



EMERGENCY SUPPORT FUNCTION 8

PUBLIC HEALTH AND MEDICAL SERVICES

APPENDIX D: MASS CASUALTY INCIDENT (MCI) PLAN

APPENDIX E: MORTUARY SERVICES & MASS FATALITY MANAGEMENT

PRIMARY AGENCY:

Kittitas County Public Health Officer
Kittitas County Public Health Department
Kittitas County Coroner
Kittitas Valley Healthcare (KVH)
Kittitas County EMS & Fire Agencies

SUPPORT AGENCIES:

Emergency Medical Services Council
Kittitas County Emergency Management
Area Skilled Nursing Facilities
Local Area Medical Clinics (including CWU Medical Clinic)
American Red Cross
Kittitas County 911 Center (Kittcom)
Central Washington Comprehensive Mental Health
CWU EMTs and Paramedic Students

I. INTRODUCTION

Purpose

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

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 responses to emergencies or disasters will follow accepted and appropriate RCW protocols.

III. SITUATION

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 D 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.

Planning Assumptions

1. Local emergency medical resources will become overwhelmed in any large or moderate sized complex scale event.
2. KVH is the only hospital in this area and could be affected by a disaster situation.
3. KVH is part of Region 7 with Confluence Hospital in Wenatchee, WA as the regional control hospital.
4. Kittitas County has no large-scale mortuary storage capabilities.
5. 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. CONCEPT OF OPERATIONS

General

1. The primary objective of emergency medical service is to provide plans and methodologies for prompt and continuous emergency life support or transport to victims of emergencies and disasters.
2. Kittitas County Emergency Management will coordinate logistics support for emergency medical services upon request.

3. Kittitas Valley Healthcare (KVH) is the local hospital. If KVH is unable to provide services, facilities that can assist are:

- Valley Clinic in Ellensburg
- KVH Urgent Care, Cle Elum
- Central Washington University Medical Clinic
- Region #7

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 will coordinate counseling for emergency workers and disaster victims.

5. Emergency medical care at Red Cross shelters (including ensuring appropriate care) will follow the American Red Cross shelter/mass care plan. Emergency medical care at KVH operated ACF shelters will follow Region #7 plans.

6. The Kittitas County Health Department is responsible for dealing with situations involving communicable diseases and all other public health issues. This includes but is not limited to:

- 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.
- Supervising the maintenance of all health and sanitary measures within its jurisdiction for the protection of the public health.
- Enacting necessary local rules and regulations to preserve, promote, and improve the public health and the enforcement thereof.
- Providing for the control and preservation of any dangerous, contagious, or infectious diseases within the jurisdiction of the local health department.
- Providing for the prevention, control, and abatement of nuisances detrimental to public health.
- Making reports required by the state board of health through the local health officer or the administrative officer.
- Coordinating programs for the mitigation of public health hazards.
- Monitoring and assuring safe drinking water supply.
- 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.
- Coordinating radiation monitoring with the state department of health.
- Establishing and monitoring emergency environmental health standards for public shelters and/or congregate care facilities.
- Coordinating emergency sanitation support.
- Providing information to the public about food contamination and proper handling and the

- distribution and conservation of safe drinking water.
- Monitoring food preparation at the point of consumption and emergency water supplies for compliance with applicable standards.
 - Coordinating emergency health support specific to the control of communicable diseases, emergency food services, sanitation needs, and emergency medical services.
 - Providing for the identification and preservation of essential health department records.
 - 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 E, Mortuary and Mass Fatality Plan.*)
8. The mass care plan of the American Red Cross establishes the coordination of crisis counseling and other appropriate functions.

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 concepts of response, interventions, and transports will be managed utilizing the National Incident Management System (NIMS).

Procedures

Each organization affected by this ESF is responsible for developing and following Standard Operating Procedures (SOPS) for responding to an incident. The response must follow the concepts of the NIMS. When appropriate, representatives from one of the primary agencies will be assigned to the EOC to coordinate issues related to health and emergency medical services.

Mitigation Activities

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

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 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. Emergency Medical Service Providers
 - 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 Healthcare, Cle Elum Urgent Care EMS
 - a. Develop and maintain a disaster plan and mass causality plan 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.
 - d. Maintain a mobile 25 bed Type II ACF capability locally with a 125 bed Type II ACF capability with Region 7 support.
 6. Emergency Management:
 - a. Develop and maintain the Comprehensive Emergency Management Plan for response to disasters.
 - b. Create and hold mass causality drills and exercises.
 - c. Assist EMS agencies in public preparedness education.

7. Kittitas County Public 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.

8. American Red Cross 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.

Response Activities

1. In an actual emergency, all responding agencies 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.

Additional Agencies with Actions

1. Emergency Medical Program Director
 - a. Ensures local EMS agencies cooperate in local response through collaborative planning.

2. Kittitas Valley Healthcare:
 - 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.

3. Kittitas County Emergency Medical service providers:
 - a. Mobilize personnel and resources, as appropriate.
 - b. Use the Kittitas County Mass Casualty Incident Plan.

5. Emergency Management:
 - a. Coordinates resource requests and obtains additional resources from state and other sources, as appropriate.
 - b. Coordinates information between agencies.

6. Kittitas County 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.

7. American Red Cross:
 - a. Establishes mass care operations, when requested by incident command staff.
 - b. Establishes mass care following the concepts of the KCC-ARC Disaster plan.

Recovery Activities

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

V. RESPONSIBILITIES

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.

Support Agencies

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

VI. RESOURCE REQUIREMENTS

Situation dependent.

VII. REFERENCES AND SUPPORTING PLANS

- APPENDIX D: Mass Casualty Incident Plan
- APPENDIX E: Mortuary Services and Mass Fatality Plan

VIII. TERMS AND DEFINITIONS

- ANNEX A: Definitions and Acronyms



APPENDIX D:

MASS-CASUALTY INCIDENT (MCI) PLAN

Revised 10-6-2022

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 (MCI) to save the greatest possible number of casualties from death or serious disability. This is accomplished by prompt triage, appropriate treatment, and prioritized and accessible 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:

AID UNIT: Designated title to identify a 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.

BRANCH: The organizational level having functional or geographic responsibility for major parts of incident operations. A Branch is organizationally between Section and Division/Group in the Operations Section. Branches may be identified by the use of a functional name (i.e., medical, security, fire, rescue, etc.)

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

CHIEF: The ICS title for individuals responsible for management of functional Sections: Operations, Planning, Logistics, and Finance/Administration.

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.

DAFN: Disability and Accessible Functional Needs

DIRECTOR: The ICS title for the individual responsible for supervision of a Branch.

DISABILITY SPECIALIST: Available to leaders and responders to address specific access and functional needs, proactively and on demand. They will reach out as needed to Disability Community Partners for problem solving and resources as needed.

DMCC (Disaster Medical Control Center): Kittitas Valley Healthcare, aka “**Hospital Control**” will provide online medical direction for patient care to pre-hospital care providers and arrange a transport plan based on bed availability with appropriate facilities.

EMS (Emergency Medical Services): A system designed to provide care to sick and injured people using standard operational guidelines, protocols, and laws.

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.

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.

GROUP: Established to divide the incident management structure into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division. Groups are located between branches and resources in the Operations Section.

