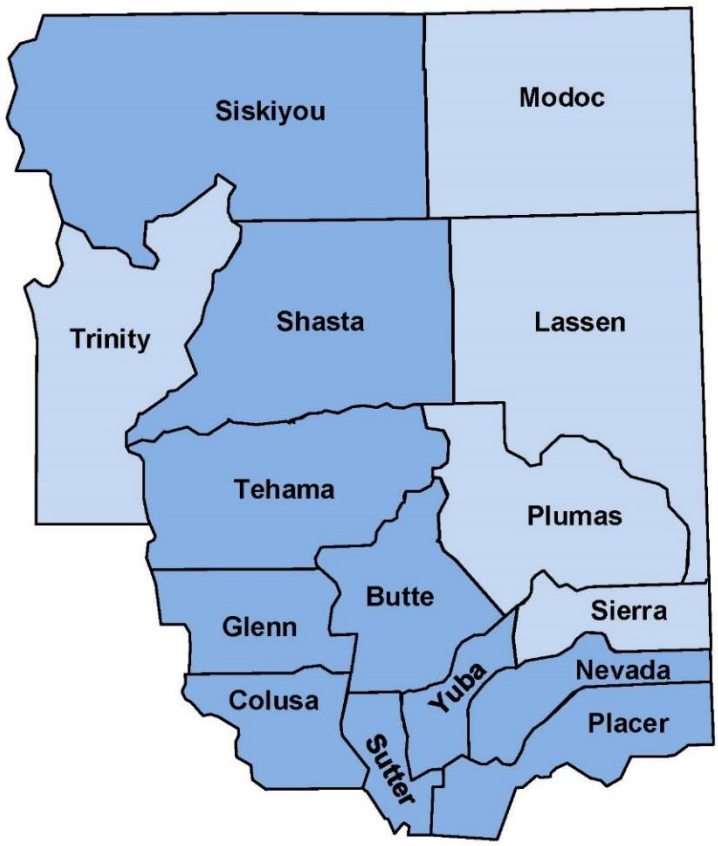
NOR-CAL EMS/S-SV EMS
Regional MCI Plan – Manual 2
Patient Distribution



NOR-CAL EMS

S-SV EMS AGENCY

REVISED 02-2020

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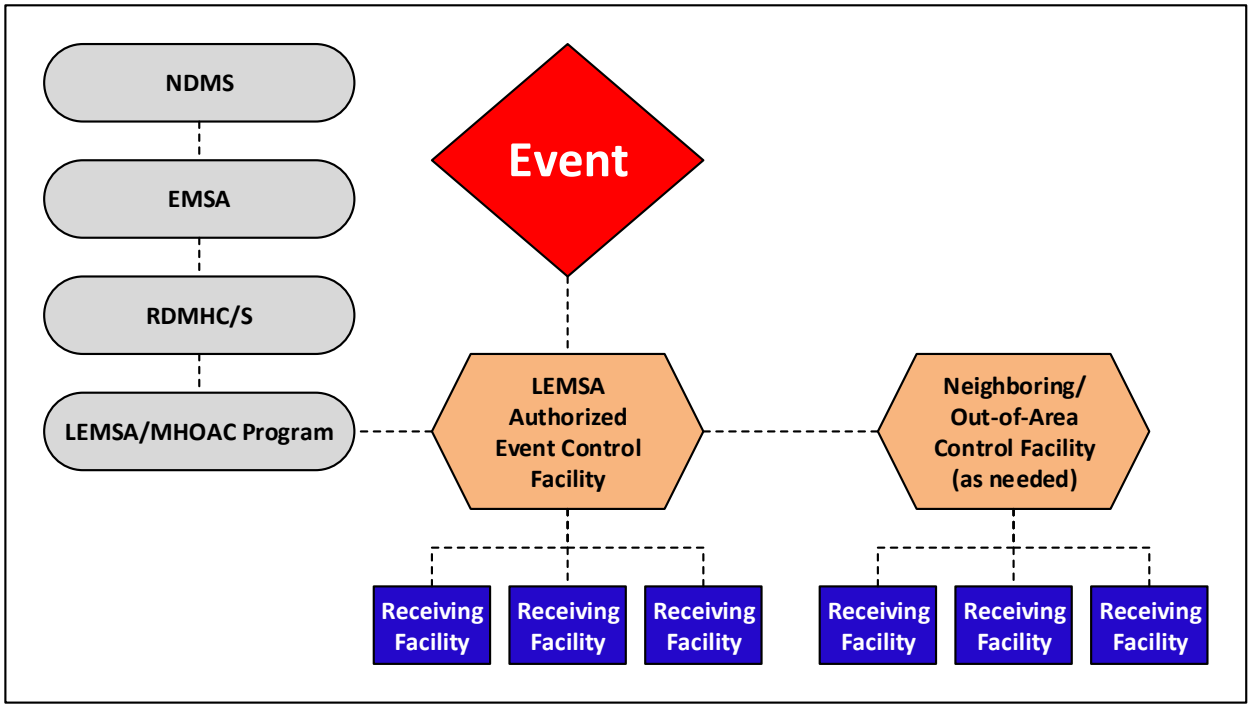
Introduction

