Welcome to the self-study Introductory Course of:
Basic Multi-Casualty ICS

A project sponsored by the California EMS Authority and

Mountain-Valley EMS Agency.

(Click anywhere on the screen to continue)

Introduction to Basic MCI ICS

- ☐ "Clicking" anywhere on the screen will advance you to the next page.

- ☐ At the end of the module, you will be given an opportunity to test your knowledge through an interactive scenario, followed by a short exam.

- ☐ You will be given the option to submit your exam results by email to the site host for course credit.

Course Objectives

Upon completion of this course, the student will be able to:

1. Identify the Medical components of the ICS Operations Section.
2. List various positions with the Medical Branch.
3. Describe several functions and units within the Medical Group.
4. List several levels of response to an MCI.
5. Demonstrate through interactive exercises and exams the major principles of Multi-Casualty ICS.

Course Contents

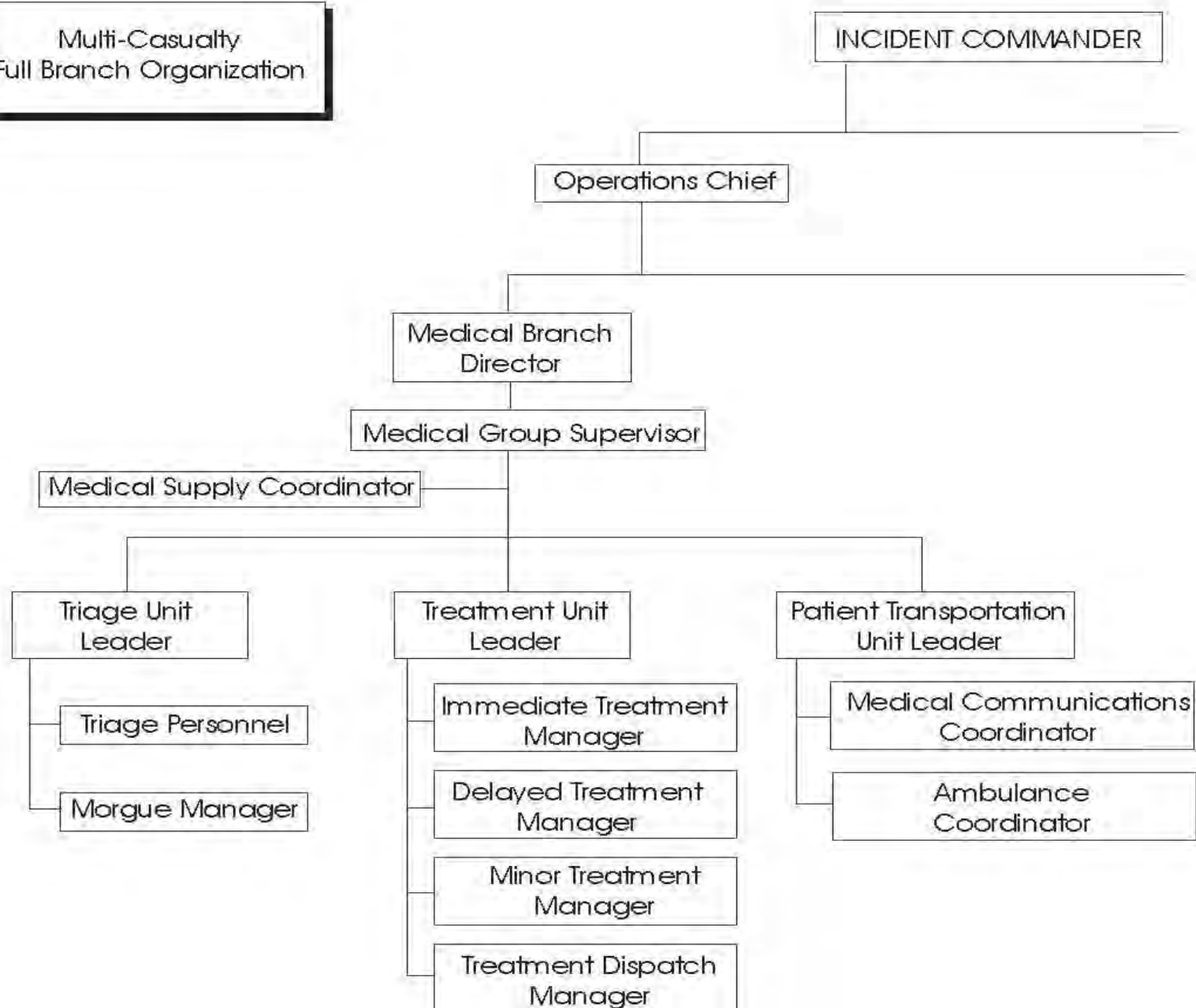In this module, we will review:

1. Staffing & Organizing the Medical Branch.
2. Effective On-scene Communications.
3. The MCI Initial Response Organization.
4. The MCI Reinforced Response Organization.
5. Multi-Group and Multi-Branch Response.
6. Demobilization Considerations.

Function of the Operations Section

The Operations Section Chief activates and supervises organization elements in accordance with the Incident Action Plan and directs its execution, including the development of unit operational plans and requesting/releasing resources.

Multi-Casualty Full Branch Organization

- INCIDENT COMMANDER
  - Operations Chief
    - Medical Branch Director
      - Medical Group Supervisor
        - Medical Supply Coordinator
        - Triage Unit Leader
          - Triage Personnel
          - Morgue Manager
        - Treatment Unit Leader
          - Immediate Treatment Manager
          - Delayed Treatment Manager
          - Minor Treatment Manager
          - Treatment Dispatch Manager
        - Patient Transportation Unit Leader
          - Medical Communications Coordinator
          - Ambulance Coordinator

Medical Branch Positions

- Multi-Casualty Branch Director

- Medical Group Supervisor

  - Medical Supply Coordinator

  - Triage Unit Leader
    - Triage Personnel
    - Morgue Manager

- Treatment Unit Leader
  - Immediate Treatment Manager
  - Delayed Treatment Manager
  - Minor Treatment Manager
  - Treatment Dispatch Manager

- Patient Transportation Unit Leader
  - Medical Communications Coordinator
  - Ambulance Coordinator

The Medical Branch

☐ A function of the Operations Section

☐ Transportation needs and patient medical needs are overlapping; patient condition determines mode of transport and facility

General Goals of the Medical Group Supervisor

- ☐ Develop organization appropriate for the magnitude of the incident
- ☐ Manage triage, treatment, and medical transportation activities
- ☐ Manage medical resources and supplies needed for the incident
- ☐ Establish security for the treatment areas
- ☐ Maintain records

Summary

☐ The Medical Branch is part of the incident Operations Section

☐ The Medical Branch Director reports directly to the Operations Section Chief

☐ The primary functions of the Medical Group are: Triage, Treatment, and Transportation of patients

Staffing and Organizing
the Medical Branch

Enroute

- Enroute to the incident, consider:
  - E – Equipment
  - M – Manpower
  - T – Transportation

- Change mindset from *patient care* to Scene Manager.

SAFETY

- Conduct all tasks in a manner that ensures the safety and welfare of you and your co-workers.

- Develop and implement accountability, safety and security measures for personnel and resources.

S.A.F.E.

Upon arriving at an incident, remember…

- **S** - Size-up. Survey the incident site.

- **A** - Action Plan. Make a Plan and share it.

- **F** - Find a Safe Spot.

- **E** - Establish a Post.

Check-in

Check in with the Incident Commander or Ops Chief. Designated Check-in locations may be found at the:

- Incident Command Post
- Base or Camps
- Staging Areas
- Helibases

Communicate Effectively

Communicate Effectively

- Use Active dialogue vs Passive dialogue

- Human senses and cognitive abilities become narrowed during a crisis or state of emergency

- Obtaining vital information in the first few minutes of arriving on-scene will prevent potential delays in obtaining this information later.

R.A.C.I.N.G.

The RACING acronym may help you to remember vital information needed during the first few minutes of response.

- ☐ **R** ESOURCES
- ☐ **A** SSIGNMENTS
- ☐ **C** OMMUNICATIONS
- ☐ **I** NGRESS/EGRESS
- ☐ **N** AME
- ☐ **G** EOGRAPHY

R.A.C.I.N.G.

- **R**esources
    - What's already been ordered (Equipment, Manpower, Transport)?
    - What is the ordering process?

- **A**ssignments
    - What role are YOU filling?
    - What role am I filling?

- **C**ommunications
    - How will you communicate up? (to Med. Branch, Ops, IC, etc.)
    - How are you to communicate down, or to other medical responders?
    - Are there Command, Tactical, or Air-Ambulance frequencies?

- **I**ngress/Egress
    - What's the best way in and the best way out?
    - Who else needs this information?

- **N**ame of the Incident

- **G**eography
    - Have areas been designated for Staging, Triage, Treatment, Patient Loading, Morgue, Helispot?

On-scene Communications

- Effective communications includes both GETTING information and GIVING information.

- Getting and giving the right information in the first few minutes of response is vital for effective incident management.

- Active dialogue is more effective than Passive dialogue during an emergency.

Passive vs Active Dialogue

□ Questions made in the <u>form of statements</u> help focus the listener (e.g. "You are the Incident Commander, right?").

□ Open-ended questions require much more thought, and usually require the listener to ask additional questions to determine exactly what is being asked (e.g. "Who is in charge?").

Passive vs. Active Dialogue

Passive

- Where can I get more resources?
- What position should I fill?
- How can I contact you if I need you?

Active

- I'll contact dispatch and get more resources, okay?
- I'll be Medical Group Supervisor, okay?
- If I need you, I'll contact you on the Command Net, right?

Passive vs. Active Dialogue

Passive

- Where should we stage ambulances?

- What's the name of this incident?

Active

- I'll have the ambulances stage right behind mine, okay?

- We're calling this the "Elm Street Incident," right?

S.A.F.E.

R.A.C.I.N.G.

Giving and getting the right information within the first few minutes of arriving on scene contributes to a more rapid and effective outcome.

Organizing the Scene

Use visual cues whenever possible, such as :
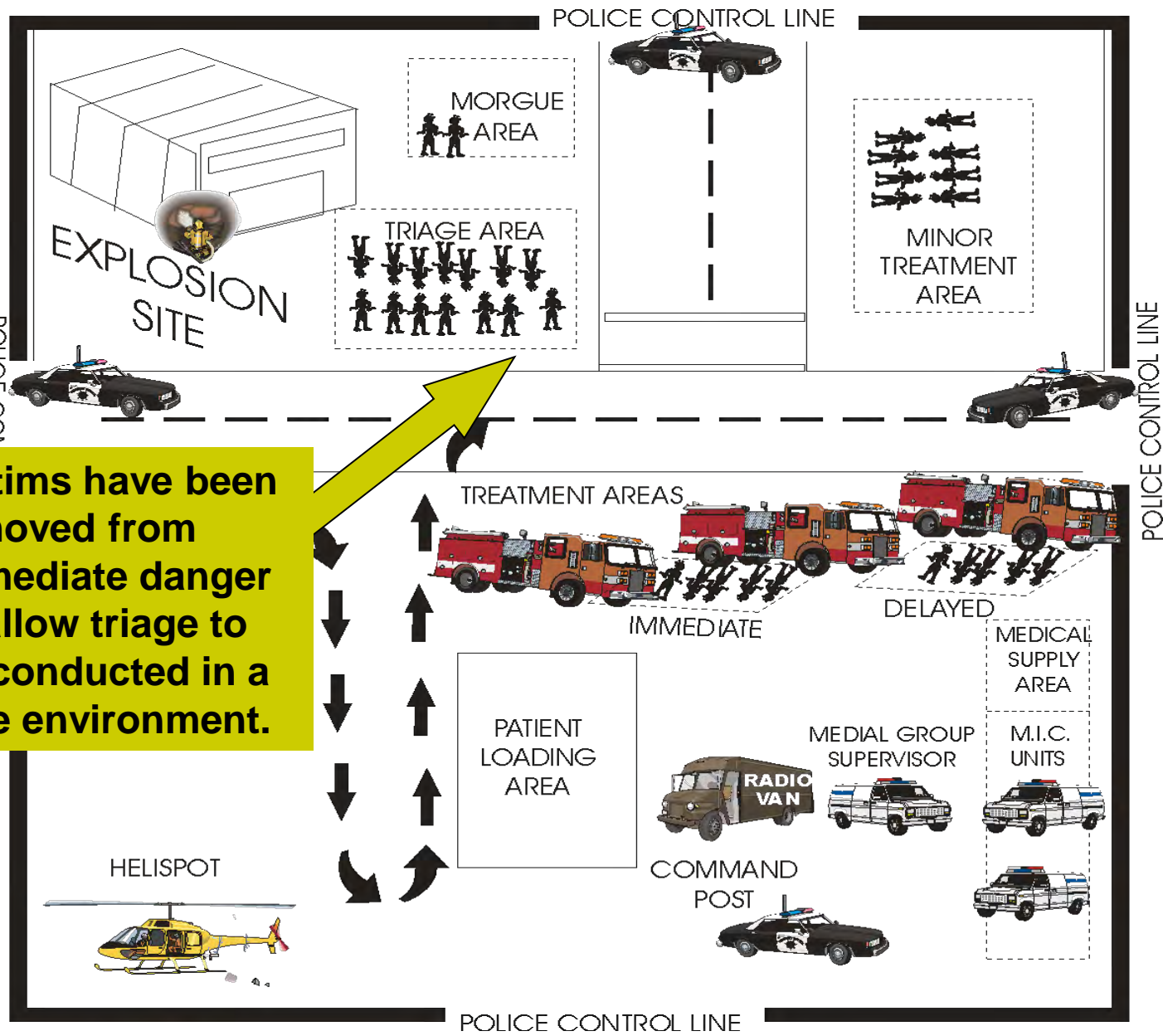
- Vests
- Triage Tags
- Colored Cones/ Tarps/ Flags

Visual Cues provide the ability to communicate with large groups of people.
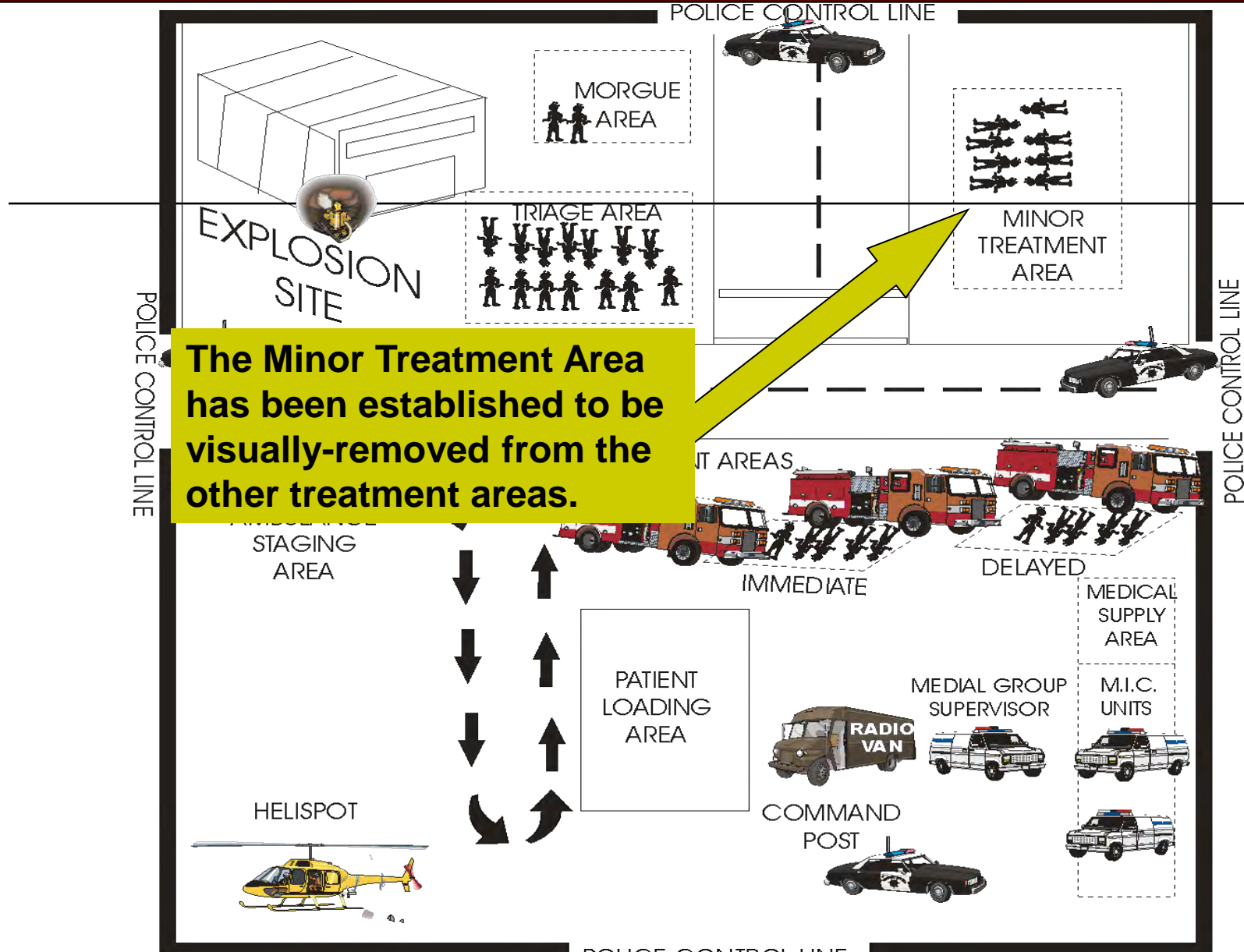
Organizing the Scene

Areas to consider when organizing the scene include:

• The Medical Branch or Medical Group post should be located near the Incident Command Post whenever possible.
• Triage is conducted in-place unless a threat or hazard is identified.
• The Minor Treatment area should be located in an area visually removed from the other treatment areas.
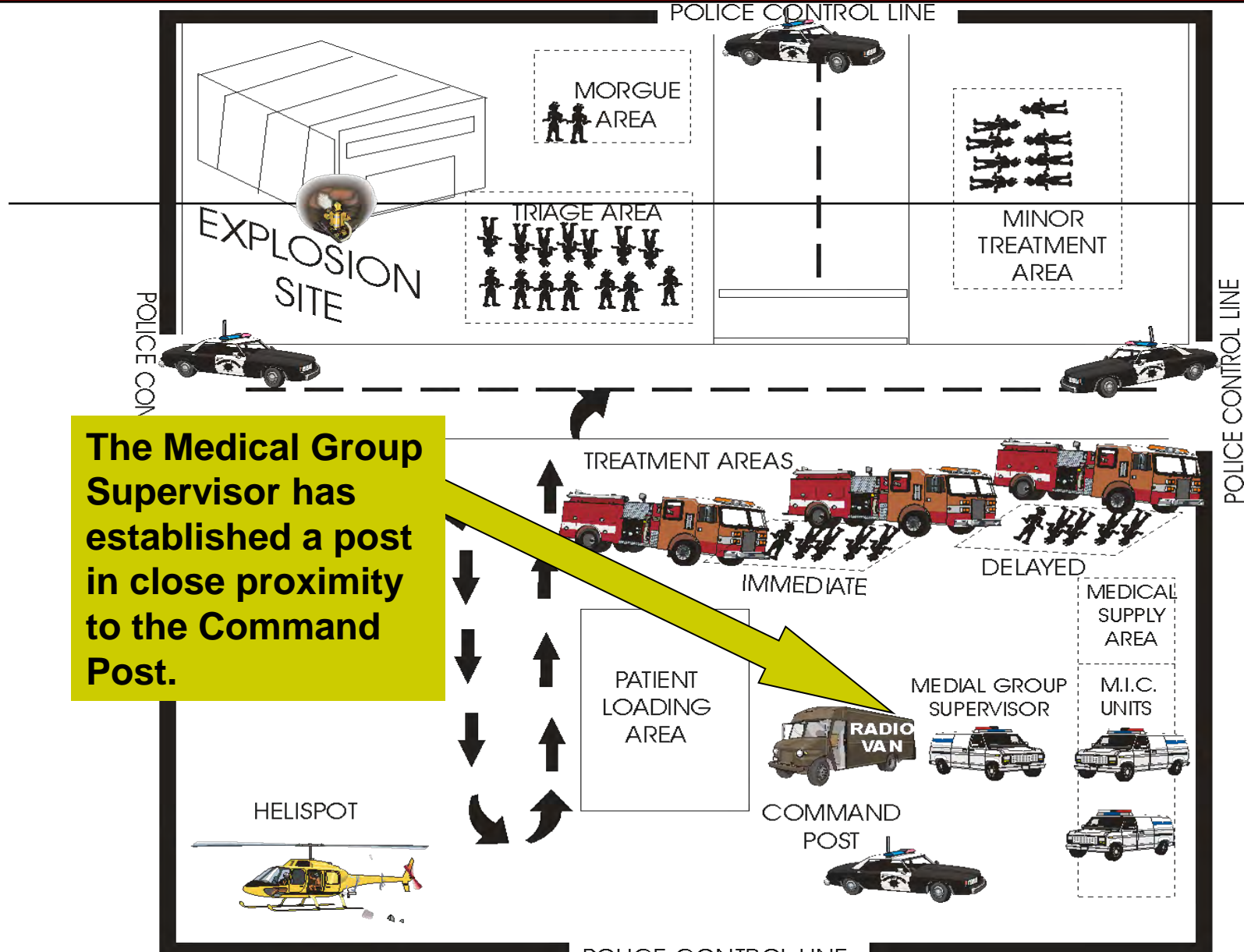•The Patient Loading area must be accessible to transporting ambulances.

