

Pierce County Fire Chiefs Association

MCI PLAN

**MASS CASUALTY
INCIDENT PLAN**

Adopted 1998
Revised May 2003

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MASS CASUALTY INCIDENT (MCI)

1.0 Purpose

Fire Departments are tasked with the protection of property and life safety. In the event of a disaster, whether natural or the result of a man made event, the immediate response to that incident will be by fire jurisdiction.

Boundaries dividing fire departments and fire districts may determine the initial agency having authority. Mutual aid and first response agreements allow for the immediate resources of additional staffing and equipment.

In the event of a major incident, the demand for an orchestrated plan allowing coordination of multiple agencies will facilitate resolving that incident safely and efficiently.

The purpose of a county wide adopted plan for mass casualty incidents is to achieve overall understanding of personnel assisting neighboring departments. In addition, with a coordinated county plan the use of common terminology and systematic delivery to a MCI will integrate the immediate involvement of mutual aid, strike teams, and task forces when requested by incident commanders.

The Pierce County Fire Chiefs Mass Casualty Incident Plan (MCI Plan) will append the Pierce County Department of Emergency Management's Emergency Support Function (**ESF**) and hospitals' disaster plans. Training and education of all organizations, providers and agencies that may be involved in a disaster/MCI will prepare agencies or responders for the day when this plan is required to become operational.

2.0 Policy

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

At any given time, the on scene incident commander may, by assessing the current conditions of the emergency, declare a Mass Casualty Incident. For any MCI (3) or more RED patients, or (5) patients of any severity, the Disaster Medical Control Center (DMCC) shall be notified to determine patient destination facilities. The DMCC can always be used for multiple patient incidents of any number to determine patient destination.

3.0 *Definitions*

- 3.1 **AID UNIT:** Designated title to identify a fire based basic life support unit.
- 3.2 **AMBULANCE:** Designated title to identify private companies requested to assist in the transport of patients to hospitals. Unit may be ALS or BLS.
- 3.3 **ASSEMBLY AREA:** Identified location where resources (i.e. ambulances, strike teams, personnel, busses, etc.) to support multiple jurisdictional requests or large-scale incidents report prior to being assigned.
- 3.4 **BASE STATION:** Base stations provide on-line medical direction for patient care.
- 3.5 **CLASS B CHEMICAL SUITS:** A cache of class B suits with respirators that can be used by rescue workers during a chemical or biological incident. Suits are available from hazmat teams or through the cache that is kept with the MMRS supplies.
- 3.6 **COMMAND POST:** (Unified Command Post) The position where agencies will function on site to support the Incident Commander. The command post located at one location for all agencies.
- 3.7 **DMCC (Disaster Medical Control Center):** The hospital designated to coordinate patient transport destination. Pierce County DMCC is Good Samaritan Hospital. The back up DMCC is Madigan Army Medical Center.
- 3.8 **EMS (Emergency Medical Service):** A system designed to provide care to sick and injured people. Using standard operational guidelines, protocols, and laws.

- 3.9 **FUNNEL POINT:** A center 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.
- 3.10 **H.E.A.R. RADIO (Hospital Emergency Administrative Radio):** The HEAR system can be used to communicate from mobile-to-hospital and hospital-to-hospital.
- 3.11 **HAZMAT GROUP SUPERVISOR:** Will be in charge of hazmat group as needed. Reports to the Operations Section Chief.
- 3.12 **ICS: Incident Command System** shall be implemented for the purpose of establishing an operational structure. The Pierce County Fire Chiefs have adopted Incident Management System (IMS) as the command system for Pierce County.
- 3.13 **INCIDENT COMMAND:** The on scene Incident Command officer that will be responsible for the overall orchestration of the emergency incident.
- 3.14 **LITTER BEARERS:** Individuals assigned by the Medical Group Supervisor to assist in movement of injured patients to designated triage areas, treatment, transport areas.
- 3.15 **MAJOR MCI:** >14 patients.
- 3.16 **MEDIC UNIT:** Designated title to identify a fire based advanced life support / paramedic unit.
- 3.17 **MEDICAL GROUP SUPERVISOR:** Will be in charge of medical group and medical operations at a large incident. This position is assigned by the Operations Section Chief or the Incident Commander if Operations Section Chief has not been assigned. The Medical Group Supervisor would report to the Incident Commander if no Operations Chief is assigned. Reports to the Operations Section Chief.

