

# Emergency Support Function 8 Public Health and Medical Services

## ESF #8 Coordinator

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- Grays Harbor County Public Health and Social Services Department

## Primary Agencies

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- Grays Harbor Community Hospital
- Grays Harbor County Coroner's Office
- Grays Harbor County Environmental Health Division
- Grays Harbor County Fire Districts and Municipal Departments
- Grays Harbor County Health Officer
- Grays Harbor County Public Health and Social Services Department
- Grays Harbor County Medical Program Director
- Grays Harbor EMS and Trauma Care Council
- Mark Reed Hospital

## Support Agencies

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- Chaplains
- Contracted Community Mental Health Services
- Critical Incident Stress Management Team
- County and Municipal Law Enforcement
- Funeral Directors
- Grays Harbor Communications E911
- Grays Harbor County Board of Health
- Grays Harbor County Division of Emergency Management (DEM)
- Grays Harbor Transit
- Home Health and Hospice
- Medical Care facilities
- Mental Health agencies
- Pharmacies
- Private healthcare providers
- Social Service agencies

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## **I. INTRODUCTION**

### **A. Purpose**

The purpose of the Emergency Support Function 8 (ESF #8) Public Health and Medical Services Plan is to coordinate the organization and mobilization of public health, medical and mortuary services in Grays Harbor County prior to, during and following a disaster.

### **B. Scope**

ESF #8 provides guidance in identifying and meeting the public health and medical needs of victims of an emergency or disaster. This support is categorized in the following functional areas:

1. Assessment of health and medical needs
2. Public health surveillance
3. Mental health
4. Medical care personnel
5. Health/medical equipment and supplies
6. Patient evacuation
7. Victim identification and mortuary services
8. Worker health and safety
9. Potable water/drug/medical device safety

## **II. POLICIES**

- A. The Grays Harbor County Public Health and Social Services Department (GHPHSS) through the Emergency Operations Center (EOC) will coordinate health and medical assistance to Grays Harbor County.

- B. The concepts of National Incident Management System (NIMS)/Incident Command System (ICS) will be used in the event of an emergency or disaster that results in the activation of the EOC.
- C. Grays Harbor County emergency medical service personnel will operate under the established Grays Harbor Emergency Medical Services Patient Care Protocols. Any response actions taken by emergency medical service personnel outside the scope of existing protocol must first receive approval from the Medical Program Director or designee.
- D. The Emergency Medical Services Response to Multi-patient, Mass Casualty and Disaster Incidents Protocol details the operational concepts and responsibilities so that the Emergency Medical System will be capable of providing mass casualty emergency medical services during an emergency/disaster.
- E. Providence St. Peter Hospital is the Designated Disaster Medical Control Center. Good Samaritan Hospital and Harborview Hospital are the alternate centers.
- F. The health officer or designee shall take such action necessary to maintain the health of his or her jurisdiction. The health officer or designee may implement quarantine policies and/or a health order when needed due to incidents of mass communicable disease exposure or contamination of food, water and/or environmental resources. RCWs 70.05.070, WAC 246-101-505, WAC 248-100
- G. A Local Health Officer may invoke the powers of police officers, sheriffs, and all other law enforcement officers to enforce health orders. RCW 43.20.050(4) WAC 246-100-040.
- H. The Local Board of Health has jurisdiction over all matters pertaining to preservation of the life and health of the people. RCW 70.05.060
- I. The Coroner has jurisdiction over 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. RCW 68.50.010
- J. It is neither implied, nor inferred, that this plan guarantees a perfect emergency or disaster response will be practical or possible. No plan can shield individuals

from all events. While every reasonable effort will be made to respond to emergencies or disasters, resources and/or systems may be overwhelmed. Some events provide little or no warning to implement operational procedures and all emergency plans are dependent upon tactical execution, which may be imperfect. This plan can only be fulfilled if the situation, information exchange, extent of actual capabilities and resources are available at the time of the incident.

### **III. PLANNING ASSUMPTIONS**

- A. Emergencies and disasters can occur with or without warning causing human suffering, injury and death as well as disruption of normal activities.
- B. Some hazards, such as earthquakes, may cause widespread injuries to persons and damage to infrastructure. Hospitals, nursing homes, pharmacies and other medical/health care facilities may be structurally damaged or destroyed. Those facilities that survive with little or no structural damage may be rendered unusable or only partially usable because of damage to the facility operation systems, i.e., reduction of utilities (power, water, sewer), or because staff are unable to report for duty due to personal injuries or damage to transportation systems.
- C. Any mass casualty event will likely exceed capacity to treat those injured or sickened. This problem will possibly be compounded by the presentation of the "worried well," i.e., those who are not injured but who will nevertheless demand medical attention, and those inquiring about relatives.
- D. Hospitals and other medical facilities in the region may be taxed to their maximum capacity to receive patients. The ESF #8 Coordinator and other primary agencies may need to coordinate the use of other shelters as temporary treatment centers.
- E. Medical supplies and equipment may be in short supply. Most health care facilities maintain only sufficient inventory stock to meet their short-term needs.

