## 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

means that needs must be identified and prioritized, then assign appropriate resources to meet the needs.

Command should generally:

1. Establish traffic control as needed for scene safety.
2. Initiate extrication and movement of patients to a safe treatment area.
3. Initiate emergency decontamination of victims as needed.
4. Establish a Staging Area (if not already done).
5. Move medical equipment and supplies forward to the Treatment Area.
6. Designate an Ambulance Manager and identify an ambulance-loading zone accessible to the Treatment Area.
7. Establish a Helispot in a safe and appropriate area if helicopter ambulance has been requested.
8. Designate Groups, Divisions and or Branches as needed.
9. Assign resources to build an organization of sufficient size to deal with the situation.

The Medical Group Supervisor should:

1. Ensure decontamination of all contaminated patients prior to moving to the treatment area (may require coordination with public health).
2. Ensure secondary triage of all casualties.
3. Sub-divide the Treatment Area into Immediate, Delayed and Minor areas as appropriate and request sufficient personnel to provide priority treatment of casualties (fire personnel with EMS training may need to be assigned to the Treatment Area as ambulance crews will be needed to transport victims).
4. Ensure the priority transport of casualties to appropriate medical facilities.

All responders dispatched after the initial alarm should respond to an approved ICS check-in location or designated Staging Area(s) and receive an assignment. Taking independent action (free-lancing) is often unsafe and is always unacceptable. Therefore, involved dispatch agencies must inter-communicate and relay the location of the Command Post and Staging Area(s) to their respective responders.

**Contaminated patients must undergo Emergency Decontamination** prior to movement into the treatment area. In no case should a contaminated patient be transported from the scene prior to decontamination.

If the incident involves a communicable disease or other public health threat the medical director, in coordination with public health, will provide advice as appropriate decontamination.

Personnel assigned to the treatment areas will perform a secondary exam and complete any required information on the triage tag. Paramedics are not required to follow the START protocol during secondary and subsequent triage.

## AIR AMBULANCE TRANSPORTATION

Air ambulance transportation at the emergency scene is generally done by helicopter. A safe landing zone must be established and maintained throughout helicopter landing and take-off operations. ICS formally calls this position a Helispot Manager and describes the primary function as follows:

a. Helispot Manager: Establish a safe Helicopter Landing Zone (LZ) and coordinate landing, loading and take-off of helicopter ambulances.

The IC is responsible to ensure that a safe and appropriate location is selected and marked for the LZ. An engine company should be assigned to this task. Personnel must be familiar with