

MEDICAL TRANSPORTATION GROUP SUPERVISOR

This position establishes and maintains communications with the Disaster Control Facility and directs and coordinates patient loading into ambulances as determined by the Treatment Unit Leader. The Medical Group Supervisor may fill this position concurrently in the event there are not enough qualified personnel available. The Medical Transportation Group Supervisor may assign the following personnel as necessary: Medical Communications Coordinator, Air Ambulance Coordinator, and Ground Ambulance Coordinator. The position reports to the Operations Chief or the IC.

Responsibilities:

- ☐ Review common responsibilities
- ☐ Receive briefing and ICS designator vest
- ☐ Identify transportation staging areas identify
- ☐ Locate ambulance loading point(s) contiguous with treatment areas
- ☐ Identify ambulance staging manager(s)
- ☐ Equipment needs identified and prioritized
- ☐ Establish and identify ingress and egress routes
- ☐ Coordinate transportation with Treatment Unit Leader
- ☐ Transport patients according to triage priority
- ☐ Transportation personnel reassigned when assignment is completed

AIR AMBULANCE COORDINATOR

The Air Ambulance Coordinator shall establish safe landing zones, coordinate operations with the Air Operations Group, if established, and keep the Medical Transportation Group Supervisor advised of air ambulance availability and capability, and complete applicable sections of the Patient Transportation Summary Worksheet. This is an aviation position that need not be filled with medical personnel. The position report to the Medical Transportation Group Supervisor or the Air Operations Group Supervisor, if filled.

Responsibilities:

- ☐ Review common responsibilities
- ☐ Obtain briefing and ICS vest
- ☐ Establish helispots safely away from the incident but accessible, if possible, to the treatment area allowing for the flow of patients without having to vehicle transport to the LZ
- ☐ Coordinate the air space over incident if not assigned to other ICS positions such as Air Operations
- ☐ Communicate destination to aircraft as determined from the medical communications coordinator
- ☐ Document information on Patient Transportation Summary Worksheet and ICS-214

APPENDIX A - GLOSSARY

ALS (Advanced Life Support)- Allowable procedures and techniques utilized by paramedic and EMT-II personnel to stabilize critically sick and injured patients which exceed Basic Life Support procedures

ALS Responder- Licensed Paramedic or Certified EMT II

BLS (Basic Life Support) – Basic non-invasive first-aid procedures and techniques utilized by PARAMEDIC, EMT-II, EMT-I and First Responder personnel to stabilize critically sick and injured patients

DELAYED TREATMENT- Second priority in patient treatment. These people require rapid aid, but injuries are less severe than immediate victims.

EMCC – Emergency Medical Care Committee is responsible for reviewing ambulance services and emergency medical care in the county. It is defined in California statute (HSC 1797.270 & 1797.272). The Board of Supervisors prescribes the membership.

EMT I (Emergency Medical Technician) - An individual trained in Basic Life Support according to the standards prescribed by the Health and Safety Code and who has a current and valid EMT-I certificate in the State of California issued pursuant to the Health and Safety Code.

EMT II (Emergency Medical Technician II) – An individual with additional training in limited Advanced Life Support according to the standards prescribed by the Health and Safety Code and whom has a current and valid certificate issued pursuant to the Health and Safety Code.

HEALTH EMERGENCY ALERT- An alert issued based on information received by the Modoc Communications Center from an Incident Commander, Fire, Police Officer, or County Health Officer. The alert will be issued to Modoc Medical Center, Surprise Valley District Hospital, the County Health Officer, the six ambulance providers that cover Modoc County, the Modoc County Sheriff or his acting, the Deputy OES Director, and the County Fire and Rescue Coordinator.

