

INITIAL “ON-SCENE” PRIORITIES

The first arriving unit on scene will survey the incident and provide an initial “report of conditions” to the dispatch center. This initial report is sometimes called a “windshield sizeup”.

Once Command is established and a more thorough situation assessment/sizeup has been completed, Command shall provide an “updated report of conditions,” confirm that a “Multi-Casualty Incident” exists and provide the following information:

1. Agency calling.
2. Name and position of caller.
3. Type of incident (bus accident, aircraft accident, explosion, etc.).
4. Name of Incident.
5. Confirmation of location of incident.
6. Approximate number of casualties by triage category (red, yellow, green, black).
7. Unusual circumstances or hazardous conditions, e.g., WMD.
8. Command Post location.
9. Type and number of additional resources or special equipment needed.
10. Best access and Staging Area(s) location.

The dispatch center shall coordinate notification and dispatch of required agencies and resources including notification of the Disaster Medical Coordination Center (DMCC). The Spokane Regional Health District (SRHD) shall be notified in events where a public health threat exists.

Recognized standard procedures and action priorities guide on-scene operations. The underlying principle is “don’t make it worse”. The safety of responders, victims and bystanders is of primary importance.

Initial action should include the following steps:

1. Establish Command and give a preliminary report of conditions to dispatch.
2. Identify hazards and determine needs to control or eliminate them. Take immediate action to isolate and deny access (Site Access Control) or mitigate the hazard as necessary to prevent additional injuries. Consider possibility of terrorist attack (WMD, secondary device).
3. Designate a START Triage Team Leader and conduct START primary survey triage on all victims.
4. Establish in a safe area, a recognizable and accessible:
 - Command Post
 - Treatment Area
5. Give an updated report on conditions.
6. Request additional resources.
7. Initiate ICS 201 or similar tactical worksheet.

Upon the arrival of an EMS vehicle (generally an ambulance or ambulance supervisor) with HEAR capability:

1. Establish medical communications with the Disaster Medical Coordination Center (DMCC) on the HEAR channel and fill the role of Medical Communications Coordinator (generally done by an EMT).
2. Fill the role of Treatment Unit Leader and manage the Treatment Area. Perform secondary triage (confirmation of START primary triage) on all patients brought to the treatment area (generally done by a paramedic).

SECONDARY “ON-SCENE” PRIORITIES

Secondary on-scene priorities depend upon the situation and on patient care numbers and needs. The general principle is to “match the resource assignments to the priority need.” This