Kootenai County, Idaho

Multiple Victim / Mass Casualty Incident Plan

October 2015

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I. Introduction

A. Purpose

This plan provides a framework for the coordinated efforts of response agencies to a Multiple Victim Incident (MVI)/Mass Casualty Incident (MCI) in Kootenai County. It is designed to effectively orchestrate the planning, organizing, and decision- making efforts of multiple agencies in a common response to an event resulting in a number of casualties exceeding the normal capabilities of emergency response agencies. This plan defines an effective command organization intended to minimize confusion and maximize response capabilities during an MCI. The plan also provides mechanisms for medical operations during an MCI intended to prevent avoidable loss of life and permanent injury. It is designed to apply regardless of the nature of the event or the number of casualties involved.

B. Scope

This plan is a supporting document to the Kootenai County Emergency Operations Plan. It is designed to address the response to and the pre-hospital treatment of living victims of an MCI. This encompasses emergency response, triage and immediate field treatment, site management, coordinated transport, and tracking of victims. Care and management following arrival at treatment facilities is under the direction of and in accordance with protocols established by the specific receiving facility. Mass fatalities and the management of remains will be addressed in the regional Mass Fatality Management Plan. This plan generally addresses support to adjacent counties or other jurisdictions external to Kootenai County should a mutual aid MVI/MCI request be made.

C. Guidelines

Actions performed in accordance with this plan are based upon concepts and guidance of the National Incident Management System (NIMS). Incident command procedures will apply, but the magnitude of the necessary incident response will determine the extent to which various parts of the incident command system are activated.

A Multiple Victim Incident (MVI) is defined in Kootenai County as any medical response in which the combination of numbers of injured victims and type of injuries exceed the capability of a normal response.

A Mass Casualty Incident (MCI) is defined in Kootenai County as any incident that exceeds the system resources available at the time of the incident and will require multiple agencies and multiple jurisdictions to mitigate.

This number is based upon limitations in transport capabilities and in the number of major trauma patients that can be cared for at local medical facilities at any given time. There are circumstances under which greater numbers of casualties having lesser injuries can be cared for without the activation of mass casualty protocols. For instance, an event in which there are 12 casualties, but 10 of them are minor (green), may not be classified as a mass casualty incident.

Kootenai County MVI/MCI assignments are based on resources needed given incident information. An MCI can occur when the response/nature code dictates or an incident commander has decided to “activate” the MVI/MCI response plan, if that is the case they will verbalize to dispatch to “change the nature code from the “current nature code (Accident Injury, Shooting, etc)” to “a XXX alarm MCI.” As alarms are requested or added ensure all resources in every alarm level are sent.

“MCI” 1st Alarm Assignment:

3 Engines/Fire Apparatus
3 Ambulances (ALS or BLS)
2 Duty Battalion Chiefs (BC3, BC5, CF107)

“MCI” 2nd Alarm Assignment:

3 Engines/Fire Apparatus
3 Ambulances (ALS or BLS)
EMS Duty Chief
Fire Duty Chief (department specific)
1 Helicopter
1 MCI Trailer (Timberlake FD north of Prairie Ave., MKI FD south of Prairie Ave)

“MCI” 3rd Alarm Assignment:

2 Engines/Fire Apparatus
3 Ambulances (ALS or BLS) (See MCI Alarm Matrix)
Chief 100 Page (Request for 2 Chiefs)
2 Helicopters
2nd MCI Trailer (From Department (TLFD or MKI FD) not already paged)
Off Duty Page for CDAFD, KCFR and NLFD

“MCI” 4th Alarm Assignment:

2 Engines/Fire Apparatus (See MCI Alarm Matrix)
6 Ambulances (See MCI Alarm Matrix)
Chief 100 Page (Additional 2 Chiefs)

2 Helicopters
MCI Truck (CDAFD)
All additional resources, not listed above, needed based on incident objectives should be requested individually. Examples are:

- Additional Ambulances
- Additional Rescue Fire Apparatus
- Hazardous Materials Team
- Technical Rescue Team
- Additional Helicopters
- Buses/Alternate Transport Vehicles
- Incident Management Team

II. Planning Assumptions

- Citizens expect governments to keep them informed and to provide assistance in any emergency, no matter how severe or wide ranging.

- All levels of government, the private sector, nonprofit sector and volunteer organizations have a potential role in working for public safety in a disaster or large emergency.

- Each jurisdiction where an incident/event occurs will respond within the limits of its available resources and will subsequently request assistance from adjacent jurisdictions with which it has assistance agreements and the next higher level of government, if needed (i.e. municipality to county, county to state, state to federal governments)

- The Incident Command System (ICS) and National Incident Management System (NIMS) will be used as the principal on-scene incident management system to direct and control response and recovery activities.

- Private and volunteer organizations; i.e. American Red Cross (ARC), Medical Reserve Corps, Salvation Army, Volunteer Organizations Active in Disasters (VOAD) etc. will respond upon request and assist within the scope of their capabilities all while working in and under the ICS System.

- The State government has resources and expertise available that may exceed the capability of the local government/jurisdictions. The State will respond, if possible, upon the request for support from the county government.

- The Federal government has resources and expertise available that can be requested by the State government to augment efforts in relieving major incidents or disasters that reach beyond the capabilities of the local and state government agencies.

III. General Objectives

General Objectives:

- Provide for the Safety of the Victims, Responders and local citizens affected by the incident/disaster/
- Activate the MVI/MCI plan.
- Prevent further casualties such as to responding units, other on-scene personnel, or public arriving at the site.
- Stabilize the incident as resources are available.
- Remove endangered citizens from the area.
- Provide medical response, extrication, triage, treatment, and transportation to save as many victims as possible.
- Preserve property and evidence.
- Protect the environment.

IV. Activation of a Multiple Victim/Mass Casualty Incident

Activation of the MVI/MCI plan realistically requires knowledge of the incident that has occurred. Typically, on scene assessment or dispatch information may trigger a MVI/MCI activation, but Kootenai County Central Dispatch has the authority to use the 1st Alarm MCI nature code prior to assigning units to a call. Coordination and cooperation between agencies should begin as early as possible and do not require a formal MVI/MCI declaration. Once the MVI/MCI plan is activated all Non-Emergency Transports and Critical Care Transports should immediately be pended.

V. Command and Control

The principles of the National Incident Management System will apply at all times, with the Incident Command System the basis for command.

The first arriving unit from any agency with functional or jurisdictional authority will assume the role of Incident Commander (IC), establish an incident command structure, and notify Central Dispatch. The person assuming command will remain in command until relieved by a senior ranking officer from an appropriate agency with functional jurisdiction. Change of command will be performed face-to-face and broadcast over the radio to notify all involved. There are position descriptions for each ICS position used in this plan. They can be found in Appendix B. In addition, there are tactical worksheets for each position in Appendix D.

Printed copies can be found in the MCI kits on Fire and EMS command vehicles in Kootenai County.
For any mass casualty incident, a unified command will be implemented to enable local, state, and federal agencies to implement a common command bringing to bear the full resources of each agency.
The Kootenai County Emergency Operations Center (EOC) may be activated for support in any mass casualty or disaster incident. Early activation must be considered in any mass casualty incident involving chemical, biological, radiological, nuclear or explosive agents whether accidental or intentional. The IC is responsible for contacting the Office of Emergency Management Director to request EOC activation.

A diagram depicting the incident command structure for a large incident is located in Appendix A along with position descriptions for many of the key functions. Events of smaller degree, short duration, or lower complexity will have a simplified version of this structure and personnel will perform combined functions.

VI. Communications

All initial communications will connect through Kootenai County Central Dispatch as the agency having connectivity with all emergency response agencies. The 700 MHz radio communication system will be the primary system used during a MVI/MCI activation.

- Out of county responses may differ and communications will be up to the requesting jurisdiction.

<u>Command and Control Communications</u>

Central Dispatch shall be the central point of contact for Incident Command and Control. Field communications will be established by the IC. Consider the use of multiple talk groups, including non-repeated options.

<u>Medical Communications</u>

To avoid frequency crowding or radio congestion and to make best use of existing communication talk groups, specific communications related to hospital destination will occur directly between the Medical Communications Officer and the receiving medical facilities.

The preferred method of communication for the Medical Communications Officer should be cell phone connecting directly to the receiving medical facilities. As a backup, 700 MHz radio talk groups may be utilized.

Once resources are available the IC should send a Liaison Officer with communications equipment (phone and 700 MHz radio) to Kootenai Health to provide a direct link between the field ICS personnel and the hospital.

Inter-County Communications

Inter-county communications will be managed by the on-scene incident command communications plan as part of the Incident Action Plan.

If long-term communications are required, additional field radio resources may be obtained through the Kootenai County Sheriff's Comms Section, if part of the ICS, located at Coeur d'Alene Interagency Dispatch Center, Amateur radio communications, and/or the Mobile Command Center (MCC) and Mobile Communications Unit (MCU), may be implemented to augment official communications capabilities. Additionally, State Comm can be used as a default communication trunk across political boundaries.

VII. First Arrival On-Scene

The first unit to arrive on scene will establish Incident Command and notify Central Dispatch. This unit will remain in command until formally relieved and/or Unified Command is established and the transfer of command has been communicated to all parties.

The first priority is to avoid making things worse by further jeopardizing victims, responders, or bystanders.

Initial Actions

1. While en route to an incident, evaluate the need for an MCI activation based on dispatch information.
2. Perform initial scene evaluation (Size-Up)
3. Ascertain if hazards or unusual conditions exist.
4. Establish Incident Command.
5. Notify dispatch with an initial radio report:
    a. Command name and location
    b. Type of incident
    c. Approximate number and type of injuries
    d. Any hazards or unusual conditions
    e. Type and number of additional alarms/resources needed
6. Establish appropriate means of access and a staging area.
    a. Notify dispatch & incoming units of location via radio
7. Work with Law Enforcement to secure the perimeter.
8. If contamination is suspected:
    a. Request Hazmat resources for emergency decontamination.

b. Refer to the Rail, Pipeline & Highway Hazmat Resource Guide and follow the checklist.
c. Take appropriate initial actions based on the Emergency Response Guide (ERG)
d. Request Central Dispatch initiate a Bridge Call with State Communications to declare a Haz Mat incident

VIII. Initial Medical Response

The first arriving unit (Command) must proceed in a focused manner and concentrate on the overall scene rather than individual patients. Personnel must stop and make a rapid assessment of the overall situation to determine the resources and actions needed. Decisions and actions made in the first few minutes will influence the entire response and management of the incident.

