

**CHAPTER 15**  
**MULTI-CASUALTY**

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## MEDICAL BRANCH

### DEFINITION

The Medical Branch structure is designed to provide the Incident Commander 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.

### MODULAR DEVELOPMENT

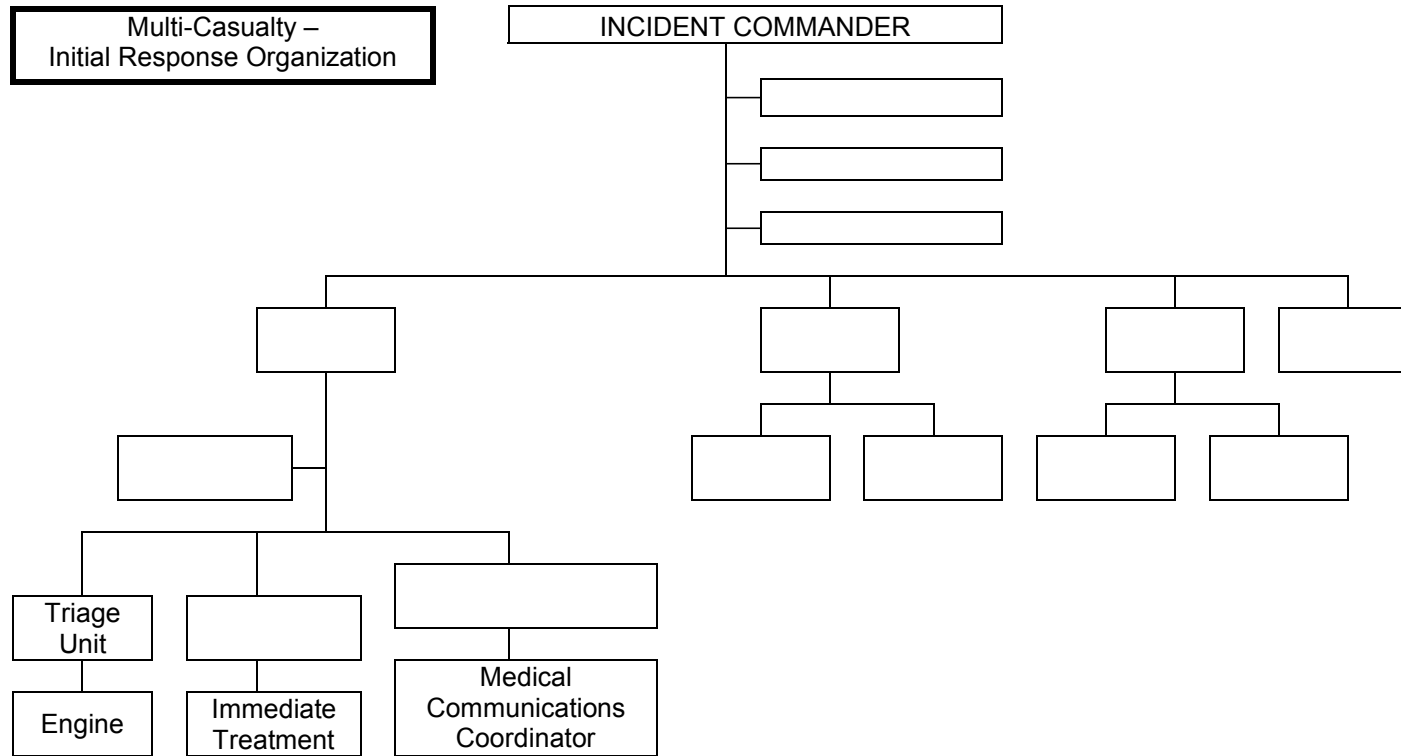
A series of examples for the modular development of the Medical Branch within an incident involving mass casualties are included to illustrate one possible method of expanding the incident organization:

Initial Response Organization: The Incident Commander manages initial response resources as well as all Command and General Staff responsibilities. The first arriving resource with the appropriate communications capability should establish communications with the appropriate hospital or other coordinating facility and become the Medical Communications Coordinator. Other first arriving resources would become Triage Personnel.

