

INCIDENT COMMAND SYSTEM
MULTI-CASUALTY

Treatment Unit Leader

I-MC-336

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COURSE OUTLINE

COURSE TITLE: I-MC-336 Treatment Unit Leader

Time: 15.5 Hours

COURSE OBJECTIVES:

1. Provide trainees with a working knowledge of the ICS Multi-Casualty Branch organizational structure and operations of the Treatment Unit.
 2. Teach trainees how to staff and organize subordinate units within the Treatment Unit.
 3. Provide trainees with information on logistical and physical needs for development and activation of patient treatment areas.
 4. Teach trainees the duties and responsibilities of the Treatment Unit Leader and subordinate positions.
 5. Provide trainees with information on the intra-branch working relationships and lines of communications.
 6. Teach trainees how to effectively demobilize the Treatment Unit.
 7. Provide trainees with opportunity to apply their knowledge through practical demonstrations.
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COURSE CONTENT:

Unit 1: Introduction to I-MC-336 Treatment Unit Leader	1 hour
Unit 2: Staffing and Organizing the Treatment Unit	1.5 hours
Unit 3: Logistical and Physical Needs of the Treatment Unit	1 hour
Unit 4: Duties and Responsibilities of the Treatment Unit Leader	2 hours
Unit 5: Intra-Branch Relationships	1 hour
Unit 6: Demobilization of the Treatment Unit	1 hour
Unit 7: Group Exercises (position role play)	<u>8 hours</u>
	TOTAL: 15.5 HOURS

UNIT 1: LESSON PLAN

TOPIC: Introduction To I-MC-336 Treatment Unit Leader

LEVEL: I

TIME: 1 Hour

BEHAVIORAL OBJECTIVES:

Given: Simulated role play exercises and a written exam.

Performance: Each trainee will be able to identify the organizational structure and general goals of the Treatment Unit Leader.

Standard: By performance in the role play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-4 Treatment Unit Leader Position Manual, ICS-MC-120-1 Multi-Casualty Operational System Description, ICS 420-1 Field Operations Guide

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

Within the Incident Command System lies a variety of positions which in their own right are critical to the successful completion of any incident. The Treatment Unit Leader, as a position in the Multi-Casualty Branch, has the ever critical task of ensuring responsible, timely and accurate care is rendered to the victims of a multi-casualty incident. These responsibilities are not easily met and require a working knowledge of ICS and the philosophies of rendering patient care in a multi-casualty setting.

This course is designed to give you the knowledge and experience required to be an effective Treatment Unit Leader.

UNIT 1: Introduction to I-MC-336 Treatment Unit Leader

PRESENTATION	APPLICATION
<p>Introduction of trainees and instructors</p> <p>Administrative details:</p> <ol style="list-style-type: none"> 1. Parking 2. Classroom rules 3. Facilities 4. Meal and break schedules 5. Telephones and messages 6. Registration 7. Specific course requirements <ol style="list-style-type: none"> a. Written examination b. Practical exercise c. Attendance 	<p>Where does the Treatment Unit fit in the ICS organizational structure?</p>
<p>01-01-I-MC-336-VG</p> <p>A function of the Operations Sections and, if established, the Multi-Casualty Medical Group/ Division.</p>	<p>Which sub-positions are found within the Treatment Unit?</p>
<p>01-02-I-MC-336-VG</p> <p>Treatment Dispatch Manager Treatment Manager(s)</p>	<p>What is the primary responsibility of the Treatment Unit Leader?</p>
<p>Management of patient treatment areas.</p> <p>01-03-I-MC-336-VG</p>	<p>What are the general goals for the Treatment Unit Leader?</p>

PRESENTATION	APPLICATION
<p>To establish an organization capable of handling incident needs including:</p> <ol style="list-style-type: none"> 1. Patient Treatment 2. Supply Needs 3. Coordination with other ICS functions 4. Supervision of assigned personnel <p>01-04-I-MC-336-VG</p>	<p>What are the general goals for the Treatment Dispatch Manager?</p>
<p>To ensure patients within the treatment area are transported appropriately and efficiently by:</p> <ol style="list-style-type: none"> 1. Establishing coordination with Treatment Managers and Medical Communications Coordinator. 2. Verification of patient priorities and readiness for transportation. 3. Coordination of ambulance loading. 4. Maintaining appropriate patient tracking records. <p>01-05-I-MC-336-VG</p>	<p>What are the general goals for the Treatment Managers?</p>
<p>To assure appropriate, prompt, and efficient medical treatment is given to all patients by:</p>	

PRESENTATION	APPLICATION
<ol style="list-style-type: none">1. Utilizing appropriate numbers and types of medical teams.2. Projecting and requesting appropriate resources.3. Coordination with Treatment Dispatch Manager.4. Assuring patient priorities are updated, needs addressed, and appropriate documentation completed.5. Supervision and management of assigned personnel.	

SUMMARY: Within this lesson you have been introduced to the key positions and goals for the Treatment Unit. This includes the Treatment Unit Leader, the Treatment Dispatch Manager, and the Treatment Managers. General goals include the prompt, appropriate and efficient treatment of patients, inter and intra ICS organization coordination, and completion of appropriate records and reports.

The Treatment Unit is a function within the Medical Group/Division of the Multi-Casualty Branch of the ICS Operations Section.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the course.

ASSIGNMENT: Review all handouts, trainee manuals, and notes.

UNIT 2: LESSON PLAN

TOPIC: Staffing and Organizing the Treatment Unit

LEVEL: I

TIME: 1.5 Hours

BEHAVIORAL OBJECTIVES:

Given: Simulated role play exercises and a written exam.

Performance: The trainee will determine the staffing and organizational requirements of a Treatment Unit during a given multi-casualty incident.

Standard: By performance in the role play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-4 Treatment Unit Leader Position Manual; ICS-MC-120-1 Multi-Casualty Operational System Description

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

Adequate staffing and appropriate organization are key elements to the successful operation of the Treatment Unit. A working knowledge of basic organizational structure will aid the Unit Leader in accomplishing this task quickly. A thorough knowledge and understanding of the types of resources needed for various incidents is critical if patients are to be treated appropriately and lives saved.

This unit will provide you with the knowledge and specifics required to quickly and efficiently organize and staff a Treatment Unit to meet the needs of an incident with varying sizes and complexities.

UNIT 2: Staffing and Organizing the Treatment Unit

PRESENTATION	APPLICATION
<p>02-01-I-MC-336-VG</p> <p>The Treatment Unit Leader is responsible for organizing a unit capable of handling incidents needs including:</p> <ol style="list-style-type: none"> 1. Patient treatment 2. Identifying supply needs 3. Coordination with other ICS functions 4. Supervision of personnel 	<p>What responsibilities does the Treatment Unit Leader have in establishing and organizing a Treatment Unit?</p>
<p>02-02-I-MC-336-VG</p> <ol style="list-style-type: none"> 1. Treatment Unit Leader 2. Treatment Dispatch Manager 3. Treatment Managers <ul style="list-style-type: none"> - Immediate - Delayed - Minor 4. Medical Teams 5. Litter Bearers 6. Recorders 	<p>What positions are within the Treatment Unit?</p>
<p>02-03-I-MC-336-VG</p> <p>Discuss organizational chart for Treatment Unit.</p>	<p>How is the Treatment Unit organized when fully developed?</p> <p>What relationship does the size of the incident have on the development of the Treatment Unit?</p>