Purpose

The purpose of this document 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 an Operational Area (County), or;
- Within multiple Operational Areas in the Nor-Cal EMS/S-SV EMS Region, and to destinations outside the Nor-Cal EMS/S-SV EMS Region.

The need to distribute patients may arise from various man-made or natural events/disasters. This manual is intended to be an all-hazard plan for the distribution of patients regardless of the cause or event. The first two sections address the responsibilities of Control Facilities (CFs) and receiving facilities during a MCI or disaster affecting the medical/health system. Subsequent sections address the roles and responsibilities of the Local Emergency Medical Services Agency (LEMSA), Medical Health Operational Area Coordinator (MHOAC) Program, Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S), California EMS Authority (EMSA), and National Disaster Medical System (NDMS) during these type of events.



Authority

Pursuant to California Health & Safety Code (Division 2.5, § 1797.220): The LEMSA, using state minimum standards, shall establish policies and procedures approved by the LEMSA medical director to assure medical control of the EMS system. The policies and procedures approved by the LEMSA medical director may require basic life support emergency medical transportation services to meet any medical control requirements including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements.

Background

The principles and procedures in this document are based on the California Public Health and Medical Emergency Operations Manual (EOM), which describes a single-point-of-contact for distribution of patients, as well as coordination with neighboring jurisdictions. In 2002 many hospitals and EMS systems began implementing web-based information systems for rapid assessment of hospital statuses and patient receiving capacities. EMResource is the current web-based system used in all 15 Nor-Cal EMS and S-SV EMS counties. Although EMResource allows for interoperability among most hospital facilities in Northern California, 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.

SECTION 1: Control Facility (CF)

Pre-Event Responsibilities

The LEMSA shall authorize CFs for the purpose of coordinating patient dispersal during a MCI or other event requiring coordination of patient destinations within the EMS system. Due to geographical considerations, the LEMSA may authorize a CF outside California by entering into a Memorandum of Understanding with the out-of-state CF to provide these services. A LEMSA authorized out-of-state CF will operate under that state's/county's MCI plan during a 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 an area away from normal emergency department operations. The area should be able to be secured to allow CF personnel to not be disturbed.
- **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 per day, 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.

MCI Response

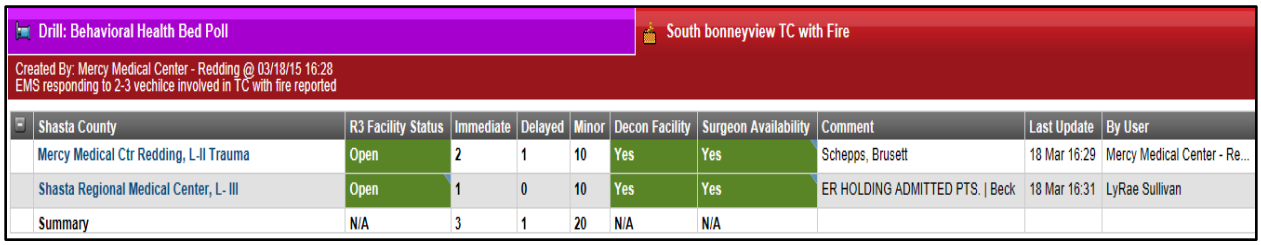
- **Creating an EMResource MCI Event**
  - MCI procedures shall be initiated/utilized by the CF when information about the potential need to coordinate patient movement among multiple receiving facilities is received from any of the following entities:
    - Dispatch agencies.
    - EMS response personnel.
    - 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.
  - 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 (see EMResource User Guide). If EMResource is unavailable, utilize the communications failure procedures (see Appendix C).
    - 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.).