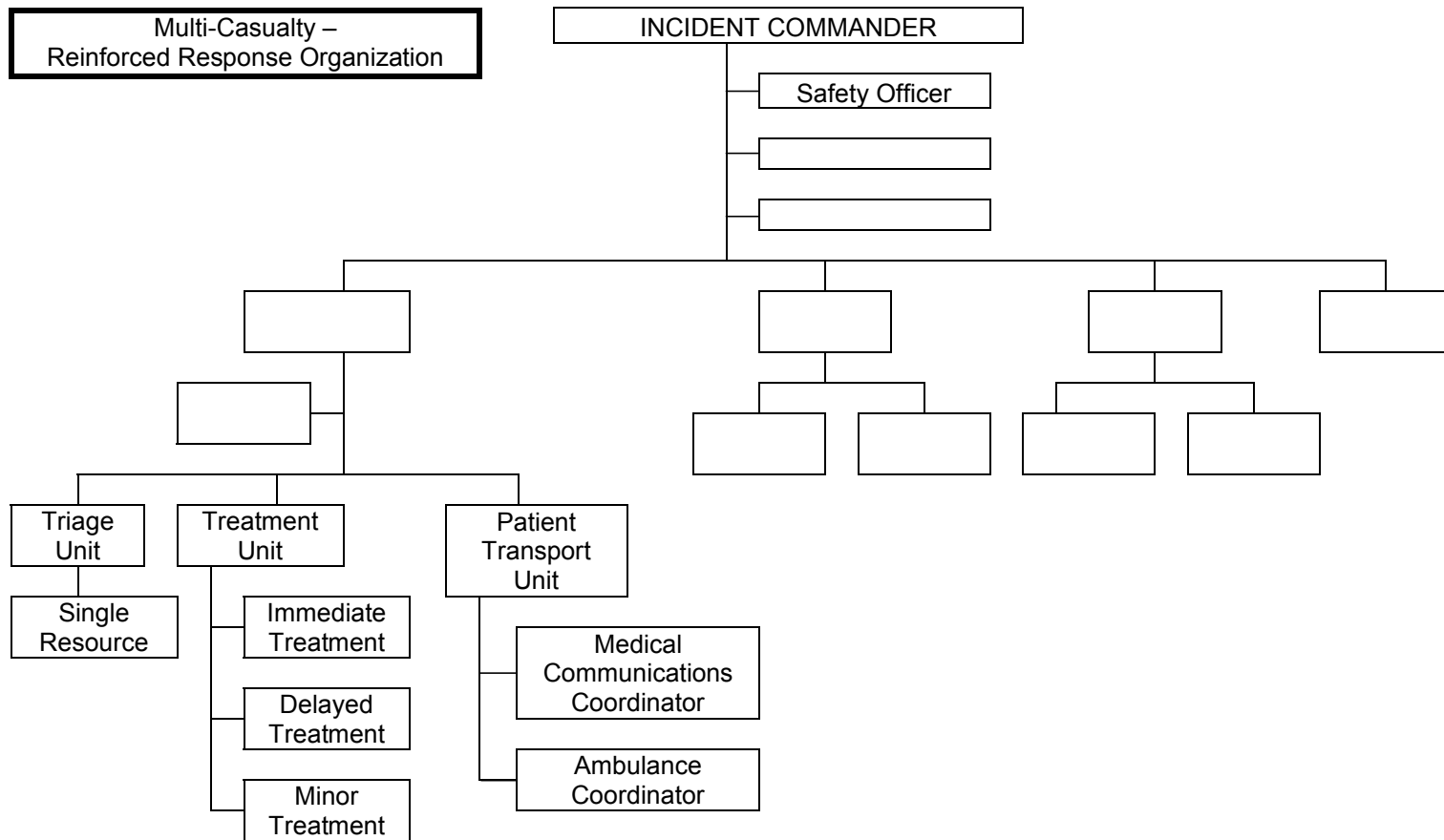
Reinforced Response Organization: In addition to the initial response, the Incident Commander establishes a Safety Officer, Triage Unit Leader, a Treatment Unit Leader, Patient Transport Unit Leader and Ambulance Coordinator. Also, patient treatment areas are established and staffed.

