



# NOR-CAL EM S/S-SV EMS Regional MCI Plan – Manual 2 Patient Distribution



REVISED 02-2020



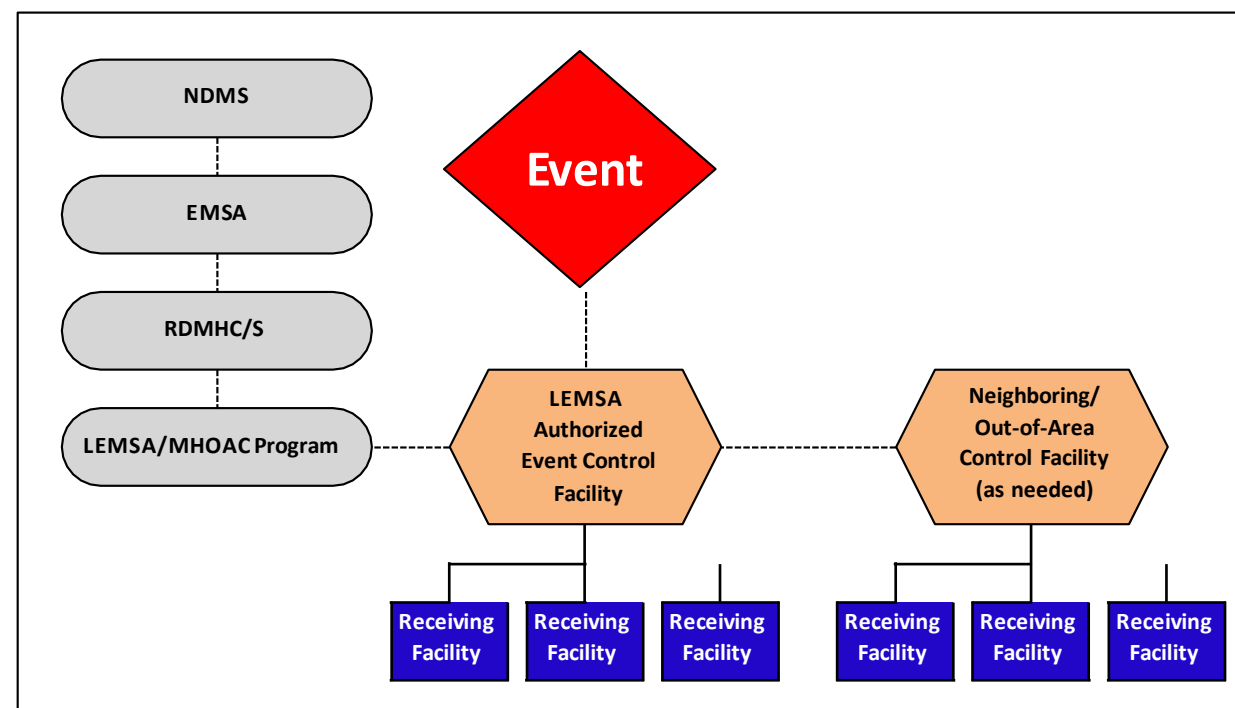
# Learning Objectives

- Understand agency and EMResource communications and limitations.
- Understand the SEMS, NIMS protocols for the distribution of patients during an MCI or disaster affecting the medical/healthcare system.
- Understand the roles and responsibilities of:
  - The Control Facility (CF)
  - Receiving Facilities
  - LEMSA/MHOAC Programs
  - RDMHC/S, EMSA, NDMS
- Know where to access relevant forms

# Purpose

This presentation is an overview of MCI Manual II. This presentation is to outline a plan under the Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS) for the distribution of patients during a multiple casualty incident (MCI) or disaster affecting the medical/health system within the Operational Area (OA), and/or within Multiple OAs in or outside the Nor-Cal EMS, S-SV EMS regions.

The need to distribute patients may arise from various man-made or natural events/disasters. This is intended to be an all-hazard plan for the distribution of patients regardless of the cause or event.





## **EMResource**

EMResource is the current web-based system used in all 15 Nor-Cal EMS and S-SV EMS counties. However, it does not provide a mechanism for interacting with some hospital facilities outside the Nor-Cal EMS/S-SV EMS Region.

Therefore, information from those hospital facilities/systems must be obtained manually by telephone, radio, email, or other communication systems.



