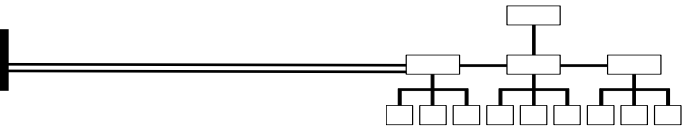


Section 9 – Mass Casualty Incident Management Procedures

9.0 Mass Casualty Incident Management Procedures

Updated 2013

Adopted by:

- Kitsap County Medical Officers Division
- Kitsap County Training Officers
- Kitsap County ITAC Committee
- Kitsap County Operations Chiefs Division
- Kitsap County Fire Chiefs Association

Section 9 – Mass Causality Incident Management Procedures

9.1 Standard Terminology

Words have meaning!

Aid Unit (BLS) – A transport capable ambulance staffed with EMT qualified personnel and equipment to provide Basic Life Support level of care.

Ambulance – A transport vehicle designated to transport patients/victims from the scene of an incident to a receiving facility.

Base – A designated area, removed form the incident scene, where units (apparatus) standby until they are assigned to the incident scene or released.

Base Station (Harrison Medical Center - Bremerton) – Provides medical direction for patient care by pre-hospital providers.

Disaster: incident in which patient care needs overwhelm both the primary responders and regional receiving facilities.

Disaster Medical Control Center (DMCC) – The hospital designated to coordinate flow of victims to receiving facilities. The primary DMCC for Kitsap County is Harrison Medical Center - Bremerton, unless the incident is on a military reservation, or involves a significant factor of military personnel. Naval Hospital - Bremerton is the alternate DMC

Extraction: The process of moving patients out of the hot zone to the treatment and transport areas.

Extrication: The process of removing a patient from an entrapment.

Funnel Point – A central point designated by the Triage Team or Unit Leader where every patient filters through prior to movement into the Treatment Area. The Funnel Point is usually located at or near the entrance of the Treatment Area. At this location, patients are tagged, numbered, and if not already affixed, receive triage ribbons. For Level 1 MCI, a Funnel Point may not be necessary.

Hospital Emergency Administrative Radio (HEAR) – The radio communication system available for use to communicate from mobile-to-hospital and hospital-to-hospital.

Incident Action Plan (IAP): an ongoing process used to facilitate successful incident operations and provide a basis for evaluating performance in achieving incident objectives. The IAP identifies incident objectives and provides essential information regarding incident organization, resource allocation, work assignments and safety.

Incident Commander - the individual responsible for all incident activities, including development of the IAP, overall scene management and coordination of operations with assisting agencies through unified command.

Litter/Stretcher Bearers – Individuals assigned to assist in movement of injured victims.

Med-Net Radio – The radio system used to transfer medical information between pre-hospital personnel and the Base Station or Receiving Facility. This system can be used as the back-up to cellular phone contact during an MCI.

Medical Branch Director – The ICS position assigned for large scale incidents when there is a need to manage span-of-control issues. The position is responsible for providing strategic direction to Division and Group Supervisors. Their radio designator is "Medical Branch".

Medical Services Officer (MSO) – The fire department's administrative position responsible for managing EMS program delivery.

Medic Unit (ALS) – A transport ambulance staffed by qualified Paramedics, able to provide Advanced Life Support level of care.

Medical Group Supervisor – When assigned, the on-scene functional ICS assignment responsible for managing all medical operations related to the incident. Their radio designator will be "Medical Group".

Mass Causality Incident (MCI) – Incidents involving multiple patients to the point where it overwhelms the local agency's initial resource deployments. Must be declared to distinguish from a routine event.

Open Protocols – This allows paramedics to treat patients under protocol without base station contact even for those procedures that normally require base station contact. This also allows ALS patients to be transport via BLS.

Park – The act of temporally holding units just short of the incident scene during the initial stages of an incident.

Receiving Facility – Any clinic, hospital, or temporary structure designated to receive patients for continuing medical care and/or observation.

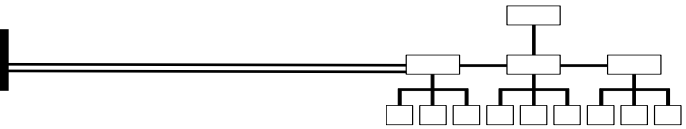
Staging – A designated area where resources (people, tools and equipment) are assembled for immediate assignment as required by the Incident Commander.

START System – The acronym for the Simple Triage and Rapid Treatment (START), triage system that uses the rapid field assessment of airway/breathing, circulation and level of consciousness to categorize patients into one of three categories: Sick-Immediate Life Threat, Not Sick-Minor, and Deceased.

Transportation Corridor - The transportation corridor must be established early and clearly communicated by the first arriving company officer during the initial must all be determined and communicated. Law enforcement will clear and protect the designated corridor; all other apparatus should keep this location clear. Large incidents may require law enforcement to extend the protected corridor all the way to the hospitals.

The first arriving company is responsible for defining and determining a transportation corridor. The corridor must be maintained until law enforcement takes over the security of the corridor. If the initial company cannot commit a member, they will assign the task to another unit from the initial response.

The member controlling the corridor should anticipate requirements for treatment and decontamination areas, and a patient loading area adjacent to the designated corridor.



Transportation Loading Area – The designated area where patients are moved to await transportation to a receiving facility.

Transportation Team leader – The ICS position assigned to provide for organize, and coordinate the transportation of all patients to receiving medical facilities. Their radio designator will be "Transportation".

Treatment Area – The area designated for initial field treatment of casualties following triage.

Treatment Team Leader – The ICS position assigned to organize, coordinate, and supervise all Treatment Area activities. Their radio designator will be "Treatment".

Treatment Tag - A StatBand bracelet tag designed to be attached to a patient as they enter the treatment area or pass through the Funnel Point. The patient's unique identifier tracking number, an outline of injuries, and all vital signs are documented on this tag in the designated spaces. The tag remains affixed to the patient until removed by receiving facility personnel.

Triage – A categorization system (sorting) used to medically prioritize patients based on the severity of their injuries. (Sick / Not Sick)

Triage Area – The designated location where patients are triaged. This may be the area where the patients are found, or it may be a designated transfer area located prior to the Funnel Point or Treatment Area where patients pass through to be triaged and flagged.

Triage Team Leader – The ICS position assigned to organize, coordinate, and supervise patient triage. Their radio designator will be "Triage".

Triage Tape – Surveyor's-type tape used during triage to sort patients by color code. Colors are: Red, Green and Black to correspond with the severity of a patient's injuries.

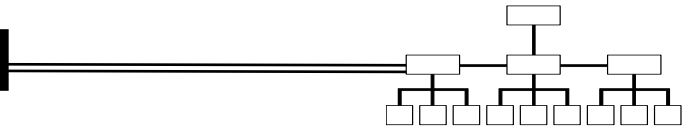
Unique Identifier - Number preprinted on a the triage tag/ bracelet to assist in tracking patient throughout the incident from initial entry to final disposition

Windshield Survey – estimate number of patients and determine if the number exceeds initial resource allocations; if it does declare a Mass Casualty Incident and a level of response.

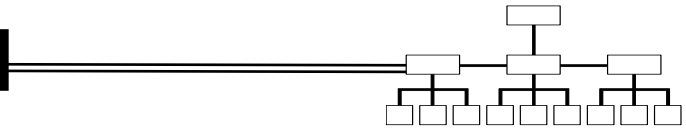
9.2 Affected Agencies & Organizations

Assisting Agencies – The following are those agencies or organizations with jurisdiction to provide personnel, services, or other resources to the agency with direct responsibility for incident management. Each of these assisting agencies may have direct responsibility for incident response.

American Red Cross	▪ May assist with notifications ▪ May assist with relocation ▪ Can provide temporary housing ▪ Can support to emergency personnel



Base Station Hospital (Harrison - Bremerton)	▪ Designated as the primary Base Station Hospital ▪ Designated base for non-military incidents ▪ Provides medical control for pre-hospital providers
Bremerton/Kitsap Health Department	▪ Lead agency for coordinating public health services ▪ Provide guidance to political jurisdictions, agencies and individuals
Department of Emergency Management (DEM)	▪ Provides resource coordination ▪ Access to government agency contacts ▪ Activates the Emergency Operations Center (EOC)
Disaster Medical Control Center (DMCC)	▪ Provides coordination among hospitals during disasters ▪ Harrison - Bremerton assumes primary DMCC. ▪ Naval Hospital Bremerton assumes DMCC when delegated by HMC even for military incidents.
Kitsap County Coroner's Office	▪ Lead agency for activities concerning the deceased ▪ Establishes a temporary morgue ▪ Responsible for victim identification and disposition
Medical Program Director (MPD)	▪ Sets policy for pre-hospital medical care in standard emergency settings and disaster mitigation
Critical Incident Stress Debriefing Team (CISDT)	▪ Facilitates debriefing of relatives, bystanders, and/or emergency response personnel ▪ NW Region Team is designated
Fire Service Chaplains	▪ Supports victims, families, bystanders, and responders ▪ Can provide spiritual support to the gravely injured ▪ May administer last rites
Private Ambulance	▪ Will assist with transportation to receiving facilities ▪ Can provide other on-scene tasks, as assigned
Receiving Facilities	▪ As requested by the DMCC, provide bed count and operational capabilities information ▪ Receive and care for all victims assigned by DMCC ▪ Remain in readied status until terminated by the DMCC
United States Navy	▪ Provides personnel, transport, and equipment resources ▪ Can provide logistic support for large scale MCI ▪ Can provide NBC Decon/Mitigation.
Washington State Ferries	▪ May provide assistance in transporting out of county.