Multi-Group Response: All positions within the Medical Group are now filled. The Air Operations Branch is shown to illustrate the coordination between the Ambulance Coordinator and the Air Operations Branch. Extrication Group is established to free entrapped victims.

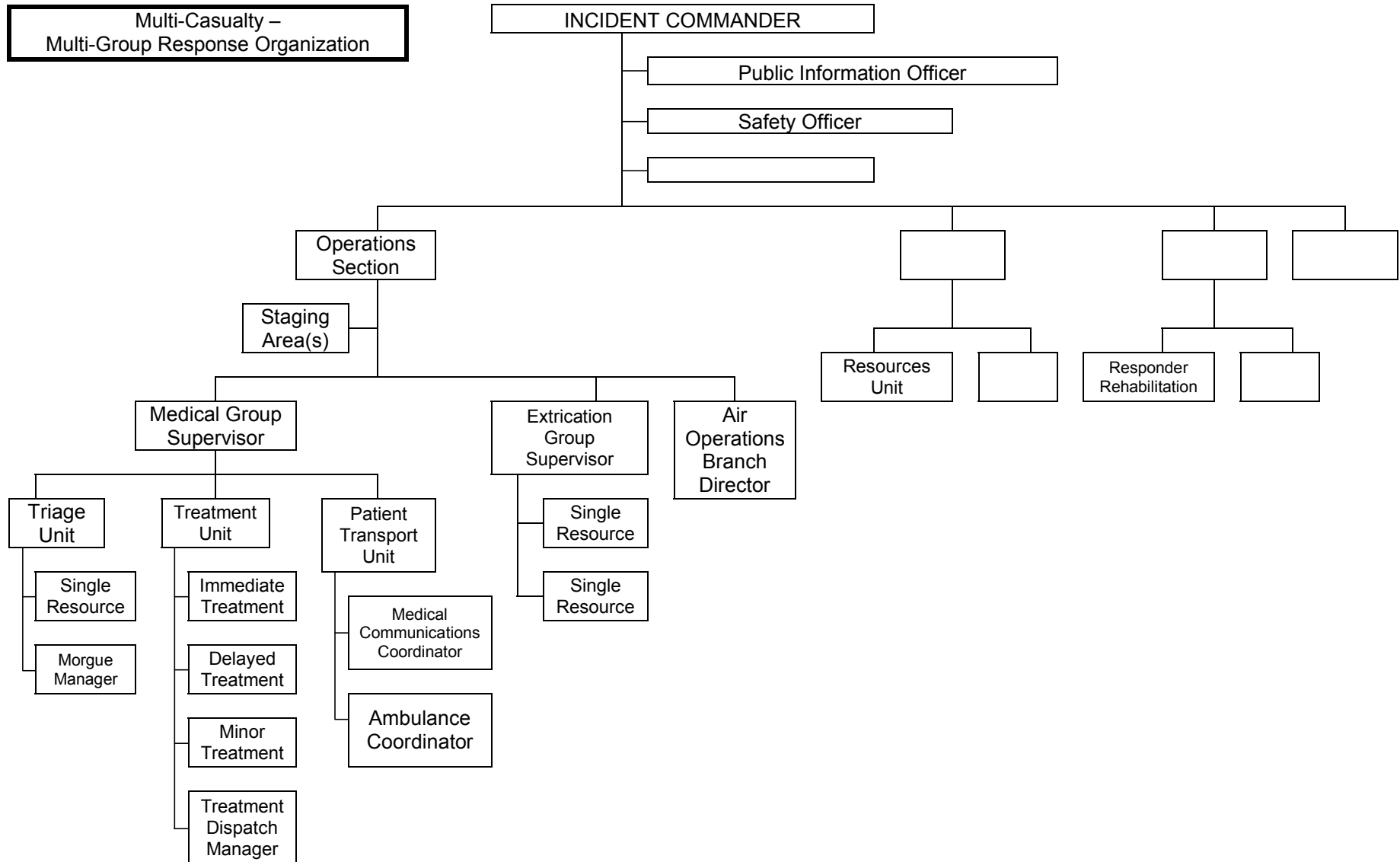
Multi-Branch Incident Organization: The complete incident organization shows the Multi-Casualty Branch and other Branches. The Multi-Casualty Branch now has multiple Medical Groups (geographically separate) but only one Patient Transportation Group. This is because all patient transportation must be coordinated through one point to avoid overloading hospitals or other medical facilities.



