

Napa County EMS



Multi-Casualty Incident Management Plan

An operational plan for the management of multi-casualty
incidents occurring in the County of Napa

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DOCUMENT CHANGE CONTROL AND MAINTENANCE

The most current copy of this document, including any changed pages, is available through the Napa County EMS Agency, located at 2751 Napa Valley Corporate Drive Building B, Napa CA 94558. This plan will be reviewed approximately every 3 – 5 years or as needed, and updated accordingly.

Version	Date	Summary of Changes	Name
2.0	05/22/2019	Complete Overhaul	Shaun Vincent
2.1	01/01/2020	Added a requirement for the Jurisdictional Communications Center(s) to alert EOA Ambulance Provider Supervisor to all MCIs in Napa County to assist in the management of transportation resource	Shaun Vincent

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ADMINISTRATION SECTION

AUTHORITY

The California Health and Safety Code, Division 2.5, Chapter 4 – Local Administration, provides the authorities for the development and implementation of this Plan by the Napa County Emergency Medical Services Agency. (Sections 1797.103, 1797.150-153, 1797.204, 1797.220, 1797.250, and 1797.252)

SCOPE

This Multi-Casualty Incident (MCI) Management Plan, a component of the Napa County Emergency Medical Services (EMS) System, describes the response to incidents involving multiple patients within the Napa County Operational Area. The impact of such an event is generally not confined to the borders of the community managing the incident nor exclusive to only EMS providers. Effective MCI planning requires multi-agency involvement, understanding, agreement, and cooperation. This plan was developed jointly between the Napa County EMS Agency, public safety partners, local hospitals, and private transport providers of Napa County.

PLAN OBJECTIVES

The Multi-Casualty Incident (MCI) Management Plan (Plan) is designed to provide guidance to assist emergency response personnel in ensuring adequate and coordinated efforts to minimize loss of life, disabling injuries, and human suffering within the County of Napa by providing effective emergency medical assistance.

The mission of this plan is to provide assistance to the largest number of persons through coordinated incident management principles. Based on the scope and nature of an incident, austere medical care principles may be implemented to serve the greater needs of the masses. In such cases, the provision of on-scene medical care shall be limited with a greater focus placed on the rapid transport or relocation of the ill or injured.

This Plan provides management strategies for events of various magnitudes rather than a single event occurring within the county. As such, various parts of the plan will have different audiences, training levels, and awareness competencies.

GOALS

- To establish and maintain common organizational and management structure to coordinate the emergency response to an MCI.
- To establish an efficient and effective emergency medical response at the field level.
- To establish methods of care and transportation that will provide for the survival of the greatest number of casualties.

DEFINITIONS OF TERMS

Activation: When confirmation of an Alert has been determined, an Activation will be initiated. Determination of an Activation will normally occur at the Operational Area or EMS System level and are intended as a means of advising system participants of the overall status of the EMS system.

Alert: Provides an early notification to prepare the EMS System for larger than expected numbers of patients.

Ambulance Response Zones: Related to the *Ambulance Contract* and are defined by ambulance call density. The zones are designated as urban, suburban, rural, and wilderness. The four zones are distinguished by response time performance requirements and each zone is distributed over multiple areas of the County.

Command Post: A location designated by the Incident Commander from which command functions are directed.

Emergency Medical Services (EMS): The Napa County Emergency Medical Services (EMS) Agency within the Public Health Department - HHSA, which administers the local EMS System.

EMS Duty Officer: The on-call individual responsible for the overall management of the EMS system who shall provide assistance to EMS provider agencies and personnel, designated EMS communications centers, public safety agencies, EMS base/receiving hospitals, or other parties for matters related to the Napa County EMS system.

Emergency Operations Center (EOC): An EOC is a central command and control facility responsible for carrying out the principles of emergency preparedness and emergency management, or disaster management functions at a strategic level in an emergency situation, and ensuring the continuity of operation of a company, political subdivision or other organization.

Incident Command System (ICS): A combination of equipment, personnel and procedures for communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish objectives pertaining to an emergency incident. ICS is a sub-system of the Standardized Emergency Management System (SEMS).

Incident Commander (IC): The individual responsible for the management of all incident operations incidents and other major emergencies.

Jurisdictional Communications Center (JCC): A Jurisdictional Communications Center is a communications center with jurisdictional control over an incident and is designated for each emergency response zone within Napa County. Napa Central Dispatch coordinates fire/rescue resource ordering in the urban response zones and all local ambulance resource ordering in Napa County. The St. Helena Emergency Command Center coordinates all fire/rescue resource ordering in the suburban, rural and wilderness response zones and all EMS aircraft resource ordering in Napa County.

MCI Coordinating Facility: The Napa County Hospital coordinating the distribution of casualties in conjunction with the Medical Communications Coordinator.

Medical Cache Trailer(s): A prescribed collection of medical equipment and supplies available for treatment of casualties.

Multi-Casualty Incident (MCI): An emergency involving any number of injured persons, which may over-tax the rescue and medical resources of the responsible agencies within a portion of the county.

Medical Health Operational Area Coordinator (MHOAC): Is a functional designation within the operational area, filled by the Health Officer and the local EMS agency administrator (or designee/s), that shall assist the other operational area coordinators (fire, law) in the coordination of situational information and medical and health mutual aid during emergencies. For the purposes of this plan, the EMS Duty Officer serves as the MHOAC on all multi-casualty incidents in Napa County.

Pediatric JumpSTART Triage: A method of triage utilizing evaluation of airway/breathing, circulation and level of consciousness as it directly relates to the pediatric population

ReddiNet: A redundant communication platform that facilitates information exchange to help facilitate situational awareness among hospitals, EMS, paramedics, law enforcement during a large-scale incident.

Staging: A staging area is a temporary location at an incident where personnel and equipment are kept while awaiting tactical assignment. There may be multiple staging areas assigned for specific needs. For example: Ambulance, Fire, Police, etc.

Standardized Emergency Management System (SEMS): This refers to a management system, described in Section 8607 of the Government Code. This management system includes the incident command system and promotes multi-agency and/or inter-agency coordination.

Simple Triage and Rapid Treatment (START Triage): A method of triage utilizing evaluation of airway/breathing, circulation and level of consciousness as it directly relates to adult patients.

Unified or Area Command: The Unified or Area Command, is a structure that brings together the "Incident Commanders" of all major organizations involved in the incident in order to coordinate an effective response while at the same time carrying out their own jurisdictional responsibilities. This may include, Federal, State, or Local Officials and responsible party representative(s) utilizing evaluation of airway/breathing, circulation and level of consciousness.

COMPETENCY LEVELS

This Plan meets the standards of the following by reference or incorporation.

- California Code of Regulations
- California Health and Medical Emergency Operations Manual
- California Health and Safety Code, Division 2.5
- California Master Mutual Aid Agreement
- California Standardized Emergency Management System (SEMS).
- FIREScope, 2017 Field Operations Guide (FOG).
- Hazardous Materials Awareness / Operations
- Incident Command System (Level 100 minimum).
- Local County Fire Service and Rescue Mutual Aid Plan
- Napa County EMS Policies / Procedures
- Napa County's Fire Mutual Aid Plans.
- National Incident Management System (NIMS).
- START Triage and Pediatric Jump START

In addition, the following competencies are recommended (all users):

- Incident Command System 200 & 300
- NIMS 700 & 800

POLICY

See **Administrative Policy 403, Multi-Casualty Incident**

INCIDENT AUTHORITY

Command and incident management authority legally lies with the Law Enforcement Agency having primary investigative authority in whose jurisdiction the incident occurs. Law Enforcement Agencies may enter into written agreements with other public agencies to facilitate scene command and incident management during incidents occurring on highways, local streets or other roadways. Management of incidents not occurring on highways, local streets or other roadways will be managed by the public safety agency having jurisdiction.

Under normal circumstances, emergency medical services related actions are accomplished through established plans and procedures and may be delegated to others by the local IC. In cases where specific or additional emergency medical services actions may be beneficial for the mitigation of the event, external partners are responsible to provide counsel to the Incident Command staff. The IC is responsible to consider all counsel and make informed decisions.

The first unit on scene with jurisdictional authority will function as IC, implementing the necessary actions until the role can be assumed by the appropriate agency or individual. It will be the responsibility of the first-in unit to relay information on the scope and location of the incident to the appropriate dispatch center for relay to Central Dispatch. The overall operations on the scene shall be under the direction and control of the IC.

When the incident is multi-jurisdictional or multi-disciplined, a unified command structure should be established by the IC in accordance with ICS/SEMS concepts.

ROLES AND RESPONSIBILITIES

The response and mitigation of multiple patient events require the participation of public and private resources through coordinated efforts.

Successful management of multiple patient events requires the coordination of these resources. No matter the size of an event, all disasters are locally managed with support from external resources. These include, but are not limited to:

Public Safety Agencies: Fire Service and Law Enforcement

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

The Incident Commander holds the ultimate authority for all decisions made related to the incident. Some exceptions may apply as related to County, State, or Federal authority based on the nature of the incident. Examples may include events involving terrorism, biological agents, natural disaster, federally regulated facilities and transportation, etc.

The California Highway Patrol maintains authority for the freeway systems, varied levels of dignitary protection, and other public protection activities.

The Napa County Sheriff's Office is charged with the responsibility for search and rescue operations, coroner services, and disaster management in addition to standard law enforcement duties. The Sheriff's Office also provides support in the form of surveillance, command platforms, personnel and equipment transportation, etc.

Napa County Emergency Medical Services Agency

The EMS Agency is responsible to plan, implement, and evaluate emergency medical services within Napa County; including ensuring that appropriate roles may be filled based on the nature and magnitude an event. These may include, but are not limited to:

- **Agency Liaison** – Provides counsel to Command staff, at various levels, to ensure all public and private prehospital care services are functioning appropriately and are responsive to the needs of the event. The EMS Agency may make policy amendments, clinical care modifications, or modify agreements, within its authority, to ensure the mitigation of the actual or potential danger to the health and welfare of the public.
- **Agent of the County Health Officer** – As a member of the Napa County Public Health Department, the EMS Agency may serve at the will of the Napa County Health Officer. This includes, but is not limited to, authorization to take any and all actions to prevent or mitigate a potential or actual public health emergency, including coordination with other county services.
- **Medical Health Operational Area Coordinator (MHOAC)** – In the event of a local, state, or federal declaration of emergency, the MHOAC coordinates medical and health disaster resources within the operational area and functions as the point of contact in that operational area, for coordination with the RDMHS/C, the State CA Department of Public Health (CDPH), and the EMS Authority (EMSA).
- **County Emergency Operations Center** – In events of a large or complex nature, Napa County EMS may assist with the coordination of patient destinations, ambulance resources, hospital availability, medical mutual aid, etc. through the County Emergency Operations Center, in coordination with the Office of Emergency Services, Fire Mutual Aid Coordinator, Law Mutual Aid Coordinator, Region II Medical Health Operational Area, etc.
- **Fill ICS Positions in the Field** – Agency personnel may (as qualified) fill various Incident Command System positions as appropriate. Commonly held field positions include Medical Group/Division/Branch Supervisor, Transportation Supervisor, Technical Specialist, etc. Such roles may also include serving as the Medical Health Operational Area Coordinator (MHOAC).

Public/Private Service Providers and Community Based Organizations

A wide variety of public and private service providers and community based organizations support the EMS System by providing resources critical to the management of multiple patient incidents. These include, but are not limited to:

- **EOA Ambulance Provider** – In addition to providing daily 9-1-1 EMS System response, the Ambulance Service Providers are also responsible for responding to multi-incidents and providing treatment and transport. Surge Ambulances deployed by the Cities of American Canyon and Napa, the Angwin Community, and Napa State Hospital and should be activated if deemed necessary by the Incident Commander.
- **MCI Coordination Facility** – The MCI Coordination facility pre-designated for Napa County is Queen of the Valley Medical Center. The detailed roles and functions of the MCI Coordination facility are specified in the Plan.
- **Air Ambulance/Air Rescue Providers** – EMS Aircraft function as a transport resource for critical patients designated for distant hospitals or specialty care centers where patient outcomes would be improved with this patient delivery system.
- **Non-EOA Ambulance Providers** – Ambulance providers that are not a part of day-to-day EMS operations. These ambulances would be out of county mutual assistance coordinated through the EMS Duty Officer and the Napa County MHOAC Program.
- **Non-Ambulance Medical Transport Services** – Provide non-emergency assistance to the EMS System when an event is beyond the resources provided by the Ambulance Service Providers. Non-ambulance transport providers offer patient care and transportation system for patients not requiring ambulance level services within the Region, e.g. paratransit vans, wheelchair vans, buses.

