FEMA

INCIDENT COMMAND SYSTEM FOR EMERGENCY MEDICAL SERVICES

STUDENT MANUAL

UNITED STATES FIRE ADMINISTRATION
NATIONAL FIRE ACADEMY
1st Edition, 1st Printing

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ICS for EMS-SM
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FEDERAL EMERGENCY MANAGEMENT AGENCY

UNITED STATES FIRE ADMINISTRATION

NATIONAL FIRE ACADEMY

FOREWORD

The Federal Emergency Management Agency (FEMA) was established in 1979. FEMA's mission is to focus Federal effort on preparedness for, mitigation of, response to, and recovery from emergencies encompassing the full range of natural and manmade disasters.

FEMA's National Emergency Training Center (NETC) in Emmitsburg, Maryland, includes the United States Fire Administration (USFA), its National Fire Academy (NFA), and the Emergency Management Institute (EMI).

To achieve the USFA's legislated mandate (under Public Law 93-498, October 29, 1974), "to advance the professional development of fire service personnel and of other persons engaged in fire prevention and control activities," the U.S. Fire Administration has developed an effective program linkage with established fire training systems which exist at the State and local levels. It is the responsibility of the USFA to support and strengthen these delivery systems. The field courses of the USFA's National Fire Academy have been sponsored by the respective State fire training systems in every State.

The USFA's National Fire Academy is proud to join with State and local fire agencies in providing educational opportunities to the members of the Nation's fire services.

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COURSE OBJECTIVES

The students will:

1. Identify the need for an organized approach to management of emergency medical incidents.
2. Describe the Incident Command System (ICS) and its major components.
3. Describe the responsibilities and functions of the Incident Commander (IC) at all EMS incidents.
4. Describe the communication order model and its purpose.
5. Describe responsibilities and functions of division/group supervisor and other command team members.
6. Describe the transfer-of-command process.
7. Describe responsibilities and functions of branch directors.
8. Describe the responsibilities of the four section chiefs.
9. Describe the purpose and use of progress reporting.
10. Design a command organization for a mass casualty incident (MCI) multi-agency emergency response.
11. Demonstrate competencies required to operate within an ICS structure at any type of emergency incident or training evolution.
12. Describe the communications system necessary for an effective ICS structure.
13. Describe the interpersonal skills required to be an effective command officer.
14. Describe the safety strategies of ICS.
15. Describe the steps required for the ICS demobilization process.

ACTIVITY OBJECTIVES

The students will:

1. Given a scenario, and working in small groups, prepare a list of concerns about incident and resource management.
2. Given a precourse self-learning package, and working individually, complete a multiple-choice test.
3. Given a command function, and working in small groups, identify the responsibilities and procedures appropriate for the position.
4. Given a simulated community resource description, a written EMS scenario, and working individually, develop an organizational chart for incident management.

5. Given an audiotaped EMS incident, and working in small groups, prepare a list of concerns about the radio communications.

6. Given a videotaped EMS incident, analyze the incident depicted on the tape for organization, communications, and use of resources.

7. Given an audiotaped EMS incident and sample tactical worksheets, and working in small groups, profile the resources responding to the incident.

8. Given a simulated community resource description and an expanded, written EMS incident scenario, and working in small groups, prepare organizational charts, resource lists, and a description of problems.

9. Given a simulated community resource description and an escalated written EMS incident scenario, and working in small groups, prepare organizational charts, resource lists, and a description of potential problems.

10. Given a simulated community resource description and an escalated written EMS incident scenario, and working in small groups, develop a demobilization plan.

11. Given an ICS unit designation, and working in small groups, correctly identify at least three key factors affecting that sector.

COURSE SCHEDULE

Unit

Unit 1:	Introduction and Overview
Unit 2:	Incident Command Responsibilities
Unit 3:	Establishing the Command Organization
Unit 4:	Command and Communications Overview
Unit 5:	The Initial Response/Basic Organization
Unit 6:	The Command Toolbox
Unit 7:	The Expanded Organization/Reinforced Response
Unit 8:	Escalated Organization--Branch and Section Overview
Unit 9:	Incident Demobilization and Termination

UNIT 1: INTRODUCTION AND OVERVIEW

KNOWLEDGE OBJECTIVES

The students will be able to:

1. *Describe the benefits of an Incident Command System (ICS).*
2. *Describe the organizational benefits of standard operating procedures (SOP's).*
3. *Describe the laws, regulations, and standards related to ICS.*
4. *Provide a baseline definition of multiple-casualty incident (MCI).*
5. *Describe the six phases of an MCI.*
6. *Define the process of selecting the discipline/agency legally responsible for managing the overall incident.*
7. *Describe the structure, use, and function of a Unified Command structure.*

ACTIVITY OBJECTIVES

The students will:

1. *Given a scenario, and working in small groups, prepare a list of concerns about incident and resource management.*
2. *Given a precourse self-learning package, and working individually, complete a multiple-choice test.*

BENEFITS OF AN INCIDENT COMMAND SYSTEM

Today emergency services, multiple-patient, and mass casualty incidents do and will occur. Emergency responders need to be able to manage these events effectively. A proven system, the Incident Command System (ICS), is designed to provide the emergency responder with an organization and system to manage these events effectively.

There are many benefits to be gained from the use of the ICS. It enables the user to organize, control, and direct responders quickly. It eliminates the possibility of freelancing. It allows the Incident Commander (IC) to direct all responders toward a common goal. This organization, control, and direction minimize confusion and chaos.

The ICS also provides for common terminology and position titles. It ensures that there is a communications plan and that radio communications to command team members are controlled. Proper radio designations for all command team members also is assured.

The ICS creates a chain of command that ensures the proper flow of critical communications to the appropriate command team members. This information flow is vital; effective decisions cannot be made without proper and timely information.

The ICS groups common functions and responsibilities within the organization. This assures that related functions are not fragmented and are not competing against one another. For example, all treatment-related functions are grouped under the Medical Group/Division Supervisor.

The ICS provides for responder accountability. Personnel will know how the system will evolve to fit the emergency, who they will be working for, who will be working for them, how to communicate decisionmaking information, and how to request the resources needed for their area of responsibility. The system provides a standardized approach to managing mass casualty incidents.

The ICS will be effective only if all responders are trained in its use and know how to use the system. The goal of this course is to provide the training necessary to implement an ICS effectively at emergency medical incidents.

EFFECTIVENESS OF STANDARD OPERATING PROCEDURES

Written standard operating procedures (SOP's) are essential to the effective application of the ICS. SOP's reflect the policy of the agency regarding the implementation and use of the system. It ensures that there is an organizational-wide standardized approach to incident management.

With written SOP's in place, a standardized and predictable approach to incident management can be assured. Procedures describe when to implement, what to implement, and how to implement. The system evolves in a predictable manner. Written SOP's also provide a training tool. Procedures can be used for study, training, and promotional exam purposes.

Written SOP's also provide a performance standard or indicator for personnel. They have a written description of what their performance should be for various positions in the command organization. This allows for self-training and self-analysis.

SOP's provide a baseline for critiques and the review of incidents. With SOP's in place, the agency has a baseline to judge its performance. The procedures describe the performance desired, which can be compared to the incident performance. This review permits improved performance for future incidents. Training and equipment needs are identified. Procedural changes also can be identified.

Procedures allow the IC to be more effective. With standard, predictable approaches to scene management, resources are controlled and used more effectively.

Procedures can be effective only if they are all used routinely. They shouldn't be reserved only for the "big one." The application of the system on routine, small incidents provides a continuous opportunity for experience in the system, as well as review, revision, and improvement in operations.

LAWS, REGULATIONS, AND STANDARDS

A number of laws, regulations, and standards apply to the use of the ICS. They may not have specific application to multipatient or mass casualty incidents, but they describe the current environment that may require its use.

The Superfund Amendments and Reauthorization Act (SARA) was passed by Congress in 1986. The Federal law requires any agency that may

respond to a hazardous materials incident to use the ICS structure. It will be too late to design a system, if one is not already in place, when a combination mass casualty and hazardous materials incident occurs.

Following the passage of SARA, the U.S. Occupational Safety and Health Administration (OSHA) promulgated regulations that further mandate the use of the ICS for agencies involved in hazardous materials incidents. These regulations are found in OSHA 29 CFR 1910.120.

For EMS operations, OSHA regulations also may be interpreted to require an ICS to be implemented at any medical incident. This would fall under the biological and bloodborne hazard and exposure concern.

The U.S. Environmental Protection Agency (EPA) also regulates and monitors all emergency operations and situations affecting or potentially affecting the environment. These regulations can be found in EPA-311.

The National Fire Protection Association (NFPA) has developed standards relating to firefighter health and safety. NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*, specifically recognizes the safety benefits of the ICS. The standard states that all agencies should establish written procedures for incident management. It requires that all members be trained in and be familiar with the ICS. The standard outlines the responsibility for safety at all supervisory levels.

NFPA 1561, *Standard for Fire Department Incident Management System*, contains and describes broad guidelines on the minimum requirements for the ICS.

MULTIPLE-CASUALTY INCIDENT

The definition of a multiple-casualty incident (MCI) is not static. It will vary from one community to another and is dependent on the availability of resources. Typically it may be described as an incident that substantially draws down the local resources in the community and has a negative impact on local hospitals.

A small incident, defined as a multicasualty incident, is one that may have produced a minimal number of casualties, but be complicated by unusual events such as a hazardous materials spill. A multicasualty incident would require the response of two or more medical-type units. Local hospitals would be affected in that the number of patients would be disruptive to the hospital's normal operations. This, in turn, will affect a system's capability to maintain routine operations, and adversely affect turnaround time for units at the hospital, thus diminishing the level of available resources for immediate response to routine emergencies and/or back to the MCI.

SIX STAGES OF INCIDENT MANAGEMENT

It is important to understand the various stages of an MCI. Unlike a routine, one-patient EMS response, the focus of the responders needs to be on the evolution of the incident. We as responders cannot focus on the needs of a single patient. Our attention needs to be on accomplishing the greatest good for the greatest numbers. This goal is tied into the application of ICS for EMS. By modifying our focus from strictly clinical to a combined management/clinical approach, emergency responders are able to understand the incident evolutionary process, forecast events and needs, and structure a management organization based on those needs.

Preplanning and Training

Preplanning and training of rescuers who may respond to a multiple-patient incident will determine the effectiveness of the scene operation. Plans and procedures will need to be developed jointly by all the agencies likely to respond. They include fire, EMS, law enforcement, dispatchers, hospitals, public works, etc.

Preincident agreements need to be developed that define roles and responsibilities of all agencies and their resources. Use and application of the ICS must be part of the agreements.

Frequent and ongoing training in multiple-patient operations must occur. This also includes training on the application of the ICS. Regular "field" exercises or drills also will sharpen skills.

Initial Response

In the initial response stage, the system is reacting to information received from callers to 911. Consider early confirmation of the incident (i.e., multiple calls into 911 from the same location, information received by competent authorities [police on scene, etc.]), and the activation of a predefined response matrix.

The responders during this stage are mentally preparing themselves for the incident and reviewing the MCI response protocol for their local jurisdiction. Concurrently, the dispatch center is gathering more information on the incident, activating the MCI response action plan (SOP), and relaying any pertinent information relative to the incident to the responding units. It is important to remember that the confirmation/verification process by the dispatch center should not delay the activation of the MCI SOP nor the response of initial units to the reported incident location.

The initial response stage concludes when the first unit arrives on the scene of the incident.

Operations

The operations stage commences with the arrival of the first unit on the scene. During this stage the incident is confirmed, a suitable Staging Area is identified, an Incident Command Post (ICP) is established, and incident command is assumed and announced over the radio. The first unit will provide a preliminary report to dispatch with all pertinent available information regarding the incident (i.e., approximate number and types of patients, hazards present, and request for additional resources). The first-arriving unit will retain incident command until the first command-qualified person is present to initiate the transfer-of-command process. The dispatch center should be relaying information to responding units relative to the incident conditions that have been confirmed, the Staging Area location, and ICP location.

It is in the early stages of the incident that many of the ICS positions are activated.

Early in the incident, the level of resources responding may increase dramatically due to the demands of the incident. The IC will employ the ICS structure, as required, to manage the incident effectively in a safe and efficient manner.

Stabilization

During the stabilization stage the IC continues to manage the incident through the ICS structure using the specified resources determined in the operations stage. Continual progress reporting from the scene and information exchange regarding the availability of hospital beds, etc., is occurring, and incident operations is adjusting resources and the organization to stay ahead of need. Progress has been made, patient care has been initiated, and the incident is progressing smoothly towards de-escalation and termination.

Demobilization

The demobilization stage is the point at which the IC commences the release of units back into service from the incident. This release of resources can be from the scene, from the hospital after transport of patients, or by canceling units still en route. The reduction of resources for the incident should be as aggressive as was the initial response. It is

incumbent upon the IC to ensure an appropriate level of resources on the scene to complete management of the incident. In some cases, hasty decisions to release units from the scene in a less-than-controlled manner have resulted in members requiring EMS assistance with no transport capabilities left on scene. Prudence should guide the IC's decisions regarding the appropriate resource level on scene until the evolution of the incident in the termination stage.

Termination

An incident is terminated when the IC has determined that no further action is required and the scene is secured. The IC will give a final progress report with recap of patient totals and unit status, stating at the conclusion of the report that the scene/incident has been secured.

WHO IS IN COMMAND?

All incidents must have a single IC who directs all incident operations no matter how many agencies may respond to the MCI. The challenge is, who should that be? Which agency? Which discipline?

State and local laws and ordinances may define which agency or discipline has the legal responsibility for managing mass casualty incidents.

Generally, fire departments are given the responsibility to manage fires, mass casualty (when EMS is a component of the agency), hazardous materials, and other non-law-enforcement emergency incidents. Where multiple fire departments respond to the incident, command responsibility typically is given to the department in the jurisdiction in which the incident is occurring. All other fire departments work for that fire department to resolve the incident.

In instances where EMS provision is via a third-service system, the EMS agency may be responsible for management of the multicasualty branch.

Law enforcement agencies generally are responsible for managing all operations related to criminal incidents such as terrorist events, bombings, snipers, hostage situations, etc. Fire and EMS agencies become subordinate to the police and support their operations.

A single IC must be appointed for an incident unless the incident is to be managed under a Unified Command. Unified Command will be discussed further in Unit 2: Incident Command Responsibilities.

Preincident planning is essential in determining the IC and the process for merging all the possible agencies responding to the incident into the ICS. This planning should produce written agreements reflecting the merger, followed by the necessary training.

Most fire departments have wide experience in the use of the ICS. Other agencies, such as law enforcement, may not have any experience in the use of the ICS. Because of this, fire departments should take a lead role in assisting other agencies and disciplines in the adoption, training, and implementation of the ICS. Incident operations will not be very effective unless all responders are working within the system.

Activity 1.1

Incident Analysis and Command Organization

Purpose

To establish your knowledge base regarding basic ICS knowledge and incident organizational concepts.

Directions

1. Read and analyze the incident scenario. For this activity you are to assume the role of Medic Supervisor 1. Individually, outline the incident in an organizational chart format based on the type of ICS used at your agency. Be specific as to any ICS position titles you would fill, and by whom. Next, prepare a list of what you project to be potential problems, resource needs, and issues, and how you would address each of those items.

2. After concluding your individual work, you will be assigned to a small group. In your group, discuss each member's approach to the incident organization and projections. Develop a consensus organizational chart on a flipchart, as well as a list of projected problems, needs, and issues, along with the methods to address the problems.

3. Select a group spokesperson to present your conclusions to the class.

Activity 1.1 (cont'd)

Incident Analysis and Command Organization Incident Scenario

It is 1400 hours on a mid-January day. Temperature is 55 degrees, with light winds and partly cloudy skies. It is a midweek business day and you have responded to a reported traffic collision with at least three vehicles involved at a busy downtown intersection. Also dispatched to this incident are the following resources.

Medic 10	(a transporting paramedic unit staffed with 2 EMT-paramedics) ETA 1405 hours
Engine 21	(a fire engine staffed with 3 EMT-Basic firefighters, including a captain) ETA 1406 hours
Transport 31	(a basic life support (BLS) transport unit staffed with 2 EMT-Basic personnel) ETA 1406 hours

You are the first to arrive on scene. Your sizeup gives a total of eight victims: three critical traumas, two moderate traumas, and three mild traumas. The two moderate victims are trapped inside an overturned vehicle. There is a potential gas leak from one of the vehicles. Traffic in the area is very congested.

All area hospitals are open and all are within a 10-minute driving time from the incident. There are no other active incidents at this time.

Activity 1.2

Video Analysis of the Palm Springs Bus Accident

Purpose

To point out the complexities and needs associated with managing an EMS incident.

Directions

1. You will be shown a video of an EMS incident. Within your assigned group prepare a list on a flipchart, from an IC's perspective, of the positives and negatives you observed or heard in the tape.

2. Each group also is to prepare a list on a flipchart of the benefits and concerns associated with an ICS in managing an emergency incident.

3. Select a spokesperson to present your group's list when called upon.

4. A master list of commonly identified issues will be developed and posted for referral during the remainder of the class.

UNIT 2: INCIDENT COMMAND RESPONSIBILITIES

KNOWLEDGE OBJECTIVES

The students will be able to:

1. *Explain the importance of command standard operating procedures (SOP's).*
2. *Describe the three responsibilities of the Incident Commander (IC) at EMS incidents.*
3. *Describe the nine functions of the IC at an EMS incident.*
4. *Explain the process of establishing initial command.*
5. *Explain the importance of the radio designation "Command."*
6. *Explain the transfer-of-command process.*
7. *Explain the limitations of the process of passing command.*

ACTIVITY OBJECTIVE

Given a command function, and working in small groups, the students will identify the responsibilities and procedures appropriate for the position.

HISTORY OF THE INCIDENT COMMAND SYSTEM

In the early 1970's, Southern California experienced several devastating wildland fires. The overall cost and loss associated with these fires totaled $18 million per day. This multijurisdictional disaster was the impetus for the development of an improved interagency incident management system known as the Incident Command System (ICS). ICS is one of the beneficial results of a federally funded project called FIRESCOPE that was convened after these fires, and whose charter was to examine various aspects of interagency response to incidents.

FIRESCOPE derives its name from: **FI**re **RES**ources of **C**alifornia **O**rganized for **P**otential **E**mergencies. The FIRESCOPE ICS is primarily a command and control system delineating job responsibilities and organizational structure for the purpose of managing day-to-day operations for all types of emergency incidents. While originally developed for wildland incidents it was found that the system could be applied easily to day-to-day fire and rescue operations. It also is flexible enough to manage catastrophic incidents involving thousands of emergency response and management personnel.

The National Inter-Agency Incident Management System (NIIMS) is another system using ICS that was developed by the wildland community in order to provide a common system for wildland fire protection agencies at the local, State, and Federal levels. The NIIMS organization includes the Bureau of Land Management, the Bureau of Indian Affairs, the U.S. Fish and Wildlife Service, the U.S. Forest Service, representatives of State Foresters, and the National Park Service. NIIMS consists of five major subsystems that collectively provide a total systems approach to risk management:

- The ICS which includes operating requirements, eight interactive components, and procedures for organizing and operating an onscene management structure.

- Training that is standardized and supports the effective operations of NIIMS.

- A qualification and certification system that provides personnel across the Nation with standard training, experience, and physical requirements to fill specific positions in the ICS.

- Publications management that includes development, publication, and distribution of NIIMS materials.

- Supporting technologies such as orthophoto mapping, infrared photography, and a multiagency coordination system that supports NIIMS operations.

Since the development of the ICS, the fire service has experienced several challenges in understanding its application. As a result, inconsistencies in the system began to develop; other hybrid systems came into existence, further distancing a common approach to incident command. A single incident management system is critical for effective command and control of major incidents. At these incidents, a single department may interface with other agencies on the local, State, and Federal level. In order to reduce the inherent confusion that may be associated with larger scale incidents, using a common command system is a must.

Recognizing the challenges that were occurring in the fire service in applying a common approach to incident command, the National Fire Service Incident Management System Consortium was created. Developed in 1990, its purpose is to evaluate an approach to developing a single Command system. The Consortium consists of many individual fire service leaders, representatives of most major fire service organizations, and representatives of Federal agencies including FIRESCOPE. One of the significant outcomes of the work done by the Consortium was the identification of the need to develop operational protocols within ICS, so that fire and rescue personnel would be able to apply the ICS as one common system. In 1993, as a result of this, the IMS Consortium completed its first document: *Model Procedures Guide for Structural Firefighting*. FIRESCOPE adopted this in principle as an application to the Model FIRESCOPE ICS. The basic premise is that the organizational structure found in the FIRESCOPE ICS now is enhanced with operational protocols that allow the Nation's fire and rescue personnel to apply the ICS effectively regardless of what area in the country they are assigned. The National Fire Academy, (NFA), having adopted the FIRESCOPE ICS in 1980, has incorporated this material in its training curriculum and will continue to reach the thousands of fire service personnel with one common incident command and control system.

It is important to note that the FIRESCOPE Model ICS has had other applications or modules similar to the structural firefighting applications that have been in place for some time. These create a framework for other activities to operate in and further enhance the use of ICS. As an example, there are the Multi-Casualty, Hazardous Material, and the Urban Search and Rescue applications.

The Federal Emergency Management Agency (FEMA) formally adopted FIRESCOPE ICS as the incident management system for any Federal

response required by the agency. Since then, several other Federal agencies have adopted FIRESCOPE ICS.

RESPONSIBILITIES OF COMMAND

For major medical operations, the IC has three basic responsibilities:

1. The rescue of all victims.

2. Ensuring that patients are extricated, treated, and transported to medical facilities.

3. Stabilizing the incident and providing for life safety, accountability, and welfare of personnel.

COMMAND PROCEDURES

All agencies likely to respond to a major medical incident must establish procedures relating to the ICS. Command procedures should describe in detail the process of establishing command and developing a command organization.

Command procedures are designed to fix the responsibility of command on **one** specific individual through a standardized identification system, depending on the arrival sequence of members, units, and chief officers.

Command procedures should ensure that a strong, direct, visible command will be established from the onset of the incident. This visible command is accomplished through the use of the Incident Command radio designation, and through a fixed Incident Command Post (ICP) location.

Command procedures establish an effective incident management organization, defining the activities and responsibilities assigned to the IC and to other individuals operating within the ICS.

Command procedures provide a system to process information to support incident management, planning, and decisionmaking. The procedure also provides an orderly process for transferring command.

Establishing Command

The first member or unit to arrive on the scene of an incident must assume command. The initial IC will remain in command until command is transferred using the transfer-of-command process, or until the incident is stabilized and terminated.

Radio Designation

The designation "Command" or "Incident Command" or "IC" will be used to designate the person presently in command of the incident. An incident name also may be applied to the incident ("I-17 Command" or "Metro Center Command"). This designation will not change throughout the duration of the incident.

The purpose of the "Command" designation is to emphasize the command authority and to eliminate the extreme difficulty field units would have in trying to track several different individual units as change occurs as part of the transfer-of-command process.

FUNCTIONS OF COMMAND

The ICS is used to facilitate the completion of incident objectives. The IC is the person who drives the ICS towards that end. The IC is responsible for building a command structure that matches the organizational needs of the incident.

The IC's responsibility is the overall management of the incident. On most incidents the command activity is carried out by a single IC. The IC is selected by qualifications and experience.

The IC may have a deputy, who may be from the same agency, or from an assisting agency. Deputies also may be used at section and branch levels of the ICS organization. Deputies must have the same qualifications as the person for whom they work, as they must be ready to take over that position at any time.

Roles and Responsibilities

- Assess the situation and/or obtain a briefing from the prior IC.
- Determine incident objectives and strategy.

- Establish the immediate priorities.
- Establish an ICP.
- Establish an appropriate organization.
- Ensure planning meetings are scheduled as required.
- Approve and authorize the implementation of an Incident Action Plan (IAP).
- Ensure that adequate safety measures are in place.
- Coordinate activity for all Command and General Staff.
- Coordinate with key people and officials.
- Approve requests for additional resources or for the release of resources.
- Keep agency administrator informed of incident status.
- Approve the use of trainees, volunteers, and auxiliary personnel.
- Authorize release of information to the news media.
- Ensure Incident Status Summary is completed and forwarded to appropriate higher authority.
- Order the demobilization of the incident when appropriate.

STRATEGIC PLANNING

The IC is responsible for the overall functions of the incident, including strategic planning. During the incident the IC should continually assess the needs of the incident, including

- direction and flow of responding units;
- splitting EMS crews to quickly double care-giving roles (one medic to triage/treatment; partner stays with unit for continuous, same-level care during transportation);
- use of nonassigned personnel to drive ambulance;
- location of treatment/care holding areas;
- additional resources specific to incident needs;

- law enforcement for traffic/crowd control;
- specialty equipment (cranes, large tow trucks), lighting;
- potential issues, problems, and needs of the incident, including those that affect the community, such as local hospitals, transit system, etc.; and
- initial incident tactical and strategic objectives and the development of a formal incident action plan.

Strategic planning meetings should occur at time intervals designated by the IC. Announce to all personnel in a leadership role the time and location of the strategic planning meeting. The IC will facilitate the strategic planning meeting, until the incident organization requires the establishment of a Planning Section. Then, the Planning Section Chief will facilitate the meeting in coordination with the IC. Personnel attending these meetings shall be prepared to discuss the needs and operations of their areas briefly and concisely. The IC will make organizational changes based on the information received.

TRANSFER/PASS COMMAND

Transfer of Command

Command is transferred to improve the quality of the Command organization. The following information outlines a sample transfer-of-command process. The transfer-of-command procedures/guidelines must be predetermined by individual agencies for their use.

The fact that a higher ranking person has arrived on the scene does not necessarily mean that he/she is prepared to assume Command of the incident. The person may or may not have knowledge of previous orders or a grasp of the current situation. Without a thorough briefing of the situation status (SITSTAT), the officer may compromise incident operations.

It is essential that a standard operating procedure (SOP) for the transfer of command to a qualified person be developed and practiced within the organization. It is important to remember that Command is transferred in both directions: up as the incident escalates and down during the demobilization phase.

The best method of transferring Command is through a face-to-face meeting between the initial IC and the subsequent IC. In face-to-face conversation, the relieving IC is able to take full advantage of all communication media. Communication is more than just words; the pitch of the voice, facial expressions, hand gestures, and other body language

assist greatly in conveying necessary information. The officer being relieved also can read the receiver's body language, helping him/her to see whether or not the message is understood.

The person being relieved of Command should review the tactical worksheet with the officer assuming Command. This sheet provides the most effective framework for transfer of command because, properly used, it outlines the location and status of personnel and resources. The person being relieved then should be reassigned to the best advantage of the officer assuming Command. Remember, as the relieving IC, you are at a disadvantage. You probably have not been on the scene long; some actions have taken place prior to your arrival, other actions have yet to take place, and you are in a catch-up mode. The information that you receive and retain is critical to your knowledge of the situation and the success of the next operational phase.

The second best method of transferring Command is by radio. However, because this is only spoken communication, radio transfer often leaves the relieving commander with information gaps and extends the time needed to "catch up" to the incident. Information gaps can lead to poor initial decisions and may affect firefighter safety.

The least desirable is a Command change without an information exchange. Use this method only when the other methods cannot be used. The new commander usually is at such an informational disadvantage that catch-up time is extended significantly.

As stated previously, it is critical that a briefing take place when Command is transferred. Such a briefing should include, as a minimum, the following information:

1. Present incident status/conditions (rescue situations, injuries, hazards, etc.)

2. An IAP (strategies and tactics being employed).

3. Progress toward achieving incident objectives.

4. Safety considerations and concerns; and conduct personnel accountability rollcall.

5. Assignment/Deployment of companies and personnel operating on the incident.

6. Projection of incident condition and additional resource needs.

Passing Command

The initial IC has three options of personal involvement at the incident:

1. IC.

2. Combat--hands on.

3. Tactically involved commander.

Select the IC role when there are sufficient personnel to accomplish the initial high-priority tasks or when the initial officer's involvement will not resolve a critical incident priority. Two examples of the latter are a well-involved structure fire needing numerous hoselines to bring control, and no life hazards present, or a fire in a nursing home where 50 trapped persons may perish. In both of these examples, it is likely that the first-in officer's involvement in tactical operations will not affect the outcome significantly. Will the addition of the officer and a small amount of water extinguish the structure fire? Probably not. How many of the 50 lives can be saved by the addition of one additional person in the combat role? These types of incidents require immediate Command.

Choose the combat role when the first-in officer's involvement will resolve a critical incident priority. For example, a room-and-contents fire in a dwelling that can be extinguished with one hoseline. Only one firefighter is available to enter the structure with the hoseline. In this case, the first-in officer should assist the firefighter in advancing the hoseline into the dwelling and extinguishing the fire. When in the combat role, the first-in officer may pass Command to the officer on the next-arriving unit.

