NORTHWEST HEALTHCARE RESPONSE NETWORK

Disaster Medical Coordination Center Charter and Framework

June 2026

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Overview

The guide has been developed in collaboration with members, stakeholders, staff, and external assessment by Jensen Hughes. NWHRN will approve and maintain this guide and its annexes through annual or biannual review with partners and key staff.

NWHRN will update the guide and its annexes as needed following exercises, planned events, and real-world incidents. The review will involve identifying gaps and collaborating with partners and external members to develop strategies, address these gaps, and provide input. If updates are made, stakeholders will receive a copy of the revised guide and its annexes.

About Us

The Northwest Healthcare Response Network (NWHRN) is an independent 501(c)(3) organization that leads coordination, resilience-building, and advocacy efforts within Washington State's healthcare system through the role of the Healthcare Coalition (HCC). NWHRN unites diverse elements of the healthcare sectors to enhance preparedness, response,

and support recovery from disruptive events, allowing healthcare providers to focus on delivering critical patient care when it matters most.

NWHRN supports the needs of local, regional, tribal, military and statewide partners. It works in close collaboration with healthcare and emergency response organizations, acknowledging that healthcare operations often span multiple geographic and jurisdictional boundaries. Reflecting this multi-jurisdictional landscape, NWHRN adopts a regional approach that is flexible and responsive to the dynamic needs of the healthcare system, while respecting the authority and responsibilities of local public health and emergency management agencies.

DMCC Foundations

1.1 Purpose

A Disaster Medical Coordination Center (DMCC) is a designated hospital-based coordination function that can be activated during acute emergencies, to support the equitable and efficient distribution of patients across the healthcare system. 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.

1.2 Role

During emergencies that significantly impact one or more communities, a regional Disaster Medical 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.

The primary role of the DMCC is to distribute patients across health systems to minimize the impact on individual centers, assist with matching patients based on triage level and care needs to facilities capable of receiving them, and interfacing with regional partners during activation. This coordination becomes essential when existing emergency medical services (EMS) destination protocols are strained or may be insufficient to support local healthcare due to the scale, complexity, or duration of an incident.

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. This guide and its annexes establish the patient placement coordination framework, including the roles and responsibilities of the DMCCs, to guide the equitable and efficient distribution of patients during a regional emergency.

1.3 Activation

DMCC activation is typically reserved for scenarios that exceed day-to-day operational capabilities, such as mass casualty incidents, hazardous material exposures, or specialty surges involving pediatric, burn, or trauma patients. While the threshold for activation may vary across regions, the request is often made by on-site EMS but could be requested by county emergency managers, healthcare coalitions, or incident command teams. In some cases, activation may occur with lower patient counts if those patients require highly specialized care or come from a geographically isolated area.

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 EMS field command. Situations that may commonly trigger DMCC notification include but are not limited to:

- Mass casualty incidents (MCIs),

- Any event with patients requiring specialty care (Trauma, Medical, Burn, Pediatric, Hazardous Materials, etc.),
- Regional or state disasters that impact hospital infrastructure.

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 healthcare system.

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.

1.4 Scope and Responsibilities

To ensure clarity of role and prevent operational misunderstandings during high-stress acute emergencies, it is essential to define what a Disaster Medical Coordination Center (DMCC) is and what it is not. The DMCC facilitates patient distribution during an emergency, disaster or mass casualty incident. It is not a command entity, nor does it provide direct patient care or assume clinical authority. It does not supersede incident command on scene, local EMS communication protocols or emergency response phone lines.

The DMCC is responsible for working closely with EMS, incident command, and healthcare facilities to ensure balanced patient distribution during activation.

DMCC's will coordinate with receiving hospitals and utilize WATrac with the support of NWHRN activation, communicating with EMS and healthcare partners, and maintaining visibility of patient distribution across the region.

- The DMCC does not impact the role of county medical control (refer to local EMS protocols) or trauma control (TC) hospitals, as provided through the Medical Program Directors (MPD).