PRESENTATION	APPLICATION
<p>Size, complexity, number of patients and status of patients will affect the level of response.</p>	
<p>Four levels of response are generally used for multi-casualty incidents.</p>	
<p>02-04-I-MC-336-VG Initial Response Level Organization</p>	<p>Instructor Note: Discuss each organizational chart and growth of Treatment Unit.</p>
<p>02-05-I-MC-336-VG Reinforced Response Level Organization</p>	
<p>02-06-I-MC-336-VG Multi-Leader Response Level Organization</p>	
<p>02-07-I-MC-336-VG Full Branch Response Level Organization</p>	
<p>Number and category of patients.</p>	<p>What specific parameters are used in determining personnel requirements for treatment teams?</p>
<p>Recommended minimum Treatment Unit staffing includes:</p>	
<p>02-08-I-MC-336-VG</p> <ol style="list-style-type: none"> 1. Immediate Category patients: 1 ALS and 1 BLS staff per patient and 4 Litter Bearers 2. Delayed Category patients 1 BLS per patient 1 ALS per 3 patients and 4 Litter Bearers 3. Minor Category patients 1 BLS per 3 patients 	

PRESENTATION	APPLICATION
<p>Treatment teams are organized by type based on the number and qualifications of personnel.</p> <p>02-09-I-MC-336-VG</p> <p>Type I teams consist of 2 ALS personnel and 3 BLS personnel.</p> <p>Type 2 teams consist of 2 ALS personnel.</p> <p>Type 3 teams consist of 3 BLS personnel.</p>	<p>How are treatment teams organized?</p>
<p>02-10-I-MC-336-VG</p> <p>Advanced Life Support (ALS) personnel include:</p> <ul style="list-style-type: none"> Medical doctor Registered nurse EMT-P (paramedic) EMT-II (intermediate) <p>Basic Life Support (BLS) personnel include:</p> <ul style="list-style-type: none"> Licensed Vocational Nurse EMT-I (basic) Medical First Responder Advanced First Aid Basic First Aid 	<p>What level of training and education determines an ALS person or a BLS person?</p>
	<p>How should staffing needs be requested?</p>

PRESENTATION	APPLICATION
<p>The Treatment Unit Leader should submit staffing requests to the Medical Group/Division Supervisor as soon as needs are determined.</p> <p>Personnel should be requested by number and type of team.</p> <p>Normal ICS span of control should be maintained utilizing Treatment Team Managers as needed.</p> <p>The Treatment Unit Leader is responsible for verifying qualifications of assigned medical personnel. This may be accomplished through the Treatment Team Managers.</p> <p>02-11-I-MC-336-VG 28 ALS personnel 41 BLS personnel 8 Litter bearers</p> <p>This need could be requested as 14 Type I Medical Teams plus 8 Litter Bearers.</p> <p style="text-align: center;">or</p> <p>14 Type 2 teams 14 Type 3 teams 8 Litter Bearers</p> <p>Minimum staffing requirements recommended are based on ideal situations. Specific requests will have to take into consideration local resources availability and overall incident status.</p>	<p>What about span of control?</p> <p>Who is responsible for verifying staff qualifications?</p> <p>Based on a medical disaster involving 50 casualties with 23 immediate, 13 delayed and 14 minor patients, what staffing requirements may be anticipated?</p>

SUMMARY: The staffing and organization of the Treatment Unit is an essential responsibility of the Unit Leader. As presented, the Multi-Casualty Branch is designed to expand with incident needs. Treatment teams are classified and numbered to ease the Unit Leader's task of ordering resources. Normal ICS span of control considerations should be used to maintain organization and control of unit functions.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the course.

ASSIGNMENT: Review all handouts, trainee manuals, and notes.

UNIT 3: LESSON PLAN

TOPIC: Logistical and Physical Needs of the Treatment Unit

LEVEL: I

TIME: 1 Hour

BEHAVIORAL OBJECTIVES:

Given: Simulated role play exercises and a written exam.

Performance: Trainee will determine the logistical support requirements and physical needs of a Treatment Unit Leader during a given multi-casualty incident.

Standard: By performance in the role play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-4 Treatment Unit Leader Position Manual; ICS-MC-120-1 Multi-Casualty Operational System Description

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

Determining logistical and physical needs are critical elements in the implementation of the Treatment Unit. Knowing the what, where, and how's of the unit will allow the leader to establish an effective and efficient patient treatment center in a timely and organized manner. A thorough understanding of the basic needs for successful operation of the Treatment Unit will only provide for better patient care.

This unit will provide you with the knowledge and specifics required to determine and obtain the logistical and physical requirements of a Treatment Unit in meeting the needs of an incident with varying sizes and complexities.

UNIT 3: Logistical and Physical Needs of the Treatment Unit

PRESENTATION	APPLICATION
<p>Developing a list of requirements for establishing a Treatment Unit begins with a needs assessment.</p> <p>Needs assessment should begin by obtaining basic incident facts.</p> <p>03-01-I-MC-336-VG</p> <p>Basic incident facts include:</p> <ol style="list-style-type: none"> 1. Location of incident. 2. Time of day. 3. Anticipated duration of incident. 4. Estimated number of casualties. 5. Location/availability of potential incident treatment areas. 6. Assigned/available resources and personnel. <p>Specific logistical and physical needs of the Treatment Unit are incident dependent, but can generally be viewed from 3 perspectives.</p>	<p>What basic incident facts should be obtained in beginning a needs assessment?</p>
<p>03-02-I-MC-336-VG</p> <ol style="list-style-type: none"> 1. Treatment area requirements. 2. Patient needs. 3. Personnel needs. 	<p>What 3 perspectives should be considered?</p>

PRESENTATION	APPLICATION
<p>Possible treatment area requirements (partial list)</p> <ol style="list-style-type: none"> 1. Easy access/egress. 2. Utility access (electrical, water). 3. Area identification markers. 4. Lights. 5. Ground covers. 6. Shelter from environment. 7. Security/controlled access. 8. Heating/air conditioning or circulation. 9. Separate areas for each category of patient. 10. Rest area for incident personnel. 11. Waste storage. 12. Communications (radio, telephone). <p>Possible patient needs (partial list)</p> <ol style="list-style-type: none"> 1. Protection from environment. 2. Security of valuables. 3. Blankets. 4. Cots/stretchers. 5. General medical supplies (expendable and reusable) <p>Bandages Sand bags Ice/cold packs Irrigation solutions Oxygen supplies C-collars Backboards Splints</p>	<p>Instructor Note: Review instructor information sheet for group activity plan .</p> <p>Instructor Note: Augment trainee list of needs as necessary based on information listed in presentation.</p>

PRESENTATION	APPLICATION
<p>Possible personnel needs (partial list)</p> <ol style="list-style-type: none">1. Resting area away from treatment areas.2. Food/beverages.3. Cots/blankets.4. Access to communications.5. Access to incident debriefing teams.6. Protection from environment.7. Clothing exchange.8. Restroom/washing facilities.	

SUMMARY: During this unit you have discussed the wide variety of physical and logistical concerns which you must consider when establishing a Treatment Unit. This involves a triple perspective view of the incident which includes treatment area requirements, patient needs and personnel needs. Needs are incident driven and will vary to some degree with each incident.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the course.

ASSIGNMENT: Review all handouts, trainee manuals, and notes.

UNIT 4: LESSON PLAN

TOPIC: Duties and Responsibilities of the Treatment Unit Leader

LEVEL: I

TIME: 2 Hours

BEHAVIORAL OBJECTIVES:

Given: Simulated role play exercises and a written exam.

Performance: Trainee will identify and perform the duties and responsibilities of a Treatment Unit Leader during a given multi-casualty incident.

Standard: By performance in the role play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-4 Treatment Unit Leader Position Manual, ICS-MC-120-1 Multi-Casualty Operational System Description

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

As with each position in the Incident Command System, the Treatment Unit Leader has very specific duties and responsibilities. To function effectively, the Unit Leader must thoroughly understand each of these duties and responsibilities and be prepared to perform quickly and efficiently. This understanding will relate directly to the safe and proper functioning of the unit which will result in lives being saved.

