



Ok, we have them packaged, where are we supposed to send them?



Maybe we should have contacted the Control Facility...



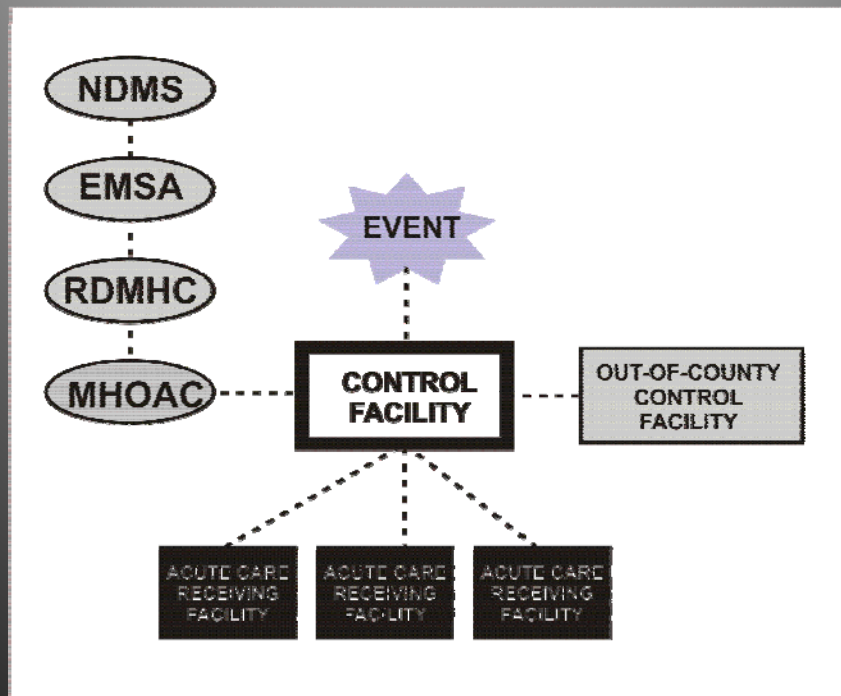
Assumptions

- All field responders are trained to the ICS 100 level. ICS 200 strongly recommended
- Knowledge of the FIRESCOPE Field Operations Guide (FOG) guide
- Basic awareness training of the Region III MCI Plan
- MCI Basic Operations class strongly recommended

Purpose

The Patient Distribution Manual 2 is to outline a plan under the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS) for the distribution of patients during a multi or mass casualty incident within an Operational Area or within multiple Operational Areas in the Mutual Aid Region and to destinations outside the Mutual Aid Region

Purpose cont.



Plan Contents

- SECTION 1: CONTROL FACILITY OPERATIONS
- SECTION 2: RECEIVING FACILITIES
- SECTION 3: OPERATIONAL AREA (LEMSA/MHOAC)
- SECTION 4:
 - REGIONAL DISASTER MEDICAL/HEALTH COORDINATOR/SPECIALIST
- SECTION 5: GLOSSARY
- SECTION 6: APPENDICES

Section 1A Control Facility Operations

Pre-Event Responsibilities

1. Control Facilities shall be authorized within each Operational Area by the LEMSA for the purpose of coordinating patient dispersal during an MCI or other event requiring coordination of patient destinations within the EMS system.

Section 1A

Control Facility Operations, cont.

2. Staff and Resources

- Personnel and equipment

3. Communications

- EMSsystem, landline, 2-way communications

4. Liaison/Coordination

- CF Supervisor, liaison with local receiving facilities

5. Training

- Exercises and Drills

Section 1B

Control Facility Operations

1. Creating an MCI Event

- Shall be done by CF when information is received regarding the potential need to coordinate patients among multiple receiving facilities. Information may be from multiple resources:
 - EMS response personnel
 - Dispatch Agencies
 - Local Govt.
 - Another CF
 - LEMSA or MHOAC

Section 1B

Control Facility Operations cont.

