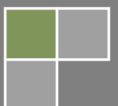
2022

Multi-Casualty Incident (MCI) Plan

Marin County Health & Human Services Emergency Medical Services Agency

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

Marin County EMS Agency
March 2022



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- Command Worksheet (#201)
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- Unit Log (#214)
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Position Checklists

- Medical Group Supervisor
- Medical Communications Coordinator
- Patient Transportation Unit Leader/Group Supervisor
- Ground Ambulance Coordinator (Ambulance Staging Manager)
- Air Ambulance Coordinator
- Medical Supply Coordinator
- Triage Unit Leader
- Triage Personnel
- Treatment Unit Leader
- Immediate Treatment Area Manager
- Delayed Treatment Area Manager
- Minor Treatment Area Manager
- Patient Loading Coordinator
- Morgue Manager

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

Plan Objectives

The objective of this Multi-Casualty Incident (MCI) Plan is to describe the procedures designed to aid the greatest number of persons through coordinated incident management principles.

This plan, a component of the Marin County Emergency Medical Services (EMS) system, is designed to serve as the guiding document for emergency response personnel. This plan describes a coordinated response effort to minimize loss of life, disabling injuries, and human suffering. This plan is designed to support the response for incidents involving multiple patients and may involve a wide range of both public and private resources within Marin County and beyond. Depending on the scope and nature of an incident, austere medical care principles may be implemented to serve the greater needs of the masses. In such cases, the provision of on-scene medical care shall be limited, with a greater focus placed on the rapid transport or relocation of the ill and injured.

Authority

The California Health and Safety Code, Division 2.5, Chapter 4 – Local Administration, provides the authority for the development and implementation of this plan by the Marin County Emergency Medical Services Agency. See sections 1797.204, 1797.250, 1797.252, 1798.100, and 1798.162.

Standards and Guidance

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

- Incident Command System (ICS)
- Standardized Emergency Management System (SEMS)
- County of Marin Emergency Operations Plan
- County of Marin Medical and Health Annex
- County of Marin Fire Service Mutual Aid Plan
- County of Marin Hospital Communications Guide
- Inter-County Mutual Aid Agreement
- Statewide Medical & Health Mutual Aid Agreement
- Simple Triage and Rapid Treatment (START)
- EMT^3 or equivalent triage tape system
- California Public Health and Medical Emergency Operations Manual
- California Master Mutual Aid Agreement
- California Patient Movement Plan
- National Incident Management System (NIMS)

Glossary of Terms

- **Activation –** See Initiation
- **Area Command –** An organization that oversees the management of multiple incidents or oversees the management of a very large or evolving situation with multiple ICS organizations
- **Area Command Channel –** The radio channel utilized by the IC for command and coordination with other agencies responding to the incident
- **Austere Medical Care –** The provision of medical care in resource constrained environments
- **Bioterrorism –** The intentional release of viruses, bacteria, or other germs that can sicken or kill people, livestock, or crops
- **CBERN –** stands for Chemical, Biological, Explosive, Radiological, Nuclear
- **Close MCI –** The process in ReddiNet that signals the official end of the incident. May occur several days after the field incident has ended. This is controlled by the MHOAC
- **Command Channel –** A radio channel used to coordinate multi-agency and multi-discipline response to incidents within a given geographic area

