

EAST REGION PATIENT CARE PROCEDURE #1
DISPATCH OF MEDICAL PERSONNEL
Approved by DOH February 2005

I. STANDARD:

1. *Licensed aid and/or licensed ambulance services shall be dispatched to all emergency medical incidents by the appropriate 911 center.*
2. *Verified aid and/or verified ambulance services shall be dispatched to all known injury incidents, as well as unknown injury incidents.*
3. *All licensed and verified aid and licensed and verified ambulance services shall operate 24 hours a day seven days a week. (Current WAC)*
4. *All Communication/Dispatch Centers charged with the responsibility of receiving calls for Emergency Medical Services shall develop or adopt an EMD (Emergency Medical Dispatch) Program that meets the Washington EMD Program and Implementation Guidelines.*

II. PURPOSE: (See County Specific Operating Procedures and Response Area Maps)

1. To provide timely care to all emergency medical and trauma patients as identified in the *Current WAC*.
2. To minimize "System Response Time" in order to get certified personnel to the scene as quickly as possible.
3. To minimize "System Response Time" in order to get licensed and or verified aid and ambulance services to the scene as quickly as possible.
4. To establish uniformity and appropriate dispatch of response agencies.

III. PROCEDURE:

1. **Following the Region's plan to promote the concept of tiered response, an appropriate licensed or verified service shall be dispatched per the above standards.**
2. **Dispatcher shall determine appropriate category of call using established Washington State EMD Guidelines.**
3. **Response shall be pre-planned by EMD response protocol. (See County Specific Operating Procedures and East Region Response Area Maps.)**

IV. DEFINITIONS

"System Response Time" for trauma means the interval from discovery of an injury until the patient arrives at the designated trauma facility. It includes:

- **"Discovery Time":** The interval from injury to discovery of the injury;
- **"System Access Time":** The interval from discovery to call received;
- **"911 Time":** The interval from call received to dispatch notified, including the time it takes the call answerer to:
 - Process the call, including citizen interview; and
 - Give the information to the dispatcher;

**EAST REGION PATIENT CARE PROCEDURE #1
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- **“Dispatch Time”**: The interval from the call received by the dispatcher to agency notification;
- **“Activation Time”**: The interval from agency notification to start of response;
- **“Enroute Time”**: The interval from the end of activation time to the beginning of on-scene time;
- **“Patient access time”**: The interval from the end of enroute time to the beginning of patient care;
- **“On Scene Time”**: The interval from arrival at the scene to departure from the scene. This includes extrication, resuscitation, treatment, and loading;
- **“Transport Time”**: The interval from leaving the scene to arrival at the health care facility.

V. QUALITY IMPROVEMENT:

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

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Approved DOH	2/2005
Implemented by Regional Council	3/2005
Reviewed by PH	11/9/05

EAST REGION PATIENT CARE PROCEDURE #2 RESPONSE TIMES

I. STANDARD:

All verified ambulance and verified aid services shall respond to trauma incidents in a timely manner in accordance with current WAC.

II. PURPOSE:

1. To provide trauma patients with appropriate and timely care.
2. To establish a baseline for data requirements needed for System Quality Improvement.

III. PROCEDURES:

1. **The Regional Council shall work with all prehospital providers and Local Councils to identify response areas as urban, suburban, and rural or wilderness.**
2. **Verified ambulance and verified aid services shall collect and submit documentation to ensure the following response times are met 80% of the time; as defined in the current WAC.**

<u>Aid Vehicle</u>		<u>Ambulance</u>	
Urban	8 minutes	Urban	10 minutes
Suburban	15 minutes	Suburban	20 minutes
Rural	45 minutes	Rural	45 minutes
Wilderness	ASAP	Wilderness	ASAP

3. **Verified ambulance and verified aid services shall collect and submit documentation to show wilderness response times are “as soon as possible.”**

IV. DEFINITIONS:

1. **URBAN**: An unincorporated area over 30,000; or an incorporated or unincorporated area of at least 10,000 and a population density over 2,000 per square mile.
 2. **SUBURBAN**: An incorporated or unincorporated area with a population of 10,000 to 29,999, or any area with a population density of 1,000 to 2,000 per square mile.
 3. **RURAL**: Incorporated or unincorporated areas with total populations less than 10,000, or with a population density of less than 1,000 per square mile.
 4. **WILDERNESS**: Any rural area not readily accessible by public or private road.
- **“System Response Time”** for trauma means the interval from discovery of an injury until the patient arrives at the designated trauma facility. It includes:
 - **“Discovery Time”**: The interval from injury to discovery of the injury;
 - **“System Access Time”**: The interval from discovery to call received;
 - **“911 Time”**: The interval from call received to dispatch notified, including the time it takes the call answerer to:
 - Process the call, including citizen interview; and
 - Give the information to the dispatcher;

EAST REGION PATIENT CARE PROCEDURE #2 RESPONSE TIMES

- “Dispatch Time”: The interval from the call received by the dispatcher to agency notification;
- “Activation Time”: The interval from agency notification to start of response;
- “Enroute Time”: The interval from the end of activation time to the beginning of on-scene time;
- “Patient access time”: The interval from the end of enroute time to the beginning of patient care;
- “On Scene Time”: The interval from arrival at the scene to departure from the scene. This includes extrication, resuscitation, treatment, and loading;
- “Transport Time”: The interval from leaving the scene to arrival at the health care facility.

V. **QUALITY IMPROVEMENT:**

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

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EAST REGION PATIENT CARE PROCEDURE #3 TRAUMA TRIAGE AND TRANSPORT

I. STANDARD:

1. *All verified ambulance verified aid services and affiliated agencies shall comply with the Washington Prehospital Trauma Triage Procedures as defined in the current WAC. All verified ambulance services shall transport patients to the most appropriate designated facility*
2. *All verified ambulance and verified aid services shall consider activating ALS rendezvous or helicopter response - Patient Care Procedure #7 if beyond the 30 minutes transport time to a designated facility OR if transport time to the appropriate facility may be reduced by more than 15 minutes.*
3. *Each trauma-designated facility will determine when it is appropriate to alert verified ambulance services to divert to another trauma designated facility.*

II. PURPOSE:

1. To implement regional policies and procedures for all emergency medical patients and all trauma patients who meet the criteria for trauma system activation as described in the Washington Prehospital Trauma Triage Procedure.
2. To ensure that all emergency medical and/or trauma patients are transported to the most appropriate designated facility in accordance with the current WAC.
3. To allow the receiving facility adequate time to activate their emergency medical and/or trauma response team.

III. PROCEDURES:

1. The first certified EMS/TC provider determines that a patient:
 - a. Needs definitive trauma care
 - b. Meets the trauma triage criteria
 - c. Presents with factors suggesting potential severe injury (in accordance with the Washington Prehospital Triage Procedure).
 - d. Determine if patients meet all hazards (procedure #8) criteria
2. The provider then proceeds with primary resuscitation for the patient.
3. The provider then determines what step in the Prehospital Triage Procedure that the patient's condition/injuries meet; determination of destination is made based upon the step identified and the following:
 - a. For patient meets Step 1 or Step 2 Criteria:
 1. Take the patient to the highest-level trauma center within 30 minutes transport time via ground or air transport according to DOH approved Regional Patient Care Procedures.
 2. Apply "Trauma ID Band" to the patient.
 - b. Patient meets Step 3 Criteria:
 1. Take the patient to the nearest designated facility. (No change)
 2. Consult county procedure, IF:

**EAST REGION PATIENT CARE PROCEDURE #3
TRAUMA TRIAGE AND TRANSPORT**

- (a) The patient requests to bypass the nearest facility*
 - (b) EMS personnel judgment suggests that the patient be taken to a higher-level facility*
 3. Apply “Trauma ID Band” to the patient.
4. On-line medical control for all counties shall be accessed per County Operating Procedures (COPs)
5. Communication will be initiated with the receiving facility as soon as possible to allow the receiving facility adequate time to activate their emergency medical and/or trauma response team.
6. *The receiving facility will notify the verified ambulance service about diversion according to COPs.*
7. Medical control and/or the receiving facility will be provided with the following information, as outlined in the Prehospital Destination Tool:
 - a. Identification of EMS agency
 - b. Vital signs. (Include First and/or Worst)
 - c. Level of consciousness
 - d. Anatomy of injury
 - e. Biomechanics of injury
 - f. Any co-morbid factors
 - g. Timely updates on patient status
8. The first EMS provider to determine that a patient meets the trauma triage criteria will attach a Washington State Trauma Registry Band to the patient’s wrist or ankle.
9. All information shall be documented on an appropriate medical incident report (MIR) form accepted by the County MPD, which meets trauma registry data collection requirements as outlined in WAC.

IV. QUALITY IMPROVEMENT:

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

**EAST REGION PATIENT CARE PROCEDURE #3
TRAUMA TRIAGE AND TRANSPORT**

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Approved by Steering Committee	3/21/07

Approved

**PATIENT CARE PROCEDURE #3A
 TRIAGE & TRANSPORT FOR
 MEDICAL & NON-MAJOR TRAUMA PATIENTS**

I. STANDARD

All licensed ambulance services shall transport patients to the most appropriate facility in accordance with County Operating Procedures (COPs).

II. PURPOSE

1. To implement regional policies and procedures for all **medical and non-major trauma patients who do not meet the criteria for trauma system activation** as described in the Washington Prehospital Trauma Triage Tool.
2. To ensure that all medical and/or non-major trauma patients are transported to the most appropriate facility.

III. PROCEDURES

1. **Patients not meeting prehospital trauma triage criteria for activation of the trauma system, and all other patients will be transported to facilities based on County Operating Procedures (COPs).**

IV. QUALITY IMPROVEMENT:

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

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EAST REGION PATIENT CARE PROCEDURE #3B PEDIATRIC TRAUMA TRIAGE & TRANSPORT

I. STANDARD

1. *All verified ambulance, verified aid services, and affiliated agencies shall comply with the Washington Prehospital Trauma Triage Procedures as defined in current WAC. All verified ambulance services shall transport patients to the most appropriate designated facility.*
2. *All verified ambulance and verified aid services shall consider activating ALS rendezvous or helicopter response - Patient Care Procedure #7 - if beyond the 30-minute transport time to a designated facility OR if transport time to the appropriate facility may be reduced by more than 15 minutes.*
3. *Each trauma-designated facility will determine when it is appropriate to alert verified ambulance services to divert to another trauma designated facility.*

II. PURPOSE

1. To ensure that consideration is given to early transport of a child to the regional pediatric trauma center(s) when required surgical or medical subspecialty care of resources are unavailable.

III. PROCEDURES

1. The first certified EMS/TC provider determines that a pediatric patient:
 - A. Needs definitive trauma care
 - B. Meets the trauma triage criteria
 - C. Presents the factors suggesting potential severe injury (in accordance with the Washington Prehospital Triage Procedure
 - D. Determine if patient meets Patient Care Procedure #8 for All Hazards Mass Casualty
2. The provider then proceeds with airway management and primary resuscitation for the pediatric patient.
3. Apply "Trauma ID Band" to the patient.
4. Take the pediatric patient to the highest-level pediatric trauma center within 30 minutes transport time via ground or air transport according to DOH approved regional patient care procedures and approved County Operating Procedures (COPs).
5. If a pediatric designated facility is not available within 30 minutes, take the patient to the highest adult designated facility within 30 minutes.

IV. QUALITY IMPROVEMENT:

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

See Next Page

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**EAST REGION EMS/TC COUNCIL
REGIONAL PATIENT CARE PROCEDURE #4
INTERFACILITY TRANSFER OF PATIENTS**

I. STANDARD

1. All interfacility transfers via ground or air shall be provided by the appropriate licensed and/or verified services with personnel and equipment to meet patient needs.
2. Immediately upon determination that the patient’s needs exceed the scope of practice and/or their Medical Program Director (MPD) approved protocols, or physician standing orders for non-EMS personnel, the licensed and/or verified service personnel shall advise the facility personnel that they do not have the resources to do the transfer.

II. PURPOSE

Provide a procedure that will facilitate the goal of transferring high-risk trauma and medical patients.

III. PROCEDURES

1. Medical responsibility during transport should be arranged at the time of initial contact between receiving and referring physicians. The transferring physician should write the transfer orders after consultation with the receiving physician. Facilities having transfer agreements for trauma patients are attached as a reference.
2. Prehospital MPD protocols shall be followed prior to and during transport.
3. While en-route, the transporting agency should communicate patient status and their estimated time of arrival (ETA) to the receiving facility per Medical Program Director (MPD) approved protocols or physician standing orders for non-EMS personnel.

IV. DEFINITIONS

- **Scope of Practice:** Patient care within the scope of approved level of certification and/or specialized training.
- **Facilities** are DOH designated trauma care services and licensed acute care hospitals.
- **Non-EMS Personnel:** Licensed Health Care Professionals including Physicians, Physicians Assistants, Registered Nurses, and Advanced Registered Nurse Practitioners.

V. QUALITY ASSURANCE

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

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Reviewed & approved by Regional Council	6/11/08
Approved by EMS Steering Committee & DOH	7/08

**PATIENT CARE PROCEDURE #5
MEDICAL GROUP SUPERVISOR AT THE SCENE**

I. STANDARD:

1. *The Incident Command System and National Incident Management System shall be used.*

II. PURPOSE:

1. To define who has overall patient care responsibility at the EMS scene, and to define the line of authority when multiple agencies respond.

III. PROCEDURE:

1. An incident commander will designate those ICS positions as necessary. When no other incident commander has been appointed the highest medical person shall be in command until a person of equal or greater training relieves him/her. EMS personnel shall direct patient care per County Operating Procedures (COPs) and Medical Program Director protocols.
2. The Medical Group Supervisor should be the individual with the highest level of medical certification who is empowered by County Operating Procedures (COPs).
3. Diversion from this PCP shall be reviewed by responding agencies, and then reported to the county MPD in the jurisdiction of the incident.

IV. QUALITY IMPROVEMENT:

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

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**PATIENT CARE PROCEDURE #6
EMS/MEDICAL CONTROL – COMMUNICATIONS**

I. STANDARD:

1. *Communications between prehospital personnel and receiving facilities will utilize the most effective communications to expedite patient information exchange.*

II. PURPOSE:

1. To define methods of expedient communications between prehospital personnel and receiving facilities.

III. PROCEDURE:

1. The preferred communications method should be direct between an EMS prehospital provider and the facility. An alternative method of communications should be addressed in County Operating Procedures.
2. Local Medical Program Director, county councils and communications centers will be responsible for establishing communications procedures between the prehospital provider(s) and the facility (ies).
3. The provider agencies will maintain communications equipment and training needed to communicate in accordance with WAC.
4. Problems with communications affecting patient care will be reviewed by the provider agency, county council, MPD, communications center, and if necessary report to the Regional Communications Committee for review.
5. **All patient information communicated between agencies shall be in compliance with current HIPAA standards.**

DEFINITION

V. QUALITY IMPROVEMENT:

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REGIONAL PATIENT CARE PROCEDURE #7 HELICOPTER RESPONSE

Standard:

1. *Initiate a helicopter response as soon as medically necessary.*
2. *Helicopter transport should be considered when transport time to the appropriate facility may be reduced by more than 15 minutes.*
3. *The highest level of pre-hospital EMS provider on scene may cancel the helicopter response if they determine the patient condition does not warrant air transport.*

Note: County Operating Procedures (COPS) may be added as an addendum to DOH approved PCPS to clarify implementation and operation within each county.

Purpose:

1. To define who may initiate the request for an on-scene medical helicopter and under what circumstances non-medical personnel may request on-scene helicopter service.

Procedure:

1. The highest level of pre-hospital personnel on scene may request a helicopter be placed on standby or that a helicopter(s) be launched to the scene per COPS.

Note: If the request is to place a helicopter on standby, this helicopter and crew will remain dedicated to the standby until released by the requesting agency.

2. This call shall be initiated through the appropriate medical emergency-dispatching agency per COPS. If possible, landing zone (LZ) or rendezvous sites, and/or LZ hazard assessments, should be identified at this time.
3. The helicopter service communications staff will give an approximate launch time and flight time to the dispatchers requesting service.
4. Helicopter personnel will contact ground EMS personnel as soon as possible while en-route to the scene.
5. Any citizen on scene may request a helicopter be launched to the scene. If a citizen requests a launch, the dispatching service receiving the helicopter request will assure that local EMS is dispatched to the scene at the same time.
6. After assessing the patient, if the highest level EMS personnel on scene determines that the patient's condition does not warrant air transport, they may cancel the responding helicopter and assume responsibility for patient care and transport.
7. Helicopter personnel shall follow the Incident Command System (ICS) and National Incident Management System (NIMS).
8. Helicopter personnel will make radio contact with the receiving hospital as soon as possible after liftoff from the scene.

Definitions:

1. **Standby:** Upon receiving the request, helicopter dispatch personnel will notify the pilot and crew of the possible flight. The crew will respond to the helicopter and load appropriate equipment. The crew will then remain at or near the helicopter until such time they are launched or released from the standby.
2. **Launch Time:** The time at which the helicopter lifts from the pad en-route to the scene. Assuming the helicopter has been on standby this will require approximately one to two minutes run-up time. Temperatures below freezing may require a little longer run-up.
3. **Flight time:** The estimated time from launch to the helicopter landing at the scene.
4. **Landing Zone (LZ) Hazard Assessment:** On-scene EMS will identify a helicopter-landing zone as close to the scene as safely possible. Ideally this will be a flat area, a minimum of 75 feet by 75 feet during daylight and 100 feet by 100 feet at night. Personnel designating the LZ must complete a hazard assessment including, but not limited to, overhead wires, rocks, uneven surfaces, loose debris, trees, vehicles, foot traffic, and high winds. Such hazards will be relayed to the pilot as the helicopter approaches the LZ.
5. **Rendezvous:** An alternate site for patient transfer from ground ambulance to air ambulance when terrain, weather, or other restraints hinder the helicopter from landing at the requested scene or hospital. The landing zone hazard assessment shall be completed for the rendezvous LZ as for any other LZ.

Quality Improvement:

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

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EAST REGION EMS/TC COUNCIL
ALL HAZARDS REGIONAL PATIENT CARE PROCEDURE
Mass Casualty Incident (MCI)

- I. STANDARD:** EMS personnel, licensed ambulance and licensed aid services shall respond to a Mass Casualty Incident as identified in this document.
1. All verified ambulance and verified aid services shall respond to an MCI per the county MCI plans.
 2. Licensed ambulance and licensed aid services shall assist during an MCI per county MCI plans when requested by command through dispatch in support of county MCI Plan and/or in support of verified EMS services.
 3. EMS certified first response personnel shall assist during an MCI per county MCI plans when requested by command through dispatch in support of county MCI Plan and /or in support of verified EMS services.
 4. Pre-identified patient mass transportation, EMS staff and equipment to support patient care may be used.
 5. All EMS agencies working during an MCI event shall operate within the National Incident Management System or the Incident Command System (ICS) as identified in the jurisdiction that has authority, protocol and MCI plan.
- II. PURPOSE:**
1. To develop and communicate the information of regional trauma plan section VII prior to an MCI.
 2. To implement county MCI plans during an MCI.
 3. **Severe Burns:** *To provide trauma and burn care to at least 50 severely injured adult and pediatric patients per region.*
 4. To provide safe mass transportation with pre-identified EMS personnel, equipment, and supplies per the approved County Disaster Plan and/or the Hazardous Mitigation Plan.
- III. PROCEDURES:**
1. Incident Commander (IC) shall follow the county MCI Plan to inform medical control and the disaster medical control hospital when an MCI condition exists. (Refer to county specific Department of Emergency Management Disaster Plan.)
 2. Medical Program Directors agree that protocols being used by the responding agency should continue to be used throughout the transport of the patient, whether it is in another county, region or state. This ensures consistent patient care will be provided by personnel trained to use specific meds, equipment, procedures, and/or protocols until delivery at the receiving facility has been completed.
 3. EMS personnel may use the *Prehospital Mass Casualty Incident (MCI) general Algorithm* during the MCI incident (attached).
- IV. QUALITY IMPROVEMENT:**
- The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a county provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

**EAST REGION EMS/TC COUNCIL
ALL HAZARDS REGIONAL PATIENT CARE PROCEDURE
Mass Casualty Incident (MCI)**

Post incident after action review is completed within 30 days. It shall be the responsibility of the agency managing the incident to coordinate the review.

V. Definitions

- **CBRNE** - Chemical, Biological, Radiological, Nuclear Explosive
- **County Disaster Plan** –Comprehensive Emergency Management Plan (CEMP)
- **Medical Control:** MPD authority to direct the medical care provided by certified EMS personnel in the prehospital EMS system.

Routing Box

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Approved EMS & Trauma Steering Committee	11.16.05

**EAST REGION EMS/TC COUNCIL
ALL HAZARDS REGIONAL PATIENT CARE PROCEDURE
Mass Casualty Incident (MCI)**

Prehospital Mass Casualty Incident (IC) General Algorithm

Receive dispatch

Respond as directed

Arrive at scene & Establish Incident Command (IC)

Scene Assessment and size-up

Determine if mass casualty conditions exist

Implement county MCI plan

Request additional resources as needed

The dispatch center shall coordinate notification and dispatch of required agencies and resources including notification of the Regional Disaster Control Hospital (RCH). The Spokane Regional Health District (SRHD) shall be notified in events where a public health threat exists.

Identify hazards and determine needs to control or eliminate them. Take immediate action to isolate and deny access (Site Access Control) or mitigate the hazards as necessary to prevent additional injuries. Consider possibility of terrorist attack (WMD, secondary device)

Initiate START

Reaffirm additional resources

Initiate ICS 201 or similar tactical worksheet (See attached)

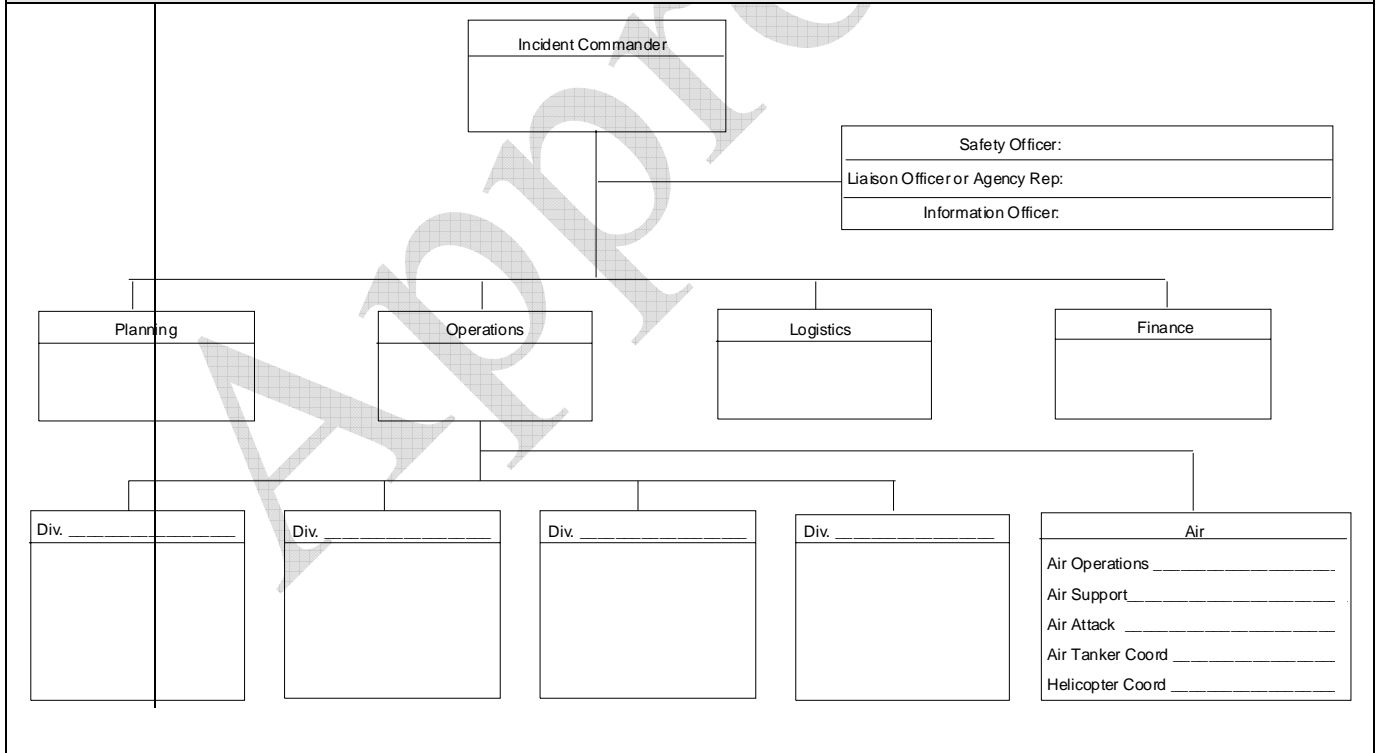
Upon arrival at Medical Center, transfer care of patients to medical centers staff (medical center should activate their respective MCI Plan as necessary).

Prepare transport vehicle to return to service

INCIDENT BRIEFING	1. Incident Name	2. Date	3. Time
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4. Map Sketch

5. Current Organization



Page 22 of	6. Prepared by (Name and Position)
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Approved