

# PROTOCOL FOR MANAGEMENT OF AN ICS HEALTH DATA UNIT

## North Dakota Department of Health

### **Document Purpose.**

The purpose of this document is to describe the structure and function of an incident command organized Health Data Unit including the identification of its resource needs, staffing patterns and data sources. This document also provides descriptions which may guide data management in disaster situations in which the data unit is not activated.

The described data unit is limited to disasters which require data processing related to health. It is not the intent of this document to describe a data unit which would be activated for an environmental emergency. Although a similar structure might be used for environmental disasters, personnel, skill sets, data sources and products would be very different.

### **Data Unit Tasks**

Depending on the staffing available for the data unit, it may become necessary to prioritize requests for data or decrease the frequency of standardized reports. The tasks which are likely to be assigned to the data unit include:

- Primary collection of data, especially to fill incomplete data elements;
- Secondary acquisition of data from surveillance systems (e.g., Disease Control, vital statistics) and directly access other data systems (e.g., HC Standard);
- Recommendations for changes in surveillance methods such as adjustment of HC Standard tables;
- Providing technical assistance to primary reporters accessing data systems (e.g., HC Standard);
- Analysis of data to produce tabular data primarily, but also text, graphs and maps as indicated.
- Transmission of standardized reports to the DOC or other users to which the data unit has been asked to provide specific pieces of data;
- Transmission of analytic results to Disease Control for further work or interpretation;
- Special analysis or report preparation requested by the DOC or by Disease Control;
- Alerting of DOC of critical thresholds identified in the data;
- Technical assistance to public information officers preparing information release to the media;
- Updating NDDoH informational web sites such as data displays or policy boards;
- Monitoring specific real time data systems, particularly POD un-dispensed antibiotics or vaccine and un-dispensed antivirals at all dispensing sites (banks, pharmacies, clinics) and cache supplies.

### **Categories of Data**

- Morbidity and mortality;
- Disease epidemiology (e.g., high risk groups for disease and death, disease progression, disease distribution);
- Impact on health care system, including inpatient, outpatient and transport ;

- Isolation and quarantine, including line listings and social need;
- Social distancing, including compliance and impact;
- Antivirals/antibiotics, including progress with distribution and inventories;
- Mass vaccination, including inventories and progress;
- Priority vaccination, including coverage of key infrastructure and second dose completion;
- Medical and POD supply inventories and rate of use;
- Mental health impact;
- Workforce, including availability and assignments and may include local, state and federal.

### **ICS Decisions Supported**

- Change in legal authority via executive order;
- Change in standard of care;
- Patient transfer to even out hospital overload;
- Health care recommendations including EMS triage protocols, admission criteria, allocation of ventilators and palliative care guidance;
- Allocation and conservation of medical supplies;
- Suspension of elective admissions;
- Opening and closing of MCF facilities and change in MCF policies;
- Allocation of priority vaccine among domains and local areas;
- Local mass vaccination sites requiring assistance;
- Education efforts required;
- Restriction on inappropriate antiviral usage;
- Policy change to slow rate of antiviral dispensing;
- Implementation of alternative distribution methods or timetables;
- Change in security procedures;
- Actions to promote social distancing; and,
- Maintenance of adequate resources for mass dispensing.

### **Activation.**

The data unit will be activated as an incident command decision. In most health events, the Division of Disease Control is expected to take the lead in data analysis related to its mission, and in most disasters data processing needs are likely to be fully met by Disease Control resources. Circumstances likely to trigger the activation of this unit include:

- Need to draw upon additional analytic resources (especially non-acute epidemiologists) outside the Division of Disease Control;
- Need to establish 24 hour data processing capability for a prolonged period;
- Need to collect or process large amounts of data which are not typically handled by Disease Control.

### **Command and Control.**

The data unit will function under the authority of the Planning Chief of the Department Operations Center of NDDoH. The Data Unit Director may report to the Planning Chief

or a designee of the planning chief. However, since the data unit will share data production responsibilities with Disease Control, it is assumed that the data unit lead will also manage data requests which come directly from Disease Control and provide results back to Disease Control.

Work load requirements will determine the size of the data unit. In some disaster events, the Data Unit Director may be the only person assigned to the data unit. The Data Unit Director may request, through the incident command system, the assignment of specific individuals known to have skills needed by the data unit or the assignment of additional personnel without specific skills depending on the task requirements. Expansion of staff may be for a single shift or may represent a sustained increase in the capacity of the unit.

### **Data Unit Director**

The Data Unit Director on duty will receive all incoming requests for data and allocate those tasks to the personnel assigned to the data unit. As work loads increase, the Data Unit Director may spend an increasing percentage of his or her time in unit management rather than data processing. One person will be the lead Data Unit Director who will assume overall policy and management decisions. Responsibilities of the lead Data Unit Director include:

- Requesting personnel with the skills to accomplish requested tasks by working through the DOC;
- Drafting a staffing schedule and communicating with the Logistics Section assigned personnel manager for the DOC;
- Establishing a production schedule for completion and transmission of data reports;
- Establishing standardized data report formats, whether the same or different than the sample formats provided with this document; and,
- Making policy recommendations or requests regarding surveillance systems for data collection (e.g., adding or removing data elements, changing data collection methods, change source of data used for reports). Depending on the surveillance system the decision may lie within another jurisdiction such as the Division of Disease Control;
- Receiving all requests for work and allocating them to staff;
- Assisting other unit members with tasks or problem solving, whether directly or by assignment;
- Assigning a supervisory command structure which most efficiently completes the tasks;
- Ensuring the quality of data released including accuracy, labeling, and dating/timing and ensuring adequate documentation of limitations on the released data;
- Ensuring that the production schedule is met;
- Ensuring that products are transmitted to all designated recipients in a timely manner;
- Ensuring that privacy policies are followed for protection of protected and confidential data; and,
- Reviewing data results for thresholds which need to be communicated by phone call or otherwise acted upon.

### **Skill Set Requirements of Data Unit.**

Personnel assigned to the data will fall into three categories:

- Director – See tasks assigned above. This person is expected to be able to function as an analyst when not performing administrative duties;
- Analyst – Persons having the analytic skills to process record level data, evaluate the findings, identify data limitations and prepare data products;
- Data Assistant—Persons without specialized data skills who can be assigned non-technical tasks (e.g., data entry, document formatting, data collection, result confirmation, data transmission).

Although not all persons assigned to the data unit will need to be proficient in all skills, the unit as a whole will need to have access to all of the following skills.

- Intermediate skill in use of analytic software;
- Basic skill in use of GIS software;
- Intermediate skill in use of presentation software for graphic production;
- Basic skill in use of spreadsheets;
- Intermediate skill in use of word processing software;
- Basic skill in use of web publishing software;
- Basic skill in use of word processing software;
- Basic skill in use fax machine, email software;
- Intermediate skill in use of HC Standard.
- Intermediate Internet use proficiency

Additional skills or higher level skills than those listed above may be needed for completion of specific tasks. Potential additional skills which might be needed include accessing data using disease control surveillance, immunization registry data, SNS inventory software and use of outbreak management software. For infrequent requests which require a higher level of skills, the Data Unit Director can decide whether to change personnel assignments or draw on other personnel inside or outside NDDoH who can assist with the requested task.

### **Location.**

The data unit may function as a centralized or decentralized unit depending on its size and expected duration of existence. For a large disaster such a moderate or severe influenza pandemic, the data unit will function most efficiently if it is centralized to a single room or adjacent offices where assigned members can be in close contact. Because of the logistic challenge of accomplishing this, in many disasters in which it is activated, the data unit will be decentralized.

### **Resource Needs.**

Analyst computers should have the following:

- Microsoft Office including Publisher
- SAS or SPSS depending on personal proficiency
- Microsoft Outlook
- Adobe Acrobat Reader
- High speed internet access
- Access to a printer by direct connection or network

- Access to a shared server drive with the DOC, and may require different shared drive with Disease Control
- Access to a fax machine and landline telephone

Additional software which will be needed by some analysts:

- Adobe Acrobat (professional)
- ArcMap
- EpiInfo
- Access
- Microsoft Expressions Web
- DBMS Copy (converts databases between formats including SAS and SPSS)
- Telephone with video conference capability

In addition to the basic analyst package, the Director on duty should have:

- Desktop videoconferencing software
- Cell phone

Data assistants should have:

- Microsoft Office including Publisher
- Microsoft Outlook
- Adobe Acrobat Reader
- High speed internet access
- Access to a printer by direct connection or network
- Access to a single shared server drive (to be designated at the time of the event)
- Access to a fax machine and landline telephone

### **Data Assumptions.**

- Data will be collected or retrieved from diverse sources.
- Some of the data will be incomplete requiring retrieval of data elements before analysis and requiring footnotes to document data limitations;
- Not all data processing will occur in the data unit; some may be assigned in other units, especially Disease Control, where greater expertise with some types of data will exist;
- Large expenditures of effort for ad hoc data collection will be manpower intensive, but the persons assigned to these tasks will not need to be epidemiologists or data analysts;
- Some of the data used by the data unit will be confidential; however, little of the data output by the data unit will be confidential;
- Most data reports will be produced once per day; however, some data output may be needed more than once per day and other data may be produced less than daily or only on request;
- The sources of some types of data will fluctuate as institutions such as community morgues, minimum care facilities or NDMS facilities open and close in response to disaster;
- The data results will need to be released in easy to use report formats;

- Some types of data (i.e., data that is not health or health care related) will be outside the usual scope of data analysis of the unit even though that data may be needed by the DOC. It is expected that other data processing capacity will be used to produce non-health data.