- **Control Facility –** The entity that has been designated to manage and coordinate patient distribution during an MCI
- **County Communications –** The primary PSAP dispatch center located in the Marin County Sheriff's Office, also referred to as MarinCom
- **Expectant** (triage category) **–** An unresponsive patient with inadequate or absent pulse and breathing, requiring resuscitative measures. Also known as "Deceased"
- **Delayed** (triage category) – A conscious patient deemed to have non-life threating injuries that will need further medical attention
- **Department Operations Center (DOC) –** An active emergency operations center stood up by a specific department within an organization in response to an incident
- **DOC –** See Department Operations Center
- **eMCI –** See Extended Multi-Casualty Incident
- **ECC** – Emergency Communications Center (Woodacre)
- **Emergency Medical Services Agency –** The local authority with responsibility for oversight of the local EMS system
- **Emergency Operations Center –** A central command and control facility responsible for carrying out the principles of emergency preparedness and emergency management, or disaster management functions at a strategic level during an emergency
- **Emergency Operations Plan –** Provides the structure and processes that the organization utilizes to respond to and initially recover from an event
- **EMSA –** See Emergency Medical Services Agency
- **EMT^3 -** Enhanced method triage, treatment, and transport
- **End MCI –** The process in ReddiNet that signals the end of the current MCI from a scene management standpoint
- **EOC –** See Emergency Operations Center
- **EOP –** See Emergency Operations Plan
- **Extended Multi-Casualty Incident (eMCI) –** An "outbreak" type of incident likely to generate 6 or more patients needing ambulance transport within a 24-hour period and may continue for several days to weeks
- **Field Treatment Site (FTS) –** A location within a jurisdiction that is used for the assembly, triage (sorting), medical stabilization and subsequent evacuation of casualties
- **Fire Officer –** A senior firefighter employed by a fire service organization capable of providing leadership at the scene of an incident
- **First Wave -** The number of patients any of the county/region acute care hospitals have agreed to automatically accept during an MCI
- **FTS –** See Field Treatment Site
- **HAvBED –** A tool within the ReddiNet system for hospitals to report current bed availability
- **HICS –** See Hospital Incident Command System
- **Hospital Incident Command System –** Incident management system based on ICS principles, which assists healthcare organizations in improving their emergency management planning, response, and recovery capabilities

- **ICS –** See Incident Command System
- **IFT –** See Interfacility Transfer
- **Immediate** (triage category) **–** A conscious or unconscious patient deemed to be salvageable but in immediate need of further medical care
- **Incident Command System –** A standardized organizational structure used to command, control, and coordinate the use of resources and personnel that have responded to the scene of an emergency
- **Incident Commander (IC) -** The individual responsible for all aspects of an emergency response; including quickly developing incident objectives, managing all incident operations, application of resources as well as responsibility for all persons involved
- **Initiate MCI** – The term used by ReddiNet to start an MCI in the ReddiNet system
- **Interfacility Transfer –** The transfer of a patient(s) from one hospital to another typically by ground ambulance
- **KSR** – Kaiser Hospital San Rafael
- **Level I Incident –** An incident likely to generate **at least 6 and no more than 10 patients** requiring ambulance transport, or a minimum of 4 patients all who are categorized as “Immediate”
- **Level II Incident –** An incident likely to generate **at least 11 and no more than 35 patients** requiring ambulance transport, or a minimum of 6 patients all who are categorized as “Immediate”
- **Level III Incident -** An incident likely to generate **36 or more patients** requiring ambulance transport
- **MarinCom –** The designation for the Sheriff’s Office Dispatch Center which serves as the primary PSAP for Marin County.
- **Marin Medical Reserve Corps -** a County network of volunteers, organized to improve the health and safety of their communities
- **MCI –** See Multi-Casualty Incident
- **MedCom –** See Medical Communications Coordinator
- **Medical Communications Coordinator –** The individual at an MCI responsible for communicating patient distribution with the Control Facility
- **Medical Group Supervisor –** Individual overseeing the Medical Group EMS field operations in an initial response.
- **Medical Health Annex –** The document that outlines concepts and policies that will aid in providing medical health disaster response services in emergencies and disasters and is supported by subject or threat-specific plans and procedures which guide detailed response activities
- **Medical Health Operational Area Coordinator –** the entity responsible for ensuring the assessment of immediate medical needs, coordination of disaster medical and health resources, coordination of patient distribution and medical evaluations, and the coordination of emergency care providers
- **MMC –** MarinHealth Medical Center
- **MHOAC –** See Medical Health Operational Area Coordinator
- **Minor** (triage category) – A conscious patient deemed to have minor injuries and typically ambulatory