Primary Staging

A multitude of different types of vehicles will respond to an incident. All emergency units responding to the incident will report to the primary staging area designated by the IC to minimize site congestion and ensure controlled flow. This will be under the direction of the Staging Area Manager. Transport units and their personnel will remain in this area until directed to move forward to the appropriate location. It is imperative to ensure that Fire Apparatus and Ambulances are staged in a manner that allows for open access and egress for ambulance transports.

During the initial stages of an MCI, a Staging Area Manager may not be assigned yet. In this instance, all units arriving after the initial units shall stage one block away from the incident until called upon by the I.C.

Triage

The purpose of triage is to quickly categorize and sort patients where they are found at the incident scene and efficiently move them to the appropriate treatment areas. The goal is to afford the greatest number of people the greatest chance of survival. Assessments should take no more than 15 to 30 seconds per patient. Triage personnel will stop only to open potentially obstructed airways or attempt to stop uncontrolled bleeding. Patients will be then identified using “triage tape” corresponding to the appropriate treatment area. Triage “fanny packs” consisting of multiple roles of triage tape are placed on all primary Fire/EMS apparatus in Kootenai County so that initial triage can be done by any responding unit. Mass decontamination must be addressed at potentially contaminated scenes prior to moving patients to the treatment areas.

If potentially hazardous conditions exist the Incident Commander shall evaluate whether patients will be triaged "where they lie" or removed first to another area for triage.

Triage is to be performed using the Simple Triage and Rapid Transport Method (START).

Triage Categories:

Patients are classified into one of four groups based on severity and assigned a color code.

- Red (Immediate): Life-threatening Illness or Injury
  Examples include; respiratory obstruction, suspected heart attack, severe bleeding, severe head injuries, cervical spine injuries, open chest or abdominal wounds, fractures without distal pulses, femur fractures, critical or complicated burns, severe shock, tension pneumothorax

- Yellow (Delayed): Serious But Not Life-Threatening Illness or Injury
  Examples include moderate blood loss, moderate burns without complications, open or multiple fractures (open increases priority), eye injuries, other medical emergencies including stable drug overdose

- Green: (Minimal/Minor) “Walking Wounded”
  Examples include soft tissue injuries, simple fractures, sprains, minor burns

- Black: Dead or Fatally Wounded
  Examples include exposed brain matter, cardiac or respiratory arrest, decapitation, severed trunk, and incineration.

The triage individual or team will:

1. Perform a START Triage survey on each patient (a sample algorithm is located in Appendix C)
2. Identify and immediately correct any life-threatening injuries involving airway obstruction and serious external bleeding.
3. Apply “Triage Tape” to each patient
4. Ambulatory patients should be directed to move to the appropriate treatment area for treatment and eventual transport
5. Using the appropriate equipment, move non-ambulatory patients to the appropriate treatment area for treatment and eventual transport
6. Regularly provide information on number and severity of patients through the established ICS structure for the incident

7. All triaged code “black” patients shall be left in place where triaged unless movement facilitates patient access to a viable patient or directed by a law enforcement officer/coroner

IX. Patient Treatment

Treatment

Whenever possible, patients should be moved from the incident scene to the treatment areas as quickly as possible. When necessary, Mass Decontamination should be done prior to moving the patients into the treatment areas.

Colored tarps or flags, available on command vehicles, will be used to designate the treatment areas. Treatment areas should be close to each other, but physically separated to reduce confusion, noise, and wandering patients. The morgue should be placed in a separate/secluded area. The morgue location should be a secure location with limited access.

Upon arrival at the treatment area, patients will be assessed and a triage tag will be placed on each patient.

As additional assessments are performed the triage classification of the patient may change which may necessitate the relocation of the patient to a different treatment area.

The extent of treatment required in the field will depend upon the type of incident, number of patients, the physical size of the incident, the nature of the illness or injury, the availability of transport services, and the capacity of available hospitals and alternate care facilities.

Advanced life support on site should be limited and reserved for patients waiting for transport as long as those resources are available. At no time should transport be delayed by on-site treatment.

At prolonged incidents Treatment should consider establishing/appointing an EMS Supply Officer who can coordinate, order and receive needed medical supplies through the appropriate chain of command.

The Treatment Team will –

1. Ensure that patient triage category is reviewed and updated appropriately upon arrival from the triage area and place a triage tag on each patient.
2. Provide direct on-site care to patients while awaiting transport to definitive care.

3. Work with the Medical Communications Officer and/or the Transport Officer to coordinate the movement of patients to the transport area.

X. Transportation

Transport

The type of incident, the type of illness or injury, and the availability of transport vehicles will determine the appropriate method of transport. Transport may be by ground ambulance, air ambulance, bus, or other vehicles of opportunity.

Many factors will be considered in addition to the patient condition and triage category including availability of resources, weather conditions, resources for helicopter operations, and proximity/availability of the nearest hospitals.

Ground ambulances can generally transport two patients at the same time. Mixing a “red” patient with a “yellow” or “green” patient is optimal so as not to overwhelm transport personnel. Rarely should two “red” patients be transported in the same ambulance. Buses can transport a large number of “green” patients with minimal medical personnel on board. OEM has MOUs with multiple sources and can arrange to provide busses or other means of transportation if requested. The EOC does not need to be activated to provide this service.

The Transport Group Supervisor will be responsible to organize and direct patient transport operations through direct communications with Med Comms (when established). If Med Comms is not established Transport is responsible to work with Central Dispatch to obtain hospital destination information. Specific duties for this and related positions are described later in the plan, but general responsibilities are to:

1. Ensures, through appropriate Supervisors/Leaders, suitable resources are requested and available.
2. Oversee organization of a patient loading zone near the treatment area.
3. Until Med Comms is established, begin to coordinate communications with hospitals and alternate care centers.
4. Ensure patient information is collected, documented, and communicated as needed to Incident Command and receiving facilities.
5. Directs patient destination based on hospital availability and capabilities.

XI. Communications

Medical Communications

As soon as possible a "Med Comms" Supervisor should be appointed. This position is similar to an air traffic controller in that they gather and disseminate information about hospital availability, transport destination and other potential transport related issues. In Kootenai County the Med Comms Supervisor will be responsible for gathering information on the availability of ERs/receiving hospitals and potentially alternate care destinations based on the "Hospital MCI Log" and relaying that information to the Transport Group Supervisor. In addition, the Med Comms Supervisor, if time allows, should communicate with the ERs/receiving hospitals regarding number and type of patients and ETAs if reasonable. The Med Comms Supervisor will work in concert with the Transport Group Supervisor to facilitate smooth transition of patients from the scene to their destination.

In an MCI transporting units should avoid calling patient reports in to a receiving hospital secondary to the overwhelming amount of existing radio traffic.

It is the role of Med Comms Supervisor to determine hospital availability. Regular communications with officials at Kootenai Health (EMS Liaison if established) should take place for smaller events. In larger incidents/disasters Deaconess Medical Center in Spokane can act as the Regional Disaster Control Hospital. Med Comms Supervisor should request them to do this early if the situation warrants.

EMS, through the roles of Med Comms and Transport, will determine hospital destination and the method of transport in the field. This should be done based on the information gathered from the hospitals involved. It is imperative that EMS does not create a secondary MVI/MCI by transporting all/majority of the patients to one location.

Hospital Liaison

When a 3rd alarm MCI is activated, a Chief Officer or designee (from any KCEMSS department) will respond to Kootenai Health ER as an EMS/Hospital Liaison.

The EMS/Hospital Liaison's primary function will be "support" to Kootenai Health from the EMS perspective. Specifically, they can be utilized as a resource to evaluate hospital availability, outgoing transports, resources needed, communication issues including the communication between the scene and hospital, and coordinate any special needs.

The EMS/Hospital Liaison will work within the Hospital Incident Management System (HICS) plan in a unified position. The EMS/Hospital Liaison will stay in regular communication with the on scene ICS structure.

Landing Zone Officer

During a MVI/MCI, helicopters (and occasionally fixed wing) are used to transport patients. If a MVI/MCI requires the use of aircraft a Landing Zone Officer should be utilized to establish a landing zone, communicate with the aircraft, Transport/Med Comms and coordinate the safe transport of patients to appropriate hospitals in conjunction with the overall incident transportation plan.

XII. Out of County Response

It is the policy of KCEMSS to respond to a mutual aid call in neighboring or regional jurisdictions. At the time dispatch should ascertain what additional equipment is desired (ambulances, chief officers, MCI trailers, engines for support, etc.) and dispatch them as they are available. The KCEMSS Duty Chief should immediately be notified of the request. It is also the policy that KCEMSS will not leave Kootenai County with less than five available ambulances. Dispatch should attempt to find out the desired response, location, and length of time another agency is requesting our service. All attempts will be made to fill the requests for additional help. The one exception to this rule would be if the incident could affect our area and the KCEMSS Duty Chief does not feel comfortable leaving our jurisdiction. It is also understood that KCEMSS units will operate under all KCEMSS protocols/policies during any event. If KCEMSS responds to a mutual aid request all non-emergent requests should be put on hold for the duration of the incident or until adequate staffing dictates an appropriate response.

