



# Skagit County EMS Multiple Casualty Incident Plan



A comprehensive operational plan for the management of multiple casualty incidents occurring in Skagit County, Washington.

**Updated January 2024**

# Skagit County Emergency Medical Services Multiple Casualty Incident (MCI) Plan

## TABLE OF CONTENTS

1. Scope, Purpose, and Policy	Page 3
2. MCI Response Resource Assignments	Page 4
3. Organizations Affected and Expectations	Page 5
4. Operational Guidelines	Page 7
5. ICS Positions and Responsibilities	Page 10
6. ICS Incident Organizational Chart	Page 12
7. Letter of Authority / Approvals	Page 13
8. Simple Triage and Rapid Treatment (START) Algorithm	Page 14
9. Rapid Assessment of Mentation and Pulse (RAMP) Algorithm	Page 15
10. Laser Stat Band Triage and Tracking Wristband	Page 16
11. Transportation Log	Page 17
12. DMCC Transport Destination Assignments Worksheet	Page 18
13. CHECKLIST - First Unit On Scene	Page 19
14. CHECKLIST - Incident Commander	Page 20
15. CHECKLIST - Medical Group Supervisor	Page 21
16. CHECKLIST - Rescue Group Supervisor	Page 22
17. CHECKLIST - Triage Unit Leader	Page 23
18. CHECKLIST - Treatment	Page 24
19. CHECKLIST - Transport	Page 25
20. CHECKLIST - Landing Zone Coordinator	Page 26
21. CHECKLIST - Incident Safety Officer	Page 27
22. CHECKLIST - Staging Manager	Page 28
23. CHECKLIST - Public Information Officer	Page 29

# Skagit County Emergency Medical Services Multiple Casualty Incident (MCI) Plan

## **SCOPE**

1. The terms “Mass Casualty” and “Multiple Casualty” are often used interchangeably within the ICS realm. For the purposes of this plan the term “Multiple Casualty Incident” (MCI) will be used.
2. Skagit County EMS defines an MCI as any event where the number or condition of patients overwhelms the immediately available EMS resources. A guideline for consideration of MCI declaration is:
  - a. Up to 5 red and/or yellow patients combined or
  - b. More than 5 patients that include red, yellow, and/or green or
  - c. An incident that is not currently, but is expected to potentially generate a # of patients exceeding a or b above
3. This plan is specific to Skagit County EMS agencies and should be used as a reference for other agencies responding to events within Skagit County.

## **PURPOSE**

1. Fire/EMS personnel and law enforcement are tasked with life safety and protection of property. In the event of a Multiple Casualty Incident (MCI), the immediate response to that incident will likely be by Fire/EMS and law enforcement. The geographic boundaries dividing fire districts, municipalities, as well as the nature of the incident may determine the agency having jurisdiction.
2. The purpose of this MCI plan is to achieve an overall understanding by all personnel, resulting in a coordinated operational strategy, with a common set of tactical objectives and the use of standardized terminology.

## **POLICY**

1. An MCI may be declared by Skagit 911 based on initial call information (multiple callers reporting, etc), at the discretion of any Skagit County Fire/EMS Chief officer based on dispatch call notes (prior to arrival) or by any initial arriving EMT, Paramedic, or Fire/EMS Company Officer. At any time, the on-scene command officer may, by assessing the current and evolving conditions of the emergency, declare an MCI.

## **MCI RESPONSE RESOURCE ASSIGNMENT**

Skagit 911 will assign resources in accordance with the appropriate MCI alarm level of the incident.

### **1<sup>st</sup> Alarm MCI**

<u>Fire Units</u>	<u>EMS Units</u>
3 ENGINES	3 ALS AMBULANCES
2 CHIEF OFFICERS	
1 LADDER OR RESCUE	

### **2<sup>nd</sup> Alarm MCI**

<u>Fire Units</u>	<u>EMS Units</u>
6 ENGINES (if upgrade from Level 1, add 3 additional engines for total of 6)	3 ALS AMBULANCES
3 CHIEF OFFICERS (if upgrade from Level 1, add 1 additional Chief Officer for total of 3)	
2 LADDER OR RESCUE (if upgrade from Level 1, add 1 additional ladder or rescue for total of 2)	
3 BLS AMBLANCES (if upgrade from Level 1, add 3 additional transport units (ALS or BLS) for total of 6)	

## ORGANIZATIONS AFFECTED AND EXPECTATIONS

1. Fire Department & EMS Agencies – Responsible for response and mitigation of MCIs occurring within their jurisdiction and supporting MCIs in other jurisdictions as needed in accordance with automatic and mutual aid agreements.
2. Incident Command – Usually, it will be the responsibility of the Fire Department to establish incident command, set up and announce a command post location, and to establish Unified Command as needed.
3. Public Advanced Life Support (ALS) and Basic Life Support (BLS) Ambulances – From in or out of county will be used to transport patients to receiving hospitals.
4. Private Basic Life Support (BLS) Ambulances – From in or out of county may be used to transport patients to receiving hospitals. May include private ambulances from surrounding counties as needed.
5. Buses, Wheelchair Vans, and other forms of transportation – may be utilized for the transport of ambulatory and wheelchair-bound patients either to a hospital or other re-unification or temporary shelter location.
6. Local Law Enforcement – Will establish and maintain overall scene security and when possible, provide a representative to serve within the Unified Command. They may also assist with the safe evacuation of all involved persons.
7. Washington State Patrol – May assist local law enforcement and may be responsible for investigation of incidents on state roadways, incidents involving hazardous materials, or incidents requiring the use of a bomb squad to investigate, render safe, and/or dispose of suspected hazardous device(s) improvised explosive devices (IEDs), incendiary devices, explosives, pyrotechnics, flares, ammunition, explosive chemicals and other hazardous situations.
8. Federal Law Enforcement – May assume identification responsibilities in incidents involving interstate commercial carriers, hostage situations, or citizens killed or injured in potential acts of terrorism.
9. Skagit 911 – Will perform initial call-taking and dispatch of appropriate resources based on pre-determined response plans. Will provide initial advisory notification to Skagit County Hospitals, Skagit County EMS, and DEM Duty Officer of a possible MCI.
10. Hospital Control – On smaller, less complex, and rapidly resolving incidents (1<sup>st</sup> Alarm MCI), Hospital Control may be contacted for patient destination support rather than activating regional DMCC. Primary Hospital Control is [Skagit Valley Hospital 360-428-2214](tel:360-428-2214)
11. Regional Disaster Medical Control Center (DMCC) – On large, complex, or long-term incidents, DMCC will assume the responsibility for coordinating patient destinations. [Providence General Medical Center Everett 425-404-5601](tel:425-404-5601) is the primary and [PeaceHealth St. Joseph Medical Center Bellingham 360-738-6765](tel:360-738-6765) is the secondary designated DMCC for Skagit County. The DMCC will:
  - a. Gather information from the field (MEDICAL or designee),
  - b. Notify regional hospitals of the event and request bed status reports,
  - c. Attempt to direct patients to the most appropriate facilities,
  - d. Communicate with MEDICAL (or TRANSPORT if established) to direct patient transport destinations,