- 3.18 MSO (Medical Services Officer): A Fire Department administrative position responsible for the EMS program delivery of department day-to-day operations.
- 3.19 OPERATIONS SECTION CHIEF: Will be in charge of operations as assigned by the Incident Commander. This could be Medical operations, Hazmat operations, Rescue operations, Suppression operations and Extraction operations depending on the size and complexity of the incident. Reports to the Incident Commander.
- 3.20 OVERHEAD TEAM: A designated team of Chief Officers dispatched at the request of the Incident Commander to assist in management of the incident.
- 3.21 PUSH PACK: Part of the National Pharmaceutical Stockpile. Available for large-scale terrorism or mass outbreak, available through Pierce County Department of Emergency Management- (DEM).
- 3.22 REHABILITATION AREAS: The area for rescue personnel to be assessed, treated and cared for. Rescue personnel will be evaluated, nourished and rested in the rehab area.
- 3.23 RESCUE GROUP SUPERVISOR: Will be in charge of the rescue group as needed. Reports to the Operations Section Chief.
- 3.24 STAFFING/PERSONNEL AREA: An area designated by the Incident Commander, or designee for assembly of available staff for the incident prior to assignment. Use of citizen volunteers will be at the digression of the Incident Commander.
- 3.25 STAGING AREA MANAGER: Individual assigned to coordinate the movement of arriving units and resources. Deployment of resources will be assigned by the Incident Commander or designee. Staging area manager shall ensure all transport units have immediate egress.

- 3.26 STAGING AREA: A designated area where vehicles will be parked until requested by the Incident Commander. All units responding to the incident shall report to staging until assigned by the Incident Commander.
- 3.27 SUPPLY UNIT: An area designated by the Incident Commander for the gathering of equipment such as backboards, trauma kits, oxygen etc.
- 3.28 TAC ONE: Mobile communications unit available through DEM to act as the Command Post for IC, planning and logistics.
- 3.29 TRANSPORT AREA: An area patients are moved to following treatment as they await transport to a medical facility.
- 3.30 TRANSPORT UNIT LEADER: Will organize and supervise the transportation of all patients to medical facilities. Coordinates patient transportation destinations with the DMCC. Reports to the Medical Group Supervisor.
- 3.31 TREATMENT AREA: An area specified by the Incident Commander or Operations Section Chief/Medical Group Supervisor for the treatment of patients.
- 3.32 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 that are taken shall be documented on the tag. This form will accompany the patient to the designated receiving medical facility.
- 3.33 TREATMENT UNIT LEADER: Will organize and supervise the treatment area. Reports to the Medical Group Supervisor.
- 3.34 TRIAGE AREA: Designated area where the patients are sorted. This may be the area where the patients are initially found, or a designated point to where the patients are transported for appropriate sorting.

- 3.35 TRIAGE TAPE: Red, Yellow, Green, or Black colored surveyors 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.
- 3.36 TRIAGE UNIT LEADER: Will organize and supervise the triage area. Reports to the Medical Group Supervisor.
- 3.37 TRIAGE: A categorization system used to medically prioritize/sort patients.
- 3.38 WHITE TRIAGE TAPE will be used in the event of a hazardous material or chemical incident. White tape will identify patients that **have** been decontaminated. **Decontaminating patients prior to transport shall be considered standard operation.** White tape will only be used when a hazardous material or chemical is involved in the incident.

4.0 Organizations Affected

- 4.1 Fire Departments are the first responders to emergency incidents. Unified command and on scene emergency operations will be the responsibility of local fire service jurisdiction.
- 4.2 Private ambulances may be required to provide transportation of injured victims to receiving centers. In certain situations, personnel from private ambulance companies may be requested to assist with initial scene management as directed by the Incident Commander.
- 4.3 Law enforcement will be tasked with overall scene security and evacuation. They should have a representative at the command post.
- 4.4 The Disaster Medical Control Center (DMCC) will assume the responsibility of providing coordination among hospitals in the event of a disaster. They will also determine destination of patients being transported to hospitals. Good Samaritan is the DMCC and Madigan Army Medical Center is the back up.
- 4.5 Base station hospitals are available for on-line patient care treatment orders.
- 4.6 Receiving centers will provide the DMCC with information for a countywide bed count and operational capability of their respective hospital. This information will be collected by the DMCC. All receiving centers will remain in a readied status until declaration to terminate the incident is made by the DMCC.
- 4.7 Tacoma Pierce County Health Department is the lead agency for the coordination of public health services. TPCHD will assist by providing guidance to political jurisdictions, agencies and individuals.
- 4.8 Pierce County Department of Emergency Management (DEM) may provide resource coordination for the incident as requested. This may include activation of the Emergency Operations Center (EOC).

