

FIRESCOPE MCI Position Checklists

MEDICAL BRANCH

DEFINITION

The Medical Branch structure is designed to provide the IC with a basic, expandable system to manage a large number of patients during an incident. If incident conditions warrant, Medical Groups may be established under the Medical Branch Director. The degree of implementation will depend upon the complexity of the incident. As the complexity of an incident exceeds the capacity of the local medical health resources, additional response capabilities may be provided through provisions of the PHD and Medical Emergency Operations Manual (EOM) through the Medical Health Operational Area Coordinator (MHOAC).

MODULAR DEVELOPMENT

A series of examples for the modular development of the Medical Branch within an incident involving mass casualties are included to illustrate one possible method of expanding the incident organization.

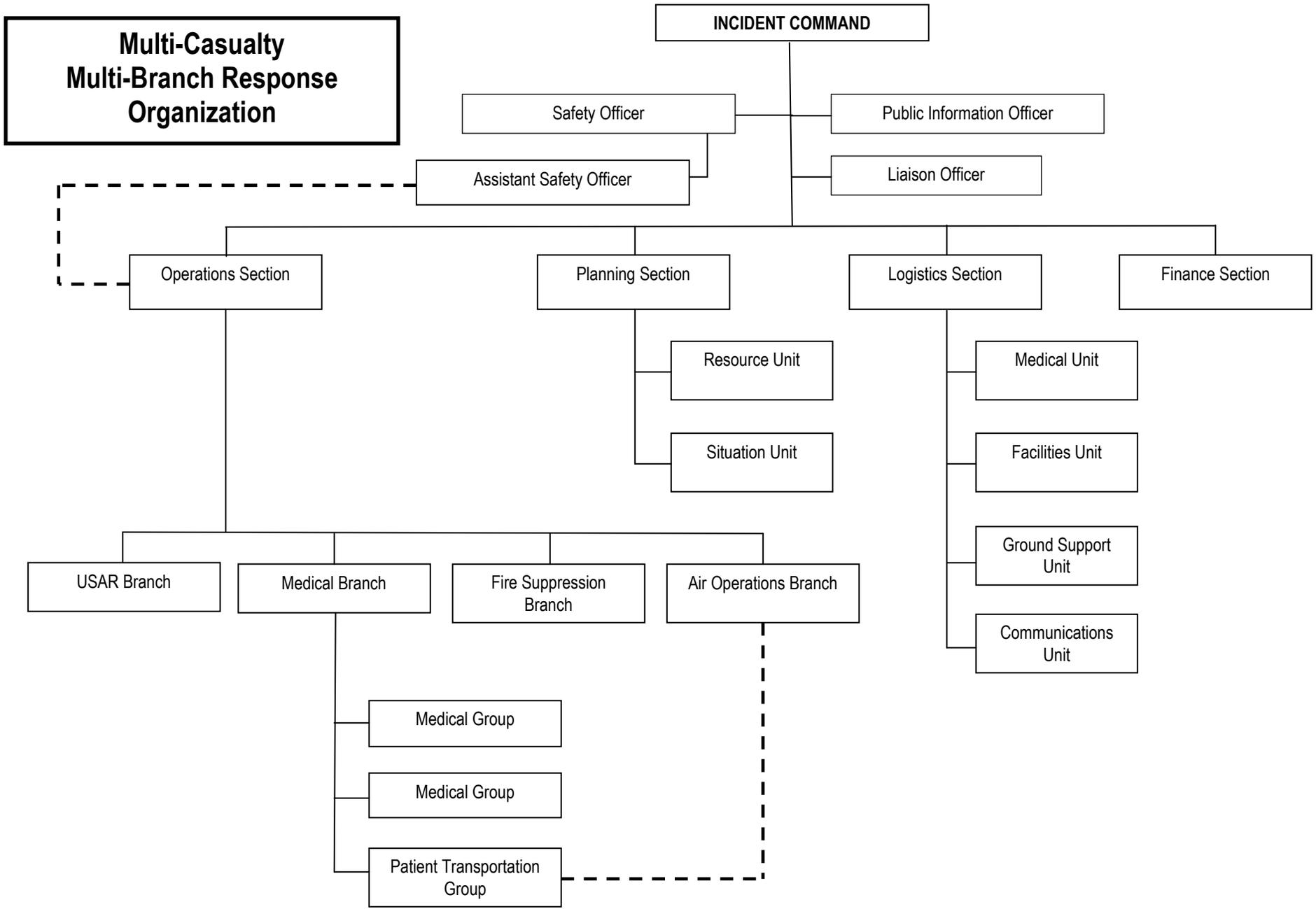
Initial Response Organization: The IC manages initial response resources as well as all command and general staff responsibilities. The IC assigns the resource with the appropriate communications capability to the Medical Communications Coordinator to establish communications with the appropriate hospital or other coordinating facility, and assigns other first arriving resources to the Triage Unit Leader, treatment areas, and Ambulance Coordinator.

