

KITTITAS COUNTY

(Map/Key 12-2017)

FINAL COUNCIL REVIEW – 10-6-2022

MASS-CASUALTY INCIDENT (MCI) PLAN

Purpose:

The county wide adopted plan to MCI exists to provide a coordinated and systematic delivery of emergency medical and transport services to county residents. The MCI Plan will integrate the immediate involvement of mutual aid, strike teams and task forces when requested by incident commanders. Boundaries will determine the initial agency in authority.

Policy:

It shall be policy when confronted with any multiple casualty incidents (MCI) to save the greatest possible number of casualties from death or serious disability. This is accomplished by prompt triage, appropriate treatment, and prioritized and accessible patient transportation to designated medical facilities.

At any given time, the on-scene incident command officer may, by assessing the current conditions of the emergency, declare a **MASS CASUALTY INCIDENT**.

Definitions:

AID UNIT: Designated title to identify a BLS staffed response unit

AMBULANCE: Designated title to identify units requested to assist in the transport of victims to hospitals. Ambulance personnel may be utilized at scene operations as necessitated by the event.

BRANCH: The organizational level having functional or geographic responsibility for major parts of incident operations. A Branch is organizationally between Section and Division/Group in the Operations Section. Branches may be identified by the use of a functional name (i.e., medical, security, fire, rescue, etc.)

CELLULAR PHONE SYSTEM: May be utilized for mobile or on scene to hospital medical information.

CHIEF: The ICS title for individuals responsible for management of functional Sections: Operations, Planning, Logistics, and Finance/Administration.

Revised 10-06-2022

COMMAND POST: The position that agencies will function on site to support the incident commander. The command post will function as the unified command post for all agencies.

COMMUNITY EMERGENCY RESPONSE TEAM (CERT) - The Community Emergency Response Team (CERT) program educates volunteers about disaster preparedness for the hazards that may occur where they live. The CERT program offers a consistent, nationwide approach to volunteer training and organization that professional responders can rely on during disaster situations, allowing them to focus on more complex tasks.

DAFN: Disability and Accessible Functional Needs

DIRECTOR: The ICS title for the individual responsible for supervision of a Branch.

DISABILITY SPECIALIST: Available to leaders and responders to address specific access and functional needs, proactively and on demand. They will reach out as needed to Disability Community Partners for problem solving and resources as needed.

DMCC (Disaster Medical Control Center): Kittitas Valley Healthcare, aka “**Hospital Control**” will provide online medical direction for patient care to pre-hospital care providers and arrange a transport plan based on bed availability with appropriate facilities.

EMS (Emergency Medical Services): A system designed to provide care to sick and injured people using standard operational guidelines, protocols, and laws.

EQUIPMENT POOL: An area designated by the Incident Commander or Medical Group Command for the gathering of equipment such as backboards, trauma kits, oxygen etc.

FUNNEL POINT: A central point designated by the Triage Team Leader that every patient filters through prior to movement into the Treatment area. (This location usually is located at the entrance to the treatment area.) Patients will be numbered for tracking and receive a triage ribbon if they have not yet done so.

GROUP: Established to divide the incident management structure into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division. Groups are located between branches and resources in the Operations Section.

H.E.A.R. RADIO (Hospital Emergency Administrative Radio): Used to communicate from mobile to hospital and from hospital to hospital.

ICS (Incident Command System): A standardized on-scene emergency management constructed specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries.

INCIDENT COMMAND (IC): The incident command officer will be responsible for the overall orchestration of the emergency incident (should not be a paramedic).

INCIDENT MANAGEMENT TEAM (IMT) DESIGNATED TYPE-I NATIONAL LEVEL, TYPE-II REGIONAL & STATE, TYPE-III LOCAL TEAMS: An IC and the appropriate Command and General Staff personnel assigned to an incident.

LITTER BEARERS: Individuals assigned by medical group command to assist in movement of injured patients to the designated triage area (Medical training is not required. May use green patients).

MANAGERS: Individuals within ICS organizational Units that are assigned specific managerial responsibilities (i.e., Staging Area Manager or Camp Manager).

MCI (Mass Casualty Incident): An incident that overwhelms the emergency medical system.

MEDIC UNIT: Designated title to identify an ALS staffed and equipped response unit.

MEDICAL GROUP SUPERVISOR: Will be in charge of overall medical operations and will report to the Incident commander (may be paramedic).

MVI (Multiple Victim Incident): An incident that overwhelms the prehospital response. Receiving facilities can handle MVIs with early notification.

NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS): A federally mandated program for the standardizing of command terminology and procedures. This standardizes communications between fire departments and other agencies. It is based upon simple terms that will be used nationwide.

PUBLIC INFORMATION OFFICER (PIO): A member of the Command Staff responsible for interfacing with the public and media and/or with other agencies with incident-related information requests.

REHABILITATION AREA: A designated area where rescue personnel can be assessed, treated, and receive care. Rescue personnel will be evaluated, nourished, and rested in the Rehab Area.

SIMPLE TRIAGE & RAPID TRANSPORT (START): A protocol which provides for primary triage of victims in most need of immediate treatment and transportation and very limited care; Triage will be based on respiration, perfusion, and mental status; Emergency care will be restricted to opening airways, controlling severe hemorrhage, and elevating patient's feet.

STAGING AREA: A designated area where vehicles will be held until requested by the Incident Commander. All units responding to the incident shall report to Staging until assigned.

STAGING AREA MANAGER: Individual assigned to coordinate the movement of vehicles as requested by Incident Command.

SUPERVISOR: The ICS title for an individual responsible for a Division or Group.

SUPPLY UNIT: The unit responsible for the ordering, storing and maintaining of incident-related equipment and tools, such as backboards, trauma kits, oxygen, etc.

TRANSPORTION AREA: An area that patients are moved to following treatment for transportation to a medical facility.

TRANSPORTATION TEAM LEADER: Will organize and supervise the transportation of all patients to medical facilities (preferred not a paramedic).

TRANSPORTATION UNIT: Any vehicle capable of transporting patients, including an ambulance, aid unit, bus, command unit, etc.

TREATMENT AREA: An area specified by the Incident Commander or Medical Group Supervisor for the treatment of casualties.

TREATMENT TAG: A tag that will be affixed to each patient in the Treatment Area. The patient's number, and outline of their injuries and each set of vital signs taken shall be documented on the tag. This tag will accompany the patient to the designated receiving medical facility.

TREATMENT TEAM LEADER: Member charged with organizing the treatment area.

TRIAGE: A categorization system used to medically prioritize victims.

TRIAGE AREA: Designated area where the casualties are triaged. This may be the area where the casualties are initially found, or a designated point to where the casualties are transported for appropriate triage.

TRIAGE TAGS: A tag used by triage personnel to identify and document the patient's medical condition.

TRIAGE TAPE: Red, Yellow, Green or Black/White striped surveyor tape is used to medically prioritize each patient. A piece of this tape will be affixed/tied to each patient prior to movement into the treatment area.

TRIAGE TEAM LEADER: Member charged with organizing the triaging of all patients (preferred not a paramedic).

