



COASTAL VALLEYS EMS DISPATCH CENTER MCI PLAN CHECKLIST (SC-MCI Form 2002/01)

NOTIFY/CONTACT	NAME/TIME CONTACTED	COMMENT/ETA
Dispatch Center Shift Supervisor *		
Jurisdictional Fire Department/District *		
Dispatch Requested Ambulances/Helicopter *		
Jurisdictional Law Enforcement Agency *		
EMS Coordinator/Designee *		
AS NEEDED OR REQUESTED:		
All ambulance providers by telephone, request suspension of non-emergency transfers, tally available rigs		
Environmental Health, Co. Fire Services on-call, if hazardous condition exists		
Request Mobile CP (OES, SAR, SLS)		
With direction of EMS Agency, closest neighboring EMS Dispatch Center, ascertain available mutual aid ambulances		
Critical Incident Stress Management Team		
Coroner		
Other agencies as required		
Dispatcher	Date	Incident #

* **REQUIRES NOTIFICATION ON ALL MCI'S**
 Use back of sheet to record additional comments, concerns and observations

FAX this form to EMS Agency: 565-6510