The Commonwealth of Massachusetts

Statewide Multiple Casualty Incident Standards for Local Planning

May 2004

Recommendations of the Standing Committee on Multiple Casualty Incident Planning and Evaluation

Emergency Medical Care Advisory Board

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INTRODUCTION

Since the early days of Emergency Medical Services (EMS) in Massachusetts, providers and planners have worked to address the state's response capability when a multiple casualty incident (MCI) occurs.

Formerly, MCI plans development focused on establishing common or "cookie cutter" plans to be used by all EMS providers. However, experience has taught us "one size does not fit all." Nor is the impact of such an event generally confined to the borders of the community managing the incident. Though each community must individually assess their risks and available resources in order to effectively plan for, and manage, an MCI, this effort must also be coordinated with neighboring jurisdictions likely to be involved in such an incident. The function of regionally planning for MCI response and mitigation is highly recommended and strongly supported.

This document presents standards supporting a basic framework to assist communities with MCI planning. Included are:

- The planning process;
- Essential elements of an MCI plan;
- Standards supporting adoption of a consistent incident management system allowing efficient and effective response to MCI's, and other large and complex incidents, by individual or multiple jurisdictions or political entities.

The Emergency Medical Care Advisory Board's (EMCAB's) Standing Committee on MCI Planning and Evaluation is aware that many communities have already made substantial progress in MCI planning. These communities should use these standards as a resource when reviewing or modifying their existing EMS MCI plan. For communities that have not yet developed a plan, these Standards serve as a template to be adapted to suit individual community needs.

Finally, the MCI planning process is not exclusive to EMS providers. Effective planning requires multi-agency involvement, understanding, agreement and cooperation. Various laws and regulations may impact development of the EMS component of an MCI plan, and many of the standards included in this document will require intra and interagency discussion and cooperation.

1.0 BASIC PRINCIPLES OF MCI PLANNING

Ambulance Service Requirements

- The Massachusetts Department of Public Health (MDPH) requires that ambulance services be available and able, on a 24-hour/per day basis:
- To dispatch ambulances when needed;
- To provide life support services at the scene of an emergency; and
- To transport patients to appropriate health care facilities.

Multiple Casualty Incident (MCI)

An MCI is defined as one in which the number of people killed or injured in a single incident is large enough to strain or overwhelm the resources of local EMS providers.

MCI Planning

It is essential that a comprehensive plan exist in each community to guide EMS and other emergency responders through these most challenging and chaotic events. Consideration must be given to the likelihood of an MCI impacting numerous jurisdictions. Regional planning for MCI response is a necessity and is strongly supported. To assure a successful outcome in any MCI, the Committee on MCI Planning and Evaluation recommends the following:

- Each community should include both local and regional responders in the development and maintenance of the EMS component of an MCI plan Included are ambulance services normally serving the community; EMS first response (EFR) services; as well as police, fire, and other services or agencies also anticipated to respond to such an emergency.
- Once developed, each community should provide all MCI plan participants with a written copy. Plans should be current. Recommended is review, by all participants, every three (3) years. Plans must meet established Massachusetts Department of Public Health (MDPH) standards.
- All licensed ambulance services should provide annual training on their MCI plans. All services should sponsor, or participate in, a mock exercise every two (2) years. Actual MCI's are acceptable substitutes.
- Following an actual incidents or exercises, the ambulance service shall conduct a post-incident analysis with all involved agencies and produce a detailed report. Notice of the post-incident analysis must be provided to the MDPH Office of Emergency Medical Services (OEMS).
- Each city or town should insure that its MCI Plan is in compliance with local, state, and federal laws and regulations.

2.0 OVERVIEW - MCI PLANNING STANDARDS

MCI Planning Standards address the following:

1. Goals and Objectives
2. MCI Plan Components:
   - Risk Assessment: What is it, and how do you do it?
   - Organizational Structure
   - Declaring an MCI
   - Response
   - Mutual Aid
   - MCI Plan Evaluation
3. The incident_command_system System (ICS), including mission, functions, and responsibilities of the command structure, as appropriate to MCI management.
4. Procedures to provide and coordinate a systematic and standardized response by those in authority, including:
   - Local elected officials;
   - Emergency management officials;
   - Public safety officials;
   - Local boards of health;
   - Medical care directors (pre-hospital and hospital);
   - EMS services, both ambulance services and EMS first response (EFR) services; and
   - Others involved in pre-hospital MCI management.
5. Management tools to assist planners in providing training objectives and decision-making models for dispatch, response, triage, treatment and transportation.

Not included is planning or management of:

1. Scene safety: Each municipality and EMS provider must establish appropriate safety and health practices, reflecting OSHA, ASTM and other applicable standards.
2. Total destruction: Planning for response to an incident that involves the total destruction of community services and systems.
3. Medical care facility planning. Pre-hospital and hospital planning should be coordinated.
4. Planning for other kinds of facilities is not addressed, such as those involved in any way with hazardous materials, but emergency planning for these facilities should be coordinated in conjunction with planning for other emergency system components.

3.0 GOALS AND OBJECTIVES OF AN MCI PLAN

3.1 Goals

The goal of an MCI plan is to insure rapid medical assistance is received by victims and to provide this assistance through adequate and coordinated efforts that will minimize loss of life, disabling injuries, and human suffering. The plan should include a system for alerting and dispatching medical personnel and resources whenever a local EMS agency requires help from another EMS agency. Finally, the plan should be designed as an extension of normal day-to-day services and functionality of facilities and resources.

3.2 MCI Plan Objectives

3.2.1 Your plan should *meet the needs of your community* and be based on available resources and capabilities.

3.2.2 Your plan should provide for *mutual aid agreements* with other local or regional jurisdictions.

3.2.3 Your plan should be *integrated* with regional and state plans.

3.2.4 Your plan should define *training requirements* and develop a training program consistent with the standards set forth in this document and based on the needs of your community.

3.2.5 Your plan should be a *coordinated interagency effort.*

3.2.6 Your plan should be *tested*, *reviewed and revised* regularly.

4.0 MCI PLAN COMPONENTS

4.1 Risk Assessment: Identify Community Risks

Issues to Address	Points For Consideration
Why do a community risk assessment?	• It will help you know what to expect. • It will prevent unnecessary planning for unlikely events. • It will serve as a foundation for your MCI plan. • It may indicate preventive measures. • It may create an awareness of new hazards.
How is a risk assessment conducted?	• Review the following: ✓ population- number's and density ✓ commercial and industrial properties ✓ transportation systems ✓ environmental risks • Identify potential risks based upon your community's experience, as well as that of others similar. • Based upon experience: ✓ Consider the potential for specific types of incidents; ✓ Evaluate the potential harm from each incident; ✓ Identify the resources needed to respond to each incident; ✓ Identify needs of specific population groups, such as children, seniors, those with special health care needs, and non-English speaking persons.
"Processing" suggestions	• Once you've evaluated the potential risks, evaluate each for potential hazards and impacts. • Acquaint yourselves well with your community and area resources. • Consider the personnel needed to perform all the tasks associated with a potential incident.

4.1 Risk Assessment: Identify Community Risks *(cont.)*

Issues to Address	Points You Should Take Into Account
How will conducting a risk assessment *impact* the MCI Plan?	• It will help you determine the type of planning needed. • It will focus your attention on the types of response to emphasize. • It will help you identify needed resources. • It will indicate the type and quantity of mutual aid and support services required.

4.2 Organizational Structure

The MCI organizational structure adopted by your community should be the **NIMS Incident Command System (ICS)**, which is more thoroughly described in Section 5.0. Your written plan should describe how you plan to use the ICS in responding to an MCI and should include:

4.2.1 An organizational chart with lines of authority and responsibility;

4.2.2 The succession of authority if those in charge are absent;

4.2.3 How the designated EMS provider in your community fits into the ICS: identification of its authority and responsibilities;

4.2.4 Identification of primary and regional dispatch centers for all emergency response agencies in the community, including the primary and secondary Public Safety Answering Points (PSAPs);

4.2.5 Identification of EMS regional and state communication systems, including CMEDs.

4.3 MCI Declaration

Your MCI Plan should strive to address the following issues:

4.3.1 An MCI should be declared based upon regional standard. It should be an extension of everyday operations and practiced regularly in real actions.

4.3.2 Thresholds for determining both MCI declaration and severity must be developed both locally and regionally. Commonly used criteria for MCI thresholds include number of patients, nature and severity of injury, potential for further injury, availability of resources.

4.3.3 The following represents one system for estimating the number of ambulances required for transporting MCI victims. Estimates due *not* address other resource needs, i.e., supplies and personnel. These must be calculated separately.

Step 1: For planning purposes, an ambulance's transport capacity is generally assumed to be two patients. Therefore, the number of victims at the scene, divided by 2 = the total number of ambulances needed.

Step 2: *Add* 1 ambulance to act as a CP, provide initial supplies, and function as the radio link to CMED.

Step 3: For large numbers of Priority 3 patients, consider mass transportation.

4.3.4 Identify the individual authorized to declare an MCI. Follow ICS protocol.

4.3.5 Determine the points of initial notification for Dispatch and CMED.

4.3.6 Local dispatch protocols must be established:

4.3.6.1 Identify the procedures for notifying other agencies, i.e., "running cards".

4.3.6.2 Identify the duties of the EMS dispatcher upon receipt of an MCI declaration.

4.3.6.3 Identify additional actions that the declaration will initiate.

4.4 MCI Response

4.4.1 The MCI Plan must establish command and control provisions for use by initial responders.

4.4.2 Command and control must be based upon the National Incident Management System (NIMS). *Reference* 5.0 Incident Command System.

4.4.3 Assessment of resource needs, and associated requirements for their mobilization, are critical to effective MCI planning.

4.4.4 MCI's are labor intensive. Great care must be taken in assessing the numbers of position-qualified personnel required to effectively and efficiently manage incidents.

4.4.5 MCI planning basics.

Issues to Address	Points for Consideration
Incident confirmation	• What response procedures will be activated?
Your MCI Plan should provide for the Incident Command System (ICS) implementation.	• *Reference* 5.0 Incident Command System. • Take into account the needs of specific population groups, such as children. • Take into account patient distribution by ground, air and water. • How will you coordinate with hospitals on Patient Care Capacity Inventory (PCCI)?
Leadership	• Who will assume Incident Command? • Who will assume other management positions?
MCI Assessment (i.e. determination of initial number of victims)	• Who will do this from the initial response unit? • How will it be done?
Assessment of resources on scene	• Who will do this?
Additional resources	• How will they be mobilized? • What will their point of contact be? • What will your levels of escalation be, including numbers and types of units dispatched at each incremental level? • Will there be any "automatic" responses at any particular level? • Is there a Regional Resource Plan in place?
Know your limits	• What are the limits of your local system? • What is the process whereby you will request a broader regional response?

4.5 Mutual Aid

4.5.1 Your MCI Plan should name the agencies with which you have mutual aid agreements and the resources that they will commit to both your community and contiguous response areas. Do formal "running cards" exist?

4.5.2 Mutual Aid agreements should include all EMS agencies, both public and private.

4.5.3 Mutual Aid agreements should be in writing. It is recommended that they be reviewed periodically and rewritten if necessary.

4.5.4 Mutual Aid should incorporate a three-step response plan:

4.5.4.1 Step 1. Local jurisdiction response capabilities

4.5.4.2 Step 2. Pre-planned area mutual aid established on "running cards". Mutual aid requested locally. Activated by local or regional dispatch center.

4.5.4.3 Step 3. Massachusetts Fire (and EMS) Mobilization Plan – Ambulance Task Forces. Requested locally. Activated by local or regional dispatch center.

4.5.5 Contents of a Formal Mutual Aid Agreement:

Issues to Address	Points for Consideration
Definition of mutual aid	• Include a list of definitions of other terms used in the agreement.
Methods for reporting information during an MCI as part of a mutual aid request	Reported information should include: • Nature and location of MCI • Type of equipment and number and type of personnel requested • Location and access routes where assisting units should report (staging area) • Radio frequencies assigned to the incident • Availability of requested resources (by receiving agency) • Estimated response time to staging area (by receiving agency)
The extent and limits of mutual aid participation	• How will resources be requested, i.e., local and regional running cards? • How will the requested resources be coordinated? • Regional Mutual Aid procedures should include enough EMS resources to maintain continuous local EMS coverage for all communities affected by the MCI, over and above what you will need for the MCI.
Identify the point of contact for mutual aid participants.	Contact lists and numbers must be current and include alternative contact means, i.e., pager, fax, other.

