

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

provide the patients the care they need. When the capacity of the county cannot appropriately care for the level of patients' needs, moving patients to facilities outside of the county may be pursued. The opening of an ACF can be requested to support the needs of patients as appropriate given the above priority actions.

To request a trailer call Spokane Regional Health District (324.1500). During normal hours, you will be routed to the appropriate staff person. After hours, you'll be routed to the 24-hour on-call Duty Officer, who will reach the appropriate person for you. State your name and agency. You **MUST** state "This is a public health emergency" in order to trigger the internal activities & permissions necessary to get a trailer.

### **MODULAR DEVELOPMENT**

A series of examples of modular development are included to illustrate one *possible* method of expanding the incident organization.