Once it is determined that an MCI Event is necessary, the CF shall:

- Assign appropriate staff for the MCI Event
- Create an MCI Event in EMResource
- Locate the MCI on facility maps and identify Receiving Facilities
- Maintain Communication with the Medical Group Supervisor/Communications Coordinator at scene
- If additional Receiving Facilities are needed out of the OA, the CF shall contact neighboring CF's

Section 1B Control Facility Operations cont.

Receiving Facility Status Reports

- Complete Receiving Facility Capacity Worksheet
- CF shall track and update Receiving Facility capacities

UCD - I80 and I 5, by UCDAVIS MC @12-Oct-2006 15:32					
4 medics enroute					
Zone 1 (Sacramento)	1. Immediate	2. Delayed	3. Minor	4. Decon Facility	5. Surgeon Availability
Kaiser South	0	0	5	Yes	No
Methodist Hospital	✓ 0	2	0	Yes	Yes
Sutter General	0	2	106	Yes	No
Summary	1	✓ 3	15	N/A	N/A

Section 1B

Control Facility Operations cont.

MCI Communications

- Field Medical Communications Coordinator shall be referred to by incident name + Medical (Sunrise Medical)
- CF should be referred to by County Name (Shasta Control, Butte Control)
- All EMS radio traffic needing patient destinations shall be routed thru the CF, even non-MCI patients.
- Patient reports SHALL NOT be given directly to the receiving facility by the transporting units.

Section 1B

Control Facility Operations cont.

- Updating the MCI Event
 - CF shall update EMResource anytime new information is received from the field, including changes in total patient counts, triage categories, destinations etc.
 - CF shall confirm the total number of transport resources available and begin the Patient Destination Worksheet
 - Consider re-assessing Receiving Facility capabilities regularly when transport or on scene times are extended

Section 1B

Control Facility Operations cont.

Patient Destinations

- When the Control Facility is notified by the field Medical Group Supervisor/Medical Communications Coordinator that patient triage is complete, the Control Facility shall document Patient Information on the Patient Destination Worksheet.
- When contacted by the field for patient destinations, the Control Facility shall assign destinations using the Patient Destination Guidelines.
- The Control Facility shall notify the Receiving Facility of incoming patients using the Patient Dispersal Form in EMResource (see EMSystem User Guide for more information).

Section 1B

Control Facility Operations cont.

Patient Destination Guidelines

Immediate Patients

- Send to Immediate Teams at facilities within 30 minutes (30 miles) transport time from the incident whenever possible.
- Send Immediate Trauma Patients to nearest Trauma Centers when possible (following local EMS protocols).
- Send Immediate Pediatric Patients to Pediatric Centers when possible (following local EMS protocols).

Section 1B

Control Facility Operations cont.

Delayed Patients

- Send to Delayed or Immediate Teams within 60 minutes (60 miles) transport time from the incident whenever possible.

Minor Patients

- Send to local hospital ED's These patients can typically be assessed by hospital triage personnel and await definitive care.
- When more patients exist than available teams to accept those patients, consider:
 - Requesting local Receiving Facilities to increase patient capacity.
 - Sending more patients to local teams than standard guidelines recommend.
 - Sending patients beyond the standard transport radius.

Section 1B

Control Facility Operations cont

Ending an MCI Event

- Once all patients have been distributed, the Control Facility shall update the MCI Event in EMResource, providing a final Summary of the Event to participating Receiving Facilities; including patient destinations.
- After providing the Summary of the Event (approximately 5 minutes), the Control Facility shall end the event, and notify all participating facilities.
- Once the event has been completed, the Control Facility and all participating Receiving Facilities shall complete an MCI Critique (see "Appendix A.4") and file all MCI paperwork.
- The Control Facility Supervisor shall coordinate an After Action review with the local EMS agency for any unusual event or MCIs with greater than 10 patients.