This unit will provide you with the knowledge and specifics required to perform the duties and responsibilities of a Treatment Unit Leader for incidents of varying size and complexity.

UNIT 4: Duties and Responsibilities of the Treatment Unit Leader

PRESENTATION	APPLICATION
<p>The duties and responsibilities of the Treatment Unit Leader are numerous and cover a variety of concerns.</p> <p>04-01-I-MC-336-VG</p> <p>1. Check-in and obtain briefing from Medical Group/Division Supervisor.</p> <p>Incident Briefing Form (ICS 201) or that information verbally which includes, but is not limited to:</p> <ul style="list-style-type: none"> Incident Organization Incident Layout Summary of Current Actions Resource Summary Incident Objectives <p>Initial instructions concerning work activities.</p> <p>When available, obtain a Position Kit and/or Incident Action Plan.</p>	<p>What are the major duties and responsibilities of the Treatment Unit Leader?</p> <p>The briefing should include what elements?</p>
<p>04-02-I-MC-336-VG</p> <p>2. Develop organization sufficient to handle assignment.</p> <p>04-03-I-MC-336-VG</p> <p>04-04-I-MC-336-VG</p> <p>04-05-I-MC-336-VG</p>	<p>Instructor Note: Review staffing recommendations presented in Unit 2.</p> <p>When should the organization be expanded?</p>

PRESENTATION	APPLICATION
<p>The organization should be expanded whenever it is necessary to maintain control utilizing ICS guidelines for span of control.</p> <p>Normal guideline is 3 to 7 subordinate positions per unit leader.</p> <p>04-06-I-MC-336-VG</p> <p>3. Direct and supervise Treatment Dispatch, Immediate, Delayed and Minor Treatment Areas.</p> <p>04-07-I-MC-336-VG</p> <p>Safety instructions including communicable disease precautions..</p> <p>Provide relief personnel for extended incidents.</p> <p>Monitoring stress and fatigue indicators.</p> <p>04-08-I-MC-336-VG</p> <p>4. Coordinate movement of patients from Triage Area to Treatment Area.</p>	<p>What major areas of concern should be considered for direction and supervision of subordinates?</p>

PRESENTATION	APPLICATION
<p>The Triage Unit Leader must be notified as to the location and access routes to each Treatment Area.</p> <p>04-09-I-MC-336-VG</p> <p>5. Request sufficient medical caches and supplies as necessary.</p> <p>Requirements will be based on incident projections for current and future operational periods.</p>	<p>What information must be given to the Triage Unit Leader?</p>
<p>Supply requirements should be relayed to the Medical Supply Coordinator.</p> <p>04-10-I-MC-336-VG</p> <p>6. Establish communications and coordination with Transportation Group.</p>	<p>To whom do you communicate supply requirements?</p>
<p>Coordinate communication needs with the Communication Unit Leader if established.</p> <p>Coordinate operational needs with functioning Patient Transportation Group positions.</p> <p>04-11-I-MC-336-VG</p> <p>7. Ensure continual triage of patients throughout treatment areas.</p>	<p>What ICS position will assist with communication needs?</p>

PRESENTATION	APPLICATION
<p>It is a primary goal of the unit to ensure all victims are treated appropriately, efficiently and quickly. This goal can only be obtained through continual patient assessment.</p> <p>04-12-I-MC-336-VG</p> <p>8. Direct movement of patients to ambulance -loading area(s).</p> <p>Patient Transportation Group, Treatment Dispatch Manager and the Treatment Managers.</p> <p>Litter Bearers</p>	<p>Why is continual triage an important element in the function of the Treatment Unit?</p> <p>Which ICS functions must coordinate to accomplish efficient patient loading?</p>
<p>04-13-I-MC-336-VG</p> <p>9. Give periodic status reports to Medical Group/Division Supervisor.</p> <p>Once per operational period unless the situation warrants otherwise.</p>	<p>How often should reports be given?</p> <p>What minimum information should be given during the periodic reports?</p>
<p>04-14-I-MC-336-VG</p> <p>Number of patients treated and transported.</p> <p>Number of patients pending transportation.</p> <p>Projected needs.</p>	

PRESENTATION	APPLICATION
<p>04-15-I-MC-336-VG</p> <p>10. Maintain Unit Log (ICS 214). Record significant events or actions.</p> <p>Unit Logs are to be submitted through your supervisor to the Documentation Unit.</p> <p>Unit Logs are to be submitted at the end of each operational period.</p> <p>The Treatment Unit Leader must also be familiar with the major duties and responsibilities of subordinate positions.</p> <p>The Treatment Dispatch Manager and Treatment Managers.</p>	<p>Who do you submit the Unit Log to?</p> <p>When are Unit Logs submitted?</p> <p>What are the two key subordinate positions under the Treatment Unit Leader?</p> <p>What are the major functions of the Treatment Dispatch Manager?</p>
<p>04-16-I-MC-336-VG</p> <ol style="list-style-type: none"> 1. Check-in and obtain briefing from Treatment Unit Leader. 2. Establish communications with treatment areas. 3. Establish communications with Patient Transportation Group. <p>04-17-I-MC-336-VG</p> <ol style="list-style-type: none"> 4. Verify that patients are prioritized for transportation. 	

PRESENTATION	APPLICATION
<p>Confirm information regarding number of patients ready for transport by treatment priority.</p> <p>Determine any special transport needs.</p> <ol style="list-style-type: none"> 5. Advise Medical Communications Coordinator of patient readiness and priority for dispatch. 6. Coordinate transportation of patients with Medical Communications Coordinator. <p>04-18-I-MC-336-VG</p> <ol style="list-style-type: none"> 7. Assure that appropriate patient tracking information is recorded. 8. Coordinate ambulance-loading with Treatment Manager and ambulance personnel. <p>04-19-I-MC-336-VG</p> <p>A standardized form for keeping track of patient transportation should be utilized. Local/agency specific requirements or forms should be considered.</p>	
<p>04-20-I-MC-336-VG</p> <ol style="list-style-type: none"> 1. Check-in and obtain briefing from Treatment Unit Leader and brief subordinates. 2. Request or establish medical teams as necessary. 	<p>What are the major functions of the Treatment Managers?</p>

PRESENTATION	APPLICATION
<p>3. Assign treatment personnel to patients received in treatment areas.</p>	<p>Note: Review staffing guidelines presented in Unit 2 Staffing and Organizing the Treatment Unit.</p>
<p>04-21-I-MC-336-VG</p> <p>4. Ensure treatment of patients triaged to treatment areas.</p> <p>5. Assure that patients are prioritized for transportation.</p> <p>6. Coordinate transportation of patients with Treatment Dispatch Manager.</p>	
<p>04-22-I-MC-336-VG</p> <p>7. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.</p> <p>8. Assure that appropriate patient information is recorded.</p>	
<p>Patient logs should be developed based on agency/local specifics and should be designed to support the Triage Tag System in use as well as document patient care and treatment.</p> <p>9. Coordinate, as appropriate, volunteer personnel/organizations through Agency Representatives and Treatment Unit Leader.</p>	

SUMMARY: The duties and responsibilities of the Treatment Unit Leader and assigned personnel are numerous. The primary focus of these responsibilities is in providing efficient, appropriate and timely patient care. Personnel qualified as a Treatment Unit Leader should review the checklist for the position and subordinate positions prior to assuming duty.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the course.

ASSIGNMENT: Review all handouts, trainee manuals, and notes.

UNIT 5: LESSON PLAN

TOPIC: Intra-Branch Relationships

LEVEL: I

TIME: 1 Hour

BEHAVIORAL OBJECTIVES:

Given: Simulated role play exercises and a written exam.

