

INCIDENT COMMAND SYSTEM

MULTI-CASUALTY

POSITION MANUAL

MEDICAL GROUP/DIVISION SUPERVISOR

ICS-MC-222-3

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CHAPTER 1 - CHECKLIST

1.1 CHECKLIST USE The checklist of activities below should be considered minimum requirements for this position. Users of this manual should feel free to augment the list as needed. Note that some activities are one-time actions and others are on-going or repetitive for the duration of an incident.

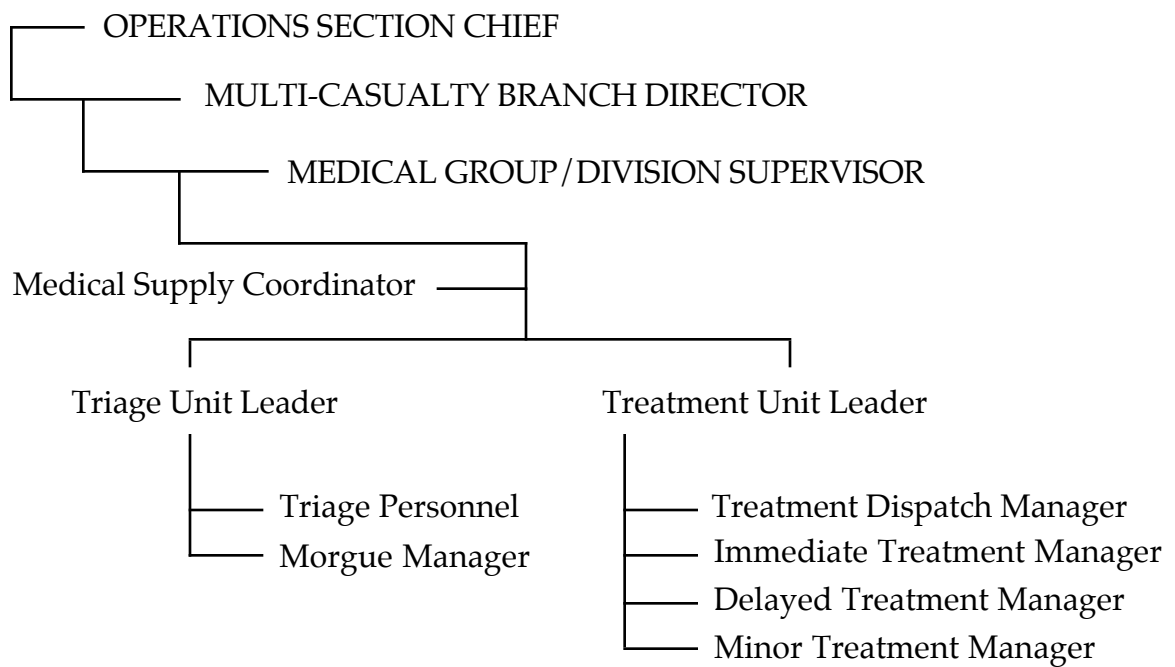
1.2. MEDICAL GROUP/DIVISION SUPERVISOR'S CHECKLIST

- a. Check-in and obtain briefing from Multi-Casualty Branch Director or Operations Section Chief.
- b. Participate in Multi-Casualty Branch/Operations Section planning activities.
- c. Establish Medical Group/Division 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 through channels as needed.
- g. Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, cots, blackboards, litters).
- h. Establish communication and coordination with Patient Transportation Group Supervisor.
- i. Ensure activation of hospital alert system, local EMS/health agencies.
- j. 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.
- k. Ensure proper security, traffic control, and access for the Medical Group/Division area.
- l. Direct medically trained personnel to the appropriate Unit Leader.
- m. Maintain Unit Log (ICS-214).