Reinforced Response Organization: In addition to the initial response, the IC establishes a Safety Officer, a Treatment Unit Leader, a Patient Transport Unit Leader and Ambulance Coordinator. Patient treatment areas are established and staffed. Ambulance Strike Teams (AST) may be requested via the MHOAC to support local resources.

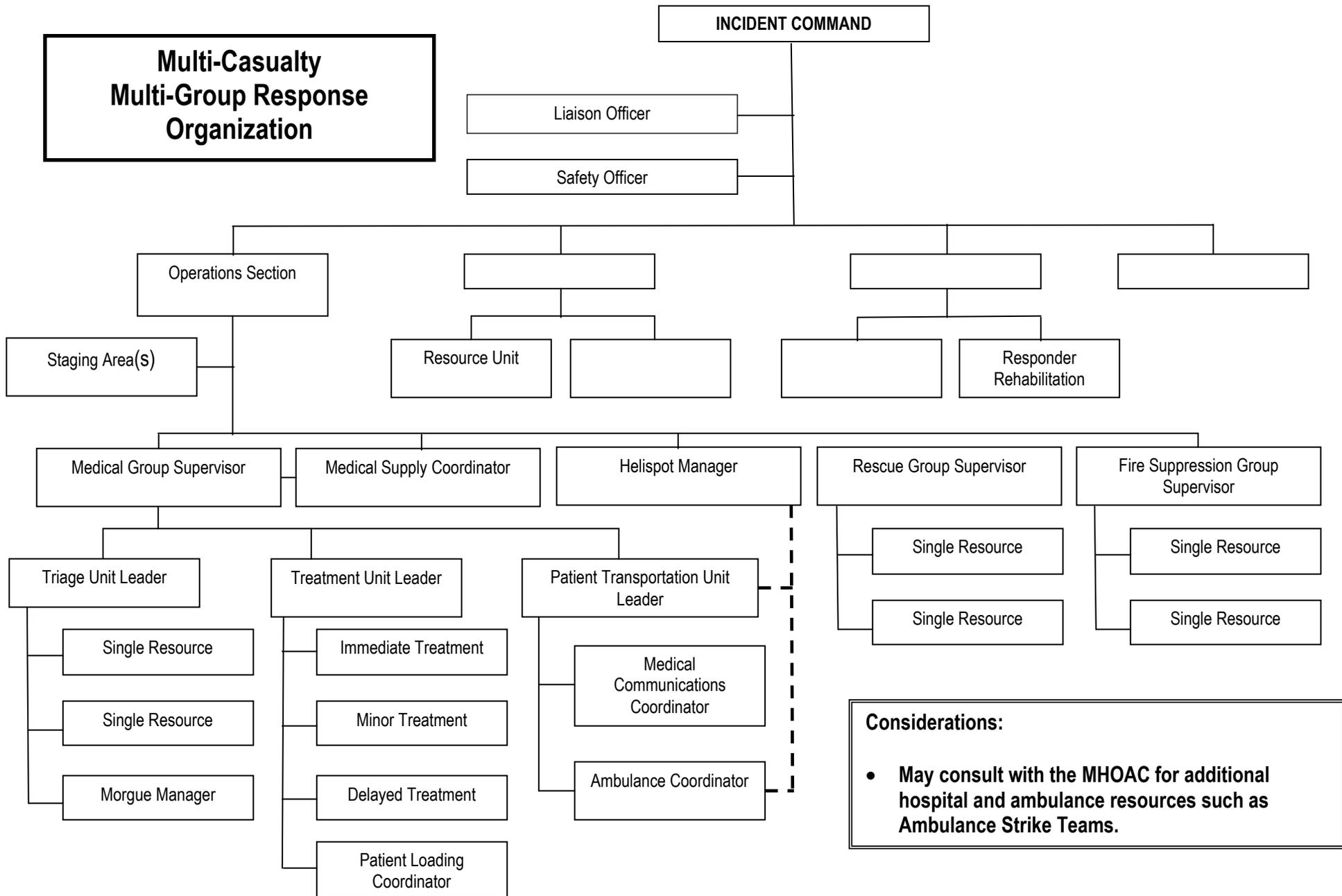
Multi-Group Response: All positions within the Medical Group are now filled. The Air Operations Branch is shown to illustrate the coordination between the Patient Transportation Unit and the Air Operations Branch. A Rescue Group is established to free entrapped victims. May consult with MHOAC for additional hospital and ambulance resources such as ASTs.