Performance: Trainee will identify the intra-branch relationships and lines of communication required for the operations of the Treatment Unit.

Standard: By performance in the role play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-4 Treatment Unit Leader Position Manual; ICS-MC-120-1 Multi-Casualty Operational System Description

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

The successful operation of any unit within an incident requires that personnel have a thorough knowledge and understanding of the various lines of communication and relationships which are developed. The working relationships developed within the Medical Branch, and particularly with the Treatment Unit, are critical to the efficient processing of injured patients.

This unit will provide you the specific lines of communication and an overview of the intra-branch relationships for a Treatment Unit Leader for incidents of varying size and complexity.

UNIT 5: Intra-Branch Relationships

PRESENTATION	APPLICATION
<p>To rapidly and efficiently provide care to patients received in the Treatment Area(s).</p> <p>To accomplish this task, the members of the Treatment Unit must:</p> <p>05-01-I-MC-336-VG</p> <ol style="list-style-type: none"> 1. Know and understand the formal organization. 2. Work within lines of authority. 3. Develop and maintain an organization capable of meeting needs. 	<p>What is the primary task of the Treatment Unit?</p>
<p>As with any organization, communications is the key to success.</p> <p>Good communication during an incident will eliminate disagreements and time wasters.</p> <p>The typical question of "Who's in charge?" is easily answered by following the established lines of communication.</p>	<p>What is the key to a successful operation?</p>
<p>Pre-planning.</p>	<p>What's the easiest way to have good incident communication from the beginning?</p>

PRESENTATION	APPLICATION
<p>As with any emergency ground operations--if pre-planning has been used--including:</p> <ul style="list-style-type: none"> Training Practical exercises Feedback/evaluation <p>Then the ultimate problem, Stress -- will be avoided.</p> <p>To avoid stress, you must understand the organization and lines of communication.</p> <p>No.</p> <p>05-02-I-MC-336-VG</p> <p>Communication between the Treatment Dispatch Manager and the Medical Communications Coordinator.</p> <p>These two positions are the focal points for integrating patients at the scene with the community or regional medical system.</p> <p>Treatment Managers to Treatment Dispatch Manager.</p>	<p>Are the lines of communication for Treatment Unit positions restricted to the organizational lines?</p> <p>Note: Review organizational chart of a Full Branch Response for lines of communication and organizational design.</p> <p>What is the most critical line of communication within the Medical Branch organization?</p> <p>Within the Treatment Unit, which lines of communication are vital?</p>

PRESENTATION	APPLICATION
<p>These positions must communicate openly and frequently to ensure patient treatment needs are secured, including:</p> <p>05-03-I-MC-336-VG</p> <ul style="list-style-type: none"> • Appropriate transportation • Medical needs during transportation • Appropriate receiving facility • Adequate documentation <p>Treatment Managers/Treatment Dispatch Managers to the Unit Leader.</p> <p>The Unit Leader must continually assess unit needs.</p> <p>Assessment can only come from direct communication with unit subordinates.</p>	<p>What other lines of communication are necessary to maintain an efficient operation?</p> <p>Assessment of unit needs should include what items?</p>
<p>05-04-I-MC-336-VG</p> <ol style="list-style-type: none"> 1. Patient needs 2. Personnel needs 3. Physical/logistical needs 	

SUMMARY: The intra-branch relations of the Multi-Casualty Branch are the key factors to a successful operation. The rapid and efficient treatment of patients and their integration into the local medical system is the primary task of the Treatment Unit. The success of the operation is keyed on reducing operational stress through communication and pre-planning.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the course.

ASSIGNMENT: Review all handouts, trainee manuals, and notes.

UNIT 6: LESSON PLAN

TOPIC: Demobilization of the Treatment Unit

LEVEL: I

TIME: 1 Hour

OPERATIONAL OBJECTIVE:

Given: Simulated role play exercises and a written exam.

Performance: The trainee will identify the procedures required for the demobilization of the Treatment Unit Leader.

Standard: By performance in the role play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-4 Treatment Unit Leader Position Manual;
ICS-MC-I20-1 Multi-Casualty Operational System Description

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

The safe and prompt transport of all patients is a critical task of the Medical Branch. The safe and prompt release of incident resources is also a major task. To accomplish this latter task each Unit Leader must be familiar with the demobilization procedures established for the incident. This knowledge will ensure that all personnel arrive safely home and that no one is left behind.

This unit will provide you with the basic procedures utilized in the Incident Command System to quickly, efficiently and safely demobilize your assigned personnel.

UNIT 6: Demobilization of the Treatment Unit

PRESENTATION	APPLICATION
<ol style="list-style-type: none"> 1. Accountability of resources 2. Cost recovery documentation 3. Safety 4. Incident documentation 	<p>Why is it important that demobilization be carried out in an organized manner?</p> <p>What factors should be considered by the Treatment Unit Leader when demobilizing the unit?</p>
<p>06-01-I-MC-336-VG</p> <ol style="list-style-type: none"> 1. Prioritization of personnel and resources for release. 2. Coordination of release with Division/Group Supervisor and/or Demobilization Unit if established. 	
<p>06-02-I-MC-336-VG</p> <ol style="list-style-type: none"> 3. Completion of all documentation <ol style="list-style-type: none"> a. Patient records b. ICS forms (if applicable) c. Agency required forms or reports d. Personnel communicable disease exposure records, if applicable. 	
<p>06-03-I-MC-336-VG</p> <ol style="list-style-type: none"> 4. Needs for personnel resources at other incidents. 5. Inspection and replacement of equipment/supplies. 6. Personnel transportation needs. 7. Personnel rest and safety needs. 8. Restoration of area to pre-incident condition. 	

PRESENTATION	APPLICATION
<p>06-04-I-MC-336-VG</p> <ol style="list-style-type: none">1. Inspection of area for patient belongings.2. Disposal of contaminated products including proper packaging and labeling of SHARPS, human waste products such as blood, body parts, flesh, etc. <p>06-05-I-MC-336-VG</p> <ol style="list-style-type: none">3. General grounds/area clean-up.4. Notify Division/Group Supervisor of any special conditions requiring additional work or personnel to complete area restoration.	<p>What specific factors relating to pre-incident restoration should be considered?</p>

SUMMARY: Proper demobilization is essential to the overall completion of an incident. During this lesson you have been introduced to the various areas related to demobilization which included prioritization of resources, safety checks, transportation needs, area restoration, disposal of contaminated products and completion of appropriate paperwork.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the course.

ASSIGNMENT: Review all handouts, trainee manuals, and notes.

UNIT 7: LESSON PLAN

TOPIC: Group Exercise (Position Role Play)

LEVEL: I

TIME: 8 Hours

BEHAVIORAL OBJECTIVES:

Given: Simulated role play exercises and a written exam.

Performance: The trainee will perform the task, duties, and responsibilities of a Treatment Unit Leader within the Multi-Casualty Branch of the ICS.

Standard: By performance in the role play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-4 Treatment Unit Leader Position Manual; ICS-MC-120-1 Multi-Casualty Operational System Description; ICS 420-1 Field Operations Guide

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

Effective learning is enhanced through the ability of a trainee to practice what has been taught. This unit is devoted to providing you with the opportunity to utilize your new skills and knowledge as a Treatment Unit Leader. A variety of scenarios will be used to allow you the experience of operating under different circumstances. Each scenario will vary as to the size of the incident and complexity.

Through this unit you will be better prepared to face the challenge of a multi-casualty incident. This, in turn, will provide you the opportunity to be an effective Treatment Unit Leader when the community you serve needs you most.

