

INCIDENT COMMAND SYSTEM

BASIC MULTI-CASUALTY ICS I-MC-220

May 1990
Revised March 1993

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COURSE OUTLINE

COURSE TITLE: I-MC-220 Basic Multi-Casualty ICS

Time: 8 Hours

COURSE OBJECTIVES:

1. Provide trainees with an organizational structure to effectively respond to multi-casualty medical emergency incidents using the Incident Command System format.
2. Provide trainees with knowledge regarding the duties and responsibilities of the Multi-Casualty Branch Director.
3. Teach trainees how to staff and organize units within the Multi-Casualty Branch.
4. Trainees with knowledge regarding the duties and responsibilities of the units within the Multi-Casualty Branch.
5. Teach trainees how to effectively demobilize the Multi-Casualty Branch.
6. Provide trainees an opportunity to apply their knowledge through demonstrations.

COURSE CONTENT:

Unit 1:	Introduction to I-MC-220 Basic Multi-Casualty ICS	.5 hour
Unit 2:	Staffing and Organizing the Multi-Casualty Branch	1.0 hour
Unit 3:	Responsibilities of the Patient Transportation Group Supervisor	.5 hour
Unit 4:	Responsibilities of the Units Within the Patient Transportation Group	1.0 hour
Unit 5:	Responsibilities of the Medical Group/Division Supervisor	1.5 hours
Unit 6:	Responsibilities of the Units Within the Medical Group/Division	1.0 hour
Unit 7:	Demobilization of the Multi-Casualty Branch	.5 hour
Unit 8:	Group Exercises (position role-play)	<u>2.0 hours</u>
	Total:	8.0 hours

UNIT 1: LESSON PLAN

TOPIC: Introduction to I-MC-220 Basic Multi-Casualty ICS

LEVEL: I

TIME: 30 Minutes

BEHAVIORAL OBJECTIVES:

- Given: Simulated role-play exercises and a written exam
- Performance: Each trainee will be able to identify the organizational structure and general goals of the Multi-Casualty Branch.
- Standard: By performance in the role-play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-120, ICS-MC-222-1, 222-2, 222-3 Position Manuals, ICS 420-1 Field Operations Guide

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

There exists the constant threat of earthquakes, brush fires, high-rise fires, airplane crashes, hazardous chemical incidents, and floods. In short, we are faced with a high potential for both man-made and natural disasters, all of which could result in major emergency medical incidents far beyond any one agency's resources.

Such incidents will require the systematic sharing of emergency medical resources necessitating an organization with qualified leaders. The Multi-Casualty Branch provides an organization able to effectively handle this challenge. Our goal is to give you the tools to help you understand the roles and responsibilities affiliated with your command so that you can be a more effective leader.

UNIT 1: Introduction to I-MC-220 Basic Multi-Casualty ICS

<u>PRESENTATION</u>	<u>APPLICATION</u>
<p>Introduction of trainees and instructors</p> <ol style="list-style-type: none"> 1. Administrative details: 2. Parking 3. Ground rules 4. Facilities 5. Meal schedules 6. Use of telephones 7. Other pertinent points 	<p>Where does the Multi-Casualty Branch fit into the ICS organizational structure?</p>
<p>01-01-I-MC-220-VG 01-01-I-MC-220-HO A function of the Operations Sections.</p>	<p>Where do the Medical Group/Division and Patient Transportation Group fit into the ICS organizational structure?</p>
<p>01-02-I-MC-220-VG 01-02-I-MC-220-HO A function of the Operations Section, and the Multi-Casualty Branch (if designated).</p>	<p>Why is it vital that the Medical Group and the Patient Transportation Group maintain communications?</p>
<p>Transportation needs and patient medical needs are overlapping; patient condition determines mode of transport and facility.</p>	<p>What are the general goals of the Medical Group/Division Supervisor?</p>
<p>01-03-I-MC-220-VG 01-03-I-MC-220-HO</p> <ol style="list-style-type: none"> 1. Develop organization appropriate for the magnitude of the incident! 2. Manage triage and treatment activities 3. Manage medical resources and supplies needed for the incident 4. Establish security for the treatment areas 5. Maintain records 	

PRESENTATION

APPLICATION

01-04-I-MC-220-VG

01-04-I-MC-220-HO

1. Develop organization sufficient to handle assignments
2. Maintain record of the availability and capability of hospitals utilized
3. Control ambulance activities; maintain an accurate count of injured transported and their classification
4. Coordinate with Air Operations Director regarding the transportation of patients by helicopter
5. Coordinate with Ambulance Coordinators and Treatment Unit Leaders regarding the transportation of patients

What are the general goals of the Medical Group/Division Supervisor?

What are the general goals of the Patient Transportation Group Supervisor?

SUMMARY: We have just reviewed the organizational structure of the Multi-Casualty Branch. The Multi-Casualty Branch Director reports to the Operations Section Chief.

Within the Multi-Casualty Branch are the Medical Group/Division and the Patient Transportation Group.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role-play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the Course.

ASSIGNMENT: Review all handouts, trainee manuals, and notes.

UNIT 2: LESSON PLAN

TOPIC: Staffing and Organizing the Multi-Casualty Branch

LEVEL: I

TIME: 1 Hour

BEHAVIORAL OBJECTIVES:

- | | |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Given: | Simulated role-play exercises and a written exam |
| Performance: | Each trainee will be able to determine the staffing and organizational requirements of the Multi-Casualty Branch, based on the size and complexity of the incident |
| Standard: | By performance in the role-play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy. |

REFERENCES: ICS-MC-120, ICS-MC-222-2 and 222-3 Position Manuals

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

Depending on the number of victims and/or the complexity of the incident, the Multi-Casualty Branch Director has to make the determination of how to most effectively use available resources and whether to request additional personnel. In this class, we will examine staffing priorities for the units under the Multi-Casualty Branch Director's command.

Proper utilization of resources is of the utmost importance in this position, because of the varied levels of expertise that is required to accomplish tasks.

UNIT 2: Staffing and Organizing the Multi-Casualty Branch

PRESENTATION	APPLICATION
02-01-I-MC-220-VG 02-01-I-MC-220-HO 1. Multi-Casualty Branch Director 2. Medical Group/Division Supervisor 3. Patient Transportation Group Supervisor	What are the positions within the Multi-Casualty Branch?
1. Group/Division Supervisor 2. Medical Supply Coordinator 3. Triage Unit Leader 4. Triage Personnel 5. Morgue Manager 6. Treatment Unit Leader 7. Treatment Dispatch Manager 8. Immediate Treatment Manager 9. Delayed Treatment Manager 10. Minor Treatment Manager 11. Treatment Teams 12. Assistants	What are the positions within the Medical Group/Division?
02-02-I-MC-220-HO 02-02-I-MC-220-VG 1. Patient Transportation Group Supervisor 2. Medical Communications Coordinator 3. Air Ambulance Coordinator 4. Ground Ambulance Coordinator	What are the positions within the Patient Transportation Group?
02-03-I-MC-220-HO 02-03-I-MC-220-VG 02-04-I-MC-220-HO 02-04-I-MC-220-VG 02-05-I-MC-220-HO 02-05-I-MC-220-VG 02-06-I-MC-220-HO 02-06-I-MC-220-VG	What relationship does the size of the incident have on staffing requirements for each position?

PRESENTATION

APPLICATION

Review Response Levels

1. Initial Response Level
2. Reinforced Response Level
3. Multi-Leader Response Level
4. Multi-Group Response Level

Based on size of incident, multiple Groups or Divisions assigned

The number of casualties

02-07-I-MC-220-HO

02-07-I-MC-220-VG

(Review and discuss Table 2-1, Treatment Unit Leader Position Manual, ICS-MC-222-4) and Table 2-1, Triage Unit leader ICS-MC-222-5.

No priority, based on need (stimulate discussion)

02-08-I-MC-220-HO

02-08-I-MC-220-VG

(Review and discuss Tables 2-1 and 2-2 from the Ground Ambulance Coordinator Position Manual, ICS-MC-222-8, Air Ambulance Coordinator Position Manual, ICS-MC-222-9.)

Under what conditions would a Multi-Casualty Branch Director be appointed?

What is the determining factor for establishing the minimum personnel requirements for an incident?

How many people does it take to effectively operate a Medical Group/Division for a medical disaster (50 casualties)?

In the Medical Group, which unit has the highest priority for staffing?

In the Patient Transportation Group, what is the minimum staffing requirement for a medical disaster (50 casualties)?

SUMMARY: In review, we have considered the minimum staffing requirements of the Multi-Casualty Branch, based on the size and complexity of the incident. We have also discussed priorities for making assignments and the effective use of resources.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role-play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the Course.

ASSIGNMENT: Review all handouts, trainee manuals, and notes.

UNIT 3: LESSON PLAN

TOPIC: Responsibilities of the Patient Transportation Group Supervisor

LEVEL: I

TIME: 30 Minutes

BEHAVIORAL OBJECTIVES:

- Given: Simulated role-play exercises and a written exam
- Performance: Each trainee will be able to identify and perform the duties and responsibilities required by the position of Patient Transportation Group Supervisor
- Standard: By performance in the role-play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-2 Position Manual

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

You have been assigned Patient Transportation Group Supervisor. It is a very good possibility that the Medical Communications Coordinator position was previously assigned. But ambulances are arriving in masses and a staging area has not been designated. Patients are ready to be transported, and you are thinking, "What do I do first?"

