WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Alpha
Multi-Casualty Incident Plan

Original Alpha Plan effective October 1, 2018

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Record of Changes

The Alpha Plan was established in 2018 to enhance the region's response to a large-scale or multi-location incident. Below is a record of changes made to the plan since its inception.

Record of Change	Date	Revisions	Agency
Original plan publication	10/1/2018		WCHD

Introduction

The Washoe County Health District (WCHD) maintains and updates the Multi-Casualty Incident Plan (MCIP). The MCIP was developed in the 1980s and has been activated on multiple occasions. While the MCIP has demonstrated effectiveness for small to moderate-sized incidents, it may not adequately prepare the region for major occurrences, such as wide-spread, multi-location incidents or sizable natural or man-made disasters. Therefore, the WCHD created the Alpha MCIP (Alpha Plan) to better prepare for large-scale and/or multi-location incidents. The Alpha Plan, and its components, should only be activated during large-scale events and/or incidents with multiple locations.

All disasters are considered local. It is local agencies that initially respond to a multi-casualty incident (MCI) and local agencies that initially manage the event. The WCHD encourages emergency medical services (EMS) response agencies and hospitals to stay involved in developing and enhancing local plans. The WCHD EMS Oversight Program also requests EMS response agencies and hospital staff, to include the emergency departments, stay current in the National Incident Management System (NIMS) training. The combination of these two efforts work to produce a better-prepared response system.

As stated in the MCIP, EMS efforts in a MCI will begin with the first arriving unit and expand to meet the needs of the incident. The first arriving unit should establish the Incident Command System (ICS). It is important for the first arriving units to be aware of the critical nature of the initial phase of an MCI response. The activities and effectiveness of all additional responding personnel will be affected by the initial responders' ability to effectively activate the appropriate disaster response plan(s).

The initial size-up requires special attention, as the successful operation of an MCI is dependent upon the accuracy of the reports provided by the first-in responders to the scene. The IC will establish an on-scene organization to manage the activities of responding emergency workers and to coordinate with off scene agencies. Those responding, regardless of agency or organization affiliation, should expect to participate as assigned within the established on-scene organization. For activation of the Alpha Plan, the IC will not be able to directly supervise operations; this responsibility must be delegated to an Operations Chief. The field operations will fall within the responsibility of the Operations section. It is important that medical personnel, treatment areas and medical management be easily identifiable.

The incident command structure will expand as necessary based on the size and complexity of the incident and to maintain the span of control. Only those functions/positions that are necessary will be filled and each element must have a person in charge.

This plan contains additional response components that would only be applicable during major incidents. A major incident is defined by the region as a large-scale event and/or incident with multiple locations.

Purpose

The Washoe County District Board of Health (DBOH) is committed to providing necessary emergency medical care to all patients involved in an MCI. The goal of the Alpha Plan is to provide a framework for an interoperable response by pre-hospital and healthcare agencies to effectively and safely manage large-scale events and/or incidents with multiple locations.

The MCIP establishes a mechanism to organize and mobilize emergency medical resources within Washoe County, while the Alpha Plan builds on the foundation of the MCIP and provides additional response options that would only be utilized in a major incident. Such actions would not be necessary for incidents where there are enough local resources to manage and mitigate the event.

Scope

The MCIP standardizes operations during MCIs. It is intended to be an "all hazards" plan to meet the needs of any MCI regardless of what caused the incident. If necessary, these procedures can be modified based on the number of patients, the severity of injuries, and special circumstances involved in the incident.

The Alpha Plan provides additional framework for organizing the pre-hospital and healthcare response systems to effectively respond to and assist in managing patients resulting from a major incident. For example, a community multi-casualty incident where there are greater than 100 individuals involved would stress our EMS and healthcare system and would warrant the activation of the Alpha Plan in order to use the provisions outlined for increasing bed availability in Washoe County facilities.

Activation

The Alpha Plan should only be activated when there is a large-scale event and/or incident with multiple locations. It is possible to activate the MCIP initially then transition to the Alpha Plan as situational awareness about the incident evolves. Command personnel (Battalion Chiefs/Supervisors/Sergeants) should be responsible for activating the Alpha Plan.

General Considerations and Assumptions

The following are considerations and assumptions made when the Alpha Plan is activated:

- All agencies will operate under NIMS and ICS.
- The Regional Emergency Operations Center (REOC) will activate.
- The resources needed to mitigate incidents are dependent on the size and complexity of the incident as well as the location.
- Expected mutual aid resources may not be available, or may be significantly delayed.
- Providers must be prepared to sustain their patients for longer periods of time.

- Non-traditional modes of transportation destinations will be used.
- Hospitals will activate their surge expansion plans.
    - Hospitals will need to consider using urgent care and other accessory facilities to accept "green" patients.
    - Hospitals may need to move lower acuity patients to skilled nursing/long-term care facilities in the region to increase bed capacity. It is understood that the VA of the Sierra Nevada Health Care System is not able to move patients like other private healthcare systems.
- Hospitals should anticipate victims transported by Good Samaritans and will need to use the DMS triage tags to track them as part of the incident. (See Appendix D for Nevada Good Samaritan Law, NRS 41.)

Regional Command Structure

NIMS will be used to manage MCI incidents in Washoe County. As defined in NIMS, ICS will be used for all incident types. The goal of ICS is to ensure central control, provide for inter-agency coordination and provide that no one individual or agency becomes overloaded with specific assignments or details. On simple incidents, the Incident Commander or any other position may well serve multiple roles; such will not be the case in the activation of the Alpha Plan.

The more ICS can be used on routine operations, the easier it will be to use on complex MCIs that would activate the Alpha Plan. The ICS is designed to allow even the smallest response cohort to "fill out" the command staff on a large incident through the use of mutual aid resources. All Fire and EMS agencies should follow NIMS for all responses, from a simple motor vehicle crash to major events.

