Multiple Patient Management Plan

A comprehensive operational plan for the management of multi-victim, multi-casualty, and mass casualty events occurring in the County of Santa Clara, California.

Reference 811
Effective: February 2, 2016
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Plan Objectives

The Multiple Patient Management Plan (Plan), a component of the County Emergency Medical Services (EMS) System, is designed to provide guidance to assist emergency response personnel in ensuring adequate and coordinated efforts to minimize loss of life, disabling injuries, and human suffering by providing effective emergency medical assistance. This is facilitated by the utilization of a diverse pool of resources, both public and private, in the County of Santa Clara.

The primary mission of the Plan is to provide assistance to the largest number of persons through coordinated incident management principles. Based on the scope and nature of an incident, austere medical care principles may be implemented to serve the greater needs of the masses. In such cases, the provision of on-scene medical care shall be limited with a greater focus placed on the rapid transport or relocation of the ill or injured.

The Plan provides management strategies for events of various magnitudes rather than a single event occurring within the County. As such, various parts of the plan will have different audiences, training levels, and awareness competencies.

Competency Levels

In order to effectively utilize this Plan, users should possess the following competencies.

- Working knowledge of the National Incident Management System (NIMS).
- Working knowledge of the Incident Command System (Level 100 minimum).
- Hazardous Materials Awareness
- Simple Triage and Rapid Treatment/Transport (START)
- Working knowledge of the Santa Clara County Fire Mutual Aid Plan.
- Working knowledge of Santa Clara County Prehospital Care Policy.

In addition, the following competencies are recommended (all users).

- Incident Command System 200, 300, and 400
- Hazardous Materials First Responder – Operations
Authority

The California Health and Safety Code, Division 2.5, Chapter 4 – Local Administration, provides the following Authorities for the development and implementation of this Plan by the Santa Clara County Emergency Medical Services Agency.

1797.204 The local EMS agency shall plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of this part, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures.

1797.250 In each designated EMS area, the local EMS agency may develop and submit a plan to the authority for an emergency medical services system according to the guidelines prescribed pursuant to Section 1797.103.

1797.103 The authority shall develop planning and implementation guidelines for emergency medical services systems which address the following components:

   a. Manpower and training
   b. Communications
   c. Transportation
   d. Assessment of hospitals and critical care centers
   e. System organization and management
   f. Data collection and evaluation
   g. Public information and education
   h. Disaster response

1797.252 The local EMS agency shall, consistent with such plan, coordinate and otherwise facilitate arrangement necessary to develop the emergency medical services system.

Standards and Guidance

This Plan meets the standards of the following by reference or incorporation:

- National Incident Management System (NIMS)
- Standardized Emergency Management System (SEMS)
- Incident Command System (ICS)
- Simple Triage and Rapid Transport (START)
- FIRESCOPE FOG 420-1
- California Master Mutual Aid Agreement
- Emergency Mutual Aid Agreement (EMAC)
- Government Code, State of California
- California Emergency Services Act
- Santa Clara County Local Fire Service and Rescue Mutual Aid Plan
Roles and Responsibilities

The response and mitigation of multiple patient events require the participation of government and non-government resources through coordinated efforts.

Successful management of multiple patient events requires the coordination of government resources, charged with lawful authority, for the mitigation and management of such incidents. No matter the size of an event, all disasters are locally managed with support from external resources. These include, but are not limited to:

Fire Service and Law Enforcement Organizations

These organizations are responsible for the response, management, and mitigation of incidents that occur within their jurisdiction. A fire or law enforcement officer shall normally serve as the Incident Commander or participant in a Unified or Area Command when applicable.

The Incident Commander holds the ultimate authority for all decisions made related to the incident. Some exceptions may apply as related to County, State, or Federal authority based the nature of the incident. Examples may include events involving terrorism, biological agents, natural disaster, federally regulated facilities and transportation, etc.

Under normal circumstances, emergency medical services related actions are accomplished through established plans and procedures and may be delegated to others by the local Incident Commander. In cases where specific or additional emergency medical services actions may be beneficial for the mitigation of the event, external partners are responsible to provide Counsel to Command. The Incident Commander is responsible to consider all counsel and make informed decisions.

The California Highway Patrol maintains authority for the freeway systems, varied levels of dignitary protection, and other public protection activities.

The Santa Clara County Sheriff holds the responsibility for search and rescue operations, coroner services, and disaster management in addition to standard law enforcement duties. The Sheriff’s Office also provides air support in the form of surveillance, airborne command platforms, personnel and equipment transportation, etc.
Santa Clara County Emergency Medical Services Agency

The EMS Agency is responsible to plan, implement, and evaluate emergency medical services in the County of Santa Clara; as such, diverse roles may be filled based on the nature and magnitude an event. These may include, but are not limited to:

- **Agency Liaison** – Provides Counsel to Command, at various levels, to ensure all public and private prehospital care services are functioning appropriately and are responsive to the needs of the event. The Agency may make policy amendments, clinical care modifications, or modify civil agreements, within its authority, to ensure the mitigation of the actual or potential danger to the health and welfare of the public.

- **Serve as an Agent of the County Health Officer** – The EMS Agency may serve at the will of the County Health Officer. This includes, but is not limited to, authorization to take any and all actions to prevent or mitigate a potential or actual public health emergency including coordination with other County services.

- **Fill ICS Positions in the Field** – Agency personnel may fill various Incident Command System positions as appropriate. Commonly held field positions may include Medical Group/Division/Branch Supervisor, Transportation Supervisor, Technical Specialist, etc. Includes serving as the Medical Health Operational Area Coordinator (MHOAC).

- **County Emergency Operations Center** – In events of a large or complex nature, the Agency may coordinate patient destination, ambulance resources, hospital availability, medical mutual aid, etc. though the County Emergency Operations Center (EOC) or Department Operations Center (DOC) in coordination with the Office of Emergency Services, Fire Mutual Aid Coordinator, Law Mutual Aid Coordinator, Region II Medical Health Operational Area, etc.

**County of Santa Clara Resources**

In addition to the EMS Agency, the following County departments/organizations play a key role in the management of multiple patient events.

- Santa Clara County Communications
- Santa Clara County Office of Emergency Services
- Santa Clara County Behavioral Health Department
- Santa Clara County Health and Hospital System
- Santa Clara County Parks and Recreation
- Santa Clara County Environmental Health
- Santa Clara County Public Health Department
Private Service Providers and Community Based Organizations

A wide variety of public service providers and community based organizations support the EMS System by providing resources critical to the management of multiple patient incidents. These include, but are not limited to:

- County Contracted Ambulance Service – In addition to providing daily 911 EMS System response, the Contractor is also responsible for responding to multi-patient events and providing associated treatment and transport.

- Non-County Contracted Ambulance Services – Provide emergency assistance to the EMS System when an event is beyond the resources provided by the County Contracted Ambulance Service Provider. Non-Contracted providers are the primary patient care and transportation system for the medical care facilities (interfacility transfer) within the County.

- General Acute Care Hospitals – Responsible for providing emergency medical care to the victims of illness and/or injury.

- Community Clinics and Public Health Department Regions – Responsible for providing clinical care at the community level. May be used by the EMS System when general acute care hospitals are overwhelmed due to large events or extraordinary numbers of patients in need of clinical care exist.

- American Red Cross

- Amateur Radio Emergency Service/Radio Amateur Communications Emergency System (ARES/RACES)

- Medical Volunteers for Disaster Response / Medical Reserve Corps.
## OPERATIONS

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Patient Generator Incidents

A patient generator is an incident that has the ability to either create patients that do not currently exist or to increase the number of patients. Understanding the nature of the emergency incident will assist the IC in requesting appropriate resources for the situation and unnecessarily activating the Multiple Patient Management Plan.

An example of non-patient generators is a routine multi-vehicle, multi-patient traffic collision where the number injured is generally known shortly after arrival on the scene. The patient generator has been eliminated and it is not anticipated that additional patients will be created. In most cases, this type of incident does not require an MPMP Activation and can be effectively managed with the use of an Ambulance Task Force (ATF) 1 or 2, or single resource requests.

An example of a patient generator incident is a hazardous materials incident, structure fire in an apartment building, FAA Alert, active shooter, etc. In these cases, a condition exists that may cause individuals to become patients. In these cases, an MPMP Activation may be appropriate. The use of an ATF 1 or 2 may provide the IC with an immediate source of ambulance resources while developing incident management objectives that will lead to a specific incident resource order request.
ACTIVATIONS
INITIATION/CANCELLATION

Prior to Activation

1. Prior to Activating the MPMP, the IC must determine if the event has already generated the expected number of patients, if so, then an Activation may not be appropriate. The IC may choose to use an ATF 1 or 2 or request single ambulance resources.

2. If the event is expected to generate additional patients or the number of potential patients exceeds ten (10) that will require ambulance transport to a hospital, an MPMP Activation may be appropriate. However, the IC may choose to use an ATF 1 or 2 or request single ambulance resources.