APPENDIX A

Viewgraphs

**THE TREATMENT UNIT IS
A FUNCTION OF THE OPERATIONS SECTION
AND, IF ESTABLISHED,
THE MULTI-CASUALTY BRANCH
MEDICAL GROUP/DIVISION**

01-01-I-MC-336-VG

**TREATMENT UNIT LEADER
SUBORDINATE POSITIONS:**

**TREATMENT DISPATCH MANAGER
TREATMENT MANAGER(S)**

01-02-I-MC-336-VG

GOAL OF THE TREATMENT UNIT LEADER

**TO ESTABLISH AN ORGANIZATION CAPABLE
OF HANDLING INCIDENT NEEDS INCLUDING:**

- 1. PATIENT TREATMENT**
- 2. SUPPLY NEEDS**
- 3. COORDINATION WITH OTHER ICS FUNCTIONS**
- 4. SUPERVISION OF ASSIGNED PERSONNEL**

GOAL OF THE TREATMENT DISPATCH MANAGER

TO ENSURE PATIENTS WITHIN THE TREATMENT AREA ARE TRANSPORTED APPROPRIATELY AND EFFECTIVELY BY:

- 1. Establishing coordination with Treatment Managers and Medical Communications Coordinator.**
- 2. Verification of patient priorities and readiness for transportation.**
- 3. Coordination of ambulance loading.**
- 4. Maintaining appropriate patient tracking records.**

GOAL OF THE TREATMENT MANAGER

To assure appropriate, prompt, and efficient medical treatment is given to all patients by:

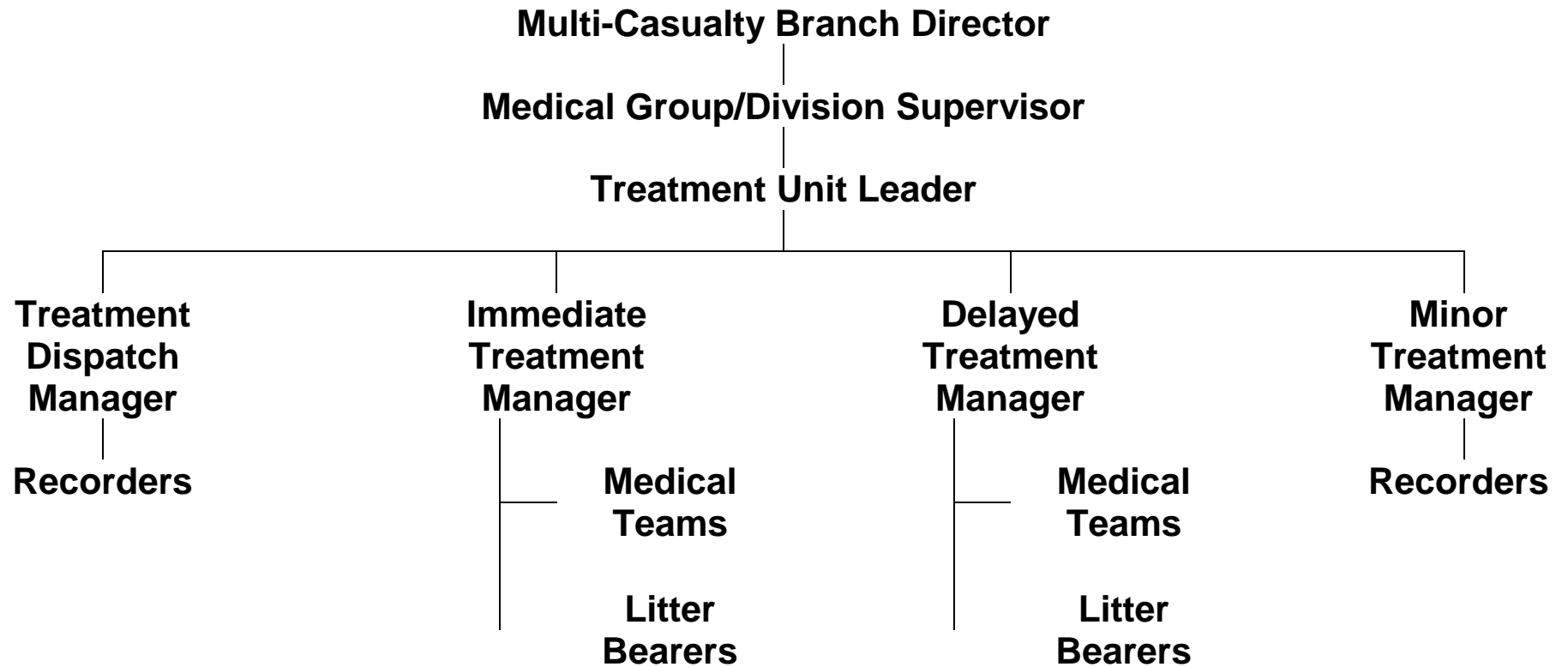
- 1. Utilizing appropriate numbers and types of medical teams.**
- 2. Projecting and requesting appropriate resources.**
- 3. Coordination with Treatment Dispatch Manager.**
- 4. Assuring patient priorities are updated, needs addressed, and appropriate documentation completed.**

The Treatment Unit Leader is responsible for organizing a unit capable of handling incidents needs including:

- 1. Patient treatment**
- 2. Identifying supply needs**
- 3. Coordination with other ICS functions**
- 4. Supervision of personnel**