- **General Acute Care Hospitals** – Responsible for providing emergency medical care to the victims of illness and/or injury.

Communications

The response and management of a multi-casualty incident requires participation from public and private resources through a coordinated approach. The following Jurisdictional Communications Centers will be responsible for the following:

- **Napa Central Dispatch** - Provides initial notifications/alerting of personnel/agencies, maintains normal day-to-day EMS response, coordinates fire/rescue resource ordering in the urban response zones, and all local ambulance resource ordering in Napa County.
- **CALFire ECC (St Helena)** - Provides initial notifications/alerting of personnel/agencies, coordinates all fire/rescue resource ordering in the suburban, rural and wilderness response zones, and all EMS aircraft resource ordering in Napa County.

County Resources

In addition to the EMS Agency, the following county departments/organizations play a key role in the management of multiple patient events.

- Napa County Communications
- Napa County Office of Emergency Services
- Napa County Mental Health
- Napa County Public Health
- Napa County Environmental Health
- Napa County Public Works

OPERATIONS SECTION

CONCEPT OF OPERATIONS

- The overall operations on the scene shall be under the direction and control of the Incident Commander usually from the agency with primary investigative jurisdiction over the incident.
- Ambulances shall respond to a designated location until otherwise assigned. This will most likely occur within a staging area.
- All persons charged with an ICS position shall wear the appropriate vest.
- Activation of the MCI Plan may be made by any Jurisdictional Communications Center, first responder agency, ambulance provider or the EMS Agency upon determination of need based on incident specific information. If sufficient information is available, such determination may be made prior to on-scene arrival.
- Each agency and system participant has specific responsibilities during an MCI response. Depending on the nature, size, and complexity of the event, certain activities may be modified from normal daily operating procedures.
- Resources must function within their pre-assigned responsibilities; i.e. fire service personnel should focus efforts towards incident command, triage and disentanglement/extrication while transportation providers should focus on treatment and rapid transportation.
- The first resource on-scene should provide a scene size-up/wind shield survey of the incident, to include an approximate number of patients, mechanism of injury/nature of illness, request appropriate resources, and provide additional/pertinent information as needed, e.g., scene safety issues.
- Upon arrival at the incident, check in at designated "check-in location". Check-in may be found at the Incident Command Post (ICP), staging areas, or other identified location. If you are instructed to report directly to the incident, check in with immediate ICS supervisor and obtaining a briefing and assignment
- First ambulances to leave the scene should transport to the hospitals closest to the incident.
- If sufficient resources are available, the next round of ambulances to leave the scene should transport to the most appropriate distant hospital and work back towards those that are closest to the incident.
- Air ambulances should transport to the hospitals furthest from the incident unless the needs of a specialty center apply.
- ReddiNet is used to query bed availability from Napa County and Region II acute care hospitals.
- Patient destination is determined in coordination with the MCI Coordinating Facility. Level III and IV events may include assistance EMS Duty Officer in determining appropriate destinations when utilizing out-of-county hospitals.
- As the number of patients increase, the focus shifts from individual incident management to system sustainability and performance. Activation levels are based on factors such as the type, size, location, number of incidents and are used to denote overall system impact.
- Medical mutual assistance resources should be assigned to the MCI, freeing up local ambulances for the 9-1-1 system.
- Patient distribution shall be performed in coordination with the MCI Coordinating Facility. As a general rule, all area hospitals should be prepared to accept, at a minimum 1 Red (Immediate) and 2 Yellow (Delayed) patients. Area hospitals should be prepared to accept multiple Green (Minor) patients, depending on the needs of the incident.

MULTI-CASUALTY INCIDENT LEVELS

LEVEL I ≤ 10 PATIENTS	LEVEL II 11 – 25 PATIENTS	LEVEL III 26 – 50 PATIENTS	LEVEL IV > 50 PATIENTS
<p>Single event. Generally handled with local resources.</p> <p>A Level I MCI may also be an incident that has the potential for a significant number of patients.</p> <p>Activation of a Level I MCI with a low patient count is the discretion of the Incident Commander if the situation could be better managed with enhanced coordination.</p> <p>A Level I MCI should be activated at a minimum, when three (3) or more transport units are responding to a single incident.</p>	<p>Simultaneous multiple minor incidents or large-scale single event possibly necessitating minor modifications to the daily 9-1-1 EMS system to support the incident.</p> <p>Potentially includes transporting patients to facilities not within normal daily operations such as out of area hospitals, amending dispatch criteria, etc. (example - stop non-emergent patient transfers, allow BLS units to be used for 9-1-1 response)</p> <p>May require limited mutual aid/assistance.</p>	<p>Simultaneous moderate incidents or extraordinarily large single event overwhelming all local resources. It would be necessary to make modifications to the daily 9-1-1-EMS System to support the incident and stability of the system.</p> <p>Would likely require out of county mutual aid resources.</p>	<p>Catastrophic event producing excessive numbers of patients that overwhelm local and mutual aid resources</p> <p>Requires modifications to the daily 9-1-1-EMS System support the incident and stability of the System including significant use of mutual aid resources.</p>
EXAMPLES			
<ul style="list-style-type: none"> Vehicle accident with multiple patients needing transport to specialty care centers. A confined hazardous materials incident with confirmed medical complaints and a potential for patients. A large public gathering that has not generated any patients, but has been pre-planned and determined a need for enhanced coordination (BottleRock, The Safeway Open). 	<ul style="list-style-type: none"> A vehicle accident involving multiple vehicles and an expanded need for specialty trauma care. An incident with multiple confirmed shooting victims. A multi-family dwelling fire with multiple respiratory distress and burn patients. A hazardous materials incident in a large public gathering area with multiple exposures and several victims with medical complaints. 	<ul style="list-style-type: none"> An uncontained active shooter event with multiple victims. A public transit accident. A commercial structure fire multiple injured, respiratory distress and burn patients. 	<ul style="list-style-type: none"> Catastrophic explosion with widespread damage and injuries, e.g., pipeline explosion. Large-scale evacuation of a hospital, care home or skilled nursing facility. Aircraft collision into a populated area. Catastrophic earthquake with widespread damage and injuries

JURISDICTIONAL PUBLIC SAFETY AGENCY

Area of Responsibility:

- Overall incident management and mitigation of events occurring within each individual jurisdiction.
- Triage of the ill and/or injured.
- On-scene treatment of the ill and/or injured.

LEVEL I	LEVEL II	LEVEL III	LEVEL IV
<ul style="list-style-type: none"> • Establish Incident Command (Consider Unified Command). • Scale ICS positions according to size of incident. Establish Initial Response Organization). • Assign roles as needed, e.g., Triage Unit and Medical Communications Coordinator. • Keep Dispatch informed of situation. • Make notification to MCI Coordinating Facility. • Recon potential locations for expanded incident needs • Consider what resources might be needed if situation escalates. 	<ul style="list-style-type: none"> • All Level I Responsibilities • Scale ICS positions according to size of incident. Consider establishing Reinforced Response Org Chart 	<ul style="list-style-type: none"> • All Level II Responsibilities • Consider Establishing Multi-Division/Group Org Chart • Evaluate current medical supply needs and consider requesting Disaster Medical Support Unit (DMSU) or an MCI Disaster Cache Trailer. 	<ul style="list-style-type: none"> • All Level III Responsibilities • Consider Establishing Multi-Group Organization.

JURISDICTIONAL COMMUNICATIONS CENTER

Area of Responsibility:

- Provide resource ordering according to jurisdictional and functional responsibilities.
- Napa Central Dispatch coordinates fire/rescue resource ordering in the urban response zones and all local ambulance resource ordering in Napa County.
- The St. Helena ECC coordinates all fire/rescue resource ordering in the suburban, rural and wilderness response zones and all EMS Aircraft resource ordering in Napa County.

LEVEL I	LEVEL II	LEVEL III	LEVEL IV
<ul style="list-style-type: none"> • Provide resource ordering as requested by the Incident Commander. • Obtain and relay incident information to assisting communications centers (e.g., patient count, types of injuries, special considerations). • Once the MCI Plan has been activated, make notifications to agency management groups and the EMS Duty Officer. • Provide Command and/or Tactical Channels for the incident. • Alert EOA Ambulance Provider Supervisor to incident to assist in the management of transportation resources. 	<ul style="list-style-type: none"> • All Level I Responsibilities 	<ul style="list-style-type: none"> • All Level II Responsibilities • If EMS Mutual Aid is requested, coordinate with the EMS Duty Officer. • If Fire/Rescue Mutual Aid is requested, coordinate with the Operational Area Fire and Rescue Coordinator. • If Law Mutual Aid is requested, coordinate with the Law Enforcement Mutual Aid Coordinator. 	<ul style="list-style-type: none"> • All Level III Responsibilities

MCI COORDINATING FACILITY

Area of Responsibility:

The MCI Coordination facility pre-designated for Napa County is – Queen of the Valley Medical Center. The detailed roles and functions of the MCI Coordination facility are specified in the Plan.

- Hospital resource coordination
- Planning for casualty distribution with on-scene personnel and receiving hospitals.

LEVEL I	LEVEL II	LEVEL III	LEVEL IV
<ul style="list-style-type: none"> • Review Job Action Sheet for MCI Coordinating Facility. • Ensure accurate patient count from the incident. • Poll area hospitals for bed availability. • Provide clinical guidance to the incident as needed. • All Area Hospital Level I Responsibilities. 	<ul style="list-style-type: none"> • All Level I Responsibilities • Consider coordinating with EMS Duty Officer for regional/statewide bed availability. • All Area Hospital Level II Responsibilities. 	<ul style="list-style-type: none"> • All Level II Responsibilities • Maintain communication with the EMS Duty Officer. • Consider activating Surge Plan. • All Area Hospital Level III Responsibilities 	<ul style="list-style-type: none"> • All Level III Responsibilities • All Area Hospital Level IV Responsibilities

EOA AMBULANCE PROVIDER

Area of Responsibility:

- Supplies ambulances to the public safety jurisdiction for the purpose of providing rapid transportation from the treatment area to the hospital.
- The contractor's assigned supervisor coordinates ambulance operations, communicates with hospitals, and serves as a liaison to the EMS Duty Officer.
- Ensures adequate ambulance resources are available to the 9-1-1 EMS System.

LEVEL I	LEVEL II	LEVEL III	LEVEL IV
<ul style="list-style-type: none">• Consider response by on duty Paramedic Supervisor.• Evaluate all transportation resources. Consider the need for mutual aid resources from surrounding jurisdictions.	<ul style="list-style-type: none">• All Level I Responsibilities• Response by on duty Paramedic Supervisor	<ul style="list-style-type: none">• All Level II Responsibilities.• If mutual assistance is responding, coordinate staging with staging area manager.• If requested by the Incident Commander, coordinate the response by the DMSU.	<ul style="list-style-type: none">• All Level III Responsibilities

EMS DUTY OFFICER

Area of Responsibility:

- Takes any appropriate actions to ensure the following objectives are met. This may include suspension of hospital diversion, policy modification or suspension, amended dispatch procedures, etc.
 - Ensures adequate resources are available to support the incident.
 - Ensures adequate resources are available to support the 9-1-1 EMS System.
 - Provides technical assistance in support of the incident.
- Assists in the coordination of patient destinations.
- Assists in the coordination of Field Treatment Sites/Casualty Collection Points.
- Assists in the coordination of in-county medical-health resources.
- Coordinates medical mutual aid requests Region II Disaster Medical Health Coordination Program.
- Assists in the coordination of medical-health resources.
- Assumes the role of Medical Health Operational Area Coordinator (MHOAC) and depending on the size and scale of the incident, the Napa County Medical Health Branch Director

LEVEL I	LEVEL II	LEVEL III	LEVEL IV
<ul style="list-style-type: none"> • Monitor Incident • Offer support as needed. 	<ul style="list-style-type: none"> • All Level I Responsibilities • Consider activation of the MHOAC program. • Consider notifying the Napa County Health Officer and/or the Napa County OES Coordinator for possible EOC activation. 	<ul style="list-style-type: none"> • All Level II Responsibilities • Activate the MHOAC program. • Notify Napa County Health Officer and/or the Napa County OES Coordinator for possible EOC activation. • If the Napa County EOC is activated, assume role in the Napa County Medical Health Branch to provide added support to the incident. 	<ul style="list-style-type: none"> • All Level III Responsibilities • Perform all roles as needed within the Napa County Medical Health Branch.