Don't panic. With a little organization and delegation of duties, your group will be off and running. Hopefully, this class will provide you with the knowledge necessary to build an efficient group.

UNIT 3: Responsibilities of the Patient Transportation Group Supervisor

PRESENTATION

APPLICATION

03-01-I-MC-220-HO

03-01-I-MC-220-VG

1. Check in at the incident.

ICP - Restat Immediate Supervisor

2. Obtain briefing from Multi-Casualty Branch Director or Operations Section Chief

Initial instructions, incident objectives, communication frequencies, current status Action Plan (if available)

3. Establish communications with hospital(s)

Activate Medical Communications Coordinator position

Make contact with Hospital Alert Coordinating System (e.g., HEAR) or appropriate medical communications system.

(Discuss pre-work)

4. Designate ambulance staging areas.

Yes, however, may be delegated to Ambulance Coordinators, which should be activated

Location(s) consistent with safe and efficient operations

What are the duties of the Patient Transportation Group Supervisor?

With whom do you "check in"?

What information should you get in your initial briefing?

How should this be accomplished?

What communication networks are established in your area?

Is this duty performed by the Patient Transportation Group Supervisor?

Where should the staging be located?

PRESENTATION	APPLICATION
<p>5. Direct the transportation of patients as determined by the Treatment Unit Leader</p>	<p>How does the Transportation Group Supervisor ensure that patients are transported to the right hospital?</p>
<p>Match patient priorities to hospitals prepared to accept patients of the same priorities</p>	
<p>Ensure that Medical Communications Coordinator communicates appropriate hospital information to the Treatment Unit.</p>	
<p>Ensure that ambulance operators are directed to the proper hospitals</p>	
<p>(Lead discussion, refer to pre-work.)</p>	<p>What are some alternate means of transportation available in your area?</p>
<p>6. Assure that patient information and destination is recorded</p>	
<p>By activating a Transportation Recorder Position</p>	<p>How is this most effectively accomplished?</p>
<p>Treatment Unit (Dispatch Manager)</p>	<p>With what other unit should this information be coordinated?</p>
<p>7. Establish communications with Ambulance Coordinator(s)</p>	
<p>8. Request additional ambulances, as required</p>	
<p>Recommendations of the Ambulance Coordinator(s)</p>	<p>How will the Patient Transportation Group Supervisor know when more ambulances are needed?</p>

PRESENTATION

APPLICATION

- 9. Notify Ambulance Coordinator(s) that ambulances have been requested.
- 10. Coordinate requests for air ambulance transportation through the Air Operations Director
- 11. Establish Air Ambulance Helispot with Multi-Casualty Branch Director and Air Operations Director
- 12. Maintain Unit Log (ICS Form 214)

03-02-I-MC-220-HO
 03-02-I-MC-220-VG

Assigned personnel roster; Activity log (major events); Dates, times necessary for incident documentation

Documentation Unit

Facilitates the efficient transportation of patients to medical facilities

What information is required to be recorded on the Unit Log?

To who is the document submitted?

Considering the various duties which the Patient Transportation Group Supervisor has, what is the one major responsibility which is unique to the position?

- SUMMARY: In review, the Patient Transportation Group Supervisor is responsible for the coordination of patient transportation and maintenance of records relating to patient identification, injuries, mode of off-incident transportation and destination.
- EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role-play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the Course.
- ASSIGNMENT: Review all handouts, trainee manuals, and notes.

UNIT 4: LESSON PLAN

TOPIC: Responsibilities of the Units Within the Patient Transportation Group

LEVEL: I

TIME: 1 Hour

BEHAVIORAL OBJECTIVES:

Given: Simulated role-play exercises and a written exam

Performance: Each trainee will be able to identify the duties and responsibilities of the Medical Communications Coordinator, and the Air and Ground Ambulance Coordinator's positions.

Standard: By performance in the role-play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-2, 222-7, 222-8, 222-9 Position Manuals

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

In order for the Patient Transportation Group Supervisor to effectively manage the activities of the Group, it is important to have a good working knowledge of the subordinates' positions. We will take an in-depth look at the activities of the Medical Communications Coordinator, and the Air and Ground Ambulance Coordinators in order to enhance your ability to carry out your duties.

UNIT 4: Responsibilities of the Units Within the Patient Transportation Group

PRESENTATION	APPLICATION
<p>Maintain communications with the hospital alert system to assure proper patient transportation and destination.</p> <p>04-01-I-MC-220-HO 04-01-I-MC-220-VG</p> <ol style="list-style-type: none"> 1. Check in and receive briefing from Transportation Group Supervisor 2. Establish communications link with hospital alert system and/or other medical facility 3. Determine and maintain current status of hospital availability and capability 4. Receive basic patient information and injury status from Treatment Dispatch Manager 5. Communicate appropriate hospital availability to Treatment Dispatch Manager 6. Coordinate patient off-incident destination with the hospital alert system 7. Communicate patient transportation needs to Ambulance Staging Coordinators based upon requests from Treatment Dispatch Manager 8. Maintain appropriate records <p>Yes. (stimulate discussion)</p>	<p>What is the general function of the Medical Communications Coordinator?</p> <p>What are the specific duties of the Medical Communications Coordinator?</p> <p>Is it probable that this position could be filled before the Group Supervisor's position?</p>

PRESENTATION	APPLICATION
<p>Manage the Air/Ground Ambulance Staging Area and dispatch ambulances as requested</p> <p>04-02-I-MC-220-HO 04-02-I-MC-220-VG</p> <ol style="list-style-type: none"> 1. Check in and obtain briefing from Patient Transportation Group Supervisor or Multi-Casualty Branch Director. 2. Establish appropriate staging area for ground ambulances. 3. Establish routes of travel for ambulances for incident operations. 4. Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager. Provide ambulances upon request from the Medical Communication Coordinator. 5. Maintain records as required. 6. Assure that necessary equipment is available in the ambulance for patient needs during transportation. 7. Establish immediate contact with ambulance agencies on scene. 8. Request additional transportation resources as appropriate. 9. Provide an inventory of medical supplies available at ambulance staging for use at the scene. 	<p>What is the general function of the Air/Ground Ambulance Coordinators?</p> <p>What are the specific duties of the Ground Ambulance Coordinator?</p>

PRESENTATION

APPLICATION

04-03-I-MC-220-HO

04-03-I-MC-220-VG

1. Check in and receive briefing from Patient Transportation Group Supervisor or Multi-Casualty Branch Director.
2. Establish and maintain communications with the Air Operations Branch.
3. Establish safe staging areas to serve the helibase(s) and/or helispot(s).
4. Establish safe routes of travel for ground ambulances entering and exiting the helibase(s) or helispot(s).
5. Establish and maintain communications with the Medical Communication Coordinator and Treatment Dispatch Manager.
6. Maintain records, as required.
7. Assess resource needs and make recommendations, as appropriate.

What are the specific duties of the Air Ambulance Coordinator?

SUMMARY: In summary, we have learned that the Medical Communications Coordinator is responsible for maintaining communications with hospitals and assuring the proper patient transportation and destination.

The Air/Ground Ambulance Coordinators are responsible for managing the staging areas and provide ambulances as requested.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role-play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the Course.

ASSIGNMENT: Review all handouts, trainee manuals, and notes.

UNIT 5: LESSON PLAN

TOPIC: Responsibilities of the Medical Group/Division Supervisor

LEVEL: I

TIME: 1.5 Hours

BEHAVIORAL OBJECTIVES:

Given: Simulated role-play exercises and a written exam

Performance: Each trainee will be able to identify and perform the duties and responsibilities required by the position of Medical Group/ Division Supervisor

Standard: By performance in the role-play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-3 Position Manual

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

You've been assigned the position of Medical Group/Division Supervisor. What do you do now? Your biggest task is to get your group organized so it can start functioning on its own. Your responsibilities range from acquiring sufficient supplies and resources to establishing and maintaining communications with other units.

Since your role is so vital to the successful management of the victims who are depending on us for their lives, it is important that you have a clear, and in-depth understanding of the duties affiliated with your position. It is also important for the Medical Group/Division Supervisor to have a good feel for the intricate relationship which exists with other factions of the organization, such as the Patient Transportation Group Supervisor and the Air Operations Director.

