I-90 Charter Bus Rollover Incident
November 22, 2018

Community After Action Report

Last revised: February 7, 2019

Incident Overview

Incident Name	I-90 Charter Bus Rollover
Incident Date	November 22, 2018
Incident Summary	On November 22, 2018, a bus transporting 56 members of the University of Washington marching band crashed on I-90 MP 143 at 5:24 p.m. near George, WA. The crash resulted in 31-46 college-aged patients being transported to four local hospitals and one western Washington hospital. The remaining students and staff were sent to an Emergency Center set up at George Elementary School.
Participants	Over 22 agencies responded to this incident including fire and EMS, ambulance, hospital, dispatch, Sherriff's office, and local school partners. See Appendix A for a full list.
Point of Contact	Tony Leibelt, Deputy Chief Grant County Fire District 3 | 509.787.2713 | aleibelt@gcfd3.net

Incident Summary and Timeline

On Thursday, November 22, at 5:24 p.m., a bus transporting 56 members of the University of Washington marching band was involved in a rollover crash on I-90, mile post 143. The crash, occurring near George, WA, was in Grant County Fire District 3 and Protection-1 areas, but additional partners outside of that jurisdiction responded to the incident. The crash resulted in 31-46 college-aged patients being transported to local hospitals. The remaining students and staff were sent to an Emergency Center set up at George Elementary School.

Photo Courtesy: John Bryant, Washington State Patrol

5:24 p.m. – Initial Notification

The Multi-Agency Communication Center (MACC) received the first 911 call at 5:24 p.m. Law enforcement was immediately dispatched to the scene. Medic 25 with Protection-1 was en route at 5:28 p.m. MACC requested additional resources at 5:29 p.m., which included Grant County Fire District (GCFD) #10 and AMR, who were quickly dispatched. MACC did not dispatch for Washington State Patrol (WSP) but kept WSP informed with regular updates. Additionally, MACC notified Spokane Life Flight and Air Lift Northwest, but it was initially unclear whether air was grounded or not.

5:31 p.m. – Scene arrival and Triage

Law enforcement arrived on scene at 5:31p.m., followed by GCFD 3, GCFD 10, and AMR. Medic 25 and Protection-1 were the first arriving ambulance/medic units, arriving two minutes behind GCFD 3, and started initial triage. Calls were made to request additional ambulances and resources such as backboards and neck braces. Fire District 3 called the George School District to arrange a space for non-injured students. EMS recorded patient information on scene.

5:31 p.m. – 5:47 p.m. – Initial Healthcare Notification

Medic 25 with Protection-1 called Quincy Valley Medical Center (QVMC) while en route to notify them of the crash. QVMC responded with bringing in extra staffing. While on scene, Medic 25 again called QVMC and Samaritan Hospital to give an update on patients and find the number of patients they could take. Fifteen minutes into the response, QVMC, Samaritan Hospital and Columbia Basin Hospital received notification by MACC Dispatch of the incident and activated their Incident Command System (ICS) to prepare for receiving patients.

6:00 p.m. – Transfer of Command and Scene Management

Throughout the response, Unified Command was established with IC Fire and Washington State Patrol. Around 6:00 p.m. Incident Command Fire duties were transferred from 143 Command (from Fire District 3) to GCFD 3 Command 3 Duty Officer. When GCFD 3 left the scene, WSP was the single Incident Commander. Fire and ambulances were moved to maintain traffic flow around the crash. Since

ambulances continued to arrive throughout the response, vehicles were parked as far as a quarter mile away.

6:05 p.m. – School Building Shelter Open

George Elementary School served as a temporary shelter for patients and a location for further care if needed. The command post was set up in the main office of the school. Community members went directly to the school to provide food and supplies for the patients. Patient information was again collected to support patient tracking efforts.

6:15 p.m. – Additional Partners Arrive on Scene and are Notified

The Grant County Sheriff's Office PIO arrived on scene at 6:15 p.m., the WSP PIO arrived around 6:20 p.m., and media outlets arrived at 6:46 p.m. WSP PIO managed media at the crash scene, while Grant County Sheriff's Office PIO went to George Elementary School to manage additional media needs. Kittitas Valley Healthcare and Othello Community Hospital were notified of the crash by Grant County Fire District 8 and AMR.