9.3 Operational Concepts

Preface

This document is developed in conjunction with Kitsap County Department of Emergency Management (DEM), the agency responsible for maintaining the Kitsap County Comprehensive Emergency Management Plan (CEMP). The County's CEMP establishes the planning details for disaster preparedness and incident management. This document details a series of Essential Support Functions (ESF). ESF #8, Health, Medical and Mortuary Services; references the Kitsap County MCI plan. The CEMP relies on the MCI plan to: ". . . detail operational concepts and responsibilities to assure that EMS existing in the area will be capable of providing mass casualty emergency medical services during an emergency/disaster".

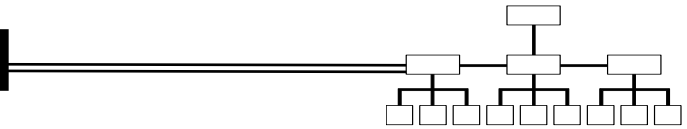
Individual fire service agencies are responsible for the protection of life and property within their jurisdiction. In the event of an incident involving mass causalities, the initial response to that incident will be by the affected fire service agency. Geo-political Boundaries dividing fire service agencies may determine the initial agency in authority. Mutual aid and first response agreements provide the immediate deployment of additional resources. In the event of a major incident, a well developed plan facilitates the coordination of multiple agencies in a safe and efficient manner.

The purpose for adopting a county-wide plan for managing mass casualty incidents (MCI Plan) is to establish pre-incident understanding and agreement between agencies for managing an MCI. In addition, a coordinated MCI plan, establishes common terminology and procedures for the systematic management of a mass casualty incident. The following establish standard guidelines for managing the integration of the initial response force with mutual aid resources, strike team and task force resources.

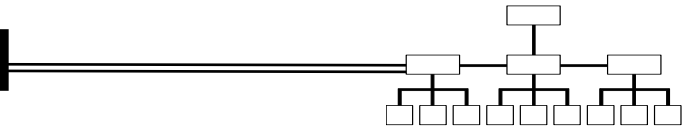
Operational Concepts

The following operational concepts establish the general concepts, operating principles, and strategies for managing MCI incidents. More specific procedural detail is contained where applicable, in the accompanying referenced section.

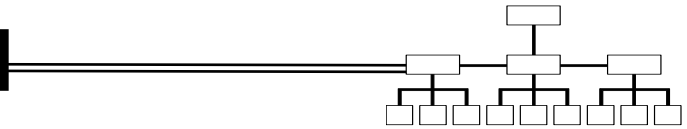
Jurisdictional Authority	Ultimately, incident authority lies with the agency or jurisdiction that would normally be responsible for establishing command and incident mitigation.
Medical Care	ALS and BLS providers have responsibility and authority for providing individual patient care. All providers are to perform under their normal standing protocols. Providers from outside the region will function under the standing protocols of their home area.



Establish Command *Section 9.5*	When confronted with a multiple casualty incident that overwhelms initial resource capabilities, the first arriving unit must recognize that it may be more appropriate to Establish Command than to commit to treatment. Therefore, the first arriving unit having jurisdictional or functional authority may Establish Command.
Declaring an MCI *Section 9.4*	The first-arriving unit is responsible for conducting an immediate incident size-up to determine when and to what level of MCI response to declare. They must recognize when to declare an MCI and that they have full authority to do so.
Expanding the Incident *Section 9.4*	The degree and MCI level of implementation will be determined by the Incident Commander based on the incident scope (Number and or severity of patients) the resources needed to adequately treat them, and the anticipated transportation requirements.
Medical Supervision *Section 9.5*	The ICS position holding functional responsibility for supervision of medical incident management is dependant upon incident size and complexity. On smaller scale incidents, this responsibility can stay with the Incident Commander, on medium scale incidents a Medical Group Supervisor, or on large scale – a Medical Branch Director.
Medical Triage *Section 9.7*	All MCI patients shall be initially triaged using the Sick – Not Sick system. Primary triage needs to be completed as soon as possible so that a more reliable number of patients and their categories of severity can be established.
Treatment Tags & Documentation *Section 9.7*	Treatment Tags are attached to each patient as they enter the treatment area or pass through the Funnel Point to assign a tracking number. Tags remain affixed to the patient all the way through to the receiving facility so they are accurately counted and their disposition is accounted for.
Treatment Areas *Section 9.4 & 5*	Once primary triage is completed, patients **may** be moved by triage teams to a safe, secure and easily accessible treatment area for secondary triage, treatment, and transport. Treatment Tags are filled out to outline the patient's injuries and to document their initial vital signs.



Treatment Areas (continued) *Section 9.4 & 5*	Treatment areas should only be utilized if the number of patients ready for transport exceeds available transport resources. If adequate transport resources are available, patients should be transferred directly to the awaiting transport unit, bypassing the Treatment Area.
Treatment Area Tarps and/or Flags *Section 9.4 & 5*	It is important to segregate patients within the Treatment Area using colored tarps, cones or flags. Patients should be separated based on severity: Immediate (Red), Minor (Green), Deceased (Black).
Treatment Team Leader *Section 9.4 & 5*	A treatment Team Leader must be assigned as soon as possible to establish and organize the treatment area so that secondary triage and treatment can be implemented in a coordinated manner. All treatment rendered should be recorded on the triage tag.
Sick **Immediate Category** (Red) *Section 9.7*	Sick - "Immediate" patients (Critical and Serious injuries) will be moved as quickly as possible with minimal stabilization to the Immediate Treatment Area (Red) for secondary triage, further stabilization, and preparation for first priority transport.
Not Sick **Minor Category** (Green) *Section 9.7*	Not Sick - "Minor" patients (Walking wounded) will be moved as quickly as possible to the Minor Treatment Area (Green) for secondary triage, further stabilization, and relocation. In some cases "minor" patients may remain to move along with seriously injured patients as supporting care givers, e.g. mother & child. Unless appropriate to accompany another patient, Green patients are prepared for second priority transport.
Expectant Category (Black) *Section 9.7 & 10*	Patients who are expectant or near death shall normally fall under the Deceased category. This shall be dictated by overall number of patients and resources.
Deceased Category (Black) *Section 9.7 & 10*	Deceased patients will not be moved unless: ▪ The Morgue Team Leader so directs ▪ It is necessary to facilitate rescue efforts ▪ Needed to protect the health & safety of others ▪ All other patients have received care and pt is found to still have pulse and respirations



Communications – On Scene *Section 9.6*	Communication between command staff is critical to successful incident management. Incident Commanders should give early consideration to assigning a designated radio frequency for managing all medical operations.
Communications – On Scene to Hospital (DMCC) *Section 9.6*	A communication link should be established specifically for managing all medical communications between the incident scene and the Disaster Medical Control Center (DMCC). This communication link can be maintained via cellular phone or via Med Net radio.
Transportation *Section 9.9*	Transportation of patients to receiving facilities shall be coordinated under the direction of the Transportation Team Leader, utilizing all available resources.
Transportation Loading Area *Section 9.5 & 9*	The Transportation Loading Area can be used as the designated area where patients are moved to await transportation to a receiving facility.

9.4 Declaring an MCI

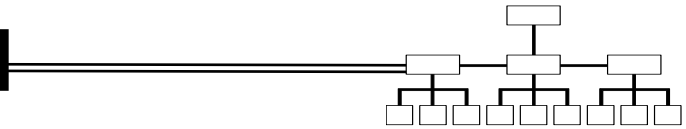
The first-arriving unit is responsible for conducting an immediate incident size-up to determine when and to what level of MCI response to declare. They must recognize when to declare an MCI, that they have full authority to do so, and that they are responsible for initiating as soon as the need is determined. To declare an MCI thereby activating the MCI Plan, the Incident Commander contacts Cencom to:

1. Request MCI level . . . (1 – 4) activation;
2. Report any additional unusual circumstances. Example: Haz Mat involvement, safety hazards, fire, etc.
3. Establish a transportation corridor to ensure a smooth flow of transportation resources.
4. Once an MCI has been declared, Cencom will dispatch additional resources based on the predetermined deployments associated with the MCI level called for by the Incident Commander.

