



## OPERATIONAL CONCEPTS

<b>Introduction</b>	The Operational Concepts section of this Plan covers incident authority, Incident Command System utilization, medical operations, ambulance operations and mutual aid protocols.
<b>Incident Authority</b>	Due to the varied potentials for a multi-casualty, or mass casualty incident, it is impossible to designate any one agency as the absolute responsible authority. Many agencies, either local, state or federal with either functional or jurisdictional responsibility need to come together in order for the incident to be mitigated.
<b>Jurisdictional Authority</b>	Ultimately the incident authority will lie with the agency or jurisdiction that has investigative responsibility. Until that agency is present and has assumed the role of incident command, it is the responsibility of those agencies on scene to take command and mitigate the incident.
<b>Unified Command</b>	When the incident is multi-jurisdictional or when the scope of the functional areas of responsibility exceed that of a single agency, a unified command structure or a mutually agreed upon command structure may be used. The command structure must adequately reflect the policy and needs of all the participating agencies and shall be established in accordance with ICS concepts.
<b>Organization &amp; Command</b>	MCI's shall be managed by using the Incident Command System
<b>Incident Commander</b>	The individual serving as the Incident Commander will generally be the highest ranking officer from either the Law Enforcement or Fire Department having jurisdictional authority
<b>Incident Expandability</b>	The degree and level of implementation of the ICS -MCI module will be determined by the Incident Commander based on the scope of the incident and the availability of staff.
<b>Establish Command</b>	The first arriving unit of any agency having jurisdictional or functional authority shall establish the Incident Command by designating the Incident Commander (IC) until the role can be relinquished to a more appropriate individual.
<b>Key ICS Positions</b>	The individuals serving in the positions of command and general staff should consist of key responsible officials from the jurisdictional or functional agencies having responsibility for the mitigation of the incident.
<b>Unified Command</b>	When there is a unified command structure, the individuals designated must jointly determine strategy, objectives and priorities. The incident objectives must adequately reflect the policy and needs of all the participating agencies.



## OPERATIONAL CONCEPTS CONTINUED

<b>Incident Action Plan</b>	The incident command will have the responsibility to implement the Incident Action Plan until the role is relinquished to the operations section.
<b>Operations Section</b>	The operations section chief will generally be an individual from the agency, usually the Fire Department, that has the greatest jurisdictional or functional involvement.
<b>Operations Tasks</b>	The operations section chief will have responsibility for implementation of the Incident Action Plan. The selection of the individual, under a unified command, must be made by mutual agreement.
<b>MEDICAL OPERATIONS</b>	ALS and BLS providers have responsibility & authority for individual patient management under the authority of the Health & Safety Code, (section 2.5, chapter 5, section 1798.6).
<b>Medical Triage</b>	All MCI victims shall be evaluated using the <b>START</b> method of medical triage. (See Triage Protocols and Procedures) Primary triage needs to be completed as soon as possible so that a more reliable number of total casualties and their status categories will be available.
<b>Treatment Areas</b>	Once primary triage is completed, casualties may be moved by Litter Bearer Teams to safe, secure and easily accessible treatment areas for secondary triage, treatment and transport.
<b>Establish ASAP</b>	Unless a hazardous environment exists, treatment areas need to be established prior to moving the casualties
<b>Separate Treatment Areas</b>	It is important for the Medical Group Supervisor to establish separate treatment areas. Isolate the Minor Treatment Area from the Immediate and Delayed Treatment Areas and isolate the Morgue to a secure area.
<b>Casualties</b>	Casualties will be moved by triage categories to safe, controlled areas for treatment and transport.
<b>Immediate Category</b>	<ul style="list-style-type: none"><li>▪ Immediates (major injuries, red tag) will be moved as quickly as possible with minimal stabilization to designated areas for secondary triage, further stabilization and preparation for transport.</li></ul>
<b>Delayed Category</b>	<ul style="list-style-type: none"><li>▪ Delayed patients (yellow tag) will be moved to the Delayed Treatment Area for secondary triage, treatment and preparation for transport. The move should take place after Immediates and Minors have been relocated.</li></ul>
<b>Minor Category</b>	<ul style="list-style-type: none"><li>▪ Minors (ambulatory, green tag) will be moved as quickly as possible to the Minor Treatment Area for secondary triage, treatment and relocation from the scene. Note: In some instances "minor" patients may remain to move (with) seriously injured patients as care givers, e.g. mother &amp; child.</li></ul>



## OPERATIONAL CONCEPTS CONTINUED

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### Deceased Category

- Deceased (black tag) will not be moved unless:
  - The Coroner Group Supervisor so directs
  - It is necessary to facilitate rescue work
  - It is necessary to protect the health & safety of others
  - All other casualties have received care

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### Movement of Deceased

When the deceased are moved, they shall be moved to the on-scene Morgue or other collection sites as established by the Coroner Group Supervisor.

