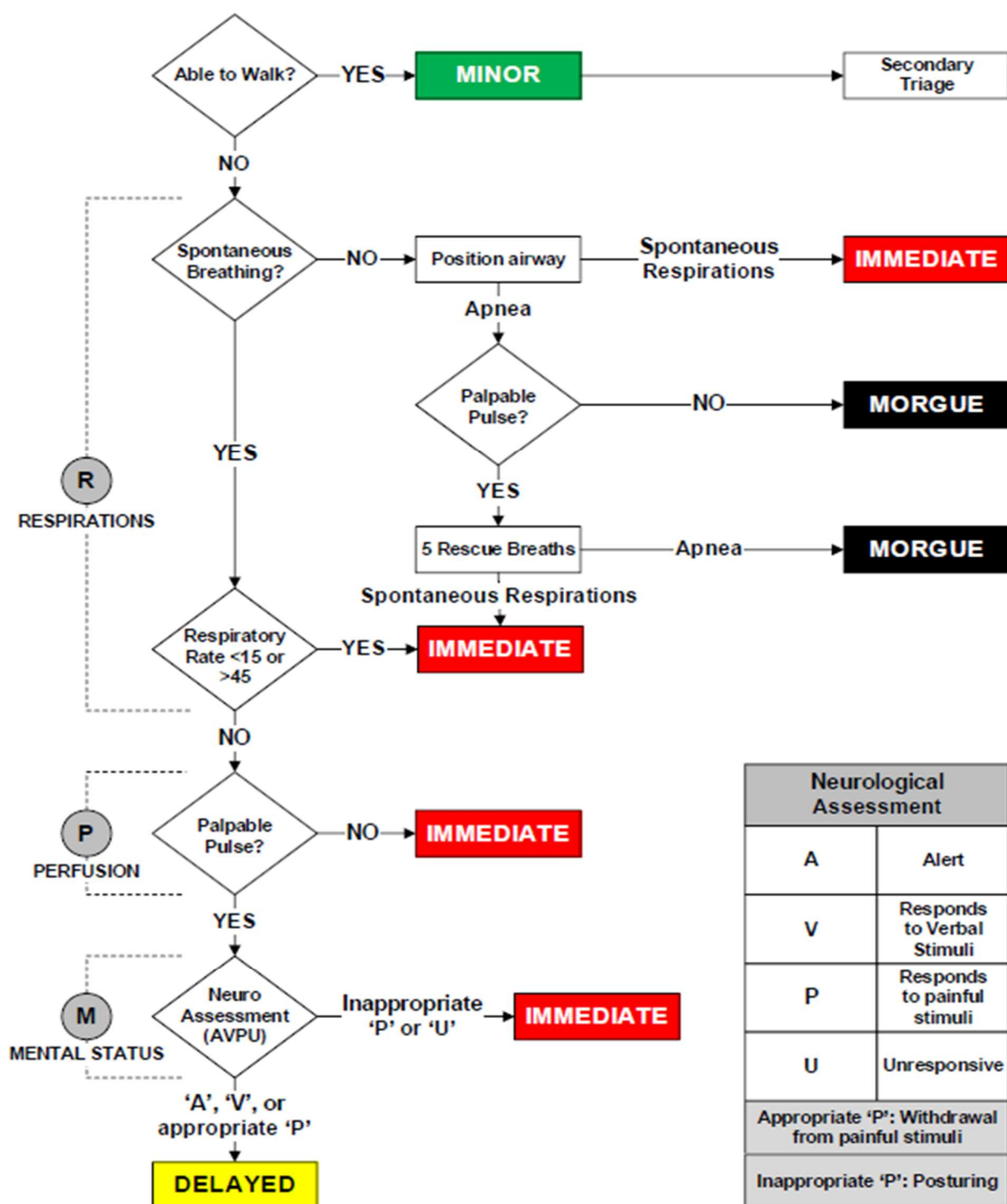
Control Facilities (CFs)


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

START ADULT TRIAGE



JUMPSTART PEDIATRIC TRIAGE



	1304A	Multiple Casualty Incident Policy
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PURPOSE

1. To establish a minimum standard for management of a Multi-Casualty Incident (MCI) through an appropriate operational structure, using the Incident Command System (ICS).
2. To define roles and duties of responding personnel.
3. To establish a standard approach to triage.
4. To facilitate effectiveness of multi-agency response.
5. To provide guidelines for MCI documentation.

