



**World Cup 2026
Washington State
Healthcare Mass Casualty Incident
Annex Combined**

(Base Annex, Part I-In-Depth Descriptions & Part II Operational Checklist Combined)

**An Annex to Washington State Concept of Operations 2026
for the FIFA Men's World Cup**

V.1 FINAL Updated 04.13.2026

IF WASHINGTON STATE IS
CURRENTLY EXPERIENCING A
SIGNIFICANT MASS CASUALTY SITUATION
AND/OR
OTHER INCIDENTS OF
SIGNIFICANT NATURE OCCURRING
CONCURRENTLY CAUSING STRAIN
ON LOCAL AND REGIONAL
RESPONSE RESOURCES
REFER TO **PART II**
OPERATIONAL RESPONSE CHECKLIST
PAGE 74 IN THIS PLAN

Executive Summary

A mass casualty incident at a large venue or in several locations around the state at near the same time could quickly overwhelm the ability of local and regional emergency responders and healthcare facilities to effectively manage the response and provide care.

This WA State Healthcare Mass Casualty Incident Annex represents the Washington State Department of Health (DOH) plan for the response to large or multiple injury-producing incidents occurring around the state where state level coordination, communication and resource management would support overall coordination and resource utilization. It is important to keep in mind that this Annex does not supersede the command, coordination and response plans for local and regional responders and healthcare. The intent is for when there is a need for an elevated level of coordination across multiple jurisdictions, capabilities and entities.

This Annex is divided into three parts: Base Plan with role definitions, Part I: In-Depth Descriptions with links, and Part II: Operational Checklist for use during activation.

Base Plan includes the Purpose, Scope, Definitions and Assumptions; Organizational and Support Entities; Organizational and Support Plans, Frameworks and Capabilities; Clinically Focused Support Entities; and Clinically Focused Plans, Toolkits and Algorithms. This section is meant to set the stage for how the Annex is to be used and to introduce the different players, plans and tools gathered within this Annex.

Part I: In-Depth Descriptions contain more detailed information about each entity or plan along with links to access documents or websites. This section is meant as a resource tool to be understood before there is a need to activate the Annex.

Part II: Operational Checklist is designed to help prompt the activation and utilization of this Annex. The section is broken into several phases:

- Phase I: Pre-event Preparedness and Improvement Implementation
- Phase II: Triggers, Notification and Activation
- Phase III: Ongoing Command and Coordination
- Phase IV: Patient Tracking in Support of Reunification
- Phase V: Demobilization

The impetus for this Annex is the FIFA Men's World Cup games and activities taking place around Washington State during the summer of 2026. The intention is that after the FIFA Men's World Cup games have concluded that this Annex would be updated to be made applicable to any large-scale mass casualty or multiple injury-producing incidents occurring at the same time competing for similar resources.

Table of Contents

- Executive Summary** 3
- Table of Contents**..... 4
- Base Annex Introduction & Purpose** 7
 - Washington State Concept of Operations: 2026 FIFA Men’s World Cup 7
 - FIFA MCI Scenario 7
- Scope 8
- Definition: Mass Casualty and Coordination Alignment..... 9
- Assumptions..... 9
- Plan Organization 10
- Base Annex: Participants, Teams, Groups, Entities, Plans, Clinical Plans..... 11
 - Organizational and Support Entities Grid 12
 - Organizational and Support Plans, Frameworks, and Capabilities Grid 22
 - Clinically Focused Support Entities Grid 26
 - Clinically Focused Plans, Toolkits, Algorithms Grid..... 29
- World Cup 2026 Washington State Healthcare Mass Casualty Incident Annex Combined**..... 35
- PART I – In-Depth Descriptions** 35
 - Participants, Teams, Groups, Entities, Plans, Clinical Plans 35
 - Organizational and Support Entities 35
 - WA Governor’s Office 35
 - WA Military Department, Emergency Management Division (WA EMD)..... 36
 - WA State Emergency Management Unified Command..... 37
 - WA State Department of Health 37
 - DOH Emergency Support Function ESF-8 / Multi-Agency Coordination Group (MAC-G) 39
 - WA State Department of Social and Health Services (DSHS)..... 40
 - WA State Healthcare Authority (HCA) 41
 - NWHRN 41
 - Healthcare Leadership Group 45
 - Healthcare Alliance 46

Healthcare Alliance Advisory Committee 46

Public Health Entities (Local and Regional Health Jurisdictions) 47

WSHA (Washington State Hospital Association)..... 48

Organizational and Support Plans, Frameworks and Capabilities 49

 WA State Patient Movement Plan..... 49

 WA State EMS Patient Movement Escalation Framework..... 50

 NWHRN Plans..... 51

 Resource Requesting..... 54

 WATrac..... 55

 Family Reunification Capabilities 56

 Mass Casualty Incident (MCI) plans (local, regional, state) 57

Clinically Focused Support Entities 57

 Coroner/Medical Examiner (regional, local)..... 57

 Disaster Medical Coordination Center (DMCC) Regional Framework and Operational Plan58

 State Disaster Medical Coordination Center (State DMCC)..... 60

 Emergency Medical Services (EMS) 60

 Healthcare Case Management..... 60

 Hospitals..... 61

 Long Term Care and Skilled Nursing Facilities..... 62

Clinically Focused Plans, Toolkits, Algorithms..... 63

 NWHRN Clinical Plans Specialty Care Plans 63

 NWHRN Clinical Tip Sheets 66

World Cup 2026 Washington State Healthcare Mass Casualty Incident Annex Combined..... 74

Part II - Operational Checklist 74

 Phase I: Pre-Event Preparedness and Improvement Implementation 74

 Phase II: Triggers, Notification and Activation 74

 Triggers..... 74

 Notifications..... 75

 Activation 75

Phase III: Ongoing Command and Coordination..... 79

 WA State Department of Health 79

 Healthcare Coalition Activities..... 80

 Sustainment 82

Phase IV: Patient Tracking in Support of Reunification..... 82

 Jurisdictional/Entity Reunification Activities During MCI Activation 82

 Patient Tracking Activities During MCI Activation..... 82

 State Emergency Operations Center Activities 83

Phase V: Demobilization 83

Base Annex Introduction & Purpose

Soccer is a major sport across the world with fans enthusiastically engaged in their teams and their countries' superiority in the sport. The Fédération Internationale de Football Association (FIFA) has awarded some of the World Cup 2026 games to venues in Washington State. Games and watch parties are to be held in different stadiums and venues around the state. Large gatherings, such as these represent the potential for disruptions whether manmade or natural incurring many injuries. Partners agree that preparedness for this potential is vitally important. They hope that the preparedness plans don't need to be activated. However, should activation be necessary advance planning increases the likelihood of a well-coordinated response.

This document represents the Washington state Department of Health (DOH) plan for the response to a significant mass casualty incident (MCI) occurring within the state to which there is an overwhelming impact to local and regional response capabilities.

Washington State Concept of Operations: 2026 FIFA Men's World Cup

The WA State Emergency Management Division's (WA EMD) FIFA World Cup 2026 Concept of Operations Plan (CONOPS) provides Washington State's unified strategy for coordinating preparedness, response, and recovery activities before, during, and after the tournament. It establishes the statewide coordination architecture; aligns federal, state, tribal, local, and private-sector planning efforts; and defines how information sharing, resource support, and operational decision-making will occur to maintain public safety, continuity of services, and a common operating picture. The CONOPS guides scalable, flexible operations for both routine and incident-driven conditions and outlines statewide objectives to support local jurisdictions, sustain unified coordination, manage resources effectively, and ensure clear, coordinated public information. The tournament activities present the potential for a significant mass casualty incident which would be guided by this state MCI annex and the WA EMD CONOPS.

FIFA MCI Scenario

The 2026 FIFA Men's World Cup presents a unique statewide operational environment distinguished by large, dense crowds, geographically distributed venues, and global visibility. Matches at Seattle Stadium (Lumen Field), an official FIFA Fan Festival, and nine regional Fan Zones will attract tens of thousands of spectators daily. Additionally, Team Base Camps, training facilities, and designated team hotels across the state will bring international athletes, staff, media, and VIP delegations into concentrated locations.

This environment creates a heightened risk profile with scenarios that range from routine medical emergencies to high-impact, multi-fatality incidents. Planning assumptions must therefore account for:

- Extremely dense pedestrian traffic and prolonged dwell times at stadium gates, fan festivals, transit hubs, and entertainment districts.
- Significant tourism and mobility across the state before and after match days.
- Known risks associated with global sporting events (crowd surges, violence, severe weather, infrastructure failures, cyber activity, and coordinated or opportunistic attacks).
- The presence of high-profile teams, public figures, and dignitaries that may act as “attractive targets.”
- Potential incidents occurring off venue yet directly tied to tournament activity (e.g., Fan Zones, watch parties, transportation corridors, or unofficial events).
- Other incidents of significant nature, occurring concurrently, may cause a strain on response resources.

Given these variables, the statewide scenario for planning includes the possibility of a significant MCI that could overwhelm local EMS, hospital systems, or regional mutual aid without coordinated state-level support. This MCI Annex is designed to prepare the State of Washington and its local partners to manage such an incident effectively under the broader Washington State Concept of Operations: 2026 FIFA Men’s World Cup.

Scope

This annex outlines the state level planning, coordination and operationalization necessary for response to a significant mass casualty incident (MCI) and/or other concurrent emergencies with injuries occurring within Washington State such as the FIFA World Cup 2026 planned events. For an effective and efficient large-scale MCI response it is vitally important that partner organizations and entities work together to establish the goals, participants and responsibilities necessary for this complex, state-level response plan. This annex may include mention of Federal plans and resources though the interaction and engagement with those resources is beyond the scope of this annex.

This plan outlines the players, their roles and the coordination needed to address the state-level management of a large-scale MCI response for getting patients from the scene to points of care and some of the resources and tools available to healthcare to address a variety of potential injuries. A compilation of other state level response plans is necessary to address significant incidents. These plans live elsewhere though may be referenced within this state MCI plan.

Definition: Mass Casualty and Coordination Alignment

Mass Casualty Incident = an incident that causes multiple injured patients but that can be managed at a local and regional level through local and regional preparedness planning and Mutual Aid Agreements (MAAs).

When an MCI response exceeds the ability of locals to manage or there are multiple MCI locations occurring at the same time then it expands to regional or state level coordination. Potential reasons that an MCI response might exceed local jurisdictions include: scope and size, multiple MCI's occurring concurrently, multiple MCI's occurring in dramatically different locations or other disasters happening concurrently with an MCI which all require resources, communication and coordination.

Assumptions

The following are planning assumptions that form the underpinning of this framework:

1. Local and regional emergency response partners and protocols will have been activated prior to the request for activation of the state MCI plan.
2. The scenario and intelligence about the scenario will drive how quickly there is notification of a significant MCI to state partners. Local and regional emergency responders may 'give a heads up' to state partners if there is a scenario that could rapidly escalate to be a significant MCI.
3. Most healthcare facilities are operating at or near 100% acute care beds regularly
4. A surge of MCI patients is assumed to be short lived
5. If multiple regions are involved in placing patients, multiple DMCCs and/or the State DMCC will need activation
6. Load Balancing of patients would require a full activation of the Regional Medical Operations Coordination Center (RMOCC)
7. When requested, hospitals will report their bed and treatment capacity categories through the State of Washington Healthcare Resource Tracking and Alert System (WATrac).
8. An Emergency Medical Services (EMS) Mass Patient Transportation Process provides necessary information for the movement

A Washington Statewide Mass Patient Transport Process is under development by the Department of Health and will be added when approved.

9. All patients will be tracked using the State of Washington Healthcare Resource Tracking and Alert System (WATrac) Patient Tracking module. NWHRN is responsible for maintaining the data and providing appropriate sharing with those leading family

reunification efforts. In the case of multiple counties family reunification, the lists should be cross referenced periodically to ensure accuracy.

10. Decompression strategies may become necessary to accommodate patient volume. This plan does not address those strategies.
11. This annex is not intended to replicate other written documents supporting MCI response. The annex outlines the state-level MCI response, the organizations and available plans and tools and how state and local/regional partners will collaborate and communicate.

Plan Organization

This plan is broken into three parts: Base Annex, Part I and Part II:

MCI Base Annex: Document represents the Washington State Department of Health plan for the response to a large mass casualty incident(s) occurring within the state to which there is an overwhelming impact on local and regional response capabilities. This document included brief overview of information about participants, organizational structures and general plans.

Part I: In-depth Descriptions provide more in-depth details on the participants, organizational structures and general plans that when activated together represent the organization and resources available for response to a mass casualty incident that might occur at any of the FIFA World Cup 2026 venues located within Washington State. The information in Part I is provided so that all the partners understand each other's capabilities and limitations and that response plans are clearly stated.

Part II: Operational Checklist provides guidance on distinct plan activity phases including activation, coordination and communications. These distinct phases are established so that partners understand activities, roles and responsibilities associated with each distinct activity phase. Checklists are provided within each activity phase to help facilitate and support activation.

Participants, roles and responsibilities are broken into two focus areas and five distinct phases of activity:

Focus Areas

- Logistical and Administrative functions and responsibilities
(responsible for operational and administrative aspects of an activation)
- Clinical functions and responsibilities
(responsible for delivery of patient care and associated activities)

Distinct Activity Phases

- Pre-Event Preparedness
- Notification and Activation
- Ongoing Command and Coordination
- Patient Tracking and Family Reunification
- Scaling Down and/or Deactivation and Demobilization

Base Annex: Participants, Teams, Groups, Entities, Plans, Clinical Plans

The grids briefly outline information on entities, a description of their responsibilities and participants by Organizational and Support Entities and Structures, Organizational and Support Plans, Clinical Entities, Clinical Plans that would be utilized in the event this plan is activated.

For each entry in the grids depicted below there are three columns:

1. Name participant, team, group, entity or plan including who leads the entity, if applicable

Lead agencies will be identified whenever there is a team, group or entity that is comprised of multiple agencies working together.
2. Brief Description and Responsibility provide an overview of the entity or plan
When describing an organization or group of individuals there will be a list of the entities that may participate in that group
3. Expected Activities or Functions during Response outline of how the entity or plan will participate in or be of benefit during response

Note: Links to plans or documents mentioned below may be found in Part I: In-depth Descriptions

Each of the grids below are organized from the state level down through regional and local levels. The information is separated into the following groups:

- Organizational and Support Entities
- Organizational and Support Plans, Frameworks and Capabilities
- Clinically Focused Support Entities
- Clinically Focused Plans, Toolkits and Algorithms

Note: While this Annex may reference Federal partners as a part of this plan their specific roles and responsibilities are not outlined here.