- **MMRC –** See Marin Medical Reserve Corps
- **Multi-Casualty Incident –** Any event that overwhelms the local healthcare system, where the number of casualties vastly exceeds the local resources and capabilities in a short period of time
- **Mutual Aid –** The obtaining of additional emergency resources from non-affected jurisdictions
- **Mutual Aid Plan –** The pre-planned organized response of emergency services, to a request for assistance, in an emergency, when local resources have been expended
- **National Incident Management System –** a consistent nationwide template to enable partners across the Nation to work together to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity
- **NCH –** Novato Community Hospital
- **NIMS –** See National Incident Management System
- **OES –** See Office of Emergency Services
- **Office of Emergency Services –** the state or local office dedicated to the planning, coordination, and response to disasters
- **Operational Area -** in most areas of the state this is the same as the county boundaries
- **Outbreak –** The occurrence of more cases of a disease than would normally be expected in a specific place or group of people over a given period
- **Pandemic –** A widespread occurrence of an infectious disease over a whole country or the world at a particular time
- **Population Based Care –** An approach that allows one to assess the health status and health needs of a target population, implement and evaluate interventions that are designed to improve the health of that population, and efficiently and effectively provide care for members of that population in a way that is consistent with the community's cultural, policy and health resource values
- **Public Safety Answering Point (PSAP) -** The designated answering point for all 911 telephone calls. Typically located at a law enforcement dispatch center.
- **RDMHS** – Regional Disaster Medical Health Specialist
- **Receiving Hospital –** The facility specially equipped and staffed to accept new patients requiring initial diagnosis or treatment
- **ReddiNet** – An internet-based communication system capable of facilitating information exchange among hospitals, EMS, Fire, and other healthcare system professionals over a reliable and secure network
- **Saved MCI –** The process in ReddiNet that initiates the archiving of all data related to an incident
- **Second Wave Distribution** – The management of patient distribution during an active MCI after the First Wave distribution has been exhausted
- **SEMS –** See Standardized Emergency Management System
- **Staging –** An area established to maintain a ready reserve of tactical resources and operational overhead to support evolving or emergent operational resource requirements

- **Standardized Emergency Management System –** A state-wide California system providing the fundamental structure for the response phase of emergency management
- **START Triage –** Simple Triage and Rapid Treatment; a triage method used by first responders during a MCI to quickly and efficiently classify victims based on the severity of their injuries
- **Tactical Talk Group –** A talk group for incident traffic between field units
- **Talk Group -** A logical group of radio users who need to communicate. Commonly associated with the terms channel or mode. Examples include Call, Talk, Command, ICS, All Hospital and other talk groups
- **Trauma Triage Tool –** A tool designed to assist in destination determination for trauma patients to appropriate facilities
- **Triage –** The sorting of and allocation of treatment to patients and especially battle and disaster victims according to a system of priorities designed to maximize the number of survivors
- **Unified Command –** A collaborative process, allowing all agencies with geographical or functional responsibility for an incident, to assign an Incident Commander to a Unified Command organization
- **Woodacre ECC –** The Marin County Fire Department dedicated dispatch center. May also serve as the Control Facility depending on the incident

Competency Levels

First responders should possess the following competencies:

- Working knowledge of the Incident Command System (ICS 100, 200, 700 minimum)
- Working knowledge of the National Incident Management System (NIMS)
- Working knowledge of the California Standardized Emergency Management System (SEMS)
- Familiarity with the Hazardous Materials Response Guide
- Working knowledge of the principles related to patient triage
- Working knowledge of Marin County Prehospital Policies and Procedures
- Awareness of Marin Medical Health Annex to the Emergency Operations Plan

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

- Incident Command System 300 and 400
- Hazardous Materials First Responder – Operations Level

Dispatchers should possess the following competencies:

- Working knowledge of the ReddiNet Tool
- Working knowledge of the Incident Command System (ICS 100, 200, 700 minimum)
- Working knowledge of the National Incident Management System (NIMS)
- Working knowledge of the California Standardized Emergency Management System (SEMS)
- Familiarity with the Hazardous Materials Response Guide
- Working knowledge of the principles related to patient triage

The following competencies are recommended for hospital providers:

- Hospital Incident Command System 100, 200, and 700
- Working knowledge of the ReddiNet Tool
- Working knowledge of Marin County Prehospital Policies and Procedures
- Awareness of Marin Medical Health Annex to the Emergency Operations Plan

Roles and Responsibilities

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

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

The Incident Commander holds the ultimate authority for all decisions made related to the incident. Some exceptions may apply with the involvement and participation of county, state, or federal authorities, based on the nature of the incident. Examples may include, but are not limited to incidents involving terrorism, biological agents, natural disasters, federally regulated facilities, and transportation.

Fire Service
Responds to all incidents, serves as Incident Command and/or participates in a Unified Command, provides scene management and associated triage, treatment, and transport of patients.

> **Marin County Fire Department Woodacre Emergency Communication Center (ECC)** is available to support or manage incidents as necessary.

California Highway Patrol
Participates in unified command, scene security, and access control for incidents involving freeways, state highways, and county-maintained roadways.

