



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 <sup>1</sup> Meeting Physiologic or Anatomic Criteria	Immediate (Red) or Delayed (Yellow)	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> Ten trauma patients to ZSFG. ZSFGH will indicate their ability to take additional patients.</li> <li>• 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.</li> <li>• 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.</li> </ul>
Trauma <sup>1</sup> Meeting Mechanism Criteria	Minor (Green)	May be transported to community hospitals.
Deceased	Deceased (Black)	Medical Examiner
<sup>1</sup> 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'



dispositions, utilizing the form found in Appendix E, Patient Tracking Form. This form should be completed within 24 hours of the conclusion of the Red Alert/notification of ending of the MCI level 0 through 4.

### **3.11.1 Role of EOC Operations Section – Health & Human Services Branch, Public Health & Medical Services Group**

In San Francisco, the Medical Health Operational Area Coordinator (MHOAC) is the DEM - EMS Agency Medical Director. The MHOAC (or designated backup) reports to the Emergency Operations Center (EOC) when it is activated. In the ICS structure, the MHOAC is in the EOC's Operations Section – Health & Human Services Branch, **Public Health & Medical Services Group**. The EOC's - Public Health & Medical Services Group assumes the MHOAC function as the primary coordination body for medical-health services and resources within the Operational Area (County) when the EOC is activated.

During a MCI, the EOC's - Public Health & Medical Services Group will notify the Region 2 Regional Disaster Medical Health Coordinator (RDMHC) through the Mutual Aid process as described in Section 3.17. The RDMHC will identify available hospital beds in the Bay Area and other sites within Region 2.

1. The RDMHC will provide direction on patient distributions to hospitals within the Bay Area.
2. The RDMHC will provide direction on patient distributions to hospitals beyond the Bay Area if the incident is large or there are incidents simultaneously occurring in other counties that require sending patients to more distant areas within Region 2.
3. The EOC's - Public Health & Medical Services Group will work with the other ICS sections or branches within the city EOC to support patient operations in the field such as facilitating ambulance strike teams requests to either do the patient transports to Bay Area hospitals or backfill San Francisco 911 ambulances.

The Department of Public Health – Departmental Operations Center (DPH DOC) may be activated to assist with or assume any of the above functions for large, complex or multi-site MCIs when the emergency response extends over multiple operational periods.

### **3.11.2 Role of the State and Federal Governments**

The Region 2 RDMHC identifies out-of-county hospital beds. If there are no available beds within our region, the RDMHC will work with the California Dept of Public Health/State EMS Authority Medical-Health Coordination Center (MHCC) to identify the next appropriate



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region(s) within California to identify available beds. If there are no beds within California, the California Dept of Public Health/State EMS Authority at the State Operations Center will contact the federal National Disaster Medical System to identify beds in other states.

The MHOAC, RDMHC, and California Dept of Public Health/State EMS Authority MHCC do all initial contacts, briefings and coordination between the local, region, state and federal levels of government responsible for the movement of patients in a disaster. The MHOAC, San Francisco EOC, RDMHC, and State EMS Authority will jointly work together to secure and coordinate as needed medical transportation arrangements and / or other logistical needs for moving patients to out-of-county hospitals.

## **Section 3.12 Patient Distributions in a Level 4 MCI (Red) Alert**

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A Level 4 MCI is a citywide catastrophic event. For planning purposes, it is assumed that there is a complete disruption of the City response and communications infrastructure. The ability for a formal emergency response and patient distribution system to be organized will be determined at the time of the incident based upon the presenting circumstances. A decentralized command structure using Emergency District Coordination Centers may be invoked by SFFD when central dispatch is interrupted. Ambulance response units may be organized through the Emergency District Coordination Centers until the dispatch communications infrastructure and central command are restored. Patient distributions may be directed through the Emergency District Coordination Center with the overall goal of executing mass medical evacuations.

## **Section 3.13 Alternate Care Sites**

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The Department of Public Health may set up free-standing alternative care sites with their disaster tents. The MHOAC and Department of Public Health - Health Officer will determine the role of free-standing alternative care sites in supporting the medical system and / or field operations and what outside support is needed (e.g. state or federal Disaster Medical Assistance Teams).

## **Section 3.14 Mass Medical Evacuations**

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### **3.14.1 Procedures**

Mass medical evacuations may be undertaken when all in-county medical and health facilities are at capacity, or compromised due to damage to their infrastructure. Due to the resource intensive nature of medical care, mass medical evacuations may also be done when there is