



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



significant damage to non-medical infrastructures or utilities (e.g. water, etc.) that interferes with the ability to provide critical support services to medical facilities to keep them open.

The MHOAC, in consultation with the Health Officer, city leadership, and the medical facilities will determine whether to undertake mass medical evacuations after weighing its benefits versus risks. The MHOAC with support from the EOC's Public Health & Medical Services Group will work through the RDMHC and California Dept of Public Health/State EMS Authority JEOC to secure transportation and out-of-county destinations. Possible transportation options include:

Mobile Ground Vehicles

- Private vehicles
- Buses
- Wheel Chair Vans / Gurney Vans
- Ambulances - BLS, ALS, Critical Care Transport Units, Specialty Units (Neonatal transports, Bariatric Ambulances)

Air Medical Services

- Rotary
- Fixed Wing

Large Military Transport or Federalized Medical Aircraft

For mobile ground medical vehicles, field operations will follow the same mutual aid procedures used for the Ambulance Strike Teams. EMS Policy #4020 EMS Aircraft Utilization will be followed for air medical transport categorized as:

- Air Ambulance
- ALS or BLS Rescue Aircraft
- Auxiliary Rescue Aircraft

San Francisco International Airport (SFO) will be used as a landing and coordinating facility if large numbers of air ambulances are used to move patients. The San Francisco EOC's Public Health & Medical Services Group will coordinate patient evacuation operations with SFO.

### **3.14.2 Mass Medical Evacuations Requiring Large Military Transport or Federalized Aircraft**

The EOC's - Public Health & Medical Services Group will work through the Region 2 RDMHC to contact state or federal agencies to secure large capacity military transport or federalized aircraft if thousands of patients must be moved. Federal transportation resources will likely be coordinated through the U.S. Dept of Defense Aero-Medical Evacuation System.

Potential landing sites for large medical aircraft are SFO, Moffett Airfield or Travis Air Force Base. The 129<sup>th</sup> Rescue Wing of the Air National Guard, based at Moffett Airfield, has large transport helicopters that may land in San Francisco. The EOC's EMS and Public Health Group



will work through the other EOC Sections to coordinate with SFO, Moffett Airfield or Travis Air Force Base to secure landing sites and patient transport areas.

The Department of Public Health (DPH) DOC (if activated) may 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.

### **3.14.3 Patient Destination and Distribution When Large Military Transport or Federalized Aircraft Are Used**

The National Disaster Medical System (NDMS) will identify and distribute patients to out-of-state destinations through the Federal Coordination Centers if they are not done through the CalEMA Region 2 RDMHC to in-state locations. The RDMHC contacts NDMS through the State Operations Centers.

All large military transport or federalized aircraft landing sites must have an established on-site temporary medical facility that includes a sheltering structure, medical personnel and supplies. These temporary facilities are used to stage and provide care to patients while they await long-range evacuation by air. These temporary sites are called **Casualty Distribution Points**. The EOC's Public Health & Medical Services Group will determine whether San Francisco can assemble the resources or whether it will be staffed by California Medical Assistance Teams (CAL-MATs) or federal Disaster Medical Assistance Teams (DMATs).

The EOC's Public Health & Medical Services Group will confer with the ICS Operations Chief and Incident Commander to determine if a separate Air Operations Branch will be established in the ICS structure to manage and support the Casualty Distribution Point at the landing site for the aircraft. The Firescope ICS 420-1 Manual Air Operations Branch organizational chart and position descriptions may be adapted for organizing air medical evacuations.

## **Section 3.15 Mass Medical Evacuation Patient Tracking**

Patient information will be tracked on both the sending and receiving side of MCI operations. The Patient Transportation Coordinator in the field Transport Area and the Patient Unit Leader in the Patient Distribution Group both maintain Patient Logs that include:

- Incident Name / Incident Type
- Patient name (if known)
- Patient Age and Gender
- Triage tag number
- Triage Level
- Chief complaint
- Name of transport provider with unit number
- Destination
- Date/Time of departure
- City/State of Origin (for out-of-county destinations)