

SUBJECT: **MCI – DEFINITIONS**

Decontamination (Decon): The physical and/or chemical process of removing or reducing contamination from personnel or equipment, or in some other way preventing the spread of contamination by persons and equipment.

Fire Operational Area Coordinator (FOAC): Los Angeles County Fire District, which is contacted through its Dispatch Center.

Hazardous Material: Any solid, liquid, gas, or mixture thereof that can potentially cause harm to the human body through respiration, ingestion, skin absorption or contact and may pose a substantial threat to life, the environment, or to property.

VMED28: The VMED28 radio frequency is the designated MCI communication system for paramedic providers to contact the MAC.

Hospital Emergency Response Team (HERT): An organized group of health care providers from a designated Level I Trauma Center, with Emergency Medical Services (EMS) Agency approval as a HERT provider, who are available 24 hours/day to respond and provide a higher level of on-scene surgical expertise.

Incident Command Post (ICP): Location at which the primary command functions are executed and usually coordinated with the incident base.

Incident Command System (ICS): A management system utilized to rapidly and efficiently manage the scene of any type of a large incident. This includes a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish stated objectives pertaining to an incident.

ICS Components (five major management functions):

1. **Incident Command:** Sets the incident objectives, strategies, and priorities and has overall responsibility at the incident or event.
2. **Operations Section:** Conducts tactical operations to carry out the plan. Develops tactical objectives and organization, and directs all tactical resources.
3. **Planning Section:** Prepares and documents the Incident Action Plan to accomplish the objectives, collects and evaluates information, maintains resource status, and maintains documentation for incident records.
4. **Logistics Section:** Provides support, resources, and all other services needed to meet the operational objectives.
5. **Finance/Administration Section:** Monitors costs related to the incident. Provides accounting, procurement, time recording, and cost analysis.

Jump START: A pediatric MCI field triage tool developed to parallel the START triage system, which adequately addresses the unique anatomy and physiology of children.

Medical Alert Center (MAC): Assists provider agencies and base hospitals with patient destination decisions and multiple casualty incidents. It serves as the control point for VMED28 and ReddiNet systems.

Medical and Health Operational Area Coordinator (MHOAC): Responsible for all medical and health operations for the operational area. The EMS Agency administrator is the designated MHOAC and is contacted through the MAC.

Medical Officer on Duty (MOD): Designated medical officer on duty for the MAC.

Multiple Casualty Incident (MCI): The combination of numbers of ill/injured patients and the type of injuries going beyond the capability of an entity's normal first response.

National Incident Management System (NIMS): A comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. The intent of NIMS is to be applicable across a full spectrum of potential incidents and hazard scenarios, regardless of size or complexity. The management system serves to improve coordination and cooperation between public and private entities in a variety of domestic incident management activities.

Rapid Emergency Digital Data Information Network (ReddiNet): An emergency medical communications network linking hospitals, regional EMS agencies, paramedics, dispatch centers, law enforcement, public health officials and other healthcare systems. The system provides participants with tools for managing MCIs, determining hospital bed availability, assessing available healthcare system resources, communicating emergency department diversion status, participating in syndromic surveillance, and sending the network messages.

Simple Triage and Rapid Transport (START): A triage system that provides guidelines for prehospital care personnel to rapidly classify victims so that patient treatment and transport are not delayed. Patients are triaged into the following categories:

Deceased: Patients who do not have spontaneous respirations after repositioning the airway.

Immediate: Patients who exhibit severe respiratory, circulatory, or neurological symptoms. Patients who require rapid assessment and medical intervention for survival.

Delayed: Patients who are neither immediate nor minor but will require a gurney upon arrival at the hospital. Delayed patients are the second priority in patient treatment. These patients require aid but injuries are less severe.

Minor: Patients who are ambulatory with injuries requiring simple, rudimentary first-aid.

Standardized Emergency Management System (SEMS): A system required by Government Code 806 (a), for managing responses to multi-agency and multi-jurisdictional emergencies in California. SEMS consists of five organizational levels which are activated as necessary: (1) field response; (2) local government; (3) operational area; (4) regional; and (5) state.

Staging Area: The location where incident personnel and equipment are assigned on a three-minute available status.

Triage: A system that provides guidelines for prehospital care personnel to rapidly classify victims so that patient treatment and transport are not delayed (see Ref. Nos. 519.2, 519.3 and 519.4).

Triage Tag: A tag used by triage personnel to identify and document the patient's triage category.

Unified Command: A team effort that allows all agencies with jurisdictional responsibility for the incident, either geographical or functional, to manage an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility or accountability.

Key Incident Command System Positions:

Air Ambulance Coordinator: Located on the ground, reports to the Patient Transportation Unit Leader. Essential functions include maintaining communications with the Air Operations Branch Director regarding air ambulance transportation assignments. The Air Ambulance Coordinator is to establish and maintain communications with the Medical Communications Coordinator, the Treatment Dispatch Manager and to provide air ambulances upon request from the Medical Communications Coordinator. The position is responsible to assure that necessary equipment is available in the air ambulance for patient needs during transportation. The Coordinator is responsible to maintain records as required and Unit/Activity Log (ICS Form 214).

Air Operations Branch Coordinator: Is ground based and is primarily responsible for preparing the air operations portion of the Incident Action Plan and providing logistical support to helicopters operating on the incident.

