



### 2.3.2 Organization of the Medical Areas

Locations of the medical areas (Triage Area, Treatment Area, etc.) shall be determined by the Medical Group Supervisor. Selection of the locations will factor in the following considerations:

- Safe distance from the scene and hazards.
- Upwind from any noxious fumes.
- Adequate space for patient care, personnel, and in-coming / out-going vehicles.
- Environmental controls, if possible (out of wind, rain or extreme heat/cold).

The Medical Group Supervisor or his/her designee will oversee the designation and set up of specific medical areas until delegated to the Unit Leaders for each area listed below:

**Triage Area** – Location for the triage of patients.

**Treatment Area** – Location for the treatment of patients. In a small incident, one Treatment Area may be set up with patients grouped together according to triage levels (Immediate, Delayed and Minor). For larger incidents, separate Immediate, Delayed and Minor Treatment Areas are established.

**Patient Transport Area** – Location for loading patients into transporting vehicles. Ideally, the loading area should be adjacent to the treatment area(s) and in-line with the one way traffic from the Ambulance Staging Area. When a one-way traffic pattern is not possible due to the topography or building density, scene personnel should improvise (e.g. create a patient gurney shuttle using firefighters, etc.).

**Ambulance Staging Area** – Location for in-coming ambulances and other EMS personnel or equipment to report in and await assignment to the MCI response. In a small incident, the Ambulance Staging Area may be combined with the incident Staging Area for other response vehicles and personnel. In larger incidents, it may be a separate location.

**Morgue Area** – Location for holding the deceased.

## Section 2.4 San Francisco Alert Levels

San Francisco uses a classification scheme for MCI Levels that is similar to the one used by the California's Disaster Medical System. The progressive MCI Levels for San Francisco are important because they determine an alert level that is communicated to all EMS participants that corresponds to a specific set of actions they should take to respond to the MCI incident. **It is important to note that the cut off points for the number of victims needed to call either a**



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**Level 1, 2 or 3 MCI alert is flexible.** Section 3.4 of this Plan describes the operation use of the MCI alert levels. The chart on the next page describes the San Francisco alert levels followed by examples of types of incidents that would trigger those alerts.



## ALERT LEVELS

Level	Definition	Purpose	Example
<b>MCI YELLOW ALERT</b>	Incident with a <u>potential</u> for multiple casualties	“Heads Up” about a situation that may become a MCI.	Large residential building is on fire, but no victims have yet been identified.
<b>LEVEL 1 MCI (RED) ALERT</b>	MCI with <b>6 - 50 victims</b> of any triage level.	Notifies local EMS system about a MCI with 6 – 50 victims.	Bus accident with 15 patients all triaged as YELLOW.
<b>LEVEL 2 MCI (RED) ALERT</b>	MCI with <b>51 - 100</b> victims of any triage level. Requires resources from or distribution of casualties to neighboring counties.	Notifies local EMS and disaster system and Regional Mutual Aid System about a MCI with 51 – 100 victims.	Mass transit accident with 95 victims. Must send trauma patients to SFGH and Trauma Centers in nearby counties.
<b>LEVEL 3 MCI (RED) ALERT</b>	MCI with <b>101 or more</b> victims of any triage level. Requires resources from or distribution of casualties throughout the State or federal response system.	Notifies local EMS and city disaster system, Regional Mutual Aid System, State and Federal responders about MCI with > 101 victims. Assumes infrastructure is essentially intact, but has numerous disruptions.	High magnitude earthquake with hundreds of casualties.  Example: 1989 Loma Prieta Earthquake
<b>LEVEL 4 MCI (RED) ALERT</b>	Catastrophic disaster with significant infrastructure damage, and unknown number of injuries and deaths. Requires significant, long-term support from State and Federal governments.	Notifies local EMS and city disaster system, Regional Mutual Aid System, State and Federal responders about a catastrophic disaster. Recovery outlook is long-term.	San Francisco 1906 earthquake and fire.
<b>LEVEL ZERO MEDICAL 911 SYSTEM DISRUPTION</b>	Disruption of normal 911 operations due to: 1) Extreme 911 call volume causing ambulance shortage, AND/ OR 2) Hospital(s) issue closes it to 911 ambulances.	“Heads Up” about disruption to the medical 911 system. EMS and hospital providers may be requested to report about their resources (number of ambulances / hospital beds / etc.).	Extreme weather generates hundreds of medical 911 calls resulting in ambulance shortages and saturation of hospital emergency departments.