

Ada County Mass Casualty Incident Plan

This plan covers the following jurisdictions:

Ada County
Ada County Highway District
City of Boise
City of Eagle

City of Garden City
City of Kuna
City of Meridian
City of Star



Ada City-County Emergency Management

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Emergency Instructions

To use this plan in a Mass Casualty Incident find and follow the appropriate **Checklist**.

Forward

Ada County citizens are at risk from a variety of natural and man-made hazards that have the potential to generate a large number of casualties. A well written mass casualty incident plan can help minimize loss of life, disabling injuries, and human suffering. An efficient and coordinated mass casualty incident response demands a well-written plan. This Ada County Mass Casualty Incident Plan was developed to assist this community in dealing with any type of situation involving mass casualties within the county. This plan defines who does what, when, where and how they will do it. By training on and following this plan emergency responders can reduce the danger to themselves and the general public.

Doug Hardman, Director
Ada City-County Emergency Management



Promulgation Document

PROVIDING FOR THE ADOPTION OF THE ADA COUNTY MASS CASUALTY INCIDENT PLAN

WHEREAS, Ada County has a growing number of residents, commuters, those traveling through the county by air and road, and venue events which attract large concentrations of people; and

WHEREAS, these people are at risk from a variety of natural and man caused emergencies and disasters, including transportation accidents, structural fires, earthquakes, hazardous materials, wildfires; and terrorism; and

WHEREAS, the object of this plan is to reduce suffering and to save the greatest number of human lives in a mass casualty incident; and

WHEREAS, coordinated, efficient, and effective response to mass casualty incidents requires a cooperatively developed and detailed response plan incorporating the principles of the Incident Command System and the National Incident Management System;

NOW THEREFORE BE IT RESOLVED, that the Ada City-County Emergency Management Executive Council does hereby adopt the ADA COUNTY MASS CASUALTY INCIDENT PLAN to be used for all declared mass casualty incidents within Ada County.

ADOPTED THE Thirteenth DAY OF December 2010

Fred Tilman, Chairman
Ada City-County Emergency Management Executive Council

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1. Purpose

- 1.1. The purpose of this plan is to save the greatest number of victims in any mass casualty incident from possible death or serious disability and to reduce human suffering; and
- 1.2. To establish a framework for the provision of triage, treatment, and transport of victims in mass casualty incidents; and
- 1.3. To ensure the safest, most efficient and effective use of resources at a mass casualty incident.

2. Authorities

The following is a partial list of laws and regulations pertinent to mass casualty incident planning in Ada County, Idaho.

- 2.1. This Mass Casualty Incident Plan follows the principles of the Incident Command System and is compliant with the National Incident Management System (NIMS), as required by Homeland Security Presidential Directive/HSPD-5. It is also designed to mesh effectively with the National Response Framework.
- 2.2. Post-Katrina Emergency Management Reform Act of 2006, as set forth in the Department of Homeland Security Appropriations Act of 2007 (Public Law 109-295).
- 2.3. Homeland Security Act of 2002 (Public Law 107-296).
- 2.4. Disaster Relief Act of 1974, as amended (Public Law 93-288).
- 2.5. Americans with Disabilities Act of 1990 (Public Law 101-336).
- 2.6. Public Assistance and Welfare, Title 56-10; concerns health and welfare in Idaho.
- 2.7. Idaho State Disaster Preparedness Act, Title 46-10; concerns disaster emergencies in Idaho.

3. Situation and Assumptions

3.1. *Situation*

This section summarizes local conditions, which influence the content of the Ada County Mass Casualty Incident Plan.

- 3.1.1. The roughly 400,000 citizens that live in Ada County are at risk from a variety of hazards, both natural and man-made, that may result in mass casualty incidents.
- 3.1.2. Types of incidents that can produce mass casualties include, but are not limited to:
 - Multiple vehicle collision
 - Building/structure collapse
 - Mass transit accidents
 - HAZMAT incidents
 - Weapons of Mass Destruction
 - Multiple-shooting victims
- 3.1.3. The Boise Airport is served by six commercial air carriers, three cargo carriers and five fixed based operators. In addition to air passenger service, cargo service and general aviation the Boise Airport also supports Army and Air National Guard flight operations and the flight operations of the National Interagency Fire Center. The Boise Airport supports approximately 3 million passengers on an average of 120 commercial flights into or out of Boise daily, with up to 150 passengers per aircraft. The Boise Airport and the FAA Air Traffic Control Tower supported 129,000 aircraft take-off or landings in 2009 and over 130,000 Terminal Radar Approach Control operations.

- 3.1.4. The most heavily travelled road in Ada County is US Interstate 84. Near the intersection of I-84 and the Flying-Wye average daily traffic is over 100,000 vehicles per day.
- 3.1.5. A mass casualty incident may cross jurisdictional boundaries requiring multiple organizations with jurisdictional responsibilities to work together.

3.2. Assumptions

This section describes some advance judgments that have been made concerning what might happen in the event of a mass casualty incident.

- 3.2.1. Many variables such as weather, traffic conditions, and other factors may influence what constitutes a mass casualty incident in a given situation.
- 3.2.2. Mass casualty-producing events may overwhelm local, county, and state resources.
- 3.2.3. Mass casualty-producing events have the potential to generate mass fatalities.
- 3.2.4. Difficult access, remote areas, and complex hazards may significantly hinder mass casualty response.

4. How the Plan Works

4.1. Notification and Dispatching

- 4.1.1. The Ada County 911 Dispatch Center (911 Dispatch) will serve as the 24-hour contact point for notification of mass casualty incidents (MCI).

4.2. Declaring an MCI Incident

- 4.2.1. An initial or subsequent Incident Commander may activate this plan by contacting 911 Dispatch and declaring an event to be a mass casualty incident.

4.3. Communications

- 4.3.1. It is the Incident Commander's responsibility to assign methods of communication.
- 4.3.2. The Incident Commander should ensure that hospital notification takes place through the Idaho State Communications Center.
- 4.3.3. All personnel will use proper radio etiquette and will use clear text for all radio transmissions, including ICS positions and resource designators.

4.4. Incident Command System

The Incident Command System (ICS) will be used for all mass casualty incident response. ICS is a management tool that provides a flexible structure for response to emergency situations. It allows local, state, federal, and private entities to be integrated under a single command structure.

4.5. ICS Five Functional Areas

- Command Overall incident management
- Operations Manages tactical plan to accomplish incident objectives
- Planning Gathers intelligence, formulates incident action plan
- Logistics Provides service and support function
- Finance/Administration Monitors all aspects of the incident for cost effectiveness

4.6. Who's in Charge

For mass casualty incidents the first responding agency should assume command. If more than one agency with jurisdictional or functional responsibility is involved a Unified Command will be formed. To facilitate communications, the members of a unified command will work at the same Incident Command Post. Once unified command has been established an Operations Chief may be assigned to direct and coordinate all tactical operations, if required.

4.7. Initial Actions

- 4.7.1. The Incident Commander (IC) will immediately assess the situation and report information to the 911 Dispatch Center.
- 4.7.2. The IC will set up an Incident Command Post (ICP). Displaying a flashing green light or a fluorescent orange flag or traffic cone will signify the on-scene ICP.
- 4.7.3. The IC will establish appropriate communications. Mass casualty communications networks may include: Command, Tactical, Support, and others, as the situation demands. Specific frequencies will be determined at the time of the incident. No codes should be used and communications should be confined to essential messages.
- 4.7.4. Command will establish incident facilities, as required.