Local Law Enforcement
Participates in unified command, scene security, and access control involving the respective jurisdiction, provides required law enforcement duties.

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

> **Communications Center (MarinCom)** responsible for initiating an MCI in the ReddiNet system as well as entering First Wave patient distribution, system notifications and alerting, dispatching resources, and assigning incident command and tactical channels.

> **Office of Emergency Services** is responsible for supporting the incident response and staffing of the EOC.

> **Coroner Division** coordinates with other first responder agencies to locate fatalities; arrange for transportation; establish morgue facilities, as needed; establish a Family Assistance Center; and pursue identification of the dead.

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

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

> **EMS Specialist** provides support for on-scene Incident Command and/or Marin County Communications Center.

Private Ambulance Services (Air and Ground)
May be utilized to augment the 911 system. Serve as primary resource for inter-facility transfer of patients both in and out of the county.

Receiving Hospitals (Local and Regional)
Provide emergency medical care to the victims of illness and/or injury.

Control Facility
The individual or team responsible for documenting the final distribution and transportation of patients during an MCI in the ReddiNet system. The Control Facility works directly with the on-scene Medical Communications Coordinator (MedCom) and the hospitals to ensure proper documentation of patient distribution. The first wave of patient distribution will occur automatically based on the predetermined first wave distribution plan. As soon as possible, the MHOAC will assume the role of Control Facility.

Marin Medical Reserve Corps (MMRC)
Volunteer medical providers deployed to staff Field Treatment Sites (FTS) or other emergency medical care sites.

Other public agencies that may have a response role include:
- Behavioral Health
- Environmental Health
- Public Health
- Parks and Open Space
- National Park Service
- American Red Cross
- Department of Public Works
- Caltrans
- U.S. Coast Guard

Concept of Operations

The Marin County Multi-Casualty Incident Plan shall utilize the ReddiNet tool to alert the EMS system that an incident has occurred, provide for tracking of patients and to facilitate information exchange among hospitals, EMS, and other healthcare system personnel.

Incident Levels

The MCI Plan describes three levels of incident depending on the estimated number of patients involved who are likely to require ambulance transport. Those levels are as follows:

- **Level I** – An incident likely to generate **a minimum of 6 and no more than 10 patients** requiring ambulance transport, or a minimum of 4 patients all who are categorized as “Immediate”.

- **Level II** - An incident likely to generate **a minimum of 11 and no more than 35 patients** requiring ambulance transport, or a minimum of 6 patients all who are categorized as “Immediate”.

- **Level III** - An incident likely to generate **36 or more patients** requiring ambulance transport.

A fourth type of MCI is also included in the plan and addresses a slow moving, longer term event such as the recent pandemic generated at San Quentin Prison

- **eMCI** – An “outbreak” type of incident likely to generate 6 or more patients needing ambulance transport within a 24-hour period and may continue for several days or weeks (San Quentin Prison COVID-19 Outbreak). This is also referred to as an extended multi-casualty incident (eMCI).

Triage Categories

The following triage categories are based on the START Triage System and will be used to categorize patients during a multi-casualty incident. The term “injury” is used generically to describe the patients being triaged and is inclusive of both medical and trauma patients.

- **Minor** – Conscious patient deemed to have a minor illness or injury and typically ambulatory
- **Delayed** – Conscious patient deemed to have non-life threating injuries that will need further medical attention
- **Immediate** – Conscious or unconscious patient deemed to be salvageable but in immediate need of further medical care
- **Expectant/Deceased** – Unresponsive patient with inadequate or absent pulse and breathing, requiring resuscitative measures

During an MCI, the use of the **Trauma Triage Tool** is at the discretion of the responders.

Rapid Re-Triage During an MCI

It must be understood that the availability of the rapid re-triage process may be unavailable for local transfers during an MCI event.

Non-trauma centers shall follow normal re-triage procedures and consider patient selection which maximizes potential clinical benefit of re-triage (e.g., head injury with rapid decreasing mental status suggestive of an epidural hematoma).

The transferring ED shall call the local trauma center and ask, "Are you available for a rapid re-triage?" If the answer is no, they should work through other channels (including MHOAC) for transfer to definitive care within the region.