Passing Command is a process that alerts the next-arriving officer to be in the "order-giving" mode rather than the "order-receiving" mode immediately on arrival. This is an important alert. Instead of receiving an assignment and focusing on tasks, the focus changes to developing strategies and tactics, making assignments, coordinating tactical applications, scene safety, and a number of other mentally intensive tasks.

A unit not yet on the scene should be advised that it will assume Command on arrival. This allows the other unit leader time to change roles and get into the "order-giving" mode (a primary reason for passing Command in the first place). The new IC should not assume command until he/she is on the scene and declares so via radio and contacts the first-in officer who passed Command. This prevents a gap in the Command function which may create confusion and interrupt the continuity of Command. It also is recognized by most authorities that one cannot

manage an incident until one is on the scene and should, therefore, not be accountable until then.

In addition, Command should be passed only one time (except under extraordinary conditions); otherwise free-enterprise firefighting may result as Command is passed from one unit to the next based on the arrival sequence. It is imperative that this, as well as the other parameters of passing/transfer of command, are stated clearly in a department policy, and that all personnel are familiar with that policy.

SINGLE VERSUS UNIFIED COMMAND

In a single command situation, only one agency has legal responsibility.

Hazardous materials incidents, mass casualty incidents, natural disasters, or wildland fires, among others, may involve a number of jurisdictions and/or agencies that have a legal or functional need to be involved directly in the decisionmaking process. The worst thing that can happen is to allow each of these responsible agencies to establish a Command Post (CP) of its own, separate and distinct from the others. In this instance, it is critical that there be a Unified Command.

What cues the need for a Unified Command?

- More than one agency responsible for decisionmaking within a single jurisdiction, e.g., a passenger airline crash within a national forest. Local fire, local medical, Federal forestry, and National Transportation Safety Board (NTSB) are all involved.

- More than one jurisdiction is involved, e.g., a major flood, hurricane, etc.

All agencies with responsibility to manage the incident contribute to the Command process. Together they determine overall incident objectives and strategies, and plan tactics jointly. This method ensures the maximum use of assigned resources.

- The location of the incident, e.g., an inland waterway entirely within the boundaries of a single jurisdiction also could involve the U.S. Fish and Wildlife Service and the U.S. Coast Guard (USCG).

Who is involved?

- All agencies with responsibility to manage the incident contribute to the Command process. Together they determine overall incident objectives, determine strategies, and plan tactics jointly. This method ensures maximum use of assigned resources.

- One key official from each jurisdiction or responsible agency.

Representatives from departments in a single jurisdiction.

The IC may be determined by local or State law; California law states that the law enforcement agency is the IC for haz mat incidents on the highways. Where there is no law determining who is in charge, agencies should work together to determine which agency takes the lead for each risk a community faces.

Generally, the agency with the greatest jurisdictional involvement is assigned the Operations function. Depending on the type of incident, someone must determine which agencies actually have responsibility. It is important to recognize prior training and experience when staffing the Unified Command Post and Operations function.

Single/Unified Command differences:

- In single command structure, a single IC is solely responsible for management strategy of the incident.

- In a single command structure, the implementation of strategy and tactics to achieve operational control is the responsibility of one person--the Operations Section Chief.

- In a Unified Command structure, individuals designated by involved jurisdictions/departments jointly determine objectives, strategy, and priorities.

- The determination of which jurisdiction/agency the Operations Section Chief represents must be made by mutual agreement of the Unified Command.

INTERPERSONAL SKILLS

During the implementation of the ICS a transition of behavior occurs.

EMS providers generally do not have a supervisor respond on every call with them. In most cases, the EMS provider normally responds with just one partner, and makes independent decisions and takes actions based upon a single patient's needs. EMS members may not understand the need for onsite senior supervision; hence they might experience difficulty with the concept of implementation of an ICS structure which assigns officers to each functional area.

During those events in which a structured ICS needs to be established, the normal relationship behavior which allows for discussion relative to an assigned task is inappropriate. The emergency situation does not permit discussion or debate. Time does not permit it. This relationship behavior could prove to be unsafe and counterproductive to effectiveness of incident management.

Task behavior does not allow discussion. A task is assigned/delegated and it is to be executed as directed. The emergent and pressing nature of an EMS response and management demands this type of reaction from subordinates on scene. Discussion may occur, time permitting.

The only deviation that occurs under the task behavior model is when the subordinate perceives or has verification that the direction received is a gross safety risk. If the task is perceived as such it needs to be brought to the attention of the assigning officer.

Activity 2.1

Incident Command Responsibilities

Purpose

To identify the varying responsibilities, procedures, and functions associated with Incident Command.

Directions

1. Within your assigned groups, discuss the responsibilities, procedures, and functions associated with Incident Command organization.

2. Prepare on flipchart paper a consensus list of these items. Identify key elements/items necessary for these topics.

3. Select a group spokesperson to present the list to the class when called upon.

UNIT 3: ESTABLISHING THE COMMAND ORGANIZATION

KNOWLEDGE OBJECTIVES

The students will be able to describe:

1. *The purpose of subdividing the incident into common and manageable components.*
2. *When divisions/groups should be implemented.*
3. *The preferred radio designations for divisions/groups.*
4. *The general responsibilities of division/group supervisors.*

ACTIVITY OBJECTIVE

Given a simulated community resource description, a written EMS scenario, and working individually, the students will develop an organizational chart for incident management.

COMMAND ORGANIZATION

The command organization must be developed at a pace that stays ahead of the tactical deployment of the personnel and resources. In order for the Incident Commander (IC) to manage the incident, he/she must implement divisions/groups.

DIVISIONS/GROUPS/UNITS

Divisions, groups, and units are tactical-level management positions that group common resources. Divisions represent a geographic operational area (e.g., Division A would be responsible for the north side of the incident). Groups represent a functional area of responsibility (e.g. patient transportation group). A unit is an organizational element having functional responsibility for a specific incident activity.

Divisions and groups are under the control of a "supervisor" (e.g., medical division supervisor or patient transportation group supervisor). Units are controlled by a "leader" (e.g., treatment unit leader or triage unit leader).

The use of divisions/groups in the command organization provides a standard system to divide the incident into smaller more manageable elements.

Complex emergency operations often exceed the capacity of one officer to manage the entire operation effectively. Divisions/Groups reduce the span-of-control to more manageable, smaller-sized elements. This allows the IC to communicate principally with persons in these organizational positions, rather than individual resources or members (control of communications).

The number of divisions or groups that can be managed effectively by the IC varies. Normal span-of-control is three to seven. In fast-moving, complex operations a span-of-control of no more than five divisions/groups is indicated. In slower, less complex operations, the IC may be able to handle more.

To build an effective command organization that stays ahead of demand, the IC must implement divisions or groups early. Generally, the first resources assigned to a geographic or functional responsibility should be assigned a division, group, or position.

GENERAL DIVISION/GROUP SUPERVISOR RESPONSIBILITIES

The division/group supervisor must be in a position to supervise and monitor operations directly in his/her area of responsibility. This will require the supervisor to be equipped with appropriate protective clothing, identifying vest, and a portable radio. The supervisor will be responsible for, and in control of, all functions within his/her division/group or unit. This requires each supervisor to:

- Complete objectives assigned by the IC.
- Account for all assigned personnel.
- Ensure that operations are conducted safely.
- Monitor work progress.
- Redirect activities as necessary.
- Coordinate actions with related activities and adjacent units.
- Monitor the welfare of personnel.
- Request additional resources as needed.
- Provide the IC with essential and frequent progress reports.
- Reallocate resources within the area of responsibility as needed.

Division and Groups

The terms division and group are common designators used by the American fire service to define tactical level management positions in the command organization. Divisions represent geographic responsibilities such as Division C (the rear of the facility). Groups represent a functional (job) responsibility such as the Ventilation Group.

When initial assignments are ordered to incoming resources, the IC should begin assigning company officers to appropriate division and group responsibilities. By doing this at all small incidents, the department is preparing itself to effectively manage the resource intense incidents that visit us much more sporadically.

Note: The term sector is used by many departments in the United States. This is generic and can be used to represent both geographic and functional responsibilities, such as Sector C and Ventilation Sector. The

National Fire Academy (NFA), due to the need for consistency and application during activities and simulations and a prior agreement with FIRESCOPE, will use the terms division and group in all its courses.

DIVISION/GROUP PERSONNEL

The primary responsibility of the supervisor is the supervision of resources assigned to him/her. The primary responsibility of personnel assigned to the division/group is to work for that area of responsibility only. All problems, successes, or communications must be directed to that division/group supervisor.

Any member can bypass his/her supervisor at any time to communicate critical safety concerns to the IC.

DIVISION/GROUP ASSIGNMENT FACTORS

Assigning Resources

The IC should begin to assign divisions or groups based on the following factors.

- When situations eventually will involve a number of resources or functions beyond the capacity of the IC to control directly. The IC should begin to assign division/group responsibilities to the first resources assigned to a geographic area or function.
- When the IC no longer can cope effectively with (or manage) the growing number of resources involved in the operation.
- When companies are involved in complex or high-risk operations.
- When resources are operating from a tactical position over which the IC has little control (e.g., out of sight).
- When the situation presents special hazards, and close control is required over operating resources (e.g., unstable structural conditions, hazardous materials).

Establishing Divisions/Groups

When establishing divisions or groups the IC will assign each the following:

- The incident objectives (what the IC wants accomplished).

- A radio designation (extrication group, patient transportation group, etc.).
- The identity of other resources being assigned to them.
- Radio channel.
- Any other critical information.

DIVISION/GROUP GUIDELINES

Divisions/Groups will be regulated by the following guidelines.

- It will be the ongoing responsibility of the IC to assign divisions/groups as required for effective emergency operations; this assignment will relate to both geographic and functional divisions/groups.
- The IC will advise each division/group of specific tactical objectives. The overall plan and strategy should be communicated (time permitting) so the divisions/groups have some idea of what is going on and how their assignment fits into the overall plan.
- The number of resources assigned to a division/group will depend on conditions. The IC must maintain an awareness of the number of resources operating within a division/group and the ability of that division/group supervisor to direct operations effectively.
- The incident should be subdivided in a manner that makes sense. Common responsibilities or geographic areas should be assigned under a common division/ group supervisor.

Each division/group should be given a title that best reflects its area of responsibility. Divisions are geographical and are designated starting with "A" and moving clockwise within the incident to "B," "C," etc. (e.g., Division A, Division B). Groups are titled according to function (e.g., patient transportation group, medical group, extrication group, etc.).

ASSIGNMENT TO DIVISIONS/GROUPS

When units are assigned to an operating division/group they will be told to what position they will be reporting. The division/group supervisor will be advised of which resources are being assigned to him/her. It is the responsibility of the division/group supervisor to communicate with the newly arriving resources with any specific instructions relative to specific action needed.

Activity 3.1

Preparing for Incident Command

Purpose

To familiarize you with the design and resources available in Central City, which will be the basis for incident scenarios; to analyze a given scenario; and to prepare individually an organizational chart and list of anticipated needs, which will become the basis for later discussion.

Directions

1. Read Incident Scenario 1, along with the description of Central City and the available resources (found in the Appendices of Unit 5).

2. Based upon the scenario and Central City description, develop a proposed organizational chart using the incident management positions described in the reading assignment.

3. Develop a list of anticipated resource needs and potential problems.

4. Be prepared to discuss your organization and list during Unit 5: The Initial Response/Basic Organization.

Scenario 1

As Central Medic 103 you have been dispatched to a reported traffic accident at the intersection of U.S. 10 and State Route 19. Also dispatched are Central Engine 101 and a Central PD unit. Initial reports indicate a two-vehicle accident in the intersection.

Based on the accident location, Central City Hospital is the nearest hospital, with an ETA of 8 minutes. Children's is second with an ETA of 10 minutes, and Community is third with an ETA of 12 minutes. Central City is up for trauma patients. There are no air ambulances currently available.

After arriving on scene you determine that there are, in fact, two vehicles involved, with one vehicle overturned. There is a total of five patients--two critical traumas; two moderate traumas; and one minor trauma victim. One of the critical and the minor patient are currently trapped in the overturned vehicle. The minor-status patient is a 3-year-old child strapped in a car seat. The child's mother is in moderate condition and was removed from the vehicle by civilian bystanders. The trapped critical patient is the child's father. None of the patients has suffered any burns. Extrication time for both trapped patients is estimated to be 15 minutes.

Central Engine 101 arrives on scene 2 minutes after you. Central Police is on scene with two motor officers. It is currently 1630 hours, 65°F, clear skies, and breezy.

UNIT 4: COMMAND AND COMMUNICATIONS OVERVIEW

KNOWLEDGE OBJECTIVES

The students will be able to:

1. *Describe the interpersonal skills required for incident management.*
2. *Describe the key elements in a communications system.*
3. *Describe the communication order model process.*
4. *Describe and demonstrate effective onscene and progress reports.*

ACTIVITY OBJECTIVE

Given an audiotaped EMS incident, and working in small groups, the students will prepare a list of concerns about the radio communications.

GENERAL OVERVIEW OF THE INCIDENT COMMAND SYSTEM

We live in a complex world where responding to emergencies, whether from single-car accidents or large-scale disasters, requires the cooperation of many agencies. To meet this challenge a management system was developed to allow an organized approach to emergency incident management. The Incident Command System (ICS) was born of experiences from real-world disasters and provides a solid foundation for the effective control and use of numerous resources from multiple agencies.

ICS is based on basic business management principles. Specifically, ICS includes the functions of

- planning
- directing
- organizing
- coordinating
- communicating
- delegating
- evaluating

In essence, ICS provides for the overall management and staffing to meet the needs of an emergency incident. ICS allows an incident organization to be built around a modular format, that is, only those components that are needed to manage the incident are activated. The incident organization then grows and shrinks based on demands and specific needs.

There are two basic command types used under the ICS: single command and Unified Command. In single command, one Incident Commander (IC) is responsible for the overall incident. Under a Unified Command structure, several individuals (by virtue of legal jurisdictional authority) share the responsibilities of command and incident management.

ICS is an all-risk management organization designed to allow for the management of varying emergency problems, not just fires. In its design, ICS is structured around eight common components:

- Common terminology.

  - Common position titles.

  - Common responsibilities.

  - Common nomenclature.

- Modular organization.
- Integrated communication: plain text communications--no 10-series codes.
- Unified Command structure.
- Consolidated action plan.
- Manageable span-of-control: three to seven; five is optimum.
- Designated incident facilities.
- Comprehensive resource management.

ORGANIZATIONAL STRUCTURE

Beyond the basic common components and command modes, ICS is comprised of two major organizational categories referred to as Command Staff and General Staff.

In addition to the IC, the Command Staff is made up of three positions: Safety Officer, Liaison Officer, and Information Officer. These positions will be discussed in greater detail in Unit 8: Escalated Organization--Branch and Section Overview.

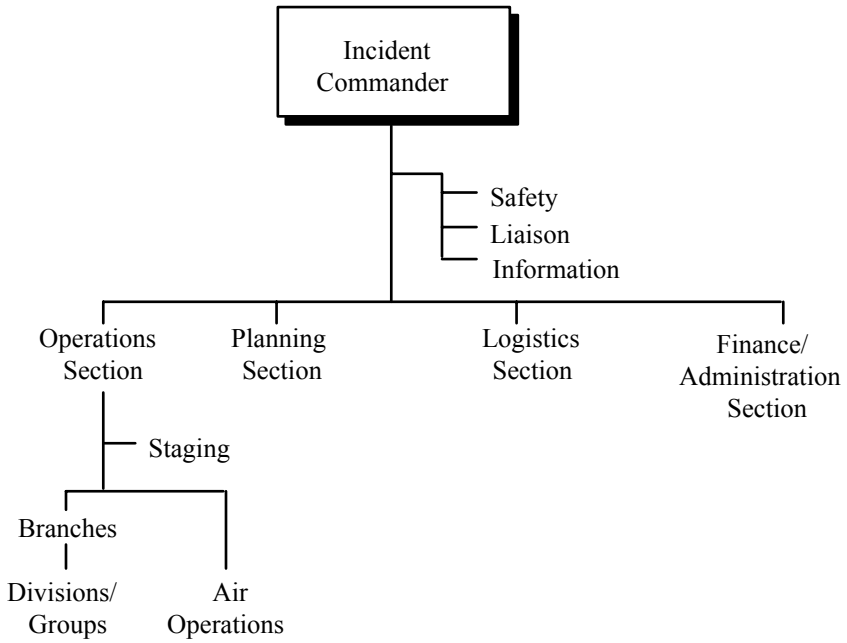


Figure 4-1
Model ICS Organizational Chart

General Staff positions are established for four primary areas of duties and responsibilities: Operations, Planning, Logistics, and Finance/ Administration. These four areas are managed by individuals referred to as Section Chiefs (e.g., Operations Section Chief, Planning Section Chief, etc.).

Subordinate to each of the General Staff Section Chiefs are a number of functional and/or geographically related positions, including Branch Directors, Division/Group Supervisors, Unit Leaders, and Functional Managers/Coordinators. Each subordinate position is designed to carry out specific functions and to maintain a reasonable span-of-control.

A Branch Director is an organizational level having functional or geographic responsibility for major segments of the incident. A branch usually consists of divisions and groups. Divisions divide an incident into geographical areas of operation. Groups divide the incident into functional areas of operation. Units are specific to functions, e.g., Resource Unit, Food Unit, Communications Unit, etc. Managers are assigned to a specific function such as Staging Area Manager, Treatment Dispatch Manager, and Immediate Treatment Manager

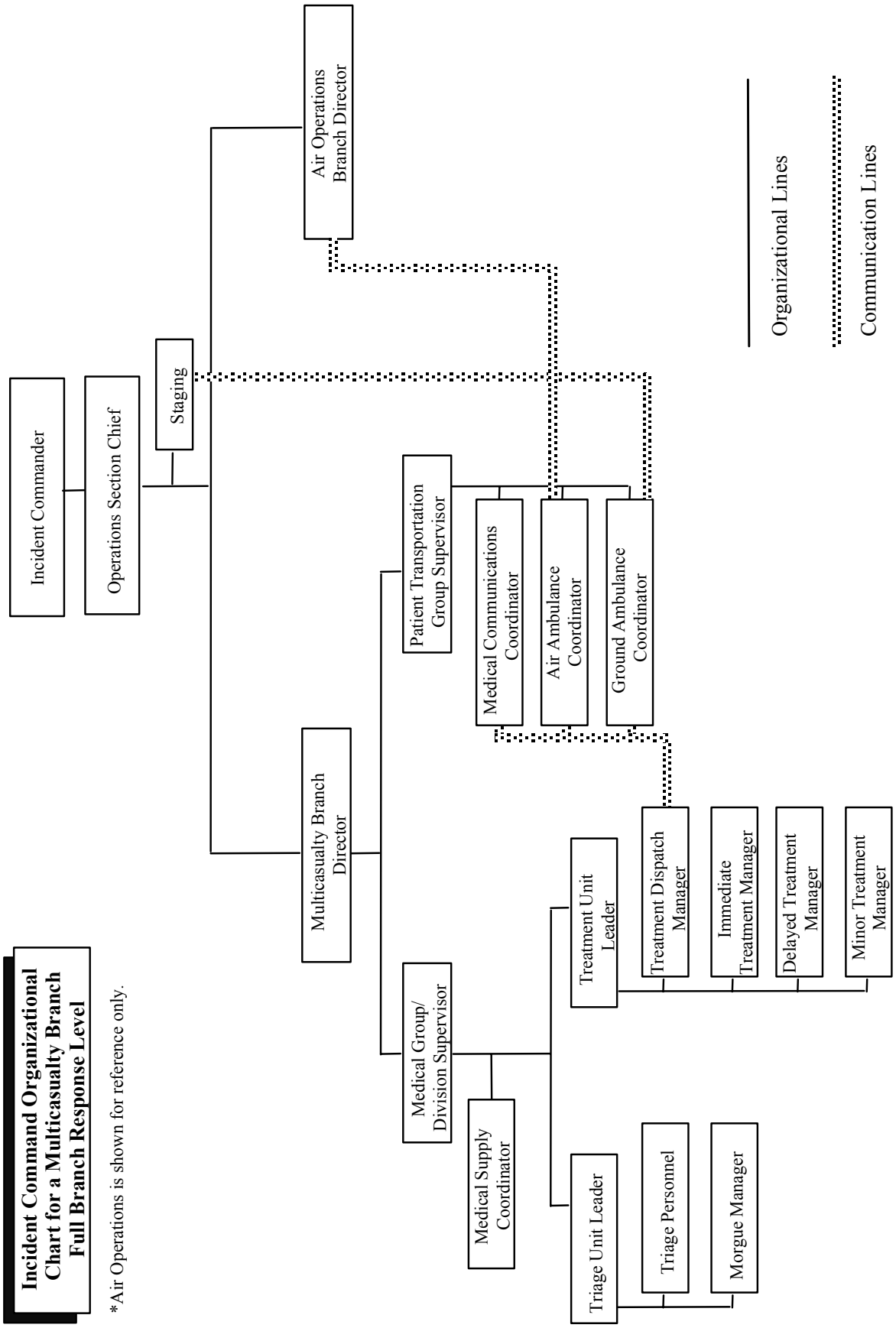
INCIDENT COMMAND SYSTEM/EMERGENCY MEDICAL SERVICES ORGANIZATION

As an all-risk design ICS encompasses an organization suitable for use on EMS incidents. The medical organization has been developed to, once again, allow for the modular development of an organization to meet the demands of the incident. Only those positions which are required to manage the incident effectively are activated.

In its design the ICS Multicasualty Branch is a component of the Operations Section. With full implementation, medical duties are under the direction of a Branch Director. Two general medical functions have been identified; the medical group is in charge of treatment and triage, and the patient transportation group is in charge of providing and coordinating patient transportation. Specifically, the ICS Multicasualty Branch is organized as noted in the chart on the following page.

Incident Command Organizational Chart for a Multicasualty Branch Full Branch Response Level

*Air Operations is shown for reference only.



The positions within the Multicasualty Branch will be discussed in detail in later units.

EFFECTIVE COMMUNICATIONS

Mass casualty incidents typically result in a large response by agencies and rescuers. Radio communications are required to organize, control, and direct these resources. With the response of large resources comes the potential for uncoordinated and saturated radio traffic. Often the radio traffic is nonessential and interferes with the more critical traffic. It is essential that communications be controlled from the onset of the incident. Much of this control must be established in preincident planning and agreements.

Multiple radio channels may be needed to allow various support and administrative communications to take place without interfering with the more critical incident tactical channel. These channels need to be identified and predesignated before the incident occurs.

All potential responding fire and EMS agencies must have the ability to talk on these predesignated channels. It's absolutely critical that responding units be able to talk to one another and directly to the IC.

All persons holding organizational positions must have the ability to talk **directly** with the assigned supervisor or leader.

Radio "10-codes" have no place in a multiagency response to a mass casualty incident. Radio codes vary from one agency to another and their use has a great potential for creating confusion. Codes are antiquated and obsolete. It is essential to use "clear speak," with straightforward language.

COMMUNICATION ORDER MODEL

Radio communications are essential to effective scene operations. Early control of the communications process is essential. Command will be established and announced on the radio. Orders and directions will be provided over the radio. Progress reports will be given. It is important that the sender of the various communications be assured that the order was given to the proper person or unit, and that the receiver received the order, understands the order, and is taking proper and correct action on the order. The communication order model provides a means to confirm the receipt of orders.

The communication order model is primarily a brief repeat of the original order given that allows the sender to evaluate whether the receiver received the order, understands the order, and is taking correct action on the order.

An example of information exchange without the use of the communication order model might be:

- "Rescue 3 from 20th Street Command: Come into the scene, position next to the bus, get a patient count for me, and you'll be the Extrication Group Supervisor."

- "Rescue 3, 10-4."

In this scenario, the "10-4" means nothing. The "10-4" might have been an override from a more powerful radio. Using the communication order model would have resulted in the following reply:

- "20th Street Command from Rescue 3: Copy. Park next to the bus, get a patient count, and I'll be the Extrication Group Supervisor."

As a result of the communication order model, the IC is now assured that Rescue 3 copied the order, understood the order, and is taking correct action. Had Rescue 3 misunderstood the order, it would have been revealed in the repeat process and the IC would have had the opportunity to correct the problem immediately. Without the communication order model, the IC is left with a lot of assumptions.

ONSCENE REPORTS

Complete and descriptive onscene reporting is necessary for effective operations. A descriptive onscene report allows other responders to begin to prepare mentally for the event. In addition, the dispatch center can begin to initiate some "behind-the-scenes" support for the incident, e.g., notifying key officials, alerting hospitals, and calling back offduty dispatchers.

The initial onscene report should include

1. confirmation of the incident;
2. Command Post (CP) location;
3. Staging location and best access route;
4. nature of incident;
5. exposure property (if appropriate);
6. potential for extension/expansion;

7. number of patients presently on site;
8. potential for additional patients;
9. hazards identified as presently on site;
10. responders presently operating; and
11. divisions/sectors established.

Providing the above 11 points to the dispatcher paints an accurate picture of the incident for him/her to use. In terms of data, the pertinent issues relative to EMS operations have been provided for sharing with responding resources to prepare them for the scene.

It should be noted that the above list of information does not have to be reported in the order or priority listed. Nor does it imply that the information be provided in a single extended report. Information is reported when it becomes available and is confirmed. Followup initial reports may be needed.

PROGRESS REPORTS

A fire department's communications guidelines should include communications necessary to gather and analyze information to plan, issue orders, and supervise operations. For example, a tactical-level officer should communicate the following:

- assignment completed;
- additional resources required;
- unable to complete the assignment;
- special information;
- Personnel Accountability Report (PAR); and
- operational location.

It is important for the IC to understand what is happening at an incident scene. Once orders are given to Company Officers (CO's), group/division supervisors, or branch directors, feedback is critical to that understanding. The items listed above allow the IC to understand effectively to what point the various operations have progressed. Through these reports, the IC can track what has been done or completed, what additional resources will be needed for any given assignment, when tactics have to be changed or modified to overcome an impossible task, and what special factors, safety and otherwise, need to be involved in the assignments.

Progress reports are essential to incident management. They allow for effective decisionmaking and assist in prioritizing the commitment of resources. Progress reports allow for effective refinement and revision of the action plan. To be effective, progress reports need to be timely, complete, and concise.

Progress reports should detail briefly where and what actions have been completed and where and what actions are being undertaken. For example, a Vent Group Supervisor directed to do vertical and horizontal ventilation may provide a progress report as follows:

"Vertical ventilation will be completed in about 5 minutes. Horizontal ventilation of the fire floor is completed. Ventilation of the floor above is just beginning."

Progress reports will occur with greater frequency in the early stages of an incident, typically every 5 to 15 minutes, or as major parts of the job are completed. An IC or Operations Section Chief must request progress reports from subordinate personnel on a periodic basis, when these reports are not given by those personnel. Some departments have the dispatch center announce time on location every 15 minutes to assist the IC with timetracking and to act as a mind-jogger for the progress reports. It is important to ensure that, if timetracking is done, emergency communication procedures are not overridden by these reports.

In catastrophic events, using large numbers of resources and a large ICS organization, it is critical that the progress of operations be conveyed to all General Staff functions on a timely basis. Branch directors must query their subordinate group and division supervisors frequently as to the state of their operations. This information must be transmitted to the Operations Section Chief and upwards to the IC.

Without the progress report information, the IC, as well as Operations and Planning, will find his/her information processing ability lessened. They often will initiate or recommend actions that are unneeded as well as untimely for the situation.

PORTABLE RADIOS

Portable radios are essential to mass casualty operations. Divisions/Groups and units will be operating in their areas of responsibility and cannot be confined to a mobile radio in a vehicle. All divisions/groups and units must be equipped with portable radios to permit direct communications with the assigned supervisors and to support flow of information between cooperating ICS components. Radio frequencies must be assigned as appropriate to keep information flowing (i.e., Command Staff on frequency 1 and technical activities on frequency 2).

DISPATCH CENTERS

Dispatch centers play a critical role in supporting communications and site operations. Dispatch centers find and dispatch the resources requested by the IC. They assign units to appropriate radio channels and process numerous information requests from the IC.

Resources should be dispatched in a standardized and group manner based on the initial report and department operating procedures. The predetermined response matrix should be delineated as a standard operating procedure (SOP).

The automatic recall of offduty dispatch staff may be necessary. The authorization for recall of staff should be defined in SOP's and should be based on incident progress reports. A report of a school bus accident with multiple serious injuries will have a substantial negative effect on the dispatch center. Such an event can overwhelm the existing staff and cause the dispatch center's critical support to collapse. Therefore, the dispatch center must have the ability to recall staff immediately as needed.