- A DMCC does not dispatch ambulances, control transport logistics, or make clinical decisions regarding individual patients. It also does not self-deploy; activation occurs only at the request of authorized entities such as EMS Incident Command, fire agencies, local emergency management, or the Northwest Healthcare Response Network. Once activated, the DMCC operates in coordination with the ESF-8 structure and reports situational updates and hospital capacity information through the defined structure, but it does not exercise authority over on-scene or facility-level command decisions.
- DMCCs do not impact the role of county medical control or trauma control (TC), as provided through the Medical Program Directors (MPD). Medical Program Directors' duties are required by statute RCW 18.71.212 and described in WAC 246-97-920. Concerns regarding the direction of medical care are provided by certified EMS/TC personnel in the prehospital EMS/TC system.

1.5 Designation Criteria

Facilities seeking to become a designated DMCC must do so through the Northwest Healthcare Response Network, review from current steering committee of Regional DMCCs, discussion with regional response partners, and if applicable, sign on to any standing Memorandum of Understanding (MOU) or formal DMCC charter agreements.

<u>These facilities are expected to meet certain criteria:</u>

- Commitment financially to maintaining the DMCC core capabilities.
- Have a designated DMCC space with communications capabilities.
- Maintain a 24/7 on-call team of trained staff, participating in regional drills, and maintaining operational readiness aligned with state or coalition expectations.
- Must be fully integrated into existing emergency response structures.
- DMCC team members must be proficient in the tools used during activation, including but not limited to:
    - WATrac (or other state-approved patient tracking systems)
    - emergency communication platforms
    - radio systems.
- Training should cover effective EMS liaison practices, regional bed management procedures, MCI triage methodologies, and the execution of standard operating guidelines during DMCC operations.

The DMCC facility is responsible for verifying that all team members are trained and capable of performing their duties in accordance with this plan.

- Annual refreshers and updates following major plan revisions or after-action reports.
- Every DMCC must ensure a 24/7 on-call capability to respond to patient coordination needs during a mass casualty event or regional medical surge.
- Establish a documented on-call staffing rotation and maintain an up-to-date contact roster of trained personnel.

The DMCC facility shall implement procedures to ensure that an adequate team can be mobilized immediately upon notification. Facilities are strongly encouraged to develop redundancy in staffing, ensuring coverage during periods of illness, vacation, or concurrent regional emergencies.

Backup DMCC's: This position holds the same commitments as current DMCCs and requires being involved in exercises, communications and scheduled DMCC meetings. They must be prepared to assume responsibility at any given time. Notification of formal handoff must be made to response partners in a timely manner, as possible. Backup DMCCs are required to be routinely involved in drills and communications exercises to maintain operational familiarity and integration.

1.5 Staffing Requirements

Each DMCC shall ensure its personnel meet minimum training requirements that support effective disaster response and patient coordination activities and demonstrate familiarity with Mass Casualty Incident (MCI) protocols relevant to the region.

In addition, DMCC team members should be proficient in the tools used during activation, including but not limited to WATrac (or other state-approved patient tracking systems), emergency communication platforms, and radio systems. Training should cover effective EMS liaison practices, regional bed management procedures, MCI triage methodologies, and the execution of standard operating guidelines during DMCC operations.

The DMCC facility is responsible for verifying that all team members are trained and capable of performing their duties in accordance with this plan. This includes annual refreshers and updates following major plan revisions or after-action reports.

1.6 Training and Equipment Requirements

A commitment to technical readiness is fundamental to any DMCC's ability to function effectively during high-demand incidents. This includes not only ensuring that tools are available but also that staff are trained in their use and that systems are tested routinely.

At a minimum, the DMCC shall conduct quarterly communications drills to verify that hospitals can be reached promptly, that bed capacity reporting functions are intact, and that staff can operate the WATrac platform or its equivalent. These drills shall replicate actual conditions to the extent feasible and serve as both a readiness check and a training opportunity for new team members.

