

HOSPITAL DISASTER RADIO NETWORK OPERATING GUIDE

Operating Under Authority of:

Greater Cincinnati Health Council,
Hamilton County Communications Center,
Hamilton County Terrorism Preparedness
Advisory Team (TPAT), and Former Hamilton
County Disaster Council

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PURPOSE, PARTICIPATION, AND PRIMARY JOB FUNCTIONS

The purpose of the Hospital Disaster Radio Network (Disaster Net) is to coordinate communications regarding the distribution of victims/patients in mass-casualty or hazardous materials situations in the most timely, systematic, and efficient manner possible. Early notification and coordination of medical resources among the hospitals and associated support organizations in the 14-county Ohio, Kentucky, and Indiana Tri-state region (Adams, Butler, Brown, Clermont, Clinton, Hamilton, Highland, Warren, Boone, Campbell, Grant, Kenton, Pendleton, Dearborn) are intended to ensure that victims/patients are:

- transported to the facilities most able to quickly stabilize their conditions;
- relatively evenly distributed among the receiving hospitals, especially those closest to the incident;
- taken to hospitals that are prepared manage any contamination in a manner that protects the staff and facility so that they are able to continue functioning

The Disaster Net should be used in situations that include, but are not limited to:

- local multi-casualty disasters/terrorist incidents;
- hazardous materials incidents (including situations from which no victims will be transported, but where toxic plumes move toward any hospitals);
- hospital evacuations;
- National Disaster Medical System responses.

Participation is open to organizations involved in disaster response that:

1. agree to abide by the procedures/rules identified in this Operating Guide, and
2. agree to purchase and maintain the appropriate radio equipment.

Typical participants include communications centers, emergency management agencies, fire and EMS departments, hospitals, free-standing emergency facilities, and other disaster response organizations. The Greater Cincinnati Health Council is tasked with maintaining the most current version of the Operating Guide on its website at: <http://gchc.surgenet.org/Login.aspx>

During local emergency situations, communications typically flow from the scene to Net Control to the hospitals and back (see Attachment I for Communications Flow Chart). Those who perform the primary roles on the Disaster Net during local emergency situations not only include Hamilton County Communication Center Dispatch, who is responsible for the activation and deactivation of the Disaster Net, but also:

- **Scene-to-Hospital Coordinator** – typically the Transportation or Routing Officer at the scene of the emergency responsible for communications from the scene to Net Control and receiving hospitals about the transport units and victims/patients leaving the scene
- **Net Control** – responsible for collecting receiving capability from participating hospitals and relaying it to the Scene-to-Hospital Coordinator and for ensuring that receiving hospitals have heard communications about incoming transport units and victims/patients
- **In-Hospital Radio Operator** – responsible for reporting the hospital's receiving capability to Net Control and for receiving communications about incoming transport units and victims/patients

Job Action Sheets containing checklists for each of these positions, as well as for Assistants to the Scene-to-Hospital Coordinator and to Net Control can be found in Attachment II.

DISASTER RADIO NETWORK PARTICIPANTS

<u>LOCATION</u>	<u>Radio Identifier</u>
American Red Cross	REDX
Atrium Medical Center	ATRI
Bethesda North Hospital	BNOR
Bethesda Arrow Springs	BARO
Butler County Communications Center	
Boone County Communications Center	
Campbell County Communications Center	
Children’s Hospital Medical Center, Cincinnati	CHMC
Children’s Hospital Liberty Campus	CHML
Christ Hospital	CHRI
Deaconess Hospital	DEAC
Dearborn County Communications Center	
Dearborn County Hospital (Indiana)	DEAR
Drake Center	DRAK
Ft. Hamilton Hospital	FTHM
Good Samaritan Hospital	GSAM
Hamilton County Emergency Management Agency	HC EMA
Hoxworth Blood Center	HOXWORTH
Jewish Hospital	JEWI
Kenton County Communications Center	
McCullough-Hyde Memorial Hospital	MCHY
Poison Control	POIS
Mercy Hospital Harrison	MMC
Mercy Hospital Mt. Airy	MMA
Mercy Hospital Western Hills	MWH
Mercy Hospital Anderson	MAND
Mercy Hospital Clermont	MCLE
Mercy Hospital Fairfield	MFAI
NET CONTROL	SPARE 1
St. Elizabeth Covington	STEN
St. Elizabeth Edgewood	STES
St. Elizabeth Ft. Thomas	STEFT
St. Elizabeth Florence	STEF
Shriner’s Hospital, Burn Unit	SHRI
Summit Behavioral Health	SUMM
University Hospital ER	UCMC
University Hospital Net Control Transfer	
Veteran’s Affairs Medical Center	VETS
West Chester Medical Center	WCMC

GENERAL OPERATING PROCEDURES

The Hamilton County Communication Center (HCCC) is responsible for operational control of the Hospital Disaster Radio Network (Disaster Net) on a daily basis and for maintaining system integrity. HCCC has the discretionary authority to make notifications when circumstances exist wherein a Radio Network participant's ability to function normally could be compromised.

Radio Conduct

All persons operating a radio on the Hospital Disaster Radio Network are responsible for adhering to the following regulations:

1. Observe F.C.C. Rules at all times.
2. Use no obscene words or foul language.
3. Keep messages as short and to the point as possible.
4. Use clear voice transmissions; avoid using codes and signals.
5. Be professional; use common sense.

HCCC dispatchers are available to assist Disaster Net participants in any reasonable way, however, the use of the radio should be limited to emergencies and testing only. All non-emergency communications should be conducted by telephone. Anyone with questions regarding the proper operation of the radio equipment or policies and procedures should contact the dispatcher/supervisor at the Hamilton County Communications Center at (513) 825-2260.

- The Disaster Net radio equipment IS DESIGNED TO BE TURNED ON AT ALL TIMES!
- The Motorola MC3000 remote resides on a talk group labeled MUTE.

To Answer a Call:

When Hamilton County initiates an alert to "Open the Net" the call light will flash, the radio will emit a series of unique beep tones (repeated every 60 seconds if not reset) and the display will switch to OPEN NET.

- Lift and replace the handset to reset the call light and stop the beeping.
- Listen for traffic broadcast from Hamilton County.
- All radios listening on the OPEN NET will hear the broadcast. All Hamilton County field radios have this talk group programmed, although it is labeled HOSPITAL.
- To respond, lift the handset, press and hold the PTT (Press to Talk) bar in the middle of the handset and speak into the mouthpiece.
- Always wait for the talk-permit tone (3 short beeps) before you begin to speak. Release the PTT after you finish speaking.
- Lifting the handset disables the internal microphone and allows you to transmit high quality audio.
- For hands free operation, press and hold the red transmit button while speaking. Speak in the direction of the internal microphone (located slightly to the right of center on the bottom edge of the remote).
- When finished, return the handset to the cradle (on-hook).
- Press either mode button to exit the OPEN NET mode and return to MUTE.

When HCCC asks hospital to acknowledge a communication, state:

“This is (name) Hospital. Go ahead.”

1. If the message is not clear, or not understood, say:

“Hamilton County, this is (name) Hospital; will you repeat the message?”

2. If or when the message is understood, acknowledge it by saying:

“Hamilton County, (name) Hospital is clear.”

NOTE: During an actual emergency, DO NOT MUTE the radio until the situation has ended and Hamilton County Communications has announced that all casualties have been transported and that the Disaster Net is closed. NEVER TURN THE RADIO OFF.

To Initiate a Call to the Hamilton County Dispatcher:

Disaster Net participants may want to initiate a call to the Hamilton County Communication Center (HCCC) Dispatcher for a number of reasons including:

- to test their radio equipment;
- to request that the Disaster Net be activated due to an incident at the participant’s site;
- or to report changes in receiving capability during a disaster.

To Initiate a Call to HCCC:

- Press either mode button until CALL HC is displayed.
- Lift the handset, press and hold the PTT bar in the middle of the handset and speak into the mouthpiece. *Example: Hamilton County, this is University Hospital.*
- Wait for Hamilton County to respond.
- When the conversation has ended, return the handset to the cradle (on-hook) and press the mode button to MUTE.

Private Calls:

Life Squads, Hospitals, Hamilton County Communications and other authorized agencies can contact you individually using the Private Call feature. When someone initiates a Private Call, the remote will beep twice, the display will toggle between MUTE, CALL RECVD and the unique 6-digit Unit ID of the radio calling you.