- 4.9 Pierce County Medical Examiner's office is the lead agency for activities concerning the deceased including temporary morgue, identification, and disposition of the deceased.
- 4.10 The Federal Bureau of Investigation (FBI) may assume identification responsibilities in incidents involving interstate commercial carriers, hostage situations or citizens killed in the acts of terrorism. For terrorist events the FBI will have the responsibility for investigation and security.
- 4.11 Tacoma Pierce County Chaplaincy will coordinate and interact with affected families, assisting relatives and friends, providing support and comfort.
- 4.12 Pierce County Critical Incident Stress Management (CISM) Team may be asked to perform defusings and/or debriefings for emergency workers during or after the incident. They can also do debriefings and support for families of emergency workers.
- 4.13 American Red Cross may assist in the notification, relocation, temporary housing for affected persons, and scene support to emergency workers.

5.0 Standard Operating Procedures

- 5.1 Department Standard Operating Procedures should include within the respective tactical operations, a plan in the event of a Mass Casualty Incident or disaster situation, response guidelines to assist in the mitigation of such emergencies.
- 5.2 Simple Triage and Rapid Transport (START) will be the standard for prehospital sorting of injured patients.

6.0 Responsibilities

The first arriving company must be alert to include incident size up, estimated number of patients and initiate action to set up a MCI scene, call for assistance, and notify the Incident Commander of all pertinent incident information (i.e. HazMat, hazards, etc.). On scene operations will be structured under the incident command system.

- 6.1 **INCIDENT COMMAND:** (radio call sign “COMMAND”) The Incident Commander will assume overall scene operations pertaining to the emergency incident. Unified command, communications, resources, authority, and tactical plans will be established through “COMMAND”.
- 6.2 **OPERATIONS SECTION CHIEF:** (radio call sign “OPERATIONS”) Assigned by Command. Operations, if assigned by command, will be responsible for all operations at the scene of an incident. May assign Groups or Divisions as need. Reports to COMMAND.
- 6.3 **MEDICAL GROUP SUPERVISOR:** (radio call sign “MEDICAL”) Assigned by Operations as needed. The Medical Group Supervisor will be in control of medical triage, treatment and transport. Medical will contact the DMCC to declare the MPI, and request open protocols. Medical Group Supervisors will designate triage, treatment and transport areas, and request staffing from Command as needed. Medical will request and update Operations/Command regarding status and needs of medical group.
- 6.4 **TRIAGE UNIT LEADER:** (radio call sign “TRIAGE”) TRIAGE will be assigned to the Medical Group Supervisor by Operations and will assist in establishing triage area(s) as designated. All patients shall enter the treatment area through triage. Patients will be evaluated using START triage system, numbered, and placed in the appropriate treatment or transport area. Reports to MEDICAL.

- 6.5 **TREATMENT UNIT LEADER:** (radio call “TREATMENT”) TREATMENT will be assigned to the Medical Group Supervisor by Operations, and will be responsible for the treatment of patients. TREATMENT will set up treatment areas, equipment and prepare to receive triaged patients. Treatment tags will be completed for all patients and affixed/tied to the patient prior to transport. TREATMENT will request additional resources through Medical Group Supervisor /Operations. Reports to MEDICAL.
- 6.6 **TRANSPORT UNIT LEADER:** (radio call sign “TRANSPORT”) TRANSPORT assigned by Operations, and will be responsible for the transfer of patients to receiving hospitals. TRANSPORT will identify access and egress routes, coordinate loading, transporting and registering of all patients. TRANSPORT will communicate with the DMCC to determine patient destination, and coordinate transportation through the Treatment Team Leader. TRANSPORT will maintain records of patient number, name, destination and the transporting agency. Reports to MEDICAL.
- 6.7 **SAFETY OFFICER:** (radio call sign “SAFETY”) Assignment of the safety officer by COMMAND will be made as soon as staffing allows. SAFETY will assume the authority to identify, mitigate and intercede in any portion of the incident, which is judged to be potential threat to the well being of incident scene operations. SAFETY will inform COMMAND immediately of any such situation and only allow affected operations to continue when the safety concern has been resolved. Reports to COMMAND.
- 6.8 **STAGING AREA MANAGER:** (radio call sign “STAGING”) Assigned by COMMAND, the individual responsible for staging will assign companies to the operation as requested by Operations. STAGING will request additional resources through COMMAND as needed. Reports to OPERATIONS.