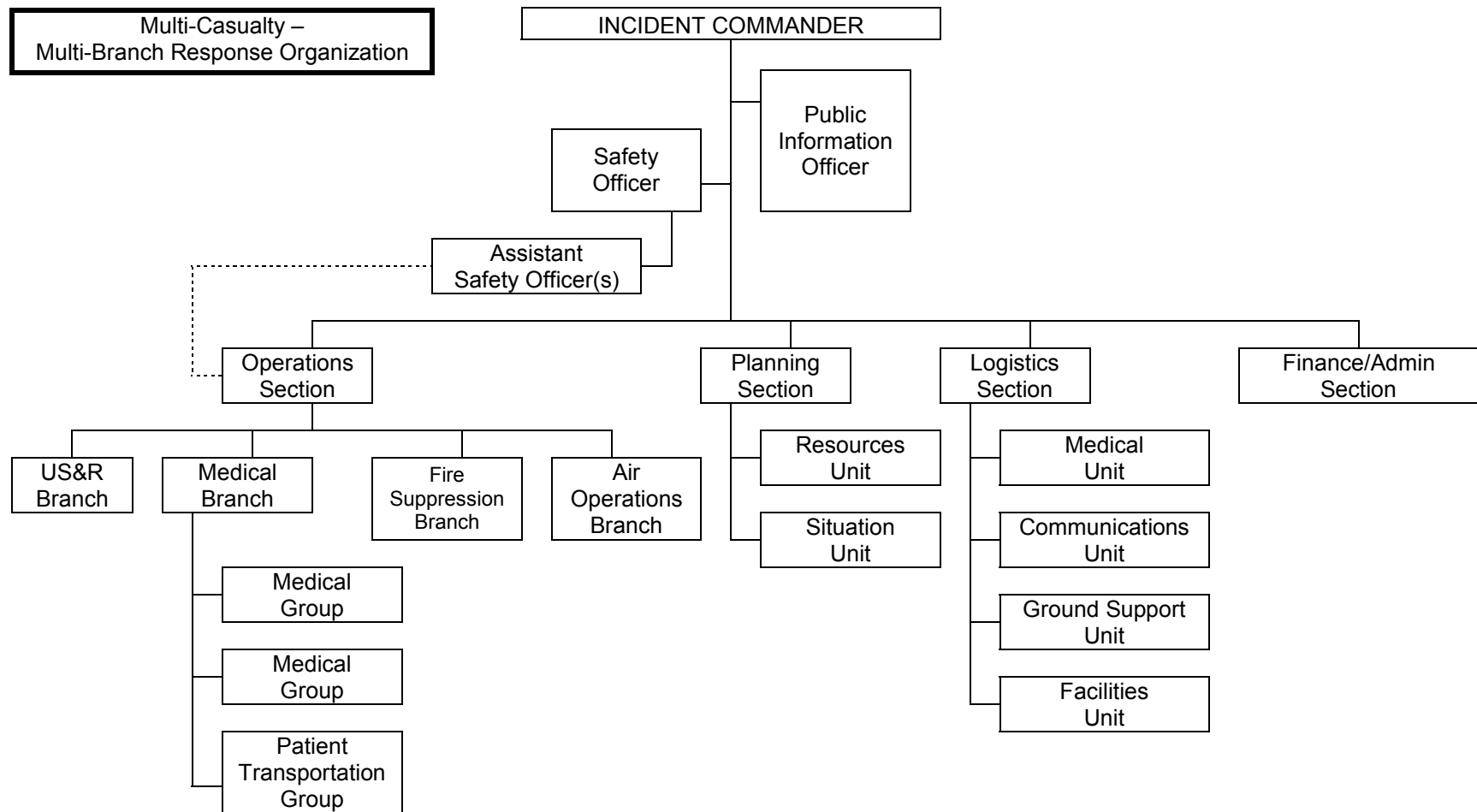
Multi-Casualty Initial Response Organization (example): This example depicts the arrival of an Engine Company and ALS Ambulance. These units find conditions warranting a Multi-Casualty response. The Company Officer assumes Incident Command and engine personnel begin the Simple Triage and Rapid Treatment (START) process by triaging victims and, at the same time, assess any additional hazards (fuel spills, unstable vehicles, etc.). A Paramedic from the ambulance becomes Medical Communications Coordinator (Med. Comm.) while the second member (PM or EMT) begins establishing Treatment Areas beginning with the Immediate Treatment Area.