4.5.5 Contents of a Formal Mutual Aid Agreement (*cont.*):

Issues to Address	Points for Consideration
Methods for requesting mutual aid	Specify the levels at which mutual aid will be requested. • The MCI Plan and all Mutual Aid agreements should identify a point at which further requests for assistance will trigger the activation of the regional MCI Plan. • Procedure for activation of resources thru Massachusetts Fire (and EMS) Mobilization Plan.
Coordination and ongoing communications with critical response agencies and services	The following agencies/services should be included: • EMS Services • Police and Fire Departments • Specialty Services including Hazmat, Technical Rescue, Search • Hospitals, Skilled Nursing Facilities • Poison Control Center • Other Specialty Care Centers • Local Health Departments • Mental Health Services • Social Service agencies including American red Cross, Salvation Army, religious and community service groups.
Methods for communicating among responders, media and general public	• How will you communicate with responders, both public and private? • How will you communicate with the media and the general public?
Process for release of mutual aid agencies	• Who has responsibility? • How will it be done?
Scheduled review of mutual aid agreements.	• Consider annually or following MCI's.

4.6 MCI Plan Evaluation

Your MCI plan should be evaluated following every drill and after every actual MCI. Post-incident analysis (PIA) is defined in 11.0 Terms and Definitions.

5.0 INCIDENT COMMAND SYSTEM

5.1 Philosophy

By presidential directive, the U.S. Department of Homeland Security was charged with the responsibility to develop and implement a National Incident Management System (NIMS). This system provides a consistent nationwide approach for all government agencies to work effectively and efficiently together to prevent, respond to, and recover from domestic incidents. Federal agencies must adopt NIMS, and utilize management principles when responding to all domestic incidents. Adoption of NIMS, by State and local entities, is required to maintain eligibility for Federal preparedness assistance.

5.2 ICS Concepts and Principles

NIMS utilizes a systems approach to facilitate domestic incident management, of which the Incident Command System (ICS) is an integral component. The ICS management system integrates personnel, equipment, procedures, and communications operating within a common organizational structure. The system is widely applicable. It is utilized by all levels of government and many private sector organizations. It is normally structured to facilitate activities in five major functional areas: command, operations, logistics, planning, and finance.

5.3 ICS Management Characteristics

The Incident Command System is based upon proven management characteristics:

- **Common terminology, standards and procedures**. Allows diverse organizations to work together effectively. Included are pre-designated organizational elements and functions and common names for resources supporting incident operations.

- **Resource descriptions**. Including many personnel, facilities, major equipment and supply items.

- **Manageable span of control**. Span of control is key to effective incident management. Within ICS, the span of control of any individual with incident management supervisory responsibility *should range from three to seven subordinates.*

- **Modular organization**. The structure develops from the top down in a modular fashion. It is based upon the size and complexity of the incident. Responsibility for establishment and expansion of the ICS structure rests with an Incident Commander or Unified Command. As incident complexity increases, the organization expands from the top down to maintain effective span of control and address other incident requirements.

  The following table describes the distinctive title assigned to each element of the ICS organization at each corresponding level, as well as the leadership title corresponding to each element.

Organizational Element	Leadership Position
Incident Command	Incident Commander (IC)
Command Staff	Officer
Section	Section Chief
Branch	Branch Director
Divisions and Groups*	Supervisors
Unit**	Unit Leader

  * The term Supervisor is only used in the Operations Section.

  ** Unit Leader designations apply to the sub-units of the Planning, Logistics, and Finance Sections.

- **Management by objective**. Establishing specific, measurable objectives for various incident management activities, directing efforts to attain them, and documenting results to measure performance and facilitate corrective action.

- **Pre-designated incident locations and facilities**. The IC directs the identification and location of facilities including incident command posts, staging areas, patient treatment areas, others.

- **Assuming and transferring Command**. The command function must be clearly established from the beginning of incident operations. An individual from the agency with primary jurisdictional authority over the incident assumes command and the responsibilities associated with it.

  Upon arrival of more senior personnel from the agency with primary jurisdictional authority, command may be transferred. This process *must* include a briefing that captures essential information for continuing safe and effective operations. This briefing includes, but is not limited to, the following: nature and scope of the incident; casualties – actual and projected; hazards – to victims and rescuers; actions taken; actions recommended.

- **Chain of Command and Unity of Command**. Chain of Command refers to the orderly line of authority within the ranks of the incident management organization. Unity of Command means that every individual has a designated supervisor to whom they report at the scene of the incident. These principles clarify reporting relationships and eliminate confusion caused by multiple conflicting directives.

5.4 Overview - ICS MCI Organization

This section includes an overview of ICS elements common to mass casualty incident management. Those specific to MCI's are noted **. Appendix I – "ICS MCI Element Functions" includes a comprehensive listing of these elements and associated responsibilities.

The management structure, or ICS elements utilized, is determined by the size and complexity of the incident. Appendix II – "ICS Organizational Charts" demonstrates this modular capability by providing sample ICS organizational structures to address incidents of varying complexity. Included are: initial EMS responses, and MCI's Level I, II, and III.

5.5 The Command Function. May be conducted in two general ways: Single Command IC and Unified Command.

5.51 Single Command IC. When an incident occurs within a single jurisdiction and there is no jurisdictional or functional agency overlap, a single IC should be designated with overall incident management responsibility by the appropriate jurisdictional authority.

5.52 Unified Command. Unified Command is recommended for multi-jurisdictional or multi-agency incident management. All agencies with jurisdictional authority or functional responsibility participate in the UC structure. UC overcomes much of the inefficiency and duplication of effort that can result when agencies from different functional or geographic jurisdictions, or different levels of government, operate without a common organizational framework.

Advantages of using UC include:

- A collective approach is used to develop strategies to achieve incident objectives;
- Information flow and coordination is improved between all jurisdictions and agencies involved;
- Participants understand joint priorities and restrictions;
- Legal authorities are not compromised or neglected;
- The combined efforts of all agencies are optimized as they perform their assignments using a single Incident Action Plan.

Participating members should jointly locate at a designated Incident Command Post.

5.6 Command Staff. Includes Incident Commander and special staff positions: Public Information Officer, Safety Officer and Liaison Officer. Designated by and report to the IC. Additional staff may include the Regional EMS Director and a Medical Advisor.

5.61 Incident Commander. This role should be assumed immediately, upon arrival, of the senior person on duty from the agency with jurisdictional authority. Directs all on scene activities. Declares MCI. Establishes an Incident Command Post. Assigns incoming personnel. Establishes additional operational elements and management positions when dictated by incident size or complexity.

5.62 Public Information Officer. The PIO is responsible for interfacing with the public, media, and other agencies with incident-related information requirements. The PIO may also perform a key public information-monitoring role. There should only be one PIO. Assistants may be assigned from other departments or agencies involved. *The IC must approve the release of all incident-related information.*

5.63 Safety Officer. The SO monitors incident operations and advises the IC on all matters relating to operational safety, including the health and safety of emergency personnel. Though ultimate responsibility rests with the IC, the SO is responsible to the IC for ongoing assessment of hazardous environments, coordination of multi-agency safety efforts, and implementation of measures to promote personnel safety. The SO has emergency authority to prevent or stop unsafe acts during incident operations.

5.64 Liaison Officer. The LNO is the point of contact for representatives of other governmental agencies, non-governmental organizations, and private entities. In both a Single Command IC or UC structure, representatives from assisting or cooperating agencies and organizations coordinate through the LNO.

5.65 Regional EMS Director**. Manage MCI incident impact on intra and inter-Region resources – including hospitals, EMS providers, others identified; support intra and inter Region resource acquisition.

5.66 Medical Advisor - Optional.** A medical advisor may be designated and assigned directly to the Command Staff to provide advice and recommendations to the IC in the context of incidents involving medical and mental health services, other.

5.7 Operations Section. Managed by Section Chief. Commonly deployed in larger or more complex incidents. The Operations Section is responsible for all activities focused on reduction of the immediate hazard, saving lives and property, establishing situational control, and restoration of normal operations. The Operations Section Chief is responsible to the IC or UC. Assistants may be assigned as required.

5.8 Staging Areas. Supervised by Staging Manager. A Staging Area can be any location in which personnel, supplies, or equipment can be temporarily housed or parked while awaiting operational assignment. In large incidents, numbers, locations, and resource deployment are determined by the Operations Chief. In smaller incidents, by the IC.

5.9 Operations Branches. Generally utilized for more complex incidents. Branches may be functional or geographic in nature. MCI Operations Branches are typically functional and include: EMS, Fire, Law Enforcement, others as required.

5.91 EMS Branch**. Managed by Branch Director. Directs medical operations. Generally, this role is assumed immediately by the senior or highest-trained medical responder on the first arriving EMS unit, pending designation by the IC. In larger incidents, commonly appoints Triage, Patient Transfer – Optional, Treatment, and Transport and Communications Groups and Supervisors.

5.92 Fire Branch. Managed by Branch Director. Directs activities associated with fire suppression, extrication, hazard control, and scene support.

5.93 Law Enforcement Branch. Managed by Branch Director. Coordinates police agency services.

5.94 Air Branch – Optional. Coordinates helicopter or other air support services. The Operations Section Chief may designate a Branch Director to manage complex operations requirements.

5.10 Operations Groups or Divisions. Established when the number of resources exceeds the manageable span-of-control of the IC or the Operations Chief. Groups divide the incident into functional areas of responsibility. Divisions divide the incident into geographical areas of operation. Under the EMS Branch, MCI management is typically divided into the following functional or Group operations: Triage, Patient Transfer – Optional, Treatment, and Transport and Communications.

5**.10.1 Triage Group****. Managed by Group Supervisor. In smaller incidents, conducts primary triage and coordinates patient transfer to Treatment area. In larger incidents, the Group Supervisor may assign Treatment Teams to rapidly assess and stabilize patients.

Primary triage and patient tagging utilizes the following color coding system:

Color	Treatment Priority
RED	Immediate
YELLOW	Serious
GREEN	Minor – including walking wounded
BLACK	Deceased

5.10.2 Patient Transfer Group** – Optional. Managed by Group Supervisor. In larger incidents, assigns and coordinates Patient Transfer Teams to move patients to Treatment Area.

5.10.3 Treatment Group**. Managed by Group Supervisor. Assign and supervise personnel providing patient care. In large or more complex incidents, separate Treatment Areas and Teams may be designated for Red, Yellow, Green patients. Black may be designated for a morgue (reference

5.10.4 Transport and Communications Group**. Managed by Group Supervisor. Coordinate loading and transportation of patients from Treatment Area(s) to medical facilities; coordinate Treatment to Transport Group communications; coordinate incident scene-to-CMED and medical facility communications.

In large or complex incidents, the elements of Transport and Communications may be separated and two Group Supervisors designated.

5.11 Logistics Section. Managed by Section Chief. Reports to IC or UC. Generally utilized for large and complex incidents. Responsible for all support requirements to facilitate effective and efficient incident management, including ordering resources from off-incident locations. When this Section is fully operational, assignment of a Deputy, to assist the Section Chief, is advised.

5.12 Logistics Branches. Generally utilized for more complex incidents. Branches may be functional or geographic in nature. MCI Logistics Branches are typically functional and include: Service, and Support.

5.12.1 Service Branch. Managed by Branch Director. Directs personnel Service Units and Unit Leaders, including Food, Communications, and Medical.

5.12.2 Support Branch. Managed by Branch Director. Directs personnel Support Units and Unit Leaders, including Supply, Facilities, and Maintenance.

5.13 Logistics Units. At MCI's, service and support needs are typically divided into the following functional units: Food, Communications, Medical, Supply, Facilities, and Maintenance.

5.13.1 Food Unit. Managed by Unit Leader. Directs personnel providing food services.

5.13.2 Communications Unit. Managed by Unit Leader. Directs personnel providing communications services.

5.13.3 Medical Unit. Managed by Unit Leader. Directs personnel providing medical services to on-scene incident personnel.

5.13.4 Supplies Unit. Managed by Unit Leader. Directs personnel providing incident-related resources, personnel, and supplies.

5.13.5 Facilities Unit. Managed by Unit Leader. Directs personnel providing setup, maintenance, and demobilization of facilities supporting incident operations.

5.13.6 Maintenance Unit. Managed by Unit Leader. Directs personnel providing maintenance and repairs to equipment, vehicles, and mobile ground support equipment.

5.14 Finance Section – Optional. Managed by Section Chief. Reports to IC or UC. Responsible for the monitoring of various costs associated with complex or lengthy incidents. Recommended is designation of personnel from the jurisdiction having authority's finance department.

This Section may be further split into Units. These commonly include:

- Compensation and Claims - Monitor personnel injury compensation and claims;
- Cost - Cost analysis data for the incident;
- Procurement – administration of all financial matters pertaining to vendor contracts;
- Time – recording of incident scene personnel time.

