

INCIDENT COMMAND SYSTEM
MULTI-CASUALTY
POSITION MANUAL

TREATMENT UNIT LEADER

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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 TREATMENT UNIT LEADER'S CHECKLIST

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

1.3 TREATMENT DISPATCH MANAGER CHECKLIST

- a. Check-in and obtain briefing from Treatment Unit Leader.
- b. Establish communications with the Immediate, Delayed, and Minor Treatment Managers.
- c. Establish communications with Patient Transportation Group.
- d. Verify that patients are prioritized for transportation.
- e. Advise Medical Communications Coordinator of patient readiness and priority for dispatch.

- f. Coordinate transportation of patients with Medical Communications Coordinator.
- g. Assure that appropriate patient tracking information is recorded.
- h. Coordinate ambulance loading with Treatment Manager and ambulance personnel.

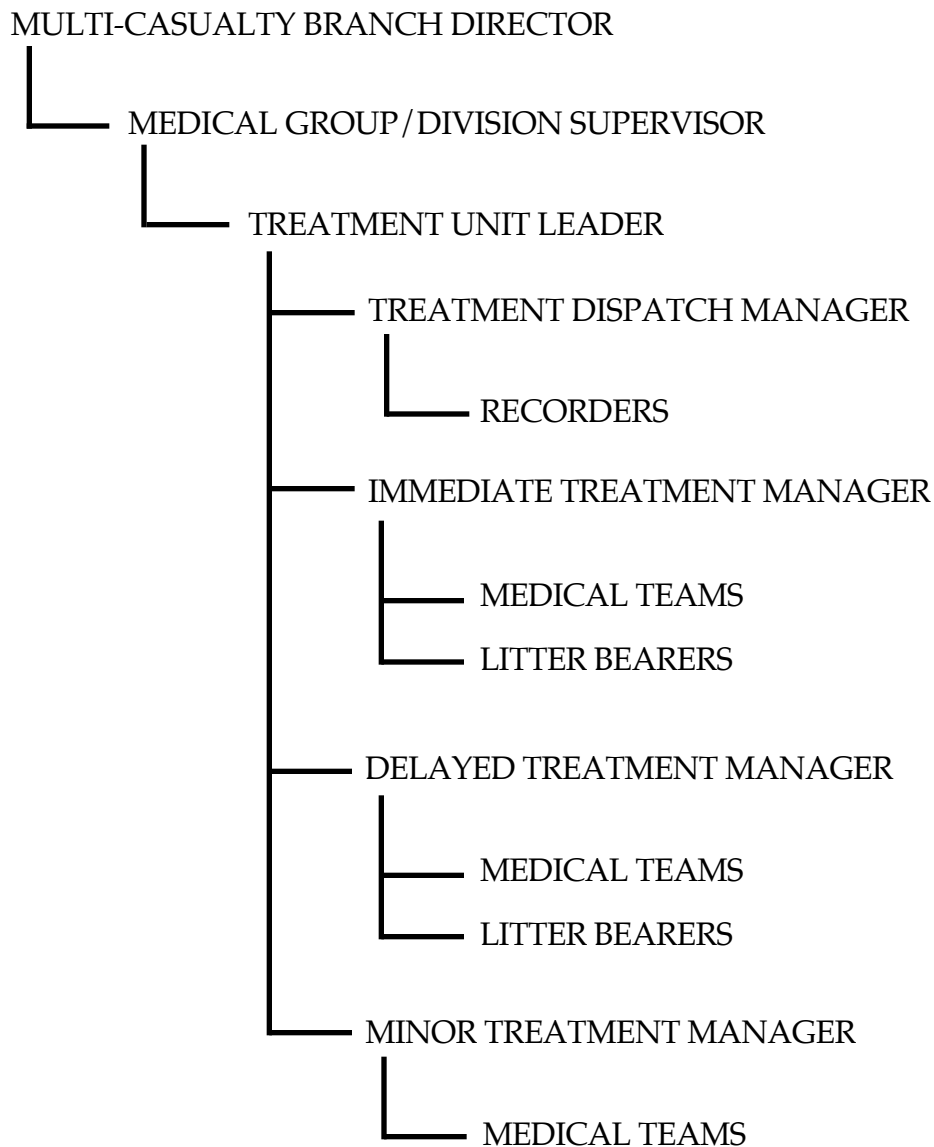
1.4 TREATMENT MANAGER CHECKLIST

- a. Check-in and obtain briefing from Treatment Unit Leader and brief subordinates.
- b. Request or establish Medical Teams as necessary.
- c. Assign treatment personnel to patients received in Treatment Areas.
- d. Ensure treatment of patients triaged to Treatment Areas.
- 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. Coordinate, as appropriate, volunteer personnel/organizations through Agency Representatives and Treatment Unit Leader.