Organizational and Support Entities Grid

Organizational & Support Entities	Description / Responsibility	Anticipated Activities during Response Participants (if appropriate)
<p>WA Governor’s Office</p>	<p>Executive leadership and policy coordination between state and federal government.</p>	<ul style="list-style-type: none"> • Provides executive leadership and statewide direction during a large-scale mass casualty incident (MCI), • Conduit to Federal level partners regarding resource needs and situational awareness • Consideration and/or approval of disaster proclamations declaring a state of emergency that would facilitate resources being available (for example the National Guard) for a disaster response including the possibility of waivers.
<p>WA Military Department, Emergency Management Division WA EMD</p>	<p>As per the State Comprehensive Emergency Management Plan (CEMP), the Washington Military Department, Emergency Management Division (EMD) is the host agency for the Washington State Emergency Operations Center (SEOC). The SEOC remains activated and staffed 24 hours a day, 7 days a week, in a monitoring posture (Level 3 activation). At the onset of an incident, EMD raises the activation levels to either enhanced or full (Levels 2 and 1 respectively) to support the response efforts of political subdivisions (also called local governments) and partner agencies, or to coordinate a statewide response effort. During an increased activation level (i.e., beyond Level 3), all necessary Emergency Support Functions (ESFs) are staffed to</p>	<ul style="list-style-type: none"> • Lead state entity for FIFA World Cup 26 planning and response activities

Organizational & Support Entities	Description / Responsibility	Anticipated Activities during Response <i>Participants (if appropriate)</i>
	<p>meet the needs of the incident. DOH is the coordinating agency for ESF 8 (Public Health, Medical, and Mortuary Services) and provides the majority of personnel to staff ESF 8, when activated. During an incident, the SEOC is the statewide central coordination point for receiving incident-related information and requesting state and federal resources. DOH would route requests for federal medical resources through the SEOC.</p>	
<p>WA State Emergency Management Unified Command</p> <p><u>Lead Agency:</u> WA EMD</p>	<p>During a Mass Casualty Incident (MCI) that exceeds or is anticipated to exceed local and regional response capabilities, Washington State may establish a Unified Command (UC) to provide strategic direction, establish statewide response priorities, and ensure coordinated decision-making across state and federal partners. The Unified Command functions as a joint command structure that provides executive-level policy guidance and operational priorities to the Washington State Emergency Operations Center (SEOC), operated by the Washington Military Department Emergency Management Division, in accordance with the State Comprehensive Emergency Management Plan (CEMP), the National Incident Management System (NIMS), and Incident Command System (ICS) principles. Unified Commands are typically facilitated and led by EMD in coordination with the Governor’s Office and key state and federal</p>	<ul style="list-style-type: none"> • Establish and refine statewide response objectives and priorities, with emphasis on life-saving operations, medical surge management, patient movement, and fatality management. • Provide unified policy direction and executive guidance to the SEOC to support operational decision-making across Emergency Support Functions. • Coordinate closely with ESF-8 leadership to assess healthcare system capacity, hospital surge status, EMS impacts, medical supply needs, and public health consequences. • Review, prioritize, and approve requests for state and federal resources, including federal medical assets, ensuring all requests are routed and coordinated through the SEOC.

Organizational & Support Entities	Description / Responsibility	Anticipated Activities during Response <i>Participants (if appropriate)</i>
	<p>agencies with statutory or operational roles in the incident, including the Washington State Department of Health, the Administration for Strategic Preparedness and Response, and the Federal Emergency Management Agency.</p> <p>The Unified Command establishes and communicates statewide objectives and response priorities, provides unified policy direction to the SEOC, and ensures synchronization of actions across Emergency Support Functions (ESFs), state agencies, and partner organizations. In support of ESF-8, the Unified Command ensures close coordination with DOH as the coordinating agency for public health, medical, and mortuary services, including the prioritization and routing of requests for federal medical resources through the SEOC. The Unified Command also facilitates intergovernmental coordination, resolves policy or resource conflicts, supports executive decision-making by the Governor’s Office, and guides the scale and duration of SEOC activation to support sustained and effective statewide MCI response operations.</p>	<ul style="list-style-type: none"> • Maintain executive-level situational awareness through briefings, dashboards, and incident reporting to support timely and informed decision-making. • Resolve interagency, intergovernmental, or jurisdictional issues impacting response operations, including competing resource demands and policy constraints. • Support the Governor’s Office by providing policy options, risk assessments, and recommendations related to emergency declarations, authorities, and public messaging. • Guide adjustments to SEOC activation levels, staffing, and operational focus as incident conditions evolve or stabilize. • Coordinate transition considerations from response to recovery, including demobilization planning and identification of long-term health and medical impacts. <p>Participants</p> <ul style="list-style-type: none"> • WA EMD • WA DOH

Organizational & Support Entities	Description / Responsibility	Anticipated Activities during Response <i>Participants (if appropriate)</i>
		<ul style="list-style-type: none"> • Other entities as required by the individual incident
<p>WA State Department of Health WA DOH</p>	<p>As the State ESF-8 lead DOH coordinates and develops response strategies in support of healthcare facilities, local, and tribal partners. DOH provide the majority of personnel to staff ESF 8, when the State EOC is activated. And in that role, DOH coordinates extensively with a wide range of partner organizations including Healthcare Coalitions, LHJs, tribal governments, statewide health and medical associations, and large healthcare systems to obtain and share.</p>	<ul style="list-style-type: none"> • Represent ESF-8 partners and responsibilities across the state when activated • Represent state ESF-8 when activated in state, and regional Emergency Operations Centers • DOH may activate their IMT without the SEOC activating ESF 8. • DOH’s primary mission is to support local jurisdictions (and their community partners), Tribes, and private sector healthcare entities that conduct response operations and activities to stabilize the incident. • Interacts with NWHRN HECC
<p>WAserve</p>	<p>WAserve is the registration and contact system for emergency volunteers and allows medical, public health and other emergency response professionals to pre-register as emergency volunteers.</p>	<ul style="list-style-type: none"> • If a spontaneous volunteer presents themselves to assist during an emergency and they have not previously registered with WAserve they are advised to connect with a local Volunteer Management Unit (VMU), through local Emergency Management agencies. They provide a general pool of volunteers that is managed by the local health district and/or partners. Volunteers need to register with at least one organization. • Tribal volunteers can register by Tribal Nation of membership and/or affiliation

Organizational & Support Entities	Description / Responsibility	Anticipated Activities during Response <i>Participants (if appropriate)</i>
<p>WA DOH Emergency Support Function #8 Public Health, Medical and EMS and Multi Agency Coordination Group</p> <p>ESF-8 and MAC-G</p> <p>Situation dependent designation would be made by State EMD and/or State DOH</p> <p><i>Lead Agency: WA DOH</i></p>	<p>The ESF 8 Annex is a supporting annex of the State of Washington’s Comprehensive Emergency Management Plan (CEMP) and operates in conjunction with all its annexes.</p> <p>DOH provides leadership, ongoing communication, coordination, and oversight for ESF 8 throughout all phases of the incident.</p>	<ul style="list-style-type: none"> • Responsible for Public Health, Medical and EMS response related to WC26 activities • Conduit between state / federal entities and state / regional / local entities regarding ESF-8 activities and responsibilities <p><i>Participants</i></p> <ul style="list-style-type: none"> • State EMD • State DOH • NWHRN • Local Health Jurisdiction(s) • Other State Agencies as needed • Healthcare Coalitions (as healthcare coordination and RMOCC representative) • EMS • May also include: • FCC • NDMS • ASPR • RMOCC Medical Director • WSHA • DSHS • HCA • Others as identified

Organizational & Support Entities	Description / Responsibility	Anticipated Activities during Response <i>Participants (if appropriate)</i>
<p>WA State Department of Social and Health Services</p> <p>DSHS</p>	<p>Lead state agency for behavioral health issues as provided for in state law and in agency plans, policies, procedures, and practices. Collaborate with partners around behavioral health issues when outside the scope provided for in state law and in agency plans, policies, procedures, and practices.</p> <p>Department of Social and Health Services (DSHS) licenses, coordinates with and maintains information regarding all long-term care facilities across the state. During medical surge incidents, DOH would utilize DSHS as a source of information regarding impacts to and functionality of long-term care facilities to support statewide healthcare situational awareness.</p>	<ul style="list-style-type: none"> • Provide support to DSHS licensed facilities as appropriate in responding to the need for hospitals to discharge appropriate patients to their care to open surge beds and capabilities within the hospitals • May include support for surge staffing and seeking waivers.
<p>WA State Health Care Authority</p> <p>HCA</p>	<p>The WA State Health Care Authority (HCA) is a support agency under the WA State Comprehensive Emergency Management Plan’s Emergency Support Function (ESF) #8: Public Health, Medical and Mortuary Services. HCA can help ESF #8 partners understand health and healthcare information and policy regarding health insurance coverage.</p> <p>HCA serves as an additional source of information regarding impacts to and functionality of healthcare systems, facilities, and providers.</p>	<ul style="list-style-type: none"> • Work in conjunction with ESF 8 partners with regard to health insurance coverage during an emergency or disaster.

Organizational & Support Entities	Description / Responsibility	Anticipated Activities during Response <i>Participants (if appropriate)</i>
	<p>During medical surge incidents, the HCA may help facilitate communication with key national partners, healthcare organizations, associations, and stakeholders. The HCA may also take additional steps, such as assisting in the identification of healthcare resources, system capacity and capability; providing data for analytics, coordinating outreach with contracted organizations; and developing protocols for patients who need specialized care or have co-morbidities who may be at higher risk.</p>	
<p>Northwest Healthcare Response Network</p> <p>NWHRN</p> <p>(entities shown below operate within NWHRN)</p>	<p>Provides a conduit between healthcare entities and jurisdictional entities.</p>	<ul style="list-style-type: none"> • Operates the Healthcare Emergency Coordination Center (HECC) • Acts as a conduit for information between healthcare and other entities during MCI
<ul style="list-style-type: none"> • Healthcare Emergency Coordination Center <p>HECC</p>	<p>Activities of the HECC: Incident coordination, healthcare specific Incident Action Plan (IAP) development specific to healthcare, Situational Awareness, and resource management entity within NWHRN that activates when there are emergent impacts to healthcare facilities. Activates RMOCC when situation warrants.</p>	<ul style="list-style-type: none"> • Central hub for healthcare response coordination • Communicate with healthcare organizations and support entities • Conduit between State, Federal, FEMA and healthcare partners <p><i>Participants</i></p>

Organizational & Support Entities	Description / Responsibility	Anticipated Activities during Response <i>Participants (if appropriate)</i>
		<ul style="list-style-type: none"> NWHRN Staff and volunteers
<ul style="list-style-type: none"> WATrac Support Team 	<p>WATrac is Washington’s information management system for healthcare response. WATrac includes a bed-capacity tracking system, patient tracking system, database of healthcare resources, and repository of contact information and planning documents. WATrac allows healthcare and public health partners to view real-time data related to the status of healthcare facilities and functions in Washington. It can also track resources and pharmaceuticals within healthcare facilities, post and share documents internally and externally in a virtual library and conduct on-line chats.</p>	<ul style="list-style-type: none"> Provide ongoing support to users of WATrac during an MCI particularly when use of the Patient Tracking module is required <p><i>Participants</i></p> <ul style="list-style-type: none"> NWHRN Staff
<p>Regional Medical Operations Coordination Center</p> <p>RMOCC</p> <p><i>Lead Agency: Upon activation RMOCC Medical Director</i></p>	<p>Collaborative supporting healthcare coordination for ongoing in-patient placement for level loading during an emergency or disaster so that patients are in an appropriate facility for their care needs and resources are allocated suitably.</p>	<ul style="list-style-type: none"> Works in conjunction with healthcare system transfer centers to support in-patient level loading <p><i>Participants</i></p> <ul style="list-style-type: none"> NWHRN HECC RMOCC Medical Director Hospital input via leadership group WSHA
<p>Healthcare Leadership Group</p> <p><i>Lead Agency: NWHRN</i></p>	<p>Represents healthcare senior leaders of the facilities that will be impacted by the large patient movement mission. Provides input about capacity and capability, status of capabilities, insight into</p>	<ul style="list-style-type: none"> Participates in policy discussions <p><i>Participants</i></p>

Organizational & Support Entities	Description / Responsibility	Anticipated Activities during Response <i>Participants (if appropriate)</i>
	administrative issues such as insurance and Medicaid/Medicare.	<ul style="list-style-type: none"> • Individual organization or system Healthcare Leaders • WSHA • Others as needed
Healthcare Alliance (WA Region 4 Healthcare Coalition)	Facilitate emergency response planning and response support and coordination between coalitions and healthcare partners in the Oregon-Portland Metro patient catchment and with healthcare partners for incidents that occur in Clark, Cowlitz, Cowlitz Indian Tribe, Klickitat, Skamania, and Wahkiakum counties.	<ul style="list-style-type: none"> • Provide surge support and coordination with Washington public health and healthcare coalitions. • Works with Regional Medical Center for transfer and bed capacity. • Ensure licensed bed tracking and patient tracking data are made available to Washington public health and coalition partners. • Conduit for sharing essential elements of information • Liaison with ESF-8 as applicable.
Healthcare Alliance Advisory Committee	Represents healthcare systems across facilities and core coalition members. Provides strategic direction for workplans based on hazard and vulnerabilities and technical guidance for emergency response plans and key decision making.	<ul style="list-style-type: none"> • Participate in planning and policy discussions • Provide clinical technical assistance • Advance Healthcare Alliance goals and work plans
Public Health Entities (Local and Regional Health Jurisdictions)	Oversee and support Public Health activities and potential orders within jurisdictions.	<ul style="list-style-type: none"> • Engages in applicable public health activities including Reunification activities

Organizational & Support Entities	Description / Responsibility	Anticipated Activities during Response <i>Participants (if appropriate)</i>
<p>Washington State Hospital Association WSHA</p>	<p>The Washington State Hospital Association (WSHA) represents all the hospitals in Washington State including state, military, veterans, psychiatric and physical rehabilitation hospitals. WSHA’s mission is to advocate and provide value to members in achieving their missions. WSHA’s primary services operate in clinical excellence, data analytics and government affairs.</p>	<p>Convene hospital leaders:</p> <ul style="list-style-type: none"> • to ensure executive leaders receive consistent information regarding the status of emergency events and what is needed from hospitals • for collective actions that will ensure patients who need care will have a receiving hospital available • to meet with state, federal and other decision-making leaders regarding policy or legal barriers to providing needed care

Organizational and Support Plans, Frameworks, and Capabilities Grid

(Links to documents can be found in Part I: In-Depth Descriptions)

Organizational & Support Plans, Frameworks, Capabilities	Description / Responsibility	Anticipated Applications during Response Participants (if appropriate)
WA State Mass Patient Movement Plan	<p>The WA State Patient Movement Plan outlines the activation and utilization of patient transportation resources in response to widespread emergencies, disasters, disease outbreaks, and /or other disruptive events in Washington State.</p> <p>Plan is still under development</p>	<ul style="list-style-type: none"> Information to come
EMS Patient Movement Escalation Framework for WA	<p>The document outlines, graphically and verbally, the process flow for requesting, accessing and utilization of patient transportation resources during a mass casualty incident when the local or mutual aid the numbers of patients requiring transportation exceeds the local and mutual aid resources within the area of the incident.</p>	<ul style="list-style-type: none"> In response to a disruptive event, local organizations and agencies activate and coordinate unmet needs through unified command. A continuous flow of communication occurs amongst local response organizations, DMCC's, activation of State agencies and resources, Joint Information Center/Public Information Officer coordination A Governor's proclamation of a state of emergency often comes before a Presidential Disaster Declaration which makes Federal level resources available.
NWHRN Plans (plans listed below (grey shaded) are maintained through NWHRN)		
Emergency Operations Base Plan	Plan describes the principles, requirements, and guidelines underpinning operational activities that	<ul style="list-style-type: none"> Guides the emergency response activities of the Northwest Healthcare Response Network and

