Benton Franklin Counties

MCI PLAN

MASS CASUALTY INCIDENT PLAN

Adopted January 2000
Revised February 2008

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MASS CASUALTY INCIDENT (MCI)

1.0 Purpose

Fire Departments are tasked with the protection of property and life safety. In the event of a disaster, whether natural or man-made, the immediate response to that incident will be by a fire jurisdiction.

Boundaries dividing fire departments and fire districts may determine the initial agency having authority. Mutual aid and automatic aid agreements allow for the immediate dispatch of additional staffing and equipment.

In the event of a major incident, the demand for an orchestrated plan allowing coordination of multiple agencies will facilitate resolving that incident safely and efficiently.

The purpose of a coordinated bi-county plan, adopted for mass casualty incidents is to achieve overall understanding of personnel assisting neighboring departments. In addition, the use of common terminology and systematic delivery to an MCI will integrate the immediate involvement of mutual aid; strike teams, and task forces when requested by Incident Commanders.

The Benton Franklin Counties Mass Casualty Incident Plan (MCI Plan) will append the Benton and Franklin Counties Department of Emergency Management's Emergency Support Function (ESF) and hospitals' disaster plans. Training and education of all organizations, providers and agencies that may be involved in a disaster/MCI will prepare responders for the day when this plan is required to become operational.

2.0 Policy

    2.1   It shall be the policy, when confronted with any mass casualty incident (MCI), to save the greatest number of patients from possible death or serious disability. This can be accomplished by prompt triage, appropriate treatment, and prioritized patient transportation to designated medical facilities.

            Based on initial dispatch information, the first responding Fire/EMS units should notify the Medical Control Hospital (MCH) of a possible MCI. The MCH will then notify other hospitals of the incident and assess their capabilities to treat patients. Once Fire/EMS arrive on scene and establish an Incident Commander, an assessment of the incident scene and the available Fire/EMS resources will be completed. The Incident Commander will then contact the MCH so they can jointly determine if an MCI should be declared. Once an MCI is declared, treatment facilities will not receive patient information from the transporting units.

3.0   Definitions

3.1   BRANCH: The organizational level having functional or geographic responsibility for major parts of incident operations. A Branch is organizationally between Section and Division/Group in the Operations Section. Branches may be identified by the use of a functional name (e.g., medical, security, fire, rescue, etc.).

3.2   CHIEF: The ICS title for individuals responsible for management of functional Sections: Operations, Planning, Logisitcs, and Finance/Administration.

3.3   COMMAND POST: The position where agencies will function on-site to support the Incident Commander. The Command Post is located at one location for all agencies.

3.4   DIRECTOR: The ICS title for individual responsible for supervision of a Branch.

3.5   EMS (Emergency Medical Service): A system designed to provide care to sick and injured people using standard operational guidelines, protocols, and laws.

3.6   FUNNEL POINT: A center point designated by the Triage Team Leader in which every patient filters through prior to movement into the Treatment Area, usually located at the entrance to the Treatment Area. Patients will be numbered for tracking and Triage Taped (if not already done).

3.7   GROUP: Established to divide the incident management structure into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division. Groups are located between Branches and resources in the Operations Section.

3.8   H.E.A.R. (Hospital Emergency Administrative) RADIO: The HEAR system can be used to communicate from mobile-to-hospital and hospital-to-hospital.

3.9   IC (Incident Commander): The individual responsible for all incident activities, having overall authority and responsibility for the management of all incident operations at the incident site.

3.10   ICS (Incident Command System): A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries.

3.11   INCIDENT MANAGEMENT TEAM (IMT) DESIGNATED TYPE I NATIONAL LEVEL, TYPE II REGIONAL & STATE, TYPE III LOCAL TEAMS: An IC and the appropriate Command and General Staff personnel assigned to an incident.

3.12   LITTER BEARERS: Individuals assigned by the Medical Group Supervisor to assist in movement of injured patients to designated Triage, Treatment, and Transport Areas.

3.13   MANAGERS: Individuals within ICS organizational Units that are assigned specific managerial responsibilities (e.g., Staging Area Manager or Camp Manager).