POLICY

To provide guidance for the treatment and transport of victims of an incident meeting classification of a Mass-Casualty Incident (MCI).

DEFINITIONS

5. **Multi-Casualty Incident:** Exists when current personnel and equipment are not adequate to care for all the victims involved. A normal level of stabilization and care cannot be achieved until additional resources are available. These incidents include, but are not limited to, mass trauma or mass medical (i.e. Overdose, Infectious Disease Outbreak, ETC.) and/or hazardous materials exposure.
6. **EMS Surge Incident:** An incident that does not overwhelm prehospital resources but has potential to overwhelm hospital resources.
7. **Incident Commander (IC):** Responsible for overall scene management
8. **Unified Response to Violent Incident (URVI):** Unified response between Fire/EMS and Law Enforcement agencies to provide for the expedited removal of victims from an incident where a suspect may potentially still be active and not yet apprehended.
9. **Medical Health Operational Area Coordinator (MHOAC):** County Official responsible for coordinating medical and health related resources in an operational area and requesting regional medical health support for large incidents.
10. **Mobile Intensive Care Nurse (MICN):** A Registered Nurse (RN) authorized by the LEMSA to issue instructions to prehospital emergency medical care personnel and facilitate distribution of casualties to receiving facilities.
11. **START (Simple Triage and Rapid Treatment):** A triage algorithm focused on responsiveness, mobility, and respiratory status.
12. **JumpSTART:** A variation on START, developed specifically for pediatric trauma.
13. **Control Facility:** An agency authorized to direct patient dispersal during MCI or URVI.

ACTIVATION

1. Activation of the MCI plan may be made by a first responder agency, ambulance provider, or hospital. If sufficient information is provided, activation may be made prior to on-scene arrival.
2. For general guideline purposes MCI's may be called for any incident that overwhelms the local response system. CF's may have different activation criteria, as they are located in counties outside those overseen by Nor-Cal EMS, they will however activate an MCI alert at the responders' request.
3. As the number of patients increases, the focus shifts from individual incident management to system sustainability and performance. Activation levels are based on factors such as size, type, location, and other regional incidents that may impact both the EMS and hospital system.

COMMUNICATIONS

1. The Nor-Cal region is expansive—encompassing a large rural population spread over a diverse landscape. Consequently, communications during any MCI incident has great potential to be hindered by remote regions and mountainous terrain, lacking communication towers and cell service. Operational areas are required to plan for potential communication barriers and ensure appropriate options are available to resources should an MCI incident occur in areas with limited or no radio reception.
2. EMResource shall be utilized for region wide notification/situational awareness purposes, and to quickly obtain bed availability from appropriate receiving hospitals.
3. Patient destination is determined in coordination between the on-scene Medical Communications Coordinator and the Control Facility. Level 3 incidents may include assistance from the Nor-Cal EMS Duty officer or designee if necessary.

COMMAND RESPONSIBILITIES

1. The IC should establish incident objectives that prioritize the four (4) T's: Triage, Treatment, Transport, and Tracking.
2. Incident positions critical to success are:
 - a. Incident Commander (IC).
 - b. Triage Unit Leader.
 - c. Transportation Unit Leader.
 - d. Medical Communications Coordinator.
3. When minimal resources are available, the Medical Communications Coordinator may also assume the role of Transportation Unit Leader.
4. For MCIs Involving multiple pediatric/family members, consideration should be given to creating an ICS position to assist with family reunification.


For general guideline purposes MCI's may be called for any incident that overwhelms the local response system. CF's may have different activation criteria, as they are located in counties outside those overseen by Nor-Cal EMS, but will activate an MCI alert at the responders' request.