Organizational & Support Plans, Frameworks, Capabilities	Description / Responsibility	Anticipated Applications during Response Participants (if appropriate)
	<p>impact NWHRN and/or its partner organizations. Plan applies to any planned or unplanned event necessitating any level of coordination and/or situational awareness in aid of NWHRN partner organizations</p>	<p>the Healthcare Emergency Coordination Center (HECC) during a mass casualty incident to communicate with healthcare entities and other emergency response entities and to gather and disseminate situational awareness related to impacts on and to healthcare</p>
<p>Mass Fatality Tip Sheet</p>	<p>Fatality surges that may impact healthcare could be caused by a variety of scenarios: mass casualty incidents; regional disruption to transportation, communications, or energy infrastructure; impacts to body storage vendors; high consequence infectious disease outbreaks and others. Regional impacts on critical infrastructure or catastrophic incidents could overwhelm healthcare and morgue operations. Individual facilities and health systems should incorporate mass fatality scenarios into their ongoing planning efforts.</p> <p>Tip sheet includes information on pre-planning, things to consider during a fatality surge and considerations of regional vulnerabilities and strengths.</p>	
<p>Patient Movement Annex</p>	<p>The movement of patients at scale before, during and after a disruptive event is a critical capability of the overall healthcare ecosystem. Successfully coordinated and efficient patient movement, placement and tracking are critical to patient</p>	<p>The NWHRN Patient Movement Annex is applicable to disruptive events within the NWHRN service area. This annex is not applicable to the routine movement of patients and does not</p>

Organizational & Support Plans, Frameworks, Capabilities	Description / Responsibility	Anticipated Applications during Response Participants (if appropriate)
	<p>outcomes and support a successful family reunification process. Effective patient movement requires the coordination of various NWHRN partner organizations. NWHRN aids in coordinating and supporting patient movement, placement, tracking and family reunification efforts across the NWHRN service area.</p>	<p>supersede nor replace existing partner organization plans and procedures.</p>
<p>Patient Tracking Capabilities via WATrac</p>	<p>Patient Tracking is for the purpose of supporting Family Reunification. During a Mass Casualty Incident, patient tracking can be activated, through WATrac, to document the location of victims, beginning at the scene or at the point of definitive care and may track patients beyond definitive care depending on the incident and the resource capabilities. May aid in family reunification of hospitalized patients with their families.</p>	<ul style="list-style-type: none"> • Activate Patient Tracking module in WATrac when requested by EMS or hospital partners • Individual entities or NWHRN enter pertinent patient information into system • Patient status is updated as they move through the care system • WATrac Support Team may available to help support and assist individuals using the system
<p>Resource Requesting</p>	<p>When healthcare facilities have exhausted all other avenues of acquiring needed healthcare resources have been exhausted, such as vendor agreements, alternate vendors, borrowing from other facilities, NWHRN may be able to assist in locating other sources through a Resource Request form and process.</p>	<ul style="list-style-type: none"> • Facility should attempt to get the needed resources through normal means. Determine if the resources are necessary to have during an emergency or disaster. • If the facility has not been able to obtain the necessary resources, they may reach out to NWHRN for assistance in sourcing needed resources.

Organizational & Support Plans, Frameworks, Capabilities	Description / Responsibility	Anticipated Applications during Response Participants (if appropriate)
<p>WATrac</p>	<p>WATrac is the web-based incident management system used by Washington healthcare organizations to support coordinated health and medical preparedness and response throughout the state. The system serves two important roles for healthcare organizations in Washington: 1) daily tracking of agency status and bed availability and, 2) incident management and situational awareness during disaster planning and response.</p>	<ul style="list-style-type: none"> • During an incident, the daily facility status and bed tracking feature not only provide emergency medical services (EMS) and hospitals with patient transport information, but they also automate the process for obtaining bed counts for statewide updates. Command Center, for on-line chat and conferencing, provides an easily accessible tool for real-time communication within agencies and among healthcare partners.
<p>Family Reunification Capabilities Regional, Local</p>	<p>Reunification Centers work to connect the injured with family and loved ones during a disaster. NWHRN supports patient reunification efforts through the WATrac Patient Tracking capability for tracking the location of patients registered in the system during a disaster. Family Reunification Center staff have access to the WATrac Patient Tracking capability to search for registered patients.</p> <p>Individual jurisdictions or entities are responsible for planning and operationalizing their individual Family Reunification plans which may be done through local emergency management entities or local health jurisdictions and the ESF-8 function.</p>	<ul style="list-style-type: none"> • Interact with the WATrac Patient Tracking system when Reunification centers are working to connect families/loved ones with people that may be injured and receiving medical care and who are registered in the WATrac Patient Tracking system. • Information may be used by other emergency response entities in emergent situations to locate individuals who may be injured, have been transported to a healthcare facility and are registered in the WATrac Patient Tracking system.

Organizational & Support Plans, Frameworks, Capabilities	Description / Responsibility	Anticipated Applications during Response <i>Participants (if appropriate)</i>
Mass Casualty Incident Plans MCI Regional, Local	Regional and/or local jurisdictions have plans for addressing mass casualty incidents within their jurisdictions and the mutual aid support that would come from surrounding areas	<ul style="list-style-type: none"> • Enact the MCI plans for a mass casualty or multiple casualty incident within their jurisdiction • Initiate mechanisms to activate pre-established mutual aid plans as needed to support the response

Clinically Focused Support Entities Grid

Clinically Focused Support Entities	Description / Responsibility	Anticipated Activities during Response <i>Participants (if appropriate)</i>
Coroner/Medical Examiner Regional and Local	Coroners and Medical Examiner, in Washington State, investigate sudden, unexpected and unnatural deaths. Some counties use Coroners and others use Medical Examiners. They have the authority to direct the transportation of remains and the authorization for autopsies and post-mortems.	<ul style="list-style-type: none"> • Provide Coroner/Medical Examiner (ME) services to deceased individuals
Disaster Medical Coordination Center DMCC Regional Framework and Operational Plan	A Disaster Medical Coordination Center (DMCC) is a designated organization that can be activated during acute emergencies, to support the equitable and efficient distribution of patients across the healthcare system.	A DMCC provides a coordination overlay to ensure resources are used wisely, gaps are identified early, and information flows between field providers, hospitals, and emergency management. During emergencies that significantly impact one or more communities, a regional Disaster Medical

Clinically Focused Support Entities	Description / Responsibility	Anticipated Activities during Response Participants (if appropriate)
	<p>DMCC responsibilities include coordinating patient placement from the field to hospitals across the region, communicating with EMS and healthcare partners, and maintaining visibility of patient distribution across the region.</p>	<p>Coordination Center (DMCC) may be activated to facilitate the efficient distribution of affected patients to appropriate care facilities. Ensuring patients are matched with the most suitable clinical resources is essential to safeguarding their health and well-being.</p> <ul style="list-style-type: none"> • Effective patient distribution across the region or designated catchment area, based on real-time resource availability, is critical to maintaining the functionality of the healthcare system throughout the emergency.
<p>State Disaster Medical Coordination Center State DMCC</p>	<p>Supports regional DMCC’s during mass casualty events when regional resources are overwhelmed.</p> <p>Scope is limited to Emergency Department situational awareness via WATrac</p>	<ul style="list-style-type: none"> • Provides back up support to regional DMCC’s during a mass casualty • Provide statewide perspective on hospital Emergency Department bed capacity and capability and shares with partners across the state
<p>Emergency Medical Services EMS Public and Private</p>	<p>Individual organizations provide trained medical staff and vehicles for providing patient care (emergent or non-emergent) and transport from the scene to the assigned hospital.</p> <p>Providing non-emergency inter-facility transport as needed and medically directed</p>	<ul style="list-style-type: none"> • Provides transportation of patients needing medical care from the scene to an emergency department as directed by the DMCC • When supporting hospitals to open capacity by transporting appropriately discharged patients from hospitals to sub-acute care facilities (Long Term Care, Skilled Nursing Facilities, etc.)
<p>Healthcare Case Management</p>	<p>Healthcare staff who support patients and their families or caregivers in navigating complex healthcare systems. The advocate, facilitate and</p>	<ul style="list-style-type: none"> • Provide care coordination, patient advocacy, communication, resource management, clinical support and documentation for patients during

Clinically Focused Support Entities	Description / Responsibility	Anticipated Activities during Response Participants (if appropriate)
	coordinate to optimize patient outcomes, improve quality of care and work toward cost-effective use of resources	a disaster to support them through their care continuum.
Hospitals	<p>Delivery of acute care. Responsible for having preparedness plans in place, to participate in World Cup preparedness planning, inform hospital leadership and receive and provide care for patients.</p> <p>Hospital Preparedness Checklist (for large scale events) is available help support the readiness of hospitals across the state. The checklist is available on the NWHRN website.</p>	<ul style="list-style-type: none"> • Provide acute care for patients presenting for care • In a large-scale incident, there might be a shortage of beds due to the surge. Facilities should have the ability to stabilize a variety of specialty care needs patients (pediatrics, burn, etc.) before the patient can be transferred to an appropriate location for ongoing care. • Hospitals don't all have the same capabilities. Assess what specialty services or capabilities a particular hospital has before assigning patients. <p>Hospital Preparedness Checklist document sections:</p> <ul style="list-style-type: none"> • Leadership, Governance & Coordination • Risk Assessment & Situational Awareness • Special Pathogens & Infectious Disease Preparation • Mass Casualty Incident (MCI) Preparedness • Fatality & Decedent Management • Clinical Operations & Staffing • Language Access & Informed Consent • Human Trafficking Awareness, Identification & Response

Clinically Focused Support Entities	Description / Responsibility	Anticipated Activities during Response <i>Participants (if appropriate)</i>
		<ul style="list-style-type: none"> • Behavioral Health & Substance-Related Surge • Security & Public Safety • Transportation & Traffic Impact Planning • Cybersecurity & Technology Resilience • Communications & Information Management • Logistics & Supply Chain • Training, Exercise & Readiness Validation • Staff Safety, Wellness & Equity • Recovery & After-Action Planning
<p>Long Term Care and Skilled Nursing Facilities</p>	<p>Delivery of sub-acute care. Supports acute care decompression during surge.</p> <p>Responsible for having preparedness plans in place, participate in World Cup preparedness planning, inform facility leadership and receive and provide care for patients rapidly discharged from hospitals to create capacity for hospitals</p>	<ul style="list-style-type: none"> • Support hospitals by accepting appropriately discharged patients needing subacute care

Clinically Focused Plans, Toolkits, Algorithms Grid

Clinically Focused Plans, Toolkits Algorithms	Description / Responsibility	Anticipated Applications during Response
<p>NWHRN Clinical Specialty Care Plans</p>	<p>Specialized care and providers at specific but not all hospitals</p>	<ul style="list-style-type: none"> • Provide details for addressing specialty clinical needs during MCI response.

Clinically Focused Plans, Toolkits Algorithms	Description / Responsibility	Anticipated Applications during Response
	<p>Plans include (see entries below for details)</p> <ul style="list-style-type: none"> • Burn Surge Annex • Chemical, Radiation, Nuclear Surge (CRN) Annex & Clinical Toolkit • Pediatric Surge Annex & Toolkit 	<ul style="list-style-type: none"> • To be implemented by individual healthcare facilities
Burn Surge Annex	<p>A surge in burn injury patients requires a significant amount of coordination and collaboration to provide the best care possible. A burn mass casualty incident (BMCI) is defined as an incident where capacity and capability may significantly overwhelm a local response, thus necessitating coalition, state, and/or federal coordination.</p>	<p>This Burn Surge Annex is intended to be flexible to fit the needs of the response to a BMCI. It contains guidelines for burn surge response in the Northwest Healthcare Response Network (NWHRN) service area, including a concept of operations, roles and responsibilities, and special considerations. Appendices provide resources to assist individual facilities in the development of individual burn surge plans, including staff training and augmentation, supplies and equipment, and clinical considerations including information for scarce resource planning.</p>
Chemical, Radiation, Nuclear Surge (CRN) Annex & Clinical Toolkit	<p>A large CRN disaster event requires the coordination of multiple community partners including Fire/Emergency Medical Services (EMS), hospitals, clinics, urgent care centers, long-term care facilities, healthcare coalitions, health departments, emergency management, and other supporting partners. In order to provide the best medical care possible during such an event, preparedness and coordination are key.</p>	<ul style="list-style-type: none"> • Annex provides hazard-specific supplemental guidance to support a coordinated healthcare response to a CRN emergency in which the number and severity of exposed or possibly exposed patients challenge the capability of the healthcare coalition facilities. The annex along with the corresponding CRN Clinical Toolkit will outline specific incident response protocols and treatment guidelines, to properly plan for,

Clinically Focused Plans, Toolkits Algorithms	Description / Responsibility	Anticipated Applications during Response
	<p>The key to managing any type of mass casualty event or medical surge is to ensure all facilities, not only specialty facilities can stabilize and manage all types of patients. Non-specialty facilities must be able to surge and manage potential CRN exposed or contaminated patients.</p>	<p>manage, and care for patients during a CRN emergency.</p>
<p>Infectious Disease Surge Annex</p>	<p>The Infectious Disease Surge Annex outlines a coordinated regional response to potential healthcare related consequences of an infectious disease surge. It identifies roles, responsibilities, and interdependencies of regional response agencies involved in an infectious disease surge response, including the coordination of healthcare organizations, Local Health Jurisdictions (LHJs), Tribal Governments, Emergency Medical Services (EMS) and other local and state partners. The Annex has been developed through the collaboration and expertise of local, state, tribal public health partners and other partners in healthcare, infection prevention and disease, and emergency management, and will serve as a template for infectious disease outbreak response efforts within the NWHRN service area.</p>	<ul style="list-style-type: none"> • The Infectious Disease Surge Annex identifies roles, responsibilities, and interdependencies of regional response agencies involved in an infectious disease surge response, including the coordination of healthcare organizations, Local Health Jurisdictions (LHJs), Tribal Governments, Emergency Medical Services (EMS) and other local and state partners.
<p>Pediatric Surge Annex & Toolkit</p>	<p>Pediatric Surge Annex provides operational and clinical plans to manage a pediatric surge incident. A key component of this plan is Appendix B: “Planning and Caring for Pediatric and Neonatal</p>	<ul style="list-style-type: none"> • Concept of operations for a coordinated pediatric regional response in the NWHRN service area

Clinically Focused Plans, Toolkits Algorithms	Description / Responsibility	Anticipated Applications during Response
	Patients in Disasters: Inpatient and Outpatient Guidelines “also known as the “Pediatric Toolkit”.	
NWHRN Clinical Tip Sheets	Informational documents addressing behavioral health surge in different populations <ul style="list-style-type: none"> • Adult Behavioral and Mental Health Clinical Tip Sheet • Pediatric Behavioral and Mental Health Clinical Tip Sheet • Staff Behavioral Health and Mental Health Clinical Tip Sheet • NWHRN MCI Mental Health Tip Sheet for Healthcare Facilities • NWHRN MCI Mental Health Tip Sheet for Jurisdictions 	<ul style="list-style-type: none"> • See entries below <p>http://nwhrn.org/clinical-tip-sheets/</p>
<ul style="list-style-type: none"> • Adult Behavioral and Mental Health Clinical Tip Sheet 	Use of trauma-informed care considering both physical and behavioral health needs. Symptoms of distress are normative and expected following a significant event and typically will resolve with time and basic support. However, specific traumatic exposures, such as witnessing deaths or injuries, can lead to higher risk for a new mental health disorder.	<ul style="list-style-type: none"> • Tip sheet includes general guidelines and succinct clinical tips and resources in evaluating and managing the mental health impacts to adults during a disaster or disruptive event.
<ul style="list-style-type: none"> • Pediatric Behavioral and Mental Health Clinical Tip Sheet 	Use of trauma-informed care with pediatrics during disaster, considering physical and behavioral health needs and treating them within the context of the family unit. Awareness that	<ul style="list-style-type: none"> • Tip sheet includes general guidelines and succinct clinical tips and resources for evaluating and managing the mental health impacts of children during a disaster or

