

# **Regional Healthcare System Plan for All Hazards Preparedness and Response**

## **REGION 7**

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## **MISSION STATEMENT**

Our mission is to protect the health and welfare of the people of Region 7 by mitigating the effects of public health emergencies related to all hazards events, specifically to include an attack utilizing biological agents or weapons.

## **PURPOSE**

*The purpose of the Regional Healthcare Systems Preparedness and Response for all Hazards Plan is to provide a framework for utilizing regional resources and capabilities in order to deliver community based healthcare to the victims of all hazards events.*

## **SCOPE**

This document is intended to provide guidance for coordination of the response to public health emergencies that occur in Region 7. The information in this plan describes the roles of:

- Hospitals and Hospital Districts
- Local Health Jurisdictions (LHJs)
- Washington State Department of Health Agencies
- Emergency Management Jurisdictions (County and Community)
- Community Health Clinics
- Emergency Medical Services

This plan also includes general operational concepts, on-scene command, incident coordination, and a special resource lists. This plan addresses response requirements in the event of an all hazards event, but is not intended to usurp the authority of the agencies listed above nor any agency not specifically listed. This plan is designed to facilitate cooperation and coordination of regional activities and to facilitate participation in the Washington State Hospital Department of Health CEMP, which includes jurisdictions in all regions within the state.

## **PLANNING ASSUMPTIONS**

Planning assumptions **must** consider the following scenarios:

- A 500 patient surge within the region for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia, and influenza
- A 50 patient per million population surge within the region for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure
- A 50 patient per million population surge within the region for patients suffering from burn or trauma
- A 50 patient per million population surge within the region for patients manifesting symptoms of radiation induced injury – especially bone marrow suppression

## **PLANNING LIMITATIONS**

It is recognized within this plan that there are referral patterns and agreements between some Region 7 hospitals and facilities outside of this region. This plan in no way precludes the continuation or utilization of these referral patterns and agreements when they facilitate optimal patient care and best meet the needs of the communities served.

## EXECUTIVE SUMMARY

The integration and collaboration of Region 7 Hospitals with state, county and local agencies will require the initiation of a regional unified command process in order to facilitate the overall management of the regional response coordinated by the Regional Health Jurisdiction. The designated **\*Regional Control Hospital is Confluence Health (formerly Central Washington Hospital)** located in Wenatchee (Chelan County). In the following list, **County Control Hospitals** are denoted by **bold type**.

Hospitals located in Chelan County are:

- Cascade Medical Center, Leavenworth
- **\*Confluence Health /Central Washington Hospital, Wenatchee**
- Lake Chelan Community Hospital, Chelan
- Wenatchee Valley Hospital, Wenatchee

Hospitals located in Douglas County are:

- (No hospitals are located in Douglas County)

Hospitals located in Grant County are:

- Columbia Basin Hospital, Ephrata
- Coulee Medical Center, Grand Coulee
- **Samaritan Healthcare** (Samaritan Hospital), Moses Lake
- Quincy Valley Medical Center, Quincy

Hospitals located in Kittitas County are:

- **Kittitas Valley Healthcare**, Ellensburg

Hospitals located in Okanogan County are:

- **Mid-Valley Hospital**, Omak
- Three Rivers Hospital, Brewster
- North Valley Hospital, Tonasket

### **Coordination between and among Hospitals**

The Region 7 hospitals will participate in the Regional Healthcare Systems Preparedness and Response for All Hazards Plan and as necessary, establish Memoranda of Understanding that address the loaning of medical personnel, pharmaceuticals, supplies, equipment, and providing assistance with emergent hospital evacuation, including acceptance of transferred patients.

The hospitals will share emergency contact information to include periodic updates. In addition, hospitals will notify each other when an internal or external disaster could affect the hospital's ability to deliver services or could require transferring of patients or resources.

Each hospital will have a designated Liaison Officer as a component of their Emergency Preparedness Plan/Hospital Emergency Incident Command System, with the assigned responsibility of coordinating communications between hospitals.

Each county within Region 7 will have a County Hospital All Hazards Response Plan to facilitate cooperation and coordination between hospitals and agencies within each county. County plans are included as appendices to the regional plan.

### **Coordination with Local and State Health Jurisdictions**

Region 7 hospitals will immediately notify the appropriate Local Health Jurisdiction (LHJ) of any suspected or confirmed case of a communicable disease suspected to be the result of bioterrorism. The LHJ will immediately notify the WA State Department of Health (DOH), Communicable Disease Epidemiology Department, of any suspected or confirmed case/s. The county LHJ will also notify the LHJ Regional Lead Office for Region 7, which is Chelan-Douglas Health District. When necessary, the local/county Health Officer will declare a health emergency to protect the general public.

The Local Health Jurisdictions for Region 7 are:

- Chelan-Douglas Health District (Regional Lead)
- Grant County Health District
- Kittitas County Public Health Department.
- Okanogan County Public Health

### **Coordination with Local and State Emergency Management Jurisdictions**

Region 7 hospitals will immediately notify the appropriate county emergency management agency when an all hazards incident causes activation of the Hospital Emergency Incident Command System (Emergency Preparedness Plan). **Chelan County Emergency Management (CCEM) will activate the Emergency Operations Center (EOC) when a bioterrorism incident is identified anywhere in the region in order to facilitate regional coordination.** Hospitals will establish a liaison with their county EOC.

County Emergency Management agencies may provide logistical and other support to the Region 7 hospitals as required. LHJs will coordinate additional communication for the hospitals and provide assistance in mass alert and warning of persons located in affected areas through use of the emergency alert system and coordination of public health news releases. LHJs & County EOCs may serve as liaison between the Region 7 hospitals and the Washington State Emergency Management Division for requesting resources when the capabilities of region hospitals or emergency response agencies are exceeded.

### **Coordination with Native American Tribes**

Colville Reservation lies in Okanogan, Ferry, and Stevens counties. Services available include:

- EMS services
- Indian Health Services Clinic in Nespelem
- Additional small clinics or individual practitioners located in:
  - Omak
  - Keller
  - Inchelium
- In addition, each community has a community center that could serve as a Type C facility

Coordination with the services of the Colville Federated Tribes is within the scope of this plan.

### **Coordination with Community Health Clinics**

Chelan County has nine private and public health clinics. These clinics are operational and coordination shall be within the scope of this plan.

Douglas County has two private and public health clinics. These clinics are operational and coordination shall be within the scope of this plan.

Grant County has nine private and public health clinics. The clinics are operational and coordination shall be within the scope of this plan.

Kittitas County has ten (10) private and public health clinics. The clinics are operational and coordination shall be within the scope of this plan.

Okanogan County has three (3) private and public health clinics. These clinics are operational and coordination shall be within the scope of this plan.

**Coordination with Federal Health Facilities (VA, Military, etc.)**

There is a VA Clinic in Wenatchee area serving the military. This facility is an out-patient clinic only. North Valley Hospital has an out-patient only VA clinic as well.

**Coordination with Local and Regional Emergency Medical Service (EMS) Councils**

Coordination with local and regional EMS councils during the planning and training phases of this plan is done through the following agencies:

- North Central Region EMS and Trauma Care Council
- Chelan-Douglas, Grant, Kittitas and Okanogan County EMS Councils

Each hospital will begin submitting bed availability data to the hospital bed capacity website and update the information on a frequency to be determined according to the extent and degree of attack and anticipated casualty numbers. This site is accessible by all hospital and EMS agencies via the Internet.

**Coordination with Local, County, and State Law Enforcement Agencies**

Region 7 hospitals will coordinate activities and requests for law enforcement support through their County Emergency Management (CEM) EOC. Liaison officers assigned by the hospitals to the County Emergency Management EOC will provide updates on the medical situation, status and needed support to law enforcement agencies on a frequent basis appropriate to the incident.

## 1.0 – CONCEPT OF OPERATIONS

### 1.1 – Incident Command

In each of the region's hospitals, the Hospital Emergency Incident Command System (HICS) provides an effective way to manage personnel and resources while ensuring the safety and welfare of patients, visitors, and personnel during an emergency response incident. All hospitals will be NIMS compliant and will adhere to the ICS system for incident command. All hospitals in Region 7 have training on NIMS and will implement standard ICS procedures when activating their respective facility plans.

Incident Command will be implemented through Region 7 County Emergency Management. Each County's Emergency Management MCI plan identifies local Public Health, Hospitals, EMS, Fire, Law and volunteer resources to be activated in a disaster incident. These plans are Appendix G in the Region 7 All Hazards Plan and will be referenced for response purposes.

### 1.2 – Hospitals

The authority of the hospitals is limited in scope since statutory authority to protect the public health resides with the Department of Health and the Local Health Jurisdictions. This plan recognizes that there is a role for hospitals in coordinating the delivery of acute care to the affected population. This role is carried out through the following tiered model:

- Regional Control Hospital
  - Provides coordination of, and assists with, the efficient utilization of medical assets throughout Region 7 to include:
    - Sharing of assets between counties/agencies on a regional basis
    - Assist in managing & staffing the Regional Type C Care Facility
  - Provide assistance and direction to the County Control Hospitals who will provide coordination and guidance to the individual hospitals within each county
- County Control Hospital
  - Provides coordination of, and assists with, the efficient utilization of medical assets within each county to include:
    - Sharing of assets between hospitals/agencies
    - Assists in managing & staffing a County Type C Care Facility if/when appropriate
  - Provides guidance and assistance to the County EOC, in conjunction with the Local Health Jurisdiction, in determining appropriate release of information to the public via authorized press releases and other media outlets.
  - Provide assistance and direction to the hospitals within each county who will provide acute care to casualties
- Individual hospitals
  - Provide direct care to casualties of all hazards disaster & pan flu
  - Provide essential health care services to communities in their service area
  - Participate in the Regional Hospital All Hazards Response Plan
    - Triage of casualties in conjunction with this regional plan
    - Stabilization and transfer of casualties to county or regional facilities

### **1.3 – Local Health Jurisdictions**

The Regional Lead Health Jurisdiction (Chelan-Douglas Health District) will coordinate activities of the Local Health Jurisdictions within the region. These activities may include:

- Establishment of the regional Type C facility as appropriate
- Implement vaccination programs when/as directed by the Department of Health in cooperation with hospitals and health clinics
- Implement such actions as are necessary to maintain health and contain the spread of infectious diseases according to applicable statutes and the local CEMP.
  - The Health Officers have the broad authority to:
    - Take such action as is necessary to maintain health and sanitation supervision over the territory within his or her jurisdiction and
    - Control and prevent the spread of any dangerous, contagious or infectious diseases through quarantine and isolation procedures

Coordinate activities and assist with efficient utilization of assets and resources by the Local Health Jurisdictions for each county

### **1.4 – Local Emergency Management**

In the event that responding agencies including hospitals have exhausted critical resources including available resources through mutual aid, emergency management will arrange for the provision of resources from local jurisdiction (public or private), or the state. In an emergency, these emergency management functions will usually occur after enacting the Comprehensive Emergency Management Plan within each county and when necessary elected officials will consider a declaration of emergency.

Washington State Emergency Management is responsible for these same functions, at a State level activation. The Washington State EOC, located at Camp Murray, Washington, will coordinate emergency assistance to local jurisdictions from state agencies, other counties, other states, or the federal government.

### **1.5 Emergency Medical Services**

Emergency Medical Services are integrated into the Region 7 All Hazards Response Plan and provide direction on EMS resource sharing and logistics for EMS response and transportation of patients. EMS partners include: Private EMS agencies, hospital-based EMS, Fire-based EMS, Fire agencies and Search & Rescue Teams.

### **1.6 – Governmental Partners**

These governmental entities have been identified by Region 7 Healthcare Coalition as partners for an All Hazards Response:

- County, Regional and State Emergency Management – EOC lead, resource Coordination, resource requests
- County, Regional and State Law Enforcement – traffic control, security
- County, Regional & State Fire Agencies – emergency medical response, fire control/suppression, additional personnel
- City, County and Regional Public Works, Public Utility District, DOT – additional personnel, road conditions, facility electrical/water needs
- County and Regional Dispatch Agencies – communications

Each support agency is responsible to have a liaison present at the EOC during operations.

Regional MOU's and County Emergency Management plans facilitate the involvement of these partners during a disaster event.

### **1.7 – Non-Governmental Partners**

The non-governmental entities have been identified as partners for an All Hazards Response. Identified partners include: Red Cross – Public Transit – Alternative Care Facility Sites – Private/Public Event/Conference Centers – Airports: These are possible entities to contact and form partnerships with.

Red Cross – food & basic needs, shelter information, volunteers

Hospice/Home Health – medical support

Local College Nursing Students – medical support volunteers

Public & Private Transit agencies – mass transit of patients/remains/worried well

Public Schools/ Community Centers – Alternative Care Facility sites

Behavioral Health – trauma/grief counseling

Pastoral Ecumenical Counsel – behavioral and spiritual counseling

Town Toyota Center – Regional ACF/FMS site

Airport facilities – temporary morgue, air transportation resource

Formal MOU's have not been signed with all identified partners for assistance.

It is recognized that Region 7 partners must include and collaborate with our Colville Confederated Tribal partners for all hazards response and sharing of resources. These partners may include: Tribal Law Enforcement – Tribal EMS – Tribal Roads Department – Tribal Health – Tribal School Districts – Tribal Land Management. Colville Confederated Tribal Health is the conduit for information distribution to other Tribal entities and will be contacted for resource transportation.

Local Community Health Clinics are involved with the Region 7 Healthcare Coalition and provide direction for integrating Community Health partners into all hazards response in the region. Other partners to include for possible resource utilization are the local Private Physician Clinics and Veterans Administration Clinics.

### **1.8 Bordering State or Canadian Partners**

Region 7 Hospital facilities have addressed patient surge needs, transfer & acceptance of patients, sharing of staff and resources in the Region 7 MOU, Appendix D. This agreement does not specify geographical or country location of patients, rather it is an understanding that all hospital and healthcare clinics located in Region 7 will, to the best of their ability, assist each other in the event of a declared disaster or mass casualty/fatality incident. Should one regional hospital be at capacity due to influx of patients outside of Region 7, the MOU would be activated and appropriate measures would be taken to facilitate patient movement and care.

The agreement signed between British Columbia and Washington State allows for sharing of staff and resources with British Columbia Ambulance Service. Recently, the British Columbia Parliament passed Legislative Bill 48, which further allows for sharing of medical staff through expedited/reciprocal medical credentialing.

## **2.0 – ACTIVATION & SYSTEM RESPONSE**

Region 7 is geographically distant with limited individual County resource and response capabilities in a major disaster/event. This plan is established to assist in coordinated response and resource allocation in the event of a natural or man-made disaster or pandemic flu/public health event.

This plan will be activated when a disaster or event overwhelms a local hospital and depletes their available facility resources. Local hospitals will contact County Control Hospitals and County Emergency Management. The County Emergency Management and County Control Hospital will activate the EOC and County response.

It is understood by all Region 7 partners, that County resources will be depleted quickly and require regional support. The Regional Control Hospital will be contacted to activate the signed MOU's between all Region 7 hospital facilities for staff and needed medical resources.

The County EOC will contact Region 7 and State Emergency Management Departments to assist with securing resources, coordinating regional response and communication between system partners.

For redundant communications, refer to 4.0.

These plans will be activated and followed under the following conditions with respect to alerts and notifications:

- *A 500 patient surge within the region for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia, and influenza*
- *A 50 patient per million population surge within the region for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure*
- *A 50 patient per million population surge within the region for patients suffering from burn or trauma*
- *A 50 patient per million population surge within the region for patients manifesting symptoms of radiation induced injury – especially bone marrow suppression*

### **3.0 – REGIONAL HOSPITAL OVERVIEW**

*Hospitals play key roles in regional response capability. This section is designed to show how hospitals will coordinate during such an event.*

#### **3.1 – Hospitals**

Region 7 includes 12 hospital facilities. In Appendix A, lists contact information for each facility as follows:

- **Regional Control Hospital: Central Washington Hospital**

Central Washington is the Regional Control Hospital and the highest level trauma facility in Region 7. The treatment capabilities at Central Washington Hospital determine the more severely injured and/or medically fragile patients will be transported to this facility in the event of major disaster or pandemic flu.

As Regional Control Hospital, Central Washington Hospital will be contacted by all County Control Hospitals to coordinate patient & medical staff/resource distribution.

Central Washington Hospital will contact Emergency Management for resource coordination and response. CWH will provide a liaison when a Regional EOC is established.

In the event a Regional Alternative Care Facility is established, Central Washington Hospital will provide a liaison to the ACF.

The LHJ's and Emergency management shall assist County and Regional Controls hospitals in coordinating communication between hospitals and system partners.

- **County Control Hospitals:**

- Chelan County: Central Washington

- Grant County: Samaritan Healthcare

- Kittitas County: Kittitas Valley Healthcare

- Okanogan County: Mid Valley Hospital

The County Control Hospitals in Region 7 will be the local resource activated when any local community hospital is overwhelmed. County Control Hospitals will contact County Emergency Management for resource coordination and contact the Regional Control Hospital as the need arises. Each County Control hospital will provide a liaison when a County EOC is established.

County Control Hospitals each maintain 1 of the 4 Regional Alternative Care Facility Mass Cache Trailers; these trailers will be deployed as local community hospitals are at surge capacity and requesting this resource.

- Number of Hospitals in Region 7: **12**

### **3.2 – Alerting and Patient Distribution**

Region 7 will rely on the Regional Control Hospital and the EOC's to be the first line of communication to alert other hospitals in the region regarding an event that requires activation of the Region 7 MOU and All Hazards Plan.

Alerting the Public to disaster or public health issues will be facilitated by Regional Public Health PIO and Emergency Management. These alerting processes include standard ICS/PIO messaging. WATRAC is the hospital reporting system that will be used for real time updating of patient bed capacity. This system will facilitate regional and out of region alerting and patient distribution.

### **3.3 – Coordination**

Region 7 Appendices E & F outline the coordination of hospital facilities for sharing of resources, staff and Mass Cache equipment trailers and appropriate chain of command for communications.

## **4.0 – COMMUNICATIONS**

### **4.1 – Emergency Communication Systems**

Primary emergency communications rely on a number of different systems. All available means of communication may be utilized as appropriate during emergency situations. The intent is to use normal channels of communication unless unavailable.

- The Hospitals will communicate with pre-hospital providers via the HEAR frequencies and/or phone.
- Communication between the hospitals and the local/county EOC will occur via the phone, or Amateur Radio. The sat phone, fax, and electronic communications may also be used.

Electronic communication via WATrac provides the ability to send messages, communicate status, resource, and capacity information; and/or is accessible by pre-hospital, hospitals, and Public Health, and EOC's entities within the region and across regions.

## Notification:

Initial notification of a public health all hazards incident may occur through various avenues.

- As permitted by the incident, primary communication will be a combination of standard telephone, two-way radio, and electronic communications.
- Other means of communication consist of organizational by-pass telephones, cellular phones (including NEXTEL), facsimile, amateur radio, and dispatched messenger (courier).
- During public health all-hazard incidents, every effort will be made to establish lines of communication by any means possible and to continue to provide and receive information.
- In the event manual notification is necessary, organizations will assign personnel as needed to act as messengers.

Amateur Radio Emergency Services (ARES) and/or Radio Amateur Civil Emergency Service (RACES) radio operators are the primary alternates for communications. A volunteer group designates the radio operators for each of the hospital sites. The Amateur radio network can communicate between public health, hospitals, EOC's, scene, and other health care facilities.

Satellite phones have been installed in all hospitals, Public Health, and EOC's to provide an alternative means of communication between facilities. Improved service has increased with the launching of more Global Star satellites.

Phones, portable radios, and other communication devices provide additional resources.

As a last resort, messengers can be dispatched.

### **Primary Emergency Communication System**

The order of use of communication systems will be as follows:

- 1) Landline Telephones
- 2) Cellular phones (including WPS)
- 3) WA-Trac
- 4) Email
- 5) Fax
- 6) Video Conferencing
- 7) Amateur radio
- 8) Satellite phones (currently unreliable)

### **4.2 – Partner Communications**

Dispatch Centers: These communication centers will be integral for coordinated dispatch of law enforcement, EMS and fire initially. Once EOC's are established, these regional communication centers will continue to function at the community and county level. Region 7 Communication Centers include: Multi Agency Communications Center (MACC) (Grant County); RiverCom Dispatch (Chelan-Douglas Counties); Okanogan Dispatch (Okanogan County); KITTCOM (Kittitas County)

The British Columbia Ambulance Services (BCAS) is working on sharing our existing frequencies for mutual purposes. The desire is to have this communications capability approved and ready for use by the end of summer 2012.

### 4.3 Media/Public Communications

In the event of an all hazards disaster, each county will establish a Joint Information Center (JIC) as needed that has the overall responsibility for coordinating the release of information to the public regarding an emergency incident.

- The JIC does the following:
  1. Provides information on the crisis and ensures that a timely and coordinated release of information is provided to the public by a single release point.
  2. Supports the Incident Command structure.
  3. Gathers information about the crises.
  4. Maintains operational communications during the crisis phase.
  5. Assists the news media with operational needs, if feasible.
  6. Monitors public perception to the incident and advises the Incident Commander concerning public affairs or media issues that could affect the operation crisis or consequence management response.
  7. Develops, recommends and executes public information requirements and strategies.
  8. Works to gain and maintain public trust and confidence.
  9. Provide on-scene and jurisdiction-wide public affairs guidance.
  
- It is recommended that each agency that expects media contact will assign a primary and an alternate from their local jurisdiction as a representative of their agency to the Joint Information Center (JIC). It is recommended that each representative have enough experience to satisfy their agency that they can handle themselves in front of the media.
  
- When the representatives of each agency meet, they will select one of them to be the Joint Information Center Manager. As an alternative, the Incident Commander will appoint the JIC Manager.
  
- The Joint Information Center could be activated when three or more of the Jurisdictions communicated support for establishing a JIC.

The point of a Joint Information Center is a mechanism to strengthen local and regional infrastructure as needed.

- The JIC manager has the following responsibilities (The duties can include but are not limited to the following:
  - A) Notify each jurisdiction if additional staff is needed.
  - B) Coordinate Public Information Officer (PIO) transition from local media activities with the on-scene PIO to a larger perspective.
  - C) Communicate with the Incident Commander that the JIC is established.
  - D) Assign responding representatives to roles and responsibilities.
  - E) Develop staffing schedule.
  - F) Ensure equipment and necessary resources to man and operate the JIC are available to support the JIC.
  - G) Establish and maintain liaison with all appropriate agencies and command staff elements to ensure a continuous flow of consistent, timely and accurate information.
  - H) Establish and maintain an operations log.
  - I) Advise Incident Commander and Emergency Operations Center (EOC) Director of all public affairs and media issues.

- J) Consult and obtain news release approval with the Incident Commander, and others as necessary.
- K) Coordinate and conduct press conferences.
- L) Brief and prepare press conference speaker – whether or not that person is the JIC Manager.
- M) Develop a press conference schedule.
- N) Send e-mail copies of all news releases to the local jurisdictions before the news conference.
- O) Oversee planning effort of public information to ensure information is appropriately released and media outlets have adequate access and support.
- P) Prepare a daily public information situation report.

A key list of media representatives should be kept and updated annually by each hospital’s public affairs officer and staff.

The Joint Information Officer, in conjunction with the hospital PIOs, and in consultation with both the Regional Lead Health Jurisdiction and the Local Health Jurisdictions, and other responsible agencies is responsible for coordinating and distributing key messages and information to the general public during a bioterrorism event. This information will be distributed via variety of means to include:

- State and local Health Department web pages
- Hospital web pages
- Intranet
- E-mail
- News conferences broadcast over local radio and television stations
- Emergency Alert System (EAS), activated by EOC

Strategies for handling the “worried well” include:

- Distribution of written materials, and information broadcast via radio stations regarding:
  - Signs and symptoms to “watch for”
  - Appropriate means of obtaining care in an orderly manner
  - Location of screening/triage facilities
- Press releases to local radio stations, television stations and newspapers regarding
  - Status of the emergency
  - Preventive actions to be taken by individuals to limit spread of disease
- Bulletins to staff involved in patient care via a news letter as described in the HICS plan

## **5.0 – SURGE CAPACITY**

### **5.1 – Resources**

Appendix E describes the structure, sharing of staffing and resources and Mass Cache trailer equipment to support ACF & FMS in Region 7. This appendix also identifies the triggers for activation and the system partners involved in activating & establishing an Alternative Care Facility. It is understood standard ICS procedures will be followed, and system partners from Hospital facilities, Emergency Management, Public Health and EMS will be involved in operations of this facility.

As described in Section 2, hospitals will activate their emergency preparedness plans, which include triage of patients, rapid discharge/transfer of patients and selective cancellation of elective procedures. The key element in this section of the plan is the need to maintain essential services to

the communities served by a single hospital and not to “contaminate” hospitals such that essential services are impaired or curtailed.

In general, the Incident Commander for each hospital will make decisions regarding the discharge of patients and cancellation of procedures based on the scenario as it presents. The initial influx of patients will be managed as follows:

- Hospitals will secure their facilities and limit access according to the response plan for each county
- Initial casualties will be isolated, when/as appropriate, and preparations made to open Type C facilities in each county. Immediately available Type C facilities have been identified in each county.
- The Regional Control Hospital will establish a 50-75 bed isolation unit ASAP at Central Washington Hospital with the goal of accommodating the initial influx of casualties for the region as a whole unless casualty estimates demonstrate that the number of casualties is relatively few or immediately in excess of this capability. When the latter is the case, the Regional Type C facilities will be made operational as rapidly as possible.
- Casualty assessment will be completed by the RLHJ and RCH to include short and long term casualty estimates. Planning and implementation of the Regional Type C facility will be determined by the RLHJ. The RLHJ & RCH will use information from all regional hospitals to determine when and where to establish the Type C facility(ies).

## **5.2 – Bed Tracking**

Currently, Region 7 hospital facilities are using WATRAC for bed reporting. This system will be used in the event of tracking available beds within Region 7 facilities.

Each hospital facility will be responsible for establishing procedures for updating their WATRAC bed counts during an emergency. This information will be accessible to all Region 7 facilities.

## **5.3 Other Patient Care Site Planning**

Appendix E describes the structure, sharing of staffing and resources and Mass Cache trailer equipment to support ACF & FMS in Region 7. Triggers for activation and the system partners involved in activating & establishing an Alternative Care Facility are outlined in this appendix. Standard ICS procedures will be followed, and system partners from Hospital facilities, Emergency Management, Public Health and EMS will be involved in ACF operations & coordination of resources.

Local Emergency Management will be contacted when a hospital determines an ACF is needed. Emergency Management will be requested to assist with communications and coordination of system partner involvement. (i.e. resource coordination to include traffic flow planning, volunteer activation, Red Cross assistance, transportation of local resources, contacting other regional partners as needed.)

Hospital facilities will utilize WATRAC reporting to assist with surge capacity, patient distribution and alerting.

Region 7 public hospitals have identified their surge bed capacity capabilities in the In-Patient, Surgical Services, and Emergency Departments (as outlined in their DOH Hospital Emergency Preparedness Assessment Tool).

- As described in Section 2, the hospitals in Region 7 have plans to handle the initial influx of casualties using standard isolation precautions. None of the hospitals have the capability of

- expanding the number of beds, significantly, without contaminating the rest of the facility because of limitations in ventilation systems, especially negative pressure isolation rooms.
- Central Washington Hospital can isolate two sections of the hospital that can accommodate 50 – 75 patients (total). This area will be used to treat initial casualties and over the course of the incident to provide care for patients requiring levels of care beyond the capabilities of the Type C facilities. Cots and/or beds for the Type C facilities will be requested from several agencies to include the American Red Cross, Chelan/Douglas/Grant/Kittitas/Okanogan County Emergency Management Agencies and local National Guard Units.
  - In order to maintain services to the communities, the threshold for activating and implementing Type C facilities is very low. As noted in Section 2, some Type C facilities will be established within the first 24 hours. The plan also includes establishing centralized Type C facilities that can accommodate large numbers of casualties from hospitals throughout Region 7. Central Washington Hospital is the regional Control Facility and will coordinate the establishment of the centralized facility for the region with assistance from the local health jurisdictions.

**Surge Capacity Statement:**

Region #7 understands that no one formula results in a 100% accurate determination of surge capacity for health care organizations. Region #7 also acknowledges that health care organizations typically staff based on census rather than bed capacity. Based on these considerations Region #7 has selected the following method to determine Regional Surge Capacity numbers. Surge Capacity needs to be further broken down by the EMS designations of RED, YELLOW, GREEN and BLACK.

- **Red** = Immediate life threat and highest priority for treatment and transport
- **Yellow** = Second highest priority for treatment and transport. Could be delayed for up to 1-2 hours
- **Green** = Lowest priority for treatment. Walking wounded or self rescue victims. Transport of these victims should occur after all other patients have been transported. These patients may also be transported using a “mass-transit” type of vehicle, i.e. school bus
- **Black** = Deceased or those impossible to save. These victims should be left where they are found and not moved. If necessary, have a morgue area for those who die in treatment or who must be moved.

(\*Each facility will determine their surge capacity and report results to be included in All Hazards Plan annually)

Average Annual Daily Census x 3 = Surge Capacity

Here is an example of how to determine your Surge Capacity:

Hospital X  
 Average Daily Census = 17 patients  
 Surge Capacity = 51 patients

Here is the EMS designation break down for Hospital X:

- REDS: 6 each total in any combination of the following:
- 2 ea requiring emergent surgical intervention  
(Note: these two patients may require mechanical ventilation)
  - 4 ea requiring mechanical ventilation
  - 3 ea critical but not requiring mechanical ventilation
- YELLOWS: 25 each
- GREENS: 20 each (Greens can be converted into Yellows if needed)

This Surge Capacity number in no way implies that any facility would be expected or required to operate at these levels. Real world capability would be determined by each facilities ICS at the time of an event. Surge Capacity assumes that in a worst case scenario facilities would have the “potential” to operate at Surge Capacity levels. Each hospital or health care organization should be prepared to operate at surge capacity for a 96 hour period without re-supply or re-stocking.

Patients: 30% turnover every 10 days due to clinical improvement or death. (12% turnover for a 96 hour operational period)

Staffing: Based on national statics the following should be expected:

- 40% of staff will not report for work
- 1:5 Nurse to patient ratios are expected for monitored beds
- 1:20 Nurse to patient ratios are expected for un-monitored beds

#### **5.4 – Other Surge Capacity Activities**

Region 7 Exercise included component to test triage site, public transit for patient transportation and setting up of a 125 bed ACF and activating regional MOU to share staff & ACF Mass Cache trailer.

During the exercise Salamander registration was used for patient tracking at initial triage site and transport to ACF facility. Due to this exercise, it is determined this means of patient tracking is an improvement to paper registration and will be further developed to implement for every ACF trailer in Region 7.

*As of 2015, Salamander is no longer a viable option and preparations are currently underway to provide patient registration via WATrac.*

## **6.0 – CRITICAL ISSUES**

### **6.1 At-Risk Populations**

Region hospitals provide care for special populations on a daily basis. Interpreters are available to communicate with non-English speaking as well as deaf patients. If an influx of special population patients exceeds bed capacity, staffing, or interpreter availability, transfer agreements are established to transfer patients to other hospitals and long-term care facilities. In addition, additional resources would have to be in place to provide disease specific follow up and information to special needs populations, which include:

- Pregnant females, who contract a communicable disease, in regard to impact on fetal growth and development
- Impact on growth and development of pre-school and school age children
- Impact of infectious disease on chronic health problems of the aged, or others with chronic medical conditions
- Behavioral/mental and developmentally challenged populace
- Dialysis patients

Region hospitals have evacuation policies that outline evacuation procedures for a variety of patient populations and incidents. Hospitals and EMS agencies provide care and transport of special needs patients on a daily basis.

When necessary, patients may be discharged to home, other healthcare facilities, or will be transported by ambulance, facility vehicle, or public transportation to the alternate care site. Interpreters are available to communicate with non-English speaking as well as deaf patients. Transfer Agreements are established to transfer patients to other hospitals and long-term care facilities that can accommodate special needs patients.

DaVita has an emergency number in place for all DaVita patients to help locate the closest open dialysis units: 1-800-400-8331. Northwest Renal Network is also available to contact for assistance in finding open dialysis units: 206-923-0714.

### **Mental-Health Resources in the Region – for access by both staff and the public.**

#### Chelan-Douglas County:

- Columbia Valley Community Health Behavioral Health Services has staff trained in counseling and mental health management. There is 24-hour crisis intervention available through the Chelan-Douglas County Mental Health; however the small size of this agency indicates that the need would rapidly exceed available services in any major mass casualty incident related to bioterrorism.
- Pastoral Care services are available at each hospital

#### Grant County:

- Grant Mental Healthcare will provide mental health services to patients, patient family members, staff and staff dependents. The Agency's Director of Clinical Services is responsible for coordinating debriefing teams and crisis services as needed. The Agency has a toll free Crisis Line telephone service and 24-hour/7 day per week crisis services.
- Additionally, hospitals use Crisis Intervention Specialists in the Emergency Department and a Crisis Debriefing Team available to support and debrief staff. The disaster plans include an emotional support provision in the hospital for family support.
- The Grant County has other resources to assist in Crisis Intervention such as network of volunteer chaplains

#### Okanogan County:

- Okanogan County Behavioral Healthcare

Appendix B outlines a comprehensive At- Risk Population resource matrix as well as a comprehensive Community Partner resource matrix within Region 7, defined by county.

## **6.2 – Diseases of Significant Concern**

### **Smallpox Health Care Teams**

When an acute smallpox incident occurs or a patient(s) with smallpox is first identified, the HICS will be activated, and notification made to:

- Local Health Jurisdictions (LHJ)
- Regional Lead Health Jurisdiction (RLHJ)
- Washington Department of Health
- Local law enforcement agencies
- Local emergency management
- Regional Control Hospital (RCH)
- Individual hospitals in the county of the identifying hospital

The Hospital Incident Commanders or designees for each hospital will review the Smallpox Healthcare Team roster to determine which of the team members are currently on duty. The Hospital Incident Commander or designees, in coordination with public health, will activate the Smallpox Healthcare Teams and determine where the patient(s) will be housed either temporarily or until ready for transfer or release. The Incident Command Center will manage the staffing to ensure that members of the Smallpox Healthcare Teams provide all care to smallpox patients.

If an alternative facility (Type C, X, and/or R facility as described in the WA-DOH Smallpox Response Plan) is established, the Incident Commanders or designees, in coordination with emergency management and public health, will send members of the Smallpox Healthcare Teams to this facility.

### **6.3 – Mass Fatality**

#### **Mass Fatality Management:**

This management plan is enacted to retain the integrity of the body for evidence retention, identification purposes and isolation of illness/disease.

- Number of dead to activate this plan (would be coordinated with the medical examiners/morgue plan)
- Transport/package plan
  - 25-30 body bags per site
- Location/storage plan
  - Each hospital has temporary morgue/storage capacity for 25-30 bodies in coordination with the County Coroner/Medical Examiner’s office
  - Cold storage warehouse
  - Secure/locked facility

Regional capability is limited to respond to mass fatality incidents. Appendix G addresses Region 7 Mass Fatality Plan pertaining to “Known Cause of Death” and scenario.

#### **Chain of Command and Communication for Mass Fatality Incident:**

- County Coroner’s/Medical Examiner’s Office is the lead agency for activities concerning the deceased as a result of a disaster or emergency, including identification and disposition of the dead, and documentation of the number of confirmed dead.
- Each County Coroner or Medical Examiner is the acting authority for deceased remains and the coordination Mass Fatality efforts with established Emergency Management, County Public Health, Hospital Facilities and Funeral Home directors. The above algorithm is a possible line of communication should the County Coroner choose to implement it during a mass fatality incident.
- Management of the Mass Fatality incident will be accomplished by using the Incident Command System (ICS) set forth by National Incident Management System (NIMS).
- At the discretion of the Coroner, temporary Deputy Coroners may be sworn-in with limited and temporary jurisdiction. Medical professionals, emergency services personnel and Funeral Directors may be utilized as temporary Deputies in the event of a mass fatalities event.

### **6.4 – Medical Evacuation**

Medical evacuation has not been addressed to encompass all of the Region 7 hospitals. Each facility has included medical evacuation within their individual plans and will rely on establishing ACF’s to assist in evacuation scenarios.

## 7.0 – RECOVERY

### **Communication**

The Regional Lead Health Jurisdiction, upon direction of the Washington DOH, will contact the following agencies to communicate procedures for the orderly resumption of normal operations:

- Regional Control Hospital who will in turn contact:
  - County Control Hospitals and individual hospitals in Region 7
- Regional Emergency Management EOC who will in turn contact:
  - County Emergency Management EOC's
  - Law Enforcement Agencies
- Local Health Jurisdictions

### **Facility Decontamination**

Only vaccinated personnel, when applicable, will perform the following decontamination procedures. Protective clothing including gowns, shoe covers, gloves, caps, and masks will be worn during decontamination procedures. Facility decontamination includes air quality/safety, surfaces, equipment, and linens. For smallpox, the decontamination guidelines outlined in the WA DOH Smallpox Response Plan will be followed.

#### Surface Decontamination

Staff will complete a thorough cleaning of all surfaces using CDC and/or WA-DOH guidelines. “Terminal cleaning” of all surfaces with an approved cleaning agent will be conducted to include wipe down of all surfaces in hallways and other spaces in the contaminated areas of.

- Hospitals
- Type C, X, and R facilities utilized for the treatment of patients

#### Equipment Decontamination

Disposable items will be used whenever possible in the care of contagious patients. When not possible, equipment will be thoroughly cleaned, disinfected, and/or sterilized as required. Patient transport equipment including wheels will be thoroughly disinfected after use by a contagious patient.

#### Air Quality and Safety

The rooms/area will be fumigated with an appropriate germicide using CDC and/or WA-DOH guidelines. The Facilities/Engineering Department will refer to the infection control air quality tables to determine the definitive air exchange time required to purify the air.

#### Soiled Linen and Garbage

Soiled linen and garbage that may have been stored on site during a crisis will be packaged and removed according to biologic hazard management plans.

### **Facility Re-entry Authorization**

Upon completion of all required cleaning/decontamination procedures, the Local Health Jurisdiction, in conjunction with each Hospital's Infection Control/Epidemiology Officer will determine when the facilities are safe for re-occupation.

Hospital perimeter security and access control points will be maintained until the facilities are determined to be safe for normal operations and access by the public.

## **Patient Retransfer**

- The patient locator system in each hospital and Type C, X and R facilities will be used to track patient movement into and out of each facility.
- The Hospital Emergency Incident Commanders in conjunction with appropriate Physicians and Local/Regional Health Jurisdictions will determine when/if it is appropriate to transfer patients back to the facilities of origin. This decision will address:
  - Risks/benefits of moving potentially infectious patients into facilities, which have just completed decontamination versus continuing the operation of Type C, X, R facilities until they are no longer needed.
- Once the determination is made to re-admit and/or transfer patients back to the hospital of origin, Region 7 hospitals will initiate the re-transfer process including initiating contact with receiving facilities, physicians, receipt of medical records information, and transportation details. EMTALA and HIPPA guidelines will be followed for all transfers.

## **8.0 – TRAINING**

### **General**

All hospitals need additional on-going training in the following areas: Decontamination of patient and hospital, Incident Command, WMD Employee Awareness; WMD HazMat Technician, WMD Hospital Provider, HEAR and HAM, security, recognition of signs and systems of biological agent, evacuation procedures, coordinated training and drilling with LHJ to include hospitals across regional boundaries, hospital provider course for ED, security (NBC events), RDCH training to rural facilities, isolation and quarantine procedures, N95 respirator fitting and uses training, and SNS protocol trainings.

## **9.0 – PLAN MAINTENANCE**

### **Security and Control of the Plan**

- A current copy of the Plan will be held at each hospital in the region.
- The designated person responsible for Emergency Management for each organization will have the copy of the plan.
- The North Central Region EMS & Trauma Care Council will maintain the original plan and a copy filed with local Emergency Management and local Public Health offices.
- Maintenance of plan will include protection of portions not suitable for public disclosure.

### **Drills and Exercises**

- All hospitals participating in this regional plan will conduct a periodic bioterrorism tabletop or actual exercise to test the effectiveness of this plan.
- The participants and observers will critique the drill once it has been completed.
- Deficiencies can be identified during the drill, along with areas that worked well.
- Regional exercises (tabletops and/or functional drills) will be performed annually or as required, and will include all partners within Region 7.

### **Recommending Changes**

- Deficiencies identified during drills will be discussed and recommendations for change will occur with representatives from each organization.
- Any individual organization's concerns can be brought up to the group for discussion.

- Any actual events, changes in practice or new information can be brought to the Region 7 Hospital Planning Committee and recommendations for changes can occur.
- Review annually and after every drill.
- Hospital contact person will be updated as necessary.

### **Periodic Reviews and Updates**

- The Region 7 Hospital Planning Workgroup participating in the regional plan will meet at least annually to review the scope, objectives, performance and effectiveness of the plan.
- In addition to the review, if deficiencies or additional response needs are identified by the hospitals, or other agencies affected by the Plan, recommendations for change can be made.

Healthcare system leadership is present at Region 7 Healthcare Coalition meetings and is involved in the All Hazard Plan approvals. Current MOU's outlining resource-sharing have been signed by hospital facility CEO's and/or other designee's with signing authority. Representatives from Emergency Management, EMS, hospitals and Public Health are involved in updating and recommending changes to the Region 7 All Hazards Plan.

I have read the plan, I understand the plan, and my facility will be a partner to this plan.