EMERGENCY TRAFFIC TONE

There may be a need for an onscene emergency notification process to alert resources of a critical safety issue or other critical information. Some examples of safety issues for incidents may include downed and energized power lines, unstable wreckage, fuel leaks, or discovered hazardous materials that may affect the life safety of crews and patients.

Many agencies use a special radio tone for their tactical frequencies that is different from a dispatch tone. It is designed to catch everyone's attention at the scene. They recognize the tone as a priority alert--or "emergency traffic." Following the tone's activation, command will advise all units/crews of the hazard and corrective action.

Where a radio tone is not available, onscene sirens and air horns may be used for the purpose of emergency notification.

It should be noted that National Fire Protection Association (NFPA) 1500, *Standard on Fire Department Occupational Safety and Health Program*, requires some form of emergency traffic notification.

Activity 4.1

Incident Audiotape Review--7th Street and Broadway Accident

Purpose

To reinforce the need for clear, concise, and understandable radio communications and the concept that each person hears things differently. The activity focuses on the communication order model and the accuracy of what is being said, and highlights the benefits of using an ICS in maintaining radio control and discipline.

Directions

1. Individually, listen to an audiotape of an actual EMS incident. While this tape is playing, take notes about what you hear, including any information you believe to be pertinent to a clear understanding of what was occurring, the type of incident, resources used, organizational structure, progression and demobilization of the incident, etc. Include in your notes what you believe were positives and negatives in terms of methods, frequency, and effectiveness of the audio communications.

2. With your assigned group, prepare a consensus list on flipchart paper of what was communicated. Include all pertinent information, such as type of incident, resources used, organizational structure, progress and demobilization of the incident, etc.

3. Based on the consensus list, prepare a list on flipchart paper of the positives and negatives of what was communicated, including the methods, frequency, and effectiveness of the audio communications.

4. Based on the list of positives and negatives, prepare a list on flipchart paper of specific ideas of how to correct problems or reinforce the positives.

5. Select a spokesperson to present your group's conclusions when called on.

6. This audiotape reflects the use of the Phoenix Fire Ground Command System. The intent of this exercise is not the use of Fire Ground Command, but rather the effectiveness of the incident communications. In reviewing the organizational design you should keep a focus on the FIRESCOPE ICS model as presented by the National Fire Academy (NFA).

UNIT 5: THE INITIAL RESPONSE/BASIC ORGANIZATION

KNOWLEDGE OBJECTIVES

The students will be able to describe the:

1. *Five components of the basic organization.*
2. *Responsibilities of the Extrication Group Supervisor.*
3. *Responsibilities of the Triage Unit Leader.*
4. *Responsibilities of the Treatment Unit Leader.*
5. *Responsibilities of the Patient Transportation Group Supervisor.*
6. *Responsibilities of the Medical Group Supervisor.*

ACTIVITY OBJECTIVE

Given a videotaped EMS incident, the students will analyze the incident depicted on the tape for organization, communications, and use of resources.

ROLES AND RESPONSIBILITIES OF THE INCIDENT COMMANDER

Specific Responsibilities

The person assigned as the Incident Commander (IC) is responsible for overall incident management. In that role he/she will

- Initiate a plan by determining objectives, strategies, and setting immediate priorities.
- Ensure the life safety of responders and citizens.
- Determine/Approve tactical objectives for incident management.
- Implement the Incident Command System (ICS) structure as required by the demands of the incident.
- Ensure that adequate resources are deployed to the incident and that those resources are handled effectively to manage the incident.
- Facilitate intra- and interagency coordination.
- Authorize release of information to the news media.
- Establish an Incident Command Post (ICP) and coordinate activities of assigned staff.

Initial Response Basic Organization

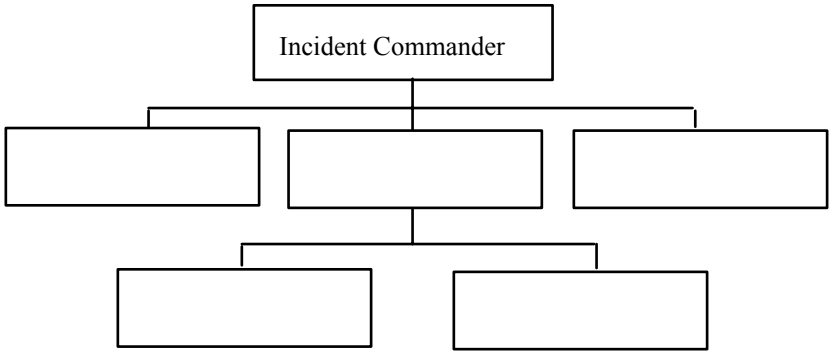


Figure 5-1

Although the IC has ultimate responsibility for all activities on the incident ground, through the use of the ICS structure, the IC should delegate tasks for completion to the functional area officers. As was previously explained, the use of the ICS structure permits greater effectiveness and span-of-control.

The modular design of ICS allows the IC to establish ICS positions on an as-needed or projected need basis. Organizational development therefore will vary from incident to incident. ICS development then should center on maintaining an effective span-of-control in order to meet incident objectives.

For purposes of presentation the information contained in this and subsequent units is not presented in mandated development sequence. The presentation is designed to deliver information regarding specific positions within the ICS Multicasualty Branch and to illustrate appropriate organizational design. An IC may choose to fill lower level positions first and fill in upper level staff as span-of-control becomes an issue.

ROLES AND RESPONSIBILITIES OF DIVISION/GROUP SUPERVISORS AND UNIT LEADERS

Rescue/Extrication Group Supervisor

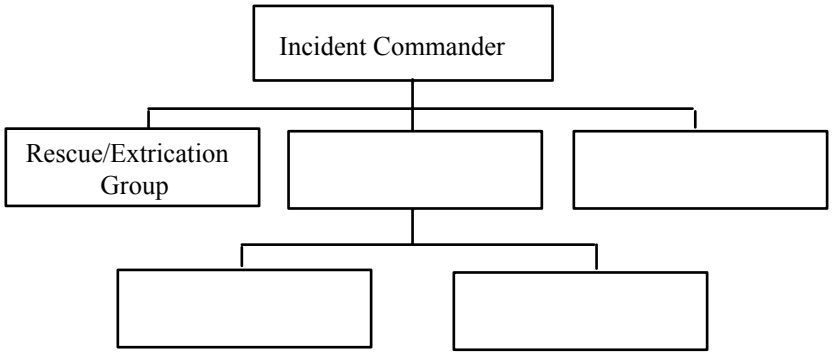


Figure 5-2

The IC normally establishes the Rescue/Extrication Group position early in the incident. It often is assigned to the first resource in the area. Additional positions would follow as additional resources arrive on the scene. Personnel operating within the extrication area generally do primary care on the patients and then coordinate the transport of patients to the triage areas. Often, the Rescue/Extrication Group is operating

within the hazard zone with potential risks to personnel and patients and appropriate action should occur to provide safeguards.

Where possible, critical patients should be extricated, triaged, and delivered to the treatment area ahead of more stable patients. To do this there will have to be some interface with the Triage Unit Leader. This may not always be possible, as some stable patients must be extricated first in order to reach the more critical patients.

The Rescue/Extrication Group Supervisor is responsible for managing the rescue of entrapped victims. This requires that the Rescue/Extrication Group Supervisor

- Coordinate with treatment unit for patient care during the rescue operation.
- Determine resources needed to extricate patients.

  - Rescue tools.
  - Backboards.
  - Personnel.
  - Relief personnel.

- Implement assigned incident objectives.
- Communicate resource requirements to IC as necessary.
- Provide tactical direction and supervision to assigned resources.
- Ensure safety of members operating in the area.
- Ensure efficacy of rescue/extrication operations.
- Coordinate with treatment unit for patient care during the rescue operation.
- Coordinate patient transportation to triage area.
- Provide IC with frequent and timely progress reports.
- Maintain incident documentation.

Medical Group/Division Supervisor

The Medical Group/Division Supervisor reports to the Multicasualty Branch Director and supervises the Triage Unit Leader, Treatment Unit Leader, and Medical Supply Coordinator. The Medical Group/Division Supervisor establishes command and controls the activities within a Medical Group/Division, in order to assure the best possible emergency medical care to patients during a multicasualty incident.

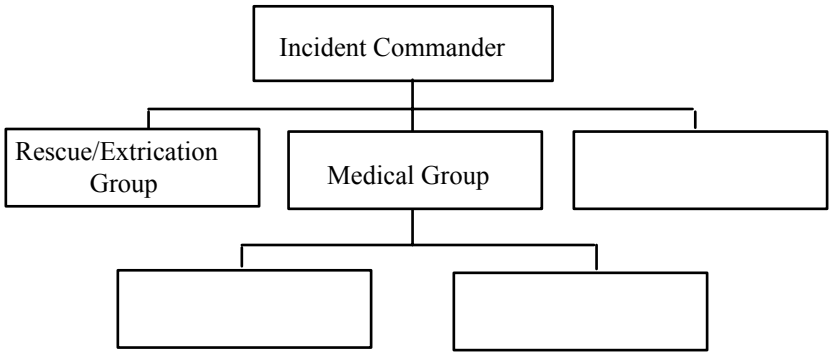


Figure 5-3

- Implements assigned incident objectives.
- Participates in Multicasualty Branch/Operations Section planning activities.
- Establishes Medical Group/Division with assigned personnel; requests additional personnel and resources sufficient to handle the magnitude of the incident.
- Designates Unit Leaders and treatment area locations as appropriate.
- Isolates morgue and minor treatment area from immediate and delayed treatment areas.
- Requests law enforcement/coroner involvement as needed.
- Determines amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, cots).

- Establishes communications and coordination with Patient Transportation Group Supervisor.

- Ensures activation of hospital alert system, local EMS/health agencies.

- Directs and/or supervises onscene personnel from agencies such as Coroner's Office, Red Cross, law enforcement, ambulance companies, county health agencies, and hospital volunteers.

- Ensures proper security, traffic control, and access for the Medical Group/Division area.

- Directs medically trained personnel to the appropriate Unit Leader.

- Maintains incident documentation.

Triage Unit Leader

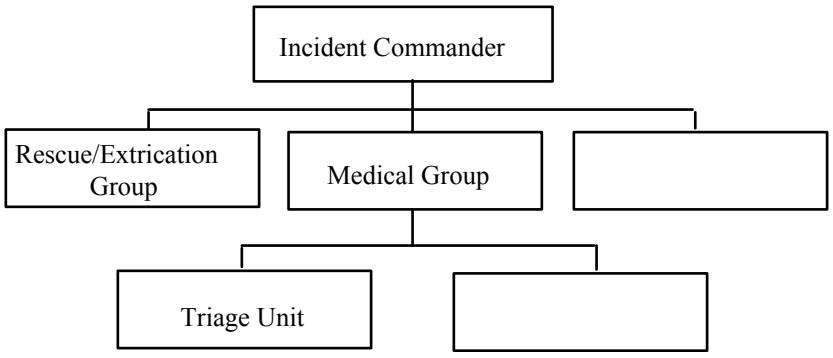


Figure 5-4

The Triage Unit Leader is responsible for the triage and tagging of all patients at major incidents. The triage and tagging may take place either in the extrication area or at the entry to the treatment area. In either case, close coordination must be maintained with the Treatment Unit and Extrication Group. Personnel assigned to triage must have the basic medical skills to make appropriate triage decisions.

The Triage Unit Leader will

- Determine location of triage areas.
- Ensure that all patients are assessed and sorted in accordance with appropriate triage protocols.
- Determine resources required to conduct triage operations.

  - Communications.
  - Personnel.
  - Equipment and supplies.
  - Relief units.

- Communicate resource requirements to the Medical Group Supervisor as required.
- Develop triage organization sufficient to handle assignment.
- Ensure safety and security of all members operating in the triage area.
- Ensure efficacy of triage operations.
- Provide frequent progress reports to the Medical Group Supervisor.
- Establish initial morgue operations (as needed).
- Coordinate movement of patients from triage area to treatment area.
- Maintain incident documentation.

Treatment Unit Leader

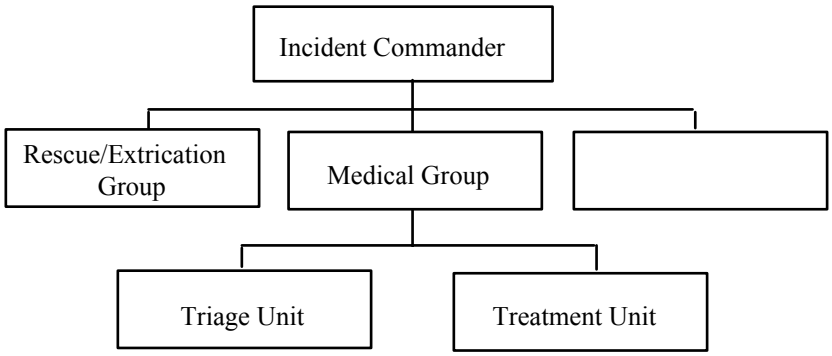


Figure 5-5

The Treatment Unit Leader position typically is the next to be established. The Treatment Unit Leader will establish an area where patients can be collected and treated. Central treatment areas maximize the limited resources of rescuers in incidents that involve large numbers of patients. It is in the treatment area that extensive treatment and advanced life support care are conducted.

The Treatment Unit Leader is responsible for the overall management of patient care delivery in the treatment area. He/She will

- Identify and establish a suitable area for treatment operations, communicating that location to the Medical Group Supervisor and the Triage Unit Leader.

  - Upwind and uphill.
  - Sufficient space for operations—Think BIG!
  - Unimpeded access and egress for units.
  - Establish separate areas for patients classified as immediate, delayed, and minor.

- Identify and request additional resources as needed.

  - Communications.
  - Personnel.
    - -- Treatment Dispatch Manager
    - -- Immediate Treatment Manager
    - -- Delay Treatment Manager
    - -- Minor Treatment Manager
  - Equipment and supplies.
  - Relief or other support units.

- Coordinate with Triage Unit Leader the movement of patients from the triage area to treatment areas.

- Ensure patients received in the treatment area(s) are

  - Separated by triage category.
  - Reassessed and retriaged as appropriate (continual).
  - Receive prompt and efficient treatment in accordance with established advanced life support/basic life support (ALS/BLS) protocols.

- Establish communication and coordination with the Patient Transportation Group Supervisor.

- Assign, supervise, and coordinate personnel within area(s).

- Ensure safety of all members operating in the treatment area.

- Ensure efficacy of treatment operations.

- Direct movement of patients to ambulance loading area.

- Provide frequent progress reports to the Medical Group Supervisor.

- Maintain incident documentation.

If the incident is large scale, with large numbers of patients, the Treatment Unit Leader may need to assign other support positions within the unit.

- Treatment managers. One each for the immediate, delayed and minor treatment areas. Their role is to ensure that patients are treated and packaged for transport as soon as possible. Activating these positions is primarily a span-of-control need.

- Treatment Dispatch Manager. This is also a span-of-control position. The position ensures that the patient is ready for transport and coordinates with the Patient Transportation Group and Treatment Managers.

These two positions will be discussed in more detail in Unit 7: The Expanded Organization/Reinforced Response.

Patient Transportation Group Supervisor

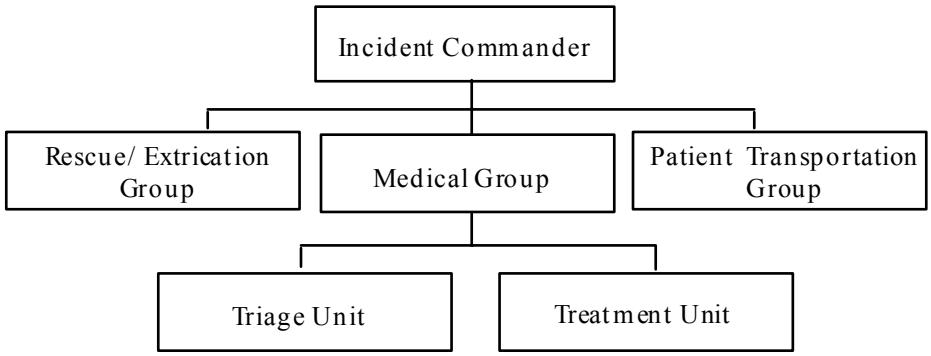


Figure 5-6

The Patient Transportation Group Supervisor has a substantial challenge. The supervisor must obtain all required transportation and cause the patients to be transported to the appropriate hospitals. Hospitals will need to be notified. There will be an almost continuous flow of radio communication between the group and the receiving hospitals (either direct radio communications from the scene to the hospital, or relayed through a dispatch center).

The Patient Transportation Group Supervisor is responsible for the overall management of patient movement from the scene to the receiving hospitals. Special attention must be given to the needs of the patient, and whether transport to a specialty center is required. In addition to patient condition, the receiving hospital's ability to handle additional patients and the overall impact on the EMS system must be part of the decisionmaking process on patient destinations.

To accomplish this the Patient Transportation Group Supervisor must

- Establish an adequately sized, easily identifiable patient loading area in coordination with the Treatment Unit Leader.

- Establish communication with area hospitals and maintain list of capacities.

- Designate an ambulance staging area (if needed).

- Identify and request additional resources as required.

  - Communications.
  - Personnel.

-- Medical Communications Coordinator.
-- Air Ambulance Coordinator.
-- Ground Ambulance Coordinator.

- Direct the transportation of patients in coordination with the Treatment Unit Leader.
- Request air and ground ambulances as needed.
- Coordinate air ambulance transportation.
- Establish an air ambulance helispot(s) as needed.
- Maintain patient tracking records and other incident documents.

Other subordinates that may be needed.

- Medical Communications Coordinator (hospital communications).
- Air Ambulance Coordinator.
- Ground Ambulance Coordinator.

These positions will be discussed in detail in Unit 7.

THE BASIC ORGANIZATION

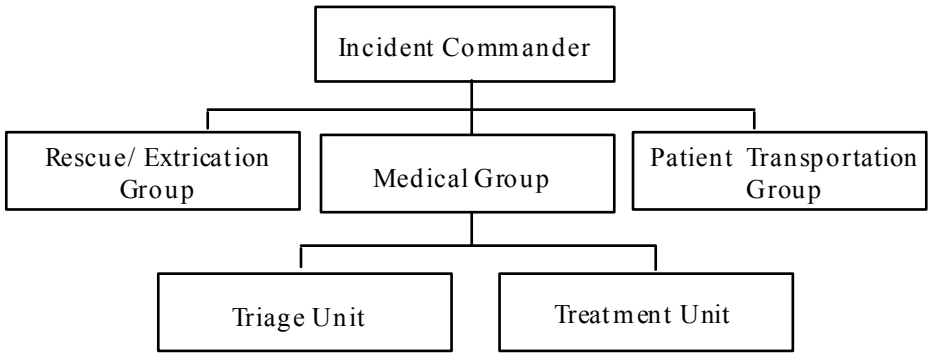


Figure 5-7

With this basic command organization in place, additional arriving resources are assigned to existing divisions/groups/units. These additional resources work for, report to, and communicate to the Division/Group Supervisor or Unit Leader.

Activity 5.1

20th Street Incident Analysis

Purpose

To analyze the incident for basic command procedures, including communication processes and development of the incident organization.

Directions

1. View the video and take notes regarding the incident management process. Specifically observe for issues related to:

   a. Development of the incident organization.

   b. Effectiveness of incident communications.

   c. Use and effectiveness of the progress report process.

   d. Assessment of overall incident communications with regard to clarity, calmness, accuracy, and effectiveness.

2. After the video, within assigned groups, discuss your individual conclusions and reach group consensus on the following questions. Prepare consensus answers on flipchart paper.

   a. What specific ICS positions would you anticipate to be activated during this incident? Which position was activated first, and by what unit? As the incident escalated, which positions were communicating, and to whom were they communicating?

   b. Was incident communication effective? Cite specific examples to support the group's opinion.

   c. Were progress reports used in this incident? If yes, what was the overall effectiveness of these reports in understanding the situation as it developed? If progress reports were made, were they adequate in number, too few, or too many? Be prepared to support the group's opinion.

   d. In the group's opinion, how would you rate the overall effectiveness of the incident communications? Be prepared to support the group's conclusions.

   e. Should this incident be managed as a Single Command or Unified Command? If Unified, who would be involved?

3. Select a spokesperson to present the group's conclusions.

Activity 5.2

Central City Traffic Collision

Purpose

To address several issues relative to incident management, including organizational structure, identifying resource needs, and identifying potential problems.

Directions

1. **Individually, read the Incident Scenario Information contained in Unit 9, Appendix A. Also check the Resource Response Information (Appendix B).**

2. Your group will be participating in a scenario-based activity. Your instructor will provide information regarding a specific incident involving a traffic accident. As time progresses the class will be provided more information as units arrive on scene and a sizeup is completed. **You will be given an initial request for additional resources and the anticipated ETA.**

3. During this activity each group will function as an incident command team, **Central Medic 103**. There will be no preassigned roles. Each group member has an equal say in the activity.

4. During the scenario each group will develop on flipchart paper incident organizational charts listing specific positions and which responder is filling each position. As new positions are added, note the time and develop a new chart showing the progression.

5. After the scenario, develop

   a. A list of potential problems given the type of scenario and conditions presented.

   b. A list of resource needs based upon projection of incident progression and list of potential problems.

6. Select a spokesperson to present the group's work when called upon.

7. Refer back to the Incident Scenario Information Package in the Appendices for reference.

Scenario 1

As Central Medic 103 you have been dispatched to a reported traffic accident at the intersection of U.S. 10 and State Route 19. Also dispatched are Central Engine 101 and a Central PD unit. Initial reports indicate a two-vehicle accident in the intersection.

Based on the accident location, Central City Hospital is the nearest hospital, with an ETA of 8 minutes. Children's is second with an ETA of 10 minutes, and Community is third with an ETA of 12 minutes. Central City is up for trauma patients. There are no air ambulances currently available.

After arriving on scene you determine that there are, in fact, two vehicles involved, with one vehicle overturned. There is a total of five patients--two critical traumas; two moderate traumas; and one minor trauma victim. One of the critical and the minor patient are currently trapped in the overturned vehicle. The minor-status patient is a 3-year-old child strapped in a car seat. The child's mother is in moderate condition and was removed from the vehicle by civilian bystanders. The trapped critical patient is the child's father. None of the patients has suffered any burns. Extrication time for both trapped patients is estimated to be 15 minutes.

Central Engine 101 arrives on scene 2 minutes after you. Central Police is on scene with two motor officers. It is currently 1630 hours, 65°F, clear skies, and breezy.

Student Manual Reading Assignment

Purpose

To allow you to become familiar with the materials to be presented on Day 2, and for use in completing Activity 7.1.

Directions

1. Review Units 1 to 5 in your Student Manual to reinforce the material presented during Day 1.

2. Read Student Manual Units 6 to 9 to prepare for Day 2 activities and the course posttest.

3. Review the incident scenario information.

REFERENCES

20th Street Video. Phoenix, AZ, Fire Department. (602) 262-6910.

29 CFR 1910.120.

EPA-311.

National Fire Service Incident Management System Consortium. *Model Procedures Guide for Structural Firefighting*.

New York City Emergency Medical Service. *Emergency Medical Action Plan*.

Orange County, CA, Fire Chiefs Association. *MCI Operational Plan*.

Palms Springs Bus Accident. Palm Springs: Palm Springs Fire Department.

Phoenix, AZ, Fire Department. *Management Procedures*, Volume #2.

Simple Triage and Rapid Treatment (START). Hoag Memorial Hospital, Newport Beach: Newport Beach Fire Department.

The Incident Command System. Emmitsburg: National Fire Academy, January 1993.

UNIT 6: THE COMMAND TOOLBOX

KNOWLEDGE OBJECTIVES

The students will be able to:

1. *Describe the basic design elements of tactical worksheets and status boards.*
2. *Describe the purpose and benefits of tactical worksheets and status boards.*
3. *Describe the design, purpose, and benefit of Incident Command System (ICS) position vests.*
4. *Describe the triage process.*

ACTIVITY OBJECTIVE

Given an audiotaped EMS incident and sample tactical worksheets, and working in small groups, the students will profile the resources responding to the incident.

PATIENT TACTICAL WORKSHEETS

With the possibility of numerous resources and personnel responding to a major incident, the Incident Commander (IC) needs a means of tracking and documenting resources that are committed and standing by awaiting assignment. It would be virtually impossible for any one individual to track all the resources accurately in his/her mind. That information needs to be documented in a written format.

Tactical worksheets are designed to provide an organized approach to documenting and tracking resources operating at an incident. The worksheets typically have areas to log resources committed and waiting in Staging, an area to sketch the incident layout and the position of operating resources, a "fill-in" organizational chart to log resources committed to each division/group/unit, as well as a reminder checklist.

Tactical worksheets are valuable tools for all members of the Incident Command System (ICS). Divisions/Groups/Units also must use worksheets to track their assigned resources. The same applies to Branch Directors and Section Chiefs.

To be effective, tactical worksheets must be initiated early in the incident. Once the IC loses track of resources, it becomes very difficult to go back and try to determine their location, assignment, and status. In high-risk situations, loss of accounting of this resource can be very risky to those personnel working at the scene.

During the transfer-of-command process, the tactical worksheets become a critical element in transferring vital information from one person to another. The information is reviewed in detail and is updated as needed. See the sample worksheets in this unit's Appendix.

PATIENT TRANSPORTATION WORKSHEETS

Tactical worksheets also have similar application to division/group/unit operations. Supervisors and leaders in these positions may need to track their own assigned resources. The Patient Transportation Group, in particular, needs to maintain a detailed tracking of patients, hospital allocation, and transporting units.

There are several examples of transportation worksheets in the Appendix.

STATUS BOARDS

Status boards serve a similar purpose to tactical worksheets. Typically, they are larger than the tactical worksheets and may be either large paper pads or a magnetic board. Information is written in, or magnetic tags are moved about the board as resources are committed and reassigned. Both have areas to sketch the incident layout. As the incident escalates, the large status boards become necessary because of the greater numbers of resources now operating on the scene.

Status boards typically are carried on chief officers' vehicles and should be part of all agencies' command adjuncts. Any information that was logged on the original, smaller tactical worksheet should be verified and transferred to the larger board.

INCIDENT COMMAND SYSTEM POSITION VESTS

Mass casualty incidents generally cause the division/group supervisors or unit leaders to work in the field in order to supervise their assigned resources directly. At times, it may be very difficult to locate an ICS position visually while the person is working among perhaps dozens of similarly attired rescuers.

The use of brightly colored vests has proved to be very effective in identifying key ICS positions in this kind of environment. The purpose of the vest is to allow personnel to identify and locate ICS resources quickly in a mass of commonly attired rescue personnel. Vests should be used routinely for major incidents.

Some States have standardized color assignments for command vests, so contact with the State or local emergency management agency to ensure consistency with colors used is recommended.

TRIAGE TAGS

Triage tags play a vital role in managing patient care and the proper transportation of patients. Triage tags support the triage process. Their primary role is to identify and classify patients according to their severity of injury. They also provide a tracking mechanism for patient destination.

Patients should be tagged as part of any major EMS incident. The "START" (Simple Triage and Rapid Treatment) approach has proved to be very effective in rapid triage. It is a quick, simple, and easily taught method of performing triage.

There are several different types of triage tags in use around the country. All have common essential elements. Each is color coded so that the triage category can be seen at some distance. They have some form of tear-off stub that is removed by the Patient Transportation Group as the patient is loaded for transport to the hospital. There also are matching serial numbers on the main tag and the stub to permit accurate patient tracking and to document patient continuity.

Each agency should have standard operating procedures (SOP's) that specify when to implement and how to manage triage tagging for their agency. A baseline figure (e.g., five or more patients) should be stated as to when patients are to be triage tagged. All EMS vehicles should be equipped with an adequate supply of triage tags.

Activity 6.1

Worksheet Familiarization--7th Street and Broadway Accident

Purpose

To familiarize you with the advantages of using a worksheet for maintaining resource status and documenting the incident.

Directions

1. You will be listening again to the audiotape of the 7th Street and Broadway multiple-patient vehicle accident for the purposes of completing a tactical worksheet.

2. You may select a tactical or patient transportation worksheet from the Appendix to use for this activity. If you have a worksheet that you regularly use, you may use that form.

3. As the audiotape is played, complete the selected worksheet as accurately and completely as possible. The tape will be played only one time.

4. At the end of the audiotape, in your assigned group, discuss the pros, cons, and usefulness of the selected forms. You are to share your completed forms with other group members as part of the discussion process.

Background

- This incident involves three vehicles.

- The response includes a mix of advanced life support (ALS) paramedic engines, basic life support (BLS) engines, and ladders.

- The term "rescues" refers to BLS ambulances.