AREA HOSPITAL

Area of Responsibility:

- Prepare to receive patients transported from the scene as well as those who have left the scene on their own (ensure decontamination as appropriate).
- Implement an incident command structure for hospital operations.
- Initiate internal surge capacity plans.
- Implement appropriate contingency actions and plans.
- Monitor ReddiNet for incident information.

LEVEL I	LEVEL II	LEVEL III	LEVEL IV
<ul style="list-style-type: none"> • Make internal notifications and institute appropriate ED procedures as per facility protocol • Respond to HAVBED Poll when initiated. • Monitor ReddiNet • Prepare to accept: <ul style="list-style-type: none"> • 1 RED (Immediate) • 2 YELLOW (Delayed) 	<ul style="list-style-type: none"> • All Level I Responsibilities • Assess ability to handle additional patients • Consider activation of internal surge capacity plans 	<ul style="list-style-type: none"> • All Level II Responsibilities • Activate of internal surge capacity plans 	<ul style="list-style-type: none"> • All Level III Responsibilities

EMS AIRCRAFT PROVIDER

Area of Responsibility:

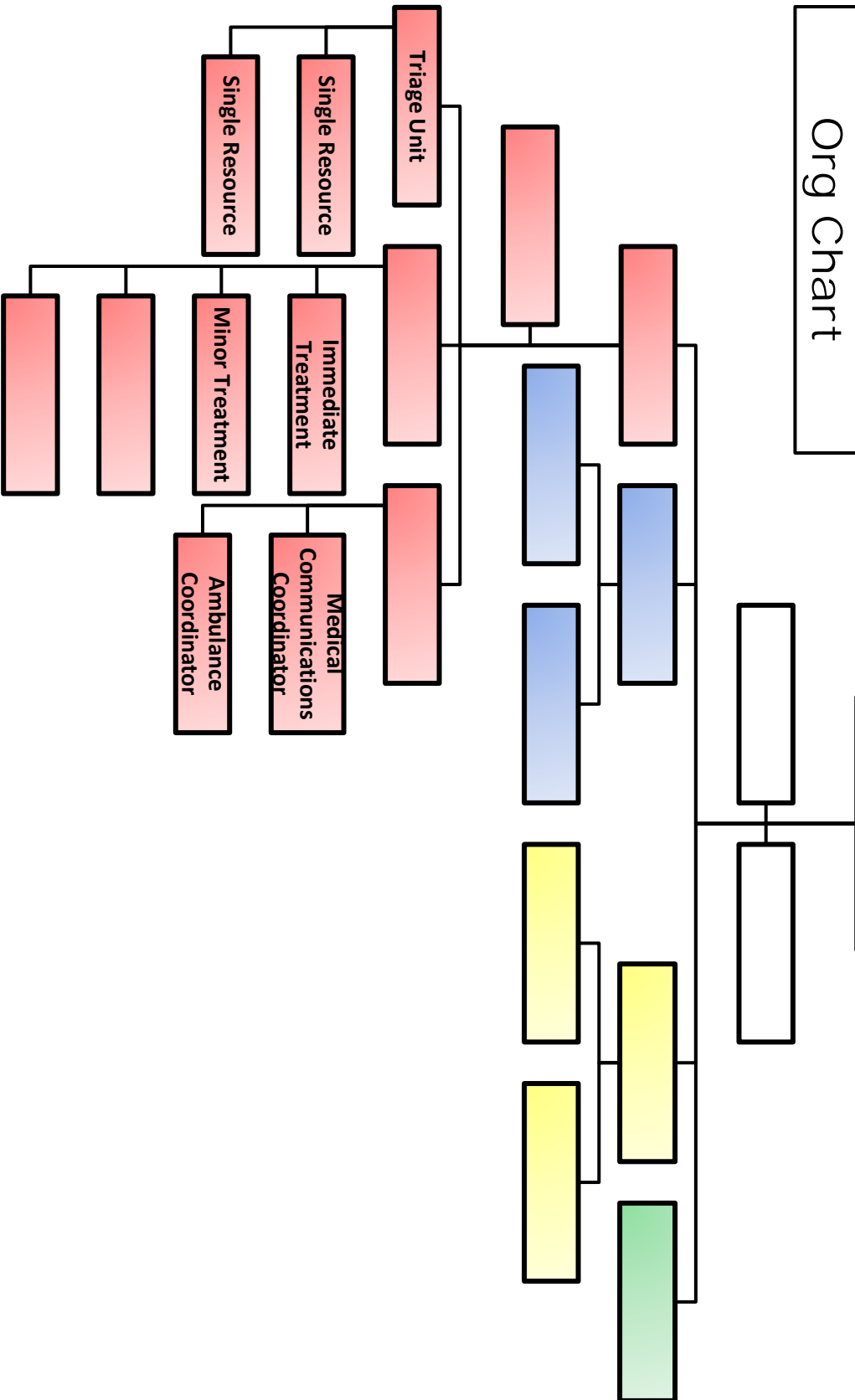
- Supplies air resources to the public safety jurisdiction for the purpose of providing rapid transportation from the treatment area to specialty care facilities that require the most travel time from the incident.
- Air Ambulances with critical care capabilities may provide enhanced clinical care for the more severe patients.
- All decisions on which patients that would benefit most from EMS Aircraft should be done in coordination with incident personnel and/or the MCI Coordinating Facility.

LEVEL I	LEVEL II	LEVEL III	LEVEL IV
<ul style="list-style-type: none"> • Monitor incident • Provide aircraft availability information if requested • If requested, assist St. Helena ECC in determining availability of aircraft in neighboring counties. 	<ul style="list-style-type: none"> • All Level I Responsibilities • Consider canceling non-emergency flight activity • Maintain contact with St. Helena ECC and other aircraft responding to the MCI • Remain assigned to the incident until released 	<ul style="list-style-type: none"> • All Level II Responsibilities • Consider initiating internal disaster plans for extended operations • Consider recall of personnel to support extended air medical operations 	<ul style="list-style-type: none"> • All Level III Responsibilities

