CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT
Emergency Medical Services Agency

EMS PROCEDURES FOR RESPONSE TO AN EXPANDED MEDICAL EMERGENCY

PURPOSE: To provide coordination in patient handling and distribution in incidents where there are multiple victims.

OBJECTIVES: To provide on-scene medical coordination
To provide consistency in patient reporting and tracking.
To maximize the use of resources and receiving facility specialty services.

WHEN UTILIZED: When the incident requires a response greater than the normal standard response* for that ambulance agency.

* Standard Response:
  - San Ramon Valley Fire - 2 ambulances
  - American Medical Response – 1 ambulance
  - Moraga Fire - 1 ambulance

FIELD PROCEDURE

I. DEFINITIONS
   A. Incident Commander: Commanding Law Enforcement Officer
   B. Rescue Supervisor: Commanding Fire Department Officer
   C. Medical Supervisor: Designated crew member of first-in ambulance

II. COMMAND AND CONTROL

   A. An Incident Medical Supervisor shall be designated, (herein referred to as Medical Supervisor), radio designation, “Medical”.

   B. An agency designated crew member of the first-in ambulance shall report to the Rescue Supervisor to receive incident briefing, incident name and request designation as the Incident Medical Supervisor. (Role of Medical Supervisor may be assumed by higher agency authority.)

   1. Responsibilities of the Medical Supervisor shall be organization, control and coordination of on-scene medical care activities, (triage, treatment and transportation). These activities may include:
      a) coordinating with first responders who have initiated medical care,
      b) Notifying the Rescue Supervisor of the need for additional resources including ambulances.
      c) establishing communications with the appropriate base hospital, (JMMC for trauma).
      d) providing the base hospital with patient information,
      e) obtaining transportation destination determination from the base hospital,
      f) appraising the Rescue Supervisor of the plan for patient treatment and transport in addition to providing status reports of progress.
      g) completing the Expanded Medical Emergency Patient Log.
      h) initiating a request for implementation of Medical Advisory Alert if the number of victims has the potential to increase.
      i) initiating a request to Rescue Supervisor for implementation of Multi-Casualty Incident Plan and use of formal triage procedures, if incident warrants.
1. Ensuring that S.O. dispatch is notified of which base hospital is handling the incident.

2. Notifying the on-scene transport units when advised that the Multicasualty Incident Plan is implemented.

III. INCIDENT OPERATIONS

A. Triage and Treatment

1. All victims shall initially be triaged using the S.T.A.R.T. (Simple Triage and Rapid Treatment) method of evaluation. CPR shall be initiated on patients in cardiopulmonary arrest who do not exhibit signs of obvious death only if there are sufficient numbers of rescuers to adequately manage the total number and type of casualties on the scene.

2. After initial triage, if indicated and time permits, all victims shall be fully evaluated and treated utilizing ALS skills allowed prior to base contact.
   a) Additional orders shall be obtained by the transport crews from the base hospital handling the call.

3. A patient care record must be completed on all patients assessed, including those determined dead-on-scene.

B. Transport

1. The base hospital shall provide destination for patients transported by ground. In the absence of a destination provided by the base hospital, the Medical Supervisor shall assign destinations using the Expanded Medical Emergency Destination Determination Guide; (attached).

2. The Medical Supervisor shall relay destination determination received from base hospital to transport units. (Base hospital shall notify receiving hospitals regarding incoming patients and give patient report.) If patient transport is via helicopter, the Medical Supervisor shall obtain helicopter destination from air transport crew and relay destination to base hospital.

3. The Medical Supervisor shall give the patient identification number obtained from the Expanded Medical Emergency Patient Log to the transport crew prior to patient transport. This number is used for identification purposes by the transport crew in all communications with the receiving hospital and shall be noted on the PCR.

IV. COMMUNICATIONS

A. The Medical Supervisor shall contact only one base hospital. Contact is established for the purpose of:
   1. destination determination,
   2. patient tracking,
   3. obtaining additional treatment orders.

