procedures used to establish an LZ and should be in full protective clothing with charged lines in place. Dusty areas should be wet down prior to helicopter arrival. Helicopters will communicate during landing, while on the ground and during take-off with a designated person at the incident (Helispot Manager) using an assigned frequency.

The primary communications frequencies for medical helicopters responding to a major medical incident will be 123.050 on Unicom. This frequency will be monitored by Northwest Medstar Communications Center which is staffed 24-7. Medstar Communications Center is responsible to coordinate:

a. Changes in patient destination through the Disaster Medical Hospital Control.
b. Patient reports to the receiving facility.
c. Helipad availability.
d. Serve as the communications link between aircraft crewmembers and the Disaster Medical Coordination Center(located at Deaconess Medical Center Emergency Room).

## DISASTER MEDICAL COORDINATION CENTER (DMCC)

The role of the DMCC is to gather information from area hospitals and attempt to initially place patients at the facility most appropriately able to care for them in the most efficient amount of time. Additionally, the DMCC system aims to minimize secondary transfers. If the incident involves a communicable disease or other public health threat the medical director, in coordination with public health, will provide advice to the DMCC on distribution of multi-casualty patients.

Deaconess Medical Center is designated the DMCC in Spokane County. In the event Deaconess Hospital cannot fulfill the DMCC role, Holy Family Hospital will assume the lead DMCC role.

Upon notification of a MCI the designated DMCC has the following responsibilities:

a. Notifies hospitals as necessary using WATrac and other communication systems as needed.
b. Determines / updates the number of casualties by contacting the scene (if this information isn't provided in the initial notification).
c. Initiates request for all hospitals to update current bed status using WATrac.
d. Receives Facility Situation Reports from hospitals via WATrac or fax on an hourly basis, or requests more frequent updates.
e. Coordinates patient destination from scene per local protocol using MCI Patient Triage Distribution List.
f. Notifies Inland Northwest Blood Center as necessary.
g. Coordinates with local / regional EOC / ECC, local health jurisdiction, etc. as necessary to ensure patient care.
h. Coordinates with the specific county Medical Program Director (MPD) and the EOC / ECC if forward movement of patients is required or if additional resources are needed.
i. In the event of a National Disaster Medical System (NDMS) disaster, coordinates with Harborview Medical Center, the west side DMCC.

## COMMUNICATIONS

a. Radio communications will be in accordance with Spokane County mutual aid radio procedures.
b. The first arriving ambulance or ambulance supervisor equipped with HEAR radio capability will be designated the Medical Communications Coordinator (Med Com) and will contact the Disaster Medical Coordination Center on the HEAR channel (155.340).

1. The first arriving ambulance will continue to function in that role until the last patient(s) is transported. This function is usually assigned to the EMT/driver. The paramedic is normally designated Treatment Unit Leader.
2. Additional responding ambulances may contact Medical Communications Coordinator on channel 155.340 to obtain arrival instructions.

c. The Amateur Radio Emergency Services (ARES) plan will be activated and will provide an additional communications capability.

## CENTRAL COLLECTION POINT FOR NAMES OF VICTIMS

The need to have a central collection point for the names, and other information, of the victims is of the utmost importance.

Each hospital will assign a person to collect information about victims and relay this information to the American Red Cross Disaster Center via telephone/fax. A current telephone number may be obtained from the Spokane County CCC (509) 532-8900.

The American Red Cross will establish a “Family Contact Phone Number” for coordination of information with families of victims. Once established the ARC will provide the number to 911, dispatch and the ECC / EOC for use in referring concerned family members for further information.

After initial communications have been completed between the field site and all the hospitals the ARES communication operator assigned to each hospital will be available to assist, as required, the hospital person charged with this responsibility.

This information will then be available for OFFICIAL USE ONLY by any agency requiring the same. The American Red Cross will not release any information about victims to the media.

## MEDICAL SURGE TRAILERS / ALTERNATIVE CARE FACILITIES (ACF)

During an emergency there may be times when hospitals, ambulatory care or long term care facilities are not able to accommodate all those who need care. This could be due to a variety of reasons, including:

- An illness affecting a large proportion of the population (e.g. pandemic influenza);
- An increase in seriously ill and/or injured at hospitals creating the need for space to be freed up by moving more stable patients to be cared for elsewhere;
- A facility closing (e.g. natural disaster requiring evacuation); and
- The American Red Cross (hereafter referred to as “Red Cross”) determining that the medical needs of guests exceeds their current staffing capabilities.

Depending on the reason behind the reduced capacity, an Alternate Care Facility (ACF) will provide one or more types of care, including in-patient, ambulatory, and palliative care. In order to provide the expected level of care, Spokane Regional Health District (SRHD) has created a plan to manage the opening, operating, and demobilizing of an ACF, scalable to 60 ambulatory care beds based on available manpower, resources, and type of care needed.

It will always be the first choice to secure medical and non-medical assets to allow patients to stay in place. Every attempt will be made to care for patients within the county in which they reside. The second option is moving patients to nearby facilities that have the capacity to