To Accept a Private Call:

- Press the PRIVATE CALL button on the remote (light on)
- Lift the handset and press the PTT to respond.
- You may need to remember the 6-digit Unit ID of the agency calling you should you need to contact them later with follow up information.
- When the conversation has ended, press the PRIVATE CALL button again (light off) to exit the PRIVATE CALL mode.
- Return the handset to the cradle (on-hook).

To Initiate a Private Call:

- Lift the handset then press the PRIVATE CALL button (light on).
- Using the keypad, enter the 6-digit Unit ID of the agency you wish to contact (or use the mode button and scroll through a pre-programmed list of names) and press the SEL button.
- You will hear telephone style ringing until the receiving radio acknowledges.
- Once acknowledged, press the PTT to begin transmitting.
- If the other radio fails to acknowledge within 20 seconds, the radio will emit a steady bonk tone. Press the PRIVATE CALL button again (light out) to exit the PRIVATE CALL mode.
- You will have to try again later.
- Return the handset to the cradle (on-hook).

Hands Free Operation:

Internal Speaker and Microphone Operation

- Ensure the handset is on-hook (in the cradle).
- Press and hold the red transmit button.
- Always wait for the talk-permit tone (3 short beeps) before you begin to speak.
- Speak in the direction of the internal microphone (located slightly to the right of center on the bottom edge of the remote).
- Release the transmit button to listen for a response on the internal speaker.

To Enable the Internal Speaker:

Enabling the internal speaker, while the handset is off-hook, will allow the receive audio to be heard publicly while maintaining high quality transmit audio to the caller via the handset.

- To turn the internal speaker ON with the handset off-hook, press the Speaker button once. (Speaker light on)
- Returning the handset to the cradle (on-hook) will turn the speaker light OFF.

Backup Channels:

Should the main computer on the 800 MHz radio fail, the display on the remote may read "OUT OF RANGE".

- Use either mode button to change the display to HC BKUP. This is one of the alternate conventional channels that can be used to contact Hamilton County.
- Once you have established contact with Hamilton County, you will be instructed to switch to one of the other alternate channels labeled HC 1, HC 2, HC 3 or HC 4 to continue operation.
- Please be considerate as other users (Police / Fire/EMS) could be using these same channels for emergency communications.

The ALERT function <TEST>:

The user can test the ALERT function without contacting Hamilton County Communications.

- Press the "down" MODE button repeatedly until the display shows "TEST".
- Immediately, the display will switch to OPEN NET, the call light will begin flashing and the unique beep tones will be heard.
- To cancel the test, lift and replace the handset and press either mode button until MUTE is displayed.

Pre-programmed Private Call List:

ATRI
BNOR
BARO
CHMC
CHML
CHRI
DEAC
DRAK
DEAR
FTHM
GSAM
HC EMA
HOXWORTH
JEWI
MC HY
MAND
MCLE
MFAI
MMA
MWH
MMC
POIS
REDX
SHRI
SPARE 1 – Clinton Memorial
STEN
STES
STEFT
STEF
SUMM
UCMC
VETS
WCMC

Radio Programming Configuration

HC 4
HC 3
HC 2
HC 1
HC BKUP
CALL HC
MUTE
OPEN NET (Home Mode)
MUTE
CALL HC
<TEST>

For Service Contact:

Mobilcomm Inc.

1211 W. Sharon Road
Cincinnati, OH 45240
513-595-5888

LOCAL DISASTER SITUATIONS

Fire/EMS personnel in the Ohio, Kentucky, and Indiana Tri-State region use the Disaster Radio Network in local mass-casualty and in HazMat situations to provide early notification to area hospitals so that they may prepare appropriately to both care for the in-coming patients and protect their staff and facilities.

Testing

Unannounced testing of the communication system for local incidents is usually performed every month on a random basis on all three shifts (alternating with National Disaster Medical System testing). The goal of this test is to confirm that radio equipment is functioning and to provide hospital personnel with the opportunity to practice obtaining the appropriate emergency department receiving capability information and using radio communication protocols.

Hamilton County Communication Center initiates a “Group Call,” makes this announcement: *“This is a test of the Local Mass-Casualty Incident Communication System. Please obtain the receiving capability of your emergency department and enter this information into the Health Council’s Hospital Status/Disaster Website within 10 minutes. A roll call will now be conducted. Please acknowledge individually when called.”*

The dispatcher will then conduct an alphabetical roll call of the participating hospitals. Each hospital is required to acknowledge when called. Any hospital failing to acknowledge will be re-called by radio individually. If the hospital still does not acknowledge, the dispatcher will telephone the hospital for clarification of the problem.

Following the roll call, after approximately 10 minutes, Hamilton County Communications will view the Hospital Status/Disaster Website and will either:

- initiate another “Group Call” and state, *“All hospitals participating in the Local Multi-Casualty Incident have reported their receiving capability; standby,”* or
- call individual participating hospitals that have not yet entered receiving capability and remind them to enter it into the website.

After all hospitals have entered their receiving capability into the website, the Hamilton County Communication Center will announce that the test is complete and the Disaster Net can be deactivated.

General Disaster /Emergency Operations Procedures

In the event of a local disaster or emergency where the possibility of large numbers of casualties may exist or multiple hospitals may be involved, or in special situations such as hazardous materials incidents or hospital evacuations, the following procedures will be followed:

1. During the initial response to the situation, coordination of communications will be conducted from the scene of the disaster to the local communication center over a local EMS/Fire or Public Safety radio frequency. The Incident Commander will, at his discretion, ask the communication center to activate the Disaster Network and the center will forward the request to the Hamilton County Communication Center (HCCC). The

Incident Commander or his designee shall appoint a transportation/routing officer to serve as **Scene-to-Hospital Coordinator** and to manage communications via the Disaster Net. (It is recommended that each Fire and EMS Department train various EMS staff members in the role of Scene-to-Hospital Coordinator. A PowerPoint Training Module is available at: <http://www.gchc.org/index.asp?RootID=84&ContentID=356>).

2. The HCCC will activate the Disaster Radio Network and will alert all Disaster Net participants of the **nature of the emergency**. A roll call of all hospitals, or only those hospitals in the geographic sector requested by the **Scene-to-Hospital Coordinator**, will be conducted (see Attachment III for Hospitals by Sector). If the incident involves a large number of burn patients and/or pediatric burn patients, the Scene-to-Hospital Coordinator may also request that Shriners's Burns Hospital be notified to stand by. Following the roll call, the Hamilton County Communication Center will transfer responsibility to Net Control and will then drop out of the Disaster Net communications and refocus on other non-hospital communications coordination.

Net Control will then request that each hospital that will be receiving patients enter its receiving capability on the Health Council's Hospital Status/Disaster Website <http://gchc.surgenet.org/Login.aspx> including:

- number of "red, yellow, green or black" patients each emergency department is capable of currently receiving;
 - number of "red, yellow, green or black" patients each emergency department has already received;
 - whether or not the hospital will have surgical capability within 30 minutes; and
 - whether or not the hospital has inpatient OB, pediatric or decon capability
3. As soon as possible following activation of the Disaster Net, HCCC will dispatch an authorized Communications Command Unit to the scene of the incident to provide direct communication to Net Control. (The American Red Cross can also provide a Mobile Unit and trained Scene-to-Hospital Coordinator to the Incident Commander.) When the Communications Command Unit arrives and is operational, the Scene-to-Hospital Coordinator may use it him/herself to communicate with Net Control about patient transports and destination decisions or may direct the Communications Command Unit personnel to conduct the communications or provide other assistance.

It is recommended that fire departments consider establishing a protocol for sending the first transport units ready to leave an MCI with patients to pre-selected hospitals before the Disaster Net is operational at the scene. Any transport unit leaving the scene with patients before the Disaster Net is operational should itself notify its destination hospital that it is en-route with the number and triage level of the patients it is transporting. When the Disaster Net is operational at the scene, the Scene-to-Hospital Coordinator will notify Net Control with the names of the transport units that have left the scene, the number and triage level of the patients in each unit, and the hospital destination of each unit.

4. The primary procedure is for the Communications Command Unit to communicate directly with Net Control about the departure of a particular transport unit and its victims to a particular destination hospital. Net Control will acknowledge all such communications and will then either verify that the receiving hospital has heard a notification about the transport unit and victim(s) or, if not heard, will notify the

receiving hospital regarding the particular transport unit and victim(s) via the Disaster Net.

