**FOX VALLEY REGIONAL MEDICAL COORDINATION CENTER PLAN**



November 2022 v3

RMCC INTRODUCTION

In the event of an emergency that severely impacts one or more communities or organizations a Regional Medical Coordination Center (RMCC) can be used to efficiently coordinate the distribution of all effected patients to appropriate points of care. Identifying the appropriate clinical match for the patient to receive the most appropriate care is vital to ensuring the safety and health of the patient. Distributing the patients appropriately around a region or state is crucial to sustaining the operations of the healthcare system during an emergency.

This plan outlines the roles and responsibilities along with the coordination structure for a Region 6 Regional Medical Coordination Center (RMCC) to manage the distribution of patients around the region in the event of an emergency. Region 6 is comprised of 9 counties, with 13 hospitals. A request for RMCC support needs to come from the organization requesting assistance.

ThedaStar dispatch will assume the responsibility of activating the RMCC team. The HERC paid staff or staff on call will coordinate and provide guidance to the requesting facility in Region 6.

This plan defines roles and responsibilities of response agencies including the coordination of healthcare, public health, local DMCCs, Emergency Medical Services (EMS), emergency management, and other regional and sub-regional partners.

PURPOSE

The RMCC will assist to place patients based on need during an mass casualty incident (MCI),Surge event or healthcare facility evacuation at the healthcare facility most appropriately able to care for them in the most efficient amount of time using the guidance provided by volunteer hospitals. Additionally, the RMCC system aims to minimize secondary transfers by working with EMS to make the initial patient placement match available resources.

The Region 6 Healthcare Coalition (FVHERC) chose to use a regional approach to the RMCC in Region 6 to increase relationships between regional hospitals. It also allows for an improved hospital-to-hospital education and communication process, outlined in the roles and responsibilities section of this document.

SCOPE

The *Region 6 RMCC Response Plan* is a standalone document, though related to the *FVHERC Preparedness and Response Plan*. This plan is applicable in any response requiring patient distribution that exceeds the capability of a single hospital to receive patients from a single or co-concurring incident. There is no specific number or type of patients that may trigger the activation of the RMCC. This plan is applicable for the coordination of the distribution of patients from hospitals or a long-term care facilities (LTC), which may include skilled nursing and assisted living residents, or psychiatric inpatients is within the scope of responsibility for the RMCC.

Example scenarios when the RMCC might be activated may include but are not limited to:

* Any event with specialty medical patients (burn, blast, balloon pump, hazmat)
* Any Mass Casualty Incident (MCI)
* An Active Threat incident
* Evacuation of one or more hospital/LTC
* Hazmat incident (e.g. sarin gas)
* Infectious disease outbreak (may be a prolonged event)
* Any event producing a volume of patients that is beyond the scope of a single receiving hospital
* An equipment or supply shortage

It is intended that this plan is compatible with federal and state emergency response plans, promotes the coordination of an efficient and effective response by utilizing the concepts outlined in the National Incident Management System, and establishes common goals, strategies and terminology with other state and local plans.

PLANNING ASSUMPTIONS

Planning assumptions for this plan include:

1. Activation of the local RMCC will be reserved for events where local healthcare capacities have exhausted all resources to manage patient distribution on their own or if there is more than one facility involved.
2. Activation of the RMCC will be reserved for events when local healthcare has exhausted all resources to manage patient surges and staffing.
3. The number of patients that may exceed local capabilities will vary by location. The RMCC will default to the judgment of the affected agencies regarding the need for RMCC activation to support patient movement, even if the number of patients involved is less than conventionally expected.
4. The RMCC will coordinate directly with locations that need to transport a small or large number of patients. This could include hospitals, alternate care facilities (ACFs), long-term care facilities and field treatment sites. Medical/MD oversite will be part of the decision making.
5. RMCC will rely on coordinating agencies for allocation of resources and transportation (i.e. EMS Dispatch and emergency management).
6. RMCC is not responsible for and will take no part in the tracking of patients.

CONCEPT OF OPERATIONS

To activate the RMCC, call the local RMCC number below and state “This is an emergency. I need to contact the Regional Medical Coordination Center representative.” The caller will be asked a series of questions to gather information and begin the process.