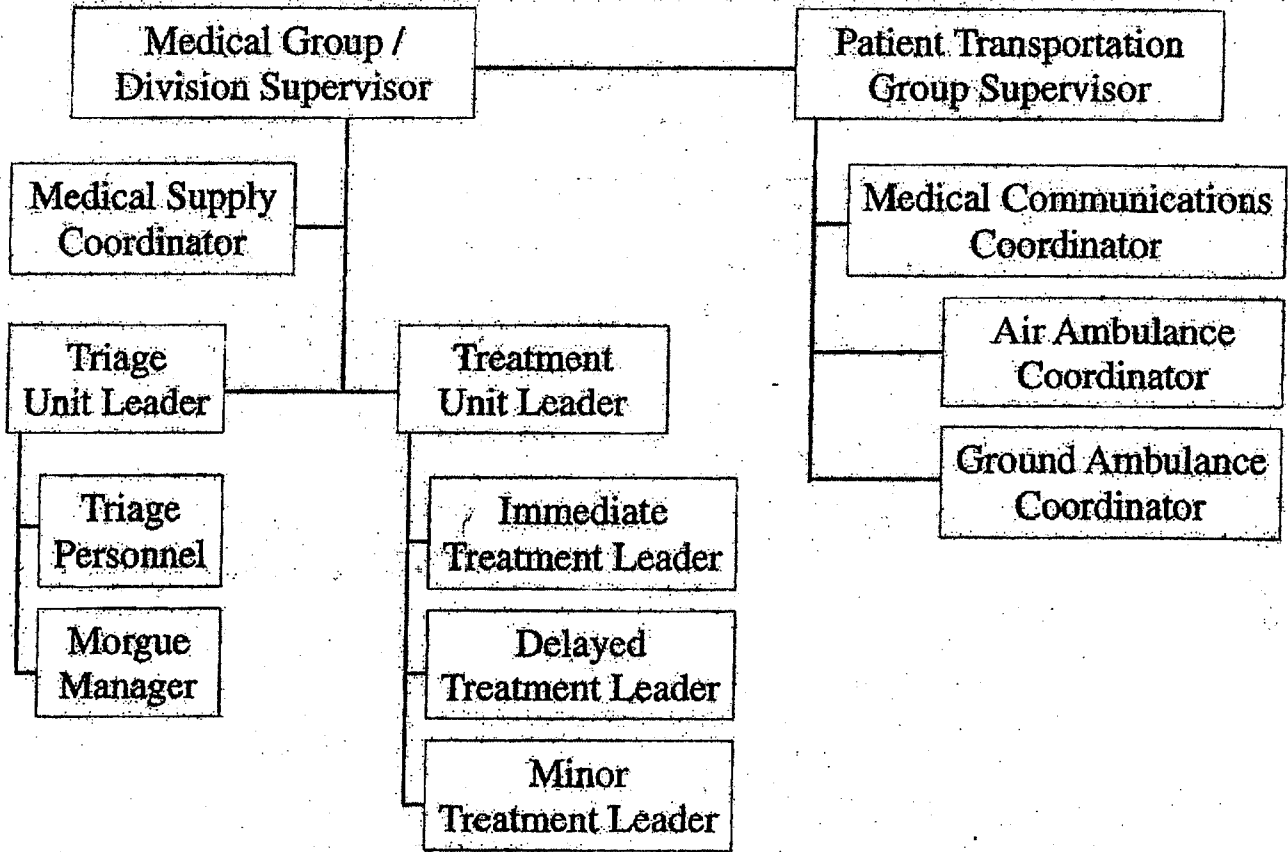
MASS CASUALTY- A health emergency of a size or magnitude that overwhelms the health care infrastructure within the operational area and requires additional resources to be brought in from outside.

UNFOCUSED HEALTH EMERGENCY- a health emergency which ramps up with the number of casualties increasing over time. This type of emergency may initially go undetected and the first indication of a health emergency is from the commonality of the symptoms amongst patients.

Multi-Casualty Branch Worksheet

ICS-MC-120-1

Incident Name	Date	Time
Incident Commander	Branch Director	



Other

Medical Caches
Air Ambulance
Law Enforcement
Radio Frequencies
Coroner
Red Cross
Chaplain
Buses
Mental Health
Other

Patient Transportation Summary Worksheet			Incident Name			Date Prepared			Time Prepared		
Patient Ready	Patient Status	Injury Type (e.g., Head)	Mode of Transportation	Facility Destination	Ambulance Co. & ID	Patient Name/ Tag Number	Off Scene Time	ETA	CF Advised		
	I D M						:				
	I D M						:				
	I D M						:				
	I D M						:				
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APPENDIX C - MCI RESPONSE CACHES

