County of Santa Clara
Countywide Medical Response System

Medical-Health Supervisors
Field Operations Guide

August 2007

Santa Clara County Emergency Medical Services Agency
645 South Bascom Avenue
San Jose, California 95128
EMS 824
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Position Descriptions

General Description
In order to maintain the sound operation of the Santa Clara County Medical-Health System, the following standardized positions are filled by representatives of the Public Health Department/Emergency Medical Services Agency.

Health Officer

The Health Officer is responsible for the overall health and welfare of the citizens and visitors of the County of Santa Clara and fills the role of the Medical-Health Operational Area Coordinator (MHOAC). This is done in cooperation with the Director of Emergency Medical Services who shares regulatory responsibility for this role. The Health Officer reports administratively to the Director of the Public Health Department. During significant events, the Health Officer may respond to the County Operational Area Emergency Operations Center (OA-EOC) and serves as the Medical Health Branch Director or to the Public Health Department Emergency Operations Center (DEOC).

The Health Officer or a Deputy Health Officer remain on-call at all times and are available by phone. Deputy Health Officers report to the Health Officer for delegated responsibilities and to a Public Health Division Director administratively. Under the majority of circumstances, the Health Officer is not deployed to the field setting. If a field deployment is necessary, the EMS Duty Chief, EMS Commander, or EMS Director will provide response support and coordination.

In the absence of the Health Officer or Deputy Health Officers, the Health Officer of a neighboring County may be consulted until a local representative is identified. Under most circumstances, this coverage will be pre-arranged between the two physicians. In the event that an arrangement is not in place and the local Health Officer/Deputy Health Officers are not available, the Medical-Health Mutual Aid System will be accessed via the Regional Disater Medical Health Specialist/Coordinator, State Operations Center, or DHS/EMSA Duty Officer.

The Health Officer may delegate any appropriate duties to other County staff. In addition to the Deputy Health Officers, various authorities are delegated to the Director of Emergency Medical Services, EMS Commander, and/or EMS Duty Chiefs. The Health Officer may also provide medical direction to the Santa Clara County Emergency Medical Services System when appropriate. Whenever possible, this shall be accomplished in conjunction with the EMS Medical Director.

The Health Officer and/or Deputy Health Officers are available through the County Communications Center.
Emergency Medical Services Director

The Director of Emergency Medical Services reports to the Director of the Public Health Department and also serves cooperatively as the Medical Health Operational Area Coordinator (MHOAC) with the Health Officer. The Director is responsible for the executive management of the Santa Clara County Emergency Medical Services System and Public Health Department Emergency Operations Center (DEOC) oversight.

The Director is on-call at all times and remains available for telephone/remote consultation. In his/her absence, the Director may appoint a lead manager to maintain the daily operations of the Emergency Medical Services Agency. However, in relation to Medical-Health/Disaster Operations, the Prehospital Programs Section Manager (EMS Commander) shall be the lead for all emergency operations (EMS/Public Health).

In most cases, the Director shall provide policy-level guidance and direction to the EMS Commander and consult with other Executive Managers in the County. The Director responds to either the Operational Area Emergency Operations Center (OA-EOC) to serve as the Medical-Health Branch Director or to the Public Health Department Emergency Operations Center (DEOC).

The Director is equipped with an unmarked emergency vehicle and may respond to the field setting to assist in mitigation, response, and/or recovery operations.

EMS Commander

The EMS Commander is normally the manager of the Prehospital Section of the Emergency Medical Services Agency. However, other qualified personnel may fill this role. The Prehospital Programs Section Manager/EMS Commander reports to the Director and provides counsel to command and Executive Managers as appropriate. The Commander is responsible for the operational aspects of the EMS and Public Health Response Systems and is on-call at all times for consultation and supervision of EMS field personnel and emergency operations.

Reporting to the Medical-Health Operational Area Coordinator (MHOAC), the Commander serves as the Medical-Health Mutual Aid Coordinator. In the absence of the Health Officer and/or the EMS Director, the Commander may fill MHOAC role. The Commander may also fill the role of the Medical-Health Branch Director at the OA-EOC or the Director or Operations Chief in the DEOC. In the absence of the Commander, the EMS Duty Chief reports directly to the Director of Emergency Medical Services. Either the Director or the Commander remains available at all times via telephone.
The Commander has the authority to make any necessary modifications to the EMS/Public Health Response Systems as appropriate. This may include policy modifications, issuance of orders, system restrictions, etc. The Commander consults with the Director, Health Officer, and other appropriate personnel when managing the operational aspects of the system.

The Commander is equipped with an unmarked emergency response vehicle and may respond to the field setting.

**EMS Duty Chief**

The EMS Duty Chief is the primary manager of the daily operations of the EMS and Public Health System. Staff assigned to EMS Duty Chief/emergency operations roles report to the Commander.

The EMS Duty Chief primarily serves as a facilitator, technical reference specialist, and agency representative. They work closely with public and private responders and provide council to command as appropriate. The EMS Duty Chief may provide transportation and support to Health Department personnel (Health Officers, Outbreak Teams, Public Information, etc.) when necessary.

EMS Duty Chief coverage is accomplished through a standard rotation of qualified personnel. When assigned to coverage, the EMS Duty Chief is the primary contact for all EMS/Medical-Health issues that are under the authority of the Public Health Department. During this time, the EMS Duty Chief is required to be able to respond to inquiries within ten minutes of notification. At least one EMS Duty Chief is scheduled at all times (should the EMS Duty Chief become incapacitated or otherwise occupied, the EMS Commander and/or Director may fill multiple roles).

The EMS Duty Chief is equipped with a marked emergency vehicle and is able to respond to support field operations. The EMS Duty Chief may also staff other emergency/support vehicles and staff and/or may be assigned to the DEOC, EOC, or other area to support the public health mission.

**EMS Field Supervisors/Managers (Private Services)**

Santa Clara County Accredited EMS Field Supervisors/Managers are responsible for the management of their individual services daily operations. These supervisors/managers provide council to the EMS Duty Chief and are the key link to routine operational practices within the Emergency Medical Services System. These supervisors and managers are not government employees, and therefore, hold no power or authority of the County. However, they are required to adhere to the National Incident Command System (NIMS) and Standard Emergency Management System (SEMS).

In some cases, various authorities may be delegated to private service EMS managers and/or supervisors in accordance with appropriate authorities.
EMS/Fire/Law Enforcement Supervisors/Managers (Government)

Public service supervisors and managers are responsible for the daily management and mitigation of emergency incidents occurring within their jurisdiction. In addition to the Agency’s regulatory role, it services as the manager and broker of the Medical-Health Mutual Aid System and resources.

The EMS Agency and Public Health Department most often serve as agency representatives, technical reference specialists, or fill any assigned appropriate position in relation to field response duties.

In some cases, various authorities may be delegated to other government service managers and/or supervisors in accordance with appropriate authorities.
### STANDING MEDICAL-HEALTH MUTUAL AID ORDERS

#### General Description
This document is designed to identify resources that may be deployed by the EMS Commander without consultation by the MHOAC (Health Officer/EMS Director). All resources may only be released if the Santa Clara County Operational Area will remain solvent (is not impacted) and the request was made and filled in accordance with SEMS.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Standing Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulances</td>
<td>Up to (5) ALS ambulances (from the contractor)*</td>
</tr>
<tr>
<td></td>
<td>Up to (5) BLS ambulances from any provider*</td>
</tr>
<tr>
<td></td>
<td>Up to (2) Critical Care Transport Units (paramedic/nurse)*</td>
</tr>
<tr>
<td></td>
<td>Up to (1) Permitted Air Ambulance</td>
</tr>
<tr>
<td></td>
<td><em>The total release of ambulances (all categories) shall not exceed (10 units).</em></td>
</tr>
<tr>
<td>EMS Field Supervisors</td>
<td>Up to (2) EMS Supervisors</td>
</tr>
<tr>
<td>Field Treatment Site Trailers</td>
<td>Up to (2) Field Treatment Site trailers</td>
</tr>
<tr>
<td>Public Health/EMS Squad</td>
<td>May be released to include one EMS Agency staff member qualified as a Duty Chief.</td>
</tr>
<tr>
<td>Personnel</td>
<td>Up to (10) paramedics</td>
</tr>
<tr>
<td></td>
<td>Up to (10) EMT’s</td>
</tr>
<tr>
<td></td>
<td>Up to (2) Mobile Intensive Care Nurses</td>
</tr>
<tr>
<td></td>
<td>Up to (1) EMS Agency Personnel (EMS Duty Chief class) with vehicle</td>
</tr>
<tr>
<td>Radio Caches</td>
<td>Up to (2) 800 mHz Radio Caches (portables)</td>
</tr>
<tr>
<td></td>
<td>Up to (5) ARES/RACES Radios (mobile/base)</td>
</tr>
<tr>
<td></td>
<td>Up to (5) ARES/RACES Radios (portables)</td>
</tr>
<tr>
<td>Delegated Authority</td>
<td>In the event that the MHOAC can not be contacted, the EMS Commander may release any medical-health resources as is deemed reasonable and prudent. At such time that the MHOAC becomes available, they shall review and make any necessary modifications. In the event that the EMS Commander is not able to fill this role (and the role of the MHOAC), the EMS Duty Chief may release resources as is deemed reasonable and prudent.</td>
</tr>
</tbody>
</table>
### Medical-Health Supervisors Field Operations Guide

<table>
<thead>
<tr>
<th>Resource</th>
<th>Standing Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nerve Agent Antidote Kits</td>
<td>Upon immediate need request, an unlimited number may be released as long as adequate local supplies exist.</td>
</tr>
<tr>
<td>Multiple Patient Management Kits</td>
<td>Up to (5) its</td>
</tr>
<tr>
<td>Electronic Patient Tracking Systems</td>
<td>Up to (2) kits (5 units each w/laptop)</td>
</tr>
<tr>
<td>Satellite Telephones</td>
<td>Up to (2) satellite telephones</td>
</tr>
</tbody>
</table>

Any items not identified above, may not be released without MHOAC approval. This includes, but is not limited to, the following:

- Local Pharmaceutical Stockpiles
- Chempacks
- Specialized personnel (health, communications, operations, etc.)
- Medical equipment supplies not identified above
# OPERATIONAL AREA MUTUAL AID

## General Description
This document provides guidelines for the EMS Commander/EMS Director or other health official when using medical-health mutual aid within the Santa Clara County Operational Area. Use of these resources must be approved by the EMS Commander/EMS Director or Medical-Health Operational Area Coordinator (unless provisions have been approved in advance by the EMS Agency).

## Fill Order

<table>
<thead>
<tr>
<th>Type</th>
<th>Fill Order</th>
</tr>
</thead>
</table>
| **ALS Ambulances** (non-disaster state) | • The contracted EOA providers shall have the first opportunity to fill any ALS ambulance requests.  
• Other ambulance services with permitted ALS units will then be requested – both public and private.  
• Municipalities with Supplemental Transport Ambulance Resources (STARS) will be notified to use their ALS transport as appropriate within their jurisdiction.  
• When both of the above items have not resulted in adequate numbers of ALS units, a SEMS mutual aid request will be made by the EMS Commander as appropriate. |
| **ALS Ambulances** (disaster state) | • When all actions above have been exhausted, a SEMS mutual aid request will be made by the EMS Commander as appropriate.                                                                                                        |
| **BLS Ambulances** (non-disaster state) | • All requests for BLS ambulance use shall be made by the County to all of the private service providers. Those able to respond will be placed into the 911 System.  
• A SEMS mutual aid request will be made by the EMS Commander when appropriate. |
| **BLS Ambulances** (disaster state) | • All private ambulances (BLS) will be mandated to be placed into service, in accordance with County Ordinance, for assignment.  
• A SEMS mutual aid request will be made by the EMS Commander as appropriate. |
| **Hospital Support** (personnel, equipment, and supply) | • Hospitals shall implement provisions contained in existing disaster plans.  
• Hospitals shall implement provisions contained in existing hospital mutual aid agreements. |

<table>
<thead>
<tr>
<th>Type</th>
<th>Fill Order</th>
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</thead>
<tbody>
<tr>
<td>Type</td>
<td>• When these items are not adequate to meet the needs of the hospital, the County will assist in providing appropriate resources.</td>
</tr>
<tr>
<td>Medical Supply and Equipment</td>
<td>• Agencies shall exhaust all provisions for medical supplies and equipment contained in their disaster and continuity of operations plans.</td>
</tr>
<tr>
<td></td>
<td>• If the need surpasses the provisions above, the County will attempt to fill the need through local caches and stores.</td>
</tr>
<tr>
<td></td>
<td>• If the need surpasses the resources available in the Operational Area, a SEMS mutual aid request will be made as appropriate.</td>
</tr>
<tr>
<td>Health Officer</td>
<td>• Deputy Health Officers will be contacted in the absence of the Health Officer.</td>
</tr>
<tr>
<td></td>
<td>• If a Deputy Health Officer can not be located, the EMS Commander will contact a Health Officer from a local Operational Area, if appropriate. In some cases, arrangements may be in place for county-to-county Health Officer coverage.</td>
</tr>
<tr>
<td></td>
<td>• If an adjacent Operational Area Health Officer is not available, a SEMS request will be made.</td>
</tr>
<tr>
<td>Personnel (Medical-Health)</td>
<td>• Agencies shall exhaust all provisions for additional personnel/staffing contained in their disaster and continuity of operations plans.</td>
</tr>
<tr>
<td></td>
<td>• If the need surpasses the provisions above, the County will attempt to fill the need through local resources opportunities.</td>
</tr>
<tr>
<td></td>
<td>• If the need surpasses the resources available in the Operational Area, a SEMS mutual aid request will be made as appropriate.</td>
</tr>
</tbody>
</table>
**REGION II MUTUAL AID**  
(OUTSIDE OF THE OPERATIONAL AREA)

**General Description**  
This document provides guidelines for the EMS Commander/EMS Director or other health official when using medical-health mutual aid outside of the Santa Clara County Operational Area. Use of these resources must be approved by the EMS Commander/EMS Director or Medical-Health Operational Area Coordinator (unless provisions have been approved in advance by the EMS Agency).

**Standard**

<table>
<thead>
<tr>
<th>Type</th>
<th>Fill Order</th>
</tr>
</thead>
</table>
| ALS Ambulances (non-disaster state) | • The contracted EOA providers shall have the first opportunity to fill any ALS ambulance requests.  
  • Other ambulance services with permitted ALS units will then be requested – both public and private.  
  • Municipalities with Supplemental Transport Ambulance Resources (STAR’s) will be notified to use their ALS transport as appropriate within their jurisdiction.  
  • When both of the above items have not resulted in adequate numbers of ALS units, a SEMS mutual aid request will be made by the EMS Commander as appropriate. |
| ALS Ambulances (disaster state)   | • When all actions above have been exhausted, a SEMS mutual aid request will be made by the EMS Commander as appropriate.   |
| BLS Ambulances (non-disaster state) | • All requests for BLS ambulance use shall be made by the County to all of the private service providers. Those able to respond will be placed into the 911 System.  
  • A SEMS mutual aid request will be made by the EMS Commander when appropriate. |
| BLS Ambulances (disaster state)   | • All private ambulances (ALS and BLS) will be mandated to be placed into service, in accordance with County Ordinance, for assignment.  
  • A SEMS mutual aid request will be made by the EMS Commander as appropriate. |
<table>
<thead>
<tr>
<th>Type</th>
<th>Fill Order</th>
</tr>
</thead>
</table>
| Hospital Support (personnel, equipment, and supply) | • Hospitals shall implement provisions contained in existing disaster plans.  
• Hospitals shall implement provisions contained in existing hospital mutual aid agreements.  
• When these items are not adequate to meet the needs of the hospital, the County will assist in providing appropriate resources. |
| Medical Supply and Equipment                    | • Agencies shall exhaust all provisions for medical supplies and equipment contained in their disaster and continuity of operations plans.  
• If the need surpasses the provisions above, the County will attempt to fill the need through local caches and stores.  
• If the need surpasses the resources available in the Operational Area, a SEMS mutual aid request will be made as appropriate. |
| Health Officer                                  | • Deputy Health Officers will be contacted in the absence of the Health Officer.  
• If a Deputy Health Officer can not be located, the EMS Commander will contact a Health Officer from a local Operational Area, if appropriate. In some cases, arrangements may be in place for county-to-county Health Officer coverage.  
• If an adjacent Operational Area Health Officer is not available, a SEMS request will be made. |
| Personnel (Medical-Health)                      | • Agencies shall exhaust all provisions for additional personnel/staffing contained in their disaster and continuity of operations plans.  
• If the need surpasses the provisions above, the County will attempt to fill the need through local resources opportunities.  
• If the need surpasses the resources available in the Operational Area, a SEMS mutual aid request will be made as appropriate. |
## MEDICAL-HEALTH COMMAND
### STAFF ASSIGNMENTS
#### FILL ORDER

**General Description**
In order to provide adequate support to various Medical-Health System events, the following shall provide the standard recommended response compliments for filling various medical-health positions (countywide).