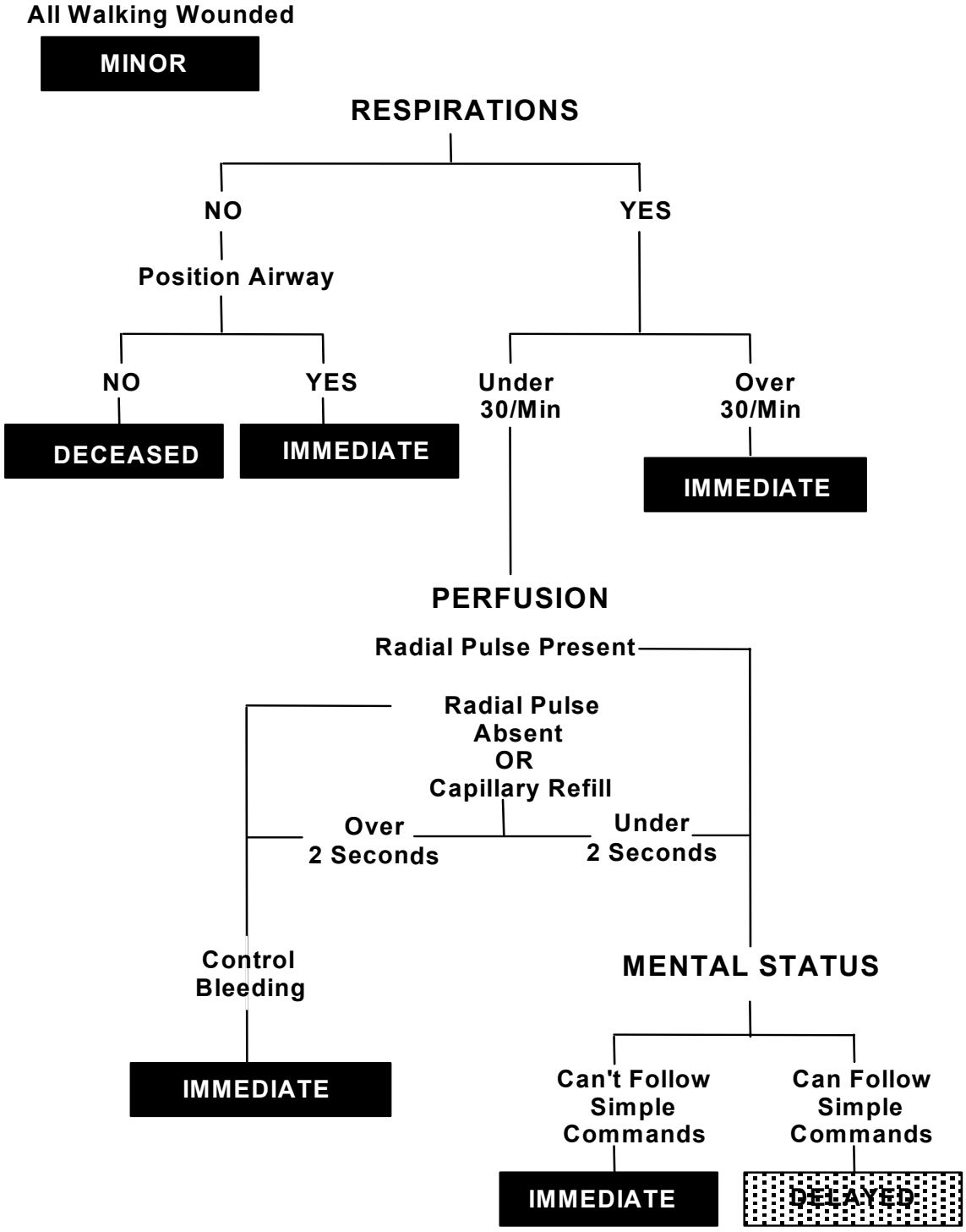
- Triage categories used for this incident are

  - Priority 1 = Critical; also called Level 1.
  - Priority 2 = Delayed; also called Level 2.
  - Priority 3 = Walking wounded; also called Level 3.

- The "Utility 1" is a nighttime lighting unit.

NOTE: As in the previous audiotape exercise, focus not on the position titles used, but rather on the usefulness of the tactical worksheets.

"START" TRIAGE



APPENDIX

TACTICAL WORKSHEETS

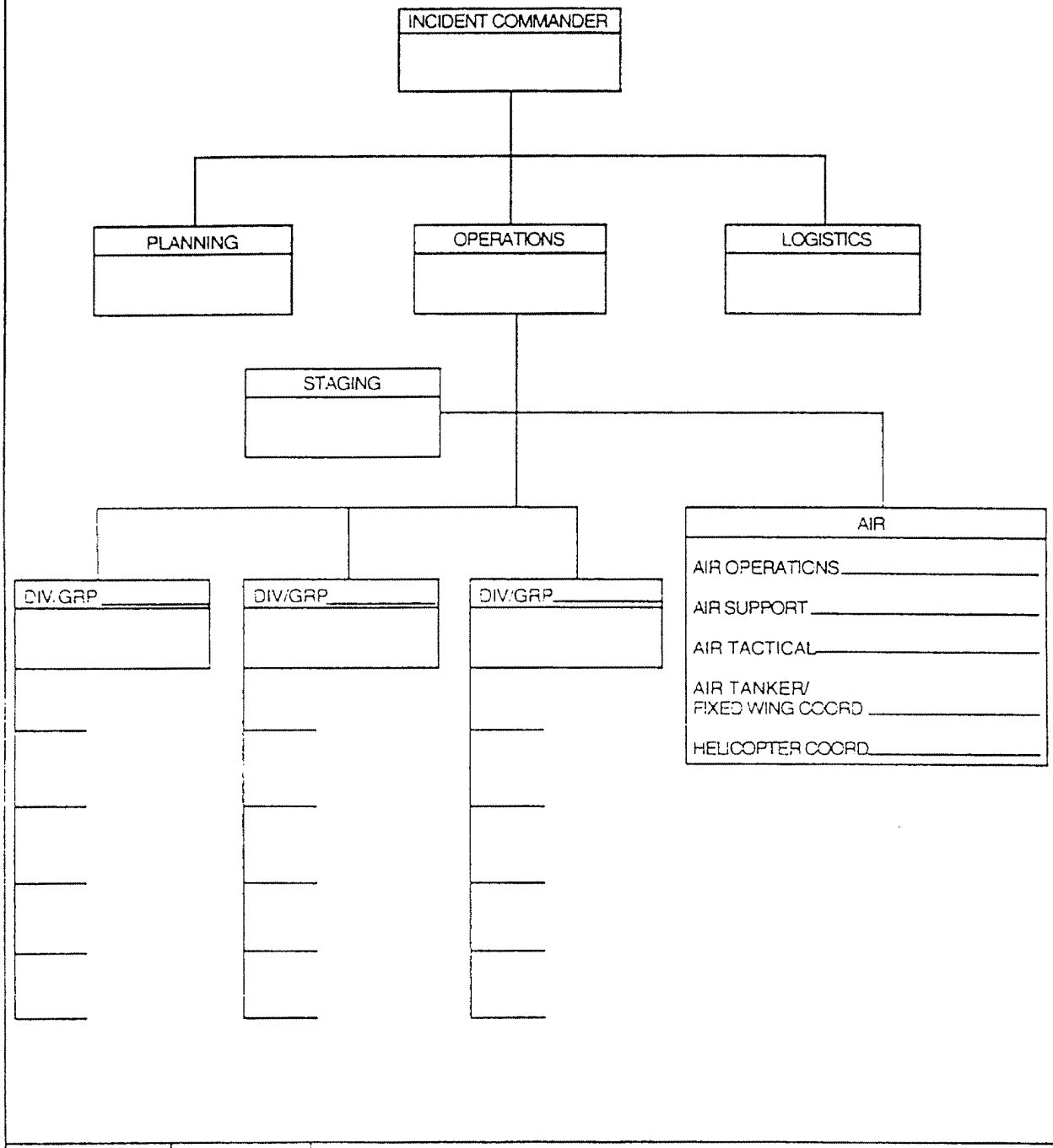
INCIDENT BRIEFING	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

4. MAP SKETCH

ICS 201 5-94	PAGE 1	8. PREPARED BY (NAME AND POSITION)

7. SUMMARY OF CURRENT OBJECTIVES AND ACTIONS		
CURRENT OBJECTIVES:		
CURRENT ACTIONS:		
ICS 201 5-94	PAGE 2	

6. CURRENT ORGANIZATION



ICS 201 5-94	PAGE 3	

5. RESOURCES SUMMARY

RESOURCES ORDERED	RESOURCE IDENTIFICATION	ETA	ON SCENE ✓	LOCATION/ASSIGNMENT

ICS 201 5-94	PAGE 4	

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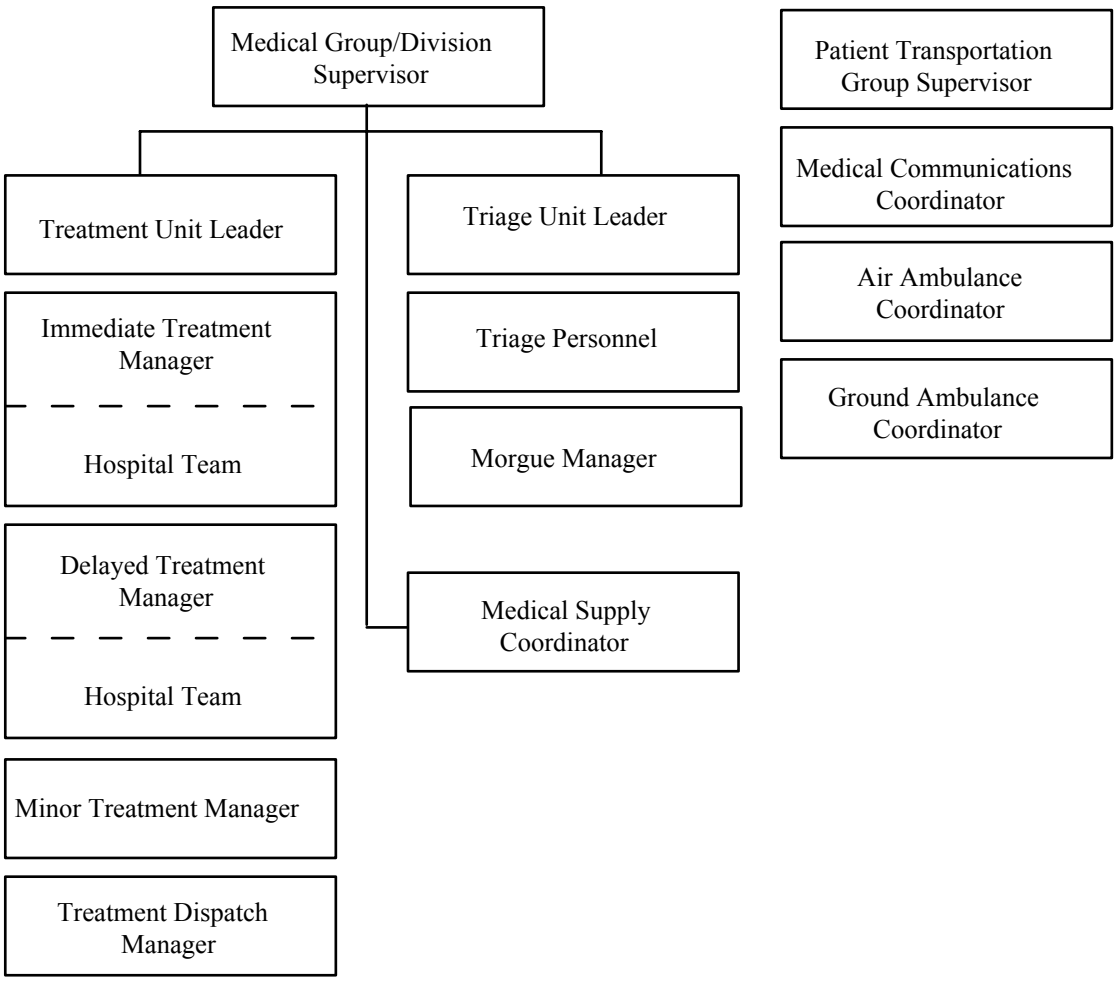
MULTICASUALTY BRANCH WORKSHEET

Incident Name	Date	Time
Incident Commander	Multicasualty Branch Director	



Other

Medical Caches
Air Ambulances
Law Enforcement
Radio Frequencies
Coroner
Red Cross
Chaplain
Buses
Mental Health

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MULTICASUALTY RECORDER WORKSHEET

Ambulance Company	Ambulance ID Number	Patient Triage Tag Number	Patient Status	Hospital Destination	Off-Scene Time
			(I) (D) (M)		____ : ____
			(I) (D) (M)		____ : ____
			(I) (D) (M)		____ : ____
			(I) (D) (M)		____ : ____
			(I) (D) (M)		____ : ____
			(I) (D) (M)		____ : ____
			(I) (D) (M)		____ : ____
			(I) (D) (M)		____ : ____
			(I) (D) (M)		____ : ____
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			(I) (D) (M)		____ : ____
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			(I) (D) (M)		____ : ____
			(I) (D) (M)		____ : ____
			(I) (D) (M)		____ : ____

December, 1989 (Rev. 3/93) ICS-MC-120-1

MULTICASUALTY HOSPITAL RESOURCE AVAILABILITY

Hospital		Critical	Noncritical
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		
	A		
	U		

A = Available U = Used

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MULTICASUALTY AMBULANCE RESOURCE STATUS

Agency	Unit No.	In	Out

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MEDICAL SUPPLY RECEIPT & INVENTORY FORM

Incident Name: _____ Incident #: _____

A. Supplies/Equipment received from: _____ Date: ____/____/____

Agency: _____ Unit ID#: _____ Name: _____
(Whenever possible, use masking tape and markers to identify all equipment)

B. Supplies/Equipment received by:

Name: _____ Incident Position: _____

No.	Item Description *(Print All Entries)*	Unit *	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

*Unit--list a measurable description of the item (gauge, gm, ml, bag, doz., etc.)
Form distribution: (Use carbon paper) **Original**--Medical Supply Coordinator
Copy--Source of Supply

*INCIDENT REIMBURSEMENT OF ANY SUPPLIES/EQUIPMENT WILL BE BASED **ONLY** ON ORIGINAL FORM LISTINGS.*

TACTICAL WORKSHEET

Incident No. _____ Time _____

2 + 1 ❑ First Alarm ❑ _____

Address: _____

Occupancy: _____

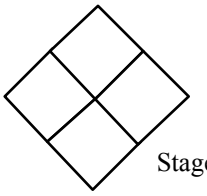
❑ Initial Report: By _____
❑ CMD Location ❑ N ❑ S ❑ A
❑ All Clear ❑ E ❑ W ❑ B
❑ Standpipe ❑
❑ Sprinkler

1 2 3 4 5 6 7 ☐

❑ Investigator
❑ Pumped Water
❑ P.D.
❑ Gas ❑ Elect.
❑ Level 2 Staging Location

_____

❑ Under Control _____



Staged _____

E		
E		
E		
E		
L		
L		
H		
R		
U		
BC		

2-11		
E		
E		
E		
E		
L		
L		
H		
R		
U		
BC		

Command

City of Phoenix, Arizona
Fire Department
EMS MEDICAL WORKSHEET

☐ 2 + 1 Medical
  ☐ First Alarm Medical   Incident No. ________________
Address ____   Time ______________________________

Incident Type ____________________________________

1	2	3	4	5	6	7	

- ☐ Initial Report
- ☐ Initiate Command
- ☐ Personnel Protection
- ☐ Triage
- ☐ Extraction   ☐ All Clear
- ☐ Treatment
- ☐ Transportation
- ☐ Traffic/Crowd Control
- ☐ Hospital Notification
- ☐ Scene Stabilized
- ☐ Progress Reports
- ☐ ______________________________

Fire Dept.

EP		
EP		
EP		
E		
E		
L		
L		
R		
R		
BC		

Command

Extrication	Treatment	Transportation	

Ambulance

1		
2		
3		
4		

Helicopter

1		
2		

Priority 1	Priority 2	Priority 3	Priority 4

PT # ______________   Priority ______________
Unit(s)   Treating ______________________
Unit Transporting ______________________
Hospital ______________________________
Injury ______________________________
Name ______________________________
Address ______________________________
Sex ______________   Age ______________

PT # ______________   Priority ______________
Unit(s)   Treating ______________________
Unit Transporting ______________________
Hospital ______________________________
Injury ______________________________
Name ______________________________
Address ______________________________
Sex ______________   Age ______________

PT # ______________   Priority ______________
Unit(s)   Treating ______________________
Unit Transporting ______________________
Hospital ______________________________
Injury ______________________________
Name ______________________________
Address ______________________________
Sex ______________   Age ______________

PT # ______________   Priority ______________
Unit(s)   Treating ______________________
Unit Transporting ______________________
Hospital ______________________________
Injury ______________________________
Name ______________________________
Address ______________________________
Sex ______________   Age ______________

PT # ______________   Priority ______________
Unit(s)   Treating ______________________
Unit Transporting ______________________
Hospital ______________________________
Injury ______________________________
Name ______________________________
Address ______________________________
Sex ______________   Age ______________

PT # ______________   Priority ______________
Unit(s)   Treating ______________________
Unit Transporting ______________________
Hospital ______________________________
Injury ______________________________
Name ______________________________
Address ______________________________
Sex ______________   Age ______________

City of Phoenix, Arizona
Fire Department
TRANSPORTATION SECTOR

Treatment _____
LZ _____

Ambulatory Patients

Vehicle	Location	# of Patients

Helicopter ID

_____
_____
_____

Companies Assigned To Transportation

_____
_____
_____

- ❑ **Med 9**
- ❑ **Sector Location**
- ❑ **Sector VEST**
- ❑ **LZ Location**
- ❑ **AMB STG Location**
- ❑ **TRIAGE Tag Stubs**
- ❑ **Command Progress Report**
- ❑ **Medical Progress Report**
- ❑ **Last PT Tran**
- ❑ **Resources**
- ❑ **Est. PT Total** _____

Patient Triage Number	Hosp. ____ Level ____	PRI 1	PRI 2	PRI 3	AMB I.D.#	Patient Triage Number	Hosp. ____ Level ____	PRI 1	PRI 2	PRI 3	AMB I.D.#

Patient Triage Number	Hosp. ____ Level ____	PRI 1	PRI 2	PRI 3	AMB I.D.#	Patient Triage Number	Hosp. ____ Level ____	PRI 1	PRI 2	PRI 3	AMB I.D.#

SOD RESPONSE REPORT

Date	SU ❑	M ❑	T ❑	W ❑	T ❑	F ❑	SA ❑	Tour 1 ❑	2 ❑	3 ❑	CAD No.	SOD No.	Page of
Location												Borough M ❑	BX ❑	BK ❑	Q ❑	SI ❑	Other ❑
Time Notified				Time Responded				Time Arrived				Time Resumed					

❑ MCI	Initial Signal		Final Signal/Code	
❑ EMS Vehicle Incident	VEH No.	Unit	STN/CMND	❑ MVA ❑ Fire ❑ Other:
❑ EMS 10-13	Unit	MOS/SH No.		MOS/SH No.
❑ Haz Mat	❑ Incident	❑ Potential Incident	❑ Haz Mat Comp Report Attached	
❑ Injured/Ill MOS	Shield	Command		
❑ MEDEVAC	❑ Incoming ❑ Outgoing	Carrier		
❑ 911 Response	Type of Assignment			
❑ Special Operation	Event		SO No.	
❑ Other (Specify)				

Ambulances Responded											
Officers Responded											
Specialty Units	MERV 1 ❑ 1A ❑ 2 ❑ 3 ❑ 4 ❑	❑ F-COMM	❑ SOD SQD	❑ QSU	❑ GEN	Decon Facility ❑ EMS ❑ FDNY ❑ NYPD		❑ MD	❑ CISD	❑ PA	

Initial Command Officer:	CMND	Subsequent Command Officer	CMND
Final Command Officer:	CMND	Incident Secured at Hours	❑ Incident Ongoing On Departure
Police Agency	Fire	DEP	Other

Division/Sectors	Officer	Transferred To	Location
Command Post			
Staging			
Triage			
Treatment			
Transportation			
Haz Mat			
Liaison			
Logistics			
Public Information			
Communications			
Safety		❑ Operation Not Divided/Sectored ❑ Not Applicable	

Casualty Breakdown	EMS	FDNY	Police	CIV	Total
T & R/RMA					
Transported					
Dead at Scene					
Decontaminated					
❑ Not Applicable	❑ None		Total:		

Hospital Utilization	Specialty Ref.	No. of Pts.

INCIDENT/OPERATION:

- ❑ Assisted Incident Commander with resource utilization
- ❑ Assumed command (if from senior officer, detail circumstances below)
- ❑ Assumed _____ sector officer position
- ❑ Canceled en route by _____
- ❑ Ensured appropriate dispositions for all patients
- ❑ Ensured safety of EMS personnel
- ❑ Expedited availability of units
- ❑ Implemented ICS
- ❑ Liaison with ❑ NYPD ❑ FDNY ❑ DEP ❑ Other: ___
- ❑ Photo investigation conducted
- ❑ Pride report completed
- ❑ Provided ❑ Preliminary ❑ Progress reports to dispatcher
- ❑ Represented the chief of field services
- ❑ Secured incident

UNUSUAL:

DISPOSITION: ❑ 10-82	❑ 10-83	❑ 10-90	❑ 10-93	❑ Standby	❑ Cassette Enclosed
Referred To:/For:			❑ Photos(s) Attached		❑ Condition Corrected

Reporting Officer	Shield	Signature	Date

Reviewing Officer	Signature	Date
Comments:		

EMERGENCY MEDICAL SERVICE
UNIT TRACKING WORKSHEET

DATE	CAD #	BOROUGH	SIGNAL

NAME (LAST, FIRST)	UNIT	TOUR	VEH #	SHIELD #	RANK	SOCIAL SECURITY #

NAME (LAST, FIRST)	UNIT	TOUR	VEH #	SHIELD #	RANK	SOCIAL SECURITY #

MCI PREPLAN

ADDRESS	BOROUGH M ❑ BX ❑ BK ❑ Q ❑ SI ❑ Other ❑
CROSS STREET	CROSS STREET
PRIMARY STAGING	COMMAND POST
ACCESS ROUTE	
SECONDARY STAGING	MEDEVAC LZ

TYPE OF STRUCTURE/USE				
No. OF FLOORS/HT.	SIZE	CONSTRUCTION	OCCUPANCY (DAY)	OCCUPANCY (NIGHT)
EXP 1		EXP 2		
EXP 3		EXP 4		

SPECIAL HAZARDS/LOCATIONS 1.
2.
3.
4.
5.

UNUSUAL RESPONSE CONSIDERATIONS	
OBSTRUCTIVE CHARACTERISTICS	
COMMUNICATIONS PROBLEMS	
SAFETY CONSIDERATIONS	
EMS SPECIALTY UNIT RESOURCES	
OTHER AGENCY RESOURCES	
ONSITE RESOURCES	

PRIMARY RECEIVING HOSPITALS			
SECONDARY RECEIVING HOSPITALS			

ONSITE CONTACT	TITLE	TELEPHONE

PREPARED BY	RANK	COMMAND	DATE	REVISED

ADDRESS			BOROUGH	M ❑	BX ❑	BK ❑	Q ❑	SI ❑	Other ❑

MAP PAGE	REFERENCE GRID

PREPLAN DIAGRAM

UNIT 7: THE EXPANDED ORGANIZATION/REINFORCED RESPONSE

KNOWLEDGE OBJECTIVES

The students will be able to:

1. *Describe the responsibilities of the Staging Area Manager.*
2. *Describe the responsibilities of the Command Staff.*
3. *Describe the expansion of the Incident Command System (ICS) organization.*
4. *Explain when and why the expansion of the ICS organization is necessary.*

ACTIVITY OBJECTIVE

Given a simulated community resource description and an expanded, written EMS scenario, and working in small groups, the students will prepare organizational charts, resource lists, and a description of potential problems.

EXPANDING THE ORGANIZATION

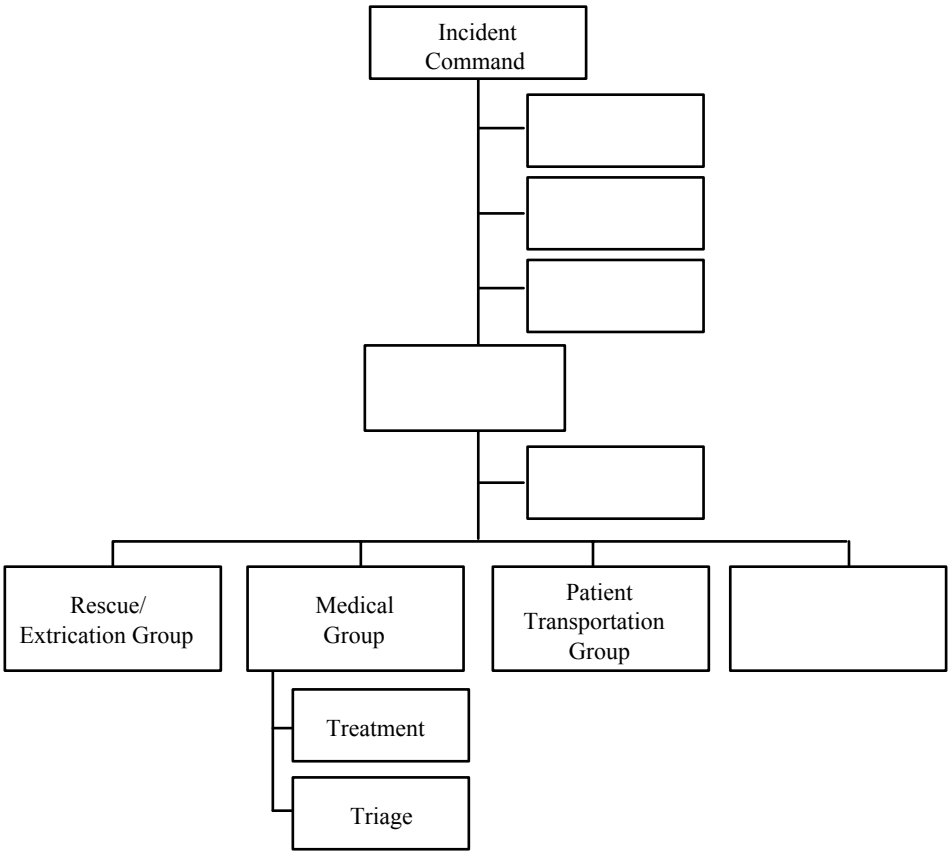


Figure 7-1
Transition from Basic to Expanded

The basic Incident Command System (ICS) organization described thus far shows the command structure that typically may be developed for the first wave of resource commitment.

As additional resources arrive on the scene, they may be assigned to existing positions, as illustrated above.

The ICS also may be expanded to meet incident needs.

EXPANDED GENERIC INCIDENT COMMAND SYSTEM POSITIONS

Staging Area Manager

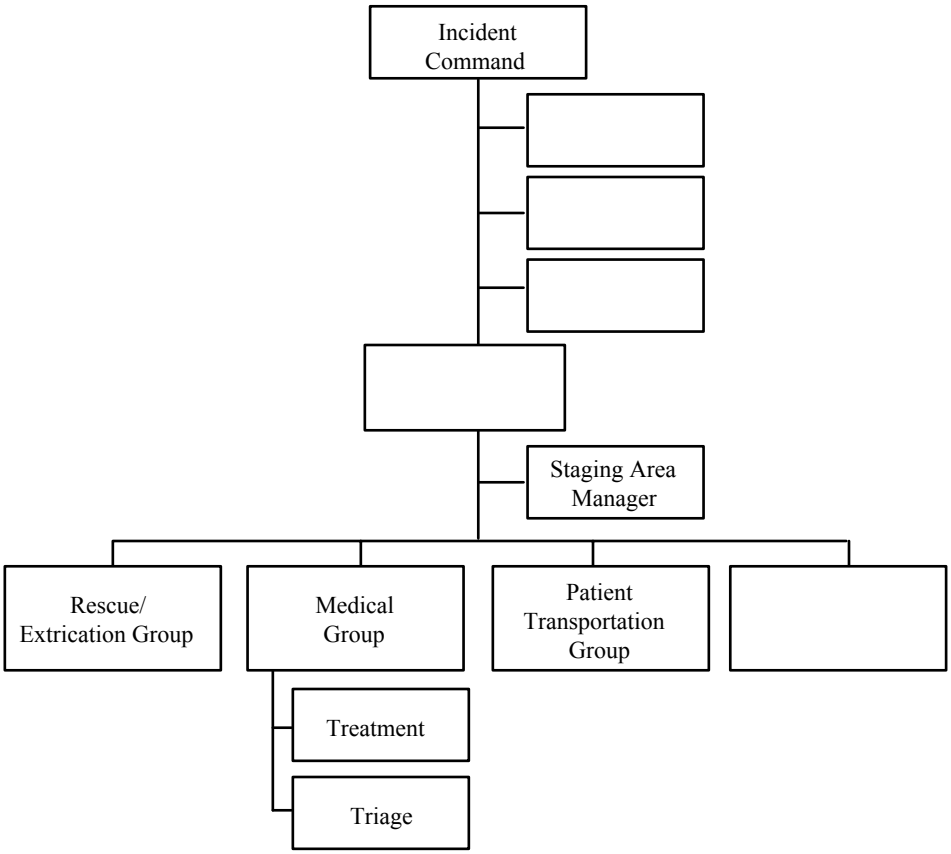


Figure 7-2

Proper positioning of vehicles at an emergency incident is key to the success of an operation. All too often, responding units arrive at the scene, leave their vehicles wherever space can be located, and depart to the incident site with equipment in hand. Abandoning vehicles can be obstructive to resource management and redeployment and effective use of available resources, and has the potential to disrupt the transport of patients to receiving hospitals. This creates a situation which could lead to the death of a critical patient.