Activation Initiation

1. The Incident Commander (IC) notifies their communications center of the desire to initiate an ACTIVATION. The IC MUST provide following information (in addition to any local jurisdiction specific items) to the local jurisdictions communications center and then the local communications center shall provide the information immediately to Santa Clara County Communications.

- Level of Activation (Level 1, 2, or 3)
- Number of Patients Requiring Transportation
- Ground Ambulance Staging Location
- Command Channel if Applicable
- Safety or Approach Instructions
- Request Additional Units
- Confirm Ambulances Needed (ATF 1 or 2 / single resources)

Activation Cancellation

1. The Incident Commander (IC) notifies their communications center of the desire to cancel an ACTIVATION. The local jurisdiction implements any appropriate procedures.

2. An ACTIVATION should be cancelled as soon as adequate resources have been dispatched to the scene. Rapid cancellation is necessary to keep ambulances available to the 911 system.
ACTIVATION LEVELS
AREAS OF RESPONSIBILITY

ACTIVATION 1 & 2

Public Safety Jurisdiction
- Overall incident management and mitigation.
- Triage of the ill and/or injured.
- On-scene treatment of the ill and/or injured.

Contracted Ambulance Service Provider
- Supplies ambulances to the public safety jurisdiction for the purpose of providing rapid transportation from the treatment area to the hospital.
- The contractor's assigned supervisor coordinates ambulance operations, communicates with hospitals, and serves as a liaison to the EMS Duty Chief.
- Ensures adequate ambulance resources are available to the 911 EMS System.

Non-Contracted Ambulance Service Providers
- May be used in the 911 System, either at the scene of the incident or by responding to 911 medical calls.

County EMS Duty Chief
Takes any appropriate actions to ensure the following objectives are met. This may include suspension of hospital diversion, policy modification or suspension, amended dispatch procedures, etc.

- Ensures adequate resources are available to support the incident.
- Ensures adequate resources are available to support the 911 EMS System.
- Provides technical assistance in support of the incident.

Hospitals
- Prepare to receive patients transported from the scene as well as those who have left the scene on their own (ensure decontamination as appropriate).
- Implement the Hospital Emergency Incident Command System (HEICS)
- Initiate internal surge capacity plans.
- Implement appropriate contingency actions and plans.
- Monitor EMS system for incident information.
ACTIVATION 3 - 5

Public Safety Jurisdiction
- Overall incident management and mitigation of events occurring with each individual jurisdiction.
- Triage of the ill and/or injured.
- On-scene treatment of the ill and/or injured.

Contracted Ambulance Service Provider
- Supplies ambulances to the public safety jurisdiction for the purpose of providing rapid transportation from the treatment area to the hospital.
- The contractor's assigned supervisor coordinates ambulance operations, communicates with hospitals, and serves as a liaison to the EMS Duty Chief.
- Ensures adequate ambulance resources are available to the 911 EMS System.

Non-Contracted Ambulance Service Providers
- Used in the 911 System, either at the scene of the incident or by responding to 911 medical calls.

County EMS Duty Chief
Takes any appropriate actions to ensure the following objectives are met. This may include suspension of hospital diversion, policy modification or suspension, amended dispatch procedures, etc.

- Ensures adequate resources are available to support the incident.
- Ensures adequate resources are available to support the 911 EMS System.
- Provides technical assistance in support of the incident.

Operational (Op) Area Medical Health Branch
(Health Officer, MHOAC, and EMS Agency)
- Coordinates global patient destination
- Coordinates Field Treatment Sites/Casualty Collection Points
- Coordinates in-county medical-health resources
- Manages medical mutual aid requests
- Coordinates medical-health resources (outbreak teams, lab, prophylaxis, etc.)
- Coordinates with the County EOC and Regional Medical Health Specialist/Coordinator.

Hospitals
- Prepare to receive patients transported from the scene as well as those who have left the scene on their own (ensure decontamination as appropriate).
- Implement the Hospital Emergency Incident Command System (HEICS)
- Initiate internal surge capacity plans.
- Implement appropriate contingency actions and plans.
- Monitor EMSystem for incident information.
Activation 3-5
Operational and Strategic Focus

EXAMPLES

Activation 3
Aircraft collision, skilled nursing facility evacuation, large motor vehicle collision, etc. The focus is on the management of the scene and resources necessary to mitigate the problem and maintaining the County’s 911 EMS System. It is necessary for the County to make modifications to the daily 911-EMS System support the incident and stability of the System. Could be up to 100 patients.

Activation 4
Large aircraft collision, hospital facility evacuation, isolated natural event, etc. The focus is on the management of the scene and resources necessary to mitigate the problem and maintaining the County’s 911 EMS System. It is necessary for the County to make modifications to the daily 911-EMS System support the incident and stability of the System. This includes the use of mutual aid resources and the aid of external partner management organizations. Could be up to 1000 patients.

Activation 5
Significant natural event, events involving a large number of patients, etc. The focus is on the management of the scene and resources necessary to mitigate the problem and maintaining the County’s 911 EMS System. It is necessary for the County to make modifications to the daily 911-EMS System support the incident and stability of the System. This includes the significant use of mutual aid resources from state and federal partners. Could be over 1000 patients.
LEVEL 1 ACTIVATION
Local Jurisdiction Multi-Victim Incident

Description
- Event is managed by the local jurisdiction.
- **Approximately less than ten (10) patients require ambulance transportation**

<table>
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<tr>
<th>Description</th>
<th>Actions</th>
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<tbody>
<tr>
<td><strong>Communications</strong></td>
<td>• Local public safety jurisdiction operates on their own frequencies.</td>
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<td></td>
<td>• IC or designee may communicate with EMS Field Supervisor en route to the incident if</td>
</tr>
<tr>
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<td>necessary.</td>
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<td>• Responding ambulances communicate on assigned EMS Command Channel.</td>
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<td></td>
<td>• On-scene coordination/car-to-car communications may occur on an EMS Tactical Channel.</td>
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<td></td>
<td>• After arrival on the scene, the public safety jurisdiction provides a report on</td>
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<td>conditions including the number of patients in each category to the EMS Field</td>
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<tr>
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<td>Supervisor. The EMS Field Supervisors shall recommend an appropriate number of</td>
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<td>ambulances to the IC and then fill the agreed upon resource requests. The EMS Field</td>
</tr>
<tr>
<td></td>
<td>Supervisor will request all ambulance resources directly through County</td>
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<tr>
<td></td>
<td>Communications and advise the IC or designee of all requests once authorized by the IC</td>
</tr>
<tr>
<td></td>
<td>or designee.</td>
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<td>• The EMS Field Supervisor may assume any assigned ICS position but will normally fill the</td>
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<tr>
<td></td>
<td>Transportation Unit Supervisor or Ground Ambulance Staging Manager.</td>
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<tr>
<td><strong>Documentation</strong></td>
<td>• Triage Tags Used but followed by a Patient Care Report for each patient.</td>
</tr>
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<td>• Multi-Patient Triage Tracking Form Used</td>
</tr>
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<td></td>
<td>• Self-Evaluation completed by first responder organization and ambulance provider.</td>
</tr>
<tr>
<td></td>
<td>• EMS Field Supervisor completes ICS 214 if assumed ICS position.</td>
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<td></td>
<td>• Appropriate position check lists completed and submitted with the Self-Evaluation.</td>
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<td>• T-Cards not routinely used by ambulance resources.</td>
</tr>
<tr>
<td>Description</td>
<td>Actions</td>
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</table>
| **Patient Destination**                       | • 911 Ambulance Diversion and Service Advisories apply.                                                                                           • Two critical and two non-critical may be routed to any open facility, as appropriate. Consideration shall be made for census advisories, facility size, and location.  
• Trauma Center Criteria and destination shall remain intact if possible.                                                                                         
• The Transportation Group Supervisor shall ensure than no one hospital is inappropriately taxed.                                                                                                                   
• Hospitals are informed of Level 1 Activation via EMS System Alert (no bed query).                                                                                                                               
• Ambulances notify hospitals of pending arrival (Hospital Communications not filled).                                                                                                                        |
| **EMS Resources**                             | • Unless a specific request is made by the IC, an XSC EMS Ambulance Task Force 1 (ATF1) will be dispatched to the incident. If an ambulance has already been dispatched to the event, two (2) additional ambulances and an EMS Field Supervisor will be added to fill an ATF1. 
• An ATF will not be automatically dispatched to the Palo Alto Service Area.                                                                                                                                  
• Unless authorized by the EMS Duty Chief, only 911 ALS System Ambulances are used.                                                                                                                        
• The EMS Field Supervisor closest to the incident be attached to the event.                                                                                                                                 
• A second EMS Field Supervisor is responsible to manage the 911 Ambulance System during Activation.                                                                                                           |
| **Public Safety Answering Points (PSAP’s)**   | • Local public safety jurisdiction PSAP coordinates all non-ambulance resource requests.                                                                                                                    
• County Communications PSAP coordinates the dispatch of all ambulance, private, and medical-health resources.                                                                                                 |
| **EMS Agency**                                | • EMS Duty Chief monitors event and may respond.                                                                                                    
• The EMS Duty Chief ensures the adequate resources are provided to the incident by taking any measures necessary (use of BLS ambulances, protocol amendments, etc.).                                                                 |
• EMS 2 is notified of event and ensures the integrity of the EMS System.                                                                                                                                        |
| **Notifications**                             | • Local public safety agency determines internal notifications.                                                                                     
• 911 Ambulance Contractor’s Operations Manager notified.                                                                                                                                                     
• County Communications Watch Commander notified.                                                                                                                                                             |