First Wave Patient Distribution

The term "First Wave" refers to the number of patients each of the local and regional acute care hospitals have agreed to automatically accept in the event of an MCI. First Wave distribution automatically assigns a pre-determined number of patients to each hospital in the initial phase of the MCI response. Marin County hospitals MUST accept their automatically assigned minimum number of patients. First wave distribution is managed on-scene by Patient Transport Group Supervisor in coordination with the Control Facility utilizing the following principles:

- Send the first wave of patients to the most appropriate hospitals, using the best judgement on destination based on the knowledge you have at that time (including distinct hospital capabilities – e.g., neurosurgery only at MMC). Every effort will be made to transport trauma patients to a designated trauma center.
- Local and regional hospitals should be considered for first wave distribution depending on existing factors at the time of the incident such as geographic location, traffic patterns, etc.
- Transporting providers have the option to provide or not provide a radio report to receiving hospitals prior to arrival depending on patient workload.

The Communications Center (MarinCom) personnel will manage the First Wave distribution of patients utilizing ReddiNet. As soon as practical, the MHOAC will take over patient distribution and continue to manage patient distribution/destination in coordination with MedCom and document in ReddiNet.

First Wave Distribution for Marin County Facilities

Each of the following hospitals have agreed in advance to receive the following number and category of patients on the first wave of distribution during an activated MCI regardless of day of week or time of day. This distribution does not require prior notification should an MCI be activated.

	Immediate	Delayed	Minor
MMC	3	4	8
KSR	2	3	6
NCH	1	2	6

Second Wave Distribution

When the total number of patients from an incident exceeds the total number assigned slots in the defined local/regional First Wave distribution plan, Second Wave Distribution will be implemented.

Destination information and hospital availability, including out-of-county receiving hospital availability, will be available in ReddiNet. Second wave distribution will eventually employ the MHOAC as Control Facility.

Patient Tracking

Patient distribution and movement will be documented and monitored using the ReddiNet system. Each hospital will be responsible for entering all patients that arrive at their facility from the incident into the ReddiNet system. This must occur immediately upon arrival at the facility.

MHOAC will monitor and assist with patient distribution as soon as practical following the initiation of an MCI.

INITIATION

The initiation process advises the EMS system that an actual incident has occurred. **Initiation is required** for any incident that is likely to produce six (6) or more patients requiring ambulance transport or a minimum of four (4) patients categorized as “immediate”.

It will be the responsibility of the first Fire Officer on scene to formally initiate an MCI and direct the Communications Center to initiate an MCI in the ReddiNet System. Based on the initial scene size up, the Fire Officer will also advise the Communication Center as to the Level of MCI being initiated (Level 1, 2, 3). Initiation of the MCI may occur before or after the fire officer arrives on scene depending on the type of incident and the available information coming in from reporting parties.

The IC shall provide the following information to the dispatch center:

- Type of incident
- Incident Level (1, 2, or 3)
- Estimated number of patients likely to require transportation
- Need for additional resources
- Safety and/or approach instructions
- Ground and/or air ambulance staging locations
- Location of command post

The dispatch center will broadcast the initiation of an MCI via the radio system and initiate the MCI using the ReddiNet System.

RESOURCE REQUESTS

The MHOAC will assist with the coordination of resources from the Region, State and/or Federal partners. When needed, assistance or coordination may be provided by OES, EOC and/or DOC staff. Fire and Law Mutual Aid is requested through the Fire and Law mutual aid systems and, when possible, coordinated with the MHOAC.

CANCELLATION

Cancellation of an MCI must come from the Incident Commander or his/her designee. The IC will notify the appropriate dispatch center to cancel the MCI.

MarinCom will broadcast that the MCI has been cancelled/ended via the radio system.

LEVEL SUMMARY and EXAMPLES

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

Level	Description
Level 1 6 to 10 patients or ≥4 categorized as Immediate	Typically, a single isolated event that can be handled with county resources. Initiation of a Level 1 MCI with low patient count is the discretion of the incident commander. A level 1 MCI may also be an incident with less than 5 patients initially but that has the potential for up to 10 patients. Examples: • Vehicle accident with potential for multiple patients needing transport • An isolated hazardous materials incident with potential for multiple patients • Multiple shooting victims at a contained scene without an active shooter • Occupied building collapse • Explosion in populated building/area
Level 2 11-35 patients or ≥ 6 categorized as Immediate	Simultaneous multiple minor incidents or large-scale single event. May require the transport of patients to out of area hospitals. Examples: • Motor vehicle accident involving multiple patients • Active shooter with potential for multiple victims • Occupied building collapse or fire • Explosion in populated building/area • Skilled nursing / congregate living facility evacuation
Level 3 36 or more patients	Event that overwhelms the first response and additional resources requested. Will be necessary to make modifications to the daily 911-EMS system to support both the incident and the system. Likely to require out-of-county/regional mutual aid resources. Examples: • Passenger train derailment • Commercial structure fire/collapse • Catastrophic earthquake with widespread damage • Explosion in populated building/area

