

# KITTITAS COUNTY, WASHINGTON

## COMPREHENSIVE EMERGENCY MANAGEMENT PLAN

### EMERGENCY SUPPORT FUNCTION 8

#### \*\* PUBLIC HEALTH & MEDICAL SERVICES \*\*

**PRIMARY AGENCY:** Kittitas County Health Officer  
Kittitas County Health Department  
Kittitas County Coroner  
Kittitas Valley Community Hospital (KVCH)

**SUPPORT AGENCIES:** Emergency Medical Services Council  
Kittitas County Emergency Management  
Kittitas Valley Fire and Rescue  
Upper County Medic One  
Area Skilled Nursing Facilities  
Local Area Medical Clinics (including CWU Medical Clinic)  
Area Fire Services  
Kittitas County Chapter of the American Red Cross (KCC-ARC)  
Central Washington Comprehensive Mental Health

#### I. INTRODUCTION

**A. Purpose**

This support function provides for coordination of health and emergency medical services during times of emergency or disaster.

**B. Scope**

This support function applies to all agencies performing health and emergency medical services, including mental health and mortuary services, and provides the concepts that they will function under.

#### II. POLICIES

Medical response to emergencies or disaster will follow accepted and appropriate RCW protocols.

#### III. SITUATION

**A. Emergency/Disaster Hazards and Conditions**

Natural or technological disasters, such as might occur from damage to the infrastructure and roadways, could affect the response from health and emergency medical response.

A pandemic incident may also severely restrict response from health and emergency medical organizations. This may overwhelm hospital capacity.

A mass casualty incident (such as a passenger train derailment) could also affect responses if local resources become overwhelmed. (See *Appendix A Mass Casualty Incident Plan*)

The Emergency Response Plan for Medical Emergencies/Terrorist Events, which is an addendum at the end of this Comprehensive Emergency Management Plan, is available on a need-to-know basis through the Kittitas County Sheriff's Office.

**B. Planning Assumptions**

1. Local emergency medical resources will become overwhelmed in any large scale event.
2. The only hospital in this area could be affected by a disaster situation.
3. Kittitas County has no large-scale mortuary storage capabilities.
4. There is a Level IV Critical Access hospital in the county. The closest Level III trauma facilities are Yakima Regional Medical Center and Yakima Valley Memorial Hospital. The closest Level I trauma facility is Harborview Medical Center.

**IV. CONCEPTS OF OPERATIONS**

**A. General**

1. The primary objective of emergency medical service is to provide plans and methodologies for prompt and continuous emergency life support to victims of emergencies and disasters.
2. Kittitas County Emergency Management will coordinate logistics support for emergency medical services upon request.
3. Kittitas Valley Community Hospital (KVCH) is the local hospital. In the event that KVCH is unable to provide services, facilities that can provide assistance are:
  - a. Kittitas Valley Clinic in Ellensburg
  - b. Cle Elum Emergency Medical Center
  - c. Central Washington University Medical Clinic

NOTE: The above facilities are limited in their capabilities. Depending upon the situation, request for state support may be necessary.

4. The local crisis incident stress team from Central Washington Comprehensive Mental Health, in conjunction with the Kittitas County Chapter of the American Red Cross (KCC-ARC), will coordinate counseling for emergency workers and disaster victims.

5. Emergency medical care at shelters (including ensuring appropriate care) will follow the KCC-ARC shelter/mass care plan.
6. The Kittitas Health Department is responsible for dealing with situations involving communicable diseases and all other public health issues. This includes but is not limited to:
  - a. Enforcing (through the local health officer) public health statutes of Washington State and the rules promulgated by the board of health and the secretary of state.
  - b. Supervising the maintenance of all health and sanitary measures within its jurisdiction for the protection of the public health.
  - c. Enacting necessary local rules and regulations to preserve, promote, and improve the public health and the enforcement thereof.
  - d. Providing for the control and preservation of any dangerous, contagious, or infectious diseases within the jurisdiction of the local health department.
  - e. Providing for the prevention, control, and abatement of nuisances detrimental to public health.
  - f. Making reports required by the state board of health through the local health officer or the administrative officer.
  - g. Coordinating programs for the mitigation of public health hazards.
  - h. Monitoring and assuring safe drinking water supply.
  - i. Acting as an advisor to the hazardous materials incident command agencies on personnel protection, public health, situation assessment, environmental impacts, and identification of unknown products.
  - j. Coordinating radiation monitoring with the state department of health.
  - k. Establishing and monitoring emergency environmental health standards for public shelters and/or congregate care facilities.
  - l. Coordinating emergency sanitation support.
  - m. Providing information to the public about food contamination and proper handling and the distribution and conservation of safe drinking water.
  - n. Monitoring food preparation at the point of consumption and emergency water supplies for compliance with applicable standards.
  - o. Coordinating emergency health support specific to the control of communicable diseases, emergency food services, sanitation needs, and emergency medical services.
  - p. Providing for the identification and preservation of essential health department records.
  - q. Public Health will coordinate all mass immunization programs.
7. The Kittitas County coroner is responsible for the operation and coordination of temporary morgues. This can be done by using either existing morgues or local cold storage warehouses, as appropriate. The coroner also coordinates with local funeral homes to handle mass fatalities, provide death certificates, and assure vital data is recorded and burial-transport permits are appropriately issued. See *Appendix B Region 7 Mass Fatality Incident Plan*.
8. The mass care plan of the KCC-ARC establishes the coordination of crisis counseling and other appropriate functions.

**B. Organization**

Although these agencies are independent of each other, they need to coordinate issues together. They set the standards for coordinated response to an emergency or disaster for the response of emergency medical organizations and hospitals. The concept of response follows National Incident Management System (NIMS)

**C. Procedures**

Each organization affected by this ESF is responsible for developing and following its own internal standard operating procedures (SOPs) for responding to an incident. The response must follow the concepts of the NIMS. When appropriate, a representative from one of the primary agencies will be assigned to the EOC to coordinate issues related to health and emergency medical services.

**D. Mitigation Activities**

Other than facilities being fitted to withstand disasters, mitigation for this ESF will fall under preparedness.

**E. Preparedness Activities:**

1. The Emergency Medical Program Director ensures:
  - a. The current training and certification program for EMS field personnel is within the guidelines of accepted protocols.
  - b. The appropriate training for mass causality response is carried out in an appropriate manner.
  - c. That appropriate EMS agencies develop and maintain standard operating procedures (SOPs).
2. Emergency Medical Services Council:
  - a. Identifies and educates EMS agencies on the required EMS equipment for licenses/verified ambulance and aid services and coordinates this information with Emergency Management.
  - b. Assists in the delivery of mass casualty training for EMS providers.
3. Kittitas County Coroner:
  - a. Develop and maintain liaison with local funeral directors.
  - b. Establish sites that can be used for temporary morgues for mass casualty incidents.
  - c. Develop and maintain standard operating procedures for action to take for a mass casualty episode.
4. Ambulance Services:
  - a. Develop standard operating procedures for responding to emergencies following the concepts of the Incident Command System as the on-scene emergency medical command during an emergency. This includes how crews are alerted to respond to a disaster.
  - b. Coordinate with the Emergency Medical Program Director regarding operations and training requirements for certification.
  - c. Maintains EMS equipment, communications capabilities, and other resources per WAC license and verification requirements. Agencies self-report.

5. Kittitas Valley Community Hospital, Cle Elum EMS:
  - a. Develop and maintain a disaster plan and mass casualty plan for the hospital and ensure that staff members are appropriately trained in their individual responsibilities.
  - b. Participate in drills and exercises dealing with mass casualty scenarios, as appropriate.
  - c. Maintain mobile decontamination capabilities.
6. Local Fire Services:
  - a. Develop and maintain departmental procedures dealing with emergency medical response and ensure personnel are aware and trained in the procedures.
  - b. Ensure that all personnel have at least a current first aid certification.
  - c. Hold periodic mass casualty drills and exercises.
7. Emergency Management:
  - a. Develop and maintain the Comprehensive Emergency Management Plan for response to disasters.
  - b. Create and hold mass casualty drills and exercises.
  - c. Assist EMS agencies in public preparedness education.
8. Kittitas County Health Department:
  - a. Develop and maintain standard operating procedures dealing with response to disasters for protection of the public health.
  - b. Ensure appropriate personnel are trained to respond to public health emergencies.
9. KCC-ARC and Central Washington Mental Health:
  - a. Develop and maintain mental health response programs to assist the victims of disasters and ensure appropriate staff and volunteers are trained in this response capability.