**Facility Name:** \_\_\_\_\_

Chief Executive Officer (or designee):

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**Facility Name:** \_\_\_\_\_

Chief Executive Officer (or designee):

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**Facility Name:** \_\_\_\_\_

Chief Executive Officer (or designee):

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**Facility Name:** \_\_\_\_\_

Chief Executive Officer (or designee):

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**Facility Name:** \_\_\_\_\_

Chief Executive Officer (or designee):

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

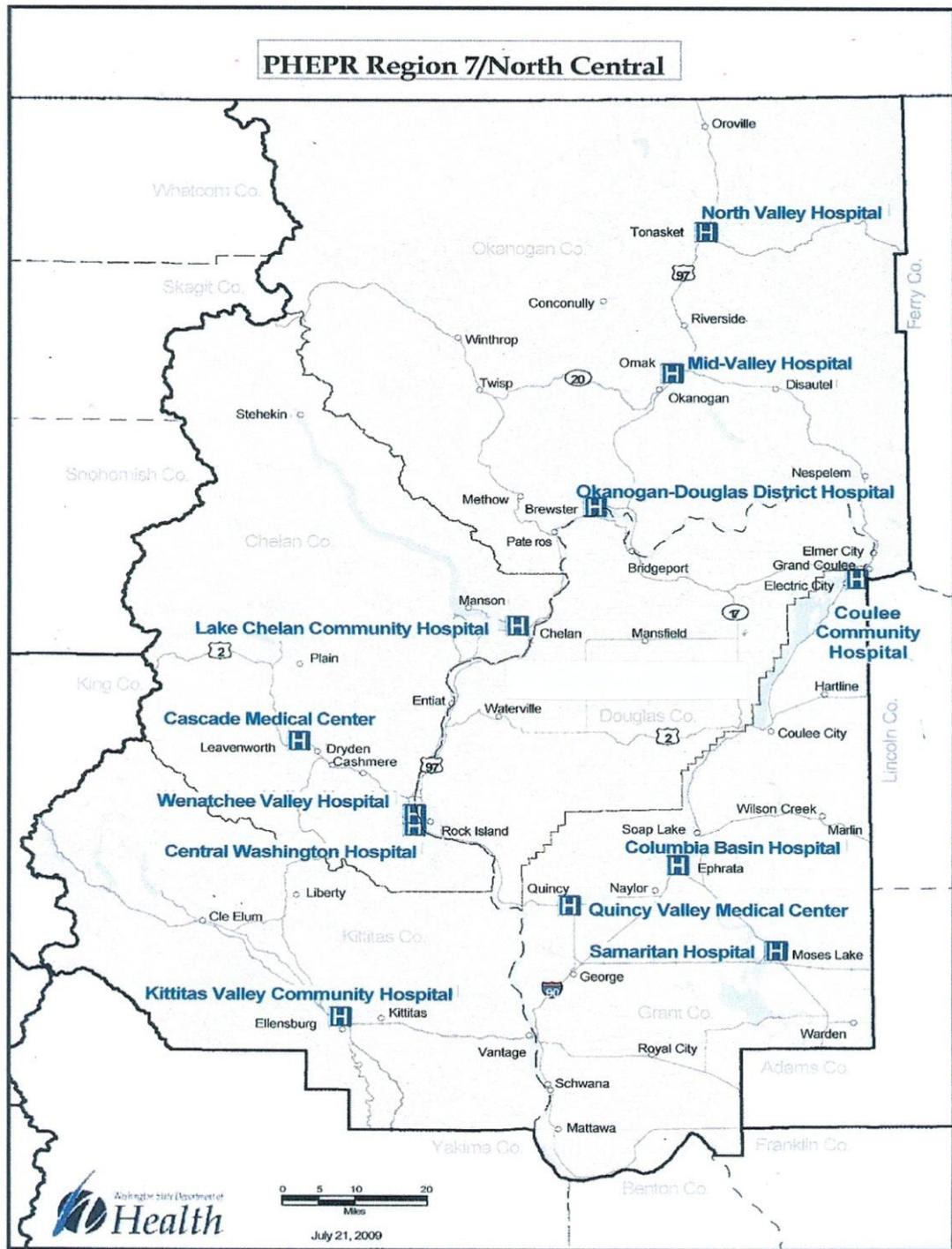
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## **Appendix A – Regional Contact Information**

### **PHEPR REGION 7**

- North Central Region Map
- WA State Tribal Health Map
- WSHA Hospital Member Map
- Regional Control Hospital
- Region 7 Hospitals
- Public Health Agencies
- Emergency Management Agencies
- 911 Call Center Communications
- EMS/Trauma Coordinator
- Department of Health Duty Officer
- Poison Control Center
- Tribal Contact

# PHEPR REGION 7: NORTH CENTRAL AREA MAP



## Appendix A – Regional Contact Information

### Regional Control Hospital

Hospital Name	Contact Name	Contact Phone	Email
Confluence Health / Central Washington Hospital & Clinics	<b>Tom Dyet</b>	509-665-6109	<a href="mailto:thomas.dyet@confluencehealth.org">thomas.dyet@confluencehealth.org</a>  <a href="mailto:edward.nickel@confluencehealth.org">edward.nickel@confluencehealth.org</a>
	Service Line Director / Urgent & Emergent Care	509-668-2947 CELL	
	<b>Ed Nickel</b>	509-662-1511	
	Trauma Coordinator	x 6201	
	<b>House Supervisor</b>	509-668-1500	

### Other Hospitals in Region 7

Hospital Name	Contact Name	Contact Phone	Email
Cascade Medical Center	Brian Pulse - Director	509-548-5815	<a href="mailto:brianp@cascaedemical.org">brianp@cascaedemical.org</a>
	Emergency Medical Services Greg Horton, Facilities Dir. Emergency Preparedness Coordinator	509-548-2515	<a href="mailto:gregh@cascaedemical.org">gregh@cascaedemical.org</a>
Columbia Basin Hospital	Rosalinda Kibby - CEO	509-754-4631 x 1221	<a href="mailto:kibbyr@columbiabasinhospital.org">kibbyr@columbiabasinhospital.org</a>
	Cammy Zabala Emergency Preparedness Coordinator	509-754-4631 x 1411	<a href="mailto:zabalacw@columbiabasinhospital.org">zabalacw@columbiabasinhospital.org</a>
Confluence Health / Wenatchee Valley Hospital & Clinics	Tracey Kasnic, RN, BSN, MBA, CENP	509-665-6016	<a href="mailto:Tracey.Kasnic@confluencehealth.org">Tracey.Kasnic@confluencehealth.org</a>
	Sr. VP & CNO Chistine Hanson Employee Safety Officer	509-662-1511 x 6200	<a href="mailto:Christine.Hanson@confluencehealth.org">Christine.Hanson@confluencehealth.org</a>
Coulee Medical Center	Debbie Bigelow- Administrator	509-633-1753	<a href="mailto:bigelod@cmccares.org">bigelod@cmccares.org</a>
	Bryan McCleary- Emergency Preparedness Coordinator	509-633-6340 or 509-631-4106	<a href="mailto:mccleab@cmccares.org">mccleab@cmccares.org</a>
Kittitas Valley Healthcare	Cathy Bambrick - Interim Administrator House Supervisor	509-962-9841  509-899-4151	<a href="mailto:cbambrick@kvhealthcare.org">cbambrick@kvhealthcare.org</a>
Lake Chelan Community Hospital	Ray Eickmeyer – EMS, Preparedness, and Safety Officer	509-682-3300 509-670-2441	<a href="mailto:reickmeyer@lcch.net">reickmeyer@lcch.net</a>
Mid-Valley Hospital	Michael Billing - Administrator	509-826-1760	<a href="mailto:billing@inhs.org">billing@inhs.org</a>
	Randy Coffell - HR Director	509-826-1760 x 2343	<a href="mailto:coffellr@mvhealth.org">coffellr@mvhealth.org</a>
North Valley Hospital	Mike Zwiker Administrator	509-486-3170 406-208-3151 CELL	<a href="mailto:ceo@nvhospital.org">ceo@nvhospital.org</a>
	Kim Jacobs - Safety / Disaster Officer	509-486-3109	<a href="mailto:plantclerk@nvhospital.org">plantclerk@nvhospital.org</a>
Quincy Valley Medical Center	Jerry Hawley, CEO Administrator	509-787-3531 (main line)	<a href="mailto:Jerry.Hawley@quincyhospital.org">Jerry.Hawley@quincyhospital.org</a>
	Jaime Dominguez, MD Chief of Medical Staff	509-787-3531 (main line)	<a href="mailto:Jaime.Dominguez@quincyhospital.org">Jaime.Dominguez@quincyhospital.org</a>
Samaritan Hospital	Becky Demers CQO-COO	509-793-9616	<a href="mailto:bdemers@samaritanhealthcare.com">bdemers@samaritanhealthcare.com</a>
	Rob Huit - Plant Mgr-Em Preparedness	509-793-9644	<a href="mailto:rhuit@samaritanhealthcare.com">rhuit@samaritanhealthcare.com</a>
Three Rivers Hospital	Scott Graham, CEO	509-689-2517	<a href="mailto:sgraham@trhospital.net">sgraham@trhospital.net</a>
	Melanie Neddo, COO Rob Wylie - Safety Officer-Maintenance	509-689-2517 X 3075	<a href="mailto:mneddo@trhospital.net">mneddo@trhospital.net</a> <a href="mailto:rwylie@trhospital.net">rwylie@trhospital.net</a>

## Public Agency Contact Information

For each, indicate primary and secondary contact information:

### Regional Public Health Agency

Facility Name:	Address:	Contact:
<b>Region 7 Public Health</b>	200 Valley Mall Pkwy, East Wenatchee, WA 98802	
<b>Main Phone:</b>	509-886-6400	
Contact	Phone	Extension
Epidemiologist	509-886-6428	
Epidemiologist *cell	509-679-8933 CELL	
Emergency Response Coordinator	509-886-6451	
Emergency Response Coordinator *cell	509-423-3933 CELL	
Emergency Response Back-Up	509-886-6434	
Emergency Response Back-Up *cell	206-619-0594 CELL	

### County/Local Public Health Agency

Organization Name	Contact Name	Contact Phone	Email
Chelan-Douglas Health District	Alma Castillo (LERC/RERC)	509-886-6451	<a href="mailto:alma.castillo@cdhd.wa.gov">alma.castillo@cdhd.wa.gov</a>
Grant County Health District	Jon Ness (LERC)	509-766-7960 x 32 509-760-0112 Cell	<a href="mailto:jness@granthealth.org">jness@granthealth.org</a>
Kittitas County Health Dept.	Robin Read (LERC)	509-962-7029	<a href="mailto:robin.read@co.kittitas.wa.us">robin.read@co.kittitas.wa.us</a>
Okanogan County Health District	Lauri Jones (LERC)	509-422-7158	<a href="mailto:ljones@co.okanogan.wa.us">ljones@co.okanogan.wa.us</a>

### County/Local Emergency Management Agency

Organization Name	Contact Name	Contact Phone	Email
Chelan County Sheriff's Office	Sgt. Kent Sisson	509-663-9911	<a href="mailto:kent.sisson@co.chelan.wa.us">kent.sisson@co.chelan.wa.us</a>
Douglas County Sheriff's Office	Mike Dingle, EM	509-884-0941	<a href="mailto:MDingle@co.douglas.wa.us">MDingle@co.douglas.wa.us</a>
Grant County EM	Duty Officer 24/7/365	509-237-2598	<a href="mailto:ecc@grantcountywa.gov">ecc@grantcountywa.gov</a>
Kittitas County Sheriff's Office	Gene Dana, Sheriff Darren Higashiyama, DEM	509-962-7525 509-962-7525	<a href="mailto:gene.dana@co.kittitas.wa.gov">gene.dana@co.kittitas.wa.gov</a> <a href="mailto:darren.higashiyama@co.kittitas.wa.gov">darren.higashiyama@co.kittitas.wa.gov</a>
Okanogan County EM	Maurice Goodall	509-422-7207 509-429-2576 Cell & Text	<a href="mailto:mgoodal@co.okanogan.wa.us">mgoodal@co.okanogan.wa.us</a> <a href="mailto:em@co.okanogan.wa.us">em@co.okanogan.wa.us</a>

### County/Local 911 Call Center Communications

Organization Name	Contact Name	Contact Phone	Email
MACC	Jackie Jones	509-762-1901	<a href="mailto:j.jones@macc911.org">j.jones@macc911.org</a>
KITTCOM 911	Darlene Mainwaring	509-925-8530	<a href="mailto:mainwaring@kittcom.org">mainwaring@kittcom.org</a>
RIVERCOM	Misty Viebrock	509-663-9911	<a href="mailto:mviebrock@rivercom911.org">mviebrock@rivercom911.org</a>
Okanogan County Sheriff's Office	Mike Worden, Chief	509-422-7232	<a href="mailto:mworden@co.okanogan.wa.us">mworden@co.okanogan.wa.us</a>

### County/Local EMS/Trauma Coordinator

Organization Name	Contact Name	Contact Phone	Email
Cascade Medical Center	Jay Bretz, RN Trauma Registry Brian Pulse - Director Emergency Medical Services	509-548-5815	<a href="mailto:jayb@cascademical.org">jayb@cascademical.org</a> <a href="mailto:brianp@cascademical.org">brianp@cascademical.org</a>
Columbia Basin Hospital	Heidi Cline Emergency Svc Dir	509-754-4631 x 226	<a href="mailto:clineh@columbiabasinhospital.org">clineh@columbiabasinhospital.org</a>
Confluence Health Central Washington Hospital & Clinics	Ed Nickel Trauma Coordinator	509-665-6201 402-469-9159 Cell	<a href="mailto:Edward.Nickel@confluencehealth.org">Edward.Nickel@confluencehealth.org</a>
Confluence Health Wenatchee Valley Hospital & Clinics	Debra Connelly, RN Director	509-665-5850 x 5989	<a href="mailto:Debra.Connelly@confluencehealth.org">Debra.Connelly@confluencehealth.org</a>
Coulee Medical Center	Dawn Malikowski Emergency Svc Dir	509-633-6398 509-670-3468 Cell	<a href="mailto:malikod@cmccares.org">malikod@cmccares.org</a>
Kittitas Valley Healthcare	Jim Allen, Director Cardiopulmonary Svc/ Emergency Svc Dir	509-962-7321	<a href="mailto:jallen@kvch.com">jallen@kvch.com</a>
Lake Chelan Community Hospital	Deanna Bahena Trauma Coordinator	509-682-6115	<a href="mailto:dbahena@lcch.net">dbahena@lcch.net</a>
Mid-Valley Hospital	Rebecca Christoph Trauma Coordinator	509-826-5764 509-826-1760 x 2200	<a href="mailto:rchristoph@mvhealth.org">rchristoph@mvhealth.org</a>
North Valley Hospital	Katrina Kindred E.R. Coordinator	509-486-2151 x 7110	<a href="mailto:er@nvhospital.org">er@nvhospital.org</a>
Quincy Valley Medical Center	Fernando Dietsch, MD CMO / ED Medical Director	509-787-3041	<a href="mailto:Fernando.dietsch@quincyvalleyhospital.org">Fernando.dietsch@quincyvalleyhospital.org</a>
Samaritan Healthcare	Teri Dana Rebecca Suarez	509-793-9730 509-793-9730	<a href="mailto:tdana@samaritanhealthcare.com">tdana@samaritanhealthcare.com</a> <a href="mailto:rsuarez@samaritanhealthcare.com">rsuarez@samaritanhealthcare.com</a>
Three Rivers Hospital	Rita Jensen Trauma Coordinator	509-689-2517	<a href="mailto:rjensen@trhospital.net">rjensen@trhospital.net</a>

### State Department of Health

Organization Name	Contact Name	Contact Phone	Email
Washington State Dept. of Health Emergency Contact	Duty Officer	360-888-0838	<a href="mailto:hanalert@doh.wa.gov">hanalert@doh.wa.gov</a>  (Health Alert Network- federal requirement)

### WA Poison Control Center

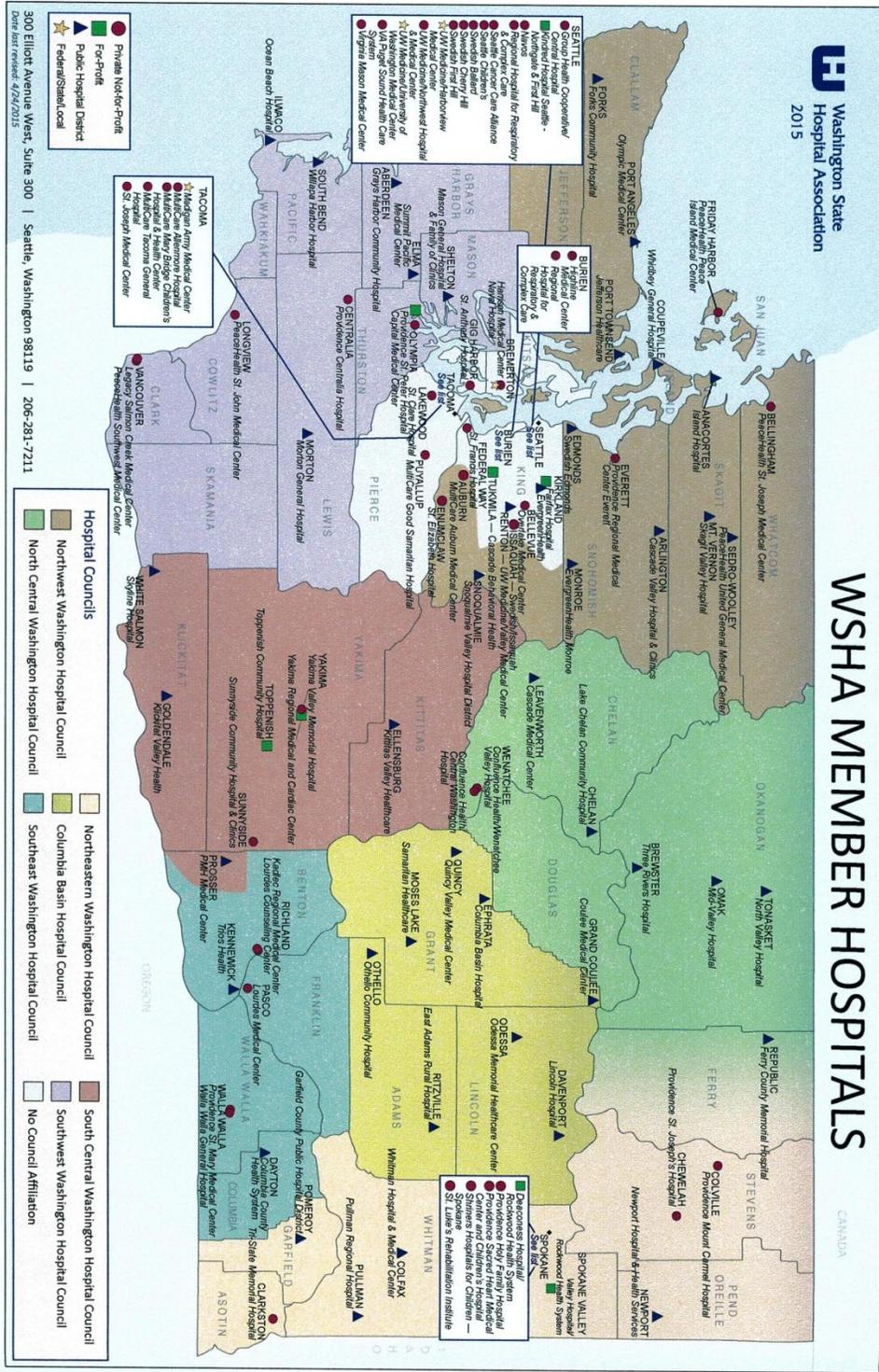
Organization Name	Contact Name	Contact Phone	Email
Washington Poison Control Center	Seattle Office:  American Association of Poison Control Centers:	(206) 526-2121 or  (800) 222-1222 for emergencies 24 hrs day / 7 days week.	

### Local Tribal Contacts (for each federally recognized tribal area within the region)

Organization Name	Contact Name	Contact Phone	Email
Colville Tribal Health	Joaquin Marchand	509-634-2935	<a href="mailto:joaquin.marchand@colvilletribes.com">joaquin.marchand@colvilletribes.com</a>
Colville Confederated Tribes	Rich Gorr Emergency Services	509-634-2439	<a href="mailto:richie.gorr@colvilletribes.com">richie.gorr@colvilletribes.com</a>



# PHEPR REGION 7: Washington State Hospital Association MAP

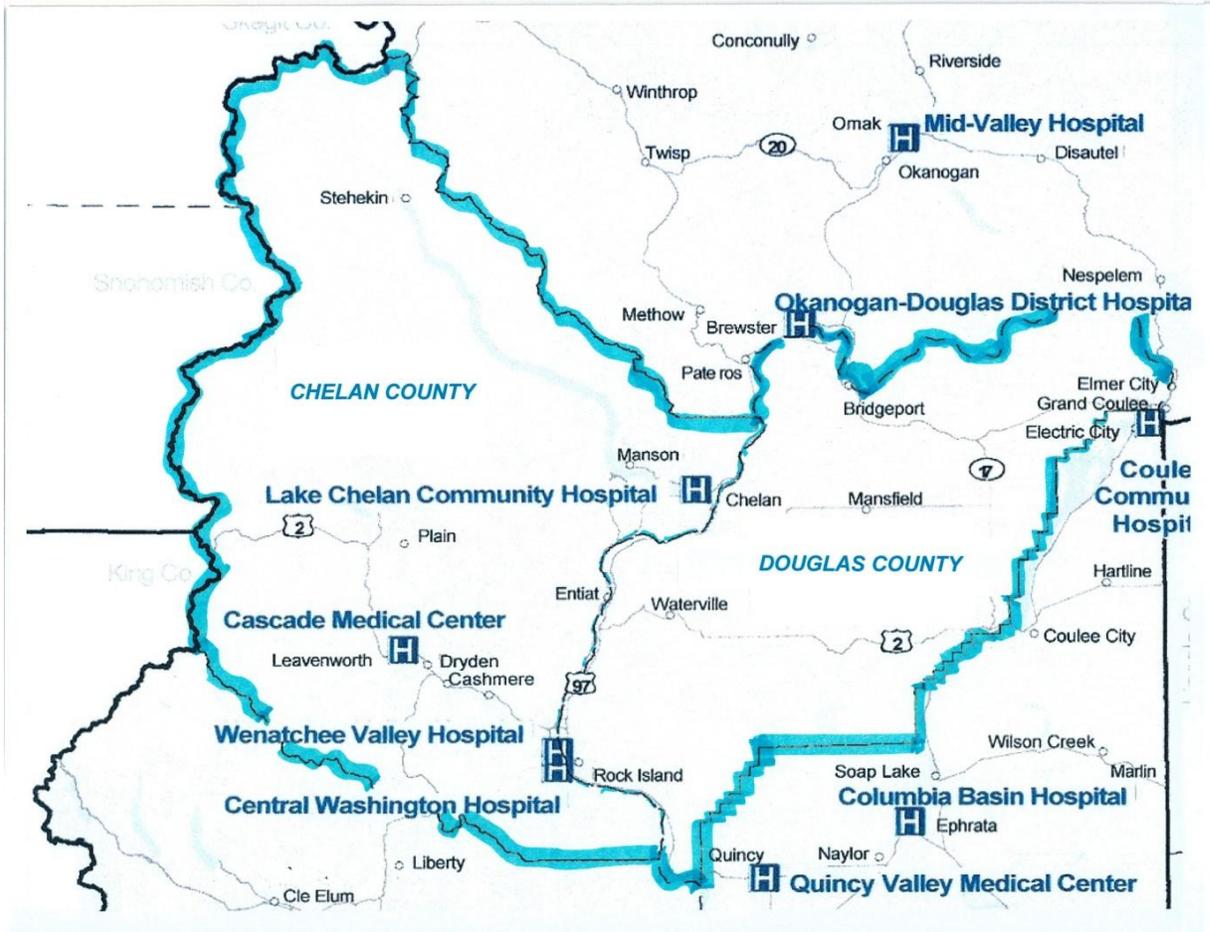


## **Appendix B – Contact Information by County**

### **Chelan-Douglas**

- County/ Hospitals Map
- Public Health District w/SAT phone
- County Hospitals w/SAT phone
- County Community Health Centers w/SAT phone
- EMS/Fire Response
- Air Ambulance
- At-Risk Populations
- Local Media
- Community Resource List

PHEPR REGION 7: CHELAN-DOUGLAS MAP



## Chelan-Douglas County Public Health

Facility Name:	Address:	Contact:
<b>Chelan-Douglas Health District</b> <b>Main Phone: 509-886-6400</b>	200 Valley Mall Parkway East Wenatchee, WA 98802	
Contact	Phone	Extension
After Hours Phone	509-886-6499	
Infection Control	509-886-6417	
Emergency Preparedness	509-886-6451	
Emergency Preparedness Back-Up	509-886-6434	
Administrator	509-886-6480	
Administrator *cell	509-264-7045 CELL	
SAT PHONE Mobile	254-204-0589	
SAT PHONE Fixed	254-377-2969	

## Chelan-Douglas County Hospitals

Facility Name:	Address:	Contact:
<b>Cascade Medical Center</b>  <b>Main Phone: 509-548-5815</b>	817 Commercial Street Leavenworth, WA 98826	<b>Brian Pulse</b> Director, Emergency Medical Services 509-548-5815 <a href="mailto:brianp@cascaedemical.org">brianp@cascaedemical.org</a> Cell/Text:
Contact	Phone	Extension
Education	509-548-5815	
Emergency Dept	509-548-5815	
Emergency Preparedness	509-548-5815	
Employee Health	509-548-5815	
Infection Control	509-548-5815	
Laboratory	509-548-5815	
Pharmacy	509-548-5815	
Plant Management	509-548-5815	
Senior Management	509-548-5815	
SAT PHONE	254-387-3388	Inactive

Facility Name:	Address:	Main Phone:
<b>Confluence Health:</b> <b>Central Washington Hospital</b> <b>&amp; Clinics</b>  <b>Main Phone: 509-662-1511</b>	1201 South Miller Wenatchee, WA 98801  <b>REGIONAL CONTROL</b>	<b>Tom Dyet</b> Service Line Director / Urgent & Emergent Care 509-665-6109 <a href="mailto:thomas.dyet@confluencehealth.org">thomas.dyet@confluencehealth.org</a> 509-668-2947 Cell/Text
Contact	Phone	Extension
Education	509-664-3475	2448
Emergency Dept	509-665-6163	2210
Emergency Preparedness	509-662-1511	6015
Employee Health	509-662-1511	6036
Infection Control	509-662-1511	2424
Laboratory	509-665-3023	2600
Pharmacy	509-662-1511	2273
Plant Management	509-662-1511	6057
Senior Management	509-662-1511	6060
SAT PHONE	254-219-0657	

## Chelan-Douglas County Hospitals

Facility Name:	Address:	Contact:
<b>Confluence Health: Wenatchee Valley Hospital &amp; Clinics</b>  <b>Main Phone: 509-663-8711</b>	820 North Chelan Street Wenatchee, WA 98801	<b>Christi Hanson</b> <b>Employee Safety Officer</b> 509-664-4868, ext. 2080 <a href="mailto:Christine.Hanson@confluencehealth.org">Christine.Hanson@confluencehealth.org</a> 509-421-2839 Cell/Text
Contact	Phone	Extension
Education	509-663-8711	5232
Emergency Dept	509-667-7500	
Emergency Preparedness	509-663-8711	5109
Employee Health	509-663-8711	5343
Infection Control	509-663-8711	3406
Laboratory	509-663-8711	5049
Pharmacy	509-663-8711	5916
Plant Management	509-663-8711	5249
Senior Management	509-663-8711	5342
ICP	509-665-8674	
SAT PHONE	254-387-3383	Inactive

Facility Name:	Address:	Contact:
<b>Lake Chelan Community Hospital</b>  <b>Main Phone: 509-682-3300</b>	503 E. Highland Avenue PO Box 908 Chelan, WA 98816	<b>Karl Jonasson</b> 509-421-5575 <b>Ray Eickmeyer</b> 509-670-2441
Contact	Phone	Extension
Education	509-682-3300	6101
Emergency Dept	509-682-3300	6891
Emergency Preparedness	509-682-3300	6343
Employee Health	509-682-3300	6060
Infection Control	509-682-3300	6246
Laboratory	509-682-3300	6226
Pharmacy	509-682-3300	6070
Plant Management	509-470-1567	
Senior Management	509-682-8270	
SAT PHONE	254-387-3389	

## Chelan-Douglas County Community Health Centers

Facility Name:	Address:	Contact:
<b>Columbia Valley Community Health - Wenatchee</b>  <b>Main Phone: 509-662-6000</b>	600 Orondo Street Wenatchee, WA 98801	<b>Gary Mayer</b> 509-664-3553 509-421-2817 Cell
Contact	Phone	Extension
Education	509-662-6000	1805
Express Care	509-662-6000	
Emergency Preparedness	509-662-6000 509-421-2817 CELL	1130
Employee Health	509-662-6000	1222
Infection Control	509-662-6000	1052
Laboratory/ Contracted Interpath	509-662-6000	
Pharmacy	509-662-6000	1720
Senior Management	509-662-6000	1014
Senior Management after hours	509-664-3545	
SAT PHONE Mobile	863-200-5320	

## Chelan-Douglas Community Health Centers

Facility Name:	Address:	Contact:
<b>Columbia Valley Community Health – Chelan</b> <b>Main Phone: 509-662-6000</b>	317 East Johnson Chelan, WA 98816	<b>Gary Mayer</b> 509-664-3553 509-421-2817 Cell
Contact	Phone	Extension
Clinic Administrator	509-682-6193	
Emergency Preparedness	509-662-6000 509-421-2817 CELL	1130
Infection Control	509-662-6000	1052
Senior Management	509-662-6000	1014
Senior Management after hours	509-664-3545	
SAT PHONE Mobile	863-203-9360	

### EMS/Fire Response:

Organization Name	Contact Name	Contact Phone	Email
<b>Chelan County:</b>			
Chelan County FD #1	Chief Mike Burnett	509-662-4734	<a href="mailto:mburnett@chelancountyfire.com">mburnett@chelancountyfire.com</a>
Chelan County FD #3	Chief Kelly O'Brien	509-548-7711	<a href="mailto:Chief3@nwi.net">Chief3@nwi.net</a>
Chelan County FD #6 Includes: Blewett Pass Fire Cashmere Fire Dept. Dryden Fire Dept. Monitor Fire Dept. Peshastin Fire Dept.	Phil Mosher	509-679-9780	<a href="mailto:P_mosher@ccfd6.net">P_mosher@ccfd6.net</a>
Chelan County FD #8	Mike Asher	509-784-1366 509-669-1846 CELL	<a href="mailto:Maa51@genext.net">Maa51@genext.net</a>
Chelan Fire & Rescue	Chief Timothy Lemon	509-682-4476	<a href="mailto:timl@cfr7.org">timl@cfr7.org</a>
Lake Wenatchee Fire & Rescue	Chief Michael Lamar	509-763-3034	<a href="mailto:LWFR@nwi.net">LWFR@nwi.net</a>
Ballard Services, Inc.	Shawn Ballard	509-662-5111	<a href="mailto:ballard2@crcwnet.com">ballard2@crcwnet.com</a>
Cascade Ambulance	Brian Pulse	509-548-5815	<a href="mailto:brianp@cascademedical.org">brianp@cascademedical.org</a>
Chelan County PHD #2 Lake Chelan EMS	Karl Jonasson	509-421-5575	<a href="mailto:kjonasson@lcch.net">kjonasson@lcch.net</a>
Lifeline Ambulance	Wayne Walker	509-663-4602	<a href="mailto:wwalker@LifelineAmbulance.net">wwalker@LifelineAmbulance.net</a>
<b>Douglas County:</b>			
Douglas Co. FD #2	Dave Baker	509-884-6671	<a href="mailto:dave@douglasfire2.org">dave@douglasfire2.org</a>
Douglas Co. FD #4	Jim Oatey	509-784-2941	<a href="mailto:joatey@gmail.com">joatey@gmail.com</a>
Bridgeport Ambulance	Rick Halterman	509-686-4041	<a href="mailto:riclyn@frontier.com">riclyn@frontier.com</a>
Lifeline Ambulance	Wayne Walker	509-663-4602	<a href="mailto:wwalker@LifelineAmbulance.net">wwalker@LifelineAmbulance.net</a>
Mansfield Fire Dept.	Tyler Caille	509-683-1114	<a href="mailto:dcd5@nwi.net">dcd5@nwi.net</a>
Waterville Ambulance	Sean Heath	509-423-1762	<a href="mailto:seanheath3@gmail.com">seanheath3@gmail.com</a>

### Air Ambulance:

Chelan-Douglas:			
Airlift Northwest	Communications Center	1-800-426-2430 206-329-2569	
Life Flight	Communications Center..... For Air or Ground resources based in Moses Lake and Brewster:.....	800-232-0911 208-367-3114  800-422-2440 509-532-7990	

## At-Risk Populations Matrix:

Contacts for:	Douglas	Chelan
<b>Behavioral Health</b>	Chelan-Douglas Regional Support Network Deb Murray <b>509-886-6318</b> <b>Crisis Line (24 hrs)</b> <b>509-662-7105</b> <b>800-852-2923</b>  Mental Health & Family Support Services <b>509-663-0034</b>	Chelan-Douglas Regional Support Network Deb Murray <b>509-886-6318</b> <b>Crisis Line (24 hrs)</b> <b>509-662-7105</b> <b>800-852-2923</b>  Mental Health & Family Support Services <b>509-663-0034</b>
<b>CPS for Children</b>	<b>Business Hours</b> <b>509-665-5300</b>  <b>After Hours</b> <b>800-562-5624</b>	<b>Business Hours</b> <b>509-662-0550</b>  <b>After Hours</b> <b>800-562-5624</b>
<b>Dialysis Patients</b>	DaVita Dialysis 300 N. Colorado St. E. Wenatchee, WA 98802 <b>509-886-4950</b> <b>1-800-424-6589</b> Fax: <b>509-886-4957</b>	DaVita Dialysis 116 Olds Station Rd Wenatchee, WA 98801 <b>509-662-0385</b> <b>1-800-424-6589</b> Fax: <b>509-662-0656</b>
<b>Homeless</b>	Community Action Council Robert Soule <b>509-662-6156</b>  Women's Resource Center Phoebe Nelson <b>509-662-0121</b>	See Douglas County Haven of Hope <b>Women's Shelter</b> <b>509-664-6866</b>  Hospitality House <b>Men's Shelter</b> <b>509-663-4289</b>
<b>Language Barriers</b>	No identified resource besides Red Cross	TranCare Interpretive Relay Services <b>800-833-6384</b>
<b>Mobility Impaired</b>	No identified resource besides Red Cross	People for People <b>509-248-6793</b> <b>800-233-1624</b>
<b>PUD - Additional Resources from local</b>	PUD <b>800-503-7990</b>  Hank Lubean <b>509-884-7191</b> *30 people on special needs for breathing machines list	PUD <b>509 682-2581</b>  <b>Emergencies:</b> <b>1-877-PUD-8123</b>  <a href="http://www.chelanpud.org">www.chelanpud.org</a>
<b>Red Cross</b>	American Red Cross Apple Valley/ North Cascade Wenatchee  <b>509-663-3907</b> 12 Orondo Ave. Wenatchee, WA	American Red Cross Apple Valley/ North Cascade Wenatchee  <b>509-663-3907</b> 12 Orondo Ave. Wenatchee, WA
<b>Sight Impaired</b>	No identified resource besides Red Cross	WA State Blind Services <b>800-552-7103</b>

Long Term Care Providers: <https://www.dshs.wa.gov/altsa/long-term-care-professionals-providers>

Link to Nursing Home Locator: <https://fortress.wa.gov/dshs/adsaapps/Lookup/NHAdvLookup.aspx>

## Nursing Facility List for Chelan-Douglas County as of 10/29/2015

Facility Info	Contact info	Beds
<p><b>CASHMERE CONVALESCENT CENTER</b>  Vendor#: 4167706  License#: 677  SSPS#: 113493  Type: For Profit Corporation</p>	<p><b>Admin:</b> William Dronen  District: 1D  Physical Address:  817 Pioneer Avenue  Cashmere , WA 98815</p> <p>Mailing Address:  Po Box 626  Cashmere , WA 98815  Phone: (509) 782-1251  Fax: (509) 782-4221</p>	<p>Total Licensed Beds: 65  Medicare Beds: 0  Medicaid Beds: 0  Medicare/Medicaid Beds: 65</p>
<p><b>CENTRAL WASHINGTON HOSPITAL  TRANSITIONAL CARE UNIT</b>  Vendor#: 4220109  License#: 201  SSPS#: 382788  Type: Public Hospital District</p>	<p><b>Admin:</b> Peter Rutherford  District: 1D  Physical Address:  1201 S Miller St  Wenatchee , WA 98801</p> <p>Mailing Address:  Po Box 1887  Wenatchee , WA 98807  Phone: (509) 662-1511  Fax: (509) 665-6213</p>	<p>Total Licensed Beds: 22  Medicare/Medicaid Beds: 22</p>
<p><b>COLONIAL VISTA CARE CENTERS, LLC</b>  Vendor#: 4113056  License#: 1305  SSPS#: 113506  Type: Limited Liability Company</p>	<p><b>Admin:</b> Jean Lehman  District: 1D  Physical Address:  625 Okanogan Avenue  Wenatchee , WA 98801</p> <p>Mailing Address:  625 Okanogan Avenue  Wenatchee , WA 98801  Phone: (509) 663-1171  Fax: (509) 664-6864</p>	<p>Total Licensed Beds: 100  Medicaid Beds: 0  Medicare/Medicaid Beds: 100</p>
<p><b>REGENCY MANOR</b>  Vendor#: 4114278  License#: 1427  SSPS#: 596571  Type: Limited Liability Company</p>	<p><b>Admin:</b> Lexy Lieurance-brott  District: 1D  Physical Address:  726 North Markeson  Chelan , WA 98816</p> <p>Mailing Address:  Po Box 609  Chelan , WA 98816  Phone: (509) 682-2551  Fax: (509) 682-4455</p>	<p>Total Licensed Beds: 55  Medicare/Medicaid Beds: 55</p>

**Local Media (newspaper, TV, radio, etc.)**

Organization Name	Contact Name	Contact Phone	Email
<b>Newspaper:</b>			
<b>Chelan County</b>			
Cashmere Valley Record		509-782-3781	
El Mundo –Wenatchee		509-663-5737	
Lake Chelan Mirror-Chelan		509-682-2213	
Leavenworth Echo		509-548-5286	
Wenatchee Business Journal		509-663-6730	
Wenatchee World-Wenatchee		509-663-5161 664-7143	
<b>Douglas County</b>			
Empire Press		509-886-8668	
Quad City Herald		509-689-2507	

Organization Name	Contact Name	Contact Phone	Email
<b>Radio:</b>			
<b>Chelan County</b>			
Country 104.9 KKRV		509-663-5186	
ESPN Radio 900		509-663-5186	
Fisher Radio Regional Group: KAAP 99.5 Apple FM KW3 103.9 FM KW3 96.7-Quincy KWWX La Super Z KYSN 97.7 KZPH 106.7		509-665-6565	
KKRV Radio Broadcasting Station		509-663-5186	
KOHO Radio 101.1 FM		509-548-1011	
KOZI-Radio Lake Chelan		509-682-4033	
KPLW-Positive Life Radio 89.9 FM		509-665-6641	
KPQ AM & Quake 102.1 FM		509-663-5121	
KXA		509-663-5186	
KWLN “La Nueva”		509-662-9900	

## Community Resource List: CHELAN COUNTY

CATEGORY	NAME	ADDRESS	PHONE (509)
AIR CHARTER			
	Ferguson	1907A N. Wenatchee Ave., Wenatchee	662-1915
	Island Charters NW	4445 Brisky Canyon Rd., Cashmere	782-4801
AIRPORTS			
	Lake Chelan Airport	Chelan	682-4037
ANIMAL CARE			
	Animal Hospital of Wenatchee	10 N. Chelan Ave., Wenatchee	663-8845
	Appleatchee Riders, Inc.	1130 Circle St., Wenatchee	663-3175
	Appleland Pet Clinic PS	600 N. Mission St., Wenatchee	663-8508
	Cascade Veterinary Clinic, Inc.	1201 Walla Walla Ave., Wenatchee	663-0793
	Cashmere Veterinary Clinic	227 Cottage Ave., Cashmere	782-3572
	Countryside Large Animal Clinic	405A Ohme Garden Rd., Wenatchee	662-3478
	Countryside Veterinary Clinic (Small animals)	405B Ohme Garden Rd., Wenatchee	663-6542
	English Habit	2000 Squilchuck Rd., Wenatchee	667-1192
	Horse Power Enterprises	7750 S. Lakeshore Rd., Unit 4, Chelan	687-9445
	Iron Horse Services	5940 Locust Ln., Cashmere	782-5833
	River Ridge Stable	705 Circle St., Wenatchee	662-0163
	Walk the Llama	718 1st St., Wenatchee	663-4335
	Wenatchee Valley Humane Society	1474 S. Wenatchee Ave., Wenatchee	662-9577
	Winfield Farms, Inc.	264 Roses Ave., Manson	687-3674
BUILDING MATERIALS			
	Apple Valley Lumber Co.	1869 S. Wenatchee Ave., Wenatchee	888-1554
	Lake Chelan Building Supply	155 Chelan Falls Hwy., Chelan	682-4017
	Lowe's	1200 Walla Walla Ave., Wenatchee	663-4530
	Lumbermen's	3628 US 97A, Wenatchee	662-4407
	Marson and Marson, Inc.	105 S. Bradley St., Chelan	682-1617
	Marson's Contractor Supply	2001 N. Wenatchee Ave., Suite F, Wenatchee	663-5154
	Noble Truss & Lumber Inc.	355 Malaga Alcoa Hwy., Wenatchee	662-1877
	Sunshine Lumber	725 S. Columbia St., Wenatchee	664-0600

## Community Resource List: CHELAN COUNTY

BUSES			
	A & A Motorcoach, Inc.	1220 Maple St., Wenatchee	665-0252
	Cashmere School Dist. Transportation	210 S. Division, Cashmere	782-2812
	Chelan School District	PO Box 369, Chelan	784-2142
	Entiat School Dist. Transportation	2650 Entiat Way, Entiat	784-0402
	KCB Charters	Wenatchee	782-2146
	Cascade School Dist. Transportation	10150 Titus Rd., Leavenworth	548-6039
	Link Transit	300 S. Columbia St. Suite C, Wenatchee	662-1155 / 664- 7287
	Link Transit	Facilities Maintenance Brad Daniel	668-1568
	Link Transit	Operations Supervisor Dan Russell	387-6423
	Link Transit	Operations Supv./Security Mike Coe	387-6421
	Link Transit	General Manager Richard DeRock	885-8510
	Link Transit	Operations Manager Lyle Bland	387-6257
	Link Transit	Maintenance Manager Todd Daniel	421-0064
	Link Transit	Administrative Services Mgr. Lynn Bourton	387-0196
	Link Transit	Finance Manager, Nick Covey	387-0086
	Link Transit	Maintenance Supv./CERT Jim Tippens	421-6444
	Link Transit	Maintenance Supervisor Ed Archer	387-6712
	Northwestern Trailways	300 S. Columbia St., Wenatchee	662-2183
	Wenatchee School District	235 Sunset, Wenatchee	662-6168
COMPUTER SERVICES			
	Apple Valley PC, LLC	503 N. Emerson Ave., Wenatchee	293-6009
	Axeon Technologies, Inc.	107 S. Mission St., Wenatchee	662-9366
	Computer Park	518 N. Wenatchee Ave., Wenatchee	667-9337
	Staples	200 Ferry Rd., Wenatchee	663-4200
DEMOLITION			
	Allen Construction, Inc.	Chelan	687-9587
	Hurst Construction, LLC	Wenatchee	664-0173

## Community Resource List: CHELAN COUNTY

DEMOLITION	J & K Earthworks, Inc.	3703 Clemons St., East Wenatchee	886-5906
DIVERS			
	Irrigation Technology and Control Inc.	4956 Contractors Drive. E. Wenatchee	886-4100
EQUIPMENT RENTAL			
	Farwest Metal Works, Inc.	1301 s. Columbia St., Wenatchee	662-3546
	Frank Parker Manufacturing Co., Inc.	2127 Duncan Rd. N., Wenatchee	663-5923
	NCW Rentals & Sales, Inc.	1115 Walla Walla Ave., Suite B, Wenatchee	663-0064
	Norco	1842 N. Wenatchee Ave., Wenatchee	663-2137
EXCAVATORS			
	Acabados Del Bosque Negro	790 Black Forest Rd., Wenatchee	630-0660
	Allemandi Construction	PO Box 4001, Wenatchee	662-3529
	Allen Construction	150 Wapato Pl., Chelan	687-9587 / 679-9797
	Alpine Rock Supplies	2713 Euclid Ave., Wenatchee	662-7025
	Bergren Construction		662-7419 / 548-1251
	Bill Town Excavation	5262 Airport Rd., Cashmere	669-2506 / 782-2046
	Bremmer Construction	2493 S. Methow St., Wenatchee	664-1000
	Chipman Construction	5650 Vale Rd., Cashmere	782-4562
	Chris Linder Excavation	PO Box 2063, Chelan	687-3326
	Columbia River Excavation	Wenatchee	884-7189
	Columbia Valley Excavation	5595 Dinkelman Canyon Rd., Entiat	784-1132
	D Baker Construction	5970 Sunburst Lane, Cashmere	782-2121
	Dan's Backhoe Service	655 Swanson Gulch Rd., Manson	687-9259
	Earth Products and Excavation	11492 US 2, Leavenworth	548-9594
	Frank Stickle	PO Box 850, Leavenworth	763-3216
	Hurst Construction, LLC	Wenatchee	679-1956
	John Anderson Excavation	PO Box 323, Leavenworth	548-5616
	Mike Wood Excavation	1326 S. Columbia St., Wenatchee	663-4777
	Mogle Excavation, LLC		679-9058
	Moore Excavation and Trucking	6303 Navarre Coulee Rd., Chelan	784-1070

## Community Resource List: CHELAN COUNTY

EXCAVATORS	Natapoc Resources	19622 Beaver Valley Rd., Leavenworth	763-2707
	Plumbco	229 Peters St. E., Wenatchee	662-0180
	Rayfield Brothers Excavating	9810 Big Y Jct. Rd., Leavenworth	548-5135
	R L Stewart Excavating	860 Mission Creek Rd., Cashmere	782-1916
	Selland Construction	1285 S. Wenatchee Ave., Wenatchee	662-7119
	Tom Waters Construction	985 Guffy Rd., Chelan	687-9222
FAIRGROUNDS			
	Chelan County Fairgrounds	5700 Wescott Dr., Cashmere	782-3232
FOOD SERVICE			
	A & P Food Services	2581 Sumac Lane, Leavenworth	763-3246
	Apple Cup Café	804 E. Woodin Ave., Chelan	682-2933
	Baren Haus Restaurant	208 9th St., Leavenworth	548-4535 662-3226
	Big Y Café	7546 Saunders Rd., Leavenworth	548-5012
	Buckboard Café	10285 Ski Hill Dr., Leavenworth	548-1120
	Campbell's Resort	PO Box 278, Chelan	682-4250
	Chelan Red Apple Market	310 Manson Hwy., Chelan	682-4521
	Cooper Store	8855 Entiat River Rd., Ardenvoir	784-2267
	Dan's Food Market	1329 US 2, Leavenworth	548-5611
	Denny's Restaurant	1337 N. Wenatchee Ave., Wenatchee	662-7169
	Entiat Valley Pastry & Café	PO Box 134, Entiat	784-4118
	J.R.'s Bar and Grill	PO Box 3075, Chelan	682-1031 670-3950
	Kristall's Restaurant	280 Hwy. #2 , Leavenworth	548-5267
	Lake Chelan Winery - BBQ	3519 SR 150, Chelan	687-9463
	LJB Sunflower Ent. DBA Old Mill Café	242 Whitman St., Leavenworth	630-1575
	Safeway	106 W. Manson Rd., Chelan	682-2615
	Safeway	116 Riverbend Rd., Leavenworth	548-5736
	Squirrel Tree Resort	PO box 2079, Leavenworth	763-3930
	Tumwater Restaurant	PO Box 780, Leavenworth	548-4232 664-6624
FUEL SUPPLIERS PROPANE & OIL			
	AmeriGas Propane	4261 US 97A, Wenatchee	663-4101

## Community Resource List: CHELAN COUNTY

FUEL SUPPLIERS PROPANE & OIL	Bomersine Oil Co., Inc.	700 S. Worthen St., Wenatchee	663-8394
	Cascade Natural Gas	205 7th St., Wenatchee	662-6101
	Farm Mart #11466	1115 N. Wenatchee Ave., Wenatchee	662-8188
FUNERAL HOMES			
	Eastern WA Burial Vaults	403 E. Peters St., Wenatchee	662-1009
	Jones & Jones / Betts	302 9th St., Wenatchee	293-7340
FUNERAL HOMES	Precht Rose Chapel	332 E. Woodin Ave., Chelan	682-2524
	Ward's Funeral Chapel	303 Pine St., Leavenworth	548-7011
GENERATORS			
	Cummins Power Generation/Onan		866-288-1541
HAZMAT CLEANUP			
	3 Kings Environmental, Inc.	1311 SE Grace Ave., Suite 101, Battle Ground	360-666-5464
	A Bio-Clean	Everett	888-412-6300
	A C T	4117 E. Nebraska Ave., Spokane	466-5255
	Abatechs, Inc.	1986 Scarecrow Dr., Camano Island	360-387-5666
	Advance Environmental	3620 49th Ave. SW, Olympia	360-357-5666
	CCS (Cowlitz Clean Sweep)	516 E. D St., Tacoma	253-383-3446
	Lemay Enterprises, Inc.	4201 Olympic Hwy., Aberdeen	360-533-1251
	ServPro	265 SW 41st St., Renton	253-867-0485
HELICOPTERS			
	Central WA Helicopter	PO Box 2308, Wenatchee	665-0257
HOSPITALS / HEALTHCARE			
	Cascade Medical Center	Leavenworth	548-5815
	Confluence Health: Central Washington Hospital & Clinics	1201 S. Miller Wenatchee	662-1511
	Lake Chelan Community Hospital	503 E. Highland Avenue Chelan	509-682-3300
	Lake Chelan Clinic	219 E. Johnson Avenue Chelan	509-682-2511
	Confluence Health: Wenatchee Valley Hospital & Clinics	820 N. Chelan Ave., Wenatchee	665-5850
LOGGING			
	Altel's Tree Service, Inc.	4660 Brisky Canyon Rd., Cashmere	782-5808
	Eiger Skyline Inc.	9263 E. Leavenworth Rd., Leavenworth	548-6808

## Community Resource List: CHELAN COUNTY

LOGGING	Mountain Skyliners, Inc.	11756 US 2, Suite 2, Leavenworth	548-3121
	Smith Timber	982 Havillah Rd., Wenatchee	486-4650
MEDIA			
	Cashmere Valley Record	201 Cottage Ave., Cashmere	782-3781
	Central Washington Radio	231 N. Wenatchee Ave., Wenatchee	665-6565
	Columbia River Media Group	32 N. Mission, Wenatchee	663-5186
	Icicle Broadcasting	7475 Koho Pl., Leavenworth	548-1011
MEDIA	Icicle Broadcasting Sales Office	151 S. Worthen St., Suite 104, Wenatchee	667-2400
	KIAM Radio	315 S. Mission St., Wenatchee	663-8761
	KOZI	123 E. Johnson Ave., Chelan	682-4033
	KPLW FM	606 N. Western Ave., Wenatchee	665-6641
	KPQ - AM/FM	231 N. Wenatchee Ave., Wenatchee	663-5121
	KWWW (KW3) FM	231 N. Wenatchee Ave., Wenatchee	665-6565
	KWWX AM	231 N. Wenatchee Ave., Wenatchee	664-6424
	KYSN	231 N. Wenatchee Ave., Wenatchee	665-6565
	Northwest Public Radio	PO Box 1229, Wenatchee	662-4589
	Wenatchee Business Journal	304 S. Mission, Wenatchee	663-6730
	Wenatchee Valley Community	205 First St., Wenatchee	663-0254
	World Publishing Co. (Wenatchee World)	14 N. Mission St., Wenatchee	663-5161 664-7143
MEETING VENUES			
	Best Western	2312 W. Woodin Ave., Chelan	682-4396
	Comfort Inn	815 N. Wenatchee Ave., Wenatchee / www.comfortinn.com	662-1700
	Confluence Technology Center	285 Technology Center Way, Suite 102, Wenatchee	661-3118
	Wenatchee Convention Center	121 N. Wenatchee Ave., Wenatchee	662-4411
OFFICE SUPPLIES			
	Copiers Plus	822 S. Wenatchee, Wenatchee	663-3326
	Office Depot	915 N. Wenatchee Ave., Wenatchee	663-4733
	Staples	200 Ferry Rd., Wenatchee	663-4200