Extended MCI (eMCI)* Event involving > 6 critically ill patients requiring or anticipated to require transport within a 24-hour period with a strong expectation for a continuous flow of patients.	*Please refer to Extended MCI Annex Examples of Extended MCI: • Extended severe weather or natural disaster events • Delayed sequelae of a CBERN release or act of terrorism • Staggered symptom presentation due to bioterror event or pandemic

Roles and Responsibilities

(Actions should be considered in a progressive manner from Level 1 to Level 3)

Description	Actions
Communications	**Level 1** • Local jurisdictions and hospitals operate on their own channels • Responding ambulances communicate on designated channels • On-scene coordination/car-to-car communications may occur on an assigned tactical channel **Level 2** • Command and Control coordination occur on channels as assigned • On-scene communications occurs on assigned tactical channels as assigned **Level 3** • Alternate communications systems may be employed (RACES, HAM, etc.)
Hospitals	**Level 1** • Ensure that all radios are on and tuned to appropriate channel(s) • Monitor All Hospital channel for patient distribution • Enter all patients received into ReddiNet upon arrival **Level 2** • Consider need to establish HICS • Consider need to open a DOC • Consider implementing in-house disaster/surge capacity plans **Level 3** • Open DOC as appropriate • Establish HICS • Implement in-house disaster/surge capacity plans

Description	Actions
Documentation	**Level 1** • Patient status sheet used by Transportation Group Supervisor • All ICS positions complete appropriate ICS forms • After Action Report completed • PCR may be completed post incident **Level 2** • Same as Level 1 • Triage tags may be used in place of PCRs for each patient during the incident **Level 3** • Same as Level 1 & 2
Patient Destination	**Level 1** • Dispatch Center initiates MCI on ReddiNet • Hospitals are informed of MCI initiation via ReddiNet • All facilities prepare to receive pre-determined "first wave" patients as appropriate • Trauma triage and destination criteria may be waived • Medical Communications Coordinator (Med Comm) notifies hospitals of pending ambulance transports • All hospital diversion cancelled • Hospitals review first wave numbers and increase in ReddiNet if current capacity allows **Level 2** • MedCom and MHOAC coordinate patient distribution • Use of field treatment sites may be implemented **Level 3** • MHOAC to assist with coordination and transfer of patients to out-of-county facilities

