

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 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
- ***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 Health Care** (Samaritan Hospital), Moses Lake
- Quincy Valley Medical Center, Quincy

Hospitals located in Kittitas County are:

- **Kittitas Valley Community Hospital, Ellensburg**

Hospitals located in Okanogan County are:

- **Mid Valley Hospital, Omak**
- Okanogan-Douglas District 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.

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 (HEICS) 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 – 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 radiation induce 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 Washing 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 be ICS lead at 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 Hospital

Kittitas County: Kittitas Valley Community Hospital

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 Contact information is attached in Appendix B

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 D & E 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 (including GETS)
- 2) Cellular phones (including WPS)
- 3) WA-Trac
- 4) Email
- 5) Fax
- 6) Video Teleconferencing
- 7) Amateur radio
- 8) Satellite phones (NOT 24/7)

GETS – Government Emergency Telephone Service – Telephone priority calling cards, issued by the National Communications System, may be used when telephone service is overloaded. These need to be tested monthly, so that they do not become deactivated.

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. Provides 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 immediately establish a 50-75 bed isolation unit 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 tow patients may require mechanical ventilation)
 - 4 ea requiring mechanical ventilation
 - 3 ea critical but not requiring mechanical ventilation
- YELLOWs: 25 ea
- GREENs: 20 ea (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.

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. Hospital facilities have care areas for children and the elderly. 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

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.

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

Appendix H outlines a comprehensive At- Risk Population resource matrix within Region 7. Appendix I outlines a comprehensive Community Partner resource matrix within Region 7.

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 Examiners office
 - Cold storage warehouse
 - Secure/locked facility

Regional capability is limited to respond to mass fatality incidents. Appendix F 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 Examiners 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.

Currently, a Mass Fatality Plan is being worked on through Region 7 Emergency Management leadership. The final plan will be included as an appendix to our current MFP plan.

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 HIPAA 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 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: _____

Facility Name: _____

Chief Executive Officer (or designee):

Signature: _____

Print Name: _____ Date: _____

Facility Name: _____

Chief Executive Officer (or designee):

Signature: _____

Print Name: _____ Date: _____

Facility Name: _____

Chief Executive Officer (or designee):

Signature: _____

Print Name: _____ Date: _____

Facility Name: _____

Chief Executive Officer (or designee):

Signature: _____

Print Name: _____ Date: _____

Appendix A – Regional Contact Information

Regional Control Hospital

Hospital Name	Contact Name	Contact Phone	Email
Central Washington Hospital	Ed Nickel -Trauma Coordinator	509-662-1511, ext. 6201	Suzanne.Beck@cwhs.com
	House Supervisor	509-668-2926	

Other hospitals in Region 7

Hospital Name	Contact Name	Contact Phone	Email
Cascade Medical Center	Brian Pulse	509-548-5815	brianp@cascademical.org
Columbia Basin Hospital	Robert Reeder-Administrator	509-754-4631	reederr@columbiabasinhospital.org
	Gail Michael- Emergency Prep. Coordinator		michaelg@columbiabasinhospital.org
Coulee Medical Center	Scott Graham-Administrator	509-633-6394	grahamjs@cmccares.org
	Bryan McCleary- Emergency Prep. Coordinator	509-663-6340 or 509-631-4106	mccleab@cmccares.org
Kittitas Valley Community Hospital	Paul Nurick-KVCH Administrator	509-962-9841	pnurick@kvch.com
	House Supervisor	509-899-4151	
Lake Chelan Community Hospital	Karl Jonasson-H&S Officer	509-682-6115 509-421-5575	kjonasson@lcch.net
Mid-Valley Hospital	Michael Billing – Administrator	509-826-1760	billing@inhs.org
	Thad Brady - Emergency Prep. Coordinator	509-826-2102	bradyt@mvhealth.org
North Valley Hospital	Linda Michel-Administrator	509-486-3170	ceo@nvhospital.org
	Kim Jacobs- Emergency Prep. Coordinator	509-486-2151 x 7076	plantclerk@nvhospital.org
Okanogan-Douglas District Hospital	Edgar Arellano- Director of Support Services	509-689-2517	earellano@trhospital.net
Quincy Valley Medical Center	M. Merred-Administrator	509-787-3531	merredm@inhs.org
	Michele Wurl – Emergency Prep. Coordinator		michele.wurl@quincyhospital.org
Samaritan Hospital	Anne Neethling – E.D. Director	509-793-9725	aneethling@samaritanhealthcare.com
	Ben Myers – Plant Manager	509-793-9641	bmyers@samaritanhealthcare.com
Wenatchee Valley Medical Center	Richard Bennet-Asst. Administrator	509-664-4868	rbennett@wvclinic.com

	David Shanley-BT Coordinator		dshanley@wvclinic.com
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Public Agency Contact Information

For each, indicate primary and secondary contact information:

County/Local Public Health Agency

Organization Name	Contact Name	Contact Phone	Email
Chelan-Douglas Health District	Mary Small (LERC/RERC)	509-886-6410	mary.small@cdhd.wa.gov
Grant County Health District	Jon Ness (LERC)	509-754-6060-xt22 (cell:509-760-0112)	jness@granthealth.org
Kittitas County Health Dept.	Robin Read (LERC)	509-962-7029	robin.read@co.kittitas.wa.us
Okanogan County Health District	Doug Hale (LERC)	509-422-7196	dhale@co.okanogan.wa.us

County/Local Emergency Management Agency

Organization Name	Contact Name	Contact Phone	Email
Chelan County Sheriff's Office	Sgt Kent Sisson	509-667-6865	kent.sisson@co.chelan.wa.us
Douglas County Sheriff's Office	Mike Dingle, EM	509-884-0941	MDingle@co.douglas.wa.us
Grant County EM	Robert Schneider, Director Grant County DEM	509-762-1462 Cell: 509-750-0336 Pager: 509-762-7029	rschneider@co.grant.wa.us
Kittitas County Sheriff's Office	Sheriff Gene Dana Fred Slyfield, DEM	509-962-7525 509-962-7525	dana@co.kittitas.wa.gov Slyfield@co.kittitas.wa.gov
Okanogan County Sheriff's Office	Scott Miller	509-422-7204	smiller@co.okanogan.wa.us

County/Local Emergency Operations Center

Organization Name	Contact Name	Contact Phone	Email
MACC	Mary Allen	509-762-1901	
KITTCOM 911	Darlene Mainwaring	509-925-8530	
RIVERCOM		509-663-9911	

County/Local EMS/Trauma Coordinator

Organization Name	Contact Name	Contact Phone	Email
Central Washington Hospital	Ed Nickel, Trauma Coordinator	509-662-1511 x 6201	ed.nickel@cwhs.com
Columbia Basin Hospital	Heidi Cline, Emergency Svc Dir	509-754-4631, ext 226	clineh@columbiabasinhospital.org
Coulee Community	Dawn	509-633-6398	malikod@cmccares.org

Hospital	Malikowski Emergency Svc Director Dir	(w) 509-670-3468 (c)	
Kittitas Valley Community Hospital	Jim Allen	509-962-7321	jallen@kvch.com
Lake Chelan Community Hospital	Kerry Stewart Trauma Coordinator	509-682-6115	kstewart@lcch.net
Mid-Valley Hospital	Heather Mullen	509-826-7657	mullenh@mvhealth.org
North Valley Hospital	Katrina Kindred E.R. Coordinator	509-486-2151 ext. 7110	er@nvhospital.org
Three Rivers Hospital		509-689-2517	
Quincy Valley Medical Center	Fernando Dietsch	509-787-3014	Fernando.dietsch@quincyvalleyhospital.org
Samaritan Hospital	Teri Dana Rebecca Suarez	509-793-9730 509-793-9730	tdana@samaritanhealthcare.com rsuarez@samaritanhealthcare.com
Wenatchee Valley Medical Center	David Shanley	509-664-4868	dshanley@wvclinic.com

State Department of Health

Organization Name	Contact Name	Contact Phone	Email
Washington State Dept. of Health	Chris Williams Sally Abbott	360-236-4075 360-236-4037	Chris.Williams@doh.wa.gov Sally.Abott@doh.wa.gov

WA Poison Control Center

Organization Name	Contact Name	Contact Phone	Email
Washington Poison Control Center	William Hurley, M.D.	(206) 526-2121 or (800) 222-1221 (American Association of Poison Control Centers)	hurley@wapc.org

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

Organization Name	Contact Name	Contact Phone	Email
Colville Tribal Health	Zekkethal Vargas	509-634-2944	zekkethal.vargas@colvilletribes.com
Colville Confederated Tribes	Chris McCuen- Emergency Services	509-634-2437	chris.mccuen@colvilletribes.com

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

Organization	Contact Name	Contact Phone	Email
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Name			
Newspaper:			
Cashmere Valley Record		509-782-3781	
Columbia Basin Herald-Ephrata		509-754-2802	
Colville Tribal Tribune	Spirit Peoples	509-634-2200	spirit.peoples@colvilletribes.com
Daily Record-Ellensburg	Mike Johnston	509-962-1414	
El Mundo Communications-Wenatchee		509-663-5737	
Gazette Tribune-Oroville		509-476-3602	
Grant County Journal		509-754-4636	
Lake Chelan Mirror-Chelan		509-682-2213	
Leavenworth Echo		509-548-5286	
Methow Valley News-Twisp		509-997-7011	
News & Standard-Coulee City		509-632-5402	tns@accima.com
Omak-Okanogan County Chronicle		509-826-1110	lhoover@omakchronicle.com
Quad City Herald		509-689-2507	
Quincy Valley Post-Register		509-787-4511	
Republic News Miner		509-775-3558	
Star Newspaper-Grand Coulee		509-633-1350	star@grandcoulee.com
Tribune-Upper Kittitas County			
Wenatchee World-Coulee Dam		509-633-0528	
Wenatchee World-Wenatchee		509-663-5161	
Wilbur Register		509-647-5551	
Radio:			
Country 104.9 KKRK		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	
KQBE-Kittitas County			
KTBI/810 AM – Ephrata		509-754-2000	
KULE 730 AM/92.3 FM- Ephrata		509-754-4661	
KVLR 106.3 FM- Twisp		509-997-5857	
KWNC – Quincy		509-787-4461	
KXA		509-663-5186	
KXLE-Kittitas County		509-925-1488	www.kxleradio.com
KWLN “La Nueva”		509-662-9900	
North Cascades Broadcasting-Omak		509-826-0100	andrea@komw.net
Wheeler Broadcasting-Grand Coulee: KEYG 1400 AM/FM 98.5 KZLN 97.5 FM		509-633-2020	
KOMW- Omak		509-826-0100	andrea@komw.net

EMS/Fire Response:

Organization Name	Contact Name	Contact Phone	Email
Chelan County:			
Chelan County FD #1	Chief Mike Burnett / Asst. Chief Phil Moser	509-662-4734	
Chelan County FD #3	Chief Doug DeVore	509-548-7711	ccfd3911@aol.com
Chelan County FD #4	Chief Bruce Merighi	509-763-2270	Bruce401@nwi.net
Chelan County FD #6	(Sue Rose-main contact for all of District #6)	509-663-1678	
Blewett Pass Fire Cashmere Fire Dept. Dryden Fire Dept. Monitor Fire Dept. Peshastin Fire Dept.	Chief Dean Hills Chief Phil Guthrie Chief Troy Stephens Chief Mike Spies	509-782-3513 509- 509- 509-548-7350	
Chelan County FD #8	Mike Bell	509-784-1352	mimebell@yahoo.com
Cashmere Fire Dept.	Chief Dean Hills	509-782-3513	
Wenatchee Fire Dept.	Chief Stan Smoke	509-664-3950	ssmoke@cityofwenatchee.com
Ballard Services, Inc.	Shawn Ballard	509-662-5111	ballard2@crcwnet.com
Cascade Ambulance	Brian Pulse	509-548-5815	brianp@cascaedemical.org
Chelan County PHD #2 (Lake Chelan EMS)	Karl Jonasson	509-682-6115	Kjonasson@lch.net
Lifeline Ambulance	Wayne Walker	509-422-4212	wwalker@LifelineAmbulance.net
Douglas County:			
Douglas Co. FD #2	Doug Miller	509-884-6671	doug@douglasfire2.org
Douglas Co. FD #4	Chief Scott Logan	509-784-2941	

Bridgeport Ambulance	Rick Halterman	509-686-4041	
Mansfield Fire Dept.	Sam Tonseth	509-683-1114	
Waterville Ambulance	Stan Harrison	509- 679-5874	harrisons442@aol.com
Grant County:			
Grant County FD #3	Don Fortier	509-787-2713	dfortier@gcfd3.net
Grant County FD #4	Bobbie Whitaker	509-349-2471	gcfd401@moseslake-wa.com
Grant County FD #5	Leonard Johnson	509-765-3175	ljohnson@gcfd5.net
Grant County FD #6	Ron Thomas	509-639-2564	
Grant County FD #7	Kirk Shepard	509-246-0321	fire7@accima.com
Grant County FD #8	Dave Hargroves	509-932-4777	grant8@bossig.com
Grant County FD #10	Brian Evans	509-346-2658	fire10@centurytel.net
Grant County FD #11	Brian Evans	509-346-9234	
Grant County FD #12	Darrel Mordhorst	509-345-2375	dmord@atnet.net
Coulee City Fire Dept.	Don Rushton	509-632-5331	couleecityfire@hotmail.com
Electric City Fire Dept.		509-633-0605	
Grand Coulee FD/Amb.	Rick Paris	509-633-1105/8-5pm 509-663-1150/8-5pm 509-633-2536/ non-manned station	gcfire@couleemail.com rparis@usbr.gov (Mon. – Thurs. during business hours)
Moses Lake City FD	Tom Taylor	509-765-2204	ttaylor@ci.moses-lake.wa.us
Port of Moses Lake		509-765-5304	
American Medical Response – Moses Lake		(509) 989-5201	
Malott Fire Dept.			
Okanogan County:			
Okanogan Co. FD #4	Wayne Walker	509-486-2980	amt@northcascades.net
Douglas-Okanogan FD #15	Tonya Vallance	509-689-4041	doc15emsdir@verizon.net
Conconully Fire Dept.	Frank Sautell	509-826-6005	fsautell@co.okanogan.wa.us
Twisp Fire & Rescue	Tami Riste-Stoke	509-997-1555	
Coulee Dam Fire Dept.		509-633-1233	
Aero Methow Rescue	Cindy Button	509-997-4013	ninefingers@methow.com
Colville Tribal Emer.	Chris McCuen	509-634-8425	chris.mccuen@colvilletribes.com
Oroville Ambulance	Brenda Calico	509-476-2623	
LifeLine Ambulance, Inc.	Wayne Walker	509-422-4212	wwalker@LifelineAmbulance.net
Kittitas County:			
KC Hospital Dist #2	Harold Brockman	509-674-5950	hbrockman@kvch.com
KCFD #1	Chief DJ Evans	509-964-2435	Kcfd1@elltel.net
KCFD #2	Deputy Chief Rich Elliot	509-933-7235	elliotr@kvfr.org
KCFD #3	Chief Craig McKee	509-656-0121	csmckee@inlandnet.com
KCFD #4	Chief Bryan Stockdale	509-856-2800 509-856-7140	vantage@elltel.net
KCFD #5	Chief Matt Cowan	425-434-7037	mhcowan@hotmail.com