## Community Resource List: CHELAN COUNTY

POTABLE WATER			
	Cascade Quality Water	2619 Euclid Ave., Wenatchee	662-8865
	Cascade Water Tankers	PO Box 372, Malaga	884-0576 421-0460
	Central Washington Water Inc.	514 S. Wenatchee Ave., Wenatchee	663-1177
RACE TRACKS			
SAND & GRAVEL			
	Apple Valley Sand and Gravel	7514 US 97A, Wenatchee	667-7000
	Central Washington Asphalt	7514 US 97A, Wenatchee	662-6063
	Central Washington Concrete	1351 S. Wenatchee Ave., Wenatchee	662-6375
	Long Yard Landscaping Materials	2713 Euclid Ave., Wenatchee	667-8464
	Wenatchee Sand and Gravel	1351 S. Wenatchee Ave., Wenatchee	663-5141
SANDBAGS			
	Jacobs Trading Co.		763-843-2000 612-719-3698
	Sandbags to Go	Kent	206-240-9766 425-397-7464
	The Bag Lady	11124 Valley Ave. E, Puyallup	253-770-8606 888-770-2247
	Washington Sandbags	19412 84th Ave. S., Kent	253-863-9870
SANITARY TOILETS			
	Jim's Pumping Service	90 Howard Flat Rd., Chelan	682-1100
SECURITY SERVICE			
	CWI Security, Inc.	122 S. Wenatchee Ave., Suite A, Wenatchee	665-6572
	Merchant Patrol Security	Wenatchee	662-7609
SIGNS			
	National Barricade	401 S. 3rd Ave., Yakima	452-7156 453-4461
SOCIAL SERVICES			
	Catholic Family and Child Service	640 S. Mission St., Wenatchee	662-6761
	Centro Latino Northwest Family Service Institute	200 Palouse St., Wenatchee	667-1926
	Chelan Valley Hope	206 N. Emerson Ave., Wenatchee	888-2114
	Community Action Council	620 Lewis St., Wenatchee	662-6156
	Good Grief Center	1610 Fifth St., Wenatchee	662-6069

## Community Resource List: CHELAN COUNTY

SOCIAL SERVICES	Haven of Hope	202 S. Franklin Ave., Wenatchee	664-6866
	Mobile Meals	1201 N. Miller St., Wenatchee	665-6254
	North Central Washington Food Distribution Center	800 S. Columbia St., Wenatchee	665-0320
	North Central Washington Rural Health Foundation	1610 Fifth St., Wenatchee	662-6069
	Apple Valley Red Cross	12 Orondo Ave., Wenatchee	663-3907
	Wellness Place	PO Box 1802, Wenatchee	662-6069
	Women's Resource Center	20 Adams Ave., Wenatchee	662-0121
	YMCA	217 Orondo Ave., Wenatchee	662-2109
SWEEPING SERVICES			
	Worley Enterprises LLC	PO Box 3708 Wenatchee	670-4782
TARPS			
	Columbia River Awnings	2304 Fifth St., Wenatchee	665-0232
	Lowe's	1200 Walla Walla Ave., Wenatchee	663-4530
	NCW Rentals & Sales, Inc.	1115 Walla Walla Ave., Suite B, Wenatchee	663-0064
	RSC Equipment Rental	421 S. Wenatchee Ave., Wenatchee	663-6888
	Stan's Merry Mart	733 S. Wenatchee Ave., Wenatchee	662-5858
TRANSPORTERS	Chavez Transport	1914 Mulberry Lane, Wenatchee	663-2206
	Triple D Transport Inc.	1512 Apollo Place, Wenatchee	662-1265
TREE REMOVAL			
	Central Washington Tree Service	Wenatchee	663-8733
	Dale's Brush and Tree	Wenatchee	670-8766
	Guy's Tree Care	Wenatchee	421-9542
	Ray's Valley Tree and Shrubbery	1726 Springwater St., Wenatchee	663-6644
	Tim's Tree Service	Wenatchee	662-4595
VEHICLE RENTAL			
	Budget Truck Rental	100 S. Chelan Ave., Wenatchee	662-4531
	Cascade Auto Center	150 Easy St., Wenatchee	667-8518
	Enterprise Rent-A-Car	1153 S. Wenatchee Ave., Wenatchee	886-3224
	Freedom RV Rentals	3820 US 97A, Wenatchee	665-6490

## Community Resource List: DOUGLAS COUNTY

CATEGORY	NAME	ADDRESS	PHONE (509)
AIR CHARTER			
	Executive Flight Inc.	1 Campbell Parkway, East Wenatchee	884-1545
	Wings of Wenatchee, Inc.	3764 Airport Way, East Wenatchee	886-0233
AIRPORTS			
	Pangborn Airport	E. Wenatchee	884-2494 x6
ANIMAL CARE			
	Deb's Horse and Carriage	2050 10th St. NE, East Wenatchee	884-7595
	H Bar L Inc.	220 Rock Island Dr., Rock Island	884-6658
	Parkwood Kennels	11 N. Douglas Rd., Waterville	745-8139
	Sunset Veterinary Clinic	1500 Sunset Hwy. N., East Wenatchee	884-3063
BUILDING MATERIALS			
	Ace Hardware East Wenatchee	220 Grant Rd., East Wenatchee	884-6647
	Central Washington Concrete	5515 Enterprise Dr., East Wenatchee	886-7625
	Western Materials, Inc.	5560 Nelpar Dr., East Wenatchee	886-5182
BUSES			
	A & A Motorcoach, Inc.	East Wenatchee	884-9698
	Bridgeport School District	1400 Tacoma Ave., Bridgeport	686-5656
	Crewzers Fire Crew Transport, Inc.		686-5656
	Eastmont School District	460 9th NE, East Wenatchee	884-7169
	Gateway Bus Co.,	440 Rock Island Rd., East Wenatchee (physical) / PO Box 4858, Wenatchee	886-9191 667-1010
	Orondo School District	Orondo	754-2443
	Waterville School Dist. Transportation	200 E. Birch, Waterville	745-8116
COMPUTER SERVICES			
	Cascade Computer Maintenance	100 Valley Mall Parkway, Suite 1, East Wenatchee	886-2552
	CNS Solutions	1380 Eastmont Ave., Unit 1403, East Wenatchee	884-8994
	Compu-Tech Inc.	636 Valley Mall Parkway, Suite 212, East Wenatchee	884-1542
	Computerland	341 Grant Rd., East Wenatchee	884-0611

## Community Resource List: DOUGLAS COUNTY

DEMOLITION	M & S Excavation, LLC.	1073 Corum Circle, East Wenatchee	264-5505
DIVERS			
EQUIPMENT RENTAL			
	(The) Metal Smiths, Inc.	450 Rock Island Rd., East Wenatchee	884-4851
	RC Welding Services and Ornamental	2301 NW Cascade Ave., East Wenatchee	884-2301
EXCAVATORS			
	Cemas Construction	2463 N. Ashland Ave., East Wenatchee	860-3333
	J & K Earthworks	3703 Clemons St., East Wenatchee	886-5906
	M & S Excavation, LLC	1073 Corum Circle, East Wenatchee	264-5505
	Pat Sue Knowles	PO Box 76, Orondo	784-2952
	Pipkin Construction	4801 Contractors Dr., East Wenatchee	884-2400
	Rich Adams	214 Cascade View Ct., East Wenatchee	884-1776
FAIRGROUNDS			
	North Central Washington District Fair	601 N. Monroe, Waterville	745-8480
FOOD SERVICE			
	Safeway	510 Grant Rd., East Wenatchee	884-0707
FUEL SUPPLIERS PROPANE & OIL			
	Ag Supply	220 Grant Rd, E. Wenatchee	884-6647
FUNERAL HOMES			
	Strate	203 NW Main, Almira	647-5441
	Telford's	711 Grant Rd., East Wenatchee	884-3561
	Waterville	303 W. Locust, Waterville	745-8774
GENERATORS			
HAZMAT CLEANUP			
	3 Kings Environmental, Inc.	1311 SE Grace Ave., Suite 101, Battle Ground	360-666-5464
	A Bio Clean	Everett	888-412-6300
	A C T	4117 E. Nebraska Ave., Spokane	466-5255
	Abatechs, Inc.	1986 Scarecrow Dr., Camano Island	360-387-5666

## Community Resource List: DOUGLAS COUNTY

HAZMAT CLEANUP	Advance Environmental	3620 49th Ave. SW, Olympia	360-357-5666
	CCS (Cowlitz Clean Sweep)	516 E. D St., Tacoma	253-383-3446
	Lemay Enterprises, Inc.	4201 Olympic Hwy., Aberdeen	360-533-1251
	ServPro	265 SW 41st St., Renton	253-867-0485
HELICOPTERS			
	Executive Flight, Inc.	1 Campbell Pkwy., East Wenatchee / www.executiveflightinc.com	884-1545
	Wings of Wenatchee, Inc.	3764 Airport Way, East Wenatchee / www.discoverwenatchee.com	886-0233
HOSPITALS / HEALTHCARE			
LOGGING			
MEDIA			
MEETING VENUES			
OFFICE SUPPLIES			
POTABLE WATER			
	Coca Cola Bottling Co.,	3400 5th St. SE, East Wenatchee	886-1136
RACE TRACKS			
	Wenatchee Valley Super Oval	2850 Gun Club Rd., East Wenatchee	884-8592
SAND & GRAVEL			
	Blewett Rock and Gravel	4801 Contractors Dr., East Wenatchee	884-2400
	Central Washington Concrete	5515 Enterprise Dr., East Wenatchee	886-7625
	H D Fowler Company	5544 Nelpar Dr., East Wenatchee	886-8804
	Premium Rock	4801 Contractors Dr., East Wenatchee	886-8632
	Rockscape Products	2125 1st St. NE, East Wenatchee	884-2848
SANDBAGS			
	Jacobs Trading Co.		763-843-2000 612-719-3698
	Sandbags to Go	Kent	206-240-9766 425-397-7464

## Community Resource List: DOUGLAS COUNTY

SANDBAGS	The Bag Lady	11124 Valley Ave. E, Puyallup	253-770-8606 888-770-2247
	Washington Sandbags	19412 84th Ave. S., Kent	253-863-9870
SANITARY TOILETS			
	Apple Valley Services, Inc.	PO Box 7159, Wenatchee	800-359-1417
	Blue Water Sanitation	405 W. Jay Ave., Bridgeport	689-0373 733-1573
SECURITY SERVICE			
	Moon Security	636 Valley Mall Parkway, Suite 2, East Wenatchee	886-7895
SIGNS			
	National Barricade	401 S. 3rd Ave., Yakima	452-7156 453-4461
SOCIAL SERVICES			
	Chelan Douglas Health District	200 Valley Mall Pkwy., E. Wenatchee	886-6400
	Home Care of Washington	801 Eastmont Ave Suite D, E. Wenatchee	886-0473
SWEEPING SERVICES			
	Jack's Sweeping/Snowplowing	1432 Center St., Rock Island	884-0262
	North Country Sweeping	5593 Nature Shore Dr., Rock Island	886-3366
	Riverview Landscaping	2091 8th St. E. Wenatchee	884-1319
TARPS			
	Ag Supply Company	220 Grant Rd., East Wenatchee	884-6647
	Big R Stores	260 Highline Dr., East Wenatchee	886-1560
	(put under tarps) Dynamic Tent Rentals		886-5501
	NC Machinery	5535 Baker Flats Rd., East Wenatchee	886-5561
TRANSPORTERS			
	WB Livestock Transport	PO Box 941, Waterville	670-9221
TREE REMOVAL			
	Appleland Spray and Tree Service	832 Valley Mall Parkway, East Wenatchee	884-9999
	Arbor Worx	East Wenatchee	679-0558
	Joshua Tree	620 S. Lawler Ave., East Wenatchee	206-250-6655
VEHICLE RENTAL			
	Budget Rent-a-Car	200 Airport Way, Pangborn Airport, East Wenatchee	663-2626

**Community Resource List: DOUGLAS COUNTY**

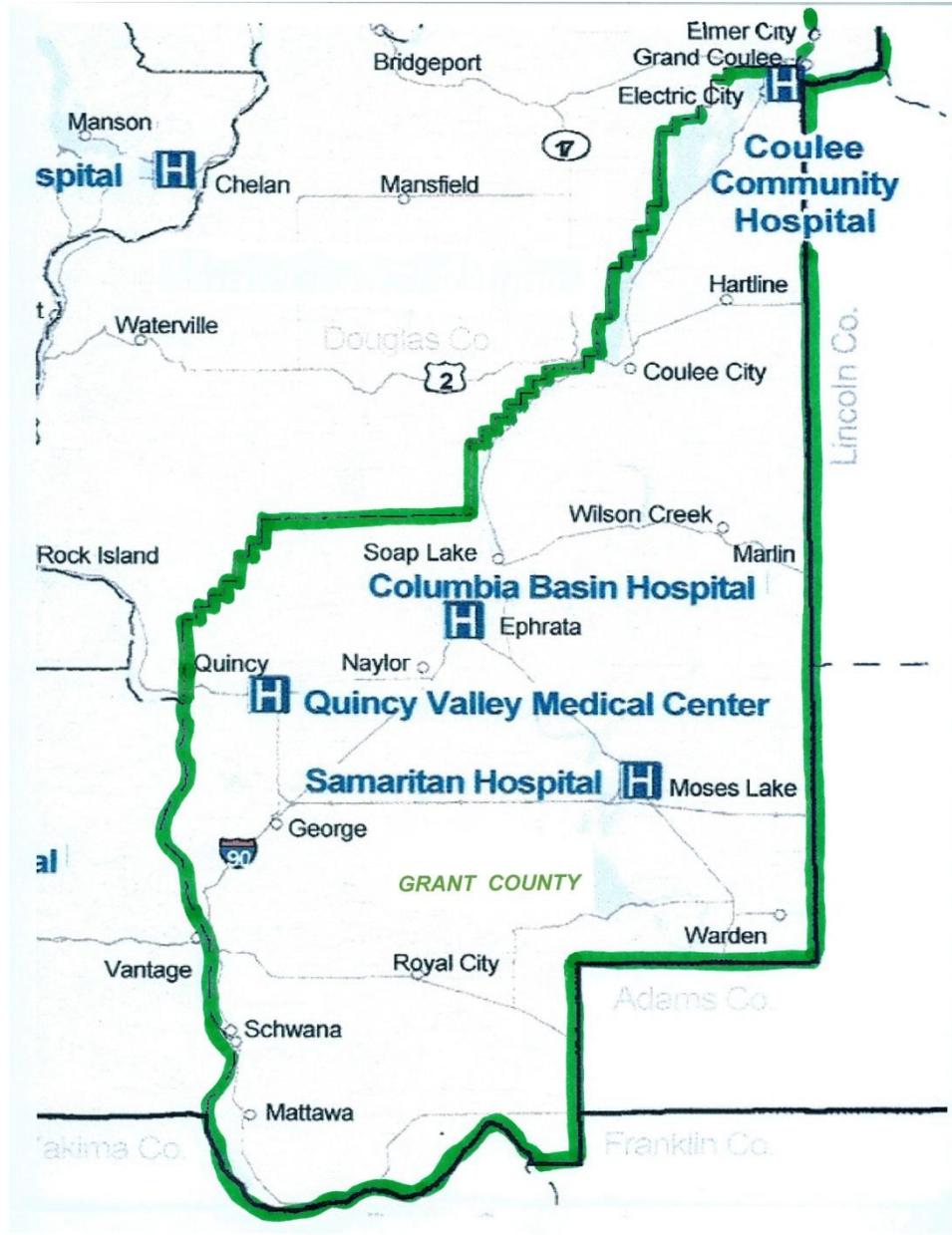
VEHICLE RENTAL			
	Budget Truck Rental	300 Rock Island Rd., East Wenatchee	884-0718
	Cat Rental Store	5535 Baker Flats Rd., East Wenatchee	886-3271
	Hertz Car Rental	1 Pangborn Rd., East Wenatchee	884-6900
	U-Haul Co.	423 Rock Island Rd., East Wenatchee	884-7822
	U-Save Auto Rental	95 Grant Rd., East Wenatchee	888-7368
	Valley Tractor	4857 Contractors Dr., East Wenatchee	886-1566

## **Appendix B – Contact Information by County**

### **Grant County**

- County/ Hospitals Map
- Public Health District w/SAT phone
- County Hospitals w/SAT phone
- County Community Health Centers w/SAT phone
- EMS/Fire Response
- Air Ambulance
- At-Risk Populations
- Local Media
- Community Resource List

# PHEPR REGION 7: GRANT COUNTY MAP



## Grant County Public Health

Facility Name:	Address:	Contact:
<b>Grant County Health District</b> <b>Main Phone: 509-766-7960</b>	1038 West Ivy Moses Lake, WA 98837	<b>Jon Ness, LERC</b> 509-766-7960, ext. 32 509-760-0112 CELL <a href="mailto:jness@granthealth.org">jness@granthealth.org</a>
Contact	Phone	Extension
After Hours Phone	509-398-2083	
Infection Control	509-766-7960	13
Emergency Preparedness	509-766-7960	32
Laboratory		
Administrator	509-766-7960	28
Administrator *cell	509-237-0444 CELL	
SAT PHONE Mobile	254-204-0620	Inactive
SAT PHONE Fixed	254-377-7250	Inactive

## Grant County Hospitals

Facility Name:	Address:	Contact:
<b>Columbia Basin Hospital</b> <b>Main Phone: 509-754-4631</b>	200 Nat Washington Way Ephrata, WA 98823	<b>Ask for Charge Nurse</b> 509-754-4631
Contact	Phone	Ext.
Education	509-754-4631	1260
Emergency Dept	509-754-4631	1150
Emergency Preparedness	509-754-4631	1411
Employee Health	509-754-4631	1250
Infection Control	509-754-4631	1250
Laboratory	509-754-4631	1405
Pharmacy	509-754-4631	None
Plant Management	509-754-4631	1511
Senior Management	509-754-4631	1221
SAT PHONE	254-387-7599	

Facility Name:	Address:	Contact:
<b>Coulee Medical Center</b> <b>Main Phone: 509-633-1753</b>	411 Fortyun Road Grand Coulee, WA 99133	<b>Brian McCleary</b> 509-633-6340
Contact	Phone	Extension
Education	509-633-1753	7100
Emergency Dept	509-633-1753	7300
Emergency Preparedness	509-633-1753	7100
Employee Health	509-633-1753	7290
Infection Control	509-633-1753	7290
Laboratory	509-633-1753	6100
Pharmacy	509-633-1753	7601
Plant Management	509-633-1753	6515
Senior Management	509-633-1753	8701
SAT PHONE	254-387-5783	Inactive

## Grant County Hospitals

Facility Name:	Address:	Contact:
<b>Samaritan Healthcare</b>	801 E. Wheeler Road Moses Lake, WA 98837	<b>Beck Demers</b> 509-793-9616 or 509-765-5606 ask for Point of Entry (POE)
<b>Main Phone: 509-765-5606</b>	<b>COUNTY CONTROL HOSPITAL</b>	
Contact	Phone	Extension
Education	509-793-9690	
Emergency Dept	509-793-9730	
Emergency Preparedness	509-750-0687	
Employee Health	509-793-9618	
Infection Control	509-793-9673	
Laboratory	509-793-9670	
Pharmacy	509-793-9675	
Plant Management	509-793-9644	
Senior Management	509-793-9600	
SAT PHONE	254-387-5985	

Facility Name:	Address:	Contact:
<b>Quincy Valley Medical Center</b>	908 10th Avenue, S.W. Quincy, WA 98848	<b>Mike Pirkey</b> <b>Quality Improvement Director</b> <b>Emergency Preparedness Coordinator</b> 509-787-5348
<b>Main Phone: 509-787-5374</b>		
Contact	Phone	Extension
Education	509-787-3531	369
Emergency Dept	509-787-3041	
Emergency Preparedness	509-787-3531	349
Employee Health	509-787-7245	
Infection Control	509-787-3531	348
Laboratory	509-787-3531	207
Pharmacy	509-787-3531	370
Plant Management	509-787-3531	356
Senior Management	509-787-3531	346
SAT PHONE	254-387-5984	

## Grant County Community Health Centers

Facility Name:	Address:	Contact:
<b>Columbia Basin Health Association - Wahluke</b>	140 E. Main Street Othello, WA 99344	<b>Dulcye Field</b> 509-488-5256 509-855-2204 CELL
<b>Main Phone: 509-488-5256</b>		
Contact	Phone	Extension
Education		
Emergency Dept		
Emergency Preparedness		
Employee Health		
Infection Control		
Laboratory		
Pharmacy		
Plant Management		
Senior Management		
SAT PHONE Mobile	863-200-5325	Inactive

## Grant County Community Health Centers

Facility Name:	Address:	Contact:
<b>Moses Lake Community Health</b> <b>Main Phone: 509-765-0674</b>	605 Coolidge Drive Moses Lake, WA 98837	<b>Jim Craghead</b> 509-765-0674, ext. 3350 <b>Lynn Bales</b> 509-765-0674, ext. 5247
Contact	Phone	Extension
Education Julie Weisenburg	509-765-0674	2271
Emergency Dept	none	
Emergency Preparedness	509-765-0674	3350 5247
Employee Health	509-765-0674	3395
Infection Control	509-765-0674	3395
Laboratory	509-765-0674	2981
Pharmacy	509-765-0674	3252
Senior Management Sheila Chilson, CEO	509-765-0674	2411
Incident Command	509-765-0674	2561
SAT PHONE Mobile	254-381-8165	Inactive

## EMS/Fire Response:

Grant County:			
Grant County FD #3	Don Fortier	509-787-2713	<a href="mailto:dfortier@gcfd3.net">dfortier@gcfd3.net</a>
Grant County FD #4	Randy Wiggins	509-349-2471	<a href="mailto:gcfd401@moseslake-wa.com">gcfd401@moseslake-wa.com</a>
Grant County FD #5	Dan Smith	509-765-3175	<a href="mailto:d.smith@gcfd5.org">d.smith@gcfd5.org</a>
Grant County FD #6	Daryl Dormire	509-639-2564	<a href="mailto:daryl@ifiber.tv">daryl@ifiber.tv</a>
Grant County FD #7	Kirk Shepard	509-246-0321	<a href="mailto:fire7@accima.com">fire7@accima.com</a>
Grant County FD #8	Dave Patterson	509-438-7597 Cell-Text	<a href="mailto:davep@gcfd8.net">davep@gcfd8.net</a>
Grant County FD #10	Eric Linn	509-346-2658	<a href="mailto:chief@grantfire10.com">chief@grantfire10.com</a>
Grant County FD #11	Eric Linn	509-346-9234	<a href="mailto:chief@grantfire10.com">chief@grantfire10.com</a>
Grant County FD #12	Scott Mortimer	509-345-2375	<a href="mailto:smortimer@wilsoncreek.org">smortimer@wilsoncreek.org</a>
Coulee City Fire Dept.	Don Rushton	509-632-5331	<a href="mailto:couleecityfire@hotmail.com">couleecityfire@hotmail.com</a>
Ephrata Fire Dept.	Jeremy Burns	509-754-4666	<a href="mailto:jburns@ephrata.org">jburns@ephrata.org</a>
Grand Coulee Volunteer FD/Ambulance	Rick Paris	509-633-1105 8-5pm 509-663-1150 8-5pm 509-633-2536 non- manned station	<a href="mailto:gcfire@couleemail.com">gcfire@couleemail.com</a> <a href="mailto:rparis@usbr.gov">rparis@usbr.gov</a> (Mon. – Thurs. during business hours)
Moses Lake City FD	Brett Bastian	509-765-2204	<a href="mailto:bbastian@cityofml.com">bbastian@cityofml.com</a>
Port of Moses Lake		509-765-5304	
Protection 1, LLC	Brian Williamson	509-289-9876 MSO	<a href="mailto:b.williamson@protection1llc-ems.com">b.williamson@protection1llc-ems.com</a>
Rural Metro Fire Dept.	John Hoyt	509-762-5304	<a href="mailto:john.hoyt@metro.com">john.hoyt@metro.com</a>
American Medical Response – Moses Lake	Patrick Ramsey	509 989-5201	<a href="mailto:Patrick.ramsey@amr.net">Patrick.ramsey@amr.net</a>

## Air Ambulance:

Grant County:			
Airlift Northwest	Communications Center	1-800-426-2430 206-329-2569	
Life Flight	Communications Center..... <b>**For Air or Ground resources based in Moses Lake and Brewster:.....</b>	800-232-0911 208-367-3114  800-422-2440 509-532-7990	

## At-Risk Populations Matrix:

Contacts for:	Grant
<b>Behavioral Health</b>	Grant County Mental Health 840 E. Plum St. Moses Lake, WA 98837 <b>509-765-9239</b> <b>Crisis Line:</b> <b>1-877-467-4303</b>
<b>CPS for Children</b>	CPS: <b>800-562-5624</b> Catholic Family and Child Services <b>509-765-1875</b>
<b>Dialysis Patients</b>	Fresenius Dialysis Center 1545 S. Pilgrim St. Moses Lake, WA 98837 <b>509-765-9123</b>
<b>Homeless</b>	New Hope Domestic Violence Services <b>509-764-8402</b>  Housing Authority of Grant County <b>509-762-5541</b>
<b>Language Barriers</b>	Samaritan Hospital Language Line: <b>1- 800- 514- 9237</b> and Red Cross
<b>Mobility Impaired</b>	Grant Transit Authority <b>509-765-0898</b> People for People <b>509-765-9249</b> <b>800-851-4204</b>
<b>PUD Additional Resources</b>	Grant County PUD <b>509-766-2505</b>
<b>Red Cross</b>	American Red Cross Apple Valley/ North Cascade Wenatchee *Serves Grant County  <b>509-663-3907</b>  12 Orondo Ave. Wenatchee, WA
<b>Sight Impaired</b>	WA State Blind Services <b>800-552-7103</b>

Long Term Care Providers: <https://www.dshs.wa.gov/altsa/long-term-care-professionals-providers>

Link to Nursing Home Locator: <https://fortress.wa.gov/dshs/adsaapps/Lookup/NHAdvLookup.aspx>

## Nursing Facility List for Grant County as of 10/29/2015

Facility Info	Contact info	Beds
<p><b>COLUMBIA BASIN HOSPITAL</b>  Vendor#: 4204509  License#: 8845  SSPS#: 048959  Type: Group/assn</p>	<p><b>Admin:</b> Rosalinda Kibby  District: 1C  Physical Address:  200 Nat Washington Way  Ephrata , WA 98823</p> <p>Mailing Address:  200 Nat Washington Way  Ephrata , WA 98823  Phone: (509) 754-4631  Fax: (509) 754-6356</p>	<p>Total Licensed Beds: 12  Medicare Beds: 0  Medicaid Beds: 12  Medicare/Medicaid Beds: 0</p>
<p><b>COLUMBIA CREST CENTER</b>  Vendor#: 4115041  License#: 1504  SSPS#:  Type: Limited Liability Company</p>	<p><b>Admin:</b> Karl Hernandez  District: 1C  Physical Address:  1100 East Nelson Rd  Moses Lake , WA 98837</p> <p>Mailing Address:  1100 East Nelson Rd  Moses Lake , WA 98837  Phone: (509) 765-6788</p>	<p>Total Licensed Beds: 111  Medicare/Medicaid Beds: 111</p>
<p><b>LAKE RIDGE CENTER</b>  Vendor#: 4115061  License#: 1506  SSPS#:  Type: Limited Liability Company</p>	<p><b>Admin:</b> Angelique Spangler  District: 1C  Physical Address:  817 East Plum Street  Moses Lake , WA 98837</p> <p>Mailing Address:  817 East Plum Street  Moses Lake , WA 98837  Phone: (509) 765-7835</p>	<p>Total Licensed Beds: 74  Medicare/Medicaid Beds: 74</p>
<p><b>MCKAY HEALTHCARE &amp; REHAB CENTER</b>  Vendor#: 4186706  License#: 867  SSPS#: 053843  Type: Municipality</p>	<p><b>Admin:</b> Ralph Allen  District: 1C  Physical Address:  127 Second Avenue Sw  Soap Lake , WA 98851</p> <p>Mailing Address:  Box 819  Soap Lake , WA 98851  Phone: (509) 246-1111  Fax: (509) 246-0371</p>	<p>Total Licensed Beds: 42  Medicare Beds: 0  Medicaid Beds: 33  Medicare/Medicaid Beds: 9</p>

### Local Media (newspaper, TV, radio, etc.)

Organization Name	Contact Name	Contact Phone	Email
<b>Newspaper:</b>			
<b>Grant County</b>			
Columbia Basin Herald-Ephrata		509-754-2802	
Grant County Journal		509-754-4636	
News & Standard-Coulee City		509-632-5402	<a href="mailto:tns@accima.com">tns@accima.com</a>
Quincy Valley Post-Register		509-787-4511	
Republic News Miner		509-775-3558	
Star Publishing-Grand Coulee		509-633-1350	<a href="mailto:star@grandcoulee.com">star@grandcoulee.com</a>
Wenatchee World-Coulee Dam		509-633-0528	
Wilbur Register		509-647-5551	

Organization Name	Contact Name	Contact Phone	Email
<b>Radio:</b>			
<b>Grant County</b>			
KTBI/810 AM –Ephrata		509-754-2000	
KULE 730 AM/92.3 FM-Ephrata		509-754-4661	
Wheeler Broadcasting-Grand Coulee: KEYG 1400 AM/FM 98.5 KZLN 97.5 FM		509-633-2020	
Bustos-La Grand & La Z		509-754-4661	
KDRM-KBSM Moses Lake		509-765-3441	
KWIQ – Moses Lake		509-765-1761	
KWNC – Quincy		509-787-4461	

Organization Name	Contact Name	Contact Phone	Email
<b>Fiber:</b>			
<b>Grant County</b>			
I-Fiber Communications		509-754-2600	<a href="http://www.ifiber.tv">www.ifiber.tv</a>

## Community Resource List: GRANT COUNTY

CATEGORY	NAME	ADDRESS	PHONE
AIR CHARTER			(509)
	Columbia Pacific Aviation Inc.	Grant County Airport	762-1016
	Rainbow Flying Service	1109 R.4 NE, Moses Lake	765-1606
AIRPORTS			
	Grand Coulee Dam Airport	Electric City	633-9816
	Grant County International Airport	7810 Andrews St. S, Moses Lake	754-3508
	Port of Ephrata	1990 Division, Ephrata	754-3508
	Quincy Municipal Airport	Port of Quincy, 202 G Street SE	787-3715
ANIMAL CARE			
	Animal Crackers Clipper Kennel & Co.	3710 Broadway Extended NE, Moses Lake	765-9671
	Animal House	215 E. 3rd Ave., Moses Lake	765-5697
	Animal Medical Center	223 E. Broadway Ave., Moses Lake	765-2120
	Animal World Veterinary Clinic	1105 W. Broadway Ave., Moses Lake	765-8125
	Broadway Animal Hospital	3712 E. Broadway Ave., Moses Lake	765-3481
	Carolyn Quarter Horses	11482 Road 10 NE, Moses Lake	765-0583
	Elegant Pet	1105 W. Broadway Ave., Moses Lake	764-8630
	Ephrata Veterinary Clinic PS	2129 Basin St. SW, Ephrata	754-3128
	Grand Coulee Veterinary Clinic	319 A St., Grand Coulee	633-0711
	Ground Zero Shelters		877-880-1351
	Horse Flat Ranch, Inc.	340 Jay SE, Coulee City	632-5683
	JT Ranch	2167 Valley Rd. NE, Moses Lake	765-7808
	Kennel Under the Pines	12303 Rd. 4 NE, Moses Lake	766-0492
	Painted Two Ranch	19610 Road 6 SE, Warden	349-2067
	Quicksilver Kennels and Stables	8998 Road 18 NE, Moses Lake	765-1213
	Quincy Veterinary Clinic	616 F St. SW, Quincy	787-2611
	ResCare Home Care	404 Burdin Blvd., Grand Coulee	633-3428
	Sun Stables	11681 Road 11 NE, Moses Lake	765-5562
BUILDING MATERIALS			
	Ace Hardware	119 N. 5th St., Coulee City	632-5693
	Ace Hardware	944 W. 3rd Ave., Moses Lake	765-8120

### Community Resource List: GRANT COUNTY

BUILDING MATERIALS	AG Supply Ace Hardware	1140 Basin St. SW, Ephrata	754-4638
	AG Supply Ace Hardware	716 13th Ave. SW, Quincy	787-8025
	C R Lumber	22151 Alcan Rd. NE, Grand Coulee	633-1821
	Fastenal Company	318 E. Broadway Ave., Moses Lake	766-7440
	(The) Home Depot	980 N. Central Dr., Moses Lake	765-9128
	Lowe's	1400 Yonezawa Blvd., Moses Lake	764-2600
	Marty's True Value	1st and William, Mattawa	800-642-7392
	Penhalluricks True Value	1025 N. Stratford Rd., Suite C, Moses Lake	800-642-7392
	Quincy Hardware & Lumber	23 E Street SE, Quincy	509-787-0800
	Chinook Lumber	1656 Basin St., SW, Ephrata	509-754-5295
	Skaug Brothers Inc.	944 W. 3rd Ave., Moses Lake	509-765-8120
	Warden Lumber Yard Inc.	18357 SR 170 E, Warden	509-349-2353
	Ziggy's Building Materials	1520 E. Wheeler Rd., Moses Lake	509-765-7300
BUSES			
	A & A Motorcoach	2410 S. 26th Ave., Yakima	509-575-3676
	Ephrata School District	333 4th Ave. NW, Ephrata	509-754-5285
	Grant Transit Authority Bus System		509-765-0898
	Greyhound	1819 E. Kittleston Mopse, Moses Lake	509-766-4216
	Greyhound	102 B St., Quincy	509-787-2132
	Moses Lake School District	920 W. Ivy Ave., Moses Lake	509-766-2666
	Northwest Trailways		800-366-3830
	Northwest Trailways	90 Alder NW, Ephrata	509-754-0955
	Northwest Trailways	102 B St., Quincy	509-787-2132
	People for People	940 E. Broadway Ave., Moses Lake	509-765-9249
	Quincy School District	119 J St. SW, Quincy	509-787-4571
COMPUTER SERVICES			
	CompNet PC Service	Moses Lake	509-765-0233
	Computer Solutions	1237 E Wheeler Rd. Moses Lake	509-855-6600
	Dave's Computer & Repair	212 S. Division St., Moses Lake	509-766-7531

## Community Resource List: GRANT COUNTY

	Geeks on Site	Quincy	866-451-1638
	Gillware Inc. Data Recovery	Quincy	866-433-9075
	LocalTel Internet Provider	Moses Lake	509-766-9027
	Reliable Network Solutions	821 W. Broadway Ave., Moses Lake	509-771-0199
DEMOLITION			
	Duncan Crane Service, Inc.	11798 Wheeler Rd. NE, Moses Lake	509-765-8661
	North American Dismantling Corp.	Moses Lake	800-664-3697
	Pro Cut Concrete Cutting	645 Keys Rd., Yakima	509-594-4933
DIVERS			
EQUIPMENT RENTAL			
	Moses Lake Rental	937 W. Broadway	509-765-3273
	Oxarc	1500 E. Wheeler Rd. Moses Lake	509-765-9247
	United Rental	13558 N. Frontage Rd. Moses Lake	509-765-1267
EXCAVATORS			
	Byers Excavation	PO Box 2245, Moses Lake	509-750-1995
	Freese & Sons Excavating	7644 Road O NW, Quincy	509-787-2538
	Hampton Construction & Excavation	1410 S. Monroe St., Moses Lake	509-765-8633
	Klemmer Construction	1118 Larson Blvd., Moses Lake	509-762-9494
	Major Stan Excavating	9914 Rd. 36.5 NE, Coulee City	509-632-5319
	Masco Construction Company	3338 Road M.2 NE, Moses Lake	509-765-2582
	Roy's Excavating	13998 SR 28 W, Quincy	509-787-5053
	Steve's Backhoe Service	4017 Rd. 5 NE, Moses Lake	509-762-9366
	Summers Excavation	Moses Lake	509-760-5855
	Thomas Dagnon Excavation	1809 S. Monroe St., Moses Lake	509-765-5707
FAIRGROUNDS			
	Grant County Fairgrounds	3953 Airway Dr. NE, Moses Lake	765-3581

## Community Resource List: GRANT COUNTY

<b>FOOD SERVICE</b>			
	Coulee City Food Center	614 W. Walnut, Coulee City	632-5471
	Lep-Re-Kon Mart	2709 W. Broadway Ave., Moses Lake	765-8500
	Michael's Market and Bistro	221 W. Broadway Ave., Moses Lake	765-4177
	Safeway	601 S. Pioneer Way, Suite A, Moses Lake	765-3961
	Subway	1520 S. Pioneer Way, Moses Lake	766-9484
	Town and Country Market	201 S. Main St., Warden	349-2323
<b>FUEL SUPPLIERS PROPANE&amp; OIL</b>			
	Northwest Energy Propane	3688 E. Broadway Ave. , Moses Lk.	765-8553
	Amerigas	318 S Alder, Moses Lake	765-3766
	Ferrellgas	1325 W. Broadway, Moses Lake	765-5211
	A-L Compressed Gas	323 E. 3rd Ave, Moses Lake	762-8117
	Inland Oil and Propane	747 Basin St. NW, Ephrata	754-4606
<b>FUNERAL HOMES</b>			
	Basin Cremation and Burial Service	Moses Lake	766-9957
	Carver Family Services	1217 E. Wheeler Rd., Moses Lake	764-5586
	Nicoles	157 C St. NW, Ephrata	754-3420
	Providence	201 A St. SE, Quincy	787-7631
	Scharbach's Columbia	300 G St. SE, Quincy	787-2223
	Strate	Grand Coulee	633-1111
	Pioneer Memorial Servicers	14403 RD 2 NE, Moses Lake	766-0191
<b>GENERATORS</b>			
	Rathbone Sales Inc.	3860 E. Broadway, Moses Lk.	765-8656
	AG Supply Ace Hardware	1140 Basin St., Ephrata	754-4638
<b>HAZMAT CLEANUP</b>			
	3 Kings Environmental, Inc.	1311 SE Grace Ave., Suite 101, Battle Ground	360-666-5464
	A Bio Clean	Everett	888-412-6300
	A C T	4117 E. Nebraska Ave., Spokane	466-5255

## Community Resource List: GRANT COUNTY

HAZMAT CLEANUP	Abatechs, Inc.	1986 Scarecrow Dr., Camano Island	360-387-5666
	Advance Environmental	3620 49th Ave. SW, Olympia	360-357-5666
	CCS (Cowlitz Clean Sweep)	516 E. D St., Tacoma	253-383-3446
	Lemay Enterprises, Inc.	4201 Olympic Hwy., Aberdeen	360-533-1251
	ServPro	265 SW 41st St., Renton	253-867-0485
HELICOPTERS			
	E & C Aircraft	11340 Adams Rd. N., Quincy	787-3924
HOSPITALS / HEALTHCARE			
	Careunit Hospital Program	Quincy	800-854-0318
	Columbia Basin Hospital	200 Nat Washington Way, Ephrata	754-4631
	Coulee Community Hospital	411 Fortuyn Rd., Grand Coulee	633-1753
	Quincy Valley Medical Clinic PS	908 10th Ave. SW, Quincy	787-3503 787-3531
	Samaritan Healthcare	801 E. Wheeler Rd., Moses Lake	765-5606
LOGGING			
MEDIA			
	Coulee City News Standard	405 W. Main St., Coulee City	632-5402
	Columbia Basin Herald	813 W. 3rd Ave., Moses Lake	765-4561
	Columbia Basin Herald	210 Division, Ephrata	754-2802
	Grant County Journal	29 Alder St. SW, Ephrata	754-4636
	KBSN	2241 W. Main St., Moses Lake	765-3441
	KEYG	1 Radio Rd., Grand Coulee	633-2020 633-1490
	KMBI FM		800-766-5624
	KTBI / KTRJ	55 Alder St., Ephrata	754-2000
	KULE AM/FM	910 Basin, Ephrata	754-4661
	KWIQ	11768 Kittleson Rd., NE, Moses Lake	765-1761
	KWNC	Quincy	787-4461
	KWWW FM	Quincy	787-4371
	KZML		877-669-0979
	Mattawa Area News	22939 Rd. T SW, Mattawa	932-4602
	Odessa Record	1 W. 1st, Odessa	982-2632
	Pioneer Broadcasting	11768 Kittleson Rd., NE, Moses Lake	765-1761
	Preston Broadcast Group	335 W. Ridge Rd., Moses Lake	765-6391

### Community Resource List: GRANT COUNTY

	Quincy Valley Post-Register	840 F St. SW, Quincy	787-4511
	Royal Review	321 Camelia St., Royal City	346-9723
	Spokesman-Review	7770 Rainier Rd. NE, Moses Lake	765-3192
	Wheeler Broadcasting	1 Radio Rd., Grand Coulee	633-2020
MEETING VENUES			
	AmeriStay Inn & Suites	1157 N. Stratford Rd., Moses Lake	855-7437
	Bamboo Shoot	263 Basin St. SW, Ephrata	754-5539
	Best Western Lake Front Hotel	3000 W. Marina Dr., Moses Lake	877-574-2464
	Best Western Rama Inn	1818 Basin St. SW, Ephrata	877-574-2464
	Chico's Pizza Parlor	530 W. Valley Rd., Moses Lake	765-4589
	Eddie's Restaurant	801 N. Stratford Rd., Moses Lake	765-5334
	Ephrata Inn Motel	848 Basin St. SW, Ephrata	754-3575
	Heritage Suites Inc.	511 S. Division St., Moses Lake	765-7707
	Holiday Inn Express Hotel & Suites	1735 Kittleson Rd., Moses Lake	800-345-8082
	Knight's Inn	710 10th Ave. SW, Quincy	866-599-6674
	Lakeside Motel	802 W. Broadway Ave., Moses Lake	765-8651
	Michael's On the Lake	910 W. Broadway Ave., Moses Lake	765-1611
	Moses Lake Convention Center	1475 Nelson Rd. NE, Suite C, Moses Lake	766-1416
	Moses Lake Community Health	605 Coolidge Drive Moses Lake	765-0674
	Quincy Library	108 B Street SW, Quincy	787-2359
	Quincy Valley Medical Center	908 10 <sup>th</sup> Avenue SW, Quincy	787-3531
	Paradise Lake Front Restaurant and Lounge	3000 W. Marina Dr., Moses Lake	765-9759
	Quincy Community Center	115 F St. SW, Quincy	787-1320
	(The) Sundowner Motel	414 F St. SE, Quincy	787-3587
OFFICE SUPPLIES			
	A & H Printers, Inc.	1030 W. Marina Dr., Moses Lake	765-0283
	Business Interiors and Equipment, Inc.	1634 W. Broadway Ave., Moses Lake	765-5800
	FedEx Express Shipping Center	6997 Patton Blvd. NE, Moses Lake	800-463-3339

## Community Resource List: GRANT COUNTY

OFFICE SUPPLIES	Haley Office Products, Inc.	321 W. 3rd Ave., Moses Lake	765-5651
	Key Office Products	E Box, Moses Lake	765-7576
	Royal Review	331 King St. NE, Royal City	346-9723
	Staples	815 N. Stratford Rd., Moses Lake	765-4600
	(The) UPS Store	601 S. Pioneer Way, Suite F, Moses Lake	766-1410
POTABLE WATER			
	Culligan Water Conditioning	3102 Bell Rd. NE, Unit 9, Moses Lake	855-7527
	National Water Corp.	831 E. Colonial Ave., Moses Lake	765-4824
	Quench USA, Inc.		88-751-5185
	(The) Watermill, Inc.	Ephrata	800-962-1532
	Waters Edge Development Group	12874 Road B.6 NW, Ephrata	754-2424
RACE TRACKS			
	Ephrata Raceway	Ephrata	398-7110
SAND AND GRAVEL			
SANDBAGS			
	Jacobs Trading Co.		763-843-2000 612-719-3698
	Sandbags to Go	Kent	206-240-9766 425-397-7464
	The Bag Lady	11124 Valley Ave. E, Puyallup	253-770-8606 888-770-2247
	Washington Sandbags	19412 84th Ave. S., Kent	253-863-9870
SANITARY TOILETS			
	Basin Septic Tank Service	2035 Hamilton Rd. NE, Moses Lake	765-4002
	B.S. Pumpers	Moses Lk.	488-1848
	Cliff's Septic Tank Service	1536 S. 16th St., Sunnyside	877-302-5798
	Eco-Nomic	420 Basin St. SW, Ephrata	754-4050
	Express Septic	10158 Kinder Rd. NE, Moses Lake	765-9478
	Honey Bucket	Quincy - George	888-810-8100 208-929-0213
	Joe's Excavation, Inc.	PO Box 207, Othello	488-5577
	National Rent-A-Fence		800-352-5675
	Short Septic Service Inc.	3350 Williams Rd. E., Almira	888-214-9820
SECURITY SERVICE	DPS Investigations and Security	Moses Lake	764-5191
	Imperial Security	Moses Lake	866-999-4934

## Community Resource List: GRANT COUNTY

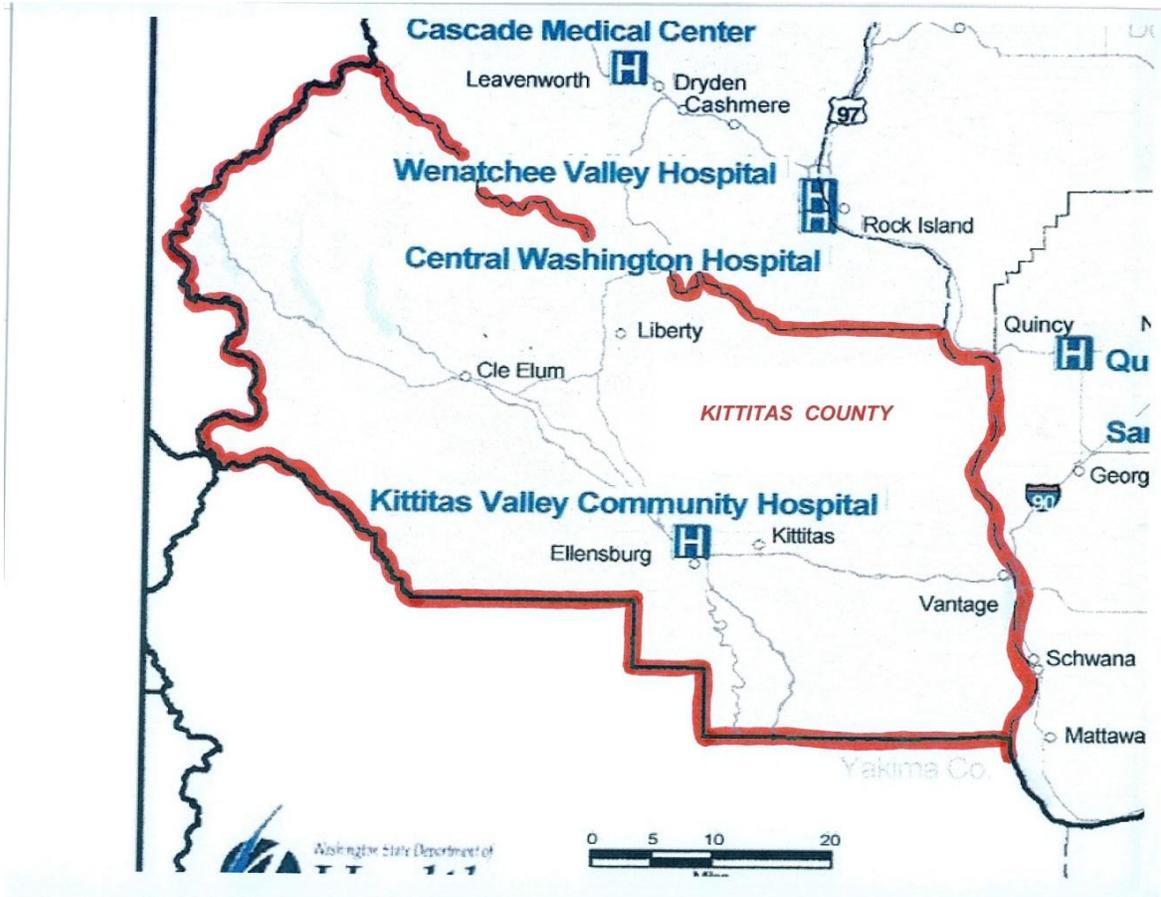
SECURITY SERVICE	Off Duty Officers, Inc.	Moses Lake	888-408-5900
SIGNS			
	National Barricade	401 S. 3rd Ave., Yakima	452-7156 453-4461
	Central Washington Sign Company	10158 Kinder Rd. NE, Moses Lake	765-1818
	McBee Sign Co., Inc.	419 E. Walnut, Moses Lake	765-6593
	New Image	413 Lasco Lane, Moses Lake	765-8468
SOCIAL SERVICES			
	Grant Co Mental Health	840 E. Plum St., Moses Lake	765-9239
	Family Services of Grant Co.	730 Juniper, Moses Lake	765-2580
	Columbia Basin Foundation	234 1st Ave., Ephrata	754-4596
SWEEPING SERVICES			
	Blue Mt. Sweeping Service	1734 W. Pheasant St. Moses Lk.	762-2119
	Jim's Lot Care	8583 Hillcrest Dr. NE , Moses Lk.	765-6798
	Patriot Pavement Development	219 W. Linden Ave., Moses Lake	760-6657
TARPS			
	Inland Tarp and Covering	4172 N. Frontage Rd., Moses Lake	766-7024
	Moses Lake Upholstery	616 E. 5th St., Moses Lake	765-5123
TRANSPORTERS			
	Aleksander Boychuk	5176 Rd. 78 NE, Moses Lake	762-9740
	American Trucking LLC	950 S. Gardner Dr., Moses Lake	771-0194
	CI Transport	1132 Mather Dr., Moses Lake	762-5764
	Gary Wilson Trucking	8663 Stonecrest Rd., Moses Lake	762-6823
	J1 Transport	4928 Stratford Rd. NE, Moses Lake	764-8170
	Red Sky Transport	3638 Road O NE, Moses Lake	766-6474
	Simplot Transportation	11958 Wheeler Rd. NE, Moses Lake	765-9441
TREE REMOVAL			
VEHICLE RENTAL			
	Advance Rent-A-Car	1070 W. Broadway Ave., Moses Lake	765-3902
	Penske Truck Rental	Moses Lake	866-205-7338
	U-Haul	416 Midway St., Grand Coulee	633-2216
	U-Haul	320 S. Alder St., Moses Lake	764-8414

