



3.3.2 Second, Third and Subsequent On-Scene

Second on-Scene EMS units will report to Incident Commander or Medical Group Supervisor as directed. The Second-In Unit Paramedic (or EMT) #1 will be the Treatment Unit Leader and Paramedic (or EMT) # 2 will be the Transport Unit Leader until relieved by an EMS Officer. The Second EMS Field Staff On-Scene duties include:

- Report to Medical Group Supervisor to receive a Situation Report.
- 2nd EMS Field Supervisory Staff will normally be assigned the Transport Leader role.
- Utilize secondary Medical Channel (or cell phone) to talk to DEC to distribute patients to hospitals throughout City.
- The Incident Commander and / or Medical Group Supervisor can special call additional EMS Field Supervisory Staff to the scene, if required.

The **Third EMS Field Supervisory Staff On-Scene** duties include:

- Report to Medical Group Supervisor to receive a Situation Report.
- Determine if a Medical Branch with several Medical Groups will be established. Consult with Incident Commander who will make the final determination on the organization of the field medical response.
- 3rd EMS Field Supervisory Staff may serve as Medical Branch director, if established, or as an additional Medical Group Supervisor, or support Medical Group Supervisor, or Triage, Treatment or Transport Officers as directed by the MGS. Medical Branch Director or Medical Group Supervisor should be staffed with an experienced supervisor.

Subsequent ambulances will report to the Medical Group Supervisor who will direct the crews to the Treatment Area for staffing the Immediate, Delayed and Minor Treatment Areas.

Section 3.4 Alert Level Determination

The Incident Commander determines the appropriate alert levels based on the number of victims and if outside resources are needed to manage the incident. The lowest alert level to adequately meet the situational demands should be used.

A single alert level is issued for every incident. The alert level may be upgraded or downgraded at any time during the incident based on the direction of Incident Commander. It is important to note that the cut off points for the number of victims needed to call a Level 1, 2 or 3 MCI alert are flexible. For example, 30 pediatric trauma victims may require sending some of the victims to out-of-county destinations – a Level 2 MCI alert.



In a situation with more than one incident in progress, the incident that has the higher level of need will determine the alert issued. For example, Incident #1 is a Level 1 MCI Alert and Incident #2 is a Level 2 MCI Alert. The Incident Commander will select a Level 2 MCI Alert – the higher level of the two possible alerts.

Section 3.5 EMS, 911 Dispatch and Hospitals Communications

1. The Incident Commander on scene radios a Situation Report on the initial Control Channel to DEC (911 Dispatch) within the first 15 minutes that includes:
 - Yellow or Red Alert
 - If Red Alert – the alert level,
 - Location of Incident and Name of Command,
 - Type of Incident/Nature of Incident;
 - Hazards (if present),
 - Number of victims (estimated or actual number),
 - Command Post and Staging Locations,
 - Initial route of Ingress (best route to enter) and Egress, and
 - Additional and / or Specialized Resources if needed.
2. SFFD Officers located at DEC relays the initial situation report to hospital Emergency Departments via Reddinet and an open channel on B13/ B14*. A Reddinet bed poll is also initiated. The SFFD Rescue Captain may assist in some of these functions with support from the Lieutenant, Battalion Chief, and civilian supervisors.
3. During a MCI, all Emergency Department Charge Nurses are required to:
 - Monitor Reddinet and the 800 MHz radios for the duration of the MCI;
 - Input the number of available ED beds for Immediate (Red), Delayed (Yellow) and Minor (Green) patients **within the first 15 minutes or less;** and
 - Update the number of available ED beds as appropriate for the duration of the MCI.
4. SFFD Officer located at DEC radios on B15*, the information reported on Reddinet on the number and types of MCI patients that each hospital can take to the Medical Group Supervisor or Patient Transport Officer.
5. Medical Group Supervisor or Patient Transport Officer will radio back to the SFFD Officer located at DEC which hospitals will receive patients, how many, what type, and any special needs (pediatrics, hazmat). Updates will be provided every 30 minutes or anytime there is a significant change in the MCI incident.