Clinically Focused Plans, Toolkits Algorithms	Description / Responsibility	Anticipated Applications during Response
	<p>exposure to particular traumatic events, such as witnessing deaths or injuries, can increase risks for new mental health disorders.</p>	<p>disruptive event. More in-depth clinical planning guidelines and response resources as well as evidenced based background can be found in the NWHRN Pediatric Clinical Toolkit</p>
<ul style="list-style-type: none"> • Staff Behavioral and Mental Health Clinical Tip Sheet 	<p>Use of trauma-informed care including both physical and behavioral health needs to support staff providing care during the event and that may also be impacted by the incident or event. Staff mental health should be wholistic in approach, addressing and recognizing that family, friends, pets and personal property can be affected.</p>	<ul style="list-style-type: none"> • Included in the tip sheet are general guidelines and succinct clinical tips and resources in evaluating and managing the mental health impacts of children during a disaster or disruptive event. The NWHRN Clinical Tip-Sheets are designed to be a quick reference and Just-in-Time (JIT) resource.
<ul style="list-style-type: none"> • NWHRN MCI Mental Health Tip Sheet for Healthcare Facilities 	<p>This document provides all types of healthcare facilities with suggested key planning assumptions, proposed objectives, potential strategies and resources to support disaster mental health planning for an MCI.</p>	<ul style="list-style-type: none"> • Lists planning assumptions, effective disaster mental health objectives by response phase: preparedness, immediate, short-term recovery, long-term recovery and strategies specifically geared for healthcare facilities. • Lists disaster mental health strategies to support the outlined objectives
<ul style="list-style-type: none"> • NWHRN MCI Mental Health Tip Sheet for Jurisdictions 	<p>This document provides city and county emergency planners with key planning assumptions, proposed objectives, potential strategies, and resources to support disaster mental health planning for an MCI.</p>	<ul style="list-style-type: none"> • Lists planning assumptions, effective disaster mental health objectives by response phase: preparedness, immediate, short-term recovery, long-term recovery specifically geared for jurisdictions • Lists disaster mental health strategies to support the outlined objectives

Clinically Focused Plans, Toolkits Algorithms	Description / Responsibility	Anticipated Applications during Response
<p>NWHRN Scarce Resource Management Cards and Algorithms</p>	<p>Individual subject specific cards with strategies for scarce resource situations. Cards include:</p> <ul style="list-style-type: none"> • Behavioral Health – Patient Planning and Response • Behavioral Health – Staff Planning and Response • Blood Products • Burn Triage • Hemodynamic Support and IV Fluids • Mechanical Ventilation/External Oxygenation • Oxygen • Renal Replacement Therapy • Particulate Respirators and General PPE • Staffing <p>Each card outlines three levels of capacity:</p> <ul style="list-style-type: none"> - Conventional - Contingency - Crisis <p>Cards include recommendations by capacity level for conservation and/or extending resources on hand</p>	<ul style="list-style-type: none"> • Resources to support individual healthcare facilities in preparing for and responding to a mass casualty which may cause a shortage of supplies or resources during the incident response
<p>Pediatric Behavioral Health Surge Plan and Tipsheets</p> <ul style="list-style-type: none"> • Healthcare Facilities • Jurisdictions 	<p>Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) establishes regional partnerships to enhance capability and capacity to provide highly specialized care to pediatric patients.</p>	<ul style="list-style-type: none"> • These tipsheets provide emergency planners with key planning assumptions, proposed objectives, potential strategies, and resources to support disaster mental health planning for a mass casualty incident (MCI).

World Cup 2026 Washington State Healthcare Mass Casualty Incident Annex Combined

PART I – In-Depth Descriptions

Part I lays out, in detail, the partners, organizational structures and general plans that are in place and would be utilized in the event of a large-scale mass casualty incident that would activate this plan. The information below matches the grids of participants, teams, groups, entities, plans and clinical plans that are listed in the Base Annex and gives much more in-depth information including links to organizations or documents available.

Participants, Teams, Groups, Entities, Plans, Clinical Plans

Each entry includes an overview, response considerations and links to organizations or documents. The organization of the information follows the sections established in the Base Annex:

- Organizational and Support Entities
- Organizational and Support Plans, Frameworks and Capabilities
- Clinically focused Support Entities
- Clinically focused Plans, Toolkits, Algorithms

Organizational and Support Entities

WA Governor's Office

Overview

The Governor's Office provides executive leadership and statewide direction during a large-scale mass casualty incident (MCI), ensuring rapid mobilization of state resources and coordination across agencies. The Governor has the authority to issue emergency proclamations to activate state powers, waive or suspend regulations, deploy the National Guard, and authorize access to emergency funds. When an incident's needs exceed state capability, the Governor, through the Washington Military Department's Emergency Management Division, requests federal assistance, including FEMA disaster declarations, HHS/ASPR public health and medical support, and other federal assets. The Governor's Office also facilitates high-level intergovernmental

coordination, public messaging, and policy decisions needed to sustain an effective statewide response and support affected jurisdictions.

Response considerations

The Governor considers the input of his departments and advisors when considering actions particularly related to emergency proclamations. An emergency declaration may loosen restrictions, make resources easier to mobilize and utilize and allows exemption waivers easing specified statutory requirements.

Link

<https://governor.wa.gov/office-governor/office/official-actions/proclamations>

WA Military Department, Emergency Management Division (WA EMD)

Overview

The Washington Military Department's Emergency Management Division (EMD) coordinates statewide preparedness, response, and recovery activities during large-scale or complex incidents, including mass casualty incidents (MCIs). EMD maintains the State Emergency Operations Center (SEOC), which serves as the hub for interagency coordination, statewide situational awareness, and resource management. During an MCI, EMD supports affected local jurisdictions by facilitating rapid information sharing, processing resource requests, and aligning state, federal, tribal, and private-sector support. When incident needs exceed local and state capabilities, EMD leads the escalation and request process for federal assistance through FEMA, HHS/ASPR, and other federal partners. EMD also coordinates cross-jurisdictional operations when multiple MCIs occur simultaneously across Washington, ensuring prioritization, deconfliction, equitable distribution of scarce resources, and maintaining a unified statewide operating picture.

Response Considerations

During state emergencies, EMD manages the State Emergency Operations Center and coordinates the response to ensure help is provided to those who need it quickly and effectively. The EOC is designated as the central location for information gathering, disaster analysis, and response coordination. Other state agencies with emergency roles may come to the EOC to help coordinate the state response. Federal government agencies, along with state and local volunteer organizations, also may provide representatives. At the EOC information gathered is used by executives to make decisions concerning emergency actions and to identify and prioritize the use of state resources needed to respond to the emergency. The EOC may

issue emergency warnings or disseminate critical information and instructions to government personnel and the public who may need to take emergency protective actions.

Link

<https://mil.wa.gov/emergency-management-division>

WA State Emergency Management Unified Command

Overview

Response to a significant mass casualty incident will involve different response agencies from many different levels of government, particularly if there is federal involvement.

Representatives from these entities work together, under the formal structure of Unified Command, to coordinate their actions and communicate with one voice. Which agencies need to be invited into Unified Command depends on the subject, scope, impact and duration of the particular response.

Response Considerations

When there is a need to activate this MCI plan and stand-up Unified Command, WA State EMD will generally be the lead.

Link

<https://mil.wa.gov/emergency-management-division>

WA State Department of Health

Overview

- If no state or DOH activation has occurred, partners will make requests for support through the DOH duty officer.
- Partners typically route requests for support through their local emergency management division if it is activated.
- If the SEOC is activated for response, requests will flow from local EMD to the SEOC. Requests for public health, medical, or mortuary support will be routed to the ESF#8 desk.
- If the SEOC is not activated, but DOH has established a readiness group or an IMT, partners may make requests directly to those response elements.

Response Considerations

Logistics and Administration support and management including:

- Resource Request Management
 - State resource management is coordinated at the Medical Logistics Center (MLC)
- Waivers
- Financial tracking
 - Upon notification of a response, the DOH Office of Financial Services (OFS) establishes necessary funding codes that are affixed to purchase orders, contracts, and other purchase documents related to response operations. Budget analysts track spending on the response as well as projected expenditures throughout and to the end of the budget period.

Link

<https://doh.wa.gov>

<https://doh.wa.gov/public-health-provider-resources/emergency-preparedness>

WA State DOH Emergency Preparedness WAserve

Overview

WAserve is the registration and contact system for emergency volunteers and allows medical, public health and other emergency response professionals to pre-register as emergency volunteers.

Response Considerations

If a spontaneous volunteer presents themselves to assist during an emergency and they have not previously registered with WAserve they are advised to connect with a local Volunteer Management Unit (VMU), through local Emergency Management agencies. They provide a general pool of volunteers that is managed by the local health district and/or partners. Volunteers need to register with at least one organization. Tribal volunteers can register by nation of membership and/or affiliation

Link

<https://doh.wa.gov/public-health-provider-resources/emergency-preparedness/waserve>

DOH Emergency Support Function ESF-8 / Multi-Agency Coordination Group (MAC-G)

Overview

Emergency Support Function #8 (ESF 8), under the DOH, activates medical resource support when state agencies, local government jurisdictions, military installations or tribal governments exhaust their resources or expect to exhaust their resources and capacity to provide medical services due to either an increase in patient numbers or limitations in personnel and medical resources during an emergency or disaster. The ESF 8 plan is implemented when there has been an event that requires extensive medication, medical supplies, or medical equipment. The incident is such that local jurisdictions, military installations, and tribes do not have sufficient resources of these kinds to provide treatment or prevent the spread of disease. DOH through the State Emergency Operations Center (SEOC) is responsible for locating, requesting, receiving, and redistributing the required medical materiel to save lives.

The Multi-Agency Coordination group (MAC-G) is a team effort under the auspices of ESF-8 that includes representatives from different agencies and organizations with significant operational responsibilities during incident response. They act as a conduit between state / federal agencies and state / regional / local entities regarding ESF-8 activities and responsibilities.

Response Considerations

During response to a significant mass casualty incident representatives from the affected partners with oversight and operational responsibilities will work together during the response coordination. Depending on the phase of the response, initial response, ongoing operations, or recovery there may be different partner organizations or different representatives from organizations that are already participating.

The MAC-G may be established physically, virtually or a hybrid approach. Clear lines of communication should be established early and shared with all partners.

Participants

- State EMD
- State DOH
- NWHRN
- Local Health Jurisdiction(s)
- Healthcare Coalitions (as healthcare coordination and MOCC representative)
- EMS

May also include:

- FCC
- NDMS

- ASPR
- MOCC Medical Director
- WSHA
- DSHS
- HCA
- Others as identified
- Other State Agencies as needed

Link

[WA CEMP ESF8 Appendix 1 Emergency Medical Resources](#)

<https://mil.wa.gov/asset/610b02c536073>

WA State Department of Social and Health Services (DSHS)

Overview

The Washington State Department of Social and Health Services deliver a variety of social services, employment support, safety programs and court-ordered behavioral health care. DSHS works in close collaboration with other state agencies such as Department of Children, Youth and Families, Department of Health and Health Care Authority.

Lead state agency for behavioral health issues as provided for in state law and in agency plans, policies, procedures, and practices. Collaborate with partners around behavioral health issues when outside the scope provided for in state law and in agency plans, policies, procedures, and practices.

Department of Social and Health Services (DSHS) licenses, coordinates with and maintains information regarding all long-term care facilities across the state. During medical surge incidents, DOH would utilize DSHS as a source of information regarding impacts to and functionality of long-term care facilities to support statewide healthcare situational awareness

Response Considerations

- Status of the current emergency or disaster for injuries
- Status of facilities, particularly long-term care and skilled nursing facilities for census and their ability to surge to accept early discharged patients from acute care hospitals

Link

<https://www.dshs.wa.gov>

WA State Healthcare Authority (HCA)

Overview

The Washington State Healthcare Authority (HCA) is the largest purchaser of health care in the state. HCA leads the effort on transforming health care through programs and initiatives that range from the administration of Apple Health (Medicaid) and behavioral health activities to developing models for value-based purchasing and health technology assessments. They use data to inform our decisions and work in collaboration with local communities to ensure that Washington residents have access to better health and better care at a lower cost.

Response Considerations

- Contribute to policy discussions regarding health insurance

Link

www.hca.wa.gov

NWHRN

Overview

While the exact operations of NWHRN are determined by the specifics of the disruptive incident, NWHRN, via the HECC, coordinates with healthcare as part of its response activities and capabilities. HECC support to partner organizations may include, but is not limited to, any combination of the activities below:

- Collating, analyzing, creating, and disseminating healthcare situational awareness products.
- Managing healthcare resource requests
- Initiating and administering regional patient tracking needs
- Convening healthcare leadership and clinical subject matter experts to inform response policy and operations.

Service delivery and the cadence of support can be scaled to empower decision-making capabilities, and to continue patient care and healthcare services. If the disruptive incident escalates, NWHRN will work under the authority of the impacted local health jurisdiction, typically under Emergency Support Function (ESF) 8 for Public Health, Medical, and (oftentimes) Mortuary and/or the appropriate health and medical structure within an impacted jurisdiction.

NWHRN maintains a portfolio of operational and tactical plans, annexes, and appendices that help guide the response for various disruptive events. Given its role as an intermediary between

sectors, NWHRN can develop Incident Action Plans (IAPs) inclusive of its healthcare, local health jurisdictions, and/or emergency management activities. NWHRN can convene clinical support to provide guidance and expertise to response operations and impacted organizations, including Local Health Officers (LHOs) as needed.