<table>
<thead>
<tr>
<th>Standard</th>
<th>Fill Order</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
<td><strong>Field Events</strong></td>
</tr>
<tr>
<td></td>
<td>• EMS Duty Chief (Field)</td>
</tr>
<tr>
<td></td>
<td>• EMS Commander (Communications)</td>
</tr>
<tr>
<td></td>
<td><strong>Field Event with DEOC Activation</strong></td>
</tr>
<tr>
<td></td>
<td>• EMS Duty Chief (Field)</td>
</tr>
<tr>
<td></td>
<td>• EMS Commander (Communications)</td>
</tr>
<tr>
<td></td>
<td>• EMS Director (DEOC)</td>
</tr>
<tr>
<td></td>
<td>• EMS Agency Staff (DEOC)</td>
</tr>
<tr>
<td></td>
<td>• Level I DEOC Staff Activation (DEOC)</td>
</tr>
<tr>
<td></td>
<td><strong>Field Event with DEOC and EOC Activation</strong></td>
</tr>
<tr>
<td></td>
<td>• EMS Duty Chief (County Communications)</td>
</tr>
<tr>
<td></td>
<td>• EMS Commander (EOC)</td>
</tr>
<tr>
<td></td>
<td>• EMS Director (DEOC)</td>
</tr>
<tr>
<td></td>
<td>• Level I DEOC Staff Activation (DEOC)</td>
</tr>
<tr>
<td></td>
<td>• Level II DEOC Staff Activation (DEOC)</td>
</tr>
<tr>
<td></td>
<td>• Health Officer (EOC)</td>
</tr>
<tr>
<td><strong>Type</strong></td>
<td><strong>EOC Only</strong></td>
</tr>
<tr>
<td></td>
<td>• EMS Commander</td>
</tr>
<tr>
<td></td>
<td>• EMS Director</td>
</tr>
<tr>
<td></td>
<td>• Health Officer</td>
</tr>
<tr>
<td><strong>Type</strong></td>
<td><strong>DEOC Only</strong></td>
</tr>
<tr>
<td></td>
<td>• EMS Director</td>
</tr>
<tr>
<td></td>
<td>• EMS Commander</td>
</tr>
<tr>
<td></td>
<td>• Health Officer</td>
</tr>
</tbody>
</table>
General Description
In order to provide adequate support to various Medical-Health System events, the following shall provide the standard recommended response compliments for filling various medical-health positions.

<table>
<thead>
<tr>
<th>Type</th>
<th>Fill Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Supervisors</td>
<td>• Contractors ALS Field Supervisor (first-due)</td>
</tr>
<tr>
<td></td>
<td>• Contractors ALS Field Supervisor (second-due)</td>
</tr>
<tr>
<td></td>
<td>• Contractors BLS Field Supervisor</td>
</tr>
<tr>
<td></td>
<td>• Contractors Acting Supervisors (additional)</td>
</tr>
<tr>
<td></td>
<td>• Non-Contracted Field Supervisor</td>
</tr>
<tr>
<td></td>
<td>• Fire Agency (intra-county mutual aid)</td>
</tr>
<tr>
<td></td>
<td>• Mutual Aid Field Supervisors</td>
</tr>
<tr>
<td>911- Ambulance</td>
<td>• Contractors Operations Manager (AMR-100)</td>
</tr>
<tr>
<td>Contractors - Manager</td>
<td>• Contractors Administrative Supervisor (AMR-101)</td>
</tr>
<tr>
<td></td>
<td>• Contractors ALS Field Supervisor</td>
</tr>
<tr>
<td></td>
<td>• Contractors Director of Operations</td>
</tr>
<tr>
<td>EMS Duty Chief</td>
<td>• EMS Duty Chief</td>
</tr>
<tr>
<td></td>
<td>• EMS Commander</td>
</tr>
<tr>
<td></td>
<td>• EMS Director</td>
</tr>
<tr>
<td></td>
<td>• EMS Staff (EMS-3,4, or 5)</td>
</tr>
<tr>
<td>EMS Commander</td>
<td>• EMS Commander</td>
</tr>
<tr>
<td></td>
<td>• EMS Director</td>
</tr>
<tr>
<td>EMS Director</td>
<td>• EMS Director</td>
</tr>
<tr>
<td></td>
<td>• EMS Commander</td>
</tr>
<tr>
<td>Health Officer</td>
<td>• Health Officer (HO1)</td>
</tr>
<tr>
<td></td>
<td>• Deputy Health Officer (HO1 or HO2)</td>
</tr>
<tr>
<td></td>
<td>• Out of County Health Officer via EMS Commander or EMS Director</td>
</tr>
</tbody>
</table>
Expanded Medical-Health Dispatch Operations

**General Description**
In order to maintain the sound operation of the Santa Clara County Medical-Health System, it may be necessary for a representative of the EMS Agency and/or the Public Health Department to assist County Communications personnel with the prioritization and allocation of medical-health resources during times of EMS/Public Health System surge.

**System Management**
The EMS Commander is responsible for executing Expanded Medical-Health Dispatch activities. In most cases, the Commander will respond to County Communications and work with the Watch Commander (or designee) to implement System modifications. This may include the implementation of Standard Dispatch Orders, use of intra/intercounty mutual aid, etc.

The Commander will work closely with the contracted EOA ambulance provider. The EOA ambulance provider is responsible for management of company units, system deployments, addressing personnel recall, and implementing company contingency plans.

The EMS Duty Chief may fill this role in the absence of the Commander or when assigned.

**Expanded Dispatch Criteria**
Expanded Medical-Health Dispatch should be considered in any of the following circumstances:

<table>
<thead>
<tr>
<th></th>
<th>Requested by the County Communications Watch Commander or EMS Duty Chief</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Multiple Standard Dispatch Orders are in effect</td>
</tr>
<tr>
<td>3</td>
<td>When the EOA contractors actions have not failed to meet system needs.</td>
</tr>
<tr>
<td>4</td>
<td>MPMP Level 3, 4, or 5 Activations</td>
</tr>
<tr>
<td>5</td>
<td>Occurrence of a significant event that may (or has) impact the EMS/Public Health System. May be in support of a scheduled activity or identified hazard.</td>
</tr>
<tr>
<td>6</td>
<td>When County Fire Implements Expanded Dispatch</td>
</tr>
<tr>
<td>7</td>
<td>When Activated by the EMS Director or EMS Commander</td>
</tr>
</tbody>
</table>
EXPANDED SYSTEM-STATUS MANAGEMENT OPERATIONS (EOA CONTRACTOR)

General Description
In order to maintain the sound operation of the Santa Clara County Medical-Health System, it may be necessary for a representative of the EOA Ambulance Service Contractor (EOA Agency Representative) to assist the County and County Communications personnel with the coordination of EOA resources and deployment.

System Management
The EMS Commander is responsible for executing Expanded Medical-Health Dispatch activities. In most cases, the Commander will respond to County Communications and work with the Watch Commander (or designee) to implement System modifications. This may include the implementation of Standard Dispatch Orders, use of intra/intercounty mutual aid, etc. The EMS Duty Chief may fill this role in the absence of the Commander or when assigned.

The Commander will work closely with the contracted EOA ambulance provider. The EOA ambulance provider is responsible for management of company units, system deployments, addressing personnel recall, and implementing company contingency plans. The EOA ambulance provider shall work under the EMS Commander or other County personnel assigned to manage various aspects of the Medical-Health System.

Expanded System Status Management Criteria
Expanded System Status Management should be considered in any of the following circumstances:

<table>
<thead>
<tr>
<th></th>
<th>Requested by the County Communications Watch Commander</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Multiple Standard Dispatch Orders are in effect</td>
</tr>
<tr>
<td>3</td>
<td>Low EOA Ambulance System Levels</td>
</tr>
<tr>
<td>4</td>
<td>All Levels of MPMP Activation</td>
</tr>
<tr>
<td>5</td>
<td>Occurrence of a significant event that may (or has) impact the EMS/Public Health System. May be in support of a scheduled activity or identified hazard.</td>
</tr>
<tr>
<td>6</td>
<td>When receiving out-of-county medical-health mutual aid</td>
</tr>
<tr>
<td>7</td>
<td>When Activated by the EMS Director or EMS Commander</td>
</tr>
</tbody>
</table>
Medical-Health Standard Command Action Checklists
Standard Command Action Checklists

Available Resources

FAA Alert II and IIL Response

FAA Alert III and Aircraft Down

Hospital Internal Disaster (Black)

Mutual Aid Requests

Patient Care Facility Evacuation

Care Facility Heat Event

Policy Deviation/Compliance

Health Department/Physicians Alert

MPMP Local Alert

MPMP Countywide Alert

MPMP Level I and II Activations
## Available Resources

<table>
<thead>
<tr>
<th></th>
<th>Available Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Public Health/EMS Squad 1: Available through the EMS Duty Chief</td>
</tr>
<tr>
<td>2</td>
<td>MCI/Field Treatment Site Trailers:</td>
</tr>
<tr>
<td></td>
<td><strong>Trailer ID</strong></td>
</tr>
<tr>
<td></td>
<td>EMS UTL 151</td>
</tr>
<tr>
<td></td>
<td>EMS UTL 152</td>
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<td>EMS UTL 153</td>
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<td>EMS UTL 154</td>
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<td>EMS UTL 157</td>
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<td>EMS UTL 159</td>
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<td>EMS UTL 160</td>
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<td>EMS UTL 161</td>
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<td></td>
<td>EMS UTL 162</td>
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<tr>
<td></td>
<td>EMS UTL 163</td>
</tr>
<tr>
<td>3</td>
<td>Electronic Tracking System Use</td>
</tr>
<tr>
<td>4</td>
<td>Local Pharmaceutical Cache</td>
</tr>
<tr>
<td>5</td>
<td>Chempack</td>
</tr>
<tr>
<td>6</td>
<td>Trauma/Burn Caches:</td>
</tr>
<tr>
<td></td>
<td>San Jose Regional Medical Center</td>
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<tr>
<td></td>
<td>Valley Medical Center</td>
</tr>
<tr>
<td></td>
<td>Stanford Medical Center</td>
</tr>
<tr>
<td>7</td>
<td>WMD Antidot Kits</td>
</tr>
</tbody>
</table>
# FAA ALERT II & II-L RESPONSE

- **S** – Supervisor Role; **D** – EMS Duty Chief Role

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
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</table>
| 1 | **FIELD SUPERVISOR** (First Due)  
Upon dispatch, respond and prepare to assume Ground Ambulance Staging Manager, Transportation Group Supervisor, or other appropriate position upon arrival, if assigned. |
| 2 | Acknowledge Dispatch (SD) |
| 3 | Attain System Levels (SD) |
| 4 | Attain Hospital Status (SD) |
| 5 | Attain Ambulance and Supervisor Units Attached (SD) |
| 6 | Assure Appropriate EMS Resource Response to the Incident and to the 911 System (SD) |
| 7 | Assign an EMS Command Tactical Channel as Necessary (EMS CMD 94) (SD) |
| 8 | Monitor Appropriate Fire Command Channel (D) |
| 9 | **DUTY CHIEF**  
Upon dispatch, determine the need to respond or to monitor. Absent known risk factors (unknown if aircraft will make the field, hazmat cargo, etc.), a field response for an ALERT II is not generally indicated. However, it is generally expected that a field response will occur for an ALERT II-L.  
Norman Y. Mineta (San Jose) International Airport  
Stage and Contact SJFD Med-30 – Advise System Status and Receive Assignment (Provide T-Card) (SD)  
Moffet Field and Municipal Airports (San Martin/Reid Hillview)  
Stage and Contact Operations Chief – Advise System Status and Receive Assignment (Provide T-Card) (SD) |
<p>| 10 | Provide Report on Conditions to County Communications (SD) |
| 11 | Prepare EMS System/Provide Notifications/Query as Appropriate (D) |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>12</td>
<td>Don Protective Equipment Prior to Any On-Scene Operations (SD)</td>
</tr>
<tr>
<td>13</td>
<td>Fill Assigned Positions (Refer to Position Check Lists) and Advise County Communications (SD)</td>
</tr>
<tr>
<td>14</td>
<td>Recommend Resources as Appropriate (SD)</td>
</tr>
<tr>
<td>15</td>
<td>Notify EMS Commander As Appropriate or if a “working event” (D)</td>
</tr>
</tbody>
</table>
| 16| Recommend MPMP Alert or Activation as Appropriate (SD)
- Local Alert Recommendation to Operations Chief through Medical Branch/Group (SD) - *Switch to MPMP Position Check Lists*
- Countywide Alert/Activations 3-5 advise Operations Chief, make request through EMS Commander. (SD) - *Switch to MPMP Position Check Lists* |
| 17| Complete Incident Record and ICS 214 (if appropriate) (SD)                                                                                                                                               |
| 18| Complete an ICS 214 (if appropriate) (SD)                                                                                                                                                                 |
| 19| Upon Arrival On-Scene, ensure Personnel Accountability and Safety (SD)                                                                                                                                   |
| 20| Provide Regular Updates to EMS Duty Chief (S)                                                                                                                                                               |
| 21| Provide Regular Updates to EMS Commander (D) (Based on nature of the response, early notification should be considered).                                                                                 |
| 22| Consider EMSSystem Informational Broadcast (SD)                                                                                                                                                            |
| 23| Consider Health Officer Response/Consult As Appropriate                                                                                                                                                   |
| 24| Consider EMSSystem Hospital MCI Query (D) (If expected to be a Level 3 MPMP Activation)                                                                                                                  |
| 25| Consider EMSSystem Hospital Bed Query (D) (If expected to be a Level 3 or greater MPMP Activation)                                                                                                           |
| 26| Consider Request to Issue a CAHAN Alert through the EMS Commander (SD)                                                                                                                                  |
## FAA ALERT III & AIRCRAFT DOWN

- **S** – Supervisor Role; **D** – EMS Duty Chief Role

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>FIELD SUPERVISOR (First Due)</strong>&lt;br&gt;Upon dispatch, respond and prepare to assume Ground Ambulance Staging Manager, Transportation Group Supervisor, or other appropriate position upon arrival, if assigned.</td>
</tr>
<tr>
<td>2</td>
<td>Acknowledge Dispatch (SD)</td>
</tr>
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<td>3</td>
<td>Attain System Levels (SD)</td>
</tr>
<tr>
<td>4</td>
<td>Attain Hospital Status (SD)</td>
</tr>
<tr>
<td>5</td>
<td>Attain Ambulance and Supervisor Units Attached (SD)</td>
</tr>
<tr>
<td>6</td>
<td>Assure Appropriate EMS Resource Response to the Incident and to the 911 System (SD)</td>
</tr>
<tr>
<td>7</td>
<td>Assign an EMS Command Tactical Channel as Necessary (EMS CMD) (SD)</td>
</tr>
<tr>
<td>8</td>
<td>Monitor Appropriate Fire Command Channel (D)</td>
</tr>
<tr>
<td>9</td>
<td>Norman Y. Mineta (San Jose) International Airport&lt;br&gt;Stage and Contact SJFD Med-30 – Advise System Status and Receive Assignment (Provide T-Card) (SD)&lt;br&gt;&lt;br&gt;Moffet Field and Municipal Airports and Non-Airport Area’s&lt;br&gt;Stage and Contact Operations Chief – Advise System Status and Receive Assignment (Provide T-Card) (SD)</td>
</tr>
<tr>
<td>10</td>
<td>Provide Report on Conditions to County Communications (SD)</td>
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<tr>
<td>11</td>
<td>Prepare EMSSystem/Provide Notifications/Query as Appropriate (D)</td>
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<td>14</td>
<td>Recommend Resources as Appropriate (SD)</td>
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<tr>
<td>15</td>
<td>Notify EMS Commander (D)</td>
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| 16 | Recommend MPMP Alert or Activation as Appropriate (SD)  
- Local Alert Recommendation to Operations Chief through Medical Branch/Group (SD) - *Switch to MPMP Position Check Lists*  
- Countywide Alert/Activations 3-5 advise Operations Chief, make request through EMS Commander. (SD) - *Switch to MPMP Position Check Lists* |
| 17 | Complete Incident Record and ICS 214 (if appropriate) (SD) |
| 18 | Complete an ICS 214 (if appropriate) (SD) |
| 19 | Upon Arrival On-Scene, ensure Personnel Accountability and Safety (SD) |
| 20 | Provide Regular Updates to EMS Duty Chief (S) |
| 21 | Provide Regular Updates to EMS Commander (D) (Based on nature of the response, early notification should be considered). |
| 22 | Consider EMSSystem Informational Broadcast (SD) |
| 23 | Consider Health Officer Response/Consult As Appropriate |
| 24 | Consider EMSSystem Hospital MCI Query (D) (If expected to be a Level 3 MPMP Activation) |
| 25 | Consider EMSSystem Hospital Bed Query (D) (If expected to be a Level 3 or greater MPMP Activation) |
| 26 | Consider Request to Issue a CAHAN Alert through the EMS Commander (SD) |
# HOSPITAL INTERNAL DISASTER (BLACK)