Multi-Branch Incident Organization: The complete incident organization shows the Medical Branch and other branches. The Medical Branch now has multiple Medical Groups due to incident complexity, but only one Patient Transportation Group. This is because all patient transportation must be coordinated through one point to avoid overloading hospitals or other medical facilities. As the complexity of an incident exceeds the capacity of the local medical health resources, additional response capabilities may be provided through provisions of the PHD and EOM through the MHOAC.

County of San Luis Obispo MCI Plan



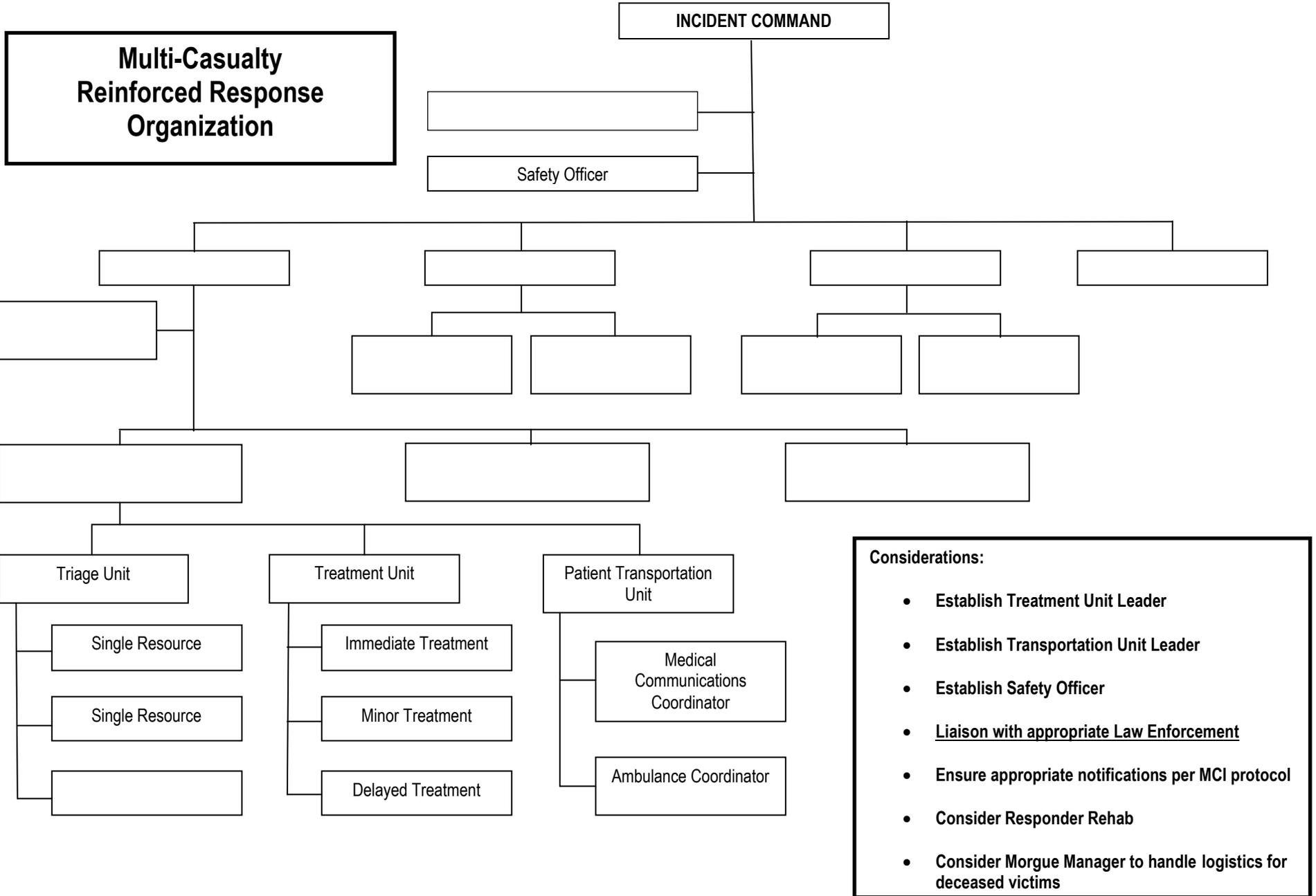
Multi Branch Incident Organization: The complete incident organization shows the Multi-Casualty Branch and other Branches. The Multi-Casualty Branch now has multiple Medical Groups (geographically separated) but only one Patient Transportation Group. This is because all patient transportation must be coordinated through one point to avoid overloading hospitals or other medical facilities. As an incident escalates, the MHOAC may assist with determining hospital and ambulance resource utilization.



