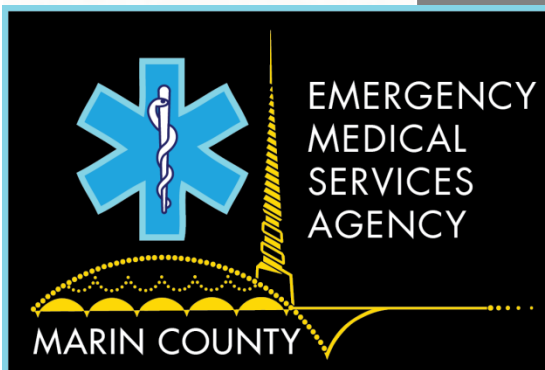


2018

Multiple Patient Management Plan

Marin County Health & Human Services
Emergency Medical Services Agency

Supports the Marin County Operational Area Emergency Operations Plan
and Medical Health Annex



Marin County EMS Agency
January 2018



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Forms **Attachment A**

Position Checklists **Attachment B**

Additional Supporting Documents & Reference Material available from the
EMS Agency website at: <https://ems.marinhhs.org/disaster-information>

ADMINISTRATION CHAPTER

Plan Objectives

The goal of the Multiple Patient Management Plan (MPMP) is to describe procedures designed to aid the greatest number of persons through coordinated incident management principles.

This plan, a component of the Marin County Emergency Medical Services (EMS) system, is designed to serve as a guideline for emergency response personnel. This plan describes coordinated response efforts to minimize loss of life, disabling injuries, and human suffering through effective emergency medical assistance for incidents of various magnitudes, from “routine” responses to large-scale incidents. This plan is utilized for incidents with more than 5 patients requiring transport and will involve a wide range of resources in Marin County, both public and private. Depending on the scope and nature of an incident, austere medical care principles may be implemented to serve the greater needs of the masses. In such cases, the provision of on-scene medical care shall be limited with a greater focus placed on the rapid transport or relocation of the ill or injured.

Competency Levels

First responders should possess the following competencies:

- Working knowledge of the Incident Command System (ICS 100 minimum)
- Working knowledge of the National Incident Management System (NIMS)
- Working knowledge of the California Standardized Emergency Management System (SEMS)
- Hazardous Materials Awareness
- Simple Triage and Rapid Treatment (START) and JumpSTART
- Working knowledge of FIREScope, Field Operations Guide (FOG)
- Working knowledge of the Marin County Fire Mutual Aid Plan
- Working knowledge of Marin County Prehospital Care Policy
- Awareness of Marin Medical Health Annex to Emergency Operations Plan

In addition, the following competencies are recommended for fire service providers:

- Incident Command System 200, 300, and 400
- Hazardous Materials First Responder - Operations

The following competencies are recommended for hospital providers:

- Hospital Incident Command System 100, 200 and 700
- Working knowledge of Marin County Prehospital Care Policy
- Awareness of Marin Medical Health Annex to Emergency Operations Plan

Authority

The California Health and Safety Code, Division 2.5, Chapter 4 – Local Administration, provides authorities for the development and implementation of this Plan by the Marin County Emergency Medical Services Agency. The authorities include sections 1797.204, 1797.250, 1797.103, and 1797.252.

Standards and Guidance

This plan includes the following by reference or incorporation and may be used for guidance when required:

- National Incident Management System (NIMS)
- Standardized Emergency Management System (SEMS)
- Incident Command System (ICS)
- Simple Triage and Rapid Treatment (START) and JumpSTART
- EMT³ or equivalent triage tape system
- FIREScope FOG 420-1
- California Master Mutual Aid Agreement
- California Government Code
- California Emergency Services Act
- Marin County Fire Service Mutual Aid Plan
- California Public Health and Medical Emergency Operations Manual
- California Patient Movement Plan (TBD)
- County of Marin Emergency Operations Plan
- County of Marin Medical and Health Annex
- County of Marin ACS Plan
- County of Marin FTS Guide (TBD)
- Marin Hospital Communications Guide

Public Health and Medical resource requests and Situation Status reports will be done in accordance with the California Public Health and Medical Emergency Operations Manual (EOM) and will serve as the standard for Marin County for all Public Health and Medical incidents.