B. Information given to the base hospital in the initial contact should include:
   1. incident location
   2. incident name/Medical*, example; “Sun Valley/Medical”, or “680/Medical”.
      · Medical refers to the radio designation of the Medical Supervisor, NOT to the type of call.
   3. incident description (fire, haz-mat, MVA etc.),
   4. number of victims and initial estimate of severity.
C. The Medical Supervisor shall provide the base hospital a brief description of each patient, critical patients first. Patient information shall include:
   1. Patient identification number,
   2. Age/sex,
   3. Description of injuries including severity,
   4. Level of consciousness,
   5. Vital signs (BTLS/PHTLS* vital signs and CRAMS if trauma).
   (*Basic Trauma Life Support/Pre-Hospital Trauma Life Support)

D. At the conclusion of the incident the Medical Supervisor (who may be part of the last-out transport crew):
   1. shall notify the base hospital that the last of the patients has been transported,
   2. shall document the number of and patient dispositions of all incident victims,
   3. shall assure the base hospital has all information needed to complete the Expanded Medical Emergency Patient Log including information on patients determined dead on-scene,
   4. shall assure that a copy of the Expanded Medical Emergency Incident Log completed in the field is forwarded to the involved base hospital and the Incident Commander.
**CONTRA COSTA COUNTY**  
**EXPANDED MEDICAL EMERGENCY**  
**FIELD PATIENT LOG**

**DATE:** ____________________  
**TIME:** ____________ hours  
**INCIDENT NAME:** ________________________________________________  
**MEDICAL SUPERVISOR:** ______________

**DESCRIPTION:** ________________________________  
**BASE/MICN:** ____________

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<th>ID #*</th>
<th>Age/Sex</th>
<th>Critical/Non-critical/DOA</th>
<th>Description of Injuries</th>
<th>Vital Signs</th>
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*Standard Response:
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American Medical Response - 1 ambulance
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BASE HOSPITAL PROCEDURE

1. An Incident Medical Supervisor shall be designated in the field, (herein referred to as Medical Supervisor), whose radio designation is “Medical”.

   The incident shall be named by the Incident Commander, “incident name/Medical*”. For example, “Sun Valley/Medical”, or, “680/Medical”.

   *Medical refers to the radio designation of the Medical Supervisor, NOT to the type of call.

2. When a call is received from the Incident Medical Supervisor establishing an Expanded Medical Emergency, one MICN shall be dedicated to maintain communication with the Medical Supervisor until all patients have been transported. If the MICN must be relieved, a thorough report must be given to the on-coming MICN to avoid the necessity of repetition of field information.

3. Information to be obtained includes:
   a. Incident location and incident name,
   b. Incident description (fire, haz-mat, MVA etc.),
   c. Number of victims and initial estimate of severity.

4. Initiate survey of appropriate receiving facilities to determine the number and type (critical/non-critical) of patients the facilities are able to receive. (See Destination Determination Guide). Hospital Status Log is provided.

5. Obtain brief but specific information for each patient. Patient information shall include the following and shall be documented on the Expanded Medical Emergency Patient Log:
   a. Patient identification number,
   b. age/sex,
   c. Description of injuries including severity,
   d. Level of consciousness,
   e. Vital signs (BTLS/PHTLS vital signs and CRAMS if trauma).
6. Provide destination determination to the Medical Supervisor for patients to be transported.
   a. Use the Expanded Medical Emergency Destination Determination Guide.
   b. Note destination on the Expanded Medical Emergency Patient Log.

7. Notify receiving hospitals of impending arrival of patient(s) and give brief report.

8. Based upon notification from the Medical Supervisor that the last of the patients has been transported:
   a. verify with Medical Supervisor, the number of patient transports and their destinations, including
      helicopter transports,
   b. obtain all information from the Medical Supervisor necessary to complete the Expanded Medical
      Emergency Patient Log including information on patients determined dead-on-scene,
   c. notify each facility originally contacted that patient transport is completed,
   d. verify number, status and disposition of patients received with those facilities having received
      patients.