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."*

  - If the number of patients exceeds the capacity of facilities within the CFs 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 a MCI Event will complete a Receiving Facility Patient Capacity Worksheet (see Appendix A), 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 (see EMResource User Guide) and updating the capacities manually as patients are disbursed (see diagram below).



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 vechilce 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, even for non-MCI patients, as local ambulance traffic will potentially affect receiving facility capacities.
  - 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, including: total patient count by triage category, patient destinations, etc.
  - The CF shall confirm the total number of transport resources available, and utilize the Control Facility MCI Patient Destination Worksheet (see Appendix B).
  - 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 (see Appendix B).

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."*

- **Patient Destination Guidelines**
  - Immediate Patients
    - Send to Immediate Teams at facilities within 30 minutes (30 miles) transport time from the incident whenever possible.
    - Send specialty patients (trauma, burn, pediatric, etc.) to the nearest specialty patient receiving centers when possible (as indicated by LEMSA policies).
    - 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.
  - Delayed Patients
    - Send to Delayed or Immediate Teams within 60 minutes (60 miles) transport time from the incident whenever possible.
    - 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.
  - 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 (see EMResource User Guide), 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 (see EMResource User Guide).
    - Once the event has been completed, the CF shall complete/submit an MCI Details/Feedback Form (see Appendix F) 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.

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 (see EMResource User Guide).
- 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 (see EMResource User Guide). 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.

SECTION 2: 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 per day, 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 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 this patient distribution MCI Plan document, EMResource operations, back-up communication systems (radio, telephone, etc.), 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 (see EMResource User Guide).

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.

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.

SECTION 3: 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.

SECTION 4: 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.
- 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.
- 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.

SECTION 5: Glossary

- **California EMS Authority (EMSA)**: The state department with responsibility to coordinate, through LEMSAs, medical and hospital disaster preparedness with other local, OA, state, and federal agencies/departments having a responsibility relating to disaster response.
- **Crisis Standard of Care:** A level of medical care delivered to individuals under conditions of duress (disaster, pandemic, etc.), or when medical/health resources are insufficient for demand.
- **Control Facility (CF):** A facility/entity identified and authorized by the LEMSA to assume primary responsibility for determining patient destinations during a MCI or facility evacuation requiring the coordination of patient destinations.
- **Delayed Patient:** Patients whose medical care can be held one to two hours without detriment. Patients without life-threatening injuries who cannot be sent to the waiting room will be triaged as delayed patients.
- **EMResource**: An internet-based system that lists the resources within a geographic region & constantly monitors the status of each to address patient management needs.
- **Event**: A triggering circumstance requiring communication and coordination among various system participants. EMResource Events include: MCI Events, hospital bed availability polls and Regional Announcements.
- **Field Treatment Site (FTS):** A site activated to manage casualties/medical evacuees when the local area capacity to rapidly treat/place these individuals at an established medical facility is overwhelmed. A FTS is used for the assembly, triage, medical stabilization and subsequent evacuation of casualties to an established medical facility if and when necessary/available. A FTS provides medical care for a period of up to 72 hours, or until patients are no longer arriving at the site. FTS activation, coordination, and support is managed from the Medical/Health Branch of the OA EOC, and supported by the public health department and S-SV EMS.
- **Immediate Patient:** Patients with life threatening injuries that will most likely need medical intervention within the hour.
- **Medical Health Operational Area Coordinator (MHOAC)**: A role shared by the Public Health Officer and EMS Agency Administrator or an individual designated by a County Health Officer and EMS Agency Administrator who is responsible, in the event of a disaster or major incident where mutual aid is requested, for obtaining and coordinating services and allocation of medical and health resources within the Operational Area (county).
- **Minor Patient:** Ambulatory patient whose medical care can be held two hours or more without detriment.

