

INCIDENT COMMAND SYSTEM

Position Manual

MEDICAL UNIT LEADER- HIGH RISE INCIDENT

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This document contains information relative to the Incident Command System (ICS) component of the National Incident Management System (NIMS). This is the same Incident Command System developed by FIREScope.

Additional information and documentation can be obtained from the following sources:

OES - FIREScope -OCC
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CHECKLIST

CHECKLIST USE: The checklist presented below should be considered as a minimum requirement for the position. Users of this manual should feel free to augment these lists as necessary. Note that some of the activities are one-time actions while others are ongoing for the duration of an incident.

HIGH RISE INCIDENT MEDICAL UNIT LEADER CHECKLIST:

- a. Obtain briefing from Logistics Section Chief, Service Branch Director or Incident Commander.
- b. Participate in Service Branch/Logistics Section planning activities.
- c. Assess current situation and request necessary resources.
- d. Prepare the Incident Medical Plan (ICS Form 206).
- e. Establish aid stations, arrange emergency transport units and equipment, and assign personnel.
- f. Establish Rehabilitation locations, assign personnel and equipment as required in the Incident Action Plan.
- g. Coordinate plans and activities with the Operations Section Medical Branch or Group.
- h. Prepare Medical Reports and forms as needed or requested.
- i. Secure operations and demobilize personnel as determined by the Demobilization Plan.
- j. Maintain Unit/Activity Log (ICS Form 214).

ORGANIZATION, PERSONNEL AND PROCEDURES

ORGANIZATION: The Medical Unit Leader is primarily responsible for the development of the Medical Emergency Plan, providing medical aid and transportation for injured and ill incident personnel, providing Rehabilitation services, and preparation of reports and records. The Medical Unit may also assist Operations in supplying medical care and transportation to civilian casualties, but this is normally limited to situations where civilian casualties are few or not anticipated. The Medical Unit Leader reports to the Service Branch Director (if established), or the Logistics Section Chief (see Figure 2-1). The Medical Unit Leader may interact with Agency Representatives if injuries or illness involves another agency's personnel.

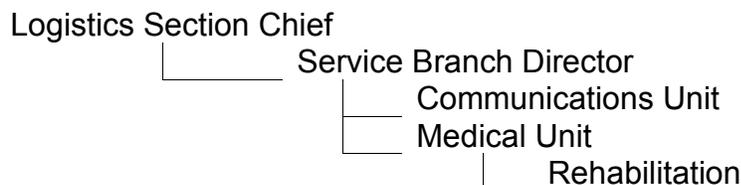


Figure 2-1 Medical Unit and Incident Command System Organization.

PERSONNEL: The number of personnel needed to perform the major responsibilities assigned to the unit will vary based upon the size, duration and complexity of the incident. The minimum number of personnel may be estimated from the information presented below.

MAJOR ACTIVITIES AND PROCEDURES: The major responsibilities of the High Rise Incident Medical Unit Leader are stated below. Following each responsibility are general procedures for implementing the activity:

- a. Obtain briefing from Logistics Section Chief, Service Branch Director or Incident Commander. The briefing should provide information or direction on the following:
 1. Determine expected scope and duration of incident.
 2. Identify location of fire operations, Staging Area, Base, and approved usable stairwells. Determine which elevators are approved for use.
 3. Obtain information regarding injuries or illness that occurred prior to arrival.
 4. Obtain information regarding participating agencies and on-scene resources.
- b. Participate in Service Branch/Logistics Section planning activities. Provide input on medical related situations and conditions.
- c. Assess current situation and request necessary resources:
 1. Evaluate current fire conditions and building layout with reference to injury potential and medical evacuation limitations.
 2. Identify number of personnel needed to staff medical aid stations in Staging, Rehabilitation Area assessment, and Advanced Life Support Teams.
 3. Identify medical equipment and victim evacuation equipment needed at aid stations.
 4. Determine the number of ambulances needed on standby and available in the area.
- d. Prepare the Incident Medical Plan (ICS Form 206):
 1. Identify incident treatment, evacuation and transportation plans.
 2. Identify closest hospitals for routine treatment, trauma treatment, and burn injury treatment.
 3. Establish the notification and response communications plan for medical emergencies.
 4. Complete the written Incident Medical Plan (ICS Form 206).
 5. Request Safety Officer review of the Incident Medical Plan.
 6. Distribute, or submit for distribution, the plan to Section Chiefs, Branch Directors, Division and Group Supervisors.

- e. Establish aid stations, arrange emergency transport units and equipment, and assign personnel:
 - 1. Staff and equip aid stations in the Staging Area in cooperation with the Staging Area Manager and in Base. Aid stations should be staffed at the Basic Life Support/EMT level as a minimum.
 - 2. Position stretchers, evacuation chairs or other suitable equipment in the Staging Area, Lobby or other appropriate locations.
 - 3. Staff and equip an Advanced Life Support level team and position according to the incident needs and conditions.
- f. Assign personnel and equipment to Rehabilitation locations as directed or required in the Incident Action Plan:
 - Assign Medical Unit personnel to perform basic crew health checks as suppression personnel rotate into the Rehabilitation areas. This function may be combined with aid station functions if care is not significantly compromised.
- g. Coordinate plans and activities with the Operations Section Medical Branch or Group:
 - 1. Consult with Operations Section regarding civilian casualties and expectation. If appropriate, add necessary resources to Medical Unit.
 - 2. Obtain information on Operations Section Medical Branch or Group activities and resources for integration of resources as needed.
- h. Prepare Medical Reports and forms as needed or requested:
 - 1. Provide appropriate follow up for each incident injury or illness to assure proper completion of records and reports, such as Workers Compensation, and care provider reports.
 - 2. Assure that reports are submitted as required. Coordinate with Agency Representative of other responding agencies regarding injured personnel. Prepare requested reports for the Incident Commander regarding all injuries.
- i. Secure operations and demobilize personnel as determined by the Demobilization Plan.
- j. Maintain Unit/Activity Log (ICS Form 214).