5.15 Planning Section – Optional. Managed by a Section Chief. Reports to IC or UC. Responsible for collecting, evaluating, and disseminating tactical information pertaining to complex or lengthy incidents. The Section Chief should have a public safety background. Recommended is designation of from the jurisdiction having authority. One or more Deputies from other participating jurisdictions may be appointed.

This Section may be further split into Units. These commonly include:

- Resources – monitor check-in of all resources – personnel and resources;
- Situation – collect, process, and organize situation information; develop situation summaries and projections;
- Documentation – maintain incident files, including incident history;
- Demobilization – develop an Incident Demobilization Plan;
- Technical Specialists – may be assigned within the management structure, as required.

5.16 Other Element Designations. Incident size and complexity may necessitate the addition of other ICS MCI elements. These include, but are not limited to the following:

5.16.1 Critical Incident Stress Management CISM. A CISM Team may be assigned responsibility for providing personnel support services. Assignment is commonly incident dependent. In large or complex incidents, the Team and Team Leader would be attached to the Logistics>>Medical Unit and report to the Unit Leader or Logistics Chief. Tasks include:

- Advise assigned manager on personnel support matters;
- Verify support staff credentials;
- Assess responders and provide intervention;
- Coordinate personnel follow-up support services;

- Upon IC authorization, coordinate personnel demobilization.

5.16.2 Morgue. If required, the Treatment Group Supervisor will designate a Morgue and Team Leader. The Team Leader may be relieved by the Office of the Chief Medical Examiner. Tasks include:

- Limit access authorized personnel only;
- Maintain victim confidentiality;
- Maintain necessary records; secure victim personal effects.

5.16.3 Rehabilitation. Managed by Unit Leader. Generally located under Logistics Section, a service need, operating independently or attached to Medical Unit, responsible for periodic monitoring, evaluation, and medical intervention of personnel actively engaged.

6.0 MEDICAL PROTOCOLS

Each plan should describe the medical care standards for an MCI, as addressed by the Statewide Treatment Protocols.

6.1 Field Medical Records

Field medical records should include the following:

6.1.1 Age, sex, name if known, address, and tag number;

6.1.2 Chief complaint, injuries found, medical problem, findings of assessment;

6.1.3 Treatment provided and who provided it;

6.1.4 Agency providing treatment, transportation, or both; and

6.1.5 Hospital to which the patient is transported and departure time.

6.2 Hazmat Incidents

In Hazmat incidents it is mandatory that records show the decontamination status of the patient.

6.2.1 In general, Hazmat incidents are dealt with by the IC.

6.2.2 Contaminated patients are not transported until decontaminated.

6.2.3 Decontamination needs to be documented on the triage tag and in the Treatment Officer's records.

7.0 RECEIVING FACILITY ACTIVATION

Receiving facilities must be notified of an incident at an early stage and provided with information that will allow them to activate internal plans. The method of notification should be through CMED or an alternate system as specified by regional plan. Hospital notification should include the following:

7.1 Location of the incident

7.2 Nature of the incident (e.g. plane crash, automobile crash, fire, etc.)

7.3 Estimated number and severity of patients to be expected

7.4 Specialized resources needed (e.g. decontamination, burn beds, etc.)

8.0 RECOVERY

Each plan shall include provisions for recovery including deadlines to return the community of pre-event levels in as timely a fashion as possible.

9.0 EVALUATION

Every declared MCI should be evaluated by all participating ICS personnel and responders after it is over.

9.1 A **Post-Incident Analysis** should include the following:

9.1.1 Implementation of the MCI plan

9.1.2 Adequacy of communications

9.1.3 Coordination of ICS functions

9.1.4 Mutual aid

9.1.5 Provision of resources by all participating agencies

9.2 An **After-Action Report** should:

9.2.1 Summarize the chronology of the incident

9.2.2 Catalog the units involved and their assignments

9.2.3 Summarize patient information

9.2.4 Include reports by the key officers of the operation

9.2.5 Conclude with a summary of findings

10.0 TRAINING

Local plans shall identify minimum training for all members. It is essential that EMS staff at all levels be trained to carry out their responsibilities in an MCI. This is critical for three reasons:

1. An MCI is unlikely to give advance warning. Response must therefore be rapid and effective.

2. An MCI response will differ significantly from a single-patient response.

3. The ability of the EMS organization to respond effectively can mean the difference between life and death, health and disability, to MCI victims.

10.1 Curriculum

An MCI training curriculum should address, at a minimum, the following topics:

10.1.1 Roles, responsibilities, and resources of various responders, services, and levels of government

10.1.2 Principles and practices of pre-hospital preparedness

10.1.3 Field management of the MCI

10.1.4 Triage

10.1.5 Patient Assessment, Treatment and Transportation

10.1.6 The Incident Command System

10.1.7 Resources and Resource Management

10.1.8 Drills and exercises

10.1.9 Communications

10.1.10 Coordination with other agencies and services

10.1.11 Incident-specific guidelines, such as Hazmat, rural vs. urban, terrorism, etc.

10.1.12 Rescuer Support Services

10.1.13 Evaluation and application of lessons learned from drills, exercises, and actual MCI response.

10.2 Training Objectives

At the end of a training session, trainees should be familiar with:

10.2.1 Pre-planning

10.2.2 Incident types

10.2.3 The Incident Command System

10.2.4 Command functions

10.2.5 Communications

10.2.6 Triage

10.2.7 Special resources

10.2.8 Staging

10.2.9 Medical Control

10.2.10 Patient assessment, treatment and transportation

10.2.11 Transfer of command

10.2.12 Incident termination

10.2.13 Post-incident analysis

11.0 TERMS AND DEFINITIONS

Communications utilizing common terminology is critical to efficient and effective MCI management, particularly when multiple agencies or jurisdictions are involved. Where noted, the following terms and definitions are derived from Massachusetts Dept. of Public Health regulation, 105 CMR 170.000 Emergency Medical Services System and U.S. Dept. of Homeland Security, National Incident Management System (NIMS). Accordingly, development of new local or regional MCI plans, as well as those existing, should reflect use of the following.

ACTIVE INCIDENT AREA: The area where the cause of a multiple casualty incident has had its effect (e.g. a building or vehicle), including that area where hazards exist which are caused by the incident or where suppression and rescue efforts create a hazardous environment.

ADVANCED LIFE SUPPORT (105 CMR 170.020): The pre-hospital use of advanced medical techniques and skills defined by the Statewide Treatment Protocols by EMT's certified pursuant to 105 CMR 170.000.

AMBULANCE (105 CMR 170.020): Ambulance means any aircraft, boat, motor vehicle, or any other means of transportation, however named, whether privately or publicly owned, which is intended to be used for, and is maintained and operated for, the response to and the transportation of sick or injured patients.

AREA COMMAND (NIMS): An organization established (1) to oversee the management of multiple incidents that are each being handled by an ICS organization or (2) to oversee the management of large or multiple incidents to which several Incident Management Teams have been assigned. Area Command has the responsibility to set overall strategy and priorities, allocate critical resources according to priorities, ensure that incidents are properly managed, and ensure that objectives are met and strategies followed. Area Command becomes Unified Area Command when incidents are multi-jurisdictional. Area Command may be established at an emergency operations center facility or at some location other than an incident command post.

ASSESSMENT (NIMS): The evaluation and interpretation of measurements and other information to provide a basis for decision-making.

ASSIGNMENTS (NIMS): Tasks given to resources to perform within a given operational period that are based on operational objectives defined in the Incident Action Plan (IAP).

ASSISTANT (NIMS): Title for subordinates of principal Command Staff positions. The title indicates a level of technical capability, qualifications, and responsibility subordinate to the primary positions. Assistants may also be assigned to Unit Leaders.

BASIC LIFE SUPPORT (105 CMR 170.020): The pre-hospital use of techniques and skills defined by the Statewide Treatment Protocols by EMT's certified pursuant to 105 CMR 170.000.

BRANCH (NIMS): The organizational level having functional or geographical responsibility for major aspects of incident operations. A branch is organizationally situated between the section and the division or group in the Operations Section, and between the section and units in the Logistics Section. Branches are identified by the use of Roman numerals or by functional area.

CENTRAL MEDICAL EMERGENCY DIRECTION (CMED) (105 CMR 170.020): The medical communications subsystem within the statewide EMS communications system.

CHAIN OF COMMAND (NIMS): A series of command, control, executive, or management positions in hierarchical order of authority.

CHECK-IN (NIMS): The process through which resources first report to an incident. Check-in locations include the incident command post, Resources Unit, incident base, camps, staging areas, or directly on the site.

CHIEF (NIMS): The ICS title for individuals responsible for management of functional sections: Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established as a separate section).

COMMAND (NIMS): The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority.

COMMAND STAFF (NIMS): In an incident management organization, the Command Staff consists of the Incident Command and the special staff positions of Public Information Officer, Safety Officer, Liaison Officer, and other positions as required, who report directly to the Incident Commander. They may have assistant or assistants, as needed.

COMMUNICATIONS UNIT (NIMS): An organizational unit in the Logistics Section responsible for providing communication services at an incident or an EOC. A Communications Unit may also be a facility (e.g., a trailer or mobile van) used to support an Incident Communications Center.

COORDINATE (NIMS): To advance systematically an analysis and exchange of information among principals who have or may have a need to know certain information to carry out specific incident management responsibilities.

CRITICAL INCIDENT STRESS MANAGEMENT (CISM): A process of peer and professional support following a critical incident to assist emergency personnel in identifying and coping with the personal impacts of unusual incidents.

DEPUTY (NIMS): A fully qualified individual who, in the absence of a superior, can be delegated the authority to manage a functional operation or perform a specific task. In some cases, a deputy can act as relief for a superior and, therefore, must be fully qualified in the position. Deputies can be assigned to the Incident Commander, General Staff, and Branch Directors.

DISASTER: A sudden calamity, with or without casualties, as defined by local, county, or state guidelines.

DISPATCH (NIMS): The ordered movement of a resource or resources to an assigned operational mission or an administrative move from one location to another.

DISPATCH PROTOCOLS: Procedures used for regulating the dispatch of EMS units within a system.

DIVISION (NIMS): The partition of an incident into geographical areas of operation. Divisions are established when the number of resources exceeds the manageable span of control of the Operations Chief. A division is located within the ICS organization between the branch and resources in the Operations Section.

EMERGENCY (NIMS): Absent a Presidential declaration of emergency, any incident(s), human-caused or natural, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

EMERGENCY MEDICAL TECHNICIAN (EMT) (105 CMR 170.020): A person who has successfully completed a full course in emergency medical care approved by MDPH, and who is certified by MDPH in accordance with 105 CMR 170.000 to provide emergency medical services to sick or injured persons in accordance with the Statewide Treatment Protocols. The term EMT includes EMT-Basic, and ALS-level practitioners, EMT-Intermediate and EMT-Paramedic.

EMS BRANCH DIRECTOR: The person responsible for coordinating EMS operations. This role is normally assumed immediately by the senior or highest-trained medical responder on the first arriving EMS unit, pending designation by the Incident Commander.

EMS FIRST RESPONDER (EFR) (105 CMR 170.020): A person certified pursuant to 105 CMR 170.000 who has, at a minimum, successfully completed a course in emergency medical care approved by MDPH pursuant to M.G.L. c. 111, § 201 and 105 CMR 171.000 and who provides emergency medical care through employment by or in association with a licensed EFR service.

EMS FIRST RESPONSE SERVICE (EFR Service) (105 CMR 170.020): The business or regular activity, whether for profit or not, by a licensed EMS provider, designated as a service zone provider pursuant to an MDPH-approved service zone plan for the purpose of providing rapid response and EMS.

EVACUATION (NIMS): Organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

FINANCE SECTION: The section responsible for managing the financial aspects of the incident.

FINANCE SECTION CHIEF: The person assigned to oversee and coordinate the Finance Section and those persons assigned duties under that Section within the incident command system.

FIRE BRANCH DIRECTOR: The person responsible for coordinating fire suppression, extrication, hazard control, and related incident support activities.

FIRST ARRIVING UNIT: The first unit with EMS responsibilities to arrive at an incident.

FACILITY ACTIVATION: A system that determines which hospitals will receive patients according to the (Phase) level of the incident. This system provides a range of expected numbers and severity of patients based on the incident response.

FUNCTION (NIMS): Function refers to the five major activities in ICS: Command, Operations, Planning, Logistics, and Finance/Administration. The term function is also used when describing the activity involved, e.g., the planning function. A sixth function, Intelligence, may be established, if required, to meet incident management needs.