- In addition to communication drills, each DMCC shall participate in at least one annual functional or full-scale exercise that includes coalition partners such as EMS agencies, local hospitals, healthcare coalition, emergency management, and public health.
- Every DMCC should maintain a designated operational space that is equipped to support coordination activities during emergency response.
    - This includes establishing a DMCC workstation with reliable access to necessary tools such as hospital tracking systems (e.g., WATrac), dedicated phone lines, printed checklists, and copies of current operational procedures.
    - A posted, reliable contact number for DMCC activation must be available to EMS dispatch and regional partners.
    - The DMCC workspace should also store printed triage tools, bed tracking logs, and incident worksheets in case digital platforms become inaccessible.
- Backup communication capabilities are essential. Facilities should ensure that radios (800 MHz or VHF), battery-powered communication devices, or satellite phones are available in the event of internet or landline failure.
    - A detailed checklist of required equipment should be maintained and tested at regular intervals, including computer systems, printers, forms, radios, power supplies, and data entry tools.
- Power redundancy must be confirmed, with either generator backup or battery systems available to sustain operations for a minimum of 12 hours.

Participation in exercises should be documented, and lessons learned shall be incorporated into training updates and plan revisions. Exercises provide a low-risk opportunity to identify and resolve procedural or logistical gaps before an actual activation.

1.7 On-Call Coverage

To maintain readiness, every DMCC must ensure a 24/7 on-call capability to respond to patient coordination needs during a mass casualty event or regional medical surge. While the DMCC may not operate continuously, it must be able to activate rapidly and assume its coordination responsibilities without delay.

Each DMCC shall establish 24/7 staffing rotation capabilities and maintain an up-to-date contact of trained personnel or have specified on shift positions that fill these roles. These personnel must always be reachable through established internal communications or alerting mechanisms.

The DMCC facility shall implement procedures to ensure that an adequate team can be mobilized immediately upon notification. This includes internal alerting protocols, duty officer assignments, and confirmation drills to test readiness. Facilities are strongly encouraged to develop redundancy in staffing, ensuring coverage during periods of illness, vacation, or concurrent regional emergencies.

In recognition of the voluntary nature of DMCC staffing and potential local impacts that may render a DMCC temporarily unavailable, some regions have identified a backup DMCC facility as part of its operational readiness. These backup DMCCs should be trained and resourced to assume coordination duties if the primary DMCC is overwhelmed, unable to activate due to direct involvement in the incident, or fails to respond to an activation request within a reasonable timeframe (typically 10–15 minutes). A formal notification and escalation process should be included in local DMCC agreements to ensure seamless handoff or support. Backup DMCCs should be routinely involved in drills and communications exercises to maintain operational familiarity and integration.

1.8 Coordination

Still to be developed

Entity	Description and Responsibility
DMCC	Supports communication with healthcare regarding large patient movement needs, requesting bed updates and hospital patient placement according to the best clinical resources.

EMS	Individual organizations provide staff and vehicles for transporting patients from an incident to the assigned hospital.
NWHRN	Healthcare Coalition supports situational awareness, patient tracking, resource requests, regional reporting, and bolsters communication.
Local Coroner/Medical Examiner	Have jurisdiction over deaths that occur within their county.

2. Framework Development and Maintenance

2.1 Framework Development

Workgroups, including current DMCC's, NWHRN, and regional response partners met to review outside assessment and recommendations compiled by Jensen Hughes on behalf of NWHRN. This assessment created a launching point for discussions and compilation of this framework, charter and the DMCC operational annex along with templates to define DMCC work and processes.

This group will continue to meet, periodically, to review and update this framework, reviewing annually at minimum or after real world incident learnings.

2.2 Maintenance

This framework will be reviewed and updated when major changes to the framework are recommended or at least reviewed and updated annually.

2.3 Training

Partners within this framework will be educated on changes made and will maintain the earlier training expectations mentioned for DMCC's.

