



Patient Tracking Appendix

**An Appendix to the World Cup 2026 Washington State
Healthcare Mass Casualty Incident Annex Combined**

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Executive Summary

The Northwest Healthcare Response Network (NWHRN) supports local, regional, tribal, statewide, and private healthcare needs. NWHRN coordinates with healthcare and emergency response organizations (hereafter referred to as “partner organizations”) and recognizes local health and emergency management jurisdictional authorities and responsibilities.

This document seeks to inform NWHRN partner organizations on the utilization of NWHRN Patient Tracking for the purposes of family and missing persons reunification. This document reflects the progression of the patient tracking process, including the activation of patient tracking resources, NWHRN and partner organization responsibilities, and the use of patient tracking information.

Individuals being tracked comprise those from the scene of an incident(s) that are received by a hospital by Emergency Medical Services (EMS), as well as individuals self-transporting and presenting to a hospital for medical care from the scene of an incident(s). Patient tracking may be activated at non-acute care sites provided the ability to register patients at the facility. Information gathered for patient tracking is considered Protected Health Information (PHI) and is subject to the Health Insurance Portability and Accountability Act (HIPAA).

Scope

This document is applicable to planned and unplanned emergencies, disasters, disease outbreaks, Mass Casualty Incidents (MCI), and other disruptive events (hereafter referred to as disruptive events) in the NWHRN service area. This document is intended for situations necessitating any level of patient tracking in aid of partner organizations, and situations in which partner organization’s ability to manage patient tracking independently is exceeded.

This plan does not alter or impede the ability of partner organizations to carry out their specific authorities or perform their responsibilities under applicable laws, executive orders, and/or directives. This document is not a comprehensive patient tracking plan and does not supersede or conflict with applicable laws or statutes.

Activation

The patient tracking process begins after a disruptive event that requires patient tracking to support a mass casualty incident and operates using the State of Washington Healthcare Resource Tracking and Alert System ([WATrac](#)). Patient tracking requires the activation of the WATrac Patient Tracking Module and can only be requested of NWHRN by an official agency (EMS, Healthcare, LHJ, EM, Tribal Government). NWHRN must first seek approval from the Washington State Department of Health (WA DOH) prior to beginning any patient tracking activities. Once approved, NWHRN can create a Patient Tracking event in WATrac. Patient tracking events may also be created in WATrac in advance of a known large event and remain non-published unless needed.

As first responders triage patients, the appropriate Disaster Medical Coordination Center (DMCC) determines placement of patients at either hospitals or other definitive care based on injuries and triage level. Patients are then transported to a definitive care location and entered into the Patient Tracking event upon arrival. A unique identifier should be attached to each patient as early as possible. If a unique identifier has not been assigned to a patient, receiving definitive care locations will do so according to the methods and protocols established by their agency. Unique identifiers should remain on/with the patient through the entirety of the disruptive event and included in the patient's medical chart.

Initial and Ongoing Actions

Patient care is the ultimate priority throughout the patient tracking process. Tracking patient information for family and missing person's reunification purposes begins once the individual is received by a hospital. Working in conjunction with each other as appropriate, hospital personnel, Alternate Care Facility (ACF) personnel, and/or NWHRN personnel enter patient information into the WATrac patient tracking event as it is made available. This process continues until all applicable patients have been entered into the WATrac event.

Patient tracking information continues to be updated and managed by NWHRN. NWHRN will only share patient tracking information with the official entity responsible for patient tracking for family and missing persons reunification in accordance with Washington State law (often Emergency Support Function 8 (ESF-8) or health and medical, hereafter referred to as "lead agency"). This responsibility should be clearly listed in all partner organizations' Family Reunification Plans. If such a plan does not exist in the impacted jurisdiction(s) prior to a disruptive event, NWHRN will look to the lead ESF-8 and/or emergency management organization to identify the lead agency in real-time. It is the responsibility of the lead agency to maintain HIPAA compliance, and to determine how patient tracking information will be used for Family Reunification.