**Implementation Procedure**

***Procedure Overview***

The local RMCC process is focused on ensuring patients get the best care by support hospitals and Dispatch centers in identifying the most appropriate healthcare facilities for patients during an emergency. The basic outline of the procedure for ensuring this process is:

* Local RMCC system is notified of a potential or actual disaster.
* Local RMCC completes an Alert Call Data Sheet (see *Attachment A*) as necessary
* Using EmResources, RMCC alerts impacted/necessary hospitals about actions that need to be taken (updates to EMR, census, etc).
* In an effort to minimize secondary transports, local RMCC assess the capabilities at relevant hospitals to determine the best plan for patient distribution.
* Local RMCC will communicate with transferring facility to distributes patients and ensures receiving hospitals are notified of patient disposition. Below is graphic overview of the process. L

***Mass Casualty Incident Activation***

EMS Dispatched will contact the RMCC immediately with what information they know.

Notification of medical surge may come from a number of sources:

* On-scene Incident Command (IC)
* Emergency Communication Centers / Dispatch
* Emergency Operations Centers / Emergency Coordination Center (EOC / ECC)
* Local hospital(s) or clinic(s) in Region 6
* Emergency Management
* Public Health
* Any healthcare provider within Region 6 whose response capacity is exhausted

Once an MCI event has been confirmed, the EMS service/shift supervisor shall be notified, and additional staffing will be established as needed in Dispatch to manage patient placement responsibilities. The shift supervisor will contact the local RMCC to inform them that an MCI event has occurred or is possible.

The RMCC, FVHERC on call member or requesting agency will utilize EmResource to alert receiving hospitals that an MCI event has taken place and to provide situational awareness by completing a prepopulated template stored in EMResource. The alert should be sent as soon as possible. Additional information should be provided through the alert update function and not by sending new alert messages. The RMCC will also open a virtual Command Center to serve as the virtual command center for sharing information. This will be done via GOTO MEETING Command Center

**RMCC virtual Incident Command**  
  
Topic: FVHERC RMCC activation line

Time: This is a recurring meeting Meet anytime

Join Zoom Meeting

<https://us06web.zoom.us/j/89315254955?pwd=MW1yNlI2Z2psNjBhaGg4N3VyeldBQT09>

Meeting ID: 893 1525 4955

Passcode: 027691

One tap mobile

+13017158592,,89315254955#,,,,\*027691# US (Washington DC)

+13092053325,,89315254955#,,,,\*027691# US

When EMResource alert is received, receiving hospitals shall review the alert and immediately evaluate their current emergency department capabilities and status and implement medical surge plans to prepare for receiving patients. Receiving hospitals should contact the local RMCC to inform them of any variations to their patient placement capabilities. Do current capabilities reduce their ability or improve their ability to receive patients. Hospital status updates can also be posted in EMResource to help guide EMS in patient placement decisions.

***Patient Placement***

The transport officer on scene will be responsible to provide Dispatch with accurate patient estimates to help guide patient placement decisions. Initial situational awareness information will be communicated by EMResource to relevant healthcare facilities in Region 6. Dispatch shall communicate patient estimates and on scene situational awareness using the EmResource Update Function. The local RMCC will utilize information received from hospitals as well as EmResource bed status and ZOOM meeting Command Center to evaluate hospital capacities and capabilities to inform placements beyond the initial placement ratios. The local RMCC lead shall monitor available healthcare system status to provide guidance to Dispatch on patient placement strategies based on current system capacities.

EMS transportation officers shall track patient placement using the Patient Placement process to assure equal and proportionate distribution of patients as possible. Accurate patient placement is crucial in assuring that the integrity and capabilities of hospitals are maintained so that patients can receive the appropriate care in the shortest time possible. Overloading any one facility may result in treatment delays and additional unnecessary secondary transfers. Consideration of distributing RED patients equally to allow the Level 2 trauma center to ramp up for potential trauma transfers after stabilization.