#### **F. Response Activities**

1. In an actual emergency, all responding emergency medical organizations are responsible for:
  - a. Documenting expenditures for all disaster or emergency related obligations for auditing and reimbursement purposes.
  - b. Documenting all actions taken and reason for those actions being taken.
  - c. Coordinating vital statistics, public information, and technical assistance.
  - d. Providing resources and specialized support functions as agreed upon or provided for in mutual assistance agreements.
  - e. Alerting staff (by agency's procedures) and briefing them of the situation.
  - f. Reviewing plans and procedures and assuring personnel are informed of existing or revised procedures.
  - g. Coordinating needs for augmentation of resources with Kittitas County Emergency Management.
  - h. Conducting emergency operations.

In addition to the above, the agencies listed below have additional actions.

2. Emergency Medical Program Director:
  - a. Ensures local EMS agencies cooperate in local response through collaborative planning.
3. Kittitas Valley Community Hospital:
  - a. The sole hospital for Kittitas County.
  - b. Coordinates mass casualty incidents transport plans with field EMS personnel.
  - c. Locates and assigns overflow facilities, as appropriate.
  - d. Coordinates the movement of patients to other facilities, as appropriate.
  - e. Provides for patient care, including mental health needs.
4. Area ambulance services:
  - a. Follow the concepts of the Incident Command System on all responses to emergencies or disasters.
  - b. Mobilize personnel and resources, as appropriate.
  - c. Use the Kittitas County Mass Casualty Incident Plan.
5. Area fire service departments:
  - a. Follow the concepts of the Incident Command System.
  - b. Assist field emergency medical resources, as appropriate, within departmental qualifications.
  - c. Use the Kittitas County Mass Casualty Incident Plan.
6. Emergency Management:
  - a. Coordinates resource requests and obtains additional resources from state and other sources, as appropriate.
  - b. Coordinates information between agencies.
7. Health Department:
  - a. Responds when requested by incident command staff.
  - b. Monitors all conditions that may affect public health.
  - c. Performs field sampling and testing, as appropriate.
  - d. Warns command staff of potential health threats to responders.
  - e. Issues health advisories to the public, as appropriate.
  - f. Coordinates all aspects of quarantine with appropriate agencies and provides public education.
  - g. Locates and assigns quarantine facilities, as appropriate
  - h. Controls flow of medical information from the NIMS to the public.
8. KCC-ARC:
  - a. Establishes mass care operations, when requested by incident command staff.
  - b. Establishes mass care following the concepts of the KCC-ARC Disaster plan.

#### **G. Recovery Activities**

All agencies support recovery activities consistent with their respective mission and capabilities.

**V. RESPONSIBILITIES****A. Primary Agencies**

Coordinate the planning and provision of emergency assistance following a local emergency or disaster. Additionally, these agencies will act as the lead agency during a medical emergency.

**B. Support Agencies**

Provide support to the primary agency in planning for and providing resources in response to an emergency or disaster.

**APPENDIX A  
REGION 7 MASS CASUALTY INCIDENT (MCI) PLAN****Purpose:**

The county wide adopted plan to MCI exists to provide a coordinated and systematic delivery of emergency medical and transport services to county residents. The MCI Plan will integrate the immediate involvement of mutual aid, strike teams and task forces when requested by incident commanders. Boundaries will determine the initial agency in authority.

**Policy:**

It shall be policy when confronted with any multiple casualty incidents to save the greatest possible number of casualties from death or serious disability. This is accomplished by prompt triage, appropriate treatment, and prioritized patient transportation to designated medical facilities.

At any given time, the on-scene incident command officer may, by assessing the current conditions of the emergency, declare a **MASS CASUALTY INCIDENT**.

**Definitions:**

**MCI (Mass Casualty Incident):** An incident that overwhelms the emergency medical system.

**MVI (Multiple Victim Incident):** An incident that overwhelms the prehospital response. Receiving facilities can handle MVIs with early notification.

**TREATMENT AREA:** An area specified by the Incident Commander or Medical Group Supervisor for the treatment of casualties.

**EQUIPMENT POOL:** An area designated by the Incident Commander or Medical Group Command for the gathering of equipment such as backboards, trauma kits, oxygen etc.

**STAGING AREA:** A designated area where vehicles will be held until requested by the Incident Commander. All units responding to the incident shall report to Staging until assigned.

**DMCC (Disaster Medical Control Center):** Kittitas Valley Community Hospital which will provide online medical direction for patient care to pre-hospital care providers.

**TRIAGE:** A categorization system used to medically prioritize victims.

**H.E.A.R. RADIO (Hospital Emergency Administrative Radio):** used to communicate from mobile to hospital and from hospital to hospital.

**CELLULAR PHONE SYSTEM:** May be utilized for mobile or on scene to hospital medical information.

**TRIAGE AREA:** Designated area where the casualties are triaged. This may be the area where the casualties are initially found, or a designated point to where the casualties are transported for appropriate triage.

**TRANSPORTION AREA:** An area that patients are moved to following treatment for transportation to a medical facility.

**FUNNEL POINT:** A central point designated by the Triage Team Leader that every patient filters through prior to movement into the Treatment area. (This location usually is located at the entrance to the treatment area.) Patients will be numbered for tracking and receive a triage ribbon if they have not yet done so.

**TRIAGE TAPE:** Red, Yellow, Green or Black colored surveyors tape is used to medically prioritize each patient. A piece of this tape will be affixed/tied to each patient prior to movement into the treatment area.

**IMS:** Incident Management System shall be implemented for the purpose of establishing an operational structure.

**INCIDENT COMMAND:** The incident command officer will be responsible for the overall orchestration of the emergency incident.

**COMMAND POST:** The position that agencies will function on site to support the incident commander. The command post will function as the unified command post for all agencies.

**MEDIC UNIT:** Designated to identify an ALS staffed and equipped response unit.

**AID UNIT:** Designated title to identify a fire BLS staffed response unit

**AMBULANCE:** Designated title to identify units requested to assist in the transport of victims to hospitals. Ambulance personnel may be utilized at scene operations as necessitated by the event.

**MEDICAL GROUP SUPERVISOR:** Will be in charge of overall medical operations and will report to the Incident commander.

**TRANSPORTATION TEAM LEADER:** will organize and supervise the transportation of all patients to medical facilities.

**TRIAGE TEAM LEADER:** Member charged with organizing the triaging of all patients.

**TREATMENT TEAM LEADER:** Member charged with organizing the treatment area.

**LITTER BEARERS:** Individuals assigned by medical group command to assist in movement of injured patients to the designated triage area.

**STAGING AREA MANAGER:** Individual assigned to coordinate the movement of vehicles as requested by Incident Command.

**Agency / Member Responsibilities:**

**Command and On Scene Operations:** will be the responsibility of the fire department.

**Transportation:** ambulances and fire departments will be primarily responsible for the transport of patients to medical care facilities.

**Security and Evacuation:** law enforcement will be tasked with overall scene security and evacuation.

**Coordination:** Disaster Medical Control Center, KVCH, will assume the responsibility of providing coordination among hospitals in the event of a disaster.

**Public Health:** Kittitas County Health Department is the lead agency for the coordination of public health services.

**Morgue, Identification of the Dead and the Disposition of the Deceased:** The Kittitas County Coroner will manage the deceased victims, including temporary morgue, identification, and disposition of the deceased.

**Terrorism:** The FBI may assume identification responsibilities in accidents involving terrorism.

**Assistance to victims and scene support for responders:** The Red Cross will coordinate with affected families, assisting relatives and friends, and scene support to emergency response personnel. Kittitas County Churches may assist in this role.

**On-Scene Responsibilities:**

The first arriving member(s) shall conduct incident size up, estimated number of patients and initiate action to set up an MCI scene, call for assistance, and notify the IC of all pertinent incident information (i.e. HAZMAT, hazards, etc.). On scene operations will be structured under the National Incident Management System.