As local, state, federal, and private party responders arrive on-scene of incidents, all responders should integrate into the ICS organization. All responders will operate within the incident command structure to provide for accountability, safety, and management of incidents. The first arriving unit on scene should identify and report the following to their own dispatch center. This information should then be relayed to all responding agencies' dispatch centers:

- If known, the type and cause of the incident
- The exact location of the incident
- An estimate of the number of casualties
- An estimate of the condition of casualties

The Incident Command structure will be initiated by the first qualified fire unit on scene. The first position to be assigned should be the Incident Commander and the subsequent assignments will be determined by the Incident Commander. At a minimum, the following information will need to be determined and relayed to all responding agencies dispatch centers:

- The establishment of command and name of the incident

- The identity of the IC
- The exact location of the Command Post
- Identify the radio frequency used for the incident
- An estimate of additional resources needed
- The appropriate routing to the incident
- The identification of special hazards, if any
- The exact location of the initial staging area

The second responsibility of the initial IC is to begin to delegate duties to all other on-scene responders, and to develop an incident action plan (IAP) that includes some of the following:

- Extrication/rescue
- Safety of personnel and scene safety
- Triage
- Treatment
- Transport
- Staging
- Security
- Communications
- Record keeping

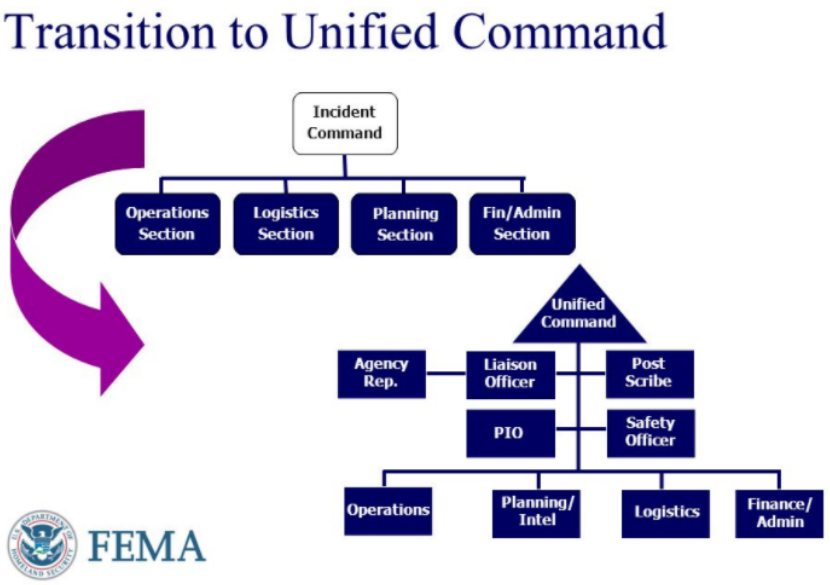
For any incident that may require the activation of the Alpha Plan, the Incident Commander should immediately consider expanding the Incident Command Structure to provide adequate span of control and provide for efficient management of the incident. Unified Command is recommended for multi-jurisdictional or multi-agency incident management. Agencies with jurisdictional authority may participate in the incident command structure as determined by the Incident Commander and jurisdictional representatives. Under the UC structure, the various jurisdictions and/or agency responders may blend together throughout the operation to create an integrated response team. Ultimately, the decision regarding the command structure is determined by the Incident Commander, through evaluation of the incident and resources needed.

The UC is responsible for overall management of the incident. The UC directs incident activities, including development and implementation of overall objectives and strategies, and approves ordering and releasing of resources. Members of the UC work together to develop a common set of incident objectives and strategies, share information, maximize the use of available resources, and enhance the efficiency of the individual response organizations. Actual UC structure for a specific incident will be determined on a case-by-case basis taking into account:

- The specifics of the incident;
- Determinations outlined in existing response plans; or
- Decisions reached during the initial meeting of the UC. The makeup of the UC may change as an incident progresses, in order to account for changes in the situation. The UC is a team effort, but to be effective, the number of

personnel should be kept as small as possible.

The figure below demonstrates how the initial response units can transition the ICS structure into UC.



Area Command

Area Command is an organization mechanism used to provide overall command and authority for two or more events or incidents. It works closely with the incident commanders (ICs) to establish overall objectives, priorities, management or critical resources, logistical concerns, and planning issues. When activated, Area Command eliminates confusion by providing the necessary oversight of the incidents/events being managed.

The members of the Area Command team should be qualified and trained in their respective functions. The minimum positions include:

- Area Commander
- Area Command Logistics Chief (which also may have a Critical Resource Unit)
- Area Command Planning Chief (which also may have a Situation Unit Leader),
- Liaison Officer
- Information Officer

In addition, there may be a need for a Technical Specialist or an Information/Intelligence Officer. Each of these positions will necessitate sufficient staff to assist the command staff in completing their duties. Just as in

the incident command system (ICS), command staff personnel may have assistants, and general staff positions may have deputies.

Area Command does not replace the incident command organization or functions. The incident will be managed using the ICS. Therefore, emergency incidents or events can be managed by a single IC, by an IC with deputy ICs, or through unified command. In addition, if incident command is unified, Area Command should also be unified.

The Area Command positions in the NIMS are established to enable ICs and their personnel to manage the incident, whereas Area Command assists the ICs in meeting their objectives through critical resource ordering and tracking, advance planning, and handling their logistical concerns. Area Command has six primary functions:

- To provide agency or jurisdictional authority for assigned incidents or events.
- To ensure a clear understanding of the agency's expectations, intentions, and constraints related to the incidents among the ICs.
- To establish critical resource use priorities among the various incidents based on need, agency policy, and direction.
- To ensure appropriate incident management team personnel assignments and organizations for the kind and complexity of the incidents involved.
- To maintain contact with officials in charge, assisting and cooperating with agencies and other interested groups.
- To coordinate the demobilization or reassignment of resources among assigned incidents.

