DISASTER MEDICAL COORDINATION CENTER (DMCC)

An Introduction

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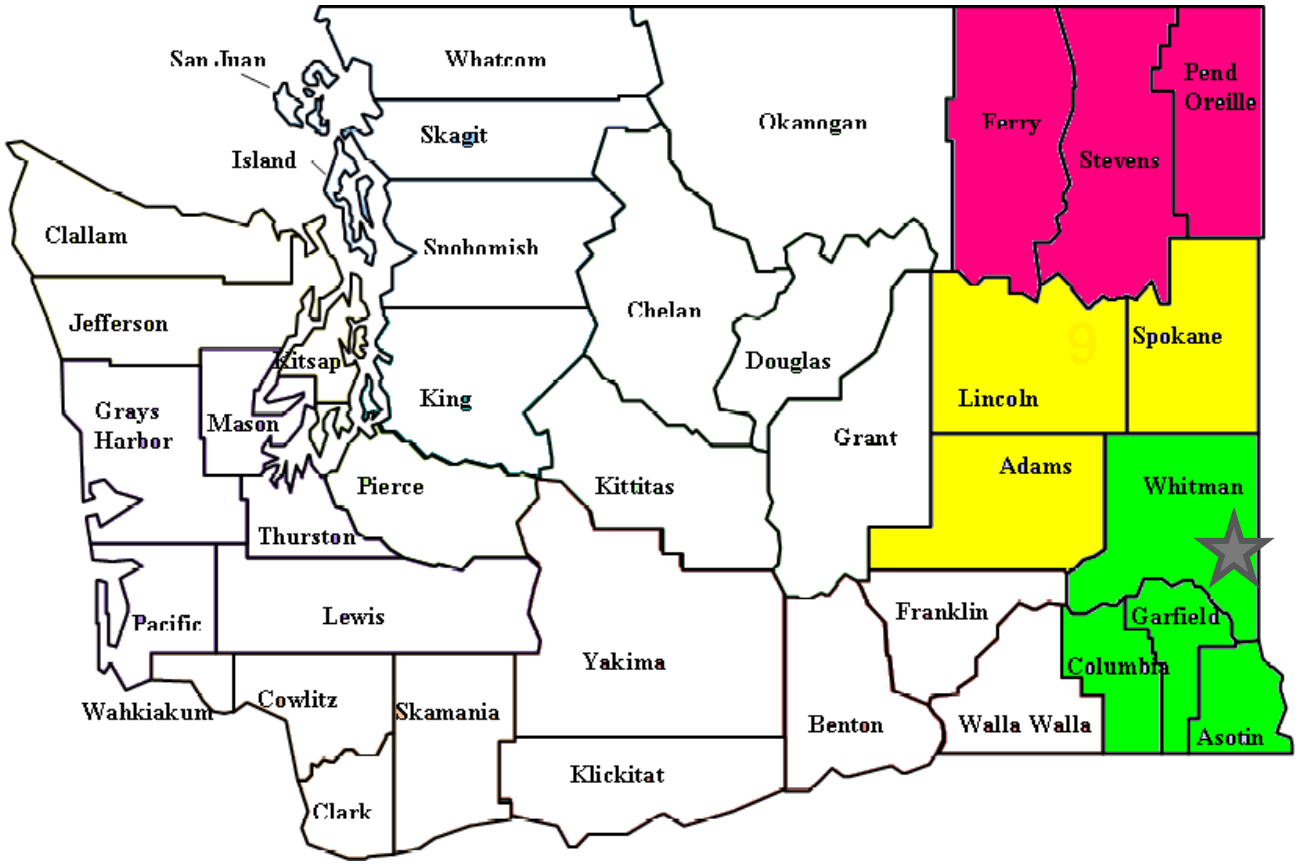
The Disaster Medical Coordination Center (DMCC) system attempts to initially place patients at the facility most appropriately able to care for them.

Teamwork with EMS is critical!

For example- In a bus crash, not all 20 patients should go to one facility.
The DMCC (PRH) Charge Nurse can reach out quickly to other area hospitals to best share the patient load and get patients the care they need.

Region 9 / East Region



PRH is the DMCC for Whitman, Asotin, Garfield, and Columbia Co. Should there be a mass casualty/multi-patient event, PRH assists in conducting bed availability and resource gathering.

WHAT'S A DMCC?