KCFD #6	Chief Tim Milbert	509-260-1220	tmilbert@kcfpd6.com
KCFD #7	Chief Hobbs	509-674-4880	Chief_hobbs@yahoo.com
KCFD #8	Chief Monty Moore	509-201-6132	mmoore@cityofcleelum.com
Cle Elum Fire Dept.	Chief Chuck Norton	509-674-7321	chuck@eburg.com
Kittitas Fire Dept.	Chief Roy Carbajal	509-968-3953	
Roslyn Fire Dept.	Chief Steve Wynn	509-649-2094	roslynfire@inlandnet.com
South Cle Elum Fire	Chief Lee Hadden	509-674-7240	jhadden@inlandnet.com
Air Ambulance:			
Airlift Northwest	Communications Center	1-800-426-2430 206-329-2569	
Northwest MedStar	Communications Center	1-800-422-2440 509-532-7990	

Facility: Cascade Medical Center		
Address: 817 Commercial Street		
City, State, Zip: Leavenworth, WA 98826		
Main Phone: 509-548-5815		
Contact:	Phone:	Ext.
Brian Pulse	509-548-5815	
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	

Facility: Central Washington Hospital		
Address: 1201 South Miller		
City, State, Zip: Wenatchee, WA 98801		
Main Phone: 509-662-1511		
Contact:	Phone:	Ext.
Ed Nickel	509-662-1511	2128
Education	509-664-3475	2448
Emergency Dept	509-665-6163	2210
Emergency Preparedness	509-662-1511	6015
Employee Health	509-662-1511	3036
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	

Facility: Columbia Basin Hospital		
Address: 200 S.E. Boulevard		
City, State, Zip: Ephrata, WA 98823		
Main Phone: 509-754-4631		
Contact: Ask for Charge Nurse	Phone:	Ext.
	509-754-4631	

Education	509-754-4631	244
Emergency Dept	509-754-4631	208
Emergency Preparedness	509-754-4631	206
Employee Health	509-754-4631	244
Infection Control	509-754-4631	257
Laboratory	509-754-4631	220
Pharmacy	509-754-4631	None
Plant Management	509-754-4631	258
Senior Management	509-754-4631	218
SAT PHONE	254-387-7599	

Facility: Coulee Medical Center		
Address: 411 Fortuyn Road		
City, State, Zip: Grand Coulee, WA 99133		
Main Phone: 509-633-1753		
Contact:	Phone:	Ext.
Brian McCleary	509-633-6340	
Education	509-633-1753	333
Emergency Dept	509-633-1753	
Emergency Preparedness	509-633-1753	
Employee Health	509-633-1753	
Infection Control	509-633-1753	
Laboratory	509-633-1753	
Pharmacy	509-633-1753	
Plant Management	509-633-1753	
Senior Management	509-633-1753	
SAT PHONE	254-387-5783	

Facility: Kittitas Valley Community Hospital		
Address: 603 South Chestnut		
City, State, Zip: Ellensburg, WA 98926		
Main Phone: 509-962-9841		
Contact:	Phone:	Ext.
Jim Allen	509-962-7321	
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	

Facility: Lake Chelan Community Hospital		
Address: 503 E. Highland Avenue/PO Box 908		
City, State, Zip: Chelan, WA 98816		
Main Phone: 509-682-3300		
Contact:	Phone:	Ext.
Karl Jonasson	509-421-5575	
Ray Eickmeyer	509-670-2441	
Emergency Dept	509-682-3300	6101
Emergency Preparedness- Ray Eickmeyer	509-682-3300	6891
Human Resources	509-682-3300	6343
Infection Control	509-682-3300	6060
Laboratory	509-682-3300	6246
Pharmacy	509-682-3300	6226
Plant Management	509-682-3300	6070
Senior Management	509-470-1567	
Command Center	509-682-8270	
SAT PHONE	254-387-3389	

Facility: Mid Valley Hospital		
Address: 810 Jasmine Street		
City, State, Zip: Omak, WA 98841		
Main Phone: 509-826-1760		
Contact:	Phone:	Ext.
Thad Brady	509-322-0596	
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/Maintenance	509-826-1760	2075
Administration	509-826-1760	2348 2340
SAT PHONE	254-387-5781	

Facility: North Valley Hospital		
Address: 203 S. Western Avenue		
City, State, Zip: Tonasket, WA 98855		
Main Phone: 509-486-2151		
Contact:	Phone:	Ext.
Kim Jacobs	509-486-2151	7076
Education	509-486-3155	
Emergency Dept	509-486-3190	
Emergency Preparedness	509-486-2151	7076
Employee Health	509-486-3155	
Infection Control	509-486-3155	
Laboratory	509-486-3142	
Pharmacy	509-486-2151	
Plant Engineering	509-486-3111	
Senior Management	509-486-3170	
SAT PHONE	254-387-5780	

Facility: Three Rivers Hospital		
Address: 507 Hospital Way		
City, State, Zip: Brewster, WA 98812		
Main Phone: 509-689-2517		
Contact:	Phone:	Ext.
Edgar Arellano	509-689-2517	3075
Education	509-689-2517	3345
Emergency Dept	509-689-2517	3101
Emergency Preparedness	509-689-2517	3075
Employee Health	509-689-2517	3060
Infection Control	509-689-2517	3060
Laboratory	509-689-2517	3246
Pharmacy	509-689-2517	3266
Plant Management	509-689-2517	3075
Senior Management	509-689-2517	3342
SAT PHONE	254-387-3385	

Facility: Quincy Valley Medical Center		
Address: 908 10th Ave. S.W.		
City, State, Zip: Quincy, WA 98848		
Main Phone: 509-787-3531		
Contact:	Phone:	Ext.
Michele Wurl	509-787-3531	
Education	509-787-3531	369
Emergency Dept	509-787-3041	
Emergency Preparedness	509-787-3531	347
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	
Senior Management	509-787-3531	356/346
SAT PHONE	254-387-5984	

Facility: Samaritan Healthcare		
Address: 801 E. Wheeler Road		

City, State, Zip: Moses Lake, WA 98837		
Main Phone: 509-765-5606		
Contact: Anne Neethling	Phone: 509-793-9725	Ext.
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: Wenatchee Valley Medical Center		
Address: 820 North Chelan Street		
City, State, Zip: Wenatchee, WA 98801		
Main Phone: 509-663-8711		
Contact: Dave Shanley	Phone: 509-663-8711	Ext. 5109
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	

Facility: Family Health Centers		
Admin. Off. Address: 716 First Ave South		
City, State, Zip: Okanogan, WA 98840		
Main Phone: 509-422-5700		

Facility: Columbia Valley Community Health		
Address: 600 Orondo Street		
City, State, Zip: Wenatchee, WA 98801		
Main Phone: 509-662-6000		
Contact: Carol Diede	Phone: 509-662-6000	Ext.
Education	509-662-6000	555
Emergency Dept	509-662-6000	595
Emergency Preparedness	509-662-6000	595
Employee Health	509-662-6000	577
Infection Control	509-662-6000	506
Laboratory	509-662-6000	505
Pharmacy	509-662-6000	
Senior Management	509-662-6000	
Senior Mgmt-after hours	509-669-0541	
SAT PHONE	863-200-5320 863-203-9360	Port Port

Facility: Columbia Basin Health Association		
Address: 140 E. Main Street		
City, State, Zip: Othello WA 99344		
Main Phone: (509)488-5256		
Contact: Dulcye Field	Phone: (509)488-5256	Ext.
Education	509-	
Emergency Preparedness	509-	
Employee Health	509-	
Infection Control	509-	
Laboratory	509-	
Pharmacy	509-	
Senior Management	509-	
Senior Mgmt-after hours	509-	
SAT PHONE	863-200-5325	

Contact: Lois Hale	Phone: 509-422-7618	Ext.
Clinic Mgr - Okanogan	509-422-5700	2905
Brewster <i>cell</i>	509-422-5700 <i>509-846-3116</i>	3900
Tonasket <i>cell</i>	509-422-5700 <i>509-846-3113</i>	1900
Emergency Prep	509-422-7618	
Employee Health	509-422-7618	
Infection Control	See clinic mgr	
Laboratory – Okanogan	509-422-5700	2223
Brewster	509-422-5700	3233
Tonasket	509-422-5700	1213
Pharmacy – Brewster	509-422-5700	3712
Sr Mgmt – Okanogan COO – cell	509-422-7629 509-429-8167	
Med Dir - cell	509-480-1679	
Incident Command	Call main for info	
SAT PHONE	863-200-5324	

Facility: Community Health of Central WA		
Address: 1806 W. Lincoln Ave		
City, State, Zip: Yakima 90902		
Main Phone: 509-574-6137		
Contact: Leslie Myrick	Phone: 509-574-6137	Ext.
Education	509-	
Emergency Preparedness	509-	
Employee Health	509-	
Infection Control	509-	
Laboratory	509-	
Pharmacy	509-	
Senior Management	509-	
Senior Mgmt-after hours	509-	
SAT PHONE		

Facility: Moses Lake Community Health		
Address: 605 Coolidge Drive		
City, State, Zip: Moses Lake, WA 98837		
Main Phone: 509-765-0674		
Contact: Lynn Bales James Craghead	Phone: 509-765-0674	Ext. 5247 3350
Education	509-765-0674	2271
Emergency Dept	None	
Emergency Preparedness	509-765-0674	5247 3350
Employee Health	509-765-0674	2271
Infection Control	509-765-0674	2331
Laboratory	509-765-0674	2981
Pharmacy	509-765-0674	3021
Senior Management	509-765-0674	2341
Incident Command	509-765-0674	2411
SAT PHONE	863-200-5297	

Facility: Colville Tribal Health		
Address: PO Box 150		
City, State, Zip: Nespelam, WA 99155		
Main Phone: 509-634-2944		
Contact:	Phone:	Ext.
After Hours Phone	509-	
Infection Control	509-	
Emergency Preparedness	509-	
Laboratory	509-	
Administrator	509-	
Administrator CELL	509-	
SAT PHONE-Mobile	254-460-3077	
SAT PHONE-Fixed	254-	

Facility: Chelan/Douglas Public Health Dist.		
Address: 200 Valley Mall Parkway		
City, State, Zip: East Wenatchee, WA 98802		
Main Phone: 509-886-6400		
Contact:	Phone:	Ext.
Mary Small	509-886-6410	
After Hours Phone	509-886-6499	
Infection Control	509-886-6421	
Emergency Preparedness	509-886-6421	
Laboratory	509-886-6445	
Administrator	509-886-6480	
Administrator CELL	509-264-7045	
SAT PHONE-Mobile	254-204-0589	
SAT PHONE-Fixed	254-377-2969	

Facility: Grant County Health District		
Address: 1038 West Ivy		
City, State, Zip: Moses Lake, WA 98837		
Main Phone: 509-766-7960		
Contact: Shawta Sackett	Phone: 509-766-7960	Ext.
After Hours Phone	509-762-1160	
Infection Control	509-766-7960	
Emergency Preparedness	509-766-7960	18
Laboratory		
Administrator	509-754-6060	26
Administrator CELL	509-237-0444	
SAT PHONE-Mobile	254-204-0620	
SAT PHONE-Fixed	254-377-7250	

Facility: Kittitas County Health Department		
Address: 507 Nanum Street, Suite 102		
City, State, Zip: Ellensburg, WA 98926		
Main Phone: 509-962-7515		
Contact: Andrea Snyder	Phone: 509-962-515 C:760 -898-0655	Ext.
After Hours Phone	800-839-1992	
Emergency Preparedness	509-962-7090	
SAT PHONE-Fixed	254-377-7046	
SAT PHONE-Mobile	254-204-0588	

Facility: Okanogan Public Health		
Address: 1234 South Second Avenue		

City, State, Zip: Okanogan, WA 98840		
Main Phone: 509-422-7140		
Contact:	Phone:	Ext.
After Hours Phone	509-422-7232	
Infection Control	509-422-7140	
Emergency Preparedness	509-422-7144	
Laboratory		
Administrator	509-422-7156	
Administrator CELL	509-322-0805	
SAT PHONE-Mobile	509-204-0626	
SAT PHONE-Fixed	254-377-5227	??

Facility: Region 7 Public Health		
Address:		
City, State, Zip:		
Main Phone:		
Contact:	Phone:	Ext.
Epidemiologist	509-886-6428	
Epidemiologist CELL	509-679-8933	
Response Coordinator	509-886-6421	
Response Coordinator CELL	509-679-9286	

Funeral home	address	phone	web
CHELAN COUNTY			
Betts/Jones&Jones	302 9thStreet, wenatchee WA 98801	509-662-1561	info@jonesjonesbetts.com
Wards Funeral Chapel	303 Pine Street, Levenworth WA 98826	509-548-7011	
Precht Rose Chapel	332 E Woodin Avenue, Chelan, WA 98816	509-682-2524	prechtrosechapel@nwi.net
Douglas County			
Telfords	711 Grant Road East Wenatchee, WA 98802	(509) 884-3561	www.telfordschapel.com
Grant County			
Scharbachs	300 G Street Southeast, Quincy, WA	(509) 787-2223	scharbachs.com
Nicoles	157 C Street Northwest, Ephrata, WA	(509) 754-3420	nicolesfuneralhome.com
Strate Funeral Home	329 East Grand Coulee Avenue, Grand Coulee, WA	(509) 633-1111	dignitymemorial.com
Kayser's	831 South Pioneer Way, Moses Lake, WA	(509) 765-7848	kayserschapel.com
Okanogan County			
Bergh	510 W. Indian Avenue, Brewster WA 98812	509-689-3494	barneschapel@gmail.com
Precht Methow Valley	5th & Bridge Street, Twisp WA 98856	509-997-3020	omakfuneral.com

Precht-Harrison-Nearents	2547 Elmway Street, Okanogan, WA	(509) 422-3333	omakfuneral.com
<i>Kittitas County</i>			
Brookside Funeral	101 East 2nd Avenue, Ellensburg, WA	(509) 925-2902	info@brooksidefhc.com
Stewart and williams	301 East Third Avenue Ellensburg, WA 98926	(509) 925-3141	www.stewart-williams.com
Cascade Funeral	201 N Harris, Cle Elum, WA 98922	509-674-4445	www.cascadefuneralhome.com

Appendix B – 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 B is exempt from public disclosure per RCW 42.56.420 (1).