- **S** – Supervisor Role; **D** – EMS Duty Chief Role; **C**-Commander Role

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
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</table>
| 1 | **FIELD SUPERVISOR**  
Support mitigation efforts as requested by the Duty Chief.               |
| 2 | Acknowledge County Communications or EMSSystem Notification (D)             |
| 3 | Contact ED Charge Nurse/House Supervisor for a Situation Report (D)         |
|   | - Estimated time hospital expects to be in status                          |
|   | - Determine if anticipated need for patient evacuation                      |
|   | - Determine any Medical-Health resource needs                               |
|   | - Ensure appropriate public safety agencies have been notified.            |
| 4 | Determine if other “Diversion” Statuses may be Appropriate (D)             |
|   | (recommendation made to the facility)                                      |
| 5 | Ensure that the facility is aware that they may not accept any patients during a “black status”. This includes walk-ins to the emergency department. |
| 6 | One 911 System Ambulance and a Supervisor should be dispatched to the facility to care for/disposition walk-in patients. (SD) |
| 7 | Support Hospital via existing policy and resources as needed. (SD)         |
| 8 | Determine if a Field Response is Necessary (SC)                            |
| 9 | Issue EMSSystem Notice if Appropriate (to providers and hospitals)        |
|10 | Notify the EMS Commander if:                                              |
|   | - The facility will remain black for more than one hour.                   |
|   | - Any patient evacuations are anticipated.                                 |
|   | - The EMS System will be impacted by the closure.                          |
|11 | If an evacuation is anticipated, follow the Medical Facility Evacuation Check Sheet and Notify the EMS Commander. |
MEDICAL-HEALTH MUTUAL AID REQUEST RECEIVED

- **S** – Supervisor Role; **D** – EMS Duty Chief Role; **C** – Commander Role

<table>
<thead>
<tr>
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</table>
| 1 | **FIELD SUPERVISOR**  
Assist the County in preparing resources for deployment. |
| 2 | **DUTY CHIEF**  
The Duty Chief will normally receive the actual request for medical-health mutual aid. The Duty Chief shall evaluate the request and system for the ability to fill the request. This information shall be provided to the Commander. The Duty Chief shall support the operational deployment of resources, as authorized by the Commander. |
| 3 | **COMMANDER**  
The EMS Commander is responsible for authorizing the release of medical-health mutual aid resources as the designee of the Health Officer/EMS Director (MHOAC). |
| 4 | Attain request information: (D)  
- Confirm Official Request from Region II  
- Requesting County  
- Type of Request (number and resource type)  
- Time Resource Needed  
- Requestor Contact Information |
| 5 | Approve Request and Attain Additional Information (C)  
- OES Tasking Number  
- Staging or Incident Location  
- Duration of Time Resource is expected to be committed.  
- Who the resource will report to (position and contact information)  
- Incident Specific Information (scene safety, travel plan, etc.) |
| 6 | Document all contacts and actions. (SDC) |
| 7 | Assist in the deployment of approved resources (SD) |
| 8 | Notify the MHOAC (C) |
| 9 | Communicate with approved resource for regular check-in while committed (D) |
| 10 | Advise EMS Commander upon return of approved resources (D) |
## PATIENT CARE FACILITY EVACUATION (CRITICAL & NON-CRITICAL)

* S – Supervisor Role; D – EMS Duty Chief Role

### CRITICAL EVACUATION

(Immediate need for the movement of patients such as fire, structural collapse, etc.)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Respond to the Event (based on the size and nature of the incident, the EMDC and the first due FIELD Supervisor should be co-located at the scene to coordinate actions directed by the EMS Commander (system-wide patient routing) and on-scene command).</td>
</tr>
<tr>
<td>2</td>
<td>Coordinate with Medical Group Supervisor or other Appropriate ICS position (SD)</td>
</tr>
</tbody>
</table>
| 3    | Notify the EMS Commander (D)  
  - The EMS Commander will respond to the DEOC, EOC, or County Communications and assume management of patient routing. Until the EMS Commander has assumed management, the EMDC shall continue with this check-list. |
| 4    | Attain System Levels* (SD) |
| 5    | Attain Hospital Status* (SD) |
| 6    | Attain Ambulance and Supervisor Units Attached* (SD) |
| 7    | Assure Appropriate EMS Resource Response to the Incident and to the 911 System (SD) |
| 8    | Assign an EMS Command Tactical Channel as Necessary (EMS CMD) (SD) |
| 9    | Monitor Appropriate Fire Command Channel (D) |
| 10   | Provide Report on Conditions to County Communications (SD) |
| 11   | Prepare EMSSystem/Provide Notifications/Query as Appropriate (D) |
| 12   | Don Protective Equipment Prior to Any On-Scene Operations (SD) |
| 13   | Fill Assigned Positions (Refer to Position Check Lists) and Advise County Communications (SD) |
| 14   | Recommend Resources as Appropriate (SD) |
| 15   | Recommend MPMP Alert or Activation as Appropriate (SD)  
  - Local Alert Recommendation to Operations Chief through Medical Branch/Group (SD) - *Switch to MPMP Position Check Lists*  
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<tr>
<td>16</td>
<td>Complete Incident Record and ICS 214 (if appropriate) (SD)</td>
</tr>
<tr>
<td>17</td>
<td>Consider Need for Patient Management Sites or Direct Routing of Patients (DC)</td>
</tr>
</tbody>
</table>
|    | ○ Based on the number of patients in need of relocation, do adequate resources exist at this time?  
<pre><code>|    No  Consider PMS                                                                                                                        |
</code></pre>
<p>|    | ○ Determine which patients require the following means of transport:                                                                      |
|    |     BLS Ambulance: (<strong><strong><strong><strong><strong>)                                                                                                           |
|    |     ALS Ambulance: (</strong></strong></strong></strong></strong>)                                                                                                          |
|    |     CCT Nurse Ambulance: (<strong><strong><strong><strong><strong>)                                                                                                     |
|    |     Bus/Van/Non-Medical: (</strong></strong></strong></strong></strong>)                                                                                                      |
|    |     Other (Spec. Need): (__________)                                                                                                       |
|    | ○ Determine any Medical-Health resource needs                                                                                              |
|    | ○ Ensure appropriate public safety agencies have been notified                                                                           |
| 18 | Upon Arrival On-Scene, ensure Personnel Accountability and Safety (SD)                                                                      |
| 19 | Provide Regular Updates to EMS Duty Chief (S)                                                                                            |
| 20 | Provide Regular Updates to EMS Commander (D) (Based on nature of the response, early notification should be considered).                   |
| 21 | Consider EMSSystem Informational Broadcast (SD)                                                                                            |
| 22 | Consider Health Officer Response/Consult As Appropriate                                                                                    |
| 23 | Consider EMSSystem Hospital MCI Query (D) (If expected to be a Level 3 MPMP Activation)                                                    |
| 24 | Consider EMSSystem Hospital Bed Query (D) (If expected to be a Level 3 or greater MPMP Activation)                                           |
| 25 | Consider Request to Issue a CAHAN Alert through the EMS Commander (SD)                                                                    |
| 26 | Consider early Region II Medical-Mutual Aid request and/or notifications. (DC)                                                             |</p>
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<td>Trauma/Burn Caches</td>
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<tr>
<td>WMD Antidote Kits</td>
</tr>
<tr>
<td>American Red Cross/Sheltering</td>
</tr>
<tr>
<td>MVDR Response</td>
</tr>
<tr>
<td>Public Health Nursing Support</td>
</tr>
<tr>
<td>Valley Medical Center Nursing/Physician Support</td>
</tr>
<tr>
<td>VTA and Sheriff’s Office Bus Use</td>
</tr>
<tr>
<td>Tents</td>
</tr>
<tr>
<td>Incident Dispatcher</td>
</tr>
<tr>
<td>Heating/Cooling Measures</td>
</tr>
</tbody>
</table>
## CARE FACILITY HEAT EVENT
(Non-Licensed Facilities)

### Resident Life-Safety Event

<table>
<thead>
<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Respond to the Event</td>
</tr>
<tr>
<td>2</td>
<td>Make contact with the responsible party to determine conditions at the facility.</td>
</tr>
<tr>
<td>3</td>
<td>Assure Appropriate EMS Resource Response to the Incident and to the 911 System.</td>
</tr>
<tr>
<td>4</td>
<td>Follow Appropriate MPMP Check Lists.</td>
</tr>
<tr>
<td>5</td>
<td>Notify the EMS Commander.</td>
</tr>
<tr>
<td>6</td>
<td>The EMS Commander will notify the Health Officer and facilitate any additional actions necessary.</td>
</tr>
<tr>
<td>7</td>
<td>Implement Appropriate Standard Dispatch Orders.</td>
</tr>
</tbody>
</table>

### Resident Non-Emergent Event

<table>
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<tbody>
<tr>
<td>1</td>
<td>Respond to the Event</td>
</tr>
<tr>
<td>2</td>
<td>Make contact with the responsible party to determine conditions at the facility.</td>
</tr>
<tr>
<td>3</td>
<td>Document responsible party contact information and conditions observed.</td>
</tr>
<tr>
<td>4</td>
<td>If temperatures are not reasonable for human occupation, notify the County OES on-call staff to respond or assist with providing a city representative.</td>
</tr>
</tbody>
</table>
| 5 | Assist the responsible party with determining appropriate cooling measures. This may include, but is not limited to:  
  - Air cooling (fans, air conditioning, shading, etc.)  
  - Access to cooling centers.  
  - Personal hydration.  
  - Facility reconfiguration.  
  - Patient release to custodians.  
  - Patient relocation by facility (distribute to other sites, facilities, etc.) |
<p>| 6 | Assure that patients are aware of the situation and their options (if oriented) through the facility staff. |</p>
<table>
<thead>
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<tr>
<td>7  Assure that custodians of patients not able to care for themselves are notified of the situation through the facility staff.</td>
</tr>
<tr>
<td>8  Consult with the EMS Commander and/or Health Officer as necessary.</td>
</tr>
<tr>
<td>9  Assure the safety of the patients at all times, implement any life-safety actions as required (immediate transports, evacuations, MPMP activation, etc.).</td>
</tr>
<tr>
<td>10 If the need for relocation or evacuation occurs, every effort shall be made to coordinate with the local emergency management agency (city), fire service, and public health department in SUPPORT of the facilities efforts.</td>
</tr>
<tr>
<td>11 Should a facility not cooperate with mitigating an extreme heat condition, the Health Officer shall be contacted for direction.</td>
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<tr>
<td>Electronic Tracking System Use</td>
</tr>
<tr>
<td>Cooling Centers</td>
</tr>
<tr>
<td>City OES Response Coordination</td>
</tr>
<tr>
<td>County OES Coordination</td>
</tr>
<tr>
<td>American Red Cross/Sheltering</td>
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</tr>
<tr>
<td>Tents</td>
</tr>
<tr>
<td>Incident Dispatcher</td>
</tr>
<tr>
<td>Consider VTA (for cooling and transport via bus)</td>
</tr>
<tr>
<td>PGE (financial and operational aspects)</td>
</tr>
</tbody>
</table>
POLICY DEVIATION/COMPLIANCE

- S – Supervisor Role; D – EMS Duty Chief Role

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</table>
| 1 | **FIELD SUPERVISOR**  
In the event that field or communications center personnel are not able to provide policy direction to various stakeholders, the Field Supervisor shall serve as the first line facilitator. The Field Supervisor shall assist other stakeholders in being aware of policy and encouraging their compliance as appropriate.  

**DUTY CHIEF**  
The Duty Chief is responsible to address any issues that were not mitigated at lower levels. The primary role of the Duty Chief is to provide factual information related to policies that are in place. The Duty Chief shall assist other stakeholders in understanding how these policies are implemented and may make a recommendation to the EMS Commander to modify existing policies.  

**COMMANDER**  
The EMS Commander is responsible for making any necessary policy modifications or additions, as necessary, based on specific events and/or the needs of the System. |
| 2 | Acknowledge Notification (SD) |
| 3 | Contact appropriate manager/supervisor to confirm situation (with the organization that may be in violation) (SD)  
- Determine Problem or Situation (SD)  
- Make organization aware of current policy (SD)  
  - Refer to website, fax, or email a copy as appropriate.  
- Determine what assistance the organization may need in order to comply. (SD)  
- Facilitate compliance efforts with the organization. Every effort should be made to mitigate the violation at the lowest level possible. (SD)  
- Confirm appropriate next step actions with organization in order to garner compliance (request that the organization submit an Unusual Occurrence Report to the EMS Agency Compliance Officer within 24 hours). (SD)  
- Those who disagree with policy shall be directed to contact the EMS Agency Compliance Officer during normal business hours. (D) |
<p>| 4 | If unable to mitigate the incident to an acceptable level, notify the EMS Commander. After hours enforcement will only focus on significant events that may impact the smooth operation of the EMS System. The EMS |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>✓</td>
<td>Commander may authorize policy deviations as appropriate. (D)</td>
</tr>
<tr>
<td>5</td>
<td>Document all contacts and actions. (SD)</td>
</tr>
<tr>
<td>6</td>
<td>Determine if a field response is necessary (D)</td>
</tr>
<tr>
<td>7</td>
<td>Issue EMSystem Notice if Appropriate (D)</td>
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</tbody>
</table>
# HEALTH DEPARTMENT/PHYSICIANS ALERT

- **S** – Supervisor Role; **D** – EMS Duty Chief Role; **C** – Commander Role

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</table>
| 1 | **FIELD SUPERVISOR**  
The Field Supervisor is responsible for assisting the County with distribution of Alerts and addressing any questions or concerns from those they supervise. |
|   | **DUTY CHIEF**  
The Duty Chief is responsible to provide clarification to system stakeholders related to Physician Alerts and/or facilitate routing of inquiries to appropriate public health personnel. |
|   | **COMMANDER**  
Upon receipt of a Physician Alert, the Commander will determine appropriate medical-health system distribution (fire, EMS, law). If any question of appropriateness arises, the Commander will consult with the Health Officer or executor of the Alert. |
| 2 | Acknowledge Notification (S,D,C) |
| 3 | Determine need to route to Medical-Health Partners (D, C) |
| 4 | Consider posting information via the following methods (D,C)  
- EMSSystem (D,C)  
- CAHAN (C)  
- Email notifications (D,C)  
- APB via County Communications (C)  
- Fax broadcast (C) |
| 5 | Document all contacts and actions. (SD) |
| 6 | Advise executor and/or Health Officer of notifications made |
### MPMP LOCAL ALERT

- **S** – Supervisor Role; **D** – EMS Duty Chief Role

<table>
<thead>
<tr>
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<th>Description</th>
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</table>
| **1** | FIELD SUPERVISOR (First Due)  
Respond to the incident location and prepare to fill any assigned position. |
| **2** | **Note:** The majority of activities during a Local Alert should be occurring in the local PSAP. The County will prepare to fill resource requests and make notifications if appropriate. |
MPMP COUNTYWIDE ALERT

- S – Supervisor Role; D – EMS Duty Chief Role

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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>FIELD SUPERVISORS, SERVICE MANAGERS, EMS DUTY CHIEF, EMS AGENCY PERSONNEL, AND OTHER STAKEHOLDERS</td>
</tr>
<tr>
<td></td>
<td>Prepare to support activities authorized by the EMS Commander and/or Director</td>
</tr>
</tbody>
</table>

EMS COMMANDER
The EMS Commander shall take the operational lead in issuing appropriate Standard Dispatch Orders or other activities based on the needs of the Medical-Health System.

EMS DIRECTOR and HEALTH OFFICER
The EMS Director and Health Officer assume Command of the Medical-Health System, working in coordination with the EMS Commander.
### MPMP LEVEL I & II ACTIVATIONS

- **S** – Supervisor Role; **D** – EMS Duty Chief Role

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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</thead>
</table>
| 1 | **FIELD SUPERVISOR (First Due)**  
Upon dispatch, respond and prepare to assume Ground Ambulance Staging Manager, Transportation Group Supervisor, or other appropriate position upon arrival, if assigned. |
<p>| 2 | Acknowledge Dispatch (SD) |
| 3 | Attain System Levels (SD) |
| 4 | Attain Hospital Status (SD) |
| 5 | Attain Ambulance and Supervisor Units Attached (SD) |
| 6 | Assure Appropriate EMS Resource Response to the Incident and to the 911 System (SD) |
| 7 | Assign an EMS Command Tactical Channel when Necessary (SD) |
| 8 | Monitor Appropriate Fire Command Channel (D) |
| 9 | Prepare to serve as an Agency Representative or Technical Specialist (D) |
| 10 | Provide Report on Conditions to County Communications (SD) |
| 11 | Prepare EMSystem/Provide Notifications/Query as Appropriate (D) |
| 12 | Don Protective Equipment Prior to Any On-Scene Operations (SD) |
| 13 | Fill Assigned Positions (Refer to Position Check Lists) and Advise County Communications (SD) |
| 14 | Recommend Resources to the IC as Appropriate (SD) |
| 15 | Notify EMS Commander (D) |
| 16 | Complete Incident Record and ICS 214 (if appropriate) (SD) |
| 17 | Facilitate ordering of ambulance resources (S,D) |</p>
<table>
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<tr>
<th></th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>19</td>
<td>Upon Arrival On-Scene, ensure Personnel Accountability and Safety (SD)</td>
</tr>
<tr>
<td>20</td>
<td>Provide Regular Updates to EMS Duty Chief (S)</td>
</tr>
<tr>
<td>21</td>
<td>Provide Regular Updates to EMS Commander (D) (Based on nature of the response, early notification should be considered).</td>
</tr>
<tr>
<td>22</td>
<td>Consider EMSSystem Informational Broadcast (SD)</td>
</tr>
<tr>
<td>23</td>
<td>Consider Health Officer Response/Consult As Appropriate (C)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Available Resources</th>
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<tbody>
<tr>
<td></td>
<td>Public Health/EMS Squad 1</td>
</tr>
<tr>
<td></td>
<td>MCI/Field Treatment Site Trailers</td>
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<tr>
<td></td>
<td>Electronic Tracking System Use</td>
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<tr>
<td></td>
<td>Local Pharmaceutical Cache</td>
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<tr>
<td></td>
<td>Chempack</td>
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<tr>
<td></td>
<td>Trauma/Burn Caches</td>
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<td></td>
<td>WMD Antidote Kits</td>
</tr>
</tbody>
</table>
Multiple Patient Management Plan Reference
Multiple Patient Management Plan Reference

Local Alert

Countywide Alert

Alert/Activation Initiation/Cancellation

Areas of Responsibility

Level 1 Activation

Level 2 Activation

Level 3 Activation

Level 4 Activation

Level 5 Activation
LOCAL ALERT
Local Jurisdiction Multi-Victim or Multi-Casualty Incident

Description
- Local jurisdictions establish specific response criteria for Local Alerts
- A Local Alert may be requested by any emergency service responder but must be authorized by the IC.
- Provides an early notification to prepare the EMS System for larger than expected numbers of patients.
- Alerts should be elevated to an Activation or cancelled once the scene has been appropriately evaluated.
- Provides EMS System Resources for events that may have the potential to result in injury or illness.