The strength and efficacy of a Staging Area Manager are integral to the success of the overall management of an incident. The Staging Area Manager is responsible for

- Managing an area for resources to be temporarily located while awaiting tactical assignment.

- Reporting to Operations Section Chief or to the Incident Commander (IC) in the absence of an Operations Section Chief.

- Assembling, coordinating, and controlling resources assigned to Staging (personnel, vehicles, and equipment).

The Staging Officer also is responsible for

- Ensuring unimpeded access and egress to and from the Staging Area and access and mobility of resources within the Staging Area.

- Establishing an accurate inventory system for all responding units (check in/check out).

- Providing routing instructions for resources given tactical assignments.

- Requesting maintenance services for staged resources as needed.

- Safeguarding Staging (law enforcement assistance may be required).

- Determining required reserve level(s) for assigned resources by type and kind from Operations Section Chief (e.g., backup resources).

- Advising Operations Section Chief when a particular type of resource is at or near minimum reserve level.

- Coordinating access to EMS vehicles with Ground Ambulance Coordinator.

- Ensuring safety of members operating in the Staging Area.

- Evaluating Staging Area operations for efficacy and communicating resource requirements to the Operations Section Chief.

- Providing frequent progress reports to Operations Section Chief.

Helibase Manager/Landing Zone

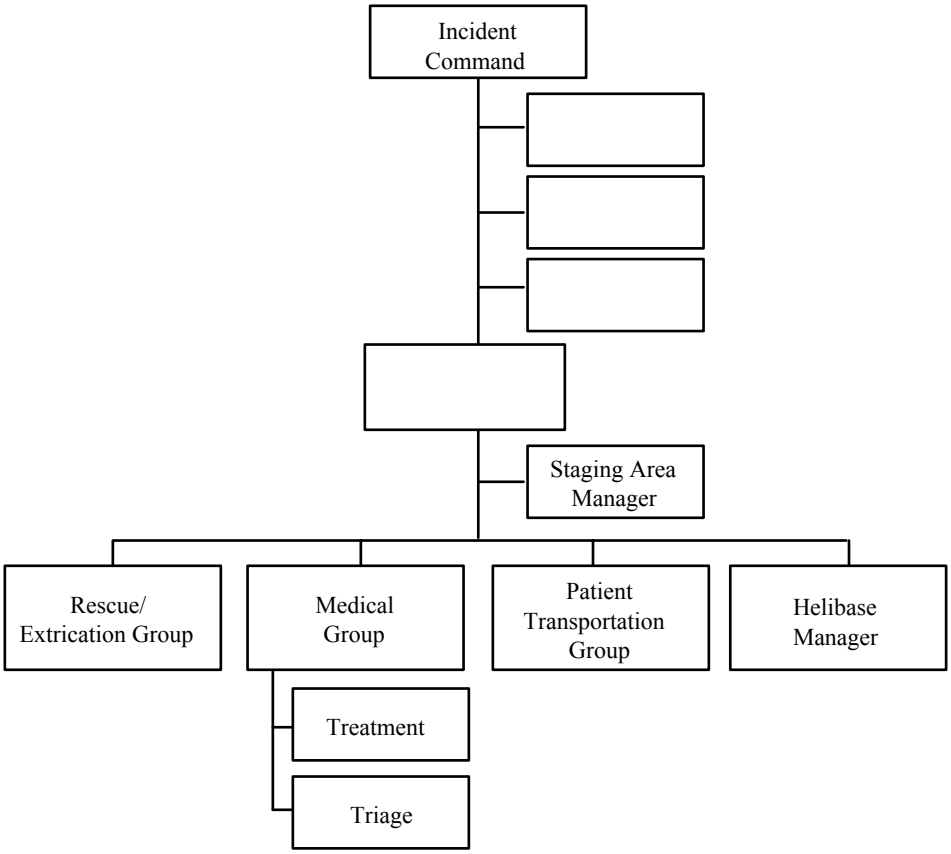


Figure 7-3

Where helicopter transportation is needed, a Helibase Manager and Landing Zone (L/Z) will be required.

Responsibilities of this position include

- Locating a safe and adequately sized L/Z.
- Advising Command and the Patient Transportation Group Supervisor of the L/Z location.
- Ensuring L/Z site safety.
- Maintaining communications with helicopters.
- Securing safe routes for ground ambulances entering and exiting the L/Z.

- Requesting and supervising resources as needed.

- Maintaining incident documentation.

If the incident involves multiple aircraft, an Air Operations Branch may be established. The purpose of the Air Operations Branch Director is to serve as an "air traffic control," and to ensure safe operations of all inbound, exiting, and overhead aircraft.

EXPANDING THE COMMAND STAFF

Command Staff

Three other important staff functions are the responsibility of the IC:

- Information
- Safety
- Liaison

These responsibilities will be performed by the IC unless the responsibility is delegated to one of the following individuals.

Safety Officer

At this point in the ICS development the position of Operations Section Chief is shown on the organizational charts. This is to illustrate an appropriate point; i.e., to add the position as a matter of span-of-control. However, the actual inclusion of the position will be dependent on the needs of the incident and the IC's ability to manage the incident effectively.

The Operations Section Chief position will be discussed in detail in Unit 8: Escalated Organization--Branch and Section Overview.

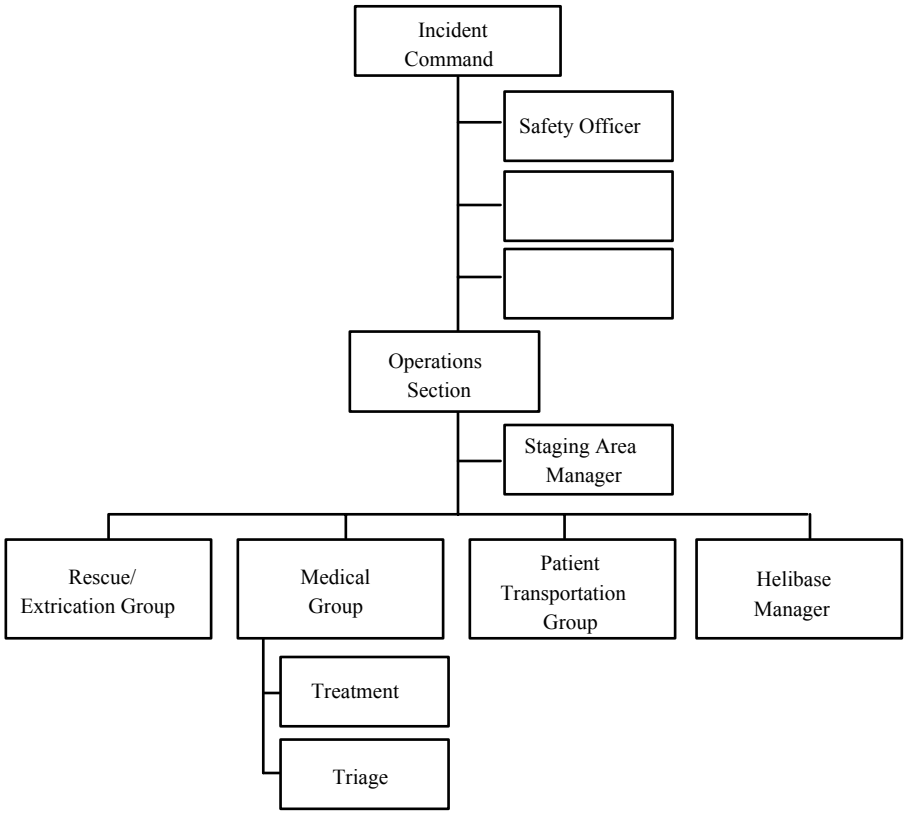


Figure 7-4

The IC is responsible for the safety of all personnel operating at the scene. To ensure the safety of all, Command should assign a Safety Officer to manage scene safety, and to be responsible for the overall safety of all persons operating at the scene. The Safety Officer can exercise emergency authority to stop or correct an unsafe situation, if necessary, countermanding orders given by the IC or other ICS officer.

The Safety Officer is responsible for

- Ensuring that all accepted safety practices are followed by all personnel operating at the scene.

  - Evaluating scene operations and advising the IC of all potential or actual unsafe environments or procedures at the scene.

  - Advising the IC of measures to be taken to ensure overall safety of members and reduction of risks.

- Investigating accidents and injuries to members occurring within the incident area.

- Constantly evaluating the total operation, and making recommendations to the IC on enhancing effectiveness, efficiency, and safety.
- Providing frequent progress reports to the IC.
- Communicating resource requirements to IC as required.

Information Officer

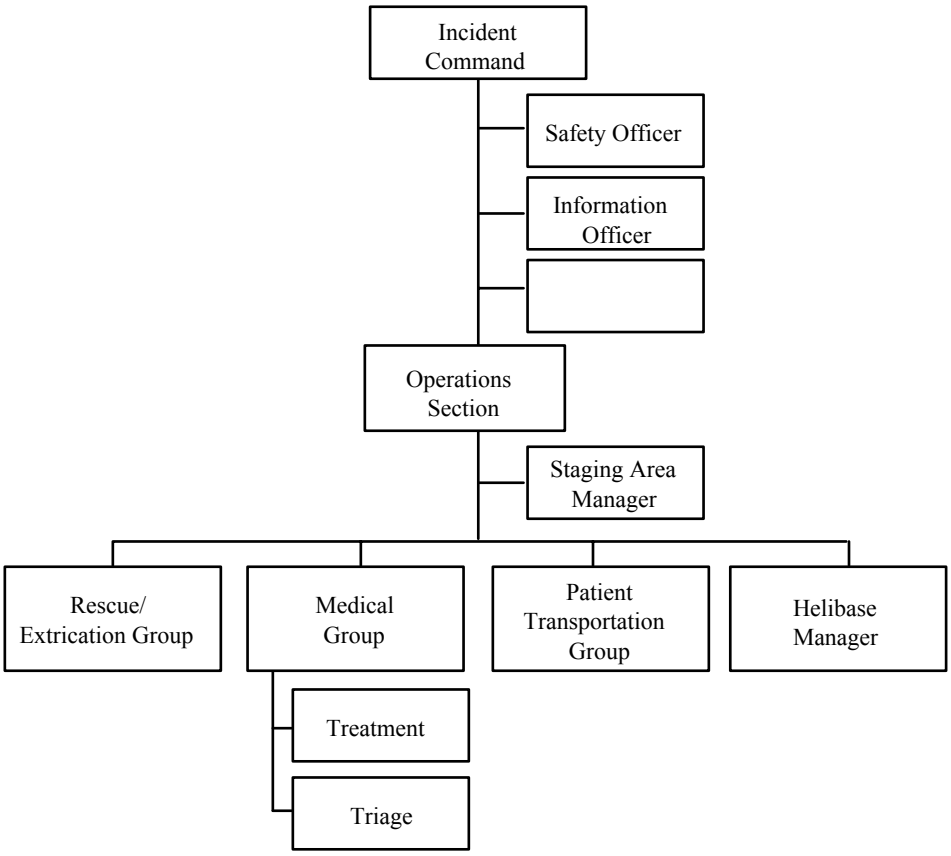


Figure 7-5

Major incidents always will attract the news media. The IC will need an officer to control the media and provide them accurate and timely data. Otherwise the media will attempt to obtain a news story from some other unauthorized, or inaccurate, source.

The Information Officer (IO) is the IC's representative to the media. The IC should be acutely aware of the importance of managing the media, or the media will manage the IC. With the implementation of the IO, the IC has the unique opportunity to ensure that accurate information on the incident and operations is conveyed to the media, and to ensure that a positive light is shed on the jurisdictional agency and mutual-aid responders.

For EMS operations, it is important that media access to the extrication and treatment areas and the Incident Command Post (ICP) be restricted. They may photograph the area(s) from a distance, but should not be in the immediate area(s).

The IO is responsible for

- Controlling media access.
- Obtaining authorization from the IC for media releases relative to the incident.
- Obtaining complete and accurate information relative to the incident and subsequent operations.
- Coordinating all media requests.
- Developing materials for use in media briefings.
- Identifying and preparing incident personnel for interviews prior to contact with the media.
- Tracking all media requests and contacts by incident personnel.
- Consulting with the IC or other agency senior management members, when appropriate, concerning questions about problems, allegations of inappropriate or inadequate response or activity, illegal activities of members, etc.
- Communicating resource needs to the IC.
- Providing frequent progress reports to the IC.

The IO needs to be aware of local laws that may restrict the release of information on patient names and conditions. Typically this information is not released until it is **confirmed** that the next-of-kin has been notified.

Liaison Officer

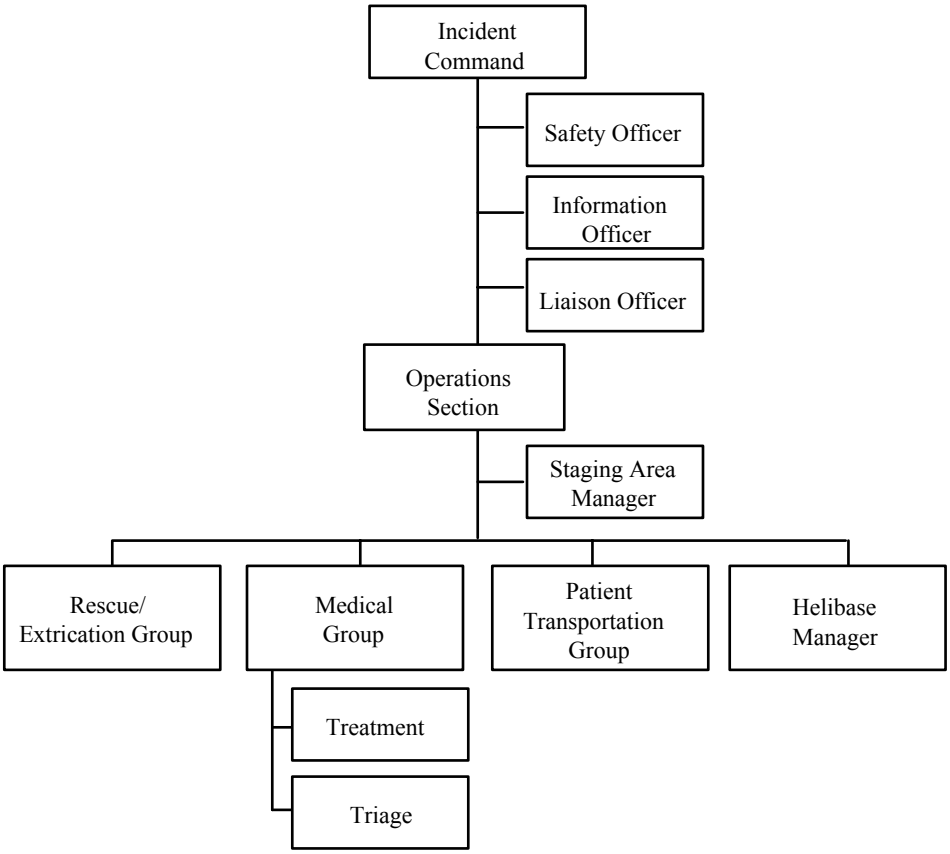


Figure 7-6

All significant incidents will need close coordination with cooperating and assisting agencies. Crowd and traffic control are obvious and immediate needs at the scene of an emergency. The IC will need a direct communications link to law enforcement resources. This is obtained through the use of a Liaison Officer at the ICP. The IC can direct this officer, who in turn can direct and implement the law enforcement action plan immediately.

The Liaison Officer also is responsible for being Command's contact, or liaison, to other agencies responding to the incident. In addition to police, these other agencies might include public works, Red Cross, hospitals, railroad officials, National Transportation Safety Board (NTSB) officers, etc. More than one Liaison Officer may be needed to maintain a reasonable span-of-control.

The following are some of the main reasons to establish the Liaison Officer position at an incident:

- When several **agencies** send or plan to send agency representatives to an incident in support of their resources.
- When the IC can no longer provide the time for individual coordination with each agency representative.

Major responsibilities and duties of the Liaison Officer at an incident include

- Acting as a point of contact for agency representatives.
- Maintaining a list of assisting and cooperating agencies and agency representatives.
- Assisting in setting up and coordinating interagency contacts.
- Monitoring incident operations to identify current or potential interorganizational problems.
- Participating in planning meetings, and providing current resource status, including limitations and capabilities of agency resources.

Agency Representatives

In many multijurisdictional incidents, an agency or jurisdiction will send a representative to assist in coordination efforts.

An agency representative is an individual assigned to an incident from an assisting or cooperating agency who has been delegated authority to make decisions on matters affecting that agency's participation at the incident.

Agency representatives report to the Liaison Officer, or to the IC in the absence of a Liaison Officer.

Responsibilities of an agency representative include

- Ensuring that all agency resources are properly checked in at the incident.
- Obtaining briefing from the Liaison Officer or IC.

- Informing assisting or cooperating agency personnel on the incident that the agency representative position for that agency has been filled.
- Attending briefings and planning meetings as required.
- Providing input on the use of agency resources unless resource technical specialists are assigned from the agency.
- Cooperating fully with the IC and the General Staff on agency involvement at the incident.
- Ensuring the well-being of agency personnel assigned to the incident.
- Advising the Liaison Officer of any special agency needs or requirements.
- Reporting to home agency dispatch or headquarters on a prearranged schedule.
- Ensuring that all agency personnel and equipment are properly accounted for and released prior to departure.
- Ensuring that all required agency forms, reports, and documents are complete prior to departure.
- Having a debriefing session with the Liaison Officer or IC prior to departure.

CONTROL OF COMMUNICATIONS AND RESOURCES

At this point in the organizational development, the benefits of ICS in organizing and controlling resources and communications can be demonstrated clearly. With the potential of perhaps 20 or more units operating at the incident, all are assigned to supervised positions, and each position has a direct communications link with the IC. The important aspects of this are the assigned span-of-control; units working for the supervisors or leaders communicating with that person, preferably face-to-face; and remaining in that area of responsibility unless redeployed through the ICS structure.

Additionally, with the potential of 20 or more portable radios at the incident scene, control of communications is essential. This is accomplished by ordering all communications within the division/group/unit to be face-to-face to avoid radio gridlock, which has the potential to cripple an emergency operation. The only exception to the face-to-face communications rule is in the event of an emergency; then the individual or unit may communicate directly with the IC or ICP.

Span-of-Control

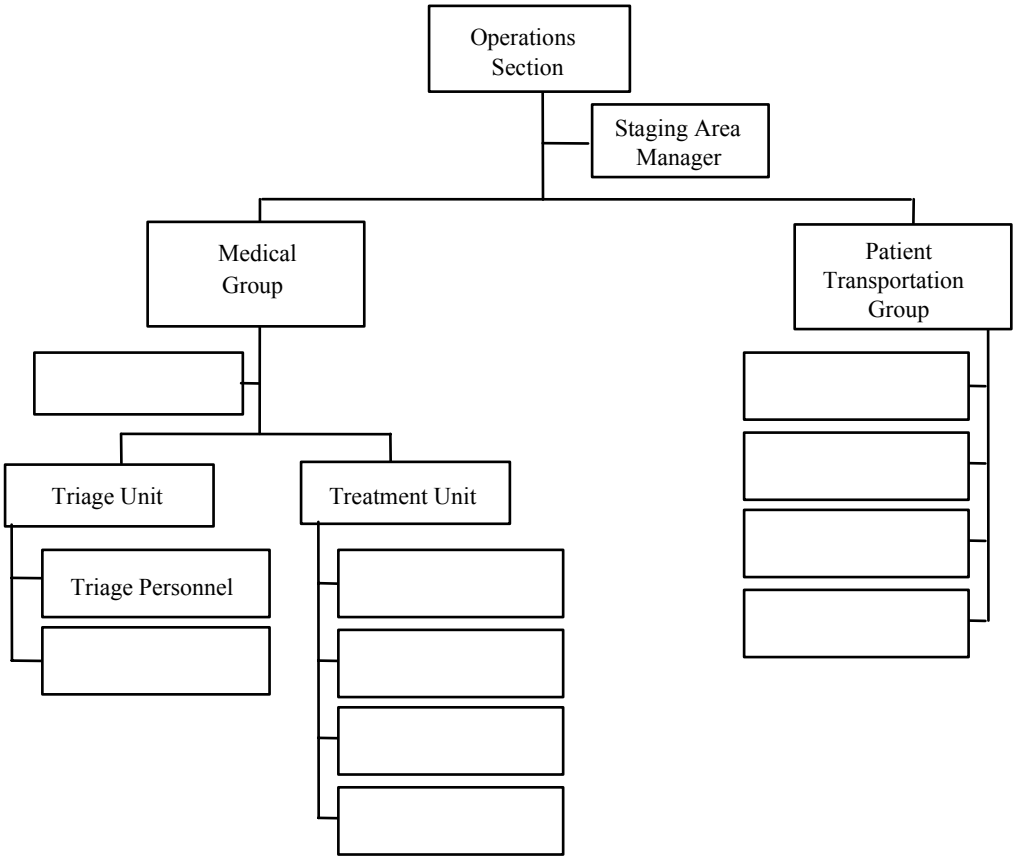


Figure 7-7

Span-of-control pertains to the number of individuals one supervisor can manage effectively. Maintaining an effective span-of-control is particularly important on incidents where safety and accountability have top priority.

In ICS, the span-of-control for any supervisor falls within the range of three to seven. If a supervisor has fewer than three people reporting, or

more than seven, some adjustment to the organization should be considered.

The rule of thumb for span-of-control in ICS is one supervisor to five subordinates.

EXPANSION OF INCIDENT COMMAND SYSTEM MULTICASUALTY BRANCH

As an incident's needs are identified and expanded further, there will be a need to implement additional ICS positions related to medical operations. Additional positions may be needed within the Medical Group and the Patient Transportation Group.

Medical Group/Division

Within the Medical Group/Division, personnel may be needed as Treatment Team Managers, Treatment Dispatch Manager, and Medical Supply Coordinators. These are implemented as span-of-control mechanisms.

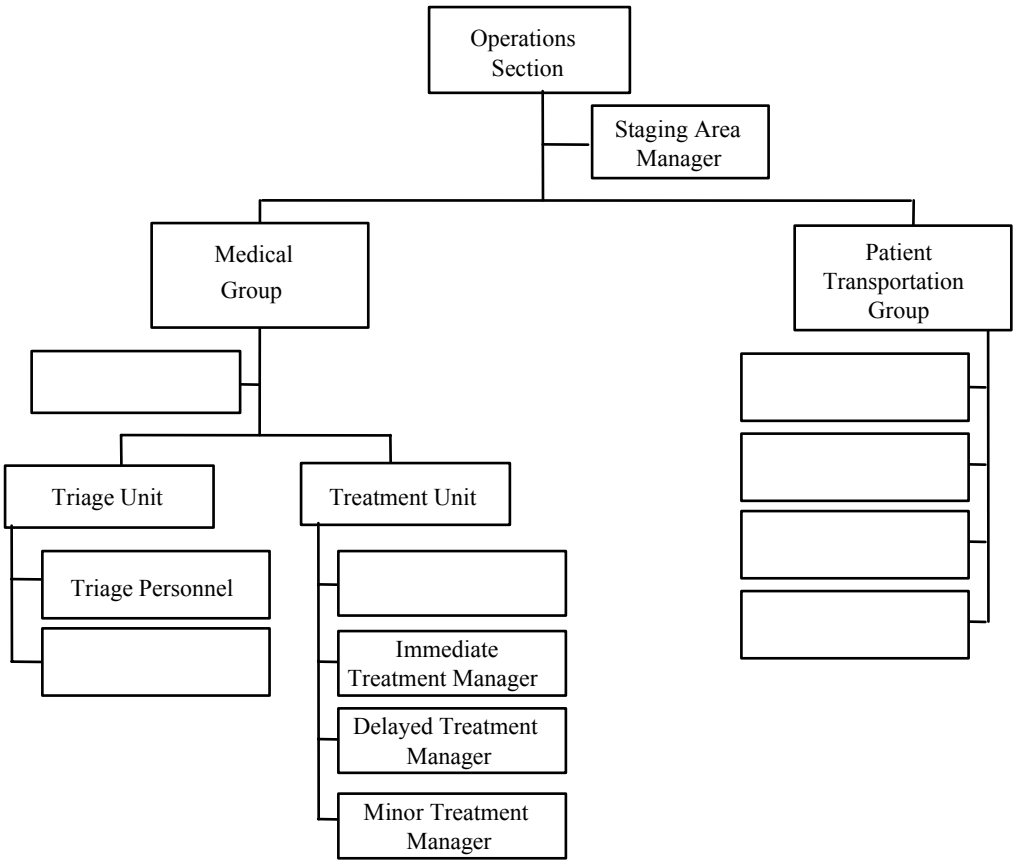


Figure 7-8

Treatment Team Managers

(See Figure 7-8.) Based on the number of patients and triage categories there may be a need to implement specific Treatment Team Managers. Typically, there is one Treatment Team Manager for each designated triage category, i.e., immediate, delayed, or minor.

A Treatment Team Manager is responsible for

- Assigning treatment personnel to patients.
- Requesting medical teams as necessary.
- Ensuring the continual triage of patients within the area.
- Ensuring that patients are prioritized for transport.
- Coordinating with the Treatment Dispatch Manager for the transport of patients.

- Ensuring appropriate patient documentation.

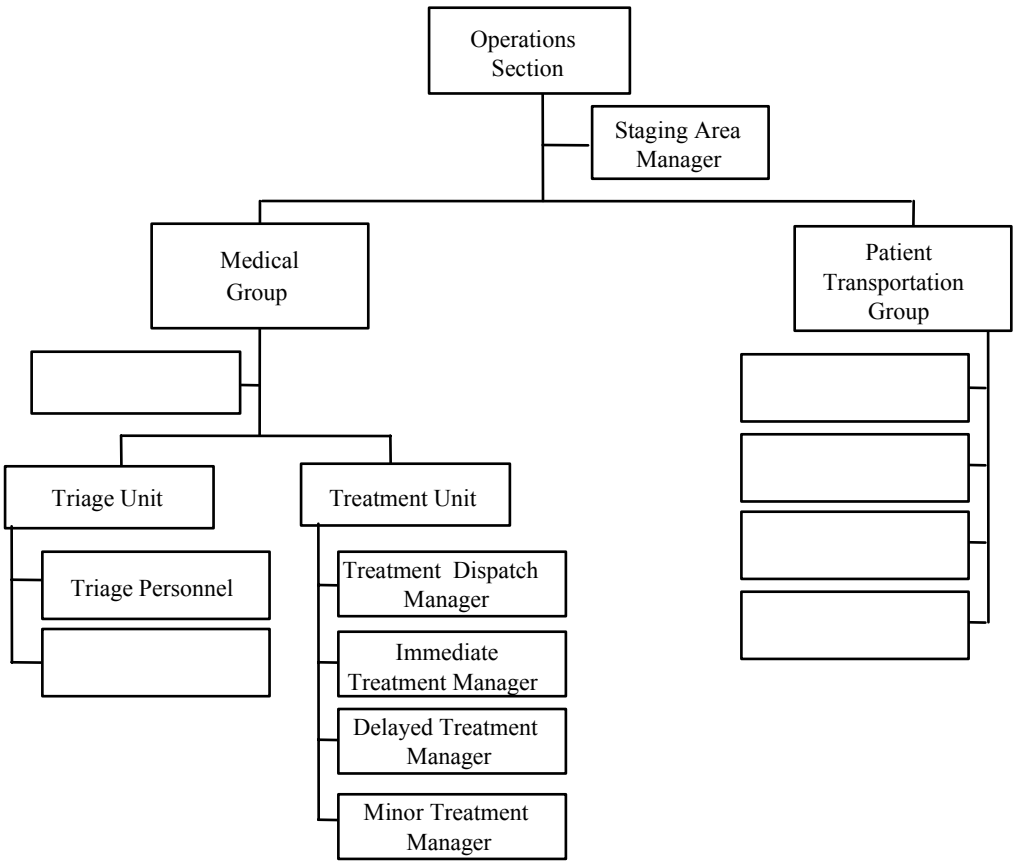


Figure 7-9

Treatment Dispatch Manager

(See Figure 7-9.) The Treatment Dispatch Manager acts as the liaison between the Treatment Manager and the Patient Transportation Group. The responsibilities for this position include

- Establishing and maintaining communications with the Treatment Managers and the Medical Communications Coordinator.