- The DMCC (Pullman Regional Hospital) communicates rapidly with area hospitals to help coordinate where best to send patients in a MCI.

- Additionally, the DMCC system aims to minimize secondary transfers.

- This system has been around for years, but we have never utilized it.

- PRH has multiple tools in place, including a bed tracking system that is used at every Washington hospital, and a staff alert system to call staff in.

The DMCC System is not the same as Medical Control, or calling the Medical Program Director

- EMS providers and dispatch centers in Region 9 shall have *trigger points* to assist in determining if the Disaster Medical Coordination Center (DMCC) should be notified of potential patient surge caused by a Mass Casualty Incident (MCI) or disaster.
  - Multiple ambulances dispatched to one incident.
  - Multi-unit housing / hotel - structure fire – burns, smoke inhalation or injuries.
  - Motor Vehicle Accidents – multi car, buses
  - Haz Mat incidents – natural gas leaks with evacuations, fuel farm fires or leaks, chlorine leaks, unknown substance exposure, train derailments with fire or Haz mat.
  - Aircraft incident.
  - Explosions or building collapse.

EMS & DMCC (Pullman Regional Hospital) Responsibilities:

- Notifies hospitals -
- Determines / updates the number of casualties -
- Initiates request for all hospitals to update current bed status
- Receives Facility Situation Reports -
- Coordinates patient destination -
- Notifies Inland Northwest Blood Center as necessary.
- Coordinates with local / regional EOC, LHJ, etc. -
- Coordinates with the specific county Medical Program Director (MPD) and the EOC -
- In the event of a National Disaster Medical System (NDMS) disaster, coordinates with Harborview Medical Center -

WHAT DOES THIS MEAN FOR EMS?

Information- EMS Teams are the first responders. The sooner PRH has information about how many possible patients there are, PRH can start the DMCC process of checking bed availability & resources. Calling PRH and asking for the ED charge nurse.

Tagging- Quick way to communicate acuity of patients to hospital. “We have 1 red, 3 yellows, and 10 greens”

Directing Patients to EDs- PRH Clinical Coordinator or Charge Nurse will then assist in the decision of how many patients to send where.

Teamwork!- EMS is crucial in this process, and we look forward to working with Whitman County first responders more on this system.

ALERT CALL DATA SHEET
DISASTER MEDICAL CONTROL CENTER (DMCC)
Asotin, Columbia, Garfield & Whitman Counties

POTENTIAL / ACTUAL
(circle one)

Date: _____

Times: Alert: _____
Activate: _____
All Clear: _____

Caller name: _____
Agency: _____

Nature of incident:
_____
_____
_____

Location of incident:
_____
_____
_____

Number of potential victims: _____ Critical: _____

Problems Identified:
_____
_____
_____
_____
_____
_____

Person completing this report: _____
Send a copy of this report to PRH Safety Officer

PATIENT PLACEMENT MATRIX

Hospital	RED	Yellow	Green	RED	Yellow	Green	RED	Yellow	Green	RED	Yellow	Green
	Initial Set Bed count (# of each the hospital will take initially)			Patient Distribution			Patient Distribution			Patient Distribution		
Deaconess Hospital	4	6										
Deaconess North Emergency center												
Valley Medical Center	1	2										
Holy Family	4	6										
Sacred Heart	6	8										
Veteran's Affairs												
Kootenai	3	8										
Lincoln County Hospital		1	10									
Pullman Regional	2	2	4									
Republic - Ferry County Hospital												
Colville - Mt Carmel	3	10										
Chewelah - St. Joseph	2	10	10									
Newport		2	4									
Odessa Memoiral Healthcare												
Ritzville - East Adams	2	6	10									
Othello Community		3	6									
Colfax - Whitman Hospital	2	3	4									
Pomeroy - Dayton General		3										
	29	**70**	**48**									

DMCC - Worksheet

Incident Date: _____ Time of DMCC Activation: _____
Incident Location: _____
Primary On Scene Contact: (Name & Title) _____
Primary On Scene Contact Cell #: _____

Instructions

MCI Patient Placement (Initial Actions)

1. Take Initial Report from Responders:
- a. Type of Incident:_____
- b. Approximate number number of patients: _____
  - 1. Adults: _____ 2. Peds: _____
- c. Types of Injuries: _____
- d. Closest Hospitals to incident:
  - 1. _____ 2. _____
  - 3. _____ 4. _____