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

ICS (Incident Command System): A standardized on-scene emergency management constructed specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries.

INCIDENT COMMAND (IC): The incident command officer will be responsible for the overall orchestration of the emergency incident (should not be a paramedic).

INCIDENT MANAGEMENT TEAM (IMT) DESIGNATED TYPE-I NATIONAL LEVEL, TYPE-II REGIONAL & STATE, TYPE-III LOCAL TEAMS: An IC and the appropriate Command and General Staff personnel assigned to an incident.

LITTER BEARERS: Individuals assigned by medical group command to assist in movement of injured patients to the designated triage area (Medical training is not required. May use green patients).

MANAGERS: Individuals within ICS organizational Units that are assigned specific managerial responsibilities (i.e., Staging Area Manager or Camp Manager).

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

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

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

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

NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS): A federally mandated program for the standardizing of command terminology and procedures. This standardizes communications between fire departments and other agencies. It is based upon simple terms that will be used nationwide.

PUBLIC INFORMATION OFFICER (PIO): A member of the Command Staff responsible for interfacing with the public and media and/or with other agencies with incident-related information requests.

REHABILITATION AREA: A designated area where rescue personnel can be assessed, treated, and receive care. Rescue personnel will be evaluated, nourished, and rested in the Rehab Area.

SIMPLE TRIAGE & RAPIC TRANSPORT (START): A protocol which provides for primary triage of victims in most need of immediate treatment and transportation and very limited care; Triage will be based on respiration, perfusion, and mental status; Emergency care will be restricted to opening airways, controlling severe hemorrhage, and elevating patient's feet.

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.

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

SUPERVISOR: The ICS title for an individual responsible for a Division or Group.

SUPPLY UNIT: The unit responsible for the ordering, storing and maintaining of incident-related equipment and tools, such as backboards, trauma kits, oxygen, etc.

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

TRANSPORTATION TEAM LEADER: Will organize and supervise the transportation of all patients to medical facilities (preferred not a paramedic).



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TRANSPORTATION UNIT: Any vehicle capable of transporting patients, including an ambulance, aid unit, bus, command unit, etc.

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

TREATMENT TAG: A tag that will be affixed to each patient in the Treatment Area. The patient's number, and outline of their injuries and each set of vital signs taken shall be documented on the tag. This tag will accompany the patient to the designated receiving medical facility.

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

TRIAGE: A categorization system used to medically prioritize victims.

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.

TRIAGE TAGS: A tag used by triage personnel to identify and document the patient's medical condition.

TRIAGE TAPE: Red, Yellow, Green or Black/White striped surveyor 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.

TRIAGE TEAM LEADER: Member charged with organizing the triaging of all patients (preferred not a paramedic).

UNIFIED COMMAND: When multiple agencies have either geographic or functional jurisdiction at an incident, Unified Command should be implemented to jointly establish incident objectives and select strategies.

UNIT LEADER: The individual in charge of managing Units within an ICS functional section. The Unit can be staffed with a number of support personnel providing a wide range of services.

Agency / Member Responsibilities:

Assistance to victims with disability and accessible functional needs, and the responders trying to meet these needs: Central Washington Disability Resources, Disability Specialist, will coordinate with emergency response personnel to assist victims with DAFN

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.

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

Coordination: Hospital Control, KVH, will assume the responsibility of providing coordination among hospitals in the event of a MCI/disaster. If KVH is on “Total Divert” or “Closed” status neighboring hospitals will be notified by KVH staff (list hospitals?)

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.

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

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

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.

On-Scene Responsibilities:

The first arriving member(s) shall conduct incident size up, estimate 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 Group Supervisor will be responsible for the coordination of all medical triage, treatment, and transport. MED GROUP will contact KVH-House Supervisor to declare the MCI, and request activation of protocols. MED GROUP will designate triage, treatment, and transport areas, and assign a person to each area depending on available resources, qualifications, and circumstances, and assure treatment and transport areas are setup. 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 a triage funnel point. At the triage funnel point, patients will be numbered on their head, reassessed by highest level EMS provider available (R, Y, G), and placed in the appropriate treatment area.



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TREATMENT TEAM LEADER: (radio call sign “TREATMENT”) TREATMENT, assigned by MED GROUP, will be responsible for the treatment of patients and registering of all patients on Treatment Tracking Chart. TREATMENT will set up treatment areas equipment and prepare to receive triaged patients. Online medical direction will be accomplished through Hospital Control as needed by TREATMENT. Triage tags will be completed for each patient, following re-triaging as needed, and affixed with the triage ribbon to the patient 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 in collaboration with **Hospital Control**. TRANSPORT will identify access and egress routes, coordinate loading, transporting, and registering of all patients on Transportation Tracking Chart. Transport will communicate with Hospital Control to determine patient destination, and coordinate transportation through the Treatment Team Leader. TRANSPORT will maintain records of patient’s destination and the transporting agency on the Transportation Tracking Chart. Transport Leader should send copy of Transportation Tracking Chart to **Hospital Control** at the end of the incident.

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 (See MCI additional resources below, activated via KITTCOM).

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



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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 listed which are color coded and include a color-coded MCI Response Area Key/Map, response check lists, tracking cards, and an ICS Organization Chart. The laminated MCI Cards are to be kept in command vehicles and EMS units for on scene reference as needed.

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.

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.

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.

Mobility and Assistive Devices - Reasonable effort will be made to keep personal mobility or assistive devices with the DAFN patient. When this is not possible, mobility and assistive devices will be kept secure if possible, and a reunification plan will be attempted when possible.

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.

Buses may offer multiple transferring of patients to receiving hospitals. Accessible buses will be requested when needed and available. Stretcher capable busses may be available through the 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.

Triage Ribbon, Triage Tags, and Priority Selection Criteria:

- Triage ribbon, Triage tags, patient tracking 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 tags should be used when the Treatment and Transportation Tracking Charts are used.

Triage Criteria

RED - Immediate (physiologically unstable)

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

YELLOW-Delayed (physiologically stable)

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

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 (or Black/ White Stripe) - Obvious Death (DOA)