CHAPTER 2 - ORGANIZATION, PERSONNEL, AND PROCEDURES

2.1 ORGANIZATION The Treatment Unit Leader is primarily responsible for the management of the Patient Treatment Areas and all related activities. The Treatment Unit Leader is responsible for establishing and maintaining an organization capable of handling the incident needs including patient treatment, identifying supply needs, coordination with other Incident Command functions and supervision of assigned personnel.

The Treatment Unit Leader reports directly to the Medical Group/Division Supervisor. The Treatment Unit may be organized as illustrated below:



2.2 PERSONNEL The number of personnel required to efficiently operate the Treatment Unit will vary based on incident size and complexity. The recommended minimum number of personnel is listed in Table 2-1. Treatment Teams are composed of personnel with specific medical qualifications as noted in Table 2-2. ALS is abbreviation for Advanced Life Support, BLS for Basic Life Support.

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 2-2
Treatment Team Classifications
Staffing and Qualification

CLASSIFICATION	STAFFING
Type 1	2 ALS personnel and 3 BLS personnel
Type 2	2 ALS personnel
Type 3	3 BLS personnel

CLASSIFICATION	QUALIFICATIONS
Advanced Life Support (ALS)	Medical Doctor Registered Nurse EMT-Paramedic EMT-Intermediate
Basic Life Support (BLS)	Licensed Vocational Nurse EMT-1 Basic First Responder Advanced First Aid Basic First Aid

Note: Type and number of Treatment Teams will vary based on incident needs. Normal span of control should be maintained.

2.3 MAJOR ACTIVITIES AND PROCEDURES/TREATMENT UNIT LEADER The major activities of the Treatment Unit Leader are listed below. Following each activity are procedures for implementing the activity.

- a. Check-in and obtain briefing from Medical Group/Division Supervisor.
 1. Request and receive briefing which includes:
 - (a) Incident Briefing Form (ICS-201) or that information verbally.
 - (b) Initial instructions concerning work activities.
 2. Obtain Position Kit
 3. Obtain Incident Action Plan when available.
- b. Develop organization sufficient to handle assignment.
 1. Refer to Table 2-1 and 2-2.
 2. Expand organization to maintain ICS span of control guidelines.
- c. Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas.
 1. Plan layout of Treatment Areas with consideration for the following:
 - (a) Security
 - (b) Proximity to transportation/loading areas.
 - (c) Safety of area from incident operational concerns.
 - (d) Access to utilities (electrical and water)
 2. Provide direction and supervision for unit personnel to include:
 - (a) Position kits and briefing.
 - (b) Safety instructions including methods for communicable disease protection.
 - (c) Monitoring of personnel for fatigue and stress indicators.
 - (d) Provide for relief personnel on extended incident.

- d. Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.
 - 1. Notify Triage Unit Leader of location and access to each designated Treatment Area.
- e. Request sufficient medical caches and supplies as necessary.
 - 1. Determine supply requirements for each Treatment Area based on current and projected operational periods.
 - 2. Communicate supply requirements to Medical Supply Coordinator
- f. Establish communications and coordination with Transportation Group.
 - 1. Determine communication needs and coordinate, as necessary, with Communications Unit Leader.
 - 2. Determine functioning Patient Transportation Group positions and coordinate operational needs.
- g. Ensure continual triage of patients throughout Treatment Areas.
- h. Direct movement of patients to ambulance loading area(s).
 - 1. Ensure coordination of patient movement between Treatment Managers and Treatment Dispatch Manager.
 - 2. Provide sufficient litter bearers for safe patient movement.
 - 3. Ensure coordination of patient movement between Treatment Dispatch Manager and Patient Transportation Group.
- i. Give periodic status reports to Medical Group/Division Supervisor.
 - 1. Once per operational period unless situation warrants or is requested.
 - 2. Reports to include:
 - (a) Number of patients treated, transported and pending transportation.
 - (b) Projected needs.
- j. 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.

2.4 MAJOR ACTIVITIES AND PROCEDURES/TREATMENT DISPATCH MANAGER

The major activities of the Treatment Dispatch Manager are listed below. Following each activity are procedures for implementing the activity.

- a. Check-in and obtain briefing from Treatment Unit Leader.
 1. Obtain briefing from Treatment Unit Leader to include but not limited to:
 - (a) Current status/situation
 - (b) Assigned personnel and resources
 - (c) Communications frequencies
 - (d) Initial instructions for work activities
 2. Obtain Position Kit
- b. Establish communications with the Immediate, Delayed, and Minor Treatment Areas.
- c. Establish communications with Patient Transportation Group.
- d. Verify that patients are prioritized for transportation.
 1. Confirm with Treatment Managers the following:
 - (a) Number of patients ready for transport by priority (Immediate, Delayed, Minor).
 - (b) Any special transport needs.
 - (c) Recommended mode of transport (air or ground).
 - (d) Recommended types of medical receiving facility (general, burn center, pediatrics, etc.).
 2. Communicate supply requirements to Medical Supply Coordinator.
- e. Advise Medical Communications Coordinator of patient readiness and priority for dispatch.
 1. Advisement to include:

- (a) Number and priority status of patient(s)
 - (b) Recommended transport mode
 - (c) Special patient transport needs.
 - (d) Recommended types of medical receiving facility (general, burn center, pediatrics, etc.).
- f. Coordinate transportation of patients with Medical Communications Coordinator.
- 1. Maintain continuous dialogue with Treatment Managers and Medical Communications Coordinator regarding patient transport needs.
 - 2. Advise, on a regular basis, Medical Communications Coordinator of projected needs to include:
 - (a) Type of transport vehicles needed (ground ambulance, air ambulance, bus, sedan, etc.)
 - (b) Patients per hour for transport
- g. Assure that appropriate patient tracking information is recorded.
- 1. Utilize Multi-Casualty Recorder Worksheet.
 - 2. Request Recorder(s) as needed.
- h. Coordinate ambulance loading with Treatment Manager and ambulance personnel.
- 1. Verify, prior to loading, patient tracking information is documented.
 - 2. Correct number and type (priority) of patients are loaded into correct ambulance.
 - 3. Reconfirm with ambulance driver medical facility destination.
 - 4. Advise Medical Communications Coordinator when ambulance departs for hospital.
 - (a) Ambulance identification number
 - (b) Destination
 - (c) Number and type (priority) patients

2.5 MAJOR ACTIVITIES AND PROCEDURES/TREATMENT MANAGER The major activities of the Treatment Manager are listed below. Following each activity are procedures for implementing the activity.

a. Check-in and obtain briefing from Treatment Unit Leader and brief subordinates.

1. Obtain briefing from Treatment Unit Leader to include but not limited to:

- (a) Current status/situation
- (b) Assigned personnel and resources
- (c) Communications frequencies
- (d) Initial instructions for work activities

2. Obtain Position Kit

b. Request or establish Medical Teams as necessary.

1. Project needs based on current and future incident status.

- (a) Refer to Table 2-1 and 2-2.

2. Consider need for relief personnel.

3. Submit request to Treatment Unit Leader.

c. Assign Treatment personnel to patients received in Treatment Areas.

1. Verify qualifications of assigned personnel. Refer to Table 2-2.

2. Assign personnel based on patient needs. Refer to Table 2-1.

3. Establish work shifts, including rest and meal periods.

4. Brief personnel on the following:

- (a) Established medical standing orders
- (b) Location and method for obtaining supplies
- (c) Communicable disease precautions and procedures
- (d) Security of patient belongings and Treatment Area
- (e) Procedures for obtaining patient transportation

- (f) Patient Treatment Records and documentation requirements
- 5. Monitor assigned personnel for fatigue and stress factors.
- d. Ensure treatment of patients triaged to Treatment Areas.
 - 1. Verify, through Treatment Unit Leader to Medical Communications Coordinator, status and specifics of medical standing orders.
 - 2. Assure adequate treatment of all patients within Treatment Areas.
 - 3. Assure Patient Treatment Records are maintained.
 - 4. Assure that patients within Treatment Areas are continually triaged. This may change patient priority
- 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.
 - 1. Notification to include:
 - (a) Recommended transport mode (ground or air)
 - (b) Patient special needs, if any, during transport
 - (c) If patient is ambulatory or non-ambulatory, stretcher or able to sit upright.
 - (d) Treatment needs which require a special medical facility (burns, pediatric, etc).
- h. Assure that appropriate patient information is recorded.
 - 1. Patient record to include but not limited to:
 - (a) Triage Tag Number
 - (b) Priority
 - (c) Major injuries
 - (d) Significant treatment rendered
 - (e) Disposition
 - (f) Name of treatment personnel responsible for care

- i. Coordinate, as appropriate, volunteer personnel/organizations through Agency Representatives and Treatment Unit Leader.
 1. Verify qualifications and experience.
 2. Record personnel data to include:
 - (a) Name, address, phone number, Social Security Number
 - (b) Qualifications
 - (c) Affiliate organization, if any
 - (d) Time of assignment
 - (e) Work location