Considerations:

- **May consult with the MHOAC for additional hospital and ambulance resources such as Ambulance Strike Teams.**

Medical Group Response: All positions within the Medical Group are now filled. The Air Operations Branch is shown to illustrate the communication between the Patient Transportation Unit and the Air Operations Branch in determining transportation to distant facilities and types of aircraft. Rescue Group may be established to free entrapped victims. Fire/Hazard Control Group may be established to control any fire or hazardous condition.



Reinforced Response Organization: In addition to the initial response, the Incident Commander establishes a Safety Officer, Treatment Unit Leader, Patient Transport Unit Leader and Ambulance Coordinator. Patient treatment areas are established and staffed.

INCIDENT COMMANDER
Job Action Sheet

Refer to FIREScope Field Operation Guide, Common Responsibilities and Incident Commander Checklist of major responsibilities.

- Refer as needed to the County of SLO EMS Agency MCI Plan
- Assume incident command and establish or participate in Unified Command with other responding agencies (law, fire, EMS, other agency).
- Size up the situation by determining the nature and magnitude of the incident, the estimated number of injured, and severity of the injuries.
- Confirm and communicate a declaration of the MCI status and MCI level (I or II) to dispatch and activate the MCI plan.
- Assign appropriate ICS roles to responding personnel using MCI job action sheets, vests (if available and warranted) and appropriate documentation forms located in MCI kits. MCI kits are on all fire battalion chief vehicles and ambulance supervisor vehicles.
- Establish the ambulance staging area, triage and treatment areas and morgue area as appropriate.
- Establish initial priorities and immediate resource requirements.
- Coordinate with the appropriate position (i.e. Medical Group Supervisor, Transportation Unit) regarding patient transportation resource needs.
- Determine if an Air Operations position will need to be activated and the resources that will be required to operate landing zone(s).
- Order appropriate medical management resources.
- Work with the MHOAC when a Level II MCI is declared, to request additional needed ambulance resources such as Ambulance Strike Teams, via medical mutual aid from RDHMS Region 1.
- In Level II events consider establishment of an agency representative from the ambulance provider to coordinate ambulance resources through a liaison officer.
- Complete the 201 and other ICS forms as appropriate to the scope or complexity of incident.