Disruptions in local communications and transportation systems could prevent timely re-supply.

- F. Access of casualties to assessment, treatment, transport and transport facilities may be limited.
- G. Uninjured persons who require daily maintenance medications may have difficulty obtaining these medications because of damage to normal supply locations and general shortages.
- H. Even disasters that do not generate a large number of casualties may have considerable needs for relocation, shelters, vector control, contaminated debris, and returning water, wastewater and solid waste facilities to operation.
- I. People with physical or cognitive disabilities, dependent on medical equipment or who are medically frail, elderly, or mentally ill will be at additional risk during a significant event.
- J. In a declared disaster, the governor, or other official licensing entities that have the authority, may waive specific regulations or rules such as capacity limits for care facilities or alternate care.
- K. The damage and destruction from a catastrophic disaster will produce urgent needs for mental health support for disaster victims and response personnel.

#### **IV. CONCEPT OF OPERATIONS**

##### **A. General**

1. The procedures in this plan may be activated by any local jurisdiction, which experiences any or all of the conditions under Planning Assumptions, by contacting Grays Harbor County Emergency Management.
2. With the potential for, or the occurrence of an event, the EOC will notify Grays Harbor County Public Health and Social Services. This notification may be by telephone, facsimile, or pager, etc. Such notification could be to

advise of a potential event, announce an activation of the EOC, or to pass a request from local jurisdiction officials requesting assistance.

- a. The EOC activates notification to primary agencies as able through E911 and telephonic warning system.
  - b. The ESF #8 Coordinator will notify other primary and supporting agencies requesting their assistance as appropriate.
  - c. Primary and supporting agencies will report to the appropriate location as requested.
3. Appropriate primary and support agencies and organizations will be notified and tasked to provide 24-hour representation, as necessary. Each agency or organization is responsible for ensuring that sufficient program staff are available to support the EOC and carry out the activities tasked to their agency or organization on a continuous basis. Individuals representing agencies must have knowledge of the resources and capabilities of their respective agencies or organizations, and have access to the appropriate authority for committing such resources during response and recovery operations.
  4. The coordination and reporting of assessments, evaluations, and essential medical information with WA State Department of Health will be coordinated with the EOC.

**B. Organization**

1. If there is a need for the EOC to activate, the disaster response will be coordinated through the EOC.
2. Grays Harbor County Public Health and Social Services will coordinate and integrate overall County efforts to provide public health and medical assistance to the affected area.
3. Dependent on the event other primary agencies may take operational leadership or joint leadership as appropriate.
4. Appropriate agencies will provide staff for EOC response.

C. Phases of Emergency Management

1. Mitigation and Preparedness

Activities that maintain the health of the community and develop health and medical response capabilities.

- a. Maintain liaison among primary and support agencies.
- b. Public Health promotion and disease prevention programs and services.
- c. Environmental Health regulation of public water systems, food service establishments, on-site sewage disposal systems, water recreational facilities, RV parks, schools and providing assistance with vector control.
- d. Development and registration of medical and public health volunteers to respond during a disaster.
- e. Maintenance of communication systems between public health, hospitals, and health care providers for health alerts and information exchange during events.
- f. The development, exercise and maintenance of internal disaster plans by medical and response agencies and facilities and public health.
- g. The development of policies to address public health concerns in the community.
- h. Community planning and exercises for ESF #8.

2. Response and Recovery

Activities include coordination with appropriate primary and support agencies, to provide for support in a significant event or an event that affects the emergency medical services, public health, or mortuary services for the county:

- a. Coordination to provide care of the sick, injured and dead resulting from an emergency or disaster.
- b. Assessment of health and medical needs.
- c. Assistance with emergency pharmacy and laboratory services.
- d. Gathering and provision of information on the status of the disaster and its impact on the public health. Public information will be coordinated through ESF #15.
- e. Assistance, as capable, to jurisdictions and organizations to conduct wellness checks, particularly for people who are at risk, i.e., people who are medically frail, chronically ill, have mental illness, developmental disabilities, etc.
- f. Coordination with ESF #6, Mass Care and Human Services to support needs of people with special needs, such as people who have mental illnesses, are chemically dependent, developmentally disabled, medically frail or have chronic illnesses, etc.
- g. Assistance to affected populations in clean-up or follow-up activities with technical advice on health and safety issues related to returning to damaged areas.
- h. Assistance with restoration of pharmacy services to operational status.
- i. Non-city or county government, private or non-profit organizations will be requested to support the area medical, health and mortuary services, and hospitals by providing emergency services consistent with their capabilities.
- j. Coordination of requests for alternate care sites, or sites that could be utilized to support people with special needs. Coordination with entities that have existing facility agreements.
- k. Coordination of the deployment of volunteer emergency workers (Grays Harbor Health Reserve Corps or other Medical Reserve Corps) to support health and medical needs.