2.4 Exercises

Partners within this framework will participate in scheduled workshops, seminars, tabletop exercises and exercises as they are planned.

3. Annexes and Appendices

Annex I: NWHRN DMCC Operational Annex

Annex II: WA State MCI Annex

Annex III: WA State EMS Patient Movement Escalation Framework

Annex IV: NWHRN Operations Base Plan Patient Movement Annex

Annex V: NWHRN Healthcare Emergency Operations Base Plan

Appendix 1: NWHRN Inbound Patient Movement Appendix

Appendix 2: NWHRN Patient-Tracking Appendix

Washington State Patient Tracking System (WATrac)

The State WATrac system patient tracking module will be utilized to track patients in civilian hospitals. NWHRN will coordinate centralized patient tracking with impacted healthcare facilities and partner organizations as outlined in the NWHRN Patient Tracking Appendix. NWHRN will coordinate with the JPATS system to ensure accurate information for all patients is implemented.

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Appendix 3: WA State Hospitals and DMCC Designation

Regional and State DMCC's are bold and highlighted within the regions. Bold writing without highlighting signifies a facility in-process of approval for DMCC status.

Agency County	Facility Name	Public Health Region
Snohomish	Cascade Valley Hospital	Region 1
Snohomish	EvergreenHealth Monroe	Region 1
Skagit	Island Health	Region 1
Snohomish	MultiCare Overlake Emergency Department - Lynnwood	Region 1
San Juan	PeaceHealth Peace Island Medical Center	Region 1
Whatcom	PeaceHealth St. Joseph Medical Center	Region 1
Skagit	PeaceHealth United General Medical Center	Region 1
Snohomish	**Providence Regional Medical Center Everett**	**Region 1**
Skagit	Skagit Valley Hospital	Region 1
Snohomish	Swedish - Edmonds	Region 1
Snohomish	Swedish - Mill Creek	Region 1
Island	WhidbeyHealth Medical Center	Region 1
Clallam	Forks Community Hospital	Region 2
Jefferson	Jefferson Healthcare	Region 2
Kitsap	MultiCare Bremerton OCED	Region 2
Kitsap	Naval Hospital Bremerton	Region 2
Clallam	Olympic Medical Center	Region 2
Kitsap	**St. Michael Silverdale - VMFH**	**Region 2**
Kitsap	VMFH FSED - Bremerton	Region 2
Kitsap	VMFH FSED - Port Orchard	Region 2
Lewis	Arbor Health	Region 3
Grays Harbor	Harbor Regional Health HRH Community Hospital	Region 3
Mason	Mason General Hospital	Region 3
Thurston	MultiCare Capital Medical Center	Region 3
Thurston	MultiCare Lacey Emergency Department	Region 3
Pacific	Ocean Beach Hospital	Region 3
Lewis	Providence Centralia Hospital	Region 3
Thurston	**Providence St. Peter Hospital**	**Region 3**
Grays Harbor	Summit Pacific Medical Center	Region 3
Pacific	Willapa Harbor Hospital	Region 3
Klickitat	Klickitat Valley Health	Region 4
Clark	Legacy Salmon Creek Medical Center	Region 4
Clark	PeaceHealth Southwest Medical Center	Region 4
Cowlitz	PeaceHealth St. John Medical Center	Region 4
Klickitat	Skyline Hospital	Region 4