## **Appendix B – Contact Information by County**

### **Kittitas County**

- County/ Hospitals Map
- Public Health District w/SAT phone
- County Hospitals w/SAT phone
- County Community Health Centers w/SAT phone
- EMS/Fire Response
- Air Ambulance
- At-Risk Populations
- Local Media
- Community Resource List

# PHEPR REGION 7: KITTITAS COUNTY MAP



## Kittitas County Public Health

Facility Name:	Address:	Contact:
<b>Kittitas County Health Department</b> <b>Main Phone: 509-962-7515</b>	507 Nanum Street, Suite 102 Ellensburg, WA 98926	<b>Robin Read, Administrator</b> 509-962-7003 509-607-1375 CELL <a href="mailto:robin.read@co.kittitas.wa.us">robin.read@co.kittitas.wa.us</a>
Contact	Phone	Extension:
After Hours Phone	1-800-839-1922	
Administrator	509-962-7003	
Administrator *cell	509-607-1375 CELL	
SAT PHONE Mobile	254-204-0588	
SAT PHONE Fixed	254-377-7046	

## Kittitas County Hospitals

Facility Name:	Address:	Contact:
<b>Kittitas Valley Healthcare</b> <b>Main Phone: 509-962-9841</b>	603 South Chestnut Ellensburg, WA 98926 <b>COUNTY CONTROL HOSPITAL</b>	<b>Jim Allen</b> 509-962-7321
Contact	Phone	Extension
Education	509-962-7321	
Emergency Dept	509-962-7440	
Emergency Preparedness	509-962-7371	
Employee Health	509-962-7321	
Infection Control	509-962-7321	
Laboratory	509-962-7921	
Pharmacy	509-962-7329	
Plant Management	509-962-7337	
Senior Management	509-962-7301	
SAT PHONE	254-240-4104	

## Kittitas County Community Health Centers

Facility Name:	Address:	Contact:
<b>Community Health of Central Washington</b> <b>Main Phone: 509-962-1414</b>	521 E. Mountain View Avenue Ellensburg, WA 98926	<b>Julia Romanelli, Mgr.</b> 509-962-1434 Office: 509-899-0096 <b>John Asriel, MD</b> 509-306-9439 Office: 509-962-1414
Contact	Phone	Office:
Education	509-574-6137	same
Emergency Dept	n/a	n/a
Emergency Preparedness	509-574-6137	same
Employee Health	509-574-6162	same
Infection Control	509-574-6137	same
Laboratory	n/a	n/a
Pharmacy *cell	509-225-0298 CELL	509-933-5900
Plant Management *cell	509-833-5277 CELL	509-573-6261
Senior Management CMO *cell Michael Schaffrinna	937-760-6845 CELL	509-574-6118
COO *cell Judy O'Neal	509-388-6155 CELL	509-574-6134
Quality/Risk *cell Sara Williamson	509-654-5871 CELL	509-574-6137
SAT PHONE	n/a	n/a

### EMS/Fire Response:

<b>Kittitas County:</b>			
KC Hospital Dist #2	Geoff Scherer	509-674-4057	<a href="mailto:geoffscherer@gmail.com">geoffscherer@gmail.com</a>
KCFD #1	Chief DJ Evans	509-964-2435 509-929-0131 CELL	<a href="mailto:Kcfd1@elltel.net">Kcfd1@elltel.net</a>
KCFD #2 (KVFR)	Chief John Sinclair DeputyChief Rich Elliot	509-933-7235 509-856-7714 CELL 509-933-7233 509-201-6280 CELL	<a href="mailto:sinclairj@kvfr.org">sinclairj@kvfr.org</a> <a href="mailto:elliotr@kvfr.org">elliotr@kvfr.org</a>
KCFD #3	Chief Steve Jensen	509-656-0121 509-674-9229 CELL	<a href="mailto:sjensenkcf3@gmail.com">sjensenkcf3@gmail.com</a>
KCFD #4	Chief William Rose	509-989-0087	<a href="mailto:vantagekcf4@gmail.com">vantagekcf4@gmail.com</a>
KCFD #5 (SPFR)	Chief Jay Wiseman	509-674-5371 425-761-0781 CELL	<a href="mailto:JWiseman@SnoqualmiePassFireRescue.org">JWiseman@SnoqualmiePassFireRescue.org</a>
KCFD #6	Chief Tim Milbert	509-260-1220	<a href="mailto:tmilbert@kcfpd6.com">tmilbert@kcfpd6.com</a>
KCFD #7	Chief Jay Wiseman	509-674-5371 425-761-0781 CELL	<a href="mailto:JWiseman@SnoqualmiePassFireRescue.org">JWiseman@SnoqualmiePassFireRescue.org</a>
KCFD #8	Chief Dave Houseberg	509-607-3577 CELL	<a href="mailto:dhouseberg@kcf8.org">dhouseberg@kcf8.org</a>
Cle Elum Fire Dept.	Chief Dave Campbell	509-304-6140 CELL	<a href="mailto:chiefcampbell5101@gmail.com">chiefcampbell5101@gmail.com</a>
Roslyn Fire Dept.	Chief Skye Osiadacz	509-674-6274 CELL	<a href="mailto:skye@inlandnet.com">skye@inlandnet.com</a>
South Cle Elum Fire	Chief Norman Bland	509-304-4256 CELL	<a href="mailto:sfiredept@gmail.com">sfiredept@gmail.com</a>

### Air Ambulance:

<b>Kittitas County:</b>			
Airlift Northwest	Communications Center	1-800-426-2430 206-329-2569	
Life Flight	Communications Center..... **For Air or Ground resources based in Moses Lake and Brewster:.....	800-232-0911 208-367-3114  800-422-2440 509-532-7990	

## At-Risk Populations Matrix:

Contacts for:	Kittitas
<b>Behavioral Health</b>	Central Washington Comprehensive Mental Health Harry Kramer 220 W. 4 <sup>th</sup> Ave, Ellensburg, WA 98926 <b>509-925-9861</b> <a href="mailto:hkramer@cwcmh.org">hkramer@cwcmh.org</a>
<b>CPS for Children</b>	Child Protective Services Dawn Larson <a href="mailto:dawn.larson@dshs.wa.gov">dawn.larson@dshs.wa.gov</a> <b>509-925-0403</b>
<b>Dialysis Patients</b>	DaVita Inc 2101 W. Dolarway Rd., Suite 1 Ellensburg, WA 98926 <b>509-925-2333</b>
<b>Homeless</b>	Hope Source Bob Richie <b>509.925.1448</b> <b>509.925.1204 (f)</b> 700 E. Mountain View, Suite 501 Ellensburg, WA 98926  Perry L. Rowe Housing Authority of Kittitas County 107 W. 11 <sup>th</sup> Avenue Ellensburg, WA 98926-2568 <b>509-962-9006</b> Fax 509-962-3575
<b>Language Barriers</b>	
<b>Mobility Impaired</b>	Elmview Bruce Tabb 204 E. 6 <sup>th</sup> Street, Ellensburg, WA 98926 <b>509-925-6688</b> <a href="mailto:bruce@elmview.org">bruce@elmview.org</a>
<b>PUD Additional Resources</b>	PUD #1 of Kittitas County <b>509-933-7200</b>
<b>Red Cross</b>	American Red Cross <a href="mailto:eburgredcross@yahoo.com">eburgredcross@yahoo.com</a>  <b>509-925-9756</b> 312 N. Pearl Street Ellensburg, WA 98926
<b>Sight Impaired</b>	

Long Term Care Providers: <https://www.dshs.wa.gov/altsa/long-term-care-professionals-providers>

Link to Nursing Home Locator: <https://fortress.wa.gov/dshs/adsaapps/Lookup/NHAdvLookup.aspx>

## Nursing Facility List for Kittitas County as of 10/29/2015

Facility Info	Contact info	Beds
<b>PRESTIGE POST-ACUTE AND REHAB CENTER - KITTITAS</b> Vendor#: 4114688 License#: 1468 SSPS#: Type: For Profit Corporation	<b>Admin:</b> Sarah Sims District: 1D Physical Address: 1050 E Mountain View Ellensburg , WA 98926  Mailing Address: 1050 E Mountain View Ellensburg , WA 98926 Phone: (509) 925-4171 Fax: (509) 925-7794	Total Licensed Beds: 74 Medicare/Medicaid Beds: 74

### Local Media (newspaper, TV, radio, etc.)

Organization Name	Contact Name	Contact Phone	Email
<b>Newspaper:</b>			
<b>Kittitas County</b>			
Daily Record-Ellensburg	Mike Johnston	509-962-1414	
Tribune-Northern Kittitas County		509-674-2511	

Organization Name	Contact Name	Contact Phone	Email
<b>Radio:</b>			
<b>Kittitas County</b>			
KQBE-Kittitas County		509-962-2823	
KXLE-Kittitas County		509-925-1488	<a href="http://www.kxleradio.com">www.kxleradio.com</a>

## Community Resource List: KITTITAS COUNTY

CATEGORY	NAME	ADDRESS	PHONE (509)
AIR CHARTER			
AIRPORTS			
ANIMAL CARE			
	Animal Medical Serv. Yakima S/N Clinic	5103 Tieton Dr., Yakima	965-2154
	Cascade East Animal Clinic	902 E. 1st St., Cle Elum	674-4367
	Critter Care Animal Clinic	1708 W. University Way, Ellensburg	925-5911
	Ellensburg Animal Control	1007 Industrial Way, Ellensburg	962-7246
	Ellensburg Animal Hospital	1800 Vantage Hwy., Ellensburg	925-2833
	Kittitas County Mobile Veterinary Service	551 Goodwin Rd., Thorp	964-2720
	Martin Animal Clinic	106 W. 4th, Ellensburg	925-9418
	Mt. Stuart Animal Hospital	515 e. 1st, Cle Elum	674-2154
	Newschwander, Fred DVM	8th and Chestnut, Ellensburg	925-2332
	Rodeo City Equine Rescue		968-9566
	Susan's Quality Pet Sitting	10541 Naneum Rd., Ellensburg	933-4444
	Three Peaks Outfitters		674-9661
	Unionville Ranch	1750 Emerick Rd., Cle Elum	857-2235
	Valley Veterinary Hospital	2090 Vantage Hwy., Ellensburg	925-6146
	Waggin Tails Ranch	Ellensburg	607-9722
	Wild Rose Ranch	Kittitas	968-4797
BUILDING MATERIALS	Apex Installation Contractors	1619 Vantage Hwy., Ellensburg	933-1142
	Bator Lumber	811 W. Davis St., Ellensburg	674-2700
	Central Washington Truss Inc.	1071 US 97, Ellensburg	933-7050
	Cle Elum Hardware and Rental	117 W. Pennsylvania Ave., Roslyn	649-2947
	Harper Lumber Co.	204 N. Railroad Ave., Ellensburg	925-3130
	Lumbermens	1433 W. University Way, Ellensburg	962-5422
	Marson and Marson Lumber	Ellensburg	860-3719
	Matheus Lumber Co. Inc.	204 N. Railroad Ave., Ellensburg	925-3130
	Mountain Millwork Supply Co.	100 Oaks Ave., South Cle Elum	674-1644
	Probuild	1202 S. 1st St., Yakima	575-3000

## Community Resource List: KITTITAS COUNTY

	Valley Construction Supply Inc	321 E. 1st St., Bldg. B, Cle Elum	674-7200
<b>BUSES</b>			
	Central Washington University Office	400 E. University Way, Ellensburg	933-7034
	Cle Elum School District	2690 SR 903, Cle Elum	674-2100 674-5132
	Easton School District No. 28	1893 Railroad St., Easton	656-2317
	Ellensburg Christian School	407 S. Anderson St., Ellensburg	925-2422
	Ellensburg School District	506 N. Sprague, Ellensburg	925-8100 933-3376
	Ellensburg School District No. 401 Admin.	1300 E. 3rd Ave., Ellensburg	925-8017
	Greyhound Bus Lines	1512 US 97, Ellensburg	925-1177
	HopeSource - Transportation	601 W. 5th Ave., Ellensburg	933-2287
	Kittitas School District No. 403	505 N. Pierce St., Kittitas	968-3014
	Valley Christian School	270 Mission Rd., Thorp	964-2112
<b>COMPUTER SERVICES</b>			
	Complete Computer Services	720 E. University Way, Ellensburg	933-2929
	Intermountain Radio Shack (Dealer)	208 E. 1st St., Cle Elum	674-5859
	Kvalley Computers and Internet	301 N. Main, Ellensburg	962-4638
	Windy City Computers	304 S. Water St., Suite 102, Ellensburg	925-2490
<b>DEMOLITION</b>			
	Scott Equipment and Hauling, LLC	2141 Railroad St., Easton	656-2559
<b>DIVERS</b>			
<b>EQUIPMENT RENTAL</b>			
	Central Rentals	320 N. Railroad, Ellensburg	925-5566
	Cle Elum Hardware and Rental	811 W. Davis St., Cle Elum	674-2700
	Harper Lumber Co.	117 W. Pennsylvania Ave., Roslyn	649-2947
	Oxarc, Inc.	Ellensburg	925-1518
	Rent Me Rentals	102 E. 1st St., Cle Elum	674-7368
	RSC Equipment Rental	501 S. Main St., Ellensburg	925-6126
	Star Rentals	1601 S. 1st St., Yakima	575-1414
<b>EXCAVATORS</b>			
	Advantage Dirt Contractors, LLC	1206 N. Dolarway Rd., Suite 105, Ellensburg	933-4232
	Aer-ex Excavating, Inc.		962-7885

## Community Resource List: KITTITAS COUNTY

EXCAVATORS	All Around Underground, Inc.	Kittitas	899-4593
	Belsaas & Smith Construction, Inc.	PO Box 926, Ellensburg	925-9747
	Blue Dot Excavating	PO Box 1037, Cle Elum	674-2070
	C F Areds & Co.	Ellensburg	962-8021
	Dan Osmonovich Excavating, LLC	6631 Thorp Hwy S., Ellensburg	964-9100
	Elk Heights Excavation	337 Elk Heights Rd., Cle Elum	674-5421
	Evans and Son, Inc.	2206 Terrace Heights Dr., Yakima	575-0156
	Fischer Excavating, LLC	6442 Hanson Rd., Ellensburg	925-5223
	Five Star Excavation, LLC	2730 Cove Rd., Ellensburg	607-9233
	Gary Trepanier Excavating	130 Trepanier Ln., Tieton	945-2475 678-4769
	Gordon Trucking and Excavation	260 Naneum Rd., Ellensburg	962-5856
	G O Construction	430 Charlton Rd., Ellensburg	933-4344
	Hi-Mark Construction and Excavation	Easton	260-0588
	Hosmer's Bulldozing	Ellensburg	962-4992
	Larson Excavation	1031 W. Cascade Ct., Ellensburg	925-1968
	McCormic Excavation and Snow Removal	PO Box 13, Easton	656-3366
	McDonald and Sons Excavating, Inc.		674-2219
	Morgan and Son Earthmoving, Inc.	6711 Reecer Creek Rd., Ellensburg	925-9720
	MRM Construction, Inc.	503 S. Water St., Ellensburg	925-6007
	Norm Cook Enterprises, Inc.	PO Box 721, Cle Elum	674-3839
	P & H Dirtworks	Ellensburg	925-7168
	Pratt Construction	1007 Denny Ave., Cle Elum	649-2434
	Reecer Creek Excavating	1710 W. University Way, Ellensburg	925-5692
	Scott Excavating, Inc.	2100 Wilson Creek Rd., Ellensburg	925-7788
	Snowden Excavating, LLC	Ellensburg	962-6338
	Thayer Excavating, LLC		925-5457
	TJ's Bulldozing, LLC	Ellensburg	925-4383
	Valley Excavating, LLC	PO Box 785, Ellensburg	925-2141
	Wilson Canyon Excavating and General Contractor	6221 Wilson Creek Rd., Ellensburg	962-9306
FAIRGROUNDS			
	Kittitas County Event Center	512 N. Poplar St., Ellensburg	962-7639

## Community Resource List: KITTITAS COUNTY

<b>FOOD SERVICE</b>			
	Albertson's	705 N. Ruby, Ellensburg	925-9838
	Bar 14 Ranch House Restaurant	1800 Canyon Rd., Ellensburg	962-6222
	Cook's Family Dining	PO box 721, Cle Elum	674-1116
	Cottage Café	911 E. 1st, Cle Elum	674-2922
	Domino's Pizza	University Way & Anderson, Ellensburg	925-3800
	Drift Inn	161 Garden Dr., Yakima	653-1741
	Gold Creek Station	18431 SR 410, Naches	658-8583
	Grant's Pizza Place	716 E. University Way, Ellensburg	925-9855
	Homestead Restaurant	801 SR 970, Cle Elum	674-5956
	Margaret's Applectart Deli	20800 SR 410, Naches	653-2312 658-2433
	Morning Star Deli	901 W 1st St., Cle Elum	674-2788
	Perkin's Family Restaurant	1504 US 97, Ellensburg	925-4662
	Pizza Hut	805 N. Main St., Ellensburg	925-7888
	Sahara Pizza	212 E. First St., Cle Elum	674-5444
	Safeway	804 W. 1st St., Cle Elum	674-2580
	Super One Foods	200 E. Mt. View, Ellensburg	962-7770 962-7772
	Valley Café	105 W. 3rd, Ellensburg	925-3050 925-9520
	Village Pizza	105 W. Pennsylvania Ave., Roslyn	649-2992
	Woodshed Restaurant and Eagle Rock Restaurant	8590 SR 410, Naches	658-2100
	Woody's Pizza	801 W. Davis St. #104, Cle Elum	674-6896
<b>FUEL SUPPLIERS PROPANE &amp; OIL</b>			
	A-1 Petroleum & Propane	711 S. Main, Ellensburg	925-1366
	Gillon Oil	1000 E. 1st St., Cle Elum	674-2442
	Mid-State Co-Op/Cenex	410 W. 3rd Ave., Ellensburg	925-3171
<b>FUEL SUPPLIERS PROPANE &amp; OIL</b>	Yakima Co-Op	2202 S. 1st St., Yakima	457-5380
<b>FUNERAL HOMES</b>			
	Affordable	101 E. 2nd Ave., Ellensburg	925-2902 925-2922
	Cascade	301 E. 3rd Ave., Ellensburg	674-4445
<b>GENERATORS</b>			
	Cooper Electric	205 S. 4th Ave., Yakima	576-0370
	Cummins Northwest	1905 Central Ave., Yakima	248-9033
	Tucker Electric	801 E. 1st St., Cle Elum	674-2920

## Community Resource List: KITTITAS COUNTY

GENERATORS	Wray Electric	821 Lawrence Rd., Ellensburg	968-4746
HAZMAT CLEANUP			
	3 Kings Environmental, Inc.	1311 SE Grace Ave., Suite 101, Battle Ground	360-666-5464
	A Bio Clean	Everett	888-412-6300
	A C T	4117 E. Nebraska Ave., Spokane	466-5255
	Abatechs, Inc.	1986 Scarecrow Dr., Camano Island	360-387-5666
	Advance Environmental	3620 49th Ave. SW, Olympia	360-357-5666
	CCS (Cowlitz Clean Sweep)	516 E. D St., Tacoma	253-383-3446
	Lemay Enterprises, Inc.	4201 Olympic Hwy., Aberdeen	360-533-1251
	ServPro	265 SW 41st St., Renton	253-867-0485
HELICOPTERS			
	Central Valley Helicopters	891 Prater Rd., Ellensburg	968-9300
HOSPITALS / HEALTHCARE			
	Cle Elum Medical Center	201 Alpha Way, Cle Elum	674-5331
	Community Health of Central WA	521 E. Mountain View Ave., Ellensburg	962-1414
	Kittitas County Hospital District #2 Admin	617 Powers St., Cle Elum	674-5950
	Kittitas Valley Community Hospital	603 Chestnut St., Ellensburg	962-9841
	Valley Clinic	716 E. Manitoba Ave., Ellensburg	
LOGGING			
	Burgess Logging, Inc.	300 S. Bullfrog Rd., Cle Elum	674-1791
	Caribou Creek Logging	1921 Riverbottom Rd., Ellensburg	962-6700
	Eastside Master Tree Service		674-8800
	H & D Logging Company	903 W. 1st St., Cle Elum	674-0964
LOGGING	Iron Mountain Lumber	595 Hidden Valley Rd. Cle Elum	674-8435
	Larrin Logging		674-5949
	T & R Log Co.	1871 Vantage Hwy., Ellensburg	962-6590
	Vessoni Logging	Cle Elum	674-6059
MEDIA			
	Daily Record	401 N. Main, Ellensburg	925-1414
	Fairpoint Communications	305 N. Ruby, Ellensburg	962-0392
	KCSH	Ellensburg	962-5274
	KCWU FM - The 'Burg	Ellensburg	963-2283

### Community Resource List: KITTITAS COUNTY

MEDIA	KQBE FM	109 E. 3rd Ave., Suite 5, Ellensburg	962-2823
	KXA FM - The Wind	115 N. Harris Ave., Cle Elum	674-0937
	KXLE Radio	1311 Vantage Hwy., Ellensburg	925-1488
	Positive Life Radio	PO Box 9396, Yakima	800-355-4757
	R & R Cable	103 S. 2nd St., Roslyn	649-2212
	Rodeo City Wireless	109 W. 3rd Ave., Ellensburg	962-1265
	Sound Mart Satellite TV, Inc.	806 W. Nob Hill Blvd., Yakima	457-6720
	Tribune Newspaper	221 Pennsylvania Ave., Cle Elum	674-2511
MEETING VENUES			
	China Inn	1003 W. University Way, Ellensburg	925-4140
	Golden Harvest	511 Main St., Vantage	856-2223
	Hal Holmes Community Center	209 N. Ruby St., Ellensburg	962-7240
	Los Cabos Family Restaurant	1318 S. Canyon Rd., Ellensburg	925-7893
	(The) Palace Café	4th and Main, Ellensburg	925-2327
	Quality Inn & Conference Center	1700 Canyon Rd., Ellensburg	925-9800
	Springwood Ranch Party Barn	Thorp	964-2156
OFFICE SUPPLIES			
	Cascade Copiers	801 W. Yakima Ave., Yakima	575-0734
	Jerrold's Book and Office Supply Co.	111 E. University Way, Ellensburg	925-9851
	Ruby's Printing Scrapbooking	116 E. 1st St., Suite K, Cle Elum	674-2296
POTABLE WATER			
	Gary Trepanier Excavating	130 Trepanier Ln., Tieton	678-4769
	Pioneer Beverage	500 Owens Rd., Cle Elum	674-4368
POTABLE WATER	Veolia Water North America, Op. Serv.	500 Owens Rd., Cle Elum	674-4368
RACE TRACKS			
	Emerald Downs	1600 N. Currier, Ellensburg	649-3777
SAND AND GRAVEL			
	American Rock and Gravel	PO Box 785, Ellensburg	925-2143
	Ellensburg Cement Products, Inc.	1071 US 97, Ellensburg	933-7050

### Community Resource List: KITTITAS COUNTY

SAND AND GRAVEL	Ronald Sand and Gravel, Inc.	960 Bakers Rd., Lake Cle Elum	649-3930
	Stampede Sand and Gravel		656-3160
	Stone Creations Landscape Materials	Ellensburg	201-0039
SANDBAGS			
	Jacobs Trading Co.		763-843-2000 612-719-3698
	Sandbags to Go	Kent	206-240-9766 425-397-7464
	The Bag Lady	11124 Valley Ave. E, Puyallup	253-770-8606 888-770-2247
	Washington Sandbags	19412 84th Avenue S., Kent	253-863-9870
SANITARY TOILETS			
	Brown and Jackson	107 N. Main, Ellensburg	962-9653 968-3328
	Gary J Trepanier Excavation, LLC	130 Trepanier Lane Tieton	678-4769
	Joe's Excavation, Inc.	PO Box 207, Othello	488-5577
	Waste Management of Ellensburg	607 N. Railroad, Ellensburg	800-992-9020 201-0966
SECURITY SERVICE			
	Phoenix Protective Corporation	Ellensburg	925-9151
SIGNS			
	National Barricade	401 S. 3rd Ave., Yakima	452-7156 453-4461
SOCIAL SERVICES			
	Care Net Pregnancy Center of Kittitas County	111 E. 4th Ave., Ellensburg	925-2273
	Central WA Disability Resources	200 E. 4th Ave., Ellensburg	962-9620
	Community Builders	111 Wright Ave., Cle Elum	674-5930
SOCIAL SERVICES	Crisis Line	Ellensburg	925-4168
	Elmview	204 E. 6th Ave., Ellensburg	925-6688
	Habitat for Humanity	738 W. University Way, Ellensburg	962-5058
	Heifer Project	103 E. 4th Ave., Ellensburg	925-7350
	Hope Source Cle Elum	110 Pennsylvania Ave., Cle Elum	674-2375

## Community Resource List: KITTITAS COUNTY

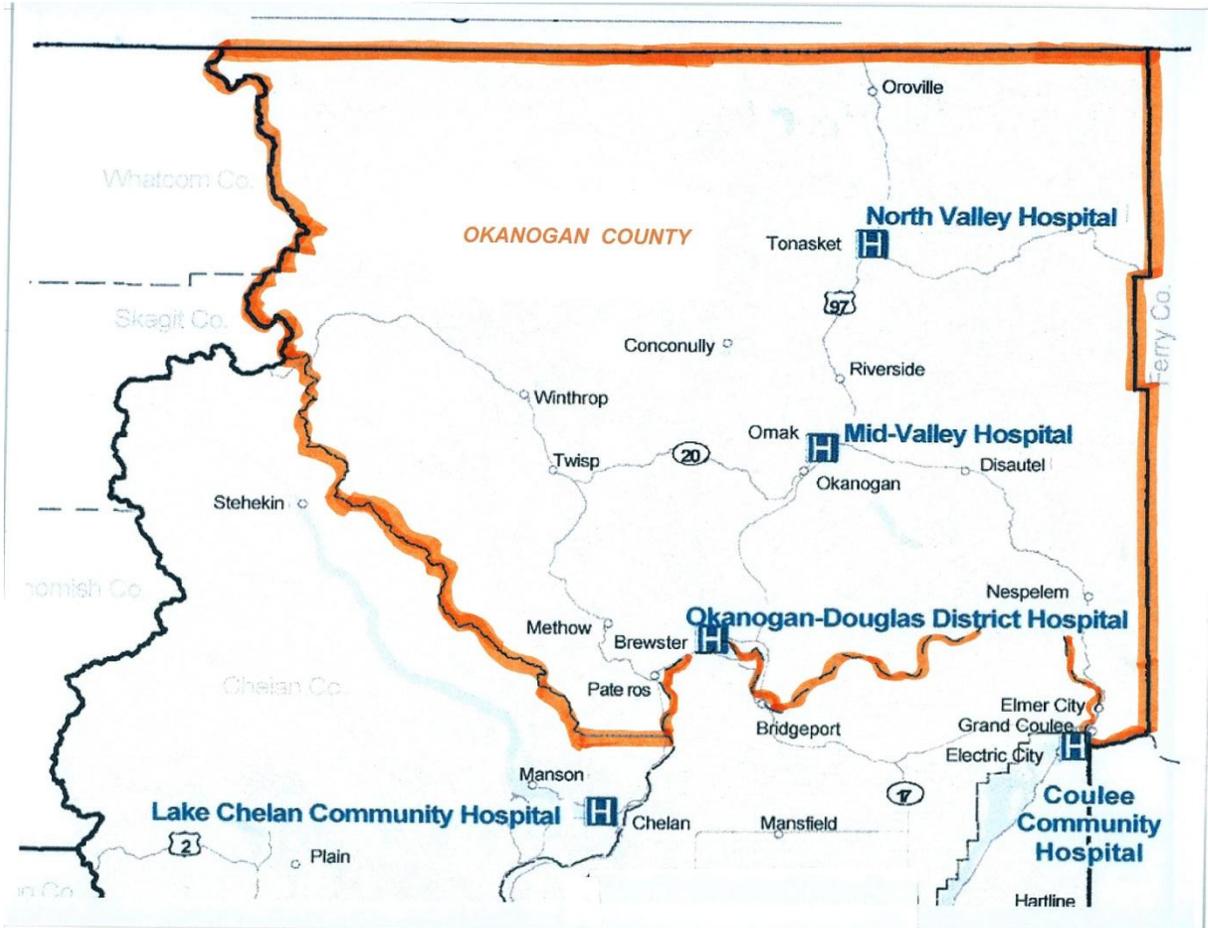
SOCIAL SERVICES	Hope Source Cle Elum, Senior Services & Transport		674-2251 674-2375
	Hope Source Ellensburg	601 W. 5th Ave., Ellensburg	925-1148
	Intelligent Community Services	1970 SR 903, Cle Elum	674-3841
	Parke Creek Group Home	11042 Parke Creek Rd., Ellensburg	968-3924
	People for People	309 E. Mountain View Ave., Ellensburg	925-5311
	United Way of Kittitas County	309 E. Mountain View Ave., Ellensburg	925-2730
	WIC - Kittitas County	521 E. Mountain View Ave., Ellensburg	962-7077
	Youth Services of Kittitas County	213 W. 3rd, Ellensburg	962-2737
SWEEPING SERVICES			
	Field's Power Sweepers		674-5315
	Stripe Rite, Inc.	2504 River Rd., Yakima	248-7233
TARPS			
	Tarp It	Ellensburg	962-4664
	Yakima Tent and Awning	1312 S. 1st St., Yakima	800-447-6169
TRANSPORTERS			
	Alfred C. Hansen	3561 Kittitas Hwy., Ellensburg	623-386-8304
	Earth Technologies	1310 Tjossem Rd., Ellensburg	929-0448
	Holiday Trucking	1011 Number 81 Rd., Ellensburg	859-4413
	Kelsey Morse Trucking	1750 Clerf Rd., Ellensburg	968-3241
	Mackners Transport	400 E. Mountain View Ave. Ellensburg	962-9484
	Okanogan Seattle Transport	1331 W. University Way, Ellensburg	962-2005
TREE REMOVAL			
	AAA Tree Service		674-7527
	ACH Logging & Tree Service	Roslyn	649-3704
	Eastside Master Tree Service		674-8800
	Farrell Tree and Lawn	403 W. 12th Ave., Ellensburg	962-8403
TREE REMOVAL	K-Valley Tree Service		933-3353
VEHICLE RENTAL			
	Budget Truck Rental	101 E. University Way, Ellensburg	925-5212
	U-Haul	1709 Canyon Rd., Ellensburg	962-6505
	U-Haul	800 S. Main St., Kittitas	968-4229

## **Appendix B – Contact Information by County**

### **Okanogan County**

- County/ Hospitals Map
- Public Health District w/SAT phone
- County Hospitals w/SAT phone
- County Community Health Centers w/SAT phone
- EMS/Fire Response
- Air Ambulance
- At-Risk Populations
- Local Media
- Community Resource List

**PHEPR REGION 7: OKANOGAN COUNTY MAP**



## Okanogan County Public Health

Facility Name:	Address:	Contact:
<b>Okanogan Public Health District</b> <b>Main Phone: 509-422-7140</b>	1234 South Second Avenue Okanogan, WA 98840	<b>Lauri Jones, Community Health Director</b> 509-422-7159 509-846-3290 CELL <a href="mailto:ljones@co.okanogan.wa.us">ljones@co.okanogan.wa.us</a>
Contact	Phone	Extension
After Hours Phone	509-422-7232	
Infection Control	509-422-7140	
Emergency Preparedness – Environmental Health Director	509-422-7144 509-322-0433 cell	<a href="mailto:dhilton@co.okanogan.wa.us">dhilton@co.okanogan.wa.us</a>
Medical Counter Measures Coord.	509-422-7141	
Laboratory		
Administrator		
SAT PHONE	509-204-0626	Inactive

## Okanogan County Hospitals

Facility Name:	Address:	Contact:
<b>Mid-Valley Hospital</b> <b>Main Phone: 509-826-1760</b>	810 Jasmine Street Omak, WA 98841 <b>COUNTY CONTROL HOSPITAL</b>	<b>Andy Baker, Preparedness Officer</b> 509-826-1760, ext. 2075 509-322-1524 CELL
Contact	Phone	Extension
Education	509-826-1760	
Emergency Dept	509-826-1760	2100 2101
Emergency Preparedness	509-322-0596	
Employee Health	509-826-1760	2395
Infection Control	509-826-1760	2009
Laboratory	509-826-1760	2245 2247
Pharmacy	509-826-1760	2266
Plant Management	509-826-1760	2075
Senior Management	509-826-1760	2348 2340
SAT PHONE	254-387-5781	Inactive

Facility Name:	Address:	Contact:
<b>North Valley Hospital</b> <b>Main Phone: 509-486-2151</b>	203 S. Western Avenue Tonasket, WA 98855	<b>Kim Jacobs</b> <b>Safety/Disaster Officer</b> 509-486-3109
Contact	Phone	Extension
Education	509-486-3155	
Emergency Dept	509-486-3190	
Emergency Preparedness	509-486-3109	
Employee Health	509-486-3155	
Infection Control	509-486-3155	
Laboratory	509-486-3142	
Pharmacy	509-486-2151	7265
Plant Management	509-486-3111	7076
Senior Management	509-486-3170	
SAT PHONE	254-387-5780	

## Okanogan County Hospitals

Facility Name:	Address:	Contact:
<b>Three Rivers Hospital</b> <b>Main Phone: 509-689-2517</b>	507 Hospital Way Brewster, WA 98812	<b>Rob Wylie</b> <b>Safety Officer</b> 509-689-2517 ext. 3075
Contact	Phone	Extension
Education	509-689-2517	
Emergency Dept	509-689-2517	3101
Emergency Preparedness	509-689-2517	3415
Employee Health	509-689-2517	3060
Infection Control	509-689-2517	3245
Laboratory	509-689-2517	3246
Pharmacy	509-689-2517	3266
Plant Management	509-689-2517	3075
Senior Management	509-689-2517	3340
SAT PHONE	863-200-9748	

## Okanogan County Community Health Centers

Facility Name:	Address:	Contact:
<b>Family Health Centers of Okanogan</b> <b>Main Phone: 509-422-5700</b>	716 First Avenue South Okanogan, WA 98840 Administrative Office	<b>Danette Weller</b> 509-422-7663
Contact	Phone	Extension
Clinic Manager:		
Brewster – Jay	509-422-5700	3900
Brewster – Indian	509-422-5700	3372
Bridgeport	509-422-5700	3900
Omak	509-422-5700	2905
Tonasket	509-422-5700	1900
Twisp	509-422-5700	5223
Emergency Preparedness	509-422-7663	
Employee Health	509-422-7663	
Infection Control	See Clinic Manager	
Laboratory		
Okanogan	509-422-5700	2223
Brewster	509-422-5700	3233
Tonasket	509-422-5700	1213
Pharmacy- Brewster:	509-422-5700	3712
Senior Management		
Okanogan	509-422-7629	
COO *cell	509-429-8167 CELL	
Med Dir *cell	509-480-1679 CELL	
Incident Command	Call main for info	
SAT PHONE	863-200-5324	Inactive

### EMS/Fire Response:

Okanogan County:			
Okanogan Co. FD #3	Kevin Bowling	509-846-0760	<a href="mailto:fire51@omakcity.com">fire51@omakcity.com</a>
Okanogan Co. FD #4 *Tonasket Fire &Rescue	Andy Gashao	509-429-0133 cell	<a href="mailto:wide_open_throttle_2005@yahoo.com">wide open throttle_2005@yahoo.com</a>
Douglas-Okanogan FD #15	Tonya Vallance	509-689-4041	<a href="mailto:doc15emsdir@frontier.com">doc15emsdir@frontier.com</a>
Conconully Fire Dept.	Zac Claussen	509-826-2833	<a href="mailto:zcaussen@townofconconully.com">zcaussen@townofconconully.com</a>
Coulee Dam Fire Dept.	Archie Dennis C Hall	509-633-0320	<a href="mailto:cdclerk@couleedam.org">cdclerk@couleedam.org</a>
Malott Fire Dept.	Eric Tollefson	509-422-4843	
Aero Methow Rescue	Cindy Button	509-997-4013	<a href="mailto:cbutton@aeromethow.org">cbutton@aeromethow.org</a>
Lifeline Ambulance	Wayne Walker	509-422-4212	<a href="mailto:wwalker@LifelineAmbulance.net">wwalker@LifelineAmbulance.net</a>

### Air Ambulance:

Okanogan County:			
Airlift Northwest	Communications Center	1-800-426-2430 206-329-2569	
Life Flight	Communications Center..... For Air or Ground resources based in Moses Lake and Brewster:.....	800-232-0911 208-367-3114  800-422-2440 509-532-7990	

### Local Media (newspaper, TV, radio, etc.)

Organization Name	Contact Name	Contact Phone	Email
<b>Newspaper:</b>			
<b>Okanogan County</b>			
Colville Tribal Tribune	Spirit Peoples	509-634-2200	<a href="mailto:spirit.peoples@colvilletribes.com">spirit.peoples@colvilletribes.com</a>
Gazette Tribune-Oroville		509-476-3602	
Methow Valley News- Twisp		509-997-7011	
Omak-Okanogan County Chronicle		509-826-1110	
Quad City Herald Brewster		509-689-2507	
Star Publishing Grand Coulee		509-633-1350	

Organization Name	Contact Name	Contact Phone	Email
<b>Radio:</b>			
<b>Okanogan County</b>			
KVLR 106.3 FM-Twisp		509-997-5857	
North Cascades Omak Broadcasting / KOMW		509-826-0100	<a href="mailto:news@komw.net">news@komw.net</a>
KCSY FM radio – Twisp		509-997-5857	
KOZI serves: Brewster, Pateros, Twisp, Winthrop		509-689-2805	

## At-Risk Populations Matrix:

Contacts for:	Okanogan
<b>Behavioral Health</b>	Okanogan Behavioral Healthcare 1007 Koala Ave, Omak, WA 98841  <b>509-826-6191</b>
<b>CPS for Children</b>	
<b>Dialysis Patients</b>	Fresenius Dialysis Center 800 Jasmine St Ste 1 Omak, WA 98841  <b>509-826-8680</b>
<b>Homeless</b>	
<b>Language Barriers</b>	
<b>Mobility Impaired</b>	
<b>PUD Additional Resources</b>	
<b>Red Cross</b>	American Red Cross Apple Valley/North Cascade-Wenatchee *Serves Okanogan County  <b>509-663-3907</b>  12 Orondo Ave. Wenatchee, WA
<b>Sight Impaired</b>	

Long Term Care Providers: <https://www.dshs.wa.gov/altsa/long-term-care-professionals-providers>

Link to Nursing Home Locator: <https://fortress.wa.gov/dshs/adsaapps/Lookup/NHAdvLookup.aspx>

## Nursing Facility List for Okanogan County as of 10/29/2015

Facility Info	Contact info	Beds
<b>COLVILLE TRIBAL CONVALESCENT CENTER</b> Vendor#: 4176400 License#: 764 SSPS#: 491752 Type: Group/assn	<b>Admin:</b> Shoshannah Jordan District: 1A Physical Address: Colville Indian Agency Nespelem , WA 99155  Mailing Address: Po Box 150 Nespelem , WA 99155 Phone: (509) 634-2878 Fax: (509) 634-2889	Total Licensed Beds: 44 Medicare Beds: 0 Medicare/Medicaid Beds: 44
<b>HARMONY HOUSE HEALTH CARE CENTER</b> Vendor#: 4114161 License#: 1416 SSPS#: 269238 Type: Limited Liability Company	<b>Admin:</b> Jerry Tretwold District: 1A Physical Address: 100 River Plaza Brewster , WA 98812  Mailing Address: Po Box 829 Brewster , WA 98812 Phone: (509) 689-2546 Fax: (509) 689-3350	Total Licensed Beds: 54 Medicare/Medicaid Beds: 54
<b>NORTH VALLEY HOSPITAL</b> Vendor#: 4210704 License#: 107 SSPS#: 352908 Type: Group/assn	<b>Admin:</b> Linda Michel District: 1A Physical Address: 22 W 1st St Tonasket , WA 98855  Mailing Address: 22 W 1st St Tonasket , WA 98855 Phone: (509) 486-2151 Fax: (509) 486-3162	Total Licensed Beds: 42 Medicare Beds: 0 Medicare/Medicaid Beds: 42
<b>REGENCY OMAK</b> Vendor#: 4114796 License#: 1479 SSPS#: Type: Limited Liability Company	<b>Admin:</b> Robert Swinea District: 1A Physical Address: 901 Shumway Rd Omak , WA 98841  Mailing Address: 901 Shumway Rd Omak , WA 98841 Phone: (509) 846-7700 Fax: (509) 826-5248	Total Licensed Beds: 56 Medicare/Medicaid Beds: 56

## Community Resource List: OKANOGAN COUNTY

CATEGORY	NAME	ADDRESS	PHONE (509)
AIR CHARTER			
AIRPORTS			
	Omak Municipal Airport	Omak Airport, Omak	826-6270
	Oroville	23 Airport Rd., Oroville	476-9976
ANIMAL CARE			
	Alpine Veterinary Clinic	741 Riverside Dr., Omak	826-5882
	Animal Hospital of Omak	132 Columbia St., Omak	826-5070
	Ark Animal Clinic	33061 US 97, Oroville	476-4343
	Bear Creek Equestrian Center	93 Lower Bear Creek Rd., Winthrop	996-3727
	Okanogan Valley Vet Clinic: Gary Lesamiz	2447 Elmway, Omak	422-3520
	Heidselman	277 Spring Coulee Rd., Omak	422-6715
	Brewster Vet Clinic: Mike Isenhardt	25901 US 97, Brewster	689-2616
	Okanogan Valley Pet Resort	12 Dixon Rd., Omak	322-7387
	Rover's Ranch Dog Boarding	Winthrop	996-4458
	Tonasket Vet Services	31648 US 97 N., Tonasket	486-2166
	Valley Veterinary Clinic	SR 20, Twisp	997-8452
	Winthrop Veterinary Clinic	19100 SR 20, Winthrop	996-2793
BUILDING MATERIALS			
	Grover's Building Supply	520 J Ave. W., Brewster	689-2553
	Home Depot	920 Engh Rd., Omak	826-5459
	Methow Valley Lumber	1309 SR 20, Twisp	997-8541
	Midway Building Supply	33081 US 97, Oroville	476-3149
	Midway Building Supply	132 Clarkson Mill Rd., Tonasket	486-2888
	North Valley Lumber	1A Horizon Flats Rd., Winthrop	996-2264
	Valley Lumber	101 Armory Ave., Okanogan	422-6166
BUSES			
	Brewster School District	503 South 7 <sup>th</sup> Street, Brewster	689-2714
	Methow Valley School District	18 Twin Lakes Rd., Winthrop	996-9205
	Okanogan School District	244 5th Ave. N., Okanogan	422-3770
	Omak School District	14 Cedar St. N., Omak	826-2380

## Community Resource List: OKANOGAN COUNTY

BUSES	Oroville School District	816 Juniper St., Oroville	476-2281
	Pateros School District	344 W. Beach St., Pateros	923-2343
	Tonasket School District	35 SR 20, Tonasket	486-2161
COMPUTER SERVICES			
DEMOLITION			
DIVERS			
	Underwater Recovery	1127 Camas, Coulee Dam	633-2799
EQUIPMENT RENTAL			
EXCAVATORS			
	Boulder Creek Contracting	Winthrop	996-3513
	BTO Construction & Rentals	149 Pateros Mall, Pateros	923-2802
	Doug Haase	Winthrop	996-2033
	JBS Enterprises	Tonasket	486-1146
	Lee & Duke Excavating	Okanogan	422-2658
	McHugh's Excavating, Inc.	Twisp	997-6394
	Rains Contracting	Mallot	422-2326
	Tollefson Construction	110 Old Riverside Hwy., Omak	826-6000
FAIRGROUNDS			
	Okanogan County Fair Grounds	175 Rodeo Trail Rd., Okanogan	422-1621
FOOD SERVICE			
	Al's IGA	PO Box 2109, Tonasket	486-2183
	American Legion Post 97	102 3rd St., Brewster	689-3307
	Anderson's Deli	711 S. Clark, Republic	775-3378
	Antler's Café	PO Box 1160, Twisp	997-5693
	BJ's Branding Iron	PO Box 891, Twisp	997-3576
	Blackbird's country Store	PO Box 817, Winthrop	997-2845
	Burnt Finger BBQ	#10 Maughan River Rd. S., Winthrop	996-8221
	Caso's Country Foods	2406 Elmway, Okanogan	422-5161
	Community Cultural Center	PO Box 664, Tonasket	486-1328
	Curlew Store	PO Box 130, Curlew	779-4825
	Hank's Harvest Foods	412 SR 20, Twisp	997-2494 996-8089