## **EMResource Hospital Bed Availability Polling**

An EMResource hospital bed availability poll is utilized to collect current hospital bed and resource availability information for use by decision makers, planners, and emergency personnel at the local, OA, State, regional, and/or federal levels. Upon request of the LEMSA or MHOAC Program, the CF shall initiate the requested hospital bed availability polling event in EMResource, and do the following:

- Monitor facility responses and contact any facility that has not responded within 30 minutes of the request to ensure response or obtain necessary information.
- Create a “Snapshot” report, showing polling results.
- Provide the results of the poll to the requesting entity.



## **EMResource Regional Announcement**

An EMResource Regional Announcement allows for the notification of any number of facilities. Announcements may be initiated by the LEMSA, MHOAC Program, a local Public Health Department, or a CF. Creating a Regional Announcement Event is similar to creating an MCI Event. Examples of Regional Announcements might include:

- Unusual event/circumstance.
- Information regarding a hazardous materials spill.
- Information from local, OA, regional, statewide, or federal public health warnings.



# Control Facility (CF)

## Pre-Event Responsibilities

The LEMSA shall authorize CFs for the purpose of coordinating patient dispersal during an MCI or other event requiring coordination of patient destinations within the EMS system

## Staff & Resources

- CFs shall maintain adequate personnel and equipment to perform the duties outlined in this plan.
- CFs should designate a secured area away from normal emergency department operations..

## Communications

- CFs shall maintain the following minimum communications equipment:
  - EMResource located in the facility where audio alerts may be heard and responded to 24 hours, 365 days per year.
  - Dedicated land-line telephone system.
  - Emergency two-way radio systems (UHF Med Net, VHF, 800 MHz etc.).
  - Amateur Radio.
  - Other communications devices or systems as required by LEMSA policies.



