



- 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

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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

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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.



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At no time should more than one hospital staff person communicate with the DEC about the receipt of MCI patients. **The Emergency Department Charge Nurse is the designated Point-of-Contact for all MCI Alerts.** This designation may be transferred to Hospital Command Center staff during large, protracted incidents extending for several operational periods.

Hospitals will communicate to DEC through the 800 MHz radio and Reddinet. If Reddinet is not functioning, DEC will directly contact hospitals via the 800 MHz radio for bed availability. Landline telephones may provide backup communications in the event the 800 MHz radio is not functional. Satellite phones may also be considered for backup communications.

## Section 3.9 Overview Patient Distribution

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The overall goal of patient distribution is to deliver MCI patients to appropriate and available treatment beds to meet their medical needs without overwhelming any one hospital with too many patients.

Patients will be distributed to hospitals through the combined use of: **1) Assigned Distribution** and **2) Managed Distribution.** Assigned distribution automatically assigns a fixed, minimum number of patients to each hospital in the initial phase of the MCI response. San Francisco hospitals **MUST** accept their automatically assigned minimum number of patients. If the total number of patients from an incident **exceeds** the total number assigned slots, then Managed Distribution will determine the hospital distribution for those patients.

## Section 3.10 Assigned Patient Distributions

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On the following page is the initial distribution plan for MCI patients to hospital by the Patient Transport Officer.