6.9 PLANS CHIEF: (radio call sign “Plans”) Assigned by COMMAND, and will be responsible for planning the next operational period in a multi-operational event. The plans division will be responsible for creating an Incident Action Plan for the incident and upcoming operational event. The PLANS CHIEF may also assign a Situation Unit leader and a Resource Unit Leader to work in the planning Section. Reports to the INCIDENT COMMANDER.

7.0 Procedures

7.1 Activation of the MCI Plan

7.1.1 To activate the MCI plan, the officer in charge of the incident will contact the Fire Communications Center and provide the following information:

1. Title or the Unit Number
2. Notification that a Mass Casualty Incident exists.
(Note: The Fire Communication Center will then upgrade this to a MCI per departments run card.)
3. An estimated number of patients.
4. A level of response necessary to manage the incident.
5. Complicating circumstances (i.e. HazMat, safety hazards, etc.)

7.2 The Incident Commander shall be responsible for the following:

7.2.1 Firefighting tactics as needed.

7.2.2 Notify Fire Communications Center that an MCI (if this has not been done) request an appropriate response to handle the incident.

7.2.1 Appoint a Operations Section Chief (as needed)

7.2.2 Appoint a Safety Officer (as needed)

7.2.3 Establishing a Safety Zone

7.2.4 Identify a Staging location and notify all incoming units via Fire Communications Center of the location. Assign a Staging Area Manager.

7.2.5 Secure access and egress routes into the area for EMS vehicles.

7.2.6 Coordinate operations through Unified Command with participating agencies. (i.e. WSP, PCSO, FBI, Medical Examiner, Hazmat Teams and Health Department)

7.2.7 Coordinate with County DEM.

7.3 The Operations Section Chief position shall be filled by the most appropriate-qualified individual.

7.4 Medical Group Supervisor is in charge of all EMS operations as assigned by the Incident Commander. This position should be filled by an MSO.

7.4.1 Medical Group Supervisor shall size-up medical needs, estimate numbers and severity, and inform command.

7.4.1 Medical Group Supervisor shall notify the DMCC of an MCI with the estimated number of patients and severity and request “open patient care protocols”.

7.4.2 Medical Group Supervisor shall identify the location for the triage, treatment and transport areas, and shall request staffing for those areas through Operations/Command.

7.4.3 Medical Group Supervisor shall supervise the Treatment, Triage and Transport areas.

7.5 The TRIAGE TEAM LEADER shall be an EMT or Fire Company Officer. Triage will report to Medical Group Supervisor.

7.5.1 TRIAGE will survey the incident scene, establish triage areas, funnel points and begin triaging patients according to their injuries at the scene or designated funnel points.

7.5.2 TRIAGE will number each patient with a permanent marking pen for tracking purposes and affix/tie triage ribbon (if not completed).

7.5.3 In larger MPI events, additional staff may be needed for field triaging. In events where more than one triage or funnel points exists, the primary funnel point will start numbering patients with the number one (1). The other triage or funnel points will start with the number 100; if a triage or funnel point is needed they will start numbering at 200, and so forth.

- 7.6 The TREATMENT TEAM LEADER shall be filled with a Paramedic or a Fire ground Company Office.
- 7.6.1 TREATMENT will request personnel and coordinate patient care areas designated as Red, Yellow, and Green. In a major MPI, TREATMENT may need to assign additional personnel for each treatment section.
 - 7.6.2 TREATMENT shall keep TRANSPORT advised to the number of patients, severity, and their availability to be transported.
 - 7.6.3 TREATMENT shall request additional resources for the treatment through Medical Group/Operations.
 - 7.6.4 TREATMENT shall assure each patient has a treatment tag that outlines injuries, records vital signs, and identifies patient's name (when possible).
 - 7.6.5 If transport units are available, patients may be moved from the triage areas directly to waiting transport units for rapid transport to appropriate emergency departments and by-pass the treatment area.
- 7.7 The TRANSPORT TEAM LEADER shall be filled by a paramedic or fire ground Company Officer. TRANSPORT reports to Medical Group Sup/Operations. The TRANSPORT TEAM LEADER shall:
- 7.7.1 TRANSPORT shall coordinate loading, transporting, and registering of all patients.
 - 7.7.2 TRANSPORT shall coordinate with TREATMENT for patients available for transport.
 - 7.7.3 TRANSPORT will maintain radio communications with the DMCC to determine patient receiving center destinations.
 - 7.7.4 TRANSPORT will place an orange Washington State Trauma Triage tag on all transported patients for patient tracking.