Roles and Responsibilities

An effective response to multiple patient incidents requires the participation of government and non-government resources through coordinated efforts. All disasters, of any size, are locally managed and may include support from external resources.

Public Safety organizations are responsible for the response, management, and mitigation of incidents that occur within their jurisdiction. A fire or law enforcement officer shall normally serve as the Incident Commander (IC) or participant in a Unified or Area Command, when applicable.

The IC holds the ultimate authority for all decisions made related to the incident. Some exceptions may apply with needed involvement and participation of county, state, or federal authority, based on the nature of the incident. Examples may include incidents involving terrorism, biological agents, natural disaster, federally regulated facilities and transportation, etc.

Fire Service

Responds to multi-patient incidents, participates in unified command, provides scene management and associated treatment and transport. In addition, the Marin County Urban Search and Rescue team is available.

Marin County Fire Department Woodacre ECC is available to support or manage an incident as necessary.

California Highway Patrol

Participates in unified command, scene security and access control for incidents involving freeways, state highways, and county-maintained roadways. Also, provides dignitary protection.

Local Law Enforcement

Participates in unified command, scene security and access control involving their jurisdiction, provides required law enforcement duties.

Marin County Sheriff

Responsible for search-and-rescue operations, intra-county and inter-county law enforcement mutual aid, disaster management, and standard law enforcement duties. Provides support for communications, security, personnel, and transportation of emergency equipment and supplies.

Coroner Division coordinates with other first responder agencies to locate fatalities; arrange for their transportation; establish morgue facilities, as needed; establish a Family Assistance Center; and pursue identification of the dead. Responsible for determination of cause and manner of death; for identification of the dead; for locating and notifying their next of kin; for preserving evidence associated with a death; and for identifying and safeguarding personal property and the estate of a decedent.

Communications Center is responsible for notifications and alerting, dispatching resources, and assigning incident talk-groups, and provides Emergency Medical Dispatch capabilities.

Office of Emergency Services is responsible for supporting the activation and staffing of the Operational Area EOC.

Emergency Medical Services Agency

Responsible for EMS System planning and coordination. May make policy amendments, clinical care modifications, or modify agreements within its authority. Additional specific roles may include but are not limited to the following:

Agency Representative provides on-scene support and recommendations to Incident Command and/or Marin County Communications Center.

Medical Health Operational Area Coordinator (MHOAC) coordinates patient destination, ambulance resources, hospital resources and bed availability, medical mutual aid, etc. May also staff positions in the EOC / DOC.

Private Ambulance Services

Serve as the primary patient transportation system for the medical care facilities (inter-facility transfer) within the county. During a multiple patient event, may be required to augment the 911 system to provide emergency transportation. Supply ambulances for hospital emergency transfers/discharges to increase hospital surge capacity. Private air ambulance services also provide emergency transportation services to the county.

Receiving Hospitals

Provide emergency medical care to the victims of illness and/or injury.

Level III Trauma Center

Serves as the Patient Distribution Center until MHOAC can assume patient distribution responsibilities (i.e. establish an Operational Area Patient Distribution Center (OAPDC). At the onset of the incident, if the Level III Trauma Center cannot fulfill these duties, the responsibility may be transferred to the EDAT after consultation with the EDAT.

Marin Medical Reserve Corps (MMRC)

Volunteer medical providers deployed by the MHOAC to staff Field Treatment Sites (FTS) or other emergency medical care sites.

Other public agencies that may have a response role include:

- Behavioral Health
- Environmental Health
- Public Health
- Parks and Open Space
- National Park Service
- American Red Cross
- Department of Public Works
- Caltrans
- U.S. Coast Guard

OPERATIONS CHAPTER

Concept of Operations - Alerts and Activations

The Marin County Multiple Patient Management Plan uses alerts and activations as a system for notification of, and some level of description of, an incident at its onset.

The alerting process is used to ensure that the EMS system is aware of and preparing to respond to an incident that may exceed local capabilities.