- e. Communicate with regional hospitals as to the number, triage level, and other pertinent patient information as available,

12. Hospitals will:

- a. Be notified and expected to activate internal processes to facilitate additional staffing, bed capacity, etc to support the MCI
- b. Remain in readied status until a declaration to terminate the MCI is made by Hospital Control (or Regional DMCC if activated),
- c. Work with Hospital Control (or Regional DMCC if activated) to update bed status reports and capabilities when requested,
  - a. Accept all patients directed to them by Hospital Control (or Regional DMCC if activated) even if they are outside their typical scope of service or patient age range.

13. Skagit County Department of Emergency Medical Services (EMS) – May provide support to Incident Command and/or Medical Group as needed. Act as liaison with EMS Physician Medical Program Director and may assist with policy amendments, clinical care modifications, emergency medical dispatch procedure modifications, or other actions to support ongoing event and EMS system functionality. May serve as EMS liaison in events of a large or complex nature where Emergency Operations Center (EOC) is activated.

14. Skagit County Department of Emergency Management – May provide resource coordination for the incident as requested, such specialized resources, securing non-traditional transportation assets as well as coordination of family unification or temporary sheltering of persons involved in incident. This may include activation of the Emergency Operations Center (EOC).

15. Skagit County Public Health (SCPH) – will be the lead agency for the coordination of public health services. SCPH will assist by providing guidance to political jurisdictions, agencies, and individuals regarding public health emergencies.

16. Skagit County Coroner's Office – Is the lead agency for activities concerning the deceased related to the MCI, including identification, and disposition of the deceased.

17. American Red Cross – May assist in the notification, relocation, temporary housing for affected persons, and scene support to emergency response personnel.

## OPERATIONAL GUIDELINES

1. Every incident will be unique unto itself, requiring an MCI plan that is flexible and adaptable to any given situation. Suggested deployment models as listed below:
  - a. ***A contained or isolated event such as an occupied bus crash, passenger train crash, or multi-family dwelling fire/collapse. Includes isolated geographic areas with no obvious place to move injured persons to; small groups of people involved with few bystanders to help.***
    - i. Triage is usually performed at the point of injury by one or two EMS personnel who can provide lifesaving interventions while they triage.
    - ii. Patients are then moved to a transport unit as soon as possible.
    - iii. If transport units are not immediately available, patients should be moved to a designated treatment area.
    - iv. It may be necessary to set up multiple triage, treatment, transport teams or areas depending on the incident geography and location of patients.
  - b. ***A larger or expanded MCI such as an active shooter in a school or mall, the detonation of an explosive in a crowd, fairgrounds or bleacher collapse at a sporting event:***
    - i. The immediate use of Casualty Collection Points (CCP) for all walking wounded and those being carried or moved by personnel or bystanders. These CCPs will perform triage and provide initial lifesaving interventions prior to transport from the scene. Red patients should get priority for transport by the most appropriate means and staffing available.
    - ii. Critical patients who remain at the “point of injury” potentially require immediate lifesaving interventions. Therefore, initial personnel responding to the scene should carry the appropriate supplies to treat several patients.
    - iii. Once triage and lifesaving interventions have been performed, patients should be moved directly to transport units, if available. If transport units are not available, patients should be moved to a designated treatment area.
  - c. ***Regional Disaster Response may include Earthquake, Tsunami, Lahar, etc.***
    - i. Fire stations and medical facilities become the primary and/or secondary CCPs and provide triage and treatment for an extended period of time to the walking and those receiving bystander help.
    - ii. Patients rescued by first responders may also be transported to this type of CCP until additional resources or traditional transport means and destinations become available.
2. Communications
  - a. If there are multiple operations involved in the management of the MCI, a separate radio channel should be requested for medical operations when necessary. This channel should be announced to all responding EMS units assigned to MEDICAL.
  - b. COMMAND should be the only person communicating from the scene to dispatch.
  - c. All EMS communications to Hospital Control or the DMCC will be limited to MEDICAL (or TRANSPORT, if established)
  - b. All pertinent information will be relayed from MEDICAL or TRANSPORT to Hospital Control (or Regional DMCC if activated) to the receiving facility.
3. Simple Triage and Rapid Transport (START) or Rapid Assessment of Mentation and Pulse (RAMP) are the preferred triage methods for the pre-hospital sorting of injured and ill patients (See [Appendix A](#) and [Appendix B](#) for algorithms)
  - a. Triage ribbons should be used for initial patient triage and tied around patients arm,

wrist, or ankle:

- i. **Red** = Immediate
- ii. **Yellow** = Delayed
- iii. **Green** = Minor
- iv. **Black** (or Black/White striped) = Deceased or expectant

4. Patient triage and tracking bands will be attached to each patient in the treatment area (if established) or prior to transport from the scene.
  - a. The preferred Patient triage and tracking bands in Skagit County is the “Laser-Stat” wristband provided by Skagit County EMS.
  - b. MEDICAL (or TRANSPORT, if established) is responsible for tracking all patients who are treated and transported from the scene
  - c. MEDICAL (or TRANSPORT, if established) will make every effort to maintain a detailed [transportation log](#) by retaining a barcode/# sticker from the tag of each patient, making note of their color acuity, their name (if available), transporting EMS unit, and transport destination hospital.
  - d. The transportation log will be utilized for patient tracking, reunification, and post-event documentation.
  