Response Considerations

NWHRN works with partner organizations through the varying organizational and reporting structures specific to their community. NWHRN recognizes that healthcare crosses geographic boundaries and is not bound by a specific jurisdiction. Because of this, NWHRN mirrors this multi-jurisdictional, regional healthcare approach and adapts to meet the needs of healthcare while honoring local health jurisdiction oversight

Link:

www.nwhrn.org

Below are descriptions of two functions NWHRN provides during response:

- Healthcare Emergency Coordination Center
- WATrac Support Team

Healthcare Emergency Coordination Center

Overview

NWHRN provides continued Logistics and Administrative support via their Healthcare Emergency Coordination Center HECC including:

- Convene and/or participate in regular operational meetings with healthcare, State level agencies, associations, and others as identified (frequency identified in IAP)
- Convene regular clinical meetings (frequency identified in IAP)
- Providing regular HECC Incident Action Plans (IAPs) inclusive of other healthcare and DMCC activities as needed
- Managing resource requests
- Determine if load balancing support is needed
- Activate MOCC per protocol

Response Considerations

NWHRN can activate based on internal thresholds and triggers that are met, after evaluation of healthcare data and intelligence that exposes an emerging disruptive event, and/or upon notification of a disruptive event from a partner organization. NWHRN may also activate when

healthcare exceeds their internal capacities and/or needs to enact a regional plan. However, NWHRN will first ensure that healthcare has activated and exhausted all pertinent internal plans, procedures, capabilities, and resources prior to activation. Additional instances in which NWHRN could activate include, but are not limited to, disruptive events involving:

- Regional Patient Tracking Needs
- Government/Tribal EOC Activation
- Healthcare Facility EOC/ECC Activation
- Regional Disruptive Events
- Substantial Resource Request(s)
- Proclamation(s) and/or Declaration(s) of Emergency

Upon receiving a request(s) that is beyond their capabilities, the on-call incident commander initiates communication with NWHRN leadership. Collectively, this team will activate the organization via the virtual HECC and determine which positions to activate. NWHRN positions do not activate automatically, but instead, activate and scale as needed to meet the scope of work required. NWHRN can scale regionally if the disruptive event is contained within a specific jurisdiction. NWHRN can also divide into smaller teams in the event of multiple disruptive events occurring simultaneously.

Link

www.nwhrn.org

<https://nwhrn.org/contact-us/>

WATrac Support Team

Overview

The WATrac Support Team, made up of NWHRN employees and volunteers, are available to support implementation of the WATrac Patient Tracking module, an important tool during an MCI when there is a need to reunite victims with family members, loved ones and others. While some hospital staff have been trained in using the Patient Tracking module it may be helpful to have members of the WATrac Support Team be available for support when the Patient Tracking module has been activated. Support efforts may include resetting WATrac passwords for individuals whose passwords have expired to entering patient information into the system if hospital personnel are overwhelmed.

Response Considerations

The WATrac Support Team is available to assist during disaster, when the WATrac Patient Tracking capability is needed. They can be activated by contacting NWHRN's HECC or Duty Officer.

Link

www.watrac.org

Regional Medical Operations Coordination Center (RMOCC)

Overview

If load balancing support is needed by the DMCC(s) beyond what transfer centers can provide, NWHRN will identify a RMOCC Medical Director to coordinate clinical load balancing. Logistics and Admin support will continue to be provided by NWHRN for both DMCC and RMOCC support.

Response Considerations

When there is a need to identify in-patient beds across a broad number of facilities NWHRN will stand up the RMOCC and identify an RMOCC Medical Director who will direct their team in developing resource identification and communication.

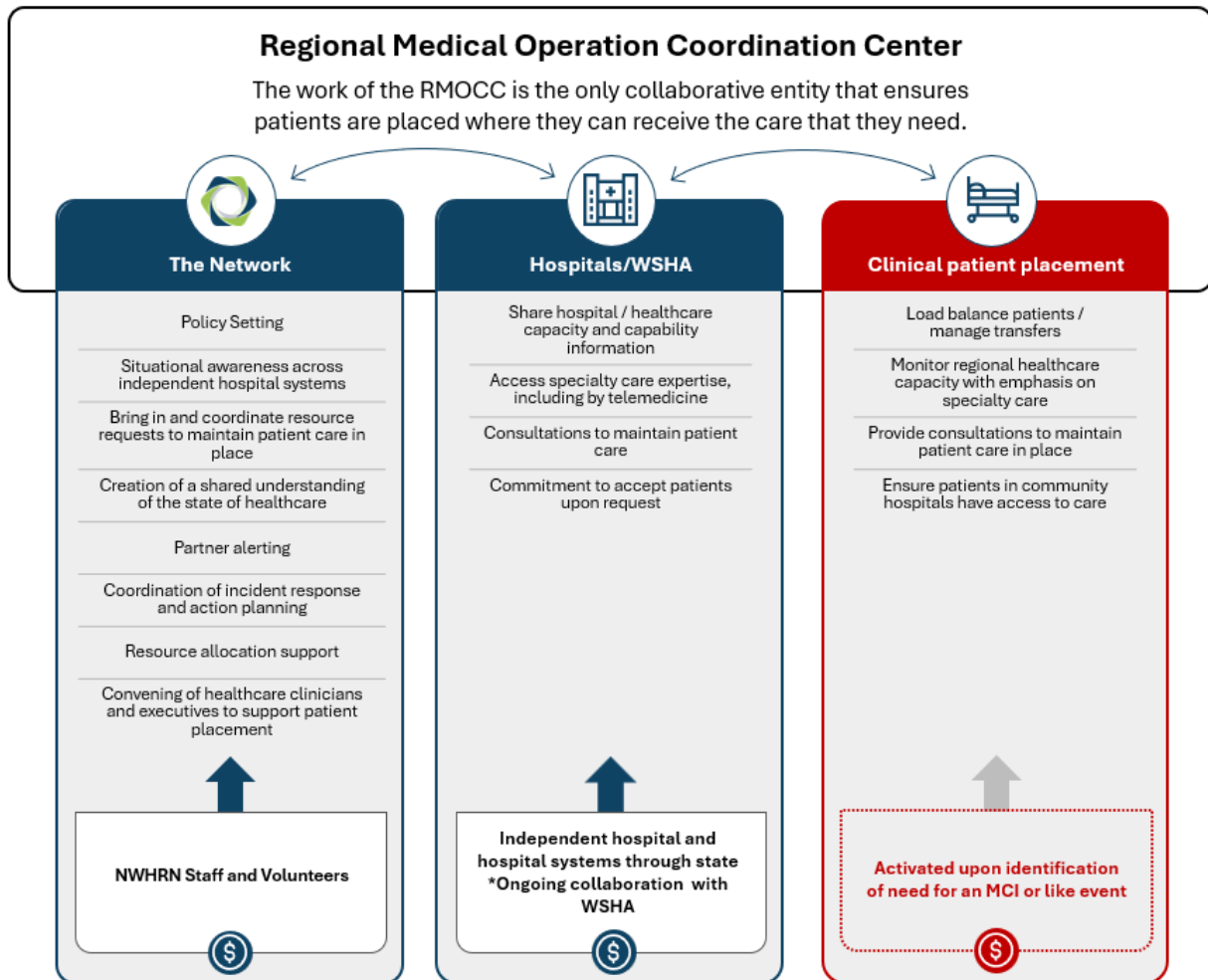
From ASPR RMOCC description

What does an RMOCC do?

- Supports balancing regional healthcare capacity and integrates with emergency management, emergency medical services (EMS), and healthcare coalitions (HCCs).
- Would be able to be stood up rapidly when strain/surge conditions interfere with ability to transfer patients.

Why are the benefits of using an RMOCC?

- Matches patients to the right treatment locations as quickly as possible.
- Maintains equity of access to hospital care.
- Keeps the regional standard of care consistent; helps avoid or reduce crisis conditions that may put patients at risk.
- Ensures patients in community hospitals have access to emergent specialty care.
- Prioritizes transfers during high volume periods when not all requests can be met.



Healthcare Leadership Group

Overview

NWHRN maintains regular communication and information sharing with healthcare organizations and facility leaders relating to information that may impact healthcare within the state. During a significant MCI response, healthcare leadership may be crucial to policy development necessary when resources such as beds, supplies and staff are scarce. The Washington State Hospital Association may also participate with this group.

Response Considerations

The Healthcare Leadership Group can be activated through the NWHRN HECC. They will send out communications to the Healthcare Leadership Group members indicating the topic(s) for discussion and the meeting method.

Link

<https://nwhrn.org/operational-activities/>

Healthcare Alliance

Overview

Facilitate emergency response planning and response support and coordination between coalitions and healthcare partners in the Oregon-Portland Metro patient catchment and with healthcare partners for incidents that occur in Clark, Cowlitz, Cowlitz Indian Tribe, Klickitat, Skamania, and Wahkiakum counties.

Response Considerations

- Provide surge support and coordination with Washington public health and healthcare coalitions.
- Works with Regional Medical Center for transfer and bed capacity.
- Ensure licensed bed tracking and patient tracking data are made available to Washington public health and coalition partners.
- Conduit for sharing essential elements of information
- Liaison with ESF-8 as applicable.

Link

<https://clark.wa.gov/public-health/healthcare-alliance>

Healthcare Alliance Advisory Committee

Overview

Represents healthcare systems across facilities and core coalition members. Provides strategic direction for workplans based on hazard and vulnerabilities and technical guidance for emergency response plans and key decision making.

Response Considerations

- Participates in planning and policy discussions
- Provides clinical technical assistance
- Advance Healthcare Alliance goals and work plans

Link

<https://clark.wa.gov/public-health/healthcare-alliance>

Public Health Entities (Local and Regional Health Jurisdictions)**Overview****Local Health Jurisdictions (LHJs)**

Washington has 35 local health jurisdictions comprised of 22 county health departments, three multi-county health districts and 10 county health and human services agencies. They are local government agencies, not satellite offices of the State Department of Health or the State Board of Health. LHJs lead the local level health and medical planning work with hospitals, healthcare partners, emergency managers, EMS, and other key partners to prepare their communities for emergencies. They may request support from DOH and delegate select response activities to DOH. LHJs carry out a wide variety of programs to promote health, help prevent disease and build healthy communities. ORHS engages with LHJs to assist them with preparedness activities through local public health emergency response coordinators (PHERCs).

Tribal Health Organizations

There are 29 federally recognized Tribes in Washington State. Washington State and the American Indian Tribes located in Washington State work together in accordance with The Centennial Accord (RCW 43.376), government-to-government, to address public health issues as part of the state's public health system. (RCW 43.70.512 & 43.70) The involvement of Indian Tribes in the development of public health policy promotes locally relevant and culturally appropriate approaches to issues of mutual interest or concern. To ensure we fulfill these responsibilities, DOH follows a consultation and collaboration procedure.

DOH also coordinates on public health policy with agencies representing and supporting Tribes in Washington such as the American Indian Health Commission (AIHC), the Northwest Portland Area Indian Health Board, Seattle Indian Health Board. Agencies providing healthcare to tribal populations including HHS Indian Health Clinics, Federally Qualified Health Centers, tribally run clinics, tribally run assisted living facilities, independent clinics serving Tribes such as the Native Project Health Clinic of Spokane, are essential healthcare preparedness and response partners

Other Partners

DOH works with many health partners including hospitals and clinics, the University of Washington School of Public Health, and Community Medicine; and state and local community-based organizations, associations, and coalitions as well as Tribal organizations and Urban

Indian Health Organizations. It also has close working relationships with federal agencies including the Centers for Disease Control and Prevention, the Department of Health and Human Services, the Department of Agriculture, and the National Institutes of Health.

Healthcare Coalitions (HCC)

Washington's HCCs exemplify a robust network, encompassing public and private healthcare organizations dedicated to preparing, responding, and recovering from emergencies and disasters. These coalitions include hospitals, clinics, home care providers, local government, emergency medical services, trauma care councils, Tribes, and other entities, working in concert to enhance regional healthcare resilience.

Our HCCs focus on building disaster-resilient healthcare systems through comprehensive planning, training, and innovative emergency response practices. Before disasters, they prepare by developing relationships, plans, and tools essential for a coordinated response. They serve as critical operational hubs during emergencies, providing situational awareness, patient tracking, and resource sharing. Post-disaster, they leverage front-line experiences to advocate for and support healthcare recovery and resilience. Currently, Washington has two HCCs:

- a. The Northwest Healthcare Response Network includes all counties except those in the Healthcare Alliance region.
- b. The Healthcare Alliance includes Clark, Cowlitz, Skamania, Wahkiakum, and Klickitat counties.

Response Considerations

Respond to the mass casualty incident occurring within the jurisdiction according to established plans, protocols, and procedures. If there is a need for resources and/or support beyond local and mutual aid capabilities, requests are to be communicated to DOH. Jurisdictional leaders may join the MAC-G and participate in information sharing and resource management.

WSHA (Washington State Hospital Association)

Overview

The Washington State Hospital Association (WSHA) represents all the hospitals in Washington State including state, military, veterans, psychiatric and physical rehabilitation hospitals. WSHA's mission is to advocate and provide value to members in achieving their missions. WSHA's primary services operate in clinical excellence, data analytics and government affairs.

Response Considerations

WSHA leadership will serve as the hospital representative to coordinate with leaders associated with an event as needed to respond to, troubleshoot and problem solve issues related to hospital access and care

- Convene hospital leaders:
 - To ensure executive leaders receive consistent information regarding the status of emergency events and what is needed from hospitals
 - For collective actions that will ensure patients who need care will have a receiving hospital available
 - To meet with state, federal and other decision-making leaders regarding policy or legal barriers to providing needed care

Link

www.wsha.org

Organizational and Support Plans, Frameworks and Capabilities

WA State Patient Movement Plan

State Patient Movement Plan Pending

Overview

WA State Patient Movement Plan outlines the activation and utilization of patient transportation resources in response to widespread emergencies, disasters, disease outbreaks, and /or other disruptive events in Washington State.

Response Considerations

Plan is still under development. Information to come.

Link

Link to come when plan is final.

WA State EMS Patient Movement Escalation Framework

This document outlines, graphically and verbally, the process flow for requesting, accessing and utilization of patient transportation resources during a mass casualty incident when the local or mutual aid the numbers of patients requiring transportation exceeds the local and mutual aid resources within the area of the incident. This process includes the escalation from local to regional to state and to Federal levels and the agencies or organizations with responsibilities within this process.

The first three pages display the actual process flow with the first page showing the full process and the next two pages showing enlarged portions of the process (done for readability). The succeeding pages discuss the actual process.

The document is not intended to be a comprehensive transportation plan and does not supersede or conflict with applicable laws or statutes. The document does not alter or impede the ability of agencies/organizations to carry out their specific authorities or perform their responsibilities under applicable laws, executive orders, and/or directives. This document does not apply to Large Scale Combat Operation (LSCO) events.

Response Considerations

Disruptive events oftentimes begin locally. In response to a disruptive event, local organizations and agencies activate and coordinate unmet needs through a unified command. A continuous flow of communication occurs amongst local response organizations, with activities including, but not limited to, the following:

- Emergency Medical Services (EMS) triaging and communicating patient statuses.
- Local Fire and Police personnel forwarding information from the field.
- Healthcare facilities treat patients and communicate bed counts and capacities.
- Local Health Jurisdictions (LHJ) and Emergency Management (EM) coordinate information, resources, and mutual aid. Northwest Healthcare Response Network (NWHRN) can assist with coordination of communication and information.
- Disaster Medical Coordination Centers (DMCC) help determine local/regional patient placement, with the State DMCC helping coordinate the DMCCs, if needed.

Depending on the nature and scale of the disruptive event, additional organizations and/or resources may need to be activated, including but not limited to the following:

- State Agency Activation
 - WA State Emergency Operations Center (EOC)
 - Operated by the WA State Emergency Management Division (EMD).

- Oversees requests to/from the Pacific Northwest Emergency Management Arrangement (PNEMA), the Emergency Management Assistance Compact (EMAC), and the Washington Mutual Aid System (WAMAS).
- WA State Department of Health (DOH) Emergency Operations Center
 - Oversees requests to/from the National Medical Transport and Support (NMTS) (also known as the National Ambulance Contract).
- Other State Agencies as needed.
- Joint Information Center (JIC) and/or Public Information Officer (PIO) coordination.
- Upon activation, State-level resources and mutual aid can assist impacted jurisdictions.