3.14   MCH (Medical Control Hospital): The hospital designated to coordinate patient transport destination. This responsibility is determined as the nearest receiving hospital to an incident within Benton and Franklin Counties. Hospitals are Kennewick General Hospital, Kadlec Medical Center, Lourdes Medical Center and Prosser Memorial Hospital. *(Note: In the event of an MCI in Walla Walla Co Fire District No. 5's area, Lourdes Medical Center will be the MCH.)*

3.15   NATIONAL INICIDENT MANAGEMENT SYSTEM (NIMS): A federally mandated program for the standardizing of command terminology and procedures. This standardizes communications between fire departments and other agencies. It is based upon simple terms that will be used nationwide.

3.16   PUBLIC INFORMATION OFFICER (PIO): A member of the Command Staff responsible for interfacing with the public and media and/or with other agencies with incident-related information requests.

3.17 REHABILITATION AREA: A designated area where rescue personnel can be assessed, treated and receive care. Rescue personnel will be evaluated, nourished, and rested in the Rehab Area.

3.18 SIMPLE TRIAGE AND RAPID TRANSPORT (START): A protocol which provides for primary triage of victims in most need of immediate treatment and transportation and very limited care; Triage will be based on ventilation, perfusion, and mental status; Emergency care will be restricted to opening airways, controlling severe hemorrhage, and elevating patient's feet.

3.19 STAGING AREA: Any location in which resources such as personnel, supplies, and equipment can be temporarily housed or parked while awaiting operational assignment.

3.20 SUPERVISOR: The ICS title for an individual responsible for a Division or Group.

3.21 SUPPLY UNIT: The unit responsible for the ordering, storing and maintaining of incident-related equipment and tools, such as backboards, trauma kits, oxygen, etc.

3.22 TRANSPORT AREA: A designated area where patients are moved following treatment, as they await transport to a medical facility.

3.23 TRANSPORT UNIT: Any vehicle capable of transporting patients, including an ambulance, aid unit, bus, command unit, etc.

3.24 TREATMENT AREA: A designated area for the stabilization of patients.

3.25 TREATMENT TAG: A tag that will be affixed to each patient in the Treatment Area. The patient's number, and outline of their injuries and each set of vital signs taken shall be documented on the tag. This tag will accompany the patient to the designated receiving medical facility.

3.26 TRIAGE: A categorization system used to medically prioritize/sort patients.

3.27 TRIAGE AREA: A designated area where the patients are sorted. This may be the area where the patients are initially found, or a designated point where the patients are transported for appropriate sorting.

3.28 TRIAGE TAG: A tag used by triage personnel to identify and document the patient's medical condition.

3.29 TRIAGE TAPE: Red, yellow, green, or black colored surveyors tape is used to medically prioritize each patient. A piece of this tape will be affixed/tied to each patient prior to movement into the Treatment Area.

3.30 UNIFIED COMMAND: When multiple agencies have either geographic or functional jurisdiction at an incident, Unified Command should be implemented to jointly establish incident objectives and select strategies.