5. Transport of the injured will take place as soon as practical.
  - a. Personnel in initial arriving transport units may be needed to perform initial triage or ICS functions.
  - b. As soon as possible, these personnel should be relieved by additional arriving personnel, so that transport units may be used for the transport of patients.
  - c. Critical (red) patients should be given priority for transport either by ground or air assets as they become available.
  - d. At times the first group of patients may leave the scene before specific triage, CCP, treatment, and transport areas can get set up. MEDICAL (or TRANSPORT, if established) will utilize the [DMCC Transportation Destination Assignments Worksheet](#) to evenly distribute departing patients until the DMCC is activated.
  - e. In large events, red patients may be transported ASAP by the most appropriate means to the most appropriate facilities. Some may require transport by means other than EMS transport units.
  - f. Additional BLS and ALS transport units arriving at the scene will stage at a designated location (consider staging transport units separate from non-transport units). Personnel will stay with their assigned apparatus. The Staging Manager will direct units to access the scene via transport corridor when requested by MEDICAL (or TRANSPORT, if established).
  - g. Air ambulance transportation should be considered when appropriate, and available. All responding air ambulances should be informed of the designated landing zone location and to utilize SKAGIT AIR/TAC for air to ground communications with the landing zone coordinator.
  - h. Landing zones may be designated by COMMAND or MEDICAL and the appropriate personnel assigned to facilitate safe and expeditious transfer of the patient to the air ambulance.
  - i. Buses may be utilized for the transport of multiple patients with relatively minor injuries to a single or multiple receiving hospitals.
  - j. Privately owned vehicles (POV) may be utilized when appropriate to remove ambulatory patients with minor injuries from the green treatment area to their homes or primary care provider.
  - k. Patient triage and tracking bands should be attached to every patient and the patient’s name, and unique # related to MEDICAL (or TRANSPORT, if established) for record keeping.
  
6. Treatment areas should be utilized if transport is not immediately available.

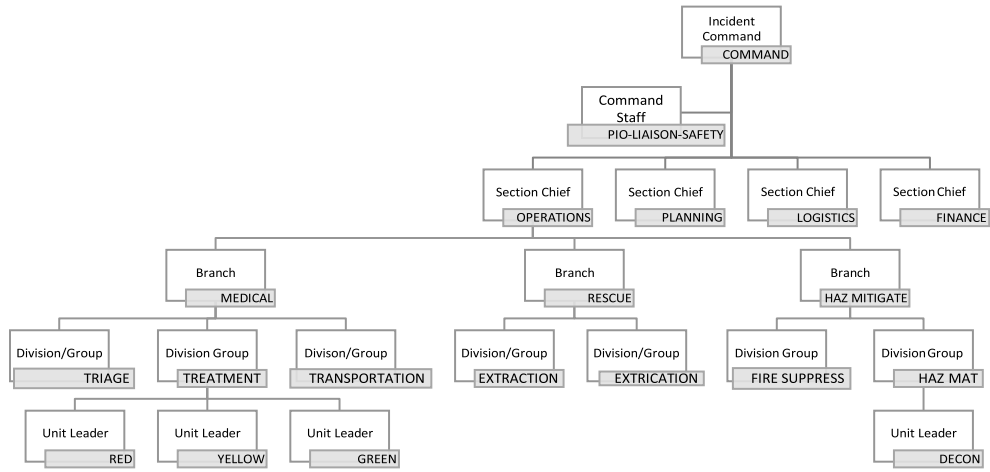
- a. After patients receive initial triage tape, they should be moved forward to either a CCP in large events or treatment areas in smaller events where they should receive a triage and tracking band prior to transport.
  - b. Patients continue to move forward from CCPs or treatment areas to a transport unit
  - c. It is also only to temporarily hold patients until they can be transported forward to a receiving facility.
  - d. The treatment area is the most likely destination for all incoming EMS personnel and equipment unless directed otherwise.
7. Deceased persons should be treated with dignity and respect.
- a. If possible, patients who are found dead on scene should not be moved (other than to confirm death) or relocated.
  - b. They should be tagged with black (or black/white striped) triage tape as soon as practical and notify MEDICAL
  - c. Confirm with Coroner's office or law enforcement prior to covering the deceased unless in public view or necessary to preserve modesty.
  - d. MEDICAL will coordinate with Coroner's office staff regarding the deceased.