The activation process is to advise the EMS system that an actual incident has occurred. For the initial activation (>5 patients requiring transport), it is important to convey the level of response that may be anticipated for the incident. The Incident Commander should report that this is a small incident: "This is a local MCI" or a large incident: "This is a Level 1" or larger Incident. Any incident larger than a Level 1 may be determined once the overall impact of the incident is evaluated. In this case, the Incident Commander should only be concerned with scene management and resource ordering. The MHOAC Program will coordinate resources from the Region, State and/or Federal partners and, also work to stabilize the EMS System. When needed, assistance or coordination may be provided by OES, EOC and/or DOC staff. Fire and Law Mutual Aid is requested through the Fire and Law mutual aid systems and, when possible, coordinated with the MHOAC program.

The use of the Marin County Trauma Triage Tool may be suspended if the number of trauma patients in a multi-casualty incident exceeds five patients meeting anatomic & physiologic trauma (A&P) criteria. A&P patients that meet START/JumpSTART criteria as "Immediate" will be tagged immediate and considered an 'Immediate Trauma Patient'. These patients should be directed to Level I, II, or III trauma centers. If the number of Immediate Trauma Patients exceeds the number of patients that can be accepted at the trauma centers they can then be routed to other available hospitals. As the incident progresses and space becomes available, these patients should again be routed to level I, II or III trauma centers. Mechanism of Injury criteria does not apply during this type of incident.

FIRESCOPE FOG 420-1 Chapter 15 Multi-Casualty is a reference document for this plan and describes the progression from the initial response organization to reinforced, multi-group and multi-branch responses with sample organizational charts for each of these. The FIRESCOPE response structure progression may not progress in correlation to the activation levels described in this plan. This FIRESCOPE document should be used as guidance for scene incident operations. The MPMP plan describes the transition from scene incident management to county, regional, state and federal response management.

The California Public Health and Medical Emergency Operations Manual also uses activation or response levels that we have emulated; additionally, the state uses a Health and Medical Status System and Incident Typing System which is described in detail. The Medical Status System and Incident Typing System will be handled by the MHOAC Program or the EOC/DOC. Initial resource requests and size-up information will be used to prepare the early notifications for the state.

EMS SYSTEM / MCI ALERT

This section gives a description, examples and actions to be taken to alert the system of an MCI or unusual incident, "MCI Alert" or "EMS System Alert"

An Alert:

- Provides early notification to prepare the EMS system for larger than expected numbers of patients.
- May be requested by any emergency service responder, or initiated by the Marin County Communications Center based on reported information.
- Should be elevated to Activation or Cancellation once the incident has been appropriately evaluated.

Examples of Incidents Which May Trigger EMS System Alert

- Greater alarm structure or wildland fires
- Hazardous Materials Incidents (proven or suspected)
- Facility evacuation (skilled nursing, hospitals, schools, etc.)
- Law enforcement activities (hostage situations, SWAT operations, etc.)
- Vehicle accidents involving multiple vehicles and/or patients
- Intelligence information indicates that an incident may occur that may cause many ill or injured
- Medical Mutual Aid is requested or is being provided to another county
- Complete or partial failure of EMS system critical infrastructure (e.g. hospital compromise, communications system)

ALERT INITIATION

- The IC notifies their dispatch center to initiate an Alert.
- The dispatch center in the local jurisdiction immediately notifies Marin County Communications.

ALERT CANCELLATION

- The IC notifies their dispatch center to cancel an Alert.
- The dispatch center in the local jurisdiction immediately notifies Marin County Communications.

County Communications Actions

- May initiate Alert for incidents involving SMART train, bus, or five or more vehicles
- Broadcast Alerts and Alert Cancellations
- Dispatch only resources specifically requested by the IC.
- Determine number of fire and private ambulances available for system or incident response
- Notify Fire Service Battalion Chiefs, private ambulance Field Supervisors, and Sheriff's Office Watch Commander
- Notify hospitals
- Notify MHOAC or designee

Hospital Actions
• All hospitals update status and bed availability (HAvBED) via ReddiNet • Monitor “HOSP” talk group on MERA
LEMSA Actions
• The MHOAC initiates actions to ensure the integrity of the EMS system, as appropriate • The Office of Emergency Services may be notified • The County Public Health Officer may be notified • Region II Regional Disaster Medical Health Specialist (RDMHS) may be notified

ACTIVATIONS

This section gives a brief and general description of the general responsibilities of each involved Agency.