The following table lists the four levels of MCI plan activation. The number of patients dictates the level of activation. When declaring an MCI, the Incident Commander must, based on the number of patients, do so by indicating the MCI Level. Doing so will dictate to dispatchers what predetermined type and quantity of resources to deploy.

MCI Levels

MCI Level	**1**	**2**	**3**	**4**
Number of Patients	Up to 10	Up to 20	Up to 30	Over 30



Recommended MCI Deployment

The deployment recommendations are based on 50% sick/red patients and 50% not sick/green patients.

MCI Level	1st call	Level 1	Level 2	Level 3	Level 4
# of Patients		**Up to 10**	**Up to 20**	**Up to 30**	**Over 30**
Resources	Each Agency will have an initial dispatch code. Level 1 MCI will be the balance of that 1st alarm.	2 Duty Chiefs 3 ALS 3 BLS 1 Engine 1 Rescue 18 responders	1 Duty Chief (3) 3 ALS (6) 4 BLS (7) 1 Engine (2) 1 Rescue (2) 1 MCI 38 responders	1 Duty Chief (4) 3 ALS (9) 3 BLS (10) 2 Engines (4) 1 Rescue (3) 0 MCI (1) 57 responders	Full Level 3
			Notify KC Mobilization Coordinator Automatic Off Shift Response DEM Notified per KC Mobilization Plan Notify HMC of MCI	Notify KC Mobilization Coordinator Automatic Off Shift Response DEM Notified per KC Mobilization Plan Notify HMC of MCI	Notify KC Mobilization Coordinator Automatic Off Shift Response DEM Notified per KC Mobilization Plan Notify HMC of MCI Regional Strike Team or Task Force requested for every 10 additional patients

Rescue = Extrication Equipment ( ) = Total Units Dispatched

MCI Deployment Notes

Notify Kitsap County Mobilization Coordinator – This will allow the Mob Coorinator to start reviewing the county resources to evaluate when outside resources are required.

Automatic Off Shift Response – This is intended to automatically call back all off shift emergency response personnel to backfill vacent posistions.

DEM to be notified for possible activation per Kitsap County Mobilization Plan.

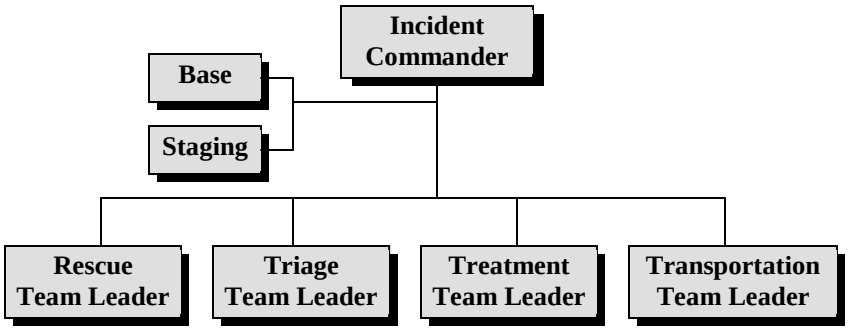
Harrision Medical Center to be notified of MCI to allow them to activate resources.

Kitsap County Mobilization Coordinator will call resources as needed.

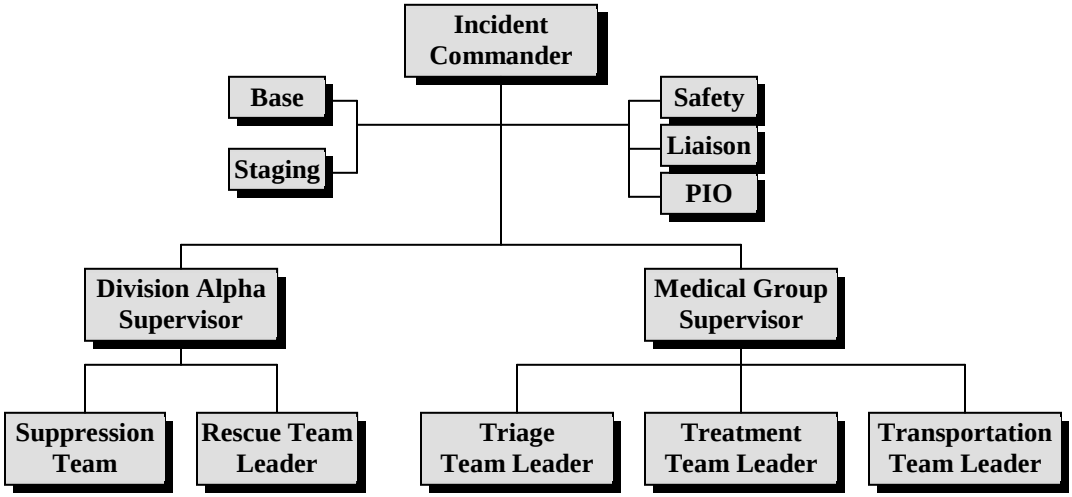
ICS Incident Management Structures

The Incident Command System is modular in design, meaning the system is expanded only to the degree necessary for maintaining span-of-control based on the management needs and complexity of the incident. The Incident Commander is responsible for detemining what/which general staff positions to assign and to what degree to expand the ICS organizational strucure. For example, if an MCI is only a component of a more complex incident, such as would be the case with a major hazmat spill or fire resulting multiple injuries, the incident's complexity may warrent assiging only a Medical Group Supervisor. The following organizational structures serve as sample ICS organizational strucures for each MCI level.

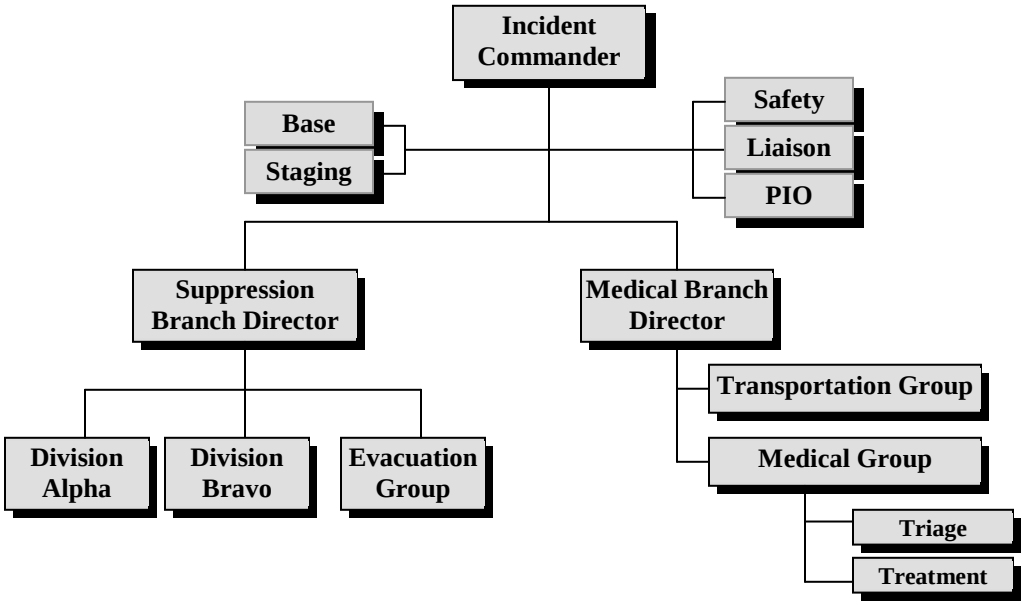
MCI Level 1 – Incidents involving up to 10 patients can generally be managed effectivly with the Incident Commander functioning as the Medical Group Supervisor.



MCI Level 2 & 3 – Incidents involving more then 10 patients will likely exceed what the Incident Commander can effectivly manage. Span-of-control for managing the number of resources required will necessitate assigning a Medical Group Supervisor. The Medical Group Supervisor in turn will liklely need to assign Team Leaders to manage the number of resources required for each component. Team Leaders will have a functional assignment, with multiple teams assigned, requiring them to function as Strike Team Leaders.

