

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

procedures used to establish an LZ and should be in full protective clothing with charged lines in place. Dusty areas should be wet down prior to helicopter arrival. Helicopters will communicate during landing, while on the ground and during take-off with a designated person at the incident (Helispot Manager) using an assigned frequency.

The primary communications frequencies for medical helicopters responding to a major medical incident will be 123.050 on Unicom. This frequency will be monitored by Northwest Medstar Communications Center which is staffed 24-7. Medstar Communications Center is responsible to coordinate:

- a. Changes in patient destination through the Disaster Medical Hospital Control.
- b. Patient reports to the receiving facility.
- c. Helipad availability.
- d. Serve as the communications link between aircraft crewmembers and the Disaster Medical Coordination Center (located at Deaconess Medical Center Emergency Room).

### **DISASTER MEDICAL COORDINATION CENTER (DMCC)**

The role of the DMCC is to gather information from area hospitals and attempt to initially place patients at the facility most appropriately able to care for them in the most efficient amount of time. Additionally, the DMCC system aims to minimize secondary transfers. If the incident involves a communicable disease or other public health threat the medical director, in coordination with public health, will provide advice to the DMCC on distribution of multi-casualty patients.

Deaconess Medical Center is designated the DMCC in Spokane County. In the event Deaconess Hospital cannot fulfill the DMCC role, Holy Family Hospital will assume the lead DMCC role.

Upon notification of a MCI the designated DMCC has the following responsibilities:

- a. Notifies hospitals as necessary using WATrac and other communication systems as needed.
- b. Determines / updates the number of casualties by contacting the scene (if this information isn't provided in the initial notification).
- c. Initiates request for all hospitals to update current bed status using WATrac.
- d. Receives Facility Situation Reports from hospitals via WATrac or fax on an hourly basis, or requests more frequent updates.
- e. Coordinates patient destination from scene per local protocol using MCI Patient Triage Distribution List.
- f. Notifies Inland Northwest Blood Center as necessary.
- g. Coordinates with local / regional EOC / ECC, local health jurisdiction, etc. as necessary to ensure patient care.
- h. Coordinates with the specific county Medical Program Director (MPD) and the EOC / ECC if forward movement of patients is required or if additional resources are needed.
- i. In the event of a National Disaster Medical System (NDMS) disaster, coordinates with Harborview Medical Center, the west side DMCC.

### **COMMUNICATIONS**

- a. Radio communications will be in accordance with Spokane County mutual aid radio procedures.
- b. The first arriving ambulance or ambulance supervisor equipped with HEAR radio capability will be designated the Medical Communications Coordinator (Med Com) and will contact the Disaster Medical Coordination Center on the HEAR channel (155.340).