## ICS POSITIONS & RESPONSIBILITIES

1. INCIDENT COMMANDER – Call sign COMMAND.
  - c. The incident commander will assume overall scene operations pertaining to the MCI. Unified Command, communications, resources, authority, and tactical plans will be executed through COMMAND.
  - d. During an MCI, COMMAND maintains control of all operations and the Medical Group unless they designate or assign an Operations Section Chief and/or a Medical Group Supervisor.
  - e. COMMAND or MEDICAL will establish and announce the location of the staging area and/or transport corridor, as needed, early on in the initial response
  - f. Refer to [Incident Commander Checklist](#)
  
2. MEDICAL GROUP SUPERVISOR – Call sign MEDICAL.
  - a. Assigned by COMMAND and reports to COMMAND
  - b. MEDICAL will be responsible for the coordination of all medical operations including Triage, Treatment, and Transport.
  - c. MEDICAL will designate a transport unit staging area if not already done by COMMAND
  - d. MEDICAL will assign Triage, Treatment, and Transport if not already done by COMMAND
  - e. MEDICAL will provide a CAN (Conditions / Actions / Needs) Report to COMMAND as needed or when requested
  - f. Refer to [Medical Group Supervisor Checklist](#)
  
3. TRIAGE UNIT LEADER – Call sign TRIAGE.
  - a. TRIAGE will likely be the officer of a first arriving apparatus and reports to MEDICAL.
  - b. How and when triage is completed will be dependent on each individual incident.
  - c. TRIAGE will also supervise the teams of personnel assigned to them by MEDICAL, for extraction/movement of patients triaged RED and YELLOW to transport units or to treatment areas.
  - d. Refer to [Triage Unit Leader Checklist](#)
  
4. TREATMENT UNIT LEADER – Call sign TREATMENT.
  - a. TREATMENT should be assigned by MEDICAL and reports to MEDICAL
  - b. TREATMENT will prepare to receive patients and set up the treatment area with appropriate flags, tarps, or cones and medical supplies and equipment.
  - c. TREATMENT will request additional resources through MEDICAL
  - d. Patient triage and tracking bands should be completed whenever possible and affixed to the patients arm, wrist, or ankle prior to transport.
  - e. Refer to [Treatment Unit Leader Checklist](#)
  
5. TRANSPORT UNIT LEADER – Call sign TRANSPORT.
  - a. TRANSPORT will likely be a company officer assigned by MEDICAL and reports to MEDICAL.
  - b. The driver of the assigned company shall assist TRANSPORT with communication and documentation.
  - c. TRANSPORT will be responsible for the transfer of patients from the scene to hospitals.
  - d. TRANSPORT will work with MEDICAL to identify access or egress routes for all transport units and coordinate the tracking, loading, and transporting of all patients from the scene.
  - e. TRANSPORT will initiate communication with Hospital Control (or Regional DMCC if activated)
  - f. Refer to [Transport Unit Leader Checklist](#)

6. STAGING MANAGER – Call sign STAGING.
  - a. Fire apparatus and EMS transport resources may have separate staging locations.
  - b. Fire staging will likely be assigned by COMMAND and report to COMMAND
  - c. EMS staging will likely be assigned by COMMAND and report to MEDICAL/TRANSPORT
  - d. STAGING is responsible for fire apparatus and transport unit staging and will direct appropriate units as requested by COMMAND, OPERATIONS, or MEDICAL or TRANSPORT.
  - e. STAGING will update MEDICAL/TRANSPORT as to the transport units available and/or needed.
  - f. Refer to [Staging Manager Checklist](#)
  
7. LANDING ZONE COORDINATOR – Call sign LZ
  - a. Assigned by COMMAND or MEDICAL and reports to MEDICAL/TRANSPORT.
  - b. LZ will setup an appropriate landing zone based on air ambulance provider requirements (daytime or nighttime)
  - c. LZ will maintain a safe perimeter around designated landing zone and monitor SKAGIT AIR/TAC for inbound air ambulances.
  - d. LZ will provide air ambulance with an initial landing zone report using the acronym SO WHAT:  
(S) Suitability            (W) Winds  
(O) Obstructions        (H) Height of Obstructions  
   (A) Axis of Landing  
   (T) Terrain
  - e. LZ will notify the pilot immediately if an unsafe situation develops and use the terminology ABORT LANDING.
  - f. LZ will maintain safety perimeter around landing zone and monitor SKAGIT AIR/TAC until patient has been loaded, air ambulance has lifted off, and departed from view.
  - g. Refer to [Landing Zone Coordinator Checklist](#)
  
8. SAFETY OFFICER – Call sign SAFETY.
  - a. Assigned by COMMAND and reports to COMMAND.
  - b. SAFETY will be assigned as deemed necessary and as personnel allow.
  - c. SAFETY will assume the power and authority to identify, control, and intercede with any portion of the incident which they deem to be unsafe.
  - d. SAFETY will notify COMMAND immediately of any such situations and only allow efforts to continue after appropriate resolution.
  - e. Refer to [Safety Officer Checklist](#)
  
9. RESCUE GROUP SUPERVISOR – Call sign RESCUE.
  - a. Assigned by COMMAND and reports to COMMAND.
  - b. RESCUE will be assigned as deemed necessary and as personnel allow.
  - c. RESCUE will assume the responsibility of patient extrication
  - d. Refer to [Rescue Group Supervisor Checklist](#)

# ICS INCIDENT ORGANIZATION CHART



**LETTER OF AUTHORITY / APPROVALS**

*Matthew F. Russell*

---

Matthew F. Russell, MD, MPD  
Skagit County EMS

*J.P.*

---

Josh Pelonio, Director  
Skagit County EMS

The Skagit County MCI Plan January 2024 Update is approved as to form on February 6, 2024 by vote of the members present at the regular meeting of the Skagit County Fire Chiefs Association.