UNIT 5: Responsibilities of the Medical Group/Division Supervisor

PRESENTATION	APPLICATION
<p>05-01-I-MC-220-HO 05-01-I-MC-220-VG</p> <p>1. Check-in and obtain briefing from Branch Director or Operations Section Chief.</p> <p>Incident objectives, special hazards, communication frequencies, initial instructions, current status.</p> <p>2. Participate in Multi-Casualty Branch/Operations Section planning activities</p> <p>Vital input provided to the Branch Director or Operation Section Chief (resources needed, number of victims, etc.)</p> <p>3. Establish the Medical Group with assigned personnel; request additional resources sufficient to handle the magnitude of the incident</p> <p>Through channels usually means make the request starting with the next higher level in the chain of command</p> <p>(Refer to Pre-Work and discuss.)</p> <p>4. Designate unit leaders and patient treatment area locations, as appropriate</p>	<p>What are the duties of the Medical Group/Division Supervisor?</p> <p>What information should you get in the initial briefing?</p> <p>What is required of the Medical Group/Division Supervisor for the planning sessions?</p> <p>From whom does the Medical/Group Division Supervisor request additional resources?</p> <p>What do we mean by "through channels"?</p> <p>What treatment teams are available in your area?</p>

PRESENTATION	APPLICATION
<p>Security, access to vehicles, proximity to incident</p>	<p>What factors should be taken into consideration when designating treatment area locations?</p>
<p>With tarps or flags, colors to match triage tags</p>	<p>How are the treatment areas marked for identification?</p>
<p>Immediate "RED" Delayed "YELLOW" Minor "GREEN"</p>	<p>What should the unit leaders be given upon their assignment?</p>
<p>* Position Kits, and a review of the Incident Action Plan (either verbal or written) (Discuss content of Position Kits)</p>	
<p>5. Isolate Morgue and Minor Treatment Areas from Immediate and Delayed Treatment Areas</p>	<p>Why should the Morgue and Minor Treatment Areas be isolated?</p>
<p>Eliminates confusion and exposure problems</p>	<p>What are key points that should be followed when establishing the Morgue?</p>
<p>A. Location remote from Triage area B. Location not readily available to other patients C. Communicate location to appropriate persons</p>	
<p>6. Request law enforcement/Coroner involvement through channels as needed</p>	
<p>7. Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident</p>	

PRESENTATION

APPLICATION

Medical caches, ambulances, helicopters, cots, backboards

Yes, direct Medical Supply Coordinator to acquire.

- 8. Establish communication and coordination with Patient Transportation Group Supervisor.

Transportation needs overlap (discussed in Units 3 & 4)

- 9. Ensure activation of hospital alert system; local EMS/health agencies

Verify through the Patient Transportation Group Supervisor in coordination with the Medical Communications Coordinator.

- 10. 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.

Depending on their expertise, in the appropriate treatment area.

- 11. Ensure proper security, traffic control, and access for the Medical Group area.

What are some examples of resources which the Medical Group/Division Supervisor might need to order?

Can equipment be acquired from the ambulances at staging?

Why is it important for the Medical Group/Division Supervisor to maintain good communication with the Patient Transportation Group Supervisor?

How is this accomplished?

Where would you most likely place a skilled or unskilled volunteer?

PRESENTATION

APPLICATION

Have law enforcement secure the perimeter of the incident

12. Direct medically trained personnel to the appropriate Unit Leader

Great. Consideration should be given to assigning ALS trained persons to the Immediate Treatment Team, whereas, a BLS person, trained in the Start Program might be appropriately assigned to the Triage Unit

13. Maintain Unit Log (ICS-214)

Assigned personnel roster; Activity Log (major events), dates, times necessary for incident documentation.

Documentation Unit

What measures would you take to make sure that security and traffic control around the Medical Group area was maintained?

What bearing does medical training have on the position assigned?

What information is required to be recorded on the Unit Log?

To whom is the document submitted?

SUMMARY: In review, we have just taken an in-depth look at the responsibilities of the Medical Group/Division Supervisor. This included managing all Medical Group activities involving triage, treatment, and medical supplies; establishing security for the treatment area; controlling personnel and equipment resources; maintaining records; and developing a group organization appropriate for the magnitude of the incident.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role-play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the Course.

ASSIGNMENT: Review all handouts, trainee manuals, and notes.

UNIT 6: LESSON PLAN

TOPIC: Responsibilities of the Units Within the Medical Group/Division

LEVEL: I

TIME: 1 Hour

OPERATIONAL OBJECTIVE:

Given: Simulated role-play exercises and a written exam

Performance: Each trainee will be able to identify and perform the duties and responsibilities of the Triage Unit, Treatment Unit, and the Medical Supply Coordinator's positions

Standard: By performance in the role-play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-3, 222-4, 222-5, 222-6 Position Manuals

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, and viewgraphs

MOTIVATION/PREPARATION:

Without a good understanding of the positions within the Medical Group, it will be very difficult for the Medical Group/Division Supervisor to effectively manage the activities of those positions. We will take an in-depth look at the Triage and Treatment Units, and at the Medical Supply Coordinator positions in order to enhance your ability to carry out your duties.

UNIT 6: Responsibilities of the Units Within the Medical Group/Division

PRESENTATION	APPLICATION
<p>Triage management and movement of patients from the triage area</p> <p>06-01-I-MC-220-HO 06-01-I-MC-220-VG</p> <ol style="list-style-type: none"> 1. Check-in and receive briefing from the Medical Group/Division Supervisor 2. Implement triage process; brief and supervise Triage Personnel as necessary 3. Acquire medical supplies from Supply Coordinator for triage areas 4. Coordinate with Treatment Unit Leader to assure that patients are delivered to correct treatment areas 5. Maintain security and control of the triage area 6. Establish a Morgue location 7. Maintain Unit Log (ICS-214) 	<p>What is the general function of the Triage Unit Leader?</p> <p>What are the specific duties the Triage Unit Leader?</p>
<p>Coordination of treatment; preparation for transport</p> <p>06-02-I-MC-220-HO 06-02-I-MC-220-VG</p>	<p>What is the general function of the Treatment Unit Leader?</p> <p>What are the specific duties of the Treatment Unit Leader?</p>

PRESENTATION	APPLICATION
<ol style="list-style-type: none"> 1. Check in and receive briefing from the Medical Group/Division Supervisor 2. Develop organization sufficient to handle assignment 3. Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas 4. Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader 5. Request sufficient medical caches and supplies as necessary 6. Establish communications and coordination with Patient Transportation Group 7. Ensure continual triage of patients throughout Treatment Areas. 8. Direct movement of patient to ambulance loading area. 9. Give periodic status reports to Medical Group/Division Supervisor. 10. Maintain Unit Log (ICS-214) 	
<p>Acquire and maintain control of medical equipment and supplies for the Medical Group/Division.</p> <p>06-03-I-MC-220-HO 06-03-I-MC-220-VG</p>	<p>What is the general function of the Medical Supply Coordinator?</p> <p>What are the specific duties of the Medical Supply Coordinator?</p>

PRESENTATION	APPLICATION
<ol style="list-style-type: none">1. Check-in and receive briefing from Medical Group/Division Supervisor2. Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group/Division3. Request additional medical supplies (medical caches) as needed through the Medical Group/Division Supervisor4. Distribute medical supplies to Treatment and Triage Units.	

SUMMARY: In review, we have examined the responsibilities of the Triage and Treatment Units, as well as the role-played by the Medical Supply Coordinator. The Triage Unit manages all triage activities and movement of the injured from the triage area. The Treatment Unit handles all treatment of the injured and coordinates transportation needs with the Patient Transportation Unit.

The Medical Supply Coordinator acquires, distributes, and maintains medical equipment and supplies within the Medical Group/Division.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role-play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the Course.

ASSIGNMENT: Review all handouts, trainee manuals, and notes.

UNIT 7: LESSON PLAN

TOPIC: Demobilization of the Multi-Casualty Branch

LEVEL: I

TIME: 30 minutes

BEHAVIORAL OBJECTIVES:

Given: Simulated role-play exercises and a written exam

Performance: Each trainee will be able to describe the demobilization procedures for the Multi-Casualty Branch.

Standard: By performance in the role-play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS MC 222-2, 222-3 Position Manuals

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

The last patient is on the way to the hospital and you are left with a perfect running machine-- but it's time to start breaking it down. And, yes, there is a right way and a wrong way to demobilize your unit. You may be left with equipment that requires special redistribution. Some of your personnel may be reassigned to another group or another incident.

It is important that, as the Branch Director, you remain in charge during the demobilization phase so that there are no loose ends.

UNIT 7: Demobilization of the Multi-Casualty Branch

PRESENTATION	APPLICATION
(stimulate discussion)	Why is it important that demobilization be carried out in an organized manner?
07-01-I-MC-220-VG 07-01-I-MC-220-HO	What factors should be considered by the Branch Director upon the development of a Demobilization Plan?
<ol style="list-style-type: none"> 1. Priority release of personnel 2. Priority release of apparatus or equipment 3. Need for resources at other incidents 4. Feasibility of demobilization schedule 5. Inspection and replacement of equipment 6. Completion of all documentation 7. Restoration of the area to pre-incident condition 	What special measures should the Medical Group/Division Supervisor take in order to properly dispose of contaminated medical supplies at the conclusion of the incident?
(stimulate discussion)	What special actions will the Patient Transportation Group Supervisor need to take to replace equipment taken off ambulances upon demobilization?
Double-bag, arrange for disposal through hospital facility "sharps" disposal, exposure reports	

PRESENTATION	APPLICATION
<p>(stimulate discussion)</p> <p>Coordinate replacement through Medical Supply Coordinator, much of which will not be able to be replaced</p> <p>Identify individuals involved and submit order to Incident Safety Officer or the Incident Commander.</p>	<p>What action should be taken by the Multi-Casualty Branch Director if a member is identified as possibly suffering from Critical Incident Stress?</p>

SUMMARY: In review, we have learned that "Demobilization" encompasses a broad range of duties including, but not limited to, determining the feasibility of the release schedule; inspection and replacement of equipment; completion of documentation; and the restoration of the area to pre-incident condition.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role-play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the Course.

ASSIGNMENT: Review all handouts, trainee manuals, and notes.

Final Examination
I-MC-220 Basic Multi-Casualty ICS

DIRECTIONS: The following questions are multiple-choice. Select the one best answer for each of the following questions or statements and indicate whether your choice is A, B, C, or D, by filling in the "O" beneath the letter on the answer card.