- Advising the Medical Communications Coordinator when patients are ready for transport.

- Verifying with Treatment Managers the priority for patient transports and any special needs, such as a burn center or pediatric facility.

- Coordinating the loading of patients with transport personnel and Treatment Managers.

- Assuring appropriate tracking of patient information.

- Coordinating ambulance loading with Treatment Manager and ambulance personnel.

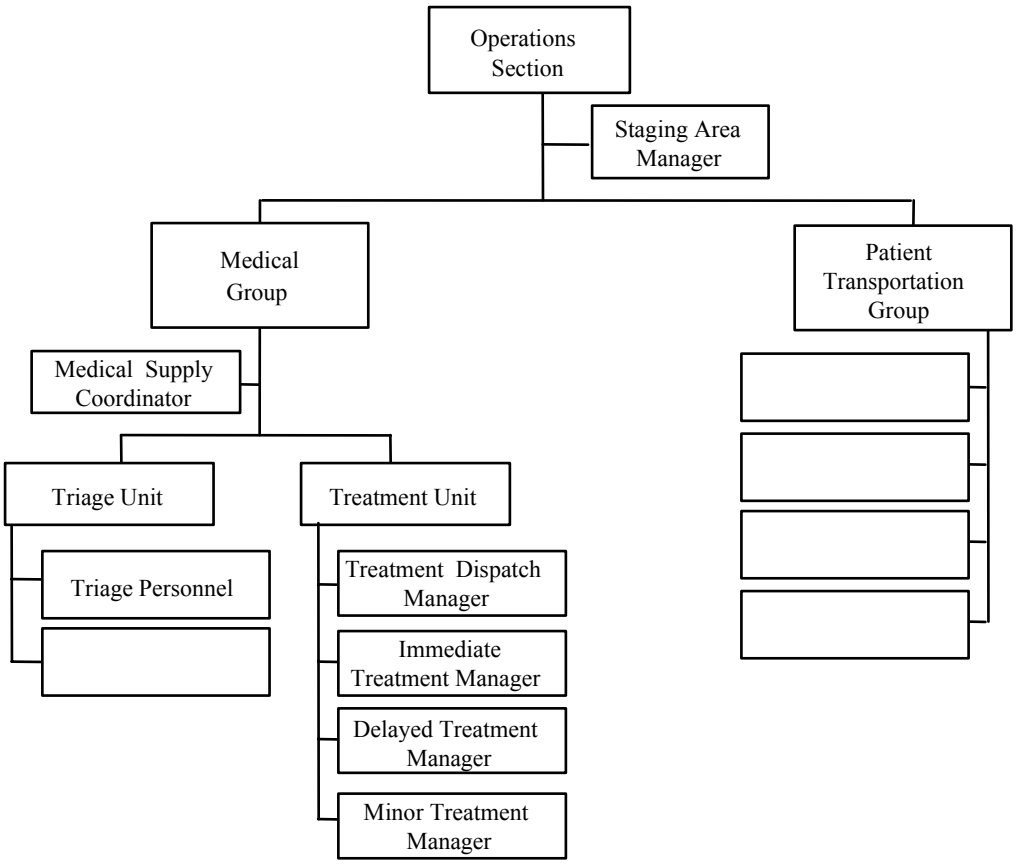


Figure 7-10

Medical Supply Coordinator

(See Figure 7-10.) As a medical incident progresses, the need for additional medical supplies will be evident. The Medical Supply Coordinator is responsible for procuring, maintaining, and distributing medical supplies to the Treatment and Triage Units. In a fully expanded ICS organization, the Medical Supply Coordinator will communicate and coordinate with the Logistics Section--Supply Unit Leader.

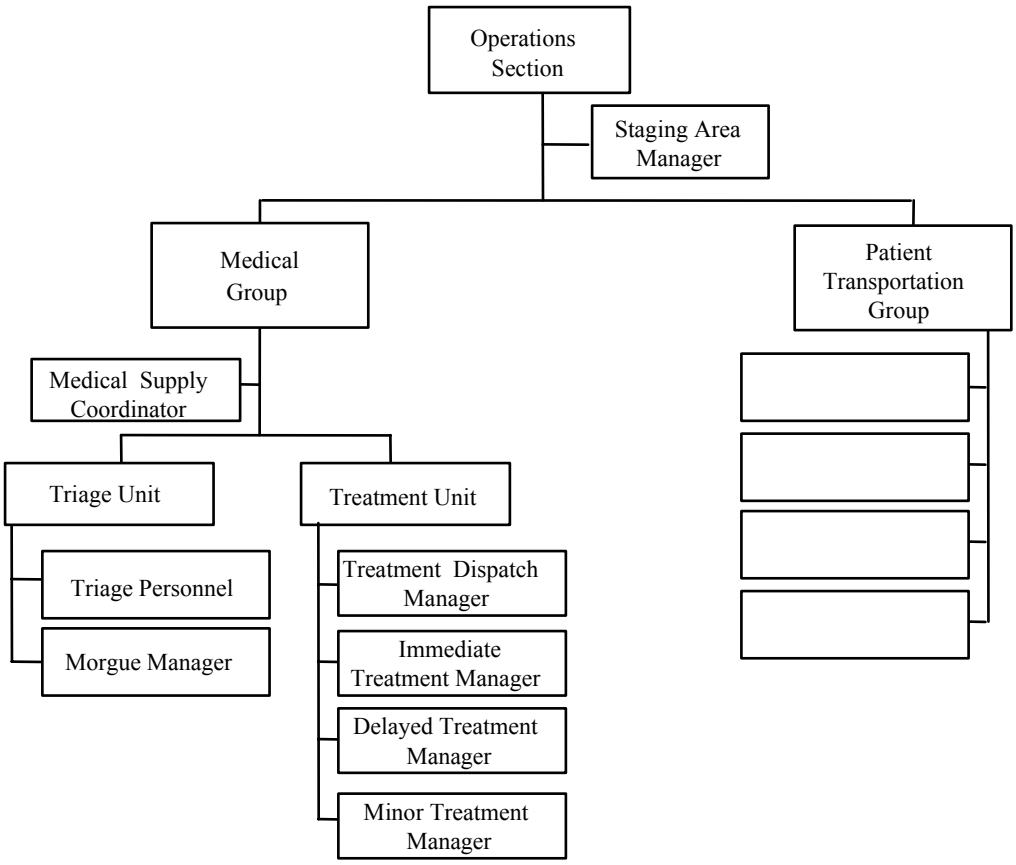


Figure 7-11

Morgue Manager

(See Figure 7-11.)

- Coordinates activity with law enforcement representative for area security.
- Identifies and secures a suitable area for the operations. (In some instances coordinates with Logistics to secure refrigerated truck and pallets, if necessary.)
- Coordinates with medical examiner/coroner representative regarding removal of the deceased.
- Ensures completion of all associated documents related to the deceased and transfer of possession of the remains from the agency to other authorized authorities.
- Ensures safety of members operating in the sector.

- Communicates progress reports to the IC as required.
- Keeps identity of deceased confidential.
- Maintains appropriate incident documentation.

Patient Transportation Group

Within the Patient Transportation Group three additional positions may be required as the incident expands. These positions are the Medical Communications Coordinator, the Ground Ambulance Coordinator, and the Air Ambulance Coordinator.

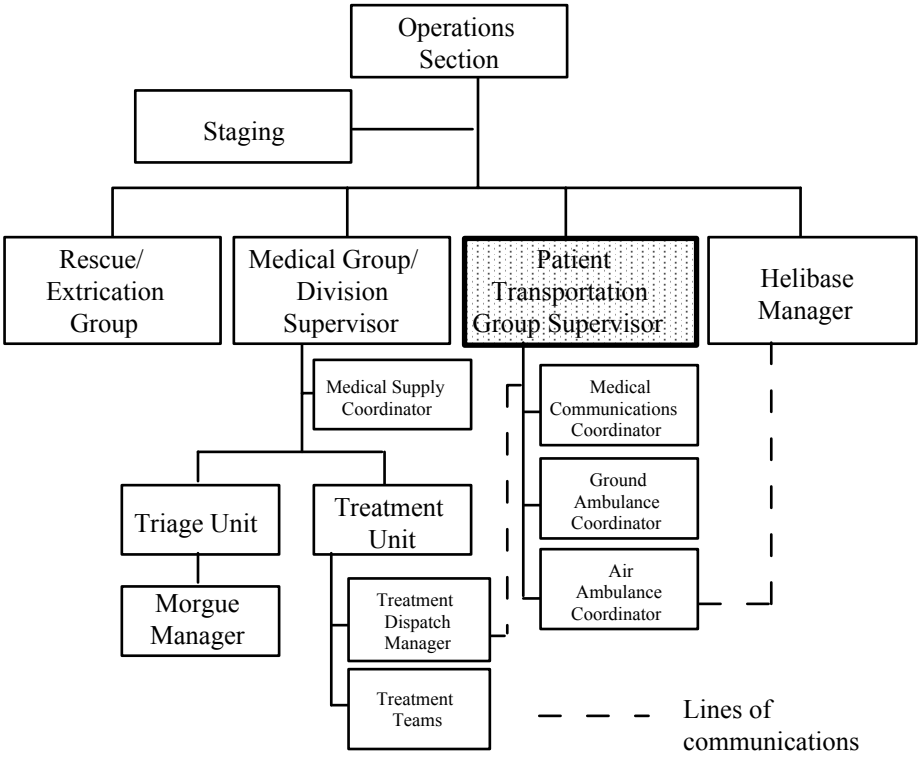


Figure 7-12

Medical Communications Coordinator

(See Figure 7-12.) As the incident becomes more complex the need to establish formal communications to outside resources will be evident. The primary role of the Medical Communications Coordinator is to maintain communications with medical facilities in order to assure proper and rapid transport of patients to appropriate facilities. This is a critical position

whose responsibilities must not be overlooked. These responsibilities include

- Establishing communications with individual medical facilities or a regional control point, if available.
- Maintaining current status of medical facility availability and capability.
- Communicating and coordinating with the Treatment Dispatch Manager and Ambulance Coordinators for the transport of patients.
- Coordinating off-incident patient destinations with the medical facilities.

A key function of the ICS Multicasualty Branch is to not relocate the incident to a given hospital. The Medical Communications Coordinator is a critical part of that function by being the link from incident site to area or regional medical facilities. Based on initial incident sizeup and projections, the Medical Communications Coordinator may in fact be one of the first positions filled when setting up the ICS.

Air/Ground Ambulance Coordinators

(See Figure 7-12.) The primary function of the Air/Ground Ambulance Coordinator is to manage the ambulance staging area(s) and to dispatch ambulances to the treatment/loading areas as needed. These responsibilities include

- Establishing an ambulance staging area and logging in ambulance units as they arrive.
- For air ambulance operations, coordinating and communicating with the Helibase Manager or Air Operations Manager.
- Establishing and maintaining communications with the Medical Communications Coordinator and Treatment Dispatch Manager.
- Providing ambulance resources as requested by the Medical Communications Coordinator.
- Providing an inventory of medical supplies available at the ambulance staging area for use on the incident.
- Coordinating with the incident Staging Area Manager.

- Assuring that necessary equipment is available in the ambulance for patient needs during transport.
- Establishing contact with ambulance agencies at the scene.
- Requesting additional transportation resources as appropriate.
- Maintaining incident documentation as required.

Air Ambulance Coordinator

(See Figure 7-12.) The basic function of the Air Ambulance Coordinator is the same as for the Ground Ambulance Coordinator except for added responsibilities associated with aircraft operations. Any time aircraft are used to transport patients, additional coordination is required to maintain safe operations. Therefore, the Air Ambulance Coordinator must be in communication with the designated incident Landing Zone Officer (helispot/base manager) or Air Operations Manager.

The role of the Air Ambulance Coordinator is to coordinate with the aircraft crew the loading of designated patients. Additionally, the Air Ambulance Coordinator must communicate aircraft patient capabilities to the Medical Communications Coordinator in order to have effective and appropriate use of the aircraft.

In coordinating the movement of patients from the treatment areas to the landing zone, consideration should be given to selecting and assigning a specific ground unit(s) for this task. Use of the same ground unit and its personnel will enhance safety considerations around the aircraft. This need should be coordinated with the Ground Ambulance Coordinator.

Activity 7.1

Liberty County Vehicle Accident

Purpose

To address several issues relative to incident management, including organizational structure, resource needs, and potential problems.

Directions

1. In your assigned group you will participate in a scenario-based activity. Your instructor will provide information regarding a specific incident involving a traffic accident. As time progresses the class will be provided more information as units arrive on scene and a sizeup is completed.

2. During this activity each group will be functioning as an incident management team. There will be no preassigned roles. Each group member has an equal say in the activity.

3. Prior to beginning the activity the group will select a set of tactical worksheets to be used throughout the activity. These worksheets will be presented by the group during the debriefing as a means of conducting a transfer of command.

4. During the activity each group will develop the following material on flipchart paper:

    a. Incident organizational charts listing specific positions and which response unit officer is filling those positions. As new positions are added, note the time and develop a new chart showing the progression.

    b. A list of potential problems given the type of scenario and conditions presented.

    c. A list of resource needs based on projection of incident progression and list of potential problems.

5. Select a spokesperson to present your group's work when called upon.

Scenario 2

As Liberty Battalion 1 you have been dispatched to a reported traffic collision with victims trapped at approximately State Route 52 and East Lake. Also dispatched are Liberty Engine 203, Central Truck 101, and LifeLine Ambulance 22. Also dispatched were two Liberty County Sheriff's units.

Initial reports indicate multiple vehicles involved with a possibility of a vehicle over the side and victims trapped.

Based on the accident location, Community Hospital is closest with an ETA of 15 minutes; Central City, 17 minutes; Children's, 19 minutes; and St. Dorothy's Burn Center, 35 minutes.

MedFlight-1 is available, with an ETA of 8 minutes. MedFlight-2 also is available, with an ETA of 16 minutes. Flight times to area hospitals from the scene are as follows: Central City, 8 minutes; Children's, 10 minutes; and St. Dorothy's Burn Center, 16 minutes.

It is currently 2000 hours on January 20th. Temperature is 45°F, winds are SSE 5 to 10 knots, and the sky is overcast. You have an anticipated response time of 7 minutes. Liberty Engine 203 has an ETA of 3 minutes, and LifeLine 22 an ETA of 5 minutes. Central Truck 101 has an ETA of 7 minutes.

Victim	Type of Injury	Pertinent Information	Category	Rapid Treatment Needed and Reason
#1	Compound fracture, left femur	Respirations over 30/minute Radial pulse absent Awake	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	
#2	Sudden onset of chest pain with shortness of breath	Respirations under 30/minute Capillary refill under 2 seconds Awake	❑ Deceased ❑ Immediate ✓ Delayed ❑ Minor	
#3	90% second degree burns	Respirations none Radial pulse present Unconscious	✓ Deceased ✓ Immediate ❑ Delayed ❑ Minor	
#4	Facial injury	Respirations over 30/minute Capillary refill under 2 seconds Awake	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	
#5	Unable to move legs	Respirations under 30/minute Radial pulse present Awake	❑ Deceased ❑ Immediate ✓ Delayed ❑ Minor	
#6	No apparent injuries	Respirations normal Capillary refill under 2 seconds Awake	❑ Deceased ❑ Immediate ✓ Delayed ❑ Minor	
#7	Sucking chest wound	Respirations over 30/minute Radial pulse present Unconscious	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	
#8	Dislocated right shoulder	Respirations under 30/minute Radial pulse present Awake	❑ Deceased ❑ Immediate ✓ Delayed ❑ Minor	
#9	No visible wounds	Respirations none Radial pulse absent Unconscious	✓ Deceased ❑ Immediate ❑ Delayed ❑ Minor	
#10	Scalp wound, estimated blood loss 500 cc	Respirations over 30/minute Capillary refill under 2 seconds Awake	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	

Victim	Type of Injury	Pertinent Information	Category	Rapid Treatment Needed and Reason
#11	Massive head injury	Respirations under 30/minute Radial pulse absent Unconscious	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	
#12	Bruising over abdomen, complaining of abdominal pain	Respirations over 30/minute Capillary refill under 2 seconds Awake	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	
#13	Impaled, 1 foot piece of shrapnel in right eye	Respirations under 30/minute Radial pulse present Awake	❑ Deceased ❑ Immediate ✓ Delayed ❑ Minor	
#14	Female six-months pregnant; broken left, lower leg	Respirations under 30/minute Capillary refill under 2 seconds Awake	❑ Deceased ❑ Immediate ✓ Delayed ❑ Minor	
#15	Severe difficulty breathing, chest sinks in on inspiration	Respirations over 30/minute Radial pulse present Awake	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	
#16	Unable to move, no verbal response	Respirations under 30/minute Radial pulse present Awake and staring	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	
#17	Amputated left arm, bleeding controlled	Respirations under 30/minute Capillary refill under 2 seconds Awake	❑ Deceased ❑ Immediate ✓ Delayed ❑ Minor	
#18	Large head wound, brain matter showing	Respirations absent Radial pulse absent Unconscious	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	
#19	Minor abrasions	Respirations under 30/minute Capillary refill under 2 seconds Awake	❑ Deceased ❑ Immediate ✓ Delayed ❑ Minor	
#20	Bruise on forehead, blood in ears and nose	Respirations under 30/minute Radial pulse present Unconscious	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	

Victim	Type of Injury	Pertinent Information	Category	Rapid Treatment Needed and Reason
#21	Third degree burns over front of both legs	Respirations under 30/minute Radial pulse present Awake	❑ Deceased ❑ Immediate ✓ Delayed ❑ Minor	
#22	Compound fracture, left arm	Respirations under 30/minute Radial pulse present Awake	❑ Deceased ❑ Immediate ✓ Delayed ❑ Minor	
#23	Impaled stick in right chest	Respirations under 30/minute Capillary refill under 2 seconds Awake	❑ Deceased ❑ Immediate ✓ Delayed ❑ Minor	
#24	Second degree burns, legs	Respirations over 30/minute Radial pulse present Awake	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	
#25	Blood in right eye	Respirations under 30/minute Capillary refill under 2 seconds Awake	❑ Deceased ❑ Immediate ✓ Delayed ❑ Minor	
#26	Three month old infant, no visible injury	Respirations absent Radial pulse present Unconscious	✓ Deceased ❑ Immediate ❑ Delayed ❑ Minor	
#27	Impaled object, RUQ abdomen; difficulty breathing	Respirations over 30/minute Radial pulse present Awake	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	
#28	Patient saying same words over and over "What happened?"	Respirations under 30/minute Radial pulse present Awake	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	
#29	Spurting blood from neck injury	Respirations over 30/minute Radial pulse present Awake	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	
#30	Patient states she is a diabetic; skin moist and clammy; feels shaky	Respirations under 30/minute Capillary refill over 2 seconds Awake	❑ Deceased ✓ Immediate ❑ Delayed ❑ Minor	

Victim	Triage Category	Rapid Treatment Needed and Reason
#1	Immediate	Respirations over 30/minute.
#2	Delayed	No abnormalities according to criteria.
#3	Immediate - or Deceased	If able to resume breathing after airway established. If breathing does not resume after airway established.
#4	Immediate	Respirations over 30/minute.
#5	Delayed	No abnormalities according to criteria.
#6	Delayed	No abnormalities according to criteria.
#7	Immediate	Respirations over 30/minute.
#8	Delayed	No abnormalities according to criteria.
#9	Deceased	No respirations; established airway.
#10	Immediate	Respirations over 30/minute.
#11	Immediate	Radial pulse absent.
#12	Immediate	Respirations over 30/minute.
#13	Delayed	No abnormalities according to criteria.
#14	Delayed	No abnormalities according to criteria.
#15	Immediate	Respirations over 30/minute.
#16	Immediate	Impaired mental status.
#17	Delayed	No abnormalities according to criteria.
#18	Deceased	No respirations or pulse.
#19	Delayed	No abnormalities according to criteria.
#20	Immediate	Impaired mental status.
#21	Delayed	No abnormalities according to criteria.
#22	Delayed	No abnormalities according to criteria.
#23	Delayed	No abnormalities according to criteria.
#24	Immediate	Respirations over 30/minute.
#25	Delayed	No abnormalities according to criteria.
#26	Deceased	No respirations, no pulse, unconscious.
#27	Immediate	Respirations over 30/minute.
#28	Immediate	Impaired mental status.
#29	Immediate	Respirations over 30/minute.
#30	Immediate	Radial pulse absent.

UNIT 8: ESCALATED ORGANIZATION-- BRANCH AND SECTION OVERVIEW

KNOWLEDGE OBJECTIVES

The students will be able to describe:

1. *The roles and responsibilities of the Operations Section.*
2. *The roles and responsibilities of the Incident Commander (IC) after the Operations Section has been implemented.*
3. *The roles and responsibilities of the Planning Section Chief.*
4. *The roles and responsibilities of the Logistics Section Chief.*
5. *The roles and responsibilities of the Finance/Administration Section Chief.*

ACTIVITY OBJECTIVE

Given a simulated community resource description and an escalated written EMS incident scenario, and working in small groups, the students will prepare organization charts, resource lists, and a description of potential problems.

EXPANDING THE ORGANIZATION

The organization as described in the last unit shows the command structure that typically may be developed for the second "wave" or reinforced response of rescuers. Occasionally the rescuers will be faced with a major incident or disaster-level incident that requires the Incident Command organization to be expanded further to support the total rescue effort.

As additional resources begin to arrive at a major incident, the basic organization is expanded further to meet the incident needs. Arriving resources are assigned to existing divisions, groups, or units and work under the supervision of the supervisor or leader.

ESCALATING OPERATIONS TO BRANCHES

Branches are used as a span-of-control mechanism. As the number of organizational positions expands beyond the IC's ability to control and manage effectively, **or** if the geography of the incident precludes effective management (patients are located at two widely separated areas), **or** if there are two or more distinctly different situations at the incident (major fire and a mass casualty problem), the incident may be split into two or more branches (e.g., Fire Branch and Multicasualty Branch).

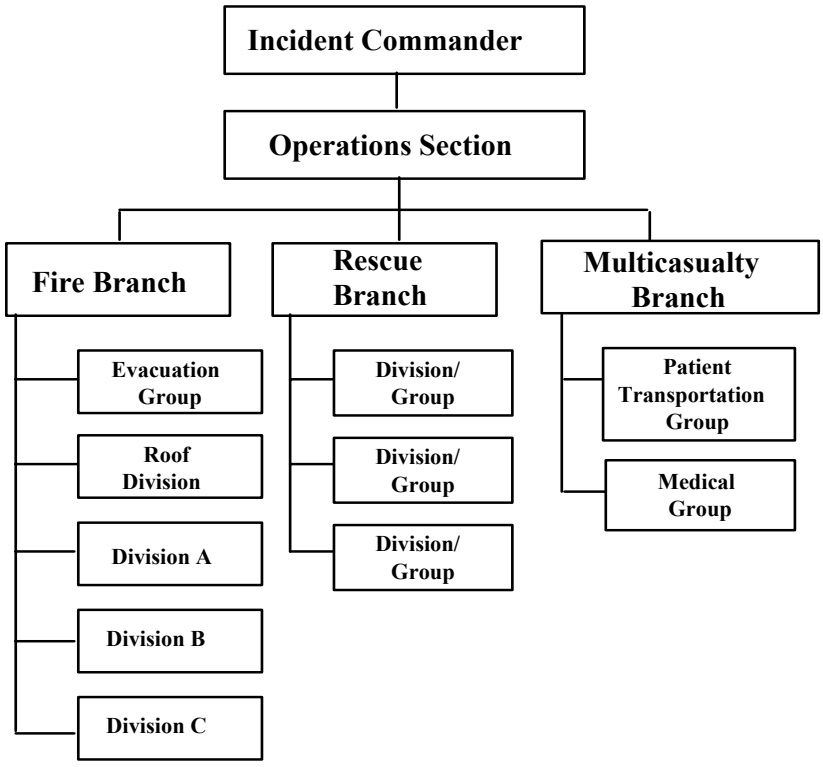


Figure 8-1

Branch Roles and Responsibilities

- Branches are assigned by the IC or the Operations Section Chief.
- Branches work for and report directly to the IC or the Operations Section Chief.
- Branches should receive a radio designation that best reflects the area of responsibility or geography (e.g., Multicasualty Branch, Rescue Branch, Fire Branch).
- Branches should be on separate radio channels.
- Branches supervise groups and divisions assigned to them.

Branches should operate in their area of responsibility on separate radio channels, and communicate with the IC. The radio designation reflects the objective of the branch, when designating branches (e.g., Fire Branch, Multicasualty Branch, etc.). When assigning branch responsibilities, IC provides the Branch Officer the following:

- what branch he/she is assigned to;
- assigned radio channel;
- what resources are assigned to him/her; and
- objectives.

When implemented, divisions and groups work for branches. Branches report directly to the Operations Section Chief. Radio communications from subordinates now should be directed to the Branch Director instead of to Operations.

EXPANDING TO SECTION-LEVEL POSITIONS

As the incident continues to escalate and expand, the IC can quickly become overwhelmed and overloaded with information management, assigning units, managing tactical worksheets, planning, forecasting, talking on the radio, and trying to provide resources to support the incident.

The IC needs to offload some of these responsibilities onto someone else. A command team of Section Chiefs is implemented to take on some of the supporting activities by managing the Operations, Planning, Logistics, and Finance/Administration functions of the incident.

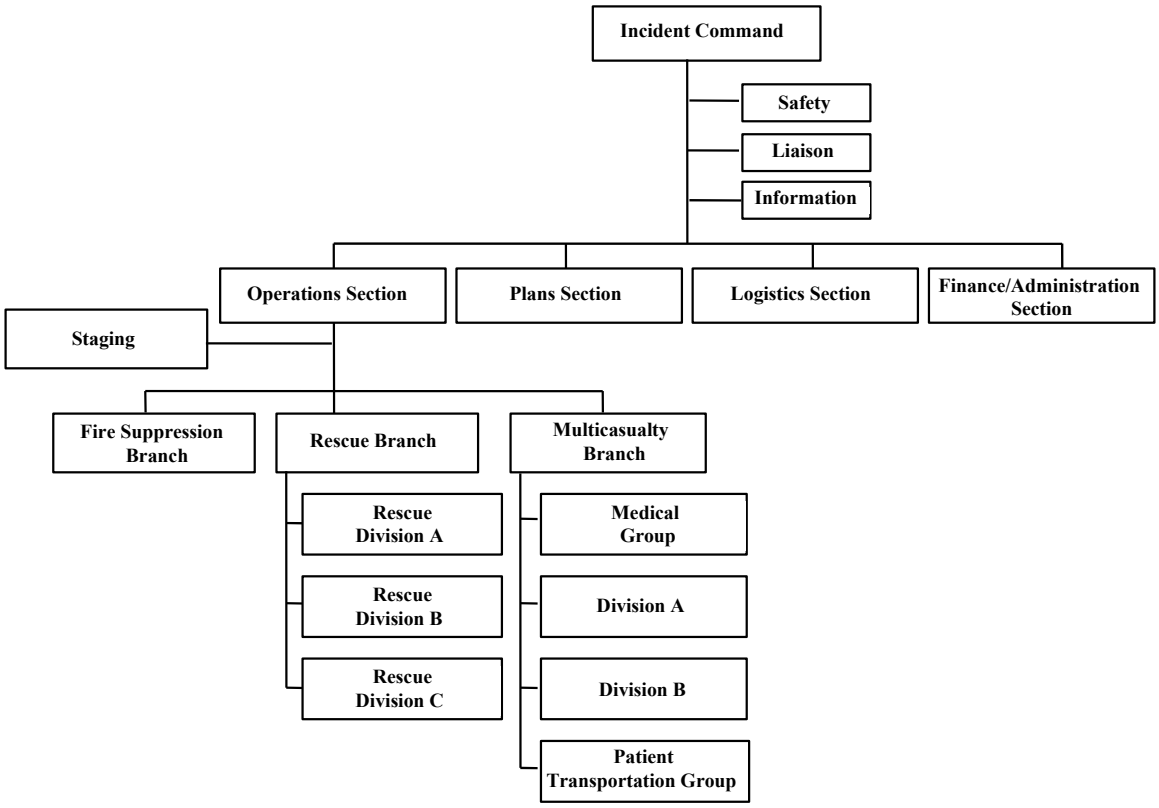


Figure 8-2
Escalating to Section Level

Section-level positions are initiated based on projected incident needs. Section Chiefs may be requested very early in an incident

Section-level positions can be filled at any time, even prior to the implementation of branches, based on the projected or actual needs of the incident. One of the first to be developed is the Operations Section.