### Community Resource List: OKANOGAN COUNTY

FOOD SERVICE	(The) Junction	23 W. 6th, Tonasket	486-4500
	Kentucky Fried Chicken	PO Box 1901, Omak	826-4414
	Koala Street Grill	914 Koala Ave., Omak	826-6375
	Maverick's Bar and Grill	220 S. Whitcomb Ave., Tonasket	486-1411 486-2614
	Mazama Country Inn	42 Lost River Rd., Mazama	996-2681 996-2546
	Mel's Drive In	30277 SR 20 E, Republic	775-0830
	MTM Chevron Sub Shop	PO Box 576, Twisp	997-3181
	Okanogan Old Flour Mill	PO Box 1817, Okanogan	422-0997 422-0644
	Pateros Super Stop	Pateros	923-2200 679-1977
	Shannon's Café and Deli	626 S. Whitcomb Ave., Tonasket	486-2259
	Sit n Bull Saloon	306 N. Main, Conconully	826-2947
	Stampede Teriyaki	603 Briar Lane, Omak	429-1688
	Sully's	PO Box 194, Loomis	223-3020
	Tonasket Pizza Company	PO Box 1800, Tonasket	486-4808
	(The) Valley Pub	POB 923, Winthrop	996-9944
	Whistler's Family Restaurant	PO Box 2122, Tonasket	486-2568
	Winthrop Red Apple Market	920 SR 20, Winthrop	997-2376
FUEL SUPPLIERS PROPANE & OIL			
	AG Supply Co.	604 US 97, Omak	689-2423
	AmeriGas	903 Engh Rd., Omak	826-7989
	Brewster Propane	Brewster	689-2442
	Ferrellgas	534 Okoma Dr., Omak	826-0210
	Okanogan County Energy	93 W. Chewuch Rd., Winthrop	996-2228
	Oxarc	2256 Elmway, Omak	826-3205
FUNERAL HOMES			
	Bergh	801 Main St., Oroville	476-3572
	Bergh	16 W. Delicious St., Tonasket	486-1212
	Cascade Memorial Center	544 W. Main Ave., Bridgeport	689-2345
	KMK Memorial Group	Omak	826-5232
	Legacy Memorial	Brewster	689-0938
	Okanogan County Crematory	557 Cold Springs Rd., Okanogan	422-2353

## Community Resource List: OKANOGAN COUNTY

	Precht-Harrison-Nearents	2547 Elmway Street, Okanogan, WA	422-3333
	Precht-Harrison-Nearents Chapel	615 Locust St., Omak	826-1550
	Precht Methow Valley	5th & Bridge Street, Twisp WA 98856	997-3020
<b>GENERATORS</b>			
	Omak Honda	10 E. Central Ave., Omak	826-2050
<b>HAZMAT CLEANUP</b>			
	3 Kings Environmental, Inc.	1311 SE Grace Ave., Suite 101, Battle Ground	360-666-5464
	A Bio Clean	Everett	888-412-6300
	A C T	4117 E. Nebraska Ave., Spokane	466-5255
	Abatechs, Inc.	1986 Scarecrow Dr., Camano Island	360-387-5666
	Advance Environmental	3620 49th Ave. SW, Olympia	360-357-5666
	CCS (Cowlitz Clean Sweep)	516 E. D St., Tacoma	253-383-3446
	Lemay Enterprises, Inc.	4201 Olympic Hwy., Aberdeen	360-533-1251
	ServPro	265 SW 41st St., Renton	253-867-0485
<b>HELICOPTERS</b>			
	Waitsburg Helicopter Services	198 Airport Rd., Oroville	476-2186
<b>HOSPITALS / HEALTHCARE</b>			
	Okanogan-Douglas Hospital	507 Hospital Way, Brewster	689-2517
	North Valley Hospital	203 S. Western, Tonasket	486-2151
	Mid-Valley Hospital	810 Jasmine Street, Omak	826-1760
<b>LOGGING</b>			
	Jones Logging and Construction	17 Jones Rd., Okanogan	422-3147
<b>MEDIA</b>			
	Chronicle	618 Okoma Drive, Omak	826-1110
	Methow Valley News	201 Glover, Twisp	997-7011
	Quad City Herald	525 W. Main Ave., Brewster	689-2507
	Wenatchee World	Okanogan Office	422-3848
<b>MEETING VENUES</b>			
	Koala Street Grill	914 Omak Avenue, Omak	826-6375
	Magoos Restaurant	24 N. Main, Omak	826-2325
<b>OFFICE SUPPLIES</b>			

## Community Resource List: OKANOGAN COUNTY

POTABLE WATER			
	Spring Methow Bottling Co.	18381 SR 20, Winthrop	996-4448
RACE TRACKS			
SAND AND GRAVEL			
SANDBAGS			
	Jacobs Trading Co.		763-843-2000 612-719-3698
	Sandbags to Go	Kent	206-240-9766 425-397-7464
SANDBAGS	The Bag Lady	11124 Valley Ave. E, Puyallup	253-770-8606 888-770-2247
	Washington Sandbags	19412 84th Ave. S., Kent	253-863-9870
SANITARY TOILETS			
	B & N Sanitary	403641 SR 20, Cusick	445-1353 765-9478
	Blue Water Sanitation	405 W. Jay Ave., Bridgeport	689-0373 733-1573
	Herriman Speedy Tank Service	Omak	826-1642
	M-n-M Sanitary	16331 N. Highway 21, Republic	775-2115
	Morgan and Son Excavation	Okanogan	422-3621
	Pumpco	Okanogan	422-3846
	Rooster N Chick Rock, LLC	Tonasket	486-2769
SECURITY SERVICE			
SIGNS			
	National Barricade	401 S. 3rd Ave., Yakima	452-7156 / 453-4461
SOCIAL SERVICES			
	Aging and Adult Care	739 Haussler, Unit B, Omak	826-7452
	American Red Cross	PO Box 345, Omak	422-3440
	Okanogan County Community Action Council	424 2nd Ave. S., Omak	422-4041
	Walsh and Associates	307 S. Main St., Omak	826-5286

### Community Resource List: OKANOGAN COUNTY

SWEEPING SERVICES			
	North County Sweeping	2253 Elmway, Okanogan	826-5904
TARPS			
TRANSPORTERS			
	Art Nordang Trucking	86 McFarland Creek Rd., Methow	923-2704
	Big River Freight	152 Rodeo, Omak	826-0169
	Hubbard Transport	Omak	422-1700
	R.C. Trucking	31736 US 97, Tonasket	486-0106
	Samuelson Trucking	231 Columbia St., Omak	322-4131
	Thrapp Trucking, Inc.	5 Vinmar Lane, Omak	422-3227
TREE REMOVAL			
	Skirko Tree Service	71 Salmon Creek Rd., Okanogan	877-422-2077
	Jones Logging and Construction	17 Jones Rd., Okanogan	422-3147
VEHICLE RENTAL			
	Budget Truck Rental	204 N. Main, Omak	826-5033
	Fuller and Sons Auto Rentals	122 Midway Ave. NE, Grand Coulee	633-0600
	Sunrise Chevy	726 Omak Dr., Omak	826-1000
	U-Haul	631 Okoma Dr., Omak	826-3358
	U-Haul	1714 Main St., Oroville	476-3561
	U-Haul	243 Dawson St., Pateros	923-0100

## Appendix C – Emergency Communication Systems

Provide information for the following (include regional, state, and international information, if applicable):

- Hospital
- Local Health Jurisdiction
- Local Emergency Management
- Emergency Medical Services Agencies
- Tribes
- Community/Migrant Health Centers

Information contained in **Appendix C** is exempt from public disclosure per RCW 42.56.420 (1).

Frequency	Receive	RX Code	Transmit	TX Code
LERN	155.370		155.370	
HEAR	155.3400		155.3400	
OSCCR	156.135		156.135	203.5
DNR COM	151.415		151.415	
NLEC	155.4750		155.4750	
SAR	155.1600		155.1600	
VCALL	155.7525		155.7525	203.5
VTAC 1	151.1375		151.1375	203.5
VTAC 2	154.4525		154.4525	203.5
VTAC 3	158.7375		158.7375	203.5
VTAC 4	159.4725		159.4725	203.5
DNR RPTR 5	172.375		170.375	

Hospitals	HEAR	Cell Phone	Satellite Phones Red denotes Inactive Number	Amateur Radio UHF/VH F	Amateur Radio HF/6M	Website WATrac
Cascade Medical Center (Leavenworth)	no		254-387-3388	X		X
Confluence Health Central Washington Hospital &Clinics	155.3 400		254-219-0657	X	X	X
Columbia Basin Hospital	155.3 400		254-387-7599	X		X
Coulee Medical Center	155.3 400		254-387-5783	X		X
Kittitas Valley Healthcare	155.3 400		254-240-4104	X		X
Lake Chelan Community Hospital	155.3 400		254-387-3389	X		X
Mid-Valley Hospital	155.3 400		254-387-5781	X		X
North Valley Hospital	155.3 400		254-387-5780	X		X
Three Rivers Hospital	155.3 400		1-863-200-9748	X		
Quincy Valley Medical Center	155.3 400		254-387-5984	X		
Samaritan Healthcare	155.3 400		254-387-5985	X		
Wenatchee Valley Hospital & Clinics	155.3 400		254-387-3383	X		
Public Health Districts	HEAR	Cell Phone	Satellite Phones Red denotes Inactive Number	Amateur Radio UHF/VH F	Amateur Radio HF/6M	Website WATrac
Chelan-Doug Health Dept			Mobile: 254-204-0589 Fixed: 254-377-2969			
Kittitas Health Dept			Mobile: 509-204-0588 Fixed: 254-377-7046			
Grant Health Dept			Mobile: 254-204-0620 Fixed: 254-377-7250			
Okanogan Health Dept.			Mobile: 509-204-0626			
Colville Tribal Health			Mobile: 254-460-3077			

Community Health Centers	HEAR	Cell Phone	Satellite Phones Red denotes Inactive Number	Amateur Radio UHF/VHF	Amateur Radio HF/6M	Website WATrac
Columbia Valley Community Health : Chelan			Mobile: Chelan 863 -203-9360			
Columbia Valley Community Health: Wenatchee			Mobile: Wenatchee 863-200-5320			
Family Health Centers of Okanogan			Mobile: 863-200-5324			
Moses Lake Community Health			Mobile: 254-381-8165			

Air Ambulance	HEAR	Cell Phone	Satellite Phones Red denotes Inactive Number	Amateur Radio UHF/VHF	Amateur Radio HF/6M	Website WATrac
<u>Life Flight</u> Communications Center 800-232-0911 208-367-3114  Air or Ground resources based in Moses Lake and Brewster 800-422-2440 509-532-7990			011-8816-41480643  011-8816-41480644	<b>MICA</b> <b>Rptr:</b> <u>TX Freq:</u> 467.975 <u>RX Freq:</u> 462.975 <u>TX PL</u> <u>Freq:</u> 88.5 <b>Mission Ridge</b> <b>Rptr:</b> <u>TX Freq:</u> 468.175 <u>RX Freq:</u> 463.175 <u>TX PL</u> <u>Freq:</u> 167.9 <u>RX PL</u> <u>Chan:</u> 146.2 <b>MICA DIR</b> (Spokane Local) <u>TX Freq:</u> 462.975 <u>RX Freq:</u> 462.975 <u>TX PL</u> <u>Freq:</u> 88.5		
<u>Airlift Northwest</u> Communications Center 1-800-426-2430 206-329-2569				<u>Primary</u> <u>Freq:</u> 155.295 <u>PL</u> 192.8		

<b>Ambulance Transport Agencies:</b>	<b>HEAR</b>	<b>Cell Phone</b>	<b>Satellite Phones Red denotes Inactive Number</b>	<b>Amateur Radio UHF/VHF</b>	<b>Amateur Radio HF/6M</b>	<b>Website WATrac</b>
<b>Chelan County:</b>						
Ballard Services, Inc.						
Cascade Ambulance						
Chelan Co PHD # 2/Lake Chelan EMS						
LifeLine Ambulance, Inc.						
<b>Douglas County:</b>						
Ballard Ambulance, Inc						
Bridgeport Ambulance						
LifeLine Ambulance, Inc.						
Mansfield Ambulance						
Waterville Ambulance						
<b>Grant County:</b>						
American Medical Response						
Moses Lake Fire & Rescue						
Grant County FD#10						
Protection 1, LLC Ambulance						
<b>Kittitas County:</b>						
Kittitas Valley Fire & Rescue						
KC Hospital Dist #2						
Cle Elum Fire Department						
Kittitas County Fire District #7						
Snoqualmie Pass Fire & Rescue						
<b>Okanogan County:</b>						
Aero Methow Rescue						
Colville Tribal Fire & Rescue						
Douglas Okanogan FD #15						
LifeLine Ambulance, Inc.						
Oroville Ambulance						
Tonasket Ambulance						
<b>Emergency Management</b>	<b>HEAR</b>	<b>Cell Phone</b>	<b>Satellite Phones Red denotes Inactive Number</b>	<b>Amateur Radio UHF/VHF</b>	<b>Amateur Radio HF/6M</b>	<b>Website WATrac</b>
Chelan County EM		509- 667-6865	800-769-8250			
Douglas County EM		509- 884-0941				
Grant County EM		509- 237-2598				
Kittitas County EM		509- 962-7525	254-241-5879			
Okanogan County EM		509- 429-2576	Mobile: 254-387-3405			

**NOTE: WHEELS is no longer supported by the DOH.  
Unavailable in North Central Washington as of 12/31/2015.**

## **Appendix D – Emergency Medical Services (EMS) and Auxiliary Transport Fact Sheet and Patient Transport Assets Matrix**

**NOTE: INFORMATION IS UPDATED QUARTERLY at the FOLLOWING LINK:**

<http://www.doh.wa.gov/Portals/1/Documents/1400/TransportRegion7.pdf>

**THE MATRIX IS EMAILED TO R7 MEMBERS AS IT IS UPDATED BY DOH STAFF.**

**PLEASE PRINT THE CURRENT VERSION AND INSERT INTO PLAN.**

For additional information contact:

**Kevin Wickersham, MS**

Emergency Preparedness Specialist  
Office of Emergency Preparedness and Response  
Washington State Department of Health  
101 Israel Road SE, Town Center 1  
Tumwater, WA 98501  
360.236.4053 (O)  
360.239.9753 (M)  
[kevin.wickersham@doh.wa.gov](mailto:kevin.wickersham@doh.wa.gov)

## **Appendix E – Existing Agreements**

### **Region 7 Healthcare Mutual Aid Agreement**

#### **Regional Hospital MAA:**

- Cascade Medical Center – Leavenworth
- Columbia Basin Hospital - Ephrata
- Confluence Health: Wenatchee Valley Hospital & Clinics – Wenatchee
- Confluence Health: Central Washington Hospital & Clinics - Wenatchee
- Coulee Medical Center – Grand Coulee
- Lake Chelan Community Hospital – Chelan
- Mid Valley Hospital – Omak
- North Valley Hospital- Tonasket
- Quincy Valley Medical Center – Quincy
- Samaritan Healthcare – Moses Lake
- Three Rivers Hospital – Brewster

#### **Regional Community Health Center MAA:**

- Columbia Valley Community Health
- Family Health Centers of Okanogan

#### **Regional Emergency Management –Coroner/Prosecutor:**

- Chelan County Sheriff's Department – Emergency Management – Wenatchee
- Chelan County Coroner - Wenatchee
- Douglas County Sheriff's Department – Emergency Management – East Wenatchee
- Grant County Emergency Management – Moses Lake

**REGION 7 HEALTHCARE  
MUTUAL AID AGREEMENT**

Revised: April 21, 2009

This Region 7 Healthcare Inter-Jurisdictional Mutual Aid Agreement (“Agreement”) is made and entered into by the signatory Healthcare Agencies within Region 7 in the State of Washington that operate a Hospital or Clinic individually with all other signatory Party Healthcare agencies legally joining the Agreement.

**PURPOSE**

The undersigned Parties confront numerous threats to the public’s health, including but not limited to, Public Health Incidents, Emergencies and/or Disasters that could overwhelm the capabilities of an immediate local response. None of the Parties to this Agreement possesses all of the necessary resources to cope with every possible Public Health Incident, Emergency or Disaster by itself, and a more efficient, effective response can best be achieved by the application and leveraging of collective resources.

Each Party desires to voluntarily aid and assist each other by the interchange of healthcare resources and services in the event that a Public Health Incident, Emergency or Disaster situation should occur. The Party finds it necessary and desirable to execute this Agreement for the interchange of such mutual Assistance on a county and/or regional basis.

The Parties to this Agreement have determined it is in their collective best interest to develop and implement a Plan, and incorporate mutual aid response into their existing emergency response plans. Training and exercising Mutual Aid protocols, in advance of a Public Health Incident, Emergency or Disaster, will enhance the efficiency and effectiveness of each responding party.

The Parties desire to cooperate with one another to receive state and/or federal resources, provided such cooperation does not compromise a Parties own healthcare response. The Parties desire to engage in frequent consultation and to allow free exchange of information, plans, and resource records related to Assistance activities.

**ARTICLE I**

**DEFINITIONS**

Assisting Party: A Party providing Assistance to a Requesting Party from another healthcare agency that has requested Assistance to confront a Public Health Incident, Emergency or Disaster.

Assistance: Assistance means personnel, equipment, materials, supplies, facilities, services, and/or related resources.

Authorized Representative: The person or persons designated by each Party in the Plan to request Assistance from or grant Assistance to another Party pursuant to the terms of this Agreement.

Mutual Aid: A prearranged written Agreement and Plan whereby Assistance is requested and may be provided between two or more healthcare jurisdictions during a Public Health Incident, Emergency or Disaster under the terms of this Agreement.

Mutually Agreed Upon: As it pertains to the “Withdrawal of Assistance” in Article VI. A condition or set of conditions that both parties verbally conclude to be fair and appropriate prior to agreeing to send or receive resources, with a written document to follow in a timely manner.

Period of Assistance: The period of time beginning with the departure of any personnel, equipment, materials, supplies, services, and/or related resources of the Assisting Party from any point for the purpose of traveling to provide Assistance exclusively to the Requesting Party, and ending on the return of all of the Assisting Parties personnel, equipment, materials, supplies, services, and/or related resources to their regular place of work or assignment, or otherwise terminated through written or verbal notice of the Authorized Representative of the Assisting Party With respect to facility use, the Period of Assistance shall commence on the date agreed upon between the Requesting and Assisting Party and shall end when the Requesting Party returns possession of the facility to the Assisting Party, or when otherwise terminated through written or verbal notice of the Authorized Representative of the Assisting Party.

Plan: a written regional healthcare inter-jurisdictional Mutual Aid Plan that meets the requirements set forth in Article VII.

Public Health Incident, Emergency, or Disaster: Any occurrence, or threat thereof, whether natural or caused by man, in war or in peace, to which any Party may respond pursuant to its authority under chapter 70.05 or 70.46 RCW, or other applicable law, and that, in the judgment of the Requesting Party, results or may result in circumstances sufficient to exceed the capabilities of immediate local or regional healthcare response.

Portal to Portal Method: The Assisting Party’s resources compensable time starts at the moment the resource leaves the Assisting Party’s location and concludes when that resource returns to this same location.

Requesting Party: A Party that has requested Assistance from a Party from another healthcare agency participating in this Agreement.

## ARTICLE II

### IMPLEMENTATION

This Agreement shall become effective immediately upon its execution by any two Parties. After the first two such executions, this Agreement shall become effective as to any other Parties in Region 7 in the State of Washington upon its execution by such Party. The Agreement shall remain in effect as between each and every Party until participation in this Agreement is terminated by a withdrawing Party in writing pursuant to Article XVII. Termination of participation in this Agreement by a withdrawing Party shall not affect the continued operation of this Agreement as between the remaining Parties.

## **ARTICLE III**

### **PARTICIPATION**

The Parties have a desire to be of help to one another in response to a request for Assistance related to a Public Health Incident, Emergency or Disaster. The Parties agree that this Agreement, however, does not create a legal duty to provide Assistance. The Parties agree that any and all actions taken pursuant to this Agreement shall be voluntary. A Party may elect to voluntarily furnish such Assistance to another Party as is available, and shall take into consideration whether such actions might unreasonably diminish its capacity to provide basic health services to its own locale.

## **ARTICLE IV**

### **HOW TO INVOKE ASSISTANCE**

The Authorized Representative of a Party may request Assistance of another Party by contacting the Authorized Representative of that Party. The provisions of this Agreement shall only apply to requests for Assistance made by and to Authorized Representatives or their designee. Requests may be verbal or in writing. If verbal, the request shall be confirmed in writing before the Period of Assistance begins to the extent it is practical.

## **ARTICLE V**

### **LIABILITY RELATED TO DELAY OR FAILURE TO RESPOND**

No Party shall be liable to another Party for, or be considered in breach of or default under this Agreement on account of any delay in or failure to perform any obligation under this Agreement, except to make payment as specified herein.

Nothing in this Agreement shall be construed to create any rights in or duties to any third party, nor any liability to or standard of care with reference to any third party. This Agreement shall not confer any right or remedy upon any person other than the Party. This Agreement shall not release or discharge any obligation or liability of any third party to any Party.

## **ARTICLE VI**

### **WITHDRAWAL FROM ASSISTANCE**

An Assisting Party may withdraw Assistance by giving verbal or written notice to the Requesting Party. Each Assisting Party that is providing Assistance to a Requesting Party agrees to give reasonable notice to the Requesting Party under the circumstances as they exist at the time before withdrawing Assistance. No Party shall be liable to another Party for, or be considered in breach of or default under this Agreement on account of, any withdrawal of assistance.

The Requesting Party, at the time a resource request is made shall make every effort to notify the Assisting Party of the intended time a resource is needed. By sending a resource, the Assisting Party agrees to the requested time frame or shall clarify this point with the Requesting Party prior to resource departure, if alternate time frames are desired.

If an Assisting Party's resource needs to depart an assignment prior to the agreed upon time frame the Assisting Party will make every effort to supply a replacement and avoid a gap in the service

provided by the resource. If the Assisting Party is unable to supply a substitute resource in a timely manner, they are requested to work with other hospitals or agencies to make every effort to replace said resource, but all parties must understand that resources may be in short supply during a crisis.

## **ARTICLE VII**

### **PLANNING, MEETING AND TRAINING**

Parties are expected to:

- 1) ensure that other Parties have their most current contact information;
- 2) participate in scheduled meetings to coordinate operational and implementation matters, and
- 3) participate in Region 7 Healthcare Coalition emergency response planning.
- 4) pre-deployment training shall insure that assisting employees are aware of their obligation to inform their requesting party's immediate supervisor in the command structure if dangerous conditions exist, or if the assignment is not appropriate or if the assignment is inconsistent with safety regulations or their training. Said pre-deployment training is the responsibility of the Assisting Party, prior to resource departure. Curriculum for such training will be provided by the Region 7 Healthcare Coalition covered in Annex E.

Parties agree to incorporate protocols related to this Agreement into regular emergency preparedness exercises and trainings, and will train in accordance with the Plan. Requesting Parties agree to provide "Just In Time Training" during Public Health Incidents, Emergencies or Disasters on their policies, procedures and protocols for Assisting Parties personnel. Parties agree to exchange their emergency preparedness plans, and other documents that may be beneficial in preparing personnel from another Party to respond to a request for Assistance.

## **ARTICLE VIII**

### **COMMAND AND CONTROL**

Resources from the Assisting Party shall be under the operational control of the Requesting Parties emergency leadership. All personnel provided by an Assisting Party will be under the authority of the Local Health Officer in the Requesting Parties jurisdiction, and under the direction of NIMS the Assisting Party's resources are working for the Requesting Party's Incident Commander. The Party intends to follow the National Incident Management System's "Incident Command System" when such system is activated. The ultimate responsibility for resource tracking falls upon the Requesting Party.

## **ARTICLE IX**

### **ASSISTING PARTY EMPLOYEES**

Employees of an Assisting Party shall at all times while performing Assistance continue to be employees of the Assisting Party for any purpose. Wages, hours and other terms and conditions of employment of Assisting Party shall remain applicable to all of its employees who perform Assistance under this Agreement. Assisting Parties shall be solely responsible for payment of its employees' wages, any required payroll taxes and any benefits or other compensation. Requesting

Party shall not be responsible for paying any wages, benefits, taxes or other compensation to Assisting Parties employees.

## **ARTICLE X**

### **INJURY COMPENSATION AND DEATH BENEFITS**

Each Party shall provide for the payment of Workers' Compensation benefits to its own injured personnel and/or to representatives of its own personnel in case such personnel sustain injuries or are killed while rendering aid under this Agreement, in the same manner and on the same terms as if the injury or death were sustained within its own jurisdiction.

Nothing in this Agreement shall abrogate or waive any Parties right to reimbursement or other payment available from any local, state or federal governments or abrogate or waive the effect of any waiver, indemnity or immunity available to a Party under local, state or federal law or other governmental action. To the extent that such reimbursement, payment, waiver, indemnity or immunity does not apply, then each Party shall remain fully responsible as employer for all taxes, assessments, fees, premiums, wages, withholdings, Workers' Compensation, and other direct and indirect compensation, benefits, and related obligations with respect to its own employees. Each Party shall provide Workers' Compensation in compliance with the statutory requirements of the State of Washington.

## **ARTICLE XI**

### **REIMBURSEMENT OF COSTS AND CONDITIONS OF LOAN**

The Requesting Party agrees to reimburse the Assisting Party for the costs of personnel, equipment, materials, supplies, facilities, services, and/or related resources used during the Period of Assistance on the basis of mutually accepted costs associated with these resources. When an Assisting Party deploys employees under the terms of this Agreement to a Requesting Party, the Assisting Party will be reimbursed by the Requesting Party equal to the Assisting Parties full cost, including employee's salary or hourly wages, call back or overtime costs, benefits and overhead, and consistent with the Assisting Parties personnel union contracts, if any, or other conditions of employment.

Assisting Parties will bill for supplied resources using the Portal to Portal method.

Specialized resources or equipment, supplied by the Assisting Party may need to be supplied with a technician to operate or train emergency users. Such situations will be discussed by both parties prior to dispatch and appropriate costs and time frames will be agreed upon prior to dispatch of said resources.

Basic accommodations, covering nutrition and sleeping arrangements for the Assisting Party's resources will be discussed and agreed upon prior to dispatch.

Reusable materials and supplies that are returned to the Assisting Party in clean, damage free condition, excepting normal wear and tear, shall not be charged to the Requesting Party and no rental fee shall be charged. The Assisting Party shall determine whether items are returned in clean and damage free condition, and any items found to be damaged shall be treated as partially consumed and/or as non-returnable materials and supplies. Equipment and supplies shall be billed at the dollar amount it costs the assisting party to purchase the supplies originally.

The Assisting Party shall be entitled to receive payment for the cost of repair or replacement of damaged and consumed materials and supplies. The Assisting Party shall send the Requesting Party an invoice or invoices for all valid Assistance Costs within 30 days of incurred cost, and the Requesting Party shall pay the invoice(s) within sixty (60) days of receipt of each invoice. The actual cost associated with sending resources will be invoiced and paid, but a provision will be included that allows the requesting party to challenge a bill, if a charge exceeds established current market place valuation of product or service.

## ARTICLE XII

### WORKER REGISTRATION, LIABILITY AND DISPUTE RESOLUTION

1. **WORKER REGISTRATION AND LIABILITY.** The Parties to this Agreement agree that each will take all actions necessary to qualify and maintain qualification of its own personnel, employees and volunteers as emergency workers, or covered volunteer emergency workers, to the extent possible and as appropriate, pursuant to RCW 38.52 et seq., WAC 118-04 et seq., and any other applicable statute, regulation or law. The Parties agree that prior to invoking a request for Assistance under this Agreement for a large event, the Requesting Party through its local department of emergency management; will request the issuance of a mission number from the Washington military department, emergency management division. A Party may condition its willingness to respond and the continuance of its response under this Agreement on the issuance of a mission number, and compliance with RCW 38.52 et seq., WAC 118-04 et seq., or other law, by the Assisting and Requesting Party.
2. In the event local, state and/or federal governments or laws provide waiver, immunity, indemnification, reimbursement or other payment related to liability that would otherwise be the responsibility of a Party then such waiver, immunity, indemnification, reimbursement or other payment shall limit a party's liability. The Parties agree to exhaust their rights to waiver, immunity, indemnification, reimbursement or other payment from local, state, and/or federal governments. However, to the extent that local, state or federal governments or laws do not provide complete waiver, immunity, indemnification, reimbursement or other payment related to Party liability, then the following provisions will apply:
  - A. Each party to this Agreement shall be legally responsible for its own acts and omissions arising under this Agreement, and that of its respective appointed and elected officials, employees, officers, agents, agencies, assigns and representatives. Each party agrees to defend, indemnify, and hold harmless the other party, and its respective appointed and elected officials, employees, officers, agents, agencies, assigns and representatives from and against any and all liability, loss, cost, damage and expense arising or alleged to have arisen directly or indirectly out of or in consequence of the performance of this Agreement by the indemnitor.
  - B. **GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.** Any Party shall not be required under this Agreement to release, indemnify, hold harmless or defend any other Party from any claim, loss, harm, liability, damage, cost or expense caused by or resulting from the activities of any Parties officers, employees, or agents acting in such a manner that constitutes willful misconduct, gross negligence or bad faith.
  - C. **LIABILITY FOR PARTICIPATION.** In the event of any liability, claim, demand, action or proceeding, of whatever kind or nature arising out of the rendering of

Assistance through this Agreement, the Requesting Party agrees, to indemnify, hold harmless, and defend, to the fullest extent of the law, each signatory to this Agreement, whose only involvement in the transaction or occurrence which is the subject of such claim, action, demand, or other proceeding, is the execution and approval of this Agreement.

- D. LITIGATION PROCEDURES. Parties' personnel shall cooperate and participate in legal proceedings if so requested by another Party and/or required by a court of competent jurisdiction.
  - E. TORT CLAIMS ACT. No provision of this Agreement shall remove from any Party any protection provided by any applicable Tort Claims Act.
  - F. WAIVER OF RIGHTS. Any waiver at any time by any Party of its rights with respect to a default under this Agreement, or with respect to any other matter arising in connection with this Agreement, shall not constitute or be deemed a waiver with respect to any subsequent default or other matter arising in connection with this Agreement. Any delay in asserting or enforcing any right, except those related to the statutes of limitations, shall not constitute or be deemed a waiver.
3. DISPUTE RESOLUTION. If a dispute between the parties to this Agreement arises out of or related to this Agreement, or the breach thereof, and if the dispute cannot be settled through direct discussions, the Parties in dispute agree to first endeavor to settle the dispute in an amicable manner by mediation. Thereafter, any unresolved controversy or claim arising out of or related to this Agreement, or breach thereof, may be settled in a court having jurisdiction thereof. The Parties may seek to resolve disputes pursuant to mediation or arbitration, but are not required to do so.

### **ARTICLE XIII**

#### **LICENSES AND PERMITS**

When invoking Assistance, the Requesting Party shall define as precisely as possible the licensure requirements of personnel being requested from the Assisting Party. The Assisting Party agrees to exercise reasonable diligence in verifying personnel's licensure and in responding to the specific licensure requirements requested by the Requesting Party. A form located in Annex B, signed and authenticated by the Human Resource Manager of each Assisting Party will be presented at Incident Check-In, by all employees to certify their credentials.

### **ARTICLE XIV**

#### **RECORD KEEPING**

Time sheets and/or daily logs showing hours worked and equipment and materials used or provided by the Assisting Party will be recorded on a shift by shift basis by the Requesting Party and/or the loaned employee(s) and will be provided to the Assisting Party as needed. Additionally, the Assisting Party will provide shipping records for materials, supplies, equipment and/or related resources, and the Requesting Party is responsible for any required documentation of use of materials, supplies, equipment, facilities, services, and/or related resources for state or federal reimbursement. Under all circumstances, the Requesting Party remains responsible for ensuring that the amount and quality of all documentation, uses appropriate ICS forms found in Annex A and is adequate to enable state or federal reimbursement but responding employees should keep a

time log, using appropriate ICS forms, during their deployment and review this information with the Requesting Party prior to departure.

## **ARTICLE XV**

### **OTHER OR PRIOR AGREEMENTS**

This Agreement is not intended to be exclusive among the Parties. Any Party may enter into separate agreements with any other entity. No such separate agreement shall terminate any responsibility under this Agreement.

## **ARTICLE XVI**

### **EFFECT OF DECLARATION OF EMERGENCY**

The Parties recognize that state or federal declarations of emergency, or orders related thereto, may supersede the arrangements made or actions taken for rendering Assistance pursuant to this Agreement.

## **ARTICLE XVII**

### **MODIFICATION/TERMINATION OF AGREEMENT**

No provision of this Agreement may be modified, altered or rescinded by any individual Party without the unanimous concurrence of the other Parties. Modifications to this Agreement must be in writing and will become effective upon the approval of the modification by Parties. Modifications must be signed by each Party.

A Party opting to terminate this Agreement shall provide written termination notification to the Authorized Representatives of all Party. Notice of termination becomes effective upon receipt by all Authorized Representatives. Any terminating Party shall remain liable for all obligations incurred during its Period of Assistance until the obligation is satisfied.

## **ARTICLE XVIII**

### **ENTIRE AGREEMENT**

This Agreement constitutes the entire agreement amongst the Parties.

## **ARTICLE XIX**

### **SUCCESSORS AND ASSIGNS**

This Agreement is neither transferable nor assignable, in whole or in part, and any Party may terminate its participation in the Agreement pursuant to Article XVII.

## **ARTICLE XX**

### **GOVERNING LAW**

This Agreement shall be interpreted, construed and enforced in accordance with the laws of the State of Washington.

## **ARTICLE XXI**

### **INVALID PROVISION**

The provisions of this Agreement are severable. If any portion of this Agreement is determined by a court to be void, unconstitutional or otherwise unenforceable, the remainder of this Agreement will remain in full force and effect.

## **ARTICLE XXII**

### **NOTICES**

Except as otherwise provided herein, any notice, demand, information, report, or item otherwise required, authorized or provided for in this Agreement shall be given in writing and shall be deemed properly given if (i) delivered personally, (ii) transmitted and received by telephone facsimile device and confirmed by telephone, (iii) sent by United States Mail, postage prepaid, to the Authorized Representatives of all affected Parties at the address designated by such Authorized Representative, or (iv) sent by email with electronic signature of the Parties Authorized Representative.

## **ARTICLE XXIII**

### **NO DEDICATION OF FACILITIES**

No undertaking by one Party to the other Party under any provision of this Agreement shall constitute a dedication of the facilities or assets of such Party, or any portion thereof, to the public or to the other Party. Nothing in this Agreement shall be construed to give a Party any right of ownership, possession, use or control of the facilities or assets of the other Party.

## **ARTICLE XXIV**

### **NO PARTNERSHIP**

This Agreement shall not be interpreted or construed to create an association, joint venture or partnership among the Parties or to impose any partnership obligation or liability upon any Party. Further, no Party shall have any undertaking for or on behalf of, or to act as or be an agent or representative of, or to otherwise bind any other Parties.

This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. For purposes hereof, a facsimile copy of this Agreement, including the signature pages hereto, shall be deemed to be an original.

IN WITNESS WHEREOF, this Agreement has been executed and approved and is effective and operative as to each of the Parties as herein provided.

# SIGNATORS PAGE FOR REGION 7 HEALTHCARE MUTUAL AID AGREEMENT

RECEIVED JUL 21 2009

SIGNATORS PAGE  
FOR  
REGION 7 HEALTHCARE  
MUTUAL AID AGREEMENT  
DATED: \_\_\_\_\_  
Page \_\_\_ of \_\_\_

Cascade Medical Center  
By: Bill Luebbe Bill Luebbe  
Title: Pres. of Board President of Board  
Date: 14 July 09 7-14-09

Central Washington Hospital  
By: Jack Evans Jack Evans  
Title: President & CEO President & CEO  
Date: 5/5/2009 Central Washington Hospital  
5/5/2009

Columbia Valley Community Health  
By: Carol Dieck Carol Dieck  
Title: Acting CEO Acting CEO  
Date: 5/11/09 5/11/09

Columbia Basin Hospital  
By: Robert Breder Robert Breder  
Title: CEO CEO  
Date: 6-26-09 6-26-09

SIGNATORS PAGE  
FOR  
REGION 7 HEALTHCARE  
MUTUAL AID AGREEMENT  
DATED: \_\_\_\_\_  
Page \_\_\_ of \_\_\_

Coulce Community Hospital  
By: Tom Jensen Tom Jensen  
Title: CEO CEO  
Date: 7/7/09 7/7/09

Kittitas Valley Community Hospital  
By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Lake Chelan Community Hospital  
By: David Berrier David Berrier  
Title: CEO & Administrator CEO & Administrator  
Date: 4-23-09 4-23-09

Mid-Valley Hospital  
By: Michael Billing Michael Billing  
Title: CEO CEO  
Date: 4/21/2009 4-21-09

SIGNATORS PAGE  
FOR  
REGION 7 HEALTHCARE  
MUTUAL AID AGREEMENT  
DATED: \_\_\_\_\_  
Page \_\_\_ of \_\_\_

RECEIVED AUG 31 2009

North Valley Hospital  
By: Warner Karlsson Warner Karlsson  
Title: Administrator Administrator  
Date: April 21, 2009 4-21-09

Okanogan-Douglas Hospital  
By: Dale Billa Dale Billa  
Title: Administrator Administrator  
Date: 4/21/09 4-21-09

Quincy Valley Medical Center  
By: Mehdi Merred Mehdi Merred  
Title: Administrator Administrator  
Date: 04/21/2009 4-21-09

Wenatchee Valley Medical Center  
By: Jay Johnson Jay Johnson  
Title: Associate Administrator Associate Administrator  
Date: 7/10/09 7/10/09

SIGNATORS PAGE  
FOR  
REGION 7 HEALTHCARE  
MUTUAL AID AGREEMENT  
DATED: 7/9/09  
Page \_\_\_ of \_\_\_

Samaritan Hospital  
By: Andrew Baur Andrew Baur  
Title: CEO CEO  
Date: 7/9/09 7/9/09

Family Health Centers  
By: Michael Hascob Michael Hascob  
Title: CEO CEO  
Date: JULY 21, 2009 7/21/09

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Organization: \_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**SIGNATURES FOR  
REGION 7 HEALTHCARE COALITION  
MUTUAL AID AGREEMENT**

**Chelan County Sheriff's Office – Department of Emergency Management**

Name KENT SLOSSON Date 02-17-11

Signature Kent D. Slosson

**Chelan County Coroner**

Name Wayne E. Harris Date 2-17-11

Signature Wayne E. Harris

**Douglas County Sheriff's Office – Department of Emergency Management**

Name Michael M. Dwyer Date 2-17-11

Signature Michael M. Dwyer

**Douglas County Coroner/Prosecutor**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Grant County Department of Emergency Management**

Name SAM H. LORENZ Date 02/17/2011

Signature Sam H. Lorenz

**Grant County Coroner/Prosecutor**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**SIGNATURES FOR  
REGION 7 HEALTHCARE COALITION  
MUTUAL AID AGREEMENT**

**Kittitas County Emergency Management**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Kittitas County Coroner/Prosecutor**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Okanogan Sheriff's Office – Department of Emergency Management**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Okanogan County Coroner/Prosecutor**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Funeral Home Directors/Association**

Facility Name: \_\_\_\_\_ County \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Facility Name: \_\_\_\_\_ County \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## Region 7 Healthcare MOU Annex

- Annex A ICS Forms
- Resource Tracking and Status
  - Unit Log
  - Situational Awareness Report
- Annex B ASSISTING PARTY'S CREDENTIALING FORM
- R7 Worker Registration Form
- Annex C REGIONAL EMS TRANSFER AGREEMENT.
- At some time in the future an agreement needs to be signed that covers all practical aspects of a Regional EMS transfer agreement.
- Annex D REGIONAL EMS RE-SUPPLY AGREEMENT
- At some time in the future an agreement needs to be signed that covers all practical aspects of a Regional EMS re-supply agreement.
- Annex E Curriculum for such training will be provided by the Region 7 Healthcare Coalition.
- From pre-dispatch through and including resource return
  - Applicable NIMS Courses
  - Other duty specific to requesting party
  - ACF Triage Tool
- Annex F Wildfire Response Mobile Air Monitoring
- Purpose
  - Planning Assumptions
  - Policies
  - Responsibilities
  - Concept of operations
  - Attachments
    - Monitor Inventory List
    - E-Sampler Quick Set-Up Cheat Sheet
    - Leak Test and Flow Calibration Cheat Sheet



# Region 7 Healthcare Coalition

## Situational Awareness Report Approved 2016-6-16

- This report will be published daily to update Region 7 emergency response partners regarding the threats to healthcare service in Region 7 during response.
- The report is intended to create situational awareness about the status of affected healthcare providers in an effort to develop a coordinated response and project system needs for Region 7 response planning.
- This report should be used in conjunction with [WATrac](#) for timely agency and bed availability status.
- If internet is not available, contact county control hospital via Sat phone or HAM radio.

Date \_\_\_\_\_

Time \_\_\_\_\_

Event \_\_\_\_\_

Reporting Agency \_\_\_\_\_ REPORT # \_\_\_\_\_

### Questions to answer on WATrac:

1. Overall Status:  
*Open, Closed, Compromised*
2. Census:
3. Staffing Needs:  
*Fully Staffed*  
*Under Staffed*  
*Available to Others*
4. Resource Status/Needs:  
*Supply status*
5. Facility Status: *Compromised, power, water, sewer, roads, food, or infrastructure? Generators in use? Evacuation considered?*
6. Communication issues:
7. Region 7 Resources: *ACF trailer Available or Deployed to:*  
\_\_\_\_\_
8. Needs: *Functionality/Continuity of services:*
9. Resources received so far:
10. Shelters deployed: *ACF / FMS/ Red Cross and location:*  
\_\_\_\_\_

### Agencies to Report Sit Rep on WATrac:

#### Chelan/Douglas County:

- Confluence Health, Central Washington Hospital – **Regional Control /DMCC**
- Confluence Health – Wenatchee Valley Hospital
- Cascade Medical Center
- Lake Chelan Community Hospital & Clinics
- Columbia Valley Community Health
- Chelan/Douglas Public Health

#### Grant County:

- Samaritan Hospital – **Grant County Control**
- Columbia Basin Hospital
- Coulee Medical Center
- Quincy Valley Medical Center
- Moses Lake & Quincy community Health Center
- Grant County Public Health

#### Okanogan County:

- Mid-Valley Hospital – **Okanogan County Control**
- North Valley Hospital
- \Three Rivers Hospital
- Colville Confederated Tribes
- Okanogan Family Health Centers
- Okanogan County Public Health

#### Kittitas County:

- Kittitas Valley Healthcare – **Kittitas County Control**
- Community Health of Central WA, Ellensburg
- Kittitas Public Health

#### Regional Organizations:

- North Central Emergency Care Council
- Apple Valley Chapter of American Red Cross
- Davita Dialysis

*In addition to reporting agencies, send compiled data to:*

- *WA State Dept. of Health, Emergency Preparedness & Response*
- *Regional and/or Local Emergency Management*

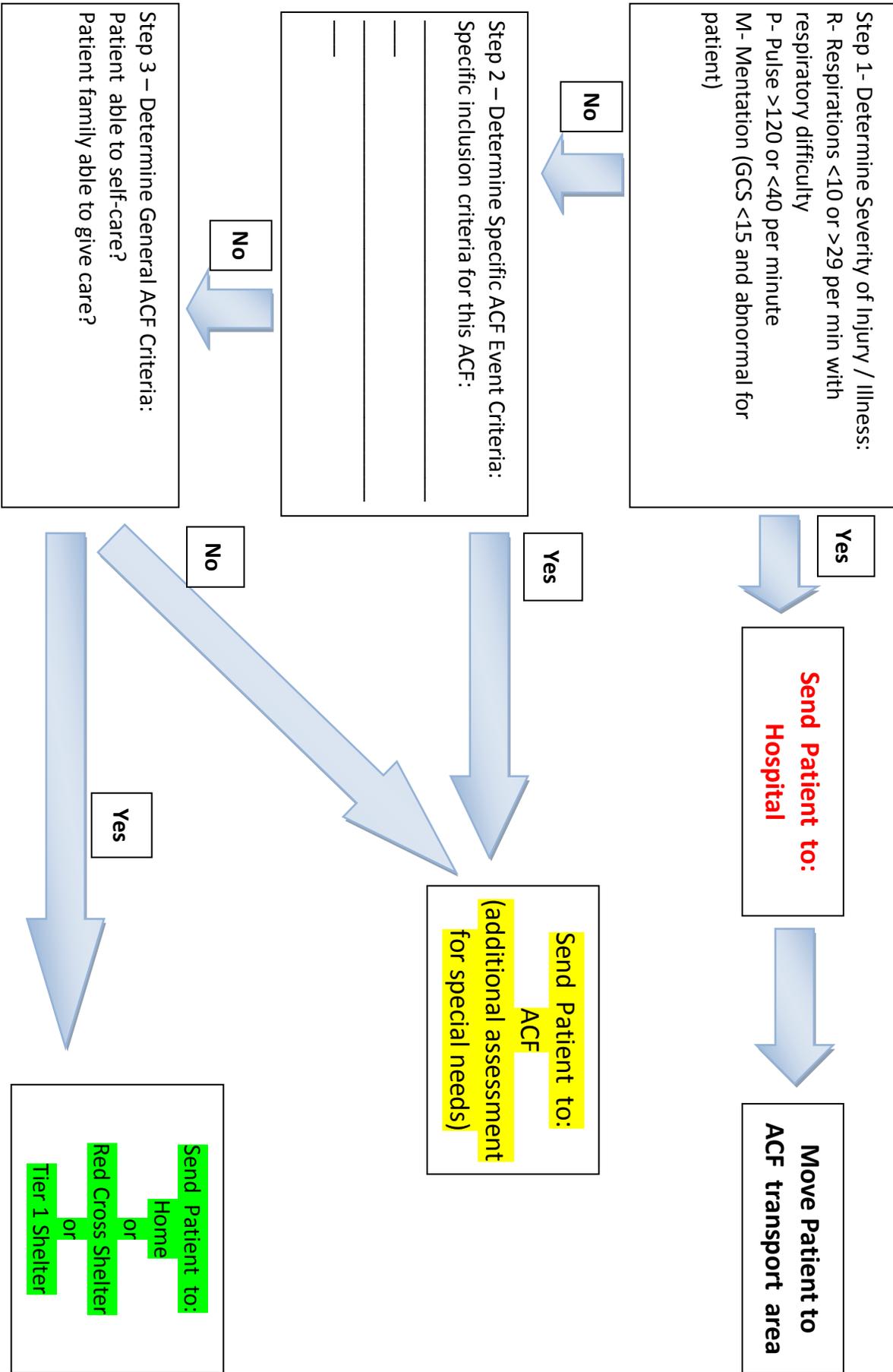
## R7 WORKER REGISTRATION

Jurisdiction: <b>REGION 7</b>		Issue Date of HR Dept. Vetting:	Reg. Number /Emerg.Mgmnt issued:
Last Name:		First Name:	<b>Areas of Experience, Training, or Licensure: Circle all that apply</b>
Address:		<b>Supervisor</b> or staff lead experience	
		<b>Medical:</b> Pharmacy Triage Provider: MD DO PA ARNP	
Phone #:	Sex: M F	Clinical Staff: RN LPN CNA MA Other:	
	DOB:	Patient Registration Staff:	
Driver Lic #:		<b>Patient Support:</b> Clergy Social Worker/Counselor	
Agency/Employer:		Interpreter Child Care Activities Other:	
Agency contact:		<b>Staffing:</b> HR/Credentialing Staff training/teaching	
Contact #:		<b>Facilities:</b> Communications ( Phone Radio IT Runner )	
Emergency Contact Name:		Maintenance Housekeeping Food Services	
Relationship:		Security/Traffic Safety Other:	
Emergency Contact #:		<b>Restrictions:</b>	
Allergies:		<b>Other:</b>	
<b>Human Resource Sign-off</b>			
<i><b>“Pre-deployment training” is the responsibility of the Assisting party, prior to resource departure. This training will be provided by the assisting party as stated in the Region 7 Healthcare Coalition MOU.</b></i>			
<i><b>Pre-deployment training shall insure that assisting employees are aware of their obligation to inform their requesting party’s immediate supervisor in the command structure if dangerous conditions exist, or if the assignment is not appropriate or if the assignment is inconsistent with safety regulations or their training.”</b></i>			
<input type="checkbox"/> <b>Please check this box ensuring that this employee has been reminded to advise their immediate supervisor of any of the above.</b>			
Signature of Human Resource Manager of Assisting Agency			Date
<b>Human Resource Manager Contact Information:</b>			
Name		Title	
Phone #		E-Mail	
<b>Initial below VOLUNTEER AGREEMENT</b>			
	I agree that the information I provide and the representations I make will be truthful, complete, accurate, and free of any attempt to mislead.		
	I acknowledge that by completing this form, I am of sound physical and mental capacity and capable of performing in an emergency/disaster setting. I acknowledge that emergency/disaster settings can pose significant psychological and physical hardships and risks to those volunteering their service and the emergency/disaster setting often lacks the normal amenities of daily life and accommodations for persons with disabilities. In agreeing to volunteer my services, I agree to accept such conditions and risks voluntarily.		
	I understand that I am required to abide by all rules and practices of this facility and affiliated entities as well as all applicable State and Federal laws and regulations.		
	I agree to service as a volunteer, without compensation or payment for my services. I agree to hold the County of _____ and any of its entities or subdivision harmless from any claims of civil liability, including but not limited to claims of malpractice or negligence, criminal liability, injury or death.		
Signature of volunteer:			Date:

<b>LABOR POOL STAFF</b>		
The following (applicable) information has been verified and/or copied		Initial below
<b>Non-healthcare-licensed worker</b>	Government, Union, or Trade ID (type):	
	Professional Certification or License #:	
<b>Licensed healthcare worker</b>	Health Care License #:	
Access the sites below and verify standing:	Malpractice Insurance:	
__ National Practitioner Data Base	Photo ID:	
__ Office of Attorney General (OIG)	Hospital Privileges:	
	DEA Number:	
<b>ASSIGNMENT APPROVAL</b>		
Area/duties assigned:		
<b>AUTHORIZATION</b>		
Labor Pool Clerk's Name:		Signature:

# Tier II ACF Triage Tool

Adopted 2015-6-18



## R7 MOU ANNEX D

### EMS RE-SUPPLY AGREEMENT

**Purpose:** During an Emergency, Disaster, or Public Health Event that overwhelms the EMS party's medical supply, it is efficient and effective for Healthcare parties within Washington State Public Health Region 7 to help re-supply the EMS party with their immediate needs to cope with the situation occurring.