1. The Multi-Casualty Branch falls under which one of the following sections of ICS organization?
 - A. Planning Section
 - B. Operations Section
 - C. Logistics Section
 - D. Finance Section

2. What are the two groups or divisions within the Multi-Casualty Branch?
 - A. Triage and Treatment
 - B. Medical Communications Coordinator and Ambulance Coordinator
 - C. Medical Group/Division and Patient Transportation Group
 - D. Air Operations and Patient Transportation

3. The Medical Supply Coordinator falls under which one of the following elements of ICS organization?
 - A. Medical Group/Division
 - B. Triage Unit
 - C. Treatment Unit
 - D. Patient Transportation Group

4. Which one of the following positions is usually filled first in the Patient Transportation Group?
 - A. Patient Transportation Group Supervisor
 - B. Medical Communications Coordinator
 - C. Air Ambulance Coordinator
 - D. Ground Ambulance Coordinator

5. The Air Operations Director falls under which one of the following elements of ICS organization?
 - A. Multi-Casualty Branch
 - B. Medical Group/Division
 - C. Patient Transportation Group
 - D. Operations Section

6. Which one of the following types of information is not usually recorded on the Unit Log?
- A. Roster of assigned personnel
 - B. Equipment inventory
 - C. List of major activities
 - D. Times of personnel reporting for duty
7. Upon conclusion of the incident, the Unit Log and other required documents are to be submitted to whom?
- A. Logistics Chief
 - B. Resource Unit Leader
 - C. Timekeeper
 - D. Documentation Unit
8. Which of the following statements most accurately describes the general function of the Medical Communications Coordinator?
- A. Implement, direct, and supervise the treatment of patients
 - B. Manage Ambulance Staging Area and dispatch ambulances as requested
 - C. Maintain communications with hospitals to assure proper patient transportation and destination
 - D. Triage management and movement of patients from the triage area
9. How can the Patient Transportation Group Supervisor assure that patient information and destination is properly recorded?
- A. By recording the information himself
 - B. By delegating the responsibility to the Medical Communications Coordinator
 - C. By keeping close liaison with the Treatment Dispatch Manger
 - D. By activating a Transportation Recorder Position
10. Which one of the following types of information is usually not obtained in the initial briefing?
- A. Initial instructions, incident objectives
 - B. Total number of resources committed to incident
 - C. Communications frequencies
 - D. Current status, Action Plan (if available)

11. The Ground Ambulance Coordinator receives request for ambulances from which one of the following units?
 - A. Treatment Dispatch Manager
 - B. Medical Group/Division Supervisor
 - C. Patient Transportation Group Supervisor
 - D. Medical Communications Coordinator

12. From whom should additional resources be requested?
 - A. Through channels; next immediate supervisor
 - B. Logistics Section Chief
 - C. Medical Supply Coordinator
 - D. Plans Section Chief

13. Which one of the following is the correct way to mark the treatment areas for identification?
 - A. Immediate "RED"; Delayed "GREEN"; Minor "YELLOW"
 - B. Immediate "GREEN"; Delayed "YELLOW"; Minor "RED"
 - C. Immediate "RED"; Delayed "YELLOW"; Minor "GREEN"
 - D. Immediate "YELLOW"; Delayed "RED"; Minor "GREEN"

14. Whose responsibility is it to acquire equipment from ambulances at staging?
 - A. Medical Group/Division Supervisor
 - B. Ground Ambulance Coordinator
 - C. Supply Unit Leader
 - D. Medical Supply Coordinator

15. Which one of the following statements most accurately describes the general function of the Triage Unit Leader?
 - A. Coordination of treatment; preparation for transport
 - B. Triage management and movement of patients from the triage area
 - C. Communication with hospitals to ensure proper transport and destination of patients
 - D. Acquire and maintain medical equipment and supplies for the Medical Group/Division

16. Which one of the following statements most accurately describes the general function of the Treatment Unit Leader?
 - A. Coordination of treatment; preparation for transport
 - B. Triage management and movement of patients from the triage area
 - C. Communication with hospitals to ensure proper transport and destination of patients
 - D. Acquire and maintain medical equipment and supplies for the Medical Group/Division

17. Which one of the following statements most accurately describes the general function of the Medical Supply Coordinator?
 - A. Coordination of treatment; preparation for transport
 - B. Triage management and movement of patients from the triage area
 - C. Communication with hospitals to ensure proper transport and destination of patients
 - D. Acquire and maintain medical equipment and supplies for the Medical Group/Division

18. Which one of the following measures should not be taken by the Medical Group/Division Supervisor in order to properly dispose of contaminated medical supplies at the conclusion of the incident?
 - A. Make sure sharps are placed in safe containers
 - B. Double bag all contaminated supplies
 - C. Burn contaminated materials in an approved incinerator
 - D. Arrange for disposal through a hospital facility

19. Whose responsibility is it to designate ambulance staging areas?
 - A. Operations Section Chief
 - B. Medical Group/Division Supervisor
 - C. Treatment Dispatch Manager
 - D. Patient Transportation Group Supervisor

20. In a Reinforced Response level which one of the following positions probably will not be filled?
 - A. Triage Unit Leader
 - B. Medical Group/Division Supervisor
 - C. Treatment Unit Leader
 - D. Medical Communications Coordinator

Keyed Final Examination
I-MC-220 Basic Multi-Casualty ICS

DIRECTIONS: The following questions are multiple-choice. Select the one best answer for each of the following questions or statements and indicate whether your choice is A, B, C, or D, by filling in the "O" beneath the letter on the answer card.

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 - A. Planning Section
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 - D. Finance Section

2. What are the two groups or divisions within the Multi-Casualty Branch?
 - A. Triage and Treatment
 - B. Medical Communications Coordinator and Ambulance Coordinator
 - C. Medical Group/Division and Patient Transportation Group**
 - D. Air Operations and Patient Transportation

3. The Medical Supply Coordinator falls under which one of the following elements of ICS organization?
 - A. Medical Group/Division**
 - B. Triage Unit
 - C. Treatment Unit
 - D. Patient Transportation Group

4. Which one of the following positions is usually filled first in the Patient Transportation Group?
 - A. Patient Transportation Group Supervisor
 - B. Medical Communications Coordinator**
 - C. Air Ambulance Coordinator
 - D. Ground Ambulance Coordinator

5. The Air Operations Director falls under which one of the following elements of ICS organization?
 - A. Multi-Casualty Branch
 - B. Medical Group/Division
 - C. Patient Transportation Group
 - D. Operations Section**

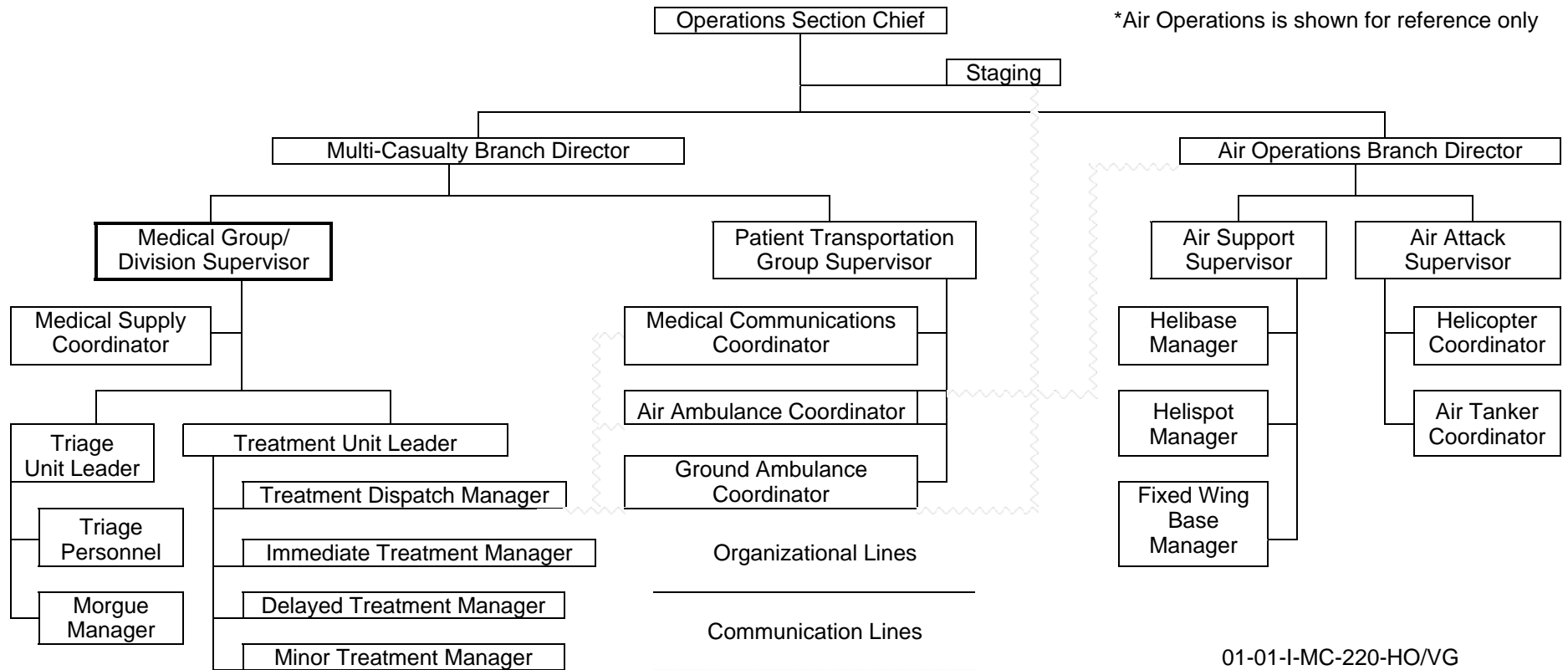
6. Which one of the following types of information is not usually recorded on the Unit Log?
- A. Roster of assigned personnel
 - B. Equipment inventory**
 - C. List of major activities
 - D. Times of personnel reporting for duty
7. Upon conclusion of the incident, the Unit Log and other required documents are to be submitted to whom?
- A. Logistics Chief
 - B. Resource Unit Leader
 - C. Timekeeper
 - D. Documentation Unit**
8. Which of the following statements most accurately describe the general function of the Medical Communications Coordinator?
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 - B. Manage Ambulance Staging Area and dispatch ambulances as requested
 - C. Maintain communications with hospitals to assure proper patient transportation and destination**
 - D. Triage management and movement of patients from the triage area
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 - D. By activating a Transportation Recorder Position**
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 - C. Communications frequencies
 - D. Current status, Action Plan (if available)