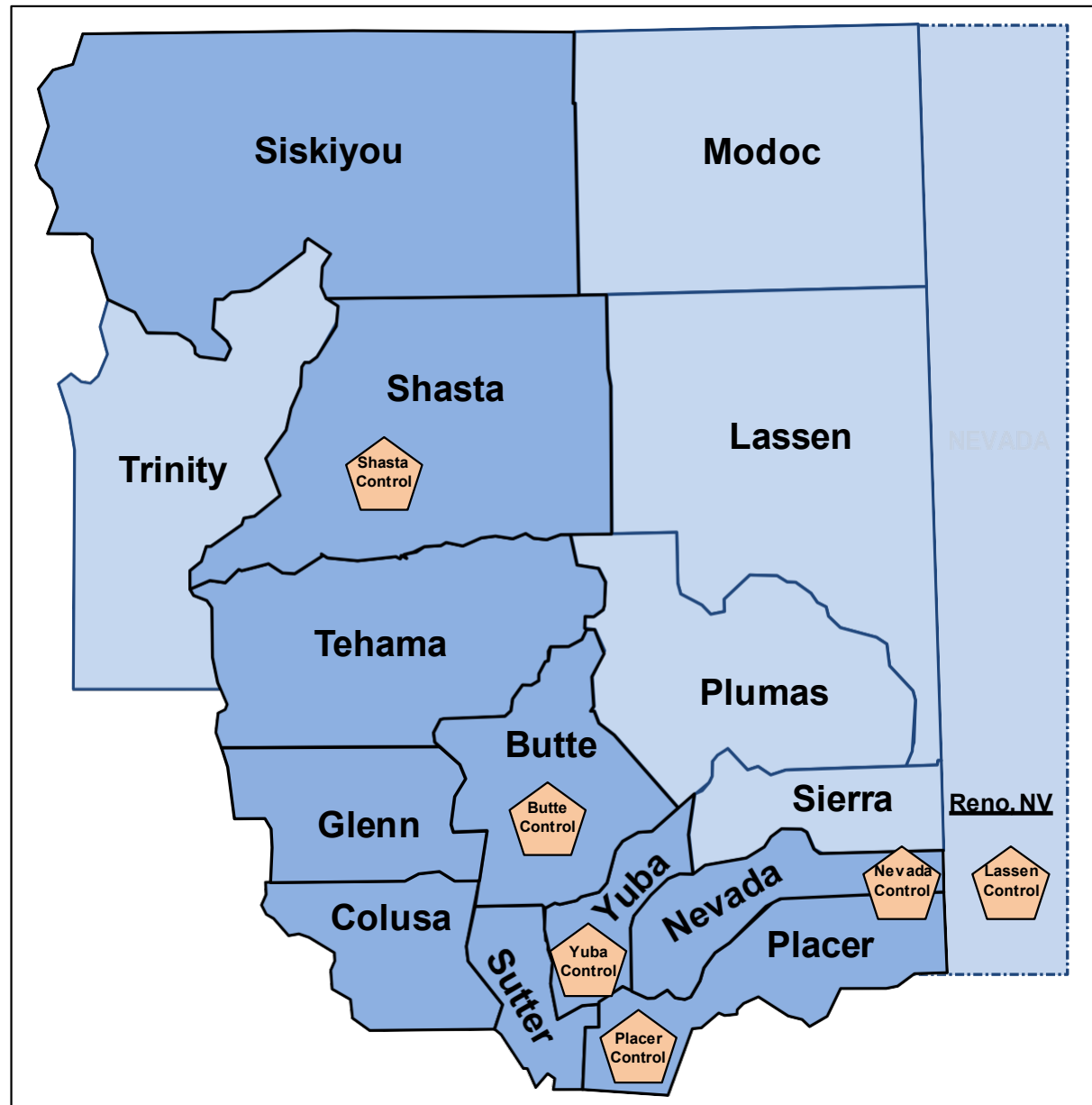
## **Liaison/Coordination**

- Each CF shall appoint a CF Supervisor to act as a liaison to the LEMSA and local receiving facilities. The CF shall notify the LEMSA and local receiving facilities when this position changes, providing an updated name and contact information.

## **Training**

- The CF Supervisor shall ensure that appropriate CF personnel have received adequate training on this patient distribution MCI Plan document, EMResource operations, back-up communication systems, and patient tracking systems.
- In cooperation with the LEMSA, the CF Supervisor/designee shall participate in the development of local medical/health patient distribution exercises/drills.
- In cooperation with the LEMSA, the CF shall participate in patient distribution exercises/drills.





**Local EMS Agencies (LEMSAs)**

Nor-Cal EMS Counties (Lassen, Modoc, Plumas, Sierra, Trinity)
S-SV EMS Counties (Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, Yuba)

- Control Facilities (CFs)**
- Butte Control – Enloe Medical Center (EMC) – Chico, CA
  - Lassen Control – Regional Emergency Medical Services Authority (REMSA) – Reno, NV
  - Nevada Control – Tahoe Forest Hospital (TFH) – Truckee, CA
  - Placer Control – Sutter Roseville Medical Center (SRMC) – Roseville, CA
  - Shasta Control – Mercy Medical Center Redding (MMCR) – Redding, CA
  - Yuba Control – Adventist Health +Rideout (AHR) – Marysville, CA

# CF MCI Response

- **Creating an EMResource MCI Event**
  - MCI procedures shall be initiated/utilized by the CF when information about the potential need to coordinate patient movement among multiple receiving facilities is received from any of the following entities:
    - Dispatch agencies.
    - EMS response personnel.
    - A neighboring CF.
    - The LEMSA or Medical Health Operational Area Coordinator (MHOAC) Program.
    - Local government (in response to a threat or potential threat).
  - The CF may also initiate/utilize MCI procedures due to a sudden influx of patients at receiving facilities within the CF's jurisdictional area of responsibility.



## CF MCI Response continued

- Once it is determined necessary to implement/utilize MCI procedures, the CF shall:
  - Assign appropriate staff members to coordinate information from the event and information provided to receiving facilities.
  - Create an EMResource MCI Event. If EMResource is unavailable, utilize the communications failure procedures in Manual II.
  - Locate the MCI on facility maps and identify appropriate receiving facilities.
  - Maintain communications with the field Patient Transportation Unit Leader or Medical Communications Coordinator on-scene (or other patient information source, e.g. neighboring CF, LEMSA, MHOAC Program, etc.).



## **CF MCI Response continued**

- If the number of patients exceeds the capacity of facilities within the CF's area of EMResource polling capabilities, the CF shall immediately notify the LEMSA and/or MHOAC Program to activate regional or statewide patient distribution systems.
  
- If the CF is unable to perform patient distribution activities, they shall immediately contact a neighboring CF to assume operations or notify the LEMSA to arrange for alternate CF operations.

- **Receiving Facility Capability Reporting**

- Each receiving facility that has been notified by the CF of an MCI Event will complete a Receiving Facility Patient Capacity Worksheet, and shall report their patient receiving capacity to the CF (via EMResource) within 5 minutes of receiving notification of a MCI event.
- The CF may track receiving facility capacities by printing the EMResource Event Summary and updating the capacities manually as patients are disbursed.