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### Cover the Deceased

The deceased should be covered as soon as possible.

For more detailed information on the deceased, refer to the Guidelines for the Deceased section.

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### Casualty Transport

Casualties triaged "Immediate" will be transported to the appropriate hospital(s). Casualties triaged "Delayed" will be transported with a lesser priority, usually farther from the scene of the incident. The Medical Communications Coordinator shall determine patient destination.

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### Medical Control

On-scene medical control is coordinated by the Medical Group Supervisor or designee and the Coordinating Base Hospital

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### Medical Direction

Base Hospitals, other than the Coordinating Base, will not usually provide medical direction, unless requested to do so by on scene or en route personnel.

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### Quality Improvement

All MCIs shall be reviewed by the Provider agency's Paramedic Liaison Officer and the Base Hospital Paramedic Liaison Nurse. If there are issues to be resolved, they will be brought to the Peer QI committee

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### Medical Supplies

Medical supplies will be managed by the Medical Supply Manager. Medical supplies may be augmented by the hospitals, using ambulances to transport supplies on their return to the incident

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## AMBULANCE OPERATIONS

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### Reporting on-scene

Responding ambulances shall report to the Staging Area Manager in the Staging Area. If the staging area is not yet established, ambulances shall report as directed by the EMS Dispatch Center. Note: ICS check in locations include Command Post, Staging or Base.

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### Ambulance Requests

All requests for ambulances for incident use shall be directed to EMS Dispatch Center. On-scene personnel shall request all resources through the Incident Commander.

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### Mutual Aid

Mutual Aid ambulances will be dispatched directly to the Ambulance Staging Area, unless otherwise directed.

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## OPERATIONAL CONCEPTS CONTINUED

<b>Incident Commitment</b>	Ambulances shall be assigned and committed to the incident until released by the Incident Commander. The IC may utilize the EMS Dispatch Center to announce release from the incident.
<b>Incident Release</b>	Upon initiation of patient transport, ambulance is released from the incident. Upon completion of patient transport, ambulance shall contact coordinating Dispatch Center for reassignment.
<b>Patient transport</b>	Ambulances transporting casualties will receive destination (receiving hospital) assignment from the Treatment Dispatch Manager or Patient Transportation Group Supervisor.
<b>Load Capacity</b>	Ambulance load capacity shall be determined by the Treatment Dispatch Manager or Patient Transportation Group Supervisor following consultation with the Medical Communications Coordinator.
<b>Ambulatory Patients</b>	When a limited number of ambulances are available or the number of casualties with immediate injuries is not known, casualties who are ambulatory may be transported out of the impacted area by other means (non-ambulance).
<b>Hospital Contact</b>	Ambulances shall communicate with the receiving hospital by radio (and/or cell phone) and notify the designated receiving hospital of the following: <ul style="list-style-type: none"><li>▪ Number of casualties on board</li><li>▪ Triage tag # and triage category</li><li>▪ Approximate age</li><li>▪ Chief complaint/injury</li><li>▪ ETA to facility</li></ul>
<b>Ambulance Supplies</b>	Ambulances should off-load medical supplies/equipment not needed while transporting patients at the Treatment Area or with the Medical Supply Manager.
<b>Provider Dispatch</b>	Ambulance provider dispatch centers shall keep EMS Dispatch apprised of the number of available ambulances not committed to the MCI.
<b>Mutual Aid Operations</b>	
<b>Reporting In</b>	Arriving support units, unless otherwise directed, shall report to the designated Staging Area for assignment. If the Staging Area is not established, units shall report as directed by the EMS Dispatch Center. Note: ICS check-in locations include the Command Post, Staging or Base.
<b>Assignments</b>	Arriving units shall assume roles based on assignments made at the direction of the Incident Commander.
<b>Job Functions</b>	Functions, duties and tasks to be accomplished by persons in assigned positions will be defined in ICS organizational and scene management checklists.

# Coastal Valleys EMS Agency

Serving Mendocino, Napa and Sonoma Counties

**Applicable for:**

- Napa County
- Sonoma County
- Mendocino County



## OPERATIONAL CONCEPTS CONTINUED

### Resource Requests

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All additional resources needed will be requested through the Incident Commander. Requests shall be directed to the EMS Dispatch Center from the Incident Command Post. Note: Resource requests may be used from jurisdictional dispatch center to County Dispatch.

### Agency Liaison

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When the MCI Plan has been implemented to assist an industrial, commercial, educational or government facility or other large entity, a representative from that entity shall function as agency liaison at the Command Post.

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