RESOURCE ROLES/RESPONSIBILITIES

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

DOCUMENTATION

1. The minimum required documentation during the course of an MCI is a triage tag. Prehospital personnel are required to complete a PCR for each patient they transport after the completion of the MCI.
 - a. Prehospital personnel should record enough information on the triage tag to facilitate the completion of their PCR.
2. The Nor-Cal EMS approved **Prehospital Patient Tracking Worksheet** shall be utilized to track all patients.
3. EMS personnel shall complete additional ICS paperwork if requested by the IC which may include:
 - a. ICS 214 Activity Log should be completed as
 - I. This log is used to record details of notable activities at any ICS level including: Single resources, ICS Positions, Ambulance Strike Team/Task Force resources.
 - II. These logs provide basic incident activity documentation and are used as reference for after action reports.
 - III. These logs can be initiated/maintained by personnel in various ICS positions, as necessary/appropriate.
 - IV. Personnel should document how relevant incident activities are occurring/progressing, or any notable events/communications.
4. An MCI Evaluation Form shall be submitted to Nor-Cal EMS within seven (7) working days by the following:
 - a. IC
 - b. Control Facility and Receiving Facilities
 - c. Prehospital Transport Providers (Ground & Air)
 - d. Prehospital Non-Transport Providers (Optional)
5. Nor-Cal EMS will evaluate the incident details/documentation and determine if additional formal after action review/follow-up is necessary.

	1304 B	MCI Levels and Responsibilities		
EMS Surge	Level 1 MCI= 5-15 Patients	Level 2 MCI= 5-49	Level 3 MCI= 50+ Patients	
<ul style="list-style-type: none">• An incident that may overwhelm hospital resources with multiple patients• Three or more transport resources requested to respond to a single incident• Multiple patients may arrive at the hospital by private vehicle• A Unified Response to Violence Incident (URVI)	<ul style="list-style-type: none">• Single event managed with Operational Area Resources	<ul style="list-style-type: none">• Multiple minor/moderate incidents occurring simultaneously• Requires modifications to routine EMS system• Will likely require mutual aid• Notify Nor-Cal EMS Duty officer• May require notification to MHOAC	<ul style="list-style-type: none">• Catastrophic events producing excessive numbers of patients• Routine and mutual aid resources overwhelmed• Requires modifications to routine EMS system. Including significant use of mutual aid resources• Notify Nor-Cal EMS Duty officer and the MHOAC	
EXAMPLES				
<ul style="list-style-type: none">• Dispatched to high-speed multiple vehicle collision• Reported active shooter• Hazmat incident (unkn patient count)• Structure fire with possible victims	<ul style="list-style-type: none">• Vehicle accident involving high occupancy vehicle• Multiple acute overdoses• Multiple confirmed shooting victims• Multiple patients requiring transport to specialty receiving center	<ul style="list-style-type: none">• Vehicle accident involving public transit or school bus• Commercial structure fire with possible victims• Vehicle into a large public gathering	<ul style="list-style-type: none">• Catastrophic explosion with widespread damage• Commercial aircraft crash• Catastrophic earthquake	



Receiving Facility Responsibilities

Primary Responsibility: Provide timely MCI receiving capability information to the Control Facility (CF) and receive EMS transported patients.

Level 1 MCI= 5-15 Patients

Respond to EMResource event hospital bed poll within 5 minutes

Make internal notifications and institute procedures per hospital protocol

Monitor EMResource for incident updates and patient destination assignments

Level 2 MCI= 15-49

All level 1 responsibilities

Assess ability to manage additional patients

Consider activating hospital's surge plan

Level 3 MCI= 50+ Patients

All level 2 responsibilities



Control Facility Responsibilities

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

Level 1 MCI= 5-15 Patients

Confirm incident type, location, and number of patients

Complete EMResource event notice and receiving hospital polling

Coordinate appropriate patient distribution with Incident management

Level 2= MCI 15-49

All level 1 responsibilities

Consider activation of facility surge plan

Level 3 MCI= 50+ Patients

All level 2 responsibilities

Coordinate with the Nor-Cal EMS Agency Duty Officer



Nor-Cal EMS Duty Officer Responsibilities

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

Level 1 MCI= 5-15 Patients

Confirm incident type, location, and number of patients

Complete EMResource event notice and receiving hospital polling

Coordinate appropriate patient distribution with incident management

Level 2 MCI= 15-49

All level 1 responsibilities

Consider activation of facility surge plan

Level 3 MCI= 50+ Patients

All level 2 responsibilities

Coordinate with Nor-Cal EMS Agency Duty Officer



Public Safety Agencies Responsibilities

Primary Responsibility: Overall scene incident management.