2. Review DMCC Activation Guidlines:
- a. Complete all notifications internally and to regional hospitals and partners
- b. Establish an event in WATrac

3. Initial Patient Placement:
- a. Utilize patient placement matrix (if advance placement is determined) OR
- b. Contact all regional hospitals to obtain bed status by category (color)

4. DMCC Operations:
- a. Utilize DMCC Binder to identify Categories of Care for appropriate placement and surge potential for receiving hospitals
- b. Establish regular updates from on-scene liaison
- c. Place patients based on hospital capabilities
- d. Consider location, time of travel and patient needs to maintain hospital integrity
- e. Utilize WATrac to provide Situational Awareness with receiving hospitals
- f. Maintain operations until all patients have been placed, including secondary transfers, and all hospitals have returned to normal operations.

Patient Placement Considerations:
- a. EMS may group 2 patients per transport: 1 higher/1 lower acuity (situation dependant)
- b. Spread patients out across different hospitals as much as possible
- c. Every attempt should be made to send patients to the appropriate level of care (e.g., Trauma Center, Pediatric Hospital).

Receiving Hospitals:
- a. When alert is received, immediately assess capacities and plan for medical surge
- b. Communicate with DMCC regarding facility patient acceptance capabilities
- c. Accept patients routed to your facility
- d. Communicate with DMCC regarding situational awareness needs (operational issues)
- e. Utilize WATrac Patient Tracking Module to track patients (Delete if not used in Region)
- f. Utilize WATrac Command Center to post updated hospital capabilities (Delete if not used in Region)

Hospital (Name and Contact #)	Initial Bed Count			Patient Distribution				Second Bed Count			Patient Distribution				Patient Distribution			
	RED	YELLOW	GREEN	Time of Transfer	RED	YELLOW	GREEN	RED	YELLOW	GREEN	Time of Transfer	RED	YELLOW	GREEN	Time of Transfer	RED	YELLOW	GREEN
TOTALS	0	0	0		0	0	0	0	0	0		0	0	0		0	0	0

MCI PATIENT TRIAGE / DESTINATION LIST

Incident Name						Date
Pt #	**Tag Number and/or Name**	**Adult Pedi Sex**	**Triage Tag Color**	**Injuries by System: List most severe first**	**Transport Mode and Time**	**To Hospital**
43	#	A P M F	R Y G		AIR _____ AMB _____ BUS/OTR _____ TIME _____	PRH WH&MC TRI-STATE GRITMAN ST JOE'S OTR_____
44	#	A P M F	R Y G		AIR _____ AMB _____ BUS/OTR _____ TIME _____	PRH WH&MC TRI-STATE GRITMAN ST JOE'S OTR_____
45	#	A P M F	R Y G		AIR _____ AMB _____ BUS/OTR _____ TIME _____	PRH WH&MC TRI-STATE GRITMAN ST JOE'S OTR_____
46	#	A P M F	R Y G		AIR _____ AMB _____ BUS/OTR _____ TIME _____	PRH WH&MC TRI-STATE GRITMAN ST JOE'S OTR_____
47	#	A P M F	R Y G		AIR _____ AMB _____ BUS/OTR _____ TIME _____	PRH WH&MC TRI-STATE GRITMAN ST JOE'S OTR_____
48	#	A P M F	R Y G		AIR _____ AMB _____ BUS/OTR _____ TIME _____	PRH WH&MC TRI-STATE GRITMAN ST JOE'S OTR_____
49	#	A P M F	R Y G		AIR _____ AMB _____ BUS/OTR _____ TIME _____	PRH WH&MC TRI-STATE GRITMAN ST JOE'S OTR_____

COMPLETED BY _____ **DATE** _____ **TIME** _____ **Page** ____ **of** ____

Thank you for listening!
For more information, email contacts are on the handout, and we are offering a longer course to PRH Staff!
EMS is welcome to join!

Emergency Preparedness

Disaster Medical Coordination Center (DMCC)
Orientation & Information Session

An overview of Emergency Preparedness at Pullman Regional Hospital and surrounding area hospitals, in preparation for an upcoming evacuation/surge drill in February.

Presented By Bill Whitman, Emergency Preparedness Coordinator

I. What is a DMCC?

II. How does it affect Pullman Regional Hospital and our Staff?

III. What's the process for Emergency Response?

February 6th, Conference Rooms C&D
3pm-4pm—Information
4pm-430pm—Questions