Link

<https://nwhrn.org/wp-content/uploads/2026/04/EMS-Patient-Movement-Escalation-Framework-for-WA-State.pdf>

NWHRN Plans

NWHRN maintains the following emergency response plans which are outlined below:

- Emergency Operations Base Plan
- Infectious Disease Surge Annex
- Mass Fatality Tip Sheet
- Patient Movement Plan
- Patient Tracking

NWHRN Emergency Operations Base Plan

Overview

The NWHRN Healthcare Emergency Operations Base Plan describes the principles, requirements, and guidelines underpinning operational activities that impact NWHRN and/or its partner organizations. The NWHRN Healthcare Emergency Operations Base Plan is applicable to planned and unplanned emergencies, disasters, disease outbreaks, and/or other disruptive events (hereafter referred to as disruptive events) necessitating any level of coordination and/or situational awareness in aid of NWHRN partner organizations. This plan is also applicable to situations in which healthcare's ability to manage a disruptive event independently is exceeded. This plan aims to provide an understanding of how NWHRN interconnects with partner organizations prior to, during, and after a disruptive event, while also offering context to the action's healthcare may choose to take. This plan seeks to document NWHRN roles and

responsibilities and those of NWHRN partner organizations. This plan advances NWHRN's goal of a well-prepared and resilient healthcare ecosystem.

Response Considerations

The NWHRN will first ensure that healthcare partners have activated and exhausted all pertinent internal plans, procedures, capabilities and resources prior to activation. When it is determined there is a need for NWHRN activation the Base plan and associated annexes will guide their response activities. NWHRN works with partner organizations through the varying organizational and reporting structures specific to their community. Because healthcare crosses geographic and jurisdictional boundaries NWHRN works in a multi-jurisdictional, regional healthcare approach and adapts to meet the needs of partners while honoring local health jurisdiction oversight.

NWHRN Emergency Operations Plan can be found here:

<https://nwhrn.org/wp-content/uploads/2025/10/NWHRN-Healthcare-Emergency-Operations-Base-Plan-Oct-2025.pdf>

NWHRN Mass Fatality Tip Sheet

Overview

Fatality surges that may impact healthcare could be caused by a variety of scenarios: mass casualty incidents; regional disruption to transportation, communications, or energy infrastructure; impacts to body storage vendors; high consequence infectious disease outbreaks and others. Washington is unlikely to be significantly impacted by local surges, however; regional impacts on critical infrastructure or catastrophic incidents could overwhelm healthcare and morgue operations.

Response Considerations

When there is an incident that may cause a surge of fatalities, when activated NWHRN will provide situational awareness specific to the event, coordinate information and response activities including resource requesting.

Link

https://nwhrn.org/wp-content/uploads/2024/06/NWHRN-Mass_Fatality_Tip_Sheet.pdf

NWHRN Patient Movement Plan

Overview

The NWHRN Patient Movement Annex describes the support and coordination NWHRN provides partner organizations before, during and after disruptive events involving patient movement, placement, tracking and/or family reunification efforts. This annex outlines the roles and responsibilities of both NWHRN and its partner organizations for these types of disruptive events, and how NWHRN integrates into existing partner organization responses. The Patient Movement Plan may be activated in conjunction with or in support of patient movement, placement, tracking and/or family reunification efforts.

Response Considerations

Upon receiving a request to activate NWHRN will activate the HECC and internal positions necessary to respond to the disruptive event. NWHRN works as an intermediary between private and public sectors of Washington State healthcare.

Working under the authority of the jurisdiction impacted by the disruptive event, NWHRN will support partners and appropriate command leadership as they implement action items into the rhythm of the response to execute missions and responsibilities in real time. Some patient movement, placement, tracking, and family reunification efforts may require waiver support from DOH, the Center for Medicare and Medicaid Services (CMS), and/or other regulatory agencies. Requests for waivers will be made through the jurisdiction(s) impacted by the disruptive event

Link

<https://nwhrn.org/wp-content/uploads/2025/11/NWHRN-Patient-Movement-Annex-2025-Oct.pdf>

NWHRN Patient Tracking

Overview

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).

Response Considerations

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.

Link

https://nwhrn.org/wp-content/uploads/2026/04/NWHRN-Patient-Tracking-Appendix_WC26-MCI-Annex.pdf

Resource Requesting

Overview

If a healthcare facility has a resource need that they urgently need the facility should attempt to fulfill the resource need through their established sources and partners. If the needed resource is not available from any of those sources and it is still urgently needed the facility may contact NWHRN for assistance with a Resource Request. The NWHRN website has information on resource requesting and the necessary forms.

Response Considerations

- Identify the specific need
- Attempt to fill need with internal sources and vendors
- Exhaust all internal sources and vendors
- Contact NWHRN and consult with NWHRN Senior Medical Advisor
- Complete the 213RR form
- Resource Request Alert sent to partners
- Resource identified (if available) and facilities connected

Link

<https://nwhrn.org/213rr-resource-request-process/>

Resource Request Flow Chart

https://nwhrn.org/wp-content/uploads/2025/12/NWHRN_Resource_Requesting_Flow_2025.12.11.pdf

WATrac

Overview

The Washington System for Tracking Resources, Alerts, and Communication (WATrac) is a web-based application serving the Washington healthcare community by providing three distinct functions:

1. daily tracking of facility status and bed availability,
2. incident management and situational awareness during a disaster response and,
3. emergency tracking of patients from an incident scene to hospitals to support family reunification, during large scale events like MCI's or facility evacuations.

WATrac is first and foremost for prehospital status to support EMS function to deliver patients to hospitals for care. Secondly, WATrac status and bed information is for any other healthcare agency use including transfers from one agency to another for follow on care.

Response Considerations

Upon learning of a mass casualty or impending surge of patients the DMCC or the HECC can request WATrac to send out a bed update notification to hospitals asking for bed numbers to be updated within a specified time. The DMCC uses the updated bed information to facilitate

patient placement. Updated bed information supports DMCC destination decisions for patient placement.

The WATrac system includes the capability for patient tracking. This capability must be requested and is approved for activation by the WA State DOH. The patient tracking capability supports the reunification families and those that are injured.

Link

<https://nwhrn.org/what-we-do/watrac/>

www.watrac.org

Family Reunification Capabilities

Overview

Generally, a Family Reunification Center and/or process connects hospitalized patients with their families, loved ones and/or caregivers during an emergency or disaster when people may become separated from each other

Local and regional Emergency Management organizations likely have established family reunification plans for their jurisdictions. When their resources have been exhausted, they may reach out for mutual aid from surrounding communities. Either the Health and Human Services or ESF-6 functions within a jurisdiction will be responsible for the reunification process.

The Washington State CEMP ESF-6 document includes a plan for Reunification Services which provides facilitated assistance for children separated from their parent(s)/legal guardian(s), as well as adults from their families, due to disaster. The plan supports reunification efforts at the local, state, and tribal levels with technical assistance.

Hospitals may also have their own Family Reunification plans including plans for managing separated children.

Response Considerations

When there is a need to activate the ESF-6 plan the State Emergency Operations Center (SEOC) will notify the Mass Care Lead who will bring in two primary agencies: DSHS and the American Red Cross to help begin coordination.

When unaccompanied children arrive at the hospital the facility should consider the circumstances and if there are more than one unaccompanied child when deciding whether to activate their Hospital Family Reunification Center plans.

Link

WA EMD ESF-6 Mass Care, Emergency Assistance, Temporary Housing and Human Services

https://mil.wa.gov/asset/6786f625e554b/ESF%206%20Annex_Final%20Update.pdf

(link says “ESF-3” but links to the ESF-6 document)

Pediatric Pandemic Network: Pediatric Patient Tracking and Family Reunification Information:

<https://pedspandemicnetwork.org/disaster-response-collaborative/drc-collaborative-sessions/focus-area-reunification/>

Mass Casualty Incident (MCI) plans (local, regional, state)

Overview

Local and regional jurisdictions have their own mass casualty plans for responding to an incident with multiple casualties. These plans include mutual aid agreements for neighboring resources to assist with the response.

Response Considerations

When use of the local MCI plan and mutual aid resources have been exhausted the jurisdictions may request the state Emergency Operations Center activate this state MCI plan. Activation of the State MCI plan initiates communication and coordination of resources within the state to address the significant mass casualty incident.

Link

Contact local or regional emergency management organizations to inquire about their mass casualty plans.

Clinically Focused Support Entities

Coroner/Medical Examiner (regional, local)

Overview

In all cases where the duties of any county office are greater than can be performed by the person elected to fill it, the officer may employ deputies and other necessary employees with the consent of the board of county commissioners.

There is no State Medical Examiner in Washington.

Washington Association of Coroners and Medical Examiners (WACME) is a professional organization of county coroner/medical examiners and their deputies in Washington State.

Disaster Mortuary Operational Response Teams (DMORT) are a part of the NDMS system. They are deployed to supplement federal, state, local, tribal and territorial resources at the request of local authorities. DMORT teams are strategically located around the country: Frederick, MD; Fort Worth, TX; San Jose, CA.

Response Considerations

If there is the possibility of fatalities for a given mass casualty incident the Coroner or Medical Examiner should be contacted as soon as possible and incorporated into the incident management process

Link

<https://countyofficials.org/289/About-WACME>

<https://aspr.hhs.gov/NDMS/Pages/dmort.aspx>

Disaster Medical Coordination Center (DMCC) Regional Framework and Operational Plan

Overview

A Disaster Medical Coordination Center (DMCC) is a designated hospital-based coordination function that can be activated during acute emergencies, designed to support optimal patient outcomes and efficient distribution of patients across the healthcare system. This patient placement effort is supported by first responders, the DMCC, receiving hospitals, and regional healthcare coordination partners, each fulfilling a specific role in the overall response. Though not a legal or statutory authority, the DMCC serves as a voluntary coordination mechanism, led by trained staff and healthcare partners, to ensure efficient placement, equitable use of resources, and distribution to support healthcare facilities during acute surge.

DMCC responsibilities include coordinating patient placement from the field to hospitals across the region, communicating with EMS and healthcare partners, and maintaining visibility of patient distribution across the region. The DMCC does not direct clinical care, deploy ambulances, or assume clinical responsibility. It provides a coordination overlay to ensure resources are used wisely, gaps are identified early, and information flows between field providers, hospitals, and emergency management.

Ultimately, the DMCC exists to support the system. It augments established EMS, trauma, and hospital protocols by offering an organized, real-time placement based on hospital capabilities and patient needs during critical incidents while balancing patient placement and resources. Though volunteer-driven and not formalized under statute, its role is increasingly recognized as essential for promoting regional resilience in disaster response.

Response Considerations

DMCC activation may be warranted in any event generating, or potentially generating, a patient volume that exceeds the capacity of a single receiving hospital. Notification typically originates from either the EMS field command (i.e., the on-scene incident commander), the county emergency management agency, or the hospital's Administrator On-Call (AOC). Response is not limited to a predefined number or category of patients; rather, it is based on the regional healthcare system's inability to manage patient flow through routine channels and support the equitable and efficient distribution of patients across the region.

Activation will vary by county and healthcare facility. For regional specifics, please reference the associated annexes. If at any time, there is a question whether the DMCC should be activated, move forward with activation and make the notifications to response partners. This will provide situational awareness and the DMCC can determine internal actions. The DMCC is typically activated for MCI situations, but requests for activation from hospitals, EMS partners, NWHRN, or City, County and State partners, will be assessed according to the DMCC protocols and regional response framework.

DMCC may activate (according to protocols) for the following:

- Mass Casual Incident (MCI) is declared in the field
- Significant deployment of dispatched or requested ambulances at the scene of an incident
- Specific terrorism threat with IED or WMD

Upon receiving notice, the designated DMCC will assess the concern and need for activation. If response is required, the DMCC will confirm activation and begin assembling its response team.

- 1) Activate call-down procedures to notify regional hospitals and response partners
- 2) Work alongside NWHRN to initiate WATrac incident activation within the emergency response framework for patient tracking and shared situational awareness.
- 3) Prepare forms for rapid intake for initial information gathering.
 - Utilize forms and tools to document incident specifics, including event location, contact details, estimated number of patients, and triage levels should be employed and readily available for use, including downtime practices.

Link

<https://Nwhrn.org/dmcc-coordination-and-collaboration>

State Disaster Medical Coordination Center (State DMCC)

Overview

This function is still in development. More information will be added here as the plans are finalized.

Response Considerations

More information will be added as the plans are finalized.

Link

Link to come.

Emergency Medical Services (EMS)

Overview

Emergency Medical Services (EMS) provides patient care from where they are injured and transport to a healthcare facility for definitive care. EMS capabilities include municipal, private and volunteer services and resources.

Regional EMS oversight entities oversee the delivery of emergency medical care within their regions and ensure they reflect state standards

Response Considerations

Individual jurisdictions and organizations should assess the impact of the mass casualty incident and assess the level of response needed and duration. Leadership will evaluate the impact and consider the need to implement this mass casualty annex.

Healthcare Case Management

Overview

Case management is a collaborative process of assessment, planning facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive needs through communication and available resources to promote

patient safety, quality of care and cost-effective outcomes. Case Managers work at all types of healthcare organizations.

Response Considerations

In a prolonged incident response hospital Case Managers will be vital in supporting patients moving through the continuum of care. This will help open beds up to receive new patients. Case Managers would coordinate with their facility's Incident Management Team in facilitating patient care and appropriate placement during a surge. Contact Case Management personnel at the specific facility of interest.

Hospitals

Overview

The international players and fan base that the FIFA World Cup represents brings a lot of potential challenges to healthcare partners, particularly hospitals. UW Medicine and Providence Swedish emergency preparedness partners, in conjunction with NWHRN, have developed a Hospital Preparedness Checklist to assist hospitals in working toward being prepared for this exciting event. (A link to the Hospital Preparedness Checklist can be found below under "Link".) The checklist includes the following sections:

- Leadership, Governance & Coordination
- Risk Assessment & Situational Awareness
- Special Pathogens & Infectious Disease Preparation
- Mass Casualty Incident (MCI) Preparedness
- Fatality & Decedent Management
- Clinical Operations & Staffing
- Language Access & Informed Consent
- Human Trafficking Awareness, Identification & Response
- Behavioral Health & Substance-Related Surge
- Security & Public Safety
- Transportation & Traffic Impact Planning
- Cybersecurity & Technology Resilience
- Communications & Information Management
- Logistics & Supply Chain
- Training, Exercise & Readiness Validation
- Staff Safety, Wellness & Equity
- Recovery & After-Action Planning

Response Considerations

Response considerations lie in the preparation having taken place in advance of the games. The checklist will assist in those activities.

Because not all hospitals offer the same patient care capabilities, it is important that there is a general understanding, on the part of those directing patients to hospitals, of what special care capabilities are available at what hospitals. This applies to the DMCC's (regional or state) in directing patient destinations to EMS and between hospitals when patients need to be transferred to other facilities for care.