UNIFIED COMMAND: When multiple agencies have either geographic or functional jurisdiction at an incident, Unified Command should be implemented to jointly establish incident objectives and select strategies.

UNIT LEADER: The individual in charge of managing Units within an ICS functional section. The Unit can be staffed with a number of support personnel providing a wide range of services.

Agency / Member Responsibilities:

Assistance to victims with disability and accessible functional needs, and the responders trying to meet these needs: Central Washington Disability Resources, Disability Specialist, will coordinate with emergency response personnel to assist victims with DAFN

Assistance to victims and scene support for responders: The Red Cross will coordinate with affected families, assisting relatives and friends, and scene support to emergency response personnel. Kittitas County Churches may assist in this role.

Command and On Scene Operations: Will be the responsibility of the fire department.

Coordination: Hospital Control, KVH, will assume the responsibility of providing coordination among hospitals in the event of a MCI/disaster. If KVH is on “Total Divert” or “Closed” status neighboring hospitals will be notified by KVH staff (list hospitals?)

Morgue, Identification of the Dead and the Disposition of the Deceased: The Kittitas County Coroner will manage the deceased victims, including temporary morgue, identification, and disposition of the deceased.

Public Health: Kittitas County Health Department is the lead agency for the coordination of public health services.

Terrorism: The FBI may assume identification responsibilities in accidents involving terrorism.

Transportation: ambulances and fire departments will be primarily responsible for the transport of patients to medical care facilities.

Security and Evacuation: law enforcement will be tasked with overall scene security and evacuation.

On-Scene Responsibilities:

The first arriving member(s) shall conduct incident size up, estimate number of patients and initiate action to set up an MCI scene, call for assistance, and notify the IC of all pertinent incident information (i.e., HAZMAT, hazards, etc.). On scene operations will be structured under the National Incident Management System.

IC: “COMMAND” will assume overall scene operations pertaining to the emergency incident. Unified Command, communications, resources, authority, and tactical plans will be established through “COMMAND”.

MEDICAL GROUP SUPERVISOR: (radio call sign “MED GROUP”) Medical Group Supervisor will be responsible for the coordination of all medical triage, treatment, and transport. MED GROUP will contact KVH-House Supervisor to declare the MCI, and request activation of protocols. MED GROUP will designate triage, treatment, and transport areas, and assign a person to each area depending on available resources, qualifications, and circumstances, and assure treatment and transport areas are setup. These assignments should be made verbally to avoid unnecessary radio traffic. MED GROUP will request and update COMMAND regarding the status and needs of the medical operations.

TRIAGE TEAM LEADER: (radio call sign “TRIAGE”) TRIAGE, assigned by MED GROUP, will set up the triage area as designated. All patients shall enter the treatment area through a triage funnel point. At the triage funnel point, patients will be numbered on their head, reassessed by highest level EMS provider available (R, Y, G), and placed in the appropriate treatment area.

TREATMENT TEAM LEADER: (radio call sign “TREATMENT”) TREATMENT, assigned by MED GROUP, will be responsible for the treatment of patients and registering of all patients on Treatment Tracking Chart. TREATMENT will set up treatment areas equipment and prepare to receive triaged patients. Online medical direction will be accomplished through Hospital Control as needed by TREATMENT. Triage tags will be completed for each patient, following re-triaging as needed, and affixed with the triage ribbon to the patient prior to transport. TREATMENT will request additional resources through MED GROUP.

TRANSPORT TEAM LEADER: (radio call sign “TRANSPORT”) TRANSPORT assigned by MED GROUP, will be responsible for the transfer of patients to receiving hospitals in collaboration with **Hospital Control**. TRANSPORT will identify access and egress routes, coordinate loading, transporting, and registering of all patients on Transportation Tracking Chart. Transport will communicate with Hospital Control to determine patient destination, and coordinate transportation through the Treatment Team Leader. TRANSPORT will maintain records of patient’s destination and the transporting agency on the Transportation Tracking Chart. Transport Leader should send copy of Transportation Tracking Chart to **Hospital Control** at the end of the incident.

SAFETY OFFICER: (radio call sign “SAFETY”) The assignment of the safety officer by command will be made as soon as manpower allows. SAFETY will assume the power and authority to identify, control, and intercede in any portion of the incident which is judged to be a potential threat to the wellbeing of incident scene operations. SAFETY will inform command immediately of any such situation and only allow efforts to continue after the harmful condition/situation is resolved.

STAGING AREA MANAGER: (radio call sign “STAGING”) As assigned by COMMAND, the individual responsible for staging will assign companies to the operations

as requested by command. STAGING will update COMMAND as to the units available and/or the need for resources to respond to the staging area. STAGING will inform ambulances to the proper access and egress as identified by TRANSPORT.

Activation of MCI Plan:

To activate an MCI plan, the officer in charge of the incident will contact KITTCOM and provide the following information:

- Title or unit number
- Notification that a Mass Casualty Incident exists with approximate patient count. (NOTE: KITTCOM will then notify all appropriate staff per MCI run card.)
- Complicating circumstances (HAZMAT, safety hazards, etc.)
- Any additional resources requested beyond those listed on the MCI cards (See MCI additional resources below, activated via KITTCOM).

MCI Cards (see appendix C):

HD#1-A (Yellow): KCHD#1, West of City of Kittitas, South of Lauderdale Intersection, East of Elk Heights MP93, & all adjacent areas

HD#1-B (Pink): KCHD#1, Vantage and HD#1 East of City of Kittitas, & all adjacent areas

HD#1-C (Orange): KCHD#1, Hwy 97 (Blewett Pass), & all adjacent areas

HD#2-A (Blue): KC Hospital District #2 - West of I90 MP74 (West Nelson Siding) to MP53 (East Snoqualmie Summit), & all adjacent areas North & South

HD#2-B (Green): KC Hospital District #2 - East of I90 MP74 (West Nelson Siding) to MP93 (Elk Heights), SR 903, SR970, & all adjacent areas North & South

Note: All EMS agencies have been provided copies of the MCI cards listed which are color coded and include a color-coded MCI Response Area Key/Map, response check lists, tracking cards, and an ICS Organization Chart. The laminated MCI Cards are to be kept in command vehicles and EMS units for on scene reference as needed.

Communications:

On-scene radio communications will be kept to an absolute minimum. When possible, direct verbal contact, or runners will be used. COMMAND should be the only person communicating with KITTCOM. All EMS communications on HEAR will be limited to MED GROUP and TRANSPORT. Incident communications shall be on a tactical frequency selected by the incident commander.

Deceased Persons:

Deceased persons will be tagged, covered with a sheet or blanket and when possible, not moved. MED GROUP will coordinate with the Medical Examiner representative in arranging for temporary morgue facilities and/or transportation.

Transportation:

Ambulances will be used for patient transportation. Supplies will be removed from vehicles depending on incident needs. Medic Units typically will be held at the scene for medical supplies and resources but may be utilized for transport as needed. Aid unit and ambulance personnel being used for transportation will remain with their respective vehicles until they are requested to the transport area by COMMAND.