Level 1 MCI= 5-15 Patients	Level 2= MCI 15-49	Level 3 MCI= 50+ Patients
<p>Establish Incident Command</p> <p>Fill appropriate ICS positions for level 1 MCI</p> <p>Communicate with dispatch incoming units</p> <p>Ensure early notification of appropriate Control Facility, in coordination with ambulance personnel</p> <p>Consider additional resource needs as incident escalates/expands</p>	<p>All level 1 responsibilities</p> <p>Scale ICS positions according to incident needs/size</p> <p>Fill appropriate ICS positions for a level 2 MCI</p> <p>Evaluate medical supply needs and consider requesting MCI / Disaster Cache(s) or additional resources</p>	<p>All level 2 responsibilities</p> <p>Fill appropriate ICS positions for level 3 MCI</p>



Transporting Agencies Responsibilities

Primary Responsibility: Assume appropriate ICS positions as assigned by IC. Patient treatment/transport to assigned hospitals.

Level 1 MCI= 5-15 Patients

Ensure early notification of appropriate Control Facility, in coordination with the IC

Consider additional EMS transportation resources in coordination with the IC

Level 2= MCI 15-49

All level 1 responsibilities

Remain assigned to the incident until released by the IC/designee

Consider initiating disaster plans for extended operations

Consider recalling off-duty personnel

Level 3 MCI= 50+ Patients

All level 2 responsibilities

Initiate disaster plans for extended operations

Recall off-duty personnel for extended operations



HEMS Responsibilities

Primary Responsibility: Patient treatment/transport to assigned hospitals. Provide care at scene as appropriate.

Level 1 MCI= 5-15 Patients	Level 2= MCI 15-49	Level 3 MCI= 50+ Patients
<p>Monitor incident enroute</p> <p>Provide aircraft availability if requested</p> <p>Initiate and maintain contact with IC / designee</p> <p>Confirm patient destination with IC / Transportation Unit Leader</p>	<p>All level 1 responsibilities</p> <p>Consider cancelling non-emergency HEMS activity</p> <p>Remain in contact with other possible aircraft responding to the incident</p> <p>Consider recalling off-duty personnel</p> <p>Consider Initiating disaster plans for extended operations</p>	<p>All level 2 responsibilities</p> <p>Initiate disaster plans for extended operations</p> <p>Recall off-duty personnel for extended operations</p>

	1304C	ICS Position Descriptions and Forms
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The following are generalized local guidelines for ICS Position descriptions. Cal-OES / Firescope Field Operations Guide IOS/Android application is updated regularly and recommended as a key resource.

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TRIAGE UNIT LEADER

POSITION DESCRIPTION:

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

RESPONSIBILITIES:

- Determine initial patient count and needs.
 - Notifies IC and Medical Communications Coordinator of initial patient count / needs
- Implements triage utilizing START(Adult) or Jump START (Pediatric).
- Assures triage tags are being utilized.
- Receives triage tag 'stubs' until they are passed to the Treatment Unit Leader.
- Coordinates movement of patients from triage to treatment areas as appropriate.
- Gives periodic status updates to the IC or appropriate ICS supervisor.
- At completion of triage patients may be re-triaged as time and resources permit.