STAFFING OPERATIONS

The Operations Section is responsible for the direct management of all incident tactical activities, tactical priorities, and the safety of personnel working in the Operations Section.

The most common reason for staffing Operations is to relieve the span-of-control problems for the IC. These span-of-control problem occur when the number of branches, divisions, and groups, coupled with Planning and/or Logistic Section elements, exceeds the IC's ability to manage effectively. The IC then may implement the Operations Section to reduce the span-of-control, transferring the direct management of all tactical

activities to the Operations Section. The IC then is able to focus attention on the overall management of the entire incident as well as interact with the Command Staff and General Staff.

A complex incident, in which the IC needs assistance determining strategic goals and tactical objectives, also may require implementing Operations.

However, Operations should be staffed only to improve the management of the incident. If it is not used to maintain a manageable workload or an effective span-of-control, the IC could end up with a span-of-control of one.

After Operations is implemented, the duties of the IC are modified slightly. Operations will be responsible for all tactical operations, resources, and accomplishment of specific activities. The IC will be responsible for the development of the incident strategy and the communication of that strategy to the Operations Section Chief.

PLANNING SECTION CHIEF

The Planning Section serves as the IC's "clearing house" for information. This allows the IC's staff to provide information instead of having to deal with dozens of information sources. Critical information needs to be forwarded immediately to the IC, or whoever needs it. The Planning Section also should use its information to develop long-range plans, the "where do we go from here" scenario, at large-scope events. By using progressive and proactive planning the Planning Section can forecast events and project resource needs, all of which contribute to avoiding "crisis management."

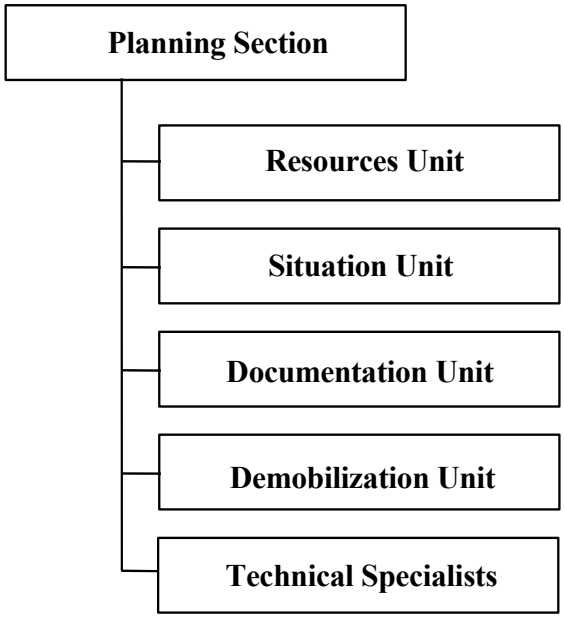


Figure 8-3

The Planning Section Chief, a member of the IC's General Staff, is responsible for the collection, evaluation, dissemination, and use of information about the development of the incident and the status of resources.

Information is needed to:

- understand the current situation;
- predict probable course of incident events; and
- prepare alternative strategies and control operations for the incident.

Roles and Responsibilities of the Planning Section Chief

- Collect and process situation information about the incident.
- Supervise preparation of the Incident Action Plan (IAP).
- Provide input to the IC and Operations Section Chief in preparing the IAP.
- Reassign out-of-service personnel already on site to Incident Command System (ICS) organizational positions as appropriate.
- Establish information requirements and reporting schedules for Planning Section units (e.g., Resources, Situation Units).

- Determine need for any specialized resources in support of the incident.
- If requested, assemble and disassemble strike teams and task forces not assigned to Operations.
- Establish special information collection activities as necessary, e.g., weather, environmental, toxics, etc.
- Assemble information on alternative strategies.
- Provide periodic predictions on incident potential.
- Report any significant changes in incident status.
- Compile and display incident status information.
- Oversee preparation and implementation of Incident Demobilization Plan.
- Incorporate plans (e.g., Traffic, Medical, Communications) into the Incident Action Plan.
- Maintain incident documentation.

LOGISTICS SECTION CHIEF

The Logistics Section is the support mechanism for the organization. Logistics provides services and support systems that the command organization requires. Such support might consist of fuel, facilities, supplies, maintenance services, food, etc.

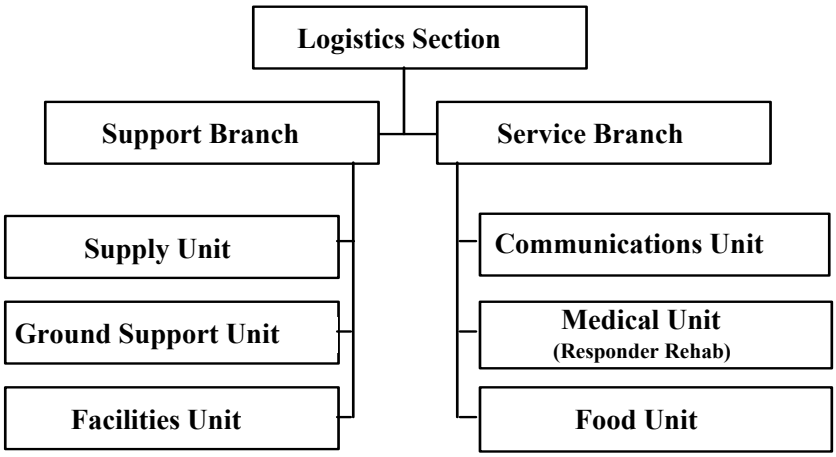


Figure 8-4

The Logistics Section Chief, a member of the General Staff, is responsible for providing facilities, services, and material in support of the incident.

The Section Chief participates in development and implementation of the IAP and activates and supervises the Branches and Units within the Logistics Section.

Roles and Responsibilities of the Logistics Section Chief

- Plan organization of Logistics Section.
- Assign work location and preliminary work tasks to section personnel.
- Notify Resources Unit of Logistics Section units activated, including names and locations of assigned personnel.
- Assemble and brief Branch Directors and Unit Leaders.
- Participate in preparation of IAP.
- Identify service and support requirements for planned and expected operations.
- Provide input to and review Communications Plan, Medical Plan, and Traffic Plan.
- Coordinate and process requests for additional resources.
- Review IAP and estimate section needs for next operational period.
- Advise on current service and support capabilities.
- Prepare service and support elements of the IAP.
- Estimate future service and support requirements.
- Receive Demobilization Plan from Planning Section.
- Recommend release of unit resources in conformity with Demobilization Plan.
- Ensure general welfare and safety of Logistics Section personnel.
- Maintain incident documentation.

RESPONDER REHABILITATION

Responder Rehab should be considered by the IC during the initial planning stages of an emergency response. However, the climatic or environmental conditions of the emergency scene should not be the sole justification for establishing Responder Rehab. Any activity/incident that is large in size, long in duration, and/or labor intensive will deplete the energy and strength of personnel rapidly and therefore merits consideration for Responder Rehab.

A critical factor in the prevention of heat injury is the maintenance of water and electrolytes. Water must be replaced during exercise periods and at emergency incidents. During heat stress, the member should consume at least one quart of water per hour. The rehydration solution should be a 50/50 mixture of water and a commercially prepared activity beverage and administered at about 40°F (4.4°C). Alcohol, caffeine and carbonated beverages should be avoided as they interfere with the body's water conservation mechanisms.

Food should be provided at the scene of an extended incident of 3 or more hours duration. A cup of stew, soup, or broth is highly recommended because it is digested much faster than sandwiches and fast food products. Fatty and/or salty foods should be avoided.

EMS personnel in many cases, even on serious, complex incidents, are not involved in wearing self-contained breathing apparatus (SCBA). Also, they often do not over-exert themselves to the extent that they believe they need rehab on a periodic basis. However, EMS personnel can get involved with trapped patients or other situations that require constant attention, and can develop a closeness with a patient that ends in a perceived friendship. In this case, if the patient succumbs before he/she can be freed and transported, there is often a serious impact on the provider. For these reasons, the EMS personnel need to be rehabbed on a definite and mandatory timetable.

The "two air bottle rule," or 45 minutes of work time, is recommended as an acceptable level prior to mandatory rehabilitation. Members shall re-hydrate (at least 8 ounces) while SCBA cylinders are being changed. Firefighters having worked for two full 30-minute rated bottles, or 45 minutes, shall be immediately placed in Responder Rehab for rest and evaluation. Rest shall not be less than 10 minutes and may exceed an hour as determined by the Responder Rehab Manager. Crews released from Rehab shall be available in Staging to ensure that fatigued members are not required to return to duty before they are rested, evaluated, and released by the Responder Rehab Manager.

Members in the Rehab area should maintain a high level of hydration. Members should not be moved from a hot environment directly into an air conditioned area because the body's cooling system can shut down in response to the external cooling.

EMS should be provided and staffed by the most highly trained and qualified EMS personnel on the scene (at a minimum of BLS level). The heart rate should be measured for 30 seconds as early as possible in the rest period. If the member's heart rate exceeds 110 beats per minute, an oral temperature should be taken. If the members temperature exceeds 100.6°F (38.1°C), he/she should not be permitted to wear protective equipment. If it is below 100.6°F and the heart rate remains above 110 beats per minute, rehabilitation time should be increased. All medical evaluations shall be recorded on standard forms along with the member's name and complaints, and must be signed, dated, and timed by the Responder Rehab Manager or his/her designee.

Members assigned to Responder Rehab shall enter and exit as a crew. The crew designation, number of crew members, and the times of entry and exit from the Responder Rehab area shall be documented on the Company Check In/Out Sheet. Crews shall not leave the Responder Rehab area until authorized by the Responder Rehab Manager.

FINANCE/ADMINISTRATION SECTION CHIEF

"Finance/Administration" is a newly developed term created by the National Fire Service IMS Consortium as a result of the merger of the California FIRESCOPE ICS and the Phoenix Fireground Command System. The section was given some additional duties and a merged title. Many fire departments are calling the section "Administration."

The Finance/Administration Section is established on incidents when agencies have a specific need for finance and procurement services.

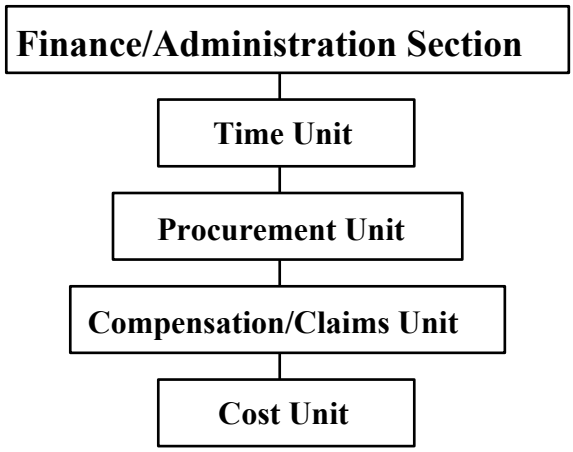


Figure 8-5

The Finance/Administration Section Chief is responsible for all financial, administrative, and cost analysis aspects of the incident and for supervising members of the Finance/Administration Section.

Roles and Responsibilities of the Finance/Administration Section Chief

- Manage all financial aspects of an incident.
- Provide financial and cost analysis information as requested.
- Gather pertinent information from briefings with responsible agencies.
- Develop an operating plan for the Finance/Administration Section; fill supply and support needs.
- Determine need to set up and operate an incident commissary.
- Meet with assisting and cooperating agency representatives as needed.
- Maintain contact with agencies' administrative headquarters on Finance/Administration matters.
- Ensure that all personnel time records are accurately completed and transmitted to home agencies, according to policy.
- Provide financial input to demobilization planning.

- Ensure that all obligation documents initiated at the incident are properly prepared and completed.

- Brief agency administrative personnel on all incident-related financial issues needing attention or followup prior to leaving incident.

- Maintain incident documentation.

- Manage legal risks of the incident.

Activity 8.1

Expanding the Organization

Purpose

To illustrate the responsibilities, functions, and concerns of section-level positions within an escalating incident.

Directions

1. In your assigned group you will analyze a progress report (SM p. 8-17) from the scenario used in Activity 7.1. Each group will be assigned a specific section-level position, i.e., Operations, Planning, Logistics, or Finance/Administration.

2. Review this unit of the Student Manual for descriptions of the duties and responsibilities of the position assigned to your group.

3. Based on your group's assigned position, discuss the incident progression from the Section Chief's perspective. In particular, the group is to prepare, on a flipchart, a consensus list of the following items:

   a. What are the concerns and potential impacts to your section, based on the escalating incident?

   b. What are your section's anticipated resource needs?

   c. What are the questions that you will need to ask of other Section Chiefs at a general planning session in order to complete your section's planning process?

4. On a flipchart, develop a section-level organizational chart illustrating anticipated positions.

Activity 8.1 (cont'd)

East Lake EMS Incident Update

It is now one hour since the original dispatch of units to the traffic accident at East Lake. The various group supervisors have provided an update on their individual situations.

Extrication Group Supervisor

Extrication of the 10 trapped victims has not progressed. The entanglement is severe and will require, at a minimum, an additional 2 to 3 hours. The bus has become unstable and a large commercial tow truck or crane is necessary to help stabilize it. A smell of diesel fuel is present and rescuers' clothes have been contaminated with the fuel and biohazards (blood, emesis, and urine).

One rescuer has a swollen, painful, deformed lower leg after slipping on rocks while carrying tools down to the bus. He/She is currently in the delayed treatment area.

Medical Group Supervisor

At this time 18 patients remain in treatment areas. Transport of some patients has been delayed due to the severe traffic congestion in the area, so they are remaining in the treatment areas. The weather is compounding their problems. Three of the delayed patients have been retriaged to immediate status. Two patients, including a small child, died while in treatment. The Treatment Team is not handling the child's death very well. With the exception of oxygen, medical supplies are holding out, but if the transport delay continues, consideration should be given to some sort of sheltering. The need for additional oxygen will be critical in about 30 minutes.

Treatment of the trapped victims is continuing as best as possible. Medical personnel are having to work in tight quarters with limited access to the patients. All medical personnel have been exposed or contaminated with various biohazards. Lighting in the treatment area is very poor. The news media have been trying to interview patients while in the treatment area.

The deceased have been placed in an area of the East Lake parking lot, but at least three dead victims remain entangled: one is in the second vehicle, which is over the side next to the bus, and two are inside the bus.

The Triage Unit has completed its task and has been reassigned to Treatment. In the process of treating patients in the bus, two medics sustained lacerations which will require suturing.

Transportation Group Supervisor

Communication with Liberty Communications for coordinating hospital destinations has been sporadic at times. Incident location seems to be the problem; the terrain interferes with transmissions. The ground ambulance delay is due to the extreme traffic congestion on Highways 52, 19, and 5. Air ambulances have had slow return times due to deteriorating weather conditions. The Landing Zone Officer reported that a news copter landed in the L/Z to offload a camera crew.

Liberty Communications predicts deteriorating weather. A storm front has developed, and rain and thunderstorms with possible hail are expected in the area in the next 3 to 5 hours.

The Central City Mayor is requesting an update, and a number of family members of people on the bus are said to be on their way out to the scene.

Approximately 15 additional Liberty County Volunteers have responded in their private vehicles and want to help.

The third vehicle is stable, no victims trapped, but a fuel leak does exist.

The vehicles over the side will become more dangerous when the storm comes through, because of mud and water runoff.

The bus has been determined to be from the Liberty First Baptist Church carrying members back from a family picnic at East Lake.

UNIT 9: INCIDENT DEMOBILIZATION AND TERMINATION

KNOWLEDGE OBJECTIVES

The students will be able to:

1. *Describe the key elements of incident demobilization and termination.*
2. *Explain the four key purposes of incident documentation collection.*
3. *Explain the need for Critical Incident Stress Management (CISM).*
4. *Explain when CISM should be commenced.*
5. *Describe the actions required when scene cleaning.*
6. *Explain the importance of scene cleaning.*
7. *Explain the importance of law enforcement coordination when disposing of scene waste.*
8. *Describe when a postincident analysis (PIA) should be held.*
9. *Explain the benefits of PIA.*
10. *Explain the difference between a formal and informal PIA.*

ACTIVITY OBJECTIVES

The students will:

1. *Given a simulated community resource description and an escalated written EMS incident scenario, and working small groups, develop a demobilization plan.*
2. *Given an Incident Command System (ICS) unit designation, and working in small groups, correctly identify at least three key factors affecting that sector.*

INCIDENT DEMOBILIZATION AND TERMINATION

Incident demobilization and termination should be managed as aggressively as the initial commitment of resources. The process of demobilization must be a deliberate act: all external and internal influences associated with the incident are incorporated in the decisionmaking process to develop the demobilization plan. Issues such as call volume, mutual-aid responders and distance to return to their own jurisdiction, length of time committed at the incident, change of tour, and potential for additional patients weigh heavily in the decision on who and how much of your resource pool to release back into service. In addition to the actual units, consideration should be given to members' needs for rehab and the gathering of equipment that may have been issued at the scene.

During the termination phase the same parameters must be used to reach a prudent decision as to when to secure your operation. It may not be possible to remove all EMS units from the scene, so consideration may be given to placing one unit and a supervisor for the duration of the other agencies' extended operation; a full-risk assessment must be conducted prior to this reduced presence on site.

Demobilization Unit Leader

The Demobilization Unit Leader is responsible for developing the Incident Demobilization Plan. On large incidents, demobilization can be quite complex, requiring a separate planning activity. Note that not all agencies require specific demobilization instructions.

Responsibilities

- Review incident resource records to determine the likely size and extent of demobilization effort.
- Based on above analysis, add additional personnel, work space, and supplies as needed.
- Coordinate demobilization with agency representatives.
- Monitor ongoing Operations Section resource needs.
- Identify surplus resources and probable release time.
- Develop incident check-out function for all units.

- Evaluate logistics and transportation capabilities to support demobilization.
- Establish communications with off-incident facilities, as necessary.
- Develop an Incident Demobilization Plan detailing specific responsibilities and release priorities and procedures.
- Prepare appropriate directories (e.g., maps, instructions, etc.) for inclusion in the demobilization plan.
- Distribute demobilization plan (on- and off-site).
- Ensure that all Sections/Units understand their specific demobilization responsibilities.
- Supervise execution of the Incident Demobilization Plan.
- Brief Planning Section Chief on demobilization progress.

DOCUMENTATION

The documents from the incident need to be collected to ensure availability for operational postincident analysis (PIA); potential cost recovery; members' injury, exposure, and compensation claims; as well as potential litigation. The documents should be collected from Incident Command System (ICS) positions, collated, and delivered to the plans section for proper processing and later review by authorized individuals.

CRITICAL INCIDENT STRESS MANAGEMENT

The very nature of most mass casualty incident (MCI) responses exposes members to extremely stressful situations and sights. In recent years, with the advent of CISM, long-term stress disorders can be managed and/or prevented with the early intervention of a CISM team. Critical Incident Stress (CIS) identification and treatment should commence at the scene, if appropriate. The CISM team should be incorporated in your predefined MCI response matrix with automatic responses to high-impact incidents. With this accessibility, top team members' decisions, such as whether to commence CISM defusing/debriefing sessions on site or at a formally scheduled session at a later date, can be made by competent and trained individuals. All incident personnel are encouraged to participate in a CIS awareness program at the local level in order to become more adept at the identification of the signs and symptoms of CIS.

SCENE CLEANING

Because of the dynamics of an MCI response, the scene can become littered quickly with medical and biohazardous waste. These agency-generated waste items need to be collected and packaged for proper disposal prior to termination of the operation. This minimizes exposure risks to members and the public, and is required by the Occupational Safety and Health Administration (OSHA) regulations. Failure to comply may result in violation citations issued and fines levied against the organization.

POSTINCIDENT ANALYSIS

Postincident Analysis Benefits

All major responses should have a PIA. PIA's permit the agencies and the responders to:

- evaluate performance;
- identify organizational needs (i.e., equipment and other resources);
- identify needed procedural information;
- identify training needs; and
- enhance performance at similar incidents in the future.

Postincident Analysis Structure

PIA's can be either formal or informal.

- Formal PIA's are scheduled in a controlled environment, usually days after the incident.

- Informal PIA's usually occur on scene (i.e., the backstep review/critique of the incident and subsequent response operations). These are sometimes referred to as "mini-PIA's."

PIA's are required by OSHA and the Environmental Protection Agency (EPA) after a hazardous materials operation.

Activity 9.1

Incident Demobilization and Termination

Purpose

To understand that the incident is not closed when the last patient leaves the scene, but rather when all administrative and proactive personnel needs have been met.

Directions

1. In your assigned group from Activity 8.1, discuss the process and plan for demobilization and termination of section-level activities. The expanded scenario from Activity 8.1 is to be the basis for this discussion.

2. Based on group discussion, prepare on flipchart paper a group plan for demobilizing and terminating the section's activities. Include a list of any specific needs, concerns, and the transfer-of-command process.

3. Select a spokesperson to present the group's conclusions when called on.

Activity 9.2

Course Summary

Purpose

To summarize the course and emphasize the key points.

Directions

1. Within your group you will be assigned one or more of the questions listed below. Discuss the question and prepare a group consensus on flipchart paper. This should include any organizational charts that would illustrate lines of reporting or communicating.

    a. What are the duties and responsibilities of the Medical Group and who reports to that supervisor?

    b. What are the duties and responsibilities of the Patient Transportation Group, and who reports to that supervisor?

    c. What are the duties and responsibilities of the Incident Commander (IC) of an EMS incident, and who reports directly to the IC?

    d. What are the safety and general welfare considerations for emergency responders responding to a multiple-victim incident, and where in the ICS organization would these issues be addressed?

    e. What are the issues regarding demobilization and termination following an EMS incident?

2. This is a closed-book exercise.

3. Select a spokesperson to present your group's consensus.

REFERENCES

20th Street Video. Phoenix, AZ, Fire Department. (602) 262-6910.

29 CFR 1910.120.

Emergency Medical Update, Vol. 5, No. 1, Nov. 1991, Carrollton: Westcott Communications, Inc.

EPA-311.

FIRESCOPE—Field Operations Guide, ICS 420-1. October 1994.

National Fire Service Incident Management System Consortium. *Model Procedures Guide for Structural Firefighting*.

New York City Emergency Medical Service. *Emergency Medical Action Plan*.

Orange County, CA, Fire Chiefs Association. *MCI Operational Plan*.

Palms Springs Bus Accident. Palm Springs: Palm Springs Fire Department.

Phoenix, AZ, Fire Department. *Management Procedures,* Volume #2.

Simple Triage and Rapid Treatment (START). Hoag Memorial Hospital, Newport Beach: Newport Beach Fire Department.

The Incident Command System. Emmitsburg: National Fire Academy, January 1993.

GLOSSARY

Agency Representative	Individual assigned to an incident from an assisting or cooperating agency who is delegated full authority to decide on all matters affecting that agency's participation at the incident. Agency Representatives report to the Incident Liaison Officer.
Air Operations Branch Director	An organizational position responsible for communicating with and controlling all aircraft operating in the area. Acts as an air traffic controller.
Allocated Resources	Resources dispatched to an incident that have not yet checked in with the Incident Commander (IC).
ALS (Advanced Life Support)	Allowable procedures and techniques used by EMT-P and EMT Intermediate personnel to stabilize critically sick and injured patient(s) who exceed Basic Life Support (BLS) procedures.
ALS Responder	Certified or licensed EMT-P or EMT Intermediate.
Ambulance	A ground vehicle providing patient transport capability, specified equipment capability, and personnel (basic life support or advanced life support ambulance, etc.).
Assigned Resources	Resources checked in and assigned work tasks on an incident.
Assisting Agency	An agency directly contributing suppression, rescue, support, or service resources to another agency.
Available Resources	Resources assigned to an incident and available for an assignment.
Base	The location where primary logistics functions are coordinated and administered (incident name or other designator will be added to the term "base"). The Incident Command Post (ICP) may be collocated with the base. There is only one base per incident.
BLS (Basic Life Support)	Basic noninvasive first-aid procedures and techniques used by EMT and First-Responder personnel to stabilize critically sick and injured patient(s).
BLS Responder	Certified EMT-1 or First Responder.

Branch	The organizational level having functional or geographic responsibility for major segments of incident operations. The branch level is organizationally between section and division/ group.
Chief	Title for individuals responsible for command of the functional sections: Operations, Planning, Logistics, and Finance/Administration.
Clear Text	The use of plain English in radio communication transmissions. No "Ten Codes" or agency-specific codes are used when using Clear Text.
Command	The act of directing, ordering, and/or controlling resources by virtue of explicit legal, agency, or delegated authority.
Command Staff	The Command Staff consists of the Information Officer, Safety Officer, and Liaison Officer, who report directly to the Incident Commander.
Communication Order Model	The process of briefly restating an order received to allow confirmation that the receiver did receive the order, understands the order, and is proceeding with correct action.
Communications Unit	A unit within the Service Branch of the Logistics Section. This unit is responsible for the incident communications plan, the installation and repair of communications equipment, and operation of the Incident Communications Center. Also may refer to a vehicle (trailer or mobile van) used to provide the major part of an Incident Communications Center.
Company	The personnel, equipment, and vehicles providing a specified capability, e.g., Engine Company, Truck Company, or Rescue Company.
Company Officer	The individual responsible for command of a company. This designation is not specific to any particular fire department rank (may be a firefighter, lieutenant, captain, or chief officer, if responsible for command of a single resource).

Compensation/Claims Unit — The unit within the Finance Section responsible for financial concerns resulting from injuries or fatalities at an incident.

Cooperating Agency — An agency supplying assistance other than direct suppression, rescue, support, or service functions to the incident control effort (e.g., Red Cross, law enforcement agency, or telephone company).

Cost Unit — The unit within the Finance Section responsible for tracking costs, analyzing cost data, making cost estimates, and recommending cost-saving measures.

Delayed Treatment — Second priority in patient treatment. These people require aid, but injuries are less severe.

Demobilization Unit — The unit within the Planning Section responsible for assuring orderly, safe, efficient demobilization of resources committed to an incident.

Director — Title for individuals responsible for command of a branch.

Dispatch Center — A facility from which resources are directly assigned to an incident.

Division — The organizational level having responsibility for operations within a defined geographic area. The division level is organizationally between single resources, task force, or the strike team and the branch.

Documentation Unit — The unit within the Planning Section responsible for recording and protecting all documents relevant to an incident.

Emergency Incident — Any situation in which the fire department delivers emergency services, including rescue, fire suppression, medical treatment, and other forms of hazard control and mitigation.

EMT-I or Basic — An individual trained in BLS according to the standards prescribed by the local, regional, or state EMS agency.

EMT-II or Intermediate — An individual with additional training in limited Advanced Life Support (ALS) above that of an EMT-Basic, as allowed by applicable laws.

EMT-P	An individual EMT-I or EMT Intermediate who has received additional training in ALS above that of an EMT-Basic and Intermediate, as allowed by applicable laws.
Engine	A ground vehicle providing specified levels of pumping, water, hose capacity, and personnel (also known as a pumper, wagon).
Expanded Medical Emergency	Any medical emergency which exceeds normal first-response capabilities.
Extrication/Rescue Group	An organizational position responsible for the extrication and removal of victims from entrapment.
Facilities Unit	The unit within the Support Branch of the Logistics Section, which provides the fixed facilities for an incident. These facilities may include the Base, feeding areas, sleeping areas, sanitary facilities, and a formal ICP.
Finance/Administration Unit	The unit responsible for all costs and financial actions of the incident and administrative functions, which includes the Time Unit, Procurement Unit, Compensation/Claims Unit, and the Cost Unit.
Fire Department	An organization providing rescue, fire suppression, and related activities. For the purposes of this document, the term "fire department" shall include any public, private, military, or fire brigade organization.
First Responder	Personnel who have responsibility for initial response to emergencies, such as firefighters, police officers, highway patrol officers, lifeguards, forestry personnel, ambulance attendants, and other public service personnel. Such persons usually have completed a first-aid course and are trained in cardiopulmonary resuscitation.
Food Unit	The unit within the Service Branch of the Logistics Section responsible for providing meals for personnel involved with an incident.
General Staff	The individuals responsible for incident management; these individuals include the IC, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief positions. This level is above branch/division/group level.