In the event of a hazardous materials MCI event requiring hospital decontamination, the EMS officer shall coordinate with the local RMCC to coordinate patient placement to reduce the burden on hospitals and their need to prepare and set up hospital mass decontamination systems.

The transport officer shall inform Dispatch when the last patient has been transported from the scene. EMS will notify hospitals, including local RMCC that the scene has been cleared and all patients have been transported. The RMCC will use a EmResource Alert to updates to update patient placement counts and to inform hospitals when the last patient has left the scene.

Once the scene has been confirmed clear of patients, the RMCC will utilize an EmResource Alert to inform receiving hospitals that they are standing down and that any further patient placement work will be coordinated by the local RMCC. The local RMCC will continue in the roll of local RMCC until they notify hospitals and 911dispatch they are standing down their role depending on need for additional patient transfers and coordination.

***Patient Transport***

EMS units responding to the scene shall report to the on-scene transport officer to receive patients for transport. The transport officer will identify patients to be transported for that unit. Patients may be grouped based on treatment needs and destination location. EMS units shall receive patients and transport them to the assigned destination. Once in transit, EMS units shall notify receiving hospital with patient information so the receiving hospital can prepare for the patient’s needs. Patients should be identified as coming from the MCI event for patient tracking purposes along with the triage color.

The transport officer should attempt to coordinate patient transport allowing families/children to be located at the same receiving hospital as much as possible.

***Management and Coordination of Transportation Assets***

During a local RMCC activation there may be a need for extensive numbers and types of transportation assets required to move patients. Transportation assets that may be needed could include ground and air assets. The local RMCC does not coordinate ground or air transportation assets. The local RMCC identifies the appropriate transportation destination. EMS Dispatch and Air Medical will be responsible for identifying transportation assets.

***Coordination***

When a MCI event has been determined, RMCC or EMS will contact the Emergency Department at the appropriate hospital serving as the area’s Base Hospital who will activate the local RMCC as redundancy. The local RMCC may utilize EmResource, telephone or other communication strategies to inform the house supervisors of the appropriate Region 6 Hospitals that an MCI event or healthcare facility evacuation has occurred. If an EmResource alert has not already been issued from the RMCC. The initial communication will be to inform hospitals of the event and to request WITrac updates for agency status, bed availability and available specialty services to assess each hospital’s current treatment capabilities and facility capacities to help guide patient placement decisions. The local RMCC will continue to communicate with area hospitals as needed to share situational awareness from the scene as provided by Dispatch as well as continually assessing treatment capabilities of each receiving facility to guide patient placement decisions.

The local RMCC shall maintain communication with EMS on behalf of the healthcare system and provide guidance to EMS for patient placement decisions. If a hospital is being too heavily impacted, patient placement shall be adjusted to hospitals that have more capability and capacity to assure patients receive the best care in the shortest time.

During the MCI or healthcare evacuation event, the local RMCC will serve as the point of contact for situational awareness for healthcare partners. EMS will provide updated information from the scene to the RMCC as information is made available. This allows the local RMCC to share consistent accurate information with healthcare facilities, so they understand the breadth of the response and the potential healthcare needs of incoming patients. Receiving hospitals should contact the local RMCC with situational awareness questions or updates as the healthcare point of contact to Dispatch. This can be done on the GOTO Meeting platform. EMS will not have the capacity to respond to multiple inquiries or maintain communications with multiple healthcare partners while placing patients, so coordination of situational awareness is critical. If the event’s duration extends beyond a single incident or occurrence the local RMCC will activate the Region 6 HCC situational awareness process to allow for a larger, more comprehensive, information documentation and sharing process to support decision making. The local RMCC will contribute to and rely on the information gathered and distributed by the FVHERC’s essential elements of information (EEI) process.

Once all patients have been removed from the scene, RMCC will inform impacted hospitals through EmResource that the scene is clear and patients have been distributed and provide a final patient placement count for receiving hospitals.

The local RMCC shall remain standing for a duration to assist in secondary transfers as needed to assure appropriate care for patients. The local RMCC shall use EmResource to inform hospitals that the incident is closed and the local RMCC is standing down.