**LEVEL 1 ACTIVATION CONTINUED...**
<table>
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<tr>
<th>Description</th>
<th>Actions</th>
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</table>
| **Recommended ICS Structure (Medical Positions)**| **Public Safety Agency**  
  - Medical Group Supervisor  
  - Triage Unit Leader  
  - Treatment Unit Leader  
  - Transportation Unit Leader (may be assigned to the EMS Field Supervisor)  

  **EMS Field Supervisor**  
  - Transportation Unit Leader (may be assigned to the Public Safety Agency)  
  - Ground Ambulance Staging Manager  

  **EMS Duty Chief (if on-scene)**  
  - Agency Liaison  
  - Technical/Reference Specialist  
  - May assume any position assigned by the IC or assume any positions held by an EMS Field Supervisor. |
| **Site Plan**                                    | **Ambulances shall be staged at a designated location until the need for transportation occurs.**  
  **All persons charged with an ICS position shall wear the appropriate vest.**  
  **The IC shall identify their location by placing a green light or orange traffic cone on the roof of their vehicle.**  
  **Formal treatment areas are not identified.** |

**LEVEL 1 ACTIVATION END**
LEVEL 2 ACTIVATION
Local Jurisdiction Multi-Casualty Incident

Description
- Event is managed by the local jurisdiction and may use external assistance (other than ambulances).
- **Up to ten (10) 911-System Ambulances** (including aircraft) are used, or
- **Approximately less than twenty (20) patients require ambulance transportation.**

<table>
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</table>
| **Communications** | • Local public safety jurisdiction operates on their own frequencies.  
• IC or designee may communicate with EMS Field Supervisor en route to the incident if necessary.  
• Responding ambulances communicate on assigned EMS Command Channel or local public safety.  
• On-scene coordination/car-to-car communications may occur on an EMS Tactical Channel.  
• After arrival on the scene, the public safety jurisdiction provides a report on conditions including the number of patients in each category to the EMS Field Supervisor. The EMS Field Supervisors shall recommend an appropriate number of ambulances to the IC and then fill the agreed upon resource requests. The EMS Field Supervisor will request all ambulance resources directly through County Communications.  
• The EMS Field Supervisor may assume any assigned ICS position but will normally fill the Transportation Unit Supervisor or Ground Ambulance Staging Manager. |
| **Documentation** | • Triage Tags Used  
• Multi-Patient Triage Tracking Form Used  
• Self-Evaluation completed by first responder organization and ambulance provider.  
• EMS Field Supervisor completes ICS 214 if assumed ICS position.  
• Appropriate position check lists completed and submitted with the Self-Evaluation.  
• T-Cards not routinely used by ambulance resources. |
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<td>Patient Destination</td>
<td>911 Ambulance Diversion and Service Advisories apply.</td>
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<td></td>
<td>Two critical and two non-critical may be routed to any open facility, as appropriate. Consideration shall be made for census advisories, facility size, and location.</td>
</tr>
<tr>
<td></td>
<td>Trauma Center Criteria and destination shall remain intact if possible.</td>
</tr>
<tr>
<td></td>
<td>Field crews shall ensure than no one hospital is inappropriately taxed.</td>
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<tr>
<td></td>
<td>Hospitals are informed of Level 2 Activation via EMSystem Alert (no bed query).</td>
</tr>
<tr>
<td>EMS Resources</td>
<td>Unless a specific request is made by the IC, an XSC EMS Ambulance Task Force 2 (ATF2) will be dispatched to the incident. If an ambulance has already been dispatched to the event, five (5) additional ambulances and (1) EMS Field Supervisor will be added to fill an ATF2.</td>
</tr>
<tr>
<td></td>
<td>An ATF will not be automatically dispatched to the Palo Alto Service Area.</td>
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<tr>
<td></td>
<td>Unless authorized by the EMS Duty Chief, only 911 ALS System Ambulances are used.</td>
</tr>
<tr>
<td></td>
<td>The two closest EMS Field Supervisor closest to the incident are attached to the event.</td>
</tr>
<tr>
<td></td>
<td>A third EMS Field Supervisor is responsible to manage the 911 Ambulance System during Activation.</td>
</tr>
<tr>
<td>Public Safety Answering Points</td>
<td>Local public safety jurisdiction PSAP coordinates all non-ambulance resource requests.</td>
</tr>
<tr>
<td>(PSAP’s)</td>
<td>County Communications PSAP coordinates the dispatch of all ambulance, private, and medical-health resources.</td>
</tr>
<tr>
<td></td>
<td>County Communications advises all ambulance dispatch centers of event.</td>
</tr>
<tr>
<td>EMS Agency</td>
<td>EMS Duty Chief monitors event and may respond.</td>
</tr>
<tr>
<td></td>
<td>The EMS Duty Chief ensures the adequate resources are provided to the incident by taking any measures necessary (private ambulances, protocol amendments, etc.).</td>
</tr>
<tr>
<td></td>
<td>The EMS Section Chief is notified of event and ensures the integrity of the EMS System.</td>
</tr>
<tr>
<td>Notifications</td>
<td>Local public safety agency determines internal notifications.</td>
</tr>
<tr>
<td></td>
<td>911 Ambulance Contractor’s Operations Manager notified.</td>
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<tr>
<td></td>
<td>County Communications Watch Commander notified.</td>
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</table>
| **Recommended ICS Structure (Medical Positions)**| Public Safety Agency  
  - Medical Group Supervisor  
  - Triage Unit Leader  
  - Treatment Unit Leader  
  - Transportation Unit Leader (may be assigned to the EMS Field Supervisor)  

EMS Field Supervisor  
- Transportation Unit Leader (may be assigned to the Public Safety Agency)  
- Ground Ambulance Staging Manager  
- Medical Communications Coordinator  

EMS Duty Chief (if on-scene)  
- Agency Liaison  
- Technical/Reference Specialist  
- May assume any position assigned by the IC or assume any positions held by an EMS Field Supervisor. |
| **Site Plan** |  
  - Ambulances shall be staged at a designated location until the need for transportation occurs.  
  - All persons charged with an ICS position shall wear the appropriate vest.  
  - The IC shall identify their location by placing a green light or orange traffic cone on the roof of their vehicle.  
  - Formal treatment areas are identified. |

**LEVEL 2 ACTIVATION END**
LEVEL 3 ACTIVATION
Countywide Impact (Actual or Suspected)

Description
A Level 3 Activation may be indicated when routine Emergency Medical Services System resources are stressed or may become stressed due to an actual or potential event requiring resources in excess of those provided by the jurisdiction or contracted ambulance service provider. The County shall hold the responsibility to authorize Level 3 Activations. However, local jurisdictions shall make a recommendation for activation whenever appropriate.

- Local public safety agencies (or designee) request medical-health resources through the County. The County will determine what resources are available and notify the appropriate ICS position for each event/jurisdictions of the resources that will be allocated.
- The County will serve as a broker and resource controller for all medical-health resources within the County and shall make any appropriate notifications to the Regional Disaster Medical Health Coordinator and County OES.
- Actions taken during Level 3 Activations shall focus on maintaining the integrity of the 911 System, providing resources to multiple patient events, and ensuring the general health and welfare of the public.
- Level 3 Activations anticipate that over 20 patients and up to 100 patients will require transport by ambulance to an acute care hospital.
- Specific guidelines for the management of Level 3 activations can be found in associated reference documents (i.e.: Mass Prophylaxis Plan, Pandemic Influenza Plan, etc.)
<table>
<thead>
<tr>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communications</td>
<td>• EMS System Command and Control Coordination occurs on Command 92&lt;br&gt;• Local events are coordinated on Command 93 and Command 94 if available&lt;br&gt;• BayMACS may be used for Countywide Command and Control Coordination</td>
</tr>
<tr>
<td>Documentation</td>
<td>• Triage Tags Used&lt;br&gt;• Multi-Patient Triage Tracking Form Used&lt;br&gt;• All ICS Positions complete an ICS 214&lt;br&gt;• T-Cards are used</td>
</tr>
<tr>
<td>Patient Destination</td>
<td>• County routes patients to facilities (through the Op Area Medical Health Branch or County Communications)&lt;br&gt;• Limited use of casualty collection points may be implemented.&lt;br&gt;• Hospitals are informed of Level 3 Activation via EMSSystem Alert and immediately report total in-house bed availability queries.</td>
</tr>
<tr>
<td>EMS Resources</td>
<td>• Non-traditional EMS resources may be used.&lt;br&gt;• All ambulance services may provide 911 services.&lt;br&gt;• Response and transport methods may be altered.</td>
</tr>
<tr>
<td>Public Safety Answering Points (PSAP’s)</td>
<td>• Local public safety jurisdiction PSAP coordinates all non-ambulance resource requests.&lt;br&gt;• County Communications PSAP coordinates the dispatch of all ambulance, private, and medical-health resources.&lt;br&gt;• County Communications advises all ambulance dispatch centers of event.</td>
</tr>
<tr>
<td>Notifications</td>
<td>• Local public safety agency determines internal notifications.&lt;br&gt;• Public Health Emergency Operations Staff are notified.&lt;br&gt;• 911 Ambulance Contractor’s Operations Manager notified&lt;br&gt;• County Communications Watch Commander notified.&lt;br&gt;• All ambulance dispatch centers notified.</td>
</tr>
</tbody>
</table>

