EL DORADO COUNTY EMS AGENCY

MULTI CASUALTY INCIDENT PLAN
# EDCEMS Multi-Casualty Plan

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*Separate Triage Tag Receipt Holders are used by each treatment area managers*
MULTIPLE PATIENT INCIDENT RESPONSE POLICY STATEMENT

PURPOSE:
To establish responsibilities and determine actions required to coordinate multi-agency response to any multiple patient incidents in El Dorado County.

DEFINITIONS:
Disaster Control Facility (DCF) – Is that agency responsible for the dispersal of patients during Multi Casualty Incidents.

Disaster Medical Services (DMS) – The manufacturer of the disaster kits utilized in El Dorado County. DMS forms and triage tags are to be utilized for MPIs/MCIs as appropriate.

Incident Command System (ICS) - A combination of equipment, personnel and procedures for communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish objectives pertaining to an emergency incident. ICS is a sub-system of the National Inter-Agency Incident Management System (NIIMS) and a component of Standard Emergency Management System (SEMS).

Multi-Casualty Incident (MCI) – Any incident involving six (6) or more patients. MCI patients shall be tagged/tracked with the county approved triage tags/forms.

Multi-Patient Incident (MPI) – An incident involving more than two (2) patients, up to five (5) patients. MPI patients can be numbered sequentially or triage tags can be used.


POLICY:
1) The El Dorado County EMS Agency endorses the California Office of Emergency Services Region IV Multi-Casualty Incident (MCI) Plan, the Incident Command System (ICS), and the Standardized Emergency Management System (SEMS). All El Dorado County EMS contracted agencies must utilize the Region IV MCI Plan or a County approved equivalent plan.

2) Emergency response agencies and personnel shall familiarize themselves with the Standardized Emergency Management System (SEMS) regulations.

3) El Dorado County EMS personnel should be thoroughly familiar with the Multi-Casualty Incident Plan used by the local public safety agencies, the START triage procedures, and the Incident Command System (ICS).

4) The first arriving emergency unit should be prepared to quickly size up the incident; request additional resources; declare MCI/MPI, and implement ICS operations; provide a scene description and early notification to the base station/DCF; and assume roles and responsibilities according to the California Office of Emergency Services Region IV Multi-Casualty Incident Plan.

5) Once declared, an MCI/MPI cannot be “undeclared” by scene personnel until the incident is terminated and all patients have been transported or released.
6) All completed DMS forms and any other recorded documentation shall be submitted to the EMS Agency within 72 hours of the incident or as soon as practicable, given Holidays and weekends. An EMS Event Analysis Form shall be completed for all declared MPI/MCIs. The EMS event analysis form shall be forwarded to the Continuous Quality Improvement (CQI) Committee Chairperson and El Dorado County EMSA. Confidentiality of responder’s names and patient names will follow the CQI policy.

7) An analysis of the event shall be conducted using the CQI Committee Guidelines, and be conducted at the next scheduled CQI meeting. The CQI Committee should invite all responding agencies and the base hospital for all MCI’s / MPI’s.

8) Learning points from the CQI Committee’s analysis of the event should be forwarded to the El Dorado County EMSA, El Dorado County Training Officers, and the El Dorado County Medical Advisory Committee.

9) This plan shall be trained on regularly and updated on an annual basis.

**MCI KEY POINTS**

1) The “official” definition of a Multi Casualty Incident (MCI) is any incident that exceeds the capabilities of the initial response. For El Dorado County purposes, MCIs will be considered any medical incident involving six (6) or more patients. Incidents involving 2-5 patients will be considered MPI’s.

2) An MCI requires a streamlined approach to patient treatment and transport.

3) Designed to minimize scene time, easily manage a scene by establishing ICS positions, and do the greatest good for the greatest number of patients.

4) There are six ICS positions that must be filled during an MCI:
   - Incident Commander (IC)
   - Medical Group Supervisor
   - Medical Communications Coordinator
   - Treatment Unit Leader
   - Transportation Group Supervisor
   - Triage Unit Leader

   One person can assume multiple roles; however the Medical Communications Coordinator position should be filled independently.