An Activation:

- Advises the EMS system that an actual incident has occurred
- May be requested by any emergency service Incident Commander

INITIATION

The IC notifies their dispatch center to initiate an Activation. The IC shall provide the following information to their dispatch center. The local dispatch center shall provide the information immediately to Marin County Communications.

- Level of Activation (e.g. Local MCI, Level 1, etc.)
- Estimated number of patients requiring transportation
- Ground and/or air ambulance staging locations
- Safety or approach instructions
- Any need for additional resources

Marin County Communications will broadcast an Activation to EMS system.

CANCELLATION

The IC notifies their local dispatch center to cancel the Activation.

The local dispatch center in that jurisdiction immediately notifies Marin County Communications.

Marin County Communications notifies EMS system that the Activation has been cancelled.

ACTIVATION LEVEL SUMMARY and EXAMPLES

This section provides examples of the size of incident that would most likely match the activation level.

Local MCI Activation 6-15 Patients	Operational Focus is on incident management including the use of resources necessary to mitigate the problem (scene safety, security, specialty response, on-scene patient evaluation, etc.). EMS system modifications may be implemented. (e.g. suspending hospital diversions, amending dispatch criteria, etc.) Example: Multiple vehicle collision involving 15 patients requiring transportation.
Level 1 Activation 16-50 Patients	Operational and Strategic Focus shifts from individual incident management to maintaining the County's EMS system and a possible transition from focused patient care to population based care. EMS system modifications are implemented. In-county mutual aid resources are requested. Example: Aircraft collision, skilled nursing facility evacuation, large motor vehicle collision, involving 20-30 patients.
Level 2 Activation 50-200 Patients	Operational and Strategic Focus is on scene management, resources necessary to mitigate the incident and maintain the County's EMS System. This includes a transition from focused patient care to population based care. It is necessary to make modifications to the daily 911-EMS system to support the incident and stability of the system. This includes the use of out-of-county mutual aid resources from Region II. Example: Large aircraft collision, hospital facility evacuation, isolated natural incident, involving 80 patients.
Level 3 Activation >200 Patients	Operational and Strategic focus is on scene management, resources necessary to mitigate the incident and maintain the County's EMS System. This includes a transition from focused patient care to population based care. It is necessary to make modifications to the daily 911-EMS system to support the incident and stability of the system. This includes the use of out-of-county mutual aid resources from regional, state and federal partners. Example: Significant natural incident or other incidents involving more than 200 patients.

Activation Action Plans

This section gives more detailed bullets of actions to be taken in each described subject area.

Local MCI Activation Incident requiring only local resources (approx. 6-15 patients)

Description

- Involves more than five (5) and up to fifteen (15) patients that require ambulance transportation
- Managed with local jurisdiction resources

Focus

The focus is on the management of the scene and resources necessary to mitigate the incident (scene safety, security, specialty response, on-scene patient evaluation, etc.). It is not necessary for the County to make modifications to the EMS System to support the incident.

Example

Multiple vehicle collision involving 11 patients, 6 requiring transportation (See Activation Roles and Responsibilities Table).

Roles and Responsibilities

Dispatch

- Local public safety jurisdiction PSAP continues normal operations not related to the incident
- County Communications coordinates the dispatch of all incident resources
- County Communications advises all hospitals and ambulance dispatch centers of an activation and assigns the "HOSP" talk group as one of the tactical channels for the incident
- MCFD ECC manages incidents in their areas and may assist County Communications as needed
- Ensures all available ambulance resources are available to the EMS system and notifies the MHOAC if there is a shortage of ambulances for the system

Local Fire Department

- Incident management and mitigation
- Triage of the ill and/or injured
- On-scene treatment of the ill and/or injured