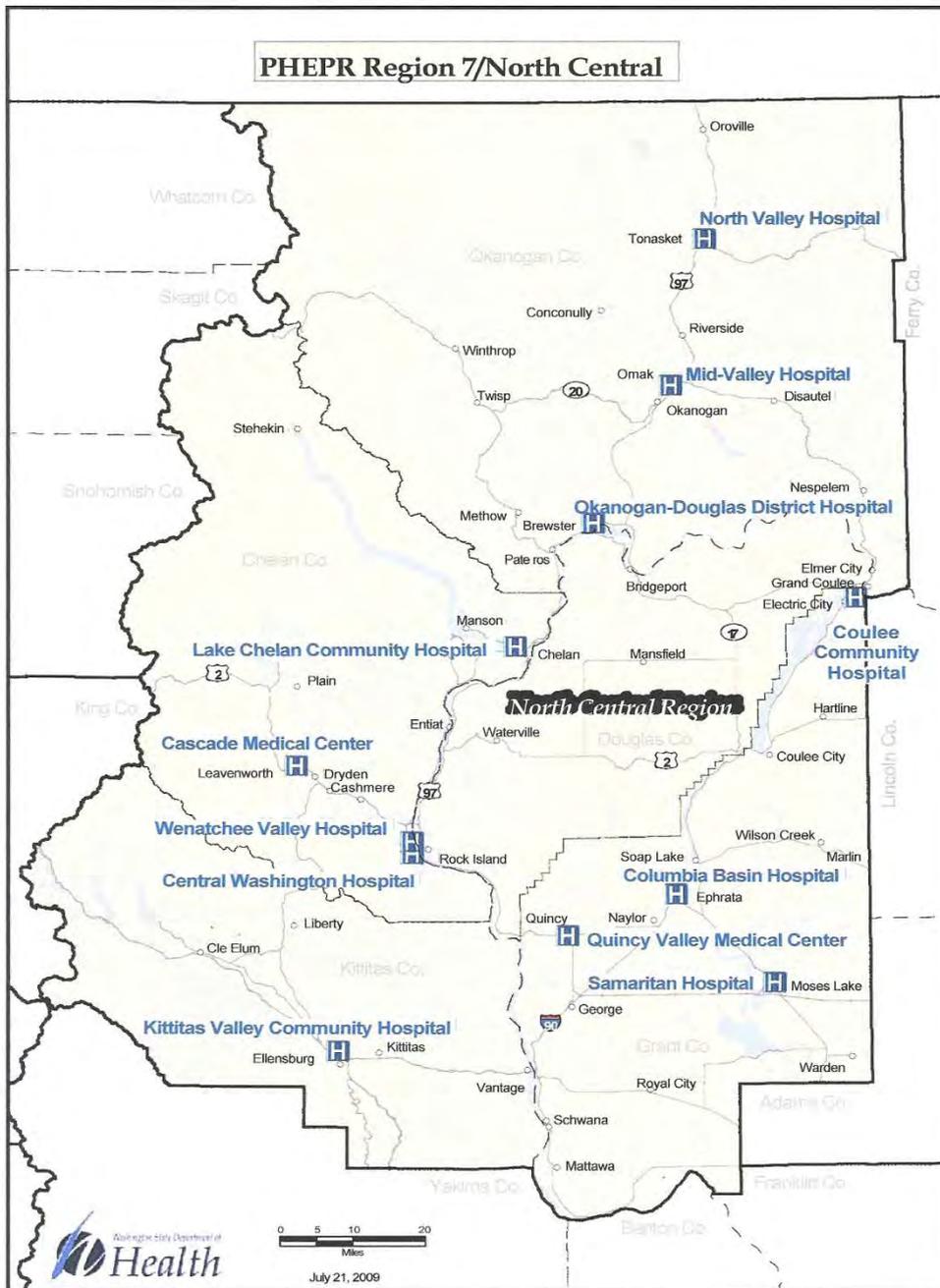
Frequency	Receive	RX Code	Transmit	TX Code
LERN	155.370		155.370	
HEAR	155.3400		155.3400	
OSCCR	156.135		156.135	203.5
DNR COM	151.415		151.415	
NLEC	155.4750		155.4750	
SAR	155.1600		155.1600	
VCALL	155.7525		155.7525	203.5
VTAC 1	151.1375		151.1375	203.5
VTAC 2	154.4525		154.4525	203.5
VTAC 3	158.7375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

Hospital Name	HEAR	Project 97 LTR	GETS WPS	MedCom/ WHEELERS	Cell Phone	Satellite Phones	Amateur Radio UHF/VHF	Amateur Radio HF/6M	Website WATrac
Cascade Medical Center (Leavenworth)	no	X				254-387-3388	X		X
Central Washington Hospital	155.3 400	X		X		254-387-5784 254-219-0657	X	X	X
Columbia Basin Hospital	155.3 400	2011				254-387-7599	X		X
Coulee Medical Center	155.3 400	2011				254-387-5783	X		X
Kittitas Valley Community Hospital	155.3 400	X				254-387-9399 254-240-4104	X		X
Lake Chelan Community Hospital	155.3 400	X				254-387-3389	X		X
Hospital Name	HEAR	Project 97 LTR	GETS WPS	MedCom/ WHEELERS	Cell Phone	Satellite Phones	Amateur Radio UHF/VHF	Amateur Radio HF/6M	Website WATrac
Mid-Valley Hospital	155.3 400	X				254-387-5781	X		X
North Valley Hospital	155.3 400	X				254-387-5780	X		X
Okanogan-Douglas District Hospital	155.3 400	X				254-387-3385	X		
Quincy Valley Medical Center	155.3 400	X				254-387-5984	X		
Samaritan Healthcare	155.3 400	X				254-387-5985	X		
Wenatchee Valley Hospital	155.3 400	X				254-387-3383	X		
Chelan-Doug Health Dept			GETS			Mobile:254-204-0589 Fixed: 254-377-2969			
Kittitas Health Dept						Mobile: 509-204-0626 Fixed: 254-377-5227			
Grant Health Dept						Mobile: 254-204-0620 Fixed: 254-377-7250			
Okanogan Health Dept.			GETS			Mobile: 509-204-0626 Fixed: 254-377-5227			
Columbia Valley Community Health						863 -200 -5320			
Colville Tribal Health						254-460-3077			
Family Health Centers						863-200-5324			
Moses Lake Community Health						863-200-5297			
Air Ambulance:									
Northwest Medstar				WHEELER 1 <u>TX Freq:</u> 468.000		011-8816-41480643	MICA Rptr: <u>TX Freq:</u>		

				<u>RX Freq:</u> 463.00 <u>TX PL</u> <u>Freq:</u> 179.9 WHEER 2 <u>TX Freq:</u> 468.025 <u>RX Freq:</u> 463.025 <u>TX PL</u> <u>Freq:</u> 179.9 WHEER 3 <u>TX Freq:</u> 468.050 <u>RX Freq:</u> 463.050 <u>TX PL</u> <u>Freq:</u> 179.9 WHEER 4 <u>TX Freq:</u> 468.075 <u>RX Freq:</u> 463.075 <u>TX PL</u> <u>Freq:</u> 179.9		011-8816-41480644	467.975 <u>RX Freq:</u> 462.975 <u>TX PL</u> <u>Freq:</u> 88.5 Mission Ridge Rptr: <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 MICA DIR (Spokane Local) <u>TX Freq:</u> 462.975 <u>RX Freq:</u> 462.975 <u>TX PL</u> <u>Freq:</u> 88.5		
Airlift Northwest							<u>Primary Freq:</u> 155.295 <u>PL</u> 192.8		
Ambulance Transport Agencies:									
<u>Chelan County:</u>									
Ballard Services, Inc.									
Cascade Ambulance									
Chelan Co PHD # 2/Lake Chelan EMS									
LifeLine Ambulance, Inc.									
<u>Douglas County:</u>									
Ballard Ambulance, Inc									
Bridgeport Ambulance									
LifeLine Ambulance, Inc.									
Mansfield Ambulance									
Waterville Ambulance									
<u>Grant County:</u>									
American Medical Response									
Moses Lake Fire & Rescue									
Quincy Valley Ambulance									
Grant County FD#10									
<u>Kittitas County:</u>									

Kittitas Valley Fire & Rescue									
KC Hospital Dist #2									
Cle Elum Fire Department									
Kittitas County Fire District #7									
Snoqualmie Pass Fire & Rescue									
<u>Okanogan County:</u>				TX - 159.2175 (PL 141.3) RX - 159.2175 (PL 141.3)					
Aero Methow Rescue									
Colville Tribal Fire & Rescue									
Douglas Okanogan FD #15									
Lifeline Ambulance, Inc.									
Oroville Ambulance									
Hospital Name	HEAR	Project 97 LTR	GETS WPS	MedCom/ WHEELERS	Cell Phone	Satellite Phones	Amateur Radio UHF/VHF	Amateur Radio HF/6M	Website WATrac
Tonasket Ambulance									
Emergency Management:									
Chelan County EM					509-667-6865	800-769-8250			
Douglas County EM					509-884-0941				
Grant County EM					509-762-1462				
Kittitas County EM					509-962-7525	254-241-5879			
Okanogan County EM					509-422-7232	254-387-3405 Portable			

Appendix C – Region Map(s)



Appendix D – Existing Agreements

Regional Hospital MOU:

Cascade Medical Center – Leavenworth
Central Washington Hospital - Wenatchee
Columbia Basin Hospital - Ephrata
Coulee Medical Center – Grand Coulee
Lake Chelan Community Hospital – Chelan
Mid Valley Hospital – Omak
North Valley Hospital- Tonasket
Okanogan-Douglas District Hospital – Brewster
Quincy Valley Medical Center – Quincy
Samaritan Hospital – Moses Lake
Wenatchee Valley Hospital/Medical Center – Wenatchee

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

Appendix D

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 XXVI

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 Luebke Bill Luebke
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 Reeder Robert Reeder
Title: CEO CEO
Date: 26 JUN 09 6-26-09

SIGNATORS PAGE
FOR
REGION 7 HEALTHCARE
MUTUAL AID AGREEMENT
DATED: _____
Page ___ of ___

Coulee 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 Bernier David Bernier
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

Qulsey 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 Bair Andrew Bair
Title: CEO CEO
Date: 7/9/09 7/9/09

Family Health Centers
By: Michelle Franklin Michelle Franklin
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**

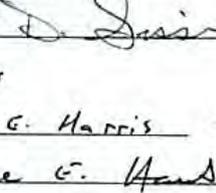
Chelan County Sheriff's Office – Department of Emergency Management

Name KENT SISSON Date 02-17-11

Signature 

Chelan County Coroner

Name Wayne G. Harris Date 2-17-11

Signature 

Douglas County Sheriff's Office – Department of Emergency Management

Name Michael M. Doyle Date 2-17-11

Signature 

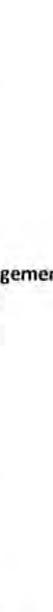
Douglas County Coroner/Prosecutor

Name _____ Date _____

Signature _____

Grant County Department of Emergency Management

Name SAM H. LORENZ Date 02/17/2011

Signature 

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.
- Annex B Assisting Party's Credentials 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

R7 MOU Annex B
Certification of Credentials for Outside Agency Assisting Employees

Requesting Agency Name _____

- Type of Employee Requested _____
- Name of Employee Responding _____
- Phone Number _____
- Address _____

Assisting Agency Name _____

- Director/Manager of Assisting Agency _____
- Phone Number _____
- Address _____

***Please review the following statement and bring this signed form (with picture ID) to Requesting Agency site and check in with _____.**
(Contact Name)

“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.

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.”

Please check this box ensuring that this employee has been reminded to advise their immediate supervisor of any of the above.

Signature _____ Date _____
Human Resource Manager of Assisting Agency

Human Resource Manager Contact Information:

Name _____ Title _____

Phone # _____ E-Mail _____

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.

**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

By: *Dennis Johnson*

Title: Mayor

Date: 5-6-09

Chelan/Douglas Health District

By: *Mary Beth Hall*

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.

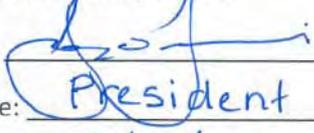
NOW THEREFORE, it is mutually agreed between the parties as follows:

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 E

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 Communications 4.0 and Appendix B 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:

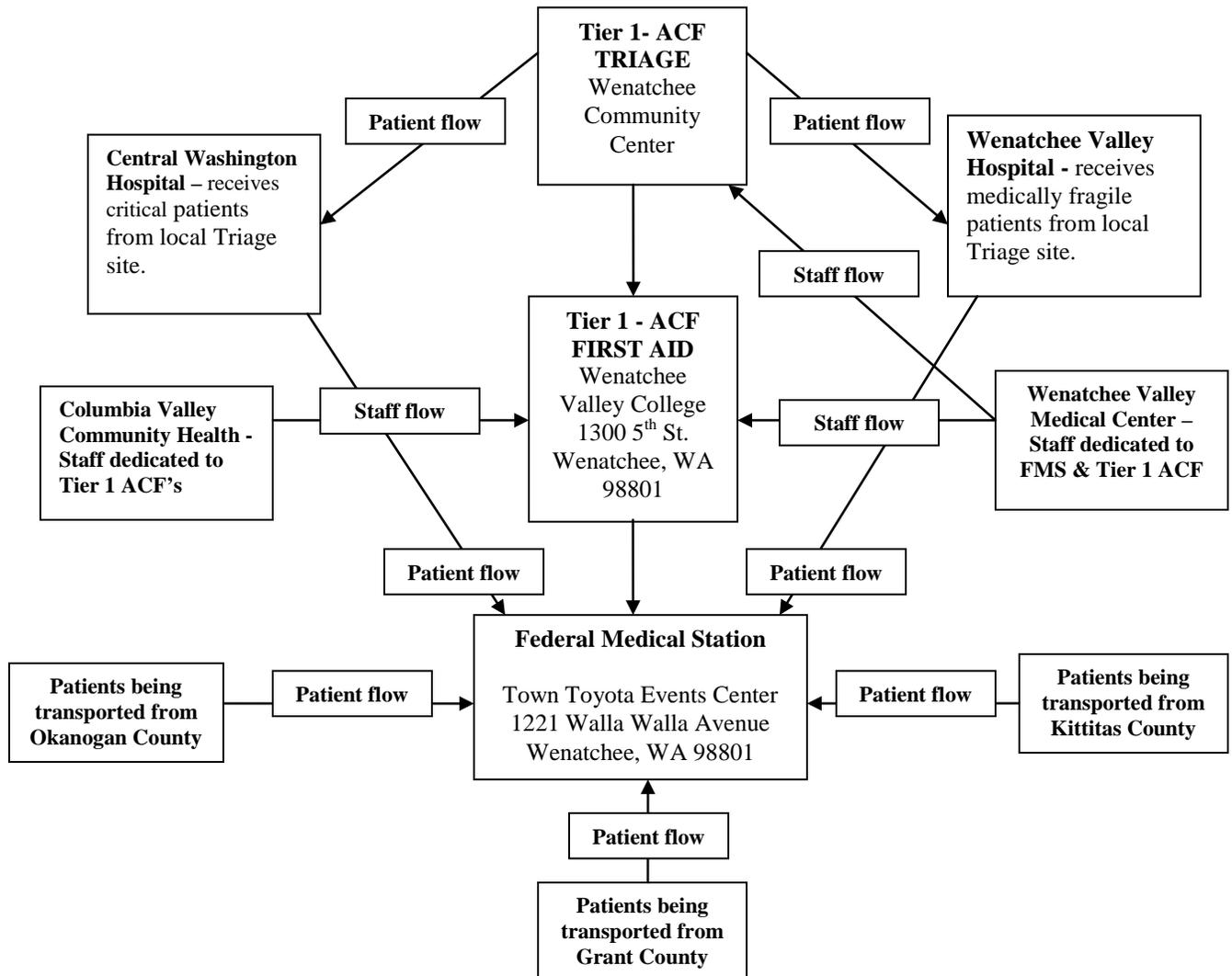
1. Opening an ACF:
 - a. Has the facility Pre-Planned an ACF?
 - i. ACF layout
 - ii. ACF is adequate to house all equipment and supplies
 - iii. ACF is adequate for communication needs
 - b. Who determines hospital/ER overwhelmed status?
 - c. Who will notify EM of the possible opening of an ACF?
 - 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?