Mobility and Assistive Devices - Reasonable effort will be made to keep personal mobility or assistive devices with the DAFN patient. When this is not possible, mobility and assistive devices will be kept secure if possible, and a reunification plan will be attempted when possible.

Air transportation should be utilized as needed. Agencies requested should be informed as to the designated landing zone. Landing zones need to be established with the designate personnel to assure safety and manpower to facilitate expenditures patient transferring.

Buses may offer multiple transferring of patients to receiving hospitals. Accessible buses will be requested when needed and available. Stretcher capable busses may be available through the military. Kittitas County resources include Hope Source and various school districts.

Patient information may be recorded on standard patient care forms to the extent possible by the transporting unit's crew.

Triage Ribbon, Triage Tags, and Priority Selection Criteria:

- Triage ribbon, Triage tags, patient tracking forms, and numbering materials will be carried on all command, aid, and medic units.
- Triage ribbon should be used anytime there are three or more seriously injured people or when there are five or more victims at an incident.
- Triage tags should be used when the Treatment and Transportation Tracking Charts are used.

Triage Criteria

RED - Immediate (physiologically unstable)

- A patient who is breathing more than 30 times a minute.
- Capillary refill greater than 2 seconds or non-palpable radial pulse
- Decreased level of consciousness. Patient is unable to follow commands.

YELLOW-Delayed (physiologically stable)

Any patient who is injured but is not tagged immediate (RED) yet is more serious than green or dying (BLACK/WHITE STRIPE).

GREEN- Minor/Non-Injured

Any person who can initially walk away from the accident to a designated holding area. Additional patients that are triaged with minor injuries

BLACK (or Black/ White Stripe) - Obvious Death (DOA)

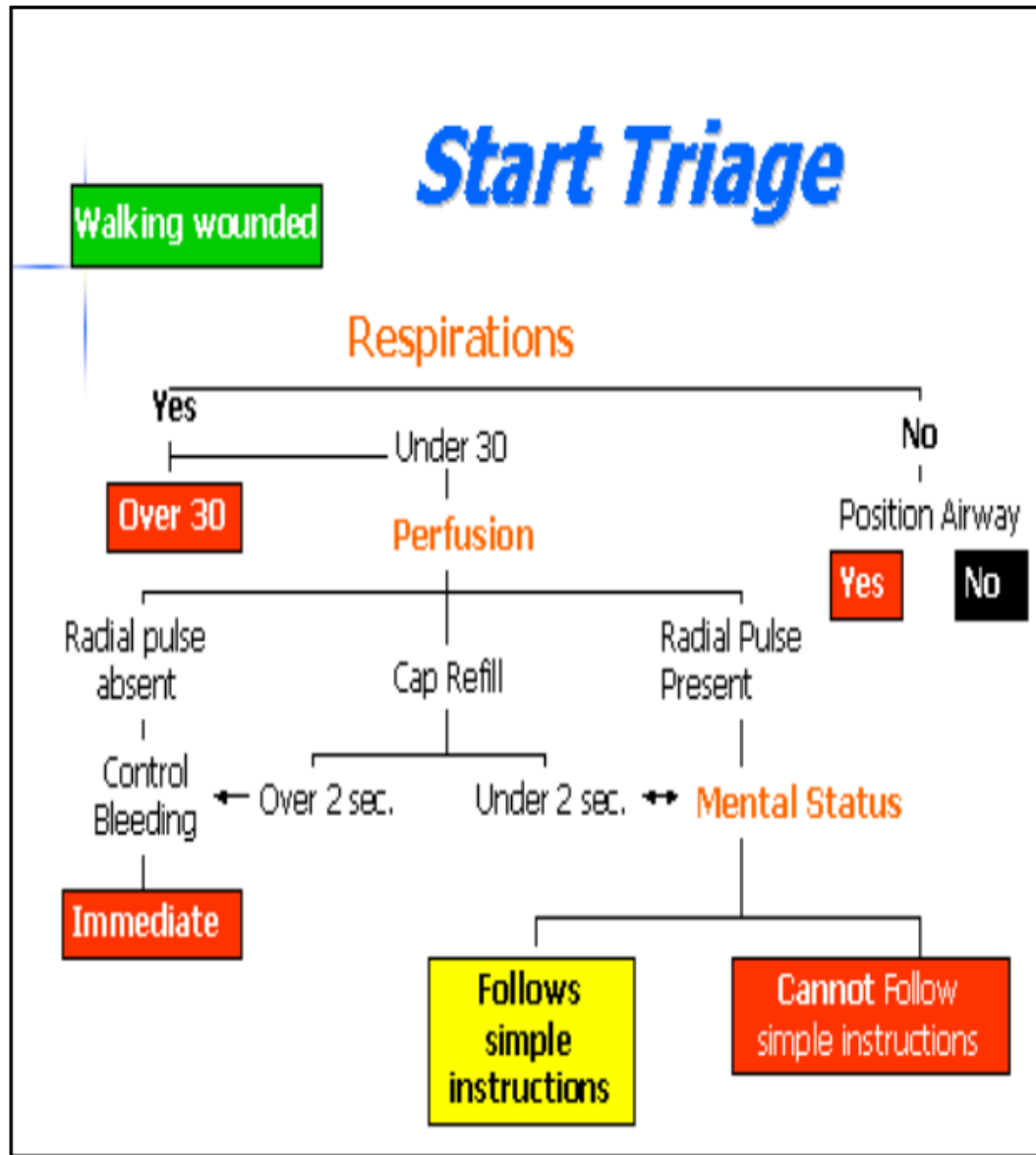
Patients who have obviously expired or are expected to because of their injuries

S.T.A.R.T.
SIMPLE TRIAGE AND RAPID TRANSPORT

The START plan allows EMS personnel to survey a victim, and quickly make an initial assessment for the treatment needs and priority transport to a receiving facility. It is extremely simple to learn and use in the field. The START plan follows the ABCD's (referred to as **RPM**) and requires no special skills or specific victim diagnosis. This allows pre-hospital providers to effectively use it and stabilize life threatening airway and bleeding problems.

The **START PLAN** uses 3 criteria to categorize victims:

1. **Respirations (R)**
2. **Perfusion (P)**
3. **Mental Status(M)**



STEP 1 – WALKING WOUNDED

The initial responder enters the incident area, identifies self and directs all victims who can walk to gather and remain in safe place. This system identifies those who presently have respiratory, circulatory, mental and motor function to walk. Most of these victims will be given delayed/green tags; however, they are not tagged at this time, but triaged separately later. This is the first triage and the victim's status may change in the future. The responder should have resources available to address non-English speakers, those who are deaf or hard-of-hearing, and those with other communication functional needs when needed and resource is available.

STEP 2 (R)

Evaluate non-ambulatory victims where they lie.

Assess **RESPIRATIONS**: Is it normal, rapid or absent? If absent, reposition airway. If respirations remain absent, tag black. Do not perform CPR. If the victim needs help in maintaining an open airway or has a respiratory rate >30 per minute, tag red (attempt to utilize non-EMS person to hold position of airway). If respirations are normal <30 per minute, go to next step.