WHO IS APPROPRIATE FOR THIS POSITON:

- Fire Department EMT or Paramedic
- Ground Ambulance EMT or Paramedic

EQUIPMENT NEEDED:

- ICS Vest
- Radio / cell phone for CF communications
- Patient Tracking Worksheet



1304 D1

Patient Tracking Worksheet

Nor-Cal EMS Policy & Procedure Manual

Treatment Guidelines

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Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR

SIGNATURE ON FILE

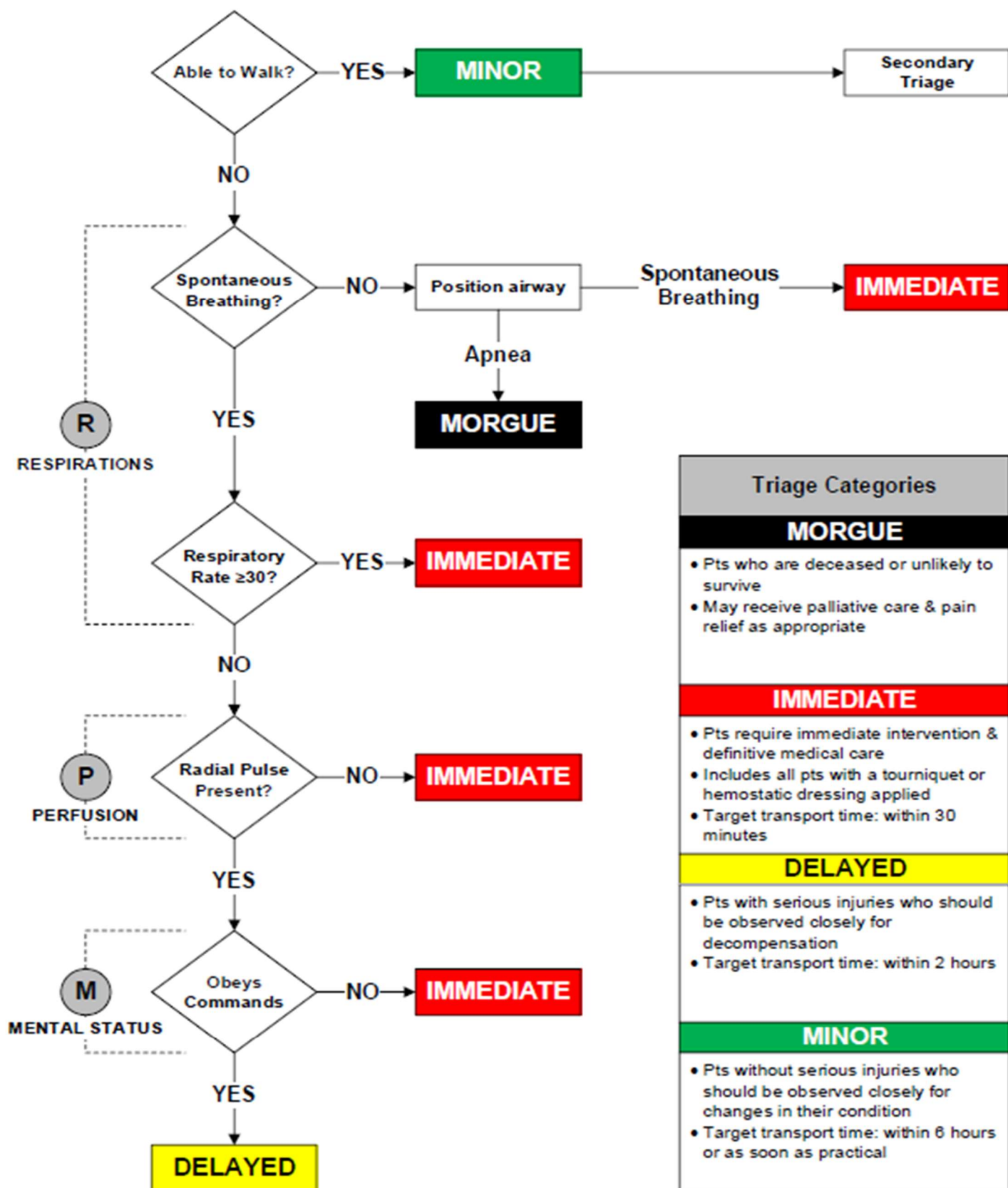
Incident Location / Name			Incident Date	Form Completed By			Contact Telephone #		
Triage Status	Triage Tag # (last 4)	Age	Primary Injury Type	County of Origin Code*	Transport Destination	Transp. Unit ID	Transp. Time	ETA	CF Advised
	Patient Name (First & Last)	Gender							
I D M									
		M F U							
I D M									
		M F U							
I D M									
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* COUNTY OF ORIGIN CODES