- l. National Guard medical, transportation, weapons of mass destruction response teams, and other assets may be asked to deploy to support ESF #8 requirements. These requests will be coordinated through the EOC with the State EOC National Guard Liaison Coordinator to activate and deploy the necessary military units.
- m. Disaster Medical Assistance Teams (DMAT) and Disaster Mortuary Operational Response Teams (DMORT) may be requested when the response needs exceed local and regional capacities. These requests will be coordinated through the EOC to the State EOC and the Washington State Department of Health.
- n. Primary and support agencies and organizations will support response and recovery activities consistent with their organizations' mission and capabilities.
- o. Participation in post event assessment of response activities and adjustment of plans and protocols as necessary.

## **V. RESPONSIBILITIES**

### **A. ESF #8 Coordinator**

#### **1. *Grays Harbor County Public Health and Social Services***

- a. Provides coordination for primary and supporting agencies and organizations throughout the incident.
- b. Identifies, trains and assigns personnel to staff the EOC for coordination of medical and health services.
- c. Conducts initial assessment of health and medical needs.

### **B. Primary Agencies**

#### **1. *Fire/Emergency Medical Services Agencies***

- a. Provides basic and advanced life support services in accordance with Grays Harbor Emergency Medical Services Patient Care Protocols.
- b. Provides initial field command and makes the decision whether to request additional assistance.

- c. Utilizes mutual aid among emergency medical service providers to make maximum use of existing local, regional, or inter-regional assets and services.
- d. Utilizes decontamination resources as needed or requested.
- e. Establishes field communications between appropriate agencies.
- f. Provides representative to the EOC to coordinate EMS response, if requested.
- g. Provides casualty and damage assessment information to the EOC, if activated.
- h. During EOC activation, the field operations informs and updates the EOC of any air operations or ground resources that are ordered from outside the county to ensure that all resources are coordinated.

**2. Grays Harbor County Coroner**

- a. Has jurisdiction over bodies of the deceased.
- b. Develops and implements mass fatality planning.
- c. Assumes overall responsibility for the care, identification, notification of next-of-kin, and disposition of bodies of the deceased during and after disasters.
- d. Determines the manner and cause of death and provides information to Public Health and Social Services Vital Records for issuance of the death certificate.
- e. Keeps all necessary records and furnishes the Public Information Officer at the EOC with a regularly updated casualty list.
- f. If local resources for proper handling and disposition of the dead are exceeded, supplemental assistance may be requested thru the State EOC for the identification, movement, storage, and disposition of the dead.
- g. Makes requests for additional assistance through the EOC.

**3. Grays Harbor County Environmental Health Division**

- a. Assesses and monitors any potential or existing environmental contamination or health concerns.
- b. Ensures emergency sanitation standards for disposal of garbage, sewage and debris are followed.
- c. Provide oversight of potable water supplies.
- d. Assures food safety.
- e. Provides for the coordination of health and sanitation services at mass casualty incidents.
- f. Coordinates public health information through ESF #15 Public Information and Grays Harbor County Public Health and Social

Services, including the dissemination of information in a variety of ways and formats, such as different languages, large print, mass distribution of flyers, etc.

- g. If supplemental assistance is necessary, requests are made through the EOC.

**4. Grays Harbor County Health Officer**

- a. Determines critical priorities in the public health effort.
- b. Consults with the Board of Health and state and federal health agencies.
- c. Provides direction for isolation and quarantine.
- d. Acts as a technical specialist for community health issues, environmental hazards and information.

**5. Grays Harbor County Public Health and Social Services**

- a. Coordinates and/or administers pharmaceuticals for contamination or disease as deemed necessary by local and state health officials.
- b. Conducts assessment and surveillance of potentially or existing affected individuals, and conducts long-term monitoring of this population for potential long-term health effects.
- c. Coordinates emergency pharmacy resources.
- d. Implements Strategic National Stockpile operations as needed.
- e. Provides for the recording and issuing of death certificates.
- f. Coordinates public health and medical information with ESF #15 Public Information and Grays Harbor County Environmental Health Division, including the dissemination of information in a variety of ways and formats, such as different languages, large print, mass distribution, etc.
- g. Coordinates for the provision of mental health response for immediate and short-term disaster mental health interventions for victims and response personnel.
- h. Directs and coordinates the activation and deployment of volunteer public/medical/mental health personnel.
- i. Coordinates through the Washington State Department of Health waivers of rules and regulations regarding licensed health care facilities and personnel.
- j. If supplemental assistance is necessary, requests are made through the EOC.
- k. Coordinates response with consideration of special needs populations such as people with chronic illness, who are medically frail, chemically dependent, developmentally disabled or have mental illness.