3.31 UNIT LEADER: The individual in charge of managing Units within an ICS functional section. The Unit can be staffed with a number of support personnel providing a wide range of services.
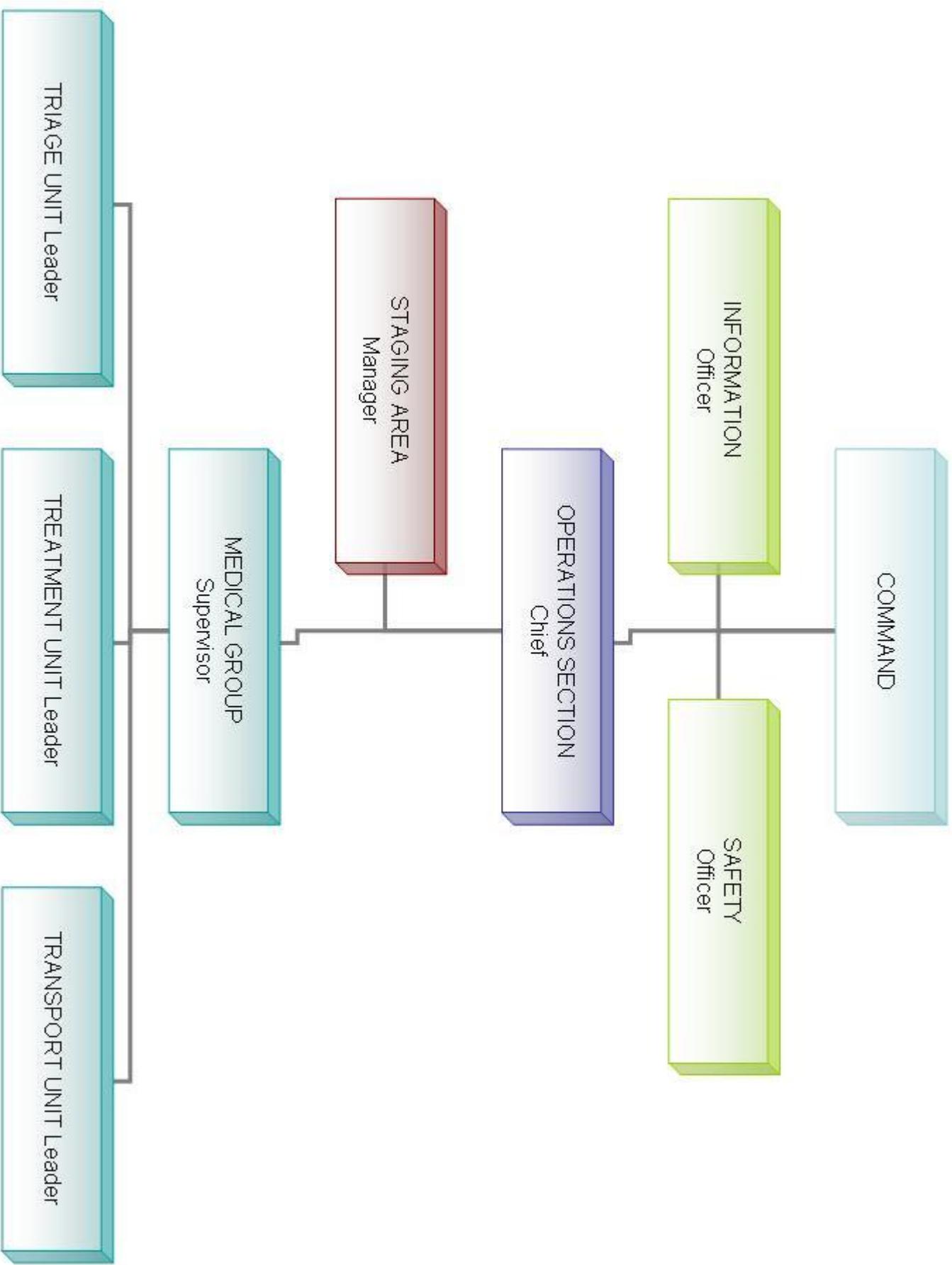
4.0   Organizations Affected

    4.1   Fire Departments are the first responders to emergency incidents. Unified Command and on-scene emergency operations will be the responsibility of local fire service jurisdiction.

    4.2   Private ambulances may be requested to provide transportation of injured victims to receiving centers. In certain situations, personnel from private ambulance companies may also be requested to assist with initial scene management as directed by the Incident Commander.

    4.3   Law enforcement will be tasked with overall scene security and evacuation. They should have a representative at the Command Post.

    4.4   The identified Medical Control Hospital (MCH) will assume the responsibility for providing coordination among hospitals in the event of any Mass Casualty Incident. They will also determine destination of patients being transported to hospitals.

    4.5   Green patients may be diverted to clinics to lighten the load on the primary hospitals, when directed by the MCH.

    4.6   Receiving centers will provide the MCH with information for an area-wide bed count and operational capability of their respective hospital. This information will be collected by the MCH. All receiving centers will remain in a readied status until declaration to terminate the incident is made by the MCH.

    4.7   The responsible Benton-Franklin County Health District is the lead agency for the coordination of public health services. The health district will assist by providing guidance to political jurisdictions, agencies, and individuals.

    4.8   The responsible county Department of Emergency Management (DEM) supporting the event may provide resource coordination for the incident as requested. This may include activation of the Emergency Operations Center (EOC).

4.9   The responsible county coroner's office is the lead agency for activities concerning the deceased, including temporary morgue, identification, and disposition of the deceased.