- **Multi-Casualty Incidents (MCI):** An incident which requires more emergency medical resources to adequately deal with victims than those available during routine responses, including an incident that meets any of the following criteria:
  - Five (5) or more Immediate and/or Delayed patients; or
  - Ten (10) or more Minor patients, irrespective of the number of Immediate and/or Delayed patients; or
  - At the discretion of prehospital or hospital providers.
- **National Disaster Medical System (NDMS):** The federal organization responsible to augment the Nation's emergency response capability.
- **Patient Reception Area (PRA):** A geographic locale containing one or more airfields; adequate patient staging facilities; and adequate local patient transport assets that support patient reception and transport to a group of voluntary, pre-identified, non-Federal, acute care hospitals capable of providing definitive care for victims in a domestic disaster, emergency, or military contingency.
- **Patient Transportation Unit Leader/Medical Communications Coordinator:** Field incident command system (ICS) positions (individuals) responsible for communicating directly with the CF to provide pertinent event information/updates and assist the CF in patient distribution. A Medical Communications Coordinator may be assigned on larger events, otherwise the Patient Transportation Unit Leader maintains this responsibility.
- **Regional Disaster Medical/Health Coordinator (RDMHC)**: The EMS Authority and CDPH jointly appoint the RDMHC in each mutual-aid region. The RDMHC coordinates disaster information and medical/health mutual-aid and assistance between the MHOACs within that mutual-aid region and response to other mutual-aid regions in the state. The RDMHS provides the day-to-day planning and coordination of medical and health disaster response within the mutual-aid region. During disaster response, the combined RDMHC/S Program is the point-of-contact for MHOAC Programs within the mutual-aid region, as well as for the CDPH and EMSA.
- **Regional Disaster Medical/Health Specialist (RDMHS):** The RDMHS is staff to the RDMHC. The RDMHS is also a staff person in a LEMSA where that agency has agreed to manage the regional medical and health mutual aid and emergency response system for the California Governor's Office of Emergency Services (Cal OES) Mutual Aid Region. Responsibilities are to manage and improve the region medical and health mutual aid and mutual cooperation systems; coordinate medical and health resources; support development of the Operational Area Medical and Health Disaster Response System; and, support the State medical and health response system through the development of information and emergency management systems.

APPENDIX A: Receiving Facility Patient Capacity Worksheet

FORM COMPLETION INSTRUCTIONS

1. **Complete the 'Immediate Patients' section first – working left to right.**
   - Place a check mark for each available staff/bed necessary to complete a patient team.
   - Enter the number of complete Immediate teams in the 'Total Teams' column. Multiply the number of total teams by 1, and enter that number in the 'Total Patients' column.
2. **Complete 'Delayed Patients' section second – working left to right.**
   - Transfer check marks from incomplete Immediate teams to this section, and/or place additional check marks for each additional available staff/bed necessary to complete a patient team.
   - Enter the number of complete Delayed teams in the 'Total Teams' column. Multiply the number of total teams by 2, and enter that number in the 'Total Patients' column.
3. **Complete 'Minor Patients' section last – working left to right**.
   - Transfer check marks from incomplete Delayed teams to this section, and/or place additional check marks for each additional available staff necessary to complete a patient team.
   - Enter the number of complete Minor teams in the 'Total Teams' column. Multiply the number of total teams by 10, and enter that number in the 'Total Patients' column.
4. **Transfer the numbers in the 'Total Patients' columns to the corresponding EMResource data fields, and click the EMResource 'Save' button to report your patient receiving capacity to the CF.**
   - **IMPORTANT:** When reporting capacity to receive Immediate Trauma patients, the name of an available trauma surgeon must also be entered in the corresponding EMResource data field.

PATIENT RECEIVING CAPACITIES BY TRIAGE CATEGORY

Immediate Patients: 1 Patient Per Team			Total Teams	Total Patients
☐ ED Physician ☐ Surgeon (Trauma MCI) ☐ 2 – RNs ☐ 1 – ED Bed	☐ ED Physician ☐ Surgeon (If Trauma MCI)* ☐ 2 – RNs ☐ 1 – ED Bed	☐ ED Physician ☐ Surgeon (If Trauma MCI)* ☐ 2 – RNs ☐ 1 – ED Bed		
Delayed Patients: 2 Patients Per Team			**Total Teams**	**Total Patients**
☐ ED Physician ☐ RN ☐ 2 – ED Beds	☐ ED Physician ☐ RN ☐ 2 – ED Beds	☐ ED Physician ☐ RN ☐ 2 – ED Beds		
Minor Patients: 10 Patients Per Team			**Total Teams**	**Total Patients**
☐ RN	☐ RN	☐ RN		