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- A. Treatment Dispatch Manager**
 - B. Medical Group/Division Supervisor
 - C. Patient Transportation Group Supervisor
 - D. Medical Communications Coordinator
12. From whom should additional resources be requested?
- A. Through channels; next immediate supervisor**
 - B. Logistics Section Chief
 - C. Medical Supply Coordinator
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13. Which one of the following is the correct way to mark the treatment areas for identification?
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 - B. Immediate "GREEN"; Delayed "YELLOW"; Minor "RED"
 - C. Immediate "RED"; Delayed "YELLOW"; Minor "GREEN"**
 - D. Immediate "YELLOW"; Delayed "RED"; Minor "GREEN"
14. Whose responsibility is it to acquire equipment from ambulances at staging?
- A. Medical Group/Division Supervisor
 - B. Ground Ambulance Coordinator
 - C. Supply Unit Leader
 - D. Medical Supply Coordinator**
15. Which one of the following statements most accurately describes the general function of the Triage Unit Leader?
- A. Coordination of treatment; preparation for transport
 - B. Triage management and movement of patients from the triage area**
 - C. Communication with hospitals to ensure proper transport and destination of patients
 - D. Acquire and maintain medical equipment and supplies for the Medical Group/Division

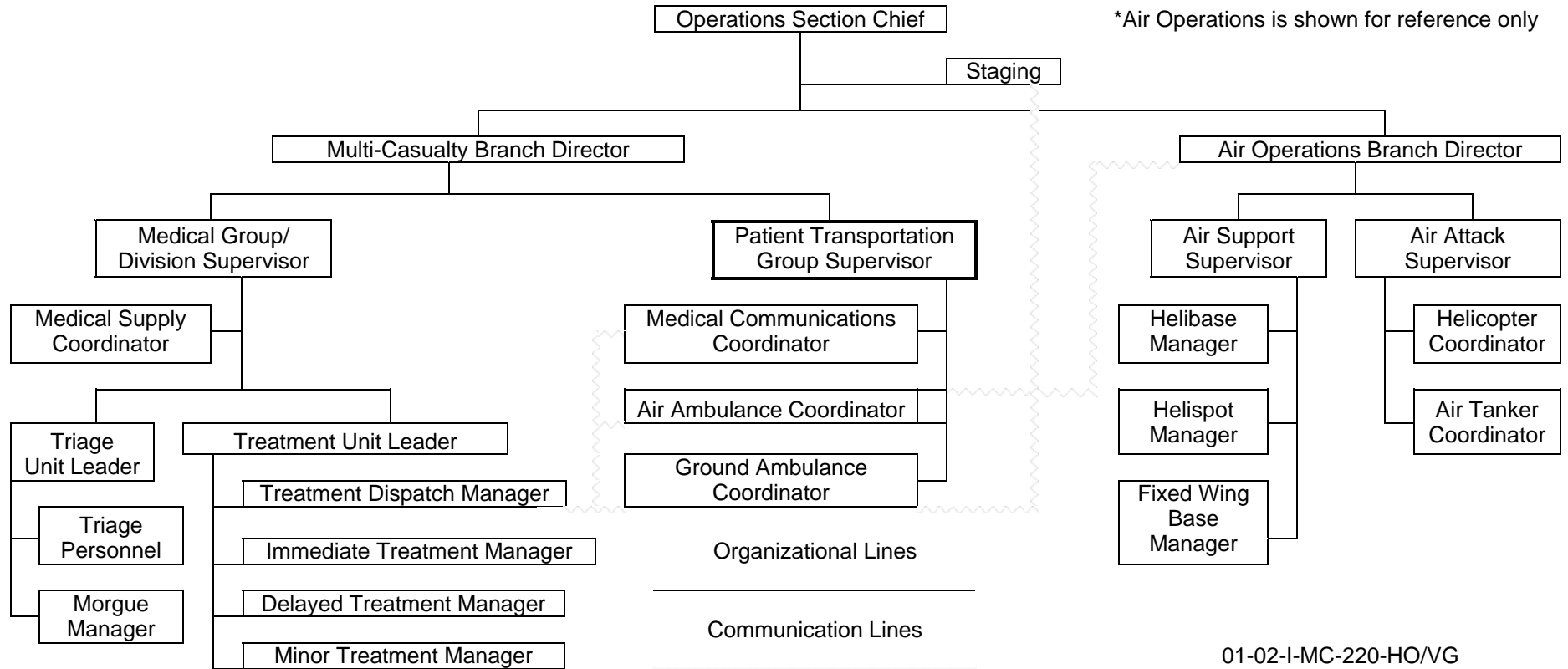
16. Which one of the following statements most accurately describes the general function of the Treatment Unit Leader?
- A. Coordination of treatment; preparation for transport**
 - B. Triage management and movement of patients from the triage area
 - C. Communication with hospitals to ensure proper transport and destination of patients
 - D. Acquire and maintain medical equipment and supplies for the Medical Group/Division
17. Which one of the following statements most accurately describes the general function of the Medical Supply Coordinator?
- A. Coordination of treatment; preparation for transport
 - B. Triage management and movement of patients from the triage area
 - C. Communication with hospitals to ensure proper transport and destination of patients
 - D. Acquire and maintain medical equipment and supplies for the Medical Group/Division**
18. Which one of the following measures should not be taken by the Medical Group/Division Supervisor in order to properly dispose of contaminated medical supplies at the conclusion of the incident?
- A. Make sure sharps are placed in safe containers
 - B. Double bag all contaminated supplies
 - C. Burn contaminated materials in an approved incinerator**
 - D. Arrange for disposal through a hospital facility
19. Whose responsibility is it to designate ambulance staging areas?
- A. Operations Section Chief
 - B. Medical Group/Division Supervisor
 - C. Treatment Dispatch Manager
 - D. Patient Transportation Group Supervisor**
20. In a Reinforced Response level which one of the following positions probably will not be filled?
- A. Triage Unit Leader
 - B. Medical Group/Division Supervisor**
 - C. Treatment Unit Leader
 - D. Medical Communications Coordinator

Appendix A
Handouts and Viewgraphs

INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH FULL BRANCH RESPONSE LEVEL



INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH FULL BRANCH RESPONSE LEVEL



GENERAL GOALS OF MEDICAL GROUP/DIVISION SUPERVISOR

1. Develop organization.
2. Manage Triage and Treatment activities.
3. Manage resources and supplies.
4. Establish security.
5. Maintain records.