Examples of Local Alerts
- Greater alarm structure or wildland fires
- Hazardous Materials Incidents (real or suspected)
- Facility evacuation (skilled nursing, hospitals, schools, high rise, etc.).
- Law enforcement activities (hostage situations, SWAT operations, etc.).
- CMTF, CMRS, MMTF, activations and responses.
- Federal Aviation Administration Alerts (large aircraft).

County Communications Actions
- No resources dispatched other than those specifically requested by the IC (unless a preplan exists i.e.: FAA Alert II)
- EMS Field Supervisors, EMS Duty Chief, and Watch Commander Notified.
- EMS Field Supervisors attain 911 Ambulance System Level and take appropriate actions to ensure ambulance availability.
- Contractor's ambulance extensions cancelled, off-duty times and interfacility transports suspended.
COUNTYWIDE ALERT
Any potential or actual event that may impact the daily operations of the EMS System

Description
- A Countywide Alert may be requested by any emergency service responder but must be authorized and executed by the EMS Agency.
- Provides an early notification to prepare the EMS System for larger than expected numbers of patients.

Examples of Countywide Alerts
- Several significant incidents exist (either by size or nature).
- EMS System Levels are low or close to being insufficient.
- Intelligence information exists that indicates that an event may occur that may cause a large number of ill or injured.
- Natural occurrences such as fire, flood, earthquake, etc.
- Medical Mutual Aid is requested or is being provided to another county.
- Complete or partial failure of EMS System critical infrastructure (hospital compromise, communications system, etc.).
- Potential or actual public health emergency.

EMS System Actions
- All ambulance services query total available units for system or event response.
- The EMS Duty Chief initiates actions, to ensure the integrity of the EMS System, as appropriate
- Hospitals complete bed availability query.
- The Office of Emergency Services may be notified.
- The County Health Officer may be notified.
- The Public Health Department Operations Center is placed on alert.
- Region II may be notified.

County Communications Actions
- Support individual event needs and fill requests as received.
- EMS Field Supervisors, EMS Duty Chief, and Watch Commander Notified.
- EMS Field Supervisors attain 911 Ambulance System Level and take appropriate actions to ensure ambulance availability.
- Contractor's ambulance extensions cancelled, off-duty times and interfacility transports suspended.
LOCAL ALERTS AND ACTIVATIONS
INITIATION/CANCELLATION

ALERT INITIATION

1. The Incident Commander (IC) notifies their communications center of the desire to initiate a LOCAL ALERT. The local jurisdiction implements any appropriate procedures.

2. The dispatch center in the local jurisdiction immediately notifies Santa Clara County Communications.

ALERT CANCELLATION

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

2. The dispatch center in the local jurisdiction immediately notifies Santa Clara County Communications.

ACTIVATION INITIATION

1. The Incident Commander (IC) notifies their communications center of the desire to initiate an ACTIVATION. The IC shall 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
- Safety or Approach Instructions
- Request Additional Units

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.
# 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 EMSSystem 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.

Medical-Health Operational Area Coordinator
(Health Officer, Public Health Department DEOC, 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 EMS System for incident information.
LEVEL 1 ACTIVATION
Local Jurisdiction Multi-Victim Incident

**Description**
- Event is managed by the local jurisdiction.
- **Up to four (4) 911-System Ambulances** (including aircraft) are used, **or**
- **Approximately Less than ten (10) anticipated patients require ambulance transportation**

<table>
<thead>
<tr>
<th>Description</th>
<th>Actions</th>
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</table>
| Communications | Local public safety jurisdiction operates on their own frequencies.  
- IC or designee may communicate with EMS Field Supervisor enroute to the incident if necessary.  
- Responding ambulances communicate on assigned EMS Command Channel.  
- 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 and advise the IC or designee of all requests once authorized by the IC or designee.  
- 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 but followed by a Patient Care Report for each patient.  
- 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. |
<table>
<thead>
<tr>
<th>Description</th>
<th>Actions</th>
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<tbody>
<tr>
<td><strong>Patient Destination</strong></td>
<td>• 911 Ambulance Diversion and Service Advisories apply.</td>
</tr>
<tr>
<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>
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<tr>
<td></td>
<td>• Trauma Center Criteria and destination shall remain intact if possible.</td>
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<tr>
<td></td>
<td>• The Transportation Group Supervisor shall ensure than no one hospital is inappropriately taxed.</td>
</tr>
<tr>
<td></td>
<td>• Hospitals are informed of Level 1 Activation via EMSystem System Alert (no bed query).</td>
</tr>
<tr>
<td></td>
<td>• Ambulances notify hospitals of pending arrival (Hospital Communications not filled).</td>
</tr>
<tr>
<td><strong>EMS Resources</strong></td>
<td>• Unless a specific request is made by the IC, <strong>three (3) 911 ALS Ambulances and one (1) EMS Supervisor will be automatically attached to the event.</strong></td>
</tr>
<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 EMS Field Supervisor assigned to the zone will automatically be attached to the event.</td>
</tr>
<tr>
<td></td>
<td>• The remaining EMS Field Supervisor is responsible to manage the 911 Ambulance System during Activation.</td>
</tr>
<tr>
<td><strong>Public Safety</strong></td>
<td>• Local public safety jurisdiction PSAP coordinates all non-ambulance resource requests.</td>
</tr>
<tr>
<td>Answering Points (PSAP’s)</td>
<td>• County Communications PSAP coordinates the dispatch of all ambulance, private, and medical-health resources.</td>
</tr>
<tr>
<td><strong>EMS Agency</strong></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 (use of BLS ambulances, protocol amendments, etc.).</td>
</tr>
<tr>
<td></td>
<td>• EMS 2 is notified of event and ensures the integrity of the EMS System.</td>
</tr>
<tr>
<td><strong>Notifications</strong></td>
<td>• Local public safety agency determines internal notifications.</td>
</tr>
<tr>
<td></td>
<td>• 911 Ambulance Contractors Operations Manager notified (AMR-100)</td>
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<tr>
<td></td>
<td>• County Communications Watch Commander notified.</td>
</tr>
</tbody>
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**LEVEL 1 ACTIVATION CONTINUED…**
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<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) anticipated patients require ambulance transportation.**

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<th>Actions</th>
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</table>
| **Communications** | - Local public safety jurisdiction operates on their own frequencies.  
- IC or designee may communicate with EMS Field Supervisor enroute to the incident if necessary.  
- Responding ambulances communicate on assigned EMS Command Channel.  
- 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  
- Electronic patient tracking system may be 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. |
### Medical-Health Supervisors Field Operations Guide

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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.  
• Field crews shall ensure than no one hospital is inappropriately taxed.  
• Hospitals are informed of Level 2 Activation via EMS System Alert (no bed query).  
• Medical Communications Coordinator notifies hospitals of pending arrivals. |
| **EMS Resources**                  | • Unless a specific request is made by the IC, **six (6) 911 ALS Ambulances and one EMS Supervisor will be automatically attached to the event.**  
• Unless authorized by the EMS Duty Chief, only 911 ALS System Ambulances are used (BLS units may be used in the 911 System or at the event).  
• The EMS Field Supervisor assigned to the zone will automatically be attached to the event.  
• The remaining 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.  
• County Communications advises all ambulance dispatch centers of event. |
| **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 Contractors Operations Manager notified (AMR-100)  
• County Communications Watch Commander notified. |

**LEVEL 2 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  
- 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 involved over 20 anticipated patients and may be up to 100 anticipated patients.
- Specific guidelines for the management of Level 3 activations can be found in associated reference documents (i.e.: Mass Prophylaxis Plan, CMTF Plan, Pandemic Influenza Plan, etc.)
<table>
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<th>Description</th>
<th>Actions</th>
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</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 may be used for Countywide Command and Control Coordination |
| **Documentation**    | • Triage Tags Used  
                       • Electronic patient tracking system is used  
                       • All ICS Positions complete an ICS 214  
                       • T-Cards are used |
| **Patient Destination** | • County routes patients to facilities (through the EOC or DOC)  
                          • Limited use of casualty collection points may be implemented.  
                          • Hospitals are informed of Level 3 Activation via EMS System System Alert and immediately report total in-house bed availability. |
| **EMS Resources**    | • Non-traditional EMS resources may 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 Contractors Operations Manager notified (AMR-100)  
                          • County Communications Watch Commander notified.  
                          • All ambulance dispatch centers notified. |

**LEVEL 3 ACTIVATION CONTINUED...**
<table>
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<th>Description</th>
<th>Actions</th>
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</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 CMRS/Public Health Department Operations Center 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  
  **CMRS/Public Health Department Operations Center**  
  - 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**
LEVEL 4 ACTIVATION
Countywide Impact

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>
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</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 |
| **Documentation**                 | • Triage Tags Used  
• Electronic patient tracking system is used  
• All ICS Positions complete an ICS 214  
• T-Cards are used |
| **Patient Destination**           | • County routes patients to facilities (through the EOC or DOC)  
• Use of casualty collection points may be implemented.  
• Hospitals are informed of Level 4 Activation via EMSystem System Alert and immediately report total in-house bed availability via EMSystem. |
| **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 Contractors Operations Manager notified (AMR-100)  
• County Communications Watch Commander notified.  
• All ambulance dispatch centers notified. |
<table>
<thead>
<tr>
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<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 CMRS/Public Health Department Operations Center 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.  
CMRS/Public Health Department Operations Center  
- 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>
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<tr>
<th>Description</th>
<th>Actions</th>
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| **Recommended NIMS/SEMS Structure (Medical-Health Positions)** | CMRS/Public Health Department Operations Center  
- 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. |
| Joint Emergency Operations Center |  
- Coordination with Regions/Operational Areas, State, and Federal Resources. |

**LEVEL 5 ACTIVATION END**
Multiple Patient Management Plan

Job Action Sheets & Tools
MPMP Position Check Lists & Tools

Delayed Treatment Area Manager
Ground Ambulance Coordinator
Immediate Treatment Manager
Medical Branch Director
Medical Communications Coordinator
Medical Group Supervisor
Medical Supply Coordinator
Minor Treatment Area Manager
Morgue Manager
Patient Transportation Unit/Group
Treatment Dispatch Manager
Treatment Unit Leader
Triage Personnel
Triage Unit Leader
Patient Routing Worksheet (Levels 1-2)
Patient Routing Worksheet (Levels 3-5)
ICS 214
ICS 206
Transportation Group Supervisor Worksheet
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 Treatment Dispatch Manager.
- Notify Treatment Dispatch Manager 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:
  ○ Aides
☐ Establish appropriate staging area for ambulances.
☐ Locate, prepare, and identify Ambulance Staging Area(s)
  ○ 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 Treatment Dispatch Manager.
☐ Provide ambulances upon request from the Medical Communications Coordinator.
☐ Order and dispense resources as directed by Patient Transportation Unit Leader/Group Supervisor
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.
  - Consider equipment/time limitations

Provide an inventory of medical supplies available at ambulance staging area for use at the scene.
  - 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
  - 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
GROUNDS AMBULANCE 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"

Medical Group/Division
Supervisor
"MEDICAL GROUP"

Triage Unit
Leader
"TRIAGE"

Triage Personnel

Morgue Manager
"MORGUE"

Medical Supply Coordinator
"MEDICAL SUPPLY"

Treatment Unit
Leader
"TREATMENT"

Treatment Dispatch Manager
"TREATMENT DISPATCH"

Immediate Treatment
Area Manager

Delayed Treatment
Area Manager

Minor treatment
Area Manager

Medical Communications Coordinator
"MEDICAL COMMUNICATIONS"

Ground Ambulance Coordinator
"GROUND AMBULANCE"

Patient Transportation
Group Supervisor
"PATIENT TRANSPORT"

Immediate Treatment
Area Manager

Fire Group Supervisor
"FIRE"

Law Enforcement
Group Supervisor
"LAW ENFORCEMENT"

Patient Transportation
Group Supervisor
"PATIENT TRANSPORT"

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"

Triage Unit
Leader
"TRIAGE"

Triage Personnel

Morgue Manager
"MORGUE"

Medical Supply Coordinator
"MEDICAL SUPPLY"

Treatment Unit
Leader
"TREATMENT"

Treatment Dispatch Manager
"TREATMENT DISPATCH"

Immediate Treatment
Area Manager

Delayed Treatment
Area Manager

Minor treatment
Area Manager

Medical Communications Coordinator
"MEDICAL COMMUNICATIONS"

Ground Ambulance Coordinator
"GROUND AMBULANCE"

Patient Transportation
Group Supervisor
"PATIENT TRANSPORT"
Medical-Health Supervisors Field Operations Guide

IMMEDIATE TREATMENT MANAGER

Position Check List

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 Treatment Dispatch Manager.
☐ Notify Treatment Dispatch Manager 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
MEDICAL BRANCH DIRECTOR

Position Check List

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).
MEDICAL COMMUNICATIONS COORDINATOR

Position Check List

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 Treatment Dispatch Manager.

- 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 Treatment Dispatch Manager.

☐ Communicate patient air ambulance transportation needs to the Air Operations Branch Director based on requests from the treatment area managers or Treatment Dispatch Manager.