CHAPTER 2 - ORGANIZATION, PERSONNEL, AND PROCEDURES

2.1 ORGANIZATION

- a. The Medical Group/Division Supervisor is primarily responsible for:
 - 1. Managing all Medical Group/Division activities involving triage, treatment, and medical supplies.
 - 2. Establishing security for treatment areas
 - 3. Controlling personnel and equipment resources
 - 4. Maintaining records
 - 5. Developing a group organization appropriate for the magnitude of the incident.
- b. The Medical Group/Division Supervisor reports to the Multi-Casualty Branch Director or the Operations Section Chief, and may organize the Group as illustrated below:



2.2 PERSONNEL The Medical Group/Division organization structure is designed to provide the Incident Commander with a basic expandable system for triaging and treating any number of patients in a multi-casualty incident. The number of personnel needed to perform the major responsibilities assigned to the Group varies based on the General Staff and the Medical Group/Division Supervisor's requirements and the size and complexity of the incident.

A second Medical Group/Division may be established if geographic or incident conditions warrant. The degree of implementation will depend on the number of patients.

2.3 MAJOR ACTIVITIES AND PROCEDURES The major activities of the Medical Group/Division Supervisor are stated below. Following each activity are procedures for implementing the activity.

- a. Check-in and obtain briefing from Multi-Casualty Branch Director (if activated) or Operations Section Chief.
 1. Complete ICS 211 (Check-in Form).
 2. If reporting direct to assignment, check-in via radio.
 3. Request and receive briefing which includes:
 - (a) Incident Briefing Form (ICS 201) or that information verbally
 - (b) Initial instructions concerning work activities
 4. Obtain Incident Action Plan when available.
- b. Participate in Multi-Casualty Branch/Operations Section planning activities.
 1. Attend Multi-Casualty Branch and/or Operations Section Planning Meetings when requested by Multi-Casualty Branch Director or Operations Section Chief.
 2. Provide information and advice concerning the Medical Group/Division as requested.
 3. Receive Incident Action Plan and attachments.

- c. Establish Medical Group/Division with assigned personnel; request additional personnel and resources sufficient to handle the magnitude of the incident.
 - 1. Review Incident Action Plan to determine activities, equipment, and personnel required to implement plan.
 - 2. Provide input to the Incident Action Plan.
 - 3. Obtain needed equipment from appropriate units (e.g., cots from supply, medical caches, salvage cover for shade, etc.).
 - 4. Obtain needed personnel by submitting request to Multi-Casualty Branch Director or Operations Section Chief.
 - 5. Assign personnel to implement plan, by priority.
- d. Designate Unit Leaders and Treatment Area locations as appropriate.
 - 1. Considering the qualifications of personnel assigned, make assignments for Unit Leader and Coordinator positions.
 - 2. Provide Unit Leaders with checklist and positions kits, and give special instructions as needed.
 - 3. Designate areas for treatment and morgue areas which provide easy ingress and egress, safe distance from emergency site, and adequate accessibility for transportation units.
 - 4. Review Incident Action Plan with Unit Leaders.
- e. Isolate Morgue and Minor Treatment Areas from Immediate and Delayed Treatment Areas
 - 1. Morgue Area should be located remote from Triage Area, not readily available to other victims.
 - 2. Communicate Morgue location to Incident Commander through channels, and give location to Triage and Treatment Unit Leaders.
 - 3. Keep Morgue Area off limits to all personnel, except those authorized.
 - 4. Morgue and Minor Treatment Areas should be accessible to vehicles.
- 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, cots, blackboards, litters).
 - 1. Obtain status report from Triage and Treatment Unit Leaders regarding number and condition of patients.
 - 2. Evaluate magnitude and complexity of incident, determine resources needed to treat and transport patients.
 - 3. Order resources through Multi-Casualty Branch Director or Operations Section Chief.
- h. Establish communications and coordination with Patient Transportation Group Supervisor and other groups as needed.
- i. Ensure activation of hospital alert system; local EMS/health agencies.
- j. 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.
- k. Ensure proper security, traffic control, and access for the Medical Group/Division area.
- l. Direct medically trained personnel to the appropriate Unit Leader.
- m. Maintain Unit Log (ICS-214).
 - 1. Record significant events or action taken on the Unit Log (ICS Form 214).
 - 2. Submit Unit Logs through your supervisor to Documentation Unit at the end of each operational period.