STEP 3 (P)

Assessing victims **PERFUSION**: Perfusion can be assessed by performing the capillary refill test or by palpating a radial pulse. If the capillary refill is >2 seconds or if the radial pulse is absent, tag immediate/RED. If the capillary refill is <2 seconds if the radial pulse is present, go to the next step. Any life-threatening bleeding should be controlled now and if possible, elevate the victims' legs to begin shock treatment (attempt to utilize non-EMS person to hold pressure/bleeding control).

STEP 4 (M)

Assess victims **MENTAL STATUS**: If the victim has not already demonstrated that he can follow simple commands, ask them to perform a simple task. If the patient cannot follow simple commands, the patient is tagged immediate/red. If the patient can follow simple commands, the patient is tagged delayed/yellow or green depending on their condition (the victim's injuries will determine the priority of yellow vs. green. (i.e., multiple fractures would require a higher level of treatment than superficial lacerations).

The **START PLAN** is a simple, step-by-step triage and treatment method to be used by all levels of pre-hospital providers at Mass Casualty Incidents. This method allows for rapid identifications of those victims who are at the greatest risk for early death and the provision of basic lifesaving/ stabilization techniques. It is very easy to learn, retain and recall.

Additional Resources (activated via KITTCOM):

Manpower Options:

Search & Rescue - via KITTCOM

CWU EMS Students – see phone list

Community Emergency Response Team (CWU CERT) – PILOT PROJECT ONLY

Special Resource Considerations: Department of Transportation, Public Works, Public Health Dept. (Environmental Health), Hospital Decontamination Unit, Department of Ecology, Mental Health, BNSF, ARES/RACES, Central WA Disability Resources

AGENCY CONTACT / SPECIAL RESOURCES NUMBERS

AGENCY	TITLE	CONTACT	CELL PHONE #
Support Agencies:			
Central WA Disability Res. (FAST Team)	Disability Specialist	Sawyer Stearns	O: 509-426-4766 C: 509-781-2432
Central WA University EMS	Program Director	Doug Presta	C: 509-209-3904
	Instructor, PM	Colin Nash	C: 425-368-8792
	Instructor, PM	Mitchell Russell	C: 206-851-4165
CWU Police & Public Safety (Pilot CERT Program)	EM Coordinator	Robert Cepeda	O: 509-963-2779

Note: Phone list will be enhanced at a future date, not to duplicate other master resource list already available and maintained.

Appendix A

Check Lists:

- Incident Command Checklist
- Medical Group Supervisor Checklist
- Triage Leader Checklist
- Treatment Leader Checklist
- Transportation Leader Checklist
- Staging Area Manager

Appendix B

Tracking Forms:

- Treatment Tracking Chart
- Transportation Tracking Chart
- Staging Resources Tracking Chart

Appendix C

MCI Cards:

- **MCI Response Area Key (MAP) – Updated 12/2017 (mergers reflected)**
- **Organizational Chart (2022 update)**
- **HD#2-A (Blue):** KC Hospital District #2 - West of I90 MP74 (West Nelson Siding) to MP53 (East Snoqualmie Summit), & all adjacent areas North & South
- **HD#2-B (Green):** KC Hospital District #2 - East of I90 MP74 (West Nelson Siding) to MP93 (Elk Heights), SR 903, SR970, & all adjacent areas North & South
- **HD#1-A (Orange):** KCHD#1, Hwy 97 (Blewett Pass), & all adjacent areas
- **HD#1-B (Yellow):** KCHD#1, West of City of Kittitas, South of Lauderdale Intersection, East of Elk Heights MP93, & all adjacent areas
- **HD#1-C (Pink):** KCHD#1, Vantage and HD#1 East of City of Kittitas, & all adjacent areas

Appendix A
INCIDENT COMMAND CHECKLIST

RESPONSIBILITIES:

Assume responsibility for the entire Mass Casualty Incident.

DUTY CHECKLIST:

- [] Assure MCI Card activation with KITTCOM
- [] Identify previous Incident Commander and facilitate transfer of command if needed.
- [] Don Identification vest
- [] Identify the incident command post and establish unified command if needed.
- [] Assess situation and determine needs, refer to MCI Card for resource activation.
- [] Attempt accessibility of location and its services when appropriate.
- [] Identify Staging, and if appropriate, Staging Area Manager.
- [] Contact and work in close communication to Medical Group Supervisor.
- [] Request additional equipment and/or manpower as necessary
- [] Identify a PIO and Safety Officer – personnel permitting.
- [] Maintain scene security
- [] Direct outside support agencies as needed:
 - [] **Hospital Control 509-899-4151 (Alternate 509-933-8739)**
 - [] Law Enforcement
 - [] Medical Examiner
 - [] Public Utilities
 - [] Red Cross

MEDICAL GROUP SUPERVISOR CHECKLIST

RESPONSIBILITIES:

Direct and supervise the overall medical operations.

DUTY CHECKLIST:

- [] Report to and work in close communication to the Incident Commander, with priority to directly oversee the medical operations.
- [] Obtain needed equipment (vest, clipboard, checklists, triage kits, etc.).
- [] Don Identification vest
- [] Assess medical situation and needs, report to COMMAND.
- [] Assure that all appropriate medical positions are filled:
 - [] Triage
 - [] Treatment
 - [] Transport
- [] Establish communication with **Hospital Control 509-899-4151 (Alternate 509-933-8739)**, request to activate protocol for MCI. Give **Hospital Control** size-up of situation with estimated number of casualties and categories of injured (#red, #yellow, #green).
- [] Establish funnel point from triage to treatment. Number patients on forehead and re-triage if needed as patients pass through.
- [] Consult with Treatment Leader on location of treatment area.
- [] Consult with Transport Leader regarding location of transport area and establishment of communication with **Hospital Control**.
- [] Establish an equipment pool adjacent to the treatment area for incoming medical equipment. Coordinate with Staging Manager if assigned.
- [] Establish a manpower pool for Litter Bearers. Assure proper equipment, lifting teams, and techniques. Notify Triage and Treatment Leaders.

TRIAGE LEADER CHECKLIST

RESPONSIBILITIES:

Direct and coordinate the evaluation, prioritizing, and tagging of casualties. TRIAGE will coordinate litter bearers to facilitate patient movements.

DUTY CHECKLIST:

- [] Don Identification vest
- [] Obtain needed equipment (MCI Cards w/checklists and tracking forms, triage belt, clipboard, vest).
- [] Identify triage member(s) and implement triage process.
- [] Estimate number of casualties (categorize R, Y, G and report to Medical Group).
- [] Consult with Medical Group Supervisor on location of funnel point.
- [] Facilitate numbering of casualties at funnel point.
- [] Acquire medical supplies for transporting patients to treatment area.
- [] Identify and brief the Litter Bearers on job assignments.
- [] Coordinate with Treatment Leader to assure that patients are being delivered to the correct treatment area.
- [] Request resources for Disability and Accessible Functional Needs when needed.
- [] Maintain safety and security of the triage area.
- [] Keep Medical Group Supervisor informed of your status.
- [] Report to Medical Group Supervisor for reassignment when triage is completed.