5) The Medical Communications Coordinator position should be filled by the first in Paramedic with direct communications to the DCF. If this is the first arriving ambulance, that ambulance should be the last to transport. This is especially critical in an “MCI” where a large number of victims may benefit from the extra personnel and equipment at scene. This will allow for consistent communications throughout the incident. Remember this is a declared disaster; we are trying to do the greatest good for the greatest number of patients. If the Engine Company Paramedic is able to maintain Medical Communications, this will free up an ambulance for transport. Utilizing the first-in ambulance allows the engine companies to triage and treat patients and perform all of the other necessary duties at the scene. If the first-in ambulance transports too early, two critical ICS
positions are lost, a great equipment cache, and an excellent communications hub with MedNet radio and cellular communications.

6) IC, Medical Group Supervisor and Transportation Group Supervisor need to have very good communication (face to face if possible). This will ensure easy communications when ordering resources.

7) Each incoming unit will advise IC or Transportation Group Supervisor of impending arrival and request assignment.

8) Order EARLY and order BIG. You can always cancel later.

9) Triage patients with ribbons/ triage tags for all declared MCIs. Know how to properly use triage tags and MCI kits BEFORE the incident.

10) Make centrally located treatment areas titled: Immediate, Delayed, and Minor. If you take a few minutes to gather your patients, this will ensure that they can be transported off scene quickly and no patients will be left behind.

11) Ensure all patients have been accounted for and have been triaged.

12) The initial triage person/team should utilize colored ribbons to triage patients.

13) Re-triage patients as they may deteriorate. Triage tags should be applied upon re-triaging the patient.

14) Consider loading more than one patient in an ambulance. Ideally an Immediate patient with a couple of Minor or Delayed patients. Sometimes you will need to load 2 immediate into 1 ambulance.

15) Ensure destination instructions are clear and understood with transporting agency.

16) Only one person (Medical Communications Coordinator) should communicate with the Base/Disaster Control Facility (DCF). This should be done very early in the incident and be maintained by the same person for the duration. THE MEDICAL COMMUNICATIONS COORDINATOR SHOULD NOT BE INVOLVED WITH PATIENT CARE.

17) Transporting units will make brief contact to destination hospital once en route.

18) After the incident, ensure all patients are accounted for and have been transported. This shall include re-contact of the base station/DCF to confirm patients and destinations.

19) Ensure Medical Communications Coordinator has the most updated information on patients and hospital destinations.

20) Have good documentation during the Incident and one complete set of documentation at the conclusion of the incident. These are cases that end up in court. Reference MCI packet for proper documentation forms.

21) The complete set of paperwork needs to be sent to the hosting agency post incident, the Base/DCF, and forwarded to the EMS office.

22) Include all participating personnel in any post-incident reviews, including base hospital staff. This should be conducted by a neutral third party from within the system (FTO, training officer, etc.) to avoid any bias. Information collected shall be presented to the CQI Committee for review and discussion.
EDCEMS MULTI-CASUALTY PLAN

MCI ICS CHART

INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH

FULL BRANCH RESPONSE LEVEL

(INCIDENT COMMANDER)

OPERATIONS
SECTION CHIEF

STAGING AREA
MANAGER

MULTI-CASUALTY
BRANCH DIRECTOR

MEDICAL GROUP
SUPERVISOR

MEDICAL SUPPLY
COORDINATOR

TRiage UNIT
LEADER

TRiage PERSONNEL

MOROUS
MANAGER

TREATMENT UNIT
LEADER

TREATMENT DISPATCH MANAGER

IMMEDIATE TREATMENT MANAGER

DELAYED TREATMENT MANAGER

MINOR TREATMENT MANAGER

PATIENT TRANSPORTATION
GROUP SUPERVISOR

MEDICAL COMMUNICATIONS
COORDINATOR

AIR AMBULANCE
COORDINATOR

GROUND AMBULANCE
COORDINATOR

DISASTER CONTROL
FACILITY

(AFF SCENE)

AIR SUPPORT
SUPERVISOR

HELBASE
MANAGER

HELISPOT
MANAGER

FIXED WING
BASE MANAGER

AIR ATTACK
SUPERVISOR

HEICOPTER
COORDINATOR

AIR TANKER
COORDINATOR

ORGANIZATIONAL LINES

COMMUNICATIONS LINES
EDCEMS MULTI-CASUALTY PLAN

Definition:
FIRE OFFICER

Reports to:
BRANCH DIRECTOR/OSC.

