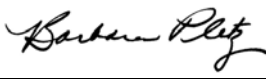## MULTI-CASUALTY INCIDENT RESPONSE PLAN

APPROVED: _____   _____

   EMS Medical Director   EMS Administrator

1.   PURPOSE

   1.1   The purpose of this plan is to establish responsibilities and determine actions required to coordinate a multi-agency response to a multi-casualty incident (MCI) within San Mateo County and/or within adjacent counties. Understanding that each multi-casualty incident will vary in size and scope, flexing of medical resources should be considered.

2.   DEFINITIONS

   2.1   Multi-Casualty Incident- An incident in which the combination of numbers of injured personnel and type of injuries go beyond the capability of an entity's normal first response.

   2.2   ICS - In an emergency medical incident, as established by this plan, an Incident Command structure will be established. The ICS used to manage the incident response will be the current version of the State Board of Fire Service Incident Command System.

   ICS is defined as the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish stated objectives pertaining to the incident. See glossary of terms for detailed definitions of all ICS positions.

   2.3   Ambulance Greater Alarm Plan (see attached)- San Mateo County EMS plan establishing levels of response based on required resources to a multi-casualty incident through the proper implementation of the Incident

   Command System. The plan allocates pre-determined medical resources to the scene of a confirmed multi-casualty incident.

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2.4   Triage Tags- For consistency purposes the California Fire Chiefs Association or DMS Medical All Risk Triage Tags should be utilized in the field (see page 24). It is important to remember that each individuals triage tag number needs to be made available to the Triage and Treatment Unit Leaders as well as the Transport Group Supervisor.

2.5   START Triage- Acronym for Simple Triage and Rapid Treatment that is a system that allows field care personnel to triage adult patients into one of four categories: Immediate, delayed, minor and deceased (see attached START flowchart).

2.6   JUMPSTART Triage- a system that allows field care personnel to triage pediatric patients aged 1-8 years into one of four categories: Immediate, delayed, minor and deceased (see attached JUMPSTART flowchart).

2.7   Standardized Emergency Management System (SEMS)- The system required by Government Code section 8607(a) for managing response to multi-agency and multi-jurisdictional emergencies in California. It is designed to provide standard terminology, operational concepts, mutual aid procedures and common communications at the state and local level.

2.8   Incident Dispatch Team (IDT)- The Incident Dispatch Team is a unit of the San Mateo County Public Safety Communications Division. It consists of an IDT Director and qualified dispatchers who have received specialized training to perform communications and resource status support at the scene of a fire or fire related incident. IDT's respond automatically as a pre-designated resource within San Mateo County, or outside the county as requested by the state Office of Emergency Services Fire and Rescue Mutual Aid System.

2.9   Critical Incident Stress Management Team (CISM)- the peer-based county response team that is available to assist responders (police, fire, ambulance, dispatchers) with the emotional aspects following a significant event.

3.   IMPLEMENTATION OF PLAN

3.1   Upon report at San Mateo County Public Safety Communications (PSC) of an incident, the dispatcher will assign a level of emergency response, dispatch the assigned units and make the required notifications to hospitals and other agencies as pre-established. The initial notification should contain a brief summary of the situation.

3.2 First on Scene- The first unit to arrive at the scene will notify PSC of the incident and an assessment of the situation, which should include the following:

    3.2.1 Type of incident.
    3.2.2 Location of incident and best ingress route(s).
- Approximate number of patients and level of emergency response being declared.
- Location of command post, radio call sign of the Incident Commander and Medical Group Supervisor and staging location(s) for incoming units.

3.3 Understanding that the size and scope of multi-casualty incidents will vary, it is understood that the use of BLS ambulances may be needed to transport ALS level patients. In these instances, it is strongly encouraged that whenever possible, a firefighter/paramedic with ALS equipment accompany the BLS crew to the receiving facility.

4. COMMUNICATION CHANNELS FOR PLAN

4.1 In the event of an MCI declaration the appropriate Fire secondary control channel will become the MEDICAL TACTICAL CHANNEL. This channel will be restricted for this detail and requests for medical resources to PSC will be completed on this channel.

    4.1.1 Use of other channels may be utilized, when designated for coordination during and MCI (i.e."MCI 1" or "MCI 2" on the EMS trunked radio system).

4.2 The designated Transport Group Supervisor will communicate with each hospital as needed on the designated EMS radio hospital talk group

4.3 If during an MCI the designated hospital talk group is inaccessible, Paramedic units not involved in the MCI will deliver patient reports to the receiving hospital via the unit's cellular phone.

5. ASSIGNMENT OF RESOURCES BY THE EMS DISPATCHER

5.1 Assignment is defined as providing EMS resources to an incident at the discretion of the dispatcher until arrival of the first unit and the declaring of an MCI response level.

6. MEDICAL MUTUAL AID

    6.1   Medical mutual aid is defined as the need for additional medical resources either within or outside the county to the scene of an MCI. Requests for resources must go through the Incident Commander in coordination with the Medical Group Supervisor.

        6.1.1   Upon activation of an MCI at the 1st response level, PSC should take the following actions:

                ▪   PSC will contact AMR's BLS dispatch center and inform them that an MCI has been declared in the county. AMR will then poll its BLS ambulance resources and forward the information back to PSC.

        6.1.2   Further actions that may be taken specific to AMR's BLS resources include the on-call EMS Administrator requiring AMR's San Mateo Division to dedicate all it's ambulance resources to an event. This will be done in coordination with the on-duty AMR Field Supervisor.

                ▪   PSC should consider the use of ambulance resources from an adjoining county(s) under the following conditions:

                        •   An MCI has been declared within the county, and
                        •   The ALS ambulance system is at level two or below.

    6.2   If an MCI has been declared and the dispatcher anticipates the event may result in the depletion of ambulance resources within the county, the dispatcher may poll for resources outside San Mateo County.