4.8. RACING

Human senses and cognitive abilities become narrowed during a crisis or emergency situation. The RACING acronym may help personnel to remember vital information needed during the first few minutes of response.

- 4.8.1. Resources
 - What's already been ordered (Equipment, Manpower, Transport)?
 - What is the ordering process?
- 4.8.2. Assignments
 - What role are YOU filling?
 - What role am I filling?
- 4.8.3. Communications
 - How will you communicate up? (to Med. Branch, Ops, IC, etc.)
 - How are you to communicate down, or to other medical responders?
 - Are there Command, Tactical, or Air-Ambulance frequencies?
- 4.8.4. Ingress/Egress
 - What's the best way in and the best way out?
 - Who else needs this information?
- 4.8.5. Name of the Incident
- 4.8.6. Geography
 - Have areas been designated for Staging, Triage, Treatment, Patient Loading, Morgue, Helispot?

4.9. Safety Concerns

Personnel responding to a MCI must consider the cause of the incident as well as their own safety. Any natural disaster or accident poses certain hazards to responders. However a terrorist incident may pose additional hazards. When responding to an explosion, shooting, or chemical incident, etc., responders should consider the possibility that it is a terrorist event. Because responders may be the primary or secondary targets of terrorists they should be aware of the possibility of secondary devices and take adequate safety measures. Responder safety is the first priority.

4.10. The EMS System Primary Role

The primary role of the emergency medical services system during an incident is triage, treatment and transportation of patients to definitive care facilities. The emergency medical services system will have a graded response and may be required to adopt alternate standards of care from the norm depending on the locality, demographics, type of incident and number of people affected. At any point of an incident or outbreak, there could be spikes or reductions in pre hospital needs.

4.11. Mass Casualty Incident Levels

A Mass Casualty Incident (MCI) may be defined as an incident that has produced more casualties than a customary response assignment can handle. Mass casualty incidents may be categorized according to the approximate number of patients involved.

- Level 5 MCI (3-10 patients)
- Level 4 MCI (11-20 patients)
- Level 3 MCI (21-50 patients)
- Level 2 MCI (51-150 patients)
- Level 1 MCI (over 150 patients)

4.12. Mass Casualty Incident Priorities

- First, life safety (victim and personnel safety, accountability, and welfare)
- Second, stabilize the incident (efforts to control the incident creating casualties)
- Third, protect property and the environment (protect private and responder property)
- Fourth, preserve evidence.

4.13. Triage

Triage is a process for sorting injured people into groups based on their need for or likely benefit from immediate medical treatment. Triage is used when limited medical resources must be allocated. The Simple Triage and Rapid Treatment (START) method will be used for mass casualty incidents. Using the START method, mass casualty incident victims should be triaged into the following categories; and a treatment area for each category of patient (Immediate, Delayed, and Minor) should be established. Initially, deceased patients, tagged Black, should be left in place.

- Immediate (Red) – severely injured but salvageable with rapid intervention and transportation to the correct facility
- Delayed (Yellow) – injured but able to accept a delay in transport without serious deterioration
- Minor (Green) – minimally injured
- Deceased (Black) – dead/non-salvageable

4.14. Triage Tags

Triage tags are used to identify patients and their degree of injuries. Triage tags will be used as the only field medical record. These procedures will standardize the use of triage tags for all EMS personnel.

4.14.1. Location. If possible, the preferred location to put the triage tag is on the right arm. If that is not possible, move it successively to the left arm, then the right leg, followed by the left leg. Ambulatory patients should have the triage tag placed around their neck.

4.14.2. Using the Triage Tag. Initial triage will only place the patient into a category. This will require pulling off the appropriate colored tab signifying the patients color

category. As they move through the Treatment Area as much of the information as possible should be filled out.

4.15. Emergency Operations Center

Large, complex mass casualty incidents may require activation of an Emergency Operations Center (EOC) to coordinate resource ordering and provide support. The Ada County EOC is located in the Public Safety Building at 7200 Barrister Drive in Boise.

4.16. Volunteer Workers

Numerous volunteer workers, including off duty firefighters, EMS personnel, medical providers, law enforcement personnel, and others, may be expected to arrive at the scene during a major incident. These persons must be referred to the staging area, where they should be organized for proper utilization and coordination of this personnel resource.

4.17. National Incident Management System (NIMS) Incident Types

4.17.1. Type 5.

- The incident can be handled with one or two single resources with up to six personnel.
- Command and General Staff positions (other than the Incident Commander) are not activated.
- No written Incident Action Plan (IAP) is required.
- The incident is typically contained within an hour or two after resources arrive on scene.
- Examples include a vehicle fire, an injured person, or a police traffic stop.

4.17.2. Type 4.

- Command staff and general staff functions are activated only if needed.
- Several resources are required to mitigate the incident, possibly including Task Forces or Strike Teams.
- The incident is typically contained within one operational period in the control phase, usually within a few hours after resources arrive on scene.
- The agency administrator may have briefings, and ensure the complexity analysis and delegation of authority are updated.
- No written Incident Action Plan (IAP) is required, but a documented operational briefing will be completed for all incoming resources.
- Examples may include a major structure fire, a multiple vehicle crash with multiple patients, or an armed robbery.

4.17.3. Type 3. When capabilities exceed initial attack, the appropriate ICS positions should be added to match the complexity of the incident.

- Some or all of the Command and General Staff positions may be activated, as well as Division/Group Supervisor and/or Unit Leader level positions.
- A Type 3 Incident Management Team (IMT) or incident command organization manages initial action incidents with a significant number of resources, an extended attack incident until containment/control is achieved, or an expanding incident until transition to a Type 1 or 2 team.
- The incident typically extends into multiple operational periods.
- A written IAP is typically required for each operational period.
- Examples include a tornado touchdown, earthquake, flood, or multi-day hostage standoff situation.

- 4.17.4. Type 2. When the incident extends beyond the capabilities for local control and the incident is expected to go into multiple operational periods. A Type 2 incident may require the response of resources out of area, including regional and/or national resources to effectively manage the operations, command and general staffing.
- Most or all of the Command and General Staff positions are filled.
 - A written IAP is required for each operational period.
 - Many of the functional units are needed and staffed.
 - Operations personnel normally do not exceed 200 per operational period and total incident personnel do not exceed 500 (guidelines only).
 - The Agency Administrator is responsible for the incident complexity analysis, agency administrator briefings, and the written delegation of authority.
 - Typically involves incidents of regional significance.
- 4.17.5. Type 1.
- All Command and General Staff positions are activated.
 - Operations personnel often exceed 500 per operational period and total personnel will usually exceed 1,000.
 - Branches may need to be established.
 - The Agency Administrator will have briefings and ensure that the complexity analysis and delegation of authority are updated.
 - Use of resource advisors at the Incident Base is recommended.
 - There is a high impact on the local jurisdiction, requiring additional staff for office administrative and support functions.
 - Typically involves incidents of national significance.

5. Organizing the Scene

5.1. Visual Cues

Visual cues provide the ability to communicate with large groups of people. Whenever possible use visual cues such as:

- Vests
- Triage Tags
- Colored Cones/ Tarps/ Flags

5.2. Scene Organization Considerations

Areas to consider when organizing the scene include:

- The Medical Branch or Medical Group post should be located near the Incident Command Post whenever possible.
- Triage is conducted in-place unless a threat or hazard is identified.
- The Minor Treatment area should be located in an area visually removed from the other treatment areas.
- The Patient Loading area must be accessible to transporting ambulances.