Duties:
1. Assign:
   a. TRIAGE UNIT LEADER
   b. TREATMENT UNIT LEADER
   c. MEDICAL SUPPLY COORDINATOR

2. Coordinate with TREATMENT UNIT LEADER in locating treatment areas.

3. Determine amount and type of additional medical resources and supplies needed (Medical cache, Litter Teams, Treatment Teams).

4. Obtain resources as requested from Unit Leaders.

5. Request Law Enforcement.
**ACTIVITY LOG (ICS 214)**

1. Incident Name:
2. Operational Period:
   - Date From: __/__/___  Date To: __/__/___
   - Time From: ___:___  Time To: ___:___
3. Name:
4. ICS Position
5. Home Agency (and Unit)
6. Resources Assigned:

<table>
<thead>
<tr>
<th>Name</th>
<th>ICS Position</th>
<th>Home Agency (and Unit)</th>
</tr>
</thead>
<tbody>
<tr>
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7. Activity Log:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Notable Activities</th>
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</tbody>
</table>

8. Prepared by:
   - Name: ____________________
   - Position/Title: ____________
   - Date: __/__/___
   - Time: ___:___
   - Signature: ____________
Definition:
First in Paramedic Unit

Reports to:
PATIENT TRANSPORTATION GROUP SUPERVISOR

Duties:
1. Establish communication with hospital. Position squad next to ambulance loading area.

2. Determine and maintain current status of hospital/medical facility availability using the “DMS-05533 Bed Availability Worksheet”.

3. Give hospital destinations to GROUND AMBULANCE COORDINATOR/TREATMENT DISPATCH MANAGER.
Bed Availability Worksheet

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Available Beds</th>
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<td>14 15 16 17 18 19 20 21 22 23 24 25 26</td>
</tr>
<tr>
<td>PMC □</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>1 2 3 4 5 6 7 8 9 10 11 12 13</td>
<td>14 15 16 17 18 19 20 21 22 23 24 25 26</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Helipad □</td>
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<td>Helipad □</td>
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<td><strong>DELAYED</strong></td>
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<td></td>
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<tr>
<td>Helipad □</td>
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<tr>
<td><strong>MINOR</strong></td>
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<td>Burn □</td>
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<tr>
<td>Helipad □</td>
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EDCEMS MULTI-CASUALTY PLAN

EMT TRIAGE UNIT LEADER

Definition:
FIRE OFFICER with COMMUNICATIONS

Reports to:
MEDICAL GROUP SUPERVISOR (MGS)

Duties:
1. Develop Triage Plan and request resources as needed.
   a. Triage Personnel
   b. Litter Team
2. Obtain TRIAGE UNIT LEADER packet for First in Squad.
3. Obtain triage totals (DMS-05751 Patient Count Cards) from Triage Personnel using “DMS-05769 Triage Count Worksheet” and communicate totals to IC/MGS.
4. Request location of treatment area.
5. Coordinate movement of patients from triage area to treatment area.
6. Request reassignment of Triage/Litter Team Personnel.
7. Establish morgue.

For DMS-05001, DMS-05002

Triage Unit Leader

Division Superintendent
Medical Group

Medical Supply Coordinator

Patient Transportation Group Supervisor

Air Squads

Medical Communications Coordinator

Air Ambulance Coordinator

Immediate Treatment Manager

Litter Teams

Triage Personnel

Triage Unit Leader

Treatment Unit Leader

*Ground Ambulance Coordinator

*Positions Require Recorder

*DMS-05751

Initial Triage Worksheet

DMS-05769

Triage Unit Leader
**EDCEMS MULTI-CASUALTY PLAN**

---

### PRIMARY TRIAGE COUNT CARD

<table>
<thead>
<tr>
<th>Location:</th>
<th>Triage Unit Leader Advised</th>
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<table>
<thead>
<tr>
<th>ADULT 1</th>
<th>PED 1</th>
<th>2</th>
<th>3</th>
<th>0</th>
<th>Total</th>
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DMS-05751 - Rev 5-7-13