MEDICAL BRANCH DIRECTOR
Job Action Sheet

The Medical Branch Director is responsible for the implementation of the Incident Action Plan within the Medical Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Group(s) and the Patient Transportation function (Unit or Group). Patient Transportation may be upgraded from a Unit to a Group based on the size and complexity of the incident:

- Review Common Responsibilities (FIRESCOPE).
- Review Group Assignments for effectiveness of current operations and modify as needed.
- Provide input to Operations Section Chief for the Incident Action Plan.
- Supervise Branch activities and confer with Safety Officer to ensure safety of all personnel using effective risk analysis and management techniques.
- Report to Operations Section Chief on Branch activities.
- Maintain Unit/Activity Log (ICS Form 214).

MEDICAL GROUP SUPERVISOR
Job Action Sheet

The Medical Group Supervisor reports to the Medical Branch Director and supervises the Triage Unit Leader, Treatment Unit Leader, Patient Transportation Unit Leader and Medical Supply Coordinator. The Medical Group Supervisor establishes command and controls the activities within a Medical Group:

- Review Common Responsibilities (FIRESCOPE).
- Participate in Medical Branch/Operations Section planning activities.
- Establish Medical Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.
- Designate Unit Leaders and Treatment Area locations as appropriate.
- Isolate Morgue and Minor (green) Treatment Areas from Immediate (red) and Delayed (yellow) Treatment Areas.
- Request law enforcement to provide proper security, traffic control, and access for the Medical Group areas.
- Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, and cots).
- Ensure activation or notification of appropriate hospital or other coordinating facility/agency.
- Coordinate with assisting agencies such as law enforcement, coroner, public health, and ambulance provider. Law enforcement/coroner shall have responsibility for crime scene and decedent management.
- Coordinate with agencies such as Red Cross and utilities.
- Ensure adequate patient decontamination and proper notifications are made (if applicable).
- Consider responder rehabilitation.
- Maintain Unit/Activity Log (ICS Form 214).

TRIAGE UNIT LEADER
Job Action Sheet

The Triage Unit Leader reports to the Medical Group Supervisor and supervises Triage Personnel/Litter Bearers and the Morgue Manager. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the triage area. When triage has been completed and all the patients have been moved to the treatment areas, the Unit Leader may be reassigned as needed:

- Review Common and Unit Leader Responsibilities (FIREScope).
- Develop organization sufficient to handle assignment.
- Inform Medical Group Supervisor of resource needs.
- Implement triage process.
- Maintains security and scene control.
- Establish the number of involved vs. the number of injured.
- Initiate triage as soon as possible. Triage is usually performed by initial responding units.
- Ensures that County of SLO EMS Agency approved triage tags will be used on all MCIs.
- Ensures that START (adults) and JumpSTART (pediatric patients) triage procedures are used.
- Completes Triage Area Worksheet for patient tracking.
- Receives and maintains all triage tag stubs until passing these to Treatment Unit Leader.
- Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.
- Ensure adequate patient decontamination and proper notifications are made (if applicable).
- Assign incident personnel to be litter bearers/triage personnel.
- Give periodic status reports to Medical Group Supervisor.
- Maintain security and control of the Triage Area.
- Establish a temporary morgue area in coordination with law enforcement/coroner if necessary.
- Maintain Unit/Activity Log (ICS Form 214).

TRIAGE PERSONNEL
Job Action Sheet

Triage Personnel report to the Triage Unit Leader and triage patients and assign them to appropriate treatment areas:

- Review Common Responsibilities (FIRESCOPE).
- Report to designated on-scene triage location.
- Triage and tag injured patients. Classify patients while noting injuries and vital signs if taken.
- Provides update on patient number and status to Triage Unit Leader
- Gives Triage Unit Leader triage tag stubs, with final count, sorted by category
- Direct movement of patients to proper Treatment Areas.
- Provide appropriate medical treatment to patients prior to movement as incident conditions dictate.
- Once initial triage is completed, Triage Personnel may be reassigned to Litter Bearers or Treatment Area at the direction of the Triage Unit Leader.