CASUALTY/DECON TRAILER INVENTORY (CASUALTY ITEMS ONLY)

	SPLINTING /IMMOBILIZATION
15 Ea.	Backboards Fiber Glass
5 Ea.	Spider Straps
6 Ea.	"D" Ring Straps
15 Sets	Disposable Straps
15 Ea.	Collars-Adjustable
15 Ea.	Collars-Adjustable Pediatric
12 Ea.	Splints, Sam
12 Ea.	Splints, Cardboard
15 Ea.	Head Immobilizers
	RESPIRATORY SUPPORT
2 Ea.	Multi-Patient Oxygen System 6 Pt.
2 Ea.	50 Psi Regulator Cga-540 Inlet, Dual Diss Port Outlet
10 Ea.	Nasal Cannulas
10 Ea.	Non-Rebreather Masks
10 Ea.	Pediatric Non-Rebreathers
1 Ea.	Transfiller, Oxygen
2 Ea.	Manual Suction Units
2 Ea.	Oxygen Tanks, K Size
2 Ea.	Oxygen Cylinder Wrenches
	TRAUMA SUPPLIES / MATERIALS
50 Rolls	Gauze Bandage, Sterile
12 Ea.	Triangular Bandages, Large
12 Ea.	Abdominal Pads, Sterile
12 Ea.	Trauma Dressings 12" X 30"
12 Trays	Gauze Sponges 4x4 Sterile
12 Ea.	Burn Sheets, Disposable
12 Ea.	Self-Adherent Wrap 3"X 5 Yds Coban Or Equal
12 Rolls	Cloth Tape 3"X 10yds
12 Ea.	Non-Adhering Occlusive Dressings 3"X 8"
	MISC TREATMENT SUPPLIES
12 Ea.	Normal Saline Solution 250 Ml. Bottles
25 Ea.	Blanket, Single Use
5 Ea.	Tarps 20' X 20'

CASUALTY DROP KITS INVENTORY

	SPLINTING /IMMOBILIZATION
10 Ea.	Backboards Fiber Glass
5 Ea.	Spider Straps
6 Ea.	"D" Ring Straps
6 Sets	Disposable Straps
10 Ea.	Collars-Adjustable
10 Ea.	Collars-Adjustable Pediatric
6 Ea.	Splints, Sam
6 Ea.	Splints, Cardboard
10 Ea.	Head Immobilizers
	RESPIRATORY SUPPORT
1ea.	Multi-Patient Oxygen System 6 Pt.
1 Ea.	50 Psi Regulator Cga-540 Inlet, Dual Diss Port Outlet
10 Ea.	Nasal Cannulas
10 Ea.	Non-Rebreather Masks
10 Ea.	Pediatric Non-Rebreathers
1 Ea.	Transfiller, Oxygen
1 Ea.	Manual Suction Units
1 Ea.	Oxygen Tanks, K Size
1 Ea.	Oxygen Cylinder Wrenches
	TRAUMA SUPPLIES / MATERIALS
25 Rolls	Gauze Bandage, Sterile
12 Ea.	Triangular Bandages, Large
6 Ea.	Abdominal Pads, Sterile
6 Ea.	Trauma Dressings 12" X 30"
6 Trays	Gauze Sponges 4x4 Sterile
6 Ea.	Burn Sheets, Disposable
6 Ea.	Self-Adherent Wrap 3"X 5 Yds Coban Or Equal
6 Rolls	Cloth Tape 3"X 10yds
6 Ea.	Non-Adhering Occlusive Dressings 3"X 8"
	MISC TREATMENT SUPPLIES
6 Ea.	Normal Saline Solution 250 ML. Bottles
6 Ea.	Blanket, Single Use
3 Ea.	Tarps 20' X 20'

APPENDIX D - NORCAL EMS POLICY 203

From the Northern California EMS, Inc. Policy & Procedure Manual – Miscellaneous Policies Module
Policy Effective Date: July 1, 1999 Multi-Casualty Incident Operational - #203

MULTI-CASUALTY INCIDENT (MCI) - OPERATIONAL**PURPOSE:**

1. To establish an operational structure for an MCI, using the Incident Command System (ICS).
2. To define roles and duties of responding personnel.
3. To establish standard approach to triage.
4. To facilitate effectiveness of multi-agency response.