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

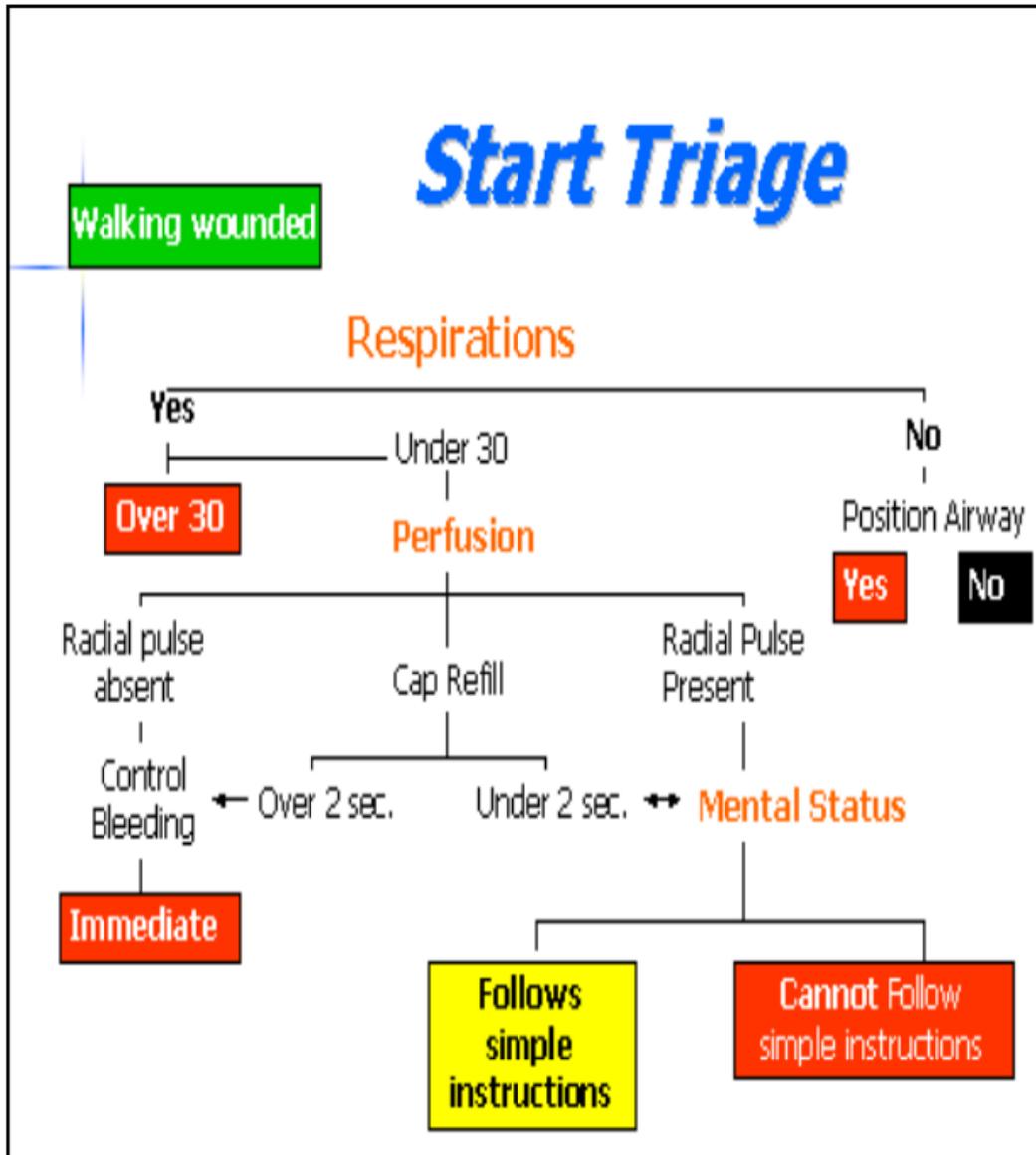
S.T.A.R.T.

SIMPLE TRIAGE AND RAPID 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 facility. It is extremely simple to learn and use in the field. The START plan follows the ABCD's (referred to as **RPM**) 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. **Respirations (R)**
2. **Perfusion (P)**
3. **Mental Status(M)**



STEP 1 – WALKING WOUNDED

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. The responder should have resources available to address non-English speakers, those who are deaf or hard-of-hearing, and those with other communication functional needs when needed and resource is available.

STEP 2 (R)

Evaluate non-ambulatory victims where they lie.

Assess **RESPIRATIONS**: 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 (P)

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 (M)

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 lifesaving/ stabilization techniques. It is very easy to learn, retain and recall.

Additional Resources (activated via KITTCOM):**Manpower Options:**

Search & Rescue - via KITTCOM

CWU EMS Students – see phone list

Community Emergency Response Teams (CWU CERT) – PILOT PROJECT ONLY

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

AGENCY CONTACT / SPECIAL RESOURCES NUMBERS

AGENCY	TITLE	CONTACT	CELL PHONE #
Support Agencies:			
Central WA Disability Res.	Disability Specialist	Sawyer Stearns	O:509-426-4766
			C: 509-781-2432
Central WA University EMS	Program Director	Doug Presta	509-209-3904
	Instructor, PM	Colin Nash	425-368-8792
	Instructor, PM	Mitchell Russell	206-851-4165

Note: Phone list will be enhanced at a future date, not to duplicate other master resource list already available and maintained.

Appendix A

Check Lists:

- Incident Command Checklist
- Medical Group Supervisor Checklist
- Triage Leader Checklist
- Treatment Leader Checklist
- Transportation Leader Checklist
- Staging Area Manager

Appendix B

Tracking Forms:

- Treatment Tracking Chart
- Transportation Tracking Chart
- Staging Resources Tracking Chart

Appendix C

MCI Cards:

- **MCI Response Area Key (MAP) – Updated 12/2017 (mergers reflected)**
- **Organizational Chart (2022 update)**
- **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
- **HD#1-A (Orange):** KCHD#1, Hwy 97 (Blewett Pass), & all adjacent areas
- **HD#1-B (Yellow):** KCHD#1, West of City of Kittitas, South of Lauderdale Intersection, East of Elk Heights MP93, & all adjacent areas
- **HD#1-C (Pink):** KCHD#1, Vantage and HD#1 East of City of Kittitas, & all adjacent areas



KITTITAS COUNTY CEMP

Appendix A
INCIDENT COMMAND CHECKLIST

RESPONSIBILITIES:

Assume responsibility for the entire Mass Casualty Incident.

DUTY CHECKLIST:

- Assure MCI Card activation with KITTCOM
- Identify previous Incident Commander and facilitate transfer of command if needed.
- Don Identification vest
- Identify the incident command post and establish unified command if needed.
- Assess situation and determine needs, refer to MCI Card for resource activation.
- Attempt accessibility of location and its services when appropriate.
- Identify Staging, and if appropriate, Staging Area Manager.
- Contact and work in close communication 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:
 - Hospital Control 509-899-4151 (Alternate 509-933-8739)**
 - 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 communication to the Incident Commander, with priority to directly oversee the medical operations.
- Obtain needed equipment (vest, clipboard, checklists, triage kits, etc.).
- Don Identification vest
- Assess medical situation and needs, report to COMMAND.
- Assure that all appropriate medical positions are filled:
 - Triage
 - Treatment
 - Transport
- Establish communication with **Hospital Control 509-899-4151 (Alternate 509-933-8739)**, request to activate protocol for MCI. Give **Hospital Control** size-up of situation with estimated number of casualties and categories of injured (#red, #yellow, #green).
- Establish funnel point from triage to treatment. Number patients on forehead and re-triage if needed as patients pass through.
- Consult with Treatment Leader on location of treatment area.
- Consult with Transport Leader regarding location of transport area and establishment of communication with **Hospital Control**.
- Establish an equipment pool adjacent to the treatment area for incoming medical equipment. Coordinate with Staging Manager if assigned.
- Establish a manpower pool for Litter Bearers. Assure proper equipment, lifting teams, and techniques. Notify Triage and Treatment Leaders.