**IC:** “COMMAND” will assume overall scene operations pertaining to the emergency incident. Unified Command, communications, resources, authority, and tactical plans will be established through “COMMAND”.

**MEDICAL GROUP SUPERVISOR:** (radio call sign “MED GROUP”) Medical Command will be responsible for the coordination of all medical triage, treatment and

transport. MED GROUP will contact KVCH to declare the MCI, and request to open protocols. MED GROUP will designate triage, treatment and transport areas, and assign person to areas as manpower allows. These assignments should be made verbally to avoid unnecessary radio traffic. MED GROUP will request and update COMMAND regarding the status and needs of the medical operations.

**TRIAGE TEAM LEADER:** (radio call sign “TRIAGE”) TRIAGE, assigned by MED GROUP, will set up the triage area as designated. All patients shall enter the treatment area through triage. Patients will be assessed, numbered, and placed in the appropriate treatment area.

**TREATMENT TEAM LEADER:** (radio call sign “TREATMENT”) TREATMENT, assigned by MED GROUP, will be responsible for the treatment of patients. TREATMENT will set up treatment areas equipment, and prepare to receive triaged patients. On line medical direction will be accomplished through the Base Station hospital as needed by TREATMENT. Treatment tags will be completed for patients and affixed/tied to the triage ribbon prior to transport. TREATMENT will request additional resources through MED GROUP.

**TRANSPORT TEAM LEADER:** (radio call sign “TRANSPORT”) TRANSPORT assigned by MED GROUP, will be responsible for the transfer of patients to receiving hospitals. TRANSPORT will identify access and egress routes, coordinate loading, transporting and registering of all patients. Transport will communicate with the DMCC to determine patient destination, and coordinate transportation through the Treatment Team Leader. TRANSPORT will maintain records of patient’s destination and the transporting agency.

**SAFETY OFFICER:** (radio call sign “SAFETY”) The assignment of the safety officer by command will be made as soon as manpower allows. SAFETY will assume the power and authority to identify, control, and intercede in any portion of the incident which is judged to be a potential threat to the wellbeing of incident scene operations. SAFETY will inform command immediately of any such situation and only allow efforts to continue after the harmful condition/situation is resolved.

**STAGING AREA MANAGER:** (radio call sign “STAGING”) As assigned by COMMAND, the individual responsible for staging will assign companies to the operations as requested by command. STAGING will update COMMAND as to the units available and/or the need for resources to respond to the staging area. STAGING will inform ambulances to the proper access and egress as identified by TRANSPORT.

### **Activation of MCI Plan:**

To activate an MCI plan, the officer in charge of the incident will contact KITTCOM and provide the following information:

- Title or unit number
- Notification that a Mass Casualty Incident exists with approximate patient count. (NOTE: KITTCOM will then notify all appropriate staff per MCI run card.)
- Complicating circumstances (HAZMAT, safety hazards, etc.)
- Any additional resources requested beyond those listed on the MCI cards.

**MCI Cards (see appendix C):**

**HD#1-A (Yellow):** KCHD#1, West of City of Kittitas, South of Lauderdale Intersection, East of Elk Heights MP93, & all adjacent areas

**HD#1-B (Pink):** KCHD#1, Vantage and HD#1 East of City of Kittitas, & all adjacent areas

**HD#1-C (Orange):** KCHD#1, Hwy 97 (Blewett Pass), & all adjacent areas

**HD#2-A (Blue):** KC Hospital District #2 - West of I90 MP74 (West Nelson Siding) to MP53 (East Snoqualmie Summit), & all adjacent areas North & South

**HD#2-B (Green):** KC Hospital District #2 - East of I90 MP74 (West Nelson Siding) to MP93 (Elk Heights), SR 903, SR970, & all adjacent areas North & South

Note: All EMS agencies have been provided copies of the MCI cards which are color coded and also include a color coded MCI Response Area Key/Map, and an ICS Organization Chart. The laminated MCI Cards are to be kept in command vehicles and EMS units for on scene reference.

**Communications:**

On-scene radio communications will be kept to an absolute minimum. When possible, direct verbal contact, or runners will be used. COMMAND should be the only person communicating with KITTCOM. All EMS communications on HEAR will be limited to MED GROUP and TRANSPORT. Incident communications shall be on a tactical frequency selected by the incident commander.

**Transportation:**

Ambulances will be used for patient transportation. Supplies will be removed from vehicles depending on incident needs. Medic Units typically will be held at the scene for medical supplies and resources, but may be utilized for transport as needed. Aid unit and ambulance personnel being used for transportation will remain with their respective vehicles until they are requested to the transport area by COMMAND.

Air transportation should be utilized as needed. Agencies requested should be informed as to the designated landing zone. Landing zones need to be established with the designate personnel to assure safety and manpower to facilitate expenditures patient transferring.

Busses may offer multiple transferring of patients to receiving hospitals. Stretcher capable busses may be available through military. Kittitas County resources include Hope Source and various school districts.

Patient information may be recorded on standard patient care forms to the extent possible by the transporting unit's crew.

**Deceased Persons:**

Deceased persons will be tagged, covered with a sheet or blanket and when possible, not moved. MED GROUP will coordinate with the medical Examiner representative in arranging for temporary morgue facilities and/or transportation.

**Triage Ribbon, Treatment Tags, and Priority Selection Criteria:**

Triage ribbon, patient log forms, and numbering materials will be carried on all command, aid, and medic units.

Triage ribbon should be used anytime there are three or more seriously injured people or when there are five or more victims at an incident.

**Triage Criteria**

**RED** - Immediate

- A patient who is breathing more than 30 times a minute.
- Decreased level of consciousness. Patient is unable to follow commands.
- Capillary refill greater than 2 seconds or non-palpable radial pulse

**YELLOW**-Delayed

Any patient who is injured, but is not tagged immediate (RED) yet is more serious than green, or dying (BLACK).

**GREEN**- Minor/Non-Injured

Any person who can initially walk away from the accident to a designated holding area  
Additional patients that are triaged with minor injuries

**BLACK**- Obvious Death (DOA)

Patients who have obviously expired or are expected to because of their injuries

**S.T.A.R.T.****SIMPLE TRIAGE AND RAPID TREATMENT/TRANSPORT**

The START plan allows EMS personnel to survey a victim, and quickly make an initial assessment for the treatment needs and priority transport to a receiving center. It is extremely simple to learn and use in the field. The START plan follows the ABC's and requires no special skills or specific victim diagnosis. This allows pre-hospital providers to effectively use it and stabilize life threatening airway and bleeding problems.

The START PLAN uses 3 criteria to categorize victims: (1) Respiration, (2) Perfusion, and (3) Mentation

