MCI PLAN Incident Information Communications Plan COMMAND WORKSHEET Command: , Incident Name: Tactical: , Incident Safety Location: Others: Command PIO ICP Location: **Number of Victims** Liaison Staging Location: **Immediate** Delayed Minor Morgue Helispot Location: Unit: Staging Helispot/Crew: **OPS** Disp Time: TB: Resources Victims **Engines** Ambulance Air Ambulance Branch Medical Branch Air Ops Branch Units Staged Assignment Re-assignment 5-10 2-4 3-5 1-2 11-15 5 5-7 2-3 Medical Group Supervisor Patient Transportation 3-4 15-20 8 7-10 21-30 11 10-12 4-5 Medical 31-50 14 12-15 5-6 *Medical Supply 51+ 14+ 15+ 6+ Communications Checklist Triage Unit Treatment Unit Size Up Report ☐ Initiate Activation **Ground Ambulance** □ Life Safety Hazards Coordinator * Triage Personnel Dispatch Manager ☐ Terrorism? **Assignments** Follow Up Report ☐ Incident Name / Assume Command Litter Teams *Immediate Air Ambulance □ Command Post Location Coordinator ☐ Communications Plan ☐ Additional Resources (see above) □ Staging Location ☐ Cross / Travel routes Morgue *Delayed ☐ Law Enforcement-ETA: ☐ Traffic Control ☐ Crowd Control □ Evacuation □ Scene Security ☐ Air Ambulance *Minor ☐ Medical Cache ☐ Move Ups ☐ Status reports Level I: 6 - 10 □ MHOAC **Additional Considerations** Level II: 11 -35 □ County notifications Level III: >36 □ PIO □ USAR for extrication * Guideline Only - actual number of patients may vary ☐ Health Haz-Mat-ETA _____ ☐ Health Department-ETA _____ 1st Priority □ Rehab: * positions require a recorder ☐ Light Unit 2nd Priority ☐ Red Cross: #of Victims / Age / Sex 3rd Priority

Med Comm - Field Patient Destination Tracking

Tag#	Category (I, D, M, X)	Age	Gender	Chief Complaint	Destination	Trans. Unit#	Trans. Time	Notes

Contact hospitals on MERA "HOSP" ROLL CALL: __ MarinHealth __ Kaiser __ Novato

Initial report to hospitals:

- 1. MCI
- 2. Location
- 3. Type of incident
- 4. Estimated # of patients
- 5. Estimated # of critical patients
- 6. Estimated next call to hospital

Advise hospital for each pt.:

- 1. Destination
- 2. Transporting unit
- 3. Age and Gender
- 4. Triage category
- 5. Triage tag #
- 6. Chief Complaint
- 7. **ETA**

Final Report:

- 1. Confirm all pt. dispositions
- 2. Clarify any information

CATEGORIES

- I Immediate
- D Delayed
- M Minor
- X Deceased

MCI Plan 1/2023

MED COMM - PATIENT ROUTING SHEET

Incident Name:	Date:	Time	<u>.</u>

HOSPITAL	First wave number of patients			Number of patients sent			Number of patients sent			Number of patients sent		
	ı	D	M	I	D	М	I	D	M	I	D	М
KAISER SAN RAFAEL	2	3	6									
MARINHEALTH HOSPITAL	3	4	8									
NOVATO COMM. HOSPITAL	1	2	6									
Petaluma Valley* (707)778-2676	1	2										
SR Memorial* (707) 525-5207	2	3										
Sutter Santa Rosa* (707) 576-4040	1	2										
Kaiser Santa Rosa (707) 571-4800	1	2										
Sonoma Valley (707) 935-5100	1	2										
Queen of the Valley* (707) 257-4014	1	3										
Kaiser Vallejo (707) 651-4910												
Van Ness – CPMC	2	4	6									
ZSFG Trauma Center	10	4	6									
UCSF Parnassus	2	4	6									
Van Ness – CPMC	2	4	6									
SF Kaiser	2	4	6									
St. Francis Memorial	2	4	6									
Bernal - CPMC	2	4	6									
St. Mary's Medical Center	2	4	6									
Davies - CPMC	2	4	6									
(pediatric preferred) UCSF- Mission Bay*	2	4	6									

^{*}Denotes Hospitals with Helipads

TRANSPORTATION GROUP SUPERVISOR - WORKSHEET

Marin County Emergency Medical Services System

	nt Name:					Date:		Time:					
TIME	Immediate	VICTIMS REP Delayed	PORTED BY C	Deceased Deceased	TOTALS	AMBULANCES ATTACHED ALS							
	Position Name												
	Medical Group Supervisor												
Patie	Patient Transportation Group Supervisor												
	Ground	d Ambulance	e Coordinator										
	Ai	r Ambulance	e Coordinator										
N	ledical Con	nmunications	Coordinator										
	 □ Ascertain system 911 ambulance availability as soon as possible □ Prepare information for relay by County Communications (send HAZMAT/decon. information, etc.) □ Receive Assignment when on-scene (order additional ambulance resources after receiving assignment and if authorized by the IC or designee) 												

TRANSPORTATION GROUP SUPERVISOR - PATIENT STATUS SHEET

Page____of ____

TAG NUMBER	CATEGORY I, D, M, X	CHIEF COMPLAINT	TRANSPORTING UNIT	TIME OF DEPARTURE	DESTINATION

CATEGORIES

I - Immediate

D - Delayed M - Minor

X - Deceased

UNIT LOG	<u>, </u>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED					
ICS 214 (SEM	S 2003)								
4. ORGANIZATION POSITION		5. LEADER NAME	6. OPERATIONAL PERIOD						
		7. PERSONNEL ROSTER ASSIGNED							
NAME		ICS POSITION	НОМЕ	BASE					
_									
		8. ACTIVITY LOG (CONTINUE ON REVERSE)							
TIME		MAJOR EVENTS							
	<u></u>								
	9. PREPARED	BY (NAME AND POSITION							

MEDICAL PLAN		1. INCIDENT NA	AME		2. DA	TE PREPARE	ED 3	3. TIME PREPAREI	4. OP	4. OPERATIONAL PERIOD			
			5. I	INCIDENT MEDIC	AL AID	STATIONS							
											PARAM	IEDICS	
MEDICAL A	ID STA	TIONS		LOCATION								NO	
	6. TRANSPORTATION												
				A. AMBULAN	CE SER	VICE							
NAME				ADI	DRESS			Pi	HONE		PARAM YES	IEDICS NO	
											YES	NO	
				B. INCIDENT A	MBULA	NCES		.					
NAME				ADI	DRESS			PI	HONE		PARAMEDICS		
											YES	NO	
			1										
			1	7. HOSF	PITAL S								
				7.11001		AVEL TIME			HEL	PAD	BURN CENTER		
NAME			ADDRESS		AIR	GROUND	PHONE		YES	NO	YES	NO	
							L						
	· ·		8. MI	EDICAL EMERGE	NCY PF	ROCEDURES		•			'		
	1					1							
ICS 206 (SEMS 2003)	9. F	PREPARED B	Y (MEDIC	CAL UNIT LEA	ADER)		10. REVIEWED BY (SAFETY OFFICER)						