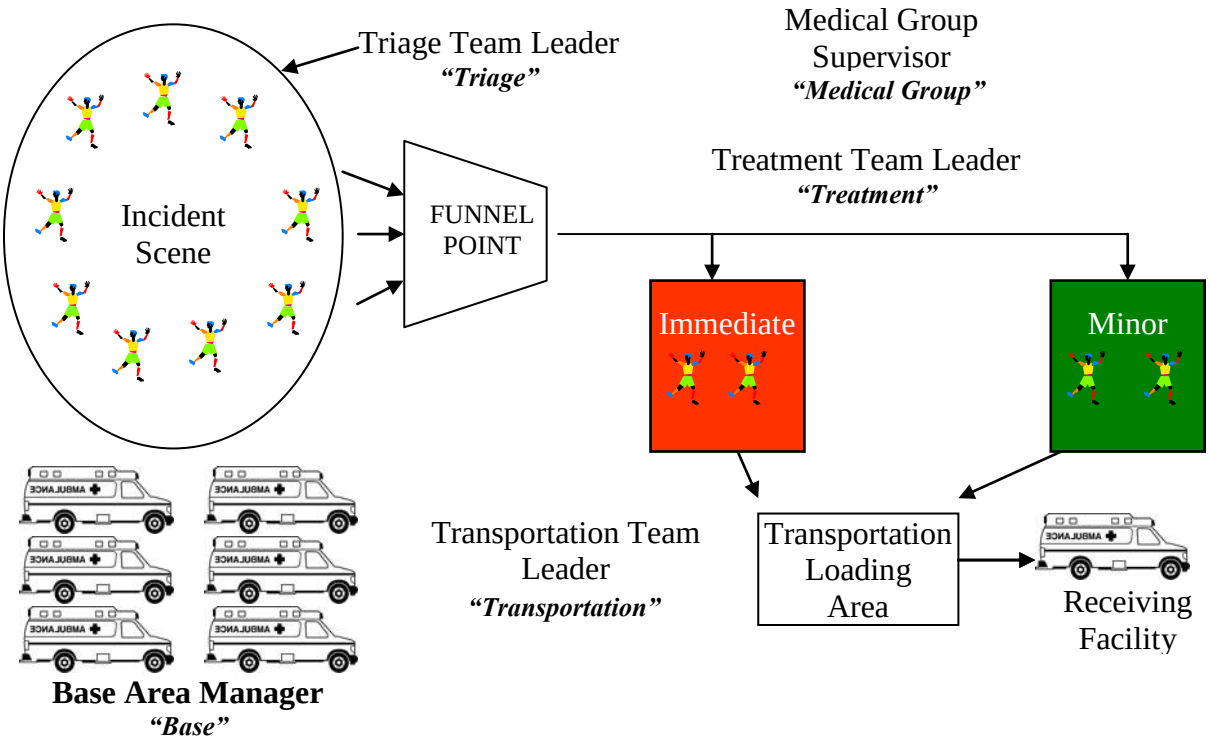


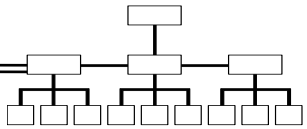
MCI Level 4 – Incidents involving more than 30 patients will likely warrant the need to expand the organizational structure even further by assigning a Medical Branch Director.



MCI Incident Management Illistration

The following illustration depicts how each of the components relate together and how patient flow is to be managed.





The Incident Commander or if assigned, the **Medical Group Supervisor** is responsible for managing all medical operations related to the incident. Their radio designator will be *"Medical Group".*

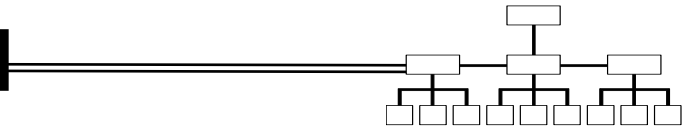
The **Triage Area** is the incident scene, where the patients are found, or it may be a designated transfer area located prior to the Funnel Point or Treatment Area. The **Triage Team Leader** is assigned to organize, coordinate, and supervise patient triage activities. Their radio designator will be *"Triage".* **Litter Bearers** assist by moving patients from the triage area, (through the funnel point,) to the treatment area.

The **Funnel Point**, designated by the Triage Team Leader is where every patient filters through prior to movement into the Treatment Area. The Funnel Point is usually located at or near the entrance of the Treatment Area. Their radio designator will be *"Funnel Point".* At this location, patients are tagged, numbered, and if not already affixed, receive triage ribbons. A **Treatment Tag** is attached to each patient as they enter the treatment area or pass through the Funnel Point. The patient's tracking number, an outline of injuries, and all vital signs are documented on this tag. The tag remains affixed to the patient until removed by receiving facility personnel.

At the **Treatment Area**, patients receive initial field treatment during larger scale incidents where the number of patients ready for transport exceeds available transport resources. When adequate transport resources are available, patients should be transferred directly to the awaiting transport unit, bypassing the Treatment Area. The **Treatment Team Leader** is assigned to organize, coordinate, and supervise all Treatment Area activities and to assure all patients have a treatment tag with pertinent information. Their radio designator will be *"Treatment".*

The **Transportation Team leader** is assigned to provide for, organize, and coordinate the transportation of all patients to receiving medical facilities. Their radio designator will be *"Transportation".* The Transportation Team Leader is responsible for coordinating the assignment of transportation units. This includes moving the patient to transport unit assignments and tracking which Receiving Facility patients are transported to. The **Transportation Loading Area** can be used as the designated area where patients are moved to await transportation to a receiving facility.

Field Documentation – Essential patient information is managed via the Treatment Tag and supporting tracking charts. This process begins with a Treatment Tag being attached to each patient as they enter the treatment area or at the Funnel Point and ends with the Transportation Team Leader, who as patients are transferred to a transport unit, retains the Tag's peel off field number. In order to accurately manage the patient count and transport disposition, the peel off field number of the Treatment Tag must be retained by the Transportation Team Leader prior to the patient leaving the scene. Disposition information is recorded on a tracking chart so that each patient transported can be accounted for in the field. The Treatment Tag remains affixed to the patient until removed by receiving facility personnel.



9.5 Command Roles and Responsiblities

Incident Commander – The IC is responsible for all aspects of the response, including developing an IAP and assigning required positions. In addition to overall incident management and managing the applicable suppression and rescue operations, the Incident Commander shall also be responsible for:

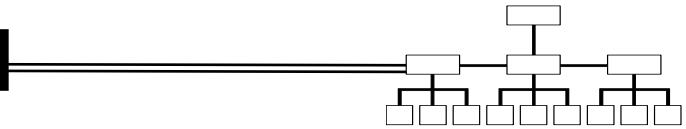
1. Based on the number of patients, declaring the MCI level;
2. Based on the incident complexity, assigning the command staff needed to effectively maintain span-of-control and manage the incident (Medical Group, Triage Team Leader, Treatment Team Leader, and Transportation Team Leader)
3. Assign an Incident Safety Officer.
4. Establish a hazard area.
5. Establish Base *(Name it, locate it)*
6. Secure access and egress routes into the incident for EMS transport vehicles.
7. When applicable, coordinating operations with assisting agencies through a Unified Command.

Medical Supervision - The ICS position holding functional responsibility for supervision of medical incident management is dependant upon incident size and complexity. This function can be assigned to the Incident Commander, a Medical Group Supervisor, or a Medical Branch Director. Reference to the Medical Group Supervisor's responsibilities has universal application to the Incident Commander when retaining the role, or when assigned, a Branch Director. *Reference Section 9.5*

Medical Group Supervisor "Medical Group" – Activated during incidents where the Incident Commander's span-of-control needs to be reduced. This position is best filled by a Medical Services Officer or experienced Chief Fire Officer. When activated, the Medical Group Supervisor assumes responsibility for all EMS operations, reporting directly to the Incident Commander, or if assigned, the Operations Section Chief. The Medical Group Supervisor is responsible for the coordination of all medical operations involving triage, treatment, and transportation.

The Medical Group Supervisor shall:

1. Assign a Triage Team Leader, assigning them supporting resources as they become available.
2. Conduct a secondary size up to estimate the number and severity of patients and to include an assessment of resource requirements.
3. Provide the Incident Commander with an initial situation report to include an assessment of the resource requirements
4. Initiate communication with the Disaster Medical Control Center (DMCC) notifying them of the MCI declaration and to advise them of the estimated



number of patients and severity of injuries. Attempt to leave a cellular phone line active (open) once established.

5. For Level 2 or higher incidents, notify DMCC that "patient care protocols are Open" automatically per the MPD.
6. Assign a Treatment Team Leader, assigning them supporting resources as they become available.
7. Identify the Treatment and Transportation areas.
8. Assign a Transportation Team Leader.
9. Provide overall supervision of the Triage, Treatment, and Transport Units.