6:38 p.m. – First Ambulance Leaves Scene

AMR called individual hospitals to determine patient placement. Ambulances waited approximately 20 minutes for a hospital destination. Ambulances did not leave scene until recording patient names and intended destination to support patient tracking. The first ambulance left the scene at 6:38 p.m. Ambulances continued to leave the scene with patients until Protection 1 and Medic 25 left at 7:45 p.m. with the final 12 patients from George Elementary School to Samaritan Hospital and QVMC.

6:38 – 8:05 p.m. – Patients Received by Area Hospitals

Patients were transferred from both the scene and George Elementary School. Over the course of an hour and a half, four or five area hospitals received a total of 31-46 patients. The following agency reports on patient transportation and reception indicated that each hospital received these numbers of patients:

First Responder and MACC Report:

- Quincy Valley Medical Center: 9 patients
- Samaritan Healthcare: 10 patients
- Columbia Basin Hospital: 3 patients
- Othello Community Hospital: 8 people transported, 6 were patients
- Wenatchee Confluence hospital received patients transferred from Quincy Valley Medical Center via Ballard Ambulance

Individual Reports from hospitals:

- Quincy Valley Medical Center: 16 patients
- Samaritan Healthcare: 10 patients
- Columbia Basin Hospital: 8 patients
- Othello Community Hospital: 14 people transported, 12 were patients
- 1 patient transferred from Quincy Valley Medical Center to Harborview Medical Center

In anticipation for the patient surge, QVMC requested more staff come to work. Fully staffed, QVMC requested EMS send more patients to QVMC as it was closest to the scene and roads were icy. Doctors requested additional feedback regarding the position of the bus to inform patient treatment.

8:00 p.m. – 11:00 p.m. – Incident Closure

By 7:45 p.m., Grant County Fire District #3 cleared the scene and the final patients not going to hospitals were sent to George Elementary School. With all patients moved from the scene, the Incident Command Post transferred to George Elementary School. By 11:00 p.m., all students at George Elementary School had been sent to stay at a hotel in Moses Lake. Patients discharged from three area hospitals all sent patients to the same hotel to be reunited with the rest of the students. The only students who did not stay at the hotel were patients kept at QVMC due to lack of transportation options.

Key findings

The following key findings were identified through a Community After Action Review held on November 29, 2018, in Quincy, WA, led by Tony Leibelt, Grant County Fire District 3, and facilitated by Travis Nichols, REDi Healthcare Coalition. These key findings are themed according to the strengths and opportunities for improvements identified by agencies directly involved in the incident (see appendix A).

Focus Area 1: Asset Deployment and Dispatch Communication

Key Findings

Key Findings

- Requests for mutual aid were made in the first 5 minutes of the response
- EMS and Fire assets were readily available and sufficient (high volume of support)
- Given the weather, quick response time led to a short transport time
- MACC called for Life Flight assistance, but that resource was unavailable
- Moses Lake Fire was an unused asset
- Ambulance resources sent to the scene left some communities vulnerable without that resource readily available

Recommendations Summary

- Address allocation of resources to ensure they are available throughout the community in the event of a simultaneous incident

Focus Area 2: On-scene management and triage

Key Findings

Key Findings

- No other collisions: success to traffic management getting buses off the scene
- No set-up of ambulance staging on scene, some ambulances parked a quarter mile away, they were spread out due to arrival from various locations
- Patients quickly moved off scene to begin treatment by first responders
- On scene unified command informed troopers and units arriving to scene, along with transitioning command to Washington State Patrol
- Number of personnel available to triage patients was a limiting factor in getting patients triaged quickly
- Some patients arrived at hospitals without c-collars

Recommendations Summary

- Use C-collars for patients with chest, neck or hand pain prior to hospital arrival
- Additional assistance needed for on-scene triage, including non-personnel resources like triage tags
- Establish an ambulance staging area

Focus Area 3: Patient Placement

Key Findings

Key Findings

- MCI protocol was not activated, causing confusion on where to send patients and how many to send to hospitals.
- Uneven distribution of patients to area hospitals. Hospitals unsure why ambulances sent patients far away when they weren't asked if they could take more patients
- No officer tasked with directing patients into ambulances. Some patients got into ambulances themselves.
- Quincy went on divert after second car crash incident occurred near that hospital
- Othello Community Hospital was initially notified of receiving 6 patients and ended up receiving 12 patients
- Othello Community Hospital ran out of room in ED and opened OPS to treat patients

Recommendations Summary

- Multi-jurisdictional review of Regional Patient Placement Plan Draft

Focus Area 4: Patient Tracking

Key Findings

Key Findings

- On-scene teams collected patient names and dates of birth. Initial data collection was slowed by not having a place or materials to record the information
- Triage tags were not used on scene but were used at George Elementary School later in the response
- Two non-patients were transported via ambulance with patients to Othello hospital
- Ambulances effectively notified hospitals about arriving patient conditions
- Discrepancy in first responder reports and hospital reports regarding how many patients were sent to each hospital. Discrepancy in patient transfer report as well.