Alternative Care Facility - Federal Medical Station Plan Med/Surge Capacity Chart

The purpose of establishing a Federal Medical Station plan is to coordinate with County partners for the movements of patients, sharing of staff and supplies.

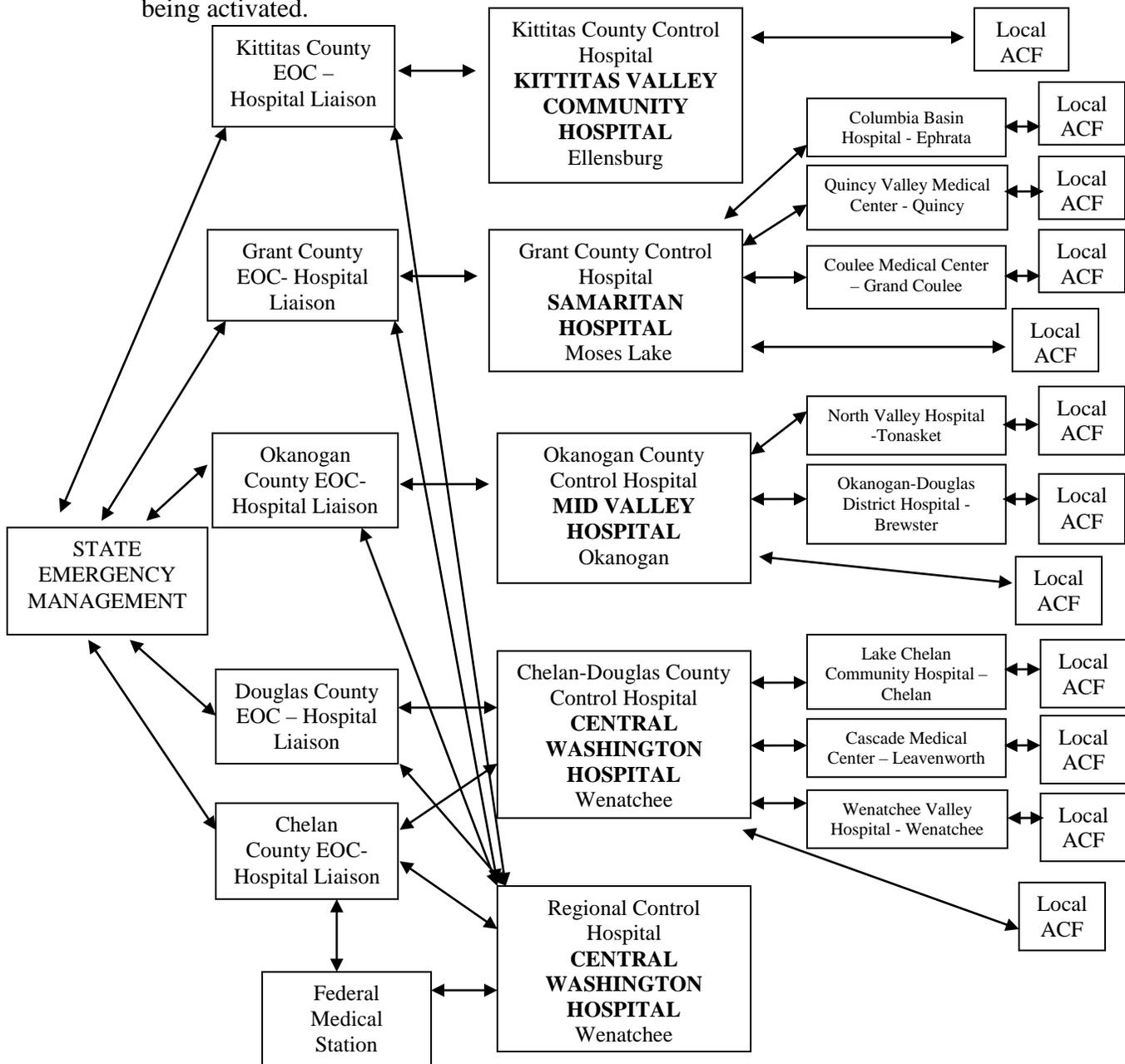
When a Federal Medical Station is opened, the following chart identifies patient flow pattern.

1. All triage is done first at local level; local ACF's will accommodate patients being identified for transport to the regional Federal Medical Station located at the Town Toyota Center, 1221 Walla Walla Avenue, Wenatchee, WA 98801.
2. Local EOC's will coordinate with local transit authorities or EMS to transfer patients to regional Federal Medical Station
3. Federal Medical Station Management Team will oversee:
 - a. Receiving, tracking and medical records of patients
 - b. Communication with EOC and regional control hospital
 - c. Security and traffic flow
 - d. Supplies
 - e. Staffing



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

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:

Based Face Sheet

Patient information:

Name: _____ disaster incident number: _____ DOS: _____ SSN: _____

Sex: Male Female

Mailing Address: _____ Zip: _____ City _____ County: _____

Home Phone: _____ Cell/Message 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 _____

ACS/FMS Medical Record Sample 2:

Short Form Medical Record

Demographic	Patient Name: _____ DOB/Age: _____	
	Parent / Guardian: _____ Primary Physician: _____ DIN: _____ MRN: _____	
Allergies: _____ <input type="checkbox"/> NKA		
History	Chief Complaint: _____	
	Significant Medical History: _____	
	Last Menstrual Period: _____ Pregnancy Status: _____	
	Field Triage Category: _____ See Triage Category: _____	
	Pupil Size L: _____ Reactive: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pupil Size R: _____ Reactive: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Circle pain (Adult): 0 (no pain) 1 2 3 4 5 6 7 8 9 10 (worst pain)	
	Circle pain ¹ (Child/Other): 0 (no pain) 1 (mild) 2 (moderate) 3 (severe) 4 (worst)	
	Time recorded: _____ Intake: _____ Output: _____	
	Temp: _____ Pulse: _____ Respiration: _____ Blood Pressure: _____	
Notes: _____		
Special Dietary Needs: _____		
Medications		
Name _____ Route _____ Dose _____ Time Frequency _____		
Physician initials: _____ Nurse initials: _____ Other initials: _____		
Physical Exam	Cardiovascular: _____ Pulmonary: _____	
	Neurological: _____ Other Significant Findings: _____	
Physician initials: _____		
Re-Assessment	Date: _____ Time: _____	
	System Review: Temp _____ Pulse _____ Respiration _____ Blood Pressure _____ Lab Results: _____ X-ray Results: _____	
Physician initials: _____ Nurse initials: _____ Other initials: _____		
Procedure / Disposition	Pre-Procedure DX: _____ Post-Procedure DX: _____	
	Procedure: _____ Findings: _____	
	Condition of Patient Post Procedure: <input type="checkbox"/> Critical <input type="checkbox"/> Guarded <input type="checkbox"/> Stable	
	Discharge Instructions (YES/NO): Written _____ Verbal _____	
	Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Liquid <input type="checkbox"/> Other: _____	
	Activities: <input type="checkbox"/> No Restrictions <input type="checkbox"/> Restrictions as Follows: _____	
	Discharge Medications: _____	
	Follow-Up Visit: When _____ NA: _____	
	Condition at discharge: <input type="checkbox"/> Critical <input type="checkbox"/> Guarded <input type="checkbox"/> Stable <input type="checkbox"/> Fair <input type="checkbox"/> Deceased Temp _____ Pulse _____ Respiration _____ Blood Pressure _____	
	Discharge: <input type="checkbox"/> Home <input type="checkbox"/> Shelter <input type="checkbox"/> ACS <input type="checkbox"/> SNF <input type="checkbox"/> Deceased Date: _____ <input type="checkbox"/> Transfer: _____ <input type="checkbox"/> Other: _____ Time: _____	
Admitted: <input type="checkbox"/> Time admitted: _____		
Physician order: _____		
Notes: _____		
Physician initials: _____ Nurse initials: _____ Other initials: _____		

Wong DL, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Schwartz P. Wong's Essentials of Pediatric Nursing, ed 6, St. Louis, 2001, p.1301.

WA State - Region 7

Chelan, Douglas, Grant, Okanogan, and Kittitas Counties

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) 3/4 RN kits and 3/4 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).

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 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 2010 ACF Cache personnel are:
 - a. Central Washington Hospital
 - i. Phone:
 - ii. Pager:
 - iii. Fax:
 - iv. Email:
 - v. Phone:
 - vi. Pager:
 - b. Columbia Basin Hospital
 - 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 Hospital
 - 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 1st each year.

Attachment 1: Current (June 2009) Region SEVEN 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 Programable 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 seven hospitals have purchased 4 of 5 25 bed Combo MasCache Pods.

ACF JOB ACTION SHEETS

BRANCH DIRECTOR

ACF Branch Director

GROUP SUPERVISOR

ACF Group Supervisor A – ACF Set up and Tear down

ACF Group Supervisor B – Triage, Registration and Patient care

ACF Group Supervisor C – Security, Traffic, Environment and Dietary

ACF Group Supervisor D – Staffing, Volunteers, Activities and Special services

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: _____

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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		

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

Demobilization	Time	Initial
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 HICCS after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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		

Extended (From Hour 2-12)	Time	Initial
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.		

Demobilization	Time	Initial
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 HICSS after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		
Extended (From Hour 2-12)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization	Time	Initial
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 HICSS after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		
Extended (From Hour 2-12)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Demobilization	Time	Initial
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"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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		

Intermediate (During the First Hour)	Time	Initial
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.		
Extended (From Hour 2-12)	Time	Initial
Continue to update the Branch Director regularly on current condition of all operations; communicate needs in advance.		

Intermediate (During the First Hour)	Time	Initial
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.		
Coordinate the arrival of all staff and volunteers.		
Manage the daily issues and needs of the volunteers and Region 7 team members.		

Demobilization	Time	Initial
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 HICSS after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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. (Minimum of 2 Adults for Child Care)		
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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		

Extended (From Hour 2-12)	Time	Initial
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.		

Demobilization	Time	Initial
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 HICSs after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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.		

Demobilization	Time	Initial
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 HICCS after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____		

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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		

Extended (From Hour 2-12)	Time	Initial
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.		
Create a laundry plan for ACF bedding.		

Demobilization	Time	Initial
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 HICs after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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.		

Demobilization	Time	Initial
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 HICCS after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
Continue to update the Group Supervisor regularly on current condition of all operations;		

Extended (From Hour 2-12)	Time	Initial
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.		

Demobilization	Time	Initial
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 HICCS after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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		

Extended (From Hour 2-12)	Time	Initial
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.		

Demobilization	Time	Initial
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 HICCS after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
Continue to update the Group Supervisor regularly on current condition of all operations;		

Extended (From Hour 2-12)	Time	Initial
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.		

Demobilization	Time	Initial
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 HICCS after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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.		

Extended	(From Hour 2-12)	Time	Initial
	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.		

Demobilization	Time	Initial
	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"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 	
	Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.	

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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.		

Demobilization	Time	Initial
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 HICSs after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____		

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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.		

Demobilization	Time	Initial
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 HICCS after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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.		

Demobilization	Time	Initial
As needs for the Traffic Team decreases return your team members 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 HICCs after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		
Extended (From Hour 2-12)	Time	Initial
Continue to update the Group Supervisor regularly on current condition of all operations; communicate needs in advance.		

Intermediate (During the First Hour)	Time	Initial
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.		

Demobilization	Time	Initial
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"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

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: _____

Immediate Actions (ASAP)	Time	Initial
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.		

Intermediate (During the First Hour)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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.		

Extended (From Hour 2-12)	Time	Initial
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.		

Demobilization	Time	Initial
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 HICCS after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists. • Recommendations for procedure changes. • Team accomplishments and issues. 		
Participate in stress management and after-action debriefings as appropriate. Participate in other briefings and meetings as required.		

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

APPENDIX F 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
 - Mass Fatality Plan Checklist
http://new.paho.org/disasters/index.php?option=com_content&task=view&id=820&Itemid=931

REGIONAL MORGUE CAPABILITIES:

HOSPITAL FACILITIES

FUNERAL HOME

Chelan County: *(see funeral home contacts in appendix A)*

- | | | | |
|-------------------------------|---|--------------------------------|----|
| • 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 |
|--------------------------|--|----------|----|

Grant County:

- | | | | |
|--------------------------------|---|---------------------|---|
| • Samaritan Hospital | 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:

- | | | | |
|--------------------------------------|---|-------|---|
| • Okanogan Douglas District Hospital | 0 | Bergh | 3 |
|--------------------------------------|---|-------|---|

- Mid Valley Hospital 0 Precht Methow Valley 0
- North Valley Hospital 0 Precht-Harrison-Nearents 3

Kittitas County:

- Kittitas Valley Community Hospital 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.