Law Enforcement Agency

- Overall incident management
- Scene security
- Investigation

Fire Service Ambulance Providers

- Supplies ambulances for providing rapid transportation from the treatment area to the appropriate facilities
- Coordinates ambulance operations

Private Ambulance Service Providers

- May be used in the 911 system, either at the scene of the incident or by responding to 911 medical calls
- Supplies ambulances to the incident to provide transportation from the treatment area to appropriate facilities
- Air Ambulance Providers provide transportation to appropriate facilities when possible

LEMSA / MHOAC

- Monitors incident
- May respond to incident as an agency representative
- Provides incident support and assistance as needed

Hospitals

- Prepare to receive patients transported from the scene as well as those who have left the scene on their own (ensure decontamination as appropriate)
- Consider implementing the Hospital Incident Command System (HICS)
- Initiate internal surge capacity and other appropriate contingency actions and plans
- Monitor ReddiNet for incident information
- Monitor MERA "HOSP" talk group for hospital coordination
- May serve as the Patient Distribution Center as per county policy

Level 1 Activation

Multi-Casualty Incident requiring county-wide resources (approx. 16-50 patients)

Description

- Involves more than fifteen (15) and up to fifty (50) patients that require ambulance transportation
- Requires in-county mutual aid assistance

Focus

Focus is on the management of the scene and resources necessary to mitigate the problem (scene safety, security, specialty response, on-scene patient evaluation, etc.). It may be necessary for the County to make minor modifications to the daily 911 EMS System to support the incident. This may include suspending hospital diversions, amending dispatch criteria, and other actions as appropriate to the incident.

Example

Multiple vehicle collision involving 35 patients, 25 requiring transportation (See [Roles and Responsibilities Table](#)).

Roles and Responsibilities (Level 1 and Higher)

Dispatch

- Local public safety jurisdiction PSAP continues normal operations not related to the incident.
- County Communications coordinates the dispatch of all incident resources
- County Communications advises all ambulance dispatch centers of event
- Ensures all available ambulance resources are available to the EMS system and notifies the MHOAC if there is a shortage of ambulances for the system

Local Fire Department

- Incident management and mitigation
- Triage of the ill and/or injured
- On-scene treatment of the ill and/or injured
- Orders local resources

Law Enforcement Agency

- Overall incident management
- Scene security
- Investigation

Fire Service Ambulance Provider

- Supplies ambulances for providing rapid transportation from the treatment area to the hospital
- Coordinates ambulance operations

Private Ambulance Service Providers

- Used in the 911 system, either at the scene of the incident or by responding to EMS calls
- Supply ground or air ambulances to the incident for patient transportation from the treatment area
- Supply ambulances for urgent hospital transfers to enhance hospital surge capacity

LEMSA / MHOAC

- Takes any appropriate actions which may include suspension of hospital diversion, policy modification or suspension, amended dispatch procedures, or any other actions needed for incident mitigation
- Ensures adequate resources are available to support the incident and the EMS system
- Provides technical assistance in support of the incident
- Coordinates Field Treatment Sites
- Coordinates in-county medical-health resources, including activation of MMRC
- Manages medical mutual aid requests
- Coordinates with the Operational Area EOC and RDMHS

Hospitals

- Prepare to receive patients transported from the scene as well as those who have left the scene on their own (ensure decontamination as appropriate)
- Implement HICS
- Initiate internal surge capacity plans and other appropriate contingency actions and plans
- Monitor ReddiNet for incident information
- Monitor MERA HOSP talk group for hospital coordination
- Suspend diversions
- May serve as the Patient Distribution Center as per county policy until LEMSA assumes control

Level 2 Activation

Multi-Casualty Incident requiring Regional Resources (approx. 50-200 patients)

Description

- Involves 50 to 200 patients requiring ambulance transportation
- Requires local, county and regional resources
- Local fire or law enforcement agencies (or designee) request medical-health resources through the MHOAC.
- The MHOAC will serve as a resource coordinator for all medical-health resources coming into the County
- MHOAC shall make appropriate notifications to the IC, RDMHS, and County OES.
- Non-Medical and Health resources are ordered through Department Operations Center and County EOC

Focus

Focus is on the management of the scene and ordering resources necessary to mitigate the problem (scene safety, security, specialty response, on-scene patient evaluation, etc.). It may be necessary for the County to make modifications to the daily 911-EMS System to support the incident (e.g. hospital diversions, amending dispatch criteria, and other actions as appropriate to the incident).