Drill: Behavioral Health Bed Poll		South bonneyview TC with Fire								
Created By: Mercy Medical Center - Redding @ 03/18/15 16:28 EMS responding to 2-3 vehicles involved in TC with fire reported										
Shasta County	R3 Facility Status	Immediate	Delayed	Minor	Decon Facility	Surgeon Availability	Comment	Last Update	By User	
Mercy Medical Ctr Redding, L-II Trauma	Open	2	1	10	Yes	Yes	Schepps, Brusett	18 Mar 16:29	Mercy Medical Center - Re...	
Shasta Regional Medical Center, L- III	Open	1	0	10	Yes	Yes	ER HOLDING ADMITTED PTS.   Beck	18 Mar 16:31	LyRae Sullivan	
Summary	N/A	3	1	20	N/A	N/A				



- **MCI Communications**

- The Patient Transportation Unit Leader/Medical Communications Coordinator shall be referred to by Incident Name + Medical. (e.g. *“East Avenue Medical”*), NOT by ambulance unit, ambulance company, or personal name.
- CFs shall be referred to by County Name + Control (e.g. *“Shasta Control”*).
- All EMS patient destination traffic shall be routed through the CF.
- Patient reports shall not be given directly to the receiving facilities by transporting units, unless this can be accomplished using an alternate communications system that will not interfere with MCI communications.



- **Updating the EMResource MCI Event**

- The CF shall update the EMResource MCI Event information any time new information is received from the field.
- The CF shall confirm the total number of transport resources available, and utilize the Control Facility MCI Patient Destination Worksheet.
- When transport or on-scene times are extended, the CF should consider re-assessing receiving facility capacities.

- **Patient Destinations**

- When notified by the Patient Transportation Unit Leader/Medical Communications Coordinator that triage is complete, the CF shall document patient information on the Control Facility MCI Patient Destination Worksheet.



- **Patient Destination Guidelines**

- **Immediate Patients**

- Send to Immediate Teams at facilities within 30 minutes (30 mi) transport time from the incident when possible.
- Send specialty patients (trauma, burn, pediatric, etc.) to the nearest specialty patient receiving centers when possible (as indicated by LEMSA policies).

- **Delayed Patients**

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

- **Minor Patients**

- Send to local hospital EDs. 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 one or more of the following:**

- Requesting receiving facilities to increase patient capacity.
- Sending more patients to local teams than standard guidelines.
- Sending patients beyond the standard transport radius.





## ○ **EMS Aircraft Transport**

- When sending patients by EMS aircraft to receiving facilities, assess whether the field Patient Transportation Unit Leader/Medical Communications Coordinator has obtained destination information from the flight crew (i.e. flight crews may have pre-determined their best destination based on environmental conditions, fuel, etc.).
- Consider sending patients by EMS aircraft to farthest appropriate facilities (those with helipads within the transport time radius), allowing ground units to transport to nearer appropriate facilities.



- **Ending an EMResource MCI Event**

- Once all patients have been distributed, the CF shall update the EMResource MCI Event, providing a final summary of the event to participating receiving facilities, including patient destinations.
- Approximately 5 minutes after providing the final event summary, the CF shall end the EMResource MCI Event.
- Once the event has been completed, the CF shall complete/submit an MCI Details/Feedback Form and file all MCI paperwork.
- The Patient Transportation Unit Leader/Medical Communications Coordinator should contact the CF (in person or by telephone) to review and reconcile the patient tracking form to ensure all transportation/disposition information is correct.
- The LEMSA will coordinate an After Action Review when determined necessary, or upon request of any agency involved in responding to the event.



### **Sample Field to CF Communications – Initial Incident Notification**

- **Field:** *“We are on scene of a multi-vehicle collision at Highway 99 and East Avenue with approximately 12 victims. We have 4 ground ambulances and 2 air ambulances. We’re calling this the East Avenue Incident. We will re-contact you when triage is complete.”*
- **CF:** *“Thank you, East Avenue Medical, we will collect hospital capacities and stand-by for additional patient information. Butte Control Clear.”*

### **Sample Field to CF Communications – Triage Completed**

- **Field:** *“Butte Control, this is East Avenue Medical we have 3 Immediates, 3 Delayed, and 6 Minors, where would you like them to go?”*
- **CF:** *“East Avenue Medical, we copy 3 Immediates, 3 Delayed, and 6 Minors. What are the injury types of your 3 Immediates?”*
- **Field:** *“Butte Control, East Avenue Medical we’ve got 1 Head, 1 Chest, and 1 multi- system trauma. The Immediate Head and Chest are just about ready for transport. It’s going to be awhile to extricate the other Immediate.”*
  - When contacted by the Patient Transportation Unit Leader/Medical Communications Coordinator for patient destinations, the CF shall assign destinations using the Patient Destination Guidelines listed on the following page.
  - The CF shall notify the receiving facilities of incoming patients directly by telephone or by using the EMResource electronic Incoming Patient Notification (IPN) form (see EMResource User Guide).