Communications

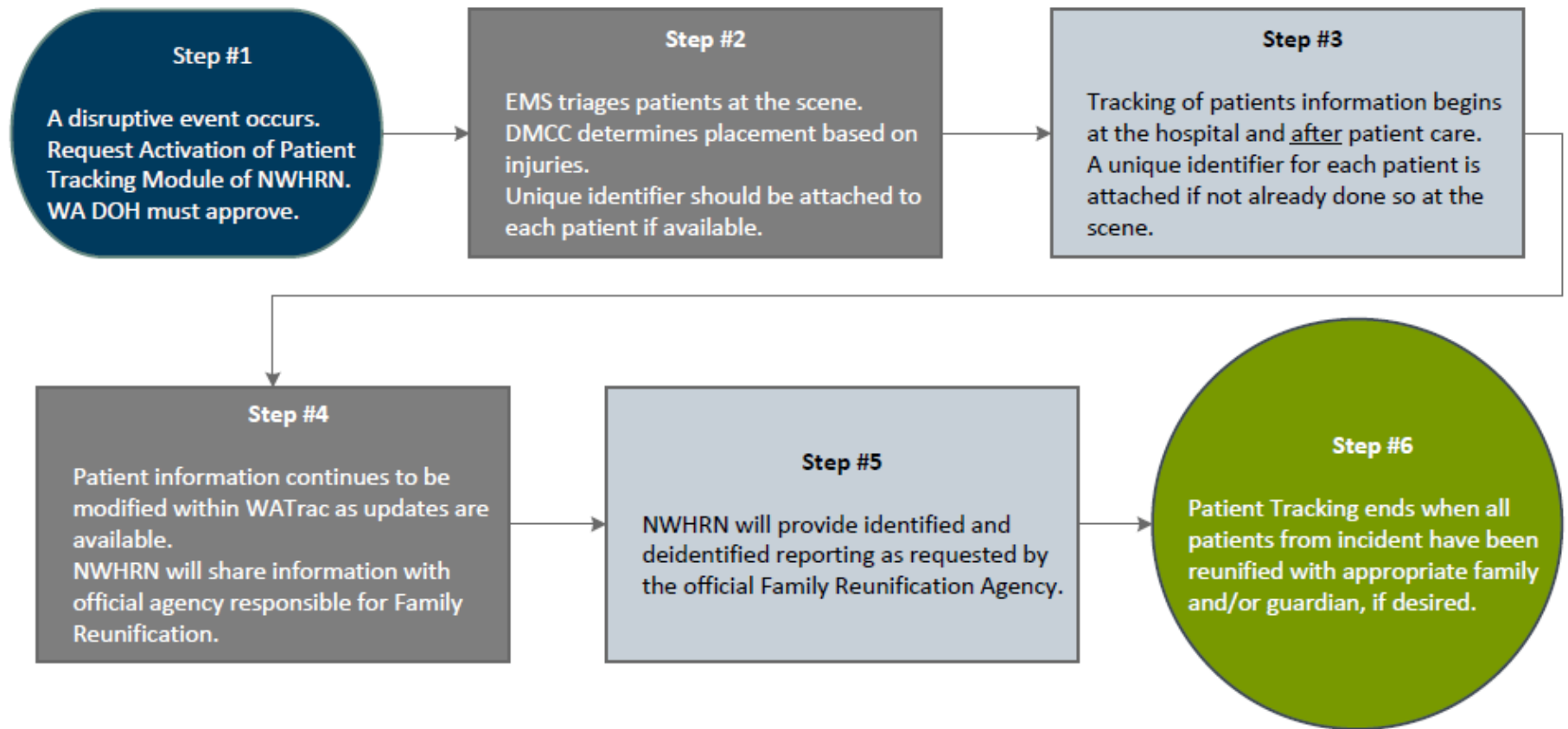
NWHRN will provide reporting on a cadence as determined by the lead agency responsible for patient tracking for family and missing persons reunification. Identifiable patient information will be provided solely to the lead agency responsible for patient tracking for family and missing persons reunification for the purposes of patient care, reunification, and patient identification. De-identified reports will also be provided by NWHRN as appropriate to the lead agency responsible for patient tracking for family and missing persons reunification.

Demobilization

Patient tracking ends when all tracked patients have been offered reunification with appropriate family members/guardians.

Figure 1: Patient Tracking Information Flow

The following diagram outlines how information may flow in a large or complex incident and be shared between organizations/ response entities.



Patient Tracking Data Elements

Partner organizations will prioritize patient care over collecting and documenting the patient’s identifying information in the patient tracking event. Efforts to collect more comprehensive information about a patient’s identity will occur as resources are available. Pediatric patients and unaccompanied minors may require additional actions in the tracking process.

The following table reflects patient tracking data that may be collected as conditions allow. Partner organizations should document as many identifying characteristics about the patient as possible. The data elements categorized as “M” are data points that should be collected and documented upon the first encounter with a patient and represent the “minimum” data points needed during a response. The data elements categorized as “S” are secondary data points that should be collected as the information becomes available. Information gathered for patient tracking is considered Protected Health Information (PHI) and is subject to the Health Insurance Portability and Accountability Act (HIPAA).