Multi-Casualty – Reinforced Response Organization (example): With the arrival of additional engine companies, an additional ambulance and an Ambulance Supervisor, the Incident Command has established Unit Leaders, reinforced the Treatment Areas, established a Patient Transport Unit and activated an Ambulance Coordinator. A Safety Officer is assigned early in the incident.



Multi-Casualty Multi-Group Response Organization (example): The Medical Group Supervisor is managing the treatment and transportation of the injured. In most cases triage would be winding down and those personnel can be assigned to a treatment area. An Air Operations Branch Director is assigned to work with the Patient Transport Unit in coordinating air transportation of patients to distant facilities. The Operations Section Chief has now turned attention to those victims who may be entangled or entombed by establishing an Extrication Group. Other elements of the Command Staff are activated as well as selected elements of the Planning and Logistics Sections.



Multi-Casualty – Multi-Branch Response Organization (example): Multiple Medical Groups are working an especially widespread incident. The Patient Transportation Unit has been upgraded to a Group to more effectively handle the multiple transport needs. Other Branches (US&R and Fire Suppression) are activated. Selected Sections and Units of the General Staff are activated. Assistant Safety Officers are assigned within the Operations Section, US&R, and Fire Suppression.

## POSITION CHECKLISTS

**MEDICAL BRANCH DIRECTOR** - 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:

- a. Review Common Responsibilities (Page 1-2).
- b. Review Group Assignments for effectiveness of current operations and modify as needed.
- c. Provide input to Operations Section Chief for the Incident Action Plan.
- d. Supervise Branch activities and confer with Safety Officer to assure safety of all personnel using effective risk analysis and management techniques.
- e. Report to Operations Section Chief on Branch activities.
- f. Maintain Unit/Activity Log (ICS Form 214).

**MEDICAL GROUP SUPERVISOR** - 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:

- a. Review Common Responsibilities (Page 1-2).
- b. Participate in Medical Branch/Operations Section planning activities.
- c. Establish Medical Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.
- d. Designate Unit Leaders and Treatment Area locations as appropriate.
- e. Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.
- f. Request law enforcement/coroner involvement as needed.
- g. Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, and cots).
- h. Ensure activation or notification of hospital alert system, local EMS/health agencies.
- i. 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.
- j. Request proper security, traffic control, and access for the Medical Group work areas.
- k. Direct medically trained personnel to the appropriate Unit Leader.
- l. Maintain Unit/Activity Log (ICS Form 214).

**TRIAGE UNIT LEADER** - 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, the Unit Leader may be reassigned as needed:

- a. Review Common Responsibilities (Page 1-2).
- b. Review Unit Leader Responsibilities (Page 1-2).
- c. Develop organization sufficient to handle assignment.
- d. Inform Medical Group Supervisor of resource needs.
- e. Implement triage process.
- f. Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.