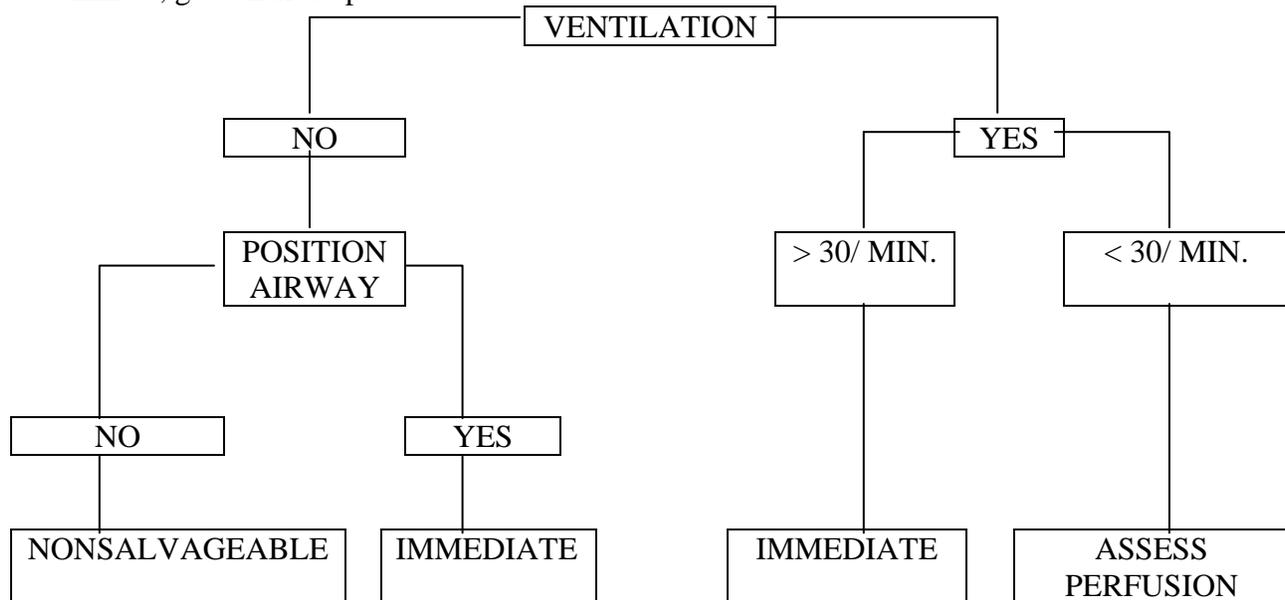
**STEP 1**

The initial responder enters the incident area, identifies self and directs all victims who can walk to gather and remain in safe place. This system identifies those who presently have respiratory, circulatory, mental and motor function to walk. Most of these victims will be given delayed/green tags; however, they are not tagged at this time, but triaged separately later. This is the first triage and the victim's status may change in the future.

**STEP 2**

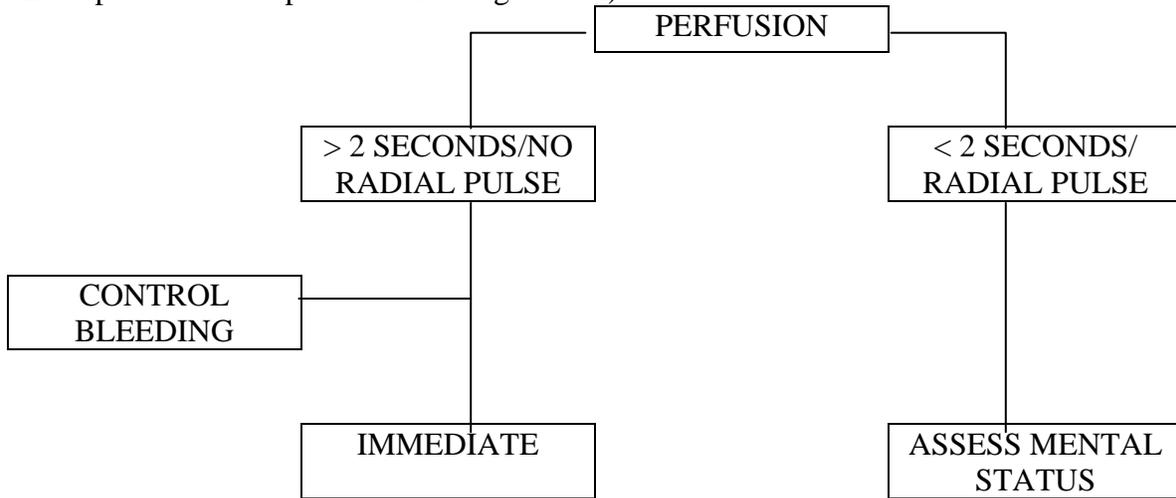
Evaluate non-ambulatory victims where they lie.

Assess **VENTILATION**: Is it normal, rapid or absent? If absent, reposition airway. If respirations remain absent, tag black. Do not perform CPR. If the victim needs help in maintaining an open airway or has a respiratory rate >30 per minute, tag red (attempt to utilize non EMS person to hold position of airway). If respirations are normal <30 per minute, go to next step.



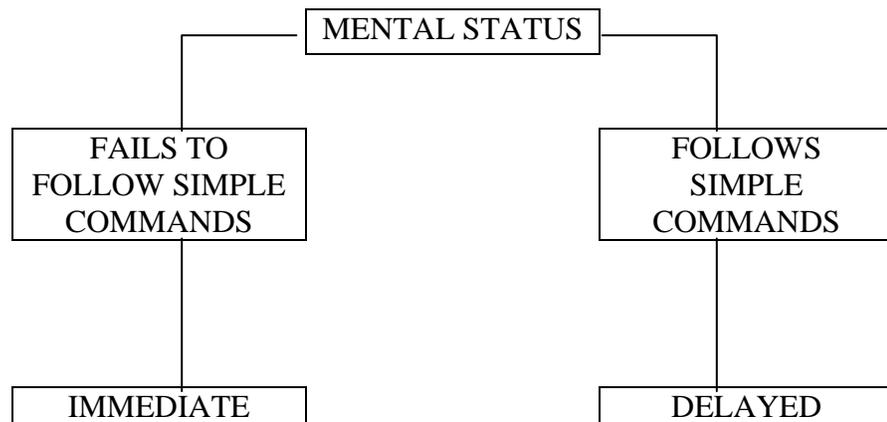
**STEP 3**

Assessing victims **PERFUSION**: Perfusion can be assessed by performing the capillary refill test or by palpating a radial pulse. If the capillary refill is >2 seconds or if the radial pulse is absent, tag immediate/RED. If the capillary refill is <2 seconds if the radial pulse is present, go to the next step. Any life threatening bleeding should be controlled now and if possible, elevate the victims legs to begin shock treatment (attempt to utilize non EMS person to hold pressure/bleeding control).



**STEP 4**

Assess victims **MENTAL STATUS**: If the victim has not already demonstrated that he can follow simple commands, ask them to perform a simple task. If the patient cannot follow simple commands, the patient is tagged immediate/red. If the patient can follow simple commands, the patient is tagged delayed/yellow or green depending on their condition (the victim’s injuries will determine the priority of yellow vs. green. (i.e., multiple fractures would require a higher level of treatment than superficial lacerations).



The **START PLAN** is a simple, step-by-step triage and treatment method to be used by all levels of pre-hospital providers at Mass Casualty Incidents. This method allows for rapid identifications of those victims who are at the greatest risk for early death and the provision of basic life-saving/ stabilization techniques.

### Appendix A

#### Check Lists:

- Incident Command Checklist
- Medical Group Supervisor Checklist
- Triage Leader Checklist
- Treatment Leader Checklist
- Transportation Leader Checklist

### Appendix B

#### Tracking Forms:

- Treatment Tracking Chart
- Transportation Tracking Chart

### Appendix C

#### MCI Cards Packet:

- MCI Response Area Key (MAP)
- ICS Organization Chart
- **HD#1-A (Yellow):** KCHD#1, West of City of Kittitas, South of Lauderdale Intersection, East of Elk Heights MP93, & all adjacent areas
- **HD#1-B (Pink):** KCHD#1, Vantage and HD#1 East of City of Kittitas, & all adjacent areas
- **HD#1-C (Orange):** KCHD#1, Hwy 97 (Blewett Pass), & all adjacent areas
- **HD#2-A (Blue):** KC Hospital District #2 - West of I90 MP74 (West Nelson Siding) to MP53 (East Snoqualmie Summit), & all adjacent areas North & South
- **HD#2-B (Green):** KC Hospital District #2 - East of I90 MP74 (West Nelson Siding) to MP93 (Elk Heights), SR 903, SR970, & all adjacent areas North & South

Appendix AINCIDENT COMMAND CHECKLISTRESPONSIBILITIES:

Assume responsibility for the entire Mass Casualty Incident.

DUTY CHECKLIST:

- Identify previous Incident Commander and facilitate transfer of command.
- Don Identification vest
- Identify the incident command post and establish unified command.
- Assess situation and determine needs.
- Identify Staging, and as appropriate, Staging Area Manager.
- Contact and work in close proximity to Medical Group Supervisor.
- Request additional equipment and/or manpower as necessary
- Identify a PIO and Safety Officer – personnel permitting.
- Maintain scene security
- Direct outside support agencies as needed:
  - Law Enforcement
  - Medical Examiner
  - Public Utilities
  - Red Cross

**MEDICAL GROUP SUPERVISOR CHECKLIST****RESPONSIBILITIES:**

Direct and supervise the overall medical operations

**DUTY CHECKLIST:**

- Report to and work in close proximity to the Incident Commander.
- Obtain needed equipment (vest, clipboard, checklists).
- Don identification vest
- Assess medical situation and needs, report to COMMAND.
- Assure that all appropriate medical ICS positions are filled:
  - Triage
  - Treatment
  - Transport
- Establish communication with DMCC, request to open protocol for MCI. Give DMCC size-up of situation with estimate of casualties and categories of injured.
- Establish funnel point from triage to treatment and number patients on forehead as they pass through.
- Consult with Transport Team Leader regarding location of transport area and establishment of communication with hospital control. (MAJOR MCI)
- Consult with Treatment Leader on location of treatment area.
- Identify an equipment pool adjacent to the treatment area for incoming medical equipment.
- Identify a manpower pool for Litter Bearers. Notify Triage and Treatment

**TRIAGE LEADER CHECKLIST****RESPONSIBILITIES:**

Direct and coordinate the evaluation, prioritizing, and tagging of casualties. TRIAGE will coordinate litter bearers to facilitate patient movements.