Link

https://nwhrn.org/wp-content/uploads/2026/03/Hospital-Preparedness-Checklist-FIFA-Worldcup_2026-03.pdf

Long Term Care and Skilled Nursing Facilities

Overview

Long Term Care (LTC) and Skilled Nursing Facilities (SNF) assist in mass casualty incidents by assisting hospitals to decompress, thus opening beds for patients needing acute care. Hospitals discharge patients that are appropriate for receiving care at either an LTC or SNF. As the LTC/SNF's receive these patients they may surge above their normal capabilities. Because of this these facilities will need support in providing resources and staff to cover the added need for patient care. LeadingAge is a non-profit organization providing resources in support of caring for older adults. DSHS is another state resource in support of aging care.

Response Considerations

When there is a significant mass casualty incident within the state the LTC/SNF's will be informed that they need to prepare to receive a surge of patients from hospitals. Each facility should implement their internal surge response plan.

Link

<https://www.dshs.wa.gov/altsa/long-term-care-services-information>

Clinically Focused Plans, Toolkits, Algorithms

NWHRN Clinical Plans Specialty Care Plans

Burn Surge Annex

The purpose of this Annex is twofold: 1) to provide healthcare with the information and tools necessary to develop internal burn surge response plans per the burn capabilities within their facility, and 2) to provide a concept of operations to support a coordinated regional surge response within the NWHRN service area in the event of a BMCI. The goal of this Annex is to ensure the highest standard of care possible for the greatest number of patients.

Overview

Specifically, the purpose of this Annex is to:

- Ensure that all inpatient hospital facilities will be prepared to care for burn patients to the best of their capability and have burn disaster plans to accommodate burn surge.
- Provide information for scarce resource planning, such as addressing staffing resources and specialized supplies.
- Define roles and responsibilities for healthcare, the NWHRN, Local Health Jurisdictions (LHJs), local response agencies (including local DMCCs, the State DMCC, and the WMCC), emergency management, state and federal partners in a burn surge response.
- Describe procedures for communications and coordination among public health, emergency management, healthcare agencies, and other local, state, and federal partners during a burn surge response.

Response Considerations:

The Burn Surge Annex outlines concepts, tools and resources that may be needed when addressing a surge of burn patients within NWHRN's service area:

- Provides clinical resources, especially for those facilities not routinely caring for burn patients.
- Provides burn-specific coordination information needed to inform response between healthcare and all stakeholders who are vital for a successful burn response, which includes but is not limited to public health, healthcare agencies, the local/state Disaster Medical Coordination Centers (DMCCs), emergency management, and any state and federal partners.
- Provides burn-specific information for safe patient transfer and tracking, specifically addressing unique aspects of burn patients (e.g., burn degree severity, triage, pediatric patient care, and the management of an unaccompanied minor).

Link:

<https://nwhrn.org/wp-content/uploads/2025/08/NWHRN-Burn-Surge-Annex-FINAL.pdf>

*Chemical, Radiation, Nuclear Surge Annex and Clinical Toolkit***Overview**

The NWHRN CRN Emergency Surge Annex provides hazard-specific supplemental guidance to support a coordinated healthcare response to a CRN emergency in which the number and severity of exposed or possibly exposed patients challenge the capability of the healthcare coalition facilities. The annex along with the corresponding CRN Clinical Toolkit will outline specific incident response protocols and treatment guidelines, to properly plan for, manage, and care for patients during a CRN emergency. The purpose of the CRN Emergency Surge Annex is to:

1. Ensure all healthcare facilities are prepared to respond to a CRN emergency.
2. Describe procedures for activation, communication and coordination among public health, emergency management, healthcare organizations, and all other relevant partners during a CRN response.
3. Define the roles and responsibilities for healthcare facilities, the NWHRN, LHJs, local and regional response agencies including the Washington Medical Control Center (WMCC) and local Disaster Medical Coordination Centers (DMCC), EMS/Fire/HAZMAT, non-governmental, local, state, federal, and tribal partners in a CRN emergency surge response.
4. Link this Annex to appropriate NWHRN plans and Toolkits.

Response Considerations:

The CRN Emergency Surge Annex is an operational annex to the larger NWHRN Healthcare Systems Emergency Response Plan and is applicable when there is a major CRN emergency. This annex is not applicable for minor chemical, biologic, or radiologic exposures. This annex also does not supersede existing facility, county, regional or state plans and procedures for CRN emergency response.

Link:

https://nwhrn.org/wp-content/uploads/2025/08/NWHRN_CRN_Annex_Toolkit_2024.pdf

NWHRN Infectious Disease Surge Annex

Overview:

The purpose of the Infectious Disease Surge Annex is to serve as a concept of operations for a coordinated regional response in the NWHRN service area related to the potential healthcare related consequences of an infectious disease surge. The Annex describes the coordination of decision making, operations, communication, and demobilization/recovery for an infectious disease surge response.

Response Considerations:

The annex may be activated during any infectious disease event that warrants coordination between healthcare organizations when the day-to-day resources and plans are insufficient to address the current or anticipated infectious disease response needs and may occur concurrently with the activation of other plans.

The Annex is meant to facilitate a rapid response activation. Therefore, request for activation of the Annex may originate from any local healthcare organization, local and/or state DMCC, LHJ, local/state emergency management as well as the NWHRN Duty Officer and leadership. Where it is appropriate and time permitting, parties should consider consulting with other LHJs, local emergency management, or any other regional entities or emergency response partners that may be impacted by the infectious disease surge event.

Link:

https://nwhrn.org/wp-content/uploads/2025/08/NWHRN_Annex_InfectiousDisease_Surge_2021.pdf

Pediatric Surge Annex & Toolkit

Overview:

The purpose of the Pediatric Surge Annex and Toolkit is twofold: 1) to provide healthcare with the information and tools they need to develop internal pediatric disaster response plans; and 2) to provide a concept of operations for a coordinated pediatric regional response in the NWHRN service area. The Annex describes the coordination of decision making, operations, communication and deactivation/recovery for pediatric disaster response. Specifically, the purpose of the Annex is to:

1. Ensure that all in-patient hospital facilities will be prepared to care for pediatric patients and have disaster surge plans to accommodate pediatric surge.

2. Provide clinical resources (i.e. the Pediatric Toolkit) especially for those not routinely caring for the pediatric patient.
3. Provide pediatric specific information needed to inform response coordination between healthcare and all stakeholders who are vital for a successful pediatric response, to include but not limited to: public health, prehospital agencies, Disaster Medical Coordinating Centers (DMCC), emergency management and any state and federal partners.
4. Provide pediatric specific information regarding patient tracking specifically addressing unique aspects pertaining to the care of pediatric patients: (i.e. unaccompanied minors, non-verbal, critically ill, etc.).
5. Describe procedures for sharing and/or prioritizing scarce resources.
6. Define roles and responsibilities for healthcare, the NWHRN, LHJs, local response agencies, emergency management, state, and federal partners in a pediatric preparedness and response.
7. Describe procedures for communications and coordination among public health, healthcare agencies and other local partners during a pediatric response.
8. Link this Annex to appropriate NWHRN plans and Toolkits

Response Considerations:

1. Provide clinical resources (i.e. the Pediatric Toolkit) especially for those not routinely caring for the pediatric patient.
2. Provide pediatric specific information regarding patient tracking specifically addressing unique aspects pertaining to the care of pediatric patients: (i.e. unaccompanied minors, non-verbal, critically ill, etc.)

Links:

<https://nwhrn.org/pediatric-surge-annex-clinical-toolkit/>

https://nwhrn.org/wp-content/uploads/2021/02/Pediatric-Surge-Annex-FINAL-2020_9_30.pdf

NWHRN Clinical Tip Sheets

Adult Behavioral and Mental Health Clinical Tip Sheet

Overview

In all disasters and critical events there will be a range of mental and behavioral responses and a range of resilience and mental health risk. It will be important to identify, recognize and to provide some level of mental health support across that range. To appropriately care for patients in any clinical setting, including hospitals, outpatient treatment clinics and alternative

care facilities such as field clinics, it is necessary to employ trauma-informed care, considering both physical and behavioral health needs. Symptoms of distress are normative and expected following a significant event and typically will resolve with time and basic support. However, specific traumatic exposures, such as witnessing deaths or injuries, can lead to a higher risk for a new mental health disorder

Response Considerations

Included in the tip sheet are general guidelines and succinct clinical tips and resources in evaluating and managing the mental health impacts to adults during a disaster or disruptive event. The NWHRN Clinical Tip-Sheets are designed to be a quick reference and Just-in-Time (JIT) resource.

Suggestions for use of the tipsheet during response includes:

- Identify and triage those who are at higher risk of developing a new disorder
- Utilize universal interventions to support individuals and families in attending to their basic needs, understanding a “common response to an uncommon situation”, promoting positive coping behaviors

Link

https://nwhrn.org/wp-content/uploads/2025/12/NWHRN-CTS_Adult_BH_MH_2025-12-17_FINAL.pdf

Pediatric Behavioral and Mental Health Clinical Tip Sheet

Overview

for both adult and pediatric patients. To appropriately care for the mental health of a child in a disruptive event, it is necessary to employ trauma-informed care, considering both their physical and behavioral health needs, and to treat them in the context of the family unit. Children's responses to disaster and hospitalization may share some aspects of adult responses but are distinguished by the developmental contexts in which children of varying ages experience, process, and communicate the impact of associated events and procedures. Children are also impacted by their parents' and caregivers' stressors and emotional status. Symptoms of distress following a disaster are normative and typically resolve with time and support. However, exposure to particular traumatic events, such as witnessing deaths or injuries, can increase risks for new mental health disorders.

Response Considerations

Included in the tip sheet are general guidelines and succinct clinical tips and resources for evaluating and managing the mental health impacts of children during a disaster or disruptive event. More in-depth clinical planning guidelines and response resources as well as evidenced based background can be found in the NWHRN Pediatric Clinical Toolkit. The NWHRN Clinical Tip-Sheets are designed to be a quick reference and Just-in-Time (JIT) resource.

Suggestions for use of the tipsheet during response includes:

- Identify and triage children at higher risk for developing a new disorder
- Utilize universal interventions to support parents and caregivers to assist children by attending to their basic needs, reuniting with family and supportive adults, understanding a “common response to an uncommon situation”, promoting positive coping behaviors

Link

<https://nwhrn.org/wp-content/uploads/2025/12/NWHRN-CTS- Pediatric BH MH 2025-12-17 FINAL.pdf>

Staff Behavioral Health and Mental Health Clinical Tip Sheet

Overview

In all disasters and crisis events there will be a range of mental and behavioral responses and a range of resilience and mental health risks to clinical staff responding to the event. It will be important to identify, recognize and to provide some level of mental health support across that range. To properly care for staff (both direct patient care as well as administrative staff) in any clinical setting, including hospitals, outpatient treatment clinics and alternative care facilities such as field clinics, it is necessary to employ trauma-informed care, considering both their physical and behavioral health needs. Staff who are themselves impacted by the disaster or response event have additional personal stress in addition to managing their professional response towards their patients. Staff mental health should be wholistic in approach, addressing and recognizing that family, friends, pets and personal property can be affected.

Response Considerations

Included in the tip sheet are general guidelines and succinct clinical tips and resources in evaluating and managing the mental health impacts of children during a disaster or disruptive event. The NWHRN Clinical Tip-Sheets are designed to be a quick reference and Just-in-Time (JIT) resource. The tip sheet includes topics to consider during response such as:

- Patient surge stress
- Staff self-care strategies
- Medication recommendations

Link

https://nwhrn.org/wp-content/uploads/2025/12/NWHRN-CTS_Staff_BH_MH_2025-12-17_FINAL.pdf

NWHRN MCI Mental Health Tip Sheet for Healthcare Facilities

Overview

The purpose of the document is to provide healthcare facilities (e.g., hospitals, emergency departments, primary care, urgent care, clinics, etc.) with key planning assumptions, suggested objectives, potential strategies, and resources to support disaster mental health planning for an MCI. Developed in collaboration with the Western Regional Alliance for Pediatric Emergency Management (WRAP-EM)

Response Considerations**Immediate Response Considerations**

- Ensure mental health protocols and on-site support for patients, families, and staff (including first responders) in areas where families may gather or seek information, such as ED waiting areas, family rooms, hospital-based reunification locations, and any facility-supported family assistance operations.
- Integrate mental health support into processes related to serious injury and death, including death notification, morgue operations, and coordination with coroner/medical examiner and remains identification activities, for adult and pediatric cases.
- Integrate mental health functions into post-incident huddles, clinical debriefs, and incident action planning within the facility's incident command structure, and coordinating with external partners (e.g., health systems, local jurisdictions, behavioral health agencies) engaged in disaster mental health.

Link

https://nwhrn.org/wp-content/uploads/2026/03/NWHRN_Tip-Sheet_FIFA-MCI-MH-For-Healthcare-Facilities.docx

NWHRN MCI Mental Health Tip Sheet for Jurisdictions

Overview

The purpose of the document is to provide city and county emergency planners with key planning assumptions, proposed objectives, potential strategies, and resources to support disaster mental health planning for a mass casualty incident (MCI). Developed in collaboration with the Western Regional Alliance for Pediatric Emergency Management (WRAP-EM).

Response Considerations

Immediate Response Considerations

- Ensure adequate mental health support and protocols at family reunification sites, family assistance centers (survivors, families, healthcare staff – including first responders).
- Ensure mental health support and considerations are integrated into remains identification processes, support at coroner's office / morgue, and on site at the incident for survivors, families, and staff – including first responders.
- Ensure integration of mental health functions in post-incident response huddles and operational planning, to include both governmental, nonprofit, and private sector agencies engaged in disaster mental health including first responders.

Link

https://nwhrn.org/wp-content/uploads/2026/03/NWHRN_Tip-Sheet_FIFA-MCI-MH-For-Jurisdictions.docx

NWHRN Scarce Resource Management Information and Guides

Overview

Individual topic specific cards with strategies for management during scarce resource situations, across Conventional, Contingency and Crisis capacities. The guidance has been built on evidence-based literature review, national recommendations, regional committee meetings and individual subject matter expert work groups. Topic specific information includes:

- Behavioral Health Patient Planning and Response
- Behavioral health Staff Planning and Response
- Blood Products
- Burn Triage
- Hemodynamic Support and IV Fluids

- Mechanical Ventilation/External Oxygenation
- Oxygen
- Renal Replacement Therapy
- Particulate Respirators and General PPEs
Staffing

Response Considerations

Clinicians and hospital leadership may wish to consult these topic specific cards in the event there is a widespread challenge to the ability to provide care where critical resources may be challenging to secure.