***Receiving Hospital***

Receiving hospitals shall be responsible for responding to alerts by providing facility updates regarding capabilities and capacities to receive patients from an MCI event. Receiving hospitals will also be responsible for immediately updating EmResource Status, Bed Status and available specialty services upon request in response to an MCI event or exercise and maintaining EmResource updates as appropriate. Receiving Hospitals shall also join the ZOOM meeting command Center when activated by EMS or local RMCC.

The local RMCC will guide patient placement based on facility information provided by hospital contacts. Hospital contacts need to provide clear facility information of current capabilities and capacities and any impacts that may reduce their ability to receive patients using EmResource or telephone communication directly with the local RMCC. This will assure that hospitals maintain the ability to accept any and all patients sent to their facility.

During an MCI event, every facility may receive patients that exceed their comfort level for care. Through clear communication of capabilities, patient placement can be achieved so that every patient receives the appropriate care in the shortest time, reducing wait times and secondary transfer as much as possible.

The local RMCC/EMS will be providing current updates regarding the MCI scene to hospitals as much as possible using EmResource. If the receiving hospital has questions or needs information from the scene for patient care purposes, they should forward questions to the local RMCC who will facilitate information gathering and sharing on behalf of the healthcare system. Furthermore, if receiving hospitals identify patient care needs that are relevant to the incident scene or need to be communicated to the first responders, they should contact the local RMCC, who will forward that information to the scene via Dispatch.

Receiving Hospitals are responsible for identifying patients received from any MCI event. Each facility shall be responsible for coordinating patient tracking within their facility for all patients received from an MCI event using the EmResource patient tracking module in compliance with the Region 6 Patient Tracking Protocol. (still in development) This system will allow response partners to know where patients have been placed as well as assist in family reunification. Hospitals shall enter hospital patient tracking information and the MCI incident triage number if assigned at the scene into the EmResource Patient Tracking Module within 2 hours of receiving the patient.

Hospital may receive information during an MCI from EmResource, telephone, or WISCOM. When information is received by a facility regarding patient placement or patient treatment needs, the receiving hospital shall acknowledge to the information sender that the information was received using the same communication technology.

***Deactivation***

Dispatch will continue to place patients with guidance from the RMCC until the scene has been cleared. The Transport Officer shall inform Dispatch when the final patient has been transported and the scene is cleared. Dispatch shall post to EmResource alert update when the scene has been cleared and all patients have been placed, along with a final total of patients placed at which facility. This notification shall include a statement that Dispatch is standing down and patient placement responsibility is transferred to the local RMCC.

The local RMCC may serve a longer-term role in assisting in assuring patients are placed appropriately. There may be a need for secondary transfers to assure appropriate patient care.

The local RMCC shall remain operational until it is determined that all patients have been placed at the appropriate level of care and that no further immediate transfers are required. Once the local RMCC consults with receiving hospitals to determine that patients are placed in their final destination and that no further secondary transfers are necessary, local RMCC shall post an alert update to EmResource indicating that they are standing down and the event is complete.

***Communications Systems***

**A. EMResource**

EmResource is a vital tool in the execution and success of the local RMCC. In a local RMCC activation EmResource may be used in the following ways.

* Alert all healthcare and hospital partners around the sub-regional area of the activation of the local RMCC.
* Request all hospitals to update their bed availability and agency status at the beginning, and periodically throughout, the activation.
* Tracking of all patients associated with the incident.
* Tracking of the availability of specialists at hospitals (if applicable).
* Communications of facility status throughout the incident.
* Alert of the demobilization of the local RMCC at the end of the incident.

**B. Redundant Communications**

As the primary organizations of the FVHERC hospitals, will maintain sufficient redundant communications equipment, processes, and trained personnel to appropriately communicate with local coalition partners for local RMCC operations. The local RMCC facilities currently uses, has, or maintains the following redundant communication systems:

* Traditional phone (and cell phones, where available)
* WISCOM
* EmResource
* Radio Systems (HAM, ARES/RACES)

All hospitals around the region should similarly maintain sufficient redundant communications to be able to respond to any requests or communications from the local or Region 6 RMCC but this may not include all modes of communications identified above.