Actions taken during Level 2 Activation Incidents shall focus on maintaining the integrity of the EMS system, transition from focused patient care to population based patient care, providing resources to multiple patient incidents, and ensuring the general health and welfare of the public.

Example

Aircraft collision, skilled nursing facility evacuation, or large motor vehicle collision, involving up to 50 patients. (See Activation Roles and Responsibilities Table)

Level 3 Activation

MCI requiring Regional, State and Federal Resources (> 200 patients)

Description

- Incident involves more than 200 patients requiring ambulance transportation.
- EMS system mutual aid resources are anticipated or requested from the region, state and federal partners
- Local public safety agencies (or designee) request medical-health resources through the MHOAC.
- The MHOAC will serve as a resource coordinator for all medical-health resources within the county and shall make any appropriate medical mutual aid resource requests through the Region.
- MHOAC shall make appropriate notifications to the IC, RDMHS, and County OES.
- Non-Medical and Health resources are ordered through Department Operations Centers and County EOC
- Some incidents may elevate to a Level 3 Activation due to the need for state or federal resources regardless of the number of patients involved, e.g. WMD incident.

Focus

Focus is on scene management, resources necessary to mitigate the incident and maintain the County's EMS System. This includes a transition from focused patient care to population based care. It is necessary to make modifications to the daily 911-EMS system to support the incident and stability of the system. This includes the use of out-of-county mutual aid resources from regional, state and federal partners.

Example

Earthquake with multiple incidents, with over 200 patients requiring transportation. Or Terrorist WMD incident with 20 patients. (See Activation Roles and Responsibilities Table)

Activation Roles and Responsibilities

(Actions should be considered in a progressive manner from MCI to Level 3 Activation)

Description	Actions
Communications	Local MCI - Local jurisdictions and hospitals operate on their own talk groups - Responding ambulances communicate on designated Talk Groups - On-scene coordination/car-to-car communications may occur on an assigned Tactical Talk Group
	Level 1 Communications plan prepared
	Level 2 Activation - Command and Control coordination occur on talk groups as assigned - On-scene communications occurs on assigned tactical talk groups
	Level 3 Activation Alternate communications systems may be employed
Documentation	Local MCI - Triage tags used, followed by a Patient Care Report (PCR) when available for each patient per county policy - Patient Status Sheet used by Transportation Group Supervisor - All ICS positions complete appropriate ICS forms
	Level 1 Activation - Only Triage tags used for each patient during the incident - After Action Report completed - PCR may be completed post incident
	Level 2 Activation Same as Level 1 Activation
	Level 3 Activation Same as Level 1 Activation

Activation Roles and Responsibilities (Cont.)	
Description	Actions
Patient Destination	Local MCI - One (1) immediate, one (1) delayed and two (2) minor patients may initially be routed to closest appropriate facilities, additional patients may be assigned by the Patient Distribution Center - The Transportation Group Supervisor shall ensure than no one hospital is inappropriately taxed through contact with Patient Distribution Center - Trauma Triage Criteria and destination may be waived at the discretion of the Patient Distribution Center or the Medical Group Supervisor - Hospitals are informed of Local MCI Activation via ReddiNet (no bed query requested) - Medical Communications Coordinator (Med Comm) notifies Patient Distribution Center of pending ambulance arrivals - Patient Distribution Center initiates MCI on ReddiNet
	Level 1 Activation - Ambulance diversions cancelled - Two (2) immediate, two (2) delayed and four (4) minor patients may initially be routed to closest appropriate facilities, additional patients to be assigned by the Patient Distribution Center - The Patient Distribution Center shall ensure that patients are distributed appropriately - Trauma Triage Criteria and destination waived - All hospitals update bed availability (HAVBED) via ReddiNet
	Level 2 Activation - Patient Distribution Center and MHOAC, coordinate patient distribution - Use of field treatment sites/alternate care sites may be implemented - Hospitals are informed of Level 2 Activation via ReddiNet and immediately report total in-house bed availability. - Hospitals may implement in-house disaster/surge capacity plans
	Level 3 Activation - Marin LEMSAs route patients to out-of-county facilities (through the EOC or DOC when activated) - Hospitals are informed of Level 3 Activation via ReddiNet and/or phone and immediately report total in-house bed availability.