Section 2 Receiving Facilities

Pre-Event Responsibilities

- Receiving Facilities shall be authorized within each Operational Area by the local EMS Agency for the purpose of receiving patients transported by ambulance.
- Staff & Resources
- Communications
- Liaison/Coordination
- Training

Section 2 Receiving Facilities cont

Facility Status Updates

- **Each Receiving Facility shall update the facility status in EMResource whenever the facility status changes, and at least once every 24-hours.**
- EMResource will automatically prompt each Receiving Facility to update the status each day at 8 a.m. (see EMSystem User Guide for more information.)

Section 2 Receiving Facilities cont

Responding to an MCI Event

- MCI Alert

- Once an MCI Alert has been received, facility personnel shall:
 - Determine Facility Capacity
 - Verify Surgeon availability for Immediate trauma patients.
 - Enter the Facility Capacity in EMResource for: Immediate, Delayed, and Minor patients within 5 minutes of the request.
 - Notify Charge Nurse of the Event.

- Monitor Updates
 - Monitor incident information and updates in EMResource.
 - Keep Charge Nurse and House Supervisor updated as to incident status and department staffing/resource availability.

- Receive Patients
 - When notified by the Control Facility of an incoming patient, print or document the patient information and assign to treatment team(s) to prepare for receiving the patient(s).
 - Notify trauma or surgical services regarding ETA of incoming patients requiring the respective services.

- Hospital admitting personnel will use the triage tag number in the admitting process in such a means that patient information and medical records may be retrieved rapidly by the use of the triage tag number.

Section 2 Receiving Facilities cont

HAvBED Poll

- The purpose of the Hospital Available Beds in Emergencies and Disasters (HAvBED) program is a standardized "real-time" hospital bed and resource availability information system that can be used by decision makers, planners, and emergency personnel at the local, State, regional, and federal levels.
 - HAvBED polls may be generated locally by the Control Facility, MHOAC, or EMS Agency to assess local resources, or may be generated by the RDMHC/S to assess resources throughout the region.
 - Each hospital ED Charge Nurse, or designee, will request the House or Nursing Supervisor to provide the availability for each of the HAvBED categories using EMResource within (30 minutes) of request.

Section 3 Operational Area (LEMSA/MHOAC)

- The EMS AGENCY shall be notified by the local Control Facility for:
 - Events requiring receiving facilities beyond those currently listed in EMResource
 - Events involving hospital evacuation
 - Events requiring Crisis Standard of Care protocols.
 - Inability of the Control Facility to conduct patient distribution activities
 - Other criteria established by the local EMS agency or MHOAC
- Any EMS Agency or MHOAC may be activated by the RDMHC/S for receiving patients from an event outside the mutual-aid region.
- For local events that exceed the capacity of facilities within the mutual-aid region, the EMS Agency or MHOAC shall:
 - contact the RDMHC/S to facilitate inter-region patient distribution.
 - coordinate the transportation needs of the field responders as necessary.

Section 3 Operational Area (LEMSA/MHOAC) cont

- For events occurring outside the region, the RDMHC will coordinate with MHOACs within the region to establish temporary Field Treatment Sites (FTS)/Patient Reception Areas (PRA) as necessary, while working with the Control Facilities to rapidly assess Receiving Facility capacities and coordinate the patient distribution. When contacted to establish a FTS/PRA, the MHOAC shall:
 - Notify the County Office of Emergency Services (OES) Coordinator to activate and support the FTS/PRA, including the establishment of an ICS structure, Medical Branch Director, and accurate Patient Tracking
 - Notify the local Control Facility of the event, and need for patient distribution and patient tracking
 - Notify local EMS providers to support the FTS/PRA, including any medical transportation needs
 - Monitor EMResource to ensure Receiving Facility capacities are accurately reflected
 - Maintain communications with the RDMHC to facilitate patient movement and patient distribution
 - Ensure final Patient Tracking information is provided to the RDMHC for feedback to the requesting MHOAC.

SECTION 4: Regional Disaster Medical/Health Coordinator/Specialist

- The RDMHC is responsible for the coordination of medical and health mutual aid among the operational areas within the mutual aid region. The Regional Disaster Medical/Health Specialist (RDMHS) is staff to the RDMHC, and works under the general guidelines and objectives issued by the State EMS Authority.

