

	13-0101	Emergent Polling of Hospital Bed Availability during Emergencies and Disaster (EMResource Hospital Bed Availability Polling System)
Nor-Cal EMS Policy & Procedure Manual	Disaster Medical	
Effective Date: 10/10/2020	Next Revision: 10/10/2023	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Purpose

To guide the use of EMResource’s Hospital Bed Availability Polling system to determine bed availability of statewide facilities should healthcare capacities be requested by a state agency, health care facility, or operational area (OA) when their capability exceeding its capability. Regular and prompt polling of beds availability will ensure the Nor-Cal EMS region's readiness in the event of a patient surge—not only its operational areas—but within the neighboring and distant regions of California when facility capabilities become overwhelmed.

Policy compliance regarding the use of EMResource is mandatory.

Definition

EMResource is a web-based tracking program that identifies individual capacities of regional healthcare facilities should a public health emergency, crisis, or mass casualty incident (MCI) occur. Managed by Juvare, EMResource is utilized by the regional Regional Disaster Medical Health Specialists (RDMHS) and Local Emergency Medical Services Authorities (LEMSA), including, but not limited to, Nor-Cal EMS. EMResource is updated—at a minimum—every 24 hours.

Policy

1. An EMResource Hospital Bed Availability Polling system polling will be conducted by a privileged Local Emergency Medical Services Administrator or designated representative when requested by the following agencies:
 - A. A Medical Health Operational Area Coordinator (MHOAC) to support a medical/public health emergency should resources be anticipated or exceeded within a specific county or operational area (OA).
 - B. A Regional Disaster Medical Health Coordinator or Specialist (RDMHC/RDMHS) upon mutual aid request by a MHOAC within the region to providing support to other areas of the state.
 - C. The Emergency Medical Services (EMS) Duty Officer.
 - D. The California Department of Public Health (CDPH) Duty Officer.
 - E. A county, counties, and/or region conducting training exercises or drills.
 - F. A LEMSA, including NorCal EMS, for conducting training exercises or drills.
2. The information included with any EMResource hospital bed availability polling request contains—and is not limited to—facilities licensed capacity for the following:
 - A. **Emergency Department:** Current service availability in the ED.
 - B. **Adult Intensive Care Unit (ICU):** Current critical care bed availability of patients 17 and older.
 - C. **Medical/Surgical Unit:** Beds for patients 17 and older, unless designated (See Pediatric ICU and Medical/Surgical Unit(s)).
 - D. **Pediatric ICU and Medical/Surgical Unit(s):** Beds for patients 17 and younger.
 - E. **Burn Unit:** Thought of as “Burn ICU beds,” either approved by the American Burn Association or self-designated. (These beds are NOT to be included in other ICU bed counts.)
 - F. **Decontamination abilities:** Capabilities allowing for chemical, biological, and radiological patient decontamination.
 - G. **Psychiatric Unit:** Beds on a closed/locked psychiatric unit or medical/surgical beds where a patient will be attended by a sitter.
 - H. **Airborne Infection Isolation:** Beds provided with negative airflow, providing respiratory isolation. (Note: This value may represent available beds included in the counts of other types.)
 - I. **Operating Room Capacity:** Surgical bed availability.

3. Each facility will relay their status information with EMResource, including the emergency department and decontamination status in the event of a chemical or contagious disease. The following categories are identified and defined:
 - A. Facility Status:
 - a. **Open (Green):** Open to all patients.
 - b. **Advisory (Yellow):** Full hospital services not available (i.e. CT scanner not available, etc.—this will be indicated in the notes).
 - c. **Diversion (Red):** Closed to ambulance traffic including all specialty services.
 - d. **Trauma Diversion:** Closed to major trauma patients as specified by:
[18-0101 Hospital Diversion RTS](#).
 - e. **Internal Disaster:** Closed to all patients, including immediate patients.
 - B. Emergency Department Status:
 - a. **Open:** The facility is available to receive ambulance patients within the scope of their capabilities.
 - b. **Closed:** Not accepting patients by ambulance.
 - C. Additional Emergency Department Status Notifications:
 - a. **Caution:** This is a limited divert status indicating the facility does not have the capability or capacity to accept the specific patient types. Attempts should be made to direct patients that require the unavailable or saturated resource to another facility. Other patient types will be accepted.
 - b. **Diversion:** Pending Nor-Cal EMS approval, this facility has temporarily exhausted its resources and does not currently have either the capacity or the capability to accept any additional ambulance patients (See [18-0101 Hospital Diversion RTS](#)).
 - c. National Emergency Department Overcrowding Score (NEDOCS):
 - Based on ED saturation and its capacity to deliver care with available resources.
 - Criteria defining advisement will differ between institutions depending on their capabilities:
 - ◆ **Normal (Green).**
 - ◆ **Busy (Yellow).**
 - ◆ **Overcrowded (Orange).**
 - ◆ **Severe (Red).**
 - ◆ **Disaster (Black).**
 - D. Decontamination Status:
 - a. **Available:** The institution has chemical, biological, radiological patient decontamination capabilities.
 - b. **Not Available:** The institution is unable to provide chemical/biological/radiological patient decontamination.
 - E. Facility Ventilator Availability:
 - a. Lists the current number of available and operational ventilator units of a given facility.

Procedure

When the EMResource hospital bed availability polling system is utilized for either an exercise or actual event, the steps are:

1. Nor-Cal EMS or the RDMHC/S will create a EMResource hospital bed availability polling event in EMResource, providing a specific timeframe for updates.
2. The charge nurse (or designated staff) of a requested facility will notify the nursing supervisor or acting administrator of the need to conduct prompt polling of their facility capabilities and update EMResource for each of the polling categories within the given timeframe utilizing policy:
[18-0101A Facility Ambulance Diversion Form](#).
3. Updates to EMResource are reported to the RDMHC/S directly by the LEMSA or authorized EMResource administrator. CDPH and the EMSA will be electronically notified by Juvare who oversees EMResource.