If a Mutual Aid (unless it is a single ambulance request) request is made KCEMSS units will go in one of two NIMS structured groups. Those are:

- EMS/MCI Task Force:
    a. 2 Engines
    b. 3 Ambulances (ALS or BLS)
    c. KCEMSS Duty Chief or Designee

- Ambulance MCI Strike Team:
    a. 5 Ambulances (ALS or BLS)
    b. KCEMSS Duty Chief or Designee

XIII. Special Considerations

A. Introduction

When a large-scale incident occurs, it will be necessary to allocate scarce resources differently to save as many lives as possible. The basis for this allocation must be fair and clinically justified. The process by which these decisions occur must be transparent and judged by the public to be fair.

There are a number of additional considerations that will apply in a large-scale situation.

1. Protocols for triage must be flexible enough to change as the size of the event increases and will necessarily depend both on the nature of the event and how rapidly it develops.
2. The usual scope of practice standards will not apply. Persons may have to perform tasks outside their usual area.
3. There may not be enough trained staff to meet all needs. There will potentially be burnout from long hours or from the stress of dealing with the situation. Some may be afraid to leave their homes and families. Depending on circumstances and conditions travel to work may be impossible.
4. Clinical personnel accustomed to having technological resources such as sophisticated laboratory, radiology, and other resources will be required to make assessments and treatments based solely on history, examination, and clinical judgment.
5. Normal documentation requirements will not be possible to maintain. Shortened forms and more brief information requirements will be necessary.
6. There will likely be delays in hospital care due to backlogs of patients awaiting needed tests, examinations, and surgery.
7. There will be a backlog in processing fatalities. It may not be possible to accommodate cultural and religious sensitivities.
8. Normal operations of health care facilities will be altered. Patients already in health facilities at the time of an incident may need to be discharged earlier than normally anticipated or alternate care found. Elective procedures will be cancelled.

B. Command and Control

The same basic command and control principles apply regardless of the scale of the event; however, large and long duration events will require greater resources and a much larger command and control structure. Extensive rescue may be needed and long-term site planning managed.

An example of a potential structure for a very large scale and long duration event is found in Appendix A. This ICS structure is to be scaled for events from small events to the maximum response demonstrated by the example provided.

C. Alternate Care Facilities

During a large-scale mass casualty event, Kootenai Health and Acute care hospitals in Spokane and the region are the primary facilities that will be maximally engaged in caring for those who have been critically injured. Non acute care (no ER) hospitals like Northwest Specialty Hospital and North Idaho Advanced Care Hospital will be vital in assisting in caring for the delayed (yellow) type patients. It is possible for a high number of all casualties in most events to likely be minimally injured (green) or worried well. These individuals would be best cared for through alternate means that will unburden hospitals to care for those requiring a higher level of care.

Additionally, through OEM and/or the EOC, other alternate care sites may be identified and established by utilizing their existing MOUs. Once established those locations and capabilities will be communicated to Med Comms and Transport.

Urgent Care Centers

Urgent care centers provide definitive or symptomatic care for most minor injuries and illnesses. They will possess limited diagnostic capabilities, but will be a valuable resource in treating the minor (green) patients.

Med Comms and Transport will coordinate with urgent care centers for the receiving of the appropriate number of minimally injured patients. Patients may arrive by three general means including organized transport from an incident site, self-referral, or as directed following advertised public information. The local primary urgent care centers, their contact and location information are included in the KCEMSS MCI Hospital Call Tree, Appendix E.

XIV. MCI Plan Deactivation

The IC will be responsible for notification to all parties that the MCI has been completed once all patients have been accounted for and/or transported to medical facilities.

Actions performed include:

1. After all patients have been transported, ensure all counts are reconciled and documentation collected.

2. Ensure patient status and identification information has been communicated through the ICS system and to the appropriate receiving hospital..
3. Release medical units in an orderly fashion as services are no longer required.
4. Transition from mass casualty management to accident, HAZMAT, etc. management as appropriate.

XV. Organizational Roles and Responsibilities

Fire/EMS Protection Districts

Provide EMS/All Hazard response and command/control services for an incident in Kootenai County. Districts with specialized MCI equipment are expected to respond with equipment as appropriate during an Incident.

Mutual Aid/Private Ambulance Services

Provide emergency medical services and transport as needed for the incident. Additionally, station/backfill coverage for Kootenai County may be requested.

Kootenai 911/Central Dispatch

Provide initial notifications and dispatch for the incident. Serve as the communications link between the scene and responding agencies. At the request of the IC or their designee coordinate additional resources as needed. Provide communications support as needed up to and including a tactical dispatcher if needed.

Kootenai Health

Serve as primary receiving facility for casualties within Kootenai County. Work with the EMS/Hospital Liaison to establish communications and patient flow within the ICS System.

Provide representation to the EOC or Unified Command, if requested.

Northwest Specialty Hospital

Serve as a secondary receiving facility for minor and delayed (green and yellow) casualties within Kootenai County.

North Idaho Advanced Care Hospital

Serve as a secondary receiving facility for minor and delayed (green and yellow) casualties within Kootenai County.

Urgent Care Centers

Provide care for minimally (green) injured personnel arriving by their own transportation or via organized transport from the incident scene.

State, County and City Law Enforcement Agencies

As part of the unified command structure provide incident site security, access/egress control, assist with evacuation, coordinate all investigations and assist in other aspects of the MCI as needed/available.

City Street Departments/Highway Districts/ITD

Assist with road closures and establishment of alternate routes. Assist with traffic control and barrier placements. Provide, as needed, sand, gravel, de-icing materials, trucks, equipment and drivers.

Kootenai County Office of Emergency Management

Upon notification of incident and initial assessment, the OEM Director will advise County Commissioners of the incident and its status. Request activation of the EOC to support the incident. Coordinate a disaster declaration if needed or warranted. Activate and staff the EOC if requested. Coordinate information and resources to support incident management activities. Request state and federal resources as needed.

Panhandle Health District

Upon notification of the incident coordinate Panhandle Health District's Preparedness and Response Plan in conjunction with unified command and the health care organizations involved in the incident.

Specialty Regional Response Teams

Perform tasks as required.