POLICE CONTROL LINE

MORGUE AREA

TRIAGE AREA

MINOR TREATMENT AREA

EXPLOSION SITE

POLICE CONTROL LINE

POLICE CON

Victims have been removed from immediate danger to allow triage to be conducted in a safe environment.

TREATMENT AREAS

DELAYED

IMMEDIATE

MEDICAL SUPPLY AREA

PATIENT LOADING AREA

MEDIAL GROUP SUPERVISOR

M.I.C. UNITS

RADIO VAN

HELISPOT

COMMAND POST

POLICE CONTROL LINE

The Minor Treatment Area has been established to be visually-removed from the other treatment areas.

The Medical Group Supervisor has established a post in close proximity to the Command Post.

POLICE CONTROL LINE

MORGUE AREA

TRIAGE AREA

MINOR TREATMENT

EXPLOSION SITE

POLICE CONTROL LINE

The Patient Loading Area has been established to provide easy access for transporting units.

AMBULANCE STAGING AREA

TREATMENT AREAS

IMMEDIATE

DELAYED

MEDICAL SUPPLY AREA

PATIENT LOADING AREA

MEDIAL GROUP SUPERVISOR

RADIO VAN

M.I.C. UNITS

HELISPOT

COMMAND POST

POLICE CONTROL LINE
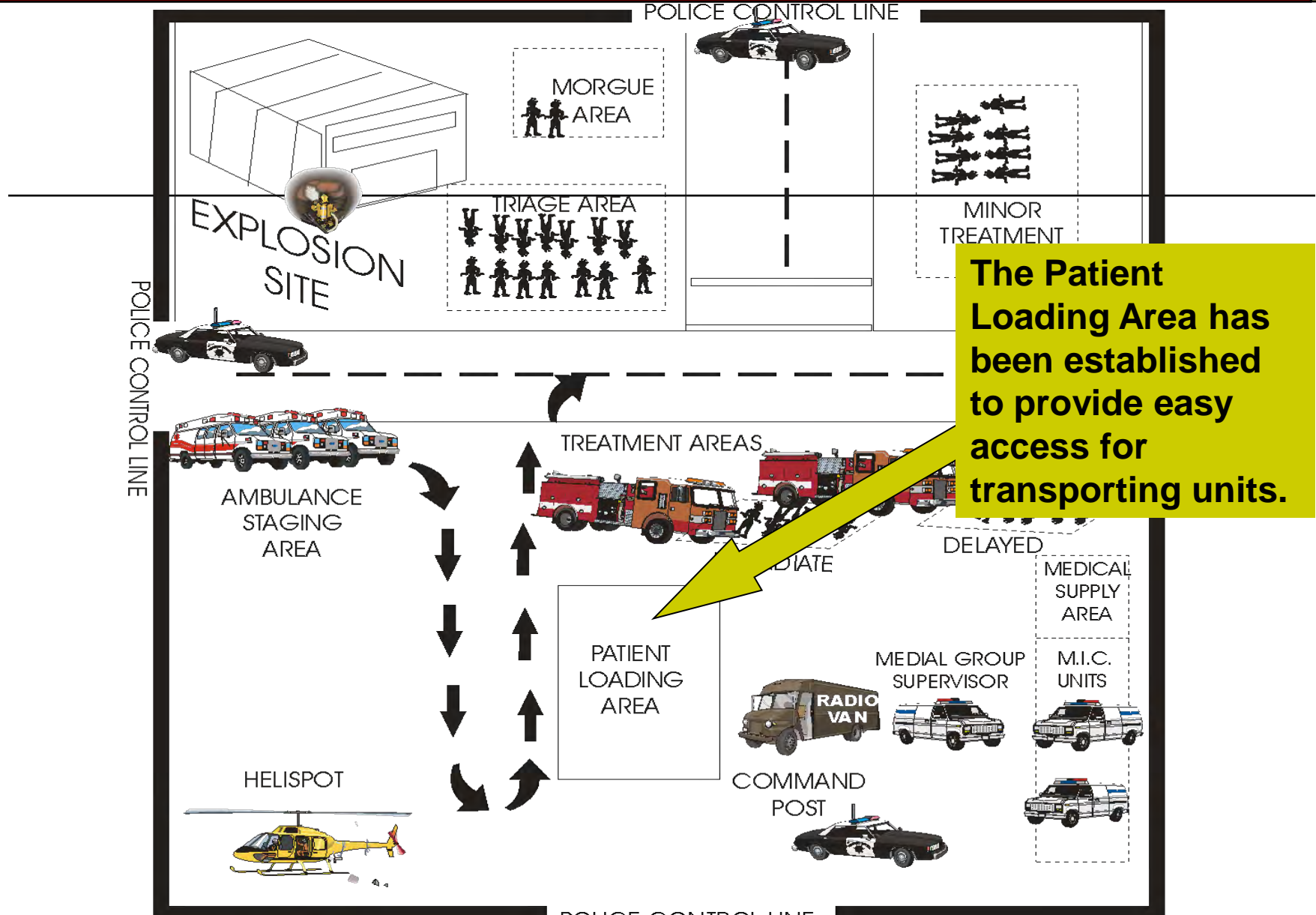
Summary

- Effective communications include Active Dialogue.

- The RACING acronym is designed to share essential information in the first few minutes of arrival on scene.

- Visual Cues help in communicating with large groups of people.

Initial MCI Response

- Next, we will review the responsibilities of the Medical Group and identify the first positions likely to be filled during the Initial Response to an MCI, and

- Review the Position Checklists for:
  - Medical Group Supervisor
  - Medical Communications Coordinator
  - Immediate Treatment Manager
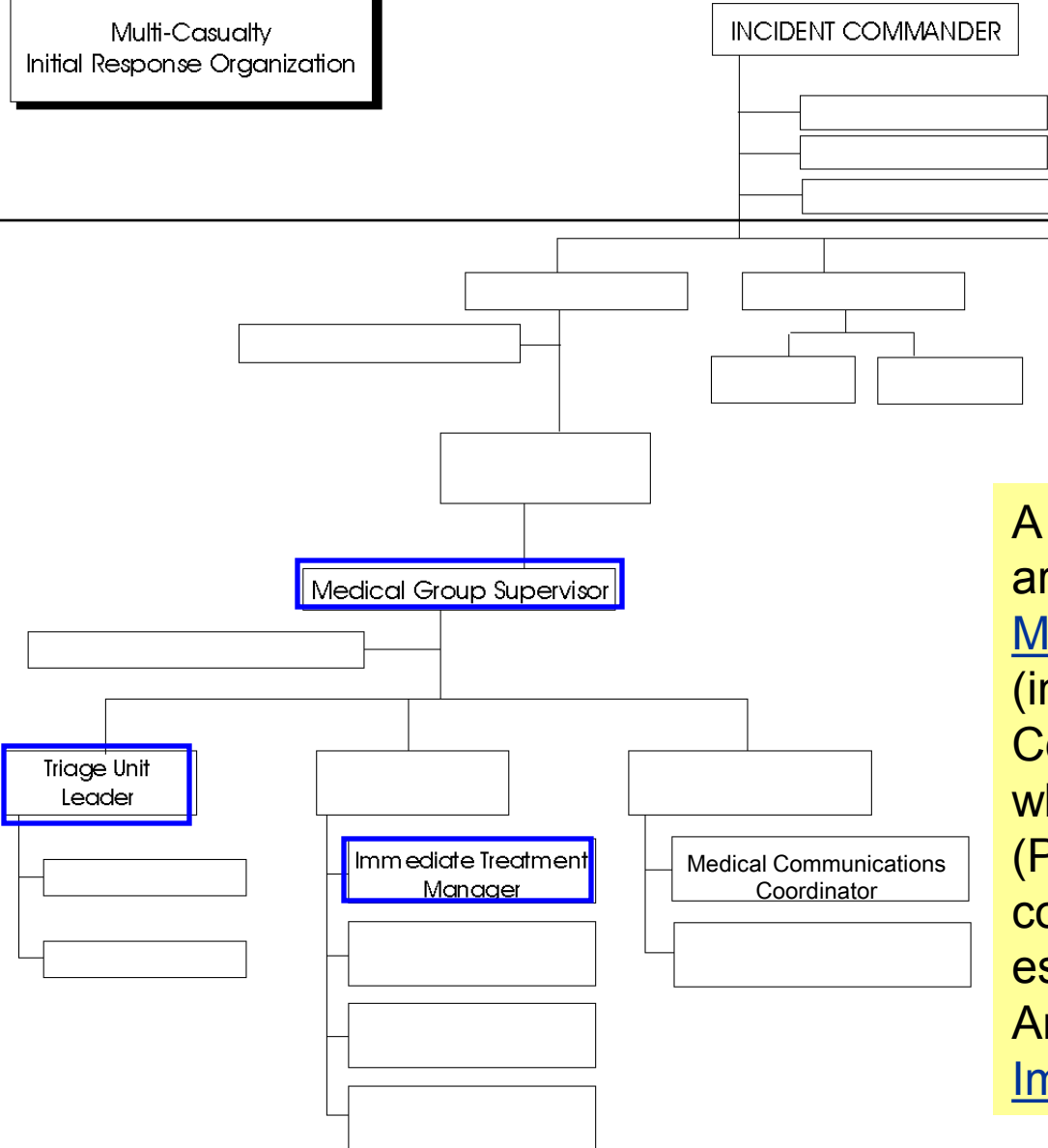 - Triage Unit Leader & Triage Personnel

Mission-Goals of the Medical Group

- ☐ Develop the Medical Organization
- ☐ Implement the Incident Action Plan
- ☐ Manage Triage, Treatment, & Medical Transportation Activities
- ☐ Manage Medical Resources and Supplies
- ☐ Establish Security
- ☐ Maintain Records

Multi-Casualty Initial Response Organization

INCIDENT COMMANDER

Medical Group Supervisor

Triage Personnel

Immediate Treatment Manager

Medical Communications Coordinator
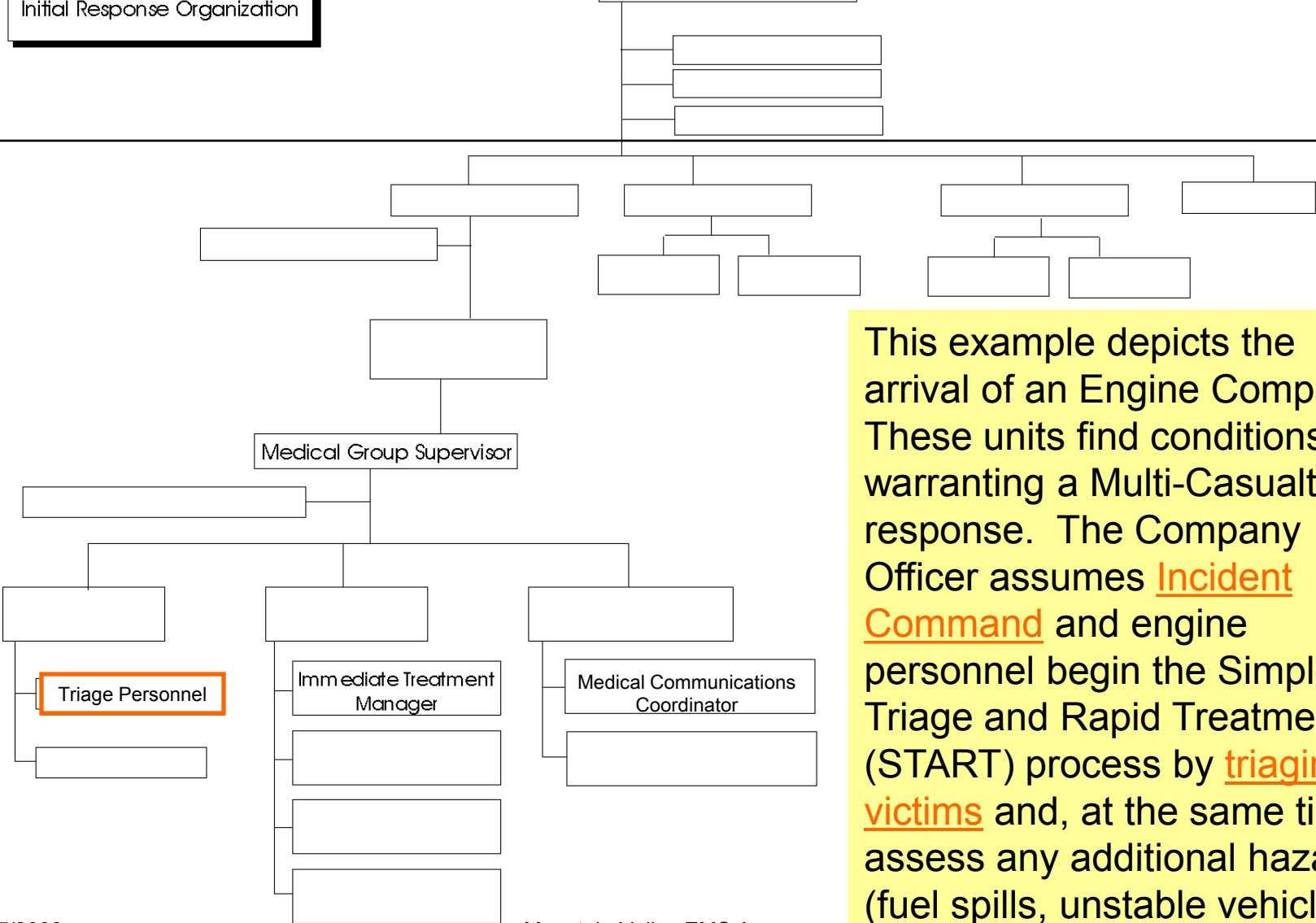
This example depicts the arrival of an Engine Company. These units find conditions warranting a Multi-Casualty response. The Company Officer assumes Incident Command and engine personnel begin the Simple Triage and Rapid Treatment (START) process by triaging victims and, at the same time, assess any additional hazards (fuel spills, unstable vehicles, etc.). (continue)

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Multi-Casualty
Initial Response Organization

INCIDENT COMMANDER

Medical Group Supervisor

Triage Unit
Leader

Immediate Treatment
Manager

Medical Communications
Coordinator

A Paramedic from the first arriving ambulance becomes Medical Group Supervisor (including Medical Communications by default), while the second member (PM or EMT) assists with completing Triage or begins establishing Treatment Areas beginning with the Immediate Treatment Area.

Medical Group Supervisor

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│     OPERATIONS SECTION CHIEF        │
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│    MEDICAL GROUP SUPERVISOR         │
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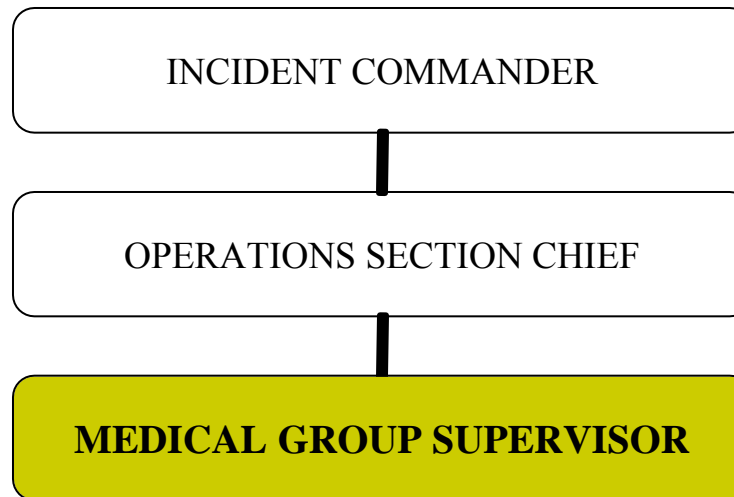
Now, let's review the role and responsibilities of the Medical Group Supervisor

Medical Group Supervisor
(ICS-MC-222-3)

- ☐ Reports to the Medical Branch Director and supervises the Triage Unit Leader, Treatment Unit Leader, Patient Transportation Unit Leader, and Medical Supply Coordinator.

- ☐ Establishes command and controls the activities within a Medical Group.

- ☐ Participates in Medical Branch/Operations Section planning activities.

- ☐ Establishes Medical Group with assigned personnel, requests additional personnel and resources sufficient to handle the magnitude of the incident.

Medical Group Supervisor
(ICS-MC-222-3)

- ☐ Designates Unit Leaders and Treatment Area locations as appropriate.

- ☐ Isolates Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.

- ☐ Requests law enforcement/coroner involvement as needed.

- ☐ Determines amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, and cots).

Medical Group Supervisor
(ICS-MC-222-3)

- ☐ Ensures activation or notification of hospital alert system, local EMS/health agencies.

- ☐ Directs and/or supervises on-scene personnel from agencies such as Coroner's Office, Red Cross, law enforcement, ambulance companies, county health agencies, and hospital volunteers.

- ☐ Requests proper security, traffic control, and access for the Medical Group work areas.

- ☐ Directs medically trained personnel to the appropriate Unit Leader.

- ☐ Maintains Unit/Activity Log (ICS Form 214).