ICS ORGANIZATIONAL CHARTS

Initial Response Org Chart

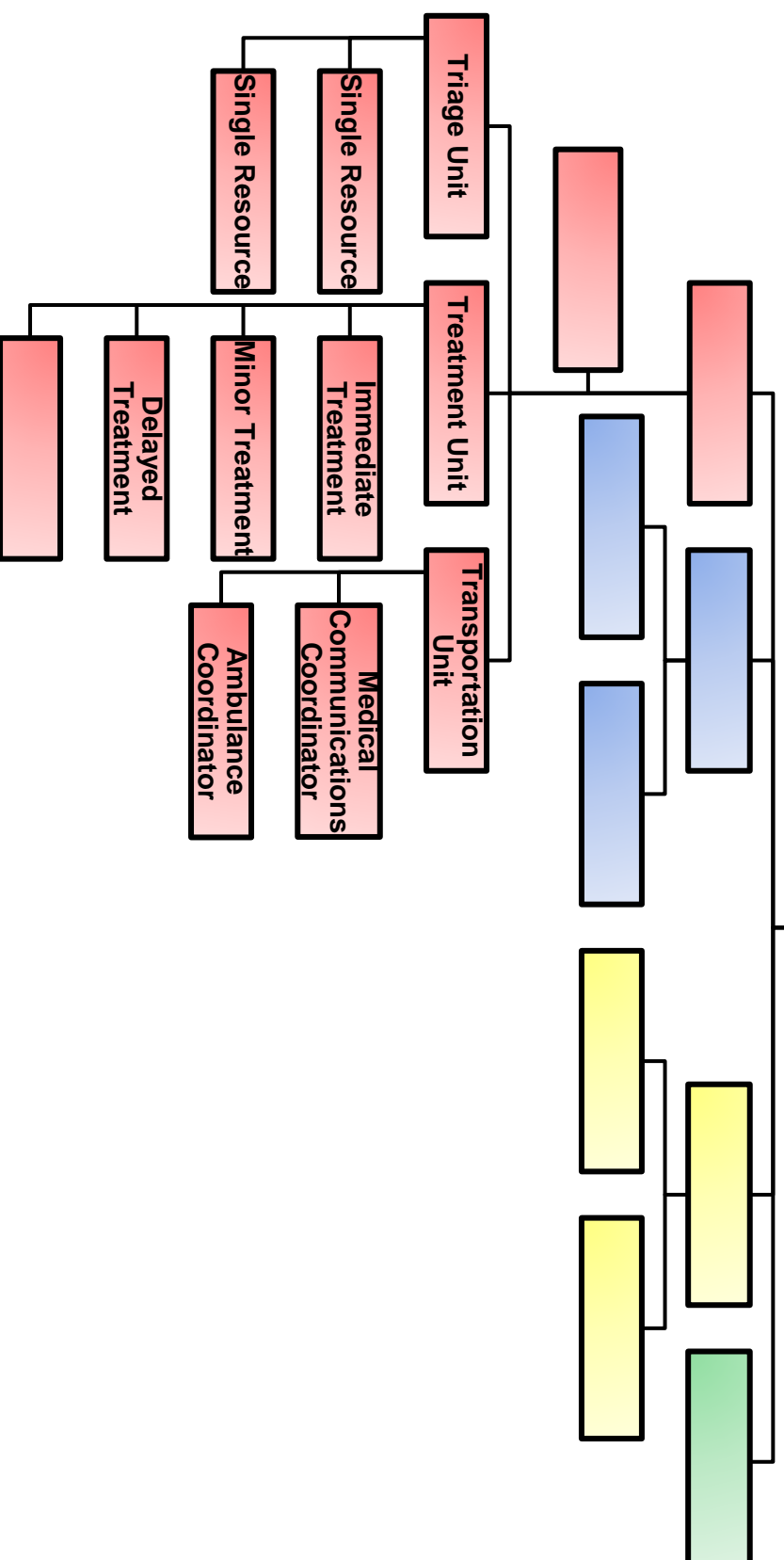
Incident Commander



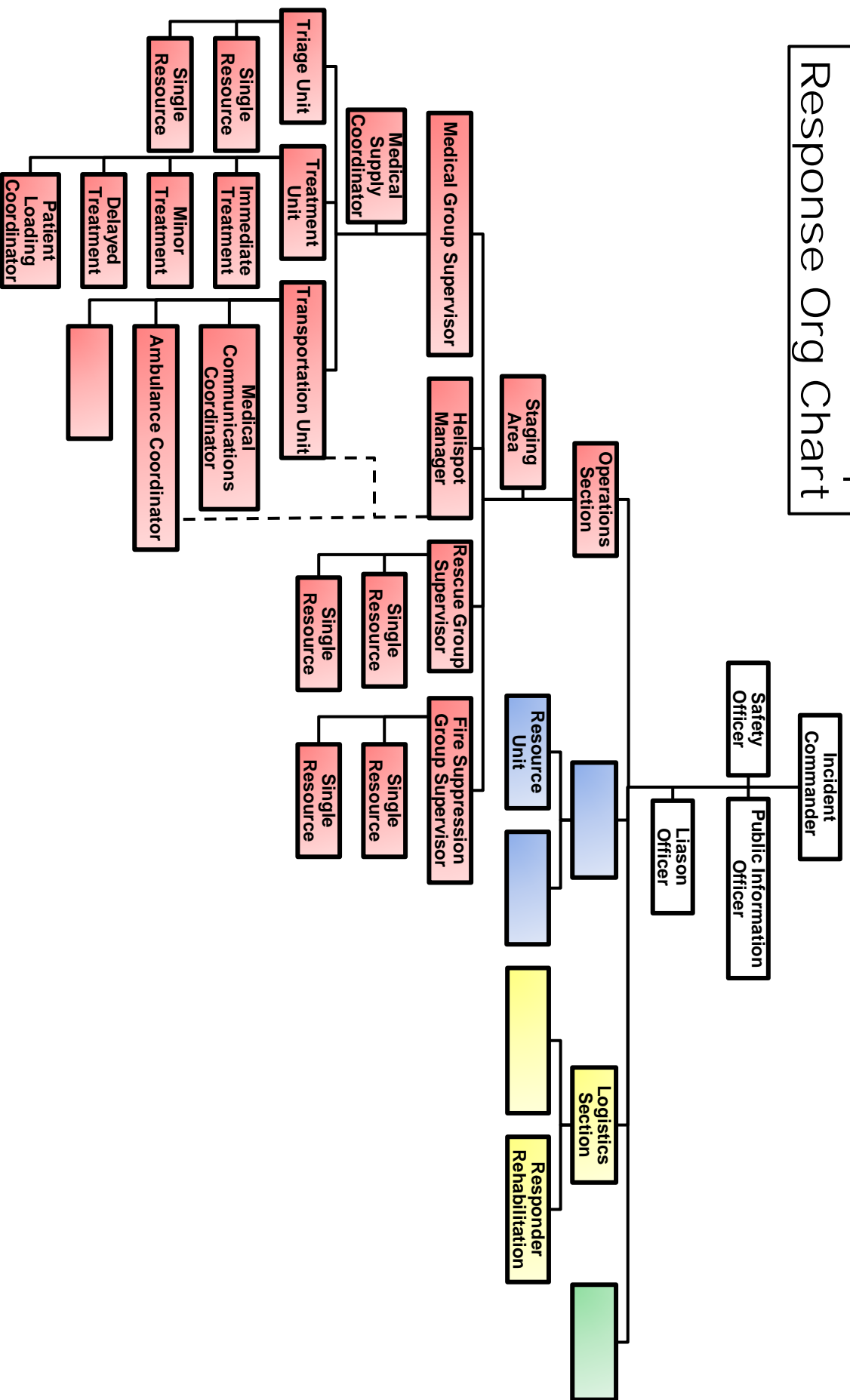
Reinforced Response Org Chart

Incident Commander

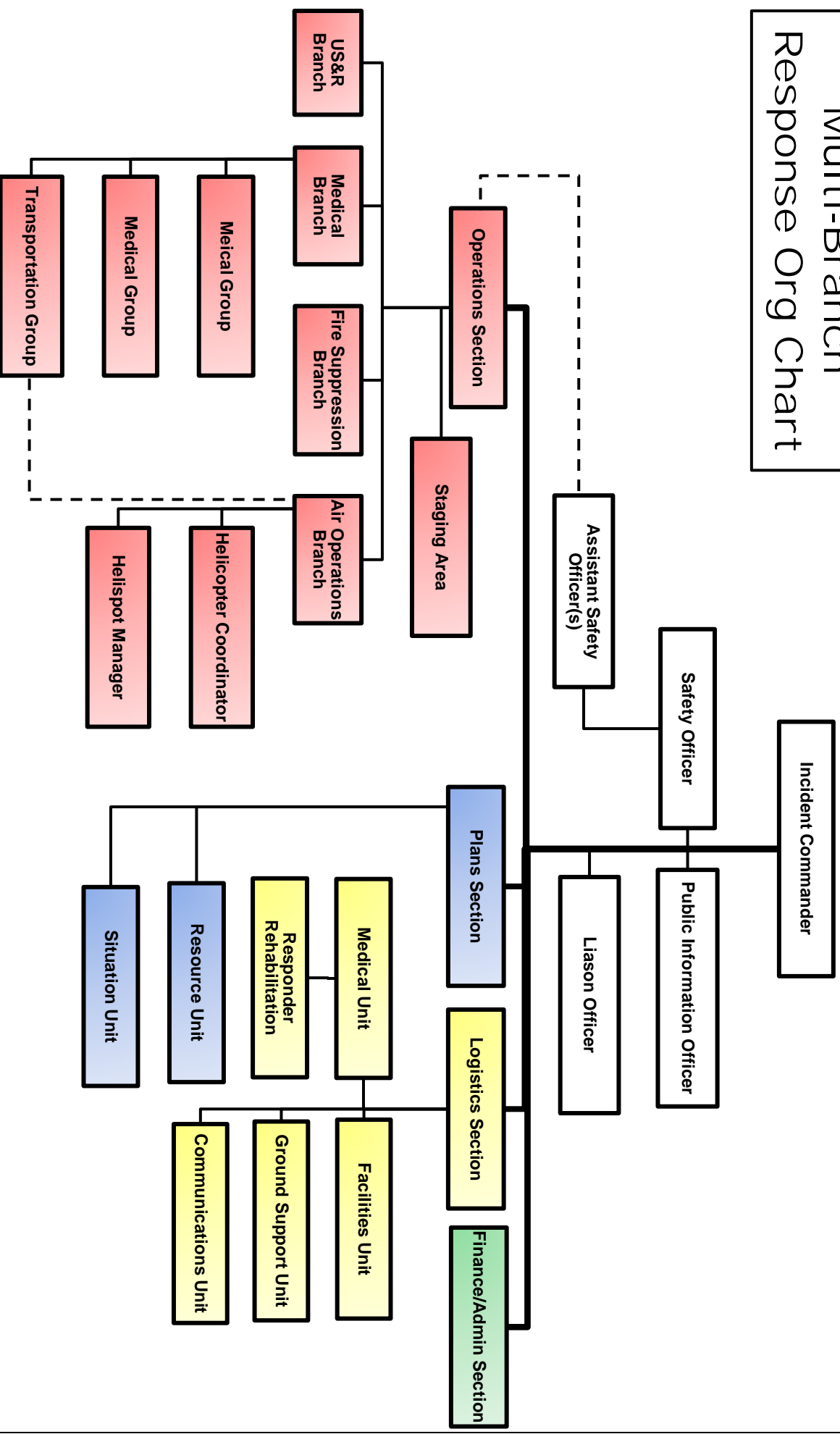
Safety Officer



Multi-Division/Group Response Org Chart



Multi-Branch Response Org Chart



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Triage Personnel.....	38
Triage Unit Leader	39

AIR AMBULANCE COORDINATOR

Position Check List

Description:

Reports to the Patient Transportation Unit Leader/Group Supervisor, and dispatches air ambulances as requested.

Unit Identifier: **"AIR AMBULANCE"**

Position Specific Responsibilities:

- Obtain situation briefing from Patient Transportation Unit Leader/Group Supervisor
- Don position identification vest
- Appoint and brief staff, including aides, as necessary
- Establish appropriate staging area for air ambulances if the size of the incident warrants such action. If applicable consider:
 - Safety and accessibility
 - Air traffic control must be monitored and directed
 - Area and resource location identifiers must be visible
- Establish and maintain communications with the Air Operations Branch Director regarding Air Ambulance Transportation assignments
- Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager
- Provide air ambulances upon request from the Medical Communications Coordinator
- Assure that necessary equipment is available in the air ambulance for patient needs during transportation
- Establish contact with all ambulance providers at the scene
- Maintain records as required and Unit/Activity Log (ICS Form 214)
- KEEP RECORD OF RESOURCE MOVEMENT – staffing/equipment
 - Establish check-in/check-out function
- When ordered, secure activities and release personnel under your supervision
- Demobilize resources in accordance with Demobilization Plan
- Forward all reports to Patient Transportation Unit Leader/Group Supervisor

AIR OPERATIONS BRANCH DIRECTOR

Position Check List

Description:

Reports to the Medical Branch Director and is responsible for implementing and coordinating fixed and/or rotor wing aircraft operating on the incident.

Unit Identifier: “Air Ops”

Position Specific Responsibilities:

Obtain situation briefing from the Medical Branch Director

- Don position identification vest
- Organize preliminary air operations
- Request declaration (or cancellation) of restricted air space
- Perform operational planning for air operations
- Determine coordination procedures for use by air organizations with branches, divisions, groups
- Coordinate with appropriate Operations Section personnel
- Supervise all air operations associated with the incident
- Establish and maintain communications with the Air Ambulance Coordinator
- Evaluate Helibase locations
- Establish procedures for emergency reassignment of aircraft
- Report to Operations Section Chief on air operations activities
- Report special incidents/accidents
- Arrange for an accident investigation team when warranted
- Maintain Unit/Activity Log (ICS Form 214)
- Secure operations when advised
- Forward reports and records to Operations Section Chief

DELAYED TREATMENT AREA MANAGER

Position Check List

Description:

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

Position Specific Responsibilities:

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

GROUND AMBULANCE COORDINATOR

Position Check List

Description:

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

Unit Identifier: **"GROUND AMBULANCE"**

Position Specific Responsibilities:

- Obtain situation briefing from Patient Transportation Unit Leader/Group Supervisor
- Don position identification vest
- Appoint and brief staff, including aides, as necessary
- Establish appropriate staging area for ambulances. Consider:
 - Safety and accessibility
 - Traffic control must be monitored and directed
 - Area and resource location identifiers must be visible
- Establish appropriate routes of travel for ambulances for incident operations
- Establish and maintain communications with the Air Operations Branch Director regarding Air Ambulance Transportation assignments (if an Air Ambulance Coordinator position is not filled)
- Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager
- Provide ambulances upon request from the Medical Communications Coordinator
- Assure that necessary equipment is available in the ambulance for patient needs during transportation
- Establish contact with all ambulance providers at the scene
- Request additional transportation resources as appropriate
 - Consider equipment/time limitations
- Provide an inventory of medical supplies available at ambulance staging area for use at the scene.
 - Anticipate and advise on changing resource requirements
- Maintain records as required and Unit/Activity Log (ICS Form 214)
- KEEP RECORD OF RESOURCE MOVEMENT – staffing/equipment
 - Establish check-in/check-out function/accountability
- When ordered, secure activities and release personnel under your supervision
- Demobilize resources in accordance with Demobilization Plan
- Forward all reports to Patient Transportation Unit Leader/Group Supervisor

IMMEDIATE TREATMENT MANAGER

Position Check List

Description:

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

Position Specific Responsibilities:

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

JURISDICTIONAL COMMUNICATIONS CENTER

Position Check List

Description:

The Jurisdictional Communications Centers are designated for each emergency response zone within Napa County. Napa Central Dispatch coordinates fire/rescue resource ordering in the urban response zones and all local ambulance resource ordering in Napa County. The St. Helena Emergency Command Center coordinates all fire/rescue resource ordering in the suburban, rural and wilderness response zones and all EMS aircraft resource ordering in Napa County.

Radio Identifier: "**NAPA 4**, **NAPA 11**, or **ST. HELENA**"

Position Specific Responsibilities:

- Using alert tones, announce on the affected fire/ambulance frequencies, the Napa County MCI Plan has been activated.
- Alert all local ambulance providers the Napa County MCI Plan has been activated. Request an ambulance Supervisor from the **affected** zone respond to the scene.
 - Napa Central Dispatch will make direct contact to agencies.
 - American Medical Response (855) 315-6969
 - Medic Ambulance (707) 644-8989
 - REDCOMM (707) 576-1365 REDCOMM Supervisor (707) 565-8864
 - St. Helena ECC will contact Napa Central Dispatch to make the notifications
- Monitor appropriate frequency for communication from the Incident Commander
- Notify MCI Coordinating Facility
 - ReddiNet MCI Notification
 - If ReddiNet is not available call:
 - Queen of the Valley Medical Center (707) 257-4014
- Notify the Napa County EMS Agency
 - ReddiNet MCI Notification
 - If ReddiNet is not available call:
 - EMS Duty Officer (707) 312-2290
- Notify allied agencies as directed by the by Incident Commander
- For Level III or higher coordinate procurement of the most appropriate MCI Disaster Cache to allocation determined by the Incident Commander
 - Disaster Medical Support Unit (DMSU): 841 Latour Ct
 - ALS MCI Trailer, Napa City Fire Department, Sta 1.
 - BLS MCI Trailer, American Canyon Fire Department, Sta. 11
 - BLS MCI Trailer, CALFire ECC
- Upon cancellation of the MCI, notify involved resources not monitoring radio traffic for the incident.

