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At no time should more than one hospital staff person communicate with the DEC about the receipt of MCI patients. **The Emergency Department Charge Nurse is the designated Point-of-Contact for all MCI Alerts.** This designation may be transferred to Hospital Command Center staff during large, protracted incidents extending for several operational periods.

Hospitals will communicate to DEC through the 800 MHz radio and Reddinet. If Reddinet is not functioning, DEC will directly contact hospitals via the 800 MHz radio for bed availability. Landline telephones may provide backup communications in the event the 800 MHz radio is not functional. Satellite phones may also be considered for backup communications.

## Section 3.9 Overview Patient Distribution

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The overall goal of patient distribution is to deliver MCI patients to appropriate and available treatment beds to meet their medical needs without overwhelming any one hospital with too many patients.

Patients will be distributed to hospitals through the combined use of: **1) Assigned Distribution** and **2) Managed Distribution.** Assigned distribution automatically assigns a fixed, minimum number of patients to each hospital in the initial phase of the MCI response. San Francisco hospitals **MUST** accept their automatically assigned minimum number of patients. If the total number of patients from an incident **exceeds** the total number assigned slots, then Managed Distribution will determine the hospital distribution for those patients.

## Section 3.10 Assigned Patient Distributions

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On the following page is the initial distribution plan for MCI patients to hospital by the Patient Transport Officer.