- g. Give periodic status reports to Medical Group Supervisor.
- h. Maintain security and control of the Triage Area.
- i. Establish Morgue.
- j. Maintain Unit/Activity Log (ICS Form 214).

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

- a. Review Common Responsibilities (Page 1-2).
- b. Report to designated on-scene triage location.
- c. Triage and tag injured patients. Classify patients while noting injuries and vital signs if taken.
- d. Direct movement of patients to proper Treatment Areas.
- e. Provide appropriate medical treatment to patients prior to movement as incident conditions dictate.

**MORGUE MANAGER** - The Morgue Manager reports to the Triage Unit Leader and assumes responsibility for Morgue Area functions until properly relieved:

- a. Review Common Responsibilities (Page 1-2).
- b. Assess resource/supply needs and order as needed.
- c. Coordinate all Morgue Area activities.
- d. Keep area off limits to all but authorized personnel.
- e. Coordinate with law enforcement and assist the Coroner or Medical Examiner representative.
- f. Keep identity of deceased persons confidential.
- g. Maintain appropriate records.

**TREATMENT UNIT LEADER** - The Treatment Unit Leader reports to the Medical Group Supervisor and supervises Treatment Managers and the Treatment Dispatch Manager. The Treatment Unit Leader assumes responsibility for treatment, preparation for transport, and directs movement of patients to loading location(s):

- a. Review Common Responsibilities (Page 1-2).
- b. Review Unit Leader Responsibilities (Page 1-2).
- c. Develop organization sufficient to handle assignment.
- d. Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas.
- e. Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.
- f. Request sufficient medical caches and supplies as necessary.
- g. Establish communications and coordination with Patient Transportation Unit Leader.
- h. Ensure continual triage of patients throughout Treatment Areas.
- i. Direct movement of patients to ambulance loading area(s).
- j. Give periodic status reports to Medical Group Supervisor.
- k. Maintain Unit/Activity Log (ICS Form 214).

**TREATMENT DISPATCH MANAGER** - The Treatment Dispatch Manager 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:

- a. Review Common Responsibilities (Page 1-2).
- b. Establish communications with the Immediate, Delayed, and Minor Treatment Managers.
- c. Establish communications with the Patient Transportation Unit Leader.
- d. Verify that patients are prioritized for transportation.
- e. Advise Medical Communications Coordinator of patient readiness and priority for transport.
- f. Coordinate transportation of patients with Medical Communications Coordinator.
- g. Assure that appropriate patient tracking information is recorded.
- h. Coordinate ambulance loading with the Treatment Managers and ambulance personnel.
- i. Maintain Unit/Activity Log (ICS Form 214).

**IMMEDIATE TREATMENT AREA MANAGER** - The Immediate Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Immediate Treatment Area:

- a. Review Common Responsibilities (Page 1-2).
- b. Request or establish Medical Teams as necessary.
- c. Assign treatment personnel to patients received in the Immediate Treatment Area.
- d. Ensure treatment of patients triaged to the Immediate Treatment Area.
- e. Assure that patients are prioritized for transportation.
- f. Coordinate transportation of patients with Treatment Dispatch Manager.
- g. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- h. Assure that appropriate patient information is recorded.
- i. Maintain Unit/Activity Log (ICS Form 214).

**DELAYED TREATMENT AREA MANAGER** - The Delayed Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Delayed Treatment Area:

- a. Review Common Responsibilities (Page 1-2).
- b. Request or establish Medical Teams as necessary.
- c. Assign treatment personnel to patients received in the Delayed Treatment Area.
- d. Ensure treatment of patients triaged to the Delayed Treatment Area.
- e. Assure that patients are prioritized for transportation.
- f. Coordinate transportation of patients with Treatment Dispatch Manager.
- g. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- h. Assure that appropriate patient information is recorded.
- i. Maintain Unit/Activity Log (ICS Form 214).