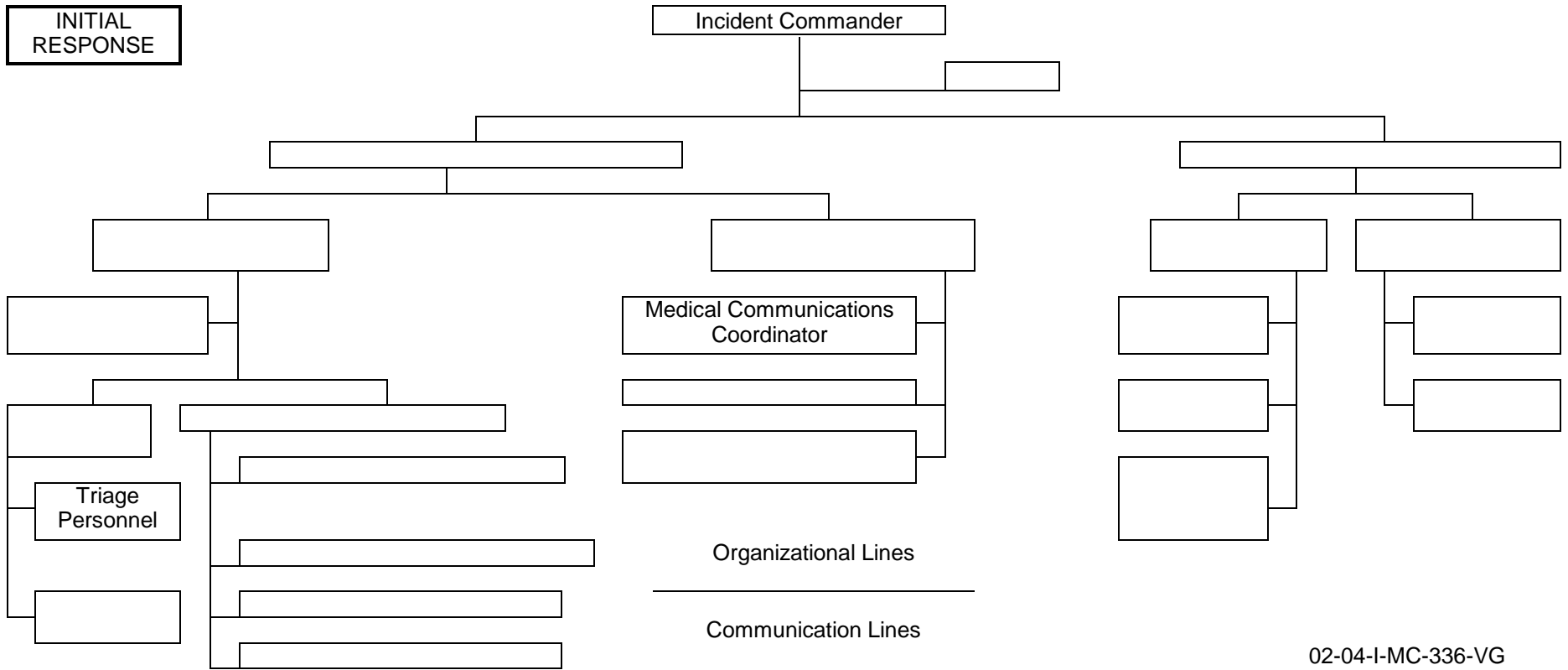
Positions Within the Treatment Unit

- 1. Treatment Unit Leader**
- 2. Treatment Dispatch Manager**
- 3. Treatment Manager:**
 - Immediate**
 - Delayed**
 - Minor**
- 4. Medical Teams**
- 5. Litter Bearers**
- 6. Recorders**