Responsible Agency		Hospital	ACF	Agencies Supporting Patient Tracking for family and missing persons reunification	Lead Agency Responsible for Patient Tracking for family and missing persons reunification	WA State DOH
Data Elements M = minimum data element for first/initial encounter S = secondary data points to be collected as time and information allows	Unique Identifier	M	M	M	M	M
	Triage Color/Patient Condition	M	M	M	M	M
	Current location/point of access to system	M	M	M	M	M
	Date/Time of Encounter	M	M	M	M	M
	Disposition	M	M	M	M	M
	Mode of Arrival	M	M	S	M	S
	Gender at Birth (M, F, O)	M	M	M	M	M
	Age (approx.)	M	M	M	M	M
	Date of Birth	S	S	S	S	S
	Military (Y/N)	S	S	S	S	S
	Full Legal Name (includes middle Initial)	S	S	S	S	S
	Legal Guardian or Responsible Party	S	S	S	S	S

Responsibilities

The following are roles and responsibilities for partner organizations involved in the patient tracking process. Implementation of a successful patient tracking process is dependent on coordination among NWHRN and its partner organizations. Individual roles may vary depending on the circumstances of the incident and protocols of the organizations involved.

A. Emergency Medical Services (EMS)

- Coordinate with Disaster Medical Coordination Center regarding patient distribution.
- Share unique identifier (if associated with the patient prior to arrival) and appropriate patient information with receiving healthcare facility.

B. Healthcare Organizations

- Initiate patient tracking for patients received at the facility.
- Document patient tracking information, align with patient registration/medical records.
- Document minimum patient tracking information.
- Document information on unidentified patients.
- Report pediatric patients who are unaccompanied minors to law enforcement.

C. Northwest Healthcare Response Network (NWHRN)

- Activate Healthcare Emergency Coordination Center (HECC).
- Activate patient tracking via WATrac as requested (with approval from DOH).
- Notify pertinent partner organizations of patient tracking activation.
- Share patient tracking information with lead agency responsible for patient tracking for family and missing persons reunification.
- Participate in a Joint Information Center on behalf of patient tracking if activated and requested.

D. Local Health Jurisdictions (LHJ)

- May request activation of patient tracking per local plans and protocols.
- Notify and support notification to NWHRN, per local plans and protocols. Support notification to pertinent partner organizations of patient tracking activation.
- Work with WA State DOH and pertinent partner organizations for coordination of patient tracking information.
- May serve as the lead local agency for or coordinates with other lead agency (e.g. Emergency Management Organizations) on public messaging, including appropriate information regarding patient tracking and related family and missing persons reunification efforts, per local plans and protocols.

E. Washington State Department of Health (WA DOH)

- Provide approval to NWHRN for patient tracking activation as requested.
- Provide support for coordinating patient tracking information as needed.
- Serve as conduit for federal support as appropriate.
- Provide data collection standardization system.

F. Emergency Management Organizations (EMO)

- Support resource requests in conjunction with NWHRN.
- Serve as conduit with State Emergency Management for coordination of resources as applicable.
- Support coordinated public information and messaging in partnership with the NWHRN and LHJ's through a Joint Information Center, if established.

G. Law Enforcement (LE)

- Coordinate missing persons information.
- Assist with identification of unidentified patients who are still living.
- Assist with family reunification for missing persons and unaccompanied minors as applicable.

H. Medical Examiner's Office / Coroner

- Access patient information for victim identification.

I. Other Partners (no WATrac access)

- **Blood Service Providers**
 - Monitor patient location information to inform response operations and planning.
- **Non-Governmental Organizations (e.g. Red Cross)**
 - Assist with family reunification.

Acronyms

ACF – Alternate Care Facility/System

DCAC – Disaster Clinical Advisory Committee

DMCC – Disasters Medical Control/Coordination Center

DOH – Department of Health

EMO – Emergency Management Organization

EMS – Emergency Medical Services

ESF-8 – Emergency Support Function 8

HECC – Healthcare Emergency Coordination Center

HIPAA – Health Insurance Portability and Accountability Act

JIC – Joint Information Center

LE – Law Enforcement

LHJ – Local Health Jurisdiction

NWHRN – Northwest Healthcare Response Network

PHI – Protected Health Information

WATrac - Washington System for Tracking Resources, Alerts and Communication (watrac.org)