Area Commanders should allow ICs as much latitude as possible in implementing their respective Incident Action Plans. This is usually done by ensuring that they have a complete and accurate understanding of the overall objectives and priorities not only of their incident but also the magnitude of the other ongoing incidents. Therefore, the Area Commander will need to have planning and operational meetings with the ICs.

Area Command is designed to be the last command element that deals directly with incident management personnel in the field. As mentioned above, Area Command must meet six primary functions to provide efficient and effective oversight. It is not an operational aspect of command and control. It coordinates and facilitates with agency administrators, multiagency coordination centers, and emergency operations centers to ensure that the IC's objectives and needs are communicated up through channels. In turn, Area Commanders also ensure that the ICs understand agency officials' needs and requirements.

Additional Response Components

The MCIP includes a detailed response structure and processes for triage, treatment and transport that should be used for any MCI, regardless of size. For all MCIs in Washoe County response agencies shall use the DMS triage system, which includes initial ribbon triage and triage tags.

When the Alpha Plan is activated, there are some additional response components to consider. These considerations include the possible use of police vehicles to transport victims, strategically placed medical supplies, and a coordinated healthcare response for creating more available beds in acute care facilities for victims of the incident. These response components should only be considered during major events.

Police Transports

Nevada Revised Statues (NRS) 450B.830 exempts the following from State EMS statues:

1. The occasional use of a vehicle or aircraft to transport injured or sick persons, which vehicle or aircraft is not ordinarily used in the business of transporting persons who are sick or injured.
2. A vehicle or aircraft rendering services as an ambulance or air ambulance in case of a major catastrophe or emergency if ambulance or air ambulance services with permits are insufficient to render the services required.
3. Persons rendering service as attendants in case of a major catastrophe or emergency if licensed attendants cannot be secured.
4. Ambulances based outside this State.
5. Air ambulances based outside this State which:
   (a) Deliver patients from a location outside this State to a location within this State; and
   (b) Do not receive any patients within this State.
6. Attendants based outside this State rendering service solely on ambulances which are exempt from the provisions of this chapter.
7. Attendants rendering service solely on air ambulances which are exempt from the provisions of this chapter.
8. Vehicles owned and operated by search and rescue organizations chartered by the State as corporations not for profit or otherwise existing as nonprofit associations which are not regularly used to transport injured or sick persons except as part of rescue operations.
9. Ambulances or air ambulances owned and operated by an agency of the United States Government.

Therefore during large scale MCIs, when there is likely no criminal element, responding officers may elect to transport highly critical patients to definitive care. The officers may conduct an assessment of the availability and/or proximity of EMS resources; this will provide situational awareness for the officers to determine whether police transport is necessary.

If law enforcement transport occurs in the initial incident response, officer(s) should take critical patients to Renown Regional Medical Center. If officer(s) vehicles are identified as a transport resource during later phases of the incident then the officer(s) must communicate with Medical Branch and/or the Patient Transportation Group Supervisor to receive direction on which hospital to transport the patient(s).

In instances where police or Good Samaritans transport, the patient will likely receive no on-scene triage or care. The receiving hospital will be responsible for tagging the patient with the DMS triage tag once the officer arrives to the hospital with the patient(s). Tagging the patient at the hospital is indispensable for patient tracking and family reunification during/after the incident.

MCI Medical Supplies

In instances where there may be the inability to travel throughout the region due to a natural or man-man disaster, the WCHD has strategically placed MCI medical supplies in the quadrants of the County for access by first responders.

The medical supplies may vary at each location, however the supplies are intended to provide basic support and care for victims of an MCI. The medical supplies may include items such as, personal protective equipment, bleeding control kits, airway management supplies and bandages.

In order to maintain the integrity of the medical supplies, those items that can be used by first responder agencies during daily operations will be exchanged prior to the expiration dates. The general locations of the medical supplies are on the map in Appendix A. The minimum medical supplies are included in Appendix B.[1]

Medical Dispatch Notification & Healthcare Response

The Medical Dispatch Center will immediately notify the healthcare facilities within the County of a MCIP or Alpha Plan activation. The Emergency Department Charge Nurse at Renown Regional Medical Center, Renown South Meadows, Northern Nevada Medical Center, Saint Mary's Regional Medical Center, and the Administrator on Duty at VA Sierra Nevada Health System will be notified. Depending on the location of the incident and the number of patients, the Medical Dispatch Center shall also notify Incline Village Community Hospital for a patient care capacity inventory.

All healthcare facilities in the County should activate their own Emergency Management Plan. It is recommended that each healthcare facility develop internal guidelines to identify how many patients and what type the facility can accept in a disaster or Alpha Plan activation.

[1] The medical supplies were agreed-upon and initially funded by the Inter-Hospital Coordinating Council (IHCC).

The MCIP baseline capacity numbers will be used initially, so that the Medical Dispatch Center can begin dispersing patients. It is the responsibility of the area facilities, through the IHCC, to periodically update baseline capacity numbers to ensure they remain current. During an activation of the Alpha Plan, healthcare facilities may need to move lower acuity patients to other facilities to increase acceptance numbers. If patients are being moved, the Evac1-2-3 patient tagging and tracking system of the Mutual Aid Evacuation Annex (MAEA) can be utilized. If it is determined that patients need to be moved in conjunction with the Alpha Plan activation, then non-ambulance transports (wheelchair vans, buses, etc.) can be requested to move patients from one facility to another.

The ambulance transport agency(s) will begin transporting patients from the scene(s) using the baseline capacity numbers as a guide. The ambulance transport agency(s) will update the healthcare facilities as additional information becomes available as to the number and types of patients the facilities may expect to receive. **Each facility is responsible for updating the Medical Dispatch Center if there is a change in capacity to receive patients in comparison to the baseline capacity numbers below:**

Hospital Baseline Capacity Numbers*

Hospital	Red	Yellows	Greens
Carson Tahoe Medical Center	3	8	15
Banner Churchill Community Hospital	2	4	15
Carson Valley Medical Center	2	4	15
South Lyon Medical Center	0	2	8
Renown Regional Medical Center	10	20	50
Renown South Meadows	3	4	10
Northern Nevada Medical Center	3	7	10
Saint Mary's Regional Medical Center	6	10	20
VA Sierra NV Health Care System	3	7	10
Incline Village Community Hospital	0	2	8
Tahoe Forest (Truckee, CA)[2]	0	2	8

Total baseline capacities numbers: 32 reds, 70 yellows and 169 greens.