APPENDIX B: Control Facility MCI Patient Destination Worksheet

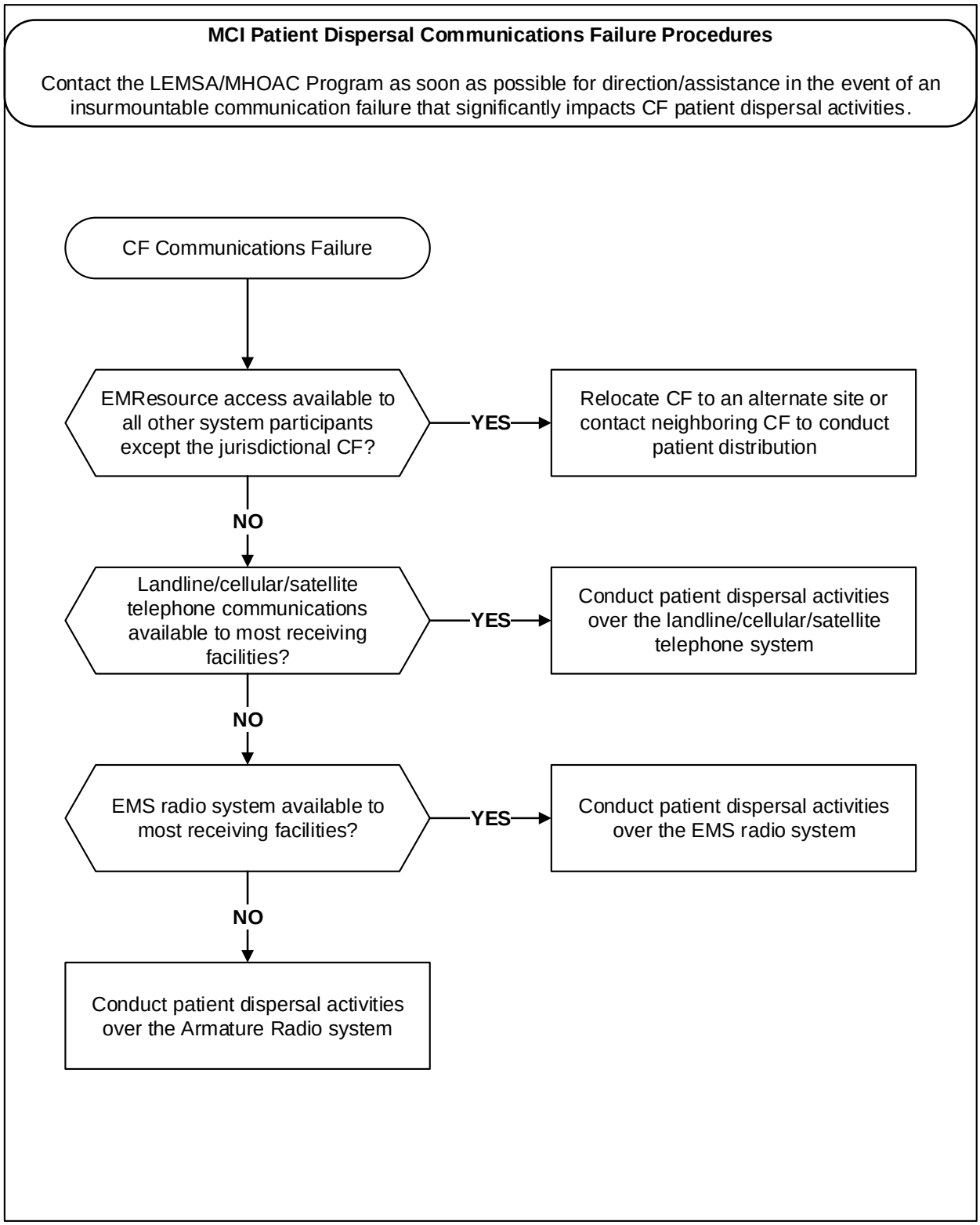
MCI Date:	MCI Name:	MCI Type: ☐ Trauma ☐ Medical ☐ Haz-Mat
Total EMS Transport Units Available: Air: _____ Ground: _____	Total Patients: EMS Transported: _____ Deceased: _____ AMA: _____	