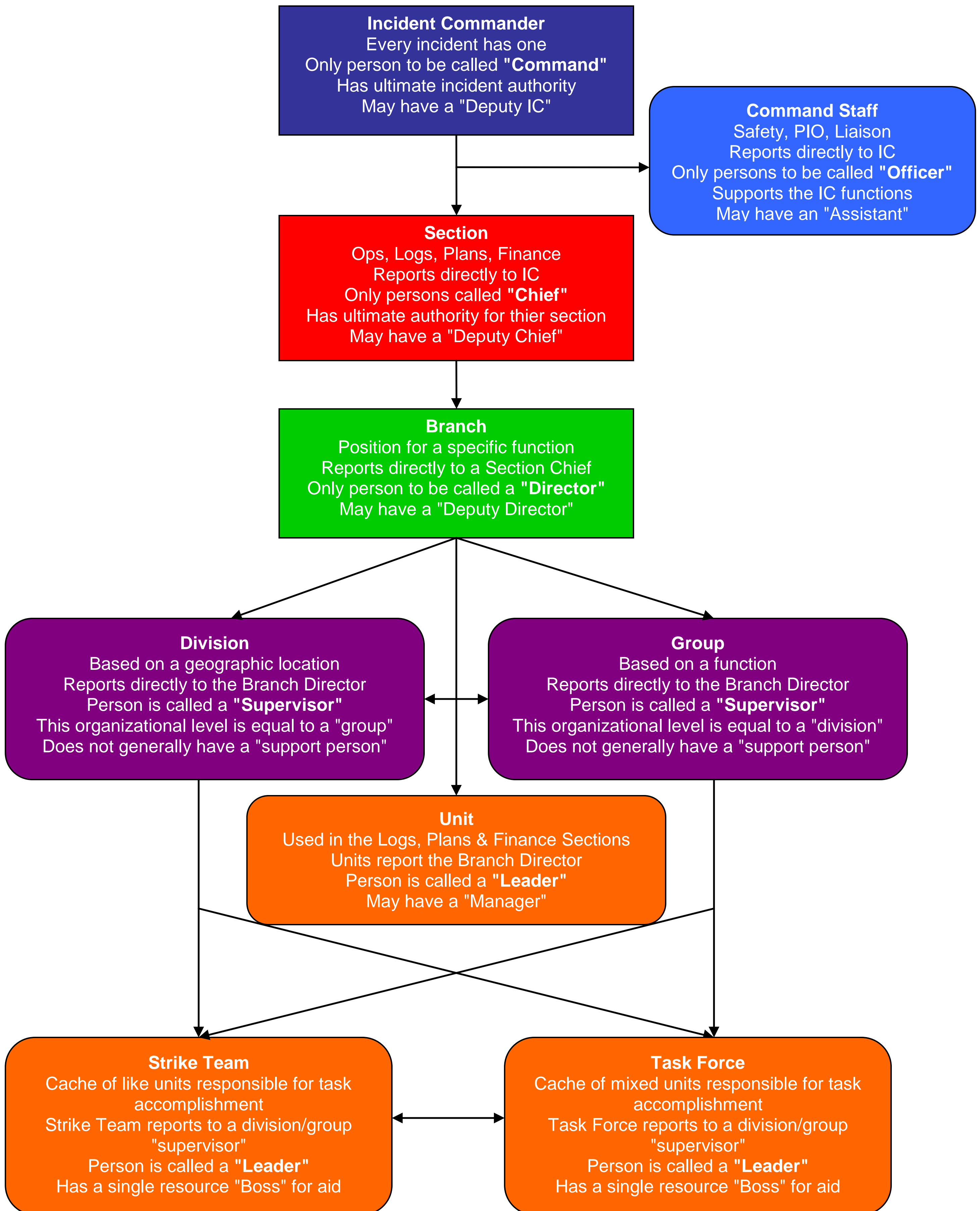
Kootenai County, Idaho

Multiple Victim/ Mass Casualty Incident Plan

Appendix A

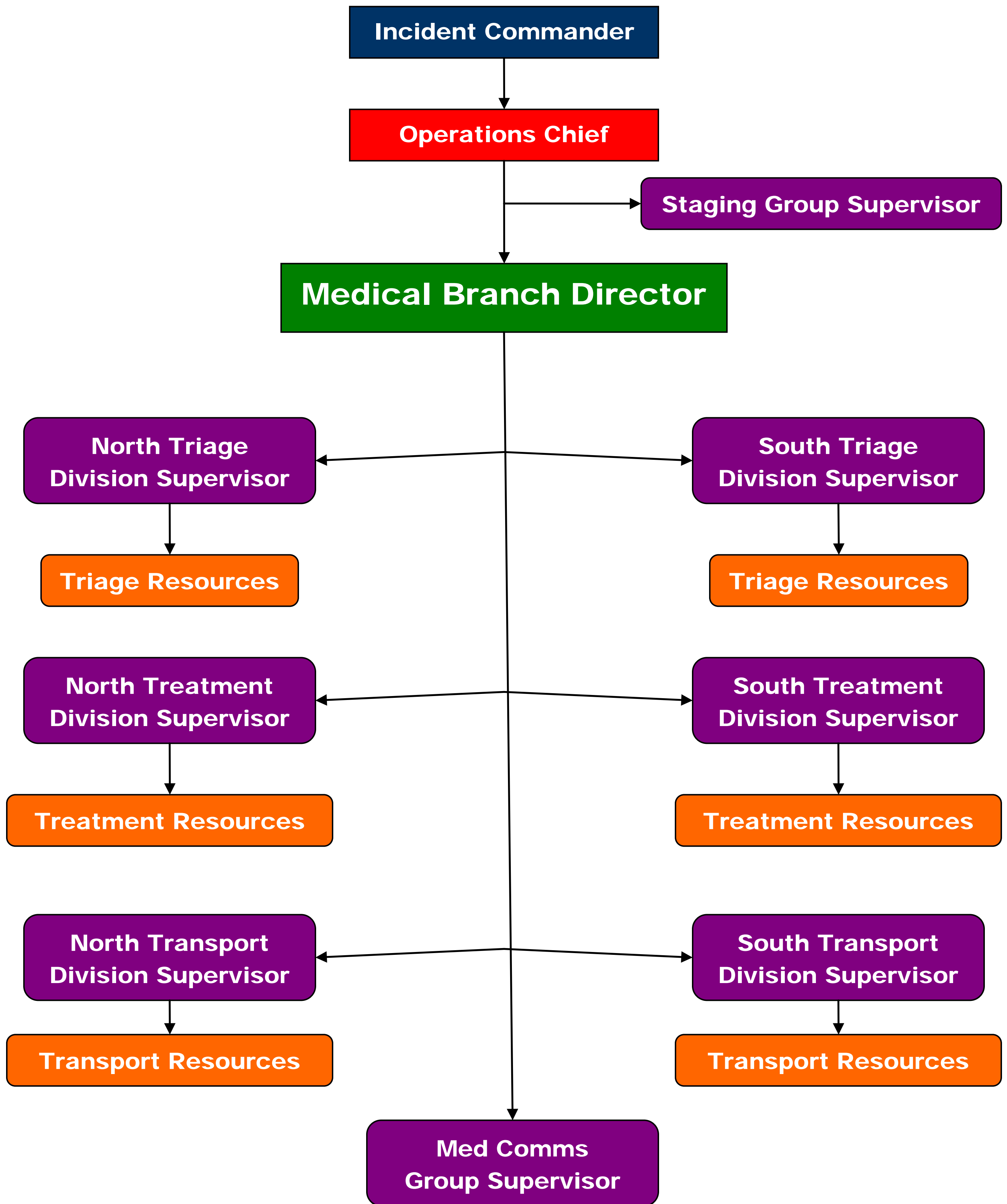
Organizational Structure Samples

KCEMSS ICS/NIMS Quick Reference Guide

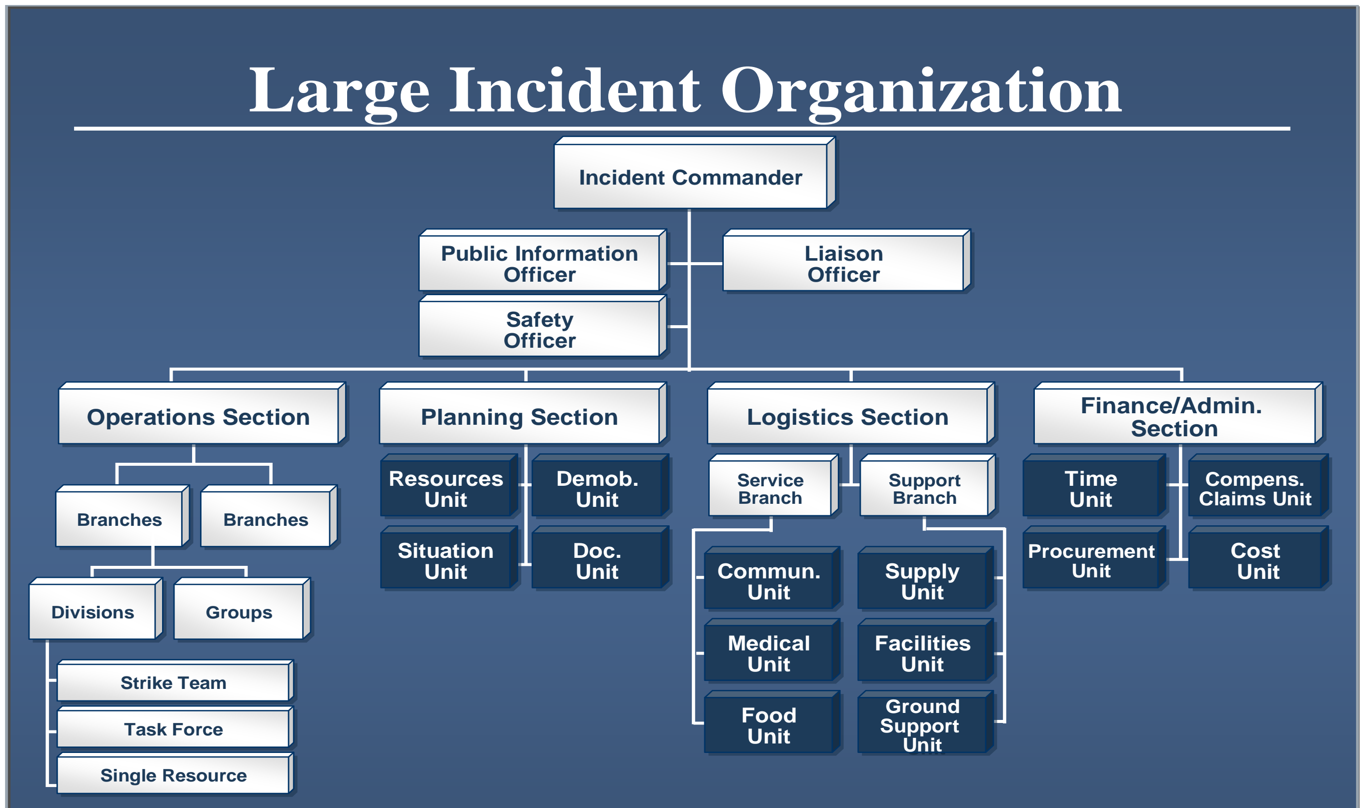


KCEMSS ICS/NIMS Quick Reference Guide

- Incident Commander
  - Operations Chief
    - Staging Group Supervisor
    - Medical Branch Director
      - Triage Group Supervisor
        - Triage Strike Team/Task Force/Single Resource
      - Treatment Group Supervisor
        - Treatmetnt Strike Team/Task Force/Single Resource
      - Transport Group Supervisor
        - Transport Strike Team/Task Force/Single Resource
      - Medical Comms Group Supervisor

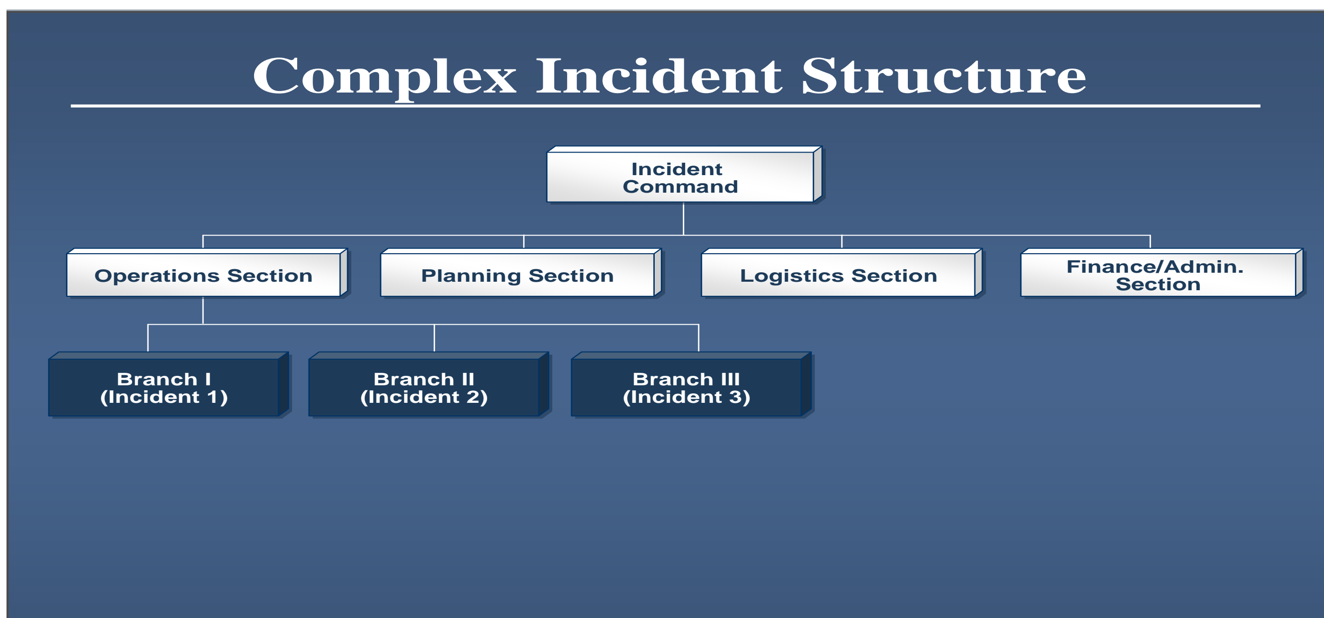

KCEMSS ICS/NIMS Quick Reference Guide
Incident Commander
Operations Chief
Staging Group Supervisor
Medical Branch Director
North Triage Division Supervisor
South Triage Division Supervisor
Triage Resources
Triage Resources
North Treatment Division Supervisor
South Treatment Division Supervisor
Treatment Resources
Treatment Resources
North Transport Division Supervisor
South Transport Division Supervisor
Transport Resources
Transport Resources
Med Comms Group Supervisor