TriageTags.com
EDCEMS MULTI-CASUALTY PLAN

### Triage Count Worksheet

<table>
<thead>
<tr>
<th>Incident</th>
<th>Comm Plan Tact</th>
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<tbody>
<tr>
<td>Recorder Name</td>
<td>Agency</td>
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#### Triage Unit Members

<table>
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<tr>
<th>Last Name</th>
<th>Agency</th>
<th>Last Name</th>
<th>Agency</th>
<th>Last Name</th>
<th>Agency</th>
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#### Initial Count

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<tr>
<th>Location</th>
<th>ADULTS</th>
<th>PEDIATRICS</th>
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<tr>
<td>Tally from Triage Teams</td>
<td>Total</td>
<td>Tally from Triage Teams</td>
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<tr>
<td>1</td>
<td>IMMEDIATE</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>DELAYED</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>MINOR</td>
<td>3</td>
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<tr>
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<td>MORGUE</td>
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#### Secondary Count

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<tr>
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<th>PEDIATRICS</th>
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<tbody>
<tr>
<td>Tally from Triage Teams</td>
<td>Total</td>
<td>Tally from Triage Teams</td>
</tr>
<tr>
<td>1</td>
<td>IMMEDIATE</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>DELAYED</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>MINOR</td>
<td>3</td>
</tr>
<tr>
<td>0</td>
<td>MORGUE</td>
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</table>

MedCom Advised | PT Total

---
Definition:
FIRE OFFICER

Reports to:
MULTI-CASUALTY BRANCH DIRECTOR/ OPERATIONS SECTION CHIEF

Duties:
1. Supervises:
   a. MEDICAL COMMUNICATION COORDINATOR
   b. GROUND AMBULANCE COORDINATOR
   c. AIR AMBULANCE COORDINATOR

2. Designate ambulance staging areas.

3. Direct the transportation of patients as determined by TREATMENT UNIT LEADERS.

4. Establish communication with AMBULANCE COORDINATORS.

5. Request additional ambulances as needed.

6. Coordinate air ambulance use through AIR BRANCH OPS DIRECTOR.
Definition:
FIRE OFFICER or Medically Qualified Civilian trained in this position.

Reports to:
MEDICAL GROUP SUPERVISOR/I.C.

Duties:
1. Establish treatment area location in coordination with I.C.
2. Communicate treatment area location with TRIAGE UNIT LEADER.
3. Obtain and deploy position vests and treatment tarps as needed.
4. Assign TDM, IMMEDIATE, DELAYED, and MINOR TREATMENT MANAGERS and records as needed. Provide DMS-05788 Triage Tag Receipt Holder forms for all Treatment Area Managers.
5. Ensure tracking is initiated for each patient. Record name and bar code.
6. Keep running tallies from Treatment Area Managers using the DMS-05788 Treatment Unit Leader Count Worksheet.
7. Request medical supplies as needed.
8. Request resources for Transport Teams and Litter Teams as needed.

TREATMENT UNIT LEADER
Definition:
Fire Officer to E.M.T. Personnel trained in this position.

Reports to:
TREATMENT UNIT LEADER

Duties:
1. Establish communications with:
   a. IMMEDIATE
   b. DELAYED and
   c. MINOR TREATMENT MANAGERS

2. Establish communications with TRANSPORTATION GROUP

3. Prioritize patients for transportation utilizing agency form and obtain patient destination from MEDICAL COMMUNICATIONS COORDINATOR.

4. Coordinate ambulance loading with TREATMENT MANAGER.

5. Coordinate patient movement in conjunction with IMMEDIATE, DELAYED, and MINOR TREATMENT MANAGERS.
EDCEMS MULTI-CASUALTY PLAN

IMMEDIATE TREATMENT MANAGER

Compatible with EMT
Immediate Treatment Manager

Definition:
Fire Officer/E.M.T.

Reports to:
TREATMENT UNIT LEADER

Duties:
1. Obtain Immediate Treatment Packet and “DMS-05788 Triage Tag Receipt Holder” and clipboard from TREATMENT UNIT LEADER.