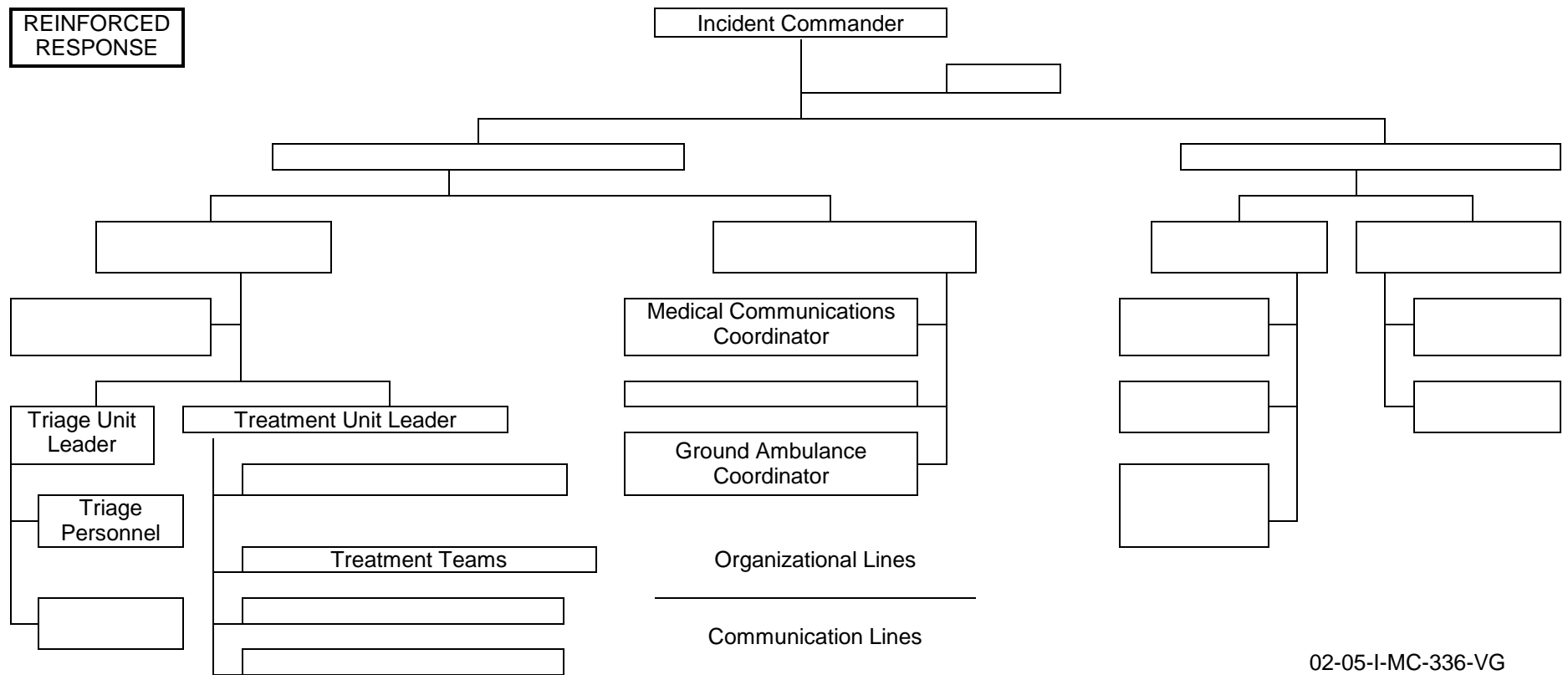
02-03-I-MC-336-VG

INITIAL
RESPONSE



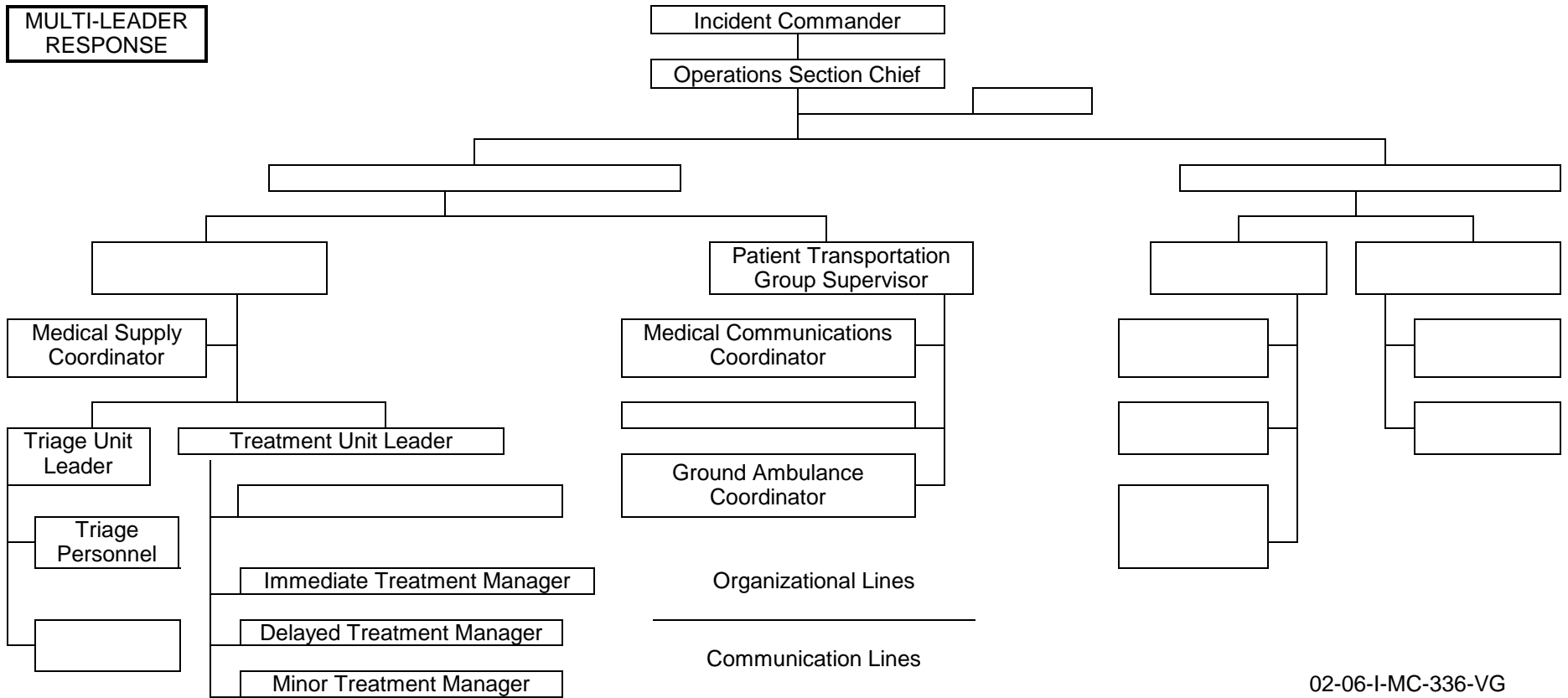
02-04-I-MC-336-VG

REINFORCED
RESPONSE



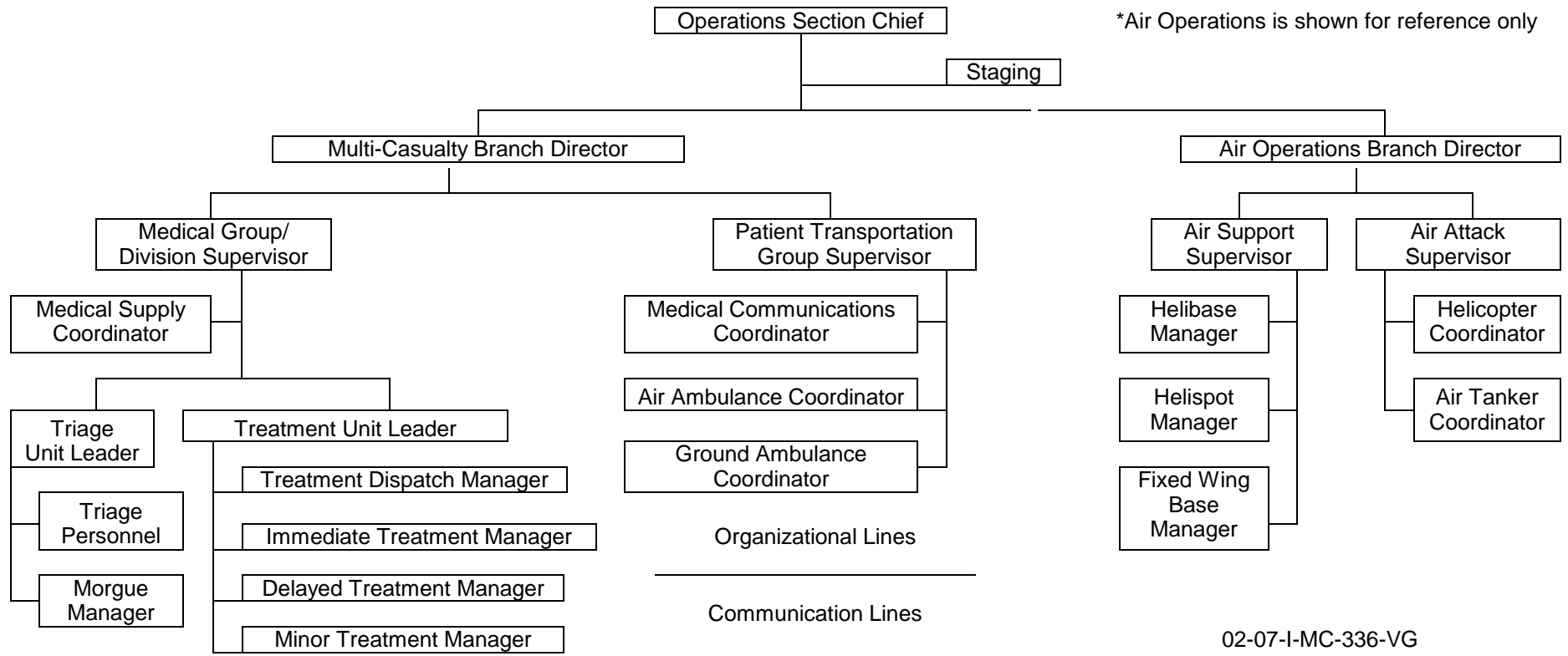
02-05-I-MC-336-VG

MULTI-LEADER
RESPONSE



02-06-I-MC-336-VG

INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH FULL BRANCH RESPONSE LEVEL



02-07-I-MC-336-VG

Recommended Minimum Treatment Unit Staffing

Patient Category

Treatment Personnel

Immediate

**1 ALS,
1 BLS per patient,
And 4 Litter Bearers**

Delayed

**1 BLS per patient,
1 ALS per 3 patients,
And 4 Litter Bearers**

Minor

1 BLS per 3 patients

Treatment Team Classifications

Classification

Staffing

Type 1

**2 ALS personnel and
3 BLS personnel**

Type 2

2 ALS personnel

Type 3

3 BLS personnel

02-09-I-MC-336-VG

Treatment Team Classifications and Qualifications

Classification

Qualifications

**Advanced Life
Support (ALS)**

**Medical Doctor
Registered Nurse
EMT – Paramedic
EMT – Intermediate**

**Basic Life
Support (BLS)**

**Licensed Vocational Nurse
EMT – 1 Basic
First Responder
Advanced First Aid
Basic First Aid**

02-10-I-MC-336-VG

**Example: 50 casualties with 23 Immediate,
13 Delayed and 14 Minor equals:**

28 ALS personnel

41 BLS personnel

8 Litter Bearers

02-11-I-MC-336-VG

Basic Incident Facts Include:

- 1. Location of incident**
- 2. Time of day**
- 3. Anticipated duration of incident**
- 4. Estimated number of casualties**
- 5. Location/availability of potential incident treatment area.**
- 6. Assigned/available resources and personnel**

Logistical and Physical Considerations

- 1. Treatment area requirements**
- 2. Patient needs**
- 3. Personnel needs**

03-02-I-MC-336-VG

Treatment Unit Leader Checklist

- 1. Check in and obtain briefing from Medical Group/Division Supervisor**

04-01-I-MC-336-VG

Treatment Unit Leader Checklist

2. Develop organization sufficient to handle assignment

04-02-I-MC-336-VG

Recommended Minimum Treatment Unit Staffing

Patient Category

Treatment Personnel

Immediate

**1 ALS,
1 BLS per patient,
And 4 Litter Bearers**

Delayed

**1 BLS per patient,
1 ALS per 3 patients,
And 4 Litter Bearers**

Minor

1 BLS per 3 patients

04-03-I-MC-336-VG

Treatment Team Classifications

Classification

Staffing

Type 1

**2 ALS personnel and
3 BLS personnel**

Type 2

2 ALS personnel

Type 3

3 BLS personnel

04-04-I-MC-336-VG

Treatment Team Classifications and Qualifications

Classification

Qualifications

**Advanced Life
Support (ALS)**

**Medical Doctor
Registered Nurse
EMT – Paramedic
EMT – Intermediate**

**Basic Life
Support (BLS)**

**Licensed Vocational Nurse
EMT – 1 Basic
First Responder
Advanced First Aid
Basic First Aid**

04-05-I-MC-336-VG

Treatment Unit Leader Checklist

- 3. Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas.**

04-06-I-MC-336-VG

Major Concerns for Subordinates Include:

- **Safety instructions including communicable disease precautions**
- **Provide relief personnel for extended incidents**
- **Monitoring stress and fatigue indicators**