MCI COORDINATING FACILITY

Position Check List

Description:

Serves as coordination point between field responders and hospitals/medical facilities during MCI Activations appropriate hospitals and medical facilities of the activation of the MCI Plan. Maintains communications with the appropriate on-scene ICS staff, (i.e. Medical Communications Coordinator), to relay information on the status of available hospital beds to assure proper patient transportation. Assists field personnel in assuring proper patient transportation and destination.

*Unit Identifier: **Entity specific identifier** “QUEEN OF THE VALLEY”*

- **Position Specific Responsibilities:**

- Obtain information from on-scene responders regarding activation of the MCI Plan
- Notify appropriate hospitals and medical facilities and initiate “MCI Activation” poll via approved system, e.g. ReddiNet
- Gather information from area hospitals regarding status of available hospital beds and resources
- As requested, coordinate patient destinations with on-scene Medical Communications Coordinator regarding resource availability
- Assess situation and appoint additional staff as needed to support MCI Coordinating Facility functions
- If requested by on-scene personnel, assist with determination of destinations for patients
- Upon direction from on-scene personnel, advise appropriate hospitals and medical facilities of pertinent updates, and when appropriate termination of MCI event
- Maintain documentation and records of your operations

MEDICAL BRANCH DIRECTOR

Position Check List

Description:

Responsible for the implementation of the Incident Action Plan (IAP) 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.

*Unit Identifier: "**MEDICAL BRANCH**"*

Position Specific Responsibilities:

- Obtain situation briefing from Operations Section Chief
- Don position identification vest
- Appoint and brief staff, as needed
- Review group assignments for effectiveness of current operations and modify as needed
- Provide input to Operations Section Chief for the IAP
- Supervise Branch activities and confer with Safety Officer to assure safety of all personnel using effective risk analysis and management techniques
- Report to Operations Section Chief on Branch activities
- Forward reports and records to Operations Section Chief
- Maintain Unit/Activity Log (ICS Form 214)

MEDICAL COMMUNICATIONS COORDINATOR

Position Check List

Description:

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

Unit Identifier: **“MEDICAL COMMUNICATIONS” or “MED COMM”**

Position Specific Responsibilities:

- Obtain briefing from Patient Transportation Unit Leader/Group Supervisor
- Don position identification vest
- Establish communications with the hospital system
- Determine and maintain current status of hospital/medical facility availability and capability
- Coordinate with Patient Transportation Unit Leader/Group Supervisor on current status of hospitals/medical facilities available and capacity
- Receive basic patient information and condition from Treatment Dispatch Manager
- Assure recording of patient information including:
 - Triage tag number
 - Triage category
 - Destination
 - Type of injuries
 - Mode of transport (Unit/Vehicle ID)
 - Time departed scene Coordinate patient destination via MCI Coordinating facility
- Provide receiving facilities with incident information if necessary, including any decontamination procedures
- Communicate patient transportation needs to Ground Ambulance Coordinator based upon requests from Treatment Dispatch Manager
- Communicate patient air ambulance transportation needs to the Air Operations Branch Director based on requests from the treatment area managers or Treatment Dispatch Manager
- Maintain appropriate records and Unit/Activity Log (ICS Form 214)
- Complete all required transportation log forms
- Turn in all documentation to Patient Transportation Unit Leader/Group Supervisor

MEDICAL GROUP SUPERVISOR

Position Check List

Description:

Reports to the Operations Section Chief or the Medical Branch Director if established. Supervises the Triage Unit leader, Treatment Unit leader, and Medical Supply Coordinator. Also supervises the Patient Transportation Unit Leader if Medical Branch director is not initiated. Establishes command and controls the activities within a Medical Group

*Unit Identifier: "**MEDICAL GROUP**" or "**MEDICAL GROUP 1, MEDICAL GROUP 2, etc.**" if Medical Branch Director is established.*

Position Specific Responsibilities:

- Obtain situation briefing from Operations Chief or Medical Branch Director if established
- Don position identification vest
- 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
- Ensure that Triage and Patient Transportation have radio communication
- Coordinate location of medical supply, treatment, and morgue areas with Unit Leaders
- Isolate Morgue and Minor Treatment Areas from Immediate and Delayed Treatment Areas. (It is best to keep the Minor and Morgue Treatment Areas separated and in two (2) different locations
- Request law enforcement/coroner involvement as needed
- Ensure that all work areas are out of hazardous 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)
- Anticipate needs for additional supplies, equipment and personnel
- Ensure activation or notification of hospitals and EMS/health agencies
- Direct and/or supervise on-scene personnel from agencies such as Coroner's Office, Red Cross, law enforcement, ambulance companies, county health agencies, and hospital volunteers
- Request proper security, traffic control, and access for the Medical Group work areas
- Direct medically trained personnel to the appropriate Unit Leader
- Maintain Unit/Activity Log (ICS Form 214)
- Demobilize group as directed by Operations Chief or Medical Branch Director
- Maintain record of activities and forward all Medical Group records and reports to the Medical Branch Director or Operations Section Chief

MINOR TREATMENT AREA MANAGER

Position Check List

Description:

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

Position Specific Responsibilities:

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

MORGUE MANAGER

Position Check List

Description:

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

Unit Identifier: **"MORGUE"** or **"MORGUE 1, MORGUE 2, etc."**

Position Specific Responsibilities:

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

PATIENT TRANSPORTATION UNIT LEADER

Position Check List

Description:

Reports to the Medical Group Supervisor and supervises the Ground/Air Ambulance Coordinator. Responsible for the coordination of patient transportation and maintaining communications with the MCI Coordinating facility (Queen of the Valley Medical Center) Assures proper patient transportation and destination while maintaining records relating to the patient's identification, condition, and destination.

Unit Identifier: **"PATIENT TRANSPORTATION"**

Position Specific Responsibilities:

- Obtain situation briefing from Medical Group Supervisor or Medical Branch Director
- Don position identification vest
- Appoint and brief staff, as needed:

Medical Communications Coordinator	Triage Personnel
Ground Ambulance Coordinator	Treatment Dispatch Manger
Air Ambulance Coordinator	Staging Area(s) Manger(s)

- Establish communications with the hospital system
- Determine and maintain current status of hospital/medical facility availability and capability
- Provide patient information for transmission to the receiving facilities
- Assure recording of patient information including:
 - Triage tag number
 - Triage category
 - Destination
 - Type of injuries
 - Mode of transport (Unit/Vehicle ID, Air/Ground)
 - Time departed scene
- Coordinate patient destination via MCI Coordinating facility (Queen of the Valley Medical Center)
- Provide receiving facilities with incident information if necessary, including any decontamination procedures
- Designate Ambulance Staging Area(s)
- Establish and identify ambulance-loading areas
- Develop ambulance ingress and egress traffic pattern and coordinate with Law Enforcement
- Establish communications with Ambulance Coordinator(s)
- Request additional ambulances as required
- Notify Ambulance Coordinator(s) of ambulance requests
- Coordinate the establishment of the Air Ambulance Helispots with the Medical Branch Director and the Air Operations Branch Director
- Maintain written records of patients, ambulance units, and receiving facilities

- Evaluate and request necessary resources, as needed
- Maintain Unit/Activity Log (ICS Form 214)
- Secure operations when advised
- Forward records and reports to Medical Group Supervisor or Medical Branch Director

TREATMENT DISPATCH MANAGER

Position Check List

Description:

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

*Unit Identifier: “**TREATMENT DISPATCH**” or **TREATMENT DISPATCH 1**, **TREATMENT DISPATCH 2**, etc.”*

Position Specific Responsibilities:

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

TREATMENT UNIT LEADER

Position Check List

Description:

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

Unit Identifier: **“TREATMENT”** or **“TREATMENT 1, TREATMENT 2, etc.”**

Position Specific Responsibilities:

- Obtain situation briefing from Medical Group Supervisor
- Don position identification vest
- Develop organization sufficient to handle assignment
- Appoint and brief staff, as needed
- Assign medical care personnel to Treatment Areas
- Issue triage tags to Treatment Area Managers
- Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas
- Prioritize care of patients consistent with resources
- Ensure proper medical care procedures are followed
- Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader
- Request sufficient medical caches and supplies as necessary
- Establish communications and coordination with Patient Transportation Unit Leader
- Ensure continual triage of patients throughout Treatment Areas
- Direct movement of patients to ambulance loading area(s)
- Expedite movement of patients for evacuation
- Give periodic status reports to Medical Group Supervisor
- Maintain Unit/Activity Log (ICS Form 214)
- Maintain Records of numbers of patients treated and other activities
- Secure operations when advised
- Forward reports and records to Medical Group Supervisor

TRIAGE PERSONNEL

Position Check List

Description:

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

Position Specific Responsibilities:

- Obtain situation briefing from Triage Unit Leader
- Don position identification vest
- Report to designated on-scene triage location
- Secure and don a triage ribbon belt
- Assess situation
- Triage and apply appropriate colored ribbons to patients per Start / Jump START
- Direct movement of patients to proper Treatment Areas
- Provide appropriate medical treatment to patients prior to movement as incident conditions dictate
- Forward reports and records to Triage Unit Leader

TRIAGE UNIT LEADER

Position Check List

Description:

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

Unit Identifier: **“TRIAGE”** or **“TRIAGE 1, TRIAGE 2, etc.”**

Position Specific Responsibilities:

- Obtain situation briefing from Medical Group Supervisor
- Don position identification vest
- Develop organization sufficient to handle assignment
- Inform Medical Group Supervisor of resource needs
- Assess situation and appoint staff as needed
- Implement triage process
- Secure adequate supplies as needed
- Coordinate movement of patients from the Triage Area to the appropriate Treatment Area
- Maintain records of your operations
 - Number of victims triaged, by acuity category and group (Adult and Pediatric)
- Give periodic status reports to Medical Group Supervisor
- Maintain security and control of triage area
- Coordinate with Treatment Unit Leader for medical care needs in treatment areas
- Establish Morgue, if needed
- Maintain Unit/Activity Log (ICS Form 214)
- Secure operations when advised
- Forward reports and records to Medical Group Supervisor

ATTACHMENTS/FORMS

Decontamination Triage Tag

Front

Back

TRANSPORTATION RECEIPT Tag Number 5078
082 1234 4 5078

Destination _____ Via _____ Time 1 2 3

Chief Complaint _____

TRIAGE TAG 082 1234 4 5078

Age _____ M F

First _____ M

Last _____

Address _____

City _____ St _____ Zip _____

Phone _____ Religious Pref _____

If Contaminated    See Reverse

Blast Injury 

☐ Blunt Trauma
☐ Burn
☐ C-Spine
☐ Cardiac
☐ Crushing
☐ Fracture
☐ Laceration
☐ Penetrating Injury
☐ Other _____