4.10   The Federal Bureau of Investigation (FBI) may assume identification responsibilities in incidents involving interstate commercial carriers, hostage situations or citizens killed by an act of terrorism. For terrorist events the FBI will have the responsibility for investigation and security.

4.11   The Tri-Cities Chaplaincy will coordinate and interact with affected families, assisting relatives and friends and providing support and comfort.

4.12   A Critical Incident Stress Management (CISM) Team may be asked to perform defusing and/or debriefings for emergency workers during or after the incident. They can also do debriefings and support for families of emergency workers.

4.13   American Red Cross will assist in the notification, relocation, temporary housing for affected persons, and scene support to emergency workers.

        4.13.1   The American Red Cross will establish a Family Support Center to receive family members seeking information and to provide counseling for affected parties. Public service announcements will be distributed by the EOC asking families to go to the Family Support Center for information, instead of the hospitals.

        4.13.2   Each hospital will be responsible for completing the PATIENT ROSTER and faxing it to the American Red Cross Chapter Office where it will be compiled and disseminated to the Family Support Center.

        4.13.3   When presented with a family member seeking information, hospitals should check their patient rosters to see if the victim is at their location. If not or if unknown, the family members should be referred to the Family Support Center.

5.0   Standard Operating Procedures

5.1   Simple Triage And Rapid Transport (START) will be the standard for pre-hospital sorting of injured patients.

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TRIAGE UNIT Leader
TREATMENT UNIT Leader
TRANSPORT UNIT Leader
MEDICAL GROUP Supervisor
STAGING AREA Manager
OPERATIONS SECTION Chief
INFORMATION Officer
SAFETY Officer
COMMAND
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6.0 Responsibilities

6.1 The first arriving company must be alert to include incident size up, estimated number of patients and initiate action to set up an MCI scene, call for assistance, and notify the Incident Commander of all pertinent incident information (e.g. hazmat, hazards, etc.). On scene operations will be structured under the Incident Command System.

6.2 INCIDENT COMMAND: (radio call sign "COMMAND") The Incident Commander will assume overall scene operations pertaining to the emergency incident.

6.3 OPERATIONS SECTION CHIEF: (radio call sign "OPERATIONS") Responsible for all operations at the scene of an incident. May assign Groups or Divisions as needed.

6.4 STAGING AREA MANAGER: (radio call sign "STAGING") Responsible for staging will assign companies to the operation as requested by Operations. STAGING will request additional resources as needed.

6.5 MEDICAL GROUP SUPERVISOR: (radio call sign "MEDICAL") Responsible for the control of medical Triage, Treatment and Transport. MEDICAL will designate Triage, Treatment and Transport Areas, and request staffing as needed. MEDICAL will request and update OPERATIONS/COMMAND regarding status and needs of the Medical Group.

6.6 TRIAGE UNIT LEADER: (radio call sign "TRIAGE") Responsible for assisting in the establishment of Triage Area(s) as designated. All patients shall enter the Treatment Area through Triage. Patients will be evaluated using the START System, numbered, and placed in the appropriate Treatment or Transport Area.

6.7 TREATMENT UNIT LEADER: (radio call "TREATMENT") Responsible for the treatment of patients. TREATMENT will set up Treatment Areas, equipment and prepare to receive triaged patients. Treatment Tags will be completed for all patients and affixed/tied to the patient prior to transport. TREATMENT may maintain records of patient number, name, destination and transporting agency, if resources allow.

6.8 TRANSPORT UNIT LEADER: (radio call sign "TRANSPORT")

Responsible for the transfer of patients to receiving hospitals. TRANSPORT will identify access and egress routes, coordinate loading, transporting and registering of all patients. TRANSPORT will communicate with the MCH to determine patient destination, and coordinate transportation through the TREATMENT.

7.0 Procedures

7.1 Activation of the MCI Plan

7.1.1 To activate the MCI plan, the Incident Commander will contact the nearest hospital, which will be the Medical Control Hospital and provide the following information:

a. Title or the Unit Number
b. Notification that a possible Mass Casualty Incident exists.
c. An estimated number of patients.
d. Complicating circumstances (i.e. hazmat, safety hazards, etc.)

7.2 The Incident Commander shall be responsible for the following:

7.2.1 Firefighting, rescue and or extrication, as needed.

7.2.2 Notifying the Communications Center of an MCI (if this has not been done) and requesting an appropriate response to handle the incident.