### **Categories of Data Need**

The following categories of data are expected to be needed in some or all health events:

- Deaths (incidence, cumulative incidence, geographic location, demographic characteristics, total and disaster related cause, temporal trends, source (hospital, MCF, community), recovered/un-recovered, unidentified, contaminated);
- Attack rates (case counts, geographic distribution, temporal trends);
- Epidemiologic risk factors (risk factors);
- Hospital and Minimum Care Facilities (MCF) admissions (incidence and cumulative incidence, palliative patients, residual capacity, facility mortality, rate of increase);
- Hospital and MCF capacity and overcapacity (staffing percentage for critical and non-critical, percentage over usual capacity, hospital specific, rate of increase);
- Outpatient care (patient access, unmet needs, medication access, wait times)
- EMS (operational and non-operational, uncovered areas, restricted capacity, altered protocols)
- LTC unit capacity and overcapacity (staffing percentage, percentage over usual capacity, additional patients being cared for);
- Community morgue occupancy and residual capacity (rate of increase, dispositions made);
- Ventilators (in use, not in use, additional needed);
- Un-dispensed antibiotics, vaccine or antivirals at dispensing sites (inventory, rate of use, need for re-supply);
- State cached material (rate of use, facility-specific);
- Status of dispensing sites (open or closed, percentage of target population covered, wait times);
- Second dose vaccination completion;
- Isolation and quarantine status (number of patients, voluntary vs involuntary, measures of compliance, evidence of continued new case contagion);
- Case-tracking line listing;
- State and local public health workforce availability (percentage staffing, staffing shortfalls, skill shortfalls)
- Volunteer availability (medical and non-medical, additional need, recruitment success, attrition, occupational risk (e.g., volunteer illness);
- Community compliance and impact with social distancing (economic/social impact, public acceptance, efficacy);
- Mental health impact (prevalence of acute mental illness, decompensation, unmet need for chronic mental illness) ;

### **Sources for Data Elements.**

Indicator	Source	Utility	Anal.
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			Value
Incident deaths	Vital Statistics	<ul style="list-style-type: none"> <li>+ Provides causality</li> <li>+ Captures deaths at all community locations</li> <li>+ Provides epidemiologic detail</li> <li>- Delay in reporting limit utility to ICS</li> </ul>	Med
	Hospital and MCF via HC Standard	<ul style="list-style-type: none"> <li>+ Potentially same day reporting</li> <li>+ Causality available</li> <li>- Epidemiologic detail may be difficult to capture</li> <li>- Some sites will require daily contact</li> <li>- Does not capture deaths in the community</li> </ul>	High
	Community Morgue via HC Standard	<ul style="list-style-type: none"> <li>+ Potentially same day reporting</li> <li>+ Captures both community and institution deaths</li> <li>+ Provide final disposition</li> <li>- Not in use in all communities or all disasters</li> <li>- May split services with funeral homes</li> <li>- Not available early or late in epidemic</li> <li>- No pre-prepared contact list available</li> <li>- Some sites will require daily contact</li> <li>- Causality and epi detail unavailable</li> </ul>	High
Attack Rates	Epi Investigation	<ul style="list-style-type: none"> <li>+ When usual, accurate, timely and detailed data including case count</li> <li>- Only available for small events or early in large outbreaks</li> <li>- Case finding may be difficult in some events</li> </ul>	Med
	Business Absenteeism	<ul style="list-style-type: none"> <li>+ Provides workforce statistics</li> <li>+ May be more easily obtained for some business (health-care and public health)</li> <li>- Ability of sites to determine reason for absenteeism</li> <li>- Does not provide a population cross-section</li> <li>- No surveillance system for collection</li> <li>- Severe events may close businesses</li> <li>- Does not capture children</li> </ul>	Med
	Outpatient Visits	<ul style="list-style-type: none"> <li>+ Provides healthcare system data also</li> <li>- Indirect measure of attack rate</li> <li>- Underestimates case numbers</li> <li>- No surveillance mechanism for outpatient visits</li> <li>- No epidemiologic detail</li> <li>- Affected by changing access</li> </ul>	Med

Healthcare Utilization	Requests for Antivirals	<ul style="list-style-type: none"> <li>+ Readily available and timely</li> <li>+ Captures all ages</li> <li>- Epidemiologic detail limited</li> <li>- Only available for pandemic influenza</li> <li>- Underestimate attack rate</li> </ul>	Med
	Long Term Care Reporting of Outbreak	<ul style="list-style-type: none"> <li>+ Needed indicator for potential action</li> <li>- Not a useful measure for attack rate</li> </ul>	Med
	Hospital Admissions and Capacity via HC Standard	<ul style="list-style-type: none"> <li>+ Timely</li> <li>+ Critical indicator of system overload</li> <li>- Stimulated reporting likely necessary from some</li> <li>- No epidemiologic detail</li> <li>- Does not provide discharge disposition</li> </ul>	High
	Outpatient Visits for Disaster-Related Illness	<ul style="list-style-type: none"> <li>+ Valuable indicator of system overload</li> <li>- No surveillance mechanism</li> <li>- No epidemiologic detail</li> </ul>	Med
	Long Term Care Capacity via HC Standard	<ul style="list-style-type: none"> <li>+ Useful indicator of system overload</li> <li>+ Surveillance mechanism identified</li> <li>- Stimulated reported likely needed for some</li> <li>- Not provide much indication of disease activity</li> </ul>	Med
	Morgue Capacity via HC Standard	<ul style="list-style-type: none"> <li>+ Needed indicator</li> <li>+ Readily available</li> <li>- Stimulated reporting likely needed for some</li> </ul>	
Epidemiologic Risk Factors	Vital Statistics	<ul style="list-style-type: none"> <li>+ High quality data</li> <li>+ Analysis can be based on incomplete reporting</li> <li>- Delay limits utility for IC decision making</li> </ul>	Med
	Epi Investigation	<ul style="list-style-type: none"> <li>+ High quality data</li> <li>+ Readily available for small outbreaks or early in large outbreaks</li> <li>+ Analysis can be based on incomplete reporting</li> <li>- Too labor intensive for large outbreaks</li> <li>- Will have difficulty providing data on risk of death</li> </ul>	High



	Data from other states	<ul style="list-style-type: none"> <li>+ Data quality likely reasonably good</li> <li>+ May provide data on risk of death</li> <li>- Only available in multi-state outbreaks where cases occur sooner than in North Dakota (e.g., most pandemics)</li> </ul>	High
	Hotline calls	<ul style="list-style-type: none"> <li>+ Readily available in real time</li> <li>+ Data collection likely limited for higher intensity scenarios due to capacity</li> <li>+ Provides information on vaccine or medication adverse events</li> <li>- No denominator available</li> <li>- May not provide type of information desired</li> </ul>	High
	Cache Supplies	<ul style="list-style-type: none"> <li>+ Captured in real time</li> <li>+ Critical for policy to sustain availability</li> <li>- Large number of items makes tracking complex</li> <li>- Tracking facility use rate complex</li> </ul>	High
	Ventilator Use Reporting Via HC Standard	<ul style="list-style-type: none"> <li>+ Surveillance system identified</li> <li>- Early indicator of unmet need</li> <li>- Provides no indication of how vents are allocated</li> </ul>	High
	Un-dispensed Drug or Vaccine	<ul style="list-style-type: none"> <li>+ Critical indicator for action</li> <li>+ Readily available</li> <li>+ Provides measure for population coverage</li> <li>+ Indicator of POD problems</li> </ul>	High
Materials and Equipment	Second Dose of Vaccine Administered	<ul style="list-style-type: none"> <li>+ Critical indicator for action</li> <li>+ Anticipated capture by NDIIS</li> </ul>	High
	Volunteer Database	<ul style="list-style-type: none"> <li>+ Provides indication of recruitment over time</li> <li>- Does not provide indication of volunteers actually in use</li> <li>- Does not provide information on volunteer availability</li> </ul>	Med
	State Strohl System	<ul style="list-style-type: none"> <li>+ Provides information on critical job functions</li> <li>+ Provides information on duty assignment</li> <li>- Does not track fitness for duty and reason for</li> </ul>	Med
Personnel Tracking			

absenteeism

- Limited access
- Does not information of specific action assignment and availability for new role
- Does not provide information on local capacity
- Does not provide detailed information on skills

Social  
Distancing  
Compliance and  
Acceptability

Mental Health  
Impact and  
Need

EMS

- EMS Database
- + Run types and number of runs
  - No capacity or personnel loss statistics

### Data Unit Reports.

Not all content or display elements would necessary be displayed in all events. Reports modeled here are modeled on pandemic influenza.