**6. Hospitals**

- a. Maintains procedures and protocols for reducing patient population for events that may require evacuation, and procedures for those who cannot be evacuated.
- b. Coordinates in-hospital care.
- c. Works with the Disaster Medical Control Center or backup for assignment of patients and transportation to hospitals or temporary treatment facilities.
- d. Provides status updates to EOC.
- e. Provides staff to EOC as requested.
- f. Maintains plans and procedures to activate decontamination units as needed or requested.
- g. Monitors and reports incidence of communicable disease to Grays Harbor County Public Health and Social Services.
- h. During County EOC activation, informs and updates the EOC of air operations to ensure that transportation resources are coordinated.
- i. Maintains current transfer and transport site, i.e., helipad, etc.

**C. Support Agencies**

Provides support in planning for, and providing medical and public health assistance to local jurisdictions affected by an emergency or disaster.

**1. Chaplains**

- a. Supports on-scene interaction with family members of victims and emergency response personnel.
- b. Provides support and comfort to relatives and friends of incident victims.
- c. As needed, maintains communication with the EOC.

**2. Contracted Community Mental Health Agencies**

- a. Maintains internal response plans.
- b. Supports clients to develop emergency plans.
- c. Maintains staff at the Crisis Clinic for immediate response.
- d. Contacts clients as able to assess needs.
- e. Identifies staff to provide Immediate and Short-Term Disaster Mental Health Intervention through hot-lines and outreach efforts that are coordinated through Grays Harbor County Public Health and Social Services and the EOC.

- f. Responds to area of need as identified in collaboration with the ESF #8 Coordinator and the EOC.
- g. Maintains communication with the EOC.

**3. County and Municipal Law Enforcement**

As resources allow, provides the following support:

- a. Provides crime scene investigations and law enforcement.
- b. Provides on scene traffic control.
- c. Supports local health care hospitals and affiliated clinics with security and crowd control.
- d. Enforces quarantine restrictions as requested by the Health Officer or designee.
- e. Provides security for temporary morgue sites.
- f. Maintains communication with the EOC.

**4. Funeral Directors**

- a. May be requested to assist in the processing of human remains.
- b. Maintains communication with the EOC.

**5. Grays Harbor County Division of Emergency Management (DEM)**

- a. Activates and manages EOC.
- b. Activates notification.
- c. Maintains typed resource lists.
- d. Maintains lists of identified helipad sites throughout the county.
- e. Maintains main and backup contact information for primary agencies.
- f. Registers local emergency health volunteers.

**6. Grays Harbor Emergency Medical Services and Trauma Council**

- a. Provides administration for advanced life support units in Grays Harbor County.
- b. Provides oversight of protocols for emergency medical services.
- c. Maintains communication with the EOC.

**7. Grays Harbor Transit**

- a. Supports transportation needs for patient evacuation or to alternative care sites.
- b. Maintains communication with the EOC.

**8. Home Health and Hospice**

- a. Maintains internal disaster plans.

- b. Maintains list of clients at risk.
- c. Conducts wellness checks on clients to assess needs, as able.
- d. Coordinates with the EOC to address resource needs.
- e. Supports needs of staff and community as capabilities allow.
- f. Maintains communication with the EOC.

**9. Pharmacies**

- a. Maintains emergency pharmaceutical supplies.
- b. Assesses ability to operate on an emergency basis.
- c. Coordinates with the ESF #8 Coordinator.
- d. Maintains communication with the EOC.

**10. Other Local Agencies and Facilities**

- a. Provides support consistent with their capacity and mission.
- b. Assisted living facilities that have the expertise in providing care for people with dementia (*West Haven, Grays Harbor Health and Rehab and the Beehive Retirement Center*) may be able to support additional people in the community with dementia.
- c. Provides support to the Coroner in the identification, movement, storage security, and disposition of the dead as able and requested.