Chief Complaint _____

Mechanism of Injury _____

VITALS	Time	B/P	Pulse	Respiration
1				
2				
3				

RE-TRIAGED 1 2 3 082 1234 4 5078

MORGUE 0 082 1234 4 5078

IMMEDIATE 1 082 1234 4 5078

DELAYED 2 082 1234 4 5078

MINOR 3 082 1234 4 5078

DECONTAMINATED YES NO

EVIDENCE CONTAMINATED 082 1234 4 5078

AMBULANCE RECEIPT

WRISTBAND 082 1234 4 5078

Personal Property Receipt

DMS-05764

TRANSPORTATION RECEIPT For Use by Transportation Recorder Only DMS-05764

Age _____ M F

First _____ M

Last _____

☐ Tourniquet Applied Time _____ ☐ Airway Management ☐ OPA ☐ NPA

GCS Tx In: E: _____ M: _____ V: _____ Time: _____

GCS Tx Out: E: _____ M: _____ V: _____ Time: _____

Known Allergies: _____

Treatment Administered/Comments _____


DRUGS	Time	Drug Solution	Dose
1			
2			
3			

☐ S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M
Salivation Lacrimation Urination Decontamination G.I. Distress Emesis Miosis

INJECTOR TYPE _____ 1 2 3

INJECTOR TYPE _____ 1 2 3

Primary Decon ☐ Secondary Decon ☐ SOLUTION _____

START triage system  Initial Ribbon Triage 1 2 3

MINOR Move the Walking Wounded

RESPIRATIONS ☐ Yes ☐ No **PERFUSION** ☐ - 2 Sec. ☐ + 2 Sec. **MENTAL STATUS** ☐ Can Do ☐ Can't Do

IMMEDIATE Respirations - Over 30

IMMEDIATE Perfusion - Cap. Refill Over 2 sec. or Radial Pulse Absent

IMMEDIATE Mental Status - Unable to Follow Simple Commands

DELAYED All Others

MORGUE No Respirations After Head Tilt

MORGUE Pulseless/ Non-Breathing 0

IMMEDIATE Life Threatening Injury 1

DELAYED Serious Non Life Threatening 2

MINOR Walking Wounded 3

EVIDENCE CONTAMINATED

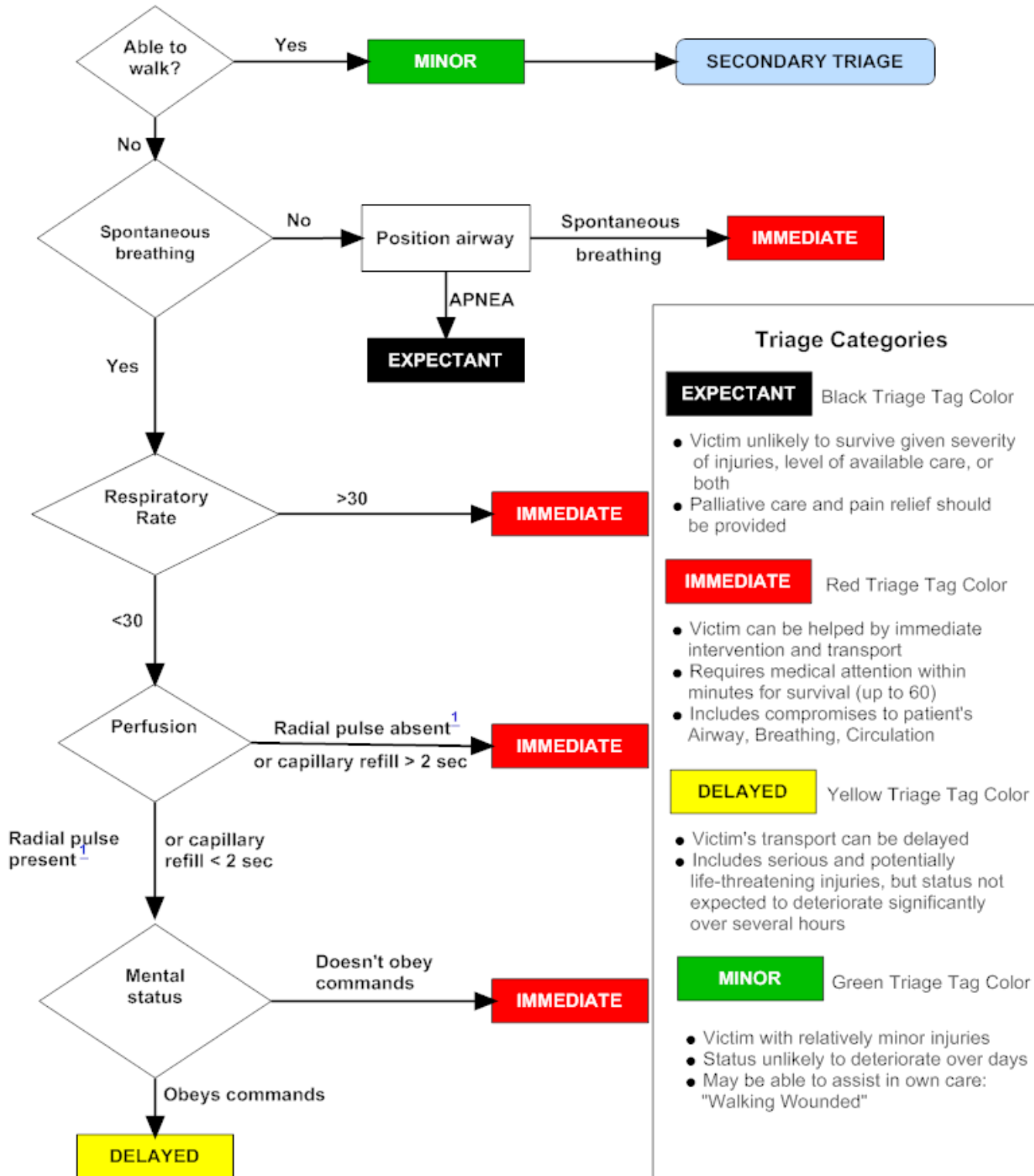
AMBULANCE RECEIPT

WRISTBAND

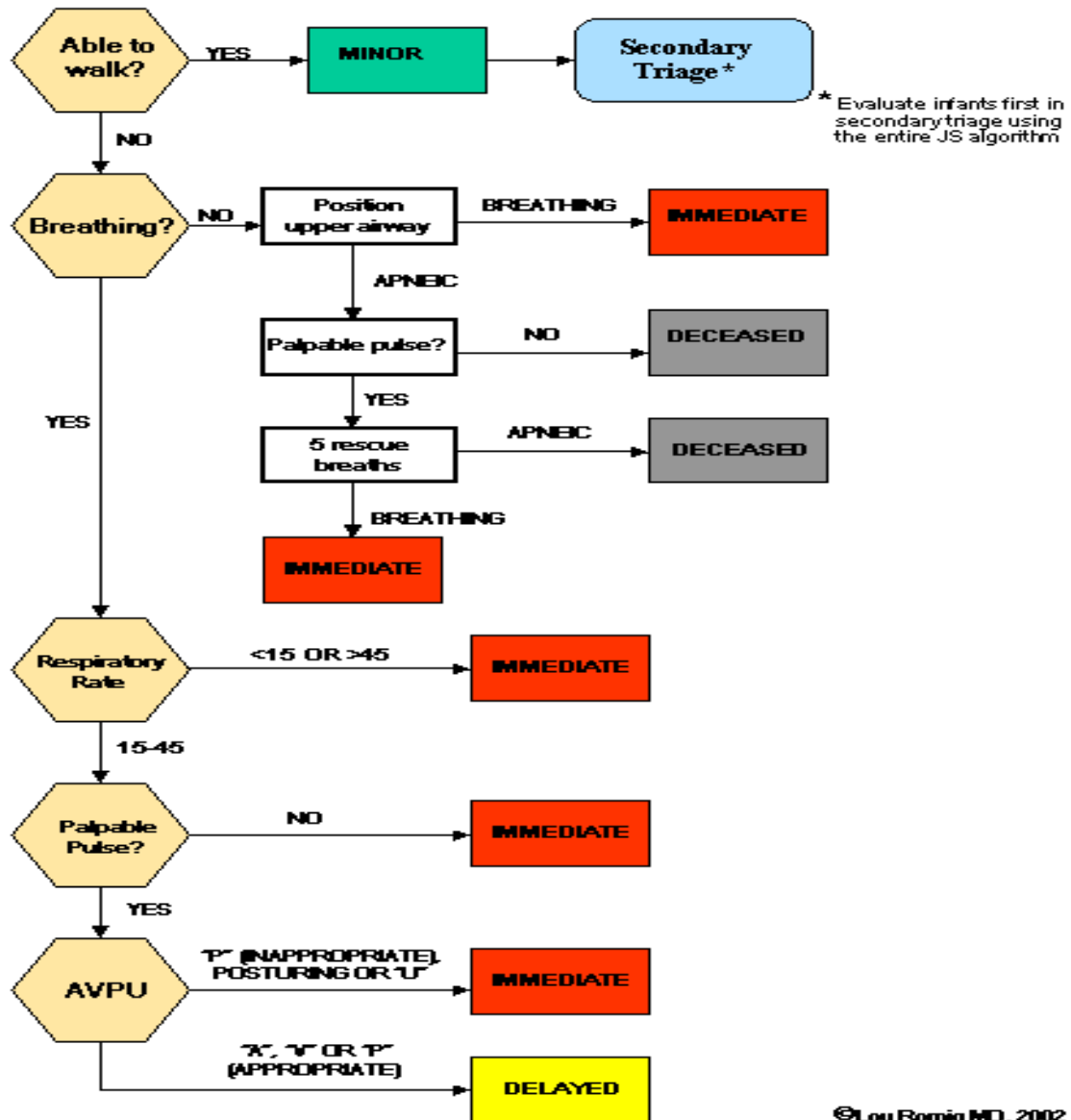
Personal Property Receipt

DMS-05764

START Adult Triage



JumpSTART Pediatric MCI Triage®



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Napa County Emergency Medical Services (EMS) Agency

Multi-Casualty Incident Patient Tracking Form

Date: _____ Incident Name: _____ Location: _____ Med Com: _____

	Tag #	Destination	Category (I, D, M, X)	Chief Complaint	Transport Unit/Agency	Transport Method	Age / DOB	Sex	Time Left Scene	Notes
1	5078	QVMC	I	ALOC	AMR M-53	Ground	33	M	16:14	
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

MCI Hospital Capacity & Destination Form

Hospital	1 st Wave			2 nd Wave			Poll #2			Comments
	Available			Available			Available			
	Sent			Sent			Sent			
	I	D	M	I	D	M	I	D	M	
Queen of the Valley										
SR Memorial										
North Bay Med Ctr.										
Kaiser Vacaville										
UC Davis										
John Muir										
Marin General										
Children's Oakland										
St. Helena Hospital										
Sutter Solano										
Kaiser Vallejo										
Travis AFB										
Petaluma Valley										
Kaiser Santa Rosa										
Sutter Santa Rosa										
Sonoma Valley										
Sutter Novato										
Kaiser San Rafael										

MCI COMMUNICATIONS FREQUENCIES

	RX Frequency	RX CTCSS	TX Frequency	TX CTCSS	Frequency Name
NAPA 11	155.100	131.8	155.835	131.8	Disp/Amb Med: Atlas
NAPA 11	155.100	131.8	155.835	127.3	Disp/Amb Med St. Helena
NAPA 4	155.805	131.8	158.940	136.5	NFD: Montecito
NAPA 4	155.805	131.8	158.940	156.7	ACFD: Oat Hill
NAPA CITY TAC 1	153.980	146.2	153.980	146.2	NAPA CITY TAC 1
NAPA CITY TAC 2	153.805	241.8	153.805	241.8	NAPA CITY TAC 2
MEDNET	155.355	131.8	155.355	131.8	Napa Amb: Hospital
VMED 28	155.3400	156.7	155.3400	156.7	V-MED 28
VMED 29	155.3475	156.7	155.3475	156.7	V-MED 29
CALCORD	156.0750	156.7	156.0750	156.7	CALCORD
NAPA CO. FIRE	154.4150	131.8	154.8600	110.9	St. Helena: Tone 1
NAPA CO. FIRE	154.4150	131.8	154.8600	123.0	Atlas Peak: Tone 2
NAPA CO. FIRE	154.4150	131.8	154.8600	131.8	Mt. Vaca: Tone 3
NAPA CO. FIRE	154.4150	131.8	154.8600	136.5	Berryessa: Tone 4
NAPA CO. FIRE	154.4150	131.8	154.8600	146.2	Sugar Loaf: Tone 5
NAPA CO. FIRE	154.4150	131.8	154.8600	156.7	Cookie Hill: Tone 6
NAPA CO. FIRE	154.4150	131.8	154.8600	167.9	Red Top: Tone 7
NAPA CO. FIRE	154.4150	131.8	154.8600	103.5	Angwin TBD
XNA TAC	154.3250	131.8	154.3250	131.8	Napa County Fire TAC
VFIRE 22	154.2650	156.7	154.2650	156.7	V-Fire 22
VFIRE 23	154.2950	156.7	154.2950	156.7	V-Fire 23
CAL TAC	154.3550	131.8	154.3550	131.8	Calistoga TAC
STH TAC	153.8900	127.3	153.8900	127.3	St Helena City TAC

ACTIVITY LOG (ICS 214)

1. Incident Name:		2. Operational Period:	
		Date From: Time From:	Date To: Time To:
3. Name:		4. ICS Position:	5. Home Agency (and Unit):
6. Resources Assigned:			
Name	ICS Position		Home Agency (and Unit)
7. Activity Log:			
Date/Time	Notable Activities		
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 214, Page 1		Date/Time: _____	

ACTIVITY LOG (ICS 214)

[illegible]

APPENDIX A: MCI SURGE PLAN

Napa County EMS

Multi-Casualty Incident Management Plan

MCI Surge Plan

INTRODUCTION

The Napa County Multi-Casualty Incident (MCI) Surge Plan is a separate appendix to the Napa County Emergency Operations Plan. It is incorporated as part of the Incident Command System and specifically addresses the medical section in the event of a multi-casualty incident at Level III or IV. This MCI Surge Plan shall only be implemented after a "Declared Local Emergency" has occurred.