**LEVEL 3 ACTIVATION CONTINUED...**
<table>
<thead>
<tr>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
</table>
| Recommended NIMS/SEMS Structure (Medical-Health Positions) | Public Safety Agency  
• Manages on-scene operations |
| EMS Field Supervisor |  
• Assists with on-scene operations as necessary. |
| EMS Duty Chief |  
• Based on the size and/or nature of the event, the DOC or County Emergency Operations Center may be activated to coordinate Medical Health resources. In absence of activation, the EMS Duty Chief will have responsibility for completing tasks |
| Op Area Medical Health Branch |  
• Coordinates global patient destination  
• Coordinates Field Treatment Sites/Casualty Collection Points  
• Coordinates in-county medical-health resources  
• Manages medical mutual aid requests  
• Coordinates medical-health resources (outbreak teams, lab, prophylaxis, etc.)  
• Coordinates with the County EOC and Regional Medical Health Specialist/Coordinator. |
| County Emergency Operations Center |  
• Activation may occur based on nature of event. |

LEVEL 3 ACTIVATION END
Description
A Level 4 Activation may be indicated when routine Emergency Medical Services System resources are stressed due to an actual event requiring extraordinary measures that may extend beyond the available resources of the County.

- Local public safety agencies (or designee) request medical-health resources through the County. The County will determine what resources are available and notify the appropriate ICS position for each event/jurisdictions of the resources that will be allocated.
- The County will serve as a broker and resource controller for all medical-health resources within the County and shall make any appropriate Medical Mutual Aid Resource Requests through the Region.
- Actions taken during Level 4 Activations shall focus on maintaining the integrity of the 911 System, providing resources to multiple patient events, and ensuring the health and welfare of the public.
- Level 4 Activations require the use of non-traditional patient care delivery methods as coordinated by the County.
<table>
<thead>
<tr>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
</table>
| **Communications**              | • EMS System Command and Control Coordination occurs on Command 92  
• Local events are coordinated on Command 93 and Command 94 if available  
• BayMACS is be used for Countywide Command and Control Coordination, if available. |
| **Documentation**               | • Triage Tags Used  
• All ICS Positions complete an ICS 214  
• T-Cards are used |
| **Patient Destination**         | • County routes patients to facilities (through the Op Area Medical Health Branch)  
• Use of casualty collection points may be implemented.  
• Hospitals are informed of Level 4 Activation via EMSSystem Alert and immediately report total in-house bed availability via EMSSystem queries. |
| **EMS Resources**               | • Non-traditional EMS resources are be used.  
• All ambulance services may provide 911 services.  
• Response and transport methods may be altered. |
| **Public Safety Answering Points (PSAP’s).** | • Local public safety jurisdiction PSAP coordinates all non-ambulance resource requests.  
• County Communications PSAP coordinates the dispatch of all ambulance, private, and medical-health resources.  
• County Communications advises all ambulance dispatch centers of event. |
| **Notifications**               | • Local public safety agency determines internal notifications.  
• Public Health Emergency Operations Staff are notified.  
• 911 Ambulance Contractor’s Operations Manager notified  
• County Communications Watch Commander notified.  
• All ambulance dispatch centers notified. |

**LEVEL 4 ACTIVATION CONTINUED...**
<table>
<thead>
<tr>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
</table>
| **Recommended NIMS/SEMS Structure (Medical-Health Positions)** | **Public Safety Agency**  
- Manages on-scene operations  
| **EMS Field Supervisor** |  
- Assists with on-scene operations as necessary.  
| **EMS Duty Chief** |  
- Based on the size and/or nature of the event, the DOC or County Emergency Operations Center may be activated to coordinate Medical Health resources. In such cases, the EMS Duty Chief will focus on the management of the daily operations of the 911-System.  
| **Op Area Medical Health Branch** |  
- Coordinates global patient destination  
- Coordinates Field Treatment Sites/Casualty Collection Points  
- Coordinates in-county medical-health resources  
- Manages medical mutual aid requests  
- Coordinates medical-health resources (outbreak teams, lab, prophylaxis, etc.)  
- Coordinates with the County EOC and Regional Medical Health Specialist/Coordinator.  
| **County Emergency Operations Center** |  
- Activation may occur based on nature of event.  

**LEVEL 4 ACTIVATION END**
LEVEL 5 ACTIVATION
Catastrophic Event

**Description**
A Level 5 Activation may be indicated when routine Emergency Medical Services System resources are stressed due to an actual event requiring extraordinary measures that may extend beyond the available resources of the County. These events exceed the County’s ability to manage or mitigate the event without the assistance of state and federal resources.

- Local public safety agencies (or designee) request medical-health resources through the County. The County will determine what resources are available and notify the appropriate ICS position for each event/jurisdictions of the resources that will be allocated.
- The County will serve as a broker and resource controller for all medical-health resources within the County and shall make any appropriate Medical Mutual Aid Resource Requests through the Region.
- Actions taken during Level 5 Activations shall focus on maintaining the integrity of the 911 System, providing resources to multiple patient events, and ensuring the health and welfare of the public.
- Level 5 Activations require the use of non-traditional patient care delivery methods as coordinated by the County.
<table>
<thead>
<tr>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
</table>
| Recommended NIMS/SEMS Structure (Medical-Health Positions) | **Op Area Medical Health Branch**  
  • Coordinates global patient destination  
  • Coordinates Field Treatment Sites/Casualty Collection Points  
  • Coordinates in-county medical-health resources  
  • Manages medical mutual aid requests  
  • Coordinates medical-health resources (outbreak teams, lab, prophylaxis, etc.)  
  • Coordinates with the County EOC and Regional Medical Health Specialist/Coordinator.  

**County Emergency Operations Center**  
  • Coordination with County emergency response partners  
  • Authorizes use of mutual aid including ordering of resources  
  • Coordination with other Operational Areas  

**Regional Emergency Operations Center**  
  • Coordination of medical-health inter-county/region resources.  
  • Coordination with EMSA, DHS, and OES.  

**State Emergency Operations Center**  
  • Coordination with Regions/Operational Areas, State, and Federal Resources.
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Description
Reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Delayed Treatment Area.

Review FOG Common Responsibilities

ICS Specific Responsibilities with County of Santa Clara additions

- Obtain situation briefing from the Treatment Unit Leader
- Don position identification vest
- Assess situation
- Coordinate location of Delayed Treatment Area with Treatment Unit Leader
- Request or establish Medical Teams as necessary.
- Make requests for supplies and personnel through Treatment Unit Leader
- Assign treatment personnel to patients received in the Delayed Treatment Area.
- Ensure treatment of patients triaged to the Delayed Treatment Area.
- Ensure proper medical procedures are followed
- Assure that patients are prioritized for transportation.
- Coordinate transportation of patients with Patient Loading Coordinator.
- Notify Patient Loading Coordinator of patient readiness and priority for transportation.
- Assure that appropriate patient information is recorded.
- Maintain records of numbers of patients treated and other activities
- Maintain Unit/Activity Log (ICS Form 214)
- Secure operations when advised and return ICS materials and equipment
- Forward reports and records to Treatment Unit Leader
GROUND AMBULANCE COORDINATOR

Position Check List

Description
Reports to the Patient Transportation Unit Leader/Group Supervisor, manages the Ambulance Staging Area(s), and dispatches ambulances as requested.