Large Incident Sample Organizational Chart



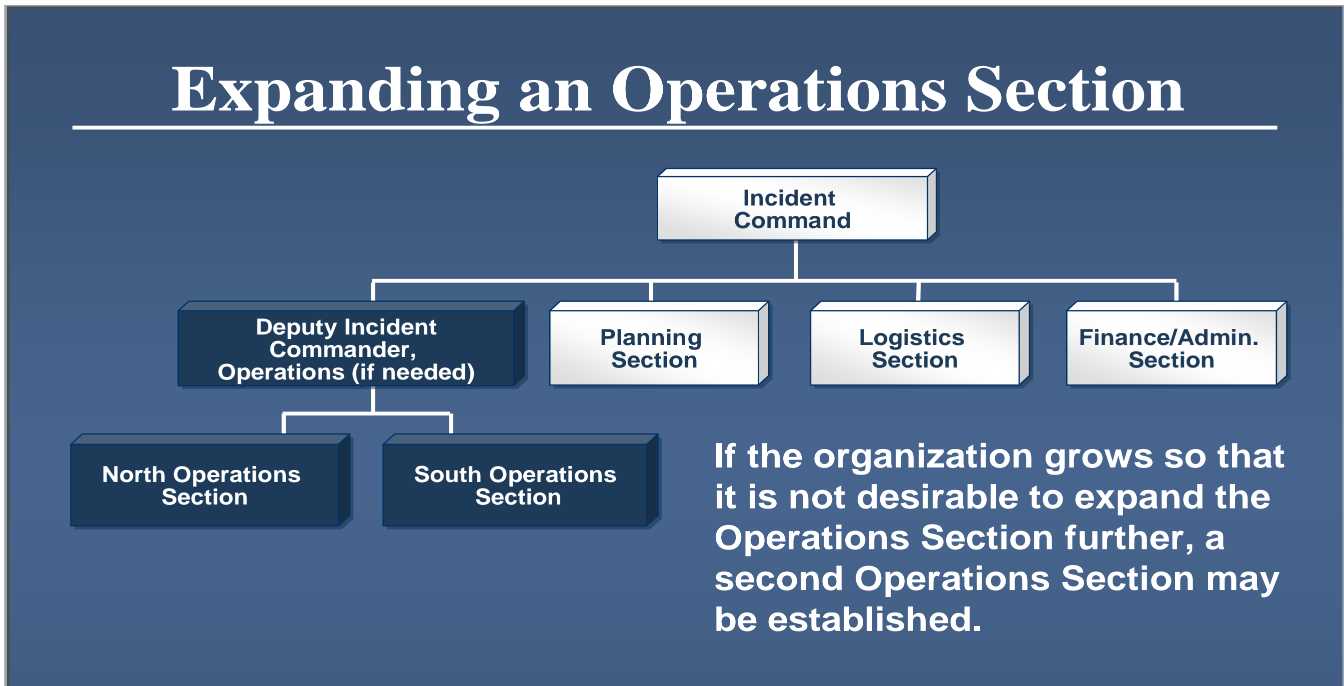
*This is the type or organizational chart that would be used at a regular, single location large incident

Complex Incident Sample Organizational Chart



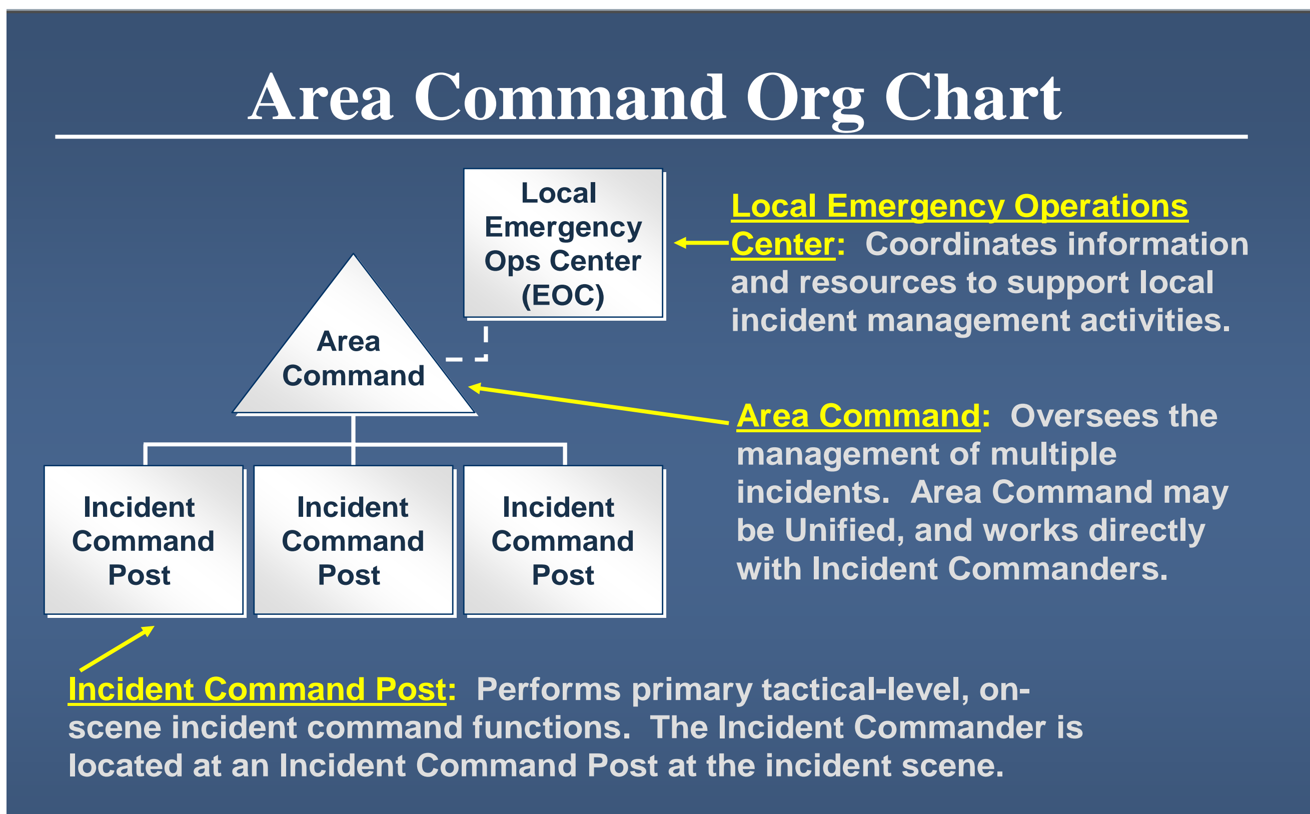
*This is the type or organizational chart that would be used at a multiple location large incident

Expanding Incident Sample Organizational Chart



*This is the type or organizational chart that would be used at a multiple location expanding incident

Area Command Sample Organizational Chart



*This is the type or organizational chart that would be used at a multiple location very large incident

Kootenai County, Idaho

Multiple Victim/ Mass Casualty Incident Plan

Appendix B

Position Descriptions

KCEMSS MVI/MCI Plan
Appendix B
Position Descriptions

- Incident Commander – The person with overall command of the entire incident or disaster. He/She has overall responsibility for the incident and will appoint a staff to assist in the management of said incident r disaster. This person will follow the ICS/NIMS system at all times and appoint their staff accordingly.

- Operations Chief – At a large incident or disaster the Incident Commander may appoint an Operations Chief who will then be responsible for all operations at the incident or disaster. All emergent EMS activities will take place in the Operations Section once established. The Operations Chief will appoint, according to ICS/NIMS positions to best deal with the situation or incident.

- Medical Branch Director - The person in charge of all EMS personnel and is referred to as “Medical Branch”. The Medical Branch reports to the Operations Chief or Incident Commander. However, in some medical situations, the EMS Medical Branch and Incident Command may be the same person. A Medical Branch worksheet is included in Appendix D of this document for a description and overview of the position. The Medical Branch’s responsibilities include:

  - Designating the other EMS Groups/Supervisors, as needed.
  - Assess the need for and requesting additional EMS/medical resources.

- Staging Group Supervisor - This is the designation for the individual placed in charge of the staging area. This individual works with the Incident Commander/Operations Chief/Medical Branch Director to assign responding units to tasks. Generally, this position should be a Fire or EMS individual. A Staging area worksheet is included in Appendix D of this document for a description and overview of the position.

- Triage Group Supervisor – This is the designation for the individual placed in charge of the triage process. This individual will perform the triage in a small incident and manage the triage of all patients at a large incident. This may mean that the Triage Supervisor directs others to perform the triaging of patients and records and reports those findings through the chain of command. The Triage Supervisor should keep Command, Treatment and Transport informed of benchmarks so that there can be an appropriate request and utilization of resources. START Triage should be used throughout the process and the Triage Supervisor should be familiar with the triage process. A Triage Group Supervisor worksheet is included in Appendix D of this document for a description and overview of the position.

