



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)