Triage Team Leader – Reports to the Incident Commander, or if assigned, the Medical Group Supervisor. The driver of the first-arriving Medic or Aid Unit will normally be assigned as the Triage Team Leader until relieved. The Triage Team Leader is responsible for organizing, coordinating, and supervising patient triage. Their radio designator will be *"Triage".*

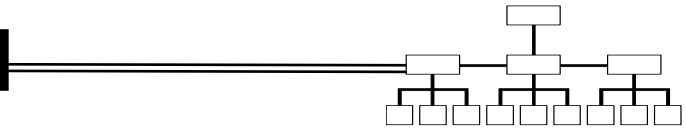
The Triage Team Leader shall:

1. Conduct a size-up of the incident scene in order to, designate the triage area perimeter
2. Assign triage teams and issue triage belts as resources become available
3. Establish the Funnel Point as needed and assign the needed staff.
4. Assure that triage teams identify patients utilizing Sick –Not Sick criteria.
5. Coordinate the transfer of patients to the treatment area or the Funnel Point to assure they are transferred in order of treatment priority.
6. Assure that all patients are tagged and counted so that the Incident Commander can be provided a situation report that includes the number and categorization of patients e.g., 8 Black, 10 Green, 6 Red.

Funnel Point – Reports to the Triage Team Leader. The Triage Team Leader may initially assume this responsibility until resources allow someone else to be assigned. The Funnel Point is responsible for affixing their Treatment Tag with number prior to transfer to Treatment Area. Their radio designator will be *"Funnel Point".*

The Funnel Area Shall:

1. Affix a Treatment Tag to triage tape as patients pass through the Funnel Point
2. Tracking number stickers are part of the triage tag. The Funnel point will remove a sticker and attached it to their board for tracking.
3. Direct patient transfer to the Treatment Area (tarp).



Treatment Team Leader – Reports to the Incident Commander, or if assigned, the Medical Group. The Treatment Team Leader is responsible for organizing, coordinating, and supervising all Treatment Area activities. Their radio designator will be "Treatment".

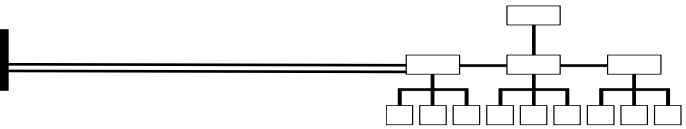
The Treatment Unit shall:

1. Affix a Treatment Tag to patients who have not been tagged.
2. Organize the treatment area by coordinating the placement of treatment area tarps and identifying specific treatment areas for red-sick and green-not sick patients.
3. Assign personnel and coordinate the patient care in areas designated as Red, and Green. In a large scale MCI, the Treatment Team Leader may assign treatment leaders for each treatment area (Red Leader, and Green Leader).
4. Advise the Transportation Team Leader of the number of patients in Treatment, their injuries, and when they are ready for transport.
5. Request additional resources for the Treatment Area as needed.
6. Assure that each patient has a treatment tag that outlines injuries, vital signs and treatment administered.
7. Remove and place patient unique identifier sticker on treatment board when patient is removed for transport.

Transportation Team Leader - Reports to the Incident Commander, or if assigned, the Medical Group Supervisor or Medical Branch Director. The Transportation Team Leader is responsible for, organizing and coordinating the transportation of all patients to receiving medical facilities. Their radio designator will be "Transportation".

The Transportation Team Leader shall:

1. Establish access and egress routes for transportation vehicles, communicating them as needed.
2. Coordinate with the Treatment Area to determine which patients are ready for transport and their required level of transport (ALS or BLS).
3. Maintain radio communications with the DMCC to determine patient routing to receiving facilities.
4. Using patient's unique identifier sticker, maintain a record of each patient's destination and mode of transport, including identification of unit transporting.
5. Request needed resources through Staging or Base on the assigned tactical radio frequency.



9.6 Communications

On-scene radio communications should be kept to a minimum. Whenever possible, direct face-to-face communication or assigned runners should be used. The Incident Commander should be the only one communicating with Cencom and should give primary consideration to assigning an alternate frequency to support medical operations.

Communications using the MedNet frequency will be limited to the Medical Group Supervisor and the Transportation Team Leader, who will also utilize the assigned tactical frequency for communication with the Base Area Manager.

For Level 2 or higher incidents the transport units will not communicate to receiving facilities on the MedNet radio frequency. Information pertaining to those patients will have already been made by Transportation Team Leader to the Disaster Medical Control Center (DMCC).

The Medical Group Supervisor will attempt to initiate a channel via Cellular Telephone at the earliest opportunity to assure access/communications with the DMCC. If cellular phone service is not available, MedNet channel 8 should be utilized. The Medical Group Supervisor may initiate communication to provide the DMCC with an initial situation report, but responsibility for further communication is transferred to the Transportation Group/Team Leader.

9.7 Triage - START (Simple Triage And Rapid Treatment)

Triage – During an MCI incident first responders are faced with multiple patients to the point where it overwhelms their initial resource capacity. In these situations responders must organize their efforts in a manner that priorities their care to the greatest number and most severe patients. Triage is the process of systematically categorizing patients in a way that sorts them based on the severity of their injuries. All MCI patients shall be initially triaged using the Sick – Not Sick system.

Triage Equipment – To assure triage teams have adequate access to triage equipment all Medical units should carry an MCI First Responder kit containing the following items:

1 **Triage Belt** – Contains three (3) rolls of colored surveyors tape (Green, Red, & Black).

20 **Treatment Tags**

6 **Pens** for treatment tags and tracking charts

1 **Treatment Tracking Chart**

1 **Transportation Tracking Chart**

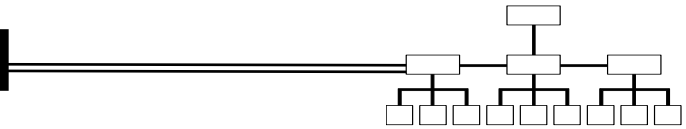
Command Vehicles should also carry a compliment of MCI command vests to include: "TRIAGE, FUNNEL, TREATMENT, TRANSPORT, and MEDICAL GROUP".

Triage Tape – Triage Tape and Treatment Tags will be carried on all Aid and Medic Units, and are recommended for all first responding command and MSO vehicles. Color coded Triage Tape should be used any time a MCI is declared. Colors are: Red, Green and Black to correspond with the severity of a patient's injuries. A 36" piece of appropriately colored tape is to be tied to each patient, preferably on an upper extremity. Initial medical responders providing triage shall retain a portion of the triage tape from each patient for tracking purposes.

Treatment Tags – Pre-printed tags will be attached to a patient as they enter the treatment area or pass through the Funnel Point. The patient's coded tracking number, an outline of injuries, and all vital signs are documented on this tag in the designated spaces. One of the coded sticker tags is retained by each Team Leaders as the patient is transferred through their areas. The tag remains affixed to the patient until removed by receiving facility personnel and will be their unique identifier.

(Note – Due to cost Yellow will remain on the tag but not be used in the field)

A sticker from the Treatment Tag is intended be removed and retained by the Funnel, Treatment and Transportation Team Leaders.



Field Triage Categories

All MCI patients shall be initially triaged using the START system. Primary triage needs to be completed as soon as possible so that a more reliable number of patients and their categories of severity can be established. Patient severity is identified using the following categories:

Immediate / Sick (Red) "Immediate" Critically and Serious injured patients / should be transported first

Minor / Not Sick (Green) "Minor" Walking wounded patients / can delay up to three hours

Deceased (Black) Deceased and/or mortally injured patients / no care required

START – Simple Traiage And Rapid Treatment – The START system was specifically developed for use during MCI Incidents. A categorization system (sorting) used to prioritize patients as either sick or not-sick based on the initial impression of the severity of their injuries. It may be based on the ABC's of patient assessment which requires no special diagnostic skills. The START system uses three (3) criteria to categorize patients (Respirations, Perfusion, and Mental status)