☐ 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/coroners 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:
  o Medical supplies, equipment
  o 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, 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 Treatment Dispatch Manager.
☐ Notify Treatment Dispatch Manager 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
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:
  - Aides
  - 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
  - Move bodies only when necessary
  - 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 ON 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"

- Triage Unit Leader
  "TRIAGE"

- Medical Supply Coordinator
  "MEDICAL SUPPLY"

- Treatment Unit Leader
  "TREATMENT"

- Treatment Dispatch Manager
  "TREATMENT DISPATCH"

- Immediate Treatment Area Manager

- Delayed Treatment Area Manager

- Minor treatment Area Manager

- Medical Communications Coordinator
  "MEDICAL COMMUNICATIONS"

- Ground Ambulance Coordinator
  "GROUND AMBULANCE"

- Patient Transportation Group Supervisor
  "PATIENT TRANSPORT"

- Medical Group Supervisor
  "MEDICAL"

- Fire Group Supervisor
  "FIRE"

- Law Enforcement Group Supervisor
  "LAW ENFORCEMENT"

- Triage Personnel

- Morgue Manager
  "MORGUE"

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"

- Treatment Dispatch Manager
  "TREATMENT DISPATCH"

- Immediate Treatment Area Manager

- Delayed Treatment Area Manager

- Minor treatment Area Manager

- Medical Communications Coordinator
  "MEDICAL COMMUNICATIONS"

- Ground Ambulance Coordinator
  "GROUND AMBULANCE"

- Patient Transportation Group Supervisor
  "PATIENT TRANSPORT"
PATIENT TRANSPORTATION UNIT LEADER OR GROUP SUPERVISOR
Position Check List

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:
  - Medical Communications Coordinator
  - Ground Ambulance Coordinator
  - 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.
 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

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"

Medical Communications
Coordinator
"MEDICAL COMMUNICATIONS"

Ground Ambulance
Coordinator
"GROUND AMBULANCE"

Patient Transportation
Group Supervisor
"PATIENT TRANSPORT"

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"

Patient Transportation
Group Supervisor
"PATIENT TRANSPORT"

Triage Personnel

Morgue Manager
"MORGUE"

Triage Unit
Leader
"TRIAGE"

Medical Supply
Coordinator
"MEDICAL SUPPLY"

Treatment Unit
Leader
"TREATMENT"

Treatment Dispatch Manager
"TREATMENT DISPATCH"

Immediate Treatment
Area Manager

Delayed Treatment
Area Manager

Minor treatment
Area Manager
TREATMENT DISPATCH MANAGER
Position Check List

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 “TREATMENT DISPATCH” or TREATMENT DISPATCH 1, TREATMENT DISPATCH 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)
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
  - Treatment Dispatch Manager
  - Litter Bearers
  - Runners
- Assign medical care personnel to Treatment Areas
- Direct and supervise Treatment Dispatch, 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.
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.
TRIAGE PERSONNEL
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"

Morgue Manager
"MORGUE"

Triage Unit
Leader
"TRIAGE"

Medical Supply
Coordinator
"MEDICAL SUPPLY"

Treatment Unit
Leader
"TREATMENT"

Treatment
Dispatch Manager
"TREATMENT DISPATCH"

Immediate Treatment
Area Manager

Delayed Treatment
Area Manager

Minor treatment
Area Manager

Patient Transportation
Group Supervisor
"PATIENT TRANSPORT"

Medical Communications
Coordinator
"MEDICAL COMMUNICATIONS"

Ground Ambulance
Coordinator
"GROUND AMBULANCE"

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"

Treatment
Dispatch Manager
"TREATMENT DISPATCH"

Immediate Treatment
Area Manager

Delayed Treatment
Area Manager

Minor treatment
Area Manager

Patient Transportation
Group Supervisor
"PATIENT TRANSPORT"

Medical Communications
Coordinator
"MEDICAL COMMUNICATIONS"

Ground Ambulance
Coordinator
"GROUND AMBULANCE"
TRIAGE UNIT LEADER
Position Check List

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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</thead>
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<tr>
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<tr>
<td>(TRAUMA)</td>
<td>1 1 2</td>
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<tr>
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<tr>
<td>KAISER SANTA CLARA</td>
<td>I D M</td>
<td>I D M</td>
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<tr>
<td>O’CONNOR HOSPITAL</td>
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<td>1 1 2</td>
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<tr>
<td>KAISER SANTA TERESA</td>
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<td>I D M</td>
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<td>1 1 2</td>
<td>2 2 4</td>
<td>2 2 4</td>
<td>2 2 4</td>
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<tr>
<td>GOOD SAMARITAN HOSPITAL</td>
<td>I D M</td>
<td>I D M</td>
<td>I D M</td>
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<td>1 1 2</td>
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<td>ST. LOUIS REGIONAL MEDICAL CENTER</td>
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<td></td>
<td>1 1 1</td>
<td>2 2 2</td>
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</tbody>
</table>
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, Public Health DOC, or County EOC.
- This form may be used by Area Commands, Individual Incidents, or for countywide tracking.

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>TIME</th>
<th>TIME</th>
<th>TIME</th>
<th>TIME</th>
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<tbody>
<tr>
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<td>PALO ALTO VA</td>
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<td>M</td>
<td>I</td>
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<tr>
<td>GOOD SAMARITAN HOSPITAL</td>
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<td>LOS GATOS COMMUNITY HOSPITAL</td>
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<td>D</td>
<td>M</td>
<td>I</td>
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<tr>
<td>ST. LOUISE REGIONAL MEDICAL CENTER</td>
<td>I</td>
<td>D</td>
<td>M</td>
<td>I</td>
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</table>
# UNIT LOG

**ICS 214 (SEMS 2003)**

<table>
<thead>
<tr>
<th>1. INCIDENT NAME</th>
<th>2. DATE PREPARED</th>
<th>3. TIME PREPARED</th>
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<thead>
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<th>5. LEADER NAME</th>
<th>6. OPERATIONAL PERIOD</th>
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<table>
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<tr>
<td>MEDICAL PLAN</td>
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### 5. INCIDENT MEDICAL AID STATIONS

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### 6. TRANSPORTATION

#### A. AMBULANCE SERVICE

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>PARAMEDICS</th>
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</tbody>
</table>

#### B. INCIDENT AMBULANCES

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>PARAMEDICS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>YES</td>
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<tr>
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</table>

### 7. HOSPITALS

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<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TRAVEL TIME</th>
<th>PHONE</th>
<th>HELIPAD</th>
<th>BURN CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AIR</td>
<td>GROUND</td>
<td></td>
<td>YES</td>
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</tr>
</tbody>
</table>

### 8. MEDICAL EMERGENCY PROCEDURES

ICS 206 (SEMS 2003) 9. PREPARED BY (MEDICAL UNIT LEADER) 10. REVIEWED BY (SAFETY OFFICER)
TRANSPORTATION GROUP SUPERVISOR - WORKSHEET
Santa Clara County Emergency Medical Services System

NUMBER OF VICTIMS REPORTED BY TRIAGE PRIORITY

<table>
<thead>
<tr>
<th>Immediate</th>
<th>Delayed</th>
<th>Minor</th>
<th>Deceased</th>
<th>TOTALS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AMBULANCES ATTACHED</th>
</tr>
</thead>
</table>

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
- Attain System 911 Ambulance Levels (enroute to call)
- Attain Hospital Status (enroute to call)
- Prepare EMSYSTEM (send HAZMAT/decon. information, hospital availability, etc.)
- Attain Attached (Ambulance) Resource List (enroute 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)
EMS Communication System Users Guide
Introduction

The Radio Users Guide is designed to provide a reference document for the operations of the Santa Clara County EMS Communications System. This guide does not replace the need for department/company provided training and orientation to the use of the Santa Clara County EMS Communications System.

Authorized Radio Users

The County EMS Agency and County Communications must authorize users of the EMS Communications System. Authorized users include, but are not limited to:
- Emergency Medical Services Agency
- All Santa Clara County Permitted Ambulance Services
- Santa Clara County Public Health Department
- Santa Clara County Public Safety Partners (fire, law, public service)
- Santa Clara County Coroner's Office
- Santa Clara County Acute Care Hospitals

Radio Hierarchy

- **EMS Director**
- **EMS Commander**
- **EMS Duty Chief**
- **EMS 3 - 9**

- **EMS Managers**
  (Units 100-119)

- **County Health Officers**

- **EMS Supervisors**
  (Units 120-149)

- **Public Health Administration/DOC**

- **Public Safety Officers**

- **Field Units**
  (Contracted & Non-Contracted ambulance providers; Public Health Staff)
Radio Terminology and Codes

The use of clear text is an industry standard that replaces the use of most radio codes.

Radio Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responding</td>
<td>Enroute to a call for service</td>
</tr>
<tr>
<td>On-Scene</td>
<td>Arrived at the scene</td>
</tr>
<tr>
<td>Transporting</td>
<td>Transporting a patient</td>
</tr>
<tr>
<td>Available</td>
<td>Ready for response</td>
</tr>
<tr>
<td>Scene Secure</td>
<td>The scene has been deemed safe to enter by the public safety agency or call</td>
</tr>
<tr>
<td></td>
<td>jurisdiction or other on-scene authorized personnel</td>
</tr>
<tr>
<td>Emergency Traffic</td>
<td>Channel is cleared and made available for emergency communication</td>
</tr>
<tr>
<td>On Scene - Investigating</td>
<td>On scene of an incident – investigating circumstances</td>
</tr>
<tr>
<td>Report on Conditions</td>
<td>Scene size-up, status of an incident</td>
</tr>
</tbody>
</table>

Radio Codes (No Other Codes May Be Used)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-1</td>
<td>Poor Reception</td>
<td>Code 1</td>
<td>Low Priority Information</td>
</tr>
<tr>
<td>10-2</td>
<td>Good Reception</td>
<td>Code 2</td>
<td>Response without lights/siren</td>
</tr>
<tr>
<td>10-4</td>
<td>Message Understood</td>
<td>Code 3</td>
<td>Response with lights/siren</td>
</tr>
<tr>
<td>10-55</td>
<td>Dead Body</td>
<td>Code 4</td>
<td>No further assistance needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Code 7</td>
<td>Meal Break</td>
</tr>
</tbody>
</table>
Unit Typing and Call Signs

All EMS System units are "typed" to provide for standardization and integration of all Santa Clara County EMS System Providers in the event of a large-scale incident. The following table represents call signs and associated typing configurations.

<table>
<thead>
<tr>
<th>Call Sign</th>
<th>Type</th>
<th>Call Sign</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medic</td>
<td>Paramedic Ambulance or Non-transport</td>
<td>Director</td>
<td>EMS System Director</td>
</tr>
<tr>
<td>Squad 1-9</td>
<td>Specialized EMS / Public Health Unit</td>
<td>Commander</td>
<td>EMS System Commander</td>
</tr>
<tr>
<td>Utility 150-170</td>
<td>MCI/FTS trailers, Support Units, etc.</td>
<td>Duty Chief</td>
<td>EMS System Duty Chief</td>
</tr>
<tr>
<td>100-119</td>
<td>Private EMS Service Managers and/or Directors</td>
<td>EMS 3-9</td>
<td>EMS Agency Staff</td>
</tr>
<tr>
<td>120-149</td>
<td>Private EMS Service Field Supervisors</td>
<td>Health Officer</td>
<td>County Health Officer</td>
</tr>
<tr>
<td>Non-Contract Ambulance Units</td>
<td>ALS, BLS, &amp; CCT Ambulances, Company ID &amp; Unit #</td>
<td>Public Health</td>
<td>County Public Health Dept; Department Operations Center (DOC)</td>
</tr>
</tbody>
</table>

System Structure

The EMS Radio System is based on an 800 mHz conventional platform and is comprised of eight channels. Five of channels are simulcast (duplex) and three of the channels are non-repeated (simplex). The repeated channels are used as the primary dispatch channel, hospital ring-down channel, command channels and one interoperability channel. The three remaining non-repeated “direct” channels share the same receive frequencies as the three command channels and consequently, they cannot be utilized concurrently with their related command channel. The non-repeated channels provide unit-to-unit transmission abilities and have been assigned as tactical channels. The radios have been programmed in the following sequence
**Medical-Health Supervisors Field Operations Guide**

**Structure - Matrix**

<table>
<thead>
<tr>
<th>Channel/Call Sign</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED 91</td>
<td>EMS Primary dispatch channel (Unit-to-unit traffic should not occur on this channel)</td>
</tr>
<tr>
<td>EMS Command 92</td>
<td>Daily use for hospital notifications – suspended for significant events. Used for countywide command &amp; control functions or Health Officer coordination during incidents.</td>
</tr>
<tr>
<td>EMS Command 93</td>
<td>Preferred Westside command use (not monitored by a dispatcher)</td>
</tr>
<tr>
<td>EMS Command 94</td>
<td>Preferred Eastside command use (not monitored by a dispatcher)</td>
</tr>
<tr>
<td>EMS Tactical 95</td>
<td>Unit-to-unit (use as last option)</td>
</tr>
<tr>
<td>EMS Tactical 96</td>
<td>Unit-to-unit (preferred use – Eastside)</td>
</tr>
<tr>
<td>EMS Tactical 97</td>
<td>Unit-to-unit (preferred use – Westside)</td>
</tr>
<tr>
<td>BayMACS</td>
<td>Countywide command &amp; control only</td>
</tr>
</tbody>
</table>

**Geographical Functionalities**

MED 91 and EMS Command 92 have countywide accessibility. EMS Command 93 provides north to south coverage along Hwy 85/US 101 corridors from Palo Alto to Gilroy and is the preferred Westside Command Channel. EMS Command 94 provides coverage from Milpitas through the downtown San Jose area and is the preferred Eastside Command Channel. BayMACS, the interoperable command and control channel, works best with mobile radios in the central valley areas of the county ranging from Palo Alto to Gilroy.

The non-repeated channels (EMS Tactical 95, 96 and 97) work only in a line-of-site mode. Please be advised that when selecting a tactical channel, EMS Tactical 95 should be the last channel selected, as it is the non-repeated simplex channel of EMS Command 92 (hospital ring-down channel). Take note that County Communications may not be able to hear radio traffic on the tactical channels.
Primary Dispatch Channel

MED 91 is the primary EMS dispatch channel. All responses are dispatched on this channel as well as a simulcast on a UHF radio frequency that sends an alert and voice dispatch to radio pagers. Unit-to-unit traffic should not occur on this channel.

Non-contracted ambulance services will operate on MED 91 when attached to 9-1-1 system calls including multi-casualty incidents, disaster, and during unusually high system volume. Under normal circumstances non-contracted ambulance services will not be a frequent user of this channel.

Supplemental Transport Ambulance Resources (STAR) will communicate their status on MED 91 upon the initiation and completion of patient transport.

Command Channels

Units may be assigned to command channels (EMS Command 92, 93, or 94) when appropriate by County Communications. Under normal circumstances, a dispatcher does not monitor command channels. The EMS Agency may request that a command channel be monitored depending on the needs of an incident/response. A public safety partner or contractor supervisor may request that an incident be moved to an unmonitored command channel at any time. In the event that a dispatcher is assigned to monitor a command channel, marker tones may be placed on the activated channel. Marker tones are short tones that occur every ten seconds.

Command channels may also be reserved in advance for drills, special events, or mutual aid activities. The assignment of specific command channels will be determined by the County Communications and/or EMS Agency based on the geographic stability of the channel.

If command channels are used without marker tones, radio users must make all status changes on MED 91. If marker tones are present, radio users should make status changes on the command channel. The primary purpose for command channels is to provide for on-scene communications for command and control functions.

When command channels are used, only appropriate ICS positions may communicate with County Communications. This may include Medical Branch Director/Group Supervisor, Transportation Group Supervisor/Unit Leader, Ground Ambulance Coordinator, Medical Communications Coordinator, etc. Crews must route all requests through the appropriate ICS chain of command for the incident.
**Tactical Channels**

Tactical channels may be assigned to an event when unit-to-unit communications are necessary to complete specific tasks or functions. County Communications will identify which channels are to be used. Examples may include assignment to a medical unit, working a complex incident that may require specific functional groups such as medical supply, air ambulance operations, etc.

A dispatcher does not monitor tactical channels. Public safety personnel may communicate with on-scene ambulances on tactical channels for specific on-scene coordination details (access information, travel instructions, etc.).

**BayMACS**

BayMACS is a mutual aid channel that is used for the coordination of command and control functions of multi-jurisdictional, multidisciplinary, incidents within the County.

Public safety partners may request EMS units switch to BayMACS for command and control functions. The EMS Agency may also move an incident to BayMACS based on the needs of the incident.

**Audible Tones**

A **steady alert tone** is used anytime the dispatcher needs to announce a priority message. This includes All Points Broadcasts (APBs), hospital status, major road closures, etc. The tone may be initiated by County Communications or upon the request of EMS Agency personnel.

A **warbler tone** is used when requested by EMS Command staff (supervisors, EMS Duty Chief, EMS Commander, etc.), County Communications, or when emergency traffic requires an immediate action such as an evacuation, shelter in place order, eminent safety issue, etc. The warbler-tone is a fast pace continuous "high-low-high" pitch sound. When this alert is issued, all non-emergency traffic must stop until the broadcast is completed.

**Marker tones** may be used on any frequency when monitored by a dispatcher. The EMS Agency, in coordination with County Communications, may authorize the use of these tones. The marker tone is a single high pitch short burst sound that is activated every ten seconds.
Emergency Buttons

Each radio (portable, mobile, or base) is equipped with an active emergency button feature. This feature is a standard programming function that works on MED 91 and EMS Command 92 and is intended for use on all 9-1-1 system ambulances.

It provides a means for users to broadcast a non-verbal emergency request for assistance and inform County Communications that an eminently life-threatening condition exists at their location.

In addition to the emergency button feature, 9-1-1 system ambulances have also been equipped with GPS tracking equipment. When a 9-1-1 system ambulance activates an emergency button push, in most cases County Communications through the use of a GPS mapping system can locate the unit and send appropriate resources (law & fire) to assist the requesting unit. This GPS locater feature does not exist for other provider agencies (fire department apparatus, STAR units, non-EOA ambulances, hospitals, Public Health Department or EMS Agency) and County Communications has no way a locating or tracking those resources.

Emergency Button Activation Procedures for EOA Contractor Units

Once activated, County Communications will attempt to contact the unit and attain further information. If the unit does not respond or does not provide an appropriate response to the dispatcher; fire, police, contractor’s supervisors and operations manager, and the Duty Chief will be dispatched or notified. 9-1-1 System supervisors, managers, and the Duty Chief may modify responses to emergency button activations based on available information.

In the event that an emergency button is activated accidentally, the unit must acknowledge the dispatcher with "Code 4". Any other response is not acceptable and all emergency responders will continue to respond. All emergency button activations require all crew members assigned to the unit to complete Unusual Occurrence Reports (EMS Form 903) and submit to the EMS Agency within 24 hours.
Emergency Button Activations for All Other Providers

County Communications will contact other EMS System providers (fire departments, STAR units, non-EOA ambulance services, hospitals, Public Health and the EMS Agency) and inform them of the activation. It is provider agency’s responsibility to disposition the activation. During the notification process, County Communications will provide the dispatch center with a radio identification number [also referred to as a “Push-To-Talk” (PTT) number]. This three or four digit number can be found on the body of the radio and has been engraved on the interior body panel of each portable radio (the battery will need to be removed to see it).

