1. Fill out information on identifying information on the triage tag or attach a morgue tag or other label directly to the body. Include:
   - Date, time and location body found,
   - Name/address of decedent, if known,
   - If identified, how and when,
   - Name/phone of person making identity or filling out tag, and
   - Note any contamination

2. Personal effects must remain with the body at all times. If personal effects are found and thought to belong to a body, place them in a separate container and tag. Do not assume any loose effects belong to a body.

3. Place the body in a disaster body bag or in plastic sheeting and securely tie to prevent unwrapping. Attach a second exterior tag to the sheeting or pouch.

4. Move the properly tagged body with their personal effects to a separate, safeguarded location, preferably with refrigerated storage.

Section 2.3 Medical Group Organization

2.3.1 Medical Group Positions

EMS MCI field operations are the responsibility of the ICS Operations Section – Medical Group. Firescope defines the fifteen positions that comprise the Medical Group. Below briefly describes the roles and responsibilities for each Medical Group position. Detailed position descriptions for all Medical Group personnel are found in the Appendices.

1. Medical Branch Director – Has overall command of EMS field Operations in a full branch response. Responsible for the implementation of the Incident Action Plan within the Medical Branch. Reports to Operations Chief. Supervises Medical Group Supervisor(s) and Transportation function (Unit or Group). Reports out casualty information to the Operations Chief.

2. Medical Group Supervisor (MGS) - In charge of the Medical Group EMS field operations in an initial and reinforced level of response. Reports to the Medical Branch Director. Supervises Triage, Treatment and Transport Unit Leaders and Medical Supply Coordinator. Reports out casualty information to the Medical Branch Director.

3. Triage Unit Leader - Coordinates the triage of all patients. Reports to MGS. Supervises Triage Personnel / Litter Bearers and Morgue Manager.

4. <u>Triage Personnel</u> – Responsible for triaging patients and assigning them to appropriate Treatment Areas. Reports to Triage Unit Leader.

5. <u>Morgue Manager</u> - Responsible for Morgue Area functions. Reports to Triage Unit Leader.

6. <u>Treatment Unit Leader</u> - Coordinates on scene emergency medical treatment of all victims. Reports to MGS. Supervises Treatment Dispatch Manager, Immediate Treatment Manager, Delayed Treatment Manager and Minor Treatment Manager.

7. <u>Immediate Treatment Area Manager</u> – Responsible for treatment and re-triage of patients assigned to the Immediate Treatment Area.

8. <u>Delayed Treatment Area Manager</u> – Responsible for treatment and re-triage of patients assigned to the Delayed Treatment Area.

9. <u>Minor Treatment Area Manager</u> - Responsible for treatment and re-triage of patients assigned to the Minor Treatment Area.

10. <u>Treatment Dispatch Manager</u> – Coordinates movement of patients from Treatment Area to Transport Area. Reports to Treatment Unit Leader.

11. <u>Patient Transportation Unit Leader (or Group Supervisor)</u> - Oversees the coordination of patient transport vehicles and hospital destinations. Supervises Ground Ambulance Coordinator, Air Ambulance Coordinator and Medical Communications Coordinator. At his / her discretion, may add additional positions in Patient Transportation Unit to coordinate transportation to out-of-county destinations.

12. <u>Ground Ambulance Coordinator</u> - Coordinates ground ambulances. Reports to Transportation Unit Leader.

13. <u>Air Ambulance Coordinator -</u> Establishes and coordinates helispots and air medical operations with the Air Operations Group. Reports to Transportation Unit Leader.

14. <u>Medical Communications Coordinator</u> - Maintains medical communications with the Patient Distribution Group and selects the mode of transport and patient destination based upon patient need using patient condition information provided by the Treatment Dispatch Manager. Reports to Transportation Unit Leader.

15. <u>Medical Supply Coordinator</u> – Coordinates medical supply requests and maintains stock. Reports to MGS.

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, on 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 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**