



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



of Austere Medical Care Standards when the situation is completely overwhelming local resources and the possibility of receiving mutual aid resources are remote.

Requests for authorization of Austere Medical Care Standards must be routed through the chain of command. Austere medical care in the pre-hospital environment is authorized only by the **County Health Officer or, in his/her absence, the Deputy Health Officer**. Authorization of the use of austere medical care will be communicated through the Incident Command System.

3.20.3 How to Perform Austere Care

The San Francisco EMS Agency P-100 Austere Care Protocol is the approved guideline for austere care in the pre-hospital environment. Refer to that protocol for further details. EMS Agency P-100 Austere Care Protocol does NOT apply to in-hospital care.

Section 3.21 Demobilization

Demobilization will not be covered in this MCI Plan. For incidents in San Francisco, demobilization plans will be developed and disseminated through the EOC or delegated to the relevant DOC when an incident response winds down. San Francisco EMS responders deployed in mutual aid response will be released from their assignment according to the incident demobilization plan developed by the original responder agency that requested mutual aid.