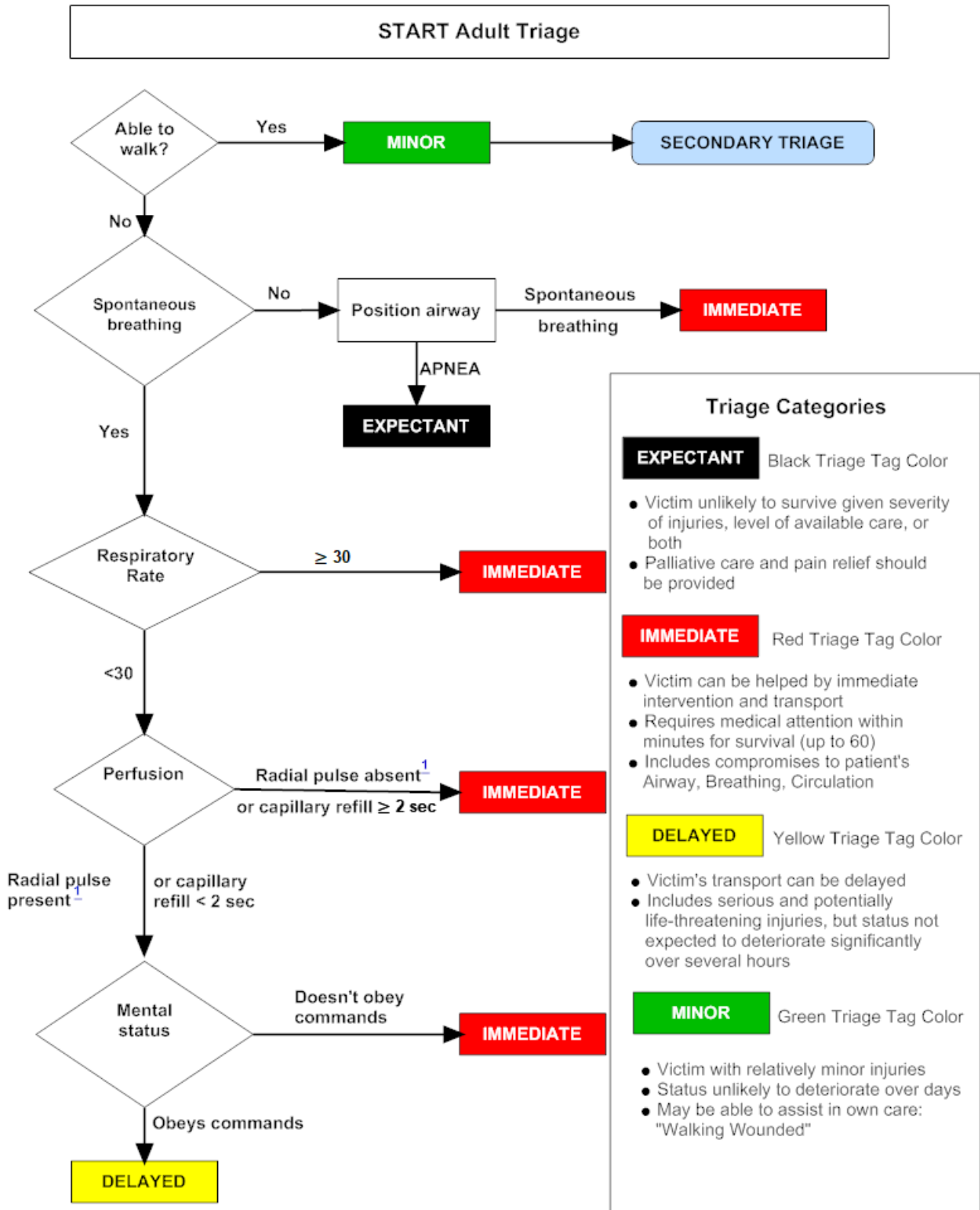
This plan should be incorporated as part of the Skagit County Fire Resource Plan.

*David Skrinde*

---

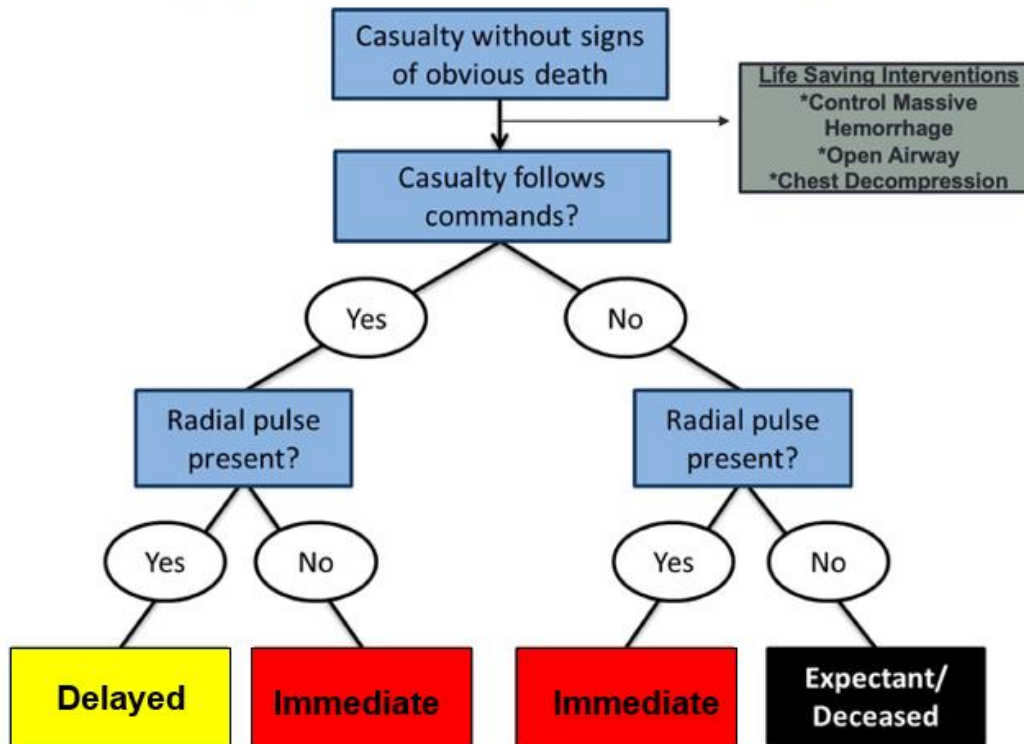
David Skrinde, President  
Skagit County Fire Chiefs Association