TREATMENT LEADER CHECKLIST

RESPONSIBILITIES:

Direct and coordinate treatment of patients in treatment area.

DUTY CHECKLIST:

- [] Don Identification vest
- [] Obtain needed supplies (MCI card w/tracking charts, triage tags, medical supplies, Blankets, etc.)
- [] Obtain estimated of the number of casualties
- [] Consult with Medical Group Supervisor to determine locations of treatment area.
- [] Set up treatment area into 3 sections; red, yellow, and green
- [] Using the treatment tracking form, record all patients entering the treatment area.
- [] Assure that all patients in treatment area are properly numbered (# on head and with numbered triage tag).
- [] Assign incoming EMS personnel to specific treatment section and assure that each treatment section is always manned.
- [] Assure that appropriate medical care is being delivered and patients are kept warm.
- [] Request resources for Disability and Accessible Functional Needs when needed.
- [] Request medical supplies or personnel needs through Medical Group Supervisor.
- [] Record patients on Treatment Tracking Form.
- [] Identify, as needed, medical leaders in each treatment section that are not allowed to leave.
- [] Coordinate with Transportation Leader, as soon as possible, to initiate Transport Plan. **DO NOT** wait for all patients to enter Treatment area before initiating transport to appropriate medical facility.

TRANSPORTATION LEADER CHECKLIST

RESPONSIBILITIES:

Coordinate with **Hospital Control 509-899-4151 (Alternate 509-933-8739)** and record the transportation of all patients to medical facilities. Transport will maintain radio communication with the Medical Group Supervisor to provide updates on patient distribution to receiving hospitals. **Hospital Control** will contact receiving hospitals for bed availability and recommend a Transport plan.

DUTY CHECKLIST:

- [] Don Identification vest.
- [] Obtain needed equipment (MCI Cards w/Transportation Tracking Chart, clipboard, vest, etc).
- [] Obtain estimated number of casualties and categories (#red, #yellow, #green)
- [] Identify a safe, efficient loading area (transportation corridor) adjacent to the treatment area. Secure access and egress routes and inform staging (coordinate with Staging Manager if assigned).
- [] Determine that an appropriate number of transport vehicles have been called to the incident.
- [] Additional equipment is requested through MED GROUP.
- [] Using the Transportation Tracking Form consult with Treatment Leader to determine when and what patients are ready for transport.
- [] Identify and brief Litter Bearers as necessary.
- [] Initiate communications with **Hospital Control-House Supervisor** for patient distribution. Text picture of Tracking Form when possible and provide updates as needed. Request receipt confirmation from HC. Communications should be maintained as needed for expeditious patient transfer.
- [] Be sure to document all patient destinations and transporting agencies on form. Text copy to **Hospital Control** once all patients are transported for accountability.
- [] Maintain security and safety in patient loading area.
- [] Collect ambulance supplies and equipment as needed for patient care during transport.

STAGING AREA MANAGER CHECKLIST
(if not under Operations)

RESPONSIBILITIES:

Establish a staging area for incoming emergency vehicles and personnel; directing emergency response vehicles to the staging area; stock piling equipment; informing the IC, OPS Chief or Medical Group Supervisor of the EMS certification levels of arriving personnel. Coordinate with the Transportation Leader the movement of arriving units and resources that will be transporting patients and directing the ambulance to the loading zone. Deployment of resources will be assigned by the Incident Commander or designee.

DUTY CHECKLIST:

- Don Identification vest
- Obtain needed supplies (MCI Cards w/Staging Tracking Chart, clipboard, etc).
- Obtain estimated number of casualties
- Consult with Transportation Leader to coordinate Transportation Corridor/Loading area.
- Designate staging location and ingress route, collaborating with the IC or Medical Group Supervisor (MGS).
- Log each arriving unit # and type of personnel on Staging Tracking Chart, provide information on quantity and types of units to the IC or MGS.
- Assign units to tasks as directed by the IC or MGS.
- Assure the arriving units have proper credentials for designated capability.
- Ensure a driver stays with each unit (preferably not EMS provider).
- Make radio contact with incoming units, manage ingress and ensure all transport units have immediate egress.
- Prevent freelancing.

TREATMENT TRACKING CHART

**NOTE: Text picture of form to Kittitas Valley Healthcare – House Supervisor 509-899-4151
(text updates as needed)**

*Include patient # on head and # on Triage Tag

(Alternate 509-933-8739)

*PT. # & COLOR	AGE SEX	CHIEF COMPLAINT	ALS RX	HOSPITAL TX UNIT
# /R Y G				
# /R Y G				
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TRANSPORTATION TRACKING CHART

NOTE: Text picture of form to Kittitas Valley Healthcare – House Supervisor 509-899-4151
 (text updates as needed)

*Include patient # on head and # on Triage Tag

(Alternate 509-933-8739)

*PATIENT #/TRIAGE # - PATIENT NAME (if avail.)	PT Status (color)	CHIEF COMPLAINT (age & sex)	HOSPITAL	TX UNIT #	DEPART TIME
# -	R	Y	G		
# -	R	Y	G		
# -	R	Y	G		
# -	R	Y	G		
# -	R	Y	G		
# -	R	Y	G		
# -	R	Y	G		
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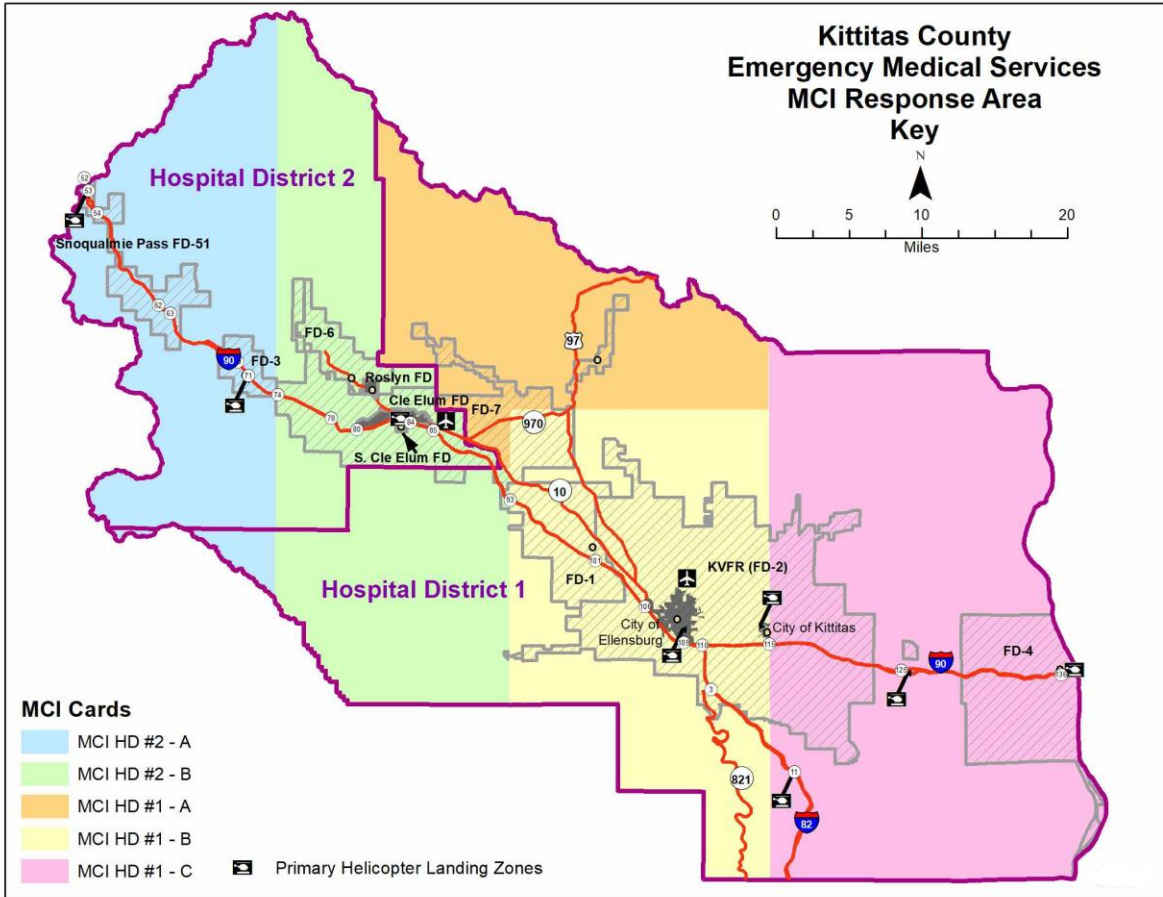
Appendix B