9. Upon notification that incident has escalated, and that the MCI Plan is implemented:
   a. prepare for contact by Sheriffs Dispatch.
   b. submit data regarding patients already transported and receiving hospital capability to
      Sheriffs Dispatch; (FAX copies of Expanded Medical Emergency Patient Log and
      Hospital Status Log, as completed prior to the initiation of the MCI Plan, to:
         1). Sheriffs Dispatch: FAX 646-1380; verify receipt of FAX. Phone 646-2441.
   c. verify that Sheriffs Dispatch is assuming responsibility for patient destination determination,
   d. redirect field requests for patient destination determination to Sheriffs Dispatch.
   e. notify the Medical Supervisor that the Multi-Casualty Plan has been implemented.

BASE HOSPITAL EXPANDED MEDICAL EMERGENCY

DESTINATION DETERMINATION GUIDE

1. If transport time is reasonable, consideration should be given to triaging the most critical trauma patients
   to in-county and/or Alameda County trauma centers including Children’s Hospital for pediatric trauma.
   a. After trauma center resources have been exhausted, the next critical trauma patients will be
      transported to the closest Basic Emergency Departments distributing patients evenly within a
      geographic area.

2. Non-trauma critical patients will be transported to the closest Basic Emergency Departments,
   distributing patients evenly within a geographic area.

3. Ambulance units with critical and non-critical patients on board will be routed to receiving hospitals as
   noted above.

4. Ambulance units transporting only non-critical patients will be routed to receiving facilities farther from
   the incident.

5. Patients with isolated burns, if not requiring stabilization at a closer facility, may be routed directly to
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CONTRA COSTA COUNTY
EXPANDED MEDICAL EMERGENCY
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### CONTRA COSTA COUNTY
### EXPANDED MEDICAL EMERGENCY
### FIELD PATIENT LOG

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<th>WEST COUNTY</th>
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<tr>
<td><strong>Kaiser Richmond</strong>&lt;br/&gt;Richmond&lt;br/&gt;ED (510)231-7300&lt;br/&gt;Main (510)231-4600</td>
<td><strong>Contra Costa Regional Med Ctr.</strong>&lt;br/&gt;Martinez&lt;br/&gt;ED (925)370-5170&lt;br/&gt;Main (925)370-5000</td>
<td><strong>Sutter/Delta Medical Center</strong>&lt;br/&gt;Antioch&lt;br/&gt;ED (925)779-7273&lt;br/&gt;Main (925)779-7200</td>
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<td><strong>Doctor’s Medical Center</strong>&lt;br/&gt;(Helipad)&lt;br/&gt;San Pablo&lt;br/&gt;(Burn Center)&lt;br/&gt;ED (510)235-2100&lt;br/&gt;Main (510)235-7000</td>
<td><strong>Mt. Diablo Medical Center</strong>&lt;br/&gt;Concord&lt;br/&gt;ED (925)798-5033&lt;br/&gt;Main (925)682-8200</td>
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<td><strong>John Muir Med Ctr</strong> (Helipad)&lt;br/&gt;Walnut Creek&lt;br/&gt;(Trauma Center)&lt;br/&gt;ED (925)939-5804&lt;br/&gt;Main (925)939-3000</td>
<td><strong>Kaiser Walnut Creek</strong>&lt;br/&gt;Walnut Creek&lt;br/&gt;ED (925)295-4820&lt;br/&gt;Main (925)295-4000</td>
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<td><strong>San Ramon Reg Med Ctr</strong>&lt;br/&gt;San Ramon&lt;br/&gt;ED (925)275-8338&lt;br/&gt;Main (925)275-9200</td>
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<th>OUT OF COUNTY BURN CENTERS</th>
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<td>Alta Bates – Berkeley&lt;br/&gt;ED (510)540-0337&lt;br/&gt;Main (510)540-1573</td>
<td><strong>Highland Hospital</strong> – Oakland&lt;br/&gt;ED (510)261-9275&lt;br/&gt;Main (510)534-8055</td>
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<td>Eden Hospital – Castro Valley&lt;br/&gt;ED (510)889-5015&lt;br/&gt;Main (510)537-1234</td>
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<td><strong>Children’s Hospital</strong> – Oakland&lt;br/&gt;(Pediatric Trauma Center)&lt;br/&gt;ED (510)428-3240&lt;br/&gt;Main (510)428-3000</td>
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