**Problem:** During an event(s) the EMS party may not be able to re-supply itself before needing to respond to the immediate healthcare needs. If there is a delay of response and care or if supply is unattainable the public and providers are at risk.

**Scope:** All EMS parties and Healthcare parties within Washington State Public Health Region 7.

**Understanding:** It is the understanding and agreement of Healthcare parties and EMS parties to share supplies as needed to make efficient and effective response to the public needs during an event.

Healthcare parties will assist with restocking and tracking of *supply needs*\* to EMS parties freely without delay so as to maintain the EMS parties' ability to respond and act, when the Healthcare parties are able to do so. EMS parties are responsible to reimburse the supplying facility after the event, in accordance with Region 7 MOU.

\*Supply needs may include: bandages, IV fluids, angiocatheters, blankets, sheets, etc.

**Kittitas County Public Health Department  
Wildfire Response Mobile Air Monitoring  
Table of Contents**

<b>Topic</b>	<b>Page</b>
I. Purpose	
II. Planning Assumptions	
III. Policies	
IV. Responsibilities	
V. Concept of Operations	
VI. Attachments: Monitor Inventory List, E-Sampler Quick Set up Cheat Sheet, Leak Test and Flow Calibration Cheat Sheet	

**I. Purpose**

Wildfire Mobile Air Response refers to the ability to assess the risk of indoor air quality issues in response to wildfires or any smoke related emergency or disaster within the North Central Region (Region 7 including Chelan, Douglas, Grant, Kittitas, and Okanogan counties). The region will have access to mobile air monitors (two e-samplers) in order to assess indoor air quality. During wildfire or smoke related incidents, indoor public places may request assistance in gauging the risk of poor indoor air quality caused by smoke. Public places will follow the definition in RCW 70.160.020 as “any building or vehicle used by and open to the public, regardless of whether the building or vehicle is owned in whole or in part by private persons or entities, the State of Washington, or other public entity, and regardless of whether a fee is charged for admission.” Recommendations to change HVAC or air filtering systems may be made by the local health jurisdiction or health districts based on the results of the mobile air monitors. Based on results from the mobile air monitors, recommendations may be made to limit air exposure including cancellation of building use. The Region will comply with the Washington State outdoor air standard in that 20 ug/mg3 for particulate matter is considered unhealthy.

**II. Planning Assumptions**

Region 7 has responded to wildfires in previous years caused by lightning strikes, arson, and other human and natural factors. Multiple counties within the region may experience wildfires simultaneously. The region may not have the resources or expertise, locally, to assess indoor air quality during wildfire emergencies or smoke related incidents. State and federal resources to assist with indoor air monitoring may not be available. Each local health jurisdiction (LHJ) within Region 7 will have at least one staff member trained to operate and maintain the e-sampler air monitor to assess indoor air quality.

### **III. Policies**

Incidents that respond to smoke related emergencies or disasters will follow local Emergency Operation Plans and the Region 7 Emergency Operation Plan.

### **IV. Responsibilities**

The receiving county will request the use of the equipment to the Kittitas County Public Health Department (KCPHD). The receiving county will be responsible for any damage incurred while using the response equipment. Any damage should be reported immediately to KCPHD. It will be the responsibility of the receiving county to inspect the extent of indoor air quality risk within their county. The receiving county may request personnel who are qualified to use the equipment from other LHJs in the region and delivery of the equipment in addition to request the use of the mobile monitoring equipment. Monitoring sessions should be no less than one hour and use the Washington State outdoor air standard of 20 ug/m<sup>3</sup> of particulate matter.

Kittitas County Public Health Department (KCPHD) will be responsible for the following activities:

- Store and maintain the air monitoring equipment.
- Conduct monthly tests to ensure operational readiness.
- Coordinate with Met One every 2 years to recalibrate and certify equipment.
- Contact Met One for any future training needs and/or equipment issues.
- Upon return of equipment, KCPHD will verify equipment inventory and working condition and return to default settings. KCPHD will also save any data on file and email to previous county prior to clearing all recorded data on the E-sampler.

The receiving county will be responsible for the following activities:

- Ensure calibration and correct monitoring by completing a leak test and flow test.
- Load and use Comet Software provided via Met One.
- Ensure the care of the equipment while in the county's possession.
- Notify KCPHD regarding any errors or equipment malfunction.
- Return the equipment to KCPHD in original condition.

### **V. Concept of Operations**

Agencies that Region 7 may coordinate with include Washington State Department of Health, Washington State Department of Ecology, fire response agencies, local law enforcement, Red Cross, Emergency Management, and Emergency Operation Center personnel.

Region 7 staff may become aware of a request for Wildfire Response Mobile Air Monitoring via:

- A. LHJ staff discovers the incident
- B. Information is received via an LHJ's emergency, twenty-four hour phone line
- C. Law enforcement contacts the LHJ
- D. Local owner/operator notifies the county LHJ of the incident.
- E. A member of the public relays the information.
- F. Partner agencies inform LHJ of the situation.
- G. Request is made through the county Emergency Operation Center.
- H. Request is made through county Emergency Management.

The receiving county may provide the following in response to a request for Wildfire Response Mobile Air Monitoring:

- A. Work with location to identify existing or potential air quality hazards during emergency incidents.
- B. Provide pre and post testing for air quality mitigation efforts.
- C. Provide written documentation of air quality testing.
- D. Provide safety recommendations based on air quality testing.

**ATTACHMENT A: Equipment Inventory Checklist for Monitor 1 and Monitor 2**

Equipment Inventory Checklist –Air Monitor #1	
E-Sampler Real Time Particulate Monitor Operation Manual	
Certificate of Calibration	T16224
Environmental Software	80520 USB to Serial Adapter Drivers
Environmental Software	Comet Communications Utility V1.2.18
E-Sampler	T16224 (103141 KCPHD property tag)
Flow meter	VFB-65
Power Supply	9438-2
Memory Backup	TL-5242
Consumables	Q-tips, additional filters, zip ties
TSP Sampling Inlet	9441
Serial Cable	9321
Dongle	
Battery Cable	
Power supply brackets	
Tripod mounting bracket hardware	

Equipment Inventory Checklist –Air Monitor #2	
E-Sampler Real Time Particulate Monitor Operation Manual	
Certificate of Calibration	T16223
Environmental Software	80520 USB to Serial Adapter Drivers
Environmental Software	Comet Communications Utility V1.2.18
E-Sampler	T16223 (103142) KCPHD property tag)
Flow meter	
Power Supply	9438-2
Memory Backup	TL-5242
Consumables	zip ties
TSP Sampling Inlet	9441
Serial Cable	9321
Dongle	
Battery Cable	
Power supply brackets	
Tripod mounting bracket hardware	

ATTACHMENT B: E-Sampler Quick Set up Cheat Sheet

E-SAMPLER QUICK SET UP CHEAT SHEET

1. To set up tripod, flip upside down; pull "pins" in order to move legs into locking position.



2. Reinsert pins into the tripod in order to lock legs into position.
3. Place E-Sampler on the tripod by slipping the bracket on the back over the top bracket on the tripod.



4. Secure the E sampler to the tripod with the bottom tripod bracket.



5. Remove cap on the E Sampler and add PM 2.5 Cyclone and TSP inlet as needed.



6. Ensure mount brackets are firmly attached to tripod and place power supply onto mounting bracket on the tripod leg.



7. Plug the E-Sampler into a power source and begin checking the machine with a leak test and calibration test.



## LEAK TEST AND FLOW CALIBRATION CHEAT SHEET

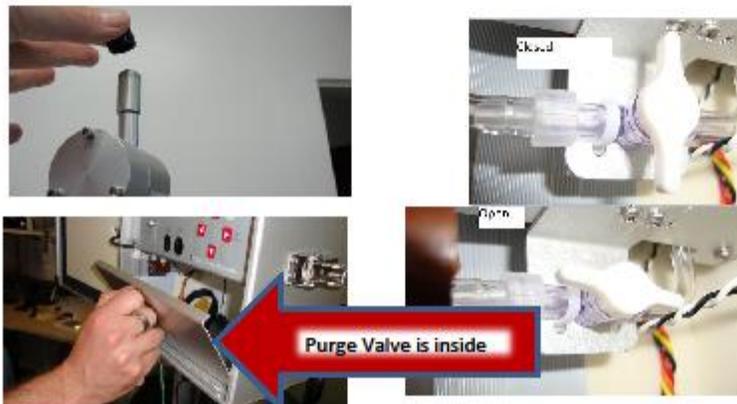
1. Before monitoring, run a leak test using the main menu on the E-Sampler. Press the Menu/Select button until you get to the "Calibrate" option.



2. Select "Leak Test" and follow the prompts on the screen.



3. The prompt will ask you to cap off the E-sampler (meaning put the cap on the E-Sampler to cover the intake). You will then be prompted to close the purge valve, which is located inside the E-sampler, as shown below. The valve is closed when it is turned perpendicular to the hose, and open when it runs parallel to the hose.



1. To calibrate the flow choose the Calibrate option from the menu as you would for a leak test. Choose the calibrate flow option from the calibrate menu.



2. Remove cap from the E-Sampler and attach the hose from the air filter and start the test on the E-Sampler screen.



3. The flow meter should read at 2 when attached to the E-Sampler and flow test has started. If the flow meter reads something other than 2, input the flow meter reading into the E-Sampler menu. For example if flow meter is reading 3, then the REF should be increased to 3 and then hit "calibrate."



**Alternative Care Facility MOU:  
City of Wenatchee –Community Center**

AGREEMENT

FOR USE IN THE EVENT OF HEALTH EMERGENCY

This agreement is entered into between the **City of Wenatchee**, Chelan County, Washington and **Chelan/Douglas Health District**. This agreement shall constitute a memorandum of agreement authorized under State of Washington Chapter 38.52.091 Revised Code of Washington.

RECITALS

WHEREAS **City of Wenatchee** desires to permit **Chelan/Douglas Health District** to use the facilities of the **City of Wenatchee Community Center**, located at 504 S. Chelan Avenue, Wenatchee, Washington with administrative offices in Wenatchee, Washington, its buildings, grounds and equipment for mass emergency health services required in the conduct of **Chelan/Douglas Health District** activities, and wishes to cooperate with **Chelan/Douglas Health District** for such purposes; and

WHEREAS, the parties hereto mutually desire to enter into an agreement to make the aforesaid facilities of the **City of Wenatchee Community Center** available to **Chelan/Douglas Health District** for the aforesaid use.

NOW THEREFORE, it is mutually agreed between the parties as follows:

1. **City of Wenatchee** agrees that after meeting its responsibilities to its facility, staff and constituents, it will permit, to the extent of its ability and upon request by **Chelan/Douglas Health District**, the use of its physical facilities located at 504 S. Chelan Avenue, Wenatchee, Washington, including conference rooms, and other meeting areas, parking, busing and food services, by the **Chelan/Douglas Health District** for mass health services in the event of an emergency.
2. **Chelan/Douglas Health District** agrees that it shall exercise reasonable care in the conduct of its activities in such facilities and further agrees to replace or reimburse for the **City of Wenatchee**, any foods or supplies that may be used by **Chelan/Douglas Health District** in the conduct of its activities in said mass emergency health services operations.

In witness thereof, the governing body of the **City of Wenatchee** of Chelan County, Washington, has caused this agreement to be executed with **Chelan/Douglas Health District**, said agreement to become effective and operative upon the date of the fixing of the last sign signature hereto.

City of Wenatchee, Chelan County, Washington



Title: Mayor

Date: 5-6-09

Chelan/Douglas Health District

By: 

Title: Associate Administrator

Date: 6/18/2009

**Federal Medical Station MOU:**  
Chelan-Douglas Public Facilities District – Town Toyota Events Center

**AGREEMENT**

**FOR USE OF FACILITIES IN THE EVENT OF HEALTH EMERGENCY**

This agreement is entered into between the **Greater Wenatchee Regional Events Center Public Facilities District**, Chelan County, Washington and **Chelan/Douglas Health District**. This agreement shall constitute a memorandum of agreement authorized under State of Washington Chapter 38.52.091 Revised Code of Washington.

**RECITALS**

WHEREAS **Greater Wenatchee Regional Events Center Public Facilities District** desires to permit **Chelan/Douglas Health District** to use the facilities of the **Greater Wenatchee Regional Events Center Public Facilities District** with administrative offices in Wenatchee, Washington, its buildings, grounds and equipment for mass emergency health services required in the conduct of **Chelan/Douglas Health District** activities, and wishes to cooperate with **Chelan/Douglas Health District** for such purposes; and

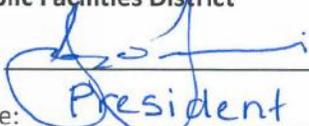
WHEREAS, the parties hereto mutually desire to enter into an agreement to make the aforesaid facilities of the **Greater Wenatchee Regional Events Center Public Facilities District** available to **Chelan/Douglas Health District** for the aforesaid use.

NOW THEREFORE, it is mutually agreed between the parties as follows:

1. **Greater Wenatchee Regional Events Center Public Facilities District** agrees that after meeting its responsibilities to its facility, staff and constituents, it will permit, to the extent of its ability and upon request by **Chelan/Douglas Health District**, the use of its physical facilities, including conference rooms and other meeting areas, parking, busing, and food services, by the **Chelan/Douglas Health District** for mass health services in the event of an emergency.
2. **Chelan/Douglas Health District** agrees that it shall exercise reasonable care in the conduct of its activities in such facilities and further agrees to replace or reimburse for a **Greater Wenatchee Regional Events Center Public Facilities District** any foods or supplies that may be used by **Chelan/Douglas Health District** in the conduct of its activities in said mass emergency health service operations.

In witness thereof, the governing body of the **Greater Wenatchee Regional Events Center Public Facilities District** of Chelan County, Washington, has caused this agreement to be executed with **Chelan/Douglas Health District**, said agreement to become effective and operative upon the date of the fixing of the last signature hereto.

**Greater Wenatchee Regional Events Center  
Public Facilities District**

By:   
Title: President  
Date: 2/11/09

## **Appendix F – Alternative Care Facility / Federal Medical Station Plan**

- **Federal Medical Station Plan**
- **Medical Surge Capacity Charts**
- **Alternate Care Facility Cache Policy**
- **Cache Inventory**
- **Job Action Sheets**

# Alternative Care Facility– Federal Medical Station Plan

WASHINGTON STATE PHEPR REGION 7 FMS PLAN

## PURPOSE

To reduce the morbidity, mortality, and the social and economic impact of an influenza pandemic or all hazard incident in Region 7 of Washington State by establishing guidelines for communities to plan for and establish alternate facilities of care when their local hospitals are no longer able to care for the number of patients that will need it. This attachment to the Region 7 All Hazards Preparedness and Response Plan is intended to assist local communities in implementing procedures necessary to establish one or more facilities that can house patients and provide a minimum level of “tertiary/comfort care.” This will likely be done in conjunction with activation of the Strategic National Stockpile (SNS) and Mass Vaccination and/or Point of Dispensing Sites (PODs). This attachment is intended to supplement other planning guides in the Region 7 All Hazards Preparedness and Response Plan. Unlike a Point of Dispensing site (PODs), which may or may not operate 24/7 for a short period of time, Alternate Care Facility/Federal Medical Stations WILL be in operation 24/7 for an extended period of time. Hospitals should be intimately involved in the planning process, but do not hold the primary responsibility for implementing, staffing or supplying the alternate care facility. Hospital leaders are the experts at 24/7 patient care operations and should be consulted in the planning and implementation process.

## ASSUMPTIONS

- Alternate Care Facilities may be in operation for months at a time in the event of an influenza pandemic. Facility sites need to be selected based on the ability to operate for this length of time.
- The pandemic may occur in two or more phases and alternate care facilities may open, close, and re-open depending on the community needs.
- Selecting and staffing of the alternate care facility should be done in conjunction with the local health jurisdiction, local health care providers and hospitals, but it should not be assumed that the local providers will be able to totally staff the facility - community members will have to be trained for this.
- No assistance will be available outside the community or sub-regional level, and certainly not from any other state or the federal government.
- Family members and well community members may provide the care, and so plans need to include any specialized training the community might need in such an event.
- Alternative Care Facilities may be an evacuation site in health facilities.

## A. Definitions

1. “Healthcare Surge Event” means an event proclaimed by the Public Health Officer or designee, subsequent to a significant event or circumstances, that the healthcare delivery system has been impacted, resulting in an excess in demand over capacity and/or capability in hospitals, community care clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services.

2. “Standard of Care during a Healthcare Surge” means:
- a. The degree of skill, diligence and reasonable exercise of judgment in furtherance of optimizing population outcome during a healthcare surge event that a reasonably prudent person or entity with comparable training experience or capacity would have used under the circumstances.
  - b. A shift to providing care and allocating scarce equipment, supplies, and personnel in a way that saves the largest number of lives in contrast to the traditional focus on saving individuals.

**B. Authority – Public Health Incident, Emergency, or Disaster:** Any occurrence, or threat thereof, whether natural or caused by man, in war or in peace, to which any Party may respond pursuant to its authority under chapter 70.05 or 70.46 RCW.

**C. Liability –** A Party may condition its willingness to respond and the continuance of its response under this Agreement on the issuance of a mission number, and compliance with RCW 38.52 et seq., WAC 118-04 et seq., or other law, by the Assisting and Requesting Party.

### 1. Triggers

Consideration should be given to outside resources such as Local Health Jurisdiction and Federal Disaster Medical Assistance Teams (DMATs) while considering the need to establish alternate treatment sites.

**a. Supportive Care / Medical Shelter**

This type of ACF/FMS shall be activated when it is determined by a hospital, Health Officer, Local Health Jurisdiction or EOC:

- i. Supportive Care / Medical Shelter services are needed within the county, and adequate resources are available for activation; or
- ii. Adequate resources are unavailable to activate an Inpatient Care ACF, but adequate resources are available for Supportive Care / Medical Shelter ACF

**b. Outpatient Care**

This type of ACF/FMS shall be activated when it is determined by a hospital, Health Officer, Local Health Jurisdiction or EOC:

- i. Additional Outpatient Care services are needed within the county, and adequate resources are available for activation

**c. Inpatient Care**

This type of ACF shall be activated when it is determined by the hospital, Health Officer, Local Health Jurisdiction or EOC that:

- i. Additional Inpatient Care services are needed within the county, and adequate resources are available for activation;
- or
- ii. Adequate resources are unavailable to activate a Critical Care ACF, but adequate resources are available for an Inpatient Care ACF

**d. Critical Care / Mobile Field Hospital**

This type of ACF shall be activated when it is determined by the hospital, Health Officer, Local Health Jurisdiction or EOC:

- i. Additional Critical Care services are needed within the county and adequate resources are available for activation.

## 2. Standard of Care

- a. The Adjusted or Altered Standard of Care during a healthcare surge will be *the* Standard of Care available and shall be termed "Standard of Care during a Healthcare Surge." (*The Adjusted/Altered Standard of Care will need to be determined and adopted by either the Health Officer or the State of Washington (May be determined "Just In Time")*)
- b. Triage efforts shall focus on maximizing the number of lives saved. Instead of treating the sickest or the most injured first, triage shall focus on identifying and reserving immediate treatment for individuals who have a critical need for treatment and are likely to survive. (*Region-wide EMS & hospital training may be necessary*)

## 3. Organization Structure

- a. The ACF Management Team shall report to the Local Hospital or the Local County EOC if activated.
- b. The ACF Management Team for each ACF shall be comprised of at least the following hospital representatives (additional HICS positions may be required based on needs):
  - i. One clinical care representative (Medical Branch – NIMS 700)
  - ii. One finance or resources representative (Logistics)
  - iii. One security representative (Security Branch)
  - iv. One facilities representative (Infrastructure Branch)
  - v. One emergency services representative with a minimum of ICS ACF Management Team Leader (400 training)
- c. The ACF shall utilize the National Incident Management System organization structure, Job Action Sheets, and Forms modified for use in the ACF.

## 4. Action Plan

- a. The ACF Management Team shall develop an Incident Action Plan (IAP) that includes at a minimum:
  - i. Incident Briefing (ICS 201)
  - ii. Objectives for the current Operational Period (ICS 202)
  - iii. Organizational Assignments (ICS 203)
  - iv. Branch Assignments (ICS 204)
  - v. Communications Plan (ICS 205)
  - vi. Organizational Chart (ICS 207)
  - vii. Incident Action Plan Safety Analysis (ICS 215a)
- b. The ACF Action Plan shall be approved by the Medical/Health Branch Director of the Local County EOC prior to activation.

## 5. ACF Closure

- a. The hospital, Health Officer, Local Health Jurisdiction or EOC and ACF management team members will use professional judgment to determine when to shut down an ACF and oversee shut-down activities in their area of focus.
- b. Once all patients can be discharged or transported back to existing facilities for continued care and there is no ongoing surge capacity need, the alternate care site shall be closed.
- c. Shutdown shall be expedited so that the facility can be returned to the control of the existing owners quickly.

## 6. Medical Record / Documentation Storage

- a. The ACF Log In and Medical Record shall be used on all patients receiving care at the ACF.
- b. Options regarding storage of documents include:
  - i. Public health officer retains all records;
  - ii. Treating facility or provider retains copies of all records;
  - iii. Incident command center retains all records;
  - iv. Patient retains all records.
- c. In cases where the demand for medical care is high, the most viable option for records retention may be to simply provide the patient with all records upon discharge.

## 7. Patient Information (Uses and Disclosures)

- a. HIPAA provides guidance related to uses and disclosures for disaster relief purposes but makes a qualified requirement that the covered entity obtain the patient's consent whenever possible, or relies on its professional judgment that disclosure is in the individual's best interest.
- b. According to 45 CFR 164.510(b)(4): "A covered entity may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted by paragraph (b)(1)(ii) of this section. The requirements in paragraphs (b)(2) and (3) of this section apply to such uses and disclosure to the extent that the covered entity, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstances."
- c. In response to Hurricane Katrina the U.S. Office for Civil Rights released a bulletin to provide guidance around HIPAA Privacy and Disclosures in Emergency Situations. The bulletin states the following: "Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all the following ways:
  - i. TREATMENT. Health care providers can share patient information as necessary to provide treatment. Treatment includes:
    - sharing information with other providers (including hospitals and clinics),
    - referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
    - coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services)
    - Providers can also share patient information to the extent necessary to seek payment for these health care services.
  - ii. NOTIFICATION. Health care providers can share patient information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.
    - The health care provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

- Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise notify family members and others as to the location and general condition of their loved ones.
- In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

#### **1. Notifications**

- a.** ACF Management Team - Once the hospital, Public Health Officer, Local Health Jurisdiction or EOC has determined the number, type(s), and location(s) of ACS(s) required, the associated ACF Management Team(s) identified in the ACF Management Team Directory shall be activated.

#### **2. Incident Action Plan (IAP)**

- a.** Once activated, the ACF must develop an IAP within 4 hours of activation.
- b.** Copies of the completed plan shall be distributed to:
  - i.** Control Facility
  - ii.** EOC
  - iii.** Public Health Department
  - iv.** Emergency Medical Services Agency
  - v.** Emergency Management

#### **3. ACF Assessment**

After developing the IAP, the ACF Management Team shall conduct a Facility Assessment of the target ACF using NIMS scoring tool (Appendix C).

#### **4. Equipment & Supply**

All movement of equipment and supplies shall be tracked using ICS form 211.

#### **5. ACF/FMS Closure**

- a.** Management team leader checks in periodically with each team member to ensure initiation and completion of shutdown activities in that member's area of focus.
- b.** Management team leader assists with problem troubleshooting or procuring additional assistance or resources as needed.
- c.** Management team leader or designee conducts a site walkthrough with the facility owner when shutdown activities are completed to ensure that removal of equipment and supplies, cleaning, and other surge closure activities have been completed to the owner's satisfaction.
- d.** Perform medical record documentation storage procedures.

Attachments:

1. ACF/FMS Management Team Directory:  
**Refer to contact list located in Region 7 All Hazards Plan**
2. ACF Checklist
3. FMS Med/Surge Flow Chart
4. ACF Equipment List Consideration
5. Town Toyota Event Center lay-out
6. ACF/FMS Medical Record
7. Mass Cache Policy
8. Communication Plan: *Each agency will use their designated frequency and communicate through central dispatch. Refer to Communications 4.0 and Appendix C in Region 7 All Hazards Plan.*

## Alternative Care Facilities

Alternative Care Facility- is a location that is not currently providing healthcare services and will be converted to enable the provision of healthcare services to support, at a minimum, inpatient and/or outpatient care required after a declared catastrophic emergency. These specific sites are not part of the expansion of an existing healthcare facility (i.e., extensions of general acute care hospitals, clinics, or long term care facilities), but rather designated under the authority of the local government or hospital facility. This template is designed for a Tier 1 ACF to accommodate 50 patients.

**When the decision to open the ACF occurs, these items need to be addressed:**

- Signed MOU for Alternative Care Facility is in place.**
- Access to the Alternative Care Facility building**
  - Where is the contact name & number located to notify the building of ACF opening
- Communication with Law Enforcement**
  - Have you established a law enforcement contact for ACF needs
- EOC hospital liaison – if EOC established**
- Communication between Control Hospital and Alternative Care Facility**
- Alternative Care Facility Management Team Organizational Chart**

**Positions for ACF operations:**

- ACF Medical Supplies**
- ACF Essential Supplies**
- ACF Staffing**
- ACF Building Maintenance**
- ACF Security**
- ACF Finance**
- Medical Records-Patient Tracking**
- Communications – within in ACF & with Control Hospital**
  - Modes of communication can be 2 way radios, cell phones, internet/email, dispatch communication centers, SAT phones, HAM radio, land line phones.

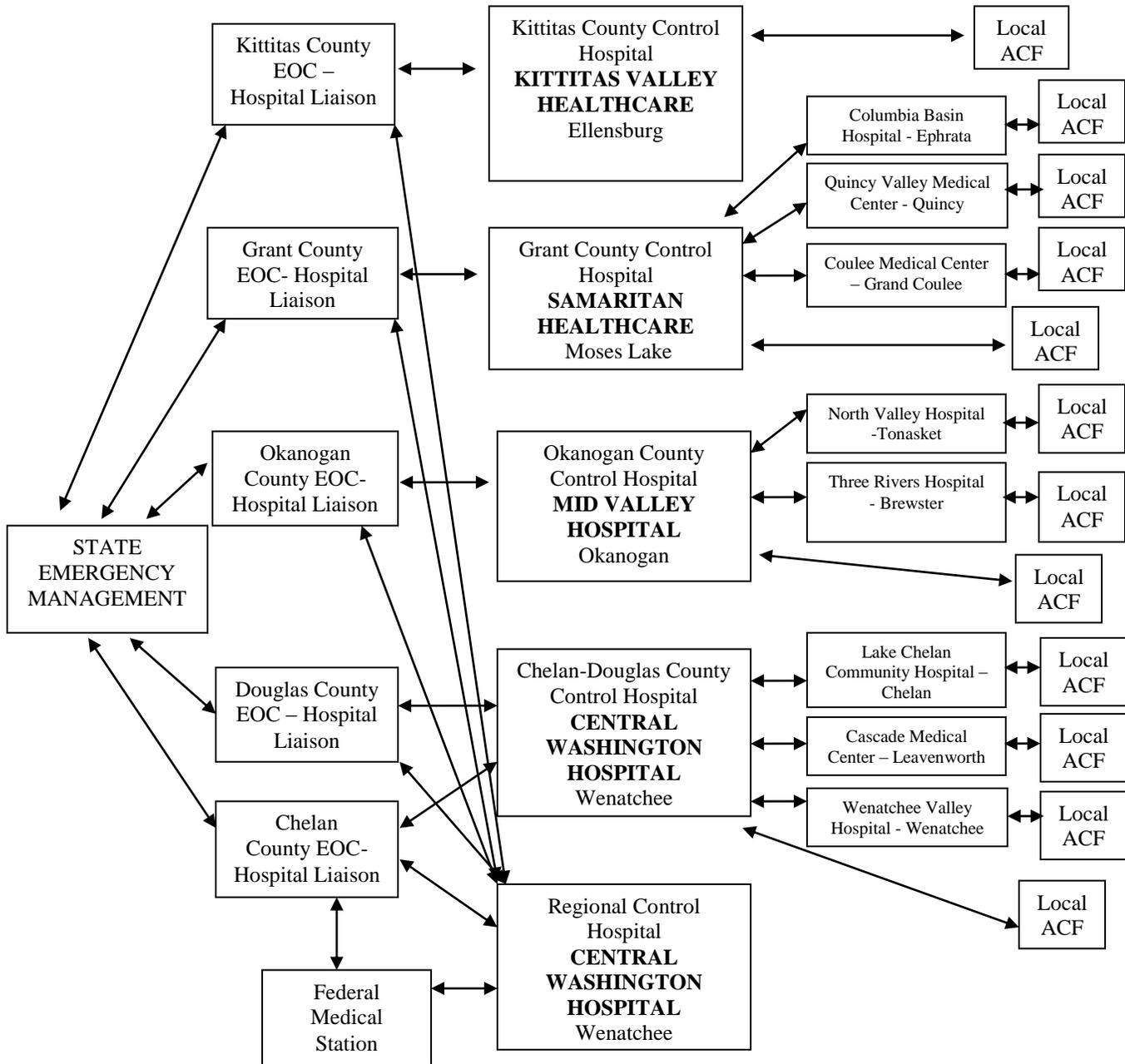
## Facility considerations when establishing/opening an ACF are listed:

1. Opening an ACF:
  - a. Has the facility Pre-Planned an ACF?
    - i. ACF layout
    - ii. ACF is adequate to house all equipment and supplies
    - iii. ACF is adequate for communication needs
  - b. Who determines hospital/ER overwhelmed status?
  - c. Who will notify EM of the possible opening of an ACF?
  - d. What is the patient number of your facility's surge capacity?
  - e. Will ER continue to receive patients?
  - f. Will EMS continue to deliver directly to ER?
  - g. Where will patients go when surge capacity is met?
  - h. How is the public notified of where to bring patients for triage?
    - i. Are HICS/ICP forms used?
    - j. Is signed MOU in place for ACF?
  - k. Who is the contact person at the ACF building to notify of activation?
  - l. Is ACF receiving walking well? Walking Wounded/triaging?
2. Staffing of ACF:
  - a. Who is in charge of tracking staff- checking in & out?
  - b. Where is extra staff coming from?
  - c. How are you notifying staff to come in?
  - d. How are they arriving – private vehicle, mass transit to ACF?
  - e. Are there accommodations for staff family while staff is at ACF?
3. Contacting EOC
  - a. Who launches EOC?
  - b. Who is the facility liaison at the EOC?
4. Supplies for ACF:
  - a. What equipment is needed for ACF?
  - b. How will equipment get there?
  - c. Who is in charge of receiving and assigning ACF equipment and supplies?
5. Security
  - a. Who will provide security to ACF?
  - b. Is an MOU in place with security company/LE?
  - c. Will drugs be located at ACF – will they be secure?
  - d. Is traffic flow being addressed through LE or security at ACF?
6. Communications
  - a. What are plans for communication at the ACF?
  - b. What is available at ACF location for internet?
  - c. Does ACF have HAM radio capability?
  - d. Are portable radios available at ACF?



**For purposes of establishing regional patient flow when a Federal Medical Station is established, the following chart is an example of communication process for local and regional hospitals.**

1. Local hospitals will establish Hospital Incident Command Posts.
2. Hospital Incident Command Posts will communicate with County Control Hospital Liaison at County EOC, local ACF and Regional Control Hospital
3. Local EOC's will communicate with State Emergency Management and local Hospital Incident Command Posts.
4. Regional Control Hospital will communicate with local EOC's for the purpose of addressing patient movement across the 5 county region to relieve stress on the local facilities patient care.
5. The requesting EOC is located in the county of the existing Federal Medical Station being activated.



# EQUIPMENT CONSIDERATION FOR ALTERNATE CARE

## Durable Equipment considerations:

Beds/Cots (with extra)  
Egg crate mattresses  
Chairs correlation with staffing level  
Desks correlation with staffing level  
Fax Machine  
Housekeeping Cart with supplies  
Internet email Access  
IV Poles  
Linens (sheets/pillows/pillow cases/hand towels/bath towels)  
Patient Commodes  
Pharmacy Carts  
Privacy Dividers  
Refrigerators (food/meds)  
Stretchers  
Supply Carts  
Telephones  
Treatment Carts  
Washing Machine  
Wheelchairs

## Patient Care-Related Consumables:

Alcohol pads (multiple widespread uses)  
Catheters, intraosseous module blue (pediatric use)  
Intermittent IV access device (lock)  
IV catheters, 18g with protectocath guard  
IV catheters, 20g with protectocath guard  
IV catheters, 22g with protectocath guard  
IV catheters, 24g with protectocath guard  
IV fluid bags, NS, 1000cc  
IV fluid bags, D5 1/2NS, 1000cc  
IV start kits  
IV tubing w/ Buretrol drip set for peds  
IV tubing w/ standard macro drip for adults  
Needles, Butterfly, 23g  
Needles, Butterfly, 25g Needles, sterile 18g  
Needles, sterile 21g Needles, sterile 25g  
Saline for injection 10cc bottle  
ABD bandage pads, sterile  
Band-Aids  
Bathing supply, prepackaged - Bath in a Bag  
Bedpans – regular  
Toilet Paper  
Blankets  
Carafes - 1 liter (for variety of uses)  
Cart, supply 3/unit (1 for IV's; 1 for Pt 3/unit)  
Chux protective pads (many uses)  
Cots (have extras available to replace broken)  
Curtains, privacy (wheeled)  
Diapers – adult  
Diapers – infant  
Diapers – pediatric  
Emesis basins  
Facial tissue, individual patient  
Feeding tubes, pediatric  
Foley Catheters - (includes drainage bag)  
Gloves non-sterile, small/medium/large  
Goggles / face shields, disposable  
Gown, splash resistant, disposable  
Mask, N95, staff (particulate respirator)  
Gown, patient  
Mask, 3M 1800 for patient  
Gauze pads, non-sterile, 4x4 size

Hand cleaner, waterless alcohol-based  
Paper Towels  
Lubricant, Water soluble  
Medicine cups, 30ml, plastic  
Morgue Kits Tularemia:  
Naso-gastric tubes - 18F  
OB Kits  
Pen lights  
Povidone-iodine bottles, 12 oz  
Restraints, Extremity, soft - adult  
Sanitary pads (OB pads)  
Sharps disposal containers - 2 gallon  
Sheets, disposable, paper, for stretchers  
Syringes, 10cc, luer lock  
Syringes, 3cc, luer lock, w/ 21g 1.5" needle  
Syringes, catheter tip 60cc  
Syringes, Insulin  
Syringes, TB  
Tape, silk - 1 inch  
Tape, silk - 2 inch  
Toilet tissue  
Tongue depressor  
Tubex [TM] pre-filled syringe holders  
Urinals  
Washcloths, disposable  
Water, bottled 1 liter (for mixing ORT)  
Water container, 1 gallon potable  
Drinking cups

## Diagnostic Supplies

Glucometer  
Glucometer test strips  
Probe covers for thermometers  
O2 sat monitor, thermometer, BP, HR  
Single Use Shielded Lancets  
Stethoscopes

## Administrative Consumables: 50 Bed Unit Item Description

Pens – Black ballpoint  
Pens – Red ballpoint  
Stapler  
Staples  
Tape  
Tape dispenser  
Paper clips  
Paper punch (3- or 5-hole based on chart holders)  
Chart holders/Clip boards  
File Folders - letter size, variety of colors  
Name bands for Identification and Allergies  
Batteries – 9V

## Administrative Consumables: 50 Bed Unit Item Description: (continued)

Batteries – AA  
Batteries – C  
Batteries – D  
Clipboards  
Chalk or white boards  
Dry-erase markers  
Chalk  
Trashcans and liners  
Flashlights  
Plastic bags for patient valuables  
Floor lamps  
Table lamps

Light bulbs  
Plain paper  
Filing cabinets – rolling  
Black permanent markers  
Yellow highlighter markers  
Time cards  
Generic sign-in, sign-out forms  
Pre-printed admission Order forms  
Blank physician order forms  
Multidisciplinary progress notes  
Nursing flow sheets  
Admission history & physical forms (include area  
for Nrsg Hx)  
Death certificates/Death packets

# Town Toyota Events Center Layout



ACS/FMS Medical Record Sample 1:

For Official Use Only – CONFIDENTIAL

# Based Face Sheet

## Patient information:

Name: \_\_\_\_\_ disaster incident number: \_\_\_\_\_ DOS: \_\_\_\_\_ SSN: \_\_\_\_\_

Sex: Male Female

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_ City \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ CelLIMessage Phone: \_\_\_\_\_

Married Status: Single Married Widow Divorced Separated

Name of Spouse: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Translator Required? Yes No

Employer Name: \_\_\_\_\_ Employers Phone Number: \_\_\_\_\_

Employer Address if Work Comp related: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Accident/injury/Condition information:

Type of accident: - \_\_\_\_\_ Date of Accident/injury: \_\_\_\_\_ Time: \_\_\_\_\_

Condition: \_\_\_\_\_

Location: \_\_\_\_\_

Is there legal action involved? \_\_\_\_\_ Attorney or insurance name: \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Police: \_\_\_\_\_ Adjuster: \_\_\_\_\_

Is there a police report? \_\_\_\_\_ Was there another car involved? \_\_\_\_\_ Who was at fault? \_\_\_\_\_

If other involved  
do you have their

insurance information? \_\_\_\_\_

## Guarantor Information (Person responsible for bill, co-pay, deductible, SOC etc.)

Name: \_\_\_\_\_ 008: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ City \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Employer Address \_\_\_\_\_ Occupation: \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Last Name, First Name)

## Insurance Information: (Copy of Insurance Card and Identification Required)

Name of Insurance Coverage: \_\_\_\_\_ Policy\*: \_\_\_\_\_ Group: \_\_\_\_\_

Is this a HMO plan? Yes NO If yes name the Medical group: \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Co. pay \_\_\_\_\_

## Subscriber information:

Name \_\_\_\_\_ Relation \_\_\_\_\_ 008 \_\_\_\_\_ SSN \_\_\_\_\_

Last Name, First Name

Employer \_\_\_\_\_ Employees Work Phone \_\_\_\_\_

Transferring Facility: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

## FOR EMPLOYEE USE ONLY:

If the patient has "No" Insurance was the POE Letter Provided Yes No Is

the patient under 21 or over 65 years of age? Yes No

Is the patient legally disabled? Yes No

Is the patient pregnant? Yes No

Does the patient have children under the age of 21 residing in the home? Yes No

Forms Completed: \_

Runner \_\_\_\_\_ Follow Up \_\_\_\_\_



## R7 Alternate Care Facility Cache Policy

### Purpose

The Region 7 Alternate Care Facility (ACF) Cache consists of supplies and equipment for up to four 25 bed hospital units which can also be assembled as two 50 bed units or one 100 bed unit. This policy guides mobilization of the Region 7 ACF Cache.

### About the Cache

The ACF Cache, a Region 7 Healthcare Coalition asset, is stored in four locations CWH, CBH, MVH, KVH. They are intended to bolster hospital surge capacity during a local or regional disaster. The cache contains basic supplies and equipment to operate a 25 bed hospital ward for 96 hours. The cache is not a self-contained hospital unit; it does not include shelter. It is set up as a shipping package that can arrive at a non-hospital facility and supply that facility with the hospital disposables and basic equipment required for startup. Four packages will be purchased by Region 7 with ASPR funding:

### CONTENTS

- 1) 3/4 mixed adult and pediatric 25 bed Mascache units,
- 2) 65/100 cots (50/80 regular/ 15/20 wide) and
- 3) 5/8 bedside bariatric commodes
- 4) ¾ RN kits and ¾ Trauma Kits
- 5) 75/100 IV poles and 6/8 Adult Treatment Carts
- 6) 5/8 adult patient monitors (see attachment 1).

Packages one and two, the pediatric and adult unit supplies, are mixed together on 6 pallets, shrink-wrapped for forwarding (see attachment 2).

**Colville Tribes** have purchased a large quantity of body bags that will be stored across the Reservation--half in Region 7 and half in Region 9-- **Total quantities follow:**

- 1) **400** Adult size, curved zipper with 10 reinforced strap handles with inner padded handles
- 2) **116** Bariatric size, curved zipper, 8 built in padded handles
- 3) **300** Child size, curved zipper
- 4) **200** Premie size, curved zipper (These are mostly used for body parts)
- 5) **8** Water Recovery, adult size, yellow mesh material “wrap around zipper” with 10 reinforced strap handles

Logistics require that the six-pallet, 25-bed, package leave storage and be shipped in its entirety to the end destination. The cots are on two additional pallets and the bedside commodes on a third additional pallet. Depending on the facility to be set up (e.g. motel vs. high school gymnasium), the cache may be requested with or without the cots (and commodes).



## Requesting the Cache

The following conditions set the stage for deployment of the ACF cache to a locale in Region 7 during a medical disaster:

1. Local surge capacity is exceeded:
  - a. Each hospital in Region 7 has some ability to increase its capacity in the event of a disaster producing a surge of in-patients.
  - b. When surge capacity is exceeded and it is not possible to divert patients to another hospital facility then opening a local ACF is the next course of action.
  - c. The hospital administrator determines if surge capacity is exceeded.
  - d. The local Disaster Control Hospital provides information on the ability to divert patients to other institutions.
  - e. Geographic isolation and patient transport capabilities are taken into consideration.
  
2. There is a local plan in place for an Alternate Care Facility that would appropriately utilize the materials in the Region 7 ACF cache.
  - a. This may be a pre-event plan designed by the hospital
  - b. This may be a pre-event plan developed by the local public health jurisdiction.
  - c. This may be a pre-event plan developed by local emergency management
  - d. This may be an action plan developed under Incident Command during an emergency.
  - e. Or it may be any combination of a-d
  - f. At minimum the plan must:
    - i. Designate an appropriate facility furnished with utilities.
    - ii. Meet staffing needs.
    - iii. Provide a means of transportation of cache materials (6 to 9 pallet loads)
    - iv. Plan for cleaning and returning reusable materials

3. The request for the cache may be made by any of the following:
  - a. The Hospital Administrator or designee
  - b. The County Health Officer or designee
  - c. The [local] Incident Commander
4. County Emergency Management is involved to provide support.

### **Approving Cache Deployment**

1. The request for the cache (designating 25, 50, 75, or 100 units) will be directed to the DCH (designated control hospital).
2. If there are no eminently competing or potentially competing requests for cache deployment, then the request will be administratively approved by the DCH.
3. If there is a competing or potentially competing request(s) for cache deployment then the intent of the Region 7 Healthcare Coalition is that the cache be sent where it will do the most public good.
  - a. It is the responsibility of requesters to make their case by providing complete and reliable information to the Designated Regional Control Hospital (DRCH)
  - b. It is the responsibility of the DRCH to receive, gather, and collate supporting information.
  - c. Arbitration of competing requests will be done by the Region 7 County Health Officers.
    - i. County Health Officers have the statutory authority to act concerning health matters within the region's jurisdictions.
    - ii. A meeting of Region 7 County Health Officers will be convened to determine the optimal deployment of the cache
      1. Health Officers (or designees) are on call 24/7
      2. The DRCH can rely on county public health emergency phone numbers to contact HO's during off hours
      3. Alternatively county Emergency Operations Centers could be expected to help with HO contact.
    - iii. A quorum of three of the four county health officers (or designees) is required to arbitrate.
    - iv. Decisions will be by consensus

### **Procedures**

#### **Deployment Procedures**

Upon approval of deployment, the DRCH will set the deployment in motion.

1. DRCH will communicate with the personnel responsible for ACF Cache storage to confirm approval of deployment. As of July 2016 ACF Cache personnel are:

a. Confluence Health: CWH / WVMC

- i. Phone:
- ii. Pager:
- iii. Fax:
- iv. Email:
- v. Phone:
- vi. Pager:

b. Samaritan Healthcare

- vii. Phone:
- viii. Pager:
- ix. Fax:
- x. Email:
- xi. Phone:
- xii. Pager:

c. Mid-Valley Hospital

- v. Phone:
- vi. Pager:
- vii. Fax:
- viii. Email:
- ix. Phone:
- x. Pager:

d. Kittitas Valley Healthcare

- i. Phone:
- ii. Pager:
- iii. Fax:
- iv. Email:
- v. Phone:
- vi. Pager:

4. or locale. Generally it will be arranged by the county's emergency management. Transport vehicles must be able to tow an 18 foot trailer fully loaded (five to six feet high) standard pallets.
5. DCH employees will communicate with the transporter re: pick-up time, location, and size of load.
6. DCH employees will load the cache materials on trailer.
7. The cache will be transported directly to the designated ACF.
8. Unloading is the responsibility of the receiving entity.
9. Cache to be setup and used per the local ACF plans.