ROLES AND RESPONSIBILITIES

The role of local RMCC is a voluntary community service intended to provide the best patient outcomes in a high demand period. Many partners including county emergency management, state emergency management, county public health, state department of health, first responders, EMS, Critical Access Hospitals, long-term care facilities, transplant centers, dialysis, home health, etc. rely on this service as an integral function in their emergency response plans. Although voluntary, this role is an essential function to ensure patient safety during a medical surge event. As such, local RMCC facilities are expected to maintain capabilities during regular operations and during response periods using the following best practices:

**FVHERC RMCC Responsibilities**

Local RMCC hospitals should reference the FVHERC regional preparedness plan and response plan. Primary Function

* Notification of partners
* Situational Awareness
* Communication with partners, including state
* Resource and asset assistance

**ThedaStar Dispatch**

Dispatch provides a central point of contact for coordination between the RMCC and the requesting agency.

**Transport Officer**

The transport officer on scene will be responsible to provide the RMCC with accurate patient estimates to help guide patient placement decisions through EmResource.

**Local Hospitals**

* Respond to any requests received by the local RMCC (updating bed status, etc).
* Complete a Facility Situation Report survey in EmResource or on GOTO MEETING**.**
* Prepare to receive and provide care for a variety of potential patients.
* Advise local RMCC when the hospital capacity for a particular category of patients has been exceeded. In a disaster situation when all hospitals have exceeded their capacity, local RMCC will continue assigning patients to hospitals based on the immediate care needs of the patients and the capacity of facilities to provide that care.
* Maintain redundant communications systems.
* Maintain close coordination with local RMCCs, local Fire/EMS, and LHDs.
* Ensure all patients are banded using a unique identifier if not already completed by EMS. If already banded, ensure to take note of the unique identifier in EmResource patient tracking.
* Responsible for the tracking of all transported and received patients, utilizing EmResource if available.
* Notify local RMCC if a patient that was designated to come to the facility does not arrive.
* Notify local RMCC if the facility receives a patient that was not assigned to the facility.
* Acknowledge receiving the “disaster scene all clear” message and confirm that the facility is to resume normal operations. “Disaster scene all clear” message means that all patients have been transported & local RMCC has confirmation of arrival at receiving hospitals.

**Local Emergency Management (Local EM)**

* Coordinate with local Fire/EMS concerning the coordination and management of transportation assets to support the movement of patients distributed by the local RMCC.
* Will contact the RMCC as appropriate.
* Coordinate with the LHD and/or the local RMCC to support operations as appropriate.

**Local Emergency Medical Services (EMS)**

* Provide care to patients being transported through the local transportation process.
* Coordinate with RMCC to support the coordination and management of transportation resources required for the movement of patients distributed.
* Coordinate with local receiving hospitals to communicate the arrival of patients to those facilities. (fast concise reports)
* Ensure all patients are banded using a unique identifier to facilitate patient tracking.

**Regional Healthcare Coalition**

* Support local RMCC and healthcare organizations within their region as appropriate.
* Activate Essential Elements of Information response process if requested

TRAINING AND TECHNOLOGY

Each entity serving a role in MCI response are responsible to identify staff responsible for receiving alerts via EmResource to assure that your facility will receive alerts and determine their internal policies for responding. It is the facilities responsibility to assure that appropriate staff are trained to utilize EmResource 24 hours a day, 7 days a week. This will include the ability to receive alerts, send alerts, monitor the system, update bed status and monitor and utilize command center.

Each facility shall have a dedicated computer and monitor to access EmResource during an MCI or other event without interruption. This computer should be located in an area that is easily accessible and monitored 24/7. This location should also be located near communication technology such as telephone, WISCOM, and EmResource.

AUTHORITIES AND REFERENCES

**Review Process and Plan Update**

1. Sections of this Plan will be updated as needed based on the evolution of planning activities and partnerships or in coordination with improvements plans after exercises or real-world events.
2. The Plan will be provided by Region 6 FVHERC to the local hospitals, regional healthcare coalition partners, emergency management, and Fire/EMS partners for review and input.
3. Following review, modifications will be made, and a copy will be provided to regional partners. Regional Healthcare Coalition partners are expected to share the updated Plan internally and with their leadership.
4. Final approval of the Plan will be by the FVHERC board.