## APPENDIX A: Simple Triage and Rapid Treatment (START) Triage



# RAMP Triage Model

(Rapid Assessment of Mentation and Pulse)



# APPENDIX C: LASER STAT BAND TRIAGE AND TRACKING WRISTBAND



## APPENDIX D: TRANSPORTATION LOG

Incident Location:						Date:		Operational Period:			
#	TAG #	LAST NAME	FIRST NAME	AGE	GENDER	INJURIES/ILLNESSES	DESTINATION	CAT	EMS UNIT	TIME	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
Transportation Officer Name:						Agency:		Contact #:			

**APPENDIX E: DMCC Transport Destination Assignments Worksheet**

	CAN TAKE			SENT		
Hospital	G	Y	R	G	Y	R
Skagit Valley Hospital 360-428-2214						
United General Hospital 360-856-7606						
Island Hospital 360-299-1311						
St. Joseph 360-738-6765						
Providence Everett 425-404-5601						
Cascade Valley Hospital						
Harborview Medical Center 206-744-4047						
Seattle Children's 206-987-2222						
Whidbey Health Oak Harbor						

## FIRST UNIT ON SCENE CHECKLIST

### 1. Safety Assessment. Assess the scene observing for:

- Electrical hazards
- Flammable liquids
- Hazardous materials
- Fire
- Active threat/violence
- Traffic hazards
- Other potentially life-threatening situations

### 2. Scene Size-Up. How big and how bad is it? Survey incident scene for:

- Type and/or cause of incident
- Approximate number of patients (can be updated as needed later)
- Approximate severity level of injuries
- Area involved, including any potential scene access or egress issues

### 3. Send Information:

- Provide scene size-up over the radio for dispatch and incoming resources
- Establish command or defer to next incoming unit and begin triage
- Request any additional resources needed
  - Ground and air ambulance transport units, busses, etc
- Establish off-site staging area early
  - Consider staging transport and non-transport apparatus separately
- Establish and announce transport corridor and landing zone locations early, if needed

### 4. Setup Scene for Management of Casualties:

- Assign Staging Manager if possible
- Identify and announce adequate locations for command post, triage, treatment, and transport

### 5. Initiate (or assign) Triage:

- Begin where you are
- Ask anyone who can walk to move to a designated area
- Move quickly from patient to patient
- Maintain patient count and periodically update Command and/or Medical once established
- Provide only minimal, life-saving interventions
- Keep moving!

## INCIDENT COMMANDER CHECKLIST – Call sign COMMAND

**Mission:** Responsible for the overall management and coordination of personnel and resources responding to the incident.

**Tasks:**

- Assumes command and announces command name and command post location
- Don Incident Commander vest
- Request separate radio channel for Medical Group if needed
- Identify potentially hazardous conditions
- Assess current situation
- Estimate number of patients
- Request additional resources as appropriate
- Notify hospital control or activate DMCC (or defer to Medical Group Sup once assigned)
  - [Skagit Valley Hospital 360-428-2214](tel:360-428-2214)
  - [Providence General Medical Center Everett 425-404-5601](tel:425-404-5601)
  - [PeaceHealth St. Joseph Medical Center Bellingham 360-738-6765](tel:360-738-6765)
- Initiate, maintain, and control communications
  - Assign aide to assist with monitoring radio traffic, if possible
- Assign additional ICS positions and issue appropriate title vests
- Assign and direct resources
- Request CAN reports as needed (Conditions / Actions / Needs)
- Track current resources committed
- Develop, implement, evaluate, and revise operational plans as needed
- Coordinate with other agencies
- Control and facilitate media relations until a PIO is assigned/arrives on scene

Name / Call Sign	Position	Radio Channel
	<b>STAGING</b> Manager	
	<b>MEDICAL</b> Group Supervisor	
	<b>RESCUE</b> Group Supervisor	
	<b>TRIAGE</b> Unit Leader	
	<b>TREATMENT</b> Unit Leader	
	<b>TRANSPORT</b> Unit Leader	
	<b>LANDING ZONE</b> Coordinator	
	<b>SAFETY</b> Officer	
	<b>PIO</b>	
	<b>FIRE</b> Group Supervisor	
	<b>LAW</b> Group Supervisor	

**HELPFUL HINTS**

- Use a mobile radio when possible
- Many units will be coming so be sure to stage them at off-site location
- Assign a STAGING area manager early on to handle this for you, if possible
- Remember ICS concepts – You cannot do it all yourself!
- As tasks are completed, move people on to other tasks

**NOTE:** If Incident Commander is also acting as the Medical Group Supervisor, See Medical Group Supervisor Checklist.

## MEDICAL GROUP SUPERVISOR CHECKLIST – Call sign MEDICAL

**Mission:** Provide supervision and coordination of medical aspects of the incident including but not limited to: extrication/casualty collection, triage, treatment, transport, and patient tracking/documentation of all patients.

**Tasks:**

- Report to and provide periodic CAN (Conditions / Actions / Needs) reports to COMMAND (or OPERATIONS, if established). MEDICAL role may be retained by COMMAND on smaller incidents.
- Locate in visible position
- Don Medical Group Supervisor vest
- Request through COMMAND a separate radio channel for Medical Group if needed
- Assume responsibility of MEDICAL group
- Update patient count as needed
- Coordinate, direct, and manage all MEDICAL group operations
- Account for all personnel and resources assigned to MEDICAL
- Request additional resources through COMMAND as needed
- Monitor safety and welfare of group personnel. Consider relief crews.
- Contact hospital control or activate DMCC for patient transport destination support  
[Skagit Valley Hospital 360-428-2214](tel:360-428-2214)  
[Providence General Medical Center Everett 425-404-5601](tel:425-404-5601)  
[PeaceHealth St. Joseph Medical Center Bellingham 360-738-6765](tel:360-738-6765)
- 
- Oversee patient tracking/documentation (retained or assigned to TRANSPORT)
- Assign MEDICAL group leaders and support personnel:

