6. SFFD Officer located at DEC radios by an open channel on B13 / B14* hospitals will receive patients, the number, type, and any special needs.

7. Hospitals will surge their operations as necessary to prepare for the receipt of the MCI patients.

8. SFFD Officer located at DEC will announce to hospitals, ambulances and other field providers when the alert is secured and the incident is closed.

**Radio channel designations may change based on operational needs.*

Section 3.6 Medical Branch / Group Operations

3.6.1 Medical Branch Director

A Medical Branch Director has overall command of EMS field operations if a full branch response is initiated. The Medical Branch Director may supervise several Medical Group Supervisors and reports to either the Incident Commander Operations Section Chief if an Operations Section is activated.

3.6.2 Medical Group Supervisor

The Medical Group Supervisor(s) ensures command and control of all activities within the Medical Group and the integration of those activities with the overall operational response. This includes assuring that adequate personnel and resources are available to the Medical Group to accomplish its assigned objectives.

3.6.3 Ambulance Staging Area

DEC will announce to all in-coming ambulance crews the location of the Staging Area when it is established. Initial supervision of this area may be assigned to the first unit arriving in the Staging Area.

In-coming crews will park in the Ambulance Staging Area and report to the Ambulance Staging Manager who will give them their assignments. If **NO** Ambulance Staging Manager is designated, crews will report into the Transport Unit Leader (or Medical Group Supervisor, if necessary). Crews will stay with their vehicles in the Ambulance Staging Area while awaiting assignment.

Transport vehicles will be maintained in a one-way traffic pattern towards the loading area, if possible. Law enforcement assistance may be used to establish traffic patterns to optimize the flow of patients out of the incident.

3.6.4 Triage Area / Triage Team Operations

Victims are usually be triaged where they lie. A separate Triage Area may be created if there is a hazard or if the physical location is not conducive for triaging patients.

Emergency medical care during the triage process is generally limited (e.g. establishing an airway, controlling hemorrhage, etc.). The deceased are also triaged and tagged. Deceased may be are left where they lie or moved to a separate Morgue Area if adequate resources are available to set it up. If the MCI is a crime scene, decedents are not moved without prior approval of the Medical Examiner or SFPD.

All patients are triaged and tagged in the triage area. "Immediate" patients must be transported to a hospital as soon as possible. Immediate patients may be moved to the Treatment Area if there is a delay in transport due to a lack of transportation units or a high number of victims.

For large incidents, the Triage Team Leader may sets up a physical "triage funnel" with tape, sawhorses, etc. through which all patients are routed to the Treatment Area. The Triage Funnel should be in close proximity to Treatment Area.

The Triage Team Leader is responsible for tallying and reporting the total number of victims and classifying the MCI type as trauma, medical, Hazmat or combination. Results of the tally are reported as total number of patients and their triage categories (e.g. "Total of 10 trauma patients: 2 Immediate, 4 Delayed, and 4 Minors. No decontamination needed."). The Triage Team Leader reports this information to the Medical Group Supervisor.

3.6.5 Treatment Area Operations

The Treatment Areas will be set up with equipment from the initial arriving ambulances. The SFFD Multi-Casualty Unit vehicles may supplement equipment as needed. EMT and paramedic personnel must staff all Treatment Areas. Walk-up volunteer medical personnel must be cleared through the chain of command before patient contact. The Treatment Unit Leader will check through the chain of command where to send walk-up volunteer medical personnel for clearance checks.

Once a patient is in the Treatment Area, treatment will consist of:

- Re-triaging patients.
- Checking and recording vital signs and chief complaint on the triage tag.

- Establishing and maintaining an airway and controlling hemorrhage.
- First aid, BLS and ALS level care depending on provider training, availability of personnel and resources, and only if the situation safely allows for it.
- Preparing patients for transport.

Current EMS policies for evaluating and releasing patients from the scene should be followed for any MCI patients who refuse care or transport at the scene.

3.6.6 Patient Transport Area

The Patient Transport Area matches patients needing transportation with vehicles and assigned destinations. Section 3.5 describes the communications between the field, DEC and the hospitals for determining available beds and notifying hospitals about in-coming patients. Communications between the field and DEC about patient care operations is handled by the Medical Group Supervisor or Patient Transport Officer. In a full branch response, a Medical Communications Coordinator reporting to the Patient Transport Officer may be designated for communications with DEC.

The Treatment Area personnel will provide to the Patient Transport Officer which patients are prioritized for transport. The Patient Transport Officer will choose an appropriate mode of transportation for the patient. Possible patient transportation options include:

- Ground Ambulance
- Air Ambulance
- At the discretion of the Transport Unit Leader, other vehicles (e.g. buses, wheelchair vans) may be substituted for ambulances as appropriate for the patients' condition.