7.7.5 TRANSPORT shall maintain a record of each patient's identification, hospital destination, and transporting agency.

7.7.6 TRANSPORT shall request ambulances, equipment, and personnel as needed through the Base/Staging Manager.

7.8 Litter Bearers will move through the incident scene placing patients on backboards, stretchers, wheelchairs; and assist the walking wounded. They will assist in processing patients through the triage funnel point, and into appropriate designated treatment areas and transport areas. Litter bearers will be assigned to Medical Group Supervisor/Operations.

8.0 *Communications*

On scene radio communications will be kept to an absolute minimum. When possible, direct verbal contact, or runners will be used.

- 8.1. COMMAND shall be the person routinely communicating with the dispatch center.
- 8.2. All EMS communications on HEAR will be limited to MEDICAL GROUP/OPERATIONS and TRANSPORT.
- 8.3. Transport ambulances will not communicate to receiving hospitals on the HEAR Radio. Information pertaining to those patients will be made by TRANSPORT and the DMCC.
- 8.4. Cellular phones shall be used to reduce radio traffic.

9.0 Transportation

9.1. Ambulances will be used for patient transportation. First arriving Medic Units typically will be held at the scene for medical supplies and resources, but may be utilized for transports when needed.

9.1.1 Ambulance personnel being used for transportation will remain with their respective units at the Staging location until requested.

9.2. Aid Units may be utilized as needed for transportation of patients to hospitals.

9.3. Air transportation should be utilized when needed. Agencies requested should be informed as to the designated landing zone. The landing zone should be located as to not interfere with ongoing incident scene operations.

9.3.1. Landing zones need to be established with the designated personnel to assure safety and staffing to facilitate expeditious patient transferring.

9.4. Busses may be used to transfer multiple patients to area receiving centers as appropriate. These patients should have minor injuries and be accompanied by a medically qualified individual capable of maintaining medical treatment and evaluation as needed. Stretcher capable busses may be available through the military. Pierce Transit may also provide regular buses as needed. (Pierce County DEM may assist obtaining busses)

10.0 Deceased Persons

- 10.1. Deceased persons will be tagged, covered with a sheet or blanket and when possible, not moved for investigative reasons.
- 10.2. Command will coordinate with the Medical Examiner representative in arranging for temporary morgue facilities, refrigerated trailers and/or transportation.

11.0 Triage Tape, Treatment Tags, and Priority

11.1 Triage tape and treatment tags will be carried on all Command Units, Aid and Medic Units, and MSO units.

11.2 Triage tape should be used in the following incidents:

11.2.1 Anytime there are three or more seriously injured people.

11.2.2 When there are five or more injured at a scene.

11.3 Selection Criteria

11.3.1 **Immediate RED** – A patient who is breathing fast, greater than 30 times a minute.

Capillary refill greater than 2 seconds or does **not** have a palpable radial pulse.

Has an altered mental status, patient is not oriented to person, place, time, and/or unable to follow commands.

11.3.2 **Delayed YELLOW** - A patient who is breathing less than 30 times a minute.

Capillary refill less than 2 seconds or does have a palpable radial pulse.

Patient is able to follow simple commands but is injured and unable to walk.

11.3.3 **GREEN** Minor/Non-Injured – Any person who can initially walk away from accident to a designated triage or treatment areas. Patients that are triaged with minor injuries.

11.3.4 **BLACK STRIPED** Obvious Dead on Scene (DOS) – Patients who have obviously died or are expected to because of their injuries. A patient with no respirations.

11.3.5 **ALL WHITE** Additional tape used to signify the patient has been decontaminated in the event of a Hazardous Material event.

12.0 S-T-A-R-T

SIMPLE TRIAGE AND RAPID TRANSPORT

The START (Simple Triage And Rapid Transport) plan was developed for the use in prehospital Multiple Patient Incidents. The plan allows EMS personnel to survey a patient, and quickly make an initial assessment for treatment needs and priority transport to a receiving facility. It is extremely simple to learn and use in the field. Prehospital providers are taught how to perform ABC's of patient assessment care. The START plan follows the ABCD's, (referring to them as 'RPM') thereby making it rapid to perform. The START plan requires no special skills or specific patient diagnosis. This allows all levels of prehospital providers to effectively use it. It allows the immediate stabilization of life threatening airway and bleeding problems, and most important it is very easy to learn, retain and recall.