Name / Call Sign	Position	Radio Channel
	<b>STAGING</b> Manager	
	<b>RESCUE</b> Group Supervisor	
	<b>TRIAGE</b> Unit Leader	
	<b>TREATMENT</b> Unit Leader	
	<b>TRANSPORT</b> Unit Leader	
	<b>LANDING ZONE</b> Coordinator	
	<b>SAFETY</b> Officer	
	<b>PIO</b>	
	<b>FIRE</b> Group Supervisor	
	<b>LAW</b> Group Supervisor	

Area	Location
Staging – Transport Units:	
Staging – Fire Apparatus:	
Triage:	
Treatment:	
Transport Corridor:	
Landing Zone:	
Family Re-Unification:	

## RESCUE GROUP SUPERVISOR CHECKLIST – Call sign RESCUE

**Mission:** Provide supervision and coordination of safe and rapid removal of entrapped patients and their prompt delivery to treatment (or transport) area.

### **Tasks:**

- Report to and provide periodic CAN (Conditions / Actions / Needs) reports to COMMAND and MEDICAL as needed
- Don Rescue Group Supervisor vest
- Locate in visible position with clear view of overall extrication operation
- Supervise and coordinate the extrication process
- Determine if triage can be conducted at the incident site or if patients must be moved to a safe area prior to triage
- Ensure locate and remove trapped patients and deliver them to treatment (or transport) area
- Determine need for emergency medical care for patients undergoing extended/delayed extrication and request additional resources from MEDICAL as needed
- Maintain patient and team safety during all phases of extrication process
- Request relief crews as needed to maintain progress toward extrication objectives
- Request from COMMAND additional manpower and/or fire suppression personnel to protect entrapped victims during the extrication process

### **HELPFUL HINTS**

- **If in hazardous area, extricate patients rapidly and move to treatment area**
- **Maintain close contact with MEDICAL**
- **Assist in movement to treatment area of all RED tags first**
- **Do not move deceased individuals unless necessary to access a survivor**

## **TRIAGE UNIT LEADER CHECKLIST – Call sign TRIAGE**

**Mission:** Assess and sort patients to appropriately establish priorities for treatment and transportation.

### **Tasks:**

- Report to and provide periodic CAN (Conditions / Actions / Needs) reports to COMMAND (or MEDICAL if established)
- Don Triage Unit Leader vest
- Locate in visible position between the incident site and the treatment area
- If danger exists, ensure all patients are moved out of incident area before initiating triage
- Establish controlled pathway (“funnel point”) from the incident site to triage/treatment area
- Direct walking wounded to designated area (consider use of a bus, if available)
- If triage not yet initiated by first arriving unit, assign triage teams to perform triage utilizing triage tape/ribbons
- Continue to use triage algorithm until initial triage is completed
- Coordinate the movement of patients to TREATMENT
- Request manpower from COMMAND (or MEDICAL, if established)
  - Utilize RESCUE group personnel, if available, to assist
- Maintain communications with COMMAND (or MEDICAL, if established)

### **HELPFUL HINTS**

- **Triage tape/ribbons should be used for initial triage**
- **Continue triage until all patients have been triaged**
- **Once initial triage has been completed: Move all RED patients to directly to TRANSPORT if available, otherwise to the TREATMENT area.**
- **Secondary triage should be completed at the TREATMENT area**
- **Move all YELLOW patients next**
- **Leave all BLACK tag patients in place unless the remains interfere with ability to access survivors**
- **Patient triage and tracking bands should be applied in TREATMENT**

## **TREATMENT UNIT LEADER CHECKLIST – Call sign TREATMENT**

**Mission:** Provide continuing assessment, triage, and care to patients awaiting transportation.

### **Tasks:**

- Report to and provide periodic CAN (Conditions / Actions / Needs) reports to COMMAND (or MEDICAL if established)
- Don Treatment Unit Leader vest
- Locate in a visible position
- Establish treatment area
- Initiate secondary triage and re-triage as needed
- Apply patient triage and tracking bands as patients enter the treatment area
- Appoint RED, YELLOW, and GREEN care managers as needed
- Determine order of transfer of patients and most appropriate transport
- Continuously re-assess patient condition and priorities
- Appoint a MORGUE manager, if needed

### **HELPFUL HINTS**

- **Arrange and clearly mark TREATMENT AREA (use tarps, flags, or cones if available)**
- **Have GREEN patients “walking wounded” moved to a supervised, out of the way area (consider the use of a bus, if available)**
- **Continuously triage ALL patients. Remove ribbons once patient triage and tracking bands applied since patient condition may have changed from initial ribbon color assignment**
- **Assign Paramedics to TREATMENT AREA**
- **Consider establishing special teams (IV team, bandaging team, etc.)**
- **Maintain contact with TRANSPORT and assist with moving patients to the transportation area**
- **Ensure funnel point is staffed with triage personnel as “gatekeepers” at entrance to and exit from TREATMENT area to control patient flow**

## **TRANSPORT UNIT LEADER CHECKLIST - Call sign TRANSPORT**

**Mission:** Coordinate and document all patient transportation and maintain records relating to patient injuries as noted on patient triage and tracking band.

### **Tasks:**

- Report to and provide periodic CAN (Conditions / Actions / Needs) reports to COMMAND (or MEDICAL if established)
- Don Transport Unit Leader vest
- Locate in a visible location
- If not already done, establish STAGING area for transport ambulances and instruct drivers to remain with vehicles
- If not already done, assign LANDING ZONE COORDINATOR to establish landing zone
- Arrange transport for patients in coordination with TREATMENT
- Utilize available transport modes based on patient needs and capabilities at the STAGING AREA
- Inform transport crews of their assigned patient destination, and whether they should return to the scene after transport or not
- Remind crews they do not need to re-contact the receiving facility (this should be done by COMMAND or MEDICAL, if established)
- Document patient and unit movement and destinations
- Maintain close communication with COMMAND (or MEDICAL, if established) and LANDING ZONE.