Medical Communications Coordinator

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        │  MEDICAL GROUP   │
        │    SUPERVISOR    │
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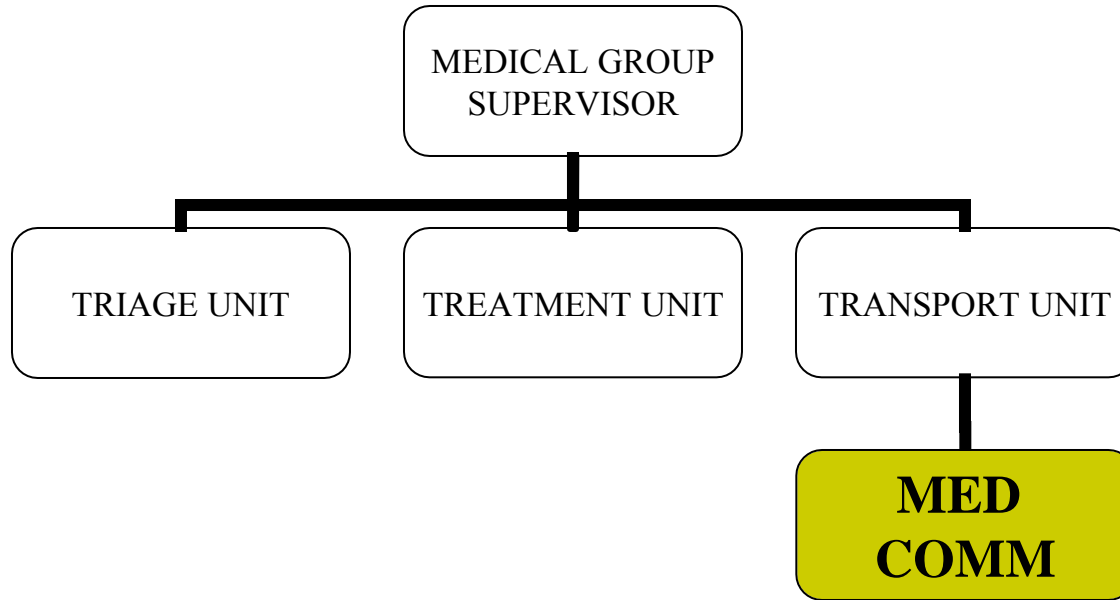
Now, let's look at the role and responsibilities of the Medical Communications Coordinator.

Medical Communications Coordinator (ICS-MC-222-7)

- Reports to the Patient Transportation Unit Leader.
- Maintains communications with the Control Facility.
- Assures proper patient transportation and destination.
- Determines and maintains current status of hospital/medical facility availability and capability.
- Receives basic patient information and condition from Treatment Dispatch Manager.

Medical Communications Coordinator (ICS-MC-222-7)

- Coordinates patient destination with the Control Facility.
- Communicates patient transportation needs to Ambulance Coordinator based upon requests from Treatment Dispatch Manager.
- Communicates 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)

Triage Unit Leader

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│    SUPERVISOR       │
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│   TRIAGE UNIT       │
│     LEADER          │
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          ├────┌─────────────────────┐
          │    │  Triage Personnel   │
          │    └─────────────────────┘
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          └────┌─────────────────────┐
               │  Morgue Manager     │
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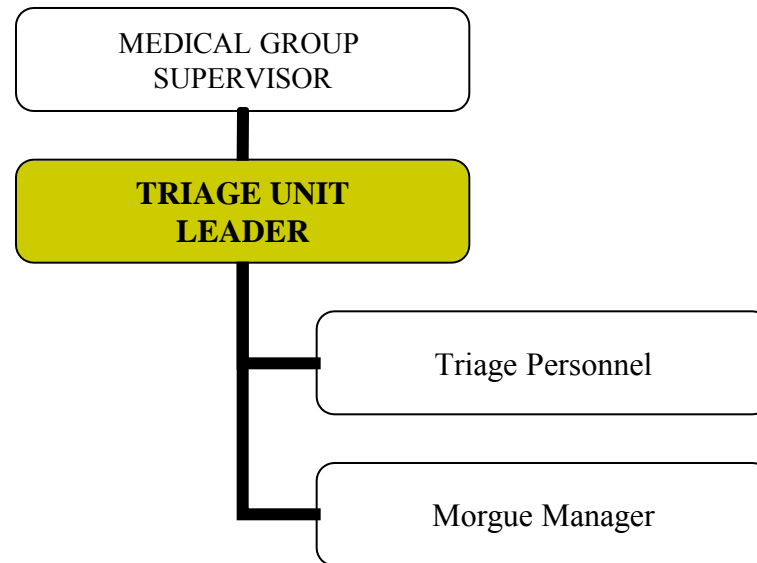
Next, let's look at the role and responsibilities of the Triage Unit Leader.

Triage Unit Leader
(ICS-MC-222-5)

- 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 has been completed, the Unit Leader may be reassigned as needed.

- Develops organization sufficient to handle assignment.

Triage Unit Leader
(ICS-MC-222-5)

- Informs Medical Group Supervisor of resource needs.

- Implements triage process.

- Coordinates movement of patients from the Triage Area to the appropriate Treatment Area.

- Gives periodic status reports to Medical Group Supervisor.

- Maintain security and control of the Triage Area.

- Establish Morgue.

- Maintain Unit/Activity Log (ICS Form 214).

Triage Personnel

- Report to the Triage Unit Leader
- Report to designated on-scene triage location.
- Triage and tag injured patients. Classify patients while noting injuries and vital signs if taken.
- Direct movement of patients to proper Treatment Areas.
- Provide appropriate medical treatment to patients prior to movement as incident conditions dictate.
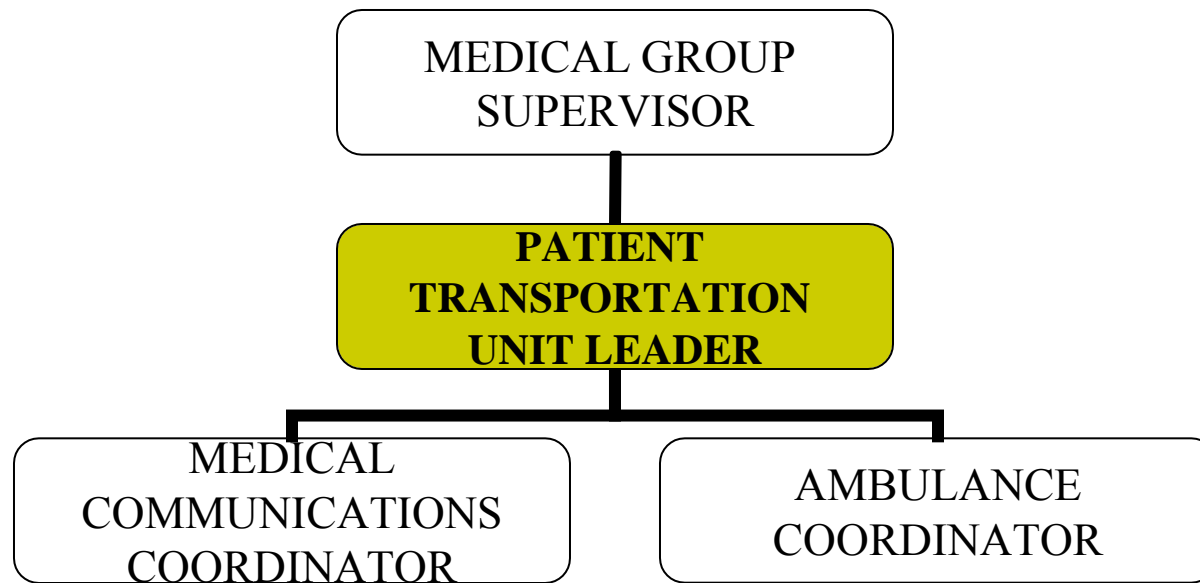
Immediate Treatment Manager

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

- □ Requests or establishes Medical Teams as necessary.

- □ Assigns treatment personnel to patients received in the Immediate Treatment Area.

- □ Assures that patients are prioritized for transportation.

Immediate Treatment Manager

- ❑ Coordinates transportation of patients with Treatment Dispatch Manager.

- ❑ Notifies Treatment Dispatch Manager of patient readiness and priority for transportation.

- ❑ Assures that appropriate patient information is recorded.

- ❑ Maintains Unit/Activity Log (ICS Form 214)

Summary

The medical positions filled in the Initial Response to an MCI include:

- Medical Group Supervisor
  - Medical Communications Coordinator
- Triage Unit Leader
  - Triage Personnel
- Immediate Treatment Manager

Reinforced Response

- Next, we will review the positions that would likely be filled in the Medical Branch once additional resources become available

- We will review the Position Checklists for:
  - Treatment Area Managers
  - Patient Transportation Unit Leader
  - Ambulance Coordinator

Multi-Casualty
Reinforced Response Organization

INCIDENT COMMANDER

Medical Group Supervisor

Triage Unit Leader

Triage Personnel

Treatment Unit Leader

Immediate Treatment Manager

Delayed Treatment Manager

Minor Treatment Manager

Patient Transportation Unit Leader

Medical Communications Coordinator

Ambulance Coordinator
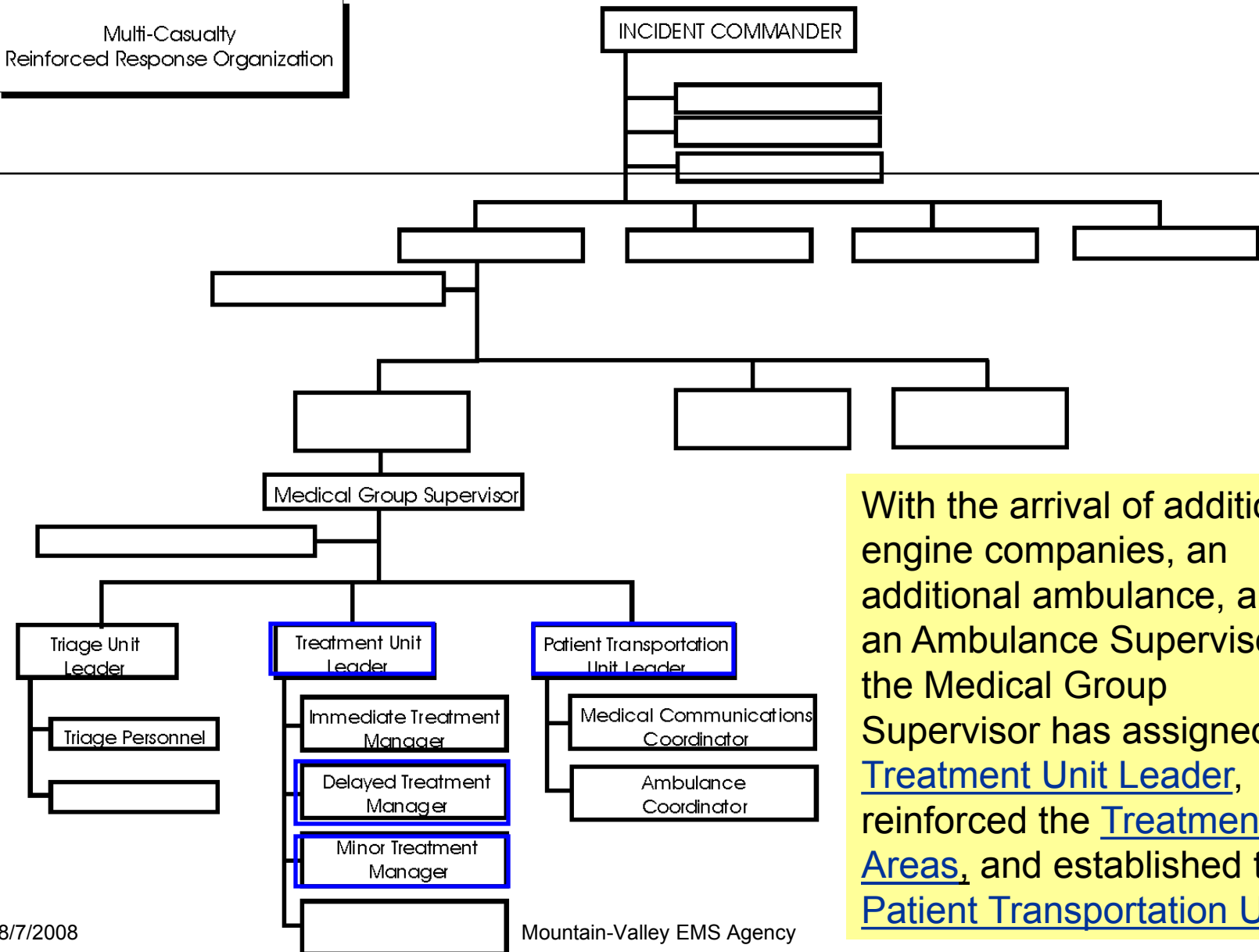
With the arrival of additional engine companies, an additional ambulance, and an Ambulance Supervisor, the Medical Group Supervisor has assigned a Treatment Unit Leader, reinforced the Treatment Areas, and established the Patient Transportation Unit.

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Treatment Area Manager

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│   MEDICAL   │
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│ SUPERVISOR  │
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│  TREATMENT  │
│    UNIT     │
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IMMEDIATE TREATMENT MANAGER	DELAYED TREATMENT MANAGER	MINOR TREATMENT MANAGER
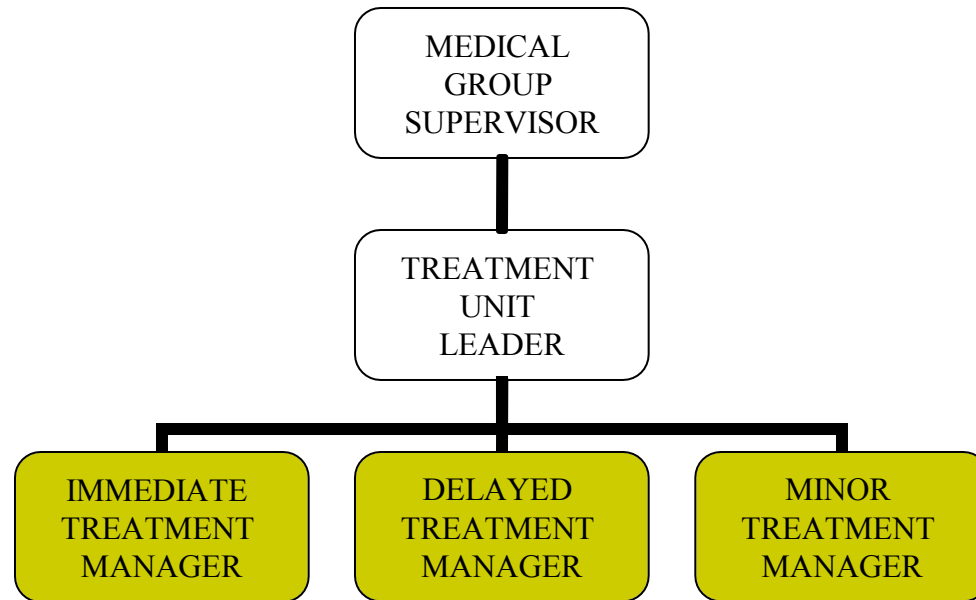
Now, let's look at the role and responsibilities of the
Treatment Area Manager.

Treatment Area Manager

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

- ☐ Requests or establishes Medical Teams as necessary.

- ☐ Assigns treatment personnel to patients received in the Treatment Area.

- ☐ Ensures treatment of patients in Treatment Area.

- ☐ Assures that patients are prioritized for transportation.

Treatment Area Manager

- ☐ Coordinates transportation of patients with Treatment Dispatch Manager.

- ☐ Notifies Treatment Dispatch Manager of patient readiness and priority for transportation.

- ☐ Assures that appropriate patient information is recorded.

- ☐ Maintains Unit/Activity Log (ICS Form 214).

Patient Transportation Unit Leader

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            │   MEDICAL GROUP     │
            │    SUPERVISOR       │
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            │     PATIENT         │
            │  TRANSPORTATION     │
            │   UNIT LEADER       │
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│     MEDICAL      │      │    AMBULANCE     │
│ COMMUNICATIONS   │      │   COORDINATOR    │
│   COORDINATOR    │      │                  │
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Next, let's look at the roles and responsibilities of the Patient Transportation Unit Leader.

Patient Transportation Unit Leader (ICS-MC-222-2)

- ☐ Reports to the Medical Group Supervisor.
- ☐ Supervises the Medical Communications Coordinator and the Ambulance Coordinator.
- ☐ Responsible for the coordination of patient transportation.
- ☐ Maintains records relating to the patient's identification, condition, and destination.
- ☐ May be upgraded to a Group Supervisor based on incident size or complexity.

Patient Transportation Unit Leader (ICS-MC-222-2)

- Ensures the establishment of communications with hospital(s).

- Designates Ambulance Staging Area(s).

- Directs the off-incident transportation of patients as determined by The Medical Communications Coordinator.

- Assures that patient information and destination are recorded.

Patient Transportation Unit Leader (ICS-MC-222-2)

- ☐ Requests additional ambulances as required.
- ☐ Notifies Ambulance Coordinator of ambulance requests.
- ☐ Coordinates requests for air ambulance transportation through the Air Operations Branch Director.
- ☐ Coordinates the establishment of the Air Ambulance Helispots with the Medical Branch Director and Air Operations Branch Director.
- ☐ Maintain Unit/Activity Log (ICS Form 214).

Ambulance Coordinator

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│     MEDICAL GROUP       │
│       SUPERVISOR        │
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│        PATIENT          │
│    TRANSPORTATION       │
│      UNIT LEADER        │
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┌──────────────┐  ┌──────────────┐
│   MEDICAL    │  │  AMBULANCE   │
│COMMUNICATIONS│  │ COORDINATOR  │
│ COORDINATOR  │  │              │
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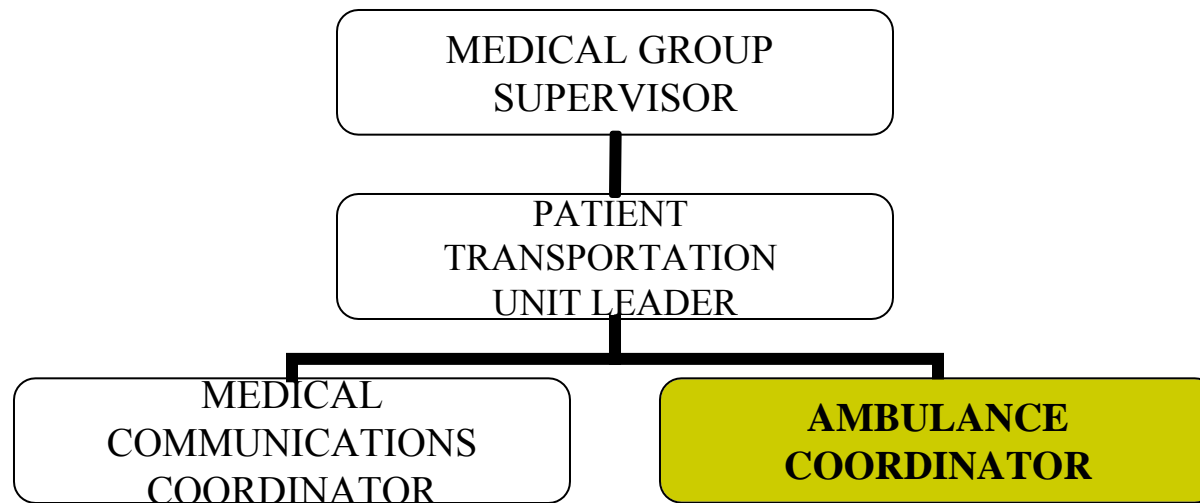
Next, let's look at the roles and responsibilities of the Ambulance Coordinator.

Ambulance Coordinator (ICS-MC-222-8)

- Reports to the Patient Transportation Unit Leader.
- Establishes appropriate staging area for ambulances.
- Establishes routes of travel for ambulances for incident operations.
- Establishes and maintains communications with the Air Operations Branch Director regarding Air Ambulance Transportation assignments.
- Establishes and maintains communications with the Medical Communications Coordinator and Treatment Dispatch Manager.

Ambulance Coordinator (ICS-MC-222-8)

- ❑ Provides ambulances upon request from the Medical Communications Coordinator.

- ❑ Assures that necessary equipment is available in the ambulance for patient needs during transportation.

- ❑ Establishes contact with ambulance providers at the scene.

- ❑ Requests additional transport resources as appropriate.

- ❑ Provides an inventory of medical supplies available at ambulance staging area for use at the scene.

Summary

The medical positions filled in the Reinforced Response to an MCI include:

- Treatment Area Managers
- Patient Transportation Unit Leader
- Ambulance Coordinator

Multi-Group/Multi-Branch Response:

- Next, we will review additional positions that may be activated in various areas of the Incident Command structure as adequate resources become available

- We will review Position Checklists for the following positions within the Medical Branch:
  - Medical Branch Director
  - Medical Supply Coordinator
  - Treatment Dispatch Manager

Multi-Casualty Multi-Group Response Organization

INCIDENT COMMANDER

Information Officer

Safety Officer

Other elements of the Command Staff are activated as well as select elements of the Planning and Logistics Sections.

Operations Chief

Staging Area Manager

Resources Unit

Responder Rehabilitation

The Operations Section Chief has now turned attention to those victims who may be entangled or entombed by establishing an Extrication Group.

Medical Group Supervisor

Extrication Group Supervisor

Helicopter Coordinator

Medical Supply Coordinator

Triage Unit Leader

Triage Personnel

Morgue Manager

Treatment Unit Leader

Immediate Treatment Manager

Delayed Treatment Manager

Minor Treatment Manager

Treatment Dispatch Manager

Patient Transportation Unit Leader

Medical Communications Coordinator

Ambulance Coordinator

In most cases, triage would be winding down and those personnel can be assigned to treatment areas. A Helicopter Coordinator is assigned to work with the Patient Transport Unit in coordinating air transportation of patients to distant facilities.

Treatment Dispatch Manager

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                    │   MEDICAL   │
                    │    GROUP    │
                    │ SUPERVISOR  │
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                    │  TREATMENT  │
                    │ UNIT LEADER │
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TREATMENT DISPATCH MANAGER	IMMEDIATE TREATMENT AREA MANAGER	DELAYED TREATMENT AREA MANAGER	MINOR TREATMENT AREA MANAGER
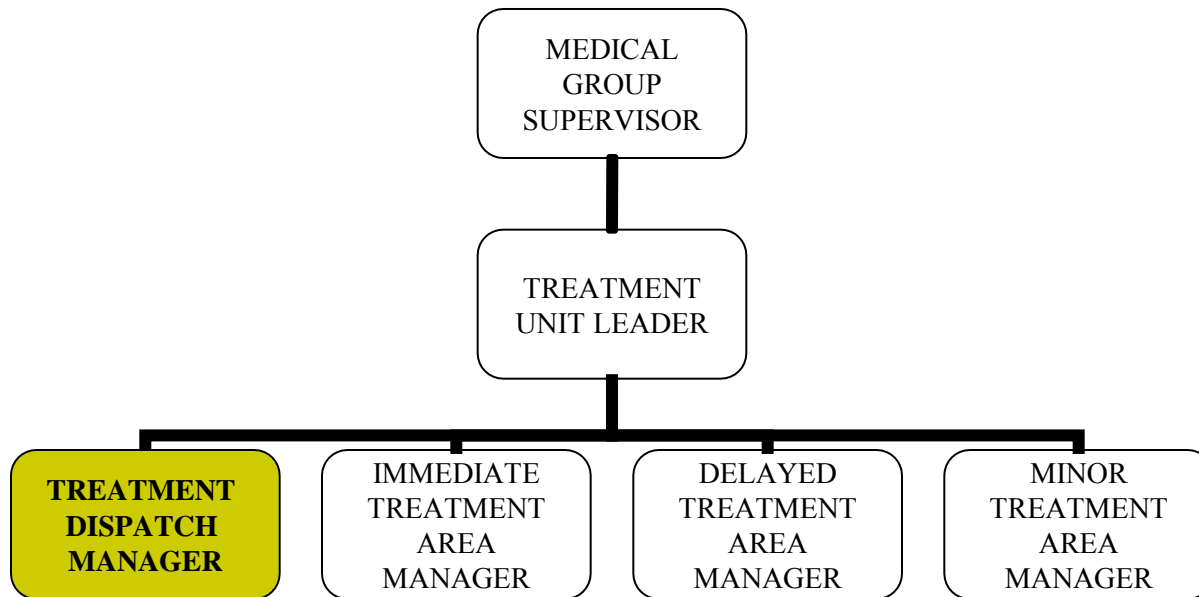
Now, let's look at the role and responsibilities of the
Treatment Dispatch Manager.

Treatment Dispatch Manager

- Reports to the Treatment Unit Leader.
- Establishes communications with the Immediate, Delayed, and Minor Treatment Managers.
- Establishes communications with the Patient Transportation Unit Leader.
- Verifies that patients are prioritized for transportation.
- Advises Medical Communications Coordinator of patient readiness and priority for transport.
- Coordinates transportation of patients with Medical Communications Coordinator.
- Assures that appropriate patient tracking information is recorded.
- Coordinates ambulance loading with the Treatment Managers and ambulance personnel.

MEDICAL SUPPLY COORDINATOR
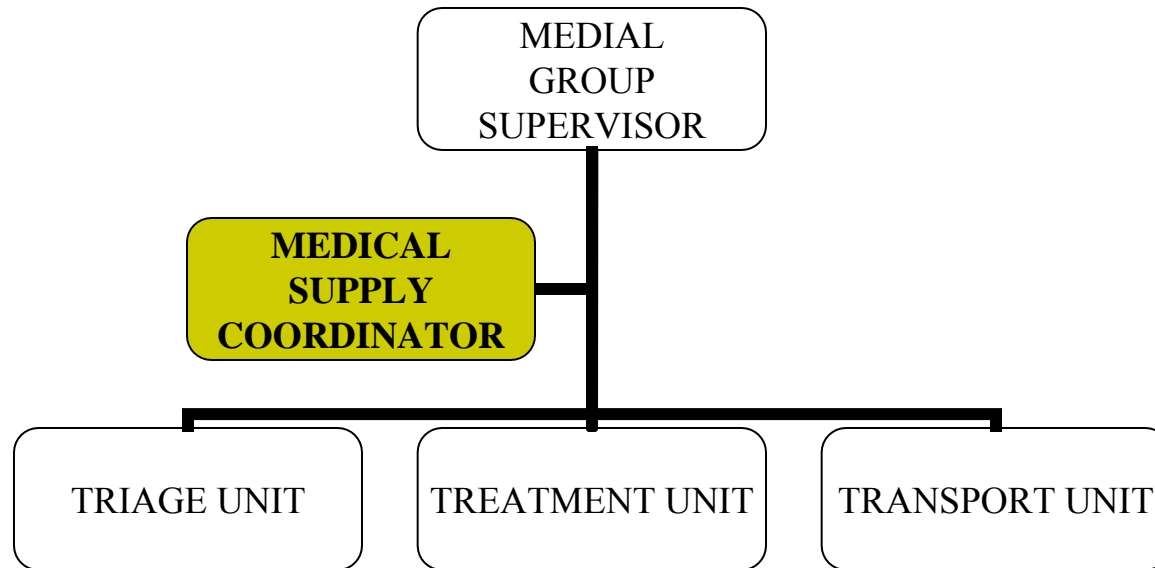
Next, let's look at the role and responsibilities of the Medical Supply Coordinator.

MEDICAL SUPPLY COORDINATOR (ICS-MC-222-6)-

- ☐ Reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group.
- ☐ Acquires, distributes and maintains status of medical equipment and supplies within the Medical Group*.
- ☐ Requests additional medical supplies*
- ☐ Distributes medical supplies to Treatment and Triage Units.
- ☐ Maintains Unit/Activity Log (ICS Form 214).

* If the Logistics Section is established, this position would coordinate with the Logistics Section Chief or Supply Unit Leader.

Multiple Branch Response

☐ We have reviewed the Initial Response and Reinforced Response to an MCI.

☐ Now, let's look at a scenario requiring multiple branches and multiple medical groups.

Multi-Casualty Multi-Branch Response Organization

- INCIDENT COMMANDER
  - Information Officer
  - Safety Officer
    - Assistant Safety Officer(s)
  - OPERATIONS CHIEF
    - USAR BRANCH DIRECTOR
    - MEDICAL BRANCH DIRECTOR
      - Medical Group
      - Medical Group
      - Patient Transportation Group
    - FIRE SUPPRESSION BRANCH DIRECTOR
    - AIR OPERATIONS BRANCH DIRECTOR
  - LOGISTICS CHIEF
    - Resources Unit
    - Situation Unit
  - PLANNING CHIEF
    - Medical Unit
    - Communications Unit
    - Ground Support Unit
    - Facilities Unit

Multiple Medical Groups are working an especially widespread incident. The Patient Transportation Unit has been upgraded to a Group to more effectively handle the medical transportation needs from multiple Medical Groups. Other Branches are activated. Assistant Safety Officers are assigned within the Operations Section, US&R, and Fire Suppression.

Medical Branch Director

Let's look at the role and responsibilities of the Medical Branch Director.

```
┌─────────────────┐
│    INCIDENT     │
│   COMMANDER     │
└─────────────────┘
         │
┌─────────────────┐
│   OPERATIONS    │
│  SECTION CHIEF  │
└─────────────────┘
         │
┌─────────────────┐
│ MEDICAL BRANCH  │
│    DIRECTOR     │
└─────────────────┘
         │
         ├──────┤ MEDICAL GROUP │
         │
         ├──────┤ MEDICAL GROUP │
         │
         └──────┤ PATIENT TRANSPORT GROUP │
```
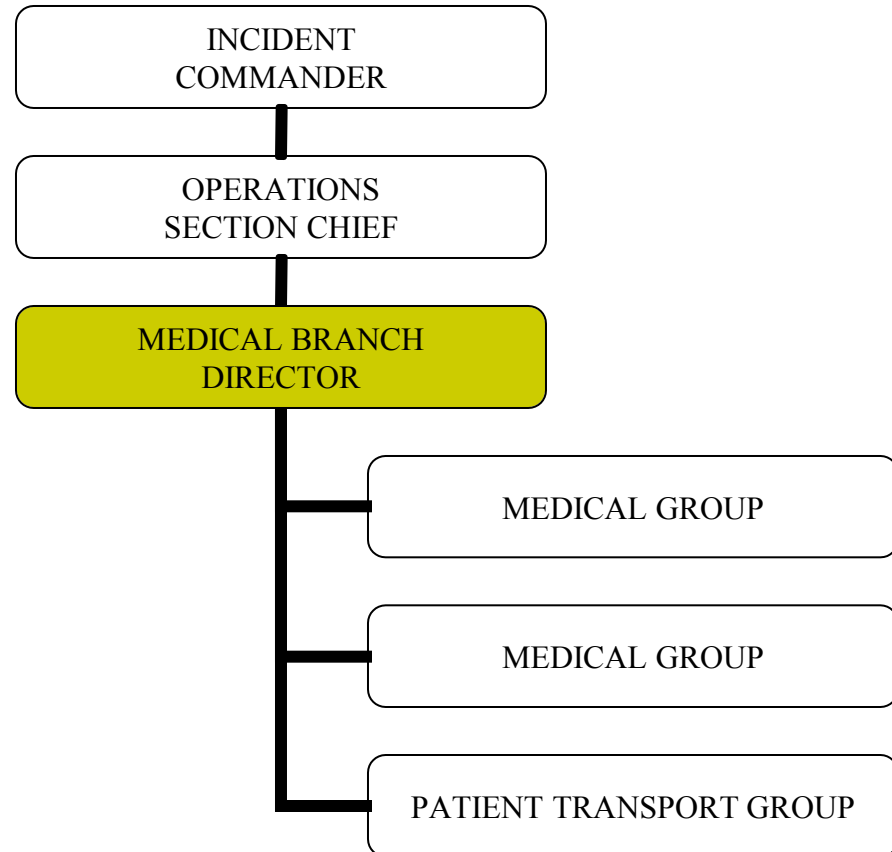
Medical Branch Director (ICS-MC-222-1)

- ☐ Responsible for the implementation of the Incident Action Plan within the Medical Branch.

- ☐ Reports to the Operations Section Chief and supervises the Medical Group(s) and the Patient Transportation function (Unit or Group).

- ☐ Reviews Group Assignments for effectiveness of current operations and modify as needed.

- ☐ Provides input to Operations Section Chief for the Incident Action Plan.

- ☐ Maintain Unit/Activity Log (ICS Form 214).

Summary

❑ The Medical Group Supervisor may have to coordinate with other groups or units within the ICS organization such as the Extrication Group and Helicopter Coordinator

❑ Multiple Medical Groups may be necessary for widespread incidents.

❑ The Patient Transportation Unit may be upgraded to a Group to more effectively handle the medical transportation needs from multiple Medical Groups.

Demobilization

Mountain-Valley EMS Agency
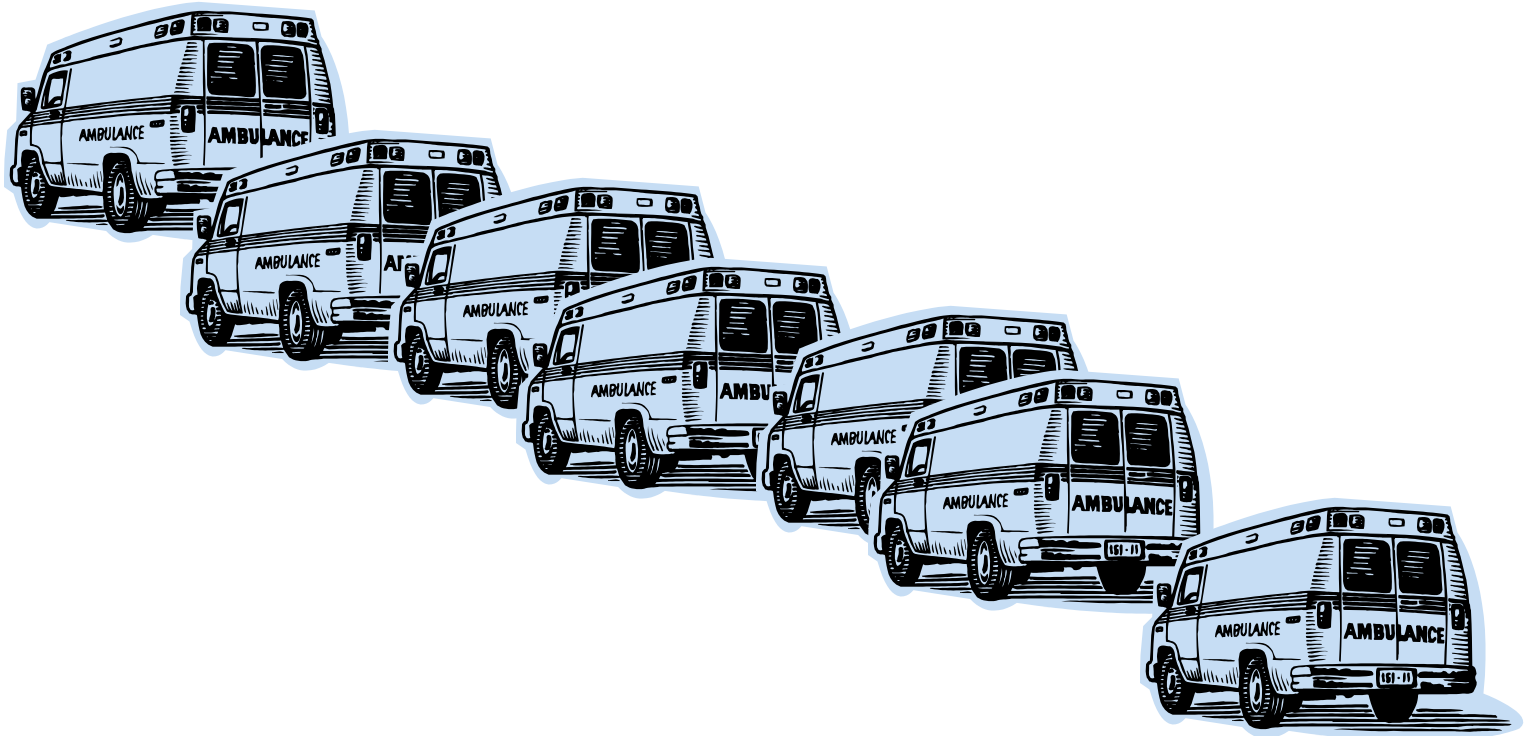
Demobilization Plan

□ The Planning Section is responsible for developing the Demobilization Plan

□ Factors to consider during Demob include:

- Priority release of personnel and units
- Need for resources to be sent to other incidents
- Feasibility of demobilization schedule
- Inspection and replacement of equipment and medical supplies
- Completion of ALL documentation
- Restoration of area to pre-incident conditions (e.g. Disposing of medical waste)

Demobilization Plan

☐ Other items to consider during Demob include possible need for:

- ◼ Significant Exposure Reporting

- ◼ Critical Incident Stress Management

Conclusion (Medical Group Supervisor Checklist)

- ☐ <u>ENROUTE:</u> Change mindset from patient care to Scene Manager. Think…
  - ■ 1. RESOURCES- **(Equipment, Manpower, Transportation)**
  - ■ 2. SCENE MANAGEMENT (Disaster Pack, Vests, Duty Sheets)
  - ■ 3. DISBURSEMENT (Alert Control Facility)

- ☐ <u>ON SCENE:</u>
  - ■ Check in with the IC or Ops Chief:
    - ☐ **R** Resources: confirmed resources ordered and ordering process
    - ☐ **A** Assignments: get approval to become Medical Group Supervisor
    - ☐ **C** Communications: Command/Tactical frequencies or face-to-face
    - ☐ **I** Ingress/Egress: Best way in and out - Notify dispatch
    - ☐ **N** Name of the Incident
    - ☐ **G** Geography: Identify triage, treatment, helispot, staging area

Conclusion

- ORDER NEEDED RESOURCES/ UPDATE DISPATCH

- <u>UPDATE Control Facility</u>
    - a. MCI Type (Trauma, Medical, Haz-Mat)
    - b. Location of Incident
    - c. Name of Incident
    - d. Approximate Number of Victims (exact triage/injury info when available)
    - e. Number and type of transport resources

- <u>ESTABLISH THE MEDICAL BRANCH</u>:
    - -Assign positions, give out vests & duty sheets
    - -Establish method of communications with officers

- <u>ONGOING</u>:
    - Resources, Scene Management, Disbursement, Demob

MCI Scenario

MCI Scenario

- You and your partner are dispatched to a multiple vehicle accident on North Strain Road near Hal's Market, unknown injuries, CHP is on scene.

- [click anywhere on the screen to continue]

- Good luck!
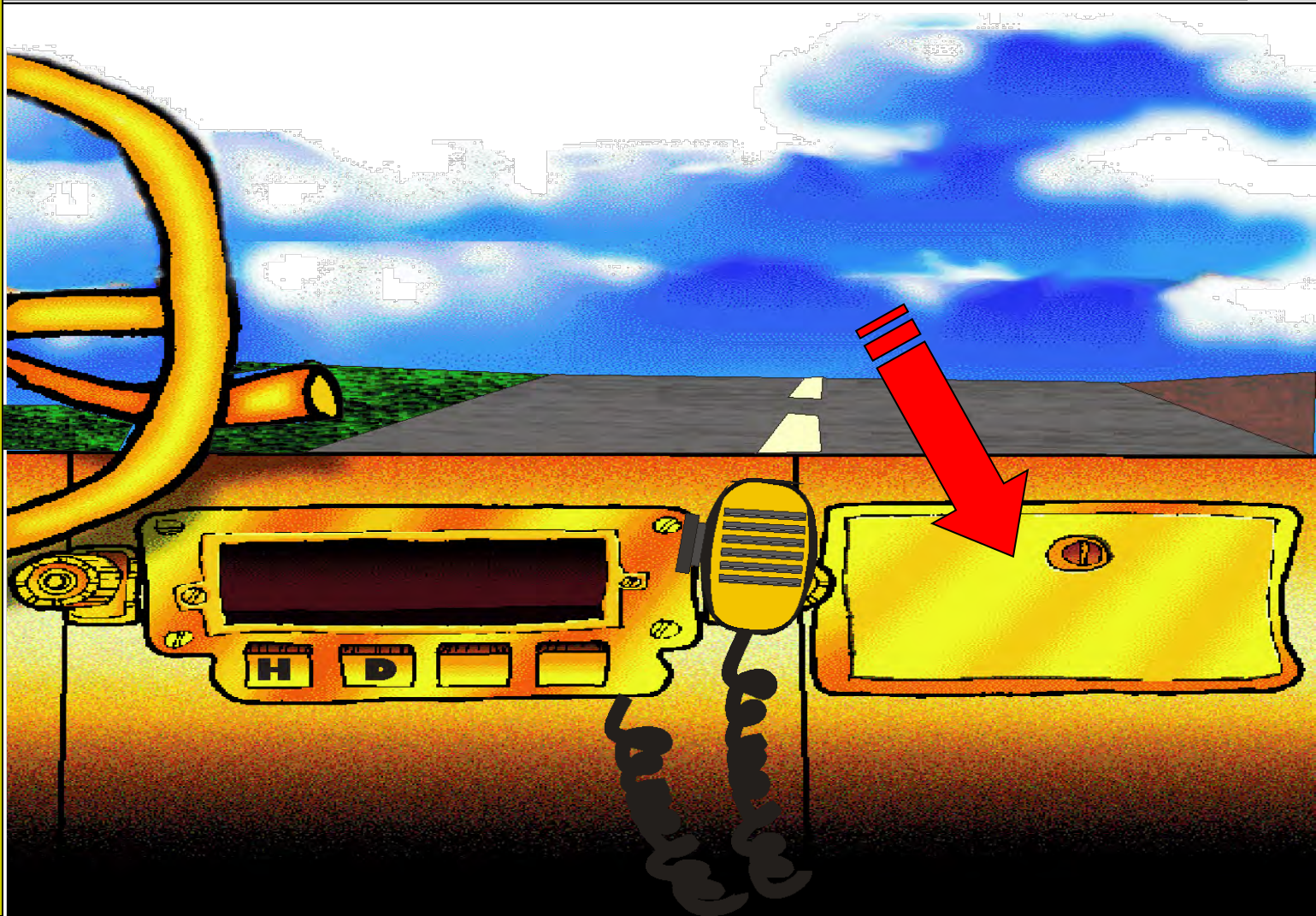
❑ Do you know the best route to North Strain Road?

❑ Do you know the best route to North Strain Road?
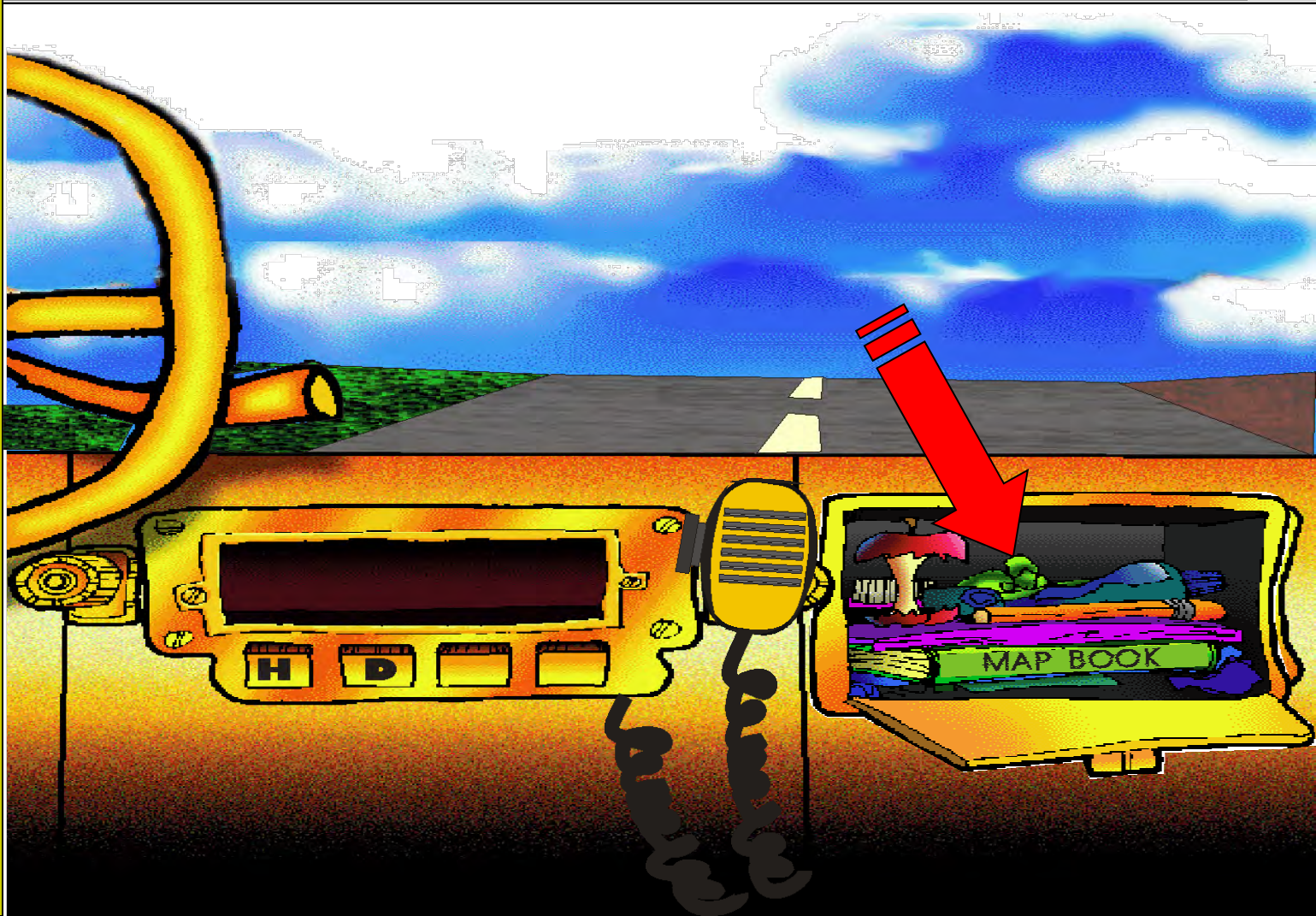
- Do you know the best route to North Strain Road?

- Find the best route to North Strain Road.
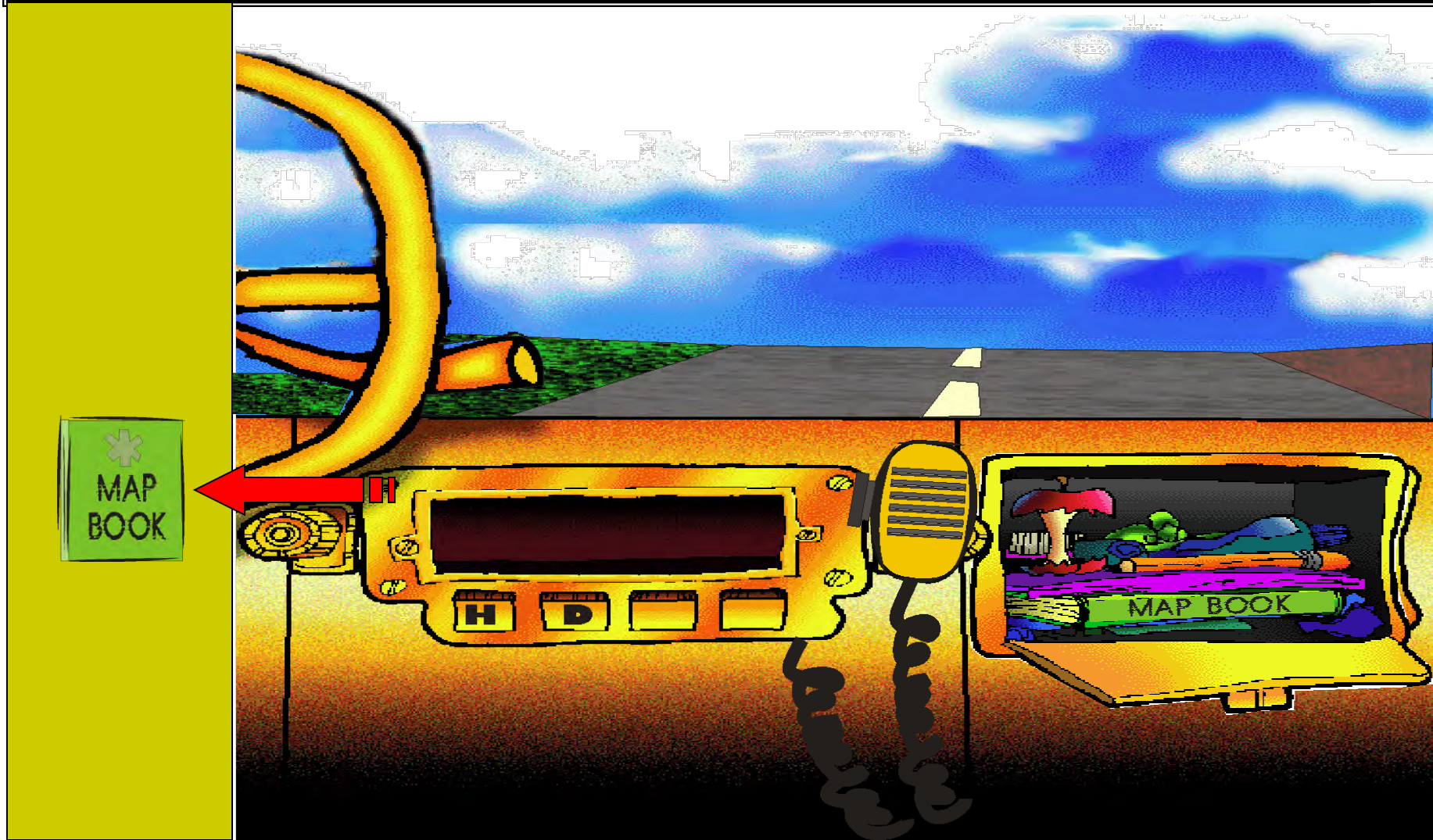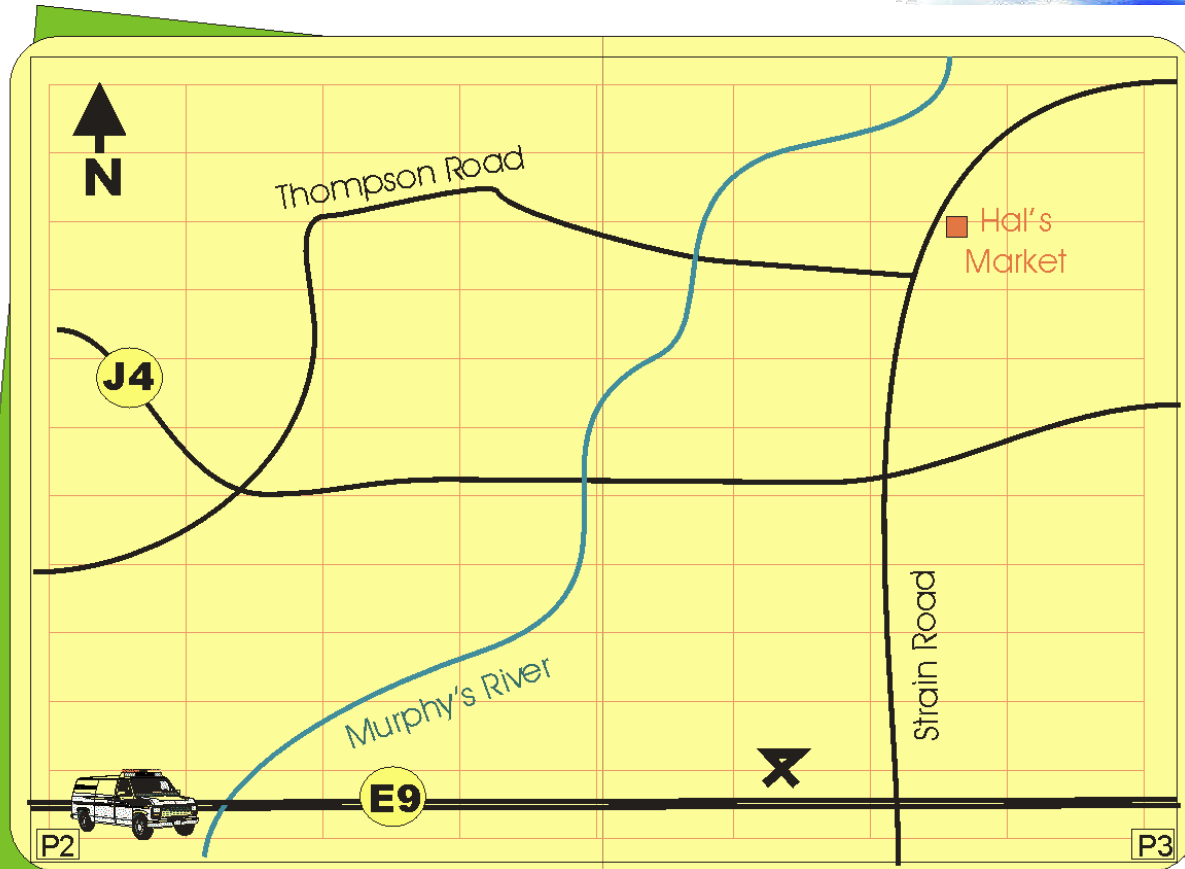
❑ Well done!

MCI Scenario

- Well done!

- Have we alerted the Disaster Control Facility?

❑ Well done!

❑ Have we alerted the Disaster Control Facility?

Click anywhere to continue…
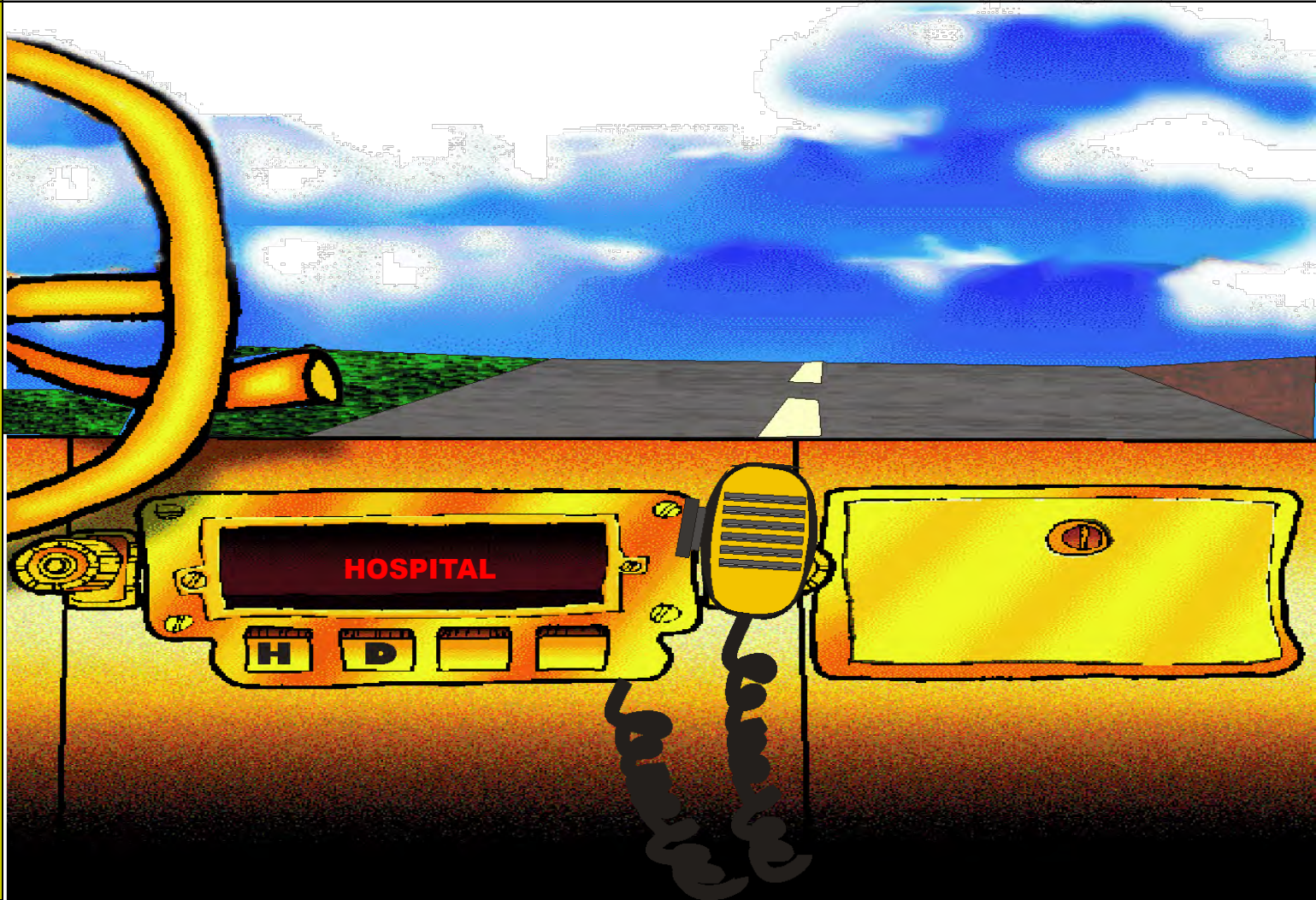
- Well done!

- Do we have enough Equipment, Manpower, and Transportation coming?
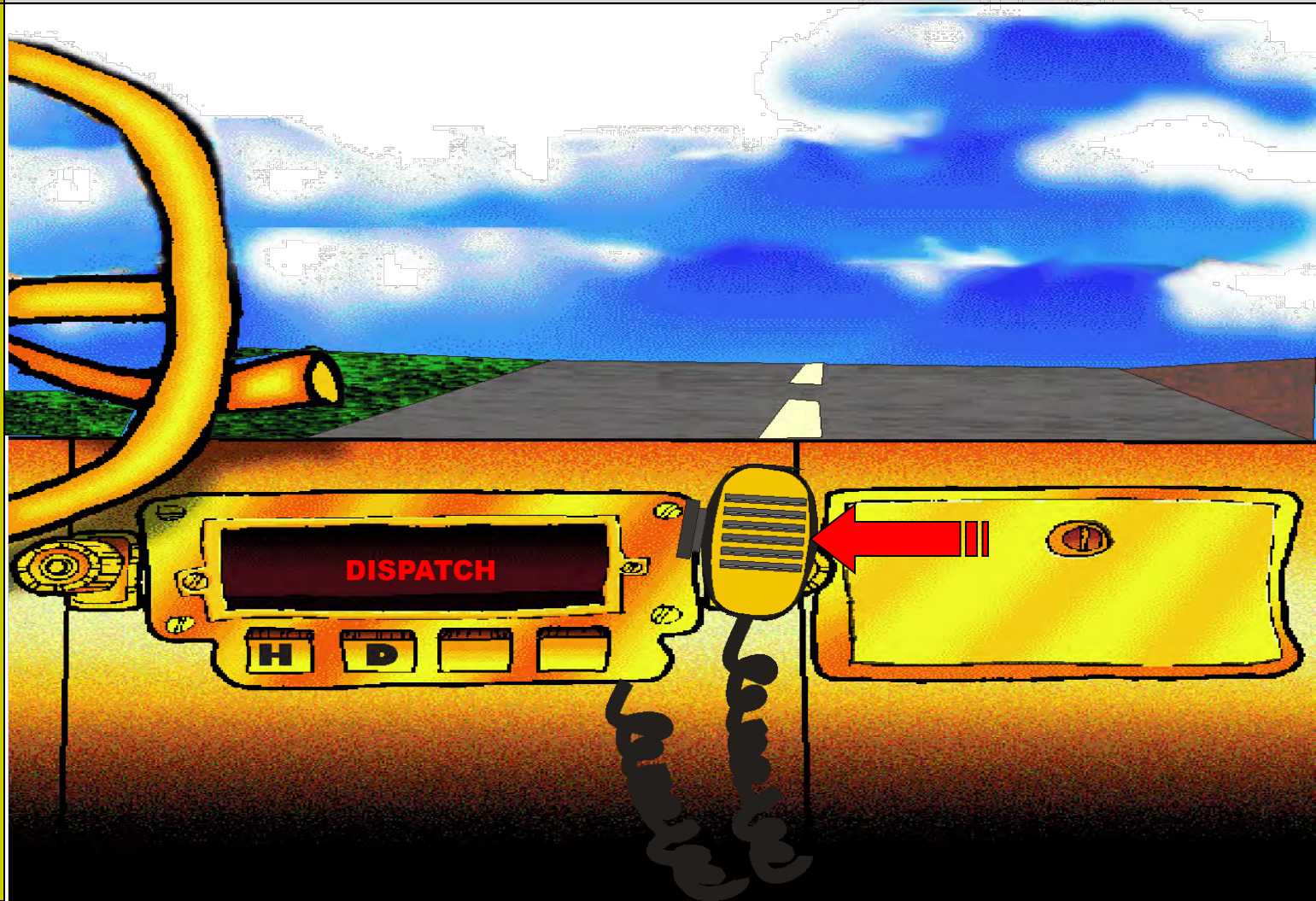
❑ Well done!

❑ Recalling the principles from your recent MCI training, you decide to quickly go through your list on your clipboard.

S cene size-up
A ction Plan
F ind safe spot
E stablish a post

DISPATCH

H D

Click each item to continue …

S _____

A _____

F _____

E _____

Mountain Valley EMS

MCI Scenario

❑ As you approach, you see a truck vs tour bus collision blocking the SB lane, bystanders, and CHP.

Click each
item to
continue
…

S cene size-up

A

F

E

MCI Scenario

- ❑ As you approach, you see a truck vs tour bus collision blocking the SB lane, bystanders, and CHP.
- ❑ Your partner suggests beginning triage at the truck and proceeding north through the bus.

Click each item to continue …

S cene size-up

A ction Plan

F

E

Mountain Valley EMS

MCI Scenario

- As you approach, you see a truck vs tour bus collision blocking the SB lane, bystanders, and CHP.
- Your partner suggests beginning triage at the truck and proceeding north through the bus.
- You decide the best place to stage your vehicle is right behind the CHP unit just off the northbound lane.

Click each item to continue …

S cene size-up

A ction Plan

F ind safe spot

E

Mountain Valley EMS

MCI Scenario

□ As you approach, you see a truck vs tour bus collision blocking the SB lane, bystanders, and CHP.
□ Your partner suggests beginning triage at the truck and proceeding north through the bus.
□ You decide the best place to stage your vehicle is right behind the CHP unit just off the northbound lane.
□ As the first-in ambulance, you grab your MCI bag and approach the CHP officer to establish a post.

Click
anywhere
to
continue
…

S cene size-up

A ction Plan

F ind safe spot

E stablish a post

Mountain-Valley EMS

- ☐ Make contact with the Incident Commander.
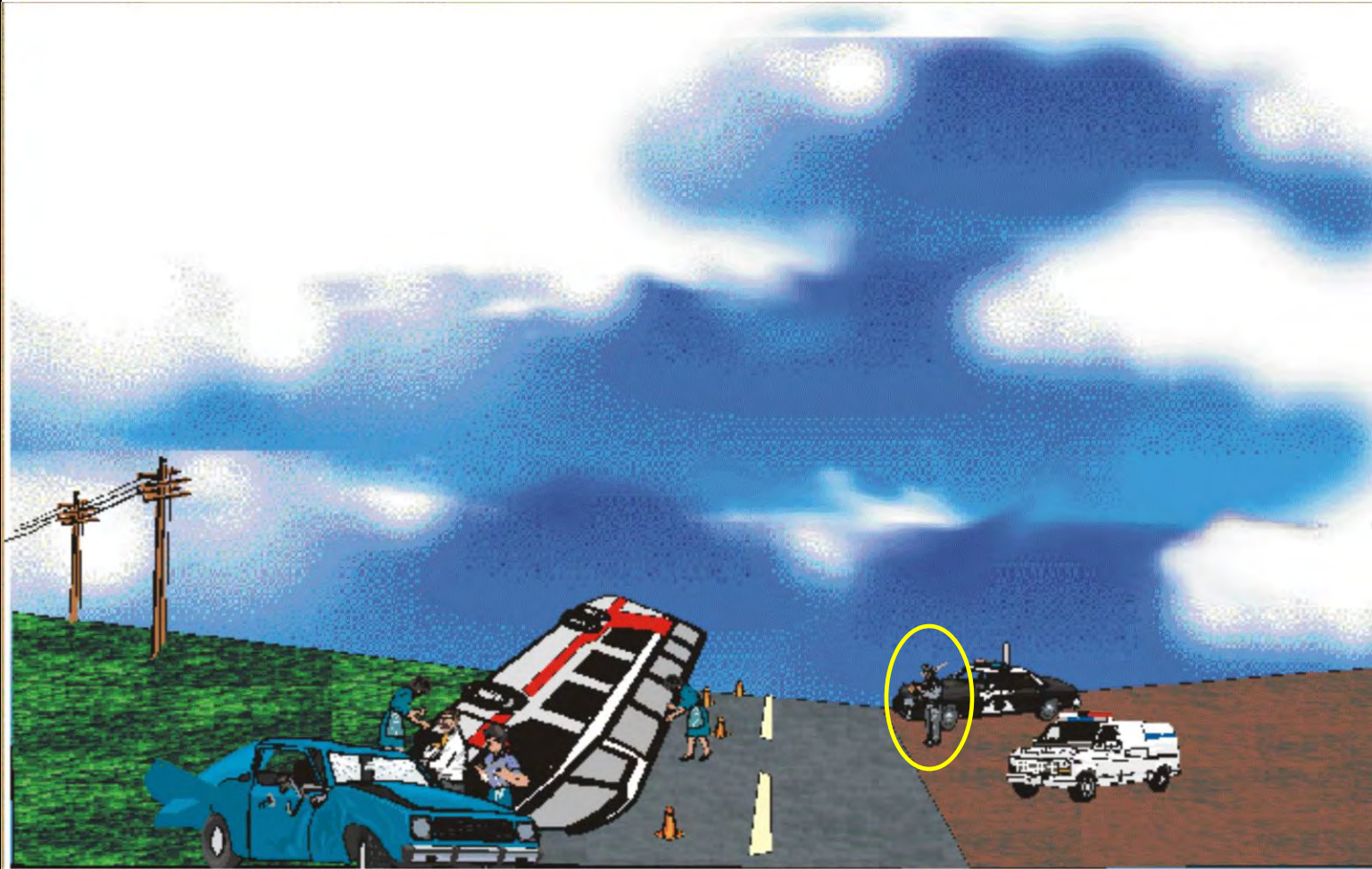
☐ Make contact with the Incident Commander.

☐ Being proactive, you grab your clipboard and clarify each item with Officer Diaz.

MCI Scenario

- Click each item to review.

☐ You receive permission to order your own resources, provided you keep the IC updated.

Click each item to review.
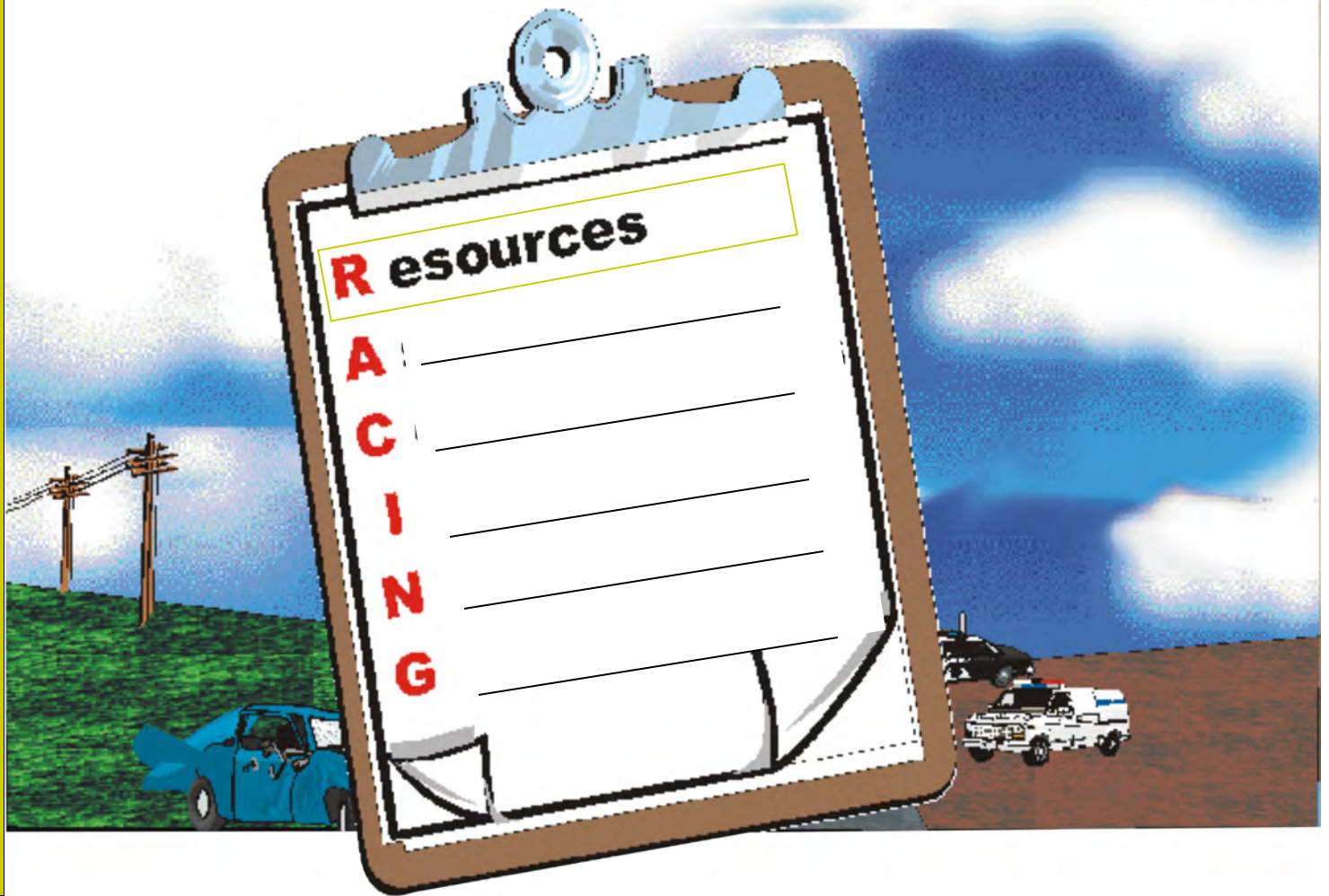
You turn to your partner and appoint him Triage Unit Leader, and let him know it's okay to begin triage.

Click each item to review.

Resources
Assignments
RACING

Having no common frequency with the IC, you realize that your only means of communicating with him is face-to-face.

Click each item to review.

R esources

A ssignments

C ommunications

I

N

G

MCI Scenario

☐ Since the southbound lane of Strain Road is blocked, it seems the most reasonable egress route is west on Thompson Road.

Click each item to review.

MCI Scenario

Having clarified the incident name, you realize that you must now use your title of "Strain Road Medical" during all radio communications.

Click each item to review.

R esources
A ssignments
C ommunications
I ngress/Egress
N ame
G

MCI Scenario

- After identifying your Triage, Treatment, and Ambulance Staging areas, you grab your radio to request additional resources from dispatch.

R esources
A ssignments
C ommunications
I ngress/Egress
N ame
G eography
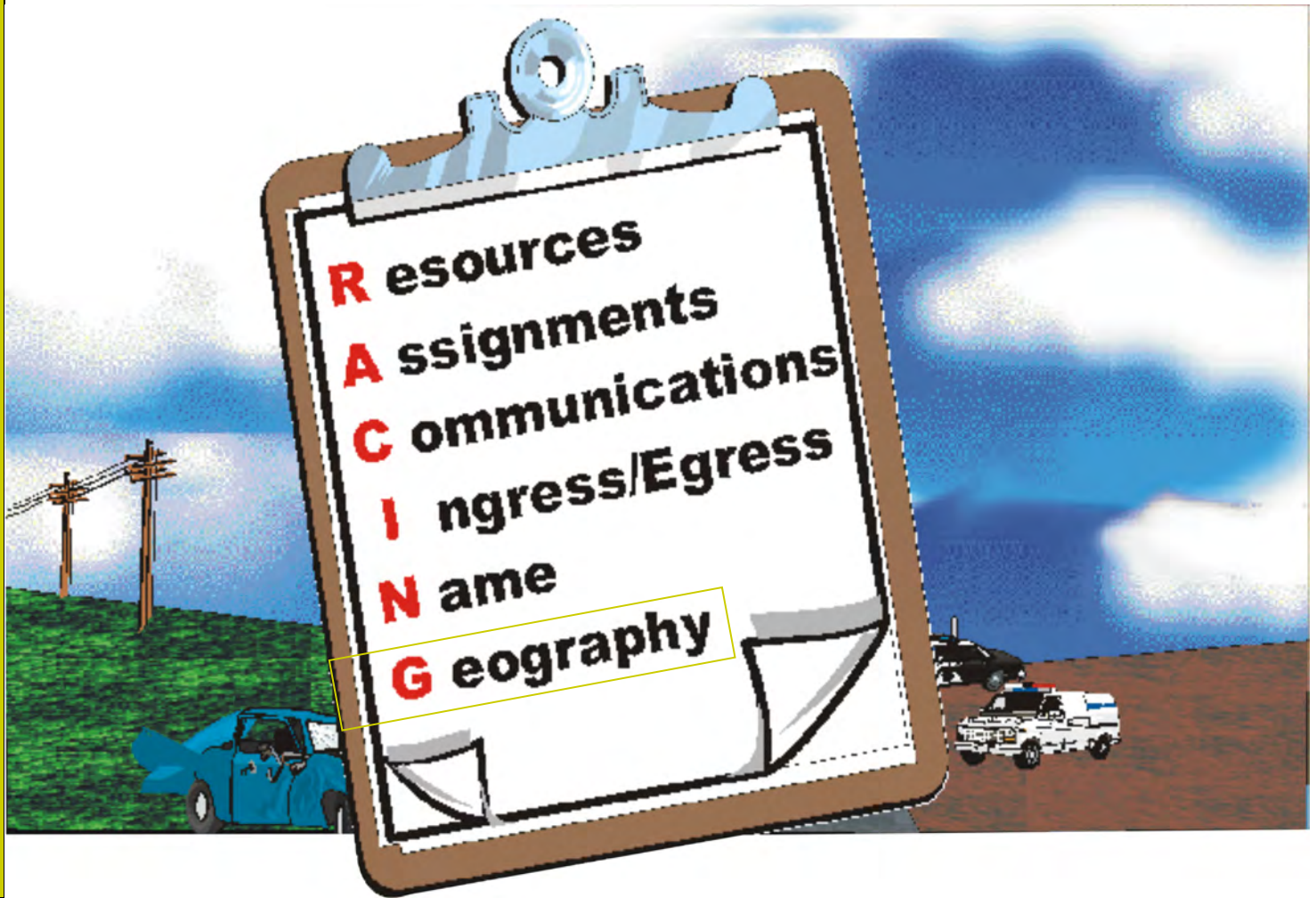
☐ Now that we have additional information regarding approximate number of patients, available transport resources, and name of the incident, we should update the DCF.

□ You keep being approached by individuals looking for the IC, or asking who the IC is… maybe distributing vests will help keep the scene more organized.
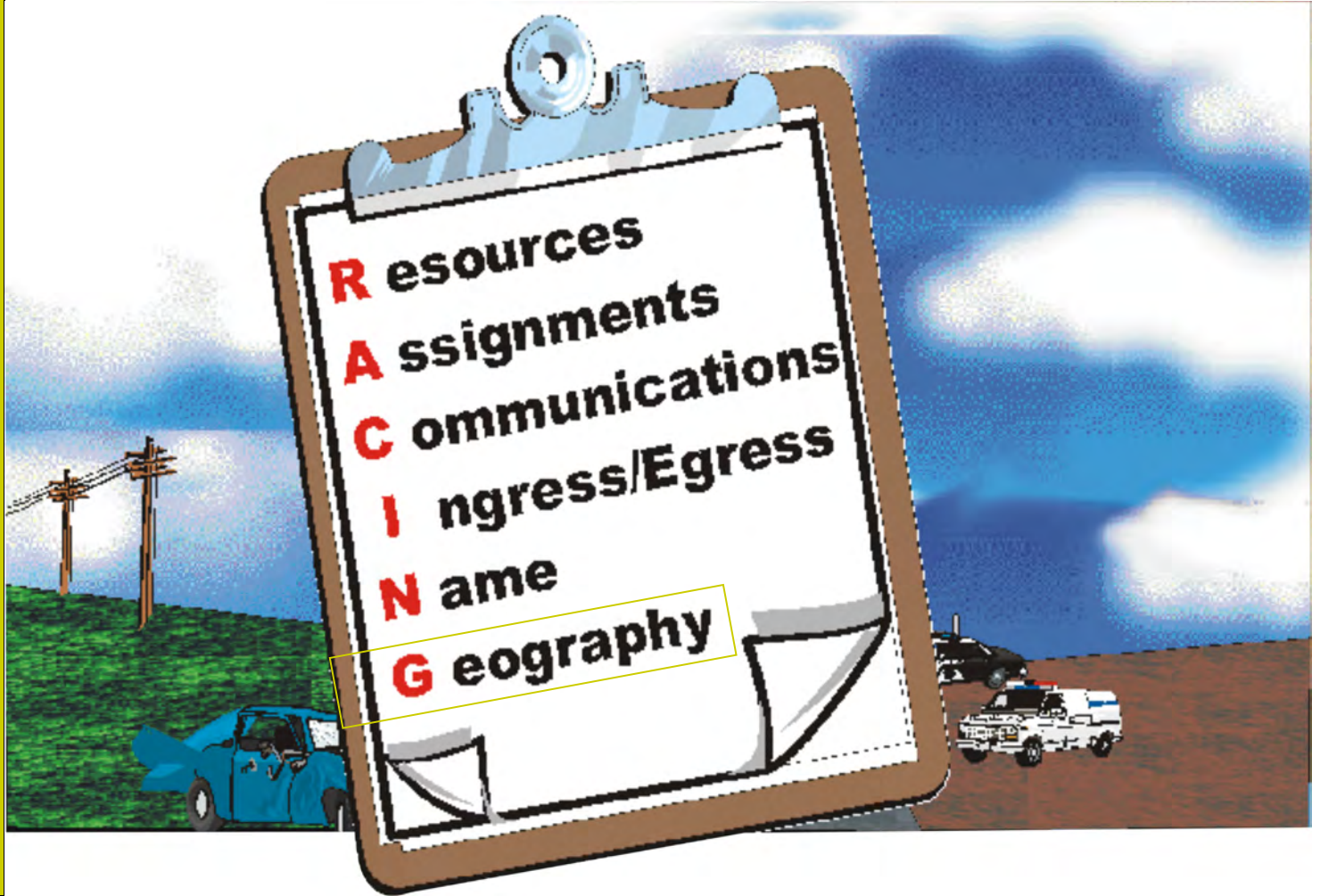
MCI Scenario

☐ You keep being approached by individuals looking for the IC, or asking who the IC is… maybe distributing vests will help keep the scene more organized.
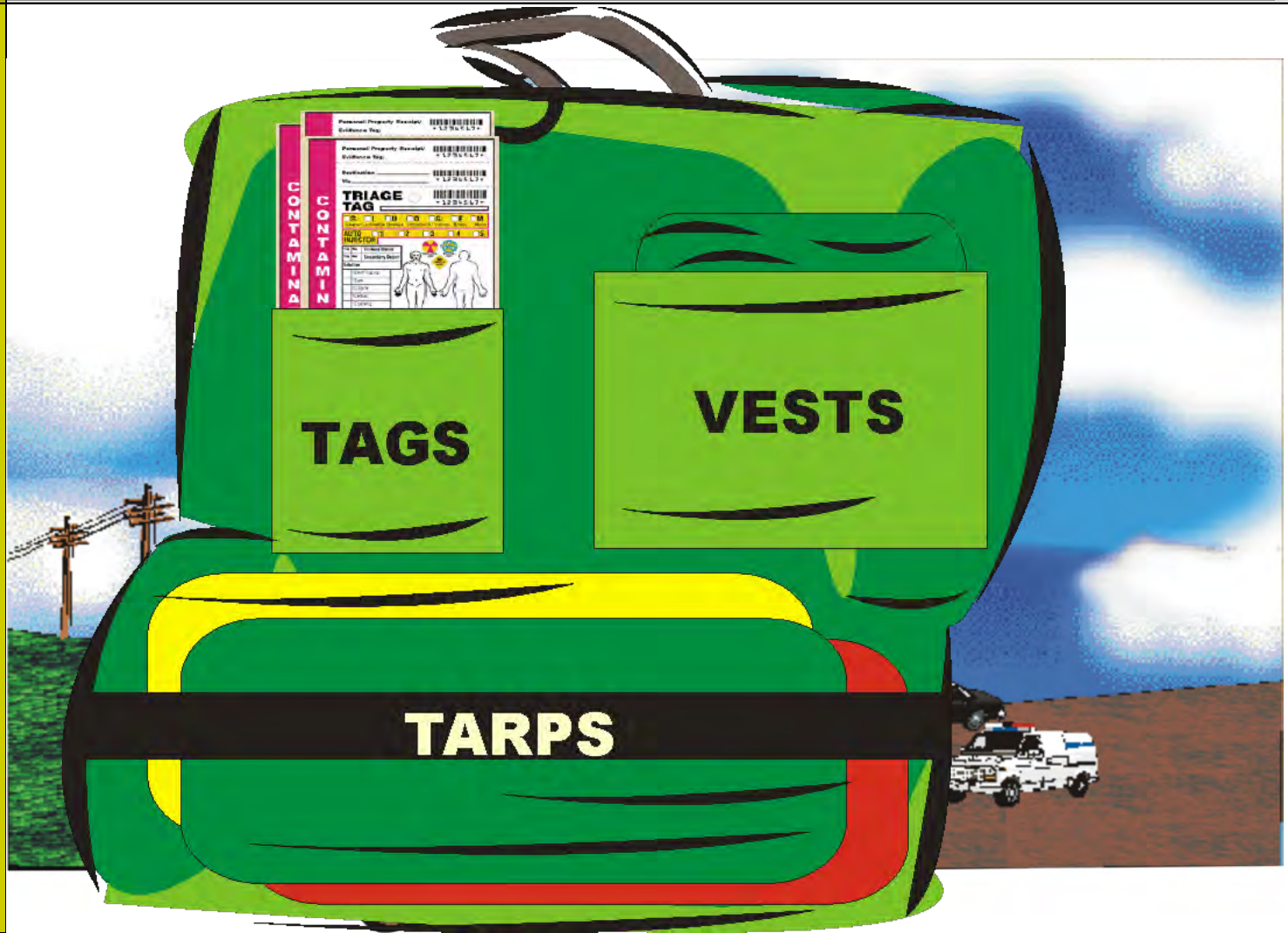
☐ Distributing vests has definitely helped. Your Triage Unit Leader gives you his worksheet with all the triage information. Contact the DCF to give them the triage information.

Now that we've updated the DCF, we need to set up Treatment Areas. Let's get the colored tarps and select areas for the Immediate, Delayed, and Minor treatment areas.

MCI Scenario

- Now that we've updated the DCF, we need to set up Treatment Areas. Let's get the colored tarps and select areas for the Immediate, Delayed, and Minor treatment areas.
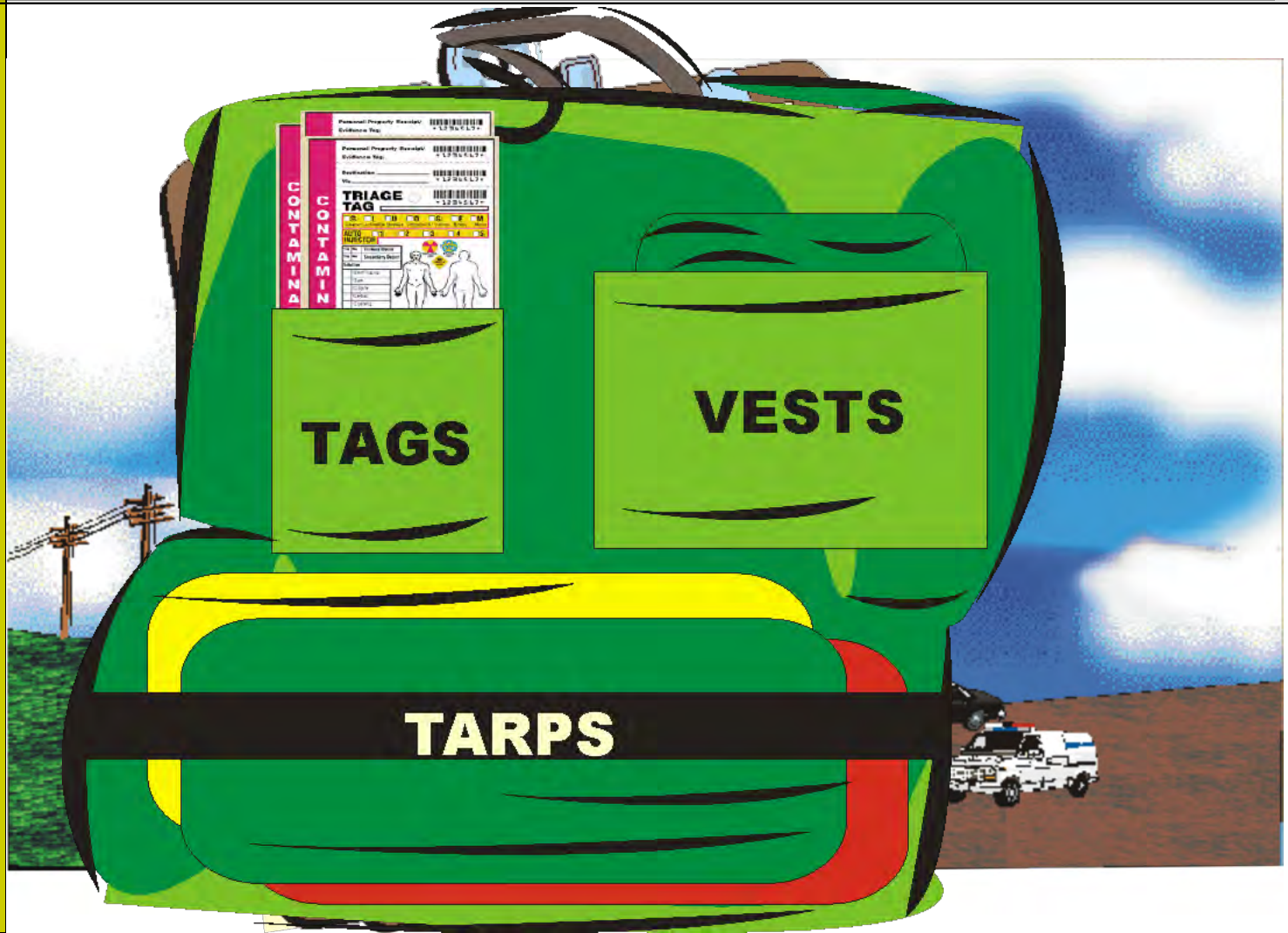
- Click on an area to put the Immediate Treatment Area tarp.
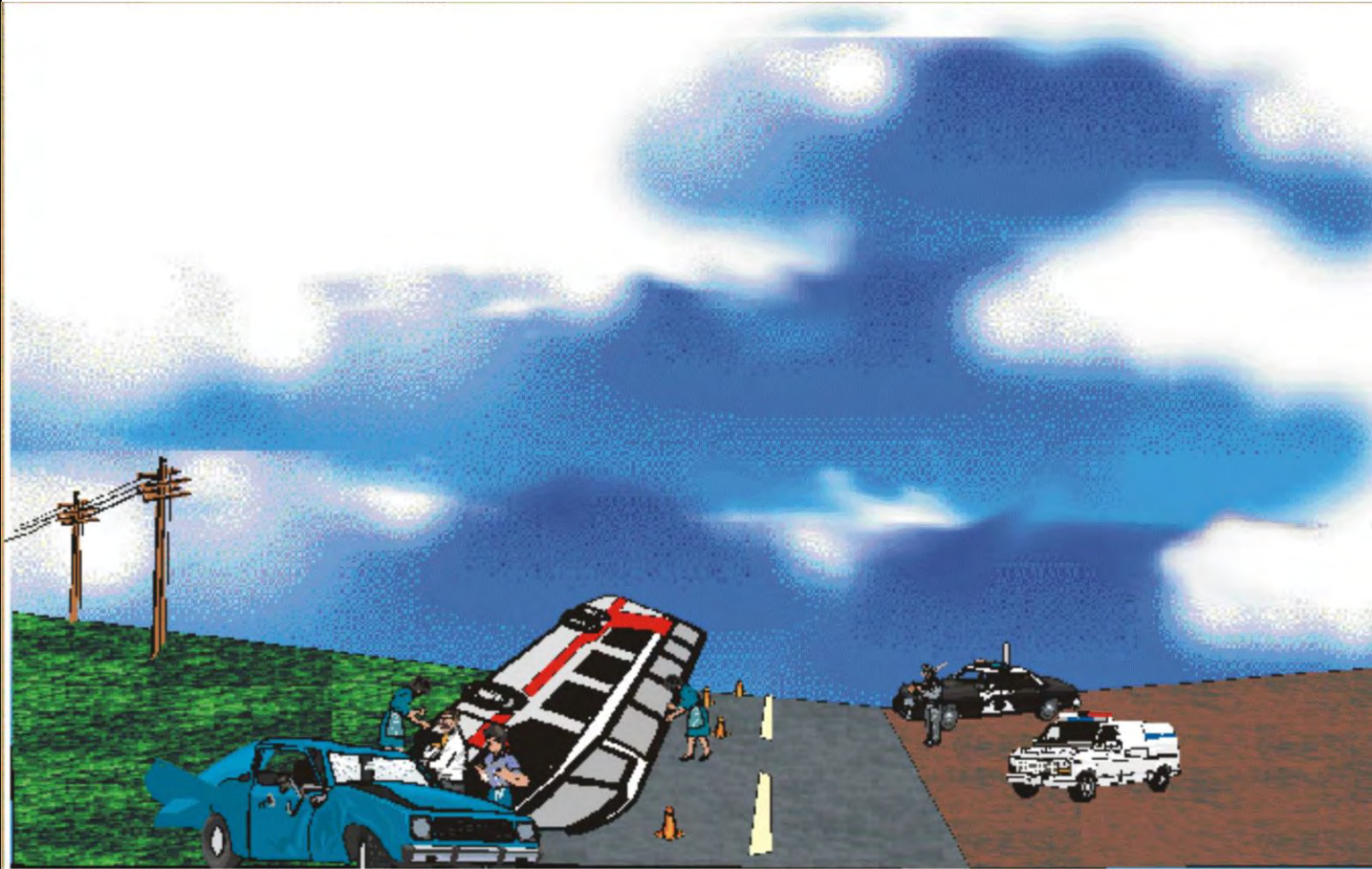
MCI Scenario