I	__ __ __ __ __ __ __ __	D	__ __ __ __ __ __ __ __	M	__ __ __ __ __ __ __ __

Triage Status	Triage Tag #	Age	Gender	Primary Injury	Receiving Facility Destination	Transport Unit ID	ETA To Receiving Facility	Receiving Facility Advised
I D M			M F					
I D M			M F					
I D M			M F					
I D M			M F					
I D M			M F					
I D M			M F					
I D M			M F					
I D M			M F					

I = Immediate (Red) Patient **D = Delayed (Yellow) Patient** **M =Minor (Green) Patient**

Appendix C: Communications Failure Procedures



APPENDIX D: Facilities List

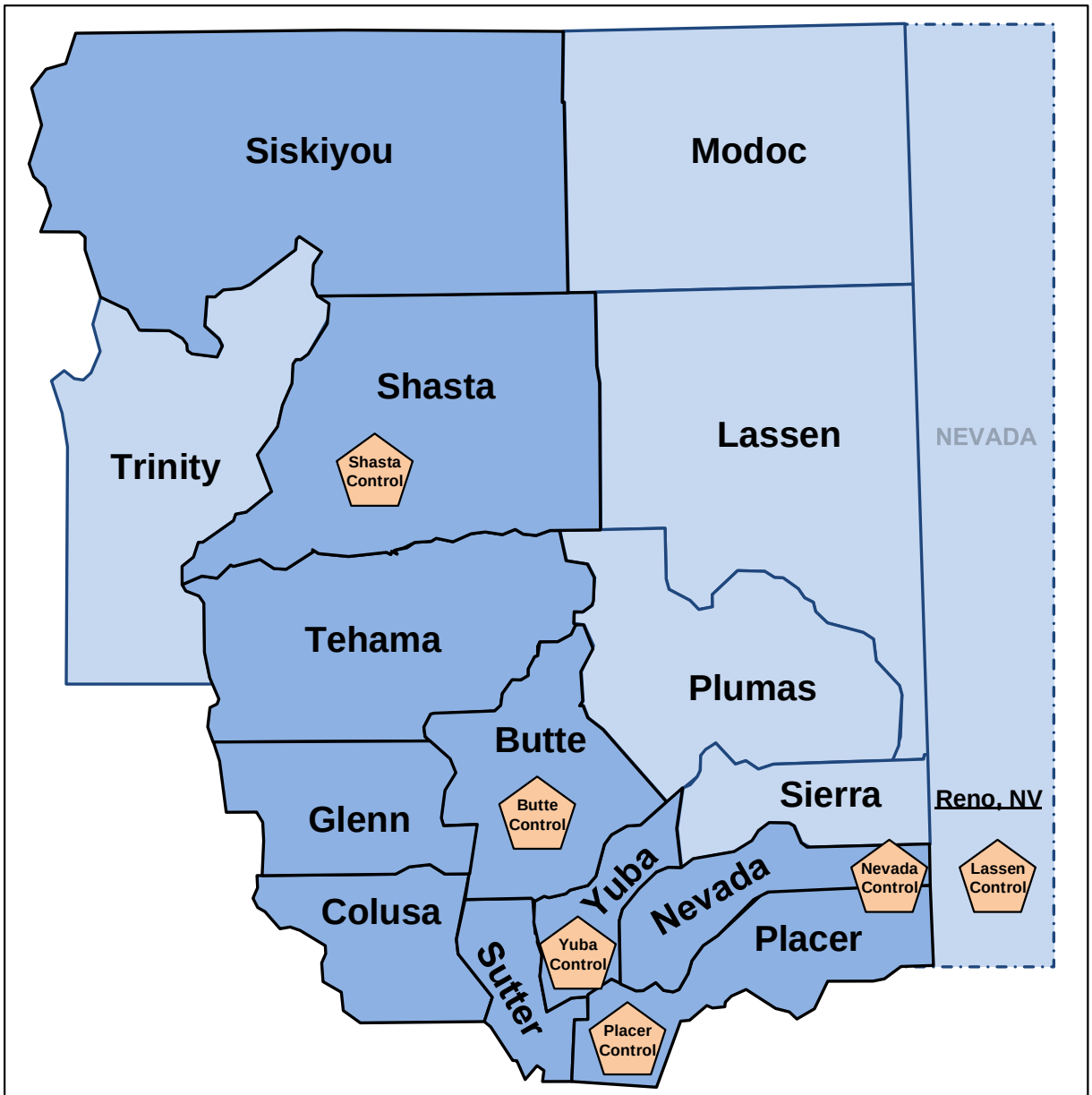
County	Hospital	ED Telephone	CF	Jurisdictional CF
Butte	Enloe Medical Center	530-332-7417	✓	**EMC**
Butte	Orchard Hospital	530-846-9068		**EMC**
Butte	Oroville Hospital	530-523-8342		**EMC**
Colusa	Colusa Medical Center	530-619-0841		**EMC**
Glenn	Glenn Medical Center	530-934-1840		**EMC**
Lassen	Banner Lassen Medical Center	530-252-2096		**MMCR or REMSA**
Nevada	Sierra Nevada Memorial Hospital	530-272-3682		**SRMC**
Nevada	Tahoe Forest Hospital	530-582-6011	✓	**TFH or REMSA**
Modoc	Modoc Medical Center	530-233-1911		**MMCR**
Modoc	Surprise Valley Hospital	530-279-6111 (x-228)		**MMCR**
Placer	Kaiser Roseville Medical Center	916-784-8407		**SRMC**
Placer	Sutter Auburn Faith Hospital	530-888-4562		**SRMC**
Placer	Sutter Roseville Medical Center	916-786-3033	✓	**SRMC**
Plumas	Eastern Plumas District Hospital	530-832-6538		**REMSA**
Plumas	Plumas District Hospital	530-283-1322		**REMSA**
Plumas	Seneca District Hospital	530-258-2253		**EMC**
Sierra	N/A - No Hospital in Sierra County	N/A		**AHR or REMSA**
Shasta	Mayers Memorial Hospital	530-336-6440		**MMCR**
Shasta	Mercy Medical Center Redding	530-225-7214	✓	**MMCR**
Shasta	Shasta Regional Medical Center	530-243-4042		**MMCR**
Siskiyou	Fairchild Medical Center	530-841-6259		**MMCR**
Siskiyou	Mercy Medical Center Mt. Shasta	530-926-1108		**MMCR**
Sutter	N/A - No Hospital in Sutter County	N/A		**AHR**
Tehama	St. Elizabeth Community Hospital	530-527-0321		**MMCR**
Trinity	Trinity Hospital	530-623-5541		**MMCR**
Yuba	Adventist Health +Rideout	530-749-4524	✓	**AHR**