POLICY: To provide adequate personnel and equipment for victims involved at an incident that does not require activation of the Local Medical Emergency protocol.

DEFINITIONS:

1. Multi-Casualty Incident: Exists when current personnel and equipment are not adequate to care for all the victims involved. A normal level of stabilization and care cannot be achieved until additional resources are available.
2. Goal: To do the most good for the greatest number of victims.
3. Method: The Simple Triage and Rapid Treatment (S.T.A.R.T) program is adopted, as a standard method of triage and ICS shall be the organizational structure used in the Nor-Cal EMS region.

TRIAGE:

1. The S.T.A.R.T. method of triage will be used (see Appendix A[*not attached to Plan*]).
2. Personnel will spend no more than 30-60 seconds per patient triaging.
3. Treatment rendered will initially be confined to airway, positioning and hemorrhage control.
4. Patients will be designated:

Black: Dead/expectant; those who have died or those who have sustained catastrophic life-threatening injuries and have a low probability of survival.

Red: Immediate; those with life-threatening injuries, but have a high probability for survival.

Yellow: Delayed; those who have sustained serious injuries but can wait for treatment.

Green: Minor; ambulatory or walking wounded, minimum or no medical aid needed.

5. Patients may be triaged at the site, or at the casualty collection point.
6. CPR will not be initiated for cardiac arrest victims.

Refer to Determination of Death and Do Not Resuscitate policies.

TREATMENT AREAS:

1. There will be three designated areas for treatment: one area for those triaged "immediate," one area for "delayed" victims, and one for the "walking wounded/non-injury." These areas should be located where it is safe, large enough to handle the number of victims easily, easily accessible to rescue vehicles, and away from morgue area.
2. Once they have been triaged, patients will be sent to the appropriate treatment area. Continuous triage and patient evaluation should occur in these areas until the patient is transported.
3. Personnel assigned to the treatment area should at all times function within their scope of practice and under medical control (see medical control section).
4. MD's and RN's should be assigned to the treatment areas.

TRANSPORTATION:

1. The Medical Unit Leader, in cooperation with the managers of the treatment areas and the base hospital will arrange transport of patients to the most appropriate available facility. Patient transportation decisions should be made based on the patient's condition, available resources, and available facilities.
2. At all times the most immediate patients should be transported first to the most appropriate available

APPENDIX E. – NORCAL EMS POLICY 204

From the Northern California EMS, Inc. Policy & Procedure Manual – Miscellaneous Policies Module
Policy Effective Date: July 1, 1999

LOCAL MEDICAL EMERGENCY

PURPOSE: To provide guidelines to prehospital personnel providers and personnel regarding the treatment and transportation of patients during a Local Medical Emergency (see definition). The individual county's disaster plan will be utilized in conjunction with this policy during a disaster.

DEFINITION: "Local Medical Emergency" - exists when a governing body of a city or a county, or by an official so designated by ordinance has made a proclamation, as termed by Government Code Section 8630.

POLICY: It will be the policy of prehospital care providers and personnel to follow the procedures and guidelines outlined below with regards to the treatment and transportation of patients during a Local Medical Emergency.

BLS/ALS**ENACTMENT OF PROTOCOL:**

1. A public safety agency of the affected jurisdiction shall notify their communications center of the proclamation of a local emergency, and shall provide information specifying the geographical area where it exists.

2. The communications center shall notify:

The County Health Officer or designee.

The County Sheriff's Department.

Other communications centers in the local area that might be affected by the emergency.

Area prehospital providers.

Area hospitals.

3. This proclamation will remain in effect for the duration of the Local Medical Emergency or until rescinded by the County Health Officer (Operational Area Medical Coordinator) or his/her designee.

BASE HOSPITAL RESPONSIBILITIES: Will conduct a survey of the overall capacity of each hospital to support patients in accordance with immediate and delayed categories. This information will be given to the Medical Unit Leader as requested.