GENERAL STAFF (NIMS): A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.

GROUP (NIMS): Established to divide the incident management structure into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division. Groups, when activated, are located between branches and resources in the Operations Section. (See *Division*.)

HAZARDOUS MATERIALS (HAZMAT): Any incident involving the release or threatened releases of a substance or substances that pose an unreasonable risk to health or the environment. Planning, including training, for such incidents is required under federal law.

INCIDENT COMMAND POST (ICP) (NIMS): The field location at which the primary tactical-level, on-scene incident command functions are performed. The ICP may be collocated with the incident base or other incident facilities and is normally identified by a green rotating or flashing light.

INCIDENT COMMAND SYSTEM (ICS) (NIMS): A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during

INCIDENT COMMANDER (IC) (NIMS): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

INCIDENT OBJECTIVES (NIMS): Statements of guidance and direction necessary for selecting appropriate strategy(s) and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow strategic and tactical alternatives.

INITIAL ACTION (NIMS): The actions taken by those responders first to arrive at an incident site.

INITIAL RESPONSE (NIMS): Resources initially committed to an incident.

LAW ENFORCEMENT BRANCH DIRECTOR: The person responsible for coordinating law enforcement agency services and related incident support activities.

LIAISON (NIMS): A form of communication for establishing and maintaining mutual understanding and cooperation.

LIAISON OFFICER (NIMS): A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies.

LOADING AREA: An area or areas adjacent to the Treatment Area where patients are prepared for transport, loaded into ambulances and distributed_to hospitals, in accordance with local plans.

LOGISTICS SECTION (NIMS): The section responsible for providing facilities, services, and material support for the incident.

LOGISTICS SECTION CHIEF: The person assigned to oversee and coordinate the Logistics Section and those persons assigned duties under that Section within the incident command system.

MASS CASUALTY INCIDENT (MCI): A significant medical incident, which exceeds and_or overwhelms the capability of local medical resources as well as those resources routinely available from multi-jurisdictional sources**,** such as mutual aid.

MCI DECLARATION: An official declaratory act, by the Incident Commander, causing initiation of Local, Regional or State MCI plans.

MEDICAL COMMUNICATIONS OFFICER: The person designated by the EMS Branch Director, with responsibility to establish, maintain, and coordinate effective communication between on-site and off-site medical personnel and facilities.

MEDICAL CONTROL: Medical oversight, either direct or indirect, provided by ~~a~~ physician with whom the responding ambulance services have agreements.

MEDICAL DISASTER: A significant medical incident, which exceeds and/or overwhelms the capability of local medical resources as well as those resources routinely available from regional or multi-jurisdictional sources. In a medical disaster extraordinary medical aid from state or federal resources is very likely required.

MORGUE MANAGER: The person designated by the Treatment Group Supervisor to organize, coordinate, manage, and direct morgue services until control is transferred to the Office of the Chief Medical Examiner.

MULTI-JURISDICTIONAL INCIDENT (NIMS): An incident requiring action from multiple agencies that each have jurisdiction to manage certain aspects of an incident. In ICS, these incidents will be managed under Unified Command.

MUTUAL-AID AGREEMENT (NIMS): Written agreement between agencies and/or jurisdictions that they will assist one another on request, by furnishing personnel, equipment, and/or expertise in a specified manner.

MUTUAL AID: The coordination of resources by more than one jurisdiction, including but not limited to facilities, personnel, vehicles, equipment, and services. Mutual Aid is usually pursuant to an agreement between jurisdictions to provide for resource interchange on a reciprocal basis in responding to a disaster or emergency.

NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS): A system mandated by HSPD-5 that provides a consistent nationwide approach for Federal, State, local, and tribal governments; the private-sector, and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. HSPD-5 identifies these as the ICS; multi-agency coordination systems; training; identification and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking, and reporting of incident information and incident resources.

OPERATION PERIOD (NIMS): The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually not over 24 hours.

OPERATIONS SECTION (NIMS): The section responsible for all tactical incident operations. In ICS, it normally includes subordinate branches, divisions, and/or groups.

OPERATIONS SECTION CHIEF: The person assigned to manage the Operations Section and those persons assigned duties under that Section within the incident command system.

PATIENT TRANSFER OFFICER: The person, designated by the Triage Officer, responsible for coordination of patient removal to a Treatment Area. This role is often combined with that of Triage Officer, except in unusually large incidents.

PLANNING SECTION (NIMS): The section responsible for the collection, evaluation, and dissemination of operational information related to the incident, and for the preparation and documentation of the IAP. This section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident.

PLANNING SECTION CHIEF: The person assigned to manage the Planning Section and those persons assigned duties under that Section within the incident command system.

POST-INCIDENT ANALYSIS (PIA): A session where incident participants review and comment upon incident management and operations, including recommendations for system improvements.

POST-INCIDENT REPORT: A document that provides 1.) a description of an emergency incident or operation; 2) a chronological description of actions taken by an agency or agencies in response to an operation or incident; and 3) recommendations for system improvements based upon post incident analysis. This document shall be produced under the direction of the senior level manager or supervisors of each agency involved in an MCI, or as a collective document produced under the direction of the Incident Commander.

PUBLIC INFORMATION OFFICER (NIMS): A member of the Command Staff responsible for interfacing with the public and media or with other agencies with incident-related information requirements.

PUBLIC SAFETY ANSWERING POINT (PSAP): A facility assigned the responsibility of receiving EMERGENCY 9-1-1 calls and, as appropriate, directly dispatching emergency response services or transferring or relaying emergency 9-1-1 calls to other public or private safety agencies.

RESOURCES UNIT (NIMS): Functional unit within the Planning Section responsible for recording the status of resources committed to the incident. This unit also evaluates resources currently committed to the incident, the effects additional responding resources will have on the incident, and anticipated resource needs.

RUNNING CARD: A standardized written document indicating the predetermined dispatch and response of Fire, EMS and other resources to an incident at designated levels of need.

SAFETY OFFICER (NIMS): A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations and for developing measures for ensuring personnel safety.

SECTION (NIMS): The organizational level having responsibility for a major functional area of incident management, e.g., Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established). The section is organizationally situated between the Branch and Incident Command.

SPAN OF CONTROL (NIMS): The number of individuals a supervisor is responsible for, usually expressed as the ratio of supervisors to individuals. (Under the NIMS, an appropriate span of control is between 1:3 and 1:7.)

STAGING AREA (NIMS): Location established where resources can be placed while awaiting a tactical assignment. The Operations Section manages Staging Areas.

STAGING AREA MANAGER: The person designated to control and deploys units assembled in the staging area upon request from authorized persons at the site of the MCI, or from the communications/coordination center or emergency operations center.

STRIKE TEAM (NIMS): A set number of resources of the same kind and type that have an established minimum number of personnel.

STRATEGY (NIMS): The general direction selected to accomplish incident objectives set by the IC.

TASK FORCE (NIMS): Any combination of resources assembled to support a specific mission or operational need. All resource elements within a Task Force must have common communications and a designated leader.

TECHNICAL ASSISTANCE (NIMS): Support provided to State, local and tribal jurisdictions when they have the resources but lack the complete knowledge and skills needed to perform a required activity (such as mobile-home park design and hazardous material assessments).

TECHNICAL RESCUE TEAM: Organization of personnel with expertise in specialized rescue situations, including, but not limited to, confined space, high and low angle rope rescue, trench, structural collapse, and search.

TRANSPORTATION/COMMUNICATIONS OFFICER: The EMS person designated to coordinate the loading and transportation of patients to receiving facilities from the Treatment area.

TREATMENT: The function of providing on-scene medical care.

TREATMENT AREA: The area to which patients are transferred from the Active Incident Area for the purpose of further triage and medical care. More than one Treatment Area may be necessary. The Treatment Area is further subdivided into groups: red, yellow, green and black, according to patient severity in those areas.

TREATMENT OFFICER: The designated EMS person charged with the organization, operation, and coordination of the Treatment Area.

STATEWIDE TREATMENT PROTOCOLS: The Emergency Medical Services Pre-Hospital Treatment Protocols, approved by MDPH**,** under which all ambulance services operate statewide.

TRIAGE: The process of sorting patients and assigning treatment priority and transportation based upon the severity of their medical condition.

TRIAGE AREA: A location near the incident site to which injured persons may be brought, triaged, and transferred to the treatment area.

TRIAGE OFFICER: The designated EMS person charged with sorting patients and assigning treatment priority and transportation based upon severity of their medical condition.

UNIFIED AREA COMMAND (NIMS): A Unified Area Command is established when incidents under an Area Command are multi-jurisdictional. (*See* Area Command)

UNIFIED COMMAND (NIMS): An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross-political jurisdictions. Agencies work together through the designated members of the UC, often the senior person from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a singe IAP.

UNIFIED COMMAND STRUCTURE: A method for all agencies or individuals who have jurisdictional, and in some cases financial, responsibility at the incident, to contribute to determining overall objectives for the incident and selection of a strategy to achieve the objectives.

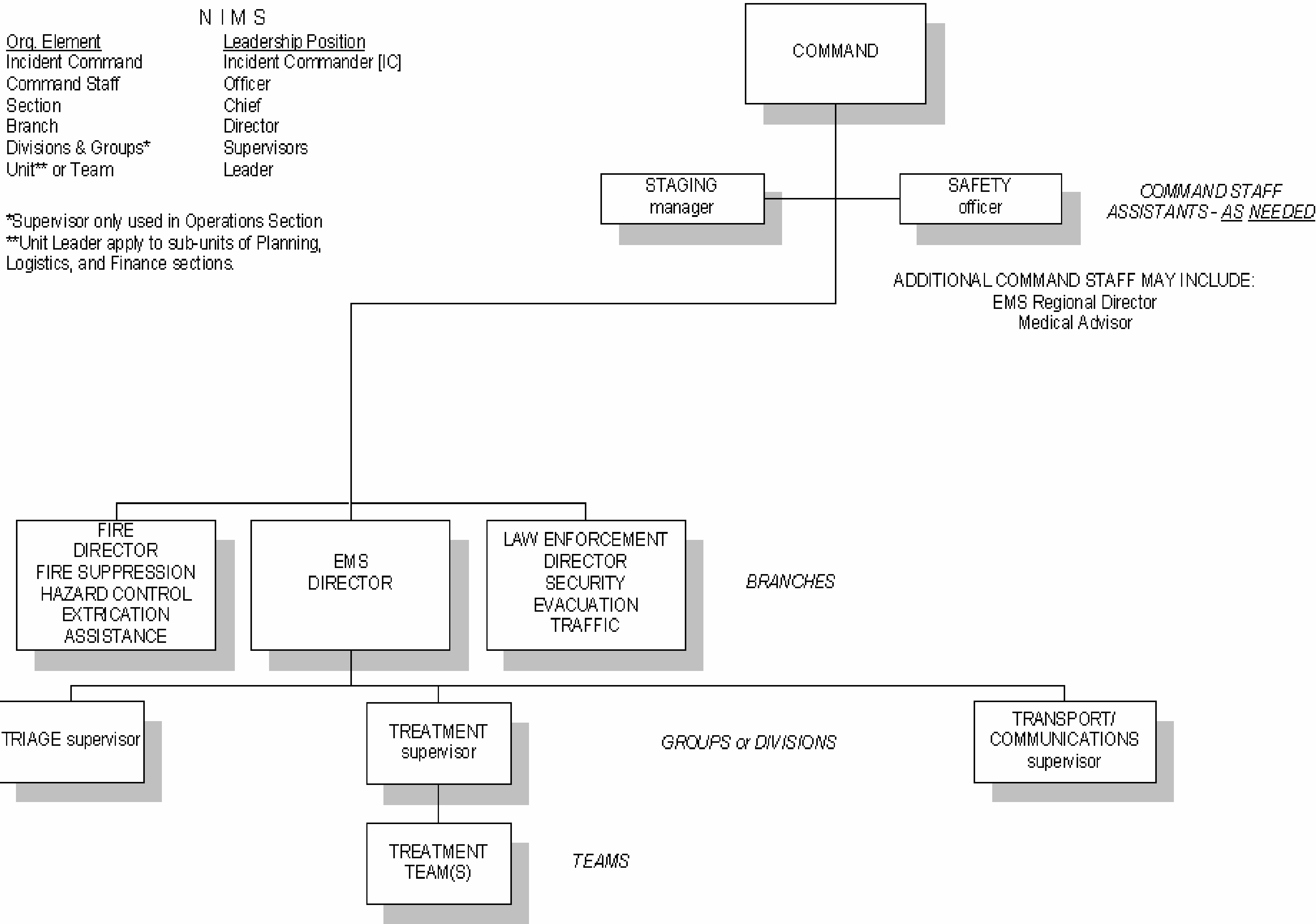
UNIT (NIMS): The organizational element having functional responsibility for a specific incident planning, logistics, or finance/administration activity.