CONTENT	FREQ AND SOURCE	DISPLAY
<b>Mortality Report</b>	Daily	
Incident Deaths – Disaster Related	1. Hospital and MCF reports 2. Vital Statistics	Table: statewide 24 hour deaths and cumulative deaths Table: County specific 24 hour and cumulative deaths Graph: Temporal incidence Graph: Cumulative incidence Map: Temporal incidence Map: Cumulative Incidence
Incident Deaths – All Cause	1. Community morgue (if open) – HC Standard 2. Hospital and MCF reports 3. Vital Statistics 4. Reports from funeral homes (some stages of event)	Table: Area wide 24 hour and cumulative Table: County specific 24 hour and cumulative Graph: Temporal incidence Graph: Cumulative incidence Temporal incidence map Cumulative Incidence map
Hospital Mortality	1. Hospital reports – HC	Tables: Disaster Related, 24 hour and

	Standard	cumulative, by hospital Tables: All Cause, 24 hour and cumulative deaths, by hospital
Community Morgue (when open)	1. Morgue reports – HC Standard	Table: 24 hour admits by facility Table: Total bodies by facility Table: Unidentified body counts by facility Table: Un-retrieved bodies by community Table: Final dispositions 24 hours and cumulative
<b>Health-Care Capacity Report</b>	Daily	
Hospital Admits and Discharges	Hospital – HC Standard	Table: Number of total admits and discharges for past 24 hours by facility, including number of disaster-related admits and discharges Map: Number of inpatients per 1000 population by county
Hospital Staffing	Hospital – HC Standard	Table: Percentage of usual staffing for critical care and non-critical care by facility for past 24 hours and previous two days including percentage change
Hospital Overload	Hospital – HC Standard (calculated value)	Table: Critical and non-critical census for past 24 hours and two previous days by facility, including usual staffed beds for critical and non-critical and percentage overload Map: Average percentage overload by County Graph: Statewide time trend in average percentage overload since onset of event
MCF Load	MCF Reports (HC Standard)	Table: Census of MCF for past 24 hours and for two previous days by facility, including percentage change, number of assisted-living and acute care patients and maximum planned acute and assisted living capacity Map: MCF percent acute capacity by County
LTC	Probably HC Standard	Table: 24 hour deaths, number of patients with disaster-related illness, number of usual staff beds, census, percentage of usual staffing level by facility

		Map: LTC percentage capacity by County
Outpatient Clinics	No identified source	Table: Number of disaster-related patients seen past 24 hours and two previous days, by facility Map: Number of disaster-related outpatients seen per 1000 population, by county
EMS	EMS data	Map: Uncovered areas, areas with reduced services by severity (triage protocol) Table: Daily influenza and total runs by ambulance service and calls not responded to Table: EMS service by status, percentage usual personnel, ALS capable, BLS capable
<b>Community Containment Report</b>	Daily	
Isolation and Quarantine	LPHU and DC will need to use software to track individuals. Primary data responsibility may lie with entity issuing order or recommendation	Table: Number of patients under voluntary and mandatory I&Q by County Map: Number of patients under I&Q by County Graph: Time trend statewide of number of patients under I&Q by day Line Listing: All patients by household and patient name under I&Q by LPHU jurisdiction, including date of confinement, anticipated end of confinement, compliance method, agency responsible for social care
Social Distancing	Data collection form completed by LPHU	Line Listing by County including status and compliance by domain (school, business, church, retail, public, teens) Assessment of impact Assessment of acceptability Assessment of compliance fatigue
<b>Epidemiology Report</b>	Weekly or as needed	
Disease Progression	Aggregate of diverse sources - hospital absenteeism - State employee absenteeism - Might need to set up "sentinel business" reporting	Text: Estimated attack rates and spread of disease, trend analysis, projected epi-curve Table: Estimated attack rate for available counties Map: Disease severity by county

Risk of illness and death	Vital data Other state data if available HC Standard not setup to collect this type info	Attack rate and mortality by age group and risk group (pregnant, secondary conditions)
Mitigation Impact Report	Unknown data source	Table/Text: Description of impact of social distancing on communities including transmission rate and negative impact on infrastructure for all counties for which data exists
<b>Prophylaxis and Treatment Report</b>	Daily	
POD Progress	IMEDDS HC standard reports?	Table: Open PODs, number served last 24 hours, cumulative number served and percent of target population coverage Table: Daily number served for wave Map: PODs open and percentage coverage of target population
Antibiotic Supply	Inventory tracking software	Table: Number of doses or courses of antibiotics on hand on hand, estimated time until supply exhausted Table: Number of courses or doses held by state in cache
Vaccine Second Dose	NDIIS	Table: Number and population rate of persons overdue for second dose of vaccine (e.g., 60 days post first dose)
Priority Vaccine Coverage	Data source not identified	Table: Each infrastructure domain, number of units allocated and percentage of target coverage achieved
Antiviral Supply	Inventory tracking software	Table: Estimated number of persons served in the past 24 hours and cumulative, by dispensing site Table: Number of courses of antivirals on hand and estimated time until supply exhausted. Table: Number of courses held by state in cache
Re-supply List	Inventory tracking software HC Standard requests	Table: Separate list of sites requiring re-supply for each supplier (Dakota Drug, Kreiser, RSS) for antibiotics, vaccine and antivirals
Adverse Event Report	Additional definition needed. Appears that primary source will need to be hotline data	Line Listing: Cumulative list of all persons reporting adverse events related to prophylaxis and resolution status

<b>Medical Supply Report</b>	Daily	
Cache Report	Inventory tracking software	Table: List of each cache item, beginning number of item pre-event, remaining number, percentage of total remaining, number sent out in past 24 hours, estimated date of supply exhaustion based on current use rate. Graph: Time curve of distribution for selected items showing daily distribution number since start of event. Section of items for display will depend on perceived potential for shortage or item criticality (especially IV fluids, PPE).
Critical Item Hospital Use Rate	HC Standard	Table: Daily rate of use of PPE and IVF per 1000 for each hospital for duration of event
<b>Workforce Report</b>	Daily	
NDDoH Personnel (may or may not be produced by the data unit)	Strohl System only in part	Table: Each employee assigned to NDDoH, fitness for duty, current assignment, location, comments/notes Table: Each employee assigned to NDDoH with shift worked for each day of the event
Local workforce loss	Data source not determined	Table: Estimated percentage of workforce available for work, by county
<b>Mental Health Report</b>		TBD

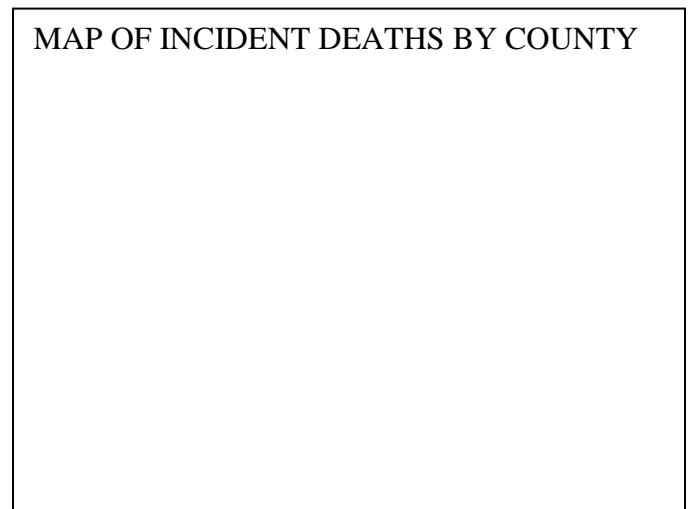
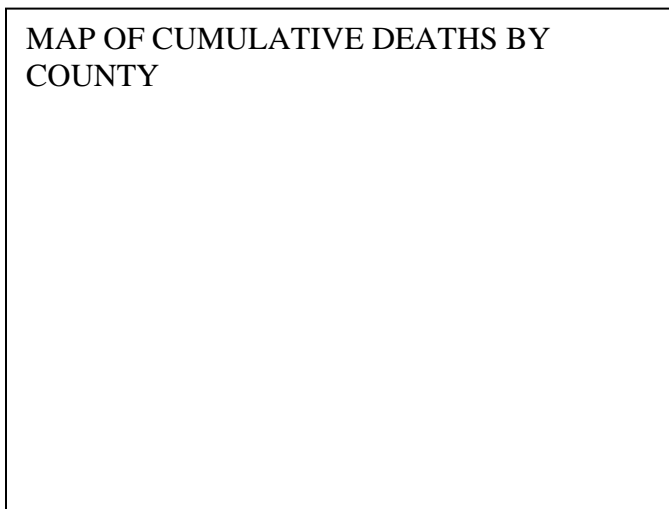
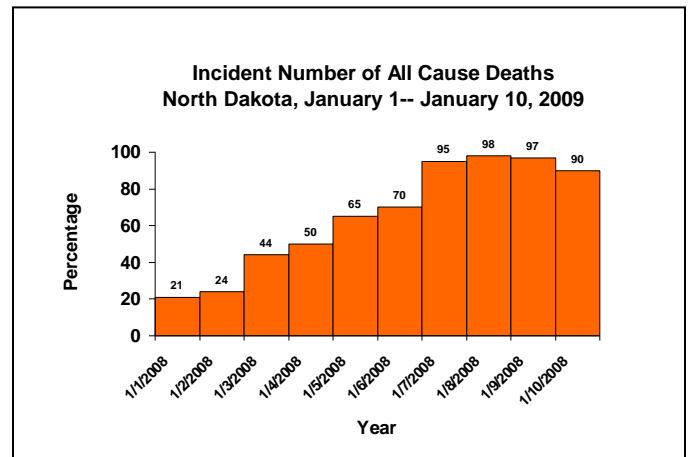
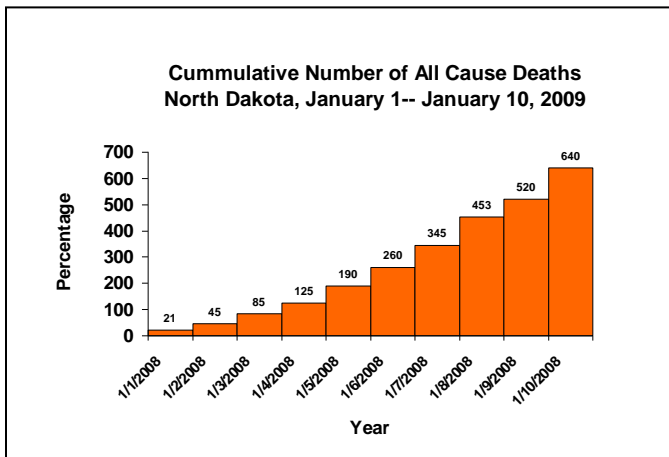
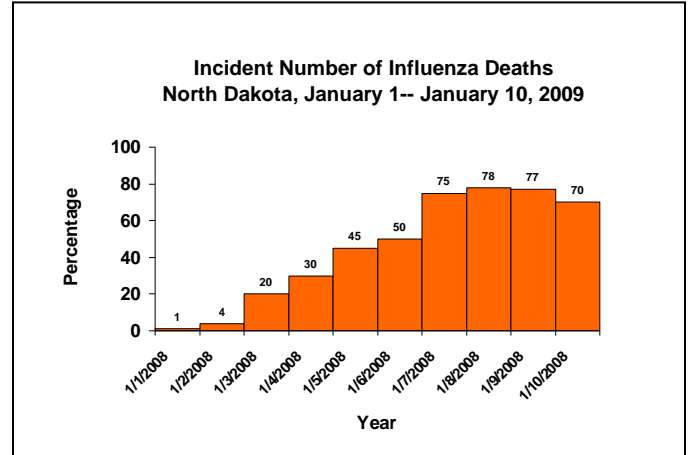
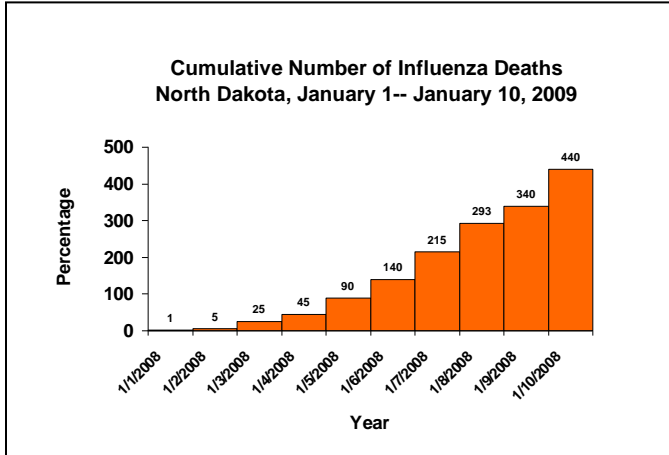
## ATTACHMENTS

NOTE: LISTS OF SPECIFIC ENTITIES (LTCF, HOSPITALS, EMS) MUST BE  
UPDATED AT TIME OF EVENT.

# SAMPLE DEATH REPORT

[DATE] [TIME]

Data Quality: Good	Data Quality: Fair
<b>Incident</b>	<b>Wave Cumulative from [DATE]</b>
New deaths due to any cause x	New deaths due to influenza 24 hours x
Total deaths due to any cause x	Total influenza deaths x





Data Quality: Fair		
Incident and Cumulative Disaster Deaths		
COUNTY	INCIDENT	CUMULATIVE
Adams		
Barnes		
Benson		
Billings		
Bottineau		
Bowman		
Burke		
Burleigh		
Cass		
Cavalier		
Dickey		
Divide		
Dunn		
Eddy		
Emmons		
Foster		
Golden Valley		
Grand Forks		
Grant		
Griggs		
Hettinger		
Kidder		
Lamoure		
Logan		
McHenry		
McIntosh		
McKenzie		
McLean		
Mercer		
Morton		
Mountrail		
Nelson		
Oliver		
Pembina		
Pierce		
Ramsey		
Ransom		
Renville		

Richland		
Rolette		
Sargent		
Sheridan		
Sioux		
Slope		
Stark		
Steele		
Stutsman		
Towner		
Trall		
Walsh		
Ward		
Wells		
Williams		

Data Quality: Good

**Disaster-Related Deaths**  
**DATE**

Region	County	City	Hospital	Incident	Cumulative
SW	Adams	Hettinger	West River Regional Medical Center		
SEC	Barnes	Valley City	Mercy Hospital		
NWC	Bottineau	Bottineau	St. Andrew's Health Center		
SW	Bowman	Bowman	Southwest Healthcare Services		
SWC	Burleigh	Bismarck	St. Alexius Medical Center		
SWC	Burleigh	Bismarck	Medcenter One Health Systems		
SE	Cass	Fargo	Innovis Health		
SE	Cass	Fargo	MeritCare Hospital		
SE	Cass	Fargo	Fargo VA		
SE	Cass	Fargo	Prairie St John's		
SE	Cass	Fargo	SCCI Hospital – Fargo		
NEC	Cavalier	Langdon	Cavalier County Memorial Hospital		
SEC	Dickey	Oakes	Oakes Community Hospital		
NW	Divide	Crosby	St. Luke's Hospital		
SWC	Emmons	Linton	Linton Hospital		
SEC	Foster	Carrington	Carrington Health Center		
NE	Grand F	Grand Forks	Altru Health System		
NE	Grand F	Northwood	Northwood Deaconess Health Center		
SWC	Grant	Elgin	Jacobson Memorial Hospital Care Center		
NE	Griggs	Cooperstown	Cooperstown Medical Center		
SEC	McIntosh	Ashley	Ashley Medical Center		
SEC	McIntosh	Wishek	Wishek Community Hospital and Clinics		
NW	McKenzie	Watford City	McKenzie County Memorial Hospital		
NWC	McLean	Turtle Lake	Community Memorial Hospital		
NWC	McLean	Garrison	Garrison Memorial Hospital		
SWC	Mercer	Hazen	Sakakawea Medical Center		
NW	Mountrail	Stanley	Mountrail County Medical Center		
NE	Nelson	McVile	Nelson County Health System-Hospital		
NE	Pembina	Cavalier	Pembina County Memorial Hospital		
NEC	Pierce	Rugby	Heart of America Medical Center		
NEC	Ramsey	Devils Lake	Mercy Hospital		
SE	Ransom	Lisbon	Lisbon Area Health Services		
NEC	Rolette	Rolla	Presentation Medical Center		
SWC	Sioux	Fort Yates	IHS Standing Rock Hospital		
SW	Stark	Dickinson	Saint Joseph's Hospital and Health Center		
SW	Stark	Richardton	Richardton Health Center		
SEC	Stutsman	Jamestown	Jamestown Hospital		
SEC	Stutsman	Jamestown	North Dakota State Hospital		
NEC	Towner	Cando	Towner County Medical Center		
SE	Traill	Hillsboro	Hillsboro Medical Center		
SE	Traill	Mayville	Union Hospital		
NE	Walsh	Grafton	Unity Medical Center		
NE	Walsh	Park River	First Care Health Center		

NWC	Ward	Kenmare	Trinity Kenmare Community Hospital		
NWC	Ward	Minot	Trinity Health		
SEC	Wells	Harvey	St. Aloisius Medical Center		
NW	Williams	Tioga	Tioga Medical Center		
NW	Williams	Williston	Mercy Medical Center		

Data Quality: Good

**All Cause Deaths  
DATE**

Region	County	City	Hospital	Incident	Cumulative
SW	Adams	Hettinger	West River Regional Medical Center		
SEC	Barnes	Valley City	Mercy Hospital		
NWC	Bottineau	Bottineau	St. Andrew's Health Center		
SW	Bowman	Bowman	Southwest Healthcare Services		
SWC	Burleigh	Bismarck	St. Alexius Medical Center		
SWC	Burleigh	Bismarck	Medcenter One Health Systems		
SE	Cass	Fargo	Innovis Health		
SE	Cass	Fargo	MeritCare Hospital		
SE	Cass	Fargo	Fargo VA		
SE	Cass	Fargo	Prairie St John's		
SE	Cass	Fargo	SCCI Hospital – Fargo		
NEC	Cavalier	Langdon	Cavalier County Memorial Hospital		
SEC	Dickey	Oakes	Oakes Community Hospital		
NW	Divide	Crosby	St. Luke's Hospital		
SWC	Emmons	Linton	Linton Hospital		
SEC	Foster	Carrington	Carrington Health Center		
NE	Grand F	Grand Forks	Altru Health System		
NE	Grand F	Northwood	Northwood Deaconess Health Center		
SWC	Grant	Elgin	Jacobson Memorial Hospital Care Center		
NE	Griggs	Cooperstown	Cooperstown Medical Center		
SEC	McIntosh	Ashley	Ashley Medical Center		
SEC	McIntosh	Wishek	Wishek Community Hospital and Clinics		
NW	McKenzie	Watford City	McKenzie County Memorial Hospital		
NWC	McLean	Turtle Lake	Community Memorial Hospital		
NWC	McLean	Garrison	Garrison Memorial Hospital		
SWC	Mercer	Hazen	Sakakawea Medical Center		
NW	Mountrail	Stanley	Mountrail County Medical Center		
NE	Nelson	McVile	Nelson County Health System-Hospital		
NE	Pembina	Cavalier	Pembina County Memorial Hospital		
NEC	Pierce	Rugby	Heart of America Medical Center		
NEC	Ramsey	Devils Lake	Mercy Hospital		
SE	Ransom	Lisbon	Lisbon Area Health Services		
NEC	Rolette	Rolla	Presentation Medical Center		
SWC	Sioux	Fort Yates	IHS Standing Rock Hospital		
SW	Stark	Dickinson	Saint Joseph's Hospital and Health Center		
SW	Stark	Richardton	Richardton Health Center		
SEC	Stutsman	Jamestown	Jamestown Hospital		
SEC	Stutsman	Jamestown	North Dakota State Hospital		
NEC	Towner	Cando	Towner County Medical Center		
SE	Traill	Hillsboro	Hillsboro Medical Center		
SE	Traill	Mayville	Union Hospital		
NE	Walsh	Grafton	Unity Medical Center		
NE	Walsh	Park River	First Care Health Center		

NWC	Ward	Kenmare	Trinity Kenmare Community Hospital		
NWC	Ward	Minot	Trinity Health		
SEC	Wells	Harvey	St. Aloisius Medical Center		
NW	Williams	Tioga	Tioga Medical Center		
NW	Williams	Williston	Mercy Medical Center		

## MORGUE REPORT

Region	County	City	New Admits	Total Bodies	Not Identified	Community Unretrieved	Interred
SW	Adams	Hettinger					
SEC	Barnes	Valley City					
NWC	Bottineau	Bottineau					
SW	Bowman	Bowman					
SWC	Burleigh	Bismarck					
SWC	Burleigh	Bismarck					
SE	Cass	Fargo					
SE	Cass	Fargo					
SE	Cass	Fargo					
SE	Cass	Fargo					
SE	Cass	Fargo					
NEC	Cavalier	Langdon					
SEC	Dickey	Oakes					
NW	Divide	Crosby					
SWC	Emmons	Linton					
SEC	Foster	Carrington					
NE	Grand F	Grand Forks					
NE	Grand F	Northwood					
SWC	Grant	Elgin					
NE	Griggs	Cooperstown					
SEC	McIntosh	Ashley					
SEC	McIntosh	Wishek					
NW	McKenzie	Watford City					
NWC	McLean	Turtle Lake					
NWC	McLean	Garrison					
SWC	Mercer	Hazen					
NW	Mountrail	Stanley					
NE	Nelson	McVile					
NE	Pembina	Cavalier					
NEC	Pierce	Rugby					
NEC	Ramsey	Devils Lake					
SE	Ransom	Lisbon					
NEC	Rolette	Rolla					
SWC	Sioux	Fort Yates					
SW	Stark	Dickinson					
SW	Stark	Richardton					
SEC	Stutsman	Jamestown					
SEC	Stutsman	Jamestown					
NEC	Towner	Cando					
SE	Traill	Hillsboro					
SE	Traill	Mayville					
NE	Walsh	Grafton					
NE	Walsh	Park River					
NWC	Ward	Kenmare					
NWC	Ward	Minot					

SEC	Wells	Harvey					
NW	Williams	Tioga					
NW	Williams	Williston					



# SAMPLE HEALTH CARE CAPACITY REPORT

HOSPITALADMISSION DISCHARGE STATUS					
County	Hospital	24 hour [DISEASE] Admits 8am [date] to 7:59am [date]	24 hour All- Cause Admits 8am [date] to 7:59am [date]	24 hour Discharges 8am [date] to 7:59am [date]	Current Census
Adams	West River Regional Medical Center				
Barnes	Mercy Hospital				
Bottineau	St. Andrew's Health Center				
Bowman	Southwest Healthcare Services				
Burleigh	St. Alexius Medical Center				
Burleigh	Medcenter One Health Systems				
Cass	Innovis Health				
Cass	MeritCare Hospital				
Cass	Fargo VA				
Cass	Prairie St John's				
Cass	SCCI Hospital - Fargo				
Cavalier	Cavalier County Memorial Hospital				
Dickey	Oakes Community Hospital				
Divide	St. Luke's Hospital				
Emmons	Linton Hospital				
Foster	Carrington Health Center				
Grand F	Altru Health System				
Grand F	Northwood Deaconess Health Center				
Grant	Jacobson Memorial Hospital Care Center				
Griggs	Cooperstown Medical Center				
McIntosh	Ashley Medical Center				
McIntosh	Wishek Community Hospital and Clinics				
McKenzie	McKenzie County Memorial Hospital				
McLean	Community Memorial Hospital				
McLean	Garrison Memorial Hospital				
Mercer	Sakakawea Medical Center				
Mountrail	Mountrail County Medical Center				
Nelson	Nelson County Health System-Hospital				
Pembina	Pembina County Memorial Hospital				
Pierce	Heart of America Medical Center				
Ramsey	Mercy Hospital				

Ransom	Lisbon Area Health Services				
Rolette	Presentation Medical Center				
Sioux	IHS Standing Rock Hospital				
Stark	Saint Joseph's Hospital and Health Center				
Stark	Richardton Health Center				
Stutsman	Jamestown Hospital				
Stutsman	North Dakota State Hospital				
Towner	Towner County Medical Center				
Traill	Hillsboro Medical Center				
Traill	Union Hospital				
Walsh	Unity Medical Center				
Walsh	First Care Health Center				
Ward	Trinity Kenmare Community Hospital				
Ward	Trinity Health				
Wells	St. Aloisius Medical Center				
Williams	Tioga Medical Center				
Williams	Mercy Medical Center				

### HOSPITAL OVERLOAD STATUS

Hospital	Current Census	Current Staffing	Percent Overload 01/01/2009	Percent Overload 01/02/2009	Percent Overload 01/03/2009	3 day Growth Rate
West River Regional Medical Center						
Mercy Hospital						
St. Andrew's Health Center						
Southwest Healthcare Services						
St. Alexis Medical Center						
Medcenter One Health Systems						
Innovis Health						
MeritCare Hospital						
Fargo VA						
Prairie St John's						
SCCI Hospital - Fargo						
Cavalier County Memorial Hospital						
Oakes Community Hospital						
St. Luke's Hospital						
Linton Hospital						
Carrington Health Center						
Altru Health System						
Northwood Deaconess Health Center						
Jacobson Memorial Hospital Care Center						
Cooperstown Medical Center						
Ashley Medical Center						
Wishek Community Hospital and Clinics						
McKenzie County Memorial Hospital						
Community Memorial Hospital						
Garrison Memorial Hospital						
Sakakawea Medical Center						
Mountrail County Medical Center						
Nelson County Health System-Hospital						
Pembina County Memorial Hospital						
Heart of America Medical Center						
Mercy Hospital						

Lisbon Area Health Services						
Presentation Medical Center						
IHS Standing Rock Hospital						
Saint Joseph's Hospital and Health Center						
Richardton Health Center						
Jamestown Hospital						
North Dakota State Hospital						
Towner County Medical Center						
Hillsboro Medical Center						
Union Hospital						
Unity Medical Center						
First Care Health Center						
Trinity Kenmare Community Hospital						
Trinity Health						
St. Aloisius Medical Center						
Tioga Medical Center						
Mercy Medical Center						

HOSPITAL WORKFORCE STATUS					
County	Hospital	Percentage of Normal Staffing, Critical Care 01/01/09	Percentage of Normal Staffing, Critical Care 01/02/09	Percentage of Normal Staffing, Non- Critical Care 01/01/09	Percentage of Normal Staffing, Non- Critical Care 01/02/09
Adams	West River Regional Medical Center				
Barnes	Mercy Hospital				
Bottineau	St. Andrew's Health Center				
Bowman	Southwest Healthcare Services				
Burleigh	St. Alexius Medical Center				
Burleigh	Medcenter One Health Systems				
Cass	Innovis Health				
Cass	MeritCare Hospital				
Cass	Fargo VA				
Cass	Prairie St John's				
Cass	SCCI Hospital - Fargo				
Cavalier	Cavalier County Memorial Hospital				
Dickey	Oakes Community Hospital				
Divide	St. Luke's Hospital				
Emmons	Linton Hospital				
Foster	Carrington Health Center				
Grand F	Altru Health System				
Grand F	Northwood Deaconess Health Center				
Grant	Jacobson Memorial Hospital Care Center				
Griggs	Cooperstown Medical Center				
McIntosh	Ashley Medical Center				
McIntosh	Wishek Community Hospital and Clinics				
McKenzie	McKenzie County Memorial Hospital				
McLean	Community Memorial Hospital				
McLean	Garrison Memorial Hospital				
Mercer	Sakakawea Medical Center				
Mountrail	Mountrail County Medical Center				
Nelson	Nelson County Health System-Hospital				
Pembina	Pembina County Memorial Hospital				
Pierce	Heart of America Medical Center				
Ramsey	Mercy Hospital				
Ransom	Lisbon Area Health Services				

Rolette	Presentation Medical Center				
Sioux	IHS Standing Rock Hospital				
Stark	Saint Joseph's Hospital and Health Center				
Stark	Richardton Health Center				
Stutsman	Jamestown Hospital				
Stutsman	North Dakota State Hospital				
Towner	Towner County Medical Center				
Traill	Hillsboro Medical Center				
Traill	Union Hospital				
Walsh	Unity Medical Center				
Walsh	First Care Health Center				
Ward	Trinity Kenmare Community Hospital				
Ward	Trinity Health				
Wells	St. Aloisius Medical Center				
Williams	Tioga Medical Center				
Williams	Mercy Medical Center				



DATE \_\_\_\_\_

SKILLED CARE NURSING HOMES				
		Number Disaster- Related Cases	Current Census	Deaths Past 24 Hours
Western Horizons Care Center	ADAMS			
Sheyenne Care Center	BARNES			
Good Samaritan Society - Bottineau	BOTTINEAU			
Westhope Home	BOTTINEAU			
Southwest Healthcare Servs	BOWMAN			
Baptist Home Inc	BURLEIGH			
Medcenter One Subacute Cr	BURLEIGH			
Missouri Slope Luth Care Ctr	BURLEIGH			
St Alexius Medical Ctr Tcu	BURLEIGH			
Medcenter One St Vincents	BURLEIGH			
Good Samaritan Society - Arthur	CASS			
Bethany Homes	CASS			
Elim Care Center	CASS			
Manor Care Health Services	CASS			
Meritcare Hospital Tcu	CASS			
Rosewood On Broadway	CASS			
Villa Maria	CASS			
Maple Manor Care Center	CAVALIER			
Good Samaritan Society - Osnabrock	CAVALIER			
Prince Of Peace Care Center	DICKEY			
Good Samaritan Society - Oakes	DICKEY			
Good Samaritan Society - Crosby	DIVIDE			
Hill Top Home Of Comfort Inc	DUNN			
Lutheran Home Of The Good Shepherd	EDDY			
Strasburg Nursing Home	EMMONS			
Golden Acres Manor	FOSTER			
Valley Eldercare Ctr	GF			
Woodside Village	GF			
Good Samaritan Society - Larimore	GF			
Northwood Deaconess Health Cnt	GF			
Jacobson Memorial Hospital Care Center	GRANT			
Cooperstown Medical Ctr Nursing Home	GRIGGS			
Good Samaritan Society - Mott	HETTINGER			



Medcenter One Golden Manor	KIDDER			
St Rose Care Center	LAMOURE			
Napoleon Care Center	LOGAN			
Souris Valley Care Center	MCHENRY			
Ashley Medical Center Nursing Home	MCINTOSH			
Wishek Home For The Aged	MCINTOSH			
Mckenzie County Healthcare Systems Long Term Care	MCKENZIE			
Garrison Mem Hosp Nsg Fac	MCLEAN			
Benedictine Living Center Of Garrison	MCLEAN			
Medcenter One Prairieview	MCLEAN			
Knife River Care Center	MERCER			
Marian Manor Healthcare Center	MORTON			
Dakota Alpha	MORTON			
Medcenter One Care Center	MORTON			
Elm Crest Manor	MORTON			
Good Samaritan Society - Rock View At Parshall	MOUNTRAIL			
Mountrail Bethel Home	MOUNTRAIL			
Aneta Parkview Health Ctr	NELSON			
Good Samaritan Society - Lakota	NELSON			
Nelson County Health System Care Center	NELSON			
Wedgewood Manor	PEMBINA			
Pemblier Nursing Center	PEMBINA			
Heart Of America Nursing Facility	PIERCE			
Good Samaritan Society - Devils Lake	RAMSEY			
Heartland Care Center	RAMSEY			
Maryhill Manor	RANSOM			
North Dakota Veteran Home	RANSOM			
Parkside Lutheran Home	RANSOM			
Good Samaritan Society - Mohall	RENVILLE			
St Gerards Community Nursing Home	RISHLAND			
St Catherines Living Center	RISHLAND			
Dunseith Com Nursing Home	ROLETTE			
Rolette Community Care Center	ROLETTE			
Four Seasons Health Care Inc	SARGENT			
St Benedicts Health Center	STARK			
St Lukes Home	STARK			
Ave Maria Village	STUTSMAN			
Hi-Acres Manor Nursing Ctr	STUTSMAN			

Towner County Living Ctr	TOWNER			
Tri-County Health Center	TRAILL			
Hillsboro Medical Center Nursing Home	TRAILL			
Luther Memorial Home	TRAILL			
Good Samaritan Society - Park River	WALSH			
Lutheran Sunset Home	WALSON			
Kenmare Com Hospital Snu	WARD			
Manor Care Health Services	WARD			
Trinity Homes	WARD			
St Aloisius Medical Center Nursing Home	WELLS			
Tioga Medical Center Ltc	WILLIAMS			
Bethel Lutheran Home	WILLIAMS			

DATE \_\_\_\_\_

BASIC CARE NURSING HOMES				
		Number Disaster- Related Cases	Current Census	Deaths Past 24 Hours
Western Horizons Care Center	ADAMS			
Hi Soaring Eagle Ranch	BARNES			
Maddock Memorial Home	BENSON			
Southwest Healthcare Services	BOWMAN			
Baptist Home Basic Care	BURLEIGH			
Edgewood Bismarck Senior Living	BURLEIGH			
Maple View 2 East	BURLEIGH			
The Terrace	BURLEIGH			
Waterford On West Century	BURLEIGH			
Maple View	BURLEIGH			
Good Samaritan Society - Arthur (Prairie Villa)	CASS			
Evergreens Of Fargo	CASS			
Waterford At Harwood Groves	CASS			
Edgewood Vista Of Fargo	CASS			
Good Samaritan Society - Fargo	CASS			
Sheyenne Crossings - Prairie Square	CASS			
Good Samaritan Society - Osnabrock	CAVALIER			
Ellendale Evergreen Place	DICKEY			
Good Samaritan Society - Crosby	DIVIDE			
Holy Family Villa	FOSTER			
Parkwood Place Inn	GF			
St Annes Guest Home	GF			
Tufte Manor	GF			
Dakota Hill Housing	GRANT			
Good Samaritan Society - Mott	HETTINGER			
Manor St Joseph	LAMOURE			
Gackle Care Center	LOGAN			
Mckenzie County Healthcare Systems Inc	MCKENZIE			
Redwood Village	MCLEAN			
Senior Suites At Sakakawea	MERCER			
Dakota Pointe	MORTON			
Good Samaritan Society - New Town	MOUNTRAIL			
Borg Pioneer Memorial Home	PEMBINA			
Pembilier Nursing Center	PEMBINA			
Harold S Haaland Home	PIERCE			

Odd Fellows Home	RAMSEY			
Edmore Memorial Rest Home	RAMSEY			
Good Samaritan Society - Lake Country	RAMSEY			
North Dakota Veterans Home	RANSOM			
St Catherines Living Center	RICHLAND			
Leach Home	RICHLAND			
Four Seasons Healthcare Cn Inc	SARGENT			
Sheridan Memorial Home	SHERIDAN			
Evergreen	STARK			
Countryhouse	STARK			
Bethel 4 Acres Ltd	STUTSMAN			
Roseadele	STUTSMAN			
Rock Of Ages	STUTSMAN			
St Francis Residence	TOWNER			
Baptist Home Of Kenmare	WARD			
Edgewood Minot Senior Living, Llc	WARD			
Edgewood Minot Senior Living, Llc - Alzheimers	WARD			
Emerald Court	WARD			
Bethel Lutheran Nelson Manor Bc	WILLIAMS			
Kensington Williston Llc	WILLIAMS			

## EMS SERVICE STATUS AND PERCENTAGE FUNCTIONING

COMPANY	CITY	STAT E	Status *	% Usual Personne l	ALS Capabl e	BLS Capabl e
Rock Lake Ambulance Service	Rock Lake	ND				
Bowman Ambulance Squad Inc	Bowman	ND				
5th Medical Group Ambulance Service	Minot AFB	ND				
Almont Ambulance Service	Almont	ND				
Altru Health System Ambulance Service	Grand Forks Breckenridg e	ND MN				
Ambulance Service, Inc.						
Aneta Ambulance Service	Aneta	ND				
Ashley Ambulance Service	Ashley	ND				
Avera St. Lukes Careflight	Aberdeen	SD				
Barnes County / City Ambulance	Valley City	ND				
Belcourt Ambulance Service	Belcourt	ND				
Belfield Ambulance Service Inc.	Belfield	ND				
Berthold Ambulance Service Inc.	Berthold	ND				
Billings County Ambulance Service	Medora	ND				
Bismarck Air Medical LLC	Mandan	ND				
Black Hills Life Flight	Rapid City	SD				
Bottineau Ambulance Service	Bottineau	ND				
Bowbells Ambulance Service	Bowbells	ND				
Bowdon Ambulance Service	Bowdon	ND				
Carpio Ambulance Service	Carpio	ND				
Carrington Health Center Ambulance	Carrington	ND				
Carson Ambulance Service	Carson	ND				
Casselton Ambulance Service, Inc.	Casselton	ND				
Cavalier Ambulance Service, Inc.	Cavalier	ND				
Coal Creek Station Amb Service - GRE	Underwood	ND				
Community Ambulance Service Inc.	Beach	ND				
Community Ambulance Service Of Rolla	Rolla	ND				
Community Ambulance Service of New Rockford	New Rockford	ND				
Community Ambulance Service, Inc.	Minot	ND				
Community Volunteer EMS of LaMoure	LaMoure Cooperstow n	ND				
Cooperstown Ambulance Service						
Coteau Properties Co.--Ambulance Service	Beulah	ND				
Dakota Gasification Co.--Ambulance Service	Beulah	ND				
Dickinson Area Ambulance Service, Inc.	Dickinson	ND				

Divide County Ambulance Service	Crosby	ND
Drayton Volunteer Ambulance Association Inc.	Drayton	ND
Edgeley Ambulance Service	Edgeley	ND
Edmore Volunteer Ambulance Service	Edmore	ND
Ellendale Community Ambulance Service	Ellendale	ND
Emmons County Ambulance Service	Linton	ND
Esmond Community Ambulance Service	Esmond	ND
F-M Ambulance Service Inc - West Fargo	Fargo	ND
F-M Ambulance Service, Inc.	Fargo	ND
Falkirk Mine Ambulance Service	Underwood	ND
Fessenden Ambulance Service	Fessenden	ND
Finley Ambulance Service	Finley	ND
First Medic Ambulance of Ransom County	Lisbon	ND
Flasher Ambulance Service	Flasher	ND
Gackle Ambulance Service	Gackle	ND
Garrison - Max Ambulance District	Garrison	ND
Glen Ullin Area Ambulance Service	Glen Ullin	ND
Glenburn Area Ambulance Service Inc	Glenburn	ND
Golden Heart EMS	Rugby	ND
Goodrich Ambulance Service	Goodrich	ND
Grenora Ambulance Service	Grenora	ND
Halliday Ambulance Service	Halliday	ND
Hankinson Vol Ambulance Service	Hankinson	ND
Harvey Ambulance Service, Inc.	Harvey	ND
Hebron Ambulance Service	Hebron	ND
Hillsboro Ambulance Service	Hillsboro	ND
Hope Ambulance Service	Hope	ND
Hunter Ambulance Service	Hunter	ND
Jamestown Area Ambulance	Fergus Falls	MN
Jud	Edgeley	ND
Kenmare Ambulance Service	Kenmare	ND
Kidder County Ambulance Service	Steele	ND
Killdeer Area Ambulance Service Inc	Killdeer	ND
Kindred Area Ambulance Service	Kindred	ND
Kulm Ambulance Corps, Inc.	Kulm	ND
Lake Region Ambulance Service	Devils Lake	ND
Lakota Ambulance Service	Lakota	ND
Langdon Ambulance Service	Langdon	ND
Lansford Ambulance Service	Lansford	ND

Larimore Ambulance Service Inc.	Larimore	ND
Leeds Ambulance Service	Leeds	ND
Lemmon EMT Association	Lemmon	SD
Lidgerwood Rural Ambulance Service District	Lidgerwood	ND
Maddock Ambulance Service	Maddock	ND
Marmarth Ambulance Service	Marmarth	ND
Mcclusky Rural Ambulance District	McClusky	ND
Mchenry Ambulance Service	McHenry	ND
Mcintosh V.F.D. Ambulance Service	McIntosh	SD
Mckenzie County Ambulance Service	Watford City	ND
Mcville Community Ambulance Service	McVile	ND
Medina Ambulance Service	Medina	ND
Mercer Co Amb Service Inc -- Hazen	Hazen	ND
Mercer County Ambulance Service Inc. -- Beulah	Hazen	ND
Meritcare Lifeflight	Fargo	ND
Metro Area Ambulance Service Inc (M)	Mandan	ND
Metro Area Ambulance Service Inc - Bismarck	Mandan	ND
Michigan Area Ambulance Service Inc.	Michigan	ND
Mohall Ambulance Service	Mohall	ND
Mott Ambulance Service	Mott	ND
Munich Rural Ambulance	Munich	ND
Napoleon Ambulance Service	Napoleon	ND
	New	
New England Ambulance Service	England	ND
New Salem Ambulance Service	New Salem	ND
New Town Community Amb. Service District	New Town	ND
Norman County EMS	Ada	MN
Northwood Ambulance Service	Northwood	ND
Oakes Volunteer Ambulance Service	Oakes	ND
Oliver County Ambulance Service	Center	ND
Page Ambulance Service	Page	ND
Park River Volunteer Ambulance Service	Park River	ND
Parshall Rural Ambulance Service Inc.	Parshall	ND
Pembina Ambulance Service	Pembina	ND
Portal Ambulance Service	Portal	ND
Powers Lake Ambulance Association	Powers Lake	ND
Ray Community Ambulance District	Ray	ND
Regent Ambulance Service	Regent	ND
Richardton-Taylor Ambulance Service	Richardton	ND

Richland County Ambulance	Sidney	MT
Riverdale Ambulance Department	Riverdale	ND
Rolette Ambulance Service, Inc	Rolette	ND
Rugby Emergency Ambulance Service	Rugby	ND
Ryder-Makoti Ambulance Service	Ryder	ND
Sargent County Amb Service - Forman	Forman	ND
Sargent County Ambulance Service	Milnor	ND
Sherwood Ambulance Service	Sherwood	ND
Spirit Lake Emergency Medical Service	Fort Totten	ND
Standing Rock Ambulance Service	Ft. Yates	ND
Stanley Ambulance Service	Stanley	ND
Tioga Ambulance Service	Tioga	ND
Towner County Ambulance Service Inc.		
- Cando	Cando	ND
Towner Fire, Ambulance, and Rescue Service, Inc.	Towner	ND
Trinity Northstar Criticair	Minot	ND
Turtle Lake Ambulance Service	Turtle Lake	ND
Underwood Ambulance Service	Underwood	ND
Upham Ambulance Service	Towner	ND
Valley Ambulance & Rescue Serv Inc	Grafton	ND
Velva Ambulance Service	Velva	ND
Walhalla Ambulance Service	Walhalla	ND
Washburn Volunteer Ambulance Serv	Washburn	ND
West River Ambulance Service	Hettinger	ND
West Traill Ambulance Service	Mayville	ND
Westhope Ambulance Service	Westhope	ND
Williston Ambulance Service	Williston	ND
Wilton Rural Ambulance Service	Wilton	ND
Wing Rural Ambulance	Wing	ND
Wishek Ambulance Service	Wishek	ND
Wyndmere-Barney Rural Amb Dist	Wyndmere	ND

\*What is the operational status of the service: functional or out-of-service



COMMUNITY CONTAINMENT REPORT  
[DATE]