Respirations

Perfusion

Mental Status

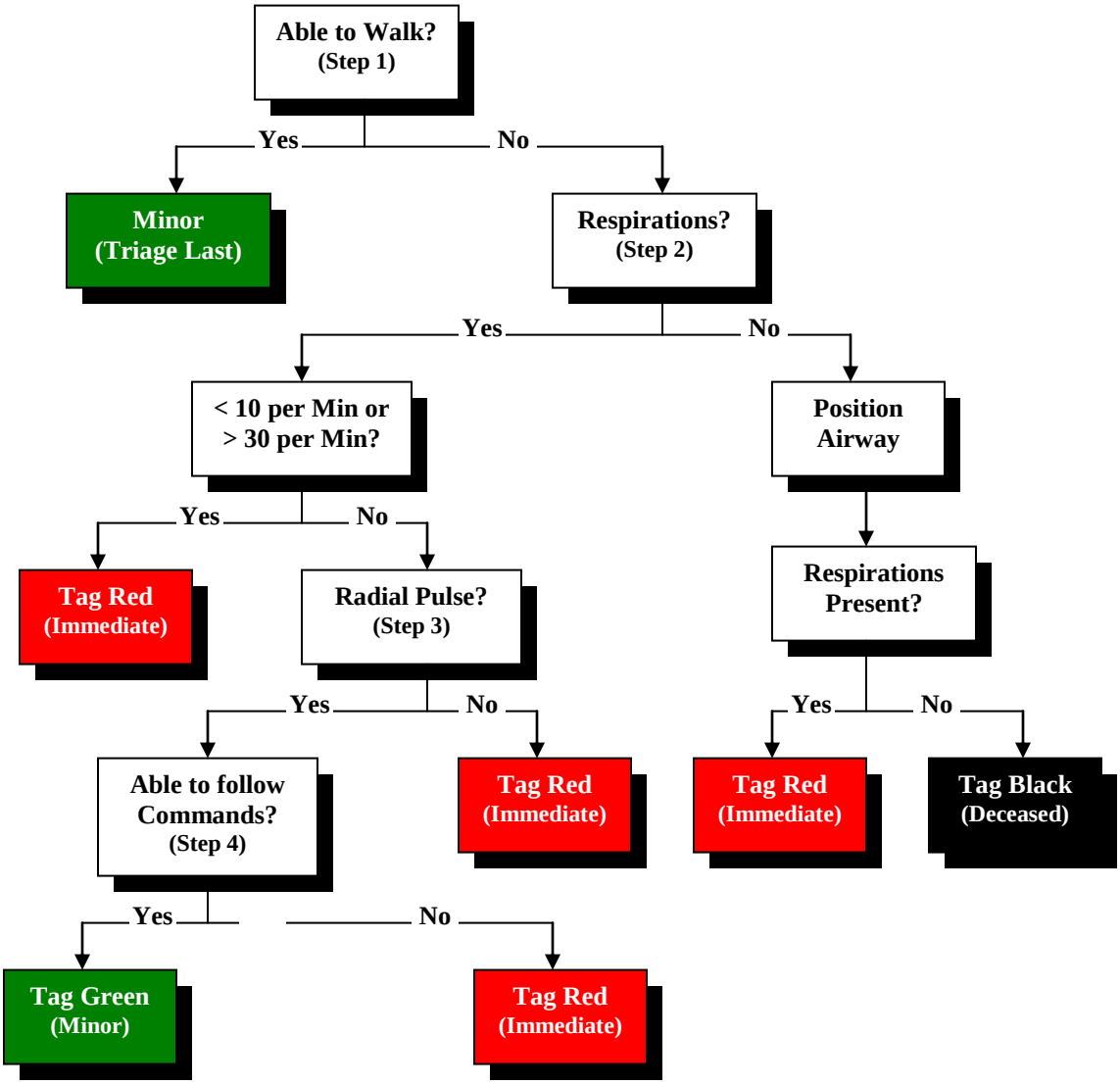
Step 1 (**Relocate Walking Wounded**) – The initial responder enters the triage area, identifies themselves and directs all those who can walk to gather and remain in a safe place. This step identifies those patients who presently have sufficient respiratory, circulatory, mental, and motor function to walk. Most of these patients will probably be tagged Green; but not until later when they are triaged separately.

Step 2 (Respirations) – Begin evaluation of the first non-ambulatory patients where they are. Assess Respirations as: less than 10 or greater than 30 breaths per minute, if absent, reposition airway to see if breathing begins. If respirations remain absent, tag Black – Do not perform CPR. If the patient requires help to maintain an open airway, or has a respiratory rate greater than 30 breaths per minute, tag Red (Attempt to utilize non-EMS person to hold position of airway). If respirations are normal, go to the next step.

Step 3 (Perfusion) – Assess by palpating for a radial pulse. If the radial pulse is absent, tag Red. If the radial pulse is present, go to the next step. Any life-threatening bleeding should be controlled now, and if possible, elevate their legs to begin shock treatment (Attempt to utilize non-EMS person to hold pressure/control bleeding).

Step 4 (**Mental Status**) – Assess by asking the patient to perform a simple task to demonstrate they can follow simple commands. If they cannot follow simple commands, tag Red. If they can, tag Yellow or Green, depending on their condition (Type and extent of injuries will determine Yellow versus Green priority, i.e., multiple fractures require a higher priority for treatment than superficial lacerations). Patients can be re-triaged at each area they pass through (Funnel Point, Treatment, and Transportation).

RPM Triage Algorithm (If Used)



Triage personnel shall retain a portion of the triage tape from each patient they triage for the purpose of counting the number of patients. This info will be relayed to the Funnel Point Manager.

TREATMENT AREAS

All patients shall be sent to the Treatment Area or through the Funnel Point after receiving triage tags. Treatment Tags shall be attached on patients at the treatment area or the Funnel Point(s).

Funnel Point (when in place) shall:

1. Tag and keep a sticker from each patient for tracking purposes and document the color of triage ribbon.
2. In the event that more than one Treatment and or Funnel point(s) location exists, each treatment area or Funnel Point shall maintain a board and track patients that move through their area.

Treatment Tag Routing

Funnel Point

- Treatment Tag affixed as patient passes through funnel point.
- Patient is transferred to the appropriate Treatment Area.

↓

Treatment Team Leader

- Treatment Area caregivers complete the Treatment Tag.
- Patient's number sticker and status color are recorded.
- When ready for transport, caregivers advise the Transport Team Leader.

↓

- Treatment Team Leader logs the information on the Treatment Board and informs the Transportation Team Leader either directly, or via a runner that the patient is ready for transport.

↓

Transportation Team Leader

- Places a patient sticker on and completes information on the Transport Board.
- Contacts/coordinates with the Disaster Medical Control Center (DMCC).
- Summons an ambulance crew from Base, and directs them to the patient in the Treatment or Transport Loading Area.

↓

- Ambulance crews match the patient's Triage Tag and transfers them to the ambulance.
- Returns to and confirms with the Transport Officer.
- Transport occurs with Triage Tag affixed to the patient.

↓

Medical Group Supervisor

- Correlates all Tracking Charts upon completion of the incident for final accounting of patients.

9.8 MCI Incident Action Plan Template

Mass Causality Incident

Incident Action Plan Template
(June 4, 2007)

MCI Level:	1	2	3	4
Number of Patients:	Up to 10	Up to 20	Up to 30	Over 30
MCI Plan activation:	Partial Activation	Full (Triage, Treatment, Transport)		

Establish Command

- ✓ Size up - Risk, Resources, Strategy
- ✓ Declare MCI Level
- ✓ Establish & Locate CP
- ✓ **Locate Base & Staging**
- ✓ Assign:
  - **Medical Group** Supervisor
  - **Triage** Team Leader
    - Locate Funnel Point
  - **Treatment** Team Leader
    - Locate Treatment Area
  - **Transportation** Team Leader
    - Locate Xport. Loading Area
    - Establish Landing Zone
- ✓ **Develop & Convey the IAP**
- ✓ Open communication with DMCC
  - Harrison: 360-792-8799
  - Naval: 360-475-4286

Incident Management

Mode

I Investigating

Size up - Identify:

- Mechanism of Injury
- Hazards
- Exclusion Zone
- Number of Patients & Severity
- Extrication Requirements
- Traffic Control
- Special Needs
- Scene Security

Resources

- **Triage Belts**
- **Triage Tags**
- MCI Unit(s)
- Treatment Area ID Flags /Tarps
- Tracking Charts
- Haz-Mat Team
- Buses
- Helicopter Xport
- Unified Command Post w/Aide
- Rehab

Risk Management

Value vs Risk?

Stabilize

- Traffic
- Scene
- Hazards

Consider

- Safety Officer
- Scene Security
- Haz-Mat
- Hot Zone
- Decon Trailer
- Utility Control
- Temporary Shelter

Primary Phase Strategies

Tactical Assignments	Life Safety	Stabilize	Property	Support
	Triage (Order of Priority)	Scene Perimeter	**Primary Treatment**	Lighting
	Rescue	**Hot Zone**		Heavy Equipment
	Search & Rescue	**Scene Safety**	Personal Property	Utilities
	Primary Search	**Hazards**		Temp Shelter
	Evacuate	Relocate Patients	Primary Salvage	**Rehab**
		Decon		Scene Security

Secondary Phase Strategies

Life Safety	Stabilize	Property	Support
Secondary Treatment	Hazards	Personal Property Secured	Relocation Shelter
Transport			Morgue

Customer Support

CISD for Responders	Access to Shelter
CISD for Civilians	Assist with Transportation
Retrieve Valuable Property	Long Term Scene Security

"Primary Phase Complete"

Incident Scene Safety Survey

"Secondary Phase Complete"

Demobilize & Terminate Command

Press Release & Schedule PIA

9.9 MCI Tracking Charts

Tracking charts are hard plastic boards used to methodically track patient status and disposition. Tracking this information accurately is often difficult given the stress and hectic nature of the incident. But accurate accounting is essential to minimizing confusion and to prevent the consequences of distributing misinformation. The following illustrations demonstrate how the tracking charts should be used.