UNITY OF COMMAND (NIMS): The concept by which each person within an organization reports to one and only one designed person. The purpose of unit of command is to ensure unity of effort under one responsible commander for every objective.

12.0 ACRONYMS

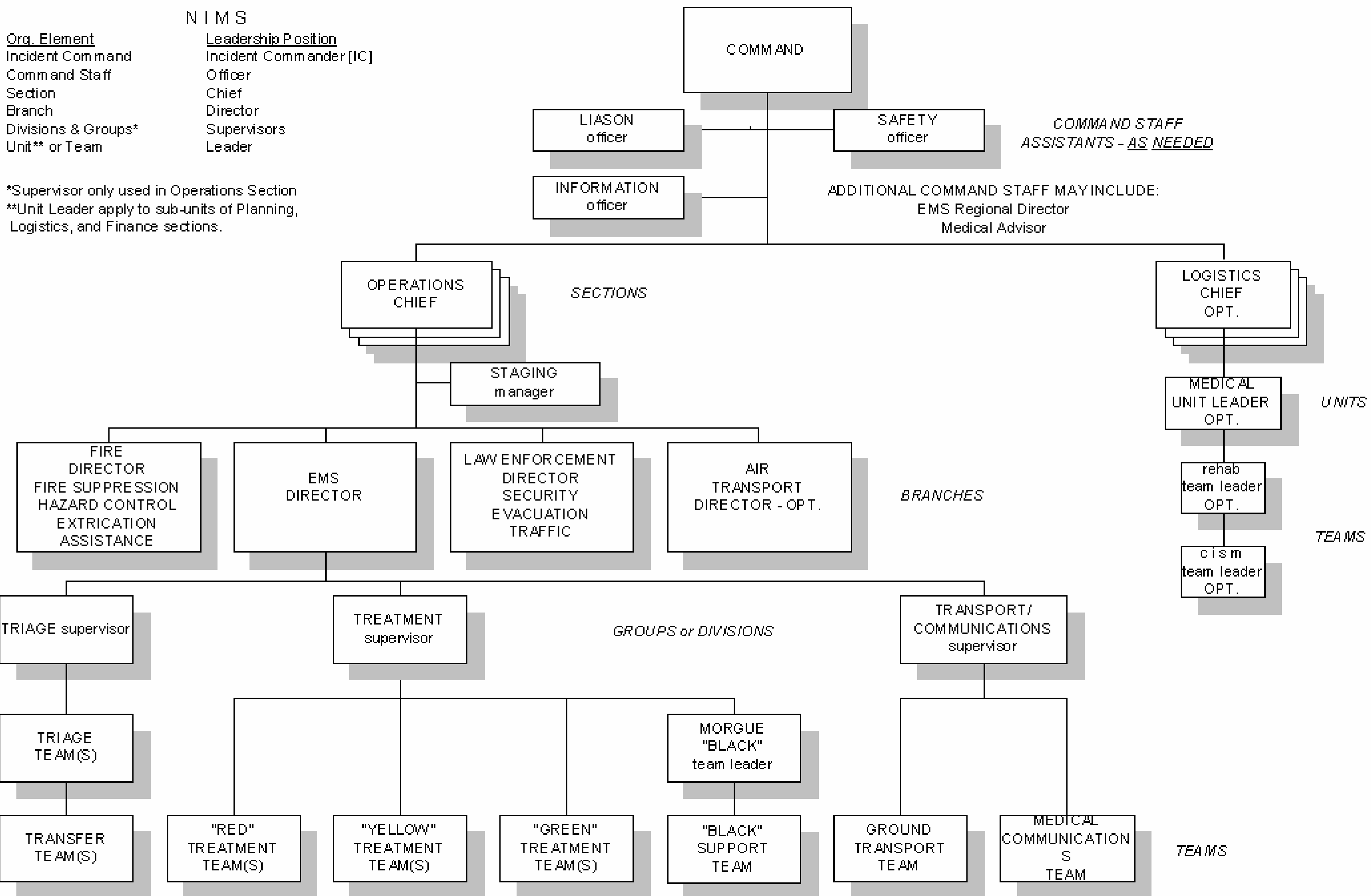
ALS	Advanced Life Support
BLS	Basic Life Support
CMED	Central Medical Emergency Direction
CP	Command Post (see Incident Command Post)
EMCAB	Emergency Medical Care Advisory Board
EMT	Emergency Medical Technician
EOC	Emergency Operating Center
EOP	Emergency Operations Plan
HAZMAT	Hazardous Material
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
IC or UC	Incident Command or Unified Command
LNO	Liaison Officer
MCI	Mass Casualty Incident
MDPH	Massachusetts Department of Public Health
NIMS	National Incident Management System
OEMS	Office of Emergency Medical Services
PIA	Post Incident Analysis
PIO	Public Information Officer
PSAP	Public Safety Answering Point
SO	Safety Officer
SOP	Standard Operating Procedure
UC	Unified Command

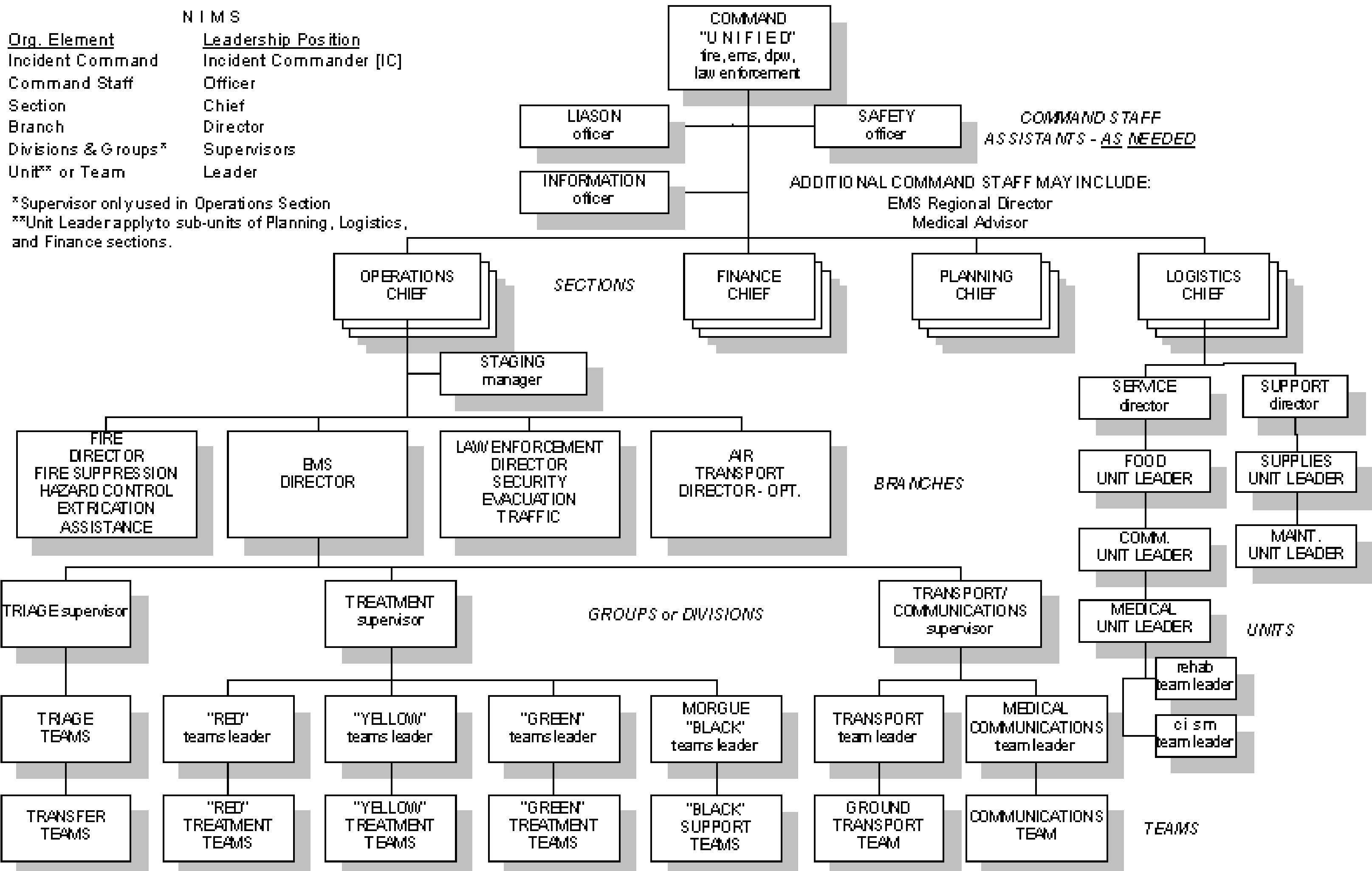
APPENDIX I: ICS ORGANIZATIONAL CHARTS



ICS ELEMENTS: MCI - LEVEL 1
N I M S
Org. Element
Incident Command
Command Staff
Section
Branch
Divisions & Groups*
Unit** or Team
Leadership Position
Incident Commander [IC]
Officer
Chief
Director
Supervisors
Leader
*Supervisor only used in Operations Section
**Unit Leader apply to sub-units of Planning, Logistics, and Finance sections.
COMMAND
STAGING manager
SAFETY officer
COMMAND STAFF ASSISTANTS - AS NEEDED
ADDITIONAL COMMAND STAFF MAY INCLUDE:
EMS Regional Director
Medical Advisor
FIRE DIRECTOR FIRE SUPPRESSION HAZARD CONTROL EXTRICATION ASSISTANCE
EMS DIRECTOR
LAW ENFORCEMENT DIRECTOR SECURITY EVACUATION TRAFFIC
BRANCHES
TRIAGE supervisor
TREATMENT supervisor
GROUPS or DIVISIONS
TRANSPORT/ COMMUNICATIONS supervisor
TREATMENT TEAM(S)
TEAMS

ICS ELEMENTS: MCI - LEVEL 2




ICS ELEMENTS: MCI - LEVEL 3 or "EXTENDED"
N I M S
Org. Element
Leadership Position
Incident Command
Incident Commander [IC]
Command Staff
Officer
Section
Chief
Branch
Director
Divisions & Groups*
Supervisors
Unit** or Team
Leader
*Supervisor only used in Operations Section
**Unit Leader apply to sub-units of Planning, Logistics, and Finance sections.
COMMAND "U N I F I E D" fire, ems, dpw, law enforcement
LIASON officer
INFORMATION officer
SAFETY officer
COMMAND STAFF
ASSISTANTS - AS NEEDED
ADDITIONAL COMMAND STAFF MAY INCLUDE:
EMS Regional Director
Medical Advisor
OPERATIONS CHIEF
SECTIONS
FINANCE CHIEF
PLANNING CHIEF
LOGISTICS CHIEF
STAGING manager
SERVICE director
SUPPORT director
FIRE DIRECTOR FIRE SUPPRESSION HAZARD CONTROL EXTRICATION ASSISTANCE
EMS DIRECTOR
LAW ENFORCEMENT DIRECTOR SECURITY EVACUATION TRAFFIC
AIR TRANSPORT DIRECTOR - OPT.
BRANCHES
FOOD UNIT LEADER
SUPPLIES UNIT LEADER
COMM. UNIT LEADER
MAINT. UNIT LEADER
MEDICAL UNIT LEADER
UNITS
TRIAGE supervisor
TREATMENT supervisor
GROUPS or DIVISIONS
TRANSPORT/ COMMUNICATIONS supervisor
rehab team leader
ci s m team leader
TRIAGE TEAMS
"RED" teams leader
"YELLOW" teams leader
"GREEN" teams leader
MORGUE "BLACK" teams leader
TRANSPORT team leader
MEDICAL COMMUNICATIONS team leader
TRANSFER TEAMS
"RED" TREATMENT TEAMS
"YELLOW" TREATMENT TEAMS
"GREEN" TREATMENT TEAMS
"BLACK" SUPPORT TEAMS
GROUND TRANSPORT TEAM
COMMUNICATIONS TEAM
TEAMS

APPENDIX II: ICS MCI ELEMENT FUNCTIONS

The following sample ICS MCI Element Function sheets outline responsibilities commonly associated with staffed ICS positions utilizing the U.S. Department of Homeland Security "National Incident Management System" (NIMS)

NIMS represents a core set of doctrine, concepts, principles, terminology, and organizational processes to enable effective, efficient, and collaborative incident management at all levels. Included is emergency incident management utilizing the Incident Command System (ICS).