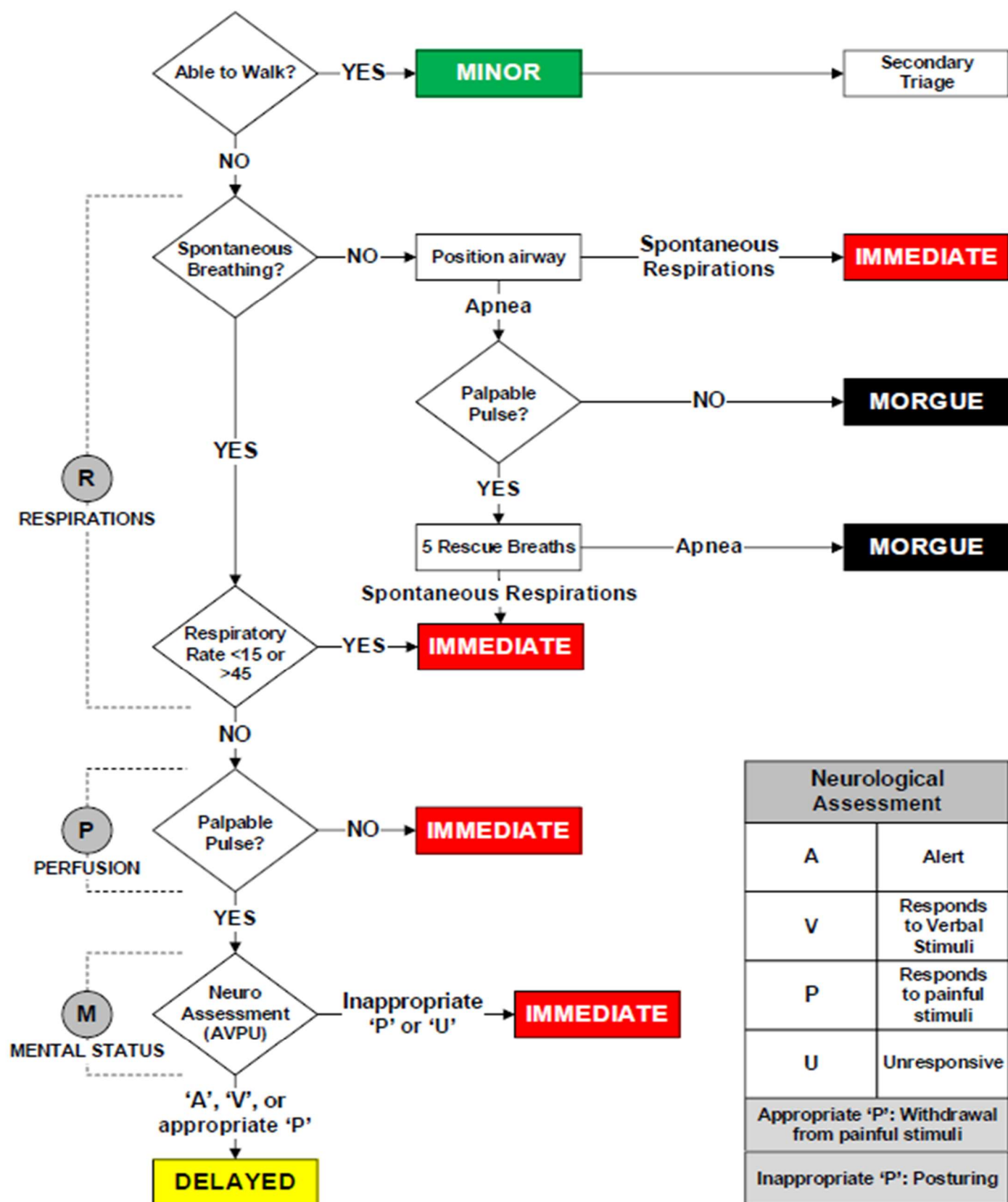
Butte (XBU) Colusa (XCO) Glenn (XGL) Lassen (XLS) Modoc (XMO) Nevada (XNE) Placer (XPL) Plumas (XPU) Shasta (XSH) Sierra (XSI) Siskiyou (XSK) Sutter (XSU) Tehama (XTE) Trinity (XTR) Yuba (XYU)