7.2.3 Appointing an Operations Section Chief, as needed.

7.2.4 Appointing a Safety Officer, as needed.

7.2.5 Establishing a Safety Zone.

7.2.6 Identifying a Staging Area, and a Manager, and notifying all incoming units via the Communications Center of its location.

7.2.7 Securing access and egress routes into the area for EMS vehicles.

7.2.8 Coordinating operations through Unified Command with participating agencies (i.e. WSP, Law, FBI, Coroner, Hazmat Teams and Health District).

7.2.9 Coordinating with County EM.

7.3 The Medical Group Supervisor, if established, is in charge of all EMS operations as assigned by the Operations Section Chief, including

7.3.1 Sizing up medical needs, estimating numbers and severity, and informing Command.

7.3.2 Notifying the MCH of an MCI with the estimated number of patients and severity and requesting bed availability from the hospitals.

7.3.3 Identifying the location for the Triage, Treatment and Transport Areas, and requesting staffing for those areas through Operations/Command.

7.3.4 Supervising the Treatment, Triage and Transport Areas.

7.4 The Triage Unit Leader should be assigned to the highest medically qualified, first-arriving individual, and is responsible for:

7.4.1 Surveying the incident scene, establishing Triage Areas, Funnel Points, and triaging patients according to their injuries at the scene or designated Funnel Points.

7.4.2 Numbering each patient with a permanent marking pen for tracking purposes, and affixing/tying Triage Tape (if not completed).

7.4.2.1 In larger MCI events, additional staff may be needed for field triaging. In events where more than one Triage Area or Funnel Points exists, the primary Funnel Point will start numbering patients with the number one (1). The other Triage Area or Funnel Points will start with the number 100; if an additional Triage Area or Funnel Point is needed, numbering will start at 200, and so forth.

7.4.4 If transport units are available, Triage Unit Leader may be responsible for moving patients from the Triage Areas directly to waiting transport units for rapid transport to appropriate emergency departments and by-passing the Treatment Area.

7.5 The Treatment Unit Leader should be assigned to the highest medically qualified person to arrive next on scene, and is responsible for:

7.5.1 Requesting personnel and coordinating patient care areas designated as Red, Yellow, and Green. In a major MCI, the Treatment Unit Leader may need to assign additional personnel for each treatment section.

7.5.2 Keeping the Transport Unit Leader advised to the number of patients, severity, and their availability to be transported.

7.5.3 Requesting additional resources for the Treatment Unit through Medical Group/Operations.

7.5.4 Assuring each patient has a Treatment Tag that outlines injuries, records vital signs, and identifies patient's name (when possible).

7.6 The Transport Unit Leader should be filled by a fire ground Company Officer, and is responsible for:

7.6.1 Coordinating the loading, transporting, and registering of all patients.

7.6.2 Coordinating with the Treatment Unit Leader for patients available for transport.

7.6.3 Maintaining radio communications with the MCH to determine patient receiving center destinations.

7.6.4 Maintaining a record of each patient's identification, hospital destination, and transporting agency.

7.6.5 Requesting transport units, equipment, and personnel as needed through the Staging Area Manager.

7.7 Litter Bearers will move through the incident scene placing patients on backboards, stretchers, wheelchairs, and assist the walking wounded. They will assist in processing patients through the Funnel Point, and into appropriate designated Treatment and Transport Areas. Litter bearers will be assigned to the most appropriate ICS level established.

8.0 Communications

On-scene radio communications will be kept to an absolute minimum. When possible, direct verbal contact or runners will be used.

8.1   COMMAND shall be the person routinely communicating with the Communications Center or Emergency Operations Center.

8.2   All EMS communications on HEAR will be limited to COMMAND and TRANSPORT.

8.3   Transport units will not communicate to receiving hospitals on the HEAR Radio. Information pertaining to those patients will be made by TRANSPORT and the MCH.

8.4   When possible cellular phones shall be used to reduce radio traffic.

9.0 Transportation

9.1   First-arriving medical units will typically be held at the scene for medical supplies and resources, but may be utilized for transportation when needed.

   9.1.1   Personnel from units designated for transportation shall remain with their respective units at the Staging Area until requested.