The Patient Transport Officer will request medical transport vehicles directly through DEC. In a large MCI response, a Ground Ambulance Coordinator or Air Medical Coordinators may be used. All requests for transportation will include specific details such as number and description of transport units, e.g., "2 ALS ground ambulances, 1 BLS ground ambulance, and 1 ALS air ambulance".

Patients will be moved from the Treatment Area to the Patient Transport Area only when:

- The patient is "packaged" and ready to go,
- A hospital bed destination is identified, and
- The transport vehicle is ready to go.

The Patient Transport Officer (or Ground Ambulance Coordinator and the Air Medical Coordinator if used) are responsible for securing requested transport vehicle(s) and for maintaining "Patient Logs" of the patients leaving the scene via ground or air that includes:

1. Triage tag number
2. Triage Level
3. Patient name and age (if known)
4. Patient gender
5. Chief complaint
6. Type of transport
7. Name of transport provider and unit number
8. Destination
9. Date and time of departure

Patient distribution to San Francisco and Bay Area county hospitals will continue until there are no patients remaining at the scene or the hospitals are at capacity.

For large incidents, Delayed (Yellow) and Minor (Green) patients may be held at the treatment area. If patients are held at the treatment site for several hours to days, it will be designated with as a formal **Field Treatment Site** and adjust its operations accordingly with additional supplies, personnel and shelter provided through field cache and alternate care supplies. <u>All decisions to hold patients at the scene or establish Field Treatment Sites will be relayed through the Medical Group Supervisor to the Incident Commander for approval.</u>

3.6.7 Morgue Area

A temporary Morgue Area may be established when adequate resources are available and / if it is necessary to remove deceased patients from the impacted site. This area should be located away from the treatment area(s) and is the responsibility of the Medical Examiner. EMS personnel assistance may be required in the establishment of the field morgue.

3.6.8 Medical Supply Operations

A Medical Supply Area may be established for large, protracted incidents. The Medical Supply Coordinator requests, receives, distributes, tracks and maintains stock for medical supplies and equipment assigned to the Medical Group. The Medical Supply Coordinator reports to the Medical Group Supervisor. If the Logistics Section is established, the Medical Supply Coordinator will coordinate request through the Logistics Section Chief or the Supply Unit Leader. Otherwise, requests are funneled through the Medical Group Supervisor to the Incident Commander.

Resource requests are done by resource type and number when possible. MCI resource requests may consist of the following:

Transportation

- Ground or Air Ambulances
- Buses
- Strike Teams or Task Forces

Supplies and Equipment

- Medical Supplies Caches and Equipment Trailers

Personnel

- ALS or BLS Personnel
- Litter Bearers
- Strike Teams or Task Forces
- Californian Medical Assistance Teams (Cal-MAT – state)
- Disaster Medical Assistance Teams (DMAT - federal)

- Rescue Equipment
- Specialized Equipment

3.6.9 Termination
The Incident Commander will make the determination when the MCI response is completed and communicate the termination notice to DEC who relays it to the relevant response participants.

Section 3.7 Modified 911 EMS Responses

Minor and / or major modifications of the standard EMS responses may be necessary to maintain the sound operations of the entire EMS system during a sizeable MCI event. An example of a *minor* modification includes suspending diversion until the incident response is closed out.

Any decision to do a major modification of the standard 911 medical responses must be authorized by the EMS Agency Medical Director in consultation with the Director of Health, the SFFD Chief and the leadership of the affected EMS providers. Part 1 Standard Operating Procedures lists the potential modifications to EMS responses. Below lists examples of possible *major* modifications to EMS response that may be invoked during a MCI.

Potential Modified Responses during a Level 2 MCI Alert
- ALS ambulances dispatched only to Code 3 (Delta and Echo) calls.
- BLS ambulances dispatched to Code 2 (Alpha, Bravo, and Charlie) calls.
- First Responder dispatched to Code 2 ((Alpha, Bravo, and Charlie) calls.

Potential Modified Responses during a Level 3 MCI Alert
- BLS Ambulance dispatched to only Code 3 (Delta and Charlie) calls.
- First Responder dispatched to only Code 2 ((Alpha, Bravo, and Charlie) calls.
- No response to Code 2 (Alpha, Bravo, and Charlie) calls.

Section 3.8 Hospital Operations

All San Francisco hospitals will surge their patient care operations through their pre-planned activities to accommodate MCI patients. Hospitals may surge their internal capacity by setting up alternate care areas through the re-purposing of current patient care sites or by setting up disaster tents on the hospital property.