LITTER BEARER PERSONNEL

Job Action Sheet

Litter Bearer Personnel report to the Triage Unit Leader and move patients to the appropriate treatment areas.

- Review Common Responsibilities (FIREScope).
- Secure sufficient litters or gurneys to move patients.
- Report to designated on-scene triage location.
- Move patients based on triage category to the appropriate treatment area.

MORGUE MANAGER
Job Action Sheet

The Morgue Manager reports to the Triage Unit Leader and assumes responsibility for temporary Morgue Area. Coordinates the handling of deceased persons with law enforcement and coroner and functions until properly relieved:

- Review Common Responsibilities (FIREScope).
- Assess resource/supply needs and order as needed.
- Coordinate all Morgue Area activities with investigative authorities.
- Keep area off limits to all but authorized personnel.
- Keep identity of deceased persons confidential.
- Maintain appropriate records.

TREATMENT UNIT LEADER
Job Action Sheet

The Treatment Unit Leader reports to the Medical Group Supervisor and supervises Treatment Managers and the Patient Loading Coordinator. The Treatment Unit Leader assumes responsibility for treatment, preparation for transport, and is responsible for the movement of patients to loading location(s). Whenever possible the unit leader will be an ALS provider; however it may be a BLS provider with ALS reporting personnel conducting treatment and trauma triage.

- Review Common and Unit Leader Responsibilities (FIRESCOPE).
- Develop organization sufficient to handle assignment.
- Direct and supervise Patient Loading Coordinator, Immediate (red), Delayed (yellow), and Minor (green) Treatment Areas.
- Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.
- Ensure adequate patient decontamination and proper notifications are made (if applicable).
- Maintain record of all patients' status.
- Receives triage tag stubs from Triage Unit Leader and inserts these in the Triage Tag Receipt Holder.
- Maintains Treatment Unit Leader Count Worksheet and notes trauma patients.
- Establish communications and coordination with Patient Transportation Unit Leader.
- Ensure that MedCom receives basic patient information and condition from Treatment Area Managers and/or Patient Loading Coordinator.
- Coordinate with Immediate (red) Treatment Area Manager to communicate patient air transportation needs to MedCom.
- Ensure continued assessment of patients and re-assess/re-locate as necessary throughout Treatment Areas.
- Ensure that ALS Treatment Unit personnel will use criteria specified in the SLO EMS Agency Trauma Triage Criteria and Patient Destination policy to ensure that all appropriate trauma patients are identified for transport to a designated trauma center.
- Every effort will be made to transport trauma patients to a trauma center. In a Level II MCI transport to a designated trauma center may not always be possible.
- Assign incident personnel to be litter bearers/treatment personnel.
- Responsible for the movement of patients to ambulance loading areas.
- Request sufficient medical caches and supplies including DMSU or support trailers.
- Give periodic status reports to Medical Group Supervisor.
- Request specialized medical resources through the MHOAC. (ex. DMAT, DMORT, MRC)
- Maintain Unit/Activity Log (ICS Form 214).

PATIENT LOADING COORDINATOR
Job Action Sheet

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

- Review Common Responsibilities (FIRESCOPE).
- Establish communications with the Immediate (red), Delayed (yellow), and Minor (green) Treatment Managers.
- Establish communications with the Patient Transportation Unit Leader.
- Verify that patients are prioritized for transportation.
- Advise Medical Communications Coordinator of patient readiness and priority for transport.
- Coordinate transportation of patients with Medical Communications Coordinator.
- Ensure that appropriate patient tracking information is recorded.
- Coordinate ambulance loading with the Treatment Managers and ambulance personnel.
- Maintain Unit/Activity Log (ICS Form 214).