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:

- [] Don Identification vest
- [] Obtain needed equipment (MCI Cards w/checklists and tracking forms, triage belt, clipboard, vest).
- [] Identify triage member(s) and implement triage process.
- [] Estimate number of casualties (categorize R, Y, G and report to Medical Group).
- [] Consult with Medical Group Supervisor on location of funnel point.
- [] Facilitate numbering of casualties at funnel point.
- [] 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.
- [] Request resources for Disability and Accessible Functional Needs when needed.
- [] Maintain safety and security of the triage area.
- [] Keep Medical Group Supervisor informed of your status.
- [] Report to Medical Group Supervisor 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 (MCI card w/tracking charts, triage tags, medical supplies, Blankets, etc.)
- [] Obtain estimated of the number of casualties
- [] Consult with Medical Group Supervisor to determine locations of treatment area.
- [] Set up treatment area into 3 sections; red, yellow, and green
- [] Using the treatment tracking form, record all patients entering the treatment area.
- [] Assure that all patients in treatment area are properly numbered (# on head and with numbered triage tag).
- [] Assign incoming EMS personnel to specific treatment section and assure that each treatment section is always manned.
- [] Assure that appropriate medical care is being delivered and patients are kept warm.
- [] Request resources for Disability and Accessible Functional Needs when needed.
- [] Request medical supplies or personnel needs through Medical Group Supervisor.
- [] Record patients on Treatment Tracking Form.
- [] Identify, as needed, medical leaders in each treatment section that are not allowed to leave.
- [] Coordinate with Transportation Leader, as soon as possible, to initiate Transport Plan. **DO NOT** wait for all patients to enter Treatment area before initiating transport to appropriate medical facility.

TRANSPORTATION LEADER CHECKLIST**RESPONSIBILITIES:**

Coordinate with Hospital Control 509-899-4151 (Alternate 509-933-8739) and record the transportation of all patients to medical facilities. Transport will maintain radio communication with the Medical Group Supervisor to provide updates on patient distribution to receiving hospitals. Hospital Control will contact receiving hospitals for bed availability and recommend a Transport plan.

DUTY CHECKLIST:

- [] Don Identification vest.
- [] Obtain needed equipment (MCI Cards w/Transportation Tracking Chart, clipboard, vest, etc).
- [] Obtain estimated number of casualties and categories (#red, #yellow, #green)
- [] Identify a safe, efficient loading area (transportation corridor) adjacent to the treatment area. Secure access and egress routes and inform staging (coordinate with Staging Manager if assigned).
- [] Determine that an appropriate number of transport vehicles have been called to the incident.
- [] Additional equipment is requested through MED GROUP.
- [] Using the Transportation Tracking Form 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-House Supervisor for patient distribution. Text picture of Tracking Form when possible and provide updates as needed. Request receipt confirmation from HC. Communications should be maintained as needed for expeditious patient transfer.
- [] Be sure to document all patient destinations and transporting agencies on form. Text copy to Hospital Control once all patients are transported for accountability.
- [] Maintain security and safety in patient loading area.
- [] Collect ambulance supplies and equipment as needed for patient care during transport.



**STAGING AREA MANAGER CHECKLIST
(if not under Operations)**

RESPONSIBILITIES:

Establish a staging area for incoming emergency vehicles and personnel; directing emergency response vehicles to the staging area; stock piling equipment; informing the IC, OPS Chief or Medical Group Supervisor of the EMS certification levels of arriving personnel. Coordinate with the Transportation Leader the movement of arriving units and resources that will be transporting patients and directing the ambulance to the loading zone. Deployment of resources will be assigned by the Incident Commander or designee.

DUTY CHECKLIST:

- Don Identification vest
- Obtain needed supplies (MCI Cards w/Staging Tracking Chart, clipboard, etc).
- Obtain estimated number of casualties
- Consult with Transportation Leader to coordinate Transportation Corridor/Loading area.
- Designate staging location and ingress route, collaborating with the IC or Medical Group Supervisor (MGS).
- Log each arriving unit # and type of personnel on Staging Tracking Chart, provide information on quantity and types of units to the IC or MGS.
- Assign units to tasks as directed by the IC or MGS.
- Assure the arriving units have proper credentials for designated capability.
- Ensure a driver stays with each unit (preferably not EMS provider).
- Make radio contact with incoming units, manage ingress and ensure all transport units have immediate egress.
- Prevent freelancing.

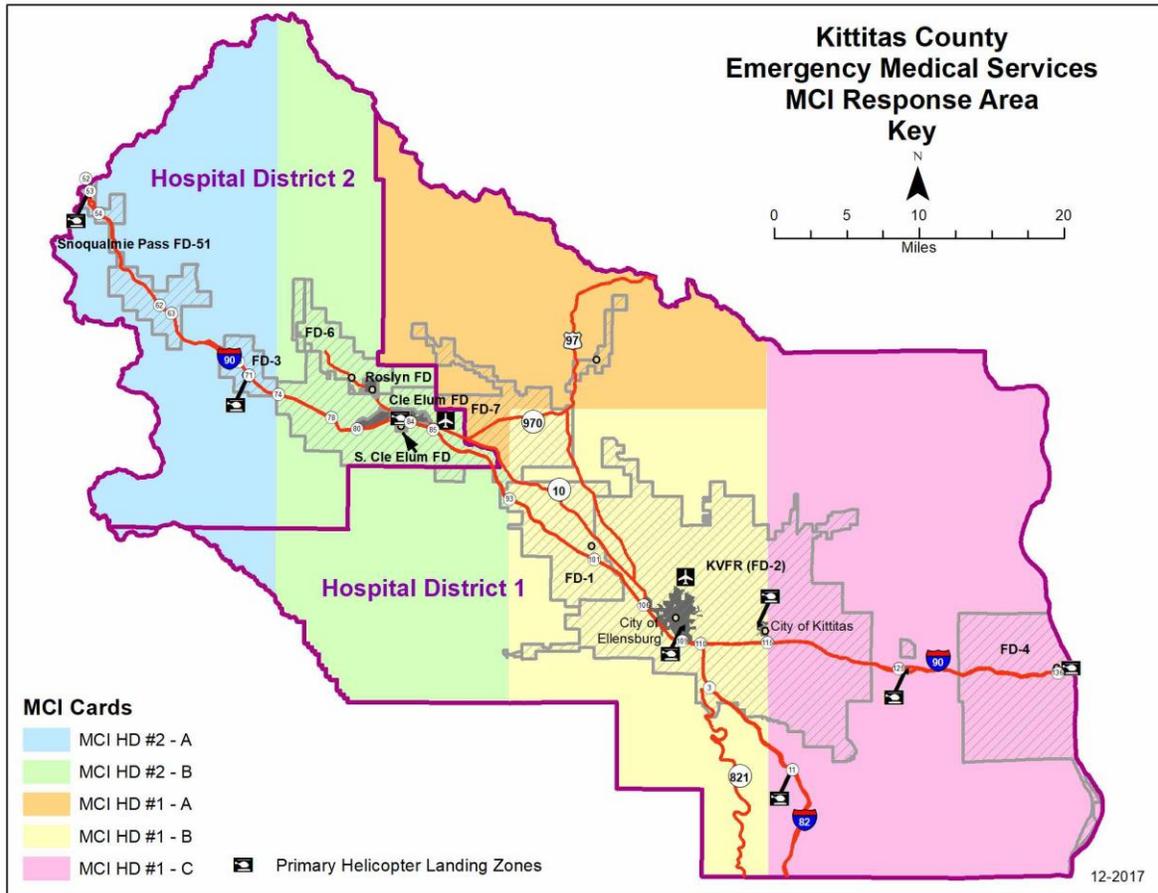


STAGING AREA TRACKING FORM

NOTE: Keep track of all resources and their capabilities. This includes air resources, HAZMAT, DOE, etc.