### **HELPFUL HINTS**

- **Ensure that transport ambulances are parked to allow easy patient loading and egress without being blocked by other ambulances**
- **Load all RED patients first and then proceed to YELLOW patients**

## LANDING ZONE COORDINATOR CHECKLIST – Call sign LZ

**Mission:** Establish an appropriate helicopter landing zone, maintain a safe perimeter during landing, patient loading, and liftoff, and coordinate with incoming air assets on SKAGIT AIR/TAC (155.1375/PL 136.5)

Life Flight Network Dispatch: 1-800-232-0911

Airlift Northwest Dispatch: 1-800-426-2430

### **Tasks:**

- Report to and provide periodic CAN (Conditions / Actions / Needs) reports to COMMAND (or MEDICAL if established)
- Don LANDING ZONE vest
- Select an appropriate landing zone
  - 100x100 area marked with 4 cones (daytime) or strobes (nighttime) if available
  - Surface: flat or slope of <5 degrees, free of loose debris and animals
  - Loose dirt may need to be watered down
  - Keep all bystanders at least 100' away from aircraft at all times
- Make contact with incoming aircraft on SKAGIT AIR/TAC and provide radio report:
  - Advise aircraft when you have them in sight
  - Describe LZ location and how it is marked using acronym **SO WHAT**
    - (S) Suitability (W) Winds
    - (O) Obstructions (H) Height of obstructions
    - (A) Axis of landing
    - (T) Terrain
  - Minimize radio traffic when aircraft is on final approach
  - If an imminent hazard is observed while aircraft is on final approach, immediately transmit "ABORT LANDING"
  - Keep radio frequency open until aircraft departs and is out of sight
- Ensure LZ safety
  - Never approach or allow others to approach aircraft unless directed by flight crew
  - Stay clear of tail rotor at all times
  - Never direct bright lights toward the aircraft
  - Follow flight crew instructions
  - Secure all loose objects in LZ (ballcaps/blankets)
  - Protect eyes from blowing dirt and debris (helmet and eye pro should be worn)
- Coordinate with TRANSPORT the loading of patients to be transported by air ambulance

## **SAFETY OFFICER CHECKLIST – Call sign SAFETY**

**Mission:** Monitor and assess for hazardous and unsafe conditions and develop measures for ensuring personnel and scene safety.

### **Tasks:**

- Report to COMMAND
- Don SAFETY OFFICER vest
- Provide a ring of safety around the incident
- Monitor incident radio traffic
- Take immediate corrective action or stop unsafe actions or practices
- Ensure bloodborne pathogens precautions are taken
- Notify COMMAND if unsafe situations or conditions are observed
- Constantly scan the rescue ground for:
  - Unsafe practices
  - Appropriate use of personal protective equipment
  - Need for relief crews
  - Need for personnel rehab
- Observe structural integrity
- Consider setting up safety teams with safety officers for Haz Mat, etc.
- Monitor hazardous/toxic environments and exposure levels of emergency personnel
- Investigates injuries to personnel and ensures proper levels of care provided
- Assures the personnel accountability system is in place and operating effectively

## STAGING AREA MANAGER CHECKLIST – Call sign STAGING

**Mission:** Maintain status of available personnel and resources (transport, fire suppression, rescue, etc.) at staging area away from the incident scene.

**Tasks:**

- Report to COMMAND
- Don STAGING vest
- Provide appropriate staffing, vehicles, equipment and supplies as necessary and requested by COMMAND or MEDICAL
- Instruct all personnel to remain with their vehicles until assigned
- Control and document all resources entering and leaving the STAGING area
- Ensure unimpeded access and egress to and from the STAGING area
- Coordinate with law enforcement for STAGING area security as needed
- Monitor incident radio traffic

Name / Call Sign	Position	Radio Channel
	<b>STAGING</b> Manager	
	<b>MEDICAL</b> Group Supervisor	
	<b>RESCUE</b> Group Supervisor	
	<b>TRIAGE</b> Unit Leader	
	<b>TREATMENT</b> Unit Leader	
	<b>TRANSPORT</b> Unit Leader	
	<b>LANDING ZONE</b> Coordinator	
	<b>SAFETY</b> Officer	
	<b>PIO</b>	
	<b>FIRE</b> Group Supervisor	
	<b>LAW</b> Group Supervisor	

**HELPFUL HINTS**

- **Maintain communications with COMMAND and TRANSPORT**
- **Use a mobile radio when possible to communicate with incoming units**
- **Size of incident may require that a separate AMBULANCE STAGING AREA be established**
- **Direct transport crews to leave stretchers in ambulances unless needed for patient movement**

## **PUBLIC INFORMATION OFFICER CHECKLIST – Call sign PIO**

**Mission:** Disseminate factual and timely reports to the news media concerning the nature and extent of the incident, emergency medical care, and treatment and transport of victims, and family reunification.

### **Tasks:**

- Report to COMMAND
- Don PIO vest
- Contact COMMAND for briefing
- Develop complete and accurate information regarding the incident
- Establish media area away from the COMMAND POST
- Establish Joint Information Center (JIC) with other agency PIOs if needed
- Coordinate public messaging with other agency PIOs
- Act as liaison to the press
- COMMAND may perform the PIO functions unless or until an appropriate PIO arrives on scene
  - NAMES OF PATIENTS SHOULD NEVER BE RELEASED TO MEDIA
- The media should be given:
  - Time of incident
  - Type of incident
  - Extent of incident
  - Location of incident
  - Responding agencies
  - # of personnel on scene
  - Rescue efforts underway
  - Approximate # of people injured