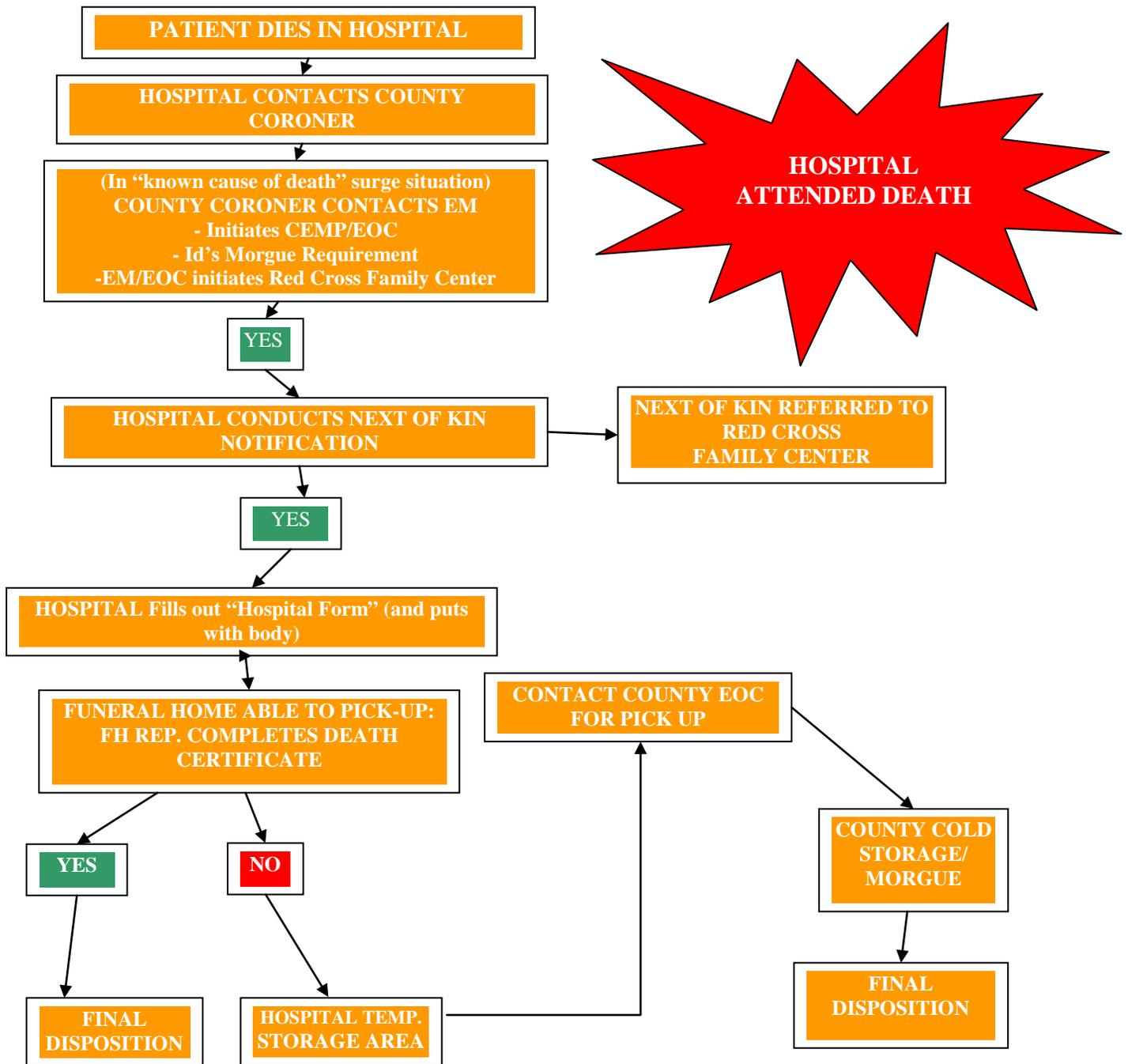
To better prepare, facilities can use the Funeral Home capabilities survey document to help identify local morgue resource and enter into formal MOU's with funeral homes for storage of remains.

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 Examiners 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.

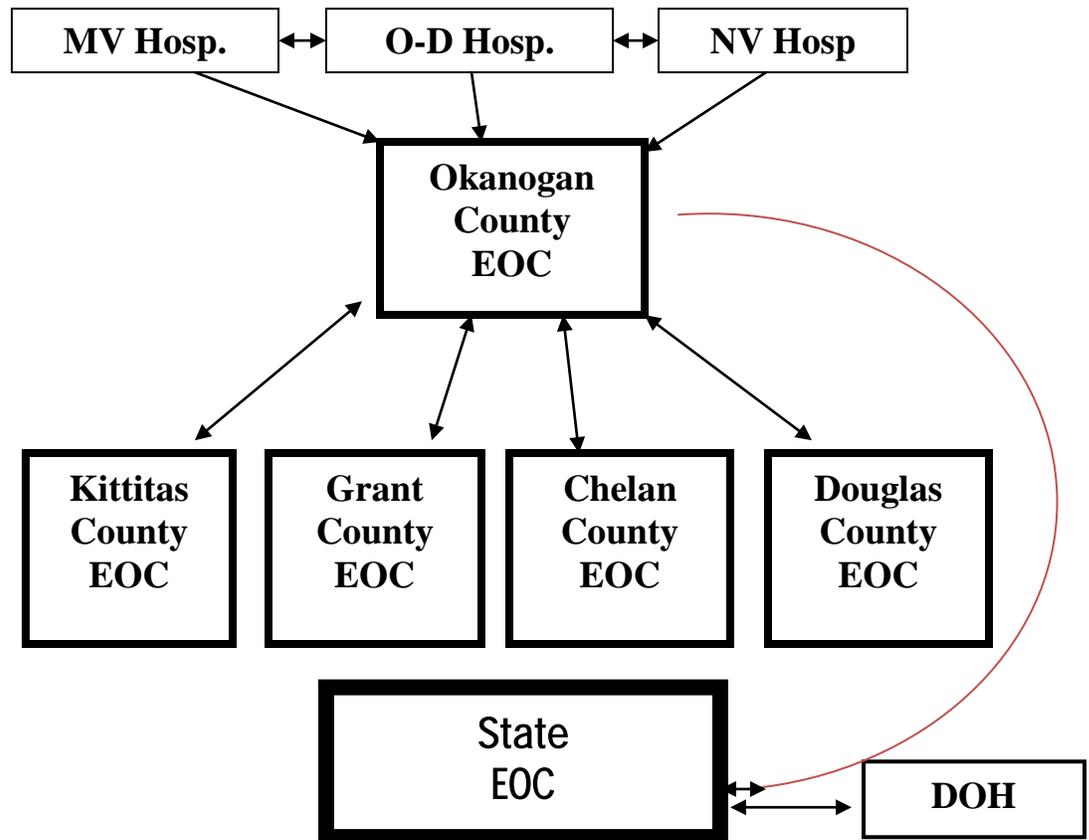
- Each County Coroner or Medical Examiner is the acting authority for deceased remains and the coordination of Mass Fatality efforts with established Emergency Management, County Public Health, Hospital Facilities and Funeral Home directors. The above algorithm is a possible line of communication should 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.)

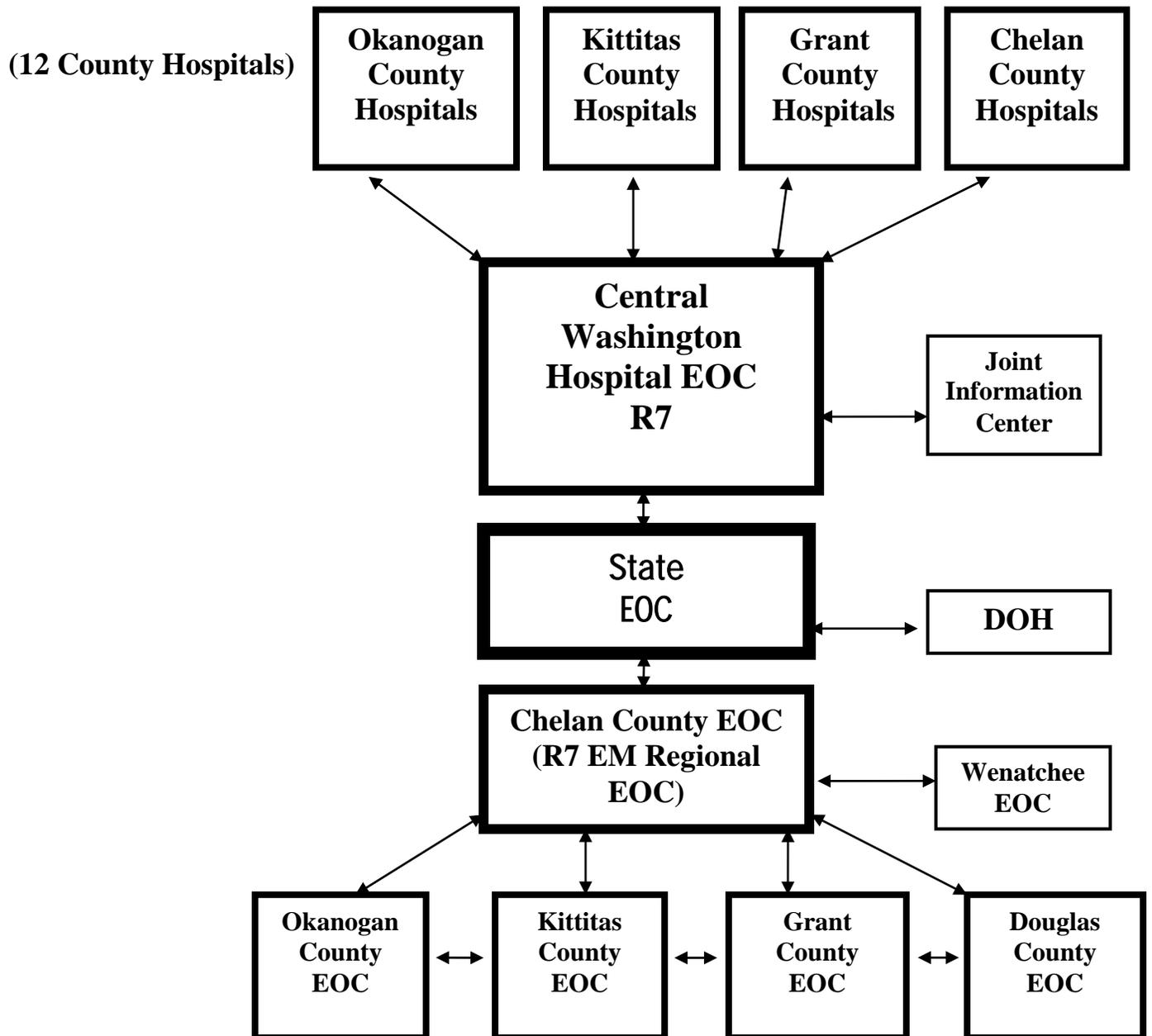


County Emergency Operations Center (EOC) - Resource Coordination:

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

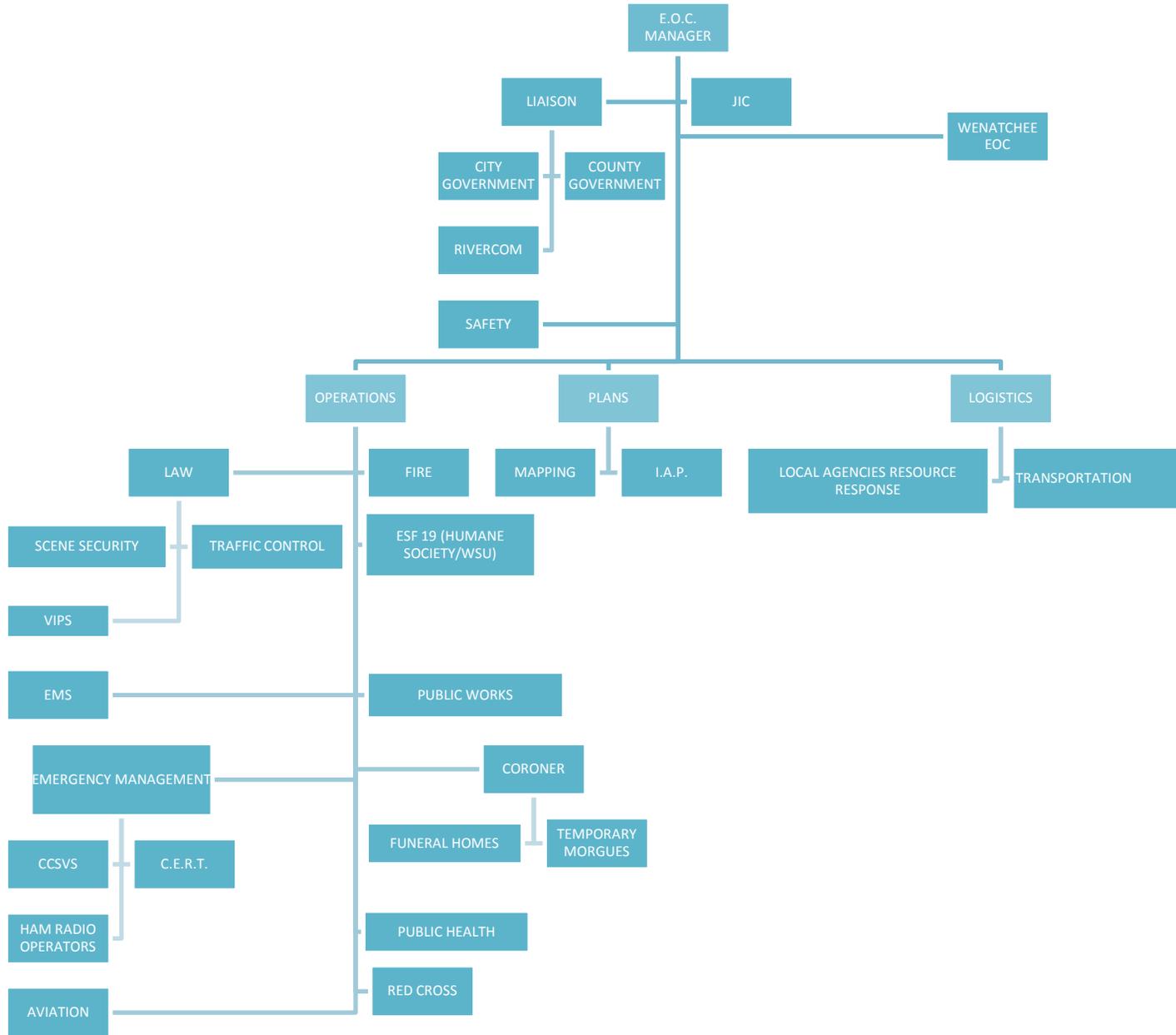
For a Regional Event – hospitals will contact Central Washington Hospital EOC to request resources (personnel, supplies, equipment, etc)