Table with 5 columns: Unit Number, In Time, Out Time, Assignment (rescue, treatment, etc), and Comments: (service level). The table contains 20 empty rows for data entry.

Appendix C
(UPDATED 1-2018)



Response Area Key:

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

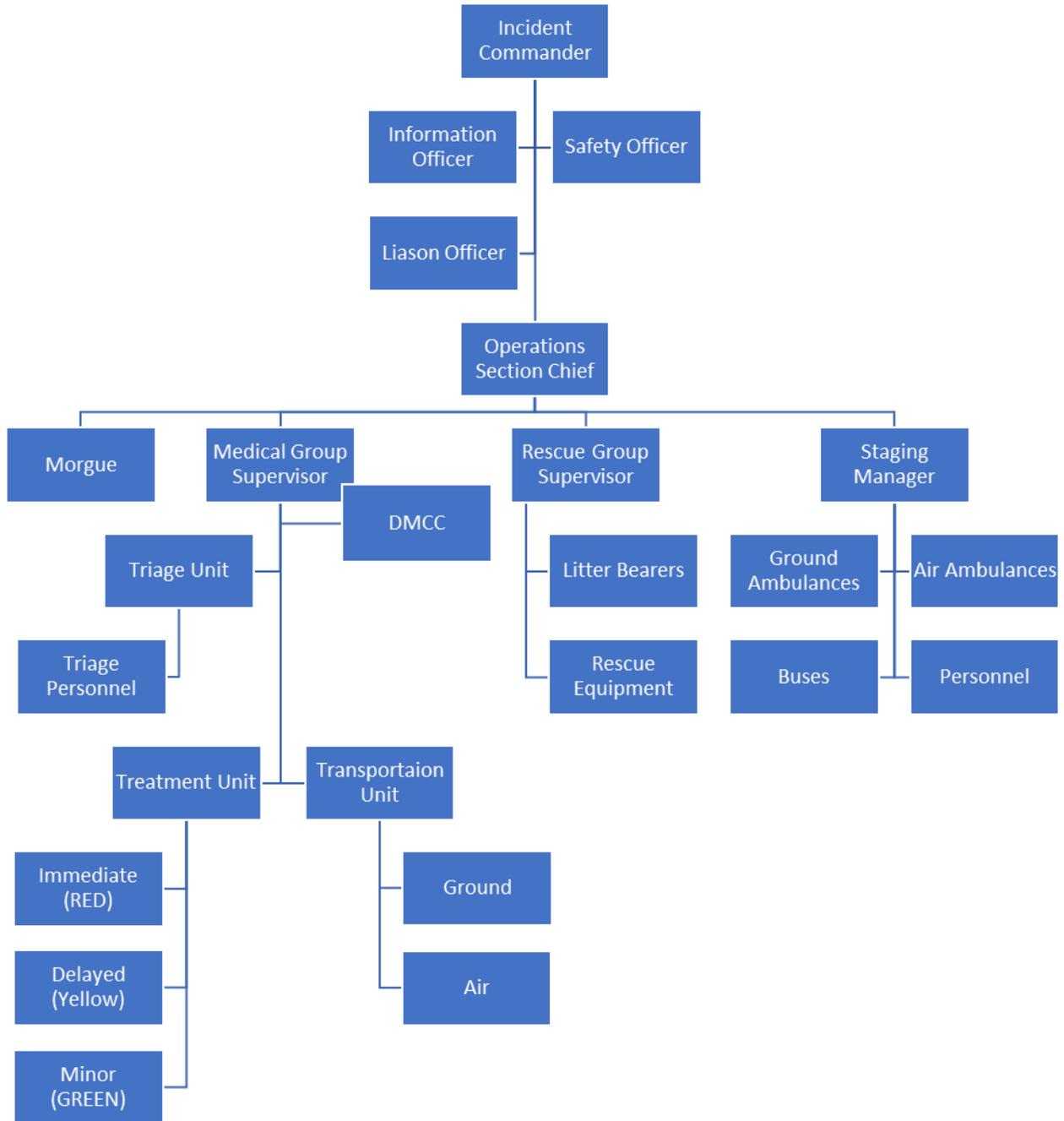
MCI HD#2-B (Green): KC Hospital District #2 - East of I90 MP74 (West Nelson Siding) to MP93 (Elk Heights), SR 903, SR970, & all adjacent areas North & South

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

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

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

EMS ICS ORGANIZATIONAL CHART





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

RESOURCE GOALS: As soon as initial number of patients is confirmed; resource notification is based on this number. MCI activation may be requested for fewer patients. Once minimum goals are met, additional resources need to be requested. Entrapment will be assumed at all MCI's unless directed otherwise. Resources are in addition to initial dispatch.

15 or less PATIENTS:	# EMS Units	# FIRE/AID Units	AIR AMB.
<ul style="list-style-type: none"> 5 EMS transport units 2 Fire units 3 LE units Launch 1 Helicopter (cancel if not needed) See additional resource notification for "All Categories" 	1) HD#2 Medic 2 units 2) FD#7- Amb/Aid 2 units 4) SnoqPass Amb 5) CEFD-Amb 6) RFD-Aid 7) SnoqPass -Aid 8) KVFR Medic 2-3 units 8) King Cty. (Request # of units still needed. Request call back to confirm # sending & ETA)	1) FD#3 Aid Extrication Engine 2) FD#7 2 Engines Extrication Rehab. Rig 3) FD#51 Aid 2 Engines Extrication 4) CEFD Aid Engine Extrication 5) FD#6 Aid Engine 6) ESF&R Engine 7) Roslyn FD Engine 8) KCFD#1 Rescue Unit	1) ALNW 2) Life Flight 3) Yakima TC <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Radio Channels</p> 1 - FIRE OPS 2 - FIRE PAGE 3 - FIRE TAC 3 4 - County Interop "Tac 1" 5 - FIRE TAC 5 6 - OSCCR 7 - FIRE TAC 7 8 - SnoqPass 9 - LERN 10 - SAR 11 - HEAR 12 - DNR Common 13 - DNR TAC 14 - DNR Peoh 15 - DNR AG 1 16 - Red Net LAW MAIN LAW ALT </div>
16-30 PATIENTS: <ul style="list-style-type: none"> 7 EMS transport units 3 Fire units 4 LE units Launch 2 Helicopters (cancel if not needed) See additional resource notification for "All Categories" 			
31 or more PATIENTS: <ul style="list-style-type: none"> 10 EMS transport units (Automatic request for King Cty. Medic Strike Team Request) 4 Fire units 5 LE units Request King County MCI Trailer (w/ETA) Search and Rescue Coordinator Launch 3 Helicopters (cancel if not needed) See additional resource notification for "All Categories" 			
NOTIFICATIONS FOR ALL CATEGORIES as needed: <ul style="list-style-type: none"> KCFD#1 Rescue Unit KVH House Supervisor 509-899-4151 / 509-933-8739 Bus Red Cross Coroner as needed Central WA Disability Resources (DAFN) KITTCOM Director 			
ON SCENE REMINDERS			
IC or On-scene Responders – Cancel or increase # of units & HELICOPTERS per need			
Agency Move-up Options: Kittitas Valley Fire & Rescue, Cle Elum Fire Dept., FD#7, FD#6, Roslyn FD			
Additional Manpower/Resource Options: Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students, King or Yakima County MCI Trailer			
Special Resource Considerations: Department of Transportation, Public Works, Public Health Dept. (Environmental Health), Hospital Decontamination Unit, Department of Ecology, Mental Health, BNSF, ARES/RACES, DAFN			
If KVH is on "Total Divert" or "Closed" status neighboring hospitals will be notified by KVH staff.			