    6.3   When contacting out-of-county ambulance dispatch centers for medical mutual aid, the PSC dispatcher should first contact the dispatch center for the jurisdiction closest in proximity to the incident. Out of county medical mutual aid can requested through the following agencies:

- North Zone- San Francisco County
  1. San Francisco CMED
- Central Zone- Alameda County
  1. Alameda County CMED
- South Zone- Santa Clara County
  1. Palo Alto Fire
  2. Santa Clara County CMED
- South Zone- Santa Cruz County
  1. Santa Cruz County CMED

6.4   In addition to the use of Lifeflight and Calstar for air transport, consider the use of other providers including REACH, CHP and East Bay Regional Parks. These providers should only be utilized for medical mutual aid when Lifeflight and Calstar are not available.

7.   DOCUMENTATION

7.1   During an MCI, triage tags should be used on each patient as a baseline for documentation purposes. **At a minimum**, patient information that should be documented on each tag should include:
- Chief Complaint/Injury(s)
- Field Treatment
- Vital Signs (if possible)
- Triage Tag number and Patient Name (if possible)

7.2   In addition to triage tags, patients that are transported by ambulance must have a patient care report (PCR) completed by the transporting ambulance crew. Depending on the scope and impact an incident may have on the EMS system, the minimum patient information listed above may be documented.

7.2.1   Requests for minimum patient documentation on a PCR and/or the use of hardcopy (paper) PCR's during an MCI must be approved by the on-call EMS Administrator.

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Ambulance Greater Alarm Plan-MCI

Alarm	Ambulance	Supervisors	Cover-In/Notification
Initial Response	ALS Ambulance		**Follow System Status Plan**
Level 1 MCI	ALS Ambulance ALS Ambulance Air Ambulance *	AMR Supervisor	**Follow System Status Plan** Notify BCE Poll Hospitals via HART Poll AMR's BLS Division Consider Medical Mutual Aid Consider notification of CISM Team through the IC
Level 2 MCI	ALS Ambulance BLS Ambulance		**Follow System Status Plan** Notify EMS On-Call Administrator Notify AMR On-Call Manager Consider Medical Mutual Aid Poll Bayshore Ambulance Consider use of WOF Rescue 7,SOF R-61 and R-63 for transport purposes
Level 3 MCI**	BLS Ambulance BLS Ambulance		**Follow System Status Plan** Consider Use of AMR MCI Unit Consider Medical Mutual Aid
Level 4 MCI	BLS Ambulance BLS Ambulance		**Follow System Status Plan** Consider Medical Mutual Aid Consider IDT Response
Level 5 MCI	BLS Ambulance BLS Ambulance		**Follow System Status Plan** Consider Medical Mutual Aid
Level 6 MCI	BLS Ambulance BLS Ambulance		**Follow System Status Plan** Consider Medical Mutual Aid
Level 7 MCI	BLS Ambulance BLS Ambulance		**Follow System Status Plan** Consider Medical Mutual Aid
Level 8 MCI	BLS Ambulance BLS Ambulance		**Follow System Status Plan** Consider Medical Mutual Aid

NOTE: Alarms must be activated in sequence with no levels skipped.
* County Communications to check with IC if Air Ambulance is needed
** Incident Command may utilize ALS resources at any time based on need

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MEDICAL GROUP SUPERVISOR

PERSONNEL ASSIGNED: Officer/Supervisor, Paramedic (preferred), Firefighter, EMT

FUNCTION: Establish supervision and direct the activities within a medical group at a multi-casualty incident (MCI).

REPORTS TO: Operations/I.C.

SUPERVISES: Triage and Treatment Unit Leaders, and Transport Group Supervisor

DUTIES:

- DON POSITION VEST

- READ THIS DUTY CHECKLIST

- ASSESS AND REPORT SITUATION

- ORDER NEEDED RESOURCES THROUGH OPS/I.C. (i.e. Law Enforcement or Coroner's Aide).

- ESTABLISH MEDICAL COMMUNICATIONS ON ASSIGNED SECONDARY CONTROL CHANNEL

- ASSUME UNIT LEADERS ROLE UNTIL ASSIGNED
    1. TRIAGE
    2. TREATMENT
    3. TRANSPORT (Group Supervisor)

- MAINTAIN/COLLECT RECORDS AS FOLLOWS:
    - RECEIVE BOTTOM OF TRIAGE TAG FROM TRIAGE LEADER
    - RECEIVE ONE CORNER FROM TRANSPORT GROUP SUPERVISOR

- APPOINT MEDICAL SUPPLY MANAGER

- APPOINT MORGUE MANAGER TO AN ISOLATED AREA (Preferably Law Enforcement).
- COLLECT ALL RECORDS FROM INCIDENT AND FORWARD TO OPS/I.C.

•

TRIAGE UNIT LEADER

PERSONNEL ASSIGNED: Officer/Supervisor, Paramedic (preferred)*,* Firefighter, EMT

FUNCTION: Coordinate Evaluation, Triaging, and Movement of patients to triage areas.

REPORTS TO: Medical Group Supervisor

SUPERVISES: Triage Teams

DUTIES:

• DON POSITION VEST

• READ THIS DUTY CHECKLIST

• ESTABLISH MEDICAL COMMUNICATIONS ON ASSIGNED SECONDARY CONTROL CHANNEL

• ESTABLISH TRIAGE AREA

• ESTABLISH TEAMS TO TRIAGE, PACKAGE AND MOVE PATIENTS TO THE TRIAGE AREA

• COLLECT BOTTOM OF TRIAGE TAGS AND GIVE TO MEDICAL GROUP SUPERVISOR. FOR PATIENTS THAT ARE TRIAGED AS "MINOR", TEAR HALF OF MINOR STRIP, LEAVING OTHER HALF ON TRIAGE TAG.

• KEEP MEDICAL GROUP SUPERVISER INFORMED REGARDING NUMBER AND EXTENT OF INJURED

• REQUEST ADDITIONAL TAGS THROUGH MEDICAL GROUP SUPERVISOR

• SUBMIT ALL RECORDS TO MEDICAL GROUP SUPERVISOR AT THE CONCLUSION OF THE INCIDENT

•

TREATMENT UNIT LEADER

PERSONNEL ASSIGNED: Officer/Supervisor, Paramedic (preferred), Firefighter, EMT

FUNCTION: Coordinate Treatment of Triaged Patients in the Treatment Areas

REPORTS TO: Medical Group Supervisor

SUPERVISES: Treatment Teams

DUTIES:

• DON POSITION VEST

• READ THIS DUTY CHECKLIST

• ESTABLISH MEDICAL COMMUNICATIONS ON ASSIGNED SECONDARY CONTROL CHANNEL

• ESTABLISH TREATMENT AREAS WITHIN TRIAGE AREA

• REQUEST NEEDED RESOURCES AND MEDICAL SUPPLIES

• ESTABLISH TREATMENT TEAMS
  • IMMEDIATE
  • DELAYED
  • MINOR

• RECEIVE CORNER OF TRIAGE TAG FROM TREATMENT TEAMS AND DOCUMENT NUMBER OF PATIENTS TREATED VIA TREATMENT SECTOR LOG

• ADVISE MEDICAL GROUP SUPERVISOR ON NUMBER OF MINOR PATIENTS

• APPOINT AIDE/MEDICAL SUPPLY MANAGER

• SUBMIT ALL FORMS TO THE MEDICAL GROUP SUPERVISOR AT THE CONCLUSION OF THE INCIDENT

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IMMEDIATE TREATMENT MANAGER

PERSONNEL ASSIGNED: Officer/Supervisor, Paramedic (preferred), Firefighter, EMT

FUNCTION: Responsible for Treatment of Immediate Patients

REPORTS TO: Treatment Unit Leader

SUPERVISES: Immediate Treatment Teams

DUTIES:

• DON POSITION VEST

• READ THIS DUTY CHECKLIST

• ORDER NEEDED MEDICAL SUPPLIES AND RESOURCES THROUGH TREATMENT UNIT LEADER

• ESTABLISH TREATMENT TEAMS

• ENSURE PATIENT TREATMENT DOCUMENTATION OCCURS BY TREATMENT TEAMS (i.e. Triage Tags)

• KEEP TREATMENT UNIT LEADER ADVISED ON NUMBER OF PATIENTS

• RE-TRIAGE AS NEEDED

• SUBMIT ALL DOCUMENTATION TO TREATMENT UNIT LEADER AT CONCLUSION OF INCIDENT

•

DELAYED TREATMENT MANAGER

PERSONNEL ASSIGNED: Officer/Supervisor, Paramedic (preferred), Firefighter, EMT

FUNCTION: Responsible for Treatment of Delayed Patients

REPORTS TO: Treatment Unit Leader

SUPERVISES: Delayed Treatment Teams

DUTIES:

• DON POSITION VEST

• READ THIS DUTY CHECKLIST

• ORDER NEEDED MEDICAL SUPPLIES AND RESOURCES THROUGH TREATMENT UNIT LEADER

• ESTABLISH TREATMENT TEAMS

• ENSURE PATIENT TREATMENT DOCUMENTATION OCCURS BY TREATMENT TEAMS (i.e. Triage Tags)

• KEEP TREATMENT UNIT LEADER ADVISED ON NUMBER OF PATIENTS

• RE-TRIAGE AS NEEDED

• SUBMIT ALL DOCUMENTATION TO TREATMENT UNIT LEADER AT CONCLUSION OF INCIDENT

•

MINOR TREATMENT MANAGER

PERSONNEL ASSIGNED: Officer/Supervisor, Paramedic (preferred), Firefighter, EMT

FUNCTION: Responsible for Treatment of Minor Patients

REPORTS TO: Treatment Unit Leader

SUPERVISES: Minor Treatment Teams

DUTIES:

• DON POSITION VEST

• ESTABLISH/MAINTAIN VICTIM COLLECTION POINT

• READ THIS DUTY CHECKLIST

• ORDER NEEDED MEDICAL SUPPLIES AND RESOURCES THROUGH TREATMENT UNIT LEADER, INCLUDING ALTERNATE MODES OF TRNSPORTATION (I.E. SAMTRANS BUS OR SHERIFF'S VANS).

• ESTABLISH TREATMENT TEAMS TO INCLUDE ALTERNATE PROVIDERS SUCH AS:

      1. RED CROSS
      2. OTHER VOLUNTEERS

• ENSURE PATIENT TREATMENT DOCUMENTATION OCCURS BY TREATMENT TEAMS (i.e. Triage Tags)

• KEEP TREATMENT UNIT LEADER ADVISED ON NUMBER OF PATIENTS

• RE-TRIAGE AS NEEDED
• SUBMIT ALL DOCUMENTATION TO TREATMENT UNIT LEADER AT CONCLUSION OF INCIDENT

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TRANSPORT GROUP SUPERVISOR

PERSONNEL ASSIGNED: Officer/Supervisor (AMR Duty Supervisor preferred), Paramedic, Firefighter, EMT

FUNCTION: Coordinates Loading and Disposition of Patients

REPORTS TO: Medical Group Supervisor

SUPERVISES: All Units being used for Transport

DUTIES:

• DON POSITION VEST

• READ THIS DUTY CHECKLIST

• ESTABLISH MEDICAL COMMUNICATIONS ON ASSIGNED SECONDARY CONTROL CHANNEL

• ESTABLISH PATIENT LOADING AREA

• ADVISE MEDICAL GROUP SUPERVISOR ON BEST ACCESS FOR TRANSPORT UNITS

• OBTAIN HOSPITAL POLLING

• ASSIGN AIDE

• ASSIGN UNIT TO TRANSPORT DESTINATION AND MAINTAIN TRANSPORTATION LOG

• KEEP ONE CORNER OF TRIAGE TAG AND GIVE TO MEDICAL GROUP SUPERVISOR AS SOON AS POSSIBLE.

• ADVISE COUNTY AND RECEIVING FACILITES ON NUMBER OF PATIENTS ENROUTE AND STATUS

• REQUEST PATIENTS FROM TREATMENT UNIT LEADER

• REQUEST ADDITIONAL TRANSPORT EQUIPMENT FROM MEDICAL GROUP SUPERVISOR (AMBULANCES/HELICOPTERS/BUSES/VANS/ETC.)

• ASSIGN MEDICAL COMMUNICATIONS OFFICER AND TRANSPORT RECORDER IF NECESSARY

• ADVISES HOSPITAL/COUNTY COMMUNICATIONS WHEN ALL PATIENTS HAVE BEEN TRANSPORTED

• SUBMIT ALL FORMS TO THE MEDICAL GROUP SUPERVISOR AT THE CONCLUSION OF THE INCIDENT

•

STAGING MANAGER

PERSONNEL ASSIGNED: Officer/Supervisor, Paramedic, Firefighter, EMT

FUNCTION: Manage Staging Area

REPORTS TO: Operations Section Chief

SUPERVISES: Resources in Staging Area

DUTIES:

• DON POSITION VEST

• READ THIS DUTY CHECKLIST

• MANAGE RESOURCES UNTIL REQUESTED

• MAINTAIN A LOG OF ALL RESOURCES IN & OUT OF STAGING

• ADVISE CREWS TO OFF-LOAD EQUIPMENT WHEN APPLICABLE

• ADVISE MEDICAL GROUP SUPERVISOR WHEN RESOURCES BECOME LOW

• SUBMIT ALL FORMS TO THE MEDICAL GROUP SUPERVISOR AT THE
CONCLUSION OF THE INCIDENT

-

ASSISSANT STAGING MANAGER

PERSONNEL ASSIGNED: Officer/Supervisor, Paramedic, Firefighter, EMT

FUNCTION: Assist Staging Manager with Managing Staging Area

REPORTS TO: Staging Manager

SUPERVISES: Resources in Staging Area

DUTIES:

- DON POSITION VEST

- READ THIS DUTY CHECKLIST

- ASSIST STAGING MANAGER WITH THE MANAGEMENT OF RESOURCES UNTIL REQUESTED

- ASSIST STAGING MANAGER WITH MAINTAINING A LOG OF ALL RESOURCES IN & OUT OF STAGING AREA

- ASSIST STAGING MANAGER IN ADVISING CREWS TO OFF-LOAD EQUIPMENT WHEN APPLICABLE

- ASSIST STAGING MANAGER IN ADVISING MEDICAL GROUP SUPERVISOR WHEN RESOURCES BECOME LOW

- ASSIST STAGING MANAGER IN SUBMITTING ALL FORMS TO THE MEDICAL GROUP SUPERVISOR AT THE CONCLUSION OF THE INCIDENT

•

SAFETY OFFICER

PERSONNEL ASSIGNED: Officer/Supervisor, Paramedic (preferred), Firefighter,
EMT

FUNCTION: To develop and recommend measures for assuring
personnel safety, and to assess and/or anticipate hazardous
and unsafe situations

REPORTS TO: Incident Commander

SUPERVISES:

DUTIES:

- DON POSITION VEST

- READ THIS DUTY CHECKLIST

- IDENTIFY HAZARDOUS SITUATIONS ASSOCIATED WITH THE INCIDENT

- EXERCISE EMERGENCY AUTHORITY TO STOP AND PREVENT UNSAFE ACTS

- INVESTIGATE ACCIDENTS THAT HAVE OCCURRED WITHIN THE INCIDENT
  AREA

- ASSIGN ASSISTANTS AS NEEDED

- MAINTAIN A UNIT ACTIVITY LOG

●

ASSISTANT SAFETY OFFICER

PERSONNEL ASSIGNED: Officer/Supervisor, Paramedic (preferred)*,* Firefighter, EMT

FUNCTION: To assist the Safety Officer in the development and recommendation of measures for assuring personnel safety, and to assess and/or anticipate hazardous and unsafe situations

REPORTS TO: Safety Officer

SUPERVISES:

DUTIES:

- DON POSITION VEST

- READ THIS DUTY CHECKLIST

- ASSIST SAFETY OFFICER IN IDENTIFYING HAZARDOUS SITUATIONS ASSOCIATED WITH THE INCIDENT

- ASSIST SAFETY OFFICER IN EXERCISING EMERGENCY AUTHORITY TO STOP AND PREVENT UNSAFE ACTS

- ASSIST SAFETY OFFICER WITH INVESTIGATION OF ACCIDENTS THAT HAVE OCCURRED WITHIN THE INCIDENT AREA

- ASSIST SAFETY OFFICER IN MAINTAINING A UNIT ACTIVITY LOG

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Multi-Casualty Incident
Glossary of Terms

Air/Ground Ambulance Coordinator- The Air/Ground Ambulance Coordinators report to the Patient Transportation Group Supervisor and manage the Air/Ground Ambulance staging areas and dispatch ambulances as required.

Assistant Safety Officer- Assists the Safety Officer in the development and recommendation of measures for assuring personnel safety, and to assess and/or anticipate hazardous and unsafe situations.

Assistant Staging Manager- Assists Staging Manager with Managing Staging Area

Branch- The organizational level having functional or geographic responsibility for major parts of incident operations. The Branch level is organizationally between Section and Division/Group in the Operations section, and between Section and Units in the Logistics Section. Branches are identified by the use of Roman numerals or by functional name (e.g., medical, security, etc.).

Delayed Treatment- Second priority in patient treatment. These people require aid, but injuries are less severe.

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

Division- That organization level having responsibility for operations within a defined geographic area or with functional responsibility. The Division level is organizationally between the Strike Team and the Branch.

Greater Alarm Plan (GAP)- San Mateo County Fire/EMS plan establishing levels of response based on required resources to a multi-casualty incident through the proper implementation of the Incident Command System.

Immediate Treatment- a patient who requires rapid assessment and medical intervention for survival.

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

Incident Commander- The Incident Commander's responsibility is the overall management of the incident. On most incidents the command activity is carried out by a single Incident Commander. The Incident Commander is selected by qualifications and experience.

Incident Command System (ICS)- the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish stated objectives pertaining to an incident.

Incident Dispatch Team (IDT)- The Incident Dispatch Team is a unit of the San Mateo County Public Safety Communications Division. It consists of an IDT Director and qualified dispatchers who have received specialized training to perform communications and resource status support at the scene of a fire or fire related incident. IDT's respond automatically as a pre-designated resource within San Mateo County, or outside the county as requested by the state Office of Emergency Services Fire and Rescue Mutual Aid System.

Information Officer- The Information Officer is responsible for developing and releasing information about the incident to the news media, to incident personnel, and to other appropriate agencies and organizations.

JUMPSTART Triage- a system that allows field care personnel to triage pediatric patients aged 1-8 years into one of four categories: Immediate, delayed, minor and deceased (see attached JUMPSTART flowchart).

Liaison Officer- The Liaison Officer is the contact for the personnel assigned to the incident by assisting or cooperating agencies. These are personnel other that those on direct tactical assignments or those involved in a Unified Command.

Minor Treatment- These patients' injuries require simple rudimentary first-aid.

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

Multi-Casualty Branch Director- The Multi-Casualty Branch Director is responsible for the implementation of the Incident Action Plan within the Branch. This includes the direction and execution of branch planning for the assignment of resources within the Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Group/Division and Patient Transportation Group Supervisors.

Multi-Casualty Incident- An incident in which the combination of numbers of injured personnel and type of injuries go beyond the capability of an entity's normal first response.

Operations Chief- The Operations Chief is responsible for the management of all operations directly applicable to the primary mission.

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Safety Officer- The Safety Officer's function is to develop and recommend measures for assuring personnel safety, and to assess and/or anticipate hazardous and unsafe situations.

Standardized Emergency Management System (SEMS)- The system required by Government Code 8607(a) for managing response to multi-agency and multi-jurisdictional emergencies in California. It is designed to provide standard terminology, operational concepts, mutual aid procedures and common communications at the state and local level.

START Triage- acronym for Simple Triage And Rapid Treatment. This is the initial triage system that has been adopted for use by the California Fire Chiefs Association that allows field care personnel to triage patients into one of four categories: Immediate, Delayed, Minor and Deceased.

Strike Team- Specified combinations of the same kind and type of resources, with common communications and a leader.

Transport Group Supervisor- The Transport Group Supervisor reports to the Medical Group Supervisor and is responsible for the coordination of patient transportation and maintenance of records relating to patient identification, injuries, mode of transportation and destination.

Treatment Unit Leader- The Treatment Unit Leader reports to the Medical Group Supervisor and supervises the Treatment Managers. The Treatment Unit Leader assumes responsibility for treatment, preparation for transport, and coordination of patient treatment in the Treatment Areas and directs movement of patients to loading locations.
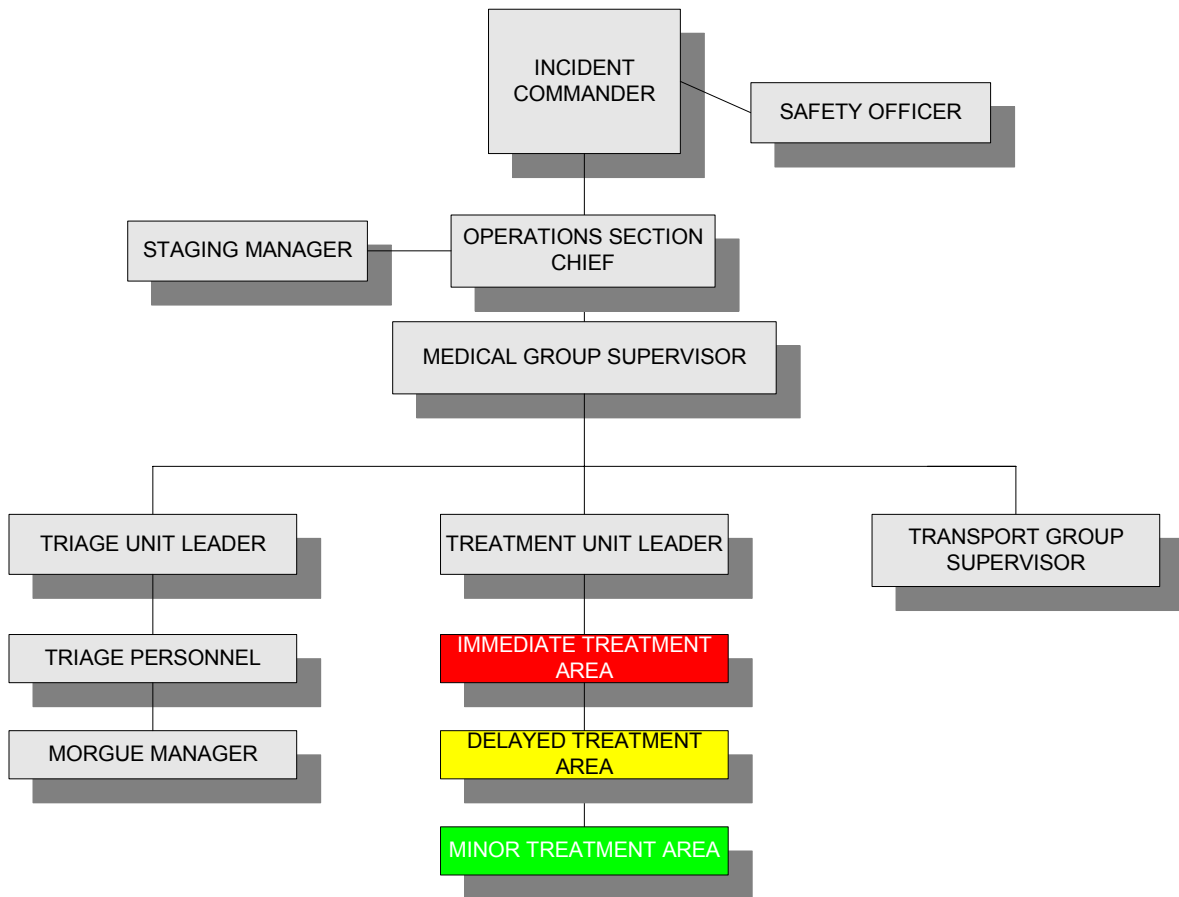
Triage Personnel- Triage Personnel report to the Triage Unit Leader and triage patients on-scene and assign them to appropriate treatment areas.

Triage Unit Leader- The Triage Unit Leader reports to the Medical Group Supervisor and supervises Triage Personnel. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients form the triage area.

Unified Command- In ICS, Unified Command is a unified team effort which allows all agencies with responsibility for the incident, either geographically or functional, to manage an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility or accountability.
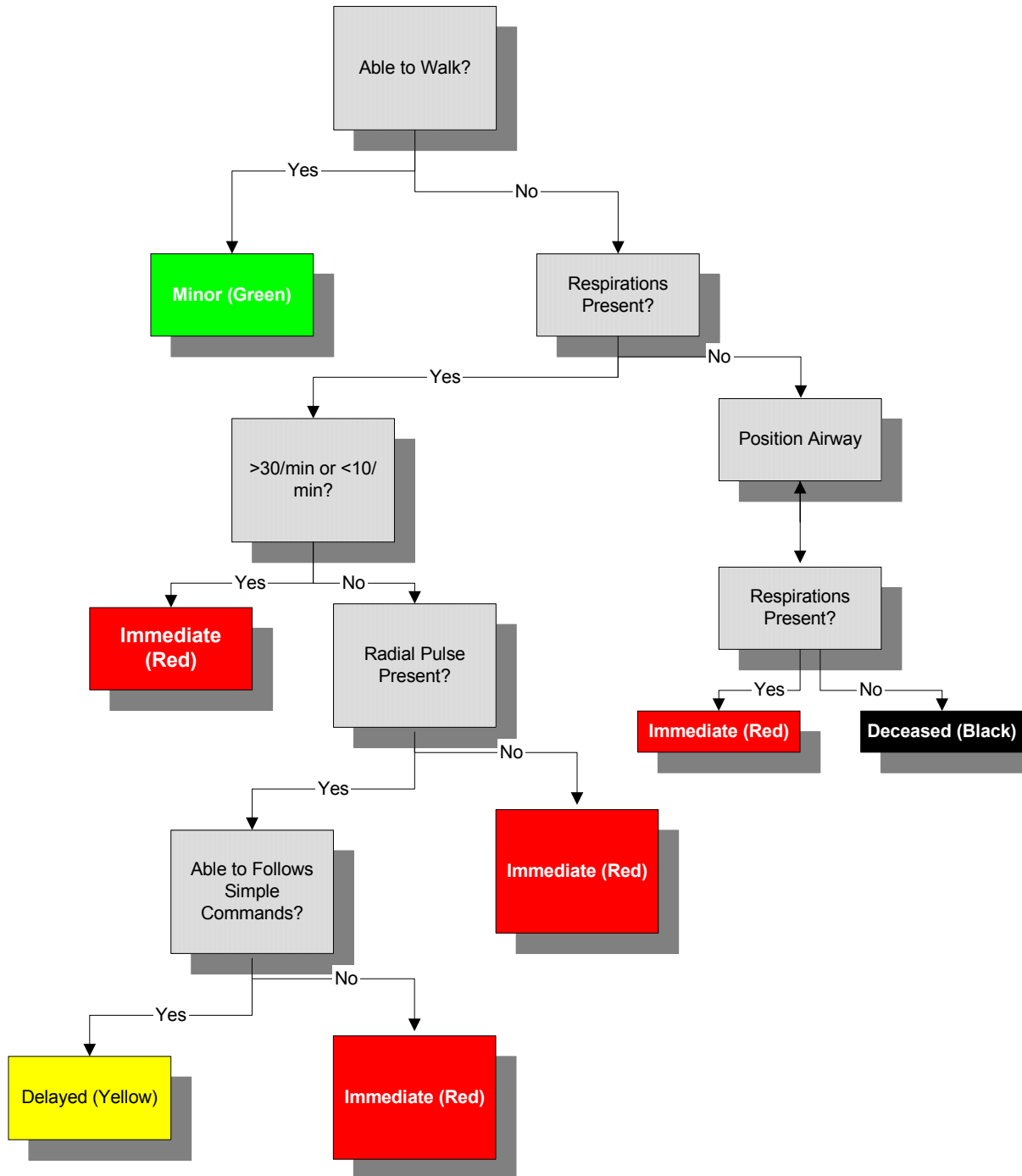
MEDICAL GROUP DIAGRAM

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                        ┌──────────────┐
                        │   INCIDENT   │      ┌──────────────────┐
                        │  COMMANDER   │──────│ SAFETY OFFICER   │
                        └──────┬───────┘      └──────────────────┘
                               │
  ┌──────────────────┐   ┌─────┴────────────┐
  │ STAGING MANAGER  │───│ OPERATIONS SECTION│
  └──────────────────┘   │      CHIEF        │
                         └─────┬────────────┘
                               │
                    ┌──────────┴──────────────┐
                    │ MEDICAL GROUP SUPERVISOR │
                    └──────────┬──────────────┘
                               │
     ┌─────────────────────────┼─────────────────────────┐
┌────┴─────────┐      ┌─────────┴────────┐      ┌──────────┴────────┐
│ TRIAGE UNIT  │      │ TREATMENT UNIT   │      │ TRANSPORT GROUP   │
│   LEADER     │      │     LEADER       │      │   SUPERVISOR      │
└────┬─────────┘      └─────────┬────────┘      └───────────────────┘
     │                          │
┌────┴─────────┐      ┌─────────┴────────┐
│   TRIAGE     │      │ IMMEDIATE TREATMENT│
│  PERSONNEL   │      │       AREA         │
└────┬─────────┘      └─────────┬────────┘
     │                          │
┌────┴─────────┐      ┌─────────┴────────┐
│   MORGUE     │      │ DELAYED TREATMENT │
│   MANAGER    │      │       AREA        │
└──────────────┘      └─────────┬────────┘
                                │
                      ┌─────────┴────────┐
                      │ MINOR TREATMENT AREA│
                      └──────────────────┘
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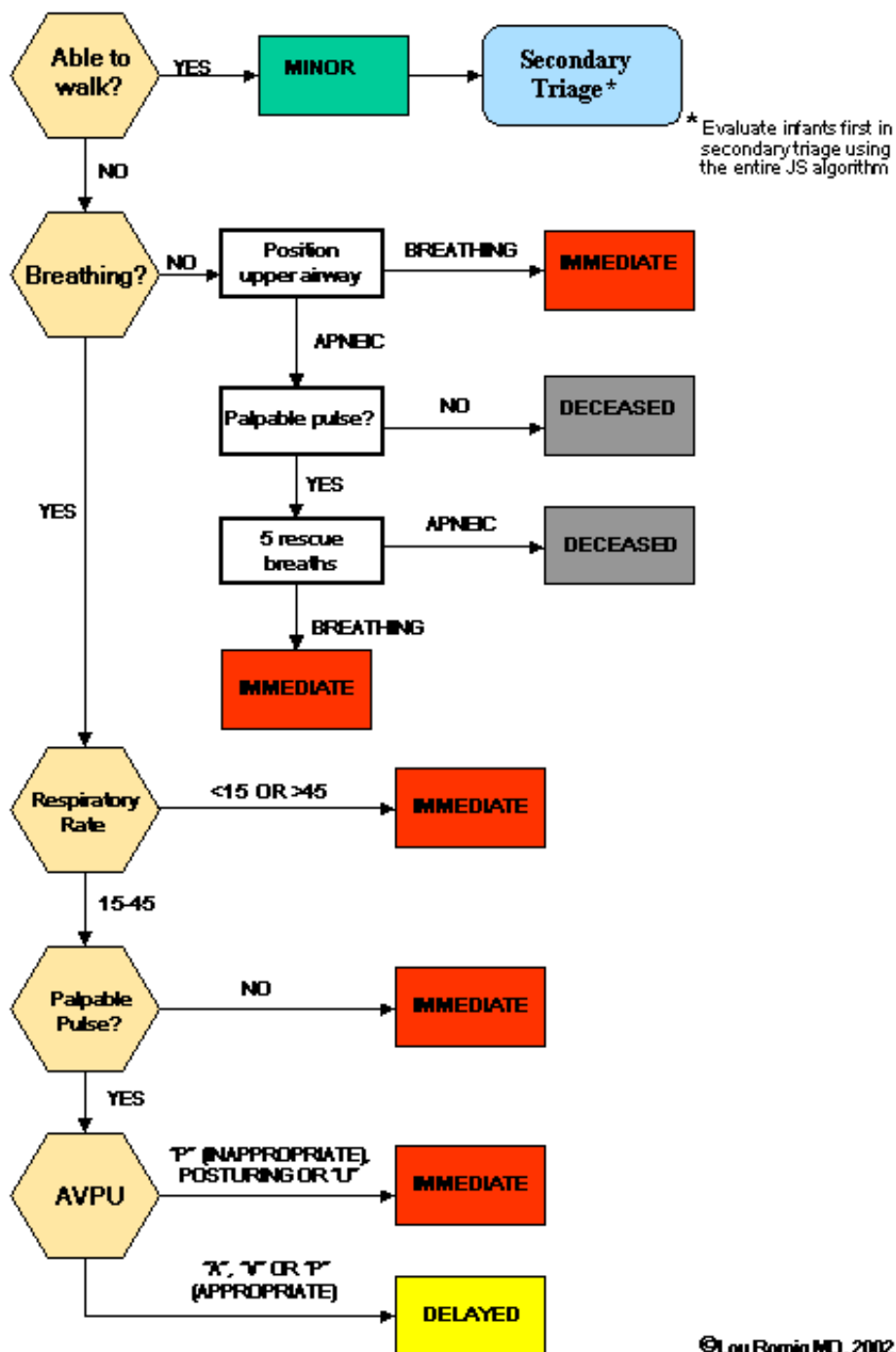
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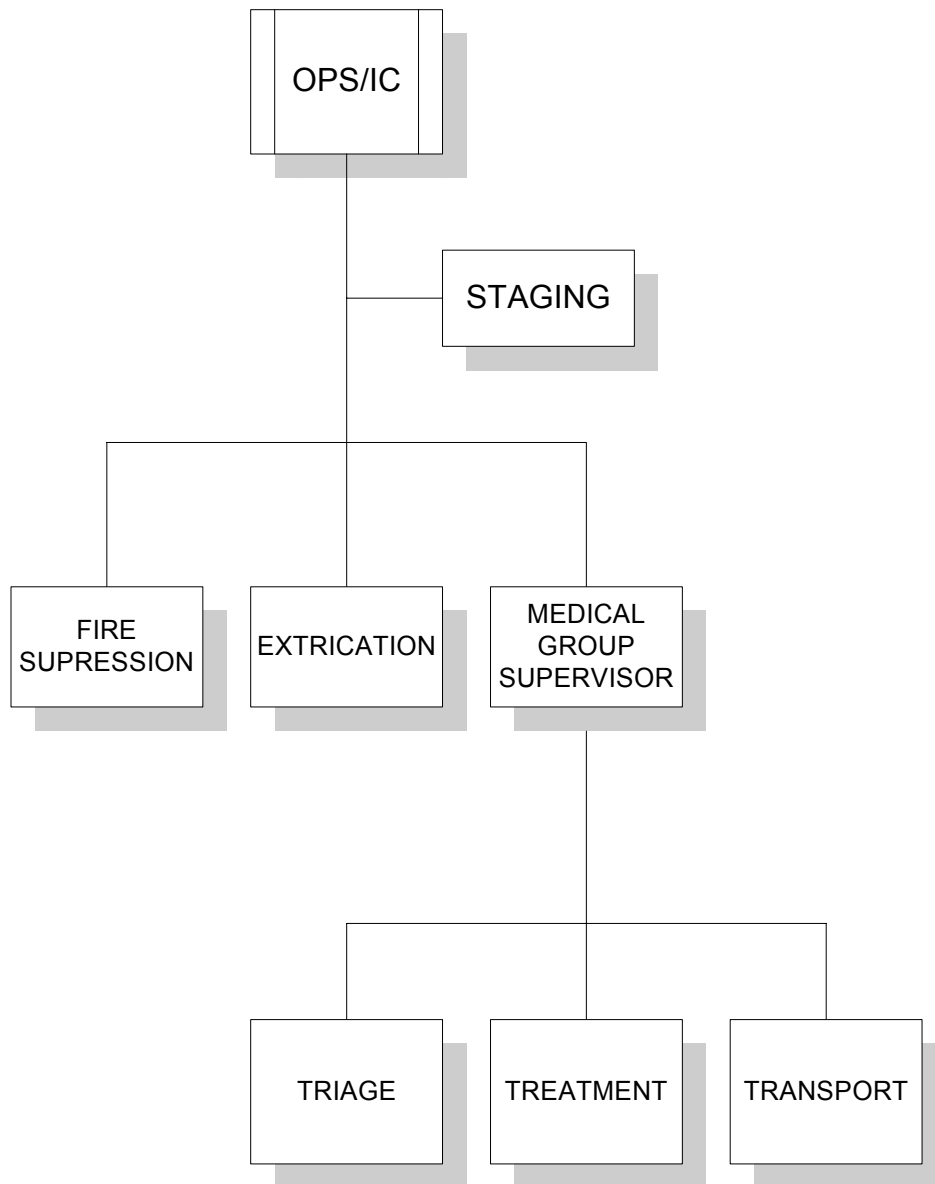Review Date: September, 2005

SAN MATEO COUNTY
START TRIAGE

Able to Walk?

Yes

No

Minor (Green)

Respirations Present?

Yes

No

>30/min or <10/min?

Position Airway

Yes

No

Immediate (Red)

Radial Pulse Present?

Respirations Present?

Yes

No

Immediate (Red)

Deceased (Black)

Yes

No

Immediate (Red)

Able to Follows Simple Commands?

Yes

No

Delayed (Yellow)

Immediate (Red)

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JumpSTART Pediatric MCI Triage ⓒ

Able to walk? —YES→ **MINOR** → **Secondary Triage ***

* Evaluate infants first in secondary triage using the entire JS algorithm

Able to walk? —NO→ **Breathing?**

Breathing? —NO→ **Position upper airway** —BREATHING→ **IMMEDIATE**

Position upper airway —APNEIC→ **Palpable pulse?**

Palpable pulse? —NO→ **DECEASED**

Palpable pulse? —YES→ **5 rescue breaths**

5 rescue breaths —APNEIC→ **DECEASED**

5 rescue breaths —BREATHING→ **IMMEDIATE**

Breathing? —YES→ **Respiratory Rate**

Respiratory Rate —<15 OR >45→ **IMMEDIATE**

Respiratory Rate —15-45→ **Palpable Pulse?**

Palpable Pulse? —NO→ **IMMEDIATE**

Palpable Pulse? —YES→ **AVPU**

AVPU —"P" (INAPPROPRIATE), POSTURING OR "U"→ **IMMEDIATE**

AVPU —"A", "V" OR "P" (APPROPRIATE)→ **DELAYED**

ⓒLou Romig MD, 2002

Issue Date: May 1, 2003
Effective Date: September 1, 2004
Review Date: September, 2005

OPERATIONS DIAGRAM

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                        ┌──────────┐
                        │  OPS/IC  │
                        └────┬─────┘
                             │
                             │      ┌──────────┐
                             ├──────│ STAGING  │
                             │      └──────────┘
                             │
          ┌──────────────────┼──────────────────┐
          │                  │                  │
   ┌──────────────┐   ┌──────────────┐   ┌──────────────┐
   │    FIRE      │   │              │   │   MEDICAL    │
   │  SUPRESSION  │   │  EXTRICATION │   │    GROUP     │
   │              │   │              │   │  SUPERVISOR  │
   └──────────────┘   └──────────────┘   └──────┬───────┘
                                                │
                             ┌──────────────────┼──────────────────┐
                             │                  │                  │
                      ┌────────────┐     ┌────────────┐     ┌────────────┐
                      │   TRIAGE   │     │ TREATMENT  │     │ TRANSPORT  │
                      └────────────┘     └────────────┘     └────────────┘
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Approved Triage Tags in San Mateo County