**Maintenance**

The Plan will be reviewed every other year, after every incident involving the activation of the local RMCC, or as needed following the process outlined above.

DEFINITIONS & ACRONYMS

**Definitions**

Disaster: a situation that exceeds local capacities to safely & effectively manage

RMCC (Regional Medical Coordination Center): a regionally identified entity which is responsible for communication, situational awareness patient/resource coordination when requested in a mass-casualty incident or disaster event.

WISCOM: Hospital Emergency Wisconsin Radio system.

Informational call: a call made to the RMCC when pre-qualification of local capacities & trigger points reveals that it is not necessary to activate the RMCC; however, an informational call places the RMCC at alert status to respond quickly if additional capacities or resources become necessary.

MCI: mass-casualty incident; defined by local protocol

NDMS (National Disaster Medical System): a federally coordinated system that augments the nation's medical response capability; assists state & local authorities in dealing with the medical impacts of major peacetime disasters; provides support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated from overseas armed conventional conflicts; characterized by natural disasters, major transportation accidents, technological disasters, acts of terrorism, including weapons of mass destruction; such incidents are defined as NDMS by the government and/or military.

EmResource: a web-based tracking system developed through the Department of Health Services and widely used throughout the state; tracks available beds by type, current patient numbers and status updates; <https://emresource.juvare.com/login> (username & password are required)

**Acronyms**

ACF – Alternate Care Facility  
ALS – Advanced Life Support  
BLS – Basic Life Support  
  
EEI – Essential Elements of Information

EM – Emergency Management

EMS – Emergency Medical Services  
EMT – Emergency Medical Technician  
ESF-8 – Emergency Support Function-#8  
EOC – Emergency Operations Center  
HAM – Amateur Radio  
LHO – Local Health Officer  
LTC – Long Term Care  
MCI – Mass Casualty Incident  
NDMS – National Disaster Medical System  
NIMS – National Incident Management System

RN – Registered Nurse

RMCC- Regional Medical Coordination Center

**RMCC virtual Incident Command**

**Topic: FVHERC RMCC activation line**

**Time: This is a recurring meeting Meet anytime**

**Join Zoom Meeting**

[**https://us06web.zoom.us/j/89315254955?pwd=MW1yNlI2Z2psNjBhaGg4N3VyeldBQT09**](https://us06web.zoom.us/j/89315254955?pwd=MW1yNlI2Z2psNjBhaGg4N3VyeldBQT09)

**Meeting ID: 893 1525 4955**

**Passcode: 027691**

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**+13017158592,,89315254955#,,,,\*027691# US (Washington DC)**

**+13092053325,,89315254955#,,,,\*027691# US**

Fox Valley Healthcare Emergency Readiness Coalition(FVHERC)

Regional Medical Coordination Center(RMCC)

**Initial Incident Coordinator Job Action Sheet**

Roles that may fill IC role:

* HERC Coordinator
* RTAC Coordinator
* HERC Medical Advisor
* HERC Board Chair/Vice Chair/On- Call Designee

Job Activation Process

* Theda-Star Dispatch Staff acting as initial RMCC Activation point takes vital information from caller, including call-back number and/or radio channel
* Theda-Star Dispatch Staff contacts HERC On-Call staff (HERC Coordinator, RTAC Coordinator, HER Medical Advisor, HERC Chair/ViceChair)

Initial Briefing Report (ThedaStar Dispatch Staff to Initial Incident Coordinator) 1-800-236-2066

* Incident Type “what is the problem”
* Expected Number of Patients or resource needed
* Organizations currently involved including callers name and call back number
* Ask was a EmResource Alert Sent \_\_\_Yes\_\_\_No
* Other Information:

Task List for RMCC contact:

