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**MCI Preplan**

**Purpose**

A. EMS providers operating in this EMS System District will utilize the National

 Incident Management System (NIMS), Incident Command System (ICS) principles

 and shall implement the protocol anytime:

 1. There are five or more patients involved in an EMS call/response.

 2. There are more than three critical patients.

 3. There are more patients than readily available resources.

 4. The potential for multiple patients is likely to exist (e.g. Fire/Rescue scenes,

 HAZMAT scenes, firefighter rehab operations, high risk law enforcement

 operations, public events/gatherings and motor vehicle crashes, etc.).

B. Implementation of ICS improves a patient’s chance for recovery and survival through

 the establishment of a well-organized, clearly defined management structure

 that insures a timely and optimal utilization of emergency resources.

 1. Early, patient-specific clinical notification to hospitals will improve the

 opportunity to prepare for each inbound patient.

 2. The goal is to minimize out-of-hospital time while optimizing pre-hospital

 care.

**Procedures**

A. **Incident Command:** Once the first EMS unit is on-scene (with capable

 communication equipment), and it is determined that an MCI exists, the “in-charge”

 provider will:

1. Declare MCI and level

 2. Declare tactical channel.

3. Establish **“Incident Command” (IC)** if it has not already been established by

 other disciplines (e.g. Fire,Law Enforcement, etc.).

a. In the event that IC has been established (by other disciplines) and

 prolonged extrication or delayed response may require extended EMS

 involvement, a **“Unified** **Command”** shall be established with Medical

 Group, Extraction Group and Suppression Group establishment.

b.Transfer of “Incident Command” can occur whenever a more qualified

 provider arrives on scene.

c. Establishment or transfer of command and location of the command post

 must be broadcast to the Bonner County 911 Dispatch Center.

B. Utilize all available information (e.g. dispatch, law enforcement, bystanders, etc…)

 to request the response of additional specific emergency resources at the earliest

 indication of need. (e.g. helicopter stand-by or launch, ALS response, fire/rescue,

 EMS Coordinator, dive team, law enforcement, etc…)

C. Establish scene safety (reassessment of scene safety should be ongoing).

D. As the first-in-EMS unit arrives, broadcast a “size-up” to include what you can see or

 what you are told: (e.g. number of vehicles, actual or potential hazards, number of

 patients and a description of the structure or scene, etc…)

E. Don the medical command vest.

F. Initiate a detailed scene survey and if safe begin Triage operations (e.g. START

 Triage-1013).

G. Organize Treatment and Transport areas as needed.

 1. Plan to need a minimum of 1 transport per one **RED** patient, two **YELLOW**

 patients or four **Green** patients.

 2. Additional EMS resources respond code unless otherwise directed, report to

 staging area and check in with ICS before providing service on-scene.

H. Establish and maintain early contact with hospitals. Develop a specific contact at

 each hospital (Command Physician or Charge RN) in order to maintain consistency

 and accuracy of information.

 1. Consider continuous, open-line of communication with hospital.

1. Provide Hospital Medical Command physician with event details, number of suspected patients, nature of injuries/illness, contamination, special needs, etc.
2. Ascertain Emergency Department capacity for each hospital.
3. Provide updates as they become available.
4. Consider appointment of a dedicated “Hospital Communications” EMS provider to maintain contact with hospitals.
5. Consider notification of out of area hospitals for larger incidents (Consult with EMS Coordinator Staff).

**THREE LEVELS OF MCI**

A. Level 3 MCI

 1. Criteria

 a. Incident requires more than initial responding agency

 b. 5 or less patients anticipated on initial triage.

 2. IC/ Medical Group responsibility:

 a. Request additional resources

 b. Notify hospitals of anticipated patients via Medical Control

 3. Bonner County 911 Dispatch responsibility:

 a. Move on-duty resources to cover zones with transport units.

 b. Tone BCEMS senior staff for advisement

B. Level 2 MCI

 1. Criteria

 a. Incident requires more than initial responding agency

 b. 5 to 10 patients anticipated on initial triage.

 c. County wide impact.

 2. IC/ Medical Group responsibility:

 a. Request additional resources- closest available

 b. Notify hospitals of anticipated patients via Medical Control

 c. Establish triage unit

 3. Bonner County 911 Dispatch responsibility:

 a. Move on-duty resources to cover zones with transport units.

 b. Activate inter-county mutual aid as needed to provide coverage.

 b. Tone BCEMS senior staff for advisement.

 c. Dispatch BCEMS officer to BGH to assist.

 d. Dispatch up to 5 transports to scene.

 C. Level 1 MCI

 1. Criteria

 a. Incident requires more than initial responding agency

 b. 10 or more patients anticipated on initial triage.

 c. County wide EMS and hospital impact.

 d. May require round-trip transporting.

 2. IC/ Medical Group responsibility:

 a. Request additional resources- closest available.

 b. Notify hospitals of anticipated patients via Medical Control.

 c. Establishes triage unit.

 d. Consider using MCI trailer.

 3. Bonner County 911 Dispatch responsibility:

 a. Move on-duty resources to cover zones with transport units.

 b. Activate inter-county mutual aid as needed to provide coverage.

 c. Tone BCEMS senior staff for advisement.

 d. Dispatch BCEMS or Fire officer to BGH to assist.

 e. Dispatch BCEMS or Fire officer to Bonner Dispatch to assist.

 f. Dispatch 5 or more transports to scene.

**EMS ZONE COVERAGE DURING MCI**

1. Guidelines
2. Dispatch uses the closest units available.
3. Zone 3/5 always retains an on-duty transport unit.
4. Sagle may respond to an incident in zone 3/5.
5. Schweitzer EMS may respond one ambulance to an incident county wide, or as on-duty coverage at Schweitzer Conoco.
6. Priest River may respond both ambulances to an incident county wide.
7. Newport may cover from Newport/ Oldtown.
	1. Zone 3 unit can cover from MP 19 on HWY 2.
	2. Zone 1 unit can cover from MP 13 on Hwy 57.

 8. Priest Lake may respond one ambulance to an incident county wide and staff

 second ambulance as on-duty coverage.

 9. Clark Fork may respond one ambulance to an incident county wide and should

 staff second ambulance as on duty coverage at Trestle Creek.

 **MEDICAL INCIDENT MANAGEMENT PROTOCOL**

**MEDICAL GROUP**

**UNIT STRUCTURE AND LEADERSHIP**

***(Adapted from NIMS Structure)***

**Notes:**

1. All incidents, regardless of size or complexity, will have an Incident Commander.
2. Responding EMS agencies/department county officials will not cancel nor divert resources while en route to a situation or scene. They may request additional resources to the scene and/or coordinate additional stand-by/back-fill resources, especially if scene providers are over committed. Every effort should be made to notify the on-scene incident commander prior to deployment.