Example Procedure

When a Communications Command Unit is operational at the scene, the Communications Command Unit will say:

“ (name) *Communications Command Unit to Net Control.*”

Net Control will answer:

“ (name) *Communications Command Unit, go ahead.*”

The Communications Command Unit will respond:

“ (name) *Communications Command Unit is at the scene and available for scene to hospital coordination.*”

Net Control will answer:

“*Net Control okay.*”

The Communications Command Unit will say:

“ (name transport unit) *has 2 ‘red’ victims and is en route to (name) Hospital.*”

Net Control will answer:

“*Net Control is clear.*”

Hospital will respond:

“ (name) *Hospital is clear.*”

If there is not an authorized Disaster Communications Command Unit on scene, the Incident Commander may wish to designate a qualified Fire or EMS unit to relay routing information to a communication center over a dedicated Fire/EMS emergency frequency. The communication center will, in turn, relay to HCCC or Net Control to notify the appropriate hospitals via the Disaster Net. If this method is utilized, it is the relaying agency’s responsibility to notify the Hamilton County Communication Center that this method of hospital notification is being utilized and to require acknowledgment from Net Control.

If Net Control is unable to function, the on-scene Communications Command Unit can communicate directly to a hospital or through one hospital to another.

Example Procedure

The Communications Command Unit will say:

“ (name) *Communications Command Unit to (name) Hospital.*”

Hospital will respond:

“ (name) *Hospital. Go ahead.*”

The Communications Command Unit will say:

“ (name) *Hospital, you will be receiving two "Red" victims being transported by (name) Squad.*”

Hospital will respond:

“ (name) *Hospital is clear.*”

The Communications Command Unit will say:

“ (name) *Communications Command Unit is clear.*”

5. The Scene-to-Hospital Coordinator (knowing patient conditions and the distance to and capabilities of the closest hospitals) will be responsible for hospital destination decisions unless he/she opts to pass this responsibility to Net Control. If he/she retains this responsibility, he/she will identify the intended hospital destination to Net Control and Net Control will either concur or, if Net Control has new information about a change in capability at the intended hospital destination, Net Control may suggest an alternative hospital. The Scene-to-Hospital Coordinator and Net Control must reach agreement on the destination hospital.
6. For each transport unit leaving the scene, the Scene-to-Hospital Coordinator will log, or appoint an Assistant Scene-to-Hospital Coordinator to log, the following information on a Victim Tracking Form (see Attachment IV for Scene's Victim Tracking Form):
 - Transport unit name
 - Number of victims on board
 - Triage tag color of each victim (Red, Yellow, Green) and if the victims have special needs (e.g., burns, OB, head trauma, etc.)
 - The triage tag number for each victim
7. Net Control will continue to manage communications with all participating hospitals in order to monitor emergency department capability and to provide the Scene-to-Hospital Coordinator with updates.

General Information for Hospitals

- Hospitals that participate on the Disaster Net should train personnel who will be involved in disaster communications on the Disaster Net, this Operating Guide, and the

operation of the radio. A PowerPoint Disaster Net Training Module is available on the Health Council's website at:

<http://www.gchc.org/index.asp?RootID=84&ContentID=356> A Job Action Sheet for the In-Hospital Radio Operator appears herein in Attachment II and on the Health Council's website (same link as above).

- Each hospital must realistically evaluate its capabilities at the time of the disaster to appropriately care for the patients it may receive, especially immediately following the onset of the incident. Consideration should be given to the type of disaster and potential victims (e.g., fire/burns; hazardous materials/contamination; trauma; pediatric victims; etc.) and the **current availability** of emergency department staff, operating rooms, lab and x-ray rooms, supplies, specialty beds, etc.
- Net Control may periodically request that hospitals update their receiving capability information on the Health Council's Hospital Status/Disaster Website (<http://gchc.surgenet.org/Login.aspx>) during the course of the disaster. However, individual hospitals should also update their receiving capability whenever their capabilities either improve (for example, with the arrival of additional staff) or decrease (for example, with the occurrence of an auto accident resulting in additional victims at a particular hospital).
- Hospitals in sectors activated to receive victims/patients may not list itself as "at or over capacity" for the duration of the incident. A hospital that is itself affected by the incident or that has an internal situation rendering it incapable of receiving emergency patients may report itself as Closed on the Health Council's Hospital Status/Disaster Website.

Back-Up Communications:

- In the event of a website or electric utility failure, participating hospitals will still be notified via the Disaster Net as usual that there is a local mass-casualty incident, but hospitals should prepare to report their emergency department receiving capability via the Disaster Net instead of the website.
- Hospitals should use "SIDE 1: Local Mass-Casualty Incident" of the "Green Form" (see Attachment VI) to record as indicated on the form: the number of patients by triage level it can receive immediately; whether or not the hospital will have surgical capability within 30 minutes; and whether or not the hospital has inpatient OB or pediatric capability.
- If the electric failure is widespread or if the website server is not functioning, Net Control (or as a back-up, HCCC) will request receiving capability by hospital in alphabetical order. If the failure is hospital-specific, HCCC will contact that hospital individually to request the counts.
- Once Net Control has obtained the initial receiving capability information from the hospitals, it will monitor patient transports and provide periodic updates to the Scene-to-Hospital Coordinator and to hospitals. Net Control will also provide guidance if questions arise about a particular transport unit or its destination.
- Hospitals, particularly those nearest the disaster scene, should remember the high probability that patients will leave the scene via private transportation and will converge upon the closest hospitals. These patients will not have been identified by

the Scene-to-Hospital Coordinator. Hospitals should report patients arriving in this manner to Net Control via the Disaster Net and should consider these patients when assessing and updating receiving capability.

For each victim/patient received, hospitals will log the following information on a Victim Tracking Form (see Attachment V for Hospital's Victim Tracking Form):

- Time of radio notification re: transport unit
- If the disaster has affected multiple locations, from which scene the unit is coming
- Transport unit name
- Triage tag color of each victim (Red, Yellow, Green) and if the victims have special needs (e.g., burns, OB, head trauma, etc.)
- The triage tag number for each victim, if transmitted

Red Cross Involvement

- Under Memorandum of Understanding between the Red Cross and area hospitals, soon following the activation of the Disaster Net, the American Red Cross will dispatch a Nurse Liaison and a HAM Radio Operator to each receiving hospital. The Nurse Liaison is responsible for victim/patient tracking; the HAM Radio Operator is responsible for assisting the Nurse Liaison with communications relative to victim/patient tracking. The receiving hospital will provide space for both to function and will cooperate in providing tracking information about the victims/patients received from the scene to the Nurse Liaison.

System Deactivation

When all victims/patients have been transported, the Scene-to-Hospital Coordinator shall at the direction of the Incident Commander recommend to Net Control that the Disaster Net be closed. The procedure for closing the Disaster Net is as follows:

1. The Scene-to-Hospital Coordinator shall advise Net Control that all victims/patients have been transported from the scene and Net Control will relay that information to participating hospitals and request that when the hospitals have received all expected victims, they each fax a list of the total number of Red, Yellow, and Green victims they have received to Net Control. (See Attachment VII for a current list of all participating hospitals' emergency department phone and fax numbers, including Net Control.
2. The Scene-to-Hospital Coordinator and Net Control will begin the process of reconciling their logs of transport units, victims, and destination hospitals.
3. When Net Control determines that participating hospitals have received all expected victims/patients, Net Control will notify Hamilton County Communication Center (HCCC) that all of the victims have been transported and that the Disaster Net can be closed.
4. HCCC will announce to all participating agencies that the Disaster Net is closed.
5. If more victims are discovered and prepared for transport, only the receiving hospitals will be notified by the HCCC.
6. All hospitals on the Disaster Net will be updated if additional pertinent information is received from the scene.

Note: Red Cross personnel responsible for victim/family matching will continue their work after the Disaster Net is deactivated.

Evaluation

After most emergency incidents, Disaster Net participants will be asked to complete an evaluation form and/or participate in an After Action De-Briefing in order to improve communications in the future.

NATIONAL DISASTER MEDICAL SYSTEM SITUATIONS

Greater Cincinnati disaster response organizations and hospitals participate in the National Disaster Medical System (NDMS) which is activated whenever a disaster overwhelms the medical resources of a local area and victims must be transported to other parts of the country. In this situation, the Department of the Air Force notifies regionally-based federal coordinating agencies that NDMS has been activated.