IMMEDIATE (RED) TREATMENT AREA MANAGER
Job Action Sheet

The Immediate (Red) Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Immediate (red) Treatment Area:

- Review Common Responsibilities (FIREScope).
- Assign treatment personnel to patients.
- Provide assessment of patients and re-assess/relocate as necessary.
- Report patient status to Treatment Unit Leader.
- Ensure that ALS Treatment Unit personnel use criteria specified in the County of SLO EMS Agency's Trauma Triage Criteria and Patient Destination policy to ensure that all appropriate trauma patients are identified for transport to a designated trauma center.
- Every effort will be made to transport trauma patients to a trauma center. In a Level II MCI transport to a designated trauma center may not always be possible.
- Ensure appropriate level of treatment is provided to patients.
- Ensure that patients are prioritized for transportation.
- Coordinate transportation of patients with Patient Loading Coordinator.
- Coordinate with Unit Leader to ensure that MedCom receives basic patient information and condition.
- Coordinate with Unit Leader to ensure that patient air transportation needs are communicated to MedCom.
- Notify Patient Loading Coordinator of patient readiness and priority for transportation.
- Ensure that appropriate patient information is recorded.
- Maintain Unit/Activity Log (ICS Form 214).

Delayed (YELLOW) TREATMENT AREA MANAGER
Job Action Sheet

The Delayed (Yellow) Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Delayed (yellow) Treatment Area:

- Review Common Responsibilities (FIRESCOPE).
- Assign treatment personnel to patients.
- Provide assessment of patients and re-assess/relocate as necessary.
- Report patient status to Treatment Unit Leader.
- Ensure appropriate level of treatment is provided to patients.
- Ensure that ALS Treatment Unit personnel use criteria specified in the County of SLO EMS Agency's Trauma Triage Criteria and Patient Destination policy to ensure that all appropriate trauma patients are identified for transport to a designated trauma center.
- Every effort will be made to transport trauma patients to a trauma center. In a Level II MCI transport to a designated trauma center may not always be possible.
- Coordinate with Unit Leader to ensure that MedCom receives basic patient information and condition
- Ensure that patients are prioritized for transportation.
- Coordinate transportation of patients with Patient Loading Coordinator.
- Notify Patient Loading Coordinator of patient readiness and priority for transportation.
- Ensure that appropriate patient information is recorded.
- Maintain Unit/Activity Log (ICS Form 214).

MINOR (GREEN) TREATMENT AREA MANAGER
Job Action Sheet

The Minor (green) Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Minor (green) Treatment Area:

- Review Common Responsibilities (FIREScope).
- Assign treatment personnel to patients.
- Provide assessment of patients and re-assess/relocate as necessary.
- Report patient status to Treatment Unit Leader.
- Ensure appropriate level of treatment is provided to patients.
- Ensure that patients are prioritized for transportation.
- Coordinate with Unit Leader to ensure that MedCom receives basic patient information and condition.
- Coordinate transportation of patients with Patient Loading Coordinator.
- Notify Patient Loading Coordinator of patient readiness and priority for transportation.
- Ensure that appropriate patient information is recorded.
- Maintain Unit/Activity Log (ICS Form 214).

PATIENT TRANSPORTATION UNIT LEADER
Job Action Sheet

Reports to the Medical Group Supervisor.

Supervises: Medical Communications Coordinator, Ambulance Coordinator.

Responsible for the coordination of patient transportation and maintenance of records relating to the patient's identification, condition, and destination.