**DUTY CHECKLIST:**

- Obtain needed equipment (triage belt, clipboard, vest).
- Don identification vest
- Identify triage member(s) and implement triage process.
- Estimate number of casualties (if possible categories and report to Medical Group.
- Consult with Medical Command on location of funnel point.
- Determine where casualties will be numbered, and facilitate numbering.
- Acquire medical supplies for transporting patients to treatment area.
- Identify and brief the Litter Bearers on job assignments.
- Coordinate with Treatment Leader to assure that patients are being delivered to the correct treatment area.
- Maintain safety and security of the triage area.
- Keep Medical Command informed of your status.
- Report to Medical Command for reassignment when triage is completed.

**TREATMENT LEADER CHECKLIST****RESPONSIBILITIES:**

Direct and coordinate treatment of patients in treatment area.

**DUTY CHECKLIST:**

- Don identification vest
- Obtain needed supplies.
- Obtain estimate of the number of casualties.
- Consult with Medical Group Supervisor to determine locations of treatment area.
- Set up treatment area into 3 sections; red, green, and yellow.
- Using the treatment tracking form, record all patients entering the treatment area.
- Assure that all patients in treatment area are properly numbered.
- Assign incoming personnel to specific treatment section.
- Assure that appropriate medical care is being delivered.
- Request medical supplies or personnel needs through Medical Group Supervisor.
- Record patients on Treatment Tracking Form.
- Identify, as needed, leaders in each treatment section.

**TRANSPORTATION LEADER CHECKLIST****RESPONSIBILITIES:**

Direct, coordinate and record the transportation of all patients to medical facilities. Transport will maintain radio communication with the MGS for patient distribution to receiving hospitals.

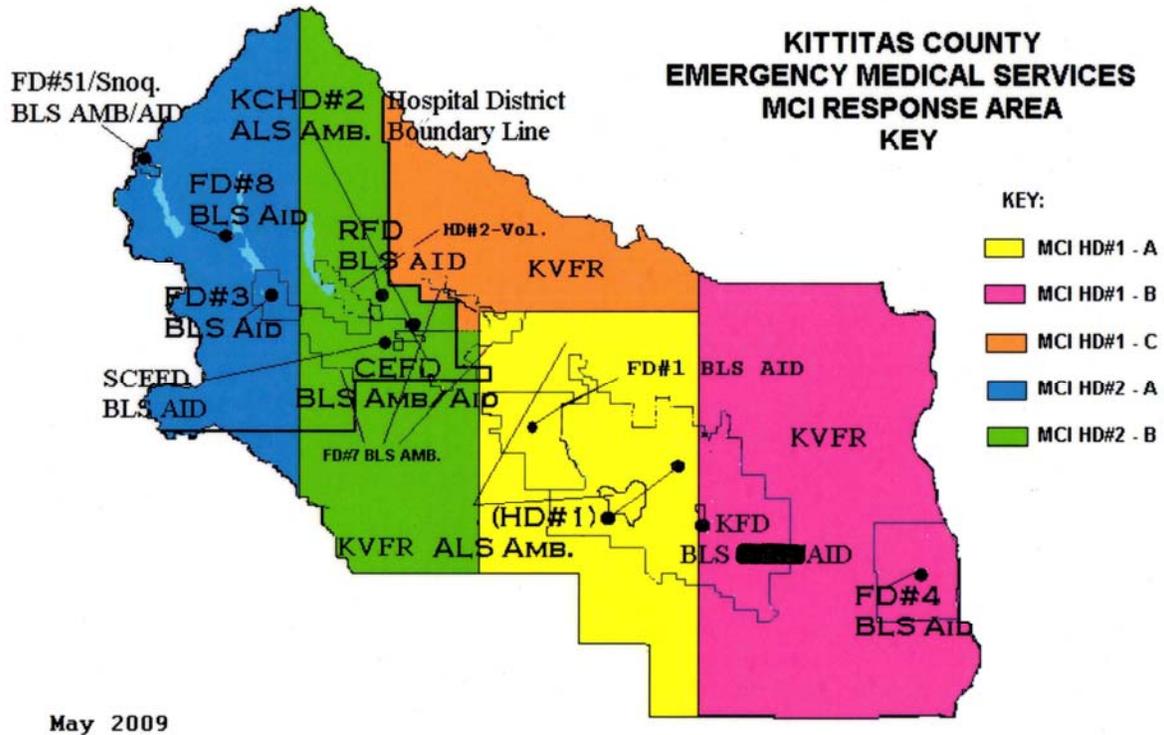
**DUTY CHECKLIST:**

- Don identification vest.
- Obtain needed equipment (transportation tracking form, vest).
- Obtain estimate of the number of casualties.
- Identify a safe, efficient loading area adjacent to the treatment area. Secure access and egress routes and inform staging.
- Determine that an appropriate number of transport vehicles have been called to the incident.
- Additional equipment is requested through MED GROUP.
- Consult with Treatment Leader to determine when and what patients are ready for transport.
- Identify and brief Litter Bearers as necessary.
- Initiate communications with Hospital Control for patient distribution. Communications should be maintained as needed for expeditious patient transfer.
- Using the transportation tracking form, document patient destinations and transporting agencies.
- Maintain security and safety in patient loading area.
- Collect ambulance supplies and equipment as needed.





## Appendix C

**Response Area Key:**

**MCI HD#1-A** (yellow): KCHD#1, West of City of Kittitas, South of Lauderdale Intersection, East of Elk Heights MP93, & all adjacent areas