Within the Truckee Meadows region of Washoe County, the first six most critical patients will be transported to the Trauma Center at Renown Regional Medical Center. Additional patients will be distributed to the healthcare facilities based on

[2] With the exception of Tahoe Forest, the baseline numbers were taken from the Statewide Medical Surge West Region Annex.

available patient care capacity. (State Trauma Destination Guidelines do not apply in these instances.) The Medical Branch Director, through the Medical Dispatch Center, will update the healthcare facilities as patient numbers are confirmed and notify the appropriate agencies when all patients have been transported.

There is the potential that green patients may impact the availability of critical resources that should be dedicated to the more critical red or urgent yellow patients. It is each facility's responsibility to notify the Medical Dispatch Center when they are considering the transfer of green patients to their affiliated urgent care and/or ancillary centers, whom the hospitals should pre-alert as part of the Alpha plan activation.

Currently there are no formal agreements in place for hospitals to utilize urgent care centers to receive walking wounded/green patients. However, the use of urgent care centers or community clinics can expand the capacity of the health care system to provide expedient care to non-critical green patients in an Alpha Plan activation.

Healthcare facilities further from the incident scene should prepare to provide manpower, equipment and supplies as requested through the ICS. These facilities may be activated under Mutual Aid Agreements (MAAs).

Due to safety and logistical issues, the landing of helicopters at hospital helipads during an MCI will be limited to those agencies that have pre-approved agreements with the medical facilities. All other helicopters will be directed by the Medical Dispatch Center to land at the Reno-Tahoe International Airport, and the Medical Dispatch Center will make arrangements for those patients to be transferred to area facilities.

The receiving hospital will be responsible for tagging any patient with the DMS triage tag that may get transported prior to receiving one on-scene. Tagging the patient at the hospital is indispensable for patient tracking and family reunification during/after the incident.

Plan References

Statewide Medical Surge Plan

The Nevada Statewide Medical Surge Plan is an all-hazards plan that works in conjunction with the Nevada Division of Emergency Management's State Comprehensive Emergency Management Plan (SCEMP) and serves as the document to assist with the deployment of requested resources in a time of need for the citizens, and visitors to the state of Nevada. The Statewide Medical Surge Plan includes regional annexes for response to various incidents like MCIs and healthcare evacuations. The West Region includes nine Northwestern Nevada counties: Carson City, Churchill County, Douglas County, Humboldt County,

Lyon County, Mineral County, Pershing County, Storey County and Washoe County.

The West Region is committed to providing necessary emergency medical care to all patients encountered in an MCI. The plan establishes a mechanism to organize and mobilize emergency medical resources within the West Region, should there be an MCI that warrants a West Region response and activation of this Annex.

Emergency medical personnel responding to an MCI must coordinate with a variety of agencies. Therefore, this plan also utilizes ICS to integrate these agencies. Emergency medical personnel should have formal training in the ICS to facilitate this plan.

The regional plans acknowledge that there are local variations in pre-healthcare facility medical management systems in the outlying areas of the West Region. This plan acknowledges existing mutual aid agreements between public and private agencies inside and outside the State of Nevada.

Nevada Intrastate Mutual Aid System

Initial response to emergencies is the responsibility of the appropriate local jurisdiction. The expectation is that the jurisdiction has exhausted their ability to respond to the incident before requesting aid from the next higher level of government. When the size or complexity of an emergency threatens to overwhelm local capabilities, mutual aid may be utilized to request assistance from other political subdivisions, special districts, state agencies, and tribal nations within the State of Nevada. The assistance provided may be through local mutual aid agreements or through the Nevada Intrastate Mutual Aid System (IMAS).

Mutual aid agreements are strongly encouraged by the federal government under the NIMS. The National Mutual Aid and Resource Management Initiative established under NIMS provides a comprehensive, integrated national mutual aid and resource management system. All mutual aid agreements must incorporate NIMS and the ICS. The responsibility of preparedness is tasked to the federal, state, local, and tribal agencies, also to include private, nongovernmental organizations and citizens. The IMAS is in accordance with the Presidential Policy Directive 8 to achieve all-hazards national preparedness.

NRS Chapter 414 authorizes the State and its political subdivisions to provide emergency aid and assistance in the event of an emergency or disaster. Chapter 414 authorizes the DEM to coordinate the provision of equipment, services or facilities owned or organized by the State or its political subdivisions, for use in the affected areas upon request of the duly constituted authority of the areas.

The IMAS was established by the 78th Session of the Nevada Legislature. Chapter 414A became effective July 1, 2015, and authorizes the Nevada Department of Public Safety, Division of Emergency Management, to administer

the System pursuant to the provisions of the chapter and shall coordinate the provision of mutual aid during the response to and recovery from an emergency or disaster (NRS 414A.100(2) (a)).

Initial response to emergencies is the responsibility of the appropriate local jurisdiction. The expectation is that the jurisdiction has exhausted their ability to respond to the incident before requesting aid from the next higher level of government. When the size or complexity of an emergency threatens to overwhelm local capabilities, mutual aid may be utilized to request assistance from other political subdivisions, special districts, state agencies, and tribal nations within the State of Nevada. The assistance provided may be through local mutual aid agreements or through the IMAS.