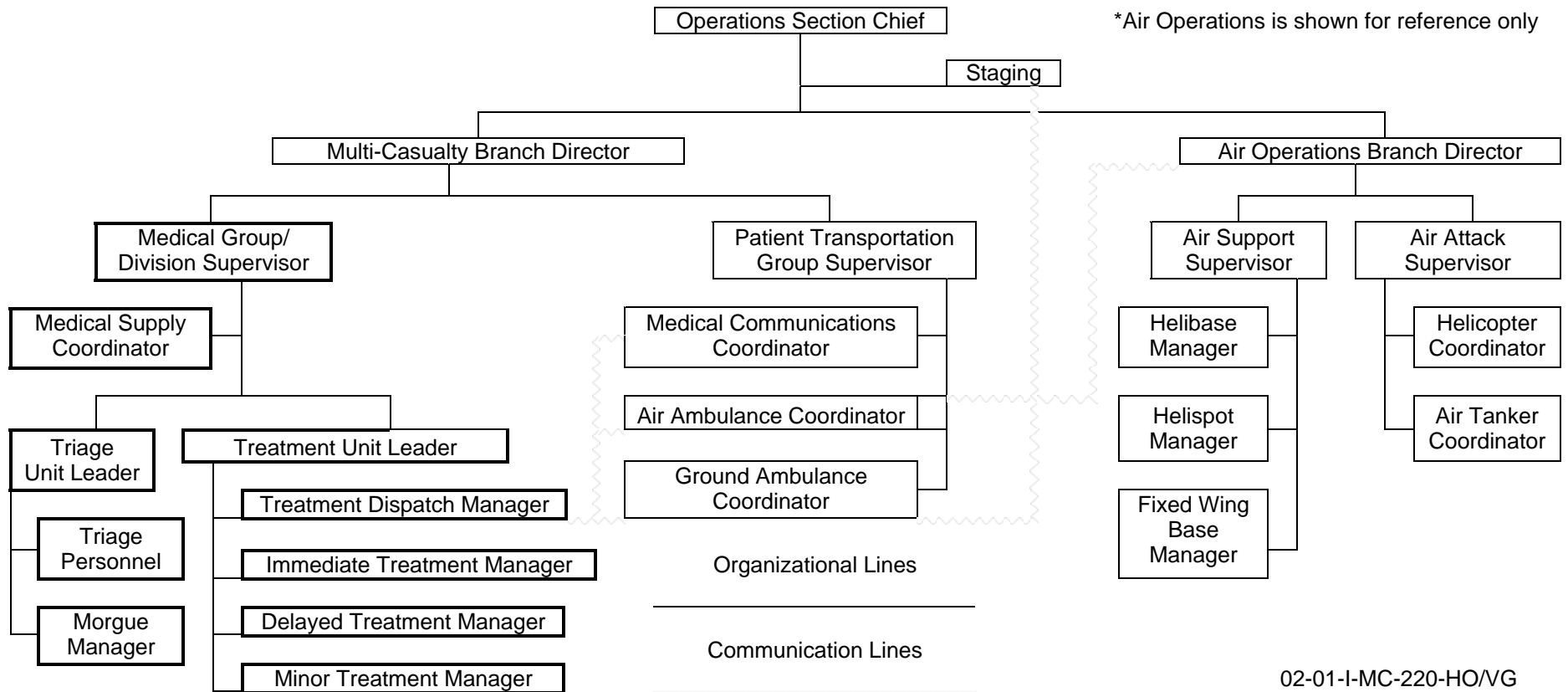
01-03-I-MC-220-HO/VG

GENERAL GOALS OF PATIENT TRANSPORTATION GROUP SUPERVISOR

1. Develop organization.
2. Maintain record of availability and capability of hospitals.
3. Control ambulance activities and record patient information.
4. Coordinate transportation of patients by helicopter.
5. Coordinate transportation of patients with Ambulance Coordinators and Treatment Units.

01-04-I-MC-220-HO/VG

INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH FULL BRANCH RESPONSE LEVEL

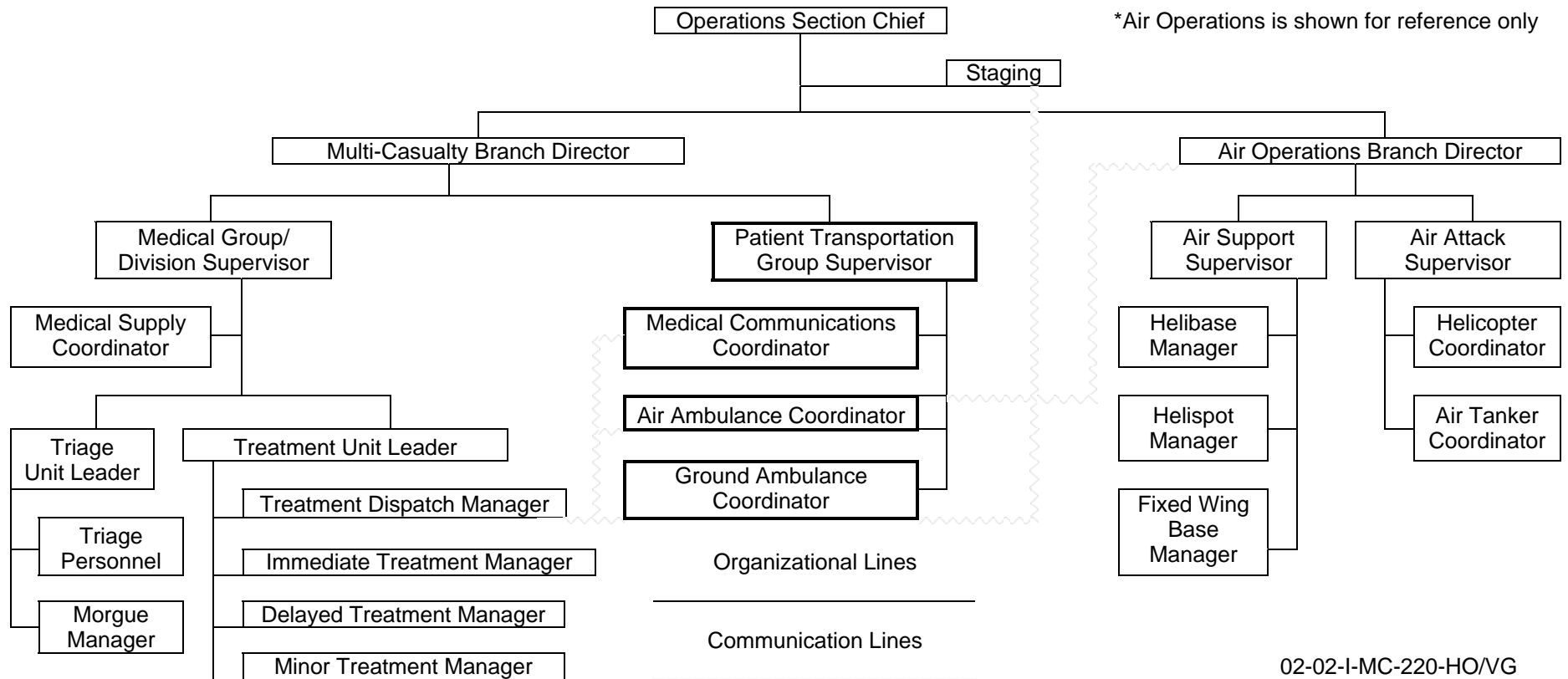


Organizational Lines

Communication Lines

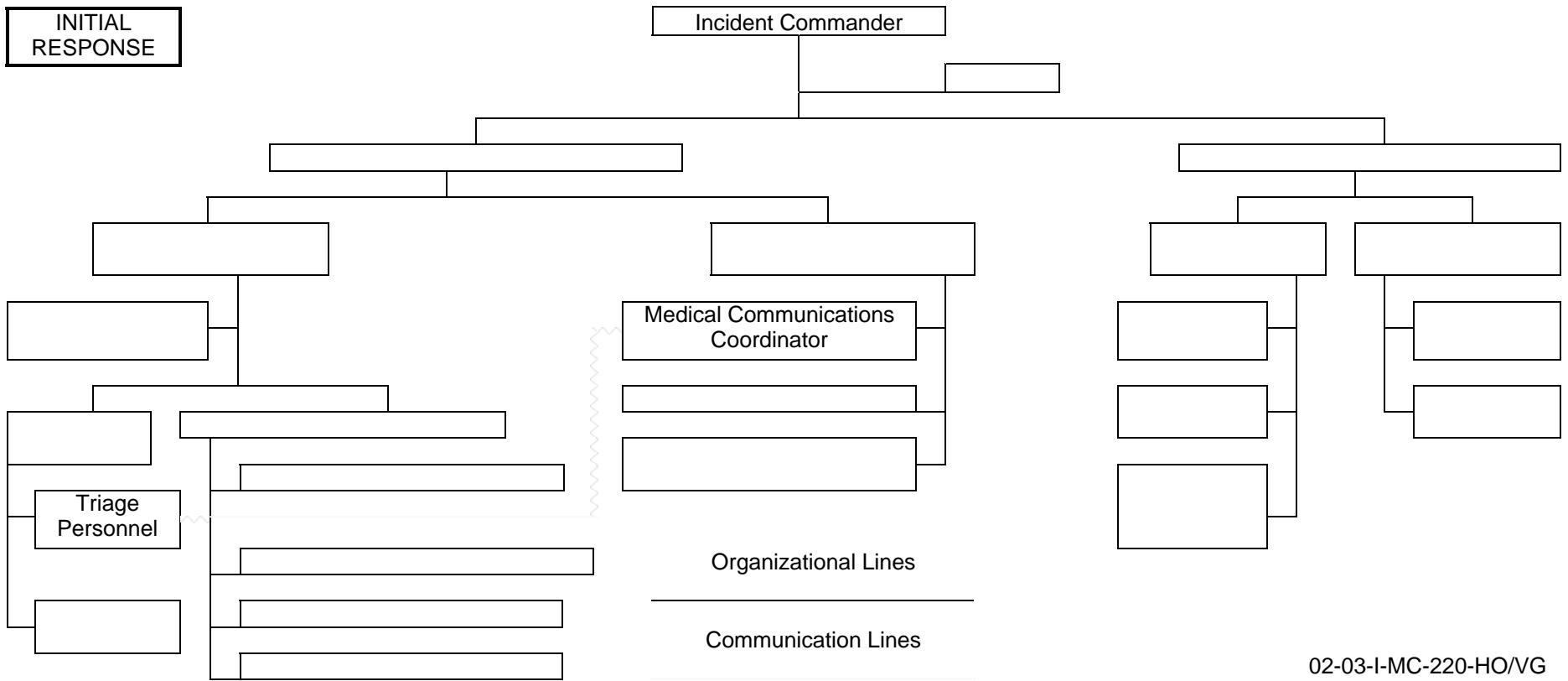
02-01-I-MC-220-HO/VG

INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH FULL BRANCH RESPONSE LEVEL