Link to Scarce Resource Management Information Cards and Algorithms can be found here:

<https://nwhrn.org/scarce-resource-management-and-crisis-standards-of-care-overview-and-materials/>

Individual Resource Cards

Behavioral Health - Patient Planning and Response

https://nwhrn.org/wp-content/uploads/2025/11/1src_Behavioral-Health-Patient-201905-09-FINAL-update.pdf

Behavioral Health – Staff Planning and Response

https://nwhrn.org/wp-content/uploads/2025/11/1src_Behavioral-Health-staff-2019-05-09-FINAL_update.pdf

Blood Products

https://nwhrn.org/wp-content/uploads/2024-10/3src_Blood-Products-2020-2-17-FINAL_updated.pdf

Burn Triage

https://nwhrn.org/wp-content/uploads/2024/10/4src_Burn-Triage-2020-2-24-FINAL_updated.pdf

Hemodynamic Support and IV Fluids

https://nwhrn.org/wp-content/uploads/2024/10/5src_Hemodynamic_IV_Fluids-2024-10-09.pdf

Mechanical Ventilation/External Oxygenation

https://nwhrn.org/wp-content/uploads/2024/10/6src_Mechanical-Ventilation-Resource-Card_2020-12-16_updated.pdf

Oxygen

https://nwhrn.org/wp-content/uploads/2024/10/7src_Oxygen-2020-03-29-FINAL_updated.pdf

Renal Replacement Therapy

https://nwhrn.org/wp-content/uploads/2024/10/8src_RRT-2024-10-09_Card_w-Att.A_Final.pdf

Particulate respirators and General Personal Protective Equipment (PPE)

https://nwhrn.org/wp-content/uploads/2024/10/9src_Respirator-and-PPE-2020-2-24-FINAL_updated.pdf

Staffing

https://nwhrn.org/wp-content/uploads/2025/12/NWHRN-Staffing-Resource-Card_2025-12-15.pdf

Pediatric Behavioral Health Surge and Tipsheets

Overview

Post-disaster mental health needs should be anticipated as part of an MCI. They can significantly impact response operations, such as decontamination and family reunification, and can present across a variety of community locations such as healthcare facilities and schools. Disaster mental health impacts can ripple or cascade to groups beyond those who are directly exposed to the incident, and can affect families, responding personnel, and support staff. These impacts can vary greatly based on the type of incident, the preexisting behavioral and physical health status of the individual affected, community and individual resources that are available, and the short- and long-term supports provided. Planners are urged to anticipate a range of reactions and needs that may present differently over time. Early identification, intervention, and support can often dramatically reduce these impacts for survivors, families, and responders. The Clinical Specialty – Behavioral Health Surge Annex helps partners in building out their individual behavioral health surge plans.

Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) establishes regional partnerships to enhance capability and capacity to provide highly specialized care to pediatric patients.

Response Considerations:

Behavioral Health Surge plans are encouraged to consider:

- Preparedness
 - Psychological triage protocols for victims and staff
 - Staff training in psychological first and disaster mental health literacy
 - Tailoring for adult and pediatric needs (with emphasis on pediatric needs)
- Immediate Response
 - Incorporate mental health into family reunification and mortuary plans
 - Regularly include mental health support for staff
- Short-Term Recovery
 - Continuing awareness and delivery of psychological first aid
 - Triage staff for trauma exposure and need for mental health support
- Long-Term Recovery
 - Anticipate time-based reactions (anniversaries, holidays, “new normal”)

Links:

WRAP-EM Pediatric Surge Playbook website offers a variety of resource documents related to Pediatric Surge

<https://wrap-em.org/index/php/jit-resources/initiatives/pediatric-surge-playbook>

WRAP-EM Pediatric Surge Playbook, 2023

<https://wrap-em.org/index/php/pediatric-surge-resources/420-wrap-em-pediatric-surge-playbook/viewdocument/420>

WRAP-EM MCI Mental Health Resources

<https://wrap-em.org/index/php/mentalhealth>

Crisis Counseling Assistance and Training Program (CCP) and CCP Toolkit available from the Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/technical-assistance/dtac/ccp>

World Cup 2026 Washington State Healthcare Mass Casualty Incident Annex Combined

Part II - Operational Checklist

Part II of the plan addresses the operational, actionable aspects of preparing for and activating the State MCI plan in response to a mass casualty event associated with the FIFA World Cup 2026 Washington State venues.

Phase I: Pre-Event Preparedness and Improvement Implementation

Planning starts well before an event takes place. Primarily the work occurring in this phase consists of logistical and administrative planning as there is no actual patient care being rendered. Phase I activities may also apply to post incident assessments and implementing identified improvements (rounding out the cycle of preparedness).

Activities during Phase I planning include:

- Identify Committees, work groups, meetings and participants
- Set participation and expectations across and between organizations and jurisdictions
- Establish communications and information sharing standards and pathways
- Document decisions and processes that are outside already established procedures and interorganizational processes
- Train and test staff on new or updated response plans and expectations

Phase II: Triggers, Notification and Activation

Triggers

Triggers refers to thresholds during an incident or response beyond which responders acknowledge additional response support is needed. This might be represented by local responders who realize the situation is larger than they can address with their resources on

hand. Local and regional thresholds are already addressed through standing Mutual Aid Agreements (MAA's) or Memorandums of Understanding (MOU's) between agencies. Triggers, in the context of this plan refer to the need for state and/or federal level support.

During special events where the potential for mass casualty incidents may be higher than normal emergency responders are encouraged to have a heightened sense of awareness regarding the potential for a significant mass casualty incident. They are urged to make early notifications to state partners when there is a suspicion that a situation may evolve into a significant incident.

Notifications

Notification refers to the act of communicating the request for support which includes knowing who to contact and how with the right contact information.

The notification procedures outlined below are outlined for the state level response to a significant mass casualty incident within the state.

Receiving points for initial notification (who receives the notification from local/regional responders):

- NWHRN Duty Officer
- State DMCC
- WA EMD Duty Officer

The receiver(s) of the initial notification communicates the request to the SEOC (Duty Officer or Director) who has the authority to officially activate the state MCI plan.

Activation

Activation refers to the decision to implement a plan or process, including the coordination of situational awareness and resource management in the event of state level support for a significant mass casualty incident. The use of Unified Command may be important depending on the breadth of the scenario and responders.

DMCC Activities

Local DMCC's will activate upon request from EMS or as outlined in the DMCC Operational Annex, a functional Annex to the NWHRN Base Plan. DMCC's coordinate patient placement with transportation providers. As a response grows in scope the DMCC will activate mutual aid as

needed to address the mass casualty at hand. When local and regional resources are overwhelmed or are predicted to quickly be overwhelmed the initial DMCC may request activation of the State DMCC. The State DMCC will activate to support and/or assume management of patient placement across the state for the incident response.

When gathering information from the field, DMCC's seek five key points of information:

1. Location and scope of incident
2. Mechanism of injury
3. Approximate number of patients (adults & pediatrics)
4. Injury types and severity
5. Any contamination or exposure concerns

State DMCC Activities

This function is still in development. More information will be added here as the plans are finalized.

Authority to Activate State MCI Plan

The SEOC (director? Other?) has the authority to activate this state MCI plan, based on intelligence received about the situation. The SEOC (director? Other?) notifies departments, sectors and organizations that would participate in the state level response following the CONOPS plan.

WA DOH and ESF#8 representatives will notify NWHRN of the activation if not already aware.

DOH Activation Activities

DOH may activate their IMT without the SEOC activating ESF 8.

DOH's primary mission is to support local jurisdictions (and their community partners), Tribes, and private sector healthcare entities that conduct response operations and activities to stabilize the incident.

DOH's key tasks include:

- Establishing a DOH readiness group to coordinate DOH response efforts that are within the scope of DOH's normal authorities and funding.

OR

- Activating the DOH Incident Management Team (IMT) per internal plans to support the incident.
- Support the DOH ESF 8 lead facilitating coordination with the state emergency operations center (SEOC) and communicating any requests for information (RFIs) or Essential Elements of Information (EIs) needed by the SEOC and or response partners.
- Establishing DOH internal policies and procedures in support of response efforts.
- Coordinate and mobilize statewide health, medical, and mortuary response for all-hazards incidents.
- Support assessment and identification of public health and medical needs throughout the governmental public health system.
- Facilitate requests for local health jurisdictions and/or Tribes for state and federal resources.
- Support public health and medical policy decision making, such as regulatory and statutory waivers that facilitate effective response.
- Provide timely and accurate health and medical information to the public in partnership with local and Tribal partners.
- Activate and deploy personnel, supplies, and equipment to support state, local, Tribal, responses.

ESF#8 Activation Activities

The ESF 8 Annex is a supporting annex of the [State of Washington's Comprehensive Emergency Management Plan](#) (CEMP) and operates in conjunction with all its annexes.

If the SEOC activates ESF 8, DOH will support ESF 8 activities with either the ESF 8 Lead or a readiness group or a DOH IMT activation. DOH then coordinates and deploys ESF 8-supporting

resources and capabilities to public health emergencies and incidents as requested and available.

DOH provides leadership, ongoing communication, coordination, and oversight for ESF 8 throughout all phases of the incident.

During a public health and medical emergency response, local, Tribal, and state agencies retain their respective administrative authorities, but coordinate within the ESF 8 structure to uphold the mission to support affected local jurisdictions.

- In response to local requests, the DOH IMT (Incident Management Team) could activate as needed to mobilize personnel, supplies, and equipment to save lives, protect the public, and support local needs.

- When faced with complex ethical issues and clinical decision-making requiring health care and health community input, the Secretary of Health can request the establishment of a Washington State Disaster Medical Advisory Committee (DMAC) to include the Healthcare Coalitions and Healthcare Resiliency Steering Committee.

For more information regarding ESF 8, please reference the Washington State [CEMP](#).

Healthcare Coalition Response Plan and Partner Activation

NWHRN will:

- Activate the NWHRN Emergency Response Plan

- Activate the HECC and staff for the appropriate response level

- Send out WATrac request for bed status update from hospital partners

- Leadership will participate in Unified Command when stood up by SEOC

- Initiate communications with healthcare partners to share situational awareness

- Liaison staff to connect with local emergency management, public health and healthcare partners to gain situational awareness

- Begin to gather situational information for healthcare in preparation for report out to Unified Command

Region 4 Healthcare Alliance will:

- Activate the Healthcare Alliance Response Plan upon notification and triggers identified.
- Activate Healthcare Alliance Coordinators and staff for the appropriate response level
- Send out notifications to Healthcare Alliance members and partners regarding Oregon Capacity System and WATrac request for bed status update from hospital partners
- Collect and analyze Oregon Capacity System and WATrac bed status data systems
- Healthcare Alliance Coordinators and leaders will support ESF- 8 when activated by an Emergency Operation Center in the Healthcare Alliance region
- Initiate communications with healthcare partners to gather and share situational awareness
- Liaison connects with local emergency management, public health and healthcare partners for support and coordination
- Prepare and distribute Situation Reports and provide regular updates to local, regional and state leaders and partners

Phase III: Ongoing Command and Coordination

WA State Department of Health

Through the ESF-8 function and in coordination with WA EMD, WA DOH staff will continue to review and determine response needs and adjust structure as needed as an incident continues. If additional counties are impacted WA DOH will work to ensure continuity of unified command which allows for engagement of additional representatives if event spreads.

Through the Public Health Duty Officer, notice of IMT continued activation is sent to the Alert Center

- DOH sends notification to Regional Emergency Coordinator (REC) at HHS Region 10 and ASPR Region 10 Field Project Officer once an IMT is activated.
 - Situation reports are sent to DHHS and ASPR.
 - Resource requests for federal assets, equipment and personnel are sent through WA EMD/SEOC
- Washington National Guard is activated by the Governor under Title 32
 - As more federal/military resources are identified, WA EMD sends requests through defined protocols to FEMA
 - Title 10 is activated for federal resources such as National Guard units from other states
 - National EMS/Ambulance contract is activated through resources requests with FEMA
- National Disaster Medical System (NDMS) is activated through requesting federal resource process at WA EMD. Communications prior to the official request occur with the Region 10 HHS REC and Commanding Officer
- Should there be a need for additional Federal level ESF#8 resources coordination for the request of and cooperation with those response partners will done through the WA EMD

Healthcare Coalition Activities

NWHRN

NWHRN will provide continued support via their HECC:

- Convene and/or participate in regular operational meetings with healthcare, State level agencies, associations, and others as identified (frequency identified in IAP)

- Convene regular clinical meetings (frequency identified in IAP)
- Providing regular HECC Incident Action Plans (IAPs) inclusive of other healthcare and DMCC activities as needed
- Managing resource requests
- Determine, along with consultation with healthcare partners and the MOCC, if load balancing support is needed
- Activate or continue operating the MOCC per protocol
- Provide clinical guidance and mitigation surge strategies as needed, through specialty care plans, toolkits and tipsheets as may be needed depending on analysis of the types of potential injuries from the scenario of the MCI

Healthcare Alliance

- Convene and/or participate in regular operational meetings with healthcare, regional, the Portland/Vancouver catchment area, state level agencies, and others as identified (frequency identified in IAP)
- Convene and/or participate in H-MAC meetings that include providers, clinical advisory / health officer meetings
- Providing regular Incident Action Plans (IAPs) inclusive of other healthcare as needed
- Provide support for resource needs or requests
- Determine if load balancing support is needed
- Ensure clinical advisor provides guidance for specialty care scenarios in an MCI

Sustainment

As an activation extends into days or becomes more complex and complicated the drain on resources, both human and equipment/supplies may become quickly challenged. Each responding entity, including hospitals, are urged to consider sustainment activities early, to support staff mental health. Sustainment plans should be reflected in their individual organization's emergency response plans.

Phase IV: Patient Tracking in Support of Reunification

The key to successful reunification depends on information gathering and dissemination to connect patients and families or loved ones. Coordination between organizations for information exchange is vital.

NWHRN helps support family reunification efforts during an MCI through implementation of the Patient Tracking Plan and use of the WATrac Patient Tracking Module.

Jurisdictional/Entity Reunification Activities During MCI Activation

Reunification planning may reside under different entities depending on the jurisdiction. Though reunification is officially under the ESF #6 Mass Care purview. Each jurisdiction's reunification plan should include collecting the essential elements of information for patients and families and then cross-referencing that information with the WATrac Patient tracking module to find matches.

- Individual jurisdictions and entities are responsible for implementing their reunification plans when there is a mass casualty incident, particularly one that is significant.
- If becoming overwhelmed jurisdictions may request state support for reunification activities by going through their local emergency management agency and up to the state.

Patient Tracking Activities During MCI Activation

- A request is made to NWHRN and the WATrac team to activate the patient tracking module in the WATrac system.

- When there is a request to activate the WATrac Patient Tracking Module that request must be approved by WA DOH
- Messaging is sent out through WATrac to hospitals informing them that the Patient Tracking module has been activated for the MCI and that they should begin entering data into the module. (NOTE: hospital patient care and registration activities always take priority over entering patient tracking data, though there should be a plan to capture the patient tracking information as expediently as possible given the situation at hand.)
- Hospital staff input patient information into the WATrac Patient Tracking module. They input data collected by EMS or others when patients arrive at the hospital.
- WATrac support staff are also available to assist with entering patient information if the hospital staff become overwhelmed and need support for data entry.

State Emergency Operations Center Activities

With a significant mass casualty incident occurring within the state, it is quite likely that the SEOC and Unified Command will provide support for reunification needs across the state.

- Request state level ESF # 6 Mass Care function to assist in supporting reunification efforts across the state, particularly if there is more than one reunification center being operated.

Phase V: Demobilization

Demobilization following a significant MCI is likely to happen in stages for different entities. Each entity's standard operating procedures should include demobilization plans including:

- Thresholds and triggers for scaling back response resources based on the service the organization or group provides
- Communication process for alerting other responders of demobilization activities and schedule including consideration on how specific entity demobilization impacts the overall response.

- Each entity that responded to the MCI should assess their response learnings and share that information with the SEOC for inclusion in the state level After Action Report and Improvement plan

- Post incident analysis of response to identify gaps and write After Action Report & Improvement Plan