### Sample Field to CF Communications – Patient Destinations

- **Field:** *“Butte Control, this is East Avenue Medical. The Immediate Head and Immediate Chest are ready for transport.”*
- **CF:** *“Copy East Avenue Medical. Please transport your Immediate Head by air to Trauma Center A, and your Immediate Chest by air to Trauma Center B.”*
- **Field:** *“Butte Control, East Avenue Medical copy. The Immediate Head Tag #1234 is departing now in Air1 with a 5 minute ETA, and the Immediate Chest Tag #2345 will be departing in about 5 minutes in Air2 with a 10 minute ETA to Trauma Center B.”*
- **CF:** *“We copy, the Immediate Head is departing now with a 5 minute ETA to Trauma Center A by Air1. Please re-contact us when the Immediate Chest departs for Trauma Center B with their departure time.”*
- **Field:** *“Butte Control, East Avenue Medical we will contact you when the Immediate Chest departs scene. We are ready for destinations for our 3 Delayed and 6 Minors.”*
- **CF:** *“East Avenue Medical, please transport 2 Delayed to Hospital C, 1 Delayed and 1 Minor to Hospital D, and the other 4 Minors to Hospital E.”*
- **Field:** *“I copy, Butte Control. I’ll contact you when they depart scene with their departure times, Tag #'s and ETAs. East Avenue Medical, clear.”*



# Receiving Facilities

## Pre-Event Responsibilities

Receiving facilities shall be authorized within each OA by the LEMSA for the purpose of receiving ambulance transported patients.

- **Staff & Resources**

- Receiving facilities shall maintain adequate personnel and equipment to perform the duties outlined in this plan.

- **Communications**

- Receiving facilities shall maintain the following minimum communications equipment:
  - EMResource located in the facility where audio alerts may be heard and responded to 24 hours, 365 days per year.
  - Dedicated land-line telephone system.
  - Emergency two-way radio systems (UHF Med Net, VHF, 800 MHz, etc.).
  - Amateur Radio.
  - Other communications devices or systems as required by LEMSA policies.



# Receiving Facilities cont

- **Liaison/Coordination**

- Each receiving facility shall appoint a liaison to the LEMSA and local CF. The receiving facility shall notify the LEMSA and local CF Supervisor when this position changes, providing an updated name and contact information.

- **Training**

- The receiving facility liaison shall ensure that appropriate receiving facility personnel have received adequate training on patient distribution MCI Plan document, EMResource operations, back-up comm. systems, and patient tracking systems.
- In cooperation with the LEMSA and CF, each receiving facility shall participate in patient distribution exercises/drills.



## Facility Status Updates

- Each receiving facility shall update their facility status in EMResource whenever their facility status changes, or at a minimum of once every 24-hours.
- EMResource will automatically prompt each receiving facility to update their status each day at 8 am.



## RF MCI Response

Once a MCI Alert has been received, receiving facility personnel shall:

- Determine facility capacity utilizing the Receiving Facility Patient Capacity Worksheet (see Appendix A), according to the following guidelines:
  - Immediate Team (able to receive 1 patient).
    - At least 1 ED physician (and 1 trauma surgeon for trauma MCIs) and 2 nurses.
  - Delayed Team (able to receive 2 patients).
    - At least 1 ED physician and 1 nurse.
  - Minor Team (able to receive 10 patients).
    - At least 1 nurse.

Note: If staff/resources are available to receive 2 Immediate patients, the receiving facility shall report “2 Immediates”, even if there are only Delayed patients on scene.





- Report patient receiving capabilities by category (Immediate, Delayed and Minor) in the appropriate EMResource data fields within 5 minutes of the CF request.
- Notify the Charge Nurse of the Event, providing pertinent incident and department staffing/resource updates as necessary.
- Monitor EMResource incident information/updates.



- Notify/update appropriate hospital personnel (treatment teams, trauma services, etc.) of incoming patient counts, triage categories, conditions and estimated arrival times.
- Hospital admitting personnel shall 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.
- Once the event has been completed, all participating receiving facilities shall complete/ submit an MCI Feedback/Details Form (see Appendix F) and file all MCI paperwork.