**VI. REFERENCES**

- A. Emergency Support Function #6 (*Mass Care, Housing and Human Services*)
- B. Grays Harbor Community Hospital Disaster Plan
- C. Grays Harbor Emergency Medical Services Patient Care Protocols.
- D. Grays Harbor County Public Health Emergency Preparedness and Response Plan
  - 1. Appendix E: Strategic National Stockpile Distribution Plan
  - 2. Appendix L: Pandemic Influenza Response Plan
- E. Mark Reed Hospital Disaster Plan
- F. Regional Hospital Plan
- G. Regional Mass Fatality Plan (*in development*)

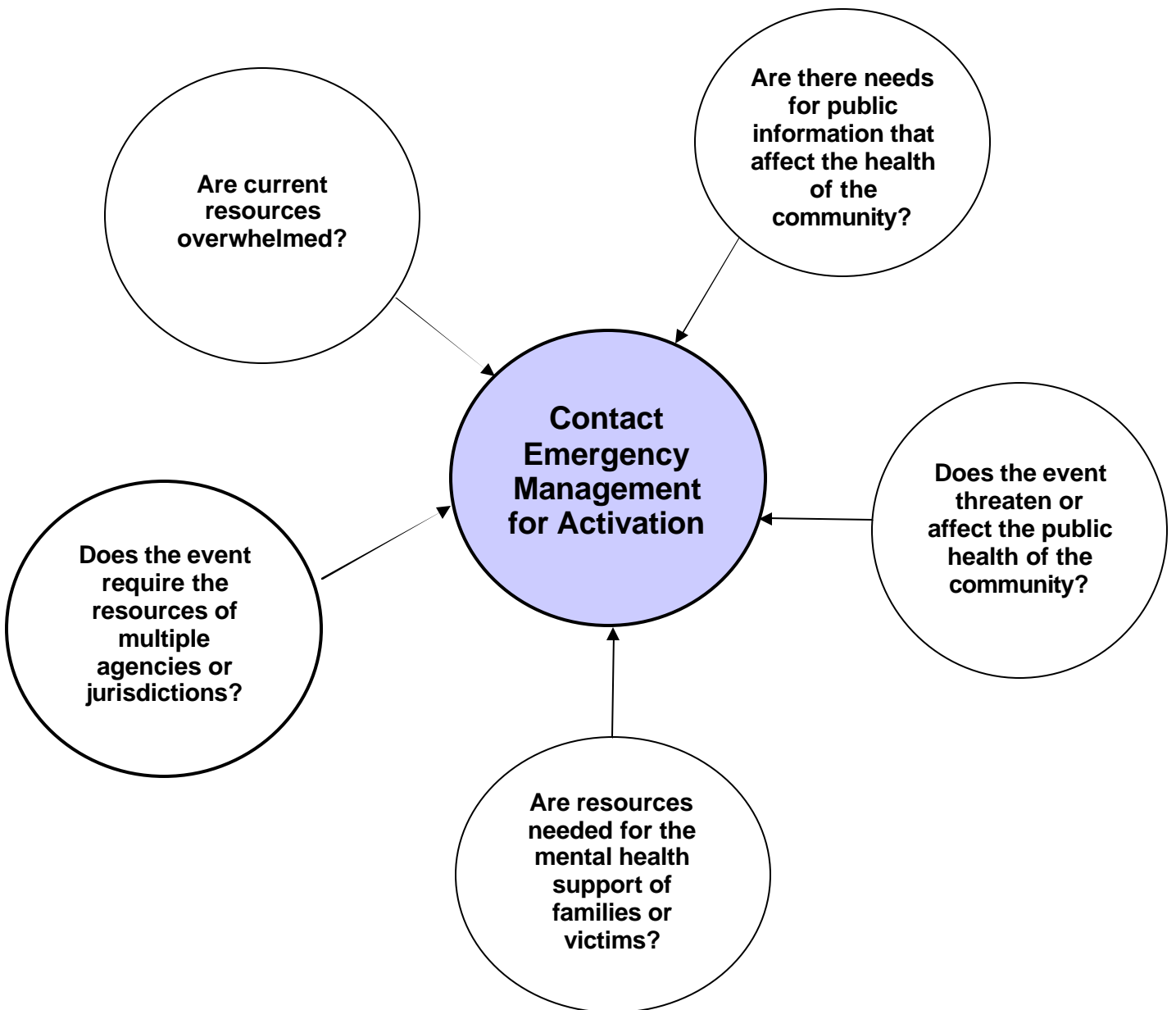
**VII. ATTACHMENTS**

- A. Activation Triggers for Emergency Support Function #8
- B. Notification for Emergency Support Function #8
- C. Emergency Medical Services Response to Multi-Patient, Mass Casualty and Disaster Incidents Protocols
- D. Grays Harbor County Mass Fatality Plan
- E. Mosquito Borne Disease Response Plan