County	# Voluntary Quarantine	# Mandatory Quarantine

MAP OF QUARANTINE NUMBERS BY  
COUNTY

GRAPH OF TOTAL PATIENTS UNDER  
QUARANTINE BY DATE

PROPHYLAXIS AND TREATMENT REPORT  
[DATE] [TIME]

Mass Antibiotic Dispensing Progress

POD Name	Location	Courses Disp Past 24 Hours	Total Courses Disp	% of Target Pop Complete	Undispensed Courses in Inventory

Vaccine Second Dose Tracking

County	Number of Persons >60 Days Since First Vaccine Dose

Priority Vaccine Coverage by Tier

County	Tier	% Coverage
COUNTY 1		
	Tier 1-priority 1 HCW1	
	Tier 1 Priority 2 H Security	
	Tier 1 Priority 3 EMS	
	Tier 1 Priority 4 HCW2	
	Tier 1 Priority 5 Fire/Police	
	Tier 1 Priority 6 Preg/6-12m	
	Tier 1 Priority 7 Other HCW	
	Tier 2 Border Protection	
	Tier 2 National Guard	
	Tier 2 Community Support	
	Tier 2 Utility infrastructure	
	Tier 2 Critical Govt (State)	
	Tier 2 Critical Govt (Local)	

	Tier 2 HH Contacts of <6mo	
	Tier 2/3 High Risk Children	
	Tier 3 Other HCW-not direct	
	Tier 3 Other Active Duty Mil	
	Tier 3 Transportation	
	Tier 3 Food and Agriculture	
	Tier 3 Banking and Finance	
	Tier 3 Pharmaceutical	
	Tier 3 Chemical	
	Tier 3 Postal	
	Tier 3 Shipping	
	Tier 3 Other Govt COOP	
	Tier 3/4 Adult Hi-Risk& 65+	
COUNTY 2		

#### ANTIVIRAL USE RATE

COUNTY	POPULATION	KNOWN CASES	ANTIVIRAL USE RATE/1000 POP
Adams	2,593		
Barnes	11,775		
Benson	6,964		
Billings	888		
Bottineau	7,149		
Bowman	3,242		
Burke	2,242		
Burleigh	69,416		
Cass	123,138		
Cavalier	4,831		
Dickey	5,757		
Divide	2,283		
Dunn	3,600		
Eddy	2,757		
Emmons	4,331		
Foster	3,759		
Golden V.	1,924		
Grand Forks	66,109		
Grant	2,841		
Griggs	2,754		
Hettinger	2,715		

Kidder	2,753		
LaMoure	4,701		
Logan	2,308		
McHenry	5,987		
McIntosh	3,390		
McKenzie	5,737		
McLean	9,311		
Mercer	8,644		
Morton	25,303		
Mountrail	6,631		
Nelson	3,715		
Oliver	2,065		
Pembina	8,585		
Pierce	4,675		
Ramsey	12,066		
Ransom	5,890		
Renville	2,610		
Richland	17,998		
Rolette	13,674		
Sargent	4,366		
Sheridan	1,710		
Sioux	4,044		
Slope	767		
Stark	22,636		
Steele	2,258		
Stutsman	21,908		
Towner	2,876		
Traill	8,477		
Walsh	12,389		
Ward	58,795		
Wells	5,102		
Williams	19,761		

SUPPLY CACHE REPORT  
[DATE]

<u>Item Description</u>	<u>Form</u>	<u>Starting Qty</u>	<u>% Remaining</u>	<u>Use Rate</u>	<u>Est Out Date</u>
2-way radios (Dakota Comm) 2/set					
5 Port O2 Manifold					
5 Port O2 Manifold					
Adult Tongue Blade 6 in 500/Box 10BX/CS Non-sterile					
AEDs, Zoll					
Alcohol Gel Cleanser Hand Sanitizer 24/CS					
All Silicone Foley Cath Tray 18FR 5cc 20/CS					
Aluminum Commode 4/CS					
Assure 3 Glucose Test Strips 100/Pkg					
Assure 3 Glucose Monitor					
Bag, Ambu, Infant, Disposable 6 per case					
Bag, Ambu, Pediatric, Disposable 6 per case					
Bags, Urinary Drainage 20 per case					
Band ID, Clear, Adult (latex free) 250/BX					
Basin, Emesis 250/CS					
Bath Wipes 48/CS					
Bedpan Fracture Style 250/CS					
Bedpan-Disposable/Ivory 20/CS					
Brief, Ultra, Adult, Large 80/CS					
Brief, Ultra, Adult, Medium 80/CS					
Brief, Ultra, Adult, Small 96/CS					
Cannula Tubing, Oxygen, Nasal adult 25/CS					
Cannula Tubing, Oxygen, Nasal infant 50/CS					
Cannula Tubing, Oxygen, Nasal pediatric 50/CS					
Cannula, over the ear standard					
Dial Soap Bar .67 OZ 1000/CS					
Disposable Nipple & Nut Christmas Tree O2 50/CS					
Disposable Suction Cannisters 10/CS					
Durapore Cloth Tape 1N 12RL/BX 10BX/CS					
Economy Folding Screen					
Economy Folding Screen Panels					
Forensic Bags, adult					
Forensic bags, child					
Forensic Bags, infant					
Gown, Provider, Open Back, Large 12/DZ					
Gown, Provider, Open Back, Medium 12/DZ					
Hand Held Suction Device					
INSYTE IV CATH 16Gx1.16in 50/Box 4BX/CS					
INSYTE IV CATH 18Gx1.16in 50/Box 4BX/CS					
Interlink Basic Sol'N Set S INJ.SITE 70" 48/CS					
Isolation Gown 50 per CS					
IV Stand 2 Hook					
Magellan Safety NDL 20Gx1.5" 50/BX 10BX/CS					
Mask, Oxygen, Non-Rebreather adult 50/CS					

Mask, Oxygen, Non-Rebreather pediatric 50/CS					
Minor Laceration Tray W/Instruments 20/CS					
N95 Respirator Mask Reg 3M 1860 120 per CS					
N95 Respiratory Mask Medicom 160 per CS					
N95 Respiratory Mask Small 3M 1860S 120/CS					
Nitrile Exam Glove Large 1000 per CS					
Nitrile Exam Glove Medium 1000 per CS					
Nitrile Exam Glove Small 1000 per CS					
OB Kit/Boxed 10/Case					
Oxygen Cylinder E Tanks with on/off valve					
Oxygen Non-Rebreathing Mask					
Oxygen Non-Rebreathing Mask with Tubing					
Oxygen Regulator					
Pad, under 150/CS					
Pocket Aneroid Adult					
Pocket Aneroid Child					
Pocket Aneroid Infant					
Pocket Aneroid Large Adult					
Pocket Aneroid Thigh					
Portable Ventilators, Adult					
Portable Ventilators, Infant					
Privacy Screen, 3-Fold Panel 1 ea					
Protective Eyewear/Glasses 50 per CS					
Pulse Oximeter w/sensor					
Resuscitator Mask Adult					
Resuscitator Mask Child 6/CS					
Rioking Aluminum Folding Cot					
Scissor, Lister, 7-1/4' 1ea					
Sharps Container w/needle remover 20/CS					
SOD. CHLORIDE.9% INJ.1000ML.USP NACL 14/CS					
Soft-Fall Bedside Mat-Non-slip					
Sphygmomanometer, Aroid Set, BP Cuff, Adult 1/ea					
Sphygmomanometer, Aroid Set, BP Cuff, Child 1/ea					
Sphygmomanometer, Aroid Set, BP Cuff, Infant 1/ea					
Stand-IV, 4 legs 1/EA					
Stethoscope 1/EA					
Stethoscope Black					
Stethoscope Cardiology 1/ea					
Suction Cath 14 FR Adult 50/CS					
Suction Cath 14FR W/Control VLV 50/CS					
Suction Cath 8 FR Peds 50/CS					
Surgical Mask/Tie 300 per CS					
Surgical Mask/Tie 3M 1818 50/BX 12 BX/CS					
Surgical Mask/Tie with Shield 100 per CS					
Syringe 12cc Luer Lock 80/BX 6BX/CS					
Syringe 60cc Luer Lock 20/Box 5BX/CS					
Syringe 6cc Luer Lock 50/Box 10BX/CS					
Syringe INS U100 1CC 29Gx1/2in Safety 100/BX 5BX/CS					

Tendersorb Abd Pad 7.5x8in 20/TRA 10TRA/CS Sterile					
Thermometer, Probe Cover 200/pk					
Thermoscan Tympanic Thermometer					
Tooth Brush					
Toothpast Freshmint					
Trash bags, clear 100/CS					
Trash bags, red infecitous waste (Cole Paper) 250/CS					
Uniquet Tourniquet Reuse Ltx-Free 25/Box 20BX/CS					
Urinal, Male, Disposable 50/CS					
Webcol Alcohol Preps Medium 200/BX/CS					

Critical Supply Item Usage Trend Graph (day by usage rate for single item)