* If not already done, send out EmResource Alert
* Review results EmResource Alert
* Make plan to update EmResource every 10-15 minutes(set a timer)
* If not already done, relay initial Results of EmResource Alert Relayed to Scene Incident Command/Unified Command (Scene IC/UC):
* Contact involved organizations to assess needs- TS dispatch will give you this information
* Ensure HCC Coordinator, RTAC Coordinator, HCC Medical Advisor HCC Board Chair/Vice Chair/Designee are aware event to help provide support
* Contact local PH, EM, EMS as appropriate (error on side of over communicating)
* Contact OPEHC staff and brief on incident 24/7 number for DHS is (608) 258-0099
* Update EmResource as needed if requested by base hospital
* Coordinate requests for Coalition Stockpile supply requests
* Assist with coordination of inter-facility patient transfer
* Establish communication pathway with Emergency Operations Centers, liaison healthcare related issues/requests EOC
* Be a liaison with city, county and state partners as needed.

**Regional Medical Coordination Center Activation**

Indications for Activation:

* Number of expected patients from an incident exceed normal response or mutual aid resources of the Health Emergency Region
* Healthcare facility’s ability to care for patients has been compromised
* Multi-jurisdictional infectious disease event

Activation Process

* First Responder Official, Hospital Leadership, **or** Public Health Official recognizes need for RMCC activation (referred further as Scene Incident Command/Unified Command or Scene IC/UC)
  + Dispatch center will likely contact the RMCC at the request of First Responder Official
* RMCC is contacted phone at “1-800-236-2066”
* RMCC staff takes vital information from caller, including call-back number and/or radio channel
* RMCC staff contacts HCC On-Call staff (HCC Coordinator, RTAC Coordinator, HCC Medical Advisor)
* RMCC staff sends out EmResource alert requesting MCI Capacity, Bed Availability, other information as appropriate
  + If time/situation factor do not allow RMCC staff to send out EmResource alert, RMCC must ensure HCC On-Call staff is aware that alert still needs to be sent.
* RMCC staff provide EmResource alert feedback or other requested feedback to Scene Incident Command/Unified Command
  + If time/situation factor do not allow RMCC staff to relay EmResource alert feedback to Scene IC, RMCC must ensure HCC On-Call staff is aware that feedback still needs to be sent.
* Once HCC On-Call staff is able to respond, HCC On-call take over coordination/communication between Scene Incident Command/Unified Command and activated healthcare entities

Resources (To be added to this process)

* HCC Staff Contact Information
* HCC Executive Board Contact Information
* FVA Hospital Contacts (ED, IC, EM)
* FVA Public Health Contacts
* FVA EM Contacts
* FVA Dispatch Contact
* State DPH Contact Information

**Regional Medical Coordination Center Activation**

B

A

**A: If RMCC Staff are unable to issue EmResouce Alert**

**B: Determine if RMCC Staff were able to provide initial EmResource feedback to Scene IC/UC**

REGION 6 Regional MEDICAL COORDINATION CENTER (RMCC)

ALERT CALL DATA SHEET 2013

Initiated by: ⃝ Hospital ⃝ EMS ⃝ Other

FYI / REQUESTING ASSISTANCE WITH RMCC DUTIES

DATE:

TIME:

Alert:

Activate:

All clear:

CALLER NAME:

AGENCY:

NATURE OF INCIDENT:

LOCATION OF INCIDENT:

POTENTIAL VICTIMS: CRITICAL:

PROBLEM(S) IDENTIFIED:

Signature:

Print:

Please send a copy of this form to FVHERC coordinator

REGION 6 FVHERC FACILITY SITUATION REPORT

Incident name:

date:

time:

facility / organization:

report submitted by:

phone:

1. Operational status (name of facility):

Open with all services / Open with limited services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

power: normal / generator

water: yes / no

heat / steam: yes / no

sewage yes / no

NOTE: Update EmResource as capabilities change. Be sure to monitor incoming Alerts for additional instructions.

3. Staff needs:

Specialty physicians (neurosurgeon, thoracic surgeon, etc) needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. ED status (circle one): Overwhelmed Busy open/no issues

Number of disaster patients treated &released\_\_\_\_\_\_\_

Number of disaster patients admitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Major concerns / activities: