

**Task List for EMS Incidents  
Includes Medical Group with Units**

**Medical Group Supervisor**

- Reports to MULTI-CASUALTY BRANCH DIRECTOR if established.
- Obtain situation briefing. Obtain and don ID vest and PAC with clipboard. Read the entire EMS Officer Position Activity Card. Reassess situation.
- Contact EMRC and designate a hospital distant from the scene as the Medical Control for the incident, if the incident's scope is so large that it is likely to overwhelm the resources of the closest hospital.
- Ensure that the functions of triage, treatment, and transportation are carried out. Appoint the following if needed:
  - Medical Group Supervisor • Triage Unit
  - Treatment Unit • Transportation Group
- Supervise and coordinate the Triage, Treatment, and Transportation Unit functions and personnel assigned.
- Determine/request resource needs.
- Communicate resource needs to Command.
- Recommend the expansion of the Command organization as needed.
- Communicate direction and objectives to groups/units.
- Ensure that all units are completing objectives and responsibilities.
- Maintain incident documentation.

**Extrication Group Supervisor**

- Reports to RESCUE BRANCH DIRECTOR if established.
- Determine the location, number, and condition of all patients.
- Determine if triage is to be conducted in the extrication area, at a designated casualty collection point, or in the treatment area.
- Provide site safety for all patients and rescuers.
- Evaluate the resources needed for the extrication of trapped patients and the delivery of patients to designated medical care areas.
- Communicate resource requirements to Command.
- Allocate assigned resources appropriately.
- Supervise assigned resources.
- Extricate and deliver patients to the treatment area.
- Give frequent and timely progress reports to Command.
- Coordinate activities with other operating units as needed.
- Report to Command when all patients have been moved to the designated treatment areas.
- Maintain incident documentation as needed.
- Terminate extrication activities and reallocate assigned resources as directed by next higher level of Command.

**Triage Unit Leader**

- Determine, with close coordination with other Unit Leaders, whether triage will be conducted in the extrication area, designated casualty collection point, or in the treatment area.
- Supervise assigned triage teams and crews, litter bearers and resources.
- Ensure that triage of patients is based on patient's conditions, that quick life-saving emergency care is provided as needed, and that patients are accounted for and flagged appropriately. RIBBONS ONLY on PRIMARY triage
- Communicate resource requirements to MEDICAL GROUP SUPERVISOR.
- Provide frequent and timely progress reports.
- Ensure safety of all personnel assigned.
- Coordinate activities with other operating units and groups as needed.
- Establish Morgue.
- Report to the next level of Command when all patients have been moved to the designated treatment area and a final count of patients triaged is made.
- Maintain incident documentation as needed.
- Terminate triage activities and reallocate assigned resources as directed by next level of Command.



Prepared by District Chief Barry Reid  
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Treatment Unit Leader

- Locate a LARGE, suitable treatment area and report the location to the next higher level of Command.
- Evaluate the resources required for the treatment of patients and report the needs to the next higher level of Command.
- Establish areas for each priority and a morgue.
- Assign Treatment Area Managers
- Establish central entry station
- Ensure safety and security for patients and providers.
- Prepare logs for each area and morgue.
- Peel off "TREATMENT" label and place on TREATMENT LOG
- Give frequent and timely progress reports to the Medical Group Supervisor

Treatment Area/Morgue Managers

- Clearly identify treatment area and boundaries.
- Define entry and exit points.
- Brief treatment crews.
- Prepare log sheet. Take "OTHER" Label.
- Ensure that all arriving patients have tags applied.
- Provide for continuing evaluation and
- Terminate treatment area activities and reallocate assigned resources as directed by the next higher level of Command.

Transportation Group Supervisor

- Report resource and transportation requirements to the next higher level of Command.
- Obtain necessary transportation needs.
- Identify ground-transport staging and helicopter landing zones if needed.
- Establish a clear, unobstructed one-way traffic flow to and from the transport area.
- Prepare log sheet
- Establish exit point
- Assign COMMUNICATION and DISPOSITION coordinators.
- Call STAGING for transport units and TREATMENT AREAS for loading patients.
- Note UNIT number and PRIORITY on each tags TRANSPORT RECORD section.
- Peel off "OTHER" Label and place on log sheet.
- Tear off TRANSPORTATION RECORD at the perforation and hand it to UNIT driver.
- Remind provider to complete TRANSPORT line on tag once hospital is assigned and place barcode label on hospital copy of the PIS. Provider to retain "OTHER" label and enter barcode number on e-report.
- Direct transporting unit to DISPOSITION COORDINATOR.