### **When the Deployment is Over**

1. The local hospital is responsible for standard cleaning of all reusable items.
2. The local hospital and/or emergency management is responsible for transporting the cleaned reusable equipment and unused disposable supplies to DCH for storage in a timely manner.
3. DCH will resume responsibility for the cache.

### **Replenishing the Cache**

1. Re-supply will be based on the availability of funding.

### **Storing the Cache**

1. DCH is responsible for storing and maintaining the cache.
2. DCH personnel will inspect the ACF Cache materials annually and will provide a written report as to the condition of the Cache including information on storage damage, outdates, inventory discrepancies and so on to the Regional Health Care Coalition by June 1<sup>st</sup> each year.

**Attachment 1: Current (June 2009) Region 7 Hospital Alternate Care Facility Cache Inventory**

Detailed description of item	Vendor/model or comparable item & #	Quantity On hand
Medical Surge Care Products for 25-adult & peds ACF	MCPOD6 Combo MasCache 96 hours 1 each	3/4
20 Cots with wheels "E-system bed"	500-21-26 – 20 each	50/80
IV poles	E-IV pole - 500-30 25 each	75/100
Extra Wide Cots	Wide Cot 5 each	15/20
Bariatric Bedside Commode	Bedside Commode 2 each	5/8
Adult Treatment carts	2 each	6/8
Adult Patient monitors	2 each	5/8
Portable Programmable 2 way Radios	2 each	0/8
Bariatric Wheel Chairs	2 each	5/8
RN Kit	1 each	3/4
Trauma Kit	1 each	3/4

## Attachment 2: Contents of 25 Bed “MasCache” Hospital Units (Pods)

### MasCache™ 96 Hour Pods

Each 96 Hour Pod = 3 pallets

MasCache Custom Pods are packaged for long-term storage.

	<u>Combo</u> * Supplies include
MC4001 Linen Kits (25/box)	4
MC4002 Linen Kits - Infant (25/box)	1
MC4003 Gown Kits - Adult (25/box)	4
MC4004 Gown Kits - Youth (25/box)	1
MC4005 Hygiene Kits (25/box)	3
MC4006 Infant Care Kits (25/box)	1
MC4007M Staff Scrubs - M (25/box)	2
MC4007XL Staff Scrubs - XL (25/box)	3
MC4007XXXL Staff Scrubs - XXXL(25/box)	2
MC4008 Pillows (25/box)	3
MC4009 Blankets (25/box)	3
MC4010 Patient Lifters (10/box)	1
HM4911C StatPaq™ Case (6 boxes of 10/case)	2
HM705 Dry-It™ Disposable Towels (100/roll)	3
MC4012M Lab Coats M (10/box)	2
- 78.75 MC4012XL Lab Coats - XL (10/box)	2
MC4013 Biohazard Bags & Holder (20 bags/box)	6
MC4013R Biohazard Bag Refill (20 bags/box)	3
HM3716S Exam Gloves (nitrile) - S (100/box)	8
HM3716M Exam Gloves (nitrile) - M (100/box)	8
HM3716L Exam Gloves (nitrile) - L (100/box)	8
MC4017 Disposable Stethoscope (each)	25
MC4018 Disposable BP Cuff Covers (10/box)	2
MC4019 IV Pole (each)	8
MC4020 Post Mortem Kit (10/box)	2
MC4021 Post Mortem Kit - Pediatric (10/box)	1
MC4022 Privacy Curtain (each)	8
MC4023 Emergency Warming Blankets - (25/box)	2
MC4024 Sharps Disposal Container (each)	10
MC4025 Bedpans - (25/box)	1
MC4026 Male Urinals - (25/box)	1
MC4027 Absorbent Briefs - Adult (96/box)	2
MC4031 Sani-Bag+™ (100/box)	2
MC4033-4 Baby Diapers - Size 4 (160/box)	0
MC4033-6 Baby Diapers - Size 6 (120/box)	0
HM5210 N-95 Respirators (20/box)	5

\* Region 7 hospitals have purchased 4 of 5 25 bed Combo MasCache Pods.

## **Go Kits, Defib/Airway – Trauma Kit**

Pen, Ball Point (Med. Point Black)  
Marker, Permanent, Black  
Gloves, Examination, Nitrile, Powder Free, Med (LATEX FREE)  
Gloves, Examination, Nitrile, Powder Free, Lrg (LATEX FREE)  
Bag, Infectious Waste, Red, 25" x 34"  
Catheter, (IV), 14G x 1 1/4", Orange (Safety Tip) (LATEX FREE)  
Pad, ABD/COMBINE, Sterile  
Folder, Manila w/(10) NDMS Treatment Forms & Inventory List  
Bandage, Kerlix, Pre-Packed Sterile, 4.5" x 4.1 Yd  
Tape, Surgical, Durapore (3")  
Splint, SAM  
Bandage, Triangular  
Bandage, (ACE) Elastic, 2" (LATEX FREE)  
Pad, Gauze, Non Adherent, Sterile, 4" x 4"  
Band-Aid (Coverlet Patches), sm, 1-1/2" X 2"  
Gauze, Vaseline, Sterile, 3" x 36"  
Tourniquet, Latex Strap, 1" x 18", Disposable  
Tape, Surgical, Durapore (1")  
Tweezers  
Pack, Cold, Crush Activated  
Splint, Ladder  
Arm Board, Padded, Long  
Arm Board, Padded, Short  
Stethoscope, Single Head, Black (LATEX FREE)  
Shears, Trauma  
Sodium Chloride 0.9%, 1000 ml, 12's  
Sodium Chloride Injection 0.9% (Bacteriostatic) 30ml, 25's  
Sphygmomanometer, Aneroid Set, Nylon Blue Cuff w/Case (Adult)  
Sphygmomanometer, Aneroid Set, Nylon Blue Cuff w/Case (Child)  
Razor, Disposable  
IV Administration Set, 78", w/clamp, Vented (60 Drop) Microdrip (LATEX FREE)  
IV Administration Set, 78", w/clamp, Vented (15 Drop) Macro drip (LATEX FREE)  
Bag, Pressure, Infusor, 1000cc (Disposable)  
Thermometer, Battery Powered w/Probe & Probe Cover  
Thermometer, Probe Cover  
Bandages, Tegaderm, 10cm x 12cm  
Catheter, (IV) , 14G x 1-1/2", Orange (Safety Tip) (LATEX FREE)  
Catheter, (IV) , 16G x 2", Gray (Safety Tip) (LATEX FREE)  
Catheter, (IV) , 18G x 2", Green (Safety Tip) (LATEX FREE)  
Catheter, (IV) , 20G x 2", Pink (Safety Tip) (LATEX FREE)  
Catheter, (IV) , 22G x 1", Blue (Safety Tip) (LATEX FREE)  
Catheter, (IV), 24G x 1", Yellow (Safety Tip) (LATEX FREE)  
Alcohol Pad, Isopropyl, 2" x 2", Sterile  
Tourniquet, Latex Strap, 1" x 18", Disposable  
IV Administration Set, 78", w/clamp, Vented (15 Drop) Macro drip  
Sodium Chloride 0.9%, 1000 ml, 12's  
Tape, Surgical, Durapore (1")  
Pad, Gauze, Non Adherent, Sterile, 4" x 4"  
Bandage, Tegaderm, IV Op Site Dressing  
Needle, 18 G x 1.5" (Safety Tip)

Needle, 25 G x 5/8" (Safety Tip)  
Syringe/Needle, (1cc) w/25 g x 5/8" Needle (Safety Tip), TB (LATEX FREE)  
Syringe, Luer-Lok, Disposable (10 cc)  
Syringe, Luer-Lok, Disposable (35 cc)  
Sharps Shuttle, Small Conical  
Syringe, Luer-Lok, Disposable (10 cc)  
Syringe/Needle, Disposable, (5cc) or (6cc) w/20g x 1-1/2" Needle (LATEX FREE)  
Syringe/Needle, Disposable, (3 cc) w/21g x 1- 1/2" Needle (Safety Tip) (LATEX FREE)  
Syringe/Needle, (1cc) w/25 g x 5/8" Needle (Safety Tip), TB (LATEX FREE)

**Durable goods:**

Defibrillator  
Laryngoscope kit  
Otoscope Handle  
Ophthalm. Head  
Otoscope Head  
Pulse Oximeter  
Thermometer  
Trauma shears  
Magill forcep adult  
Magill forcep ped  
Blood pressure  
Stethoscope  
Mayo scissor  
Bag Valve Mask Adult2 ea  
E-T tubes 6.5-8.0  
ECG electrodes/pads  
Glucometer w Test Strips

## **Nursing Kit**

### **Nursing Box 1:**

	Each	Cost
BP Cuff & Bladder Adult 2TB	1	
Cavi-Wipes	160	
Co-Flex Bandage 1"	36	
Durapore 1" Tape	24	
Gauze 4x4x8P NS	200	
Hand Antiseptic w/Moist (500ml)	2	
IV Admin Kit 60drop/mL	2	
IV Starter Kit	5	
Kendall Wings Washcloths	64	
Mosquito Forceps 5"	5	
Needles 25g5/8	100	
Needles 21g1	100	
OPA (Sm/Med/LRG)		
Penlights	6	
Protective Glasses	5	
PSS Adjustable Aneroid Sphygmomanometer	2	
Puritan Sterile Tip Applicators	20	
Scalpel #10 SS Disp St	10	
Sponge Gauze 4x4x12P ST2S	250	
Syringe/Needle 3cc 21gx1.5	20	
Syringe/Needle 5cc 20x1.5	20	
Syringe 10CC LL	20	
Syringe 20CC LL	15	
Tagaderm Film	100	
Thermom Suretemp w/4' cord	1	
Tongue Blade Adult St 11lb	20	
Welchallyn Stethoscope (disp)	12	
<b>Nurses Supply Box 1:</b>		
Avagard D Hand Antiseptic 500ML	1	
Cavi-Wipes	320	
Filtron Masks	50	
Haemolance Lancet	150	
<b>HemoCue WBC Analyzer</b>	<b>1</b>	<b>879</b>
HemoCue 4x40 Microcuvettes	160	
Mask Surg Resp N95	20	
MegaMover Sling	2	
Shielded I.V. catheter	100	
Syringe 1cc 27x5/8 HP Insulin	200	
<b>Nurses Supply Box 2:</b>		
Disposable Razors	50	
Eyewash Station	1	
Large Adult Cuffs (BP)	1	
Patient Belongings Bag	25	
Underpad 23x36 Durasorb Plus	75	
<b>Nurses Supply Box 3:</b>		
Assess Peak Flow Meter	4	
Foley Tray	2	
Tracheostomy Care Kits	2	



**ACF CACHE TRAILER INVENTORY**

<u>ITEM</u>	<u>CWH</u>	<u>KVH</u>	<u>MVH</u>	<u>SH</u>	<u>WVMC</u>
CACHE Trailer (7200 lb Capacity)	1				
Wheel Locks	2				
E-Bed Cots	20				
E-Bed Wheels (4 per bed)	100				
E-Bed IV Poles	20				
E-Bed Mattress	20				
Bariatric Cots (500lb capacity)	5				
E-Bed Hand Rails	40				
Bariatric Wheels	20				
Bariatric IV Poles	5				
Bariatric Mattress	5				
Cadaver Rack	1				
Metal Crates	2				
Evacuation Chairs	2				
Evacuation Sleds	6				
Evacuation Sled (Bariatric 100lb capacity)	1				
Flat Bed Cart (Red)	1				
<b>AED (Not In Trailer)</b>	1				
<b>Lap Tops (Not In Trailer)</b>	2				
<b>Printer/Fax/Copier (Not In Trailer)</b>	1				
E-Bed Over bed Tables	15				
Hand Truck	1				
Spare Tire	1				
Spare Tire Wheel Lock	1				
Wheel Mount	1				
Bariatric Commodes	2				
Bariatric Wheel Chair	1				
Cadaver Cart	1				
Blood Pressure Monitors	2				
Blood Pressure Carts	2				
Crash Cart	1				
Barricade	8				
Radios (UHS two-way)	14				
Radios (UHS two-way chargers)	14				
Radios (Motorola two-way)	12				
Radios (Motorola two-way chargers)	12				
Battery Charger (6pk)	1				
Bulletin Board (L)	2				
Bulletin Board (S)	2				

<u>ITEM</u>	<u>CWH</u>	<u>KVH</u>	<u>MVH</u>	<u>SH</u>	<u>WVMC</u>
Directional Arrows	9				
Safety Vests (Yellow)	14				
Safety Vests (Incident Command)					
Grey	4				
Tan	4				
Red	4				
Kelly Green	4				
Light Blue	4				
Royal Blue	4				
White	2				
Pillows	100				
Trauma Kit (500pp) see attached list	1				
Trauma Kit (500pp) see attached list	1				
Trauma Kit (300pp) see attached list	1				
First Aid Kit	1				
Linen Kits	125				
Standard Precaution Kits	12				
Tool kit	1				
Portable Hand Sanitizers	5				
Linen Hampers	6				
Baby Diapers (XL)	120				
Baby Diapers (L)	160				
Thermometer Kits	2				
Thermometer Covers	25				
Blankets (Grey Wool)	100				
Post Mortem Kits	30				
Instant Kits	48				
RN Kits	2				
Emergency Blankets (S)	200				
Emergency Blankets (L)	20				
Sharps Containers	10				
Garbage Cans	5				
Bed Pans	25				
Urinals	20				
Gloves (S) – box count	8				
Gloves (M) – box count	8				
Gloves (L) – box count	11				
Linen Kits	25				
Toddler Kits	25				
Infant Kits	25				
Privacy Curtains (Blue)	8				
Privacy Curtains (Grey Metal)	4				
Privacy Tent	1				
Privacy Tent (Sides)	2				
Hand Truck	1				

## Office Supplies

<u>ITEM</u>	<u>CWH</u>	<u>KVH</u>	<u>MVH</u>	<u>SH</u>	<u>WVMC</u>
• Clip Boards	25				
• Pens – box count	4				
• Pencils – box count	4				
• Staplers	4				
• Staples – box count	4				
• Paper Clips – box count	4				
• Legal Pads	50				
• Extension Cords (50 ft)	5				
• Sticky Notes – count ea. pack	12				
• Dry Erase Markers (s) –count each	1 Pkg				
• Dry Erase Markers (L) – count each	1 Pkg				
• Easels	1				
• Bankers Boxes – count each	1 Pkg				
• Surge Protectors	2				
• Garbage Cans (s)	5				
• Tape Dispensers	2				
• Scotch Tape - rolls	5				
• Dry Erase Boards	5				
• Painters Tape - rolls	1				
• Duck Tape/trl color specific - rolls	?				

*\*Prior to trailer departure, be certain to pick up computer, printer, and toner from storage*



**ACF REGISTRATION TRAILER INVENTORY**

<b>ITEM</b>	<b>MLCHC</b>	<b>CVCH</b>
12' cargo trailer w/logos top & sides	1	1
Spare Tire & Mount	1	1
6 Ton Bottle Jack	1	
Jiffy Jack	1	
Coupler Lock	1	1
Door Pad Lock	3	1
Tire Chain/ Lock	1	1
Large Traffic Cones	10	10
8' Folding Tables	4	4
Folding Chairs	16	16
Box of Copy Paper	1	1
Plastic Totes w/ Lids	4	4
Plastic Clip Boards	7	10
Box of BIC Ballpoint Pens (12 ct)	1 bx	1 bx
Boxes of #2 Pencils (12 per box)	12 bx	12 bx
Pencil Sharpeners	4	4
Stackable Legal Trays		8
Stackable Black Wire Trays	8	4
Packs of Stackers for Wire Trays	4	
Rolls of Caution Tape	4	4
PA system	1	1
Computer*	1	1
Computer Mouse*		
Printer *	1	1
Toner*	1	1

*\*Prior to trailer departure, be certain to pick up computer, printer, and toner from storage*

**MLCHC** computer, printer and toner are kept in the main building in Central Storage.

**CVCH** computer, printer and toner are kept in the Facilities Building where the trailer is located.

## **ACF JOB ACTION SHEETS**

### **BRANCH DIRECTOR**

ACF Branch Director

### **GROUP SUPERVISOR**

ACF Group Supervisor A

ACF Group Supervisor B

ACF Group Supervisor C

ACF Group Supervisor D

### **TEAM LEADER**

ACF Activities Team Leader

ACF Dietary Team Leader

ACF Environmental Services Team Leader

ACF Information Team leader

ACF Patient Care Team Leader

ACF Patient Registration & Tracking Team Leader

ACF Security Team Leader

ACF Set-up/Tear-down Team Leader

ACF Special Services Team Leader

ACF Staffing Team Leader

ACF Traffic Team Leader

ACF Triage Team Leader

ACF Volunteer Team Leader

## ACF BRANCH DIRECTOR

**Mission:** Establish and manage an alternative care facility that provides for the needs of the medically fragile, during an emergency.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _
Report to: HICS Operations Section Chief _____				
ACF Command Post Location: _____			Telephone: _____	
Radio Channel: _____		Radio Title: Director	Other: _____	

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), and then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Operations Section Chief.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint your Group Supervisors and complete the IAPs Branch Assignment List.		
Brief your Group Supervisors on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with the Operations Section Chief, establish the physical location for the ACF. Staff it and insure proper documentation.		
In coordination with the Operations Section Chief, coordinate patient transport, triage and registration, security, traffic, patient care, feeding, housekeeping and all other ACF activation components.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Operations Section Chief to exchange informational, and then relay important information to all team members.		
Tour the ACF facility with the venue owner and make it available for incoming team members.		
Coordinate the movement of hospital patients and staff until delegated to Group Supervisors.		
Advise the Operations Section Chief immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Operations Section Chief regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Operations Section Chief at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Operations Section Chief. Provide for staff rest periods and relief.		

<b>Extended</b>	<b>(From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.			

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for the ACF decrease, return the ACF staff to their non-emergency jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Operations Section Chief.		
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Operations Section Chief for discussion and possible inclusion in the HICSS after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>•</li> <li>• Hospital Telephone Directory</li> <li>•</li> <li>• Radio</li> <li>•</li> <li>• IAP Forms</li> <li>•</li> <li>• Support equipment for the Group Supervisors.</li> <li>•</li> <li>• Possibly a Laptop</li> <li>•</li> </ul>

## ACF GROUP SUPERVISOR A

**Mission:** Manage the unloading of the regional ACF trailers as they arrive, setting up the trailer contents in the ACF building as well as the tearing down of the ACF. Provide for information to the staff and patients and coordinate space usage at the facility.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _	
Position Reports to: ACF Branch Director _____	
ACF Command Post Location: _____	Telephone: _____
Radio Channel: _____	Radio Title: _____ Other: _____

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Branch Director.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Group A Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
Set-Up a Public Information System.		
In coordination with the Branch Director, coordinate set-up/tear-down matters with the Set-Up/Tear Down Team leader, to insure all Regional Cache Trailer contents are positioned properly.		
Set-Up a room allocation system.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Branch Director to exchange informational, and then relay important information to all Team Leaders.		
Advise the Branch Director immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Branch Director regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Branch Director at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all Team Leaders for signs of stress and inappropriate behavior. Report concerns to the Branch Director. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for your teams and ultimately the Group decrease, return them to their non-emergency jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Branch Director, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Branch Director.		
Debrief your Team Leaders on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Branch Director for discussion and possible inclusion in the HICCS after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>•</li> <li>• Hospital Telephone Directory</li> <li>•</li> <li>• Radio</li> <li>•</li> <li>• Set-Up Plans</li> <li>•</li> <li>• Venue Contact Information</li> <li>•</li> <li>• Support equipment for the Teams.</li> <li>•</li> <li>• Possibly a Laptop</li> <li>•</li> </ul>

## ACF GROUP SUPERVISOR B

**Mission:** Establish ACF triage, registration and patient care.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _
Position Reports to: ACF Branch Director _____
ACF Command Post Location: _____ Telephone: _____
Radio Channel: _____ Radio Title: _____ Other: _____

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Branch Director.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Group B Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
Set-Up a Triage System.		
Set-Up a Patient Registration System.		
In coordination with the Branch Director and the HICS Medical Officer, coordinate appropriate patient care.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Branch Director to exchange informational, and then relay important information to all Team Leaders.		
Advise the Branch Director immediately of any operational issue you are not able to correct or resolve.		
<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Branch Director regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Branch Director at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all Team Leaders for signs of stress and inappropriate behavior. Report concerns to the Branch Director. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for your teams and ultimately the Group decrease, return them to their non-emergency jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Branch Director, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Branch Director.		
Debrief your Team Leaders on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Branch Director for discussion and possible inclusion in the HICCS after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>•</li> <li>• Hospital Telephone Directory</li> <li>•</li> <li>• Radio</li> <li>•</li> <li>• ACF Standards of Care Documents</li> <li>•</li> <li>• Support equipment for the Teams.</li> <li>•</li> <li>• Possibly a Laptop</li> <li>•</li> </ul>

## ACF GROUP SUPERVISOR C

**Mission:** Establish ACF security, traffic coordination, environmental services, and dietary service components.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _		
Position Reports to: ACF Branch Director _____		
ACF Command Post Location: _____	Telephone: _____	
Radio Channel: _____	Radio Title: _____	Other: _____

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Branch Director.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Group C Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
Set-Up a Security System and notify the Branch Director.		
Establish a traffic control plan and notify the Branch Director.		
Establish a maintenance and housekeeping system.		
Establish a food service system for the ACF.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Branch Director to exchange informational, and then relay important information to all Team Leaders.		
Advise the Branch Director immediately of any operational issue you are not able to correct or resolve.		
<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Branch Director regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Branch Director at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all Team Leaders for signs of stress and inappropriate behavior. Report concerns to the Branch Director. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		
<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
As needs for your teams and ultimately the Group decrease, return them to their non-emergency jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Branch Director, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Branch Director.		
Debrief your Team Leaders on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Branch Director for discussion and possible inclusion in the HICCS after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>•</li> <li>• Hospital Telephone Directory</li> <li>•</li> <li>• Radio</li> <li>•</li> <li>• Law Enforcement and Red Cross (or other food service provider) Contact Numbers</li> <li>•</li> <li>• Venue Contact Numbers</li> <li>•</li> <li>• Support equipment for the Teams.</li> <li>•</li> <li>• Possibly a Laptop</li> <li>•</li> </ul>

## ACF GROUP SUPERVISOR D

**Mission:** Order, or coordinate the ordering, arrival and daily concerns regarding the staff and volunteers working in the ACF. This position also monitors childcare and adult activities and special services (clergy, interpreters, etc).

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _	
Position Reports to: ACF Branch Director _____	
ACF Command Post Location: _____	Telephone: _____
Radio Channel: _____	Radio Title: _____ Other: _____

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Branch Director.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Group D Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
Set-Up a staff ordering methodology and notify the Branch Director.		
Establish a volunteer credentialing system.		
Adult and juvenile activities (including childcare):		
Special Services: Including but not limited to Clergy, Interpreters, Mental Health, etc		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Branch Director to exchange informational, and then relay important information to all Team Leaders.		
Advise the Branch Director immediately of any operational issue you are not able to correct or resolve.		
Coordinate the arrival of all staff and volunteers.		
<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Branch Director regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Branch Director at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all Team Leaders for signs of stress and inappropriate behavior. Report concerns to the		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Branch Director. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		
Coordinate the arrival of all staff and volunteers.		
Manage the daily issues and needs of the volunteers and Region 7 team members.		

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for your teams and ultimately the Group decrease, return them to their non-emergency jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Branch Director, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Branch Director.		
Debrief your Team Leaders on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Branch Director for discussion and possible inclusion in the HICCS after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>• Hospital Telephone Directory</li> <li>• Radio</li> <li>• Support equipment for the Teams.</li> <li>• Possibly a Laptop</li> </ul>

## ACF ACTIVITIES TEAM LEADER

**Mission:** Establish and manage a secure location at the ACF that provides for the entertainment of adults and the care for children of patients and team members.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _
Position Reports to: _____ ACF Group Supervisor D _____				
ACF Command Post Location: _____			Telephone: _____	
Radio Channel: _____		Radio Title: _____		Other: _____

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Group Supervisor.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with your supervisor, establish a physical location for child care. Staff it and insure proper documentation. <b>(Minimum of 2 Adults for Child Care)</b>		
In coordination with your supervisor, establish a physical location for various activities appropriate to the patients in the ACF. Ranging from reading material, TV and internet connections.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Group Supervisor to exchange informational, and then relay important information to all team members.		
Establish a system to register, track and locate all children in the ACF.		
Advise your supervisor immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update your supervisor regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to your supervisor at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to your supervisor. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for the Team decreases, return them to their non-emergency jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief your supervisor, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your supervisor.		
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to your supervisor for discussion and possible inclusion in the HICs after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>•</li> <li>• Hospital Telephone Directory</li> <li>•</li> <li>• Radio</li> <li>•</li> <li>• Patient Registration and Tracking Forms used for children.</li> <li>•</li> <li>• Support equipment for your team.</li> <li>•</li> <li>•</li> </ul>

## ACF DIETARY SERVICES TEAM LEADER

**Mission:** Secure, store and distribute food and beverage items appropriate to the needs of the ACF.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _
Position Reports to: Group Supervisor _____ Signature: _____
ACF Command Post Location: _____ Telephone: _____
Radio Channel: _____ Radio Title: _____ Other: _____

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Group Supervisor.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Dietary Services Team Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with the Group Supervisor, establish a physical location for patient and staff feeding . Staff it and insure proper documentation.		
In coordination with the Group Supervisor, coordinate upcoming food and beverage challenges.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Group Supervisor to exchange informational, and then relay important information to all team members.		
Establish a system to procure food and beverages for everyone in the ACF.		
Notify the Group Supervisor of any increase or decrease in the ACF patient population as soon as possible.		
Advise the Group Supervisor immediately of any operational issue you are not able to correct or resolve.		
Establish a system to store, track and serve food and beverages.		
Establish and communicate serving times for patients and staff.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Group Supervisor regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Group Supervisor at assigned intervals and as needed.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Group Supervisor. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for the Dietary Serviceteam's staff decrease, return them to their non-emergency jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Group Supervisor, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Group Supervisor.		
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Group Supervisor for discussion and possible inclusion in the HICs after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>•</li> <li>• Hospital Telephone Directory</li> <li>•</li> <li>• Radio</li> <li>•</li> <li>• Area Food and beverage vendors and providers.</li> <li>•</li> <li>• Possibly a Laptop</li> </ul>

## ACF ENVIRONMENTAL SERVICES TEAM LEADER

**Mission:** Establish and maintain an effective maintenance and custodial capability at the ACF.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _
Position Reports to: Group Supervisor _____		Signature: _____		
ACF Command Post Location: _____			Telephone: _____	
Radio Channel: _____	Radio Title: _____	Other: _____		

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Group Supervisor.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Environmental Serviceteam Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with the Group Supervisor, establish a physical location for extra supplies. Staff it and insure proper documentation.		
Locate all custodial supplies at the venue.		
Create a plan for garbage disposal.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Group Supervisor to exchange informational, and then relay important information to all team members.		
Make rounds for environmental services needs for patient areas, restrooms, and dietary service areas.		
Notify the Group Supervisor of any increase or decrease in the ACF patient population as soon as possible.		
Advise the Group Supervisor immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Group Supervisor regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Group Supervisor at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Group Supervisor. Provide for staff rest periods and relief.		

<b>Extended</b>	<b>(From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.			
Create a laundry plan for ACF bedding.			

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for your team's staff decrease, return them to their usual jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Group Supervisor, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Group Supervisor.		
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Group Supervisor for discussion and possible inclusion in the HICCS after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>•</li> <li>• Hospital Telephone Directory</li> <li>•</li> <li>• Radio</li> <li>•</li> <li>• Support equipment</li> <li>•</li> <li>• Possibly a Laptop</li> <li>•</li> </ul>

## ACF FACILITIES INFORMATION TEAM LEADER

**Mission:** Manage the preparation, maintenance, use and ‘final return’ of all rooms and spaces used during the ACF activation.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _
Position Reports to: Group Supervisor _____		Signature: _____		
ACF Command Post Location: _____			Telephone: _____	
Radio Channel: _____	Radio Title: _____	Other: _____		

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Group Supervisor.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Facilities Team Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with the Group Supervisor, establish a physical location for patient registration. Staff it and insure proper documentation.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Group Supervisor to exchange informational, and then relay important information to all team members.		
Establish a system to register, track and locate all patients in the ACF.		
Notify the Group Supervisor of any increase or decrease in the ACF patient population as soon as possible.		
Advise the Group Supervisor immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Group Supervisor regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Group Supervisor at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Group Supervisor. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for the Rooms Team decrease, return them to their usual jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Group Supervisor, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Group Supervisor.		
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Group Supervisor for discussion and possible inclusion in the HICSS after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>•</li> <li>• Hospital Telephone Directory</li> <li>•</li> <li>• Radio</li> <li>•</li> <li>• Support equipment for a Rooms operation.</li> <li>•</li> <li>• Possibly a Laptop</li> <li>•</li> </ul>

## ACF PATIENT CARE TEAM LEADER

**Mission:** Establish, maintain and document an effective system to provide Tier II medical care, based on accepted standards, to all ACF patients.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _
Position Reports to: Group Supervisor _____		Signature: _____		
ACF Command Post Location: _____			Telephone: _____	
Radio Channel: _____	Radio Title: _____	Other: _____		

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment. Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Group Supervisor.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Patient Care Team Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with the Group Supervisor, establish a physical location for patient care. Staff it and insure proper documentation.		
In coordination with the Group Supervisor, coordinate security matters with the Security Team leader, to insure all patients are routed to the registration location prior to entry into the ACF Patient Care Bed Area.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Group Supervisor to exchange informational, and then relay important information to all team members.		
Establish a system to register, track and locate all patients in the ACF.		
Notify the Group Supervisor of any increase or decrease in the ACF patient population as soon as possible.		
Advise the Group Supervisor immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Group Supervisor regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Group Supervisor at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Group Supervisor. Provide for staff rest periods and relief.		

<b>Extended</b> (From Hour 2-12)	<b>Time</b>	<b>Initial</b>
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for the Registration Team's staff decrease, return them to their non-emergency jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Group Supervisor, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Group Supervisor.		
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Group Supervisor for discussion and possible inclusion in the HICSSs after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>•</li> <li>• Hospital Telephone Directory</li> <li>•</li> <li>• Radio</li> <li>•</li> <li>• Standards of Care documents</li> <li>•</li> <li>• Support equipment.</li> <li>•</li> <li>• Possibly a Laptop</li> </ul>

# ACF PATIENT REGISTRATION & TRACKING TEAM LEADER

**Mission:** Register and track all patients during the ACF activation.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _
Position Reports to: Group Supervisor _____		Signature: _____		
ACF Command Post Location: _____			Telephone: _____	
Radio Channel: _____	Radio Title: _____	Other: _____		

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Group Supervisor.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Pt. Registration and Tracking Team Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with the Group Supervisor, establish a physical location for patient registration. Staff it and insure proper documentation.		
In coordination with the Group Supervisor, coordinate security matters with the Security Team leader, to insure all patients are routed from Triage to the Registration location prior to entry into the ACF Patient Care Bed Area.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Group Supervisor to exchange informational, and then relay important information to all team members.		
Establish a system to register, track and locate all patients in the ACF.		
Notify the Group Supervisor of any increase or decrease in the ACF patient population as soon as possible.		
Advise the Group Supervisor immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Group Supervisor regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Group Supervisor at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Group Supervisor. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other		

<b>Extended</b>	<b>(From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
relevant incident information.			

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for the Registration Team’s staff decrease, return them to their non-emergency jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Group Supervisor, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Group Supervisor.		
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Group Supervisor for discussion and possible inclusion in the HICs after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>• Hospital Telephone Directory</li> <li>• Radio</li> <li>• Patient Registration and Tracking Forms</li> <li>• Support equipment for a Registration Desk operation.</li> <li>• Possibly a Laptop</li> </ul>

## ACF SECURITY TEAM LEADER

**Mission:** Establish, maintain and document an effective security system in and around the ACF.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _
Position Reports to: Group Supervisor _____		Signature: _____		
ACF Command Post Location: _____			Telephone: _____	
Radio Channel: _____	Radio Title: _____	Other: _____		

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Group Supervisor.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Security Team Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with the Group Supervisor, establish a physical location for patient registration. Staff it and insure proper documentation.		
In coordination with the Group Supervisor, coordinate security matters with the Triage and Pt. Care Team Leaders, to insure all patients are routed properly to the Registration location prior to entry into the ACF Patient Care Bed Area.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Group Supervisor to exchange informational, and then relay important information to all team members.		
Establish a system to register, track and locate all patients in the ACF.		
Notify the Group Supervisor of any increase or decrease in the ACF patient population as soon as possible.		
Advise the Group Supervisor immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Group Supervisor regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Group Supervisor at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Group Supervisor. Provide for staff rest periods and relief.		

<b>Extended</b>	<b>(From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.			

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for security decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Group Supervisor, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Group Supervisor.		
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Group Supervisor for discussion and possible inclusion in the HICSs after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>• Hospital Telephone Directory</li> <li>• Radio</li> <li>• Map of the ACF.</li> <li>• Law Enforcement contacts</li> <li>• Support equipment</li> <li>• Possibly a Laptop</li> </ul>

## ACF SET-UP / TEAR DOWN TEAM LEADER

**Mission:** Coordinate the set-up and tear-down, the positioning and maintenance of all ACF Cache trailer components.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _
Position Reports to: Group Supervisor _____		Signature: _____		
ACF Command Post Location: _____			Telephone: _____	
Radio Channel: _____	Radio Title: _____	Other: _____		

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Group Supervisor.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Set-Up Team Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with the Group Supervisor, establish a physical location for all incoming ACF trailers to distribute their beds and equipment.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Group Supervisor to exchange informational, and then relay important information to all team members.		
Access facility plan and set up blue print.		
Advise the Group Supervisor immediately of any operational issue you are not able to correct or resolve.		
Direct staging of arriving ACF Trailers.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Group Supervisor regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Group Supervisor at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Group Supervisor. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Group Supervisor, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Group Supervisor.		
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Group Supervisor for discussion and possible inclusion in the HICCs after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>• Hospital Telephone Directory</li> <li>• Radio</li> <li>• Support equipment</li> </ul>

## ACF SPECIAL SERVICES CARE TEAM LEADER

**Mission:** Establish and manage a location, at the ACF, that provides for the special needs of patients.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _
Position Reports to: _____
ACF Command Post Location: _____ Telephone: _____
Radio Channel: _____ Radio Title: _____ Other: _____

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Group Supervisor.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Team Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with the Group Supervisor, establish a physical location for special service smatters. Staff it and insure proper documentation.		
Clergy		
Interpreters		
Mental Health		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Group Supervisor to exchange informational, and then relay important information to all team members.		
Establish a system to register, track and locate all mental health patients in the ACF.		
Notify your supervisor of any increase or decrease in the ACF patient population as soon as possible.		
Advise the Group Supervisor immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update your supervisor regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to your supervisor at assigned intervals and as needed.		

<b>Extended</b>	<b>(From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.			
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to your supervisor. Provide for staff rest periods and relief.			
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.			

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for the various special staff decrease, return them to their non-emergency jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief your supervisor, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your supervisor.		
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to your supervisor for discussion and possible inclusion in the HICs after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>• Hospital Telephone Directory</li> <li>• Radio</li> <li>• Support equipment for the team.</li> <li>• Possibly a Laptop</li> </ul>

## ACF STAFFING TEAM LEADER

**Mission:** Order and assist all ACF team members.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _
Position Reports to: Group Supervisor _____		Signature: _____		
ACF Command Post Location: _____			Telephone: _____	
Radio Channel: _____	Radio Title: _____	Other: _____		

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Group Supervisor.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Staffing Team Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with the Group Supervisor, establish a physical location to carry out your assignment. . Staff it and insure proper documentation.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Group Supervisor to exchange informational, and then relay important information to all team members.		
Establish a system to order and assist incoming region 7 ACF staff.		
Notify the Group Supervisor of any increase or decrease in the ACF patient population as soon as possible.		
Advise the Group Supervisor immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Group Supervisor regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Group Supervisor at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Group Supervisor. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for the Staffing Team's staff decrease, return them to their usual jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Group Supervisor, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Group Supervisor.		
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Group Supervisor for discussion and possible inclusion in the HICs after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>•</li> <li>• Hospital Telephone Directory</li> <li>•</li> <li>• Radio</li> <li>•</li> <li>• Staffing Matrix</li> <li>•</li> <li>• Staffing Order Form</li> <li>•</li> <li>• Support equipment</li> <li>•</li> <li>• Possibly a Laptop</li> <li>•</li> <li>• Blank IAP Assignment List Form</li> </ul>

## ACF TRAFFIC TEAM LEADER

**Mission:** Establish, maintain and document an effective traffic system around the ACF.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _
Position Reports to: Group Supervisor _____		Signature: _____		
ACF Command Post Location: _____			Telephone: _____	
Radio Channel: _____		Radio Title: _____		Other: _____

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), and then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Group Supervisor.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Traffic Team Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with the Group Supervisor, establish a physical location for the traffic team. Staff it and ensure proper documentation.		
In coordination with the Group Supervisor, coordinate traffic matters with the Triage and Patient Care Team Leaders.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Group Supervisor to exchange informational, and then relay important information to all team members.		
Notify the Group Supervisor of any increase or decrease in the ACF patient population as soon as possible.		
Advise the Group Supervisor immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Group Supervisor regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Group Supervisor at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Group Supervisor. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for the Traffic Team decreases return your team members to their non-emergency I jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Group Supervisor, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Group Supervisor.		
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Group Supervisor for discussion and possible inclusion in the HICSS after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>• Hospital Telephone Directory?</li> <li>• Radio</li> <li>• Maps of the ACF grounds and area streets.</li> <li>• Safety and support equipment .</li> <li>• Possibly a Laptop</li> </ul>

## ACF TRIAGE TEAM LEADER

**Mission:** Establish a secure and effective system to triage all incoming ACF patients prior to entry into the facility. Create, maintain and distribute collected patient information, to the appropriate ACF staff.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _
Position Reports to: Group Supervisor _____		Signature: _____		
ACF Command Post Location: _____			Telephone: _____	
Radio Channel: _____		Radio Title: _____		Other: _____

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), and then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Group Supervisor.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Triage Team Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with the Group Supervisor, establish a physical location for triage. Staff it and ensure proper documentation.		
In coordination with the Group Supervisor, coordinate triage matters with the TriageTeam leader, to ensure all patients are routed to the Triage location prior to entry into the ACF and registration.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Group Supervisor to exchange informational, and then relay important information to all team members.		
Establish a system to register, track and locate all patients in the ACF.		
Notify the Group Supervisor of any increase or decrease in the ACF patient population as soon as possible.		
Advise the Group Supervisor immediately of any operational issue you are not able to correct or resolve.		
<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Group Supervisor regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Group Supervisor at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Group Supervisor. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>
As needs for the TriageTeam's staff decrease, return them to their usual jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.		
Ensure the retrieval and return of equipment and supplies provided upon assignment.		
Upon deactivation of your position, brief the Group Supervisor, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Group Supervisor.		
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.		
Submit comments to Group Supervisor for discussion and possible inclusion in the HICs after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>• Hospital Telephone Directory</li> <li>• Radio</li> <li>• Triage Forms</li> <li>• Support equipment .</li> <li>• Possibly a Laptop</li> </ul>

## ACF VOLUNTEER TEAM LEADER

**Mission:** Secure, vet and assist all volunteers acquired by the ACF.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _
Position Reports to: Group Supervisor _____		Signature: _____		
ACF Command Post Location: _____			Telephone: _____	
Radio Channel: _____	Radio Title: _____	Other: _____		

<b>Immediate Actions (ASAP)</b>	<b>Time</b>	<b>Initial</b>
Receive appointment Notify your usual supervisor of your HICS assignment.		
Read this Job Action Sheet and the current Incident Action Plan (IAP), then don the supplied ACF position identification.		
Obtain a mission appropriate briefing, radio or any communication device, plus any equipment and/or materials from your Group Supervisor.		
Document all key activities, actions, and decisions in a Log, on a continual basis.		
Appoint team members and complete the IAPs Volunteer Team Assignment List.		
Brief your team on the current situation, incident objectives and strategy; outline your action plan.		
In coordination with the Group Supervisor, establish a physical location for patient registration. Staff it and insure proper documentation.		

<b>Intermediate (During the First Hour)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with your Group Supervisor to exchange informational, and then relay important information to all team members.		
Establish a system to credential and coordinate all volunteers in the ACF.		
Notify the Group Supervisor of any increase or decrease in the ACF patient population as soon as possible.		
Advise the Group Supervisor immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
Continue to update the Group Supervisor regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions in a Log and submit to the Group Supervisor at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Group Supervisor. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		
<b>Demobilization</b>	<b>Time</b>	<b>Initial</b>

<b>Extended</b>	<b>(From Hour 2-12)</b>	<b>Time</b>	<b>Initial</b>
As needs for the Registration Team's staff decrease, return them to their non-emergency jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Team Leader.			
Ensure the retrieval and return of equipment and supplies provided upon assignment.			
Upon deactivation of your position, brief the Group Supervisor, as appropriate, on current problems, outstanding issues, and follow-up requirements.			
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to your Group Supervisor.			
Debrief your staff on lessons learned during the ACF deployment. Discuss any procedural or equipment changes needed for future deployments.			
Submit comments to Group Supervisor for discussion and possible inclusion in the HICSS after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists.</li> <li>• Recommendations for procedure changes.</li> <li>• Team accomplishments and issues.</li> </ul>			
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.			

<b>Documents and/or Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>•</li> <li>• Hospital Telephone Directory</li> <li>•</li> <li>• Radio</li> <li>•</li> <li>• Support equipment</li> <li>•</li> <li>• Possibly a Laptop</li> <li>•</li> </ul>



RED VESTS

ACF Command Staff



GREY VESTS

ACF Registration  
and  
Support Staff



TAN VESTS

VESTS  
ACF Facilities, Maintenance,  
Food, and Housekeeping



ROYAL BLUE

ACF Nursing Staff



YELLOW VESTS

ACF Security and Traffic



LIGHT BLUE VESTS

ACF LPN Staff



KELLY GREEN

ACF Runners



WHITE VESTS

ACF Physicians

## **APPENDIX G – Mass Fatality Plan**

Mass Fatality Plan

Chain of Command:

- Local Communications Flow Chart
- Regional Communications Flow Chart
- County EOC Resource Coordination

Hospital Planning Checklist

Coroner Mass Fatality Response Plan

## MASS FATALITY PLAN

**PURPOSE:** Mass fatalities may occur as the result of a variety of events. The purpose of this plan is to provide Region 7 Hospital facilities with a resource providing guidance for a mass fatality incident resulting in hospital morgue surge.

**ASSUMPTION:** The assumption is deaths would be classified as “known cause of death” which creates a deceased surge scenario that would require activation of a Mass Fatality Plan.

**In an incident of unknown cause of death, the county Coroner or the Medical Examiner directs the disposition of the body based on the need to determine cause of death.**

- The Hospital Attended Death algorithm provides a guide for communication, authority and activation for this type of incident.
- The “Fact Sheets” assist in deceased patient tracking, temporary storage of bodies, death certificates and equipment that might be needed for a mass fatality incident.
- Additional resource for Mass Fatality Planning is World Health Organization brochure:
  - Frequently Asked Questions on the Management of Cadavers  
[http://new.paho.org/disasters/index.php?option=com\\_content&task=view&id=719&Itemid=93](http://new.paho.org/disasters/index.php?option=com_content&task=view&id=719&Itemid=93)
  - Mass Fatality Plan Checklist  
[http://new.paho.org/disasters/index.php?option=com\\_content&task=view&id=820&Itemid=931](http://new.paho.org/disasters/index.php?option=com_content&task=view&id=820&Itemid=931)

**REGIONAL MORGUE CAPABILITIES:** see funeral home contacts in Appendix B

### HOSPITAL FACILITIES

### FUNERAL HOME

#### Chelan County:

• Central Washington Hospital	4	Betts/Jones&Jones	17
• Lake Chelan Comm. Hospital	0	Betts/Jones transport trailer-	17
• Cascade Medical Center	0	Wards Funeral Chapel	3
• Wenatchee Valley Hospital	0	Precht Rose Chapel	3

#### Douglas County:

• No hospital facilities		Telfords	12
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#### Grant County:

• Samaritan Healthcare	5	Scharbachs	3
• Columbia Basin Hospital	0	Nicoles	6
• Coulee Medical Center	0	Strate Funeral Home	3
• Quincy Valley Medical Center	0	Affordable Funeral	4
		Kayser’s	3

#### Okanogan County:

• Three Rivers Hospital	0	Bergh	3
• Mid Valley Hospital	0	Precht Methow Valley	0
• North Valley Hospital	0	Precht-Harrison-Nearents	3

#### Kittitas County:

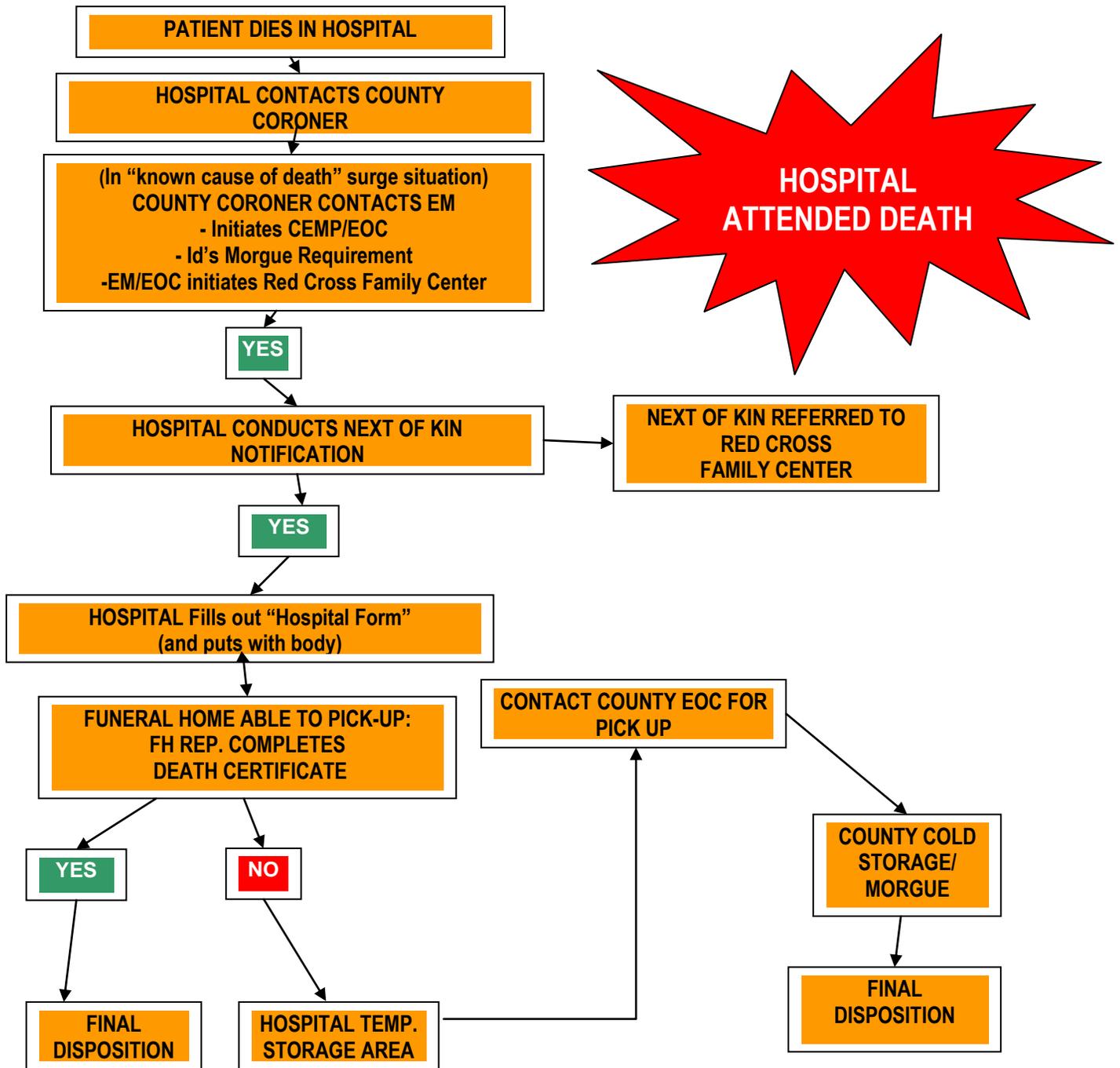
• Kittitas Valley Healthcare	0	Stewart-Williams	11
		Brookside	0
		Cascade Funeral	0

Per hospital representatives, verbal agreements exist between local hospital facilities and local funeral homes to facilitate the storage of remains when morgue capacity is met. To better prepare, facilities can use the Funeral Home capabilities survey document to help identify local morgue resource and enter into formal MOU's with funeral homes for storage of remains. It is recommended for facilities to have written and signed MOU's with local funeral homes.