<table>
<tr><th>Description</th><th>Actions</th></tr>
<tr><td>EMS System Resources</td><td>Level 1
Request for resources will be made by the IC
The private EMS ambulance providers may be requested for 911 response
Private EMS ambulance providers may be requested to suspend routine transfers for the duration of the activation
Level 2
MHOAC assists with coordination of requests for mutual aid ambulances
Non-traditional EMS resources may be used (e.g., buses or other vehicles)
Level 3
Same as Level 2 incident</td></tr>
<tr><td>Public Safety Answering Points (PSAPs)</td><td>Level 1
Local fire or law enforcement PSAP continues normal operations not related to the incident
County Communications coordinates the dispatch of all incident ambulances and medical health resources
County Communications advises all ambulance dispatch centers of event
Level 2
Same as Level 1 incident
Level 3
Same as Level 1 incident</td></tr>
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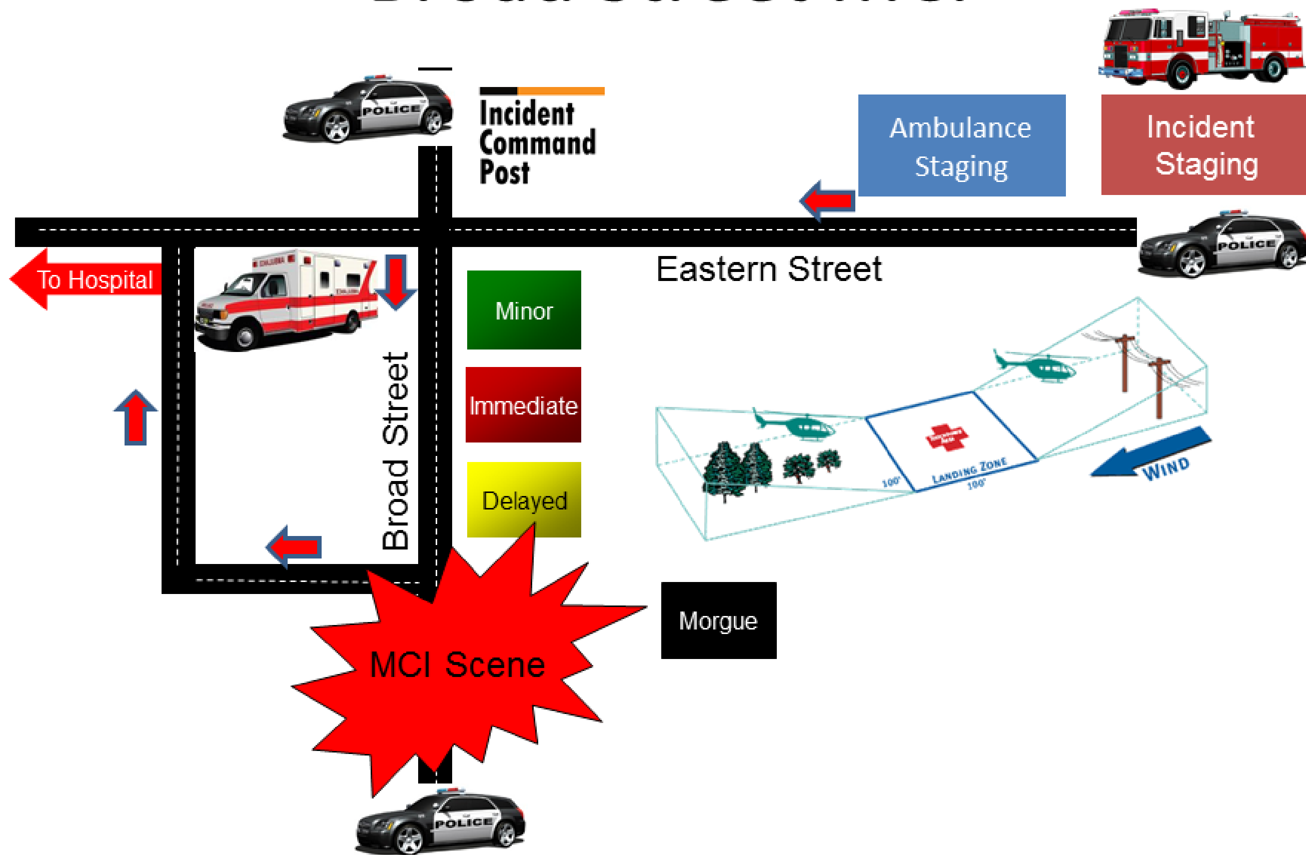
Description	Actions
LEMSA / MHOAC	**Level 1 Activation** • Monitors incident • May respond to incident as an agency representative • Provides incident support and assistance as needed • Takes any appropriate actions which may include suspension of hospital diversion, policy modification or suspension, amended dispatch procedures, or any other actions needed for incident mitigation • Manages medical mutual aid requests **Level 2 Activation** • HHS DOC or County EOC may be initiated to coordinate medical health resources. • Coordinates patient destination/distribution • Coordinates field treatment sites • Coordinates in-county medical-health resources • Coordinates medical mutual aid requests • Coordinates with the County EOC and RDMHS **Level 3 Activation** • Authorizes use of mutual aid including ordering of resources • Coordinates with Region II and other Operational Areas
Notifications	**Level 1** • Fire and Law enforcement agencies • Hospitals (via ReddiNet) • Private ambulance dispatch centers • County Communications managers • LEMSA / MHOAC • Local public safety agency determines internal notifications **Level 2** • Same as Level 1 incident **Level 3** • Same as Level 2 incident

Recommended ICS Structure (Medical Positions)	
Site Plan	**Level 1** • Incident Command Post identified • Ambulance staging area identified • Treatment areas identified • Ambulance loading area • Ambulance travel pattern **Level 2** • Same as Level 1 incident **Level 3** • Same as Level 1 incident



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