Disposition (Air/Ground Ambulance)  
Coordinators

- Receive ticket from ambulance driver
- Discuss next available hospital, appropriate for patient(s), with COMMUNICATIO  
COORDINATOR.

Disposition Coordinator (continued)

- Tell driver destination and confirm directions.
- Write DESTINATION and TIME OUT on TRANSPORT RECORD ticket.
- Give TRANSPORTATION RECORD ticket to COMMUNICATIONS COORDINATOR.
- Receive ticket back from COMMUNICATIONS COORDINATOR after hospital notification.
- Track available beds at hospitals.
- Place TRANSPORT RECORD ticket on HOSPITAL DESTINATION LOGS and notes time.

EMS Communications Coordinator

- Contact EMRC and describe the incident. Include type, location, approximate patient count (by priority if possible) and request call down of hospitals.
- Establish communications log.
- Receive bed availability from EMRC.
- Communicate availability to DISPOSITION COORDINATOR.
- Update hospital on incident status every 30 minutes.
- Advise hospitals when incident is terminated.
- Receive TRANSPORT RECORD ticket from DISPOSITION COORDINATOR.
- Communicate information to hospital. [Unit jurisdiction and number; number of patients with priority of each].
- Initial TRANSPORT ticket in NOTIFIED area or upper right section of DESTINATION box (COG tag).

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Includes Groups and Units**

Examples of resource requirements and staffing levels are recommendations only. They may need to be adjusted based on the resources available.

**Extrication Group**

3 to 4 rescuers for every 5 patients is considered reasonable. This allows immediate care to be provided when numerous patients are involved in a major incident. The goal, as resources, personnel, and priorities permit, is to provide all of the personnel and resources necessary to extricate and move patients to a designated casualty collection point, triage area, or treatment area as quickly as possible.

**Initial Triage Unit Development**

- 1 Triage Unit Leader per triage area
- 1 Morgue Manager, if required
- 1 Triage team (2 personnel) per 10 patients
- 4 litter bearers (minimum)
- One company per 5 patients (reference to extrication/support functions)

**Initial Treatment Unit Development**

- 1 Unit Leader per treatment area
- 1 Immediate (RED) Care Area Manager
- 1 Serious (YELLOW) Care Area Manager
- 1 Delayed (GREEN) Care Area Manager
- 1 Reassessment Team or casualty collection point area (2 personnel per 10 patients)
- 1 Medical Supply Manager (Resource/Logistics)

Initially, one ALS Unit and one BLS unit can establish the functions of the Treatment Area and then expand as needed. The types and number of treatment teams will vary and are based on the incident needs. Regardless of the size of the incident, normal span-of-control rules should be maintained. The following lists provide suggested sizing of treatment teams based on the size of the incident:

**Initial Treatment Unit Development**

**Day-to-Day, Normal to Expanded Level of Operations**

Immediate Care/Red	2 ALS personnel & 1 BLS person per patient, and 4 litter bearers
Serious Care/Yellow	2 ALS person per 5 patients, 1 BLS person per 3 patients, and 4 litter bearers.
Delayed Care/Green	1 BLS person per 3 patients

**Major Emergency Medical Incidents**

Immediate Care/Red	2 ALS & 1 BLS person per 2 patients and 4 litter bearers
Serious Care/Yellow	2 ALS person per 5 patients, 1 BLS person for 3 patients, and 4 litter bearers
Delayed Care/Green	1 BLS person per 10 patients

**Disaster Level Operations**

Immediate Care/Red	2 ALS person per 3 patients, 1 BLS person per 5 patients, and 4 litter bearers
Serious/Yellow	2 ALS person per 10 patients, 1 BLS person per 5 patients and 4 litter bearers
Delayed/Green	1 BLS person per 10 patients

**Transportation Group Development**

- 1 Unit Leader (Transportation Group Supervisor) per transport area
- 1 Medical Communications Coordinator
- 1 Disposition Coordinator (transport recorder/ground ambulance coordinator)
- 1 Transport Loader Crew, as needed
- 1 air ambulance (med-evac) coordinator and additional personnel for the landing zone as needed
- 1 Ambulance Staging Officer (Manager) as needed
- Initially, one fire company can establish the functions of the Transportation Unit then expand as needed.

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# Multi-Casualty Incident Management