Wright-Patterson Air Force Base, the Tri-state's agency, then notifies the Hamilton County Communication Center (HCCC). HCCC activates the Disaster Net and requests that participating hospitals enter bed availability information into the Health Council's Hospital Status/Disaster Website at <http://gchc.surgenet.org/Login.aspx>. Wright-Patterson accesses the website, obtains the information, and, in turn, relays the information to the national NDMS Global Patient Movement Center. Updated bed availability information may be requested for 2 - 3 days following the initial activation to allow the Global Patient Movement Center to route casualties and aircraft. Within 24 to 48 hours, local hospitals could begin receiving stabilized victims from such an incident.

If the overwhelming incident occurred in the Tri-state, area hospitals would notify their county Emergency Operations Centers of their need to transfer patients. The county EOC(s) would notify either a Joint EOC or HCCC which would, in turn, provide to Wright-Patterson the number of patients needing to be transported to other parts of the country.

Testing

Unannounced testing of this system is usually performed every month on a random basis on all three shifts (alternating with Local Mass-Casualty Communication system testing). The goal of this test is to confirm that radio equipment is functioning and to provide hospital personnel with the opportunity to practice using radio communication protocols, obtaining the appropriate bed availability information, and entering the information on the Hospital Status/Disaster Website.

Occasionally, NDMS itself requests that communication tests be conducted. In such cases, the tests are unannounced, but after Wright-Patterson notifies HCCC that a test must be conducted, the process is the same as it is for a locally initiated test.

HCCC initiates a "Group Call" and makes this announcement: *"This is a test of the National Disaster Medical System Radio Network. Please obtain an available bed count to include only: Medical/Surgical, Psychiatric, Burn, Pediatric, and Critical Care beds. Hospitals should be prepared to enter this information on the Health Council's Hospital Status/Disaster Website <http://gchc.surgenet.org/Login.aspx> in approximately 15 minutes. A roll call will now be conducted. Please acknowledge individually when called."*

The dispatcher will then conduct an alphabetical roll call of the NDMS participating hospitals. Each hospital is required to acknowledge when called. Any hospital failing to acknowledge will be re-called by radio individually. If the hospital still does not acknowledge, the dispatcher will telephone the hospital for clarification of the problem.

There are several area hospitals that participate in NDMS, but do not currently have Disaster Radio Network equipment. The Communication Center calls these hospitals by phone.

Approximately 15 minutes after activation, the HCCC dispatcher will access the Hospital Status/Disaster Website, initiate a radio call to any individual hospital that has not yet entered its bed availability counts into the website, and request that it do so. When all hospitals have reported their bed availability counts into the website, HCCC will initiate a Group Call to notify the hospitals that the NDMS test has been completed and that the Disaster Net is closed.

General Information for Hospitals

- Each hospital will have its own internal process for obtaining bed availability information, however, the In-Hospital Radio Operator will, depending on the time of the test or activation, typically notify either the director of nursing or the administrator-on-call that NDMS has been activated and that bed availability counts by category are needed. Each hospital will have pre-established which staff are to be responsible, 24/7, for entering the bed availability counts into the Hospital Status/Disaster Website.
- For NDMS situations, hospitals will enter the number of beds available for ONLY those categories listed under “NDMS” on the NDMS Hospital Bed Availability webpage: Medical/Surgical, Psychiatric, Burn, Pediatric, and Critical Care. (Hospitals may be asked to report the number of available beds in the other bed categories on the website, OB, Rehab, and Long-Term Acute in local hospital evacuation or other non-NDMS situations.)
- In actual activations (as opposed to tests), Wright-Patterson will notify HCCC that NDMS is being activated and that bed availability counts must be collected on a regular basis (e.g., on every shift, or once a day) for a specified period of time (e.g., for 2 weeks). HCCC will provide this information to participating hospitals when it makes the Group Call to initially request bed availability counts.
- HCCC will update hospitals whenever additional information is available. Patients who would be sent to the Greater Cincinnati area would typically arrive at and be distributed from the Greater Cincinnati/Northern Kentucky International Airport. As in local disasters, the Disaster Net would be activated and Net Control would assist personnel at the Airport as needed with communications to participating hospitals and with patient destination decisions.

Back-up Communications for the website

In the event of a website or electric utility failure, NDMS-participating hospitals will still be notified via the Disaster Net that there is an NDMS test or activation, but hospitals should prepare to report their bed availability counts via the Disaster Net instead of the website. Hospitals should use “SIDE 2: NDMS” of the “Green Form” (see Attachment VI) to collect bed availability information by category internally as indicated on the form.

If the electric failure is widespread or if the website server is not functioning, HCCC will request the bed availability counts by hospital in alphabetical order. If the failure is hospital-specific, HCCC will contact that hospital individually to request the counts.

System Deactivation

When all patients have been transported from the scene of the incident, Wright-Patterson Air Force Base will so advise the Hamilton County Communication Center which will relay that information to area hospitals. When all patients have been transported from the Airport, Net Control will so notify the hospitals and notify HCCC that the Disaster Net can be closed.

Evaluation

After an NDMS incident, participants will be asked to complete an evaluation form and/or participate in an After Action De-Briefing in order to improve communications in the future.

HOSPITAL EVACUATION SITUATIONS

In the event that a hospital must be totally or partially evacuated, the hospital may request that Hamilton County Communication Center (HCCC) activate the Disaster Network to assist with the distribution of patients to other facilities. Depending on the urgency of the situation, the incident may be treated more as a Local Disaster or more as an NDMS situation.

As in any local disaster or NDMS activation, HCCC will notify Disaster Network participants of the situation and alert the hospitals that they may be receiving patients. The 24 hour Communications Centers of University Air Care/Mobile Care or the Cincinnati Children's Hospital Medical Center StatLine will function as Net Control and participating hospitals will be expected to update their emergency department receiving capability and/or bed availability counts on the Health Council's Hospital Status/Disaster Website when their capability changes.

If the situation is urgent, the evacuating facility's patients will be managed as "disaster victims" who will be transported to other hospitals for triage and admission through their emergency departments. If the situation is less urgent, the evacuating facility's patients will be managed as stable transfers and be admitted through the receiving hospitals' admitting departments.

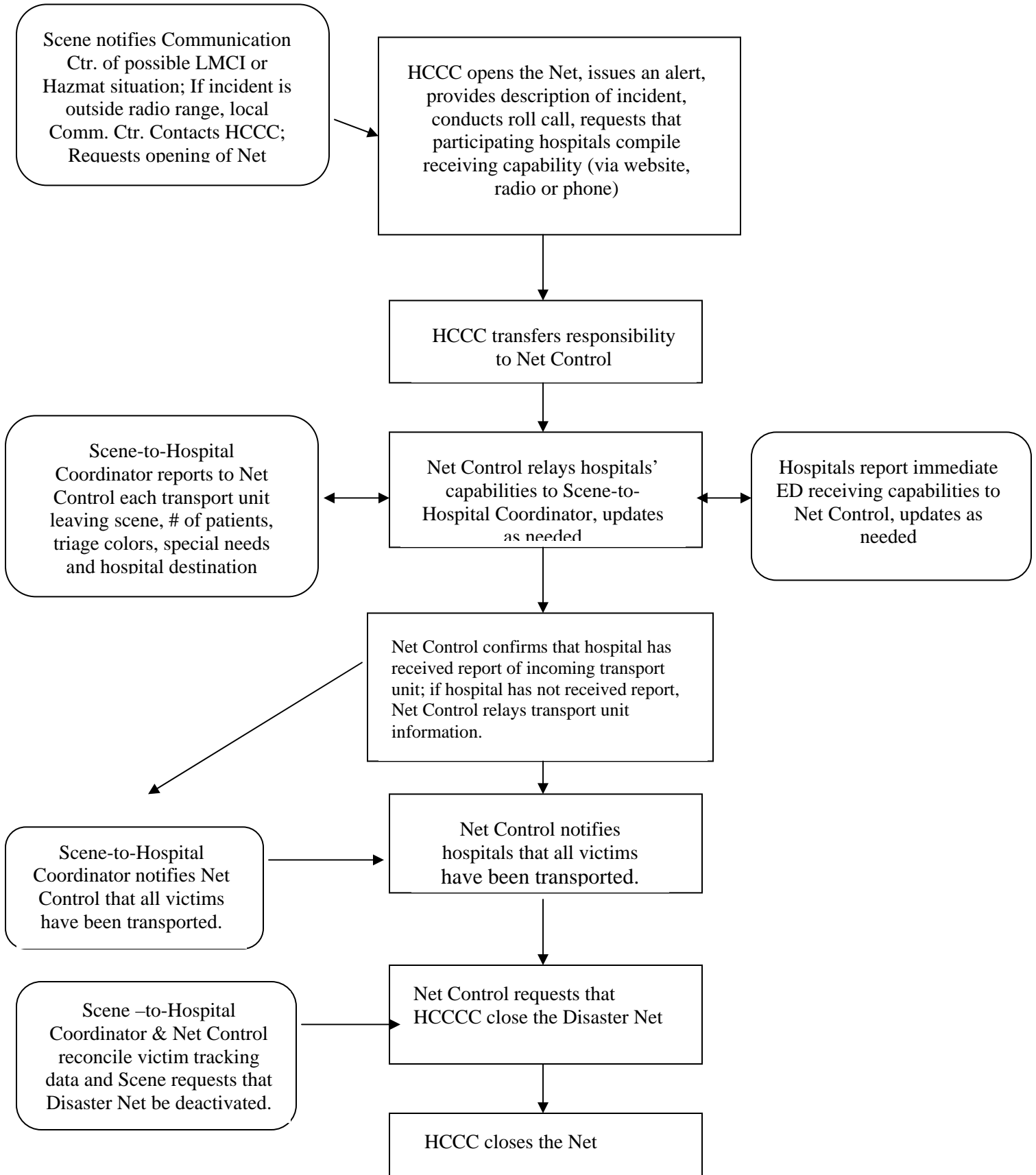
Given this possible variation, receiving hospitals may be asked to provide information on emergency department receiving capability and/or bed availability. If bed availability is needed, hospitals may be asked to report bed availability by any NDMS bed category (Medical-Surgical, Psychiatric, Burn, Pediatric, and/or Critical Care) and/or any of the additional categories listed on the NDMS/Hospital Bed Availability Status web page (OB, Rehab, and/or Long-Term Acute).

When all of the patients have been transported, HCCC or Net Control will notify participating hospitals that the Disaster Network is being closed.

After a hospital evacuation incident, participants will be asked to complete an evaluation form and/or participate in an After Action De-Briefing in order to improve communications in the future.

Disaster Radio Network

Communication Flow for Local Mass Casualty Disasters



SCENE-TO-HOSPITAL COORDINATOR

Scene-to-Hospital Coordinator: _____ (name)
You Report To Transportation Officer: _____ (name)
Command Post: _____ Disaster Net Radio Channel: _____
Net Control : _____ Telephone: 513-584-7522 (name)
Net Control – Back-up: _____ Telephone: _____ (name)

Mission: Functions within the Transportation Group on the scene. Work with NET CONTROL, the TRANSPORTATION OFFICER, and the ASSISTANT SCENE-TO-HOSPITAL COORDINATOR(S) to maintain and communicate the flow of transport units and victims to designated hospitals. Keep record of transport and victims leaving the scene.

Immediate

- ___ Receive appointment.
- ___ Read this entire Job Action sheet.
- ___ Put on position identification vest, if available.
- ___ Obtain a briefing; verify that Disaster Net has been activated, or initiate activation.
- ___ Verify which hospital sectors have been activated and circle on HOSPITAL GROUPS addendum form.
- ___ Identify any information that should be shared with the hospitals (hazmat, decon, bio-hazard, signs/symptoms, expected number of victims, etc.).
- ___ Establish communications (radio, phone) with NET CONTROL and provide additional information about incident.
- ___ Ascertain transport unit exit routes in cooperation with TRANSPORTATION OFFICER and law enforcement.
- ___ Select an appropriate location for transport units to report patient information and get hospital destination (may be in loading zone or at separate checkpoint).
- ___ Identify and secure Assistant(s) to keep records and/or operate the radio/telephone. (See ASSISTANT SCENE-TO-HOSPITAL COORDINATOR J.A.S.).
- ___ Delegate tasks to Assistant(s).
- ___ Obtain hospital capabilities from NET CONTROL.
- ___ Note hospital capabilities on “HOSPITAL CAPABILITY & PATIENT TRANSPORT RECONCILIATION SHEET”.

Intermediate

- ____ Prior to transport units leaving the scene, record the following information:
 - Transport unit name
 - Number of victims on board
 - Triage tag color of each victim (Red, Yellow, Green, or Black) and if the victims have special needs (e.g., burns, OB, head trauma, etc.)
 - The triage tag number for each victim
- ____ If possible, for each victim, also record:
 - Name
 - Age
 - Gender
- ____ Communicate transport unit name, number of victims, tag colors, special needs and hospital destination to NET CONTROL. NET CONTROL will either concur or suggest alternative destination with rationale. Agree on best destination and enter it on the log.
- ____ Keep appropriate section of triage tag with transport information/log.
- ____ Continue this process for each transport unit leaving the scene.
- ____ Use “HOSPITAL CAPABILITY & PATIENT TRANSPORT RECONCILIATION SHEET” to correlate number of patients sent in each color category with what hospitals can receive. Update form regularly.
- ____ Periodically check with the TRANSPORTATION OFFICER and get estimated number of victims still needing transport. Communicate that information to NET CONTROL.

Extended

- ____ Observe all staff and volunteers for signs of stress and inappropriate behavior. Provide rest periods and relief for staff.
- ____ After all victims have been transported, notify NET CONTROL of total number of victims on your log and number of victims sent to each hospital.
- ____ After all victims have arrived at the receiving hospitals, recommend that the Hospital Disaster Net be closed at NET CONTROL’S discretion.
- ____ Document any problems or suggestions for improvement.
- ____ Document names and affiliation of each person assisting.
- ____ Secure all paperwork, documents, tapes, etc. together
- ____ Contact the TRANSPORTATION OFFICER for further instructions.
- ____ Notify CISM of names of people working in and with this position.
- ____ Complete patient reconciliation with Net Control.
- ____ Complete Evaluation Form.
- ____ Other concerns:

NET CONTROL

Net Control: _____ (name)
Scene-to-Hospital Coordinator: _____ Phone/Radio: _____ (name)
Scene Location: _____
Scene Command Post: _____ Telephone: _____
Hamilton County Communications Center (HCCC): <u>(513) 825-2260</u>

Mission: Work with the SCENE-TO-HOSPITAL COORDINATOR to maintain and communicate the flow of transport units and victims to designated hospitals. Obtain and update each activated hospital's capacity to accept victims from the Health Council's Hospital Status/Disaster Website and/or radio or phone communications with IN-HOSPITAL DISASTER RADIO OPERATORS. Keep record of transport units and victims leaving the scene.

Immediate

- ___ Receive/accept this appointment.
- ___ Read this entire Job Action sheet.
- ___ Put on position identification vest, if available.
- ___ Notify Hamilton County Communication Center (HCCC) that you are available and ready to accept NET CONTROL.
- ___ Verify which hospital sectors have been activated and circle on HOSPITAL GROUPS addendum form.
- ___ Obtain a briefing from the SCENE-TO-HOSPITAL COORDINATOR, identify any information that should be shared with the hospitals (hazmat, decon, bio-hazard, signs/symptoms, expected number of victims, etc.), and broadcast that information to all hospitals via radio.
- ___ Identify and secure assistance to keep records and/or work the radio/telephone.
- ___ If not already established by HCCC, establish communications (radio or phone) with each hospital that will potentially receive victims and, if not already requested, ask them to enter their receiving capability on the Health Council's Hospital Status/Disaster Website (or as a back-up, complete the "LOCAL SIDE, SIDE 1" of the green DISASTER NET form and report the information via radio or phone).
- ___ Obtain activated hospitals' receiving capability from the Health Council's Hospital Status/Disaster Website at www.gchc.org (click on Disaster Net Login; then enter your username and password; screen with hospital's receiving capability will appear) or as a back-up, via radio or phone from each activated hospital.
- ___ Note hospital capabilities on "HOSPITAL CAPABILITY & PATIENT TRANSPORT RECONCILIATION SHEET".

____ Notify SCENE-TO-HOSPITAL COORDINATOR of hospital capabilities.

Intermediate

- ____ Receive notifications from the SCENE-TO-HOSPITAL COORDINATOR that there is a transport unit with victims that is ready to transport to an area hospital or that has already left the scene.
- ____ Record information provided from the SCENE-TO-HOSPITAL COORDINATOR about each transport unit:
- Transport unit name
 - Number of victims on board
 - Triage tag color of each victim (Red, Yellow, Green and Black) and if the victims have special needs (e.g., burns, OB, head trauma)
- ____ Receive SCENE-TO-HOSPITAL COORDINATOR'S determination of transport unit's hospital destination and either concur, or suggest an alternative hospital and state rationale. Reach agreement with COORDINATOR on best destination. Enter the destination on the log.
- ____ Confirm that receiving hospital has heard information about the incoming transport unit and victims or relay the information.
- ____ Continue this process for each transport unit leaving the scene.
- ____ Use "HOSPITAL CAPABILITY & PATIENT TRANSPORT RECONCILIATION SHEET" to correlate number of patients sent in each color category with what hospitals can receive. Update form regularly.
- ____ Periodically check with the SCENE-TO-HOSPITAL COORDINATOR and get estimated number of victims still needing transport. Broadcast this information to the hospitals on the Hospital Disaster Net.
- ____ Periodically throughout the incident, remind hospitals to notify NET CONTROL immediately if their capabilities change. Notify SCENE-TO-HOSPITAL COORDINATOR of any changes.

Extended

- ____ After all victims have been transported, request that each receiving hospital send, via fax, a list of the total number of Red, Yellow, Green and Black victims received by their hospital.
- ____ Notify the SCENE-TO-HOSPITAL COORDINATOR of total number of victims on your log and number of victims sent to each hospital.
- ____ Reconcile the list provided by the SCENE-TO-HOSPITAL COORDINATOR, the area hospitals, and your log. Clear up any discrepancies.
- ____ Receive recommendation from SCENE-TO-HOSPITAL COORDINATOR that the Disaster Net be closed; ensure that all victims have arrived at the receiving hospitals; notify HCCC that the Hospital Disaster Net can be closed.
- ____ Observe all staff and volunteers for signs of stress and inappropriate behavior. Provide rest periods and relief for staff.
- ____ Document any problem or suggestions for improvement.
- ____ Document names and affiliation of each person assisting.
- ____ Secure all paperwork, documents, tapes, etc. together and wait for further instructions.
- ____ Notify CISM of names of people working in and with this position as per hospital's policies.
- ____ Other concerns:

IN-HOSPITAL DISASTER RADIO OPERATOR

Hospital: _____

In-Hospital Radio Operator: _____
(name)

Net Control: _____ Telephone: _____
(name)

Fax Number: _____ (See Hospital Emergency Phone / Fax List Addendum
for fax #'s.)

Scene Location: _____

Hamilton County Communications Center (HCCC): (513) 825-2260

Mission: Enter your initial capacity to accept victims onto the Health Council’s Hospital Status/Disaster Website for NET CONTROL; update as changes occur. Work with the NET CONTROL to maintain and communicate the flow of transfer units and victims to your hospital. Keep record of transfer units and victims arriving at your hospital.

- Immediate
- _____ Receive/accept this appointment.
 - _____ Read this entire Job Action sheet.
 - _____ Put on position identification vest, if available.
 - _____ Work with the hospital emergency staff and administration to determine the hospital’s capability to accept victims and potentially activate disaster plan.
 - _____ Enter hospital’s victim receiving capability onto the Health Council’s Hospital Status/Disaster Website at www.gchc.org (click on Disaster Net Login; then enter your username and password; input number of Red, Yellow, Green and Black patients your emergency department can currently receive) or as a back-up, complete the “LOCAL SIDE, SIDE 1” of the green DISASTER NET form and report information to NET CONTROL (or Hamilton County Communication Center as back-up) via radio or phone.
 - _____ Be alert for broadcasts of additional information from the scene (hazmat, decon, signs/symptoms, expected number of victims, etc.) and share this information with the appropriate hospital staff.
 - _____ Identify and secure assistance to keep records and/or work the radio/telephone, if necessary.

Intermediate

- _____ Receive and record information about transport units and victims being sent to your hospital.
 - Transport unit name
 - Number of victims on board
 - Triage tag color of each victim (Red, Yellow, Green and Black) and if the victims have special needs (e.g., burns, OB, head trauma)
- _____ Provide the above information to registration or hospital TRIAGE OFFICER as soon as possible.
- _____ Report to NET CONTROL (via radio or phone) any changes in your capability to accept victims as soon as they occur.

Extended

- _____ Observe all staff and volunteers for signs of stress and inappropriate behavior. Provide for staff rest periods and relief.
- _____ Stay alert for any further notices or information until notified that the Hospital Disaster Net is being closed/deactivated.
- _____ Notify your INCIDENT COMMANDER when DISASTER NET has been deactivated.
- _____ Document any problems or suggestions for improvement.
- _____ Document names and affiliation of each person assisting.
- _____ Secure all paperwork, documents, tapes, etc. together and wait for further instructions.
- _____ Notify CISM of names of people working in and with this position as per your hospital policies.
- _____ Other concerns:

ASSISTANT SCENE-TO-HOSPITAL COORDINATOR

(More than one Assistant may be assigned)

Asst. Scene-to-Hospital Coordinator: _____ (name)
You Report To Scene-to-Hospital Coordinator: _____ (name)
Command Post: _____ Disaster Net Radio Channel: _____
Net Control: _____ Telephone: 513-584-7522 (name)
Net Control – Back-up: _____ Telephone: _____ (name)

Mission: Reports directly to SCENE-TO-HOSPITAL COORDINATOR. Assist with SCENE-TO-HOSPITAL COORDINATOR duties. Work with NET CONTROL and the TRANSPORTATION OFFICER to maintain and communicate the flow of transport units and victims to designated hospitals. Keep record of transport units and victims leaving the scene.

Immediate:

- _____ Receive appointment.
- _____ Read this entire Job Action sheet.
- _____ Put on position identification vest, if available.
- _____ Obtain briefing.
- _____ Assist in establishing and/or maintaining communications with NET CONTROL.
- _____ Assist in establishing a checkpoint for transport units exiting scene.

Intermediate:

- _____ Assist with record keeping for transport units and patients leaving scene.
- _____ Assist with communicating information to NET CONTROL.
- _____ Assist with determination of hospital destination.

- Extended:
- _____ Assist in assuring arrival of all transport units at destination hospitals.
 - _____ Assist with the compilation of all information and completion of reports.
 - _____ Record the names and positions of people assisting.
 - _____ Observe all staff and volunteers for signs of stress and inappropriate behavior and notify SCENE-TO-HOSPITAL COORDINATOR of such.
 - _____ Provide the list of helpers and all paperwork, documents, tapes, etc. to SCENE-TO-HOSPITAL COORDINATOR.
 - _____ Document any problems or suggestions for improvements.
 - _____ Other concerns:

**ASSIGNMENT OF SPECIFIC DUTIES SHOULD BE COORDINATED BETWEEN THE
“SCENE-TO-HOSPITAL COORDINATOR” AND ANY PERSONNEL ASSIGNED TO
ASSIST IN THIS POSITION**

ASSISTANT NET CONTROL

(More than one Assistant may be assigned)

Net Control Assistant: _____ (name)
Net Control: _____ Phone/Radio: _____ (name)
Scene-to-Hospital Coordinator: _____ Phone/Radio: _____ (name)
Scene Location: _____
Scene Command Post: _____ Telephone: _____
Hamilton County Communications Center (HCCC): (513) 825-2260

Mission: Work as assistant to NET CONTROL to help facilitate the timely flow of information to aid in the dispersing of victims to receiving hospitals.

Immediate

- _____ Receive/accept this appointment.
- _____ Read this entire Job Action sheet.
- _____ Put on position identification vest, if available.
- _____ Obtain briefing from NET CONTROL.

Intermediate

- _____ At the direction of NET CONTROL, obtain each activated hospital's capacity to receive victims from the Health Council's Hospital Status/Disaster Website at www.gchc.org (click on Disaster Net Login; then enter your username and password; screen with hospital's receiving capability will appear) or as a back-up, via radio or phone from each activated hospital.
- _____ At the direction of NET CONTROL, coordinate radio traffic between the SCENE-TO-HOSPITAL COORDINATOR and NET CONTROL.
- _____ At the direction of NET CONTROL, periodically check with each hospital regarding their continued capability to receive victims and notify NET CONTROL.
- _____ Assist NET CONTROL in any way possible.

Extended

- _____ After all victims have been transported and at the direction of NET CONTROL, request that each receiving hospital send, via fax, a list of the total number of Red, Yellow, Green and Black victims received by that hospital.
- _____ Record the names and positions of people helping with the NET CONTROL.
- _____ Observe all staff and volunteers for signs of stress and inappropriate behavior and notify NET CONTROL of such.
- _____ Provide the list of helpers and all paperwork, documents, tapes, etc. to NET CONTROL.
- _____ Document any problems or suggestions for improvements.
- _____ Other concerns:

**ASSIGNMENT OF SPECIFIC DUTIES SHOULD BE COORDINATED
BETWEEN “NET CONTROL” AND ANY PERSONNEL
ASSIGNED TO ASSIST IN THIS POSITION**

HOSPITAL BY GEOGRAPHIC GROUPS

Circle Which Hospital Group(s) Have Been Activated

ALL AREA HOSPITALS

CENTRAL GROUP

- Christ
- Good Samaritan
- Children's
- University
- VA

EAST GROUP

- Mercy Hospital Anderson
- Bethesda North Hospital
- Mercy Hospital Clermont
- Clinton Memorial Hospital
- Jewish Hospital
- St. Elizabeth Fort Thomas
- Cincinnati Children's Hospital Medical Center
- University Hospital

WEST GROUP

- Dearborn County Hospital
- Mercy Hospital Harrison
- Mercy Hospital Mt. Airy
- Mercy Hospital Western Hills
- St. Elizabeth Edgewood
- St. Elizabeth Florence
- Cincinnati Children's Hospital Med.Ctr.
- University Hospital

SOUTH GROUP

- Mercy Hospital Anderson
- St. Elizabeth Covington
- St. Elizabeth Edgewood
- St. Elizabeth Fort Thomas
- St. Elizabeth Florence
- Cincinnati Children's Hospital Med. Ctr.
- University Hospital

NORTHEAST GROUP

- Bethesda North Hospital
- Bethesda Arrow Springs
- Mercy Hospital Fairfield
- Jewish Hospital
- Atrium Medical Center
- Cincinnati Children's Hospital Med. Ctr.
- University Hospital

NORTHWEST GROUP

- Mercy Hospital Fairfield
- Ft. Hamilton Hospital
- McCullough-Hyde Memorial Hospital
- Atrium Medical Center
- Cincinnati Children's Hospital Med. Ctr.
- University Hospital
- West Chester Medical Center

Date: _____ Page: _____

Form completed by: _____

at: _____

**Greater Cincinnati Area
Incident Scene
Mass Causality Victim Tracking
Form**

Time	Scene Location	Transport Unit	Red	Yellow	Green	Black	Notes/comments	Hospital	Tag#	Patient Name

Greater Cincinnati Area

Hospital: _____

Mass Causality Victim Tracking Form

Date: _____ Page: ____ of _____

Form completed by: _____

at: _____ Scene _____
Hospital _____

Call back #: _____

Hospital Phone#: _____

ARC Liaison's Name: _____

Time	Scene Location	Transport Unit	RED	YELLOW	GREEN	BLACK	Notes/comments	Tag#	Patient Name	Arrival Time	Diagnoses	Disposition

CONFIDENTIAL INFORMATION

(USE ONE LINE PER VICTIM)

Side 1
LOCAL

LOCAL MASS-CASUALTY INCIDENT

Emergency Department Capability Form

This form is designed to assist hospitals in determining their capacity to receive patients from a local mass-casualty incident (LMCI) as a back-up to reporting receiving capability via the Health Council's Hospital Status/Disaster Website. In the event of a website or electric utility failure, your hospital will be notified via the Disaster Radio Network that there has been a LMCI and that your emergency department's receiving capability is needed in 15 minutes.

- Quickly complete this form; provide capability to Disaster Net dispatcher when asked.
- Contact Net Control whenever your capability changes with new ED capability numbers or when you have new information, such as: change in capability due to personnel or other resources; arrival of large numbers of privately transported victims; or identification of a biological, chemical, or nuclear contaminant
- If the incident involves hazardous materials or chemical, biological or nuclear weapons, field personnel will attempt to decontaminate victims at the scene. However, your decontamination policy and facilities should be activated and staffed to perform definitive decontamination procedures and/or to manage privately transported victims.
- If your radio is inoperable, call the Hamilton County Communication Center Supervisor at (513) 825-2260. Report the radio problem, say that you will FAX this completed form to the Center at (513) 595-8457, and state what alternative means should be used to communicate with you. Call your contract radio service for repairs.

Hospital: _____ **Date:** _____ **Time:** _____

Number of Patients Emergency Department Can Receive by Field Triage Type*:

Red Victims _____ **Yellow Victims** _____ **Green Victims** _____

Hospital can receive surgical patients within 30 minutes: **Yes** **No**

Hospital has inpatient OB capability: **Yes** **No**

Hospital had inpatient pediatric capability: **Yes** **No**

Jan. 2005

*** Field Triage Definitions:**

- **Red (First Priority)** – Patients have serious, life threatening injuries, but are salvageable if immediately transported to a hospital to receive lifesaving, definitive care.
- **Yellow (Second Priority)** – Patients have serious, potentially life threatening injuries, but can be managed and stabilized for a short period in the field treatment area. Transport to a hospital can be delayed, but not for long.
- **Green (Third Priority)** – Patients have injuries that are not life threatening. Patients can be managed for even a lengthy period of time in the field and will be the last ones transported .

COPY THIS FORM AS NEEDED ON GREEN PAPER ONLY

• Keep With Your Disaster Radio •

(Please turn over for the **NDMS Bed Availability Inventory Form.**)

NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

Bed Availability Inventory Form

This form is designed to assist hospitals in determining their capacity receive patients from a NDMS situation as a back-up to reporting bed availability via the Health Council's Hospital Status/Disaster Website. In the event of a website or electric utility failure, your hospital will be notified via the Disaster Radio Network that NDMS is being activated and that your hospital's bed availability needs to be reported in 15 minutes. Updated bed information may also be requested periodically in the days following NDMS activation.

- Follow your hospital's protocol to obtain and complete the information requested on this form, including the date and time.
- Provide this information to the Disaster Net dispatcher via radio when asked.
- If your radio is inoperable, call the Hamilton County Communication Center Supervisor at 513-825-2260. Report the radio problem, say that you will FAX this completed form to the Center at 513-595-8457, and state what alternative means should be used to communicate with you. Call for repairs.

Hospital _____ Date _____ Time _____

Staffed* Bed Availability by Category

- 1. Medical/Surgical** _____
- 2. Psychiatric** _____
- 3. Burn** _____
- 4. Pediatrics** _____
- 5. Critical Care**** _____
- _____
- _____

* Staffed means staff will be present in the facility or on-call to provide care for the potential patient arrival for the shift 24 hours from the time of the alert and radio call.

** Include in Critical Care beds available all types of critical care; do not include telemetry or step-down beds.

Form revised: January 2005

COPY THIS FORM AS NEEDED ON GREEN PAPER ONLY

• KEEP WITH YOUR DISASTER RADIO •

(Please turn over for information about communications during a LOCAL disaster.)

Greater Cincinnati Health Council
Emergency Department Phone and Fax Numbers

Updated March 2009

HOSPITAL	PHONE	FAX	LOCATION
Adams County	(937) 386-3600 (937) 386-3603	(937) 386-3629.....	E.D. Office E.D.
Atrium Medical Center	(513) 420-5017 (513) 424-2111	(513) 420-5753..... (513) 420-5133..... Switchboard.	E.D. Office E.D.
Bethesda North*	(513) 865-1112 (513) 865-1200	(513) 865-1408.....	E.D.
Bethesda Arrow Springs*	(513) 282-7200	(513) 282-7220.....	E.D.
Brown County	(937) 378-7794	(937) 378-7790.....	E.D.
Children's*	(513) 636-4293 (513) 636-4718	(513) 636-8914..... (513) 636-8725..... (513) 636-4050.....	E.D. Front E.D. Back Stat Line
Children's Liberty Campus	(513) 636-4293	(513) 636-4050.....	E.D.
Christ*	(513) 585-2235	(513) 585-0347.....	E.D.
Clinton Memorial	(937) 382-9257 (937) 382-9258 1-(800) 959-5433	(937) 382-9254.....	E.D.
Dearborn*	(812) 532-2700 (812) 537-8240	(812) 537-1507..... (812) 539-4972.....	E.D. Nurses E.D. Clerk
The Fort Hamilton*	(513) 867-2254 (513) 867-2270	(513) 867-2581.....	E.D.
Good Samaritan*	(513) 862-2536	(513) 862-2347.....	E.D.
Greenfield	(937) 981-9254	(937) 981-9238.....	E.D.
Highland District	(937) 393-6140	(937) 393-6333.....	E.D.
Jewish*	(513) 686-3204	(513) 686-3102.....	E.D.

Margaret Mary	(812) 933-5148	(812) 934-4134.....E.D. Clerk (812) 933-5292.....E.D. Nurse
McCullough-Hyde*	1-(513) 524-5353 Local – (513) 523-2111	(513) 523-0144.....E.D. (switchboard)
Mercy Anderson*	(513) 233-6506 (513) 624-4083	(513) 624-4810.....E.D.
Mercy Clermont*	(513) 732-8215 (513) 732-8206 Automated	(513) 732-8313.....E.D.
Mercy Fairfield*	(513) 870-7001	(513) 603-8606.....E.D.
Mercy Mt. Airy*	(513) 853-5222	(513) 853-7856.....E.D. ¹
Mercy Western Hills*	(513) 389-5222	(513) 389-5232.....E.D.
Mercy Harrison*	(513) 367-2222	(513) 367-8018.....E.D.
St. Elizabeth Covington*	(859) 292-4353	(859) 292-4204.....E.D.
St. Elizabeth Edgewood*	(859) 301-2250 (859) 301-2640	(859) 301-2022.....E.D. Major (859) 301-2650 E.D. Minor
St. Elizabeth Grant	(859) 824-8114	(859) 824-8143.....E.D.
St. Elizabeth Ft. Thomas*	(859) 572-3618	(859) 572-2366.....E.D.
St. Elizabeth Florence*	(859) 212-5441	(859) 212-4337.....E.D.
University* Air Care & Mobile Care	(513) 584-2630 (513) 584-2273	(513) 584-2642.....E.D. (513) 585-5010 Air/Mobile Care Administration (513) 584-5533 Air/Mobile Communication Ctr.
VA Medical Center*	(513) 475-6511	(513) 475-6512.....E.D.
West Chester Medical Ctr.*	(513) 298-8800 (513) 298-8888	(513) 298-9990.....E.D. Main E.D. Squad

¹ Those hospitals that are on the Disaster Radio Network

* NDMS Hospitals

^ Effective 12/9/07 Middletown Regional Hospital became Atrium Medical Center.

HISTORY OF THE HAMILTON COUNTY DISASTER RADIO NETWORK

During the late 1950's, representatives of the Office of Civil Defense, the Academy of Medicine, the American Red Cross, the Greater Cincinnati Hospital Council, and City of Cincinnati government officials developed an Emergency Medical Services Plan. The Plan provided for coordination among area hospitals and the Cincinnati Police and Fire Departments in managing the victims of a multi-casualty disaster. According to the Plan, the Police Department's communications center was to notify Cincinnati General Hospital (now University Hospital, Inc.) of the emergency and General Hospital would, in turn, contact the other hospitals by telephone to determine how many victims each could handle.

In 1965, the Office of Civil Defense converted old radio equipment to 110 volts and installed radio units at the following locations: General Hospital, Bethesda Hospital (Bethesda Oak Hospital), The Christ Hospital, Good Samaritan Hospital, Jewish Hospital (now the Alliance Business Center), St. Francis Hospital (now Mercy Hospital Western Hills), Civil Defense Headquarters, and in a mobile unit to be dispatched, if necessary to the disaster location. This emergency radio network thus became one of the first of its kind in the nation.

With the addition of new members to the planning group, the Emergency Medical Services Committee changed its name in 1965 to the Hamilton County Disaster Planning and Coordinating Council (Disaster Council). The Disaster Council then adopted the Hamilton County Natural Disaster Plan which was patterned after the earlier one adopted for the City of Cincinnati.

In 1967, the Disaster Council decided to link the emergency radio network with the Hamilton County Communication Center and to purchase new, more sophisticated equipment that would be compatible with the Communication Center's equipment. Purchase and installation of the equipment was made possible through a grant from the Proctor and Gamble Foundation. This provided a communication link with fire and police departments as well as with the majority of ambulances and rescue squads in Hamilton County in addition to communication with the hospitals.

From the mid-sixties, the Disaster Radio Network was used to communicate about such major incidents and disasters in the region including:

- *Airliner Crash*, Constance, KY, November 9, 1965
- *Tornado* in Reading & Madeira, OH, August 9, 1969
- *Tornadoes* throughout Hamilton County, OH, April 4, 1974
- *Fire at Beverly Hills Supper Club*, Southgate, KY, May 28, 1977
- *Tornado* at Seville Court, Green Township, OH October 1, 1977
- *Who Concert* at Riverfront Coliseum, OH, December 3, 1979
- *Tornado* in Reading and Lockland, OH, June 2, 1980
- *FBI Plane Crash* in Montgomery, OH, December 16, 1982
- *Air Canada Fire* at Gr. Cincinnati/Northern Ky. International Airport, June 2, 1983
- *Tornado* in Harrison, OH, June 2, 1990
- *Explosion* at BASF, Cincinnati, OH, July 20, 1990

Over the same time period, the Disaster Council continued to authorize the addition of new participants on the Disaster Radio Network and to improve communication equipment. In 1982, the Disaster Council authorized the City of Cincinnati to install a new radio in its mobile unit and in 1983, authorized the Greater Cincinnati/Northern Kentucky International Airport to install a new radio in its Command Post/Disaster Trailer. Also in 1983, the Civilian Military Contingency Hospital System (which later became the National Disaster Medical System (NDMS)) conducted its first exercise in Greater Cincinnati on May 7. Later that same year, the Disaster Council issued a revised Disaster Net Operating Guide in which University Hospital was designated as Net Control.

In 1984, the Disaster Council authorized Providence Hospital's (now Mercy Hospital Mt. Airy) then new Medi-Center in Harrison, OH and Our Lady of Mercy Hospital in Anderson Township (now Mercy Hospital Anderson) to install Disaster Net radios.

The next year, new consoles were installed at the Hamilton County Communication Center that, for the first time, provided a back-up for the AMCOR alerting system of the Disaster Radio Network.

The Disaster Council again revised the Disaster Net Operating Guide in 1993 and also authorized St. Elizabeth Hospital to add its mobile unit to the list of Disaster Radio Network participants. In 1994, participants on the Disaster Net were asked to replace their alerting equipment with new "Quick Call 1" units and in 1996, the AMCOR Paging Terminal at the Hamilton County Communication Center was replaced with a new, redundant Unipage device.

In subsequent years, the Disaster Council authorized the addition or relocation of a number of participants on the Disaster Net including:

- Relocation of the US Weather Service radio to the Airport Police Department, 1994
- Installation of new radios at Bethesda Warren County, OH (now Bethesda Arrow Springs), and Fort Hamilton-Hughes Memorial Hospital (now Ft. Hamilton Hospital), Hamilton, OH, 1995
- Installation of new radios at McCullough Hyde Hospital, Oxford, OH and Middletown Regional Hospital, Middletown, OH, 1996
- Installation of a new radio at Clinton Memorial Hospital, March 2007

In preparation for potential multi-casualty disasters at the 1996 summer Olympics in Atlanta, the Department of the Air Force scheduled NDMS tests throughout the spring and summer. Bi-monthly during that period, hospitals reported their bed capacities via the Disaster Radio Net to Wright Patterson Air Force Base and from there to the Global Patient Movement Center in Illinois. More timely bed capacity reports were received from the Disaster Radio Network participants than from any other part of the country.

The Disaster Radio Network is also used for all major disaster exercises in the region. For example, in 1995, the Disaster Net was used in a drill at King's Island at which there were nearly 300 simulated victims. In addition, the Greater Cincinnati/Northern Kentucky International Airport Fire Department conducts a full-scale exercise every 3 years in which an airline disaster is simulated and the Disaster Net is used to communicate information regarding the 100 to 200 simulated victims that are actually transported to area hospitals.

In July 2003, Hamilton County implemented Phase II of its 800 MHz trunked radio system. The system was designed to provide interoperability to all public safety users in Hamilton County. The

system was also designed to support the Disaster Radio Network and provide communications between EMS units and hospital emergency rooms for day-to-day operations and disasters. By mid-2005 when the City of Cincinnati plans to complete implementation of its 800 MHz trunked system on-line, there will be county-wide voice radio interoperability through-out Hamilton County.

In 2004, Hamilton County received UASI (Urban Area Security Initiative) grant funds to integrate data into the existing 800 MHz voice radio system. This data system will serve all fire and EMS agencies in the County plus all Tri-state hospitals, the Drug and Poison Information Center, EMA, the County Engineer, Hoxworth Blood Center, Red Cross, and Greater Cincinnati HazMat Inc. for daily use. The system will be invaluable for local agencies in the event of a mass-casualty and/or Homeland Security incident. For the future, system designers envision CAD dispatch data, patient information, crash data, and on-scene EMS data being digitally forwarded to the receiving hospitals.