Communications

Communications is an integral component of MCI logistics. A largescale MCI will overwhelm the local agencies' ability to deploy adequate resources to manage injured victims. By virtue of the incident, local agencies will likely need to request out of jurisdiction resources to help manage the response; effective communication with the out of jurisdiction agencies is paramount. Therefore, the following communication strategies will aid in a more effective Alpha Plan response:

1. On scene radio communications should be kept to a minimum. When possible, use direct verbal contact, or runners.
2. Washoe County Emergency Management shall be responsible for posting the incident on WebEOC (if available), which should be used during the incident to for patient tracking and family reunification.
3. The IC assures a Communications Plan is developed for primary communications during the event.
4. The Transportation Group Supervisor/Unit Leader shall report to their supervisor when all patients have been transported from the scene. This is a benchmark to be communicated to the Medical Dispatch Center and posted to WebEOC.
5. Only in cases of imminent life threats, shall ambulances make enroute changes to hospital destination. Notification must be made to both the receiving facility and to the Medical Dispatch Center.
6. Clear language shall be used in all MCI responses per ICS standards.
7. Facilities that have 800 MHz radios available should utilize them as a redundant source of communications. A list of the available channels for healthcare facilities can be obtained from the Washoe County Health District.

It is incumbent upon the Medical Dispatch Center to have operational mastery of radio spectrum (VHF, UHF, 800 trunked) and local topographical issues within the respective jurisdictions and effectively mitigate these concerns. The Medical Dispatch Center must be intimately familiar with local, county, regional, and state communication channels/frequencies/talk groups (channels) available to meet communication needs during an Alpha Plan activation. Many of the agencies outside of Washoe County are on

UHF/VHF frequencies, which may make communications more of a challenge when MAA resources are entering Washoe County to assist with the MCI response.

The pre-developed ICS 205 form should be used for any MCI. It can be revised based on the nature and location of the incident.

The ICS 205 provides information on radio frequency or trunked radio system talkgroup assignments for each operational period. In most incidents communications is identified as a challenge for responding personnel. In an effort to overcome this barrier, regional Fire, EMS and Law Enforcement developed the following ICS 205 for pre-planned radio communication. It is understood that this is only a guideline for the beginning of an incident and the communications plan could expand or change, as appropriate.

INCIDENT RADIO COMMUNICATIONS PLAN			1. Incident Name	2. Date/Time Prepared	3. Operational Period Date/Time
4. Basic Radio Channel Utilization					
System/Cache	**Channel**	**Function**	**Frequency/Tone**	**Assignment**	**Remarks**
800 MHz	PS Fire 1	Command	WCRCS	PSAP Dispatch to Comm	Coordinated with PSAP
800 MHz	PS Fire 2	Tactical	WCRCS	Comm to Responders	Coordinated with PSAP
800 MHz	PS LE 1	Tactical	WCRCS	Comm to Responders	Coordinated with PSAP
800 MHz	PS LE 2	Command	WCRCS	PSAP Dispatch to Comm	Coordinated with PSAP
Med Radios	Mednet 3	EMS	UHF	Field to REMSA Dispatch	Subject to change depending on location
Med Radios	Mednet 8	EMS	UHF	REMSA Dispatch to hospitals	Subject to change depending on location
800 MHz	WC HDSUP	Command	WCRCS	Comm to WCHD	
VHF	NevCord 1	Air Resources	VHF	Air ambulance responders to ground crews	
800 MHz	PS Event 2	Tactical/Comm	WCRCS		
800 MHz	PS Event 3	Tactical/Comm	WCRCS	Optional – Comm to Responders	
5. Prepared by (Communications Unit)					

Demobilization

One of the more difficult tasks of an incident is deciding when and how to begin scaling down resources after an MCI response. When deciding how many units should remain on-scene, Unified Command should factor in resources to cover responder safety as well. During the incident and the demobilization phases, there should be adequate assets to deal with potential injuries or illnesses of responders as well.

The moment an asset is mobilized there should be plans for its demobilization. UC must remember that assets and resources are not just defined as personnel but also equipment. It is Unified Command's responsibility to gauge the support required for each resource. Unified Command must decide if the support is worth the advantages of maintaining the resource.

Regardless of incident type, demobilization should be well thought-out. Rapid demobilization may cause unintended hazards for responders and/or the community. Utilizing the NIMS model, Unified Command will develop a demobilization plan. Included within the demobilization plan is the notification to the Medical Unit Leader (MUL) that the incident is terminated and that operations may return to normal. The MUL will then make notifications to all receiving facilities through phone calls and/or WebEOC.

Training and Exercises

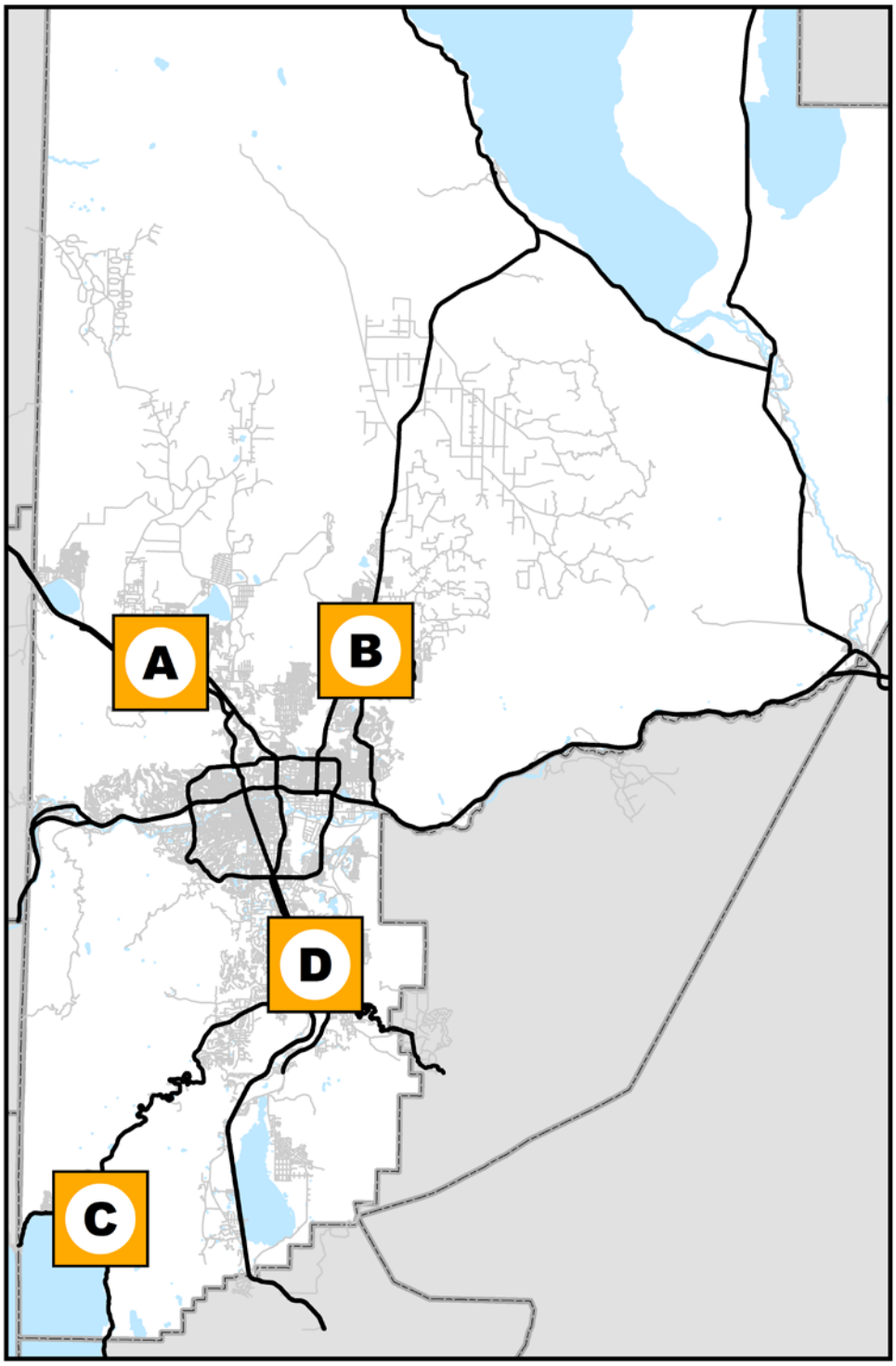
Training is an important part of the MCI process. Agencies need to recognize the significance of understanding the overall components of both the MCIP and Alpha Plan. Agencies should conduct regular training and exercise in accordance with The Homeland Security Exercise and Evaluation Program (HSEEP). Training exercise events should include scenarios involving diverse populations including pediatric patients or people with intellectual and/or developmental disabilities.

The nature of an MCI generally calls for the involvement of additional agencies and organizations other than Fire and the EMS/ambulance provider. These additional agencies are encouraged to participate in as much training relating to the response to a multi-casualty incident as possible. Healthcare and law enforcement agencies should be included in all Alpha Plan exercises and training, in addition to field triage and bleeding control courses.

Appendices

Appendix A: Map of Medical Supply Locations
Appendix B: Medical Supplies List
Appendix C: Agency Integration
Appendix D: Nevada Good Samaritan Law
Appendix E: Acronyms
Appendix F: Glossary

Appendix A: Map of Medical Supply Locations



Appendix B: Medical Supplies List

Category and Items	Quality per Kit
5x9 Abd Pads	50
10x30 Trauma Dressing	10
4x4 Sponges	100
Kling Gauze Roll	24
Israeli Bandages	10
Burn Sheets	10
Halo Chest Seals	10
Coban Wrap	8
2" Cloth Tape	6
SWAT-T Tourniquets	10
CAT Tourniquets	2
Liter Sterile Saline	2
.9% Sodium Chloride 500ml Bag	24
IV Administration Set	24
IV Catheters 16ga	25
IV Catheters 18ga	25
IV Catheters 20ga	10
IV Start Kits	25
Sharps Container	2
Ambu Bags - Adult	5
Ambu Bags - Child	2
OPA	10
NPA	10
Suction - Bulb (Adult)	2
King Airway Sets	5

Category and Items	Quality per Kit
Boxes of Gloves (M,L,XL)	6
Face Masks	1
Sani- Cloth Germicide Disposable Wipes	1
Mega Movers	10
SAM Splints (M/L)	10
Roll of Duct Tape	1
Hand Towels	10
Blood Pressure Kits	2
Stethoscopes	2
Yellow Disposable Emergency Blankets	20
Trauma Shears	4
BioBags	1
MCI Triage Tape (Red, Yellow, Green)	1
Cyalume Sticks (Red, Yellow, Green, and White)	10
LED Lighting System (magnetic)	10
Sets of Batteries (9-Volt, AA, AAA, AAAA, C, D)	10
Sharpies (Black)	10

Appendix C: Agency Integration

In the event of an MCI within Washoe County and outside agencies are requested or respond to said incident, the initial triage and setup of incident will be as follows:

- All agencies within Washoe County will use the ribbon triage system as outlined in the MCIP; all agencies outside of Washoe County will be permitted to use their designated system.
- When the victims of the MCI reach the treatment area, the initial triage tag will be removed and replaced with the appropriate DMS triage tag for accurate tracking and accounting of patients.
- The initial triage tag, whether it is a ribbon or some other sort of tag, will be removed and replaced at this time to ensure compliance with the Washoe County MCIP.
- The majority of initial MCI triage systems are somewhat similar in using color coding to designate the severity of the patient. It will be the responsibility of the treatment area leader to classify any outside triaging into the appropriate category following the guidelines set forth within the Washoe County MCIP.

  Immediate = Red
  Delayed = Yellow
  Minor = Green

- In the event of an outside agency being assigned to the treatment area, that agency will be given the appropriate tags to comply with the Washoe County MCIP.