RESPONSIBILITIES OF RECEIVING FACILITIES:

1. Upon notification of a Local Medical Emergency by the base hospital, will:

Provide hospital bed availability and emergency department capabilities for immediate and delayed patients.

Provide the base hospital with hospital status every four hours, upon request, or when capacities are reached.

2. Will not implement **Hospital Diversion** policy during disaster.

3. Will consider establishing (strongly recommended) a triage area in order to evaluate incoming patients.

4. Will consider implementing its disaster plan (in the event that incoming patients overload the service delivery capacity of the receiving facility).

5. Will evacuate stable patients when facility is saturated. Movement of these patients should be coordinated with the communications center and in accordance with COBRA regulations.

POST-INCIDENT MANAGEMENT: Within twenty-four hours (24) of the termination of the incident, the public agency having jurisdiction will notify Nor-Cal EMS of the Local Medical Emergency. The jurisdictional agency will provide the following information to Nor-Cal EMS:

1. Type of incident.

2. Number of patients involved:

Delayed

Immediate

Fatalities

3. Number of patients transported.

4. Number and name of agencies involved.

5. Any rescuers that were injured.

E. "Person" means any individual, association, corporation, city, county or district.

F. "Pollution" means an impairment of the quality of the waters, either surface or underground, of this county by sewage or industrial waste to a degree which does not create an actual hazard to the public health, but which does adversely and unreasonably affect such waters for domestic, industrial, agricultural, recreational or other beneficial use. "Pollution" shall include any equivalent effect resulting from the disposal of sewage or industrial waste, whether or not waters of the county, either surface or underground, are affected.

G. "Sewage" means any and all wastes, liquid or solid, associated with human habitation, or which contain or may be contaminated with human or animal excreta or excrement, offal or any feculent matter, and shall include wastes from swimming pools. (Ord. 173 §1, 1961)

13.04.020 Individual sewage disposal systems--Rules and regulations. The health officer may make rules and regulations governing individual sewage disposal systems for their efficient operation and to prevent any contamination, pollution or nuisance. Such rules shall be filed with the county clerk. (Ord. 173 §7, 1961)

13.04.030 Minimum area--For inhabitable parcels. A. Each and every lot or any parcel of land subdivided subsequent to the effective date of the ordinance codified in this chapter for the purpose of human habitation shall have the minimum area prescribed as follows:

1. Where an individual sewage disposal system and individual water supply are installed, the lot shall have a minimum area of fifteen thousand square feet;

2. Where only an individual sewage disposal system is installed, minimum area shall be ten thousand square feet;

B. In no manner shall this section affect the size of any lot subdivided prior to the effective date of the ordinance codified in this chapter, or shall prevent the development of any such lot for human habitation. (Ord. 173 §4, 1961)

13.04.040 Minimum area--Governing factors. Each and every lot now in existence or subdivided subsequent to the effective date of the ordinance codified in this chapter that is intended for commercial or industrial use, the minimum size of which shall be governed by engineering data or judgment of the health officer of its intended use. (Ord. 173 §5, 1961)

13.04.060 Contamination, pollution or nuisances--Prohibited. No person shall discharge sewage or industrial waste, or the effluent of treated sewage or industrial waste, in any manner which will result in contamination, pollution, or a nuisance. (Ord. 173 §2, 1961)

13.04.070 Contamination, pollution or nuisances--Notice to abate. Whenever the health officer finds that a contamination, pollution or nuisance does in fact exist, he shall serve written notice upon the owner or reputed owner of land upon which the condition does exist, ordering the owner or reputed owner to abate such contamination, pollution or nuisance. (Ord. 173 §3, 1961)

13.04.080 Contamination, pollution or nuisances--Actions for relief not limited. No provision of this chapter is a limitation on the right of any person to maintain at any time any appropriate action for relief against any private nuisance, as defined in the Civil Code, or for relief against any contamination or pollution. (Ord. 173 §9, 1961)

13.04.090 Enforcement--Right of entry. For the enforcement of this chapter and any rule or regulation made pursuant to Section 13.04.020, the health officer may enter at any reasonable time any and all portions of lands within the county. (Ord. 173 §8, 1961)

13.04.100 Violation--Penalty. A. The violation of any section or part of this chapter, or any rules or regulations made pursuant to Section 13.04.020, shall be deemed a misdemeanor, punishable by a fine of not more than five hundred dollars, or by imprisonment in the county jail for a period of not to exceed six months.