**MINOR TREATMENT AREA MANAGER** - The Minor Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Minor Treatment Area:

- a. Review Common Responsibilities (Page 1-2).
- b. Request or establish Medical Teams as necessary.
- c. Assign treatment personnel to patients received in the Minor Treatment Area.
- d. Ensure treatment of patients triaged to the Minor Treatment Area.

- e. Assure that patients are prioritized for transportation.
- f. Coordinate transportation of patients with Treatment Dispatch Manager.
- g. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- h. Assure that appropriate patient information is recorded.
- i. Maintain Unit/Activity Log (ICS Form 214).

**PATIENT TRANSPORTATION UNIT LEADER OR GROUP SUPERVISOR** - The Patient Transportation Unit Leader reports to the Medical Group Supervisor and supervises the Medical Communications Coordinator, and the Ambulance Coordinator. The Patient Transportation Unit Leader is responsible for the coordination of patient transportation and maintenance of records relating to the patient's identification, condition, and destination. The Patient Transportation function may be initially established as a Unit and upgraded to a Group based on incident size or complexity:

- a. Review Common Responsibilities (Page 1-2).
- b. Insure the establishment of communications with hospital(s).
- c. Designate Ambulance Staging Area(s).
- d. Direct the off-incident transportation of patients as determined by The Medical Communications Coordinator.
- e. Assure that patient information and destination are recorded.
- f. Establish communications with Ambulance Coordinator.
- g. Request additional ambulances as required.
- h. Notify Ambulance Coordinator of ambulance requests.
- i. Coordinate requests for air ambulance transportation through the Air Operations Branch Director.
- j. Coordinate the establishment of the Air Ambulance Helispots with the Medical Branch Director and Air Operations Branch Director.
- k. Maintain Unit/Activity Log (ICS Form 214).

**MEDICAL COMMUNICATIONS COORDINATOR** - The Medical Communications Coordinator reports to the Patient Transportation Unit Leader, and maintains communications with the hospital alert system to maintain status of available hospital beds to assure proper patient transportation. The Medical Communications Coordinator assures proper patient transportation and destination:

- a. Review Common Responsibilities (Page 1-2).
- b. Establish communications with the hospital alert system.
- c. Determine and maintain current status of hospital/medical facility availability and capability.
- d. Receive basic patient information and condition from Treatment Dispatch Manager.
- e. Coordinate patient destination with the hospital alert system.
- f. Communicate patient transportation needs to Ambulance Coordinators based upon requests from Treatment Dispatch Manager.
- g. Communicate patient air ambulance transportation needs to the Air Operations Branch Director based on requests from the treatment area managers or Treatment Dispatch Manager.
- h. Maintain appropriate records and Unit/Activity Log (ICS Form 214).