Dispatch Format & Unit Alerting Procedures

9-1-1 system units receive call notification via UHF radio pager and assigned radios. A brief verbal pre-alert is made followed by the dispatch of call information. All radio users shall refrain from transmitting from the time a pre-alert is issued until the completion of a dispatch (with the exception of Emergency Traffic). An alphanumeric page is also sent at the time of dispatch including location and other pertinent call details.

The radio pager is the primary notification device used for the dispatch of units. All other methods of notification are supplemental. Therefore, it is essential that radio pagers are kept charged and set to an appropriate alerting option.

Dispatch information includes code of response, location, nature of call and any necessary scene safety/staging information. All other details are sent to alphanumeric pagers.

When a non 9-1-1 system unit is made available by their dispatch centers for a 9-1-1 response, County Communications will dispatch non 9-1-1 system units to calls in the same method as 9-1-1 system units (ring-down of UHF radio pager and assigned portable radio). Note: The private dispatch center will not dispatch the unit to the call.

Once a unit receives a dispatch, the unit shall acknowledge the response and provide location instructions identified in the example.

“Medic 753, Responding from Moorpark and Bascom”
Updates When Attached to a Response

All critical updates will be provided via the radio.

Non-critical updates will be provided to crews via alphanumeric page. Crews are not to request updates for non-critical issues such as patient condition, reason for up/downgrades, etc.; County Communications will advise crews if any updates are received.

First Responder Updates

Due to the nature in which ambulances are deployed and dispatched throughout the system, it is not feasible to advise each Public Safety Answering Point (PSAP) of which ambulance has been assigned or reassigned to an EMS event. Consequently, first responder units will not know which ambulance(s) has been attached to their event, making unit-to-unit contact difficult. There will be those occasions in which a first responder unit must pass on critical information (scene safety, access information, travel & staging instructions) to the inbound ambulance and utilization of the EMS radio will be the most efficient means to do so. In those situations, the first responder unit will need to contact MED 91 and provide the following information:

- Department Name
- Unit Identifier
- Event Location
- Critical Message

Example:

- “MED 91, San Jose Engine 10"
- “San Jose Engine 10 go ahead”
- “Advise the ambulance responding to 10th & San Carlos that the scene is not secure; Have the ambulance stage at 8th & San Carlos”
Private EMS Providers Use Of Other Jurisdictions Radio Systems

The utilization of other jurisdictions radio system may occur during significant EMS events and disaster operations (i.e.: Activations of Multiple Patient Management Plan). When working on another provider’s system, it is imperative that the unit provides the company name and unit identifier in the beginning of each transmission. When working out of the County (ambulance strike team deployment, mutual aid, etc), the unit must preface each transmission with “Santa Clara County”, their provider agency name, unit type and unit ID.

Example:

<table>
<thead>
<tr>
<th>“Santa Clara County AMR Medic 823”</th>
</tr>
</thead>
<tbody>
<tr>
<td>or</td>
</tr>
<tr>
<td>“Santa Clara County Westmed Ambulance Unit 302”</td>
</tr>
</tbody>
</table>

Emergency Traffic

The term Emergency Traffic is used when an event may cause imminent injury to any person. Examples include assaults in progress, an unreported structure fire in an apartment building, etc. The term Emergency Traffic should not be used for minor traffic collisions, non-life threatening conditions, etc.

Reporting Still Alarms

When reporting still alarms and other witnessed events, radio users shall provide the incident location, nature of incident, resources to dispatch, and code of response. It is not necessary to notify County Communications of non-injury traffic collisions, disabled vehicles, etc. unless they are creating an imminent threat to the safety of the public.

Report on Conditions

A “Report on Conditions” or “Scene Size Up” provides the EMS System with updated information about EMS events. This update should be provided to County Communications by the first on-scene ambulance or other first on-scene EMS units. The report should identify the nature of the event, number of injured approach/staging instructions and any pertinent safety information. This report is especially critical when multiple EMS units are responding to the events.

Example of 1st ambulance on-scene with conditions as reported in initial dispatch:
“Medic 710 on-scene of a traffic collision, conditions are as reported”

Example of 1st ambulance on-scene with conditions different as reported in initial dispatch:

“Medic 710 on-scene of a traffic collision with rollover, there are 4 patients, 2 patients are trapped and require extrication. The second incoming ambulance can enter southbound Highway 17 at Hamilton Avenue to access the incident and stage behind Engine 11 on the right shoulder”

**Personnel Accountability Report (PAR)**

A “PAR” is a safety check that includes confirmation that all members of a unit are accounted for and are safe at the time of the “PAR” (this includes observers, trainees, etc.). Any lack of an affirmative “PAR” query will result in an emergency action until the personnel are accounted for. Under most circumstances, the EMS Supervisor shall coordinate an ambulance “PAR” with the public safety agency responsible for the event. However, it may be necessary to conduct independent “PARs” as necessary.

When a “PAR” is requested, personnel shall:

- Make visual confirmation that all crewmembers are safe and are present
- Advise unit ID and “PAR” if all crewmembers are safe and are present
  Example: “**Medic 940 has a PAR**”
- Advise unit ID and that the unit does not have a “PAR” if all crewmembers are not safe and/or are not present.
  Example: “**Medic 940 does not have a PAR**”
- Consider this notification an emergency mitigation need
- Standby for instructions
Interfacility Transfer

Limited interfacility transfers (IFTs) are dispatched by County Communications. Interfacility transfers are dispatched with abbreviated information being transmitted over the air. The dispatch contains only unit, location of incident, code of response, and call type. Call details are provided in the alphanumeric page.

Other than basic status keeping, County Communications is not responsible for any further actions. This includes facility callbacks, access information, etc. All questions or further actions required to respond to the call must be directed from the assigned unit to the private ambulance dispatch center.

In the event that a crew changes an IFT to a "system call", a full response will be initiated (to include fire first response) and hospital destination/diversion policies apply. Reasons for changing a response from an IFT to a "system call" may include arriving on the scene to find a critical patient, no sending/receiving physician identified, etc.

Status Keeping Buttons

9-1-1 System units are provided with radio status keeping buttons that serve as supplemental notifications to voice transmission. Status buttons may not be used in place of verbal status keeping.

EMSystem

EMSystem is a web-based system used to monitor hospital diversion status, trauma center bypass status, manage multi/mass-casualty medical-health incidents and to provide information to EMS System providers. Information from EMSystem is provided to prehospital personnel by County Communications. 9-1-1 system field supervisors will use EMSystem to determine patient destination in multi-patient events.

California Health Alert Network (CAHAN)

This web-based statewide system is used to broadcast warnings of impending or current disasters affecting the public's health and safety. Additionally, it provides a mechanism for the EMS Agency/Public Health Department to provide disaster response services, disaster planning, and information sharing to our EMS System provider agencies. The system is capable of sending alerts to e-mail addresses, telephones, faxes, alphanumeric pagers, and cellular phones with short message service capability.
Public Health Department

The EMS Communication System serves as essential component in coordination of the County response and mitigation of disaster medical-health incidents. The system will be used by County Health Officer, the Public Health Department Emergency Operations Center and by the specialized Public Health teams (outbreak, lab, prophylaxis, etc.).

Critical Disaster Medical-Health Notifications From the County To The Hospitals

In addition to the web-based EMSystem, local area hospitals will be alerted on EMS Command 92 of critical information notifications (activation of the Multiple Patient Management Plan, implementation of Standard Dispatch Orders, Shelter-in-Place Orders, security and safety concerns, etc.).

The alerting process will commence with a simultaneous group ring-down of all hospitals. During the informational broadcast from the County, it is imperative that each hospital refrains from transmitting on EMS Command 92 until the completion of the broadcast. Hospitals will then be directed as to how to respond to and acknowledge each broadcast (standby for roll call, view EMSystem, etc).

Prehospital Notification of Pending Ambulance Arrival

All non-emergency notifications should be made via cellular telephone or through the private services dispatch center.

9-1-1 system units may contact hospitals either by cellular phone or by radio, to provide notification of pending patient arrivals dependent upon the nature of the ring-down.

Specialty center alerts (Stroke, STEMI or Trauma) and other emergency notifications will occur on EMS Command 92 when not dedicated as a countywide Command channel. All radio ring downs are self-initiated (without County Communications involvement).

Non-system units may not use the Santa Clara County EMS Communications System for hospital notifications except when used to respond to a system call. If a non-system unit is used for a single response (non-MCI), the unit shall notify County Communications (on MED 91) that they are transporting, provide the destination, and then request a ring-down on EMS Command 92.
In this case, County Communications will activate a ring-down for the unit. In the case of multiple victim-mass casualty incidents, the Transportation Group Supervisor or other designee will make hospital notifications for the unit.

**Standard Radio Reports**

*Standard radio reports should be conducted on via cellular phone. In cases where cellular phone contact is not possible, standard radio reports may be conducted on EMS Command 92 via a self-initiated ring-down. The standard radio reports include the following information.*

<table>
<thead>
<tr>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unit ID</td>
</tr>
<tr>
<td>• ETA</td>
</tr>
<tr>
<td>• Patient’s Age</td>
</tr>
<tr>
<td>• Patient’s Sex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>• State the patient’s chief complaint</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>• State major physical findings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vital Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explain &amp; report abnormal vital signs, otherwise state “within normal limits”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Airway status (intubated or not)</td>
</tr>
<tr>
<td>• Major treatments done (drugs given, procedures completed)</td>
</tr>
</tbody>
</table>

**Stroke & STEMI Alerts**

In addition to the information provided in the Standard Radio Reports section, radio reports for patients meeting Stroke or STEMI Alert Criteria (established in ALS Standing Orders) should start with a clear statement indicating what type of alert applies to the patient.

Example:

| "Medic 654 enroute with a STEMI ALERT......... (then continue with the standard report format)" |
Trauma Alerts

Trauma center notifications should occur prior to departure from the scene and shall be made by the ground paramedic crews if air ambulance transportation is being utilized. The following information shall be provided during a trauma alert notification.

<table>
<thead>
<tr>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unit ID</td>
</tr>
<tr>
<td>• ETA</td>
</tr>
<tr>
<td>• Patient’s Age</td>
</tr>
<tr>
<td>• Patient’s Sex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>• State the Mechanism according to Policy 606</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>• State the injuries according to Policy 606</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vital Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explain GCS abnormalities if not 15</td>
</tr>
<tr>
<td>• Pulse Rate and Location if a BP is not available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Airway status (intubated or not)</td>
</tr>
<tr>
<td>• Major treatments done (drugs given, procedures completed)</td>
</tr>
</tbody>
</table>
Example:

“Medic 940 enroute with a TRAUMA ALERT………
(then continue with the DMIVT report format)”

Base Hospital Contact

Under normal circumstances, Base Hospital Contact should be made via cellular phone. In the event that cellular communication is not available, contact may be made on EMS Command 92 however, the paramedic shall clearly state they are making Base Hospital Contact once the radio is answered by Santa Clara Valley Medical Center. The paramedic or flight nurse will provide the following information:

Base Hospital Contact Required Information

<table>
<thead>
<tr>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provider Agency</td>
</tr>
<tr>
<td>• Unit</td>
</tr>
<tr>
<td>• Paramedic ID (P-number)</td>
</tr>
<tr>
<td>• Incident/Event Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Narrative of the patient’s condition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vital Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pulse, BP, Respiratory Rate, ECG, LOC, Pupils, Skin Signs, Lung Sounds, other as appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What Has Been Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Drugs and procedures completed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Why is Contact Being Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What orders are requested and why</td>
</tr>
<tr>
<td>• Consultation – what are the issues</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All orders shall be repeated by the paramedics and verified by the MICN or physician</td>
</tr>
</tbody>
</table>
Example Base Hospital Report:

“VMC this is San Jose, Engine 6, Paramedic P08674 with a Base Hospital Contact for Incident #071280405.”

“We were called to the home of a 45 year old male complaining of nausea and dizziness after accidentally ingesting approximately 8 oz of an unknown chemical used in his garden. He is also producing great amounts of mucous from his nose and mouth. He complains of abdominal pain and the need to urinate. The on-scene HazMat team has identified the chemical as an organophosphate.”

“Vital signs are a pulse of 110, blood pressure of 92 by palpation, respirations of 32 with a decreased tidal volume bilaterally – sounds like some wheezes in the bases. Skins are hot, moist, and flushed. GCS 15, Pupils sluggish and appear to be midrange. Sinus tachycardia on the monitor without ectopy.”

“We have administered 2 mg of Atropine IV with no relief. We would like to administer 1-2PAM Auto-injector enroute to your facility with a 4 minute ETA.”
Standard Dispatch Orders
STANDARD DISPATCH ORDERS

NOTICE

The following actions shall be implemented immediately in order to ensure the stability of the Santa Clara County Emergency Medical-Health Services System. Santa Clara County Communications shall immediately inform all Public Safety Answering Points (PSAPs), private ambulance dispatch centers, and field units of these orders. In the event that is it not possible to electronically transmit this form, the executrix may verbally authorize these orders.

These Orders may be executed by the EMS Agency, County Communications Watch Commander, and authorized agents of the Public Health Department. The authority for the execution of these orders is based on the California Code of Regulations, Santa Clara County Ordinance Code, Government Code, and related laws, regulations, and emergency authorities.

EMERGENCY ORDERS

Operating as an Agent of the Medical Health Operational Area Coordinator (MHOAC), County Health Officer, and/or Emergency Medical Services Director; I hereby authorize the following emergency dispatch orders. The EMS Commander is responsible for the execution of these orders. The EMS Duty Chief may issue orders noted with EMDC. In the event that the EMS Commander, EMS Director, and/or Health Officer is not accessible; the EMS Duty Chief may execute any reasonable and prudent order until contact with those listed is accomplished.

Name of Executrix: __________________________________________
Title: ______________________________________________________
Signature: __________________________________________________
Date: ____________ Time: ____________________