- Treatment Group Supervisor – This individual is responsible for establishing treatment areas for code red, yellow, and green patients that can provide appropriate levels of BLS and, when appropriate, ALS care. This person must also manage the flow of patients into the treatment area and re-triage patients as they enter the area. MCI trailers/units should be used for supplying the treatment area. The Treatment Supervisor should also be in regular contact with the Transport Supervisor to keep the flow of patients moving through treatment. A Treatment Group Supervisor worksheet is included in Appendix D of this document for a description and overview of the position.

- Transportation Group Supervisor - This individual is responsible for assigning and keeping record of the transportation of injured patients in appropriate order to the appropriate facility. They are also responsible for the medical communications to receiving medical facilities if Med Comms is not established. Additional responsibilities would include arranging for buses to transport non-injured or code green patients. It is preferable to staff this position with someone familiar with area hospitals and roads. A Transport Group Supervisor worksheet is included in Appendix D of this document for a description and overview of the position.

- Med Comms Group Supervisor – This person acts as the “air traffic controller” for a large MCI. The Med Comms Supervisor contacts hospitals/medical facilities to establish hospital availability from the scene. They are also responsible for advising receiving facilities of the extent and nature of the incident. The Med Comms Supervisor should work hand in hand with the Transport Supervisor to ensure the appropriate destination for patients. A Med Comms Group Supervisor worksheet is included in Appendix D of this document for a description and overview of the position.

- EMS/Hospital Liaison – This person is responsible for being the EMS expert located at the hospital ER. They should immediately link in with the hospital's ICS system to obtain hospital availability, assist with triage, communicate between the scene and the hospital, gauge the need to transport people out of the hospital and manage EMS resource needs at the hospital. A EMS/Hospital Liaison worksheet is included in Appendix D of this document for a description and overview of the position.

- Incident Safety Officer – This person is directly responsible to the Incident Commander to ensure safety of patients, responders and citizens on or around an incident scene. This position focuses on ensuring that all operations that take place are done in a safe manner.

- Landing Zone Officer – This person is responsible for coordinating a landing zone for air medical helicopters (or fixed wing aircraft if needed) at an MVI/MCI. Safety of patients, responders and aircraft are the priority of this position. This person should work directly with the Transport and Med Comms Supervisors to send patients/aircraft to appropriate destinations farther away than practical for ground ambulance to transport. Transporting patients by air to facilities that are close or are going to require significant resources to do so should be avoided.

- EMS Supply Officer – This person should work directly for the Treatment Supervisor to ensure that there are appropriate BLS and ALS supplies to treat and transport all patients in an MVI/MCI. This position would only be activated if the incident/disaster was prolonged and extended over multiple operational periods.