B. Each and every day a violation exists shall constitute a separate and distinct offense. (Ord. 173 §§10 and 11, 1961)

Chapter 13.08

GROUNDWATER PUMPING

Sections:

- 13.08.010 Purpose of provisions.
- 13.08.020 Definitions.
- 13.08.030 Permit--Required when.
- 13.08.040 Permit--Application, environmental review, and public hearing required.
- 13.08.050 Public hearing--Matters considered.
- 13.08.060 Permit--Issuance conditions.
- 13.08.070 Permit--Annual review required.

Camping Health & Safety

Drinking Water Safety

Surface and spring water may be contaminated with *Giardia*, *Cryptosporidium*, *Campylobacter*, *Shigella*, *E. coli* and other action agents.

Surface and spring water should be treated prior to use. It can be treated by:



- Filtering with a proper water filter;
- Boiling for 10-12 minutes; or
- Adding 6-10 drops of bleach per gallon of water (don't use color safe bleach). More bleach is not better, too much can make you ill.

Dishwashing Set-up

Be sure and set up your dishwashing station out of the cooking area.

Use three vats such as small wash tubs or a three-compartment sink.

The first vat is used for washing items with hot water and a suitable soap or detergent.

The second is used for rinsing in hot water.

The third is filled with chlorine bleach solution made up of 1 tablespoon per gallon of water.

Air dry all sanitized items. **DO NOT** dry with a towel.

Handwashing Set-Up

You will have less sickness if you wash your hands after defecating, before eating and before preparing food.

Set up the handwashing area away from the cooking area.

Kitchen Set-up & Food Preparation

- Locate garbage dumpsters away from the cooking area.
- Put holes for dumping waste water away from cooking areas.
- Always wash your hands before preparing food.
- Make sure the food is cooked properly—hot.
- It is best not to use leftovers, but if you do, be sure and re-heat thoroughly.
- Thoroughly clean dishes after use.
- Keep food at safe temperatures: Hot food hot (140° F or higher). Cold food cold (40° or lower).



General Health Issues

Insects

Mosquitoes, biting flies, ticks and a whole host of other pesky insects and bugs are found in the High Desert. The best way to avoid being bitten or becoming a host to an unwanted bug is to use insect repellent that contains at least 10% DEET. Covering up is also effective.

Altitude Sickness

The elevation in the Warner Mountains can go above 8,000 feet. At this elevation, you need to be sure and not over-exert yourself. This can lead to shortness of breath, headache, fatigue, nausea, lack of appetite, inability to sleep, and even heart attacks.

Sun Exposure

This high elevation also means a greater chance of sunburn and exposure. Ways to avoid over-exposure include wearing sunscreen, hats, and loose-fitting, light-colored clothing.

Dehydration

Stay hydrated. Even though you are in a forest, Modoc is considered high desert. This means a very low humidity level and it is easy to dehydrate yourself. Drink plenty of water to keep dehydration at bay and to help relieve symptoms of elevation-sickness.

Heat Exhaustion/Sunstroke

It is important to watch for signs of heat exhaustion and sunstroke in your fellow campers. If you see any of the following signs, move the person from the sun into a cool, shaded area and give them water. If they are suffering from sunstroke, put cool, wet cloths on them to cool their body down.

Heat Exhaustion Symptoms

The person becomes weak and is sweating heavily. The skin is cold, pale and clammy. Fainting and vomiting accompanies heat exhaustion.

Heatstroke/Sunstroke Symptoms

High body temperature (106° F or higher), along with hot dry skin and a rapid and strong pulse. Unconsciousness is possible. This is a medical emergency requiring immediate intervention.