2. Assume Recorder position until position is delegated or staffed.

3. Request and assign sufficient treatment teams.

4. Receive and direct patients from triage.

5. Ensure ongoing patient assessments are conducted.

6. Coordinate movement of patients with TREATMENT DISPATCH MANAGER and TRANSPORTATION GROUP SUPERVISOR.
EDCEMS MULTI-CASUALTY PLAN

<table>
<thead>
<tr>
<th>Triage Tag Receipt Holder</th>
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<tbody>
<tr>
<td><strong>Indicate Treatment Area(s)</strong></td>
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<tr>
<td><strong>AreaMgr</strong></td>
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<tr>
<td>Notes:</td>
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<tr>
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</table>
EDCEMS MULTI-CASUALTY PLAN

Definition:
Fire Officer/E.M.T.

Reports to:
TREATMENT UNIT LEADER

Duties:
1. Obtain Immediate Treatment Packet and “DMS-05768 Triage Tag Receipt Holder” and clipboard from TREATMENT UNIT LEADER.
2. Assume Recorder position until position is delegated or staffed.
3. Request and assign sufficient treatment teams.
4. Receive and direct patients from triage.
5. Ensure ongoing patient assessments are conducted.
6. Coordinate movement of patients with TREATMENT DISPATCH MANAGER and TRANSPORTATION GROUP SUPERVISOR.
EDCEMS MULTI-CASUALTY PLAN

Definition:
Fire Officer/E.M.T.

Reports to:
TREATMENT UNIT LEADER

Duties:
1. Obtain immediate Treatment Packet and "DMS-05768 Triage Tag Receipt Holder" and clipboard from TREATMENT UNIT LEADER.
2. Assume Recorder position until position is delegated or staffed.
3. Request and assign sufficient treatment teams.
4. Receive and direct patients from triage.
5. Ensure ongoing patient assessments are conducted.
6. Coordinate movement of patients with TREATMENT DISPATCH MANAGER and TRANSPORTATION GROUP SUPERVISOR.
EDCEMS MULTI-CASUALTY PLAN

Definition:
Law Enforcement/Security Personnel

Reports to:
PROPER AUTHORITY

Duties:
1. Obtain Expectant/Morgue Packet and “DMS-05768 Triage Tag Receipt Holder” and clipboard from TREATMENT UNIT LEADER.
2. Assume Recorder position until position is delegated or staffed.
3. Coordinate movement of victims with PROPER AUTHORITY.
**Definition:**
FIRE OFFICER

**Reports to:**
PATIENT TRANSPORTATION GROUP SUPERVISOR

**Duties:**
1. Establish appropriate staging area for ambulances.
2. Request location of Helispot from IC or Operations.
3. Establish routes of travel for ambulances to and from both staging and Helispot.
4. Establish and maintain communications with the AIR OPERATIONS BRANCH DIRECTOR and Helispot Manager.
5. Establish and maintain communications with the MEDICAL COMMUNICATIONS COORDINATOR and TREATMENT DISPATCH MANAGER.
6. Establish immediate contact with ambulance agencies at the scene.
7. Request additional transportation resources as needed (buses, vans).
9. Maintain required records utilizing "DMS-05767 Transportation Receipt Holders".

**NOTE:** At larger, more complex incidents, a separate person will need to be assigned to each position.
### Ambulance Staging Resource Status

<table>
<thead>
<tr>
<th>Agency</th>
<th>Unit Number</th>
<th>Time In Staging Area</th>
<th>Time Out Staging Area</th>
</tr>
</thead>
<tbody>
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<td>ALS</td>
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<td></td>
<td></td>
</tr>
<tr>
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EDCEMS MULTI-CASUALTY PLAN

The Supply Unit is responsible for ordering, receiving, processing, and storing all incident-related resources.

All off-incident resources will be ordered through the Supply Unit including:
- Tactical and support resources, including personnel.
- All expendable and non-expendable support supplies.

Responsibilities:
- Provide input to Logistics Section planning activities.
- Provide supplies to Planning, Logistics, and Finance/Administration Sections.
- Determine the type and amount of supplies en route.
- Order, receive, distribute, and store supplies and equipment.
- Respond to requests for personnel, equipment and supplies.
- Maintain an inventory of supplies and equipment.
- Service reusable equipment as needed.

Two Managers report directly to the Supply Unit Leader:
Ordering Manager:
Places all orders for incident supplies and equipment.