F. Attachment A

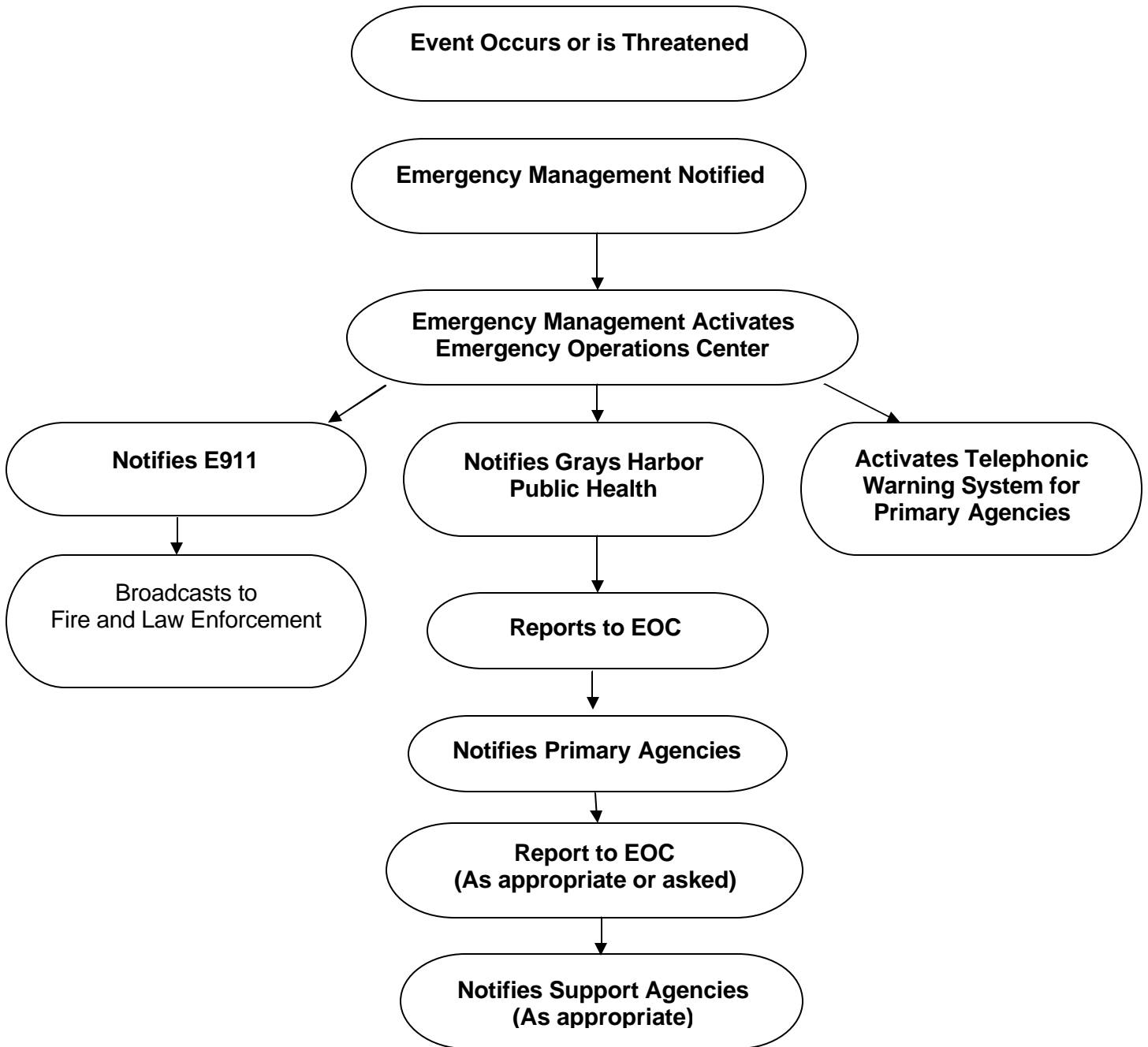
**Activation for Emergency Support Function # 8**

*These questions are only a guide and not intended to be an exhaustive list of triggers for activation. The procedures in this plan may be activated by any local jurisdiction, which experiences any or all of the conditions under Planning Assumptions.*



## Attachment B

### Notification for Emergency Support Function #8



## Attachment C

### EMS RESPONSE TO MULTI-PATIENT, MASS CASUALTY AND DISASTER INCIDENTS PROTOCOL

- MULTI-PATIENT INCIDENT:** Incidents involving up to 10 Immediate or Delayed triaged patients.
- MASS CASUALTY INCIDENT:** Incidents involving 11 to 50 Immediate or Delayed triaged patients.
- TRIAGE RIBBON:** Colored ribbon, (Red, Yellow, Green or Black), attached to a patient's arm or leg, indicating patient's treatment and transport priority status.
- TRIAGE REPORT:** Includes the total number of patients and the number of patients triaged Immediate (RED) and Delayed (YELLOW). The triage report is a benchmark that should be relayed early on in the incident to Harbor Dispatch and the receiving medical facility.
- NIMS:** National Incident Management System.

#### INDICATIONS:

The guidelines listed here are designed to coincide with individual agency policies and procedures as well as NIMS to achieve the effective management of multiple patient incidents regardless of the number of patients or incident size.

The guidelines here should be implemented by the first arriving unit(s) to arrive at a multiple patient incident when it is determined that the needs of the incident exceed the initial available resources. Depending on the number of patients encountered, a Multi-patient, Mass Casualty or Disaster incident should be declared.

**PROCEDURE:**

The initial actions of the first arriving unit(s) shall be directed towards scene size-up, requesting appropriate resources and initial organization of the scene. Personnel should be utilized to perform triage of all patients utilizing START triage to determine the total number of patients and the number of patients in the Immediate and Delayed categories.

1. Give on-scene report, initiate or establish command, INITIATE TRIAGE,
2. Perform a rapid hazard assessment and establish a safe zone to operate.
3. Provide for occupant protection (charged hand line etc.)
4. Inform Harbor Dispatch of Multi-patient, Mass Casualty or Disaster Incident based on the total number of patients and the number of patients in the Immediate (RED) and Delayed (YELLOW) categories. This is known as the TRIAGE REPORT.
5. Call for additional resources to meet the needs of the incident.
6. Contact receiving medical facility to inform them of the nature of the incident and notify them of the TRIAGE REPORT.
7. Assign positions of Triage, Treatment, Extrication and Transportation, as needed.
8. Assign crew(s), unit(s) to accomplish tasks.
9. Coordinate patient transportation with responding EMS units and the receiving medical facility.

**ICS POSITIONS, FUNCTIONS AND INCIDENT ORGANIZATION**

**TRIAGE:** Triage will be initiated early in the incident, especially when the number of patients and/or the severity of their injuries exceed the capabilities of the initial on-scene personnel. Triage will be performed using START triage.

**Simple Triage And Rapid Treatment**

Assesses Respirations, Perfusion and Mental Status.

- A. Immediate (RED)
  1. Respirations >30 per minute or absent until head repositioned, or
  2. Radial pulse absent or capillary refill >2 seconds, or
  3. Can not follow simple commands
- B. Delayed (YELLOW)
  1. Respirations present and <30 per minute and,
  2. Radial pulse present
  3. Can follow simple commands
- C. Minor (GREEN)
  1. Anyone that can get up and walk when instructed to do so.
- D. Deceased (BLACK)
  1. Anyone not breathing after you open the airway.

The START system is used only when the needs of the patients exceed the available resources immediately available. Frequently reassess patients and perform more in-depth triage as more personnel become available.

On Multi-patient incidents the individual victims may be triaged and left in place if doing so does not place them in further danger. If left in place, a Triage Tag should be attached indicating the patient's priority status. Initial treatment/stabilization of the patients would occur in place until a transporting unit is assigned and assumed care.

If a Treatment Area is established, the patients should initially be triaged using Triage Ribbon and a triage Tag attached as they enter the Treatment Area. As a general rule, Treatment Areas are optional for Multi-Patient Incidents but should be established for Mass Casualty Incidents and Disaster Incidents.

All patients triaged Minor (GREEN) shall be directed to a holding area where they can be further assessed, protected from the environment and arrangements made for their release from the scene. These patients should not be allowed to self-deploy to the hospital.

#### **STAGING:**

The initial responding unit(s) will respond to the scene to initiate triage, determine resource needs and establish the Incident Command System to the level required by the incident. For Multi-Patient Incidents, where victims have been triaged and left in place, additional arriving units should be directed to individual patients based on their triage priority.

When a Treatment Area has been established, a Staging Area for arriving Ambulances should be designated to coordinate the orderly flow of units into and out of the patient pick-up zone. A Staging Officer should be established to work in conjunction with the Transportation Officer to ensure patients are placed with an appropriate transport unit (ALS vs. BLS). The Staging Officer should operate on a predetermined mutual aid radio frequency identified by the Incident Commander.

#### **TREATMENT AREA:**

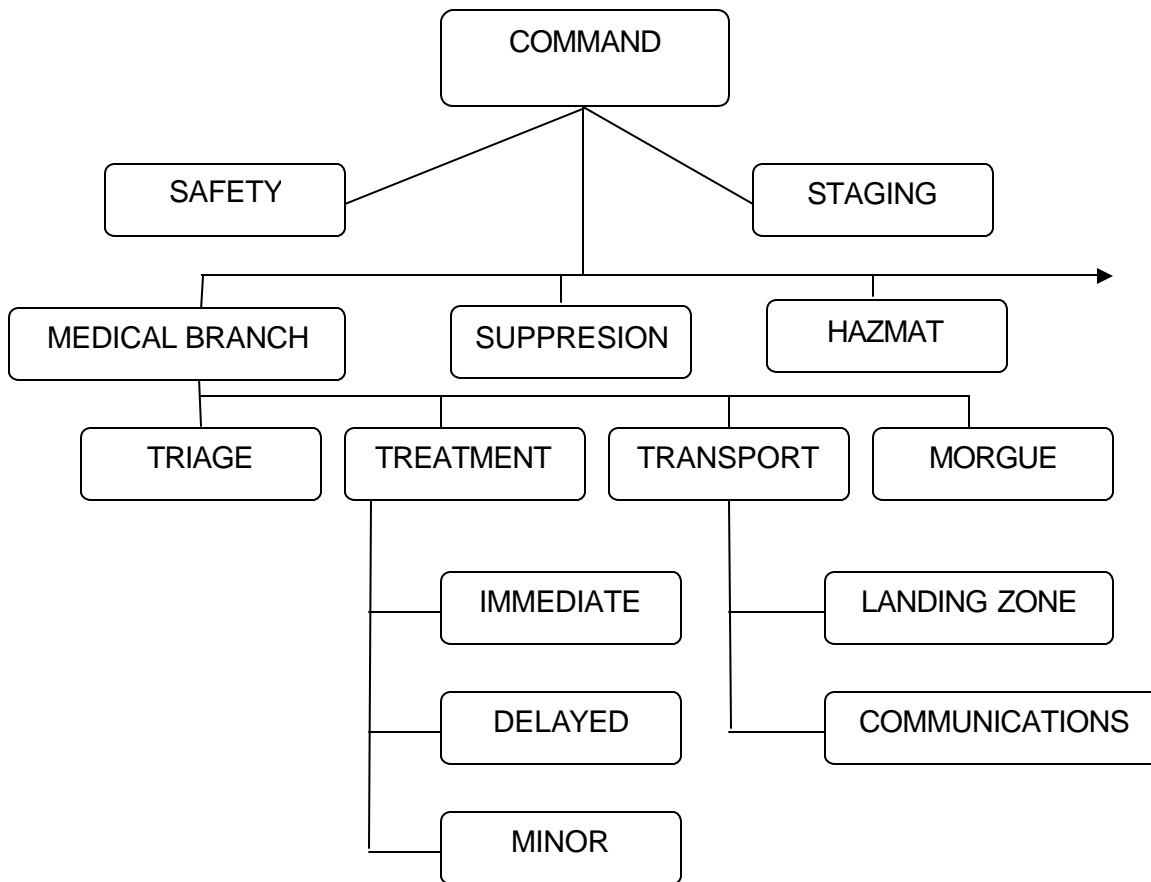
A Treatment Area may be established for Multi-patient Incidents but should be established on all Mass Casualty and Disaster Incidents. A Treatment Area serves to bring all the patients to one area, localize the need for medical supplies, and allow for a more orderly transport of patients to medical facilities.

The Treatment Area should be divided into Immediate and Delayed patients and clearly identified by color so that patients are placed in the correct area. Entry into the Treatment

Area should be through a clearly defined Funnel Point. It is at this Funnel Point that a Triage Tag is attached to the patient and the patient numbered.

**INCIDENT COMMAND STRUCTURE:**

The Incident Command System should be expanded to meet the needs of the incident as determined by the Incident Commander. Based on those needs the Incident Command System for EMS should be utilized for Multi-Patient, Mass Casualty and Disaster.



It is recommended that each agency develop policies and procedure for their agency that outline the duties and responsibilities of the above Incident Command Positions. This will ensure interoperability between all agencies responding to a Multi-patient, Mass Casualty or Disaster Incident.

<b>COMMUNICATIONS:</b>
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Communication with the receiving medical facility is critical to the successful mitigation of a Multi-Patient, Mass Casualty or Disaster Incident. The following steps should be considered to eliminate confusion and to facilitate an orderly flow of patients.

- **Triage Report;** The initial “head count” of the injured patients will allow the hospital to implement their appropriate internal response to the incident.
- **Individual patient reports:** These may be handled by the individual transporting units as they leave the scene if transport time and distance will allow. If a Transportation Officer or Communications Officer is established, individual patient reports should be made by them to the receiving facility instead of by the transporting unit, The method of communicating with the receiving facility should be made clear to all transporting units prior to their departure from the scene.
- **Content of patient report:** In a Multi-patient incident, if transport times allow, it may be possible to include patient information such as name, age, and DOB as well as the nature of the injuries and treatment rendered prior to arrival at the medical facility. In Mass Casualty incidents or when reports are being given by the Transportation Officer or his designee, reports should consist of patient # ( this patient number 1 is”), triage priority (Immediate or Delayed), approx. age, nature of injuries, treatment documented in the treatment area, name of transporting agency and their ETA at the facility.
- **Method of communicating:** If individual transporting units are contacting the receiving facility

**Attachment D**  
**Grays Harbor County Mass Fatality Plan**

**Attachment E**  
**Mosquito-Borne Disease Response Plan**

**Attachment F**  
**Emergency Medical Services Resources**  
**Typed Resource Definitions**