The START PLAN uses three (3) criteria to categorize patients:

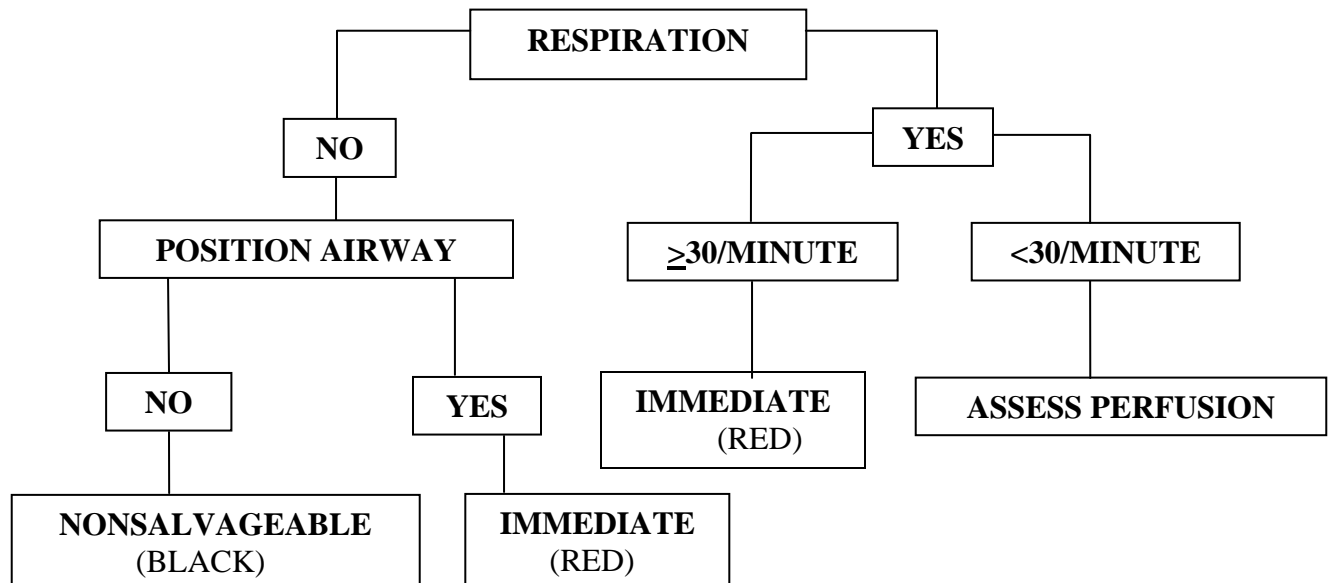
VENTILATION (or RESPIRATIONS)	(R)
PERFUSION	(P)
MENTAL STATUS	(M)

STEP 1

The initial medical responder enters the incident area, identifies self and directs all patients who can walk to gather and remain in a safe place. This system identifies these patients who presently have sufficient respiratory, circulatory, mental and motor function to walk. Most of these patients 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 patient's status may change in the future.