Funnel Point Tracking Chart – Used to coordinate the assignment of patient numbers so that an initial accounting of patient information can be captured. Patient numbers are assigned sequentially as they arrive at the Funnel Point as illustrated below.

MCI Funnel Point Tracking Chart

Patient #	Red	Green	Chief Complaint
Bar Code # Sticker	*X*		*Crushed chest*
Bar Code # Sticker	*X*		*Arm amputation*
Bar Code # Sticker		*X*	*Head laceration, fractured arm*

Treatment Tracking Chart – Used to capture and track patient treatment information by recording their unique identifier number, condition, and disposition so that an accurate accounting of patient information can be maintained.

MCI Treatment Tracking Chart

Number	Color	Chief Complaint	ALS	BLS	Disposition
Bar Code # Sticker	*Red*	*Crushed chest*	✓		*Transported*
Bar Code # Sticker	*Red*	*Arm amputation*	✓		*Transported*
Bar Code # Sticker	*Green*	*Head laceration, fractured arm*		✓	*Pending*

Transportation Tracking Chart – Used to manage the transportation plan, coordinate the assignment of patients to transportation units; and to record the disposition of which patients were transported by which units and to which receiving facility. Ultimately, the Transportation Team Leader must be able to identify patient disposition in terms of who, what, where, by whom, and when.

MCI Transportation Tracking Chart

Patient #	Color	Chief Complaint	Facility	Unit	Time Out
Bar Code # Sticker	*Red*	*Crushed chest*	*Harborview*	*M8/Airlift*	*1356*
Bar Code # Sticker	*Red*	*Arm amputation*	*Madigan*	*M16*	*1358*
Bar Code # Sticker	*Green*	*Head laceration, fractured arm*	*Tacoma Gen*	*M51*	*1401*

9.10 Methods of Transportation

Medic units typically will be held at the scene for medical supplies and resources, but may be utilized for transport as needed. Aid units and ambulances will be utilized as needed for the transportation of patients to receiving facilities.

Transporting ambulance personnel must remain with their respective vehicles until requested to report to the Transportation Loading Area. Vehicles are to be left unlocked, with keys in the ignition.

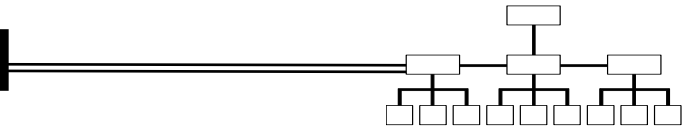
Air Transportation will be utilized as needed. Agencies requested shall be informed of the designated landing zone location and other pertinent information. Landing Zones shall be established with an assigned Landing Zone Area Manager to assure heliport safety, access and egress.

Buses may be used to transport multiple patients to receiving facilities as long as their injuries are minor and EMS personnel are available to monitor and provide medical assistance. Stretcher-capable buses may be available through the military.

In the event of cross sound transports the Washington State Ferry System may also be used as a transportation option.

9.11 Deceased Persons

Deceased persons will be tagged, covered with a sheet or blanket, and if possible, not moved. The Medical Group Supervisor will coordinate with the Coroner's representative to arrange for Temporary Morgue facilities and/or transportation. When possible, places of public gathering should be avoided when selecting a location for temporary Morgue facilities.



Incident Management Position Checklists

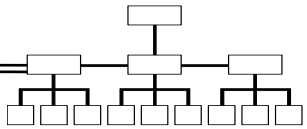
The following checklists can be assigned to each of the ICS positions used to manage an MCI. Each checklist provides a position description, identifies who they report to, assigns their radio designation, identifies any assigned subordinates, and lists the position's general duties and responsibilities. The checklists describe minimum responsibilities activities that should be accomplished by the position. The checklists are intended to be used to the extent needed to effectively manage the incident. This should parallel the principles of ICS modular organization.

The following responsibilities apply to all supervisory positions:

1. Receive a situation briefing from assigned supervisor.
2. Acquire necessary work materials.
3. Organize and brief subordinates.
4. Ensure personal safety and welfare at all times.
5. Maintain both personnel and tactical accountability.
6. Provide effective communications and periodic situation reports.

The following checklists are applicable according to the corresponding MCI level.

Position	MCI Activation Level
Incident Commander	Level 1 – 4
Medical Branch Director	Level 4
Medical Group Supervisor	Level 2 – 4
Triage Team Leader	Level 1 – 4
Triage Personnel	Level 1 – 4
Funnel Point	Level 2 - 4
Treatment Team Leader	Level 1 – 4
Transportation Group/Team Leader	Level 1 – 4



Incident Commander
(MCI Levels 1 - 4)

Function:

Responsible for all incident activities, including development of the IAP including strategies, tactics, overall incident management and the ordering and release of resources.

Report to: N/A

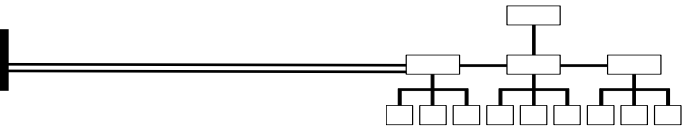
Radio Designator: ***". . . Command"***

Subordinates:

Level 1 - 2:	Triage Team Leader	*"Triage"*
	Treatment Team Leader	*"Treatment"*
	Transportation Team Leader	*"Transportation"*
Level 3 - 4:	Medical Group Supervisor	*"Medical Group"*
Level 4:	Medical Branch Director	*"Medical Branch"*

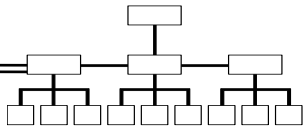
Duties & Responsibilities:

- Based on the number of patients, declare the MCI level;
- Establish Base *(Name it, locate it)*
- Based on incident complexity, assign the command staff needed to maintain span-of-control and manage incident complexity
- Assign an Incident Safety Officer.
- Establish a hazard area.
- Secure access and egress routes into the incident for EMS transport vehicles.
- When applicable, coordinate operations with assisting agencies through a Unified Command.
- Managing the applicable suppression and rescue operations



Medical Branch Director
(Activated with MCI Level 4)

Function:	Responsible for all of the EMS operations aspects of the Incident Action Plan within the Branch. This includes the direction and execution of branch planning for the assignment of resources within the Branch.
Report to:	1. **Incident Commander,** *". . . Command"* or if assigned: **Operations Section Chief**, *"Operations"* 2. **Disaster Medical Control Center** (DMCC)
Radio Designator:	*"**Medical Branch**"*
Subordinates:	Medical Group Supervisor *"Medical Group"* Transportation Group Supervisor *"Transportation Group"*
Duties & Responsibilities:	▪ Assign a Medical Group Supervisor and supporting resources. ▪ Conduct a secondary size up to estimate the number and severity of patients and to determine resource requirements. ▪ Provide the Incident Commander with an initial situation report to include an assessment of the resource requirements ▪ Notify Disaster Medical Control Center (DMCC) and provide a situation report. ▪ Open communication link with DMCC via cell phone or Med 8. ▪ Notify the DMCC of "Open patient care protocols". ▪ Assign a Transportation Team Leader and supporting resources. ▪ Provide overall supervision of the EMS operations.

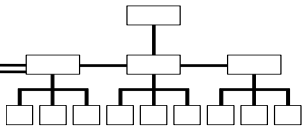


Medical Group Supervisor
(Activated with MCI Levels 2-4)

Function:	Responsible for the coordination of all medical operations involving triage, treatment, and transportation if assigned.		
Report to:	Level 3	Incident Commander	*". . .Command"*
	Level 4:	Medical Branch Director	*"Medical Branch"*
Radio Designator:	***"Medical Group"***		
Subordinates:	Level 3:	Triage Team Leader Treatment Team Leader Transportation Team Leader	*"Triage"* *"Treatment"* *"Transportation"*
	Level 4:	Triage Team Leader Treatment Team Leader	*"Triage"* *"Treatment"*

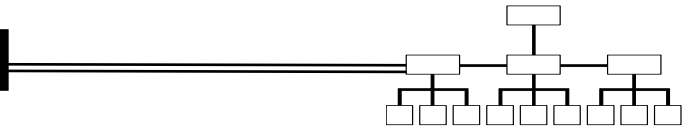
Duties & Responsibilities:

- Assign a Triage Team Leader and supporting resources.
- Conduct a secondary size up to estimate the number and severity of patients and to determine resource requirements.
- Provide the Incident Commander with an initial situation report to include an assessment of the resource requirements
- Notify Disaster Medical Control Center (DMCC) and provide a situation report.
- Open communication link with DMCC via cell phone or Med 8.
- Inform the DMCC "the patient care protocols are open".
- Assign a Treatment Team Leader and supporting resources.
- Identify the Treatment and Transportation areas.
- Assign a Transportation Team Leader and supporting resources.
- Provide overall supervision of the Triage, Treatment, and Transport Units.
- Coordinate with assisting agencies such as Coroner, Red Cross, law enforcement, ambulance companies, county health agencies and health care volunteers.
- Ensure proper scene security, traffic control, and access for the patient triage and treatment areas.
- Direct medically trained personnel to the appropriate Team Leader