9.2   Air transportation should be utilized when needed. Agencies requested should be informed as to the designated landing zone. The landing zone should be located as to not interfere with on-going incident scene operations.

   9.3.1   Landing zones need to be established with the designated personnel to assure safety and staffing to facilitate expeditious patient transferring.

9.3   Buses may be used to transfer multiple patients to area receiving centers as appropriate. These patients should have minor injuries and be accompanied by a medically qualified individual capable of maintaining medical treatment and evaluation as needed. Ben-Franklin Transit may also provide regular buses as needed. (County DEM may assist in obtaining buses)

10.0 Deceased Persons

    10.1   For investigation purposes, deceased persons will be tagged, covered with a sheet or blanket and not moved unless necessary.

    10.2   COMMAND will coordinate with the Coroner in arranging for temporary morgue facilities, refrigerated trailers and/or transportation.

11.0 Triage Tape, Treatment Tags, and Priority

11.1   Triage Tape and Treatment Tags will be carried on all Command Units, and ambulances. It is also recommended that all first response Fire Engines carry the same.

11.2   Triage tape colors:

11.2.1   **RED - Immediate**

11.2.2   **YELLOW - Delayed**

11.2.3   **GREEN - Minor**

11.2.4   **BLACK (or BLACK STRIPED) - Deceased**

12.0 START - SIMPLE TRIAGE AND RAPID TRANSPORT

The START (Simple Triage And Rapid Transport) plan was developed for the use in pre-hospital multiple patient incidents. The plan allows EMS personnel to survey a patient, and quickly make an initial assessment for treatment needs and priority transport to a receiving facility. It is extremely simple to learn and use in the field. Pre-hospital providers are taught how to perform ABC's of patient assessment care. The START plan follows the ABCD's, (referring to them as 'RPM') thereby making it rapid to perform. The START plan requires no special skills or specific patient diagnosis. This allows all levels of pre-hospital providers to effectively use it. It allows the immediate stabilization of life threatening airway and bleeding problems, and most important it is very easy to learn, retain and recall.

The START PLAN uses three (3) criteria to categorize patients:

VENTILATION (or RESPIRATIONS)   (R)
PERFUSION   (P)
MENTAL STATUS   (M)