04-07-i-MC-336-VG

Treatment Unit Leader Checklist

4. Coordinate movement of patients from Triage Area to Treatment Area

04-08-I-MC-336-VG

Treatment Unit Leader Checklist

5. Request sufficient medical caches and supplies as necessary

04-09-I-MC-336-VG

Treatment Unit Leader Checklist

6. Establish communications and coordination with transportation group

04-10-I-MC-336-VG

Treatment Unit Leader Checklist

7. Ensure continual triage of patients throughout Treatment Areas

04-11-I-MC-336-VG

Treatment Unit Leader Checklist

8. Direct movement of patients to Ambulance Loading Area(s)

04-12-I-MC-336-VG

Treatment Unit Leader Checklist

- 9. Give periodic status reports to Medical Group/Division Supervisor**

04-13-I-MC-336-VG

Periodic Reports Should Include:

- **Number of patients treated and transported**
- **Number of patients pending transportation**
- **Projected needs**

04-14-I-MC-336-VG

Treatment Unit Leader Checklist

10. Maintain Unit/Activity Log (ICS Form 214)

04-15-I-MC-336-VG

Treatment Dispatch Manager Checklist

- 1. Check in and obtain briefing from Treatment Unit Leader**
- 2. Establish communications with Treatment Areas**
- 3. Establish communications with Patient Transportation Group**

04-16-I-MC-336-VG

Treatment Dispatch Manager Checklist (Continued)

- 4. Verify that patients are prioritized for transportation**
- 5. Advise Medical Communications Coordinator of patient readiness and priority for dispatch**
- 6. Coordinate transportation of patients with medical Communications Coordinator**

04-17-I-MC-336-VG

Treatment Dispatch Manager Checklist (continued)

- 7. Assure that appropriate patient tracking information is recorded**

- 8. Coordinate ambulance loading with Treatment Manager and ambulance personnel**

04-18-I-MC-336-VG

MULTI-CASUALTY
RECORDER WORKSHEET

Ambulance Company	Ambulance ID Number	Patient Triage Tag Number	Patient Status	Hospital Destination	Off Scene Time
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
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			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____
			(I) (D) (M)		____: ____

ICS-MC-306 (12/89)

04-19-I-MC-336-VG

Treatment Manager Checklist

- 1. Check in and obtain briefing from Treatment Unit Leader and brief subordinates**
- 2. Request or establish teams as necessary**
- 3. Assign Treatment personnel to patients received in Treatment Areas**

04-20-I-MC-336-VG

Treatment Manager Checklist (continued)

- 4. Ensure treatment of patients triaged to Treatment Areas**
- 5. Assure that patients are prioritized for transportation**
- 6. Coordinate Transportation of patients with Treatment Dispatch Manager**

04-21-I-MC-336-VG

Treatment Manager Checklist (Continued)

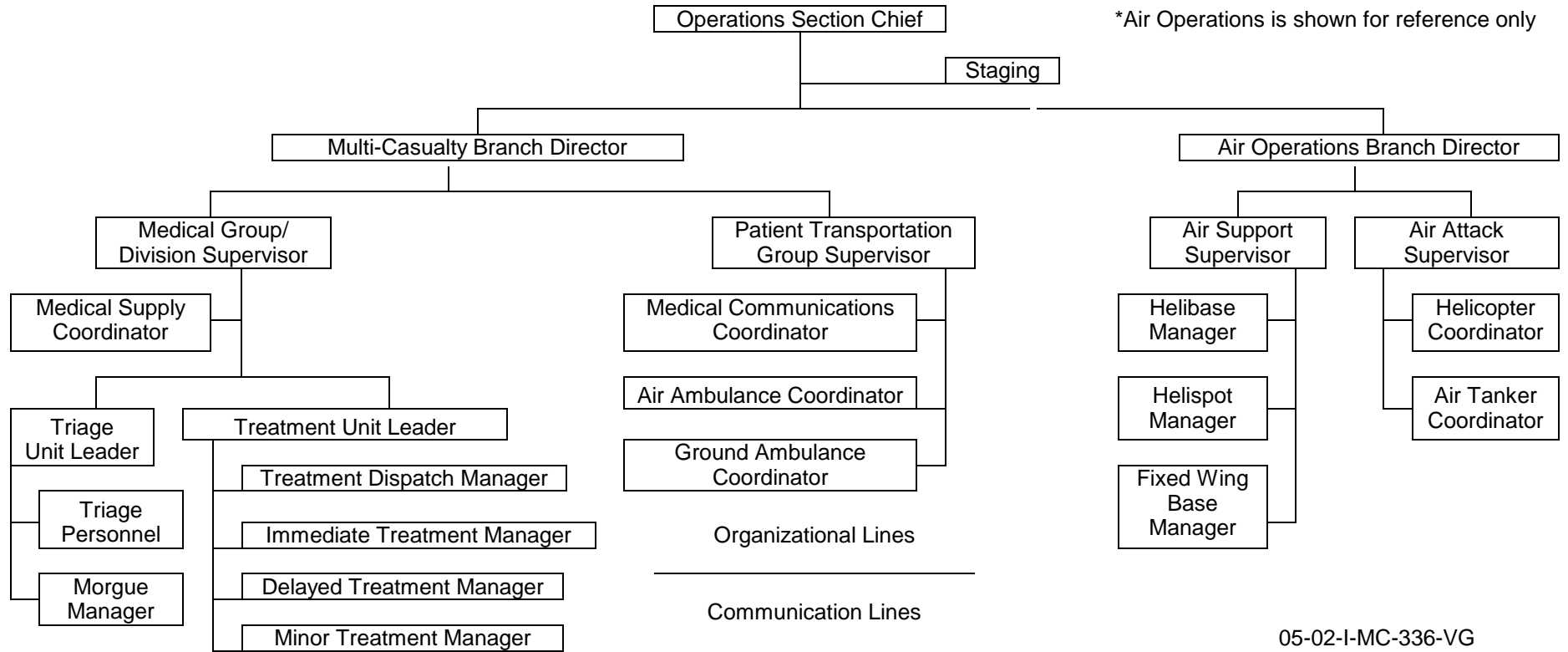
- 7. Notify Treatment Dispatch Manager of patient readiness and priority for transportation**
- 8. Assure that appropriate patient information is recorded**
- 9. Coordinate, as appropriate, volunteer personnel/organizations through Agency Representatives and Treatment Unit Leader**

04-22-I-MC-336-VG

- 1. Know and understand the formal organization**
- 2. Work within lines of authority**
- 3. Develop and maintain an organization capable of meeting needs**

05-01-I-MC-336-VG

INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH FULL BRANCH RESPONSE LEVEL



- **Appropriate transportation**
- **Medical needs during transportation**
- **Appropriate receiving facility**
- **Adequate documentation**

05-03-I-MC-336-VG

1. Patient needs

2. Personnel needs

3. Physical/Logistical Needs

05-04-I-MC-336-VG

Treatment Unit Demobilization

- 1. Prioritization of personnel and resources for release**
- 2. Coordination of release with Division/Group Supervisor and/or Demobilization Unit if established**

06-01-I-MC-336-VG

Treatment Unit Demobilization (Continued)

- 3. Completion of al documentation**
 - a. Patient records**
 - b. ICS Forms (if applicable)**
 - c. Agency required forms or reports**
 - d. Personnel communicable disease exposure records, if applicable**

Treatment Unit Demobilization (Continued)

- 4. Need for personnel at other incidents**
- 5. Inspection and replacement of equipment/supplies**
- 6. Personnel transportation needs**
- 7. Personnel rest and safety needs**
- 8. Restoration of area to pre-incident condition**

Area Restoration:

- 1. Inspection of area for patient belongings**
- 2. Disposal of contaminated products including proper packaging and labeling of SHARPS, human waste products such as blood, body parts, flesh, etc.**

06-04-I-MC-336-VG

Area Restoration (Continued):

- 3. General ground/area clean up**
- 4. Notify Division/Group Supervisor of any special conditions requiring additional work or personnel to complete area restoration**

06-05-I-MC-336-VG