ICS Specific Responsibilities with County of Santa Clara additions

Radio Call Sign: “GROUND AMBULANCE”

☐ Obtain situation briefing from Patient Transportation Unit Leader/Group Supervisor
☐ Don position identification vest
☐ Assess situation
☐ Appoint and brief staff:
  o Aides

☐ Establish appropriate staging area for ambulances.
☐ Locate, prepare, and identify Ambulance Staging Area(s)
  o CONSIDER
    ▪ Safety and accessibility
    ▪ Traffic control must be monitored and directed
    ▪ Area and resource location identifiers must be visible

☐ Establish appropriate routes of travel for ambulances for incident operations.
☐ Advise Patient Transportation Unit Leader and Medical Communications Coordinator when operational

☐ Establish and maintain communications with the Air Operations Branch Director regarding Air Ambulance Transportation assignments.
☐ Establish and maintain communications with the Medical Communications Coordinator and Patient Loading Coordinator.
☐ Provide ambulances upon request from the Medical Communications Coordinator.
☐ Order and dispense resources as directed by Patient Transportation Unit Leader/Group Supervisor
GROUND AMBULANCE COORDINATOR
Position Check List

☐ Assure that necessary equipment is available in the ambulance for patient needs during transportation.

☐ Establish contact with ambulance providers at the scene.

☐ Prioritize resource need with base

☐ Request additional transportation resources as appropriate.
  o Consider equipment/time limitations

☐ Provide an inventory of medical supplies available at ambulance staging area for use at the scene.
  o Anticipate and advise on changing resource requirements

☐ Maintain records as required and Unit/Activity Log (ICS Form 214)

☐ KEEP RECORD OF RESOURCE MOVEMENT – staffing/equipment
  o Establish check-in/check-out function

☐ Maintain log of your activities and other pertinent information acquired

☐ When ordered, secure activities and release personnel under your supervision

☐ Demobilize resources in accordance with Demobilization Plan

☐ Forward all reports to Patient Transportation Unit Leader/Group Supervisor
Description
Reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Immediate Treatment Area.

Review FOG Common Responsibilities

ICS Specific Responsibilities with County of Santa Clara additions

☐ Obtain situation briefing from the Treatment Unit Leader
☐ Don position identification vest
☐ Assess situation
☐ Coordinate location of Immediate Treatment Area with Treatment Unit Leader
☐ Request or establish Medical Teams as necessary.
☐ Make requests for supplies and personnel through Treatment Unit Leader
☐ Assign treatment personnel to patients received in the Immediate Treatment Area.
☐ Ensure treatment of patients triaged to the Immediate Treatment Area.
☐ Ensure proper medical procedures are followed
☐ Assure the patients are prioritized for transportation.
☐ Coordinate transportation of patients with Patient Loading Coordinator.
☐ Notify Patient Loading Coordinator of patient readiness and priority for transportation.
☐ Assure that appropriate patient information is recorded.
☐ Maintain records of numbers of patients treated and other activities
☐ Maintain Unit/Activity Log (ICS Form 214)
☐ Secure operations when advised and return ICS materials and equipment
☐ Forward reports and records to Treatment Unit Leader
Description
Responsible for the implementation of the Incident Action Plan within the Medical Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Group(s) and the Patient Transportation function (Unit or Group). Patient Transportation may be upgraded from a Unit to a Group based on the size and complexity of the incident.

Review FOG Common Responsibilities

ICS Specific Responsibilities with County of Santa Clara additions

Radio Call Sign: “MEDICAL”

- Obtain situation briefing from Operations Section Chief
- Don position identification vest
- Assess situation
- Appoint and brief staff, as needed
- Review group assignments for effectiveness of current operations and modify as needed.
- Provide input to Operations Section Chief for the Incident Action Plan.
- Supervise Branch activities.
- Report to Operations Section Chief on Branch activities.
- Maintain Unit/Activity Log (ICS Form 214).
Description
Reports to the Patient Transportation Unit Leader/Group Supervisor, and maintains communications with the hospital alert system to maintain status of available hospital beds to assure proper patient transportation. Assures proper patient transportation and destination.

Review FOG Common Responsibilities

ICS Specific Responsibilities with County of Santa Clara additions

Radio Call Sign: “MEDICAL COMMUNICATIONS “

- Obtain briefing from Patient Transportation Unit Leader/Group Supervisor
- Don position identification vest
- Establish communications with the hospital system.
- Establish contact with affected receiving facilities through ARES/RACES personnel on their Hospital Net, cellular phone, or other communications system. Avoid using radio channels due to traffic volume and keep transmissions brief.
- Determine and maintain current status of hospital/medical facility availability and capability.
- Coordinate with Logistics Chief and EMS Agency on hospital resource needs
- Coordinate with Patient Transportation Unit Leader/Group Supervisor on current status of hospitals/medical facilities available and capacity
- Receive basic patient information and condition from Patient Loading Coordinator.
- Assure recording of patient information including:
  - Triage tag number
  - Triage category
  - Destination
  - Patient name
  - Type of injuries
  - Mode of transport (Unit/Vehicle ID)
  - Time departed scene
MEDICAL COMMUNICATIONS COORDINATOR
Position Check List

☐ Coordinate patient destination with the hospital alert system.
☐ Provide receiving facilities with incident information as requested, including any decontamination procedures.
☐ Advise receiving facilities of inbound patients, including triage category and types of injuries.

☐ Communicate patient transportation needs to Ambulance Coordinators based upon requests from Patient Loading Coordinator.

☐ Communicate patient air ambulance transportation needs to the Air Operations Branch Director based on requests from the treatment area managers or Patient Loading Coordinator.

☐ Maintain appropriate records and Unit/Activity Log (ICS Form 214)

☐ Complete all required transportation log forms. Transmit copy of transportation log to County Communications when incident is secure, and as requested

☐ Turn in all documentation to Patient Transportation Unit Leader/Group Supervisor
**MEDICAL GROUP SUPERVISOR**

*Position Check List*

**Description**
Reports to the Operations Section Chief or the Medical Branch Director if established. Supervises the Triage Unit leader, Treatment Unit leader, and Medical Supply Coordinator. Also supervises the Patient Transportation Unit Leader if Medical Branch director is not initiated. Establishes command and controls the activities within a Medical Group.

**Review FOG Common Responsibilities**

**ICS Specific Responsibilities** with *County of Santa Clara additions*

*Radio Call Sign: “MEDICAL” or “MEDICAL GROUP 1, MEDICAL GROUP 2, etc.” if Medical Branch Director is established*

- Obtain situation briefing from Operations Chief or Medical Branch Director if established
- Don position identification vest
- Assess situation
- Participate in Medical Branch/Operations Section planning activities.
- Establish Medical Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.
- Appoint and brief staff, as needed:
  - Triage Unit Leader
  - Treatment Unit Leader
  - Patient Transportation Unit Leader
  - Medical Supply Coordinator
- Designate Unit Leaders and Treatment Area locations as appropriate.
- Ensure that Triage and Patient Transportation have radio communication
- Coordinate location of medical supply, treatment, and morgue areas with Unit Leaders
- Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.
- Request law enforcement/coroner involvement as needed.
MEDICAL GROUP SUPERVISOR
Position Check List

- Establish coordination with Fire Control, HazMat Control, and Extrication Groups and Units
- Ensure that all work areas are out of hazardous areas
- Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, and cots).
- Anticipate needs for:
  - Medical supplies, equipment
  - Relief personnel, additional personnel
- Ensure activation or notification of hospital alert system, local EMS/health agencies.
- Contact Coroner via chain of command
- Direct and/or supervise on-scene personnel from agencies such as Coroner’s Office, Red Cross, law enforcement, fire departments, ambulance companies, county health agencies, and hospital volunteers.
- Request proper security, traffic control, and access for the Medical Group work areas.
- Direct medically trained personnel to the appropriate Unit Leader.
- Maintain Unit/Activity Log (ICS Form 214).
- Demobilize group as directed by Operations Chief of Medical Branch Director
- Maintain record of activities and forward all Medical Group records and reports to the Medical Branch Director or Operations Section Chief and the EMS Agency.
MEDICAL SUPPLY COORDINATOR

Position Check List

Description
Reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from Units assigned to the Medical Group.

Review FOG Common Responsibilities

ICS Specific Responsibilities with County of Santa Clara additions

Radio Call Sign: “MEDICAL SUPPLY” or “MEDICAL SUPPLY 1, MEDICAL SUPPLY 2, etc.”

- Obtain situation briefing from Medical Group Supervisor
- Don position identification vest
- Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group. *
- Make requests for needed medical equipment and supplies through Medical Group Supervisor *
- Coordinate with Treatment Unit Leader(s) for equipment and supplies needed in Treatment Areas
- Request additional medical supplies. *
- Distribute medical supplies to Treatment and Triage Units.
- Maintain log of all received, requested, on-hand, and distributed equipment and supplies
- Maintain Unit/Activity Log (ICS Form 214)
- Turn in all documentation to Medical Group Supervisor
- * If the Logistics section is established, this position would coordinate with the Logistics Section Chief or Supply Unit Leader.
MINOR TREATMENT AREA MANAGER
Position Check List

Description
Reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Minor Treatment Area.