STAGING AREA TRACKING FORM

NOTE: Keep track of all resources and their capabilities. This includes air resources, HAZMAT, DOE, etc.

Unit Number	In Time	Out Time	Assignment (rescue, treatment, etc)	Comments: (service level)

Appendix C



Response Area Key:

MCI HD#2-A (Blue): KC Hospital District #2 - West of I90 MP74 (West Nelson Siding) to MP53 (East Snoqualmie Summit), & all adjacent areas North & South

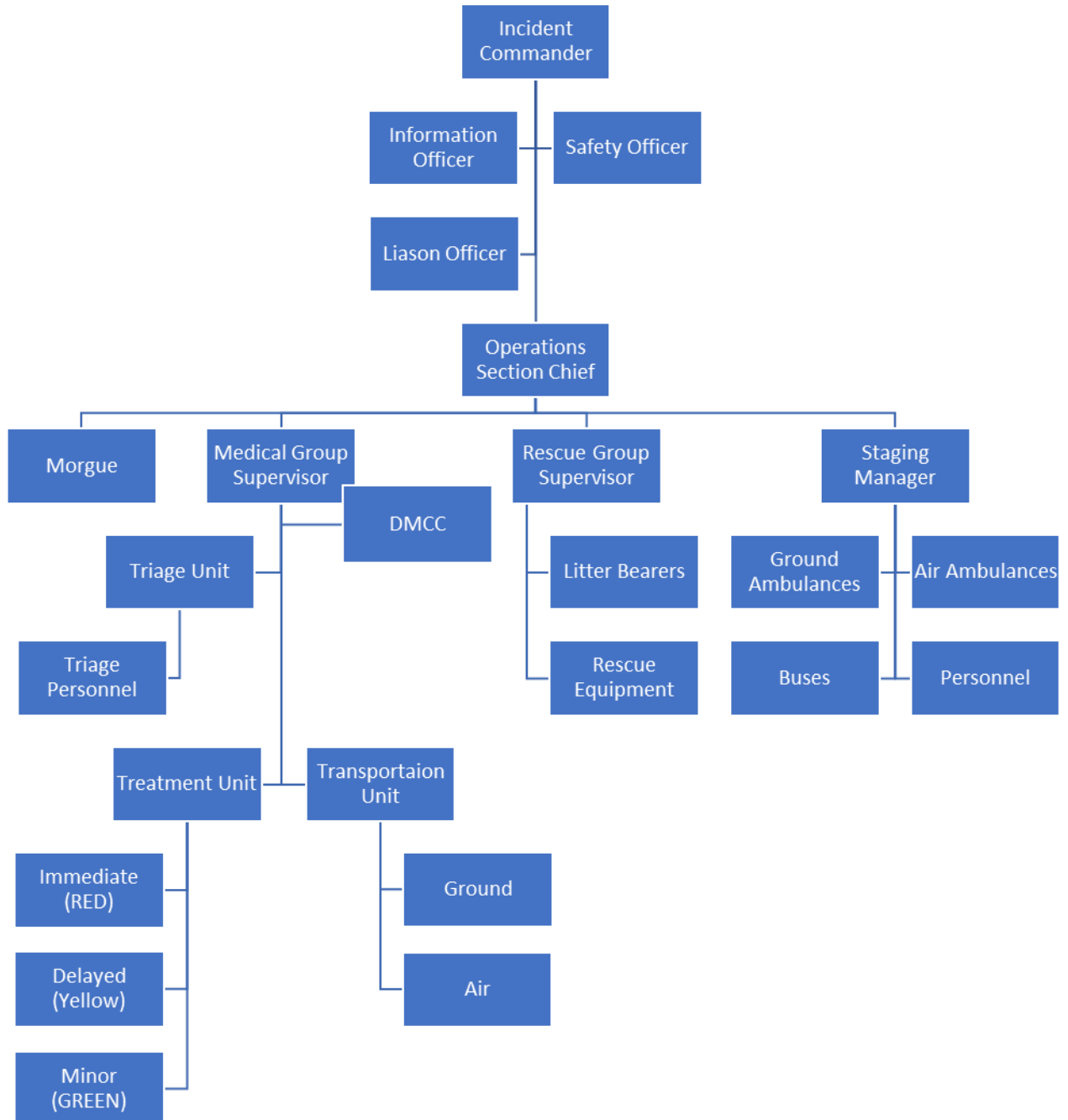
MCI HD#2-B (Green): KC Hospital District #2 - East of I90 MP74 (West Nelson Siding) to MP93 (Elk Heights), SR 903, SR970, & all adjacent areas North & South

MCI HD#1-A (Orange): KCHD#1, Hwy 97 (Blewett Pass), & all adjacent areas

MCI HD#1-B (Yellow): KCHD#1, West of City of Kittitas, South of Lauderdale Intersection, East of Elk Heights MP93, & all adjacent areas

MCI HD#1-C (Pink): KCHD#1, Vantage and HD#1 East of City of Kittitas, & all adjacent areas

EMS ICS ORGANIZATIONAL CHART



Mass Casualty -- MCI HD#2-A (blue)

RESPONSE AREA: KC Hospital District #2 - West of I90 MP74 (West Nelson Siding) to MP53 (East Snoqualmie Summit), & all adjacent areas North & South

RESOURCE GOALS: As soon as initial number of patients is confirmed; resource notification is based on this number. MCI activation may be requested for fewer patients. Once minimum goals are met, additional resources need to be requested. Entrapment will be assumed at all MCI's unless directed otherwise. Resources are in addition to initial dispatch.