Take a picture of the completed worksheet with a smartphone and email to RDMHS.Region3@ssvems.com AND to mail@norcalems.org

START ADULT TRIAGE



JUMPSTART PEDIATRIC TRIAGE



Neurological Assessment	
A	Alert
V	Responds to Verbal Stimuli
P	Responds to painful stimuli
U	Unresponsive
Appropriate 'P': Withdrawal from painful stimuli	
Inappropriate 'P': Posturing	

TRANSPORTATION UNIT LEADER

POSITION DESCRIPTION:

The Transportation Unit Leader supervises the Medical Communications Coordinator, Ground Ambulance Coordinator, and Air Ambulance Coordinator (if applicable). They are responsible for coordination of patient transportation and maintenance of records relating to patient's identification, condition, and destination.

The responsibilities of this position may initially be assigned to/managed by the Medical Communications Coordinator. Upon arrival of additional resources, the Transportation Unit Leader position can be reassigned in coordination with the IC. Depending on the size/complexity of the incident, this position may need to be upgraded to Group Supervisor level as determined by the IC.

RESPONSIBILITIES:

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

WHO IS APPROPRIATE FOR THIS POSITION:

- Paramedic Field Supervisor (preferred)
- Fire Department or Ground Ambulance Paramedic

EQUIPMENT NEEDED:

- ICS Vest
- Patient Tracking Worksheet



1304 D1

Patient Tracking Worksheet

Nor-Cal EMS Policy & Procedure Manual

Treatment Guidelines

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Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR

SIGNATURE ON FILE

Incident Location / Name			Incident Date	Form Completed By			Contact Telephone #		
Triage Status	Triage Tag # (last 4)	Age	Primary Injury Type	County of Origin Code*	Transport Destination	Trans. Unit ID	Trans. Time	ETA	CF Advised
	Patient Name (First & Last)	Gender							
I D M									
		M F U							
I D M									
		M F U							
I D M									
		M F U							
I D M									
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* COUNTY OF ORIGIN CODES

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

Take a picture of the completed worksheet with a smartphone and email to RDMHS.Region3@ssvems.com AND to mail@norcalems.org

TREATMENT UNIT LEADER

POSITION DESCRIPTION:

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

RESPONSIBILITIES:


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

WHO IS APPROPRIATE FOR THIS POSITON:

- Paramedic Field Supervisor (preferred)
- Fire Department or Ground Ambulance Paramedic
- EMT/AEMT (If paramedic personnel are not available).

EQUIPMENT NEEDED:

- ICS Vest
- Treatment Area Worksheet

	1304 D3	Treatment Area Log- Immediate, Delayed, Minor or Morgue	
		(Circle one)	
		Nor-Cal EMS Policy & Procedure Manual	
		Treatment Guidelines	
Effective Date: 03/01/2025		Next Revision: 03/01/2028	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE	

Incident Name				
Incident Date				
Treatment Manager Name				
Triage Tag #	Age	Gender	Injury Description	Transported Time
		M F U		
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MEDICAL COMMUNICATIONS COORDINATOR

POSITION DESCRIPTION:

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

RESPONSIBILITIES:


- Establish communication with appropriate CF.
- Provide pertinent basic patient information to the CF.
- Patient Age, Gender, Triage Category and Number.
- Receives basic patient & triage(re-triage) information from the Triage Unit Leader.
- Receives patient destination information from CF.
- Works with Transportation Unit Leader to coordinate patient transport needs.

WHO IS APPROPRIATE FOR THIS POSITON:

- Paramedic Field Supervisor (preferred)
- Fire Department or Ground Ambulance Paramedic
- EMT/AEMT (If paramedic personnel are not available)

EQUIPMENT NEEDED:

- ICS Vest
- Radio/cell phone for CF communications
- Treatment Area Worksheet

	1304 D3	Treatment Area Log- Immediate, Delayed, Minor or Morgue <small>(Circle one)</small>		
Nor-Cal EMS Policy & Procedure Manual		Treatment Guidelines		
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Incident Name				
Incident Date				
Treatment Manager Name				
Triage Tag #	Age	Gender	Injury Description	Transported Time
		M F U		
		M F U		
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GROUND AMBULANCE COORDINATOR

POSITION DESCRIPTION:

The Ground Ambulance Coordinator manages the ground ambulance staging area(s) and dispatches ground ambulances as requested through IC or their designee.

RESPONSIBILITIES:

- Establish appropriate staging area for ground ambulances resources and communicates that location to the IC or appropriate ICS supervisor.
- Establish route of travel from staging area to the patient loading area.
- Establish and maintain communication/mode of contact with Medical Communication Coordinator
- Provide ambulance resources upon request from Medical Communication Coordinator or appropriate ICS position.
- Ensures the necessary equipment/personnel to manage patient needs is provided in each ambulance.
- Requests additional ground ambulance resources through the IC or appropriate ICS position, based on incident needs.
- Considers the use of alternative transport resources, when necessary, in conjunction with the Medical Communications Coordinator and the CF.
- Provides an inventory of medical supplies available in the ground ambulance staging area.

WHO IS APPROPRIATE FOR THIS POSITON:

- BLS Fire Department Personnel (preferred)
- Fire Department or Ground Ambulance EMT
- Other Fire Department Personnel

EQUIPMENT NEEDED:

- ICS Vest
- Patient Transportation Resource Staging Log



1304 D2

Transportation Resource Staging Worksheet

Nor-Cal EMS Policy & Procedure Manual

Treatment Guidelines

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Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR

SIGNATURE ON FILE

INCIDENT NAME:

GROUND AMBULANCE/ HEMS COORDINATOR:

Provider Agency	Unit ID	Unit Type	Staging Arrival Time	Staging Time Out	Unit Disposition

HEMS COORDINATOR

POSITION DESCRIPTION:

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

RESPONSIBILITIES:

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

WHO IS APPROPRIATE FOR THIS POSITON:

- BLS Fire Department Personnel (preferred)
- Other Fire Department Personnel

EQUIPMENT NEEDED:

- ICS Vest
- Patient Transportation Resource Staging Log



1304 D2

Transportation Resource Staging Worksheet

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INCIDENT NAME:

GROUND AMBULANCE/ HEMS COORDINATOR:

Provider Agency	Unit ID	Unit Type	Staging Arrival Time	Staging Time Out	Unit Disposition

PATIENT LOADING COORDINATOR

POSITION DESCRIPTION:

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

RESPONSIBILITIES:

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

WHO IS APPROPRIATE FOR THIS POSITON:

- BLS Fire Department Personnel (preferred)
- Other Fire Department Personnel

EQUIPMENT NEEDED:

- N/A

MEDICAL GROUP SUPERVISOR

POSITION DESCRIPTION:

The Medical Group Supervisor reports to the IC or Medical Branch Director on larger Incidents. The Medical Group Supervisor supervises the Triage Unit Leader, Treatment Unit Leader, Transportation Unit Leader and Medical Supply Coordinator

RESPONSIBILITIES:

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

WHO IS APPROPRIATE FOR THIS POSITON:

- Paramedic Field Supervisor (preferred)
- ALS Non-Transport provider Fire Captain / Paramedic
- Ground Ambulance Paramedic

EQUIPMENT NEEDED:

- ICS Vest
- Appropriate ICS forms

MEDICAL BRANCH DIRECTOR

POSITION DESCRIPTION:

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

RESPONSIBILITIES:

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

WHO IS APPROPRIATE FOR THIS POSITON:

- Nor-Cal EMS Agency Duty Officer (preferred).
- Fire Department Battalion Chief

EQUIPMENT NEEDED:

- ICS Vest
- Appropriate ICS forms