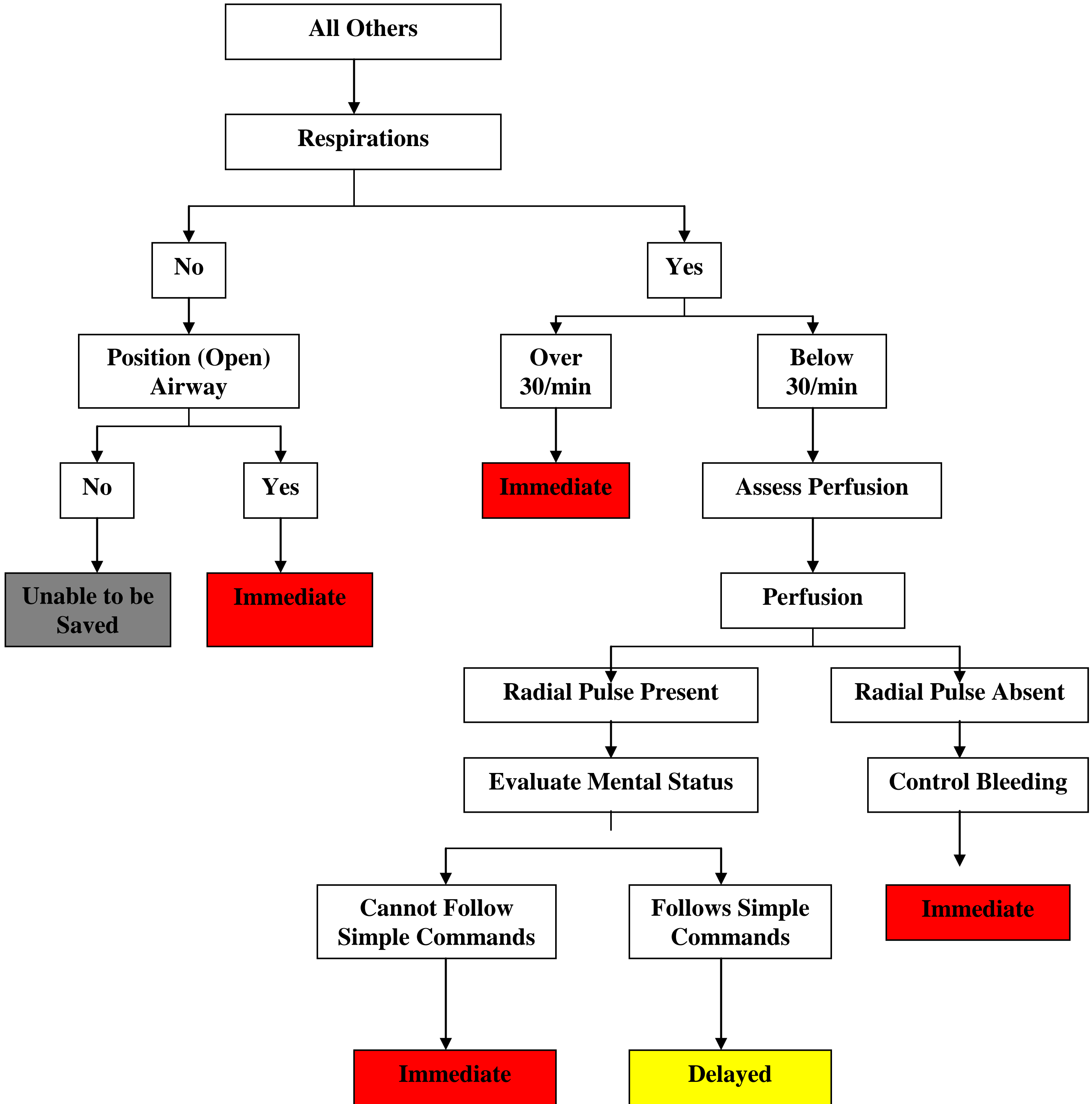
Kootenai County, Idaho

Multiple Victim/ Mass Casualty Incident Plan

Appendix C

Triage Protocols

KCEMSS MVI/MCI Plan
Appendix C
START Triage System

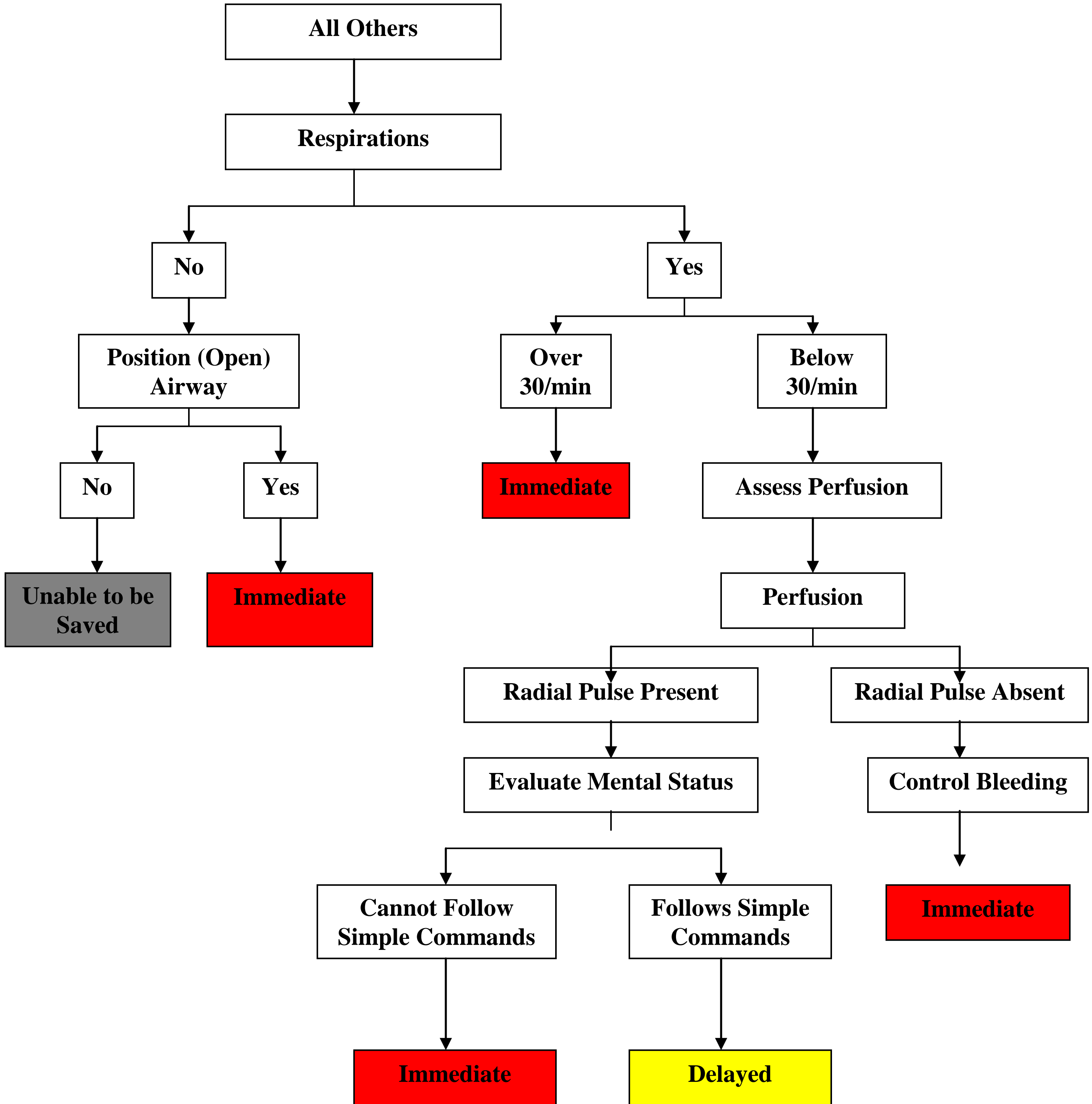


KCEMSS MVI/MCI Plan

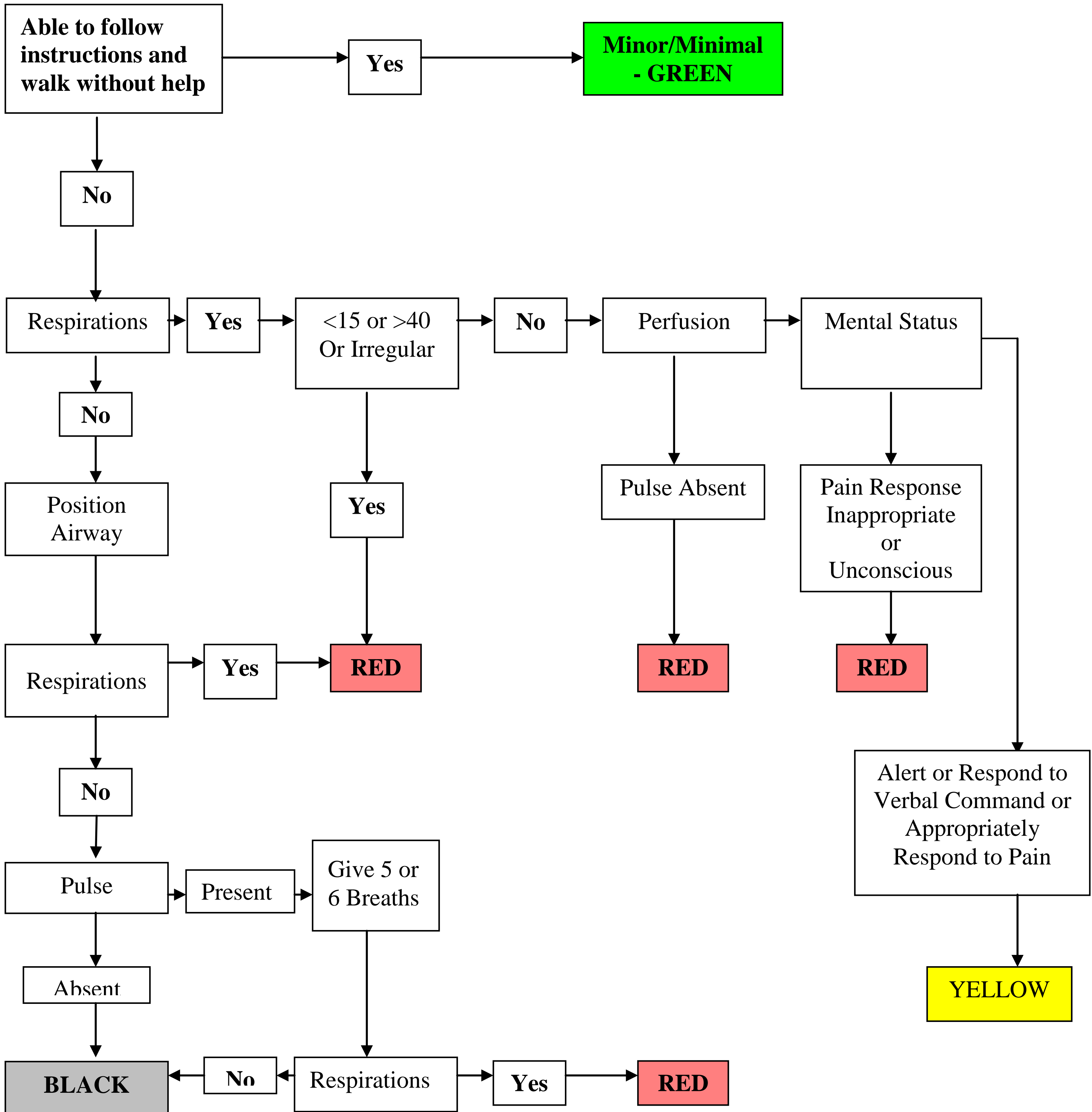
Appendix C

START Triage System

Able to follow instructions and walk without help to designated area - on hold (Green)



JUMP START Triage System
(For Age 1-8 Years)



KCEMSS

Medical Branch/Group Worksheet

Incident Name:	Incident Date:	Incident Time:	Incident Type:

Command Staff			
I/C:	Ops Chief:	Medical:	Staging:
Triage:	Treatment:	Transport:	Med Comms:
Rehab:	Hosp Liasion:	Safety:	Supply:

KCEMSS MCI Alarm Resources			
1st Alarm MCI	**2nd Alarm MCI**	**3rd Alarm MCI**	**4th Alarm**
3 Engines/Fire Apparatus	3 Engines/Fire Apparatus	2 Engines/Fire Apparatus	2 Engines/Fire Apparatus
3 Ambulances (ALS or BLS)	3 Ambulances (ALS or BLS)	3 Ambulances (ALS or BLS)	6 Ambulances (ALS or BLS)
2 Duty Battalion Chiefs	EMS Duty Chief	Chief 100 (Request 2 Chiefs)	Chief 100 (Additional 2 Chiefs)
	Fire Duty Chief (Dept. Specific)	2 Helicopters	2 Helicopters
	1 Helicopter	2nd MCI Trailer*	MCI Truck CDAFD
	1 MCI Trailer *	** TLFD or MKIFD*	
	** TLFD if North of Prarie Ave.*	Off Duty Page for ALS Depts.	
	** MKIFD if South of Prarie Ave.*	CDAFD, KCFR, NLFPD	

Patients:
Red _______
Yellow _______
Green _______
Black _______
TOTAL _______

Communications:
Consider Using Multiple Talk Groups
Consider Tactical Dispatch
Call For Hosp Availability Early

Fire Incidents:
Assist I/C
Separate Rehab & Transport
Consider Rehab Supplies
Ensure 1 Ambulance for Rehab

KCEMSS MCI PLAN 10/2015

Consider Additional Resources:
_______ Additional Personnel
_______ Additional Ambulances
_______ Additional Fire Apparatus
_______ Hospital Availability
_______ MCI Trailers/Units
_______ Alternate Tport Vehicles
_______ Coroner
_______ Red Cross
_______ Law Enforcement

NOTES:

KCEMSS
Staging Group Worksheet

Incident Type: Incident Date: Incident Time:

Name of Command: Staging Location:

Command Staff:

Medical Branch Director: **Operations Chief:**

Landing Zone Supervisor:	Transport Supervisor:
Med Comms Supervisor:	Other:

MCI	1st	2nd	3rd	4th	ALARMS
	3 Engines 3 Ambulances 2 Chiefs	3 Engines 3 Ambulances 2 Chiefs 1 Helicopter 1 MCI railer	2 Engines 3 Ambulanes 2 Chiefs 2 Helicopters 1 MCI Trailer	2 Engines 6 Ambualnces 2 Chiefs 2 Helicopters MCI Truck	

Things to Consider:

______Personnel Needs ______Access/Egress ______Marking Area Clearly
______Haz-Mat ______Weather Conditions ______Size of Area
______Separate Fire & EMS ______Lighting ______Traffic Control

Incident Staging Log

Agency	Unit ID	Time In	TimeOut	ALS/BLS	# of Crew	Crew Names

KCEMSS
Triage Group Worksheet

Incident Type: Incident Date: Incident Time:

Name of Command: Staging Location:

Command Staff:

Medical Branch Director: **Triage Group Supervisor:**

Treatment Supervisor: Transport Supervisor:

Med Comms Supervisor: Hospital Liasion:

Other: Other:

Start Triage:	Respirations	Perfusion:	Mental Status:
R	Under 30 - Move to **P**	Radial Present - Move to **M**	Can't follow Commands - Red
P	Over 30 - Red	Cap Refill< 2 sec - Move to **M**	Can follow Commands - Yellow
M	Absent - Black	Cap Refill> 2 sec - Red	

TOTAL Patients:

_______ **Red**
_______ **Yellow**
_______ **Green**
_______ **Black**
_______ **Total**

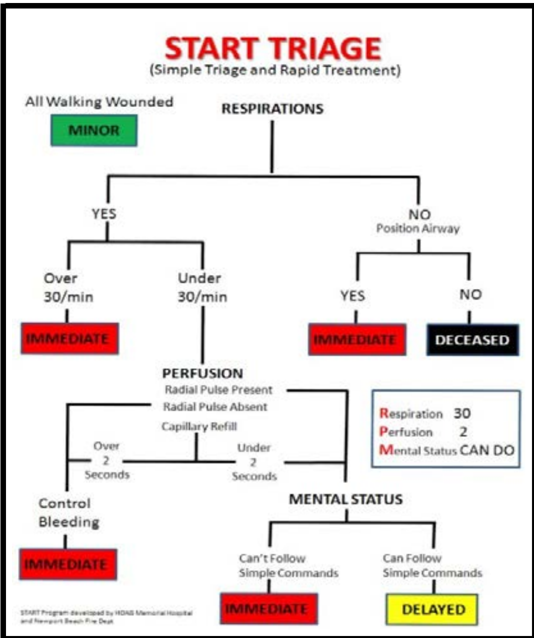
Communications

Medical Operations Radio Talk Group _______
Command Radio Talk Group _______
___________ Group Radio Channel

NOTES:

Consider Resources:

_______ More Triage Leaders
_______ Stretcher Bearers
_______ Spine Boards
_______ Triage Tags
_______ Triage Tape
_______ Cones to Funnel Pts
_______ Need to Decon Pts.