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"> <input type="checkbox"/> Hospital administration <input type="checkbox"/> Disaster coordinator <input type="checkbox"/> Morgue operations <input type="checkbox"/> Decedent affairs <input type="checkbox"/> Medical records <input type="checkbox"/> Infection control/hospital epidemiology <input type="checkbox"/> Laboratory services <input type="checkbox"/> Occupational health <input type="checkbox"/> Legal counsel/risk management <input type="checkbox"/> Public relations coordinator/public information officer <input type="checkbox"/> Engineering and maintenance <input type="checkbox"/> Environmental (housekeeping) services <input type="checkbox"/> Central (sterile) services <input type="checkbox"/> Security <input type="checkbox"/> Information technology <input type="checkbox"/> Expert consultants (e.g., ethicist, mental/behavioral health professionals, LCSWs) <input type="checkbox"/> Other member(s) as appropriate (e.g., clergy, local coroner, medical examiner, morticians)
			Points of contact for information on MFI planning resources have been identified within local government. Agency Name & Contact Information:

Completed	In Progress	Not Started	Actions
			The MF plan identifies the trigger to activate the MF Plan
			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>Distance from the morgue</p> <ul style="list-style-type: none"> <input type="checkbox"/> Location of MFI Unit: <input type="checkbox"/> Distance from Morgue: <p>Notes:</p>	<p>Tables and chairs</p> <ul style="list-style-type: none"> <input type="checkbox"/> # tables procured (based on layout needs) <input type="checkbox"/> # chairs procured (based on layout needs) <p>Notes:</p>
<p>Secure with limited access</p> <ul style="list-style-type: none"> <input type="checkbox"/> # of security staff required: <input type="checkbox"/> Security equipment required: <input type="checkbox"/> Description of how access is limited: <p>Notes:</p>	<p>Office supplies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Notepads, loose paper, sticky notes, clipboards <input type="checkbox"/> Plastic sleeves <input type="checkbox"/> Pens, pencils, markers, highlighters <input type="checkbox"/> Stapler, staple remover, tape, packing tape, white out, paper clips, pencil sharpener <input type="checkbox"/> Extension cords, power strips, surge protectors, duct tape <p>Notes:</p>
<p>Phone lines</p> <ul style="list-style-type: none"> <input type="checkbox"/> Incoming phone <input type="checkbox"/> Outgoing phone <input type="checkbox"/> Fax machine <input type="checkbox"/> Fax paper and toner <input type="checkbox"/> Total number of phones: <p>Notes:</p>	<p>Printer and Copier</p> <ul style="list-style-type: none"> <input type="checkbox"/> Printer and cables, copier <input type="checkbox"/> Paper <input type="checkbox"/> Toner <p>Notes:</p>
<p>Internet access/terminal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Laptop or desktop computer <input type="checkbox"/> Access to internet <input type="checkbox"/> Total number of computers: <p>Notes:</p>	<p>Forms and Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hospital MFI Plan <input type="checkbox"/> Decedent Information and Tracking Card <input type="checkbox"/> Fatality Tracking Form <input type="checkbox"/> EDRS "Medical Facilities Users' Guide" (download at www.edrs.us) <input type="checkbox"/> Internal and external contact lists <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

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

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

- Dry ice (carbon dioxide (CO₂) 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 can not 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 medicolegal 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.

Consideration	Your Facility Notes / How to Access Equipment
<p>Staff Protection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Personal protective equipment (minimum standard precautions) <input type="checkbox"/> Worker safety and comfort supplies <input type="checkbox"/> Communication (radio, phone) 	<ul style="list-style-type: none"> <input type="checkbox"/> Storage area: <input type="checkbox"/> How to access: <input type="checkbox"/> Notes:
<p>Decedent Identification</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identification wristbands or other identification <input type="checkbox"/> Method to identify each decedent (pouch label, tag or rack location) <input type="checkbox"/> Cameras (may use dedicated digital, disposable, or instant photo cameras) <input type="checkbox"/> Fingerprints <input type="checkbox"/> X-rays or dental records <input type="checkbox"/> Personal belongings bags / evidence bags 	<ul style="list-style-type: none"> <input type="checkbox"/> Storage area: <input type="checkbox"/> How to access: <input type="checkbox"/> Notes:
<p>Decedent Protection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Human remains pouches <input type="checkbox"/> Plastic sheeting <input type="checkbox"/> Sheets 	<ul style="list-style-type: none"> <input type="checkbox"/> Storage area: <input type="checkbox"/> How to access: <input type="checkbox"/> Notes:
<p>Decedent Storage</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refrigerated tents or identified overflow morgue area <input type="checkbox"/> Storage racks <input type="checkbox"/> Portable air conditioning units <input type="checkbox"/> Generators for lights or air conditioning <input type="checkbox"/> Ropes, caution tape, other barricade equipment 	<ul style="list-style-type: none"> <input type="checkbox"/> Storage area: <input type="checkbox"/> How to access: <input type="checkbox"/> Notes:

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) _____

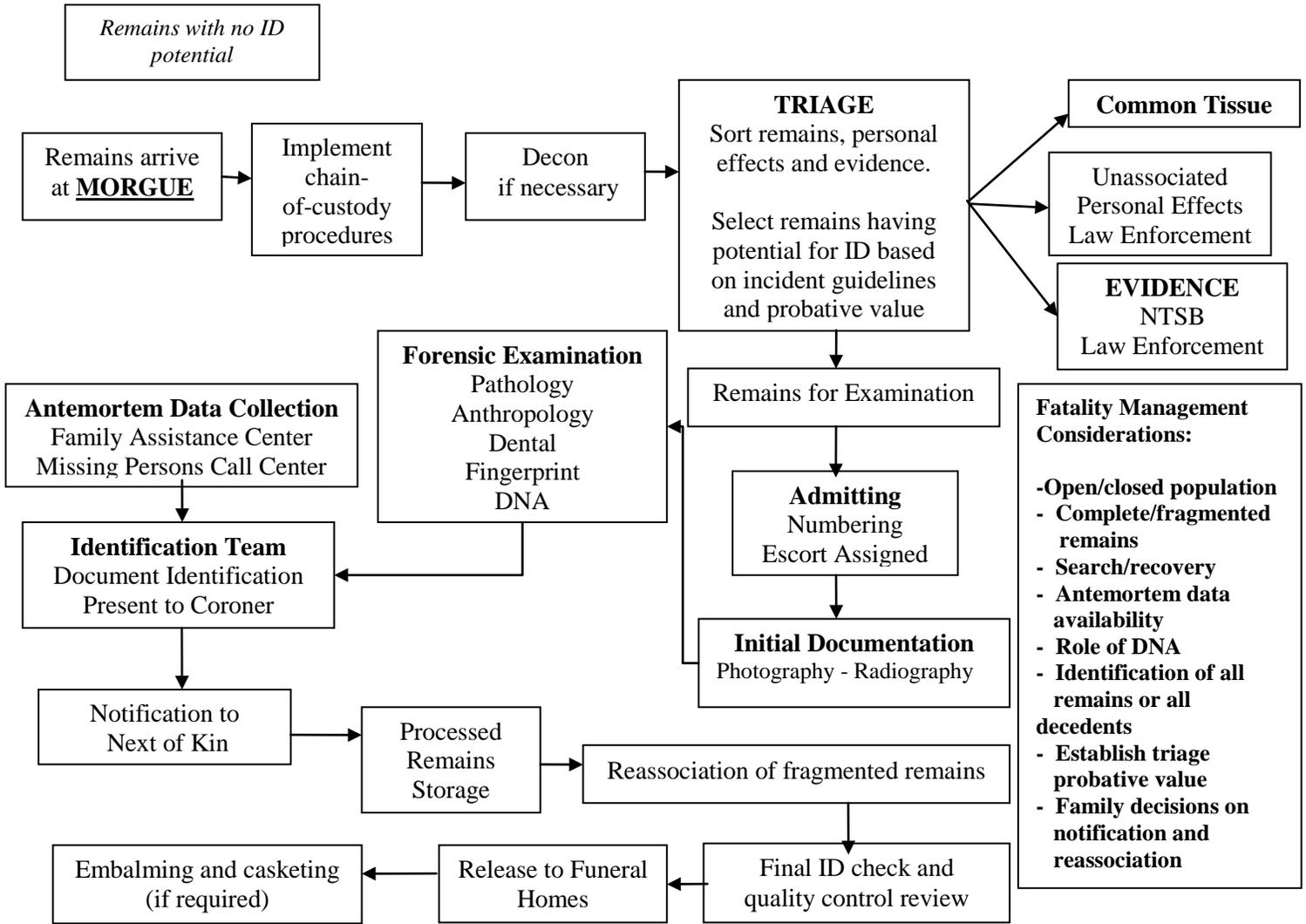
8. Has your personnel had any special mass fatality training/experiences? Yes No If so what/when:

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
Douglas County PA/Coroner
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;
 - 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.

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
 509.662.1561

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

Stemilt Growers
 123 Ohme Gardens Road
 Wenatchee, WA 98801

509.662.2136

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

Appendix G
 Region 7 EMS Patient and EMD Auxiliary Patient Transport Capacities and Capabilities

Washington State PIH Region 7 EMS Patient and EMD Auxiliary Patient Transport Capacities and Capabilities April 5, 2011											
EMS and Auxiliary Transport Vehicle Capability							EMS and Auxiliary Patient Transport Capacity				
	Ground Ambulance	Aid Vehicles	Air Fixed/Rotary	County EMD Auxiliary Transport (buses, vans, trailers, etc)	Total Transport Vehicles		Ground Ambulance (3 patients per vehicle transport)	Aid Vehicles (1 patient per vehicle transport)	Air Fixed/Rotary (2 patients per vehicle transport)	County EMD Auxiliary Transport Adult seating capacity (buses, vans, trailers, etc)	Total Patients Transport
Cheah Co	26	28		196	250		78	28		10217	10323
Douglas Co	7	7		81	95		21	7		4853	4881
Grant Co	36	37		218	291		108	37		15111	15256
Kittitas Co	11	23		68	102		33	23		4603	4659
Okanogan Co	25	19		118	231		75	19		14883	14977
Confederated Tribes of the Colville Reservation	6	0		39	45		18	0		2360	2378
Air			6F 9R		15			30			
Region 7 Totals	111	114	15	720	1029		333	114	30	53027	52474
EMS licensed vehicles data located in ILRS EMS Resources Report 04/01/2011											

The above patient numbers represent one time transport during a 24 hour period. The auxiliary transport capacity assumptions are: 1) Transport routes to and from the receiving facility are not affected. 2) Patient capacity is based upon seating average adult size. Children may increase the capacity. 3) The maximum number of seating patients is dependent on the transport and drop-off time based upon the county selected incident. 4) This is a best number not a guaranteed capacity.

Washington State PH Region 8 County E/M/D Contacts April 5, 2011						
County	Name	Email	Wk Phone	24/7 Phone	Comments	
Chelan	Kent Sisson	kent.sisson@co.chelan.wa.us	509-667-6864	509-630-7504	OK with bus numbers. Thank you Gene for the LINK numbers.	
Douglas	Mike Dingle	mdingle@co.douglas.wa.us	509-884-0941	509-663-9911	OK with bus numbers. Mike, Gene gave me the LINK numbers. They are included in Chelan County	
Grant	Sam Lorenz	slorenz@co.grant.wa.us	509-762-1462	509-762-1160	OK with bus numbers. Sam will update transit numbers.	
Kittitas	Gene Dana/ Fred Slyfield	gene.dana@co.kittitas.wa.us fred.slyfield@co.kittitas.wa.us	509-962-7525	509-925-8534	OK with Fred 4/5/11	
Okanogan	Scott Miller	smiller@co.okanogan.wa.us	509-422-7207	509-422-7232	OK Scott and Glenda will update as needed 4/4/11	
Confederated Tribes of the Colville Reservation	Del Ostenberg	del.ostenberg@colvilletribes	509-634-2013	509-634-1199	OK Del for final review 4/4/11	

Appendix H: At- Risk Populations Matrix

Contacts for:	Grant	Kittitas	Douglas	Chelan	Okanogan
Behavioral Health	Grant County Mental Health 840 E. Plum St. Moses Lake, WA 98837 509-765-9239 Crisis Line: 1-877-467-4303	Central Washington Comprehensive Mental Health Harry Kramer 220 W. 4 th Ave, Ellensburg WA 98926 509-925-9861 hkramer@cwcmh.org	Chelan-Douglas Regional Support Network – Deb Murray 509-886-6318 Crisis Line (24 hours) 509-662-7105	Chelan-Douglas Regional Support Network – Deb Murray 509-886-6318 Crisis Line (24 hours) 509-662-7105 800-852-2923 Mental Health & Family Support Services 509-663-0034	xxx.xxx.xxxx
Dialysis patients	Moses Lake Dialysis Center 1545 S. Pilgrim St. Moses Lake, WA 98837 509-765-9123	Davita Inc 2101 W. Dollarway Rd 509-925-2333	Central Washington Hospital Dialysis Center 509-665-6149	Central Washington Hospital Dialysis Center 509-665-6149 Omak Dialysis 509-826-8680	
Language Barriers	Samaritan Hospital Language Line: 1-800-514-9237 and Red Cross		No identified resource besides Red Cross	Trancare Interpretive Relay Services 800-833-6384	
Sight impaired	WA State Blind Services 800-552-7103		No identified resource besides Red Cross	WA State Blind Services 800-552-7103	
Mobility Impaired	Grant Transit Authority	Elmview Bruce Tabb	No identified resource	People for People	

	509-765-0898 People for People 509-765-9249 800-851-4204	204 E. 6 th St Ellensburg, WA 98926 509-925-6688 bruce@elmview.org	besides Red Cross	509-248-6793 800-233-1624	
CPS for Children	CPS: 800-562-5624 Catholic Family and Child Services 509-765-1875	Child Protective Services Dawn Larson dawn.larson@dshs.wa.gov 509-925-0403	Business Hours 509-665-5300 After Hours 800-562-5624	Business Hours 509-662-0550 After Hours 800-562-5624	
Homeless	New Hope Domestic Violence Services 509-764-8402 Housing Authority of Grant County 509-762-5541	Hope Source Bob Richie 509.925.1448 509.925.1204 (f) 700 E. Mountain View, Suite 501 Ellensburg, WA 98926 Perry L. Rowe Housing Authority of Kittitas County 107 W. 11 th Avenue Ellensburg, WA 98926-2568 509-962-9006 Phone 509-962-3575 Fax	Community Action Council Robert Soule 509-662-6156 Women's Resource Center Phoebe Nelson 509-662-0121	See Douglas County Haven of Hope Women's Shelter 509-664-6866 Hospitality House Men's Shelter 509-663-4289	
Additional Resources from local PUD's	Grant County PUD 509-766-2505	PUD #1 of Kittitas County 509-933-7200	PUD 800-503-7990 Hank Lubean 509-884-7191 (30 people on special needs for breathing machines list)	Public Utility District - chelanpud.org (509) 682-2581 - 1034 E Woodin Ave, Chelan, WA	
Red Cross	American Red Cross (509) 754-4691 12 Basin St	American Red Cross 509-925-9756 eburgredcross@yahoo.com 312 N. Pearl St Ellensburg, WA 98926	Apple Valley/North Cascade Wenatchee Red Cross 509-663-3907	American Red Cross Apple Valley/ North Cascade redcross.org	American Red Cross redcross.org (509) 422-3440