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, SR970, & all adjacent areas North & South

RESOURCE GOALS: As soon as initial 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 are in addition to initial dispatch.

15 or less PATIENTS:	# EMS Units	# FIRE/AID Units	AIR AMB.
<ul style="list-style-type: none"> 5 EMS transport units 2 Fire units 3 LE units Launch 1 Helicopter (cancel if not needed) See additional resource notification for "All Categories" 	1) HD#2 Medic 2 units 2) FD#7-Amb/Aid 2 units	1) FD#7 Aid 2 Engines Extrication Rehab. Rig	1) ALNW 2) Life Flight 3) Yakima TC
16-30 PATIENTS: <ul style="list-style-type: none"> 7 EMS transport units 3 Fire units 4 LE units Launch 2 Helicopters (cancel if not needed) See additional resource notification for "All Categories" 	3) CEFD-Amb 4) KVFR Medic 2-3 units 5) RFD-Aid	2) KCFD#1 Aid Engine Extrication Rescue Unit 3) CEFD Aid 2 Engines Extrication	Radio Channels 1 - FIRE OPS 2 - FIRE PAGE 3 - FIRE TAC 4 - County Interop "Tac 1" 5 - FIRE TAC 6 - OSCCR 7 - FIRE TAC 8 - SnoqPass 9 - LERN 10 - SAR 11 - HEAR 12 - DNR Common
31 or more PATIENTS: <ul style="list-style-type: none"> 10 EMS transport units (Automatic request for King Cty. Medic Strike Team) 4 Fire units 5 LE units Request King or Yakima County MCI Trailer (w/ETA) Search and Rescue Coordinator Launch 3 Helicopters (cancel if not needed) See additional resource notification for "All Categories" 	6) SnoqPass -Aid 7) King or Yakima Cty. (Request # of units still needed. Request call back to confirm # sending & ETA)	4) FD#3 Aid Engine Extrication 5) SPFR Aid Engine Extrication 6) FD#6 Aid Engine 7) RFD Engine	13 - DNR TAC 14 - DNR Peoh 15 - DNR AG 1 16 - Red Net LAW MAIN LAW ALT
NOTIFICATIONS FOR ALL CATEGORIES as needed: <ul style="list-style-type: none"> KCFD#1 Rescue Unit KVH House Supervisor 509-899-4151 /509-933-8739 Bus Red Cross Coroner as needed Central WA Disability Resources (DAFN) KITTCOM Director 			

ON SCENE REMINDERS

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

Agency Move-up Options: Kittitas Valley Fire & Rescue, SPF&R, FD#1, FD#3, FD#6, Roslyn FD,

Additional Manpower/Resource Options: Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students, King or Yakima County MCI Trailer

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

If KVH is on "Total Divert" or "Closed" status neighboring hospitals will be notified by KVH staff.

Mass Casualty -- MCI HD#1-A (orange)

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

RESOURCE GOALS: As soon as initial number of patients is confirmed; resource notification is based on this number. MCI activation may be requested for fewer patients. Once minimum goals are met, additional resources need to be requested. Entrapment will be assumed at all MCI's unless directed otherwise. *Resources are in addition to initial dispatch.*

15 or less PATIENTS:	# EMS Units	# FIRE/AID Units	AIR AMB.
<ul style="list-style-type: none"> 5 EMS transport units 2 Fire units 3 LE units Launch 1 Helicopter (cancel if not needed) See additional resource notification for "All Categories" 	1) KVFR Medic 2-3 units 2) HD#2 Medic	1) FD#7 Aid 1-4 Engines Extrication	1) ALNW 2) Life Flight 3) Yakima TC
16-30 PATIENTS: <ul style="list-style-type: none"> 7 EMS transport units 3 Fire units 4 LE units Launch 2 Helicopters (cancel if not needed) See additional resource notification for "All Categories" 	3) <u>FD#7-Amb/Aid</u> 2 units 4) <u>CEFD-Amb</u>	2) KCFD#1 Rescue Unit Aid Engine 3) KVFR 1-2 Engines Extrication	Radio Channels 1 - FIRE OPS 2 - FIRE PAGE 3 - FIRE TAC 4 - County Interop "Tac 1" 5 - FIRE TAC 6 - OSCCR 7 - FIRE TAC 8 - SnooPass 9 - LERN 10 - SAR 11 - HEAR 12 - DNR Common
31 or more PATIENTS: <ul style="list-style-type: none"> 10 EMS transport units (medic strike team) 4 Fire units 5 LE units Request Yakima County MCI Trailer (w/ETA) Search and Rescue Coordinator Launch 3 Helicopters (cancel if not needed) See additional resource notification for "All Categories" 	5) Ballard or Lifeline Amb. 1-4 units 6) Yakima (AMR/ALS) 1-2 units 7) Wenatchee or Yakima: (Request # of units still needed. Request call back to confirm # sending & ETA)	4) CEFD Aid Engine Extrication	13 - DNR TAC 14 - DNR Peoh 15 - DNR AG 1 16 - Red Net LAW MAIN LAW ALT
NOTIFICATIONS FOR ALL CATEGORIES as needed:			
<ul style="list-style-type: none"> KCFD#1 Rescue Unit KVH House Supervisor 509-899-4151 / 509-933-8739 Bus Red Cross Coroner as needed Central WA Disability Resources (DAFN) KITTCOM Director 			
<p align="center">ON SCENE REMINDERS</p>			
<p>IC or On-scene Responders – Cancel or increase # of units & HELICOPTERS per need</p>			
<p>Agency Move-up Options: KCFD#1, HD#2, Yakima FD, KCFD#6, Roslyn FD</p>			
<p>Additional Manpower/Resource Options: Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students, King or Yakima County MCI Trailer</p>			
<p>Special Resource Considerations: Department of Transportation, Public Works, Public Health Dept. (Environmental Health), Hospital Decontamination Unit, Department of Ecology, Mental Health, BNSF, ARES/RACES</p>			
<p>If KVH is on "Total Divert" or "Closed" status neighboring hospitals will be notified by KVH staff.</p>			



Mass Casualty -- MCI HD#1-B (Yellow)

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

RESOURCE GOALS: As soon as initial number of patients is confirmed; resource notification is based on this number. MCI activation may be requested for fewer patients. Once minimum goals are met, additional resources need to be requested. Entrapment will be assumed at all MCI's unless directed otherwise. *Resources are in addition to initial dispatch.*