Pierce	Madigan Army Medical Center	Region 5
Pierce	MultiCare Allenmore Hospital	Region 5
Pierce	MultiCare Bonney Lake Emergency Department	Region 5
Pierce	MultiCare Good Samaritan Emergency - Parkland	Region 5
Pierce	**MultiCare Good Samaritan Hospital**	**Region 5**
Pierce	MultiCare Mary Bridge Children's Hospital	Region 5
Pierce	MultiCare South Hill Emergency Department	Region 5
Pierce	MultiCare Tacoma General Hospital	Region 5
Pierce	St. Anthony Hospital - VMFH	Region 5
Pierce	St. Clare Hospital - VMFH	Region 5
Pierce	St. Joseph Medical Center - VMFH	Region 5
King	Evergreen Redmond ED	Region 6
King	EvergreenHealth Kirkland	Region 6
King	**Harborview Medical Center (STATE and LOCAL DMCC)**	**Region 6**
King	Kaiser Permanente - Capitol Hill Campus (Central Hospital)	Region 6
King	MultiCare Auburn Medical Center	Region 6
King	MultiCare Covington Medical Center	Region 6
King	MultiCare Tacoma General Emergency - Federal Way	Region 6
King	Overlake Medical Center	Region 6
King	Seattle Children's	Region 6
King	Snoqualmie Valley Hospital	Region 6
King	St. Anne Hospital - VMFH	Region 6
King	St. Elizabeth Hospital - VMFH	Region 6
King	St. Francis Hospital - VMFH	Region 6
King	Swedish - Ballard	Region 6
King	Swedish - Cherry Hill	Region 6
King	Swedish - First Hill	Region 6
King	Swedish - Issaquah	Region 6
King	Swedish - Redmond	Region 6
King	UW Medical Center - Montlake	Region 6
King	UW Medical Center - Northwest	Region 6
King	VA Puget Sound Health Care System	Region 6
King	Valley Medical Center	Region 6
King	Virginia Mason Medical Center	Region 6
Chelan	Cascade Medical Center	Region 7
Grant	Columbia Basin Hospital	Region 7
Chelan	**Confluence Health Hospital Central Campus**	**Region 7**
Chelan	Confluence Health Hospital Mares Campus	Region 7
Grant	Coulee Medical Center	Region 7
Kittitas	Kittitas Valley Healthcare	Region 7
Chelan	Lake Chelan Health	Region 7

Okanogan	Mid Valley Hospital	Region 7
Okanogan	North Valley Hospital	Region 7
Grant	Quincy Valley Medical Center	Region 7
Grant	Samaritan Healthcare	Region 7
Okanogan	Three Rivers Hospital	Region 7
Yakima	Astria Sunnyside Hospital	Region 8
Yakima	Astria Toppenish Hospital	Region 8
Benton	Kadlec Free Standing Emergency Room	Region 8
Benton	**Kadlec Regional Medical Center**	**Region 8**
Franklin	Lourdes Medical Center	Region 8
Yakima	MultiCare Union Gap OCED	Region 8
Yakima	MultiCare Yakima Memorial	Region 8
Benton	Prosser Memorial Health	Region 8
Walla Walla	Providence St. Mary Medical Center	Region 8
Benton	Trios Health	Region 8
Columbia	Dayton General Hospital	Region 9
Adams	East Adams Rural Healthcare	Region 9
Ferry	Ferry County Memorial Hospital	Region 9
Garfield	Garfield County Memorial Hospital	Region 9
Lincoln	Lincoln Hospital	Region 9
Spokane	Mann-Grandstaff VA Medical Center - Spokane	Region 9
Spokane	**MultiCare Deaconess Hospital**	**Region 9**
Spokane	MultiCare Deaconess North Emergency Center	Region 9
Spokane	MultiCare Valley Hospital	Region 9
Pend Oreille	Newport Hospital & Health Services	Region 9
Lincoln	Odessa Memorial Healthcare Center	Region 9
Adams	Othello Community Hospital	Region 9
Spokane	Providence Holy Family Hospital	Region 9
Stevens	Providence Mount Carmel	Region 9
Spokane	Providence Sacred Heart Medical Center & Children's Hospital	Region 9
Stevens	Providence St Joseph's Hospital	Region 9
Whitman	Pullman Regional Hospital	Region 9
Spokane	Shriner's Hospital for Children	Region 9
Asotin	TriState Health	Region 9
Whitman	Whitman Hospital and Medical Center	Region 9

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DMCC Committee Members and Supporting Stakeholders

Name (last, first)	Organization/*Role*	Public Health Regions	Contact Info
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