Appendix D: Nevada Good Samaritan Law

1. Except as otherwise provided in NRS 41.505, any person in this State who renders emergency care or assistance in an emergency, gratuitously and in good faith, except for a person who is performing community service as a result of disciplinary action pursuant to any provision in title 54 of NRS, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering the emergency care or assistance or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured person.

2. Any person in this State who acts as a driver of an ambulance or attendant on an ambulance operated by a volunteer service or as a volunteer driver or attendant on an ambulance operated by a political subdivision of this State, or owned by the Federal Government and operated by a contractor of the Federal Government, and who in good faith renders emergency care or assistance to any injured or ill person, whether at the scene of an emergency or while transporting an injured or ill person to or from any clinic, doctor's office or other medical facility, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering the emergency care or assistance, or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured or ill person.

3. Any person who is an appointed member of a volunteer service operating an ambulance or an appointed volunteer serving on an ambulance operated by a political subdivision of this State, other than a driver or attendant of an ambulance, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person whenever the person is performing his or her duties in good faith.

4. Any person who is a member of a search and rescue organization in this State under the direct supervision of any county sheriff who in good faith renders care or assistance in an emergency to any injured or ill person, whether at the scene of an emergency or while transporting an injured or ill person to or from any clinic, doctor's office or other medical facility, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering the emergency care or assistance, or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured or ill person.

5. Any person who is employed by or serves as a volunteer for a public fire-fighting agency and who is authorized pursuant to chapter 450B of NRS to render emergency medical care at the scene of an emergency is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering that care or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured or ill person.

6. Any person who:

(a) Has successfully completed a course in cardiopulmonary resuscitation according to the guidelines of the American National Red Cross or American Heart Association;

(b) Has successfully completed the training requirements of a course in basic emergency care of a person in cardiac arrest conducted in accordance with the standards of the American Heart Association; or

(c) Is directed by the instructions of a dispatcher for an ambulance, air ambulance or other agency that provides emergency medical services before its arrival at the scene of the emergency, and who in good faith renders cardiopulmonary resuscitation in accordance with the person's training or the direction, other than in the course of the person's regular employment or profession, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering that care.

7. For the purposes of subsection 6, a person who:

(a) Is required to be certified in the administration of cardiopulmonary resuscitation pursuant to NRS 391.092; and

(b) In good faith renders cardiopulmonary resuscitation on the property of a public school or in connection with a transportation of pupils to or from a public school or while on activities that are part of the program of a public school, shall be presumed to have acted other than in the course of the person's regular employment or profession.

8. Any person who gratuitously and in good faith renders emergency medical care involving the use of an automated external defibrillator is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering that care.

9. A business or organization that has placed an automated external defibrillator for use on its premises is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by the person rendering such care or for providing the automated external defibrillator to the person for the purpose of rendering such care if the business or organization:

(a) Complies with all current federal and state regulations governing the use and placement of an automated external defibrillator;

(b) Ensures that the automated external defibrillator is maintained and tested according to the operational guidelines established by the manufacturer; and

(c) Establishes requirements for the notification of emergency medical assistance and guidelines for the maintenance of the equipment.

10. As used in this section, "gratuitously" means that the person receiving care or assistance is not required or expected to pay any compensation or other remuneration for receiving the care or assistance.

Appendix E: Acronyms

ABC	Airway, Breathing, Circulation
ADA	Americans with Disabilities Act
AHJ	Authority Having Jurisdiction
ALS	Advanced Life Support
BIO	Biological
BLS	Basic Life Support
DBOH	District Board of Health
DEM	Nevada State Division of Emergency Management
DHO	District Health Officer
DPBH	Nevada Division of Public and Behavioral Health
ED	Emergency Department
EM	Emergency Manager
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
ETA	Estimated Time of Arrival
FAC	Family Assistance Center
FCC	Federal Communication Commission
FEMA	Federal Emergency Management Agency
FSC	Family Service Center
HICS	Hospital Emergency Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IHCC	Inter-Hospital Coordinating Council
IMAS	Nevada Intrastate Mutual Aid System
IVCH	Incline Village Community Hospital
LZ	Landing Zone
MAA	Mutual Aid Agreement
MAEA	Mutual Aid Evacuation Annex
MCC	Medical Communications Coordinator
MCI	Multi-Casualty Incident
MCIP	Multi-Casualty Incident Plan
MHz	Megahertz
MOU	Memorandum of Understanding
MUL	Medical Unit Leader
NAC	Nevada Administrative Code
NLTFPD	North Lake Tahoe Fire Protection District
NNMC	Northern Nevada Medical Center
NRS	Nevada Revised Statutes
NWS	National Weather Service
OR	Operating Room

PSAP	Public Safety Answering Point
Pt	Patient
PTGS	Patient Transportation Group Supervisor
REOC	Regional Emergency Operations Center
REOP	Regional Emergency Operations Plan
REMSA	Regional Emergency Medical Services Authority
RRMC	Renown Regional Medical Center
RSMMC	Renown South Meadow Medical Center
RTAA	Reno-Tahoe Airport Authority
RTC	Regional Transportation Commission
SCEMP	State Comprehensive Emergency Management Plan
SMRMC	Saint Mary's Regional Medical Center
SNF	Skilled Nursing Facility
START	Simple Triage and Rapid Treatment
TFH	Tahoe Forest Hospital
TMFPD	Truckee Meadows Fire Protection District
TPHSM	Tahoe Pacific Hospital South Meadows
TPH	Tahoe Pacific Hospital
UC	Unified Command
UHF	Ultra High Frequency
UNR	University of Nevada Reno
VA	VA Sierra Nevada Health Care System
VHF	Very High Frequency
WCHD	Washoe County Health District
WCMECO	Washoe County Medical Examiner/Coroner Office

Appendix F: Glossary

Agency Representative
A person assigned by a primary, assisting or cooperating Federal, State, local, or tribal government agency or private entity that has been delegated authority to make decisions affecting that agency's or organization's participation in incident management activities following appropriate consultation with the leadership of that agency.

