



All requests for Health and Medical mutual aid resources into the San Francisco Operational Area shall be authorized and coordinated through the MHOAC or his/her designee. The MHOAC or EOC's Public Health & Medical Services Group (if activated) shall complete the mutual aid resource request using the California Disaster Health Operations Manual process and templates. The California Emergency Management Agency (CalEMA) will assign a Mission Number once the request is entered into the Regional Information Management System (RIMS).

The MHOAC or designee may also request EOC or DOC activations to assist in supporting the receipt of out-of-county mutual aid assets. The MHOAC and / or EOC's Public Health & Medical Services Group will advise city leadership about any medical mutual requests.

### **3.18.3 Providing Medical Mutual Aid Resource to Other Counties**

1. Requests originating through the **Fire Mutual Aid System** for SFFD ambulances will be approved through SFFD in consultation with the MHOAC.
2. Requests originating through the **Medical Mutual Aid System** are authorized and coordinated through the MHOAC or his/her designee. The Region 2 RDMHC will contact the MHOAC to make a request. The MHOAC or designee will take the mutual aid request information and contact the appropriate city agency or medical-health facility to fulfill the request. The MHOAC may elect to coordinate the sending of mutual aid assets to the out-of-county destinations, or delegate that task to the agency fulfilling the request or request EOC and/or DOC activations to supporting the sending of San Francisco mutual aid assets to out-of-county destinations.

### **3.18.4 Resource Request Tracking and Fulfillment**

The RDMHC and the MHOAC will advise each other when a resource request(s) has been fulfilled, whether any changes in quantity or substitutions were necessary, its projected delivery time, or if the request was cancelled. The MHOAC may task the EOC Logistic Section with tracking the status of the resource request.

## **Section 3.19 Ambulance Strike Teams**

Ambulance Strike Teams from other counties may be requested through mutual aid. In California, the standard Ambulance Strike Team consist of five ambulances (ambulance with two personnel) with common communications and a leader and are typed according to FEMA typing for medical and health resources. Each may include a Disaster Medical Support Unit or comparable local support unit to serve as an operational command, control, and communications center.



### 3.19.1 Ambulance Strike Teams Standard Configurations

1. **ALS Ambulance Strike Team:** 5 ambulances with 2 ALS personnel, or 1 ALS and 1 BLS personnel, both trained in ICS 100 plus 1 Strike Team Leader trained in ICS 100, 200 & 300, and Strike Team Leader Training. (**NOTE:** The Strike Team Leader may be omitted if for short deployments lasting only several hours).
2. **BLS Ambulance Strike Team:** 5 ambulances with BLS personnel trained in ICS 100 plus 1 Strike Team Leader trained in ICS 100, 200 & 300, and Strike Team Leader Training. (**NOTE:** The Strike Team Leader may be omitted if for short deployments lasting only several hours).

### 3.19.2 Sending San Francisco Ambulance Strike Teams to Other Counties

Requests originating through the **Fire Mutual Aid System** for SFFD ambulances will be approved through SFFD in consultation with the MHOAC. Requests originating through the **Medical Mutual Aid System** are authorized and coordinated through the MHOAC or his/her designee.

The MHOAC (or EOC's Public Health & Medical Services Group if activated) will contact local ambulance providers, including SFFD, to ascertain their availability of ambulances and staff for a Strike Team. The RDMHC and the MHOAC will advise each other of the following when an ambulance Strike Team request(s) has been fulfilled:

- Provider company or agency name, unit number, unit type (ALS or BLS), and estimated time of arrival (ETA) for each ambulance dispatched.
- Contact number in the event of for cancellation while the Strike Team is en route.
- Location of ambulance staging area(s).

### 3.19.3 Receiving Ambulance Strike Teams from Other Counties

1. **MCI Alert (actual incident in progress):** The Incident Commander (IC) or Medical Group Supervisor may initiate an Ambulance Strike Team request by contacting DEC who may contact the Public Safety Answering Point (PSAP) in a neighboring county to initiate an "Immediate Send" of a single Strike Team prior to contacting the MHOAC.
  - The San Francisco MHOAC is responsible for the approval of the request(s) for Ambulance Strike Teams into San Francisco.
  - The MHOAC or EOC's Public Health & Medical Services Group (if activated) shall complete the mutual aid resource request using the California Disaster Health



Operations Manual process and templates. The California Emergency Management Agency (CalEMA) will assign a Mission Number once the request is entered into the Regional Information Management System (RIMS).

- The San Francisco MHOAC is also responsible for coordinating the receipt of out-of-county ambulance strike teams with the OES Region 2 RDMHC, but may delegate that responsibility to the field Incident Commander.
2. **Level Zero Alert (with a shortage of ambulances):** DEC will contact the DEM Duty Officer who will contact the MHOAC. DEC will also follow the Level Zero procedures to initiate “in-county mutual aid” from the non-911 ambulance providers before initiating a request for out-of-county Ambulance Strike Teams.

### 3.19.4 Patient Treatment Protocols during a Mutual Aid Response

EMS Personnel operating in another county during a mutual aid response will follow all applicable San Francisco EMS Agency Policies and Medical Protocols with the exception of EMS Agency #5000 Destination Policy. The Incident Commander, Medical Group Supervisor or Transport Unit Leader for the incident will assign local receiving facility destinations for the mutual aid response.

## Section 3.20 Emergency Declarations – Invoking Austere Medical Care Standards

### 3.20.1 Definition and Intent

*Austere Medical Care* is a modified standard of care provided during disaster situations when medical resources, supplies and / or medical personnel are extremely limited or unavailable.

The goal of a modified standard of care is to provide a basic (austere) level of medical care that is less time and resource intensive. By modifying the standard of care to a more basic (austere) level, fewer medical resources are provided to an individual person, but, instead are distributed to a greater number of individuals in a given population. The intent of austere medical care standards is to attempt to do the most good for the greatest number of people during a disaster situation.

### 3.20.2 Authorization and Limitations

In San Francisco, austere care only applies to EMS field care. It does not affect in-patient hospital services. Austere medical care is only used in situations of extreme resource shortage resulting from a catastrophic event. Field personnel should consider requests for authorization