ACTIONS

<table>
<thead>
<tr>
<th>Order Number</th>
<th>Check to Execute</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (EMDC)</td>
<td></td>
<td>Confirm EOA Contractor’s Low Ambulance Levels &amp; High System Volume Management Actions are in Place</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure EOA Contractor’s low ambulance levels and high system volume management actions are in place. Announce to field units that low ambulance levels exist and that the following activities have been suspended until further notice. All off-duty times, meal breaks, hospital extensions, and inter-facility transports are suspended.</td>
</tr>
<tr>
<td>2 (EMDC)</td>
<td>Alert to EMS Command Staff</td>
<td>Alert EMS Command Staff to Monitor Command 92 for Instructions or Information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alert all EMS Command Staff (EMS Duty Chief, EMS Director, EMS Commander, EMS 3-6, AMR 100, Supervisor 120, Supervisor 121) and advise to monitor Command 92.</td>
</tr>
<tr>
<td>3 (EMDC)</td>
<td></td>
<td>Suspend all Hospital Ring-downs on Command 92 – Allocate for Countywide EMS Command and Control Communications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The channel will be allocated for County-wide EMS command and control communications.</td>
</tr>
<tr>
<td>4 (EMDC)</td>
<td>Alert All EMS System Units</td>
<td></td>
</tr>
<tr>
<td>5 (EMDC)</td>
<td>Alert All Private Ambulance Dispatch Centers</td>
<td></td>
</tr>
<tr>
<td>Order Number</td>
<td>Check to Execute</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>6 (EMDC)</td>
<td></td>
<td>Alert All Hospitals</td>
</tr>
</tbody>
</table>
| 7            |                  | All Hospitals Ordered Open  
Hospital emergency department diversion and trauma bypass statuses are suspended. |
| 8 (EMDC)     |                  | Discontinue all Patient Care Reports (PCR) and Replace with Triage Tags  
Only basic patient information and criticality are collected. |
| 9 (EMDC)     |                  | Conduct an EMS System Resource Roll Call – Determine Status and Welfare  
Conduct an EMS system resource roll call to determine status and welfare of logged-on units. Contact each unit to determine status and ability to respond. This may be used following a natural or man-made disaster (earthquake, flash flood, hazardous materials event, terrorist event, etc.), when ambulance resources may have been compromised. |
| 10           |                  | Place All Available EOA and Non-EOA Ambulances in Service  
Place all available EOA ambulances and non-EOA ambulances in service. Notify each private ambulance dispatch center to place all available units into service and immediately make them available for 9-1-1 system response. Dispatchers shall attach BLS ambulances to any appropriate event. Once attached to an event, the BLS ambulance shall not be cancelled because of ALS ambulance availability. |
| 11           |                  | Notify San Jose, Santa Clara City, and Gilroy Fire Departments that unrestricted use STAR Units has been authorized with their jurisdiction (Non system-wide use)  
Each fire service jurisdiction may use their STAR units in the most effective method as determined by their jurisdiction. This shall include responding to events that require ambulance transportation within their local jurisdiction. Response to and transport of all levels of triaged and non-triaged (Code 2 and Code 3) events occurring within their jurisdiction is authorized. Upon receiving notification from a PSAP that a STAR unit has been dispatched to an event, County Communications will inform the PSAP that an ambulance will not be dispatched to the event, unless a need for multiple ambulances exists. If an ambulance has already been attached to the event, it will be canceled. |
| 12           |                  | Notify San Jose, Santa Clara City, and Gilroy Fire Departments that unrestricted use STAR Units has been authorized and units may be used system-wide  
Same utilization guidelines as Order # 11. When used system-wide, STAR units will be dispatched and tracked by County Communications. |
| 13 (EMDC)    |                  | Dispatch BLS Ambulances to “Alpha”, “Bravo” and/or “Code 2” EMS Events  
Once attached to an event, the BLS ambulance shall remain on the event even if the call is upgraded. If ALS is required, the first responder agency shall provide this service (if available) and follow up to the hospital if needed. |
| 14 (EMDC)    |                  | All Ambulance Responses are Handled “Code 3”  
To increase ambulance availability, all ambulance responses are handled Code 3, regardless of patient severity. |
| 15           |                  | All Ambulance Transports to the Hospital to be Handled “Code 3”  
To increase ambulance availability, all ambulance transports to the hospital to be handled Code 3, regardless of patient severity. |
| 16           |                  | Ambulances Shall Transported to the Closest Open Emergency Department |
| 17           |                  | Automatic Ambulance Dispatches are Suspended Until a First Response Unit  
Arrives on-the-scene and Verifies that a Patient Needing Emergency Transport Exists  
Ambulances shall only be sent to calls for services when a patient has been identified and is in need of EMERGENCY transportation by ambulance. Patients not in immediate need will not be transported. |
| 18           |                  | Ambulance Dispatches to “Alpha”,”Bravo” and/or “Code 2” EMS Calls are Suspended  
This may follow Order # 14, Order #15 and/or Order # 16, if adequate ambulance resources are not available. |
<table>
<thead>
<tr>
<th>Order Number</th>
<th>Check to Execute</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>PSAPs May Discontinue Use of Pre-Arrival Instructions (PAI)</td>
<td></td>
</tr>
</tbody>
</table>
| 20 | PSAPs May Discontinue Use of Emergency Medical Dispatching (EMD) Procedures  
To increase call processing availability, only basic event information will be collected. |
| 21 (EMDC) | Patient Routing Directed by the County  
Patient routing directed by “County Routing” |
| 22 (EMDC) | Move All Ambulances to Muster Stations  
All available ambulances (ALS and BLS) shall be staged at the following muster locations:  
North County Muster Station  
De Anza College, Stevens Creek Blvd. @ Stelling Road, Cupertino  
Advise ambulances currently located in the cities of Palo Alto, Los Altos, Mountain View, Sunnyvale and Cupertino to respond Code 2 to the north County muster station. Advise units to report in on MED 91 upon arrival.  
Central County Muster Station  
Santa Clara County Fairgrounds, Tully Road @ 7th Street, San Jose  
Advise ambulances currently located in the cities of San Jose, Santa Clara, Milpitas, Saratoga, Campbell and Los Gatos to respond Code 2 to the central County muster station. Advise units to report in on MED 91 upon arrival.  
South County Muster Station  
South Santa Clara County Fire District Station 2, No Name Uno @ Masten, San Martin  
Advise ambulances located in or near the cities of Morgan Hill, San Martin and Gilroy to respond Code 2 to the south County muster station. Advise units to report in on MED 91 upon arrival.  
Dispatchers shall determine the number of units to be staged at each location based on the needs of the EMS System. Upon ambulance check in, County Communications may determine that redeployment of the ambulances is warranted. |
| 23 (EMDC) | Level 3 Activation of the Multiple Patient Management Plan |
| 24 | Level 4 Activation of the Multiple Patient Management Plan |
| 25 | Level 5 Activation of the Multiple Patient Management Plan |
| 26 (EMDC) | CHEMPACK Request Notification |
| 27 (EMDC) | CHEMPACK Deployment Notification |
| 28 (EMDC) | Shelter-In-Place |

**Additions/Notes**

**Discontinue the Following Orders**

<table>
<thead>
<tr>
<th>Total Number of Actions to Execute</th>
<th>Total Number of Actions to Discontinue</th>
</tr>
</thead>
</table>

**County Communications Fax Numbers**

408-279-4736 and 408-977-0359
System Operations
Policy References
BLS AMBULANCE UTILIZATION

Effective Date: January 22, 2007
Replaces: August 1, 2004

Resources
None

I. Purpose

The purpose of this policy is to provide a procedure for the utilization of Basic Life Support (BLS) ambulances in Santa Clara County.

II. Interfacility Transportation

A BLS ambulance may transport a patient who requires care within the EMT's scope of practice. A transferring physician, who shall be responsible for determining the appropriate level of ambulance, must authorize an interfacility transport.

III. Emergent Patients

A. An emergent patient is one who has a life or limb threatening condition, requiring immediate and definitive care. An emergent patient may have respiratory distress; airway compromise, neurological changes from baseline, may have signs of actual or impending shock, or may meet Major Trauma Victim (MTV) criteria. This shall not include patients with valid Do Not Resuscitate (DNR) orders.

B. A patient determined to be "emergent" shall be transported to the closest emergency department (with RLS) if the time from arrival on the scene to arrival at the hospital is less than ten (10) minutes. In all other cases, the BLS crew shall dial "911" or contact County Communications and request an ALS response.
C. If the patient is transported with RLS, the unit shall immediately advise County Communications and procure a County EMS Event Number. A copy of the PCR and a summary of the event shall be provided to the Agency quarterly.

D. In the event that an ALS response is activated, the BLS crew shall transfer care to the responding unit. If an ALS ambulance is not available or the First Responder ALS unit determines immediate transportation is necessary, the ALS First Responder unit may accompany the patient (in the ambulance) to the emergency department in the BLS ambulance.

IV. Use in the 911 System

County Communications may contact Santa Clara County private ambulance service providers to assist in responding to calls for emergency service when system utilization is adversely impacted.

In such cases, the private ambulance provider dispatch center shall inform County Communications of ambulances that are immediately available and those that are schedule to become available in the following twenty-minutes. The private ambulance service provider shall assist County Communications in making units available to respond to unusual system call volume.

A. Insufficient Contracted ALS Ambulance Coverage
   Non-contracted ambulances may respond with RLS when dispatched by County Communications. In the event that a BLS ambulance arrives on the scene and finds the patient requires ALS care, the ALS First Responder (public safety agency, QRV, etc.) shall provide ALS care enroute to the hospital. Once a BLS ambulance has been assigned to a 911 System call it shall not be cancelled based on subsequent contracted ALS ambulance availability.

B. Multi Casualty Incidents (MCI)
   Non-contracted BLS ambulances may transport patients that would ordinarily require ALS care when determined necessary by the Transportation Group Supervisor or other authorized party.
V. Still Alarms

In the event that a private ambulance, other than the County-contracted provider, arrives on the scene of a collision, illness, or injury by coincidence; the crew shall provide appropriate care and immediately dial "911" or notify County Communications.
EMS SYSTEM FIELD MANAGEMENT

Effective Date: January 22, 2007
Replaces: August 1, 2004

Resources: None

I. Purpose

To identify the roles and responsibilities of public and private emergency service agencies at the scene of an emergency in the County of Santa Clara.

II. Scene Roles and Responsibilities

A. The public safety agency (law or fire) having investigative authority for jurisdiction of the incident shall be responsible for the consequence management and mitigation of the incident and scene.

B. The EMS Duty Chief may serve in the following capacities:

1. Agency Representative/Liaison – When EMS System resources are utilized or requested by the Incident Commander, the Agency will make available the most appropriate system resources and ensure compliance with applicable authority and jurisdiction (medical mutual aid system, regulation, ordinance, etc.). In such cases the Agency Representative will report to the IC through the Liaison (if established). This shall include, but not be limited to:

   a) Supervision, regulation, and management of contracted system providers (air and ground ambulance services).
b) Allocation of countywide medical resources to include non-contracted ambulance providers, state medical mutual aid requests and management, non-traditional use of alternate care facilities, etc.

c) Authorizing emergency policy changes necessary to assist in the mitigation of the incident.

d) Any and all actions deemed necessary, and as authorized by the County Health Officer, to mitigate any real or potential public health emergency.

2. As authorized by Contract, the EMS Duty Chief may delegate any system management roles to the Contractors ALS Field Supervisors as applicable or appropriate.

3. Fill an ICS Position, where qualified and assigned, by the IC. Common positions include Medical Branch/Group, Transportation, Ambulance Staging, Medical Communications, Treatment Unit Leader, etc.

4. Delegate of the County Health Officer as applicable (medical mutual aid, public health emergencies, states of local emergency, liaison to the County EOC/DOC, etc.)

C. Private Ambulance Service Supervisors may serve in the following capacities:

1. Agency Representative – When private services are utilized, the Agency Representative may work with the IC or EMS Duty Chief to coordinate the individual services available from the private provider. This shall include, but not be limited to:
   
a) Supervision and management of company personnel under the direction of the IC or EMS Duty Chief.
   
b) Suspension of non-emergency company functions such as interfacility transports, meal times, work hours, etc.

2. Fill an ICS Position, when qualified and assigned, by the IC. Common positions include Transportation, Ambulance Staging, Medical Communications, Treatment Unit Leader, etc.
The EMS Agency is responsible for all aspects of the Santa Clara County Emergency Medical Services System as authorized by law and ordinance.

Contracted ALS Supervisors are responsible for the management of ALS 911 prehospital emergency medical care and transport services within the EOA (excludes the City of Palo Alto) related to the terms and conditions of the contract between the County of Santa Clara and American Medical Response.

III. Private Ambulance Supervisor Cooperation

A. Ambulance Supervisors shall cooperate, in all ways possible, with all system participants. This shall include, but not be limited to:

1. Resolution of interpersonal and operational incidents between public and private providers.

2. Response to any incident, as requested, and provide any appropriate tasks or duties.

3. Serve as the “entry point” for all issues related to the services provided by the Contractor, 24 hours per-day.

B. Contracted and non-contracted private ambulance supervisors shall ensure that the EMS Duty Chief is kept informed of unusual system performance, including but not limited to incidents of:

1. Critically low system levels

2. Political nature or those with a press interest

3. Collision of any ambulance

4. Significant injury to any private EMT or paramedic while in engaged in the performance of their contracted services.

5. Significant unresolved, conflicts between the Contractor and subcontractor or third-party related to a system response.

6. An EMERGENCY status button has been activated, and the County Communications dispatcher is unable to confirm status, or the emergency is verified.

7. A complaint or report of unusual occurrence that may require immediate Agency action.
8. A failure of the Base Hospital communications system.

9. Any event or potential event that may result in the actual or potential injury or illness to large numbers of persons.

10. All events where 911 System units are used for standby response services.

C. The EMS Duty Chief shall serve as a resource for the contracted and non-contracted ambulance supervisors 24-hours per day as related to system operations and management.
I. Purpose

The purpose of this policy is to provide guidelines for private emergency responders who may respond to HAZMAT incidents. All emergency responders must be alert at HAZMAT incidents because emergency responders, patients, and equipment may become contaminated with Hazardous Materials if proper procedures are not followed.

Governmental agencies charged with the response, mitigation, and management of hazardous materials shall follow appropriate internal policies.

II. General Procedures

A. Initial Actions
If emergency medical responders arrive on-scene of a HAZMAT incident, implement the following tactical steps:

**Safety**
- Size-up
- Protect yourself, others, and your unit (withdraw if necessary)
- Utilize cautionary approach uphill, upwind, and upstream
- Identify if any rescue is needed
- Account for all personnel
Isolate The Area and Deny Entry
- Keep everyone at least 100 feet away for small incidents and at least 500 feet away for large incidents
- Position vehicle headed away from incident
- Consider possible crime scene
- Notify/Update additional emergency responders by providing a Report on Conditions.

B. Secondary Actions
If public safety personnel have not arrived on the scene, implement the following tactical steps:

Command
- Establish Command
- Establish and identify location of Command Post
- Establish Safe Refuge Area
- Attempt to separate symptomatic and asymptomatic patients.
- Safely stage incoming emergency response vehicles

Identify Hazardous Materials
- Ask bystanders questions such as what did they see, smell, taste, hear, or feel.
- Ask who, what, where, when, and how related to the incident.
- Use binoculars to maintain a safe distance (if possible)
- Look for labels, placards, and markings, etc.
- Refer to DOT Guidebook

C. Supportive Actions

1. Private EMS providers shall continue to provide support to on-scene public safety organizations. However, only trained public safety HAZMAT or authorized specialized personnel are allowed to enter the “Hot” Zone (Exclusion Zone) or “Warm” Zone (Contamination-Reduction Zone) of a HAZMAT incident.

2. Work with on-scene Hazardous Materials Technical Specialists to provide receiving hospitals with the following information (this information must come from the on-scene public safety authority and approved by the IC prior to releasing to the hospital):
   - Chemical names
   - Decontamination methods used on-scene
   - DOT reference number
   - Any appropriate treatment information/considerations.
III. Decontamination

A. Only trained HAZMAT responders are allowed to properly decontaminate potentially contaminated patients and any emergency responders in the “Warm” Zone (Contamination-Reduction Zone).

B. All potentially contaminated patients must be properly decontaminated by the trained HAZMAT responders before emergency medical responders can administer medical treatment or transport the patients to an emergency medical facility.

C. Decontamination may include (may or may not involve private ambulance service personnel):

- Removing clothing and fresh air decontamination (in certain situations oxygen may be administered in the warm zone during fresh air decontamination).
- Removing clothing and gross water rinse followed by mild soap and another water rinse.
- Removing clothing and gross water rinse followed by a mild neutralization solution (e.g., sodium bicarbonate, etc.) and another water rinse.
- Equipment may require different decontamination procedures.

D. The Incident Commander (IC), or their designee, has the final responsibility and decision-making authority of whether the patients are properly decontaminated prior to loading and transporting the patients to an emergency medical facility (as indicated on the triage tag). IC designees may include the HAZMAT Group Supervisor, Safety Officer, or Decontamination Team Leader.

IV. Medical Care

A. Once patients have been deemed as being properly decontaminated by the IC (or their designee), they will move the patients to a safe area within the “Cold” Zone for medical treatment by the emergency medical responders.

B. As an extra precaution, emergency medical responders should avoid direct physical skin contact with the patients.
IV. Accidental Exposure to Emergency Medical Responders

A. Emergency medical responders who are accidentally contaminated at the HAZMAT incident scene SHALL NOT board the transport rig. They will be thoroughly decontaminated at the scene and be treated as additional patients.

B. Patients and emergency medical responders accidentally contaminated in the transport rigs (e.g. by gastric contents) shall immediately wash off with water and contact the IC for advice on further decontamination.
County of Santa Clara
Emergency Medical Services System

CRITICAL ACTIONS

A Quick Reference Guide for Private EMS Service Providers in Santa Clara County
FIRST AMBULANCE ON-SCENE

If first unit to arrive on the scene (standard responses):

- Provide a Scene “Size-Up” to County Communications
- Secure the Scene from Hazards (block traffic, provide instructions to ill/injured, etc.)
- Request or Cancel Resources (provide approach/staging information)
- Don Protective Gear (helmet, jacket, vest, etc.)
- Begin Triage as appropriate
- Determine a Patient Count
- Provide a Face-Face Report to the first on-scene fire officer
- Request Assignment from the on-scene fire officer, if applicable.

If first unit to arrive on the scene of an MCI response (fire is on-scene):

- Report to Staging (if staging is not established, report to the IC)
- Don Protective Gear (helmet, jacket, vest, etc.)
- Provide Hospital Status to Transportation Group/Unit or Medical Group/Branch
- Prepare to Immediately Transport Patients or
- Prepare to fill the Medical Communications Coordinator/Transportation Unit Leader positions (prepare Job Action Sheet)
- When provided a destination, notify the hospital of your impending arrival. Include age, triage category, and ETA only.

CENTRALIZED PATIENT ROUTING

Centralized patient routing is used in Level III or greater Multiple Patient Management Plan events or when activated by the County. All ambulances in the system must request destination, not only those attached to a multiple patient event.

When the ambulance is ready to depart the scene, the ambulance unit shall Contact “COUNTY ROUTING” using EMS Command 92 and Request a Destination by providing the following information:

- Unit ID
- Number and triage category of all patients on-board
- Closest Facility

Example: “COUNTY ROUTING, AMR Medic 756 requesting destination for one immediate and one delayed patient, O’Connor is the closest facility”

COUNTY ROUTING will provide a destination anywhere in the County. Prior to departure from the scene, the ambulance shall provide Transportation (or other appropriate position) with their destination.
SHELTER-IN-PLACE ORDER

In the event that a Shelter-in-Place Order is given to on-scene personnel, follow the instructions provided by the IC, or assigned public safety supervisor. In the event that a Shelter-in-Place Order is received while crews are in the ambulance, they shall:

- Immediately Stop and Turn Off Your Vehicle
- Close all doors and windows completely
- Turn off all heating/cooling systems and vents
- Monitor radio traffic for instructions
- Remain observant for signals/instructions from on-scene public safety officials

In the event that a Shelter-in-Place Order is received while crews are not in the ambulance, they shall:

- Immediately Seek Indoor Shelter
  (only if on-scene instructions are not provided by public safety officials)
- Close all doors and windows completely
- Turn off all heating/cooling systems and vents
- Monitor radio traffic for instructions
- Remain observant for signals/instructions from on-scene public safety officials

Once an “all clear” has been advised, the Shelter-in-Place Order has ended. Crews shall respond by:

- Following any decontamination procedures as advised by public safety officers
- Open all vehicle doors and windows and turn the cooling system to high (engine on)
- Ventilate vehicles/structures
- Complete any additional decontamination procedures indicated

SUSPECTED HAZARDOUS MATERIALS EVENT
FIRST UNIT ON-SCENE (SIN)

Safety
- Approach Uphill, Upwind, Upstream
- Maintain a Safe Distance/Retreat and Stage if Appropriate
- Position Vehicle for Immediate Egress

Isolate and Deny
- Isolate the Incident (keep on-lookers away/establish perimeter)
- Deny Access in to the area
- Recheck/Ensure Crew Safety

Notify
- Immediately Notify Med-91
- Recheck/Ensure Crew Safety
- Await Assignment/Instructions from public safety officials
EMERGENCY DECONTAMINATION

Under most circumstances, public safety officials will implement emergency decontamination when contaminated and symptomatic patients exist. However, ambulance personnel may also be required to provide emergency decontamination instructions to potentially contaminated patients.