Start Triage

Walking wounded

Respirations

Yes   **No**

Under 30

Over 30   Position Airway

Perfusion   **Yes**   **No**

Radial pulse absent   Radial Pulse Present

Control Bleeding   ← Over 2 sec.   Under 2 sec. ↔ **Mental Status**

Cap Refill

Immediate

Follows simple instructions   **Cannot Follow simple instructions**
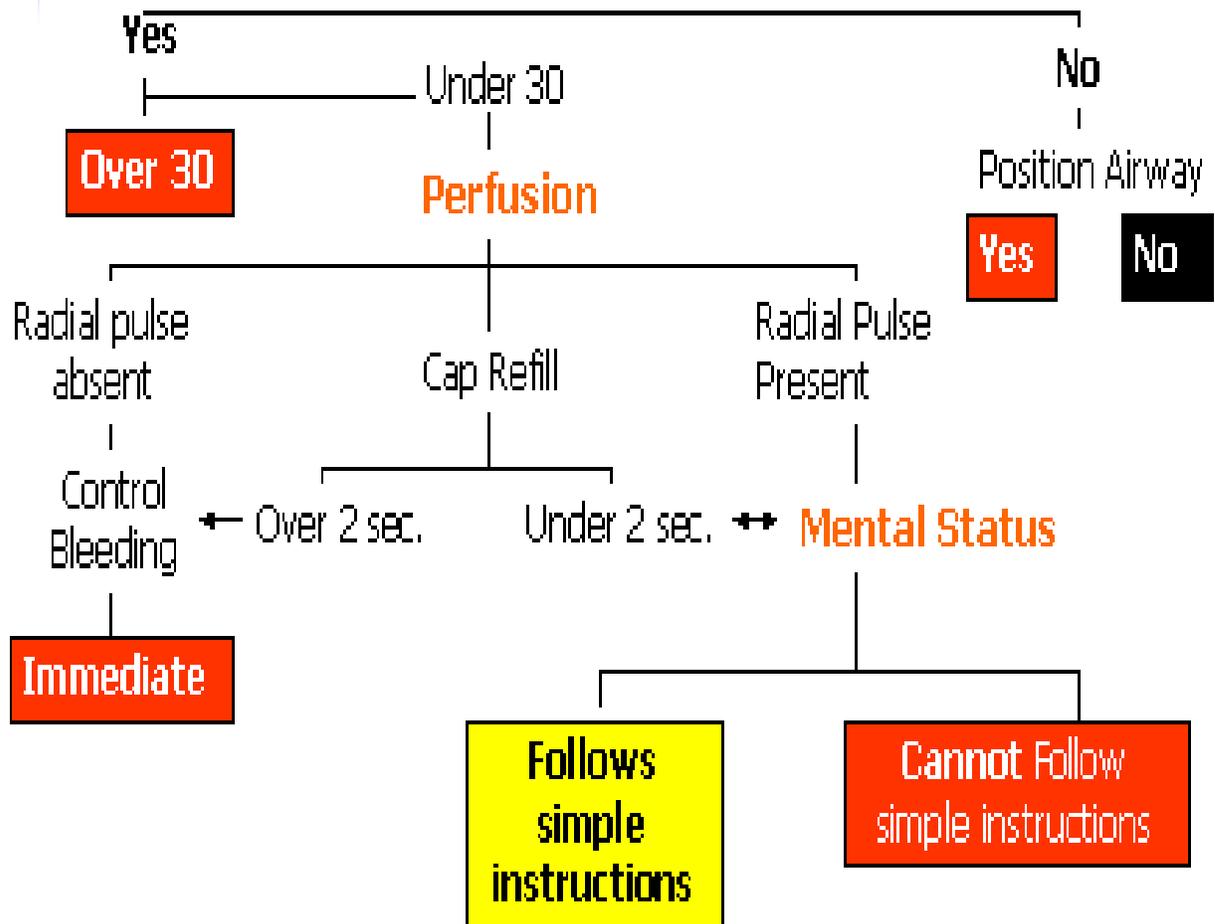
Agency Contact Numbers

Hospital	Phone	Fax
Kennewick General Hospital ER	(509) 586-3051	(509) 586-5835
Kadlec Medical Center ER	(509) 942-2159	(509) 942-2757
Lourdes Medical Center ER	(509) 546-2207	(509) 546-2366
Prosser Memorial Hospital ER	(509) 786-6662	(509) 786-6682

Dispatch	Phone	Fax
Southeast Communications Center	(509) 628-0333	(509) 628-2621
Franklin County Dispatch	(509) 545-3510	(509) 545-3843
Walla Walla County Dispatch	(509) 527-1960	(509) 527-1965
Prosser Dispatch	(509) 786-1500	(509) 786-2292
Hanford Dispatch	(509) 373-3800	(509) 373-3859

EOC	Phone	Fax
Benton County EOC	(509) 628-0303	(509) 628-2621
Franklin County EOC	(509) 545-3546	(509) 545-2139
Walla Walla County EOC	(509) 527-3223	(509) 527-3263

Supporting Agencies	Phone	Fax
Benton Franklin Red Cross	(509) 783-6195	(509) 736-0586
AMR Ambulance	(509) 225-3930	(509) 575-1106
	(509) 225-3912 (Operations Supervisor)	
Mid-Columbia Ambulance	(509) 586-8258	(509) 586-8314
Prosser Ambulance	(509) 786-6631	(509) 786-6682
Med Star	(509) 532-7990	(509) 532-7976
Ben Franklin Transit	(509) 735-4131	(509) 735-1800

13.0 Appendix – Checklists and Tracking Forms

TRIAGE UNIT LEADER CHECKLIST

RESPONSIBILITIES:

Direct and coordinate the evaluation, prioritization, and tagging of patients. TRIAGE will coordinate Litter Bearers to facilitate patient movements.

★ ★ READ ENTIRE CHECKLIST ★ ★

DUTY CHECKLIST:

- ❑ Obtain needed equipment (triage belt, clipboard, vest).

- ❑ Don identification vest.

- ❑ Identify Triage Unit member(s) and implement triage process.

- ❑ Estimate number of patients, if possible categories, and report to MEDICAL.

- ❑ Consult with MEDICAL on location of Funnel Point.

- ❑ Determine where patients will be numbered and facilitate numbering.