Activation Roles and Responsibilities (Cont.)	
Description	Actions
EMS Resources	Local MCI - Request for resources will be made by the IC - The private EMS ambulance providers may be requested for 911 response
	Level 1 Activation - Private EMS ambulance providers may suspend routine transfers for the duration of the activation - Local EMS system response will be altered - Non-traditional EMS resources may be used (e.g. buses or other vehicles) Level 2 Activation - MHOAC and Fire Mutual Aid Coordinator coordinate requests for mutual aid ambulances Level 3 Activation - Same as Level 2 Activation
Public Safety Answering Points (PSAPs)	Local MCI - Local fire or law enforcement PSAP continues normal operations not related to the incident. - County Communications coordinates the dispatch of all incident ambulances and medical health resources Level 1 Activation - County Communications advises all ambulance dispatch centers of event Level 2 Activation - Same as Level 1 Activation Level 3 Activation - Same as Level 1 Activation

Activation Roles and Responsibilities (Cont.)	
Description	Actions
LEMSA / MHOAC	Local MCI - Monitors incident - May respond to incident as an agency representative - Provides incident support and assistance as needed
	Level 1 Activation - Takes any appropriate actions which may include suspension of hospital diversion, policy modification or suspension, amended dispatch procedures, or any other actions needed for incident mitigation - Ensures adequate resources are available to support the incident and the EMS system - Provides technical assistance in support of the incident - Coordinates Field Treatment Sites/Alternate Treatment Sites - Coordinates in-county medical-health resources, including activation of MMRC - Manages medical mutual aid requests - Coordinates with the Operational Area EOC and RDMHS
	Level 2 Activation - Based on the size and/or nature of the event, the HHS DOC or County EOC may be activated to coordinate medical health resources. In absence of activation, the EMS Administrator/MHOAC or designee will have responsibility for completing tasks. - Coordinates global patient destination/distribution - Coordinates field treatment sites/alternate care sites - Coordinates in-county medical-health resources - Coordinates medical mutual aid requests - Coordinates with the County EOC and RDMHS
	Level 3 Activation - Authorizes use of mutual aid including ordering of resources - Coordinates with Region II and other Operational Areas

Activation Roles and Responsibilities (Cont.)	
Description	Actions
Notifications	Local MCI • Fire and Law enforcement agencies • Hospitals (via ReddiNet) • Private ambulance operations managers • County Communications managers • LEMS / MHOAC
	Level 1 Activation • Local public safety agency determines internal notifications • OES notified
	Level 2 Activation • EMS and HHS Emergency Operations Staff notified • All public safety and private ambulance dispatch centers notified
	Level 3 Activation • Same as Level 2 Activation
Recommended ICS Structure (Medical Positions)	Local MCI • Medical Group Supervisor • Triage Unit Leader • Treatment Unit Leader • Transportation Unit Leader • Air Ambulance Coordinator • Medical Communications Coordinator • Any position assigned by the IC if qualified and trained for that position
	Level 1 Activation Same as Local MCI and add: • Agency representatives • Technical Specialists • Other ICS positions as required
	Level 2 Activation Same as Level 1 Activation and add: • Medical Branch Director • Other ICS positions as required
	Level 3 Activation Same as Level 2 Activation and add: • Other ICS positions as required

Activation Roles and Responsibilities (Cont.)	
Description	Actions
Site Plan	Local MCI - Incident Command Post identified - Ambulance staging area identified - Treatment areas identified - Ambulance loading area - Ambulance travel pattern
	Level 1 Activation Same as Local MCI
	Level 2 Activation Same as Local MCI
	Level 3 Activation Same as Local MCI

Example: This is an example of a typical scene layout for an MCI.

Broad Street MCI