Delayed Treatment Area Manager: Responsible for the treatment and re-triage of patients assigned to the Delayed Treatment Area and requesting Medical Teams as necessary. This position assigns treatment personnel to patients received in the Delayed Treatment Area, ensures treatment of patients triaged to the Delayed Treatment Area, ensures that patients are prioritized for transportation and coordinates transportation of patients with Treatment Dispatch Manager.

Ground Ambulance Coordinator: Reports to the Patient Transportation Unit Leader with responsibility to manage the ambulance staging area(s) and to dispatch additional ambulances/transportation resources as needed. Essential duties include establishment of appropriate staging area for ambulances; identify routes of travel for ambulances; and maintain communications with the Air Operations Branch Director regarding air ambulance transportation assignments. The position is to maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager and to provide ambulances upon request. The Ground Ambulance Coordinator is to assure that necessary equipment is available in the ambulance for patient needs during transportation, provide an inventory of medical supplies available at ambulance staging area for use at the scene, and maintain records as required and Unit/Activity Log (ICS Form 214).

Helicopter Coordinator (Helco): Is often the senior provider agency pilot on scene who is responsible for the overall air traffic control of the incident. This position is responsible for maintaining a position in the air that allows direct visual and radio communications with all helicopters both public and private. Essential duties include establishing arrival and departure routes, communicating with Fire, Law Enforcement and News Media helicopters and coordinating traffic with the Air Ambulance Coordinator.

Immediate Treatment Area Manager: Responsible for treatment and re-triage of patients assigned to the Immediate Treatment Area. This position requests medical teams as necessary, assigns treatment personnel to patients, assures that patients are prioritized for transportation and coordinates transportation of patients with the Treatment Dispatch Manager. This position is responsible for identifying immediate patients who exhibit severe respiratory, circulatory or neurological symptoms and who meet one or more categories of Trauma Center Criteria. These patients require rapid assessment, medical intervention and transport to a 9-1-1 receiving, Trauma Center or other specialty center whenever system resources allow.

Litter Bearer: Personnel assigned by the Triage Unit Leader who are responsible for the transport of patients to the appropriate treatment areas.

Litter Bearer Manager: Position assigned by Triage Unit Leader, the Litter Bearer Manager is responsible for the management of personnel assigned to transport triaged patients to the appropriate treatment areas.

Medical Communications Coordinator (Med Com): Establishes communications with the Medical Alert Center or designated base hospital to obtain status of available hospital beds. The Med Com assigns appropriate patient destinations based on available resources. This position receives basic patient information and condition from Treatment Dispatch Manager and provides the Medical Alert Center or base hospital with information on the assigned patient destinations and transporting ambulance unit.

Medical Group/Division Supervisor: Supervises the Triage Unit Leader, Treatment Unit Leader, Patient Transportation Unit Leader and Medical Supply Coordinator and establishes command and control within a medical group. This position determines the amount and types of additional medical resources and supplies needed to handle the incident (medical caches, backboards, litters, and cots), ensures activation or notification of hospital alert system, local EMS/health agencies and maintains Unit/Activity Log.

Minor Treatment Area Manager: Responsible for the treatment and re-triage of patients assigned to the Minor Treatment Area and requests medical teams as necessary. This position assigns treatment personnel to patients received in the Minor Treatment Area, ensures treatment of patients triaged to the Minor Treatment Area, ensures that patients are prioritized for transportation and coordinates transportation of patients with Treatment Dispatch Manager.

Patient Transportation Group Supervisor: Supervises the Medical Communications Coordinator and the Ground Ambulance Coordinator. The Patient Transportation Group Supervisor is responsible for the coordination of patient transportation and maintenance of records relating to the patient's identification, condition, and destination. This position designates the Ambulance Staging Area(s), ensures that patient information and destination are recorded, notifies Ambulance Ground Coordinator of ambulance

requests, and coordinates requests for air ambulance transportation through the Air Operations Branch Director.

Triage Personnel: Reports to the Triage Unit Leader, triage patients, tag patients, and assign them to appropriate treatment areas. Triage personnel direct the movement of patients to proper treatment areas and provide appropriate medical treatment to patients prior to movement as incident conditions allow.

Triage Unit Leader: Supervises Triage Personnel, Litter Bearers, Litter Bearer Manager and the Morgue Manager. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the triage area. This position implements the triage process, coordinates movement of patients from the triage area to the appropriate treatment area and maintains security and control of the triage area.

Treatment Dispatch Manager: Responsible for coordinating with the Patient Transportation Unit Leader (or Group Supervisor if established) the transportation of patients out of the Treatment Areas. This position establishes communications with the Immediate, Delayed, Minor Treatment Area Managers and the Patient Transportation Unit Leader. The position verifies that patients are prioritized for transportation and advises Medical Communications Coordinator of patient readiness and priority for transport. This position coordinates transportation of patients with Medical Communications Coordinator and coordinates ambulance loading with the Treatment Managers and ambulance personnel.

Treatment Unit Leader: Assumes responsibility for treatment, preparation for patient transport, and directs movement of patients to loading location(s). This position establishes communications and coordination with Patient Transportation Unit Leader and ensures continual triage of patients throughout Treatment Areas. This position directs movement of patients to ambulance loading area(s) and gives periodic status reports to Medical Group Supervisor.