- ❑ Acquire medical supplies for transporting patients to treatment area.

- ❑ Identify and brief the Litter Bearers on job assignments.

- ❑ Coordinate with TREATMENT to assure that patients are being delivered to the correct Treatment Area.

- ❑ Maintain safety and security of the Triage Area.

- ❑ Keep MEDICAL informed of your status.

- ❑ Report to MEDICAL for reassignment when triage is completed.

TREATMENT UNIT LEADER CHECKLIST

RESPONSIBILITIES:

Direct and coordinate treatment of patients in Treatment Area.

★ ★ READ ENTIRE CHECKLIST ★ ★

DUTY CHECKLIST:

- ❑ Obtain needed supplies (Treatment Tracking Form, flags, medical supplies).

- ❑ Don identification vest.

- ❑ Obtain estimate of the number of patients.

- ❑ Consult with MEDICAL to determine location of Treatment Area.

- ❑ Set up Treatment Area into three sections: red, green, and yellow.

- ❑ Set up identification flags in the three colors for each corresponding section.

- ❑ Using the Treatment Tracking Form, record all patients entering the Treatment. Area.

- ❑ Assure that all patients in the Treatment Area are properly numbered.

- ❑ Assign incoming personnel to specific treatment sections.

- ❑ Identify, as needed, managers in each treatment section.

- ❑ Assure that appropriate medical care is being delivered.

- ❑ Request medical supplies or personnel needs through MEDICAL.

TRANSPORTATION UNIT LEADER CHECKLIST

RESPONSIBILITIES:

Direct, coordinate and record the transportation of all patients to medical facilities. TRANSPORT will maintain radio communications with the MCH for patient distribution to receiving hospitals. KGH ER (586-3051), KMC ER (942-2159), LMC ER (546-2207), Prosser Memorial ER (786-6662).

★ ★ READ ENTIRE CHECKLIST ★ ★

DUTY CHECKLIST:

- ❑ Don identification vest.
- ❑ Obtain needed equipment (Transportation Tracking Form, vest).
- ❑ Obtain estimate of the number of patients.
- ❑ Identify a safe, efficient loading area adjacent to the treatment area. Secure access and egress routes and inform the Staging Area Manager.
- ❑ Determine that an appropriate number of transport vehicles have been called to the incident.
- ❑ Additional equipment is requested through MEDICAL. Transport units may be requested directly from the Staging Area.
- ❑ Consult with TREATMENT to determine when and what patients are ready for transport.
- ❑ Identify and brief Litter Bearers as necessary.
- ❑ Initiate communication with MCH for patient distribution. Communication should be maintained as needed for expeditious patient transfer.
- ❑ Ensure that the Triage Tag is applied to patients for patient tracking.
- ❑ Using the Transportation Tracking Form, document patient destinations and transporting agencies.
- ❑ Maintain security and safety in-patient loading area.
- ❑ Keep MEDICAL informed of your status and give patient tracking information to be passed on to the DEM.

TRANSPORTATION TRACKING FORM

TAG COLOR	TAG NUMBER	MISCELANEOUS INFORMATION	HOSPITAL	TRANS AGENCY	TIME OUT

TREATMENT TRACKING FORM

TAG COLOR	TAG NUMBER	CHIEF COMPLAINT	TUBE	IV	HOSPITAL

PATIENT ROSTER - CONFIDENTIAL

If the event results in the implementation of the County EMS Plan, the hospital nearest the scene becomes the Control Hospital and is responsible for notifying the other local hospitals of the scenario. Also, each hospital faxes copies of this log to the Red Cross Family Support Center for their use in their Family Information Center.

Date _____   Control Hospital _____   Page _____

Sent From	Fax	Phone	Sent To	Time Sent	Time Sent	Time Sent
Kadlec Medical Center	942-2727	942-2660	**Red Cross Family Support Center**			
Kennewick General Hospital	586-5123	586-5862	**FAX 736-0586**			
Lourdes Medical Center	546-2213	546-2205	**PHONE 783-6195**			

TIME ARRIVED	PATIENT NAME OR DESCRIPTION	FIELD TRIAGE #	HOSPITAL ID #	SEX	DOB/AGE	SENT TO (TRMT CTR)	CHIEF COMPLAINT	FINAL DISPOSITION