



Section 2.5 Standard Operating Procedures

The classification of an incident level determines the corresponding alert and activation level that the Department of Emergency Management – Division of Emergency Communication (DEC) sends to EMS provider organizations. The alert levels correspond to **Standard Operating Procedures** which are defined as scripted participant actions in response to a MCI. Standard Operating Procedures are similar to **Job Action Sheets (aka Job Checklists or Position Descriptions)** that individual field personnel or EOC / DOC command staff follow during a disaster response. The difference though is that Standard Operating Procedures apply to the response actions of an *entire EMS provider organization* (e.g. a hospital or an ambulance provider company).

The purpose of the alert levels and corresponding Standard Operating Procedures is to improve the speed, efficiency and overall coordination of the initial operational response to a MCI. An alert initiates the start of a Standard Operating Procedures that is followed in the first hour(s) to days of a MCI response until an Incident Command is organized and able to create and distributes an Incident Action Plan with response objectives that are specific to the incident. The details for each alert level are listed in **Part 1 – Standard Operating Procedures** of this plan.

Section 2.6 EMS Provider Agency Roles and Responsibilities

2.6.1 Primary Agencies

San Francisco Fire Department: Provides fire suppression, hazmat services and ALS ambulances and BLS First Responder in the San Francisco EMS System. The SFFD field role in a MCI is to provide emergency medical care at the scene, transport victims to receiving facilities and to fill any position within the field ICS structure, especially positions within the field medical branch. SFFD operates mobile Multi-Casualty Units that can quickly bring additional emergency medical supplies to a scene.

The SFFD Departmental Operations Center provides command, coordination and support for their suppression and EMS units during a MCI.

ALS Ambulance Providers: Advanced Life Support (ALS) Ambulance Providers (American Medical Response, King American Ambulance, Bayshore Ambulance, Pro-Transport 1, and NorCal Ambulance) provide emergency ALS level ambulance services and ALS inter-facility transport services.



ALS Ambulance Providers' role in a MCI is to provide emergency medical care at the scene, transport victims to hospital or other alternate treatment sites (if in use and authorized) and to fill any position within the field ICS structure, especially positions within the medical branch.

BLS Ambulance Providers: Private Basic Life Support (BLS) Ambulance Providers (American Medical Response, King American Ambulance, Bayshore Ambulance, St. Joseph's Ambulance, ProTransport-1, NorCal Ambulance and Falck Ambulance) provide BLS inter-facility transport services in the San Francisco EMS system.

BLS Ambulances Providers' may have a direct role in a MCI field response by providing emergency medical care at the scene, transporting victims to hospital or other alternate treatment sites (if in use and authorized) and filling any position within the field ICS structure, especially positions within the medical branch. BLS may also provide back- up ambulance "surge capacity" to the day-to-day EMS System if an incident(s) requires all available ALS resources. Alternative uses of the BLS providers during a large MCI are only authorized by the EMS Medical Director in consultation with the Director of Health/Health Officer and management at each BLS provider company.

Air Medical Service Providers: Offer on scene emergency medical care and air evacuation of patients. REACH, Stanford Lifeflight and CalSTAR provide services for San Francisco EMS and throughout most of Northern California. During an MCI, air medical services are primarily used to transport the most critically injured patients to out-of-county trauma centers.

General Acute Care Hospitals: Provides emergency medical care and definitive medical treatment to patients. Their role is the same during MCI event within the limits of their capacity to "surge" their staff and internal resources. Hospitals may "stabilize and transfer" if the patient's medical needs require specialty services not available at that hospital or if they are at capacity and cannot offer an available bed or staffed treatment space.

Department of Emergency Management: Provides various emergency management functions and consists of two divisions: Division of Emergency Communications (911) and the Division of Emergency Services (DES).