SHASTA COUNTY HEALTH DEPARTMENT
2650 Breslauer Way, Redding, CA 96001 - (530) 225-5072

WATER SAMPLE FOR MICROBIOLOGICAL EXAMINATION				TYPE OF SAMPLE
Bottle #: 03-1923	Date and Time Collected: 5-16-04 11:45	Sampler: Greg Faraway		<input checked="" type="checkbox"/> Drinking Water
Mail Report To: Modoc County Environmental Health	Phone #: 233-6310	Fax #: 233-6342	<input type="checkbox"/> Public Water Supply	
Address: 202 West 4th Street				<input type="checkbox"/> Raw Surface Water
City: Alturas	State: CA	Zip Code: 96101	<input type="checkbox"/> Other	
Address Sample Taken: Upper Bear Village Rainbow Camp				
Sampling Point: (Faucet, Well Head, etc...):		Chlorine Residual:	Remarks:	
				SELECT ONE TEST
				<input checked="" type="checkbox"/> Colisure P/A
				<input type="checkbox"/> Quantitray 51 (MPN)
				<input type="checkbox"/> Quantitray 2000 (MPN for Surface Waters)
				COLISURE RESULTS
				<input type="checkbox"/> Negative for Coliforms
				<input checked="" type="checkbox"/> Total Coliform (+) E Coli (-)
				<input type="checkbox"/> Total Coliform (+) E Coli (+)
				QUANTITRAY RESULTS
				QT 51: TC EC
				# Wells (+):
				MPN/100ml:
				QT 2000:
				# Large Wells (+):
				# Small Wells (+):
				MPN/100ml:


LABORATORY USE ONLY		LABORATORY #: 04-572
Date Received: 6/17/04	Initials: BM	Comments:
Time Received: 1:25	Initials: BM	
Time Setup: 1:35	Initials: BM	
Date Reported: 6/18/04	Initials: BM	
Time Reported: 11:40	Initials: BM	
Laboratory Contact Information Regarding Results: Results given to Lisa Shaw 4/21/04 @ 9:20 am		

Check #:	Amount:
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PAYMENT TERMS: Net 30 Days

Please remit payment in full to address listed above. Thank you.

SCHD 5064 (Rev. 8/12/93)



building a
healthier
community

SHASTA COUNTY HEALTH DEPARTMENT
2650 Breslauer Way, Redding, CA 96001 - (530) 225-5072


WATER SAMPLE FOR MICROBIOLOGICAL EXAMINATION				TYPE OF SAMPLE
Bottle #: 04-0044	Date and Time Collected: 6-16-04 11:15 AM	Sampler: Greg Faraway		<input checked="" type="checkbox"/> Drinking Water
Mail Report To: Modoc County Environmental Health	Phone #: 233-6310	Fax #: 233-6342	<input type="checkbox"/> Public Water Supply	
Address: 202 West 4th Street				<input type="checkbox"/> Raw Surface Water
City: Alturas	State: CA	Zip Code: 96101	<input type="checkbox"/> Other	
Address Sample Taken: Coral Spring Rainbow Gathering				
Sampling Point: (Faucet, Well Head, etc...):		Chlorine Residual:	Remarks:	
				SELECT ONE TEST
				<input checked="" type="checkbox"/> Colisure P/A
				<input type="checkbox"/> Quantitray 51 (MPN)
				<input type="checkbox"/> Quantitray 2000 (MPN for Surface Waters)
				COLISURE RESULTS
				<input checked="" type="checkbox"/> Negative for Coliforms
				<input type="checkbox"/> Total Coliform (+) E Coli (-)
				<input type="checkbox"/> Total Coliform (+) E Coli (+)
				QUANTITRAY RESULTS
				QT 51: TC EC
				# Wells (+):
				MPN/100ml:
				QT 2000:
				# Large Wells (+):
				# Small Wells (+):

LABORATORY USE ONLY		LABORATORY #: 04-574
Date Received: 6/17/04	Initials: BM	Comments:
Time Received: 1:30	Initials: BM	
Time Setup: 1:35	Initials: BM	
Date Reported: 6/18/04	Initials: BM	
Time Reported: 1:45	Initials: BM	
Laboratory Contact Information Regarding Results: Re 4/19/04		

Check #:	Amount:
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PAYMENT TERMS: Net 30 Days

Please remit payment in full to address listed above. Thank you.



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healthier
community