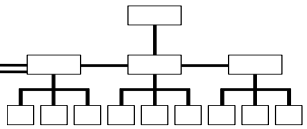
Triage Team Leader
(MCI Levels 1 - 4)

Function:	Responsible for organizing, coordinating, and supervising the personnel assigned to patient triage.
Report to:	Level 1 - 2: Incident Commander *". . .Command"* Level 3 - 4: Medical Group Supervisor *"Medical Group"*
Radio Designator:	*"**Triage**"*
Subordinates:	Triage Teams Litter Bearers Funnel Point if assigned Morgue Manager
Duties & Responsibilities:	▪ Conduct a size-up of the incident scene to, designate the triage area perimeter ▪ Assign triage teams and issue additional triage belts as available ▪ Establish the Funnel Point as needed and assign the needed resources. ▪ Assure that triage teams triage patients utilizing Sick – Not Sick criteria. ▪ In order of treatment priority, coordinate the transfer of patients to the treatment area or Funnel Point. ▪ Assure that all patients are tagged and counted ▪ Provide the Incident Commander situation reports to include the patients of number and category (10 Green, 6 Red).



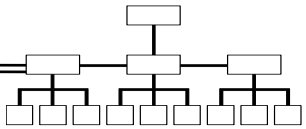
Triage Personnel
(MCI Levels 1 - 4)

Function:	Responsible for quickly conducting initial triage so the number of patients and their categories of severity can be established.
Report to:	**Triage Team Leader**, radio designation *"Triage Team Leader"*
Radio Designator:	Original unit designator
Subordinates:	N/A
Duties & Responsibilities:	▪ Obtain briefing from Triage Unit Leader ▪ Perform initial triage and update/reorganize patients ▪ Direct movement of patients to appropriate Treatment Areas ▪ Perform only the following treatments during triage process: ✓ Open airways ✓ Stop bleeding ✓ Place unconscious patients in coma position ✓ Maximize perfusion of core organs



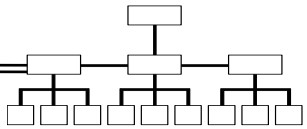
Funnel Point
(MCI Levels 1 - 4)

Function:	Responsible for assigning each patient a tracking number and affixing their Treatment Tag prior to transfer to Treatment Area. Funnel Points shall be designated on Level 2-4 incidents. On Level 1 incidents it is implemented as resources permit.
Report to:	**Triage Team Leader**, radio designation *"Triage Team Leader"*
Radio Designator:	***"Funnel Point"***
Subordinates:	Assigned personnel
Duties & Responsibilities:	▪ Affixing ribbons to patients who did not already receive them in the field ▪ Affixing a Triage Tag as each patient passes through the Funnel Point ▪ Using the Funnel Point Chart, coordinate the assignment of patient numbers so that an initial accounting of patient information is accurately captured. ▪ Directing patient transfer to the appropriate Treatment area or transport unit.



Treatment Team Leader
(MCI Levels 1 - 4)

Function:	Responsible for organizing, coordinating, and supervising all Treatment Area activities.
Report to:	Level 1 - 2: Incident Commander *". . .Command"* Level 3 - 4: Medical Group Supervisor *"Medical Group"*
Radio Designator:	***"Treatment"***
Subordinates:	Treatment personnel
Duties & Responsibilities:	▪ Organize Treatment Area by coordinating the placement of treatment area (tarps) color coded Red and Green. ▪ Assign personnel and coordinate the patient care in areas designated as Red and Green. ▪ As needed, assign Treatment Leaders for each treatment area tarp (Red Leader and Green Leader). ▪ Request additional resources for the Treatment Area as needed. ▪ Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader ▪ Advise the Transportation Team Leader of the number of patients in Treatment, their injuries, and when they are ready for transport. ▪ Assure each patient has a treatment tag that outlines injuries, vital signs and treatment administered. ▪ Using the Treatment Tracking Chart, assure accurate documentation and tracking of patient treatment disposition ▪ Coordinate the logistics associated with transfer to transportation with the Transportation Team Leader. ▪ Monitor supply use and equipment needs, requesting additional resource as needed ▪ Affixing Triage Tags to patients who did not already receive them in the field ▪ Using the Funnel Point Chart, coordinate the assignment of patient numbers so that an initial accounting of patient information is accurately captured. ▪ Directing patient transfer to the appropriate transport area.



Transportation Group/Team Leader
(MCI Levels 1 - 4)

Function: Responsible for, organizing and coordinating the transportation of all patients to receiving medical facilities. Also responsible for tracking patient disposition in terms of transport unit and location.

Report to:

Level 1 - 2:	Incident Commander	*". . .Command"*
Level 3:	Medical Group Supervisor	*"Medical Group"*
Level 4:	Medical Branch Director	*"Medical Branch"*

Subordinates: Transportation personnel

Radio Designator: ***"Transportation"***

Duties & Responsibilities:

- Establish assess and egress routes for transportation vehicles, communicating them as needed.
- Coordinate with the Treatment Team Leader to determine which patients are ready for transport and their required level of transport.
- Establish a transportation corridor
- Maintain radio communications with the DMCC to determine patient routing to receiving facilities.
- Establish a designated Transportation Loading Area.
- Request needed resources through Staging or Base
- Coordinate the logistics of patient transfer to their transport unit.
- Coordinate the routing of transportation units to their patient's assigned receiving facility.
- Using the Transportation Tracking Chart, maintain a record of each patient's destination and mode of transport, including identification of unit transporting.
- Coordinate transfers to air ambulance transportation through the Landing Zone Area Manager.

Mass Causality Incident

Incident Action Plan Template
(January 2013)

MCI Level:	1	2	3	4
Number of Patients:	Up to 10	Up to 20	Up to 30	30 Plus
MCI Plan activation:	Partial Activation	Full (Triage, Treatment, Transport)		

Establish Command

- ✓ Size up - Risk, Resources, Strategy
- ✓ Declare MCI Level
- ✓ Establish & Locate CP
- ✓ **Locate Base & Staging**
- ✓ Level 2/3 Activation – Assign:
  - **Medical Group** Supervisor
  - **Triage** Team Leader
    - Locate Funnel Point
  - **Treatment** Team Leader
    - Locate Treatment Area
  - **Transportation** Team Leader
    - Locate Xport. Loading Area
    - Establish Landing Zone
- ✓ **Develop & Convey the IAP**
- ✓ Open communication with DMCC
  - Harrison: 360-792-8799
  - Naval: 360-475-4286

Incident Management

Mode

I Investigating

Size up - Identify:

- Mechanism of Injury
- Hazards
- Exclusion Zone
- Number of Patients & Severity
- Extrication Requirements
- Traffic Control
- Special Needs
- Scene Security

Resources

- **Triage Belts**
- **Triage Tags**
- MCI Unit(s)
- Treatment Area ID Flags/Tarps
- Tracking Charts
- Haz-Mat Team
- Buses
- Helicopter Xport
- Unified Command Post w/Aide
- Rehab

Risk Management

Value vs Risk?

Stabilize

- Traffic
- Scene
- Hazards

Consider

- Safety Officer
- Scene Security
- Hot Zone
- Decon Trailer
- Utility Control
- Temporary Shelter

Primary Phase Strategies

Tactical Assignments	Life Safety	Stabilize	Property	Support
Order of Priority →	**Triage**	Scene Perimeter	**Primary Treatment**	Lighting
	Rescue	**Hot Zone**	Personal Property	Heavy Equipment
	Search & Rescue	Scene Safety	Primary Salvage	Utilities
	Primary Search	**Hazards**		Temp Shelter
	Evacuate	Relocate Patients		**Rehab**
		Decon		Scene Security

Secondary Phase Strategies

Life Safety	Stabilize	Property	Support
Secondary Treatment	Hazards	Personal Property Secured	Relocation Shelter
Transport			Morgue

Customer Support

CISD for Responders	Access to Shelter
CISD for Civilians	Assist with Transportation
Retrieve Valuable Property	Long Term Scene Security

"Primary Phase Complete"

Incident Scene Safety Survey

"Secondary Phase Complete"

Demobilize & Terminate Command

Press Release & Schedule PIA

MCI Funnel Point Tracking Chart

(January 2013)

Patient #	Red	Green	Chief Complaint

MCI Transportation Tracking Chart

(January 2013)

Patient #	Color	Chief Complaint	Facility	Unit	Time Out

MCI Treatment Tracking Chart

(January 2013)

Patient #	Color	Chief Complaint	ALS	BLS	Disposition