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

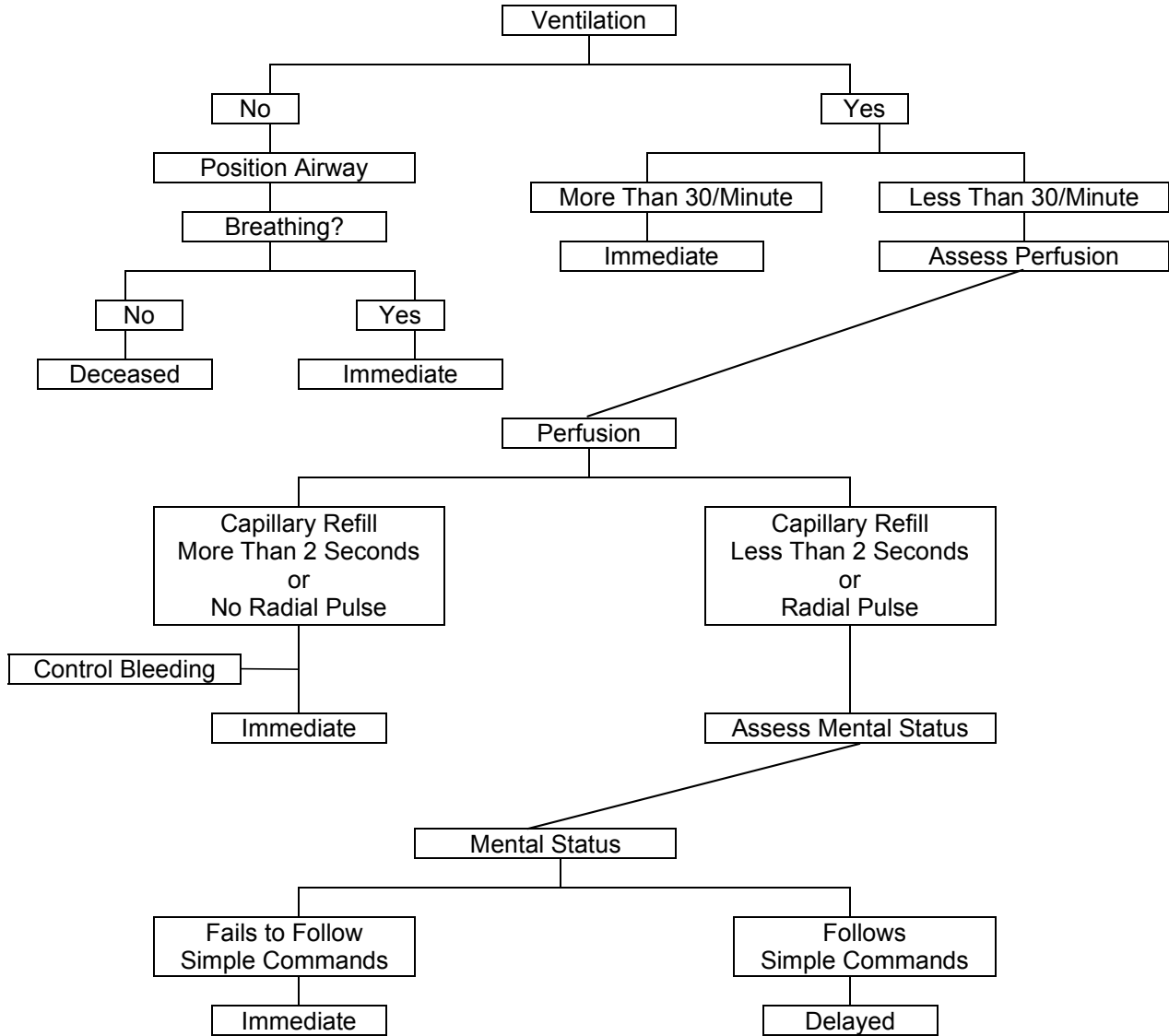
- a. Review Common Responsibilities (Page 1-2).
- b. Establish appropriate Staging Area for ambulances.
- c. Establish routes of travel for ambulances for incident operations.
- d. Establish and maintain communications with the Air Operations Branch Director regarding Air Ambulance Transportation assignments.
- e. Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager.
- f. Provide ambulances upon request from the Medical Communications Coordinator.
- g. Assure that necessary equipment is available in the ambulance for patient needs during transportation.
- h. Establish contact with ambulance providers at the scene.
- i. Request additional transportation resources as appropriate.
- j. Provide an inventory of medical supplies available at ambulance Staging Area for use at the scene.
- k. Maintain records as required and Unit/Activity Log (ICS Form 214).

**MEDICAL SUPPLY COORDINATOR** -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:

- a. Review Common Responsibilities (Page 1-2).
- b. Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group.\*
- c. Request additional medical supplies.\*
- d. Distribute medical supplies to Treatment and Triage Units.
- e. 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.

**SIMPLE TRIAGE AND RAPID TREATMENT (START) SYSTEM FLOWCHART**



NOTE: Once a patient reaches a triage level indicator in the algorithm (i.e., IMMEDIATE TAG box), triage of this patient should stop and the patient should be tagged accordingly.