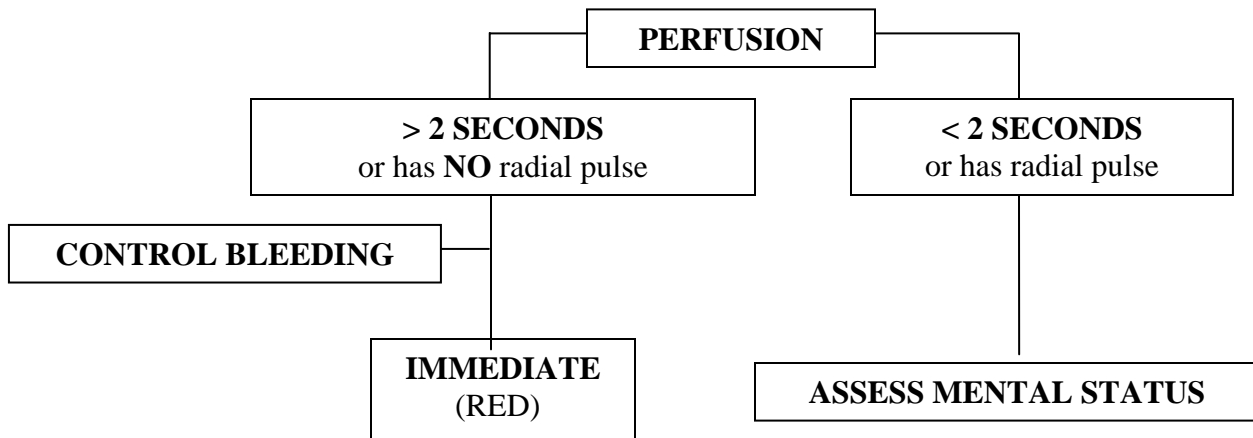
STEP 2

Begin evaluation of the non-ambulatory patients where they are lying. Assess patient's RESPIRATIONS. Are they normal, rapid or absent? If absent, reposition airway to see if breathing begins. If respirations remain absent, tag BLACK. Do not perform CPR. If the patient requires help maintaining an open airway or has a respiratory rate $>$ (greater than) 30 per minute, tag RED (attempt to use bystanders to hold position of the airway). If respirations are normal $<$ (less than) 30 per minute, go to the next step.



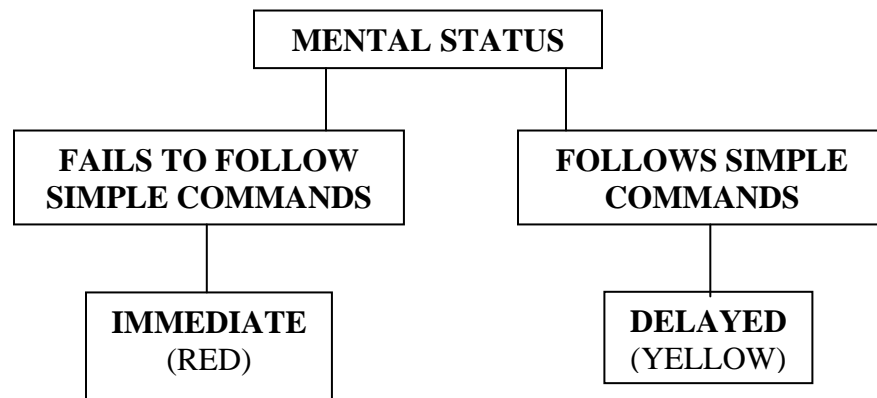
STEP 3

Assess patient's **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 **RED**. If the capillary refill is < 2 seconds or if the radial pulse is present, go to the next step. Any life threatening bleeding should be controlled now and if possible, elevate the patient's legs to begin shock treatment (attempt to utilize non-EMS person to hold pressure/bleeding control).



STEP 4

Assess patient's **MENTAL STATUS**. If the patient 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 **RED**. If the patient can follow simple commands, the patient is tagged **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).



“GREEN” patients will need to be triaged at this point to determine potential threatening injuries. They may need to be reassigned to a different classification.

The START plan is a simple, step-by-step triage and treatment method to be used by all levels of prehospital providers at multiple patient incidents. This method allows for rapid identification of those patients who are at the greatest risk for early death, and the provision of basic life-saving/stabilization techniques.

Agency Contact Numbers

<u>Hospitals</u>	<u>Phone</u>	<u>Fax</u>
DMCC		
Good Samaritan Hospital	253-848-0465	
Madigan Army Medical	253-968-1390	
<u>Dispatch's</u>	<u>Phone</u>	<u>Fax</u>
Fire Comm.	253-582-2121	253-581-4895
Puyallup City Comm.	253-841-5432	253-840-6675
Buckley Dispatch	360-829-3157	360-829-0133
<u>EOC's</u>	<u>Phone</u>	<u>Fax</u>
Pierce County EOC	253-798-7470	253-798-6624
Tacoma EOC	253-404-3711	253-404-3704
Puyallup EOC	253-770-3336	253-770-3340
<u>Supporting Agencies</u>	<u>Phone</u>	<u>Fax</u>
Tacoma/Pierce Co. Red Cross	253-474-0400	253-473-4843
AMR Ambulance	253-584-7574	
Rural Metro Ambulance	800-989-9993	
Madigan Ambulance	253-968-1110	
Air Lift NW	800-426-2430	
Pierce Transit	253-581-8109	

MEDICAL GROUP

CHECKLISTS

INCIDENT COMMAND CHECKLIST

RESPONSIBILITIES:

Assume responsibility for the entire Multiple Patient Incident.