Chelan County:

- Wenatchee Valley Hospital – MOU with Jones/Jones/Betts Funeral Home

This algorithm represents chain of communication of “known cause of death” incidents in hospital facility settings.



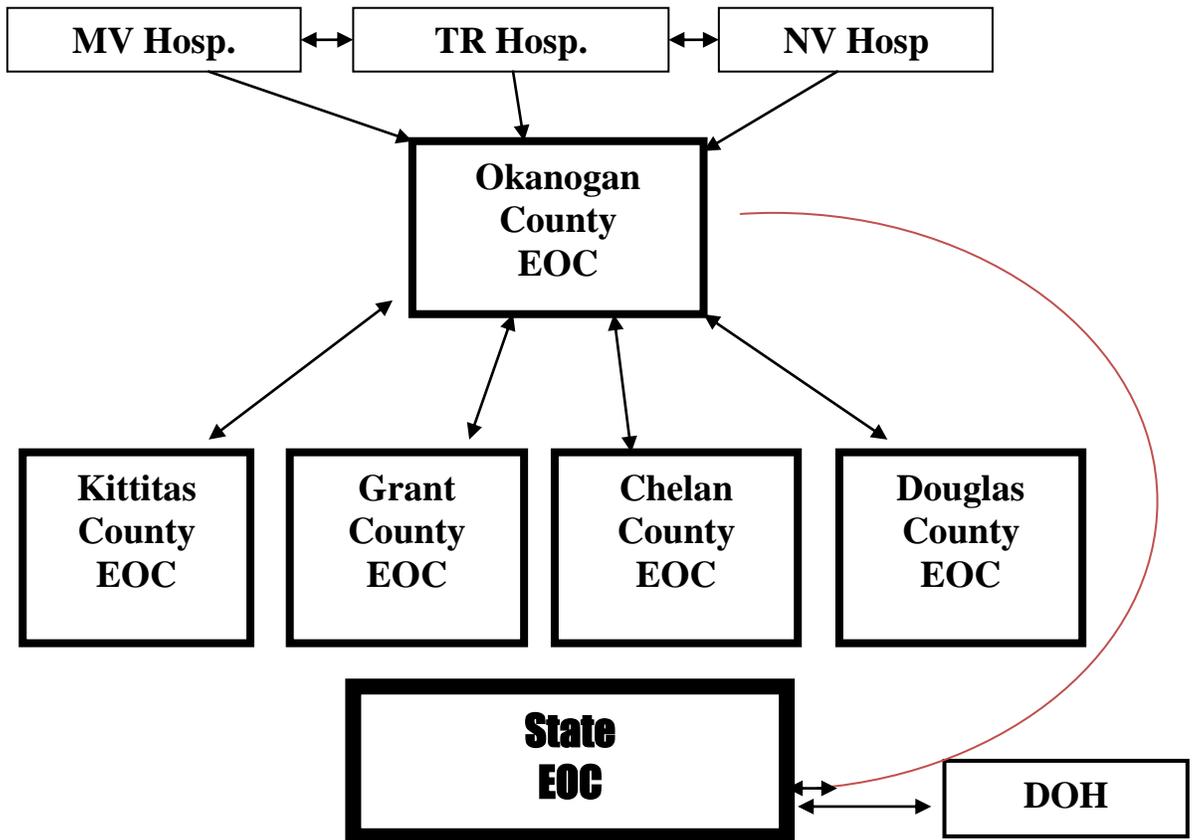
### **Chain of Command and Communication:**

- County Coroner's/Medical Examiner's Office is the lead agency for activities concerning the deceased as a result of a disaster, pan flu or mass fatality emergency, including identification and disposition of the dead, and documentation of the number of confirmed dead.
- Each County Coroner or Medical Examiner is the acting authority for deceased remains and the coordination of Mass Fatality efforts with established Emergency Management, County Public Health, Hospital Facilities and Funeral Home directors. The above algorithm is a possible line of communication should the County Coroner choose to implement it during a mass fatality incident.
- Management of the Mass Fatality incident will be accomplished by using the Incident Command System (ICS) set forth by National Incident Management System (NIMS).
- At the discretion of the Coroner, temporary Deputy Coroners may be sworn-in with limited and temporary jurisdiction. Medical professionals, emergency services personnel and Funeral Directors may be utilized as temporary Deputies in the event of a mass fatalities event.

The following Flow Charts facilitate the Communications process between Hospitals and EOC's in the event of Hospital Surge, ACF/FMS Activation and/or Mass Fatality Response.

## COMMUNICATIONS FLOW - LOCAL EVENT - Hospital Requesting Resource(s)

(Example of event happening in Okanogan County; all Region 7 hospitals adhere to the same communications flow within their respective Counties.)



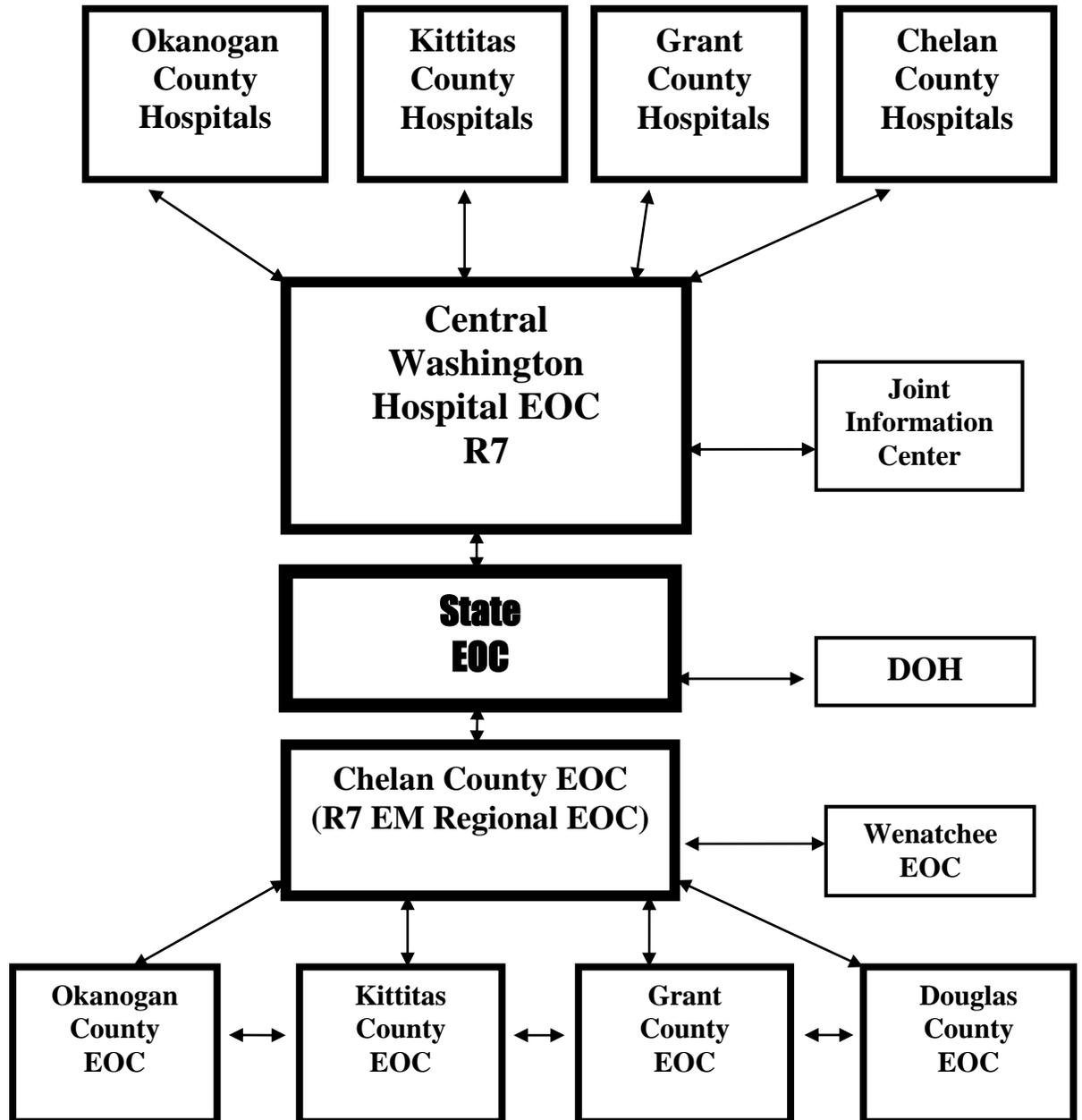
### County Emergency Operations Center (EOC) - Resource Coordination:

1. Staff (\*after local agreements have been exhausted.)
2. Supplies (\*after local agreements have been exhausted.)
3. Medication (\*after local agreements have been exhausted.)
4. Red Cross – food, shelter information, cots, blankets, volunteers,
5. Public Health – issues related to the public's health
6. Public Works (County/City/Town) – additional personnel, road conditions,
7. PUDs – power issues
8. Water - city/town status, quality issues, additional requirements
9. Emergency Workers – additional personnel
10. Fire – traffic control, fire issues, additional personnel
11. Law – security, traffic control,
12. EMS – patient movement (do not move dead bodies!)
13. DOT - Road conditions

## COMMUNICATIONS FLOW = REGIONAL EVENT

For a Regional Event – hospitals will contact Central Washington Hospital EOC to request resources (personnel, supplies, equipment, etc)

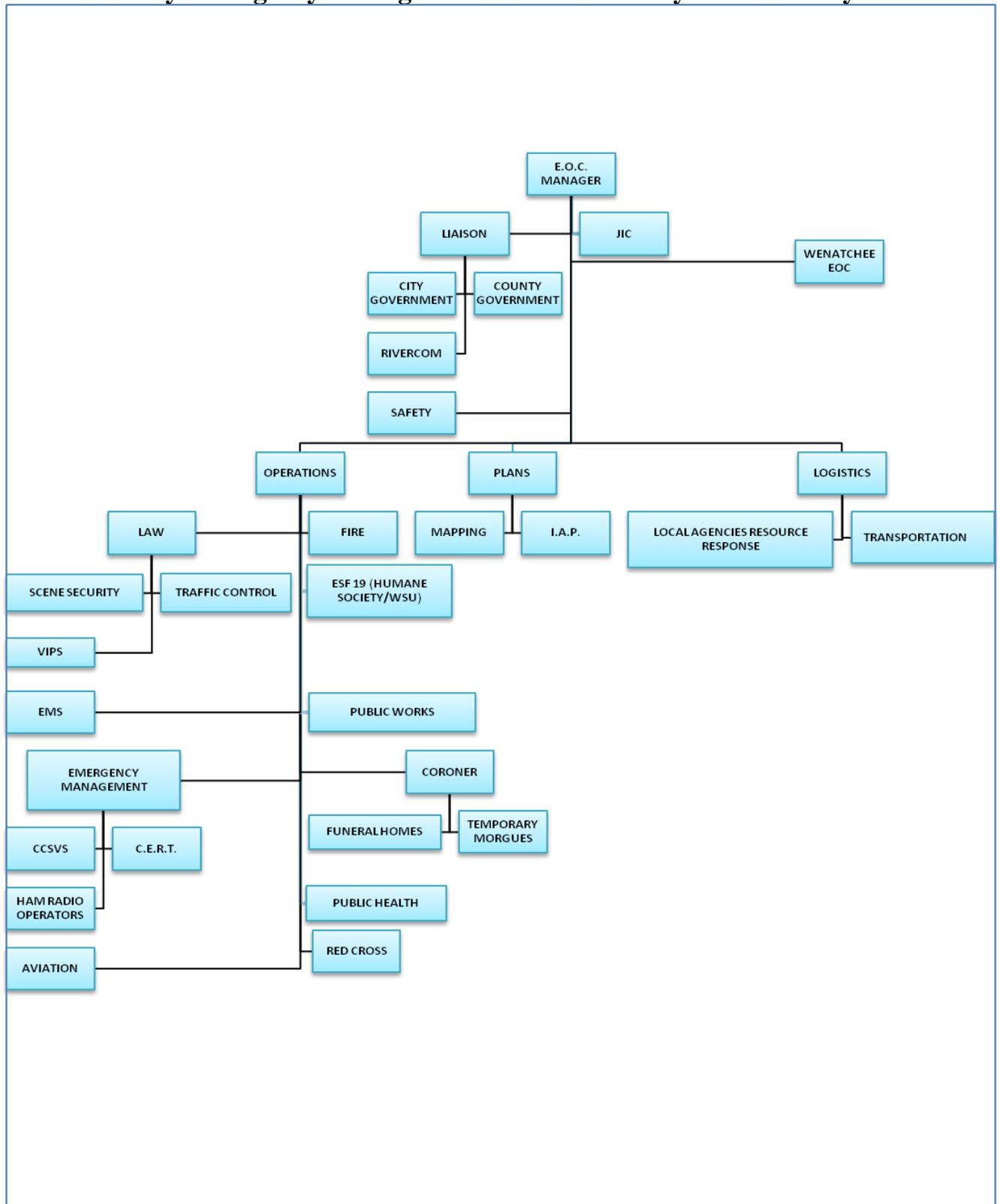
12 County Hospitals:



**County Emergency Operations Center (EOC) – Resource Coordination:**

1. Staff (\*after local agreements have been exhausted.)
2. Supplies (\*after local agreements have been exhausted.)
3. Medication (\*after local agreements have been exhausted.)
4. Red Cross – food, shelter information, cots, blankets, volunteers,
5. Public Health – issues related to the public's health
6. Public Works (County/City/Town) – additional personnel, road conditions,
7. PUDs – power issues
8. Water - city/town status, quality issues, additional requirements
9. Emergency Workers – additional personnel
10. Fire – traffic control, fire issues, additional personnel
11. Law – security, traffic control,
12. EMS – patient movement (do not move dead bodies!)
13. DOT - Road conditions
14. OTHER: Radios, radio operators (HAMS), grief counselors, general supplies that can be obtained locally, building inspectors (damage assessment), portable bathrooms, trade requirement (i.e., AC company, etc.),

# Chelan County Emergency Management – Mass Casualty/Mass Fatality



## **HOSPITAL MASS FATALITY PLANNING RESOURCES:**

### **HOSPITAL MFI PLANNING: 10 QUESTIONS TO GET STARTED**

“Death does not end human suffering, especially when death is sudden, as the result of a disaster. The death of a loved one leaves an indelible mark on the survivors, and unfortunately, because of the lack of information, the families of the deceased suffer additional harm because of the inadequate way that the bodies of the dead are handled. These secondary injuries are unacceptable, particularly if they are the consequence of direct authorization or action on the part of the authorities or those responsible for humanitarian assistance.”

*---Mirta Roses Periago, Director, Pan American Health Organization*

1. What are the decedent management priorities of your organization? What key assumptions are these priorities based upon?
2. Does your organization have a written mass fatality plan in place? If so, who has the authority to activate these plans and/or procedures, and have you trained to the plan?
3. Do you have staff and resources identified that will be dedicated to mass fatality incident management?
4. What are the possible bottlenecks in the decedent processing procedures? Have any solutions been developed and/or implemented to mitigate these issues?
5. What is the capacity of your morgue? Do you have alternate on-site and off-site surge morgue capacity? Do you have memoranda of understanding in place (if applicable)?
6. Do you have staff and resources identified that will be dedicated to surge morgue management?
7. To what extent can technology assist with decedent processing?
8. Who in your organization or jurisdiction has the authority to make the decision to alter or change the current decedent processing and identification plan?
9. What legal hurdles, if any, does your organization or jurisdiction face when executing your mass fatality incident plan? How will your organization and jurisdiction deal with them to ensure that the processing of decedents is not delayed or otherwise stalled by legal matters?
10. What reputation management issues could arise if your facility does not adequately manage a mass fatality incident?

## HOSPITAL MASS FATALITY PLANNING: CHECKLIST

This checklist was developed to help hospitals prepare and respond to a mass fatality incident regardless of cause. It is designed to be adapted to meet the unique needs and circumstances of your facility, and can be used as a tool for developing or evaluating MF plans.

### 1. Written MFI Plan

Completed	In Progress	Not Started	Actions
			MF planning has been incorporated into disaster planning and exercises for the hospital.
			A written MF plan has been developed.
			Primary and backup responsibility has been assigned for coordinating MFI planning.
			Primary (Name, Title and Contact info): _____ Backup (Name, Title and Contact info): _____
			A multidisciplinary planning committee has been identified specifically to address MFI planning exercising.
			Members of the MF planning committee may include: <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospital administration</li> <li><input type="checkbox"/> Disaster coordinator</li> <li><input type="checkbox"/> Morgue operations</li> <li><input type="checkbox"/> Decedent affairs</li> <li><input type="checkbox"/> Medical records</li> <li><input type="checkbox"/> Infection control/hospital epidemiology</li> <li><input type="checkbox"/> Laboratory services</li> <li><input type="checkbox"/> Occupational health</li> <li><input type="checkbox"/> Legal counsel/risk management</li> <li><input type="checkbox"/> Public relations coordinator/public information officer</li> <li><input type="checkbox"/> Engineering and maintenance</li> <li><input type="checkbox"/> Environmental (housekeeping) services</li> <li><input type="checkbox"/> Central (sterile) services</li> <li><input type="checkbox"/> Security</li> <li><input type="checkbox"/> Information technology</li> <li><input type="checkbox"/> Expert consultants (e.g., ethicist, mental/behavioral health professionals, LCSWs)</li> <li><input type="checkbox"/> Other member(s) as appropriate (e.g., clergy, local coroner, medical examiner, morticians)</li> </ul>
			Points of contact for information on MFI planning resources have been identified within local government. Agency Name & Contact Information:  
			The MF plan identifies the trigger to activate the MF Plan

Completed	In Progress	Not Started	Actions
			The MF plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used, including the delegation of authority to carry out the plan 24/7.
			The MF plan includes a mass fatality incident management unit or similar management unit/team.
			Responsibilities of key personnel and departments within the facility related to executing the plan have been described.
			Personnel who will serve as back-up (e.g., B team) for key personnel roles have been identified.
			The MFI plan indicates to notify the County Coroner or County EMS and who is responsible for making the notification.
			Tabletop exercise and/or other exercises have been conducted to test the plan. Date performed: _____ Date performed: _____
			A full scale drill/exercise has been developed to test the plan. Date performed: _____
			The plan is updated regularly and includes current contact information and lessons learned from exercises and drills.
			A list of mental/behavioral health, community and faith-based resources that will be available to provide counseling to personnel during an MFI.

## 2. Mass Fatality Incident Management Unit

Completed	In Progress	Not Started	Actions
			The plan identifies who is the lead to implement the hospital's MFI Plan. (Is this person the MFI Unit Leader?)
			Staff trained on NIMS/ICS have been identified.
			Location of the MF Unit Administrative section has been identified.
			Equipment and supplies have been identified and/or procured for the MFI Unit Administrative section (review MFI Management Unit Equipment/Supplies Checklist)
			A process has been developed to identify decedents (such as taking a photo or fingerprint upon admission or immediately upon death) and maintaining records of the information (see sample Decedent Tracking Card).
			A process has been developed to track decedents (such as using a database, a tracking form.
			Responsibility has been assigned for maintaining communication with the hospital command center to receive mortality estimates in order to anticipate and supply needed administrative and morgue equipment.
			Responsibility has been assigned for communications with County Dept of Public Health and monitoring public health advisories.
			Responsibility has been assigned for communications with Coroner/Medical Examiner, EOC as needed.
			Responsibility has been assigned for communications with coroner authorities (i.e., case reporting, status updates) during a disaster.
			Responsibility has been assigned for communications with next of kin.
			A protocol has been established to identify and protect decedent personal property and maintain chain of custody if identified as evidence.

### 3.Morgue Surge

Completed	In Progress	Not Started	Actions
			The plan identifies current morgue capacity: # and location (can also be labeled something like Primary Morgue)
			Identify surge capacity: # and locations (can also be labeled something like Secondary or Surge Morgues).
			May also identify a tiered level with triggers to add or change morgue locations. This may be a result of the number of decedents (escalation and de-escalation), new resources available, the viability of the current location, etc.
			Identify staff resources that may be needed (review Morgue Task Force recommendations on page 13)
			Identify supplies and equipment needed (review Surge Morgue Equipment and Supplies Checklist on page 34).
			A protocol has been developed to rapidly identify the location of where decedents are stored. For example, each decedent will have an 'address' such as Morgue Room 1, Row 2, # 5, or other such nomenclature.
			An infection control policy that requires morgue personnel to use Standard Precautions
			Hospital security personnel have input into procedures and a plan for securing access to morgue areas

## MFI MANAGEMENT UNIT EQUIPMENT AND SUPPLIES CHECKLIST

Equipment and supplies for the MFI Unit may include the following. Be sure to identify where items are stored and how to access the storage area.

Consideration	Consideration
<p><b>Distance from the morgue</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Location of MFI Unit:</li> <li><input type="checkbox"/> Distance from Morgue:</li> </ul> <p>Notes:</p>	<p><b>Tables and chairs</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> # tables procured (based on layout needs)</li> <li><input type="checkbox"/> # chairs procured (based on layout needs)</li> </ul> <p>Notes:</p>
<p><b>Secure with limited access</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> # of security staff required:</li> <li><input type="checkbox"/> Security equipment required:</li> <li><input type="checkbox"/> Description of how access is limited:</li> </ul> <p>Notes:</p>	<p><b>Office supplies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Notepads, loose paper, sticky notes, clipboards</li> <li><input type="checkbox"/> Plastic sleeves</li> <li><input type="checkbox"/> Pens, pencils, markers, highlighters</li> <li><input type="checkbox"/> Stapler, staple remover, tape, packing tape, white out, paper clips, pencil sharpener</li> <li><input type="checkbox"/> Extension cords, power strips, surge protectors, duct tape</li> </ul> <p>Notes:</p>
<p><b>Phone lines</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Incoming phone</li> <li><input type="checkbox"/> Outgoing phone</li> <li><input type="checkbox"/> Fax machine</li> <li><input type="checkbox"/> Fax paper and toner</li> <li><input type="checkbox"/> Total number of phones:</li> </ul> <p>Notes:</p>	<p><b>Printer and Copier</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Printer and cables, copier</li> <li><input type="checkbox"/> Paper</li> <li><input type="checkbox"/> Toner</li> </ul> <p>Notes:</p>
<p><b>Internet access/terminal</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Laptop or desktop computer</li> <li><input type="checkbox"/> Access to internet</li> <li><input type="checkbox"/> Total number of computers:</li> </ul> <p>Notes:</p>	<p><b>Forms and Documents</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospital MFI Plan</li> <li><input type="checkbox"/> Decedent Information and Tracking Card</li> <li><input type="checkbox"/> Fatality Tracking Form</li> <li><input type="checkbox"/> EDRS "Medical Facilities Users' Guide" (download at <a href="http://www.edrs.us">www.edrs.us</a>)</li> <li><input type="checkbox"/> Internal and external contact lists</li> </ul> <p>Notes:</p>

INSERT HOSPITAL NAME OR LOGO  
 Hospital Address  
 Telephone and Fax Numbers  
 First Letter of Decedent Last Name: \_\_\_\_\_

### DECEDENT INFORMATION AND TRACKING CARD

<b>INCIDENT NAME</b>		<b>OPERATIONAL PERIOD</b>		
<b>MEDICAL RECORD / TRIAGE #</b>	<b>DATE</b>	<b>TIME</b>	<b>HOSPITAL LOCATION PRIOR TO MORGUE</b>	
<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	<b>AGE</b>	<b>GENDER</b>
<b>IDENTIFICATION VERIFIED BY (CIRCLE ONE)</b> DRIVERS LICENSE    STATE ID    PASSPORT    BIRTH CERTIFICATE    OTHER: _____				
<b>IDENTIFICATION #:</b> _____				
<b>ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)</b> _____				
<b>DEATH CERTIFICATE SIGNED (CIRCLE ONE)</b>  YES                      NO		<b>PHOTO ATTACHED TO CARD</b>  YES              NO		<b>FINGER PRINTS ATTACHED TO CARD</b>  YES              NO
<b>NEXT OF KIN NOTIFIED? (CIRCLE ONE)</b>  YES              NO		<b>NAME &amp; PHONE #:</b>		<b>RELATION:</b>
<b>STATUS</b>		<b>LOCATION</b>		<b>DATE/TIME – IN</b>
				<b>DATE/TIME - OUT</b>
<b>HOSPITAL MORGUE</b>				
<b>FINAL DISPOSITION</b>		<b>DATE/TIME</b>		<b>NAME /SIGNATURE OF RECIPIENT</b>
<b>RELEASED TO: (CIRCLE ONE)</b> CORONER COUNTY MORGUE MORTUARY OTHER: _____		<b>DATE:</b>		
		<b>TIME:</b>		
<b>LIST OF PERSONAL BELONGINGS</b>				<b>STORAGE LOCATION</b>
ORIGINAL ON FILE IN MFI UNIT COPY WITH DECEDENT				

## **HUMAN REMAINS STORAGE MYTHS AND TRUTHS: THE GOOD IDEAS**

All delays between the death and autopsy hinder the medicolegal processes. All storage options should weigh the storage requirements against the time it takes to collect information that is necessary for identification, determination of the cause and circumstances of death, and next of kin notification.

### **WHY REFRIGERATION IS RECOMMENDED**

- Most hospital morgues' refrigeration capacity will be exceeded during a disaster, especially if there are many unidentified bodies or remains recovered in the first hours of the event.
- Refrigeration between 38° and 42° Fahrenheit is the best option.
- Large refrigerated transport containers used by commercial shipping companies can be used to store up to 30 bodies. (Laying flat on the floor with walkway between).
- Enough containers are seldom available at the disaster site.
- Consider lightweight temporary racking systems. These can increase each container or room's capacity by 3 times.
- Refrigeration does not halt decomposition, it only delays it.
- Will preserve a body for 1-3 months.
- Humidity also plays a role in decomposition. Refrigeration units should be maintained at low humidity.
- Mold can become a problem on refrigerated bodies making visual identification impossible and interfering with medico legal processes.

### **WHY DRY ICE IS AN OKAY RECOMMENDATION FOR OUTSIDE TEMPORARY MORGUE:**

- Dry ice (carbon dioxide (CO<sub>2</sub>) frozen at -78.5° Celsius) may be suitable for short-term storage.
- Use by building a low wall of dry ice around groups of about 20 remains and then covering with a plastic sheet.
- About 22 lbs of dry ice per remains, per day is needed, depending on the outside temperature.
- Dry ice should not be placed on top of remains, even when wrapped, because it damages the body.
- Expensive, difficult to obtain during an emergency.
- Dry ice requires handling with gloves to avoid "cold burns."
- When dry ice melts it produces carbon dioxide gas, which is toxic. The area needs good ventilation.

## **HUMAN REMAINS STORAGE MYTHS AND TRUTHS: THE BAD IDEAS**

### **WHY STACKING IS NOT RECOMMENDED**

- Demonstrates a lack of respect for individuals.
- The placement of one body on top of another in cold or freezing temperatures can distort the faces of the victims, a condition which is difficult to reverse and impedes visual identification.
- Decedents are difficult to manage if stacked. Individual tags are difficult to read and decedents on the bottom cannot be easily removed.

### **WHY FREEZING IS NOT RECOMMENDED**

- Freezing causes tissues to dehydrate which changes their color; this can have a negative impact on the interpretation of injuries, as well as on attempts at visual recognition by family members.
- Rapid freezing of bodies can cause post-mortem injury, including cranial fracture.
- Handling bodies when they are frozen can also cause fracture, which will negatively influence the investigation and make the medico legal interpretation of the examination results difficult.
- The process of freezing and thawing will accelerate decomposition of the remains.

### **WHY ICE RINKS ARE NOT RECOMMENDED**

- Ice rinks are frequently brought up as possible storage sites. As previously mentioned, freezing has several undesirable consequences.
- A body laid on ice is only partially frozen. It eventually will stick to the ice making movement of the decedent difficult.
- Management and movement of decedents on solid ground is challenging in good circumstances. Workers having to negotiate ice walkways would pose an unacceptable safety risk.

### **WHY PACKING IN ICE IS NOT RECOMMENDED**

- Difficult to manage due to ice weight and transport issues.
- Large amounts are necessary to preserve a body even for a short time.
- Difficult to resource or obtain during an emergency.
- Ice is often a priority for emergency medical units.
- Results in large areas of runoff water.

## **HUMAN REMAINS STORAGE MYTHS AND TRUTHS: OTHER ISSUES NOT DIRECTLY RELATED TO HOSPITAL STORAGE**

### **Packing with Chemicals**

- Some substances may be used to pack a decedent for a short period. These chemicals have strong odors and can be irritating to workers.
- Powdered formaldehyde and powdered calcium hydroxide may be useful for preserving fragmented remains. After these substances are applied, the body or fragments are wrapped in several nylon or plastic bags and sealed completely.

### **Embalming**

- The most common method.
- Not possible when the integrity of a corpse is compromised, i.e., it is decomposed or in fragments.
- Embalming requires a licensed professional with knowledge of anatomy and chemistry.
- Expensive, considerable time involved for each case.
- Used to preserve a body for more than 72 hours after death; transitory preservation is meant to maintain the body in an acceptable state for 24 to 72 hours after death.
- Embalming is required for the repatriation or transfer of a corpse out of a country.

### **Temporary Interment - *Not a mass grave***

- Temporary burial provides a good option for immediate storage where no other method is available, or where longer-term temporary storage is needed.
- While not a true form of preservation this is an option that might be considered when there will be a great delay in final disposition.
- Temperature underground is lower than at the surface, thereby providing natural refrigeration.
- Temporary burial sites should be constructed in the following way to help ensure future location and recover of bodies.
- Trench burial for larger numbers.
- Burial should be 5 feet deep and at least 600 feet from drinking water sources.
- Leave 1 foot between bodies.
- Lay bodies in one layer only. Do not stack.
- Clearly mark each body and mark their positions at ground level.
- Each body must be labeled with a metal or plastic identification tag.

## RECOMMENDED METHODS OF STORAGE FOR HOSPITALS

All storage options should weigh the storage requirements against the time it takes to collect information that is necessary for identification, determination of the cause and circumstances of death, next of kin notification, and length of time the decedent will need to be stored until release to the Coroner, Morgue, or private mortuary.

### PROTECTING THE DECEDENT

- Decedents and their personal effects must be secured and safeguarded at all times until the arrival of the coroner's or mortuary's authorized representative, or law enforcement (if evidentiary).
- Placed in a human remains pouch or wrap in plastic and a sheet.
- If personal effects have been removed from the body, ensure the items have been catalogued (such as on a Decedent Information and Tracking Card) and are secure.
- Be sure the decedent is tagged with identification information.

### REFRIGERATION IS THE RECOMMENDED METHOD OF STORAGE

- Refrigeration between 38° and 42° Fahrenheit is the best option.
- Refrigeration units should be maintained at low humidity.
- Existing hospital morgue: most hospital morgues' refrigeration capacity will be exceeded during a disaster, especially if there are many unidentified bodies or remains recovered
- Surge Morgues
  - Rooms, tents or large refrigerated transport containers used by commercial shipping companies that have the temperature controlled may also serve as surge morgues
  - May be cooled via the HVAC system, portable air conditioners, or the correct application of dry ice (see Fact Sheet: Human Remains Storage Myths and Truths: Why Dry Ice Is An Okay Recommendation)
  - Containers may be used to store up to 30 bodies by laying remains flat on the floor with walkway between

### BEDS, COTS, OR RACKING SYSTEMS – NOT STACKING

- See Fact Sheet: Human Remains Storage Myths and Truths: Why Stacking is Not Recommended.
- The floor can be used for storing remains, however it may be safer and easier to identify and move remains on beds, cots or racking systems
- Consider lightweight temporary racking systems. These can increase each room or container's capacity by 3 times, as well as create a specific storage location for tracking. These may be specifically designed racks for decedents, or converted storage racks (such as large foodservice shelving, 72" wide by 24" deep; ensure that these are secured and can handle the weight load).

## SURGE MORGUE EQUIPMENT AND SUPPLIES CHECKLIST

Equipment and supplies for the surge morgue areas may include the following. Be sure to identify where items are stored and how to access the storage area.

<b>Consideration</b>	<b>Your Facility Notes / How to Access Equipment</b>
<p><b>Staff Protection</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Personal protective equipment (minimum standard precautions)</li> <li><input type="checkbox"/> Worker safety and comfort supplies</li> <li><input type="checkbox"/> Communication (radio, phone)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Storage area:</li> <li><input type="checkbox"/> How to access:</li> <li><input type="checkbox"/> Notes:</li> </ul>
<p><b>Decedent Identification</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identification wristbands or other identification</li> <li><input type="checkbox"/> Method to identify each decedent (pouch label, tag or rack location)</li> <li><input type="checkbox"/> Cameras (may use dedicated digital, disposable, or instant photo cameras)</li> <li><input type="checkbox"/> Fingerprints</li> <li><input type="checkbox"/> X-rays or dental records</li> <li><input type="checkbox"/> Personal belongings bags / evidence bags</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Storage area:</li> <li><input type="checkbox"/> How to access:</li> <li><input type="checkbox"/> Notes:</li> </ul>
<p><b>Decedent Protection</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Human remains pouches</li> <li><input type="checkbox"/> Plastic sheeting</li> <li><input type="checkbox"/> Sheets</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Storage area:</li> <li><input type="checkbox"/> How to access:</li> <li><input type="checkbox"/> Notes:</li> </ul>
<p><b>Decedent Storage</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Refrigerated tents or identified overflow morgue area</li> <li><input type="checkbox"/> Storage racks</li> <li><input type="checkbox"/> Portable air conditioning units</li> <li><input type="checkbox"/> Generators for lights or air conditioning</li> <li><input type="checkbox"/> Ropes, caution tape, other barricade equipment</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Storage area:</li> <li><input type="checkbox"/> How to access:</li> <li><input type="checkbox"/> Notes:</li> </ul>

**Sample of Funeral Home Capabilities Survey:**

Name of Funeral Home/Crematoria: \_\_\_\_\_

Address: \_\_\_\_\_

Service Area(s): \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Day time phone number: \_\_\_\_\_ After-hours contact number: \_\_\_\_\_

1. What is the realistic storage capacity (refrigeration) for remains in your facility? \_\_\_\_\_

2. Do you have access to additional, appropriate storage?  Yes  No

(“Appropriate” meaning able to be secured and/or information on possible refrigeration – for example, tombs, out building, refrigerated trailers)

a. If you answered “yes”, what type and location? \_\_\_\_\_

b. What is the capacity? \_\_\_\_\_

3. Does your firm/business have a crematory?  Yes  No

a. If you answered “yes”, what is the capacity? \_\_\_\_\_ (number you can cremate at one time)

b. If you answered “yes”, how many cremations can be performed daily? \_\_\_\_\_

c. If you answered “no”, is there a crematory available for your use in your area?  Yes  No

d. If you answered “yes”, what is the capacity and location? \_\_\_\_\_

do not know.

4. Approximately how many “typical” embalmings could you perform with the quantity of embalming chemicals that you routinely have in stock? \_\_\_\_\_

5. How many body bags do you routinely have on hand that could be available for immediate use?

Standard: \_\_\_\_\_ Heavy Duty: \_\_\_\_\_

6. What type(s) and quantities of personal protective equipment do you typically have on hand for immediate use? (moisture resistant shoe covers, N-95 masks, canister respirators, surgical masks, full face fields, disposable Gloves, Tyvek suit with hood and boots)

\_\_\_\_\_  
\_\_\_\_\_

7. How many vehicles do you have available for immediate use?

a. Hearses \_\_\_\_\_

b. Vans \_\_\_\_\_

c. Other (specify) \_\_\_\_\_

8. Has your personnel had any special mass fatality training/experiences?  Yes  No If so what/when:

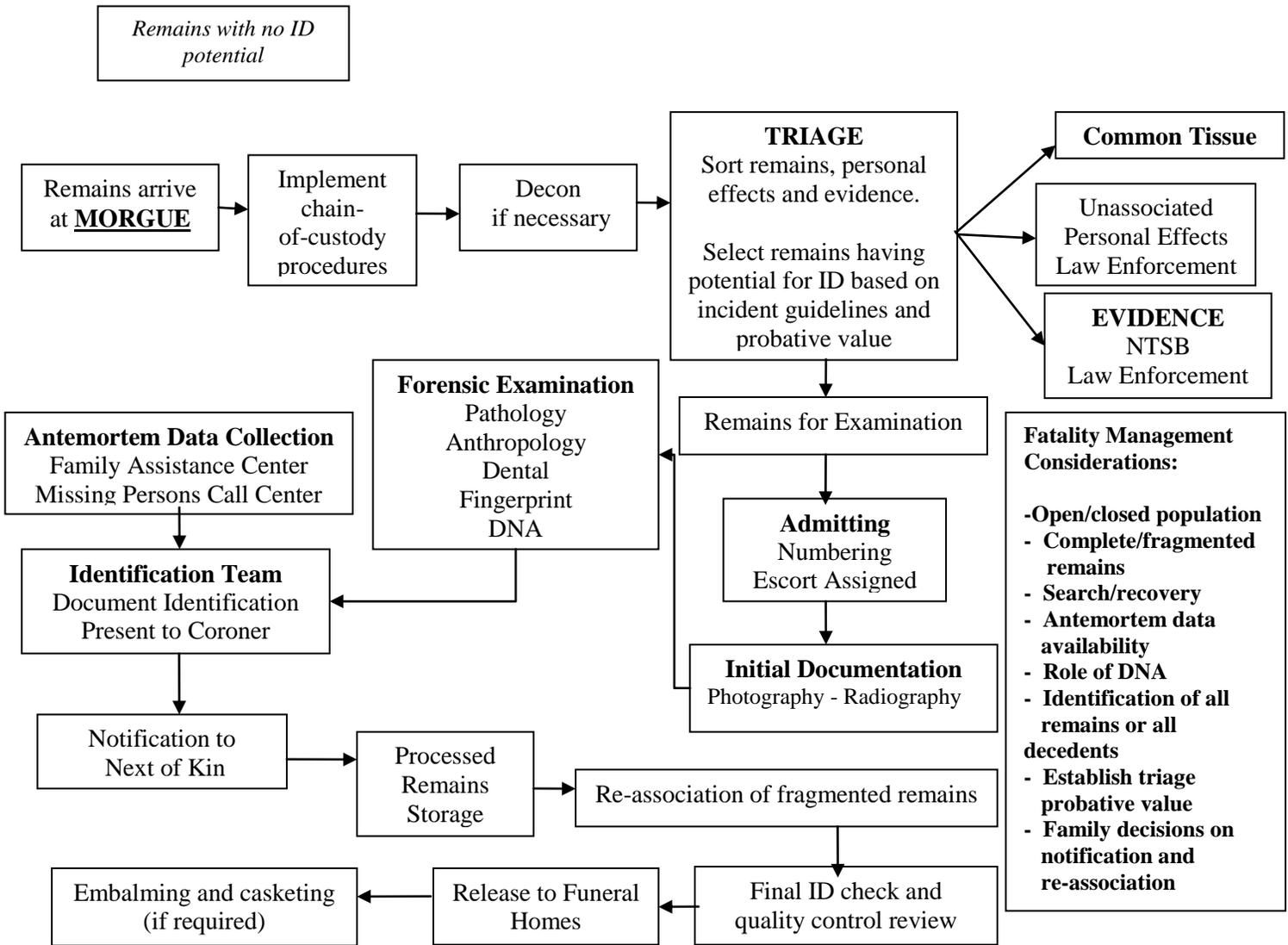
\_\_\_\_\_

9. Do you have a written mass fatality plan?  Yes  No

10. Would you be available and like to participate in the preparation of a county plan?  Yes  No

If yes, contact information: \_\_\_\_\_

# MASS FATALITY MORGUE OPERATIONAL PLAN – TEMPLATE



# CORONER MASS FATALITY RESPONSE PLAN

*\*This plan is accepted by both Chelan & Douglas County Coroners to address Mass Fatality response.*

If a Declaration of Emergency has not already been issued by the Board of County Commissioners for an affected county, the County Coroner or County Emergency Management shall request a Declaration of Emergency. Upon issuance of a Declaration of Emergency by the Board of County Commissioners the Washington State Emergency Operations Center (800.258.5990) shall be immediately advised of the emergency declaration and a “mission number” obtained

## MANPOWER AND EQUIPMENT NEEDS:

If mass fatalities are limited to one county, the County Coroner for the affected county shall direct body retrieval. If mass fatalities are regional and affect both Chelan and Douglas Counties, each Coroner has primary responsibility for directing retrieval efforts within his or her county and shall coordinate personnel, equipment and other resources with the neighboring Coroner to the greatest extent possible.

Contact neighboring County Coroner immediately for assistance needed:

Wayne Harris  
Chelan County Coroner  
509.667.6431 (office)  
509.630-2165 (cell)  
509.663.9178 (home)  
509.667.0223 (pager)

Steve Clem  
County PA/Coroner Douglas  
509.745.8535 (office)  
509.670.0967 (cell)  
509.884.0744 (home)

Determine the number of personnel needed for reasonably timely and efficient retrieval, and advise the EOC or County Emergency Management of personnel/equipment needs.

Determine need and arrange for the following types of equipment:

1. Equipment for each retrieval worker:
  - a. Gloves;
  - b. Coveralls, jumpsuits, scrubs, etc.
  - c. Masks;
  - d. Body recovery checklists;
  - e. Writing pens;
  - f. Marker pens, i.e. Sharpie, for marking body bags
  - g. Digital camera and/or cell phone with camera; and
  - h. Portable GPS or cell phone with GPS.
2. General equipment needs:
  - a. Body bags; (Colville Tribe has 200 Adult
  - b. Bags, baggies, etc. for valuables and/or partial remains;
  - c. Rolls of plastic if insufficient body bags;
  - d. Rolls of duct tape; and
  - e. Gurney, stretchers, etc., for removal to vehicle/trailer.

**NOTE** Colville Tribe cache contains the following body bags: **200** Adult size, curved zipper with 10 reinforced strap handles with inner padded handles; **58** Bariatric size, curved zipper, 4 built in padded handles; **150** Child size, curved zipper; **100** Preemie size, curved zipper (These are mostly used for body parts); **4** Water Recovery, adult size, yellow mesh material “wrap around zipper” with 5 reinforced strap handles.

This equipment will be stored across the Reservation, half in Region 7, and half in Region 9.

**CONTACT AREA FUNERAL HOMES:**

Notify of disaster and determine:

1. Available cooler capacity for body storage;
2. Available body bags for body retrieval;
3. Willingness to transport bodies; and
4. Willingness to store bodies.

Heritage Memorial Chapel  
19 Rock Island Road  
East Wenatchee, WA 98802  
509.470.6702

Telford’s Chapel of the Valley  
711 Grant Road  
East Wenatchee, WA 98802  
509.884.3561

Jones & Jones – Betts  
302 9th Street  
Wenatchee, WA 98801  
509.293.7340

Ward’s Funeral Chapel  
303 Pine Street  
Leavenworth, WA 98826  
509.548.7011

**CONTACT TRUCKING FIRMS AND FRUIT COMPANIES:**

*If needed*, notify of disaster and determine:

1. Availability of refrigerated trailer(s) for body storage and terms of use/purchase; and
2. Willingness to transport refrigerated trailer(s) to staging location, i.e. disaster site, Central Washington Hospital, etc.

Big River Freight  
825 S. Columbia  
Wenatchee, WA 98801  
509.663.2665

Midland Trucking  
3420 Chelan highway  
Wenatchee, WA 98801  
509.663.3131

Oak Harbor Freight Lines, Inc.  
290 Penny Road  
Wenatchee, WA 98801  
509.662.6614

Blue Bird, Inc.  
1470 Walla Walla  
Wenatchee, WA 98801  
509.662.5191

Columbia Fruit Packers, Inc.  
2575 Euclid Ave.  
Wenatchee, WA 98801  
509.662.7153

Custom Apple Packers  
2701 Euclid Ave.  
Wenatchee, WA 98801  
509.662.8131

McDougall & Sons  
305 Olds Station  
Wenatchee, WA 98801  
509.662.2136

Stemilt Growers  
123 Ohme Gardens Road  
Wenatchee, WA 98801  
509.662.6270  
509.665.0735

Trout-Blue Chelan  
8 Howser Road  
Chelan, WA 98816  
509.682.2591

Witte Packing and Cold Storage  
1651 Rock Island Road  
East Wenatchee, WA 98802  
509.884.1408

**In the event one or more refrigerated trailers are used in lieu of funeral homes,** the trailers will be staged at the disaster site, the loading dock area at Central Washington Hospital and/or a third site to be selected. Staging will depend upon the number fatalities, accessibility to the disaster site, and parking space required and available at the disaster site or Central Washington Hospital.

**CONTACT PUBLIC WORKS DEPARTMENT:**

*If needed,* notify of disaster and determine:

1. Availability of trucks and vans for transportation of bodies; and
2. Availability of drivers.

After Hours – Use EOC or call RiverCom – 509.663.9911

Chelan County  
Public Works Department  
509.667.6415  
Commissioners – 509.667.6215

Douglas County  
Transportation and Land Services  
509.884.7173  
Commissioners – 509.745.8537

City of Wenatchee  
Public Works Department  
509.888.3200  
Mayor – 509.888.6204

City of East Wenatchee  
Street Department  
509.884.1829  
Mayor – 509.884.9515

City of Cashmere  
509.782.3513

City of Entiat  
509.784.1500

City of Leavenworth  
Shop – 509.548.7686  
Mayor – 509.548.5275

City of Mansfield  
509.683.1112

City of Rock Island  
509.884.1261

City of Waterville  
509.745.8871