Ground Support Unit	The unit within the Support Branch of the Logistics Section responsible for fueling, maintaining, and repairing vehicles and the transportation of personnel and supplies.
Group	The organization level having responsibility for a specified functional assignment at an incident (ventilation, salvage, water supply, etc.).
Helibase	A location within the general incident area for parking, fueling, maintenance, and loading of helicopters.
Helispot	A location where a helicopter can take off and land. Some helispots may be used for temporary retardant loading.
Hospital Alert System	A communications system between medical facilities and on-scene medical personnel, which provides available hospital patient receiving capability and/or medical control.
Hospital Emergency Response Teams	Prearranged hospital teams that respond to the incident upon request.
Immediate Treatment	A patient who requires rapid assessment and medical intervention for survival.
Incident Action Plan	A plan consisting of the strategic goals, tactical objectives, and support requirements for the incident. All incidents require an action plan. For simple incidents the action plan is not usually in written form. Large or complex incidents require the action plan to be documented in writing.
Incident Command Post (ICP)	The location from which Command functions are executed and usually collocated with the incident base.
Incident Commander (IC)	The fire department member or designated person in overall command of an emergency incident.
Incident Command System (ICS)	A management approach with a common organizational structure responsible for the management of assigned resources to effectively accomplish stated objectives pertaining to an incident.

Incident Objectives Statements of guidance and direction necessary for the selection of appropriate strategy(s), and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow for strategic and tactical alternatives.

Incident Termination The conclusion of emergency operations at the scene of an incident, usually the departure of the last resource from the scene.

Information Officer The person responsible for interface with the media or other appropriate agencies requiring information direct from the incident scene; a member of the Command Staff.

Initial Response The resources initially committed to an incident.

Ladder Company See Truck Company.

Landing Zone A designated area to land helicopters. Also referred to as the "L/Z." The landing zone must be secured and controlled by a helispot manager.

Leader The individual responsible for command of a task force, strike team, or unit.

Liaison The coordination of activities between the fire department and other agencies.

Liaison Officer The point-of-contact for assisting or coordinating agencies and members of the Command Staff.

Logistics Section The section responsible for providing facilities, services, and materials for the incident, which includes the Communication Unit, Medical Unit, and Food Unit within the Service Branch; and the Supply Unit, Facilities Unit, and Ground Support Unit within the Support Branch.

Major Medical Emergency Any emergency which would require the access of local mutual-aid resources.

Medical Group/Division Organizational Structure	This is designed to provide the IC with a basic expandable system for handling patients in a multicasualty incident.
Medical Supply Cache	A cache consisting of standardized medical supplies and equipment stored in a predetermined location for dispatch to incidents.
Medical Team	Combinations of medically trained personnel who are responsible for onscene patient treatment.
Medical Unit	The unit within the Service Branch of the Logistics Section responsible for providing emergency medical treatment of emergency personnel. This unit does not provide treatment for civilians. Rehab is often a function of the Medical Unit.
MICU	Mobile Intensive Care Unit. Refers to an ALS-equipped vehicle. It would include drugs, medications, cardiac monitors and telemetry, and other specialized emergency medical equipment.
Minor Treatment	These patients' injuries require simple, rudimentary first-aid.
Morgue (Temporary On-Incident)	Area designated for temporary placement of the dead. The morgue is the responsibility of the Coroner's Office when a Coroner's representative is on scene.
Multicasualty	The combination of numbers of injured personnel and types of injuries that goes beyond the capability of an entity's normal first response.
Officer	A supervisory position in most emergency service departments. Within the ICS, this includes the Command Staff positions of Safety, Liaison, and Information.
Operational Period	The period of time scheduled for a given set of operational actions, as specified in the Incident Action Plan.
Operations Section	The section responsible for all tactical operations at the incident.

Patient Transportation Group	An organizational position responsible for determining patient transportation needs and providing transportation for all patients. Responsible for the allocation of patients to appropriate hospitals.
Patient Transportation Recorder	Supervised by the Patient Transportation Supervisor. Responsible for recording pertinent information regarding off-incident transportation of patients.
Planning Meeting	A meeting, held as needed throughout the duration of an incident, to select specific strategies and tactics for incident control operations and for service and support planning.
Procurement Unit	A unit within the Finance Section responsible for financial matters involving vendors.
Qualified	A person meeting the certification and/or requirements established by the agency that has jurisdiction over the incident.
Responder Rehabilitation (Rehab)	The function and location which includes medical evaluation and treatment, food and fluid replenishment, and relief from extreme climatic conditions for emergency responders, according to the circumstances of the incident.
Resource Status Unit (RESTAT)	The unit within the Planning Section responsible for recording the status of, and accounting for, resources committed to the incident, and for evaluation of (1) resources currently committed to incident, (2) the impact that additional responding resources will have on incident, and (3) anticipated resource needs.
Safety Officer	The Command Staff person responsible for monitoring and assessing safety hazards, unsafe situations, and developing measures for ensuring personnel safety.
Section	The organizational level having functional responsibility for primary segments of incident operations, such as Operations, Planning, Logistics, and Finance/Administration. The section level is organizationally between branch and Incident Commander.

Section Chief	Title referring to a member of the General Staff (Planning Section Chief, Operations Section Chief, Finance/Administration Section Chief, Logistics Section Chief).
Service Branch	A branch within the Logistics Section responsible for service activities at incident. Its components include the Communications Unit, Medical Unit, and Food Unit.
Single Resource	An individual company, crew, or piece of equipment used to complete an assigned task.
Situation Status Unit (SITSTAT)	The unit within the Planning Section responsible for analysis of the situation as it progresses, reporting to the Planning Section Chief.
Staging	A specific status where resources are assembled in an area at or near the incident scene to await instructions or assignments.
Staging Area	The location where incident personnel and equipment are assigned on an immediately available status.
Standard Operating Procedures (SOP's)	An organizational directive that establishes a standard course of action.
Standing Orders	Policies and procedures approved by a local, regional, or state EMS agency for use by EMT personnel in situations where direct voice contact with a base hospital cannot be established or maintained.
START	Acronym for Simple Triage and Rapid Treatment. This is an initial triage system.
Strategic Goals	The overall plan that will be used to control the incident. Strategic goals are broad in nature and are achieved by the completion of tactical objectives.
Strike Team	Up to five of the same kind or type of resource, with common communications and a leader.
Supply Unit	The unit within the Support Branch of the Logistics Section responsible for ordering equipment/supplies required for incident operations.

Support Branch — A branch within the Logistics Section responsible for providing the personnel, equipment, and supplies to support incident operations.

Tactical Objectives — The specific operations that must be accomplished to achieve strategic goals. Tactical objectives must be specific and measurable, and are usually accomplished at the division or group level.

Task Force — A group of any type or kind of resource, with common communications and a leader, temporarily assembled for a specific mission (not to exceed five resources).

Technical Specialists — Personnel with special skills who are activated only when needed. Technical specialists may be needed in the areas of fire behavior, water resources, environmental concerns, resource use, and training. Technical specialists report initially to the Planning Section, but may be assigned anywhere within the ICS organizational structure as needed.

Time Unit — A unit within the Finance Section. Responsible for recordkeeping of time for personnel working at incident.

Treatment Unit — An organizational position responsible for collecting patients in a centralized treatment area(s) and providing initial and ongoing patient treatment.

Triage — The screening and classification of sick, wounded, or injured persons to determine priority needs in order to ensure the efficient use of medical personnel, equipment, and facilities.

Triage Personnel — Responsible for providing triage for patients on scene and assigning them to appropriate treatment areas.

Triage Tag — A tag used by triage personnel to identify and document the patient's medical condition.

Triage Unit — An organizational position responsible for the triage and sorting of patients and attaching triage tags.

Truck Company — A ground vehicle providing an aerial ladder or other aerial device and specified portable ladders, equipment capability, and personnel (also known as ladder, aerial, tower, etc.).

Unified Command	A standard method to coordinate command of an incident when multiple agencies have either functional or geographical jurisdiction.
Unit	The organizational element having functional responsibility for a specific incident's planning, logistics, or finance activity.

APPENDICES

APPENDIX A: INCIDENT SCENARIO INFORMATION

APPENDIX B: RESOURCE RESPONSE INFORMATION

APPENDIX C: LIBERTY COUNTY MAP AND SCENARIO PLOT PLANS

APPENDIX A

INCIDENT SCENARIO INFORMATION

The following information is to be reviewed and used during the scenario-based activities. In particular, this information will be used in developing an incident action plan (IAP), requesting resources, and developing an Incident Command System (ICS) structure for emergency medical incidents.

For purposes of these scenarios all fire engines are considered triple-combination 1,500-gallons per minute (gpm) units carrying a standard complement of hose, tools, equipment, and first-aid supplies. All truck companies carry a standard truck complement of rescue and extrication tools, along with basic first-aid supplies. All units carry a minimum of 25 triage tags.

All fire and EMS units have one common mutual-aid radio frequency (Mutual Aid 1), one common command frequency (Command), and each department and ambulance company has its own tactical frequency. EMS communications are provided through standard EMS frequencies with Central City Hospital as the regional base hospital and medical disaster coordinator. All 911 calls and incident communications throughout the city and county are handled through Liberty Communications.

The Liberty County Sheriff's Department provides law enforcement services for all county areas, while the Central City Police Department serves the city area only. These agencies also have mutual-aid agreements and share a helicopter program. The helicopter is an older aircraft designed for observation only.

All responders, public and private, have had at least an introductory course in ICS; however, their working knowledge of, and experience in, the system vary greatly.

Appendix A contains information regarding specific resource information for all applicable units. Appendix B contains a visual overview of Liberty County and specific plot plans for each scenario.

Central City Fire Department

The Central City Fire Department is a career-staffed department operating from six fire stations serving Central City and some outlying unincorporated areas. All personnel are trained to the EMT-Basic level unless assigned to a paramedic unit, in which case personnel are EMT-Paramedic certified.

Within the Central City Fire Department all engine companies are staffed with a crew of three with one additional firefighter over the staffing of engines assigned to truck companies. Paramedic units are transport equipped and staffed with two certified firefighters/paramedics.

The Heavy Rescue Unit and Light-Air Unit are each staffed with two career firefighters. The Heavy Rescue Unit carries an assortment of rescue tools and equipment used for all types of physical rescues, including vehicle extrication, high-angle rescue, and swift-water rescues. The Light-Air Unit carries salvage equipment, portable lights and generators, and personnel rehabilitation supplies such as drinks and snacks.

A multicasualty response unit is housed at Fire Station 2, but the unit is not staffed; it is a special-call unit which must be staffed by Truck 2 personnel if it is to be used. This unit carries all necessary medical supplies and equipment to handle a 100-patient incident, including ICS support materials such as placards for treatment areas, ambulance staging, command vests, etc.

Central City operates one battalion staffed with a battalion chief on 24-hour shift. There is no assigned battalion driver. The city participates in an area-wide mutual- and automatic-aid system with all surrounding jurisdictions.

In addition to Operations Bureau personnel, the department also has personnel assigned to various staff positions. This includes a battalion chief as fire marshal; a fire captain as the training and safety officer; two firefighters working as fire prevention inspectors; and one public education/information specialist.

Staff personnel are assigned to ICS positions during major incidents. This includes Liaison, Safety, Public Information, Logistics, Planning, and Finance/Administration. They are special-call positions, and do not normally respond unless requested. They can respond in these positions as a mutual-aid request.

Liberty County Fire Department

The Liberty County Fire Department is a combination-staffed department operating from 12 fire stations within the unincorporated communities surrounding Central City. Staffing of Liberty County units varies, with a minimum staffing of one battalion chief, two for medical/rescue units, three for engines, and a minimum of three for all trucks. In addition to operations bureau personnel, the department also has a fire captain assigned to training, fire prevention, and administration.

The Liberty County Fire Department is divided into three battalions, each under the control of a career battalion chief on 24-hour shift.

Staff personnel are assigned to ICS positions during major incidents. This includes Liaison, Safety, Information, Logistics, Planning, and Finance/Administration. They are special-call positions, and do not normally respond unless requested. They can respond in these positions as a mutual-aid request.

Liberty County Emergency Medical Services

In addition to fire-department-operated EMS units, there are three private ambulance companies within Liberty County, operating both basic life support (BLS) and advanced life support (ALS) units. All ambulance units are staffed on a 24-hour shift schedule, using the same schedule as the area fire departments.

LifeLine Ambulance serves the unincorporated areas north of Central City. MedCare serves the unincorporated areas south of Central City. Community serves the unincorporated area immediately adjacent to Central City and serves as the backup to Central City Fire when needed under an automatic-aid agreement.

BLS units are staffed with two personnel certified as EMT-Basic. ALS units are staffed with two personnel certified as EMT-Paramedics. Each ambulance company has a shift supervisor on duty on a 24-hour shift. Supervisors use a four-door utility vehicle without patient transport ability; however, they do carry additional medical supplies such as first-aid equipment, oxygen cylinders, IV supplies, and additional triage tags.

Liberty County also is served by two air ambulances. One, MedFlight-1, is based out of Central City Hospital. The second, MedFlight-2, is based out of St. Dorothy's Hospital in Monroe City, which is located in adjacent Green County.

Each air ambulance is staffed with a pilot, one flight nurse (RN), and one flight paramedic. The aircraft has radio compatibility with all responders and base hospitals. Both aircraft are rated for instrument flying. The aircraft are normally configured to carry one patient but in multicasualty settings can carry two patients, provided that the patients do not require complex advanced care.

There are three hospitals in Liberty County, each located within the boundaries of Central City. Each provides basic emergency medical services, with Central City Hospital being a designated trauma center and base hospital. Children's Hospital of Liberty County specializes in pediatrics and obstetrics. Community Hospital is a general acute-care facility, and is capable of taking overflow trauma patients with a minimum of 30 minutes' advance notice.

Central City Hospital and Children's have onsite helispots. Community must use a nearby public park as a landing zone, with ground transportation to its facility. The regional burn center is at St. Dorothy's Hospital, and it also has an onsite helispot.

APPENDIX B

RESOURCE RESPONSE INFORMATION

The key to unit identification used in the attached response matrix is listed below:

A	=	Advanced Life Support Unit
AA	=	Air Ambulance
B	=	Basic Life Support Unit
BC	=	Battalion Chief
E	=	Engine
HR	=	Heavy Rescue
L/A	=	Light-Air Unit
M/C	=	Multicasualty Unit
PD	=	Police Unit
SO	=	Sheriff's Office Unit
ST	=	Staff Personnel
VOL	=	Volunteers

RADIO ID	TYPE OF UNIT	STAFFING	RADIO ID	TYPE OF UNIT	STAFFING
Central Engine-101	E	3	Liberty Engine 201	E	3
Central Engine-102	E	3	Liberty Engine 202	E	3
Central Engine-103	E	3	Liberty Engine 203	E	3
Central Engine-104	E	3	Liberty Engine 204	E	3 Vol.
Central Engine-105	E	3	Liberty Engine 205	E	3
Central Engine-106	E	3	Liberty Engine 206	E	3
Central Truck-101	T	4	Liberty Engine 207	E	3 Vol.
Central Truck-102	T	4	Liberty Engine 208	E	3
Central Rescue-102	HR	2	Liberty Engine 209	E	3 Vol.
Central Air-103	L/A	2	Liberty Engine 210	E	3
Central Mass-Casualty-104	M/C	W/Truck-2	Liberty Engine 211	E	3
Central Medic-101	A	2	Liberty Engine 212	E	3
Central Medic-103	A	2	Liberty Truck 201	T	4
Central Medic-105	A	2	Liberty Truck 204	T	3
Central Medic-102	B	2	Liberty Truck 208	T	3/4 Vol.

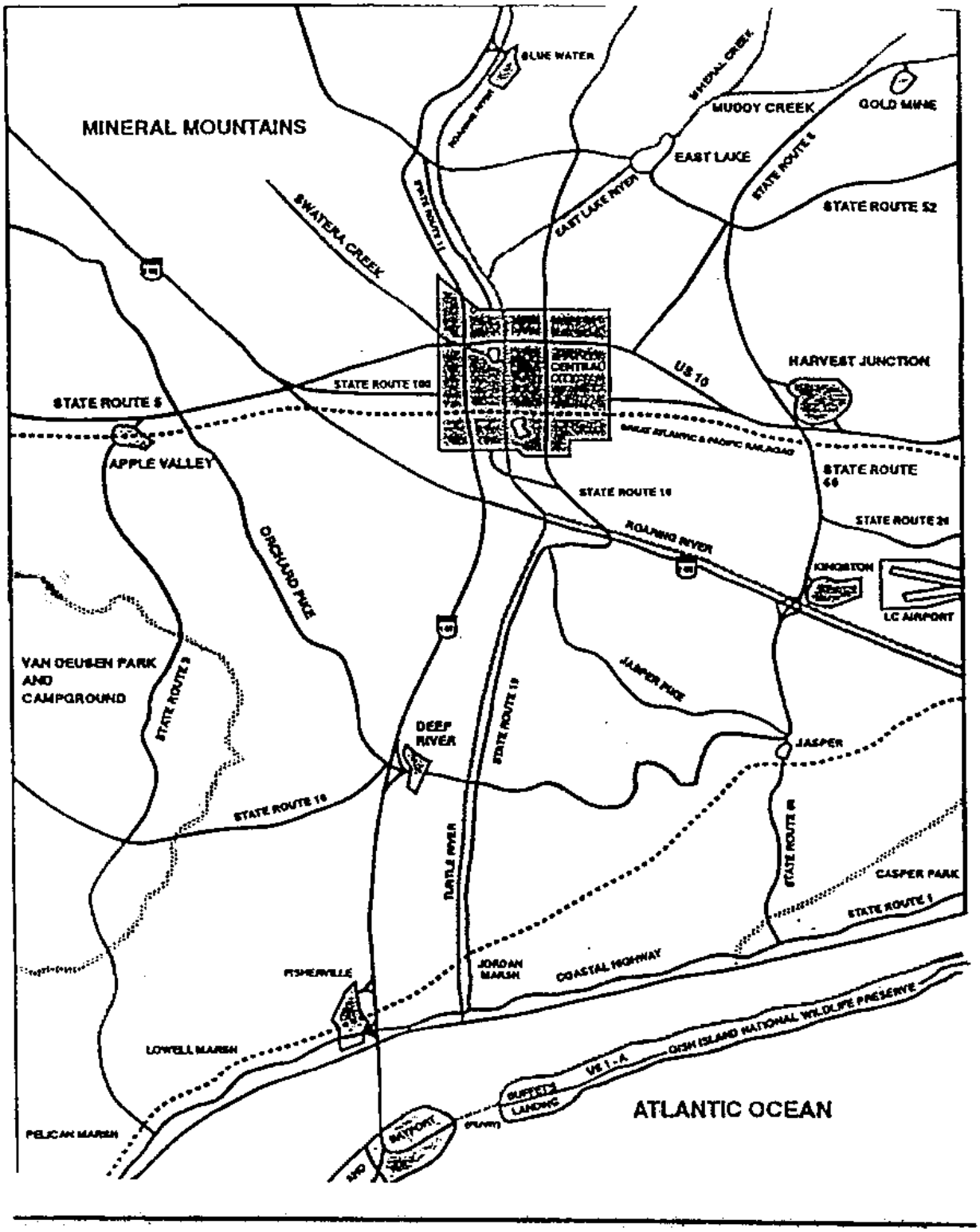
RADIO ID	TYPE OF UNIT	STAFFING	RADIO ID	TYPE OF UNIT	STAFFING
Central Medic-106	B	2	Liberty Rescue 201	HR	2
Central Battalion-101	BC	1	Liberty Rescue 208	HR	2/3 Vol.
Central Battalion-102	BC Prevention	1	Liberty Battalion 201	BC	1
Central Safety-101	ST	1	Liberty Battalion 202	BC	1
Central Prevention-101	ST	1	Liberty Battalion 203	BC	1
Central Prevention-102	ST	1	Liberty Prevention 201	ST	1
Central PIO-101	ST	1	Liberty Training 201	ST	1
			Liberty Admin. 201	ST	1
Helicopters					
MedFlight 1	A	3			
MedFlight 2	A	3			
ABLE Flight 1	B	2			

RADIO ID	TYPE OF UNIT	STAFFING	RADIO ID	TYPE OF UNIT	STAFFING
Private Ambulances					
MedCare 10	A	2	LifeLine 21	A	2
MedCare 11	A	2	LifeLine 22	A	2
MedCare 12	A	2	LifeLine 23	A	2
MedCare 13	B	2	LifeLine 24	B	2
MedCare 14	B	2	LifeLine 25	B	2
MedCare 15	B	2	LifeLine 26	B	2
Community 31	A	2	Community 32	A	2
Community 33	A	2	Community 34	B	2
Community 35	B	2	Community 36	B	2

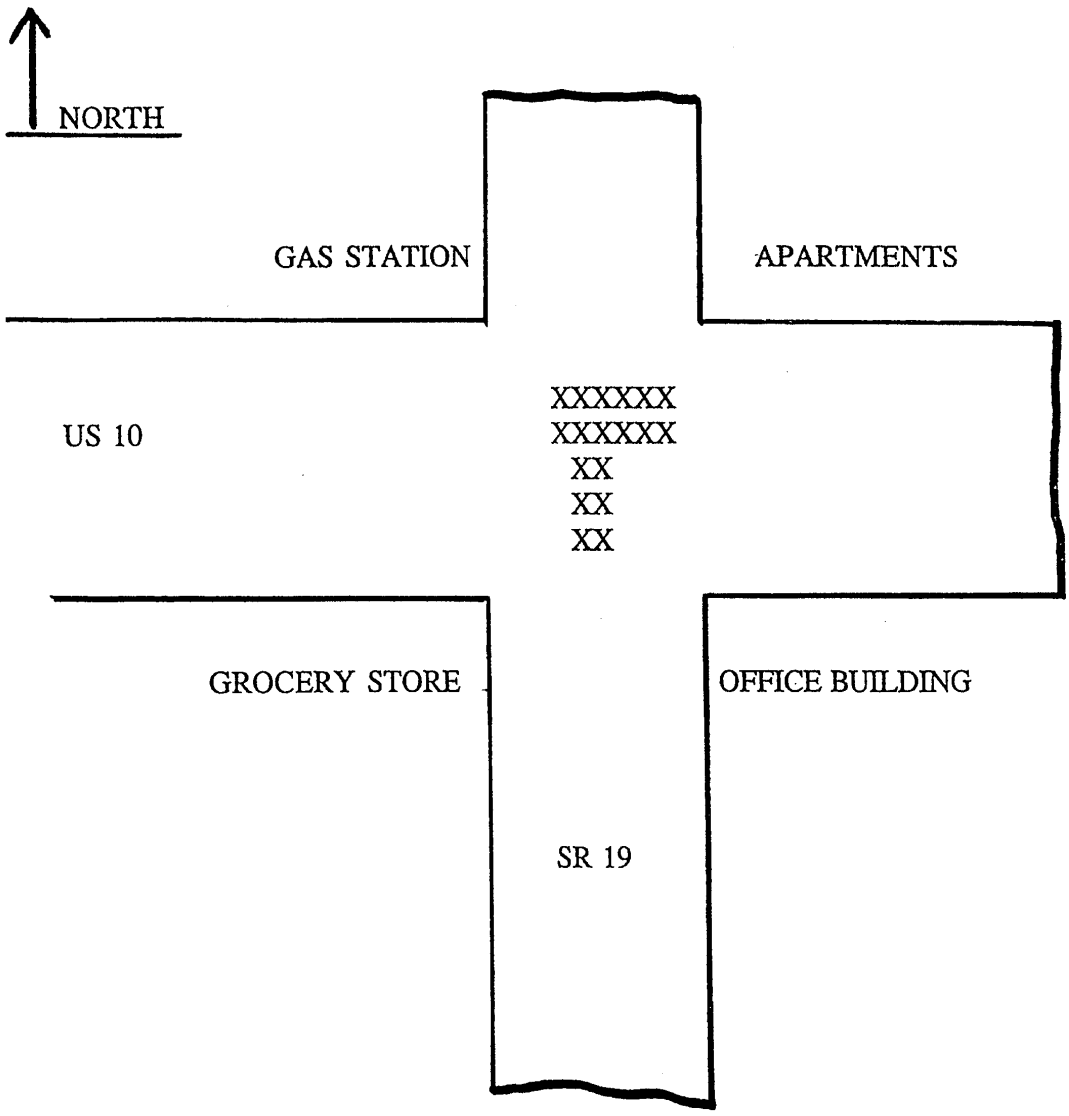
APPENDIX C

LIBERTY COUNTY MAP AND SCENARIO PLOT PLANS

LIBERTY COUNTY OVERVIEW



SCENARIO 1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XXXXXX
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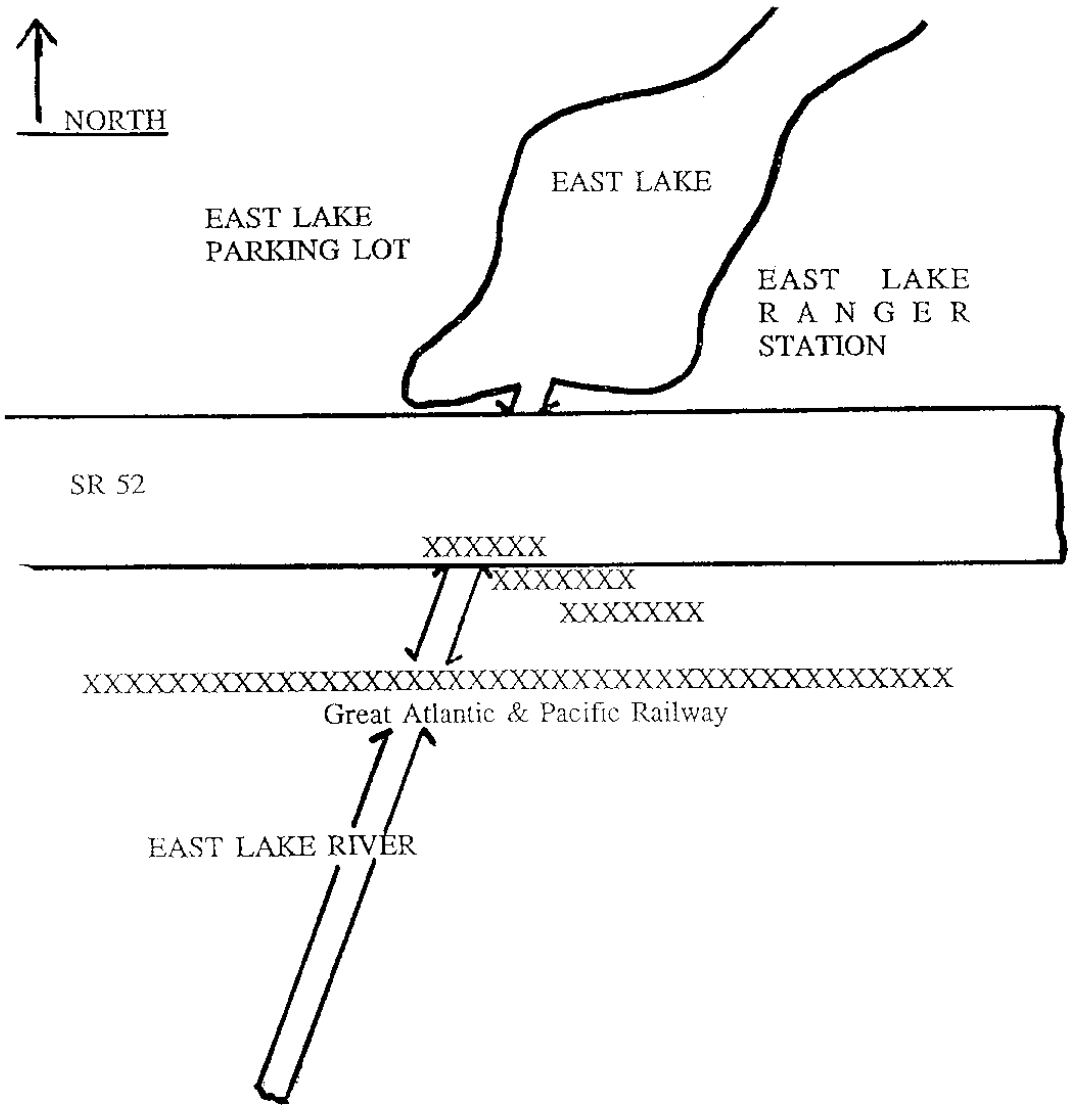
XX
XX
GROCERY STORE
OFFICE BUILDING
SR 19

SCENARIO 2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EAST LAKE
PARKING LOT
EAST LAKE
RANGER
STATION
SR 52
XXXXXX
XXXXXXX
XXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Great Atlantic & Pacific Railway
EAST LAKE RIVER