Review FOG Common Responsibilities

ICS Specific Responsibilities with County of Santa Clara additions

- Obtain situation briefing from the Treatment Unit Leader
- Don position identification vest
- Assess situation
- Coordinate location of Minor Treatment Area with Treatment Unit Leader
- Request or establish Medical Teams as necessary.
- Make requests for supplies and personnel through Treatment Unit Leader
- Assign treatment personnel to patients received in the Minor Treatment Area.
- Ensure treatment of patients triaged to the Minor Treatment Area.
- Ensure proper medical procedures are followed
- Assure the patients are prioritized for transportation.
- Coordinate transportation of patients with Patient Loading Coordinator.
- Notify Patient Loading Coordinator of patient readiness and priority for transportation.
- Assure that appropriate patient information is recorded.
- Maintain records of numbers of patients treated and other activities
- Maintain Unit/Activity Log (ICS Form 214)
- Secure operations when advised and return ICS materials and equipment
- Forward reports and records to Treatment Unit Leader
MINOR TREATMENT AREA MANAGER

Position Check List

Medical Branch

- Incident Commander “IC”
- Operations Section Chief “OPERATIONS”
- Plans Section Chief “PLANS”
- Logistics Section Chief “LOGISTICS”
- Medical Branch Director “MEDICAL”
- Fire Suppression Branch Director “FIRE”
- Law Enforcement Branch Director “LAW ENFORCEMENT”
- Medical Group/Division Supervisor “MEDICAL GROUP”
- Triage Unit Leader “TRIAGE”
- Medical Supply Coordinator “MEDICAL SUPPLY”
- Treatment Unit Leader “TREATMENT”
- Patient Loading Coordinator “LOADING”
- Immediate Treatment Area Manager
- Delayed Treatment Area Manager
- Minor treatment Area Manager

Medical Group

- Incident Commander “IC”
- Operations Section Chief “OPERATIONS”
- Plans Section Chief “PLANS”
- Logistics Section Chief “LOGISTICS”
- Medical Group Supervisor “MEDICAL GROUP”
- Fire Group Supervisor “FIRE”
- Law Enforcement Group Supervisor “LAW ENFORCEMENT”
- Medical Communications Coordinator “MEDICAL COMMUNICATIONS”
- Ground Ambulance Coordinator “GROUND AMBULANCE”
- Patient Transportation Supervisor “PATIENT TRANSPORT”
- Triage Unit Leader “TRIAGE”
- Medical Supply Coordinator “MEDICAL SUPPLY”
- Treatment Unit Leader “TREATMENT”
- Patient Loading Coordinator “LOADING”
- Immediate Treatment Area Manager
- Delayed Treatment Area Manager
- Minor treatment Area Manager

Multiple Patient Management Plan
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MORGUE MANAGER
Position Check List

Description
Reports to the Triage Unit Leader and assumes responsibility for the Morgue Area functions until properly relieved.

Review FOG Common Responsibilities

ICS Specific Responsibilities with County of Santa Clara additions

Radio Call Sign: “MORGUE” or “MORGUE 1, MORGUE 2, etc.”

☐ Obtain Situation briefing from Medical Group Supervisor, Triage Unit Leader, and Treatment Unit Leader
☐ Don position identification vest
☐ Assess resource/supply needs and order as needed.
☐ Appoint staff and assistants, as needed:
  o Aides
  o Litter bearers
☐ Secure body tags
☐ Coordinate all Morgue Area activities.
☐ Keep area off limits to all but authorized personnel.
☐ Coordinate with law enforcement and assist the Coroner or Medical Examiner representative.
☐ Allow no one to remove a body, body part, or any personal effects from the scene without the authorization of the Coroner or Deputy Coroner
  o Move bodies only when necessary
  o Do not move bodies or personal effects without identifying the original location (photos, grid drawings, etc.)
☐ If necessary to move bodies, designate morgue area
☐ Maintain security of all personal belongings and keep with body
☐ Keep identity of deceased persons confidential.
☐ Maintain appropriate records.
☐ Secure operations when advised and return ICS materials and equipment
☐ Forward reports and records to Medical Group Supervisor/Medical Branch Director via Triage Unit Leader if Coroner or Deputy Coroner not present at scene (Operations Chief will forward reports to Coroner)
MORGUE MANAGER
Position Check List

Medical Branch

- Incident Commander "IC"
- Operations Section Chief "OPERATIONS"
- Plans Section Chief "PLANS"
- Logistics Section Chief "LOGISTICS"
- Medical Branch Director "MEDICAL"
- Fire Suppression Branch Director "FIRE"
- Law Enforcement Branch Director "LAW ENFORCEMENT"
- Medical Group/Division Supervisor "MEDICAL GROUP"
- Medical Supply Coordinator "MEDICAL SUPPLY"
- Medical Communications Coordinator "MEDICAL COMMUNICATIONS"
- Ground Ambulance Coordinator "GROUND AMBULANCE"
- Patient Transportation Group Supervisor "PATIENT TRANSPORT"
- Patient Loading Coordinator "LOADING"
- Immediate Treatment Area Manager
- Delayed Treatment Area Manager
- Minor treatment Area Manager
- Immediate Treatment Area Manager
- Delayed Treatment Area Manager
- Minor treatment Area Manager

Medical Group

- Incident Commander "IC"
- Operations Section Chief "OPERATIONS"
- Plans Section Chief "PLANS"
- Logistics Section Chief "LOGISTICS"
- Medical Group Supervisor "MEDICAL"
- Fire Group Supervisor "FIRE"
- Law Enforcement Group Supervisor "LAW ENFORCEMENT"
- Triage Unit Leader "TRIAGE"
- Medical Supply Coordinator "MEDICAL SUPPLY"
- Treatment Unit Leader "TREATMENT"
- Patient Transportation Unit Leader "PATIENT TRANSPORT"
- Patient Loading Coordinator "LOADING"
- Immediate Treatment Area Manager
- Delayed Treatment Area Manager
- Minor treatment Area Manager
- Medical Communications Coordinator "MEDICAL COMMUNICATIONS"
- Ground Ambulance Coordinator "GROUND AMBULANCE"
Description
Reports to the Medical Group Supervisor and supervises the Medical Communications Coordinator, and the Ambulance Coordinator. Responsible for the coordination of patient transportation and maintenance of records relating to the patient’s identification, condition, and destination. The Patient Transportation function may be initially established as a Unit and upgraded to a Group based on incident size or complexity.

Review FOG Common Responsibilities

ICS Specific Responsibilities with County of Santa Clara additions

Radio Call sign “PATIENT TRANSPORTATION”

☐ Obtain situation briefing from Medical Group Supervisor or Medical Branch Director.
☐ Don position identification vest
☐ Assess situation
☐ Appoint and brief staff, as needed:
   o Medical Communications Coordinator
   o Ground Ambulance Coordinator
   o Litter bearers

☐ Insure the establishment of communications with hospital(s).
☐ Designate Ambulance Staging Area(s).
☐ Establish and identify ambulance-loading areas
☐ Direct the off-incident transportation of patients as determined by the Medical Communications Coordinator.
☐ Develop ambulance ingress and egress traffic pattern and coordinate with Law Enforcement Group Supervisor
☐ Assure that patient information and destination are recorded.
☐ Establish communications with Ambulance Coordinator.
☐ Request additional ambulances as required.
☐ Notify Ambulance Coordinator of ambulance requests.
PATIENT TRANSPORTATION UNIT LEADER OR GROUP SUPERVISOR

Position Check List

☐ Coordinate the establishment of the Air Ambulance Helispots with the Medical Branch Director and Air Operations Branch Director.

☐ Maintain written records of patients, ambulance units, and receiving facilities

☐ Provide patient information for transmission to the receiving facilities on the ARES/RACES Hospital Net, when established, or other communication system

☐ Evaluate and request necessary resources, as needed

☐ Maintain Unit/Activity Log (ICS Form 214)

☐ Secure operations when advised and return ICS materials and equipment

☐ Forward records and reports to Medical Group Supervisor or Medical Branch Director
PATIENT TRANSPORTATION UNIT LEADER
OR GROUP SUPERVISOR

Position Check List

Medical Branch

- Medical Branch Director
  "MEDICAL"
- Medical Group/Division Supervisor
  "MEDICAL GROUP"
- Triage Unit Leader
  "TRIAGE"
- Medical Supply Coordinator
  "MEDICAL SUPPLY"
- Treatment Unit Leader
  "TREATMENT"
- Patient Loading Coordinator
  "LOADING"
- Immediate Treatment Area Manager
- Delayed Treatment Area Manager
- Minor treatment Area Manager
- Morgue Manager
  "MORGUE"
- Medical Communications Coordinator
  "MEDICAL COMMUNICATIONS"
- Ground Ambulance Coordinator
  "GROUND AMBULANCE"

Medical Group

- Medical Group Supervisor
  "MEDICAL"
- Triage Unit Leader
  "TRIAGE"
- Medical Supply Coordinator
  "MEDICAL SUPPLY"
- Treatment Unit Leader
  "TREATMENT"
- Patient Loading Coordinator
  "LOADING"
- Immediate Treatment Area Manager
- Delayed Treatment Area Manager
- Minor treatment Area Manager
- Morgue Manager
  "MORGUE"
- Medical Communications Coordinator
  "MEDICAL COMMUNICATIONS"
- Ground Ambulance Coordinator
  "GROUND AMBULANCE"

Patient Transportation Group Supervisor
"PATIENT TRANSPORT"
Description
Reports to the Treatment Unit Leader and is responsible for coordinating with the Patient Transportation Unit Leader (or Group Supervisor if established), the transportation of patients out of the Treatment Areas.