# **RF MCI Response Continued**

## **EMResource Hospital Bed Availability Polling**

An EMResource hospital bed availability poll is utilized to collect current hospital bed and resource availability information for use by decision makers, planners, and emergency personnel at the local, OA, State, regional, and/or federal levels.

- A hospital bed availability poll may be initiated by the CF, LEMSA, or MHOAC Program to assess local resources, or may be generated by the RDMHC/S to assess resources throughout the region.
- Each polled hospital shall report, using EMResource, their current facility status and capacities for each of the polling categories within 30 minutes of request.



## LEMSA/MHOAC Program

- The LEMSA/MHOAC Program shall be notified by the CF for any of the following:
  - Events requiring patient distribution to receiving facilities beyond those which the Event CF can routinely poll in EMResource.
  - Events involving a hospital evacuation.
  - Events requiring implementation of Crisis Standard of Care Procedures.
  - Inability of the CF to conduct patient distribution activities
  - Other criteria established by the LEMSA/MHOAC Program.
- A LEMSA/MHOAC Program shall contact the RDMHC/S for events requiring patient distribution to receiving facilities beyond those which the Event CF can routinely poll in EMResource. In these instances, the RDMHC/S will assist in facilitating the interregional and/or Intraregional distribution of patients as necessary.



- A LEMSA/MHOAC Program may be contacted by the RDMHC/S for receiving patients from an event outside their jurisdictional area. In these instances, the LEMSA/MHOAC Program will work with the CF to rapidly assess local receiving facility capacities and coordinate patient distribution. If necessary, the LEMSA/MHOAC Program may establish a Field Treatment Site (FTS) and/or Patient Reception Area (PRA). Upon establishment of a FTS/PRA, the LEMSA/MHOAC Program shall:
  - Notify the applicable OA 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 local EMS providers to support the FTS/PRA, including any transportation needs.
  - Monitor EMResource to ensure receiving facility capacities are accurately reported/updated.
  - Maintain communications with the RDMHC/S to facilitate and track patient distribution and movement.



# RDMHC/S, EMSA, NDMS

The Regional Disaster Medical Health Coordinator (RDMHC) is responsible for the coordination of medical and health mutual aid among the OAs within their 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 California EMS Authority (EMSA).

- The RDMHC/S shall be activated by the LEMSA/MHOAC Program for assistance with inter-region/inter-state patient distribution when an event exceeds the capacity of local receiving facilities.
- For events that exceed the capacity of facilities within the CFs area of EMResource polling capabilities, the RDMHC/S shall contact the bordering RDMHC/S and EMSA to facilitate inter-region and/or inter-state patient distribution.



## RDMHC/S, EMSA, NDMS cont

- When contacted by a bordering RDMHC/S or the EMSA to receive patients from an event outside the region, the RDMHC/S shall:
  - Create an EMResource Regional Announcement (see EMResource User Guide) to notify local facilities and MHOAC Programs of the event, and need for patient distribution/tracking.
  - Work with the CFs to rapidly assess receiving facility capacities and coordinate patient distribution.
  - Monitor EMResource to ensure receiving facility capacities are accurately reflected
  - Coordinate with the LEMSA/MHOAC Programs to establish temporary Field Treatment Sites (FTS)/Patient Reception Areas (PRA) as necessary.
  - Maintain communications with the EMSA and LEMSA/MHOAC Programs to facilitate patient movement and patient distribution.
  - Ensure final patient tracking information is provided to the requesting entity.



# **RDMHC/S, EMSA, NDMS**

## **cont**

For events requiring out-of-state patient distribution, the EMSA will coordinate with the National Disaster Medical Service (NDMS) to rapidly assess other states' receiving facility capacities and coordinate patient distribution to other states.





# Forms and Resources

The forms related to each operable action are in MCI Manual II.

**All completed forms shall be submitted to the jurisdictional LEMSA where the event occurred.**

## Forms in Manual II

- Receiving Facility Patient Capacity Worksheet
- Control Facility MCI Patient Destination Worksheet
- MCI Details/Feedback Form

## Resources in Manual II

- Regional Control Facility Locations Map
- Facilities List
- Communications Failure Procedure
- Control Facility Details

**A more detailed guide to working with EMResource can be found as a PPT and video on the Nor-Cal EMS website.**



**Thank You**