May be initially established as a Unit and upgraded to a Group based on incident size or complexity:

- Review Common Responsibilities and Unit Leader Responsibilities in FIRESCOPE
- Designate Ambulance Staging Area(s).
 - Ensure that ambulance staging area is away from ingress and egress pathways for ground/air resources for the operation.
- Ensure the establishment of communications with the appropriate hospitals or other coordinating facility/agency via radio and/or ReddiNet.
- Ensure that bed availability from hospitals is communicated to MedCom including trauma bed availability from designated trauma centers.
- Tracks available beds in and out of county for victims of incident using Hospital Availability Worksheet.
- Every effort will be made to transport trauma patients to a trauma center. In a Level II MCI transport to a designated trauma center may not always be possible.
- Direct the off-incident transportation of patients as determined by the Medical Communications Coordinator.
- Maintain or ensure that Ambulance Coordinator maintains Transportation Receipt Holder with receipts from triage tags for patients that have been transported from the scene.
- Establish communications with the Ambulance Coordinator and the Helispot Manager.
- Coordinate the establishment of the Helispot(s) with the Medical Group Supervisor and the Helispot Manager
- Request additional medical transportation resources (air/ground) as required.
- Notify the Ambulance Coordinator of ambulance requests.
- Maintain Unit/Activity Log (ICS Form 214).

MEDICAL COMMUNICATIONS COORDINATOR
Job Action Sheet

The Medical Communications Coordinator reports to the Patient Transportation Unit Leader, and establishes communications with the appropriate hospital or other coordinating facility/agency to maintain status of available hospital beds to ensure proper patient destination:

- Review Common and Unit Leader Responsibilities (FIRESCOPE).
- Establish communications with the hospitals via radio and/or ReddiNet.
 - Determine and maintain current status of hospital/medical facility bed availability and capability to accept trauma/non-trauma patients.
 - Provide pertinent incident information and periodic updates to hospitals via radio and/or ReddiNet.
- Identify designated trauma center availability. If necessary to accommodate trauma patients, identify out of county designated trauma center availability. Criteria specified in the County of SLO EMS Agency's Trauma Triage Criteria and Patient Destination policy will be used to ensure that all appropriate trauma patients are transported to a designated trauma center.
- Every effort will be made to transport trauma patients to a trauma center. In a Level II MCI transport to a designated trauma center may not always be possible.
- Receive basic patient information and condition from Treatment Area Managers and/or Patient Loading Coordinator.
- Coordinate patient destination with the appropriate hospital or other coordinating facility/agency.
- Communicate patient transportation needs to the Ambulance Coordinator based upon requests from Treatment Area Managers and/or Patient Loading Coordinator.
- Communicate patient air transportation needs to the Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator.
- Maintain Hospital Availability Worksheet and other appropriate records
- Maintain Unit/Activity Log (ICS Form 214).

AMBULANCE COORDINATOR
Job Action Sheet

The Ambulance Coordinator reports to the Patient Transportation Unit Leader, manages the Ambulance Staging Area(s), and dispatches ambulances as requested:

- Review Common Responsibilities (FIRESCOPE).
- Establish appropriate Staging Area for ambulances.
- Establish routes of travel for ambulances for incident operations.
 - Ensures that ambulance Staging Area is away from ingress and egress pathways for ground/air resources for the operation.
- Requests additional ambulances as required.
- Coordinates requests for air ambulance transport.
- Ensures hospital communications via radio and/or ReddiNet or other coordinating facility/agency with pertinent incident information.
- Maintains Transportation Receipt Holder with receipts from triage tags for patients that have been transported from the scene.
- Establish and maintain communications with the Helispot Manager regarding air transportation assignments.
- Establish and maintain communications with the Medical Communications Coordinator and Patient Loading Coordinator.
- Provide ambulances upon request from the Medical Communications Coordinator.
- Ensure that necessary equipment is available in the ambulance for patient needs during transportation.
- Establish contact with ambulance providers at the scene.
- Request additional ground transportation resources as appropriate.
- Consider the use of alternate transportation resources such as buses or vans based on local policy.
- Provide an inventory of medical supplies available at ambulance Staging Area for use at the scene.
- Maintain records as required and Unit/Activity Log (ICS Form 214).

MEDICAL SUPPLY COORDINATOR
Job Action Sheet

The Medical Supply Coordinator reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group:

- Review Common Responsibilities (FIRESCOPE).
- Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group.*
- Request additional medical supplies.*
- Distribute medical supplies to Treatment and Triage Units.
- Maintain Unit/Activity Log (ICS Form 214).

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