15 or less PATIENTS:	# EMS Units	# FIRE/AID Units	AIR AMB.
<ul style="list-style-type: none"> 5 EMS transport units 2 Fire units 3 LE units Launch 1 Helicopter (cancel if not needed) See additional resource notification for "All Categories" 	1) KVFR Medic 2-3 units 2) HD#2 Medic	1) KVFR Aid 1-5 Engines 1-2Extrication	1) ALNW 2) Life Flight 3) Yakima TC
16-30 PATIENTS: <ul style="list-style-type: none"> 7 EMS transport units 3 Fire units 4 LE units Launch 2 Helicopters (cancel if not needed) See additional resource notification for "All Categories" 	3) FD#7-Amb/Aid 2 units 4) CEFD-Amb 5) Yakima (AMR/ALS) 1-4 units	2) KCFD#1 Aid Engine Rescue Unit 3) FD#7 Engine Extrication	Radio Channels 1 - FIRE OPS 2 - FIRE PAGE 3 - FIRE TAC 4 - County Interop "Tac 1" 5 - FIRE TAC 6 - OSCCR 7 - FIRE TAC 8 - SnocPass 9 - LERN 10 - SAR 11 - HEAR 12 - DNR Common 13 - DNR TAC 14 - DNR Peoh 15 - DNR AG 16 - Red Net LAW MAIN LAW ALT
31 or more PATIENTS: <ul style="list-style-type: none"> 10 EMS transport units (medic strike team) 4 Fire units 5 LE units Request Yakima County MCI Trailer (w/ETA) Search and Rescue Coordinator Launch 3 Helicopters (cancel if not needed) See additional resource notification for "All Categories" 	6) HD#2 Medic 7) Sunnyside Medic Unit 8) King or Yakima Cty. (Request # of units still needed. Request call back to confirm # sending & ETA)	4) CEFD Engine	
NOTIFICATIONS FOR ALL CATEGORIES as needed: <ul style="list-style-type: none"> KCFD#1 Rescue Unit KVH House Supervisor 509-899-4151 /509-933-8739 Bus Red Cross Coroner as needed Central WA Disability Resources (DAFN) KITTCOM Director 			

ON SCENE REMINDERS

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

Agency Move-up Options: KCFD#1, KCFD#6, KCFD#7, HD#2, Roslyn Fire Dept.

Additional Manpower/Resource Options: Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students, King or Yakima County MCI Trailer

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

If KVH is on "Total Divert" or "Closed" status neighboring hospitals will be notified by KVH staff.



Mass Casualty -- MCI HD#1-C (pink)

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

RESOURCE GOALS: As soon as initial number of patients is confirmed; resource notification is based on this number. MCI activation may be requested for fewer patients. Once minimum goals are met, additional resources need to be requested. Entrapment will be assumed at all MCI's unless directed otherwise. Resources are in addition to initial dispatch.

15 or less PATIENTS:	# EMS Units	# FIRE/AID Units	AIR AMB.
<ul style="list-style-type: none"> 5 EMS transport units 2 Fire units 3 LE units Launch 1 Helicopter (cancel if not needed) See additional resource notification for "All Categories" 	1) KVFR Medic 2-3 units 2) HD#2 Medic 3) Mattawa Ambulance 4) Quincy Ambulance 5) Yakima (AMR/ALS) 1-3 units 6) Moses Lake Amb. 7) Ballard/LL Ambulance 8) Wenatchee or Yakima: (Request # of units still needed. Request call back to confirm # sending & ETA)	1) KVFR Aid 1-4 Engines 1-2Extrication 2) FD#4 Aid Engine 3) KCFD#1 Aid Engine Rescue Unit	1) ALNW 2) Life Flight 3) Yakima TC Radio Channels 1 - FIRE OPS 2 - FIRE PAGE 3 - FIRE TAC 4 - County Interop "Tac 1" 5 - FIRE TAC 6 - OSCCR 7 - FIRE TAC 8 - SnogPass 9 - LERN 10 - SAR 11 - HEAR 12 - DNR Common 13 - DNR TAC 14 - DNR Peoh 15 - DNR AG 1 16 - Red Net LAW MAIN LAW ALT
16-30 PATIENTS: <ul style="list-style-type: none"> 7 EMS transport units 3 Fire units 4 LE units Launch 2 Helicopters (cancel if not needed) See additional resource notification for "All Categories" 			
31 or more PATIENTS: <ul style="list-style-type: none"> 10 EMS transport units (medic strike team) 4 Fire units 5 LE units Request Yakima County MCI Trailer (w/ETA) Search and Rescue Coordinator Launch 3 Helicopters (cancel if not needed) See additional resource notification for "All Categories" 			
NOTIFICATIONS FOR ALL CATEGORIES as needed: <ul style="list-style-type: none"> KCFD#1 Rescue Unit KVH House Supervisor 509-899-4151 / 509-933-8739 Bus Red Cross Coroner as needed Central WA Disability Resources (DAFN) KITTCOM Director 			

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, Yakima FD, KCFD#6, Roslyn FD

Additional Manpower/Resource Options: Search & Rescue, Community Emergency Response Teams (CERT), CWU EMS Students, King or Yakima County MCI Trailer

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

If KVH is on "Total Divert" or "Closed" status neighboring hospitals will be notified by KVH staff.

Kittitas County Mass Casualty Incident Plan

(Revised 10-2022)

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

cheryl.burrows@co.kittitas.wa.us

PO Box 821

505 Power St.

Cle Elum, WA 98922

<http://www.kittitascountyems.org>

Current electronic copy of Kittitas County MCI Plan is available:

<http://www.kittitascountyems.org/traumacouncil.htm>

APPENDIX E:

MORTURARY SERVICES & MASS FATALITY MANAGEMENT

Key Partners: Coroner, Emergency Medical Services; Emergency Management; Funeral Homes; Cemeteries, Healthcare Facilities/Providers; Health Department; Red Cross

Key Actions by Phase

Phases 1 through 3:

- Coroner and Emergency Management collaborate on issues related to mass fatalities.
- Coroner coordinates response with Key Partners.
- Coroner coordinates activation of Mass Fatality MOU partners from surrounding county coroner’s offices.

Phases 3 through 5:

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

Phase 6:

- ⇒ Based on how fatalities impact the jurisdiction, implement adjustments to regular processes such as the following:
 - ⇒ Investigation practices
 - ⇒ Documentation/Data Management
 - ⇒ Morgue services
 - ⇒ Identification of decedent(s)
 - ⇒ Family assistance center
 - ⇒ Release of Jurisdiction
 - ⇒ Disposition
- Following declaration of a state of emergency, the Health Officer may impose additional requirements of the handling, care, transport or disposition of human remains or suspend the requirements of WAC chapter 246-500.
- Safeguards must be in place to ensure the protection of all personnel encountering deceased individuals who have succumbed to contagion or hazardous materials. Personal Protective Equipment will be scaled up or down in accordance with the threat level.
- Coroner supplies the Health Department with statistics regarding morbidity activity. During a mass fatality event, it is important that the Health Officer receive data that indicate geographic and community mortality rates.