Notes

- **AHR shall be utilized as the CF for events in Sierra County (West).**
- **EMC shall be utilized as the CF for Plumas County (Lake Almanor Basin).**
- **MMCR shall be utilized as the CF for events in Lassen County (North).**
- **REMSA may be utilized as an alternate CF for events in the Truckee/Tahoe area, upon direction of TFH.**
- **REMSA shall be utilized as the CF for events in Lassen County (South), Plumas County (excluding the Lake Almanor Basin), and Sierra County (East).**

Control Facility Details			
Abbreviation	**Facility Name**	**Location**	**Radio Name/ID**
AHR	**Adventist Health +Rideout**	**Marysville, CA**	**“Yuba Control”**
EMC	**Enloe Medical Center**	**Chico, CA**	**“Butte Control”**
MMCR	**Mercy Medical Center Redding**	**Redding, CA**	**“Shasta Control”**
REMSA	**Regional Emergency Medical Services Authority**	**Reno, NV**	**“Lassen Control”**
SRMC	**Sutter Roseville Medical Center**	**Roseville, CA**	**“Placer Control”**
TFH	**Tahoe Forest Hospital**	**Truckee, CA**	**“Nevada Control”**

APPENDIX E: Regional Control Facility Locations Map



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

APPENDIX F: MCI Details/Feedback Form

INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR FACILITY ROLE)	
Role: ☐ Control Facility (CF) ☐ Receiving Facility	Incident Date:
Incident Name:	Incident Location:
Facility Name:	Reporting Person:
Telephone:	Email Address:
CF Name:	Initial CF Contact Name:
Initial CF Notification Received From (Dispatch, Field, etc.):	

Pt Age Type	Immediate Pt Count	Delayed Pt Count	Minor Pt Count	AMA/Refusal Pt Count	Deceased Pt Count
Adult (≥ 15yo)					
Pedi (≤ 14yo)					

Were Triage Tags Used On All Patients? ☐ Yes ☐ No ☐ Unknown

MCI COMMENTS/ISSUES/SUGGESTIONS/OBSERVATIONS

Completed forms shall be submitted to the jurisdictional LEMSA where the event occurred