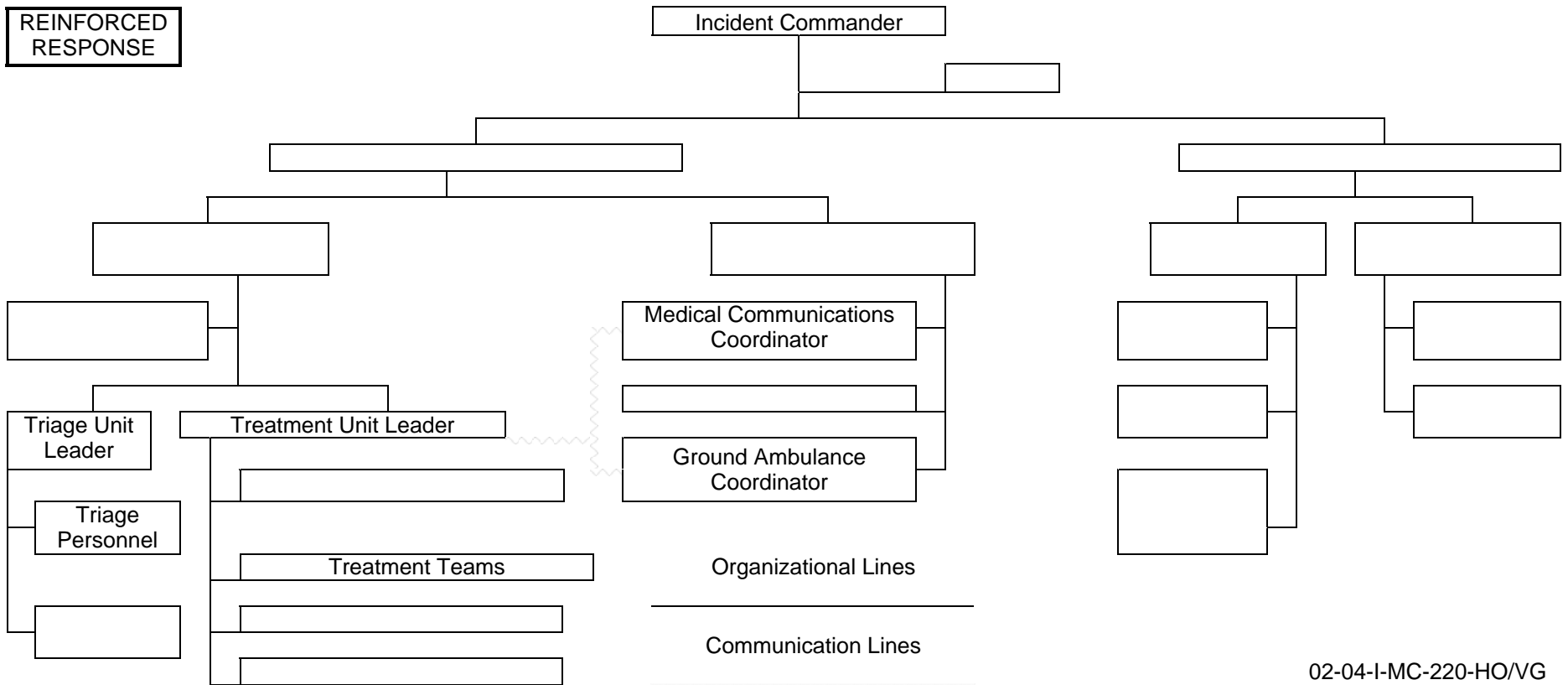
02-02-I-MC-220-HO/VG

INITIAL
RESPONSE



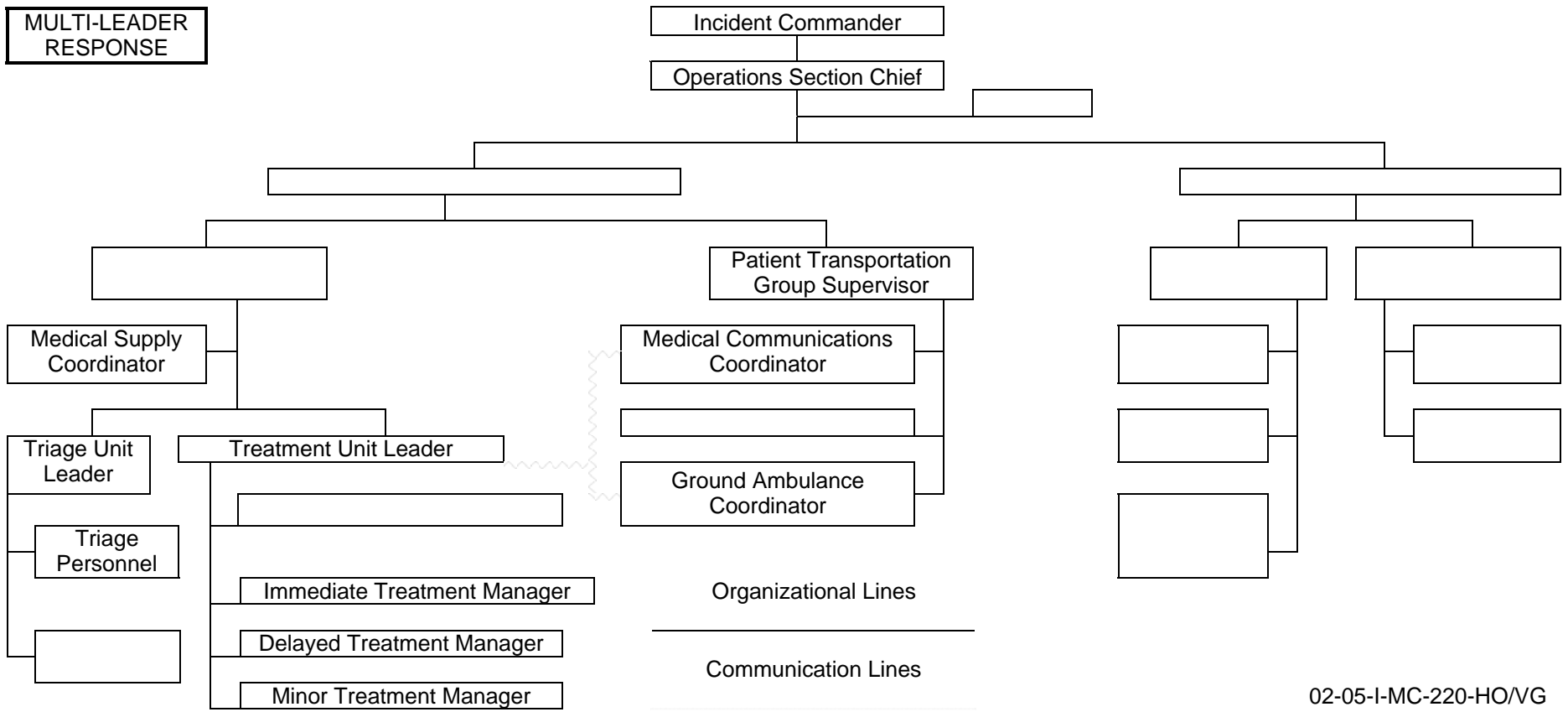
02-03-I-MC-220-HO/VG

REINFORCED
RESPONSE



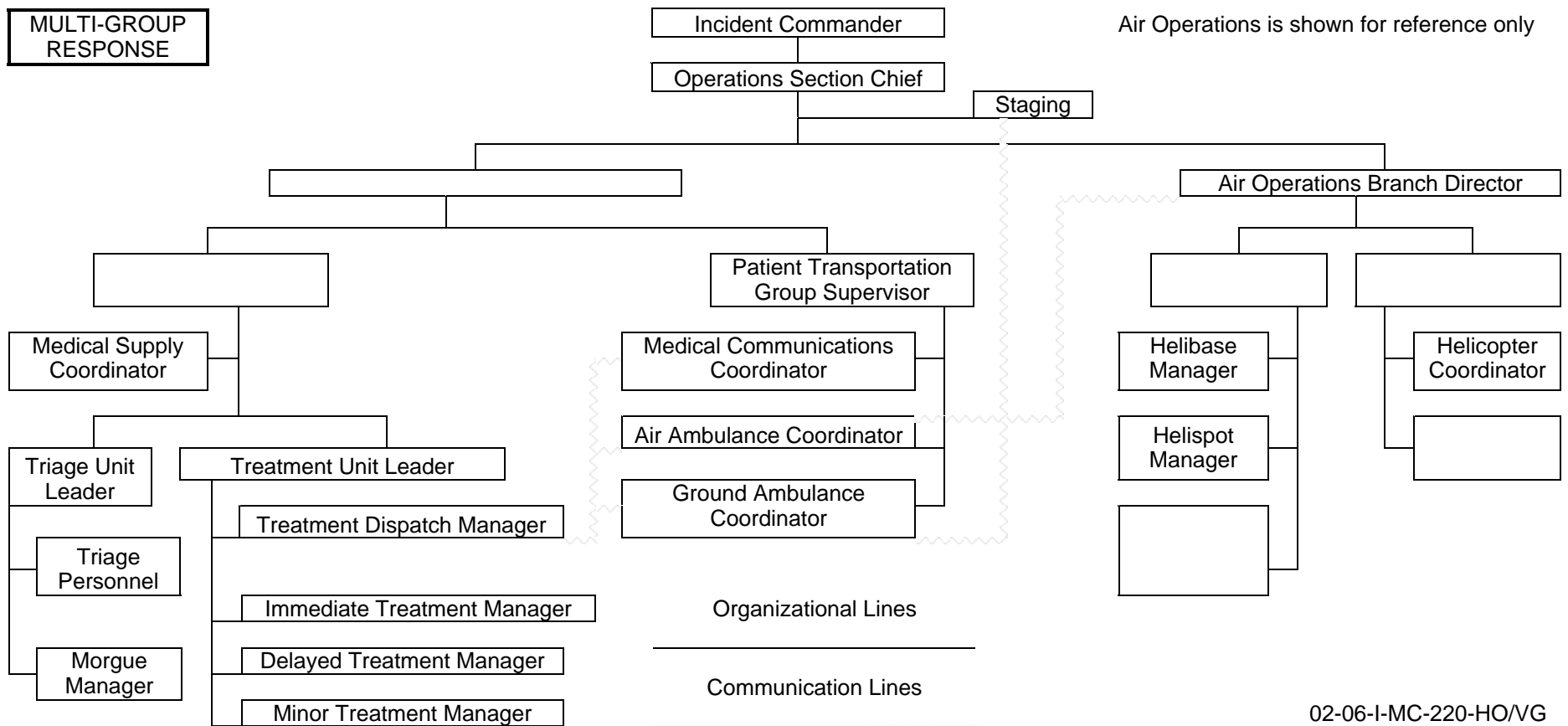
02-04-I-MC-220-HO/VG

**MULTI-LEADER
RESPONSE**



02-05-I-MC-220-HO/VG

MULTI-GROUP
RESPONSE



Air Operations is shown for reference only

02-06-I-MC-220-HO/VG

TABLE 2-1
Recommended Minimum Treatment Unit Staffing

PATIENT CATEGORY	TREATMENT PERSONNEL
Immediate	1 ALS, 1 BLS per patient, and 4 Litter Bearers
Delayed	1 BLS per patient, 1 ALS per 3 patients, and 4 Litter Bearers
Minor	1 BLS per 3 patients

TABLE 2-1
Triage Unit Minimum Recommended Personnel Requirements per Medical Group/Division

UNIT POSITION	NUMBER OF PERSONNEL RECOMMENDED
Triage Unit Leader	1
Triage Personnel	1 for every 10 patients
Litter Bearers	2 for every 10 non-ambulatory patients
Morgue Manager	1

02-07-I-MC-220-HO/VG

TABLE 2-1
Ground Ambulance Staging Area Personnel Recommendations
(per 12 hour Operational Period)

UNIT POSITION	SIZE INCIDENT (number of ambulances)		
	1-10	11-20	21-30
Staging Area Coordinators	1	1	2
Assistants	0	--- as needed---	

TABLE 2-2
Air Ambulance Staging Area Personnel Recommendations (per 12
hour Operational Period)

UNIT POSITION	SIZE INCIDENT (number of helicopters)			
	1	2-5	6-10	11+
Staging Area Coordinators needed	1	1	1	as
Assistants	0	1	---as needed---	

Based on the requirement of the incident and the complexity of helicopter operations, the Air Ambulance Coordinator may recommend the establishment of additional helibases and/or helispots.

Helibases and helispots should be staffed with Helibase/Helispot Managers appropriate to the number of helicopters utilizing each base or spot.

02-08-I-MC-220-HO/VG

MAJOR RESPONSIBILITIES OF THE PATIENT TRANSPORTATION
GROUP SUPERVISOR

1. Check-in and obtain briefing from Multi-Casualty Branch Director (if activated) or Operations Section Chief.
2. Establish communications with hospital(s).
3. Designate ambulance staging area(s).
4. Direct the transportation of patients as determined by the Treatment Unit Leader.
5. Assure that patient information and destination is recorded.
6. Establish communications with Ambulance Coordinator(s).
7. Request additional ambulances, as required.
8. Notify Ambulance Coordinator(s) of ambulance requests.
9. Coordinate requests for air ambulance transportation through the Air Operations Director.
10. Establish Air Ambulance Helispot with Multi-Casualty Branch Director and Air Operations Director.
11. Maintain Unit Log.

03-01-I-MC-220-HO/VG

UNIT LOG ICS-214		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. UNIT NAME/DESIGNATOR		5. UNIT LEADER (NAME AND POSITION)		6. OPERATIONAL PERIOD
7. PERSONNEL ROSTER ASSIGNED				
NAME		ICS POSITION		HOME BASE
8. ACTIVITY LOG (CONTINUE ON REVERSE)				
TIME	MAJOR EVENT			

DUTIES OF THE MEDICAL COMMUNICATIONS COORDINATOR

1. Check-in and obtain briefing from Patient Transportation Group Supervisor.
2. Establish communications with hospital alert system.
3. Determine and maintain current status of hospital/medical facility availability and capability.
4. Receive basic patient information and injury status from Treatment Dispatch Manager.
5. Communicate hospital availability to Treatment Dispatch Manager.
6. Coordinate patient off-incident destination with the hospital alert system.
7. Communicate patient transportation needs to Ambulance Coordinators based upon requests from Treatment Dispatch Manager.
8. Maintain appropriate records.

04-01-I-MC-220-HO/VG

GROUND AMBULANCE COORDINATOR CHECKLIST

The Ground Ambulance Coordinator is responsible for the dispatch of ground ambulances on the incident.

1. Check-in and obtain briefing from Patient Transportation Group Supervisor.
2. Establish appropriate staging area for ambulances.
3. Establish routes of travel for ambulances for incident operations.
4. Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager. Provide ambulances upon request from the Medical Communications Coordinator.
5. Maintain records as required.
6. Assure that necessary equipment is available in the ambulance for patient needs during transportation.