Triage Sup Check List:

Vest _______
Radio _______
Phone _______
Clip Board _______
Lights _______
Marker Board _______
Pens/Markers

KCEMSS

Treatment Group Worksheet

Incident Type: Incident Date: Incident Time:

Name of Command: Staging Location:

Command Staff:

Medical Branch Director:	**Treatment Supervisor:**
Red Leader:	Med Comms Supervisor:
Yellow Leader:	Triage Supervisor:
Green Leader:	Transport Supervisor:

Total Patients:

Red:	**Yellow:**	**Green:**
________ Triaged	________ Triaged	________ Triaged
________ In Treatment	________ In Treatment	________ In Treatment
________ Transported	________ Transported	________ Transported
Total	Total	Total

Consider Resources:

______ More Personnel
______ Stretcher Bearers
______ Airway Supplies
______ O2 Supplies
______ Bandaging Supplies
______ Bleeding Control Supplies
______ Bio-Hazard Supplies
______ Cones to Funnel Pts.
______ Flags and Tarps
______ Documentation Asst.

Communications

Medical Operations Radio Talk Group ________
Command Radio Talk Group ________
____________ Talk Group

Triage Blacks:

Coroner: ________
Triaged: ________
Total: ________
Morgue: ________
LEO:

Hazards to Consider:

Access and Eggress: ________
Weather: ________
Size of Tx Area: ________
Haz-Mat in Tx Area: ________
Utilities in Tx Area: ________
Close to Transport?:

Notes:

Treatment Sup Check List:

Vest ________
Radio ________
Phone ________
Clip Board ________
Lights ________
Marker Board ________
Pens/Markers ________
Triage Location ________
Trpt Location ________
Cmnd Location

KCEMSS
Transport Group Worksheet

Incident Type: Incident Date: Incident Time:

Name of Command: Staging Location:

Command Staff:

Medical Branch Director:	**Transport Group Supervisor:**
Med Comms Supervisor:	Staging Officer:
Landing Zone Supervisor:	Triage Supervisor:
Other:	Treatment Supervisor:

Total Patients:

Red:	**Yellow:**	**Green:**
________ Triaged	________ Triaged	________ Triaged
________ In Treatment	________ In Treatment	________ In Treatment
________ Transported	________ Transported	________ Transported
Total	Total	Total

Consider Resources:

______ More Personnel
______ Stretcher Bearers
______ Communications
______ Hospital Availibility List
______ EMSystems
______ Buses, Vans, Etc.
______ Bio-Hazard Supplies
______ Cones to Funnel Pts.
______ Flags and Tarps
______ Documentation Asst.

Communications

Medical Opoerations Radio Talk Group ________
Command Radio Talk Group ________
___________ Group Radio Talk Group ________

*** Consider sending patients on the same unit. Fore example: 1 red, 1 yellow and 1 Green**

Hazards to Consider:

Access and Egress: ________
Weather: ________
Size of Tx Area: ________
Haz-Mat in Area: ________
Utilities in Tx Area: ________
Close to Treatment?: ________

Notes:

Transport Sup Check List:

Vest	________
Radio	________
Phone	________
Clip Board	________
Lights	________
Marker Board	________
Pens/Markers	________
Triage Location	________
Tx Location	________
Med Comms Location	

KCEMSS
MCI Patient Transportation Log

Pt. ID #	Traige Code	Transport Unit	Destination	Time Out

KCEMSS
Med Comms Worksheet

Incident Type: Incident Date: Incident Time:

Name of Command: Staging Location:

Command Staff:

Medical Branch Director:	**Med Comms Group Supervisor:**
Hospital Liasion:	Triage Supervisor:
Landing Zone Supervisor:	Treatment Supervisor:
Other:	Transport Supervisor:

Total Patients:

Red:	**Yellow:**	**Green:**
________ Triaged	________ Triaged	________ Triaged
________ In Treatment	________ In Treatment	________ In Treatment
________ Transported	________ Transported	________ Transported
Total	Total	Total

Consider Resources:

______ Call KH First
______ Colocate
______ Communications
______ Hospital Availibility List
______ Call Deconess
______ Call Alternate Hosp
______ Call Urgent Care
______ Internet Access
______ State Comm
______ Documentation Asst.

Communications

Medical Opoerations Radio Talk Group ____________
Command Radio Talk Group ____________
___________ Group Radio Talk Group ____________

*** Deconess will check hospital availabilty for Spokane**

*** Hospital Liasion will update Kootenai Health status**

*** Idaho State Comm can help call hospital out of area**

*** Alternate Hosp & Urgent Care have no radio comms**

Notes:

Med Comms Sup Check List:	
Vest	________
Radio	________
Phone	________
Clip Board	________
MCI Calling Tree	________
Marker Board	________
Pens/Markers	________
Triage Location	________
Treatment Location	________
Transport Location	

KCEMSS

EMS/Hospital Liasion Worksheet

Incident Type: Incident Date: Incident Time:

Name of Command: Staging Location:

Command Staff:

Medical Branch Director:	**EMS/Hospital Liasion:**
Med Comms Supervisor:	Hospital I/C:
Landing Zone Supervisor:	ER Care Supervisor:
Other:	Transport Supervisor:

Kootenai HealthTotal Patients:

Red:	**Yellow:**	**Green:**
________ Triaged	________ Triaged	________ Triaged
________ In Treatment	________ In Treatment	________ In Treatment
________ Transports Needed	________ Transports Needed	________ Transports Needed
Availablity	Availability	Availability

Consider Resources:

- ______ Meet with KH I/C
- ______ Colocate
- ______ Establish Comms
- ______ Hospital Availibility List
- ______ Call Med Comms
- ______ Help With Alternate Hosp
- ______ Call Urgent Care
- ______ Internet Access
- ______ State Comm
- ______ Documentation Asst.

Communications

Medical Opoerations Radio Talk Group ____________

Command Radio Talk Group ____________

____________ Group Radio Talk Group

*** Deconess will check hospital availabilty for Spokane**

*** Hospital Liasion will update Kootenai Health status**

*** Idaho State Comm can help call hospital out of area**

*** Alternate Hosp & Urgent Care have no radio comms**

Notes:

EMS/Hosp Liasion Check List:	
Vest	________
Radio	________
Phone	________
Clip Board	________
MCI Calling Tree	________
Marker Board	________
Pens/Markers	________
Med Comms Location	________
KH Treatment Location	________
KH Transport Location	

KCEMSS MCI PLAN 10/2015

Kootenai County, Idaho

Multiple Victim/ Mass Casualty Incident Plan

Appendix E

Fire/EMS and Hospital Resource Lists

Kootenai County MCI Alarm Matrix

Use this Matrix When Filling Initial or Upgraded MCI Alarms

MCI 1st Alarm	MCI 2nd Alarm	MCI 3rd Alarm	MCI 4th Alarm
3 Engines/Fire Apparatus	3 Engines/Fire Apparatus	2 Engines/Fire Apparatus	2 Engines/Fire Apparatus
3 Ambulances (ALS or BLS)	3 Ambulances (ALS or BLS)	3 Ambulances (ALS or BLS)	6 Ambulances (ALS or BLS)
2 Duty Batt Chiefs (BC3, BC5, CF107)	EMS Duty Chief	Chief 100 (Request 2 Chiefs)	Chief 100 (Additional 2 Chiefs)
	Fire Duty Chief (Dept. Specific)	2 Helicopters	2 Helicopters
	1 Helicopter	2nd MCI Trailer*	MCI Truck CDAFD
	1 MCI Trailer *	** TLFD or MKIFD*	
	** TLFD if North of Prairie Ave.*	Off Duty Page for ALS Depts.	
	** MKIFD if South of Prairie Ave.*	CDAFD, KCFR, NLFPD	

Ground Fire/EMS		MCI Resources	Helicopters		Special Resources
Spokane County	509-532-8900	TLFD MCI Trailer	LifeFlight	1-800-232-0911	
Bonner County	208-265-5525	MKIFD MCI Trailer			Regional Haz-Mat Team
Shosone County	208-556-1026	CDAFD MCI Truck	MedStar	1-800-422-2440	KCFR
Benewah County	208-245-2555	Spokane County MCI Truck			
Boundary County	208-267-3151	Spokane County MCI Trailer			Regional Rescue Team
Latah County	509-332-2521	Bonner County MCI Trailer			CDAFD
					City Link Buses
					School District Buses

KCEMSS MCI Hospital Calling Tree

Name	Location	Contact Numbers		Capability			Transported		
		Main	ER	Red	Yellow	Green	Red	Yellow	Green
Kootenai Health	Coeur d'Alene, ID	208-625-4000	208-625-5700						
Valley Med Ctr	Spokane Valley, WA	509-924-6650	509-924-5177						
Sacred Heart Med Ctr	Spokane, WA	509-474-3131	509-474-3344						
Deaconess Med Ctr	Spokane, WA	509-458-5800	509-473-7100						
Bonner General Hosp	Sandpoint, ID	208-263-1441	208-263-1020						
Shoshone Med Ctr	Kellog, ID	208-784-1221	208-784-1220						
Holy Family	Spokane, WA	509-482-0111	509-482-2460						
Benewah Comm Hosp	St. Maries, ID	208-245-5551	208-245-7623						
Boundary Comm Hosp	Bonners Ferry, ID	208-267-3141							
Gritman Med Ctr	Moscow, ID	208-882-4511	208-883-6246						
VA Med Ctr	Spokane, WA	509-434-7000	509-434-7615						
NW Specialty Hosp	Post Falls, ID	208-262-2300	NO ER						
North ID Advanced Care	Post Falls, ID	208-262-2800	NO ER						
URGENT CARE CENTERS									
Kootenai Urgent Care	700 Ironwood (CDA)	208-667-9110							
Kootenai Urgent Care	1300 E Mullan (PF)	208-777-9110							
Kootenai Urgent Care	566 W. Prairie (Hay)	208-772-9110							
Northwest Urgent Care	750 N Syringa (PF)	208-262-2300							
Northwest Urgent Care	315 W Dalton (CDA)	208-209-2060							
KCEMSS MCI PLAN 10/2015		**Total Numbers**							