PURPOSE

The purpose of the MCI Surge Plan care facilities without compromising the integrity of the 9-1-1 Emergency Medical Service (EMS) system.

A pandemic event is different from any other type of MCI in the fact the majority of events responded to are sudden in occurrence and can be clearly defined as to size and scope. The pandemic will gradually build in its size, complexity and impact on the EMS system. The increased demand for transport resources by healthcare facilities would easily deplete our limited resources and mutual aid will be virtually non-existent during a pandemic event.

The size and scope of the event will determine if activation of this plan is necessary. This plan will most likely be utilized for Level III or IV incidents. If it is determined that activation of this plan is necessary it is imperative that all hospitals, Alternate Care Sites (ACS), ambulance providers, and first responder agencies are notified that a request to implement the plan has been received.

CONSIDERATIONS

The 9-1-1 system shall not be compromised by the implementation of this plan. The ambulance franchise provider and the dispatch center shall maintain enough appropriately staffed ALS ambulances to respond to 9-1-1 emergency calls in Napa County.

Implementation of this plan will inevitably create circumstances that will necessitate field personnel to engage in operations outside of existing policies and procedures. This plan outlines the breadth and depth to which the operational changes will be permissible.

In the absence of a "Declared Local Emergency" all existing policies, guidelines, statutes, regulations and laws will be followed.

REQUEST FOR PLAN ACTIVATION

The following individuals may request implementation of the MCI Surge Plan:

- Napa County Health Officer
- Napa County Medical Health Operational Area Coordinator (MHOAC)
- Napa County EMS Administrator
- Napa County Emergency Services Manager

REQUEST FOR PLAN ACTIVATION - NOTIFICATIONS

The individual who requests the MCI Surge Plan activation shall notify the following that the "MCI Surge Plan" is being activated:

- Napa Central Dispatch
- Cal Fire Emergency Communication Center (ECC)
- QVMC Hospital Incident Commander
- SHH Hospital Incident Commander

ACTIVATION

Activation will potentially result in significant changes to existing EMS policies and the implementation of new EMS policies specifically designed for the event.

Activation does not automatically activate the policy changes.

All EMS policy changes will come from the EMS agency after approval of the Health Officer, MHOAC, and or EMS Medical Director. All policy changes will be delivered to the appropriate agency representatives in written form and signed by the authorized signatory.

TRIGGER POINT

- Notification of implementation of the MCI Surge Plan by receiving hospitals.
- Upon notification to the Op Area EOC, any facility reaching 90% or more of capacity will trigger inquiries to be made to transport providers for number of ambulances available and staffing levels.
- Requests for increased staffing by ambulance franchise holder may be made at this point.
- Sustained impact on 9-1-1 system – It is anticipated that during a pandemic event there will be a sustained demand upon the EMS system and responders should plan accordingly.
- Mutual Aid/Mutual Assistance – During a pandemic it is anticipated there will be limited, if any, Mutual Aid/Mutual Assistance resources available.
- Emergency credentialing – In the event of a serious staffing shortage of EMR's, EMT's, AEMT's or EMT-Ps the EMS agency may implement emergency credentialing protocols to increase staffing of transport ambulances.

OPERATIONAL / POLICY CHANGES

Under the MCI Surge Plan a modified deployment of resources may be implemented by first responders under the direction of the EMS agency.

Operational changes which may be implemented throughout the county include:

- The franchise provider may respond to non-emergency calls with a BLS ambulance anywhere in the county.
- The franchise provider is encouraged to respond to all calls in the City of Napa with BLS units.
- Utilization of non-franchise BLS units available to respond to 9-1-1 emergency calls in the City of Napa, with Napa Fire ALS responders, may be utilized
- Authorization of Quick Response Vehicle (QRV) staffed by a single paramedic who may respond to emergency and non-emergency calls to provide patient assessment and determine transport priority.
- Delayed response
- Scheduled response
- No response
- Patients may be encouraged to stay at their residence and have care provided by family members, relatives, friends, or neighbors who are willing to provide care.

STAFFING

Ambulance staffing – In the event the transport provider agencies experience a severe shortage of licensed or accredited staff the EMS agency may implement emergency credentialing procedures as needed.

COMMUNICATIONS

Napa Central Dispatch may utilize BLS ambulances for 9-1-1 emergency calls, with Napa Fire ALS responders, in the City of Napa.

The dispatch center may implement a call triage protocol to help identify patients who are requesting 9-1-1 resources but may not necessarily require them.

DISPATCH TRIAGE PROTOCOLS

Upon notification of impending MCI Surge Plan activation and the opening of alternate care sites (ACS) the dispatch center will be notified by the EMS agency representative. The representative will deliver the emergency dispatch protocols that have been approved by the Napa County EMS Agency Medical Director and/or the Napa County Health Officer.

The protocols will specify the approved changes to existing Emergency Medical Dispatch (EMD) procedures. Included in the protocols will be the "Case Definition" as set by Health Officer and Napa County EMS Agency Medical Director. Patients meeting the case definition will receive the response as set forth in the protocols.

DATA COLLECTION

Identify patients meeting criteria set by the EMS Medical Director or Health Officer

It is anticipated there will be data collection requests from local, regional, state and federal sources. All providers shall compile and submit the requested data promptly and at the required intervals.

Documentation – An Electronic Patient Care Report (ePCR) shall be completed for every patient after a complete assessment has been performed.

FACILITIES/DESTINATION DECISIONS & INTER-FACILITY TRANSFERS

During an event such as a pandemic it is important to understand that the 9-1-1 EMS system must remain intact and our receiving hospitals must be able to accept emergency patients from the field. To accomplish this it is imperative the emergency departments receive only those patients requiring acute care.

In an effort to maintain the readiness of our receiving hospitals a triage site may be established on or near the receiving hospital campus. The triage site will be staffed by an appropriately licensed and trained medical staff person that is qualified to determine patient acuity and medical need. The triage nurse may redirect an ambulance to deliver a patient to an Alternate Care Site (ACS) if established.

Upon implementation of the MCI Surge Plan:

Security procedures and staff shall be put in place to keep the emergency departments available for emergency patients.

If the patient condition does not warrant acute care the patient may be directed to one of the ACS locations. If after a complete patient assessment the paramedic believes the patient's condition is such that they can be properly cared for at their residence, the paramedic may leave the patient at home with a caregiver.

ALTERNATE CARE SITE LOCATIONS

North County: **Veteran's Hospital**

South County: **Napa State Hospital**

ALS units shall transport patients complaining of MILD symptoms to a designated triage center instead of a receiving hospital directly from the field. The triage center staff will then determine if the patient's condition warrants acute care or if the ACS facility would be more appropriate.

9-1-1 SYSTEM INTEGRITY

The ambulance franchise provider will keep enough ambulances staffed and available to respond to emergency 9-1-1 calls in the county.

There will be a significant demand on transport providers for inter-facility and discharge transport of patients. Under this plan the inter-facility and discharge transports shall be scheduled during historically slow periods which will be designated by the EMS agency and ambulance provider agency. Patients who do not require transport in a supine, semi-fowler or Trendelenburg position are candidates for non-traditional medical transport. This may include private vehicles, taxis, buses, or other non-emergency vehicles.

APPENDIX B: MCI TRAILERS AND DMSU

Medical Cache Trailer Inventory Checklist

<input checked="" type="checkbox"/>	P.P.E.	Count
	Pocket Masks	5
	Antiseptic Hand wash	2 Bottles
	Disposable Latex Gloves (L)	6 Box
	Disposable Latex Gloves (XL)	6 Box
	N95 masks	3 Box
	Sanitary Wipes	2 Box
	Shoe Covers	2 Box
	Safety Glasses	1 Box

<input checked="" type="checkbox"/>	Equipment	Count
	Trauma Shears	15
	BP Cuff – Adult	1
	BP Cuff – Ped	1
	Stethoscope	3
	Emesis Basin	2 Packs
	Clip Boards	3
	Disposable Blankets	1 Box
	Barricade tape	3 Rolls
	Duct Tape	3 Rolls
	Spare Oxygen Bottles	6
	Biohazard Bags	2 Box
	Specimen Bags	1 Box
	Minilator Nipples 10 (LPM)	15
	Plastic Containers – Large	6
	MCI Incident Kit	1 Kit
	- Position Vests	-
	- Traffic Cones	-
	- Triage Tags	-

<input checked="" type="checkbox"/>	ALS Trailer Additions	Count
	IV Solutions	100
	IV Tubing	100
	IV Start Kits	100
	Sharps disposal container	2
	Laryngoscope & blades	6
	McGill Forceps - Adult	6
	McGill Forceps - Peds	6

<input checked="" type="checkbox"/>	Airway / O2	Count
	Pocket Masks Portable suction units w/replacement	1
	OPA's	3 sets
	NPA's	3 Sets
	Bag-Valve Mask adult/peds	1
	Bag-Valve Mask Peds	1
	Nasal Cannulas	30
	Non-Rebreather masks	30
	Pedi masks	30
	Oxygen tank w/Minilators	3
	Oxygen Tubing w/connectors	30

<input checked="" type="checkbox"/>	Bandage/Immobilization Count	Count
	Backboards w/Straps	20
	Head Immobilizers	20
	C-Collars - Adult	20
	C-Collars - Child	15
	Triangular bandages	10
	Trauma Dressings	15
	Abdominal Pads	2 Box
	4" x 4"s Sterile	2 Box
	4" x 4"s non-sterile	4 Packs
	Sterile Saline	1 Case
	Sterile Water	1 Case
	Kerlix	30 Rolls
	Coban / Ace Wraps	1 Box
	Cardboard Splints - Long, short	1 Pack
	Cold Packs	1 Case
	Burn sheets	2 Case
	Adhesive bandages	4 Box
	2" Waterproof Tape	1 Box
	1" Waterproof Tape	1 Box
	Transpore tape	1 Box