7. Establish immediate contact with ambulance agencies at the scene.
8. Request additional transportation resources as appropriate.
9. Provide an inventory of medical supplies available at ambulance staging for use at the scene.

04-02-I-MC-220-HO/VG

AIR AMBULANCE COORDINATOR CHECKLIST

The Air Ambulance Coordinator is responsible for the dispatch of air ambulances on the incident.

1. Check-in and obtain briefing from Patient Transportation Group Supervisor.
2. Establish and maintain communications with the Air Operations Branch.
3. Establish safe helibase(s) and/or helispot(s).
4. Establish safe routes of travel for ground ambulances entering and exiting the helibase(s) or helispot(s).
5. Establish and maintain communications with the Medical Communications Coordinator and the Treatment Dispatch Manager.
6. Maintain records as required.
7. Assess resource needs and make requests as appropriate.

04-03-I-MC-220-HO/VG

DUTIES AND RESPONSIBILITIES OF THE
MEDICAL GROUP/DIVISION SUPERVISOR

1. Check-in and obtain briefing from Multi-Casualty Branch Director (if activated) or Operations Section Chief.
2. Participate in Multi-Casualty Branch/Operations Section planning activities.
3. Establish Medical Group/Division with assigned personnel; request additional personnel and resources sufficient to handle the magnitude of the incident.
4. Designate Unit Leaders and Treatment Area locations as appropriate.
5. Isolate Morgue and Minor Treatment Areas from Immediate and Delayed Treatment Areas
6. Request law enforcement/coroner involvement as needed.
7. Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, ambulances, helicopters, and other methods of patient transportation).
8. Establish communications and coordination with Patient Transportation Group Supervisor and other groups as needed.
9. Ensure activation of hospital alert system; local EMS/health agencies.
10. 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.
11. Ensure proper security, traffic control, and access for the Medical Group/Division area.
12. Direct medically trained personnel to the appropriate Unit Leader.
13. Maintain Unit Log (ICS-214).

05-01-I-MC-220-HO/VG

SPECIFIC DUTIES - TRIAGE UNIT LEADER'S CHECKLIST

1. Check-in and obtain briefing from Medical Group/Division Supervisor.
2. Develop organization sufficient to handle assignment.
3. Inform Medical Group/Division Supervisor of resource needs.
4. Implement Triage Process.
5. Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.
6. Give periodic status reports to Medical Group/Division Supervisor.
7. Maintain security and control of the Triage Area.
8. Establish Morgue.
9. Maintain Unit Log (ICS-214).

06-01-I-MC-220-HO/VG

SPECIFIC DUTIES - TREATMENT UNIT LEADER'S CHECKLIST

1. Check-in and obtain briefing from Medical Group/Division Supervisor.
2. Develop organization sufficient to handle assignment.
3. Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas.
4. Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.
5. Request sufficient medical caches and supplies as necessary.
6. Establish communications and coordination with Patient Transportation Group.
7. Ensure continual triage of patients throughout Treatment Areas.
8. Direct movement of patients to ambulance loading area(s).
9. Give periodic status reports to Medical Group/Division Supervisor.
10. Maintain Unit Log (ICS-214).

06-02-I-MC-220-HO/VG

MEDICAL SUPPLY COORDINATOR CHECKLIST

1. Check-in and obtain briefing from Medical Group/Division Supervisor.
2. Acquire, distribute, and maintain status of medical equipment and supplies within the Medical Group/Division.
3. Request additional medical supplies (medical caches).
4. Distribute medical supplies to Treatment and Triage Units.
5. Maintain Unit Log (ICS-214).

06-03-I-MC-220-HO/VG

DEMOBILIZATION PLAN - FACTORS TO CONSIDER

1. Priority release of personnel
2. Priority release of apparatus or equipment
3. Need for resources at other incidents
4. Feasibility of demobilization schedule
5. Inspection and replacement of equipment
6. Completion of all documentation
7. Restoration of the area to pre-incident condition

07-01-I-MC-220-HO/VG