<u>15 or less PATIENTS:</u>	<u># EMS Units</u>	<u># FIRE/AID Units</u>	<u>AIR AMB.</u>
<ul style="list-style-type: none"> • 5 EMS transport units • 2 Fire units • 3 LE units • Launch 1 Helicopter (cancel if not needed) • See additional resource notification for "All Categories" 	1) HD#2 Medic 2 units 2) FD#7– Amb/Aid 2 units 4) SnqPass Amb 5) CEFD-Amb 6) RFD-Aid 7) SnoqPass-Aid 8) KVFR Medic 2-3 units 8) King Cty. (Request # of units still needed. Request call back to confirm # sending & ETA)	1) FD#3 Aid Extrication Engine 2) FD#7 2 Engines Extrication Rehab. Rig 3) FD#51 Aid 2 Engines Extrication 4) CEFD Aid Engine Extrication 5) FD#6 Aid Engine 6) ESF&R Engine 7) Roslyn FD Engine 8) KCFD#1 Rescue Unit	1) ALNW 2) Life Flight 3) Yakima TC <div style="text-align: center;">Radio Channels</div> 1 - FIRE OPS 2 - FIRE PAGE 3 - FIRE TAC 3 4 - County Interop "Tac 1" 5 - FIRE TAC 5 6 - OSCCR 7 - FIRE TAC 7 8 - SnoqPass 9 - LERN 10 - SAR 11 - HEAR 12 - DNR Common 13 - DNR TAC 14 - DNR Peoh 15 - DNR AG 1 16 - Red Net LAW MAIN LAW ALT
16-30 PATIENTS: <ul style="list-style-type: none"> • 7 EMS transport units • 3 Fire units • 4 LE units • Launch 2 Helicopters (cancel if not needed) • See additional resource notification for "All Categories" 			
31 or more PATIENTS: <ul style="list-style-type: none"> • 10 EMS transport units (Automatic request for King Cty. Medic Strike Team Request) • 4 Fire units • 5 LE units • Request King County MCI Trailer (w/ETA) • Search and Rescue Coordinator • Launch 3 Helicopters (cancel if not needed) • See additional resource notification for "All Categories" 			
NOTIFICATIONS FOR ALL CATEGORIES as needed: <ul style="list-style-type: none"> • KCFD#1 Rescue Unit • KVH House Supervisor 509-899-4151 / 509-933-8739 • Bus • Red Cross • Coroner as needed • Central WA Disability Resources (DAFN-FAST Team) • KITTCOM Director 			

ON SCENE REMINDERS

IC or On-scene Responders – Cancel or increase # of units & **HELICOPTERS** per need

Agency Move-up Options: Kittitas Valley Fire & Rescue, Cle Elum Fire Dept., FD#7, FD#6, Roslyn FD

Additional Manpower/Resource Options: Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students, King or Yakima County MCI Trailer

Special Resource Considerations: Department of Transportation, Public Works, Public Health Dept. (Environmental Health), Hospital Decontamination Unit, Department of Ecology, Mental Health, BNSF, ARES/RACES, DAFN

If KVH is on "Total Divert" or "Closed" status neighboring hospitals will be notified by KVH staff.

Mass Casualty -- MCI HD#2-B (green)

RESPONSE AREA: KC Hospital District #2 - East of I90 MP74 (West Nelson Siding) to MP93 (Elk Heights), SR 903, SR970, & all adjacent areas North & South

RESOURCE GOALS: As soon as initial number of patients is confirmed, begin notification based upon the number of patients. MCI activation may be requested for fewer patients. Once goals are met, discontinue notification. Assume entrapment of all MCI's unless directed otherwise. Resources are in addition to initial dispatch.

<u>15 or less PATIENTS:</u>	<u># EMS Units</u>	<u># FIRE/AID Units</u>	<u>AIR AMB.</u>
<ul style="list-style-type: none"> • 5 EMS transport units • 2 Fire units • 3 LE units • Launch 1 Helicopter (cancel if not needed) • See additional resource notification for "All Categories" 	1) HD#2 Medic 2 units 2) FD#7-Amb/Aid 2 units	1) FD#7 Aid 2 Engines Extrication Rehab. Rig 2) KCFD#1 Aid Engine Extrication Rescue Unit 3) CEFD Aid 2 Engines Extrication	1) ALNW 2) Life Flight 3) Yakima TC
<u>16-30 PATIENTS:</u> <ul style="list-style-type: none"> • 7 EMS transport units • 3 Fire units • 4 LE units • Launch 2 Helicopters (cancel if not needed) • See additional resource notification for "All Categories" 	3) CEFD-Amb 4) KVFR Medic 2-3 units 5) RFD-Aid 6) SnoqPass-Aid	3) CEFD Aid 2 Engines Extrication 4) FD#3 Aid Engine Extrication 5) SPFR Aid Engine Extrication	<u>Radio Channels</u> 1 - FIRE OPS 2 - FIRE PAGE 3 - FIRE TAC 4 - County Interop "Tac 1" 5 - FIRE TAC 6 - OSCCR 7 - FIRE TAC 8 - SnoqPass 9 - LERN 10 - SAR 11 - HEAR 12 - DNR Common 13 - DNR TAC 14 - DNR Peoh 15 - DNR AG 1 16 - Red Net LAW MAIN LAW ALT
<u>31 or more PATIENTS:</u> <ul style="list-style-type: none"> • 10 EMS transport units (Automatic request for King Cty. Medic Strike Team) • 4 Fire units • 5 LE units • Request King or Yakima County MCI Trailer (w/ETA) • Search and Rescue Coordinator • Launch 3 Helicopters (cancel if not needed) • See additional resource notification for "All Categories" 	7) King or Yakima Cty. (Request # of units still needed. Request call back to confirm # sending & ETA)	6) FD#6 Aid Engine 7) RFD Engine	
<u>NOTIFICATIONS FOR ALL CATEGORIES as needed:</u> <ul style="list-style-type: none"> • KCFD#1 Rescue Unit • KVH House Supervisor 509-899-4151 /509-933-8739 • Bus • Red Cross • Coroner as needed • Central WA Disability Resources (DAFN-FAST Team) • KITTCOM Director 			

ON SCENE REMINDERS

IC or On-scene Responders – Cancel or increase # of units & **HELICOPTERS** per need

Agency Move-up Options: Kittitas Valley Fire & Rescue, SPF&R, FD#1, FD#3, FD#6, Roslyn FD,

Additional Manpower/Resource Options: Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students, King or Yakima County MCI Trailer

Special Resource Considerations: Department of Transportation, Public Works, Public Health Dept. (Environmental Health), Hospital Decontamination Unit, Department of Ecology, Mental Health, BNSF, ARES/RACES

If KVH is on "Total Divert" or "Closed" status neighboring hospitals will be notified by KVH staff.