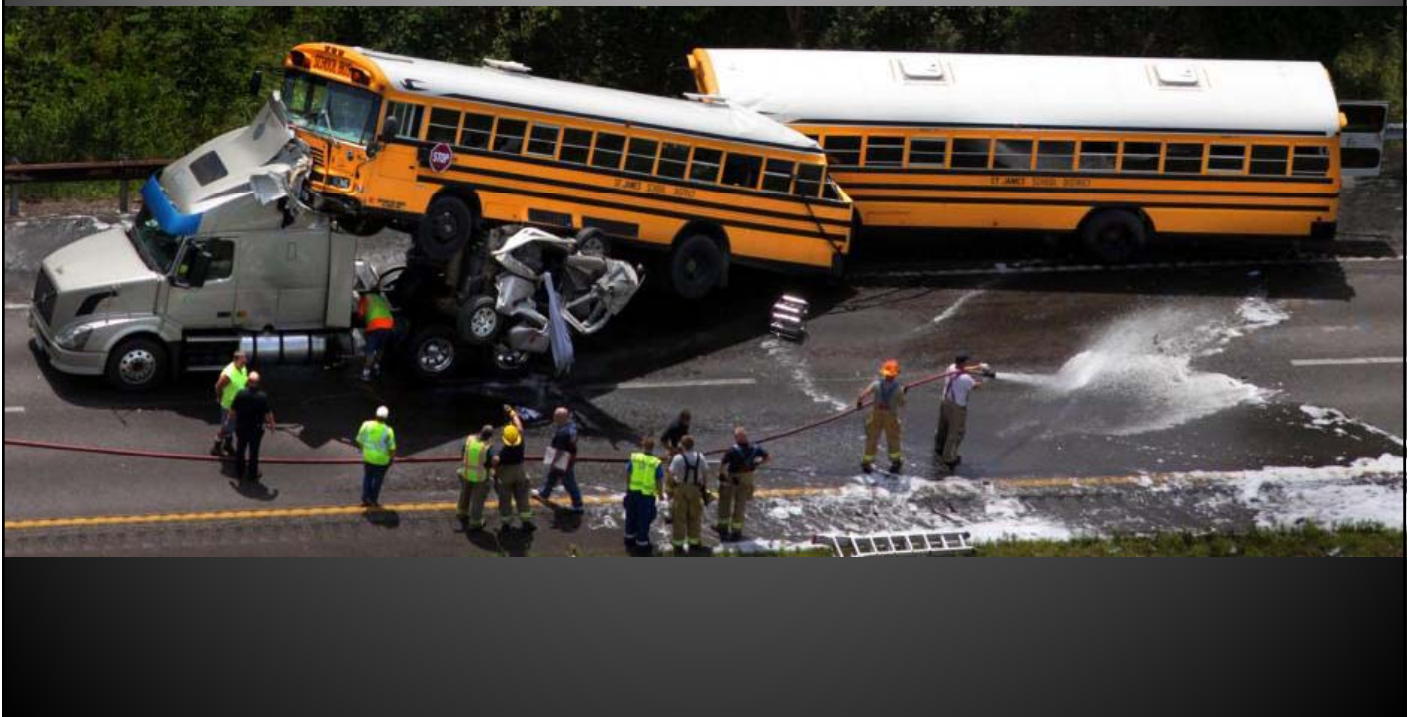
Are you ready for this?



How about this?



And this?



Appendices

- A – Forms
- B – Directory
- C – Back-up Communications
- D – Regional Map

Appendix A

- Forms
 - Receiving Facility Capacity Worksheet
 - Patient Destination Worksheet
 - MCI Critique – Receiving Facility
 - MCI Critique – Control Facility

Appendix B

Directory

- State Authorities
- Receiving Facilities with Control Facility Assignments

Appendix C

Back up Communications

1. Review Algorithm
2. Telephone Communications
3. EMS Radio Communications