Recommendations Summary

- Carry pens and paper in all response vehicles
- Develop or adopt regional patient tracking protocols

Focus Area 5: Healthcare Reception and Care of Patients

Key Findings

Key Findings

- Hospitals quickly implemented ICS, adjusted staffing and were ready to provide care for patients upon arrival
- Healthcare partners cited success due to inter-agency exercise to prepare for the incident
- Mental health resources were not a readily available resource for patients
- Bus showed up to Quincy Hospital before patients are ready (kept overnight at facility)
- Othello Community Hospital needed to address food needs of the patients since local sources of food were closed due to the holiday
- Delayed discharge of patients from Othello Community Hospital

Recommendations Summary

- Coordinate with mental health partners in Moses Lake to develop a community mental health response plan in partnership with North Central Behavioral Health Organization
- Dedicated staffing for ED during incidents to assist with care and discharge

Focus Area 6: Media and Public Communication

Key Findings

Key Findings

- Good PIO communication with the media and with first responders
- Coordination between hospital PIOs, WSP PIO, UW PIO, and GCSO PIO
- High situational awareness with proper social media use – built community and healthcare awareness
- University of Washington fielded family calls and managed that call line well
- Family and public calls to local responders was uncoordinated

Recommendations Summary

- Establish local call line for students, family and the public to manage calls and call volume

Focus Area 7: Community Volunteer Coordination and Family Support

Key Findings

Key Findings

- Shelter for patients was set up at George Elementary School
- Parents and friends of students showed up on scene and at the school unchecked
- Strong community support, with members of the community self-deploying, bringing food and supplies for students
- Students had recently been drilling for emergencies through the University of Washington so they were prepared to participate in this response

Recommendations Summary

- Develop a volunteer and donation management plan

Next Steps

During the Community After Action Review on November 28, 2018, participants agreed to take key findings into consideration when creating community drills and updating local and regional plans. Participants highlighted the importance of improving processes for the future, along with practicing these processes, in the event of a more severe incident. A sincere thank you to the over 40 partners who contributed to creating this Community After Action Report and who remain committed to the safety of our community.

Community After Action Review, Quincy, WA. November 29, 2018.

Appendix A: Incident Participants

Participants
Regional/State
Regional Emergency and Disaster Healthcare Coalition University of Washington Washington State Patrol
City/County
Ephrata Fire George Elementary School Grant County Fire District 3 Grant County Fire District 5 Grant County Fire District 8 Grant County Fire District 10 Grant County Fire District 11 Grant County Sherriff's Office
Non-Governmental
American Medical Response Ballard Ambulance Wenatchee Columbia Basin Hospital Harborview Medical Center Kittitas Valley Healthcare Multi Agency Communications Center MTRWestern Charter Bus Othello Community Hospital Protection 1 Quincy Valley Medical Center Samaritan Healthcare

Appendix B: Improvement Plan

Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Start Date	Completion Date
1.				
2.				
3.				
4.				
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9.

10.				

MISSION

To prepare for, respond to and recover from crisis using all available resources to provide patient care at the appropriate level in the most efficient manner for the best patient outcomes.

The REDi Healthcare Coalition works to strengthen the emergency preparedness and response planning for all aspects of healthcare through community coordination and collaboration. Healthcare Coalition participation is appropriate for all types of healthcare providers, mental health providers, EMS professionals, public health professionals, emergency managers and related services.

The Healthcare Coalition consists of members who both provide expertise and receive the benefit of other's experience to achieve their agencies' goals. Membership in the coalition is defined as any healthcare entity that actively contribute to strategic planning, operational planning and response, information sharing, and resource coordination and management. The Healthcare Coalition is grant funded under Health and Human Services Assistant Secretary of Preparedness and Response Healthcare Preparedness and Response grant; the benefits of Healthcare Coalition membership are currently free for all partners. For more information on coalition activities or become a member and join us in planning efforts, trainings or upcoming exercises, please send your request to hcc@srhd.org.