

incident. Additional agency representatives may be part of Unified Command as appropriate to the incident.

When the incident is multi-jurisdictional or when the scope of the functional areas of responsibility exceed that of a single agency, a Unified Command structure or a mutually agreed upon command structure should be used. The command structure must adequately reflect the policy and needs of all the participating agencies and shall be established in accordance with ICS concepts.

COMMAND

The first arriving unit of any agency having jurisdictional or functional authority shall establish Incident Command and assume the role of Incident Commander (IC) until relieved by a more appropriate individual. The senior fire official and law enforcement officer will normally form a Unified Command.

When there is a Unified Command structure the individuals designated must jointly determine strategy, objectives and priorities that adequately reflect the policy and needs of all the participating agencies.

Incident Command will determine the degree and level of implementation of the MCI Field Operations Guide based on the scope of the incident and availability of personnel.

Strategies and prioritization for managing the health consequences of a biological or WMD incident will take place in the Spokane County ECC / EOC when activated. Coordination with the ECC / EOC allows health and medical professionals easy access to one another and a point of contact for additional resources.

ON SCENE MEDICAL AUTHORITY

EMS response/treatment by Spokane County agencies will be provided according to Spokane County and Regional Patient Care Procedures and Protocols. All EMS agencies from outside Spokane County who are called upon to provide medical assistance within Spokane County should operate under their home county procedures and protocols.

Patient care at an incident is subject to the following in ascending order of authority:

1. First Responder (first arriving, on-duty).
2. Emergency Medical Technician (first arriving, on-duty).
3. Paramedic or Flight Nurse (first arriving, on-duty).
4. Physician.
5. EMS Supervising Physician.
6. The Health Officer or designee (in events where a public health threat exists).

The first arriving ambulance or ambulance supervisor equipped with HEAR (155.340) radio capability will be designated the Medical Communications Coordinator. The paramedic will normally be designated Treatment Unit Leader. Ambulance crews are selected for this role because of their daily familiarity with medical transportation in the area. This first arriving ambulance will normally be the last transporting ambulance to leave the incident. Additional arriving medical personnel will assume appropriate roles in the EMS / Medical Branch.

In general, paramedic personnel should not be assigned management or supervisory roles in the MCI ICS organization, but instead should focus on providing actual patient care at the incident and during transport.