5.3. Patient Movement and Considerations

5.3.1. Patients are initially triaged where they are found. On smaller incidents they are treated where they are found and then transported. On larger scale incidents, patients may need to be moved to a central treatment area. As they are treated in the central treatment area they should be re-triaged and their status adjusted accordingly.

- 5.3.2. Patients are not moved to the treatment areas until they are prepared to receive them. The location and other information will be transmitted to the Medical Branch Director by the Treatment Group Supervisor as applicable.
- 5.3.3. If patients are contaminated with hazardous materials they should be decontaminated according to established agency protocols prior to movement.
- 5.3.4. The Treatment Areas have the responsibility to communicate patient readiness for transport.
 - Treatment teams shall notify their treatment area manager of readiness and priority of their patient transport needs.
 - The Treatment Group Supervisor shall prioritize patient transportation between the Treatment Area Managers. The Transportation Group Supervisor is then notified of their transportation needs.
 - Incident complexity, size and volume of communications may require the Treatment Group Supervisor and Transportation Group Supervisor to designate an individual to take care of recording and communicating information. This person is designated the Medical Communications Coordinator. He communicates, coordinates, and documents the movement of patients from the treatment area to the patient loading area and into ambulances for transport, to the proper hospital.
 - The Medical Communications Coordinator coordinates all needs and information to both the Treatment Group Supervisor and the Transportation Group Supervisor.
 - All air ambulance transports will be coordinated through the Transportation Group and Air Operations Manager.

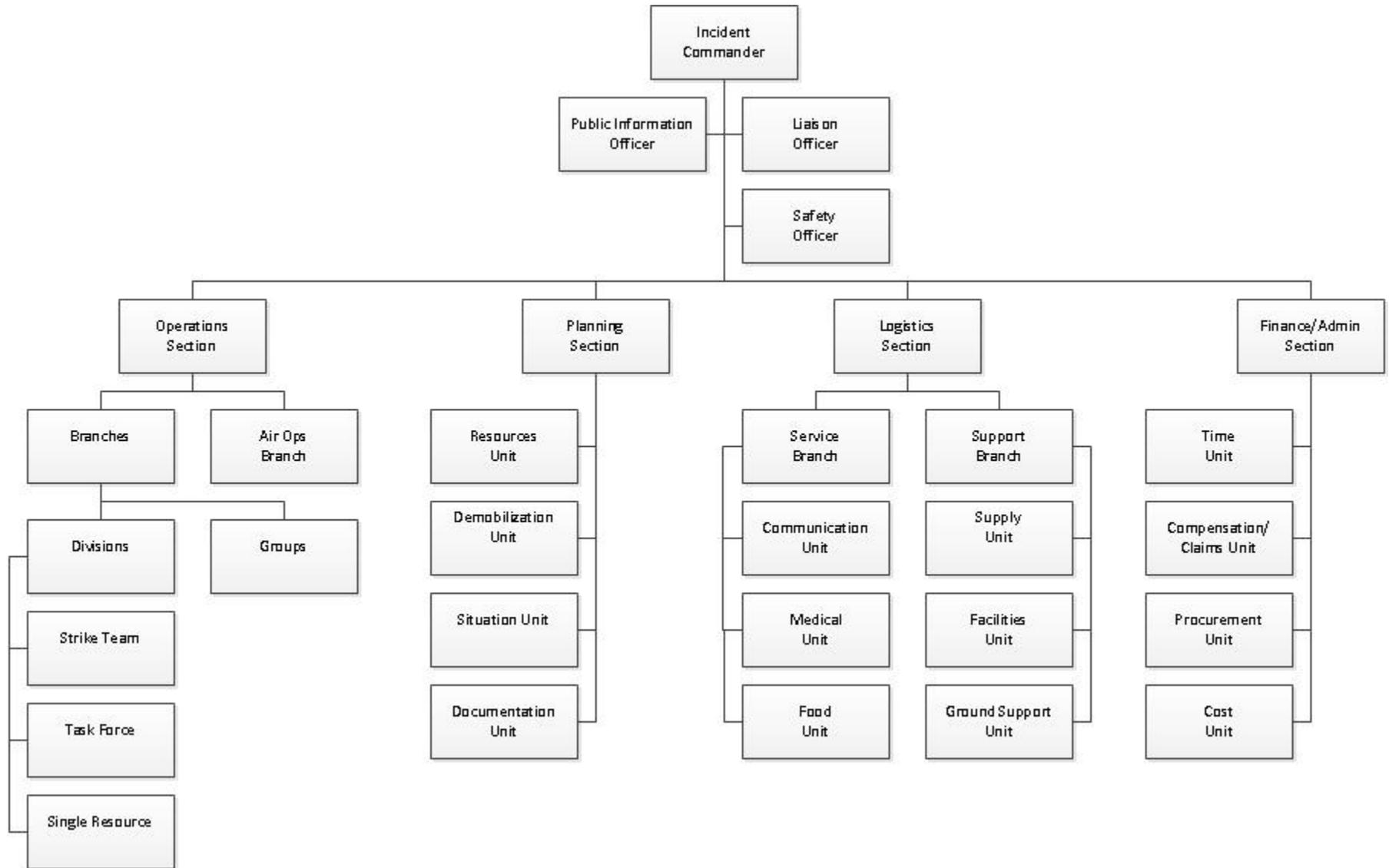
6. Mortality Management Guidelines

- 6.1.1. The National Disaster Medical System (NDMS) is a federally coordinated, public/private partnership, the purpose of which is to manage, coordinate and deploy an integrated national medical response. This capability assists state and local authorities to deal with the medical and other effects of major natural disasters, emergencies, or terrorist events. Should a disaster occur that exceeds state and local resources and capabilities, the governor may request federal assistance under the National Response Framework. A Presidential declaration of an emergency or major disaster triggers the federal response. The components of the NDMS are:
 - Medical response to a disaster area in the form of teams, supplies, and equipment.
 - Patient movement from a disaster site to unaffected areas of the nation.
 - Definitive medical care at participating hospitals in unaffected areas.This MCI plan forms the basis of response and support for patient reception operations in the Boise/Treasure Valley NDMS Federal Coordination Center.

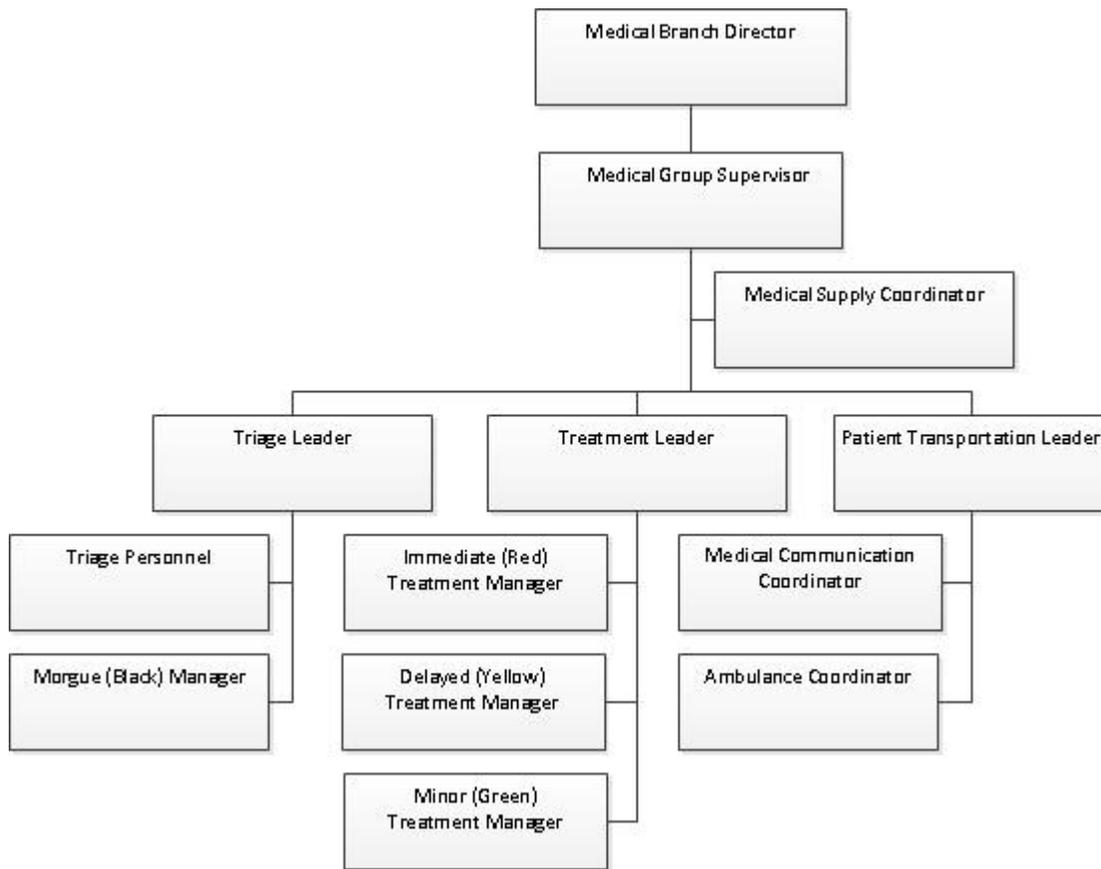
7. Review

Large-scale mass casualty incidents should be followed up by a post incident review conducted by the lead agencies. The purpose of the review is to identify needed improvements, procedures, and equipment. This mass casualty incident plan should be reviewed annually by the participating agencies. Changes or amendments to the plan should be sent to the Ada City-County Emergency Management office. Exercises focused on a mass casualty incident scenario should be conducted periodically.

8. Example ICS Diagram



9. Example ICS Medical Branch Diagram



10. Definitions

Agency Representative: An individual assigned to an incident from an assisting or cooperating agency who has been delegated authority to make decisions on matters affecting that agency's participation at the incident. Agency Representatives report to the Incident Liaison Officer.

Branch: The organizational level having functional or geographic responsibility for major parts of the Operations or Logistics functions. The Branch level is organizationally between Section and Division/Group in the Operations Section, and between Section and Units in the Logistics Section. Branches are identified by the use of Roman Numerals or by functional name (e.g., medical, security, etc.).

Command: The act of directing and/or controlling resources by virtue of explicit legal, agency, or delegated authority. May also refer to the Incident Commander.

Command Staff: The Command Staff consists of the Public Information Officer, Safety Officer, and Liaison Officer. They report directly to the Incident Commander. They may have an Assistant or Assistants, as needed.

Dispatch Center: A facility from which resources are ordered, mobilized, and assigned to an incident.

Emergency: Absent a Presidentially declared emergency, any incident(s), human-caused or natural, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

Emergency Operations Centers (EOCs): The physical location at which the coordination of information and resources to support domestic incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, county, city, tribal), or some combination thereof.

Finance/Administration Section: The Section responsible for all incident costs and financial considerations. Includes the Time Unit, Procurement Unit, Compensation/Claims Unit, and Cost Unit.

Group: Groups are established to divide the incident into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division. (See Division.) Groups are located between Branches (when activated) and Resources in the Operations Section.

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

Helispot: Any designated location where a helicopter can safely take off and land. Some helispots may be used for loading of supplies, equipment, or personnel.

Incident: An occurrence or event, natural or human-caused, that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild-land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Action Plan (IAP): An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.

Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

Incident Command Post (ICP): The field location at which the primary tactical-level, on-scene incident command functions are performed. The ICP may be collocated with the incident base or other incident facilities and is normally identified by a green rotating or flashing light.

Incident Command System (ICS): A standardized on-scene emergency management construct 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. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

Incident Types: Incidents are categorized by five types based on complexity. Type 5 incidents are the least complex and Type 1 the most complex.

Leader: The ICS title for an individual responsible for a Task Force, Strike Team, or functional Unit.

Liaison Officer (LNO): A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies. The Liaison Officer may have Assistants.

Logistics Section: The Section responsible for providing facilities, services, and materials for the incident.

Mass Casualty Incident: A Mass Casualty Incident (MCI) may be defined as an incident that has produced more casualties than a customary response assignment can handle.

Medical Unit: Functional Unit within the Service Branch of the Logistics Section responsible for the development of the Medical Emergency Plan, and for providing emergency medical treatment of incident personnel.

Multiagency Coordination Systems (MACs): Multiagency coordination systems provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The components of multiagency coordination systems include facilities, equipment, emergency operation centers (EOCs), specific multiagency coordination entities, personnel, procedures, and communications. These systems assist agencies and organizations to fully integrate the subsystems of the NIMS.

National Incident Management System (NIMS): A system described in HSPD-5 that provides a consistent nationwide approach for Federal, State, local, and tribal governments; the private-sector; and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. HSPD-5 identifies these as the ICS; multiagency coordination systems; training; identification and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking, and reporting of incident information and incident resources.

National Response Framework (NRF): Guides how the Nation conducts all-hazards response. The Framework documents the key response principles, roles, and structures that organize national response. It describes how communities, States, the Federal Government, and private-sector and nongovernmental partners apply these principles for a coordinated, effective national response. And it describes special circumstances where the Federal Government exercises a larger role, including incidents where Federal interests are involved and catastrophic incidents where a State would require significant support. It allows first responders, decision makers, and supporting entities to provide a unified national response.

Operational Period: The period of time scheduled for execution of a given set of operation actions as specified in the Incident Action Plan. Operational Periods can be of various lengths, although usually not over 24 hours.

Operations Section: The Section responsible for all tactical operations at the incident. This section includes Branches, Divisions and/or Groups, Task Forces, Strike Teams, Single Resources, and Staging Areas.

Planning Meeting: A meeting held as needed throughout the duration of an incident, to select specific strategies and tactics for incident control operations, and for service and support planning. On larger incidents, the Planning Meeting is a major element in the development of the Incident Action Plan.

Planning Section: Responsible for the collection, evaluation, and dissemination of information related to the incident, and for the preparation and documentation of the Incident Action Plan. The Section also maintains information on the current and forecasted situation, and on the status of resources assigned to the incident. Includes the Situation, Resources, Documentation, and Demobilization Units, as well as Technical Specialists.

Public Information Officer (PIO): A member of the Command Staff responsible for interfacing with the public and media or with other agencies with incident-related information requirements.

Resources: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

Safety Officer: A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations, and for developing measures for ensuring personnel safety. The Safety Officer may have Assistants.

Staging Area: Location established where resources can be placed while awaiting a tactical assignment. The Operations Section manages Staging Areas.

Strike Team: A specified combination of the same kind and type of resources with common communications and a Leader.

Task Force: A combination of single resources assembled for a particular tactical need with common communications and a Leader.

Transport: The movement of patients; typically referring from the scene to a health care facility.

Treatment: Medical management of a patient.

Triage: Medical screening of patients to determine their relative priority for treatment.

Type: A classification of resources in the ICS that refers to capability. Type 1 is generally considered to be more capable than Types 2, 3, or 4, respectively, because of size, power, capacity, or, in the case of incident management teams, experience and qualifications.

Unified Area Command: A Unified Area Command is established when incidents under an Area Command are multijurisdictional. (See Area Command and Unified Command.)

Unified Command: Unified Command (UC) is composed of designated agency officials representing different legal authorities and functional areas of responsibility. UC uses a collaborative process to jointly determine objectives, priorities and a single Incident Action Plan. One member of UC is designated as spokesperson.

IP-1.01 Incident Commander Checklist

The Incident Commander’s responsibility is the overall management of the incident. On most incidents, a single Incident Commander carries out the command activity. However, Unified Command may be appropriate.

ACTIONS	COMMENTS
1) Get briefing from previous IC, or establish the Incident Command Post (ICP).	_____
2) Name the incident (e.g., Curtis Command).	_____
3) Don the IC vest and activate the ICP signal.	_____
4) Assess the situation and establish the appropriate ICS structure and staff positions as needed.	_____
5) Establish incident objectives (strategy).	_____
6) Advise Dispatch of the situation and the need for additional resources.	_____
7) Advise Idaho State Comm. of the situation and request hospital notification and surge capacity.	_____
8) Ensure adequate safety measures and message is in place and communicated to all workers.	_____
9) Brief command and general staff and give initial assignments, including specific delegation of authority.	_____
10) Ensure appropriate ICS Forms are used.	_____
11) Set the time for the first Planning Meeting.	_____
12) Coordinate activity of all command and general staff.	_____
13) Direct staff to develop plans and staffing requirements; approve requests for additional resources and funding.	_____
14) Prepare and participate in planning meetings.	_____
15) Assist in developing and approve the IAP.	_____
16) Approve the release of information by the PIO.	_____
17) Determine if operational periods are necessary.	_____
18) Coordinate with outside entities as necessary.	_____
19) Evaluate and ensure that incident objectives are being accomplished.	_____
20) Demobilize resources as appropriate.	_____
21) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
22) Ensure incident investigation as necessary.	_____
23) Arrange for Critical Incident Stress Management, if needed.	_____
24) Conduct Post Incident Analysis (PIA).	_____

IP-1.02 Safety Officer Checklist

The Safety Officer's function is to develop and recommend measures for ensuring personnel safety, and to assess and/or anticipate hazardous and unsafe situations. Having full authority of the Incident Commander, the Safety Officer can exercise emergency authority to stop or prevent unsafe acts. Only one Safety Officer will be assigned for each incident. The Safety Officer may have Assistant Safety Officers as necessary, and the Assistant Safety Officers may also come from assisting agencies or jurisdictions as appropriate. Assistant Safety Officers may have specific responsibilities such as air operations, urban search and rescue, hazardous materials, or for specific geographic or functional areas of the incident.

ACTIONS	COMMENTS
1) Receive assignment from Incident Commander.	_____
2) Don identification vest, if available.	_____
3) Obtain situation briefing from Incident Commander.	_____
4) Use clear text and ICS terminology.	_____
5) Acquire and organize work materials including appropriate PPE for yourself.	_____
6) Organize, assign, and brief assistants.	_____
7) Recon the incident visually and identify hazardous situations.	_____
8) Identify appropriate PPE, control zones, and safety hazards.	_____
9) Prepare and participate in planning meetings.	_____
10) Review and approve the Medical Plan (ICS 206).	_____
11) Prepare the incident safety analysis (ICS 215A) and other information to be included in the IAP.	_____
12) Exercise emergency authority to prevent or stop unsafe acts.	_____
13) Investigate accidents within incident areas.	_____
14) Maintain Unit/Activity Log (ICS 214).	_____
15) Prepare, organize and provide appropriate information to the Documentation Unit.	_____
16) Demobilization.	_____

IP-1.03 PIO Checklist

The Public Information Officer is responsible for developing and releasing information about the incident to the news media, to incident personnel, and to other appropriate agencies and organizations. Only one Public Information Officer will be assigned for each incident, including incidents operating under Unified Command and multi-jurisdiction incidents. The Public Information Officer may have Assistant Public Information Officers as necessary, and the Assistant Public Information Officers may also represent assisting agencies or jurisdictions. Agencies have different policies and procedures relative to the handling of public information. The following are the major responsibilities of the Public Information Officer that would generally apply on any incident.

ACTIONS	COMMENTS
1) Receive assignment from incident commander.	_____
2) Don identification vest, if available.	_____
3) Obtain situation briefing from incident Commander.	_____
4) Use clear text and ICS terminology.	_____
5) Acquire and organize work materials.	_____
6) Organize, assign, and brief assistants.	_____
7) Determine from the IC limits on information release.	_____
8) Obtain IC approval for media releases.	_____
9) Establish any restrictions for media access.	_____
10) Inform media and conduct briefings.	_____
11) Arrange for tours and other interviews.	_____
12) Obtain news media information that may be useful for incident planning.	_____
13) Maintain current information summaries and/or displays.	_____
14) Provide information on status of incident to assistants.	_____
15) Prepare and participate in planning meetings.	_____
16) Prepare appropriate ICS forms and other information to be included in the IAP.	_____
17) Establish and staff a JIC as necessary.	_____
18) Maintain Unit/Activity Log (ICS 214).	_____
19) Prepare, organize and provide appropriate information to the Documentation Unit.	_____
20) Demobilize as directed by the IC.	_____

IP-1.04 Liaison Officer Checklist

Incidents that are multi-jurisdictional, or have several agencies involved, may require the establishment of the Liaison Officer position on the Command Staff. Only one Liaison Officer will be assigned for each incident, including incidents operating under Unified Command and multi-jurisdiction incidents. The Liaison Officer may have assistants as necessary, and the assistants may also represent assisting agencies or jurisdictions. The Liaison Officer is the point of contact for the Agency Representatives assigned to the incident by assisting or cooperating agencies.

ACTIONS	COMMENTS
1) Receive assignment & briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Conduct all tasks in a safe manner	_____
5) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
6) Use clear text and ICS terminology.	_____
7) Provide a point of contact for assisting and cooperating Agency Representatives.	_____
8) Identify Agency Representatives from each agency and develop complete contact information.	_____
9) Keep agencies supporting incident aware of incident status.	_____
10) Monitor incident operations to identify current or potential inter-organizational issues and advise IC as appropriate.	_____
11) Prepare and participate in planning meetings.	_____
12) Prepare appropriate ICS forms and other information to be included in the IAP.	_____
13) Assign Assistant Liaison Officers as appropriate.	_____
14) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
15) Prepare, organize and provide appropriate information to the Documentation Unit.	_____
16) Demobilize as directed by the IC.	_____

IP-1.05 Operations Section Chief Checklist

The Operations Section Chief (OSC), a member of the General Staff, is responsible for the management of all operations directly applicable to the primary mission ensuring the overall safety and welfare of all Section personnel. The OSC activates and supervises organization elements in accordance with the Incident Action Plan and directs its execution. The OSC also directs the preparation of unit operational plans, requests or releases resources, makes expedient changes to the Incident Action Plan as necessary, and reports such to the Incident Commander. The Deputy Operations Section Chief may be assigned for specific tasks, i.e., planning operations, day/night operations, evacuation or contingency planning, etc.

ACTIONS	COMMENTS
1) Receive assignment from incident commander.	_____
2) Don identification vest, if available.	_____
3) Obtain situation briefing from incident Commander.	_____
4) Use clear text and ICS terminology.	_____
5) Acquire and organize work materials including appropriate PPE for yourself.	_____
6) Organize, assign, and brief assistants.	_____
7) Recon the incident visually.	_____
8) Develop operations portion of the Incident Action Plan (IAP).	_____
9) Brief and assign operations personnel in accordance with Incident Action Plan.	_____
10) Supervise execution of the Incident Action Plan for Operations.	_____
11) Request resources needed to implement Operation's tactics as part of the Incident Action Plan development (ICS 215).	_____
12) Ensure safe tactical operations.	_____
13) Make, or approve, expedient changes to the Incident Action Plan during the operational period, as necessary.	_____
14) Approve suggested list of resources to be released from assigned status (not released from the incident).	_____
15) Assemble and disassemble teams/task forces assigned to operations section.	_____
16) Report information about changes to the implementation of the IAP, special activities, events, and occurrences to Incident Commander as well as Planning Section Chief and Information Officer.	_____
17) Maintain Unit/Activity Log (ICS 214).	_____
18) Demobilize as directed by the IC.	_____

IP-1.06 Staging Area Manager Checklist

The Staging Area Manager is responsible for managing all activities within a Staging Area.

ACTIONS	COMMENTS
1) Receive assignment from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Obtain situation briefing from immediate supervisor.	_____
4) Use clear text and ICS terminology.	_____
5) Acquire and organize work materials including appropriate PPE for yourself.	_____
6) Organize, assign, and brief assistants.	_____
7) Establish and maintain boundaries of staging areas.	_____
8) Post signs for identification and traffic control.	_____
9) Establish check-in function, as appropriate.	_____
10) Determine and request logistical support for personnel and/or equipment, as needed.	_____
11) Advise Operations Section Chief of all changing situation/conditions on scene.	_____
12) Respond to requests for resource assignments.	_____
13) Brief outgoing resources to include reporting location, route, method of communication, reporting supervisor and other incident-related information that provides situational awareness.	_____
14) Respond to requests for information, as required.	_____
15) Maintain Unit/Activity Log (ICS 214).	_____
16) Demobilize or reposition staging areas, as needed.	_____

IP-1.07 Agency Representative Checklist

In many multi-jurisdiction incidents, an agency or jurisdiction may send a representative who is not on direct tactical assignment, but is there to assist in coordination efforts. An Agency Representative is an individual assigned to an incident from an assisting or cooperating agency who has been delegated authority to make decisions on matters affecting that agency's participation at the incident. Agency Representatives report to the Liaison Officer or the Incident Commander in the Liaison Officer's absence.

ACTIONS	TIME/INITIALS
1) Report to Liaison Officer or Incident Commander.	_____
2) Don identification vest, if available.	_____
3) Obtain situation briefing from Liaison Officer or Incident Command.	_____
4) Ensure that all agency resources are properly checked-in at the incident.	_____
5) Inform assisting or cooperating agency personnel on the incident that the Agency Representative for that agency has been filled.	_____
6) Attend briefings and planning meetings as required.	_____
7) Provide input on the use of agency resources as required.	_____
8) Cooperate fully with the Incident Commander and the General Staff on agency involvement at the incident.	_____
9) Advise the Liaison Officer of any special agency needs or requirements.	_____
10) Report to home agency dispatch or headquarters on a pre-arranged schedule.	_____
11) Ensure that all agency personnel and equipment are properly accounted for and released prior to departure.	_____
12) Ensure that all required agency forms, reports and documents are completed prior to demobilization.	_____
13) Have a debriefing session with the Liaison Officer or Incident Commander before demobilization.	_____
14) Maintain Unit/Activity Log (ICS 214).	_____
15) Demobilization.	_____

IP-1.08 Unified Command Checklist

Experience has proven that at incidents involving multi-agencies, there is a critical need for integrating management of resources into one operational organization that is managed and supported by one command structure. This is best established through an integrated, multi-disciplined organization. In the ICS, employing what is known as Unified Command fills this critical need.

ACTIONS	COMMENTS
1) Start early (if the incident has potential to develop and spread into other jurisdictions) to implement Unified Command.	_____
2) Collocate (stick together).	_____
3) Develop one common set of objectives. Each jurisdiction will bring some concerns, needs, and priorities to the incident.	_____
4) Designate the most qualified and acceptable Operations Chief.	_____
5) Develop an Incident Action Plan.	_____
6) Decide how to make decisions. Sounds easy, but this may be difficult. How are the unified commanders going to make decisions? There should be one spokesperson (Incident Commander) at a given time. However this can and will change as the situation changes.	_____
7) Decide on:	_____
• Media policy (news releases).	_____
• Accident investigation policy.	_____
• Demobilization policy (who goes home first?).	_____
• Cost-sharing agreement.	_____
• There should be <i>one</i> ordering, demobilization process (single source ordering).	_____
• There should be <i>one</i> planning process.	_____
• There should be <i>one</i> Incident Command Post.	_____
• Eliminate duplication.	_____
• Promote communication between agencies.	_____
• Allow each agency to maintain authority and responsibility for its own jurisdiction.	_____
• Allow coordinated application of resources and personnel to accomplish operational needs.	_____
• Promote cost effectiveness.	_____
• Use unified command for collective problem solving & better decision making.	_____

IP-1.15 Medical Branch Director Checklist

The Medical Branch Director is responsible for the implementation of the Incident Action Plan within the Medical Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Strike Team or Task Force, and the Patient Transportation function (Strike Team or Task Force). Patient Transportation may be upgraded from a Strike Team or Task Force to a Group based on the size and complexity of the incident.

ACTIONS	COMMENTS
1) Receive assignment and briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
5) Use clear text and ICS terminology.	_____
6) Provide input to Operations Section Chief for the Incident Action Plan.	_____
7) Implement pertinent sections of the Incident Action Plan.	_____
8) Organize, assign, and brief assistants.	_____
9) Supervise Branch activities and confer with Safety Officer to ensure safety of all personnel.	_____
10) Assign specific work tasks to Division/Group Supervisors.	_____
11) Review Division/Group Assignment Lists (ICS 204) for Divisions/Groups within Branch; modify lists based upon effectiveness of current operations.	_____
12) Attend planning meetings at the request of the Operations Section Chief.	_____
13) Ensure notification of State Comm. and local hospitals.	_____
14) Resolve logistics problems reported by subordinates.	_____
15) Report to Operations Section Chief on Branch activities, and when: Incident Action Plan is to be modified; additional resources are needed; surplus resources are available; hazardous situations or significant events occur.	_____
16) Approve accident and medical reports (home agency forms) originating within the Branch.	_____
17) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
18) Complete forms & reports required of the assigned position.	_____
19) Demobilization.	_____

IP-1.16 Medical Group Supervisor Checklist

The Medical Group Supervisor reports to the Medical Branch Director and supervises the Triage Leader, Treatment Leader, Patient Transportation Leader and Medical Supply Coordinator. The Medical Group Supervisor establishes command and controls the activities within a Medical Group.

ACTIONS	COMMENTS
1) Receive assignment and briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Conduct all tasks in a safe manner	_____
5) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
6) Use clear text and ICS terminology.	_____
7) Organize, assign, and brief assistants.	_____
8) Participate in Medical Branch/Operations Section planning activities.	_____
9) Establish Medical Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.	_____
10) Designate Strike Team or Task Force Leaders and Treatment Area locations as appropriate.	_____
11) Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.	_____
12) Request law enforcement/coroner involvement as needed.	_____
13) Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, and cots).	_____
14) Ensure activation or notification of hospital alert system, local emergency medical services/health agencies.	_____
15) Direct and/or supervise on-scene personnel from agencies such as Coroner's Office, Red Cross, law enforcement, ambulance companies, county health agencies, and hospital volunteers.	_____
16) Request proper security, traffic control, and access for the Medical Group work areas.	_____
17) Direct fire and medically trained personnel assigned to group to the appropriate Leader.	_____
18) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
19) Demobilization	_____

IP-1.17 Triage Leader Checklist

The Triage Leader reports to the Medical Group Supervisor and supervises Triage Personnel/Litter Bearers and the Morgue Manager. The Triage Leader assumes responsibility for providing triage management and movement of patients from the triage area. When triage has been completed, the Leader may be reassigned as needed.

ACTIONS	COMMENTS
1) Receive assignment & briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Conduct all tasks in a safe manner	_____
5) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
6) Use clear text and ICS terminology.	_____
7) Organize, assign, and brief assistants.	_____
8) Develop organization sufficient to handle assignment.	_____
9) Inform Medical Group Supervisor of resource needs.	_____
10) Implement triage process.	_____
11) Ensure that all patients are assessed, triaged and tagged appropriately.	_____
12) Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.	_____
13) Maintain responsibility for Treatment Area until separate Treatment group is established.	_____
14) Give periodic status reports to Medical Group Supervisor, including number and category of patients.	_____
15) Maintain security and control of the Triage Area.	_____
16) Establish Morgue.	_____
17) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
18) Maintain incident documentation.	_____
19) Demobilization.	_____

IP-1.18 Triage Personnel Checklist

Triage Personnel report to the Triage Leader and triage patients and assign them to appropriate treatment areas

ACTIONS	COMMENTS
1) Receive assignment & briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Conduct all tasks in a safe manner	_____
5) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
6) Use clear text and ICS terminology.	_____
7) Report to designated triage area.	_____
8) Triage injured patients using the START method. Classify patients while noting injuries and vital signs if taken.	_____
9) Tag patients using the appropriate tag and methodology.	_____
10) Ensure that all patients are tagged.	_____
11) Direct movement of patients to proper treatment areas.	_____
12) Provide appropriate medical treatment to patients prior to movement as incident conditions dictate.	_____
13) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
14) Demobilization.	_____

IP-1.19 Morgue Manager Checklist

The Morgue Manager reports to the Triage Leader and assumes responsibility for Morgue Area functions until properly relieved. Preferably this position will be filled by the Coroner’s staff. It is important in most instances to leave the deceased in place, where found until told that they can be moved by the Coroner. It is acceptable to move bodies as needed to perform rescue, they should receive a triage tag with names of personnel moving the body.

ACTIONS	COMMENTS
1) Receive assignment & briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Conduct all tasks in a safe manner	_____
5) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
6) Use clear text and ICS terminology.	_____
7) Coordinate all Morgue Area activities.	_____
8) Establish morgue location away from treatment areas.	_____
9) Keep area off limits to all but authorized personnel.	_____
10) Coordinate with law enforcement and assist the Coroner or representative.	_____
11) Identify and document deceased if possible. Keep identity of deceased persons confidential.	_____
12) Maintain appropriate records.	_____
13) Assess resources and supplies, request more as needed.	_____
• Body Bags	_____
• Refrigerated Vehicles, Storage	_____
• DMORT	_____
14) Maintain incident documentation.	_____
15) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
16) Demobilization.	_____

IP-1.20 Treatment Leader Checklist

The Treatment Leader reports to the Medical Group Supervisor and supervises Treatment Managers. The Treatment Leader assumes responsibility for treatment, preparation for transport, and directs movement of patients to loading location(s).

ACTIONS	COMMENTS
1) Receive assignment & briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Conduct all tasks in a safe manner and ensure safety of assigned personnel.	_____
5) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
6) Use clear text and ICS terminology.	_____
7) Organize, assign, and brief assistants.	_____
8) Develop organization sufficient to handle assignment.	_____
9) Request sufficient medical caches and supplies as necessary.	_____
10) Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas.	_____
11) Considerations for treatment areas include:	_____
• Uphill and upwind	_____
• Sufficient space for operations	_____
• Unimpeded in and out travel for transport units	_____
12) Coordinate movement of patients from Triage Area to Treatment Areas with Triage Leader.	_____
13) Ensure continual triage of patients throughout Treatment Areas.	_____
14) Establish communications and coordination with Patient Transportation Leader.	_____
15) Prioritize patients for transport and direct movement of patients to ambulance loading area(s).	_____
16) Give periodic status reports to Medical Group Supervisor.	_____
17) Maintain incident documentation.	_____
18) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
19) Demobilization.	_____

IP-1.21 Immediate Treatment Area Manager Checklist

The Immediate Treatment Area Manager reports to the Treatment Leader and is responsible for treatment and re-triage of patients assigned to Immediate Treatment Area.

ACTIONS	COMMENTS
1) Receive assignment & briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Conduct all tasks in a safe manner	_____
5) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
6) Use clear text and ICS terminology.	_____
7) Organize, assign, and brief assistants.	_____
8) Request or establish Medical Teams as necessary.	_____
9) Assign treatment personnel to patients received in the Immediate Treatment Area.	_____
10) Ensure treatment of patients triaged to the Immediate Treatment Area.	_____
11) Ensure that patients are prioritized for transportation.	_____
12) Coordinate transportation of patients with Treatment Leader.	_____
13) Notify Treatment Leader of patient readiness and priority for transportation.	_____
14) Ensure appropriate patient information is recorded.	_____
15) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
16) Demobilization.	_____

IP-1.22 Delayed Treatment Area Manager Checklist

The Delayed Treatment Area Manager reports to the Treatment Leader and is responsible for treatment and re-triage of patients assigned to Delayed Treatment Area.

ACTIONS	COMMENTS
1) Receive assignment & briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Conduct all tasks in a safe manner	_____
5) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
6) Use clear text and ICS terminology.	_____
7) Organize, assign, and brief assistants.	_____
8) Request or establish Medical Teams as necessary.	_____
9) Assign treatment personnel to patients received in the Delayed Treatment Area.	_____
10) Ensure treatment of patients triaged to the Delayed Treatment Area.	_____
11) Ensure that patients are prioritized for transportation.	_____
12) Coordinate transportation of patients with Treatment Leader.	_____
13) Notify Treatment Leader of patient readiness and priority for transportation.	_____
14) Ensure that appropriate patient information is recorded.	_____
15) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
16) Demobilization.	_____

IP-1.23 Minor Treatment Area Manager Checklist

The Minor Treatment Area Manager reports to the Treatment Leader and is responsible for treatment and re-triage of patients assigned to Minor Treatment Area.

ACTIONS	COMMENTS
1) Receive assignment & briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Conduct all tasks in a safe manner.	_____
5) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
6) Use clear text and ICS terminology.	_____
7) Organize, assign, and brief assistants.	_____
8) Request or establish Medical Teams as necessary.	_____
9) Assign treatment personnel to patients received in the Minor Treatment Area.	_____
10) Ensure treatment of patients triaged to the Minor Treatment Area.	_____
11) Ensure that patients are prioritized for transportation.	_____
12) Coordinate transportation of patients with Treatment Leader.	_____
13) Notify Treatment Leader of patient readiness and priority for transportation.	_____
14) Ensure that appropriate patient information is recorded.	_____
15) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
16) Demobilization.	_____

IP-1.24 Patient Transportation Leader Checklist

The Patient Transportation Leader reports to the Medical Group Supervisor and supervises the Medical Communications Coordinator, and the Ambulance Coordinator. The Patient Transportation Leader is responsible for the coordination of patient transportation and maintenance of records relating to the patient's identification, condition, and destination. The Patient Transportation function may be initially established as a Strike Team or Task Force and upgraded to a Group based on incident size or complexity.

ACTIONS	COMMENTS
1) Receive assignment & briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Conduct all tasks in a safe manner and ensure safety of all personnel in the transportation area.	_____
5) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
6) Use clear text and ICS terminology.	_____
7) Organize, assign, and brief assistants.	_____
8) Ensure the establishment of communications with hospital(s) through State Communications.	_____
9) Designate Ambulance Staging Area(s).	_____
10) Direct the off-incident transportation of patients as determined by the Medical Communications Coordinator.	_____
11) Ensure that patient information and destination are recorded.	_____
12) Establish communications with Ambulance Coordinator.	_____
13) Request additional ambulances as required.	_____
14) Notify Ambulance Coordinator of ambulance requests.	_____
15) Transmit transporting unit information to State Communications to relay to receiving hospital:	_____
• Transport Unit #	_____
• Number of patients being transported	_____
• Triage Category of patients being transported	_____
• Hospital Destination	_____
• ETA	_____
• Assure appropriate patient information is recorded	_____
• Patients triage category	_____
• Patients transported to what facilities	_____
• Which units transporting to what facilities	_____
• How many patients transported to each facility	_____
16) Coordinate requests for air ambulance transportation through the Air Operations Branch Director.	_____
17) Coordinate establishment of Air Ambulance Helispots with the Medical Branch Director and Air Operations Branch Director.	_____
18) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
19) Demobilization.	_____

IP-1.25 Medical Communications Coordinator Checklist

The Medical Communications Coordinator reports to the Patient Transportation Leader, and maintains communications with the State Communications Center to maintain status of available hospital beds to ensure proper patient transportation. The Medical Communications Coordinator ensures proper patient transportation and destination.

ACTIONS	COMMENTS
1) Receive assignment & briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Conduct all tasks in a safe manner	_____
5) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
6) Use clear text and ICS terminology.	_____
7) Establish communications with the hospitals through State Communications..	_____
8) Determine and maintain current status of hospital/medical facility availability and capability.	_____
9) Receive basic patient information and condition from Treatment Leader.	_____
10) Coordinate patient destination with the State Communications..	_____
11) Communicate patient transportation needs to Ambulance Coordinators based upon requests from Treatment Leader.	_____
12) Communicate patient air ambulance transportation needs to the Air Operations Branch Director based on requests from the treatment area managers or Treatment Leader.	_____
13) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
14) Demobilization.	_____

IP-1.26 Ambulance Coordinator Checklist

The Ambulance Coordinator reports to the Patient Transportation Leader, manages the Ambulance Staging Area(s), and dispatches ambulances as requested.

ACTIONS	COMMENTS
1) Receive assignment & briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Conduct all tasks in a safe manner	_____
5) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
6) Use clear text and ICS terminology.	_____
7) Establish appropriate Staging Area for ambulances.	_____
8) Establish routes of travel for ambulances for incident operations.	_____
9) Establish and maintain communications with the Air Operations Branch Director regarding Air Ambulance Transportation assignments.	_____
10) Establish and maintain communications with the Medical Communications Coordinator and Treatment Leader.	_____
11) Provide ambulances upon request from the Medical Communications Coordinator.	_____
12) Ensure that necessary equipment is available in the ambulance for patient needs during transportation.	_____
13) Establish contact with ambulance providers at the scene.	_____
14) Request additional transportation resources as appropriate.	_____
15) Provide an inventory of medical supplies available at ambulance Staging Area for use at the scene.	_____
16) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
17) Demobilization.	_____

IP-1.27 Medical Supply Coordinator Checklist

The Medical Supply Coordinator reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group.

ACTIONS	COMMENTS
1) Receive assignment & briefing from immediate supervisor.	_____
2) Don identification vest, if available.	_____
3) Acquire & organize work materials including appropriate PPE.	_____
4) Conduct all tasks in a safe manner.	_____
5) Know the assigned frequency (ies) for your area of responsibility (ICS 205).	_____
6) Use clear text and ICS terminology.	_____
7) Organize, assign, and brief assistants.	_____
8) Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group.*	_____
9) Request additional medical supplies.*	_____
10) Manage the equipment and supplies of the MCI trailers and Field Treatment Center.	_____
11) Determine status and availability of mutual aid resources, if needed.	_____
12) Distribute medical supplies to Treatment and Triage personnel.	_____
13) Maintain appropriate records and Unit/Activity Log (ICS 214).	_____
14) Demobilization.	_____

* If the Logistics Section were established, this position would coordinate with the Logistics Section Chief or Supply Unit Leader.

IP-2.01 Hospital Resources Availability Chart

Hospital	Accept Red	Accept Yellow	Accept Green	Sent Red	Sent Yellow	Sent Green
SARMC						
SA EAGLE ED						
SLRMC						
SLRMC Meridian						
VAMC						
Mercy						
West Valley						
Elk's						
Treasure Valley						

IP-2.03 Medical Communications Coordinator Worksheet

Patient Number	Ambulance Unit #	Patient Triage Tag #	Patient Status	Hospital Destination	En Route Hospital
1.			R Y G		
2.			R Y G		
3.			R Y G		
4.			R Y G		
5.			R Y G		
6.			R Y G		
7.			R Y G		
8.			R Y G		
9.			R Y G		
10.			R Y G		
11.			R Y G		
12.			R Y G		
13.			R Y G		
14.			R Y G		
15.			R Y G		
16.			R Y G		
17.			R Y G		

IP-2.04 START and JumpSTART Triage

Triage is a dynamic process and is usually done more than once. The goal is to sort patients based on probable needs for immediate care.

START (Adult)

1.	Move the walking wounded	▶	MINOR
2.	<u>Respiration</u>		
	No respirations after head tilt	▶	DECEASED
	Respirations – over 30	▶	IMMEDIATE
3.	<u>Perfusion</u>		
	Capillary refill over 2 seconds <i>Control bleeding</i>	▶	IMMEDIATE
4.	<u>Mental Status</u>		
	Unable to follow simple commands	▶	IMMEDIATE
	Otherwise	▶	DELAYED

JumpSTART (Pediatric)

1.	Move the walking wounded	▶	MINOR
2.	<u>Respiration</u>		
	No respirations, No peripheral pulse	▶	DECEASED
	Respirations above 45 or less than 15	▶	IMMEDIATE
	No respirations with peripheral pulse Give 5 ventilations – respirations resume	▶	IMMEDIATE
	No spontaneous respirations	▶	DECEASED
3.	<u>Perfusion</u>		
	No peripheral pulse, cap refill +2seconds <i>Control bleeding</i>	▶	IMMEDIATE
4.	<u>Mental Status</u>		
	Inappropriate Pain or Unresponsive	▶	IMMEDIATE
	Alert and Voice responsive	▶	DELAYED