Positions for a **MCI - Level 3 or "extended"** are included in this Appendix. Sheets are organized by ICS structure, i.e., Incident Command, Command Staff, Section, Branch, Divisions or Groups, and Units.

For **MCI's - Level 1 or 2**, a smaller ICS organizational structure, and fewer ICS personnel functions are necessary. Staff only those required.

You are encouraged to use these, or a similar format, during development of your local or regional MCI plan.

In addition, they may be utilized during tabletop or other training exercises, or included in local or regional plans as "quick reference" handouts provided to on-scene personnel assigned these responsibilities. Color coding, by function, and laminating sheets would enhance versatility.

Incident Command

The command function may be performed in two ways:

1. **SINGLE COMMAND IC**. When an incident occurs in a single jurisdiction and there is no jurisdictional or functional overlap, a SINGLE IC should be designated with overall incident management responsibility.

2. **UNIFIED COMMAND**. UC is recommended for multi-jurisdictional or multi-agency incident management. All agencies with jurisdictional authority or functional responsibility participate in the UC structure.

   Advantages of using UC include:

   - A collective approach is used to develop strategies to achieve incident objectives;
   - Information flow and coordination is improved between all jurisdictions and agencies involved;
   - Participants understand joint priorities and restrictions;
   - Legal authorities are not compromised or neglected
   - The combined efforts of all agencies are optimized as they perform their assignments using a single Incident Action Plan.

Organizational Element: **Command Staff**
Leadership Position: **Officer**

Includes the **Incident Commander** and various special staff positions.

Three (3) positions are typically identified. They are designated by, and report directly to the Incident Commander.

- **Public Information Officer**
- **Safety Officer**
- **Liaison Officer**

Additional Command Staff may include:

- **EMS Regional Director –** assist information management and resource planning
- **Medical Advisor** – advice and recommendations involving medical and mental health services, mass casualty, acute care, other

Assistants may be assigned to Command Staff personnel to help manage their workloads. Command Staff personnel are responsible for organizing their assistants.

Incident Commander IC

FUNCTION: Direct all “on-scene” activities

DESIGNATED BY: NA

REPORTS TO: NA

LOCATION: Incident Command Post

SUPERVISES: Command and Support Staff

SMALL INCIDENTS: Group Supervisors or Teams – Triage, Transfer, Treatment, and Transport and Communications.

LARGE INCIDENTS Section Chiefs – Operations, etc. *or* Branch Directors – Fire, EMS, Law Enforcement, etc.

TASKS:

Assumes responsibility for “on-scene” activities, including, but not limited to:

1. Provide brief initial report to local dispatch;
2. Declare MCI;
3. Develop Incident Plan;
4. Designate EMS Branch Director, others required;
5. Establish incident command post;
6. Designate Support Staff – maintain incident records, communications;
7. Assign incoming personnel;
8. Request additional resources – mutual aid, other;
9. Oversee orderly termination of operations.

OPERATIONAL COMMENTS:

This role should be assumed immediately, upon arrival, by the senior person on duty of the designated MCI coordinating agency or in conformance with local MCI plans.

The Incident Commander may be relieved ONLY in accordance with the policy of the designated MCI coordinating agency.

Generally, the EMS Branch Director will designate Triage and Patient Transfer, Treatment, Transport and Communications Groups

Resource List availability

Public Information PIO

FUNCTION: Interface w public, media, other agencies w incident-related info requirements.

DESIGNATED BY: IC

REPORTS TO: IC

LOCATION: Incident Command Post

SUPERVISES: Assistants

TASKS:

1. ONLY 1 PIO. Assistants from other involved agencies may be assigned.
2. Develop accurate and complete info: incident cause, size, and current situation; resources committed; other of interest for internal and external consumption;
3. Maintains incident information summaries;
4. Provide factual and timely reports, as approved, to public, news media;
5. Monitor available public information;
6. Controls media access to scene per the Incident Commander.

OPERATIONAL COMMENTS:

This function requires an individual with public safety background and strong communication skills.

IC or UC must approve information release

Safety — Safety Officer

FUNCTION: Monitor and assess safety hazards or unsafe situations and develop measures for insuring personnel safety.

DESIGNATED BY: IC

REPORTS TO: IC

LOCATION: Active Incident Area

SUPERVISES: All personnel

TASKS:

1. Correct unsafe acts and hazardous activities;
2. Identify existing or potential hazards that do not present an imminent threat to responder safety. Communicating hazards to the IC allows the "action plan" to be modified, as needed;
3. Develop measures to insure safety of responders from hazards;
4. Investigate and document personnel injuries;
5. Coordinate multi-agency safety efforts.

OPERATIONAL COMMENTS:

The SO must have the requisite knowledge to function effectively and understand the hazards inherent in a typical incident response. MCI knowledge required includes:

- Infection control procedures
- Personal Protective Equipment
- OSHA and other applicable safety standards

The SO is authorized to alter, suspend, or terminate operations resulting in unsafe acts or hazardous activities. *When doing so, the immediate supervisor and IC shall be advised as to what action was taken and why the determination was made.*

Liaison — Liaison Officer

FUNCTION: Point of contact for representatives of other govt. agencies, non-government organizations, and private entities.

DESIGNATED BY: IC

REPORTS TO: IC

LOCATION: Incident Command Post

SUPERVISES: Support personnel

TASKS:

1. Insure reps from assisting or cooperating agencies, and other organizations coordinate thru the LNO;
2. Insure reps have authority to speak for their parent agencies or organizations;
3. Insure efforts of other involved agencies are appropriate to goals of action plan.

OPERATIONAL COMMENTS:

This function requires an individual with public safety background and strong communication skills.

EMS Regional Director

FUNCTION:	Manage MCI incident impact on intra and inter-Region resources – including hospitals, EMS providers, others identified; support intra and inter Region resource acquisition.
DESIGNATED BY:	NA
REPORTS TO:	IC
LOCATION:	Incident Command Post
SUPERVISES:	Assistants

TASKS:

1. Provide situation status and resource reports to inter-Region hospitals, EMS providers, others identified. Reporting to include:
   - Incident description – including est. number's, injury type and severity; likely duration;
   - Resource status – those utilized; likelihood of add. requirements;
   - Special hazards – collapse, hazmat, other;
   - Specialized response, i.e., decontamination, toxicology, other;
2. Support intra and inter-Region EMS resource acquisition *less pre-planned mutual aid*;
3. Provide sit stat and resource reports to Regional Directors; MDPH officials;
4. Provide situation status reports to IC.
5. Assist IC, as requested

OPERATIONAL COMMENTS:

In large or complex incidents, resource sit stat reports to other Regional Directors are critical to monitoring hospital, ambulance service, and other system components likely to be stressed by Fire and EMS Mobilization Plan activation. In turn, affected Regional Directors should:

- Disseminate such reports to their area hospitals, ambulance services, others likely to be impacted;
- Monitor ER's, and ambulance services for trends impairing service delivery;
- Assist "on-scene" Regional Director with resource location and acquisition;
- Serve, in rotation, as relief or staff support for the "on scene" Regional Director.

Organizational Element: **Operations Section**
Leadership Position: **Section Chief**

The Operations Section is responsible for all activities focused on reduction of the immediate hazard, saving lives and property, establishing situational control, and restoration of normal operations.

The Operations Chief is responsible to the IC or UC for direct management of all incident-related operational activities.

Assistants may be assigned, as required.

Operations Section   Section Chief

FUNCTION: Direct management of all incident-related operational activities.

DESIGNATED BY: IC

REPORTS TO: IC

LOCATION: Incident Command Post or "as determined"

SUPERVISES: Branch Directors – EMS, Fire, Law Enforcement, Other related; Staging Area Managers

TASKS:

1. Establish tactical objectives for their operational time period. Other Section Chiefs and Unit Leaders establish their own supporting objectives.
2. Assign other elements required, i.e., Branches, Groups or Divisions, etc.;
3. Coordinate and supervise tactical operations;
4. Request resources to support operations;
5. Provide situation status reports to IC.

OPERATIONAL COMMENTS:

This function requires an individual with public safety background.

May have one or more Deputies or assistants assigned.

An Operations Chief should be assigned for each designated operational time period.

If established, coordinate Air Branch activities or assign Branch Director

Staging Area

Staging Manager

FUNCTION: Carries out staging of incoming ambulances and other emergency vehicles, personnel, equipment and supplies

SMALL INCIDENTS: Fill resource requests by IC
LARGE INCIDENTS: Fill resource requests by Operations Section Chief

DESIGNATED BY: IC

REPORTS TO: Operations Section Chief or IC

COORD. WITH: LARGE INCIDENTS: Logistics>>Resources Unit, Logistics>>Supply Unit.

LOCATION: Staging Area

SUPERVISES: Support personnel; ambulance, other temporary emergency vehicles and personnel

TASKS:

1. Identify and mark staging area for incoming vehicles and equipment;
2. Check-in all incoming resources;
3. Maintain resource records;
3. Dispatch resources at Operations Section Chief or IC request;
4. Provide situation status reports to Operations Section Chief or IC.

OPERATIONAL COMMENTS:

This function may be assigned to a F.D. line officer or firefighter trained at the “1st Responder” level.

Consideration should be given to staging resources by function – Emergency vehicles - Fire, EMS, etc.; EMS supplies; Personnel – EMS, others; etc.

The Operations Section Chief or IC may assign multiple Staging Areas and Managers

LARGE INCIDENTS: Requests Logistics Section support to maintain adequate resources for deployment.

LARGE INCIDENTS: Logistics>>Resources Unit: manage personnel check-in
Logistics>>Supply Unit: manage supply and equipment check-in

Both operate INSIDE Staging Area

Organizational Element: **Operations Branch**
Leadership Position: **Branch Director**

Operations Branches may be used for several purposes, and may be functional or geographic in nature.

Generally, Branches are established when the number of Divisions or Groups exceeds the recommended span-of-control of 1 supervisor to 3-5 subordinates under the Operations Chief.

For more complex incidents, MCI Operations Branches typically include:

- **EMS**
- **Fire**
- **Law Enforcement**
- **Others – D.P.W, etc.**

Directors are in charge of Operations Branches.

EMS Branch — Branch Director

FUNCTION:	Direct all medical operations
DESIGNATED BY:	IC
REPORTS TO:	Operations Section Chief or IC
LOCATION:	Incident Command Post or "as determined"
SUPERVISES:	Triage Teams or Group Supervisor Treatment Teams or Group Supervisor Transport and Communications Group Supervisor

TASKS:

1. Determine additional medical resources needed – personnel, equipment, ambulance – provide Operations Section Chief or IC w report;
2. Designate Triage, Treatment and Transport and Communications Groups and Supervisors; est. communications links
3. Establish med. communications - CMED
4. Monitor med. resources and request "as needed"
5. Maintain records – EMS activities
6. Provide periodic updates to Operations Section Chief or IC.

OPERATIONAL COMMENTS:

This role is normally assumed immediately by the senior or highest-trained medical responder on the 1st arriving EMS unit, pending designation by the IC.

Fire Branch — Branch Director

FUNCTION: Direct fire suppression, extrication, hazard control, scene support

DESIGNATED BY: Fire Department

REPORTS TO: Operations Section Chief or IC

LOCATION: Incident Command Post or "as determined"

SUPERVISES: Fire personnel

TASKS:

1. Fire control and suppression;
2. Heavy rescue, extrication and vehicle stabilization, scene lighting, as necessary;
3. Coordination of heavy equipment, or special rescue services;
4. Control and/or containment of hazardous or toxic materials;

OPERATIONAL COMMENTS:

Firefighting personnel may assist in patient transfer and care to the level of their training and certification, or other functions assigned by the Operations Section Chief or IC.

Law Enforcement Branch Branch Director

FUNCTION:	Coordinates police agency services
DESIGNATED BY:	Police Department
REPORTS TO:	Operations Section Chief or IC
LOCATION:	Incident Command Post or "as determined"
SUPERVISES:	Police agency personnel

TASKS:

1. Secure incident scene perimeter to control access and security;
2. Coordinate and affect evacuation of general public, other non-essential personnel, as required;
3. Establish radio communications between police agencies and incident command post;
4. Coordinate disposition of fatalities with Morgue Manager;
5. Coordinate disposition of crime scenes.

OPERATIONAL COMMENTS:

It is recommended that this position be assigned to the senior ranking on-shift police officer of the department having jurisdiction, until relieved by senior personnel.

Organizational Element: **Operations Groups or Divisions**
Leadership Position: **Supervisors**

Operations Groups or Divisions are established when the number of resources exceeds the manageable span-of-control of the IC or the Operations Chief.