Assistant
Title for subordinates of principal Command Staff positions. The title indicates a level of technical capability, qualifications and responsibility subordinate to the primary positions. Assistants may also be assigned to unit leaders.

Authority Having Jurisdiction
The government agency, responsible for public safety or code enforcement within any given geographical area.

Branch
The organizational level having functional or geographical responsibility for major aspects of incident operations. A branch is organizationally situated between the section and the division or group in the Operations Section, and between the section and units in the Logistics Section. Branches are identified by the use of Roman numerals or by functional area.

Care Capacity
The number and types of patients a facility is able to accommodate based on a variety of internal factors as defined by the facility to include physician and nurse staffing, operating rooms available, Emergency Department capacity/staffing, and in-house capacity.

Chief
The ICS title for individuals responsible for management of functional sections: Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established as a separate section).

Command Staff
In an incident management organization, the Command Staff consists of the Incident Commander and the special staff positions of Public Information Officer, Safety Officer, Liaison Officer, and other positions as required, who report directly to the Incident Commander. They may have an assistant or assistants, as needed.

Deceased Patient
Mortally wounded or clinically dead.

Delayed Patient
Serious injury or illness; which may become life threatening; likely to survive if care is received within thirty (30) minutes to several hours.

Deputy
A fully qualified individual who, in the absence of a superior, can be delegated the authority to manage a functional operation or perform a specific task. In some cases, a deputy can act as relief for a superior and, therefore, must be fully qualified in the position. Deputies can be assigned to the Incident Commander, General Staff and Branch Directors.

Designated Overflow Area
Alternative care location identified by each facility where basic patient care can take place. Such locations may be auditoriums, cafeterias, hallways, or lobbies.

Division
The partition of an incident into geographical areas of operation. Divisions are established when the number of resources exceeds the manageable span of control of the Operations Chief. A division is located within the ICS organization between the branch and resources in the Operations Section.

Emergency Management Plan
A plan maintained by a jurisdiction or agency, which describes activities to plan for, respond to, mitigate or recover from potential hazards that may result in loss of life or property during an emergency.

Emergency Operations Center
The physical location at which the coordination of information and resources to support 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, medical services), by jurisdiction (e.g., federal, state, regional, county, city, tribal), or some combination thereof.

Field Command Post
The field location where primary tactical-level, on-scene incident command functions are performed.

Incident Commander
The person from the Authority Having Jurisdiction who responds to the emergency and who is responsible for all decisions relating to the incident and management of incident operations (e.g., fire or law enforcement).

Function
Function refers to the five major activities in ICS: Command, Operations, Planning, Logistics, and Finance/Administration. The term function is also used when describing

the activity involved, e.g., the planning function. A sixth function, Intelligence, may be established, if required, to meet incident management needs.

General Staff
A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.

Good Samaritan Law
A section of Nevada Revised Statutes, which describes the immunities under the law for those medical personnel who provide gratuitous medical services in an emergency.

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

HICS
An Incident Command System designed specifically for use in the medical environment.

Hospital Emergency Operations Center
A location where primary hospital command and coordination functions are carried out to manage a medical facility's emergency or catastrophic event.

Hospital Incident Commander
The individual responsible for decisions relating to the incident and management of all strategic and tactical operations within the hospital.

Immediate Patient
Critical, life-threatening injury or illness likely to survive if care is received within thirty (30) minutes.

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 material 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 Command System
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, and 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.

Initial Response
Resources initially committed to an incident.

JumpSTART
The pediatric triage method to help meet the needs of children and responders in an MCI. JumpSTART was developed because the physiologic parameters used in START are not suitable for children (i.e. walking, respiratory rates, mental status assessment, etc.).

Jurisdiction
A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., city, county, tribal, state or federal boundary lines) or functional (e.g., law enforcement, public health).

Liaison Officer
A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies.

Local Government
A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under state law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal organization, or in Alaska, a Native village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity. See Section 2(10), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2202).

Logistics Section
The section responsible for providing facilities, services and material support for the incident.

Minor Patient
Not considered life threatening; care may be delayed hours or days; this group may be referred to as the walking wounded.

Multi-Casualty Incident Plan (MCIP)
Guidelines maintained by the Washoe County DBOH for the Reno, Sparks and Washoe County area to effectively, efficiently and safely organize multi-casualty incidents utilizing ICS as the management tool.

Political Subdivision
Under Nevada Revised Statutes 414.038, political subdivision means a city or a county.

Preparedness
The range of deliberate, critical tasks and activities necessary to build, sustain and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process. Preparedness involves efforts at all levels of government and between government and private sector and nongovernmental organizations to identify threats, determine vulnerabilities and identify required resources. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols and standards for planning, training and exercises, personnel qualification and certification, equipment certification and publication management.

Prevention
Actions to avoid an incident or to intervene to stop an incident form occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

Recovery
The development, coordination and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private sector, nongovernmental and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

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 activities 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.

Section
The organization level having responsibility for a major functional area of incident management (e.g., Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established). The section is organizationally situated between the branch and the Incident Command.

Skilled Nursing Facility
An institution or facility that provides sub-acute nursing and/or rehabilitation services to patients with an illness or injury who are unable to care for themselves.

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

START
A process of triaging patients in an MCI quickly and efficiently. It focuses on being simple to use, does not require any special skills, rapid, provides minimal stabilization, does not require specific diagnosis, and is easy to learn and teach. The START method utilizes four assessment tools to evaluate and categorize patients – ability to walk, ventilation, perfusion and mental status.

Strike Team
A set number of resources of the same kind and type that have an established minimum number of personnel. All resource elements within a Strike Team must have common communications and a designated leader.

Task Force
Any combination of resources assembled to support a specific mission or operational needs. All resource elements within a Task Force must have common communications and a designated leader.

Unified Command (UC)
An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross-political jurisdictions. Agencies work together through the designated members of the UC, often the senior person from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single Incident Action Plan (IAP).