- Provide Clear and Concise Instructions (PA system, etc.)
- Instruct Patients to Remove All Clothing
- Direct Patients to Walk Through Water Streams (if available). When a water stream is not available and immediate decontamination is deemed necessary, Do not approach patients, but consider depositing or tossing water to the patients so that they may self-decontaminate.
- Provide Disposable Blankets/Sheets to Patients (Do not approach patients, deposit blankets in an area where patients can access them or consider tossing supplies to the patients)
- Provide Each Patient with a Triage Tag for tracking/triage (Do not approach patients, deposit triage tags in an area where patients can access them or consider tossing supplies to the patients)
- Do Not Make Contact with Potentially Contaminated Patients to Provide Medical Care Until Cleared by Public Safety Officers/Fire Service Personnel

PERSONNEL ACCOUNTABILITY REPORT (PAR)

A PAR is a “safety check” that includes confirmation that all members of a unit are accounted for and are safe at the time of the PAR (this includes observers, trainees, etc.). Any lack of an affirmative PAR query will result in an emergency action until the personnel are accounted for. Under most circumstances, the EMS Supervisor shall coordinate an ambulance PAR with the public safety agency responsible for the event. However, it may be necessary to conduct independent PARs as necessary.

When a PAR is requested, crews shall:

- Supervisor or lead crew member shall make visual confirmation that all crew members are safe and are present
- Advise Unit ID and “PAR” if all crew members are safe and are present
- If crew members can not be located, the unit shall advise “Unit X DOES NOT have a PAR”.
- This notification shall be considered an emergency mitigation need.
- All units shall then standby for instructions.

HEALTH OFFICERS ORDER

The County Health Officer, or designee, may execute orders that require any responder to perform actions that are not within the EMT or paramedic standard scope of practice. As long as the EMT or paramedic has the basic knowledge, skills, and abilities to perform the order – they shall be executed without hesitation. An example may be the addition of a chemical agent antidote, vaccination, biological agent therapy, etc.
STANDARD DISPATCH ORDERS

The following actions may be implemented to help ensure the stability of the Santa Clara County Medical-Health System. Field personnel shall refer to this document to identify actions that must be taken when such orders are executed.

These Orders may be executed by the EMS Agency, County Communications Watch Commander, and authorized agents of the Public Health Department. The authority for the execution of these orders is based on the California Code of Regulations, Santa Clara County Ordinance Code, Government Code, and related laws, regulations, and emergency authorities.

<table>
<thead>
<tr>
<th>Order #</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Confirm EOA Contractor’s Low Ambulance Levels &amp; High System Volume Management Actions are in Place</td>
</tr>
<tr>
<td></td>
<td><strong>Field Crew Response:</strong> Follow Company Provided Instructions</td>
</tr>
<tr>
<td>2</td>
<td>Alert EMS Command Staff to Monitor Command 92 for Instructions or Information</td>
</tr>
<tr>
<td></td>
<td><strong>Field Crew Response:</strong> No Action Required/Crews May Monitor If Available</td>
</tr>
<tr>
<td>3</td>
<td>Suspend all Hospital Ring-downs on Command 92 – Allocate for Countywide EMS Command and Control Communications</td>
</tr>
<tr>
<td></td>
<td><strong>Field Crew Response:</strong> Hospital notifications on Command 92 are discontinued, advise hospital of pending arrival via cell phone, or have Med-91 advise the hospital of impending arrival (basic information only)</td>
</tr>
<tr>
<td></td>
<td><strong>Example:</strong> “Medic 943 – advise VMC we are enroute with one adult patient with chest pain, ETA 10 minutes”.</td>
</tr>
<tr>
<td>7</td>
<td>All Hospitals Ordered Open</td>
</tr>
<tr>
<td></td>
<td><strong>Field Crew Response:</strong> Hospital emergency department diversion and trauma bypass statuses are suspended.</td>
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<tr>
<td>8</td>
<td>Discontinue all Patient Care Reports (PCRs) and Replace with Triage Tags Only basic patient information and criticality are collected.</td>
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<td><strong>Field Crew Response:</strong> Discontinue all Patient Care Reports (PCRs) and Replace with Triage Tags. Only basic patient information and criticality are collected.</td>
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<td>13</td>
<td>Dispatch BLS Ambulances to “Alpha”, “Bravo” and/or “Code 2” EMS Events</td>
</tr>
<tr>
<td></td>
<td><strong>Field Crew Response:</strong> Once attached to an event, the BLS ambulance shall remain on the event even if the call is upgraded. If ALS is required, the first responder agency shall provide this service (if available) and accompany the patient to the hospital if needed.</td>
</tr>
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</tr>
<tr>
<td>--------</td>
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</tr>
</tbody>
</table>
| 14     | All Ambulance Responses are Handled “Code 3”  
**Field Crew Response:** To increase ambulance availability, all ambulance responses are handled Code 3, regardless of patient severity. |
| 15     | All Ambulance Transports to the Hospital to be Handled “Code 3”  
**Field Crew Response:** To increase ambulance availability, all ambulance transports to the hospital to be handled Code 3, regardless of patient severity. |
| 16     | Ambulances Shall Transported to the Closest Open Emergency Department  
**Field Crew Response:** Follow Order as written –follow Order 21 if in effect. |
| 21     | Patient Routing Directed by the County  
**Field Crew Response:** Follow Centralized Patient Routing procedure in this guide. |
| 22     | Move All Ambulances to Muster Stations  
**Field Crew Response:** All available ambulances (ALS and BLS) shall be moved to the following muster locations:  
**North County Muster Station** – De Anza College, Stevens Creek Blvd. @ Stelling Road, Cupertino  
Ambulances currently located in the cities of Palo Alto, Los Altos, Mountain View, Sunnyvale and Cupertino to respond Code 2 to the north county muster station.  
**Central County Muster Station** – Santa Clara County Fairgrounds, Tully Road @ 7th Street, San Jose  
Ambulances currently located in the cities of San Jose, Santa Clara, Milpitas, Saratoga, Campbell and Los Gatos to respond Code 2 to the central county muster station.  
**South County Muster Station** – South Santa Clara County Fire District Station 2, No Name Uno @ Masten, San Martin  
Ambulances located in or near the cities of Morgan Hill, San Martin and Gilroy to respond Code 2 to the south county muster station. |
| 28     | Shelter-In-Place  
**Field Crew Response:** Follow Shelter in Place procedure in this guide. |
County of Santa Clara
Emergency Medical Services System

COUNTYWIDE EMS OPERATIONS

A Quick Reference Guide for Fire Service Officers in
Santa Clara County
MULTIPLE PATIENT ALERTS

Local Alert Description

- Local jurisdictions establish specific response criteria for Local Alerts
- A Local Alert may be requested by any emergency service responder but must be authorized by the IC.
- Provides an early notification to prepare the EMS System for larger than expected numbers of patients.
- Alerts should be elevated to an Activation or cancelled once the scene has been appropriately evaluated.
- Provides EMS System Resources for events that may have the potential to result in injury or illness.

ALERT INITIATION

1. The Incident Commander (IC) notifies their communications center to initiate a LOCAL ALERT. The local jurisdiction implements any appropriate procedures.
2. The dispatch center in the local jurisdiction immediately notifies Santa Clara County Communications.

ALERT CANCELLATION

1. The Incident Commander (IC) notifies their communications center to cancel a LOCAL ALERT. The local jurisdiction implements any appropriate procedures.
2. The dispatch center in the local jurisdiction immediately notifies Santa Clara County Communications.

ACTIVATION INITIATION

1. The Incident Commander (IC) notifies their communications center to initiate an ACTIVATION. The IC should provide the 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
- Safety or Approach Instructions
- Request Additional Units

ACTIVATION CANCELLATION

1. The Incident Commander (IC) notifies their communications center to cancel an ACTIVATION. The local jurisdiction implements any appropriate procedures.
MULTIPLE PATIENT MANAGEMENT PLAN LEVELS

<table>
<thead>
<tr>
<th>Activation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activation 1</td>
<td>Less than (10) patients that require ambulance transport&lt;br&gt;Up to (4) ambulances&lt;br&gt;*Automatic dispatch of (3) ambulances and (1) EMS Field Supervisor</td>
</tr>
<tr>
<td>Activation 2</td>
<td>Less than (20) patients that require ambulance transport&lt;br&gt;Up to (10) ambulances&lt;br&gt;*Automatic dispatch of (6) ambulances and (1) EMS Field Supervisor</td>
</tr>
<tr>
<td>Activation 3</td>
<td>The EMS Agency coordinates patient routing and response of ambulances.</td>
</tr>
<tr>
<td>Activation 4 &amp; 5</td>
<td>Not used at the field level.</td>
</tr>
</tbody>
</table>

EMS RADIO COMMUNICATION SYSTEM

<table>
<thead>
<tr>
<th>Channel/Call Sign</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED 91</td>
<td>EMS primary dispatch channel (Unit-to-unit traffic should not occur on this channel)</td>
</tr>
<tr>
<td>EMS Command 92</td>
<td>Daily use for hospital notifications – suspended for significant events.&lt;br&gt;Used for countywide command &amp; control functions or Health Officer coordination during incidents.</td>
</tr>
<tr>
<td>EMS Command 93</td>
<td>Preferred Westside command use (not monitored by a dispatcher)</td>
</tr>
<tr>
<td>EMS Command 94</td>
<td>Preferred Eastside command use (not monitored by a dispatcher)</td>
</tr>
<tr>
<td>EMS Tactical 95</td>
<td>Unit-to-unit (use as last option)</td>
</tr>
<tr>
<td>EMS Tactical 96</td>
<td>Unit-to-unit (preferred use – Eastside)</td>
</tr>
<tr>
<td>EMS Tactical 97</td>
<td>Unit-to-unit (preferred use – Westside)</td>
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<tr>
<td>BayMACS</td>
<td>Countywide command &amp; control only</td>
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EMS SYSTEM UNIT TYPING & CALL SIGNS

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<tbody>
<tr>
<td>Medic</td>
<td>Paramedic Ambulance or Non-transport</td>
<td>Director</td>
<td>EMS System Director</td>
</tr>
<tr>
<td>Squad 1-9</td>
<td>Specialized EMS / Public Health Unit</td>
<td>Commander</td>
<td>EMS System Commander</td>
</tr>
<tr>
<td>Utility 150-170</td>
<td>Support Units, MCI trailers, etc.</td>
<td>Duty Chief</td>
<td>EMS System Duty Chief</td>
</tr>
<tr>
<td>100-119</td>
<td>Private EMS Service Managers and/or Directors</td>
<td>EMS 3-9</td>
<td>EMS Agency Staff</td>
</tr>
<tr>
<td>120-149</td>
<td>Private EMS Service Field Supervisors</td>
<td>Health Officer</td>
<td>County Health Officer</td>
</tr>
<tr>
<td>Non-Contract Ambulance Units</td>
<td>BLS, ALS, &amp; CCT Ambulances, Company ID and Unit #</td>
<td>Public Health</td>
<td>County Public Health Dept., Department Operations Center (DOC)</td>
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</table>
EMS DUTY CHIEF

The EMS Duty Chief is the primary manager of the daily operations of the EMS and Public Health System.

The EMS Duty Chief primarily serves as a facilitator, technical reference specialist, and agency representative. They work closely with public and private responders and provide council to command as appropriate. The EMS Duty Chief may provide transportation and support to Public Health Department personnel (Health Officers, Outbreak Teams, Public Information, etc.) when necessary. In addition, the EMS Duty Chief is responsible for medical-health mutual aid, authorizing policy suspensions and modifications, accessing intra-county medical health resources (public health, ambulance services, hospitals, equipment, etc.).

The EMS Duty Chief is dispatched by County Communications. Sample indications for EMS Duty Chief notification or response include, but are not limited to, the following:

- Evacuation of medical care facilities (SNF, hospitals, board/care, etc.)
- Incidents at hospitals that may require hospital closure or evacuation of patients
- Evacuation of large numbers of persons that may result in injury
- Any event that has the potential for resulting in ill or injured persons
- Any unique or complex medical-health event
- Incidents that cannot be resolved by the contracted ambulance supervisor
- Incidents involving suspected biological agents
- Requests for medical-health mutual aid
- Provide technical information or medical-health resources

HEALTH OFFICERS ORDERS

The County Health Officer, or designee, may execute orders that require any responder to perform actions that are not within the EMT or paramedic standard scope of practice. As long as the EMT or paramedic has the basic knowledge, skills, and abilities to perform the order – they shall be executed without hesitation. An example may be the addition of a chemical agent antidote, vaccination, biological agent therapy, etc.

Public safety officers may detain individuals against their will for the purpose of decontamination. Fire and law enforcement officers shall immediately contact the Health Officer and/or EMS Duty Chief (via County Communications) while performing the procedures provided by the County Health Officer while awaiting a response from the Health Officer and/or EMS Duty Chief.
STANDARD DISPATCH ORDERS

The following actions may be implemented to help ensure the stability of the Santa Clara County Medical-Health System. Field personnel may refer to this document to identify actions that must be taken when such orders are executed.

These Orders may be executed by the EMS Agency, County Communications Watch Commander, and authorized agents of the Public Health Department. The authority for the execution of these orders is based on the California Code of Regulations, Santa Clara County Ordinance Code, Government Code, and related laws, regulations, and emergency authorities.

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<tr>
<td></td>
<td><strong>Field Crew Response:</strong> Once attached to an event, the BLS ambulance shall remain on the event even if the call is upgraded. If ALS is required, the first responder agency shall provide this service (if available) and accompany the patient to the hospital if needed.</td>
</tr>
<tr>
<td>14</td>
<td>All Ambulance Responses are Handled “Code 3”</td>
</tr>
<tr>
<td></td>
<td><strong>Field Crew Response:</strong> To increase ambulance availability, all ambulance responses are handled Code 3, regardless of patient severity.</td>
</tr>
<tr>
<td>15</td>
<td>All Ambulance Transports to the Hospital to be Handled “Code 3”</td>
</tr>
<tr>
<td></td>
<td><strong>Field Crew Response:</strong> To increase ambulance availability, all ambulance transports to the hospital to be handled Code 3, regardless of patient severity.</td>
</tr>
<tr>
<td>16</td>
<td>Ambulances Shall be Transported to the Closest Open Emergency Department</td>
</tr>
<tr>
<td></td>
<td><strong>Field Crew Response:</strong> Follow Order as written – ensure Order 21 is not in effect.</td>
</tr>
</tbody>
</table>
Automatic Ambulance Dispatches are Suspended Until a First Response Unit Arrives on-the-scene and Verifies that a Patient Needing Emergency Transport Exists

Field Crew Response: Ambulances shall only be sent to calls for services when a patient has been identified and is in need of EMERGENCY transportation by ambulance. Patients not in immediate need will not be transported.

Ambulance Dispatches to “Alpha”, “Bravo” and/or “Code 2” EMS Calls are Suspended

Field Crew Response: This may follow Order # 14, Order #15 and/or Order # 16, if adequate ambulance resources are not available.

Patient Routing Directed by the County

Field Crew Response: Follow Centralized Patient Routing procedure in this guide.

CENTRALIZED PATIENT ROUTING

Centralized patient routing is used in Level III or greater Multiple Patient Management Plan events or when activated by the County. All ambulances in the system must request destination, not only those attached to a multiple patient event.

When the ambulance is ready to depart the scene, the ambulance unit shall Contact “COUNTY ROUTING” using EMS Command 92 and Request a Destination by providing the following information:

- Unit ID
- Number and triage category of all patients on-board
- Closest Facility

NOTE: In the event that a fire service unit fills the Transportation Unit position for a single-site event, they are responsible to route patients in accordance with these procedures if not assigned to the AMR Supervisor.

COUNTY ROUTING will provide a destination anywhere in the County. Prior to departure from the scene, the ambulance shall provide Transportation (or other appropriate position) with their destination.

Example: “COUNTY ROUTING, AMR Medic 756 requesting destination for one immediate and one delayed patient, O’Connor is the closest facility”