GROUPS divide the incident into functional areas of operation.

DIVISIONS divide the incident into geographical areas of operation.

Supervisors are in charge of Groups or Divisions.

At this operational level, MCI's typically divide the incident into the following functional or GROUP operations:

- **Triage**
- **Patient Transfer - Optional**
- **Treatment**
- **Transport and Communications**

Triage Group Group Supervisor

FUNCTION: SMALL INCIDENTS: Conduct primary Triage and coordinates patient transfer to Treatment Area.

LARGE INCIDENTS: Assign Triage Team[s] to assure rapid assessment and stabilization of large number's of victims.

DESIGNATED BY: EMS Branch Director

REPORTS TO: EMS Branch Director

LOCATION: "Active incident area"

SUPERVISES: Triage and Transfer Team[s]

TASKS:

1. Insure adequate personnel to carry out primary triage;
2. Insure Triage Team[s] members have adequate supplies to identify patients by priority category for transfer to Treatment area;
3. Provide information on number and severity of patients to EMS Branch Director;
4. SMALL INCIDENTS: Assumes additional role of Patient Transfer Team Leader, if directed by EMS Branch Director.

OPERATIONAL COMMENTS:

This function is commonly performed by the 2ND responder on the 1ST arriving ambulance.

This function is often combined with that of Patient Transfer Team Leader. Triage Teams are re-designated as Patient Transfer Teams upon completion of primary triage.

If a fire or other hazard exists, the Incident Commander may require patient removal prior to primary triage being performed.

Use color coding – red, yellow. green, black to identify patients by priority category.

Patient Transfer Teams – Optional. Team Leader

FUNCTION: Assign and coordinate "Transfer Teams" – patient removal to Treatment area.

DESIGNATED BY: Triage Group Supervisor

REPORTS TO: Triage Group Supervisor

COORD. WITH: Triage Group Supervisor
Treatment Group Supervisor

LOCATION: "Active incident area"

SUPERVISES: Patient Transfer Teams

TASKS:

1. Obtain information on number and location of patients, by triage category, from Triage Group Supervisor;
2. Direct Transfer Teams to move patients to Treatment Area;
3. Insure adequate personnel and transfer equipment [e.g. spine boards, etc.] to move patients.

OPERATIONAL COMMENTS:

This role will most often be combined with that of Triage Group Supervisor, except in unusually large incidents.

The Patient Transport Team Leader need not have a high level of medical expertise, but should be trained in the color-coding system in use to identify patients by priority category.

Treatment Group Group Supervisor

FUNCTION: Assignment and supervision of personnel providing patient care.

DESIGNATED BY: EMS Branch Director

REPORTS TO: EMS Branch Director

COORD. WITH: Triage Group Supervisor
Transport and Communications Group Supervisor

LOCATION: Treatment Area

SUPERVISES: Treatment Teams and Morgue

TASKS:

1. Identify and mark treatment areas – red, yellow, green, black (morgue);
2. Assign personnel to treatment areas;
3. Conduct secondary triage upon arrival in treatment area;
4. Insure triage tags are completed and attached to each patient;
5. Insure medical supply availability;
6. Request add. personnel and equipment from EMS Branch Director as needed;
7. Monitor patient treatment;
8. Maintain communications with Transport/Communications Group Supervisor;
9. Advise EMS Branch Director of need for air-medical transport, if required.

OPERATIONAL COMMENTS:

During large-scale operations, this Supervisor may designate red, yellow, and green Treatment Team Leaders to oversee Treatment Teams.

May designate a morgue with Black Team Leader and Support Team.

Transport and Communications Group Group Supervisor

FUNCTION:	Coordinate loading and transportation of patients from treatment areas to medical facilities.
DESIGNATED BY:	EMS Branch Director
REPORTS TO:	EMS Branch Director
COORD. WITH:	Treatment Group Supervisor Staging Area Manager
LOCATION:	Adjacent to Treatment Area
SUPERVISES:	Ambulance Crews Transport and Medical Communications Personnel

TASKS:

1. Identify and mark ambulance loading area;
2. Maintain accurate records of triage tag number, name, priority, gross injuries or illnesses, destination, I.D., EMS radio number of transporting unit;
3. Coordinate transportation needs with EMS Branch Director and Staging Area Manager;
4. Designate patient destination based upon patient medical status and medical facility availability status;
5. Prior to transport, relay patient destination and condition to CMED;
6. Provide situation status reports to EMS Branch Director.

OPERATIONAL COMMENTS:

During large-scale operations, separate Transport and Medical Communications support staff may be designated.

Organizational Element: **Logistics Section**
Leadership Position: **Section Chief**

The Logistics Section is responsible for all support requirements needed to facilitate effective and efficient incident management, including ordering resources from off-incident locations.

In complex or lengthy incidents, where a number of Logistic Units are required, this Section can be further divided into 2 Branches – Service and Support.

The Logistics Chief is in charge of this section.

Logistics Section — Section Chief

FUNCTION:	Direct acquisition of personnel, equipment, and supplies
DESIGNATED BY:	IC
REPORTS TO:	IC
LOCATION:	Incident Command Post or “as determined”
SUPERVISES:	Service and Support Units or Unit Leaders

TASKS:

1. Establish on-site resource area for equipment and supplies;
2. Maintain adequate inventory and records of equipment and supplies to support ALL operations, including procurement from off-incident locations;
3. Support Staging Area resource requests;
4. Maintain service, repair and fuel for vehicles and equipment;
5. Identify and establish personnel support facilities;
6. Coordinate personnel rehabilitation activities;
7. Provide situation status reports to IC.

OPERATIONAL COMMENTS:

This is an optional position based upon incident size and complexity.

Aside from “Operations”, this function is the most commonly required in large, long-term, or complex incidents.

Depending upon incident complexity, and “span of control” issues, the Section Chief may further divide responsibilities utilizing:

- Units and Unit Leaders *or*;
- Service and Support Branches and Directors >>Units and Unit Leaders.

When this Section is fully operational, assignment of a Deputy, to assist the Section Chief, is recommended.

Organizational Element: **Logistics Branch**
Leadership Position: **Branch Director**

Generally, Logistics Branches are established when the number of Units exceeds the recommended span-of-control of 1 supervisor to 3-5 subordinates under the Logistics Chief.

For more complex incidents, MCI Logistics Branches include:

- **Service**
- **Support**

Directors are in charge of Logistics Branches.

Logistics>>Service Branch Branch Director

FUNCTION: Direct Service Unit Leaders - Food, Communications and Medical

DESIGNATED BY: Logistics Section Chief

REPORTS TO: Logistics Section Chief

LOCATION: "as determined"

SUPERVISES: Food Unit Leader
Communications Unit Leader
Medical Unit Leader

TASKS:

1. Designate Service Unit Leaders for Food, Communications and Medical Units;
2. Determine need for add. resources and make requests to Logistics Section Chief;
3. Provide situation status reports to Logistics Section Chief.

OPERATIONAL COMMENTS:

Logistics >>Support Branch Branch Director

FUNCTION: Direct Support Unit Leaders - Supply, Facilities and Maintenance

DESIGNATED BY: Logistics Section Chief

REPORTS TO: Logistics Section Chief

LOCATION: “as determined”

SUPERVISES: Supply Unit Leader
Facilities Unit Leader
Maintenance Unit Leader

TASKS:

1. Designate Support Unit Leaders for Supply, Facilities and Maintenance Units;
2. Determine need for add. resources and makes requests to Logistics Section Chief;
3. Provide situation status reports to Logistics Section Chief.

OPERATIONAL COMMENTS:

Organizational Element: **Logistics Units**
Leadership Position: **Unit Leader**

At MCI's, Logistics needs are typically divided into the following functional Units:

- **Food**
- **Communications**
- **Medical**
- **Supply**
- **Facilities**
- **Maintenance**

Leaders are in charge Logistics Units.

Service >>Food Unit Unit Leader

FUNCTION:	Direct personnel providing food services
DESIGNATED BY:	Service Branch Director or Logistics Section Chief
REPORTS TO:	Service Branch Director or Logistics Section Chief
LOCATION:	“as determined”
SUPERVISES:	Food Unit personnel

TASKS:

1. Determine food and water requirements; plans menus, orders food, provides cooking facilities, cooks, serves;
2. Maintain food service areas;
3. Manage food security and safety concerns

OPERATIONAL COMMENTS:

Must be able to anticipate incident needs, i.e., numbers of personnel and whether the type, location, or complexity of the incident indicates special food requirements.

Must interact closely with the following elements:

- Planning Section – to determine number of personnel to be fed
- Facilities Unit – to arrange food service areas
- Supply Unit – to order food

Service >>Communications Unit Unit Leader

FUNCTION: Direct personnel providing communications services

DESIGNATED BY: Service Branch Director or Logistics Section Chief

REPORTS TO: Service Branch Director or Logistics Section Chief

LOCATION: "as determined"

SUPERVISES: Communications Unit personnel

TASKS:

1. Develop a Communications Plan to insure effective use of available resources;
2. Supervise and operate the incident communications center;
3. Distribute and recover communications equipment assigned to personnel;
4. Maintain on site communications equipment.

OPERATIONAL COMMENTS:

Effective communications planning is imperative, especially in the context of a multi-jurisdictional or multi-agency incident.

Planning must take into account use of multiple radio channels for command, operations, logistics, and other support needs.

Codes should not be used for radio communications. Clear and concise messages, based upon common terminology, should be utilized.

Service >>Medical Unit Unit Leader

FUNCTION: Direct personnel providing medical services to on-scene incident personnel

DESIGNATED BY: Service Branch Director or Logistics Section Chief

REPORTS TO: Service Branch Director or Logistics Section Chief

LOCATION: "as determined"

SUPERVISES: Medical Unit personnel

TASKS:

1. Develop a Medical Plan (for incident personnel);
2. Develop procedures for handling any major medical emergency involving incident personnel;
3. Provide transportation for injured personnel;
4. Insure that injured personnel are tracked as they move from origin, to care facility, to final disposition;
5. Assist in processing all paperwork related to injuries or deaths of incident personnel;
6. Coordinate personnel and mortuary affairs for incident personnel fatalities.

OPERATIONAL COMMENTS:

The Medical Unit should assist the Finance Section with the administrative requirements relating to injury compensation, including obtaining written authorizations, billing forms, witness statements, other.

Rehabilitation and CISM Teams and respective Team Leaders may be attached to the Medical Unit. Team Leaders report to the Medical Unit Leader or Logistics Chief.

Support >>Supplies Unit Unit Leader

FUNCTION:	Direct personnel providing incident-related resources, personnel, and supplies.
DESIGNATED BY:	Support Branch Director or Logistics Section Chief
REPORTS TO:	Support Branch Director or Logistics Section Chief
LOCATION:	“as determined”
SUPERVISES:	Supplies Unit personnel

TASKS:

1. Order, receive, store, and process all incident-related resources, personnel, and supplies.

OPERATIONAL COMMENTS:

Once established, the Supply Unit also has responsibility for all off-incident ordering, including:

- All tactical and support resources
- All expendable and non-expendable supplies required for incident support

The Supplies Unit also handles tool operations, including, storing, disbursing, and servicing of all tools and portable, non-expendable equipment.

Support >>Facilities Unit Unit Leader

FUNCTION: Direct personnel providing setup, maintenance, and demobilization of facilities supporting incident operations.

DESIGNATED BY: Support Branch Director or Logistics Section Chief

REPORTS TO: Support Branch Director or Logistics Section Chief

LOCATION: "as determined"

SUPERVISES: Facilities Unit personnel

TASKS:

1. Provide setup, maintenance, and demobilization of facilities supporting incident operations. Included are support facilities for:
   - Food and water service;
   - Sleeping
   - Sanitation and showers; and
   - Staging
2. Order, through the Supplies Unit, such additional support items as portable toilets, shower facilities, and lighting plants.

OPERATIONAL COMMENTS:

Providing shelter for *victims* will normally be conducted by appropriate non-governmental organization staff, i.e., American Red Cross, others.

Support >>Maintenance Unit Unit Leader

FUNCTION:	Direct personnel providing maintenance and repairs to equipment, vehicles, and mobile ground support equipment
DESIGNATED BY:	Support Branch Director or Logistics Section Chief
REPORTS TO:	Support Branch Director or Logistics Section Chief
LOCATION:	"as determined"
SUPERVISES:	Maintenance Unit personnel

TASKS:

1. Maintain and repair equipment, vehicles, and mobile ground support equipment;
2. Record usage time for ground equipment – including contract equipment;
3. Supply fuel for mobile equipment;
4. Provide transportation in support of incident operations.