Mass Casualty -- MCI HD#1-B (Yellow)

RESPONSE AREA: KCHD#1, West of City of Kittitas, South of Lauderdale Intersection, East of Elk Heights MP93, & all adjacent areas

RESOURCE GOALS: As soon as initial number of patients is confirmed; resource notification is based on this number. MCI activation may be requested for fewer patients. Once minimum goals are met, additional resources need to be requested. Entrapment will be assumed at all MCI's unless directed otherwise. Resources are in addition to initial dispatch.

<u>15 or less PATIENTS:</u>	<u># EMS Units</u>	<u># FIRE/AID Units</u>	<u>AIR AMB.</u>
<ul style="list-style-type: none"> • 5 EMS transport units • 2 Fire units • 3 LE units • Launch 1 Helicopter (cancel if not needed) • See additional resource notification for "All Categories" 	1) KVFR Medic 2-3 units 2) HD#2 Medic 3) FD#7-Amb/Aid 2 units 4) CEFD-Amb 5) Yakima (AMR/ALS) 1-4 units 6) HD#2 Medic 7) Sunnyside Medic Unit 8) King or Yakima Cty. (Request # of units still needed. Request call back to confirm # sending & ETA)	1) KVFR Aid 1-5 Engines 1-2Extrication 2) KCFD#1 Aid Engine Rescue Unit 3) FD#7 Engine Extrication 4) CEFD Engine	1) ALNW 2) Life Flight 3) Yakima TC Radio Channels 1 - FIRE OPS 2 - FIRE PAGE 3 - FIRE TAC 4 - County Interop "Tac 1" 5 - FIRE TAC 6 - OSCCR 7 - FIRE TAC 8 - SnoqPass 9 - LERN 10 - SAR 11 - HEAR 12 - DNR Common 13 - DNR TAC 14 - DNR Peoh 15 - DNR AG 16 - Red Net LAW MAIN LAW ALT
16-30 PATIENTS: <ul style="list-style-type: none"> • 7 EMS transport units • 3 Fire units • 4 LE units • Launch 2 Helicopters (cancel if not needed) • See additional resource notification for "All Categories" 			
31 or more PATIENTS: <ul style="list-style-type: none"> • 10 EMS transport units (medic strike team) • 4 Fire units • 5 LE units • Request Yakima County MCI Trailer (w/ETA) • Search and Rescue Coordinator • Launch 3 Helicopters (cancel if not needed) • See additional resource notification for "All Categories" 			
NOTIFICATIONS FOR ALL CATEGORIES as needed: <ul style="list-style-type: none"> • KCFD#1 Rescue Unit • KVH House Supervisor 509-899-4151 /509-933-8739 • Bus • Red Cross • Coroner as needed • Central WA Disability Resources (DAFN-FAST Team) • KITTCOM Director 			

ON SCENE REMINDERS

IC or On-scene Responders – Cancel or increase # of units & **HELICOPTERS** per need

Agency Move-up Options: KCFD#1, KCFD#6, KCFD#7, HD#2, Roslyn Fire Dept.

Additional Manpower/Resource Options: Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students, King or Yakima County MCI Trailer

Special Resource Considerations: Department of Transportation, Public Works, Public Health Dept. (Environmental Health), Hospital Decontamination Unit, Department of Ecology, Mental Health, BNSF, ARES/RACES

If KVH is on "Total Divert" or "Closed" status neighboring hospitals will be notified by KVH staff.

Mass Casualty -- MCI HD#1-C (pink)

RESPONSE AREA: KCHD#1, Vantage and HD#1 East of City of Kittitas, & all adjacent areas

RESOURCE GOALS: As soon as initial number of patients is confirmed; resource notification is based on this number. MCI activation may be requested for fewer patients. Once minimum goals are met, additional resources need to be requested. Entrapment will be assumed at all MCI's unless directed otherwise. Resources are in addition to initial dispatch.

<u>15 or less PATIENTS:</u>	<u># EMS Units</u>	<u># FIRE/AID Units</u>	<u>AIR AMB.</u>
<ul style="list-style-type: none"> • 5 EMS transport units • 2 Fire units • 3 LE units • Launch 1 Helicopter (cancel if not needed) • See additional resource notification for "All Categories" 	1) KVFR Medic 2-3 units 2) HD#2 Medic	1) KVFR Aid 1-4 Engines 1-2Extrication	1) ALNW 2) Life Flight 3) Yakima TC
<u>16-30 PATIENTS:</u> <ul style="list-style-type: none"> • 7 EMS transport units • 3 Fire units • 4 LE units • Launch 2 Helicopters (cancel if not needed) • See additional resource notification for "All Categories" 	3) Mattawa Ambulance 4) Quincy Ambulance 5) Yakima (AMR/ALS) 1-3 units	2) FD#4 Aid Engine 3) KCFD#1 Aid Engine Rescue Unit	<u>Radio Channels</u> 1 - FIRE OPS 2 - FIRE PAGE 3 - FIRE TAC 4 - County Interop "Tac 1" 5 - FIRE TAC 6 - OSCCR 7 - FIRE TAC 8 - SnoqPass 9 - LERN 10 - SAR 11 - HEAR 12 - DNR Common 13 - DNR TAC 14 - DNR Peoh 15 - DNR AG 1 16 - Red Net LAW MAIN LAW ALT
<u>31 or more PATIENTS:</u> <ul style="list-style-type: none"> • 10 EMS transport units (medic strike team) • 4 Fire units • 5 LE units • Request Yakima County MCI Trailer (w/ETA) • Search and Rescue Coordinator • Launch 3 Helicopters (cancel if not needed) • See additional resource notification for "All Categories" 	6) Moses Lake Amb. 7) Ballard/LL Ambulance 8) Wenatchee or Yakima:		
<u>NOTIFICATIONS FOR ALL CATEGORIES as needed:</u> <ul style="list-style-type: none"> • KCFD#1 Rescue Unit • KVH House Supervisor 509-899-4151 / 509-933-8739 • Bus • Red Cross • Coroner as needed • Central WA Disability Resources (DAFN-FAST Team) • KITTCOM Director 	(Request # of units still needed. Request call back to confirm # sending & ETA)		

ON SCENE REMINDERS

IC or On-scene Responders – Cancel or increase # of units & **HELICOPTERS** per need

Agency Move-up Options: KCFD#1, KCFD#7, HD#2, Yakima FD, KCFD#6, Roslyn FD

Additional Manpower/Resource Options: Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students, King or Yakima County MCI Trailer

Special Resource Considerations: Department of Transportation, Public Works, Public Health Dept. (Environmental Health), Hospital Decontamination Unit, Department of Ecology, Mental Health, BNSF, ARES/RACES

If KVH is on "Total Divert" or "Closed" status neighboring hospitals will be notified by KVH staff.

Kittitas County Mass Casualty Incident Plan

(Revised 10-2022)

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Current electronic copy of Kittitas County MCI Plan is available:

<http://www.kittitascountyems.org/traumacouncil.htm>