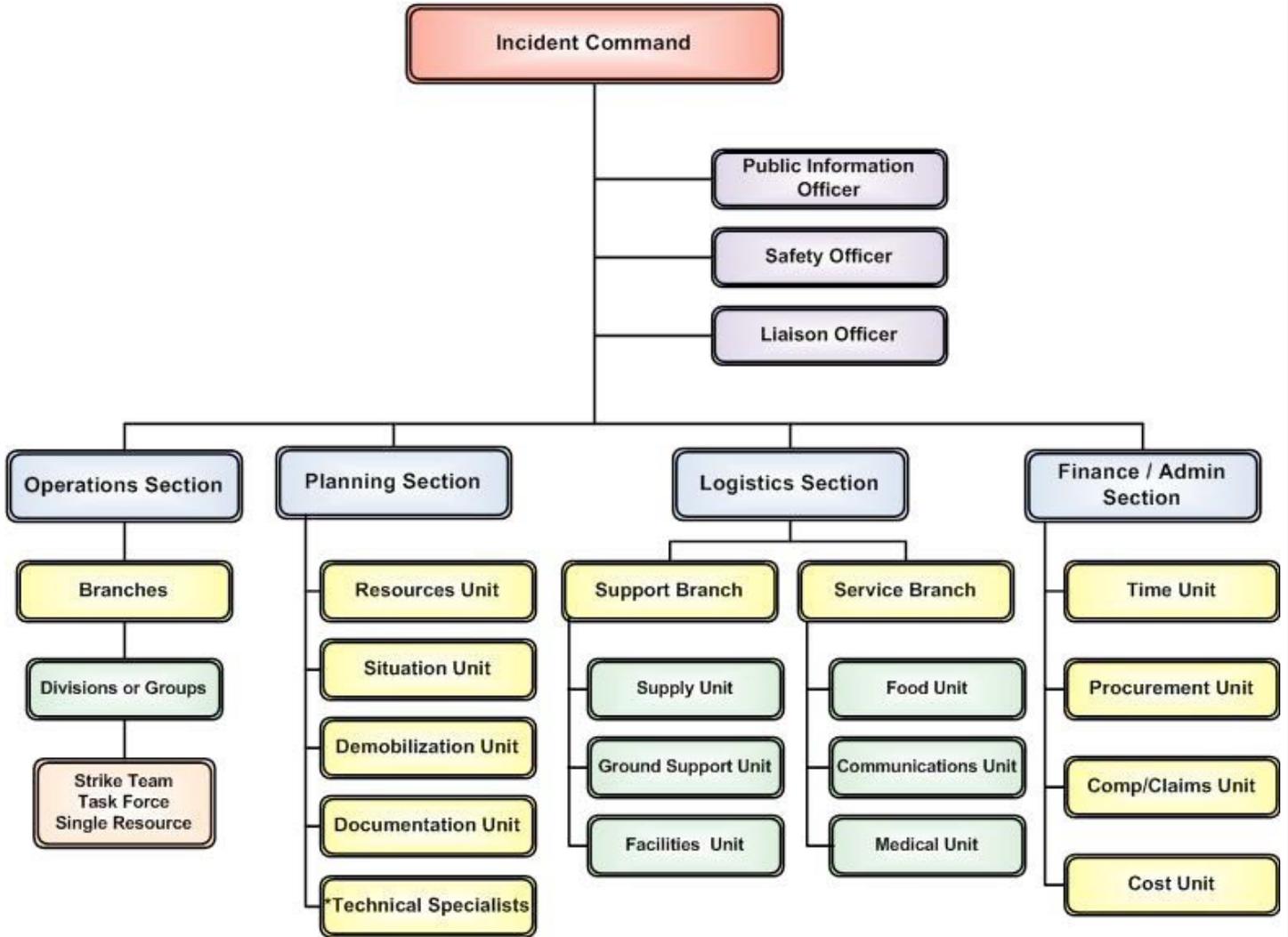
**MCI HD#1-B** (pink): KCHD#1, Vantage and HD#1 East of City of Kittitas, & all adjacent areas

**MCI HD#1-C** (orange): KCHD#1, Hwy 97 (Blewett Pass), & all adjacent areas

**MCI HD#2-A** (blue): KC Hospital District #2, West of I90 MP74 (West Nelson Siding) to MP53 (East Snoqualmie Summit), & all adjacent areas North & South

**MCI HD#2-B** (green): KC Hospital District #2, East of I90 MP74 (West Nelson Siding) to MP93 (Elk Heights), SR 903, SR970, & all adjacent areas North & South

### ICS Organization Chart



**ICS Supervisory Position Titles**

Organizational Level	Title	Support Position
Incident Command	Incident Commander	Deputy
Command Staff	Officer	Assistant
General Staff (Section)	Chief	Deputy
Branch	Director	Deputy
Division/Group	Supervisor	N/A
Unit	Leader	Manager
Strike Team/Task Force	Leader	Single Resource Boss

**Mass Casualty -- MCI HD#1-A (yellow)**

**RESPONSE AREA: KCHD#1, West of City of Kittitas, South of Lauderdale Intersection, East of Elk Heights MP93, & all adjacent areas.**

**GOALS: As soon as number of patients is confirmed, begin notification based upon the number of patients. MCI activation may be requested for fewer patients. Once goals are met, discontinue notification. Assume entrapment of all MCI's unless directed otherwise. *Resources in addition to initial dispatch.***

<p><b>8 – 15 PATIENTS:</b></p> <ul style="list-style-type: none"> <li>• 5 EMS transport units</li> <li>• 2 Fire units</li> <li>• MCI Van</li> <li>• 3 LE units</li> <li>• <b>Launch 1 Helicopter (cancel if not needed)</b></li> <li>• Red Cross</li> <li>• Coroner as needed</li> </ul>	<p><b># EMS Units</b></p> <ol style="list-style-type: none"> <li>1) KVFR Medic 2-3 units</li> <li>2) HD#2 Medic</li> <li>3) A-711</li> <li>4) A-511</li> <li>5) Yakima (AMR/ALS) 1-4 units</li> <li>6) HD#2 Medic</li> <li>7) A-761</li> <li>8) Sunnyside Medic Unit</li> <li>9) King or Yakima Cty. (Request # of units still needed. Request call back to confirm # sending &amp;ETA)</li> </ol>	<p><b># FIRE/AID Units</b></p> <ol style="list-style-type: none"> <li>1) KVFR Aid 1-5 Engines 1-2Extrication</li> <li>2) FD#1 MCI Van Aid Engine</li> <li>3) FD#7 Engine Extrication</li> <li>4) CEFD Engine</li> </ol>	<p><b>AIRAMB.</b></p> <ol style="list-style-type: none"> <li>1) ALNW (2)</li> <li>2) MedStar</li> <li>3) Life Flight</li> <li>4) MEDEVAC</li> </ol>
<p><b>16-30 PATIENTS:</b></p> <ul style="list-style-type: none"> <li>• 7 EMS transport units</li> <li>• 3 Fire units (minimum)</li> <li>• MCI Van</li> <li>• 4 LE units</li> <li>• <b>Launch 2 Helicopters (cancel if not needed)</b></li> <li>• Red Cross</li> </ul>			<p><b>Radio Channels</b></p> <p>Fire Main Fire TAC2 Fire TAC3 Fire C2C Fire Manash. Law Main Law Manash. TAC1 Law TAC 2 Law TAC4 LERN SAR HEAR OSCCR RED NET Local WX</p>
<p><b>31 or more PATIENTS:</b></p> <ul style="list-style-type: none"> <li>• 10 EMS transport units (medic strike team)</li> <li>• 4 Fire units</li> <li>• MCI Van</li> <li>• 5 LE units</li> <li>• Search and Rescue Coordinator</li> <li>• <b>Launch 3 Helicopters (cancel if not needed)</b></li> <li>• Ellensburg School District Bus</li> <li>• Red Cross</li> <li>• Coroner as needed</li> </ul>			

**ON SCENE REMINDERS**

**IC or On-scene Responders** – Cancel or increase # of units & **HELICOPTERS** per need  
**Agency Move-up Options:** KCFD#1, KCFD#7, HD#2, Kittitas Fire Dept., Roslyn Fire Dept.  
**Additional Manpower Options:** Lake Cle Elum EMS, Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students/Wildcat Rescuers  
**Special Resource Considerations:** Department of Transportation, Public Works, Public Health Dept. (Environmental Health), Hospital Decontamination Unit, Department of Ecology, Mental Health, BNSF, ARES/RACES

**Mass Casualty -- MCI HD#1-B (pink)**

**RESPONSE AREA: KCHD#1, Vantage and HD#1 East of City of Kittitas, & all adjacent areas.**

**GOALS: As soon as number of patients is confirmed, begin notification based upon the number of patients. MCI activation may be requested for fewer patients. Once goals are met, discontinue notification. Assume entrapment of all MCI's unless directed otherwise. Resources in addition to initial dispatch.**