- **Division of Emergency Communications (DEC):** Responsible for receiving 911 calls and dispatching police, fire, and EMS services. The primary role of DEC during a MCI is to notify and alert of key response personnel, and to dispatch and track field response resources including mutual aid resources and initially staff the Patient Distribution Group.
- **Division of Emergency Services (DES):** Responsible for developing citywide emergency plans, activating the City's Emergency Operations Center (EOC) and preparing citizens for all-hazards events (i.e. earthquakes, terrorism, and tsunamis). During an MCI, DES



may activate the City's EOC to support overall MCI operations and request emergency declarations from the Mayor.

- **EMS Agency:** The San Francisco EMS Agency is in under DES. The EMS Agency is responsible for planning, coordinating, and evaluating emergency medical services for San Francisco. During a MCI or medical disaster, the EMS Agency fulfills diverse roles, including serving as the Medical Health Operational Area Coordinator, modifying or creating EMS policy or protocols to meet changing situational needs, activating or staffing the DPH Department Operations Center, or the City Emergency Operations Center.

Department of Public Health: Provides various public health related functions and direct medical services. DPH divisions involved in emergency support include:

- **Public Health Emergency Preparedness and Response:** Responsible for planning, and coordinating the public health response and hospital disaster preparedness.
- **Communicable Disease Control and Prevention Section:** Provides community monitoring for communicable diseases, conducts epidemiological investigations, and provides communicable disease control and prevention information to medical professionals and the community that may include: infection control protective measures, prophylaxis or treatment, identification of the type and source of an outbreak, and if necessary, issue isolation or quarantine orders.
- **Environmental Health Section:** Assures the safety of the food and water supplies. They also provide technical and scientific advice to the SFFD on the detection, identification, and handling of hazardous materials and management of hazardous situation. They are also responsible for approving the health-related safety issues for the mass shelters.
- **Behavioral Health Services:** Provides mental and substance abuse services. During a large MCI, they may provide the initial crisis mental health services for victims.

2.6.2 Supporting Agencies

In addition to the primary EMS System participants, there are other organizations that may work closely with the EMS System during a MCI or Mass Casualty Event:

San Francisco Police Department: Provides law enforcement to San Francisco. They also can provide SWAT, Explosive Ordinance Disposal, and other specialized law enforcement services. During an MCI, they may provide force protection, security for critical assets, and create cordons.

San Francisco Sheriff's Department: Provides protective and security service for City and County facilities and buildings, including San Francisco General Hospital, and the Department of Public Health Department buildings. They also can provide aerial surveillance or recognizance



using their air units. During an MCI, they may provide force protection, security for critical assets, and create cordons.

California Highway Patrol: Provides law enforcement to the State and Federal highways within San Francisco and provides protection and security for state facilities and buildings. During an MCI, they may provide force protection, provide security for critical assets, and create cordons.

Auxiliary Communication Service (ACS): Coordinated by the Dept of Emergency Management's Division of Emergency Services, ACS provides amateur radio operators with equipment for disaster response and large special events. In a MCI, ACS may provide amateur radio operators to field, hospital, and emergency operations centers or be used to replace or to augment communication capabilities.

San Francisco Office of the Medical Examiner: Investigates, and determines cause and manner of death for cases under the Office's legal jurisdiction. During a large MCI, the Medical Examiner's Office is responsible for identifying and handling decedents and their personal effects.

Section 2.7 Interagency Coordination

2.7.1 Scene Organization

NIMS and SEMS are based on the Incident Command System (ICS) and are used to provide the basic organizational structure for all incident operations including MCI field operations. ICS is designed to coordinate the efforts of all involved agencies at the scene of a large, complex, emergency situation, as well as the small day-to-day situation. The organizational structure of ICS may be expanded in a modular fashion based upon the changing conditions and/or size/scope of the incident.

ICS has been summarized as a "first-on-scene" organizational structure, where the first responder to arrive on scene assumes command until the incident is resolved or there is a formal transfer of command to a more-qualified individual arriving later.

The essential elements of ICS are:

- **Command:** Overall management and setting of objectives for the response.
- **Operations:** Direct control of tactical operations and the implementation of response objectives.
- **Planning:** Development of a plan for response operations.
- **Logistics:** Coordinates acquisition and distribution of resources.
- **Finance:** Purchases resources. Records what resources were involved in the response for purposes of reimbursement.