



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

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

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



This list does NOT imply that patients must be sent to the hospitals according to any specific sequence. DEC or the Patient Transport Officer may make adjustments based on the MCI situation or reported hospital availability.

Assigned Distribution				
Hospital	Immediate (Red)¹	Delayed (Yellow)¹	Minor (Green)¹	ONLY Green²
ZSFG Trauma Center	1 st 10 (ten) major trauma	4	6	20
UCSF Parnassus Campus)	2	4	6	12
CPMC Pacific Campus	2	4	6	12
Kaiser	2	4	6	12
St. Francis Memorial	2	4	6	12
CPMC St Lukes	2	4	6	12
St. Mary's Medical Center	2	4	6	12
CPMC Davies	2	4	6	12
CPMC California St Campus (Pediatric Preferred)	2	4	6	12
UCSF- Mission Bay (Pediatric Preferred)	2	4	6	12
³ (Only Delayed + Minor)				
Chinese Hospital	0	4	6	12
VA Medical Center	0	4	6	12
Seton – Daly City	0	4	6	12
South Kaiser – So. SF)	0	4	6	12
SUBTOTAL:	28	56	84	168
TOTAL:	168			
<ol style="list-style-type: none"> Hospitals may receive either a combination of Red, Yellow, Green patients or “Only Green” patients. “Only Green” refers to bulk transport of minor (green) patients via a Muni or shuttle bus. In this situation, the hospital will receive “Only Green” patients due to the large number of patients who will arrive at the Emergency Department at the same time. “Only Delayed + Minor “refers to hospitals who will receive Yellow and Green patients or Only Green. 				

Critical trauma patients may be distributed to regional Trauma Centers through the mutual aid process. The Medical Health Operational Area Coordinator (MHOAC) will notify the Regional



Medical Health Operational Area Coordinator about any situation requiring out-of-county transport of critical trauma patients. Either ground or air medical transport may be used to move patients. *EMS Policy 4020 EMS Aircraft Utilization* lists regional trauma centers with helipads and describes the use of air medical resources.

Triage and Disposition of Medical and Trauma Patients

Patient Type	Triage	Disposition
Medical	Immediate (Red)	Start with hospitals with those furthest away from the incident.
	Delayed (Yellow)	Start with hospitals with those furthest away from the incident after all Red medical patients have been transported.
	Minor (Green)	Start with hospitals with those furthest away from the incident after all Yellow medical patients have been transported.
Trauma ¹ Meeting Physiologic or Anatomic Criteria	Immediate (Red) or Delayed (Yellow)	<ul style="list-style-type: none"> • 1st Ten trauma patients to ZSFG. ZSFGH will indicate their ability to take additional patients. • When ZSFG is at capacity, remaining trauma patients may go regional trauma centers via ground or air medical services – which ever has the shortest travel time. • Trauma patients may be transported to SF community hospitals if it is determined that a patient is unlikely to survive travel time to an out-of-county trauma center.
Trauma ¹ Meeting Mechanism Criteria	Minor (Green)	May be transported to community hospitals.
Deceased	Deceased (Black)	Medical Examiner
¹ Trauma patients will be re-triaged in the Treatment or Transport Area using the Trauma Triage Criteria when possible to identify critical patients requiring trauma center care.		

Section 3.11 Managed Patient Distribution

A **managed distribution** process will start when the total number of patients from an incident **exceeds** the total number assigned slots. Patients will be distributed to San Francisco hospitals until they reach capacity. Managed distribution will also be used to move patients to other Bay Area hospitals or beyond through the Medical Mutual Aid process facilitated by the Medical Health Operational Area Coordinator located at the Emergency Operations Center (EOC).

Hospitals are expected to communicate with the EMS Agency / Department of Emergency Management Duty Officer the number of patients received from the MCI and the patients'