Review FOG Common Responsibilities

ICS Specific Responsibilities with County of Santa Clara additions

Radio Call sign “LOADING” or LOADING 1, LOADING 2, etc."

- Obtain situation briefing from Treatment Unit Leader
- Don position identification vest
- Establish communications with the Immediate, Delayed, and Minor Treatment Managers.
- Establish communications with the Patient Transportation Unit Leader.
- Assess situation
- Verify that patients are prioritized for transportation.
- Advise Medical Communications Coordinator of patient readiness and priority for transport.
- Coordinate transportation of patients with Medical Communications Coordinator.
- Assure that appropriate patient tracking information is recorded.
- Coordinate ambulance loading with the Treatment Managers and ambulance personnel.
- Maintain Unit/Activity Log (ICS Form 214)
Patient Loading Coordinator

Position Check List

Medical Branch

- Incident Commander
  "IC"
- Operations Section Chief
  "OPERATIONS"
- Plans Section Chief
  "PLANS"
- Logistics Section Chief
  "LOGISTICS"
- Medical Branch Director
  "MEDICAL"
- Fire Suppression Branch Director
  "FIRE"
- Law Enforcement Branch Director
  "LAW ENFORCEMENT"
- Medical Group Division Supervisor
  "MEDICAL GROUP"
- Medical Supply Coordinator
  "MEDICAL SUPPLY"
- Treatment Unit Leader
  "TREATMENT"
- Medical Communications Coordinator
  "MEDICAL COMMUNICATIONS"
- Ground Ambulance Coordinator
  "GROUND AMBULANCE"
- Patient Transportation Group Supervisor
  "PATIENT TRANSPORT"
- Triage Unit Leader
  "TRIAGE"
- Medical Supply Coordinator
  "MEDICAL SUPPLY"
- Treatment Unit Leader
  "TREATMENT"
- Medical Group Supervisor
  "MEDICAL"
- Fire Group Supervisor
  "FIRE"
- Law Enforcement Group Supervisor
  "LAW ENFORCEMENT"
- Triage Personnel
- Morgue Manager
  "MORGUE"
- Immediate Treatment Area Manager
- Delayed Treatment Area Manager
- Minor treatment Area Manager

Medical Group

- Incident Commander
  "IC"
- Operations Section Chief
  "OPERATIONS"
- Plans Section Chief
  "PLANS"
- Logistics Section Chief
  "LOGISTICS"
- Medical Group Supervisor
  "MEDICAL"
- Fire Group Supervisor
  "FIRE"
- Law Enforcement Group Supervisor
  "LAW ENFORCEMENT"
- Triage Unit Leader
  "TRIAGE"
- Medical Supply Coordinator
  "MEDICAL SUPPLY"
- Treatment Unit Leader
  "TREATMENT"
- Medical Communications Coordinator
  "MEDICAL COMMUNICATIONS"
- Ground Ambulance Coordinator
  "GROUND AMBULANCE"
- Triage Personnel
- Morgue Manager
  "MORGUE"
- Immediate Treatment Area Manager
- Delayed Treatment Area Manager
- Minor treatment Area Manager

Multiple Patient Management Plan
Page 59 of 90
TREATMENT UNIT LEADER
Position Check List

Description
Reports to the Medical Group Supervisor and supervises Treatment Managers and the Treatment Dispatch Manager. Assumes responsibility for treatment, preparation for transport, and directs movement of patients to loading location(s).

Review FOG Common Responsibilities

ICS Specific Responsibilities with County of Santa Clara additions

Radio Call Sign: “TREATMENT” or “TREATMENT 1, TREATMENT 2, etc.”

☐ Obtain situation briefing from Medical Group Supervisor
☐ Don position identification vest
☐ Assess situation
☐ Develop organization sufficient to handle assignment.
☐ Appoint and brief staff, as needed:
  ○ Treatment Area Managers
  ○ Patient Loading Coordinator
  ○ Litter Bearers
  ○ Runners
☐ Assign medical care personnel to Treatment Areas
☐ Direct and supervise Patient Loading, Immediate, Delayed, and Minor Treatment Areas.
☐ Prioritize care of patients consistent with resources
  ○ Number of victims
  ○ Availability of transport
☐ Ensure proper medical care procedures are followed
  ○ Alert “Safety” and “Law” to emotionally disturbed patients in need of isolation
☐ Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.
TREATMENT UNIT LEADER
Position Check List

☐ Request sufficient medical caches and supplies as necessary.
☐ Establish communications and coordination with Patient Transportation Unit Leader.
☐ Ensure continual triage of patients throughout Treatment Areas.
☐ Direct movement of patients to ambulance loading area(s).
☐ Expedite movement of patients for evacuation
☐ Give periodic status reports to Medical Group Supervisor.
☐ Maintain Unit/Activity Log (ICS Form 214)
☐ Maintain Records of numbers of patients treated and other activities
☐ Secure operations when advised and return ICS materials and equipment
☐ Forward reports and records to Medical Group Supervisor
TRIAGE PERSONNEL
Position Check List

Description
Reports to the Triage Unit Leader. Triages patients and assigns them to appropriate treatment areas.

Review FOG Common Responsibilities

ICS Specific Responsibilities with County of Santa Clara additions

- Obtain situation briefing from Triage Unit Leader
- Don position identification vest
- Report to designated on-scene triage location.
- Secure adequate supplies of triage tags
- Assess situation
- Triage and tag injured patients. Classify patients while noting injuries and vital signs if taken.
- Direct movement of patients to proper Treatment Areas.
- Provide appropriate medical treatment to patients prior to movement as incident conditions dictate.
Description
Reports to the Medical Group Supervisor and supervises Triage Personnel/Litter Bearers and the Morgue Manager. Assumes responsibility for providing triage management and movement of patients from the triage area. When triage is completed, the Unit Leader may be reassigned as needed.

Review FOG Common Responsibilities

ICS Specific Responsibilities with County of Santa Clara additions

Radio Call Sign: “TRIAGE” or “TRIAGE 1, TRIAGE 2, etc.”

- Obtain situation briefing from Medical Group Supervisor
- Don position identification vest
- Develop organization sufficient to handle assignment.
- Inform Medical Group Supervisor of Resource needs.
- Secure adequate supplies of triage tags
- Implement triage process.
- Assess situation
  - Advise Medical Group Supervisor
  - Advise Treatment Unit leader
  - Secure aides and litter bearers as needed
  - Of scene hazards, designate Triage Area in safe location
- Appoint persons as taggers in each Triage Area
  - Designate sectors and assign triage teams as appropriate
- Coordinate movement of patients from the Triage area to the appropriate Treatment Area.
- Maintain records of your operations
  - Number of victims triaged, by category
- Give periodic status reports to Medical Group Supervisor.
  - Number of and extent of injured
  - Need for Morgue/Coroner
TRIAGE UNIT LEADER

Position Check List

☐ Maintain security and control of the Triage Area.

☐ Coordinate with Treatment Unit Leader for medical care needs in treatment areas

☐ Establish Morgue.

☐ Maintain Unit/Activity Log (ICS Form 214)

☐ Secure operations when advised and return ICS materials and equipment

☐ Forward reports and records to Medical Group Supervisor
### PATIENT ROUTING WORKSHEET

#### ACTIVATION 1 AND 2

Incident Name: ____________________________________________  Date: ___________  Time: ___________

**Basic Guidelines**
- First ambulances to leave the scene should transport to the hospitals closest to the incident. (Ring 1)
- The next round of ambulances to leave the scene should transport to the most appropriate distant hospital and work back towards those that are closest to the incident. (Rings 2 and 3)
- Air ambulances should transport to the hospitals furthest from the incident unless the needs of a specialty center apply.

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>ACTIVATION 1 STANDARD</th>
<th>ACTIVATION 1 ACTUAL</th>
<th>ACTIVATION 2 STANDARD</th>
<th>ACTIVATION 2 ACTUAL</th>
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<td>ST. LOUIS REGIONAL MEDICAL CENTER</td>
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Santa Clara County Emergency Medical Services System
Multiple Patient Management Plan

Page 68 of 90
PATIENT ROUTING WORKSHEET
ACTIVATION 3-5

Incident Name: ___________________________________________ Date: ____________ Time: ____________

_Basic Guidelines_
- EMS System is used to query in-house acute care hospital availability – this form tracks the number of patients that were sent to each facility.
- Patient destination is assigned by the County through County Communications.
- This form may be used by Area Commands, Individual Incidents, or for countywide tracking.