Statutory Authority

RCW 68.50.010 – Coroner’s Jurisdiction over Remains

The jurisdiction of bodies of all deceased persons who come to their death suddenly when in apparent good health without medical attendance within the thirty-six hours preceding death; or

where the circumstances of death indicate death was caused by unnatural or unlawful means; or where death occurs within one year following an accident; or where the death is caused by any violence whatsoever, or where death results from a known or suspected abortion; whether self-induced or otherwise; where death apparently results from drowning, hanging, burns, electrocution, gunshot wounds, stabs or cuts, lightning, starvation, radiation, exposure, alcoholism, narcotics or other addictions, tetanus, strangulation, suffocation or smothering; or where death is due to premature birth or still birth; or where death is due to a violent contagious disease or suspected contagious disease which may be a public health hazard; or where death results from alleged rape, carnal knowledge or sodomy, where death occurs in a jail or prison; where a body is found dead or is not claimed by relatives or friends, is hereby vested in the county coroner, which bodies may be removed and placed in the morgue under such rules as are adopted by the coroner with the approval of the county commissioners, having jurisdiction, providing therein how the bodies shall be brought to and cared for at the morgue and held for proper identification where necessary.

RCW 68.50 Human Remains

A coroner has jurisdiction over human remains when death is due to a violent contagious disease which may be a public health hazard, or when death results from events including drowning, an accident, radiation, or exposure. Reports and records of autopsies or postmortems are confidential. Only the following people may view these confidential records: the personal representative of the decedent, any family member, the attending physician or advanced nurse practitioner, the prosecuting attorney or law enforcement agencies with jurisdiction, public health officials, the department of labor and industries or the secretary of the department of social and health services. A coroner, medical examiner, or their designee may publicly discuss their findings except when there is a pending investigation or court proceedings. These officials may also release identifying information of the deceased to aid in identification. The coroner, medical examiner or the attending physician will meet with the family of the decedent to discuss autopsy findings if they request. If the county coroner or county medical examiner investigating a death is unable to identify the decedent he or she shall have a qualified dentist carry out a dental examination. If the county coroner or medical examiner is still unable to identify the decedent, they will forward the dental examination records to the dental identification system of the state patrol to be matched and scored for identification.

WAC 246-500 Handling of Human Remains

This WAC includes the guidelines that funeral directors, embalmers, medical examiners, coroners, health care providers and others directly handling or touching human remains must follow in addition to management of human remains in refrigerated storage and transportation protocols. **The local health officer may impose additional requirements for the handling, care, transport or disposition of human remains or suspend the requirements of this chapter.**

RCW 70.02 Medical Records

Health care information is personal and sensitive and if it is used improperly or released may be harmful to a patient's privacy, health care or other interests. Patients and other qualified entities need access to health care records in order to inform their health care decisions, protect the health of the public, and more, but records must be disclosed appropriately and in appropriate

circumstances, as noted in this RCW. Authorization must be obtained prior to disclosure of records. A health care provider or health care facility may disclose health care information without a patient's authorization if the disclosure is to protect the health of the public or if it is for research that has been approved by an institutional review board. A personal representative of a deceased patient may exercise all of the deceased patient's rights, as noted in this RCW. All state and local agencies that obtain patient health care information must adopt and make available on their websites the rules and policies in accordance with this RCW regarding record acquisition, retention, destruction, and security. If patient information is improperly disclosed by a state or local agency the patient must be notified. The Department of Social and Health Services is authorized to release patient information that is necessary to protect the public.

RCW 70.58 Vital Statistics

The Department of Health (DOH) is authorized to prescribe the rules, schedule and system for electronic and hard copy transmission of birth and death certificates and marriage licenses as noted in this RCW. DOH also maintains rules for releasing copies of vital records through secure and confidential means. Local and city health officers are generally the entities responsible for registration activities which are supervised by the state registrar. Each local registrar may appoint deputy registrars to assist them. Washington State vital statistics documents include, at minimum, the items recommended by the federal agency responsible for national vital statistics. Information may be added to or removed from documents if the state board of health requires an addition. Vital records copies may be shared with federal, state and local governmental agencies if the record is to be used for official agency duties. A certificate of every death or fetal death must be filed with the local registrar in the district where the death occurred. Only qualified officials may file death certificates, as noted in this RCW. A county coroner, medical examiner or prosecuting attorney with jurisdiction may file a certificate of presumed death if the certificate includes sufficient evidence to indicate a person has died within the county and if it is unlikely that the body will be recovered.

RCW 70.58.170 Certificate of death or fetal death -- By whom filed.

The funeral director or person having the right to control the disposition of the human remains under RCW 68.50.160 shall file the certificate of death or fetal death. In preparing such certificate, the funeral director or person having the right to control the disposition of the human remains under RCW 68.50.160 shall obtain and enter on the certificate such personal data as the certificate requires from the person or persons best qualified to supply them. He or she shall present the certificate of death to the physician, physician's assistant, or advanced registered nurse practitioner last in attendance upon the deceased, or, if the deceased died without medical attendance, to the health officer, medical examiner, coroner, or prosecuting attorney having jurisdiction, who shall certify the cause of death according to his or her best knowledge and belief and shall sign or electronically approve the certificate of death or fetal death within two business days after being presented with the certificate unless good cause for not signing or electronically approving the certificate within the two business days can be established. He or she shall present the certificate of fetal death to the physician, physician's assistant, advanced registered nurse practitioner, midwife, or other person in attendance at the fetal death, who shall certify the fetal death and such medical data pertaining thereto as he or she can furnish. [2009 c 231 § 2; 2005 c 365 § 154; 2000 c 133 § 1; 1979 ex.s. c 162 § 1; 1961 ex.s. c 5 § 13; 1945 c 159 § 2; Rem. Supp. 1945 § 6024-2.]

RCW 70.58.240 Duties of funeral directors

Each funeral director or person having the right to control the disposition of the human remains under RCW 68.50.160 shall obtain a certificate of death, sign or electronically approve and file the certificate with the local registrar, and secure a burial-transit permit, prior to any permanent disposition of the human remains. He or she shall obtain the personal and statistical particulars required, from the person best qualified to supply them. He or she shall present the certificate to the attending physician or in case the death occurred without any medical attendance, to the proper official for certification for the medical certificate of the cause of death and other particulars necessary to complete the record. He or she shall supply the information required relative to the date and place of disposition and he or she shall sign or electronically approve and present the completed certificate to the local registrar, for the issuance of a burial-transit permit. He or she shall deliver the burial permit to the sexton, or person in charge of the place of burial, before interring the human remains; or shall attach the transit permit to the box containing the corpse, when shipped by any transportation company, and the permit shall accompany the corpse to its destination. [2009 c 231 § 5; 2005 c 365 § 158; 1961 ex.s. c 5 § 17; 1915 c 180 § 6; 1907 c 83 § 8; RRS § 6025.] Additional State Authorities: RCW 38.56.020 Intrastate Mutual Aid System – Established Local jurisdictions and tribes provide mutual assistance to each other in emergencies. This includes response, mitigation, or recovery activities related to an emergency or participation in drills or exercises in preparation for an emergency.

Coroner Mass Fatality Kit

Materials are the property of Kittitas County Coroner’s Office.

A 16x8 foot Utility Trailer is positioned for response at the Kittitas County Airport bullpen.

Utility Trailer Contents include but are not limited to:

- Heavy Duty body bags
- Burn sheets
- Body bag seals
- N95 masks
- Labels and tags
- Air conditioning unit
- 16 tray body storage

Coroner transport trucks are equipped with Mass Fatality Rapid Assessment, Morgue Team Leader, Search, Recovery Team Leader, and Family Assistance Center Guides. Transport trucks also carry SCBAs with masks, and additional PPE.

Leica 360RT 3-D scanner stored at the coroner’s office.

Received by: _____ Date