<p><b><u>8 – 15 PATIENTS:</u></b></p> <ul style="list-style-type: none"> <li>• 5 EMS transport units</li> <li>• 2 Fire units</li> <li>• MCI Van</li> <li>• 3 LE units</li> <li>• <b>Launch 1 Helicopter (cancel if not needed)</b></li> <li>• Red Cross</li> <li>• Coroner as needed</li> </ul>	<p><b><u># EMS Units</u></b></p> <p>1) KVFR Medic 2-3 units</p> <p>2) HD#2 Medic</p> <p>3) Mattawa Ambulance</p> <p>4) Quincy Ambulance</p> <p>5) Yakima (AMR/ALS) 1-3 units</p> <p>6) Moses Lake Amb.</p> <p>7) Ballard/LL Ambulance</p> <p>8) Wenatchee or Yakima:</p> <p><b>(Request # of units still needed. Request call back to confirm # sending &amp;ETA)</b></p>	<p><b><u># FIRE/AID Units</u></b></p> <p>1) KVFR Aid 1-4 Engines 1-2Extrication</p> <p>2) KCFD#1 MCI Van</p> <p>2) FD#4 Aid Engine</p> <p>3) KFD Aid Engine</p>	<p><b><u>AIRAMB.</u></b></p> <p>1) ALNW (2)</p> <p>2) MedStar</p> <p>3) Life Flight</p> <p>4)MEDEVAC</p>
<p><b><u>16-30 PATIENTS:</u></b></p> <ul style="list-style-type: none"> <li>• 7 EMS transport units</li> <li>• 3 Fire units (minimum)</li> <li>• MCI Van</li> <li>• 4 LE units</li> <li>• <b>Launch 2 Helicopters (cancel if not needed)</b></li> <li>• Red Cross</li> <li>• Coroner as needed</li> </ul>			<p><b><u>Radio Channels</u></b></p> <p>Fire Main</p> <p>Fire TAC2</p> <p>Fire TAC3</p> <p>Fire C2C</p> <p>Fire Manash.</p> <p>Law Main</p> <p>Law Manash.</p> <p>TAC1</p> <p>Law TAC 2</p> <p>Law TAC4</p> <p>LERN</p> <p>SAR</p> <p>HEAR</p> <p>OSCCR</p> <p>RED NET</p> <p>Local WX</p>
<p><b><u>31 or more PATIENTS:</u></b></p> <ul style="list-style-type: none"> <li>• 10 EMS transport units (medic strike team)</li> <li>• 4 Fire units</li> <li>• MCI Van</li> <li>• 5 LE units</li> <li>• Search and Rescue Coordinator</li> <li>• <b>Launch 3 Helicopters (cancel if not needed)</b></li> <li>• Ellensburg School District Bus</li> <li>• Red Cross</li> <li>• Coroner as needed</li> </ul>			

**ON SCENE REMINDERS**

**IC or On-scene Responders** – Cancel or increase # of units &**HELICOPTERS** per need

**Agency Move-up Options:**KCFD#1, KCFD#7, HD#2, Kittitas Fire Dept., Yakima FD, or Roslyn FD

**Additional Manpower Options:** Lake Cle Elum EMS, Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students/Wildcat Rescuers

**Special Resource Considerations:** Department of Transportation, Public Works, Public Health Dept.(Environmental Health), Hospital Decontamination Unit, Department of Ecology, Mental Health, BNSF, ARES/RACES

**Mass Casualty -- MCI HD#1-C (orange)**

**RESPONSE AREA: KCHD#1, Hwy 97 (Blewett Pass), & all adjacent areas.**

**GOALS: As soon as 1<sup>st</sup> number of patients is confirmed, begin notification based upon the number of patients. MCI activation may be requested for fewer patients. Once goals are met, discontinue notification. Assume entrapment on all MCI's unless directed otherwise. *Resources in addition to initial dispatch.***

<p><b><u>8 – 15 PATIENTS:</u></b></p> <ul style="list-style-type: none"> <li>• 5 EMS transport units</li> <li>• 2 Fire units</li> <li>• MCI Van</li> <li>• 3 LE units</li> <li>• <b>Launch 1 Helicopter (cancel if not needed)</b></li> <li>• Red Cross</li> <li>• Coroner as needed</li> </ul>	<p><b><u># EMS Units</u></b></p> <ol style="list-style-type: none"> <li>1) KVFR Medic 2-3 units</li> <li>2) HD#2 Medic</li> <li>3) A-711</li> <li>4) A-511</li> <li>5) Ballard or Lifeline Amb. 1-4 units</li> <li>6) A-761</li> <li>7) Yakima (AMR/ALS) 1-2 units</li> <li>8) Wenatchee or Yakima: <b>(Request # of units still needed. Request call back to confirm # sending &amp;ETA)</b></li> </ol>	<p><b><u># FIRE/AID Units</u></b></p> <ol style="list-style-type: none"> <li>1) FD#7 Aid 1-4 Engines Extrication</li> <li>2) FD#1 MCI Van Aid Engine</li> <li>3) KVFR 1-2 Engines Extrication</li> <li>4) CEFD Aid Engine Extrication</li> </ol>	<p><b><u>AIRAMB.</u></b></p> <ol style="list-style-type: none"> <li>1) ALNW (2)</li> <li>2) MedStar</li> <li>3) Life Flight</li> <li>4) MEDEVAC</li> </ol> <p><b><u>Radio Channels</u></b></p> <p>Fire Main Fire TAC2 Fire TAC3 Fire C2C Fire Manash. Law Main Law Manash. TAC1 Law TAC 2 Law TAC4 LERN SAR HEAR OSCCR RED NET Local WX</p>
<p><b><u>16-30 PATIENTS:</u></b></p> <ul style="list-style-type: none"> <li>• 7 EMS transport units</li> <li>• 3 Fire units (minimum)</li> <li>• MCI Van</li> <li>• 4 LE units</li> <li>• <b>Launch 2 Helicopters (cancel if not needed)</b></li> <li>• Red Cross</li> <li>• Coroner as needed</li> </ul>			
<p><b><u>31 or more PATIENTS:</u></b></p> <ul style="list-style-type: none"> <li>• 10 EMS transport units (medic strike team)</li> <li>• 4 Fire units</li> <li>• MCI Van</li> <li>• 5 LE units</li> <li>• Search and Rescue Coordinator</li> <li>• <b>Launch 3 Helicopters (cancel if not needed)</b></li> <li>• Ellensburg School District Bus</li> <li>• Red Cross</li> </ul>			

**ON SCENE REMINDERS**

**IC or On-scene Responders** – Cancel or increase # of units & **HELICOPTERS** per need

**Agency Move-up Options:** KCFD#1, KCFD#7, HD#2, Kittitas Fire Dept., Yakima FD, or Roslyn FD

**Additional Manpower Options:** Lake Cle Elum EMS, Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students/Wildcat Rescuers

**Special Resource Considerations:** Department of Transportation, Public Works, Public Health Dept. (Environmental Health), Hospital Decontamination Unit, Department of Ecology, Mental Health, BNSF, ARES/RACES

**Mass Casualty -- MCI HD#2-A (blue)**

**RESPONSE AREA:** KC Hospital District #2 - West of I90 MP74 (West Nelson Siding) to MP53 (East Snoqualmie Summit), & all adjacent areas North & South.

**GOALS:** As soon as number of patients is confirmed, begin notification based upon the number of patients. MCI activation may be requested for fewer patients. Once goals are met, discontinue notification.

Assume entrapment on all MCI's unless directed otherwise. **Resources are in addition to initial dispatch**

<p><b><u>8 – 15 PATIENTS:</u></b></p> <ul style="list-style-type: none"> <li>• 5 EMS transport units</li> <li>• 2 Fire units</li> <li>• MCI Van</li> <li>• 3 LE units</li> <li>• <b>Launch 1 Helicopter (cancel if not needed)</b></li> <li>• Red Cross</li> <li>• Coroner as needed</li> </ul>	<p><b><u># EMS Units</u></b></p> <p>1) KVFR Medic 2-3 units</p> <p>2) HD#2 Medic</p> <p>3) A-711</p> <p>4) A-511</p>	<p><b><u># FIRE/AID Units</u></b></p> <p>1) FD#7 Aid 1-4 Engines Extrication</p> <p>2) FD#1 MCI Van Aid Engine</p>	<p><b><u>AIRAMB.</u></b></p> <p>1) ALNW (2) 2) MedStar 3) Life Flight 4) MEDEVAC</p>
<p><b><u>16-30 PATIENTS:</u></b></p> <ul style="list-style-type: none"> <li>• 7 EMS transport units</li> <li>• 3 Fire units (minimum)</li> <li>• MCI Van</li> <li>• 4 LE units</li> <li>• <b>Launch 2 Helicopters (cancel if not needed)</b></li> <li>• Red Cross</li> <li>• Coroner as needed</li> </ul>	<p>5) Ballard or Lifeline Amb. 1-4 units</p> <p>6) A-761</p> <p>7) Yakima (AMR/ALS) 1-2 units</p>	<p>3) KVFR 1-2 Engines Extrication</p>	<p><b><u>Radio Channels</u></b></p> <p>Fire Main Fire TAC2 Fire TAC3 Fire C2C Fire Manash. Law Main Law Manash. TAC1 Law TAC 2 Law TAC4 LERN SAR HEAR OSCCR RED NET Local WX</p>
<p><b><u>31 or more PATIENTS:</u></b></p> <ul style="list-style-type: none"> <li>• 10 EMS transport units (Automatic request for King Cty. Medic Strike Team Request)</li> <li>• 4 Fire units</li> <li>• MCI Van</li> <li>• 5 LE units</li> <li>• Search and Rescue Coordinator</li> <li>• <b>Launch 3 Helicopters (cancel if not needed)</b></li> <li>• Easton School District Bus</li> <li>• Red Cross</li> <li>• Coroner as needed</li> </ul>	<p>8) Wenatchee or Yakima: <b>(Request # of units still needed. Request call back to confirm # sending &amp;ETA)</b></p>	<p>4) CEFD Aid Engine Extrication</p>	