OPERATIONAL COMMENTS:

Organizational Element: **Finance Section**
Leadership Position: **Section Chief**

The Finance Section is responsible for the monitoring of various costs associated with complex incidents.

Generally, this Section is only deployed in large or complex incidents.

A Section Chief is in charge of this Section.

Finance Section – Optional. Section Chief

FUNCTION: Direct personnel monitoring financial aspects of incident.

DESIGNATED BY: IC

REPORTS TO: IC

LOCATION: Incident Command Post

SUPERVISES: Finance Section personnel

TASKS:

1. Manage financial aspects of incidents;
2. Provide financial and cost analysis information, as requested;
3. Manage expenses and documentation associated with incident;
4. Manage time records;
5. Provide periodic updates to Incident Commander.

OPERATIONAL COMMENTS:

This is an optional position based upon incident size and complexity.

Recommended is designation of personnel from the community's Finance Department.

This Section may be further split into Units. These commonly include:

- Compensation and Claims – injury compensation and claims
- Cost – cost analysis data for the incident
- Procurement – administration of all financial matters pertaining to vendor contracts.
- Time – recording of incident scene personnel time.

Organizational Element: **Planning Section**
Leadership Position: **Section Chief**

The Planning Section is responsible for collecting, evaluating, and disseminating tactical information pertaining to the incident.

Generally, this Section is only deployed in large or complex incidents.

A Section Chief is in charge of this Section.

Planning Section – Optional. Section Chief

FUNCTION:	Develop intermediate and long-term tactical planning considerations for supporting operations.
DESIGNATED BY:	IC
REPORTS TO:	IC
LOCATION:	Incident Command Post
SUPERVISES:	Planning Section personnel

TASKS:

1. Process situational information for incident operations;
2. Supervise preparation of incident action plan;
3. Determine need for specialized resources;
4. Monitor and report on special considerations such as weather, environment, etc.

OPERATIONAL COMMENTS:

This is an optional position based upon incident size and complexity.

The Section Chief should have a public safety background. Assignment will normally come from the jurisdiction with primary incident responsibility and may have one or more Deputies from other participating jurisdictions.

This Section may be further split into Units. These commonly include:

- Resources – makes certain that all assigned personnel and other resources have checked in at the incident. Resources are categorized as: assigned, available, or out-of-service.
- Situation – collects, processes, and organizes ongoing situation information; prepares situation summaries; and develops projections and forecasts of future events relating to the incident. The Unit may require the expertise of technical specialists.
- Documentation – maintains accurate and complete incident files, including a complete record of the major steps taken to resolve the incident.
- Demobilization – develops an Incident Demobilization Plan including specific instructions for all personnel requiring demobilization.
- Technical Specialists – may be assigned to the Planning section or to other parts of the organization, as required.

APPENDIX III STATE FIRE and EMS MOBILIZATION PLAN – AMB. TASK FORCES

Massachusetts MCI Task Force Membership

Colors mark same ambulance services

District	Task Force	Leader	Alternate Leader	Ambulances					Alternate Ambulance
District One	ATF1-A	Sandwich	Mashpee	Bourne	Sandwich	Falmouth	Mashpee	C-O-Mmills	West Barnstable
District One	ATF1-B	Cotuit	Hyannis	Hyannis	Yarmouth	Dennis	Harwich	Cape Cod Amb.	Cotuit
District One	ATF1-C	Chatham	Orleans	Brewster	Orleans	Chatham	Eastham	Cape Cod Amb.	Barnstable
District Two	ATF2-A	Abington	Hanson	Abington	Hanson	Whitman	E. Bridgewater	AMR (Brockton)	Norwell
District Two	ATF2-B	Hanover	Norwell	Hanover	Norwell	Rockland	Scituate	Cohasset	Hingham
District Two	ATF2-C	Pembroke	Duxbury	Pembroke	Duxbury	Plympton	Marshfield	Kingston	AMR (Plymouth)
District Two	ATF2-D	Wareham	Marion	Marion	Carver EMS	AMR (Plymouth)	AMR (Middleboro)	Wareham EMS	Lakeville
District Two	ATF2-E	W. Bridgewater	Lakeville	W. Bridgewater	Bridgewater	Lakeville	Rochester	Halifax	AMR (Middleboro)
District Two	ATF2-F	AMR (North Brockton)	AMR	AMR	AMR	AMR	AMR	AMR	AMR
District Three	ATF3-A	Seekonk	Norton	Seekonk	Rehoboth	Attleboro	N. Attleboro	Plainville	AMR
District Three	ATF3-B	Raynham	Berkeley	Raynham	Norton	Berkeley	Freetown	Dighton	Mercy
District Three	ATF3-C	Somerset	Fairhaven	Fairhaven	Westport	Somerset	Swansea	Acushnet	Response
District Three	ATF3-D	Rehoboth	AMR	AMR	AMR	Mercy	Mercy	Response	Response
District Three	ATF3-E	Freetown	Response	Response	Response	Alert	Alert	AMR	Mercy
District Four	ATF4-A	Canton	Randolph	Canton	Easton	Holbrook	Norwood	Randolph	Stoughton
District Four	ATF4-B	Sharon	Stoughton	Avon	Canton	Sharon	Stoughton	Westwood	Randolph
District Four	ATF4-C	Franklin	Walpole	Franklin	Foxborough	Millis	Walpole	Wrentham	Sharon
District Four	ATF4-D	Medway	Norfolk	Bellingham	Franklin	Foxborough	Medway	Norfolk	Millis
District Five	ATF5-A	Topsfield	Middleton	Middleton	?	Northshore (Salem)	AMR	Northshore (Peabody)	Action
District Five	ATF5-B	Beverly	?	Hamilton	Northshore (Beverly)	?	?	Manchester	Rockport
District Five	ATF5-C	Lynnfield	Salem	Northshore	Lynnfield	Cataldo (Saugus)	Action (Swampscott)	AMR	?
District Six	ATF6-A	Andover	Tewksbury	Andover	Tewksbury	Wilmington	North Reading	Patriot (Dracut)	Trinity (Lowell)
District Six	ATF6-B	Bedford	Westford	Bedford	Westford	Trinity (Chelmsford)	Billerica	Patriot (Tyngsboro)	Trinity
District Six	ATF6-C	Ayer	Littleton	Ayer	Littleton	Groton	Pepperell	Shirley	Westford
District Seven	ATF7-A	Southbridge	Sturbridge	Brookfield	North Brookfield	Charlton	Southbridge	Sturbridge	Dudley
District Seven	ATF7-B	Oxford	Umass EMS	Spencer	Leicester	Oxford	Umass EMS	Webster	Oxford/EATF Brookfield
District Seven	ATF7-C	Douglas	Upton	Northbridge	Uxbridge	Upton	Douglas	Mendon	Blackstone
District Seven	ATF7-D	Auburn/Oxford	Eascare/AMR	AMR	AMR	Eascare	Eascare	K's	AMR
District Eight	ATF8-A	Sterling	West Boylston	Sterling	West Boylston	Hubbardston	Medstar	Woods	Townsend
District Eight	ATF8-B	Leominster	Westminster	Leominster	Winchendon	Clinton	Medstar	Woods	Westminster
District Nine	ATF9-A	Orange	Whatley	Orange	Athol	BHS	Whatley	Charlemont	Deerfield Rescue
District Ten	ATF10-A	Easthampton FD	Amherst FD	Easthampton FD	Amherst FD	Northampton	South Hadley	Ware Fire	Southampton FD
District Eleven	ATF11-A	West Springfield FD	Agawam FD	West Springfield FD	Agawam FD	Chicopee FD	Ludlow FD	Longmeadow FD	??
District Eleven	ATF11-B	Westfield FD	Wilbraham FD	Westfield FD	Wilbraham FD	AMR	Monson FD	[illegible]	??
District Eleven	ATF11-C	AMR	BHS	AMR	BHS	AMR	Palmer Ambulance Service	Six Flags Ambulance	??

Massachusetts MCI Task Force Membership

Colors mark same ambulance services

District	Task Force	Leader	Alternate Leader	Ambulances					Alternate Ambulance
District Twelve	ATF12-A	County	Dalton	Adams	North Adams	Northampton	Village	County	Lanesboro
District Twelve	ATF12-B	County	Dalton	Southern Berkshire VA	[illegible]	Dalton FD	AMR	County	Lenox
District Thirteen	ATF13A-North	Cambridge	Woburn	Cambridge	Woburn	Lynn	Action	Cataldo	Armstrong
District Thirteen	ATF13B-North	Winchester	Reading	Winchester	Reading	Cataldo	Armstrong	Action	Cataldo
District Thirteen	ATF13C-North	Boston EMS	Arlington	Boston EMS	Boston EMS	Arlington	Action	Cataldo	Action
District Thirteen	ATF13D-North	Armstrong	Cataldo	Cataldo	Cataldo	Action	Action	Armstrong	Boston EMS
District Thirteen	ATF13E-North	Armstrong	AMR	Armstrong	Armstrong	Armstrong	AMR	AMR	AMR
District Thirteen	ATF13F-West	Weston	Cambridge	Action	Cambridge	Needham	Armstrong	Cataldo	Action
District Thirteen	ATF13G-West	Action	Cataldo	Action	Action	Cataldo	Cataldo	Armstrong	Action
District Thirteen	ATF13H-West	Boston EMS	Cataldo	Boston EMS	Boston EMS	Armstrong	Cataldo	Action	Cataldo
District Thirteen	ATF13I-West	AMR	Fallon	AMR	AMR	Fallon	Fallon	Professional	AMR
District Thirteen	ATF13J-West	AMR	Armstrong	AMR	AMR	AMR	Armstrong	Armstrong	AMR
District Thirteen	ATF13K-South	Boston EMS	Fallon	Boston EMS	Boston EMS	Fallon	AMR	AMR	AMR
District Thirteen	ATF13L-South	Fallon	AMR	Fallon	Fallon	AMR	AMR	AMR	Fallon
District Thirteen	ATF13M-South	Fallon	AMR	Fallon	Fallon	Fallon	Fallon	Fallon	Fallon
District Thirteen	ATF13N-South	Fallon	Fallon	Fallon	Fallon	Fallon	Fallon	Fallon	Fallon
District Thirteen	ATF13O-South	Fallon	Fallon	Fallon	Fallon	Fallon	Fallon	Fallon	Fallon
District Fourteen	ATF14-A	Concord Fire	Boxboro Fire	Boxboro Fire	Concord Fire	Hudson Patriot	Maynard Fire	Stow Fire	Sudbury Fire
District Fourteen	ATF14-B	Natick Fire	Holliston Fire	Holliston Fire	Natick Fire	Sherborn Fire	Wayland Fire	AMR	AMR
District Fourteen	ATF14-C	Northboro Fire	Hopkinton Fire	Ashland Fire	Hopkinton Fire	Northboro Fire	Southboro Fire	Westboro Fire	Patriot
District Fourteen	ATF14-D	AMR	Pathways	AMR	AMR	AMR	Pathways	Pathways	Patriot
District Fifteen	ATF15-A	Haverhill	Methuen	Methuen	Patriot (Lawrence)	Trinity (Haverill)	AMR	North Andover	Lawrence General
District Fifteen	ATF15-B	Amesbury	Newburyport	Amesbury	Byfield	AMR (Newburyport)	?	Merrimac	Newbury

APPENDIX IV: REFERENCES AND RESOURCES

References

ASTM Standard: F1149, *Practice for Qualifications, Responsibilities, and Authority of Individuals and Institutions Providing Medical Direction of Emergency Medical Services*

Federal Emergency Management Agency, *Federal Response Plan*

Federal Emergency Management Agency, *Civil Preparedness Standard (CPS)*

National Interagency Fire Coordinating Group

National Wildlife Coordinating Group ICS Manuals

U.S. Department of Homeland Security, *National Incident Management System*

APPENDIX IV: MEMBERS OF THE EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB) STANDING COMMITTEE ON MCI PLANNING AND EVALUATION

Mike Aries, PFFM
Francesca Austin, VAMC/EMSHG/NDMS
Sheri Bemis, DLS
Jeanne Benincasa, Strategic Solutions Group
Janet Berkenfield, MDPH
Neil Blackington, Boston EMS
Lucy Britton, Berkshire Health Systems
Derrick Congdon, Metro Boston EMS Council
Neal Costigan, Armstrong Amb. Services
Roy Jones III, Brewster Fire Dept.
Gary Kleinman, U.S. Public Health Services
Ed McNamara, Central Mass. EMS
Linda Moriarty, Western Mass. EMS
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Edward Smith , West Bridgewater Fire Dept.
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Stephen Tucker , Hanover Fire Dept.