□ Great choice. This area has easy access for patient loading. Now click an area to put the Delayed Treatment Area tarp.
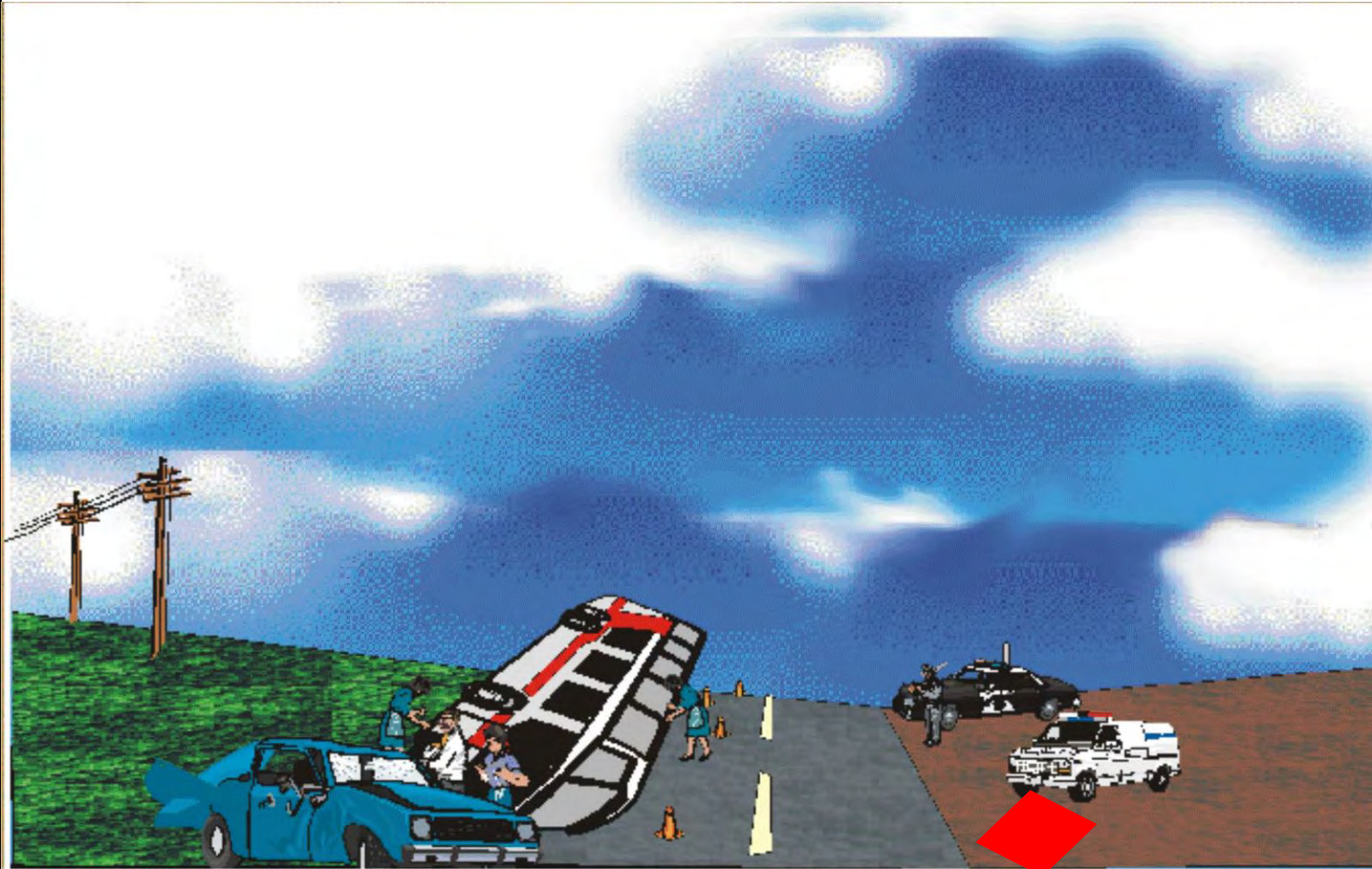
□ Good choice. This will facilitate loading after the Immediates. Now select an area for the Minor tarp.
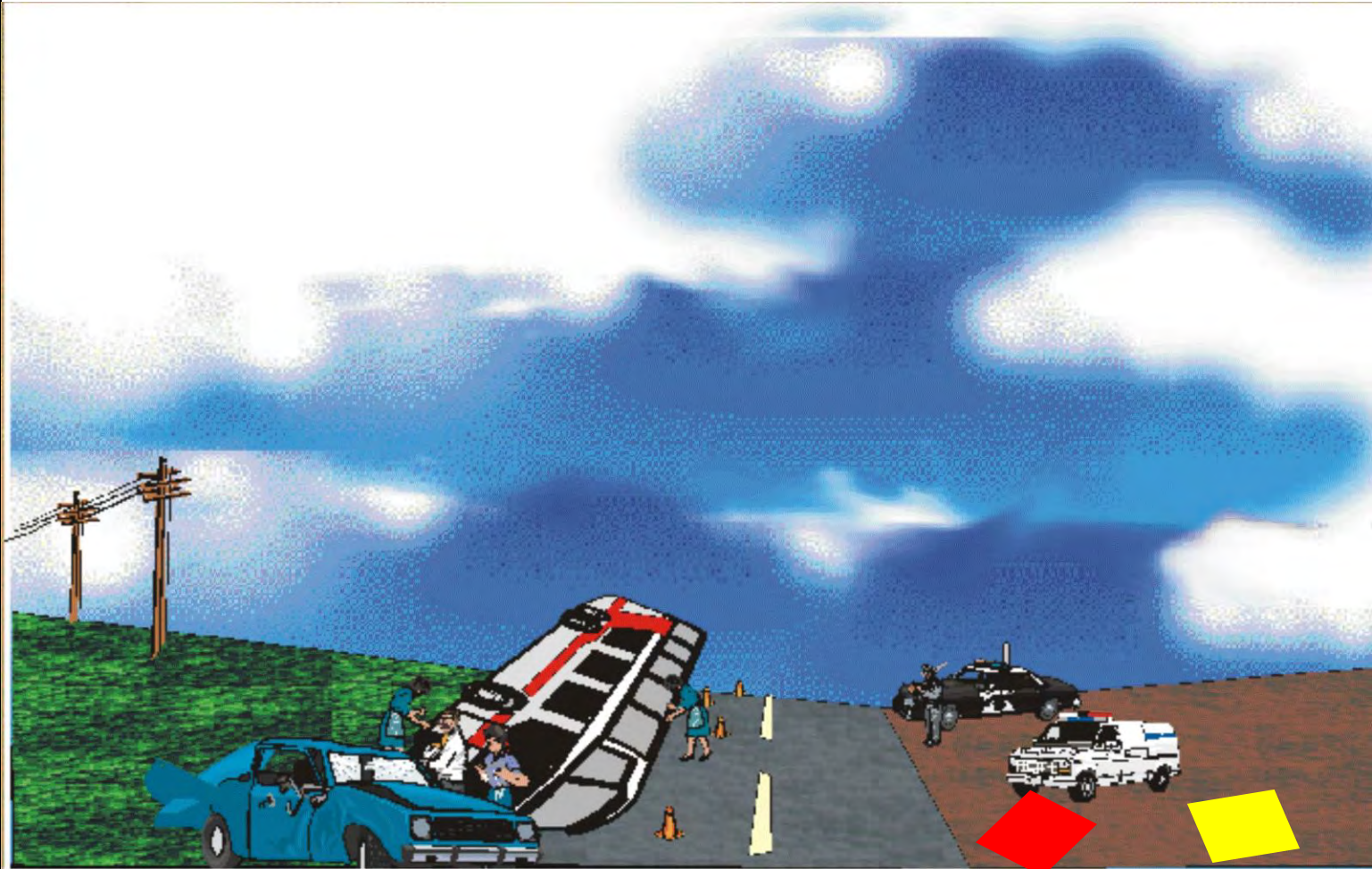
- Good choice.
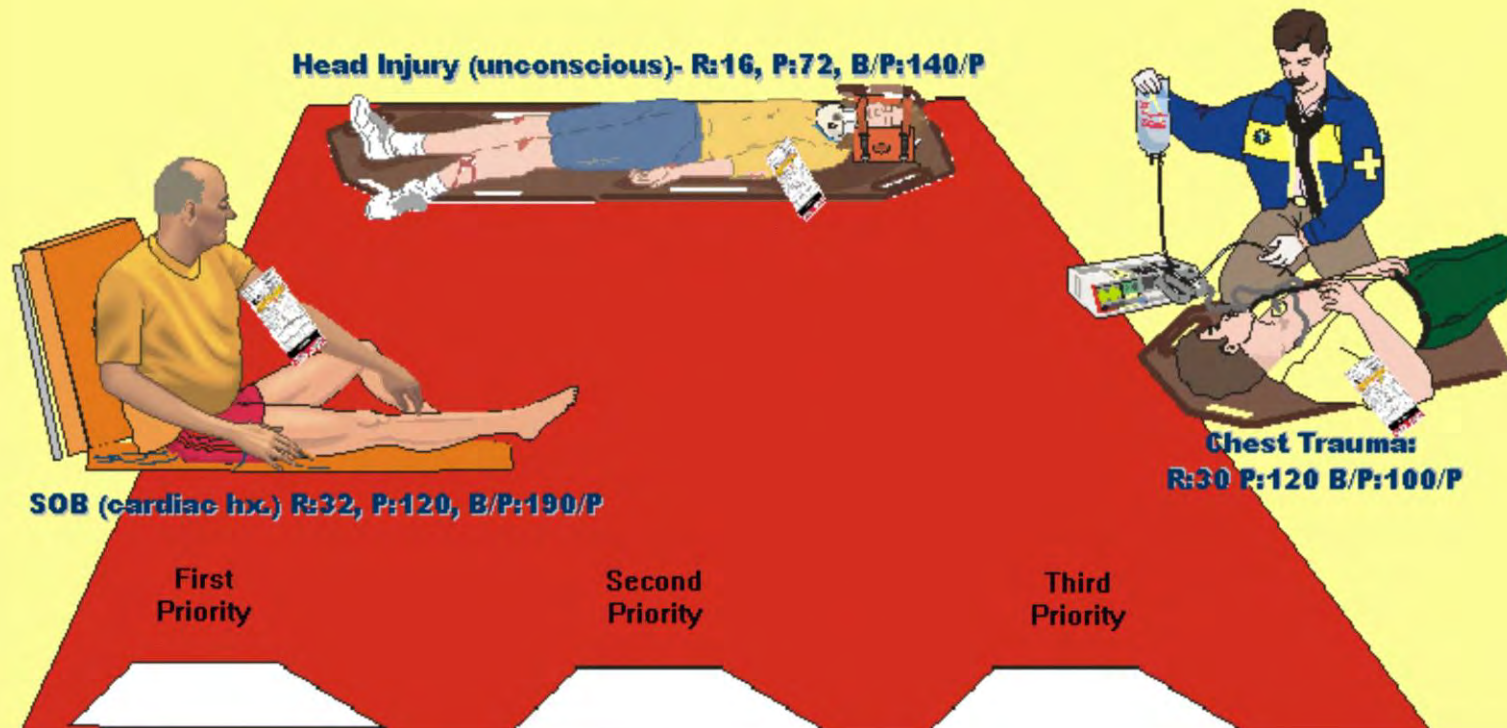 Now, let's move to the Immediate Treatment Area to see which patients are ready to move.

MCI Scenario

- Let's help the Immediate Treatment Area Manager prioritize his patients for transport.
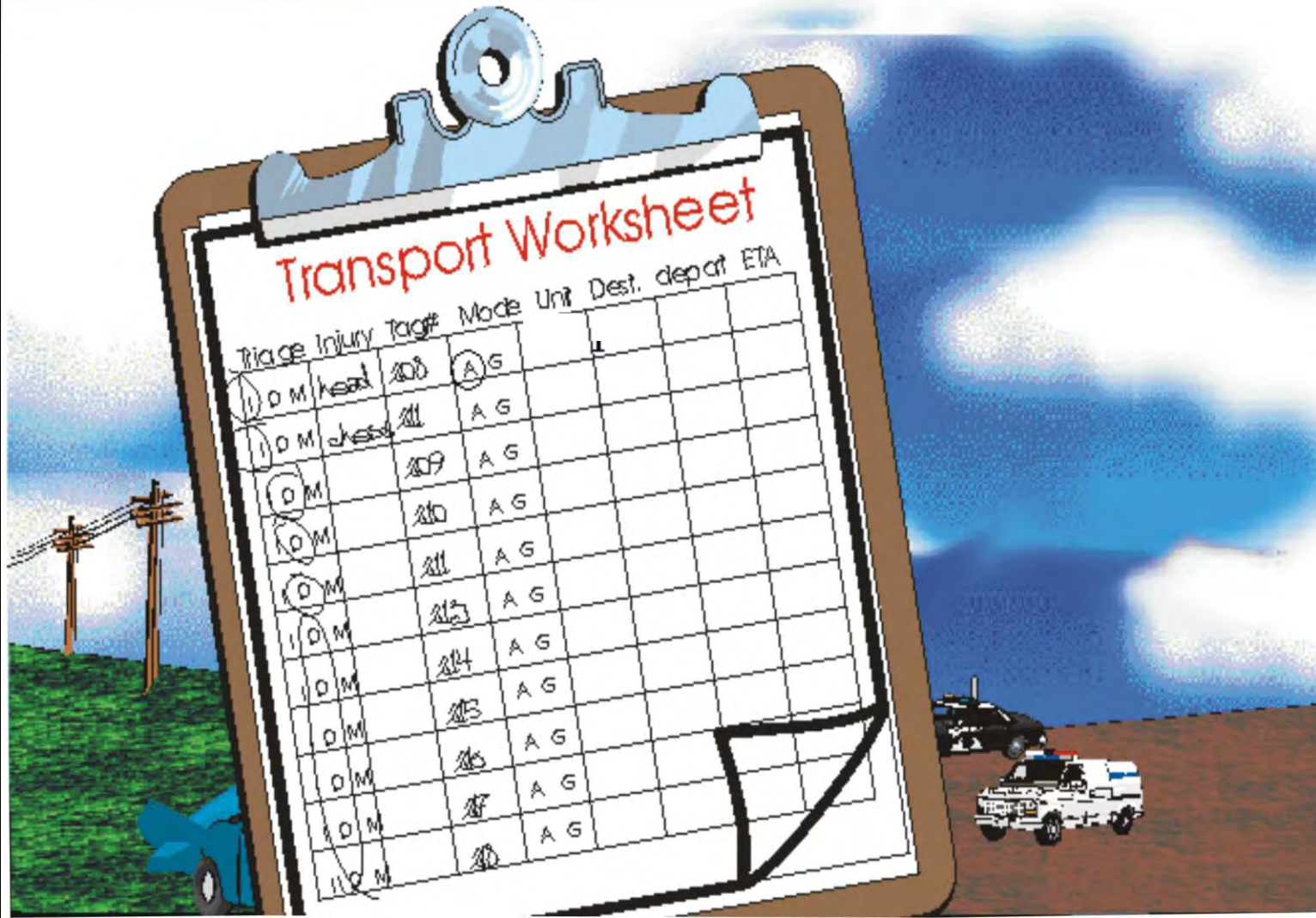

Immediate Treatment Area

Help the Immediate Treatment Area Manager prioritize his patients for transport by moving them into the appropriate position.

Head Injury (unconscious)- R:16, P:72, B/P:140/P

Chest Trauma: R:30 P:120 B/P:100/P

SOB (cardiac hx.) R:32, P:120, B/P:190/P

First Priority   Second Priority   Third Priority

MCI Scenario

- Let's updated the Control Facility and get destinations for our Immediates.

MCI Scenario

☐ You document the destinations for your patients, and give the destination information to the Patient Transportation Unit Leader to begin transport.
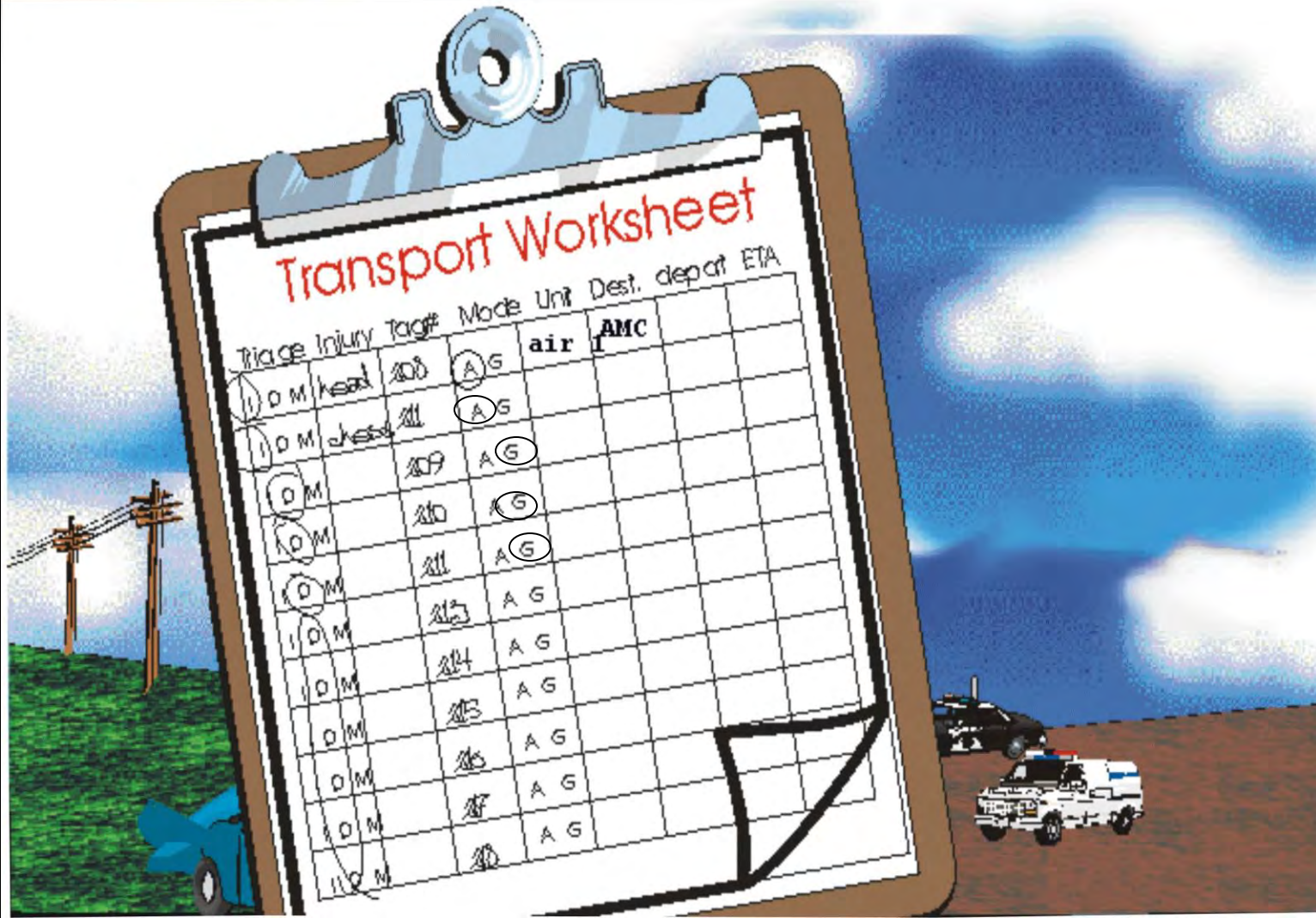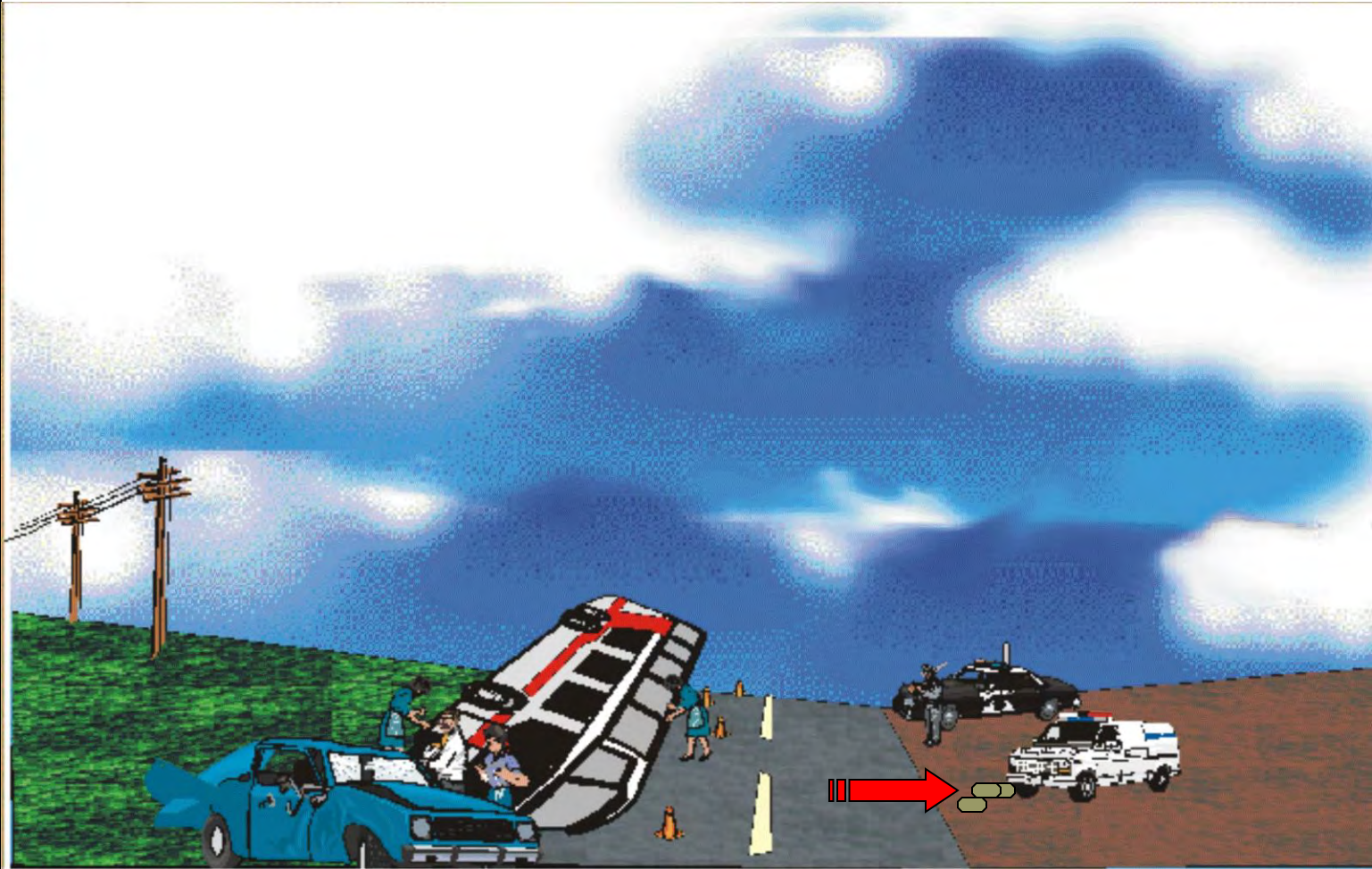
MCI Scenario

- As the IC urges you to begin transporting, you contact the Control Facility with the Transporting Unit Numbers, Departure Times, and ETAs.

IC

MCI Scenario

As the last of your patients depart scene, you survey the grounds to make sure we're not leaving behind any bio-hazards such as bloody gloves, bandages, etc.

MCI Scenario

- Well done. Now let's make sure we touch bases with the Ops Chief and IC before heading back to the station.

  Good work! The Scene is clear.