	Sw, Ephrata, WA			(509) 663-3907 12 Orondo Ave, Wenatchee, WA	149 3rd Ave N, Okanogan, WA
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Appendix I: Community Resource List:
Chelan County:

CATEGORY	COUNTY	NAME	ADDRESS	PHONE
AIR CHARTER				
	CHELAN	Ferguson	1907A N. Wenatchee Ave., Wenatchee	662-1915
		Island Charters NW	4445 Brisky Canyon Rd., Cashmere	782-4801
AIRPORTS				
	CHELAN	Lake Chelan Airport	Chelan	682-4037
ANIMAL CARE				
	CHELAN	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				
	CHELAN			
		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
BUILDING MATERIALS Cont.		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
BUSES				
	CHELAN	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 Supervisor/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 Manager, Lynn Bourton	387-0196
		Link Transit	Finance Manager, Nick Covey	387-0086
		Link Transit	Maintenance Supervisor/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				
	CHELAN			
		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				
	CHELAN	Allen Construction, Inc.	Chelan	687-9587
		Hurst Construction, LLC	Wenatchee	664-0173
		J & K Earthworks, Inc.	3703 Clemons St., East Wenatchee	886-5906
DIVERS				
	CHELAN	Irrigation Technology and Control Inc.	4956 Contractors Drive. E. Wenatchee	886-4100
EQUIPMENT RENTAL				
	CHELAN			
		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				
	CHELAN	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 Stickles	PO Box 850, Leavenworth	763-3216
EXCAVATORS Cont.		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
		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	Chelan County Fairgrounds	5700 Wescott Dr., Cashmere	782-3232
FOOD SERVICE				
	CHELAN	A & P Food Services	2581 Sumac Lane, Leavenworth	763-3246
		Apple Cup Café	804 E. Woodin Ave., Chelan	682-2933
		Barenhaus 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 and 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
		Latte Da	303 E. Wapato, Chelan	885-0111
		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 AND OIL				
	CHELAN	AmeriGas Propane	4261 US 97A, Wenatchee	663-4101
		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				
	CHELAN	Eastern WA Burial Vaults	403 E. Peters St., Wenatchee	662-1009
		Jones & Jones / Betts	302 9th St., Wenatchee	662-1561 / 662-2119
		Precht Rose Chapel	332 E. Woodin Ave., Chelan	682-2524
		Ward's Funeral Chapel	303 Pine St., Leavenworth	548-7011
GENERATORS				
	CHELAN	Condotta's Motor Sports Central	3013 Gs Center Rd., Wenatchee	665-6686
		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				
	CHELAN	Central WA Helicopter	PO Box 2308, Wenatchee	665-0257

HOSPITALS / HEALTHCARE				
	CHELAN	Cascade Medical Center	Leavenworth	548-5815
		Central Washington Hospital	1201 S. Miller, Wenatchee	662-1511
		Lake Chelan Community Hospital	(Wenatchee Office) 39 S. Wenatchee Ave., Wenatchee	664-5300
		Wenatchee Valley Medical Center	820 N. Chelan Ave., Wenatchee	665-5850
LOGGING				
	CHELAN	Altel's Logging Inc.	4660 Brisky Canyon Rd., Cashmere	782-5808
		Eiger Skyline Inc.	9263 E. Leavenworth Rd., Leavenworth	548-6808
		J.E. Manufacturing Inc.	4222 Knowles Rd., Wenatchee	662-5213
		Mountain Skyliners, Inc.	11756 US 2, Suite 2, Leavenworth	548-3121
		Smith Timber	982 Havillah Rd., Wenatchee	486-4650
MEDIA				
	CHELAN	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
MEDIA Cont.		Icicle Broadcasting	7475 Koho Pl., Leavenworth	548-1011
		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.,	665-6565

			Wenatchee	
		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				
	CHELAN		-	
		Best Western	2312 W. Woodin Ave., Chelan	682-4396
		Carol's Club	Wenatchee	663-4677
		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				
	CHELAN	Copiers Plus	822 S. Wenatchee, Wenatchee	663-3326
		Office Depot	915 N. Wenatchee Ave., Wenatchee	663-4733
		Staples	200 Ferry Rd., Wenatchee	663-4200
POTABLE WATER				
	CHELAN	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				
	CHELAN			
SAND AND GRAVEL				
	CHELAN	Apple Valley Sand and	7514 US 97A, Wenatchee	667-7000

		Gravel		
		Central Washington Asphalt	7514 US 97A, Wenatchee	
		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				
	CHELAN	Jim's Pumping Service	90 Howard Flat Rd., Chelan	682-1100
SECURITY SERVICE	CHELAN	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
	CHELAN			
SOCIAL SERVICES				
	CHELAN			
		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
		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				
	CHELAN	Worley Enterprises LLC	PO Box 3708 Wenatchee	670-4782
TARPS				
	CHELAN	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	CHELAN	Chavez Transport	1914 Mulberry Lane, Wenatchee	663-2206
		Triple D Transport Inc.	1512 Apollo Place, Wenatchee	662-1265
TREE REMOVAL				
	CHELAN			
		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				
	CHELAN	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

Douglas County:

CATEGORY	COUNTY	NAME	ADDRESS	PHONE
AIR CHARTER				
	DOUGLAS	Executive Flight Inc.	1 Campbell Parkway, East Wenatchee	884-1545
		Wings of Wenatchee, Inc.	3764 Airport Way, East Wenatchee	886-0233
AIRPORTS				
	DOUGLAS	Pangborn Airport	E. Wenatchee	884-2494 x6
ANIMAL CARE				
	DOUGLAS	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				
	DOUGLAS	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				

	DOUGLAS	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 / 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				
	DOUGLAS	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
DEMOLITION				
	DOUGLAS			
		M & S Excavation, LLC.	1073 Corum Circle, East Wenatchee	264-5505
DIVERS				
	DOUGLAS			
EQUIPMENT RENTAL				
	DOUGLAS	(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				
	DOUGLAS	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				
	DOUGLAS	North Central Washington District Fair	601 N. Monroe, Waterville	745-8480
FOOD SERVICE				
	DOUGLAS	Safeway	510 Grant Rd., East Wenatchee	884-0707
FUEL SUPPLIERS - PROPANE AND OIL				
	DOUGLAS	Ag Supply	220 Grant Rd, E. Wenatchee	884-6647
FUNERAL HOMES				
	DOUGLAS	Strate	203 NW Main, Almira	647-5441
		Telford's	711 Grant Rd., East Wenatchee	884-3561
		Waterville	303 W. Locust, Waterville	745-8774
GENERATORS				
	DOUGLAS			
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				
	DOUGLAS	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				
	DOUGLAS			
LOGGING				
	DOUGLAS			
MEDIA				
	DOUGLAS			
MEETING VENUES				
	DOUGLAS			
OFFICE SUPPLIES				
	DOUGLAS			
POTABLE WATER				
	DOUGLAS	Coca Cola Bottling Co.,	3400 5th St. SE, East Wenatchee	886-1136
RACE TRACKS				
	DOUGLAS	Wenatchee Valley Super Oval	2850 Gun Club Rd., East Wenatchee	884-8592
SAND AND GRAVEL				
	DOUGLAS			
		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	886-8804

			Wenatchee	
		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
		The Bag Lady	11124 Valley Ave. E, Puyallup	253-770-8606 / 888-770-2247
SANDBAGS Cont.		Washington Sandbags	19412 84th Ave. S., Kent	253-863-9870
SANITARY TOILETS				
	DOUGLAS	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				
	DOUGLAS	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				
	DOUGLAS	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				
	DOUGLAS	Jack's	1432 Center St., Rock Island	884-0262

Grant County:

CATEGORY	COUNTY	NAME	ADDRESS	PHONE
AIR CHARTER				
	GRANT	Columbia Pacific Aviation Inc.	Grant County Airport	762-1016
		Rainbow Flying Service	1109 R.4 NE, Moses Lake	765-1606
AIRPORTS				
	GRANT	Crescent Bar	8818 Crescent Bar Rd., Quincy	787-2733
		Grand Coulee Dam Airport	Electric City	509-633-1319 509-631-0766
		Grant County International Airport	7810 Andrews St. S, Moses Lake	754-3508
		Port of Ephrata	1990 Division, Ephrata	754-3508
ANIMAL CARE				
	GRANT	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 Marlene Poe	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				
	GRANT			
		Ace Hardware	119 N. 5th St., Coulee City	632-5693
		Ace Hardware	944 W. 3rd Ave., Moses Lake	765-8120
		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	509-633-1821
		Coulee Hardware (Do It Best)	416 Midway Ave, Grand Coulee	509-633-1090
		Fastenal Company	318 E. Broadway Ave., Moses Lake	766-7440
		Gates True Value	23 E St. SE, Quincy	800-642-7392
		(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
		Shinook Lumber	1656 Basin St., SW, Ephrata	754-5295
		Skaug Brothers Inc.	944 W. 3rd Ave., Moses Lake	765-8120
		Warden Lumber Yard Inc.	18357 SR 170 E, Warden	349-2353
		Ziggy's Building Materials	1520 E. Wheeler Rd., Moses Lake	765-7300
BUSES				
	GRANT	A & A Motorcoach	2410 S. 26th Ave., Yakima	575-3676
		Coulee-Hartline School District	410 Locust St., Coulee City, WA	509-632-5231
		Ephrata School District	333 4th Ave. NW, Ephrata	754-5285
		Grand Coulee Dam School District	110 Stevens, Coulee Dam, WA	509-699-2143
		Grant Transit Authority Bus System		765-0898
		Greyhound	1819 E. Kittleston Mopse, Moses Lake	766-4216
		Greyhound	102 B St., Quincy	787-2132
		Moses Lake School District	920 W. Ivy Ave., Moses Lake	766-2666
		Northwest Trailways		800-366-3830
		Northwest Trailways	90 Alder NW, Ephrata	754-0955

		Northwest Trailways	102 B St., Quincy	787-2132
		People for People	940 E. Broadway Ave., Moses Lake	765-9249
		Quincy School District	119 J St. SW, Quincy	787-4571
COMPUTER SERVICES				
	GRANT	Bulldog Information Technologies	1555 Pilgrim St., Suite B, Moses Lake	765-4849
		DNT Computer Repair	13 E St. SE, Quincy	787-4726
		Dodgen, Jason (PC Doctor)	320 E. Belair Dr., Moses Lake	764-0118
		DTS Computer Accessories	212 S. Division St., Moses Lake	766-7531
		Friday Computer Services	8193 Harrington Ln. NE, Moses Lake	765-5231
		Geeks on Site	Quincy	866-451-1638
		Gillware Inc. Data Recovery	Quincy	866-433-9075
		Heaven-Sent Computer Services / Launi Ritter		509-631-4311
		Johnson Computer Services	143 Carswell Dr., Moses Lake	762-2648
		Reliable Network Solutions	821 W. Broadway Ave., Moses Lake	771-0199
DEMOLITION				
	GRANT	Duncan Crane Service, Inc.	11798 Wheeler Rd. NE, Moses Lake	765-8661
		North American Dismantling Corp.	Moses Lake	800-664-3697
		Pro Cut Concrete Cutting	645 Keys Rd., Yakima	594-4933
DIVERS				
	GRANT			
EQUIPMENT RENTAL				
	GRANT	Brand Energy Solutions	3398 Road E NE, Moses Lake	765-3954
		Coulee Hardware (Do It Best)	416 Midway Ave, Grand Coulee	509-633-1090
		Oxarc	1500 E. Wheeler Rd., Moses Lake	765-9247
		RSC Equipment Rental	1210 W. Broadway Ave., Moses Lake	765-1267
EXCAVATORS				
	GRANT			
		Coulee Construction	45896 Westwind Drive N.,	509-9594

			Grand Coulee, WA	
		DWK Fowler Construction	58045 Spokane Blvd., Grand Coulee	509-633-2485
		Desert Rock Excavation, Inc.	1010 S. Pioneer Way, Suite B, Moses Lake	765-2255
		Earthworks		509-361-0638
		Freese & Sons Excavating	7644 Road O NW, Quincy	787-2538
		Hampton Construction & Excavation	1410 S. Monroe St., Moses Lake	765-8633
		Klemmer Construction	1118 Larson Blvd., Moses Lake	762-9494
		Laynerz Co.	7662 Pettigrew Rd. NE, Moses Lake	765-8293
		Major Stan Excavating	9914 Rd. 36.5 NE, Coulee City	632-5319
EXCAVATORS Cont.		Masco Construction Company	3338 Road M.2 NE, Moses Lake	765-2582
		Ottmar Construction	5114 Road K NE, Moses Lake	765-5316
		Roy's Excavating	13998 SR 28 W, Quincy	787-5053
		Steve's Backhoe Service	4017 Rd. 5 NE, Moses Lake	762-9366
		Thomas Dagnon Excavation	1809 S. Monroe St., Moses Lake	765-5707
FAIRGROUNDS				
	GRANT	Grant County Fairgrounds	3953 Airway Dr. NE, Moses Lake	765-3581
FOOD SERVICE				
	GRANT			
		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
FUEL SUPPLIERS - PROPANE AND				

OIL				
	GRANT	Northwest Energy Propane	3688 E. Broadway Ave. , Moses Lk.	765-8553
		Amerigas	318 S Alder, Moses Lk.	765-3766
		Ferrellgas	1325 W. Broadway, Moses Lk.	765-5211
		A-L Compressed Gas	323 E. 3rd Ave, Moses Lk.	762-8117
		Inland Oil and Propane	747 Basin St. NW, Ephrata	754-4606
FUNERAL HOMES				
	GRANT	Basin Cremation and Burial Service	Moses Lake	766-9957
		Carver Family	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
FUNERAL HOMES Cont.		Strate	Grand Coulee	633-1111
GENERATORS				
	GRANT	Rathbone Sales Inc.	3860 E. Broadway, Moses Lk.	765-8656
		AG Supply Ace Hardware	1140 Basin St., Ephrata	754-4638
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				
	GRANT	E & C Aircraft	11340 Adams Rd. N., Quincy	787-3924

HOSPITALS / HEALTHCARE				
	GRANT	Careunit Hospital Program	Quincy	800-854-0318
		Columbia Basin Hospital	200 Nat Washington Way, Ephrata	754-4631
		Coulee Medical Center	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				
	GRANT			
MEDIA				
	GRANT	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	58053 Spokane Blvd. NE, 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
		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	58053 Spokane Blvd. NE, Grand Coulee	633-2020