Receiving and Distribution Manager:
Receives and distributes all supplies and equipment (other than primary tactical resources), and is responsible for the service and repair of tools and equipment.

For some applications, a Tool and Equipment Specialist may be assigned to service and repair all hand tools. The specialist reports to the Receiving and Distribution Manager.

ICS Forms Required of this Position
ICS 213 General Message
ICS 214 Unit Activity Log

SUPPLY UNIT LEADER
Initial Triage Ribbon Dispenser

Count Card

Approximately 2’ of ribbon on an uninjured extremity
INITIAL TRIAGE

Casualty Area

1. Perform START/JumpSTART to Determine Initial Triage Category
2. Pull off Approx. 2 Feet of the Proper Colored Ribbon
3. Tie Ribbon to the Patient’s Wrist or Ankle
4. Indicate Patient Count on Card
5. Totals from Count Cards are Verbally Provided to the Triage Unit Leader
6. Triage Unit Leader will Tally Counts on Triage Count Worksheet and Report Count
EDCEMS MULTI-CASUALTY PLAN

SECONDARY TRIAGE

1. Discard Primary Triage Ribbon
2. Apply Triage Tag to Patient
3. Discard Contamination Strip
4. Determine Patient's Triage Category
5. Discard Receipts below Triage Category (example shown is an IMMEDIATE patient)
6. Move Patient to the Proper Treatment Area
PATIENT TREATMENT

1. Remove Outermost Category
2. Provide Receipt to Treatment Area Manager
3. Receipt is to be Placed in Treatment Area Log (Triage Tag Receipt Holder)

1. Enter Patient’s Personal Information as Time Permits
2. Complete Patient Condition Section of Tag
3. Record Any Treatment Provided Whenever Possible
TRANSPORTATION
Ambulance Loading Area

1. Remove the Transportation Receipt
2. Complete Required Information
3. Fill in the Proper Category Circle
4. Place the Transportation Receipt into Log (Transportation Receipt Holder)

1. Remove the Ambulance Receipt
2. Give Receipt to Transporting Agency
RE-TRIAGE • Patient Degrades  
Delayed to Immediate Example

1. Remove remaining current acuity receipt from triage tag
2. Place receipt in Treatment Log on top of original patient receipt
3. Note in Treatment Log patient was re-triaged

Two receipts in the same window indicates the patient was re-triaged and moved out of the treatment area.

4. Move patient to the new Treatment Area
EDCEMS MULTI-CASUALTY PLAN

RE-TRIAGE • Patient Improves
Immediate to Delayed Example

1. Place receipt in Treatment Log on top of original patient receipt.

Two receipts in the same window indicates the patient was re-triaged and moved out of the treatment area.

2. Neutralize tag by discarding all receipts thru Morgue. Indicate new acuity on both re-triage receipts.

3. Move patient to indicated treatment area. A re-triage receipt is used by the new Area Manager for patient accountability.
EDCEMS MULTI-CASUALTY PLAN

JumpSTART Pediatric MCI Triage

1. Able to Walk?
   - YES → MINOR
   - NO → Breathing

2. Breathing
   - NO → Position Upper Airway
   - YES → Palpable Pulse?

3. Palpable Pulse?
   - NO → DECEASED
   - YES → 5 Rescue Breaths

4. 5 Rescue Breaths
   - NO → APNEC
   - YES → APNEC

5. APNEC
   - NO → DECEASED
   - YES → Breathing

6. Breathing
   - <15 or >45 → IMMEDIATE
   - 15-45 → IMMEDIATE

7. Respiratory Rate
   - NO → IMMEDIATE
   - YES → Palpable Pulse

8. Palpable Pulse
   - NO → IMMEDIATE
   - YES → AVPU

9. AVPU
   - "P" (INAPPROPRIATE) POSTURING OR "U" → IMMEDIATE
   - "A", "V" OR "P" (APPROPRIATE) → DELAYED

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TriageTags.com

Use AVPU Scale to Access Mental Status
- If Alert, responsive to Verbal, or appropriately responsive to Pain, tag as DELAYED and move on.
- If inappropriately responsive to Pain or Unresponsive, tag as IMMEDIATE and move on.