READ ENTIRE CHECKLIST

DUTY CHECKLIST:

- Identify previous Incident Commander and facilitate transfer of command.
- Don identification vest.
- Identify the incident command post and establish unified command.
- Assess situation and determine needs.
- Identify Staging, and as appropriate, Staging Area Manager.
- Contact and work in close proximity to Medical.
- Request additional equipment and/or manpower as necessary.
- Update Fire Communications on incident progress.
- Identify a PIO and Safety Officer.
- Maintain scene security.
- Direct outside support agencies as needed:
 - Law Enforcement
 - Medical Examiner
 - Public Utilities
 - Red Cross
 - Emergency Management
 - Fire Marshall

OPERATIONS/MEDICAL GROUP CHECKLIST

RESPONSIBILITIES:

Direct and supervise the overall medical operations.

READ ENTIRE CHECKLIST

DUTY CHECKLIST:

- Report to and work in close proximity to the Incident Commander.
- Obtain needed equipment (vest, clipboard, checklists).
- Don identification vest.
- Assess medical situation and needs; report to COMMAND.
- Assure that all appropriate Medical ICS positions are filled.
 - Triage
 - Treatment
 - Transport
- Determine that all the appropriate help has been called:
 - Ambulances
 - Medic Units
 - Local MPI Units
 - Bus
 - Helicopter
- Establish communication with DMCC, request to open protocol for MPI. Give DMCC size-up of situation with estimate of patients and categories of injured.
- Consult with Treatment Leader on location of treatment area.
- Consult with Transport Leader regarding location of transport area and establishment of communication with DMCC.
- Consult with Triage Leader to determine location of the funnel point.
- Identify an equipment pool area adjacent to the treatment area for incoming medical equipment.
- Identify a manpower pool for Litter Bearers. Notify Triage, Treatment and Transport.

TRIAGE LEADER CHECKLIST

RESPONSIBILITIES:

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

READ ENTIRE CHECKLIST

DUTY CHECKLIST:

- Obtain needed equipment (triage belt, clipboard, vest).
- Don identification vest.
- Identify triage member(s) and implement triage process.
- Estimate number of patients (if possible categories) and report to Medical.
- Consult with Medical on location of funnel point.
- Determine where patients will be numbered, and facilitate numbering.
- 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.
- Maintain safety and security of the triage area.
- Keep Medical informed of your status.
- Report to Medical for reassignment when triage is completed.

TREATMENT LEADER CHECKLIST

RESPONSIBILITIES:

Direct and coordinate treatment of patients in treatment area.

READ ENTIRE CHECKLIST

DUTY CHECKLIST:

- Don identification vest.
- Obtain needed supplies (vest, treatment tracking form, flags, medical supplies).
- Obtain estimate of the number of patients.
- Consult with Medical to determine location of treatment area.
- Set up treatment area into 3 sections; red, green, and yellow.
- Set up identification flags, 3 colors.
- Using the treatment tracking form, record all patients entering the treatment area.
- Assure that all patients in the treatment area are properly numbered.
- Assign incoming personnel to specific treatment sections.
- Identify, as needed, leaders in each treatment section.
- Assure that appropriate medical care is being delivered.
- Request medical supplies or personnel needs through Medical.
- Record patients on Treatment Tracking Form.

TRANSPORTATION LEADER CHECKLIST

RESPONSIBILITIES:

Direct, coordinate and record the transportation of all patients to medical facilities. Transport will maintain radio communications with the DMCC for patient distribution to receiving hospitals.

READ ENTIRE CHECKLIST

DUTY CHECKLIST:

- Obtain needed equipment (transportation tracking form, vest).
- Don identification vest.
- Obtain estimate of the number of patients.
- Identify a safe, efficient loading area adjacent to the treatment area. Secure access and egress routes and inform STAGING.
- Determine that an appropriate number of transport vehicles have been called to the incident.
- Additional equipment is requested through Medical. Transport units may be requested directly from staging.
- Consult with Treatment Leader to determine when and what patients are ready for transport.
- Identify and brief Litter Bearers as necessary.
- Initiate communication with DMCC for patient distribution. Communication should be maintained as needed for expeditious patient transfer.
- Apply Trauma Triage tag to patient for patient tracking. Ensure that trauma tag is applied.
- Using the transportation tracking form, document patient destinations and transporting agencies.
- Maintain security and safety in patient loading area.
- Keep Medical informed of your status and give patient tracking information to be passed to DEM.

TREATMENT AND TRANSPORTATION
TRACKING FORMS

REGIONAL TREATMENT
TAG