MEETING VENUES				
	GRANT			
		American Legion Post 157	Veterans Center, 31 Coulee Blvd. Electric City	509-633-2419
		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
		Coulee Dam City Hall	300 Lincoln Ave., Coulee Dam	509-633-1091
		Crescent Hotel	710 10th Ave. SW, Quincy	797-7001
		Eagles Lodge	122 B Street, Grand Coulee	509-699-2536
		Eddie's Restaurant	801 N. Stratford Rd., Moses Lake	765-5334
		Ephrata Inn Motel	848 Basin St. SW, Ephrata	754-3575
		Grand Coulee Volunteer Fire Dept	205 Spokane Way, Grand Coulee	509-633-2536
MEETING VENUES Cont.		Heritage Suites Inc.	511 S. Division St., Moses Lake	765-7707
		Holiday Inn Express Hotel & Suites	1735 Kittleson Rd., Moses Lake	800-345-8082
		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
		Pepper Jacks Bar & Grill	113 Midway Ave., Grand Coulee	509-633-8283
		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				
	GRANT	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
		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				
	GRANT	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				
	GRANT	Ephrata Raceway	Ephrata	398-7110
SAND AND GRAVEL				
	GRANT	Coulee Concrete	HWY 155, Elmer City	509-633-2332
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				
	GRANT	Basin Septic Tank Service	2035 Hamilton Rd. NE, Moses	765-4002

			Lake	
		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	509-639-2393
SECURITY SERVICE	GRANT	DPS Investigations and Security	Moses Lake	764-5191
		Imperial Security	Moses Lake	866-999-4934
		Off Duty Officers, Inc.	Moses Lake	888-408-5900
SIGNS				
		National Barricade	401 S. 3rd Ave., Yakima	509-453-4461
	GRANT	Button It	229 Main St., Grand Coulee	509-631-2078
		Central Washington Sign Company	10158 Kinder Rd. NE, Moses Lake	765-1818
		McBee Sign Co., Inc.	419 E. Walnut, Moses Lake	765-6593
SIGNS Cont.		New Image	413 Lasco Ln., Moses Lake	765-8468
SOCIAL SERVICES				
	GRANT	Grant Co Mental Health	840 E. Plum St. Moses Lk.	765-9239
		Family Services of Grant Co.	730 Juniper Moses Lk.	765-2580
		Columbia Basin Foundation	234 1st Ave. Ephrata	754-4596
SWEEPING SERVICES				
	GRANT	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 Lk.	760-6657
TARPS				

	GRANT	Inland Tarp and Covering	4172 N. Frontage Rd., Moses Lake	766-7024
		Moses Lake Upholstery	616 E. 5th St., Moses Lake	765-5123
TRANSPORTERS				
	GRANT	Aleksander Boychuk	5176 Rd. 78 NE Moses Lk.	762-9740
		American Trucking LLC	950 S. Gardner Dr., Moses Lk.	771-0194
		CI Transport	1132 Mather Dr., Moses Lake	762-5764
		Gary Wilson Trucking	8663 Stonecrest Rd., Moses Lk.	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				
	GRANT			
VEHICLE RENTAL				
	GRANT	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

Kittitas County:

CATEGORY	COUNTY	NAME	ADDRESS	PHONE
AIR CHARTER				
	KITTITAS			
AIRPORTS				
	KITTITAS			
ANIMAL CARE				
	KITTITAS	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				
	KITTITAS	American Building and Roofing	920 E. 1st St., Cle Elum	674-7170 / 674-2430
		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
BUILDING MATERIALS Cont.		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
		Valley Construction Supply, Inc.	321 E. 1st St., Bldg. B, Cle Elum	674-7200
BUSES				
	KITTITAS	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
COMPUTER SERVICES				
	KITTITAS	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
DEMOLITION				
	KITTITAS	Scott Equipment and Hauling, LLC	2141 Railroad St., Easton	656-2559
DIVERS				
	KITTITAS			
EQUIPMENT RENTAL				
	KITTITAS	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

EXCAVATORS				
	KITTITAS	Advantage Dirt Contractors, LLC	1206 N. Dolarway Rd., Suite 105, Ellensburg	933-4232
		Aer-ex Excavating, Inc.		962-7885
		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
		Himark 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
EXCAVATORS Cont.		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.,	925-7788

			Ellensburg	
		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	Kittitas County Event Center	512 N. Poplar St., Ellensburg	962-7639
FOOD SERVICE				
	KITTITAS	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 Applecart 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
FOOD SERVICE Cont.		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

FUEL SUPPLIERS - PROPANE AND OIL				
	KITTITAS	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
		Yakima Co-Op	2202 S. 1st St., Yakima	457-5380
FUNERAL HOMES				
	KITTITAS	Affordable	101 E. 2nd Ave., Ellensburg	925-2902 / 925-2922
		Cascade	301 E. 3rd Ave., Ellensburg	674-4445
GENERATORS				
	KITTITAS	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
		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				
	KITTITAS	Central Valley Helicopters	891 Prater Rd., Ellensburg	968-9300
HOSPITALS / HEALTHCARE				
	KITTITAS	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				
	KITTITAS	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
		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				
	KITTITAS	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
		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				

	KITTITAS			
		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				
	KITTITAS	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				
	KITTITAS	Gary Trepanier Excavating	130 Trepanier Ln., Tieton	678-4769
		Pioneer Beverage	500 Owens Rd., Cle Elum	674-4368
		Veolia Water North America, Op. Serv.	500 Owens Rd., Cle Elum	674-4368
RACE TRACKS				
	KITTITAS	Emerald Downs	1600 N. Currier, Ellensburg	649-3777
SAND AND GRAVEL				
	KITTITAS	American Rock and Gravel	PO Box 785, Ellensburg	925-2143
		Ellensburg Cement Products, Inc.	1071 US 97, Ellensburg	933-7050
		Ronald Sand and Gravel, Inc.	960 Bakers Rd., Lake Cle Elum	649-3930
SAND AND GRAVEL Cont.		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 Ave. S., Kent	253-863-9870
SANITARY TOILETS				
	KITTITAS	Brown and Jackson	107 N. Main, Ellensburg	962-9653 / 968-3328
		Gary J Trepanier Excavation, LLC	130 Trepanier Ln., 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				
	KITTITAS	Phoenix Protective Corporation	Ellensburg	925-9151
SIGNS				
		National Barricade	401 S. 3rd Ave., Yakima	452-7156 / 453-4461
	KITTITAS			
SOCIAL SERVICES				
	KITTITAS	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 Cont.		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
		Hope Source Cle Elum, Senior Services and Transportation		674-2251
		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				
	KITTITAS	Field's Power Sweepers		674-5315
		Stripe Rite, Inc.	2504 River Rd., Yakima	248-7233
TARPS				
	KITTITAS	Tarp It	Ellensburg	962-4664
		Yakima Tent and Awning	1312 S. 1st St., Yakima	800-447-6169
TRANSPORTERS				
	KITTITAS	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
TRANSPORTERS Cont.		Mackners Transport	400 E. Mountain View Ave. Ellensburg	962-9484
		Okanogan Seattle Transport	1331 W. University Way, Ellensburg	962-2005
TREE REMOVAL				
	KITTITAS	AAA Tree Service		674-7527
		ACH Logging and Tree	Roslyn	649-3704

		Service		
		Eastside Master Tree Service		674-8800
		Farrell Tree and Lawn	403 W. 12th Ave., Ellensburg	962-8403
		K-Valley Tree Service		933-3353
VEHICLE RENTAL				
	KITTITAS	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

Okanogan County:

CATEGORY	COUNTY	NAME	ADDRESS	PHONE
AIR CHARTER				
	OKANOGAN			
AIRPORTS				
	OKANOGAN	Omak Municipal Airport	Omak Airport, Omak	826-6270
		Oroville	23 Airport Rd., Oroville	476-9976
ANIMAL CARE				
	OKANOGAN	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
		Gary Lesamiz	2447 Elmway, Omak	422-3520
		Heidselman	277 Spring Coulee Rd., Omak	422-6715
		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				
	OKANOGAN			
		Grover's Building Supply	520 J Ave. W., Omak	689-2553
		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				
	OKANOGAN	Brewster School District		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
		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				
	OKANOGAN			
DEMOLITION				
	OKANOGAN			
DIVERS				
	OKANOGAN	Underwater Recovery	1127 Camas, Coulee Dam	633-2799
EQUIPMENT RENTAL				
	OKANOGAN			
EXCAVATORS				
	OKANOGAN	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	Okanogan County Fair Grounds	175 Rodeo Trail Rd., Okanogan	422-1621
FOOD SERVICE				
	OKANOGAN	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
		(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 Ln., 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 AND OIL				
	OKANOGAN	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				
	OKANOGAN	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
		Precht-Harrison-Nearents Chapel	615 Locust St., Omak	826-1550
GENERATORS				
	OKANOGAN	Omak Honda	10 E. Central Ave., Omak	826-2050
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.,	466-5255

			Spokane	
		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				
	OKANOGAN	Waitsburg Helicopter Services	198 Airport Rd., Oroville	476-2186
HOSPITALS / HEALTHCARE				
	OKANOGAN	Okanogan Douglas Hospital	507 Hospital Way, Brewster	689-2517
		North Valley Hospital	203 S. Western, Tonasket	486-2151
		Mid Valley Hospital	810 Jasmine St. Omak	826-1760
LOGGING				
	OKANOGAN	Jones Logging and Construction	17 Jones Rd., Okanogan	422-3147
MEDIA				
	OKANOGAN	Chronicle	618 Okoma Dr., 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
MEETING VENUES				
	OKANOGAN	Koala Street Grill	914 Omak Ave., Omak	826-6375
		Magoos Restaurant	24 N. Main, Omak	826-2325
OFFICE SUPPLIES				
	OKANOGAN			
POTABLE WATER				
	OKANOGAN	Spring Methow Bottling	18381 SR 20, Winthrop	996-4448

		Co.		
RACE TRACKS				
	OKANOGAN			
SAND AND GRAVEL				
	OKANOGAN			
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				
	OKANOGAN	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				
	OKANOGAN			
SIGNS				
		National Barricade	401 S. 3rd Ave., Yakima	452-7156 / 453-4461
	OKANOGAN			

SOCIAL SERVICES				
	OKANOGAN	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
SWEEPING SERVICES				
	OKANOGAN	North County Sweeping	2253 Elmway, Okanogan	826-5904
TARPS				
	OKANOGAN			
TRANSPORTERS				
	OKANOGAN	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 Ln., Omak	422-3227
TREE REMOVAL				
	OKANOGAN	Skirko Tree Service	71 Salmon Creek Rd., Okanogan	877-422-2077
		Jones Logging and Construction	17 Jones Rd., Okanogan	422-3147
VEHICLE RENTAL				
	OKANOGAN	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

Funeral home	address	phone	web
<i>CHELAN COUNTY</i>			
Betts/Jones&Jones	302 9thStreet, wenatchee WA 98801	509-662-1561	info@jonesjonesbetts.com
Wards Funeral Chapel	303 Pine Street, Levenworth WA 98826	509-548-7011	
Precht Rose Chapel	332 E Woodin Avenue, Chelan, WA 98816	509-682-2524	prechtrosechapel@nwi.net
<i>Douglas County</i>			
Telfords	711 Grant Road East Wenatchee, WA 98802	(509) 884-3561	www.telfordschapel.com
<i>Grant County</i>			
Scharbachs	300 G Street Southeast, Quincy, WA	(509) 787-2223	scharbachs.com
Nicoles	157 C Street Northwest, Ephrata, WA	(509) 754-3420	nicolesfuneralhome.com
Strate Funeral Home	329 East Grand Coulee Avenue, Grand Coulee, WA	(509) 633-1111	stratefuneral.com
Kayser's	831 South Pioneer Way, Moses Lake, WA	(509) 765-7848	kayserschapel.com
<i>Okanogan County</i>			
Bergh	510 W. Indian Avenue, Brewster WA 98812	509-689-3494	barneschapel@gmail.com
Precht Methow Valley	5th & Bridge Street, Twisp WA 98856	509-997-3020	omakfuneral.com
Precht-Harrison-Nearents	2547 Elmway Street, Okanogan, WA	(509) 422-3333	omakfuneral.com
<i>Kittitas County</i>			
Brookside Funeral	101 East 2nd Avenue, Ellensburg, WA	(509) 925-2902	info@brooksidefhc.com
Stewart and williams	301 East Third Avenue Ellensburg, WA 98926	(509) 925-3141	www.stewart-williams.com
Cascade Funeral	201 N Harris, Cle Elum, WA 98922	509-674-4445	www.cascadefuneralhome.com

APPENDIX F 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:
 - Mass Fatality Management of Morgue Facilities (add link from Jim)

REGIONAL MORGUE CAPABILITIES:

HOSPITAL FACILITIES

FUNERAL HOME

Chelan County: (see funeral home contacts in appendix A)

• 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 Hospital	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:

• Okanogan Douglas District Hospital	0	Bergh	3
• Mid Valley Hospital	0	Precht Methow Valley	0
• North Valley Hospital	0	Precht-Harrison-Nearents	3

Kittitas County:

• Kittitas Valley Community Hospital	0	Stewart-Williams	11
		Brookside	0
		Cascade Funeral	0

Contacts to add to APPENDIX A

Funeral home	address	phone	web
CHELAN COUNTY			
Betts/Jones&Jones	302 9th Street, Wenatchee WA 98801	509-662-1561	info@jonesjonesbetts.com
Wards Funeral Chapel	303 Pine Street, Leavenworth WA 98826	509-548-7011	
Precht Rose Chapel	332 E Woodin Avenue, Chelan, WA 98816	509-682-2524	prechtrosechapel@nwi.net
Douglas County			
Telfords	711 Grant Road East Wenatchee, WA 98802	(509) 884-3561	www.telfordschapel.com
Grant County			
Scharbachs	300 G Street Southeast, Quincy, WA	(509) 787-2223	scharbachs.com
Nicoles	157 C Street Northwest, Ephrata, WA	(509) 754-3420	nicolesfuneralhome.com
Strate Funeral Home	329 East Grand Coulee Avenue, Grand Coulee, WA	(509) 633-1111	stratefuneral.com
Kayser's	831 South Pioneer Way, Moses Lake, WA	(509) 765-7848	kayserschapel.com
Okanogan County			
Bergh	510 W. Indian Avenue, Brewster WA 98812	509-689-3494	barneschapel@gmail.com
Precht Methow Valley	5th & Bridge Street, Twisp WA 98856	509-997-3020	omakfuneral.com
Precht-Harrison-Nearents	2547 Elmway Street, Okanogan, WA	(509) 422-3333	omakfuneral.com
Kittitas County			
Brookside Funeral	101 East 2nd Avenue, Ellensburg, WA	(509) 925-2902	info@brooksidefhc.com
Stewart and Williams	301 East Third Avenue Ellensburg, WA 98926	(509) 925-3141	www.stewart-williams.com
Cascade Funeral	201 N Harris, Cle Elum, WA 98922	509-674-4445	www.cascadefuneralhome.com