<table>
<thead>
<tr>
<th>HOSPITAL</th>
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</table>
### PATIENT ROUTING WORKSHEET

**ACTIVATION 3-5 – Out of County Patient Destinations – San Mateo County Hospitals**

Incident Name: ___________________________________________  Date: ___________  Time: __________

**Basic Guidelines**

- Personnel at the County EOC, DOC, or County Communications will receive acute care hospital availability from out of County hospitals.
- Patient destination is assigned by the County through County Communications.
- **Hospitals are listed nearest to farthest from the County border.**

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>TIME</th>
<th>TIME</th>
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</thead>
<tbody>
<tr>
<td>Kaiser Redwood City – 1150 Veterans Blvd Redwood City – 5 Miles</td>
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<tr>
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<tr>
<td>Peninsula Medical Center – 1501 Trousdale Dr Burlingame – 15.5 Miles</td>
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<tr>
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<td>Kaiser South San Francisco - 1200 El Camino Real South San Francisco – 21 Miles</td>
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</table>
**PATIENT ROUTING WORKSHEET**

**ACTIVATION 3-5 – Out of County Patient Destinations – San Mateo County Hospitals**

Incident Name: ____________________________________________ Date: _____________ Time: __________

**Basic Guidelines**
- Personnel at the County EOC, DOC, or County Communications will receive acute care hospital availability from out of County hospitals.
- Patient destination is assigned by the County through County Communications.
- **Hospitals are listed nearest to farthest from the County border.**

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<tbody>
<tr>
<td>Kaiser Redwood City – 1150 Veterans Blvd Redwood City – 5 Miles</td>
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<tr>
<td>Sequoia Hospital – 170 Alameda de Las Pulgas Redwood City - 5.3 Miles</td>
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<tr>
<td>Peninsula Medical Center – 1501 Trousdale Dr Burlingame – 15.5 Miles</td>
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<tr>
<td>Seaton Coast side Hospital - 600 Marine Blvd Moss Beach – 19 Miles</td>
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<tr>
<td>Kaiser South San Francisco - 1200 El Camino Real South San Francisco - 21 Miles</td>
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<td>I</td>
</tr>
<tr>
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<td>I</td>
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</table>
### ACTIVATION 3-5 – Out of County Patient Destinations – Santa Cruz County Hospitals

Incident Name: ____________________________________________  Date: ____________  Time: ____________

**Basic Guidelines**
- Personnel at the County EOC, DOC, or County Communications will receive acute care hospital availability from out of County hospitals.
- Patient destination is assigned by the County through County Communications.
- **Hospitals are listed nearest to farthest from the County border.**

<table>
<thead>
<tr>
<th>HOSPITAL</th>
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<th>TIME</th>
<th>TIME</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1555 Soquel Dr</td>
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<td>Santa Cruz –</td>
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<td>1</td>
<td>2</td>
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<tr>
<td>11 Miles</td>
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<td>Watsonville Hospital –</td>
<td></td>
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<td>18 Miles</td>
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</table>

Multiple Patient Management Plan  
Page 72 of 90
PATIENT ROUTING WORKSHEET
ACTIVATION 3-5 – Out of County Patient Destinations – San Benito County Hospital

Incident Name: ________________________________________________ Date: ______________ Time: ___________

**Basic Guidelines**

- Personnel at the County EOC, DOC, or County Communications will receive acute care hospital availability from out of County hospitals.
- Patient destination is assigned by the County through County Communications.
- **Hospital are listed nearest to farthest from the County border.**

<table>
<thead>
<tr>
<th>HOSPITAL</th>
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<th>TIME</th>
<th>TIME</th>
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PATIENT ROUTING WORKSHEET
ACTIVATION 3-5 – Out of County Patient Destinations – San Benito County Hospital

Incident Name: ________________________________________________ Date: ______________ Time: ___________

**Basic Guidelines**

- Personnel at the County EOC, DOC, or County Communications will receive acute care hospital availability from out of County hospitals.
- Patient destination is assigned by the County through County Communications.
- **Hospital are listed nearest to farthest from the County border.**

<table>
<thead>
<tr>
<th>HOSPITAL</th>
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<th>TIME</th>
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<tr>
<td>Hazel Hawkins Hospital – 911 Sunset Dr Hollister – 9 Miles</td>
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</table>
PATIENT ROUTING WORKSHEET
ACTIVATION 3-5 – Out of County Patient Destinations – Alameda County Hospitals

Incident Name: ____________________________________________ Date: __________ Time: __________

**Basic Guidelines**
- Personnel at the County EOC, DOC, or County Communications will receive acute care hospital availability from out of County hospitals.
- Patient destination is assigned by the County through County Communications.
- **Hospitals are listed nearest to farthest from the County border.**

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>TIME</th>
<th>TIME</th>
<th>TIME</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Freemont – 39400 Paseo Padre Pkwy Fremont – 7 Miles</td>
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<td>D</td>
<td>M</td>
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</tr>
<tr>
<td>Washington Hospital – 2000 Mowry Ave Fremont – 7.5 Miles</td>
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<td>D</td>
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<tr>
<td>St. Rose Hospital – 27200 Calaroga Ave Hayward – 15 Miles</td>
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<tr>
<td>Valleycare Medical Center – 5555 W Las Positas Blvd Pleasanton – 16 Miles</td>
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<td>Eden Medical Center – 20103 Lake Chabot Rd Castro Valley – 18 Miles</td>
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PATIENT ROUTING WORKSHEET
ACTIVATION 3-5 – Out of County Patient Destinations – Alameda County Hospitals

Incident Name: _____________________________________________ Date: ____________ Time: __________

Basic Guidelines
- Personnel at the County EOC, DOC, or County Communications will receive acute care hospital availability from out of County hospitals.
- Patient destination is assigned by the County through County Communications.
- Hospitals are listed nearest to farthest from the County border.

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<tr>
<td>Kaiser Freemont – 39400 Paseo Padre Pkwy</td>
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<tr>
<td>Fremont – 7 Miles</td>
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<td>Washington Hospital – 2000 Mowry Ave Fremont</td>
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<td>7.5 Miles</td>
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<td>St. Rose Hospital – 27200 Calaroga Ave</td>
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<tr>
<td>Hayward – 15 Miles</td>
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<tr>
<td>Valleycare Medical Center – 5555 W Las Positas</td>
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<td>I</td>
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<tr>
<td>Blvd Pleasanton – 16 Miles</td>
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<td>I</td>
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PATIENT ROUTING WORKSHEET
ACTIVATION 3-5 – Out of County Patient Destinations – Monterey County Hospitals

Incident Name: ___________________________________________________________ Date: ______________ Time: ____________

Basic Guidelines
- Personnel at the County EOC, DOC, or County Communications will receive acute care hospital availability from out of County hospitals.
- Patient destination is assigned by the County through County Communications.
- Hospitals are listed nearest to farthest from the County border.

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<tr>
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**PATIENT ROUTING WORKSHEET**
**ACTIVATION 3-5 – Out of County Patient Destinations – Monterey County Hospitals**

Incident Name: __________________________________________ Date: ___________ Time: ___________

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PATIENT ROUTING WORKSHEET
ACTIVATION 3-5 – Out of County Patient Destinations – San Francisco County Hospitals

Incident Name: ____________________________________________ Date: ____________ Time: ____________

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Multiple Patient Management Plan
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Multiple Patient Management Plan
Page 86 of 90
TRANSPORTATION GROUP SUPERVISOR - WORKSHEET
Santa Clara County Emergency Medical Services System

NUMBER OF VICTIMS REPORTED BY TRIAGE PRIORITY

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AMBULANCES ATTACHED

DATE: ____________________

CRITICAL ACTIONS CHECKLIST
(Responding Contract Supervisor)
These items are provided as reminders and do not replace standard ICS actions related to each position.

- Notify other Contractor Field Supervisor to manage 911 EMS System Events
- Move on-scene ambulances to appropriate EMS Command Channel
- Obtain System 911 Ambulance Levels (en route to call)
- Obtain Hospital Status (en route to call)
- Prepare EMSSystem (send HAZMAT/decon. information, hospital availability, etc.)
- Obtain Attached (Ambulance) Resource List (en route to call)
- Receive Assignment when on-scene (order additional ambulance resources after receiving assignment and if authorized by the IC or designee)
- Provide a Report on Conditions to the EMS Duty Chief (follow-up often)
- Consider recommending MCI Trailer request (via the IC)
- Consider use of Electronic Patient Tracking (via the Medical Group)
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