DMSU CONTENTS EXPIRATION AND SHELF LIFE ITEMS

COMMAND AND SUPPORT

Item	Quantity	Notes
5 LB ABC Fire Extinguisher	1	
Items highlighted in BLUE have a potential shelf life		
Items highlighted in ORANGE have an expiration date		
Large Industrial Attached Lid Container	1	
MCI Management Kit:		
Vests: Medical (Blue) - Triage (Yellow) - Treatment (Red) - Transportation (Green) - Staging (Orange)	1	
Triage Tags - California Fire Chiefs version	75	
Triage Tape Belts	4	
Small Industrial Attached Lid Container	1	
Mesh Command Vest - INC CMNDR	1	
Mesh Command Vest - PIO	1	
Mesh Command Vest - SAFETY OFFICER	1	
Mesh Command Vest - OPERATIONS	1	
EMS Tactical Command Sheet	1	Check dry-erase markers
Deluxe Treatment Area Flag Set	1	
Flag - TRIAGE AREA	1	
Flag-TREATMENT AREA ENTRANCE	1	
Tripod Base		
Large Industrial Attached Lid Container	1	
Triage Tarp Set (Set of 4)	1	
Small Industrial Attached Lid Container	1	
"Command Post" Barricade Tape	1	
"1st Priority" Barricade Tape	1	
"2nd Priority" Barricade Tape	1	
"3rd Priority" Barricade Tape	1	
"Triage Area" Barricade Tape	1	
Medium Industrial Attached Lid Container	1	
Megaphone - 25 Watt - 8 "D" Cells - 600 Yard Range	1	
"D" Batteries	12	Check batteries

DMSU CONTENTS EXPIRATION AND SHELF LIFE ITEMS

BLS TREATMENT KITS

Item	Quantity	Notes
Large Padded Trauma Bag	1	
5" x 9" ABD Pads	2	
4" x 4" Gauze Pads Pouches (2 Pads Per Pouch)	50	
3" x 5 yd Rolled Gauze	10	
3" Elastic Bandage	2	
1" x 10 yd Transparent Medical Tape	2	
Triangular Bandages	4	
Occlusive/Petroleum Gauze Dressing 3" x 9"	2	
Multitrauma Dressing	1	
DynaStopper Dressing	5	
Burn Sheet 60" x 96"	1	
Skin/Eye Flush Solution (8 oz)	1	
CPR Barrier Device/Pocket Mask	1	
No. 3 Oral Airways (90 mm)	2	
No. 4 Oral Airways (100 mm)	2	
No. 5 Oral Airways (110 mm)	2	
Mylar Blankets	6	
Penlight	2	
Trauma Shears	2	
BioWaste Bag 24" x 24"	1	
Germicidal Hand Wipe	10	
Safety Glasses	1	
Surgical Mask w/ Ear Loops	1	
No. of Modules:	10	

BULK SUPPLY MODULES

Trauma Supplies Module

Large Industrial Attached Lid Container	1
5" x 9" ABO Pads	20
4" x 4" Gauze Pads Pouches (2 Pads Per Pouch)	100
3" x 4 yd Rolled Gauze	24
3" Elastic Bandage	4
1" x 10 yd Transparent Medical Tape	6
Triangular Bandages	12
Occlusive/Petroleum Gauze Dressing 3'x9"	12
Multitrauma Dressing	8
1" x 3" Adhesive Bandages (Box 100)	1
DynaStopper Dressing	20
Burn Sheet 60" x 96"	5
Skin/Eye Flush Solution (8 oz)	5
BioWaste Bag 24" x 24"	4
Trauma Shears	5
No. of Modules:	3

DMSU CONTENTS EXPIRATION AND SHELF LIFE ITEMS

BULK SUPPLY MODULES (Cont.)

Item	Quantity	Notes
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Splinting Module

Large Industrial Attached Lid Container	1	
Triangular Bandages	24	
SAM Splint	12	
Cardboard Splint w/Foam - 18"	12	
3" Elastic Bandage	10	
1" x 10 yd Transparent Medical Tape	4	
3" x 5 yd Rolled Gauze -	12	

No. of Modules: 3

Adult Airway Module

Large Industrial Attached Lid Container	1	
Nasopharyngeal Airways - 24 FR (Non-Latex)	10	
Nasopharyngeal Airway - 28 FR (Non-Latex)	10	
Surgical Lubricant 2.7 g Packet - Water Based	6	
No. 3 Oral Airways (90 mm)	12	
No. 4 Oral Airways (100 mm)	12	
No. 5 Oral Airways (110 mm)	12	
Dual Head Stethoscope	1	
Manual Suction Unit	2	
BVM Disposable Adult w/ Reservoir & Tubing	6	

No. of Modules: 3

Pediatric Airway Module

Large Industrial Attached Lid Container	1	
No. 2 Oral Airways (80 mm)	24	
No. 3 Oral Airways (90 mm)	24	
No. 4 Oral Airways (100 mm)	24	
Dual Head Stethoscope	1	
Manual Suction Unit	2	
BVM Disposable Pediatric w/ Reservoir & Tubing	6	

No. of Modules: 1

Immobilization

Backboard w/ Imprint	50	
Small Industrial Attached Lid Container	1	
9' Backboard Strap w/ Seat Belt Style Buckles	75	

No. of Modules: 2

Small Industrial Attached Lid Container	1	
CID's	25	

No. of Modules: 2

DMSU CONTENTS EXPIRATION AND SHELF LIFE ITEMS

BULK SUPPLY MODULES (Cont.)

Item	Quantity	Notes
Immobilization (Cont.)		
Adjustable C-Collar - Adult	10	
Adult Extrication Collar Bag - Adult	1	
No. of Modules:	5	
Adjustable C-Collar - Pediatric	10	
Pediatric Extrication Collar Bag - Pediatric	1	
No. of Modules:	3	
Pedi Loc	10	
Cardboard Splint w/Foam - 34"	20	
Cardboard Splints	30	

DIAGNOSTIC AND PERSONAL PROTECTIVE EQUIPMENT

Diagnostic Equipment

Small Industrial Attached Lid Container	1	
Dual Head Stethoscope	8	
BP Cuff - Adult	4	
BP Cuff - Adult Large	1	
BP Cuff - Pedi	1	
Penlight	6	
No. of Modules:	1	

Infection Control PPE

Large Industrial Attached Lid Container	1	
Exam Gloves Nitrile - Medium	2	
Exam Gloves Nitrile - Large	3	
Exam Gloves Nitrile - Extra Large	3	
Large Industrial Attached Lid Container	1	
Surgical Mask w/ Ear Loops	20	
Sharps Containers - 1 QT	4	
BioWaste Bag 24" x 24"	30	
Ear Plugs - 50 pairs	1	
Safety Glasses	12	
Germicidal Hand Wipe	50	
Sani-Cloth HB Equipment Wipes (Tub of 160)	1	
Clear Rain Ponchos	48	
Duct Tape Roll	4	
Waterproof Headlamps	6	
"AA" Batteries	48	
Large Industrial Attached Lid Container	4	
Bloodborne Pathogens Protective Coveralls - Medium	20	
Bloodborne Pathogens Protective Coveralls - Large	20	
Bloodborne Pathogens Protective Coveralls - X-Large	20	

DMSU CONTENTS EXPIRATION AND SHELF LIFE ITEMS

MISCELLANEOUS SUPPLIES AND EQUIPMENT

Item	Quantity	Notes
Rescue Express	2	
Small Industrial Attached Lid Container	1	
Cold Packs	24	
Small Industrial Attached Lid Container	1	
Heat Packs	24	
Small Industrial Attached Lid Container	1	
Mylar Blankets	200	
Large Industrial Attached Lid Container	1	
Urinals	6	
Bed Pans	8	
Germicidal Hand Wipe	10	
OB Kits	2	
Small Industrial Attached Lid Container	1	
Body Bags (White Medium Duty)	15	
Odor Masking Agent	20	
PETT Portable Toilet System w/ Privacy Shelter	1	
Hand Truck with Noseplate Extension	1	

ALS KIT

Saver Trauma 02 Kit	1
5" x 9" ABD Pads	10
4" x 4" Gauze Pads	20
3" x 4 yd Rolled Gauze	4
3" Elastic Bandage	1
1" x 10 yd Medical Tape - Medfix Transparent Tape	2
Triangular Bandages	4
Occlusive/Petroleum Gauze Dressing 3'x 9"	2
Multitrauma Dressing	1
DynaStopper Dressing	5
Burn Sheet 60" x 96"	1
Iso-Tone Flushing Solution - 8 oz.	1
No. 0 Oral Airways (60 mm)	1
No. 1 Oral Airways (70 mm)	2
No. 2 Oral Airways (80 mm)	2
No. 3 Oral Airways (90 mm)	2
No. 4 Oral Airways (100 mm)	2
No. 5 Oral Airways (110 mm)	2
Mylar Blankets	6
Penlight	1
BioWaste Bag 24" x 24"	4
Germicidal Hand Wipe	10

DMSU CONTENTS EXPIRATION AND SHELF LIFE ITEMS

ALS KIT (Cont.)

Item	Quantity	Notes
Surgical Mask	1	
Safety Glasses	1	
Dual Head Stethoscope BP Cuff	1	
BP Cuff	2	
EMT Shears	1	
BVM Disposable Adult w/ O2 Bag & Tubing	2	
Manual Suction Unit	2	
Stylette – Adult	4	Some Expire, some do not
IV Start Sets	5	
Intubation Kit in Nylon Case	1	
Laryngoscope Handle L	1	
# 0 Miller Blade	1	
# 1 Miller Blade	1	
# 2 Miller Blade	1	
# 3 Miller Blade	1	
# 2 Macintosh Blade	1	
# 3 Macintosh Blade	1	
# 4 Macintosh Blade	1	
“C” Batteries	2	
Adult Magill Forceps	1	
Pediatric Magill Forceps	1	
Surgical Lubricant 2.7 g Packet – Water Based	12	
12 cc Syringe	5	
Esophageal Intubation Detector	2	
Trach Tape	12	
3.0 mm Uncuffed ET Tube	2	
4.0 mm Uncuffed ET Tube	2	
5.0 mm Uncuffed ET Tube	2	
6.0 mm Cuffed ET Tube	2	
7.0 mm Cuffed ET Tube	4	
7.5 mm Cuffed ET Tube	4	
8.0 mm Cuffed ET Tube	2	
Stylette - Adult	2	
Stylette - Child	2	
No. of Modules:	2	

Blanket Module

Blanket Container - 50 Gallon	1
Polyform Blankets	35
No. of Modules:	2

Oxygen Equipment

H Tank Oxygen	1	Oxygen AND hydro test
H Tank Dolly/Cart	1	
Small Industrial Attached Lid Container	1	
8-Outlet O2 Manifold w/ Adjustable Flow Rates	1	
O2 Hose for Manifold - 20'	2	
Oxygen Tank Regulator	1	
Oxygen Tank Wrench w/ Cable	1	
No. of Modules:	2	

DMSU CONTENTS EXPIRATION AND SHELF LIFE ITEMS

ALS KIT (Cont.)

Item	Quantity	Notes
Oxygen Equipment (Cont.)		
Aluminum "D" Cylinder	10	Oxygen AND hydro test
Regulator w/ Flowmeter	5	
"D" Cylinder Rack	1	

Oxygen Admin Supplies

Medium Industrial Attached Lid Container	1
Oxygen Cannula (Adult)	50
NR Oxygen Mask (Adult)	50
NR Oxygen Mask (Pediatric)	25

No. of Modules: 1

IV Supplies Module

Small Industrial Attached Lid Container	4
100 cc NS	48
Regular Drip IV Admin Sets	50
Micro Drip IV Admin Sets	50
IV Start Sets	50
14G Safety IV Catheter	50
16G Safety IV Catheter	50
18G Safety IV Catheter	50
20G Safety IV Catheter	50
22G Safety IV Catheter	50
24G Safety IV Catheter	50

No. of Modules: 2

Power Supply Module

Generator - Honda EU3000is	1
Generator Tray	1
Generator Cover	1
Type I Plastic Safety Can, 5 Gallon	2
50' 12g Outdoor All-Weather Extension Cord	2

No. of Modules: 1

Emergency Floodlight Module

Akron Brass 500 Watt Tripod Floodlight	2
50' 12g Outdoor All-Weather Extension Cord	2

No. of Modules: 1

Nutritional Supplies

MREs	72
Bottled Water – 500 mL	144

No. of Modules: 1