**ON SCENE REMINDERS**

**IC or On-scene Responders** – Cancel or increase # of units & **HELICOPTERS** per need

**Agency Move-up Options:** KCFD#1, KCFD#7, HD#2, Kittitas Fire Dept., Yakima FD, or Roslyn FD

**Additional Manpower Options:** Lake Cle Elum EMS, Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students/Wildcat Rescuers

**Special Resource Considerations:** Department of Transportation, Public Works, Public Health Dept.(Environmental Health), Hospital Decontamination Unit, Department of Ecology, Mental Health, BNSF, ARES/RACES

**Mass Casualty -- MCI HD#2-B (green)**

**RESPONSE AREA: KC Hospital District #2 - East of I90 MP74 (West Nelson Siding) to MP93 (Elk Heights), SR 903, SR 970, & all adjacent areas North & South**

**GOALS: As soon as number of patients is confirmed, begin notification based upon the number of patients. MCI activation may be requested for fewer patients. Once goals are met, discontinue notification.**

**Assume entrapment on all MCI's unless directed otherwise. Resources are in addition to initial dispatch**

<p><b>8 – 15 PATIENTS:</b></p> <ul style="list-style-type: none"> <li>• 5 EMS transport units</li> <li>• 2 Fire units</li> <li>• MCI Van</li> <li>• 3 LE units</li> <li>• <b>Launch 1 Helicopter (cancel if not needed)</b></li> <li>• Red Cross</li> <li>• Coroner as needed</li> </ul>	<p><b># EMS Units</b></p> <ol style="list-style-type: none"> <li>1) HD#2 Medic 2 units</li> <li>2) A-711</li> <li>3) A-761</li> <li>4) A-511</li> </ol>	<p><b># FIRE/AID Units</b></p> <ol style="list-style-type: none"> <li>1) FD#7 Aid 2 Engines Extrication Rehab. Rig</li> <li>2) FD#1 MCI Van Aid Engine Extrication</li> </ol>	<p><b>AIRAMB.</b></p> <ol style="list-style-type: none"> <li>1) ALNW (2)</li> <li>2) MedStar</li> <li>3) Life Flight</li> <li>4) MEDEVAC</li> </ol>
<p><b>16-30 PATIENTS:</b></p> <ul style="list-style-type: none"> <li>• 7 EMS transport units</li> <li>• 3 Fire units (minimum)</li> <li>• MCI Van</li> <li>• 4 LE units</li> <li>• <b>Launch 2 Helicopters (cancel if not needed)</b></li> <li>• Red Cross</li> <li>• Coroner as needed</li> </ul>	<ol style="list-style-type: none"> <li>5) KVFR Medic 2-3 units</li> <li>6) A-10291</li> <li>7) King or Yakima Cty.</li> </ol>	<ol style="list-style-type: none"> <li>3) CEFD Aid 2 Engines Extrication</li> <li>4) FD#3 Aid Engine Extrication</li> </ol>	<p><b>Radio Channels</b></p> <p>Fire Main Fire TAC2 Fire TAC3 Fire C2C Fire Manash. Law Main Law Manash. TAC1 Law TAC 2 Law TAC4 LERN SAR HEAR OSCCR RED NET Local WX</p>
<p><b>31 or more PATIENTS:</b></p> <ul style="list-style-type: none"> <li>• 10 EMS transport units (Automatic request for King Cty. Medic Strike Team )</li> <li>• 4 Fire units</li> <li>• MCI Van</li> <li>• 5 LE units</li> <li>• Search and Rescue Coordinator</li> <li>• <b>Launch 3 Helicopters (cancel if not needed)</b></li> <li>• Cle Elum/Roslyn School District Bus</li> <li>• Red Cross</li> <li>• Coroner as needed</li> </ul>	<p><b>(Request # of units still needed. Request call back to confirm # sending &amp;ETA)</b></p>	<ol style="list-style-type: none"> <li>5) FD#8 Aid Engine Extrication</li> <li>6) FD#6 Engine</li> <li>7) RFD Engine</li> </ol>	

**ON SCENE REMINDERS**

**IC or On-scene Responders** – Cancel or increase # of units & **HELICOPTERS** per need

**Agency Move-up Options:** KCFD#1, KCFD#7, HD#2, Kittitas Fire Dept., Yakima FD, or Roslyn FD

**Additional Manpower Options:** Lake Cle Elum EMS, Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students/Wildcat Rescuers

**Special Resource Considerations:** Department of Transportation, Public Works, Public Health Dept. (Environmental Health), Hospital Decontamination Unit, Department of Ecology, Mental Health, BNSF, ARES/RACES

## Kittitas County

### Mass Casualty Incident Plan

(Revised July 2011)

#### **Contact Information:**

Kittitas County EMS Division  
Kittitas County EMS & Trauma Care Council  
Jackson Horsley, MD, Medical Program Director  
Cheryl Burrows, EMS Coordinator  
(O) 509-674-2932  
(C) 509-929-3247  
kcems@qwestoffice.net  
PO Box 821  
617 Power Street  
Cle Elum, WA

Current electronic copy of Kittitas County MCI Plan is available at:  
<http://www.kittitascountyems.org>

**APPENDIX B  
REGION 7 MASS FATALITY INCIDENT PLAN****Mortuary Services & Mass Fatality Management**

**Key Partners:** Healthcare Facilities/Providers; Emergency Medical Services; Coroner; Emergency Management; Funeral Home; Cemeteries

**Key Actions by Phase**

Phases 1 through 3:

- Collaborate with Prosecutor and Sheriff's office on issues related to mass fatalities.

Phases 3 through 5:

- As additional information about the specifics of a pandemic become available, review county mass fatality plans against mortality estimates and identify any areas requiring additional focus.

Phase 6:

- Based on how a pandemic impacts the jurisdiction, implement adjustments to regular processes such as the following:
  - ⇒ Identification and documentation of victims
  - ⇒ Activation and management of temporary temperature
  - ⇒ Controlled holding facilities
  - ⇒ Release of remains to family members
  - ⇒ Temporary internment of mass fatalities
  - ⇒ Cremation and burial of mass fatalities
- Following declaration of a state of emergency, the Health Officer may issue an order to the Coroner to abbreviate the regulations in the processing of people who have expired without a doctor in attendance for 20 days preceding death or without a diagnosis. If, in the opinion of the Coroner, a person appears to have died from influenza, no autopsy may be needed.
- Safeguards must be in place to ensure the protection of all personnel handling deceased individuals who have succumbed to contagious influenza. It is recommended that face shields be worn to prevent accidental eye contact with airborne droplets of sputum or excreta. Masking should be donned to prevent the inhalation of the same.
- The Coroner will continue to supply the Health Department with statistics regarding morbidity activity. During a pandemic influenza event, it is important that the Health Officer receive data that indicate geographic and community mortality rates.

## Coroner Mass Fatality Kit

**These materials are the property of Kittitas County Public Health and are to be used only in the case of a mass fatality occurrence**

Contents:

- Latex gloves
- Biohazard bags
- Burial box plans
- Burial box tags #1-495
- Body tags #1-495
- Isolation and Quarantine Response Plan (8-2007)
- 3M, 1860 N-95 face masks #180
- Kittitas County Coroner Field Burial Form
- Kittitas County Coroner Master Burial Form
- Wrist bands for body tags
- 

Steward and Williams maintains 51 heavy duty body bags for mass fatality use by coroner.

Received by: \_\_\_\_\_ Date \_\_\_\_\_